

MANAGEMENT OF PATIENT COMPLAINTS IN PORTSMOUTH HOSPITALS **NHS TRUST**

This Trust has a complaints office located at St Mary's Hospital, which includes the following staff:-

1. Complaints Manager – current post-holder three full days per week.
2. Two Complaints Officers – one full time, one part time - total working hours of 62.5 per week. (Currently recruiting an additional Complaints Officer full time.)
3. One full time Complaints Administrator.

Verbal Complaints

Complaint phone calls to the Chief Executive from across the Trust including Haslar Hospital, are diverted to the Complaints Office.

A record is made of the concerns expressed by the caller, and an effort is made to try and alleviate their distress and agree the issues that can be actioned quickly.

If there are multiple issues or the complaint is complex and cannot be answered quickly, the caller is asked to put their complaint in writing to the Chief Executive, care of the Complaints Office.

If the complaint concerns issues relating to other organisations, advice is given to the complainant on how best to proceed.

The majority of verbal complaints can be dealt with by telephone. Phone calls are made to find the relevant information from the relevant members of Trust staff. A phone call is then made to the complainant to give feedback on the agreed issues. This is often done the same day as the complaint phone call is received, or may be done the following day.

The complaint record is then filed away, and allocated an individual reference number.

Written Complaints

All formal letters of complaint written to the Chief Executive are diverted to the Complaints Office.

A Complaints Officer reads the letter, it is registered by the Administrator, and an individual file reference is allocated to it.

A Complaints Officer then sends out a letter of acknowledgement from the Chief Executive, and an investigation is established.

The complaint details are entered onto a database, using the complaint reference number for identification. The same database is used by the Risk Management team to record Adverse Incidents, and by the Litigation Manager to record legal claims.

The complaint is sent to the relevant manager of the service complained about, or Consultant in charge of the episode of care, with a letter giving them a deadline by which the Chief Executive requires their comments.

The Complaints Office keeps a "Bring Forward" system, and the Complaints Administrator chases the reports which have not been received by the appointed date.

A Complaints Officer then pulls information together from the various reports, and drafts a letter from the Chief Executive in response to the complaint.

This draft is checked by the Complaints Manager and by the Consultant, if they have asked to see it. There is a policy of being open and honest, and apologising for anything that has gone wrong.

A final version of the letter is then printed on the Chief Executive's letterhead, and goes for his signature to Queen Alexandra Hospital.

A letter is written to complainant if the Chief Executive is not able to respond within the 28-day time guideline, explaining that the investigation is still ongoing.

If issues are raised which show that there is a problem that puts the Trust at risk, the Risk Management team is advised.

If the complainant indicates the possibility of legal action at a future stage, the complaint response is shown to the Litigation Manager for her guidance on how it could be expressed.

Regular reporting on complaints

A quarterly report is made to the Health Authority in Portsmouth, giving details of the actions taken following complaints, and an indication of the type of complaints and number of complaints received during that three month period.

The Clinical Governance reports include a section from the Complaints Office, showing the number and type of complaints, and indicating trends that have been picked up.

Reports are made to Trust Board on a regular basis, giving the same type of information.

The annual report on form K041a is made electronically from the complaints database, and sent to the Information Officer for her to validate the figures and send on to the Department of Health. This shows the following:-

1. the number of complaints,
2. whether they were dealt with in 28 days or not,
3. the number of independent review requests,
4. the number of complaints received by profession,
5. the split between inpatient, outpatient and A&E complaints, and
6. the type of issue complained about.

Other reports can be put together on an ad hoc basis as required, using the information on the complaints section of the database.