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**Complaints Managers Governance and Learning Forum**  
**Monday, 20<sup>th</sup> September 2021, 10.00am to 12.00pm: Webex Meeting**

**1. Welcome:**

AND, Patient & Service User Experience, opened the meeting by welcoming everyone present to the second Forum of 2021. The planned May meeting could not take place due to the cyber attack and staff redeployment. New members to the Forum were introduced and welcomed as well as the guest speakers.

The current virtual meeting format was noted and the greater benefits of in-person meetings for Forum members acknowledged such as enhanced interaction and engagement. Face-to-face Forums are hoped to take place again in the near future.

Similar to many areas, NCGLT staff were affected by the cyber-attack in May and further impacted by short-term redeployment to develop and run the new Vaccination Client Services (VCS) which was set up to handle complaints/queries on various aspects of the Covid19 vaccination programme.

Following the HSE corporate centre review, NCGLT has moved from Quality Assurance and Verification into Patient & Service User Experience within Integrated Operations. This move is currently in transition phase. Full details are expected to be confirmed in early 2022.

The unplanned disruption to the National Mental Health Review was highlighted. Phase 1 has been completed, but Phase 2 which had been scheduled to take place in 2021 will be delayed. The AND welcomed the new representative from National Mental Health and stated that progressing Phase 2 of the review with Mental Health Services will be a focus for 2022

**2. Matters arising and previous minutes:**

Minutes agreed.

Matters arising – The provision of individual feedback has been provided to Complaints Management System (CMS) users via CMS HelpDesk as part of ongoing CMS user reviews by NCGLT staff. CMS 2020 feedback to Areas/Groups is currently being finalised for circulation to the relevant areas.

The new webinar '*Building Resilience for Staff Handling Complaints*' is now available on HSeLanD. This resource is aimed at enhancing the understanding of resilience, how it applies to staff handling complaints and provides strategies for self-care by staff. Details will be circulated to Forum members on how to access this and further NCGLT training resources on HSeLanD and its Discovery Zone / Hubs section.

National Older Person Services raised a question in relation to the MoU between HSE and Patient Advocacy Services. NCGLT will follow up after the meeting.

**3. Representative from the Office of the Ombudsman**

The Ombudsman's representative welcomed the new attendees and requested that the names and areas of remit be available so it is clear who Forum members are and who they represent. It was confirmed this will be included with the minutes when circulated.

Sincere appreciation of the tireless work by healthcare staff throughout the past 18 months was expressed on behalf of the Ombudsman and also paid tribute to those who lost their lives or lost relatives due to the Covid19 pandemic.

The Office of the Ombudsman handled 630 complaints related to Health and Social Care in 2020, which is a large proportion of the overall number of complaints.

The publication of the Ombudsman's Learning to Get Better (LTGB) report (an investigation into how public hospitals handle complaints) set out 34 recommendations covering access, process, response, leadership and learning in the area of feedback. The HSE's annual self-assessment of

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compliance with these recommendations serves as a useful audit tool for the Ombudsman to check progress with implementation.

The Ombudsman's health casebook has been delayed due to the impact of Covid. The current Ombudsman is committed to improving the level of feedback provided to the health service and highlighting the importance of learning from this.

In a recent review of HSE websites, the Office of the Ombudsman was pleased with the prominence and ease of access to information regards providing feedback which is very positive for service users. Special mention was given to the Wexford General Hospital website.

The publication of the Complaints Casebook 2020 was welcomed which demonstrates very clearly that learning is a priority for the HSE.

Internal processes in the Ombudsman's office now aim to be "paper lite" which is facilitated by a new CRM system. All complaints are scanned to the system and correspondence is digital in so far as possible in order to reduce paper in this trial period.

The standard procedures for the processing of complaints received by the Office of the Ombudsman was outlined. Incoming complaints undergo an initial desktop review within the Ombudsman's office. An assessment is made of which elements are appropriate for further examination and these are sent to the relevant area in the health service for response.

Previously, complaint issues were examined and a formal assessment was made. The process is now changing, whereby all complaints are investigated. The request for report from the Ombudsman to the HSE will outline the issues raised by the complainant to the Ombudsman's office, and HSE commentary will be sought. As before, the Ombudsman will only be investigating issues which have been raised with the HSE.

The timeframe for HSE response is usually 3 weeks. However, in light of the pandemic and cyber-attack disruption, this timeframe had not been rigorously applied. As systems access has now been restored in all areas, aside from parts of the northwest and Cavan/Monaghan, timeframe for response will again be enforced. Delays will no longer be allowed to run, and publishing of Section 7 notices will resume where response times exceed the agreed 3 weeks. Staff are encouraged to make contact if experiencing issues meeting the deadline.

The Forum members were reminded of their colleagues in the Regional Consumer Affairs offices who are available in the first instance to advise on queries regarding complaints handling, as well as the process regarding the Ombudsman's Office.

The next Casebook, complaints statistics and application of recommendations are eagerly anticipated. The importance of keeping the lines of communication open with all colleagues was highlighted.

THE AND thanked the office of the Ombudsman for this presentation and also for outlining the basic protocols in dealing with their office.

**Action: The standards and protocols for engaging with the Office of the Ombudsman to be circulated to Forum members.**

#### **4. CMS Data**

An overview of the complaints totals for 2020 and 2021 was provided. Individual 2020 reports are currently being finalized and will be issued shortly by NCGLT to CHO areas/ Hospital Groups. The cyber-attack impacted on CMS usage nationally since May, as reflected in the reduced totals of complaints logged to date for 2021. Updates by CMS users are ongoing and the use of HelpDesk support if assistance is needed was encouraged.

User training webinars are available on HSeLanD under Hubs in the Discovery Zone section by using 'NCGLT' as a search term. The Complaints Management System Training webinars provide for all new user training and can be used for refresher training in specific sections. The complete training is approx. 1hr40min duration. Further additional training and assistance on any query is available by contacting the CMS Helpdesk following completion of online training.

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The Healthcare Complaints Analysis Tool (HCAT) was implemented on the CMS for complaints received in 2021. HCAT *Severity* and *Harm* ratings are to be completed as part of the desktop review by Complaint Officers to be logged or passed along to Support Staff to log to the CMS. CMS Training on HSeLanD includes a HCAT webinar '*Coding Severity and Harm levels for an issue with a complaint*' and further training can be scheduled following webinar completion, if needed.

The HCAT project aims to assess quality and safety in healthcare by drawing on the service user's perspectives of poor service. Data was presented from the analysis of 641 anonymised acute service complaints provided to NCGLT. Reports will be provided directly to Hospital Groups who contributed >50 complaints. Data presented on HCAT Harm ratings highlighted that the highest proportion related to 'Institutional Processes' and lowest related to 'Listening'. No Harm was reported in 40% of complaints up to Catastrophic Harm reported in 2% of complaints analysed. In summary, the majority of complaints relating to 'Institutional Processes' were around waiting times, access issues and referrals. Hotspots for Harm were identified as during examination and diagnosis, care on the ward and medical operations/procedures. Blindspots were identified in systemic problems where patients reported more than one issue in a complaint which ranged across more than one area/service.

In a similar analysis of 247 anonymised complaints provided by Community Health services, 'Institutional Processes' formed the highest proportion again at 40% of the total analysed. Hotspots for Harm were highlighted as during consultation and while receiving care.

In response to a clarification question, Hospital Groups are coded for HCAT analysis purposes.

#### *Assessment of Need*

Assessment of Need (AON) complaints: A comparison of 2020 annual total complaints at 4,674 and 2021 totals at 3,123 mid-year indicates a current upward trend for 2021 overall. A new SOP was introduced in January 2020 to include a preliminary team assessment. This resulted in historical referrals being addressed which put pressure for a time on the service's ability to handle previous and current referrals.

**Action: Contact details for CMS HelpDesk and HSeLanD training access instructions to be circulated to the Forum.**

## **5. Case Study Presentation, Children's Health Ireland**

An update to the positive feedback case from the previous Forum was provided. The young patient's feedback resulted in the development of an information leaflet which clearly sets out what to expect and addresses some of the main questions that patients have. In addition the patient who provided the initial feedback also contributed a wonderful piece of artwork which will be incorporated into the design of the leaflet.

Management changes and initiatives within CHI were outlined. Patient Feedback and Support, which was previously within Patient Advocacy and Corporate Management Services, is now within the Quality Safety and Risk Management Directorate. A new initiative has been undertaken to harness feedback as part of Patient Partnership and Patient Engagement and involves working with the Youth Advisory Council and Family Advisory Network.

The difficulties inherent in the historical use of 3 different feedback systems across 4 sites were highlighted and CHI plan to move to CMS use. Currently Stage 1 is not managed as well as Stage 2 and the focus is now on learning from the "soft feedback" provided by the early Stage 1 complaints. Data from feedback is used to identify trends and hotspots and shared with the areas as appropriate. CHI highlighted that there was a focus on using patient and family stories along with casebooks to share learning and seek to learn from others.

An example of learning, which resulted from a complaint made by the family of a young patient undergoing cardiology procedures under conscious sedation in a CAT lab was provided. The

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patient's family provided feedback on the experience highlighting how the patient felt alone as staff changed in the clinical lab environment, and very uncomfortable emotionally and physically. The patient was reluctant to attend the next scheduled procedure.

CHI outlines how they responded to this feedback and how this resulted in a number of recommendations including staff training, the introduction of a dedicated staff member in advance who is available throughout the patient journey as a support person and meeting with clinical staff in advance of procedures.

As a result of these changes, the patient and their family reported a much better experience at the follow up procedure.

The implementation of these recommendations is anticipated to improve future patient experience for similar procedures.

There is ongoing work to identify the relevant groups/committees for system-wide dissemination of the learning achieved in this example case.

The AND thanked CHI for sharing this case which reflects the national focus on capturing all feedback to provide system-wide learning, and for early resolution to complaints, where possible, without the need for further escalation.

**Action: Circulate information to-date on the Stage 1 pilot and compliments module for reference and seek additional participants.**

## **6. Sage Advocacy**

The Executive Director presented on Sage Advocacy, an independent national organization providing information, support and advocacy services to vulnerable adults, older people and healthcare patients. Service users are from both community and long-term residential care.

Recently, more than 50% of service provision has been to healthcare patients.

The contact details for the Rapid Response Service were provided (service available 8am-10pm on 1850 71 9400) as well as an outline of service activity. Referrals for advocacy, information/support calls and Rapid Response helpline calls totaled 1,670. The Nursing Home Residents Family Forum was a 2020 initiative which reported in excess of 20,000 engagements with families.

Sage published three documents to their website, including the 2020 Annual Report in July. In summary, 1 in 4 support/advocacy cases in 2020 related to moving residence. Finance related queries also featured, for example on aspects of the Nursing Home Support Scheme. Access to community services was also raised frequently. Restrictions on visiting times resulting from COVID prevention measures caused great anguish to families especially around access visits and window visits.

The pathway for referral was outlined. Helpline calls are logged and responded to typically within 1 hour. Requests are directed to the appropriate Regional Coordinator, who calls to gather the information needed and aims to appoint an advocate within 24-48 hours or proceed to case work if needed. Non-Instructed Advocacy is another route whereby support/advocacy can be undertaken in the absence of a specific service user request for safeguarding and the protection of rights. Current issues in advocacy relate to the generalised assessment of capacity for decision-making, issues relating to coercive control and next of kin consent in relation to COVID vaccinations.

A sample case was presented where inappropriate diagnosis resulted in a patient's placement in a dementia unit. Sage Advocacy supported the family in obtaining an assessment by a geriatrician that resulted in the patient's return home.

Casework also frequently relates to support in applying for and accessing home care packages and supporting individuals moving from council housing. First contact may be made by healthcare staff or family members, however Sage's responsibility is to the patient/client and not the referring

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person. Objections may be made by family members for example, as they are not required to be informed.

In another sample case, a complainant requested support in obtaining a response to a complaint regarding service in a hospital made 10 months previously. An unsatisfactory response had been received. Following assistance from Sage in communicating the request for an update, the Complaints Officer responded in 10 days. The complainant felt a response would not have been received without this assistance.

Assistance is often around what details and information to include in a complaint. Further case studies are included in the published documents on Sage Advocacy's website.

The AND thanked Sage for sharing valuable information and case studies.

## **7. COVID-19 Vaccination Client Services**

NCGLT was tasked with establishing the COVID 19 Vaccination Client Services (VCS) in April 2021 in response to the significant level of queries, complaints and feedback to the HSE concerning vaccination. This involved redeployment of the NCGLT team as well as additional agency staff to examine and handle the volume of vaccination related queries directed from the offices of the CEO, CCO and also Your Service Your Say (YSYS). The service was disrupted during the cyber attack for approximately a 4 weeks period. However, the phone-line remained open and 500 queries were successfully resolved by the end of June.

An average of 200 queries per week were handled during June and July and in all, a total of 2,500 queries have been responded to, to date.

Feedback tended to reflect the topics featuring in the media and the NIAC updates and covered requests for assistance with vaccination appointments, issues with the roll-out by age-category, portal and registration issues, queries in relation to vaccine interchangeability and second vaccine choice, clarification on vaccine pathways and side-effect concerns. Digital COVID Certificate queries received by YSYS and VCS totaled 600 emails.

## **8. General Updates:**

### ***Training Developments:***

The HSeLanD training webinars for HCAT and CMS users were highlighted. Further training is available by contacting the CMS Helpdesk. The new module titled '*Building Resilience for Staff Handling Complaints*' is available also in the Hubs section by selecting Discovery Zone and searching for 'NCGLT' resources.

### ***Casebook submissions:***

Submissions for the HSE National Anonymised Feedback Casebook were requested. This will be produced again for 2021 as a full year casebook. Each CHO, Hospital Group and National Service is encouraged to submit a case for inclusion.

**Action: Deadline for submission is Wednesday, 1<sup>st</sup> December 2021.**

### ***Learning to Get Better:***

Urgent return of any outstanding Hospital self-assessment review templates for 2020.

Requests for a hospital site template have been received.

**Action: Return of any outstanding Hospital / Hospital Group self-assessment review templates for 2020. Self-assessment returns for compliance position as at 31<sup>st</sup> December 2021 is due by Monday, 31<sup>st</sup> January 2022.**

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***HSE website:***

It was requested that each area/site/group review their online information to ensure it is current and presented clearly – including their hospital information that is available to view on the HSE website. Any changes needed can be requested from [digital@hse.ie](mailto:digital@hse.ie)

***YSYS Policy Update:***

It was reported that some feedback relating to the update to the current YSYS policy had been received prior to the 30<sup>th</sup> April 2021 deadline. Staff redeployment had stalled the YSYS policy update but this project was now recommenced.

Please consult with any and all parties (management, Complaints Officers, Review Officers, etc.) as appropriate and submit final feedback by Wednesday, 1<sup>st</sup> December. It is hoped to publish the revised Policy in Q1 2022.

***Change to YSYS phonenumber:***

The upcoming change being applied by ComReg will affect the national YSYS 1890 phonenumber. **The new number 1800 42 55 55 will be live on 1<sup>st</sup> January 2022.** The old number will then be functional for only a further 3 week period.

YSYS web pages and voice mail will be updated with new number on December 1<sup>st</sup>.

All service areas are requested to update their relevant sites and materials to reflect the new contact number.

Updated YSYS materials (posters, leaflets, feedback forms) will be available to order from Health Promotion - date to be advised.

**9. Any other business**

- HCAT will be the single agenda item for the upcoming Forum in December. Speakers will be from the NUIG research group, the London School of Economics, CHOs and Hospital groups. The focus will be on how to best utilize 2021 HCAT data for learning and service improvement.
- The need for wider participation in case study presentations was highlighted and advised that a new rota system for 2022 will be put in place. This will issue with the minutes.
- An Ombudsman's case to be presented at the March 2022 Forum.
- All members were thanked for their attendance at the Forum.

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**Action:**

All presentation slides & materials from today's meeting will be circulated to members.

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**Date of Next Online Meeting: Monday 6<sup>th</sup> of December 2021 @ 10am to 12 midday**