

REPORT TO THE PATIENT EXPERIENCE, ENGAGEMENT AND CARING GROUP	
Date	15 June 2017
Agenda Item	[As per agenda]
Title	Complaints, concerns and compliments Annual Report 2016/17
Author(s)	Chris Woodfine, Interim Head of Patient Experience and Engagement
Purpose	<ul style="list-style-type: none"> • To provide assurance for the Trust Complaints, Concerns and Compliments Policy and Procedure. • To show progress against performance targets. • To identify trends and themes and demonstrate learning. <p>To illustrate how complaints have led to actions being taken to improve quality of care and patient experience</p>
Previously Considered by	NA
Sponsoring Director	Sara Courtney, Chief Nurse
Executive Director Overview	<ul style="list-style-type: none"> • 386 complaints and 672 concerns were raised during 2016/17 • 94.8% of formal complaints met the standard of acknowledgement within three working days, a decrease from 97.4% in 2015/16. • 74% of all closed complaints in 2015/16 were either upheld or partially upheld. <p>A thematic peer review, which made recommendations for improving the complaints process and a further review in preparation for the CQC inspection was undertaken by Calderdale & Huddersfield NHS Foundation Trust. The report details changes made following these reviews.</p>
Action Required	The Committee is asked to take assurance from this report

Complaints, Concerns and Compliments Annual Report 2016/17

1. Purpose

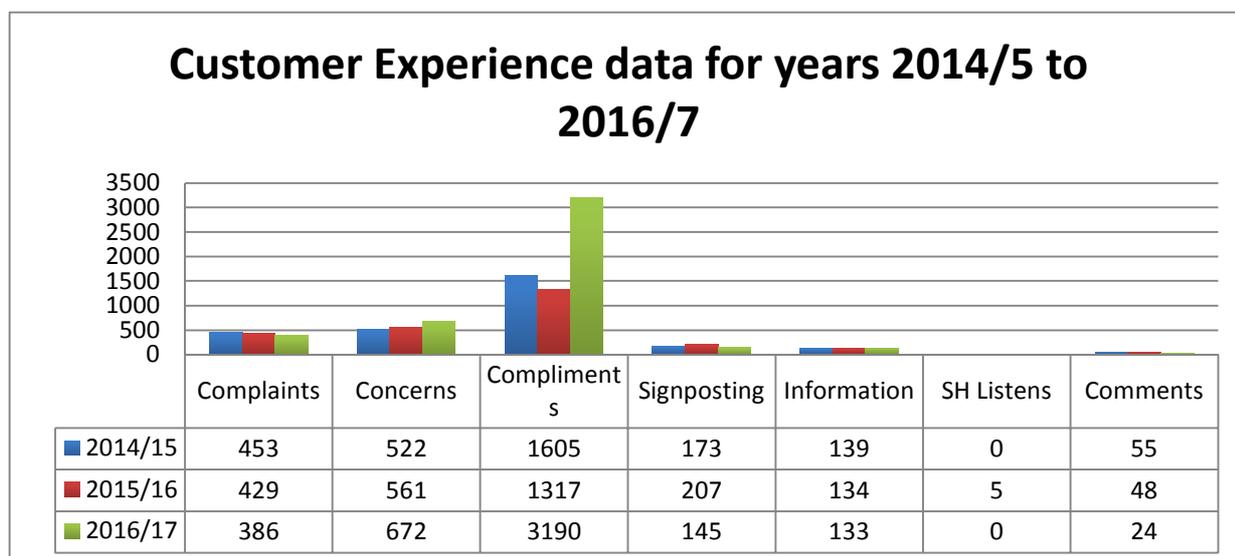
1.1. This report sets out to

- To provide assurance for the Trust Complaints, Concerns and Compliments Policy and Procedure.
- To show progress against performance targets.
- To identify trends and themes and demonstrate learning.
- To illustrate how complaints have led to actions being taken to improve quality of care and patient experience

2. Customer Experience Data

2.1 Customer feedback and requests for advice and assistance

Graph: Feedback received and requests for advice and assistance comparing last three years



2.1.1 9% fewer complaints and 19% more concerns were recorded in 2016/17 compared to the previous year. The benefits of early resolution within the divisions and addressing concerns as they arise, has contributed to reducing the numbers of formal complaints.

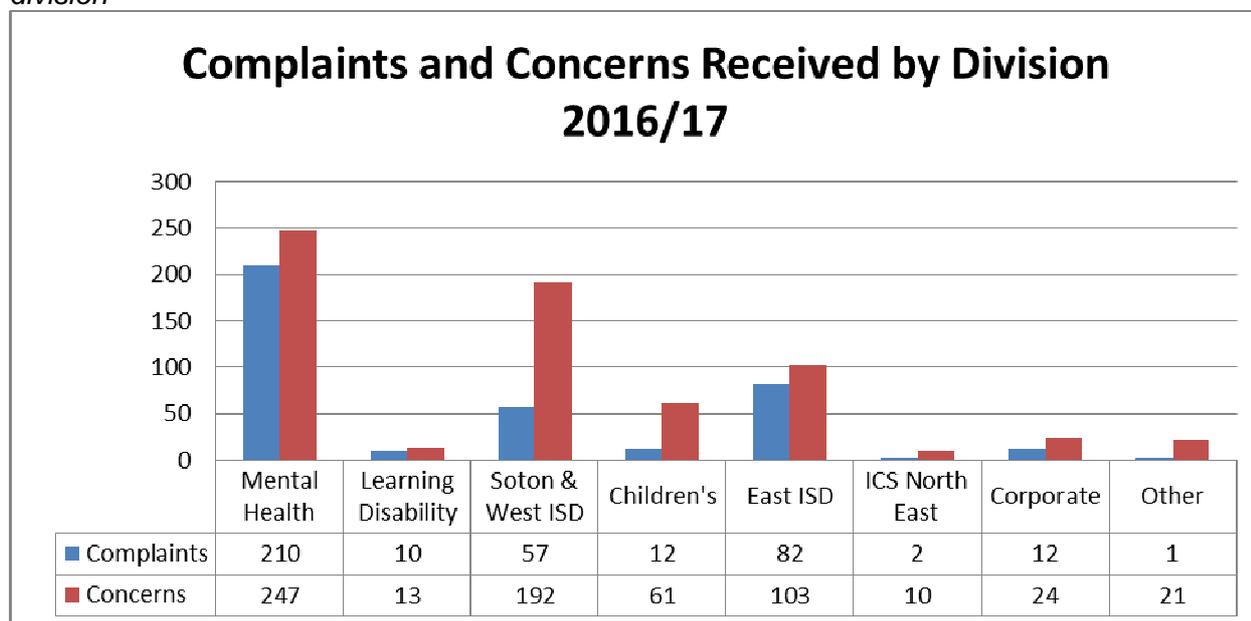
2.1.2 There has been a significant increase (142%) in the number of compliments with 3190 compliments received and recorded for 2016/17 in comparison to 1317 compliments recorded in 2015/16 and 1605 in the previous year. Changes were introduced which allowed service staff to log compliments directly onto the Trust database (known as Ulysses). This was stopped towards the end of the year as it was observed that further work was required on the definition of a compliment and what should be logged.

2.1.3 The Customer Experience Team has signposted or provided information to almost 300 enquiries.

2.2 Divisional Analysis

Numbers of complaints and concerns by division

Graph: Complaints and concerns received by division



2.2.1 Complaints and concerns received in 2016/7 by division are shown in graph above. The West Integrated Service Division (ISD) have taken a positive approach to dealing with issues as they arise which is reflected in the larger number of concerns, many of these are about appointments which can generally be resolved quickly.

2.2.2 During 2016/17 Forton and Brune Medical Centres transferred into the Trust as part of its Better Local Care Programme. Thirty-two of the eighty-two complaints in the East ISD concerned these services.

3.0 Timeliness

3.1 Complaints acknowledged within three working days of receipt

3.1.1 The national Complaints Regulations require complaints to be acknowledged within three working days of receipt.

3.1.2 94.8% of complaints were acknowledged within three days in 2016/17 compared to 98.6% in the previous year.

3.1.3 20 complaints did not meet the three day acknowledgement target. The range in relation to the time they were acknowledged was between four to 36 days. It is noted that this would have been during a challenging period for the Customer Experience Team as a result of office relocation and inconsistent management whilst Team Manager role was vacant.

3.2 Final Response letters sent within agreed timeframe

- 3.2.1 There is no longer a stated national timeframe for a complaint response to be completed. Current regulations state that the organisation and complainant should agree how the complaint will be handled and a time frame for a final response to be agreed.
- 3.2.2 77% of final response letters in 2016/17 were sent within agreed timeframes. This is a decrease when compared to 88% overall performance in 2015/16. However, the number of negotiated extensions with complainants has raised concerns and actions will be in place in 2017/18 to ensure that extensions will only be allowed in exceptional circumstances when agreed with the Executive Team.
- 3.2.3 A weekly flash report continues to be sent to divisions showing progress of all open complaints enabling them to identify delays and where action is required. The new modules on Ulysses will also enable clinical services to monitor the progress of all complaints.

4.0 Outcomes

4.1 Parliamentary and Health Service Ombudsman/Local Government Ombudsman

- 4.1.1 The Trust has been made aware of nine complaints that have been referred to the Ombudsman in 2016/17. In both 2015/6 and 2014/5, the number was eight and ten respectively.
- 4.1.2 The length of time for the Ombudsman to investigate cases varies depending on complexity. Some cases are closed with no recommendations, others identify that although there were failings the Trust had already taken action to address these. Some conclude that more could have been done to address the issues raised by the complainant and recommendations are made to that effect.
- 4.1.3 Five cases have been closed with three having no recommendations for the Trust, one was partially upheld, and one upheld. The Trust has carried out all recommendations made by the Ombudsman.

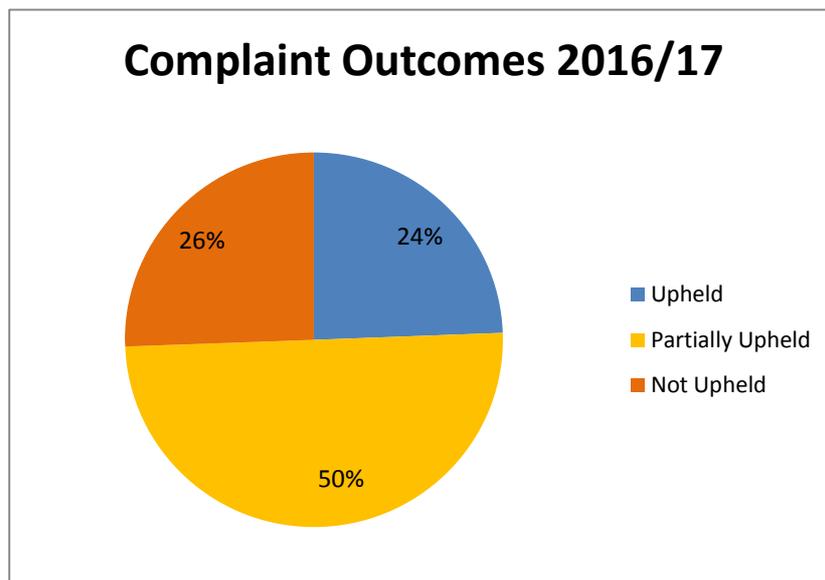
Table: Ombudsman cases 2016/17 detailing position at end of year

	Clinical area	Current position at end of year	If closed, upheld/not upheld? Detail of any recommendations.
1	Adult Mental Health	Closed	Not upheld
2	ISD East area	Closed	Upheld. Recommended financial redress, Apology made, acknowledge service failures and action plan shared.
3	Adult Mental Health	Closed	Not upheld- two issues that were identified that could have been handled better by SHFT but were not considered as failings in final report
4	ISD West area	Closed	Not upheld - did not identify any failings re SHFT but did in relation to other Trusts involved

5	ISD East area	Under investigation	NA
6	Adult Mental Health	Under investigation	NA
7	Adult Mental Health	Under Investigation	NA
8	ISD West area	Closed	Partly upheld. Recommendations were to acknowledge maladministration of an investigation.
9	Specialised Services	Under investigation	NA

4.2 Number of complaints upheld/partially upheld

- 4.2.1 Within the Trust the investigating officer makes a recommendation at the end of the investigation as to whether a complaint is upheld, partially upheld or not upheld.
- 4.2.2 Figures for upheld/partially upheld complaints in 2016/17 are 74% in the Trust compared to 77% in the Trust in 15/16, and nationally the position is 63.8% of all NHS written complaints. 24% of closed complaints were upheld in the Trust (national 16/17 Q4 data 34.2% upheld).



NB. excludes complaints that are withdrawn or signposted to another organisation

	Closed Complaints
Upheld	63
Partially Upheld	129
Not Upheld	66

4.2.3 Percentages of upheld and partially upheld complaints by Division highlight differences between ISD areas, where the West area has a higher percentage. Within ISD East, the percentage of complaints not upheld increases to 41% when complaints relating to primary care services are excluded.

Table: Complaints by Division and numbers upheld, partially upheld, not upheld 2016/17

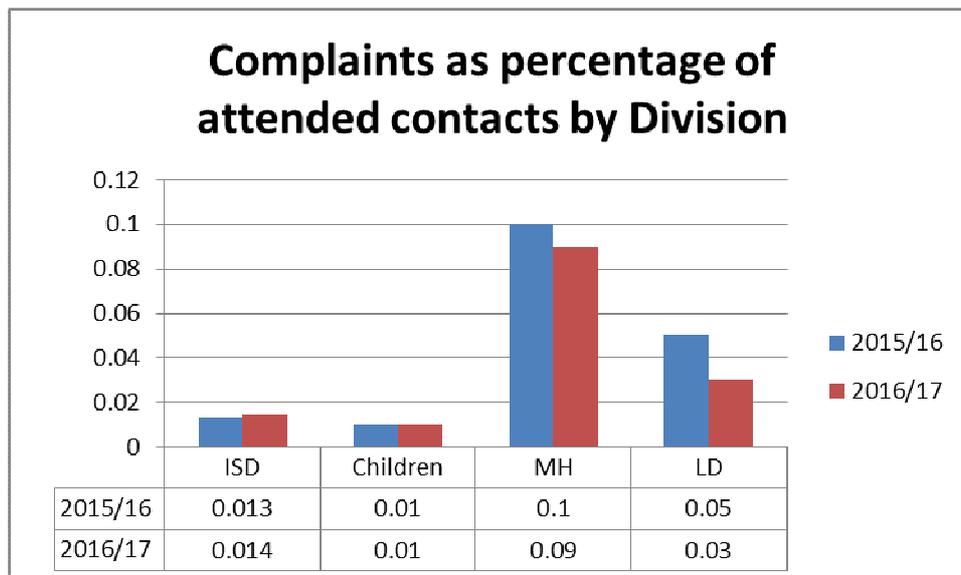
Division	Number of complaints received	Numbers/percentages of complaints upheld or partially upheld	Number of complaints not upheld
Mental Health	210	86 (70%)	37 (30%)
Learning Disabilities	10	6 (75%)	2 (25%)
TQ21	0	0	0
West ISD	57	34 (87%)	5 (13%)
Children and Families	12	9 (100%)	0
East ISD	82	50 (69%)	22 (31%)
Integrated Care Services North East	2	1 (100%)	0
Corporate	13	6 (100%)	0
Totals	386	192 (74%)	66 (26%)

NB: Percentages of upheld complaints are calculated based on numbers of closed complaints and excludes complaints that are withdrawn or signposted to another organisation.

5.0 Complaints by division as a percentage of activity

5.1 Calculating numbers of complaints per patient contacts enables comparison between divisions as detailed below. As in previous years Mental Health services has the highest percentage of complaints per activity, and is of a similar order to 2015/16.

Graph: Complaints by division as a percentage of contacts 2016/17



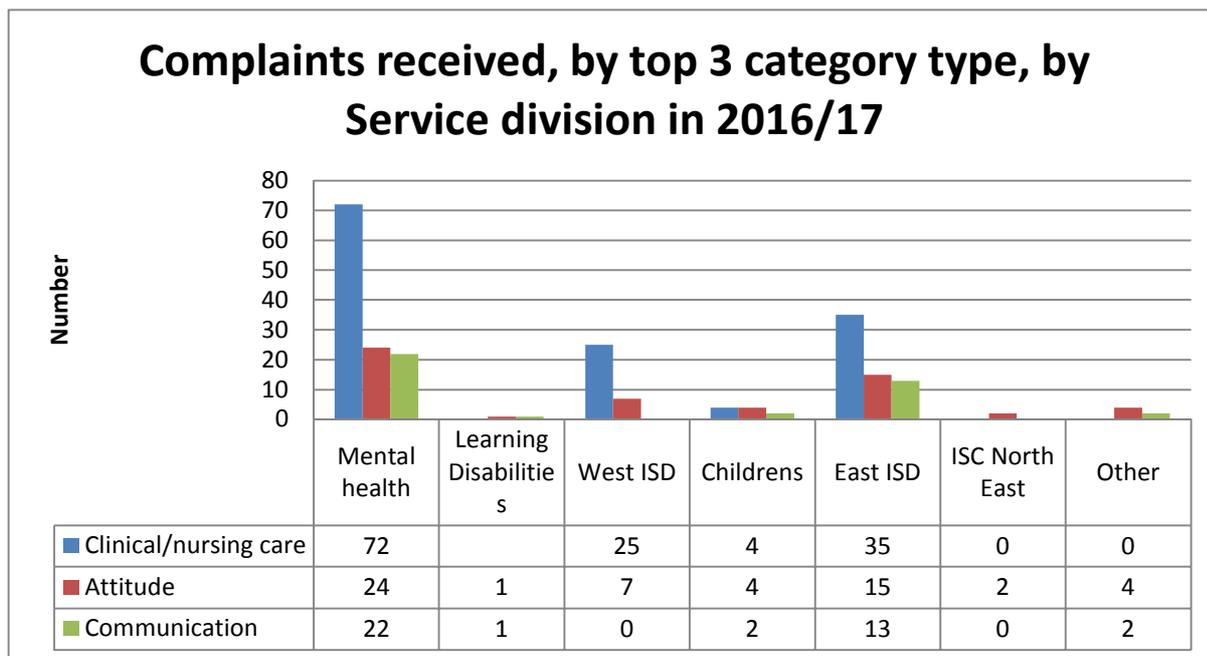
6.0 Themes

- 6.1** The three top categories of complaint align with national data from the Health and Social Care Information Centre and have been consistent over recent years. The three categories make up 60% (62% in 2015/16) of all complaints and 47% (44% in 15/16) of all concerns.

Table: Categories of complaints and concerns

Category	Number of Complaints	Number of Concerns
Clinical and nursing care	136	129
Attitude	57	79
Communication	40	109

Graph: complaints received by top three category type across the divisions 2016/17



6.2 Complaints about clinical and nursing care

6.2.1 This category spans all the divisions proportionally to the numbers of complaints for that division, so no particular division raises specific cause for concern. The one exception was Learning Disability services where there was no complaints categorised primarily as clinical and nursing care. Inpatient and outpatient areas are represented; with no site demonstrating a peak in complaints in this category. A selection of complaints/actions is detailed below to illustrate the types of issues that are being raised and actions that are taken as a result of the complaint being raised.

Table: Complaints and actions - clinical care

Clinical area	Detail of complaint	Improvements made/learning
East ISD	Complainant questioned why his initial referral was downgraded which resulted in a revisit to physio before being upgraded to a referral to an Orthopaedic Surgeon.	Physiotherapy will, in future, communicate with the GPs if they regrade the referrals they receive, as this will present GP's with the opportunity to supply detailed clinical information to support their reasoning for the urgency in their referral.
East ISD	Poor standard of care whilst on the ward and patient was afraid of staff.	As a result of the situation 'intentional rounding' (a systematic clinical review of all patients) has now been increased to hourly (was 2 hourly) Staff on the ward attended a refresher session regarding the purpose and completion of 'intentional rounding'. Patient was afraid of the staff and as a result did not want his concerns raised during the time he was on the ward. Complainant (relative) attended a development day to provide a greater understanding of how things are perceived by a

		patient and the patient's family, to improve staff understanding and knowledge.
West ISD	Concerns that services involved in mother's care did not communicate with each other, causing fragmented care. Concerns about patient's diagnosis and how conversations were handled. What training is provided to staff around sharing diagnosis Access to a dietician and a speech and language therapist re soft diet requirements and risk of choking Query whether the care home was given full information by the hospital	- permanent recruitment of speech and language therapist to hospital team, to provide service to wards and timely response to referrals. -Transfer letters handwritten on discharge to be copied into notes for records- use of electronic system to write transfer letters meaning they are saved to electronic patient records -Transcribe actions discussed at handover to care home that patient is discharged to -written notes of handover meetings in patient notes to ensure clear and open handover - Training on difficult conversations to be embedded in junior doctor training sessions at hospital -Sharing of care planning goals with patients and their families to improve patient centred goals -Involvement of patients and families in care planning for inpatient stay and discharge processes -Sharing of transfer documents - for patients to have a copy for their records
Adult Mental Health	Patient not supported with personal hygiene, despite patient refusal to allow staff to assist	Where possible, family should be consulted as to a way forward in resolving the matter. The patient's dignity is paramount and promoting cleanliness is a fundamental nursing task. Personal hygiene care plan now in place for patients requiring assistance with this issue.
Adult Mental Health	Although the house keepers tried to provide (by buying some gluten free products in from local shops) this was not enough and there is little or no provision of gluten-free food available on the menu.	The catering provisions have changed during his past year, but not enough to be confident that another patient admitted who has gluten intolerance would be offered a gluten-free diet. Outcome: The access and provision of gluten free diets to be reviewed so that a clear choice of foods is on offer for all inpatients.

6.3 Complaints about Attitude

6.3.1 There were 57 complaints and 79 concerns about attitude. The majority of these relate to the attitude of individual members of staff with actions tending to address individual improvements. The proportion of complaints due to attitude has reduced from 19% to 15% since last year.

Table: Complaints and Actions - Attitude

Clinical area	Detail of complaint	Improvements made/learning
Adult Mental Health	Unhappy with inappropriate comments and actions of a member of staff.	Full workforce investigation carried out. A new therapist was allocated to the patient, and contact made.
ISD East	Hostile experience with	Raised in a reception team meeting to remind all

(primary care)	receptionist. Bad consultation experience with GP.	staff of the correct way to deal with patients and the reason for their visit to surgery. GP apologised for coming across as arrogant, and a rushed appointment, and offered to meet again to answer any questions
ISD West (Orthopaedic Choice)	Doctor who saw her was abrupt. Made her feel really bad, did not reply when she said goodbye to him on the way out.	Apology for not explaining next steps clearly. Doctor's clinic was peer reviewed to observe his interactions with patients and give feedback on communication.
ISD theme	Patient unhappy about attitude of staff member who explained they did not meet the criteria for a home visit	Identified training need for administration staff relating to communication, triage, medical terminology, NVQs 2, 3 and 4. A competency framework for admin professionals and customer service training is being delivered initially in the West for administrators. Team away day held. Improved telephone skills training is being developed in conjunction with The Samaritans, and will be and tested with service users.

6.4 Complaints about Communication

6.4.1 There were 40 complaints and 109 concerns where the main issue was communication, although there is an element of poor communication in most complaints. This is an increase on numbers last year that were 24 and 72 respectively. Where message taking and passing on was identified as one area for complaint last year, it has not featured as significantly in 16/17.

Table: Complaints and Actions – Communication

Clinical area	Detail of complaint	Improvements made/learning
Adult Mental Health	Service user felt that he was discharged very quickly and was confused about why.	Assessment letters must state clearly to the service user that they are being discharged to primary care. An entry on the patient record must be made in order to evidence that an multidisciplinary team (MDT) discussion or an allocation/ outcomes meeting took place, which staff were present, and clearly state the decision made. This will be monitored and evidenced by the professionals involved in the MDT allocations/ outcomes meetings.
Learning Disability	Two letters sent to wrong address, breach of confidentiality and wrong advice given resulting in the true recipient of the letters being abusive and causing distress to the complainant and her family	Highlighted gaps in some processes. Staff to be made aware of importance of following data protection policy and updating records. All teams must have a process of double-checking demographic information on letters/reports. The Information Assurance Team is working on an Information Governance Incident Management Procedure.
Adult Mental	Lack of communication. Failure to deliver weekly medication to	Staff to implement a robust system for monitoring the receiving and onward distribution of

Health	patient without advising patient/family about issues.	medication (Clozapine) and ensure that this system is rolled out to all community teams in order that this problem does not occur elsewhere.
Children	Parent called to make a complaint regarding the way her Health Visitor managed the bruising protocol process. Is also unhappy that manager of team offered to send her leaflets after she discussed this with her but she hasn't received them as promised.	Discussion with staff member on how the visit was managed and documented. New Bruising Protocol Information leaflet circulated to parent and all staff. To discuss training in protocol with Local Children Safeguarding Board, and to share parent's experience as learning.

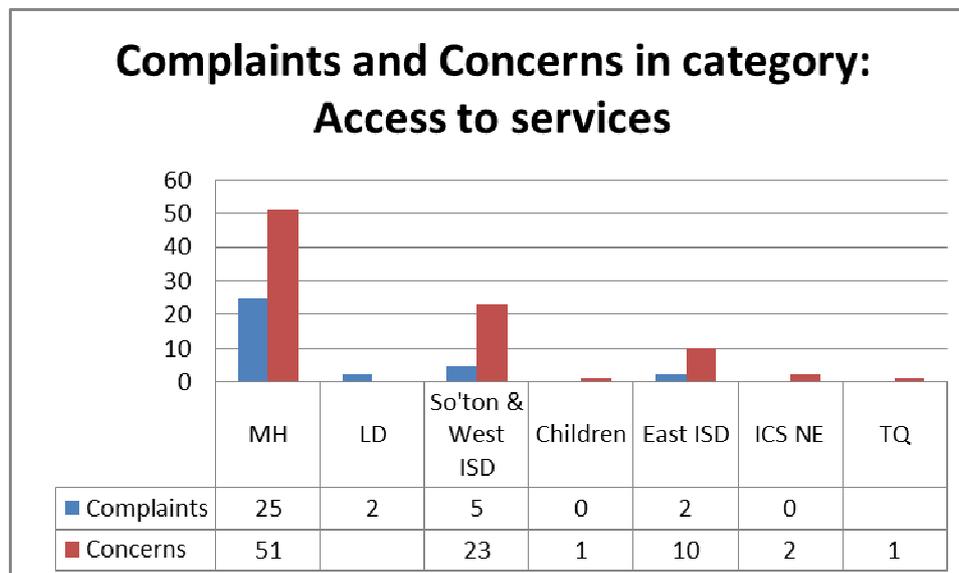
6.5 Emerging themes over the last 12 months

6.5.1 The next three categories of complaints and concerns have also been reviewed:

- Access to services (34 complaints and 88 concerns)
- Appointment (15 complaints and 82 concerns)
- Discharge (18 complaints and 21 concerns)

6.5.2 Access to services

Graph: Complaints and concerns about Access to Services 2016/17

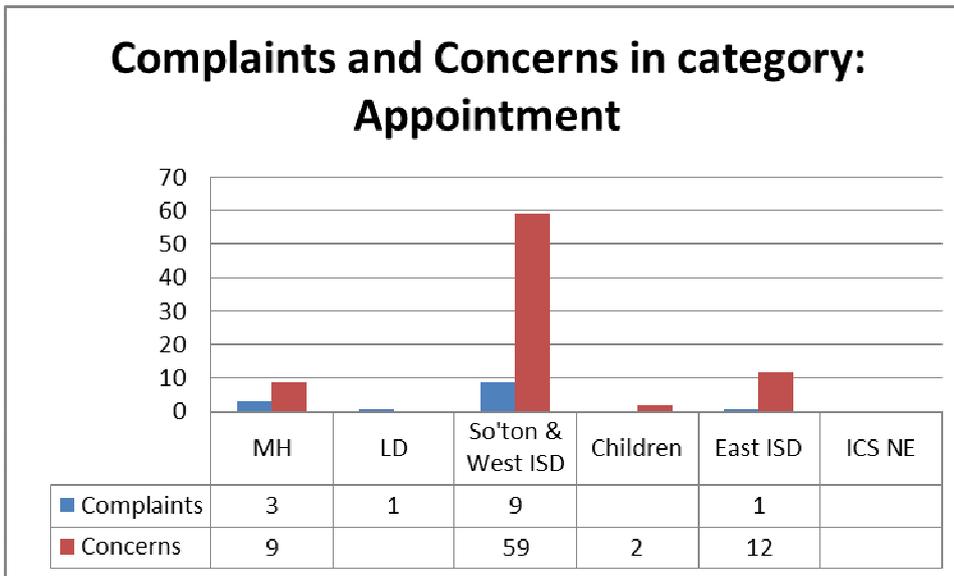


6.5.3 Highest numbers in this category are for the Mental Health Division. Patients or family members have raised complaints about needing more support than has been provided, cannot gain support at a time of crisis, or lack of support when moving from one part of the service to another (including discharge from hospital). In terms of actions, these tend to be aimed at the individual and are in line with the clinical care pathway rather than more trust wide issues.

6.5.4 A significant number of complaints and concerns in the Integrated Service Division relate to access to Musculoskeletal services. The division led to a thematic review of the service to identify key themes, and developed an action plan to address.

6.6 Appointments

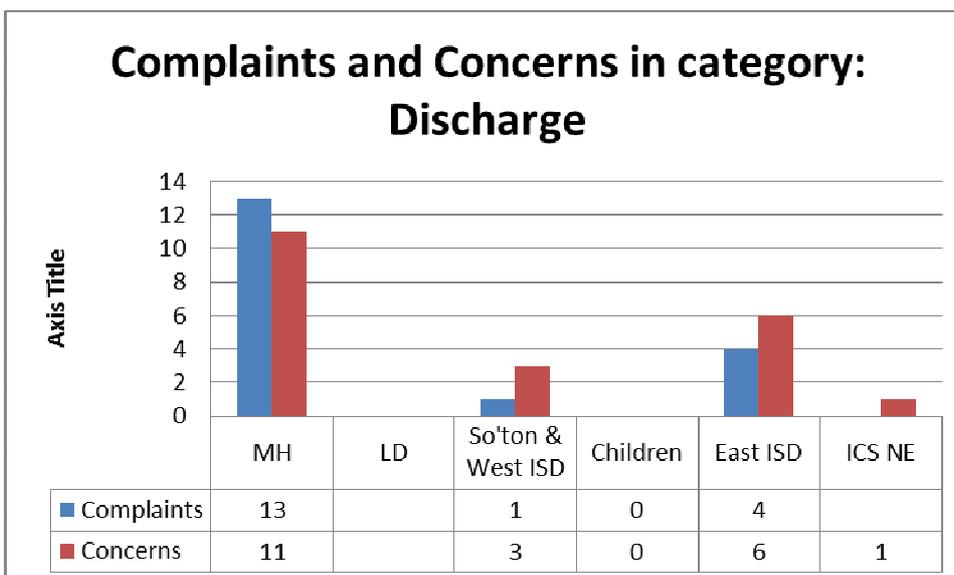
Graph: Complaints and concerns about Appointments 2016/17



6.6.1 Appointments are an area where patients and relatives are raising informal concerns and their issues are generally resolved quickly by the Customer Experience Team. A team administrator is the main point of contact and deals with issues such as patients not having heard when their appointment is, cancellations, urgency of the appointment. It should be stressed that the Customer Experience Team are not able to arrange appointments any sooner for patients, but can provide helpful information about who to contact and how to let teams know of changes in their condition etc. The West ISD has the most concerns about appointments as they tend to cover the largest number of outpatient services, including musculoskeletal services.

6.7 Discharge

Graph: Complaints and concerns about Discharge 2016/17



- 6.7.1 The highest numbers of complaints about discharge are within Mental Health services and include discharge from inpatient areas and discharge from the overall service. Complaints and concerns have been received from relatives and carers advising that their loved ones have been discharged before they are well enough.

7. Themes and learning across the Trust

- 7.1 It is at times easy to identify trends when several complaints on a similar theme are received in a short time frame, for example, difficulties with phlebotomy appointments in south east Hampshire, where the issue was flagged to the service, which reviewed its new appointment system and how it was advertised.
- 7.2 Themes in the top reported category types have been described in the previous section.
- 7.3 Some themes identified were specific to a service. A thematic review of the Musculoskeletal Services was undertaken following an increase in complaints about the service in the period March 2015 – September 2016. A specific issue relating to communication with patients with dementia had been resolved previously through staff engagement and training. The review identified further issues including ‘feeling rushed’, information not clear enough, patient expectations of service different to what service was for. A seven-point action plan was developed to include redesign of service information for patients and referrers, review of letters to patients to ensure clear communication about the service and what can be expected. In addition staff training plans included Customer Service training, and a shared learning event ensured improved processes and knowledge were shared across the whole service.
- 7.4 Themes are shared at team and divisional level but there needs to be greater sharing of learning and themes across the Trust. Divisions have strengthened the learning from incidents during the year, so the next stage will be to extend this to learning from complaints, concerns and compliments.

8. Complainant Satisfaction Survey

- 8.1 Satisfaction surveys are sent to complainants two weeks after their response letter has been sent with feedback used to improve the service provided.
- 8.2 During the year, the trust used its own Satisfaction survey initially and then took part in a pilot of a national survey.
- 8.3 Responses showed that the majority found it easy to make a complaint and all said that the Customer Experience Team was helpful and polite. The majority felt their complaint had been taken seriously and were satisfied or very satisfied with the way in which their complaint was handled. For those who were not satisfied, suggestions included the need for advocacy, to avoid conflicts of interest and urged to keep the process simple. Below is an example of a positive and of a negative comment:

“It took me a while to find out who to raise the complaint with- I didn’t realise Southern Health was different to the Southampton NHS. However, once I had sent in my letter of complaint, I was very impressed with the speed and the detail that my letter was responded to. I was also impressed that at every stage I was offered the opportunity to speak to the

people doing the investigation. I feel that my raising of the issues that affected me has had a positive impact on the services and hopefully improved them for other patients.”

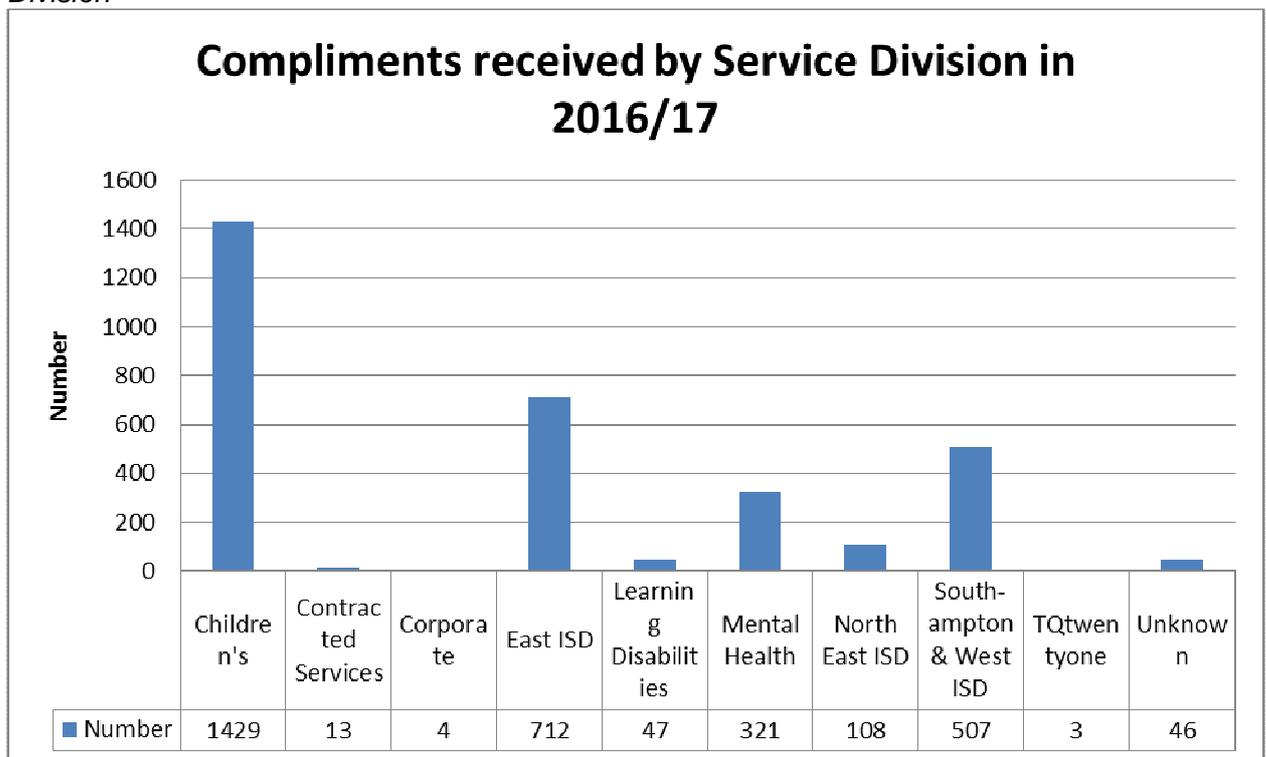
“It was too long to get the formal response to my letter. I appreciate the length of time it takes to get individual responses to complaints but there needs to be a quicker response in case matters need to be taken further as the whole procedure should be about making things better from patients and learning from mistakes. It would also be a more positive outcome for the complainant if they were made aware of what procedures and policies had been put in place to prevent anyone else from going through similar problems as this is an important reason why patients/ relatives complain.”

- 8.4 Feedback from surveys was considered by a Complaints Working Group that was established following a Thematic Review of the Complaints pathway (see section 10), and developed a new survey that took the best elements of the Trust and national survey. This new format was implemented in 2017/18.

9. Compliments

- 9.1 The number of compliments reported in 2016 has increased quite significantly. This is as a result of the new process which allowed clinical staff to record compliments directly onto the system in a similar way to reporting incidents rather than forwarding them to the central customer experience team to record. Further work was required during 2016/17 to ensure that staff understood the value of recording compliments, and understood the information that should be recorded.

Chart: Compliments received by Service Division



- 9.2 Many wonderful compliments are received every day thanking staff for excellent and compassionate care. The customer experience team is providing “feedback of the week” to be included in the weekly Trust bulletin and on the website so that these can be shared. A selection of compliments is shown below.

Patient commented to CNS that she was struggling to get an appointment at her surgery sooner than 2 weeks' time. As a cancer patient this should not be a problem. The CNS went to the practice and spoke to the practice manager and it was highlighted that there was no system in place to flag these sorts of patients to the staff to know to give them priority appointments. A system was then put in place. Next time the CNS visited the patient she commented how she no longer struggled to get an appointment and was recently given one on the day she called and thanked the CNS for her help in this matter (Fareham Community Team, East ISD)

My health visitor has been amazing. She made sure she kept in touch with me when I was finding things tough and visited monthly. I also had some valuable visits from a nursery nurse when my daughter wasn't happy due to the stress of a new baby and my husband worked away. I think the health visiting service is undervalued and postnatal mums don't realise that the service is there for their well being as much as their children. (Winchester Health Visiting)

The advice and support was extremely useful. My son says that the nurse was helpful and listened to what he wanted to talk about. (Children's North East area)

Called into admin office, regarding her therapist to say he was: "amazing" and have "worked wonders". She would highly recommend him and said he had turned her into "another person". (IAPT)

"This hospital is one of the best places I have been to. The nurses and doctors are nice they help people a lot". (Bluebird)

Thanks to my CPN and Psychology Services. I have been able to turn my life around. I can cope so much better having had the advice, support and coping mechanisms that I was given during my appointments here at Anchor House (Adult Mental Health West Hants Community_

Thank you for always being so lovely and caring and making this such a welcoming place to come to. I really appreciate it. Take care. Lots of love. (Eating Disorders Service)

Service user gave positive feedback on the work the assistant psychologist had completed with her. Told myself that the assistant psychologist had been there for her when she needed someone. She was positive about how writing and pictures had helped her to communicate her thoughts. (LD West Hants Community Team)

Please accept our appreciation and very grateful thanks for all your care of J during his recent stay on your ward. The exemplary nursing care was a welcome balance of professional skill and efficiency, offered with a good measure of pastoral cheerful care towards us both; added to this the very high standard of cleanliness on the ward and likewise that of the catering staff's meals. Makes us proud and thankful to have the care of such a super special NHS hospital freely available to us here. (Lymington Hospital)

Thank you for work in chasing wheelchair service, getting specialist seating and participating in CHC application. Reported 'achieved more this year than since he had his stroke'. (Andover Community Team – therapy)

To all the community nurses who cared for my husband during his long illness. This is a very belated 'thank you' for your love, kindness and help you gave him at all times. Your dedication and interest and even for me- your words of encouragement, gave me the strength and courage to face each day. I could go on but you are real 'ANGELS' in your difficult task and were always calm, even in pouring rain. (ISD North Community Teams)

10. Initiatives in 2016/17

10.1 Care Quality Commission (CQC) Inspection

Patient Experience, Engagement and Caring Group
Agenda Item X – Complaints, Concerns and Compliments Annual Report

Page 15 of 17

10.1.1 Following CQC inspection in January 2016, the Trust set up a Thematic Review, reviewed the Policy and Procedure to ensure they were aligned to best practice, and developed reporting of Complaints, Concerns and Compliments to review trends, learning, and quality of final response letters. A follow up inspection was made in March 2017, from which the report is awaited.

10.2 Thematic Review

10.2.1 A thematic review of the complaints and concerns process was undertaken between April and June. The review looked into the processes and practice when a complaint or concern is received, and aimed to ensure that each and every one is processed individually and empathetically at all stages.

10.2.2 The review considered a desktop review of recommended best practice and CQC findings, staff views gained via a survey, patient views via a survey, and attending patient forums, feedback from patients during peer reviews, and a clinical audit of closed complaints.

10.2.3 In summary the review found examples of best practice but these were not consistent across the process and all services. It identified the improvements needed to ensure that best practice was followed.

10.2.4 A Working Group, including complainants, patients and relatives, members and staff was set up to implement recommendations. The Group reviewed and advised on the format and style of letters to complainants, looked at and made improvements to information (website and leaflet) about raising a concern or complaint; reviewed the Trust Policy and Procedure, revised the satisfaction survey for complainants, and designed an ideal process. A pilot of a redesigned process was started in May 2017 in the east area of the Integrated Services Division. The proposed process would utilise some of the good practice established in the Serious Incidents investigation process.

10.3 Calderdale Review

10.3.1 The Trust invited the Quality Governance Team from Calderdale and Huddersfield NHS FT to conduct a peer review of the Customer Experience Team. Following feedback, further improvements were made that

- reduced delays to the way that a complaint was processed within the Customer Experience Team,
- clear single procedure when an issue was subject to both a complaint and an incident investigation, avoiding duplication
- revised filing systems to create single database containing all relevant information
- developed plans to reduce the time taken to resolve a complaint. These plans are in progress, currently, and any complaints at risk of becoming overdue are escalated weekly.

10.4 A single action plan following the above reviews and CQC inspection was developed. Progress has been and continues to be reported to the Patient Experience, Engagement and Caring Group.

11.0 Risk Narrative

Risk Register / BAF number – Strategic, Corporate, Divisional or Local Level	Risk Score	Previous Risk Score & Trend ↓ or ↑	Narrative regarding changes
BAF Strategic 799	12	16 ↓	<p>Strategic risk 799 'Failure to capture, understand and develop a culture which supports a positive patient experience'</p> <p>Monthly reporting of complaints, concerns and compliments, alongside other forms of patient feedback in place, identifying main issues for improvement. Improved reporting of compliments. Further work needed to evidence action taken and learning shared.</p>

12.0 Next Steps

- 12.1 To update Action Plan with any issues arising from the recent CQC inspection, and to implement remaining actions following Thematic and Calderdale peer reviews.
- 12.2 To reduce time taken to resolve complaints, working with service divisions to implement plans. This includes taking forward learning from the pilot of redesigned process.
- 12.3 The Complaints Policy and procedures is under review for completion by July, to include recommendations from the peer reviews and the CQC inspection.
- 12.4 To publish this Annual Report on the Trust website.

13.0 Recommendation

- 13.1 The Committee are asked to gain assurance that national regulations are met and that the Complaints policy is followed.

14.0 Appendices - none