





Management of Feedback: Complaints and Compliments Policy

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1. Policy Statement:

This policy sets out how feedback from individuals who use our service and/or those representing them, members of the public and other key stakeholders is listened to, responded to, and managed, in an efficient and effective manner.

2. Rationale/Purpose:

Avista is committed to ensuring that each individual supported by Avista is given the time and support(s) they need to maximise their ability to make decisions for themselves in all aspects of their life, including the right to give feedback on the service they receive. ensuring that feedback (comments, complaints, compliments) is welcomed, acknowledged, and responded to in a timely manner, and that the learning from feedback informs and influences service improvement and strengthens confidence in the organisation.

The policy is designed to be accessible, user friendly, fair and transparent for all stakeholders.

This policy is underpinned by the following principles:

- Enabling feedback.
- Listening and responding to feedback promptly.
- Supporting individuals who use Avista.
- Supporting staff.
- Learning, improvement and accountability.

The aim of this policy is to ensure that the organisation:

- Provides a feedback process that is accessible, flexible and responsive to the needs of individuals who use Avista through a “no wrong door approach”, i.e., it is the relevant employee that is responsible for routing the complaint to the appropriate stage for resolution rather than the complainant.
- Supports and promotes a culture, which encourages and enables feedback from individuals who use Avista.
- Supports and promotes a culture, which safeguards the rights of individuals who use Avista and where those who provide feedback are listened to, and treated with dignity, courtesy and empathy.
- Promotes a culture in which individuals who use Avista and the organisation have an equal voice and considered of equal importance in the feedback process.
- Provides a feedback process where complaints are investigated thoroughly in an open, honest and transparent manner.
- Ensures communication with the individuals who use Avista is maintained throughout the feedback process.
- Ensures complainants and staff are provided with support throughout the complaints management process.
- Ensures where issues in service support are identified, these are acknowledged to the complainant, an apology is provided and action taken were appropriate.
- Ensures management and staff have the knowledge and skills to effectively manage feedback.
- Learns from feedback and this learning informs service improvement planning and delivery.

- Provides a feedback process that complies with Data Protection and Freedom of Information Legislation.

At any stage of the process individuals providing feedback can contact the Office of the Ombudsman at:

Office of the Ombudsman
6 Earlsfort Terrace
St. Kevin's
Dublin 2 D02 W773
Tel: +353-1-639 5600
Lo-call: 1890 223030
Fax: (01) 639 5674

Ombudsman for Children's Office
Millennium Houses
52-56 Great Strand Street
Dublin 1
Tel: 01-8656800

3. Scope of Policy:

This policy applies to individuals who use Avista, parents/guardians, carers, advocates, members of the public and other key stakeholders.

It is important to state this policy is not an appropriate mechanism for dealing with certain feedback such as staff grievances, allegations of and/or safeguarding concerns, Dignity at Work, the right to be treated without discrimination on all the grounds set out in legislation. The organisation has specific policies under which such matters should be raised. Upon initial examination of the feedback, the Designated Complaints Officer will determine which process is appropriate.

4. Roles and Responsibilities:

It is the role and duty of all management and staff to:

- Comply with this policy.
- Ensure that this policy is implemented and adhered to in their area, and that the rights and legitimate interests of individuals who use Avista and staff are protected.
- Promote a culture and attitude that welcomes feedback and supports the effective and timely resolution of complaints received.
- Ensure that information on how to provide feedback is accessible and made widely available throughout all service locations.
- Provide an efficient, effective, fair and accessible system for handling feedback.
- Support stakeholders in the implementation of the policy.
- Reflect on feedback for the purpose of improving quality of service delivery.
- Collate and analyse data for the purpose of learning and improving the quality-of-service delivery.

Appendix 1 provides a detailed description of individual roles and responsibilities directly related to this policy.

5. Key Principles and Components of Policy:

a. Who Can Provide Feedback?

Anyone can provide feedback in relation to comments or compliments, and in accordance with Section 46 Part 9 of the Health Act (2004), the following can make a complaint:

- Any person who is being or was provided with a service by the organisation.
- Any person who is seeking or has sought provision of such service.

The complaint can be about any action of the organisation that

- (a) It is claimed, does not accord with fair and sound administrative practice, and
- (b) Adversely affects or affected that person.

An action does not represent fair or sound administrative practice if it is:

- Taken without proper permission or authority.
- Taken for unnecessary reasons.
- The result of negligence or carelessness.
- Based on incorrect or incomplete information.
- Discriminatory.
- Based on bad administrative practice.

If a person is entitled to make a complaint, but is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by:

- (a) A close relative or carer of the person.
- (b) Any person who, by law or by appointment of a court, has the responsibility of the affairs of the person.
- (c) Any legal representative of the person.
- (d) Any other person 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 by that person who, at the time of the action in relation to which the complaint is made, was a close relative, or carer of that person.

In the event of a complaint being made on behalf of a third party the manager of the service where the complaint is lodged must endeavour to ensure, where appropriate, that the complaint is being made with the consent of the third party.

b. How to Provide Feedback:

Individuals who use Avista /their advocate can provide feedback (comment, compliment or complaint) about any aspect of Avista in any of the following ways:

- Talk to a staff member.
- Write to the Designated or Lead designated Complaints Officer (contact details available in each service area).

- Email feedback to the service (contact email will be available in each service area).
- Complete a feedback Form (Appendix 6) and give to a member of staff, or leave it in the identified areas provided in the location that they are receiving services

c. Principles of good complaints handling:

1. Open Disclosure.
2. Commitment to resolution.
3. Accessibility.
4. Responsiveness.
5. Transparency and Accountability.
6. Privacy and Confidentiality.
7. Quality Improvement.

d. Confidentiality/Data Protection:

Maintaining privacy and confidentiality of individuals who use Avista, parents/guardians, carers, and members of the public information is a basic principle of managing complaints. It is the role of all Avista employees to ensure that privacy and confidentiality is maintained.

The General Data Protection Regulation 2016 and the Data Protection Bill 2018 place an obligation on Avista staff to safeguard the right of individuals in relation to the processing of their personal data. This applies to both personal data of individuals who use Avista and staff. Under the Data Protection legislation, personal information should only be used or disclosed for the purpose for which it was collected for, or another directly related purpose. Feedback information required for reporting and statistical purposes will be anonymised and all identifiable data will be removed.

However, the principles of natural justice and fairness require that any persons directly affected by a complaint be:

- Informed of the complaint and provided with an opportunity to respond.
- Informed of the conclusions reached following investigation of the complaint and of the findings which informed these conclusions, and
- afforded the opportunity to respond to any adverse findings.

e. Anonymous Complaints:

Avista advocate that complainants provide contact details when making a complaint to enable appropriate validation, follow-up and investigation. It is the policy of Avista to review the complaint within the limitations of the information provided to assure that the welfare of individuals who use Avista is not at risk and that action is taken, as appropriate.

f. Unreasonable Complainant Behaviour:

The behaviour of a individuals who use Avista, parent/guardian, carer, advocate or member of the public will not be regarded as unacceptable just because he/she may be forceful or determined.

Complainants who display difficult behaviour may still have a legitimate complaint, which will be dealt with in accordance with this policy.

If the behaviour of a complainant causes a problem, he/she must be clearly told what the unacceptable behaviour is. Threatening or abusive behaviour is not accepted by the service. Avista does and will continue to take steps to protect employees in circumstances where the behaviour of individuals who use Avista, parents/guardians, carers, advocates, members of the public is threatening or abusive.

g. Apology and Redress:

Redress will be a consideration as part of the management of feedback. Redress is a commitment to acknowledge, apologise and explain when things go wrong and put things right quickly and effectively.

Where failures in the delivery of support and care to individuals who use Avista have been identified, these failures must be acknowledged to the individuals who use Avista/complainant and a meaningful apology provided. Principles of Apology and Redress to complainant are set out in Appendix 7

h. Consent:

The review, investigation, management and approach to the resolution of a complaint should be undertaken with the knowledge and consent of the individuals who use Avista.

i. Advocacy:

All complainants have a right to appoint an advocate to assist them in making their complaint, and to support them in any subsequent processes in the management of that complaint.

Throughout the process the Designated Complaints Officer must ensure that they provide to the complainant the option of a person outside of the process that is available to them or otherwise to arrange for such practical assistance to a complainant, as is necessary, for the person to:

- Make a complaint, in the required way.
- Request a review in a case where they are dissatisfied with recommendations made, or
- refer the matter to the Ombudsman, or where appropriate, the Ombudsman for Children); and
- where appropriate, assist a person making or seeking to make a complaint, subject to their agreement, to identify another person who could assist with the making of the complaint.

A staff member or a trusted person may also be an advocate for individuals who use Avista wishing to make a complaint, if it is possible to do so within the principles of advocacy as listed below:

- Before deciding to advocate on behalf of a complainant, staff must ensure that they are in a position to advocate impartially and fairly.

- Staff acting as advocates should have no previous involvement in the actions complained of, or in the examination/investigation of the complaint.
- Staff should not feel compelled to act as an advocate where they do not feel competent or supported to do so, and must ensure that they direct the individuals who use Avista to appropriate advocacy supports.
- Any form of advocacy used must be agreeable to both the complainant and the Service.

The National Advocacy Service (NAS) for People with Disabilities provides an independent, confidential and free, representative advocacy service that works exclusively for the person using the service.

If required the services of an outside independent advocate may be sourced for the complainant;

Details of the National Advocacy Service are listed below.

The National Advocacy Service for People with Disabilities can be contacted on 0761 07 3000.

Email: info@advocacy.ie

National Advocacy Service for People with Disabilities,
National Office,
C/O Citizens Information Board
George's Quay House
43 Townsend Street
Dublin 2
D02 VK65

In addition to the above Advocacy Service as noted in Stage 4 above the HSE have appointed a Confidential Recipient.

The Confidential Recipient can be contacted as follows:

The Office of the Confidential Recipient for Vulnerable Persons

Training Services Centre, Dooradoyle, Limerick.

Lo Call 1890 100 014, Monday to Friday, 9.00am to 5.30pm

Mobile 087 6657269

Email: leigh.gath@hse.ie

6. Complaints Management Procedure:

Every complaint requires a response. However, every complaint is different so the approach to investigation and resolving it will be dependant on the nature of the complaint and the issues raised. Complaint management should be conducted in a way that is proportionate to the nature and degree of seriousness of the complaint.

Outlined below are four distinct stages of the Avista Complaints Management Process:

Where a complaint is withdrawn, the Designated Complaints Officer may bring this to the attention of the Lead Designated Complaints Officer to determine if the investigation into the matter should continue.

At any stage a complainant can raise their complaint with an appropriate external agency. However, individuals are encouraged and supported to use all internal avenues available first. A list of external agencies will be available from local service/designated centre.

Stage 1 of Complaint Management Process:

Avista seeks to resolve complaints as early as possible and ideally at the first point of contact.

All staff have a responsibility to respond positively and appropriately to anyone who provides feedback, and to try to resolve the complaint at first point of contact.

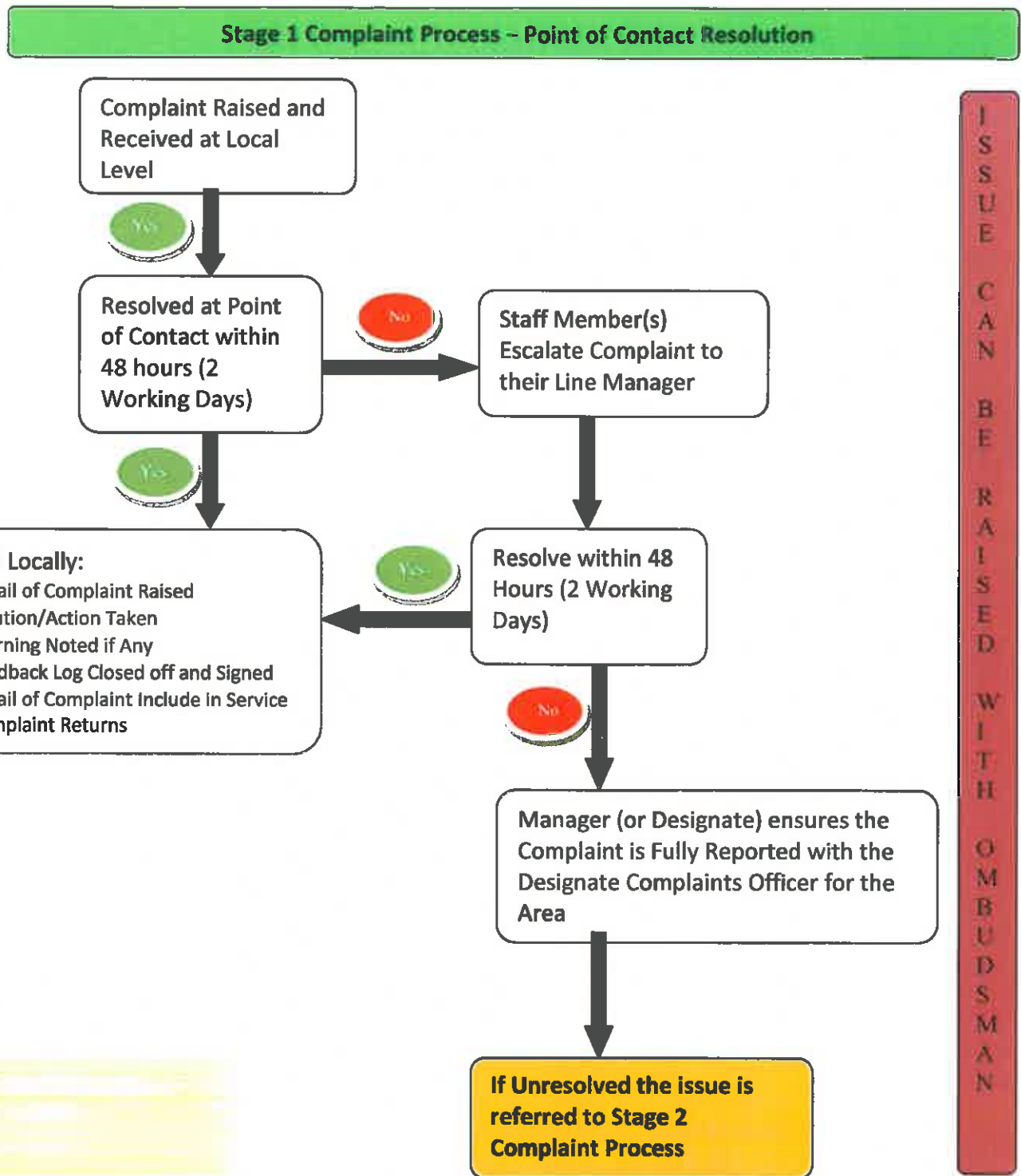
Stage 1 seeks to resolve the complaint locally and informally within 48 hours (2 working days). All complaints resolved in this way must be fully reported and logged in the local feedback record system. Some actions may be agreed once the complaint has been resolved locally within the 48 hours/2 working days. These actions are agreed with the complainant, are documented in the local feedback, logged and agreed dates of actions to be achieved and persons responsible to complete those actions are identified. Actions from a complaint raised by individuals who use Avista may require to be documented into the person's plan of care as follow up to the complaint made and agreed action to resolve the issue.

If a complaint is specific to a staff member the matter should be raised with the manager of the service or more senior Manager designate if the matter relates to the manager of the service. Particular care, caution and sensitivity must be exercised in circumstances, where the good name, reputation and rights under natural justice of a staff member may arise in the context of an initial and as yet unsubstantiated complaint.

If the complaint is not resolved within 48 hours, the complaint will be referred to the Designated Complaints Officer and will be considered under Stage 2 of the complaints process.

More serious or complex complaints may need to be addressed immediately under Stage 2. These complaints need to be referred on to the Designated Officer immediately.

Figure 1 summarises Stage 1 of the process available to raise a complaint



Stage 2 Complaint Process:

If a complaint takes longer than 48 hours (2 working days) to be fully dealt with it automatically falls into Stage 2. This includes issues that can be resolved locally, but outside the timeframe of Stage 1.

All complaints that fall into Stage 2 must be reported to the Designated Complaints Officer.

If a complaint is made against a Designated Complaints Officer, the complaint is dealt with by the Lead Designated Complaints Officer. If the complaint is made against the Lead Designated Complaints Officer(s) the complaint is dealt with by the Service CEO. If the complaint is made against the CEO, the issue will be raised with the Board of Directors.

The Designated Complaints Officer (or designate) must respond to the complainant(s) in writing within 5 working days. This communication must confirm that the complaint has been received and outline the steps and process proposed to review and resolve the issue(s) raised.

Complaint management should be conducted in a way that is proportionate to the nature and degree of seriousness of the complaint. There may be a need for an investigation and action(s) as appropriate.

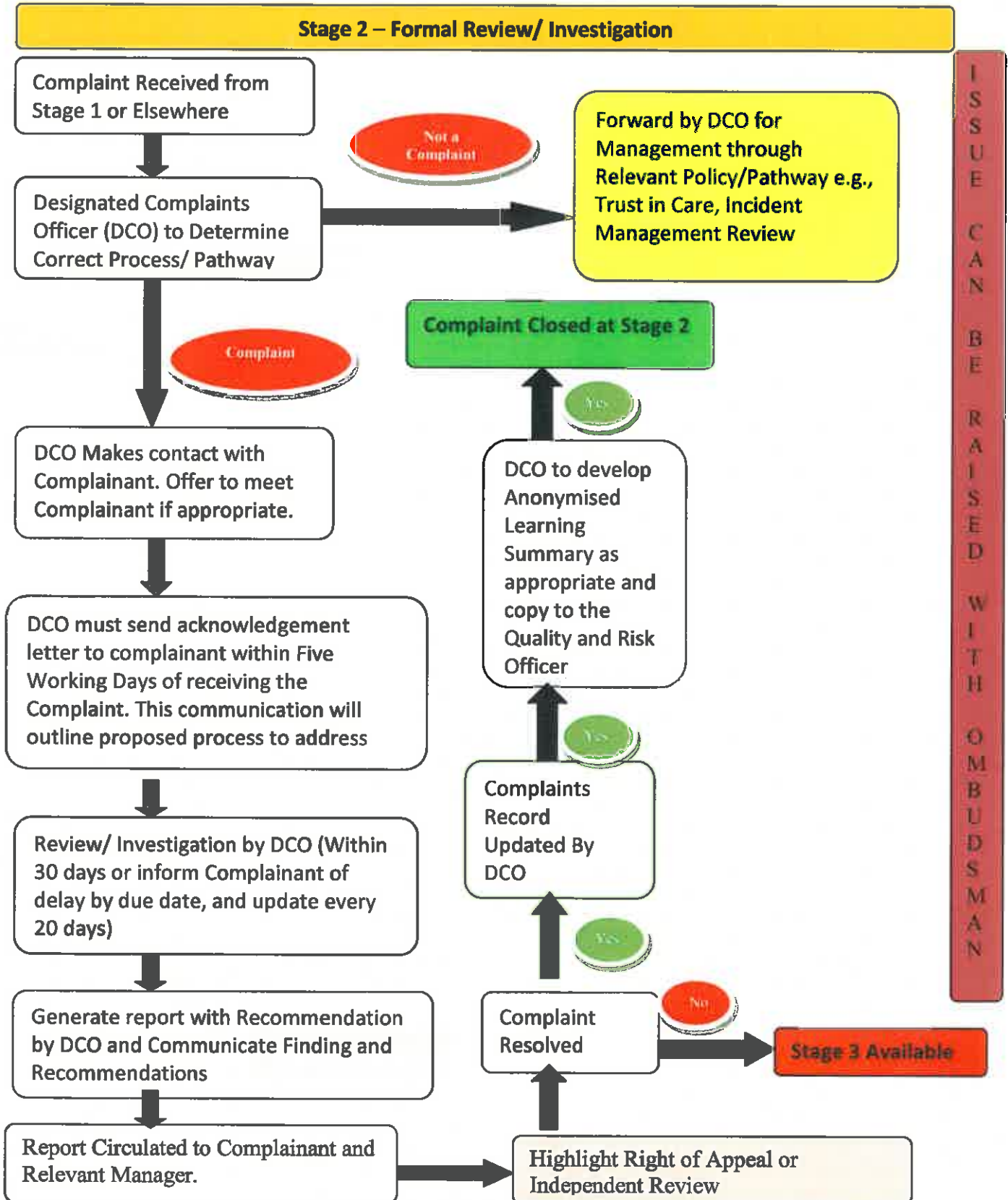
Within Stage 2, the target is that a full response to the complainant will be issued within 30 working days of receipt of the original complaint i.e., date issue(s) was raised at Stage 2. The local feedback log must be updated detailing all contacts/actions taken.

If the full response to the complaint cannot be provided within the 30 working days, this must be communicated to the complainant and they should be given a revised timeframe when the final response should be provided. Updates must be provided to the complainant every 20 days thereafter if required. If necessary, the Designated Complaint Officers may decide that they need to refer the complaint to a more senior level up to and including the ACEO (Lead Designated Complaints Officer).

Stage 2 concludes when a full response has been provided to the complainant and they have been given an opportunity to respond, and indicate if they are satisfied with the outcome. This is delivered through the generation of a report with recommendations. Where a complaint is not upheld, the recommendation of the Designated Complaints Officer is that the complaint is not upheld.

A complaint can be considered successfully resolved when a report and recommendations are complete, and all parties are in agreement with the report and recommendations. At this point the complaint is formally closed and the timeframe required resolving the complaint is updated on the local feedback report. The Designated Complaints Officer is also required to provide an anonymised learning summary as appropriate and copy to the Quality and Risk Officer.

The complainant may not be in agreement with the proposed recommendations. If the complainant is not happy with the outcome and still wishes to pursue the complaint, they can raise the issue and response they received for internal review which is Stage 3 of the process.



If the complainant is dissatisfied with the outcome or recommendations of Stage 2, they can request that the complaint is reviewed by the Lead Designated Complaints Officer or designate.

In raising the matter to Stage 3, the complainant may make direct contact with the Lead Designated Officer (or designate). The Designated Complaints Officer (or designate) must ensure that the Lead Designated Officer is provided with clearly documented details of the complaint and how it has been managed to date.

The Lead Designated Complaints Officer must write to the complainant within 5 working days of receiving the request to review the complaint informing the complainant of the Stage 3 process.

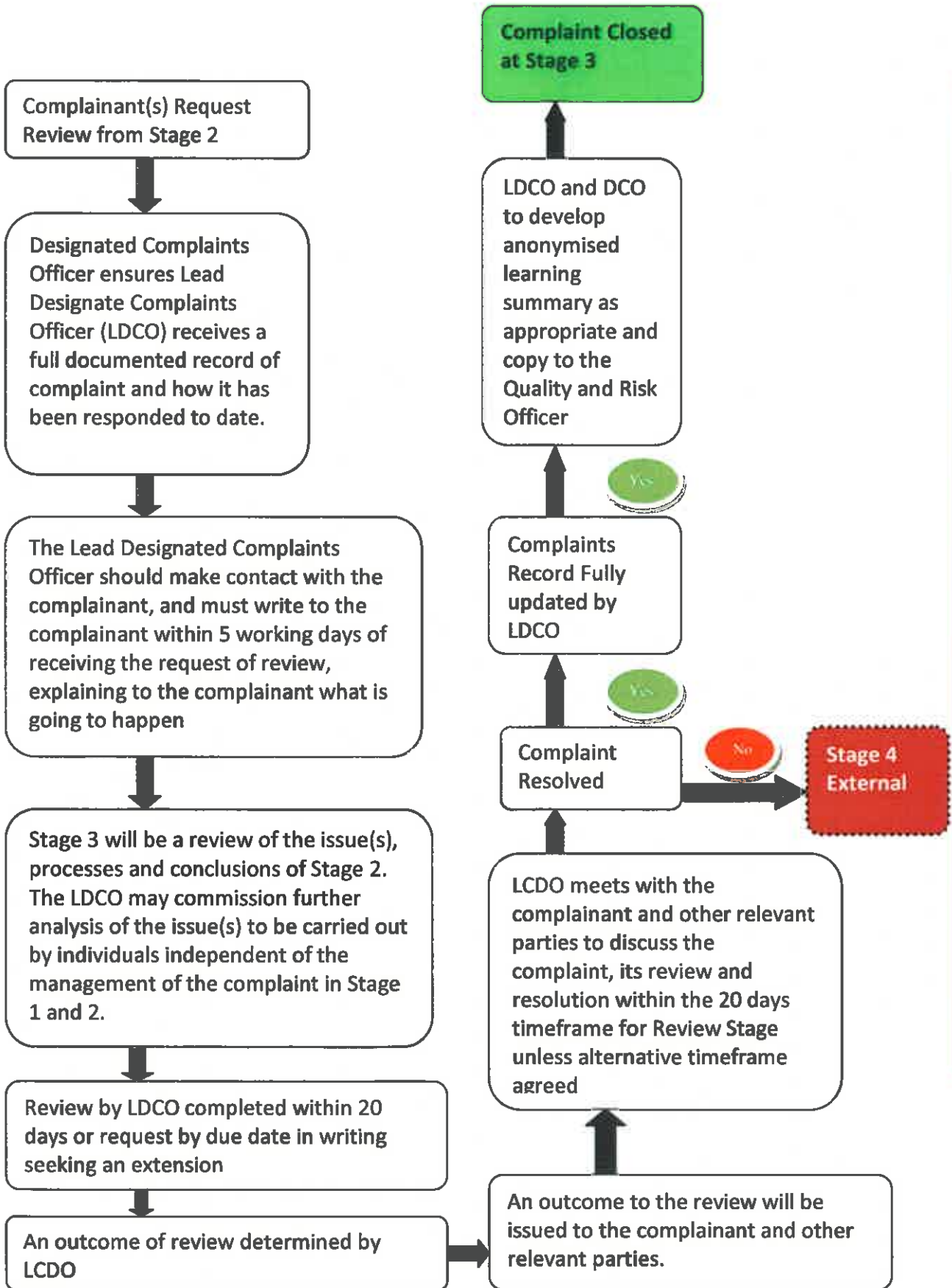
Stage 3 Complaints Process:

This stage will review the issue(s), processes and conclusions of Stage 2. The Lead Designated Complaints Officer may commission further analysis of the issue(s) to be carried out by individuals independent of the management of the complaint in Stage 1 and 2.

An outcome to the review will be issued to the complainant and other relevant parties. The Lead Designated Complaint Officer will meet with the complainant and other relevant parties to discuss the complaint, its review and resolution within 20 days. A complaint can be considered successfully closed when further to furnishing a written report all parties are in agreement with the report and recommendations on reviewing the complaint. At this point the complaint is formally closed and the complaints report updated to this effect.

If the complainant is not in agreement with the outcome of the review completed at Stage 3, they can raise the issue and response they received for external consideration which is Stage 4 of the process.

Stage 3 of Complaint Process – Internal Review/ Appeal



ISSUE CAN BE RAISED WITH OMBUDSMAN

Stage 4 Complaints Process:

At any stage a complainant can raise their complaint with an appropriate external agency for independent review. However, the organisation encourages individuals who have issues to use all internal avenues available first. If on completion of Stage 2 and 3 the complainant is not satisfied with the response provided by the organisation, the organisation encourages the complainant that they raise the issue with an appropriate external agency such as the HSE, Office of the Ombudsman or the Ombudsman for Children or the other relevant professional or regulatory bodies.

Stage 4– External Independent Review/External Review

The Complainant should raise the matter with the HSE or with the Office of the Ombudsman/Ombudsman for Children's Office or the other relevant professional or regulatory bodies.

The Confidential Recipient is a voice for vulnerable adults with a disability or older persons receiving services from the HSE or organisations funded or partially funded by the HSE. The role is in place to receive concerns and allegations of abuse, negligence, mistreatment or poor care practices in HSE or HSE funded residential care facilities in good faith from patients, persons who use the service, families, other concerned individuals and staff members. The Confidential Recipient role is independent and will have the authority to examine concerns raised to:

- Advise and assist individuals on the best course of action to take to raise matters of concern.
- Assist with the referral and examination of concerns.
- Ensure that these matters are appropriately addressed by the HSE and its funded agencies.

The Office of Confidential Recipient for
Vulnerable Persons
Training Services Centre
Doora Doyle
Limerick

LoCall 1890100014 Monday to Friday
9.00am to 5.30pm
Mobile 087 6657269
Email leigh.gath@hse.ie

Ombudsman for Children's Office
Millennium House
52-56 Great Strand Street
Dublin 1
Tel: 01-8656800

Office of the Ombudsman
6 Earlsfort Terrace
St Kevin's Dublin 2 D02 W773
Tel: +353-1-639 5600
Lo-call: 1890 223030
Fax: (01) 639 5674

Feedback and Complaints from Children:

Children may also make a complaint about any aspect of the service they have received. Their complaints must always be taken seriously and responded to appropriately.

Suitable communication tools must be developed to enable children to be fully aware of their right to complain and to inform them of the complaints process.

Children are to be made aware by Avista of any appropriate advocacy supports. At all times, care must be taken to ensure that children are appropriately assisted and supported to make a complaint and to partake in the management of the complaint. The level of support required will be dependent on the age and ability of the child.

The welfare of the child is paramount at all times and when the recipient of a complaint from a child is concerned about the safety and wellbeing of the child, that person must ensure that they act appropriately in the best interest of the child and to appropriately implement Children First.

The process for dealing with complaints from children will follow the same procedures as outlined in this policy. However, a formal procedure may not always be the most appealing way for children to voice complaints. Therefore, local complaints procedures must place adequate emphasis on informal ways of dealing with complaints from children where required. All complaints need to be logged in the feedback log.

Where the complaint cannot be resolved at the point of contact and the complaint was made by a child on his/her own behalf, if an investigation is required, the Designated Complaints Officer must inform the parent(s)/legal guardian of the complaint and the intention to investigate and involve the parent(s)/legal guardian of the child in the investigation process.

If the child disagrees with the involvement of the parent(s)/legal guardian, the Designated Complaints Officer must try to establish any underlying issues and identify the best approach for managing the complaint that is in the best interest of the child, while having regard to the rights of the parents as enshrined in the Articles of the Constitution dealing with the Rights of the Family.

Children must be made aware of the right to complain to the Ombudsman for Children, or to have the outcome of their complaint reviewed by the Ombudsman for Children that may accept complaints directly from Children up to and including 18 years of age.

How to respond to a Compliment:

In addition to positively responding to complaints and learning from this feedback it is equally important compliments received by the organisation are formally gathered and the learning from these shared across the organisation.

To support this being achieved if you received positive feedback you should ensure:

- You advise your line manager of compliment received and all other colleagues as appropriate to do so.
- All compliments received should be logged in the local Feedback Report Book as outlined in section 6.4.
- Feedback received and any learning it provided at your next team meeting.

Analysis and Learning from Complaints/Compliments process:

- Each Service Area/Department will have a local Feedback Report Book.
- All feedback (Complaints and Compliments) should be clearly logged in this Feedback Report Book in a timely manner.
- Relevant sections should be completed and updated relevant to the feedback provided.
- The Manager/ Head of Department must regularly review the Feedback Report Log and ensure all feedback for their area is:
 - Managed in line with Avista policy.
 - Evidences that all feedback is appropriately being responded to and acted upon.
 - Learning from feedback is discussed at team meeting and shared within the organisation as appropriate.
- Care, caution and sensitivity must be exercised in circumstances, where the good name, reputation and rights under natural justice of an individual (staff member and/or person who uses Avista may arise in the context of an initial and as yet unsubstantiated complaint. Managers need to ensure all complaints of such nature are managed sensitively and appropriately, and documented confidentially in a separate log that is maintained by the Manager.
- The Manager/Head of Department must ensure summary data from all feedback received is reported quarterly to their Manager and the relevant Quality and Risk Officer.

In addition to this ongoing monitoring of feedback across services feedback will take place in the following ways:

- Review and reflection of all feedback at all house/department meetings.
- Review and reflection of all feedback at all manager meetings.
- Review and reflection of all feedback at Regional Manager, Service Co-ordinating meetings and Executive meetings.
- Analysis completed quarterly at a minimum and provided through the governance structure of the organisation up to the Board of Directors via Quality and Risk Committee to include:
 - Annual review and analysis of feedback trends completed across the services that includes:
 - The total number of complaints/compliments received.
 - The nature of the complaints/compliments received.
 - The number of complaints resolved by informal means.

- The outcome of any investigations into the complaints.
- Any learning or recommendations for service areas generated from the management of complaints/compliments.
- Quarterly Reports will be submitted to HSE on complaints as per Service Level Arrangement (SLA).

7. Guidelines on dealing with complaints that fall out of the timelines within the Health Care Act 2014:

A Designated Complaints Officer may extend the time limit for making a complaint if in the opinion of the Designated Complaints Officer special circumstances make it appropriate to do so. These special circumstances include, but are not exclusive to the following:

- a) If the complainant is ill or bereaved.
- b) If new, relevant, significant and verifiable information relating to the action becomes available to the complainant.
- c) If it is considered in the public interest to investigate the complaint.
- d) If the complaint concerns an issue of such seriousness that it cannot be ignored.
- e) Diminished capacity of the person who uses Avista at the time of the experience e.g., mental health, critical/long term illness.
- f) Where extensive support was required to make the complaint and this took longer than 12 months.
- g) If the complainant was living abroad and unable to make the complaint within the 12 months' timeframe.

8. Definitions:

Feedback:

Feedback consists of the views and opinions of persons who use Avista on the care that they have experienced. This may include a comment, compliment, of complaint.

Comment:

A verbal or written remark expressing an opinion or reaction.

Enquiries:

An enquiry is a request for information, clarification etc., that may be resolved/responded to straight away or by the end of the next working day. These are not reported as complaints and fall outside the complaints' management arrangements.

Complaint:

A complaint is an expression of dissatisfaction by a stakeholder or member of the public about an organisations action or lack of action, or about the standard of service provided by or on behalf of the organisation.

The Health Act 2004 defines a complaint as:

"A complaint means a complaint made about an action of the Executive or a Service provider that, it is claimed does not accord with fair or sound administration practise, and adversely affects the person by whom, or on whose behalf, the complaint is made"

Complainant:

Person making the complaint.

Compliment

An expression of praise, commendation or admiration.

Designated Complaints Officer:

Within Avista each service area department will have a Designated Complaints Officer for the relevant centre or location or group of staff. See contact details of Designated Complaints Officer in Appendix 1.

The Designated Complaints Officer carries out tasks specifically assigned to them in the Complaint Management Procedure. These specific roles and responsibilities of the Lead Designated Complaints Officer are detailed in Appendix 3.

If a complaint is made against a Designated Complaints Officer, the complaint is dealt with by the Lead Designated Complaints Officer.

Lead Designated Complaints Officer:

Within Avista each region has a Lead Designated Complaints Officer. See contact details of Lead Designate Complaints Officer in Appendix 1. The Designated Lead Complaints Officer carries out tasks specifically assigned to them in the Complaint Management Procedure.

Specific roles and responsibilities of the Lead Designated Complaints Officer are detailed in Appendix 3. If the complaint is made against the Lead Designate Complaints Officer(s) the complaint is dealt with by the organisation's CEO.

If the complaint is made against the CEO, the issue can be raised with the Board of Directors.

Advocate:

An advocate is somebody who can act on the individual making the complaints behalf when dealing with the organisation. An advocate can represent the views of those seeking information or making complaints when required.

Close Relative:

Section 45 of the Health Act 2004 defines "Close Relative" as a person who is:

- A parent, guardian, son, daughter or spouse of the other person, or
- is cohabitating with the other person.

9. Related Legislation and Policies:

This policy should be read in conjunction with the following related policies:

- DOCS 010 Incident Management Policy.
- DOCS 020 Policy for the Protection and Welfare of Vulnerable Adults.
- DOCS 030 Grievance/Disciplinary Policy.
- DOCS 050 Records Management Policy.
- DOCS 055 Informed Decision Making and Consent.
- DOCS 061 Communication Policy.

- DOCS 011 Guidelines to Support Persons with Behaviours of Concern.
- DOCS 020 Procedures for the Protection of Children and Vulnerable Adults and the Management of Abuse.
- DOCS 062 Child Protection Policy.
- HSE Trust in Care Policy, 2005.
- HSE Your Service, Your Say policy, 2018.
- HSE Open Disclosure Policy, 2019.
- DOCS 085 Data Protection Policy and Procedures.

This policy is guided by the following statutory requirements:

- Part 9, Health Act 2004.
- Health Act 2004 (Complaints) Regulations 2006.
- Health Act 1970.
- Health Act 2007, (Care and Support of Residents in Designated Centres for Persons (children and adults) with disabilities) Regulations 2013.
- Mental Health Act 2001.
- Disabilities Act 2005.
- Health and Social Care Professionals Act 2005.
- Medical Practitioners Act 1978.
- Nurses Act 1985.
- Comhairle (Amendment) Bill 2004.
- Freedom of Information Act 2014.
- Data Protection Acts 1988-2018.
- Defamation Act 1961.
- Ombudsman's Act 1980-1984.
- Ombudsman for Children Act, 2002.
- Equal Status Acts 2000 – 2004.
- Safety, Health and Welfare at Work Act 2005.
- Misuse of Drugs Act, 1977.

10. Monitoring, Review and Audit of the policy:

Avista organisational policies and supporting procedures and guidelines are reviewed at minimum ever three years. Policies will be reviewed more frequently if required, and in line with feedback and/or regulatory or legislative requirements.

11. Reference Documents:

Your Service Your Say - The Management of Service User Feedback for Comments, Compliments and Complaints HSE Policy 2017

If you have any queries relating to this policy, please contact you line manager or email the Lead Policy Owner.

12. APPENDICES:

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Appendix 1: Designated Complaints Officers and Lead Designated Officers Avista:

Designated Complaints Officer St. Vincent's Centre Navan Road	Mary Reynolds, Service Manager, St. Vincent's Centre, Navan Road, Dublin 7. Tel No: 01-8245300 Email: mary.reynolds@docservice.ie
Designated Complaints Officer St. Joseph's	Eilis Madden, Service Manager St. Joseph's, Clonsilla, Dublin 15. Tel No: 01-8248600 Email: eilish.madden@docservice.ie
Designated Complaints Officer Community Residential Services Dublin	Mary Lucey Pender, Service Manager, Unit 4a Techport, Coolmine Industrial Estate, Dublin 15. Tel No: 01-8223801 Email: mary.lucey@docservice.ie
Designated Complaints Officer Training, Enterprise and Employment (Dublin)	Elaine Nolan, Service Manager, Training Enterprise and Employment Services, Coolmine Industrial Estate, Dublin 15. Tel No: 01-8213226 Email: elaine.nolan@docservice.ie
Designated Complaints Officer St. Louise's Centre	Michael Stokes, Service Manager, St. Louise's Centre, Navan Road, Dublin 7. Tel No: 01-8245300 Email: michael.stokes@docservice.ie
Designated Complaints Officer Children Services, Dublin	Theresa O'Loughlin, Service Manager, Oakridge, Clonsilla Road, Dublin 15. Tel No: 01- Email: theresa.oloughlin@docservice.ie
Designated Complaints Officer St. Vincent's Centre Lisnagry	Breda Noonan, Service Manager, St. Vincent's Centre, Lisnagry, Limerick. Tel No: 061 501400 Email: breda.noonan@lim-docservice.ie

<p>Designated Complaints Officer Training, Employment and Enterprise. Limerick</p>	<p>John O’Callaghan, Service Manager, The Gate Lodge, St. Vincent’s Centre, Lisnagry Limerick. Tel No: 061 501454 Email: john.ocallaghan@lim-docservice.ie</p>
<p>Designated Complaints Officer Community Residential Services Limerick</p>	<p>Imelda Dillane, Service Manager, The Gate Lodge, St. Vincent’s Centre, Lisnagry, Limerick., Tel No: 061 501454 Email: imelda.dillane@lim-docservice.ie</p>
<p>Designated Complaints Officer East Limerick Children’s Service</p>	<p>Clinical Manager, East Limerick Children’s Services, Unit 4, Crossgalla, Eastway Business Park Ballysimon Rd, Co. Limerick Tel No: (061) 603 400 Email: http://www.eastlimerick.ie</p>
<p>Designated Complaints Officer St. Anne’s Residential Services</p>	<p>Catherine Linden, Service Manager, St. Anne’s Centre, Sean Ross Abbey, Roscrea, Tel No: 050 522046 Email: catherine.linden@lim-docservice.ie</p>
<p>Designated Complaints Officer St. Anne’s Day Services</p>	<p>William Ring, Service Manager, St. Anne’s Centre, Sean Ross Abbey, Roscrea. Tel No: 050 522046 Email: william.ring@stannes.ie</p>
<p>Designated Complaints Officer For MDT Personnel (East Limerick/North Tipperary)</p>	<p>Geraldine Galvin, Quality and Risk Officer, Avista, Limerick/North Tipperary, St. Vincent’s Centre, Lisnagry, Limerick. 061-501464 geraldine.galvin@lim-docservice.ie</p>

Designated Complaints Officer For MDT Personnel (Dublin)	Anne Farrelly, Quality and Risk Officer Avista, St. Vincent's Centre, Navan Road, Dublin 7. Tel No: 061-501464 Email: anne.farrelly@docservice.ie
Lead Designated Complaints Officer (Dublin)	Lorraine Macken, Assistant Chief Executive Officer, Avista, St. Vincent's Centre, Navan Road, Dublin. Tel No: 061-501464 Email: lorraine.macken@docservice.ie
Lead Designated Complaints Officer (Limerick/Roscrea)	Michelle Doyle, Assistant Chief Executive Officer, Avista, Limerick/North Tipperary, St. Vincent's Centre, Lisnagry, Limerick. 061-501464 michelle.doyle@lim-docservice.ie

Appendix 2: Template for Designated Complaint Officer:

Avista

Name of Service:

Name of Designated Complaints Officer:

Contact Telephone Number:

Contact Email:

Name of Lead Designated Complaints Officer:

Contact Telephone Number:

Contact Email:

Appendix 3: Detailed Outline of Role and Responsibilities:

Role of Board of Directors and Executive Management Team:

- Ensure Avista is compliant with Part 9 of the Health Act 2004.
- Ensure that Avista Management and staff are aware of, and comply with this policy.
- Ensure that the feedback process is clearly articulated, open and accountable to both staff and persons who use Avista.
- Ensure the strategic decision making is informed by persons who use Avista feedback data.
- Ensure this Policy is established, monitored and reviewed accordingly.
- Ensure that analysis of comments, compliments and complaints inform and influence organisational strategies, planning and organisational improvements.
- Ensure all individuals who have made a complaint is not adversely affected by reason of the complaint having been made

Role of the Chief Executive Officer:

- Implement and maintain an efficient and effective feedback system, which will ensure recording and tracking of data, in particular complaints management.
- Ensure feedback is appropriately assessed to generate action from the appropriate level.
- Ensure staff are aware of their responsibilities in relation to receiving and managing persons who use Avista feedback and understand their role.
- Ensure Designated Lead Complaints Officers for specific geographic area are in place.
- Provide performance reports in relation to the management of feedback.
- Identify trends and system issues in comments, compliments and complaints.
- Ensure that the lessons learned from feedback are used to improve the service, and are implemented and shared at a local, regional and national level.
- Ensure all individuals who have made a complaint are not adversely affected by reason of the complaint having been made

Role of Assistance Chief Executive Officer(s):

- Implement and maintain an efficient and effective feedback system, which will ensure recording and tracking of data in their geographic area of responsibility.
- Ensure feedback is appropriately assessed to generate action from the appropriate level in their geographic area of responsibility.
- Ensure staff in their area are aware of their responsibilities in relation to receiving and managing persons who use Avista feedback and understand their role.
- Carry out the role of the **Lead Designate Complaints Officer** as appropriate and in line with process within their respective areas.
- Delegate Designate Complaints Officers in their respective administrative areas.
- Ensure issues identified through analysis of persons who use Avista feedback are used for learning and shared at a local and regional level.
- Provide performance reports in relation to the management of feedback.
- Identify trends and system issues in comments, compliments and complaints.
- Act as the Liaison Officer with the Ombudsman and Ombudsman for Children's Office in relation to all complaints received by those respective offices.

- Ensure that the lessons learned from feedback are used to improve the service and are implemented.

Role of the Quality, Risk and Safety Department:

- Be a champion for the feedback process in particular the complaints and compliments management process through an active and visible leadership role with key involvement in education, training and reporting.
- Ensure that a comprehensive system for the management of persons who use Avista feedback is in place and implemented throughout Avista.
- Ensure an effective communication process is in place to inform persons who use Avista of the organisation's feedback process and, in particular complaints management.
- Ensure an effective process for the management and evaluation of complaints exists and is communicated throughout Avista.
- Ensure appropriate reporting systems are in place between Avista and the Health Service Executive (HSE) in accordance with Part 9, Section 55(2) of the Health Act 2004.
- Prepare an annual report on complaints and compliments; identifying trends, key performance compliance and learning.
- Provide assurance by carrying out complaint and compliment management performance reviews and audits across Avista.
- Ensure that the lessons learned from feedback are used to improve the service and are implemented.
- Ensure all individuals who have made a complaint are not adversely affected by reason of the complaint having been made.

Role of Designated Complaints Officers:

The Designated Complaints Officer must ensure that they arrange for practical assistance to the complainant as is necessary for the person to:

- Make a complaint, in the required way.
- Where appropriate, assist a person making or seeking to make a complaint, subject to their agreement, to identify another person who could assist with the making of the complaint.
- Refer the individual to the Lead designated Officer for consideration of complaint at stage 3 in a case where they are dissatisfied with a recommendation made at stage 2 or refer the matter to the Ombudsman, or where appropriate, the Ombudsman for Children under section 54(1);

The Designated Complaints Officer must ensure that:

- All complaints are appropriately responded to.
- A record is maintained of all complaints, including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied.
- Identify non excluded matter of the complaint and investigate.
- Ensure that any risks identified as part of a complaint are assessed and immediately notify the ACEO and Quality and Risk Officer of any higher risk complaints to ensure appropriate management and learning.
- Inform relevant parties of decision to extend or not extend timeframes.

- Where a complaint is withdrawn the Designated Complaints Officer may bring this to the attention of the Lead Complaints Officer to determine if the investigation should continue.
- Advise a person if a finding in the report is adverse to that person and afford them the opportunity to consider the finding and to make representation in relation to it.
- Make recommendations that may also support organisational learning and improvement.
- Liaise with the Quality and Risk Officer in their area to ensure that complaints and compliment management is linked with sustainable quality improvement.
- Submit reports as appropriate to the Quality and Risk Officer for their respective areas.
- Ensure all individuals who have made a complaint are not adversely affected by reason of the complaint having been made.

Role of the Service Manager/Head of Department:

- Ensure persons who use Avista and their family are aware of the feedback procedure as soon as is practical after admission.
- Ensure all staff members within their team are provided with the opportunity to read the policy, have opportunity to raise discuss and clarify any queries they have on the policy content
- Ensure all staff sign a form that they have both read and understood the content of this policy and a copy of this signed form is held locally
- Ensure that Avista feedback management process is effectively implemented throughout their administrative area and that the legitimate interest of persons who use Avista and staff are protected.
- Ensure that the managers in their administrative area have an appropriate complaints and compliment management system in place as defined in the Health Act 2004.
- Ensure that staff within their area of responsibility receives appropriate guidance in managing feedback and in particular complaints.
- Ensure that standardised persons who use Avista information, templates, forms etc., are available in in locations under their remit.
- Act as Designated Complaints Officer as appropriate and in line with specific tasks assigned to this role within the process for their respective areas.
- Support staff and persons who use Avista in the implementation of the complaints management process.
- Ensure all individuals who have made a complaint are not adversely affected by reason of the complaint having been made.

Role of Staff:

- Ensure staff are aware of Avista Complaints and Compliments Policy.
- Manage a complaint in a timely manner, either by dealing with it at the point of contact in line with the policy, or forward same to the Designate Complaints Officer for management.
- Participate in the investigation process of a complaint on the request of their line manager or the Designate Complaints Officer/Designate Lead Complaints Officer.
- Support and facilitate improvement initiatives within their service.
- Provide data relevant to complaints and compliments to their line manager as required.

- Ensure any individual who has made a complaint is not adversely affected by reason of the complaint having been made

Appendix 4: Policy Exceptions:

A complaint is excluded under Part 9 of the Health Act 2004 if it is in relation to any of the following:

- (a) A matter that is, or has been the subject of legal proceedings before a court of tribunal.
- (b) A matter relating solely to the exercise of clinical judgement by a person acting on behalf of either the Executive (HSE) or a service provider.
- (c) An action taken by the Executive (HSE), or a service provider solely on the advice of a person exercising clinical judgement in the circumstances outlined in (b) above.
- (d) A matter relating to the recruitment or appointment of an employee by the Executive (HSE) or a service provider.
- (e) A matter relating to, or affecting the terms or conditions of a contract of employment that the Executive (HSE), or a service provider proposes to enter into, or of a contract with an adviser that the Executive (HSE) proposes to enter into (includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures).
- (f) A matter relating to the Social Welfare Act.
- (g) A matter that could be subject of an appeal under Section 60 of the Civil Registration Act 2004.
- (h) A matter that could prejudice an investigation being undertaken by the Garda Síochána.
- (i) A matter that has been brought before any other complaints procedure established under an enactment (e.g., complaints made under Part 2 of the Disability Act, 2005).

In accordance with Part 9 of the Health Act 2004 a Designated Complaints office shall not investigate a complaint if:

- (a) The person who made the complaint is not entitled under Section 46 to do so either on the persons own behalf or on behalf of another.
- (b) The complaint is made after the expiry of the period specified or any extension of that period allowed.

A Designated Complaints Officer may decide not to investigate or further investigate an action to which a complaint relates if, after carrying out a preliminary investigation into the action, or after proceeding to investigate the action the officer:

- (a) Is of the opinion that:
 - The complainant does not disclose a ground of complaint as outlines in Section 46 Part 9 of the Health Action 2004.
 - The subject matter of the complaint is excluded by Section 48 of the Health Act 2004.
 - The subject matter of the complaint is trivial.
 - The complaint is vexatious or not made in good faith.
- (b) Is satisfied that the complaint has been resolved.

Management of Feedback; Complaints and Compliments Policy

Appendix 5: HSE Complaint Report Template:

Voluntary Organisation

Please note - the total number of recommendations made/implemented for a particular month will not add up to the total number of complaints. Recommendations might be implemented some after the original complaint and investigation.

Voluntary Organisation: Analysis of Complaints 2017												
Name and Address of Organisation	Compliments/Complaints											
Month	(i) Complaints received at end of last month	(ii) Complaints resolved this month	(iii) Total Complaints on hand current month	(iv) Full complaints excluded under Part 9 of the Health Act 2004	(v) Anonymous Complaints	(vi) Complaints dealt with Informally	(vii) Complaints Withdrawn	(viii) Written complaints dealt with within 30 working days of initial write Stage 2	(ix) Written complaints that took longer than 30 days to deal with	(x) Complaints Pending at end of Month	(xi) Complaints resolved through mediation	(xii) Complaints resolved through other means
January	0	0	0	0	0	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0	0	0	0	0	0
June	0	0	0	0	0	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
Jan - Mar	0	0	0	0	0	0	0	0	0	0	0	0
Apr - Jun	0	0	0	0	0	0	0	0	0	0	0	0
Jul - Sep	0	0	0	0	0	0	0	0	0	0	0	0
Oct - Dec	0	0	0	0	0	0	0	0	0	0	0	0

Please note - the total number of complaints under all categories for a particular month will not add up to the total number of complaints. One complaint could raise a number of different issues and also if there are included in different categories, e.g. a complaint about waiting time for a certain procedure and staff attitude/behaviour.

Compliments by Type															
Month	1 Accuses	2 Dignity and Respect	3 Safe and Effective Care	4 Satisfaction with Information	5 Participating	6 Privacy	7 Accessibility	8 Clinical judgement	9 Vexatious Complaints	10 Nursing homes / residential care for older people (65 and over)	11 Nursing homes / residential care for younger people (65 and under)	12 Pre-school inspection	13 Trust in Care	14 Children First	15 Safeguarding Vulnerable Persons
January	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jan - Mar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Apr - Jun	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jul - Sep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oct - Dec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

- i. Complaints received pending at end of last month:**
This section refers to the number of complaints that are on hand at the beginning of the month before the receipt of any new complaints. It is a direct correlation to the number of complaints that are on hand at the end of the previous month e.g., how many complaints are open at midnight on 31st December.
- This field will automatically be populated by the system once the first month of the year has been entered, therefore, it will not require further attention from the Designated Complaints Officer from February onwards.
- ii. Complaints received this month:**
This is the total number of all complaints received by the Designated Complaints Officer for the month in question.
- iii. Total Complaints on hand/open in current month:**
This figure is a total of the previous two columns and will automatically be entered when columns (1) and (2) are populated.
- iv. A full complaint excluded under Part 9 of the Health Act 2004:**
Complaints that fall outside of the scope of the complaints policy as detailed under Part 9, Section 48, e.g., a matter that is, or has been the subject of legal proceedings before a court or tribunal, but which may be dealt with by another process.

48.—(1) A person is not entitled to make a complaint about any of the following matters:

- (a) a matter that is, or has been the subject of legal proceedings before a court or tribunal;*
 - (b) a matter relating solely to the exercise of clinical judgment by a person acting on behalf of either the Executive or a service provider;*
 - (c) 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);*
 - (d) a matter relating to the recruitment or appointment of an employee by the Executive or a service provider;*
 - (e) 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;*
 - (f) a matter relating to the Social Welfare Acts;*
 - (g) a matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;*
 - (h) a matter that could prejudice an investigation being undertaken by the Garda Síochána;*
 - (i) a matter that has been brought before any other complaints procedure established under an enactment.*
- (2) Subsection (1)(i) does not prevent a Designated Complaints Officer from dealing with a complaint that was made to the Ombudsman or the Ombudsman for Children and that is referred by him or her to a Designated Complaints Officer.*

(3) *In relation to a contract referred to in subsection (1)(e) ‘terms or conditions’ includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures.*

v. Anonymous Complaints:

Complaints that have been received, but for which the source of the complaint is unknown.

As these complaints cannot be formally investigated, note as received and refer to the appropriate line manager for their information.

vi. Complaints dealt with informally:

This relates to complaints dealt with at Stage 1 of the complaints process deals i.e. at the point of contact and within 48 hours (2 working days).

vii. Complaints Withdrawn:

This refers to a complaint that has been noted on the system, but which subsequently is withdrawn by the complainant – no further investigation is conducted.

viii. Written complaints dealt with within 30 working days at Stage 2:

This relates to complaints dealt with at Stage 2 of Avista process. To fall into this category complaints need to have been resolved within the 30 working days at stage 2.

ix. Written complaints that took longer than 30 working days to deal with:

This relates to complaints that were dealt with at Stage 2 or 3 of Avista Complaints process. Complaints in this area took longer than 30 days to resolve.

x. Written complaints pending at end of month:

This category will automatically be populated by taking the totals from sections (iv) to (ix) and subtracting them from section (iii). As a Complaints Officer, you do not have to complete this section.

xi. Complaints resolved through mediation:

Regardless of which stage the complaint has been dealt with, if services of a qualified mediator were used it should be noted here. This will not have a bearing on the overall totals as they are included in sections (4) to (8).

A qualified mediator is someone with formal certification/qualification in mediation. If unsure check with your local Consumer Affairs Office or the National Advocacy Unit.

xii. Comments and suggestions:

Any comments or suggestions received by the Designated Complaints Officer should be noted here.

xiii. Positive Feedback:

All positive feedback received through any staff member regarding a service should be included in here. This includes feedback received throughout the organisation and is not specific to feedback received directly via the Designated Complaints Officer.

Appendix 6: Sample Feedback Form:

Name:

Contact Details

Organisation Location(s) Feedback Relates to:

Please detail Feedback:

If your feedback is a complaint, please outline how you see the matter resolved:

Date Feedback Provided:

Signature:

Appendix 7: Principles of Redress and Apology:

Saying sorry i.e., apologising/expressing regret is a key component in the management of complaints and in bringing the complaint to satisfactory resolution.

An early expression of regret or apology can minimise the possibility of a verbal complaint becoming a formal written complaint, or the further escalation of a formal written complaint to independent review, review by the Ombudsman or the litigation process.

An apology or expression of regret is essential in helping the complainant to cope with the effects of an event. It also assists staff in their recovery from event/incident in which they have been involved.

Expressing Regret:

e.g., “I am very sorry that you have had this experience and for the distress/disappointment which this has caused you. I can see that you are upset”.

“I am very sorry that the service did not meet with your expectations on this occasion and for the distress this has caused you. This must be disappointing for you”.

“I am sincerely sorry that this has occurred. It is clear that something went wrong and we intend to investigate this fully”.

The components of an apology:

1. **Acknowledgement:** of the issues raised and of the impact on the complainant – physical/emotional/social – it is important to be clear as to what you are apologising for.
2. **Explanation:** provide a factual explanation – do not speculate – do not cast blame onto others.
3. **Apologise:** should always include the words “I am sorry”. Must be sincere and empathetic.
4. **Must be personal to the individual and the situation. Must be timely and delivered by the right person.**
5. **Reassurance:** Provide reassurance regarding ongoing care and support, organisational/individual learning and quality improvement initiatives.
6. **Reparation:** Putting the situation right. Make reparation, as appropriate e.g., increased contact, referral for second opinion, organise support etc. The type of reparation required will vary depending on the type of event.

Note: An important part of reparation is the acknowledgement and apology, agreeing an action plan/recommendations with the complainant in relation to addressing the issues identified and implementing quality improvement initiatives arising from the investigation of the complaint. It is also important to keep the complainant updated in relation to the progress made with these recommendations/action plan.

An apology is not an admission of liability but an ethical and humane act.

However, you should be careful:

- Not to apportion blame.
- Not to speculate as to what happened.
- To be professional, empathic and courteous.
- To avoid using legal terms such as “liability” and “negligence”.

Certain phrases should be avoided during an apology or expression of regret. This is to ensure that only known facts are communicated to the complainant. Hearing the word ‘sorry’ in an apology or expression of regret is very important to persons who use Avista, who have been harmed and also to their family/support persons. However, any insincerity, real or perceived, can have the opposite effect. It is important to realise that people harmed during care are likely to have a heightened emotional sensitivity.

Some examples of wording to be avoided:

- So-called apologies that are vague, passive or conditional:
 - *'I apologise for whatever it is that happened'*
 - *'Mistakes were made ... mistakes happen'*
 - *'These things happen to the best of people...'*
 - *'If I did anything wrong, I'm sorry'*
 - *"We are sorry ...but the mistake certainly didn't change the outcome..."*
 - *"I know that this is awful for you.... but believe me, for me it is shattering"*

- Any speculative statements and apportioning of blame:
 - *'I would say that the night shift staff probably neglected to write down that you were given this medication...'*
 - **I am sorry that this has happened – I don't know what they were doing/how they could have missed this at xx Hospital**
 - *"I don't really know what happened it was probably due to"*
 - **I know that I made a mistake with the prescription but the nurse should have picked this up.**

- Try to avoid the words "**but**" and "**however**" as they often negate the first part of the sentence and can come across as defensive
 - *"I am sorry that you feel that way but"*
 - *"I am sorry if you feel that X was rude to you, however"*

- Avoid the use of legal terminology:
 - *"It is all my fault – I am liable"*
 - *I made a mistake – I was negligent in my actions"*

Negligence and liability are matters that are established in a court of law and therefore these terms should be avoided when communicating with patients/service users.

