Standard Letters
for use by

**Accountable Officers**

for YSYS Stage 2 and 3
**Complaints / Reviews**

**Correspondence should be typed on HSE headed paper and personalised as appropriate.**

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# letter from accountable officer to complainant and complaints officer regarding implementation of recommendations (accept/amend/reject)

*[Insert HSE reference number]*

*[Insert date]*

**Private & Confidential**

*[Insert complainant’s name and address]*

Dear *[Insert complainant’s name]*

I wish to inform you that you I have received a copy of the investigation report prepared by *[insert complaints officer name and title].*

I have examined the report including the findings and recommendations.

Further to this I wish to inform you that I am accepting [the following / all of the / none of the] recommendations.

[List recommendations as appropriate]

I am rejecting the recommendation(s) listed below:

[List recommendations as appropriate]

The reason for rejecting this /these is [specify reason].

I am amending the recommendation(s) listed below:

[List recommendations as appropriate]

The new recommendation(s) will now read:

[List revised recommendation(s) as appropriate]

The reason for amending this /these is [specify reason].

Please find attached the recommendation action plan which summarises the above and sets out the date by which recommendations will be implemented.

INSERT BELOW PARAGRAPH AS APPROPORIATE

As part of our quality assurance process I would appreciate if you could complete the enclosed survey; ***Complaints Handling – Service User Feedback Form***, regarding the complaints management process and return this to *(insert name and contact details for Complaints Manager)*

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert name]*

Accountable Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

## Recommendation Action Plan Template

The Action Plan will set out what recommendations have been accepted, or rejected and why, by the Accountable Officer. The plan will also set out where a recommendation has been amended, and why, and include the revised text for the recommendation. In addition the Accountable Officer will advise by when the recommendations should be implemented. For updates on the implementation of recommendations please contact your Complaints Officer.

|  |  |  |
| --- | --- | --- |
| **Action Plan Template** |  |  |
| **Insert Complaint Reference Number** |  |  |
| **No.** | **Recommendation** | **Accountable Officer** | **Approved or Rejected or Amended** | **Outline Reason for Rejection / Amendment**  | **Text of amended recommendation (if applicable)** | **Date of Implementation of Recommendation** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Complaint Handling: Service User Feedback Form** |  |
| **Name of Complaints Officer (in block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |
|  |  | **Yes** | **No** |
| **1.** | **Was your complaint handled within the required complaint investigation timeframes, as follows:** |  |  |
|  | 1. Was your initial contact with your Complaints Officer within 48hrs/two working days?
 |  |  |
|  | 1. Did you receive an acknowledgement of your complaint within five working days?
 |  |  |
|  | 1. Did the acknowledgement set out the issues to be investigated and provide you with your review rights?
 |  |  |
|  | 1. Was the investigation into your complaint completed within 30 working days?
 |  |  |
| **2.** | **If applicable, were you advised of a delay to the investigation** (*that it would take longer than 30 working days*) **and any ongoing delay?***(target is every 20 working days, after delayed investigation deadline)* |  |  |
| **3.** | **Were you pleased with the quality of communication with the HSE** (Complaints Officer) **during the complaints process?** |  |  |
| **4.** | **Did you receive an investigation report that set out the issues investigated, how there were examined, the findings and the recommendations?** |  |  |
|  |  |  |  |
|  | *Additional remarks and comments:* |  |  |
|  |  |  |  |
| **6.** | **Were you made aware of your rights to request an HSE Internal Review of your complaint, and/or Independent Review** *(e.g. Office of the Ombudsman, etc.)?* |  |  |
|  |  |  |  |
| **7.** | Overall, how satisfied are you with the handling of your complaint? |  |  |
|  | Tick ***one*** as appropriate: |  |  |  |  |
|  | Excellent |  | Adequate |  |  |  |  |
|  | Good |  | Poor |  |  |  |  |
|  | Satisfactory |  | Unsatisfactory |  |  |  |  |
|  |  |  |  |
|  | *Additional remarks and comments:* |  |  |

**Thank you for taking the time to complete this evaluation.**

**Please return the form to the Complaints Manager.**

Complaint Manager Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Letter from accountable officer to review requester, complaints officer regarding suspending of implementation of recommendations pending outcome of review

(to be issued within 5 working days of making the decision to suspend implementation)

*[Insert HSE reference number]*

*[Insert date]*

**Private & Confidential**

*[Insert review requester’s name and address]*

Dear *[Insert review requester’s name]*

I wish to inform you that further to your request for review of the recommendations arising from the investigation of your complaint carried out under Stage 2 of the Your Service Your Say complaints management process, I have decided to suspend the implementation of the following recommendations pending the outcome of the review.

[List recommendations as appropriate]

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert name]*

Accountable Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Letter from accountable officer to Review Requester, complaints officer, review officer and complaints manager regarding implementation of recommendations (accept/amend/reject)

*[Insert HSE reference number]*

*[Insert date]*

**Private & Confidential**

*[Insert review requester’s name and address]*

Dear *[Insert review requester’s name]*

I wish to inform you that you I have received a copy of the internal complaint review report prepared by *[insert review officer’s name and title].*

I have examined the report including the findings and recommendations.

Further to this I wish to inform you that I am accepting [the following / all of the / none of the] recommendations.

[List recommendations as appropriate]

I am rejecting the recommendation(s) listed below:

[List recommendations as appropriate]

The reason for rejecting this /these is [specify reason].

I am amending the recommendation(s) listed below:

[List recommendations as appropriate]

The new recommendation(s) will now read:

[List revised recommendation(s) as appropriate]

The reason for amending this /these is [specify reason].

Please find attached the recommendation action plan which summarises the above and sets out the date by which recommendations will be implemented.

INSERT BELOW PARAGRAPH AS APPROPORIATE

As part of our quality assurance process I would appreciate if you could complete the enclosed survey; ***Complaints Handling – Service User Feedback Form***, regarding the complaints management process and return this to *(insert name and contact details for Complaints Manager)*

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert name]*

Accountable Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

## Recommendation Action Plan Template

|  |  |  |
| --- | --- | --- |
| **Action Plan Template** |  |  |
| **Insert Internal Review Reference Number** |  |  |
| **No.** | **Recommendation** | **Accountable Officer** | **Approved or Rejected or Amended** | **Outline Reason for Rejection / Amendment**  | **Text of amended recommendation (if applicable)** | **Date of Implementation of Recommendation** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Complaint Review Handling: Service User Feedback Form**

|  |  |
| --- | --- |
| **Name of Review Officer (in block capitals):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |  | **Yes** | **No** |
| **1.** | **Was your complaint review handled within the required complaint investigation timeframes, as follows:** |  |  |
|  | 1. Did you receive an initial acknowledgement of your complaint within five working days?
 |  |  |
|  | 1. Did the acknowledgement set out the issues to be investigated and provide you with your review rights?
 |  |  |
|  | 1. Was the investigation into your complaint review completed within 20 working days?
 |  |  |
| **2.** | **If applicable, were you advised of a delay to the investigation** (*that it would take longer than 20 working days*) **and any ongoing delay?** |  |  |
| **3.** | **Were you pleased with the quality of communication with the HSE** (Review Officer) **during the complaints process?** |  |  |
| **4.** | **Did you receive an investigation report that set out the scope of the review , how issues were examined, the findings and the recommendations?** |  |  |
|  |  |  |  |
|  | *Additional remarks and comments:* |  |  |
|  |  |  |  |
| **6.** | **Were you made aware of your rights to request an External Review** *(e.g. Office of the Ombudsman or Ombudsman for Children, etc.)?* |  |  |
|  |  |  |  |
| **7.** | Overall, how satisfied are you with the handling of your complaint review? |  |  |
|  | Tick ***one*** as appropriate: |  |  |  |  |
|  | Excellent |  | Adequate |  |  |  |  |
|  | Good |  | Poor |  |  |  |  |
|  | Satisfactory |  | Unsatisfactory |  |  |  |  |
|  |  |  |  |
|  | *Additional remarks and comments:* |  |  |

**Thank you for taking the time to complete this evaluation.**

**Please return the form to the Complaints Manager**

Complaint Manager Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Letter from accountable officer to complaints officer / review officer following request for update on the implementation of recommendations

*[Insert HSE reference number]*

*[Insert date]*

*[Insert complaints officer’s / review officer’s name and address]*

Dear *[Insert complaint officer’s / review requester’s name]*

Further to your request for an update in relation to the implementation of recommendations arising from the formal investigation of a complaint under Stage 2 of the Your Service Your Say complaints management process / internal review of a complaint under Stage 3 of the Your Service Your Say complaints management process please find attached an updated recommendation action plan with the status set out regarding implementation of each recommendation.

Where a recommendation has been partially implemented, is currently in progress or has been delayed a revised implementation date along with an explanation for this has also been provided.

Please do not hesitate to contact me should you have any queries on the enclosed.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert name]*

Accountable Officer

## Recommendation Action Plan Update Template

|  |
| --- |
| **Recommendation Action Plan Update Template** |
| **Insert Complaint Reference / Insert internal Review Reference** |
| **No.** | **Detail of Approved Recommendation** | **Accountable Officer** | **Date for Implementation advised post Complaint investigation / Post Internal Review** | **Status of implementation (Implemented / In-progress / Partially Implemented / Delayed)** | **Comment****(*please provide explanation regarding partial, in-progress or delayed implementation*)** | **Revised date of implementation** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |