

<b>National Maternity Hospital</b>			
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## 1. Aim(s):

1.1.	Provide clear statements and guidance for all staff at the National Maternity Hospital (NMH) with regard to the appropriate and effective management of all types of Service User feedback - concerns, compliments, complaints and other comments - to ensure that the wellbeing and rights of Service User are sustained.
1.2.	Provide the NMH with opportunities to learn from all types of feedback received and thereby contribute to ensuring that the quality and safety of our services are of the highest standard - as well as contributing to continuous quality and patient safety improvement.
1.3.	To maintain a Service User-focused culture, as a key component of the NMH's patient safety and continuous quality improvement culture - consistent with the NMH's mission, vision and values.
1.4.	To assure that NMH complaints management procedures ( <i>within our feedback management processes</i> ) are fully compliant with: <ul style="list-style-type: none"><li>▪ Health Act 2004, Section 9, Complaints</li><li>▪ S.I. No.652/2006 - Health Act 2004 (Complaints) Regulations 2006</li><li>▪ The Data Protection Act Acts 1988-2018 and GDPR</li><li>▪ HSE Complaints Policy and Procedures Manual, "Your Service, Your Say".</li></ul>
1.5.	<i>Specifically</i> where complaint feedback relates only in part to an <b>excluded matter</b> ( <i>please see "4. Definitions and abbreviations"</i> ), the NMH's Quality Manager shall assess and investigate the <b>non-excluded</b> matter of the complaint only and inform the complainant accordingly.
1.6.	As the NMH is committed to Open Disclosure communication ( <i>please see to "4. Definitions and abbreviations"</i> ) with all Service Users, this policy shall assure that specifically complaint feedback issues are identified, managed, disclosed, reported and learned from. This requires that Service Users are informed of the facts relating to their complaint feedback issue in a timely manner and an apology provided, <i>where appropriate</i> .

## 2. Scope:

This policy applies to the management of all feedback received by the NMH.

## 3. Related policies and guidelines:

This policy is compliant with, and approved by, the HSE and all related documentation is available from: <https://www2.hse.ie/services/hse-complaints-and-feedback/your-service-your-say.html>.

## 4. Definitions and abbreviations:

4.1.	Advocacy	Supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests. and obtain the care and support they need.
4.2.	Clinical Judgement	A decision made or opinion formed in connection with the diagnosis, care or treatment of a Service User.
4.3.	Close Relative	Parent, guardian, son, daughter, spouse of other person or is co-habiting with other person.

<b>4.4.</b>	Complaint <i>(as outlined in the Health Act 2004 and S.I No. 652/2006 Health Act (Complaints) Regulation 2006)</i>	Any action of the Executive or a service provider that it is claimed does not conform with fair or sound administrative practice and adversely affects the person by whom or on whose behalf the complaint was made.
<b>4.5.</b>	Concern	Relates to any expression of unease with any aspect of a service provided.
<b>4.6.</b>	Excluded matter	Under Health Act 2004, Section 9, matters excluded from the right to complain are: <ul style="list-style-type: none"> <li>▪ A matter that is, or has been, the subject of legal proceedings before a court or tribunal.</li> <li>▪ A matter relating solely to the exercise of clinical judgement by a person acting on behalf of the NMH.</li> <li>▪ An action taken by the NMH on the advice of a person exercising clinical judgement.</li> <li>▪ A matter relating to the recruitment or appointment of an employee by the NMH.</li> <li>▪ A matter relating to, or affecting, the terms or conditions of a contract of employment that the NMH proposes to enter in to.</li> <li>▪ A matter relating to the Social Welfare Act, 2017.</li> <li>▪ A matter that could be the subject of an appeal under Section 60 of the Civil Registration Act, 2004.</li> <li>▪ A matter that could prejudice an investigation being undertaken by the Garda Síochana.</li> <li>▪ A matter that has been brought before any other complaints procedure established under an enactment (<i>e.g. complaints made under Part 2 of Disability Act, 2005 or the Mental Health Act, 2001</i>)</li> </ul>
<b>4.7.</b>	IEHG	Ireland East Hospital Group.
<b>4.8.</b>	Malicious	Spiteful, intentionally destructive, hateful, nasty and/or cruel.
<b>4.9.</b>	Open Disclosure	An open consistent approach to communicating with service users when things go wrong with in healthcare. This includes expressing regret for what has happened, keeping the Service User informed, providing feedback on investigations and the steps taken to prevent a recurrence of the complaint issues.
<b>4.10.</b>	PAO	Patient Advocacy Officer is a person designated by the NMH for the purpose dealing with complaints made to it under Section 49 (1) of the Health Act 2004.
<b>4.11.</b>	PPPG	Policy, procedure, protocol or guideline.
<b>4.12.</b>	Review Process	A process providing a Complainant the opportunity to have the recommendations identified following a complaint investigation to be reviewed by the IEHG Review Officer, the Ombudsman or the Ombudsman for Children.

4.13.	Vexatious	Troublesome, disagreeable, upsetting or worrisome.
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## 5. Responsibilities:

5.1.	All NMH staff are required to be aware of this Feedback Policy and understand their role in the event of Service user complaint feedback being provided to/or concerning them.
5.2.	Patient Advocacy Officers shall manage all feedback received in conformance with this policy as provide appropriate training for all staff.
5.3.	The Quality Manager shall provide the overall management of feedback as well as assure appropriate internal and external reporting in conformance with local, legal and regulatory requirements, including the provisions of the HSE Service Provider Contract ( <i>number, nature and status of complaints on a Quarterly basis</i> ).
<p><b>NOTE:</b> The role of Complaints Officer is the responsibility of the Quality Manager in the National Maternity Hospital.</p>	

## 6. COMPLAINTS management procedure:

### 6.1. General procedural requirements

6.1.1.	<p>A Service User can make a complaint, or a person on behalf of another Service User including:</p> <ul style="list-style-type: none"> <li>▪ A close relative or carer of the person.</li> <li>▪ Any person, who by law or by appointment of a court, has the care of the affairs of that person.</li> <li>▪ Any legal representative of the person.</li> <li>▪ Any other person with the consent of the person.</li> <li>▪ Any other person who is appointed as prescribed in the regulations.</li> <li>▪ Where a complainant appoints an advocate, and if that person is unable to make complaint themselves, the advocate can assist them in making the complaint.</li> </ul>
<p><b>NOTE:</b> Where the complainant is not the <i>direct</i> Service User, the consent of the Service User shall be sought by the Patient Advocacy Officer <i>where possible</i>.</p>	
6.1.2.	In conformance with Health Act (2004), Section 47, Part 9, the NMH shall only manage complaints made within 12 months from the date of the service/action which gave rise to the complaint, or 12 months from the date on which the Complainant becomes aware of the service/action. This time limit may be extended if it is deemed appropriate to do so with the complainant informed within <b>FIVE (5) working days</b> of the decision to extend the time limit or not.
6.1.3.	<p>Confidentiality shall be <b>strictly observed</b> and <b>maintained</b> and any documentation relating to a feedback complaint shall be securely stored outside of a Patient's healthcare record.</p> <p><b>[Please also refer to Appendix A]</b></p>

### 6.2. Stage 1: Managing verbal complaints

6.2.1.	Verbal complaints shall be dealt with by appropriate/relevant staff and resolved with the aim to resolve locally where at all possible.
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<b>6.2.2.</b>	The ADOMN ( <i>or delegate</i> ) are responsible for dealing with verbal complaints.
<b>6.2.3.</b>	An online " <b>Verbal Complaint Record Form</b> " ( <i>available from the "Verbal Patient Feedback Form" link in the "GDPR and Quality, Risk and Patient Safety Resources" section of the NMH Intranet</i> ) shall be completed by the staff member dealing with a Complainant. Completion of such a record automatically notifies the Quality Dept. who will review and maintain the record in the NMH's Patient Feedback System app.
<b>6.2.4.</b>	Where local level complaint resolution is unsuccessful, complainants shall be advised that they can make a written complaint via the online " <b>Patient Feedback Form</b> " in the NMH's public-facing website, " <b>Compliments &amp; Complaints</b> " section.
<b>6.2.5.</b>	It is a <b>key principle</b> of NMH complaints management that staff shall make <b>every effort to resolve the complaint at a local level.</b>

### 6.3. Stage 2: Managing written complaints

<b>6.3.1.</b>	All written complaints are submitted via the online " <b>Patient Feedback Form</b> " in the NMH's public-facing website, " <b>Compliments &amp; Complaints</b> " section which automatically notifies the Quality Dept.
<b>6.3.2.</b>	All complainants have the right to appoint an advocate who, if a person is unable to make a complaint themselves, can assist them in making the complaint.
<b>6.3.3.</b>	A PAO is assigned and shall appropriately acknowledge receipt of a complaint to the Complainant within <b>FIVE (5) working days</b> of receipt of the complaint.
<b>6.3.4.</b>	The assigned PAO shall ensure that the complaint is not an "excluded matter" ( <i>please refer to "4. Definitions and abbreviations"</i> ) and can therefore be investigated.
<b>6.3.5.</b>	Additionally the PAO shall ensure that the complaint is not an "excluded matter" ( <i>please refer to "4. Definitions and abbreviations"</i> ) nor any of the following: <ul style="list-style-type: none"> <li>▪ The subject matter is not trivial.</li> <li>▪ The complaint is not vexatious</li> <li>▪ The complaint is made in good faith</li> <li>▪ The complaint has not already been resolved</li> </ul> and can therefore be investigated.
<b>6.3.6.</b>	If a complaint is deemed as "excluded matter", trivial, vexatious, not made in good faith or has already been resolved, the Complainant is appropriately notified.
<b>6.3.7.</b>	The PAO shall endeavour to investigate and conclude a complaint within <b>THIRTY (30) working days</b> of complaint acknowledgement.
<b>6.3.8.</b>	If an investigation cannot be concluded within <b>THIRTY (30) working days</b> of complaint acknowledgement, the PAO shall communicate this to the complainant within the <b>THIRTY (30) working days</b> and provide an indication of the extended time it will take to complete an investigation. Thereafter a complainant must receive an update on a revised, proposed timeframe every <b>TWENTY (20) working days.</b>
<b>6.3.9.</b>	If an investigation cannot be completed within <b>SIX (6) months</b> of complaint acknowledgement, an explanation shall be provided to the complainant along with guidance that they may seek review of their complaint by the Ombudsman.

<b>6.3.10.</b>	Where further information from the complainant is identified as required, the PAO shall contact the complainant immediately outlining the information required and requesting a response within <b>TEN (10) working days</b> of receipt of the further information request. Thereafter the time limit for receipt of requested information may be extended by a further <b>TEN (10) working days</b> . The complainant shall be informed that if they fail to provide the further information required; on the decision of the Quality Manager, this may result in the invalidating of the complaint.
<b>6.3.11.</b>	Complex complaints may require responses from a number of NMH staff and/or departments which shall be appropriately collated ( <i>to the extent this is possible</i> ) to provide a single response to the complainant.
<b>6.3.12.</b>	Where a response is required from a staff member(s), the PAO shall inform the staff member(s) or the relevant Head of Department ( <i>who is then responsible for ensuring the staff member responds</i> ). This response may include documentation, communications, etc. to assist in the completion of an investigation.
<b>6.3.13.</b>	Staff are required to respond within <b>TEN (10) working days</b> of receiving notice of the complaint with the PAO appropriately managing this response time.
<b>6.3.14.</b>	Where it is deemed beneficial, a meeting with the complainant may be arranged to address concerns raised in the complaint.  This meeting will be arranged with appropriate Senior Clinical Staff and the Quality Manager to seek resolution.  The complainant will receive a copy of the meeting notes following the meeting and any actions from the meeting will be outlined in a formal written response.
<b>6.3.15.</b>	Where informal resolution is not possible, an appropriately rigorous investigation shall take place, managed by the PAO.  A Report outlining the details of the complaint, the resolution process and the outcome including any recommendations made must be collated. This information is recorded in a separate record and no information regarding the complaint should be retained in the medical chart.  The person responsible for implementing any recommendations or actions arising out of the complaint must be identified along with the proposed timeframe for implementation.
<b>6.3.16.</b>	On completion of an investigation, a written report outlining the details of the complaint, the resolution process and the outcome, including any recommendations made, shall be produced and appropriately stored ( <b>not in a patient healthcare record</b> ).  The person responsible for implementing any recommendations or actions arising out of the complaint must be identified along with the proposed timeframe for implementation.
<b>6.3.17.</b>	The staff member(s) with delegated responsibility for implementing any recommendations or actions arising out of a complaint investigation shall be identified along with the proposed timeframe for implementation.
<b>6.3.18.</b>	Where the complaint relates to issues that are of historic nature the Quality Manager will determine if the issues can be addressed and the complainant will be notified of the decision.
<b>The investigation process</b>	
<b>6.3.19.</b>	All parties involved in the complaint shall be identified and informed of the decision to carry out a formal investigation.

6.3.20.	<p>Where the complaint involves issues relating to private care provided by a clinician (<i>e.g. Private Consultant Obstetrician or Gynaecologist</i>), the complainant will be advised to contact the clinician who provided the private care directly, as such care does not fall under the scope of this policy.</p> <p>Equally if the complainant has concerns regarding the care they received at the Semi-Private Antenatal Clinic, the PAO will determine which aspects of the complaint can be investigated and shall notify the complainant accordingly.</p>
6.3.21.	All relevant evidence to support an effective investigation process shall be identified and collected.
6.3.22.	The investigation shall determine the sequence of events ( <i>chronology</i> ) leading to the complaint.
6.3.23.	The Complainant and staff member(s) involved shall both be given appropriate opportunity to present their version of events providing evidence/explanations in relation to their actions through discussion meetings and/or documentation.
6.3.24.	All parties shall be informed of their right to be accompanied by a support person, advocate, etc. at any investigation meetings.
6.3.25.	The complainant shall be invited to identify what they would like to happen as a result of making the complaint ( <i>following explanation of what can and cannot be achieved through investigation</i> ) to allow the PAO to appropriately manage expectations.
6.3.26.	Root causes and contributory factors as well as incidental findings ( <i>all where possible</i> ) shall be deduced underpinned by the evidence established.
6.3.27.	Where the investigation highlights staff-related issues, these shall be referred to the relevant Head of Department for appropriate follow-up.
6.3.28.	If an adverse finding(s) is made against a staff member(s), they shall be afforded time to review and respond to the issue before potential inclusion in the report.
6.3.29.	Confidentiality shall be secured at all times which may require investigation reports to be pseudonymised and/or anonymised.
6.3.30.	<p>All evidence-based investigation findings, recommendations and conclusions shall be compiled in a written <b>Draft</b> Investigation Report.</p> <p>Recommendations identified in a <b>Draft</b> Investigation Report should consider:</p> <ul style="list-style-type: none"> <li>▪ Redress for the Complainant where identified as appropriate by the Investigation Team.</li> <li>▪ Actions required to address the complaint causes and/or the likelihood of recurrence (<i>as far as is reasonably possible</i>).</li> </ul>
	<p><b>NOTE:</b> It is beyond the scope of the complaints process documented herein to secure monetary compensation for complainants.</p>
6.3.31.	On <b>draft</b> investigation report completion, the PAO shall review, manage any clarifications, inconsistencies, etc. and forward to the Quality Manager for further quality assurance.
6.3.32.	Once quality assured, depending on the nature and complexity of the complaint, the PAO may forward the <b>draft</b> investigation report to the relevant Staff Member(s) involved for final factual and technical accuracy checking which shall be fed back to the PAO.
6.3.33.	The PAO and Quality Manager shall finalise the <b>draft</b> investigation report for publication.

### The post-investigation process

**6.3.34.** The PAO shall share the *final* investigation report to the Complainant advising contact should clarifications be required plus how the complaint can be escalated to the IEHG, Ombudsman or Ombudsman for Children if they are dissatisfied.

**6.3.35.** The PAO shall work with the Quality Manager to manage the implementation of recommendations (*this shall include tracking and effectiveness evaluation*).

### Redress

**6.3.36.** The NMH’s complaints management process will collaborate with the complainant to offer the most appropriate and timely resolution for complaints including meetings with senior management, refunds, evidence of learning, etc.

**NOTE:** It is beyond the scope of the complaints process documented herein to secure monetary compensation for complainants.

### Withdrawal of complaints

**6.3.37.** A complainant may at any time withdraw their complaint. On advisement of withdrawal, the PAO may halt the review or investigation; however, where there are reasonable grounds identified that the public interest may be best served by continuing the review or investigation, then the PAO shall refer the matter to the Quality Manager for final decision.

### 6.4. Stage 3: IEHG review

**6.4.1.** If a Complainant is dissatisfied with the outcome of the complaint review or investigation undertaken by the NMH under Health Act (2004), Section 47, Part 9 and/or the its recommendations, they may apply for further review to the IEHG within **THIRTY (30) working days** of the date on which the Investigation Report was signed and dated.

**6.4.2.** The IEHG may extend the time limit for requesting a review if they determine that special circumstances make it appropriate to do so. The Complainant will be informed of the decision in writing within **FIVE (5) working days** of the decision being made and of the Review Officer appointed.

**6.4.3.** The functions of the IEHG Review Officer include a determination of the appropriateness of recommendations and thereafter decision to uphold, vary or make new recommendations if considered appropriate to do so.

**6.4.4.** The IEHG Review Officer can request all documentation relevant to the complaint and communicate with any person reasonably believed able to provide assistance with the review of the complaint.

**6.4.5.** The Review Officer shall endeavour to conduct and conclude the review within **TWENTY (20) working days** of the request being received. Where this is not achievable, the Complainant shall be informed of the proposed revised timeframe.

**6.4.6.** A signed and dated report of the IEHG review shall be compiled. Where there may be findings adverse to a staff member(s), these will not be included in the report without first allowing the relevant staff member(s) the opportunity to consider the finding or criticism and make appropriate representation.

**6.4.7.** A copy of the report will be forwarded to the Complainant and the NMH’s Quality Manager.



6.5. Stage 4: Ombudsman escalation/review	
6.5.1.	Complainants shall always be made aware of their right to an independent review of their complaint through escalation to the Ombudsman.
6.5.2.	The Ombudsman may decide not to investigate a complaint if sufficient steps were not taken by the Complainant to try to seek local investigation and redress from the NMH.
6.5.3.	The Ombudsman cannot investigate: <ul style="list-style-type: none"> <li>▪ Actions taken in connection with clinical judgment.</li> <li>▪ Complaints relating to recruitment, pay and conditions of employment.</li> <li>▪ Court decisions and/or matters which are already the subject of court proceedings.</li> </ul>
6.5.4.	The Ombudsman can investigate complaints about a private practitioner who was providing a service on behalf of the NMH or HSE.
6.5.5.	The Ombudsman for Children is the independent review process for complaints made by or on behalf of children up to and including the age of 18.

## 7. Non-Health Act 2004, Part 9 complaints:

The processes for dealing with these complaints are as follows:

### 7.1. Complaints in Relation to Clinical Judgment

7.1.1.	A complaint must be assessed to determine if the complaint or parts of the complaint may be clearly defined as clinical judgment.
7.1.2.	Where a complaint is not solely related to clinical judgment, a local investigation of the complaint shall be carried out to identify root causes, contributory factors, etc. as well as to identify those aspects of the complaint that do not relate to clinical judgment.
7.1.3.	Where a complaint concerns clinical judgment, it must be referred to the Master. The Master shall immediately inform the Clinical Director and relevant Clinical Lead(s) ( <i>medical or otherwise</i> ) and who shall review the clinical aspects of the complaint seeking resolution which may include, if deemed appropriate, a meeting with the Complainant ( <i>and family members</i> ) to discuss the matter.
7.1.4.	All reviews/investigations shall include the Clinicians involved and endeavour to resolve the complaint as close to the point of contact as possible.
7.1.5.	Where and if decided by the Master, Clinical Director and relevant Clinical Lead appropriate, a written report shall be generated using the process as detailed in "6.3 Stage 2: Managing written complaints".
7.1.6.	Where the investigation highlights staff-related issues, these will be referred to the relevant Head of Department.
7.1.7.	There is no right of appeal to the Ombudsman in relation to clinical judgement.

### 7.2. Complaints made after 12 month time frame

7.2.1.	<p>If the complaint is made after a 12-month time frame (<i>refer to 6.1.2</i>), it cannot be investigated under Part 9 of the Health Act, 2004.</p> <p>The Quality Manager may use their discretion to extend this time frame in special circumstances and the complainant shall be notified of the decision.</p>
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<b>7.3. Anonymous Complaints</b>	
<b>7.2.1.</b>	Both written and verbal anonymous complaints shall be recorded and reported to the relevant Dept. Manager for a decision as to whether quality improvements are required on the basis of the complaint.
<b>7.2.2.</b>	Anonymous complaints will not normally be investigated as there is a possibility that they are vexatious or malicious and the anonymity of the complainant does not enable the principles of natural justice and procedural fairness to be upheld. However, assurance shall be sought that the systems in place are robust and the welfare or patients/clients is not at risk.
<b>7.2.3.</b>	If a complaint is made in confidence, the identity of the Complainant will only be known to the recipient of the complaint and the Quality Manager. If an investigation of the complaint requires the identity of the Complainant to be disclosed, the consent of the Complainant shall be obtained.

<b>7.4. Vexatious or Malicious Complaints</b>	
<b>7.3.1.</b>	Complaints found to be frivolous or vexatious shall not be investigated, however this <b>does not</b> remove the Complainant's right to submit the complaint to the Ombudsman.
<b>7.3.2.</b>	Before a complaint is deemed vexatious, the Quality Manager shall bring it to the attention of the Master.

<b>7.5. Alternative Complaints Processes</b>	
<b>7.4.1.</b>	Where alternative complaints processes are deemed appropriate ( <i>other than Health Act (2004), Section 47, Part 9</i> ), the Quality Manager shall either investigate the complaint using the alternative process or will refer the Complainant directly to the appropriate health service personnel for management under relevant policy, procedure or guideline.
<b>7.4.2.</b>	The complainant shall be informed by the PAO of where the complaint is being referred to and why or, alternatively, they shall be informed of the relevant channels through which they should direct their complaint ( <i>refer to 6.3.19</i> ).

<b>8. COMPLIMENTS and COMMENTS management procedure:</b>	
<b>8.1.</b>	All written compliments and comments are submitted via the online " <b>Patient Feedback Form</b> " in the NMH's public-facing website, " <b>Compliments &amp; Complaints</b> " section which automatically notifies the Quality Dept. as well as records in the Patient Feedback System app.
<b>8.2.</b>	A PAO is assigned.
<b>8.3.</b>	The provider of a compliment or comment shall be contacted to seek permission to share their feedback with appropriate, relevant parties ( <i>this may also include the opportunity of further clarification of question</i> ).
<b>8.4.</b>	Where permission granted by the provider, compliments and comments shall be appropriately shared with the relevant Dept. Manager who shall thereafter share with their Team.
<b>8.5.</b>	Where a compliment or comment is made in confidence, the identity of the provider shall only be known to the recipient of the compliment and the Quality Manager.

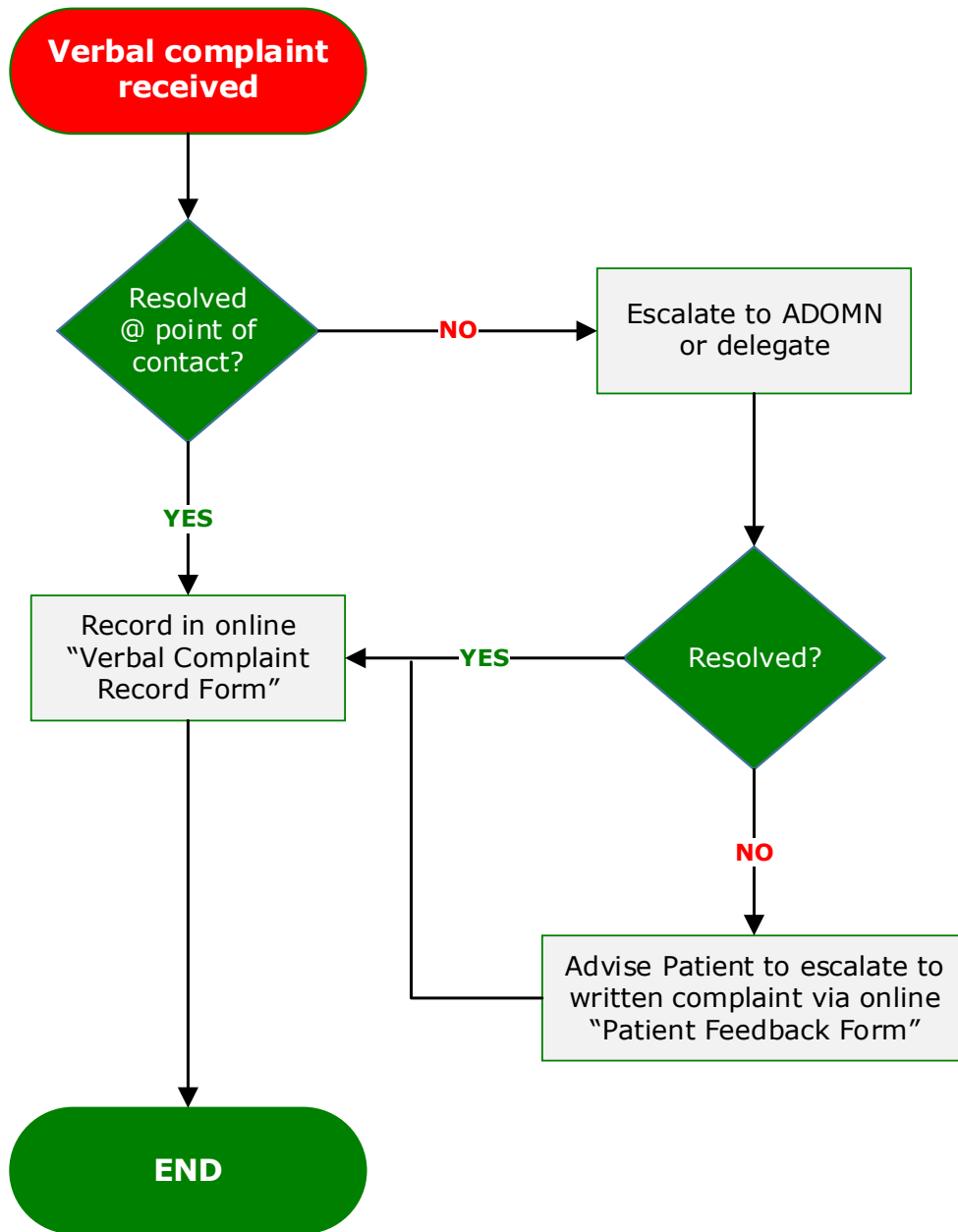
## 9. Reporting:

<b>9.1.</b>	Monthly summary reporting of type, frequency and classification of feedback to the IEHG.
<b>9.2.</b>	Quarterly summary reporting of type, frequency and classification of feedback to the IEHG.
<b>9.3.</b>	Monthly summary reporting of type, frequency, classification of feedback and associated recommendation management, including trend analysis, to the Board, EMT, QRPS Executive Committee, Heads of Dept, Quality and Risk Committee as is appropriate.

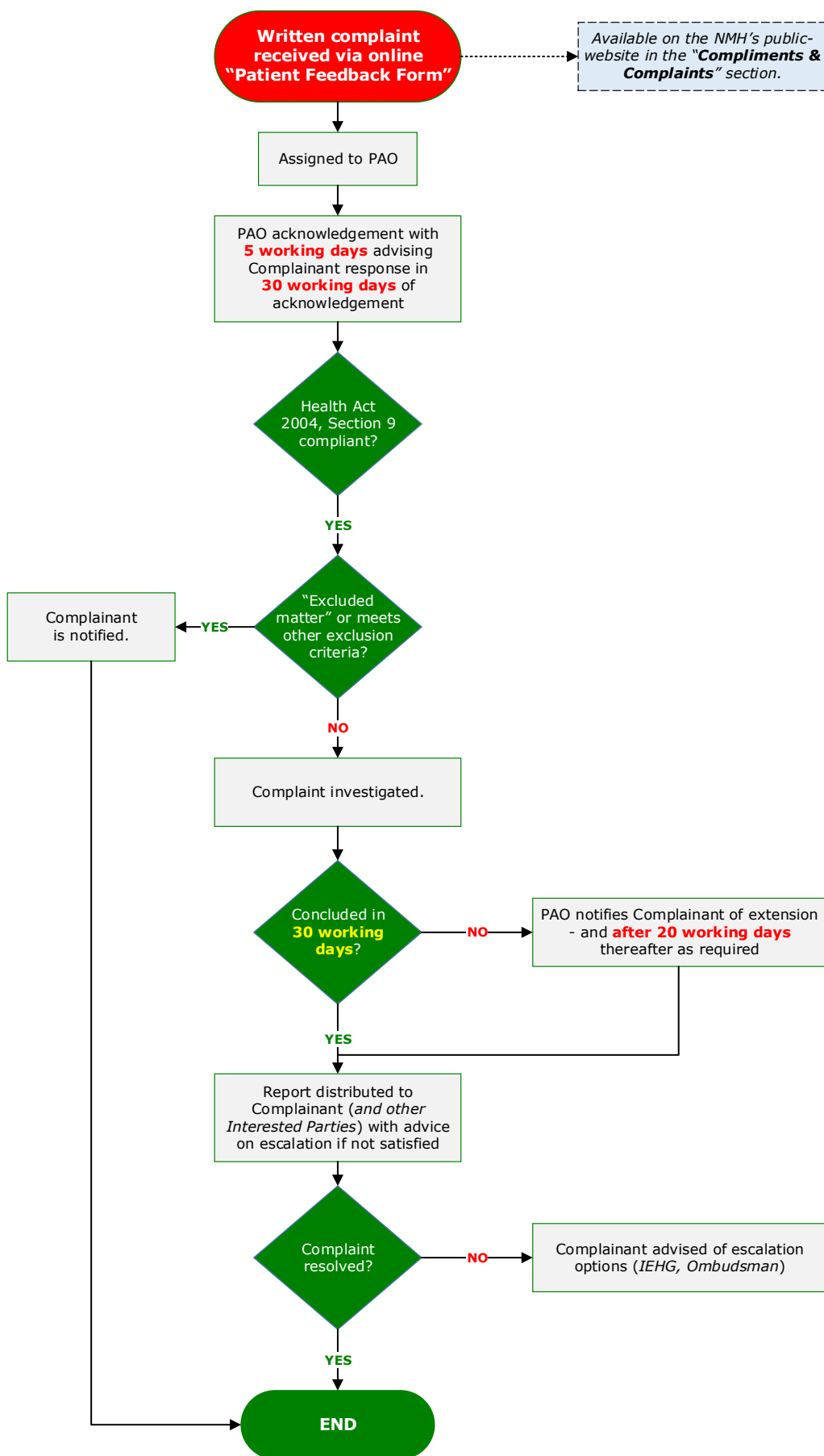
## 10. Evaluation:

Compliance with this guideline shall be regularly audited in conformance to the NMH's annual audit programme.

## Appendix A: Verbal complaint handling flowchart



## Appendix B: Written complaint handling flowchart



### Appendix C: Compliment and comment handling flowchart

