

# Dublin Dental University Hospital Patient Complaints Policy



**DUBLIN DENTAL  
UNIVERSITY HOSPITAL**

OSPIDÉAL DÉADACH  
OLLSCOILE ÁTHA CLIATH

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## 1.0 Introduction

### 1.1 Purpose, Objectives and Outcome(s)

This policy will contribute towards a professional and effective approach to dealing with Patient Complaints in conjunction with the missions and values of the Hospital and in line with the Health Act 2004, Section 9.

The 2004 Health Act has provision in Part 9 to deal with complaints under a statutory framework.

The 2004 Health Act defines a “complaint” as “a complaint made under this Part about any action of the Executive or Service Provider that –

- It is claimed, does not accord with fair or sound administrative practice and,
- Adversely affects the person by whom or on whose behalf the complaint is made”

The statutory framework prevents the investigation of a complaint resulting directly from a clinical decision to be investigated under this policy.

The policy of the Hospital is to endeavour to resolve all complaints at a local level. Complaints not resolved locally will be acknowledged within 3 working days. The target is to complete the complaints process within 30 working days. If the above is not achieved, the complainant will receive a preliminary response within 30 working days, and updates of progress if processing time exceeds 30 working days.

Any person who is being or was provided with a service by the Hospital or who is seeking or has sought provision of such service may complain in accordance with the procedures.

The Hospital’s complaints policy has the following aims:

- To resolve and / or reconcile the patient’s or visitor’s concerns.
- Input to the process of continuous quality improvement.
- To maintain a well published, accessible, transparent and simple to use system of dealing with complaints

## 1.2 Scope

### 1.2.1 Persons Affected

Complainants will usually be existing or former patients of the Hospital. However, the complainant may also be someone acting on behalf of the patient, such as a parent or guardian. If the complaint is to be pursued by a relative of the patient, explicit, appropriate consent is required from the patient and, when appropriate, in writing. It is important to ensure that Patient confidentiality is respected at all times.

### 1.2.2 Advocacy

All complainants have the right to appoint an advocate. Where a person is unable to make a complaint themselves an advocate assists them in making the complaint.

### 1.2.3 How Complaints Can Be Made

A patient or advocate may make a complaint verbally or may write, email or fax their complaint.

Upon a complaint being received by or assigned to the Complaints Manager (Ms. Susanne Bushe, Patient Services Manager) which includes a referral under section 48(2). The Patient Services Manager shall notify, within 3 working days, the complainant, in writing, that an investigation will take place and a response will be issued within 30 working days from receipt of the complaint.

## 1.3 Glossary of Terms/Definitions

### Complaint

An expression or statement of dissatisfaction that requires a response.

### Complainant

A person who is entitled to make a complaint on his / her own behalf or on behalf of another for example:

- A close relative or carer of the person
- Any person who, by law or by appointment of a court, has the care of the affairs of that person
- Any legal representative of the person
- Any other person with the consent of the person, or
- Any other person who is appointed as prescribed in the regulations

### Prolific or Vexatious Complaints

A complainant who consistently displays a pattern of unreasonable requests despite a full examination of their original complaint.

## 1.4 Roles and Responsibilities

### Patient Services Manager

The post of Patient Services Manager includes the role of Complaints Manager. The function of the Complaints Manager is to co-ordinate and respond to complaints on behalf of the Hospital and in the context of organisation wide responsibility. It is also the function of the Complaints Manager to fulfil the role of Patient Advocate on behalf of the patients for the Hospital. In so doing complaints are concurrently seen as an integral component of the whole Hospital quality improvement process. Information given by patients, families and carers in expressing their concerns must be viewed positively and utilised in the context of risk management and the Hospital's legal responsibilities and ethical standards. Therefore, responding and resolving issues raised by an individual complaint is not a discrete and isolated process but part of an interconnected range of policies and organisation responsibilities.

The Complaints Manager will ensure all staff and students are aware that people complain about a range of experiences for example:

- Dental treatment
- Staff / Student Attitude

- Waiting times / cancellations
- Lack of communication / information

### Staff and Students

All members of staff and students are obliged to comply with the policy and attend training when required.

## **2.0 Procedure**

### **2.1 Procedure for Verbal Complaints**

Verbal complaints are made at the first point of contact and if at all possible, every effort should be made to resolve the complaint at a local level.

Should a verbal complaint be unresolved at the first point of contact to the satisfaction of the complainant they may proceed to an informal resolution with the Patient Services Manager or a delegate assigned by the Patient Services Manager and if they are still dissatisfied they may proceed to a written complaint.

### **2.2 Procedure for Written Complaints**

All written complaints may be received by post, fax, or email. These complaints should be forwarded to the Patient Services Manager who will acknowledge the complaint within 3 working days (of receipt of the complaint by the Hospital).

Complaints will be dealt with fully and a response issued within 30 working days to the person making the complaint.

In the event of a complaint requiring action which will prevent a response being available within 30 working days, the person making the complaint will be kept fully informed of the status of the progress before the 30 working days has lapsed and every 20 working days thereafter.

The Patient Services Manager will endeavour to ensure that complaints are concluded within 6 months but where this is not possible; the complainant will be notified why and at this stage he/she may decide to remain within this structure or he/she may decide to proceed to the HSE and / or the Ombudsman.

The Patient Services Manager is responsible for forwarding the complaint to the appropriate Head of Department / Division, who will investigate and formulate a response with the Patient Services Manager. The Patient Services Manager will track progress and manage this response to the complainant within the agreed time frame. The Patient Services Manager will issue the response to the complainant with resolution and follow up if required.

If the complainant is dissatisfied with the written resolution he/she may seek an independent review by writing to the Patient Services Manager. The Patient Services Manager will forward the complaint to the Chief Executive and the Chief Executive will appoint an independent reviewer. Following the review, if the complainant is still

dissatisfied he/she may refer to the HSE or the Ombudsman for further investigation.

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

### **2.3.1 Informal Resolution**

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

Mediation may be used to attempt resolution of the complaint if both parties agree. Where informal resolution was not successful or was deemed inappropriate, the Complaints Officer will initiate a formal investigation of the complaint.

### **2.3.2 Formal Investigation**

The Patient Services Manager is responsible for carrying out the formal investigation of the complaint at this stage but may draw on other expertise, skills etc. as required.

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

### **2.3.3 HSE Review**

All requests for a HSE review should be forwarded to:

The Head of Consumer Affairs, HSE, Oak House, Millennium Park, Naas, Co. Kildare.

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

Review Officer(s) will review 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 or 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 Complaints Manager independent of the initial investigation.

### **2.3.4 Independent Review**

If the complainant is not satisfied with the outcome of the complaints management process he/she may seek a review of the Ombudsman / Ombudsman for Children.

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

## **2.4 Timeframes for Managing Complaints**

The Patient Services Manager will inform the complainant in writing, within 3 working days of making the decision/determination, that the complaint will not be investigated and the reasons for it.

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

If the investigation cannot be concluded within 30 working days then the Patient Services Manager must communicate this to the complainant and the relevant staff / student within 30 working days of acknowledging the complaint and give an indication of the time it will take to complete the investigation.

The Patient Services Manager must update the complainant and the relevant staff or student every 20 working days.

The Patient Services Manager must endeavour to investigate complaints within 30 working days. However, where the 30 working days timeframe cannot be met despite every best effort, he/she must endeavour to conclude the investigation of the complaint within 6 months of the receipt of complaint.

If this timeframe cannot be met, the Patient Services Manager must inform the Complainant that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the complainant. He/she should encourage the complainant to stay with the local complaints management process while informing them that they seek a review of their complaint by the Ombudsman/Ombudsman for Children.

## **2.5 Time Limits for Making a Complaint**

The Patient Services Manager must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that a complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint

The Patient Services Manager may extend the time limit for making a complaint if in the opinion of the Patient Services Manager special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to the following:

- If the complainant is ill or bereaved
- If the 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 complaint concerns an issue of such seriousness that it cannot be ignored
- Diminished capacity of the service user at the time of the experience e.g. mental health, critical/ long-term illness



- Where extensive support was required to make the complaint and this took longer than 12 months

The Patient Services Manager must notify the complainant of decision to extend / not extend time limits within 3 working days.

## **2.6 Matters Excluded (As per Part 9 of the Health Act 2004)**

A person is not entitled to make a complaint about any of the following matters:

- A matter that is or has been the subject of legal proceedings before a court or tribunal
- A matter relating solely to the exercise of clinical judgment by a person acting on behalf of either the Executive or a service provider;
- An action taken by the Executive or a service provider solely on the advice of a person exercising clinical judgment in the circumstances described in paragraph (b);
- A matter relating to the recruitment or appointment of an employee by the Executive or a service provider;
- A matter relating to or affecting the terms or conditions of a contract of employment that the Executive or a service provider proposes to enter into or of a contract with an adviser that the Executive proposes to enter into under Section 24
- 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
- A matter that has been brought before any other complaints procedure established under an enactment.

## **2.7 Redress**

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

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

This redress could include:

- Apology
- An explanation

- Refund
- Admission of fault
- Change of decision
- Replacement
- Repair /rework
- Correction of misleading or incorrect records
- Technical or financial assistance
- Recommendation to make a change to a relevant policy or law
- A waiver of debt

A Complaints Manager may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause:

- The Health Services Executive to make a material amendment to its approved service plan, or a service provider and the Executive to make a material amendment to an arrangement under section 38.

If, in the opinion of the relevant person, such a recommendation is made, that person shall either:

- amend the recommendation in such manner as makes the amendment to the applicable service plan or arrangement unnecessary, or
- reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates as the relevant person considers appropriate

## **2.8 Confidentiality**

Complainants should be aware that information regarding their attendance at the Hospital may be shared with the relevant staff in order to process their complaint.

Where a complaint is made by a Third Party the Patient must fully consent to the disclosure of their clinical information in order to respond to the complaint.

Information regarding complaints will be held electronically within the Patient Services Department.

## **2.9 Investigation of Complaint**

All complaints requiring investigation will be forwarded to the Patient Services Manager. He / she will then involve the appropriate staff or student in the investigation. In the event of the complaint been a clinical matter, the Complaints Manager will investigate this with the appropriate clinicians or managers responsible.

The patient will be advised that in the investigation of the complaint his or her dental record may be consulted and may be discussed with other relevant members of staff.

The following actions and issues may be considered in the context of the investigation of

a complaint

- The complainant may be invited, by the Patient Services Manager, to meet or have a telephone discussion with a member or members of staff who can answer the concerns set out in the complaint. This may also involve the complainant viewing his or her dental record in the context of Freedom of Information legislation
- The Complaints Manager may meet, telephone or write to the complainant and pass on relevant information on behalf of or in conjunctions with the staff or students concerned.

### **2.10 Unresolved Complaints**

Complaints unresolved at local level should be notified, at the request and in the full knowledge of the patient, to the Patient Services Manager, in a prescribed format (untoward incident form), and the complainant informed of the action taken.

Where a complaint cannot be resolved within the 30 day period or where any significant difficulties arise in investigation and resolving an issue, the Patient Services Manager must inform the Chief Executive verbally and, where appropriate in writing.

Where a complainant indicates dissatisfaction with the outcome of an investigation, the Hospital may, at the discretion of the Chief Executive, set up an internal Complaints Review Panel. The decision to set up the panel and membership will be decided by the Chief Executive.

### **2.11 Litigation**

If a complaint indicates a likelihood of legal action against the Hospital the Patient Services Manager must ensure that information and documentation is passed onto the Corporate Services Manager and the Chief Executive is advised and consulted fully with in this regard.

## **3.0 Governance and Approval**

This policy and procedure was developed according to DDUH Policies & Procedures Development, Review, Approval and Communication Policy and Procedure.

The draft policy and procedure was reviewed and recommended for approval by Susanne Bushe.

The Executive Management Team then approved this policy and procedure. The approval record is maintained in the policy and procedure document record on QMIS.

## **4.0 Communication and Dissemination**

This Policy & Procedure shall be distributed to all relevant staff groups in DDUH. Staff shall be required to acknowledge that they have read this Policy & Procedure via the QMIS. The acknowledgement shall be audited on an ongoing basis. The Policy & Procedure shall be accessible to all staff via the QMIS.

## **5.0 Implementation**

### **5.1 Implementation Plan**

This revised policy document will be brought to the attention of patients, staff and students

The approved policy will be made available be through the Dublin Dental University PPG portal which is accessible to staff on all PCs throughout the Hospital.

### **5.2 Education/training plans required to implement the Policy & Procedure**

## **6.0 Monitoring, Audit and Evaluation**

A rolling audit programme shall be implemented to determine compliance to this Policy & Procedure, ensuring that all elements are addressed in full within a three-year timeframe. This shall be carried out by the Quality, Safety and Risk Role.

## **7.0 References**

### **7.1 Relevant legislation/ Policy & Procedures**

- Health Services Act 2004

### **7.2 Policies & Procedures that are being replaced by this Policy & Procedure**

### **7.3 Related Policies & Procedures**

## **8.0 Appendices**

### **8.1**