

Complaints covered under Sections 38 and 39 of the Health Act 2004.

Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004 are obliged to submit information to the Health Service Executive on complaints.

Section 55(2) of the 2004 Act states that :

A service provider who has established a complaints procedure by agreement with the Executive shall in each year, at such time and in such manner as the Executive may determine, provide the Executive with a general report on the complaints received by the service provider during the previous year including-

- (a) the total number of complaints received*
- (b) the nature of the complaints,*
- (c) the number of complaints resolved by informal means, and*
- (d) the outcome of any investigations into the complaints.*

In order to ensure compliance with Part 9 of the Health Act 2004 along with the Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006) the following procedure shall be followed to allow for the smooth and efficient collection of data in relation to complaints:

- The Local Health Office will provide the Consumer Affairs Area Officers with an up-to-date list of Agencies providing services under Sections 38 and 39 of the Health Act 2004 at 6monthly intervals in May and November of each year.
- The Provider shall submit a copy of their complaints policy to their relevant Consumer Affairs Area Office, for approval, who will validate the policy and link in directly with the Provider if any changes/ amendments are required. The CA Area Office will advise the Provider and the Local Health Office when the policy has been approved.
- The Provider will submit returns on an agreed template to the relevant CA Area Office on a bi-annual basis for the periods of January-June and July-December. The deadline for the return of these templates shall be 20th July and 20th January respectively. Any queries arising from the templates will be followed up by the Consumer Affairs Area Officers.
- The Consumer Affairs Area Office will liaise directly with the Providers to ensure that statistics are submitted on time and a reminder will issue one month prior to the deadline for submission.
- The Consumer Affairs Area Offices will provide guidance, support and training around complaints handling to Providers.

Copy of the template to be used is attached for information, along with an explanatory sheet for each heading.

(i) Complaints received pending at end of last month	(ii) Complaints received this month	(iii) Total Complaints on hand current month	(iv) Complaints Excluded under Section 9	(v) Anonymous Complaints	(vi) Complaints dealt with at Stage 1	(vii) Complaints Withdrawn	(viii) Complaints dealt with within 30 working days at Stage 2	(ix) Complaints dealt with within 60 working days at Stage 2	(xii) Complaints Pending at end of Month	(xiii) Informal Mediation Used	(xiv) Comments/ Suggestions
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- i) **Complaints received pending at end of last month:** This section refers to the number of complaints that are on hand at the beginning of the month before the receipt of any new complaints. It is a direct correlation to the number of complaints that are on hand at the end of the previous month. This field will automatically be populated by the system once the first month of the year has been entered, therefore it will not require further attention from the complaints officer from February onwards.
- ii) **Complaints received this month:** This is the total number of all complaints received by the complaints officer for the month in question.
- iii) **Total Complaints on hand current month:** This figure is a total of the previous two columns and will automatically be entered when columns (i) and (ii) are populated.
- iv) **Complaints Excluded under Part 9 of the Health Act 2004:** Complaints that fall outside of the scope of the complaints policy as detailed under Part 9, Section 48, e.g. a matter that is or has been the subject of legal proceedings before a court or tribunal.
- v) **Anonymous Complaints:** Complaints that have been received but for which the source of the complaint is unknown, or if the person making the complaint does not wish to have their details known. As these complaints cannot be formally investigated they are noted as being received and referred to the appropriate line manager for their information.
- vi) **Complaints dealt with at Stage 1:** Stage 1 of the complaints process deals with informal complaints (verbal) that are dealt with at the point of contact.
- vii) **Complaints Withdrawn:** This refers to a complaint that has been noted on the system, but which subsequently is withdrawn by the complainant – no further investigation is conducted.
- viii) **Complaints dealt with within 30 working days at Stage 2:** Stage 2 of a complaint refers to a formal written complaint. If the complaint has been finalised within the 30 working day guideline and no extension of time is required then it is noted in this section.

- ix) **Complaints dealt with within 60 working days at Stage 2:** If a formal written complaint has not been finalised within the 30 day timeframe it then falls into this category once it has been dealt with within 60 working days. Any complaints that have taken longer than 60 working days do not fall into this category.
- x) **Complaints pending at end of month:** This category will automatically be populated by taking the totals from sections (iv) to (ix) and subtracting them from section (iii). As a complaint officer, you do not have to complete this section.
- xi) **Informal mediation used:** Regardless of which stage the complaint has been dealt with, if mediation has been used it should be noted here. This will not have a bearing on the overall totals as they are included in sections (iv) to (ix).
- xii) **Comments/Suggestions:** Any comments or suggestions received by the complaints officer should be noted here.
- xiii) **Positive Feedback:** All positive feedback received back regarding a service should be included in here.