Tell us what you think of our services
A guide to making comments, compliments or complaints
Providing positive feedback

If you want to comment on our service or would like to thank or compliment staff, you can use the form provided in this booklet to do so. You can then hand it to a member of staff or post the form to us at PALS and Complaints, Elm Grove, Brighton, BN2 3EW or email us at sc-tr.serviceexperience@nhs.net

If you would prefer you can also provide feedback online:

- twitter.com/NHS_SCT
- www.facebook.com/sussexcommunitynhs
- www.sussexcommunity.nhs.uk

Raising a concern

If you are concerned about the care or service you or a relative are receiving, please talk to a member of staff involved as soon as possible and let them know.

We will always aim to resolve problems as they arise. If you are dissatisfied, or have any concerns, please tell a member of Trust staff and they will do their best to resolve the matter there and then.

Please be assured that raising a concern or making a complaint will not affect your care either now or in the future. We promise to listen carefully, find out what went wrong and do everything we can to resolve the issue.

Your details will only be shared on a need to know basis although the subject of the complaint and outcomes may be shared for wider learning.
Patient Advice and Liaison Service (PALS)

PALS offer free confidential help and advice to our patients, relatives and carers. They can:

• Assist you with finding support and information about your treatment or visit, and help resolve questions about our services
• Provide information about other local NHS, community and support services and provide information on the NHS complaints process
• Listen to your concerns, suggestions or queries about our hospital services and feed them back to the Trust. Both positive and negative comments help us to continually improve the patient experience
• Help resolve problems that service users may have experienced either as an inpatient, outpatient or visitor to the hospital

How to contact PALS

📞 01273 242292
✉️ sc-tr.serviceexperience@nhs.net

Face to face: If you wish to see someone from PALS in person, please call the above telephone number where a member of the team will be happy to arrange an appointment for you.
Making a complaint

If we have been unable to resolve your problem and you wish to make a complaint, there are a number of ways to do this.

Face to face

You can tell a member of staff involved in your care that you want or need help to make a complaint. You can also ask to speak to or discuss your complaint with the senior person on duty or manager in charge.

The PALS and Complaints Team can also help people access the complaints process if required. Please contact us to arrange an appointment.

By telephone

You can telephone the PALS and Complaints Team directly to make a complaint on 01273 242292. They will listen to your concern and can offer advice on the options and actions available to manage your complaint.

In writing

You can complete the form at the centre of this leaflet and either hand it to a member of staff or post it to the PALS and Complaints Team at:

Sussex Community NHS Foundation Trust, Elm Grove, Brighton, BN2 3EW

By email

You can email us at sc-tr.serviceexperience@nhs.net or via our website Go to www.sussexcommunity.nhs.uk
**Language Interpreting**

The Trust provides interpreters for patients who speak other languages. Interpreting is available in 55 languages and new interpreters will be recruited to meet local needs as they arise.

**Interpreting for patients with hearing and visual impairments**

We can provide British Sign Language interpreters, lip-speakers, speech-to-text reporters and deaf-blind interpreters.

**Requesting an interpreter**

If you need an interpreter, please contact the PALS team and they will make the arrangements for you. Telephone: **01273 242292**

Email: **sc-tr.serviceexperience@nhs.net**

Interpreting and translation services are provided free to patients. If you would like more information on the services we are able to provide, please visit [www.sussexcommunity.nhs.uk/contact-us/interpreting-translation.htm](http://www.sussexcommunity.nhs.uk/contact-us/interpreting-translation.htm)

**Health Complaints Advocacy**

NHS Health Complaints Advocacy Services are independent of the Trust and provide free, confidential support to people wishing to raise concerns or make a complaint.

To contact Health Complaint Advocates, visit the website [www.nhscomplaintsadvocacy.org](http://www.nhscomplaintsadvocacy.org)

We will also provide details of the Independent Health Complaint Advocacy Service for your area in our correspondence to you.
Healthwatch

Healthwatch are the consumer champion for health and social care. There is a local Healthwatch in every area of England. They are independent organisations who listen to your views and share them with those with the power to make local services better.

If you would like to share your experience of a health and care service, or if you have a question on health and social care related matters please contact your local Healthwatch.

To find your local Healthwatch, visit www.healthwatch.co.uk/find-local-healthwatch Or telephone 03000 68 3000

What if you remain unhappy?

If you are dissatisfied with our response to your complaint please let us know. We will always do our best to resolve any outstanding issues.

If you remain dissatisfied, you may request an independent review of your complaint by the Health Service Ombudsman, who can be contacted at:

www.ombudsman.org.uk/make-a-complaint

or by telephone on: 0345 015 4033

The Ombudsman will generally consider your complaint once you have completed the Trust’s complaints procedure and received your final response.

If the Ombudsman is of the opinion that the Trust can do more to resolve your complaint, they will refer your complaint back to the Trust. It is therefore very important to allow the Trust every opportunity to try and resolve your complaint.
When should you make your complaint?

Ideally, your complaint should be made as soon as possible and within 12 months of realising you have cause to complain.

Consent to carry out an investigation

If you are making a complaint on behalf of someone else, we will need that person’s written consent to carry out an investigation, even if it is on behalf of a close family member or friend. A form is provided for this purpose at the centre of this booklet.

What happens next?

A member of Trust staff will contact you within three working days of receiving your complaint to confirm receipt.

If you have complained on someone else’s behalf, we will ask that person for permission to liaise with you and to disclose to you any relevant information about their treatment and care, unless a valid consent form had already been provided.

We will contact you to discuss how you wish your complaint to be handled, provide you with the name and contact details of the case handler and negotiate a timescale within which to respond.

We will carry out a full investigation, and invite you to discuss your complaint in person or ask you for further information. You will then receive a full response from the Trust.

If there are likely to be any delays with our investigation, we will contact you as soon as possible to explain why.

Thank you for taking the time to make your comments, compliment or complaint. Feedback is an essential part of monitoring and improving our services.
Equality Monitoring

The equality information you provide will be used by Sussex Community NHS Foundation Trust to help us monitor the effectiveness of our equality policies.

**Age**
- Child (16 and under)
- Adult (17-64)
- Older adult (65 or above)
- I would rather not answer

**Gender**
- Male
- Female
- I would rather not answer

**Ethnic origin**
*Asian or Asian British*
- Bangladeshi
- Indian
- Pakistani
- Other Asian background

*Black or Black British*
- African
- Caribbean
- Other Black background

*Mixed*
- White/ Asian
- White/ Black African
- White/ Black Caribbean
- Other mixed background

*White*
- White British
- Irish
- Other White background

*Other ethnic group*
- Chinese
- Any other ethnic group
- I would rather not answer

If you have stated other please provide details here:

**Sexual orientation**
- Gay
- Heterosexual
- Lesbian
- Bisexual
- I would rather not answer

**Religion or beliefs**
- Atheism
- Buddhism
- Christianity
- Hinduism
- Islamic
- Jainism
- Judaism
- Sikhism
- Other
- I would rather not answer
Disability Discrimination Act 1995

Under the terms of the Act, a disability is defined as a ‘physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities’. We welcome complaints from people with disabilities.

Do you consider yourself to have a disability?

☐ Yes  ☐ No  ☐ I would rather not answer

If yes, please give details

If you are completing this form for someone on their behalf, please ask them to complete the section below:

Consent

I confirm that I wish Mr/Mrs/Ms/Miss

 to act on my behalf and receive all information relevant to my complaint. I understand that information from my health records may need to be disclosed to those involved in dealing with my complaint, including other NHS organisations involved with my care. I also understand that all information relating to my complaint will be kept completely confidential and will in no way affect my future care.

Signature: ___________________________ Date: ___________________________

Please state why the complainant cannot give consent and we will contact you to discuss alternative options.
If you have any comments, complaints, compliments or suggestions about our services – please tell us by completing this form. If you do not want to provide your details, we would still like to hear from you, all information provided could help to improve our services.

If you would like a personal reply, please fill in your details. Please detach your completed form and hand it to a member of staff or post it to the PALS and Complaints Team at:

Sussex Community NHS Foundation Trust PALS & Complaints, Elm Grove, Brighton, BN2 3EW

**Patient details**
Name (Mr/Mrs/Ms/Miss)......................................................................................................................
Hospital No. (If known)........................................................................................................................
Address...................................................................................................................................................
................................................................................................................................................................
................................................................................................................................................................
Postcode................................................................................................................................................
Telephone No. (inc code).........................................................................................................................
Date of birth..........................................................................................................................................
Email address..........................................................................................................................................
If you are completing this form for somebody else, please give your details below
Name (Mr/Mrs/Ms/Miss).........................................................................................................................
Address................................................................................................................................................
................................................................................................................................................................
................................................................................................................................................................
Postcode................................................................................................................................................
Telephone No. (inc code).........................................................................................................................
Email address..........................................................................................................................................
Relationship to patient..............................................................................................................................
Please write your comment, compliment or complaint here. Should you wish to provide more information, please do so on a separate sheet.
Our commitment to you
Sussex Community NHS Foundation Trust is committed to being open with its patients. If any problem affects your treatment or care, we aim to be proactive in telling you openly and honestly, what has happened, at the earliest opportunity. Where necessary we will conduct further investigation and keep you informed. We will also answer your questions and tell you what we are going to do to put the matter right.

The same applies whether we learn of a problem as it occurs, from something that you tell us, or from the investigation of a complaint or incident.

Data Protection Act 1998
The Trust processes your personal information for delivery of high quality healthcare. Your health records could also be used for teaching, training, audit and research, which enables us to deliver the best possible care across the Trust. Further information can be found at SC-TR.InfoGov@nhs.net

Large print and other languages
For this leaflet in large print, please ring 01273 696011 ext.1520

For help interpreting this leaflet in other languages, please ring 01273 696011 ext.1520