

Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (4C)

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Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
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V3.1	August 2018	Amy Reilly	Updated	Amended to reflect the process of learning from complaints
V3.2	October 2018	Darren Langridge-Kemp	Updated	Change to wording of section 5.6.5
V3.3	June 2022	Darren Langridge-Kemp	Complaints have moved from under Hazel Tonge to Richard Milner	Richard Milner would like this document to have a full review and re-write. Extension to review date from November 2020 to December 2022
V4	January 2023	Amy Pain and Carly Driver	Updated	Amended to reflect change in division

				alignment and processes.
V4.1	November 2023	Carly Driver	Updated	Amended timeframe and title change

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Patient Experience Team	Patient Experience Team	5 May 2023
Carly Driver	Deputy Patient Experience Manager	May 2023

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

Table of Contents

1. Introduction.....	5
2. Purpose	5
2.1 Rationale.....	5
2.2 Principles.....	5
2.3 Scope	5
3. Definitions	6
4. Accountabilities and Responsibilities	7
5. Process.....	9
5.1 Identifying the Correct Approach.....	9
5.2 Concerns and Complaints	10
5.3 Concerns/Complaints Involving Multiple Organisations.....	11
5.4 Who Can Raise a Comment, Concern or Complaint?.....	11
5.5 Time Limits on Making a Complaint	12
5.6 Concerns and Complaint Records.....	12
5.7 Support for Complainants	12
5.8 Support for Staff.....	13
5.9 Reporting and Learning from Comments, Concerns, and Complaints	13
5.10 Unreasonable or Unreasonably Persistent Behaviour	13
6. Special Considerations	13
7. Evidence Base/References.....	14
8. Competencies and Training Requirements.....	14
9. Monitoring Arrangements	14
Appendix A: EHRA Form.....	16
Appendix B: Process for patient feedback	21
Appendix C: Complaints Factsheet	26
Appendix D: Complaints Grading Matrix.....	28
Appendix E: Complaints Handling – Helpful hints and Tips.....	29
Appendix F: Complaints Form	31

1. Introduction

East Sussex Healthcare NHS Trust (ESHT) is committed to continuously improving the outcomes for patients and achieving excellence in patient care and the patient experience. ESHT recognises that it is accountable for the services it provides and is dedicated to promoting and adhering to ESHT values and it therefore openly encourages the views, comments and suggestions of patients, their carers and the public.

Complaints are viewed positively as a valuable form of feedback, playing an important role in ESHT Governance and Quality Improvement processes, by maintaining and improving the quality of services provided. It is therefore important that there is a consistent and orderly process for the receiving and handling of such feedback, making positive use of the information gained to avoid similar occurrences by identifying lessons learnt, sharing that learning and to generally improve services. ESHT has adopted the 4C approach for managing patient experience. The 4C approach consists of complaints, compliments, comments and concerns.

This document is written to underpin the delivery of The National Health Service Complaints (England) Regulations (2009) (The Regulations) and the NHS Constitution.

2. Purpose

The purpose of this policy is to support the organisation to use comments, concerns and complaints as an opportunity to improve and develop our services and enable our staff to learn and improve the quality of care we deliver. It sets out clear expectations to embed an open, non-defensive approach to learning from feedback.

2.1 Rationale

ESHT has a statutory and regulatory duty to ensure that systems are in place for responding to complaints, comments, and concerns in accordance with national and local guidance. ESHT is committed to improving services and reducing the impact of any risks, which could affect the organisation. By appropriately managing and responding to complaints, comments, concerns and compliments (only compliments addressed to the Chief Executive) ESHT is able to learn from them and where necessary put in place controls or mitigating actions in place.

2.2 Principles

When patients, carers or visitors raise concerns where things have gone wrong, or where we have failed to deliver the level of care or treatment we promised to, we commit to:

- Saying sorry they are unhappy with the service they feel they have experienced.
- Providing an honest and open response to all the issues raised, in a way which is preferred by them and is accessible.
- Providing a thorough and detailed explanation about events leading up to the complaint or concern.
- Being honest about where things might have gone wrong and say sorry or provide clarity on points of misunderstanding.
- Providing a response stating what the organisation will learn from the experience, with reassurance that we have acted to prevent it from happening again.
- Adhering to the PHSO Principles of Remedy where they may outline the obligation to make a financial contribution to the complainant if they have suffered a financial loss as a direct consequence.

2.3 Scope

This policy applies where the person affected is a person for whom ESHT has responsibility as a healthcare provider, or as a public body and covers complaints relating to the services, facilities and environment provided by ESHT.

This policy must be followed by all staff who are employed by ESHT and those on contracts for services, temporary or honorary contracts, secondments, bank staff, volunteers, and students.

Independent contractors are responsible for the development and management of their own procedural documents and for ensuring compliance with relevant legislation and best practice guidelines. ESHT will provide advice and support as required.

3. Definitions

Being Open

- Acknowledging, explaining and apologising when things go wrong;
- Conducting a thorough investigation into the concern/complaint;
- Reassuring patients, their families, and carers that lessons learnt will help prevent, wherever possible, complaints from reoccurring;
- Healthcare organisations are required to acknowledge, explain and apologise when a patient is harmed or has died as a result of a patient safety incident. (see our “Being Open” Policy).

Care Quality Commission

The independent regulator of all health and social care services in England.

Comment

A comment can be a remark or observation that does not require a formal response, but still requires acknowledging and recording.

Complaint

A complaint is an expression of dissatisfaction about any aspect of the services which ESHT provides, or the environments they are provided in, for which an investigation and response must be provided in accordance with The Regulations.

Compliment/Plaudit

An expression of gratitude as a result of services provided to service users, relatives, carers or members of the public by ESHT staff.

Concern

A concern is an issue that can be dealt with quickly and informally by the Patient Experience Team (PALS) via local resolution with the relevant clinical area/unit or department.

Consent

Where the complainant is not the patient, it is necessary to request consent from the patient (or evidence of appropriate authority to act if the patient is unable to provide it; for example, due to lack of capacity or if the patient is deceased) to confirm the patient (or their Estate if deceased) is happy for a complaint to be investigated and responded to with disclosures of confidential care being made to someone acting on their behalf.

Datixweb

Integrated risk management system (software) which is used for centrally recording incidents, complaints, concerns, comments and claims (amongst other risk-based information).

Duty of Candour

Regulations which make it a statutory requirement for health service bodies to act in an open and transparent way with relevant persons in relation to care and treatment provided to service users.

Independent Sector Complaints Adjudication Service (ISCAS)

ISCAS provide an independent self-referral service to private patients when they feel that a private health service has not investigated a complaint properly, fairly or to their satisfaction.

Investigation

Detailed, systematic review of records and collation of statements to uncover facts and determine the truth of the factors (who, what, when, where, why and how) of complaints.

Patient Experience Team (PALS)

The Patient Advice and Liaison Service (PALS), part of our wider Patient Experience Team, was established in 2001 to provide confidential advice, information, and support regarding NHS services, including concerns and complaints.

Parliamentary and Health Service Ombudsman (PHSO)

Also known as the Health Service Ombudsman, they provide an independent self-referral service to the public when they feel that an NHS body has not investigated a complaint properly, fairly or to their satisfaction.

The Advocacy People

Provide an independent advocacy service to support people (e.g. writing complaint letters), who would like to make a complaint about their NHS treatment. The service is totally independent of the NHS and is free and confidential to all NHS service users.

4. Accountabilities and Responsibilities

Chief Executive

The Chief Executive has the overall responsibility for the complaint's procedure, including reviewing and signing of complaints. The responsibility of signing complaints can be delegated to a nominated Executive Director.

Chief of Staff

The Chief of Staff is responsible for overseeing the governance function of all Patient Experience procedures including the handling of concerns, comments, and complaints.

Chief Nurse

The Chief Nurse will oversee report for ESHT Board or Committees outlining complaints and will meet with complainants as required.

The Board

The Board has responsibility for ensuring that there are robust systems and processes in place that allow patients, relatives, and carers to raise concerns and complaints. That they are investigated and responded to in a timely manner and that lessons are learnt from both feedback and complaints.

The Board will receive information on complaints, concerns, comments, and compliments monthly and may request additional reports on themes, trends and learning from complaints and concerns.

The Chief Executive and the Board, through the Quality and Safety Committee, are accountable for ensuring that complaints and concerns are investigated and analysed, to prevent their recurrence. They must implement changes and review their effectiveness and disseminate learning to healthcare staff.

Quality and Safety Committee

The Quality and Safety Committee has responsibility for ensuring complaints and concerns have been investigated and responded to in accordance with the policy. The Quality and Safety Committee will receive a bi-monthly report on patient experience including complaints. An in-depth report will be submitted quarterly. This will include patient, and carer feedback to identify any themes or trends. These will then be reported to the ESHT Board along with recommendations for further improvements to ensure lessons are learnt.

Assistant Directors of Nursing

Assistant Directors of Nursing have responsibility for:

- Ensuring that their Service Managers (SM) and Heads of Nursing (HoN)/Allied Healthcare Professionals (AHP) are appropriately trained in investigating and responding to complaints.
- Reviewing all responses to complaints related to their services.
- Ensuring that improvement plans arising from complaints/concerns are implemented appropriately and effectively and shared with regulatory bodies when requested.
- Ensuring that learning from patient experience feedback is shared via the Directorate Groups.

Service Managers (SM) and Heads of Nursing (HoN)/Allied Healthcare Professional (AHP)

SM's and HoN's/AHP's must ensure that any complaints or concerns about their service are reported to the Patient Experience Team promptly. Whenever possible, SM's and HoN's/AHP's must call and offer, where appropriate, to meet with complainants in the first instance as part of resolving the complaint or concern and share this with the Patient Experience Team.

SM's and HoN's/AHP's must ensure that their staff are aware of how to deal with concerns and complaints made by patients, or their relatives or carers. Face to face or virtual training is provided by the Patient Experience Team for managers and team leaders.

SM's and HoN's/AHP's are responsible for seeking advice from Safeguarding or the Patient Safety Team (for possible Serious Incidents), prior to carrying out investigations into complaints or concerns. They also collect and provide statements which will support the Patient Experience Team to draft a response to the complainant.

SM's and HoN's/AHP's are responsible for ensuring that complaints and concerns are investigated within ESHT timescales. To gain support SM's and HoN's/AHP's should attend complaints training as defined within ESHT training needs analysis relevant to their role.

SM's and HoN's/AHP's should take the key role in any local resolution meeting held; including leading the meeting, ensuring the complainant feels able to have their say, supporting the staff members to explain and respond, and ensuring evidence of the discussion at the meeting is captured.

SM's and HoN's/AHP's are responsible for ensuring that the staff investigating a complaint, or subject to a complaint, are provided with support during and after the investigation. This may include counselling, clinical supervision and/or training. Final response letters sent to complainants should also be shared with relevant staff as part of the learning.

SM's and HoN's/AHP's are responsible for drawing up improvement plans where the investigation identifies this is needed and adding any potential risk to ESHT's risk register.

The improvement plans must be specific with clear timescales and are monitored through to completion by the Patient Experience Team.

SM's and HoN's/AHP's are responsible for sharing feedback within their teams and via appropriate quality meetings when there are lessons to be learned.

The Patient Experience Team

The Standard Operating Procedure in Appendix B details the responsibilities of the Patient Experience Team during the process of receiving feedback.

Produce weekly and monthly reports on complaints and patient experience data for key ESHT forums (local requirements should be served by the relevant Governance Team) working towards sharing and identifying learning.

Providing case studies for patient stories for the Board to assist with learning from complaints.

Delivery of appropriate training on complaints' processes and how best to review patient experience feedback.

Complaint Investigator(s)

A person identified/appointed to lead, oversee and as necessary respond to complaint issues. They should have the appropriate level of training or experience to competently investigate the complaint or seek and complete training as necessary.

They must keep in regular contact with the issuing Patient Experience Officer (Complaints) and adhere to ESHT timescales to help the Patient Experience Officer (Complaints) draft a formal response for the appointed Executive to review and sign.

All staff

All staff are expected to:

- Adhere to this policy.
- Watch the complaint handling video on MyLearn.
- Report all complaints, concerns or plaudits to their manager and to the Patient Experience Team upon receipt.
- Co-operate with any investigation into a concern or complaint.
- Give patients, their relatives, and carers information about the complaints' process in the format of their choice and information on where to seek advice, including advocacy support.
- Not to discriminate against, or treat unfairly, a patient or their representative who has made a complaint, comment or raised a concern.

5. Process

5.1 Identifying the Correct Approach

It is important to listen and react appropriately when patients, carers or relatives express a concern or make a complaint. Not everything that patients, carers or relatives raise as a concern is necessarily a complaint and many of these can and should be resolved informally by the people to whom they are addressed or by their immediate manager. All possibilities should be explored in an attempt to resolve the complaint or concern in a positive and non-judgemental way.

ESHT seeks to distinguish between requests for assistance in resolving a problem locally and informally and an actual complaint that may require an in-depth investigation and written response from our Executive Team. Enquiries and comments from patients, relatives or carers

seeking assistance will be dealt with in a flexible manner, appropriate to the nature of the problem. Concerns and complaints will be dealt with in accordance with the procedures set out in this policy.

5.2 Concerns and Complaints

Concerns and complaints may be made using our online contact form, made verbally by telephone or in person, via email or in writing through our Patient Experience Team. The online form is available in Easy Read.

A concern or a complaint taken verbally, over the telephone or during a face to face meeting, is just as valid as a written complaint and should be treated with the same consideration and sensitivity. Care should be taken to ensure that sufficient details are gained to allow the issue(s) to be investigated and responded to appropriately.

If the issues cannot be resolved immediately by the service/unit or via the Patient Experience Team (PALS), then the complaint should be escalated to the formal process. Their decision should be based upon information provided by staff about the resolutions available.

All formal complaints must be acknowledged within three working days. Where a complaint has been made directly to a service or individual, the service or individual should immediately forward the complaint to the Patient Experience Team upon receipt.

In addition to the acknowledgement, all complainants will be sent a copy of the 'Making a Complaint' factsheet, which explains what can be expected from the complaint's process and can be provided in alternative formats upon request (Appendix C), together with an information sheet on local advocacy services.

ESHT timescale for replying to a concern is 15 working days and 60 working days from receipt for formal complaints. The timescale for replying to complaints regarding our private unit, Sussex Premier Health, is 20 working days from receipt. If patient consent or evidence of appropriate authority to act for the patient has not been received by the time the complaint investigation has been completed, ESHT will issue a no consent response to respect patient confidentiality.

All complaints are graded (Appendix D) and triaged by the Patient Experience Team to ensure the nature of the issues raised are easily recognised and to establish how it will be handled.

All concerns and complaints will be recorded on ESHT's incident management system (Datix) by the Patient Experience Team.

Where patients find it difficult to complain or are unable to complain, ESHT welcomes complaints from a family member or a patient representative (such as an advocate). When someone complains on behalf of a patient, the Patient Experience Team will need to be satisfied that the patient is aware of the complaint and consents to disclosures of confidential care being provided to the complainant for the purposes of investigation and resolution of the complaint. Where there is doubt about consent, either mental capacity to consent or any suspicion of duress, advice may be sought from the legal or safeguarding teams as appropriate. There are consent forms to be completed; however, the patient may give consent verbally to the Patient Experience Team if they are unable to write or see the form (Appendix E).

Every effort should be made to resolve concerns and complaints as quickly and as easily as possible. Complainants should always be contacted as soon as possible to fully understand the complaint and to offer a meeting where it is deemed helpful and appropriate to do so in the best interests of resolving the issues.

Where a written response is required, the Patient Experience Officer (Complaints) will draft a response and send it to the service for divisional approval before submitting it for Executive Team review and signing. Responses must be written clearly and in plain language, with terminology briefly explained, to answer all issues raised. ESHT can provide the response in accessible formats upon request, including Easy Read, Braille and audio.

Information received from a complainant will remain confidential and be communicated only to those staff who need to know.

If the complainant is dissatisfied with ESHT's response then in the first instance, further attempts to resolve the complaint will be made including the offer of a further written response or a face-to-face meeting in person or via a video call. If this does not resolve the complaint, then the complainant has the right to take their complaint to the Parliamentary and Health Service Ombudsman for NHS complaints or to ISCAS for private healthcare complaints re Sussex Premier Health and request that they investigate their complaint independently.

5.3 Concerns/Complaints Involving Multiple Organisations

Complaints relating to more than one NHS organisation or including the involvement of Local Authority Social Services should be investigated jointly, but with one organisation acting as the Lead Agency to provide the complainant with a single co-ordinated response. The Lead Agency is usually the organisation receiving the complaint or the one where the larger proportion of issues for investigation and response sit.

The overarching principle for joint working is that the focus will always be on the complainant and all work will be undertaken with due regard to the agreement, understanding and acceptance of the complainant.

5.4 Who Can Raise a Comment, Concern or Complaint?

A comment, concern or complaint can be made by:

- A patient or any person affected by or likely to be affected by the action, omission or decision of the NHS body or Sussex Premier Health, that is the subject of the complaint.
- Someone acting on behalf of another person may make a complaint or enquiry on behalf of that person, where that person is unable to make the complaint themselves or has asked the person to make the complaint on their behalf.
- Where the person is an adult but unable to make a complaint themselves, their representative will need to have or have had sufficient interest in the service user or patient's welfare and be an appropriate person to act on their behalf.
- Where the person has asked another person to make the complaint or enquiry on their behalf, ESHT will require the patient's written consent to reply. In these instances, ESHT will send a consent form to the patient requesting they sign and return it to authorise the representative to act on their behalf and for ESHT to reply to the representative on the issues raised in the concern or complaint, making disclosures of confidential care as necessary.
- If the patient has capacity but is physically unable to sign the form, the Patient Experience Team will discuss alternative solutions which may include the acceptance of verbal consent directly from the patient and recording this.
- If the patient does not have capacity to give consent, the Patient Experience Team will request evidence that the patient's representative has the authority to act or is acting in the 'best interest' of the patient to support their healthcare needs.
- If the complaint relates to a patient who has died, or who dies during the investigation of a complaint, ESHT will work with the complainant to obtain an appropriate level of authority in order to make disclosures of confidential care as part of the formal response and to respect the rights of the patient.

- If an informal concern is raised via the Patient Experience (PALS) team on behalf of the patient, only verbal consent is required from the patient in this instance.
- A member of parliament (MP) may contact the Trust on behalf of a constituent wishing to raise informal concerns or a formal complaint. In these instances the MP will provide signed consent from the constituent to allow the Trust to make enquiries on their behalf. If informal concerns are raised, these are managed and responded to by the Corporate Business Manager to the Chief Executive. If a formal complaint is required, then this will be managed by the Patient Experience Team, and response sent directly to the constituent with a copy provided to the MP.

5.5 Time Limits on Making a Complaint

The Regulations state at Regulation 12 that a complaint should be made within 12 months of the date of the incident that is the source of the complaint or within 12 months of the date of discovering the source of the complaint. This is for NHS complaints.

However, the Patient Experience Team have the ability to make a Regulation 12 exception if they are satisfied as to why the complaint could not be made earlier and where it is still possible to investigate the facts of the case effectively. In these instances, the Patient Experience Team will explain to the complainant that whilst an investigation and response can be undertaken, this might be limited in detail due to the passage of time and because staff involved may no longer work for ESHT.

Please note that for complaints relating to private healthcare, this should be within six months from the date of the event.

Where it is decided the complaint is out of time and will not be investigated, this will be confirmed in writing and the complainant will be advised of their right to take their complaint to the PHSO (for Sussex Premier Health patients this would be ISCAS).

5.6 Concerns and Complaint Records

Complaint records should be kept separate from health records, subject to the need to record information which is strictly relevant to the patient's health.

Complaint records must be treated with the same degree of confidentiality as normal medical records and would be open to disclosure in legal proceedings.

Complaint records will be retained for a period of ten years before being considered for destruction as set out at point (4) of the NHS England Corporate Records, Retention and Disposal Schedule.

5.7 Support for Complainants

ESHT will be supportive of those who may find it difficult to complain or raise a concern and will ensure that patients, their relatives, or carers, are not discriminated against as a result of raising a concern or complaint.

ESHT will communicate with complainants in the way that best meets their needs. This may be by telephone, email, in writing, or a combination of all of these, or by meeting with them in person if it is helpful and appropriate to do so.

ESHT communications will be provided in a format to meet the complainants needs, for example Easy Read or Braille in line with the Accessible Information Standard.

Communication may need to be in a language other than English. We will provide an interpreting and translation service to assist complainants where required.

Patients and their families should be encouraged to speak openly and freely about their concerns and should be reassured that whatever they say will be treated with the appropriate confidentiality and sensitivity, and will not adversely affect their care and treatment.

5.8 Support for Staff

Staff who may be the subject of a complaint or asked to contribute to a complaint investigation may be understandably upset, anxious or distressed, or unclear what to do. In these instances, they should seek advice and support from their manager, a member of the Patient Experience Team or by referring to the “Policy for Supporting Staff Involved In Incidents, Complaints or Claims” on the Extranet.

The Patient Experience Team will also ensure, wherever appropriate and possible, that drafts of complaint responses are shared with the staff involved to comment on the accuracy of the content at the approval stage and that final versions are shared with staff.

5.9 Reporting and Learning from Comments, Concerns, and Complaints

Comments, concerns, and complaints are recorded on Datix, which is ESHT’s risk management system. Data on this activity, which includes themes and trends, is provided weekly and monthly to divisions and a variety of ESHT forums to review the information and improvement plans to ensure that the organisation is learning from concerns and complaints and updating risk registers as appropriate.

The Patient Experience Team ensures that the KO41a data return is submitted annually to NHS Digital as part of national complaint reporting.

The Annual Patient Experience Report is shared widely within ESHT at Patient Safety and Quality Group (PSQG) and Quality and Safety Committee (QSC) and on the ESHT website.

5.10 Unreasonable or Unreasonably Persistent Behaviour

Please refer to the Procedure for Management of Unreasonable or Unreasonably Persistent Behaviour.

6. Special Considerations

This policy and its principles cannot be used:

- By health organisations or Local Authorities to make a complaint about another health authority or organisation.
- By staff working within ESHT or contracted to it to complain about any aspect of their employment, contractual or pension issues.
- To commence legal proceedings.
- If a complaint is also part of an on-going police investigation or legal action it will be discussed with the relevant police authority or legal advisor and only continue as a complaint if it does not compromise the police investigation or legal action
- To investigate a matter that has already been investigated under The Regulations. It cannot be used to investigate matters which are being or have been investigated by the Parliamentary and Health Service Ombudsman.
- To complain about a matter arising out of an alleged failure to comply with a request for information under the Freedom of Information Act 2000. Such complaints should be referred to the Chief of Staff.
- It cannot be used to complain about ESHT’s recruitment or employment policies or practices.
- Where the complaint relates to alleged theft of a patient’s property or verbal or physical assault of a patient, the service/unit/Patient Experience Team must advise the complainant to alert the police and the service/unit/Patient Experience Team must seek advice from the Safeguarding Team and Human Resources. Complaints of this

nature will be logged as an incident and investigated using ESHT's management investigation and/or safeguarding procedures. The complainant will retain the right to take their complaint to the PHSO (for Sussex Premier Health patients this would be ISCAS) if they believe ESHT has not investigated or responded appropriately. The Patient Experience Team may act as a point of contact for the complainant at the request of the service.

- Where ESHT believes that a complaint does not fall within the remit of The Regulations in this policy, we will provide a written explanation to the complainant setting out the reasons for not dealing with the complaint and advising them on the other options available to them.

Please also refer to The Regulations for exclusions.

7. Evidence Base/References

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The NHS Constitution

8. Competencies and Training Requirements

The Patient Experience Team will deliver "Patient Experience – Introduction to Complaints, PALS & Plaudits" and/or "Introduction to Complaint Handling" training to staff groups which have been identified by either Learning and Development or divisions. There is also a training video available on MyLearn.

The Patient Safety Team also offer "Root Cause Analysis" training which would complement those who undertake the "Introduction to Complaint Handling" training.

9. Monitoring Arrangements

Please see table.

Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are implemented
% of complaints responded to within agreed timeframe	Head of Patient Experience	Datix/Datixweb	Weekly Monthly	Patient, Safety and Quality, Individual Performance Review	Head of Patient Experience	Patient Safety and Quality Group
Number of complaints overdue (not responded to in time)	Head of Patient Experience	Datix/Datixweb	Weekly Monthly	Patient, Safety and Quality, Individual Performance Review	Head of Patient Experience	Patient Safety and Quality Group
Number of complaints reopened / referred to the PHSO/ISCAS	Head of Patient Experience	Datix/Datixweb	Weekly Monthly	Patient, Safety and Quality, Individual Performance Review	Head of Patient Experience	Patient Safety and Quality Group

Appendix A: EIA Form

Equality Impact Assessment Form

1. Cover Sheet

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (4C)
Date of completion	May 2023
Name of the person(s) completing this form	Amy Pain
Brief description of the aims of the Strategy/ Policy/ Service	This document is written to underpin the delivery of The National Health Service Complaints (England) Regulations (2009) (The Regulations) and the NHS Constitution.
Which Department owns the strategy/ policy/ function	Patient Experience
Version number	4
Pre Equality analysis considerations	None
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc.	Staff, patients, carers and external organisations
Review date	
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	To whom has this been escalated? Name: Click here to enter text. Date: Click here to enter a date.
Have you sent the final copy to the EDHR Team?	

2. EIA Analysis

	☺ ☹ ☹	Evidence:																				
<p>Will the proposal impact the safety of patients', carers' visitors and/or staff?</p> <p><i>Safe: Protected from abuse and avoidable harm.</i></p>	Choose Neutral	Click here to enter text.																				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <th>Race</th> <th>Gender</th> <th>Sexual orientation</th> <th>Age</th> <th>Disability & carers</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <th>Gender reassignment</th> <th>Marriage & Civil Partnership</th> <th>Religion and faith</th> <th>Maternity & Pregnancy</th> <th>Social economic</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	Gender	Sexual orientation	Age	Disability & carers																		
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<p>Is the proposal of change effective?</p> <p>Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</p>	Choose Neutral	Click here to enter text.																				
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<p>What impact will this have on people receiving a positive experience of care?</p>	<p>Choose Neutral</p>	<p>Click here to enter text.</p>														
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| | Gender reassignment | |--------------------------| | <input type="checkbox"/> | | | Marriage & Civil Partnership | |------------------------------| | <input type="checkbox"/> | | | Religion and faith | |--------------------------| | <input type="checkbox"/> | | | Maternity & Pregnancy | |--------------------------| | <input type="checkbox"/> | | | Social economic | |--------------------------| | <input type="checkbox"/> | |
 Access Could the proposal impact positively or negatively on any of the following: | | | | |--|---------------|----------------| | <ul style="list-style-type: none"> • Patient Choice | <p>Choose</p> | <p>Neutral</p> | | <ul style="list-style-type: none"> • Access | <p>Choose</p> | <p>Neutral</p> | | <ul style="list-style-type: none"> • Integration | <p>Choose</p> | <p>Neutral</p> | | | | | | |

Doc ID #1246 - Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (4C)

<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr><th>Race</th></tr> <tr><td><input type="checkbox"/></td></tr> <tr><th>Gender reassignment</th></tr> <tr><td><input type="checkbox"/></td></tr> </table>	Race	<input type="checkbox"/>	Gender reassignment	<input type="checkbox"/>	<table border="1"> <tr><th>Gender</th></tr> <tr><td><input type="checkbox"/></td></tr> <tr><th>Marriage & Civil Partnership</th></tr> <tr><td><input type="checkbox"/></td></tr> </table>	Gender	<input type="checkbox"/>	Marriage & Civil Partnership	<input type="checkbox"/>	<table border="1"> <tr><th>Sexual orientation</th></tr> <tr><td><input type="checkbox"/></td></tr> <tr><th>Religion and faith</th></tr> <tr><td><input type="checkbox"/></td></tr> </table>	Sexual orientation	<input type="checkbox"/>	Religion and faith	<input type="checkbox"/>	<table border="1"> <tr><th>Age</th></tr> <tr><td><input type="checkbox"/></td></tr> <tr><th>Maternity & Pregnancy</th></tr> <tr><td><input type="checkbox"/></td></tr> </table>	Age	<input type="checkbox"/>	Maternity & Pregnancy	<input type="checkbox"/>	<table border="1"> <tr><th>Disability & carers</th></tr> <tr><td><input type="checkbox"/></td></tr> <tr><th>Social economic</th></tr> <tr><td><input type="checkbox"/></td></tr> </table>	Disability & carers	<input type="checkbox"/>	Social economic	<input type="checkbox"/>
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<p>Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:</p>	<p>Choose Neutral</p>																									
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<p>Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.</p>	<p>Choose Neutral</p>																									
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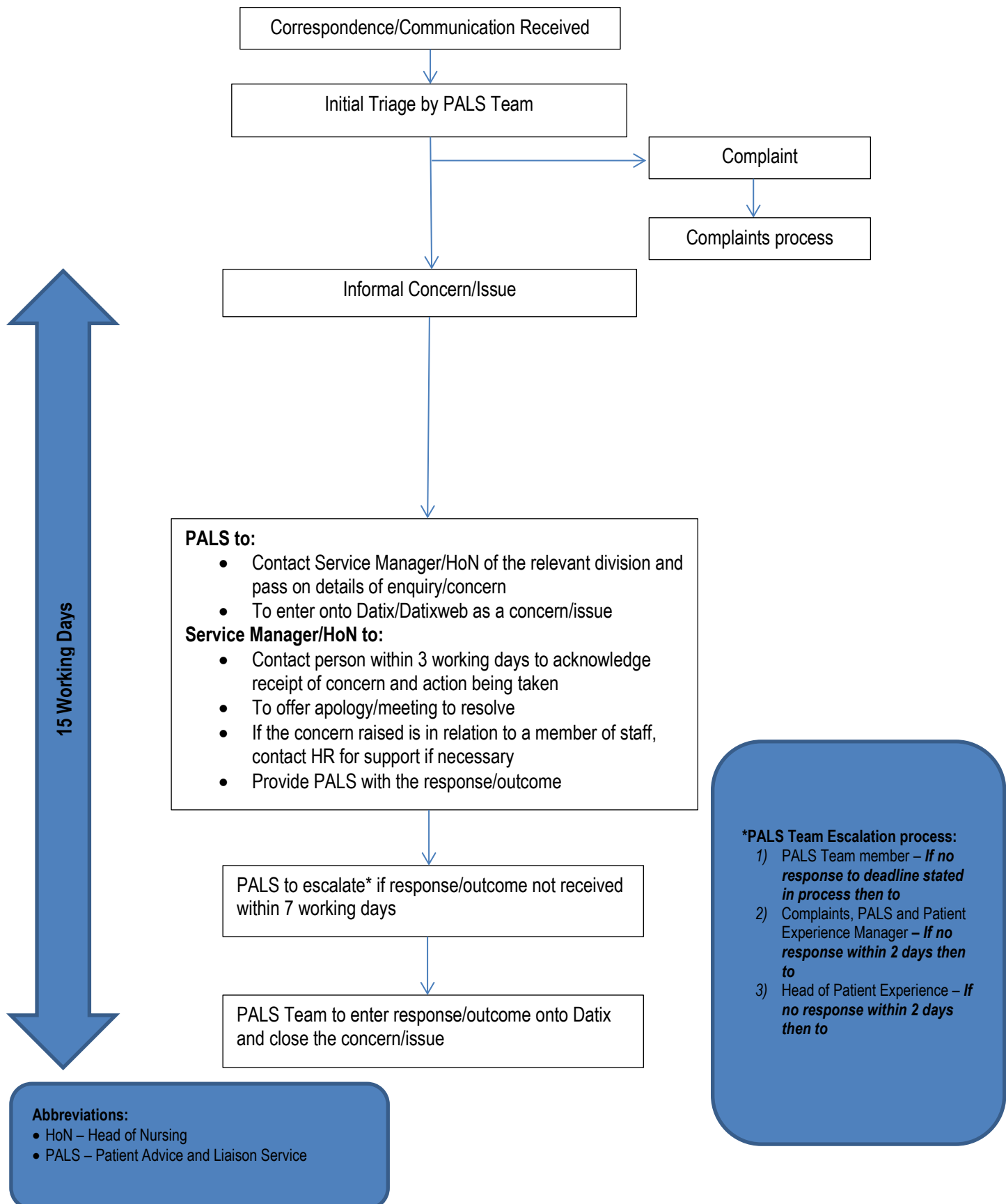
Human Rights

Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998

Articles		Y/N
A2	Right to life	N
A3	Prohibition of torture, inhuman or degrading treatment	N
A4	Prohibition of slavery and forced labour	N
A5	Right to liberty and security	N
A6 &7	Rights to a fair trial; and no punishment without law	N
A8	Right to respect for private and family life, home and correspondence	N
A9	Freedom of thought, conscience and religion	N
A10	Freedom of expression	N
A11	Freedom of assembly and association	N
A12	Right to marry and found a family	N
Protocols		
P1.A1	Protection of property	N
P1.A2	Right to education	N
P1.A3	Right to free elections	N

Appendix B: Process for patient feedback

Enquiry Process – PALS Team



Handling Formal Complaints – Standard Operating Procedure (SOP)

Day(s) Are Measured in Working Days	Action
Day 1 – Complaint Received	<p>The complaint is received by the Patient Experience Team (Complaints) and assessed to ensure it is something for our organisation, determine if it is something that could be handled by the Patient Experience Team (PALS) for a faster and more local resolution, and if we are the appropriate agency to lead if it spans multiple agencies. Once complaint competencies are met, the Patient Experience Administrator will:</p> <ol style="list-style-type: none"> 1. Log the complaint in Datix under the patient's name, adding the complainant's details if they are not the patient, to include address (postal and email if provided), date of birth, hospital number, and assign it a complaint status. 2. Create an electronic file in the Digital Complaints Folder for all documentation generated/received during the complaint investigation. 3. If the patient's medical records are not on Evolve, log a request on iFit for the medical notes to be despatched to the Patient Experience Administrator or telephone Apex Way to log a request. 4. If the patient's episode of care is related in part or in full to an Emergency Department, review NerveCentre. 5. Assign to the Patient Experience Officer (Complaints) aligned with the primary division. 6. The original complaint is scanned and inserted into the Datix record and saved in the relevant electronic file.
Day 1-3	<ol style="list-style-type: none"> 1. The Patient Experience Administrator will, via Datix, send the complainant a formal letter of acknowledgement, signed by the Chief Executive which sets out the complaint response timescale; the type of letter sent will be dependent on any requirement for patient consent/authorisation. The letter encloses a copy of our Complaints Factsheet and a leaflet on how to access advocacy services. 2. If patient consent is required, we will also write to the patient directly to request that they complete and return a consent form. 3. If the patient does not have capacity to give consent or is deceased, the complainant will be asked to provide evidence of authority to act on the patient's behalf. 4. If consent is required to share the complaint with a third party (for example GP, Ambulance Service or Adult Social Care) as part of the investigation (and to permit us to share with them a copy of our response), we will also ask the complainant to complete and return a third-party consent form to enable us to do this. 5. All letters (manually created or generated by Datix) are saved in the relevant electronic file, and Progress Notes entry is updated. 6. Generate a triage log in Datix and save in the relevant section of the electronic file, capturing the: <ul style="list-style-type: none"> - Complaint number; - Patient's hospital number; - Date the complaint was received; - Date the division response is due by; - Patient's name; - Complainant's name if not the patient.

	<p>7. Generate a draft response template in Datix and save in the relevant section of the electronic file.</p>
By Day 5	<p>1. The Patient Experience Officer (Complaints), using a combination of the complaint and the patient's medical records, Evolve and NerveCentre as relevant/appropriate, will review the complaint, grade it in accordance with the Complaints Grading Matrix and record this in the "description" field, and then using the triage log saved in the relevant electronic file to record the:</p> <ul style="list-style-type: none"> - Risk grading (high, moderate or low); - WEB number if there is an associate SI; - Name of the Lead Investigator; and - The question(s) that will form the basis of the investigation and response, together with a record of which staff have been identified as needing to answer it/them. If staff cannot be identified, the Patient Experience Officer (Complaints) will speak to the Lead Investigator to seek clarity/confirmation. <p>2. The Patient Experience Officer (Complaints) according to the Complaints Grading Matrix shares the complaint with the relevant senior staff as appropriate giving a one-line explanation on the rationale for the risk rating. A copy of the email is saved in the relevant electronic file and Progress Notes entry is updated.</p> <ul style="list-style-type: none"> - High risk (a complaint where the action or omission of Trust staff has placed a patient at risk of or suffered significant harm). - Moderate risk (a complaint involving aspects of clinical care). - Low risk (a complaint that does not involve any aspect of clinical care). <p>3. The Patient Experience Officer (Complaints) will make attempts to contact the complainant by telephone if a number has been provided, or email if provided and there is no reply to attempts to reach them by telephone, to introduce themselves, clarify any issues if needed and discuss the complaint/process that will be undertaken. Progress Notes entry is updated.</p> <p>4. The triage log, original complaint, "Complaints Handling Hints and Tips" guide and "Saying Sorry" leaflet (created by NHS Resolution) is sent by the Patient Experience Officer (Complaints) from the generic Complaints mailbox to the staff who have been identified as needing to answer the questions, copied to key/senior staff as requested by each division, by email; the email also sets out the date by which their response must be received by the Patient Experience Team (Complaints). A copy of the distribution email is saved in the relevant electronic file, and Progress Notes entry is updated.</p> <p>5. Staff statements/responses are, as received, saved in the relevant electronic file by the Patient Experience Administrator, Progress Notes entry is updated, and staff are linked in the Datix record as necessary.</p> <p>6. When consent and/or evidence of authority to act is received, this is saved in the relevant electronic folder by the Patient Experience Administrator and a letter of acknowledgement is sent to confirm receipt. Progress Notes entry is updated.</p> <p>7. Once all statements/responses are received and saved in the relevant electronic folder, the Patient Experience Officer (Complaints) will draft the response. Progress Notes entry made to confirm date the response was ready to draft. The content of the draft response is dependent on whether consent and/or evidence of authority to act has been received.</p>
Day 35	<p>1. If staff statements/responses are outstanding, the Patient Experience Officer (Complaints) chases staff who have not answered their question(s).</p> <p>2. Progress Notes entry is updated.</p>

Doc ID #1246 - Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (4C)

Day 40	<ol style="list-style-type: none"> 1. If staff statements/responses are outstanding, the Patient Experience Officer (Complaints) chases staff who have not answered their question(s). 2. The Patient Experience Officer (Complaints) provides the complainant with an update on their complaint. 3. Progress Notes entry is updated.
Day 45	<ol style="list-style-type: none"> 1. If staff statements/responses are outstanding, the Patient Experience Officer (Complaints) will escalate all outstanding issues to the Deputy Patient Experience Manager (Complaints) to chase staff who have not answered their question(s). 2. Progress Notes entry is updated.
By Day 50	<ol style="list-style-type: none"> 1. The draft response should now have approvals from the investigation team, divisional Assistant Director of Nursing and, if appropriate, Chief of Service and Clinical or Professional Lead, and be submitted to the Chief Executive (for high risk rated complaints) or Chief of Staff (for low and moderate risk rated complaints) with a link to the relevant electronic file for review and approval to sign and send out. 2. Progress Notes entry is updated to confirm date of draft response approvals, and the date sent to the Chief of Staff or Chief Executive.
	<ol style="list-style-type: none"> 3. A summary of the complaint investigation and an outcome code are recorded in Datix. 4. If the investigation has identified SMART action(s), the Patient Experiencer Officer (Complaints) will record these in Datix to ensure implementation of identified action(s) are followed up and evidenced.
	<ol style="list-style-type: none"> 5. The Patient Experience Officer (Complaints) provides the complainant with an update on their complaint. 6. If the draft response is not ready for signing by the Chief of Staff at this stage, the Deputy Patient Experience Manager (Complaints) will chase again, Progress Notes entry is updated. The Deputy Patient Experience Manager (Complaints) also advises the Head of Patient Experience of potential target date breach.
By Day 55	<ol style="list-style-type: none"> 1. The complaint response is reviewed by the Chief Executive (for high risk rated complaints) or Chief of Staff (for low and moderate risk rated complaints). 2. Once approved, the Chief Executive or Chief of Staff will authorise the Patient Experience Administrator to add their digital signature.
	<ol style="list-style-type: none"> 3. The Patient Experience Administrator adds the Chief Executive's or Chief of Staff's digital signature to the complaint response, amends the date as necessary, saves the signed version of the letter in Word and PDF formats in the relevant electronic file, prints, and posts it out including a leaflet about our post complaint survey, stamped "First Class".
	<ol style="list-style-type: none"> 4. The complaint record is closed by the Patient Experience Administrator in Datix using the date the complaint response is sent out. Progress Notes entry is updated to reflect the date the complaint response and any copies required were sent out. A PDF version of the response is also saved in Datix.
By Day 60	<ol style="list-style-type: none"> 1. Any complaint response which needs to be shared with a third party (and only where consent has been acquired) is sent out by the Patient Experience Administrator.
	<ol style="list-style-type: none"> 2. A copy of the signed complaint response is emailed to the relevant Governance Team to share with staff and ensure any actions or learning agreed is implemented.

Complaints Escalation Process

60 Working Day Case	Action	By Whom
Day 35	If complaint investigation findings/statements are outstanding, a telephone/Teams call is made to staff who have not answered their question(s) to chase, and followed up with an email. A note of the chaser is made in Progress Notes.	Patient Experience Officer (PEO) (Complaints)
Day 40	If complaint investigation findings/statements are outstanding, a further telephone/Teams call is made to staff who have not answered their question(s) to chase, and followed up with an email on the back of the first chaser email. The complainant is provided with an update on their complaint A note of the chaser and update is made in Progress Notes.	Patient Experience Officer (Complaints)
Day 45	If complaint investigation findings/statements are outstanding, the Patient Experience Officer (Complaints) escalates the case to the Deputy Patient Experience Manager (Complaints) on the back of the second chaser email. A note of the file escalation is made in Progress Notes. A chaser (third) by email is sent by the Deputy Patient Experience Manager (Complaints). A note of the third chaser is made in Progress Notes.	Patient Experience Officer (Complaints) Deputy Patient Experience Manager (DPEM)
Day 50	A telephone/Teams call is made to staff who have not answered their question(s) to chase, and followed up with an email on the back of the third chaser email. The Deputy Patient Experience Manager (Complaints) alerts the Head of Patient Experience of a potential target date breach. A note of the fourth chaser is made in Progress Notes. The Patient Experience Officer (Complaints) provides the complainant with an update on their complaint.	Deputy Patient Experience Manager Patient Experience Officer (Complaints)
Day 55	If the complaint draft response is not ready for signing by the Chief Executive or Chief of Staff, the Deputy Patient Experience Manager (Complaints) chases again (and escalates to the relevant Assistant Director of Nursing), Progress Notes entry is updated.	Deputy Patient Experience Manager

Appendix C: Complaints Factsheet



East Sussex Healthcare

NHS Trust

Complaints Factsheet

This factsheet explains what we will do with the complaint you have raised about your experience, or that of a relative, friend or loved one, in respect of the care, treatment, services or amenities provided by the Trust. We treat all complaints seriously, and aim to resolve them within the timescales set out in the acknowledgement letter that accompanies this factsheet. You can also be assured that making a complaint will never affect ongoing or future care or treatment at the Trust, and complaints are never filed in a patient's medical records.

What can I expect from raising a complaint?

We acknowledge all complaints received within three working days and after reviewing your complaint (in conjunction with your medical records if necessary), we will undertake a full investigation. If you have given us your telephone number or email address, we will also try to contact you to discuss your complaint.

We will then ask appropriate members of staff to provide a response to the complaint issues you have raised, and we may ask for a review of clinical care to be undertaken where appropriate. We will also endeavour to provide you with an update on the progress of your complaint and if we experience any delays in completing the complaint investigation, we will contact you to advise of this.

Once the investigation has been finished, the Patient Experience Team will prepare a written response. The Chief Executive will read your complaint, the investigation records and then the written response that has been prepared and if the response is satisfactory, it will be signed and sent to you. If the Chief Executive has questions about the investigation or the response, it will be returned to the Patient Experience Team to address these and ensure that the final response meets our quality standards.

What will you learn from my complaint?

You will be assured to know that we find complaints to be a very helpful source of feedback and any actions and/or learning identified as a result of your complaint will be shared with the relevant staff, wards or units. We have internal processes to ensure these actions and/or learning are logged, tracked and implemented to prevent similar issues from happening in the future, as it is important that no-one else has the same experience you have had cause to complain about.

What can I do if I am not happy with your response?

If you are not happy with our response to your complaint, please contact the Patient Experience Team in the first instance to let us know.

We can, in discussion with you, re-open your complaint and look again at any issues you feel we have not dealt with to your satisfaction or that require further clarification. We can also

arrange for you to speak with relevant managers or clinical staff (subject to any restrictions), as this may provide further explanations or clarifications you need to help answer your questions.

It is important to us that we make every effort to resolve your complaint locally and, as far as it is possible, to your satisfaction. However, there may be occasions when we are unable to achieve this and in these cases, you have the right to ask the Health Service Ombudsman to review your complaint. The contact details for the Parliamentary and Health Service Ombudsman are set out below.

Write To: Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Telephone: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

Website: www.ombudsman.org.uk

Other formats

If you require this leaflet in a different format, such as large print or an alternative language, please contact the Patient Experience Team:

Dial 0300 13 14 500 and select extension 770358.

Appendix D: Complaints Grading Matrix

Risk Grading	Descriptor	Share Complaint With
HIGH	<ul style="list-style-type: none"> • a complaint where the action or omission of Trust staff has placed a patient at risk of or suffered significant harm, up to and including death; and/or • a complaint raising safeguarding concerns against the Trust; and/or • a complaint presenting a significant reputational risk to the Trust. 	Division, Joe Chadwick-Bell, Richard Milner, Vikki Carruth, Simon Merritt, Amy Pain, Copy to: - Legal Team
MODERATE	<ul style="list-style-type: none"> • a complaint involving aspects of clinical care, but where the above criteria has not been met. 	Division, Vikki Carruth (If Nursing), Simon Merritt (If Medical), Amy Pain
LOW	<ul style="list-style-type: none"> • a complaint that does not involve any aspect of clinical care and where the above criteria has not been met. 	Division Only

Appendix E: Complaints Handling – Helpful hints and Tips

Complaints Handling Helpful Hints and Tips

Our health, and that of our loved ones, is a highly emotive subject; sometimes, we are talking about recent health and well-being, whilst at other times we are talking about the difference between life and death or more tragically, when death has occurred. The feelings everyone has about their health, and that of loved ones, can trigger all sorts of reactions and behaviours which are not always rational or appropriate. But they happen, and we should try and avoid being defensive if someone complains about the care or treatment they have been given.

The reason we have a formal complaints process is twofold; firstly, it is a statutory requirement (laid before Parliament and coming into effect in July 2004) that we have a process for handling and investigating complaints, and secondly it is an opportunity for us as part of our commitment and willingness to receive and be open and transparent about feedback, including complaints, and our response to it.

So if you find yourself in the position of being asked to comment on or provide a response to a complaint, please think about and consider the following:

- ❖ it's really hard, but try not to start off by taking it personally or being defensive – everyone is entitled to raise a complaint about something that concerns or upsets them and the complaint is their perspective or a reflection of their feelings as a result of an event, valid or otherwise. This is why we undertake complaint investigations to understand what happened from both sides, what the evidence tells us, and if systems or processes need to change as a result;
- ❖ before you start any investigation, think about what you need and what support you might want – do you want to have a chat with someone in the Complaints Team, or a peer, a supervisor, a manager in your senior team? Don't feel you are on your own – ask for help or support if you want it;
- ❖ always be open, truthful and transparent – sometimes we find just saying “I am sorry X happened” is often all a complainant wants, and the “Saying Sorry” leaflet published by NHS Resolution in 2017 (which is attached to the same email as this factsheet) tells you more about what saying sorry does and does not mean;
- ❖ be factual and only respond with what can be evidenced because that very evidence may be called upon by the Complaints Team or the Health Service Ombudsman at a later date. Don't refer to anything if you cannot evidence it – as the saying goes, if it's not written down it didn't happen;

- ❖ use a laypersons language when providing your response – the Complaints Team are not clinically trained and need to be able to explain your comments in simple terms that patients and relatives can understand. But if you need to refer to a clinical diagnosis or procedure, please give us a very brief explanation as to what it is as that will help, as will explaining clinical abbreviations that may be straightforward in your head, but mean nothing to those without your clinical expertise;
- ❖ remember that just because a clinical event has happened to a patient or has been explained to them/their relative doesn't mean they know or will remember what it is/means, so as before, please use laypersons terms;
- ❖ only provide information in your response that is relevant to the question(s) you have been asked - so for example you don't need to reference patient observations or test results unless they are actually related to the question(s) asked or the complaint;
- ❖ always provide your statement as quickly as you can – the Trust has to comply with strict response timescales for complaints that are monitored at Trust Board level and measured by providers such as Clinical Commissioning Groups (CCG's) – if you can't provide your statement straightaway, please tell the Complaints Team so they know what is happening, when you can provide it and offer any help you may need;
- ❖ never make derogatory remarks about the content of the complaint, the complainant and/or their relatives or about your colleagues, and do not use inappropriate language in emails or statements – every single communication in respect of a complaint investigation is held on the complaint file and if the complainant or a regulatory body such as the Health Service Ombudsman or the Care Quality Commission (CQC) request a copy of the complaint file, your remarks will be made available to them (which might not make you or the Trust look particularly professional); and
- ❖ lastly, if you are ever in doubt about what to do or what to say, or even where to begin with a complaint, please get in touch with the Complaints Team – unfortunately, complaints will not go away if you ignore them and by leaving your response to the last minute does not help you or the Trust, particularly if the lateness of your response makes the formal response overdue.

The Complaints Team are always available, ready and willing to help!!!

Appendix F: Complaints Form



The Trust is committed to learning from all the feedback that it receives, and concerns complaints can often help to identify where changes or improvements to standards or practices may be required to enhance the experience of patients and their relatives.

We want it to be easy for patients or relatives to make a concern or complaint and so if you have any questions or require assistance completing this form, please telephone our Patient Experience Team on 0300 131 4784 or 0300 131 5309.

Patient Details	Your Details (If You Are Not The Patient)
Title: Mr/Mrs/Miss/Ms/Other (Please State)	Title: Mr/Mrs/Miss/Ms/Other (Please State)
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
Telephone Number:	Telephone Number:
Email Address:	Email Address:
Date of Birth:	Relationship To Patient:

NB: if you are not the patient, we will need evidence that you have the authority to receive details of confidential patient care and treatment in order to answer your complaint.

What Is The Date(s) Of The Incident That Is The Source Of Your Concern Or Complaint?	Date(s):
Which Site(s) Does Your Concern Or Complaint Relate To?	Conquest Hospital Eastbourne District General Hospital Other Hospital (Please State) At Home/In The Community (Please State)
Which Department(s) Does Your Concern Or Complaint Relate To?	Department(s):
Please give us a summary of your concern or complaint below; it will help us if you can be as specific as you can about key details.	

Thinking about the concern or complaint you have made, what are the specific questions you would like us to investigate and respond to you on?

Once you have completed this form, you can email it to us as an attachment (please do not send it in a photographic format) at esh-tr.patientexperience@nhs.net or post to:

The Chief Executive
Patient Experience Team (Complaints)
East Sussex Healthcare NHS Trust
St Anne's House
729 The Ridge
St. Leonards-on-Sea
East Sussex
TN37 7PT

If you need your correspondence from the Patient Experience Team in a larger font, different format or a different language, please indicate below:

- In a larger size font (please tell us below what size font)
 - In a different format (please tell us below what format this is)
 - In a different language (please tell us below which language)

Do you have any other specific communication needs? Please let us know so we can assist you.