



Health Service Executive

YSYS Guidance for Clinical Staff

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

*National Complaints Governance & Learning Team
June 2018*

Contents

	Page No.
Introduction	2
Complaints Management Process and Pathway for complaints containing both Your Service Your Say and Clinical Judgment Issues	3
What is Clinical Judgment	6
Holding a Resolution Meeting	7
Report Writing	8
Learning from Complaints	11
The Apology	12
Appendices	15
Appendix 1 <i>Stage 2, Informal Phase: Summary Letter, all YSYS issues and no Clinical Judgment Issues resolved informally</i>	16
Appendix 2 <i>Stage 2, Informal Phase: Summary Letter, all YSYS issues and all Clinical Judgment Issues resolved informally</i>	17
Appendix 3 <i>Stage 2, Formal Phase: Notification Letter</i>	18
Appendix 4 <i>Stage 2, Formal Phase: Clinical Judgment Complaint Response Report</i>	19
Appendix 5 <i>Your Service Your Say <u>and</u> Clinical Judgment Issues – Pathway</i>	20

Introduction

The HSE has reviewed and updated its service user feedback management policy, which incorporates comments, compliments and complaints. The revised policy, '**Your Service Your Say (YSYS), The Management of Service User Feedback for Comments, Compliments and Complaints, HSE Policy 2017**' is designed to support service users in relating their experience and their perspective of the care they receive. This associated document '**YSYS Guidance for Clinical Staff**' has been developed in order to provide support to the various clinical professionals who may at some point be asked to contribute their views as part of a complaints investigation or to write a specific clinical report as part of the complaints investigation.

There are a number of ways in which a clinical professional may be involved within a complaints investigation. For example, in situations where a complaint has been received about the attitude or manner of the clinical professional, the Complaints Officer will liaise directly with the staff member about whom the complaint has been made. This type of complaint falls under Part 9 of the Health Act 2004 and can be investigated within the **Your Service Your Say** complaints process. The Complaints Officer will incorporate the response given by the clinical professional in their own complaint investigation report.

Complaints may also be received specifically around the care, treatment or diagnosis of a patient. These types of complaints are classed as **clinical judgment** and are investigated outside of the **Your Service Your Say** complaints process. For example the *HSE's Incident Management framework* states that:

⁴If an issue raised by a service user through the complaints process relates to clinical care.....it is excluded for examination under Part 9 of the Health Act (2004). Such an issue, if it fits the definition of an incident, would be appropriately dealt with under the Incident Management Framework...'

More often than not, complaints contain a mixture of both non-clinical and clinical care elements within them. In these cases the Complaints Officer acts as the co-ordinator for both elements of the complaint and will liaise directly with the clinical professional about the clinical issue. The Complaints Officer will also liaise directly with the complainant in relation to seeking consent and seeking further clarification if required etc. In this situation the relevant clinical professional is responsible for writing and signing off on their own report (*Clinical Judgment Complaint Report*), which will be attached in the appendices to the Complaints Officer report. The Complaints Officer will not be able to amend, edit or change the clinical report in any way. The following guidance sets out a best practice approach for clinical professionals on responding to these types of complaints.

¹ *Incident Management Framework – Guidance - HSE*

Complaints Management Process and Pathway for complaints containing *both* Your Service Your Say *and* Clinical Judgment Issues

Assessment Phase:

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

1. The Complaints Officer will discuss the **clinical judgment issue(s)** with the relevant **clinical professional**, for example, the appropriate clinical director, clinical lead or QPS manager responsible for the area of service referred to in the complaint.
2. The Complaints Officer retains a co-ordinating role for these types of complaints and acts as a contact point for both the clinical professional and the complainant.
3. The Complaints Officer remains responsible for recording the details of the complaint on the Complaints Management (IT) System (CMS).
4. The Complaints Officer should endeavour to contact the complainant within two working days of receiving the complaint to clarify and discuss the issues within the complaint and to explain the different complaints processes that may apply. This also gives the Complaints Officer an opportunity to manage the expectations of the complainant, which is particularly important with regard to the management of complaints relating to matters of clinical judgment.

Informal Phase:

Although a complaint can be received in writing, there may still be an opportunity when the complaint is first received to try to informally address the issues within the complaint. This may be done through a scheduled face-to-face meeting or telephone call with the complainant and the relevant clinical staff. The Complaints Officer should offer to facilitate this meeting between the complainant and the relevant clinical professional, if appropriate and required. If a resolution meeting is not held, or the complaint is otherwise not resolved, the Complaints Officer will proceed with a formal Investigation.

There are a number of possible outcomes to a resolution meeting such as:

- i. No YSYS issues are resolved & no clinical judgment issues are resolved.**
In situations where there has been no resolution through discussion with the complainant, then the complaint moves to **formal investigation phase**.
- ii. All YSYS issues are resolved & no clinical judgment issues are resolved.**
In a situation where the YSYS issues have been resolved informally, but the clinical issues have not, then these clinical issues will be investigated under the appropriate alternative pathway and the complaint will be treated as a solely clinical complaint. The Complaints Officer will issue a **Summary Letter** outlining the YSYS issues that have been resolved and explaining that the solely clinical elements of their complaint will be investigated under an alternative pathway by the relevant clinical professional.

iii. **No YSYS issues are resolved & all clinical judgment issues are resolved.**
In a situation where the clinical judgment issues have been resolved informally and the YSYS issues remain unresolved there will be no further requirement for clinical staff to be involved in the investigation and the Complaints Officer will commence a formal investigation into the non-clinical matters only and will outline this in the acknowledgment letter.

iv. **All YSYS issues & all clinical judgment issues are resolved.**

When all matters are resolved to the satisfaction of the complainant following a meeting/discussion, the Complaints Officer will issue a **Summary Letter** to the complainant, which will include the details of all matters discussed and agreed at the meeting.

The summary letter will only be used in situations where **all** of the YSYS issues within the complaint have been resolved through informal means. In this situation the Complaints Officer will close off the complaint on the CMS system. A formal investigation does not need to be undertaken as the issues have been resolved through informal means.

v. **A few YSYS issues are resolved and a few clinical judgment issues are resolved.**

If only a few of the YSYS and clinical judgment issues were resolved through informal means, then details of these issues and what was agreed will be outlined in the acknowledgment letter issued by the Complaints Officer. Investigation of the YSYS issues that could not be resolved will be undertaken by the Complaints Officer and the clinical judgment issues will be forwarded to the relevant clinical professional for their attention.

Formal Investigation Phase:

1. The Complaints Officer will issue an acknowledgment letter to the complainant within 5 working days. This acknowledgment letter will outline to the complainant all processes, including the process for the clinical judgment element of the complaint, that is, *the issue is with the relevant clinical professional for investigation and their response will be attached to the final report that will issue.*
2. Investigation by the Complaints Officer in relation to the non-clinical elements proceeds in parallel with the investigation by the relevant clinical professional of the clinical judgment issues.
3. Where either party requires additional time a letter updating the complainant of this should be sent by the Complaints Officer. The relevant clinical professional must therefore keep the Complaints Officer apprised in relation to their section of the complaint.
4. On completion of the investigation the relevant clinical professional will complete and sign their **Clinical Judgment Complaint Report**. This will be forwarded to the Complaints Officer for attachment in the appendices within their final report. The Complaints Officer will not be able to add/edit/format or otherwise amend the report in any way. This clinical judgment report should include; a summary of the issues investigated; a description of the investigative process that was



undertaken; and any findings or recommendations made on conclusion of the investigation. The report should also be signed by the relevant clinical professional.

See [Appendix 5](#) for - Pathway for complaints containing both [Your Service Your Say](#) and [Clinical Judgment Issues](#)

What is 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”.

Clinical judgment can be exercised by any of the recognised clinical professions, including Doctors, Nurses, Midwives, Dentists, Pharmacists, Optometrists, Clinical Psychologists, Ophthalmic Medical Practitioners, Allied Health Professionals, Emergency Medical Technicians, Laboratory, Environmental Health Officers, other scientific and technical staff.

Sample 1 – Solely Clinical Judgment

A family member felt a decision to discharge a service user from services was premature and raised concerns about the matter. After assessment by the Complaints Officer the complaint was deemed to relate to a clinician’s decision that the service user was deemed fit for discharge. This matter was forwarded to the relevant clinical professional for management under an alternative pathway.

While in most cases, clinical judgment appears to relate directly to all decisions made in relation to diagnosis, care or treatment of a patient, some cases are not straightforward.

Sample 2 – Clinical Judgment or not?

A case outlined by the Office of the Ombudsman: A service user received seven times the amount of pain relief medication recommended for him on two occasions before the error was spotted. During his admission, a doctor asked the service user about his pain medication and he was said to have indicated that he was taking seven pain pills twice per day. The doctor understood this to mean 70 mgs (rather than 10 mgs) of pain relief twice per day. The prescription was written and the man’s care was then assumed by another doctor who administered this incorrect dosage to him twice before the error was noticed by the hospital’s pharmacist. This effectively meant that the man received a seven day dosage within twelve hours. On first assessment, this matter appears to relate solely to clinical judgment, however, on further assessment the matter related to process/system/policy/training issues around administration of the drug in question. The Office of the Ombudsman chose to accept and examine this complaint on those grounds.

Sample 3 – Partially Clinical Judgment and partially YSYS

A service user was unhappy with the tightness of a wound dressing and raised concerns at a follow up clinic. The service user described feeling unheard when they raised concerns with the clinician/nurse. The wound was redressed, however, they felt the dressing remained tight and they felt uncomfortable raising the issue again with the clinician/nurse, as they felt their concerns were not taken seriously.

- a) The elements of the complaint relating to ‘feeling unheard’ and ‘feeling concerns raised were not taken seriously’ are regarded as **non-clinical elements** of a complaint and therefore can be addressed through **Your Service Your Say**. In this case the Complaints Officer requested the clinician’s response to that portion of the complaint, for inclusion in their overall report.
- b) The element of the complaint relating to the ‘tightness of the wound’ is regarded as a **clinical judgment issue**. The Complaints Officer forwarded the clinical judgment issue to the relevant clinical professional for investigation. A response was compiled and signed and forwarded to the Complaints Officer, who provided the complainant with the final response, which included both the non-clinical complaint report with the clinical judgment report.

Holding a Resolution Meeting

It can be helpful to offer the complainant a meeting as part of the investigation. If the complainant is contacted initially by phone, then there also should be a follow up letter in writing with a proposed agenda clearly set out.

In most circumstances it would be appropriate to hold the meeting in a health care location or hospital, but there may be rare occasions when it would be better to find a neutral venue. It should be agreed in advance who will chair the meeting to ensure it is conducted fairly and not in an adversarial way. Ensure enough time is allocated to address all items on the agenda.

The meeting gives an opportunity for the complainant to voice their concerns and explain their issues more clearly. It should at least provide a forum to discuss and understand the issues better. It may be possible to resolve the complaint or some of the complaint issues during this meeting. A summary of the meeting along with key issues and any agreements made should be clearly documented during the meeting. All those in attendance should get a copy of this document. The outcome of the meeting should be incorporated into the response, along with any learning points that arise from investigation of the complaint.

Report Writing

The **Clinical Judgment Complaint Report** is to be used by clinical professionals when responding to clinical issues of a complaint which also contains YSYS aspects. This report is signed by the relevant clinical professional and forwarded on to the Complaints Officer for attachment into their final investigation report. Below are some general tips on report writing:

²There are three aspects to a good complaint response – Appearance, Content and Tone (ACT).

Appearance

A well laid out report with clear, consistent formatting and grammatical accuracy will give the complainant a good first impression before they have even read the content. There should be clearly defined paragraphs and no spelling errors. A professional response should have a professional appearance.

Content

The elements of a good complaint response report are:

- An opening paragraph which places the complaint in context; expresses sentiments of regret and acknowledges the patient's feelings of distress as a result of what happened, regardless of whether the complaint is justified or not. If the patient is deceased, then condolences should be offered. This is important as the first paragraph sets the tone for the rest of the report.
- The report should contain a summary of the clinical issues that the patient or their family have raised in their complaint and that have been investigated as part of the process.
- There should be detail on the action taken to investigate the complaint (e.g. spoken to the staff concerned, reviewed records/policies.)
- There should be a clear explanation in response to each of the issues raised - what happened and why. When referring to any consultations it is advisable to include:
 1. The date, the history and symptoms presenting.
 2. Any examination carried out and the findings.
 3. Any working diagnosis, advice, treatment and suggested or arranged follow up.
 4. Clinical terms and abbreviations should be explained.
- Do not include notes of a consultation copied directly from the patient's records - instead they should be written in a narrative form. This helps avoid confusion, particularly if it contains acronyms.
- Consider the matter with hindsight and draw conclusions which, if possible, should be evidence-based. Where appropriate refer to clinical guidelines.
- Identify any failings, apologise for these and provide details of any changes that have been made to reduce the risk of the issue happening again.

Tone

A full response covering all the main elements can fall at the final hurdle if the tone is defensive and confrontational. An objective and empathetic response can defuse a situation and prevent protracted correspondence and escalation of the complaint. The tone of the response issued needs to be professional, measured and sympathetic.

² Sourced <https://gpjobs.pulsetoday.co.uk/article/how-do-i-write-a-response-to-a-patient-complaint->

Wording to use in Report

<p>You may want to say:</p> <p><i>'I refute the allegation that I did not take you seriously.'</i></p>	<p>It would be better to say:</p> <p><i>'I am so sorry I caused you to feel that I had not taken you seriously, and the distress you have experienced as a result. I can assure you that it was not my intention to cause you additional anxiety. Your feedback has given me the opportunity to reflect on the way I handled the consultation. However, I hope this letter has reassured you that I did act appropriately given the symptoms presenting at the time.'</i></p>
	<p><i>'We have now reviewed all of the issues raised in your letter of complaint and I wish to acknowledge that we have identified failures in the delivery of your care/the care of your mother/father/son/daughter, etc., as follows(outline findings). I am so sorry that this has happened and I would like to offer you my sincere apologies on behalf of myself and my team for those failures which occurred and for the distress/upset that this has caused for you/your family.'</i></p>

³Wording to be avoided

- *'I apologise for whatever it is that happened'*
- *'Mistakes were made ... mistakes happen'*
- *'These things happen to the best of people...'*
- *'If I did anything wrong, I'm sorry'*
- *'We are sorry ...but the mistake certainly didn't change the outcome...'*
- *'I know that this is awful for you.... but believe me, for me it is shattering'*

Any speculative statements and apportioning of blame:

- *'I would say that the night shift staff probably neglected to write down that you were given this medication...'*
- *'I am sorry that you feel that way but.....'*
- *'I am sorry if you feel that X was rude to you, however.....'*
- *'I don't really know what happened it was probably due to'*
- *'I am sorry that you think I was rude to you....'*

Note: Try to avoid the words "but" and "however" as they often negate the first part of the sentence and can come across as defensive.

^{3 3} Tysall, A. Nov 2016 HSE Quality Improvement Division, 'Managing Complaints The Apology – Saying Sorry to Patients/Service Users and/or their Families'

Other Considerations include:

4Timescale

Where possible, investigate and respond to complaints promptly. If it seems likely there will be a delay in forwarding a response to the complainant, then the Complaints Officer will need to be notified so that they can in turn explain to the complainant that more time is required to investigate the complaint.

Typed response

Typed responses are more legible than handwritten ones. See **Clinical Judgment Complaint Report** template.

Signed response with full identification

The clinical professional should use their registered name and registration number, and describe their relationship with the complainant (e.g. GP, consultant, registrar, locum). If the complaint involved several doctors, make it clear how you were involved in the complainant's care.

Give a detailed report of how the complaint was investigated.

Include a factual chronology of events, describing every consultation or telephone contact and referring to the clinical notes if required. Also include;

- relevant medical history (relating to complaint);
- working diagnosis or differential diagnoses; and
- whether the patient was seen alone or with someone else (that person's name and status).

Say which details of the account set out are based on memory, contemporaneous notes or usual or normal practice

It is acceptable to quote from memory, but if there is any difficulty in remembering the detail of a case the clinician should state what is 'usual' or what 'normal' practice would have been in those circumstances.

Respond to every concern

Address each issue raised by the complainant, including clinical opinion of what happened. Sometimes this can be combined with the chronology of events, but it is often better to deal with one and then the other. Many complaints come from a misunderstanding; a detailed description of the pathophysiology involved can help, although take care to do this in a way that the complainant will understand.

Complaints involving more than one clinician

If a complaint involves more than one clinician, it is almost never appropriate to give an opinion on the acts or omissions of a colleague, unless they are under direct supervision of that clinician. Each clinician involved should comment on the parts of the case they were involved with and it is usually best to combine the comments into a single response. For example, the Clinical Director's report should be written so as to help the complainant understand how the individual accounts relate to the complaint.

⁴ [Medico-legal-guide-to-the-NHS-complaints-procedure-13-Writing-a-response.pdf](#)

⁵Apology

Complainants often simply want an apology and an assurance that what happened to them will not happen to anyone else. The response to the complainant should include a sincere apology and acknowledgment of any distress caused. This reinforces the fact that the complaint has been listened to (*see page 13 for further detail on the Apology*).

Avoid jargon or medical abbreviations

Many service users will understand something like 'BP' for blood pressure, but something like 'SOB' for shortness of breath could be misinterpreted.

- Write all medical terms out in full.
- If a drug is mentioned, give an idea of what type of drug it is (antidepressant, antihypertensive, and so on).
- Also give the full generic name, dosage and route of administration.

Write in the first person

When reading the report the complainant should have a good idea who did what, why, when, and to whom.

Instead of saying, for example, *'The patient was examined again later in the day'*, it's far more helpful to say, *'I asked my registrar, Dr Jim B, to examine the patient and the notes show that he did so.'*

Response sign-off

Finally, the response should be signed off by the relevant Clinical Professional. The clinical judgment complaint response report should;

- answer the complaint;
- explain how it has been investigated; and
- detail what action will be taken as a result.

Learning from Complaints

Complaints are an opportunity for learning. Consider why the patient is making a complaint, what went wrong and what could have been done differently. Outline what could be done to ensure that the same issue does not arise again.

Complaints should also help drive learning at an organisational level, and it is important that complaints affect practice positively. For this to occur there must be a culture within the organisation of learning, accountability, and continual improvement. Complaints should be investigated and recorded and used to inform and drive service improvement. There should also be a culture of support and encouragement to anyone involved.

Teams should review their complaints (for example, with their Complaints Manager or through Management Forums) periodically to look for recurring themes and to ensure that any changes that have been agreed with the service user have been put into practice. It is important to review the situation to determine whether it is beneficial to disseminate lessons learnt.

⁵ This is further recognised in the Civil Liability (Amendments) Act, 2017, which states that Open disclosure relates to *'information and apology not to invalidate insurance; constitute admission of liability or fault; or not to be admissible in proceedings'*

⁶The Apology

Saying sorry, that is, apologising and/or expressing regret, is a key component in the management of complaints and in bringing the complaint to 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, or the litigation process. An apology or expression of regret is essential in helping the complainant to cope with the effects of an event. It also assists staff in their recovery from event/incident in which they have been involved.

Managing the apology:

The type of 'sorry' required will depend on what happened, the information available and the expectations of the complainant. When a complaint is first received (either verbal or written) it is important to **acknowledge** the issues raised by the complainant as soon as possible and to **say sorry/express regret** to the complainant for what has happened and for the effect the situation has had on him/her personally i.e. consider the type of sorry that is most appropriate at this stage.

Expressing regret

"I am very sorry that you have had this experience and for the distress/disappointment which this has caused you.

"I am very sorry that the service did not meet your expectations on this occasion and for the distress this has caused you.

"I am sincerely sorry that this has occurred. It is clear that something went wrong and we intend to investigate this fully."

An expression of regret may be adequate at this stage of the complaints management process in the absence of adequate information or facts relating to the issues raised. It is important to reassure the complainant that their complaint will be investigated fully in an open, honest, transparent and timely manner. If following the investigation of the complaint the service is found to be at fault, i.e., the service failed to deliver an acceptable/expected standard of care or an error occurred, it is important to **openly acknowledge** this to the complainant, provide a **factual explanation, apologise sincerely** for the identified failure(s) in care/error and for the harm/distress/disappointment caused to the complainant as a result of this. It is also important to **provide reassurance** in relation to ongoing care and treatment and also in relation to the steps being taken by the service to manage the issues raised and **to try to prevent a recurrence** of these issues for the complainant and for other patients/service users going forward. **Reparation or redress** should also be considered and will vary depending on the issues raised and the findings of the complaint review.

⁶ Tysall, A. Nov 2016 HSE Quality Improvement Division, 'Managing Complaints The Apology – Saying Sorry to Patients/Service Users and/or their Families'

The components of an apology:

Acknowledgment: of the issues raised and of the impact on the complainant – physical/emotional/social – it is important to be clear as to what you are apologising for.

Explanation: provide a factual explanation – do not speculate – do not cast blame onto others.

Apologise: Should always include the words “*I am sorry*”. Must be sincere and empathetic. Must be personal to the individual and the situation. Must be timely and delivered by the right person.

Reassurance: Provide reassurance regarding on-going care and support, organisational/individual learning and quality improvement initiatives.

Reparation: Putting the situation right. Make reparation, as appropriate e.g. increased contact, referral for second opinion, organise support etc. The type of reparation required will vary depending on the type of event.

***Note:** An important part of reparation is the recognition and apology, agreeing an action plan/recommendations with the complainant in relation to addressing the issues identified and implementing quality improvement initiatives arising from the investigation of the complaint. It is also important to keep the complainant updated in relation to the progress made with these recommendations/action plans.*

The delivery of an apology:

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 and/or an error has been identified.

Who: It is important that the 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, for example, the consultant. 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: Confidential environment. No disturbances. Mobile phones/bleeps off or on silent. Comfortable surroundings. Refreshments available. Same level, for example, not standing over the service user/complainant. Consider off site if bringing the complainant on site could cause them further distress. Consider access requirements e.g. disability requirements.

How: It is important initially to invite and listen to the complainant’s version of the event and how they have been affected both clinically and personally by what happened. The apology should be provided to the person(s) directly affected by the event, if possible. The language used in an apology is very important. It should be clear to the complainant what you are apologising for. An apology

should always include the words “I am sorry”. The effectiveness of an apology or expression of regret depends on the way it is delivered including tone of voice as well as non-verbal communications e.g. posture/eye to eye contact, body language. It is important to demonstrate empathy. An apology must be sincere and personal to the complainant. A “stiff” or “insincere” apology may cause additional distress to the complainant and lead to further escalation of the complaint. It is important to allocate sufficient time to ensure that the apology does not appear rushed. It is important to have the relevant communication aids/services present to assist in the communication process e.g. interpreter services.

An apology is **not an admission of liability** but an ethical and humane act.

However, one must be careful;

- not to apportion blame;
- not to speculate as to what happened;
- to be professional, empathic and courteous; and
- to avoid using legal terms such as ‘liability’ and ‘negligence’.

The Civil Liability (Amendment) Act 2017 provides legal protection to practitioners. Sections 9 & 10 state:

‘An apology, in respect of the patient safety incident, where an apology is made at an open disclosure meeting or an additional information meeting— shall not constitute an express or implied admission of fault or liability.....in relation to that patient safety incident or a clinical negligence action which arises.’

Appendices

- Appendix 1** Stage 2, Informal Phase: Summary Letter, all YSYS issues and no Clinical Judgment Issues resolved informally
- Appendix 2** Stage 2, Informal Phase: Summary Letter, all YSYS issues and all Clinical Judgment Issues resolved informally
- Appendix 3** Stage 2, Formal Phase: Notification Letter
- Appendix 4** Stage 2, Formal Phase: Clinical Judgment Complaint Report
- Appendix 5** Your Service Your Say and Clinical Judgment Issues Pathway, V1 – A3 Version

Appendix 1

Stage 2, Informal Phase: Summary Letter Template, **all** YSYS issues & **no** Clinical Judgment Issues resolved informally

(Insert complaints officer's address)

(Insert HSE reference number)

(Insert date)

(Insert name and complainant's address)

Dear *(Insert complainant's title and name)*

Thank you for your *(letter/email)* dated, *(insert date)*, which was received on *(insert date)*. As per our *(telephone conversation/ meeting this morning/yesterday, etc.)*, I would like to again offer my sincerest apologies over the *(insert detail on issue/s)*. I can appreciate your frustration and I can assure you that this is not the level of service we would wish for our service users to experience.

(Insert summary of explanation that was discussed over phone/at meeting). Again I sincerely apologise for *(insert specifics)*. As I outlined to you in our conversation, *(detail of steps taken to prevent issues reoccurring)*. You agreed that you were satisfied that *(this/these non-clinical elements)* of your complaint have been addressed, however, please note that those clinical elements of your complaint which require further examination are being dealt with by *(insert contact details as appropriate)* who will be in contact with you directly about their investigation.

Yours sincerely

(Insert name)

Complaints Officer

Appendix 2

Stage 2, Informal Phase: Summary Letter Template, **all** YSYS issues & **all** Clinical Judgment Issues resolved informally

(Insert complaints officer's address)

(Insert HSE reference number)

(Insert date)

(Insert name and complainant's address)

Dear *(Insert complainant's title and name)*

Thank you for your *(letter/email)* dated, *(insert date)*, which was received on *(insert date)*. As per our *(telephone conversation/ meeting this morning/yesterday, etc.)*, I would like to again offer my sincerest apologies over the *(insert detail on issue/s)*. I can appreciate your frustration and I can assure you that this is not the level of service we would wish for our service users to experience.

(Insert summary of explanation that was discussed over phone/at meeting). Again I sincerely apologise for *(insert specifics)*. As I outlined to you in our conversation, *(detail of steps taken to prevent issues reoccurring)*. You agreed that you were satisfied that *(this element/these elements)* of your complaint have been addressed, however, if you change your mind and require further investigation around *(this issue/these issues)* then please don't hesitate to contact me.

Yours sincerely

(Insert name)

Complaints Officer

Appendix 3

Stage 2, Formal Phase: Notification Letter Template

(Insert complaints officer's address)

(Insert HSE reference number)

(Insert date)

Dear *(Insert Title & name)*

Please find attached *(insert as appropriate a complaint letter or an extract from a complaints letter)* where a complaint involves a matter(s) of clinical judgment. As per YSYS Feedback Policy 2017, such matters involving clinical judgment must be sent to the appropriate clinical professional for investigation and response.

Please find attached **Clinical Judgment Complaint Response Report** template which may be of assistance to you in your investigation. Please note that I am investigating other non-clinical issues and hope to have my response completed by *(insert as appropriate)*.

I will be attaching your final report in my overall response therefore if you anticipate any delays or would like to arrange a meeting with the complainant please let me know and I will endeavour to facilitate same.

I would be most obliged if you could have your report to me by *(insert date)*, and if you wish to discuss anything please don't hesitate to contact me.

Yours sincerely

(Insert name)

Complaints Officer

Appendix 4

Stage 2, Formal Phase: Clinical Judgment Complaint Report

HSE Reference Number: (supplied by Complaints Officer)

Summary of Issue(s):

Investigative Process:

Findings & Recommendations:

Title / Name

Date of Report

Appendix 5

(i) Your Service Your Say and Clinical Judgment Issues, Pathway V1, **Stage 2 – Informal Resolution & Formal Investigation**

Separate easy-read version of pathways, and associated sub-pathways also available.

