

NATIONAL COMPLAINTS GOVERNANCE AND LEARNING TEAM

# Complaints Management System

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## Complaints Officer User Manual

NCGLT

October 2024

## Contents

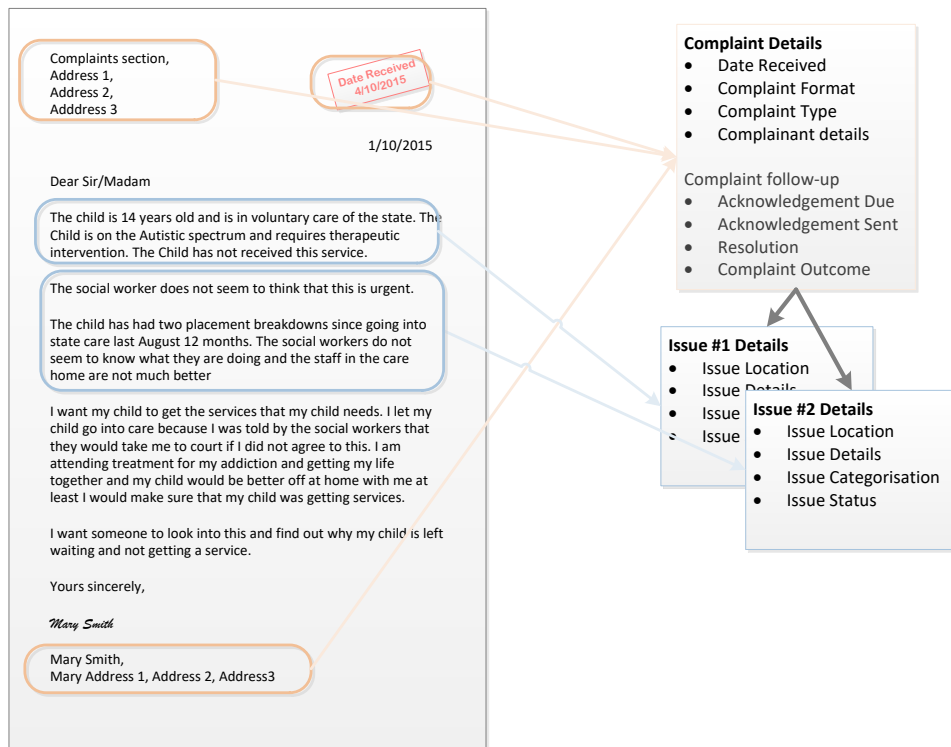
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## Introduction to Complaints on the Complaints Management System

This manual goes through the steps of how a **Complaints Officer** should record a formal Complaint on the Complaints Management System.

A formal complaint is made up of a number of different parts. These are stored and tracked on the Complaints Management System in two different places.

1. **Occurrences** (Complaint & Complainant details)
2. **Incidents** (Issue(s))



**Complaint:** There are standard details on the letter that are stored at the complaint level. This includes

- **When** did we receive the complaint?
- **Who** is it from?
- **How** did it arrive?

Once the complaint is saved there are additional details that are stored as part of the complaint, and will be accessed as the complaint moves through its life-cycle.

- When do we **need to acknowledge** the complaint?
- When did we **actually acknowledge** the complaint?
- When do we **need to respond** to the complaint?
- What was the **overall resolution and outcome** of the complaint?

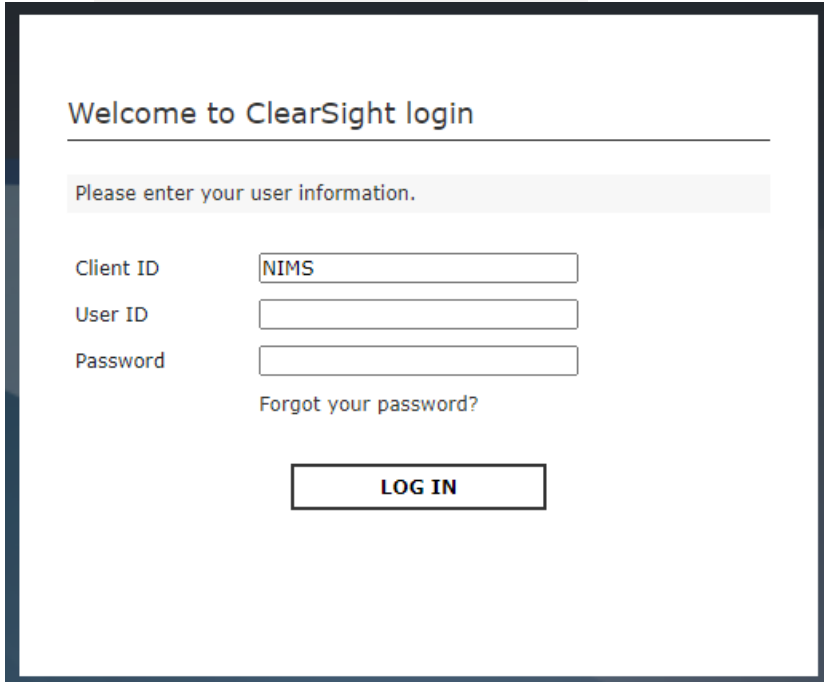
**Issue:** each complaint will contain one or more separate issues. These are the individual issues that are listed within the letter and may involve investigation by different members of the organisation. These separate investigations have different life cycles to be tracked, and we can't respond to the overall complaint until each issue has been resolved.

- Where was the issue **located**?
- Who is **responsible** for the issue?
- How do we **categorise** the issue?

Finally there is a third entity called a **recommendation**. These are used after the investigation to record any recommendations that have been made in relation to each issue in the complaint.

## Logging In

1. Open <https://www.riskconnectclearsight.eu/Enterprise/login.cmdx??c=NIMS> Chrome/MS Edge now the preferred NIMS browsers. Do not use Internet Explorer.



Welcome to ClearSight login

Please enter your user information.

Client ID

User ID

Password

[Forgot your password?](#)

**LOG IN**

2. Enter your *User ID* & *Password* and click **LOG IN**  
**My NIMS Dashboard**

**Note:** You will have received your username and password by email from [NoReply@mcs.nims.ie](mailto:NoReply@mcs.nims.ie).

If you forget your password, or it expires, email [nimshelpdesk@ntma.ie](mailto:nimshelpdesk@ntma.ie) requesting a password reset.

If you do not have a username and password you can request one by filling out the NIMS CMS setup form which can be found here: <https://www.hse.ie/eng/about/who/complaints/ncglt/toolkit/cmstoolkit/forms.html>  
This should be returned completed to [cmstraining@hse.ie](mailto:cmstraining@hse.ie) along with the Memorandum of Understanding (MoU) for Support Staff logging to the CMS Database on behalf of the Complaint Officer (to be signed by the user and by the Complaint Manager). Or an Order of Appointment if the user is a Complaint Officer.

## Dashboard

Select FC – Formal Complaints under Dashboard dropdown arrow options for panels specific to complaints.

The screenshot shows the Complaints Management System Dashboard. The 'Dashboards' dropdown menu is open, and 'FC - Formal Complaints' is selected. The dashboard displays four panels:

- 7a All records**: A table with columns: Record Number, Name of Injured Party (Surname), Incident Create Date, and Date of Incident. It shows 6 records and a total of 406 records.
- FC - All Formal Complaints**: A table with columns: Occurrence Number, Date Complaint Received, Primary Complainant Name, and Complaint Status. It shows 6 records and a total of 348 records.
- 00. All user setup/access change requests**: A table with columns: Priority, Name (First Name Last Name), Status, Assigned By/To, and Create User. It shows 'No records found'.
- Copy of Open Cases**: A table with columns: Occurrence Number, Record Number, Issue Status, and Date Formal Complaint Received. It shows 3 records and a total of 391 records.

Dashboards that appear are unique to each Complaint Officer/User Account.

These can be extended for Complaints Managers and Review Officers on request.

## Terminology

The HSE's Complaints Management System uses the same platform as NIMS and shares some of its terminology

1. A **complaint** is referred to as an '**Occurrence**'
2. An **issue** within a complaint is referred to as an '**Incident**'
3. A **recommendation** is referred to as a '**Task**'

## Complaints Management System: Quick 1-Page Guide to Logging Complaints (Stage 2)

Login in at <https://www.riskconnectclearsight.eu/Enterprise/login.cmdx??c=NIMS> using Chrome or MS Edge browser. Select Incident Manager in App Launcher icon buttons top left of screen, click on Occurrences

**Note:** Each complaint must have at least one incident and one task to complete a complaint on CMS

### Step 1: Log complaint in Occurrences:

1. Click + New "**Create a new Occurrence**". Coverage = Formal Complaint
2. Enter Date complaint received, location and complainant details in **Complaint General Details**.
3. Open **Complaint Follow-up** page.
4. Day 5: Update **Date Acknowledgement Sent**.
5. **Save** Occurrence - you can now see the Claims/Incidents option. Note the Occurrence Number.
6. Upload Complaints Letter/Fax/Email/Form etc. in **File**.

### Step 2: Log issues of Complaint in Claims/Incidents (MANDATORY)

1. Create **New Incident**.
2. Enter details of individual issues in **Claims/Incidents**. Select Complaints Officer, Date of Incident, Location, Did this happen Onsite/Offsite, Brief Summary details, Pathway, HCAT and Categories, Division/Service/Sub Service.
3. **Save** Incident. Note each issue has a unique number.
4. Repeat for each issue/incident in complaint.

**NOTE: A complaint MUST have at least ONE associated issue.**

### Step 3: Update Issue/Complaint Record

1. Day 30: In **Occurrences - Claims/Incidents - Complaints Issue** change all Issue Status to **Closed**.
2. Double click Issue in Claims/Incidents to open issue. Open folder Icon relating to correct issue.

**Either:**

- Set Issue Status to closed and enter Issue Closed Date and Issue Resolution.
- Upload Issue Investigation Report File if applicable.
- Repeat for each issue/incident in complaint if applicable.

**OR:**

- Day 30: Update **Number of Delayed Letters** in **Occurrence – Complaint Follow-up**
- And repeat **Step 3** above once investigation of issue is complete.

### Step 4: Log Complaint Issue recommendations made in the Tasks field (Mandatory)

1. When the Complaint Investigation is complete, update with Recommendations: **Occurrence - Claims/Incidents page: open the Incident** (Complaint Issue).
2. Click Tasks and Select **New - Formal Complaint Issue Recommendation**.
3. Enter **Recommendation details** and update when implemented.
4. **Save** Task. Note New Task ID no.
5. Repeat for each issue/incident in complaint for all Recommendations made.

### Step 5: Close the Complaint

1. Open Occurrence - **Complaint Follow-up** page.
2. Set **Complaint Status** to Closed. Enter **Date Complaint Closed** and **Close details- Outcome, Resolution, Date Response Sent**.
3. **Save** Occurrence.

**NB:** Ensure all issues are 'Closed' (Step 4) and recommendations completed where possible before closing the Complaint. Further queries please Email [CMSTraining@hse.ie](mailto:CMSTraining@hse.ie)

## Step 1: Create Record of Complaint

In the Complaints Management System a Complaint is referred to as an Occurrence.

In the **Incident Manager** app in the App Launcher, on the left-hand menu click **Occurrences**.

A list of Occurrences is displayed (click on the grey file to open an existing Occurrence in the current tab, click the file with the arrow to open the Occurrence in a new tab).

Incident Manager Occurrences

Active Filters: Coverage equals Formal Complaint

Buttons: New, Copy, Export, Print

|                          | Occurrence Number | Date Complaint Received | Primary Complainant Name | Complaint Status | Is Cor   |
|--------------------------|-------------------|-------------------------|--------------------------|------------------|----------|
| <input type="checkbox"/> | 00002422          | 07/01/2016              |                          | Open             |          |
| <input type="checkbox"/> | 00002194          | 16/11/2015              |                          | Closed           |          |
| <input type="checkbox"/> | 00002392          | 15/12/2015              |                          | Closed           | All Issu |
| <input type="checkbox"/> | 00002098          | 17/11/2015              |                          | Closed           | All Issu |
| <input type="checkbox"/> | 00002371          | 18/01/2016              |                          | Closed           |          |
| <input type="checkbox"/> | 00002627          | 17/12/2015              |                          | Closed           | All Issu |

1. Click the button **New Occurrence**.
2. You are prompted to select the *Coverage*
3. Select 'Formal Complaint' and click **OK** –

New

Please enter the required information below so the system can select the appropriate form.

Occurrence Number  
\*AUTO-GENERATE\*

\* Coverage  
Formal Complaint

Buttons: Cancel, OK

Blank 'Complaint General Details' Occurrence screen appears:

4. Enter the complaint details (at minimum):

Incident Manager Occurrences

Quick Search

Incidents Occurrences Tasks Reports

Occurrence - Complaint General Details

Save Save and Close

Complaint General Details

Complaint Follow-up

Complaint Reviews

Complaint Location

Complaint Details

\* Date Complaint Received dd/MM/yyyy Report Date 23/09/2024

\* Location


\* Complaint Summary

\* Complaint Format

\* Complaint Type 1. Formal Complaint

Is Complaint subject to legislation?

Details entered separately as incident?

- Date Complaint received.
- Report Date (defaults to today).
- Location - **How to lookup a location.**
  - Use the lookup: if you click on the Clipboard  the search screen appears. Within this there are two different options, either the **Grid** view OR **Tree-View**. **ALWAYS use Tree-View.**
  - Click on **Tree** and you can look through the Healthcare location hierarchy to find the correct location.

Quick Search

Incident Manager Occurrences

Incidents Occurrences Tasks Reports

Occurrence -

Grid Tree

Sort By ☒ Name ☐ Code ☒ Show Inactive Show Name and Code

Healthcare (HC)

- Covid Vaccine Programme (HCCVP)
- Healthcare Legacy (HCL)
- HSE Dublin and Midlands Region (HCHRDM)
  - HSE Dublin and Midlands - COVID19 Response - Community - Kildare/West Wicklow/Dublin West/South City/South West/Laois/Offaly/Longford/Westmeath
  - HSE Dublin and Midlands - COVID19 Response - Hospitals (HCHRDM03)
  - HSE Dublin and Midlands - HSE - Community - Kildare/West Wicklow/Dublin West/South City/South West/Laois/Offaly/Longford/Westmeath
  - HSE Dublin and Midlands - HSE - Hospitals (DMHG) (HCHRDM01)
  - HSE Dublin and Midlands - Voluntary - Community - Kildare/West Wicklow/Dublin West/South City/South West/Laois/Offaly/Longford/Westmeath
  - HSE Dublin and Midlands - Voluntary - Hospitals (DMHG) (HCHRDM02)
- HSE Dublin and North East Region (HCHRDNE)
- HSE Dublin and South East Region (HCHRDSE)
- HSE HQ (HQ)

- Complaint Summary to include a concise list of issues raised, **anonymised (no staff/service user names)**
- Complaint Format

| Complaint Format | Comment   |
|------------------|---|
| E-mail           | Emails to your local complaints email account and/or <a href="mailto:yoursay@hse.ie">yoursay@hse.ie</a> |
| Face-to-face     |   |
| Fax              |   |
| Letter           |   |
| Other Written    |   |
| Telephone        |   |
| Website          |   |

f. *Complaint Type- Formal Complaint*

| Complaint Types              | Comment  |
|------------------------------|--|
| 1.Formal Complaint           | Stage 2 in <i>Your Service Your Say</i> complaints process |
| 2.Locally resolved Complaint |  |
| 3.Comment/Suggestion         |  |
| 4.Postive Feedback           |  |
| 5.Public Representation      |  |
| 6.Parliamentary Question     |  |
| 7.Review existing complaint  |  |

- g. Either *Service user name* OR *Complainant name* if not the same person.  
5. Go to Complaint Follow-up page and enter Date Acknowledged.

Quick Search

Incident Manager Occurrences

Incidents Occurrences Tasks Reports

Occurrence - Complaint Follow-up

Save Save and Close

Complaint General Details

Complaint Follow-up

Complaint Reviews

Complaint Location

Primary Complainant Name

Number of incidents 0

Complaint Officer Ahern, Elaine

Complaint Officer (Surname, First)

Date Complaint Received 01/09/2024

Complaint Investigation Lifecycle

Date Acknowledgement Due dd/MM/yyyy

\* Date Acknowledged 4/9/2024

6. After you have entered all available details, click **Save Occurrence**.

Save Save and Close

**Note:** Once you click Save additional pages become available, including Claims/Incidents.

7. You will now see additional options:

Quick Search

**Incident Manager** Occurrences

**Occurrence - 00070800**  
Complaint General Details

Save Save and Close Copy Print Cancel Change Coverage Change Currency

**Complaint General Details**

- Complaint Follow-up
- Complaint Reviews
- Complaint Location
- Claims/Incidents**
- Notes
- Attachments

Bloggs, Joe

**Complaint Details**

\* Date Complaint Received 1/9/2024

\* Location Dr Steevens Hospital

\* Complaint Summary No parking available

\* Complaint Format E-mail

Is Complaint subject to legislation? All issues subject to legislation

Relevant legislation is Part 9 of the 2004 Health Act which defines complaints and what Complaint Officers may hand

Complaint Officer Ahern, Elaine

**Patient / Service User**

Service User Name Bloggs, Joe

## Step 2: Create Record of Issues (MANDATORY)

This shows all the issues within a complaint.

- Click on **Claims/Incidents** on the **small** left-hand menu. The list of saved issues appears. In a new complaint *No records found* appears until an Incident record is created. Click **Create** then **New Incident**.

Quick Search

**Incident Manager** Occurrences

**Occurrence - 00070800**  
Claims/Incidents

Save Save and Close Copy Print Cancel Change Coverage Change Currency


**Occurrence Claims/Incidents** All

**Active Filters**

Create Copy Export

| Occurrence Number | LeadClaim | Record Number | Name of Injured Party (Surname...) |
|-------------------|-----------|---------------|------------------------------------|
| No records found  |           |               |                                    |

0 of 0 Selected

 **Occurrence - 00070800**  
Claims/Incidents

Save

Save and Close

Copy

Complaint General Details

Complaint Follow-up

Complaint Reviews

Complaint Location

**Claims/Incidents**

Occurrence

**Active Filters**

Create

New Incident

The New Incident box opens:

New Incident

Please enter the required information below so the system can select the appropriate form.

Record Number

\*AUTO-GENERATE\*

\* Coverage

Formal Complaint

Cancel

OK

2. Click **OK**.
- a blank Incident screen appears:

Quick Search

Incident Manager

Incidents

Incidents

Occurrences

Tasks

Reports

Incident - Complaint Issue

Save Save and Close

Complaint Issue

Complaint Details

Primary Complainant Name

Bloggs, Joe

Occurrence Number

00070800

Issue Details

\* Date of Incident

dd/MM/yyyy

Date Formal Complaint Received

1/9/2024

\* Where (Hierarchy)

Did this happen

\* Summary of the Incident

\* Pathway

Pathway Description

Issue

Complaint Officer

Complaint Officer (Surname, First)

HCAT Severity Rating

HCAT Harm Rating

9

## Auto-populated Fields

- a. On creating the Issue, if *Complaint Officer* remains blank, the system fills this as the current user.
- b. *Date Formal Complaint Received* as per date recorded to Complaint General Details page.
- c. *Issue Status* is "Open" and *Did this happen* is set to Onsite.

**Dependant Fields** *These are fields where changing the first one will change the available values in the second)*

- d. Issue Category → Issue Sub Category Type → Issue Sub Category (details in Appendix 3).
  - e. Pathway → Pathway Description.
  - f. Division → Service → Sub Service.
3. Enter at least the minimum details to save the Complaint Issue record:
    - a. *Date of Incident*
    - b. *Issue location- Where (Hierarchy)*
    - c. *Issue Details – Summary of the Incident* brief anonymised
    - d. *Pathway*
    - e. *Categorise the issue using the various options (Issue Category, Issue Category Type, Issue Category Sub-type).*
    - f. *Division Details with service and sub service specified.*

For guidance on determining HCAT Severity Rating and HCAT Harm Rating- see Appendix 2.  
Mandatory fields are highlighted below:

**Incident \*AUTO-GENERATE\* ()**  
 Complaint Issue

There are 9 error(s) on the form. Please correct the errors before saving. Hide

**Complaint Issue**

**Date of Incident** is required.

**Where (Hierarchy)** is required.

**Pathway** is required.

**Issue Category** is required.

**Issue Category Type** is required.

**Issue Category Sub-type** is required.

**Division** is required.

**Service** is required.

**Sub Service** is required.

4. Click **Save** and *Service* and *Sub Service* fields become available to choose.

The screenshot shows the 'Incident - 24333054 (Bloggs, Joe)' form. The 'Complaint Details' section is active, showing fields for HCAT Severity Rating, HCAT Harm Rating, Issue Due Date, Issue Status, Issue Outcome, FC Recommendation added?, Issue Category, Issue Category Type, Issue Category Sub-type, HIQA standard, Division, Service, Sub Service, Profession, and Issue Examination. The 'Service' and 'Sub Service' fields are highlighted with a red box, indicating they are mandatory and available for selection.

Click **Save and Close**  
The issue is saved and appears as the first issue.

Incident Manager Occurrences

Quick Search

Incidents Occurrences Tasks Reports

Occurrence - 00070800  
Claims/Incidents

Save Save and Close Copy Print Cancel Change Coverage Change Currency

Complaint General Details  
Complaint Follow-up  
Complaint Reviews  
Complaint Location  
Claims/Incidents  
Notes  
Attachments

Occurrence Claims/Incidents All

Active Filters

Create Copy Export

|                          | Occurrence Number | LeadClaim                           | Record Number | Name of Injured Party (Surname...) | Status (System field) |
|--------------------------|-------------------|-------------------------------------|---------------|------------------------------------|-----------------------|
| <input type="checkbox"/> | 00070800          | <input checked="" type="checkbox"/> | 24333054      | Bloggs, Joe                        | Incident              |

0 of 1 Selected - Total: 1

Double-click on Incident record in Claims/Incidents to open the complaint issue. Sample complaint with identified issues can be viewed in Appendix 1.

5. Repeat Steps 1-5 to save additional issues.

**Note:** By default the first issue is deemed the 'lead claim'. This is not relevant to Complaints, but cannot be hidden.

## Step 3: Update Record of Complaint

### Complaint Follow-up screen

#### Mandatory Fields

- Complaint Status (default is Open)

#### Auto-populated Fields

- On creating the Occurrence, if *Date Acknowledgement Due* is blank, the system fills this as *Date Complaint Received + 7 days* (5 week days).
- On creating the Occurrence, if *Date Response Due* is blank, the system fills this as ***Date Complaint Received + 42 days*** (30 week days).
- On creating the Occurrence, if *Complaint Officer* is blank, the system fills this as the current user.
- On creating the Occurrence, the Complaint status is "Open"
- Number of Incidents*. This is auto-calculated based on number of complaint issues logged.
- On changing the *Complaint Status* to "Closed", if *Complaint Close Date* is blank, it is set to today. The *weekdays to close (incl bank holiday)* is filled. This is a count of the number of weekdays between the *Complaint Received Date* and the *Complaint Closed Date*. It is NOT aware of bank holidays.

**Note:** All Complaint Issues must first be Closed (All mandatory fields completed and Status set to Closed in each Issue) before closing the overall complaint on Complaint Follow-up page. [See Step 6-](#) Close Record of Issues.

\*Where the complaint investigation requires more than the 30 working days timeframe and a delay letter issues to the complainant, *Update to Complaint Date* field is available for use. *Date Response Due* will not re-calculate but user may update to reflect the further 20 working days timeframe. Updates for any other delay letters issued can be saved and *Date Response Due* amended and saved. Any data added to the 'date most recent letter sent' and 'number of delayed letters' will automatically be saved in the 'Notes' tab.

Incident Manager

Occurrences

Occurrences - 00070800

Complaint Follow-up

Summary

Save Save and Close Copy Print Cancel Change Coverage Change Currency

Close

Complaint General Details

Complaint Follow-up

Complaint Reviews

Complaint Location

Claims/Incidents

Notes

Attachments

Primary Complainant Name

Bloggs, Joe

Number of Incidents

1

Complaint Follow-up

Complaint Officer

Ahern, Elaine

Complaint Officer (Surname, First)

Date Complaint Received

01/09/2024

Complaint Investigation Lifecycle

Date Acknowledgement Due

8/9/2024

Date Acknowledged

4/9/2024

Update to Complaint

20/9/2024

Number of Delayed Letters

1.00

Date Response Due

20/10/2024

Date Most Recent Letter Sent

20/9/2024

Complaint Status

Open

Updates to Number and Date of Delayed Letters are added to the Notes page

dd/MM/yyyy

Weekdays from Rec to Closed (incl. BH)

0.00

Weekdays from Ack to Closed (incl. BH)

0.00

Step 4: Update Record of Issues

You can select the issue to update from Claims/Incidents. Double click to open.

Incident Manager

Occurrences

Occurrences - 00070800

Claims/Incidents

Save Save and Close Copy Print Cancel Change Coverage Change Currency

Complaint General Details

Complaint Follow-up

Complaint Reviews

Complaint Location

Claims/Incidents

Notes

Attachments

Occurrence Claims/Incidents

All

Active Filters

Create

Copy

Export

|                                     | Occurrence Number | LeadClaim                           | Record Number | Name of Injured Party (Surname... | Status (System field) |
|-------------------------------------|-------------------|-------------------------------------|---------------|-----------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | 00070800          | <input checked="" type="checkbox"/> | 24333054      | Bloggs, Joe                       | Incident              |

0 of 1 Selected - Total: 1

You can make any changes in the non auto-populated fields, including changing the complaints officer assigned this incident (issue).

Incident Manager

Incidents

Incident - 24333054 (Bloggs, Joe)

Complaint Issue

Save Save and Close Print Cancel Copy Change Coverage

Complaint Issue

Complaint Details

Notes

Tasks

Attachments

Email

\* Pathway

Pathway A (YSYS Statutory)

Pathway Description

Issue

Complaint Officer

Ahern, Elaine

Complaint Officer (Surname, First)

HCAT Severity Rating

1. Low Severity

HCAT Harm Rating

1. Minimal Harm

Issue Due Date

dd/MM/yyyy

Issue Status

Closed

Issue Closed Date

11/9/2024

Issue Outcome

Upheld

Issue Resolution

Recommendations made

FC Recommendation added?

Yes

**Note:** Names available on the drop-down menu *Complaint Officer* relate to users with NIMS or CMS access. The dashboard panels will be populated for the Complaint Officer selected on the drop-down menu if accessing CMS Formal Complaints.

**Note:** FC Recommendation added? Yes must to be chosen in order to close Issue - **Mandatory**

## Step 5: Create Record of Recommendations (Mandatory)

Recommendation details must be added to the COMPLAINTS MANAGEMENT SYSTEM using the Tasks page within each Incident (Issue).

**Note:** *Details* relates to the Issue brief summary. *Details of the complaint officer's findings* relates to the Recommendation made by the complaint officer.

It is Mandatory to complete all fields within the Recommendation/Task page.

### Creating a Recommendation (Task)

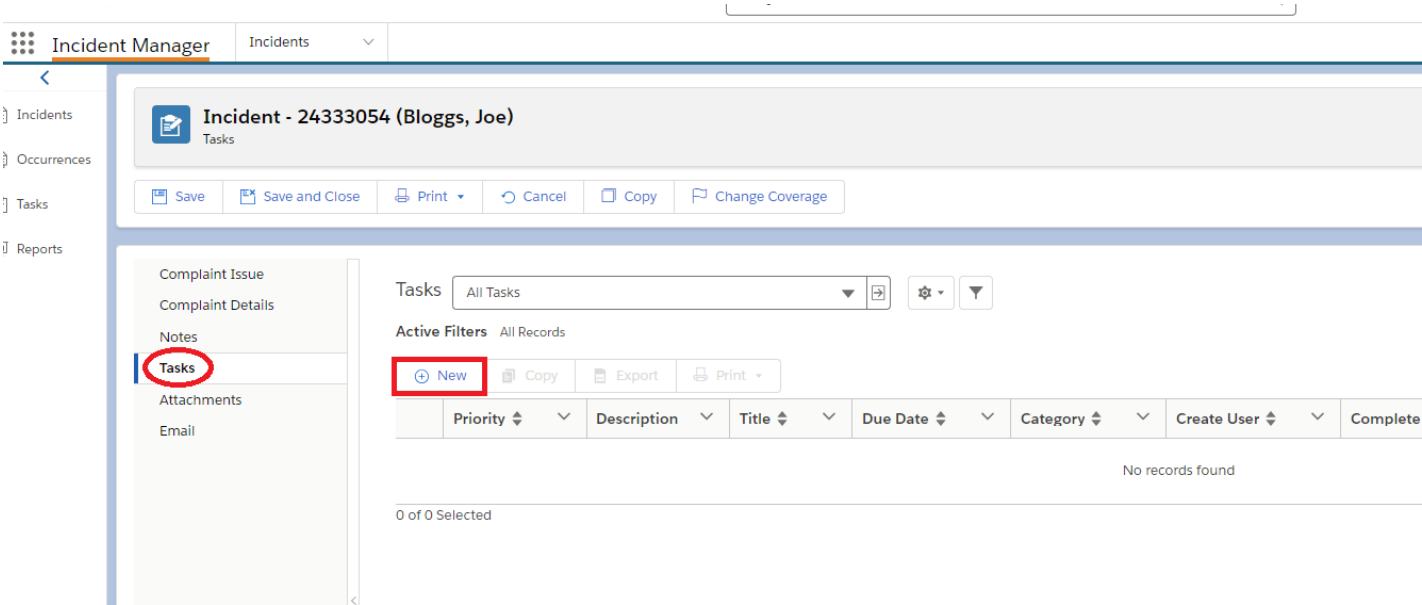
1. Open the Incident (issue) by clicking on the folder icon in Claims/Incidents.

The screenshot shows the 'Incident Manager' interface. On the left sidebar, the 'Claims/Incidents' menu item is circled in red. The main area displays 'Occurrence - 00070800' with a table of 'Occurrence Claims/Incidents'. The table has columns: Occurrence Number, Lead Claim, Record Number, Name of Injured Party (Surname, First), and Status (System). One row is visible with the following data: Occurrence Number 00070800, Lead Claim checked, Record Number 24333054, Name of Injured Party Bloggs, Joe, and Status Incident. The table is highlighted with a red border.

2. Click on **Tasks**. [Task = Recommendation]

The screenshot shows the 'Incident - 24333054 (Bloggs, Joe)' details page. On the left sidebar, the 'Tasks' menu item is circled in red. The main area displays the 'Complaint Issue' details. The 'Issue Resolution' field is highlighted with a red box, showing 'Recommendations made'. Other fields include HCAT Severity Rating (1. Low Severity), Issue Due Date (dd/MM/yyyy), Issue Status (Closed), Issue Outcome (Upheld), FC Recommendation added? (Yes), HCAT Harm Rating (1. Minimal Harm), and Issue Closed Date (11/9/2024).

3. Click on the **New Task** button.



You are asked to select a Task type.

New Task

Please enter the required information below so the system can select the appropriate form.

\* Task Template

Formal Complaint Issue Recommendation

Cancel

OK

4. Select “Formal Complaint Issue Recommendation” and click **OK**.  
A blank Complaint Recommendation screen appears.

Incident Manager

Tasks

Incidents

Occurrences

Tasks

Reports

Task - Formal Complaint Issue Recommendation

Recommendation

Save

Save and Close

Print

Cancel

Recommendation

Recurrence Settings

Attachments

Notes

\* Title

Formal Complaint Issue Recommendation

Task ID

24,582

Attached to

24333054

Task Template

Formal Complaint Issue Recommendation

Recommendation

Recommendation made by (Surname, First)

Ahern, Elaine

Assigned To (Surname, First)

\* Status

Completed

\* Date Recommendation Made

19/9/2024

Completed By

Complaint1, Complaint1

Recommendation Close Date

23/9/2024

Details of the complaint officer's findings

\* Details

Acquire more parking spaces

\* Recommendation Made

Recommendation

Recommendation Accepted / Rejected?

Accepted

\* Recommendation Outcome

In Progress

5. Enter all available details as each field is now mandatory and click **Save and Close**.
6. Once saved, notes can be added to the Issue Recommendation.

Please note, to change your default view of Tasks, drop down the menu for views, select **All Tasks**, click the settings button and choose **Set Default View**:

The screenshot shows the 'Incident - 24333054 (Bloggs, Joe)' interface. At the top, there's a header bar with a 'Tasks' tab. Below it, a toolbar contains buttons for 'Save', 'Save and Close', 'Print', 'Cancel', 'Copy', and 'Change Coverage'. On the left, a sidebar lists navigation options: 'Complaint Issue', 'Complaint Details', 'Notes', 'Tasks' (selected), 'Attachments', and 'Email'. The main area displays the 'Tasks' view with a dropdown menu set to 'All Tasks'. A settings icon (gear) is highlighted with a red box, and its dropdown menu is open, showing options: 'Copy View', 'Set Search Defaults', 'Set Default View' (highlighted with a red box), 'Load on Search', and 'Create New View'. The 'Set Default View' option is also highlighted with a red box. Below the dropdown, there's a table with columns: 'Priority', 'Description', and 'Title'. The table shows one task: 'Acquire more parking spaces' with a priority of 'None'. The status bar at the bottom indicates '0 of 1 Selected - Total: 1'.

## Step 6: Close Record of Issues

**NOTE:** Each issue recorded must be closed before closing the complaint record.

1. Go to Claims/Incidents in the Occurrence pages menu.
2. Double click on an Incident Record (Issue) to open and complete the close details (below). See Appendix 2 for Guide to Determining HCAT Severity and Harm Rating.
3. Set Issue Status to Closed and **Save and Close** the record.
4. FC Recommendation added? **Yes** has to be chosen in order to close the Issue – reminder to add Recommendation/Task to Issue – **Mandatory**

The screenshot shows the 'Incident Manager' interface. The top navigation bar includes 'Incident Manager' and 'Incidents'. The left sidebar lists navigation options: 'Incidents', 'Occurrences', 'Tasks', and 'Reports'. The main area displays the 'Incident - 24333054 (Bloggs, Joe)' details. The 'Complaint Issue' tab is selected. The form shows fields for 'Pathway', 'Issue', 'Complaint Officer', 'HCAT Severity Rating', 'Issue Due Date', 'Issue Status', 'Issue Outcome', 'FC Recommendation added?', 'Complaint Officer (Surname, First)', 'HCAT Harm Rating', 'Issue Closed Date', and 'Issue Resolution'. The 'Issue Status' field is set to 'Closed', 'Issue Outcome' is 'Upheld', and 'FC Recommendation added?' is 'Yes'. The 'Issue Closed Date' is '11/9/2024' and 'Issue Resolution' is 'Recommendations made'. The 'Issue Status', 'Issue Outcome', and 'FC Recommendation added?' fields are highlighted with a red box.

## Step 7: Close Record of Complaint

1. Check each Incident/Issue is closed and a selection has been made from the 'Issue Resolution' field. Save Task details record for any Complaint Issue where *Resolution* = Recommendations made
2. To close a complaint go to the **Complaint Follow-up** screen and
  - a. Change the *Complaint Status* to 'Closed'. If *Complaint Close Date* is blank, it is set to today. The *weekdays to close (incl bank holiday)* is filled. This is a count of the number of weekdays between the *Complaint Received Date* and the *Complaint Closed Date*. It is NOT aware of bank holidays.
  - b. Where the complaint investigation requires more than the 30 working days timeframe and a delay letter issues to the complainant, *Update to Complaint Date* field is available for use. *Date Response Due* will not re-calculate but user may update to reflect the further 20 working day's timeframe. Updates for any other delay letters issued can be saved and *Date Response Due* amended and saved.
  - c. If *Delayed Letters* have been sent, detail the number of letters and the date the most recent letter was sent. Updates to these fields will be saved in the *Notes* tab.
  - d. Add a *Complaint Outcome*.

| Complaint Outcome | Comment  |
|-------------------|--|
| Not Upheld        | NO ISSUES UPHELD   |
| Partially Upheld  | USED FOR MULTI-ISSUE COMPLAINT WITH SOME ISSUES UPHELD AND SOME NOT UPHELD |
| Upheld            | ALL ISSUES UPHELD  |

3. Show how the complaint was resolved

| Complaint Resolution       |                          |
|----------------------------|--------------------------|
| Anonymous Complaint        |                          |
| Documentation Update       | USE RECOMMENDATIONS MADE |
| No Action                  |                          |
| No Recommendation          |                          |
| Not Substantiated          |                          |
| Process Update             | USE RECOMMENDATIONS MADE |
| Recommendations Made       |                          |
| Resolved Locally           |                          |
| Resolved through Mediation |                          |
| Retraining                 | USE RECOMMENDATIONS MADE |
| Transfer to Risk Register  | USE RECOMMENDATIONS MADE |
| Vexatious Complaint        |                          |
| Withdrawn                  |                          |

4. Click **Save and Close**.

Incident Manager Occurrences

Incidents Occurrences Tasks Reports

Occurrence - 00070800  
Complaint Follow-up

Save Save and Close Copy Print Cancel Change Coverage Change Currency

Complaint General Details  
**Complaint Follow-up**  
Complaint Reviews  
Complaint Location  
Claims/Incidents  
Notes  
Attachments

Primary Complainant Name: Bloggs, Joe Number of Incidents: 1

Complaint Officer: Ahern, Elaine Complaint Officer (Surname, First):

Date Complaint Received: 01/09/2024

**Complaint Investigation Lifecycle**

Date Acknowledgement Due: 8/9/2024 \* Date Acknowledged: 4/9/2024

Update to Complaint: dd/MM/yyyy Number of Delayed Letters:

Date Response Due: 20/10/2024 Date Most Recent Letter Sent: dd/MM/yyyy

Complaint Status: Closed Date Complaint Closed: 23/9/2024

Weekdays from Rec to Closed (incl. BH): 0.00 Weekdays from Ack to Closed (incl. BH): 0.00

**Complaint Conclusion**

Complaint Outcome: Is Complaint subject to legislation? All issues subject to legislation

### Mandatory Fields

- Status (defaults to Open)

### Auto-populated Fields

- none

## Step 8: Internal Review

Currently there is no way for a Complaints Manager to assign a review to a Review Officer through the system. The Review Officer will have access to all complaints in their location and will be given the relevant Occurrence Number. Details regarding the Review Officer should be added to notes and the Review Investigation Report should be uploaded to Files.

Incident Manager Occurrences

Incidents Occurrences Tasks Reports

Occurrence - 00070800  
Complaint Reviews

Save Save and Close Copy Print Cancel Change Coverage Change Currency

Complaint General Details  
Complaint Follow-up  
**Complaint Reviews**  
Complaint Location  
Claims/Incidents  
Notes  
Attachments

Primary Complainant Name: Bloggs, Joe Number of Incidents: 1

**Internal Review**

Local Review Requested?: dd/MM/yyyy Review Officer (Surname, First):

Local Review Sent Date: dd/MM/yyyy Local Review Complete Date: dd/MM/yyyy

Local Review Outcome: Local Review Recommendations:

Local Review Details:

**Ombudsman Review**

Ombudsman Review Requested?: dd/MM/yyyy Which Ombudsman?:

Ombudsman Review Sent Date: dd/MM/yyyy Ombudsman Review Complete Date: dd/MM/yyyy

Ombudsman Review Outcome: Ombudsman Review Recommendations:

Ombudsman Review:

After a complaint is closed it may be reviewed. Select “Complaints Review” in “Occurrence” to record the details that can be captured for the reviews.

There are currently no rules on the system regarding the filling of any of these fields. i.e. you can fill any of these fields at any time.

These have no effect on the *Complaint Status*. i.e. the Stage 2 complaint remains closed while a Stage 3 review is happening.

**Note:**



Save

The **Save** button will save the current details and leave the screen open.



Save And Close

The **Save and Close** button will save the current details and close the current screen.

## Attachments: Files and Notes

### Files screen

Files can be attached at both Occurrence and Issue level. E.g., this allows scanned copies of the complaint to be loaded into the Complaints Management System. Other examples of files that can be uploaded are:

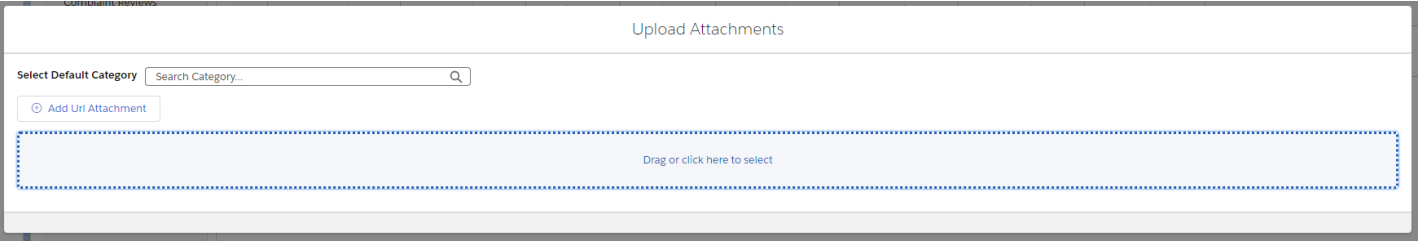
- Complaint Investigation Final Report
- Action Plans for Implementing Recommendations
- Associated emails
- Review Report

### Adding Files:

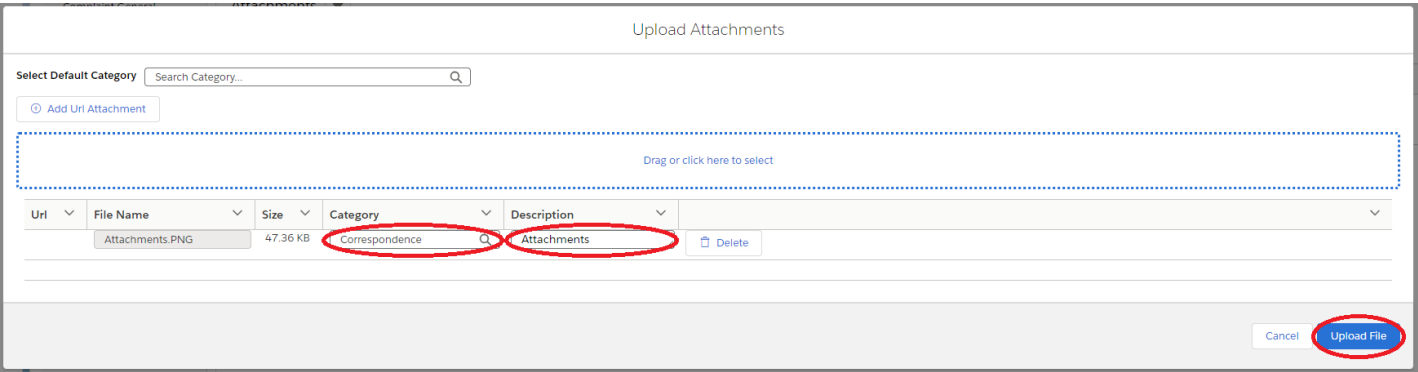
1. Open **Attachments** in the Occurrence page menu panel.
2. Click the **Upload File** button, you are prompted to select file(s).

The screenshot displays the 'Incident Manager' interface. The top navigation bar shows 'Incident Manager' and 'Occurrences'. The left sidebar contains a menu with 'Incidents', 'Occurrences', 'Tasks', and 'Reports'. The 'Occurrences' menu is expanded, and 'Attachments' is highlighted. The main content area shows the 'Attachments' screen for 'Occurrence - 00070800'. The top toolbar includes buttons for 'Save', 'Save and Close', 'Copy', 'Print', 'Cancel', 'Change Coverage', and 'Change Currency'. The 'Attachments' section has a dropdown menu and buttons for 'Edit', 'Upload File', and 'Download Multiple Attachments'. Below this is a table with columns: 'Description', 'File Name', 'User', 'Date', 'Extension', 'Category', and 'File Status'. The table is currently empty, displaying 'No records found' and '0 of 0 Selected'.

3. Select files to upload from your PC using Drag and drop or File browser function:

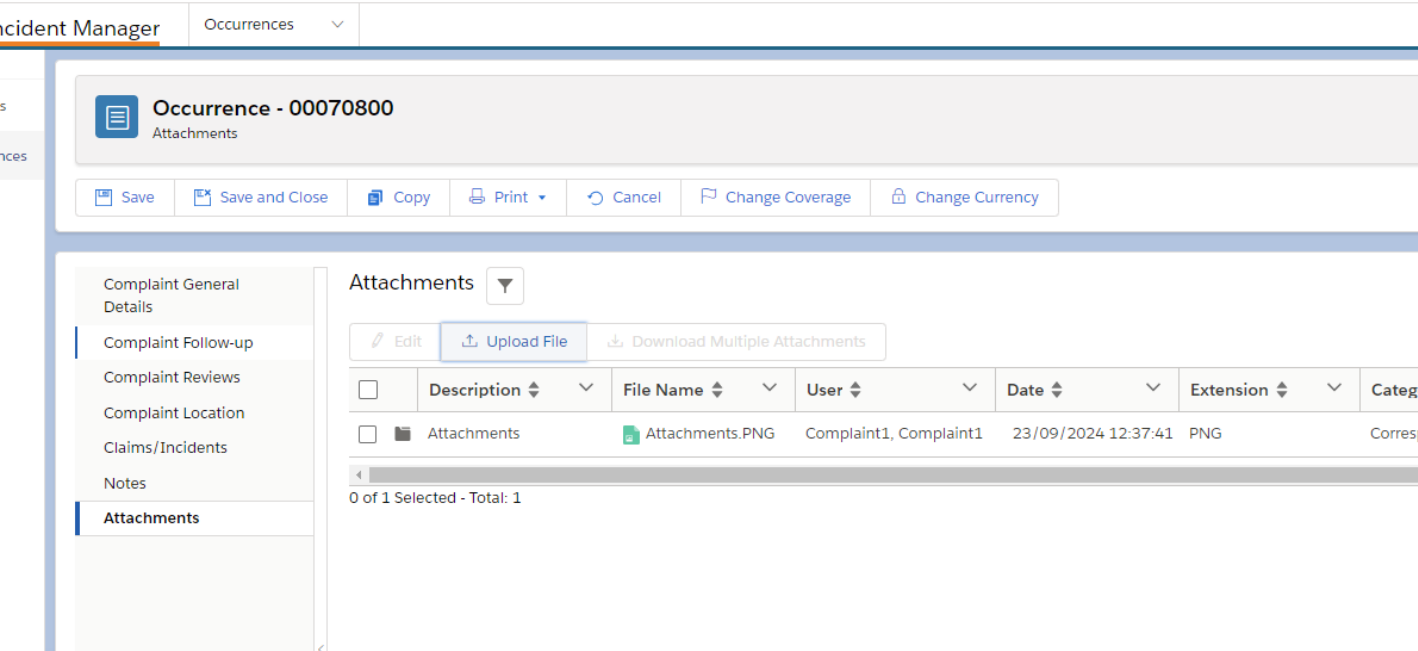


4. Select one or more files to drag and drop or click **Open The File Browser** to select the file to attach from files saved on your device.  
You can (optionally) add a *Description* and *Category* to the files.



| Uri | File Name       | Size     | Category       | Description |        |
|-----|-----------------|----------|----------------|-------------|--------|
|     | Attachments.PNG | 47.36 KB | Correspondence | Attachments | Delete |

5. Click **Upload File(s)**.



Incident Manager | Occurrences

Occurrence - 00070800  
Attachments

Save | Save and Close | Copy | Print | Cancel | Change Coverage | Change Currency

Complaint General Details  
Complaint Follow-up  
Complaint Reviews  
Complaint Location  
Claims/Incidents  
Notes  
Attachments

Attachments

Edit | Upload File | Download Multiple Attachments

|                          | Description | File Name       | User                   | Date                | Extension | Categ  |
|--------------------------|-------------|-----------------|------------------------|---------------------|-----------|--------|
| <input type="checkbox"/> | Attachments | Attachments.PNG | Complaint1, Complaint1 | 23/09/2024 12:37:41 | PNG       | Corres |

0 of 1 Selected - Total: 1

**Note:** if the *Description* is left blank, the filename is used.

Notes

The Notes screen allows you to add notes to a Complaint or Issue or Recommendation. These automatically add the date note added, and the user that created the note.

Adding a Note:

1. Open **Notes**.

2. Click the **New** button.

Incident Manager    Occurrences    ▾

Incidents

Occurrences

Claims

Reports

Occurrence - 00070800

Notes

Save

Save and Close

Copy

Print ▾

Cancel

Change Coverage

Change Currency

Complaint General Details

Complaint Follow-up

Complaint Reviews

Complaint Location

Claims/Incidents

**Notes**

Attachments

Notes

All Notes ▾

⚙️ ▾

🔍 ▾

📄 ▾

Active Filters

Include Comments ☐

+ New

Export

Parent Type ▾ ▾

Create User ▾ ▾

Create Date ▾ ▾

Category ▾ ▾

0 of 0 Selected

3. Enter:
- a. *Text*
  - b. *Description* (optional)
  - c. *Select Category* (optional)

Incident Manager    Incidents    ▾

Incidents

Occurrences

Claims

Reports

Note - Occurrence - 00070800

Note

Save

Save and Close

Save And Create New Note

Note

Note Template

Description

\* Text

Category

4. Click **Save and Close**. Note is time and date stamped.

## Deleting Records

Users cannot delete records. In the unlikely event that a record must be deleted, for example a user saves an incident to the Complaints Management System in error they must complete the following form. This should be sent to the CMS Team at [cmstraining@hse.ie](mailto:cmstraining@hse.ie). The form is called NIMS Occurrence/Complaint created in Error – REQUEST FOR DELETION and it can be found in the following location.

- <https://www.hse.ie/eng/about/who/complaints/ncglt/toolkit/cmstoolkit/forms.html>

## Further Assistance

- All other relevant forms can be located also at the following location on the HSE website <https://www.hse.ie/eng/about/who/complaints/ncglt/toolkit/cmstoolkit/forms.html>
- Scheduled training dates will be circulated to Complaints Officers for Complaint Officer training with regard to the Complaint Process via their local Consumer Affairs Area Office.
- You can contact the CMS Team directly for help at [cmstraining@hse.ie](mailto:cmstraining@hse.ie) or Help Desk phone 061-492077

## Appendix 1: Sample Complaint (Fictional)

Dear Sir or Madam  
 I want to complain  
 about the time I spent  
 in [REDACTED]

I was very unhappy  
 about my treatment there.  
 Staff very not pleasant, one  
 in particular but I don't  
 know her name as she  
 didn't tell it to me.  
 I didn't feel I was spoken to  
 with any concern or respect  
 even during ~~examination~~  
 appointments.

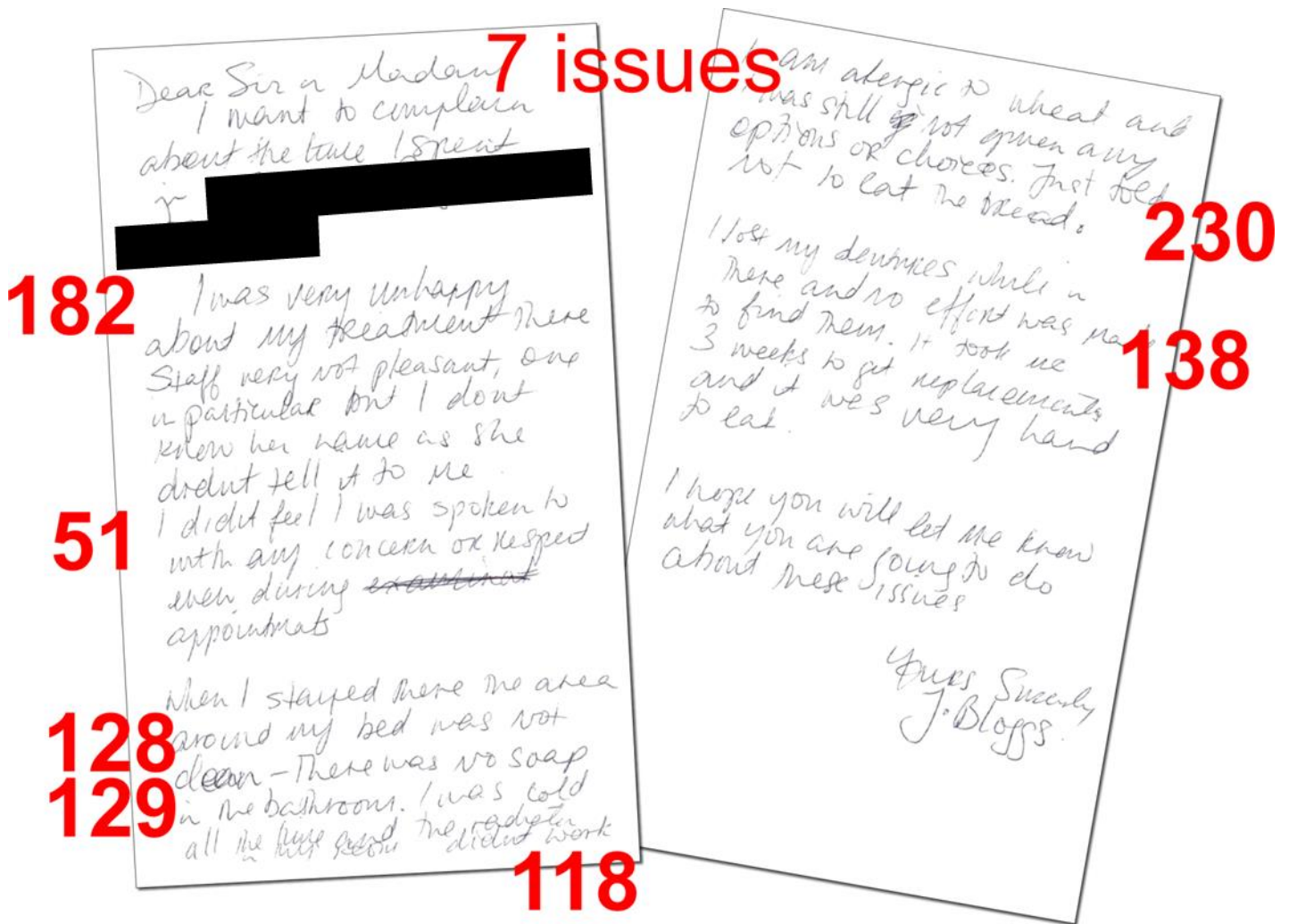
When I stayed there the area  
 around my bed was not  
 clean - There was no soap  
 in the bathroom. I was cold  
 all the time and the ~~radiation~~  
 in the room didn't work.

I am allergic to wheat and  
 I was still not given any  
 options or choices. Just told  
 not to eat the bread.

I lost my dentures while in  
 there and no effort was made  
 to find them. It took me  
 3 weeks to get replacements  
 and it was very hard  
 to eat.

I hope you will let me know  
 what you are going to do  
 about these issues.

Yours Sincerely  
 J. Bloggs.



1. **182:** Communication & Information Communication skills Staff not introducing themselves and letting patients know their role
2. **51:** Dignity and Respect Delivery of care Lack of respect shown to patient during examination / consultation Delivery of care
3. **128:** Safe & Effective Care Hygiene Cleanliness of area
4. **129:** Safe & Effective Care Hygiene Hand Hygiene / Gel Dispensers
5. **118:** Safe & Effective Care Health and Safety issues Temperature regulation
6. **230:** Improving Health Catering Dietary requirements not met
7. **138:** Safe & Effective Care Patient property Dentures

## Appendix 2: A Guide to Determining Severity and Harm level in Complaint Issues

NOTE: This guide should be used in conjunction with **Section 4.1 of the Complaints Management System Training** eLearning module suite in the *Discovery Zone Hub* on HSEland.

The first stage in assessing a healthcare complaint is the identification of issues contained within a letter of complaint, and an assessment of their severity and harm.

The examples in this guide can be used as a support in assessing the severity and harm on an issue.

To facilitate the identification of issues within a healthcare complaint, each subcategory of complaint has been assigned a suggested severity rating range, however the Complaints Officer may raise or lower the level based on the seriousness of the complaint. The suggested severity rating range are available in the appendices of the Complaints Management System User Manual and in the appendices of this document.

### Identifying Severity Levels

Severity ratings should be independent of outcomes (i.e., harm).

To analyse a healthcare complaint, the following steps should be undertaken:

- 1) Read through the letter of complaint without coding anything
- 2) On second reading, identify the issue category (and, if required, sub-category) being complained about using the issue definitions and the keywords.
- 3) For each issue category identified, determine the severity level. The indicators are examples of (1) low, (2) medium, and (3) high severity issues for each issue category. Refer to HSE Issues Severity Levels.xlsx for the baseline and the examples in this document if the severity level should be higher for the specific issue. Raise only after consideration of the seriousness of event (regardless of actual outcome).
- 4) If an issue category is not identified and attributed at severity score, it should be rated as 0 (not present).

#### 1. Safe and Effective Care

Relates to:

- **Clinical standards of healthcare staff behaviour:** Neglect (Hygiene & personal care; Nourishment & hydration; general). Rough handling & discomfort; Examination & monitoring; Making & following care plans; Outcomes & side effects.
- **Errors, incidents, and staff competencies:** - Error (diagnosis; medication; general); Failure to respond; Clinician skills; Teamwork.
- **Problems in the facilities, services, clinical equipment, and staffing levels:** - Accommodation; Preparedness; Ward cleanliness; Equipment; Staffing; Security, Continuity

**Keywords:**

“not provided”, “was not done”, “did not follow guidelines”, “poor standards”, “should have”, “not completed”, “unacceptable quality”, “not successful”, “incorrect”, “medication error”, “did not notice”, “mistake”, “failed to act”, “wrong”, “poor coordination”, “unaware”, “missed the signs”, “diagnosis”, “not available”, “shut”, “not enough”, “dirty”, “shortages”, “broken”, “poor equipment”, “soiled”, “used before”, “poorly signed”, “lack of”..

| Examples                         |  |  |
|----------------------------------|--|--|
| 1. Low Severity                  | 2. Medium severity                           | 3. High severity                             |
| Slight delay in making diagnosis | Clinical Staff failed to diagnose a fracture | Clinical Staff misdiagnosed critical illness |

|  |   |  |
|--|---|--|
| Slight delay in administering/prescribing medication | Failure to administer/prescribe required medication | Incorrect medication administered/prescribed |
| No care plan developed                               | Aspect of care plan overlooked                      | Failing to heed warnings in patient notes    |
| Patient left with some scarring                      | Patient required follow-up operation                | Patient left with unexpected disability      |

## 2. Access

Relates to:

- **Problems in bureaucracy, resources, facilities, waiting times, and accessing care:** - Delay (access; procedure; general); Bureaucracy; Visiting; Disability, Documentation.

Keywords:

“delayed”, “postponed”, “cancelled”, “lost”, “not admitted”, “refused”, “administrative problems”, “not referred”, “confused notes”, “more paperwork”, “unaware of me”, “lack of”, “parking”, “visiting”.

| Examples                                      |  |  |
|---|--|--|
| 1. Low Severity                               | 2. Medium severity                             | 3. High severity                             |
| Difficulty contacting healthcare unit         | Waited in emergency room for hours             | Unable to access specialist care             |
| Waiting for appointment/treatment 6-12 months | Waiting for appointment/treatment 13-18 months | Waiting for appointment/treatment 18+ months |

## 3. Communication and Information

Relates to:

- **Absent or incorrect communication from healthcare staff to patient/service users:** - Delayed communication; Incorrect communication; Absent communication
- **Healthcare staff disregard or do not acknowledge information from patient/service users:** - Ignoring patients; Dismissing patients; Token listening.

Keywords:

“no-one said”, “I was not informed”, “he/she said ‘X’”, “they told me”, “no-one explained”, “contradictory”, “unanswered questions”, “confused”, “incorrect”, “I said”, “I told”, “ignored”, “disregarded”, “battled to be heard”, “not acknowledged”, “excluded”, “uninterested” and “not taken seriously”.

| Examples                               |  |  |
|--|--|--|
| 1. Low Severity                        | 2. Medium severity                     | 3. High severity   |
| Patient/service user question ignored  | Patient-provided information dismissed | Critical patient-provided information repeatedly dismissed |
| Short delay communicating test results | Long delay communicating test results  | Urgent test results delayed                                |

## 4. Dignity and Respect

Relates to:

- **Disrespect or violations of patient/service user rights by staff:** -: Disrespect; Confidentiality; Rights

**Keywords:** “rude”, “attitude”, “humiliated”, “disrespectful”, “scared to ask”, “embarrassed”, “inappropriate”, “no consent”, “abused”, “assaulted”,

| Examples                            |                                     |   |
|-------------------------------------|-------------------------------------|---|
| 1. Low Severity                     | 2. Medium severity                  | 3. High severity                        |
| Staff member lost temper            | Patient intimidated by staff member | Patient discriminated against           |
| Staff spoke in condescending manner | Rude behaviour                      | Humiliation in relation to incontinence |

## 5. Participation

Relates to:

- **Disregard, or not appropriate care taken by staff to ensure service user understood and had given consent:** - Consent, exclusion from decision-making. **Keywords:** “no consent”, “not asked”, “not allowed”, “not included”.

| Example  |  |   |
|--|--|---|
| 1. Low Severity  | 2. Medium severity   | 3. High severity                                      |
| Patient’s opinion discounted/not involved in care plan | Patient excluded from decision making process                              | Patient coerced                                       |
| Unclear information for consent                        | Consent was obtained just prior to the procedure giving no discussion time | Do-not-resuscitate decision without obtaining consent |

## 6. Privacy

Relates to:

- **Violations of patient/service user rights to privacy by staff:** -: Confidentiality; Privacy

**Keywords:** “privacy”, “breach”

| Example  |   |   |
|--|---|---|
| 1. Low Severity                                  | 2. Medium severity                              | 3. High severity  |
| Private information divulged to the receptionist | Private information divulged to family members  | Private information shared with members of the public                   |
| Lack of privacy during discussion                | Lack of privacy during examination/consultation | Patient/Service user experienced emergency medical care without privacy |

## 7. Improving Health

Relates to:

- **Failure to educate the service user/carer, not providing information on care and prevention, ignoring the service users non-clinical needs, catering issues.:** - Empowerment; Holistic Care, Catering

**Keywords:** “didn’t explain”, “didn’t tell X”, “asked for”, “ignored my request for”

| Example.   |   |   |
|--|---|---|
| 1. Low Severity  | 2. Medium severity  | 3. High severity  |
| Staff were disrespectful towards patient/ family preferences | Parent not allowed to go to theatre with child.                             | Parent's request to be involved in decision-making (minor child) refused. |
| Request to be involved in care ignored by staff              | Staff failed to educate patient in the current and next steps of their care | Independence and self care not supported                                  |

## 8. Accountability

Relates to:

- **Failure to adhere to the HSE's service user feedback policy. Concerns about invoices, billing and insurance:** - Feedback; Finance

**Keywords:** "complaint", "bill", "invoice", "income collection"

| Example  |  |   |
|--|--|---|
| 1. Low Severity  | 2. Medium severity   | 3. High severity  |
| Disputing charge for attending A&E                           | Lack of care/ poor treatment – not happy to pay bill as a result | Patient contacted by debt collection agency for invoice issued in error                               |
| Information on how to make a complaint not easily accessible | Concerns of service users not dealt with promptly                | Service user had to go further about complaint due to no response, i.e., the Ombudsman or other body. |

## Identifying Harm Levels

The second stage in assessing a healthcare complaint is to specify the level of harm experienced and reported in the letter of complaint.

Assessments of harm should focus on the overall harm caused to patients by the issues raised in the letter of complaint.

For example, if the patient dies, but the complaint is about dignity after death, then the harm relates to the consequences of the lack of dignity. It is important to note that harm is independent from issue severity. For example, a patient describing a severe safety issue (e.g., a medication error) may not have experienced harm due to the error being identified.

| Patient/service user harm |   |
|---------------------------|---|
| 0. N/A                    | No information on harm is reported, or no harm came to the patient/service user   |
| 1. Minimal harm           | Minimal intervention or treatment required, upset caused to patient/service user  |
| 2. Minor harm             | Minor physical or mental harm caused to patient/service user, intervention from Clinical Staff or other primary care provider required to ameliorate harm |
| 3. Moderate harm          | Significant mental or physical harm, secondary care intervention required to ameliorate harm  |

|                      |   |
|----------------------|---|
| 4. Major harm        | Patient/service user experienced or faces long term incapacity, either physical or mental |
| 5. Catastrophic harm | Death or multiple/permanent injuries, or chronic mental health problems.                  |

### Appendix 3: Complaint Categories and Suggested Severity Level Range

*Suggested  
Severity  
Level Range:  
select or  
adjust as  
appropriate*

| <i>No.</i> | <i>Incident/Category</i> | <i>Sub Category Type</i>  | <i>Sub Category Please Specify</i>                              |        |
|------------|--------------------------|---------------------------|---|--------|
| 1.         | Access                   | Accessibility / resources | Equipment   | 2 to 3 |
| 2.         | Access                   | Accessibility / resources | Medication  | 2 to 3 |
| 3.         | Access                   | Accessibility / resources | Personnel   | 2 to 3 |
| 4.         | Access                   | Accessibility / resources | Services  | 2 to 3 |
| 5.         | Access                   | Accessibility / resources | Treatment   | 2 to 3 |
| 6.         | Access                   | Appointment - delays      | Appointment - cancelled and not rearranged                      | 2 to 3 |
| 7.         | Access                   | Appointment - delays      | Appointment - delay in issuing appointment                      | 1 to 3 |
| 8.         | Access                   | Appointment - delays      | Appointment - postponed   | 1 to 3 |
| 9.         | Access                   | Appointment - delays      | Surgery / therapies / diagnostics - delayed or postponed        | 1 to 3 |
| 10.        | Access                   | Appointment - delays      | Operation and opening times of clinics                          | 1 to 2 |
| 11.        | Access                   | Appointment - other       | No / lost referral letter                                       | 1 to 2 |
| 12.        | Access                   | Appointment - other       | Appointment - request for earlier appointment                   | 1 to 3 |
| 13.        | Access                   | Appointment - other       | Unavailability of service                                       | 2 to 3 |
| 14.        | Access                   | Admission - delays        | Delayed - elective bed  | 1 to 2 |
| 15.        | Access                   | Admission - delays        | Delayed - emergency bed   | 2 to 3 |
| 16.        | Access                   | Admission - delays        | Admission - delay in admission process                          | 1 to 3 |
| 17.        | Access                   | Admission - delays        | Admission - postponed   | 2 to 3 |
| 18.        | Access                   | Admission - other         | Admission - refused admission by hospital                       | 2 to 3 |
| 19.        | Access                   | Hospital facilities       | Crèche  | 1 to 2 |
| 20.        | Access                   | Hospital facilities       | Lack of adequate seating  | 1 to 2 |
| 21.        | Access                   | Hospital facilities       | Lack of baby changing facilities                                | 1 to 2 |
| 22.        | Access                   | Hospital facilities       | Lack of / minimal breastfeeding facilities                      | 1 to 2 |
| 23.        | Access                   | Hospital facilities       | Lack of toilet and washroom facilities (general)                | 1 to 2 |
| 24.        | Access                   | Hospital facilities       | Lack of toilet and washroom facilities (special needs)          | 1 to 2 |
| 25.        | Access                   | Hospital facilities       | Lack of wheelchair access                                       | 1 to 3 |
| 26.        | Access                   | Hospital facilities       | No treatment area / space for consultation / trolley facilities | 1 to 3 |
| 27.        | Access                   | Hospital facilities       | Shop  | 1 to 2 |
| 28.        | Access                   | Hospital facilities       | Signage (internal and external)                                 | 1 to 2 |

|     |                     |                                      |  |        |
|-----|---------------------|--------------------------------------|--|--------|
| 29. | Access              | Hospital room facilities (access to) | Bed location   | 1 to 2 |
| 30. | Access              | Hospital room facilities (access to) | Disability facilities  | 1 to 3 |
| 31. | Access              | Hospital room facilities (access to) | Isolation / single room facilities                                 | 1 to 3 |
| 32. | Access              | Hospital room facilities (access to) | Overcrowding   | 1 to 3 |
| 33. | Access              | Hospital room facilities (access to) | Public   | 1 to 2 |
| 34. | Access              | Hospital room facilities (access to) | Semi-private / private   | 1 to 2 |
| 35. | Access              | Parking                              | Access to disabled spaces  | 1 to 3 |
| 36. | Access              | Parking                              | Access to spaces   | 1 to 2 |
| 37. | Access              | Parking                              | Car parking charges  | 1 to 2 |
| 38. | Access              | Parking                              | Clamping / Declamping of car                                       | 1 to 2 |
| 39. | Access              | Parking                              | Condition or maintenance of car parks                              | 1 to 2 |
| 40. | Access              | Parking                              | Damaged cars   | 1 to 2 |
| 41. | Access              | Parking                              | Location of pay machine  | 1 to 2 |
| 42. | Access              | Transfer issues                      | External transfer  | 1 to 3 |
| 43. | Access              | Transfer issues                      | Internal transfer  | 1 to 3 |
| 44. | Access              | Transport                            | External transportation  | 1 to 3 |
| 45. | Access              | Transport                            | Internal transportation  | 1 to 3 |
| 46. | Access              | Visiting times                       | Lack of visiting policy enforcement                                | 1 to 2 |
| 47. | Access              | Visiting times                       | Special visiting times not accommodated                            | 1 to 2 |
| 48. | Dignity and Respect | Alleged inappropriate behaviour      | Patient  | 2 to 3 |
| 49. | Dignity and Respect | Alleged inappropriate behaviour      | Staff  | 2 to 3 |
| 50. | Dignity and Respect | Alleged inappropriate behaviour      | Visitor  | 2 to 3 |
| 51. | Dignity and Respect | Delivery of care                     | Lack of respect shown to patient during examination / consultation | 1 to 3 |
| 52. | Dignity and Respect | Delivery of care                     | No concern for patient as a person                                 | 1 to 3 |
| 53. | Dignity and Respect | Delivery of care                     | Patient's dignity not respected                                    | 1 to 3 |
| 54. | Dignity and Respect | Discrimination                       | Age  | 2 to 3 |
| 55. | Dignity and Respect | Discrimination                       | Civil status   | 2 to 3 |
| 56. | Dignity and Respect | Discrimination                       | Disability   | 2 to 3 |
| 57. | Dignity and Respect | Discrimination                       | Family status  | 2 to 3 |
| 58. | Dignity and Respect | Discrimination                       | Gender   | 2 to 3 |
| 59. | Dignity and Respect | Discrimination                       | Membership of traveller community                                  | 2 to 3 |
| 60. | Dignity and Respect | Discrimination                       | Race   | 2 to 3 |
| 61. | Dignity and Respect | Discrimination                       | Religion   | 2 to 3 |
| 62. | Dignity and Respect | Discrimination                       | Sexual orientation   | 2 to 3 |
| 63. | Dignity and Respect | Discrimination                       | Socio-economic   | 2 to 3 |
| 64. | Dignity and Respect | End-of-Life Care                     | Breaking bad news  | 2 to 3 |
| 65. | Dignity and Respect | End-of-Life Care                     | Breaking bad news - private area unavailable                       | 2 to 3 |
| 66. | Dignity and Respect | End-of-Life Care                     | Death cert - delay in issuing death cert                           | 2 to 3 |

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|-----|-----------------------|--------------------------------|--|--------|
| 67. | Dignity and Respect   | End-of-Life Care               | Death cert - incorrect / returned death cert | 2 to 3 |
| 68. | Dignity and Respect   | End-of-Life Care               | Delay in release and condition of body       | 2 to 3 |
| 69. | Dignity and Respect   | End-of-Life Care               | Inattention to patient discomfort            | 2 to 3 |
| 70. | Dignity and Respect   | End-of-Life Care               | Mortuary facilities                          | 2 to 3 |
| 71. | Dignity and Respect   | End-of-Life Care               | Organ retention                              | 2 to 3 |
| 72. | Dignity and Respect   | End-of-Life Care               | Palliative care                              | 2 to 3 |
| 73. | Dignity and Respect   | End-of-Life Care               | Poor communication                           | 2 to 3 |
| 74. | Dignity and Respect   | End-of-Life Care               | Single room for patient unavailable          | 2 to 3 |
| 75. | Dignity and Respect   | End-of-Life Care               | Treatment of deceased not respected          | 2 to 3 |
| 76. | Dignity and Respect   | Ethnicity                      | Insensitivity to cultural beliefs and values | 1 to 2 |
| 77. | Dignity and Respect   | Ethnicity                      | Requests not respected                       | 1 to 2 |
| 78. | Dignity and Respect   | Ethnicity                      | Special food requests unavailable            | 1 to 2 |
| 79. | Safe & Effective Care | Human Resources                | Competency                                   | 1 to 3 |
| 80. | Safe & Effective Care | Human Resources                | Complement                                   | 1 to 3 |
| 81. | Safe & Effective Care | Human Resources                | Skill mix                                    | 1 to 3 |
| 82. | Safe & Effective Care | Diagnosis                      | Diagnosis - misdiagnosis                     | 2 to 3 |
| 83. | Safe & Effective Care | Diagnosis                      | Diagnosis - delayed diagnosis                | 1 to 2 |
| 84. | Safe & Effective Care | Diagnosis                      | Diagnosis - contradictory diagnosis          | 2 to 3 |
| 85. | Safe & Effective Care | Test                           | Delay / failure to report test results       | 1 to 3 |
| 86. | Safe & Effective Care | Test                           | Incorrect tests ordered                      | 2 to 3 |
| 87. | Safe & Effective Care | Test                           | No tests ordered                             | 2 to 3 |
| 88. | Safe & Effective Care | Test                           | Mislabelled test result/sample               | 2 to 3 |
| 89. | Safe & Effective Care | Test                           | Mislaid sample                               | 2 to 3 |
| 90. | Safe & Effective Care | Test                           | Performed on wrong patient                   | 2 to 3 |
| 91. | Safe & Effective Care | Test                           | Repeat test required                         | 2 to 3 |
| 92. | Safe & Effective Care | Test                           | Result not available                         | 2 to 3 |
| 93. | Safe & Effective Care | Test                           | Delay in transport/collection of sample      | 1 to 2 |
| 94. | Safe & Effective Care | Continuity of care (internal ) | Poor clinical handover                       | 1 to 3 |
| 95. | Safe & Effective Care | Continuity of care (external)  | Lack of approved home care packages          | 1 to 3 |
| 96. | Safe & Effective Care | Continuity of care (external)  | Lack of community supports                   | 2 to 3 |
| 97. | Safe & Effective Care | Continuity of care (external)  | Lack of medical devices / faulty equipment   | 2 to 3 |
| 98. | Safe & Effective Care | Continuity of care (external)  | Lack of support services post discharge      | 2 to 3 |

## Complaints Management System: Complaints Officer User Manual

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|------|-----------------------|-------------------------------|--|--------|
| 99.  | Safe & Effective Care | Continuity of care (external) | Unsuitable home environment                                    | 2 to 3 |
| 100. | Safe & Effective Care | Discharge                     | Adherence to discharge policy                                  | 1 to 2 |
| 101. | Safe & Effective Care | Discharge                     | Delayed discharge  | 1 to 2 |
| 102. | Safe & Effective Care | Discharge                     | Discharge against medical advice                               | 2 to 3 |
| 103. | Safe & Effective Care | Discharge                     | No discharge letter  | 1 to 2 |
| 104. | Safe & Effective Care | Discharge                     | Patient / family refuse discharge                              | 1 to 2 |
| 105. | Safe & Effective Care | Discharge                     | Premature discharge  | 2 to 3 |
| 106. | Safe & Effective Care | Health and Safety issues      | Building not secure  | 2 to 3 |
| 107. | Safe & Effective Care | Health and Safety issues      | Central heating  | 1 to 2 |
| 108. | Safe & Effective Care | Health and Safety issues      | Equipment (lack of / failure of / wrong equipment used)        | 2 to 3 |
| 109. | Safe & Effective Care | Health and Safety issues      | Failure to provide a safe environment                          | 2 to 3 |
| 110. | Safe & Effective Care | Health and Safety issues      | Fixtures and fittings  | 1 to 2 |
| 111. | Safe & Effective Care | Health and Safety issues      | Furnishing   | 1 to 2 |
| 112. | Safe & Effective Care | Health and Safety issues      | Lights   | 1 to 2 |
| 113. | Safe & Effective Care | Health and Safety issues      | Manual handling  | 2 to 3 |
| 114. | Safe & Effective Care | Health and Safety issues      | Noise levels   | 1 to 2 |
| 115. | Safe & Effective Care | Health and Safety issues      | Overcrowding   | 2 to 3 |
| 116. | Safe & Effective Care | Health and Safety issues      | Pest control   | 2 to 3 |
| 117. | Safe & Effective Care | Health and Safety issues      | Slips / trips and falls  | 2 to 3 |
| 118. | Safe & Effective Care | Health and Safety issues      | Temperature regulation   | 1 to 2 |
| 119. | Safe & Effective Care | Health and Safety issues      | Waste Management   | 1 to 2 |
| 120. | Safe & Effective Care | Health care records           | Admission / registration process error                         | 1 to 2 |
| 121. | Safe & Effective Care | Health care records           | Inaccurate information on healthcare record / hospital systems | 1 to 3 |
| 122. | Safe & Effective Care | Health care records           | Missing chart  | 1 to 2 |
| 123. | Safe & Effective Care | Health care records           | Missing films/scans  | 1 to 2 |
| 124. | Safe & Effective Care | Health care records           | Patient impersonation (identify theft)                         | 2 to 3 |
| 125. | Safe & Effective Care | Health care records           | Poor quality control of chart                                  | 1 to 3 |
| 126. | Safe & Effective Care | Health care records           | Poor recording of information                                  | 1 to 3 |

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| 127. | Safe & Effective Care | Health care records              | Wrong records applied to patient                                 | 2 to 3 |
| 128. | Safe & Effective Care | Hygiene                          | Cleanliness of area  | 1 to 2 |
| 129. | Safe & Effective Care | Hygiene                          | Hand Hygiene / Gel Dispensers                                    | 1 to 2 |
| 130. | Safe & Effective Care | Hygiene                          | Linen (beds and Curtains)  | 1 to 3 |
| 131. | Safe & Effective Care | Hygiene                          | Spills on floors   | 1 to 3 |
| 132. | Safe & Effective Care | Hygiene                          | Waste management   | 1 to 3 |
| 133. | Safe & Effective Care | Infection prevention and control | Communication deficit - infection status                         | 2 to 3 |
| 134. | Safe & Effective Care | Infection prevention and control | Health Care Associated Infection                                 | 2 to 3 |
| 135. | Safe & Effective Care | Infection prevention and control | Non compliance with Infection and Control policies and protocols | 2 to 3 |
| 136. | Safe & Effective Care | Infection prevention and control | Personal hygiene of staff  | 2 to 3 |
| 137. | Safe & Effective Care | Patient property                 | Clothes  | 1 to 2 |
| 138. | Safe & Effective Care | Patient property                 | Dentures   | 1 to 2 |
| 139. | Safe & Effective Care | Patient property                 | Glasses  | 1 to 2 |
| 140. | Safe & Effective Care | Patient property                 | Hearing Aid  | 1 to 2 |
| 141. | Safe & Effective Care | Patient property                 | Jewellery  | 1 to 2 |
| 142. | Safe & Effective Care | Patient property                 | Lack of secure space   | 1 to 2 |
| 143. | Safe & Effective Care | Patient property                 | Money  | 1 to 2 |
| 144. | Safe & Effective Care | Patient property                 | Personal equipment   | 1 to 2 |
| 145. | Safe & Effective Care | Patient property                 | Toys   | 1 to 2 |
| 146. | Safe & Effective Care | Medication                       | Administering error  | 2 to 3 |
| 147. | Safe & Effective Care | Medication                       | Dispensing   | 2 to 3 |
| 148. | Safe & Effective Care | Medication                       | Prescribing  | 2 to 3 |
| 149. | Safe & Effective Care | Tissue Bank                      | Bone marrow  | 2 to 3 |
| 150. | Safe & Effective Care | Tissue Bank                      | Cord blood   | 2 to 3 |
| 151. | Safe & Effective Care | Tissue Bank                      | Cornea implant   | 2 to 3 |
| 152. | Safe & Effective Care | Tissue Bank                      | Cryogenics   | 2 to 3 |
| 153. | Safe & Effective Care | Tissue Bank                      | Fertility issues   | 2 to 3 |
| 154. | Safe & Effective Care | Tissue Bank                      | Heart valves   | 2 to 3 |

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| 155. | Safe & Effective Care       | Tissue Bank          | Samples/test results  | 2 to 3 |
| 156. | Safe & Effective Care       | Tissue Bank          | Skin  | 2 to 3 |
| 157. | Safe & Effective Care       | Tissue Bank          | Stem cell   | 2 to 3 |
| 158. | Safe & Effective Care       | Treatment and Care   | Failure / delay in treatment / delivery of care                       | 1 to 3 |
| 159. | Safe & Effective Care       | Treatment and Care   | Failure / delay to diagnose   | 2 to 3 |
| 160. | Safe & Effective Care       | Treatment and Care   | Failure to act on abnormal diagnostic results                         | 2 to 3 |
| 161. | Safe & Effective Care       | Treatment and Care   | Inconsistent delivery of care   | 2 to 3 |
| 162. | Safe & Effective Care       | Treatment and Care   | Insufficient time for delivery of care                                | 2 to 3 |
| 163. | Safe & Effective Care       | Treatment and Care   | Lack of follow-up care  | 2 to 3 |
| 164. | Safe & Effective Care       | Treatment and Care   | Lack of knowledge in staff  | 2 to 3 |
| 165. | Safe & Effective Care       | Treatment and Care   | Lack of monitoring of pain control                                    | 2 to 3 |
| 166. | Safe & Effective Care       | Treatment and Care   | Lack of patient supervision   | 2 to 3 |
| 167. | Safe & Effective Care       | Treatment and Care   | Practitioners not working together / cooperating                      | 2 to 3 |
| 168. | Safe & Effective Care       | Treatment and Care   | Prolonged fasting   | 2 to 3 |
| 169. | Safe & Effective Care       | Treatment and Care   | Unsatisfactory treatment or care                                      | 2 to 3 |
| 170. | Safe & Effective Care       | Treatment and Care   | Unsuccessful treatment or care  | 2 to 3 |
| 171. | Communication & Information | Communication skills | Patient felt their opinion was dismissed / discounted                 | 1 to 2 |
| 172. | Communication & Information | Communication skills | Disagreement about expectations                                       | 1 to 2 |
| 173. | Communication & Information | Communication skills | Inadequate listening and response                                     | 1 to 2 |
| 174. | Communication & Information | Communication skills | Inappropriate comments from staff member                              | 1 to 2 |
| 175. | Communication & Information | Communication skills | Lack of support   | 1 to 2 |
| 176. | Communication & Information | Communication skills | Language barrier between patients/relatives and staff                 | 1 to 2 |
| 177. | Communication & Information | Communication skills | No opportunity to ask questions                                       | 1 to 2 |
| 178. | Communication & Information | Communication skills | Non verbal tone / body language                                       | 1 to 2 |
| 179. | Communication & Information | Communication skills | Open disclosure (lack of)   | 2 to 3 |
| 180. | Communication & Information | Communication skills | Patient dissatisfied with questions                                   | 1 to 2 |
| 181. | Communication & Information | Communication skills | Patient felt rushed   | 1 to 2 |
| 182. | Communication & Information | Communication skills | Staff not introducing themselves and letting patients know their role | 1 to 2 |

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| 183. | Communication & Information | Communication skills             | Staff unsympathetic   | 1 to 2 |
| 184. | Communication & Information | Communication skills             | Tone of voice   | 1 to 2 |
| 185. | Communication & Information | Communication skills             | Untimely delivery of information  | 1 to 3 |
| 186. | Communication & Information | Delay and failure to communicate | Breakdown in communication between staff or areas   | 1 to 3 |
| 187. | Communication & Information | Delay and failure to communicate | Failure / delay to communicate with outside agency/organisation                             | 1 to 2 |
| 188. | Communication & Information | Delay and failure to communicate | Failure / delay in communicating with patient   | 1 to 3 |
| 189. | Communication & Information | Delay and failure to communicate | <i>Advising patient of treating consultant</i>  | 1 to 2 |
| 190. | Communication & Information | Delay and failure to communicate | Failure / delay in communicating with relatives   | 1 to 3 |
| 191. | Communication & Information | Delay and failure to communicate | Failure / delay in notifying consultant (external)  | 1 to 2 |
| 192. | Communication & Information | Delay and failure to communicate | Failure / delay to communicate with GP / referral source                                    | 1 to 3 |
| 193. | Communication & Information | Delay and failure to communicate | <i>Lack of information provided about medication side effects (KPI)</i>                     | 1 to 2 |
| 194. | Communication & Information | Diverse Needs                    | Interpretation service (e.g. Braille services)  | 1 to 2 |
| 195. | Communication & Information | Diverse Needs                    | Special needs   | 1 to 2 |
| 196. | Communication & Information | Diverse Needs                    | Translation service   | 1 to 2 |
| 197. | Communication & Information | Information                      | Conflicting information   | 1 to 2 |
| 198. | Communication & Information | Information                      | Confusing information   | 1 to 2 |
| 199. | Communication & Information | Information                      | Insufficient and inadequate information   | 1 to 2 |
| 200. | Communication & Information | Information                      | Misinformation  | 1 to 3 |
| 201. | Communication & Information | Telephone calls                  | Telephone call not returned   | 1 to 2 |
| 202. | Communication & Information | Telephone calls                  | Telephone call unanswered   | 1 to 2 |
| 203. | Participation               | Consent                          | Consent not obtained  | 2 to 3 |
| 204. | Participation               | Consent                          | Lack of informed consent  | 2 to 3 |
| 205. | Participation               | Consent                          | Patient felt coerced  | 2 to 3 |
| 206. | Participation               | Parental Access and Consent      | Consent, guardianship and information issues related to lesbian, gay parental relationships | 2 to 3 |
| 207. | Participation               | Parental Access and Consent      | Correct procedure not consented for   | 2 to 3 |
| 208. | Participation               | Parental Access and Consent      | Guardianship consent not explained  | 2 to 3 |
| 209. | Participation               | Parental Access and Consent      | Mother or father unable to access information   | 2 to 3 |
| 210. | Participation               | Parental Access and Consent      | Mother/Father/Guardian not informed   | 2 to 3 |
| 211. | Participation               | Patients/ Family/ Relatives      | Excluded from decision making process - family / relatives / advocate / next of kin         | 1 to 3 |

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| 212. | Participation    | Patients/ Family/ Relatives   | Excluded from decision making process - patient  | 2 to 3 |
| 213. | Participation    | Patients/ Family/ Relatives   | Opinion discounted - family / relatives / advocate / next of kin   | 1 to 2 |
| 214. | Participation    | Patients/ Family/ Relatives   | Opinion discounted - patient   | 1 to 3 |
| 215. | Participation    | Patients/ Family/ Relatives   | Parent not allowed accompany child in recovery room  | 1 to 2 |
| 216. | Participation    | Patients/ Family/ Relatives   | Parent not allowed accompany child to theatre  | 1 to 2 |
| 217. | Participation    | Patients/ Family/ Relatives   | Second opinion   | 1 to 2 |
| 218. | Privacy          | Confidentiality               | Breach of another patient's confidentiality  | 1 to 3 |
| 219. | Privacy          | Confidentiality               | Breach of patient confidentiality  | 1 to 3 |
| 220. | Privacy          | Confidentiality               | Security of files and records  | 1 to 2 |
| 221. | Privacy          | Hospital Facilities (Privacy) | Lack of privacy during consultation/discussing condition   | 1 to 3 |
| 222. | Privacy          | Hospital Facilities (Privacy) | Lack of privacy during examination/ treatment  | 1 to 3 |
| 223. | Privacy          | Hospital Facilities (Privacy) | Privacy - No single room   | 1 to 2 |
| 224. | Privacy          | Hospital Facilities (Privacy) | Privacy - Overcrowding   | 1 to 2 |
| 225. | Improving Health | Empowerment                   | Independence and self care not supported   | 1 to 2 |
| 226. | Improving Health | Empowerment                   | Lack / provision of patient / carer education  | 1 to 2 |
| 227. | Improving Health | Empowerment                   | Patient / family preference discounted / disrespected  | 1 to 2 |
| 228. | Improving Health | Holistic Care                 | Lack of information / support on how to prevent further illness / disease                                  | 1 to 2 |
| 229. | Improving Health | Holistic Care                 | Lack of understanding as to what is important to the patient   | 1 to 2 |
| 230. | Improving Health | Catering                      | Dietary requirements not met   | 1 to 2 |
| 231. | Improving Health | Catering                      | Food quality   | 1 to 2 |
| 232. | Improving Health | Smoking Policy                | Non-compliance (visitor, patient, staff smoking)   | 1 to 2 |
| 233. | Accountability   | Patient feedback              | Feedback not provided to patients on improvements made as result of their feedback                         | 1 to 2 |
| 234. | Accountability   | Patient feedback              | Information about the complaints / patient feedback process not available                                  | 1 to 2 |
| 235. | Accountability   | Patient feedback              | Patient concerns not dealt with promptly   | 1 to 2 |
| 236. | Accountability   | Patient feedback              | Quality of response to the complaint made  | 1 to 3 |
| 237. | Accountability   | Patient feedback              | Where to go to ask questions in relation to services and giving feedback (visibility of customer services) | 1 to 2 |
| 238. | Accountability   | Finance                       | Bill dispute   | 1 to 2 |
| 239. | Accountability   | Finance                       | Bill sent to deceased patient  | 1 to 2 |
| 240. | Accountability   | Finance                       | Cost of products   | 1 to 2 |
| 241. | Accountability   | Finance                       | Insurance cover  | 1 to 2 |
| 242. | Accountability   | Finance                       | Invoice error  | 1 to 2 |
| 243. | Accountability   | Finance                       | Unhappy with income collection process   | 1 to 2 |