
Minutes
Complaints Managers Governance and Learning Forum
10:00am-12:00pm Monday, 30th May 2022 via WebEx

1. Welcome: The Assistant National Director, Patient and Service User Experience, opened the meeting by welcoming everyone present to the second forum meeting of 2022. New group members were welcomed and introduced to forum members.

The Ombudsman was welcomed as a special guest speaker for today's forum. The AND highlighted that NCGLT had the opportunity to meet with the Ombudsman and his team last week and welcomed his attendance today to share his vision for the future in his role as Ombudsman.

2. Address by the Ombudsman:

The Ombudsman outlined that he met with members of NCGLT in order to gain insight into the work being carried out which was particularly useful as the Office of the Ombudsman had just launched their annual report for 2021. The focus on learning was highlighted as very important and he complimented the way in which the HSE has responded to Learning to Get Better reports published by the Office of the Ombudsman, highlighting how important and positive this has been for the office.

The importance of taking feedback, both positive and negative and actively learning from it was discussed. The training involved was also recognised and the suggestion that such training should be mainstreamed into induction.

Casebooks and the approach that the HSE has taken in response to feedback were also welcomed and the inclusion of positive feedback as well as complaints.

Complaint statistics were also discussed. It was highlighted that focus should be directed to how the complaint is dealt with. An important statistic reflected that only 3% of complaints are escalated to Independent Review (Stage 4 of the YSYS process), that is the Office of the Ombudsman. The Ombudsman acknowledged that this was as a direct result of the work being carried out by the HSE in dealing with and responding to complaints. He also raised the issue that as well as the complainant, staff should also be supported in their roles throughout the process and should be offered the same support, dignity and respect as the complainant.

The Ombudsman reiterated that he was pleased with the work being carried out which is showing benefits and dividends and is feeding back into and improving the health system. He also highlighted the importance of HSE management's recognition and understanding of the real work involved in dealing with complaints which he also intends to discuss with the Chief Executive Officer.

It was added of the 3% statistic discussed by the Ombudsman only 30% of those 3% are passed for progression to formal investigation by the Office of the Ombudsman.

3. Minutes from last meeting

Minutes were agreed.

Matters arising:

- (a) Protocols document for engaging with the Office of the Ombudsman will be issued to NCGLT in the coming month.

Action: NCGLT to circulate to all once issued

- (b) Patient Advocacy Service (PAS), advised of a change in post and the interim arrangements in place.

- (c) Issues regarding proposed new KPI for recommendations: NCGLT are following up with the SCA with an aim to develop a guide for implementing KPI. Meeting scheduled for the end of June. Currently it is not possible to implement the KPI for 2022 as the CMS system does not have the capacity to report on same. The issue has been highlighted that systems are not in place to record and has been flagged as a risk.

Action: NCGLT to report back following meeting with SCA

4. NCGLT update on CMS:

An overview of available CMS data was presented for 2022 to date regarding formal complaints and issues raised. The importance of closing out complaints fully as close to real time as possible was highlighted to ensure all information/data fields are available to report on. Group members were also reminded that all areas (CHOs, Hospital Groups and National Services) must use CMS for 2022 and that spreadsheets are no longer accepted, only from Voluntary Hospitals.

A query was raised in relation to discrepancies in data reflected due to recording complaints on systems outside of the CMS platform. In response to this query, it was reiterated that CMS is a mandatory system. CMS has been in place for over 6 years and NCGLT have advised all parties regarding a cut off point for taking other systems data into account and would not be accepting spreadsheets in 2022. Concerns were raised regarding the responsiveness of CMS to complaints coming in and the ability to track issues within the complaint. In response to this it was highlighted that there is now over 85% compliance regarding usage of CMS across the HSE. It is a mandatory system and it is necessary to get on board with usage of same and NCGLT are happy to provide the education, supports and training required. It was also highlighted that there are currently discussions ongoing on a national level to possibly introduce an integrated system for patient safety issues which includes Risk, NIMS, complaints etc and having an overall integrated system in place in future.

It was highlighted that there are still 2 data sources being used as spreadsheet data is still being accepted from voluntaries. When the term mandatory is used it can only be used in relation to HSE services. However, the HSE are working with our partners in the voluntaries to demonstrate its value and some voluntaries are beginning to come on board regarding usage of CMS.

5. NCGLT update on HCAT:

Data for 2022 regarding HCAT severity and harm ratings was presented. It was noted that HCAT projects officially ended in February 2022 and that there were questions regarding what is being done with the data nationally. It was emphasized that using HCAT severity and harm ratings on data, although the data / reports will be used nationally, is more for the individual areas when running reports to identify trends.

In relation to CHOs, the work with CHO 9 was highlighted with regards to an improvement plan for a recommendation which was made in the report for CHOs. An access issue has been identified in the area of Mental Health and NCGLT are linking in with NUIG, who worked on the HCAT project, to organise brainstorming workshops. It was also highlighted that the use of HCAT was taking off in the UK trust as well as within the Office of the Ombudsman for the UK and Scotland.

A number of NCGLT staff changes within the CMS function were communicated to members.

Concern was raised regarding subjectivity of severity ratings and possibility of same causing issues on a national perspective in terms of audit. It was advised by NCGLT that in general there is not a large variance across the board and that standardised training is provided by NCGLT.

5. NCGLT update on AoN complaints:

Presentation on Assessment of Need complaints process including update regarding recent high court ruling on SOP.

6. Case Study Presentation: CHO

Presentation regarding a complaint that became a compliment. Highlighted the importance of being heard and management of expectations. Key learning included the opportunity to achieve real service improvement and positive outcome for service users.

7. Case Study Presentation: National Service

Presentation of a case arising from the management of significant failings in the process following the diagnosis audits, the non-disclosure of results and the subsequent communication of the audit findings to the person affected.

8. NCGLT presentaiton of key learnings from Internal and NCGLT Audit reports:

Presentation on issues common to audit findings across services from recent audits carried out by NCGLT and internal audit. Findings will also be brought back to Trainer programmes for Consumer Affairs / Complaint Managers as it is important to revisit basic practice to ensure it is embedded into the Complaints Officers role and how the investigation is conducted.

Concern was raised regarding new KPI on recommendations. If a recommendation is recorded on every complaint to ensure review rights then it will affect KPI data as KPI will consistently reflect 100%. It was agreed that such issues will require teasing out when looking into when implementing the KPI and how it will be recorded.

Discussion was raised in relation to making meaningful recommendations where control of recommendations to GPs is an issue. This is currently with the National Contracts Unit as the issue

may need to tie into contractual obligations. Any feedback in relation to same will be brought back to the forum.

10. General Update

- a) Deadline for Q2 casebook: **30th June 2022.**
Remaining casebook deadlines are Q3: 30th September and Q4: 31st December 2022.
- b) **Date change:** Date for Complaints Managers Forum for Q4 has been changed to **Monday 28th November** **2022**
- c) Feedback regarding charging for routine GP blood tests from National Contract Unit will be circulated today

Any other Business:

The AND thanked all those attending and presenting today.

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

Date of Next Meeting: Monday 26th September 2022.