



TITLE: Complaints Policy and Procedure (Regulation 31)	REFERENCE NO:
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1: Policy

- Complaints, comments, suggestions and criticisms about services, whether oral or written will be taken seriously and handled in a sensitive, timely and effective manner that protects the rights, privacy, dignity and confidentiality of all those involved. Comments and or complaints will be used to inform continuous quality improvements and risk management of services provided.

2: Responsibilities

- All Staff of Saint John of God Hospital and Saint Joseph’s Shankill have a responsibility to accept any complaint received by them and manage the complaint in accordance with this policy. Where possible complaints should be resolved at a local level.
- The Designated Complaints Officer for Saint John of God Hospital and the Designated Complaints Officer for Saint Joseph’s Shankill has the responsibility for the complaints process in the event of an unresolved verbal complaint or written complaint.
- Patient Satisfaction, Complaints, and Compliments Committee have a responsibility to review complaints received and ensure processes are adhered to.

3: Definitions

3.1: Complaint

- In general terms a complaint is defined as an expression or statement of dissatisfaction that requires a response (Healthcare Commission, 2008). The **Health Act 2004** states that a **Complaint** means a complaint made 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’.

3.2: An action does not accord with fair and sound administrative practice if it is:

- Taken without proper authority
- Taken on irrelevant grounds
- The result of negligence or carelessness
- Based on erroneous or incomplete information
- Improperly discriminatory
- Based on undesirable administrative practice
- In any other respect contrary to fair or sound administration

3.3: Exclusions

- Matters undergoing legal procedures
- Matters concerning solely clinical judgement
- Recruitment and appointments
- Conditions of contracts
- Social Welfare Act
- Matters under investigation by the Gardai
- Previous complaints to other parties



- Lost or stolen property in Saint John of God Hospital only
- Staff Complaints
- **N.B. Saint John of God Hospital clg staff may receive complaints pertaining to any matter, including the above, however, the appropriate response to and management of complaints will depend on the type of complaint. The protocol and procedures outlined in this policy outline the course of action to be taken for general complaints handling. Other policies and procedures may refer to specific types of complaints such as the management of allegations of abuse against staff, grievance and dignity and respect at work.**

3.4: Timeframe for Response

- Verbal complaint must be resolved within 24 hours.
- Written complaints must be acknowledged within 5 working days and investigated within 30 days.
- In outstanding complaints, the Designated Complaints Officer must update the complainant every 20 days until resolution.
- Resolution in six months.

3.5: Complainant

- The person making the complaint. Persons entitled to make a complaint are detailed in the complaints management procedure section of this policy.

3.6: Verbal complaints

- Complaints that are made verbally (including anonymous verbal complaints) would usually be managed as a stage 1 complaint and formal investigation of a verbal complaint would be the exception rather than the rule. However, it is important to note that no formal acknowledgment or outcome can be provided to a verbal complaint, if the complainant does not provide contact details.

3.7: Written complaints

- Complaints may be received in writing in the first instance or in circumstances where it is not possible to resolve the complaint at stage 1 to the satisfaction of the complainant, the complainant is offered the opportunity to make a written complaint
- **N.B. Complaints received via electronic mail (e-mail) are treated as written complaints.**

3.8: Vexatious Complaints

- For the purposes of this policy a vexatious complaint is defined as a complaint which exhibits vexatious behaviour which is intended to harass, distress, annoy, tease, cause trouble, disturb or pursue issues excessively.
- Behaviour exhibited by the complainant may be deemed to be vexatious where it meets any of the following criteria:
 - **Persisting in pursuing a complaint** where the complaints procedure has been fully and properly implemented and exhausted, but no appeal has been made to the Ombudsman (Appeal to Ombudsman relates to Saint Joseph's Shankill only)
 - **Seeking to prolong contact** by continually raising further concerns or questions upon receipt of a response (care must be taken not to discard new issues, which are significantly different from the original issue.) These might need to be addressed as separate issues.
 - **Unwilling to accept documented evidence** as being factual or denying receipt of an adequate response in spite of correspondence specifically answering their questions, or does not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
 - **Does not clearly identify the precise problem**, despite reasonable efforts to help them specify their concerns.
 - **Focuses on a matter to an extent, which is out of proportion to its significance** and continues to focus on this point.



- **Has threatened or used actual physical violence towards staff or their families or associates.** This will, of itself, cause personal contact with the person and/or their representative to be discontinued and the issue will, thereafter, only be pursued through written communication.
- **Has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their issue** or their families or associates. However, staff must recognise that people may sometimes act out of character at times of stress, anxiety or illness and should make reasonable allowances for this.
- Has had, in course of addressing an issue, an **excessive number of contacts with the service**, placing unreasonable demands on staff time or resources. Judgement must be used in determining what is an “excessive number” of contacts and this will be based on the specific circumstances of each individual case.
- **Has electronically recorded meetings or face to face / telephone conversations** without the prior knowledge or consent of the other parties involved.
- **Displays unreasonable demands or expectations** and fails to accept that these may be unreasonable.

3.9: Malicious complaint

- A malicious complaint is defined as one which is spiteful, intentionally destructive, hateful, nasty and/or cruel. All complaints should be considered within the context of the right of each individual to be treated with dignity and fairness. However, where it is decided that there is no case to answer, the complaint should only be dealt with as a malicious complaint, when there are reasonable grounds for doing so. In order to define a complaint as malicious, the following criteria can be used as guidance:
 - The investigation has shown the original complaint to be without foundation.
 - The investigation can demonstrate that the complainant in making his/her complaint knowingly lied to the investigation team.
 - There is sufficient evidence to demonstrate the above on the basis of the balance of probabilities. (Adapted from Guy’s and Saint Thomas’ NHS Foundation Trust, 2007)

3.10: Effective complaints management

- The characteristics of good complaint handling include:
 - Dealt with through local resolution as far as is practicable.
 - Endeavouring to view complaints from the perspective of the Patient/Resident and/or representative.
 - Concerns of the complainant understood.
 - Timely resolution.
 - Constructive attitude towards complaints.
 - Lessons are learned and changes made to systems, practices or procedures where this is necessary
 - Complaints procedures are well publicized, easy to access, simple to understand, quick, confidential, and sensitive to the needs of complainants and those complained against, providing suitable remedies and properly resourced.
 - (Office of the Ombudsman, Ireland accessed 11.06.08).

3.11: Withdrawal of complaints

- A complainant may at any time decide to withdraw a complaint and in this case the designated Complaints Officer may decide to cease any formal investigation, unless the complaint raised serious issues regarding risk, safety and quality of care.

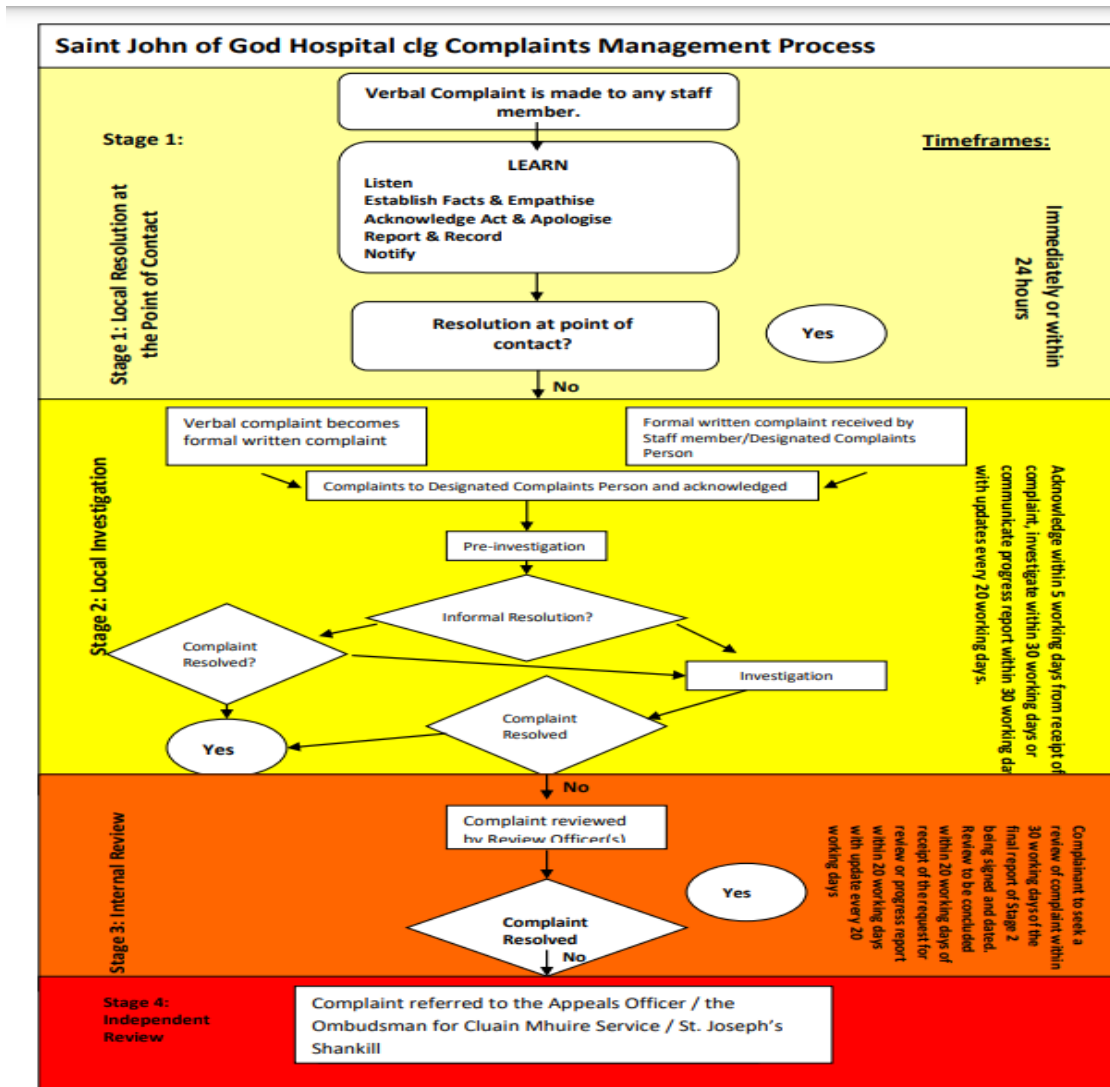


3.12: Feedback and Suggestion Cards

- Feedback and suggestion cards are gathered in Saint John of God Hospital.
- There are suggestion cards available on every suite. These are posted into the patient satisfaction boxes available on each suite.
- The cards are collected regularly.
- Reports on service user comment cards are compiled and analysed quarterly. These reports are fed back to Patient Satisfaction, Complaints, and Compliments committee and actions are implemented as appropriate.

4: Principles

- All complaints, criticisms or suggestions, whether oral or written shall be taken seriously, handled appropriately and sensitively.
- Saint John of God Hospital clg commit to safeguarding the rights and dignity of the Patient/Resident and staff members, in the implementation of the complaints process.
- Saint John of God Hospital clg shall adhere to the following principles of best practice complaint management that they shall aspire to deliver in relation to dealing with complaints:
 - Organisational commitment to the effective management of complaints.
 - Leadership and commitment to all aspects of the complaints management process.
 - Patients/residents shall be aware of their right to complain.
 - The complaints process shall be implemented without fear, favour or prejudice towards either the complainant or the subject of the complaint.
 - A consistent and standardised approach will be adopted for the management of all complaints.
 - The complaints system shall be well publicised and be accessible to patients/residents, their families and representatives.
 - The complaints system shall endeavour to effectively resolve all complaints for both the complainant and those who deliver the service about which the complaint was made. The emphasis must be on resolving complaints effectively and in a timely manner without compromising other principles.
 - All complaints shall be dealt with in an impartial manner.
 - All complaints shall be acknowledged and addressed promptly and sensitively.
 - All information obtained through the course of complaint management shall be treated in a confidential manner and meet the requirement of General Data Protection Regulation May 2018 and The Freedom of Information Act 1997 and 2003.
 - The complaints process shall be flexible to meet the changing demands of Saint John of God Hospital/Saint Joseph's Shankill
 - Staff responsibility in the management of complaint procedures shall be clearly defined.
- This process addresses the management of complaints made by patients/residents/ representatives, or visitors about some aspect of the Saint John of God Hospital clg service. It does not address employee complaints and grievance related to their employment. Any such complaint or grievance shall be addressed by HR.



5: Procedure for Management of verbal/telephone complaints including anonymous verbal complaints

- A verbal complaint can be received by any member of staff from a patient/resident and/or representative.
- All staff in Saint John of God Hospital CLG have a responsibility to accept any complaint received by them and report it to the Designated Complaints Officer in Saint John of God Hospital or to the Designated Complaints Officer in Saint Joseph’s Shankill at the time the complaint is made.
- Verbal complaints which are usually more frequent and of a less serious nature can often be resolved on the spot and should be documented on a verbal complaint receipt form. Also, the complainant/resident should be informed of the access to independent advocacy services, as applicable.
 - When receiving a verbal complaint from a patient/resident and/or representative, all staff should:
 - Listen to the complainant
 - Establish the facts (identify issues), empathise
 - Acknowledge, Act
 - Report & Record
 - Notify the Designated Complaints Officer if the complaint is unresolved.
- Having been informed of the verbal complaint, where the complainant is not a patient/resident, the person receiving the complaint should:
 - Ask the complainant for his/her contact details and explain that no acknowledgment or outcome can be provided without contact details.



- Document as much information as possible about the complaint to the Complaints Officer using the verbal complaint log form or in writing.
- Attempt to find out what the complainant is seeking and try to ascertain what would address his/her concerns.
- Ascertain if there is anything that can be done immediately.
- Offer apologies or explanations where these are possible and appropriate.
- Explain clearly what can and cannot be done as part of the complaints procedure.
- Aim for resolution at the point of contact.
- Where a complaint cannot be resolved to the satisfaction of the complainant at the point of contact, the complainant should be advised of the reasons why the complaint cannot be resolved at the point of contact (i.e. the need to get more information) and what they can expect to happen next.
- Where a verbal complaint cannot be resolved at the point of contact to the satisfaction of the complainant, he/she should be offered the opportunity to submit his/her complaint as a written formal complaint.
- All verbal and informal complaints should be recorded as far as is reasonably practical as part of the overall quality improvement strategy. In particular, complaints which indicate that a specific trend is emerging, those relating to a risk, safety or quality issue should be recorded and reviewed as part of the facility's risk management/quality improvement strategy.
- The Designated Complaints Officer should keep a log of all complaints recorded and the actions taken in response to each complaint.

6: Procedure for Management of a Written Complaint

A Written complaint can be received by letter, Patient Complaint Form, Electronically by Email, Fax.

- Where a verbal complaint cannot be resolved a written complaint can be made. Written complaints can be received by any member of staff and must be brought immediately to the attention of the Designated Complaints Officer.
- Acknowledgment of a written complaint should be made within five working days and should acknowledge the date of the complaint and inform the complainant of the date it was received by the facility. Also, the complainant/resident should be informed of the access to independent advocacy services, as applicable.
- Written acknowledgment should include an expression of regret for any inconvenience or difficulties experienced; appreciation of feedback, how and when the complaint will be investigated and should offer the opportunity to discuss any of the matters that have arisen.
- Where a formal investigation is being carried out, the Designated Complaints Officer should endeavour to complete the investigation within 30 working days of the complaint being acknowledged.
- Where it is not possible to carry out the investigation within 30 working days, the complainant must be informed of this and given an indication of the timeframe required to complete the investigation (aim for no longer than 6 months).
- The complainant should be provided with an update of the investigation every 20 working days.
- Where further information is required from the complainant to conduct the investigation, the complainant should be contacted and asked to respond within ten working days if this is feasible for the complainant.
- Where a staff member/members are required to respond to issues raised by the complaint, they should be asked to do so within a reasonable timeframe such as ten working days.
- Where the complaint involves a staff member no longer employed by Saint John of God Hospital/Saint Joseph's Shankill, every reasonable effort should be made to contact this person and request a response. However, if after all reasonable efforts, the investigation team are unable to contact and/or receive a response from this person, the Designated Complaints Officer should proceed to investigate the complaint to the best of their ability with the information available to them.
- The investigation procedure should begin by identifying all parties involved in the complaint i.e. the complainant and staff members about whom the complaint is being made.
- All parties should be made aware of the decision to carry out a formal investigation of the complaint.
- Where other personnel are to be included as part of an investigation, the complainants consent to sharing information should be documented.
- All relevant information required to carry out the investigation should be established and gathered. Both the complainant and staff members about whom the complaint is being made should be provided with the opportunity to give their version of events and to provide the rationale/explanations for actions taken/omitted.



- All parties should be reassured that their rights to fairness, dignity and confidentiality will be maintained.
- A written record of all communications during the management of a complaint should be kept by the Designated Complaints Officer.
- All information obtained during the course of complaint management should be treated in a confidential manner and meet the requirements of the records management policy. Personal information should only be used for the purpose for which it was collected
- During the investigation of the complaint no staff member may discuss, communicate or disclose any information obtained except where necessary for the consideration or investigation of the complaint.
- Where the investigation indicates the need to disclose some or all details of a complaint, as in a criminal investigation / investigation of allegation of abuse, all parties should be informed and the information directed to the appropriate authorities.
- Where the complainant is a Patient/Resident, all actions should comply with the requirements for consent and advocacy.
- Where there is any doubt about the appropriateness of disclosing information, the Designated Complaints Officer should consult the legal representatives.
- The Designated Complaints Officer should establish and communicate to the relevant parties, timeframes and sequence of events including how the complainant and other relevant parties will be updated on progress of the investigation.

7: Procedure for a Habitually Vexatious Complaints

- All initial vexatious complaints by a complainant will be investigated as per written or verbal complaints. However, if it becomes apparent that the complainant is habitually vexatious the following procedure should be utilised.
- Habitually vexatious complaints are those where a complainant lodges 2 or more vexatious complaints as defined by the criteria of Section 3.8 of this policy.
- The complaints officer should discuss this complaint with the Patient Satisfaction, Complaints, and Compliments committee and alert the management team to its existence. Agreement should be reached that this complaint constitutes a habitually vexatious complaint. The status of habitually vexatious complaints will only apply to specific issues, not general. If a new issue comes to light an individual may not be deemed habitually vexatious unless the complainant's behaviour demonstrates this relating to the new issue.
- **Stage 1:** The complaints office should then notify the complainant that their conduct is unacceptable and that, if it continues, they may be classified as "habitually vexatious". The letter should state clearly which elements of their behaviour are causing problems and be accompanied by a copy of this policy. If this does not resolve the matter, after agreement with the Patient Satisfaction, Complaints, and Compliments committee, the complaint should progress to stage 2.
- **Stage 2:** It may be appropriate to try to resolve matters by drawing up a signed agreement with the person, which sets out a code of behaviour for the parties involved, if Saint John of God Hospital/St Joseph's Shankill is to continue communication or to process a complaint. A code of behaviour could include the following:
 - An agreement relating to appropriate behaviour and conduct. Any such agreement should normally not extend beyond six months.
 - Restricting contact to one or two individuals with the hospital.
 - Restricting the method of communication (e.g. by letter only, not fax/email)
 - Offering a meeting to attempt to resolve outstanding issues.
- If these terms are contravened consideration will be given, by the Patient Satisfaction, Complaints, and Compliments committee, to implementing stage 3.
- **Stage 3:** Where the complaints officer has fully responded to the points raised by the person and has tried to resolve the issues, without success, and continuing contact on the matter would serve no useful purpose, the individual will be notified by the Complaints Officer that the contact is at an end and that further contact will be acknowledged, but not answered. In extreme cases, or where the safety of staff is at risk, the individual will be informed that Saint John of God Hospital / Saint Joseph's Shankill reserves the right to pass habitually vexatious behaviour to their solicitors. All contact with the person and/or investigation of the complaint will be suspended whilst seeking legal advice.
- **Complaints deemed habitually vexatious will be subject to a reasonable investigation as deemed necessary by the complaints officer**



- **Withdrawing habitually vexatious status:** When individuals have been classified as habitual or vexatious, the status will continue to apply for six months, at the end of which period the status will automatically be withdrawn. In exceptional circumstances withdrawing this status earlier may be considered (i.e. the person subsequently demonstrates a more reasonable approach); this will be approved by the Patient Satisfaction, Complaints, and Compliments committee.

8: Procedure for a Third Party Complaint:

In-Patient:

- Unless consent is received from the Patient, a third party complaint is not investigated.
- The designated Complaints Officer contacts the treating team and requests that they discuss the complaint with the patient and where appropriate obtain written consent from the patient.

Out-Patient:

- Unless consent is received from the Patient, a third party complaint is not investigated.
- The designated Complaints Officer contacts the Complainant and requests that they discuss the complaint with the patient and where appropriate obtain written consent from the patient.
- If a person who is entitled to make a complaint lacks the capacity to do so or is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by:
 - A close relative or carer of the person.
 - Any individual who, by law or by appointment of a court, has the care of the affairs of the person.
 - Any legal representative of the person.
 - Any other individual with the consent of the person.

If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made on their behalf by any of the above categories of people.

Saint John of God Hospital CLG must satisfy itself that the person making the complaint has the authority to do so.

9: Outcome

- Comprehensive records are maintained and records of meetings are recorded, outcomes are documented.
- Apology where this is appropriate
- Findings are discussed
- Recommendations are made.
- Actions to be taken to resolve the complaint and prevent reoccurrence.
- Where the investigation showed no legitimate grounds for investigation, the documentation should outline the reasons for this, and provide the complainant with information about the bodies to whom the complaint could be referred.
- Outcomes of complaints or the final decision on the complaint should be categorised as one of the following: Fully Upheld, Partly upheld or Not upheld. Descriptions for each category are detailed below: (Office of the Ombudsman U.K., accessed January 2022)

Fully uphold

This could mean we found that:

- We made mistakes or provided a poor service that amounted to maladministration **or** service failure and this has had a negative impact on an individual which has not yet been put right.

Partly uphold

We might partly uphold a complaint if:

- We found that we got some things wrong, but not all the issues that were complained about **or** the mistakes made did not have a negative effect on anyone.

Not upheld

This could mean we found:



- We acted correctly in the first place **or** we made mistakes but we have already done what we would expect to put things right for the person or people affected.
- Where the complaint was upheld, the documentation should outline what actions will be taken to address the findings and details of any redress to be provided to the complainant.
- All documentation related to managing and investigating a complaint should comply with the requirements for confidentiality and management of Patient/Resident information as outlines in the appropriate policies.
- Following the investigation of a complaint, the Designated Complaints Officer will invite the complainant to attend a feedback meeting on the outcome of the investigation. If the complainant does not reply within a period of two months of the date of the invitation, the complaint will be deemed closed.

10: Independent Review by Appeals Officer

- If, following local investigation by the complaints officer the complainant remains dissatisfied with the outcome, he/she may forward their complaint to the Appeals Officer for internal review.
- Permission/consent will be sought from the complainant for the Appeals Officer to access confidential documentation to enable a full and proper appeal to be carried out.
- An appeal must be initiated within six weeks of the date on which the finding or recommendation to which it relates was communicated to the person.
- An appeal may be made by furnishing a notice in writing to the Appeals Officer specifying the grounds of appeal.
- A request for an extension to the six week timeframe may be sought. This request must be made in writing to the Appeals Officer and must contain reasonable cause for the extension (as deemed by the Appeals Officer). Any extension must not exceed 12 weeks.
- The Appeals Officer shall make a determination in writing in relation to the appeal affirming, varying or setting aside the finding or recommendation concerned and shall communicate the determination (including the reasons) to the complainant and the Proprietor.
- If at any time after an appeal has been initiated, the Appeals Officer is of the opinion that the appeal could be resolved by mediation, he shall inform the person who initiated the appeal concerned of that opinion and, if the applicant agrees, refer the matter for mediation.

11. The Ombudsman

- Where an individual feels a complaint relating to Saint Joseph's Shankill or Cluain Mhuire Service was not dealt with appropriately, he/she can make a complaint to the Ombudsman or, if appropriate, the Ombudsman for Children.
 - Ombudsman: 6 Earlsfort Terrace, Dublin 2, D02 W773
[Tel:01 6395600](tel:016395600) – Complaints Email: complaints@ombudsman.ie
 - Ombudsman for Children: Ombudsman for Children's Office, Millennium House, 52-56 Great Strand Street, Dublin 1, D01 F5P8, Ireland – Free-phone: 1800202040 – Email: ococomplaint@oco.ie
- The Ombudsman does not review complaints relating to private healthcare. Therefore, complaints regarding Saint John of God Hospital and Ginesa Suite patients are not eligible for review by the Ombudsman.

12: Confidentiality and Data Protection

- The confidentiality of the complainant shall be maintained throughout the investigation process.
- Patient/residents and relative/representatives shall be informed that the complaints process shall maintain their confidentiality at all times.
- Patient/residents may request access to records pertaining to them, and same would be approved in line with current legislation.

13: Communication with the Patient/Resident/Visitors

- Details of the complaints process, and details of how to make a complaint, are prominently displayed in Saint John of God Hospital/Saint Joseph's Shankill.
- Information on the complaints process is freely available to patients/residents and visitors (i.e. complaint leaflets, admission information pack).



14: Advocacy

- All Patient/residents shall have the right to access advocacy services to facilitate their participation in the complaints process. Advocacy services have received a copy of this policy.
- Advocacy services shall be available to all patient/residents.
- At Saint Joseph’s Shankill, we ensure that a resident has access to independent advocacy services, including access to in-person awareness campaigns by independent advocacy services and access to meet and receive support from independent advocacy services.

15: Communication of Complaints Data

- Details of all complaints and any resulting actions shall be communicated to staff via team meetings.
- Complaints data shall be analysed monthly and details of this analysis shall be presented to the Management Team for review, and also reported to Clinical Governance/Quality and Safety Executive Committee.

16: Training

- On induction all staff shall receive education regarding the management of complaints, and the local resolution of complaints.
- On induction all staff shall receive education on assisting a patient/resident or family member/representative to make a complaint should local resolution not be achieved.
- Learning from complaints is disseminated as appropriate (i.e. departmental meetings, presentations, management team meetings).

17: Records

- Patient/resident/patient records.
- Correspondence pertinent to the complaint
- Register of all complaints including details of investigation and any actions taken.

18: Audit and Evaluation

- Complaints data is analysed and details of this analysis are considered by Senior Management. Required actions are identified and implemented to ensure continuous improvement measures for the complaints management process.
- An annual audit of the complaints process will be undertaken by the designated complaints officer in both sites. These audits are communicated, documented and findings acted upon.
- Incident reports are recorded for non-compliances identified in relation to the processes. Analysis is completed to identify opportunities for improvement to the processes.
- Complaints are a standing item on agendas of the monthly Management Team and Clinical Governance/Quality and Safety Board Sub-Committee. A bi-annual report on complaints is presented to the Board Sub-Committee on Clinical Governance, Quality and Safety. If necessary the Management Team will bring complaints to the attention of the Board of Directors more frequently. The Chief Executive of Saint John of God Hospital CLG will notify the Board.
- All actions from complaints in Saint Joseph’s Shankill are added to the Services Quality Improvement Plan.

19: Details of Policy Review

Each time this policy is reviewed please complete the following section (extra sections should be added with each review)

REVIEW DATE: 06.08.2019	Changes Made: <ul style="list-style-type: none"> • Section 2 Designated Complaints Officer’s names removed • Section 5 Designated Complaints Officer’s names removed • Section 8 added - Procedure for Out-Patient 3rd Party complaint • Section 3.3 added – Lost or stolen property in Saint John of God Hospital. • Section 18 added – All actions from complaints in Saint Joseph’s Shankill are added to the Services Quality Improvement Plan.
REVIEW BY: Geraldine Corr	



	<ul style="list-style-type: none"> Throughout policy removed Saint John of God Hospital CLG to read Saint John of God Hospital/Saint Joseph’s Shankill.
Review Date: 09.01.2020 Reviewed By: Geraldine Corr	Changes Made: <ul style="list-style-type: none"> Section 11 – Ombudsman Address updated
Review Date: 04.07.2022 Reviewed By: Elaine Byrne & Geraldine Corr	Changes Made: <ul style="list-style-type: none"> Section 9 updated Section 11 updated Saint John of God Hospital/Saint Joseph’s Shankill replaced with Saint John of God Hospital clg
Review Date: 23.02.2023 Reviewed By: Emma Balmaine, Sinoy Allyboccus, Tushar Gupta, Elaine Byrne & Geraldine Corr	Changes Made: <ul style="list-style-type: none"> Section 3.3 updated Section 3.8 updated Process flow chart updated Section 5 updated Section 6 updated Section 11 updated Section 14 updated Section 18 updated Complaints committee renamed as Patient Satisfaction, Complaints, and Compliments committee throughout the document

20: Executive Approval

Emma Balmaine

Chief Executive
Saint John of God Hospital clg

Date: 1st March 2023

John

Complaints Officer
Saint John of God Hospital &
Saint Joseph’s Shankill

Date: 8th March 2023

Sinoy

Person in Charge / Director of Nursing
Saint Joseph’s Shankill

Date: 7th March 2023

Paul Almesny

Chief Operations Officer
Saint John of God Hospital clg

Date: 31 March 2023