

Your Service Your Say

The HSE Management of Service User Feedback Policy for Comments, Compliments and Complaints 2017

Guidance Manual

Enabling
Feedback

Listening and
Responding
to Feedback

Supporting
Service Users

Supporting
Staff

Learning,
Improvement &
Accountability

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1.0 Introduction

The HSE delivers a comprehensive range of health and personal social services to a population that is growing and living longer through advances in medicine, technology and improved models of care.

Our health services are operating in an environment in which there is an increased public expectation for high quality, safe services and a desire for greater involvement in the design and delivery of those services.

To meet the evolving needs of our population our health services are on a journey of improvement and change that is seeking to engage in open and honest dialogue with our patients and service users and to use their feedback to improve services and enhance outcomes

To support service users in relating their experience and perspective of the care they received the HSE has reviewed and updated Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy. The HSE aims to create an environment where Service Users are encouraged, enabled and supported to provide feedback about services experienced. The HSE promotes a culture of receiving and addressing feedback at local level. All staff members have a responsibility to participate and take ownership in managing feedback.

It is the right of service users to comment, compliment or complain about any of the services provided by the HSE. Responding effectively to comments, compliments and complaints received and learning from them is key to providing high quality customer focused services. Best practice identifies what Service Users want when they provide feedback and the HSE has used this information to build on and enable a system which will meet these requirements.

In accordance with Part 9 of the Health Act, 2004 the HSE is committed to providing a system for the effective management of complaints. It is important to acknowledge that both the service user and the service provider have an equal voice and are of equal importance in this process. Co-operation with the investigation of a complaint by all parties is essential and the use of a standardised approach is of benefit to complainants and to staff. The emphasis is on the swift and positive resolution of complaints at local level where possible.

This Guidance Manual, which is underpinned by *Your Service Your Say*, The Management of Service User Feedback for Comments, Compliments and Complaints, HSE Policy 2017 has been developed to assist service users to provide feedback as well as support staff to respond to feedback and has been structured around five principles that are the foundation of the feedback system.

We will **enable** Service Users to provide feedback, **listen** and **respond** to this feedback promptly, **support Service Users** and **support Staff** through the process, and we will commit to **learning** from feedback and use it to **improve** services and make them **accountable**.



* *The Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy and associated Guidance Manual applies to all services provided directly by the HSE or through its contractual arrangements with other service providers. (Statutory and Non-Statutory).*

2.0 Enabling

The HSE recognises that Service User feedback, including complaints, is a valuable source of information on how well services are doing and in identifying where quality initiatives may need to be implemented.

A key objective of the revised policy is to ensure that there is long term learning across the hospital and community healthcare sectors from analysis of all Service User feedback.

The HSE aims to create an environment where Service Users feel comfortable and have the opportunity to provide feedback about services experienced and equally where staff feel comfortable about taking ownership of this process.

- **Feedback from Service Users is encouraged**
- **Information is made widely available to Service Users explaining how to provide feedback. There are multiple access and referral points which are actively promoted to Service Users and which are user friendly.**
- **The feedback process is easy for all Service Users to use and the necessary supports provided to assist them within this process.**
- **All healthcare providers have a complaints process overseen by a designated Complaint Manager.**
- **Positive feedback i.e. compliments are also encouraged and recorded so that the service provider can capture good practice.**
- **Staff are empowered to receive complaints and to view them in a positive way and as a means of improving relationships, learning and making positive changes which will contribute to safer, better healthcare services.**

2.1 Enabling Feedback

The HSE endeavours to create an environment which enables Service Users to provide feedback (*comments, compliments or complaints*).

A Service User friendly approach to feedback relies on a positive attitude by the organisation towards Service User feedback.

In order to improve the cultural acceptance of feedback the organisation will:

- show how feedback can be used to drive service improvement
- demonstrate how feedback can highlight where the service is performing well
- identify how feedback can be used to improve the patient experience
- encourage staff to view feedback from a personal perspective, for example, how they would like to be treated if they had to make a complaint.

The HSE has a 'No Wrong Door' approach in relation to receiving feedback, this means that all staff are encouraged to accept feedback and assist the Service User.

There are a number of additional processes in place which also assist in enabling Service Users to provide feedback, which can include;

- Advocacy Services
- Patient Liaison Services
- Complaints Officers/Review Officers
- Public Representatives
- Parent/Legal Guardian/Family Member/Carer
- Email: yoursay@hse.ie

2.2 Who can Provide Feedback?

Anyone can provide feedback in relation to comments or compliments, and in accordance with Section 46, Part 9 of the Health Act 2004 the following may make a complaint:

- Any person who is being or was provided with a health or personal social service by the HSE or service provider,
- Any person who is seeking or has sought provision of such service.

The complaint can be about any action of the HSE or service provider that:

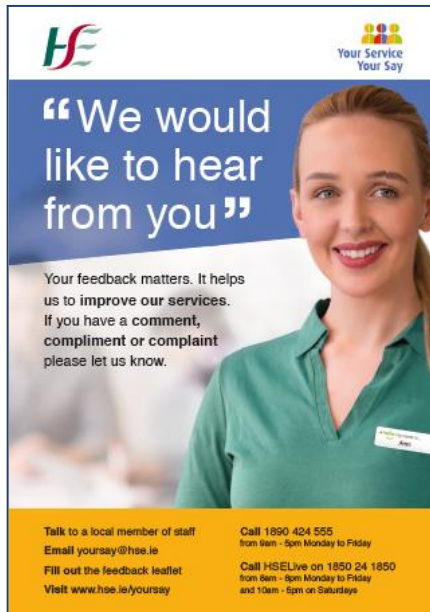
- (a) it is claimed does not accord with fair and sound administrative practice, and
- (b) adversely affects or affected that person.

If a person is entitled to make a complaint but is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by;

- A close relative or carer of the person,
- Any person who, by law or by appointment of a court, has the care of the affairs of that person,
- Any legal representative of the person,
- Any other person with the consent of the person, or
- Any other person who is appointed as prescribed in the regulations.

If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative, or carer of that person. A close relative is defined in Section 45 of the Health Act, 2004 as being a parent, guardian, son, daughter, spouse or someone who is cohabiting with the person on whose behalf the complaint is being made.

2.3 How to Provide Feedback?



If you wish to provide feedback (comment, compliment or complaint) about any aspect of our service, please:

- **Tell a staff member.** *All staff are encouraged to accept feedback – no wrong door approach.*
- **Ask a member of staff** *for details of where to send a letter which sets out your experience of our services.*
- **Email** *your feedback to yoursay@hse.ie*
- **Complete a Feedback Form** *and leave it in the identified areas provided by the local service you are using or visiting. You may also give it to a member of staff or ask a staff member for an address.*
- You can use the **website** feedback facility at the following address: www.hse.ie/feedback
- **Freephone:**
 - **Your Service Your Say Team: 1800 424 555** *(Monday to Friday: 9am – 5pm, excluding bank Holidays). From outside Ireland please call +353 1 642 4555.*
 - **HSELive Team: 1800 700 700** *(Monday to Friday: 8am to 8pm, excluding bank Holidays and from 9am to 5pm on Saturdays). From outside Ireland please call +353 1 240 8787.*

2.4 Comments and Compliments

Comments and compliments are welcomed as they enable services to promote and build on good practice. It is important to listen to comments and compliments from Service Users. **Feedback leaflets** will be made available in all HSE areas to enable people (including staff members) to acknowledge good practice or to make constructive suggestions to further improve services.

Any **comments** about services must be routed back to that service and to the people working there and will be used by relevant services to identify areas of the service where quality improvements are required. **Comments** will be logged locally, followed up and monitored where appropriate. A letter of acknowledgement will be sent to Service Users who provided a name and address with their comments.

Compliments that focus on individual members of staff or service units will be logged locally and will be forwarded to the relevant employee.

Learning from Positive Experiences

It is recommended that good patient experience and compliments received should be promoted and reported across all services within the HSE. These act as a positive commentary on progress and improvement, and a focus on good quality Service User and patient care. There is benefit to be gained from regularly and consistently acknowledging and highlighting positive feedback across the various services.

In 2018, a module of the web based Complaints Management System (CMS) will be available to support the capture of positive feedback. Learning from this feedback will be shared throughout the organisation to highlight where things are working well.

2.5 Complaints

All staff are empowered to receive complaints and to view them in a positive way; as a means of improving relationships and opportunities for learning to contribute to safer, better healthcare services. Continuous education and training for all staff will support the development of skills in the management of complaints and the process to be followed to resolve these at the most efficient level.

Each service should provide an induction module for all new staff on the complaints management process and its underlying statutory framework.

However, service areas also have specialist Complaints Officers who receive extensive training on the management of complaints and have responsibility for managing those complaints not resolved at point of contact.

For further information on training, see Section 5.0 Supporting Staff.

An organisation of any sort, public or private, that cannot receive a complaint with heartfelt thanks, a deep appreciation, will never succeed in the long term. (Review of Putting Things Right, NHS Wales, 2014)

2.5.1 What do I need to include in my complaint?

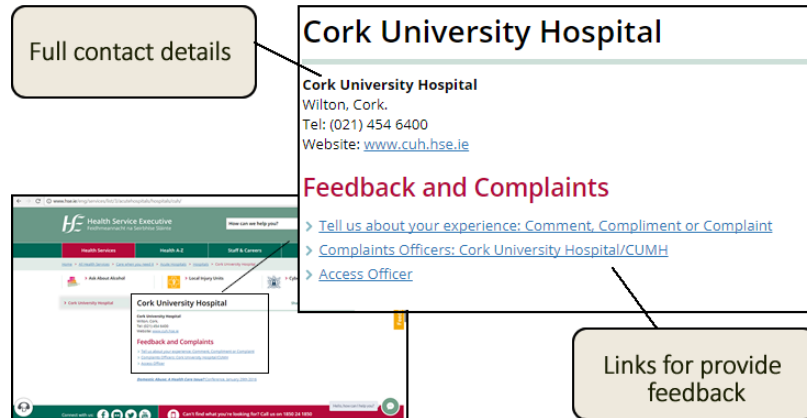
In order to enable Service Users to provide feedback they should be encouraged to provide as much information as possible in relation to their experience. This might include:

- Who was involved?
- What happened and when?
- Where did it happen?
- What is the Service User concerned about?
- Any other steps taken to resolve the matter?
- What would the Service User like to happen?
- It would also assist staff if the Service User could supply any other additional information they may have.

2.6 Support

Anyone wishing to provide feedback (comment, compliment or complaint) will be encouraged and supported with a number of avenues available and assistance where needed.

- Feedback leaflets should be displayed in public areas within all services.
- Multiple methods for giving feedback should be available, easily understood and promoted both during and after interaction with the service. These should include feedback boxes for feedback within service areas, for example, hospital ward (if not already in place).
- A standard approach should be adopted by all services in relation to the information available to the public when viewing their website, particularly those services availing of the HSE website – service details on this site should all contain the same information and the same links for ease of reference. See example below:



For further instruction/details on amending or updating your online content please contact digital@hse.ie

- The organisation should provide appropriate and accessible facilities to enable each Service User to provide feedback and to make a complaint, such as, the signposting of advocacy services so families can avail of support if needed to raise a concern or issue, developing volunteer advocates who can also assist Service Users and supporting a *No Wrong Door* approach.

2.6.1 Advocacy

Advocacy services (See Section 4.0 Supporting the Service User) should be supported and signposted within each service so Service Users and their families, who want to raise a concern or issue, know where to get support if needed.

An advocate is somebody who can act on the patient's or the patient's family's behalf when dealing with a healthcare service. An advocate can represent the views of those seeking information or making complaints when required.

Advocacy services help Service Users, particularly those who are most vulnerable to;

- Access information and services
- Be involved in decisions that affect them
- Explore choices and options
- Defend and promote their rights and responsibilities
- Speak out about issues that matter to them

If you wish to provide feedback and would like to avail of advocacy services, further information and guidance is available at: <http://www.hse.ie/eng/services/yourhealthservice/feedback/services>

2.6.2 No Wrong Door

A *No Wrong Door* approach ensures that wherever a complaint is raised, it is the relevant staff and not the Service User that is responsible for routing it to the appropriate place for response.

2.6.3 Staff members must be sensitive to Service Users who have difficulties with literacy, language and/or hearing and should provide assistance and support where needed.

The HSE National Guidelines on Accessible Health and Social Care Services 2014

(<http://www.hse.ie/eng/services/yourhealthservice/access/NatGuideAccessibleServices/NatGuideAccessibleServices.pdf>) provides detailed information and guidance on accessibility and chapters 4 and 5 of these guidelines provide detailed information on supporting Service Users to communicate with health and social care staff through a variety of communication aids, tools and services.

Each Community Healthcare Organisation and Hospital Group should have access to interpretation services as required.

For guidelines on communication and examples of available interpretation services, see the HSE website via the link below:

<http://www.hse.ie/eng/services/yourhealthservice/access/NatGuideAccessibleServices/NatGuideAccessibleServices.pdf>

Examples of available services include:

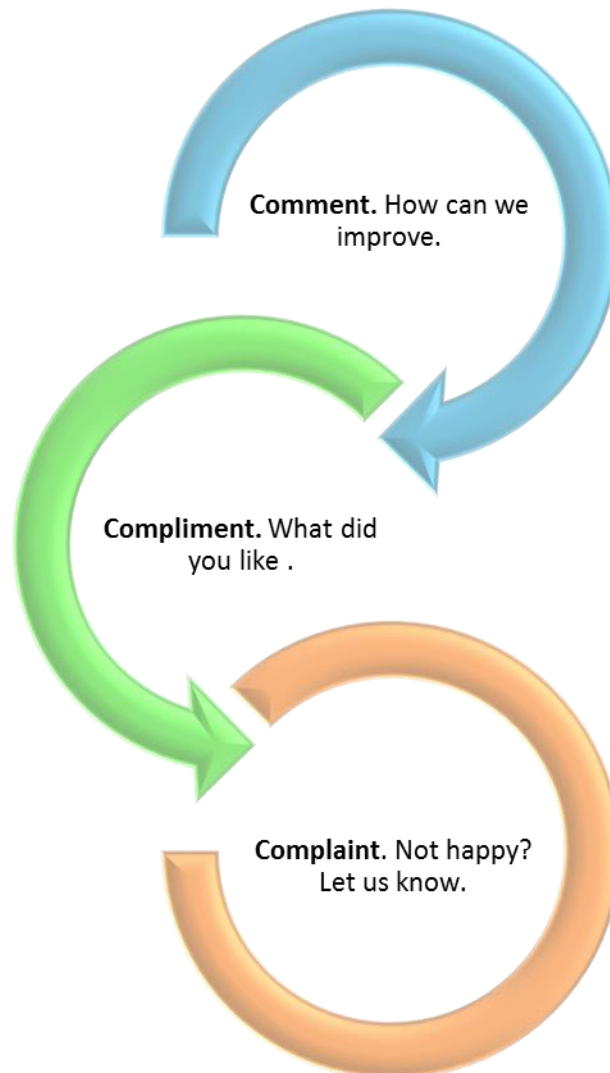
- Interpreter Services
- Irish Sign language interpreters
- Deaf Interpreters
- Irish Remote Interpreting Service (IRIS)
- Deaf Peer Advocates

A Plain English Policy is currently in development.

2.7 Feedback and Complaints from Children

2.7.1 Are you a child or young person using HSE health services? Then we would like to hear from you!

You can offer feedback, be it a comment, compliment or complaint, about the service you have received from the HSE.



You will be encouraged and supported to give your feedback to any of our services. We will let you know of your rights to complain as well as inform you of what will happen and the supports available to you.

Our staff will listen to you and make sure they understand what you have to say. Your **comment**, **compliment** and your **complaint** will always be taken seriously. We will support you to make a complaint and continue to support you throughout the complaints process.

You also have the right to complain directly to the Ombudsman for Children or have the response to your complaint reviewed by the Ombudsman for Children

Your welfare is important.

If a complaint is received that causes concern about your safety and wellbeing, or another child's safety and wellbeing, we have to ensure that we act in your best interests or in the best interests of the other child. In these cases we follow **Children First**, the HSE National Guidelines for the Protection and Welfare of Children (2011). We will let you know this and explain it to you.

Whatever your age, you have rights when it comes to getting health services. These include:

- The right to access healthcare services
- The right to have your say and be listened to,
- The right to complain if you are unhappy about a service or the care and treatment you experienced.

If you want to make a comment, compliment or a complaint you can:

- Tell a staff member or the person providing your care, e.g. nurse, doctor, public health nurse, physiotherapist, manager or any other member of staff. They want to hear what you have to say and will try to help you straight away.
- Ask your parent(s)/guardian(s) to tell us what you think if you don't want to do this yourself.
- Email yoursay@hse.ie
- Fill out the form attached to our children and young persons' information leaflet. You can:
 - put it into the box in your local health service,
 - give it to a staff member, or
 - ask for an address to post it to. You can also send a letter to that address if you prefer.
- Leave your comment, compliment or complaint using the online form on the HSE website www.hse.ie/yoursay
- Telephone our **YourSay Team** on 1890 424 555 from 9am to 5pm, Monday to Friday and talk to a member of staff who will help you. If you are using a mobile please call 045 880400 to avoid extra charges. You can also telephone our **HSELive Team** on 1850 24 1850 from 8am to 8pm, Monday to Friday and from 10am to 5pm on Saturday. If you are using a mobile please call 041 6850300 to avoid extra charges.

What will happen next?

Comment or Compliment

If you offer a comment or compliment we will be in touch to thank you and we will make sure that this is passed on to the person or service.

Complaint

If you have a complaint, we will thank you for letting us know and we will try to sort this out as quickly as possible, usually within 48 hours or two working days.

Sometimes, however, we may need more time to look into and understand your complaint and this may take up to 30 working days. If this is the case we will let you know.

If we still need longer we will contact you and keep you updated every 20 working days after that to let you know what is happening.

When we have finished looking into your complaint we will let you know the outcome. This will include a response to all the points you made and an apology if we have done something wrong. We will let you know what we are doing to stop this from happening again, to you or anyone else.

If there are parts to your complaint that we cannot do anything about or cannot look into we will let you know and explain why.

We will be happy to meet with you to talk about our response to your complaint and to explain anything you don't understand or answer any questions you may have.

What happens if I am unhappy with the response to my complaint?

If you are unhappy with our response to your complaint you have the choice to ask for a HSE internal review or go directly to the Office of the Ombudsman for Children who will look into your complaint.

If you choose the HSE Internal Complaint Review, another staff member within the HSE, but who is not working with you, will look into your complaint and let you know the outcome within 20 working days. The person looking after the review will contact you if more time is needed.

If you are not happy with the outcome of the review you still have the right to contact the Ombudsman for Children's Office and ask that they look at your complaint.

What information is needed to make a complaint?

It is helpful if you can give as much information as possible about your complaint. This will help us to look into your complaint as quickly as possible. Please let us know:

- What happened
- When and where it happened
 - the day and date (e.g. Monday, 8th January 2018), if you know it, and
 - where were you at the time, for example, were you in hospital and where in the hospital were you or were you in a health centre or were you receiving a service at home.
- If possible, please give the names of any staff or other persons involved

Other useful information

- We will treat anything that you tell us with respect and will not share it without your permission, unless we are required by law to share the information if we believe there is a risk to you or any other child or young person.
- Your parent(s) / guardian(s) can also make a comment or a complaint about our service on your behalf and when that happens we will seek your views as well.
- If we need to look at your health records in order to look into your complaint we will talk to you before we do this.
- We will support you or let you know what supports are available for you.

2.7.2 HSE Staff and Complaints Officers

Feedback from children and young persons should be encouraged. They should be made aware that their feedback on our services is welcomed and they should be made aware of all the ways they can share their experience.

In responding to feedback from children and young persons, HSE Staff will be guided by the Ombudsman for Children's Office's guidelines for child centred complaints handling.

In Ireland under the Child Care Act 1991, the Children Act 2001 and the United Nations Convention on the Rights of the Child a child is defined as anyone under the age of 18.

What is a child-centred approach?

When dealing with a complaint made by or on behalf of a child it is important that consideration is given to the best interests of that child as well as ensuring, in as far as is possible, that their views are also taken into account. It is important to maintain this focus on the child throughout the investigation and be sensitive as to how the process and any potential outcomes will impact on them.

Adopting a child-centred approach means:

- Adhering to fair complaints procedures.
- Maintaining a consistent focus on the child (their wishes and best interests)
- Fully considering the rights of the child

What is the framework for this approach?

UN Convention on the Rights of the Child – ratified by Ireland in 1992 giving a binding commitment under international law to respect, protect and fulfil the rights of children set out in that agreement.

- Recognises children as individual rights-holders in all areas of their lives
- Includes four articles that are given special emphasis which are also known as ‘general principles’.
 - that all the **rights guaranteed** by the UNCRC must be available to all children without discrimination of any kind (Article 2);
 - that the **best interests** of the child must be a primary consideration in all actions concerning children (Article 3);
 - that every child has the **right to life, survival and development** (Article 6); and
 - that the **child’s view must be considered** and taken into account in all matters affecting him or her (Article 12).
- Requires the establishment of independent, accessible, safe, effective & child-centred complaints mechanisms for children & their representatives

Why take a child-centred approach?

- **Legitimacy** – it is required by international children’s rights law
- **Inclusion** – it recognises children’s specific needs
- **Best interests of the child** – it is focused on securing the best outcome for the child
- **Empowerment** – it recognises children as rights-holders
- **Affirmation** – it demonstrates that children are welcome to raise their concerns
- **Accountability** – it holds decision-makers to account
- **Quality improvement** – it highlights areas that need to be addressed or improved

Care, therefore, must be taken to ensure that children are assisted and supported to make a complaint as well as to partake in the management of that complaint consistent with their best interests. Due consideration will be given to the wishes of the child, in as far as is practicable, and in accordance with their age and understanding.



Children & young people's views on complaints processes

Importance of representatives

Overly formal & complex

Lack of transparency

Fear of not being listened to

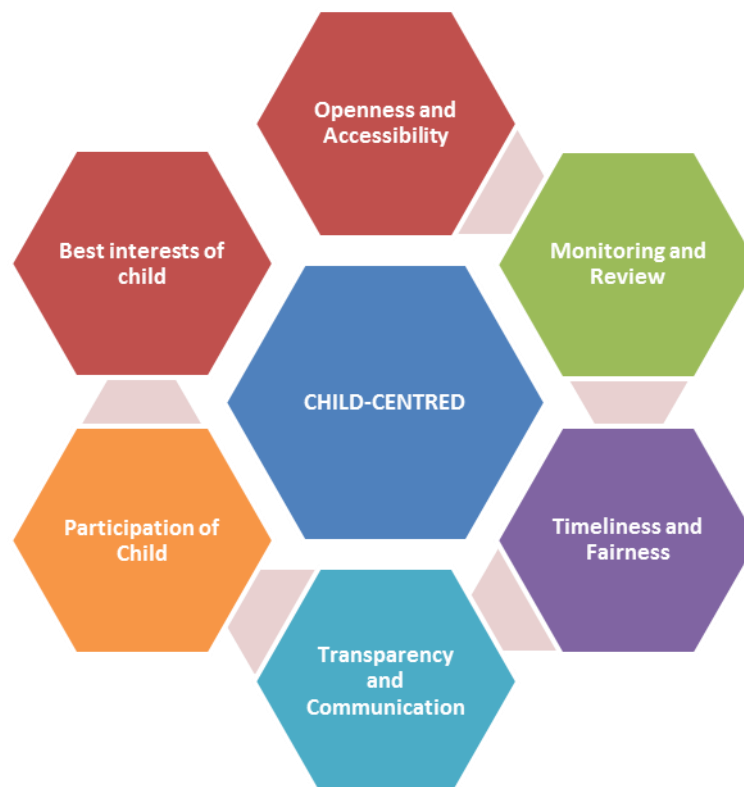
Unfairly administered

Lack of trust & confidence

Fear of negative repercussions

Procedures are too long

Principles of Good Practice



Openness & Accessibility - encourage feedback, be open, flexible and supportive. Ensure learning is captured from complaints made by or on behalf of children and used to improve services.

Best Interests – ensure any decisions or actions you take while managing the complaint is in line with the best interests of the child; use a problem-solving approach that is focused on the best outcome for the child and ensure that any response /outcome clearly demonstrates that approach.

According to the UN Committee on the Rights of the Child, staff need to consider the following when assessing and determining a child's best interests:



- **Participation of Children** - seek and consider the views of the child and do this in accordance with their capacity, age and maturity. Remember all participation is voluntary. Provide support if needed. Enable participation in a way that is comfortable for them and ensure that they are aware of their right to involve a support person.
- **Transparency & Communications** – inform children of their right to provide feedback, how they can do this and what will happen with their feedback. If a complaint is made, explain the process in relation to the complaint management and how they will be involved in, communicated with and updated during this. Check understanding and address any questions. Always approach in a child-sensitive manner with due regard to capacity, age and maturity.

- **Timeliness** - early resolution, complete the process in the shortest time possible.
The timelines involved in responding to feedback from Children are the same as outlined in Policy but may need to be reviewed or extended depending on the complexity and sensitivity of the complaint. Any additional time required will need to be communicated and explained. However, the expedient management of a complaint made by or on behalf of a child is advised. Ensure any safety and welfare concerns are addressed urgently.
- **Fairness** - deal with complaints in a fair and impartial manner and investigate complaints fully in line with Policy. Ensure children, where appropriate, are supported to participate fully. Advise of avenues for review of outcomes.

The Ombudsman for Children may intervene at any stage of the complaints process (even if HSE procedures have not been exhausted) if the complaint has been referred to them by the child/ parent(s)/legal guardian and if the Ombudsman for Children feels that reasonable steps were taken by them to rectify their complaint.

- **Monitoring & Review** – keep accurate and complete records and review complaints with regards to identifying and sharing learning, in line with Policy.

Points to note

1. Complaints Investigation

Where a complaint cannot be resolved at the point of contact and the complaint was made by a child on his/her own behalf and where an investigation is required, the Complaints Officer **must generally inform** the parent(s)/ legal guardian of the child of the intention to investigate and advise the child of the intention to involve the parent(s) / legal guardian of the child in the investigation process. The Complaints Officer should clearly explain the reason for this.

If the child disagrees with the involvement of the parent(s)/legal guardian, or if it is not in the child's best interest, the Complaints Officer must try to establish any underlying issues and identify the best approach for managing the complaint, having regard to the rights of the parents as enshrined in the Articles of the Constitution dealing with the Rights of the Family (Article 41) and to the rights of the child as enshrined in the Rights of the Child (Article 42A).

2.7.3 Useful Resources

- Children's Feedback leaflet
- Supporting Service User section (Section 4.0)
- WWW.TUSLA.IE / Tell us
- Ombudsman for Children's Office (www.oco.ie)
- A Guide to Complaint Handling by the Ombudsman for Children's office
- National Consent Policy (<http://www.hse.ie/eng/about/Who/QID/Other-Quality-Improvement-Programmes/Consent/National-Consent-Policy-August-2017.pdf>)

2.8 Complaints Process

All healthcare providers have a complaints management process overseen by a designated Complaints Manager.

Complaints Managers ensure that the complaints management process is implemented in line with *Your Service Your Say, the Management of Service User Feedback Policy for Comments, Compliments and Complaints 2017* and that the process is championed throughout the organisation.

The Complaints Manager also ensures that processes are in place to support staff and clinicians and that learning is captured, shared and used to improve services.

The Consumer Affairs Office also plays a role in enabling the complaints process by ensuring that it is effectively implemented throughout each Community Healthcare Organisation and Hospital Group; providing various levels of training to staff, Complaints Officers and voluntary organisations on all aspects of complaints handling as well as support and advice to services users and staff on the complaints management process.

For further information please see Section 3.0 Listening and Responding to Feedback. Information on the supports available for Service Users is detailed in Section 4.0 and supports for staff are set out in Section 5.0.

3.0 Listening and Responding to Feedback

Effective handling of Service User feedback is fundamental to the provision of a quality service. Service users who provide feedback, especially in the form of a complaint, must be listened to and treated with dignity, courtesy and empathy.

The HSE welcomes feedback and is receptive to complaints and sees them as an important source of constructive feedback, and therefore complaints are treated as a matter of priority.

Complaints should be investigated within policy timeframes, thoroughly, honestly and openly.

Communication with Service Users should be maintained throughout the complaints management process.

- The organisation encourages a culture of responsiveness.
- Open Disclosure is adopted within the organisation.
- Staff have a positive attitude towards dealing with feedback and are receptive to complaints.
- All feedback is responded to with comments and compliments forwarded to the relevant service / staff member with any learning shared.
- Complaints are dealt with in a timely manner.
- Each complaint is received and investigated on its own merit.
- The needs of all Service Users and staff are met within the complaints management process.
- Service users are involved in the complaints management process.
- Communication with Service Users is open, honest, transparent and responsive to their needs.
- Service users are informed of the outcome of a complaint and subsequent agreed actions which may arise.

*Feedback is everyone's
Responsibility!*

3.1 Responsiveness

The backbone of any effective and efficient feedback process is having defined management structures supported by clear governance and accountability frameworks.

The HSE has a *No Wrong Door* approach in relation to Service User feedback. This means that a Service User can be confident that their feedback can be received by any staff member in the HSE and that it will be managed on their behalf.

All staff must be engaged in the feedback process and in particular, the complaints management process and their roles and responsibilities are detailed below.

3.1.1 Roles and Responsibilities

Roles and responsibilities underpin the effective implementation of Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints 2017.

It is the role and duty of all management and staff to:

- Comply with this Policy.
- Ensure that this Policy is implemented and adhered to in their area and that the rights and legitimate interests of Service Users and Staff are protected.
- Promote a culture and attitude that welcomes feedback and supports the effective and timely resolution of complaints received.
- Ensure that information on how to provide feedback and on how to make a complaint is accessible and made widely available throughout all health service locations.
- Provide an efficient, effective, fair and accessible system for handling service user feedback.
- Support Service Users and Staff in the implementation of the Policy and supporting guidance.
- Collect data and monitor feedback for the purpose of improving the quality of service delivery.

(i) Role of the Director General and HSE Leadership Team

It is the responsibility of the Director General and the HSE Leadership Team to:

- Ensure the HSE is compliant with Part 9 of the Health Act 2004.
- Ensure that all HSE Service Managers and Staff are aware of and comply with Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy 2017.
- Ensuring that the feedback process is clearly articulated, open and accountable to both Staff and Service Users.
- Ensuring strategic decision making is informed by service user feedback data.
- Ensuring the Policy is established, monitored and reviewed accordingly.
- Ensuring the analysis of comments, compliments and complaints inform and influence national strategies, planning and organisational improvements.

(ii) Role of the Executive Lead for Complaints Governance and Learning

It is the responsibility of the Executive Lead for Complaints Governance and Learning to:

- Ensure that a comprehensive system for the management of Service User feedback is in place and implemented throughout the HSE and its relevant Service Providers.
- Ensure an effective communication process is in place to inform the service user of the feedback process and, in particular, complaints management.
- Ensure an effective process for the monitoring and evaluation of complaints exists and is communicated throughout the HSE.
- Ensure that appropriate reporting systems are in place between the HSE and relevant Service Providers in accordance with Part 9, Section 55(2) of the Health Act 2004.
- Prepare an annual report on complaints; identifying trends, KPI compliance and learning.
- Provide assurance by conducting feedback and, in particular, complaints management performance reviews and audits across the HSE.

(iii) Role of Chief Executive Officer (CEO) and Chief Officer (CO)

For the purpose of the implementation of this policy, the role of the Hospital Group Chief Executive Officer and Community Healthcare Organisation Chief Officer is to:

- Implement and maintain an efficient and effective feedback system which will ensure recording and tracking of data.
- Ensure feedback is appropriately assessed to generate action from the appropriate level.
- Ensure Staff are aware of their responsibilities in relation to receiving and managing service user feedback and understand their role.
- Delegate Complaints Officers and Review Officers in their respective administrative area.
- Ensure issues identified through analysis of service user feedback are used for learning and shared at a local, regional and national level.
- Provide performance reports to the Quality Assurance and Verification Division in relation to management of feedback.
- Identify trends and system issues in comments, compliments and complaints.
- Publish feedback data and trends as part of their service annual report.
- Publish casebooks.

(iv) Role of the National Office for Your Service Your Say

For the purpose of the implementation of this Policy, the role of the National Office for Your Service Your Say staff is to:

- Acknowledge all feedback including complaints received into the National Office for Your Service Your Say on behalf of the National Complaints Governance and Learning Team within 24 hours.
- Forward feedback including complaints to the appropriate Consumer Affairs Office and copy the nominated contact for complaints within Hospital Groups, Community Healthcare Organisations and National Divisions.
- Log all complaints received.
- Return monthly feedback statistics to the National Complaints Governance and Learning Team Office in Limerick.

(v) Role of the Regional Manager for Consumer Affairs

For the purpose of the implementation of this policy, the role of the Regional Manager for Consumer Affairs is to:

- Ensure that the HSE Complaints Management Process is effectively implemented throughout their Administrative Area.
- Ensure that staff within their Administrative Area receive appropriate training in managing feedback and in particular, complaints.
- Ensure that standardised service user friendly information, templates, forms etc. are available for distribution by Complaints Officers in all locations of their Administrative Area.
- Act as a Review Officer as appropriate within their respective areas.
- Ensure that there is routine collection, analysis and communication of trends in complaints received within that Administrative Area.
- Evaluate the complaints data for the Administrative Area to ensure the correct and effective management of complaints.
- Ensure that relevant Service Providers (non-HSE) in their Administrative Area have an appropriate complaints management system in place as defined in the Health Act 2004 and have a vetted complaints policy signed off by Consumer Affairs as outlined under Schedule 8 of their Service Level Agreement.
- Liaise with the appropriate Quality and Risk personnel in their Administrative Area, to ensure that complaints management is linked with sustainable quality improvement.
- Participate in the evaluation of consumer perception of the complaints management process in their Administrative Area.

- Ensure that a monthly statistical report on complaints is prepared and forwarded on a quarterly basis to the National Complaints Governance and Learning Team in the Quality Assurance and Verification Division, pending full implementation of the Complaints Management System (CMS).
- Collaborate with relevant Community Healthcare Organisations and Hospital Groups on complaints management for their areas and bring to their attention any national issues which require local consideration.
- Be responsible for the development a National Complaints Officer Governance and Learning Forum.
- Act as a Liaison Office with the Ombudsman and Ombudsman for Children's Office in relation to all complaints received by those respective offices.

(vi) Role of Consumer Affairs Area Office Staff

For the purpose of the implementation of this policy, the role of the Consumer Affairs Area Office Staff is to:

- Keep appraised and fully briefed in the latest developments, policies, procedures, protocols and guidelines in relation to managing feedback including complaints management.
- Provide training to staff and Complaints Officers and voluntary organisations on all aspects of complaints handling at various levels of training from induction training through awareness training to full Complaints Officer training.
- Support, advise and guide Service Users/Complainants/Reviewers and HSE staff on the complaints management process.
- Ensure complaints received via the National Your Service Your Say Office are forwarded to the appropriate Complaints Officer for attention and copied to the designated contact person within each Community Healthcare Organisation / Hospital Group.
- Ensure that all written complaints received in the Consumer Affairs Area Office are logged, administratively acknowledged and forwarded to an appropriate Complaints Officer. In exceptional circumstances the complaint may need to be sent to the relevant service manager.
- Collect feedback and complaints statistics from Complaints Officers and forward them to the Regional Manager on a monthly basis.
- Collect monthly complaints statistics from voluntary agencies and hospitals and forward them to the Regional Manager on a quarterly basis.
- Assist the Regional Manager Consumer Affairs in their role as set out in this Policy.
- Ensure complaints data is recorded on the Complaints Management System (CMS)

(vii) Role of the Complaints Manager

For the purpose of the implementation of this policy, the role of the Complaints Manager is to:

- Be a champion for the feedback process including the complaints management process though an active and visible leadership role with key involvement in education, training and reporting arrangements.
- Be responsible for the routine monitoring and review of the Organisation's feedback process including the complaints management process which is necessary to ensure and assure that the system works in line with the Your Service your Say, the Management of Service User Feedback for Comments, Compliments and Complaints policy.
- Promote a process of assurance through the generation of case books following Stage 3 HSE Internal Complaint Review and publish reports on the management of complaints by their area and the learning achieved as a result of same in conjunction with Regional Managers Consumer Affairs.
- Ensure processes are in place to support clinicians and staff to understand how complaints are handled.
- Upon receipt of a request for a review, appoint a Review Officer to review the recommendations made by the Complaints Officer.
- Upon notification from a Complaints Officer ensure that any risks identified as part of a complaint are notified to the relevant Head of Service (Accountable Officer) to ensure high risk complaints are appropriately assessed and investigated and that learning is achieved.
- Provide an overview and update on the management of service user feedback to Senior Management Teams, in relation to key performance indicators in line with national feedback data returns.

- Ensure that the lessons learned from feedback including complaints are used to improve the service and are implemented
- Determine the overall effectiveness of the complaints management process with their area of responsibility.

(viii) Role of Complaints Officers

For the purpose of the implementation of this policy, the statutory role and responsibilities of the Complaints Officer is to:

- Ensure service user friendly information on how to offer feedback and, in particular, on how to make a complaint is widely available throughout their health service locations.
- Ensure that the complaints management process is implemented and being adhered to in their area and that the rights and legitimate interests of Service Users and Staff are protected.
- Support Staff and Service Users in the implementation of the complaints management process.
- Identify non-excluded matter of the complaint, and investigate.
- Co-ordinate complaints where both Your Service Your Say and clinical judgment elements are involved.
- Ensure that any risks identified as part of a complaint are assessed and immediately notify the Complaints Manager of any high risk complaints to ensure appropriate investigation and learning.
- Inform relevant parties of decision to extend or not extend time frames.
- Find resolution of the complaint using approaches identified in Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy 2017 and Guidance Manual and through implementation of the complaints management process.
- Investigate and conclude within 30 working days or inform Complainant by due date and update every 20 working days.
- Advise a person if a finding in the report is adverse to that person and afford them the opportunity to consider the finding and to make representations in relation to it.
- Make recommendations, which may also support organisational learning and improvement.
- Provide Complainant and relevant Head of Service (Accountable Officer) with a report on the complaint investigation.
- Advise the Service User that they may seek a review of the complaint by requesting a HSE Internal Complaint Review (Stage 3) or by contacting the Office of the Ombudsman/Ombudsman for Children's Office (Stage 4).
- Where a complaint has been withdrawn the Complaints Officer may bring this to the attention of the relevant Head of Service (Accountable Officer) to determine if the investigation should continue.
- Ensure complaints data is recorded on the Complaints Management System (CMS)
- Determine the overall effectiveness of the complaints management process within their area of responsibility.
- Generate anonymised complaints data and disseminate this information as appropriate.
- Submit reports as appropriate to the Office of Consumer Affairs for their respective areas.

(ix) Role of Review Officers

Review Officers are appointed in line with the Health Act 2004 (Complaints) Regulations 2006. Upon an application for review being made the Complaints Manager will appoint a Review Officer to review the recommendations made by Complaints Officers after the investigation of a complaint. It is the role of the Review Officer to:

- Engage with the Complainant as appropriate throughout the review process.
- Determine the appropriateness of the recommendations by reviewing the processes used to investigate the complaint and having regard to all aspects of the complaint and its investigation.
- Uphold, vary or make a new recommendation.
- Complete the review within 20 working days. A Review Officer may request in writing an extension and indicate the additional time considered necessary for completion.
- Prepare a report on the review and circulate same as appropriate under the Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy and Guidance Manual.
- Advise a person if a finding in the report is adverse to that person and afford them the opportunity to consider the finding and to make representations in relation to it.

- Advise the service user that they may seek a further review of the complaint by contacting the Office of the Ombudsman/Ombudsman for Children's Office.

(x) Role of Staff

All HSE and relevant Service Providers' staff have an obligation to deal effectively with all feedback and, in particular, to attempt to manage complaints made to them and this includes;

- Ensuring they are aware of the Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy and processes.
- Participating in complaints management training.
- Managing a complaint in a timely manner either by dealing with it at the point of contact in line with Policy or forwarding same to the Complaints Officer for management.
- Participate in the investigative process of a complaint on the request of a Complaints Officer / Review Officer.
- Supporting and facilitating improvement initiatives within their service.
- Providing data relevant to feedback to service managers and national divisions.

(xi) Role of relevant Head of Service (Accountable Officer)

The relevant Head of Services (Accountable Officer) will receive a copy of the complaint investigation report from the Complaints Officer setting out the findings and the recommendations. The relevant head of Service (Accountable Officer) will then:

- Write to the Complainant and Complaints Officer within 30 working days detailing their Recommendation Action Plan, and
- Advise if any recommendation(s) are rejected, amended or if alternative measures are being taken and set out the reasons for the decision
- Ensure recommendations are implemented
- Advise Complainant of the suspension of implementation of recommendations where a request to review the outcome of the complaint investigation has been received

3.2 Principles of Best Practice Complaints Management

Table 1: Principles of best practice that underpin the complaints management process.

Requirement	Demonstrated By
Openness and transparency	<ul style="list-style-type: none"> A positive, open and transparent attitude to receiving, managing and responding to complaints in line with the HSE Open Disclosure Policy. A willingness to engage with Service Users using a partnership approach to complaints management and patient safety. Being open, honest and transparent in relation to all concerns/issues raised and in relation to the disclosure of any identified failures in the delivery of care/service.
Fairness, Dignity, Compassion, Empathy, Respect	<ul style="list-style-type: none"> Recognising, promoting and protecting the rights of Service Users. Early, open, non-defensive communication with the Complainant, treating them with fairness, dignity and respect. Active listening skills – the Complainant is afforded the opportunity and time to tell their story, in an appropriate setting. Being empathetic – putting yourself into the shoes of the Complainant and understanding things from their perspective and without bias. Implementing the feedback process without fear, favour or prejudice towards the Complainant, the person or service about which the complaint was made. Neither the Complainant nor the subject of the complaint should have a fear of recrimination of any kind at any stage of the process. Any staff member found, after proper investigation, to be engaging or have engaged in victimising, punishing or exacting retribution on any Complainant will be subject to disciplinary sanctions. Unreasonable complainant behaviour will not be tolerated and clear procedures should be followed in line with the relevant Standard Operating Procedure. Both Complainants and staff members have an equal voice and are of equal importance in this process.
Acknowledgement	<ul style="list-style-type: none"> Accept, acknowledge and embrace all feedback from Service Users.
Privacy and Confidentiality	<ul style="list-style-type: none"> All information obtained through the course of the feedback process must be treated in a confidential manner and meet the requirements of the Data Protection Acts 1988 and 2003, and Freedom of Information 2014. Ensuring that all information obtained is stored securely and separately to the clinical record. Maintaining the privacy of all parties involved in/affected by feedback, as far as is reasonably practicable, including protecting the rights of staff to privacy and confidentiality.
Apology	<ul style="list-style-type: none"> Saying sorry i.e. apologising/ expressing regret is a key component in the complaints management process and in bringing the complaint to satisfactory resolution.
Learning	<ul style="list-style-type: none"> Learning from feedback is identified and appropriate action is taken to share this learning and to reduce the likelihood of a recurrence of the same event(s). The learning from feedback informs service planning and quality improvement programmes. Monitor the effectiveness of the complaints management process Disseminate learning from feedback across the relevant parts of the organisation. Include the use of feedback data as a measure of performance and quality. The HSE recognises the importance of training and staff development in the feedback process
Accessibility	<ul style="list-style-type: none"> The feedback process including the complaints management process must be well publicised and be accessible to patients, Service Users, their families and representatives Special attention must also be paid to the needs of people with special requirements (special groups) e.g. older people, children, people with physical and sensory disability, literacy issues and disadvantaged groups.

3.3 Open Disclosure

The HSE's Open Disclosure Policy 2013 was designed specifically to deal with adverse events in a transparent and open manner. Many of the Open Disclosure principles can be mapped across when dealing with feedback from Service Users. Open Disclosure involves an open, consistent approach to communicating with Service Users when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the Service User informed, providing feedback on investigations and the steps taken to prevent recurrence of an adverse event.

Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints 2017 and Guidance Manual adopts all relevant principles to promote a culture of openness and transparency, in line with the HSE's Open Disclosure Policy.

For those dealing with formal written complaints, i.e. Complaints Officers, Review Officers and relevant parties, e.g. QPS/Clinical Director (for matters relating to Clinical Judgment), the relevant principles of Open Disclosure must be adopted. All communication with Service Users and/or their families/support persons must be carried out in an empathetic, informed and timely manner. The principles of Open Disclosure form the basis of an ethical response and promote a fair and just culture within the HSE, and when employed effectively in the feedback process can lead to improved Service User and staff acceptance of the outcomes and all recommendations.

It is recommended that all staff involved in the feedback process familiarise themselves with the Open Disclosure Policy and its guiding principles, which are available from: www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opensdisclosure/

3.4 Apology

An apology is a genuine expression of being sorry for what has happened. An apology is much more than an expression of regret. It can be relatively simple to say sorry that someone has had a bad experience. It can be much harder to say sorry for the mistakes made by the organisation.

It is the policy of the HSE that where failures in the delivery of care to a Service User have been identified, these failures must be acknowledged to the Complainant/Service User and a meaningful apology provided. An apology can be made by any staff member at any stage of the complaints management process, from Stage 1 (Point of Contact resolution) through to Stage 3 (Internal Complaint Review). Written apologies are recorded on the complaints management system.

Saying sorry, i.e. apologising/ expressing regret can be a key component in the complaints management process which may bring a complaint to a satisfactory resolution. An early expression of regret or apology can minimise the possibility of a verbal complaint becoming a formal written complaint or the further escalation of a formal written complaint to independent review (e.g. review by the Ombudsman/Ombudsman for Children and/or the litigation process).

The Ombudsman's '*Guidance on Apologies*' recommends that Service Users want the following from an apology:

- An acceptance of wrong doing;
- Confirmation that they were right;
- An understanding why things went wrong;
- An acceptance of responsibility;
- Reassurance that the problem has been dealt with and will not happen again;
- An effort to repair the relationship between both parties
- Restoration of reputation if applicable

Key Components of an Apology

1: Acknowledgement: of the issues raised and of the impact on the Service User. When a complaint is first received (either verbal or written) it is important to **acknowledge** the issues raised by the Service User as soon as possible and to **say sorry/express regret** for the effect the situation has had on them.

2: Explanation:

- Provide a factual explanation
- Do not speculate
- Do not cast blame onto others

3: Apologise:

- Should always include the words “*I am sorry*”.
- Must be sincere and empathetic.
- Must be personal to the individual and the situation.
- An acceptance of responsibility for the fault which has occurred.

4: Reassurance:

- That by making a complaint a Service User can be assured that there will be no negative impact on their ongoing care and support.
- That the issue/complaint will not reoccur.
- That the organisation will learn from this complaint and it will inform quality improvement initiatives.

The delivery of an apology:

Saying sorry requires great care. There are many things to consider when apologising to a Complainant/Service User as follows:

When: The timing of the apology is critical. An apology should happen as soon as possible. This may include an initial expression of regret on acknowledgement of the complaint and a sincere and full apology at a later stage following the investigation of a complaint if the service is found to have failed in the delivery of care to the Complainant.

Who: It is important that an apology is delivered by the right person – this may vary and will often depend on the seriousness of the event and/or the expectations of the Complainant/Service User. Some Complainants may wish the most responsible person involved in their care to apologise even if he/she was not directly involved in the events which arose.

Others may wish the person(s) directly involved in the event(s) or the manager of the service to apologise. Therefore it is important to establish the expectations of the Complainant in this regard.

Where: Things that should be considered when choosing an appropriate setting:

- Confidential environment
- No disturbances
- Mobile phones/bleeps off or on silent
- Accessible location
- Comfortable surroundings
- Refreshments available
- Consider off site if bringing the Complainant on site could cause them further distress

Record of Apology

Specific skills in relation to providing and recording an apology are addressed in Complaints Management Training Programmes and the online eLearning Tool.

3.5 Redress

Redress relates to setting a situation right when things go wrong. It should be consistent and fair for both the Complainant and the service against which the complaint was made.

The HSE or relevant Service Provider should offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the Complainant personally.

This redress may include:

- A (written) apology
- An explanation
- A report on the action which has or will be taken to prevent similar concerns arising
- Admission of fault
- Change of decision
- Correction of misleading or incorrect records
- The offer of remedial treatment
- Technical assistance
- Recommendation to make a change to a relevant policy or law

If someone is pursuing a complaint through legal action, the HSE complaints management process is suspended.

In accordance with Recommendation 28 (Response) of the Ombudsman's, *Learning to Get Better* Report, each Hospital Group and Community Healthcare Organisation must develop a standardised policy on redress.

For further detailed information on individual redress policies, refer to your local Complaints Manager.

3.6 Legislative Requirements

3.6.1 Data Protection Act 1988 and 2003

Maintaining privacy and confidentiality of Service User information is a basic principle of the feedback process. It is the role of all HSE staff to ensure that privacy and confidentiality is maintained. The Data Protection Acts 1988 and 2003 place an obligation on the HSE and staff to safeguard the right of individuals in relation to the processing of their personal data.

Processing means performing any operation or set of operations on data, including: obtaining, recording or keeping data, collecting, organising, storing, altering or adapting the data; retrieving, consulting or using the data; disclosing the data by transmitting, disseminating or otherwise making it available; aligning, combining, blocking, erasing or destroying the data.

Personal data is defined as data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information that is in, or likely to come in to the possession of the data controller.

Under the Data Protection Act, personal information should only be used or disclosed for the purpose for which it was collected for or another directly related purpose.

3.6.2. The Freedom of Information Act 2014

The Freedom of Information Act confers on all persons the right of access to information held by public bodies, to the greatest extent possible, consistent with the public interest and the right to privacy. It is imperative that all staff are cognisant of the right of the Service Users to access any information held by the HSE in relation to the management of their feedback. Therefore, staff must ensure that they adhere to the principles of the Freedom of Information Act, that consent to access patient confidential information is obtained where required and that decisions made during the feedback process are supported by facts and evidence.

The Freedom of Information Act 2014 also contains two further statutory rights which may arise where a complaint investigation report has been provided to the Complainant. These rights are:

- Have personal information amended where such information is incomplete, incorrect or misleading.
- Be given reasons for decisions taken by public bodies that affect them.

3.6.3 Consent and Confidentiality

Service users must be assured that their feedback and their personal details will be treated in confidence to the greatest extent possible consistent with the public interest and the right to privacy. Feedback data required for reporting and statistical purposes will be anonymised and all identifiable data will be removed.

However, where the screening and /or investigation of feedback indicates that there is a requirement to disclose some or all details, e.g. where there is evidence of abuse that must be reported in accordance with the Children First Guidelines, the Service User will be informed immediately and the information will be directed to the appropriate service.

3.6.4 Access to Personal Confidential Information

For the purpose of accessing Service User confidential information as part of the investigation of a complaint, the HSE must ensure that it has the consent of the Complainant to do so. If a person is making a complaint on behalf of another, then that person's consent must be established.

Consent may be obtained in three ways:

1. HSE Your Service Your Say Feedback Leaflet

The Service User may give consent on the HSE feedback leaflet. This provides the HSE with permission to access Service User confidential information where needed to investigate a complaint.

2. **Acknowledgment Letter**

The acknowledgement letter must outline the process that will be used to manage the complaint and the Complainant will be asked to contact the relevant Complaints Officer within five working days from the date on the acknowledgement letter if they do not wish their patient confidential information to be accessed during the process of the investigation.

3. **Verbal Consent Recorded by Staff Member**

If a verbal complaint is made to a staff member/Complaints Officer who proceeds to record the complaint for the purposes of a formal investigation, the staff member must ask the Complainant to give consent to access the relevant patient confidential information. The staff member must record this consent and have the Complainant sign the consent where possible.

It is important to note that the above consent only allows access to the information in the record that is relevant to the complaint.

Complainants must be informed that refusing or restricting access to relevant patient confidential information may impede the proper investigation of the complaint.

The feedback process must ensure that the details of the complaint and information gathered or received through the investigation of the complaint are only viewed by relevant personnel and that the dissemination of this information is restricted to a rigorous need to know basis.

For the purpose of gathering and publishing statistics and for educational purposes, all patient identifiable data and personal data must be removed from the complaint and the complaint identified using a designated code. Care must be taken to ensure that specific locations and individuals cannot be identified when using this data for these purposes.

3.6.5 Complaints on behalf of a Third Party and access to Personal Confidential Information

- When a complaint is made on behalf of a third party the HSE must endeavour to ensure that the complaint is being made with the consent of the third party.
- When accepting a complaint on behalf of a third party, the HSE must ensure that it is appropriate for the Complainant to make a complaint as detailed in Section 46, (3) and (4) of the Health Act 2004 and that the identity of the Complainant is validated.
- When a complaint is made on behalf of an incapacitated person, the HSE must ensure that this Complainant, by law or by appointment of a court, has the care of the affairs of that person.
- An objectively reasonable approach to this issue will usually prevail with each situation being considered on an individual basis.
- Where the Complaints/Review Officer has a concern about the consent of the third party the Complaints/Review Officer will make every effort to get the consent of the third party before progressing with the complaint.

3.6.6 Staff Member and Rights to Confidentiality

Particular care, caution and sensitivity must be exercised in certain circumstances, where for example, the good name, reputation and rights under natural justice of a staff member may arise in the context of an initial and as yet unsubstantiated complaint.

In such circumstances the person receiving the complaint and / or the Complaints/Review Officer must consider the right to confidentiality of the staff member against whom the complaint appears to be made in the first instance.

Confidentiality, privacy and similar rights must also be protected, pending the outcome of initial checking and validation. Where a complaint has been made about a named staff member, their Line Manager must be informed of the complaint, once the matter/s are deemed, after careful checking and consideration to have substance as a valid complaint under Part 9 of the 2004 Health Act.

Therefore, where a complaint has yet to be substantiated and the Complaints/Review Officer is of the opinion that the confidentiality of the staff member/service involved should be protected until the complaint has been substantiated, the Complaints/Review Officer must use his/her discretion to this effect.

3.7 Standards/Policies, Procedures, Protocols and Guidelines (PPPGs)/Frameworks

3.7.1 Unreasonable Complainant Behaviour

- If found to be frivolous or vexatious, the health service will not pursue the complaint any further.
- However, this does not remove the Complainant's right to submit their complaint to independent agencies such as the Ombudsman/Ombudsman for Children.
- If a complaint is found to be vexatious or malicious, there will be no record of the complaint in the file of the staff member / service about which the complaint was made.
- Before the complaint is deemed vexatious the Complaints Officer must bring it to the attention of the relevant Hospital Group, Chief Executive Officer or Community Healthcare Organisation, Chief Officer.

See Vexatious/Malicious Complaints Policy.

See Managing Violence and Aggression in the Workplace Policy

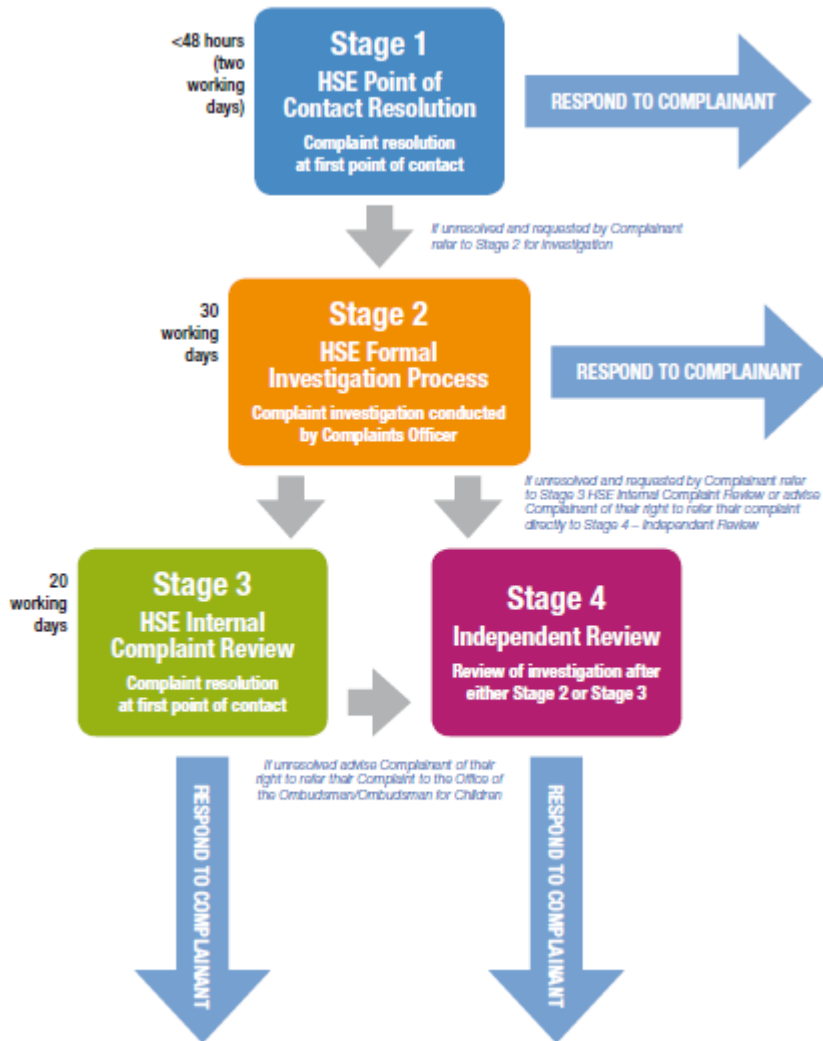
3.7.2 Patient/Service User Consent and Public Representatives

The HSE has a Standard Operating Procedure for Dealing with the Provision of Information to Public Representatives (TD's, Senators, MEP's and Local Representatives) 2013.

3.8 Overview of the Complaints Management Process

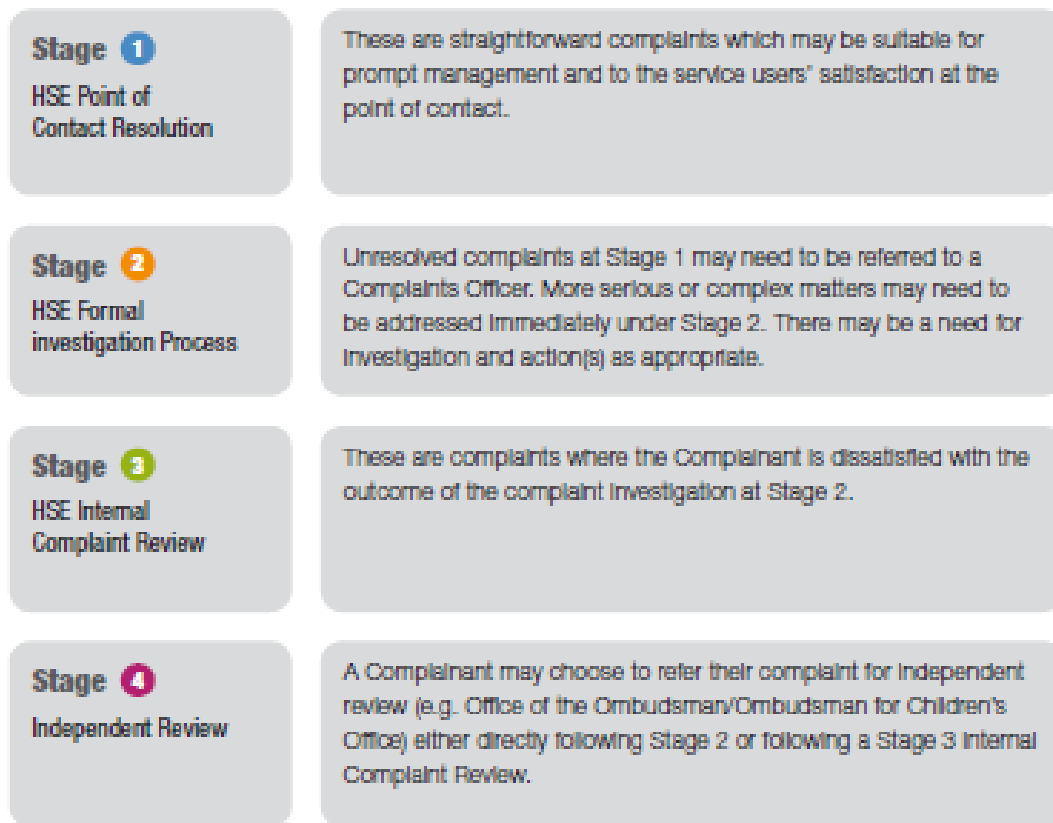
3.8.1 The Four Stages of Complaints Management

Figure 1: The HSE process for the management of complaints consists of four distinct stages:



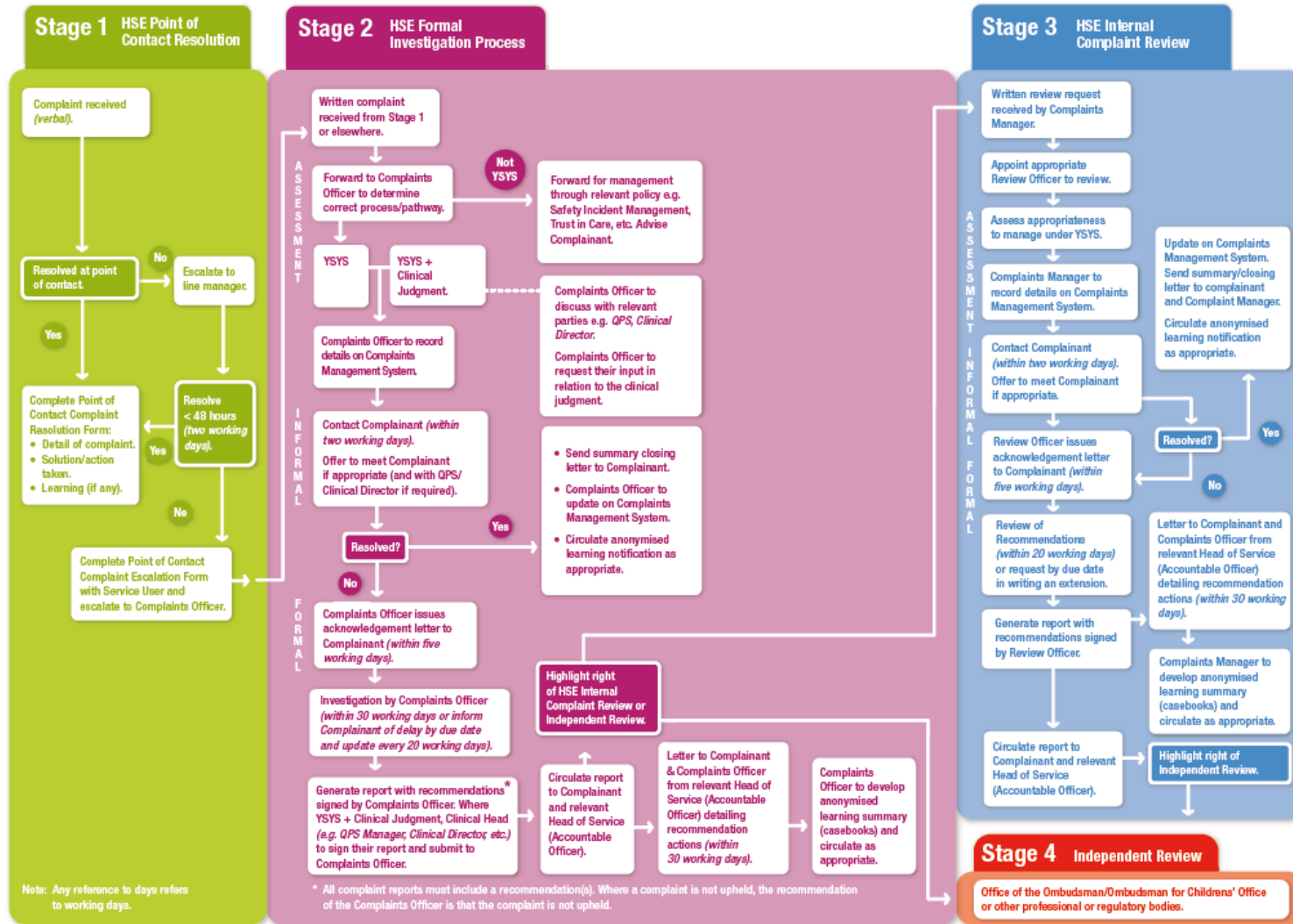
Complaints Management Pathway is available inside the front cover of this document.

Figure 2: Overview of the four stages:



3.8.2 The Complaints Management Pathway

Figure 3: The Complaints Management Pathway

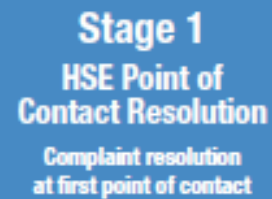


3.9 The Complaints Management Process

3.9.1 Stage One – HSE Point of Contact Resolution

(i) Resolution of complaint (verbal or written) at Stage One: Point of Contact

All HSE staff must aim to resolve complaints they receive at first point of contact, if possible.



Feedback (comments, compliments and complaints) may be given to any member of staff, it is therefore important that all frontline staff welcome feedback and are trained to respond appropriately to feedback from Service Users. It is important that all staff see this as an opportunity to improve local services.

- HSE staff are empowered to respond to feedback and where appropriate know how to report them through a known and consistent process (*Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints*).
- HSE staff should always respond positively and appropriately to anyone who provides feedback, be it, comment, compliment or complaint. They should acknowledge the feedback in an open and honest way, thanking the Service User for their comment or compliment and demonstrate empathy and understanding if a complaint
- Establish what the Service User expects from providing their feedback.
- For complaints, the HSE staff member must first and foremost ensure that the Complainant's/Service Users' immediate healthcare needs are being met, as appropriate, before dealing with the issue.
- If local staff are unable to deal with a complaint personally they should at point of contact provide reassurance that it has been listened to, understood and then outline how this complaint will be handled beyond this point.
- Provide an apology/explanation where possible and avoid apportioning blame, being argumentative or defensive.
- Staff should only attempt to manage complaints received at the first point of contact if due care has been taken to establish that **all issues** can be addressed appropriately at the point of contact.
- Where staff have resolved all issues of a complaint at the first Point of Contact then a **Point of Contact Complaint Resolution Form** should be completed and forwarded to their Line Manager.

See also 5.0 Supporting Staff.

Note: In the course of receiving a verbal complaint a staff member is not expected to tolerate personal abuse or aggressive behaviour from a Complainant / Service User.

(ii) Complaints that cannot be resolved at Stage One: Point of Contact

If it is not possible to resolve the complaint to the satisfaction of the Complainant at the first point of contact, the person receiving the complaint must advise the Complainant:

- The reasons why the complaint cannot be resolved at the point of contact;
- That they may escalate the verbal complaint to their line manager, who must resolve within (< 48 hours) two working days;
 - Where the Line Manager resolves all issues of a verbal complaint then the Line Manager will complete a Point of Contact Complaint Resolution Form.
- If the line manager cannot resolve the verbal complaint, they should complete a **Point of Contact Complaint Escalation Form** with the Complainant and escalate the matter to the relevant Complaints Officer;
- What will happen with their complaint in the HSE complaint management process.

If requested by the Complainant, the staff member or Line Manager may provide assistance to the Complainant to make a written complaint.

There are a variety of reasons why a complaint should not be managed at Stage 1 of the process. The key reasons include:

- The complaint involves too many issues to resolve at the point of contact.
- The complaint was a result of harm/incident or a near miss and requires further investigation to identify and eliminate the root causes.
- The complaint was as a result of deviations from quality standards that require further investigating to identify the reasons for the deviation and if there are any system improvements required.
- The complaint involves multi-disciplines and multi-locations and involvement of all parties is required to effectively and fairly investigate the complaint.

(iii) Recording of Stage One: Point of Contact Comments, Compliments and Complaints

Service Users may offer feedback in the form of a comment that raises issues of concern without wishing to make a formal complaint. In many incidents they simply wish to provide their views on the service provided or advise staff of their observations and on how things might be done differently. Potentially this feedback may identify shortcomings or areas for improvement.

Service Users can also offer feedback that is positive and complimentary identifying areas of good practice. Compliments are of considerable value and help the HSE to identify good practice, ensure that good experiences are maintained and share this positive practice throughout the organisation.

In some instances Service Users may need reassurance, additional information, advice and support or may simply wish to just talk to someone to share their experiences. Not all feedback will require a response.

It is therefore necessary for all staff to be able to distinguish between and identify issues that constitute either a comment, compliment, a Point of Contact complaint or a formal complaint, using their judgment and discretion and to make the Service User aware of the options and the distinct processes for dealing with each.

Arrangements should be made that all Service Users, carers, families and visitors are aware of the various feedback processes and have access to the relevant information which will help them, if they wish to provide feedback including making a complaint.

Feedback may be in the form of views expressed orally or in writing as part of a survey, patient questionnaires, and initiatives, such as patient experience or stakeholder engagement. The feedback received through Your Service Your Say plays an important part in capturing information on Service Users' experiences.

In line with Recommendation 14 of the Ombudsman's, *Learning to Get Better* report (<http://m.ombudsman.gov.ie/en/Publications/Investigation-Reports/Health-Service-Executive/Learning-to-Get-Better/Learning-to-Get-Better.pdf>) addressing concerns at local or point of contact level should be the main focus for each service area. All staff should be provided with the appropriate training to allow them to deal with issues as they arise.

In line with Recommendation 19 of the Ombudsman's *Learning to Get Better* report, a standardised information system for the recording of comments and compliments must be developed across each service area.

Recording and capturing the local feedback data is vital for analysis and learning, identifying trends, informing quality improvement and learning for better healthcare outcomes

In the absence of additional add-on modules (Point of Contact Comments, Compliments and Complaints) to the National Complaints Management System (available 2018) every effort should be made to capture this data locally.

Data captured should at the very least include the following:

- Detail of the comment, compliment or complaint
- Action taken / solution
- Learning (if any)

These guidelines will be updated as modules come on-line. This information will be distributed through your local Consumer Affairs Office.

(iv) Timeframes for the Management of a Stage One: Point of Contact complaint (verbal or written informal)

Every effort should be made to resolve a Point of Contact complaint immediately. Where these Point of Contact complaints cannot or should not be resolved at the first point of contact they should be referred to the Line Manager.

The Line Manager will endeavour to resolve the Point of Contact complaint within **< 48 hours (two working days)**. If this is not possible the complaint (Point of Contact) must be escalated to the relevant Complaints Officer

At any stage, the Complainant has the right to request that their complaint be escalated to Stage 2 of the process.

Training will be provided for all staff to enable them to deal with feedback from Service Users.

3.9.2 Stage 2 – HSE Formal Investigation Process

- a) Assessment Phase
- b) Informal
- c) Formal



a. Assessment Phase

Before a Complaints Officer deems the complaint suitable for Stage 2 investigation, a number of checks must be made.

The Complaints Officer will carry out an assessment of the complaint where he/she will firstly determine if the complaint is included or excluded under Part 9, Section 48 of the Health Act 2004.

If the Complaints Officer is satisfied that the complaint subject matter falls within the provision of Part 9 of the Health Act, the complaint will be managed in accordance with the Your Service Your Say Policy.

(i) Requesting Information from the Complainant

Where required, the Complaints Officer may request further information from the Complainant to:

- satisfy himself or herself of the identity of the person concerned and where the person making the complaint is not the Complainant, satisfy himself or herself that that person is entitled to do so
- determine if an investigation is required under Stage 2, or more information to enable a Complaint Officer to carry out an investigation of the complaint.
- determine if another pathway is more appropriate (e.g. Trust in Care, Safety Incident Management, etc.)

(ii) Additional Assessment Criteria

As part of the assessment phase, the Complaints Officer must determine that:

- the subject matter of the complaint is not trivial,
- the complaint is not vexatious,
- the complaint is made in good faith, and
- the complaint has **not** already been resolved.

Where the above criteria is not met, either during the assessment or the investigation, the Complaints Officer may decide not to investigate or further investigate the complaint. If this is the case the Complaints Officer **must** update the Complaints Management System.

(iii) Transfer of a Complaint to an Alternative Complaints Officer

When a complaint is received by a Complaints Officer, it is their duty to carry out an investigation where appropriate.

In **exceptional** circumstances, a Complaints Officer may feel that he/she is not in a position to investigate the complaint:

- They may have difficulty in remaining impartial and non-biased in the investigation of the complaint
- Have previous poor interpersonal or working relationships with the parties involved
- The complaint is one of particular national significance for the organization; involves a large number of HSE locations and services, and/or that may attract considerable media attention

For further information contact your local consumer affairs office.

The Complainant must be informed immediately upon the new assignment of a Complaints Officer to investigate the complaint, as the investigative timeframe (**30 workings days**) continues to apply.

(iv) Withdrawal of Complaints

A Complainant may, **at any time**, withdraw their complaint. The Complaints Officer must update the Complaints Management System to reflect this status.

However, where the Complaints Officer has reasonable grounds for believing that public interest would best be served by the continuation of the investigation or review, he or she must refer the matter to their relevant Head of Service (Accountable Officer) as outlined in the Policy.

(v) Review of the Outcome of the Assessment

The Complainant may appeal the decision of the Complaints Officer not to proceed with a Stage 2 investigation of their complaint. The Complainant has the right to request either a HSE Internal Complaint Review and/or an external review (e.g. Ombudsman/OCO)

(vi) Process upon Completion of the Assessment

Where the Complaints Officer determines that the complaint does not meet the criteria detailed, the Complaints Officer will inform the Complainant in writing, **within 5 working days** of making the decision/determination, that the complaint will not be investigated and the reasons for it.

Where alternative complaint processes are appropriate for the management of such complaints, the Complaints Officer will refer the complaint directly to the appropriate health service personnel for management under the relevant policy, procedure, protocol or guideline.

The Complainant is to be informed (**within 5 working days**) of where the complaint is being referred to and why.

Remember: Update the Complaints Management System!

(vii) Complaints that may be managed using the processes outlined in this Guidance Manual.

Table 2: Complaints that can be managed using Part 9 of the Health Act 2004

Details of Complaint/Allegation	Policy, Procedure, Guideline or legislation to be followed
Complaints about an action of the HSE or Service Provider that fall within the provisions of Part 9 of the Health Act 2004	Your Service Your Say, <i>The Management of Service User Feedback Policy for Comments, Compliments and Complaints, 2017</i> and associated Guidance Manual
Complaints in relation to access to services under Part 3 of the Disability Act 2005 (Access)	<p>Your Service Your Say, <i>The Management of Service User Feedback Policy for Comments, Compliments and Complaints, 2017</i> and associated Guidance Manual.</p> <p>Service users can make their complaint to any member of staff in the organisation and this complaint will be forwarded to a National Disabilities Complaints Officer.</p> <p>These complaints must be in writing and sent to:</p> <p>Email: yoursay@hse.ie</p> <p>Address: HSE Oak House, Millennium Park, Naas, Co. Kildare.</p>
Complaints in relation to Clinical Judgment	Section 3.11, Guidance Manual
Anonymous Complaints	Section 3.12, Guidance Manual
Vexatious or Malicious Complaints	Section 3.13, Guidance Manual

(viii) Complaints that do not fall within the remit of this Guidance Manual (and must be referred to the appropriate personnel to be addressed using the appropriate Policy, Procedure, Guidelines or Legislation as detailed in this table)

Table 3: Complaints that cannot be managed using Part 9 of the Health Act 2004

Details of Complaint/Allegation	Policy, Procedure, Guideline or legislation to be followed
Incidents (clinical or non-clinical)	Refer to relevant local policy developed in compliance with the requirements of the HSE Incident Management Framework
Allegation of abuse of a child	Refer to Child Care Manager to deal with the complaint in line with the: Children’s First, National Guidelines for the Protection and Welfare of Children, Sept 1999.
Allegation of abuse made against staff members Complaint by staff of any inappropriate behaviour of other staff at work Complaint about bullying and harassment made against staff	Refer to Line Manager/ Head of Discipline to deal with complaint in line with some or all of the following: <ul style="list-style-type: none"> – Trust in Care, Policy for Health Service Employers on upholding the Dignity and Welfare of Patients/Clients and the Procedure for managing allegations of abuse against staff members, May 2005. – Grievance and Disciplinary Procedures for the Health Service, May 2004. – Dignity at Work Policy for Health Services, May 2004.
Professional Misconduct and Fitness to Practice Issues	Referral to the appropriate Professional Regulatory Body for consideration under the relevant Act, e.g. IMC, NMBI, CORU, PSI, etc.
Complaint against the HR/Recruitment process	Refer to Line Manager / Head of Service to deal with complaint in line with some or all of the following: <ul style="list-style-type: none"> – Trust in Care, Policy for Health Service Employers on upholding the Dignity and Welfare of Patients/Clients and the Procedure for managing allegations of abuse against staff members, May 2005. – Grievance and Disciplinary Procedures for the Health Service, May 2004. – Dignity at Work Policy for Health Services, May 2004. – HSE Recruitment SOP R2002 – Utilise the appeal processes contained in the Recruitment Licenses and Codes of Practice specifically in line with Section 7 and Section 8 of the Codes of Practice.

Allegation of abuse or neglect of vulnerable adults (Incorporating Services for Elder Abuse and for Persons with a Disability)	For concerns about abuse or neglect of a vulnerable person, please refer to: <ul style="list-style-type: none"> - <u>'Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures' (2014).</u>
Complaint about entitlements under Part 3, Chapter 9 of the Social Welfare (Consolidation) Act 2005	Refer to Health Service Executive Appeals Process/Social Welfare Appeals Office in relation to Basic Payments and Supplements
Complaints in relation to decisions of Freedom of Information internal reviewers	Refer to Office of the Information Commissioner to deal with the complaint in line with the Freedom of Information Act 2014 info@oic.ie
Complaints in relation to breaches of Data Protection Rights	Refer to Data Protection Commissioner to deal with the complaint in line with the Data Protection Act 2018 and the General Data Protection Regulation 2018: info@dataprotection.ie
Complaints in relation to Environmental Issues	Refer to Local Environmental Health Office to deal with the complaint in line with some or all of the following: <ul style="list-style-type: none"> - Food Safety Authority of Ireland Act 1998 - European Communities (Hygiene of Foodstuffs) Regulations 2006 - Food Hygiene Regulations 1950 - 1989 - Public Health (Tobacco) Acts 2002 & 2004
Complaints in relation to Nursing Homes (Private)	Refer to Community Healthcare Organisation to deal with the complaint in line with the Health (Nursing Homes) Act 1993 For Private Nursing Homes please reference the Ombudsman's Complaints about Private Nursing Homes Factsheet
Pre-School Services	Refer to the relevant Tusla Childcare Manager to deal with the complaint in line with the Childcare (Pre-school Services) Regulations 1996
Concerns that a number of people have been exposed to a specific hazard.	Refer to relevant local policy developed in compliance with the requirements of the HSE Incident Management Framework . Refer to Look back Review Guideline (2015) to identify if any of those exposed have been harmed and what needs to be done to take care of them.
Concerns made to the Confidential Recipient (CR)	Refer to relevant HSE National Director . A preliminary written report is required within 15 working days from the relevant Community Healthcare Organisation, Chief Officer or Hospital Group, Chief Executive Officer from the date of receipt of the file from the CR. The preliminary report may indicate the need for a review/investigation under another policy/procedure.
Protected Disclosures and Good Faith Reporting	Made to the Authorised Person who will examine and decide based on the information available what form the investigation should take in line with the Protected Disclosures Act 2014 .
Disability Act (Part 2, Assessment of Need, Service Statements and Redress).	Reviews are referred to the Office of the Disability Appeals Officer, Department of Health. (http://health.gov.ie/contact-us/the-disability-appeals-officer/)(link)

(ix) Matters excluded from right to complain under Part 9 of the Health Act 2004.

A complaint is excluded under Part 9 of the Health Act 2004 if it is in relation to any of the following matters:

- a matter that is or has been the subject of legal proceedings before a court or tribunal;
- a matter relating **solely** to the exercise of clinical judgment by a person acting on behalf of either the Executive or a Service Provider;
- an action taken by the Executive or a service provider **solely** on the advice of a person exercising clinical judgment;
- a matter relating to the recruitment or appointment of an employee by the Executive or a service provider;
- a matter relating to or affecting the terms or conditions of a contract of employment that the Executive or a service provider proposes to enter into (includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures);
- a matter relating to the Social Welfare Act;
- a matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;
- a matter that could prejudice an investigation being undertaken by An Garda Síochána;
- a matter that has been brought before any other complaints procedure established under an enactment (e.g. complaints made under Part 2 of Disability Act, 2005 or the Mental Health Act 2001).

There may be times where a complaint contains both matters that can be investigated under Your Service Your Say and 'non-Part 9' matters. The issues that fall under Your Service Your Say can be investigated accordingly and the 'non-Part 9' matters are referred to the appropriate personnel to be addressed using the appropriate Policy, Procedure, Protocol, Guideline or Legislation.

(x) Who can make a complaint?

In accordance with Section 46, Part 9 of the Health Act 2004 the following may make a complaint:

- Any person who is being or was provided with a health or personal social service by the HSE or service provider,
- Any person who is seeking or has sought provision of such service.

If a person is entitled to make a complaint but is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by:

- a close relative or carer of the person,
- any person who, by law or by appointment of a court, has the care of the affairs of that person,
- any legal representative of the person,
- any other person with the consent of the person, or
- any other person who is appointed as prescribed in the regulations.

If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative, or carer of that person. A close relative is defined in Section 45 of the Health Act, 2004 as being a parent, guardian, son, daughter, spouse or someone who is cohabiting with the person on whose behalf the complaint is being made.

(xi) Types of complaints

A complaint can be made about any action of the HSE or relevant Service Provider that:

- it is claimed, does not accord with fair and sound administrative practice, and
- adversely affects or affected that person

As defined in the Health Act 2004, an action does not accord with fair and sound administrative practice if it is:

- taken without proper authority,
- taken on irrelevant grounds,
- the result of negligence or carelessness,
- based on erroneous or incomplete information,
- improperly discriminatory,
- based on undesirable administrative practice, or
- in any other respect contrary to fair or sound administration.

A Stage 2 (verbal or written) Formal Complaint can be:

- A complaint that **falls within the remit** of Part 9, Health Act 2004, which may include multi-site issues.
- A complaint that **partially falls within the remit** of Part 9, Health Act 2004, e.g. including clinical judgment aspects. A Complaints Officer must discuss this type of complaint with the relevant parties involved, e.g. QPS, Clinical Director, etc. The Complaints Officer must request their input in relation to the clinical judgment matters.

b. Informal

In keeping with the HSE's policy of resolving complaints to the Service User's satisfaction as quickly as possible, the Complaints Officer should first attempt to resolve the complaint by informal means before commencing a formal investigative process.

The Complaints Officer should endeavour to contact the Complainant within **<48 hours (two working days)**. Where appropriate the Complaints Officer should offer to meet the Complainant at a mutually agreed appropriate location. If the matter of the complaint involves clinical judgment issues, the Complaints Officer must be accompanied by the *relevant* parties, e.g. QPS/Clinical Director.

If the matters are resolved following this initial consultation with the Complainant (either by phone and/or meeting in person, **within <48 hours**), the following steps should be managed by the Complaints Officer:

- a) Update the Complaints Management System
- b) Send Summary Letter to Complainant (which may include recommendations)
- c) Circulate the Anonymised Learning Notification as appropriate.

Further detailed information provided in Training.

c. Formal

If the complaint cannot be resolved informally through the above process, the matters are addressed through the formal investigative process.

The Complaints Officer is responsible for carrying out the formal investigation of the complaint at Stage 2 and may draw on appropriate expertise, skills, etc., as required.

The following process must be adhered to:

(i) Acknowledge the Formal Complaint

The acknowledgement letter must be sent to the Complainant within **5 working days** of receipt of the complaint.

When acknowledging a formal complaint:

- Acknowledge the receipt of the complaint, acknowledging the date it was written and informing the Complainant of the date it was received.
- There is a No Wrong Door approach for feedback within the HSE. Therefore, the date a formal complaint is received in the HSE marks the commencement of the legislative timeframes, e.g. the complaint must be acknowledged within **5 working days** of receipt.

The standard **Acknowledgement Template Letter** must be used and personalised as appropriate.

LETTERS PERSONALLY SIGNED BY STAFF ARE RECEIVED BETTER THAN LETTERS ELECTRONICALLY
SIGNED OR SIGNED BY SUPPORT STAFF ON BEHALF OF SOMEBODY.
REMEMBER: INCLUDE YOUR WORK CONTACT DETAILS

(ii) Investigate the Complaint

- The Complaint Officer will initiate the investigation of the complaint once all steps have been taken to remove or treat any immediate harm caused by the action about which the complaint is being made.
- The investigation will be carried out by the Complaint Officer who will liaise with all relevant parties as required
- A Complaint Officer may request any documents and communicate with any persons he or she believes can assist with the investigation of the complaint.
- The Complaint Officer may also request further information about the complaint from the Complainant to enable a full and proper investigation of the complaint.
- In addition, a Complainant may make written representations in support of his/her complaint and such representations will be considered by the Complaint Officer.
- For some very complex cases or where deemed appropriate, the Complaints Officer may establish and lead an investigation team, consisting of all relevant persons and staff with expertise and knowledge to carry out the investigation. The size and membership of this investigation team will be dependent on each complaint and will be determined by the Complaints Officer. Each member of the investigation team should support the investigation in an unbiased and unprejudiced manner.
- The investigation team will identify the terms of reference of the team and this will be signed by all persons involved. The terms of reference determine the objectives of the investigation team and the limits of its responsibility and authority.
- All information obtained by the Complaint Officer (and investigation team where appropriate) in the course of investigating a complaint will be deemed to be confidential information and he or she may not discuss, communicate or disclose it except where necessary for the proper investigation of the complaint. (Health Act 2004 (Complaints) Regulations 2006).
- Where the investigation of the complaint highlights that the complaint or part of the complaint indicates an employee related issue then this issue is referred by the Complaint Officer to the Accountable Officer for appropriate action (in conjunction with designated personnel in the Human Resources Department) under the relevant process.

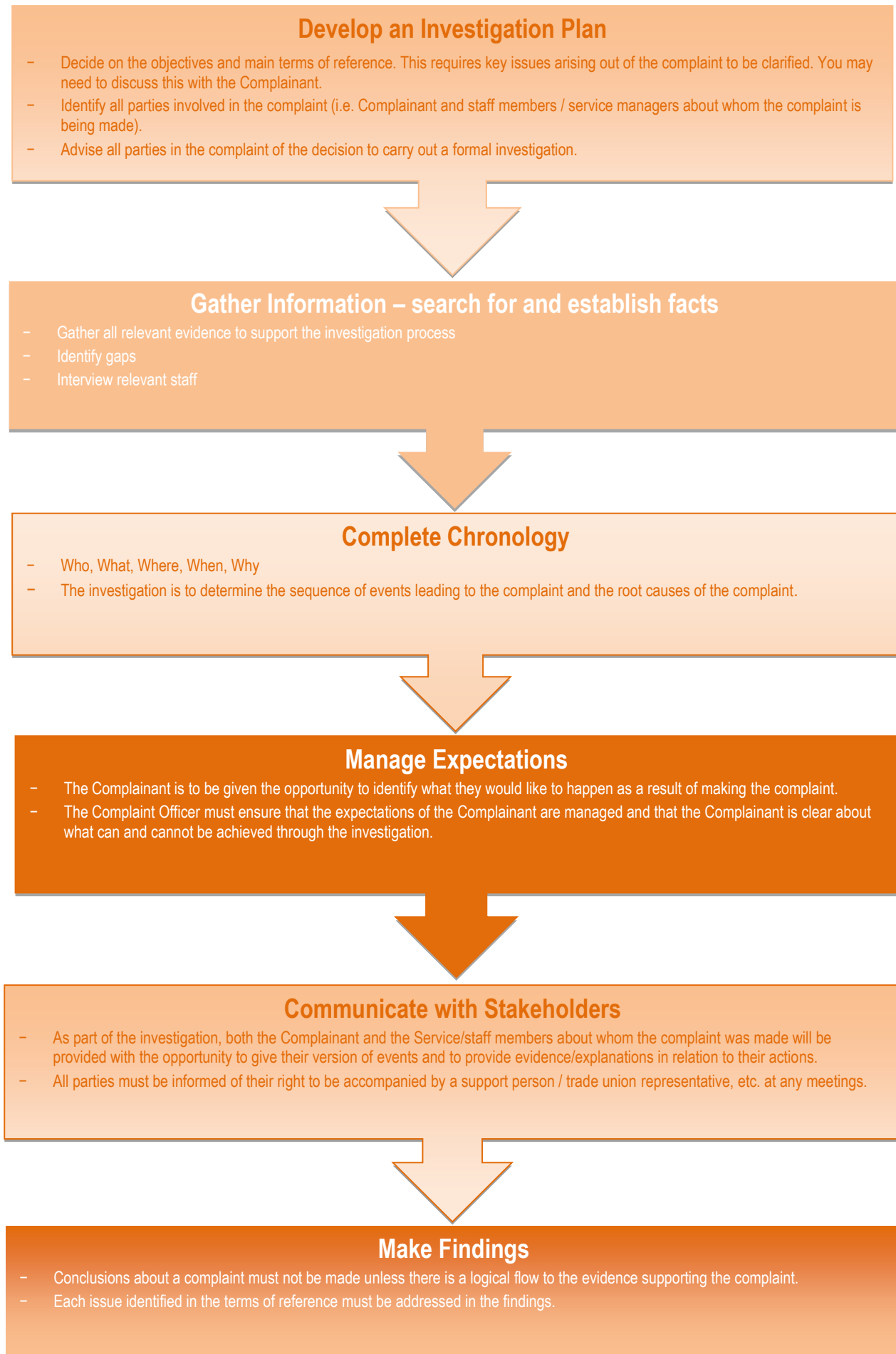
Plan, Plan, Plan!

*More investigations suffer in terms of quality because of poor
investigative planning than for any other single reason*

Best Practice governing the investigation process

- The investigation will be conducted thoroughly and objectively with due respect for the rights of the Complainant and the rights of the service/staff members to be treated in accordance with the principles of natural justice.
- The Complaints Officer will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the Complaint Officer may request appropriately qualified persons to carry out clinical assessments, validation exercises etc.
- Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of fair investigation.
- A written record will be kept of all meetings relating to the complaint. These records should be kept in a separate complaints file, treated in the strictest confidence and stored in a secure environment.
- The Complaint Officer may interview any person who they feel can assist with the investigation. Staff are obliged to co-operate fully with the investigation process and will be fully supported throughout the process.
- Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.
- It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way.

Figure 4: The Steps – Investigation



All staff have an obligation to participate and support the investigation of any complaint where requested.

(iii) Develop recommendations

The Complaints Officer will decide on any recommendations to be made as a result of the findings of the investigation.

These recommendations to include:

- **action** to be taken to remove the causes of the complaint or its likelihood for re-occurrence as far as is reasonably possible where deemed necessary by the investigation.
- redress for the Complainant where deemed appropriate by the investigation

A Complaints Officer may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause:

- the Executive to make a material amendment to its approved service plan, or
- a service provider and the Executive to make a material amendment to an arrangement under section 38 of the Health Act 2004.

A Complaints Officer may not make a finding or insert a comment on his/her report, adverse to a person, without first having afforded the person concerned the opportunity to consider the finding or criticism and to make representations in relation to it.

(iv) Prepare Report

Post investigation of the complaint the Complaints Officer will prepare a signed and dated report which will include:

- his/her findings,
- any recommendations which he or she considers appropriate,
- the reasons for such findings and recommendations, and
- Issue report to Complainant and Accountable Officer (e.g. Head of Service)

All complaint reports must include a Recommendation(s). Where a complaint is not upheld the recommendation of the Complaint Officer is to inform the Complainant that the complaint is not upheld, therefore no further action needed.

In detail, the contents of the report should include:

- A description of the complaint.
- Reason(s) for actions resulting in the complaint.
- A description of the investigation process to assure the Complainant that their complaint has been fully and fairly investigated.
- The Complaints Officer's findings and recommendations.
- An apology when the investigation showed that the HSE was at fault, if appropriate.

If the complaint was not substantiated, the report will outline the reasons why this decision was reached.

The report forwarded to the Complainant will also advise that he/she may request a review of the outcome of the investigation of their complaint and will provide the Complainant with the details of how to request the review.

The recipients of the final report will be invited to contact the Complaints Officer to **clarify** any issues in the report.

Upon conclusion of the investigation report the Complaints Officer will as soon as is practicable forward a signed report to the Complainant and the Head of Service (Accountable Officer) as appropriate.

The Complaints Officer may need to consider anonymising parts of the report to protect the identity of the Complainant or the staff member when deemed appropriate by the Complaints Officer.

Where a staff member against whom a complaint has been made is unhappy with the finding/recommendations against them, they may invoke the Grievance & Disciplinary procedures with their line manager.

Complaints Officer must use the approved report template.

(v) Implementation of Recommendations made by Complaints Officers

- Within **30 working days** the relevant Head of Service (Accountable Officer) will write to the Complainant and Complaints Officer detailing their **Recommendation Action Plan**.
- Where a recommendation the implementation of which would require or cause the Executive to make a material amendment to its approved service plan, the relevant Head of Service (Accountable Officer) may amend or reject the recommendation.
- Where the recommendation is being amended or rejected or where alternative measures are being taken, the relevant Head of Service (Accountable Officer) must give the reasons for their decisions.
- The relevant Head of Service (Accountable Officer) must put an action plan in place for the implementation of the recommendations of the investigation. The action plan, persons responsible and timeframes are to be identified and recorded.
- Where a Complainant has requested a review of the outcome of the investigation, the relevant Head of Service (Accountable Officer) will suspend the implementation of a recommendation and will notify the Complainant of this suspension.
- If after a period of time recommendations made are not implemented and the Complainant is dissatisfied, they should be advised to contact the relevant Hospital Group Chief Executive Officer / Community Health Organisation Chief Officer.
- Where no **Recommendation Action Plan** is forthcoming from the relevant Head of Service (Accountable Officer), the Complaints Officer must follow up.

(vi) Recording Formal Complaints

At every stage of the process the **Complaints Management System (CMS)** must be updated, to include:

- *Details of Complainant*
- *Summary of complaint*
- *Details of acknowledgement*
- *Delay letters sent*
- *Terms of Reference (Individual issues)*
- *Complaint categories*
- *Final complaint report*
- *Recommendations*

Sensitive personal data such as clinical information **must not** be uploaded onto this system, due to Data Protection requirements.

All interactions with the Complainant about their complaint should be recorded.

Any complaint addressed by a Complaints Officer regardless of whether it is informally or formally resolved must be recorded on the **Complaints Management System (CMS)**

Manual files should be kept in a separate complaints file, treated in the strictest confidence and stored in a secure environment.

All Complaints Officers and designated support staff must attend Complaints Management System training!

3.9.3 Stage Three: The HSE Internal Review Process

Each Community Healthcare Organisation, Hospital Group and National Division has a nominated Complaints Manager who is the initial contact for requests for review.

The Complainant must be advised by the Complaints Officer at Stage 2, of their right to have the outcome of their complaint reviewed through the HSE Internal Review Process or via Independent Review, such as, Ombudsman, Ombudsman for Children, other professional bodies and to whom they should make an application for review.



Stage 3
HSE Internal
Complaint Review
Complaint resolution
at first point of contact

Where a Complainant is dissatisfied with recommendations made by a Complaints Officer (Stage 2), he/she may apply for a review of the recommendations to the relevant Complaints Manager **within 30 working days** of the date on which the report was signed and dated by the Complaints Officer.

On receipt of a request for review the Complaints Manager will immediately appoint an appropriate Review Officer.

A Review Officer shall **determine the appropriateness of a recommendation** made having regard to all aspects of the complaint and its investigation and in so doing he or she shall not vary the original recommendation or make another unless he or she deems it appropriate to do so.

The functions of the Review Officer are twofold:

- (i) To determine the appropriateness of a recommendation made, having regard to the two elements:
 - a. All aspects of the complaint
 - b. The investigation of the complaint
- (ii) Having determined the appropriateness of the recommendation to uphold it, vary it, or make a new recommendation if he/she considers it appropriate to do so.

The Review Officer is independent in his/her function as a Review Officer.

a. Assessment Phase

Where a request for a review is received beyond the period specified above, the Review Officer may extend the time limit for requesting a review if he/she determines that special circumstances make it appropriate to do so.

Where it is decided that the time limit for requesting a review will not be extended, the Review Officer will notify the Complainant in writing of this decision within **5 working days** of the decision having been made and recorded.

Before a Review Officer deems the complaint suitable for Stage 3 review, a number of checks must be made.

The Review Officer will carry out an assessment of the complaint where he/she will firstly determine if the complaint is included or excluded under Part 9, Section 48 of the Health Act 2004.

Following this initial assessment if the Review Officer is now satisfied that the complaint subject matter falls within the provision of Part 9 of the Health Act, the complaint will be managed in accordance with the legislation.

(i) Requesting information from the Complainant

The Review Officer must check that the Complaints Officer has complied with process, and ensure the following steps have been undertaken:

- Satisfy himself or herself of the identity of the person concerned and where the person making the complaint is not the Complainant, satisfy himself or herself that that person is entitled to do so.
- If another pathway is appropriate (e.g. Trust in Care, Safety Incident Management, etc.)

Remember: If the Review Officer identifies that the Complaints Officer has not followed appropriate process (as above) this must be reflected in the final review report to ensure learning and future quality improvements.

(ii) Additional Assessment Criteria

As part of the assessment phase, the Review Officer must determine that:

- the subject matter of the complaint is not trivial,
- the complaint is not vexatious,
- the complaint is made in good faith, and
- the complaint has **not** already been resolved.

Where the above criteria is not met, either during the assessment or the investigation, the Review Officer may decide not to investigate or further investigate the complaint.

The Complaints Manager **must** update the Complaints Management System (CMS) accordingly.

(iii) Transfer of a review to an alternative Review Officer

When a complaint is received by a Review Officer, it is their duty to carry out an investigation where appropriate. In exceptional circumstances, a Review Officer may feel that s/he is not in a position to investigate a complaint.

Reasons why a transfer may need to happen include:

- They may have difficulty in remaining impartial and non-biased in the investigation of the complaint
- Have previous poor interpersonal or working relationships with the parties involved
- The complaint is one of particular national significance for the organization; involves a large number of HSE locations and services, and/or that may attract considerable media attention

For further information, contact your Complaints Manager.

(iv) Withdrawal of Reviews

A Complainant may, **at any time**, withdraw their complaint. The Review Officer must update the Complaints Management System to reflect this status.

However, where the Review Officer has reasonable grounds for believing that public interest would best be served by the continuation of the review, he or she must refer the matter to their relevant Complaints Manager. The Complaints Manager will adjudicate on this matter.

(v) Review of the outcome of the Assessment

The Complainant may appeal the decision of the Review Officer not to proceed with a Stage 3 review of their complaint. The Complainant has the right to an external independent review (e.g. Ombudsman)

(vi) Process upon completion of the Assessment

Where the Review Officer determines that the complaint does not meet the criteria, he/she will inform the Complainant in writing, **within 5 working days** of making the decision/determination, that the complaint will not be investigated and the reasons for it.

Where alternative complaint processes are appropriate for the management of such complaints, the Review Officer will refer the complaint directly to the appropriate health service personnel for management under the relevant policy, procedure or guideline. The Complainant is to be informed (**within 5 working days**) of where the complaint is being referred to and why.

Remember: Update the Complaints Management System!

(vii) Complaints that may be managed using the processes outlined in this Guidance Manual.

Please see table 2, page 32.

(viii) Complaints that do not fall within the remit of this Guidance Manual *(and must be referred to the appropriate personnel to be addressed using the appropriate Policy, Procedure, Guidelines or Legislation as detailed in this table).*

Please see table 3, page 33

(ix) Matters excluded from right to complain under Part 9 of the Health Act 2004.

A complaint is excluded under Part 9 of the Health Act 2004 if it is in relation to any of the following matters:

- a matter that is or has been the subject of legal proceedings before a court or tribunal;
- a matter relating **solely** to the exercise of clinical judgment by a person acting on behalf of either the Executive or a Service Provider;
- an action taken by the Executive or a service provider **solely** on the advice of a person exercising clinical judgment;
- a matter relating to the recruitment or appointment of an employee by the Executive or a service provider;
- a matter relating to or affecting the terms or conditions of a contract of employment that the Executive or a service provider proposes to enter into (includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures);
- a matter relating to the Social Welfare Act;
- a matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;
- a matter that could prejudice an investigation being undertaken by the Garda Síochána;
- a matter that has been brought before any other complaints procedure established under an enactment (e.g. complaints made under Part 2 of Disability Act, 2005 or the Mental Health Act 2001).

There may be times where a complaint contains both a) matters that can be investigated under YSYS and b) 'non-Part 9' matters. The issues that fall under YSYS can be investigated accordingly and the 'non-Part 9' matters are referred to the appropriate personnel to be addressed using the appropriate Policy, Procedure, Guidelines or Legislation.

(x) Who can request a review?

In accordance with Section 46, Part 9 of the Health Act 2004 the following may make a complaint:

- Any person who is being or was provided with a health or personal social service by the HSE or service provider,
- Any person who is seeking or has sought provision of such service.

If a person is entitled to make a complaint review but is unable to do so because of age, illness or disability, the complaint review may be made on that person's behalf by:

- a close relative or carer of the person,
- any person who, by law or by appointment of a court, has the care of the affairs of that person,
- any legal representative of the person,
- any other person with the consent of the person, or
- any other person who is appointed as prescribed in the regulations.

If a person who would otherwise have been entitled to make a complaint review is deceased, a complaint review may be made by a person who, at the time of the action in relation to which the complaint review is made, was a close relative, or carer of that person. A close relative is defined in Section 45 of the Health Act, 2004 as being a parent, guardian, son, daughter, spouse or someone who is cohabiting with the person on whose behalf the complaint review is being made.

(xi) Types of review

A review may be made about any action of the HSE or associated Service Provider that:

- it is claimed, does not accord with fair and sound administrative practice, and
- adversely affects or affected that person

As defined in the Health Act 2004, an action does not accord with fair and sound administrative practice if it is:

- taken without proper authority,
- taken on irrelevant grounds,
- the result of negligence or carelessness,
- based on erroneous or incomplete information,
- improperly discriminatory,
- based on undesirable administrative practice, or
- in any other respect contrary to fair or sound administration.

A Stage 3 Internal Complaint Review can be:

- A complaint that **falls within** the remit of Part 9, Health Act 2004, which may include multi-site issues.
- A complaint that **partially falls within** the remit of Part 9, Health Act 2004, e.g. including clinical judgment aspects. A Review Officer must advise the Complainant that the clinical judgment issues cannot be reviewed under the Your Service Your Say process.

However, the Review Officer can advise QPS, Clinical Director, etc. that the complainant is dissatisfied with their response to the initial complaint.

b. Informal

In keeping with the HSE's policy of resolving complaints to the Service User's satisfaction as quickly as possible, the Review Officer should first attempt to resolve the review by informal means before commencing a formal review.

The Review Officer must endeavour to contact the Complainant within **< 48 hours (2 working days)**. Where appropriate the Review Officer should offer to meet the Complainant at a mutually agreed appropriate location.

If the matters are resolved following this initial consultation with the Complainant (either by phone and/or meeting in person, **within <48 hours**), the following steps should be managed by the Review Officer:

- a) Update the Complaints Management System
- b) Send Summary Letter to Complainant (which may include recommendations)
- c) Circulate the Anonymised Learning Notification as appropriate.

c. Formal

If a matter remains unresolved after meeting with the Complainant (s) the process moves to a formal investigation.

The Review Officer shall determine the procedures to be followed in conducting a review. However, the Review Officer must ensure that the procedures are fair and meet with two overarching constitutional principles, i.e. the right to be heard and avoidance of bias.

The Review Officer(s) appointed may request all documentation relevant to the complaint and communicate with any person that he/she reasonably believes can assist with the review of the complaint.

A Complainant who has requested a review may make written representations in support of his or her complaint and such representations will be considered by the Review Officer.

The Review Officer(s) must endeavour to conduct and conclude the review **within 20 working days** of the request being received. However, where the review cannot be concluded within this timeframe, the Review Officer must inform the Complainant of this fact and indicate the additional time necessary to complete the review.

Upon conclusion of a review the Review Officer shall prepare a signed and dated report on the review. A Review Officer will not make a finding in his/her report, adverse to a person, without first having afforded the person concerned with the opportunity to consider the finding or criticism and to make representations in relation to it.

The Review Officer is responsible for carrying out the formal review investigation of the complaint at Stage 3 and may draw on appropriate expertise, skills, etc., as required.

The following process must be adhered to:

(i) Acknowledge the Formal Review?

The acknowledgement letter must be sent to the Complainant within **5 working days** of receipt of the complaint.

When acknowledging a formal review:

- Acknowledge the receipt of the review, acknowledging the date it was written and informing the Complainant of the date it was received.
- There is a 'No Wrong Door' approach for feedback within the HSE. Therefore, the date a formal review is received in the HSE marks the commencement of the legislative timeframes, for example, the review must be acknowledged within **5 working days** of receipt.

The standard **Acknowledgement Template Letter** must be used and personalised as appropriate.

LETTERS PERSONALLY SIGNED BY STAFF ARE RECEIVED BETTER THAN LETTERS ELECTRONICALLY
SIGNED OR SIGNED BY SUPPORT STAFF ON BEHALF OF SOMEBODY.
REMEMBER: INCLUDE YOUR WORK CONTACT DETAILS

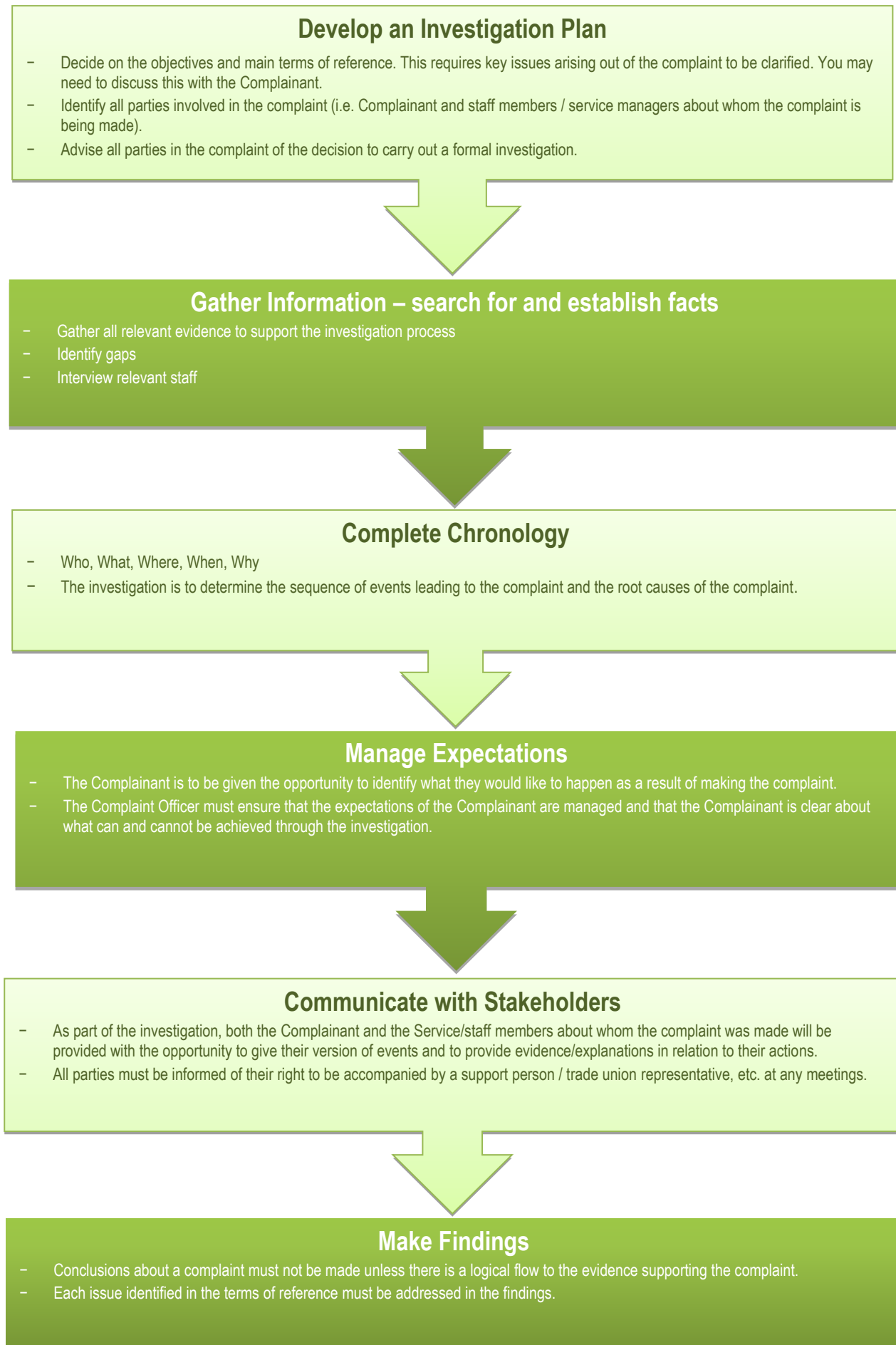
(ii) Investigate the Complaint

The Review Officer will initiate the investigation of the complaint once all steps have been taken to remove or treat any immediate harm caused by the action about which the complaint is being made.

- The review investigation will be carried out by the Review Officer who will liaise with all relevant parties as required.
- A Review Officer may request any documents and communicate with any persons he or she believes can assist with the investigation of the complaint.
- The Review Officer may also request further information about the complaint from the Complainant to enable a full and proper investigation of the complaint.
- In addition, a Complainant may make written representations in support of his/her complaint review and such representations will be considered by the Review Officer.
- In exceptional circumstances the Review Officer may establish and lead an investigation team, consisting of all relevant persons and staff with expertise and knowledge to carry out the investigation. The size and membership of this investigation team will be dependent on each complaint and will be determined by the Review Officer.
- All information obtained by the Review Officer (and investigation team where appropriate) in the course of investigating a complaint will be deemed to be confidential information and he or she may not discuss, communicate or disclose it except where necessary for the proper investigation of the complaint. (Health Act 2004 (Complaints) Regulations 2006).
- Where the complaint review highlights that the complaint or part of the complaint indicates an employee related issue then this issue is referred by the Review Officer to the Accountable Officer for appropriate action (in conjunction with designated personnel in the Human Resources Department) under the relevant processes.
-

All staff have an obligation to participate and support the investigation of any complaint where requested.

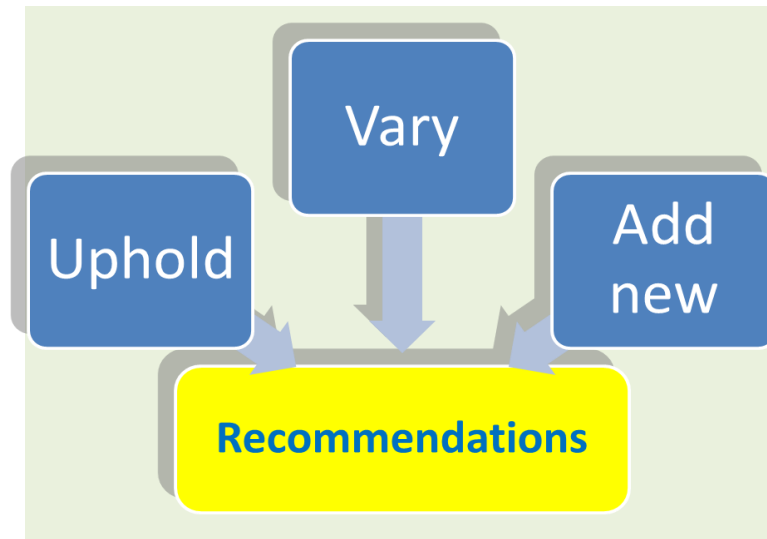
Figure 5: The Steps – Investigation



(iii) Develop recommendations

The Review Officer will decide on any recommendations to be made as a result of the findings of the investigation.

The Review report will outline if the recommendations from the investigation are being upheld, if the recommendations are being varied or the report will detail new recommendations made by the Review Officer. The reason for the decision of the Review Officer will be provided in the report.



These recommendations to include:

- action(s) to be taken to remove the causes of the complaint or its likelihood for re-occurrence as far as is reasonably possible where deemed necessary by the review.
- redress for the Complainant where deemed appropriate by the review

A Review Officer may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause:

- the Executive to make a material amendment to its approved service plan, or
- a service provider and the Executive to make a material amendment to an arrangement under section 38 of the Health Act 2004.

A Review Officer may not make a finding or insert a comment on his/her report, adverse to a person, without first having afforded the person concerned the opportunity to consider the finding or criticism and to make representations in relation to it.

(iv) Write Review Report

The final review report should include:

- **Title page**
- **Summary of the complaint** - background / a description of complaint
 - o *Identify what questions the Complainant wants answered.*
- **A summary of the decision / recommendations** issued by the Complaint Officer
- **The Review** – an explanation of review officer assignment
- **The Review Process** - a description of the investigation process including:
 - o *sources of information; the personnel involved in the investigation; the investigation process to assure the Complainant that their complaint has been fully and fairly investigated.*
 - o **Chronology of Events** (where necessary)
- **Findings**
 - o *Outline the findings of your investigation / give a summary of the outcome of the investigation.*
 - o *Address each item of concern clearly - if a Complainant asks specific questions, where possible*

answer each individually.

- *An apology if there were any delays in the investigation.*
- **Recommendations (uphold, vary, new)**

– **Appendices**

The **cover letter** must be attached to the report going to the Complainant and must outline their right to seek further independent review (Office of Ombudsman/Ombudsman for Children Office or other professional or regulatory bodies).

The recipients of the final report will be invited to contact the Review Officer to **clarify** any issues in the report.

The Review Officer may need to consider anonymising parts of the report to protect the identity of the Complainant or the staff member when appropriate.

The Review Officer must use the approved template report.

Upon conclusion of a review, the Review Officer will, as soon as is practicable forward a signed report on the review to the Complainant, the Complaints Officer who investigated the complaint and the Head of Service (Accountable Officer) as appropriate.

Where a staff member against whom a complaint has been made is unhappy with the finding/recommendations against them, they may evoke the Grievance & Disciplinary procedures with their line manager.

(v) Implementation of Recommendations made by Review Officers

- Within **30 working days** the Accountable Officer will write to the Complainant and the Review Officer detailing recommendation.
- Where a recommendation, the implementation of which would require or cause the Executive to make a material amendment to its approved service plan, the relevant Head of Service (Accountable Officer) may amend or reject the recommendation.
- Where the recommendation is being amended or rejected or where alternative measures are being taken, the relevant Head of Service (Accountable Officer) must give the reasons for their decisions.
- The relevant Head of Service (Accountable Officer) must put an action plan in place for the implementation of the recommendations of the investigation. The action plan, persons responsible and timeframes are to be identified and recorded.
- Where a Complainant has requested a review of the outcome of the investigation, the relevant Head of Service (Accountable Officer) will suspend the implementation of a recommendation and will notify the Complainant of this suspension.
- If after a period of time recommendations made are not implemented and the Complainant is dissatisfied, they should be advised to contact the relevant Hospital Group Chief Executive Officer / Community Healthcare Organisation Chief Officer.

(vi) Recording

At every stage of the process the **Complaints Management System (CMS)** must be updated, to include:

- *Details of Complainant*
- *Summary of complaint*
- *Details of acknowledgement*
- *Delay letters sent*
- *Terms of Reference (Individual issues)*
- *Complaint categories*
- *Final complaint report*
- *Recommendations*

Sensitive personal data such as clinical information must not be uploaded onto this system, due to Data Protection requirements.

All interactions with the Complainant about their complaint should be recorded.

Any complaint addressed by a Complaints Officer regardless of whether it is informally or formally resolved must be recorded on the Complaints Management System (CMS)

Manual files should be kept in a separate complaints file, treated in the strictest confidence and stored in a secure environment.

All Review Officers and designated support staff must attend Complaints Management System training!

3.9.4 Stage Four: Independent Review

(Office of the Ombudsman, Ombudsman for Children's Office or other Professional/Regulatory bodies).

At all stages of the process Complainants must always be made aware by the HSE of their right to an independent review of their complaint by the Ombudsman/ Ombudsman for Children or other Professional/Regulatory bodies. However, in most cases, they require that the HSE complaints management process be exhausted before they will initiate a review of the complaint.

The process used by the Ombudsman or Ombudsman for Children is not described in this Guidance Manual but this information may be sourced through the following website www.ombudsman.ie or www.oco.ie.



**Stage 4
Independent Review**
Review of investigation after
either Stage 2 or Stage 3

a) Office of the Ombudsman

Complainants must always be made aware of their right to an independent review of their complaint by the Ombudsman (unless the complaint was made by a child or on behalf of a child where the complaint may be referred to the Ombudsman for Children).

The Ombudsman may decide not to investigate a complaint if sufficient steps were not taken by the Complainant to try to seek local investigation and redress from the HSE or Service Provider in question. The Ombudsman will use his/her own discretion in this respect.

In addition, the Ombudsman cannot investigate:

- The actions of private companies or individual private practitioners, dentists, opticians, pharmacists, etc. However, when a complaint is made about a private practitioner who was providing a service on behalf of the HSE, the Ombudsman would have jurisdiction to investigate that complaint.
- Actions taken in connection with clinical judgement.
- Complaints relating to recruitment, pay and conditions of employment.
- Court decisions, matters which are already the subject of court proceedings, the actions of An Gardaí or actions taken in the running of prisons.
- Where there is an alternative right of appeal to an independent tribunal or appeal body although the Ombudsman does have discretion to accept complaints even when the foregoing applies.

b) OmbudsmanforChildren

The Ombudsman for Children is the independent review process for complaints made by or on behalf of children up to the age of 18 in accordance with the Ombudsman for Children Act 2002.

The Ombudsman for Children may decide not to investigate a complaint if there were not sufficient steps taken by the Complainant to seek local investigation and redress from the HSE or Service Provider in question. The Ombudsman for Children will use his/her own discretion in this respect.

In addition, in accordance with the Ombudsman for Children Act, 2002, the Ombudsman for Children will not investigate if:

- the action is one in relation to which civil legal proceedings have been initiated on behalf of the child affected by the action and have not been dismissed; or the child affected by the action has a right of appeal, reference or review to or before a court in the State or before a person other than a public body.
- the action relates to or affects national security or military activity or arrangements regarding participation in organisations in states or governments.
- the action relates to recruitment or appointment to any office or employment.
- the action relates to the terms and conditions upon which a person holds any office or of a contract for service.
- the action is one taken in the administration of the law relating to asylum, immigration, naturalisation or citizenship. If it involves the exercise of the right or power referred to in Article 13.6 of the constitution. If it relates to court decisions or if the action is one taken in the administration of the prisons or other places for the custody or detention of children.
- the action relates to the results of an examination.
- the complaint or 2 years from the time the child or person making the complaint on behalf of the child became aware of the action.
- the action was taken before the Ombudsman for Children Act, 2002 or is not one that may be subject to a complaint under the Act of 1980.

3.10 Timeframes

3.10.1 General

- Where the Complaints Officer determines that the complaint does not meet the criteria detailed in this Guidance Manual, the Complaints Officer will inform the Complainant in writing, **within 5 working days** of making the decision/determination, that the complaint will not be investigated and the reasons for it.
- Where the complaint will be investigated, the Complaints Officer must endeavour to investigate and conclude the complaint **within 30 working days** of it being acknowledged.
- If the investigation cannot be investigated and concluded within 30 working days, the Complaint Officer must communicate this to the Complainant and the relevant service/staff member **within 30 working days** of acknowledging the complaint and give an indication of the time it will take to complete the investigation.
- The Complaint Officer must update the Complainant and the relevant staff/ service member **every 20 working days**.
- The Complaint Officer must endeavour to investigate complaints within 30 working days. However, where the 30 working days timeframe cannot be met despite every best effort, Complaint Officer must endeavour to conclude the investigation of the complaint **within 6 months** of the receipt of the complaint. If this timeframe cannot be met, the Complaint Officer must inform the Complainant that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the Complainant.
- He/She should encourage the Complainant to stay with the local HSE complaints management process while informing them that they may seek a review of their complaint by the Ombudsman/ Ombudsman for Children.

3.10.2 Timeframes for obtaining further information from the Complainant

- If the Complaint Officer requires further information from the Complainant to enable them to investigate their complaint, they must write to the Complainant requesting this information and ask that a response is provided **within 10 working days**.
- Where the required information is not received within this time period, the Complaint Officer may extend the time limit for receipt of the information by a **further 10 working days**.
- The Complainant must be informed that if he/she fails to comply with this request for further information, then their complaint may be invalidated.

3.10.3 Timeframes for eliciting responses from staff member(s)

- Where there is a response required from staff members in relation to issues raised by the complaint, the Complaint Officer may inform the relevant Head of Service and the staff members of the issues to which a response is required. The Service Manager/Head of Service is then responsible for ensuring the staff member provides a response to the issues raised.
- Where the Complaint Officer is of the opinion that the matter does not warrant the involvement of the Service Manager/Head of Discipline, he/she may contact the staff member directly.
- The Complaint Officer must record the date of the notification.
- The relevant staff member(s) is required to respond **within 10 working days** of receiving notice of the complaint.

3.10.4 Timeframes for eliciting responses from persons no longer employed by the HSE

- When a complaint involves a staff member who is no longer employed by the service, the Complaint Officer must endeavour to contact the relevant ex-staff member immediately, to inform them of the complaint and to invite a response from that staff member to the issues raised within the timeframes as outlined above.
- Every effort is to be made to comply with the timeframes as outlined above. However, there may be special circumstances where timeframes cannot be met due to the unavailability of the ex-staff member or the current location of the ex-staff member. These issues must be brought to the attention of the Complainant and the Complainant must be assured that the management of the complaint is progressing as quickly as possible.

- If, after all reasonable efforts, the Complaint Officer is unable to obtain a response from any persons no longer employed by the HSE, the Complaint Officer must endeavour to investigate the complaint to the best of his/her ability with the information available to him/her.

3.10.5 Time limits for making a complaint

The Complaint Officer must determine if the complaint meets the timeframes as set out in *Section 47, Part 9 of the Health Act 2004* which requires that complaint must be made **within 12 months:**

- of the date of the action giving rise to the complaint; or
- of the Complainant becoming aware of the action giving rise to the complaint.

A Complaint Officer may extend the time limit for making a complaint if in the opinion of the Complaint Officer special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to the following:

- if the Complainant is ill or bereaved;
- if the new relevant, significant and verifiable information relating to the action becomes available to the Complainant;
- if it is considered in the public interest to investigate the complaint;
- if the complaint concerns an issue of such seriousness that it cannot be ignored;
- diminished capacity of the Service User at the time of the experience e.g. mental health, critical/ long-term illness;
- where extensive support was required to make the complaint and this took longer than 12 months; or
- if the Complainant was living abroad and unable to make the complaint within the 12 month timeframe.

Where reasons other than the above are provided by the Complainant for making a complaint after the 12 month period, the Complaints Officer will make a decision as to whether or not to extend the timeframe.

3.10.6 Decision to extend/not extend the 12 month timeframe

Where a decision has been made to either extend or not to extend the 12 month timeframe, the Complaints Officer will Inform the Complainant **within 5 working days** of the decision having being made.

Where the decision has been made by the Complaints Officer not to extend the 12 month timeframe, the Complainant may request a review of this decision through the relevant Complaints Manager.

3.11 Complaints in relation to Clinical Judgment

Where there is a possibility that a complaint may include an element of clinical, that complaint must be assessed by the Complaints Officer to determine if the complaint or parts of the complaint may be clearly defined as clinical judgment.

The Health Act 2004 defines clinical judgment as being:

“a decision made or opinion formed in connection with the diagnosis, care or treatment of a patient”

The person making a clinical decision or forming an opinion in connection with the diagnosis, care or treatment of a patient must be suitably qualified and registered with a Professional Body.

(i) Solely Clinical – follow appropriate pathway

If a complaint is received by the Complaints Officer and following its assessment is determined to relate to matters solely relating to clinical judgment, it must be sent to the appropriate manager for follow up under the appropriate pathway.

(ii) Your Service Your Say and Clinical Judgment

If a complaint is received by the Complaints Officer and following its assessment is determined to relate to matters containing both clinical judgment and non-clinical elements the following steps must be taken:

Assessment Phase:

1. The Complaints Officer must discuss the clinical judgment issues with relevant parties (e.g. QPS, Clinical Director (etc)).

Informal Phase:

1. Complaints Officer is to request the QPS/Clinical Director (etc.) input in relation to the clinical judgment issues
2. Complaints Officer (or delegated administration support person) is to record all details of the complaint on the CMS system.
3. The Complaints Officer should offer to facilitate a meeting between the complainant and QPS/Clinical Director etc. if appropriate and required.
4. If the meeting proceeds and the matter is resolved to the satisfaction of the Complainant, a summary letter must be sent to them and include the response from QPS/Clinical Director.
5. Complaints Officer to close off on the CMS system.
6. Circulate anonymised learning as appropriate.

Formal Phase:

If a complaint contains both clinical judgment and non-clinical elements and could not be resolved at the informal stage the following steps should be taken:

1. Complaints Officer to issue notification letter to QPS/Clinical Director (etc.) on receipt of complaint.

2. Complaints Officer to issue an acknowledgement letter to the Complainant within 5 working days.
3. Investigation by the Complaints Officer in relation to the non-clinical elements proceeds in parallel with the investigation by the QPS/Clinical Director (etc.) of the clinical judgment issues. Where either party requires additional time a letter updating the complainant of this should be sent by the Complaints Officer. The QPS/Clinical Director (etc.) must therefore keep the Complaints Officer apprised in relation to their section of the complaint
4. Investigate the complaint.
 - 4) The Complaints Officer is responsible for the collation of both reports i.e. to ensure that both the non-clinical decision report (which is signed by the Complaints Officer) and the clinical judgment report (which is signed by QPS/Clinical Director (etc.)) are forwarded to the complainant along with the cover letter.
 - 5) All complaint reports **must** include a recommendation(s). Where a complaint is not upheld the recommendation of the complaints officer is that the complaint is not upheld.
 - 6) The Complaints Officer should also forward the complaint report (with recommendations) to the relevant Head of Service (Accountable Officer).
 - 7) The relevant Head of Service (Accountable Officer) must send a letter to both Complainant and the Complaints Officer within 30 days detailing recommendation actions.
- Letter required from Complaints Officer to Accountable Officer if no response issued within 30 days requesting the follow up actions taken.
- 8) Complaints Officer to develop the anonymised learning summary (case books) and circulate as appropriate.

3.12 Anonymous Complaints

All anonymous complaints, both written and verbal, should be recorded on the Complaints Management System and brought to the attention of the relevant line manager for a decision as to whether quality improvements are required on the basis of the complaint.

It is the policy of the HSE that Complainants must provide contact details when making a complaint against the HSE to enable appropriate validation, follow up and investigation of that complaint unless there is a good and sufficient reason for withholding this information.

Anonymous complaints will not normally be investigated as there is always a possibility that they are vexatious or malicious and the anonymity of the Complainant does not enable the principles of natural justice and procedural fairness to be upheld. Notwithstanding the fact the anonymous complaints cannot be the subject of a formal investigation unless there is supporting evidence, management should assure themselves that the systems in place are robust and the welfare of patients/clients is not at risk.

If the complaint is made by phone, or by person, the member of staff taking the complaint should encourage the caller to provide a name and telephone number at which they may be contacted.

The caller should be advised that unless they provide their name and contact details, it may not be possible to investigate the complaint if the disclosure of identity is regarded as essential to facilitate a full and proper investigation of the complaint.

If a Complainant makes a complaint in confidence, the identity of the Complainant will only be known to the recipient of the

complaint and the Complaint Officer. If the investigation of the complaint requires the identity of the Complainant to be disclosed, the consent of the Complainant must be obtained to disclose this information. In this case, the Complainant must be informed that it may not be possible to carry out a full and proper investigation of the complaint without their consent to disclose their identity. (Confidentiality can never be guaranteed due to Freedom of Information Legislation).

If an anonymous complaint provides details that enable the identification of individual staff members, these details must be anonymised and there must be no record of an anonymous complaint on the file of any individual staff members.

The Complaints Officer is responsible for trending anonymous complaints within his/her area of responsibility and for providing the Hospital Group Chief Executive Officer / Community Healthcare Organisation Chief Officer with this information.

3.13 Vexatious or Malicious Complaints

During investigation if the Complaints Officer determines the complaint to be vexatious or malicious, he/she will not pursue the complaint any further. However, this does not remove the Complainant's right to submit their complaint to independent agencies such as the Ombudsman/Ombudsman for Children.

If a complaint is found to be vexatious or malicious, there will be no record of the complaint in the file of the staff member / service about which the complaint was made.

Before the complaint is deemed vexatious the Complaints Officer must bring it to the attention of the relevant Hospital Group Chief Executive Officer / Community Healthcare Organisation Chief Officer or delegated person.

3.14 Risk Assessment

To assist in determining the prioritisation of recommendations, the Complaints Officer must determine the severity of the impact of the causes of the complaint that was made and the likelihood of that causative factor occurring again. Please see the Risk Assessment Tool.

3.15 Communication

The HSE has a transparent and easily accessible complaints and feedback process. We will endeavour to address complaints; courteously, efficiently, fairly, promptly and within timelines agreed and in accordance with due process.

3.15.1 Communication Skills

See section 5.0 Supporting Staff

3.15.2 Communication strategies for different types of complaints

It is essential that staff receive adequate training in dealing with all types of complaints including the following:

- Managing Unreasonable Complainant Behavior
- Repetitive Complaints/Persistent Complainer
- Unresolvable Complaints

3.15.3 Managing Unreasonable Complainant Behaviour

- HSE policy and procedures for managing violence and aggression are to be adhered to in these circumstances.

- Training staff in dealing with these challenges will help achieve a good outcome for the Complainant and the staff.
- It is important that staff try to understand why the Complainant is being angry and aggressive e.g. frustration, grief, etc., and to address the situation by:
 - Being respectful and helpful
 - Giving the Complainant your individual attention
 - Not attempting to lay blame, be defensive or argue
 - Remaining positive
 - Not taking anger as a personal attack

3.15.4 Repetitive Complaints/Persistent Complainer

When frequently receiving complaints from the same people it is important that their complaint is not dismissed and that each complaint is appropriately dealt with by HSE procedures for managing complaints.

Even if complaints are being received from a persistent complainer, they may each be a valid complaint and must be managed to ensure the validity of each complaint and to obtain any possible learning and quality improvement as a result of the complaint.

3.15.5 Unresolvable Complaints

The HSE must determine a point at which the complaint is closed if all avenues for resolution have been explored, including an external review of the complaint by the Ombudsman/ Ombudsman for Children or other professional or regulatory bodies, and resolution of the complaint cannot be achieved.

This will be decided on by the relevant Complaints Officer in conjunction with the Hospital Group Chief Executive Officer or Community Healthcare Organisation Chief Officer and the Complainant will be informed of the decision.

The Complainant will be informed that for any further investigation of their complaint to take place, they must provide the Complaints Officer with new and substantiated evidence in writing.

3.15.6 Communication by the Complaints Officer with staff member involved in the complaint investigation

- Communication with the staff member/service involved may be made by the Complaints Officer through the Service Manager or by the Complaints Officer directly
- Communication with the staff member/service involved in the complaint should include:
 - A statement indicating that a complaint has been received and giving the date and service areas referred to in the complaint.
 - Enclose details of the complaint together with summary points the Complainant wishes to have addressed.
 - Request a written report that addresses the key points raised.
 - Date by which the report should be returned to the Complaints Officer (i.e. within 10 working days).
- Every effort must be made to comply with the timeframe as outlined above.

However, there may be special circumstances where the Complaints Officer will extend the timeframe due to the unavailability of staff member; for example, he/she is on annual leave.

- Invite the relevant staff member to take part in a local investigation of the complaint.
- Inform them of their right to be accompanied by a relevant support person e.g. trade union, staff association representative, work colleague, etc.).
- Invitation to contact the Complaints Officer to discuss details.
- Give assurances in relation to confidentiality.
- Provide support, advice and help, particularly where allegations of a serious nature are made.
- Staff should always be kept informed and updated on progress of complaint investigation.

3.15.7 Managing Complaints using the LISTEN Approach

LISTEN *Receiving Verbal Complaints*

Listen

- Listen carefully to the issues being raised by the complainant.
- Be respectful and helpful.
- Give the complainant your individual attention.
- Do not lay blame, be defensive or argue.
- Remain positive and do not take anger as a personal attack.

Identify

- Identify if there are multiple issues relevant to the complaint and separate each issue. Attempt to identify any hidden or underlying issues that may exist.

Summarise

- Summarise the main issues relevant to the complaint

Thank the Complainant

- Thank the complainant for taking the time to make the complaint.

Empathise and Explain

- Empathise and acknowledge the feelings of the complainant.
- Express regret or apology.
- Explain what action you will take.

Now Act

- Determine the most appropriate action for the management of the complaint.
- Contact line manager and complaints officer as applicable.
- Update complaints log.

3.15.8 Managing Complaints using the MPS A.S.S.I.S.T. Model of Communication

The **A.S.S.I.S.T.** model of communication was developed and is owned by the Medical Protection Society (MPS). It was developed to assist staff in the discussion of adverse events with patients/Service Users and/or their families/support person(s). This model may also be used effectively to assist staff in their communication with Service Users during the complaints process.

A: ACKNOWLEDGE

S: SORRY

S: STORY

I: INQUIRE

S: SOLUTIONS

T: TRAVEL

Further information on the A.S.S.I.S.T model

Supporting Documents: 'Sample language to assist clinicians in open disclosure discussions'

4.0 Supporting the Service User

The HSE welcomes feedback from Service Users and it is a fundamental principle of the Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy that supports are in place to facilitate this through all community healthcare and hospital services.

The HSE can reassure all Service Users that providing feedback will not negatively impact on future care or dealings with any HSE services. Feedback is a main contributor to learning and is therefore embraced by the organisation.

The HSE is committed to supporting Service Users throughout the feedback process. Service users are their own best advocate and the HSE endeavours to support this. However, for some Service Users it may be necessary to avail of independent advocacy or support services, these are also welcomed.

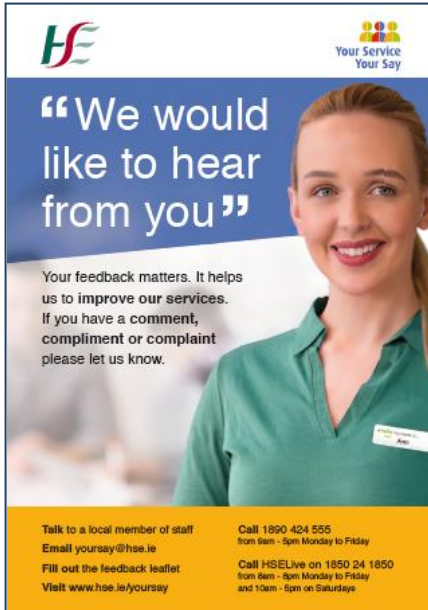
- Service users are given whatever help and **support** they require to provide feedback.
- A clear **process** is communicated to Service Users.
- Service users are treated with **dignity and respect**.
- Service users are **supported** throughout the complaints management process.

4.1 Supporting the Service User

The local service will assist Service Users if they wish to provide feedback, such as a complaint, compliment or comment. Staff dealing with feedback will implement the process in a way that accommodates the Service User. Service user requirements, such as access or communication preferences should be confirmed at the start of the complaints management process.

4.1.1 How to Provide Feedback

Service users, who wish to provide feedback (comment, compliment or complaint) about any aspect of our service, should:



- **Tell a staff member.** *All staff are encouraged to accept feedback – no wrong door approach.*
- **Ask a member of staff** for details of where to send a letter which sets out your experience of our services.
- **Email** your feedback to yoursay@hse.ie
- **Complete a Feedback Form** and leave it in the identified areas provided by the local service you are using or visiting. You may also give it to a member of staff or ask a staff member for an address.
- You can use the **website** feedback facility at the following address:
www.hse.ie/feedback
- **Freephone:**
 - o **Your Service Your Say Team: 1800 424 555** (Monday to Friday: 9am – 5pm, excluding bank Holidays). From outside Ireland please call +353 1 642 4555.
 - o **HSELive Team: 1800 700 700** (Monday to Friday: 8am to 8pm, excluding bank Holidays and from 9am to 5pm on Saturdays). From outside Ireland please call +353 1 240 8787.

4.1.2 Assistance if and when required to provide feedback is by:

- Providing appropriate and accessible facilities within each service to meet Service User needs.
- Supporting a 'No Wrong Door' approach so that wherever feedback is raised, it is the system and not the Service User that is responsible for routing it to the appropriate place to get it resolved.
- Supporting and signposting with posters and leaflets, etc., within each service so Service Users and their families know how to get support if they want to raise a concern or issue.
- Assisting with completing a feedback form and/or making a comment, compliment or complaint.
- Supporting Service Users who may have poor literacy and/or language skills and providing assistance and support where required to enable the effective recording of their feedback.

4.1.3 Information on Support Services

In line with the Disabilities Act 2005 the HSE is obliged to ensure that its buildings, services, the information it provides, and how it communicates with Service Users, are all accessible to people with disabilities. Staff will support Service Users who require assistance and will communicate as needed through a variety of communication aids, tools and services.

Service users can request assistance where required in relation to the following from their local service area:

- Interpretive Services
- Advocacy Services
- Patient Liaison Officers
- Patient Liaison Volunteers

Accessible versions of Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy

- Online accessible version (*not currently available – in testing phase*)
- Plain English Guide is available online at <http://www.hse.ie/yoursay/plainenglish>
- A Children's Feedback Leaflet is available at <http://www.hse.ie/yoursay/kids/>

4.1.4 Support from Staff

The HSE is committed to ensuring that Service Users are supported throughout the feedback process. This support is available at every stage of the Service User's interaction with the HSE during the course of dealing with a comment, compliment or complaint. This is especially true during the investigative process of complaints handling.

First and foremost if a Service User has a health problem or concern the Service User should talk directly with their clinician, nurse, or relevant healthcare provider. They are the best people to explain a medical condition, treatment or clinical procedure. However, if the Service User has other concerns they should inform any member of staff who will assist.

There are a number of ways in which the Service User can provide feedback. Please see section 2.0 Enabling Feedback.

4.1.5 Advocacy Services

A Service User may need an advocate if they require some additional assistance and support, or if they do not wish to deal with the individual(s) or service directly involved in their complaint.

Further information and guidance is available at: <http://www.hse.ie/end/services/yourhealthservice/feedback/services/>

All Complainants have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint. Any form of advocacy used must be agreeable to both the Complainant and the HSE. An employee or a trusted person may also be an advocate for a Service User wishing to make a complaint where it is possible to do so within the principles of advocacy.

- Advocacy services may be offered by the HSE to disadvantaged or disempowered Service Users who wish to make a complaint and who otherwise would find it difficult or impossible to make such a complaint themselves or to source advocacy services themselves.
- The Citizen Information Board (2005) (previously Comhairle) defines advocacy as a means of empowering people by supporting them to assert their views and claim their entitlements and where necessary, representing and negotiating on their behalf.

- A staff member or a trusted person may also be an advocate for Service Users wishing to make a complaint if it is possible to do so within the principles of advocacy as listed below.
- The Citizen Information Board (2005) outlines the principles of advocacy as:
 - Empowerment of the person where possible
 - Respect for the person and his/her wishes
 - Acting in the person's best interest
 - Acting independently
 - Maintaining confidentiality
 - Acting with diligence and competence
- Before deciding to advocate on behalf of a Complainant, staff must ensure that they are in a position to advocate impartially and fairly.
- Staff acting as advocates should have no previous involvement in the actions complained of, or in the examination/investigation of the complaint.
- Staff should not feel compelled to act as an advocate where they do not feel competent or supported to do so and must ensure that they direct the Service User to appropriate advocacy supports.
- Any form of advocacy used must be agreeable to both the Complainant and the HSE.

List of Advocacy Services

Irish Patients' Association

Providing Independent Patient Advocacy since 1995

24 Church Road, Ballybrack, Co. Dublin

Web: www.irishpatients.ie

Phone: 01 272 2555

Phone: (emergency) 087 659 4183

Email: info@irishpatients.ie

Irish Advocacy Network

Peer advocacy services for people who have experienced mental health difficulties

c/o The Health Care Unit, Rooskey, Monaghan, Co. Monaghan

Phone: 047 38918

Email: admin@irishadvocacynetwork.com

Cairde

Community development organisation, working to tackle inequalities among ethnic minority communities

19 Belvedere Place, Dublin 1

Web: www.cairde.ie

Phone: 01 855 2111

EPIC

An independent association that works throughout the Republic of Ireland with and for children and young people who are currently or who have experienced living in community care settings

7 Red Cow Lane, Smithfield, Dublin 7

Web: www.epiconline.ie

Phone: 01 872 7661

Dental Complaints Resolution Service

The Dental Complaints Resolution Service aims to assist dental patients and participating dentists resolve complaints about dental services. The service is an independent dental complaints service provided by the Irish Dental Association.

Web: www.dentalcomplaints.ie

Phone: 094 902 5105

Patient Focus

Independent Patient Advocacy Group

Sky Business Centre, Plato Business Park, Damastown, Dublin 15

Web: www.patientfocus.ie

Phone: 01 885 1611

support@patientfocus.ie

Pavee Point

Non-governmental organisation committed to the promotion and realisation of Travellers Human Rights

46 North Great Charles St., Dublin 1

Web: www.paveepoint.ie

Phone: 01 878 0255

Email: info@paveepoint.ie

National Advocacy Service for people with disabilities

The National Advocacy Service for People with Disabilities provides an independent, confidential and free, representative advocacy service. The service is funded and supported by the Citizens Information Board.

Hainault House, Tallaght, Dublin 24

Web: http://www.citizensinformationboard.ie/services/advocacy_services/

Phone: 0761 07 3000

Email: info@advocacy.ie

Sage – Support and Advocacy Service for Older People

Sage provides information and advice on how to access independent support and advocacy services. Their mission is to promote the rights, freedoms and dignity of older people by developing support and advocacy services wherever ageing poses a challenge for individuals.

Contact Details:

24-26 Ormond Quay, Dublin 7

Phone: (01) 5367330

Email: info@sage.thirdageireland.ie

Web: www.thirdageireland.ie/sage

Inclusion Ireland

Inclusion Ireland is a national organisation advocating for the rights of people with an intellectual disability. It provides an independent advocacy service to people with an intellectual disability and their families.

Unit C2, The Steelworks, Foley St, Dublin 1

Web: www.inclusionireland.ie

Phone: 01 855 9891

Email: info@inclusionireland.ie

Also visit: www.healthcomplaints.ie

Healthcomplaints.ie provides information to Service Users on how to make a complaint or give feedback about health and social care services in Ireland. This website has been developed for people who use health and social care services in Ireland, as well as for their families, care-givers and advocates. Healthcomplaints.ie directs Service Users to find the right place to give their feedback.

4.2 Making a Complaint

4.2.1 Who can make a Complaint

In accordance with Section 46, Part 9 of the Health Act 2004 the following may make a complaint:

- Any person who is being or was provided with a health or personal social service by the HSE or service provider,
- Any person who is seeking or has sought provision of such service.

A complaint may be made about any action of the HSE or associated Service Provider that:

- it is claimed, does not accord with fair and sound administrative practice, and
- adversely affects or affected that person

As defined in the Health Act 2004, an action does not accord with fair and sound administrative practice if it is:

- taken without proper authority,
- taken on irrelevant grounds,
- the result of negligence or carelessness,
- based on erroneous or incomplete information,
- improperly discriminatory,
- based on undesirable administrative practice, or
- in any other respect contrary to fair or sound administration.

If a person is entitled to make a complaint but is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by;

- A close relative or carer of the person,
- Any person who, by law or by appointment of a court, has the care of the affairs of that person,
- Any legal representative of the person,
- Any other person with the consent of the person, or
- Any other person who is appointed as prescribed in the regulations.

If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative, or carer of that person. A close relative is defined in Section 45 of the Health Act, 2004 as being a parent, guardian, son, daughter, spouse or someone who is cohabiting with the person on whose behalf the complaint is being made.

4.2.2 What should be included in a complaint?

A complaint should include:

- Who was involved?
- What happened and when?
- What is the Service User concerned about?
- Has the Service User done anything else to resolve this matter?
- What does the Service User want to happen now?

It will also assist the staff member if any extra information and/or copies of other relevant documents are attached to the Service User's written complaint.

4.2.3 Still unsure how to make a complaint?

If the Service User is still not sure how to make a complaint to the HSE they can contact the YourSay Team who will assist in making the Service User's complaint on callsave 1890 424 555 or 045 880400 if using a mobile to avoid additional charges. Email: yoursay@hse.ie

4.2.4 What will happen next?

If the complaint can be resolved locally at point of contact then the staff member will attempt to do so and may involve their line manager. At this point staff will try to resolve the complaint within 48 hours and will keep the Service User informed of their progress.

If it is not possible to resolve the matter, or the Service User is not satisfied with the outcome, staff will assist the Service User to escalate this to a Complaints Officer.

The Complaints Officer will contact the Service User within 48 hours and attempt to resolve the complaint informally. If this is not possible then they will progress to the formal investigative process.

- The Complaints Officer will formally acknowledge the Service User's complaint within **5 working days** of the complaint being made to the HSE.
- The Complaints Officer will investigate the Service User's complaint within **30 working days** of the date when it was acknowledged.
- If it takes longer to investigate all the issues raised in the complaint, the Complaints Officer will notify the Service User within the **30 working days** and will update the Service User every **20 working days** after that as required.
- When the formal complaint investigation is complete the Complaints Officer will send an investigation report to the Service User which may include recommendations arising from the investigation into the issue(s) of the complaint.

4.2.5 What happens if the Service User is not satisfied with the complaint investigation

All **cover letters** accompanying the Complaints Officer's investigation report will advise the Service User of their right to review which can either be to the HSE Internal Review process or to the Independent/External investigation process, e.g. the Ombudsman/Ombudsman for children, contact details below.

Office of the Ombudsman

(9.15 - 5.30 from Monday - Thursday, 9.15 - 5.15 Friday)

18 Lower Leeson Street, Dublin 2.

Phone: 01 6785222

Email: ombudsman@ombudsman.gov.ie

Website: <http://www.ombudsman.gov.ie/>

Ombudsman for Children's Office

(9.15 - 5.30 from Monday - Thursday, and 9.15 - 5.15 Friday)

Millennium House,

52-56 Great Strand Street, Dublin 1.

Free-phone: 1800 20 20 40

Phone: 01 865 6800

Email: oco@oco.ie

Website: <http://www.oco.ie>

4.3 Providing Other Feedback

4.3.1 Compliments

THE HSE welcomes all feedback, including compliments. When giving a compliment the Service User should include the staff member(s) name, area and service so the feedback can be forwarded to them. This will also assist in organisational learning from what is working well.

4.3.2 Comments

A comment could be a suggestion for service improvement or an observation made by a Service User that can lead to learning by the organisation. All comments will be forwarded to the relevant service or staff member. The HSE welcomes and takes all comments seriously.

4.4 Dignity and Respect

The HSE is committed to treating all Service User feedback seriously and ensure that complaints, concerns and issues raised by Service Users are properly investigated in an unbiased, non-judgemental transparent timely and appropriate manner. The outcome of any investigation along with any resulting actions will be explained in full to the Service User by the investigating Complaint Officer/Review Officer.

When dealing with complaints the HSE adheres to the following principles

- Openness and transparency: having well published accessible information and processes and understood by all those involved in the complaint.
- Provide a level of details appropriate to the seriousness of the complaint
- Provide Complainants with support and guidance throughout the process
- Sympathetically respond to complaints and concerns in appropriate timeframes
- Ensure that the care of Service Users is not adversely affected as a result of making a complaint
- Identify the causes of complaints and take action to prevent reoccurrences
- Provide a consistent approach for the management and investigation of complaints

Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy is underpinned by the principles outlined in the **HSE National Healthcare Charter: You and Your Health Service**. Dignity and respect is a key component of the charter and one which must be reflected in all aspects of the complaints management process. As part of this process, all persons both Service Users and Staff will be treated with dignity, respect and compassion.

4.5 Confidentiality and Consent

Maintaining privacy and confidentiality of Service User information is a basic principle of complaints management. It is the role of all HSE staff to ensure that privacy and confidentiality of Service User data is maintained.

Service users must be assured that their feedback and their personal details will be treated in confidence to the greatest extent possible consistent with the public interest and the right to privacy. The Data Protection Acts 1988 and 2003 place an obligation on the HSE and staff to safeguard the right of individuals in relation to the processing of their personal data. Under the Data Protection Acts, personal information should only be used or disclosed for the purpose for which it was collected or another directly related purpose. Feedback information required for reporting and statistical purposes will be anonymised and all identifiable data will be removed.

The Freedom of Information Act 2014 confers on all persons the right of access to information held by public bodies, to the greatest extent possible, consistent with the public interest and the right to privacy. It is imperative that all staff are aware of the right of the Service User to access any information held by the HSE in relation to the management of their feedback, subject to the exemptions set out in the Act. Therefore, staff must ensure that consent to access patient confidential information is obtained where required and that decisions made during the complaint management process are supported by facts and evidence. Further information and guidance on Freedom of Information is available at:

<http://www.hse.ie/eng/services/yourhealthservice/info/FOI>

The principles of natural justice and fairness require that any persons directly affected by a complaint be;

- i. Informed of the complaint,
- ii. Informed of the conclusions reached following investigation of the complaint and of the findings which informed these conclusions, and
- iii. Afforded the opportunity to respond to any adverse findings.

Where the screening and/or investigation of a complaint indicates that there is a requirement to disclose some or all details, e.g. there is evidence of abuse that must be reported in accordance with the Children First Guidelines, the Service User will be informed immediately and the information will be directed to the appropriate service

4.5.1 Access to Personal Confidential Information

For the purpose of accessing Service User confidential information as part of the investigation of a complaint, the HSE must ensure that it has the consent of the Complainant to do so (or the person about whom the complaint was made if it is not the same person).

Consent may be obtained in three ways:

1. HSE Feedback Leaflet

The Service User may give consent on the HSE feedback leaflet. This provides the HSE with permission to access Service User confidential information to investigate the complaint.

2. Acknowledgment Letter

The acknowledgement letter must outline the process that will be used to manage the complaint and the Complainant will be asked to contact the relevant Complaint Officer within 5 working days from the date on the acknowledgement letter if they do not wish their patient confidential information to be accessed during the process of the investigation.

3. Verbal Consent Recorded by Staff Member

If a verbal complaint is made to a staff member/Complaint Officer who proceeds to record the complaint for the purposes of a formal investigation, the staff member must ask the Complainant to give consent to access the relevant patient confidential information. The staff member must record this consent and have the Complainant sign the consent if appropriate.

It is important to note that the above consent only allows access to the information in the record that is **relevant** to the complaint.

Service users must be informed that refusing or restricting access to relevant patient confidential information may impede the proper investigation of the complaint.

The complaint management process must ensure that the details of the complaint and information gathered or received through the investigation of the complaint are only viewed by relevant personnel and that the dissemination of this information is restricted to a rigorous need to know basis.

For the purpose of gathering and publishing statistics and for educational purposes, all patient identifiable data and personal data must be removed from the complaint and the complaint identified using a designated code. Care must be taken to ensure that specific locations and individuals cannot be identified when using this data for these purposes.

4.5.2 Complaints on behalf of a Service User

- When a complaint is made on behalf of a Service User the HSE must endeavour to ensure that the complaint is being made with the consent of the Service User.
- When accepting a complaint on behalf of a Service User, the HSE must ensure that it is appropriate for the Complainant to make a complaint as detailed in Section 46, (3) and (4) of the Health Act 2004 and that the identity of the Complainant is validated.
- When a complaint is made on behalf of an incapacitated person, the HSE must ensure that this Complainant, by law or by appointment of a court, has the care of the affairs of that person.
- An objectively reasonable approach to this issue will usually prevail with each situation being considered on an individual basis.
- Where the Complaint/Review Officer has a concern about the consent of the Service User the Complaints/Review Officer will make every effort to get the consent of the Service User before progressing with the complaints process.

5.0 Supporting Staff

The HSE has a duty of care to look after the psychological, as well as the physical, wellbeing of staff who have been involved in and/or affected by a complaint and to ensure that they are managed and supported appropriately. Involvement in a complaint can have profound consequences for those staff members.

Staff must be supported and assisted in every way possible throughout the complaints management process and made aware of the supports available to them. The staff member must also be advised of their right to representation, and to be informed of any support networks and designated persons available to assist them in responding to complaints, for example, union officials/local representatives, professional bodies, human resource managers, peer support officers and equality officers.

The HSE will safeguard the rights and dignity of staff members in the implementation of Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints Policy and associated supporting documents.

- Staff across all levels of the organisation are trained in complaints handling and able to deal with complaints at the first point of contact.
- A clear process for managing feedback is communicated to staff.
- Staff are treated with dignity and respect, compassion and empathy.
- Staff are supported throughout the complaints management process and informed of their rights.
- The practical, professional, psychological, emotional and social needs of staff involved in or affected by feedback are identified and addressed.

5.1 Recognising the potential impact of complaints on staff

Healthcare staff may feel vulnerable when a complaint is made about them. It is very important to recognise that different individuals may have differing responses to the same complaint and may therefore require different levels or types of support. A significant proportion of staff will experience varying degrees of stress as a result of exposure to a complaint. It is important to be aware that staff can suffer from traumatic stress which is associated with minor or low level complaints as well as the more serious/high level complaints. Individual responses may range from common uncomplicated stress-related reactions to the more complex post-traumatic stress disorder.

Staff may experience the following:

- Feelings of incompetence and isolation.
- Denial and avoidance of responsibility – discounting of the importance of the issues raised.
- Emotional distancing.
- Increased anxiety.
- Overwhelming guilt in relation to the event itself and the impact on the Service User.
- Guilt in relation to personal performance.
- Poor insight.
- Panic resulting in a fight or flight reaction.
- Feelings of abandonment.
- A desire to engage with the Complainant but fear as to how to conduct this communication.
- Symptoms of post-traumatic stress disorder (PTSD).

5.2 Ensuring that staff are supported throughout the complaints management process

When a Complaints Officer receives a complaint under Part 9 of the Health Act 2004 (does not include e.g. Trust in Care, Children First, Safeguarding etc.), and includes reference to staff, the Complaints Officer is obliged to seek their version of events, in line with the principles of natural justice and procedural fairness. This means the Complaints Officer must identify the staff member(s) and notify them a complaint has been made about them.

5.2.1 Line Manager

Line managers' are responsible to support staff during this process as requested and required.

- Ensure that the staff member is afforded their right to fair and just procedures and processes and that their right to confidentiality is maintained.
 - Advise the staff member of their rights to seek support and advice from their trade union representative/professional body/insurer/HR department.
- Provide support and advice on other processes e.g. legal proceedings, fitness to practice hearings, Coroner's inquests, etc.
- All managers and staff should be familiar with the relevant policies and procedures e.g. Sick Leave Policy, Your Service Your Say, The HSE Service User Feedback Policy 2017, Open Disclosure Policy, Safety Incident Management Framework, Policy for the Prevention and Management of Stress in the Workplace, Policy for the Prevention and Management of Critical Incident Stress., Trust in Care Policy, etc. Provide copies or information to staff on how to access the relevant documents.

- Provide the necessary initial emotional, practical/social/behavioural support(s) as per the individual needs and preferences of the staff member.
 - The Line Manager may need to refer the staff member to Occupational Health Department / Employee Assistance Programme, as appropriate.
 - Provide details of a contact support person.

- Provide a copy of the staff support booklet e.g. Supporting staff following an adverse event: The ASSIST ME Model. The importance of support for staff from line managers, colleagues and peers in the event of a complaint should not be underestimated. Being available for staff and knowing his/her story surrounding the complaint is crucial. Staff may require a safe and confidential space in which to discuss the events giving rise to the complaint and can find this therapeutic. The “ASSIST ME” model of staff support has been developed to assist managers and staff during this process. This has been adapted from the Medical Protection Society’s A.S.S.I.S.T model of communicating with service users following adverse events in healthcare.

- Assess workload and adjust/reassign to other duties, as appropriate.

- Support and work with staff to identify any additional training or information they may need

- Arrange a date and time for a follow up meeting.

5.2.2 Complaints Officer

The **Complaints Officer** must ensure the staff member's rights to procedural fairness and natural justice are maintained throughout the lifecycle of the complaints management process.

The Complaints Officer must ensure that support is provided to the staff member in the form of:

- Informing the staff member of :
 - allegations made against him or her, and following investigation,
 - the grounds of proposed adverse comment and adverse findings
- Time to deal with and respond to the complaint.
- Listening objectively to their side of story.
- Informing the staff member that they have the right to be accompanied during the course of the investigation of the complaint if they wish.
- Emphasising that the focus is on resolution as opposed to blame.
- Emphasising that focus is on process improvement.
- Affording the staff member, where the proposed report contains a finding or criticism adverse to that staff member, the opportunity to consider the finding or criticism and allowing them to make representation for consideration.

5.3 Privacy and Confidentiality

Maintaining privacy and confidentiality is a basic principle of complaints management process. It is the role of any and all HSE Staff involved in the complaints management process to uphold the highest standards of privacy and confidentiality in investigating complaints. The Complaints/Review Officer will share information on a need to know basis only with those involved.

5.4 Unreasonable Complainant Behaviour

In the course of dealing with complaints HSE staff may have contact with a small number of Service Users who absorb a disproportionate amount of HSE resources. While some Service Users may experience anger, frustration or concern during the complaints process, others may behave in a way that is classed as 'unreasonable'.

'Unreasonable Complainant conduct is any behaviour by a current or former Complainant which, because of its nature or frequency raises substantial health, safety, resource or equity issues for our organisation, our staff, other Service Users and Complainants or the Complainant himself/herself.'

(Unreasonable Complainant Conduct Model Policy, Ombudsman New South Wales, 2013)

All complaints must be given equal consideration and be investigated; however staff are not expected to tolerate abusive or threatening behaviour.

5.5 Resources available to Staff

There are numerous resources available to support staff involved in events in the workplace, including serious incidents, adverse events and complaints. It is important that staff are informed of the support networks and people who can assist them in responding to complaints. These include but are not limited to:

- Workplace Health & Wellbeing Unit
- The HSE Employee Assistance Programme
- Occupational Health Department
- National Health & Safety Function
- Human Resources Helpdesk
- Corporate Employee Relations Services (CERS) and Employee Relations Advisory & Assurance Services Function

5.5.1 Workplace Health & Wellbeing Unit

The Workplace Health and Wellbeing Unit aims to improve the general health and wellbeing of staff in the Health Services and support more people with health conditions to stay in work or enter employment. It works to create healthier workplaces, improve occupational health services and rehabilitation support, and increase employment opportunities for people who are not in work due to ill-health or disability. It aims to implement all elements of a positive workplace, including appropriate supports for both staff and management in relation to stressors in the workplace.

For further information please visit: <http://www.hse.ie/eng/staff/workplacehthwellbng/>

5.5.2 Employee Assistance Programme

The Employee Assistance Programme (EAP) provides confidential counselling support and a referral service for all staff with personal or work-related difficulties. Advice and guidance is also available to Managers to support them in managing staff welfare issues. The employee assistance service also provides formal structured support to groups of staff who have experienced stress as a result of a critical incident in the workplace.

A wide range of issues is managed by the EAP, including:

- Stress at work
- Difficult relationships at work (including bullying)
- Traumatic events (e.g. assault, suicide)
- Addictions
- Personal issues outside of work (e.g. bereavement, relationships) which is provided on a confidential basis
- Professional assessment
- Personal support
- Counselling
- Referral onwards to other professional resources where appropriate.
- Trauma Support

Additionally, the service:

- Participates in the provision of lectures / training as required, in areas where the employee assistance professional has relevant expertise, e.g. stress management, post-trauma support, team building and management training
- Provides feedback to the organisation on broad issues which may enhance employee wellbeing and the organisation's effectiveness

The service, which is free of charge to all HSE Employees, is provided by trained and experienced counsellors who are professionally qualified and bound by the codes of conduct to the professional bodies to which they belong. There are three pathways by which an employee may access the employee assistance service:

- An employee may self-refer
- An employee may be referred by Occupational Health
- An employee may be referred by line management

Matters raised in individual cases are confidential and are not discussed with managers.

Your line manager will advise you of the contact details for your local service.

For further information please visit: <http://www.hse.ie/eng/staff/workplacehthwellbng/stfSuprts/eacounsel/>

5.5.3 Occupational Health Department

The Occupational Health Department aims to promote and maintain the physical, mental and social well-being of employees. The department looks at how work and work surroundings may affect people's health and also how their health may affect their ability to cope with their work.

Functions and Services available to staff include:

- provision of medical advice on issues where work is affecting health and/or health is affecting work
- promoting compliance with health and safety legislation
- providing independent, impartial medical advice taking into consideration employees' health problems that will assist both the employer and employees in securing treatment or rehabilitation as appropriate
- advising on fitness for work at an early stage
- providing health surveillance to employees considered to be at risk in the workplace
- monitoring the health of employees after an accident or illness as appropriate
- providing occupational health advice in the management of attendance
- providing information to employees regarding support services available. e.g. counselling support
- promoting employee health and wellbeing
- promoting the development of an integrated occupational safety, health and welfare system
- supporting the development of evidenced-based policies, procedures and guidelines related to occupational health

For further information please visit: <http://www.hse.ie/eng/staff/workplacehthwellbng/stfSuprts/Occhealth/>

5.5.4 National Health and Safety Function

The National Health and Safety Function has been established to provide effective, consistent, high-quality and readily accessible support on Occupational Safety and Health (OSH) matters.

Supports available through the function include:

- Advice, support and guidance on all OSH matters including:
 - legislation, safety management, safe systems of work, best practice and technical standards
 - the development, communication and revision of Site/Service specific Safety Statements and the associated hazard identification and risk assessment process
 - OSH Policies, Procedures, Protocols and Guidelines
 - OSH Incident management and statutory reporting
- Developing, co-ordinating and delivering relevant statutory OSH training programmes
- Auditing, evaluating and reporting on compliance with the HSE Safety Management Programme
- Promoting consultation and communication on OSH matters
- Developing and maintaining relations with appropriate external organisations such as the Health and Safety Authority, Health Information and Quality Authority, State Claims Agency
- Promoting audit-based benchmarked standards and KPIs for OSH

For further information please visit: <http://www.hse.ie/safetyandwellbeing>

5.5.5 Human Resources Help Desk

The focus of the Human Resources (HR) Help Desk is on providing individual employee support in conjunction with the local HR Offices and CERS/ERAS. It will be an additional tool to keep employees informed, involved and included. In an evolving HR function, the initial focus will be to develop a Help Desk that will serve as an additional HR point of contact for any employee regarding benefits, terms and conditions of employment and advice on the operation of the grievance and disciplinary processes.

Employee enquiries are responded to by email or phone, accessing a variety of tools and knowledge bases. Employees are supported to understand HR processes and in doing so build relationships throughout the HSE's growing HR organisation.

For further information please telephone 1850 444 925 each day from 8.00 am to 5 pm or by email: ask.hr@hse.ie.

5.5.6 Corporate Employee Relations Services (CERS) and Employee Relations Advisory Assurance Services

Corporate Employee Relations Services represents the integration of the HSE-Employers Agency and the existing HSE Employee Relations division. The service aims to develop an effective and responsive employee relations structure to support the various levels within the HSE and HSE funded agencies.

The Advisory Division provides employee relations and employment law advice to health service managers and employers, interpreting law so that it is applied in the most appropriate way and advising managers where issues arise. The Division also provides proactive advice to Departments of Public Expenditure and Reform and Health on the potential impact that government policy and strategy will have on employment within the health sector. It is also responsible for drafting policies and standards to ensure that the health sector employs people safely throughout their working life.

5.5.7 Management Support

There is a designated Assistant National Director of Human Resources to support each Hospital Group, Community Healthcare Organisation, Health Business Services and Corporate Services.

For further information please visit: [http://hsenet.hse.ie/Human Resources/HRDepts.html](http://hsenet.hse.ie/Human_Resources/HRDepts.html)

5.6 Human Resource Policies and Guidance

There are many HSE policies and procedures on employee wellbeing, welfare and health and safety which staff may find helpful when managing complaints or involved in the process.

Examples include but are not limited to:

- Corporate Safety Statement
- Managing Attendance Policy
- Rehabilitation Back to Work after Illness or Injury Policy
- Policy for Preventing and Managing Stress in the Workplace
- Dignity at Work Policy for the Health Service
- HSE Code of Standards and Behaviours
- Policy on Management of Work Related Aggression and Violence
- Protected Disclosures of Information in the Workplace
- Open Disclosure policy

- **HSE Policy for the Prevention and Management of Stress in the Workplace**
http://www.hse.ie/eng/staff/Resources/hrppg/Policy_for_Preventing_Managing_Stress_in_the_Workplace_.pdf
- **HSE Policy for the Prevention and Management of Critical Incident Stress**
http://www.hse.ie/eng/staff/Resources/hrppg/Policy_for_Preventing_and_Managing_Critical_Incident_StressDecember_2012.pdf
- **HSE Stress Management Information Sheet**
<https://www.hse.ie/eng/staff/safetywellbeing/2015campaign/Identification%20bulletin.pdf>
- **HSE: Supporting staff following an adverse event: The ASSIST ME Model**
http://www.hse.ie/eng/about/Who/qualityandpatientsafety/nau/Open_Disclosure/opendiscFiles/bookletSuppStaffadverseevent.pdf
- **HSA Work-Related Stress: A Guide for Employers**
http://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Work_Related_Stress_A_Guide_for_Employers.pdf
- **HSA: Work Related Stress: Information sheet for employees**
http://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Work_Related_Stress_Information_Sheet.pdf

5.7 Staff Training and Development

Continuous education and training for all staff will support the development of skills in the management of complaints. This will enable staff to identify when a complaint has been made and what process should be followed to resolve it at the most efficient level. The key objectives of this training are to:

- Raise staff awareness of the Your Service Your Say, the Management of Service User Feedback for Comments , Compliments and Complaints Policy 2017, with an emphasis on local resolution.
- Inform staff of their role and responsibilities in receiving feedback and in the complaints management process.
- Provide staff with the skills to communicate effectively with Complainants
- Provide staff with the skills to manage complaints including verbal and written complaints and unreasonable complaints.
- Increase staff confidence in complaints handling.

5.7.1 Content of Training for Staff

All staff will receive an introduction to complaints management as part of their induction training. This will outline the responsibilities of staff at all levels within the organisation on how to deal with feedback at the first point of contact where at all possible and how to escalate a complaint if it is not within their remit to resolve the issue on hand.

Complaints management awareness training will be delivered to groups of staff who have not attended induction training for some considerable time and have not had an opportunity to receive complaints management training.

More extensive training will be available to relevant staff, such as Complaints Officers and Review Officers as per the training programme mapped out below.

These various training suites will encompass the following:

- Customer Service skills
- Advocacy advice
- Understanding Complainant behaviour
- Recognising and dealing with unreasonable behaviour
- Understanding the various stages of the feedback management process
- Privacy and confidentiality

- Rights, roles and responsibilities
- Investigation Skills
- Documentation & Data Collection
- Report writing
- Monitoring and Evaluation tools
- Learning/quality improvement
- Recommendations

5.7.2 Training Programmes

Education and training in complaints handling will be provided to all HSE staff to enable them to effectively implement the complaints management processes.

Resources for managing feedback include:

- All new staff will be provided with **induction training** on the management of feedback – this is a half hour session which covers an overview of the feedback process and the complaints management system and creates awareness on how to handle feedback including complaints. *(Provided by Consumer Affairs)*
- All staff should attend **Awareness** training (usually of 1-2 hours duration). *(Provided by Consumer Affairs)*
- All designated **Complaints Officers** will be provided with a full one-day extensive training course on all aspects of feedback and complaints management as outlined above in the in-depth feedback training. *(Provided by Consumer Affairs)*
- Training will be provided to **Review Officers** on Stage 3 of the Complaints Management Process. *(Provided by the National Complaints Governance and Learning Team)*
- **Complaints Management System** (<https://www.NIMS.ie>)
The Complaints Management System is a unified, standardised, national database developed in partnership with the State Claims Agency that captures real time feedback data. *(Provided by the National Complaints Governance and Learning Team)*
- **eLearning**
The eLearning tool is an interactive on-line complaint handling tool hosted through the HSEland portal.

To avail of any of the training programmes please refer to your line manager. The eLearning programme is available online to all staff on HSEland: [www.hse.ie/...](http://www.hse.ie/)

**Complaints are everybody's
responsibility**

6.0 Learning, Improving and Accountability

Service User feedback, including complaints, is a valuable source of information on how well services are doing. A key objective of the revised policy is to ensure that there is long term learning across the hospital and community health sectors from analysis of all Service User feedback.

It is clear that there is a necessity to learn and improve as a result of feedback and complaints. There must also be a focus on implementing the recommendations from complaints, and making meaningful service improvements as a result. Such a focus on organisational learning is a vital way for Hospital Groups and Community Healthcare Organisations to encourage a culture of welcoming feedback and complaints and using these as a positive driver for service improvement and delivery as well as informing resource allocation.

Managers at all levels should encourage and assist all staff in understanding and using feedback as essential information to support on-going improvements to services. To support this, valuing feedback is a cornerstone of the newly revised policy and process.

Linking complaints with learning and improvement is an important way of assuring the safety and quality of care. As Don Berwick, an international leader in patient safety and healthcare quality, *“in the discovery of imperfection lies the chance for processes to improve”*. Berwick also said: *“the best way to reduce harm is to embrace wholeheartedly a culture of learning”*.

Mid-Staffordshire Trust hospital

The Mid-Staffordshire Trust hospital incident concerned poor care and high mortality rates at the then Stafford Hospital, Stafford, England. In November 2010, a public inquiry opened, chaired by Sir Robert Francis QC, which examined the causes of the failings in care. Amongst the inquiry’s findings was that hundreds of complaints were made about the care provided at the hospital but these complaints were not investigated or were simply ignored.

The inquiry identified key themes in relation to the handling of complaints. These included the low priority given to feedback and learning from complaints.

“A health service that does not listen to complaints is unlikely to reflect its patients’ needs. One that does will be more likely to detect the early warning signs that something requires correction, to address such issues and to protect others from harmful treatment” – Sir Robert Francis QC.

- Information about feedback is regularly reported to senior management via the Complaints Manager.
- Staff responsible for investigation and resolving complaints are trained in complaints handling.
- Information on trends identified through feedback is publicly available.
- Lessons learned from complaints are used for system wide learning and improvements.
- Findings from complaints are regularly communicated to staff.
- Recommendations made and accepted following the investigation of complaints are implemented fully and all relevant persons have been informed of this.

Every complaint is an opportunity to learn

6.1 Reporting on feedback

The HSE is a large organisation which handles thousands of complaints annually. In order to capture valuable information from these complaints in a way that benefits the entire organisation it is necessary to report, collate and analyse this information in a consistent quality assured manner. The HSE has addressed this requirement in partnership with the State Claims Agency by developing a Complaints Management System (CMS) which is described in detail below.

Quality outcomes from the CMS are reliant on the reporting of all feedback, including complaints, by each individual system user including Complaints Officers, Review officers, Complaints Managers, Consumer Affairs and the National Complaints Governance and Learning Team. Each unique complaint reported from their service area, while perhaps not contributing significantly on an individual level, when compiled at local, regional and national levels may contribute to greater organisational learning and service improvements that will benefit our Service Users.

6.1.1 Complaints Management System

The Complaints Management System is a unified, standardised national database management system developed in partnership with the State Claims Agency. This web-based solution captures valuable real-time data from feedback; enables learning from complaints throughout the organisation and will be a critical part of the quality assurance process in both complaints management and in compliance with National Standards for Safer Better Healthcare.

The Complaints Management System will provide HSE sites with end-to-end complaint reporting, it will support the tracking of investigations, outcomes and recommendations and will enable all participating sites to report on, interrogate and interpret their data enabling them to take appropriate decisions in the light of accurate and up-to-date information so as to drive better complaints management standards in those sites and nationally throughout the HSE.

Benefits of using the Complaint Management System

- Allows the HSE to actively manage a complaint throughout its lifecycle (Stages 1-4)
- Provide individualised dashboards so Complaints Officers have an easy to read, real-time user interface, showing current status and trends at a glance.
- Allows customised reports based on 'live' quality data to be generated at Community Health Organisation and Hospital Group level, supporting evidence-based decision making.
- Support better complaints handling by enforcing adherence to the Complaints Management Pathways.
- Data is accurate and complete, for example, recording the origin of complaints as opposed to where they are reported.
- Enables trending identifying areas of excellence or specific areas of concern locally, regionally and nationally.
- Enables comparative analysis across Community Health Organisations, Hospital Groups, locally, regionally and nationally.
- Supports the identification of and reporting on severity levels of complaints for Hospital Groups.
- Reduces the administrative burden on 'inputters' in relation to the collation of data.
- Supports peer analysis and learning.

6.1.2 Recording Complaints

1. **Point-of-contact complaints** are recorded by the recipient of the complaint as far as is reasonably practicable. In particular, point-of-contact complaints that indicate a particular trend or where quality improvements are required, must be recorded. Trends in relation to point-of-contact complaints when reported on the CMS (2018) will be observed via CMS Dashboards and reported to senior management by the Complaints Manager.

2. All **Stage 2 complaints must** be recorded by the Complaints Officer/Delegated support staff. The steps for recording a complaint on the CMS are outlined below:
 - i. **Create the initial complaint record** - (Occurrence) including the Complainant's personal details and a summary of the complaint. This first stage of the record will also detail the timeframes that the complaints officer must adhere to in the management of the complaint. This information will inform the complaints officers' personalised dashboard.
 - ii. **Create a record for each issue of the complaint** - (Incident) including the specific category and location of the complaint.
 - iii. **Update the record of the complaint** - Follow up on the complaint by recording when the acknowledgement is made, or when extension letters explaining the delay are sent.
 - iv. **Upload all associated documentation** - Such documentation should include (but is not limited to):
 1. **Files**
 - the initial complaint
 - the final investigation report
 - written evidence of the interaction between any people in relation to the complaint i.e. correspondence, transcripts of discussions and interactions with the Service User, the Complainant, the service area, relevant staff and/or any external agencies/significant others in relation to the complaint, including telephone calls, reminder calls, meetings etc.
 2. **Notes**
 - Records of attempted communications
 - v. **Create a record of any recommendation(s) made** - (Tasks) for each issue recorded as appropriate Document the progress, actions to be taken, complaint outcomes and changes to current practice
 1. **Files**
 - correspondence with the Accountable Officer
 - the implementation action plan
 - the learning action plan
 - vi. **Close all issues** – indicating outcomes such as 'Recommendation Made'
 - vii. **Close the complaint**

For the Complaints Management System User Manual and for details on training, go to the CMS Toolkit at:
<http://www.hse.ie/eng/about/QAVD/Complaints/ncgl/Toolkit/>

6.1.3 Recording HSE Internal Reviews

Review Officers will develop their own reporting system in accordance with relevant Standard Operating Procedures and Guidelines developed by the Head of Consumer Affairs.

1. All **Stage 3 HSE Internal Complaint Reviews** must be recorded by the Review Officer /Delegated support staff
The steps for recording a review record on the CMS are outlined below:
 - I. **Access the initial stage 2 complaint.** - (Occurrence) and go to the **Complaint Review** screen. This stage of the record will also detail the timeframes that the review officer must adhere to in the management of the internal complaint review. This information will inform the review officers' personalised dashboard.
 - II. **Update the record of the internal review.** Follow up on the complaint by recording when the acknowledgement is made, or when extension letters explaining the delay are sent.
 - III. **Upload all associated documentation** - Such documentation should include (but is not limited to):
 1. **Files**
 - the review request.

- the internal review report.
 - written evidence of the interaction between any people in relation to the review i.e. correspondence, transcripts of discussions and interactions with the Service User, the Complainant, the service area, relevant staff and/or any external agencies/significant others in relation to the review, including telephone calls, reminder calls, meetings etc.
- 2. Notes**
- Records of attempted communications
- IV. Create/Amend a record of any recommendation(s) made - (Tasks)** for each issue recorded as appropriate, document the progress, actions to be taken, complaint outcomes and changes to current practice
- 1. Files**
- correspondence with the Accountable Officer
 - the implementation action plan
 - the learning action plan
- V. Close the review**– indicating outcomes such as ‘Recommendation Upheld’

6.1.4 Recording Independent Reviews

Stage 4 of the Complaints Management Process offers a Complainant the right to request an independent review. The CMS allows the user to create a record of complaints that are referred to the Ombudsman/Ombudsman for Children.

1. All **Stage 4 Independent Reviews** referred to the Ombudsman/Ombudsman for Children must be recorded by the Complaint Manager /Delegated support staff

The steps for recording an independent review record on the CMS are outlined below:

- I. **Access the initial complaint record.** - (Occurrence) and go to the **Complaint Review** screen. This screen includes details for both ‘HSE Internal Review’ and ‘Ombudsman/Ombudsman for Children Review’.
- II. **Update the record of the independent review.** The user can enter details of when the review was requested, when the Ombudsman completed the review and the outcomes.
- III. **Upload all associated documentation** - Such documentation should include (but is not limited to):
 - 1. Files**
 - Ombudsman’s Report.
 - Associated correspondence between the Complainant and the HSE, the Complainant and the Ombudsman, the Ombudsman and the HSE.
- IV. **Create/Amend a record of any recommendation(s) made - (Tasks)** for each issue recorded as appropriate, document the progress, actions to be taken, complaint outcomes and changes to current practice.
 - 1. Files**
 - correspondence with the Accountable Officer
 - the implementation action plan
 - the learning action plan
- V. **Close the independent review**– indicating outcomes such as ‘Ombudsman’s Recommendation Accepted’

6.2 Reports

6.2.1 Reports generated by the Complaints Management System

The lifecycle of the complaint recorded on the CMS will enable, depending on requirements, a Complaint Officer, a Review Officer, a Complaint Manager or other designated staff member to generate reports on the following:

- The total number of complaints on-hand locally, regionally and nationally.
- The total number of complaints pending at end of each month locally, regionally and nationally.
- The total number of complaints received in a given month
- The types of the complaints received (broken down into 243 categories)
- Complaints and Reviews that result in a recommendation.
- Recommendations implemented
- Complaints excluded under Part 9 of the Health Act 2004
- Complaints dealt with informally at Stage 2
- Reviews resolved informally at stage 3
- Complaints withdrawn at stage 2 or 3
- Complaints dealt with within 30 working days at Stage 2
- Complaints that took longer than 30 days to deal with at Stage 2
- Reviews that were dealt with within 20 working days at Stage 3
- Reviews that took longer than 20 working days at Stage 3
- Complaints resolved through mediation
- Comments/suggestions (2018)
- Positive feedback (2018)

6.2.2 Specialist Reports

The CMS also supports the creation of specialist reports, for example, comparisons of peer services such as:

- complaints per 100 bed days in EDs across tier one hospitals
- complaints per 100 bed days in AMUs across tier one hospitals
- complaints per 100 births in Maternity Hospitals
- complaints per LIUs adjusted for demographics
- complaints per 100 admissions in residential services
- complaints per Primary Care Teams adjusted for demographics

6.2.3 Reports from Service Providers: Section 38s (excluding Voluntary Hospitals), and Section 39s

1. Complaints Officers will submit complaints data reports to the Consumer Affairs Area Officer for their respective area four times a year using the relevant templates. (Link)
2. Consumer Affairs Area Officers forward these completed templates to the Area Manager for Consumer Affairs
3. The Area Manager for Consumer Affairs will return the template to NCGLT.
4. NCGLT will report on complaints data from Section 38s/39s, quarterly.

6.2.4 Reporting on Performance Indicators

Mandatory Reporting on Performance Indicators (PIs)

At present, the PI collected and collated relates specifically to Stage 2 – HSE Formal Investigation Process, whereby a complaint must be fully completed within **30 working days**. This data is collected automatically through the **Complaints Management System** (CMS) and is also available at local level through the CMS Reporting function.

The current target against which this PI is measured is 75%.

This PI is a measure of how effectively the feedback system is being implemented in each area and is subject to on-going review; additional PIs will be introduced in the future.

The PI is reported quarterly to the Planning and Business Information Unit (PBI) and is published in the HSE's Performance Reports, for inclusion in HSE Annual Reports.

6.3 Public Information

Service Users want to be able to access safe, effective and high quality care and treatment. (Please refer to the HSE National Healthcare Charter ~ You and Your Health Service and the HIQA Standards for Safer, Better Healthcare)

Expressions of complaint by patients and their advocates reporting poor healthcare experiences represent a valuable data source for learning (see 6.3.1 below on Trends) and improving the analysis of complaints is a priority for service providers. This data can facilitate service monitoring and organisational learning. Service users are valuable sources of data as they observe and experience a huge amount of service activity and issues within healthcare settings and are outside the organisation, thus providing an independent assessment.

The implementation of an effective and efficient feedback process will allow lessons to be learned both from individual complaints investigations and from data analysis of complaints. These can be used to inform service change and to create an environment the delivery of high quality and safe healthcare services.

6.3.1 Trends

Data analysis plays an essential role in assessing the culture of an organisation.

By analysing and aggregating feedback (comments, compliments and complaints) obtained from informal observations of external stakeholders who have interacted with the system we can attempt to measure the culture of the HSE.

Aggregating feedback that reflects both positive and negative Service User feedback gives an independent perspective into the functioning of organisational culture.

In order to make sense of the complex data reported by Service Users specifically in relation to complaints the HSE has a complaints taxonomy based around 8 central themes with 243 sub-categories. This thematic breakdown of complaints received will help identify trends allowing complaints officers to systematically label each issue and its sub-category. This systematic labelling can be used to gauge culture.

Analysing these trends helps management draw conclusions for promoting service quality and best practice amongst all staff. Data will be aggregated from each local service, Community Health Organisation or Hospital Group in order to assess the culture of that institution. This is used to identify strengths and weaknesses, and to benchmark services nationally.

Stage 1

Categories of each issue in a complaint and its sub-category

Complaints resolved at Stage 1 (*HSE Point of Contact Resolution*)

Complaints not resolved at point-of-contact and escalated to Stage 2 (*HSE Formal Investigation Process*)

Stage 2

Categories of each issue in a complaint and its sub-category

Stage 2 complaints resolved within 30 working days

Stage 2 complaints upheld

Stage 2 complaint investigations that result in a review request

Stage 2 complaint investigations that result in an Independent Review request

Stage 3

Stage 3 (HSE Internal Complaint Review) upheld

Stage 3 internal reviews that result in an Independent Review request

Additional Data Analysis

In addition to the HSE's taxonomy, complaints can be analysed using an internationally recognised complaints categorisation system called the **Healthcare Complaints Analysis Tool (HCAT)**.

The Healthcare Complaints Analysis Tool is the first standardised tool for analysing complaints in a rigorous and conceptually meaningful way. It is also the first tool that can reliably assess problem severity.

HCAT has primarily been designed for use in Acute settings.

Results from HCAT can be used to:

1. Systematically categorise the general and specific problems reported by Service Users within a particular healthcare setting.
2. Differentiate between high and low performing health services, e.g. in terms of the severity of the problems reported.
3. Identify healthcare services with a specially high risk profile, e.g. in terms of services users reporting severe safety problems.
4. Encouraging learning and the sharing of information at local, regional and national levels.
5. Provide longitudinal data on complaint trends, e.g. to test the effect of an intervention to improve Service User experience.

For further information on the Healthcare Complaints Analysis Tool (HCAT):

https://lse.eu.qualtrics.com/jfe/form/SV_61Gh4Uz8hKrji2p

6.3.2 HSE Annual Report

In accordance with the Health Act 2004, the HSE must submit to the Minister for Health, as part of the Executive's Annual Report, a general report on the performance of its complaints management processes containing such information considered appropriate by the Executive or as the Minister may specify. This report will be co-ordinated by the National Complaints Governance and Learning Team.

6.3.3 HSE Service Provider Annual Report

A service provider who has established a complaints procedure by agreement with the Executive must provide the Executive with a general written report on the complaints received by the service provider during the previous calendar year. This report is to include:

- The total number of complaints received
- The nature of the complaints
- The number of complaints resolved by informal means
- The outcome of any investigations into the complaints

Further information may be required at the discretion of the National Quality Assurance & Verification Division, who will inform Service Providers of data required.

6.4 Assurance

A key component of the NCGLT is to ensure that the Policy and its management processes are fully complied with throughout the organisation.

Evaluations will be conducted to assess where the Policy is working well and where improvements may need to be made. This involves examining feedback, statistics, trends and policies and asking staff, former Complainants and other Service Users what they think about the system.

Evaluating the feedback management system involves:

- Asking people who have used the complaints system what they thought of the process and the outcomes;
- Asking Service Users what they know about the feedback process and what they expect;
- Using statistical information to check timelines, the number and types of complaints that have been made and how this has changed over time;
- Reviewing the outcomes of individual complaints including a review of recommendations made;
- Using feedback data to determine the learning that has occurred, how this learning has been shared, the changes that have been implemented and how these changes have been monitored; and
- Comparing service level complaints system against external standards, and where possible, with services of similar size and nature.

6.4.1 The Revision and Audit of Your Service Your Say, the Management of Service User Feedback for Comments Compliments and Complaints Policy

The National Complaints Governance & Learning Team will audit and revise both this Policy and the accompanying Guidance Manual on a three year basis. The review of these documents will include feedback from key stakeholders, healthcare staff and Service Users.

6.4.2 Ombudsman's Learning to Get Better: Recommendations

This investigation by the Office of the Ombudsman in 2015, looked at how the HSE handles complaints across their services. In particular, it looked at how well the HSE listens to the feedback and whether the HSE is learning from this to improve the services provided.

While recognising a visible commitment to complaints processes throughout the HSE, the Ombudsman noted that the ability to deliver on this commitment continues to remain a challenge in many incidences. Frameworks for complaint handling are not enough on their own to ensure that there is an appropriate consideration of an outcome to a complaint. Systems must be designed and implemented to address the needs of both the Complainant and the service at every stage – from making it easy to make a complaint in the first place to implementing any learning that has arisen as a result. In view of this and arising from his investigation the Ombudsman made the following 36 recommendations, divided into;

Access

1. Multiple methods of making a complaint should be available and easily understood, both during and after treatment. These should include comment boxes within hospital wards (if not already in place). A fully accessible online version of Your Service Your Say should be developed to allow Complainants to make a complaint online.
2. The HSE should undertake a review of Your Service Your Say with a view to making sure that Service Users have greater clarity, guidance and information on how the complaints system works.
3. A standard approach should be adopted by all hospitals in relation to the information available to the public when viewing their website, particularly those hospitals availing of the HSE website – hospital details on this site should all contain the same information and the same links for ease of reference.
4. Complaints Officers should be provided with appropriate and accessible facilities within each hospital to meet Complainants.
5. Independent advocacy services should be sufficiently supported and signposted within each hospital so patients and their families know where to get support if they want to raise a concern or issue.

6. Each hospital should actively develop and encourage volunteer advocates with the hospital who can help support patients who wish to express a concern or make a complaint.
7. A no “wrong door” policy should be developed so that wherever a complaint is raised, it is the system and not the Complainant that is responsible for routing it to the appropriate place to get it resolved.
8. Regulators and the Ombudsman should work more closely together to co-ordinate access for patients to the complaints system. In this regard, the online platform healthcomplaints.ie should be extended to provide a better publicised point of information and access for Complainants.
9. Each hospital group should develop a process to allow for the consideration of anonymous complaints.
10. Each hospital should appoint an Access Officer (as statutorily required under the Disability Act 2005) who should attend all necessary training as provided by the HSE.
11. A detailed complaints policy statement should be displayed in public areas within all hospitals, on the hospital website, and in, or near, the Complaints Officer’s office. Induction and other training for staff should include a reference to the policy. Staff should also be periodically reminded of the provisions of the policy.
12. Each hospital that has not yet done so, should include a reference to this Office:
 - In any letter or correspondence notifying the patient/family of the outcome of the complaint to the hospital;
 - On websites, booklets and information leaflets where the hospital refers to their complaints system;
 - Verbally if explaining how to make a complaint to a patient or their family.

Process

13. The HSE should introduce a standard approach to implementing Your Service Your Say across the public health service. This should include standard forms, standard guidance for patients and staff, standard categorisation of complaints and standard reporting to give certainty to Complainants and to allow for comparison on complaint handling, subjects and outcomes between hospitals and hospital groups.
14. Addressing concerns at ward level should be a main focus for each hospital. All hospital staff should be provided with the appropriate training to allow them to deal with issues as they arise.
15. Consideration should be given on a wider front to amending the statutory complaints process (and the remit of the Ombudsman) to allow for the inclusion of clinical judgement as a subject about which a complaint can be made.
16. Each hospital group should have a Complaints Officer to take overall responsibility for the complaints process and co-ordinate the work of complaints staff in each hospital in the group.
17. A standardised process and template for recording and documenting complaints at ward level should be embedded via a standardised system across the hospital groups.
18. A standardised structure and template for collecting and documenting a complaint should be developed across the hospital groups outlining the nature of the complaint, preferred method of communication and desired outcomes.
19. A standardised information system for the recording of complaints, comments and compliments should be developed across the hospital groups.
20. Each hospital group should implement mandatory training on complaints handling for all Complaints Officers and other staff involved in the complaints process.
21. Each hospital group should provide an induction module for all new hospital staff on the hospital complaints process and its underlying statutory framework.
22. Each hospital group should implement a bi-monthly audit of the complaints dealt with within the group in order to assess the quality of the process, including the response.
23. Each hospital group should develop a facility to allow for independent (i.e. outside the HSE) investigation of complaints where the complaint received is of sufficient seriousness and where appropriate.
24. The HSE and the hospital groups should take steps to ensure that all complaints are thoroughly, properly and objectively investigated and comprehensively responded to.
25. Each hospital group should develop an Open Disclosure training programme in line with the HSE National Guidelines and make it available to all staff.
26. The Department of Health should undertake a full review of the Health Act 2004 (Complaints) Regulations 2006. This Office looks forward to working with the Department in this regard.

Response

27. The outcome of any investigation of a complaint together with details of any proposed changes to be made to hospital practices and procedures arising from the investigation should be conveyed in writing to the Complainant with each issue in the complaint responded to.
28. Each hospital group should develop a standardised policy on redress.

Leadership

29. Each hospital group should redevelop standardised reporting on complaints with greater attention paid to the narrative contained within complaints data so that senior management can identify recurring themes / issues and take action where appropriate.
30. Each hospital group should provide a six monthly report to the HSE on the operation of the complaints system detailing the numbers received, issues giving rise to complaints, the steps taken to resolve them and the outcomes.
31. The HSE should publish an annual commentary on these six monthly reports alongside detailed statistical data (using the reports published in the United Kingdom by the HSCIC as a model)
32. Each hospital group should appoint a senior member of staff to assume an active and visible leadership role in the complaints process with key involvement in education, training and reporting arrangements.
33. Senior managers in each hospital should foster and encourage positive attitudes towards complaints to ensure that each hospital is open to feedback and is responsive to complaints.

Learning

34. Each hospital group should develop a standardised learning implementation plan arising from any recommendations from a complaint which should set out the action required, the person(s) responsible for implementing the action and the timescale required.
35. Each hospital group should put in place arrangements (both within and across the hospital groups) for sharing good practice on complaint handling. This should include a formal network of Complaints Officers to ensure that learning and best practice is shared throughout the public hospital sector.
36. Each hospital group should publicise (via the development of a casebook) complaints received and dealt with within that hospital group. This casebook should contain brief summaries of the complaint received and how it was concluded/resolved (including examples of resulting service improvements) and should be made available to all medical, nursing and administrative staff as well as senior management. This could usefully form part of a larger digest incorporating all information on adverse incidents whether arising from complaints, whistle blowing or litigation to ensure that there is a comprehensive approach to learning from mistakes.

The HSE is committed to reporting on a bi-annual basis, the implementation of the above 36 recommendations, not only across the Hospital Groups but also throughout the Community Health Organisations.

It is the responsibility of the Complaint Manager within each Community Health Organisation and Hospital Group to collate the data for this report and forward to NCGLT when requested. The NCGLT will audit the implementation of the recommendations on a regular basis.

The Ombudsman is also committed to auditing the implementation of these 36 recommendations across the Community Health Organisations and Hospital Groups.

6.5 Lessons Learned & Findings

According to staff representatives and staff themselves, healthcare workers want to be able to provide safe, effective and high quality care and treatment.

The implementation of an effective and efficient feedback process will allow lessons to be learned both from individual complaints investigations and from data analysis of complaints. These can be used to inform service change and to create an environment that supports staff in providing quality healthcare such as decisions around resource allocation, etc.

Expressions of complaint by patients and their advocates reporting poor healthcare experiences represent a valuable data source for learning (see 6.3.1 Trends for Data Analysis) and improving the analysis of complaints is a priority for service providers. This data can facilitate service monitoring and organisational learning. Service users are valuable sources of data as they observe and experience a huge amount of service activity and issues within healthcare settings and are outside the organisation, thus providing an independent assessment.

The HSE collates complaints regionally and nationally and uses this data as a source of learning across the entire system.

Unlocking the potential of healthcare complaints requires both a feedback process that facilitates complaint reporting and systematic procedures for analysing the complaints received.

Please also refer to The Staff Engagement Survey and the HSE People Strategy

6.5.1 Learning from Complaints

The importance of learning from all Service User feedback and complaints cannot be underestimated. In a recent survey within the NHS, the majority of NHS Hospital Trust leaders believe that they are failing to use and utilise the information from complaints. (Health Service Ombudsman for England, 2013)

- Only 20% review learning from complaints and take resulting action to improve services.
- Less than half measure patient satisfaction with the way complaints are handled.
- Less than two thirds use a consistent approach to reviewing complaints data.
- Around a fifth said that the information they received was ineffective in identifying and reducing risk to patient safety.

*Lessons learned from complaints are used
for system-wide learning and improvements.*

“There are many encouraging signs in the research we are publishing to indicate that the NHS recognises the value of complaints information to patient safety. However, the results of our research suggests that too many Trusts are not considering the kind of analysis they need in order to understand patient experience and use information from patient complaints to improve safety and care.

From Ward to Board level, learning from complaints needs to improve.”

(Julie Mellor, Health Service Ombudsman for England, 2013)

The HSE and Service Providers must ensure that **organisational improvement** is a key objective of their feedback processes. All feedback must be viewed as an opportunity for quality improvement and risk management. It is important to assure Complainants that all valid feedback will be used by the organisation to identify corrective actions that need to be taken to ensure that the action about which the complaint was made will be remedied.

To achieve this objective, all HSE staff and Service Providers must accept and recognise complaints as a means of improving the services provided by the organisation. The HSE and Service Providers must ensure that there is cultural acceptance of Service User feedback throughout the organisation.

The pathway for handling complaints that have both clinical and non-clinical aspects to them has been addressed.

It is important to recognise that feedback generated organisational improvements must be addressed in conjunction with the relevant Quality and Risk Personnel in the relevant services, if the complaint relates to both clinical and non-clinical issues.

6.5.2 Complaints Managers Governance and Learning Forum

The Complaints Managers Governance and Learning Forum is a formal network of Complaints Managers and other professional bodies, for example, Office of the Ombudsman, Ombudsman for Children, designed to ensure learning and best practice are shared throughout the organisation.

The Forum is a member driven networking group made up of all Complaints Managers and supported by QAV staff.

The Forum supports the Complaints Managers role of ensuring that lessons learned from complaints are used to improve the service and that those lessons are shared with peers.

The Forum is required to meet on a quarterly basis with resulting minutes and actions published. Each Community Healthcare Organisation Chief Officer and Hospital Group Chief Executive Officer must ensure that a representative Complaints Manager attends and feeds back any learning through relevant management channels locally.

The Forum gives Complaints Managers access to;

- peer learning,
- a platform for involvement in wider quality driven projects,
- an arena for best-practice thinking to solve challenging issues through the examination of complaints handled in each area, and
- a venue for sharing experience in local learning from complaints handling and form analysis of complaints data.

The aims of the Forum include;

- promoting and guiding a consistent approach to the management of complaints within each Hospital Group, Community Health Organisation and corporate HSE, which will reflect Your Service Your Say, The HSE Management of Service User Feedback Policy for Comments, Compliments and Complaints 2017 and the requirements of the **National Standards for Safer Better Health Care**.
- Providing a leadership role within the individual Community Healthcare Organisation and Hospital Groups, ensuring that learning and improvement is a key priority in the management of all Service User feedback.
- Providing clear guidance on each step required as part of a robust complaints management process.
- Promoting governance, leadership and accountability as part of the effective utilisation of Service User feedback.

The objectives of the Forum include:

1. To drive a more integrated approach within the HSE regarding the management analysis and reporting of Service User feedback, enabling better collaboration and problem solving.
2. To promote a focus within each Community Healthcare Organisation and Hospital Group regarding the use of Service User feedback for improved service planning and strategy development.
3. To develop and implement a process which will enable and support the sharing of learning within and across the health services, locally, regionally and nationally.
4. To provide support and share information among members.
5. To provide a forum for professional networking of members.
6. To promote a systematic approach to translating recommendations identified as part of the management process of Service User feedback into action and to embed a framework of tracking and monitoring with a focus on benefits/outcomes of the transformation.
7. To provide and share first-hand patient journeys/experiences for the purposes of learning across all services.

6.5.3 Casebook

Each Complaints Manager has a responsibility for the development of casebooks within their respective Community Healthcare Organisation and Hospital Group.

Each Community Healthcare Organisation and Hospital Group must publicise via the development of complaint casebooks received and dealt with within their respective areas. These casebooks should contain brief summaries of complaints received and how they were concluded/resolve (including examples of resulting service improvements) and should be made available to all medical and nursing staff, as well as senior management.

Casebooks will be published by the NCGLT online to ensure maximum circulation and sharing of learning from these anonymised complaints.

6.5.4 Complaints Officer Governance and Learning Forum

Subsequent to the publishing of the Learning to Get Better report, the Ombudsman has requested a further recommendation regarding the establishment of a Complaints Officer Governance and Learning Forum.

This forum will be supported by Consumer Affairs. Members should include representatives;

- of Complaints Officers from CHOs and HGs
- of Complaints Officers from Service Providers
- from Consumer Affairs
- from Complaints Manager Governance & Learning Forum
- from QAV
- from other relevant professional or regulatory bodies, as appropriate

The Forum supports the Complaints Officers' role of ensuring that lessons learned from complaints are used to improve the service and that those lessons are shared with peers.

The forum is required to meet on a quarterly basis with resulting minutes and actions published.

The forum gives Complaints Officers access to;

- peer learning,
- a platform for involvement in wider quality driven projects,

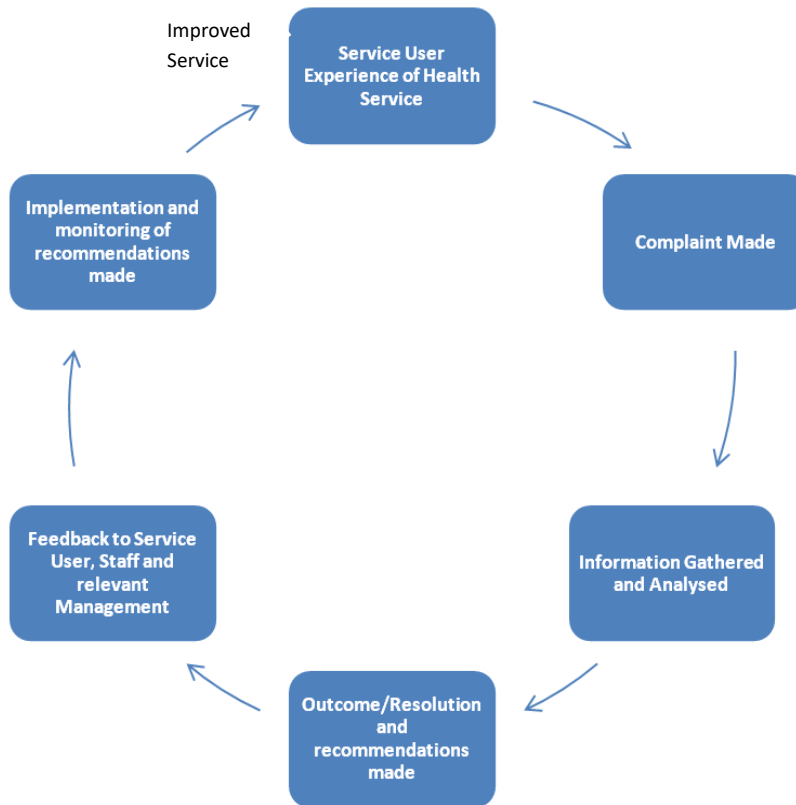
- an arena for best-practice thinking to solve challenging issues through the examination of complaints handled in each area, and
- a venue for sharing experience in local learning from complaints handling and form analysis of complaints data.

6.6 Recommendations

Recommendations made and accepted following the investigation of complaints are implemented fully and all relevant persons have been informed of this.

The importance of learning following on from the Complaints Officer / Review Officer recommendations, as part of their investigation into formal complaints, is essential in ensuring service improvement.

Table 4: Importance of recommendations in the life cycle of a complaint



6.6.1 Recording

Recommendations made by both Complaints Officers and Review Officers of formal complaints are captured on the HSE Complaints Management System (CMS).

The system allows for the inclusion of data, such as;

- Who made the recommendation
- Who the recommendation has been assigned to
- Recommendation accepted status
- Recommendation implementation status
- Target date for implementation
- Recommendation close date
- Recommendation details
- Implementation details
- Recommendation outcome

QAV and Complaints Managers will have real time access to recommendations data made within their areas of responsibility. This will include direct access to the recommendations made by Complaints Officers and Review Officers, which can be used for shared learning, to populate anonymised casebooks and for implementation of their respective **Recommendation Action Plans**.