

Complaints Management System Reporting: User Manual

Introduction

The purpose of this guide is to assist users in generating reports on the Complaints Management System (CMS).

The guide contains a list of the key reporting fields and an explanation of their use and also provides a step by step guide on how to generate views.

It is the responsibility of the report creator to ensure that the reports they build are fit for the purpose intended, fully anonymised and are not shared with any unintended third party. The below section on “Best Practice”, should help in this regard.

Should you require any further assistance please contact:

CMSTraining@hse.ie

1. Reporting Best Practice

1.1. Security

The type of data and the volume of data that is stored in NIMS / CMS is of a highly confidential nature. It is therefore important that only persons who have the correct authorisation should have access to the CMS and data. Please ensure you adhere to your local IT security and information sharing policies.

1.2. Creation and storage of views/reports

To prevent storage issues, do not create multiple instances of the same report, use existing reports and amend criteria, where appropriate.

If reports have not been accessed over a specified period, they will be deleted.

1.3. Report Naming Conventions

All views on the CMS should be accurately named to reflect the data that they are summarising / detailing. For example, an "All closed complaints created year to date" report should not be called "All closed complaints YTD", unless you have specified the "Complaint Status" as being "Closed". Also all reports created for formal complaints should be prefixed with 'FC –' as this will make it easier to find your reports.

1.4. Quality Assurance

It is important that there are quality assurance procedures at local level to ensure the quality of the reports that are being produced. All reports that are being sent to a third party should be checked to ensure the following:

1. The criteria for running the report has been checked and verified as being correct and there are no incorrect filters or groupings on the report.
2. The information provided matches what has been requested. For example if a request is received looking for "Access issues year to date", the report should not reflect "Access issues 2019-2020".
3. If the request relates to complaints received in 2020, then the report should be run based on the "Date Complaint Received" data field and not "Create Date" which would be the date the complaint was logged on the CMS.
4. The report doesn't contain any personal data; for example, the "Patient / Service User Name".
5. Also when providing data to third parties, it is important that the information that is being provided is accurately explained. For example, if providing a report on "All complaints that occurred in 2020", it needs to be specified on the accompanying email or document that the report depicts information, "All Complaints received from 01/01/2020 – 31/12/2020".
6. In addition, it is important that you specify the run date of the data. So if the report was run on the 16 June 2021, then note "Data reflects the position as at 16/06/2021".
7. If the third party is not familiar with the system, it may be helpful to provide definitions of the terminology used, which is supplied in Section 2 of this document.

If a request is received and you are unsure what criteria should be used please contact:

CMSTraining@hse.ie

Complaints Management System Reporting: User Manual

2. Key Reporting Fields

Field Name	Definition
Complainant Age Group	Is the Patient / Service User a “child” or an “adult”?
Complaint Format	How was the complaint received?
Complaint Outcome	Was the complaint upheld?
Complaint Resolution	How was the complaint resolved?; “recommendations”, “resolved informally” etc.
Complaint Status	Status of the complaint i.e. Open or closed?
Date Acknowledged	This is the date when the Patient/Service User was sent a letter of acknowledgement.
Date Complaint Closed	The date the complaint was closed.
Date Complaint Received	This is the date on which the actual complaint was received into the organisation.
Did this happen?	OnSite/OffSite?
Division	This is to capture the service the issue was attached to e.g. “Acute Hospital”, “Mental Health” etc.
Service	HSE Division Service. Dependant on the value selected in the Division drop down menu.
Sub Service	HSE Division Sub Service. Dependant on the value selected in the Service drop down menu.
HIQA Standard	What HIQA standard did the complaint relate to?
Is the Complaint subject to legislation?	Is the complaint covered by Part 9 of the 2004 health Act?
Issue Category	Category of Issue i.e. “Access”, “Dignity and Respect”, “Accountability” etc.
Issue Category Type	Category type driven by the Issue Category selection
Issue Category Sub-Type	Sub category type driven by the Issue Category Type selection
Issue Outcome	Was the issue “upheld”/“not upheld”?
Issue Resolution	How was the issue resolved?; “recommendations”, “resolved informally”? etc.
Issue Status	Status of issue i.e. “Open” or “Closed”?
Location Level (A – G)	A description of where the complaint occurred. Choose any letter between A – G depending on what level of your hierarchy you wish to report by.
Profession	Profession of staff involved if any e.g. “Administration”, “Nursing” etc.
Report Date	The date the complaint was created on the CMS.
HCAT Severity Rating	(Low – Medium – High) rating of the complaint severity based on standardised HCAT tables. *Not dependent on Harm rating.
HCAT Harm Rating	Rating 0-5 based on overall harm to the patient as reported in the letter of complaint.*Not dependent on Severity.
Weekdays to Close	Working days to close. YourServiceYourSay policy guideline of 35 working days. This allows 5 days for the acknowledgement and 30 working days for investigation and report.

Complaints Management System Reporting: User Manual

3. Views / Report

NOTE: Login in using Chrome or Edge browser at <https://www.riskconnectclearsight.eu/Enterprise/login.cmdx??c=NIMS>

Information is obtained from the CMS through the creation of VIEWS.

VIEW: A 'view' is a particular way of selecting specific columns of information for a set of items you are interested in. You can create Views in the Incident Manager App for **Issues** (Incidents module), **Complaints** (Occurrences module) and **Recommendations** (Tasks module).

In this example there is a requirement to create a report for **All complaints that occurred in Quarter One 2025**.
Fields requested: **Occurrence Number, Date Complaint Received, Complaint Status and Complaint Outcome**.

Step 1: Create a View for Complaints (Occurrences)

1. To create the new view go to the '**Occurrences**' module. Within '**Occurrences**' there is a defined list of existing 'FC' views for you to choose from but you can also create your own personal views. Use default view *FC – All Formal Complaints* for View setup. See figure 1.0
If not listed, use All occurrences as base View.

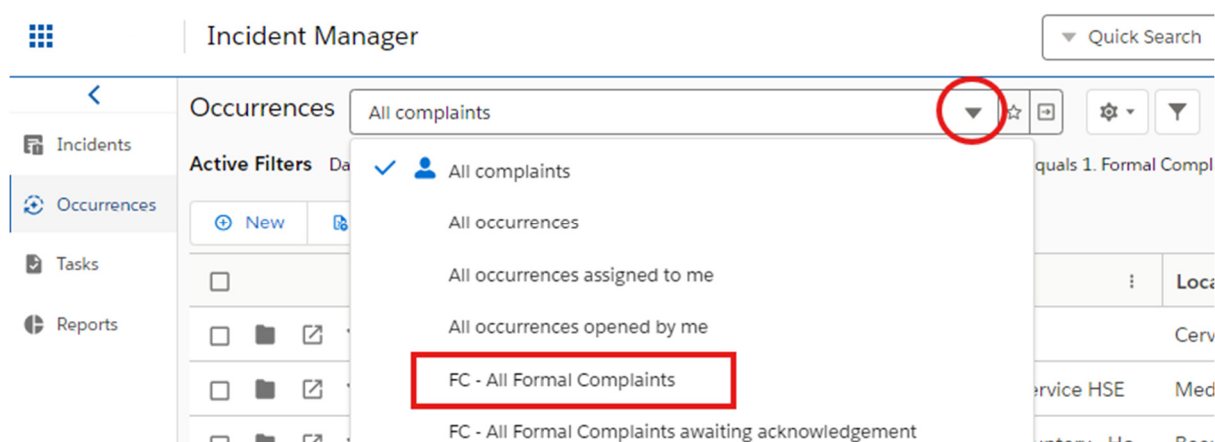


Figure 1.0

2. To create a new view, select the '**Manage Views**' button and click '**Copy View**'. See figure 2.0

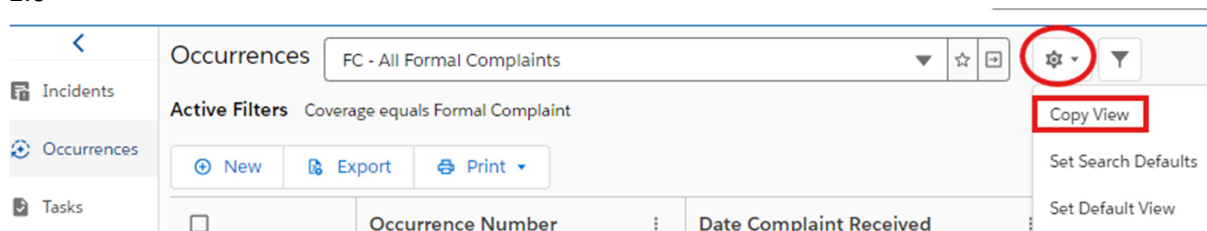


Figure 2.0

Complaints Management System Reporting: User Manual

This will open a window where there are 4 relevant pages which we use to create a view. (**General Info, Select Data, Select Columns and Preview**). See figure 3.0

3. The first is the '**General Info**' page where you name your report. In this scenario we will call the view '**FC- All Complaints Q1 2021**'. Make sure to always properly name your report to reflect what you are reporting on and click Save. See figure 3.0

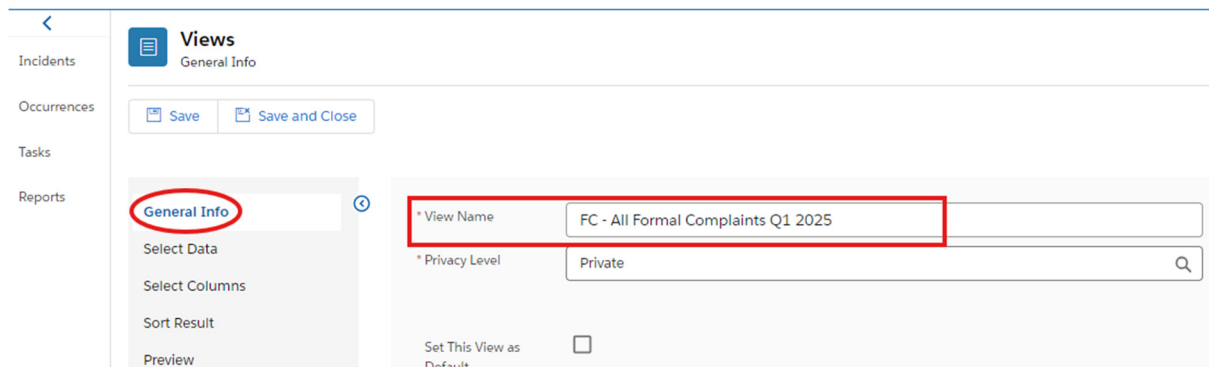


Figure 3.0

4. The second page '**Select Data**' is where we select our criteria by using 'Add Condition' to filter data. As I am looking for all formal complaint occurrences Q1, my conditions are '**Coverage**' is equal to Formal Complaint and '**Date Complaint Received**' is between 1st January 2021 and 31st March 2021. See figure 4.0 – 4.2

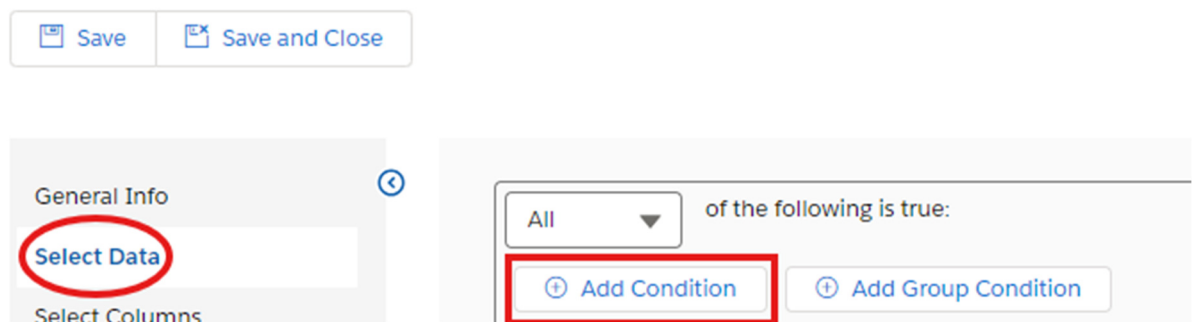


Figure 4.0

1. Select **Add Condition** – by default the first field displayed under Add Condition will be '**Adverse Occ Number**' which can be changed by clicking in this box or by using the down arrow to scroll through list of data filters available. See Fig. 4.1
2. Change the text in the text box under to define Filter Condition for Coverage as '**Formal Complaint**'. See fig 4.2

Complaints Management System Reporting: User Manual



Fig 4.1

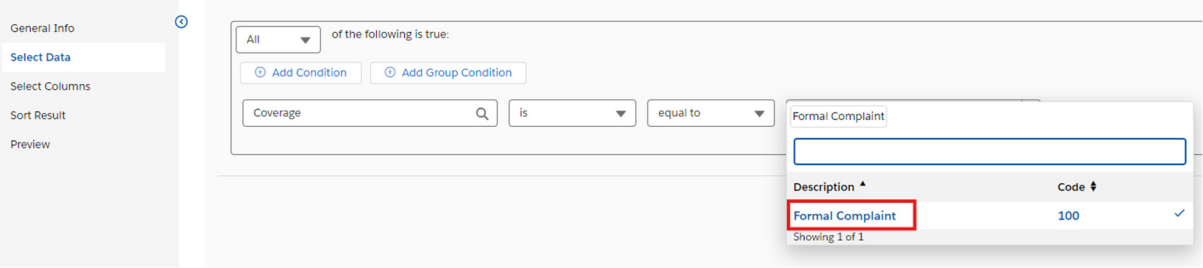


Fig. 4.2

3. Add Condition to set Date Filter for **Date Complaint Received** data field. *See fig 4.3*
4. In the next drop down box select 'is'
5. In the next drop down box select 'between'
6. And finally enter your date range in the 2 fields provided by selecting the calendar option. Then **Save**. *See fig 4.4*

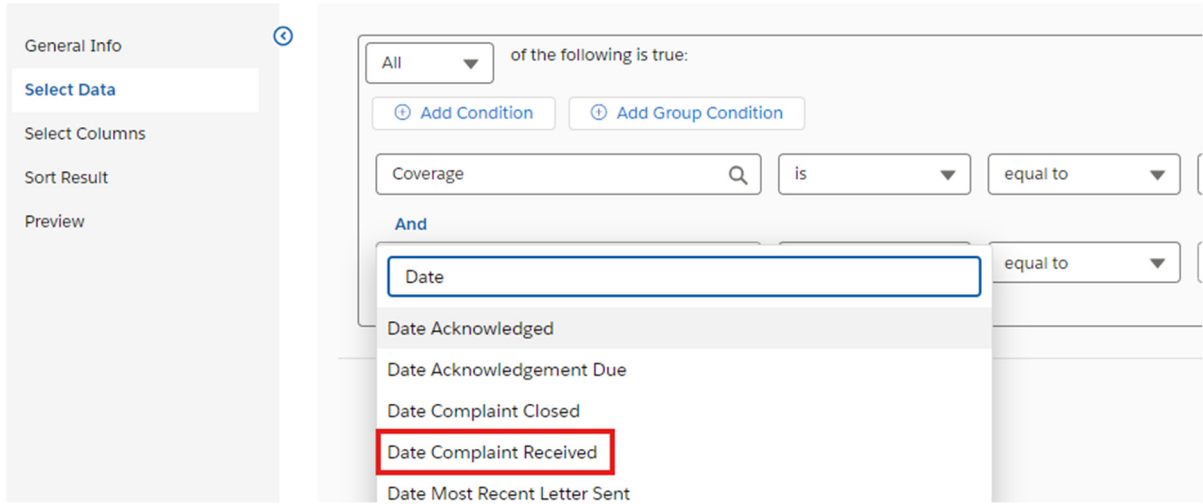


Fig 4.3

Complaints Management System Reporting: User Manual

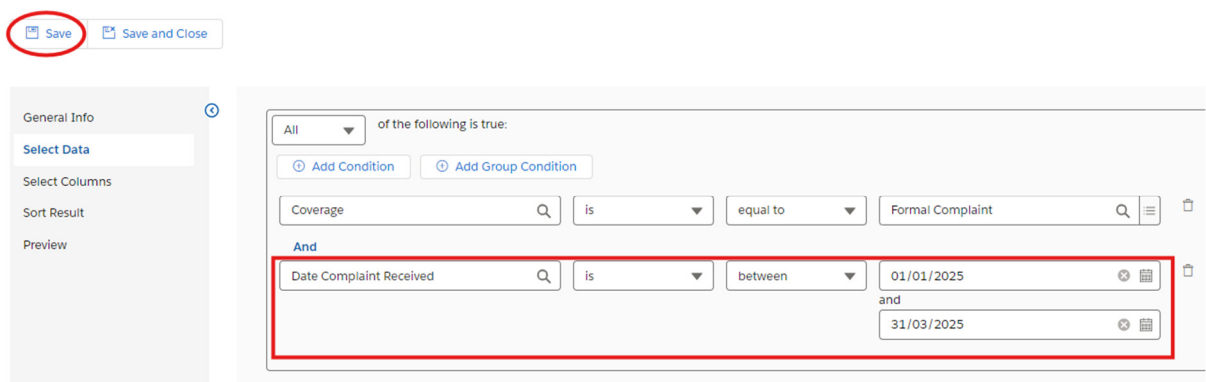


Fig 4.4

(Note: This completes conditions for this scenario but if there were more you would continue adding conditions until all criteria are established- See figure 4.0).

5. The third page ‘**Select Columns**’ allows you to select the columns you want to output on your report. The requested fields for this scenario are **Occurrence Number**, **Date Complaint Received**, **Complaint Status** and **Complaint Outcome**. Select **+Add More** to add columns to be included. Use [description] and not [code] for data fields where both listed, for example **Complaint Status** See figure 5.0

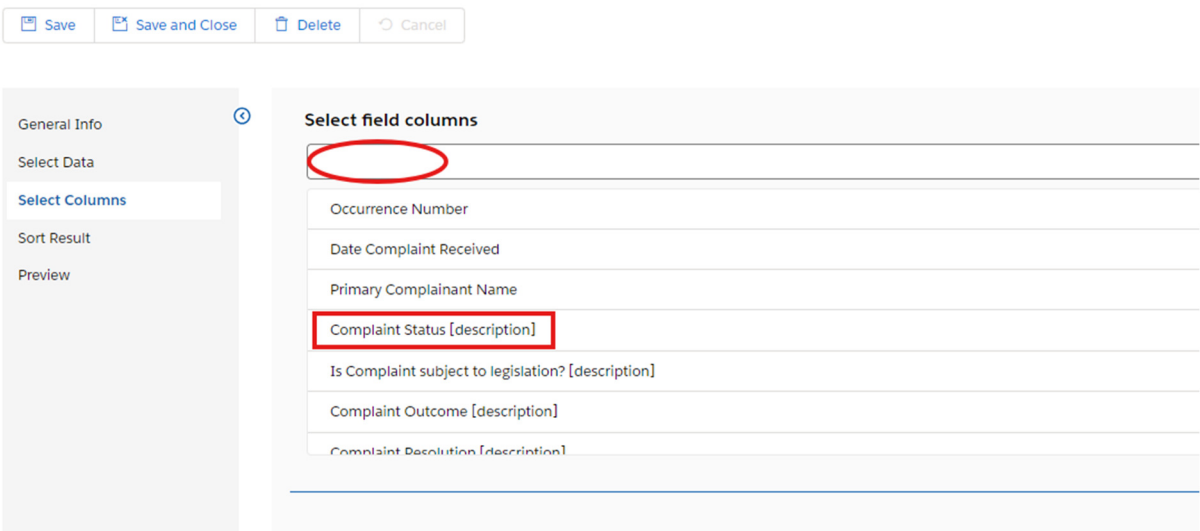


Figure 5.0

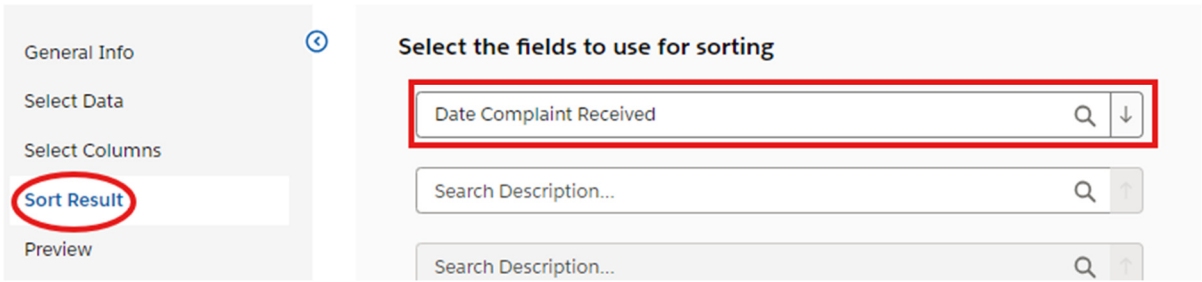
Use Delete and Move Up/Down to remove and re-order datafields listed- See Figure 5.1

Complaints Management System Reporting: User Manual



Fig 5.1

Note: Sort Result may be used to arrange data, for example Date Complaint Received by Ascending order, before exporting. This is optional:



6. The fourth page **'Preview'** allows you to preview the output should you wish to do so. Otherwise click **'Save'** and select **'Close Folder'** to close this window or click **'Save And Close'**. See figure 6.0

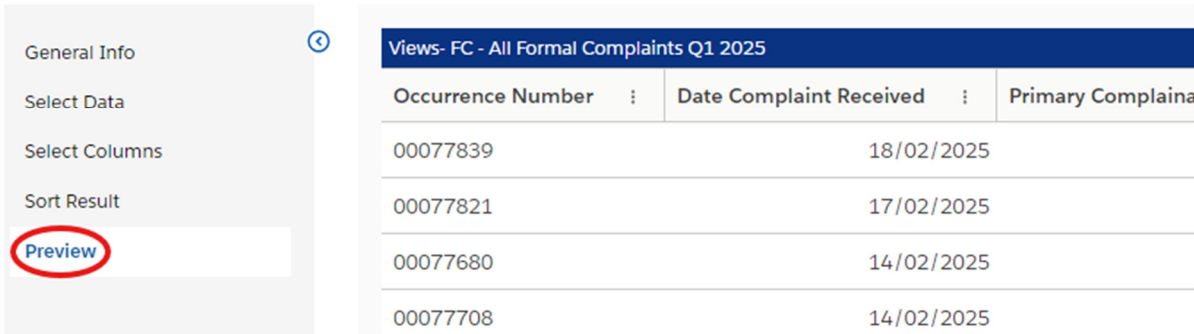


Figure 6.0

Complaints Management System Reporting: User Manual

7. The new view is now available. When you return to the Occurrences module, the '**FC- All Complaints Q1 2021**' view will be the open view. If you need to access it again later, it will be available in the view name drop down list. **Add to Favorites** star icon available beside View name to save a view in MY FAVORITES See *fig 7.0*

To display your view, simply select it from the drop down list of views available in the '**Occurrences**' module as seen in *Fig 1.0*.

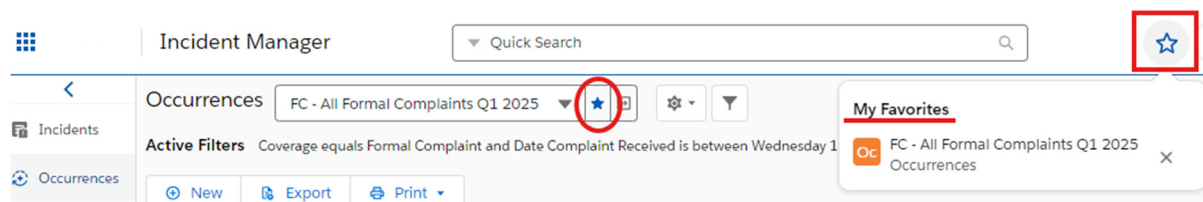


Figure 7.0

Below are all the records within your report. You can use the black arrows to scroll through the pages of your report if more than one exists. See *fig 7.1*

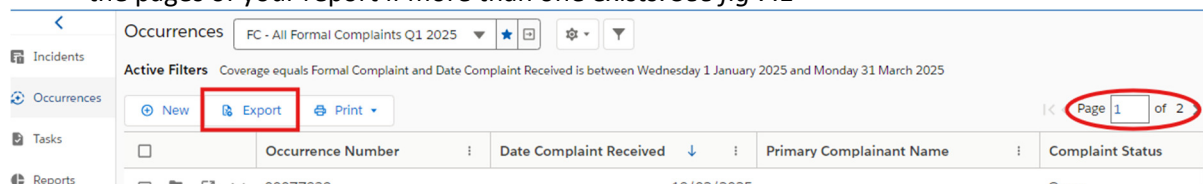


Figure 7.1

8. You can also output your report to Excel by selecting the '**Export**' icon. See *fig 7.1*
Once exported you can open the report in Excel. Save complaints reports using the Prefix **FC** and note the date exported.

Step 2: Create a View for Issues (Incidents)

1. To create the new view for complaint issues (Incidents) go to the '**Incidents**' module in Incident Manager app. Within '**Incidents**' the base view for formal complaints is **FC – All Complaint Issues**. See *fig 8.0*

Complaints Management System Reporting: User Manual

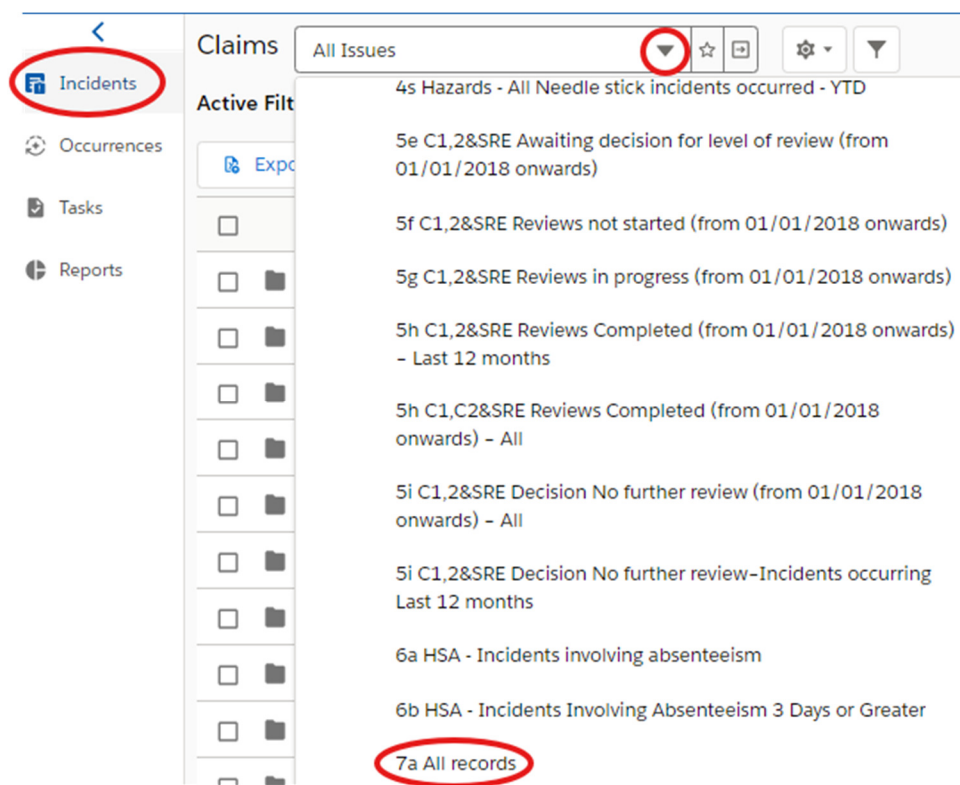


Fig 8.0

To create a specific report, you then follow the same process as **Step 1 (Instructions 2-8)**. For example, FC – All issues YTD 2021. Select Data filter: Date Formal Complaint Received 'is' 'on or after' 01/01/2021.

Step 3: Create a View for Recommendations (Tasks)

1. To create the new view for recommendations (Tasks) go to the '**Tasks**' module in the Incident Manager App. Within '**Tasks**' use the default view *FC - All Complaint Recommendations*. See fig 9.0

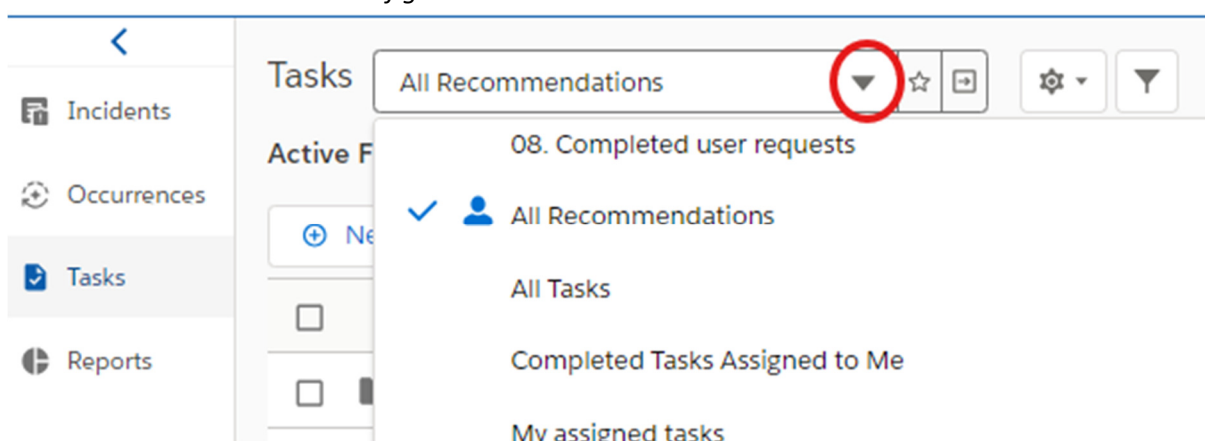


Fig 9.0

You then follow the same process as **Step 1 (2-8)** to Copy View and use Select Data filters to Add Conditions and Select Columns available to create a View to Export.

Please email CMSTraining@hse.ie with any questions.

Complaints Management System Reporting: User Manual

Appendix A – Key Reporting Fields

Complaint (Occurrence) fields

Seq	Field	Details
100	<i>Occurrence Number</i>	Unique reference for the Complaint Occurrence
100	<i>Primary Complainant</i>	Who the Complaint relates to- not to be exported in anonymised Report
100	<i>Primary complainant contact details</i>	Contact details of who the Complaint relates to- not to be exported in anonymised Report
101	<i>Date Complaint Received</i>	When did we receive the complaint?
102	<i>Report Date</i>	This is the date it was added to NIMS
103	<i>Location</i>	Where was this specific issue located? Known as <i>Where (Hierarchy)</i>
104	<i>Complaint Summary</i>	Details of the complaint- anonymised
105	<i>Complaint Format</i>	How did the complaint arrive?
106	<i>Complaint Type</i>	Categorise the complaint
107	<i>Is Complaint subject to legislation?</i>	Is the complaint subject to part 9 of the Health Act 2004?
108	<i>Was complaint raised as NIMS incident</i>	This is to record if the event was recorded separately as an adverse event.
109	<i>Complaint Officer</i>	What CMS user is in charge of the complaint?
109	<i>Complaint Officer (Surname, First)</i>	Free text – used for Complaint Officers who are not CMS users
111	<i>Service User Name (Surname, First)</i>	Name of the patient/service user- not to be exported in anonymised Report
112	<i>Service User Phone/e-mail</i>	Phone number or e-mail of the patient/service user
113	<i>Service User Contact Details</i>	Contact details of the patient/service user
116	<i>Service User's Consent?</i>	Did the patient/service user consent to their data being used for the complaints process or have they given consent to the complainant to complain on their behalf?
124	<i>Complainant Age group*</i>	This can be used to flag children/adults
125	<i>Date of Birth.</i>	
126	<i>Service User's Consent</i>	Did the Service User consent to their data being used for the complaints process?
127	<i>Hospital number</i>	
131	<i>Complainant Name (Surname, First)</i>	Name of the Complainant- not to be exported in Anonymised Report
132	<i>Complainant Phone/e-mail</i>	The Complaint's phone/email address
133	<i>Complainant Contact Details</i>	Contact details for the Complainant
134	<i>Relationship to Service User</i>	How is the Complainant related to Service user?
135	<i>Referring Agent</i>	Where did the complaint originate (if from another agency)?
136	<i>Complainant Consent?</i>	Did the Complainant consent to their data being used for the complaints process?
200	<i>Number of incidents</i>	This is an automatic count of the number of issues related to the complaint
221	<i>Date Acknowledgement Due</i>	When does the acknowledgement need to be sent by?
222	<i>Date Acknowledged</i>	When was the acknowledgement sent?
223	<i>Update to Complainant</i>	If there is a delay in the response, when was an update last sent to the complainant?
224	<i>Number of Delayed Letters</i>	If there is a delay in the response how many update letters have been sent to the complainant?
225	<i>Date Response Due</i>	When does the response need to be sent by?
227	<i>Complaint Status</i>	Is the complaint open or closed?
228	<i>Date Complaint Closed</i>	When was the complaint closed?
229	<i>Weekdays to close (incl. Bank Holiday)</i>	This is a count of the number of weekdays between the received date through to the close date.

Complaints Management System Reporting: User Manual

Seq	Field	Details
241	<i>Complaint Outcome</i>	Once closed, what was the outcome?
243	<i>Complaint Resolution</i>	What was the final resolution?
245	<i>Was Complaint closed within time limit?</i>	Was it closed in time?
246	<i>HIQA standard</i>	Standard
247	<i>Root Cause</i>	HIQA Root Cause
250	<i>Date Response Sent</i>	When was the response sent?
311	<i>Local Review Requested?</i>	When was the review requested?
312	<i>Local Review Officer (Surname, First)</i>	Who performed the Local Review?
313	<i>Local Review Sent Date</i>	When was it sent for review?
314	<i>Local Review Complete Date</i>	When was it completed?
315	<i>Local Review Outcome</i>	What was the outcome?
316	<i>Local Review Recommendations</i>	What recommendations were made?
317	<i>Local Review Details</i>	What were the review details
321	<i>Ombudsman Review Requested?</i>	When was the review requested?
323	<i>Ombudsman Review Sent Date</i>	When was it sent for review?
324	<i>Ombudsman Review Complete Date</i>	When was it completed?
325	<i>Ombudsman Review Outcome</i>	What was the outcome?
326	<i>Ombudsman Review Recommendations</i>	What recommendations were made?
327	<i>Ombudsman Review Details</i>	What were the review details?
332	<i>Which Ombudsman</i>	Was it the Ombudsman or Children's Ombudsman?
400	<i>Location Desc Level A</i>	Location name level A
400	<i>Location Desc Level B</i>	Location name level B
400	<i>Location Desc Level C</i>	Location name level C
400	<i>Location Desc Level D</i>	Location name level D
400	<i>Location Desc Level E</i>	Location name level E
400	<i>Location Desc Level F</i>	Location name level F
400	<i>Location Desc Level G</i>	Location name level G
500	<i>Hospital Number.</i>	

Complaint Issue (Incident) fields

Field name	Details
<i>Record Number</i>	Unique reference for the issue
<i>Occurrence Number</i>	Unique reference for the Complaint Occurrence
<i>Complainant Name</i>	Copy of the <i>Primary Complainant</i> from complaint. This is also visible as <i>Name of Injured Party</i> (read-only)
<i>Complaint Officer</i>	Name of the NIMS user that is the Complaints Officer
<i>Complaint Officer (surname, First)</i>	Free text name of any other (non NIMS) user that is the Complaints Officer
<i>Date Complaint Received</i>	Copied from complaint (read-only)
<i>Date of Incident</i>	Date of issue (may differ from Date complaint received)
<i>Did this happen</i>	Offsite or onsite at location of complaint
<i>Issue Due Date</i>	When the Issue details are to be returned to Complaint Officer
<i>Issue Closed Date</i>	When the Issue details were closed
<i>Issue Status</i>	Current status
<i>Issue Outcome</i>	Once the issue is closed, was the Issue upheld or not?
<i>Issue Resolution</i>	Once the issue is closed, what was the resolution?
<i>HCAT Severity Rating</i>	A three point rating scale for Severity as reported by complainant
<i>HCAT Harm Rating</i>	A six point rating scale for Harm reported by complainant

Complaints Management System Reporting: User Manual

Field name	Details
<i>Impact score</i>	Not relevant to CMS data
<i>Where (Location)</i>	Where was this specific issue located?
<i>Brief Summary of the Incident</i>	A brief anonymised description of the Issue details
<i>Pathway</i>	How was the complaint handled? *Pathway A relates to YSYS policy
<i>Pathway Description</i>	Detailed
<i>Issue Category</i>	HSE Pillars
<i>Issue Category Type</i>	HSE Pillars
<i>Issue Category Sub-type</i>	HSE Pillars
<i>HIQA standard</i>	What HIQA standard is referred to?
<i>Division</i>	The HSE Division
<i>Service</i>	Specifies service
<i>Sub Service</i>	Lists sub services
<i>Profession</i>	Profession of the person the complaint is about
<i>Tusla Service Type</i>	Tusla Categorisations
<i>Tusla Function</i>	Tusla Categorisations
<i>Concern?</i>	Tusla Categorisations
<i>National Standards</i>	Not relevant to CMS data
<i>Examination Assigned to (Surname, First)</i>	NIMS user that is examining the issue
<i>Examination Assigned to</i>	Free text (non-NIMS) user that is examining the issue
<i>Date of Birth.</i>	Copy of the <i>DOB</i> from complaint (read-only)
<i>Hospital Number.</i>	Copy of the <i>Hospital Number</i> from complaint (read-only)
<i>Location Desc Level A</i>	Location name level A
<i>Location Desc Level B</i>	Location name level B
<i>Location Desc Level C</i>	Location name level C
<i>Location Desc Level D</i>	Location name level D
<i>Location Desc Level E</i>	Location name level E
<i>Location Desc Level F</i>	Location name level F
<i>Location Desc Level G</i>	Location name level G

Complaint Task fields

Field name	Details
<i>Attached to</i>	Record number of the Complaint Issue
<i>Recommendation Made by (Surname, First)</i>	Who owns the recommendation?
<i>Assigned to (Surname, First)</i>	Who is it assigned to?
<i>Status</i>	What is the status?
<i>Completed by</i>	Who set the <i>Status</i> to 'Closed'
<i>Recommendation Close Date</i>	When was the recommendation closed?
<i>Title</i>	This is always "Complaint Recommendation"
<i>Details</i>	What are the details of the issue?
<i>Required Action Description</i>	What are the required actions?
<i>Recommendation Accepted / Rejected</i>	Was the recommendation accepted?
<i>Recommendation Outcome</i>	What was the final outcome?