



**BEAUMONT
HOSPITAL**



Beaumont Hospital Complaint Management Policy

PAL's		
Version Number:	9	Author: Ciara O'Rourke, PALS Manager Rebecca Ryan, Deputy PALS Manager
Initial Approval Date:	Dec 2012	Owner: Ciara O'Rourke ,PALS Manager
Date for Review:	20.12.2025	Date approved: 20.12.2022
Approved by: Sharon Dwyer, Director of Quality and Patient Safety		

1.0 Purpose:

Beaumont Hospital is committed to responding to patient feedback both positive and negative. The hospital endeavors to respond to patient concerns and identify and manage any deviation from high quality care. The response to patient feedback is transparent and every effort is made to resolve complaints to the service users' satisfaction. The purpose of this policy is to ensure that all staff have the capability to manage complaints in line with legislation and best practice.

Beaumont Hospital values all feedback received from service users and endeavours to make improvements to services based on this feedback where possible. Beaumont Hospital commits to fostering a culture of openness and partnership that encourages services users to raise concerns and provide feedback (Office of the Ombudsman, 2015) resolve issues in a timely manner and bring about positive change within our services.

2.0 Scope

This policy is to provide a clear path for all staff in relation to the effective management of comments, feedback and complaints made by patients and service users, which incorporates all staff of Beaumont Hospital, St Joseph's Campus and OMNI satellite clinic. Issues relating to Beaumont Private Clinic are beyond the scope of this policy. Complaints can relate to any aspect of a patient or family members experience in relation to the standard or quality of care, access to services, communication or dignity and respect. This policy is to promote learning from complaints and quality improvement to ensure the services provided are of the highest possible standard.

Relevant Legislation:

Health Act (2004) Part 9
Health Act (2004) Complaints Regulations (2006)
Data Protection Act (2018)
Civil Liability (Amendment) Act (2017)
Ombudsman (Amendment) Act (2012)
The Freedom of Information Act (2014)

A complaint is excluded under Part 9 of the Health Act (2004) if it;

- Is or has been the subject of legal proceedings, current or historical.
- Could prejudice an investigation by An Garda Siochana
- Solely related to clinical judgement
- Relates to recruitment of an employee
- Had been reviewed before under any other complaints procedure established under an enactment(Mental Health Act 2001)
- Relates to the Social Welfare Act
- Could be subject of an appeal under Section 60 of the Civil Registration Act 2004
- If the person who made the complaint is not entitled under Section 46 to do so on their own behalf or on behalf of another person.

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This is not an exhaustive list and if there is any doubt regarding the appropriateness to investigate a complaint under this policy you should liaise with the PALS Department for guidance.

Complaints relating to clinical judgement, allegations of abuse, recruitment issues, data protection, bullying or harassment may be managed under relevant policies such as the Incident Management Policy, Trust in Care Policy, Data Protection Policy etc.

Anonymous complaints cannot be responded to. Complaints judged to be vexatious or malicious will not be reviewed. If a sufficient response is provided addressing a complainants issue the complaint is closed. This does not remove the complainants' right to an independent review.

3.0 Definitions

Clinical Judgement: A decision made or opinion formed regarding diagnosis, care or treatment of a patient.

Advocate: An advocate is somebody who can act on the patient's or the patient's family's behalf when dealing with a healthcare service. An advocate can represent the views of those seeking information or making complaints when required. (HSE, 2017)

Close Relative: A person who is a parent, guardian, offspring or spouse of the service user or a person cohabiting with the service user.

Open Disclosure: An open, consistent, compassionate and timely approach to communicating with a service user of close relative following a safety incident. This includes expressing regret, keeping the affected person informed, and providing reassurance regarding on-going care and treatment. Also included is any learning identified and steps been taken to prevent a reoccurrence.

Clinical Judgement: A decision made or opinion formed regarding diagnosis, care or treatment of a patient.

Complaint: an expression of dissatisfaction from patients/relatives about the hospitals standard of service, staff, or action/lack of action.

Complainant: the person making the complaint.

Third party Consent refers to any complaint made on behalf of a patient must have the consent of the patient.

Complaint Officer – a person designated by the Hospital for the purpose of dealing with complaints (Health Act, 2004, part 9)

Service User – a person and/or their family who currently uses or will potentially use/access health and social care services. (HSE, 2010)

Vexatious: unreasonable behaviors, malicious/ abusive language or behaviors, personally attacking individuals.

NIMS: National Incident Management Framework. This is the National system which captures all complaint information for reporting.

PALS: Patient Advice and Liaison Service. The department within Beaumont for the sole purpose of monitoring and reporting all feedback, complaints and comments.

Stage 1 Complaint (Point of Contact resolution): An issue highlighted by a patient or family member that can be dealt with promptly at ward/unit level or within 2 working days.

Stage 2 Complaint (also known as Formal) – a complaint, usually received by the hospital in writing that requires acknowledgment, investigation and a final response. May be related to unresolved point of

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contact issue.

Stage 3 Complaint (also known as Internal Review or escalation to Hospital Group level) – when a complainant is dissatisfied with complaints process at Stage 2 and requests an internal review by the HSE.

Stage 4 Complaint (also known as External Review or escalation to the Office of the Ombudsman) – when a complainant wishes to have an independent review of the complaints process.

4.0 Roles and responsibilities:

All staff have an obligation to effectively manage complaints brought to their attention and familiarise themselves with the policy to manage complaints effectively.

Many complaints can be resolved at the point of contact (Stage 1) through effective listening, information provision, explanation, and an apology. Staff should acknowledge the effect the situation has had on the affected person and take steps to ensure it does not recur.

All Staff should be aware that they are accountable to service users and have a responsibility to respond to concerns highlighted by service users. Staff must make an attempt to resolve complaints locally by listening and responding to a complainant. If the complaint cannot be resolved by the staff member made aware of the complaint, the line manager of the area should be informed and also attempt to resolve the issue. Staff must assist with any review or investigation into a complaint. Staff should undergo training in complaint management ¹ and communication ² where required.

Department managers should take responsibility for understanding effective complaint management and communicate the requirement to resolve complaints to all staff. Managers should ensure that all staff receive training and support in managing complaints locally. Local resolution should always be encouraged. They need to oversee reviews of and responses to stage 2 complaints occurring in their department / directorate and ensure implementation of recommendations as required. Line managers are responsible for sharing the learning from complaints with their staff.

PALS Staff will review complaint content and identify the best route to resolve complaints. This may include coordinating family meetings or investigations of complaints. Potential clinical issues or incidents are discussed as soon as possible with the Risk & Legal Manager and brought to the attention of the Serious Incident Review Team (SIRT) as appropriate. Data on complaints received by the PALS Department is reviewed to identify themes and trends to inform organizational learning. Key learning opportunities and recommendations identified as part of the complaints process response are also identified and actioned at word/unit level. PALS staff facilitate a suite of Complaints Training sessions for staff across the Hospital. The aim of this training is to support staff in the management of complaints. Please contact the PALS department if you wish to avail of this training.

¹ Effective Complaints Investigation, HSELand

<https://www.hseland.ie/ekp/servlet/ekp?TX=LISTLEARNINGS&INSREVIEW=N&FROMCAL=N&TRNID=EKP040141806&OVERLAY=N&DECORATEPAGE=Y>

²HSE Open Disclosure, Module 1 – Communicating Effectively through Open Disclosure

<https://www.hseland.ie/ekp/servlet/ekp?TX=LISTLEARNINGS&INSREVIEW=N&FROMCAL=N&BACKBUTTON=Y&PARENTTID=EKP030641879&TRNID=EKP030641879&OVERLAY=N&DECORATEPAGE=Y>

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5.0 Complaints Procedure:

Any service user can make a complaint. Alternatively a close relative or a legally appointed representative can also make a complaint. Written consent should be sought from the service user if a complaint is raised by a third party. All complainants have the right to appoint an advocate to assist them in making a complaint.

5.1 Procedure for management of Point of Contact (Stage 1) complaints

A verbal complaint can be received by any member of staff at any time. Verbal complaints are usually more frequent, are often made at point of contact and can be of a less serious nature.

When receiving a verbal complaint staff should introduce themselves by name, listen to the complaint, be respectful and helpful and provide a plan to the complainant of how the issue may be resolved. Staff should be open and honest and remain calm and positive. Where the staff member is unable to resolve the issue immediately, this should be communicated to the complainant. The manager on duty should be informed of the complaint and a plan devised to ensure the staff member with responsibility is made aware of the issue and makes every effort to resolve the complaint. An apology should be offered and an explanation if appropriate; the aim is to resolve these complaints at a local level.

Managers should keep a record of level one complaint's and the actions leading to their conclusion. These can be used for quality initiatives, service reviews and planning.

The PALS department may review Stage 1 complaints and liaise with staff locally to provide a resolution. The PALS staff can support staff with complaint resolution. Where a complaint cannot be resolved, after escalation to a manager, the service user may be referred to PALS. A formal complaint (Stage 2) may be opened.

Recording, Learning & Accountability

All managers should take responsibility for point of contact (level 1) complaints handled within their departments and record and report performance to senior management on a regular basis. Line managers should also ensure that any learning from complaints is disseminated to the relevant staff. The key to successful point of contact/local resolution is embedding a culture of valuing complaints (HSE, 2021).

5.2 Procedure for management of formal (Stage 2) complaints

A formal complaint may arise if there a number of issues that cannot be resolved at the point of contact. In addition patients or their families may have more serious concerns regarding the quality of care received and will require a more comprehensive review. Staff should be aware of and provide information to complainants as to how to proceed with a formal / stage 2 complaint.

In line with this policy all written complaints should be forwarded to the PALS department for review and response where the PALS Manager will triage it to ensure appropriate management. The Head of QPS has oversight of this process.

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Information leaflets for PALS and the national advocacy service should be available in all clinical areas.

Stage 2 complaints should be acknowledged in writing within 5 working days of receipt. A copy of the Beaumont Hospital Complaint Information Leaflet should be attached with the acknowledgement. This will include the relevant appeals process information.

The complaint is investigated and a full written response including an apology (where appropriate) and any learning is issued to the complainant within 30 working days following acknowledgement. The response is written in plain English and the use of jargon including medical jargon is avoided. An apology, which is not an admission of liability, is included. If the investigation process takes longer than 35 working days then the complainant should be informed of this and provided with communication every 20 working days with a meaningful explanation for the delay. Stage two complaints are recorded on the National database NIMS.

To assist with the investigation of stage 2 complaints, PALS will provide staff with a copy of the complaint relevant to their area, requesting a written response within 15 days. The response should acknowledge what has happened, how it came to happen and what steps have been taken to address the issue raised/prevent it occurring again. Responses should also advise of any learning or recommendations that have arisen as a result of the complaint. Information provided will be used to inform the overall response by PALS.

Complex complaints may require responses from multiple sources which should be collated into an overall written response to the complainant. Where a complaint involves a staff member no longer employed by the hospital, a reasonable effort will be made to contact the person and seek a response. If this is not possible the complaint review can proceed with the available information.

Potential clinical incidents including safety incidents, errors or omissions and near misses identified by any staff member should be reported to the Risk & Legal Department. Clinical incidents are managed under the Incident Management Framework.

The response to the complaint must demonstrate an acknowledgment of learning, detail recommendations and outline quality improvements where appropriate. This learning is uploaded to NIMS and part of a National KPI.

Part 9 of the Health Act (2004) outlines that a complaint must be made within 12 months of the;

- Date of the action giving rise to the complaint
- Complainants becoming aware of the action giving rise to the complaint.

Complainants should be advised how a complaint will be managed including expected timelines.

Documentation in relation to a complaint file should include;

- A copy of the original complaint
- Acknowledgement letter
- Any correspondence with the complainant including telephone conversations
- Responses from clinicians and staff
- Final outcome including recommendations.

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All information obtained during the review of a complaint is confidential and not retained in the healthcare record. Complainants should be informed that all documentation in relation to a complaint does not affect any care and is held separate to the medical record. Complainants should be advised of the right to refer their complaint and its response for independent review eg RCSI Hospital Group or the office of the Ombudsman.

Stage 2 - Recording, Learning & Accountability

The PALS department submits data on a monthly basis to the RCSI Group and the HSE on the following metric which is also a Key Performance Indicator in the HSE Service Plan (2020):

- Formal complaints resolved within 30 working days of acknowledgement (total of 35 working days).
- Where the investigation at Stage 2 fails to resolve the complaint, the complainant may seek a review of their complaint to the RCSI Hospitals Group at Stage 3 or make a complaint directly to the Office of the Ombudsman.
- Recommendations made as part of the complaints process. Learning from this will disseminate to drive quality improvement.
- If indicated, safety alerts are discussed at the SIRT (Serious Incident Review Team) forum which has oversight of all serious incidents and complaints in Beaumont Hospital.

5.3 Procedure for the management of RCSI Hospital Group Review (Stage 3) complaints

If a complainant remains unhappy with the Hospital's response they can seek a review within 30 days of a completed review at Stage 2. The timeframe to complete the review is within 20 working days of receipt of the request.

A request for a Stage 3 complaint review is sent to the CEO, RCSI Hospital Group.

If the Patient Engagement Manager for the RCSI Hospital Group determines that the complaint can be managed locally the complaint is sent back to the PALS Manager, QPS Director and CEO in Beaumont Hospital for review. The Director of QPS will then identify a Review Officer to re-examine the complaint. The Review Officer will be a higher Grade than the staff member who reviewed the complaint at Stage 2. The Complainant is informed of this step.

The PALS Manager in conjunction with the Director of QPS will then review the complaint to ensure it can be managed under Stage 3 of the complaints process. In the event that the QPSD determines that it is not appropriate to manage an issue under this process they must identify the most appropriate pathway for management of the issue.

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

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

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.

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The complainant will be informed of any decision of the Review Officer and may accept the recommendations made or can seek a review of the complaint by the Ombudsman.

5.4 Procedure for the management of Ombudsman Review (Stage 4) complaints;

The complainant has the right to refer their complaint to the Ombudsman or other professional or regulatory body. All complainants are advised on how to refer to the Office of the Ombudsman at acknowledgement stage as this process is outlined in the Beaumont Hospital Complaints Process Leaflet.

All stage 4 complaints should be discussed and analysed at Hospital and Hospital Group level.

6.0 Monitoring and Evaluation.

The hospital participates in the National Inpatient Experience Survey, results of which guide process improvements. Complaints' data is collated monthly and reviewed by senior management and the RCSI Hospital Group. An annual report is generated outlining complaints data, recommendations, trends and service improvements.

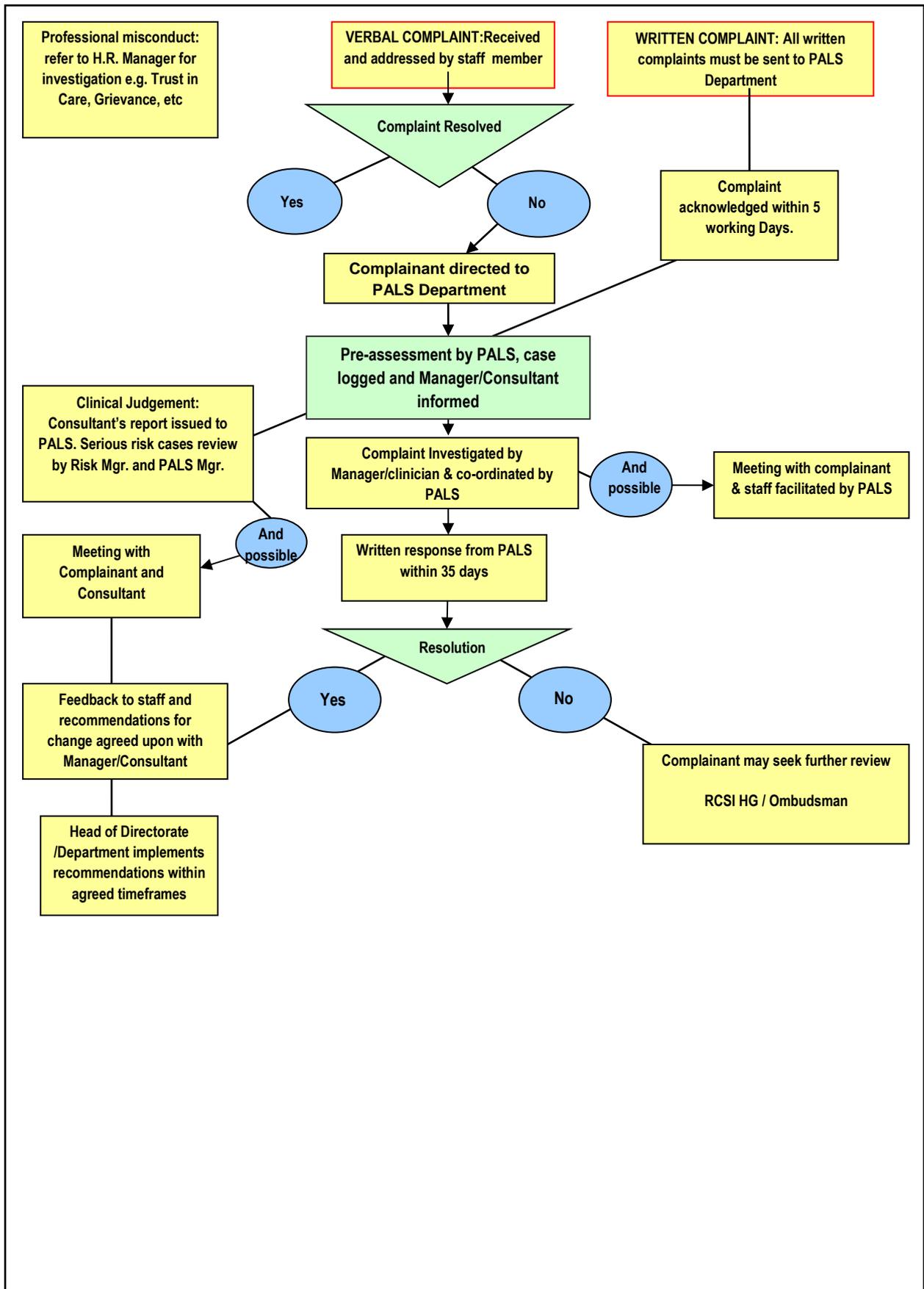
Individual directorates are informed of complaint data and trends which are included in clinical governance reports.

Baseline data on the following will be obtained;

- The volume of complaints across the Hospitals within a given year.
- The number of complaints acknowledged within the 5 day timeframe on a monthly basis.
- The number of complaints responded to within 30 days of acknowledgement on a monthly basis.
- The number of complaints referred for a Stage 3 review on a monthly basis.
- The percentage of complaints where an improvement plan is identified - National KPI for 2023 target set at 65%.

These metrics will be monitored for improvement from each year to determine if implementation of this policy and procedure has led to improvements.

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