

### ITEM 3.5A

**COMPLAINT SELF-ASSESSMENT ACTION PLAN AGAINST THE APRIL 2024 CODE – Details of completion actions can be found in the self-assessment document found in the supplemental pack.**

SECTION	DESCRIPTION	COMPLETION STATUS
1.4	Board approval – Policy amended with definitions of a complaint and service request	Completed
1.5	Board approval – Policy amended to make it clearer that all expressions of dissatisfaction with a response to a service request must be raised as a complaint and actions against the service request should continue	Completed
2.2	Board approval – Policy amended to reflect that a complaint will be excluded if the issue giving rise to the complaint occurred over 12 months ago.	Completed
2.3	Board approval – Policy amended to accept complaints referred to us within 12 months of the issue occurring or the resident becoming aware of the issue	Completed
2.5	Board approval – Policy amended to reflect that we must consider the individual circumstances of each complaint when reviewing exclusions.	Completed
3.5	Board approval – Policy amended with a new section “10 – Publication and access to information” to confirm that we publish the Complaints policy, information about the HO and the complaint handling code on our website and in our Resident’s Annual Report.	Completed
3.5	Review and update the information published on our website to reflect the most recent changes.	Completed
4.3	Develop internal Complaints surgeries. For Heads of service to have sight of all complaints in their areas and discuss the emerging issues/ trends and service-wide learning with their managers and shape service improvement.	Completed
5.10	Develop a reasonable adjustment policy	Completed
6.2	Board approval – Policy amended to reflect the five days acknowledgement target	Completed
6.3	Board approval – Policy amended to reflect that the response to Stage 1 is from the date the complaint is acknowledged	Completed
6.4-6.5 & 6.15-6.16	Review the use of complaint response extensions	Completed
6.14	Board approval – Policy amended to reflect that the response to Stage 2 is from the date the complaint is acknowledged.	Completed
8.1	Explore how we capture complaints that we refuse to accept for reporting and include the complaint handling self-assessment outcome in the Annual Report.	Completed
8.2	Explore a system for publishing our Resident Committee’s response/ statement to complaint performance and service improvement on our website annually. AND add to SMT action tracker to ensure it is done to comply with the code.	Completed
9.3	Set up functioning residents’ task and finish group to drive service improvement. Linked to Residents’ engagement corporate plan objective. Report on effectiveness and how it shaped service delivery to Resident Services Committee quarterly.	In progress- planned according to the Resident Influence Strategy ‘s timeline
9.8	A standard objective for all staff around complaint handling will be agreed and added to staff’s appraisal forms.	Completed

## COMPLAINT SELF-ASSESSMENT ACTION PLAN AGAINST THE 2022 CODE – ONE REMAINING ACTION IN PROGRESS

SECTION	DESCRIPTION	LEAD OFFICER	TARGET DATE	STATUS
2.5	Deliver refresher training for complaint handlers on Equality Act	TA	June 2024	Completed in April 2024 – Annual training in place
4.16	SHOULD requirement, not MUST based on best practice – Consider introducing satisfaction surveying on complaint handling	TA	FY 24/25	Considered and in Progress and will be introduced in early 25-26 with a telephone survey by an independent partner two weeks from the completion of the complaint.
7.2	We will explore reporting to our residents and staff more frequently on wider learning and improvements	TA	FY24/25	Completed and ongoing – Quarterly reports on learning and improvements.
7.3	Once the governance review determines the final committee structure, work with members to assign a complaints champion, MRC, for the coming year. To be considered by Board in March 24	KM	FY24/25	Completed
7.5	Explore putting a Complaints panel in place to review Data and identify areas that need improvement, including training	TA	Q1	Completed – Monthly review of all complaints by head of services
7.6	We will consider referencing the CIH standards in our compliant policy when it is next due for renewal in 2025	TA	June 2025	Completed – Referenced in section 10 of the policy and added to annual training to staff
8.3	Include our compliance with the handling code in our next annual report	KM	September 2024	Completed and on our website