



Northern Ireland

**Public Services**  
Ombudsman

# **Investigation of a complaint against the Western Health & Social Care Trust**

**Report Reference: 202004378**

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## **The Role of the Ombudsman**

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

## **Reporting in the Public Interest**

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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**Case Reference: 202004738**

**Listed Authority: Western Health & Social Care Trust**

## **SUMMARY**

This complaint was about the care and treatment the Western Health and Social Care Trust (the Trust) provided to the complainant between 5 December 2022 until 7 July 2023.

The Trust diagnosed the complainant with an enlarged prostate and fitted him with an indwelling catheter following surgery. Attempts by the Trust to remove the catheter failed. Over a period of several months, the complainant experienced multiple instances of blockages in the catheter. He attended the Emergency Department of Altnagelvin Area Hospital to have doctors change the catheter and found these procedures painful and traumatic.

The complainant also expressed frustration at the form of pain relief offered by the Urology outpatient clinic when attending for a procedure known as TROC<sup>1</sup>, as well as the apparent delay in the Trust referring him for surgery known as TURP<sup>2</sup>.

My investigation did not identify a failing in the Trust's Urology Department's care and treatment of the complainant after February 2023. It did not identify any failures in the Trust's management of the complainant's pain relief during his time as an outpatient, nor in the Trust's referral of the complainant for a TURP procedure. I hope this provides the complainant with an element of reassurance about the care he received.

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<sup>1</sup> TROC is a trial without catheter. This is when a catheter is removed for a trial period to determine if the patient can pass sufficient urine spontaneously.

<sup>2</sup> TURP is transurethral resection of the prostate.

## THE COMPLAINT

1. I received a complaint about care and treatment the Western Health & Social Care Trust (the Trust) provided to the complainant between 5 December 2022 and 7 July 2023.

### Background

2. The complainant was a 71-year-old male whom the Trust diagnosed with “severe” diverticulosis<sup>3</sup>, as well as “*urinary retention secondary to an enlarged prostate*”<sup>4</sup>. The Trust admitted the complainant to Altnagelvin Area Hospital (the Hospital) on 16 November 2022 where it carried out a “*left sided colectomy*”<sup>5</sup>.
3. The Trust fitted the complainant with a urethral<sup>6</sup> “*catheter*”<sup>7</sup> prior to surgery<sup>8</sup>. Following the surgery, the Trust attempted to remove the catheter. The complainant was not able void his bladder and the Trust re-inserted the catheter.
4. The Trust discharged the complainant from hospital on 5 December 2022 with a catheter in situ<sup>9</sup>. The complainant experienced blockages with the catheter and attended the Emergency Department (ED) on several occasions. He found these procedures “*painful*” and “*traumatic*”.

### Issue of complaint

5. I accepted the following issue of complaint for investigation:

**Whether the care and treatment provided by the Trust to the complainant between 5 December 2022 and 7 July 2023 was reasonable and in accordance with relevant standards and procedures?**

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<sup>3</sup> Condition where small bulges form in the lining of the large intestine.

<sup>4</sup> Gland of the male reproductive system.

<sup>5</sup> Left side colectomy, also known as left hemicolectomy, is a surgical procedure that involves removing the left side of the colon and attaching the remaining parts of the colon.

<sup>6</sup> Relating to the urethra, the tube that connects the urinary bladder to the penis.

<sup>7</sup> A tube inserted through the urethra into the bladder to drain urine.

<sup>8</sup> Urinary catheters are often used during surgery as you cannot control your bladder whilst under anesthesia.

<sup>9</sup> In place

In particular, this will consider:

- Provision of adequate pain relief;
- Care provision on discharge; and
- Referral for TURP procedure.

## **INVESTIGATION METHODOLOGY**

6. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

### **Independent Professional Advice Sought**

7. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisors (IPA):
- A consultant urologist (U IPA) for more than 20 years, with the qualifications bMed Sci, BMBS, FRCS and FRCS (Urol), and
  - An Emergency Department consultant physician (ED IPA) with more than 16 years' experience, with the qualifications MBBS, FRCER, MBA, and PGDMedEd.

I enclose the clinical advice received at Appendix two to this report.

8. The information and advice which informed the findings and conclusions are included within the body of this report. The IPAs provided 'advice'. However, how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

### **Relevant Standards and Guidance**

9. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

The general standards are the Ombudsman's Principles<sup>10</sup>:

- The Principles of Good Administration

10. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

The specific standards and guidance relevant to this complaint are:

- The General Medical Council's (GMC) Good Medical Practice, updated April 2019 (the GMC Guidance);
- National Institute for Health and Care Excellence (NICE) Infection Prevention and Control Quality Statement 4: Urinary Catheters , 17 April 2014, (QS61);
- National Institute for Health and Care Excellence (NICE) healthcare-associated infections: prevention and control in primary and community care, 15 February 2017, (CG139);
- Royal College of Nursing (RCN) Catheter Care, July 2021 (RCN guidance on Catheter Care);
- National Health Service (NHS) Patient Information: Having your Catheter Removed: Trial Without Catheter (TWOC), 27 April 2021 (NHS leaflet on catheter removal);
- The British Medical Journal (BMJ) article on Managing Long Term Indwelling Urinary Catheters, 11 October 2018 (BMJ article on managing catheters)
- National Institute for Health and Care Excellence (NICE) British National Formulary (BNF) guidance on Morphine, undated (NICE guidance on Morphine);
- The Royal College of Emergency Medicine (RCEM) Best Practice Guideline on Management of Pain in Adults, June 2021 (RCEM guidance on pain management);

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<sup>10</sup> These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

- National Health Service (NHS) Overview of Transurethral resection of the prostate (TURP), 14 September 2021, (NHS overview of TURP);
- National Institute for Health and Care Excellence (NICE) guidance on Lower Urinary Tract Symptoms in Men: Management, 3 June 2015 (CG97);
- Academy of Medical Royal Colleges (AMRC) best practice guidance on Surgical intervention for benign prostatic hyperplasia <sup>11</sup>(BPH), August 2022 (AMRC guidance on BPH);
- National Health Service (NHS) guideline for Pentrox administration in the Emergency Department, July 2022, (NHS guidance on Pentrox);
- Altnagelvin Hospital Checklist for TROC<sup>12</sup> clinic, undated. (TROC checklist);
- National Health Service (NHS) guideline on preparing for a cystoscopy, 29 January 2021, (NHS guidance on cystoscopy);
- Western Health and Social Care Trust (WHSCT) guidance on Nurse Specialist Pathway for Male Trial Removal of Catheter (TROC) in the Community, undated, (WHSCT guidance on TROC).

I enclose relevant sections of the guidance considered at Appendix three to this report.

11. I did not include all information obtained in the course of the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.
12. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

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<sup>11</sup> Prostate enlargement

<sup>12</sup> Trial Removal of Catheter



## THE INVESTIGATION

**Whether the care and treatment provided by the Trust to the complainant between 5 December 2022 and 7 July 2023 was reasonable and in accordance with relevant standards and procedures?**

### Detail of Complaint

#### *Provision of adequate pain relief*

13. The complainant said he attended the ED on a number of occasions due to blockages in his catheter. He said the first time he attended, a doctor removed the catheter with “*no pain relief*”. This left “*an indelible mark*” on him which he would remember for “*the rest*” of his life.
14. The complainant said he visited the ED for five consecutive nights between 6 and 10 January 2023 before staff gave him fentanyl<sup>13</sup>. He said he attended on two further occasions when his request for pain relief was “*greeted with bemusement*” and “*hostility*”. The complainant also said when he attended urology, there “*was no facility for giving Fentanil (sic)*” and the “*Urology Nurse doesn’t give pain relief for catheter replacement*”.

### The Trust’s response to investigation enquiries

15. The Trust stated the complainant’s request for opiate analgesia<sup>14</sup> was “*not within guidelines nor would be custom and practice and not seen in his patient population<sup>15</sup> with BHP (Benign Prostatic Hyperplasia<sup>16</sup>)*”. It further stated it was “*standard practice*” to use Instillagel.<sup>17</sup>

### Relevant Trust’s records

16. I considered the complainant’s relevant medical records which outlined the pain relief prescribed and administered during his attendances.

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<sup>13</sup> Fentanyl is a strong opioid painkiller used to treat severe pain.

<sup>14</sup> A class of medicines used to provide relief from moderate-to-severe acute or chronic pain.

<sup>15</sup> People with similar health characteristics.

<sup>16</sup> Noncancerous increase in size of the prostate gland.

<sup>17</sup> A sterile gel containing a local anaesthetic (lidocaine) to prevent pain, and antiseptic (chlorhexidine) to reduce the risk of infection.

## **Relevant Independent Professional Advice**

17. I enclose the full IPA advice received at Appendix two.

## **Responses to the Draft Investigation Report**

18. Both the Complainant and the Trust were given an opportunity to provide comments on the Draft Investigation Report. Where appropriate, I have addressed the concerns of both parties in the body of the report.

### *The Complainant's response*

19. The Complainant said his refusal to self-catheterise at home was due to a medical condition. He said he demonstrated essential tremor <sup>18</sup>in both hands to the consultant and that the consultant accepted it as a valid reason as to why he could not self-catheterise. He repeated his assertion it was not a refusal to comply.

### *The Trust's Response*

20. The Trust reiterated that members of its urology team made multiple attempts to address the complainant's ongoing management while awaiting definitive treatment and that the patient refused their recommendations. It also provided additional records showing contact between the Urology Department and the complainant.

## **Analysis and Findings**

### *The ED attendances*

21. The records evidence that the complainant attended the ED on eight occasions between 5 December 2022 and 7 July 2023 due to concerns with his catheter. I enclose a summary of the records for these attendances at Appendix five of this report. The complainant said clinicians did not provide him with adequate pain relief.

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<sup>18</sup> A neurological condition causing the hands to shake rhythmically.

22. The ED IPA advised that the complainant received analgesia and an antibiotic each time he had his catheter changed in the ED. The summary at Appendix five outlines the type of pain relief clinicians prescribed and administered for those attendances.
23. The ED IPA referred to the initial catheter change, which he referred to as “*painful*”. He advised clinicians administered “*simple oral analgesia*” during this attendance. However, for the additional attendances, clinicians administered “*much stronger analgesia*”. The records evidence that this included co-codamol, pentrox<sup>19</sup>, and Instilagel<sup>20</sup>.
24. Both the GMC and RCEM guidance requires clinicians to take all steps to alleviate pain and distress. The RCEM guidance also requires clinicians to prescribe appropriate analgesia “*at all times*” when the patient is in the ED. Further to his review of the pain relief administered to the complainant, the ED IPA advised the complainant “*was provided with analgesia that was appropriate*”. I accept that advice. I am satisfied the Trust acted in accordance with the relevant guidance when it prescribed and administered pain relief to the patient during his ED attendances. I have not identified a failure in the complainant’s care and treatment and as such, do not uphold this element of the complaint.

#### *The urology attendances*

25. The complainant said that when he attended the Urology Department to have his catheter changed, it did not prescribe him pain relief, such as “*fentanyl*”.
26. The U IPA advised the outpatient clinic “*would not normally*” administer opioid analgesia for catheter removal. The administration of pain relief such as morphine can produce “*significant*” side effects which require staff to “*monitor*” patients. Therefore, the outpatient clinic is not “*equipped*” to administer such pain relief. I note the records evidence that clinicians explained this to the complainant during his attendance on 14 February 2023.

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<sup>19</sup> Pain relief that is inhaled.

<sup>20</sup> A local anesthetic.

27. The record for the complainant's attendance on 16 January 2023 document that he experienced "*discomfort*". However, there is no indication in the records to suggest the complainant experienced a high level of pain during his outpatient attendances. I note the complainant raised concerns about removal and reinsertion of the catheter. On one occasion, the Trust performed a procedure on the complainant under general anaesthetic and reinserted the catheter during that procedure. However, it advised the change of catheter "*was not the indication*" for general anaesthetic.
28. Having considered the available evidence, I am satisfied the Trust acted in accordance with the relevant guidance during the complainant's outpatient and urology attendances. I find the Trust provided appropriate care and treatment to the complainant in terms of pain relief. I therefore do not uphold this element of the complaint.

#### *Care provision on discharge*

#### **Detail of Complaint**

29. The complainant said the Trust discharged him from hospital on 5 December 2022 without "*adequate*" care provision relating to his catheter. He said he started to "*suffer pain*" within a week of his discharge and attended the ED "*multiple*" times to have staff change his catheter when it became blocked. He said staff from the Trust told him to stop attending the ED as it was "*not*" their responsibility.

#### **The Trust's response to investigation enquiries**

30. The Trust said the complainant "*repeatedly*" went into urinary retention when it removed his catheter following surgery on 17 November 2022. As it could not successfully remove the catheter, it recommended a further TROC on 14 December 2022.
31. The Trust further stated the care it provided to the complainant was "*reasonable*". It provided treatment to the complainant "*promptly and as*

*required*” and “*many of the outpatient<sup>21</sup> appointments that [the complainant] attended resulted in [his] refusal to proceed with TROC*”.

### **Relevant Trust’s records**

32. I considered the complainant’s medical records from his GP, as well as those records relating to his hospital admissions.

### **Relevant Independent Professional Advice**

33. I enclose the full IPA advice received at Appendix two.

### **Analysis and Findings**

34. I reviewed the complainant’s medical records. A discharge report addressed to the GP, dated 5 December 2022, documented the complainant “*experienced multiple failed TROCs during this admission*”. The report also documented a plan to attempt “*TROC in community<sup>22</sup>*” on 14 December 2022. The U IPA advised this was “*standard practice*” and a “*perfectly reasonable*” approach. I accept that advice.
35. The medical records document the Trust attempted to perform the community TROC as scheduled on 14 December 2022. However, it failed and the complainant “*had to have*” the catheter reinserted.
36. The Trust diagnosed the complainant with a urinary tract infection (UTI)<sup>23</sup> during his attendance at the Urology Clinic on 16 January 2023. It prescribed him antibiotics and arranged an urgent “*flexible cystoscopy<sup>24</sup>*” to take place on 23 January 2023. However, following the complainant’s refusal to undergo the procedure with local anaesthetic, the Trust performed the procedure under general anaesthetic on 2 February 2023.

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<sup>21</sup> An outpatient is a patient who is not hospitalised for 24 hours or more but who visits a hospital or clinic for diagnosis or treatment.

<sup>22</sup> Where services are delivered away from a hospital setting. Can include clinics or the patient’s own home.

<sup>23</sup> An infection of the bladder which often causes pain or discomfort when urinating.

<sup>24</sup> A diagnostic procedure to examine the inside of the bladder by inserting a flexible telescope into the urethra through the tip of the penis.

37. The complainant attended a nurse-led outpatient clinic for staff to attempt TROC on 14 February 2023. Nurses explained to the complainant they would teach him to perform Intermittent Self Catheterisation<sup>25</sup> (ISC) at home should TROC fail. I note this is in line with the advice flow chart provided in the BMJ article on managing catheters. Records indicate the complainant refused to perform ISC at home without opioid<sup>26</sup> pain relief. The complainant said this was because he experienced a tremor in his hands, which he demonstrated to clinicians. However, I could find no reference in the records to suggest staff were aware of the tremor. Also, as nursing staff could not administer opioid pain relief in the outpatient clinic, the complainant declined to proceed with the TROC that day. As outlined previously, it is not possible to administer this type of pain relief in an outpatient setting.
38. I acknowledge that up until this point, the Urology Department was very much involved in the complainant's care and treatment. However, following this outpatient appointment, the complainant regularly attended the ED for treatment because his catheter was blocked.
39. The complainant said ED staff told him to stop attending the ED as catheter change was "*not*" their responsibility. While I cannot identify this specific reference from the records, I am satisfied they evidence that staff told the complainant it was "*not appropriate*" to attend ED for a catheter change. I appreciate the complainant believed this was inappropriate. However, I note the ED IPA's advice agreed with the Trust's position. I accept his advice and consider the complainant should have only attended the ED "*as a last resort*".
40. I note the U IPA's advice that the Trust's treatment of the complainant in relation to this issue was "*excellent from a clinical perspective*". I cannot ignore the ED IPA's advice that the complainant's outpatient care "*should have been managed by the Urology Department as ongoing care should not be the remit of the Emergency Department*".

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<sup>25</sup> Process of regular catheterisation (inserting catheter) which the patient carries out himself.

<sup>26</sup> A class of drugs derived from, or mimic, natural substances found in the opium poppy plant. Opioids work in the brain to produce a variety of effects, including pain relief.

41. I accept the complainant's care was the Urology Department's responsibility. In its response to the draft report, the Trust provided records to evidence the Urology Department reviewed the complainant on two occasions following his discharge from hospital on 28 April 2023 after the failed TROC. This was a telephone review with a nursing specialist on 10 May 2023, and an in-person review with the consultant urologist on 25 May 2023. Records show the consultant urologist offered to change the complainant's catheter himself at the outpatient clinic which provided the opportunity to prescribe analgesia. However, records reflect the complainant refused that offer.
42. CG139 states a "*patient's clinical need for catheterisation should be reviewed regularly and the urinary catheter removed as soon as possible*". The U IPA advised the timing and frequency of the Urology Department reviews were "*appropriate*". He advised it acted correctly in managing the patient pending the "*long term solution*" of TURP. He also advised it was "*impossible*" to see what else the Urology Department could have offered the complainant. Having reviewed the records and relevant guidance, I accept that advice. I therefore do not uphold this element of the complaint.

### **Detail of Complaint**

#### *Referral for TURP procedure*

43. The complainant said the Trust had left him "*in limbo*" following his discharge from hospital on 6 December 2022. He said the Trust had "*abrogated any duty of care*" they had for him by referring him for TURP "*months*" after his discharge.

### **The Trust's response to investigation enquiries**

44. The Trust stated it added the complainant to the TURP waiting list on 11 May 2023. The expected waiting time is around "*five years*". It also said the TURP procedure was "*not indicated or medically required*" prior to his failed TROC on 28 April 2023 or so soon after discharge in December 2022.

### **Relevant Trust's records**

45. I considered the complainant's relevant medical records relating to referral for the TURP procedure.

### **Relevant Independent Professional Advice**

46. I enclose the full IPA advice received at Appendix two.

### **Analysis and Findings**

47. Medical records document the Trust first considered referring the complainant for a TURP in September 2022. However, it was following the cystoscopy procedure in February 2023 that the Trust decided to proceed with the referral. The U IPA advised it was "*absolutely appropriate*" for the Trust to wait to refer the patient until after it performed this procedure. I accept this advice.
48. The Trust performed the cystoscopy on 2 February 2023 and added the complainant to the urgent waiting list on 4 May 2023. The U IPA advised there are "*no documented guidelines*" regarding what would constitute a timely referral for a TURP. He recognised the Trust made its referral three months after the cystoscopy and advised it "*reflects the current waiting time*". He further advised the complainant was "*not*" adversely impacted by the delay. I accept this advice.
49. GMC Guidance requires doctors to "*promptly provide or arrange suitable advice, investigations or treatment where necessary*". I appreciate the complainant may view the time between the cystoscopy and the referral as lengthy. However, I accept the U IPA's advice that it is reflective of normal practice. I have not identified a failure in the complainant's care and treatment in relation to this issue. I do not uphold this element of the complaint.
50. The Trust stated the wait time for the TURP procedure was up to five years. The U IPA advised this was "*unreasonably long*". I share the U IPA's concern. However, I am also aware that this wait time is reflective of the current situation within Northern Ireland, and not just for this Trust area. Nonetheless, I would ask the Trust to reflect on the U IPA's advice that the complainant waiting this



time may “*increase [his] risk of urinary tract infection and may even predispose them to the development of bladder stones and significant bladder symptoms*”.

## **CONCLUSION**

51. I received a complaint about care and treatment the Trust provided to the complainant between 5 December 2022 and 7 July 2023. The care related to the complainant’s urinary symptoms and management of his catheter.
52. Based on my consideration of all the evidence available, I concluded the Trust’s actions were appropriate, reasonable and in accordance with relevant standards, guidance and practice.
53. The complainant described this period as a “*low point*” in his life, causing him “*depression*”. I am sorry to learn about the impact his urological issues had and continue to have on his quality of life. I hope that our careful consideration of his complaint, and the finding that the care and treatment relating to the management of his catheter was appropriate, provide some reassurance to the complainant. I wish him well going forward.

**Margaret Kelly**  
**Ombudsman**

**April 2025**

## **Appendix 1**

### **PRINCIPLES OF GOOD ADMINISTRATION**

**Good administration by public service providers means:**

#### **1. Getting it right**

- Acting in accordance with the law and relevant guidance, with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

#### **2. Being customer focused**

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

#### **3. Being open and accountable**

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

#### **4. Acting fairly and proportionately**

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

#### **5. Putting things right**

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

#### **6. Seeking continuous improvement**

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.

