

COOMBE WOMEN AND INFANTS UNIVERSITY HOSPITAL

DEPARTMENT: ALL

Title of Policy: The Management of Service User Feedback (Compliments, Complaints and Suggestions) Policy of the Coombe Women & Infants University Hospital

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12th August 2014

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Reviewed Date April 2018

Document No:
CWIUH/ALL/G32

Version/Edition
No: 4

No. Of
Pages: 21

Review Date:
April 2021

Person Responsible for Implementation:

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1. POLICY STATEMENT:

The Coombe Women & Infants University Hospital (CWIUH) is a quality oriented organisation and is determined to develop and improve the service it provides to women, babies and their families in line with the National Standards for Safer Better Maternity Services (2016, HIQA), which states “*Person centred care and support places women and their babies at the centre of all that the maternity services does.*”; the National Standards for Safer Better Healthcare (HIQA 2012) which states that “*Healthcare should respect the values and dignity of its service users and be responsive to their rights and needs e.g. your complaints and concerns are listened to and responded to in a timely manner*”. (Theme 1- Person Centred Support) and in line with the Office of Ombudsman, Learning to Get Better, 2015.

2. POLICY PURPOSE:

Effective handling of service user feedback is fundamental to the provision of a quality service. Best practice identifies what services users want when they provide feedback. The CWIUH is committed to ensuring that feedback; compliments, complaints and suggestions from those using its services is acknowledged, reviewed, acted upon and responded to and that the learning derived from this feedback informs our quality improvement programmes. The purpose of this policy is to inform CWIUH staff of the process of managing service users’ feedback; compliments, complaints and suggestions, to ensure that complaints are dealt with effectively, to actively support service users who wish to express feedback or make a complaint, to support the staff to receive feedback and handle complaints, and to ensure the service users feedback is used to drive learning and improvements within CWIUH.

3 SCOPE OF THE POLICY:

The policy applies to all staff members who receive feedback from service users. All Managers / Heads of Departments (HODs) are responsible for investigating and reporting on written complaints that apply to their department or staff.

3.1 Who can Provide Feedback

In accordance with section 46, part 9 of the Health Act 2004 the following may make a complaint (Appendix 1):

- Any person who is being or was provided with a health or personal social service by CWIUH
- Any person who is seeking or has sought provisions of such services

If a person is entitled to make a complaint but is unable to do so because of age, illness or disability, the complaint may be made on that person’s behalf by;

- A close relative or carer of the person,
- Any person who, by law or by appointment of a court, has the care of the affairs of that person,
- Any legal representative of the person,
- Public Representative,
- Any other person with the consent of the person, or
- Any other person who is appointed as prescribed in the regulations.

If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative, or carer to that person.

3.2 **How patients Provide Feedback**

- Speak directly to a staff member
- Email feedback to patientliaison@coombe.ie
- Complete a feedback form and leave it in the identified feedback boxes provided in all clinical areas at CWIUH. Patients may also hand the feedback form to a member of staff.
- Telephone the Patient Liaison Manager (PLM) at (01) 4085275
- Write to the Patient Liaison Manager, Coombe Women & Infants University Hospital, Cork Street, Dublin 8
- Online via Health Service Executive www.hse.ie/yoursay

It is important to note that this Policy does not supersede other relevant and applicable Health Service Executive (HSE) policies, procedures, protocols, and guidelines (PPPGs), e.g. Trust in Care, Incident Management Framework. Matters appropriate for these existing PPPGs will continue to be treated in the same manner. The PLM will, upon initial examination of the feedback, determine which process is appropriate.

3.3 **Policy Exemptions**

A complaint is excluded under Part 9 of the Health Act 2004 if it is in relation to any of the following; (Appendix 1)

- 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
- 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 (includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures)
- 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

In accordance with Part 9 of the Health Act 2004, the PLM shall not investigate a complaint if;

- a) The person who made the complaint is not entitled under Section 46 to do so either on the person's own behalf or on the behalf of another,
- b) The complaint is made after the expiry of the period or any extension of that period allowed. Further information is detailed under 3.4

The PLM may decide not to investigate or further investigate an action which a complaint relates if, after carrying out a preliminary investigation into the action or after proceeding to investigate such action, the PLM;

- a) Is of the opinion that;
 - a. The complainant does not disclose a ground of complaint as outlined in Section 46, Part 9 of the Health Act 2004,
 - b. The subject-matter of the complaint is excluded by Section 48 of the Health Act 2004,
 - c. The subject-matter of the complaint is trivial, or
 - d. The complaint is vexatious or not made in good faith, or
- b) Is satisfied the complaint has been resolved

3.4 **Time Limits for making a complaint**

In line with 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.

PLM may extend the time limit for making a complaint if in the opinion of the Complaints Review Group (CRG), 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 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.

4. **DEFINITIONS:**

- **Advocate:** An advocate is somebody who can act on the patient's or the patient's family behalf when dealing with a healthcare service. An advocate can represent the views of those seeking

information or making complaints when required. (HSE Policy 2017). PLM in CWIUH will provide advocacy support to service users.

- **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”
- **Complaint:** The Health Act 2004 defines a complaint as: “A complaint means a complaint made about any action of the Executive, or a Service Provider that, it is claimed does not accord with fair or sound administration practice, and adversely affects the person by whom, or on whose behalf, the complaint is made “
- **Complainant:** Person(s) making the complaint
- **Complaints Review Group (CRG):** the CWIUH has a Complaints Review Group . The membership and terms of reference of this group are as outlined in Appendix 2.
- **Compliment:** An expression of praise, commendation or admiration
- **Enquiries:** An enquiry is a request for information, clarification, etc. that can be resolved/responded to straight away or by the end of the next working day. These are not reported as complaints and fall outside complaints management arrangements
- **Feedback:** Feedback consists of the views and opinions of patients and service users on the care that they have experienced. This may include a compliment, complaint or a suggestion.
- **Service Users:** Service user refers to a person who uses health or personal social services provided by CWIUH.
- **The Patient Liaison Manager (PLM):** A person assigned by CWIUH for the purpose of championing the feedback process, including the routine monitoring and reviewing of same.
- **Written complaints:** An e-mail, fax or typed/handwritten letter, note or feedback form, of dissatisfaction from a person who has had direct experience of the hospital service. Direct experience involves a woman /baby receiving care at the CWIUH. Complaints may be made by the patient receiving direct care or by his/her named next of kin/guardian. A written complaint may also originate as a verbal complaint to a staff member that has not been resolved

5. **Roles and Responsibility**

It is the role and duty of all staff and management to;

- Comply with this Policy
- Ensure that this Policy is implemented and adhered to in their area and that the rights and legitimate interests of the service users and staff are protected.
- Promote a culture and attitude that welcomes feedback and supports the effective and timely resolution of complaint received.

- Ensure that information on how to provide feedback and on how to make a complaint is accessible and made widely available throughout CWIUH
- Provide an efficient, effective, fair and accessible system for handling service user feedback.
- Support service users and staff in implementation of the policy and supporting guidance.

6. PROCEDURES FOR COMPLAINT MANAGEMENT:

Patient feedback; compliments, complaints and suggestions at CWIUH is guided and managed by 5 key principles:

- We will **Enable** service users to provide feedback
- We will **Respond** to feedback from service users promptly
- We will **Support service users** and support staff through the process
- We will commit to **Learning** from feedback and use feedback to **Improve** services and make them **Accountable**

6.1 The four distinct stages of the complaints management process

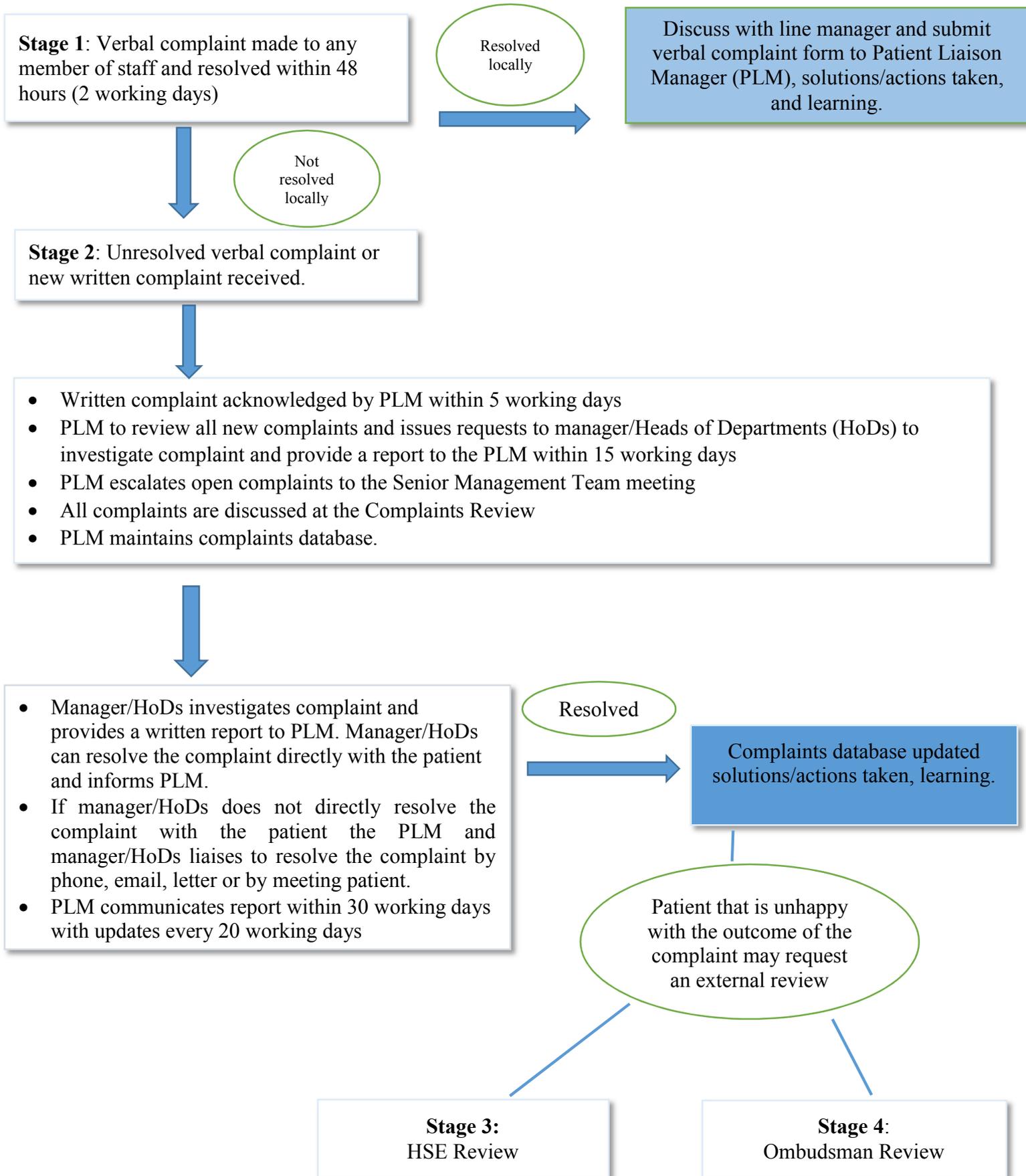
Stage 1 – Local resolution of verbal complaints at point of contact (Informal)

Stage 2 - Local investigation of written complaint or unresolved verbal complaint (Formal)

Stage 3 – External Review (The HSE)

Stage 4 – Independent Review (Ombudsman)

Complaints Management Pathway:



Stage 1 CWIUH Local Resolution

This stage of the complaints management process is the stage of the process where the recipient of a **verbal** complaint endeavours to manage and resolve the complaint locally i.e. at the **point of contact and within 48 hours (2 working days)**. CWIUH promotes managing complaints using the A.S.S.I.S.T model (see below The A.S.S.I.S.T model is also used in our Open Disclosure Policy). All CWIUH staff can receive a verbal complaint about any aspect of the CWIUH service. A practical approach must be adopted to verbal complaints which are usually more frequent, of a less serious nature than written complaints and are often resolvable on the spot. **Stage 1** emphasises strong participation by service managers and staff in the early and local resolution of complaints where possible. All verbal complaints should be reported to the PLM using the Verbal Complaints Report Form (see Appendix 3). All unresolved verbal complaints will progress to **Stage 2** the staff member must inform the patient of this and advise the service user they may make a written Complaint

A.S.S.I.S.T Model for Managing Complaints:

A	Acknowledge	Acknowledge the problem and its impact on the service users. Thank the service user for bringing this feedback to your attention.	<i>I can see you're upset. It must be/have been very difficult for you.</i>
S	Sorry	Apologise for their experience and/ or for your own actions. Try not to be defensive. Be sympathetic.	<i>I'm sorry you've had this (experience) happen to you.</i>
S	Story	Ask the patient to say what happened from their perspective including how they feel/felt about it. Listen	<i>Can you tell me in your own words what happened? Please feel free to tell me how this left you feeling at various points.</i>
I	Inquire	Find out what the patients wants to know. Respond sensitively.	<i>What questions would you like to ask me? Request permission to provide further information: 'Is it okay if I tell you about a few things that I think would be important for you to know?' Commit to providing answers to questions not immediately answerable: 'I promise I will answer that as soon as I have a full understanding of what took place'.</i>
S	Solution	Seek patient's ideas of the way forward. Request permission to propose your own thoughts. Negotiate an agreed plan.	<i>Have you thought how we can best help you now? May I make some suggestions for you to consider? I am right in saying that the best way to proceed is to....</i>
T	Travel	Avoid abandonment. Specifically express your desire to continue care even if someone else will be providing most/all on-going care. Reassure complainant there will be no negative impact on their future care. Thank them for the feedback and providing us the opportunity to improve the care and services we provide.	<i>If it is okay by you, I would like to continue looking after you and keep in contact so that I can personally make sure everything possible is done to help you. If it is okay by you, I would like to keep in contact with you even though my colleague will be providing your care.</i>

Stage 2 CWIUH Formal Investigation Process

Unresolved verbal complaints at **Stage 1** must be referred to the PLM for investigation and resolution. For written complaints received, commence the complaint management process at **Stage 2**. Use the A.S.S.I.S.T model referred to in **Stage 1** to support the management of the complaint. All issues raised in the complaint letter/email or unresolved verbal complaint report form, must be addressed by the manager/HODs in the response to the PLM. In certain circumstances a member of Senior Management may decide to invite the complainant into the hospital to meet and discuss the issue(s) in advance or instead of responding in writing.

Timeframes involved once a complaint is received.

The PLM will issue the complainant with a written acknowledgement, within **5 working days** of receipt of the complaint. The acknowledgment will include details to the service users of their right to an external review by HSE or independent review by The Ombudsman. Where the complaint is being investigated, the PLM must endeavour to investigate and conclude the investigation of a complaint within 30 working days from date of acknowledgment of the complaint. If the investigation cannot be investigated and concluded within 30 working days then the PLM must communicate this to the complainant and the relevant service/staff member. The PLM must update the complainant and the relevant staff/ service member every 20 working days thereafter.

However, where the 30 working day time frame cannot be met despite every best effort, the PLM must endeavour to conclude the investigation of the complaint within 6 months of the acknowledgment of the complaint.

Stage 3 HSE Complaint Review

These are complaints where the Complainant is dissatisfied with the outcome of the investigation at Stage 2 and request that the management of the complaint be reviewed by the HSE. All requests should be address to:

Head of Consumer Affairs
Health Service Executive
Oak House
Millennium Park
Naas
Co. Kildare

Your Service, Your Say email address: yoursay@hse.ie ;

Stage 4 Independent Review

A complainant may choose to refer their complaint for independent review to the Office of the Ombudsman either directly following **Stage 2** or following **Stage 3**.

Office of the Ombudsman
18 Lr. Leeson Street, Dublin 2.
Tel: +353-1-639 5600
Lo-call: 1890 223030
Fax: (01) 639 5674

6.0 Procedure for Compliment and Suggestion Management

All feedback; compliments, complaints and suggestions received by the PLM will be forwarded to the relevant Managers/HODs for his/her attention. The Manager/HODs will pass on complimentary feedback to the individual staff member/team. The Manager/HODs should pass on suggestions to the relevant managers and inform the PLM of the feasibility of implementing any changes/improvements from the service user's suggestions.

The PLM is responsible for monitoring the database of feedback; compliments, complaints and suggestions. This includes classification of complaints into Quality and Safety themes to capture learnings and identify Quality Improvements Plans for the patients' feedback.

7. ANONYMOUS COMPLAINTS

Complainants must provide contact details when making a complaint against CWIUH to enable appropriate validation, investigation and follow up of that complaint unless there is a good and sufficient reason for withholding this information. PLM will review the complaint within the limitations of the information provided to assure that the welfare of patients/service users is not at risk and that action is taken, as appropriate. While anonymous complaints will not be formally reported on by individual manager/HoDs, these complaints will be brought to attention of the Manager /HoDs for review by the PLM.

8. UNREASONABLE COMPLAINT BEHAVIOUR

The actions of complainants who are angry, demanding or persistent may ultimately result in unreasonable demands or unacceptable behaviour towards staff. Staff are not expected to tolerate abusive or threatening behaviour, but all feedback must be given equal consideration and be investigated.

9. MEETING THE NEEDS OF ALL SERVICE USERS

All service users should be given the time and support (s) they need to maximise their ability to make decisions for themselves including the right to make a complaint. Staff members must be sensitive to complainants who may have poor literacy and/or language skills and must provide assistance and support where required to enable the effective recording of the complaint

10. OPEN DISCLOSURE

The CWIUH operates a policy on open disclosure and promotes a culture of openness and transparency in relation to the management of feedback (Open Disclosure, National Guidelines: Communicating with Service Users and their Families following adverse events in Healthcare, 2013, HSE and State Claim Agency)

11. REDRESS

It is the policy of the CWIUH to offer redress as part of their management of feedback. Redress is a commitment to acknowledge, apologise and explain when things go wrong and put things right quickly and effectively.

12. APOLOGY

It is the policy of CWIUH that where failures in the delivery of care to a service user has been identified, these failures must be acknowledged to the service user and a meaningful apology provided.

13. CONSENT

The investigation, management and approach to the resolution of a complaint should be undertaken with the knowledge and consent of the complainant. The receipt of a written complaint from a service user indicated their consent.

14. FREEDOM OF INFORMATION (FOI) AND DATA PROTECTON

The freedom of information Act 2014 confers all persons the right of access to information held by public bodies, to the greatest extent possible, consistent with the public interest and the right to privacy. Staff must be cognisant of the right of the complainant to access any information held by CWIUH, subject to the exemptions set out in the Act.

The Data protection Act 1988 and 2003 place an obligation on CWIUH and the staff to safeguard the right of individuals in relation to the processing of their personal data. Under the Data Protection Acts, personal information should only be used or disclosed for the purpose for which it was collected for or another directly related purpose.

15. REPORT TO THE HSE

The CWIUH provides the HSE with a general report on the complaints received. No patient identifiers or personal information is given.

16. FEEDBACK TO MANAGEMENT AND STAFF

Feedback is discussed with the SMT team on a weekly basis and CRG meeting are held regularly. Service users feedback will be reported back to staff at every reasonable opportunity e.g. committee meetings, leadership quality and safety walk-rounds, annual reports, induction and ongoing staff training seminars and individual reports to senior management as requested.

17. AUDITING AND MONITORING

Implementation of the policy will be evaluated. This may involve examining feedback, statistics, trends and policies and asking staff and service users what they think about the system.

Evaluating the feedback process may involve:

- Asking service users what they know about the feedback process and what they expect
- Asking service user who have used the feedback process in relation to a complaint what they thought of the process and the outcomes
- In relation to complaints, using statistical information to check timelines, the number and types of complaints that have been made and how this has changed over time.
- Reviewing the outcomes of individual complaints including a review of recommendations made
- Using feedback data to determine the learning that has occurred, how this learning has been shared, the changes that have been implemented and how these changes have been monitored.
- Comparing local complaints management data against external standards, and where possible with services of similar size and nature
- Asking staff: Was the staff member aware that this policy existed? ; Did the staff member find this policy easy to understand and follow? ; Did the staff member receive training on the use of this policy? ; Is the staff member of the opinion that this policy is being referred to?

18.0 REFERENCES:

This policy is guided by the following:

- National Standards for Safer Better Maternity Standards, 2016, Health Information and Quality Authority
- Learning to get Better 2015 – An investigation by the Ombudsman into how public hospitals handle complaints, Office of Ombudsman
- HSE Policy (2017) The Management of Service Users Feedback, for Comments, Compliments and Complaints. Your Service Your Say/ National Standards for Safer Better Healthcare, 2012, Health Information and Quality Authority
- Health Information & Quality Authority (2012) National Standards for Safer Better Healthcare
- Model Complaints System and Policy; The Ombudsman’s Guide to Developing a Complaint Handling System, Office of the Ombudsman
- Open Disclosure, National Guidelines: Communicating with Service Users and their Families following adverse events in Healthcare, 2013, HSE and State Claim Agency
- Data Protection Act 1988 and 2003
- Freedom of Information Acts 1997 and 2003
- Health Act 2004
- Health Act 2004 (Complaints) Regulations 2006
- Guideline for System Analysis investigation of Incidents, 2016, Health Service Executive
- Trust in Care
- Dignity at Work
- Report of the investigation into the safety, quality and standards of services provided by Health Service Executive to patients in the Midland Regional Hospital Portlaoise, 2015, Health Information and Quality Authority

Part 9 of the Health Act 2004

Complaints

45.—In this Part—

“action” means anything done or omitted to be done—

(a) by the Executive, or

(b) by a service provider in connection with the provision of—

(i) a health or personal social service that is the subject of an arrangement under *section 38*, or

(ii) a service in respect of which assistance is given under *section 39*;

“close relative”, in relation to another person, means a person who—

(a) is a parent, guardian, son, daughter or spouse of the other person, or

(b) is cohabiting with the other person;

“complaints officer” means a person designated—

(a) by the Executive for the purpose of dealing with complaints made to it in accordance with procedures established under *section 49(1)(a)*, or

(b) by a service provider for the purpose of dealing with complaints made to the service provider in accordance with procedures established under *section 49(1)(a)* or (2);

“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;

“complainant” means a person who is entitled under *section 46* to make a complaint under this Part on the person’s own behalf or on behalf of another.

46.—

(1) Any person who is being or was provided with a health or personal social service by the Executive or by a 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 a 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) For the purposes of this Part, an action does not accord with fair and sound administrative practice if it is—

(a) taken without proper authority,

(b) taken on irrelevant grounds,

(c) the result of negligence or carelessness,

(d) based on erroneous or incomplete information,

(e) improperly discriminatory,

(f) based on undesirable administrative practice, or

(g) in any other respect contrary to fair or sound administration.

(3) If a person entitled under this section to make a complaint is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by—

(a) a close relative or carer of the person,

(b) any person who, by law or by appointment of a court, has the care of the affairs of that person,

(c) any legal representative of the person,

(d) any other person with the consent of the person, or

(e) any other person who is appointed as prescribed in the regulations.

(4) If a person who would otherwise have been entitled under this section to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative or carer of that person.

47.—

(1) A complaint must be made within the specified period or any extension of that period allowed under *subsection (3)*.

(2) The specified period is 12 months beginning before or after the commencement of this section, but not later than—

(a) the date of the action giving rise to the complaint, or

(b) if the person by whom or on whose behalf the complaint is to be made did not become aware of that action until after that date, the date on which he or she becomes aware of it.

(3) 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.

48.—

(1) A person is not entitled to make a complaint about any of the following matters:

(a) a matter that is or has been the subject of legal proceedings before a court or tribunal;

(b) a matter relating solely to the exercise of clinical judgment by a person acting on behalf of either the Executive or a service provider;

(c) 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)*;

(d) a matter relating to the recruitment or appointment of an employee by the Executive or a service provider;

(e) 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*;

(f) a matter relating to the Social Welfare Acts;

(g) a matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;

(h) a matter that could prejudice an investigation being undertaken by the Garda Síochána;

(i) a matter that has been brought before any other complaints procedure

(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.

(3) In relation to a contract referred to in *subsection (1)(e)* “terms or conditions” includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures.

49.—

(1) Subject to *subsection (2)* and any regulations under *section 53*, the Executive shall establish procedures for—

- (a) dealing with complaints against the Executive or a service provider, and
- (b) reviewing, at the request of a complainant, any recommendation made by a complaints officer following the investigation of a complaint.

(2) Any service provider may, with the agreement of the Executive, establish procedures, in place of the procedures established under *subsection (1)(a)*, for dealing with complaints against the service provider.

(3) The Executive may agree to a service provider establishing such procedures if satisfied that they will be of a comparable standard to the procedures established by the Executive under *subsection (1)(a)*.

(4) Subject to any regulations under *section 53*, the Executive may assign to another body the Executive’s functions in relation to reviewing, and establishing procedures for reviewing, any recommendation made by a complaints officer.

50.—

(1) A complaints officer shall not investigate a complaint if—

- (a) 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,
- (b) 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—

- (a) is of the opinion that—
 - (i) the complaint does not disclose a ground of complaint provided for in *section 46*,
 - (ii) the subject-matter of the complaint is excluded by *section 48*,
 - (iii) the subject-matter of the complaint is trivial, or
 - (iv) 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.

51.—

(1) 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) Pending the outcome of a review, the relevant person may suspend the implementation of a recommendation made by a complaints officer if satisfied that, in the interests of fair and sound administration, it is appropriate to do so.

(4) In this section “relevant person” means—

(a) in relation to a complaint dealt with by the Executive in accordance with the procedures established under *section 49(1)*, the chief executive officer, and

(b) in relation to a complaint dealt with in accordance with the procedures established by a service provider under *section 49(2)*, the service provider.

52.—

(1) It is a condition of any arrangement under *section 38* with a service provider that the service provider will—

(a) adhere to the complaints procedures established by the Executive in accordance with *section 49(1)* and any regulations under *section 53*, or

(b) establish the procedures agreed under *section 49(2)* and adhere to those procedures.

(2) In addition, it is a condition of such arrangement that the service provider will cooperate with the Executive, or with any body to which the Executive assigns its functions under *section 49(4)*, in any review of a recommendation made by a complaints officer following the investigation of a complaint against the service provider.

(3) The Executive shall exercise any rights or remedies available to it under such arrangement if the service provider concerned does not fulfil any of the applicable conditions specified in *subsections (1) and (2)*.

53.—

(1) The Minister may make regulations for the purposes of this Part.

(2) Regulations under this section may, among other things, make provision for the following matters:

(a) requirements to be complied with by complainants;

(b) the appointment of persons as complaints officers and the functions of complaints officers;

(c) the procedure to be followed in investigating complaints;

(d) the making of recommendations by complaints officers following the investigation of complaints and the nature of the recommendations that, subject to *section 51*, they are authorised to make;

(e) the implementation of recommendations made by complaints officers;

(f) the appointment of persons as review officers and the functions of those officers;

(g) the procedure to be followed in undertaking reviews;

(h) the making of recommendations by review officers following the review of a complaint and the nature of the recommendations that they are authorised to make;

(i) the implementation of recommendations made by review officers;

(j) the assignment by the Executive of the review functions referred to in *section 49(4)* to any other body or person.

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) For the purposes of the Ombudsman Acts 1980 to 1984 and the Ombudsman for Children Act 2002, any action taken by a service provider in relation to a health or personal social service in respect of which the service provider has entered into an arrangement under *section 38* or received assistance under *section 39* is deemed to have been taken by the Executive.

55.—

(1) The Executive shall submit to the Minister, as part of the Executive's annual report, a general report on the performance of its functions under this Part during the previous year containing such information as the Executive considers appropriate or as the Minister may specify.

(2) 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 indicating—

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

(3) If the Executive assigns its functions under *section 49(4)* to another body, that body 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 reviews conducted by it during the previous year indicating—

- (a) the total number of reviews,
- (b) the nature of the reviews, and
- (c) the outcome of the reviews.

Terms of Reference of the Complaints Review Group (CRG)

The Complaints Review Group (CRG) is comprised of senior hospital staff members, who will meet on a regular basis to review the management of service users feedback; compliments, complaints and suggestions.

- All complaints will be reviewed
- All complaints will be classified into Quality and Safety themes to capture learnings and identify Quality Improvement Plans (QIPs) from service users feedback.
- CRG will provide direction regarding the investigation into complaints
- Approve Annual reports

Membership:

- Master/CEO (Chair)
- Secretary & General Manager
- Director of Midwifery & Nursing
- Quality Manager
- Clinical Risk Manager
- Operations Manager
- Patient Liaison Manager (Administrator)
- Patient Services Manager
- Communications & Information Officer
- Member of the Duty Midwifery Management Team on bleep 157

Frequency of Meetings:

6 times a year

Quorum:

4 members to include the Master or Secretary & General Manager or Director of Midwifery & Nursing

Affix Patient Label Here

Verbal Complaint Report Form

Mode of Complaint : In person <input type="checkbox"/> By phone <input type="checkbox"/>	Staff Implicated: Midwifery/Nursing <input type="checkbox"/> Obstetric/Medical <input type="checkbox"/> Catering <input type="checkbox"/> Hygiene <input type="checkbox"/> Other (Please Specify) _____
Person Receiving the Complaint: _____ Date: ____/____/____	Ward Department the complaint refers to: _____

Specifics of the Complaint:

Explanation Given/Resolution:

	Yes	No
Apology Offered		
Complaint Resolved Locally		
Advised re Complaint Procedure		
Patient Liaison Manager Notified		
Line Manager Notified		

Report Submitted By:

Signature _____ Name _____
 (Not required if form is typed)

Job Title _____ Date _____ Time _____

Please submit this completed report to: Niamh Dunne, Patient Liaison Manager, [Quality & Patient Safety Department](#): email patientliaison@coombe.ie