

# South Infirmary-Victoria University Hospital



## Title: Complaints Policy and Procedure

<b>Document Reference Number</b>	RISK0008ORG	<b>Document Developed by</b>	Val Cronin, Complaints Coordinator
<b>Revision Number</b>	1	<b>Document Approved by Date</b>	Clinical Governance Committee 13 <sup>th</sup> December 2017
<b>Implementation Date</b>	December 2017	<b>Responsibility for Implementation</b>	Ms. Val Cronin, Complaints Coordinator
<b>Next Revision Date</b>	December 2020	<b>Responsibility for Review and Audit</b>	Ms. Val Cronin, Complaints Coordinator

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## 1.0 Policy Statement

It is the policy of the South Infirmar-y-Victoria University Hospital to elicit views from patient/service users in relation to the services provided by the hospital. Any complaint will be viewed as an opportunity to continuously improve the quality of the services that we provide, and to learn lessons so as to prevent similar occurrences in the future. Complaints will be processed in accordance with Part 9 of the Health Act 2004.

Responding effectively to complaints received in a timely and sensitive manner and learning from them is a key aspect to providing a high quality customer focused service

## 2.0 Purpose

- To comply with Part 9 of the 2004 Health Act Legislation.
- To provide the complainant with a mechanism to make a complaint and to have their concerns responded to.
- To meet the needs of patient, relatives and visitors to the hospital.
- To outline the complaints procedure for employees and assist employees in complaint investigation.
- To use the comments of the public as a gauge of service quality and allow for improvement of same.
- To comply with the Patients Charter and You and your Health Service documents
- To collate complaints to allow analysis to identify patterns and trends.

## 3.0 Scope

- The Policy relates to Part 9 of the Health Act 2004 - Complaints Handling
- It involves both Service Users, members of the Public and employees
- It involves acknowledging, investigating, managing and responding to complaints within the agreed timeframe
- It includes risk rating complaints and making recommendations
- This Policy excludes some types of complaint. On receipt of the complaint the Complaints

Co-ordinator determines if the complaint requires investigation under another policy/guideline – See Appendix 1

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## 4.0 Legislation/Related Policies

- Part 9 of the Health Act 2004
- HSE Complaints Policy 2006
- HSE Policy for dealing with vexatious complaints
- SIVUH Complaints Procedure – How to make a complaint/comment
- Patients Charter
- Ombudsman Act 1980-1984
- Ombudsman for Children Act 2002

## 5.0 Glossary of Terms and Definitions

- **Complaints Coordinator** - Designated officer appointed for the purpose of dealing with complaints made in accordance with procedures established under the Health Act 2004.
- **HSE** – Health Service Executive
- **SIVUH** – South Infirmity Victoria University Hospital
- **Complaint** – An expression or statement of dissatisfaction that requires a response. The Health Act 2004 defines a complaint as follows: 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 administrative practice, and adversely affects the person by whom, or on whose behalf the complaint is made
- **Complainant** – A person who is entitled to make a complaint on his/her own behalf or on behalf of another
- **Vexatious Complaints** – A complainant who consistently displays a pattern of unreasonable requests despite a full examination of their original complaint.
- **Managing Unreasonable Complaint Conduct** – When we consider a patient/service user's behaviour to be unacceptable. See appendix VII
- **Clinical Judgement** - The Health Act 2004 defines clinical judgement as being “*a decision made or opinion formed in connection with the diagnosis, care or treatment of a patient*”.
- **Root Cause Analysis** - Root Cause Analysis is any structured approach to identifying the factors that resulted in harmful outcomes (consequences) in order to identify what behaviours, actions, inactions, or conditions need to be changed to prevent recurrence of similar harmful outcomes, and to identify the lessons to be learned to promote the achievement of better consequences.

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## 6.0 Roles and Responsibilities

### Complaints Coordinator

- The Complaints Coordinator ensures that complaints are processed in accordance with relevant Legislation within the timeframes in accordance with legislation
- Ensures that the standardised procedure is being adhered to
- Liaises with the complainant and determines the validity of the complaint.
- Highlights awareness of the policy with Line Manager/Head of Department
- Coordinates training with regard to complaints handling
- Registers all concerns/complaints on the complaints database.
- Forward concerns/complaints to the relevant persons
- Collates the outcome of the complaint investigation and forwards a response to the complainant within 30 days
- Provide a supportive environment to assure the complainant that their care is not negatively affected as a result of them having made a complaint or expressed a concern
- Inform the complainant of feedback, changes or improvements made as a result of their complaint
- Co-ordinates the collection of complaints data and disseminate this information as appropriate
- Makes recommendations where relevant
- Ensures that documentation on how to make a complaint is widely available
- Holds an Annual Meeting with the Complaints Committee to discuss complaints received trends and recommendations made
- Updates relevant documentation
- Trends identified by the Complaints Coordinator are brought to the attention of the Line Manager/Head of Department for follow up. These trends are highlighted at the Complaints Committee Meeting
- For any complaint if there is an indication that it may be medico-legal the Risk Manager is informed and where relevant a root cause analysis is carried out

## **Line Managers/ Head of Department**

- Line Managers/Head of Department must ensure that employees are aware of this Policy/Procedure and make it available to employees
- Endeavour to resolve verbal complaints received at local level
- Be aware of and implement current complaints procedures
- Hold responsibility for and have an understanding of effective complaints management and effectively communicate these processes to employees
- Ensure that employees under their remit receive training, education and support in the complaints handling process
- Liaise with the Complaints Coordinator in the resolution/investigation and reporting of complaints
- Advise the Complaints Coordinator if it is anticipated there will be a delay in responding to a complaint
- Provide evidence that lessons have been learned and improvements have been made to their service as a result of complaints
- It is the responsibility of the relevant Line Manager/Head of Department to follow up on any recommendations made/trends identified and implement any action plans required. The Line Manager/Head of Department must report back to the Complaints Coordinator when the recommendation/action plan is put in place in order that the Complaints Coordinator can include this in the end of year statistics
- Confidentiality is maintained at all times (appendix v)
- If there is an indication that a complaint may be medico-legal, where relevant, the Risk Manager carries out a root cause analysis

## **Employees**

All employees have an obligation to effectively deal with complaints made to them, in accordance with complaints procedures, either through dealing with the complaint at the point of contact where appropriate (with the assistance of their Line Manager/Head of Department as relevant) If a complaint cannot be addressed at local level the complaint can be forwarded to the Complaints Coordinator. Confidentiality is maintained at all times (appendix v). In addition it is the role of all employees to:

- Participate in Complaints Management Training, as requested

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- Partake in any investigation of a complaint where necessary
- Be involved in dealing with complaints at local level
- Be involved in improvement initiatives within their service
- Provide data relevant to complaints to their Line Manager/Head of Department
- Be familiar with and adhere to the procedures outlined in this document

### **Review Officer**

- The review officer determines the appropriateness of the investigation conducted by reviewing the process used to investigate the complaint, having regard to all aspects of the complaint and its investigation.
- The review officer accepts the original investigation and recommendation or makes a further recommendation.
- The review officer will forward a report of the review carried out to the Complaints Co-ordinator.

### **Advocate**

All patients have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint. Where an advocate is requested by a complainant the hospital will assist with this request. An employee member or a trusted person may also be advocate for persons wishing to make a complaint.

## **7.0 Procedure/Protocol/Guideline**

### **Stages in the Complaints Management Process**

The complaints management process has four distinct stages:

**Stage 1:** Local Resolution of verbal complaints at the point of contact

**Stage 2a/2b:** Informal Resolution of the complaint/formal investigation (written complaint)

**Stage 3:** Internal Review

**Stage 4:** Independent Review

### **7.1 Stage 1: Local resolution of Verbal Complaints at the point of contact**

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- 7.1.1** Verbal complaints are best resolved at local level (at the point of contact) by the employee receiving the complaint/comment. The complainant is advised of the complaints procedure. All efforts must be made to resolve the complaint at local level. Verbal complaints should be documented as far as is reasonably practicable and highlighted with the Complaints Coordinator.
- 7.1.2** The person receiving the complaint must determine the most appropriate process for the management of the complaint as follows:
- The complaint is received by the front line employee who will determine if it is appropriate to manage the complaint at the point of contact
  - The Complaints Coordinator receives the complaint and liaises with the employee and determines if the complaint may be managed at source by the front line employee.
  - If it is decided that the employee cannot deal with the complaint at source it will be dealt with at stage 2
- 7.1.3** Where a complaint is resolved at the point of contact, the complaint must be examined to identify any quality improvements that should be implemented as a result. Trends are identified by the Line Manager/Department Head and where relevant action plans are put in place.
- 7.1.4** All steps must be taken to ensure that any information about the patient is confined to what is relevant to the complaint. All information is treated as confidential.
- 7.1.5** The complainant will be informed if it is anticipated that the complaint will need to be directed to the Complaints Coordinator.
- 7.1.6** The complainant may not accept the outcome of the management of the complaint at the point of contact and may seek a review of their complaint at Stage 2 of the process.
- 7.1.7** The Line Manager/Department Head, the person to whom the complaint relates to and any other relevant employee members involved are always informed in confidence with regard to the complaint.
- 7.1.8** Letters of complaint, file notes, replies or minutes of meetings relating to complaints are not filed in the patient's chart. These are kept in the complainant's file. Written replies to complaints are sent via the Complaints Coordinator.
- 7.1.9** Where a complaint is made about an employee it must always be made in writing outlining the complaint and location, and signed by the person making the complaint.



Exceptions can be made at the hospitals discretion e.g. literacy problems, difficulty outlined by the patient.

**7.1.10** Where a third party complains on behalf of the patient, consent must be received from the person to whom the complaint relates if it is anticipated there is potential for a breach of confidentiality, or if clinical details are likely to be discussed

**7.1.11** Complaints which are deemed to be vexatious are dealt with as per the HSE Policy for dealing with vexatious complaints.

**7.1.12** Written complaints containing offensive/obscene language will not be investigated. The complainant will be written to in this regard.

## **7.2 Stage2a/2b: – Informal Resolution of the Complaint/Formal Investigation (Written complaint)**

**7.2.1** Complaints that could not be resolved at Stage 1 or should not be resolved at the first point of contact due to their seriousness or complexity are then subject to local investigation under Stage 2 (formal investigation) of the complaints management process.

**7.2.2** The Complaints Coordinator must determine the most appropriate informal resolution approach for a particular complaint, e.g. contacting the complainant with a view to resolving the complaint informally, advising the complainant to put the complaint in writing and following this where necessary arranging a meeting between the parties concerned.

**7.2.3** At stage 2 if the complaint cannot be dealt with informally the complainant is requested to put the complaint in writing. Exceptions can be made at the hospitals discretion e.g. Literacy problems, difficulty outlined by the patient. Following receipt of the complaint in writing the complainant is contacted if further information or clarification is required prior to the investigation taking place. Some complaints will initially be received in writing. Written complaints are acknowledged within 5 working days of receipt, investigated and a reply sent within 30 working days of it being acknowledged where possible. Any delays after the 30 day timeframe, the reasons for same, and revised timeframes must be communicated to the complainant and they must be updated every 20 working days thereafter. Where possible an investigation into a complaint must be completed within 6 months of receipt of the complaint.

- 7.2.4** The Complaints Coordinator is responsible for investigating a complaint at Stage 2 but will liaise with appropriate expertise, skills etc as required. Employees have an obligation to participate and support the investigation of any complaint where requested. Employees assisting with the investigation must investigate their relevant section of the complaint and put their reply in writing to the Complaints Coordinator.
- 7.2.5** Some complaints will not be suitable for investigation by the Complaints Coordinator and must either be referred to the appropriate body for investigation, or returned to the complainant with an explanation as to why the complaint cannot be investigated or with details of the correct process for the management of their complaint (*Section 48 (1) Health Act 2004 - See appendix ii and iii*).
- 7.2.6** If the Complaints Coordinator feels that he/she is not in a position to investigate the complaint, e.g. the Complaints Coordinator knows the complainant; he/she may determine that the complaint warrants transfer to an alternative employee.
- 7.2.7** All complaints in relation to employees and medical treatment must be made in writing. Exceptions can be made at the hospitals discretion e.g. literacy problems, personal reasons given by the complainant.
- 7.2.8** The Line Manager/Head of Department the person to whom the complaint relates to and any other relevant employees are always informed in confidence with regard to the complaint and information is not discussed except in the normal course of the investigation
- 7.2.9** Where a third party complains on behalf of the patient, or an advocate is requested by the complainant consent must be received from the person to whom the complaint relates if it is anticipated there is potential for a breach of confidentiality, or if clinical details are likely to be discussed.
- 7.2.10** Letters of complaint, file notes, replies or minutes of meetings relating to complaints are not filed in the patient's healthcare record. These are kept in the complainant's file. Written replies to complaints are sent via the Complaints Coordinator.
- 7.2.11** The Complaints Coordinator upon completion of the investigation issues a written reply to the Complainant. This letter forms the report of the investigation. The Complainant is advised of his/her rights of Review and Appeal.
- 7.2.12** In the event of a delay in completing the investigation of the complaint the timeframes will be extended. The Complaints Coordinator will endeavour to conclude the

investigation of the complaint within 6 months of receipt of the complaint. However if the investigation will take longer the complainant is kept updated.

**7.2.13** Complaints which are deemed to be vexatious are dealt with as per the HSE Policy for dealing with vexatious complaints.

### **7.3 Mediation**

**7.3.1** Complainants may if necessary be invited to meet with relevant employees to discuss/clarify concerns set out in the complaint. To ensure that the meeting is structured and that relevant employees are in attendance the complainant is advised if not already done, and if possible, to firstly put the complaint in writing. Following this meeting a report is prepared for the complainant's file outlining the meeting which took place. A response will be issued to the complainant.

**7.3.2** Mediation may be used to attempt resolution of the complaint if both parties agree. It is hoped that the complaint can be resolved using less formal means where possible.

**7.3.3** Where the investigation (+/-mediation) at Stage 2 of both verbal and written complaints fails to resolve the complaint, the complainant may seek a review of their complaint by the Internal Review Process at Stage 3.

**7.3.4 Meeting with a patient advocate:** In the event of an advocate requesting to meet with the Complaints Coordinator, it is recommended that only one advocate meet with the Complaints Coordinator and any information following this meeting is passed on to the complainant or family members as necessary.

### **7.4 Stage 3 – Internal Review:**

**7.4.1** The complainant may seek a review of the outcome of the investigation at Stage 2 by the Internal Review Process.

**7.4.2** Complainants must seek a review of the complaint within 30 days of the report of the investigation being received by the complainant.

**7.4.3** Where the request for review is received within 30 days the Complaints Coordinator on behalf of the Review Officer acknowledges this request within 5 days of receipt.

**7.4.4** Where a request for review is received beyond the time frame of 30 days the Internal Review Officer(s) can extend the time limit if he/she determines that special circumstances make it appropriate to do so. If the timeframe will not be extended the

Review Officer must notify the complainant of this within 5 days of receipt of the request for review.

- 7.4.5** The complainant must highlight the area of the investigation which he requests to have reviewed. The review must be conducted where possible within 20 working days of receipt of the request for review. If the review will take longer the complainant is kept updated.
- 7.4.6** The Review team are the members of the Complaints Committee. An independent reviewer may be appointed if necessary by the Complaints Coordinator or the Complaints Committee.
- 7.4.7** The Review Officer(s) will review the processes used to carry out the investigation, the findings, and recommendations made post investigation.
- 7.4.8** Confidentiality is maintained at all times
- 7.4.9** The Review Officer(s) will either uphold the finding and the recommendation of the investigation or may vary the findings/recommendations.
- 7.4.10** Alternatively the Review Officer(s) may determine that further re-investigation of the complaint is required.
- 7.4.11** Upon completion of the Internal Review the Review Officer(s) will complete a written report for the Complaints Coordinator outlining details of the review undertaken. The Complaints Coordinator will forward this to the complainant. The complainant is also given their rights of review and appeal.
- 7.4.12** The complainant may accept the recommendations made or can seek a review of the complaint by the Ombudsman/Ombudsman for Children.

**7.5 *Stage 4- Independent Review - Appeal to the Office of the Ombudsman:***

- 7.5.1** After stage 3 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 liaises independently with the Office of the Ombudsman
- 7.5.2** The complainant must be informed at all times throughout the complaints process that they have a right to have their complaint reviewed by the Ombudsman/Ombudsman for Children. However, they must also be advised that the Ombudsman/Ombudsman for Children will require that all the hospital processes are exhausted before they will

initiate a review of the complaint. The Office of the Ombudsman will use his/her own discretion in this respect.

***Complaints that do not fall within the remit of this procedure must be referred to the appropriate personnel to be addressed using the appropriate policy (see appendix ii and iii)***

### **Withdrawal of concern/complaint**

The complainant may at any time withdraw a concern/complaint. The Complaints Coordinator will clarify this in writing with the complainant and inform the investigating team of this. Following this it is the responsibility of the Line Manager/Head of Department to follow up the issues raised, report outcomes and implement any action plans required

## **8.0 Implementation Plan**

- Ongoing training including induction training
- Policy/Procedure Document is available to download on the intranet site
- Leaflets and posters throughout the hospital
- The Policy is reviewed every 3 years or sooner if warranted

## **9.0 Revision and Audit**

- Quarterly complaints statistics
- Bi annual statistics to the HSE Southern regions head of Consumer Affairs.
- Bi annual comment card surveys
- Annual Report

## **10.0 References/Bibliography**

- Health Act 2004 – Part 9 Complaints Handling
- HSE Complaints Policy and Procedure Manual
- HSE Policy for dealing with vexatious complaints

## **11.0 Appendices**

- Appendix I - Complaints Procedure
- Appendix II - Section 48 (1) Health Act 2004

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- Appendix III - Complaints that do not fall in the remit of the policy
- Appendix IV - Complaints handling diagram
- Appendix V - Definitions
- Appendix VI – We Value your Opinion (SIVUH website)
- Appendix VII – Managing unreasonable complaint conduct

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## Appendix I

### **SOUTH INFIRMARY – VICTORIA UNIVERSITY HOSPITAL SIVUH Complaints Procedure How to make a complaint**

All employees are committed to providing a professional service to all who attend this hospital. If you are dissatisfied with any service we provide you can contact us. We welcome this as an aid to improving what we do. All concerns and complaints are taken seriously, handled sensitively, investigated and responded to appropriately and promptly. It is hoped that all complaints can be resolved amicably by;

- Giving the patient/complainant the opportunity to complain
- Listening to the complaint.
- Investigating the complaint
- Giving an explanation/information.

If you are unhappy about any aspect of our service, if you have a suggestion for improvement or you wish to make a comment please contact us. All comments both negative and positive are invited from patients, relatives and visitors to the hospital. Complaints can be verbal, written, email or fax. Comments can also be made via the online feedback form on the hospital website online feedback.

Complaints are dealt with in accordance with **Section 9 of the Health Act 2004**.

#### **How to complain/comment:**

##### **Stage 1: Local resolution**

- If you are not satisfied with a service or feel improvements could be made you should immediately contact the employee working in the relevant area who will endeavour for your convenience to resolve the situation locally.
- You may also complain or raise a concern with the Complaints Coordinator by telephone, meeting with, by fax, letter or email. Verbal complaints will where possible be resolved at source.

##### **Stage 2: Local investigation (formal complaint) – Complaints Coordinator**

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- Complaints that could not be resolved at Stage 1 or could not be resolved at the first point of contact due to their seriousness or complexity are then subject to local investigation under Stage 2 (formal investigation) of the complaints management process.
- At stage 2 the complainant is requested to put the complaint in writing where possible. Exceptions can be made at the hospitals discretion e.g. literacy problems, difficulty outlined by the patient. Some complaints will initially be received in writing.
- Formal written complaints received by the Complaints Coordinator will be acknowledged within 5 working days of receipt, investigated and a reply sent within 30 working days of acknowledgement. If this is not possible an explanation will be given for the delay. If there is a delay in responding, the complainant will be kept updated every 20 days regarding the progress of the complaint.
- Where the 30 day timeframe cannot be met despite every effort, the Complaints Coordinator will endeavour to conclude the investigation of the complaint within 6 months of receipt of the complaint. If the review will take longer than 6 months the Complaints Coordinator advises the complainant of the reason for the delay
- Mediation may be used to attempt resolution of the complaint if both parties agree. It is hoped that the complaint can be resolved using less formal means where possible.

**Stage 3 - Internal Review:**

- If the complainant is not happy with the response received he/she can appeal the decision to our Internal Review Officer within 30 days of receipt of the initial response. The review must be conducted where possible within 20 working days of receipt of the request for review. If the request is not received within 30 days then it is at the discretion of the Review Officer whether or not to investigate. If the review will take longer than 20 working days the complainant is updated. The Review Officer will uphold, vary or make a new finding and recommendation. The Review Officer may carry out a new investigation.

**Stage 4 - Ombudsman/Ombudsman for Children:**

- If the complainant is still not happy with the response received following internal review he/she can refer the complaint to the Office of the Ombudsman/Ombudsman for Children. The Ombudsman/Ombudsman for Children will require that all the hospital processes are exhausted before they will initiate a review of the complaint. This is at the discretion of the Ombudsman.

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### **Advocacy:**

All complainants have the right to appoint an advocate. Where a person is unable to make a complaint themselves an advocate can assist them in making the complaint.

*Meeting with advocates:* In the event of an advocate requesting to meet with the Complaints Coordinator it is recommended that only one advocate meets and any information following this meeting is passed on to the complainant or family members as necessary.

### **Time limits for receiving complaints:**

To help us resolve a complaint or concern, please tell us what it is as soon as possible. Our time limits for raising concerns are within 12 months of the incident giving rise to the complaint or problem, or within 12 months of the complainant becoming aware of the action giving rise to the complaint. We can consider extending these timeframes if there is a genuine reason why you didn't contact us earlier.

### **We will:**

- Pass on any praise and where relevant act on any comments
- Handle complaints and personal details in confidence without prejudice
- We endeavour to ensure that all queries are handled fairly and properly
- Reply to verbal complaints as soon as is reasonably practical.
- Acknowledge written complaints within 5 working days of receipt
- Investigate where possible all complaints within 30 working days. If the process takes longer we will keep the complainant updated every 20 working days
- Issue a written response to every written complaint
- Advise of your right to an independent internal review
- Advise of your right to an independent review by the Ombudsman/Ombudsman for Children.

### **Contact Number:**

*Complaints Co-Ordinator*

*Telephone:* 021 – 4926100

*Fax:* 021- 4310153

*Email:* [patient.complaints@sivuh.ie](mailto:patient.complaints@sivuh.ie)

*In writing:*

Complaints Coordinator,

South Infirmary-Victoria University Hospital, Old Blackrock Road, Cork

***All complaints relating to employees/treatment must be made in writing***

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## ***Appendix II***

### **Section 48 (1) Health Act 2004**

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 judgement by 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 judgement in the circumstances.
- d) A matter relating to the recruitment or appointment of an employee by the Executive or 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 that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;
- g) A matter that could prejudice an investigation being undertaken by the Garda Siochana;
- h) A matter that has been brought before any other complaints procedure established under an enactment.

Complaints received concerning any of the above can be referred to other disciplines for investigation such as Dignity at Work, Trust in Care, Grievance and Disciplinary Procedure, Medical Council, INO.

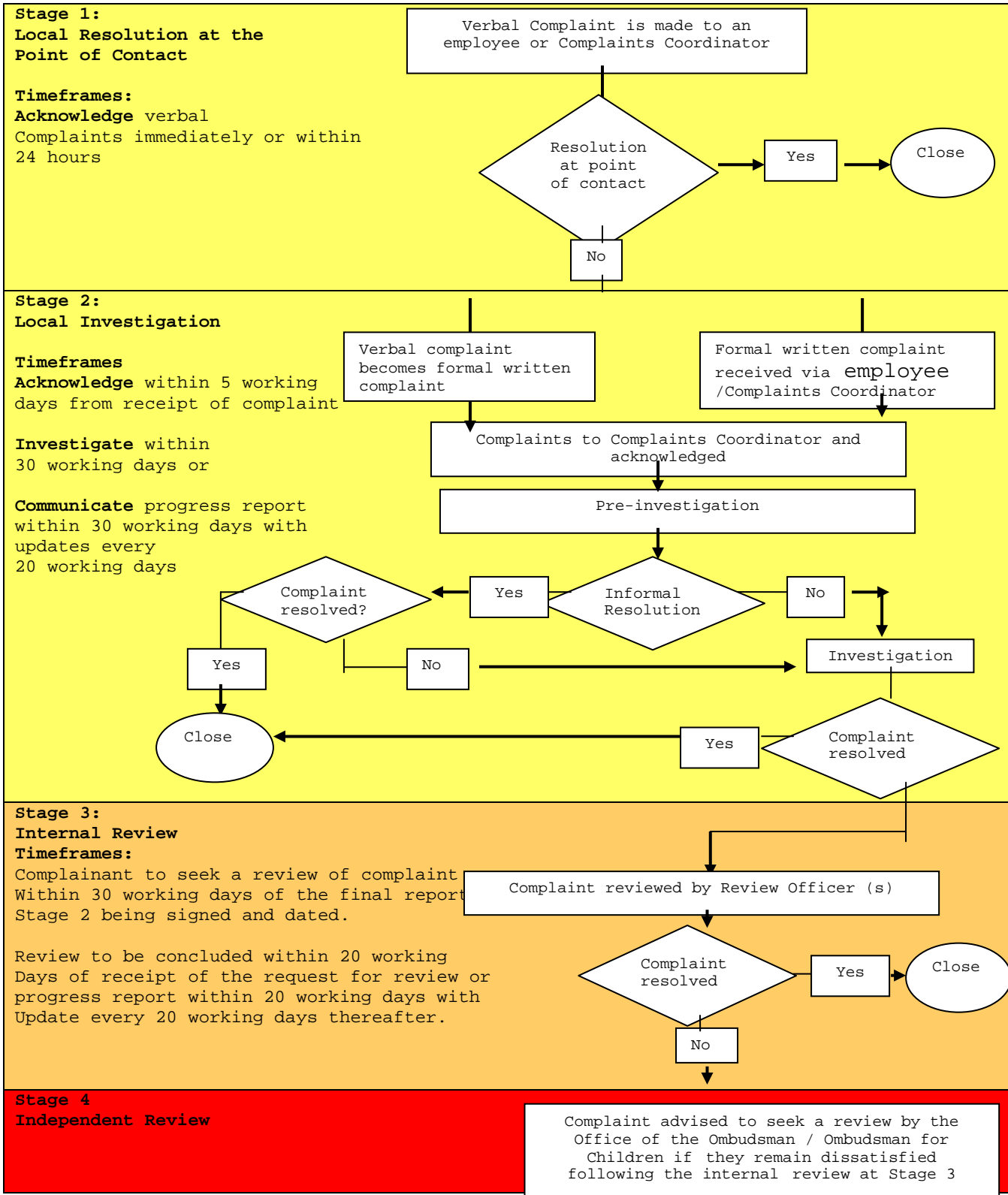
### Appendix III

<b>Complaints that do not fall under the remit of this Policy/Procedure</b>	
<b>Details of complaint/ allegation</b>	<b>Policy procedure/guideline to be followed</b>
Allegations of abuse of a child	Refer to the Line Manager/Head of Department/ Social Work Department. Children First-National Guidance for the Protection and Welfare of Children (2011)
Allegations of abuse made against an employee  Professional misconduct and Fitness to Practice issues  Complaints by employees of inappropriate behaviour of other employees while at work	Refer to the Line Manager/Human Resources Department in conjunction with Trust in Care Policy Grievance and Disciplinary Procedure Dignity at Work Policy Medical Practitioners Act 2007 Health and Social Care Act 2012 Nurses Act 1985 Nurses and Midwives Act 2011
Complaints about entitlements under Part 3 of the Social Welfare Act	Refer to the Department of Social Welfare
Complaints against the HR Recruitment Policy	Refer to the Human Resources Department in line with the Dignity at Work Policy, Grievance and Disciplinary Procedure
Complaints about bullying and harassment make against an employee	Refer to Line Manager/ Human Resources in line with Trust in Care Policy Grievance and Disciplinary Procedure Dignity at Work Policy
Complaints in relation to decisions of Freedom of Information Decision Makers/ Internal Reviewers	If related to Decision Makers decision refers to Internal Review Team. If in relation to Internal Review refer to Office of Information Commissioner in line with FOI Act 1997 and 2003
Complaints in relation to breach of Data Protection	Refer to the Data Protection Officer/Commissioner
Complaints in relation to Environmental Issues	Refer to the local Environmental Health Officer
Complaints in relation to Nursing Homes (private)	Refer to the Local Health Authority
Pre-school services	Refer to the Local Health Office in line with childcare regulations
Elder abuse	Refer to the Line Manager/ Social Work Department in line with the Report of the Working Group on Elder abuse 2002

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**Figure 1.0: General Overview of Complaints Management Process**



## Appendix V

### **Clinical Judgement**

Where there is a possibility that the complaint may include an element of clinical judgement the complaint is assessed by the Complaints Coordinator. Where the complaint is not solely related to clinical judgement the aspects of the complaint not related to clinical judgement are investigated.

Where there is uncertainty as to whether or not an action can be classified as clinical judgement the consultant is advised and he/she may liaise with other consultants to make the decision. Clinicians are provided with the opportunity to be part of an investigation that will endeavour to resolve the complaint as close to the point of contact. Where the complaint does relate to clinical judgement efforts are made to resolve the complaint locally with the assistance of the clinician involved.

All complaints which may be medico-legal related are forwarded to the Risk Manager.

### **Anonymous Complaints**

The SIVUH will not investigate anonymous complaints made against the hospital or an employee unless there is a good and sufficient reason for withholding this information. Notwithstanding the fact that anonymous complaints cannot be the subject of a formal investigation unless there is supporting evidence, management must assure that there are systems in place to protect the welfare of employees and patients.

### **Vexatious Complaints**

Vexatious complaints will not be pursued by the SIVUH. However this does not remove the complainant's right to submit the complaint to an independent agency such as the Office of the Ombudsman. Refer to policy for dealing with vexatious complaints currently HSE Policy.

### **Confidentiality**

Complainants should be aware that information regarding their attendance at the hospital may be shared with the relevant employee in order to process their complaint.

Where a complaint is made by a third party or on behalf of a patient confidentiality of the patient will be maintained. Information relevant to the patient will not be discussed with the third party without the written consent of the patient. All complaints received will be held on paper file and will be stored for three years from the date of closure of the file. Letters of complaint, file notes, replies or minutes of meetings relating to complaints are not filed in the patient's healthcare record. These are kept in the complainant's file. Written replies to complaints are sent via the Complaints Coordinator

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**Appendix VI**  
**South Infirmary – Victoria University Hospital**  
**We Value Your Opinion**

If you wish to make a comment, compliment or complaint, please fill in the attached sheet. You can either post, email or fax your details for the attention of the Complaints Coordinator.  
Email address [patient.complaints@sivuh.ie](mailto:patient.complaints@sivuh.ie) Fax 021-4310153.

**Name of Service/Department which you want to make a comment, compliment or complaint:**

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**Date of experience giving rise to the comment, compliment or complaint**

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**Your comment, compliment or complaint details**

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*Attach extra pages if necessary*

**Please complete your details below**

**NOTE: In the case of a complaint being made on behalf of third party please give details of this person (name and address) in order that consent can be obtained**

Name: \_\_\_\_\_ Telephone Num. \_\_\_\_\_

Address: \_\_\_\_\_ Medical Record Num. \_\_\_\_\_  
(if relevant)  
\_\_\_\_\_

Email \_\_\_\_\_ Name of third party \_\_\_\_\_  
(If relevant)

Date: \_\_\_\_\_ Address \_\_\_\_\_

For the purpose of investigation of my complaint I grant permission to the SIVUH to access my personal patient confidential information. This may be necessary in some cases to fully investigate your complaint

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## Appendix VII

### Managing unreasonable complainant conduct

All complaints received need to be managed as well as possible. We as a hospital are committed to dealing with all service users fairly and impartially and endeavour to provide high quality service to service users at all times. However, we do not expect our employees to tolerate behaviour by service users which is abusive, offensive or threatening.

#### Examples of types of unreasonable behaviour (not exhaustive)

- Unreasonable persistence – persisting with their issues even though they have been dealt with or is in the process of being dealt with.
- Numerous telephone calls without offering any new relevant information. Persisting ringing when already advised the person/information they are seeking is unavailable
- Unreasonable demands – insisting on outcomes that are unattainable
- Unreasonable arguments, conspiracy theories unsupported by evidence and irrationally interpreting facts or laws. Refusing to accept reasonable interpretations.
- Venting extreme anger, aggression, threats or other threatening violent conduct.

When we consider that a service user's behaviour is unreasonable, we will tell them why we find their behaviour unreasonable and will request that they refrain from the inappropriate behaviour. If the unreasonable behaviour continues, we will take action to limit the service user's contact within the hospital by enforcing the following:

- Where possible restrict telephone calls
- Requesting contact in letter format only
- Require any further contact to take place with a named officer only

Despite attempts made to assist the service user if he/she continues to behave in an unreasonable manner we may have to decide to terminate contact completely.

Where the behaviour is so extreme that it threatens the immediate safety and welfare of employees, we will consider other options, for example, reporting the matter to the police or taking legal action. In such cases we may not give the service user prior warning of that action.

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