

Public Board of Directors
Item number: 16
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Confidential/public paper:	Public
Report Title:	Annual Complaints Report
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Accountable Director:	Dr Caroline Johnson, executive director of nursing, professions and quality
Presented by:	Dr Caroline Johnson, executive director of nursing, professions and quality
Vision and values:	The report represents our values of speaking up for service users, continual improvement and ensuring we are respectful and kind to those who raise concerns.
Purpose:	This statutory annual complaints report provides assurance to the Board of Directors and its sub-committees that the Trust is meeting its statutory obligations in handling complaints.
Executive summary:	<p>The report provides assurance that the trust is meeting its statutory obligations for complaints handling.</p> <p>Performance has improved from 77% of complaint responses completed within agreed timescales in 2023/24 to 82% in 2024/25. The team's focus during the year has been on introducing additional assurance on learning and ensuring that all concern contacts are appropriately logged and categorised.</p> <p>The Trust's internal complaints training for investigators also continues to be rolled out across the organisation. This seeks to embed effective and engaged investigations, empathetic responses and appropriate and effective learning within the Trust's handling of complaints.</p> <p>Priorities for 2024/25 includes a focus on accessibility improvements, further embedding learning within governance processes and ensuring the complaints process is appropriately publicised across the organisation.</p>

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes		No	✓	
Deliver Outstanding Care	Yes	✓	No		
Great Place to Work	Yes		No	✓	
Reduce inequalities	Yes		No	✓	

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.
It is a legal requirement for NHS Trusts to produce an annual complaints report.

Board assurance framework (BAF) and corporate risk(s):	<p>There are currently 4 risks associated with this item:</p> <ul style="list-style-type: none"> • BAF 0024 Risk of failing to meet fundamental standards of care caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience, staff wellbeing, development of closed cultures, reputation, future sustainability of particular services which could result in potential for regulatory action. • BAF 0025b There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in unacceptable service user safety, more restrictive care and a poor staff and service user experience. • BAF 0029 There is a risk of a delay in people accessing core mental health services through the requirements of 'The Right Care Right Place' caused by issues with models of care, access to beds, flow, crisis care management and contractual issues resulting in poor experience of care and potential harm to service users. • BAF 0031 There is a risk we fail to deliver on national inequalities priorities and our strategic aim to deliver inclusive services, caused by failure to adopt an inequalities based approach to care resulting in poorer access, later presentations and risk of poorer outcomes.
Any background papers/items previously considered:	<p>This is an annual report which has been presented to the Executive Management Team meeting and the Quality Assurance Committee 10 June 2025. Previous annual reports have been received at QAC on a yearly basis.</p>
Recommendation:	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • receive the Annual Complaints Report 2024/25 for approval



Annual Complaints Report

2024/25



Contents

1.	Introduction	Page 3
2.	An ongoing improvement journey	Page 5
3.	Data, Key Themes and Analysis	Page 8
4.	Learning from Complaints	Page 17
5.	Conclusion	Page 19



1. Introduction

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to ensuring that concerns raised by service users, or by friends or family members of those using its services, are acknowledged, investigated and responded to. SHSC is intent on fostering a learning culture for complaints, where the response to any failings identified will be consistently robust, meaningful and compassionate. Complainants can be confident there will be no barriers to them receiving fair treatment and clear information during the complaint process, irrespective of social and cultural background. Complaints, compliments, general comments, and suggestions are welcomed.

Complaint processes within the NHS are governed by statute as set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and through the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 – Receiving and Acting on Complaints.

To meet these regulations, SHSC must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using services, people acting on their behalf, or other stakeholders.

Within SHSC, complaints are managed in line with an approved complaints policy, which aims to ensure that service users, or their representatives, can raise concerns and have them thoroughly and effectively investigated. The policy also includes process maps. These set out the timeframes for responding to complaints, a description of the individual roles in the process and information on how we capture learning from complaints.

It is important that complainants have an explicit means to challenge the outcome of their complaint. All complainants, upon conclusion of their complaint, are informed of their right to seek the intervention of the Parliamentary and Health Service Ombudsman for an independent review of the handling of their complaint.

Key definitions

Complaint - A complaint is an expression of dissatisfaction communicated verbally, electronically or in writing which requires a response. Complaints may be about the activities of SHSC and/or its staff.

Formal complaint – A formal complaint or concern is one which requires a full investigation and response. These are reported as complaints and are recorded on the Ulysses governance database. We aim to acknowledge formal complaints within two working days and investigate and respond to all complaints within either 30 or 40 working days, depending on the complexity of the complaint. Where appropriate, these deadlines may be extended with the permission of the complainant. This is in line with national guidance where there are no formal timescale targets and organisations are expected to engage meaningfully with complainants regarding the investigation process.

Concern – A concern is an expression of worry or doubt over an issue considered to be important, for which reassurances are sought. This can be in the form of a question, especially one expressing uncertainty. This is typically related to an active care issue. Concerns are recorded on the Ulysses database and responded to directly by the ward, team or service and are typically resolved within 48 hours.

General query – A query is a question or request for advice. This may be related to an internal SHSC matter, or this may relate to the wider Sheffield healthcare system (in which case this will be re-directed as appropriate).

2. An ongoing improvement journey

Developments during 2024/25

Strengthening our learning

To strengthen the processes of learning from complaints, the team has introduced post closure learning reviews for formal complaints. Any actions identified from an investigation are logged on the Ulysses database and their progress reviewed. The relevant service or ward is asked to provide updates on actions not completed and any issues are escalated through service lines. This is to provide assurance that promised learning is followed through. This process will be refined and further embedded into governance reporting structures during 2025/26.

Better reporting on what we do every day

When a service user or a family member has a problem and do not know where to discuss this within the Trust, the complaints team offers confidential guidance and liaises with services to find answers and resolve concerns. If a situation cannot be resolved, the formal complaints process is commenced.

The team has been gradually building in processes and reporting structures to closer reflect the reality of their daily engagement with service users and the recognition that the majority of their contacts are not, in fact, related to formal complaints. For the first time, full details of concerns (problems resolved prior to reaching the formal complaint stage) are being included in this annual report. The complaints team closely monitors resolution of concerns to ensure that these are being addressed and to help prevent these escalating further.

We have also recently commenced the logging of all general queries to better understand the wide variety of contacts that the team is receiving.

Rolling out more training

The team has now moved to fully online “cameras on” interactive online complaints training. The in-person training sessions at Distington House have been discontinued as these sessions were more difficult to fill due to the time needed for non-Atlas Court based staff to access the site. The training has been further developed and talks through issues relating to complaint processes, investigations, empathetic written responses and effective learning. The scheduling has been increased to a session delivered every month and is being held on different days of the week to accommodate as many staff as possible.

Identifying investigators

The complaints team has been working with operational and directorate leadership colleagues to establish a rota of trained investigators. This is in recognition that identifying and confirming an investigator outside of the service line for more complex complaint cases (i.e. for those which require an investigator with greater independence from the service), can be very challenging and cause significant delays in some cases.

Diversity and feedback challenges

As a team deeply involved in efforts to drive learning and quality improvement across the organisation, it is important to acknowledge not only our positive developments. We also need to accept where we did not get it right and where we need to make changes.

During 2024/25 the complaints team developed more detailed diversity questionnaires in conjunction with the Equality, Diversity and Inclusion (EDI) team. A complaint feedback questionnaire was also introduced to help us understand the view of service users' and families on how their complaint was handled. Although experience and contact with other Trusts has shown returns are traditionally low for these types of questionnaire, the return rate to date has been particularly disappointing for the team. The feedback from service users has been that they are often engaging with our e-mails via their mobile phone, rather than via a laptop or PC. Some have said that they are unable to complete the questionnaire in the document format, even though they would like to do this for us.

We are working with the engagement and experience team to learn from their use of the Qualtrics survey system and introduce the questionnaires via that system. We will also refine both questionnaires to minimise their completion time to hopefully reach a meaningful return rate.

Team Capacity

The complaints team consists of our head of complaints (30 hours a week) and a complaints officer (full time).

There are significant challenges with such a small team in accommodating annual leave, training, and sickness absence. A band 3 administrator has been appointed to the clinical governance team and part of their role will be to provide additional dedicated support to the complaints team when required.

It is important to stress that an effective complaints process requires a strong partnership between the corporate complaints team and managers and clinicians from the service areas. For the process to work well, an investigator needs to be allocated quickly by the directorate leadership team. An investigator must also have the capacity to spend time, both on the investigation itself and on engaging with the complainant. Workforce issues do, at times, impact on this process.

Future plans and priorities

Redefining the team - Almost by definition within the NHS, a confidential service that helps patients, their families and carers to find answers and resolutions to questions or concerns is a Patient Advice and Liaison Service (PALS). This is a service already being offered to good effect within SHSC, though this is currently hidden behind traditional “complaint” terminology and structures. The team would like to consult with colleagues on changing the name of the service to the Complaints and PALS team. PALS is a service that features in almost all NHS organisations and the complaints team often receive queries about “speaking with PALS” - contacts the team, of course, take forward themselves. The team received multiple compliments during the year on the support offered.

Accessibility - The team recognises that there is a significant need for additional and updated publicising materials for the complaints procedure across many services and areas. The name change above offers an additional opportunity to further highlight this important service.

Improving engagement - As noted, the diversity and feedback questionnaires will be re-shaped to better understand our service users.

Utilising different complaint communication strategies - The National Literacy Trust has estimated that 7.1 million people (16% of adults) living in England have very poor literacy. This will clearly affect some of our complainants in terms of how they will respond to detailed written responses and we aim to be more mindful of the ways we are able to provide feedback. We wish to encourage more meetings at an earlier point as an effort to bolster comprehension and complaints resolution. We do currently hold meetings as part of the complaints process, though this is more often at a later stage of the process for more complex cases.

As ever, we need to offer the option and be guided by what works best for our service users and their families.

3. Data, Key Themes and Analysis

Data source

The data contained in this report has been obtained from Ulysses, our electronic risk management system. For the year 1 April 2024 to 31 March 2025, SHSC received a total of 133 formal complaints. This is broadly in line with the previous year and reflects the ongoing importance of efforts to resolve issues at an early stage. The team also dealt with 172 concerns.

Overview of contacts received

The table below provides a breakdown of formal complaints and concerns received over the previous four years.

Year	Formal complaints	Concerns
2021/22	145	No data
2022/23	142	No data
2023/24	129	No data
2024/25	133	172

Information from formal complaints

Historical overview – complaint classification

Throughout this report, we compare and contrast data to previous years' performance wherever possible. The table below shows the top classification themes for complaints received over the last four years. For the year 2024/25, these six themes represented 91% of all complaints received.

Complaint Theme	2024/25	2023/24	2022/23	2021/22
Access to Treatment or Drugs	23%	36%	33%	25%
Communication	17%	15%	16%	7%
Values and Behaviours	16%	16%	10%	14%
Clinical Treatment	14%	9%	12%	10%
Admissions and Discharges	11%	5%	8%	4%
Patient Care	10%	10%	7%	20%
(Total complaints received)	(133)	(129)	(142)	(145)

The table below provides a comparison of the complaint categories recorded across this year and last. "Access to treatment" remains the most common category of the complaints received across both years.

Complaint Categories (main)	2024/25	Change	2023/24
Access to Treatment	33	-13	46
Communication	23	4	19
Values And Behaviours	21	0	21
Clinical Treatment	19	7	12
Admissions and Discharges	15	8	7
Patient Care	13	0	13
Trust Policies	3	0	3
Prescribing	2	0	2
Access to Records	2	1	1
Privacy & Dignity (PDW)	2	1	1
Other	0	-3	3
Appointments	0	-1	1
Integrated Care	0	0	0
Total	133	4	129

Analysis of Top 3 Complaint Themes

Access to Treatment

In 2024/25, there were 33 complaints recorded where “access to treatment” was recorded as the subject of the complaint. This was lower (-13) than the previous year. This complaint category includes sub-categories, such as access to services, waiting list times and overall service provision. It is difficult to draw conclusions from this fall in formal complaints, as access issues remain a significant issue for people raising concerns (35 in total). As we do not have access to historical concerns data, it may be that access issues are being resolved at a concerns level with improved communication and are not being translated to formal complaints. Access remains the biggest overall category issue for people expressing dissatisfaction with our services. This is a reflection of the pressure on specific services that has arisen from large increases in demand and wider pressures on the healthcare system (e.g. Covid-related backlogs).

The main areas with ‘access’ issues across both complaints and concerns in 2024/25 were as follows:

Department	Total
CMHT South	14
CMHT North	11
Single Point of Access	6
Psychotherapy	5
Sheffield Talking Therapies	5
Autism And Neurodevelopmental Service	4
Urgent & Crisis Service	4

Values and Behaviours

The “values and behaviours” category has remained unchanged. This category has sub-categories relating to staff attitude and perceived professionalism.

No single service received more than 4 complaints in this category and the 21 complaints received related to 14 different services. There were no clear patterns of complaint identified.

Communication

The “communication” category has increased in the number of complaints received (-4 since 2023/24). This category has sub-categories relating to communication with service users and families, the provision of information and communication between teams.

The community mental health teams (CMHTs) accounted for 40% (9 complaints) of the formal complaints relating to communication and 28% (21) of all concerns raised about communication involved the CMHTs. As part of efforts to learn from complaints and concerns, the CMHTs have recognised that more work is needed in this area and have revised their staff training programmes to address this.

Complaints received 1 April 2023 - 31 March 2025 by department/year

Department	2024/25	Change	2023/24
Assertive Outreach Team	1	1	0
Birch Ave	2	1	1
Burbage Ward	16	12	4
Chronic Fatigue Service/ME	1	1	0
CLDT	1	-2	3
CMHT North	14	5	9
CMHT South	16	3	13
Complaints	0	-1	1
CRHTT	4	0	4
Crisis House	1	1	0
Decisions Unit	1	-2	3
Dovedale 2	1	-3	4
Early Intervention Service	2	-3	5
Eating Disorders Service	2	-4	6
Endcliffe Ward	10	6	4
Flow Coordinators	7	5	2
Forest Close/Lodge	7	4	3
G1 Ward	2	1	1
Gender Identity Service	1	-5	6
HBPoS (136 Suite)	1	0	1
IT Operations & Services	2	1	1
Liaison Psychiatry	9	2	7

Maple Ward	1	-3	4
Memory Service	0	-6	6
Neuro Enablement Service	0	-1	1
OA CMHT	3	0	3
OA Home Treatment	1	0	1
OT Services	0	-1	1
Perinatal Mental Health	1	0	1
Psychotherapy	1	4	5
SAANS	12	6	6
Safeguarding	0	-1	1
Sheffield Talking Therapies Southwest	3	1	2
Single Point of Access (SPA)	6	-12	18
Stanage Ward	2	2	0
Urgent & Crisis service	2	2	0
Total	133		

The complaints received generally correlate with services as expected (i.e. the higher volume areas receiving more complaints). However, the clear anomaly in this respect relates to Burbage ward where there has been a very significant increase in formal complaints received and also in excess of what would typically be expected for this type of unit. This has been highlighted throughout the year via governance processes and there is ongoing improvement work being undertaken on the ward.

The significant reduction in complaints relating to the Single Point of Access (SPA) service, should be noted, and is attributable to the closure of that service. The department has been retained within the data here as the service was operational during the reporting period and thus some complaints related to that period.

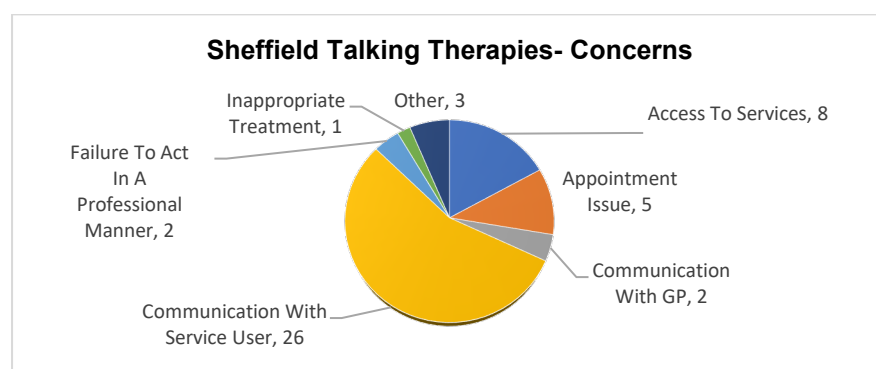
Information from concerns

The top ten areas service users raised concerns about were as follows:

Department	Total	%
Sheffield Talking Therapies	47	27%
CMHT South	25	15%
CMHT North	16	9%
Endcliffe Ward	10	6%
Psychotherapy	9	5%
Autism And Neurodevelopmental Service	8	5%
Urgent & Crisis Service	6	3%
Burbage Ward	4	2%
CRHTT	4	2%
IT Informatics & Architecture	4	2%

The most notable and surprising feature is the number of concerns relating to Sheffield Talking Therapies (STT), representing over a quarter of all concerns received. Very few of these contacts progress to formal complaints, suggesting lower-level frustrations but recurring issues. Again, it is difficult to identify whether this is a new problem, given that this data was never previously recorded prior to 2024/25.

More information on the concerns raised about STT can be found below.



Our service users were raising concerns about the following types of issues across the organisation:

Category Type	Total	%
Communications	75	44%
Access To Treatment	35	20%
Values And Behaviours	14	8%
Clinical Treatment	8	5%
Appointments	7	4%
Patient Care	6	3%
Prescribing	6	3%
Waiting Times	6	3%
Facilities	4	2%
Admissions And Discharges	3	2%
Privacy & Dignity (PDW)	3	2%
Other	2	1%
Trust Policies/Procedures	2	1%
Access To Records	1	1%

As with formal complaints, communication and access are key issues for people wishing to raise concerns with the Trust.

Complaint outcomes and response time performance

Outcomes

In line with the Parliamentary and Health Service Ombudsman's (PHSO) definitions, a fully upheld complaint is one where an NHS Trust is found to have made an error or provided a poor service that has had a negative impact on an individual. A partially upheld complaint is one where some failings have been identified, though not regarding all the concerns raised. A complaint not upheld is where there have been no failings identified.

The table below provides details on the outcomes of the complaints received during 2024/2025. Of the 133 complaints received, 121 had been closed at the time of writing.

Outcome	2024/25	% of closed	2023/24	%
Closed - Not Upheld	29	24%	41	33%
Closed - Partially Upheld	70	58%	70	54%
Closed - Upheld	22	18%	17	13%
Outstanding	12	-	-	-

As noted in the previous annual complaints report, the national average figure for fully upheld complaints is 27.6% (which covers all types of NHS organisation). Following the process revisions and clearer guidance on reporting undertaken last year, we have seen an increase in year-on-year upheld and partially upheld cases.

For context, RDASH upheld 4% of cases (2023/24) and Birmingham Community Mental Health Trust upheld 10% of cases (last available figures 2022/23). It is acknowledged that there is some degree of subjectivity with this type of assessment and figures can be highly variable across NHS Trusts.

Response time performance

From the 121 closed complaints during 2024/25, the following shows our performance in relation to response times.

Complaints Closed	2024/25	2023/24	2022/23	2021/22
Closed within agreed timescales	82%	77%	74%	26%
Ongoing (in time) cases	10	-	-	-
Ongoing (late) cases	2	-	-	-

Overall response time performance has improved slightly from 2023/24 as part of ongoing efforts to improve investigations and engagement with complainants. However, it is also important to acknowledge that investigations can take extra time for a variety of reasons. There will be occasions where it is necessary to extend the deadline to ensure the quality of an investigation and potential learning opportunities. In all cases, the complaints team is committed to keeping complainants fully updated about any delays.

One area of concern, as noted earlier in the report, has been related to delays in appointing investigators for more complex cases and also that initially allocated investigators can sometimes change due to other commitments. This is frustrating for all concerned and does not help to build a positive relationship with a complainant. The complaints team is now re-checking directly with the allocated investigator that they are able to take forward the investigation, before confirming this with the complainant. In addition, as noted, the team is working with the operational and directorate leadership teams to create a rota of investigators to help address the wider problem of investigative capacity for more complex cases.

Parliamentary and Health Service Ombudsman (PHSO) contacts

Although SHSC makes every effort possible to resolve formal complaints locally, we understand that this is not always possible. Complainants have the statutory right to refer their complaint for an independent appeal via the PHSO, if they remain dissatisfied with the outcome of their complaint.

Three requests for the complaint file and clinical records were received from the PHSO in 2024/25.

- In the first case, the PHSO declined to investigate.
- In the second case, we have agreed to a mediation process. This involves staff and the complainant attending a meeting chaired by a mediator from the PHSO to discuss, and hopefully resolve, the outstanding issues. It does not influence any subsequent investigation process, if the case remains unresolved post-mediation.
- We are awaiting a decision on whether the PHSO will investigate the third case.

Other updates during 2024/25 from earlier PHSO cases:

- Two cases were closed without further PHSO review, following apology letters sent by the Trust to resolve outstanding issues.
- One case was closed as the PHSO did not identify any failings.
- Two cases were closed with a decision taken by the PHSO that they did not need to undertake an investigation.

Accessible Complaints Process

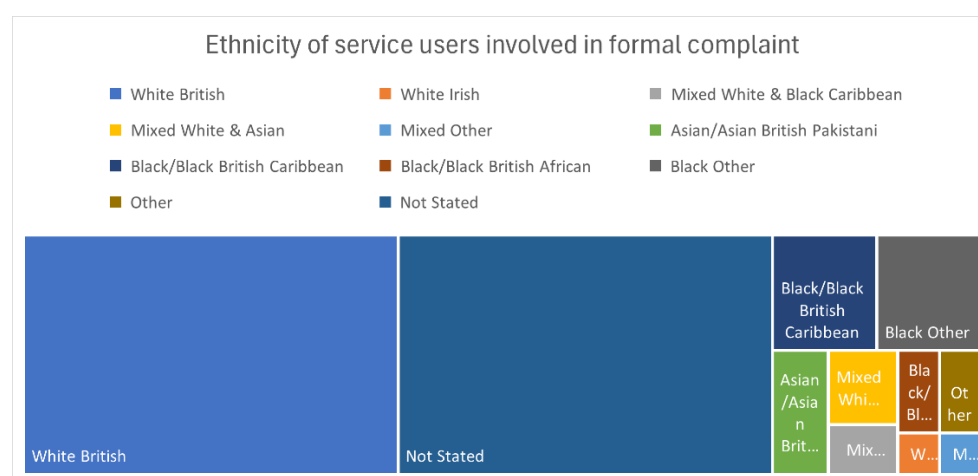
One of SHSC's key values is that we are inclusive and we aim to offer a complaints process where everyone feels welcome and able to share their feedback. Ways we do this include:

- Utilising interpreting services to translate correspondence, or during direct conversations with complainants.
- Ensuring that we communicate with service users in their preferred way (for example, some people find talking on the telephone difficult and prefer to communicate via e-mail).

- Recognising distress during telephone calls and taking extra care and time to communicate with people.
- Ensuring that facilities for complaint meetings are appropriate for a person's needs.

Ethnicity data

The table below shows the ethnicity of service users involved in formal complaints. The number of “unknown” ethnicities has fallen from 62% in 2023/24 to 40% in 2024/25. This is likely to reflect an increasing number of service users’ demographic information being recorded on the Trust’s patient information systems. However, this is still unsatisfactory for monitoring purposes and the team is reformulating their approach to the previously introduced diversity questionnaire to improve returns.



Gender data

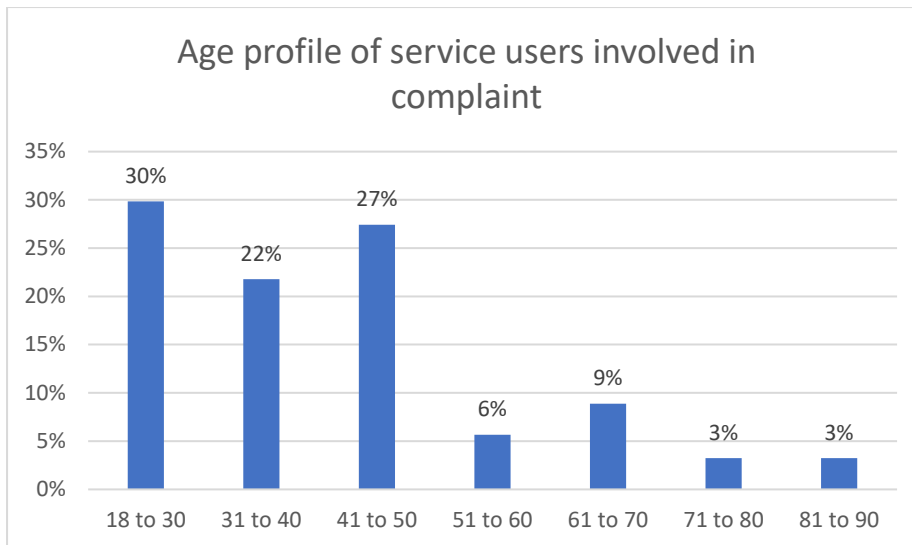
The table below shows the gender of service users involved in formal complaints. This information is extracted from Insight records and there is currently no way to identify whether (for example) transgender service users are disproportionately affected by complaints.

Female	84
Male	49

There is a significant gender imbalance (from the 2021 census, Sheffield is 50.6% female) and it is not clear whether this is related to inequalities in service provision or capacity to access the complaints procedure. The team will consider this further when seeking to raise awareness of the complaints process.

Age profile data

The table below represents the ages of service users involved in formal complaints.



The majority of service user complaints during 2024/25 related to people under 60 years of age.

We do not currently record any information relating to the other protected characteristics of service users within the complaints process.

Compliments

382 compliments were received in 2024/25, slightly fewer than 2023/24 (407). Compliments are received in many different forms, from thank you cards to e-mails and letters, or even boxes of chocolates. Compliments generally involve staff going the extra mile in helping service users in their recovery journeys or simply helping them resolve their queries or problems.

The chart below shows the areas receiving the most compliments from 1 April 2024 to 31 March 2025. While we recognise the contribution made by these teams, we should also add our appreciation to the smaller teams and units who also work extremely hard for their service users but who do not feature on this list.

Departments receiving the most compliments	
Team	Total
OA CMHT West	42
Dovedale	33
OA Home Treatment	32
Specialist Community Forensic Team	29
OA CMHT North	26
OA CMHT Southwest	22
Perinatal Mental Health	19
Stanage Ward	15
Burbage Ward	11
CLDT	11



4. Learning from Complaints

Continual improvement

We are committed to continually improving the services we offer our community. It is, therefore, so important for us to hear from service users, or their loved ones, about instances where we have not got it right in the care we have provided. If we do not receive a concern or complaint about this, the issue may remain hidden. If a person has been discharged or does not have an appointment due, the clinical and managerial teams may not otherwise hear that things have not gone well for that person. This is a missed opportunity to receive feedback which may inform future service delivery and the delivery of care for individuals.

We know how much anxiety and upset can be created for service users and their families by these difficult situations. The first element of the complaint team's active response is engaging with the complainant and making sure that the care of the person involved gets back on track. This might mean, for example, liaising with the service to book in a medication review, undertaking some administrative changes, or arranging for the service user's care to be transferred to a more appropriate venue. It is important to note, though, that interventions such as these are to ensure that a person has not been disadvantaged by errors or service lapses. To be fair to all service users, we do not prioritise the care of complainants in respect of individual waiting times.

The second element is making sure that a robust investigation is undertaken and that we learn from what has happened and develop our services accordingly.

All complaints are fed back to the service(s) involved for sharing within the team(s). During 2024/25 a post closure learning review was also introduced to ensure follow-up on the actions taken.

Learning examples

Examples of recent learning in response to formal complaints includes:

- Liaison psychiatry working together with a service user to identify links/resources to help provide additional guidance and share the experience of people with autistic spectrum disorder accessing crisis mental health services. The work has been shared with all team members within liaison psychiatry.
- Addressing concerns of a nighttime culture on a ward by rotating staff across shifts, increasing spot-checks and allowing more time during the day for staff to have structured and supported supervisions.
- Discussion with a team about how exaggerated comments may be misinterpreted on an acute ward environment, allowing a service user the opportunity to voice to staff how they felt.

- Reviewing out-of-area hospital reimbursement procedures to minimise the financial stresses experienced as a result out of area placements.
- Changing processes on a ward for how property is retrieved from the secured room.
- Scenario-based training planned with staff to develop their de-escalation and communication skills.

5. Conclusion

The Trust continued to develop its concerns and complaints handling procedures within 2024/25, with increasing recognition that the team's core remit extends well beyond the formal complaints process.

We have improved our formal complaint performance so that we respond to complainants within agreed deadlines and we are seeking to improve this further. We remain committed to doing this without sacrificing our key aim to provide a quality, compassionate, robust investigation and response to every complainant.

As noted in our future plans, we know that this is an ongoing project and there is much work to do, particularly on the accessibility of the team to all service users and on our wider engagement with service users.