



Tallaght  
University  
Hospital

Ospidéal  
Ollscoile  
Thamhlachta

An Academic Partner of Trinity College Dublin

## Patient Complaints Policy

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## 1.0 Purpose

- 1.1 The purpose of this document is to outline the procedure and the policy of Tallaght University Hospital in relation to the management of complaints, providing for compliance with Part 9 of the Health Act 2004 (*No: 42 of 2004*), the Health Act 2004 (Complaints) Regulations, 2006 and recommendations of the National Health Strategy 2001 "Quality & Fairness". The legislation gives complainants the right to appeal within the treating organisation and to the HSE as well as access to the Office of the Ombudsman and the Office of the Ombudsman for Children.
- 1.2 A complaint may be made by any person who is being or was provided with a service by the Hospital.

## 2.0 Review History

Date	Review No.	Change	Ref. Section	Consulted with:
April 2011	New	New	New	New
June 2017	1	April 2011 document updated in line with new Policy Template and content assigned to new headings  Includes reference to Patient Advocacy Team Leader  Reference to All Patient Advocacy Staff	All sections  6.2  6.2.5	See Appendix 1
Oct 2019	3	Tallaght Hospital referred to as Tallaght University Hospital	All sections	Communications Manager

### **3.0 Persons Affected**

3.1 The Patient

3.2 Family / Guardians / Carers

3.3 All hospital staff

### **4.0 Policy Statement**

4.1 It is the policy of Tallaght University Hospital (TUH) to invite comments and feedback from patients and their family/carers. It is also the policy of TUH to use this information to gauge the quality of the services we provide.

#### **4.2 This Policy will ensure that:**

4.2.1 Patients and families will be informed of their right to present complaints, the process by which they should present complaints, and the length of time within which they can expect a response.

4.2.2 All staff will be committed to resolving verbal complaints at local level where it is appropriate to do so and where the complainant is happy that the staff member does so. Where it is not appropriate for the matter to be resolved locally or where the complainant does not want it dealt with locally, the complaint will be referred to the Patient Advocacy Department (PAD).

4.2.3 All Staff are obliged to fully co-operate with any investigations.

4.2.4 Complaints may be referred for further investigation under the Hospital's Disciplinary Policy & Procedure as appropriate.

4.2.5 The Patient Advocacy Department will deal with complaints that fall within Part 9 of the Health Act and, The Health Act 2004 (Complaints) Regulations 2006 in

accordance with their provisions and in accordance with the Tallaght University Hospital's procedure and policy for dealing with complaints (Appendix 2)

- 4.2.6** A timely, fair and non-judgemental complaint investigation service will be provided.
- 4.2.7** Recommendations for improvements of services will be made, if appropriate, following the investigation, of each complaint. Every reasonable effort will be made to implement recommendations as soon as possible, where practicable and when appropriate.
- 4.2.8** Patients have the right to appoint an advocate. Where a person is unable to make a complaint themselves an advocate can assist them in making a complaint. The Hospital Patient Advocacy Department would normally take this role.
- 4.2.9** If a patient nominates a family member to act as advocate, a consent form (Appendix 3) must be completed.
- 4.2.10** If the patient is dealing with a complaint themselves but decide to hand it over to a family member, a consent form must also be completed (Appendix 4)

## **5.0 Definitions**

**5.1** “Complaint” means a complaint made about any action of the service provider, that it is claimed, does not accord with fair or sound practice (Health Act 2004).

**5.1.1** For the purpose of this document, the definition of a complaint will indicate an expression of dissatisfaction/unhappiness that a person or persons may have with any aspect of the service that the hospital provides.

## **6.0 Responsibilities**

### **6.1 Patient Advocacy Co-ordinator**

It is the responsibility of the Patient Advocacy Co-ordinator to:

**6.1.1** Ensures that all Patient Advocacy staff are aware of legislation in relation to Complaints, Advocacy, this policy and associated procedures.

**6.1.2** Ensure that all Patient Advocacy staff are practising within their competency level and in line with the legislation and the Patient Complaint Policy and associated Procedures.

**6.1.3** Work in a way that ensures the patients and staff are dealt with in a fair and equitable manner.

**6.1.4** The Patient Advocacy Co-ordinator will audit complaints data and report complaints of concern / trends to the Director of Nursing.

**6.1.5** Facilitates continuous professional development of the PAD team.

### **6.2 Patient Advocacy Team Leader**

It is the responsibility of the Patient Advocacy Team Leader to

**6.2.1** Ensures that all Patient Advocacy staff are aware of legislation in relation to Complaints, Advocacy, this policy and associated procedures.

- 6.2.2 Ensures that all Patient Advocacy staff have a reasonable workload.
- 6.2.3 The Patient Advocacy Team Leader will audit complaints data and report complaints of concern / trends to the Patient Advocacy Co-ordinator
- 6.2.4 Undertake Continuous Professional Development (CPD) to maintain and develop their competence.

### **6.3 All Patient Advocacy Staff**

It is the responsibility of all patient advocacy staff to

- 6.3.1 Follow the procedures outlined in this policy.
- 6.3.2 Work in a way that ensures the patients and staff are dealt with in a fair and equitable manner.
- 6.3.3 Prioritise complaints on a daily basis.
- 6.3.4 Document all patient complaints and positive feedback onto the software system.
- 6.3.5 Undertake Continuous Professional Development (CPD) to maintain and develop their competence.

### **6.4 All Hospital Staff**

It is the responsibility of all hospital staff to and are expected to

- 6.4.1 Provide a timely response to the Patient Advocacy Department. This is to ensure that a response is provided to the complainant within the recommended timeframe of 30 working days which is a key performance indicator outlined in legislation.

## **7.0 Procedure**

### **7.1 Verbal Complaints (Stage 1)**

**7.1.1** Complaints may be made to any member of staff. It may be appropriate for that complaint to be dealt with at a local level. However, where it is not possible or appropriate to deal with the complaint at a local level, the complaint will be referred to the PAD.

**7.1.2** Where a complaint is resolved at local level it should be examined by the service manager to identify any quality improvements that could be implemented as a result of the complaint received.

### **7.1.3 Written Complaints (Stage 2)**

**7.1.4** The PAD will acknowledge the complaint in writing within five working days of the complaint being received. Where a complaint is excluded for investigation the complainant will also be notified in writing within five working days of the decision and the reasons for it.

**7.1.5** Where the complaint will be investigated, the PAD must endeavour to investigate and conclude the investigation of a complaint within 30 working days of it being acknowledged.

**7.1.6** If the complaint cannot be investigated and concluded within 30 working days then the PAD must communicate this to the complainant and the relevant service/staff member within 30 working days of acknowledging the complaint and give an indication of the time it will take to complete the investigation.

**7.1.7** The PAD must update the complainant and the relevant staff/ service member every 20 working days.

**7.1.8** The PAD must endeavour to investigate complaints within 30 working days. However, where the 30 working days' time frame cannot be met despite every

best effort, Patient Advocacy must endeavour to conclude the investigation of the complaint within six months of the receipt of the complaint.

- 7.1.9** If this timeframe cannot be met, the Patient Advocacy must inform the complainant that the investigation is taking longer than six months, give an explanation why and outline the options open to the complainant. Whilst He/She should encourage the complainant to stay with the local complaints management process they must also inform them that they may seek a review of their complaint by the HSE or the Ombudsman/ Ombudsman for Children.
- 7.1.10** In circumstances where a Third Party complains on behalf of the patient or service user written consent to disclose confidential information must be sought from the patient where appropriate. Consent must be documented and filed on the Patient Complaint File.
- 7.1.11** Care must be taken at all times throughout the process to ensure that any information about the patient is confined to what is relevant to the complaint and disclosed only to those people who have a need to know it for the purpose of investigating the complaint.
- 7.1.12** It is good practice to explain to the patient that information from his/her health records may need to be disclosed to the relevant hospital staff. If the patient objects to this then the effect on the processing of their complaint will need to be explained.
- 7.1.13** The PAD will present cases that may be the subject of professional competence or of a potential risk to the relevant departments i.e. Human Resources
- 7.1.14** Complainants will receive a full response within 30 working days. Where this is not possible the PAD will notify the relevant parties as soon as possible and

he/she will indicate the expected time frame for delivery of the investigation report.

**7.1.15** If further information or clarification is required from the complainant a written request must be issued and responded to by the complainant within 10 working days.

**7.1.15.1** Complainants who are dissatisfied with the response may request a review

## **7.2 Complaints in relation to Paediatric Service**

**7.2.1** Where the paediatric service is involved the Children’s Health Ireland (CHI) Clinical Director and / or CHI Nursing Directorate must be informed and consulted. The Clinical Director and / or CHI Nursing Directorate may refer to the CHI @ Tallaght Executive Committee, in particular where issues of policy or general service delivery are raised. The Clinical Director and or CHI Nursing Directorate will ensure the TUH s target response times are adhered to.

**7.2.2** Allegations or suspicions of abuse against children will be dealt with in accordance with relevant guidelines and policies including Trust in Care, Dignity at Work, internal guidelines on child protection and the “Children First” national guidelines.

## **7.3 Complaints in relation to Psychiatric Service**

**7.3.1** Where the psychiatric service is involved the Executive Clinical Director of Dublin South Central Mental Health Services must be informed and consulted as the Adult Mental Health Services and the Child and Adolescent Mental Health Services for Dublin South Central Mental Service do not come under the Governance of TUH. The Executive Clinical Director may refer the issue to the Clinical Director of the relevant service-Child and Adolescent MHS or Adult MHS, as appropriate. The Executive Clinical Director may also refer the matter

to the Inspector of Mental Hospitals, or to the Minister for Health, in compliance with Sections 228, 238 and 239 of the Mental Treatment Act (1945). If the issue must be referred on to the Inspectorate, the Executive Clinical Director will ensure that the hospital's target response time are adhered to.

#### **7.4 Complaints in relation to Clinical Judgment**

**7.4.1** Where there is a possibility that the complaint may include an element of clinical judgement, that complaint must be assessed by the PAD to determine if the complaint or part of the complaint may be clearly defined as clinical judgement. The Patient Advocacy may bring this to the attention of the Clinical Director/Director of Nursing or appropriate Manager.

**7.4.2** Where there is uncertainty as to whether or not a complaint can be classified as clinical judgement, the Patient Advocacy Service may review the case with the Clinical Director/Director of Nursing or appropriate manager who will advise on the appropriate action to take.

## **7.5 Time Frame for receipt of complaints**

### **7.5.1 A complaint must be made within a period of twelve months from:**

**7.5.1.1** the date of the action giving rise to the complaint, **or**

**7.5.1.2** the date on which the complainant becomes aware of the action giving rise to the complaint.

**7.5.2** The PAD may extend the time limit for making a complaint if it is the Patient Advocacy Co-ordinator's opinion that special circumstances make it appropriate to do so.

## **7.6 Stages of the Complaints Management Process**

### **7.6.1 Stage 1: Management of a Verbal Complaint at the Point of Contact.**

**7.6.1.1** Staff should make every effort to resolve verbal complaints at first point of contact wherever possible.

### **7.6.2 Stage 2a: Informal Resolution**

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

**7.6.2.2** Mediation may be used to attempt resolution of the complaint at Stage 2 if both parties agree.

**7.6.2.3** Where informal resolution was not successful or was deemed inappropriate, the PAD will initiate a formal investigation of the complaint.

### **7.6.3 Stage 2b: Formal Investigation**

**7.6.3.1** The PAD is responsible for carrying out the formal investigation of the complaint at Stage 2 but may draw on appropriate expertise, skills etc as

required. Staff have an obligation to participate and support the investigation of any complaint where requested.

**7.6.3.2** Where the investigation at Stage 2 fails to resolve the complaint, the complainant may seek further clarification through the local process (Meeting / Review through Director of Nursing and/or QRSM)

**7.6.3.3** Where the investigation at Stage 2 fails to resolve the complaint at this point, the complainant may seek a review of their complaint by the HSE Internal Process at Stage 3.

#### **7.6.4 Stage 3: HSE Review**

**7.6.4.1 All requests for a HSE review should be forwarded to:**

**7.6.4.1.1** Consumer Affairs Corporate Office, 'Request for Review 'HSE, Block 4  
Central Business Park, Clonminch, Tullamore, Co. Offaly

**7.6.4.2** The Consumer Affairs Corporate Office will examine the request for review and appoint a Review Officer if appropriate to carry out the review of the complaint.

**7.6.4.3** Review Officer(s) will review the processes used to carry out the investigation of the complaint and the findings and recommendations made post-investigation.

**7.6.4.4** The Review Officer(s) will either uphold, vary or make a new finding and recommendation.

**7.6.4.5** The Review Officer may carry out a new investigation of the complaint or recommend that a local re-investigation of the complaint be carried out by a Complaint Officer independent of the initial investigation team.

**7.6.4.6** "Regulation 16(1) - 'Subject to this Regulation, the Executive or service provider, as appropriate shall take such steps as are reasonable to give effect as soon as possible and to the greatest practicable extent to any upheld, varied or new recommendation made by the review officer, provided that he or she is satisfied that it is within the QPSA006/2013 - Quality and Patient Safety

Executive Summary Report remit of and appropriate for the Executive or service provider to so do.'

**7.6.4.7** Regulation 16(2) - 'The Executive or service provider, as appropriate, shall within 30 working days of receipt of the report from the review officer, notify, in writing, the complainant, complaints officer and review officer of the steps being taken or proposed to be taken or not to be taken to implement the recommendation and where it is proposed not to implement some or all of the recommendation the reasons for this decision should be set out.'"

#### **7.6.5 Stage 4: Independent Review**

**7.6.5.1** 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.

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

#### **7.6.6 Recommendations for change**

**7.6.6.1** On completion of the investigation and where appropriate the PAD may make recommendations for change to ensure quality improvements. However, the Health Act, 2004, which outlines the legislative requirements to be met in the management of complaints, places some restrictions on the recommendations that can be made post investigation.

#### **7.6.6.2 These restrictions are as follows:**

**7.6.6.2.1** The PAD may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause:-

**7.6.6.2.2** The Management of TUH to make a material amendment to its approved service plan, or

**7.6.6.2.3** TUH to make a material amendment to an arrangement under Section 38 of the Health Act, 2004.

## **7.6.7 Redress**

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

**7.6.7.2** Redress should be consistent and fair for both the complainant and the service against which the complaint was made. The Hospital should offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the claimant personally. This redress could include:

**7.6.7.2.1** Apology

**7.6.7.2.2** An explanation

**7.6.7.2.3** Refund

**7.6.7.2.4** Admission of fault

**7.6.7.2.5** Change of decision

**7.6.7.2.6** Replacement

**7.6.7.2.7** Repair /rework

**7.6.7.2.8** Correction of misleading or incorrect records

**7.6.7.2.9** Technical or financial assistance

**7.6.7.2.10** Recommendation to make a change to a relevant policy or law

**7.6.7.2.11** A waiver of debt

## **7.7 Litigation**

**7.7.1** The PAD will liaise closely with the Risk Management Department

**7.7.2** Matters that is or has been the subject of legal proceedings before a court or tribunal will be excluded under this policy.

## **7.8 Reports**

**7.8.1** The Hospital will provide the HSE with a general reports on the complaints received to include:

**7.8.1.1** The total number of complaints received

**7.8.1.2** The nature of the complaints

**7.8.1.3** The number of complaints resolved by informal means

## **7.9 Exclusions**

**7.9.1** All complaints will be received and considered by TUH, however, the Health Act 2004 details a number of complaints that are not included under Part 9 (section 48) of the Health Act and which will not be investigated under this policy or under the TUH procedure and policy for the management of complaints. These complaints are in relation to:

**7.9.1.1** A matter that is or has been the subject of legal proceedings before a court or tribunal;

**7.9.1.2** A matter relating solely to the exercise of clinical judgement by a person acting on behalf of TUH

**7.9.1.3** An action taken by the Executive or a service provider solely on the advice of a person exercising clinical judgement;

**7.9.1.4** 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);

- 7.9.1.5** A matter relating to the Social Welfare Act;
- 7.9.1.6** A matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;
- 7.9.1.7** A matter that could prejudice an investigation being undertaken by the Garda Síochána;
- 7.9.1.8** A matter that has been brought before any other complaints procedure established under an enactment.
  
- 7.9.1.9** In the instance where complaints fall in to the categories above TUH will either proceed to investigate the complaint using the appropriate procedures e.g. Trust in Care, Dignity at Work etc., or will inform the complainant of the appropriate channels through which their complaint can be progressed.

## **8.0 Implementation and Education Plan**

- 8.1** Staff will be advised of the policy as part of general notifications with regard to policies.
- 8.2** Staff will be encouraged to participate in relevant training courses both provided internally and when appropriate provide by an external third party.

## **9.0 Evaluation**

- 9.1** The PAD will develop and audit this policy in collaboration with other stakeholders

## Document Statement

This document has been developed by Tallaght University Hospital\*(TUH) to support and improve the care and services provided by the hospital. It has been issued in conjunction with existing hospital policies, procedures, protocols, guidelines, education and training programmes. TUH reserves the rights that no part of this publication may be externally reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of a member of TUH's Executive Management Team.

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\*Tallaght University Hospital is the registered business name of the Adelaide & Meath Hospital, Dublin incorporating the National Children's Hospital

## References/Bibliography

Health Act 2004, Part 9

Data Protection Act

Tallaght University Hospital Data Protection Policy ICT-Pol-60

Tallaght University Hospital Patient / Non Patient Confidentiality Policy Org-Pol-30

Trust in Care Policy

Children First Policy

## Appendices

### Appendix 1 – List of Stakeholders

Executive Management Team

Director of Nursing

Director of Quality Safety & Risk Management

## Appendix 2 – Part 9 of the Health Act 2004

<http://www.irishstatutebook.ie/eli/2004/act/42/enacted/en/html>



## Appendix 3 – Consent Form 1 (nominating 3rd party to complain on behalf of patient)

### CONSENT FORM 1

I \_\_\_\_\_ confirm that I am aware that  
(patient)

\_\_\_\_\_ has lodged a complaint on my behalf  
(complainant)

with Tallaght University Hospital and I authorise him/her to progress with this complaint my behalf.

During the course of the investigation into the complaint made, I understand that information relating to my treatment may be given to the Complainant and I consent to same.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Patient's signature)

***\* Please note this consent form is only for the purpose of making a complaint through the Hospital's complaint process and no other purpose***



## **Appendix 4 – Consent Form 2 (nominating 3rd party to take over the complaint on behalf of patient)**

### **CONSENT FORM 2**

I \_\_\_\_\_ made a complaint on \_\_\_\_\_  
(patient) (Date)

I now wish that \_\_\_\_\_ will progress this  
(complainant on behalf of patient)

complaint on my behalf with Tallaght University Hospital and I authorise him/her to progress with this complaint my behalf.

During the course of the investigation into the complaint made, I understand that information relating to my treatment may be given to the Complainant and I consent to same.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Patient's signature)

***\* Please note this consent form is only for the purpose of making a complaint through the Hospital's complaint process and no other purpose***