



**Your Service
Your Say**

Guideline Document for Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004:

Complaints Management Procedure for Voluntary Organisations

March 2018
Version 8

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1 Introduction

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:*
 - a. formal means within the timeframe,*
 - b. formal means outside the timeframe,*
 - c. informal means,*
- (d) the outcome of any investigations into the complaints.*
 - a. Complaints upheld/partially upheld*
 - b. Recommendations made arising from a complaint*
 - c. Recommendations implemented arising from a complaint*
- (e) the total number of reviews received,*
 - a. the outcome of the reviews.*
 - i. Number of recommendations upheld*
 - ii. Number of recommendations varied*
 - iii. Number of new recommendations*

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 Community Health Organisation/Hospital Group 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 6 monthly 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 Consumer Affairs Area Office will advise the Provider and the Community Health Organisation when the policy has been approved. In the case of a national service provider, their policy shall be submitted to the National Complaints Governance and Learning Team (nationalcgl@hse.ie), Quality Assurance and Verification Division.
- The Provider will submit returns on an agreed template to the National Complaints Governance and Learning Team on a quarterly basis for the periods of January-March, April-June, July-September and October-December. The deadline for the return of these templates shall be 20th April, 20th July, 20th October and 20th January respectively. Any queries arising from the templates will be followed up by the National Complaints Governance and Learning Team (nationalcgl@hse.ie). Guides and Resources available at

<https://www.hse.ie/eng/about/qavd/complaints/ysysguidance/resources-for-voluntary-agencies-providers/resources-for-voluntary-agencies-providers.html>

- The National Complaints Governance and Learning Team (nationalcglthse.ie) 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.

1.1 What is a 'Small Organisation'?

A small organisation is one that receives between €1 and €49,999 in funding from the HSE annually. For most small organisations without paid employees and direct involvement with children or vulnerable adults, a statement regarding how to complain, recording & resolution of complaints is sufficient.

For those Providers with paid employees and or direct involvement with children or vulnerable adults, they must have a complaints policy developed in line with the HSE policy "Your service your say" which must be submitted to Consumer Affairs for approval. The headings listed below in *Section 2: Headings which should be covered in a complaints procedure* should be included in the Complaints Policy for these Providers.

1.2 What is a 'Larger Organisation'?

A larger organisation is one that receives over 50,000. These Providers must have a complaints policy developed in line with the HSE policy "Your Service Your Say: The Management of Service User Feedback for Comments, Compliments and Complaints, HSE Policy 2017". Providers must submit their policy to their local Consumer Affairs for approval.

National Providers must submit their policy to the National Complaints Governance and Learning. local Consumer Affairs for approval.

The headings listed below should be included within the provider's Complaints Policy.

2 Headings which should be covered in a complaints procedure

The following headings must be covered in a complaints procedures, see also the Checklist in the Appendices:

- Definition of a complaint
- Purpose
- Who can make a complaint
- How complaints can be made
- Acknowledgements
- Advocacy
- The stages of the complaints management process
 - Stage 1
 - Stage 2

- Stage 3
- Stage 4
- Managing complaints
 - Timeframes involved once a complaint is received
 - Time limits for making a complaint
- Principles Governing the Investigation Process
- Matters excluded (As per Part 9 of the Health Act)
- Refusal to investigate or further investigate complaints.
- Unreasonable complainant behaviour
- Redress

2.1 Definition of a complaint

(Definition as per the Health Act 2004)

“complaint” means a complaint made under this Part about any action of the Executive or a service provider that—

- (a) it is claimed, does not accord with fair or sound administrative practice, and
- (b) adversely affects the person by whom or on whose behalf the complaint is made;

2.2 Purpose

What your document is to achieve

2.3 Who can make a complaint

Any person who is being or was provided with a health or personal social service by the Executive or Service Provider or who is seeking or has sought provision of such service may complain, in accordance with the procedures established under this Part, about any action of the Executive 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.

2.4 How complaints can be made

Verbal, written, email, fax. Outline if there are any complaints forms which should be used.

2.5 Acknowledgements

(HEALTH ACT 2004)

Acknowledgement of complaints

7. (1) Upon a complaint being received by or assigned to the complaints officer (including a referral under section 48(2)), he or she shall notify, within 5 working days, the complainant, in writing, that the complaint has been so received or assigned and outline the steps that he or she proposes to take in investigating the complaint and the time limits for the completion of the investigation.

2.6 Advocacy

All complainants have the right to appoint an advocate who, if a person is unable to make a complaint themselves can assist them in making the complaint. The Citizen Information (Comhairle 2005) 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.

2.7 The stages of the complaints management process

2.7.1 Stage 1: Point of Contact Resolution

These are straightforward complaints which may be suitable for prompt management and to the service users' satisfaction at the point of contact.

2.7.2 Stage 2: Formal Investigation Process

Unresolved complaints at Stage 1 may need to be referred to a Complaints Officer. More serious or complex matters may need to be addressed immediately under Stage 2. There may be a need for investigation and action(s) as appropriate

The Complaints Officer must consider whether it would be practicable, having regard to the nature and the circumstance of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding an informal resolution of the complaint by the parties concerned.

Where informal resolution was not successful or was deemed inappropriate, the Complaints Officer will initiate a formal investigation of the complaint.

The Complaints Officer is responsible for carrying out the formal investigation of the complaint at Stage 2 but may draw on appropriate expertise, skills etc. as required. Staff have an obligation to participate and support the investigation of any complaint where requested.

At the end of the investigation, the Complaints Officer must write a report of their investigation and give a copy of the report to the complainant, to the manager of the relevant service (Accountable Officer) and / or staff member that was the subject of the complaint.

The final report will include any recommendations needed to resolve the matter. The complaints officer will invite everyone involved to contact them with questions about any issues and will advise the complainant of their right to a review of the recommendations made by the complaints officer.

Where the investigation at Stage 2 fails to resolve the complaint, the complainant may seek a review of their complaint from the Review at Stage 3 or the complainant may seek an independent review of their complaint from, for example, the Ombudsman/Ombudsman for Children.

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.

2.7.3 Stage 3: Review

These are complaints where the Complainant is dissatisfied with the outcome of the complaint investigation at Stage 2. A request for a review must be made within 30 days of the investigation report being sent.

Clear details as to whom a complainant may apply to for a complaint review should be outlined within the complaint letter being sent out by the Complaints Officer. Agencies with the capacity to conduct a complaint review should ensure this is documented in their complaints policy. There is no obligation on the HSE to conduct a complaint review investigation for the Service Provider as long as there is a review process in place within the agency itself.

Small agencies that do not have the capacity to undertake their own reviews should link in with their local HSE Complaints Manager to identify an appropriate person.

The complainant may also choose to go directly to the Office of the Ombudsman, Ombudsman for Children, or other professional bodies to whom the complainant could make an application for review.

The Review Officer's function is to:

- (i) To determine the appropriateness of a recommendation made by the Complaints Officer, 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.

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.

For further information on how to undertake a review investigation please go to:
<https://www.hse.ie/eng/about/qavd/complaints/ysysguidance/resources-for-voluntary-agencies-providers/reviews-guidance-for-service-providers.docx>

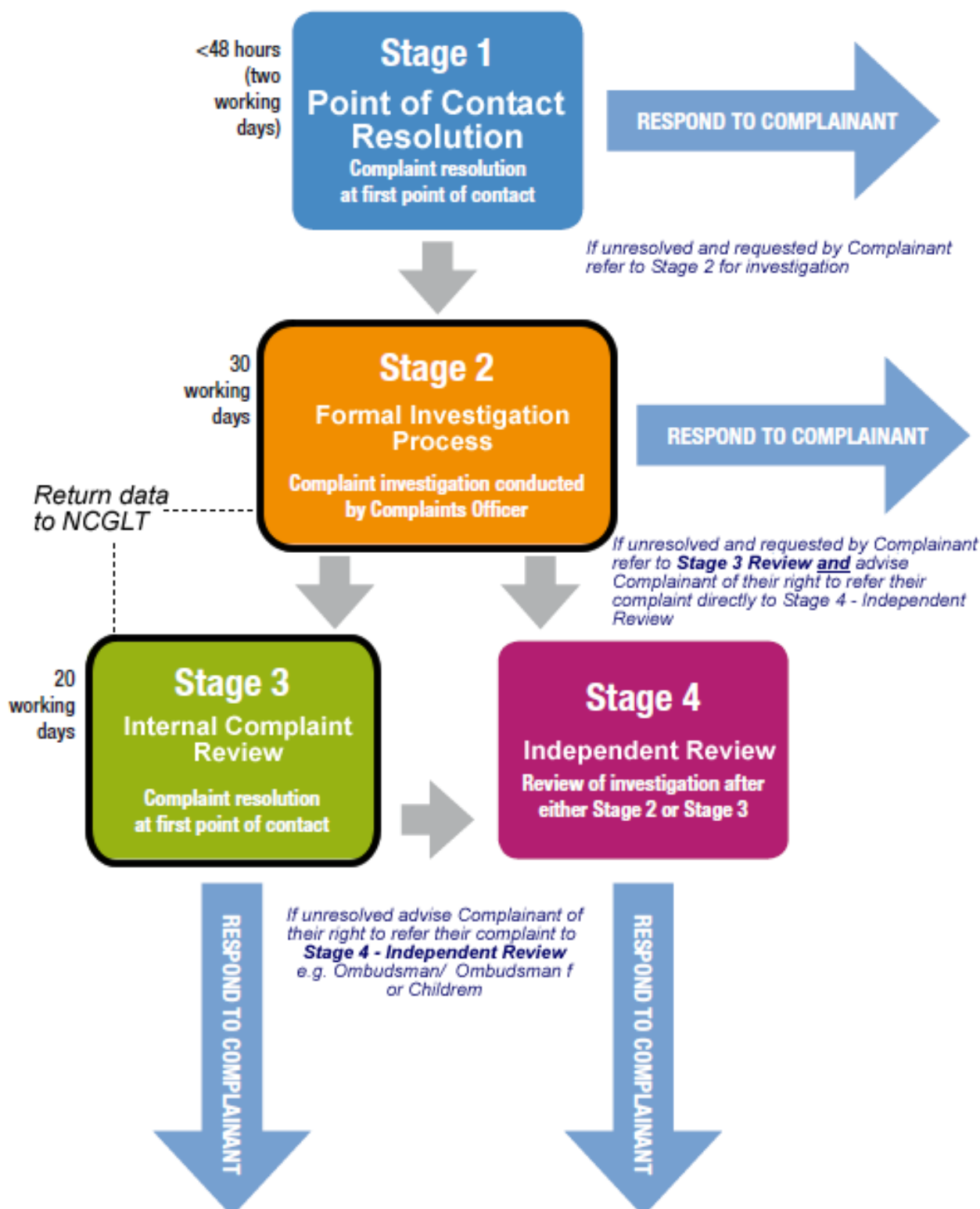
2.7.4 Stage 4: Independent Review

If the complainant is not satisfied with the outcome of the complaints management process he/she may seek a review of the complaint by the Ombudsman/ Ombudsman for Children.

The complainant must be informed of their right to seek an independent review from the Ombudsman/Ombudsman for Children at any stage of the complaint management process.

54.—(1)

Nothing in this Part prohibits or prevents any person who is dissatisfied with a recommendation made or step taken in response to a complaint under this Part or with a review under this Part from referring the complaint to the Ombudsman or the Ombudsman for Children.



2.8 Managing complaints

2.8.1 Timeframes involved once a complaint is received

Service User / Complainant Timeframes	
To make a complaint	12 months
If Complainant does not wish patient confidential information to be accessed	5 working days from date of Acknowledgement Letter
Withdraw complaint	At any stage
Request a review of a complaint	30 working days
Refer complaint to Ombudsman	At any stage
All staff	
Respond to request for information	10 working days
All staff at Point of Contact	
Point of Contact Resolution	Immediately / < 48 hours* – where possible
Point of Contact Resolution – Line Manager	< 48 hours* – where possible
Complaints Officer Timeframes	
Notify Complainant of decision to extend/not extend 12 months timeframe	5 working days
Complaints Officer (& QPS/Clinical Director) Resolution	< 48 hours* – if appropriate
Notification Letter to QPS/Clinical Director	On receipt of complaint – if appropriate
If complaint does not meet criteria for investigation – inform Complainant	5 working days
Acknowledgment Letter	5 working days from receipt of complaint in HSE
Seeking further information	10 working days
Update Complainant and relevant staff	Every 20 working days after initial 30 day due date
Investigate and conclude (Report)	30 working days from date of Acknowledgement Letter
Conclude at latest	6 months
Review Officer Timeframes	
Notify Complainant of decision to extend/not extend 30 days timeframe	5 working days
Review Officer should make contact with Complainant & explain process	< 48 hours* – if appropriate
Acknowledgement Letter	5 working days from receipt of review

	request in HSE
If complaint does not meet criteria for review – inform Complainant	5 working days
Seeking further information	10 working days
Update Complainant and relevant staff	Every 20 working days after initial 20 day due date
Investigate and conclude (Report)	20 working days from date of Acknowledgement Letter
Head of Service / Accountable Officer Timeframes	
Complaint – Recommendation(s) Action Letter	30 working days
Review – Recommendations(s) Action Letter	30 working days

* 2 working days

2.8.2 Time limits for making a complaint

The Complaints Officer must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that:

- A complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint

A Complaints Officer may extend the time limit for making a complaint if in the opinion of the Complaints 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
- A Complaints Officer must notify the complainant of decision to extend / not extend time limits within 5 working days.

2.9 Principles 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 Complaints 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 and treated in the strictest confidence.

The Complaints 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.

2.10 Matters excluded (As per Part 9 of the Health Act)

<https://www.hse.ie/eng/about/qavd/complaints/ncglt/excel/complaints-excluded-from-process.html>

- 48.—(1) A person is not entitled to make a complaint about 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 in the circumstances described in paragraph (b)
 - 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 or of a contract with an adviser that the Executive proposes to enter into under section 24;
 - a matter relating to the Social Welfare Acts;
 - 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.
- 2) Subsection (1)(i) does not prevent a complaints officer from dealing with a complaint that was made to the Ombudsman or the Ombudsman for Children and that is referred by him or her to a complaints officer.

2.11 Refusal to investigate or further investigate complaints.

50.—

- (1) A complaints officer shall not investigate a complaint if—
 - the person who made the complaint is not entitled under *section 46* to do so either on the person's own behalf or on behalf of another,
 - the complaint is made after the expiry of the period specified in *section 47(2)* or any extension of that period allowed under *section 47(3)*.
- (2) A complaints officer may decide not to investigate or further investigate an action to which a complaint relates if, after carrying out a preliminary investigation into the action or after proceeding to investigate such action, that officer—
 - is of the opinion that—

1. the complaint does not disclose a ground of complaint provided for in *section 46*,
2. the subject-matter of the complaint is excluded by *section 48*,
3. the subject-matter of the complaint is trivial, or
4. the complaint is vexatious or not made in good faith,

or

(b) is satisfied that the complaint has been resolved.

- (3) A complaints officer shall, as soon as practicable after determining that he or she is prohibited by *subsection (1)* from investigating a complaint or after deciding under *subsection (2)* not to investigate or further investigate a complaint, inform the complainant in writing of the determination or decision and the reasons for it.

2.12 Unreasonable complainant behaviour

The service provider should set out how they will deal with vexatious complainant behaviour either in the complaints policy or a separate policy if they so wish.

It is noted that in a minority of cases where the organisation will take all reasonable measures to try to resolve a complaint through the complaints procedure, the complainant does not accept these efforts. Where a complainant's behaviour could be considered abusive, unreasonable or vexatious, the organisation may consider invoking their equivalent of the HSE Policy for Dealing with Vexatious Complaints.

The complainant must be notified of their right of review. Clear details as to whom a complainant may apply for a complaint review should be outlined within the complaint response letter or report cover letter being sent out by the Complaints Officer. Agencies with the capacity to conduct a complaint review should ensure review rights are documented in their complaints policy. There is no obligation on the HSE to conduct a complaint review investigation for the Service Provider as long as there is a review process (or where there is capacity to provide a review process) in place within the agency itself.

Small agencies that do not have the capacity to undertake their own reviews should link in with their local HSE Complaints Manager to agree a review process and identify an appropriate person.

The complainant may also choose to go directly to the Office of the Ombudsman, Ombudsman for Children, or other professional bodies to whom the complainant could make an application for review.

The National Complaints Governance and Learning Team are currently developing a policy to manage behaviours that could be classed as unreasonable within the Your Service your Say process.

2.13 Redress

An effective complaints system which offers a range of timely and appropriate remedies will enhance the quality of service to the consumers of the HSE. It will have a positive effect on staff morale and improve the HSE's relations with the public. It will also provide useful feedback to the HSE and enable it to review current procedures and systems which may be giving rise to complaints.

Redress should be consistent and fair for both the complainant and the service against which the complaint was made. The HSE or 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 claimant personally. This redress could include:

- Apology
- An explanation
- Refund
- Admission of fault
- Change of decision
- Replacement
- Repair /rework
- Correction of misleading or incorrect records
- Technical or financial assistance
- Recommendation to make a change to a relevant policy or law
- A waiver of debt

A complaints officer may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause—

- a) the Executive to make a material amendment to its approved service plan, or
- b) a service provider and the Executive to make a material amendment to an arrangement under section 38.

(2) If, in the opinion of the relevant person, such a recommendation is made, that person shall either—
(a) amend the recommendation in such manner as makes the amendment to the applicable service plan or arrangement unnecessary, or
(b) reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates as the relevant person considers appropriate.

3 The Investigation Process

<https://www.hse.ie/eng/about/qavd/complaints/ysysguidance/listening-responding-to-feedback/thecomplaintsprocess.html>

4 Contact Details

See <https://www.hse.ie/eng/services/yourhealthservice/contact/> for contact information for local Consumer Affairs offices

	Address	Tel	Email
Local Consumer Affairs offices See https://www.hse.ie/eng/services/yourhealthservice/contact/			
National Complaints – Governance & Learning Team			
National Quality Assurance & Verification Division nationalcgltd@hse.ie 061 483577			
Ombudsman			
http://www.ombudsman.gov.ie/en/About-Us/Contact-Us/	6 Earlsfort Terrace, Dublin 2, DO2 W773	+353-1-639 5600 Lo-call: 1890 223030	ombudsman@ombudsman.gov.ie
The Office of the Ombudsman is open between 9.15 a.m. and 5.30p.m. Monday to Thursday and 9.15 a.m. to 5.15p.m. on Friday			
Ombudsman for Children			
Address: Ombudsman for Children's Office, Millennium House, 52-56 Great Strand Street, Dublin 1, Ireland		Complaints contact – free-phone 1800 20 20 40 Phone: 01 865 Fax number is 01 874 73336800	You can also contact the complaints team using the email ococomplaint@oco.ie General email address is oco@oco.ie

5 Appendices

5.1 Checklist Cover Sheet

Complaints Procedure: Yes (Y)/No(N)/Partial(P)			
Date:			
	Included		Comments
<i>Definition of a complaint</i>		-	
<i>Purpose</i>		-	
<i>Who can make a complaint</i>		-	
<i>How complaints can be made</i>		-	
<i>Acknowledgements</i>		-	
<i>Advocacy</i>		-	
List Stages of the complaints management process			
<i>Stage 1 – Local Resolution – Verbal Complaint</i>		-	
<i>Stage 2 – Informal Resolution and/or Formal Investigation</i>		-	
<i>Stage 3 – Review</i>			
<i>Stage 4 – Independent Review</i>		-	
Timeframes involved once a complaint is received			
Time limits for making a complaint		-	
Matters excluded		-	
Refusal to investigate or further investigate complaints			
Unreasonable complainant behaviour/vexatious complaints			
Redress		-	
Recorded			
Annual Report		-	
Policy Statement			

5.2 Guidance for staff on S.38/39 Service Providers

5.3 & Complaint Review Requests

Part 7, Section 38 of the Health Act 2004 defines a **Service Provider** as a person with whom the Executive enters into an arrangement for the provision of a health or personal social service on behalf of the Executive, e.g. Nursing Homes, non-statutory Residential/Respite Homes/Centres etc.

38. (1) *The Executive may, subject to its available resources and any directions issued by the Minister under section 10, enter, on such terms and conditions as it considers appropriate, into an arrangement with a person for the provision of a health or personal social service by that person on behalf of the Executive.*

Part 7, Section 39 of the Health Act 2004 refers to any person or any body that provides or proposes to provide a service similar or ancillary to a service that the Executive may provide, and to whom the Executive has given, or proposes to give, assistance.

Service Provider Requirements

Three Reports will be required by the HSE from Service Providers i.e. 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 and will request that templates provided by NCGLT be returned, completed, on a quarterly basis by National Service Providers.

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 (without a formal investigation having been undertaken).
- 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.

In relation to Review Requests the HSE will also seek a report from the Service Provider indicating:

- (a) the total number of review requests
- (b) the nature of the review requests and
- (c) the outcome of the review requests.

Does the HSE have to conduct review investigations for Service Providers?

There is no obligation on the HSE to conduct a complaint review investigation for the Service Provider as long as there is a review process in place within the agency itself. If the agency is small and consequently doesn't have the capacity to review a complaint, then the HSE should undertake a review investigation, if requested by the complainant. The complainant may also choose to go directly to the Office of the Ombudsman, Ombudsman for Children, or other professional bodies to whom the complainant could make an application for review.

Clear details as to whom a complainant may apply to for a complaint review should be outlined within the complaint letter being sent out by the Complaints Officer. Small agencies that do not have the capacity to undertake their own reviews should link in with their local HSE Complaints Manager to identify an appropriate person.

What is the Role of Review Officer?

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.
- 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.

The functions of the Review Officer are twofold:

- (iii) 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
- (iv) 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.

Review Officers and 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.

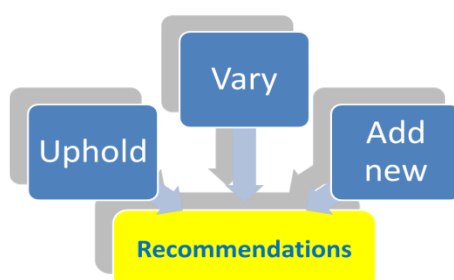
These recommendations to include:

- 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.
- Any 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.



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. If the HSE is undertaking a review on behalf of a Service Provider the Accountable Officer in this instance would most likely be the most senior officer of the Service Provider.

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.

For further information on how to undertake a review investigation please go to:

<http://www.hse.ie/eng/about/QAVD/Complaints/ysysguidance/>

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