

Complaints Managers Governance and Learning Forum

Monday, 10th June 2019, 10.30am to 1pm
Boardroom, Dr Steevens' Hospital, Dublin 8.

Welcome:

The Chair opened the meeting by welcoming everyone present and passed on the apologies for those unable to make the Forum. Everyone introduced themselves around the table.

The National Director for QAV addressed the Forum at the start of the meeting and thanked and acknowledged the Complaint Managers for their work to date and engagement with the Forum. He welcomed the publication of the HSE's first Casebook as well as the progress made in implementing the recommendations from the Ombudsman's Learning to Get Better Report. He reiterated that he would like to see the remaining recommendations to be completed at the end of 2019. He also spoke about the Patient Experience Survey and how more compliments need to be recorded.

The CMS Lead in NCGLT advised that the CMS Steering Group were involved in piloting a project in relation to compliments.

The National Director acknowledged the work of NCGLT and their support function to the Complaints Managers and the work done at service level.

The HSE Chief Clinical Officer then addressed the Forum. He re-iterated that significant numbers of compliments were received at ward/service level and that effort is needed to capture these and transform them into learning casebooks. He stressed the importance of patient advocacy and pointed out that the newly established HSE Executive Board comprises of two patient representatives along with legal and business members. He mentioned that all feedback (comments, compliments and complaints) is an area of great interest to the Board.

1. Minutes from last meeting:

Minutes were agreed.

2. Matters arising:

(a) HCAT Participation

It was suggested that CHOs that wish to participate in the HCAT project but have not yet sent on data, and who wish to manage their own anonymisation, could request each Complaint Officer to select and anonymise 1 complaint each and forward this directly to NCGLT or to their CMS Lead/Complaints Manager for them to forward to NCGLT.

(b) Publication of CMGLF Minutes

Anonymised minutes will be published online.

3. Update: Complaints Management System, NCGLT

2018 Complaint Data

The findings of the analysis of 2018 Complaints Data were presented and a summary table of Variance showed the change between 2017 and 2018. Overall there were 17,977 new complaints recorded. The percentage of complaints addressed by Complaints Officers in 30 working days or less was 76%. There were 741 complaints relating to the Assessment of Need – no change from 2017.

Analysis presented included the top 5 causes for complaints for both CHO's and Acute areas. The types of complaint including the top classifications for CHO's included Access, Dignity & Respect

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and Communication & Information as the main issues. For the Hospital Groups, the top 3 types of complaints were Safe and Effective Care, Access and Communication & Information

An additional analysis of samples from the CSM; 600 from CHO areas and 4500 from Acutes, were further broken down by the top 10 Issue Category Type and top 3 Issue Category Sub-Type.

The Change Requests proposed by the CMS Steering Group were implemented on the 31st May and include "Date of Incident", "Did this Happen: Onsite /Offsite" and "Service and Sub Service".

CMS Usage/Training

The CMS usage for Jan-May 2019 was presented and it was noted that it was disappointing as some areas are still not fully using the system, particularly in the CHO areas with some having fewer complaints recorded than this time last year. NCGLT are providing Train the Trainer courses.

HCAT Project

Participation issues were addressed earlier in the Forum. The NCGLT confirmed that progress is being made and they are still inviting CHOs to take part in this. We are aiming for an analysis of 300 complaints from CHOs nationally to be completed. NCGLT have already agreed to support areas in the anonymisation of complaints.

In relation to HGs, 1200 complaints need to be analysed. The benefits would be the systematic analysis of complaints using a tested tool that supports international comparability of data. The process of engaging with HGs interested in participating will begin in September.

Action: - NCGLT have agreed to assist with the task of anonymising complaints

4. Complaint Case Study Presentation: CHO

A complex complaint was presented with issues that fell both within and outside Your Service Your Say. Complainant behaviour was a feature of this complex complaint which led to discussion around the draft policy on 'Managing Unreasonable Behaviour by Complainants within Your Service Your Say'.

It was brought to the group's attention that the draft policy was circulated and that this needed to be carefully examined and tested within each CHO / HG with feedback provided to NCGLT.

It was mentioned that this topic would be discussed at the upcoming Train the Trainer session for Consumer Affairs staff and other staff providing complaint officer training.

Action: The email which was sent out in relation to "Train the Trainer" seeking topics for discussion will be emailed again.

5. Networking and Feedback: NCGLT

(i) YSYS and Clinical Complaints

A brief discussion regarding managing YSYS complaints with clinical judgment issues took place. Feedback suggested that a facilitated workshop would be beneficial to discuss how to work through clinical complaints and gain advice and assistance from peers. The workshop should assist with assessment and the identification of appropriate pathways e.g. incident management framework.

There should be engagement with the Department of Health, the Medical Council and Clinical staff for this workshop.

The workshop should be for clinicians only and should contribute towards CPD points.

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Action: Sub group is to be created to design and develop this workshop.

(ii) YSYS Vision

This was welcomed by the group. A vision should be created for the operational system (CHO/HG /ND). What are the goals of the organisation and how does YSYS feed into this. It was suggested to move away from an emphasis on complaints. Staff should see any patient dialogue as an opportunity for improvement and a positive contribution to service development. Service Users should feel empowered to provide feedback and with a new focus on the patient experience, service users should feel comfortable that this will be welcomed. The vision should be championed by senior management and have leadership from top down

Action: - Vision to be added to September agenda

6. Presentation: DoH National Patient Safety Complaints Advocacy Service

The presentation explained the work of the National Advocacy Service for People with Disabilities (NAS) which has been selected to provide the new, independent Patient Advocacy Service. The new advocacy service has been commissioned and will be funded by the Department of Health. The Patient Safety Advocacy Service will provide a free and independent national service to help users of public acute hospitals through the HSE complaints process, Your Service Your Say. The service, once established, will extend to CHOs. The Patient Safety Advocacy Service model is empowerment advocacy and not representative advocacy and will cover information provision, preparation of correspondence, etc.

7. Ombudsman – HSE Casebook

Deferred to September Forum

8. CMGLF Update: NCGLT

- **Managing Unreasonable Behaviour** - Draft policy circulated for examination and feedback. Potential for an online module to be developed on HSELand

Action: Feedback is required by COB, Friday, 12th July.

- **Ombudsman Action Plans** – Update deferred until September Forum
- **Joint Protocol for complaints management – HSE and TUSLA** – Deferred until September forum

Action: All Presentation Slides & materials from today's meeting will be circulated to members.

Date of Next Meeting:

The next meeting will take place on **Monday 23rd September 2019**