



## St. James's Hospital

Concerns and/or Complaints Management Policy.

**Policy Number: SJH:COR(P): 002**

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<p><b>Ownership:</b> Complaints Manager</p> <p><b>Approved by:</b> Deputy CEO/Operations Manager Ms. A. Fitzgerald</p> <p><b>Effective from:</b> November 1998 <b>Document List:</b> Version 1: November 1998 Version 2: October 2005 Version 3: January 2009</p>	<p><b>Reviewed by:</b> Patient Advocacy Committee Director of Nursing <b>Signature:</b> (<i>on file</i>)</p> <p><b>Revised:</b> January 2011</p>
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This policy replaces all existing policies from January 2009 onwards and is due for review in January 2011. It will be reviewed during this time as necessary to reflect any changes in best practice, law, substantial organisational, professional or academic change.

**Distributed to:** Department Heads, Clinical Directors, Business Managers, Nurse Managers, Night Nurse Managers and Site Nurse Managers.

### Introduction

St. James's Hospital is committed to listening, responding and learning from the patients, staff, relatives and all service users. The hospital welcomes the comments and concerns of those people who use their services and endeavours to ensure that staff are enabled to manage issues raised locally, effectively and promptly. Complaints are managed through the hospital's Complaints Office following the process described herein in order to ensure that where possible problems are resolved to the satisfaction of all persons involved while safeguarding the rights of the complainant and St. James's staff.

### 1.0 Aim of Policy:

This policy aims to direct staff at St. James's Hospital in the appropriate and effective management of all concerns, complaints and comments received from patients, relatives and service users, in order to ensure that the well being and rights of patients and staff are upheld and the hospital is afforded the opportunity to learn from feedback received.

### 2.0 Definitions:

For the purpose of this policy a

- **Concern** relates to any expression of unease with any aspect of the service
- **Complaint** relates to the explicit expression of dissatisfaction or displeasure with any aspect of the service that adversely affects the person by whom or on whose behalf, the complaint is made and for which a formal response is required. (In accordance with the Health Act 2004).

### **3.0 Key Policy Statement(s):**

- 3.1** Patients attending St. James's Hospital, and their relatives must, at all times, be invited to voice their concerns or complaints, verbally or in writing, about any aspect of their care and treatment that they feel falls short of acceptable standards.
- 3.3** All concerns and complaints must be taken seriously, handled sensitively, investigated and responded to appropriately and promptly.
- 3.2** All complainants have a right to appoint an advocate to assist them in voicing their concern/complaint and to support them in any subsequent process in the management of that concern/complaint
- 3.3** Information highlighting unsatisfactory practices or opportunities for improvement identified in the course of processing concerns or complaints must be passed on to staff in order to ensure that avoidable events are not repeated and opportunities for service enhancement are realised.

### **4.0 Timeframe for highlighting a Concern/Complaint**

- 4.1** Patients or visitors wishing to raise concerns and make comment must always be facilitated promptly. Awareness and resolution of concerns at the time of the related event or situation usually yields better outcomes for all concerned
- 4.2** In order to accommodate accurate investigation and ensure the rights of all concerned are safeguarded a time limit for lodging official complaints is enforced. Only official complaints made within 12 months of the date of the action-giving rise to the complaint, or 12 months from the date on which the complainant becomes aware of the action will be investigated.
- 4.3** This time limit may be extended by the Complaints Officer in predetermined circumstances including:
  - 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 concern/complaint is in relation to an issue of such seriousness that it cannot be ignored
  - If there is diminished capacity of the service user at the time of the experience e.g. mental health, critical/ long-term illness.
  - Where extensive support required to make the complaint took longer than 12 months

The Complaints Officer must notify the complainant of decision to extend or not extend time limits within 5 working days of receipt.

## 5.0 Matters excluded (As per Part 9 of the Health Act 2004)

St James's Hospital is committed to investigating all complaints and finding a solution for all concerned. In some instances it may be more appropriate and the complainant will be advised to follow an alternative process. These include

- A matter relating solely to the exercise of clinical judgment by a person acting on behalf of St James's Hospital
- A matter that has been brought before any other complaints procedure established under an enactment. This does not prevent a complaints officer from dealing with a concern/complaint that was made to the Ombudsman or the time limit for making complaints.
- An action taken by St James's Hospital solely on the advice of a person exercising clinical judgment acting on behalf of St James's Hospital
- A matter that is or has been the subject of legal proceedings before a court or tribunal
- A matter relating to the recruitment or appointment of an employee by St James's Hospital
- A matter relating to or affecting the terms or conditions of a contract of employment or a contract of adviser that St James's Hospital proposes to enter into
- 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;

## 6.0 Complaint Management Standards:

- 6.1 A complaint may have to progress through a number of stages in order to reach a satisfactory outcome for all concerned.

### Internal Process

Stage 1 - Local resolution of verbal complaints at the point of contact (informal)

Stage 2 - Local investigation/review of written and serious complaints (Formal)

Stage 3 - Internal Independent Review (and reply to Patient Advocacy Committee)

### External Process

Stage 4 a) External Review (HSE) and/or

b) Independent Review (Ombudsman)

## 6.2 Registering Concerns/Complaints

6.2.1 Patients, relatives and all service users should be encouraged and have easy access to a system that deals with their concerns/complaints. The **Concerns and Complaints Procedure** notice (AppendixC) is displayed clearly on each ward/unit.

6.2.2 A patient or relative who wishes to voice a concern, complaint or comment on their hospital experience are invited in the first instance to do so to the local manager (e.g. Clinical Nurse Manager, Nurse in Charge or Department Manager).

6.2.3 On receipt of a concern or complaint, the Manager i.e. Clinical Nurse Manager, Nurse in Charge or Department Manager must make every effort to resolve the matter locally and promptly.

- 6.2.4** Patients and Visitors should be thanked for bringing concern/complaint to the attention of local management and should be communicated with until the matter is resolved.
- 6.2.5** The Manager receiving the concern/complaint is required to follow up the issue with other disciplines, department or individual involved as appropriate, resolve the issue where possible and communicate the response to the complainant.
- 6.2.6** The Manager must record details of the event in the appropriate patient, ward or department documentation.
- 6.2.7** In the event that the Manager who receives the concern/complaint feels it to be of a nature that can or should not be dealt with locally and requires senior management input the Manager must consult with their Manager and the Hospital's Complaints Manager and advise the complainant accordingly.
- 6.2.8** In the event that the complainant is dissatisfied with the initial response to the concern/complaint or considers it to be of a nature that it cannot adequately be dealt with locally, the matter should be forwarded in writing, or in person to the Hospital's Complaints Manager, Chief Executive's Office, St. James's Hospital. Tel: 01 410 3361 or email [complaints@stjames.ie](mailto:complaints@stjames.ie)
- 6.2.9** Concerns/complaints alleging patient abuse by a member of staff or other person are brought to the attention of the Complaints Manager by the local manager in keeping with the *Allegations of Patient Abuse by a Member of Staff or Other Person Protocol (SJH:COR(Pt)004)*. It is the responsibility of the Complaints Manager to convene the Patient Safety Committee.
- 6.2.10** It is not possible to formally respond to anonymous concerns or complaints. The Complaints Manager will forward details of the anonymous concern/complaint to the relevant Department/Area Manager to ensure appropriate consideration and action is taken.
- 6.2.11** All concerns/complaints received are registered on the hospital's database by the Complaints Manager who informs the complainant within 2 days that the concern/complaint has been received, will be investigated and a formal response issued within thirty days.
- 6.2.12** In the event that additional information or clarification in relation to a concern/complaint is required by the hospital, the Complaints Manager will communicate directly with the complainant, agree revised time frames and ensure the complainant is aware that failure to supply this additional information may invalidate the complaint

### **6.3 Concerns/Complaints Review**

- 6.3.1** The Complaints Manager is responsible for forwarding the concerns/complaints to the relevant persons i.e. Department/Ward Manager, Directorate/Service managers, Consultant in charge and/or the hospital's Risk and Legal Department, for investigation within an agreed timeframe i.e. 14 days.
- 6.3.2** The Complaints Manager is responsible for collating the outcome of the investigation, generating and forwarding a response to the Complainant within 30 days where possible.

- 6.3.3** If the investigation cannot be concluded within 30 days, the Complaints Officer must communicate this to the complainant and relevant staff within 30 working days of acknowledging the complaint. An indication of the time it will take to complete the review should be included.
- 6.3.4** In the event that additional time is needed for a response the Complaints manager must update the complainant every 20 working days up to six months.
- 6.3.5** In the event that a complaint is not resolved within 6 months of its receipt the Complaints Manager must contact the complainant to provide an explanation and outline the options open to them (see Section 6.6)
- 6.3.6** If the nature of the concern/complaint, response or follow up requires that hospital representatives should meet with the complainant and/or family, the meeting is arranged by the Complaints Manager.
- 6.3.7** Records of all correspondences and details of the concerns/complaints are maintained by the Complaints Manager.

#### **6.4 Withdrawal of Concerns/Complaints**

- 6.4.1** The Complainant may, at any time withdraw a concern/complaint.
- 6.4.2** The Complaints Manager will advise the relevant managers and/or Consultant that the concern/complaint has been withdrawn.
- 6.4.3** It is the responsibility of the relevant Department/Area Managers to follow up the issues raised, report outcomes(s) and implement any action plans required.

#### **6.5 Redress**

St James's Hospital will offer appropriate and reasonable forms of redress or responses that are fair for both the complainant and the staff member/service against which the complaint was made where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the claimant personally. This will include where appropriate:

- An apology
- An explanation
- Recommendation to make a change to a relevant policy and/or practices

#### **6.6 Unresolved Concerns/Complaints**

- 6.6.1** In the event that the concern/complaint remains unresolved, the Complaints Manager will refer the matter for internal independent review commissioned by the CEO of the hospital and response to the Patient Advocacy Committee (PAC).
- 6.6.2** In the event that a complaint remains unresolved or the complainant is dissatisfied with the response from St James's Hospital he/she may request an external review by the Health Service Executive, Consumer Affairs Department. A request for an external review should be addressed to Ms Mary Culliton, Head of Consumer Affairs, Health Service Executive, Oak House, Millennium Park, Naas, Co. Kildare.

- 6.6.3** Under the Department of Health and Children Health Act 2004 (Complaints) Regulations 2006, in accordance with the Ombudsman Acts (Ombudsman Act 1980/ Ombudsman for Children Act 2002, the complainant can appeal to the Office of the Ombudsman, 18 Lower Leeson Street, Dublin 2, or to Ombudsman's Office for Children, Millennium House, 52-56 Great Strand Street, Dublin 1, for a complete independent review if dissatisfied with the response from the designated review body.

## **6.7 Confidentiality**

- 6.7.1** Information obtained by any parties in the course of processing a concern/complaint is confidential and may **not** be discussed, communicated or disclosed, except in the normal course of the investigation.
- 6.7.2** Records of all correspondence and/or documentation relating to a concern/complaint are maintained confidentially. They are **not** included in a patient's healthcare record.

## **6.8 Violent & Threatening Complainants**

- 6.8.1** St James's Hospital has a "no tolerance policy" to violence or aggression towards patients and staff. Staff are trained to recognise and make allowance for persons who, due to anxiety or distress behave in an excited or agitated manner which may not be in keeping with their usual behaviour. However, persons making complaints in a violent or threatening manner will not be tolerated and the hospital will take appropriate action.
- 6.8.2** No attempt will be made by hospital staff to maintain discourse with a Complainant who behaves in a violent or aggressive manner. The complaint will be pursued through written communication only. See The Management of Threatening/Violent Behaviour Policy (SJHCOR(P)003) and Dealing with Anti-social Behaviour Protocol (SJH:COR(Pt)007).

## **6.9 Reports/Evaluation/Audit**

- 6.9.1** A report of all the concerns/complaints received, date received, closed and the action taken are disseminated quarterly to each Directorate, Department or Service Manager by the Complaints Manager.
- 6.9.2** The Complaints Manager will meet with the Directorate, Department or Service Manager quarterly to discuss outcomes and trends where identified.
- 6.9.3** A trend analysis of all concerns/complaints is presented quarterly to the Patient Advocacy Committee.
- 6.9.4** The timeframe in which concerns/complaints are responded and resolved is reported as a Performance Indicator on a monthly basis to the Executive Management Group.

**6.9.5** The Complaints Manager will provide a general report bi-annually on concerns/complaints received by St James's Hospital to the Health Service Executive indicating:

- The total number of concerns/complaints received
- The nature of the concerns/complaints
- The number of concerns/complaints
- The outcome of any investigation into the complaints

## **6.10 Education & Training**

**6.10.1** All new staff are instructed on handling concerns/complaints at the hospital's mandatory Induction Programme.

**6.10.2** Training in the management of concerns/complaints is an integrated part of the hospital's Customer Care Programme.

**6.10.3** Education and training sessions on managing concerns/complaints are delivered regularly by the Complaints Office as part of the hospital's routine in-service training programme and in response to specific incidents where a deficit is noted.

## **6.11 Appendices**

- A) Mapping of St James's Hospital concerns/complaint process at point of contact
- B) Concerns/Complaints Notice for patients, family or visitors "What to Do"

## **References / Bibliography:**

Department of health & Children, Health Act 2004 (Complaints) Regulations 2006  
<http://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/acts/2004/a4204.pdf>

Health Service Executive "Your Service, Your Say Policy and Procedures 2008  
[http://www.hse.ie/eng/Publications/Your\\_Service,\\_Your\\_Say\\_Consumer\\_Affairs/Policies/Text\\_Feedback\\_Policy/Text\\_Feedback\\_Policy.html](http://www.hse.ie/eng/Publications/Your_Service,_Your_Say_Consumer_Affairs/Policies/Text_Feedback_Policy/Text_Feedback_Policy.html)

St James's Hospital, Policy on the Management of Threatening/Violent Behaviour Policy  
Number SJH.003

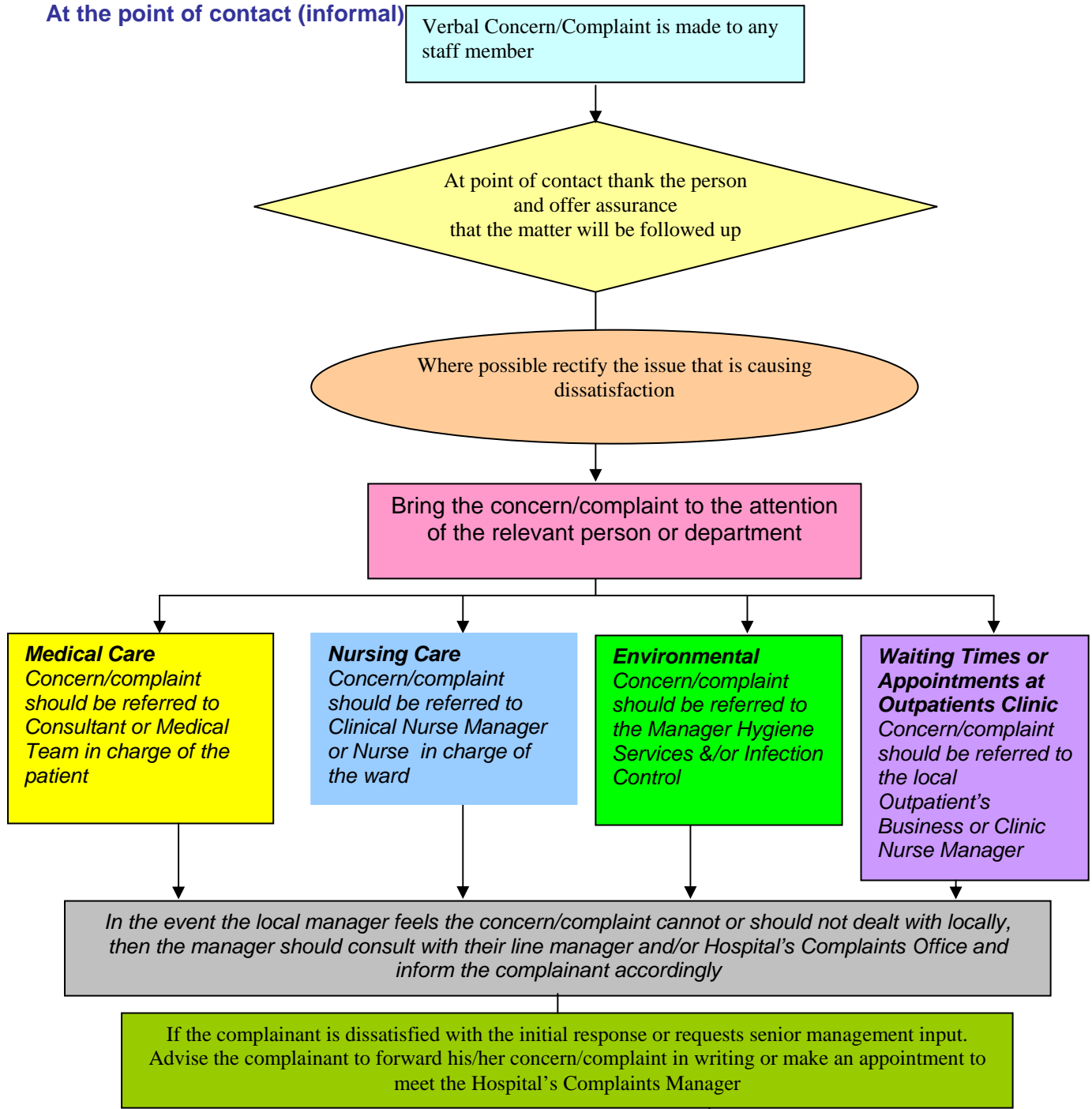
St James's Hospital, Protocol for Dealing with anti-social behaviour. SJH COR (PT): 007  
<http://www.stjames.ie/intranet/PoliciesGuidelines/CorporateDivision/Corporate/Protocols/file,23382,en.pdf>

St James's Hospital, Protocol for Reporting and Management of Allegations of Patient Abuse by a Member of Staff or Other Person SJH COR

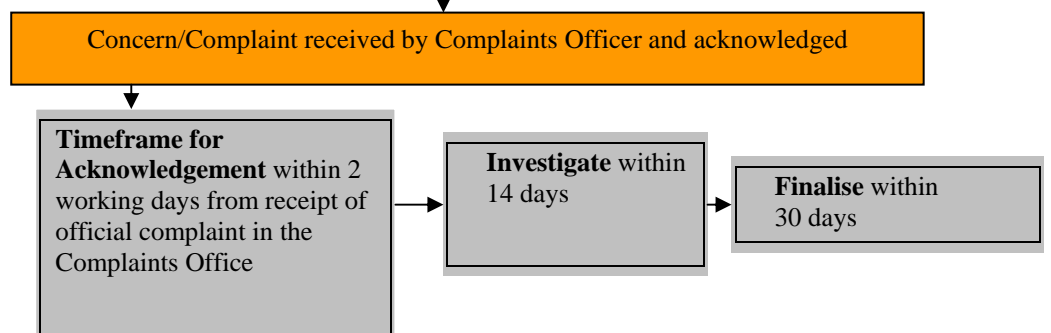
**APPENDIX A**

**ST JAMES'S HOSPITAL  
CONCERNS/COMPLAINTS MANAGEMENT PROCESS  
AT POINT OF CONTACT**

**Stage 1:  
Local resolution of verbal complaints  
At the point of contact (informal)**

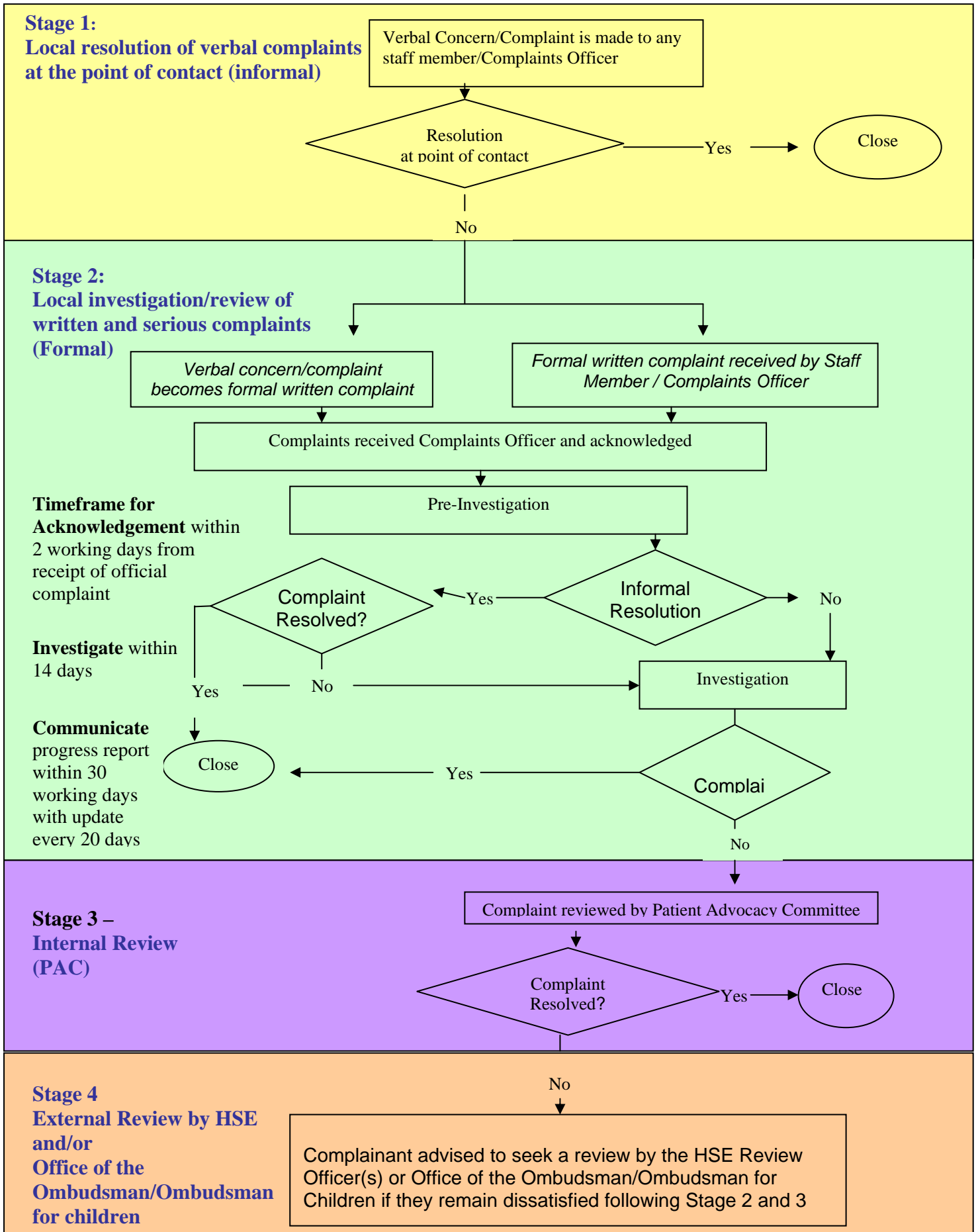


**Stage 2:  
Local investigation/review of written and serious complaints (Formal)**



## General Over view of St James’s Hospital Concerns/Complaints Management Process – Four Stages

### APPENDIX B



APPENDIX C



# ST. JAMES'S HOSPITAL

## CONCERNS AND COMPLAINTS WHAT TO DO?

**ANY PATIENT FAMILY or VISITOR**

*who wishes to*

**Express a CONCERN**

**Make a COMMENT**

*or*

**Lodge a COMPLAINT**

**related to their hospital experience**

**is invited to do so to the local manager**

**i.e. Ward Nurse Manager or Department Manager**

*If you would like any further information please refer to the hospitals  
Concerns and/or Complaints Management Policy or  
Contact the Complaints Manager Ext: 3361.*

<b>Document Log</b>			
<b>Policy Title: <i>Concerns and/or Complaints Management Policy</i></b>			
<b>Policy Number: <i>SJH:COR(P): 002</i></b>			
Document Status i.e. New or Revision etc.	Version Number	Revision Date	Reformatted in keeping with Hospital Policy SJH: COR (P): 001
Revision	Version 3	Jan 2009	<p>Policy document extended to include:</p> <ul style="list-style-type: none"> <li>• Now governs concerns and complaints (SJH)</li> <li>• Aim of Policy (SJH)</li> <li>• Definition of Concerns/Complaints (SJH)</li> <li>• Withdrawal of Concerns/Complaints (SJH)</li> <li>• Confidentiality (SJH)</li> <li>• Violent &amp; Threatening Complainants (SJH)</li> <li>• Reports/Evaluation/Audit (SJH)</li> <li>• Education &amp; Training (SJH)</li> </ul> <p>Additions to reflect current legislation and regulation include</p> <ul style="list-style-type: none"> <li>• Timeframe for highlighting a concern/complaint (HSE)</li> <li>• Timeframe exclusion (HSE)</li> <li>• Redress (HSE)</li> <li>• Unresolved Complaints (HSE)</li> </ul> <p>Appendices</p> <ul style="list-style-type: none"> <li>• Flow sheet developed for Concerns/Complaints Management Process for staff at point of contact</li> <li>• Flow sheet developed on Four stages of Concerns/Complaints Management Process</li> <li>• Patient notice developed</li> </ul>
<b>Person Responsible</b>			
<b>Person Responsible</b>			