**Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Matters excluded under part 9, Health Act 2004** | **Yes** | **No** |
| Was the complaint excluded from examination under part 9, Health Act 2004? (e.g. relating to legal proceedings before a court or tribunal, solely clinical judgement, recruitment, prejudice Garda investigation) |  |  |
| If yes, did you write to the complainant to state that you could not deal with the matter? |  |  |

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| **Complaints that do not fall within the remit of the Procedure Manual** |
| **Details of Complaint/Allegation** | **Policy/Procedure, Guideline or legislation to be followed** | **Did the request for review contain any of the items outlined?** | **Please tick to confirm referral** | **Please tick to confirm complainant advised** |
| Yes | No |
| Incidents (Clinical or Non -Clinical) | Refer to relevant policy developed in compliance with the requirements ofthe **HSE Incident Management Framework** |  |  |  |  |
| Allegations of abuse of a child | Refer to Tusla Area Manager to deal with the complaint in line with current**HSE Child Protection and Welfare Policy** (*Note under the Children First Legislation**2015 mandated persons are obliged to report suspected abuse to TUSLA*).In cases where an allegation / complaint is brought against a staff memberthe current HSE Trust in Care policy should be implemented in addition toreferring the matter to Tusla |  |  |  |  |
| Allegation of abuse made against staff membersComplaint by Staff of any inappropriate behaviour of other staff at workComplaint about bullying and harassment made against staff | Refer to Line Manager/head of discipline to deal with complaint in line with current National HSE policies and procedures for example: * **Trust in Care Policy**
* **Grievance and Disciplinary Procedures**
* **Dignity at Work Policy**
 |  |  |  |  |
| Complaints against the HR/Recruitment process | Refer to Line Manager / head of discipline to deal with complaint in line with current National HSE policies and procedures such as:* **Grievance and Disciplinary Procedures**
* **Dignity at Work Policy**
* **HSE HR Policies & Procedures**
 |  |  |  |  |
| Allegations of abuse or neglect of vulnerable adults(Incorporating services for elder abuse and for persons with a disability) | **Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and****Procedures** |  |  |  |  |
| Complaint about entitlements under Part 3, Chapter 9 of the Social Welfare (Consolidation) Act 2005 | Refer to Health Services Executive Appeals Process / Social Welfare Appeals Office in relation to basic payments and supplements |  |  |  |  |
| Complaints in relation to decisions of Freedom of Information | Refer to local Consumer Affairs Office  |  |  |  |  |
| Complaints in relation to breaches of Data Protection Rights | Follow HSE Data Protection Breach Management Guidance |  |  |  |  |
| Complaints in relation to Environmental Issues | Refer to local Environmental Health Office to deal with the complaint in linewith relevant legislation such as:* **Food Safety Authority of Ireland Act 1998**
* **European Communities (Hygiene and Foodstuffs) Regulation 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 Area Manager** to deal with the complaint in line with the Childcare Act 1991 (Early Years Services) Regulations 2016 |  |  |  |  |
| Concerns that a number of people have been exposed to a specific hazard | Refer to local policy developed in compliance with the requirements of the **HSE Incident Management Framework** |  |  |  |  |
| Protected Disclosures and Good Faith Reporting | Refer to the **Authorised Person** who will examine and decide based oninformation available what form the investigation should take in line withthe **Protected Disclosures Act 2014 \*** |  |  |  |  |
| Disability Act (Part 2, Assessment of Need, Service Statements and Redress) | Refer complaints in relation to Assessment of Need to the **National****Disability Complaints Office**Reviews are referred to the **Office of the Disability Appeals Officer,****Department of Health** |  |  |  |  |
| Complaints relating **solely** to Clinical Judgement | Refer directly to appropriate manager / clinical professional under theappropriate pathway |  |  |  |  |

*\* Personal details should only be forwarded in compliance with GDPR protocols*

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| **During the review did you speak to the complainant** | **Yes** | **No** |  | **Timeframes** | **Yes** | **No** |
| Face to Face |  |  |  | Did the request for review include new complaints for examination? |  |  |
| Over the telephone |  |  |  | If yes were they referred to local level? |  |  |
| If no, please advise |  |  |  | If not why not: |
| Were calls made to the complainant and not returned? |  |  |  |
| Was a meeting declined by the complainant?  |  |  |  | Was the review report completed within the legislative timeframe (within 20 working days of the Review Officer receiving the request)? | **Yes** | **No** |
| Was a desktop review deemed to be sufficient? |  |  |  |  |  |
|  |  |  |  | If the report was not completed within the 20 working day timeframe, please indicate reasons for the delay(Please tick all the apply) |
| **Recommendations** | **Yes** | **No** |  | Not assigned within timeframe |  |  |
| Did the complaints officer make recommendations? |  |  |  | Personal Workload |  |  |
| Which of the following applies to the recommendations made by the Complaints Officer? |  |  |  | Awaiting additional clarification/info from complainant |  |  |
| Upheld |  |  |  | Awaiting additional clarification / info from staff |  |  |
| Varied |  |  |  | Lack of co-operation at local level |  |  |
| New recommendations issued |  |  |  | Other (If other, please specify) |  |  |
|  |  |  |  |  |  |  |
| **Review Report** | **Yes** | **No** |  |  |  |  |
| Did the complaints officer use the template report? |  |  |  | **Keep a copy of this document on file.** |
| Did you use the template report? |  |  |  |
| Prior to completing the report did you send a copy of draft adverse findings to relevant staff? |  |  |  |

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| **Has a copy of the review report been sent to the following?** | **Yes** | **No** | **N/A** | **Relevant Sections****of Report** | **Full Report** |
| Complainant |  |  |  |  |  |
| Complaints Officer who investigated original complaint |  |  |  |  |  |
| Accountable Officer |  |  |  |  |  |
| Complaints Manager |  |  |  |  |  |
| Members of staff complained against |  |  |  |  |  |

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_