



# Your Service Your Say

## Anonymised Feedback Learning Casebook



Quarter 1 2025

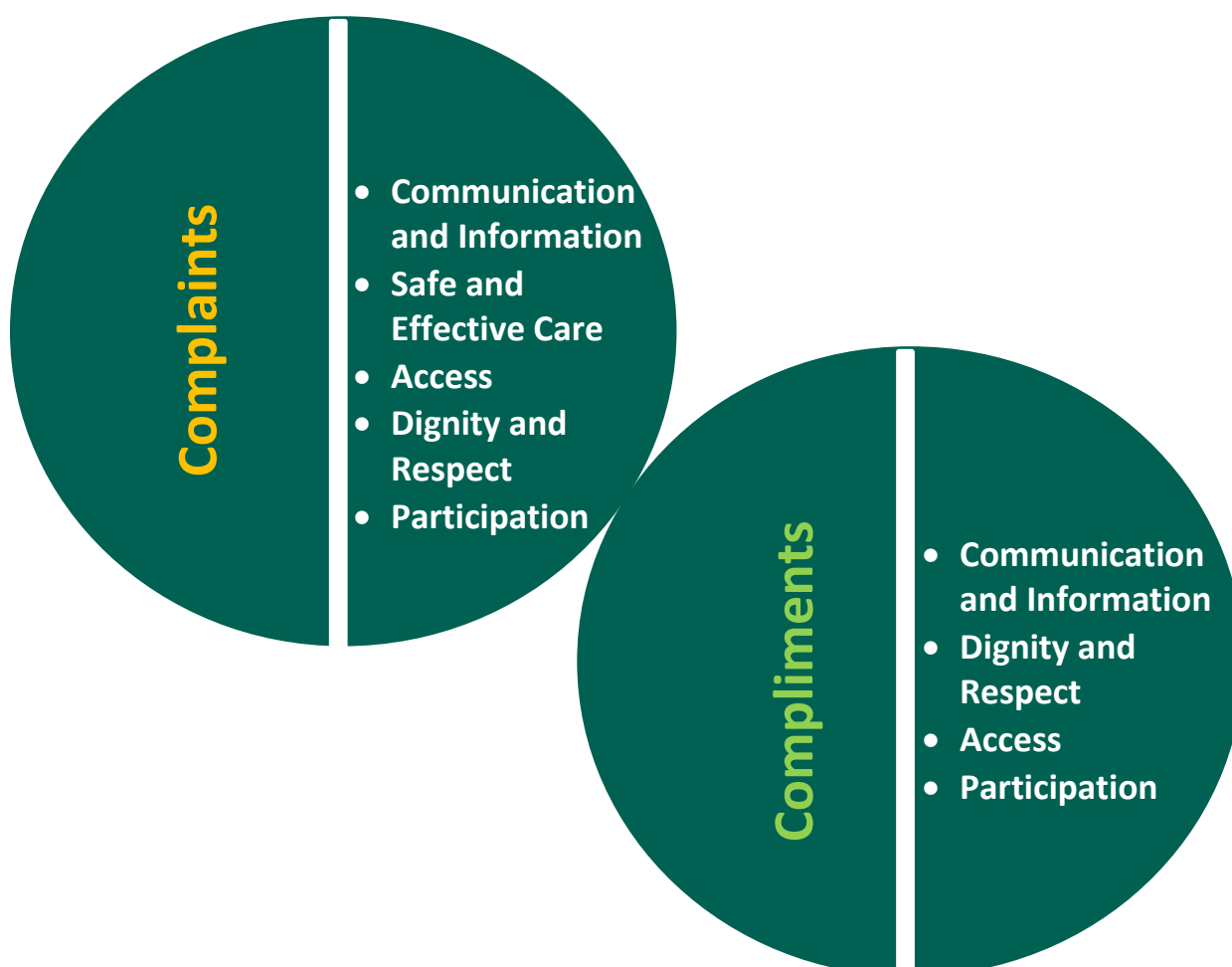
## Introduction

Welcome to the 2025 first quarter edition of the national anonymised feedback learning casebook. The casebook presents a total of 13 cases covering both complaints and compliments received by hospitals and community services.

The cases presented in the casebook contain themes and issues that need to be examined in the context of quality and service improvement. The learning gained from patient and service user feedback helps target and prioritise improvement efforts as well as highlighting good practice to be promoted and replicated.

The quarter 1 edition of the 2025 casebook features a total of **6 complaints**; 2 complaints from hospitals and 4 from community services that were investigated along with their outcomes. The casebook also features **7 compliments**; 5 from hospitals and 2 from community services that highlight the learning to be gained from positive patient and service user feedback.

## Key Categories



## Complaint Issues

### Communication and Information

*Communication and Information* related to issues around communicating the needs of patients between services so that each can be prepared and provide care in an appropriate environment as well as staff listening to families of young patients to understand any accommodations needed in order to provide a calmer and more positive experience.

Issues also related to communicating diagnosis in a timely and appropriate manner as well as providing referral information to all parties involved in the care of a service user to ensure the smooth transition between services for the service user as well as communicating the expected changes in service delivery

### Safe and Effective Care

*Safe and Effective Care* issues concerned the failure to plan for the changing care needs of a service user when transitioning from child to adult services, adherence to protocols when transferring service users between facilities to ensure the ongoing safety and care of the service user and ensuring that new diagnosis are shared with relevant clinical disciplines to ensure continuing and appropriate care and treatment.

Other complaint categories such as *Dignity and Respect*, *Access* and *Participation* were also identified within the cases.

*Dignity and Respect* concerned the delivery of care that is responsive to and respectful of individual needs. Listening to the families of young patients can provide greater understanding as to a young patient's particular needs and can reduce their stress and anxiousness when attending appointments.

*Access* related to having the appropriate services available when needed to support patients/service users in the community while *Participation* concerned keeping service users and their family informed and involved.

## Compliment Categories

### Communication and Information

*Communication and Information* related to being provided with clear information and how it was delivered. Engaging in a kind and respectful manner helped patients and service users feel reassured at a worrying time. .

Tailoring communication for younger patients was appreciated and made their experience less anxious.

Providing clear explanations and information in a kind and respectful way sets the tone of the interaction and contributes to a more positive experience.

### Dignity and Respect

*Dignity and Respect* concerned the delivery of care and the difference it made when delivered holistically and with compassion by taking into account both the patient and their family's circumstances.

Being kind and respectful when dealing with family who are going through a very difficult experience is a welcome and valued source of comfort and care.

Other categories of positive feedback featured are *Access*, *Improving Health* and *Participation*.

## HCAT Classification

Service users and their families process a huge amount of data; observing and evaluating all care interactions. Complaints are often written with the aim of contributing to the improvement of services. However, the tools for harnessing the potential of these insights have been limited.

The Healthcare Complaints Audit Tool or HCAT is an innovative method of classifying complaints developed by the London School of Economics (LSE). By applying HCAT to complaints, it can assist services to identify 'hot spots' for harm, i.e. an area in care where harm occurs frequently, as well as 'blind spots', i.e. areas in care that are not easily observed.

Following an extensive project with National University of Ireland Galway (NUIG) and the London School of Economics to examine the suitability of HCAT within the Irish healthcare context, HCAT is now a mandatory feature of complaints recording on the national Complaints Management System (CMS).

The improved classification system will support the identification of systemic issues and trends within services leading to improvements in healthcare delivery and ensuring high standards of quality and safety.

**Where HCAT has been applied to the complaints presented in this casebook, the rating has been assessed as:**



Learning from feedback is fundamental in providing high quality healthcare services. Listening to and acting on the views, concerns and experiences of Patients, Service Users and their families enable us to guide decision making to improve services and provide the best possible care.

Publication of the casebook is part of the HSE's commitment to use Patient and Service User feedback as a tool for learning and to facilitate the sharing of that learning.

The casebook will be widely circulated to staff within the HSE and shared with Health Region Management who will consider the learning from these cases.

## Hospital Services

**Category:** Communication and Information (*Information*) (*Communication Skills*); Dignity and Respect (*Delivery of Care*)

**Status:** Compliment

### Background to Compliment

A patient presented to the hospital with cardiac issues.

### Nature of Positive Feedback

The patient stated that they felt assured by the “calmness and professionalism” that they were “in capable hands” in what otherwise should have been a frightening time.

The patient thanked the medical staff in ED along with the catering staff who sang their way around mealtimes when delivering food to patients.

The cardiac doctors and consultants in the Critical Care Unit and Catheterisation Laboratory “were exceptional in their kindness and willingness to explain my situation.”

The patient thanked the nursing staff who were very kind and the Cardiology Consultant who “couldn’t have been any better when talking to me before and after release”.

The patient wanted to “highlight how positive, caring, kind and thoughtful” their experience of the HSE and the volunteer first responders was.

The patient shared their interactions stating they had been “second to none” with reception, catering staff, security, porters, administration, and various staff who helped during their hospital stay.

### Outcome and Learning

The diligent care provided, and time given to the patient from all staff was demonstrated in the positive feedback received. It is important to share with staff this feedback to show what a positive impact their care has had on a patient at a worrying time.

The CEO acknowledged and responded to the patient.

## Hospital Services

**Category:** Dignity and Respect (*Delivery of Care*); Communication and Information (*Communication Skills*)

**Status:** Compliment

### Background to Compliment

A patient was admitted to the ward from the Paediatric Emergency Department.

### Nature of positive feedback

The patient and their mother arrived at the Paediatric Emergency Department at 2am and were admitted to a single room on the ward by 6am.

They advised that “they met an amazing nurse that night” and that they “got amazing care while an inpatient.”

They met the consultant and advised in their feedback that they “instantly loved her.” The consultant spoke directly to the patient, which the mother was pleased with as their child is fifteen years old.

The mother stated that the nurses on the ward “are just out of this world.”

They were accommodated in a single room due to the mother’s own health issues.

The patient was in the middle of their Junior Certificate exam when they were admitted. The teacher in the ward organised a supervisor to support the patient to complete their Junior Certificate.

The mother said, “I would like to say a massive thank you to all the staff in the ward and to the consultant for the amazing care her child received and also being cognitive of my illness.”

### Outcome and Learning

The importance for the Paediatric Multi-Disciplinary team to be helpful and attentive to both the patient and parent’s needs from both a clinical and a non-clinical perspective.

This incredibly positive feedback was communicated back to all the staff involved.

## Hospital Services

**Category:** Communication and Information (*Communication Skills*) (*Delay and Failure to Communicate*) (*Diverse needs*); Dignity and Respect (*Delivery of Care*)

**HCAT Severity:** Low

**HCAT Harm:** Minor

**Status:** Upheld

### Background to Complaint

A patient with additional needs attended radiology for a procedure with their parents. The parents complained that they were told to take a seat in the waiting area even though they explained that this was not possible as it would cause distress to their child who needed to walk around the corridor. They felt their child's needs were not met/understood as they were again requested to take a seat. They felt their child was not treated with respect or understanding shown to their needs.

### Investigation

The complaint was shared with the unit manager. The issues within the complaint were discussed with the staff member and a response was sought.

The staff member was not aware of the sensory area in the hospital.

The GP had not outlined that the patient had additional needs on the referral form.

### Outcome/Learning

The staff member apologised for the upset caused and explained that it was not their intention to cause distress.

The sensory area would have been appropriate to direct the parents to with their child to await the procedure. Staff awareness of the sensory area will be promoted.

Highlighted for future reference with the lead GP that a sensory room is available for patients needing it and that if the additional needs of the patient had been known then the room and the procedure equipment could have been ready in advance to minimise the waiting time.

To communicate to all staff and GP community the presence of a sensory room on the site and to ensure that the additional needs of patients are appropriately communicated.



## Hospital Services

**Category:** Safe and Effective Care (*Discharge*) (*Continuity of Care*); Participation (*Patients/Family/Relatives*)

**HCAT Severity:** N/A

**HCAT Harm:** N/A

**Status:** Not Upheld

### Background to Complaint

A complaint was received by telephone from the daughter of an in-patient. The daughter expressed concerns about the planned discharge home of their parent. In their opinion the home environment was unsafe, as their parent lived alone.

### Investigation

The Complaints Officer obtained consent from the patient to progress the complaint and the patient informed the Complaints Officer that they would be happy to be discharged to a hospice, if that was an available option.

As the patient was a current in-patient and discharge home was imminent the Complaints Officer liaised with the consultant with responsibility for the patient's care. The consultant had met with the patient and the daughter on many occasions to plan the discharge and did so again the day the complaint was received.

In the Consultant's clinical opinion the patient did not have a clinical need for transfer to a hospice. However, in response to the request by the patient, the Consultant requested a Palliative Care Team consultation. The Palliative Care Team concluded that there were no clinical indications to suggest terminal deterioration and no indication for hospice admission. The Palliative Care Team also met with the patient's daughter to address any concerns and answer questions.

The patient raised concerns about the daughter's request for transfer to a care home. The patient voiced their preference to go home to their apartment with the supports that had been put in place by the hospital e.g., home care package, hospital bed.

The Medical Social Worker liaised with both the patient and the daughter with regards to respite and home supports. The Physiotherapist and Occupational Therapist reviewed the patient in the presence of the daughter and arranged a joint home visit with them to support a safe discharge and address the concerns the daughter had about their parent living alone.

### Outcome and Learning

Despite discharge planning and discussions with the patient and their daughter commencing three weeks before the patient's discharge date, the daughter was concerned about discharging their parent back to their home and held differing opinions to that of the health care professional with regards to the mobility, self-care and independence of their parent.

It was the patient's expressed wish to go home and the medical team endeavoured to put appropriate supports in place to support the patient's wishes and worked in partnership with the daughter to assure her of her parent's ability and the appropriateness of their discharge home.

It can be difficult for health care professionals to balance family preferences, patient preferences, clinical need and available community resources. However, open, ongoing listening and communication is essential by all involved.

## Hospital Services

**Category:** Communication and Information (*Information*) (*Communication Skills*)

**Status:** Compliment

### Background to Compliment

A service user attended the Emergency Department (ED). Whilst in the waiting room there were two very aggressive and difficult patients in attendance also. This frightened and upset the service user.

### Nature of Positive Feedback

The service user wrote to the hospital to compliment and congratulate the ED Manager on the staff who were on duty at the time. A staff nurse from the department had come into the waiting room and spoke to all the people in attendance. The staff nurse reassured everyone and was compassionate, kind and helpful and offered tea/water.

The service user noted that although the department and staff were under pressure their actions showed how much they cared.

### Outcome and Learning

Communication, compassion and kindness to our services users contributes enormously to their overall experience of the service we provide.

## Hospital Services

**Category:** Access (*Accessibility/Resources*); Communication and Information (*Information*) (*Communication Skills*)

**Status:** Compliment

### Background to Compliment

A patient volunteer service was established within the hospital with the purpose of welcoming services users to the hospital and assisting them to get to their destination. A compliment was received from a patient who engaged with a volunteer when they arrived at the hospital.

### Nature of Positive Feedback

The patient explained that they attended the hospital for an appointment and wanted to thank the volunteer for the professional, friendly and reassuring service. The patient described that from the first moment they arrived, the volunteer was kind, explained their role and then offered to help them locate their destination. The patient remarked how this made such a difference to their day.

### Outcome and Learning

This feedback was shared with the Patient Volunteer Service Lead and included in the evaluation of the service.

Compliments help us to learn from what we do well and to know the services that should continue. Providing a warm welcome at the point of entry and assistance with wayfinding can reduce the stress of attending the hospital. Arrival at a clinic appointment less stressed and in a timely manner may result in a better experience during the consultation. The start of the therapeutic relationship can begin when the patient steps into the building and at the first introduction to the volunteer. Providing of volunteer services demonstrates the hospital's person centred care, values and vision.

## Hospital Services

**Category:** Dignity and Respect (*Delivery of Care*); Communication and Information (*Information*) (*Communication Skills*)

**Status:** Compliment

### Background to Compliment

A patient submitted a compliment via our online feedback platform for the team in the Fetal Assessment Unit following multiple attendances in the unit during a particular month. The patient was experiencing a complicated pregnancy which involved numerous scans and blood tests. The patient also needed surgery which they described as very traumatic and sad.

### Nature of Positive Feedback

The Patient explained that from their first appointment they had never felt so much love and compassion in a hospital before now. The patient described that all the staff they dealt with, from the staff nurse, surgeons to the anaesthetic doctors were amazing during every single step of such a sad time.

The patient also described how their emotions and feelings were validated and never dismissed once. The patient expressed that they would never forget their time in the hospital and that the care received was amazing. The patient wanted to finish by thanking the staff for looking after them and for being so caring.

The patient also highlighted that they could write a list of names but there was so many staff that went out of their way to make them feel hopeful and not a failure. The patient hoped that their feedback would be sent to the right people so that they would know they made a difference at such a sad and difficult time.

### Outcome and Learning

This positive feedback was shared with the relevant team members and they were grateful to know their care helped this patient.

This patient's experience highlights how valuable effective communication, empathy and timely follow up is and can provide a respectful and supportive patient experience even in such difficult circumstances.

## Community Services

**Category:** Communication and Information (Delay and failure to communicate); Safe and Effective Care (Treatment and Care)

**HCAT Severity:** Medium

**HCAT Harm:** N/A

**Status:** Upheld

### Background to Complaint

An email was received from the mother of a child who complained that she had received correspondence in answer to a query from a service which included a diagnosis that the parent had no knowledge of. It was extremely upsetting that they were not informed of the diagnosis and worrying that the child's condition was not being managed in the child's best interests in line with the diagnosis.

### Investigation

This complaint was investigated and it was established that the patient was crossing two services for clinical support and care. Correspondence provided to clinical staff between the two services had communicated a diagnosis. However the service who had made the diagnosis had not yet communicated the new information to the parents of the service user, in this case a child.

### Outcome and Learning

It was acknowledged that the parents should not have been made aware of this sensitive information in the manner in which they had received it. This was immediately rectified by scheduling a meeting with parents and the service to discuss the diagnosis of their child. An apology for the delay in communicating the diagnosis was given and for the inappropriate manner in which the diagnosis was relayed to the parents.

The importance of timely and accurate information in relation to clinical diagnosis and follow up care of a patient was recognised. Parents need to be kept fully informed to provide assurance of the safe and effective care provided to their child.

The complaint highlighted the necessary requirement for accurate, timely and clear information at all times in engaging with service users/clients and during engagements, including the sharing of clinical information between services delivering treatment and care to a patient.

## Community Services

**Category:** Safe and Effective Care (Continuity of care)

**HCAT Severity:** Medium

**HCAT Harm:** N/A

**Status:** Upheld

### Background to Complaint

A service user in a residential care centre with a Dementia diagnosis and a history of absconsion, became suddenly unwell at the weekend. The Out of hours Medical Officer directed the transfer to the Emergency Department (ED) in the Hospital. The Service User was sent, unescorted by a staff member, to the ED where a family member would meet them.

The family member rang following the event to complain to the Assistant Director of Nursing (ADON) of the serious risk to her loved ones safety. The service user had previously absconded from a HSE Day Centre prior to admission and was found at a location a significant distance away. The family member also complained about the loss of personal clothing and a mobile phone.

### Investigation

The ADON investigated the complaint with the Person in Charge of the residential care centre as to why a member of staff had not escorted the resident. The Person in Charge was unaware that no one had accompanied the resident and had assumed a member of staff had gone with them.

The ADON consulted with the Nurse in Charge of the resident's transfer as to why they were sent alone. The Nurse in Charge stated that they felt it was unnecessary as a family member would be meeting the resident in ED. The ADON advised that it was policy that a member of staff accompanied mobile residents with no safety awareness and a history and risk of absconsion. The policy advised that a staff member must remain with the resident until a family member would arrive to ensure safety and mitigate risk of harm. The Nurse in Charge also highlighted past experience of ambulance personnel refusing to take escort. The ADON explained that ambulance staff are aware and in agreement with the duty of care transferred to them for residents' safety and the potential risk of harm.

The ADON also spoke with staff with regards to the loss of a mobile phone and personal clothing.

### Outcome and Learning

Staff were allocated to the resident for the return transport which was organised when family arrived in the Emergency Department on the day. No harm occurred to the resident and an apology was given to the family as well as assurance that there would no repetition with future transfers.

The importance of adherence to department policy was highlighted to ensure the safe and effective care of a vulnerable person at the centre. The Person in Charge of the centre was reminded of centre policy on transfer of patients as was the Nurse in Charge.

The cost of the loss of the mobile phone was reimbursed. However, as the Service User was witnessed throwing the mobile phone and personal clothing into bin by staff on several occasions, the family were advised there would be no further replacement and if they wished for their loved one to have a phone. Staff would endeavour to prevent disposal, and where possible retrieve the phone and personal clothing from the bin as much where possible.

A personal mobile phone was not necessary as the resident and their family could contact each other with the mobile phone available on the unit for residents' use. Therefore any future mobile phone purchases made would be at the family's own risk.

## Community Services

**Category:** Safe and Effective Care (*Continuity of Care*); Access (*Accessibility/Resources*); Communication and Information (*Information*)

**HCAT Severity:** Medium

**HCAT Harm:** Minor

**Status:** Upheld

### Background to Complaint

A complaint was received by a HSE service from a person requesting adult respite services as they had transitioned from children's services where they had access to respite. A previous enquiry had been made the previous year in this regard and the person was advised that they could not access respite care as they were not in Day Services. The complaint included that respite would give them the opportunity for a break and also give their parents a much-needed break. It would also help this young person to build up their independence, with a long-term goal to have their own place and to live with as little assistance as possible.

### Investigation

An investigation was carried out into the referral information and also if the case was known to other Disability Services including Day Opportunities. It was established that the GP in this case was advised the previous year that respite care was not available for young people who are in main stream third level education and further advice given to make a referral to Primary Care if required.

An examination of the current eligibility criteria for adult respite care took place through the Disability Central Respite Referral Committee as is protocol and contact was made with the Children Respite Provider.

### Outcome and Learning

- In supporting this young person, alternative respite advice was given which fell outside of the remit of the Disability Central Respite Referral Committee to support.
- The need for concise and clear communication within and between services when dealing with complex circumstances and referrals was recognised as a key learning.
- The requirement for a review of Adult Respite Criteria information to ensure providers of Children's Respite and the sharing of this information with services and parents was also identified.

## Community Services

**Category:** Participation (*Patients, Family, Relatives*), Improving health (*Holistic Care*)

**Status:** Compliment

### Background to Compliment

A compliment was received by a HSE community service. A main carer contacted the service to thank the case manager for securing respite for a young person whom they cared for, which allowed the carer's surgery to proceed.

### Nature of Positive Feedback

A request for emergency respite for a young person whose main carer was scheduled for surgery was received by the service. The young person was known to the service and was in receipt of scheduled respite. Availability of unscheduled respite was limited, albeit funding was in place. The case manager secured the emergency respite by negotiating with the current provider and a new provider to facilitate respite provision dates, thereby ensuring that the young person's main carer could attend for surgery.

### Outcome and Learning

This compliment showed the appreciation of a person with immense responsibility in relation to the care for a young person during a time of worry and need in their own life. The Case Manager went above and beyond to help and facilitate the carer's surgery and this was acknowledged with gratitude.

This compliment highlights:

1. The importance of effective, timely communication and collaboration in providing a satisfactory outcome.
2. The value of collaborative engagement and the building of relationships between HSE services and provider services was recognised.



## Community Services

**Category:** Dignity and Respect (*delivery of care*); Communication and Information (*Communication Skills*)

**Status:** Compliment

### Background to Compliment

A service user attended the registration service to register the death of their relative.

### Nature of Positive Feedback

The staff were complimented for being so respectful and polite during the registration of the death of the family's loved one. It was reported that the staff who registered the death were excellent and understanding and couldn't have helped the family enough at such a hard time in their lives. The service user wanted to say thank you and expressed a wish that all public departments had staff as helpful and respectful as the staff who provided them with the good experience at a difficult time for them.

### Outcome and Learning

The compliment was shared with staff within the department. The compliment highlighted how effective communication and a respectful engagement provided a good and memorable outcome for a grieving service user.

## Community Services

**Category:** Communication and Information (*Information*) (Delay and Failure to Communicate), Access (*Accessibility and Resources*)

**HCAT Severity:** Low

**HCAT Harm:** N/A

**Status:** Upheld

### Background to Complaint

A relative contacted the service with queries about the lack of access to Home Support services for their parent at the weekend and on Bank Holidays.

The service user lives in a remote rural area and, while home supports were being provided during the week, no Home Support service was being provided at weekends or on Bank Holidays, at the time the issue was raised.

### Investigation

On examination it was established that the service user had been assessed as needing the additional home support. It was also noted that there had also been a significant increase in demand for home support services in that area.

The challenges for service provision related to issues with the recruitment and retention of home support staff in that rural location.

While funding for recruitment drives were available for the area, and the relative was on the existing waitlist for this service provision, the key issue was limited workforce availability within the geographic area.

### Outcome and Learning

The Home Support Resource Manager (HSRM) contacted the relative and provided information as relevant in response to the query, including an apology for the shortcomings, with advice that workforce availability was a key factor impacting on the provision of service, not just for the HSE as a provider, but also for the approved private providers contracted to supplement resource supports in the area.

The relative was assured that measures were in place to increase capacity and fulfil service requirements, including approved ongoing recruitment initiatives for home support staff being progressed to fill available posts.

Their parent's place on the existing waitlist was confirmed at the time of response and a resource was subsequently allocated for the additional cover.

The relative was appreciative of the information and advice provided and understood that the constraints around resources affected capacity in terms of the provision of service.

In terms of learning it was acknowledged that providing such information to service users at the outset, when explaining circumstances around service availability, was important in assisting service users' understanding of service provision and the management of expectations.