



Your Service  
Your Say

## Your Service Your Say

# Managing Feedback within the Health Services

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NCGLT Annual Report 2018

## Foreword

The National Quality Assurance and Verification Division together with the National Complaints Governance and Learning Team are delighted to present our 2018 annual report. The report sets out the key developments and progress achieved in furthering the HSE's vision for the reform of the *Your Service Your Say* process to ensure that the fundamental right for people to voice opinions, provide comments and to complain is to the fore, with a focus on creating a positive environment and culture to encourage and learn from feedback, especially complaints.

*Pictured (L to R) Mr Christopher Rudland, Assistant National Director, National Complaints Governance and Learning Team and Mr Patrick Lynch, National Director, National Quality Assurance and Verification Division*



The HSE values engagement with service users and continues to support such efforts as the National Patient Experience Survey and Your Voice Matters to capture and understand their experience of our services. Through Your Service Your Say, the HSE offers service users a vital avenue for feedback and by collecting and classifying complaints data supports organisational learning by enabling the collective voice of complainants to inform healthcare development. The HSE also values connecting with staff and through various engagement forums seek to understand, from their perspective, the challenges and opportunities of service delivery.

The value and benefit of hearing from people who use, as well as deliver, our services provide us with true insight into the quality, safety and effectiveness of our services and help us to set our priorities, plan and deliver more responsive services that result in better outcomes for people.

We have also continued to focus our efforts on implementing the recommendations of the Ombudsman's Learning to Get Better Report, May 2015. The Ombudsman, at the launch of his progress report on Learning to Get Better, in November 2018, welcomed the strides made by the HSE in addressing the recommendations but pointed out the remaining work needed to achieve full implementation. The HSE have given their full commitment to ensuring that the 34 recommendations applying to them will be fully implemented by the end of 2019 and that this will inform the body of work for the coming year.

NCGLT have progressed the development of the tools needed to assist the operational system to capture, record, analyse and learn from feedback. To support the implementation of the Complaints Management System, training was delivered by NCGLT to 290 staff with a dedicated helpline established to offer technical support. NCGLT also delivered training to 72 Review



Officers on the Your Service Your Say policy. Guidance on specific aspects of the Your Service Your Say Policy, as well as two HSElanD online training modules was developed to assist staff to respond effectively to complaints. Both HSElanD modules were awarded Continuing Education Units by the Nursing and Midwifery Board of Ireland. To date almost 3,300 staff have completed these modules.

NCGLT have invested significant effort in engaging with healthcare staff at various conferences to promote and increase understanding of the newly revised policy and the various tools and guidance documents developed to help them deliver an accessible and responsive feedback process. The office also presented at the 3<sup>rd</sup> National Patient Safety Conference to highlight its innovative project with the National University of Ireland Galway using the London School of Economics' Healthcare Complaints Analysis Tool (HCAT) to unlock the potential of healthcare complaints for organisational learning.

Although significant progress has been made in advancing the Your Service Your Say agenda, we recognise that there is still a body of work to be achieved with systems and practises needing further development and refinement.

NCGLT will continue to engage with the operational system to bring these to fruition and to fully realise the potential that a positive feedback culture can deliver, both for those who work in the HSE and for those who use HSE services.

I would like to take this opportunity to thank all those who work in the HSE for their dedication and willingness to improve the quality of the healthcare services they provide.

I hope the efforts outlined in this report reaffirm the commitment of the HSE to encourage and support those who use our services to share their experiences with us, to value this, respond to it and learn from it.

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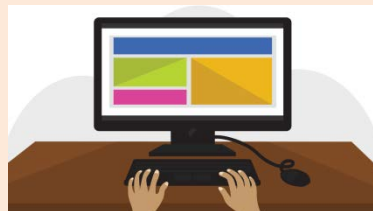
**Mr Patrick Lynch**  
**National Director**  
**Quality Assurance and Verification**

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**Mr Christopher Rudland**  
**Assistant National Director**  
**Quality Assurance and Verification**

## 2018. . .at a glance

The health services received  
**17,977** new complaints



WE TRAINED **290** USERS ON  
OUR NEW COMPLAINTS  
MANAGEMENT SYSTEM



A total of **72**  
staff attended  
Complaint Review  
Officer training

We received  
**84** requests for  
Internal Reviews



WE EXCEEDED  
OUR KPI AND  
HANDLED  
**71%** OF  
COMPLAINTS  
WITHIN 30 WORKING DAYS OR  
LESS



The National Your  
Service Your Say  
Team had  
**11,023**  
client interactions



**741** Disability  
Complaints  
relating to  
Assessment of  
Need were  
received

the  
**top 5**

Causes for  
complaints  
relate to:

- Safe and Effective Care
- Access
- Communication and Information
- Dignity and Respect
- Accountability



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## Foreword

2018. . . at a glance

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## Background

The HSE National Quality Assurance and Verification Division was established in 2015 to monitor and report on the quality and safety of health and social care services, by building on capacity of the organisation to respond to and learn from service user and service provider feedback, as well as risk and safety incident management.

The Division promotes, assures and encourages high quality and safe service standards at all times, as well as identifying interventions and improvements where necessary.

The core strategic priorities for the Quality Assurance and Verification Division are as follows:

- Accountability and assurance for quality and safety
- Monitoring quality and safety performance
- Improving safety in the aftermath of a safety incident
- Raising and responding to feedback and concerns
- Effective risk management

QAV's strategic priorities are to ensure that we as an organisation embrace the core health service values of Care, Compassion, Trust and Learning.

These values are not only visible but easily assessed in how the HSE welcomes and responds to service user feedback including how it uses that feedback to inform and drive the delivery of quality, safe and effective services.

The importance of encouraging feedback and capturing and analysing that data as a means of informing on the quality and safety of services delivered has been recognised in recent reports such as the Mid Staffordshire report and our Ombudsman's Learning to Get Better report. Complaints data that is recorded and interrogated at point of contact (stage 1), following investigation by a Complaints Officer (stage 2) or after a review by a Review Officer (stage 3) offers the organisation the opportunity to identify issues that require correction and target quality improvement initiatives that, at a minimum, delivers a better service user experience but which ultimately can protect others from harm.

The National Complaints Governance and Learning Team provide strategic support for the management of the function in relation to feedback and concerns. The Team is responsible for developing the policies, systems and processes to enable and encourage service users to share their experiences of HSE services and to ensure that the HSE are in a position to respond fully to these. This includes the development of guidance and supports in the operation of the Your Service Your Say policy. It also encompasses, initially, the development of tools and procedures that allow for the capture of stage 2 and stage 3 complaints data and the analysis and sharing of that data to identify trends that point to issues or failings in service delivery that need examination or corrective measures to prevent further occurrences or escalation.





## Part One

# Data on Complaints recorded in the Health Services 2018 (Community Services, Statutory Hospitals, Voluntary Hospitals and Voluntary Agencies)

### 1.0 Introduction

In order to provide the best possible care to those who use our services we must listen to and act on the views, concerns and experiences of patients, service users and other concerned individuals. Our priority is to ensure that patients and service users are engaged, enabled and empowered to be at the centre of service delivery.

This report is based on data collected through Complaints Officers who made regular returns to either regional Consumer Affairs offices or to the National Complaints Governance and Learning Team. Where available, data was taken from the new Complaints Management System.

This annual collection of 2018 is a count of Stage 2 complaints recorded and examined by Complaints Officers in both the HSE and Voluntary Health Services which receive funding from the HSE in the Republic of Ireland.

#### 1.1 Key Findings

In 2018, there were 17,977 complaints received (refer Table 4). Of these 6,610 complaints were recorded and examined by complaints officers in the Health Service Executive (Excluding Voluntary Hospitals and Agencies). Of the total number of complaints received, 3,695 or 56% were dealt with ≤30 working days (Part 9: Health Act, 2004, and Part 3: Disabilities Act, 2005).

There were 11,367 complaints recorded and examined by complaints officers in Voluntary Hospitals and Agencies. Of the total number of complaints received, 9,029 or 79% were dealt with ≤30 working days (Part 9: Health Act, 2004, Part 3: Disabilities Act, 2005).

In addition, there were 741 complaints relating to Assessment of Need.

Of Reviews Data returned; 84 reviews were reported as requested arising out of service user dissatisfaction regarding an initial complaints investigation. 64 were investigated. This figure is based on a combination of CMS data and manual data returns.

Review outcomes:

- Original recommendations upheld 38
- Original recommendations varied 10
- New recommendations 9
- Not defined 10





## 1.2 Overall Findings

- There were 17,977 new complaints recorded.
- Overall, the KPI of addressing complaints within 30 working days or less was not met: 71% (which falls below the 75% standard set). This is partially due to the removal of Point-of-Contact complaints in the calculation.
- Of complaints resolved, 76% were addressed by Complaints Officers in 30 working days or less either informally, or through formal investigation.
- The top 5 causes of complaints, accounting for 90% of all issues recorded contained an issue relating to the following classification:
  - 28% related to Safe & Effective Care (6180)
  - 24% related to Access (5381)
  - 23% related to Communication and Information (5137)
  - 11% related to Dignity and Respect (2337)
  - 4% related to Accountability (881)
- 2% of complaints received by Complaints Officers was wholly excluded under part 9 of the Health Act and was referred to another investigative process.
- There were 22,014 distinct issues; 1.224 issues per complaint.
- 99% of reported HSE Internal Review Requests were accepted by the HSE. Of these requests, 77% (64) were conducted.

## 1.3 Anomalies

Complaints reported under the 2004 Health Act relate to complaints figures addressed by Complaints Officers. These are either formal complaints or they are unresolved complaints escalated from point of contact in a front line service.

During 2017 analysis of complaints data had highlighted historical misreporting of Stage 1 (Point of Contact) complaints reported as Stage 2 (Resolved by Complaints Officer). In 2018 Areas and Hospital Groups were able to identify a further 1,417 Point of Contact (Stage 1) complaints that could have previously, in error, been reported in overall Stage 2 complaints figures.

Learning from Point of Contact (Stage 1) complaints is also important, and during 2018 there was an increased emphasis on supporting staff to resolve complaints at point of contact, including the introduction of interactive online HSElanD module to empower staff to respond to these. A total of 2,847 staff completed this module in 2018. Many areas, however, still do not record any stage 1 complaints that they receive and resolve. The introduction of the Point of Contact Resolution/Escalation form during 2018 has begun the process of identifying and learning from these more simple complaints.

In 2017 Your Service Your Say complaints within the CHOs averaged 370 and was highly skewed ranging from 63 to 1,151 over a similar demographic (skewness value 1.79434861). In 2018 complaints reported as recorded from CHOs were more evenly spread ranging from 95 to 254 with an average of 162 and distribution is approximately symmetrical (skewness value 0.453022).

In 2017 one CHO included a figure of 679 for point of contact complaints received in relation to a regional service provided across two other CHOs resulting in inflated complaints figures from all three



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CHOs. As the recording of complaints is now on the CMS for this CHO, only the complaints relevant to that CHO are aligned to that CHO. Of note also, many of the complaints previously recorded manually were informal complaints, i.e. stage 1. Only stage 2 complaints have been recorded on CMS. This would partially explain the difference between 2017 and 2018 Community Health Organisations figures.

### Summary Table of Variance

Summary Table of Variance	2018	2017	%Change
HSE Statutory Hospitals	4035	4848	-17%
Voluntary Hospitals within Hospital Groups	7886	7225	9%
HSE Community Healthcare Organisations	1458	3236	-55%
HSE Assessment of Need	741	744	0%
HSE National Ambulance Service	103	58	78%
HSE Primary Care Reimbursement Service	273	139	96%
Other Voluntary Hospitals and Agencies	3481	4131	-16%
<b>Total</b>	<b>17977</b>	<b>20381</b>	<b>-12%</b>

Table 1: Summary of % Variance Complaints recorded 2017 to 2018

For full breakdown, see table 47 in Appendix 1.



## 1.4 Breakdown of Recorded 2018

### Complaints (Excluding Voluntary Hospitals and Agencies)

<b>HSE: Excluding Voluntary Hospitals and Agencies - Complaints under Part 3 of the Disabilities Act 2005</b>	<b>Total</b>
HSE: Community Healthcare Organisations	1458
HSE: Statutory Hospitals	4035
HSE: National Ambulance Service	103
HSE: Primary Care Reimbursement Fund	273
Complaints under Part 2 of the Disabilities Act 2005 (Assessment of Need)	741
<b>Total</b>	<b>6610</b>

Table 2: Complaints (Excluding Voluntary Hospitals and Agencies and Complaints under Part 2 of the Disabilities Act 2005)

### Complaints received to Voluntary Services

<b>Complaints received to Voluntary Services</b>	<b>Total</b>
HSE Voluntary Hospitals	7886
Other Voluntary Hospitals	81
Voluntary Agencies	3400
<b>Total Complaints received to Voluntary Services</b>	<b>11367</b>

Table 3: Complaints received to Voluntary Services

### Total Complaints Received

<b>Total Complaints received 2018</b>	<b>Total</b>
Total Complaints received to the HSE	6610
Total Complaints received to Voluntary Services	11367
<b>Total Complaints received 2018</b>	<b>17977</b>

Table 4: Total Complaints received 2018

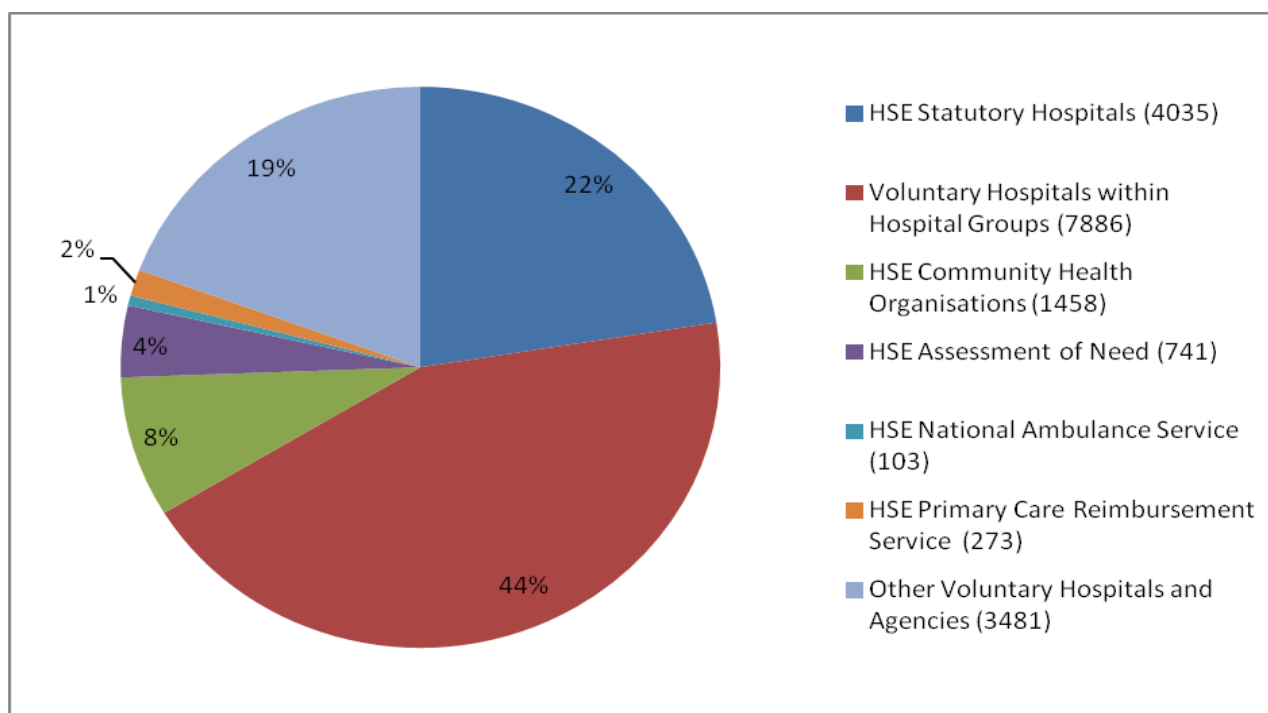


Figure 1: Breakdown of Complaints Recorded



## 1.5 Breakdown of Complaints Handling 2018

### Total Complaints Addressed 2018

<b>Total Complaints addressed 2018</b>		
Complaints resolved by Complaints Officers ≤30 working days formally	5431	
Complaints resolved by Complaints Officers ≤30 working days informally	7293	
Complaints resolved by Complaints Officers ≤30 working days (formally and informally)		<b>12724</b>
Complaints resolved by Complaints Officers over more than 30 working days		<b>3279</b>
Complaints entirely referred to another process	341	
Complaints withdrawn	311	
Anonymous complaints	172	
Complaints withdrawn, anonymous or referred to another process		<b>824</b>
<b>Total Complaints addressed 2018*</b>		<b>16827</b>

\*Complaints resolved could include complaints carried over from the end of 2018

Table 5: Total Complaints Addressed 2018

### Resolved/Withdrawn/Anonymous/Excluded

<b>Complaints Handling 2018</b>			
Withdrawn	311	2%	
Anonymous	172	1%	
<b>Complaints resolved by Complaints Officers ≤30 working days (formally and informally)</b>			
HSE Statutory Services: Health Act 2004 & Disabilities Act 2005 Part 3	3491		
HSE Statutory Services: Disabilities Act 2005 (Part 3)	204		
Voluntary Hospitals and Services	9029	12724	76%
Complaints resolved by Complaints Officers over more than 30 working days	3279	19%	
Complaints excluded for investigation under Your Service, Your Say (Health Act 2004, Part 9)	341	2%	
Complaints resolved or referred to another process in 2018	16827	100%	

Table 6: Complaints Handling 2018



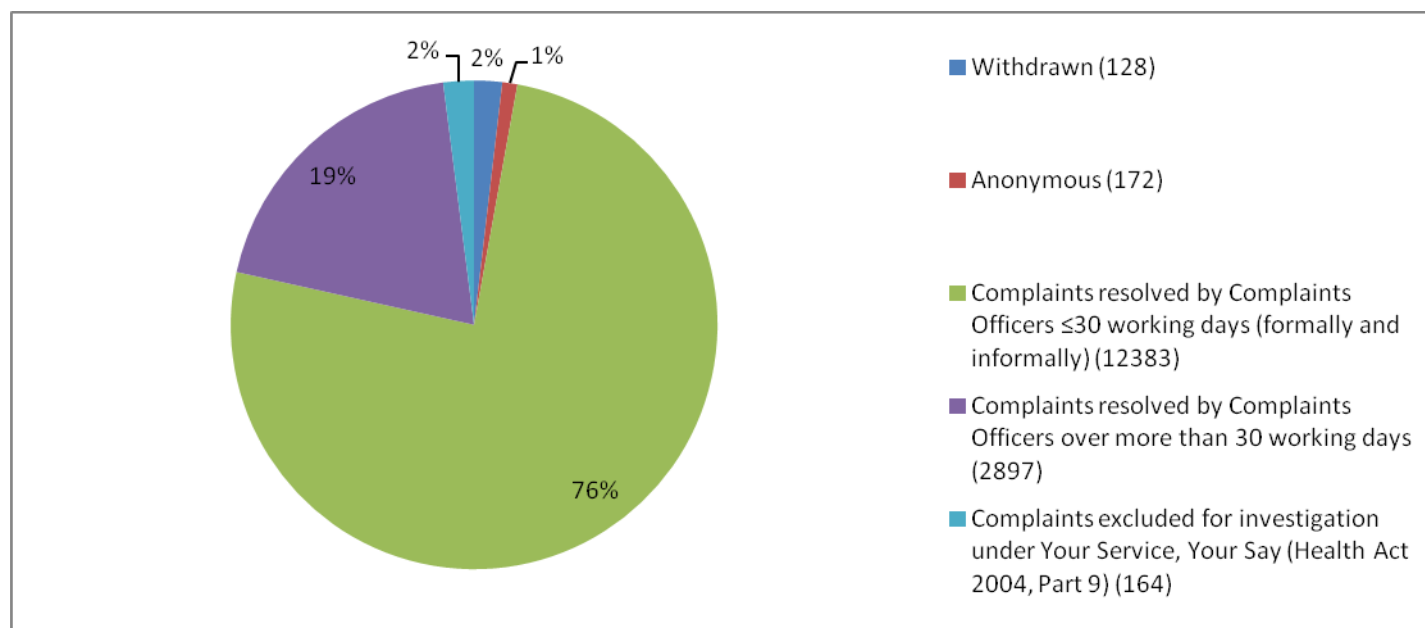


Figure 2: Breakdown of Complaints Resolved/Withdrawn/Anonymous/Excluded

### Complaints resolved by Complaints Officers ≤30 working days

Complaints Officers are encouraged to resolve complaints informally if possible. However, if informal resolution is not possible then a formal investigative process must commence.

Complaints Officers should attempt to complete the formal investigation within 30 working days. The following graphs show that while both Hospital Groups and CHOs are not always meeting the 75% target for completion of investigations, adjusting to allow for the removal of complaints that are withdrawn, anonymous or excluded in calculating compliance gives a clearer picture. With this adjustment generally Hospital Groups and CHOs are meeting the 75% target.

In addition, use of the CMS in 2017 and 2018 and resulting analysis by service areas has already identified historic reporting errors related to the inaccurate inclusion of Point-of-Contact complaints data which would have artificially inflated previous annual figures for complaints addressed within 30 working days. This has had a significant impact on the number of complaints classified as addressed within 30 working days for 2018, reducing the figure from 76% in 2017 to 56% in 2018.

Currently this KPI is calculated as follows:

- The numerator is the number of complaints investigated and reported in within 30 working days.
- The denominator is the total number of Complaints recorded as addressed by Complaints Officers.

This calculation does not allow for the removal of withdrawn, anonymous or otherwise exempt complaints which results in the use of a performance indicator that is not an exact reflection of Complaints Officers performance.

**Recommendation: The numerator should be adjusted to reflect withdrawn, anonymous or otherwise exempt complaints**

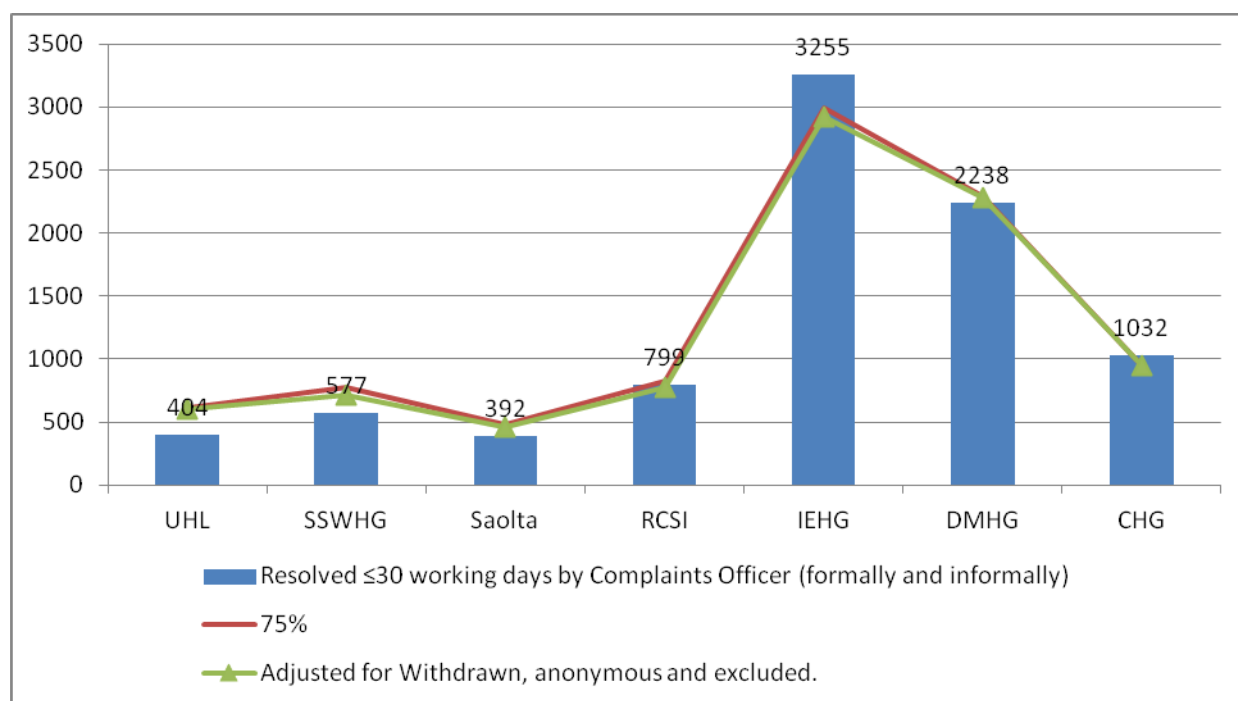


Figure 3: Hospital Groups: Complaints resolved by Complaints Officers either informally or formally within 30 working days against the target line of 75% and an adjusted target line to reflect withdrawn, anonymous or otherwise exempt complaints

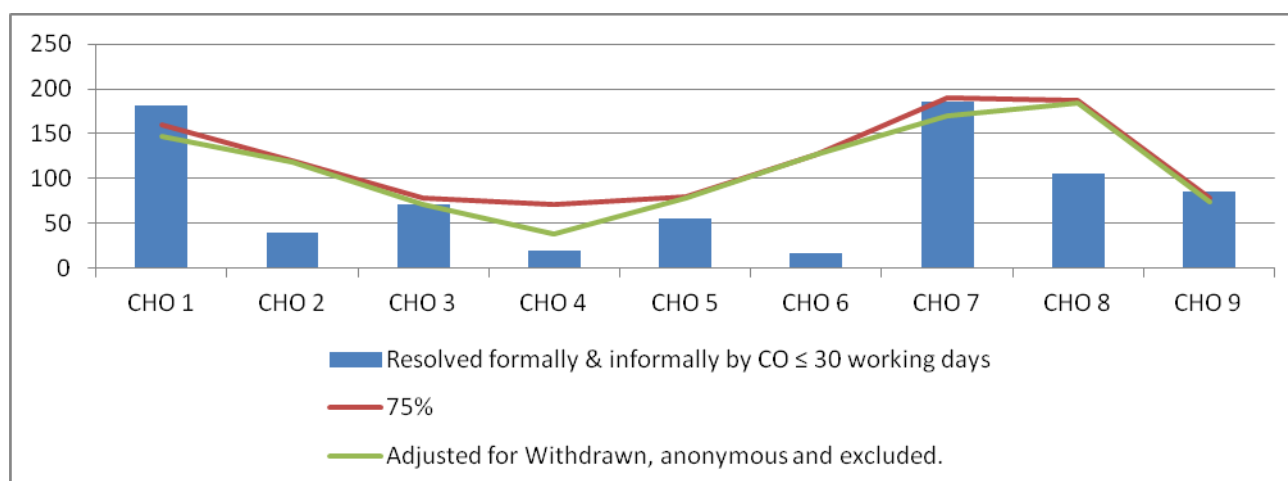


Figure 4: CHOs: Complaints resolved by Complaints Officers either informally or formally within 30 working days against the target line of 75% and an adjusted target line to reflect withdrawn, anonymous or otherwise exempt complaints

## 1.6 HSE Hospital Groups (Statutory and Voluntary Hospitals)

### Complaints reported by Hospital Group per 100,000 bed days

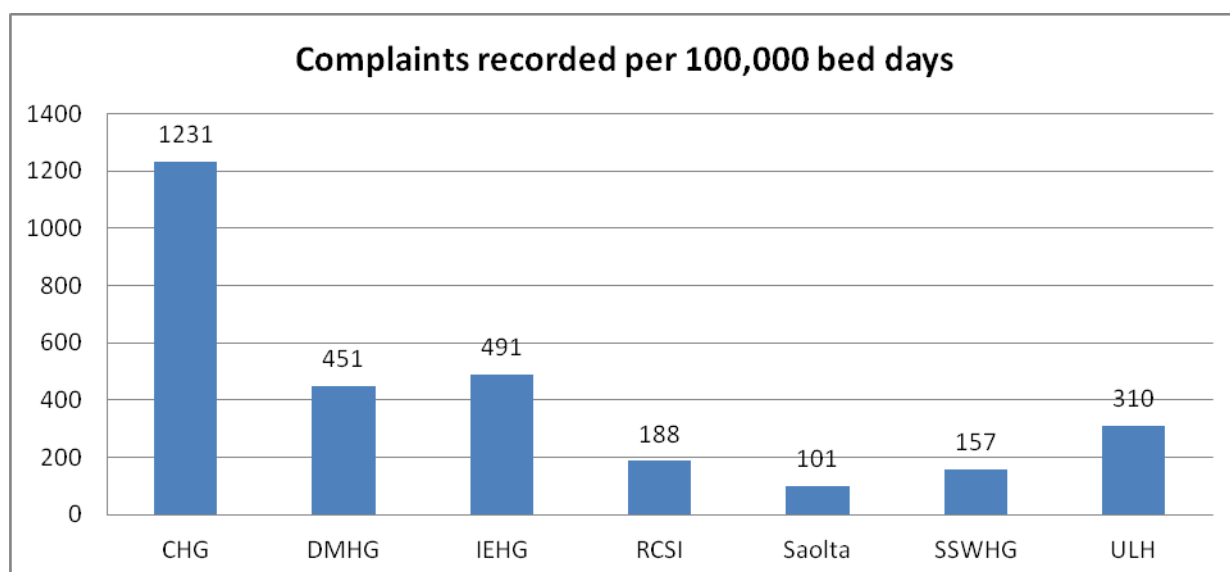


Figure 5: Complaints per 100,000 bed days received to Hospital Groups (Statutory & Voluntary) 2018

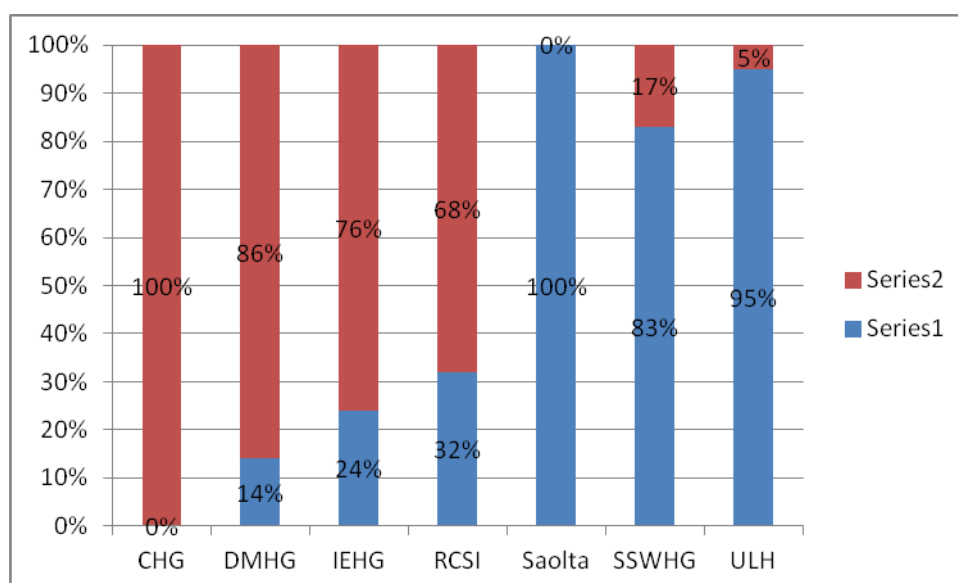


Figure 6: Complaints received to Hospital Groups: Statutory and Voluntary Hospitals



### University Limerick Hospitals Group

Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
UHLG Statutory	780	13	767	376	48%	49%
UHLG Voluntary	38	3	35	28	74%	80%
UHLG Total	818	16	802	404	49%	50%

Table 7: ULHG Reported Complaints 2018

### South/South West Hospital Group

Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
SSWHG Statutory	861	80	781	436	51%	56%
SSWHG Voluntary	180	6	174	141	78%	81%
SSWHG Total	1041	86	955	577	55%	60%

Table 8: SSWHG Reported Complaints 2018

### Saolta Hospital Group

Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
Saolta Statutory (Total)	643	33	610	392	61%	64%

Table 9: Saolta Reported Complaints 2018

### RCSI Hospital Group

Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
RCSI Statutory	353	34	319	245	69%	77%
RCSI Voluntary	749	28	721	554	74%	77%
<b>RCSI Total</b>	<b>1102</b>	<b>62</b>	<b>1040</b>	<b>799</b>	<b>73%</b>	<b>77%</b>

Table 10: RCSI Reported Complaints 2018

### Ireland East Hospital Group

Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
IEHG Statutory	971	36	935	702	72%	75%
IEHG Voluntary	3025	61	2964	2553	84%	86%
<b>IEHG Total</b>	<b>3996</b>	<b>97</b>	<b>3899</b>	<b>3255</b>	<b>81%</b>	<b>83%</b>

Table 11: IEHG Reported Complaints 2018



### Dublin Midlands Hospital Group

Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
DMHG Statutory	427	15	412	333	78%	81%
DMHG Voluntary	2627	2	2625	1905	73%	73%
DMHG Total	3054	8	3046	2238	73%	73%

Table 12: DMHG Reported Complaints 2018

### Children's Hospital Group

Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
CHG Voluntary (Total)	1267	4	1263	1032	81%	82%

**Note:** The three Dublin paediatric hospitals formerly in the Children's Hospital Group transferred into a single public body on 1st January 2019 named Children's Health Ireland.

Table 13: CHG Reported Complaints 2018



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#### Other Voluntary Hospitals

Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
Other Voluntary Hospitals	81	7	74	61	75%	82%

Table 14: Other Voluntary Hospitals Reported Complaints 2018

#### All Statutory and Voluntary Hospital

All Statutory and Voluntary Hospital	Complaints received 2018	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
Total	12002	313	11689	8758	73%	75%

Table 15: Complaints resolved within 30 working days timeframe

## 1.7 Community Healthcare Organisations

### Complaints Reported by County per 100,000 general population

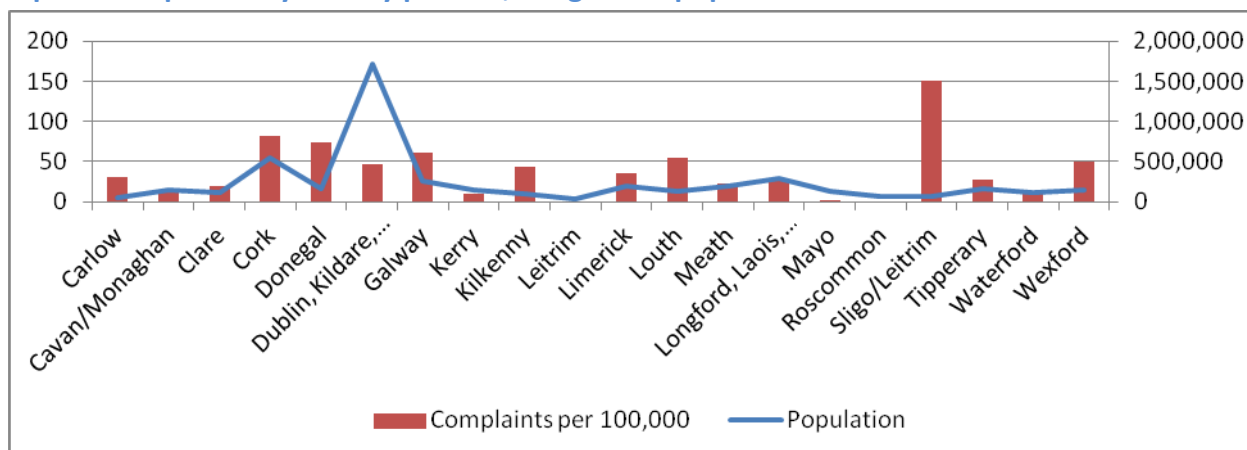


Figure 7: Breakdown of complaints recorded by Community Services per 100,000 general population / population per county

Complaints received by Community Services seem to show an inverse relationship between population density and rate of complaints and has been highlighted for further examination



## Complaints Reported by County per 100,000 general population

### Complaints Reported per CHO

CHO	Counties	Complaints received 2018	Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by Complaints Officer formally & informally (excluding exempted & withdrawn)	% resolved ≤30 working days by Complaints Officer	Adjusted for Withdrawn, anonymous and excluded.
CHO 1	(Donegal, Sligo, Leitrim, Cavan, Monaghan)	214	18	182	85%	93%
CHO 2	(Galway, Mayo, Roscommon)	159	2	40	25%	25%
CHO 3	(Clare, Limerick, North Tipperary)	105	10	71	68%	75%
CHO 4	(Kerry, North Cork, North Lee, South Lee, West Cork)	95	44	20	21%	39%
CHO 5	(South Tipperary, Carlow, Kilkenny, Waterford, Wexford)	107	2	56	52%	53%
CHO 6	(Wicklow, Dun Laoghaire, Dublin South East)	170	0	17	10%	10%
CHO 7	(Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West)	254	27	185	73%	81%
CHO 8	(Louth, Longford, Laois, Offaly, Meath, Westmeath)	249	4	106	43%	43%
CHO 9	(Dublin North, Dublin North Central, Dublin North West)	105	6	85	81%	86%
<b>Total</b>		<b>1458</b>	<b>113</b>	<b>762</b>	<b>52%</b>	<b>57%</b>

Table 16: Reported Complaints to CHOs 2018

## 1.8 Category of Complaint

Note: Many complaints contain multiple issues and therefore fall under more than one category

### Category of Complaints for all services

Category	HSE Statutory Hospitals and Community Services	Voluntary hospitals and agencies	Total 2018
Access	2267	3114	5381
Dignity and respect	684	1653	2337
Safe and effective care	2154	4026	6180
Communication and information	1413	3724	5137
Participation	56	164	220
Privacy	56	313	369
Improving health	89	141	230
Accountability	266	615	881
Clinical judgement	160	423	583
Vexatious complaints	9	128	137
Nursing homes / residential care for older people (65 and over)	33	10	43
Nursing homes / residential care (aged 64 and under)	12	84	96
Pre-school inspection services	0	16	16
Trust in care	1	68	69
Children first	0	67	67
Safeguarding vulnerable persons (new 2016)	1	267	268
Total Issues	7201	14813	22014
Issues per complaint	1.08940998	1.30315827	1.22456472

Table 17: Complaints broken down by category **NOTE:** Explanation of Categories is available in Appendices





### Category of Complaint

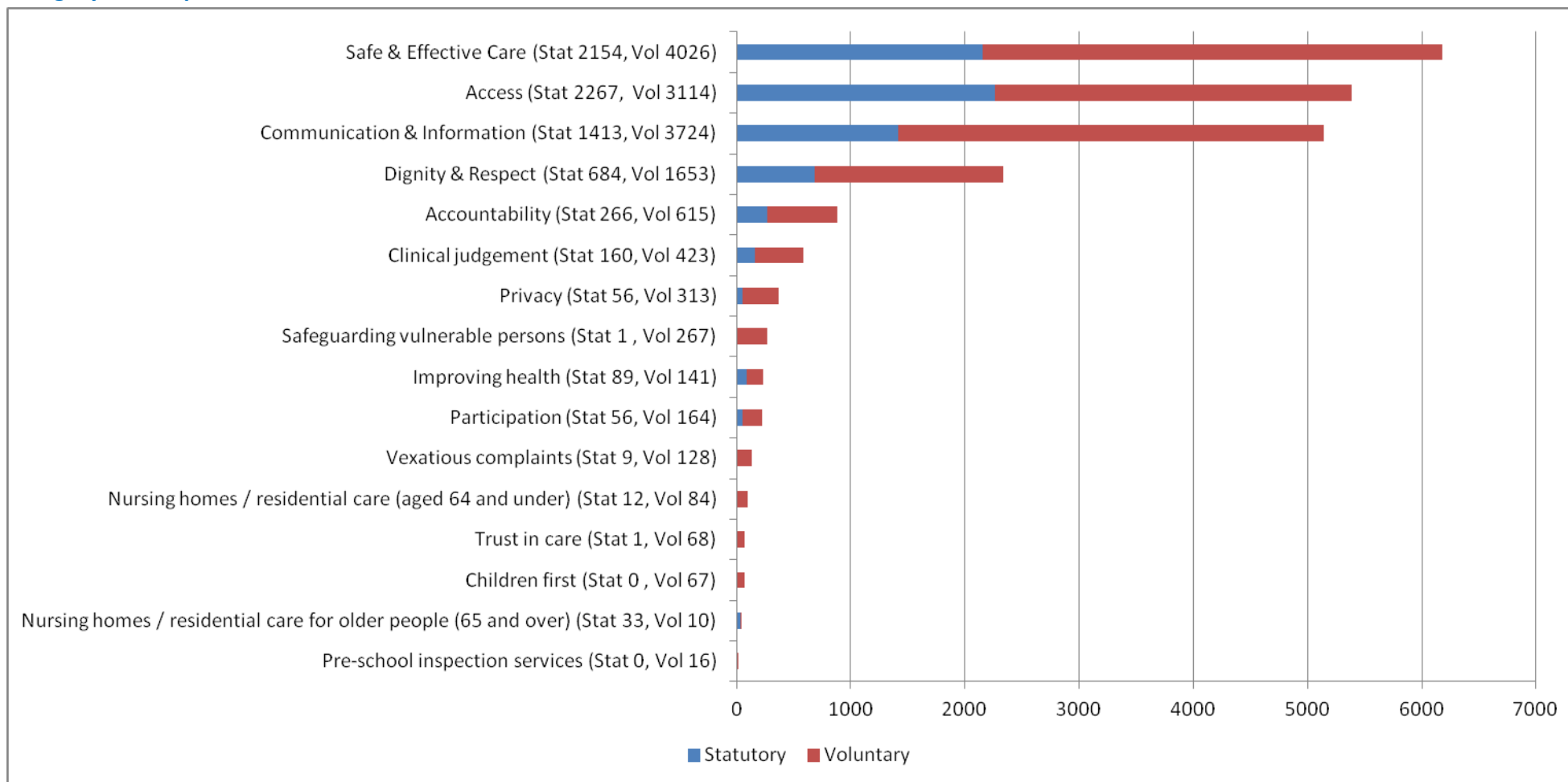


Figure 8: Categories of Complaints

### Complaints by Divisions (per CHO)

Community Health Organisation (CHO)	Health & Wellbeing	Mental Health	Primary Care	Social Care	No Classification provided
CHO 1	3	17	83	110	0
CHO 2	0	10	141	5	0
CHO 3	0	41	37	26	0
CHO 4	2	43	15	34	0
CHO 5	0	26	46	6	0
CHO 6	0	2	1	19	170
CHO 7	0	57	167	0	0
CHO 8	0	120	113	87	0
CHO 9	0	28	51	20	0
<b>Total</b>	<b>5</b>	<b>344</b>	<b>654</b>	<b>307</b>	<b>170</b>

Table 18: CHOs Complaints by Division 2018

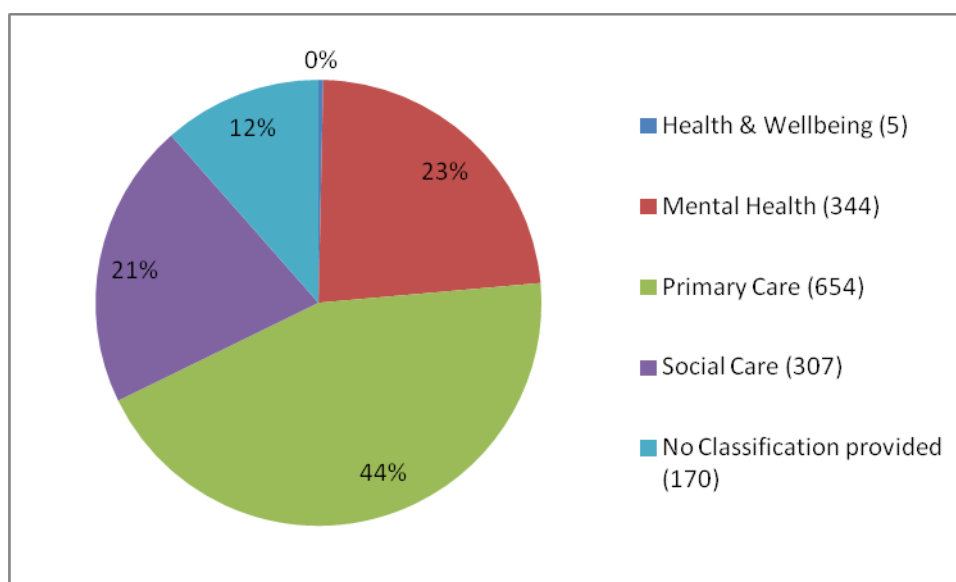


Figure 9: Complaints by CHO Service



## 1.9 Complaints relating to the Assessment of Need process



### Assessment of Need Nationally (Disabilities) (across all CHOs)

	Complaints received 2018	Complaints excluded under Part 9 of the Health Act 2004	Anonymous	Resolved informally	Withdrawn	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days	Resolved through Mediation
AoN	741	0	0	0	110	186	342	25%	0

**NOTE:** An additional 590 complaints carried from 2017 were also resolved. In total 1118 complaints were resolved in 2018

Table 19: AoN Complaints resolved 2018

### Percentage of Applications for Assessment of Need that result in a complaint per County

County	AoN complaints	% of AoN Applications that result in a complaint	County	AoN complaints	% of AoN Applications that result in a complaint
Carlow/Kilkenny	8	16%	Galway	0	0%
Cavan/Monaghan	13	42%	Kerry	0	0%
Clare	0	0%	Kildare/West Wicklow	76	35%
Cork North	12	7%	Laois/Offaly	25	10%
Cork North Lee	171	43%	Limerick	4	2%
Cork South Lee	180	45%	Longford/Westmeath	1	2%
Cork West	2	4%	Louth	2	2%
Donegal	6	19%	Mayo	0	0%
Dublin North	15	2%	Meath	5	2%
Dublin North West	10	2%	Roscommon	0	0%
Dublin North Centre	0	0%	Sligo/Leitrim	2	4%
Dublin South	0	0%	Tipperary N.R	4	3%
Dublin South City	19	25%	Tipperary S.R	7	17%
Dublin South East	1	3%	Waterford	1	2%

County	AoN complaints	% of AoN Applications that result in a complaint	County	AoN complaints	% of AoN Applications that result in a complaint
Dublin South West	86	25%	Wexford	45	44%
Dublin West	21	14%	Wicklow	25	13%

Table 20: Percentage of Applications for Assessment of Need that result in a complaint per County

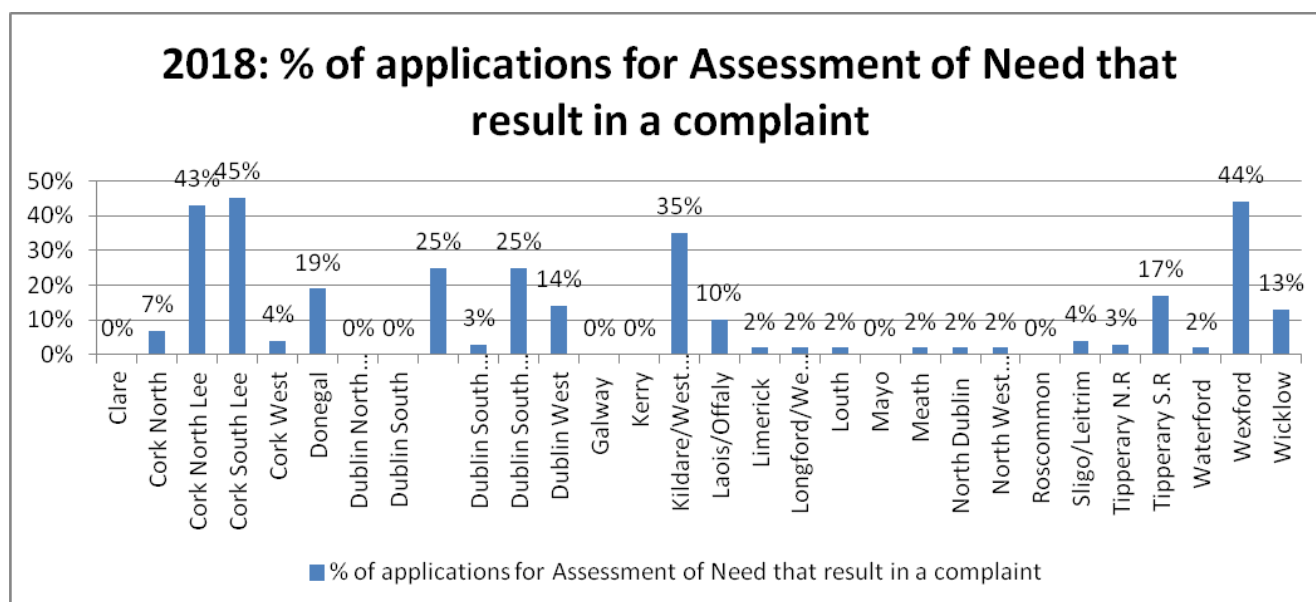


Figure 10: % of AoN applications that result in a complaint



## 1.10 Reviews

### HSE Internal Review Total Reported

HSE Total 2018  (excluding voluntary agencies)	Internal Review					
	Review Request Received	Review Request Refused / Withdrawn	Review Conducted	Recommendations		
				Upheld	Varied	New
Total	84	1	64	36	9	9

Information regarding recommendations was not provided for 10 Conducted Review

Table 21: HSE Internal Review requests reported 2018

\*Review conducted include Review requests received at the end of 2016

### Hospitals Groups (Statutory and Voluntary Hospitals)

Hospital Groups 2018	Internal Review					
	Review Request Received	Review Request Refused / Withdrawn	Review Conducted	Recommendations		
				Upheld	Varied	New
CHG	9	0	9	0	0	0
DMHG	3	1	2	1	0	1
IEHG	2	0	2	1	1	0
RCSI	5	0	5	2	1	1
Saolta	1	0	1	1	0	0
SSWHG	24	0	18	9	5	4
ULH	n/a	n/a	n/a	n/a	n/a	n/a
Total	44	1	37	14	7	6

Table 22: HSE Internal Review requests to Hospital Groups reported 2018



Community Hospital Group 2018	Internal Review					
	Review Request Received	Review Request Refused	Review Conducted	Recommendations		
				Upheld	Varied	New
CHO 1	no return	no return	no return	no return	no return	no return
CHO 2	no return	no return	no return	no return	no return	no return
CHO 3	2	0	1	1	0	0
CHO 4	8	0	5	5	0	0
CHO 5	6	0	6	4	1	1
CHO 6	no return	no return	no return	no return	no return	no return
CHO 7	10	0	10	9	1	0
CHO 8	8	0	0	0	0	0
CHO 9	9		8	5	1	2
<b>Total</b>	<b>43</b>	<b>0</b>	<b>30</b>	<b>24</b>	<b>3</b>	<b>3</b>

Table 23: HSE Internal Review requests to CHOs reported 2018

### 1.11 Analysis of Sample from Complaints Management System

An examination of overall returns from combinations of CMS and manual returns shows the top 5 causes of complaints, accounting for 90% of all issues recorded contained an issue relating to the following classification.

- 28% related to Safe & Effective Care
- 24% related to Access
- 23% related to Communication and Information
- 11% related to Dignity and Respect
- 4% related to Accountability

These percentages however are derived from a very broad classification. Looking at 2 samples from the CMS allows us to look at sub categories in more details.



These samples are:

- Community, 600 complaints and
- Acute, 4000 complaints

### Sample Analysis: Community

An examination of overall returns from combinations of CMS and manual returns shows the top 5 causes of complaints, accounting for 90% of all issues recorded contained an issue relating to the following classification.

### Sample Return

1. Access 33%
2. Safe & Effective Care 25%
3. Dignity and Respect 18%
4. Communication & Information 16%
5. Accountability 3%

These can be further broken down into **Issue Category Type** and **Issue Category Sub-Type** (see **appendices for full list of categories**)



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Identifying the top 10 issue categories types, accounts for 80% of all complaints issues examined.

Issue Category Type top 10		Issue Category Sub-Type top 3
1. Accessibility / resources ( <b>Access</b> )	18%	Services 65, Personnel 17, Equipment 8
2. Treatment and Care ( <b>Safe &amp; Effective Care</b> )	13%	Unsatisfactory treatment or care 25, Other 17, Failure / delay in treatment / delivery of care 16
3. Appointment - delays ( <b>Access</b> )	11%	Appointment - delay in issuing appointment 57, Appointment - postponed 3, Other 3
4. Delivery of care ( <b>Dignity and Respect</b> )	9%	Lack of respect shown to patient during examination / consultation 14, Patient's dignity not respected 12, No concern for patient as a person 5
5. Alleged inappropriate behaviour ( <b>Dignity and Respect</b> )	8%	Staff 34, Patient 4, Other 4
6. Communication skills ( <b>Communication &amp; Information</b> )	6%	Inadequate listening and response 11, Inappropriate comments from staff member 8, Lack of support 3
7. Delay and failure to communicate ( <b>Communication &amp; Information</b> )	5%	Failure / delay in communicating with relatives 12, Failure / delay in communicating with patient 8, Breakdown in communication between staff or areas 5
8. Continuity of care (external) ( <b>Safe &amp; Effective Care</b> )	3%	Other 11, Lack of community supports 6, Lack of support services post discharge 2
9. Information ( <b>Communication &amp; Information</b> )	3%	Conflicting information 4, Insufficient and inadequate information 4, Misinformation 3
10. Health and Safety issues ( <b>Safe &amp; Effective Care</b> )	3%	Temperature regulation 4, Failure to provide a safe environment 3, Equipment (lack of / failure of / wrong equipment used) 1



### Sample Analysis: Acute

An examination of overall returns from combinations of CMS and manual returns shows the top 5 causes of complaints, accounting for 90% of all issues recorded contained an issue relating to the following classification.

#### Sample Return

1. Safe & Effective Care 38%
2. Access 25%
3. Communication & Information 18%
4. Dignity and Respect 10%
5. Accountability 6%

These can be further broken down into Issue Category Type and Issue Category Sub-Type (see appendices for full list of categories).



Identifying the top 10 issue categories types, accounts for 74% of complaints issues examined.

Issue Category Type top 10		Issue Category Sub-Type top 3
1. Treatment and Care ( <b>Safe &amp; Effective Care</b> )	21%	Unsatisfactory treatment or care 364, Failure / delay in treatment / delivery of care 172, Failure / delay to diagnose 39
2. Appointment - delays ( <b>Access</b> )	10%	Appointment - delay in issuing appointment 218, Operation and opening times of clinics 45, Surgery / therapies / diagnostics - delayed or postponed 42
3. Communication skills ( <b>Communication &amp; Information</b> )	7%	Inappropriate comments from staff member 69, Inadequate listening and response 36, Tone of voice 30
4. Finance ( <b>Accountability</b> )	6%	Bill dispute 197, Insurance cover 16, Cost of products 5
5. Delay and failure to communicate ( <b>Communication &amp; Information</b> )	6%	Failure / delay in communicating with patient 101, Failure / delay in communicating with relatives 56, Breakdown in communication between staff or areas 33
6. Diagnosis ( <b>Safe &amp; Effective Care</b> )	5%	Diagnosis - contradictory diagnosis 73, Diagnosis - delayed diagnosis 73, Diagnosis - misdiagnosis 29
7. Admission - delays ( <b>Access</b> )	5%	Admission - delay in admission process 64, Admission - postponed 58, Delayed - elective bed 37
8. Alleged inappropriate behaviour ( <b>Dignity &amp; Respect</b> )	5%	Patient 41, Staff 17, Visitor 4
9. Delivery of care ( <b>Dignity &amp; Respect</b> )	5%	Lack of respect shown to patient during examination / consultation 68, No concern for patient as a person 52, Patient's dignity not respected 23
10. Information ( <b>Communication &amp; Information</b> )	5%	Insufficient and inadequate information 44, Conflicting information 34, Misinformation 28

**Comment:** It is difficult to draw any conclusions from the differences between actual reported returns and the CMS data sample. Samples were taken from participating CHOs and Hospital Groups data and therefore may have been representative of their data only. However, use of the CMS in 2017 and 2018 has already identified historic reporting errors related to the inaccurate inclusion of Point-of-Contact complaints data collected through the CMS is more accurate. Audits of 2018 data quality have also highlighted difficulties staff experience in understanding elements of the complaints management process. These issues have been highlighted to Consumer Affairs and flagged to receive attention in the next version of the Complaints Officers Training Pack.

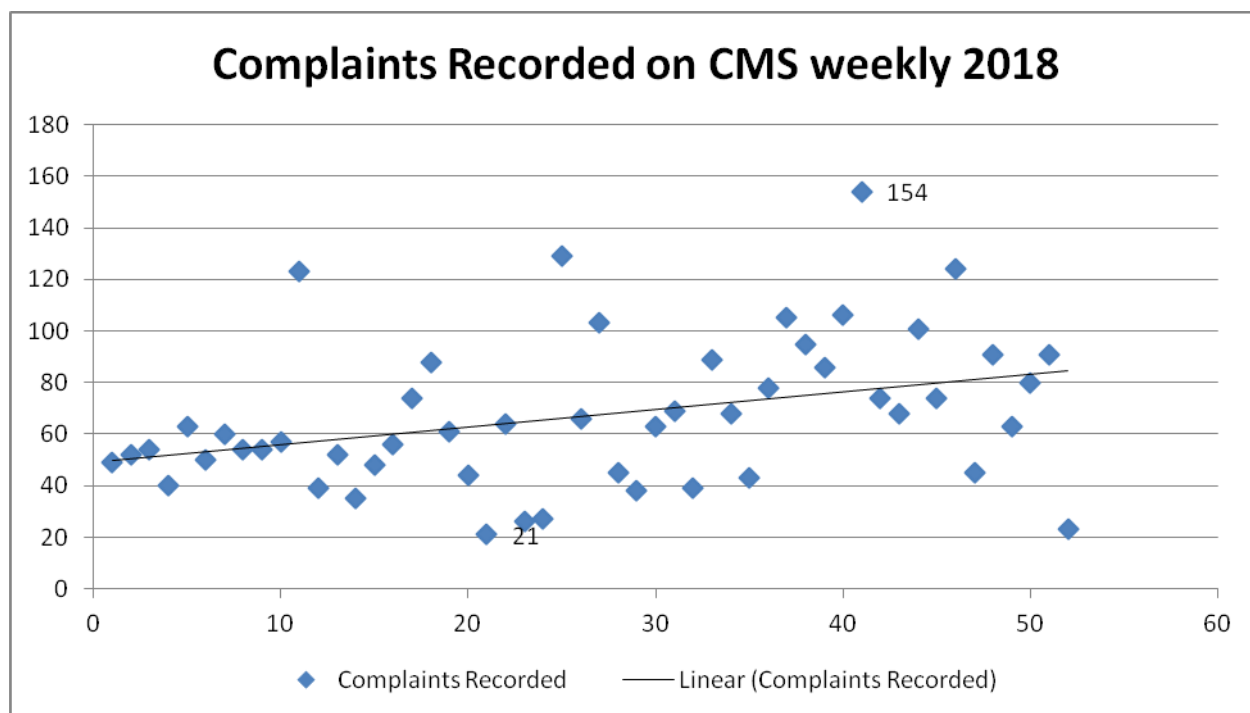


Figure 11: Complaints Recorded on CMS weekly 2018

Training for users of the CMS is still ongoing. All complaints received by the HSE from the 01/01/2019 **must** be recorded on the CMS. While weekly input varied throughout 2018 there was a steady trend of increased use, see Figure 11.



## Part Two: National Self-Assessment Action Plan returns to the Office of the Ombudsman

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### 2.0 Introduction

In 2015 the Ombudsman published the report *'Learning to Get Better'* detailing findings following investigation into how public hospitals handle complaints. The Report contained **34** recommendations for the HSE to implement, **29** of which were directed at service level [**See Appendix 1 - full recommendation listing**]. Subsequently the HSE expanded the implementation of these recommendations across Community Services as well as Acute Hospitals.

#### Community Healthcare Organisations

- CHO Area 1 Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan
- CHO Area 2 West: Galway, Roscommon and Mayo
- CHO Area 3 Mid West Community Healthcare: Limerick, Clare and North Tipperary
- CHO Area 1 Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan
- CHO Area 2 West: Galway, Roscommon and Mayo
- CHO Area 3 Mid West Community Healthcare: Limerick, Clare and North Tipperary
- CHO Area 4 Cork Kerry Community Healthcare: Kerry, North Cork, North Lee, South Lee, West Cork
- CHO Area 5 South East Community Healthcare: South Tipperary, Carlow, Kilkenny, Waterford, Wexford
- CHO Area 6 Community Healthcare East: Wicklow, Dun Laoghaire, Dublin South East
- CHO Area 7 CHO South Dublin, Kildare and West Wicklow: Kildare / West Wicklow, Dublin West/South City, Dublin South West
- CHO Area 8 Midlands Louth Meath Community Healthcare: Laois/Offaly, Longford/Westmeath, Louth/Meath
- CHO Area 9 CHO Dublin North City and County: Dublin North, Dublin North Central, Dublin North West

#### Hospital Groups

- Dublin Midlands Hospital Group
- Ireland East Hospital Group
- RCSI Hospital Group
- Saolta University Healthcare Group
- South/Southwest Hospital Group
- University of Limerick Hospitals Group
- National Children's Hospital Group

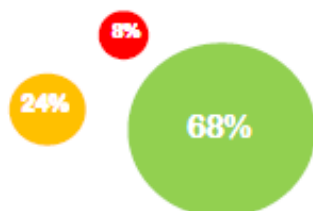
In November 2018, the Ombudsman published his Progress Report on *'Learning to Get Better'*, setting out his assessment of the implementation of recommendations contained in the original report in 2015. The Ombudsman did acknowledge progress made on many of the recommendations, particularly those that had to be implemented at a national level and he identified some areas of good practice at service level. He was however dissatisfied with the overall progress in the past three years. He specifically felt that implementation was inconsistent across Hospital Groups and Community Healthcare Organisations.

A gap analysis exercise was conducted at both Community Healthcare Organisation and Hospital Group level to assess compliance with each recommendation as at January 2019. A commitment has been given by the HSE that the recommendations will all be implemented by the end of 2019.

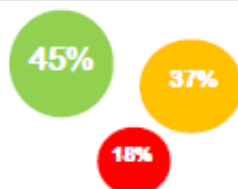


## Implementation of Recommendations to date....

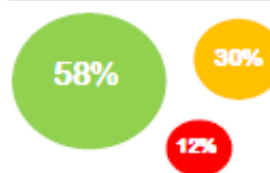
### CHO Compliance



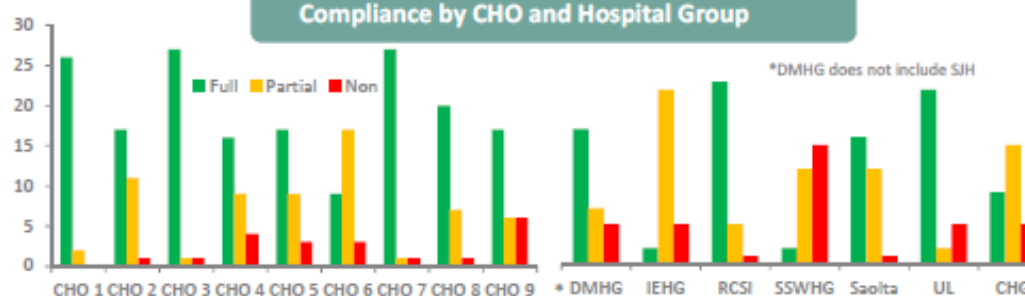
### HG Compliance



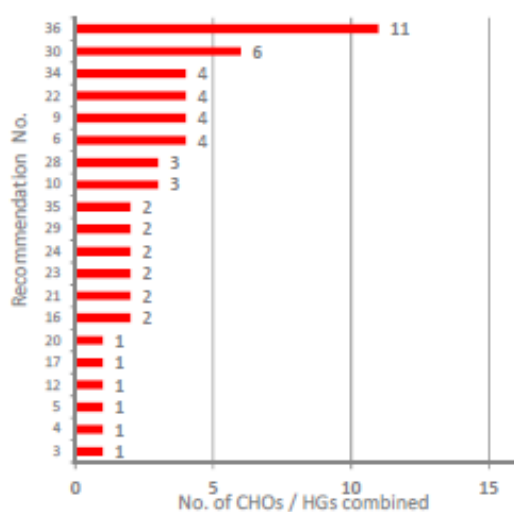
### Total Compliance



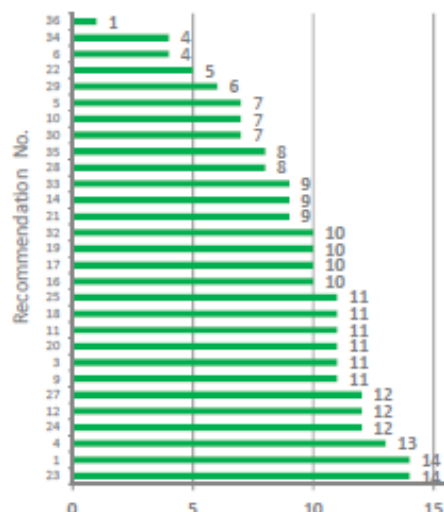
### Compliance by CHO and Hospital Group



### Non Compliance by Recommendations



### Full Compliance by Recommendations



#### High Full Compliance

CHO 7	27
CHO 3	27
CHO 1	26

#### High Partial Compliance

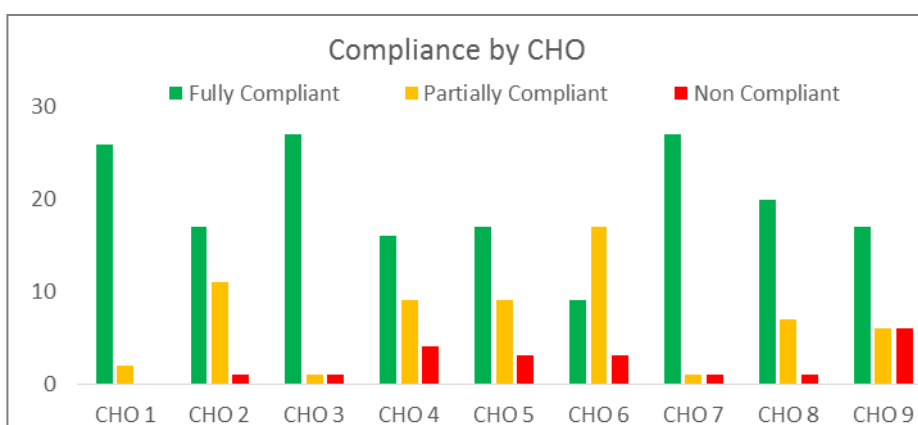
IEHG	22
CHO 6	17
CHG	15

#### High Non Compliance

SSWHG	15
CHO 9	6
DMHG / IEHG / UL / CHG	5

## 2.1 Compliance by Community Healthcare Organisations

CHO	Full	Partial	Non
CHO 1	26	2	0
CHO 2	17	11	1
CHO 3	27	1	1
CHO 4	16	9	4
CHO 5	17	9	3
CHO 6	9	17	3
CHO 7	27	1	1
CHO 8	20	7	1
CHO 9	17	6	6



### Notes:

- CHO 1 - level of compliance with recommendation 6 not stated
- CHO 8 - level of compliance with recommendation 28 not stated

68% of recommendations across CHOs have been determined to be fully compliant, 24% partially compliant and 8% non-compliant. Recommendations in the 'Learning to Get Better' Report are set out under the headings of Access, Process, Response, Leadership and Learning.

### 2.1.1 Access Compliance

9 recommendations relating to 'Access' are required to be implemented by Acute and Community Services. 79% of these were confirmed by CHOs as being fully compliant, 16% as partially compliant and 5% as non-compliant. All CHOs have confirmed full compliance with recommendations 1, 4 and 12.

Non-compliance with recommendation 6 has been confirmed by CHOs 5 and 6. CHO 6 is also demonstrating non-compliance with recommendations 9 and 10 and represents the highest volume of partial / non-compliance with access recommendations across all CHOs. [See individual CHO section]. Compliance with recommendation 6 has not been identified.

Access	Recommendation								
	1	3	4	5	6	9	10	11	12
CHO 1	Full	Full	Full	Full	<i>o/s</i>	Full	Full	Full	Full
CHO 2	Full	Full	Full	Full	Full	Full	Partial	Full	Full
CHO 3	Full	Full	Full	Full	Partial	Full	Full	Full	Full
CHO 4	Full	Partial	Full	Full	Partial	Full	Partial	Full	Full
CHO 5	Full	Full	Full	Full	Non	Full	Partial	Full	Full
CHO 6	Full	Partial	Full	Partial	Non	Non	Non	Full	Full
CHO 7	Full	Full	Full	Full	Full	Full	Full	Full	Full
CHO 8	Full	Full	Full	Full	Partial	Full	Full	Full	Full
CHO 9	Full	Full	Full	Partial	Full	Full	Full	Partial	Full
% Full	100%	78%	100%	56%	33%	89%	56%	89%	100%



### 2.1.2 Process Compliance

11 recommendations relating to 'Process' are required to be implemented by Acute and Community Services. 75% of these were confirmed by CHOs as being fully compliant, 23% as partially compliant and 2% as non-compliant. All CHOs have confirmed full compliance with access recommendations 23 and 24. CHOs 4 and 9 confirmed non-compliance with recommendation 22.

Process	Recommendation										
	14	16	17	18	19	20	21	22	23	24	25
CHO 1	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green
CHO 2	Green	Yellow	Green	Yellow	Yellow	Yellow	Green	Yellow	Green	Green	Green
CHO 3	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
CHO 4	Yellow	Green	Green	Green	Yellow	Green	Green	Red	Green	Green	Green
CHO 5	Yellow	Green	Green	Green	Green	Yellow	Green	Yellow	Green	Green	Yellow
CHO 6	Yellow	Green	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Green	Green	Green
CHO 7	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
CHO 8	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Green	Green	Yellow
CHO 9	Yellow	Green	Green	Green	Green	Green	Yellow	Red	Green	Green	Green
% Full	56%	78%	89%	78%	67%	78%	67%	33%	100%	100%	78%

### 2.1.3 Response Compliance

2 recommendations relating to 'Response' are required to be implemented by Acute and Community Services. 76% were confirmed by CHOs as being fully compliant, 18% as partially compliant and 6% as non-compliant.

5 of the 9 CHOs have demonstrated full compliance with both recommendations. Full compliance with recommendation 27 has been demonstrated across all CHOs apart from CHO 6 (partial). CHOs 4 and 6 have deemed to be partially compliant with recommendation 28, CHO 9 non-compliant and CHO 8 has yet to confirm compliance with recommendation 28.

Response	Recommendation	
	27	28
CHO 1	Green	Green
CHO 2	Green	Green
CHO 3	Green	Green
CHO 4	Green	Yellow
CHO 5	Green	Green
CHO 6	Yellow	Yellow
CHO 7	Green	Green
CHO 8	Green	o/s
CHO 9	Green	Red
% Full	89%	56%

### 2.1.4 Leadership Compliance

Leadership	Recommendation			
	29	30	32	33
CHO 1	Green	Green	Yellow	Green
CHO 2	Yellow	Yellow	Yellow	Green
CHO 3	Green	Green	Green	Green
CHO 4	Red	Red	Green	Yellow
CHO 5	Yellow	Red	Green	Yellow
CHO 6	Yellow	Yellow	Yellow	Green
CHO 7	Green	Green	Green	Green
CHO 8	Yellow	Green	Green	Green
CHO 9	Red	Red	Green	Yellow
% Full	33%	44%	67%	56%

4 recommendations relating to 'Leadership' are required to be implemented by Acute and Community Services. 50% were confirmed by CHOs as being fully compliant, 36% as partially compliant and 14% as non-compliant.

CHOs 3 and 7 are deemed to be fully compliant with all four recommendations. The majority of CHOs have rated partial or non-compliance with recommendations 29 and 30. Recommendation 30 is reported as the second highest volume of non-compliance across all recommendations.

### 2.1.5 Learning Compliance

Three recommendations make up grouping titled 'Learning'. **30%** were confirmed by CHOs as being fully compliant, **40%** as partially compliant and **30%** as non-compliant. CHO 1 demonstrated full compliance with all three recommendations.

Learning	Recommendation		
	34	35	36
CHO 1	Green	Green	Green
CHO 2	Yellow	Yellow	Red
CHO 3	Green	Green	Red
CHO 4	Yellow	Yellow	Red
CHO 5	Yellow	Yellow	Red
CHO 6	Yellow	Yellow	Yellow
CHO 7	Green	Green	Red
CHO 8	Yellow	Green	Red
CHO 9	Red	Yellow	Red
<b>% Full</b>	<b>33%</b>	<b>44%</b>	<b>11%</b>

The highest volume of non-compliance relates to recommendation 36, with 7 of the 9 CHOs non-compliant (78%), 1 partial (11%) and 1 fully compliant (11%).

Recommendation 36 relates to the publicising of (via the development of a casebook) complaints received and dealt with within that hospital group.

### 2.1.6 Compliance by Recommendation / CHO

Recommendation Grouping	Rec. No	Community Health Organisation								
		CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	1	Green	Green	Green	Green	Green	Green	Green	Green	Green
	3	Green	Green	Green	Yellow	Green	Yellow	Green	Green	Green
	4	Green	Green	Green	Green	Green	Green	Green	Green	Green
	5	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow
	6	<i>o/s</i>	Green	Yellow	Yellow	Red	Red	Green	Yellow	Green
	9	Green	Green	Green	Green	Green	Red	Green	Green	Green
	10	Green	Yellow	Green	Yellow	Yellow	Red	Green	Green	Green
	11	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
	12	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Process	14	Green	Green	Green	Yellow	Yellow	Yellow	Green	Green
16		Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green
17		Green	Green	Green	Green	Green	Yellow	Green	Green	Green
18		Green	Yellow	Green	Green	Green	Yellow	Green	Green	Green
19		Green	Yellow	Green	Yellow	Green	Yellow	Green	Green	Green
20		Green	Yellow	Green	Green	Yellow	Green	Green	Green	Green
21		Green	Green	Green	Green	Green	Yellow	Green	Yellow	Yellow
22		Green	Yellow	Green	Red	Yellow	Yellow	Green	Yellow	Red
23		Green	Green	Green	Green	Green	Green	Green	Green	Green
24		Green	Green	Green	Green	Green	Green	Green	Green	Green
25	Green	Green	Green	Green	Yellow	Green	Green	Yellow	Green	



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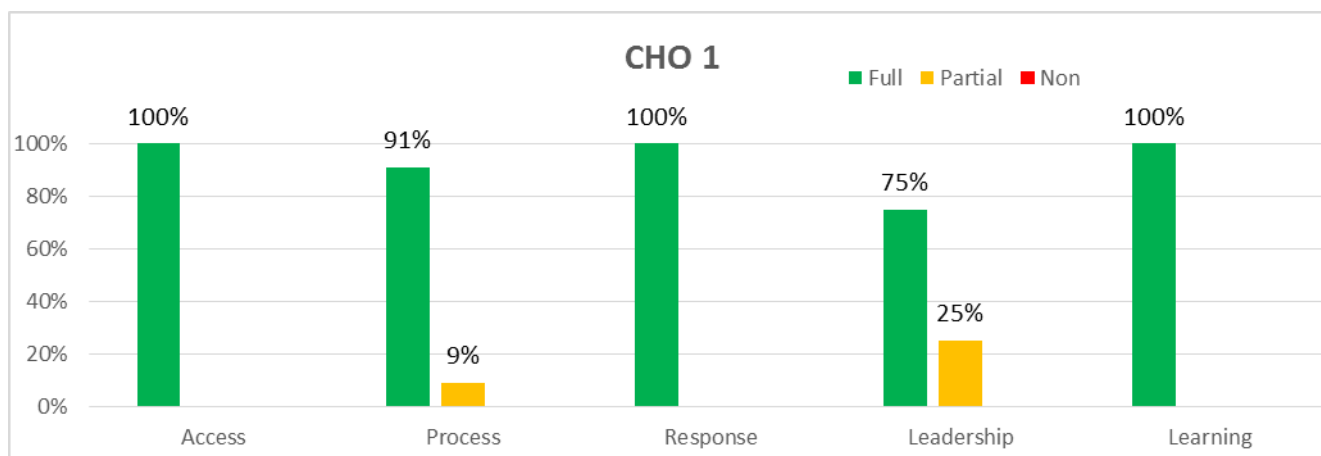
Response	27									
	28							<i>o/s</i>		
Leadership	29									
	30									
	32									
	33									
Learning	34									
	35									
	36									

### Summary

- 5 recommendations are fully compliant across all CHOs (recommendations **1, 4, 12, 23** and **24**)
- 9 recommendations were identified by at least one CHO as being non-compliant
- Full compliance with recommendations under Leadership and Learning are significantly low
- Recommendations 36 (7 CHOs) and 30 (3 CHOs) demonstrated the highest volumes of CHO non-compliance.
- The following CHOs demonstrated the highest volumes of recommendation non-compliance, CHO 9 (**6**), CHO 4(**4**), and CHO 6 (**3**).

## 2.1.7 Individual CHO Compliance

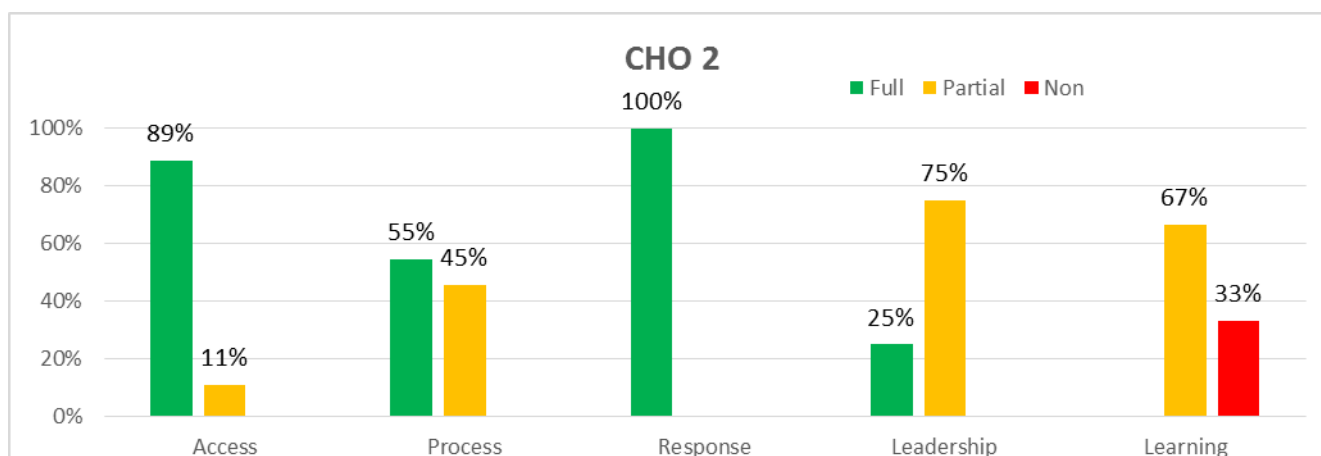
### • CHO 1



CHO 1 has reported **90%** full compliance across all recommendations (26 *[level of compliance with recommendation 6 has not been stated]* / 29). Full compliance has been demonstrated with recommendations under the headings of *Access, Response and Learning*.

Partial compliance has been identified with recommendations **16** (Process) and **32** (Leadership). No recommendations have been deemed non-compliant.

### • CHO 2



CHO 2 has reported **59%** full compliance across all recommendations (17 / 29). Full compliance has been demonstrated with both recommendations under the heading of *Response*. Partial compliance noted under *Access* (recommendation **10**), *Process* (recommendation **16, 18, 19, 20, 22**), *Leadership* (**29, 30, 32**) and *Learning* (recommendation **34, 35**).

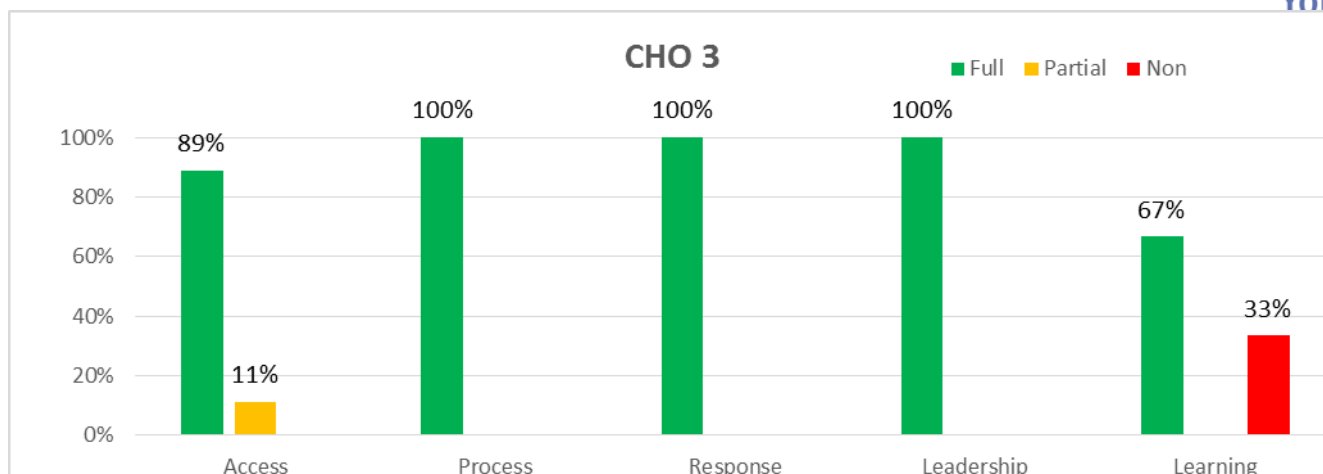
Non-compliance has been demonstrated with recommendation **36**. The following update has been provided:

**Recommendation 36** - CO to review CM process and appoint a permanent CM 2019; is on-going and due by Q4 2019.



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• CHO 3

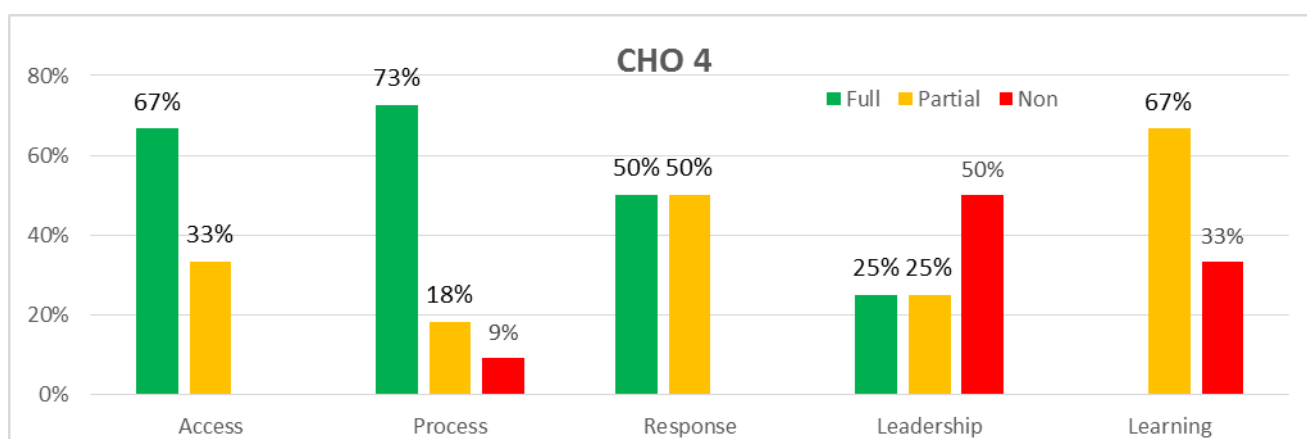


CHO 3 has reported **93%** full compliance across all recommendations (27 / 29), demonstrating full compliance with recommendations under the headings of *Process*, *Response* and *Leadership*. Partial compliance has been noted with recommendation **6** (*Access*).

Non-compliance has been demonstrated with recommendation **36**. The following update has been provided:

**Recommendation 36** *Complaints Manager to consider anonymised complaints for casebook, however no due date or action required has been identified.*

• CHO 4



CHO 4 has reported **55%** full compliance across all recommendations (16 / 29). Partial compliance has been identified under each recommendation heading by CHO 4. Under *Access*, recommendations **3**, **6**, and **10** have been listed as partially compliant. Partial compliance has also been identified with recommendations **14** and **19** under heading *Process*, recommendation **28** under *Response* and recommendation **33** under *Leadership*. A further 2 recommendations have been identified as partially compliant under the heading of *Learning*, recommendation **34** and **35**.

Non-compliance has been demonstrated across four recommendations under the headings of *Process, Leadership and Learning*.

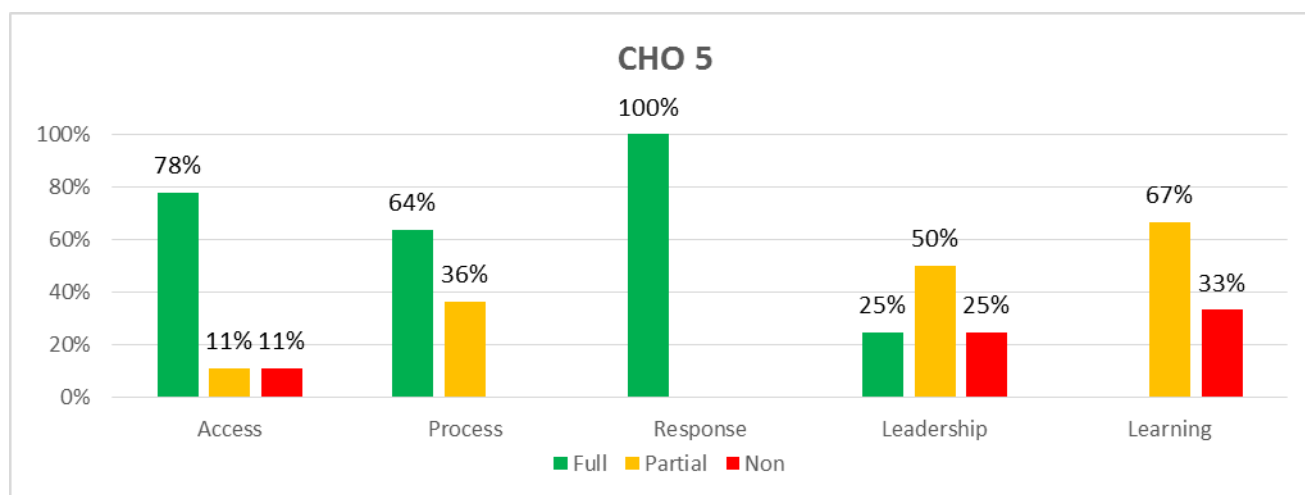
**Process - Recommendation 22:** Action Required: *Based on recommendations and learning from complaints information on CMS. Key points for inclusion on agenda of QPS and management meetings; due date Q1 2019*

**Leadership – Recommendation 29:** Action Required: *As per item 22 above - recommendations and learning from complaints included on agenda for review by management for this purpose; due date Q1 2019*

**Leadership – Recommendation 30:** Action Required: *Data from bi-monthly audit of CMS, as well as management reviews as per items 22 & 29 will inform the development of the report in relation to this component; due date Q2 2019*

**Leadership – Recommendation 36:** Action Required: *The collation of data from CMS and returned learning forms, as well as case reviews and an analysis of recommendations made will inform the CKCH casebook and any examples for inclusion in any national digest; due date: key priority for CKCH in 2019.*

• **CHO 5**



CHO 5 has reported **59%** full compliance across all recommendations (17 / 29). Full compliance has been demonstrated with both recommendations under the heading of *Response*. Partial compliance has been demonstrated with recommendation 10 under the heading of *Access* and recommendations **14, 20, 22** and **25** under the heading of *Process*.

Two recommendations [**29** and **33**] are listed as partially compliant under the heading of *Leadership*, as well as recommendations **34** and **35** under the heading of *Learning*.



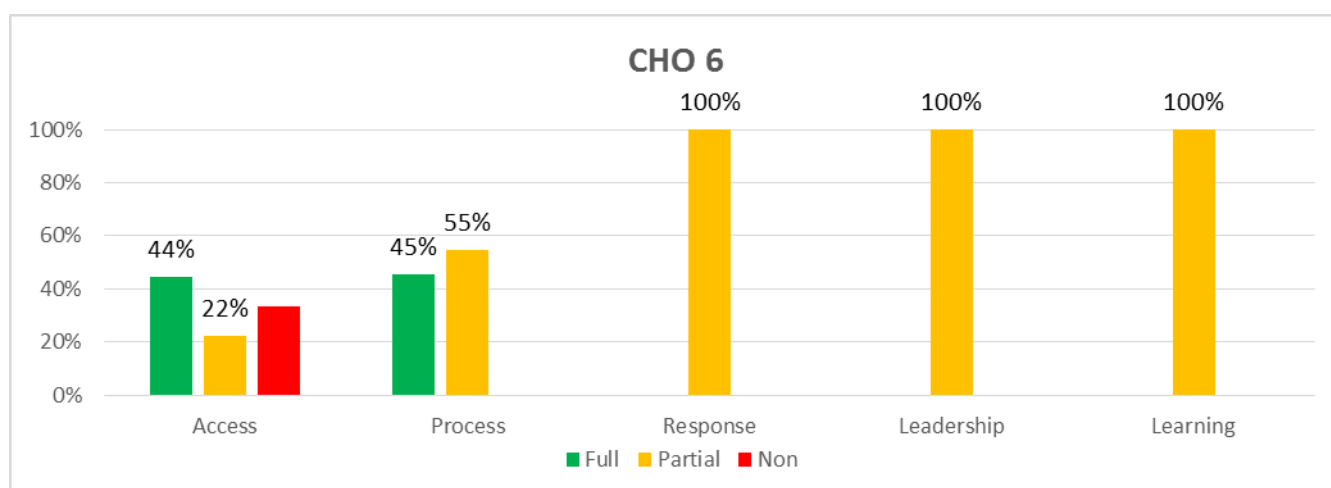
Non-compliance has been demonstrated across three recommendations under the headings of *Access, Leadership and Learning*. Updates have been provided as follows:

**Access – Recommendation 6:** Action Required: *Volunteer advocates are in place in some services, at present their role does not include supporting service users express a concern or make a complaint.*

**Leadership – Recommendation 30:** Action Required: *Inputting on CMS commenced in Q4 reports will be available in 2019; due by May 2019*

**Learning – Recommendation 36:** Action required not detailed.

- **CHO 6**



CHO 6 has reported **31%** full compliance across all recommendations (9 /29). Partial compliance has been demonstrated with two recommendations [3, 5] under the heading of *Access*, six recommendations [14, 17, 18, 19, 21, 22] under *Access*, and both recommendations [27, 28] under the heading of *Response*. All four recommendations [29, 30, 32, 33] under heading of *Leadership* are also listed as partially compliant, as well as the three recommendations [34, 35, 36] under *Learning*.

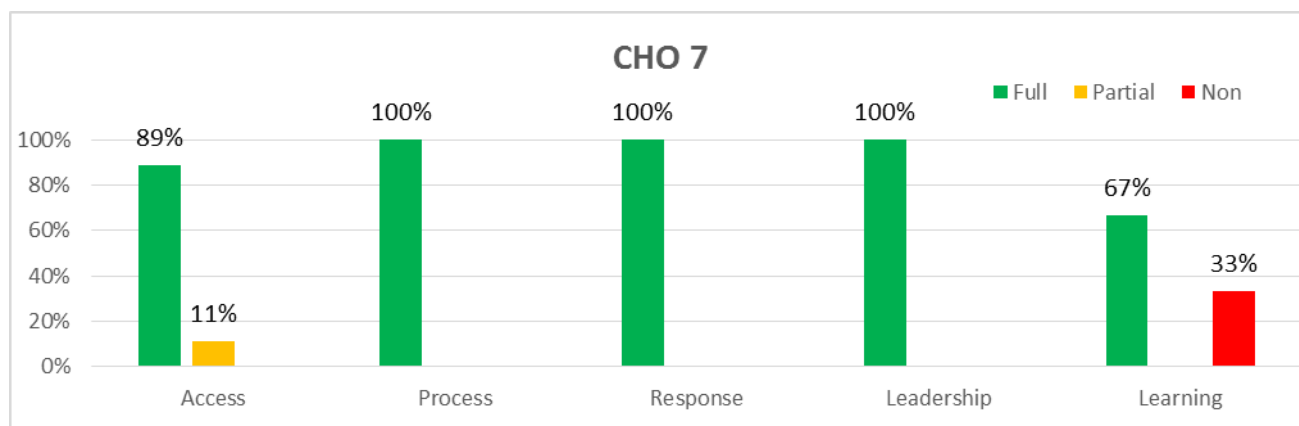
Non-compliance has been demonstrated across three recommendations under the heading of *Access*.

**Recommendation 6:** Action Required: *National position sought regarding approach for CHO's on this. Status is on-going and due date has not been identified.*

**Recommendation 9:** Action Required: *For action by HSE national, when updated will be implemented by CHO 6. Status is on-going and due date has not been identified.*

**Recommendation 10:** Action Required: *GM's agreed at Forum on 25/9/2017 to raise discussion regarding funding through Estimates or other funding streams.*

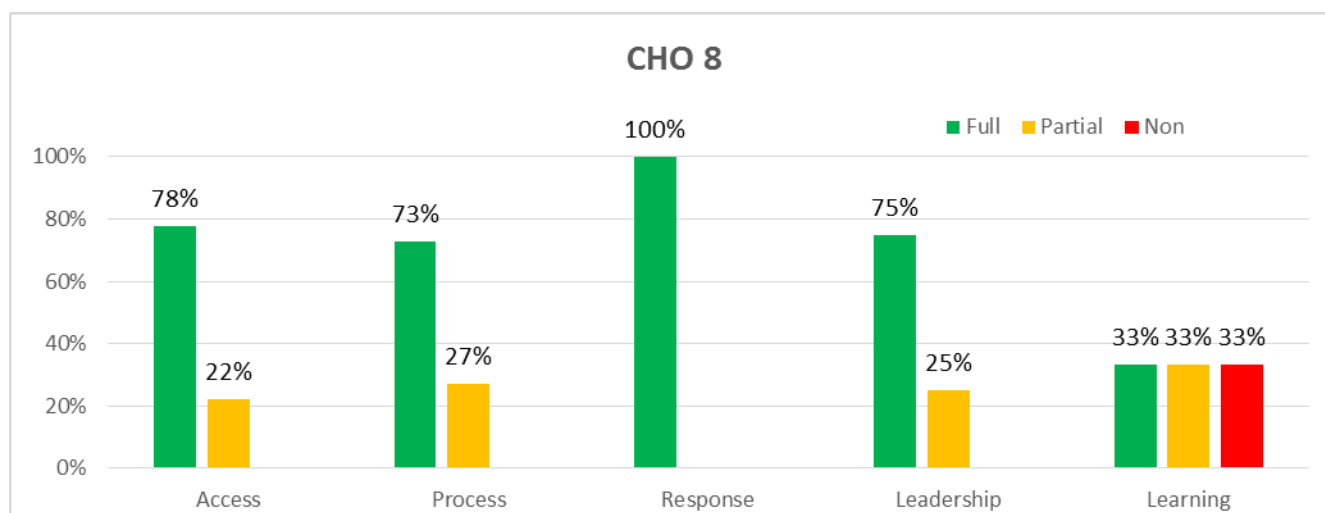
• CHO 7



CHO 7 has reported **93%** full compliance across all recommendations (27 /29), demonstrating full compliance with recommendations under the headings of *Process, Response and Leadership*. Partial compliance has been identified with recommendation **5** (Access).

Non-compliance with recommendation **36** has been identified. The action required is listed as follows: *This is happening at national level, but local structures do not have capacity to do this at present. CHO 7 policy on this needs to be developed. Mental Health DSC - a summary of complaints are shared with Clinical Directors local and the QOS teams for the inpatient units monthly. Complaints and Learning outcomes are shared with these groups monthly.*

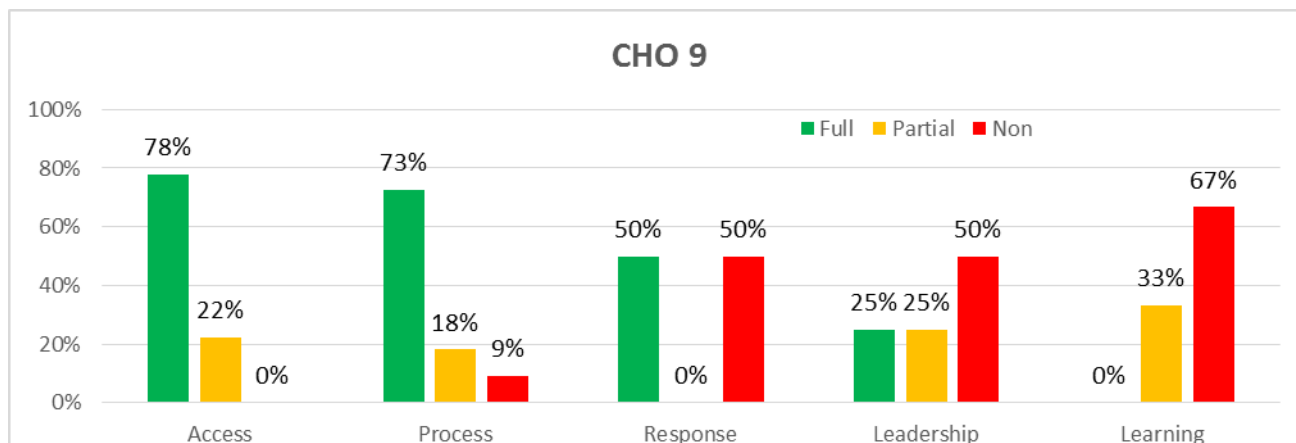
• CHO 8



CHO 8 has reported **69%** full compliance across all recommendations (20 [level of compliance with recommendation **28** has not been stated] /29). Partial compliance has been demonstrated with two recommendations [5, 6] under the heading of *Access*, three recommendations [21, 22, 25] under the heading of *Process*, recommendation **29** under the heading of *Leadership* and recommendation **34** under the heading of *Learning*.

Non-compliance with recommendation **36** has been identified with the following action required: *Learning forms have been disseminated to complaints officers. Issue to be addressed by the senior leadership team. Due date is listed as 30.06.19.*

• CHO 9



CHO 9 has reported **59%** full compliance across all recommendations (17 /29). Partial compliance has been demonstrated with two recommendations [5, 11] under the heading of *Access*, two recommendations [14, 21] under the heading of *Process*.

Partial compliance has also been demonstrated with recommendation **33** under the heading of *Leadership* and recommendation **35** under the heading of *Leadership*.

Non-compliance with **recommendation 22** (Process) has been identified with the following action required: *CHO DNCC endeavour to commence auditing complaints in Q2 2019. Due date is listed as Q3.*

Non-compliance with **recommendation 28** (Response) has been identified with the following action required: *CHO DNCC is currently working on a local redress policy. Due date is listed as Q2.*  
Two recommendations have been deemed non-compliant under the heading of *Leadership* (Recommendation 29 and 30).

**Recommendation 29:** Action Required: *CHO DNCC will endeavor to take this into account going forward. Due date is listed as Q3.*

**Recommendation 30:** Action Required: *CHO DNCC is currently working on a annual report for NCGLT. We endeavour to move forward with his and produce six monthly reports for the HSE. Due date is listed as Q3.*

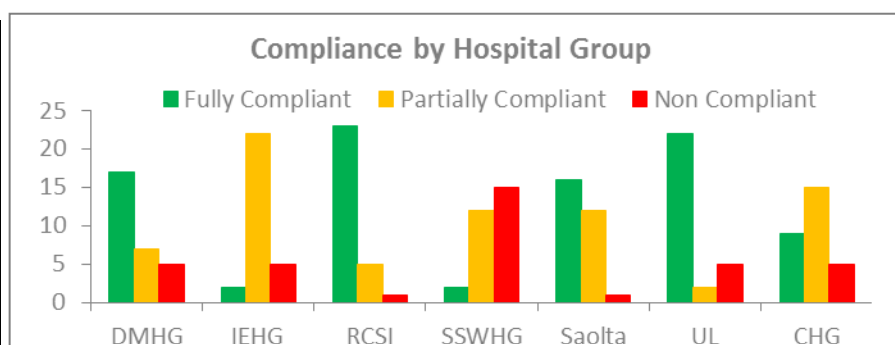
Two recommendations have been deemed non-compliant under the heading of *Learning* (Recommendation 34 and 36).

**Recommendation 34:** Action Required: *Requirement to develop this aspect of complaint management across CHO DNCC . The casebooks will assist with this element Further development required beyond the YSYS policy. Due date is listed as Q2.*

**Recommendation 36:** Action Required: *At the recent launch of the Learning to get Better Report-Progress Update- the development of case books was discussed. In 2019 CHO DNCC will endeavour to follow guidance with the development of these case book in order to enhance learning from the complaint process. Due date is listed as Q3.*

## 2.2 Compliance by Hospital Group

Group	Full	Partial	Non
DMHG	17	7	5
IEHG	2	22	5
RCSI	23	5	1
SSWHG	2	12	15
Saolta	16	12	1
UL	22	2	5
CHG	9	15	5



45% of recommendations across the Hospital Groups have been determined to be fully compliant, 37% partially compliant and 18% non-compliant.

Recommendations in the 'Learning to Get Better' Report are set out under the headings of Access, Process, Response, Leadership and Learning.

### 2.2.1 Access Compliance

9 recommendations relating to 'Access' are required to be implemented by Acute and Community Services. 43% of these were confirmed by Hospital Groups as being fully compliant, 40% as partially compliant and 17% as non-compliant. No Hospital Group has confirmed full compliance with access recommendations.

Access	1	3	4	5	6	9	10	11	12
DMHG	Green	Red	Green	Yellow	Red	Red	Red	Yellow	Green
IEHG	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
RCSI	Green	Green	Green	Yellow	Green	Green	Green	Green	Red
SSWHG	Green	Yellow	Red	Red	Red	Red	Yellow	Yellow	Yellow
Saolta	Green	Green	Green	Green	Yellow	Green	Green	Green	Green
UL	Green	Green	Green	Green	Yellow	Green	Red	Green	Green
CHG	Yellow	Green	Yellow	Yellow	Yellow	Red	Yellow	Yellow	Yellow
% Full	71%	57%	57%	29%	14%	43%	29%	43%	43%

The highest % full compliance with access recommendations across the Hospital Groups refers to recommendation 1. The highest % non-compliance refers to recommendation 9 - *each hospital group should develop a process to allow for the consideration of anonymous complaints*. IEHG has confirmed partial compliance with all access recommendations while DMHG and SSWHG have demonstrated largest volumes of non-compliance (4). [See individual Hospital Group section].



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### 2.2.2 Process Compliance

11 recommendations relating to 'Process' are required to be implemented by Acute and Community Services. 49% of these were confirmed by Hospital Groups as being fully compliant, 35% as partially compliant and 16% as non-compliant.

Process	14	16	17	18	19	20	21	22	23	24	25
DMHG	Green	Green	Green	Green	Yellow	Green	Yellow	Red	Green	Green	Green
IEHG	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Green	Yellow	Yellow
RCSI	Green	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
SSWHG	Yellow	Red	Red	Yellow	Green	Red	Yellow	Red	Red	Red	Yellow
Saolta	Yellow	Green	Yellow	Yellow	Yellow	Green	Green	Yellow	Green	Yellow	Green
UL	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
CHG	Green	Yellow	Yellow	Green	Green	Yellow	Red	Yellow	Red	Red	Yellow
<b>% Full</b>	<b>57%</b>	<b>43%</b>	<b>29%</b>	<b>57%</b>	<b>57%</b>	<b>57%</b>	<b>43%</b>	<b>29%</b>	<b>71%</b>	<b>43%</b>	<b>57%</b>

UL Hospital Group has confirmed full compliance with all process recommendations. The highest % full compliance with process recommendations across the Hospital Groups refers to recommendation 23. IEHG has confirmed 91% partial / non-compliance with process recommendations while 6 of the 11 recommendations [55%] were deemed non-compliant by SSWHG.

### 2.2.3 Response Compliance

2 recommendations relating to 'Response' are required to be implemented by Acute and Community Services. 50% were confirmed by Hospital Groups as being fully compliant, 36% as partially compliant and 14% as non-compliant.

DMHG, RCSI and UL Hospital Groups demonstrated full compliance with both recommendations. IEHG and SSWHG have confirmed non-compliance with recommendation 28 - Each hospital group should develop a standardised policy on redress.

Response	27	28
DMHG	Green	Green
IEHG	Yellow	Red
RCSI	Green	Green
SSWHG	Yellow	Red
Saolta	Yellow	Yellow
UL	Green	Green
CHG	Green	Yellow
<b>% Full</b>	<b>57%</b>	<b>43%</b>

### 2.2.4 Leadership Compliance

Leadership	29	30	32	33
DMHG	Green	Green	Green	Yellow
IEHG	Yellow	Red	Yellow	Yellow
RCSI	Green	Yellow	Green	Green
SSWHG	Yellow	Red	Yellow	Yellow
Saolta	Yellow	Green	Green	Green
UL	Green	Red	Yellow	Green
CHG	Yellow	Green	Green	Green
<b>% Full</b>	<b>43%</b>	<b>43%</b>	<b>57%</b>	<b>57%</b>

4 recommendations relating to 'Leadership' are required to be implemented by Acute and Community Services. 50% were confirmed by Hospital Groups as being fully compliant, 39% as partially compliant and 11% as non-compliant.

No Hospital Group has confirmed full compliance with leadership recommendations.



Recommendations **29**, **32** and **33** have been reported as either partially or fully compliant. Recommendation **30** is deemed non compliant by IEHG, SSWHG and UL Hospital Groups, - *Each hospital group should provide a six monthly report to the HSE on the operation of the complaints system detailing the numbers received, issues giving rise to complaints, the steps taken to resolve them and the outcomes.*

### 2.2.5 Learning Compliance

Three recommendations make up grouping titled ‘*Learning*’. **38%** were confirmed by Hospital Groups as being fully compliant, **33%** as partially compliant and **29%** as non-compliant.

Learning	34	35	36
DMHG	Yellow	Green	Yellow
IEHG	Yellow	Green	Red
RCSI	Green	Green	Yellow
SSWHG	Red	Red	Red
Saolta	Yellow	Yellow	Red
UL	Red	Red	Red
CHG	Red	Green	Yellow
<b>% Full</b>	<b>14%</b>	<b>57%</b>	<b>0%</b>

All Hospital Group confirmed partial / non-compliance with recommendation 36, with 4 of the 7 Hospital Groups non-compliant and 3 partially compliant.

Recommendation 36 relates to the publicising of (*via the development of a casebook*) complaints received and dealt with within that hospital group.

RCSI Hospital Group confirmed full compliance with recommendations 34 and 35.

See **Appendix 2** for full recommendation listing.

## 2.2.6 Compliance by Recommendation / Hospital Group

Headings	Rec. no	DMHG	IEHG	RCSI	SSWHG	Saolta	UL	CHG
Access	1	Green	Yellow	Green	Green	Green	Green	Yellow
	3	Red	Yellow	Green	Yellow	Green	Green	Green
	4	Green	Yellow	Green	Red	Green	Green	Yellow
	5	Yellow	Yellow	Yellow	Red	Green	Green	Yellow
	6	Red	Yellow	Green	Red	Yellow	Yellow	Yellow
	9	Red	Yellow	Green	Red	Green	Green	Red
	10	Red	Yellow	Green	Yellow	Green	Red	Yellow
	11	Yellow	Yellow	Green	Yellow	Green	Green	Yellow
	12	Green	Yellow	Red	Yellow	Green	Green	Yellow
Process	14	Green	Yellow	Green	Yellow	Yellow	Green	Green
	16	Green	Red	Yellow	Red	Green	Green	Yellow
	17	Green	Yellow	Yellow	Red	Yellow	Green	Yellow
	18	Green	Yellow	Green	Yellow	Green	Green	Green
	19	Yellow	Yellow	Green	Green	Yellow	Green	Green
	20	Green	Yellow	Green	Red	Green	Green	Yellow
	21	Yellow	Red	Green	Yellow	Green	Green	Red
	22	Red	Yellow	Green	Red	Yellow	Green	Yellow
	23	Green	Green	Green	Red	Green	Green	Red
	24	Green	Yellow	Green	Red	Yellow	Green	Red
	25	Green	Yellow	Green	Yellow	Green	Green	Yellow
Response	27	Green	Yellow	Green	Yellow	Yellow	Green	Green
	28	Green	Red	Green	Red	Yellow	Green	Yellow
Leadership	29	Green	Yellow	Green	Yellow	Green	Green	Yellow
	30	Green	Red	Yellow	Red	Green	Red	Green
	32	Green	Yellow	Green	Yellow	Green	Yellow	Green
	33	Yellow	Yellow	Green	Yellow	Green	Green	Green
Learning	34	Yellow	Yellow	Green	Red	Yellow	Red	Red
	35	Green	Green	Green	Red	Yellow	Red	Green
	36	Yellow	Red	Yellow	Red	Red	Red	Yellow

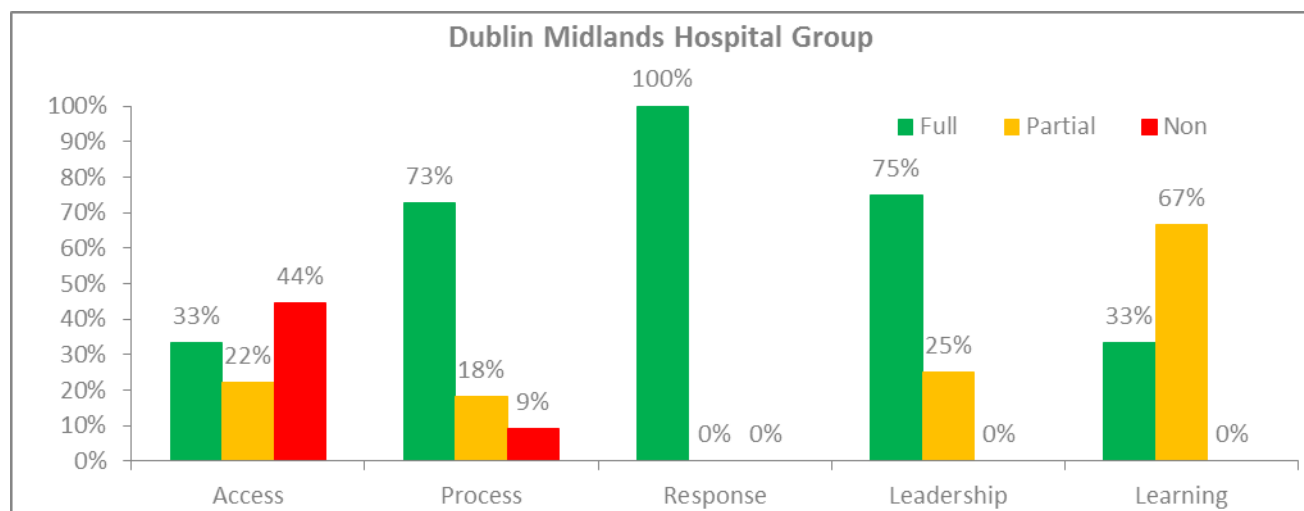
### Summary

- No recommendation is fully compliant across all Hospital Groups.
- **19** of the **29** recommendations were identified by at least one Hospital Group as being non-compliant.
- Recommendation **36** is either partially (3) or non-complaint (4) across all Hospital Groups.
- RCSI Hospital Group has demonstrated highest full compliance across all Hospital Groups, followed by UL Hospital Group.

## 2.2.7 Individual Hospital Group Compliance

Hospitals Groups templates are reflective of responses provided by hospitals in their submissions.

### • Dublin Midlands Hospital Group



DMHG has reported **59%** (17 /29) full compliance across all recommendations, **24%** (7) are partially compliant and **17%** (5) as non-compliant. Full compliance has been demonstrated with recommendations under the heading of *Response*. *Access* recommendations reflect the highest volume of non-compliance for the Group with 4 of the 9 recommendations deemed non-complaint.

***It should be noted that all hospitals, with the exception of St. James's Hospital have been included in DMHG submission. At the time of reporting this hospital's template remained outstanding.***

Non-compliance has been identified with recommendations **3, 6, 9, 10** and **22**. The following update has been given in relation to these:

**Recommendation 3:** Hospitals are responsible for maintaining and updating on the HSE Website. DMHG are working with HSE digital to develop a DMHG Section to the Website and that includes guidance for the public making a complaint and specific Hospital Complaints officer contacts. There is now a Website and if there is a requirement to publish an agreed document there is a location for it. Hospitals are responsible for maintaining and updating on the HSE Website.

**Recommendation 6:** Some of the hospitals within the group have developed and are developing a process for volunteer advocacy.

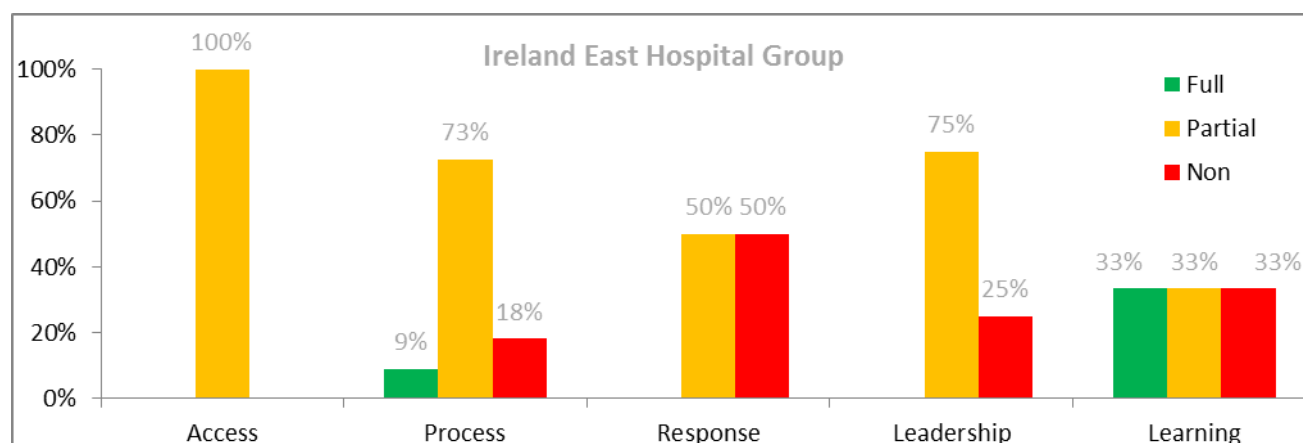
**Recommendation 9:** Awaiting National Guidance from the Quality and Verification Division of the HSE

**Recommendation 10:** A number of the hospitals in the DMHG are to appoint these officers.

**Recommendation 22:** Has to be developed within DMHG. Assessment Template sent to Complaints Managers for their attention and completion. This is being followed up on from the DMHG office.



• Ireland East Hospital Group



IEHG has reported **7%** [2] full compliance across all recommendations (2 / 29), **76%** (22) are partially and **17%** (5) as non-compliant.

Partial compliance has been identified with all *Access* recommendations [1, 3, 4, 5, 6, 9, 10, 11, 12], 8 of the 11 *Process* recommendations [14, 17, 18, 19, 20, 22, 24, 25] and 5 others across *Response* [27], *Leadership* [29, 32, 33] and *Learning* [34].

Non-compliance has been identified with recommendations 16, 21, 28, 30 and 36. The following update has been given in relation to these:

**Recommendation 16:** Currently capacity at group level is limited. Complaint Officer/Manager is not in place however group lead for complaints is Director for Quality, Clinical Governance & Patient Safety.

**Recommendation 21:** In progress, in development plan for 2019.

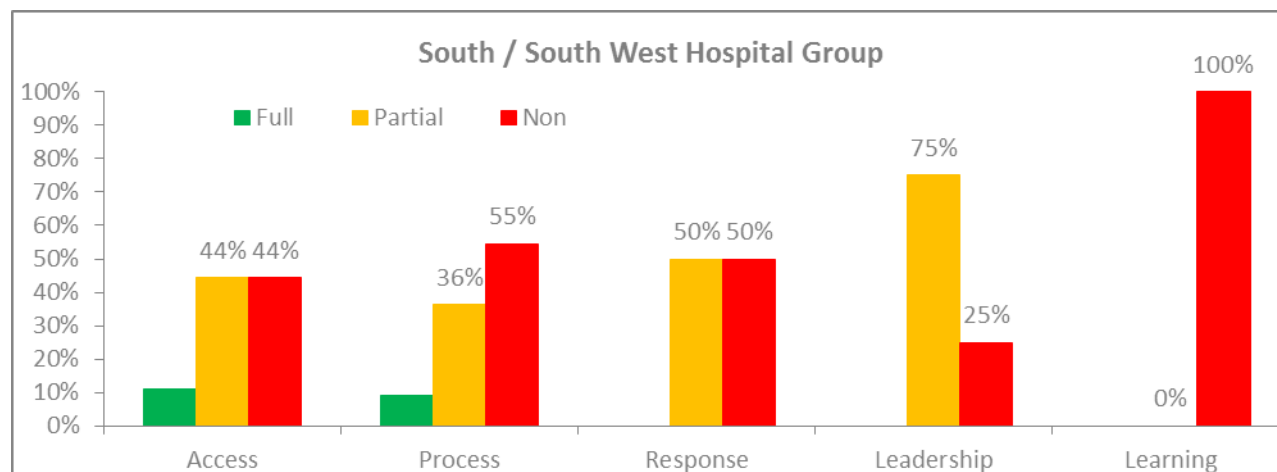
**Recommendation 28:** In order to provide standardisation on redress policy across the system, this should be considered at national level.

**Recommendation 30:** In progress, in development plan for 2019.

**Recommendation 36:** In progress, in development plan for 2019.

IEHG provided a summary report which is enclosed as **Appendix 2** to this report.

• South / South West Hospital Group



South / South West Hospital Group has reported **7%** (2 / 29) full compliance across all recommendations, **41%** (12) are partially and **52%** (15) as non-compliant. Partial compliance has been identified with recommendations **3, 10, 11, 12, 14, 18, 21, 25, 27, 29, 32** and **33**.

Non-compliance has been identified with recommendations **4, 5, 6, 9, 16, 17, 20, 22, 23, 24, 28, 30, 34, 35, and 36**. The following update has been given in relation to these:

**Recommendation 4:** UHK – Dedicated space needed.

**Recommendation 5:** CUMH - Status under review, STGT - need to display information (due Q2 2019).

**Recommendations 9/17:** Variability across hospitals.

**Recommendation 16:** Awaiting nomination for Complaints Manager at Group level. Complaint Officers in place.

**Recommendation 20:** Consumer Affairs addressing training needs.

**Recommendation 22:** Audit will be carried out in Q1 2019.

**Recommendation 23:** Issue needs to be addressed through national bodies.

**Recommendation 24:** Currently responses to complaints do not consistently reflect the wording suggested in clarification provided. Further audit will be carried out.

**Recommendation 28:** This will require guidance across the system.

**Recommendation 30:** Not currently reported via Acute Hospitals.

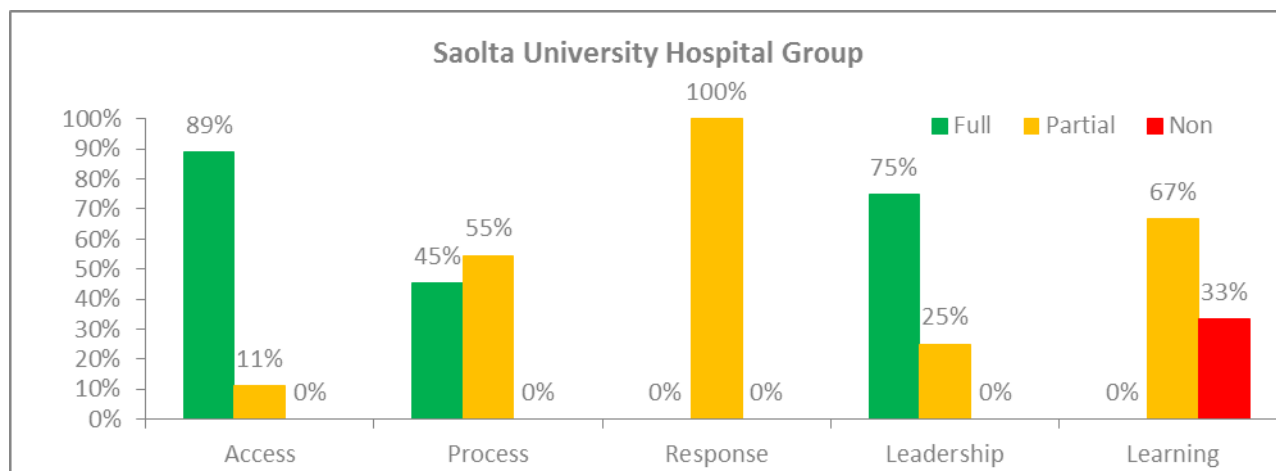
**Recommendation 35:** Complaint Officer Forum being established through Consumer Affairs.

**Recommendation 36:** Please see individual commentary from each hospital. Complaint Officer Forum being established through Consumer Affairs.



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- **Saolta University Hospital Group**



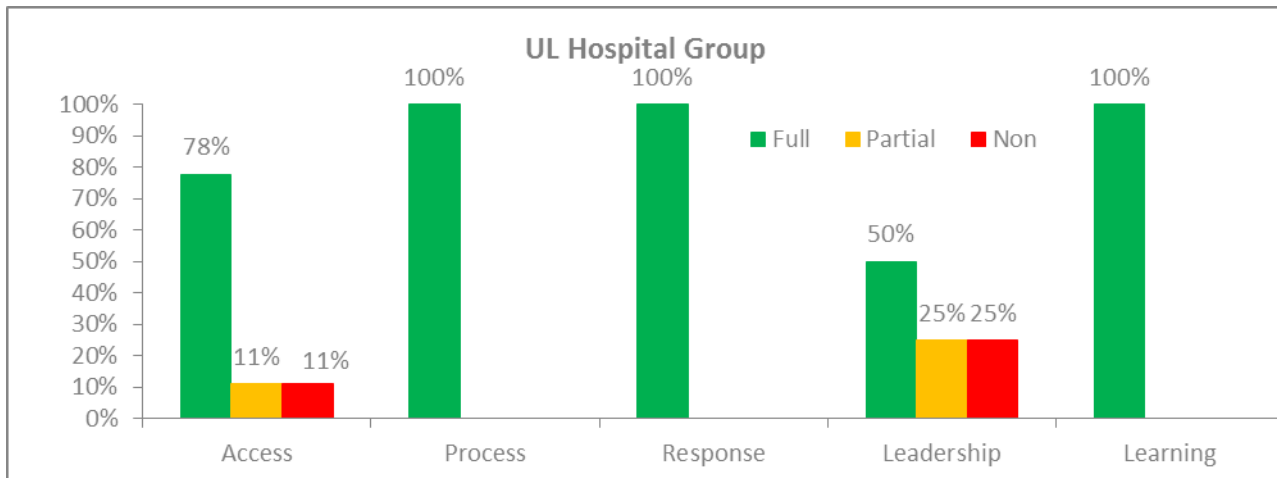
Saolta has reported **55%** (16 / 29) full compliance across all recommendations, **41%** (12) are partially and **3%** (1) as non-compliant.

Partial compliance has been identified with recommendations **6, 14, 17, 18, 19, 22, 24, 27, 28, 29, 34** and **35**.

Non-compliance has been identified with recommendation **36**. The following update has been given in relation to this:

**Recommendation 36:** Casebook under development in Q1 2019.

- **UL Hospital Group**



UL Hospital Group has reported **76%** (22 / 29) full compliance across all recommendations, **7%** (2) are partially compliant and **17%** (5) as non-compliant. Full compliance has been demonstrated with recommendations under the headings of *Process and Response*. All *Learning* recommendations are currently deemed non-compliant.

Partial compliance has been identified with recommendations **6** and **32**. Non-compliance has been identified with recommendations **10, 30, 34, 35** and **36**. The following update has been given in relation to these:

**Recommendation 10:** Awaiting nomination from COO office

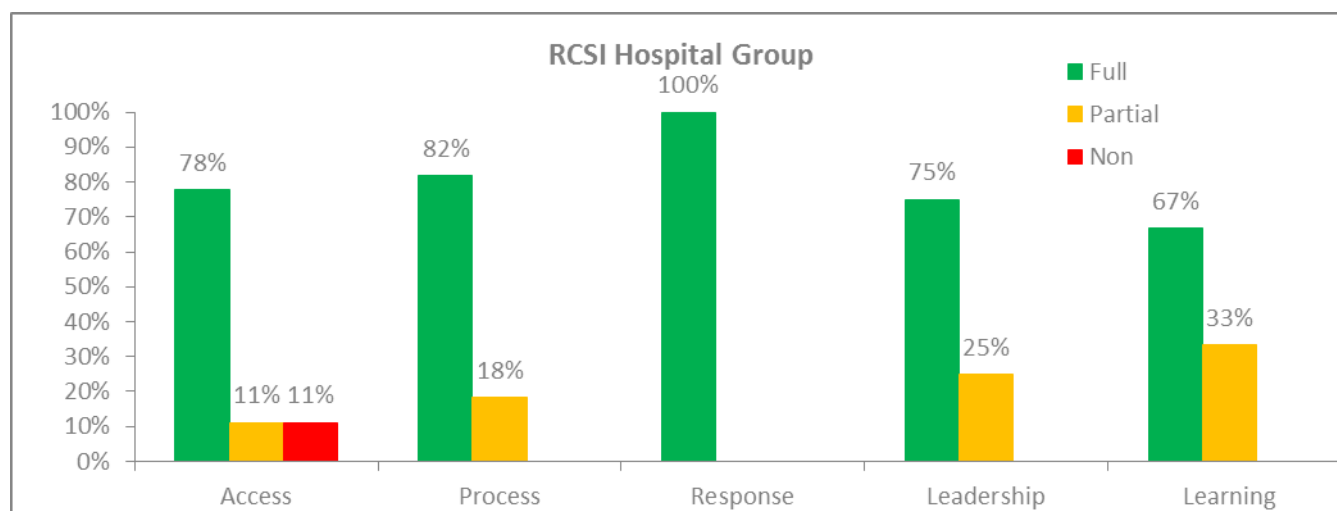
**Recommendation 30:** This is duty of the regional manager for consumer affairs. All complaints are uploaded onto the complaint log.

**Recommendation 34:** Recommendation are being tracked through the QI improvement committee and risk rated and actioned depending on the risk rating.

**Recommendation 35:** The regional consumer affairs manager is setting up this forum in collaboration with the complaints and governance team.

**Recommendation 36:** The ULHG publish learning notices and have an annual Quality Improvement conference to share the learning.

- **RCSI Hospital Group**



RCSI has reported **79%** (23 / 29) full compliance across all recommendations, **17%** (5) are partially compliant and **4%** (1) as non-compliant. Full compliance has been demonstrated with recommendations under the headings of *Process and Response*. All *Learning* recommendations are currently deemed non-complaint.

Partial compliance has been identified with recommendations **5, 16, 17, 30** and **36**.

Non-compliance has been identified with recommendations **12**. The following update has been given in relation to this as follows:

**Recommendation 12:**

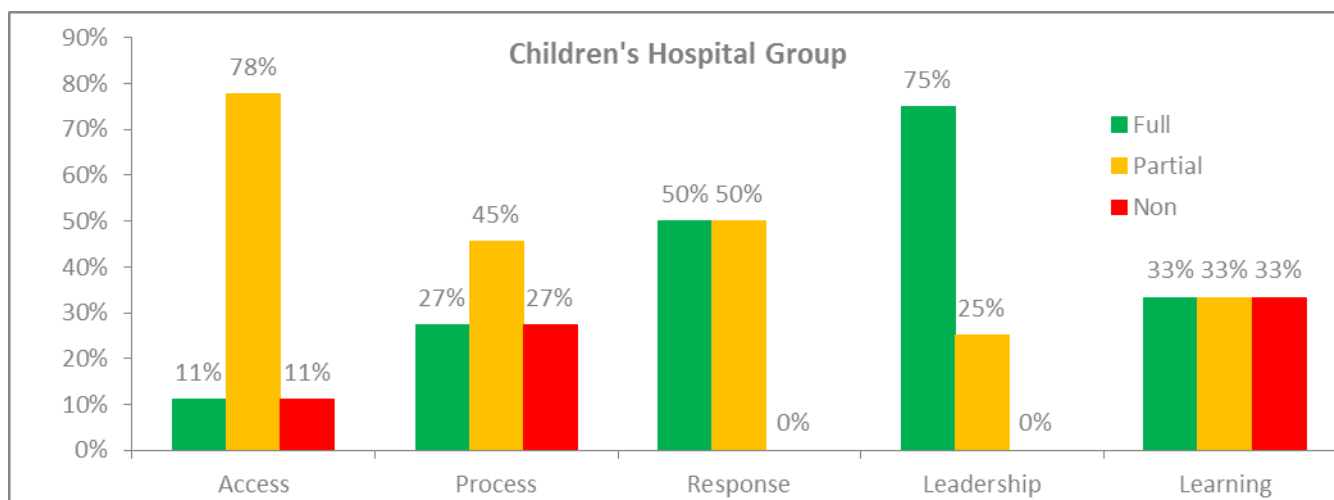
The Health Act, 2004 states that “Any notification, or reports forwarded to a person who has made a complaint shall advise that nothing in Part 9 of the Act prohibits or prevents any person who is dissatisfied with a recommendation made or step taken in response to a complaint or a review that the matter may be referred by him or her to the Ombudsman or the Ombudsman for Children, as appropriate” (S.I. No. 652/2006 - Health Act 2004 (Complaints) Regulations 2006).

However the Ombudsman is excluded from examining matters related to clinical judgement. Complaints within healthcare invariably reflect many clinical components; therefore it can be illogical and unfair to direct patients and families to the Office of the Ombudsman who in many cases cannot assist them.

There is on-going work in the RCSI Hospital Group in signposting and directing patients and families to frontline staff who can assist them and also to Patient Advice and Liaison Departments and Complaints Staff. The Beaumont Hospital website has clear signposting for patients to the Patient Advice and Liaison (PALs) Office. The RCSI Hospital Group website also contains information for patients on the complaints process.

RCSI provided a summary report which is enclosed as **Appendix 3** to this report.

- **Children’s Hospital Group**



CHG has reported **31%** (9 / 29) full compliance across all recommendations, **52%** (15) are partially compliant and **17%** (5) as non-compliant.

Partial compliance has been identified with recommendations **1, 4, 5, 6, 10, 11, 12, 16, 17, 20, 22, 25, 28, 29** and **36**.

Non-compliance has been identified with recommendations **9, 21, 23, 24,** and **34**. The following update has been given in relation to these:

**Recommendation 9:** CHI to decide on this. Differs from HSE YSYS policy.

**Recommendation 21:** Induction takes place at local level. With integration there will be a move to standardise this across the three hospitals.

**Recommendation 23:** Complainants are advised they can take their complaint to the Ombudsman.

**Recommendation 24:** Plans in place to use data from audits to identify gaps.

**Recommendation 34:** TSCUH has a standardised template used for documenting recommendations from reviews and complaints. Standing item on agenda at Quality & Safety Executive since 2019. TUH: Standardised action plan; with a process for tracking and monitoring of the implementation of recommendations.

### 2.3 Launch of the Ombudsman's Progress Report on Learning to Get Better

When Learning to Get Better (LTGB) was published in 2015 by the Office of the Ombudsman it provided a valuable platform for improving the HSE's complaint management processes and set out through its recommendations a means to improve the quality and safety of health services in a way that would deliver, over time, measurable benefits for patients and service users. The report highlighted the absolute importance of the patient voice and a culture that values person centredness, patient safety, quality and learning.

On 14<sup>th</sup> November 2018, the Ombudsman published his Progress Report on his '*Learning to Get Better, An investigation by the Ombudsman into how public hospitals handle complaints*'. This progress report sets out his assessment of the implementation of recommendations contained in the original report published in 2015. A total of 7 hospital sites (one per Hospital Group) and 3 Community Healthcare Organisations were audited.

*Pictured at the launch from left to right: Ms Emer Doyle, Office of the Ombudsman, Mr Peter Tyndall, Ombudsman, Mr Christopher Rudland, HSE National Complaints Governance and Learning Team, Ms Geraldine McCormack, Office of the Ombudsman*



Of the **34** recommendations applying to the HSE, the Progress Report details that **11** recommendations surveyed in randomised audit samples of CHOs / Hospitals have been fully implemented, **17** partially implemented and **6** not implemented.

The Ombudsman did acknowledge the progress made on many of the recommendations, particularly those that had to be implemented at a national level and he identified some areas of good practice at service level. He was however dissatisfied with the overall progress in the past 3 years. He specifically felt that implementation was inconsistent across Hospital Groups and Community Healthcare Organisations.

In welcoming the report, Mr Patrick Lynch, HSE National Director for Quality Assurance and Verification, commented,

*'While we know that most people's experiences of the health service are good, there are times when we get it wrong. For us to learn from both the good things and the bad things, the HSE has committed to ensuring that feedback from patients and others who use its services, whether it is critical or complimentary, is welcomed, heard and acted on. This independent review of implementation of the Learning to Get Better Report provides the health service with an important assessment of the improvements made since 2015 as well as identifying the work that still*



*has to be done. The HSE remains committed to ensuring the full implementation of the Ombudsman's recommendations that relate to the HSE."*

The Ombudsman's Progress Report, which covers both Hospital Groups and Community Healthcare Organisations, recognises the body of work undertaken by the HSE since the launch of Learning to Get Better in 2015 with 27 of the 34 recommendations applying to the HSE highlighted as being implemented or that progress is being made.

While it is great to see these efforts recognised, the Progress Report highlights the significant work that has yet to be achieved and areas needing further development. The publication of this Progress Report is an important milestone for the HSE providing an external and independent view on progress since the launch of Learning to Get Better in May 2015. It not only refocuses HSE efforts to ensure that our processes and our people are enablers of feedback and that our system is orientated towards learning from complaints but will also serve to accelerate the work to achieve full compliance.

The HSE will continue to work in partnership with the Office of the Ombudsman in relation to its feedback processes, which will be to the benefit of services, services users and staff.



## Part Three: The National Complaints Governance and Learning

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### Team

#### 3.0 Introduction

The National Complaints Governance and Learning Team (NCGLT) is the national unit within the National Quality Assurance and Verification Division tasked with developing the systems and supports to deliver on the HSE's commitment to provide an enhanced service user feedback process that is accessible, flexible and responsive as well as ensuring that it is geared towards learning and quality improvement.



*Pictured are some members of the NCGLT Team*

The NCGLT team includes the National Your Service Your Say Office based in Millennium Park in Naas, which offers a dedicated frontline service, assisting service users and their families to provide feedback to the HSE.

The NCGLT team also includes the National Disability Complaints Service dealing with Assessment of Need Complaints.

#### 3.1 Governance

##### 3.1.1 Complaints Managers

Named managers with responsibility for championing the feedback process, especially in relation to complaints have been appointed within Community Healthcare Organisations, Hospital Groups and National Divisions to ensure leadership and governance in this area.

Complaints Managers are involved in education, training and reporting arrangements around Your Service Your Say. They ensure that the HSE's feedback policy is implemented and that the system is functioning in line with policy with key staff, including clinicians, supported to understand how complaints are handled. They provide assurance, through casebooks, that learning is being captured and shared as well as reporting to local management on the effectiveness of the process.

Complaints Managers are responsible for assigning Review Officers to complaints following request for a review.

NCGLT, as part of its governance function, continue to follow up with CHOs, HGs and National Divisions to ensure that named managers are appointed to the role and attend the National Complaints Governance and Learning Forum, both of which were mandated by the HSE following the publication of Learning to Get Better.



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### 3.1.2 National Complaints Managers Governance and Learning Forum

NCGLT, to support Complaints Managers in their role established a National Complaints Managers Governance and Learning Forum. The Forum, which meets quarterly, offers a valuable opportunity for shared learning, problem solving, discussion around issues, expert input into specialist topics as well as an arena for exploring areas for development to ensure the continuous evolution of our feedback processes. Case studies are an integral part of the learning platform that is fostered and facilitated at the Forum. Key messages including matters identified or arising are taken back from the Forum by Complaints Manager and shared with their Senior Management Teams at CHO, HG and National Division level for consideration and action as appropriate.

The Forum hosted a number of guest presenters in 2018 delivering content around specialist topics and niche areas and NCGLT would like to thank the following for generously giving their time:

- Dr Paul O'Connor PhD, Ms Sinéad Lydon and Ms Emily O'Dowd, National University of Ireland, Galway
- Ms Nuala Ward and Mr Shane Keenan, Office of the Ombudsman for Children
- Ms Margaret McGarry, National Incident Management and Learning Team/HSE Quality Assurance and Verification Division
- Ms Emer Doyle and Ms Geraldine McCormack, Office of the Ombudsman
- Ms Ciara Norton, Department of Health

Minutes of the Forum are available on [www.hse.ie/yoursay](http://www.hse.ie/yoursay)

### 3.1.3 Complaints Officers

Complaints Officers are delegated into their role and act independently and with the authority of the Chief Officer of a Community Healthcare Organisation, Chief Executive Officer of a Hospital Group or National Director of a National Division in the investigation of a complaint.

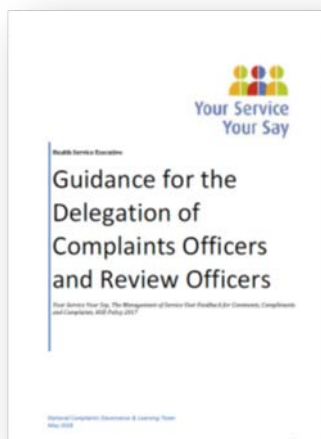
In the Ombudsman's report, *Learning to Get Better*, he asserted that *'Complaints Officers are the lynchpin of the complaints process and have a wide range of responsibilities in terms of administration and handling of complaints, providing help and advice to people wishing to make a complaint and supporting staff involved in handling complaints'*.

The Ombudsman recommended therefore that *'Complaints Officers should have the authority and time to deal with complaints effectively'*.

To assist the HSE in reviewing staff assigned as Complaints Officers and Review Officers, NCGLT developed guidance regarding the Delegation of Complaints Officers and Review Officers.

This Guidance updates the Delegation Process ensuring that each person assigned as a Complaints Officer or Review Officer is formally delegated into this role highlighting the independent nature of the function and the authority it carries.

The revised delegation process has enabled CHOs, HGs and National Divisions to streamline its numbers ensure that a smaller pool of staff is delegated and so enabling greater levels of expertise to be gained through greater volumes of complaints being investigated.



In addition the Guidance provides that each delegation for a Complaints Officer or Review Officer must be reviewed after three years and the appropriateness for re-delegation or revocation assessed.

Delegation Orders including Appointment Revocation Notifications are to be held by Complaint Managers with a copy issued to the local Consumer Affairs Office, the National Complaints Governance and Learning Team, and the National Delegations Office. These offices should also be notified by a Complaints Officer and/or Review Officers should they leave or change their post for any reason.

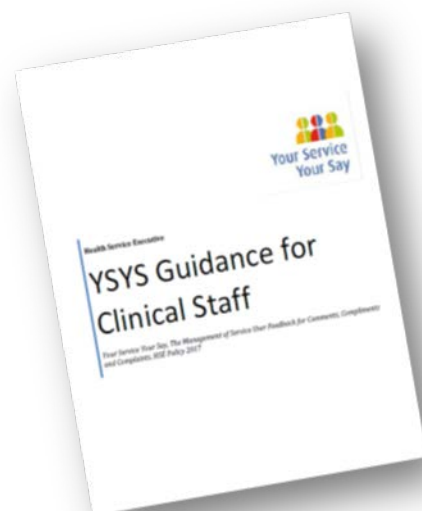
The revised Delegation Forms and Guidance are available on [www.hse.ie/yoursay](http://www.hse.ie/yoursay)

### 3.2 The National *Your Service Your Say* Policy: *Your Service Your Say* Guidance for Clinical Staff

The revised national policy, *Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints, 2017*, was launched in November 2017. The Policy replaced the previous version which had been in operation for over 15 years and has been updated to reflect the key changes within the HSE as well as embracing the key recommendations by the Office of the Ombudsman's report, Learning to Get Better.

One of the key revisions in the policy is the clarification of the various roles within Your Service Your Say and in particular the role of clinical professionals. To support the various clinical professionals who may be involved in a Your Service Your Say complaint investigation NCGLT developed '**YSYS Guidance for Clinical Staff**'.

This guide outlines the many ways clinical professionals become involved in Your Service Your Say investigations as well as the nature and extent of that involvement. The Guide offers a step by step approach in assisting Complaints Officers assess Your Service Your Say complaints to determine if and what clinical input is needed and also assists clinical professionals to engage with the YSYS process providing guidance on report writing including offering an apology as well as a template for compiling the Clinical Judgment Complaint Report.

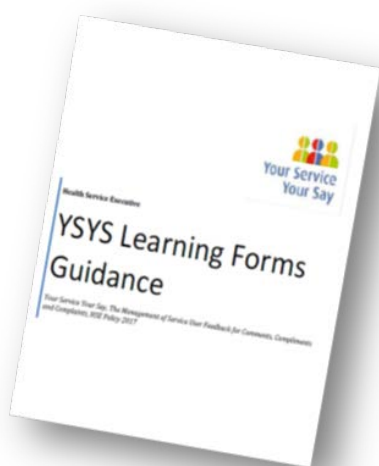


This guide is available on [www.hse.ie/yoursay](http://www.hse.ie/yoursay)

### 3.3 The National *Your Service Your Say* Policy: Your Service Your Say Learning Forms Guidance

Learning and accountability are critical for an effective feedback process. It is important therefore that recommendations arising out of complaint investigations are fully implemented and that learning from these investigations including complaints resolved at point of contact is shared across services, Hospital Groups and Community Healthcare Organisations. The revised Your Service Your Say Policy is clear in its intent to use complaint data to ensure lessons learned from feedback and in particular complaints are used to improve services.

In responding to the Ombudsman's report, *Learning to Get Better*, and the recommendations set out within, in particular, recommendations 13, 17, 18, 19, 29 and 36, NCGLT, together with Complaint Managers through the Complaints Managers Governance and Learning Forum have produced a suite of Learning Forms and Guidance on their use. (Please see Appendix 2 for a list of the full Learning to Get Better recommendations)



The design and development of these Forms and associated Guidance took place in the first quarter of 2018. The finalised Forms were agreed by Complaints Managers and circulated to them for onward distribution within their CHO / Hospital Group for a trial period – May to September 2018 which was further extended to December 2018.

In Q3 2018 Complaints Managers were issued with a series of questionnaires to obtain any feedback on the use of these Forms. Following this, the finalised Forms and Guidance were circulated by NCGLT to Chief Executive Officers for Hospital Groups, Chief Officers for Community Healthcare Organisations and copied to their Complaints Managers for use by staff.

The Learning Forms which are designed to assist staff capture learning from handling complaints are as follows:

- **Point of Contact Resolution and Escalation Form** - to be completed by all staff who resolve a complaint within the 48 hours, point of contact timeframe, and sent to Line Manager for analysis. This form is also to be used by a Line Manager if a complaint could not be resolved within the point of contact timeframe (48 hours) and needs to be escalating for examination and response by a Complaints Officer. The Line Manager retains a copy of the form for analysis. Any trends, issues to be raised with the service for learning.
- **Anonymised Learning Notification Forms** – completed by both Complaints Officers and Review Officers following investigation/review to capture learning. Forwarded to Complaints Manager for analysis and sharing.
- **Learning Summary Casebooks.** (1) Compiled quarterly by Complaints Officer for their area and sent to Complaints Manager for sharing. (2) Generated and published quarterly by Complaints Managers from all learning forwarded by Complaints Officers and Review Officers and made universally available.

Casebook to be published online on a quarterly basis by NCGLT.



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### 3.3.1 Point of Contact Complaints (Stage 1)

The Mid Staffordshire report highlighted the importance of point of contact complaints as they serve as an early warning indicator with their cumulative analysis enabling identification of patterns of concern. Each case therefore should not just be treated on its individual merits but assessed as part of a wider picture of service delivery. Point of Contact complaints, where service users, including families and visitors, are often the first to witness poor outcomes, provide an alert to falling standards and offer the organisation the chance to realise and appreciate where certain issues are significant as well as a valuable opportunity for early correction.

The value of learning from complaints both at point of contact and through more formal Complaint Officer investigation was reiterated by the Ombudsman, Peter Tyndall, who, in undertaking his own investigation into how hospitals handle complaints, found that learning from complaints was essential and that a new focus was needed on learning, and on sharing the learning.

*'Responding effectively to complaints and learning from them is fundamental in providing a high quality service'.*

The Ombudsman also wanted a standardised structure for collecting and documenting complaints, including those resolved at Stage 1 (Recommendation 17, 18, 19, 29). Indeed, in his most recent publication, Learning to Get Better: Progress Report, the Ombudsman specifically stated,

*'Addressing complaints at the earliest possible stage in the process should be a priority for each hospital and CHO. I also recommended that these complaints should be recorded and documented. Early resolution (or, as the HSE refers to it, Point of Contact Resolution) is now a key part of the Complaints Management Pathway (Appendix 2) and is referred to as Stage 1 of the process.'*

*'Having systems in place to properly record these complaints can ensure that trends and learning can be identified and shared. When my Office visited selected hospitals as part of the original investigation, only two hospitals recorded these interactions. However, the HSE has now developed a Point of Contact Complaint Resolution Form which allows the frontline staff member to detail what the complaint was about and the actions they took to resolve it.'*

The HSE's Complaints Management System (CMS) currently provides for the capturing of Stage Two complaints. However, a CMS module for the online capturing of Stage One is in development with the CMS Steering Group. The manual Point of Contact Complaint Resolution and Escalation Form is the first phase in this development process and will enable the HSE to meet the recommendations of Learning to Get Better for Stage 1 /point-of-contact complaints.



## Learning Forms and Casebooks

### **POINT OF CONTACT COMPLAINT RECEIVED**

Received by any staff member who will try to resolve immediately or escalate to Line Manager to resolve within two working days.



### **POINT OF CONTACT RESOLUTION AND ESCALATION FORM**

**Resolution Section:** Completed by any staff member (including Line Manager) who has resolved a service user's complaint at point of contact & forwarded to Line Manager for identification of trends. Learning to be shared with Service Manager.

**Escalation Section:** Completed by Line Manager when unable to resolve a complaint at the point of contact (within two working days) & forwarded to Complaints Officer. Line Manager to keep a copy to identify trends.

**Line Manager to highlight trends and learning to Service Manager.**



Complaints Officer / Complaints Manager

### **ANONYMISED COMPLAINT LEARNING NOTIFICATION FORM**

Completed by Complaints Officers & Review Officers after each investigation / review where learning is identified.  
**Form sent to Complaints Manager who will bring trends / issues to the attention of relevant Service Managers**



### **ANONONYMISED LEARNING SUMMARY CASEBOOK**

Compiled quarterly by Complaints Officers and issued to Complaints Manager.

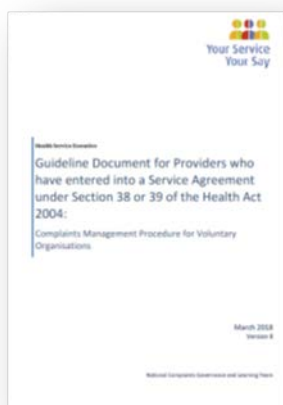
**Complaints Manager to bring key learning to the attention of CHO /HG Senior Management**

Compiled quarterly by Complaints Managers from Complaints Officers' Anonymised Learning Summary Casebooks and Review Officers' Anonymised Learning Notification Forms.

**Complaints Managers' Casebook to be made universally available and published online quarterly by NCGLT**



### 3.4 The National *Your Service Your Say* Policy: Guidance for the Complaints Management Procedure for Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004



Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004 are obliged to submit information to the Health Service Executive on complaints.

In order to ensure compliance with Part 9 of the Health Act 2004 along with the Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006) a procedure was developed by NCGLT to assist voluntary agencies in developing their own complaints statement / policy, setting out key elements and timeframes as well as to allow for the smooth and efficient collection of data in relation to complaints.

### 3.5 Development of Children's Leaflet

Following the revision of the Your Service Your Say Policy, it was important that materials were developed to inform, assist and support its use by service users, particularly those aged 18 years and under.

Encouraging and enabling children and young people to voice their concerns can be challenging for any organisation. The HSE wanted to ensure that its feedback process was accessible to a younger audience and that the information it provided was appropriate and sufficient.

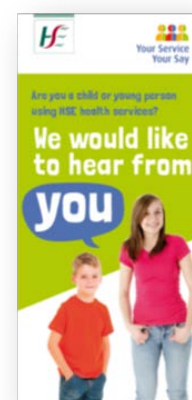
NCGLT consulted with TUSLA, the Office of the Ombudsman for Children and the Youth Advisory Council in early 2018.



NCGLT and the Youth Advisory Council agreed to work in partnership to help tease out the information needed by young people and how best to present this.

A number of workshops with the Youth Advisory Council (YAC) were held in the Office of the Ombudsman for Children at which Council members kindly shared their views and insights as well as evaluating the content and design of literature on Your Service Your Say. Together NCGLT and YAC worked through the language to be used and the type and level of content needed for a child friendly leaflet as well as the information to be included in the main Your Service Your Say guidance manual.

This work was finalised by the end of Q1 2018 and the leaflet was published at the beginning of Q2 and widely distributed throughout the HSE. The main Your Service Your Say guidance manual was updated and is published online and available on [www.hse.ie/yoursay](http://www.hse.ie/yoursay)



In addition to this work and following the launch of the Office of the Ombudsman for Children's *Guide to Child Centred Complaints Handling* in 2018, Ms Nuala Ward, Director of Investigations, attended our Complaints Managers Governance and Learning Forum and set out the core principles of good practice for dealing with complaints made by or on behalf of children. This will further assist those working in the area of complaints to adopt and embed a child friendly and sensitive approach to complaints handling within the HSE for concerns raised on behalf of or by service users aged 18 years and under.

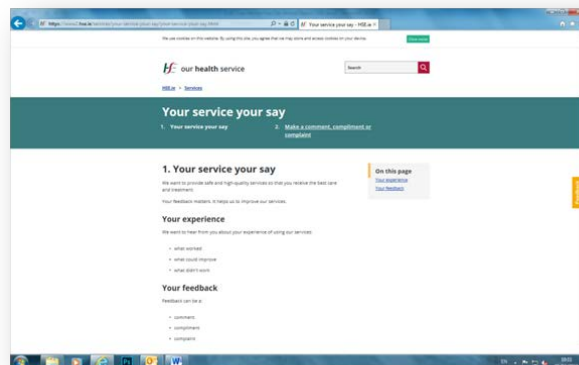
### 3.6 Your Service Your Say Materials

All *Your Service Your Say* materials are available to order from [www.healthpromotion.ie](http://www.healthpromotion.ie)  
Staff must register as a professional to place an order.

### 3.7 HSE Website

The HSE website is currently undergoing re-development to enhance accessibility for service users to provide feedback across multiple platforms.

The redesign and development is streamlining content making it easier to leave a comment, compliment or complaint and to understand what will happen to your feedback.



Links to additional information and resources will be available on the new service user friendly webpage if needed. This is an on-going project with expected completion in 2019.

### 3.8 Awareness

In 2018, NCGLT undertook a number of awareness events to promote *Your Service Your Say*.

#### Exhibiting at the HSE Strategic Healthcare Leadership Development Masterclass

The 5<sup>th</sup> Strategic Healthcare Leadership Development Masterclass was hosted by HSE Director General Tony O’Brien on April 18, 2018 at the Helix, DCU campus.

This was a key calendar event for senior managers and leaders across the Irish health system and wider business community to come together to learn, to be challenged and to be inspired by acclaimed speakers in the area of health services leadership and improvement.



NCGLT availed of the opportunity to exhibit, promote and engage with senior healthcare leaders on the importance of providing an accessible and responsive system to encourage service users to relate their experience with our health services and how we can benefit from this.

*Pictured (from left to right) Ms Aoife Hilton and Ms Elaine Ahern, National Complaints Governance and Learning team.*







There was great interest in Your Service Your Say, with many healthcare professionals eager to ensure that they were familiar with the newly revised policy and that the various staff supports developed to assist in delivering a responsive feedback system. The information and learning to be gained from the analysis of complaints data through the use of the Complaints Management System can offer was of particular interest.

*Top photo (from left to right): Mr Greg Price, Quality Improvement Division, Mr Bernard Gloster, Mid West Community Healthcare*

*Middle photo (from left to right): Ms Dorothy Prendergast, Health Business Services, Ms Finn Ryan, Health Business Services and Ms Sharon Hickey, Health Business Services*

*Bottom photo (from left to right): Ms Sheila Caulfied, Ms Emma Finn, HSE Communications*

### Presenting and Exhibiting at the 3rd National Patient Safety Conference

The National Patient Safety Office in the Department of Health hosts an annual conference to promote synergy between the focus on safe care using evidence in practice to improve quality through clinical guidelines, audit and focused patient safety initiatives. The conference aims to provide a platform for discussion and presentation of key patient safety issues. Its 3<sup>rd</sup> National Patient Safety Conference was held in Dublin Castle in October 2018. This year's conference explored the key themes of learning from data, innovation and change management, and highlighted the importance of communication with patients and the value of dialogue between patient and medical professionals.

Launched by the Minister of Health, Mr Simon Harris, the conference hosted international experts as well as healthcare professionals closer to home. Among those were Ms Aoife Hilton, Senior Manager with NCGLT and Dr Paul O'Connor, National University of Ireland, Galway who presented on two key projects utilising the innovative Healthcare Complaints Analysis tool (HCAT).

Their presentation, 'Unlocking the Potential of Healthcare Complaints' focused on setting out the work involved in the early stages of these projects and how they were using HCAT to analyse samples of complaints received by NCGLT. HCAT, developed by the London School of Economics is a standardised analytical tool for reliably coding and assessing healthcare complaints and provides a reliable framework through which healthcare complaints can be monitored, learnt from and examined in relation to healthcare outcomes.



*Pictured is Ms Aoife Hilton, Senior Manager, NCGLT presenting at the conference.*



The Conference presented an excellent platform to highlight the revised Your Service Your Say Policy which is designed to both encourage and make it easier for service users to feedback their experience of their care and to engage in dialogue with us as to how that care can be improved. NCGLT also highlighted the new Complaints Management System and the type of data that could be captured from complaints as well as the various reports that would provide the information needed to inform quality improvement decisions.

*Pictured from left to right: Dr Paul O'Connor, NUIG, Mr Chris Rudland, NCGLT, Ms Aoife Hilton, NCGLT, Ms Elaine Ahern, NCGLT and Ms Emily O'Dowd, NUIG*

### Roadshows

NCGLT continued its efforts to increase awareness of the revised Your Service Your Say policy and provide guidance on its operation through bespoke presentations to CHOs, HGs, National Services and voluntary agencies. Some of these included University of Limerick Hospital Group, Dublin Midlands Hospital Group, CHO Primary Care Services, and Voluntary Agencies.

### 3.9 Review Officer Training

The National Complaints Governance and Learning Team continued to provide complaint training courses for Review Officers in 2018. These courses help develop and enhance delegated Review Officers' knowledge of the key elements within the complaints legislation and policy for the management of complaints at internal review stage. Participants learned how to identify key considerations when reviewing a complaint from initial receipt through to the issuing of recommendations. The course focused on the review process steps including guidance on how to conduct an investigation. Representatives from the Office of the Ombudsman also attended and presented at each of these training days.

A total of **72 staff** attended Complaint Review Officer training in 2018.

### 3.10 Online Learning – HSELandD

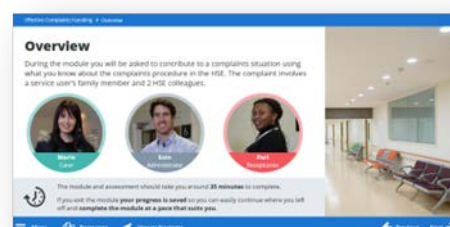
HSELandD is an online learning forum developed and run by the Health Service Executive. Access to hseland.ie is available over the internet, on a secure site. It is available to all Healthcare Professionals in the Republic of Ireland, both within Health Service Executive (HSE), Voluntary Hospital Sector, and associated Non-Government-Organisations (NGO's).

In 2018 NCGLT together with key stakeholders including representatives from the Office of the Ombudsman launch its newly developed interactive on-line complaint handling e-learning tool, hosted through the HSELandD portal. This tool consists of two modules.

- Module 1: Effective Complaints Handling
- Module 2: Effective Complaints Investigation

Both modules have been reviewed and assessed by the Nursing and Midwifery Board of Ireland (NMBI) and each has been awarded one continuing education unit (1 CEU)

**Module 1** is for all staff to use and encompasses a number of interactive complaint handling scenarios that encourages engagement of the staff member through the exploration of different e-learning paths. This is very effective for empowering staff with the confidence to respond to point of contact complaints.



A total of **2847 staff** have so far completed this module (figure based on usage up to 23<sup>rd</sup> Jan 2019)



**Module 2** is an interactive learning tool for Complaints Officers. It takes the user through the entire process of handling a written complaint from when it initially received on the Complaints Officer's desk, right through to guiding the user on who to create a final report.

A total of **451 staff** have so far completed this module (up to 23<sup>rd</sup> Jan 2019).

### 3.11 Complaints Management System (CMS)

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In addition to the learning forms which identify learning from individual complaints it was necessary to develop a system to capture and aggregate complaint data from CHOs, HGs and National Divisions to enable meaningful analysis and reporting of issues and trends at various levels throughout the HSE so as to assist in decision making and the targeting of resources to deliver quality improvements and better health outcomes and experiences for those who use our services.

As a result, a new online database, the Complaints Management System, was developed in conjunction with the State Claims Agency and will, for the first time, facilitate the capture of comprehensive complaints data to enable analysis and comparison. This will support learning from complaints and ensure evidence based best practice can be shared across services.

Leads for the Complaints Management System have been identified in each CHO and HG and will be the link between the services and our Division to ensure that the reporting from the system is providing the information needed to guide decision making and resource allocation.

<b>Complaints Officers and Support Staff trained in the Complaints Management System</b>	<b>2018 General User Training</b>	<b>2018 Report Training</b>
<b>Hospital Group</b>		
CHG	0	7
ULH	5	0
Saolta	0	0
SSWHG	22	4
DMHG	9	2
RCSI	12	13
IEHG	1	2
<b>Community Health Organisations</b>		
CHO 1	31	1
CHO 2	1	1
CHO 3	0	1
CHO 4	32	2
CHO 5	17	0
CHO 6	4	3
CHO 7	15	2
CHO 8	41	1
CHO 9	42	1
<b>Corporate</b>		
PCRS	1	0
NAS	3	0
<b>Total 2018</b>	<b>236</b>	<b>40</b>



### Analysis of 1000 complaints recorded on Complaints Management System

2017 was the first year that Complaints Officers commenced recording complaints data on the Complaints Management System. A random sample of 1000 such records allowed the NCGLT the opportunity to take a more in depth look at the causes of complaints using a more detailed classification system.

While nothing definite can be drawn from this random selection, it is important to demonstrate that the move from the old spreadsheet data collection method to the new national standardised Complaints Management System will improve our understanding, throughout the Health Services, of the factors that influence service users to make complaints.

It is also possible to demonstrate, for the first time, how many recommendations arose from issues investigated through the complaints process, i.e. 146.

- 1000 complaints
  - 727 Closed (73%)
  - 578 Upheld/partially upheld (79% of complaints investigated were upheld)
- 375 complaints were indicated as closed within recommended timeframe, (on examination many more complaints were closed within timeframe but had not been recorded as such on the CMS)
- 146 recommendation or some other action arose from the complaint investigation

1	<b>Safe &amp; Effective Care</b>	<b>352 recorded issues in complaints received</b>		
		Top 3 causes	1	Unsatisfactory treatment or care
			2	Failure / delay in treatment / delivery of care
			3	Diagnosis - delayed diagnosis
2	<b>Access</b>	<b>227 recorded issues in complaints received</b>		
		Top 3 causes	1	Appointment - delay in issuing appointment
			2	Admission - delay in admission process
			3	Treatment
3	<b>Communication &amp; Information</b>	<b>211 recorded issues in complaints received</b>		
		Top 3 causes	1	Insufficient and inadequate information
			2	Failure / delay in communicating with relatives
			3	Inadequate listening and response
4	<b>Dignity and Respect</b>	<b>170 recorded issues in complaints received</b>		
		Top 3 causes	1	Lack of respect shown to patient during examination / consultation
			2	Alleged inappropriate behaviour by a patient
			3	Patient's dignity not respected



5	<b>Accountability</b>	<b>51 recorded issues in complaints received</b>		
		Top 3 causes	1	Bill dispute
			2	Insurance cover
			3	Unhappy with income collection process
6	<b>Improving Health</b>	<b>13 recorded issues in complaints received</b>		
		Top 3 causes	1	Patient / family preference discounted / disrespected
			2	Food quality
			3	Non-compliance (visitor, patient, staff smoking)
7	<b>Privacy</b>	<b>9 recorded issues in complaints received</b>		
		Top 3 causes	1	Breach of patient confidentiality
			2	Hospital Facilities (Privacy)
			3	Lack of privacy during consultation/discussing condition
8	<b>Participation</b>	<b>3 recorded issues in complaints received</b>		
		Top 3 causes	1	Opinion discounted - family / relatives / advocate / next of kin
			2	Excluded from decision making process - family/ relatives/ advocate/ next of kin
			3	Consent

### 3.12 Complaints Management System (CMS) Steering Group

The CMS Steering Group is a formal sub group of the NIMS Steering Group. The Steering Group has been established to provide governance and direction for the implementation and further development of agreed modules of the Complaints Management System. The group also functions as an approval committee and clearing house for change requests from users of the CMS before changes are then forwarded to the NIMS Steering Group.

CMS leads have been appointed within each Community Healthcare Organisation and Hospital Group and meet as a group to further progress the development of the CMS existing module for Stage 2 complaints and the future development of new modules on capturing Stage 1 or point of contact complaints and modules for comments and compliments.

Each member of the CMS Steering Group is a nominated lead and represents their own Community Healthcare Organisation and Hospital Groups current and future requirements with regard to complaints management and reporting on the CMS.





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### 3.13 Healthcare Complaints Audit Tool (HCAT)

The Healthcare Complaints Audit Tool (HCAT) is an innovative method of classifying complaints developed by the London School of Economics (LSE) after a rigorous analysis of 80,000 NHS complaints. The HCAT tool is a reliable method of coding and systemising healthcare complaints that also supports international comparability of data.

The Healthcare Complaints Analysis Tool (HCAT) treats each complaint as an 'incident', and asks the following:

1. *What is the problem being reported?*
2. *How severe was it?*
3. *Where, in the system, did it happen?*
4. *Who did it involve?*
5. *Was there a consequence?*

#### **3.13.1 Unlocking the potential of healthcare complaints to Improve Patient Care**

The NCGLT in partnership with NUIG are currently undertaking a body of work involving the analysis of approximately 2400 complaints from across the HSE's services. The purpose of this analysis is to improve the classification system used by the HSE and hence our understanding of the nature and severity of complaints.

Classification is an essential part of the processing of each complaint that is received by the Health Services and is a requirement of the HSE's compliance with the Health Act 2004 Section 55.—(2) (b). Under the Act, it is essential the HSE analyse complaints to establish and classify the nature of each complaint received.

This project will run from 2018 to 2022 and is divided into 2 sections which will run concurrently. The first focusing on Acute Services related complaints and the second on Community Services related complaints.

Improved classification systems support the identification of systemic issues and trends within systems and services leading to improvements in healthcare delivery and ensuring high standards of quality and safety.

### 3.14 The National Your Service Your Say Office

The National Your Service Your Say Office based in Millennium Park in Naas offers those who use our services a dedicated contact point for submitting feedback or seeking advice on how to provide feedback.



All feedback, including comments, compliments or complaints, are then routed by the office to the appropriate service for their examination and direct response to the person raising the concerns.

Complaints received through the Director Generals Office or from the Department of Health are also channelled through this office.

The service operates five days a week, Monday to Friday from 9am to 5pm and can be contacted on 1890 424 555 or on 045 880400, if calling from a mobile.

*Pictured left to right: Ms Lisa McCormack, Ms Annie Kinsella and Ms Amy McQuillan of the National Your Service Your Say Team.*

The service is supplemented by HSELive who can offer assistance to callers outside of these hours from Monday to Friday, 8am to 8pm as well as on a Saturday from 10am to 5pm. HSELive can be contacted on 1850 24 1850 or on 041 6850300, if calling from a mobile.

People can also email the Your Say Team on [yoursay@hse.ie](mailto:yoursay@hse.ie) if preferred.

Alternatively, people can fill out the online feedback form on the HSE website ([www.hse.ie/yoursay](http://www.hse.ie/yoursay)) and this will be forwarded to our team in Naas.

In line with the new General Data Protection Regulations, if you submit a complaint to the HSE National Your Service Your Say office that relates to a private facility or a HSE funded (voluntary) agency the team will either request your permission to forward on your complaint to that private facility or funded agency for investigation under their own complaints policy and direct response to you or advise you that you can submit your complaint directly to that facility/agency.





YourSay Activity 2018								
2018	YSYS emails	Complaints via DG	Complaints via DoH	QAV Letters	Reviews	QAV office calls	QAV office missed calls	Total interactions
January	557	13	189	12	5	215	53	1044
February	509	13	135	11	1	165	29	863
March	524	12	119	5	4	98	16	778
April	606	9	157	3	6	115	22	918
May	691	12	107	14	1	126	18	969
June	512	3	159	3	4	135	38	854
July	691	2	146	6	2	108	32	987
August	665	3	198	10	1	102	43	1022
September	730	3	96	1	0	119	18	967
October	712	8	119	10	0	124	20	993
November	726	3	129	11	4	88	16	977
December	492	3	88	4	0	56	8	651
<b>Total 2018</b>	<b>7415</b>	<b>84</b>	<b>1642</b>	<b>90</b>	<b>28</b>	<b>1451</b>	<b>313</b>	<b>11023</b>
Total 2017	5852	99	1698	94	53	2111	272	10179
Total 2016	6360	89	1485	141	155	1582	95	9907
Total 2015	7374	118	1786	198	194	-	-	9670
Total 2014	5011	87	1790	166	222	-	-	7276

Overall the National Your Service Your Say Call Team has experienced an increase in the number of contacts from people wishing to provide feedback with an 8% increase from 2017. Calls to the Your Service Your Say Team have decreased slightly with more people opting to provide their feedback via email.

### 3.15 National Disability Complaints – Assessment of Need

The Disability Act 2005 provides for a special complaints and appeals procedure for service users if they are unhappy with their child's assessment of need or Service Statement.

Under the Disability Act 2005 a parent/guardian can make a complaint regarding Assessment of Need if:

1. The child is found not to have a disability and the Parent/Guardian does not agree
2. The assessment is not done in line with the standards set by the Health Information and Quality Authority
3. An assessment is not started and completed within the agreed timeframes
4. Parent/Guardian believes that the content of the child's Service Statement is inaccurate or incorrect
5. Services in the child's Service Statement were being delivered.



There is currently a significant backlog of complaints regarding Assessment of Need services to be addressed. The NCGLT recruited an additional dedicated Disabilities Complaints Officer in September 2017 to address this backlog. This expanded the team of Complaints Officers to two.

Your Service  
Your Say

Please see part 2 for information on complaints addressed by this office.

### **3.16 Developments commenced in 2018**

#### **3.16.1 Managing Unreasonable Behaviour by Complainants within the Your Service Your Say Process**

Both service users and staff within the Your Service Your Say process have the right to be treated with dignity, respect, compassion and empathy. It is important that both parties understand what is expected of and from them within the process.

A multi-agency Steering Group was established to develop policy and guidance for assisting staff in promoting and maintaining positive engagements with complainants and to ensure that the ethos of welcoming and encouraging service users to share their experiences is reflected in that approach.

In recognising that staff and complainant relationships can deteriorate the policy and guidance offers support for restoring relationships and de-escalating behaviours while also detailing the various HR supports available to staff.

The Policy and Guidance also sets out a clear step by step procedure for responding to behaviours that escalate to being unreasonable.

A final draft of the Policy was signed off by the Steering Group in December 2018.

The Policy will undergo a full legal review prior to progressing through to the HSE's final PPPGs approval stages which will include consultation with the Health Service Trade Unions.

## Appendices

### Appendix One: Data Tables

#### Hospitals: Statutory

Hospitals in Ireland are organised into seven Hospital Groups. The services delivered include inpatient scheduled care, unscheduled/emergency care, maternity services, outpatient and diagnostic services. In 2017 Complaints Data relating to HSE Statutory Hospitals was through 2 alternative methods:

HSE Statutory Complaints data was collected monthly and collated quarterly by each Consumer Affairs region with the exception of ULH. Complaints Data relating to ULH was collected by the Hospital Group.

1. HSE Statutory Complaints data was extracted through statistical reports created from complaints recorded on the Complaints Management System.

<b>University Limerick Hospitals Group (ULH) Statutory Hospitals</b>	University Hospital Limerick, University Maternity Hospital, Croom Hospital, Nenagh Hospital, Ennis Hospital	<b>RCSI Statutory Hospitals</b>	Connolly Hospital, Our Lady of Lourdes Hospital, Drogheda and Louth County Hospital, Cavan General Hospital and Monaghan Hospital
<b>Dublin Midlands Hospital Group (DMHG) Statutory Hospitals</b>	Midlands Regional Hospital, Tullamore, Naas General Hospital, Midlands Regional Hospital Portlaoise	<b>South/South West Hospital Group (SSWHG) Statutory Hospitals</b>	Cork University Hospital/CUMH, University Hospital Waterford, Kerry General Hospital, South Tipperary General Hospital, Bantry General Hospital, Mallow General Hospital, Lourdes Orthopaedic Hospital, Kilcreene, Hospital, Kilcreene
<b>Ireland East Hospital Group (IEHG) Statutory Hospitals</b>	Midland Regional Hospital Mullingar, St Luke's General Hospital, Kilkenny, Wexford General Hospital, Our Lady's Hospital, Navan, St Columcille's Hospital	<b>Saolta Statutory Hospitals</b>	University Hospital Galway, Merlin Park University Hospital, Sligo Regional Hospital, Letterkenny General Hospital, Mayo General Hospital, Portiuncula Hospital, Roscommon County Hospital



Hospital Groups

Hospital Groups (Statutory)	Complaints received 2018	Complaints excluded under Part 9 of the Health Act 2004	Anonymous	Resolved informally	Withdrawn	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
DMHG Statutory Hospitals	427	10	2	156	3	177	58	78%
IEHG Statutory Hospitals	971	17	7	497	12	205	200	72%
RCSI Statutory Hospitals	353	23	0	93	11	152	54	69%
Saolta Statutory Hospitals	643	5	0	142	28	250	112	61%
SSWHG Statutory Hospitals	861	68	1	219	11	217	199	51%
ULH Statutory Hospitals	780	1	2	95	10	281	195	48%
<b>Total</b>	<b>4035</b>	<b>124</b>	<b>12</b>	<b>1202</b>	<b>75</b>	<b>1282</b>	<b>818</b>	<b>62%</b>

Table 24: Complaints reported: Statutory Hospitals within Hospital Groups 2018

National Ambulance Service

National Ambulance Service	Complaints received 2018	Complaints excluded under Part 9 of the Health Act 2004	Anonymous	Resolved informally	Withdrawn	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
<b>Total</b>	<b>103</b>	<b>6</b>		<b>0</b>	<b>6</b>	<b>22</b>	<b>1</b>	<b>21%</b>

Table 25: Reported complaints National Ambulance Service



### Complaint Categories: Statutory Hospitals

Hospital Groups (Statutory Hospitals)

Hospital Groups (Statutory)	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
DMHG Statutory Hospitals	166	32	120	63	0	0	0	44
IEHG Statutory Hospitals	122	66	716	106	2	6	8	30
RCSI Statutory Hospitals	84	78	167	49	5	6	2	24
Saolta Statutory Hospitals	133	62	202	100	0	7	3	24
SSWHG Statutory Hospitals	186	73	303	368	0	5	8	59
ULH Statutory Hospitals	238	64	321	115	31	5	10	48
<b>Total</b>	929	375	1829	801	38	29	31	229



Hospital Groups (Statutory) Contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
IEHG Statutory Hospitals	6	0	0	0	0	0	0	0
RCSI Statutory Hospitals	38	0	0	0	0	0	0	0
Saolta Statutory Hospitals	18	0	0	0	0	0	0	0
SSWHG Statutory Hospitals	3	0	0	0	0	0	0	0
ULH Statutory Hospitals	8	0	0	0	0	0	0	0
DMHG Statutory Hospitals	0	0	0	0	0	0	0	0
<b>Total</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Table 26: Categories of Complaints reported: Hospital Group Contd.

National Ambulance Service

National Ambulance Service	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
<b>Total</b>	<b>18</b>	<b>40</b>	<b>72</b>	<b>24</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>



National Ambulance Service Contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Table 27: Categories of Complaints reported: NAS.

### Community Health Organisations (CHOs)

In 2018 Complaints Data relating to Community Health Organisations was collected and collated bi-annually by each Consumer Affairs region with the exception of CHO.

3. Complaints Data relating to CHO 3 was collected and collated by the National Complaints Governance and Learning Team.

<b>CHO 1</b>	Donegal, Sligo, Leitrim, Cavan, Monaghan	<b>CHO 6</b>	Wicklow, Dun Laoghaire, Dublin South East
<b>CHO 2</b>	Galway, Mayo, Roscommon	<b>CHO 7</b>	Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West
<b>CHO 3</b>	Clare, Limerick, North Tipperary	<b>CHO 8</b>	Louth, Longford, Laois, Offaly, Meath, Westmeath
<b>CHO 4</b>	Kerry, Cork	<b>CHO 9</b>	Dublin North, Dublin North Central, Dublin North West
<b>CHO 5</b>	South Tipperary, Carlow, Kilkenny, Waterford, Wexford	<b>AoN</b>	Complaints relating to Assessment of Need Nationally (across all CHOs)



*Complaints Received/Resolved: CHOs*

Community Health Organisation (CHO)	Complaints received 2018	Complaints excluded under Part 9 of the Health Act 2004	Anonymous	Resolved informally	Withdrawn	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
CHO 1	214	3	9	100	6	82	23	85%
CHO 2	159	0	0	31	2	9	2	25%
CHO 3	105	0	0	44	10	27	12	68%
CHO 4	95	34	6	9	4	11	4	21%
CHO 5	107	2	0	8	0	48	13	52%
CHO 6	170	0	0	0	0	17	0	10%
CHO 7	254	3	1	46	23	139	28	73%
CHO 8	249	4		9	0	97	29	43%
CHO 9	105	0		39	6	46	13	81%
<b>Total</b>	1458	46	16	286	51	476	124	4.58

Table 28: CHOs Complaints resolved 2018



*Assessment of Need Nationally (Disabilities) (across all CHOs)*

Assessment of Need Nationally (across all CHOs)	Complaints received 2018	Complaints excluded under Part 9 of the Health Act 2004	Anonymous	Resolved informally	Withdrawn	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
<b>Total</b>	741	0	0	0	110	186	342	25%

Table 29: AoN Complaints resolved 2018

Percentage of Applications for Assessment of Need that result in a complaint per County

County	AoN complaints	% of AoN Applications that result in a complaint	County	AoN complaints	% of AoN Applications that result in a complaint
Carlow/Kilkenny	8	16%	Galway	0	0%
Cavan/Monaghan	13	42%	Kerry	0	0%
Clare	0	0%	Kildare/West Wicklow	76	35%
Cork North	12	7%	Laois/Offaly	25	10%
Cork North Lee	171	43%	Limerick	4	2%
Cork South Lee	180	45%	Longford/Westmeath	1	2%
Cork West	2	4%	Louth	2	2%
Donegal	6	19%	Mayo	0	0%



Dublin North	15	2%	Meath	5	2%
Dublin North West	10	2%	Roscommon	0	0%
Dublin North Centre	0	0%	Sligo/Leitrim	2	4%
Dublin South	0	0%	Tipperary N.R	4	3%
Dublin South City	19	25%	Tipperary S.R	7	17%
Dublin South East	1	3%	Waterford	1	2%
Dublin South West	86	25%	Wexford	45	44%
Dublin West	21	14%	Wicklow	25	13%

Table 30: Percentage of Applications for Assessment of Need that result in a complaint per County

*Applications for Assessment of Need by CHO 2019*

CHO	LHO	AoN applications	AoN complaint	% of AoN Applications that result in a complaint
AREA 1				
	Cavan/Monaghan	31	13	42%
	Donegal	32	6	19%
	Sligo/Leitrim	47	2	4%
AREA 2				
	Galway	78	0	0%
	Mayo	66	0	0%
	Roscommon	27	0	0%
AREA 3				
	Clare	94	0	0%
	Limerick	210	4	2%
	Tipperary N.R	116	4	3%
AREA 4				
	Kerry	111	0	0%
	Cork North	174	12	7%
	Cork North Lee	398	171	43%
	Cork South Lee	400	180	45%
	Cork West	49	2	4%
AREA 5				
	Carlow/Kilkenny	49	8	16%
	Tipperary S.R	42	7	17%
	Waterford	41	1	2%
	Wexford	103	45	44%

AREA 6				
	Dublin South East	31	1	3%
	Dublin South	29		0%
	Wicklow	198	25	13%
AREA 7				
	Dublin South City	75	19	25%
	Dublin South West	345	86	25%
	Dublin West	146	21	14%
	Kildare/West Wicklow	219	76	35%
AREA 8				
	Laois/Offaly	261	25	10%
	Longford/Westmeath	52	1	2%
	Louth	114	2	2%
	Meath	243	5	2%
AREA 9				
	North Dublin	715	15	2%
	Dublin North Centre	72	0	0%
	North West Dublin	492	10	2%
<b>Total</b>		5060	741	15%

Table 31: Applications for Assessment of Need (Social Care)



*Primary Care Reimbursement Service (PCRS)*

PCRS	Complaints received 2018	Complaints excluded under Part 9 of the Health Act 2004	Anonymous	Resolved informally	Withdrawn	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days	Resolved through Mediation
<b>Total</b>	273	0	0	45	42	178	8	82%	0

Table 32: PCRS Complaints resolved 2018

*Complaint Categories: CHOs*

Community Health Organisation (CHO)

Community Health Organisation	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
CHO 1	88	25	46	46	5	9	13	12
CHO 2	127	6	8	4	0	0	0	0
CHO 3	54	36	5	7	0	0	1	4
CHO 4	28	11	18	31	2	3	1	2
CHO 5	40	17	14	15	6	0	2	4
CHO 6	6	17	11	18	0	0	27	1
CHO 7	94	88	51	131	2	6	6	3
CHO 8	112	54	86	42	3	4	8	9
CHO 9	30	15	14	26	0	1	0	0
<b>Total</b>	579	269	253	320	18	23	58	35

Community Health Organisation contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
CHO 1	9	2	8	12	0	1	0	0
CHO 2	0	1	0	0	0	0	0	0
CHO 3	0	0	0	0	0	0	0	0
CHO 4	6	0	0	0	0	0	0	0
CHO 5	2	0	0	0	0	0	0	0
CHO 6	0	2	0	0	0	0	0	1
CHO 7	20	1	0	0	0	0	0	0
CHO 8	48	3	11	0	0	0	0	0
CHO 9	1	0	14	0	0	0	0	0
<b>Total</b>	86	9	33	12	0	1	0	1

Table 33: CHOs Complaints Categories 2018

Assessment of Need Nationally (across all CHOs)

Assessment of Need Nationally (across all CHOs)	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
AoN	731	0	13	0	0	0	0	0



Assessment of Need Nationally (across all CHOs) Contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
AoN	1	0	0	0	0	0	0	0

Table 34: AoN Complaints Categories 2018

Primary Care Reimbursement Service (PCRS)

Assessment of Need Nationally (across all CHOs)	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
PCRS	0	0	0	268	0	3	0	2

Assessment of Need Nationally (across all CHOs) Contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
PCRS	0	0	0	0	0	0	0	0



*Complaints by Divisions: CHOs*

<b>Community Health Organisation (CHO)</b>	Primary Care	Social Care	Mental Health	H&W	Acute	Corporate	No Classification provided
CHO 1	83	110	17	3	0	0	0
CHO 2	141	5	13	0			0
CHO 3	37	26	41	0	1	2	0
CHO 4	15	34	43	2	2	0	0
CHO 5	46	6	19	0	45	0	0
CHO 6	1	19	2	0	0	0	170
CHO 7	167	0	87	0	0	0	0
CHO 8	113	87	120	0	0	0	0
CHO 9	51	20	28	0	0	0	0
<b>Total</b>	<b>654</b>	<b>307</b>	<b>370</b>	<b>5</b>	<b>48</b>	<b>2</b>	<b>170</b>

Table 35: CHOs Complaints by Division 2018





### Complaints Reported per CHO by Service

Assessment of Need Nationally (across all CHOs) 2018

<b>Assessment of Need Nationally (across all CHOs)</b>	<b>Social Care</b>	<b>Primary Care</b>	<b>Mental Health</b>	<b>Health and Wellbeing</b>
AoN	741	0	0	0

Table 36: AoN Complaints by Division 2018

Primary Care Reimbursement Service (PCRS) 2018

<b>Primary Care Reimbursement Service</b>	<b>Social Care</b>	<b>Primary Care</b>	<b>Mental Health</b>	<b>Health and Wellbeing</b>
PCRS	0	273	0	0

Table 37: PCRS Complaints by Division 2018



### Voluntary Hospitals and Agencies Complaints Data

#### Voluntary Hospitals within Hospital Groups

Hospitals in Ireland are organised into **seven Hospital Groups**. The services delivered include inpatient scheduled care, unscheduled/emergency care, maternity services, outpatient and diagnostic services.

<b>University Limerick Hospitals Group (ULH) Statutory Hospitals</b>	St. John's Hospital	<b>RCSI Statutory Hospitals</b>	Beaumont Hospital, Rotunda Hospital
<b>Dublin Midlands Hospital Group (DMHG) Statutory Hospitals</b>	St James's Hospital, St. Luke's Radiation Oncology Network, The Adelaide & Meath Hospital, Dublin, The Coombe Women & Infant University Hospital	<b>South/South West Hospital Group (SSWHG) Statutory Hospitals</b>	Mercy University Hospital, South Infirmity Victoria University Hospital
<b>Ireland East Hospital Group (IEHG) Statutory Hospitals</b>	Mater Misericordiae University Hospital, Cappagh National Orthopaedic Hospital, St Vincent's University Hospital, National Maternity Hospital, St Michael's Hospital, Dun Laoghaire, Royal Victoria Eye and Ear Hospital	<b>The Children's Hospital Group (CHG) Voluntary Hospitals</b>	Children's University Hospital Temple Street, The National Children's Hospital, Tallagh, Our Lady's Children's Hospital, Crumlin  <i><b>Note:</b> The three Dublin paediatric hospitals formerly in the Children's Hospital Group transferred into a single public body on 1st January 2019 named Children's Health Ireland.</i>



Complaints Received/Resolved: Voluntary Hospitals

Voluntary Hospitals within Hospital Groups	Complaints received 2018	Complaints excluded under Part 9 of the Health Act 2004	Anonymous	Resolved informally	Withdrawn	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
CHG Voluntary Hospitals	1267	0	2	183	2	849	249	81%
DMHG Voluntary Hospitals	2627	0	16	1079	8	826	206	73%
IEHG Voluntary Hospitals	3025	21	14	2047	26	506	393	84%
RCSI Voluntary Hospitals	749	3	0	119	25	435	294	74%
Saolta Voluntary Hospitals	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SSWHG Voluntary Hospitals	180	6	0	0	0	141	33	78%
ULH Voluntary Hospitals	38	0		12	3	16	7	74%
<b>Total</b>	7886	30	32	3440	64	2773	1182	79%

Table 38: Complaints reported: Voluntary Hospitals within Hospital Groups 2018



Complaint Categories: Voluntary Hospitals within Hospital Groups

<b>Voluntary Hospitals within Hospital Groups</b>	<b>Access</b>	<b>Dignity and Respect</b>	<b>Safe and Effective Care</b>	<b>Communication and Information</b>	<b>Participation</b>	<b>Privacy</b>	<b>Improving Health</b>	<b>Accountability</b>
CHG Voluntary Hospitals	257	210	363	281	27	97	10	129
DMHG Voluntary Hospitals	1069	242	1168	1158	16	39	34	171
IEHG Voluntary Hospitals	837	122	975	1303	6	16	10	128
RCSI Voluntary Hospitals	282	64	429	300	2	15	9	69
Saolta Voluntary Hospitals	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SSWHG Voluntary Hospitals	44	24	62	16	0	17	2	12
ULH Voluntary Hospitals	4	7	21	9	0	1	0	0
<b>Total</b>	<b>2493</b>	<b>669</b>	<b>3018</b>	<b>3067</b>	<b>51</b>	<b>185</b>	<b>65</b>	<b>509</b>

HSE Voluntary Hospitals contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
CHG Voluntary Hospitals	113	3	0	82	10	8	0	18
DMHG Voluntary Hospitals	6	0	0	0	0	1	0	0
IEHG Voluntary Hospitals	190	4	1	0	0	3	0	1
RCSI Voluntary Hospitals	67	0	0	0	0	0	0	0
SSWHG Voluntary Hospitals	4	0	0	0	0	0	0	0
ULH Voluntary Hospitals	3	0	0	0	0	0	0	0
<b>Total</b>	<b>383</b>	<b>7</b>	<b>1</b>	<b>82</b>	<b>10</b>	<b>12</b>	<b>0</b>	<b>19</b>

Table 39: Complaints Categories reported: Voluntary Hospitals within Hospital Groups 2018



*Other Voluntary Hospitals & Agencies*

In 2018 Complaints Data relating to Voluntary Hospitals & Agencies was collected and collated bi-annually by each Consumer Affairs region. A number of large national agencies returned data directly to the National Complaints Governance and Learning Team.

Others	Complaints received 2018	Complaints excluded under Part 9 of the Health Act 2004	Anonymous	Resolved informally	Withdrawn	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
<b>Other Voluntary Hospitals &amp; Agencies</b>	<b>3481</b>	<b>135</b>	112	2320	65	<b>496</b>	<b>240</b>	81%

Table 40: Complaints reported: Other Voluntary Hospitals and Agencies 2018

Complaints Categories: Other Voluntary Hospitals & Agencies

<b>Other Voluntary Hospitals &amp; Agencies</b>	<b>Access</b>	<b>Dignity and Respect</b>	<b>Safe and Effective Care</b>	<b>Communication and Information</b>	<b>Participation</b>	<b>Privacy</b>	<b>Improving Health</b>	<b>Accountability</b>
	621	984	1008	657	113	128	76	106
<b>Other Voluntary Hospitals &amp; Agencies</b>	<b>Clinical Judgement</b>	<b>Vexatious Complaints</b>	<b>Nursing homes / residential care age &gt;65</b>	<b>Nursing homes and residential care age ≤64</b>	<b>Pre-school inspection services</b>	<b>Trust in Care</b>	<b>Children First</b>	<b>Safeguarding Vulnerable Persons</b>
	40	121	9	2	6	56	67	248

Table 41: Complaints Categories reported: Other Voluntary Hospitals and Agencies 2018

## Hospital Groups

### Complaints received by Hospital Group per 100,000 bed days

Hospital Group	Complaints reported 2018	Bed Days	Complaints per 100000 bed days 2018	Complaints per 100000 bed days 2017	Variance
Children's Hospital Group	1267	102887	1231	1400	-12%
University Limerick Hospital Group	818	264285	310	219	41%
Saolta Statutory Hospital Group	643	638942	101	232	-57%
South/South West Hospital Group	1041	663993	157	174	-10%
Dublin Midlands Hospital Group	3054	677659	451	524	-14%
RCSI Hospital Group	1102	587348	188	241	-22%
Ireland East Hospital Group	3996	813721	491	307	60%

Table 42: Complaints received by Hospital Group per 100,000 bed days

### 2018 Bed Days per Hospital

Hospital	Bed Days
Bantry General Hospital	18130
Beaumont Hospital	238480
Cappagh National Orthopaedic Hospital	27576
Cavan General Hospital	75892
CHG, Crumlin	59697
CHG, Tallaght	12416
CHG, Temple St	30774
Connolly Hospital	92506
Coombe Women and Infants University Hospital	53756
Cork University Hospital	199179





Cork University Maternity Hospital	56733
Croom Orthopaedic Hospital	8476
Ennis Hospital	21005
Galway University Hospitals	259497
Letterkenny University Hospital	107658
Louth County Hospital	43
Mallow General Hospital	16304
Mater Misericordiae University Hospital	219348
Mayo University Hospital	89681
Mercy University Hospital	66231
MRH Mullingar	65125
MRH Portlaoise	43727
MRH Tullamore	65196
Naas General Hospital	69943
National Maternity Hospital	41309
Nenagh Hospital	16934
Our Lady of Lourdes Hospital	131445
Our Lady's Hospital Navan	33401
Portiuncula University Hospital	48980
Roscommon University Hospital	17941
Rotunda Hospital	48982
Royal Victoria Eye and Ear Hospital	5637
Sligo University Hospital	115185
South Infirmary Victoria University Hospital	24608
South Tipperary General Hospital	63982
St. Columcille's Hospital	39290



St. James's Hospital	242855
St. John's Hospital Limerick	28865
St. Luke's General Hospital Kilkenny	83638
St. Luke's Radiation Oncology Network	40761
St. Michael's Hospital	24721
St. Vincent's University Hospital	199274
Tallaght University Hospital	161421
UH Kerry	79130
UH Limerick	159202
UH Waterford	139696
UMH Limerick	29803
Wexford General Hospital	74402
	<b>3748835</b>

**Table 43: Bed days per Hospital**

*2018 Complaints Reported per 100,000 Bed Days per Hospital*

Bed Days	Hospital	Complaints Reported	Complaints reported per 100,000 bed days
18130	Bantry General Hospital	8	44
238480	Beaumont Hospital	633	265
27576	Cappagh National Orthopaedic Hospital	61	221
75892	Cavan General Hospital and Monaghan Hospital	79	104
59697	CHG, Crumlin	770	1290
12416	CHG, Tallaght	167	1345
30774	CHG, Temple St	330	1072
92506	Connolly Hospital	81	88
53756	Coombe Women and Infants University Hospital	117	218
199179	Cork University Hospital	78	39
56733	Cork University Maternity Hospital	95	167
8476	Croom Orthopaedic Hospital	26	307
21005	Ennis Hospital	25	119
259497	Galway University Hospitals	268	103
107658	Letterkenny University Hospital	115	107
3004	Lourdes Orthopaedic Hospital Kilcreene	n/a	n/a



16304	Mallow General Hospital	n/a	n/a
219348	Mater Misericordiae University Hospital	1462	667
89681	Mayo University Hospital	56	62
66231	Mercy University Hospital	103	156
65125	MRH Mullingar	155	238
43727	MRH Portlaoise	110	252
65196	MRH Tullamore	175	268
69943	Naas General Hospital	142	203
41309	National Maternity Hospital	109	264
16934	Nenagh Hospital	24	142
131488	Our Lady of Lourdes Hospital and Louth County Hospital	193	147
33401	Our Lady's Hospital Navan	467	1398
48980	Portiuncula University Hospital	97	198
17941	Roscommon University Hospital	n/a	n/a
48982	Rotunda Hospital	116	237
5637	Royal Victoria Eye and Ear Hospital	88	1561
115185	Sligo University Hospital	107	93
24608	South Infirmary Victoria University Hospital	77	313
63982	South Tipperary General Hospital	44	69
39290	St. Columcille's Hospital	51	130
242855	St. James's Hospital	1018	419
28865	St. John's Hospital Limerick	38	132
83638	St. Luke's General Hospital Kilkenny	138	165
40761	St. Luke's Radiation Oncology Network	n/a	n/a
24721	St. Michael's Hospital	41	166
199274	St. Vincent's University Hospital	1264	634
161421	Tallaght University Hospital	1492	924
79130	UH Kerry	201	254
159202	UH Limerick	582	366
136692	UH Waterford	435	318
29803	UMH Limerick	123	413
74402	Wexford General Hospital	160	215
<b>3748835</b>	<b>National Total</b>	<b>11921</b>	

Table 44: Complaints reported per 100,000 bed days per hospital

*2016 Census Data: General Population*

<b>State</b>	<b>4,761,865</b>
Carlow	56,932
Dublin	1,347,359
Kildare	222,504
Kilkenny	99,232



Laois	84,697
Longford	40,873
Louth	128,884
Meath	195,044
Offaly	77,961
Westmeath	88,770
Wexford	149,722
Wicklow	142,425
Clare	118,817
Cork	542,868
Kerry	147,707
Limerick	194,899
Tipperary	159,553
Waterford	116,176
Galway	258,058
Leitrim	32,044
Mayo	130,507
Roscommon	64,544
Sligo	65,535
Cavan	76,176
Donegal	159,192
Monaghan	61,386

Table 45: 2016 population census - County



Community Health Organisations

*Complaints received to Community Services per 100,000 general population*

County	Area	Complaints received/ recorded YSYS	Complaints received/ recorded AoN	Complaints received under Health Act 2004 and Disabilities Act 2005	Population	Complaints per 100,000
Carlow	CHO 5	9	8	<b>17</b>	56,932	30
Cavan/Monaghan	CHO 1	7	13	<b>20</b>	137,562	15
Clare	CHO 3	24	0	<b>24</b>	118,817	20
Cork	CHO 4	82	365	<b>447</b>	542,868	82
Donegal	CHO 1	111	6	<b>117</b>	159,192	73
Dublin, Kildare, Wicklow*	CHO 6 160 / CHO 7 254 / CHO 9 105	529	253	<b>782</b>	1,712,288	46
Galway	CHO 2	158	0	<b>158</b>	258,058	61
Kerry	CHO 4	13	0	<b>13</b>	147,707	9
Kilkenny	CHO 5	43		<b>43</b>	99,232	43
Leitrim	CHO 1	n/a		<b>0</b>	32,044	0
Limerick	CHO 3	64	4	<b>68</b>	194,899	35
Louth	CHO 8	67	2	<b>69</b>	128,884	54
Meath	CHO 8	37	5	<b>42</b>	195,044	22
Longford, Laois, Offaly, Westmeath*	CHO 8	53	26	<b>79</b>	292,301	27
Mayo	CHO 2	1	0	<b>1</b>	130,507	1
Roscommon	CHO 2	n/a	0	<b>0</b>	64,544	0
Sligo/Leitrim	CHO 1	96	2	<b>98</b>	65,535	150
Tipperary	CHO 3 )17) / CHO 5 15	32	11	<b>43</b>	159,553	27



Waterford	CHO 5	10	1	<b>11</b>	116,176	9
Wexford	CHO 5	30	45	<b>75</b>	149,722	50
<b>* Amalgamated local return</b>						
<b>** 92 complaints unassigned to county by CHO 8</b>						
<b>Complaints recorded/reported by CHOs</b>						

Table 46: Complaints received to Community Services per 100,000 general population



*Breakdown of % Variance of complaints from 2017 to 2018*

Service	Complaints	Excluded	Anonymous	Resolved informally	Withdrawn	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds	Mediation	2017	% Change from 2017
DMHG Statutory Hospitals	427	10	2	156	3	177	58	333	0	428	0%
IEHG Statutory Hospitals	971	17	7	497	12	188	200	685	4	904	7%
RCSI Statutory Hospitals	353	23	0	93	11	152	54	245	1	549	-36%
Saolta Statutory Hospitals	643	5	0	142	28	250	112	392	0	1440	-55%
SSWHG Statutory Hospitals	861	68	1	219	11	217	199	436	3	983	-12%
ULH Statutory Hospitals	780	1	2	95	10	281	195	376	0	544	43%
CHG Voluntary Hospitals	1267	0	2	183	2	849	249	1032	0	1415	-10%
DMHG Voluntary Hospitals	2627	0	16	1079	8	826	206	1905	0	3071	-14%
IEHG Voluntary Hospitals	3025	21	14	2047	26	506	393	2553	19	1744	73%
RCSI Voluntary Hospitals	749	3	0	119	25	435	294	554	1	827	-9%
SSWHG Voluntary Hospitals	180	6	0	0	0	141	33	141	2	153	18%
ULH Voluntary Hospitals	38	0	0	12	3	16	7	28	0	15	153%
CHO 1	213	5	9	101	6	84	23	185	0	484	-56%
CHO 2	146	0	0	25	1	7	1	32	0	217	-33%
CHO 3	104	0	0	44	10	27	12	71	0	63	65%
CHO 4	95	34	6	9	4	11	4	20	0	416	-77%
CHO 5	124	2		9		69	16	78	0	127	-2%



CHO 6	170					17		17	0	118	44%
CHO 7	254	3	1	46	23	139	28	185	0	164	55%
CHO 8	247	4		9	0	97	29	106	1	1151	-79%
CHO 9	105	0		39	6	46	13	85	0	496	-79%
AoN	741	0		0	8	204	906	204	0	744	0%
NAS	103	6		0	6	22	1	22	0	58	78%
PCRS	273	0		45	42	178	8	223	0	139	96%
Other Vol Hospitals & Agencies	3481	135	112	2320	65	496	240	2816	41	4131	-16%

Table 47: Summary Table of Variance 2018 to 2017





### Complaint Categorisation

Incident /Category	Sub Category Type	Sub Category Please Specify
Access	Accessibility / resources	Equipment
		Medication
		Personnel
		Services
		Treatment
	Appointment - delays	Appointment - cancelled and not rearranged
		Appointment - delay in issuing appointment
		Appointment - postponed
		Surgery / therapies / diagnostics - delayed or postponed
		Operation and opening times of clinics
	Appointment - other	No / lost referral letter
		Appointment - request for earlier appointment
		Unavailability of service
	Admission - delays	Delayed - elective bed
		Delayed - emergency bed
		Admission - delay in admission process
		Admission - postponed
	Admission - other	Admission - refused admission by hospital
	Hospital facilities	Crèche
		Lack of adequate seating
		Lack of baby changing facilities
		Lack of / minimal breastfeeding facilities
		Lack of toilet and washroom facilities (general)
Lack of toilet and washroom facilities (special needs)		



	Hospital facilities (contd.)	Lack of wheelchair access
		No treatment area / space for consultation / trolley facilities
		Shop
		Signage (internal and external)
	Hospital room facilities (access to)	Bed location
		Disability facilities
		Isolation / single room facilities
		Overcrowding
		Public
		Semi-private / private
	Parking	Access to disabled spaces
		Access to spaces
		Car parking charges
		Clamping / Declamping of car
		Condition or maintenance of car parks
		Damaged cars
		Location of pay machine
	Transfer issues	External transfer
		Internal transfer
	Transport	External transportation
Internal transportation		
Visiting times	Lack of visiting policy enforcement	
	Special visiting times not accommodated	



Dignity and Respect	Alleged inappropriate behaviour	Patient
		Staff
		Visitor
	Delivery of care	Lack of respect shown to patient during examination / consultation
		No concern for patient as a person
		Patient's dignity not respected
	Discrimination	Age
		Civil status
		Disability
		Family status
		Gender
		Membership of traveller community
		Race
		Religion
		Sexual orientation
		Socio-economic
	End-of-Life Care	Breaking bad news
		Breaking bad news - private area unavailable
		Death cert - delay in issuing death cert
		Death cert - incorrect / returned death cert
Delay in release and condition of body		
Inattention to patient discomfort		
Mortuary facilities		
Organ retention		
Palliative care		
Poor communication		



	End-of-Life Care (contd.)	Single room for patient unavailable
		Treatment of deceased not respected
	Ethnicity	Insensitivity to cultural beliefs and values
		Requests not respected
		Special food requests unavailable
	Safe & Effective Care	Human Resources
Complement		
Skill mix		
Diagnosis		Diagnosis - misdiagnosis
		Diagnosis - delayed diagnosis
		Diagnosis - contradictory diagnosis
Test		Delay / failure to report test results
		Incorrect tests ordered
		No tests ordered
		Mislabelled test result/sample
		Mislaid sample
		Performed on wrong patient
		Repeat test required
		Result not available
		Delay in transport/collection of sample
Continuity of care (internal)		Poor clinical handover
		Lack of approved home care packages
		Lack of community supports
		Lack of medical devices / faulty equipment
		Lack of support services post discharge
		Unsuitable home environment



	Discharge	Adherence to discharge policy
		Delayed discharge
		Discharge against medical advice
		No discharge letter
		Patient / family refuse discharge
		Premature discharge
	Health and Safety issues	Building not secure
		Central heating
		Equipment (lack of / failure of / wrong equipment used)
		Failure to provide a safe environment
		Fixtures and fittings
		Furnishing
		Lights
		Manual handling
		Noise levels
		Overcrowding
		Pest control
		Slips / trips and falls
		Temperature regulation
		Waste Management
Health Care Records	Admission / registration process error	
	Inaccurate information on healthcare record / hospital systems	
	Missing chart	
	Missing films/scans	
	Patient impersonation (identify theft)	
	Poor quality control of chart	



		Poor recording of information
		Wrong records applied to patient
	Hygiene	Cleanliness of area
		Hand Hygiene / Gel Dispensers
		Linen (beds and Curtains)
		Spills on floors
		Waste management
	Infection prevention and control	Communication deficit - infection status
		Health Care Associated Infection
		Non compliance with Infection and Control policies and protocols
		Personal hygiene of staff
	Patient property	Clothes
		Dentures
		Glasses
		Hearing Aid
		Jewellery
		Lack of secure space
		Money
		Personal equipment
		Toys
	Medication	Administering error
		Dispensing
		Prescribing
	Tissue Bank	Bone marrow
		Cord blood



	Tissue Bank (contd.)	Cornea implant
		Cryogenics
		Fertility issues
		Heart valves
		Samples/test results
		Skin
		Stem cell
	Treatment and Care	Failure / delay in treatment / delivery of care
		Failure / delay to diagnose
		Failure to act on abnormal diagnostic results
		Inconsistent delivery of care
		Insufficient time for delivery of care
		Lack of follow-up care
		Lack of knowledge in staff
Lack of monitoring of pain control		
Lack of patient supervision		
Practitioners not working together / cooperating		
Prolonged fasting		
Unsatisfactory treatment or care		
Unsuccessful treatment or care		
Communication & Information	Communication skills	Patient felt their opinion was dismissed / discounted
		Disagreement about expectations
		Inadequate listening and response
		Inappropriate comments from staff member
		Lack of support
		Language barrier between patients/relatives and staff

Communication skills (Contd.)	No opportunity to ask questions
	Non verbal tone / body language
	Open disclosure (lack of)
	Patient dissatisfied with questions
	Patient felt rushed
	Staff not introducing themselves and letting patients know their role
	Staff unsympathetic
	Tone of voice
	Untimely delivery of information
	Delay and failure to communicate
Failure / delay to communicate with outside agency/organisation	
Failure / delay in communicating with patient	
<i>Advising patient of treating consultant</i>	
Failure / delay in communicating with relatives	
Failure / delay in notifying consultant (external)	
Failure / delay to communicate with GP / referral source	
<i>Lack of information provided about medication side effects (KPI)</i>	
Diverse Needs	Interpretation service (e.g. Braille services)
	Special needs
	Translation service
Information	Conflicting information
	Confusing information
	Insufficient and inadequate information
	Misinformation





	Telephone calls	Telephone call not returned
		Telephone call unanswered
Participation	Consent	Consent not obtained
		Lack of informed consent
		Patient felt coerced
	Parental Access and Consent	Consent, guardianship and information issues related to lesbian, gay parental relationships
		Correct procedure not consented for
		Guardianship consent not explained
		Mother or father unable to access information
		Mother/Father/Guardian not informed
	Patients/ Family/ Relatives	Excluded from decision making process - family / relatives / advocate / next of kin
		Excluded from decision making process - patient
		Opinion discounted - family / relatives / advocate / next of kin
		Opinion discounted - patient
		Parent not allowed accompany child in recovery room
		Parent not allowed accompany child to theatre
Second opinion		
Privacy	Confidentiality	Breach of another patient's confidentiality
		Breach of patient confidentiality
		Security of files and records
	Hospital Facilities (Privacy)	Lack of privacy during consultation/discussing condition
		Lack of privacy during examination/ treatment
		Privacy - No single room
		Privacy - Overcrowding

Improving Health	Empowerment	Independence and self care not supported
		Lack / provision of patient / carer education
		Patient / family preference discounted / disrespected
	Holistic Care	Lack of information / support on how to prevent further illness / disease
		Lack of understanding as to what is important to the patient
	Catering	Dietary requirements not met
		Food quality
	Smoking Policy	Non-compliance (visitor, patient, staff smoking)
	Accountability	Patient feedback
Information about the complaints / patient feedback process not available		
Patient concerns not dealt with promptly		
Quality of response to the complaint made		
Where to go to ask questions in relation to services and giving feedback (visibility of customer services)		
Finance		Bill dispute
		Bill sent to deceased patient
		Cost of products
		Insurance cover
		Invoice error
		Unhappy with income collection process

Table 48: Complaints Classification

## Appendix 2: Learning to Get Better: recommendations

### Access

1. Multiple methods of making a complaint should be available and easily understood, both during and after treatment. These should include comment boxes within hospital wards (if not already in place). A fully accessible online version of Your Service Your Say should be developed to allow complainants to make a complaint online.
2. The HSE should undertake a review of Your Service Your Say with a view to making sure that service users have greater clarity, guidance and information on how the complaints system works.
3. A standard approach should be adopted by all hospitals in relation to the information available to the public when viewing their website, particularly those hospitals availing of the HSE website – hospital details on this site should all contain the same information and the same links for ease of reference.
4. Complaints Officers should be provided with appropriate and accessible facilities within each hospital to meet complainants.
5. Independent advocacy services should be sufficiently supported and signposted within each hospital so patients and their families know where to get support if they want to raise a concern or issue.
6. Each hospital should actively develop and encourage volunteer advocates with the hospital who can help support patients who wish to express a concern or make a complaint.
7. A no “wrong door” policy should be developed so that wherever a complaint is raised, it is the system and not the complainant that is responsible for routing it to the appropriate place to get it resolved.
8. Regulators and the Ombudsman should work more closely together to co-ordinate access for patients to the complaints system. In this regard, the online platform [healthcomplaints.ie](http://healthcomplaints.ie) should be extended to provide a better publicised point of information and access for complainants.
9. Each hospital group should develop a process to allow for the consideration of anonymous complaints.
10. Each hospital should appoint an Access Officer (as statutorily required under the Disability Act 2005) who should attend all necessary training as provided by the HSE.
11. A detailed complaints policy statement should be displayed in public areas within all hospitals, on the hospital website, and in, or near, the Complaints Officer’s office. Induction and other training for staff should include a reference to the policy. Staff should also be periodically reminded of the provisions of the policy.
12. Each hospital that has not yet done so, should include a reference to this Office:
  - In any letter or correspondence notifying the patient/family of the outcome of the complaint to the hospital;
  - On websites, booklets and information leaflets where the hospital refers to their complaints system;
  - Verbally if explaining how to make a complaint to a patient or their family.



## Process

13. The HSE should introduce a standard approach to implementing Your Service Your Say across the public health service. This should include standard forms, standard guidance for patients and staff, standard categorisation of complaints and standard reporting to give certainty to complainants and to allow for comparison on complaint handling, subjects and outcomes between hospitals and hospital groups.
14. Addressing concerns at ward level should be a main focus for each hospital. All hospital staff should be provided with the appropriate training to allow them to deal with issues as they arise.
15. Consideration should be given on a wider front to amending the statutory complaints process (and the remit of the Ombudsman) to allow for the inclusion of clinical judgement as a subject about which a complaint can be made.
16. Each hospital group should have a Complaints Officer to take overall responsibility for the complaints process and co-ordinate the work of complaints staff in each hospital in the group.
17. A standardised process and template for recording and documenting complaints at ward level should be embedded via a standardised system across the hospital groups.
18. A standardised structure and template for collecting and documenting a complaint should be developed across the hospital groups outlining the nature of the complaint, preferred method of communication and desired outcomes.
19. A standardised information system for the recording of complaints, comments and compliments should be developed across the hospital groups.
20. Each hospital group should implement mandatory training on complaints handling for all Complaints Officers and other staff involved in the complaints process.
21. Each hospital group should provide an induction module for all new hospital staff on the hospital complaints process and its underlying statutory framework.
22. Each hospital group should implement a bi-monthly audit of the complaints dealt with within the group in order to assess the quality of the process, including the response.
23. Each hospital group should develop a facility to allow for independent (i.e. outside the HSE) investigation of complaints where the complaint received is of sufficient seriousness and where appropriate.
24. The HSE and the hospital groups should take steps to ensure that all complaints are thoroughly, properly and objectively investigated and comprehensively responded to.
25. Each hospital group should develop an Open Disclosure training programme in line with the HSE National Guidelines and make it available to all staff.
26. The Department of Health should undertake a full review of the Health Act 2004 (Complaints) Regulations 2006. This Office looks forward to working with the Department in this regard.



## Response

27. The outcome of any investigation of a complaint together with details of any proposed changes to be made to hospital practices and procedures arising from the investigation should be conveyed in writing to the complainant with each issue in the complaint responded to.
28. Each hospital group should develop a standardised policy on redress.

## Leadership

29. Each hospital group should redevelop standardised reporting on complaints with greater attention paid to the narrative contained within complaints data so that senior management can identify recurring themes / issues and take action where appropriate.
30. Each hospital group should provide a six monthly report to the HSE on the operation of the complaints system detailing the numbers received, issues giving rise to complaints, the steps taken to resolve them and the outcomes.
31. The HSE should publish an annual commentary on these six monthly reports alongside detailed statistical data (using the reports published in the United Kingdom by the HSCIC as a model).
32. Each hospital group should appoint a senior member of staff to assume an active and visible leadership role in the complaints process with key involvement in education, training and reporting arrangements.
33. Senior managers in each hospital should foster and encourage positive attitudes towards complaints to ensure that each hospital is open to feedback and is responsive to complaints.
34. Each hospital group should develop a standardised learning implementation plan arising from any recommendations from a complaint which should set out the action required, the person(s) responsible for implementing the action and the timescale required.
35. Each hospital group should put in place arrangements (both within and across the hospital groups) for sharing good practice on complaint handling. This should include a formal network of Complaints Officers to ensure that learning and best practice is shared throughout the public hospital sector.
36. Each hospital group should publicise (via the development of a casebook) complaints received and dealt with within that hospital group. This casebook should contain brief summaries of the complaint received and how it was concluded/resolved (including examples of resulting service improvements) and should be made available to all medical, nursing and administrative staff as well as senior management. This could usefully form part of a larger digest incorporating all information on adverse incidents whether arising from complaints, whistle blowing or litigation to ensure that there is a comprehensive approach to learning from mistakes.