St. James's Hospital
Quality Safety Improvement (QSI) Directorate
Patient Experience Office (PEO)

Complaints Policy
SJH:QS002

Owner: Complaints Manager	**Approved:** Quality and Safety Improvement Director: Dr. U. Geary
Reviewed by: ▪ Quality Safety Improvement Pillar Leads i.e. Safety, Quality and Person Centred Care. ▪ Chief Operations Officer ▪ Director of Nursing ▪ SJH Patient Representative Group	**Effective from:** November 1998 **Revised :** January 2020 **Revision due:** January 2023 **Document History**: Version 8 - January 2020

This policy replaces all existing policies from January 2020 onwards and is due for review in January 2023. 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: Directorate Managers; Operations Managers; Department Heads; Assistant Directors of Nursing & Site / Night Nurse Managers.
Posted SJH Intranet: http://www.stjames.ie/intranet/ppgs/

1.0 Policy Statement

St. James's Hospital (SJH) is responsible for the provision of safe, effective, person-centred care that meets all relevant legislation and regulatory requirements and is in-keeping with best available evidence. In meeting and maintaining this standard the hospital undertakes to ensure that each patient's needs and expectations are met in a kind and considerate manner that respects and safeguards their dignity, privacy and autonomy.

However the Hospital recognises that on occasions the experiences of people who use its services (e.g. patients, families, nominated advocates, staff, and site visitors) may cause them to be dissatisfied or concerned. **St. James's acknowledges the importance and value of listening and learning from the reported experience of service users. The Hospital views reported complaints as an opportunity to address and where possible correct issues that have contributed to patients' negative experience while also informing continuous quality improvement activity in all services**.

Accordingly the Hospital has in place procedures (described herein) that are designed to effectively receive and manage any complaints and concerns raised by patients and /or their families or representatives that are in accordance with relevant legislation, regulation and best-practice (i.e. Health Act 2004 - section 9; the National Standards for Safer Better Healthcare 2012 and HSE, *Your Service Your Say*, Policy and Procedures 2008).

2.0 Scope

2.1 This policy applies to all complaints raised by patients and /or their representatives related to the provision of services and experiences in St. James's Hospital. This includes:

Informal Complaints i.e. complaints that are brought to the attention of local staff and /or managers or the Hospital's Complaint Manager that require prompt acknowledgement and an appropriate response by Local Staff and Managers. A formal investigation or written response is not usually required. Informal complaints that cannot be resolved locally can be escalated to the Hospital's Patient Experience Office (Complaints Office) Refer to Standard 5.5.

2.1.1 Formal Complaints i.e. complaints that are brought to the attention of the Hospital's Patient Experience Office (PEO) either directly by patients and /or their representatives, by Department and /or Service Leads and by relevant external agencies e.g. Heath Service Executive's Your Service Your Say (HSE-YSYS) , Office of the Ombudsman, Health Information and Quality Authority (HIQA) etc.

2.2 Policy Terms and Glossary

2.2.1 The term 'Complaint' is used throughout this policy to describe any concern, grievance or request for information or intervention that is brought to the attention of the Hospital.

2.2.2 The term 'Complainant' is used throughout this policy to describe the person making the complaint. This may be a patient, a family member, a carer or an advocate.

2.2.3 Please see additional Terms and Glossary relevant to the Complaints Policy and Procedures in Appendix 2.

3.0 Key Policy Statements

3.1 St. James's Hospital patients and/or their family, carers or nominated advocate (See 3.0 Definitions / Glossary) are welcomed and supported to voice their complaints and comments, verbally or in writing, about any aspect of their care and treatment that they perceive to fall short of acceptable standards.

3.2 All reported complaints are taken seriously, handled sensitively, investigated and responded to appropriately and promptly.

3.3 Information relating to any unsatisfactory practices and opportunities for improvement identified in the course of processing complaints are made known to relevant staff and are addressed through appropriate Hospital governance and management structures, through the Quality and Safety Improvement Directorate (QSID), to ensure that patients' rights are protected, avoidable events are not repeated and opportunities for service enhancement are realised.

3.4 Complaints are managed in accordance with the principles of St. James's Hospital's Open Disclosure Policy. In the event the Hospital identifies that an adverse event has occurred i.e. , the complainant is provided with full and honest disclosure, clear explanations and an apology will be issued where appropriate.

3.5 In the course of investigating and responding to complaints the Hospital endeavours to undertake the following:

- Resolve the complaint to the satisfaction of all concerned
- Safeguard the Complainant and Employee's rights to confidentiality, dignity and autonomy

4.0 Policy Aim

To direct staff at St. James's Hospital in the appropriate and effective management of all complaints received from patients, family, carers, nominated advocate 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.

5.0 Complaint Management Standards

5.1 Access to the Complaints Process

5.1.1 In SJH Patients, Family, Carers and all service users are invited and informed on how to make a complaint or voice a concern and facilitated in making a complaint by the following means:

- Informed and supported by staff
- Complaints and/or Feedback Notices displayed in Ward / Department areas.
- Information provided on the Hospital's Patient Feedback Intranet & Internet sites
- Patient Information Publications e.g. booklets and leaflets

5.1.2 SJH Staff including Locum, Agency and Contract Staff, who become aware that a person wishes to make a complaint are required to advise and /or assist the person in bringing their complaint to the attention of the relevant local manager e.g. to the Clinical Nurse Manager, Nurse-in-Charge or Department Manager etc. in the first instance

5.1.2.1 In the event that a Complainant wishes to make a complaint directly to the Complaints Office (Patient Experience Office), staff are expected to assist them in doing so.

5.1.3 Complaints alleging patient physical, psychological or any form of abuse by a member of staff or person on site must be brought to the immediate attention of the local manager and managed in accordance with the Hospital's Adult Safeguarding Policy.

5.1.3.1 In the event of such an incident the Manager must complete and submit an Adverse Incident form. Safety / Risk office informs Complaints Management

5.2 Timeframe for Reporting a Complaint

5.2.1 Patients or service users wishing to make a complaint must always be facilitated promptly. Awareness and resolution of complaints at the time of the related event or situation usually yields better outcomes for all concerned.

5.2.2 In order to enable accurate investigation and ensure the rights of all concerned are safeguarded a time limit for lodging official complaints is in place as per HSE policy. **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 are investigated.

5.2.3 This time limit may be extended by the Complaints Officer in predetermined circumstances including the following:

- If the complainant is ill or bereaved
- If new, relevant, significant and verifiable information relating to the event becomes available to the complainant
- If the service user was experiencing diminished capacity or the ability to make a complaint at the time of the experience e.g. mental health, critical or long-term illness.
- Where the support required making the complaint took longer than 12 months to be present.
- If the concern/complaint is in relation to an issue of such seriousness that it cannot be ignored.
- If it is considered in the public interest to investigate the complaint.

5.2.4 In the event there is any uncertainty regarding the appropriateness or time limit of the complaint the Complaints Manager must seek the direction of the DQSI.

5.2.5 The Complaints Officer is required to

5.2.5.1 Notify the Complainant at the time a complaint outside of the time limit is received that the Hospital is not obliged to review the reported complaint because accurate investigation is impaired by the passing if time and access to recall from relevant staff.

5.2.5.2 Notify the Complainant of the decision to extend or not to extend the time limits within 5 working days of receipt of the complaint.

5.3 Matters Excluded from Complaints Process

5.3.1 St James's Hospital is committed to investigating all complaints and finding resolution for all concerned. The following matters are excluded from the complaints process under section 9 of the Health Act 2004.

a) A matter relating solely to the exercise of clinical judgment by a person acting on behalf of St James's Hospital.
b) A matter that has been brought before any other complaints procedure established under an enactment.
c) 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.
d) A matter that is or has been the subject of legal proceedings before a court or tribunal.
e) A matter relating to the recruitment or appointment of an employee by St James's Hospital.
f) A matter relating to or affecting the terms or conditions of a contract of employment or a contract of an adviser into which St James's Hospital proposes to enter
g) A matter relating to the Social Welfare Acts.
h) A matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004.

i) A matter that could prejudice an investigation being undertaken by the Garda Siochana.

5.3.2 The exclusion of matters that have been brought before any other complaints procedure established under an enactment does not prevent the Complaints Officer from dealing with a complaint that was made to the Ombudsman.

5.3.3 The Complaints Manager / Officer must make the Complainant aware of the areas where their complaint is not covered and are advised of their right to contact the Office of the Ombudsman for further direction.

5.4 Anonymous Complaints

5.4.1 The Hospital does not respond to anonymous complaints

5.4.2 In the event a complaint received anonymously contains information that the Complaints Officer determines should be brought to the attention of the staff, department or directorate concerned, the Complaints Officer will forward details of the complaint to the relevant Department/Unit Manager to ensure consideration and corrective action is taken where appropriate.

5.4.3 The Area Manager should ensure that the Directorate Operations Manager, Assistant Director of Nursing or Clinical Director, as appropriate to the issue, is made aware of the complaint.

5.4.4 Actions taken to resolve the complaint should be notified to the Directorate Lead and the Complaints Officer.

5.5 Local Complaint Management (Informal)

5.5.1 Staff are required to thank patients and visitors for bringing complaints to their attention and maintain effective and timely communication with the Complainant until the matter is resolved.

5.5.2 On receipt of a complaint, the Local Manager i.e. Clinical Nurse Manager, Nurse in Charge or Department /Unit Manager must make every effort to resolve the matter locally in a timely and effective manner.

5.5.3 The Local Manager receiving the concern/complaint is required to follow up the issue with other disciplines, departments or individual involved as appropriate, resolve the issue where possible and communicate the response to the complainant.

5.5.4 A formal documented investigation or written response is not usually required.

5.5.5 The Manager must record details of the event in the appropriate Hospital Information System. Information regarding complaints must not be included in the patient's healthcare record.

5.5.6 In the event that the Manager who receives the concern/complaint feels it to be of a nature that cannot or should not be dealt with at ward or unit level and requires senior management input the Manager must consult with their line manager. The Manager should also ensure the Directorate Management Team, as appropriate to the issue, is made aware of the complaint escalation.

5.5.7 In the event that the complainant is dissatisfied with the initial response to the complaint or considers it to be of a nature that it cannot adequately be dealt with locally, the complaint should be forwarded in writing, or in person to the Hospital's Complaints Manager, St. James's Hospital.

5.6 Formal Complaint Management

5.6.1 All formal complaints received are acknowledged, fully investigated and responded to in accordance with the following procedures.

5.6.2 Classification of the Severity of the Complaint

5.6.2.1 All complaints received to the Complaints Office are assessed for the following:

- Identify and risk manage the issues raised
- Identify the parties involved
- Rate the severity and complexity of the complaint. This is undertaken using a structured process in order to identify and prioritise those issues that impact on patient safety and expedite the management of the complaint.

5.6.2.2 Complaints relating to adverse safety incidents are managed in accordance with the Hospital's Safety Management processes

5.6.2.3 Complaints issues identified as moderate-risk and above are notified urgently to the Director for Quality and Safety Improvement (DQSI) or in their absence to the Deputy CEO/Chief Operations Officer and a specific action plan is determined and implemented.

5.6.3 On receipt of a complaint the Complaints Manager (Patient Experience Office) is required to undertake the following actions in accordance with Patient Experience Office Standard Procedures:

5.6.3.1 Assess and classify the severity of the Complaint to determine the appropriate response (See 5.6.2)

5.6.3.2 Register the complaint on the Hospital's database (Datix™)

5.6.3.3 Prepare and sending an Acknowledgement Letter to the Complainant within 5 working days. The letter must provide the Complainant with an expected timeframe and date that they will receive a response i.e. within 30 working days of the Acknowledgement.

5.6.3.4 Determine the parties involved i.e. those persons who will contribute to the investigation and provide information for the response

5.6.3.5 Request information from the parties and /or individuals involved. This is undertaken by sending a standard request for information email to the staff member and attached a protected version (i.e. PDF) of the complaint received.

5.6.3.6 Collate the responses received from the parties involved.

5.6.3.7 Generate and send a written response to the Complainant.

5.6.3.8 Maintain a complete and accurate record of the complaint management process in the PEO Information Management System (i.e. Datix™) including attaching all relevant documents and correspondences.

5.6.3.9 Complete the Complaint File in Datix™ i.e. complaint status, dates, outcomes, themes etc.

5.6.4 All Hospital staff are expected to provide written reports to inform investigation of the complaint within 14 days of receipt of request.

5.6.5 Staff are required to support the work of Complaints Officers through the provision of any additional information sought and participation in meetings called by the Complaints Officer or the DQSI as part of the investigation.

5.6.6 Timelines

5.6.6.1 In the event 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 investigation should be included.

5.6.6.2 In the event that additional information or clarification in relation to a complaint is required by the hospital, the Complaints Officer will communicate directly with the complainant, agree revised time frames and ensure the complainant is aware that failure to supply this additional information may impair effective investigation and thereby result in the complaint management process being prematurely concluded.

5.6.6.3 In the event that additional time is needed for a response the Complaints Officer must update the complainant every 20 working days up to six months

5.6.6.4 In the event that a complaint is not resolved within 6 months of its receipt the Complaints Officer must contact the complainant to provide an explanation and outline the options open to them (see Section 5.10)

5.6.7 Responses

5.6.7.1 All formal complaints must receive a written response

5.6.7.2 The written response provided must address the issues raised, actions taken, an acknowledgement and an apology where appropriate.

5.6.7.3 Responses are issued to a personalised address. Responses are not be issued to a complainant's place of employment or other addresses

5.6.7.4 Responses are not made by email.

5.6.7.5 Complainants for whom a written response may not suffice (e.g. people with literacy problems) are offered a verbal response and/or a meeting.

5.7 Complaints Submitted on behalf of a Patient / Service User

5.7.1 In order to protect a patient's right to privacy and confidentiality and in keeping with all Data Protection legislation and regulations, the Patient Experience Office (Complaints) does not share a patient's personal or clinical information with any person other than the patient without the patient's explicit consent to do so. Accordingly any person making a complaint on behalf of a patient is required to provide evidence of consent to make representation on the patient's behalf.

5.7.1.1 Where this is not made available, the Complaint's Office communicates directly with the patient involved and sends any response to the patient.

5.7.2 In the event that the patient is unable to give consent to an advocate at this time e.g. for reasons of severity of illness or lack of functional capacity, or the Complaints Officer has reasonable grounds for concern that the evidence of consent provided is not valid, the Complaints Officer will seek the advice of the Consultant responsible for the patient's care with regard to their current ability to participate in the complaint process and /or give consent.

5.7.3 Where valid consent cannot be obtained, or the Complaints Officer determines that the response to the complaint should not be sent to the patient, the Complaints Officer will, in consultation with the DQSI and other appropriate persons, form a judgment as to the most appropriate person, if any, to whom the response to the complaint should be made.

5.7.3.1 It is Hospital policy that in such circumstances information can be shared in the first incidence with the person who the patient has registered as their next of kin in their healthcare record. Where this does not satisfy the needs of the Complainant the Complaints Office will work with the parties involved to reach a solution that is considered reasonable, with due regard to the patient's right to confidentiality and data protection.

5.7.4 In the event that the patient in relation to whose Hospital experience the complaint is made is deceased, the Complaints Office will work with those involved to determine the most appropriate action.

5.7.5 If the complaint was made by a patient who dies while it is being processed or a complainant dies a response may not be issued by the Hospital, though any risk or improvement issues identified through the investigation of the complaint will be addressed.

5.7.6 A complaint procedure will progress through usual procedures if initiated by a family member while the patient was alive.

5.7.7 If a Complainant who was not the person identified as the patient's next-of-kin in the healthcare record, seeks to commence complaint procedures in relation to a patient who has since died, decision will be taken as to the most appropriate response to the complaint with due consideration of the issue of access to the patient's healthcare information. The complaints office may consider involving the person who is the legal administrator of the deceased's estate in this regard.

5.8 Complaint Meeting (Patient and /or Family)

5.8.1 In the event that the Hospital considers that the nature of the complaint and the findings from the investigation may be best discussed with the Complainant or nominated advocates, the Complaints Manager will offer a meeting to the parties involved i.e. the Complainants and relevant Hospital representatives for the purpose of discussing and addressing the issues raised.

5.8.2 If the Complainant wishes to decline an offer to meet with the hospital representatives a written response is provided.

5.8.3 The Complaints Manager is responsible for organising, scheduling and facilitating the meeting in accordance with the QSI's Meeting Guidelines. This includes making the following arrangements:

5.8.3.1 Scheduling the meeting within an appropriate time-frame

5.8.3.2 Ensuring that persons attending the meeting are informed about the meeting purpose and process.

5.8.3.3 Ensuring Complaints are informed that they may bring an accompanying person(s) to the meeting and in doing so they should acknowledge their consent to information relating to the complaint being shared with the person(s) accompanying them at the meeting. The Complaint's Manager should clarify and record this consent at the meeting.

- Legal representation is not considered appropriate at such meetings.
- The number and identify of persons accompanying the Complainant should be confirmed before the meeting occurs

5.8.3.4 Arranging appropriate and proportional representation from the Hospital.

5.8.3.5 Advising those attending that recording the discussions at the meeting is prohibited. A summary record of the discussions that occur is provided by the Complaints Office to all participants for their approval and/or input. Approval

5.8.4 Records of all correspondences and details relating to the complaint and the meeting are maintained by the Complaints Manager.

5.8.5 A summary of the discussions that occurred at meeting are provided to the participants promptly.

5.9 Complaint Outcomes

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

- An apology
- An explanation

- Recommendations to review and possibly amend the relevant policy and/or practices
- A waiver or refund of fees owed or paid.
- Financial reimbursement
- Admission of fault
- Correction of inaccurate or misleading records

5.9.2 The development and implementation of recommendations from complaints investigations will be progressed in accordance with the following procedures:

5.9.2.1 The Complaints Officer will develop Hospital-level recommendations on the basis of the findings of complaints investigations, in consultation with the DQSI. These will be managed through Hospital procedures for the communication and implementation of recommendations and overseen by Hospital governance structures.

5.9.2.2 Management responsibility for the implementation of recommendations is devolved by the Chief Executive Officer (CEO) to the DQSI, Chief Operations Officer, Clinical Directors, Executive Management Team and relevant staff.

5.9.2.3 Governance for the implementation of recommendations is overseen by the Quality, Safety and Risk Steering Committee and the Hospital Board.

5.9.2.4 Corporate and clinical leads involved in complaints management are expected to share learning from patient feedback derived through complaints and use this to inform local quality improvement within their services.

5.10 Unresolved Complaints

5.10.1 In the event that a Complainant reports that they are dissatisfied with the Hospital's response and /or they consider the complaint to be unresolved, the Complaints Officer informs the Complainant that they are entitled to make a written request for an internal review of the management of the complaint to St James's Hospital's CEO via the Complaints Office within 30 days of receipt of the final response.

5.10.2 The Complaints Officer and DQSI ensure that the CEO is notified of the request for an internal review

5.10.3 The Complaints Officer informs the Complainant within 5 days of receipt of the request for internal review that the request has been received and will be considered.

5.10.4 The CEO considers the request and determines if an internal review should be undertaken.

5.10.5 In the event the CEO determines that an internal review is required, they commission an internal review to be carried out by one of the Hospital's nominated reviewers (the Chief Operations Officer, the Director of Nursing or the Medical Director).

5.10.6 A formal response is issued in writing to the Complainant within 30 working days of acknowledgement, where possible

5.10.7 The conclusions of the internal review are reported to the Executive Management Group and the Quality Safety & Risk Steering Committee of the Board.

5.11 Ombudsman Review

5.11.1 Complainants are informed that they can appeal to the Office of the Ombudsman, or to the Ombudsman's Office for Children at any stage in the complaints process and in particular if dissatisfied with the response from the Complaints Officer or the internal review (In accordance with the Department of Health and Children Health Act 2004 (Complaints) Regulations 2006 and the Ombudsman Acts (Ombudsman Act 1980/Ombudsman for Children Act 2002).

5.11.2 The Hospital's Complaints Office (Patient Experience Office) manages all correspondences the Office of the Ombudsman in relation to complaints.

5.11.3 On receipt of the final report and recommendations of the Ombudsman's review, the DQSI will determine the appropriate responses and actions for St James's Hospital in respect of the recommendations made, in consultation with the CEO and relevant Executive Leads.

5.11.4 All recommendations and related Hospital responses will be notified to the Quality Safety & Risk Steering Committee of the Board.

5.12 Withdrawal of a Complaint

5.12.1 Complainants are informed that they may, at any time withdraw a complaint.

5.12.2 The Complaints Manager advises the relevant managers and/or relevant staff that the concern/complaint has been withdrawn.

5.13 Confidentiality

5.13.1 Information obtained by any parties in the course of processing a complaint is confidential and may not be discussed, communicated or disclosed, except in the normal course of the investigation

5.13.2 Records of all correspondence and/or documentation relating to a concern/complaint are maintained confidentially.

5.13.3 No reference or information related to the Complaint or the investigation/ outcome must be included in a patient's healthcare record.

5.13.4 All complaints both formal and informal must be investigated in accordance with best practice in Data Privacy and Protection.

5.14 Behaviours in Relation to Complaints Procedures

5.14.1 St James's Hospital staff, including Locum, Agency and Contract Staff, is expected to comply with the Hospital's Code of Staff Ethics and Behaviour (2012) and reflect the Hospital's values in their actions regarding the receipt, investigation and responses to complaints.

5.14.2 Complainants are expected to respect the rights of St James's Hospital staff, including their right to dignity, respect and a safe and pleasant work environment, during their involvement in complaints procedures.

5.14.3 Persons making a complaint in a violent or threatening manner are not tolerated and the Hospital will take appropriate action to safe guard staff and property.

5.14.3.1 Staff are trained to recognise and make allowance for persons who, for example, due to anxiety or distress, behave in an excited or agitated manner which may not be in keeping with their usual behaviour.

5.14.4 No attempt will be made by Hospital staff to maintain discourse with a complainant who behaves in a violent, aggressive or threatening manner.

5.14.4.1 Phone calls that include threatening and /or aggressive dialogue are managed in accordance with Department Procedures following which the complaint will be addressed through written communication only.

6.0 Education, Training and Learning

6.1 All new staff are made aware of recommended procedures regarding the management of complaints through the Hospital's mandatory Induction Programme

6.2 Supplementary education is provided to Hospital staff as is appropriate to their roles through the Hospital's in-service training programmes and in response to specific incidents where particular training needs are identified.

6.3 Training for staff in the management of complaints is an integral part of the Hospital's commitment to person-centred care

6.4 Recommendations and learning from complaints are used to inform staff training programmes and are communicated to staff through clinical and corporate directorate structures.

6.5 Data including complaints received, outcomes and the actions taken are provided to each clinical and corporate directorate, for dissemination as appropriate to their constituent services and department and staff by the Complaints Officer to promote organisational learning.

7.0 Governance

7.1 All staff are responsible for the effective management of complaints

7.2 Co-ordinating the management of complaints is the responsibility of the Complaints Officer and is undertaken with the support of the Director for Quality and Safety Improvement. The Complaints Officer will be assisted as required by colleagues within the Quality and Safety Improvement Directorate.

7.3 Governance oversight for patients' complaints and feedback is structured through the Quality and Safety Directorate to the CEO and the Quality Safety and Risk Steering Committee to the Hospital Board.

7.4 Information relating to complaints, their management and resultant improvements in response to complaints are communicated through established patient and family partnership groups and committees within the hospital.

7.5 It is the responsibility of Clinical Directorate leads to ensure that learning from patient feedback is embedded in service-level governance for quality and safety and quality improvement activities.

7.6 Reporting on complaints within the Hospital includes the followings:

- Data relating to complaints management and outcomes is presented to the Board through the Quality and Safety Improvement Directorate.
- Performance indicators relating to complaints management, information relating to complaints outcomes and the implementation of recommendations resulting from complaints is reported to the Hospital's Executive Management Group (EMG).
- Information relating to issues of complaint relevant to the aims of specific quality and safety advisory committees are shared, as appropriate, with these committees and review of patient feedback relevant to quality and safety committees is included in their terms of reference.
- A trend analysis of all complaints received presented to the Patient Advocacy Committee and the Quality Safety & Risk Steering Committee of the Board.

7.7 The Complaints Officer provides the HSE with a summary report on complaint activity in St James's Hospital on a quarterly basis. The report includes the total number of complaints received, the nature of the complaints, information regarding the outcomes of complaints and recommendations made.

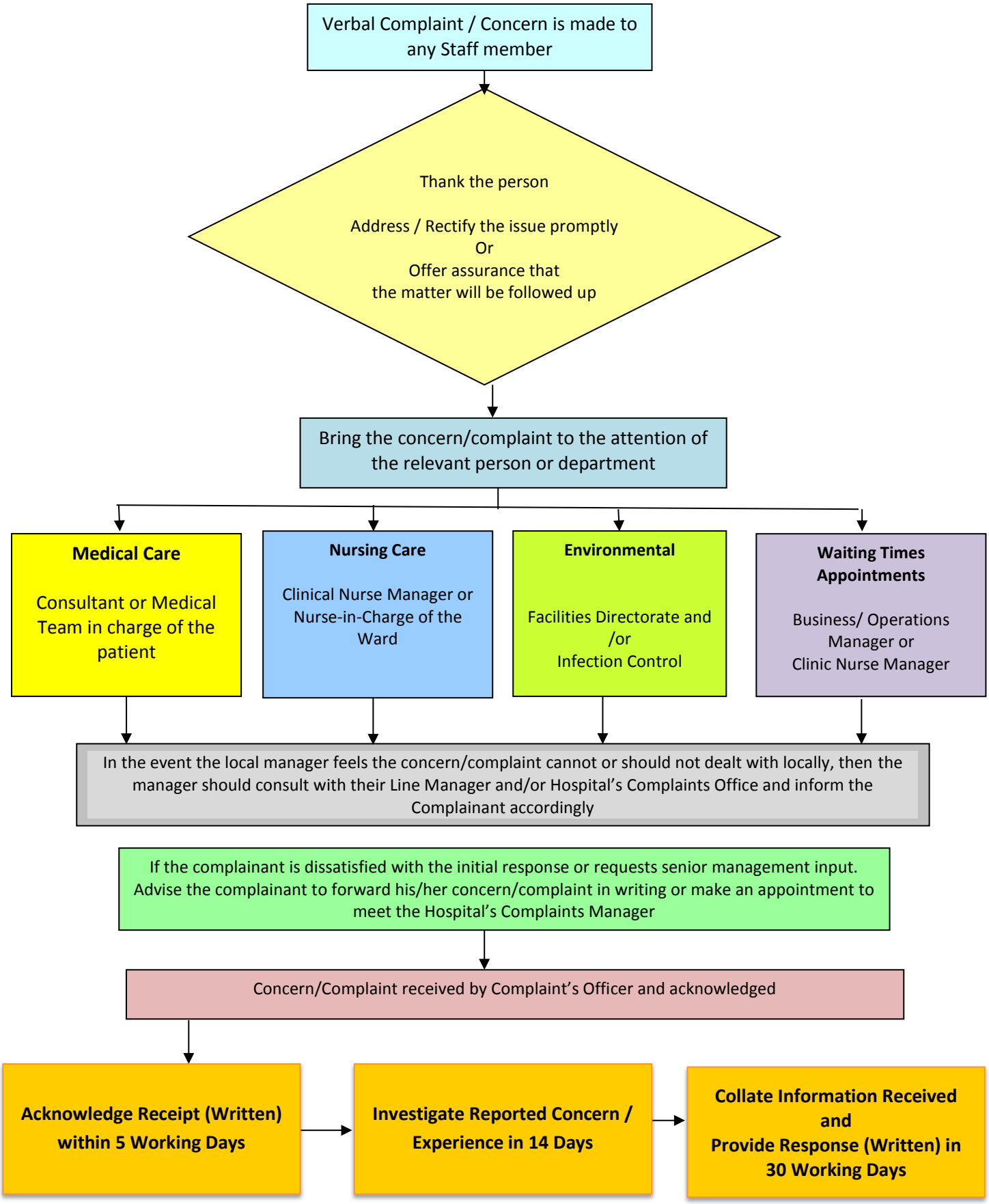
Appendices

- Appendix 1: St James's Hospital Complaint Process Flow chart
- Appendix 2: Complaint Policy Definitions / Glossary

References / Bibliography / Information Sources:

- Department of health & Children, Health Act 2004 () Regulations 2006 http://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/acts/2004/a4204.pdf
- Heath Service Executive "Your Service, Your Say Policy and Procedures 2017 http://www.hse.ie/eng/Publications/Your_Service,_Your_Say_Consumer_Affairs/Policies/Text_Feedback_P policy/Text_Feedback_Policy.html
- National Standards for Safer Better Healthcare – Health Information Quality Authority (HIQA) 2012 https://www.hiqa.ie/standards/health/safer-better-healthcare
- Safety Incident Management Policy- Health Service Executive 2014 http://www.hse.ie/eng/about/Who/qualityandpatientsafety/incidentrisk/Riskmanagement/SafetyIncidentMgtPolicy2014.pdf
- St James's Hospital, Anti-social behaviour Management Protocol (SJH:COR(PT)007) http://www.stjames.ie/intranet/ppgs/
- St James's Hospital, Safety Incident: Reporting & Management Policy (SJH:QS004) http://www.stjames.ie/intranet/ppgs/
- St James's Hospital, Quality and Safety Patient Meeting Guidelines (SJH:QS005) http://www.stjames.ie/intranet/ppgs/

APPENDIX 1: St. James's Hospital - Complaints Management Process



Appendix 2: Complaint Policy Definitions / Glossary

▪ Complaint	An explicit expression of dissatisfaction or displeasure with any aspect of the service regarding any aspect of the service that adversely affects the person by whom or on whose behalf, the complaint is made (Health Act 2004). In this policy document the term complaint is used to include complaints, concerns, comments or any other form of negative feedback.
▪ Informal Complaint	A complaint regarding any aspect of the service that a user brings to the attention of staff locally.
▪ Formal Complaint	A complaint that a patient/service user or staff member brings to the attention of the Complaints/ CEO Office.
▪ Anonymous Complaint	A complaint made by a person who does not identify themselves.
▪ Complainant	A person making a complaint.
▪ Patient Advocate	A person nominated by the patient/complainant to represent their views and act on their behalf when dealing with the hospital in relation to their complaint. An advocate can be a family member or an advocate from an external validated agency The subject of the complaint (e.g. the patient) must provide consent for an advocate to represent them.
▪ Service user	People who use health and social care services as patients, carers, parents and guardians and organisations and communities that represent the interests of people who use health and social care services. Members of the public and communities who are potential users of health services and social care interventions are also included in the term service users (Patient Advocacy Unit, HSE)

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Document Status i.e. New or Revision etc.	Version Number	Revision Date	Description of changes
Revision	7	January 2017	Document number revised to reflect updated SJH PPG register
Revision	8	January 2020	Updated to further clarify practices relating to: ▪ Formal Complaint Management procedures ▪ Meetings Offered to Complainants reflect ▪ Information privacy and data protection