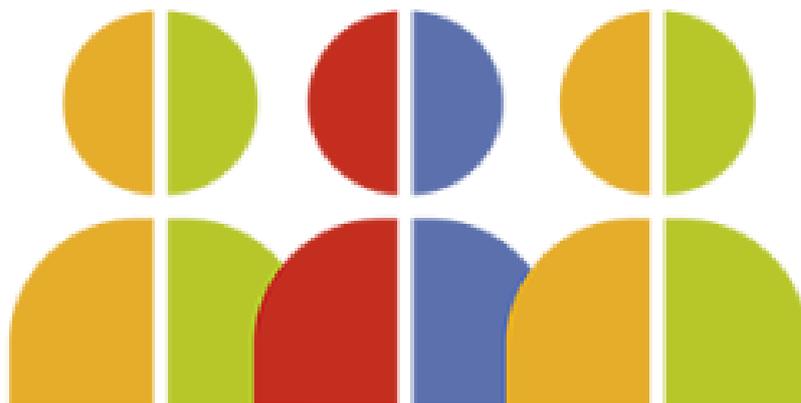




Your Service Your Say

Managing Feedback within the Health Services



NCGLT Annual Report 2019



Foreword

The National Quality Assurance and Verification Division together with the National Complaints Governance and Learning Team are delighted to present our 2019 annual report.

The report sets out the key developments and progress achieved in furthering the HSE's vision for the reform of the *Your Service Your Say* process to ensure that the fundamental right for people to voice opinions, provide comments, and to complain is to the fore, with the focus on creating a positive environment and culture to encourage and learn from feedback, especially complaints.

Each day, thousands of people avail of health services delivered across our hospital and community services. To capture and understand their experience of our services, the HSE actively engages with service users through various initiatives including the National Patient Experience Survey and Your Voice Matters. The HSE also values connecting with staff and through various engagement forums seek to understand, from their perspective, the challenges and opportunities of service delivery.

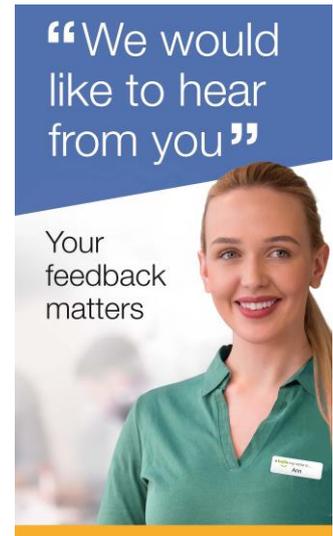
Many service users also take the time to tell us about their experience of our services. This feedback, much of which is positive also includes complaints. Feedback, both positive and negative, can provide unique insights into the standards of care that those who use our services receive. Being in a position to capture this feedback and experience should therefore be central to how we learn and improve the quality of our services.

The importance of the patient voice, including through complaints, to provide an indication of the 'health' of a health system was highlighted in the Final Report of the *Mid Staffordshire NHS Foundation Trust Public Enquiry*. In Ombudsman's 2015 report, *Learning to Get Better*, following an investigation into how Irish public hospitals handle complaints, he found that where patients and service users felt silenced by complex processes, a fear of repercussion or a perceived sense of futility surrounding complaints, the result was poorer outcomes and higher morbidity and mortality rates.

The HSE welcomed these reports and committed to delivering on the recommendations contained within. The Ombudsman's progress report on *Learning to Get Better*, (November 2018), recognised the strides made by the HSE in addressing the recommendations but highlighted the remaining work needed to achieve full implementation.

The HSE has worked to strengthen the governance around and response to complaints, ensuring that learning from complaints is a key feature of our complaints management process and is embedded into quality and safety. Much effort has also been invested in progressing full compliance with the Ombudsman's recommendations.

NCGLT has continued its development of tools needed to assist the operational system to respond to, capture, record, analyse and learn from feedback. The Complaints Management System (CMS), developed in conjunction with the State Claims Agency, facilitates the capture and classification of comprehensive complaints data. The CMS supports organisational learning through analysis and





comparison of this data; harnessing the collective voice of complainants to inform healthcare development.

NCGLT continues to support an enhanced response to complaints through training.

- Training on the use of the CMS was delivered by the NCGLT and local trainers to a total of 180 staff in 2019 with all CMS users supported by a dedicated helpline offering technical assistance.
- 45 Review Officers were trained on conducting reviews under the Your Service Your Say Policy.
- 5,756 staff and 1,121 Complaints Officers completed the newly developed HSEland elearning modules on Effective Complaint Handling and Effective Complaint Investigation, earning Continuing Education Units as awarded by the Nursing and Midwifery Board of Ireland.
- A workshop for trainers of Complaint Officers was delivered to refresh and update skills and knowledge.

To ensure that a service users' personal experience of our service delivery is captured and considered, NCGLT developed an *Anonymised Feedback Learning Casebook* which is shared across the system and published online quarterly. Building the narrative of individual complaints into our performance profile offers another perspective on our services and better informs our priorities to guide planning and delivery of more responsive services that result in better outcomes for people.

NCGLT continued to engage with healthcare staff at various conferences and events to promote and increase understanding of Your Service Your Say and the various tools and guidance documents developed to help deliver an accessible and responsive feedback process.

Progress too has been made on the innovative HCAT project with the National University of Ireland Galway using the London School of Economics' Healthcare Complaints Analysis Tool (HCAT) to unlock the potential of healthcare complaints for organisational learning with delivery on target for 2021.

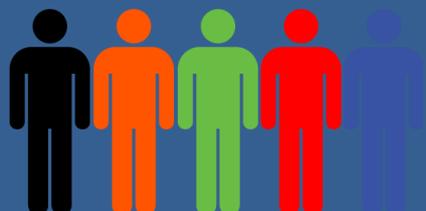
Much has been done throughout the past year to advance the Your Service Your Say agenda. We acknowledge and appreciate the cooperation, enthusiasm and willingness of the operational system to work with NCGLT/QAV to bring developments to fruition and to fully realise the potential that a positive feedback culture can deliver, both for those who work in the HSE and for those who use HSE services.

There is still a body of work to be achieved but I hope that the efforts and initiatives set out in this report reaffirm the commitment of the HSE to encourage, enable and support those who use our services to share their experiences with us and that we will value this, respond to it and learn from it.

Mr Christopher Rudland
Assistant National Director
Quality Assurance and Verification

2019. . .at a glance

The health services received
18,098 new complaints



WE TRAINED **180** USERS ON
OUR NEW COMPLAINTS
MANAGEMENT SYSTEM



A total of **45**
staff attended
Complaint Review
Officer training



We developed
2 HSEland
complaint
training
modules with
CEU points.

WE EXCEEDED
OUR KPI AND
HANDLED
75% OF
COMPLAINTS
WITHIN 30 WORKING DAYS OR
LESS



The National Your
Service Your Say
Team had
13,101
client interactions



1244
Disability
Complaints
relating to
Assessment of
Need were
received

the
top 5

Causes for
complaints
relate to:

- Safe and Effective Care
- Access
- Communication and Information
- Dignity and Respect
- Accountability



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Your Service
Your Say

Background

The HSE National Quality Assurance and Verification Division was established in 2015 to monitor and report on the quality and safety of health and social care services, by building on capacity of the organisation to respond to and learn from service user and service provider feedback, as well as risk and safety incident management.

The Division promotes, assures and encourages high quality and safe service standards at all times, as well as identifying interventions and improvements where necessary.

The core strategic priorities for the Quality Assurance and Verification Division are as follows:

- Accountability and assurance for quality and safety
- Monitoring quality and safety performance
- Improving safety in the aftermath of a safety incident
- Raising and responding to feedback and concerns
- Effective risk management

QAV's strategic priorities are to ensure that we as an organisation embrace the core health service values of Care, Compassion, Trust and Learning.

These values are not only visible but easily assessed in how the HSE welcomes, listens and responds to feedback from service users and their families; ensuring that their experience and perspective informs the design, development and delivery of healthcare services.

National Complaints Governance and Learning Team

The importance of encouraging feedback and analysing it as a means of informing on the quality and safety of services delivered has been recognised in recent reports such as the Mid Staffordshire report and the Ombudsman's *Learning to Get Better* report. Listening to feedback offers the organisation the opportunity to identify issues that require correction and target quality improvement initiatives that, at a minimum, delivers a better service user experience but which ultimately can protect others from harm.

The National Complaints Governance and Learning Team provide strategic support for the management of the function in relation to feedback. The Team is responsible for developing the policies, systems and processes and tools to enable and encourage service users to share their experiences of HSE services and to ensure that the HSE are in a position to respond fully to these. Through its audit function, NCGLT provides assurance to the system that these measures are being implemented and are effective in alerting the organisation to poor service or potential service failures as well as highlighting trends or issues that need consideration in the context of the quality, safety and experience of services.

NCGLT is closely aligned to the other functions within QAV. Together, these ensure adherence to national standards and policy and the implementation of evidence-based best practice through audit and the appropriate management of risk, and in using service user experience, be it through the Your Service Your Say process, the incident management framework or the appeals service, drive quality improvements within the organisation.



Your Service
Your Say

Part One: Data on Complaints recorded in the Health Services 2019 (Community Services, Statutory Hospitals, Voluntary Hospitals and Voluntary Agencies)

1.0 Introduction

In order to provide the best possible care to those who use our services we must listen to and act on the views, concerns and experiences of patients, service users and other concerned individuals. Our priority is to ensure that patients and service users are engaged, enabled and empowered to be at the centre of service delivery.

This report is based on data collected through Complaints Officers who made regular returns to either regional Consumer Affairs offices or to the National Complaints Governance and Learning Team. Data relating to Statutory HSE services is primarily taken from the Complaints Management System (Community Health Organisations 76%, HSE Statutory Hospitals 79%). The remainder of statutory services data and much of voluntary hospitals and agencies data is taken from data sheets returned directly by these services to the HSE.

This annual collection of 2019 is a count of Stage 2 complaints recorded and examined by Complaints Officers in both the HSE and Voluntary Health Services which receive funding from the HSE in the Republic of Ireland.

1.1 Key Findings

In 2019, there were 18098 complaints received (refer Table 4). Of these 5,938 formal complaints were recorded as received and examined by Complaint Officers under the *Health Act 2004* and the *Disability Act 2005* in the Health Service Executive, this figure excludes Voluntary Hospitals and Agencies. Of the total number of complaints received, 719 were excluded from investigation under the Your Service Your Say complaints process or withdrawn. Of the remaining 5,219 complaints, 3,395 or 65% were dealt with ≤30 working days (Part 9: Health Act, 2004, and Part 3: Disabilities Act, 2005).

There were 12,160 complaints recorded and examined by Complaints Officers in Voluntary Hospitals and Agencies. Of the total number of complaints received, 11,757 were investigated. The other 403 were either excluded or withdrawn. Of those investigated 9,760 or 83% were addressed by a complaints officer either informally or through formal investigation within 30 working days. In addition, there were 1244 complaints relating to Assessment of Need of which 68% were dealt with by a Complaints Officer within 30 working days.



1.2 Overall Findings

- There were **18,098** new complaints recorded.
- Overall, the KPI of addressing formal complaints within 30 working days or less was met. The target of 75% was exceeded. After removing withdrawn, excluded and anonymous complaints, 78% of complaints were addressed by Complaints Officers within 30 working days either informally, or through formal investigation.
- The top 5 causes of complaints, accounting for 90% of all issues recorded across all services, contained an issue relating to the following classification:
 - 27% related to Safe & Effective Care (5939)
 - 26% related to Access (5812)
 - 21% related to Communication and Information (4598)
 - 12% related to Dignity and Respect (2745)
 - 4% related to Accountability (826)
 - There is a clear difference between Community and Acute with regard to the concerns raised by service users. In Community Services experiences relating to access to services are the greatest cause for complaint (42%), while in Acute services experiences relating to Safe and Effective care are the greatest cause for complaint (37%).
- 4% of complaints received by Complaints Officers was wholly excluded under part 9 of the Health Act and was referred to another investigative process.
- There were 22,073 distinct issues; 1.219 issues per complaint.

1.3 Variance from 2018

Summary Table of Variance

Summary Table of Variance	2019	2018	%Change
HSE Statutory Hospitals	3595	4035	-11%
Voluntary Hospitals within Hospital Groups	7142	7886	-9%
HSE Community Healthcare Organisations	1011	1458	-31%
HSE Assessment of Need	1244	741	68%
HSE National Ambulance Service	88	103	-15%
Other Voluntary Hospitals and Agencies	5018	3481	44%
Total	18098	17704	2%

Table 1: Summary of % Variance Complaints recorded 2019 to 2019

For full breakdown please see Table 68: Summary Table of Variance 2018 to 2019 (page 161)

1.4 Breakdown of Recorded 2019

Complaints (Excluding Voluntary Hospitals and Agencies)

HSE: Excluding Voluntary Hospitals and Agencies - Complaints under Part 3 of the Disabilities Act 2005	Total
HSE: Community Healthcare Organisations	1011
HSE: Statutory Hospitals	3595
HSE: National Ambulance Service	88
HSE: Primary Care Reimbursement Fund	-
Complaints under Part 2 of the Disabilities Act 2005 (Assessment of Need)	1244
Total	5938

Table 2: Complaints (Excluding Voluntary Hospitals and Agencies and Complaints under Part 2 of the Disabilities Act 2005)

Complaints received to Voluntary Services

Complaints received to Voluntary Services	Total
HSE Voluntary Hospitals	7142
Other Voluntary Hospitals and Agencies	5018
Total Complaints received to Voluntary Services	12160

Table 3: Complaints received to Voluntary Services

Total Complaints Received

Total Complaints received 2019	Total
Total Complaints received to the HSE	5938
Total Complaints received to Voluntary Services	12160
Total Complaints received 2019	18098

Table 4: Total Complaints received 2019

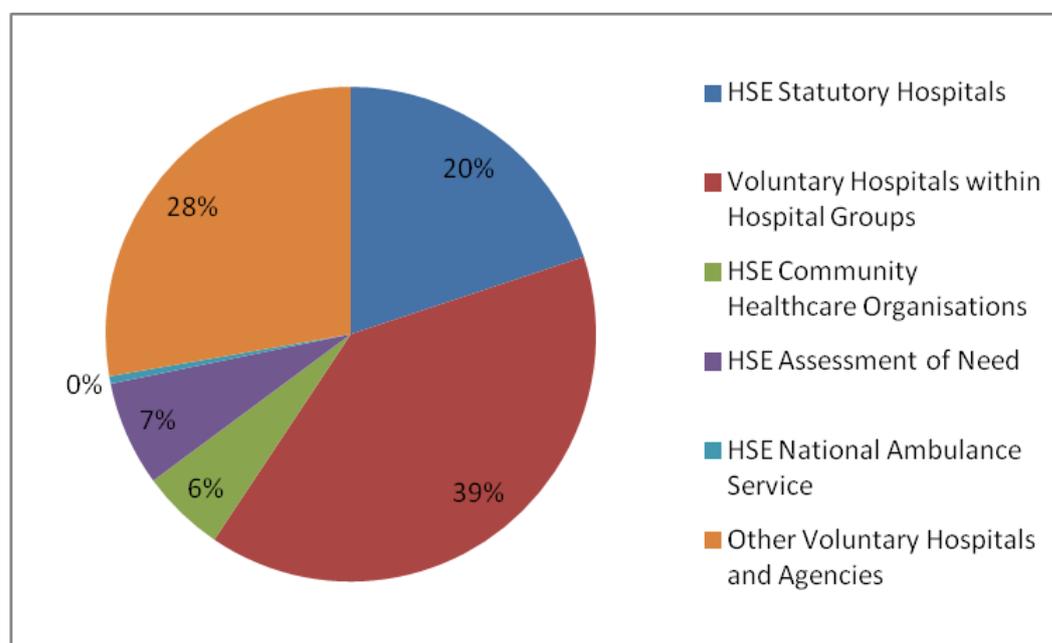


Figure 1: Breakdown of Complaints Recorded 2019

1.5 Breakdown of Complaints Handling 2019

Total Complaints Addressed 2019

Complaints resolved by Complaints Officers ≤30 working days formally	5412	
Complaints resolved by Complaints Officers ≤30 working days informally	7834	
Complaints resolved by Complaints Officers ≤30 working days (formally and informally)		13246
Complaints resolved by Complaints Officers over more than 30 working days		2447
Complaints entirely referred to another process	746	
Complaints withdrawn	281	
Anonymous complaints	95	
Complaints withdrawn, anonymous or referred to another process		1122
Total Complaints addressed 2019*		16815

*Complaints resolved could include complaints carried over from the end of 2019

Table 5: Total Complaints Addressed 2019

Resolved/Withdrawn/Anonymous/Excluded Complaints Handling 2019

Withdrawn	281		
Anonymous	95		
Complaints excluded for investigation under Your Service, Your Say (Health Act 2004, Part 9)	746		
Complaints resolved by Complaints Officers ≤30 working days (formally and informally)			
HSE Statutory Services: Health Act 2004 & Disabilities Act 2005 Part 3	2553		
HSE Statutory Services: Disabilities Act 2005 (Part 3)	842		
HSE Voluntary Hospitals	5668		
Other Voluntary Hospitals and Agencies	4180		
		13243	78%
Complaints resolved by Complaints Officers over more than 30 working days	2447		14%
Complaints unresolved, carried forward to 2020	1286		8%

Table 6: Complaints Handling 2019

Complaints resolved by COs ≤30 working days

Complaints Officers are encouraged to resolve complaints informally if possible. However, if informal resolution is not possible then a formal investigative process must commence.

Complaints Officers should attempt to complete the formal investigation within 30 working days. The following graphs show that while both Hospital Groups and CHOs are not always meeting the 75% target for completion of investigations, adjusting to allow for the removal of complaints that are withdrawn, anonymous or excluded in calculating compliance gives a clearer picture. With this adjustment generally Hospital Groups and CHOs are meeting the 75% target.

Overall the KPI of addressing formal complaints within 30 working days or less was met. The target of 75% was exceeded. After removing withdrawn, excluded and anonymous complaints, 78% of complaints were addressed by COs within 30 working days either informally, or through formal investigation.

Currently this KPI is calculated as follows:

- The numerator is the number of complaints investigated *under Your Service Your Say* and reported as addressed within 30 working.
- The denominator is the total number of Complaints recorded as received by the organisation less withdrawn, anonymous or otherwise exempt complaints.

1.6 HSE Hospital Groups (Statutory and Voluntary Hospitals)

Complaints reported by Hospital Group per 100,000 bed days

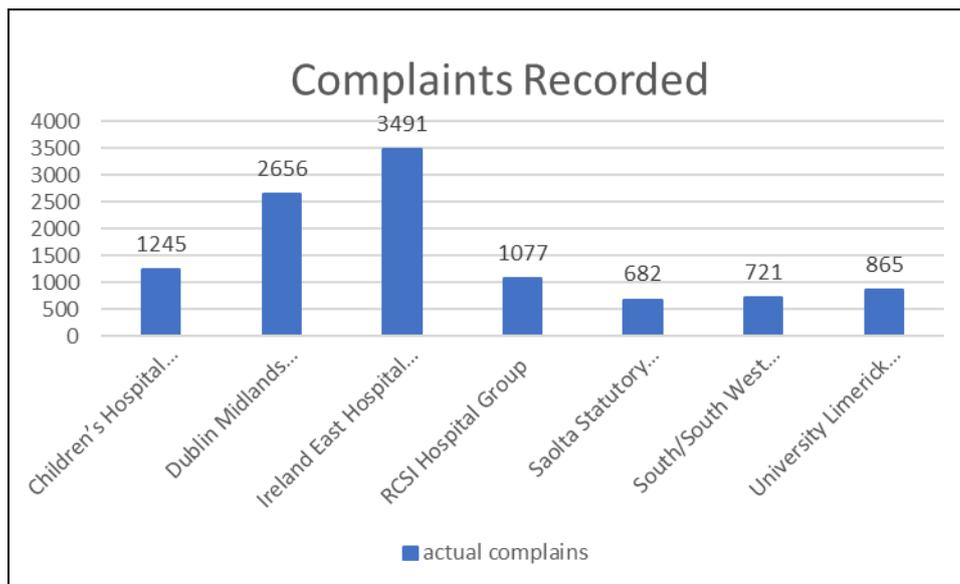


Figure 2: Complaints received to Hospital Groups (Statutory & Voluntary) 2019

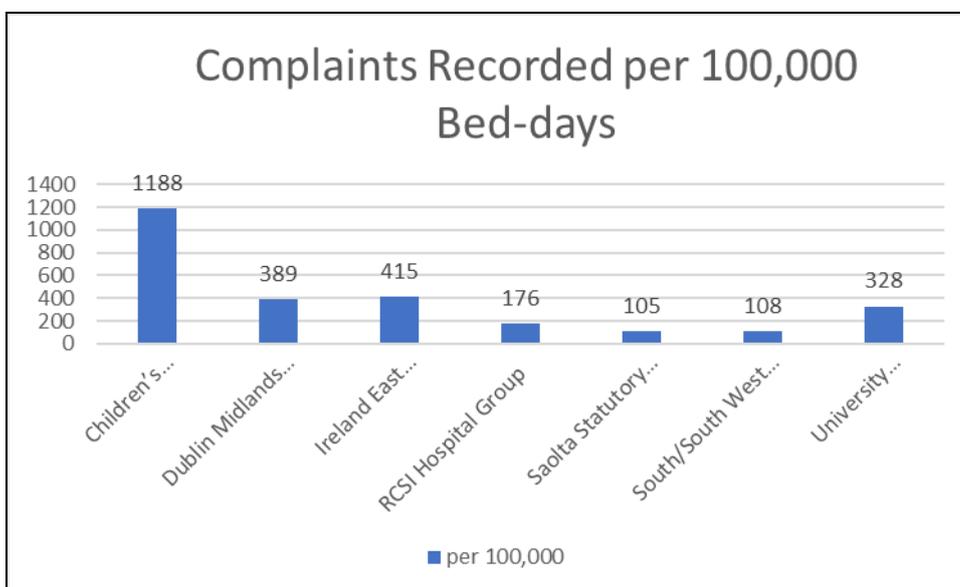


Figure 3: Complaints per 100,000 bed days received to Hospital Groups (Statutory & Voluntary) 2019



University Limerick Hospitals Group

University Limerick Hospitals Group Statutory Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Croom Hospital	15	0	15	10	67%	
Ennis Hospital	25	1	24	19	79%	1
Nenagh Hospital	32	2	30	25	83%	5
University Hospital Limerick	693	48	645	468	73%	28
University Maternity Hospital Limerick	64	0	64	54	84%	
UHLG Statutory Hospitals Total Complaints	829	51	778	576	74%	34

Table 7: ULHG Reported Complaints 2019 (Statutory)

University Limerick Hospitals Group Voluntary Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
St John's Hospital	36	5	31	26	84%	5
UHLG Voluntary Hospitals Total	36	5	31	26	84%	5

University Limerick Hospitals Group

Service	Complaints	Excluded	Withdrawn	Anonymous	Resolved informally	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds
ULH Statutory Hospitals	829	3	32	16	555	21	34	74%
ULH Voluntary Hospitals	36	0	5	0	6	20	5	84%
ULH Total	865	3	37	16	561	41	39	74%

Table 8: ULHG Reported Complaints 2019



South/South West Hospital Group Statutory Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Bantry General Hospital	10	2	8	6	75%	2
Cork University Hospital	115	1	114	38	33%	23
Cork University Maternity Hospital	67	4	63	37	59%	19
Mallow General Hospital (NIL)	5	4	1	1	100%	
South Tipperary General Hospital	46	22	24	21	88%	2
University Hospital Waterford & Kilcreene	210	36	174	54	31%	69
University Hospital Kerry	122	28	94	12	13%	6
SSWHG Statutory Hospitals Total	575	97	478	169	35%	121

Table 9: SSWHG Reported Complaints 2019 (Statutory)

South/South West Hospital Group Voluntary Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Mercy University Hospital	97	5	92	76	83%	14
South Infirmary Victoria University Hospital	49	10	39	40	103%	5
SSWHG Voluntary Hospitals Total	146	15	131	116	89%	19

Table 10: SSWHG Reported Complaints 2019 (Voluntary)

South/South West Hospital Group

Service	Complaints	Excluded	Withdrawn	Anonymous	Resolved informally	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds
SSWHG Statutory Hospitals	575	90	6	1	54	115	121	35%
SSWHG Voluntary Hospitals	146	7	8	0	39	77	19	89%
SSWHG Total	721	97	14	1	93	192	140	47%

Table 11: SSWHG Reported Complaints 2019



Your Service
Your Say

Saolta Hospital Group (Statutory)

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
University Hospital Galway	268	22	246	169	69%	57
Merlin Park University Hospital	64	3	61	46	75%	11
Sligo Regional Hospital	156	0	156	128	82%	
Letterkenny General Hospital	1	0	1	1	100%	
Mayo General Hospital	105	101	4	0	0%	
Portiuncula Hospital	88	13	75	48	64%	24
Roscommon County Hospital	-	-	-	-	-	
Saolta Statutory Hospitals Total	682	139	543	392	72%	92

Table 12: Saolta Reported Complaints 2019

Saolta Hospital Group

Service	Complaints	Excluded	Withdrawn	Anonymous	Resolved informally	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds
Saolta Statutory Hospitals	682	116	22	1	165	227	92	72%

Table 13: Saolta Reported Complaints 2019



Your Service
Your Say

RCSI Hospital Group

RCSI Hospital Group Statutory Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Cavan General Hospital	81	33	48	44	92%	4
Connolly Hospital	72	9	63	55	87%	8
Louth County Hospital	19	6	13	10	77%	3
Monaghan Hospital	1	1	0	0	0%	
Our Lady of Lourdes Hospital, Drogheda	168	35	133	114	86%	18
RCSI Statutory Hospital Total	341	84	257	223	87%	33

Table 14: RCSI Reported Complaints 2019 (Statutory)

RCSI Hospital Group Voluntary Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Beaumont Hospital	598	40	558	379	68%	155
Rotunda	138	0	138	133	96%	1
RCSI Voluntary Hospital Total	736	40	696	512	74%	156

Table 15: RCSI Reported Complaints 2019 (Voluntary)

RCSI Hospital Group

Service	Complaints	Excluded	Withdrawn	Anonymous	Resolved informally	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds
RCSI Statutory Hospitals	341	72	11	1	25	198	33	87%
RCSI Voluntary Hospitals	736	22	18	0	114	398	156	74%
RCSI Total	1077	94	29	1	139	596	189	77%

Table 16: RCSI Reported Complaints 2019



Ireland East Hospital Group

Your Service
Your Say

Ireland East Hospital Group Statutory Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Midland Regional Hospital Mullingar	168	11	157	40	25%	88
Our Lady's Hospital, Navan	297	8	289	242	84%	0
St. Columcille's Hospital	59	0	59	46	78%	16
St Luke's General Hospital, Kilkenny	153	54	112	67	60%	23
Wexford General Hospital	133	1	132	75	57%	55
IEHG Statutory Hospitals Total	810	74	749	470	63%	182

Table 17: IEHG Reported Complaints 2019 (Statutory)

Ireland East Hospital Group Voluntary Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Cappagh National Orthopaedic Hospital	36	1	35	30	86%	5
Mater Misericordiae University Hospital	1281	8	1273	1111	87%	193
National Maternity Hospital (Vol)	115	19	96	68	71%	33
St Michael's Hospital, Dun Laoghaire	41	2	39	35	90%	4
St Vincent's University Hospital	1152	7	1145	1124	98%	57
Royal Victoria Eye and Ear Hospital	56	0	56	9	16%	40
IEHG Voluntary Hospitals Total	2681	37	2644	2377	90%	332

Table 18: IEHG Reported Complaints 2019 (Voluntary)

Ireland East Hospital Group

Service	Complaints	Excluded	Withdrawn	Anonymous	Resolved informally	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds
IEHG Statutory Hospitals	810	52	17	5	322	148	182	64%
IEHG Voluntary Hospitals	2681	14	18	5	1957	420	332	90%
IEHG Total	3491	66	35	10	2279	568	514	84%

Table 19: IEHG Reported Complaints 2019



Dublin Midlands Hospital Group

Your Service
Your Say

Dublin Midlands Hospital Group Statutory Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Midlands Regional Hospital Portlaoise	82	5	77	43	56%	30
Midlands Regional Hospital, Tullamore	125	122	3	2	67%	
Naas General Hospital	151	3	148	118	80%	13
DMHG Statutory Hospitals Total	358	130	228	163	71%	43

Table 20: DMHG Reported Complaints 2019 (Statutory)

Dublin Midlands Hospital Group Voluntary Hospitals

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Tallaght University Hospital (Vol)	1283	0	1283	984	77%	186
The Coombe	101	0	101	83	82%	12
St. Luke's Radiation Oncology Network	38	4	34	29	85%	5
St. James's Hospital	876	8	868	589	68%	241
DMHG Voluntary Hospitals Total	2298	12	2286	1685	74%	444

Table 21: DMHG Reported Complaints 2019 (Voluntary)

Dublin Midlands Hospital Group

Service	Complaints	Excluded	Withdrawn	Anonymous	Resolved informally	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds
DMHG Statutory Hospitals	358	124	6	0	9	154	43	71%
DMHG Voluntary Hospitals	2298	0	7	5	818	867	444	74%
DMHG Total	2656	124	13	5	827	1021	487	74%

Table 22: DMHG Reported Complaints 2019



Children's Health Ireland Group (Voluntary)

Note: The three Dublin paediatric hospitals formerly in the Children's Hospital Group transferred into a single public body on 1st January 2019 named Children's Health Ireland.

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Resolved >30 working days by CO
Our Lady's Children's Hospital, Crumlin	786	0	786	586	75%	107
Children's University Hospital Temple Street	326	6	320	268	84%	16
Tallaght University Hospital	133	0	133	98	74%	20
CHI Voluntary Hospitals Total	1245	6	1239	952	77%	143

Table 23: CHI Reported Complaints 2019

Children's Hospital Group

Service	Complaints	Excluded	Withdrawn	Anonymous	Resolved informally	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds
CHG Voluntary Hospitals	1245	1	3	2	155	797	143	77%

Table 24: CHI Reported Complaints 2019

All HSE Statutory and Voluntary Hospital

All Statutory and Voluntary Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Adjusted for Withdrawn, anonymous and excluded.
Total	10737	690	10047	7573	75%	1595

Table 25: All HSE Statutory and Voluntary Hospitals Reported Complaints 2019

Other Voluntary Hospitals and Agencies

Hospital	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Adjusted for Withdrawn, anonymous and excluded.
Other Voluntary Hospitals and Agencies	5018	280	4738	4180	88%	274

Table 26: Other Voluntary Hospitals Reported Complaints 2019



Your Service
Your Say

1.7 Community Healthcare Organisations Complaints Reported by each CHO

Complaints Received/Resolved under the Health Act: CHOs

Community Healthcare Organisation (CHO)	Complaints received 2019	Complaints excluded under Part 9 of the Health Act 2004	Withdrawn	Anonymous	Resolved informally	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
CHO 1	77	7	3	1	21	34	11	83%
CHO 2	161	30	12	3	4	73	40	66%
CHO 3	77	2	2	0	36	18	8	74%
CHO 4	62	13	0	0	5	13	24	37%
CHO 5	67	0	0	0	14	25	9	58%
CHO 6	89	1	1	0	22	12	13	39%
CHO 7	193	13	7	0	64	57	16	70%
CHO 8	204	16	2	0	23	72	43	51%
CHO 9	81	18	2	0	11	26	19	61%
Total	1011	100	29	4	200	330	183	60%

Table 27: CHOs Complaints resolved 2019

Complaints Received/Resolved relating to Assessment of Need Nationally (Disabilities) (across all CHOs) under the Disability Act.

Assessment of Need Nationally (across all CHOs)	Complaints received 2019	Complaints excluded under Part 9 of the Health Act 2004	Withdrawn	Anonymous	Resolved informally	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
Total	1244	97	13	0		842	380	74%

Table 28: AoN Complaints resolved 2019

1.8 Category of Complaint

Note: Many complaints contain multiple issues and therefore fall under more than one category

Your Service
Your Say

Category of Complaints for all services

Category	HSE Statutory Hospitals and Community Services	Voluntary hospitals and agencies	Total 2019
Access	2595	3299	5894
Dignity and respect	599	2154	2753
Safe and effective care	1927	4012	5939
Communication and information	993	3605	4598
Participation	3	199	202
Privacy	61	419	480
Improving health	69	239	308
Accountability	254	572	826
Clinical judgement	162	165	327
Vexatious complaints	3	173	176
Nursing homes / residential care for older people (65 and over)	2	20	22
Nursing homes / residential care (aged 64 and under)	0	22	22
Pre-school inspection services	0	65	65
Trust in care	1	98	99
Children first	2	31	33
Safeguarding vulnerable persons (new 2016)	4	312	316
Total Issues	6675	15385	22060
Issues per complaint	1.12	1.27	1.22

Table 29: Complaints broken down by category NOTE: Explanation of Categories is available in Appendices

Category of Complaint

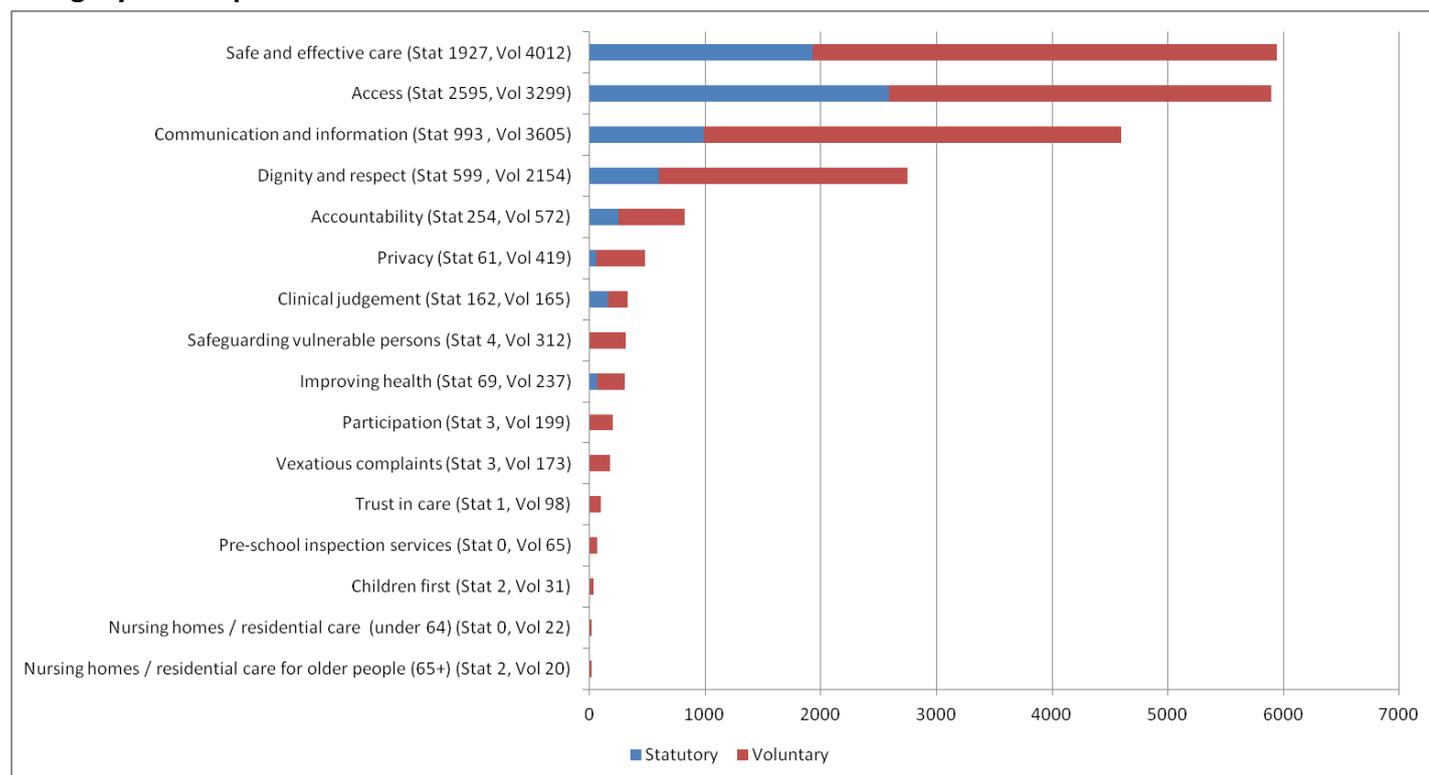


Figure 4: Categories of Complaints

1.8.1 Complaints by Issues (per Hospital Group)

University Limerick Hospitals Group Statutory Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Croom Hospital	4	2	8	5	0	0	0	1
Ennis Hospital	5	4	9	7	0	1	1	2
Nenagh Hospital	4	1	11	8	0	1	0	6
University Hospital Limerick	260	74	289	206	0	10	24	47
University Maternity Hospital Limerick	21	9	19	17	0	3	5	2
Total Issues	294	90	336	243	0	15	30	58

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Croom Hospital	0	0	0	0	0	0	0	0
Ennis Hospital	0	0	0	0	0	0	0	0
Nenagh Hospital	0	0	0	0	0	0	0	0
University Hospital Limerick	0	0	0	0	0	0	0	0
University Maternity Hospital Limerick	0	0	0	0	0	0	0	0
Total Issues	0	0	0	0	0	0	0	0

Table 30: Complaints broken down by category University Limerick Hospitals Group Statutory Hospitals

University Limerick Hospitals Group Voluntary Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
St John's Hospital	8	14	20	15	0	0	1	0
Total Issues	8	14	20	15	0	0	1	0

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
St John's Hospital	0	0	0	0	0	0	0	0
Total Issues	0	0	0	0	0	0	0	0

Table 31: Complaints broken down by category University Limerick Hospitals Group Voluntary Hospitals



Your Service
Your Say

South/South West Hospital Group Statutory Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Bantry General Hospital	3	3	2	4	0	1	0	1
Cork University Hospital	24	8	56	25	0	1	0	3
Cork University Maternity Hospital	24	6	16	18	0	1	0	0
Mallow General Hospital	2	0	2	0	0	0	0	0
South Tipperary General Hospital	2	14	14	16	0	0	0	0
University Hospital Waterford & Kilcreene	46	5	112	79	0	5	0	19
University Hospital Kerry	18	16	27	41	0	1	0	13
SSWHG Statutory Hospitals Total Issues	119	52	229	183	0	9	0	36

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Bantry General Hospital	4	0	0	0	0	0	0	0
Cork University Hospital	0	0	0	0	0	0	0	0
Cork University Maternity Hospital	2	0	0	0	0	0	0	0
Mallow General Hospital	0	2	0	0	0	0	0	0
South Tipperary General Hospital	0	0	0	0	0	0	0	0
University Hospital Waterford & Kilcreene	0	0	0	0	0	0	0	0

University Hospital Kerry	0	0	0	0	0	0	0	0
SSWHG Statutory Hospitals Total Issues	6	2	0	0	0	0	0	0

Table 32: Complaints broken down by category South/South West Hospital Group Statutory Hospitals

South/South West Hospital Group Voluntary Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Mercy University Hospital	15	5	48	29	1	0	0	1
South Infirmary Victoria University Hospital	14	3	20	11	0	0	0	1
SSWHG Voluntary Hospitals Total Issues	29	8	68	40	1	0	0	2

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Mercy University Hospital	0	1	0	0	0	0	0	0
South Infirmary Victoria University Hospital	0	0	0	0	0	0	0	0
SSWHG Voluntary Hospitals Total Issues	0	1	0	0	0	0	0	0

Table 33: Complaints broken down by category South/South West Hospital Group Voluntary Hospitals



Your Service
Your Say

Saolta Hospital Group Statutory Hospitals: Issues (Note * denotes no data available)

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
University Hospital Galway	73	24	79	35	1	1	5	22
Merlin Park University Hospital	33	4	11	12	0	0	0	4
Sligo Regional Hospital	64	12	30	50	0	0	0	0
*Letterkenny General Hospital	-	-	-	-	-	-	-	-
Mayo General Hospital	14	28	39	11	0	1	2	7
Portiuncula Hospital	12	11	28	15	0	2	1	15
*Roscommon County Hospital	-	-	-	-	-	-	-	-
Saolta Hospital Group Statutory Hospitals Total Issues	196	79	187	123	1	4	8	48

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
University Hospital Galway	0	0	0	0	0	0	0	0
Merlin Park University Hospital	0	0	0	0	0	0	0	0
Sligo Regional Hospital	0	0	0	0	0	0	0	0
*Letterkenny General Hospital	-	-	-	-	-	-	-	-
Mayo General Hospital	3	0	0	0	0	0	0	0
Portiuncula Hospital	0	0	0	0	0	0	0	0
*Roscommon County Hospital	-	-	-	-	-	-	-	-
Saolta Hospital Group Statutory Hospitals Total Issues	3	0	0	0	0	0	0	0

Table 34: Complaints broken down by category Saolta Hospital Group Statutory Hospitals



Your Service
Your Say

RCSI Hospital Group Statutory Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Cavan General Hospital	16	17	46	29	0	5	2	2
Connolly Hospital Blanchardstown	17	12	34	22	0	0	0	3
Louth	2	8	7	1	0	0	0	1
Monaghan Hospital	1	0	1	0	0	0	0	0
Our Lady of Lourdes Hospital, Drogheda	52	57	51	14	0	5	5	7
RCSI Statutory Hospitals Total Issues	88	94	139	66	0	10	7	13

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Cavan General Hospital	47	0	0	0	0	0	0	0
Connolly Hospital Blanchardstown	0	0	0	0	0	0	0	0
Louth	0	0	0	0	0	0	0	0
Monaghan Hospital	0	0	0	0	0	0	0	0
Our Lady of Lourdes Hospital, Drogheda	0	0	1	0	0	1	2	0
RCSI Statutory Hospitals Total Issues	47	0	1	0	0	1	2	0

Table 35: Complaints broken down by category RCSI Hospital Group Statutory Hospitals



Your Service
Your Say

RCSI Hospital Group Voluntary Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Beaumont Hospital	185	51	305	64	0	5	10	51
Rotunda	76	19	178	283	4	10	4	10
RCSI Voluntary Hospitals Total Issues	261	70	483	347	4	15	14	61

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Beaumont Hospital	0	0	0	0	0	0	0	0
Rotunda	64	0	0	0	0	0	0	0
RCSI Voluntary Hospitals Total Issues	64	0	0	0	0	0	0	0

Table 36: Complaints broken down by category RCSI Hospital Group Voluntary Hospitals



Your Service
Your Say

Ireland East Hospital Group Statutory Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Midland Regional Hospital Mullingar	47	32	86	31	0	0	2	0
St Luke's General Hospital, Kilkenny	26	3	86	46	1	2	2	21
St. Columcille's Hospital	10	12	34	10	0	0	0	2
Our Lady's Hospital, Navan	27	10	257	7	0	0	0	1
Wexford General Hospital	5	12	102	13	0	0	1	3
IEHG Statutory Hospitals Total Issues	115	69	565	107	1	2	5	27

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Midland Regional Hospital Mullingar	0	0	0	0	0	0	0	0
St Luke's General Hospital, Kilkenny	71	0	0	0	0	0	0	0
St. Columcille's Hospital	0	0	0	0	0	0	0	0
Our Lady's Hospital, Navan	0	0	0	0	0	0	0	0
Wexford General Hospital	0	0	0	0	0	0	0	0
IEHG Statutory Hospitals Total Issues	71	0	0	0	0	0	0	0

Table 37: Complaints broken down by category Ireland East Hospital Group Statutory Hospitals



Your Service
Your Say

Ireland East Hospital Group Voluntary Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Cappagh National Orthopaedic Hospital	17	4	5	8	0	0	1	0
Mater Misericordiae University Hospital	381	47	572	621	8	9	14	121
National Maternity Hospital	6	33	43	53	1	6	2	5
St Michael's Hospital, Dun Laoghaire (V)	7	7	4	6	0	0	0	2
St Vincent's University Hospital	38	16	110	70	0	4	0	14
Royal Victoria Eye and Hospital	21	4	23	5	0	0	0	1
IEHG Voluntary Hospitals Total Issues	470	111	757	763	9	19	17	143

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Cappagh National Orthopaedic Hospital	1	0	0	0	0	0	0	0
Mater Misericordiae University Hospital	24	0	0	0	0	0	0	0
National Maternity Hospital	2	0	0	0	0	0	0	0
St Michael's Hospital, Dun Laoghaire (V)	1	0	0	0	0	2	0	0
St Vincent's University Hospital	0	5	0	0	0	0	0	0
Royal Victoria Eye and Hospital	2	0	0	0	0	0	0	0
IEHG Voluntary Hospitals Total Issues	30	5	0	0	0	2	0	0

Table 38: Complaints broken down by category Ireland East Hospital Group Voluntary Hospitals



Your Service
Your Say

Dublin Midlands Hospital Group Statutory Hospitals: Issues

(Note * denotes no data available)

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Midlands Regional Hospital Portlaoise	30	7	71	10	.	4	0	14
Midlands Regional Hospital, Tullamore	30	0	51	24	0	0	0	17
Naas General Hospital	44	7	31	43	0	3	2	0
DMHG Statutory Hospitals Total Issues	104	14	153	77	0	7	2	31

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Midlands Regional Hospital Portlaoise	0	0	0	0	0	0	0	0
Midlands Regional Hospital, Tullamore	0	0	0	0	0	0	0	0
Naas General Hospital	2	0	0	0	0	0	0	3
DMHG Statutory Hospitals Total Issues	2	0	0	0	0	0	0	3

Table 39: Complaints broken down by category Dublin Midlands Hospital Group Statutory Hospitals

Dublin Midlands Hospital Group Voluntary Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
The Adelaide & Meath Hospital, Dublin	598	102	309	245	2	13	13	53
The Coombe Women & Infant University Hospital	15	2	14	61	0	1	7	1
*St. Luke's Radiation Oncology Network	-	-	-	-	-	-	-	-
St. James's Hospital	402	186	592	938	20	28	32	64
DMHG Voluntary Hospitals Total Issues	1015	290	915	1244	22	42	52	118



Your Service
Your Say

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
The Adelaide & Meath Hospital, Dublin	0	0	0	0	0	0	0	0
The Coombe Women & Infant University Hospital	0	0	0	0	0	0	0	0
*St. Luke's Radiation Oncology Network	-	-	-	-	-	-	-	-
St. James's Hospital	1	1	0	0	0	0	0	0
DMHG Voluntary Hospitals Total Issues	1	1	0	0	0	0	0	0

Table 40: Complaints broken down by category Dublin Midlands Hospital Group Voluntary Hospitals

Children's Health Ireland Group Voluntary Hospitals: Issues

Hospital	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Our Lady's Children's Hospital, Crumlin	204	29	279	224	6	8	7	25
Children's University Hospital Temple Street	82	13	97	64	2	11	7	33
Tallaght University Hospital	59	6	38	32	0	0	3	9
CHI Voluntary Hospitals Total Issues	345	48	414	320	8	19	17	67

Hospital	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Our Lady's Children's Hospital, Crumlin	0	0	0	0	0	0	0	0
Children's University Hospital Temple Street	14	0	0	0	0	0	0	0
Tallaght University Hospital	0	0	0	0	0	0	0	0
CHI Voluntary Hospitals Total Issues	14	0	0	0	0	0	0	0

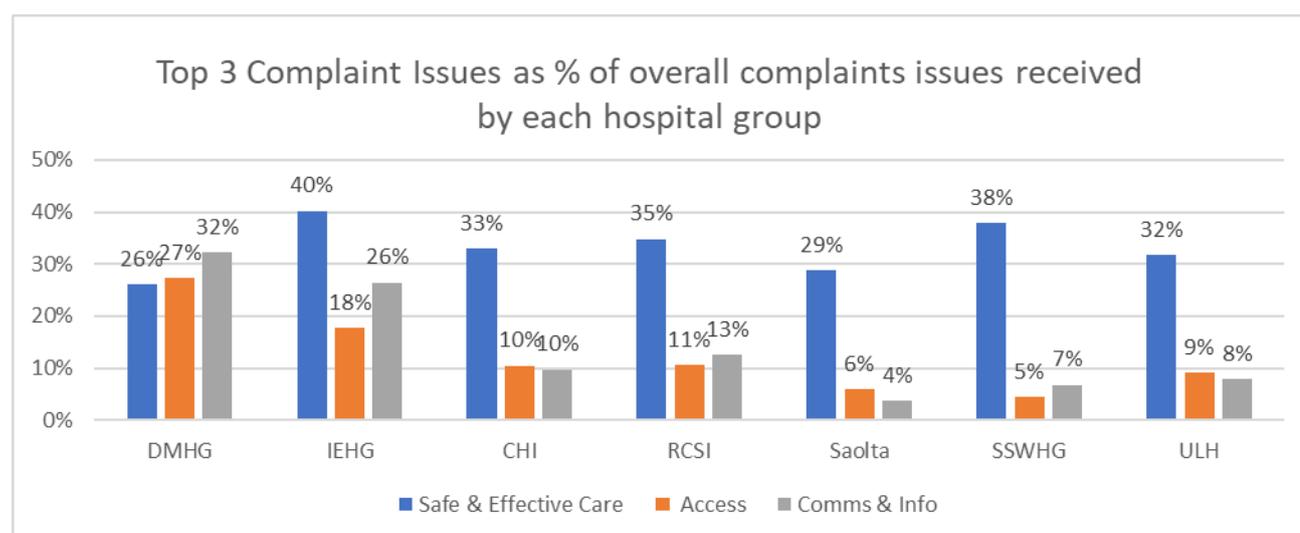
Table 41: Complaints broken down by category Children's Health Ireland Group



Your Service
Your Say

**Top 3 Category Issue of Complaints as a percentage of overall issues per Group
(from all data sources)**

HOSPITAL GROUP	SAFE & EFFECTIVE CARE	ACCESS	COMMS & INFO	TOTAL ISSUES	SAFE & EFFECTIVE CARE	ACCESS	COMMS & INFO
DMHG	1068	1119	1321	4093	26%	27%	32%
IEHG	1322	585	870	3288	40%	18%	26%
CHI	414	345	320	1252	33%	10%	10%
RCSI	622	349	413	1787	35%	11%	13%
SAOLTA	187	196	123	649	29%	6%	4%
SSWHG	297	148	223	785	38%	5%	7%
ULH	356	302	258	1124	32%	9%	8%

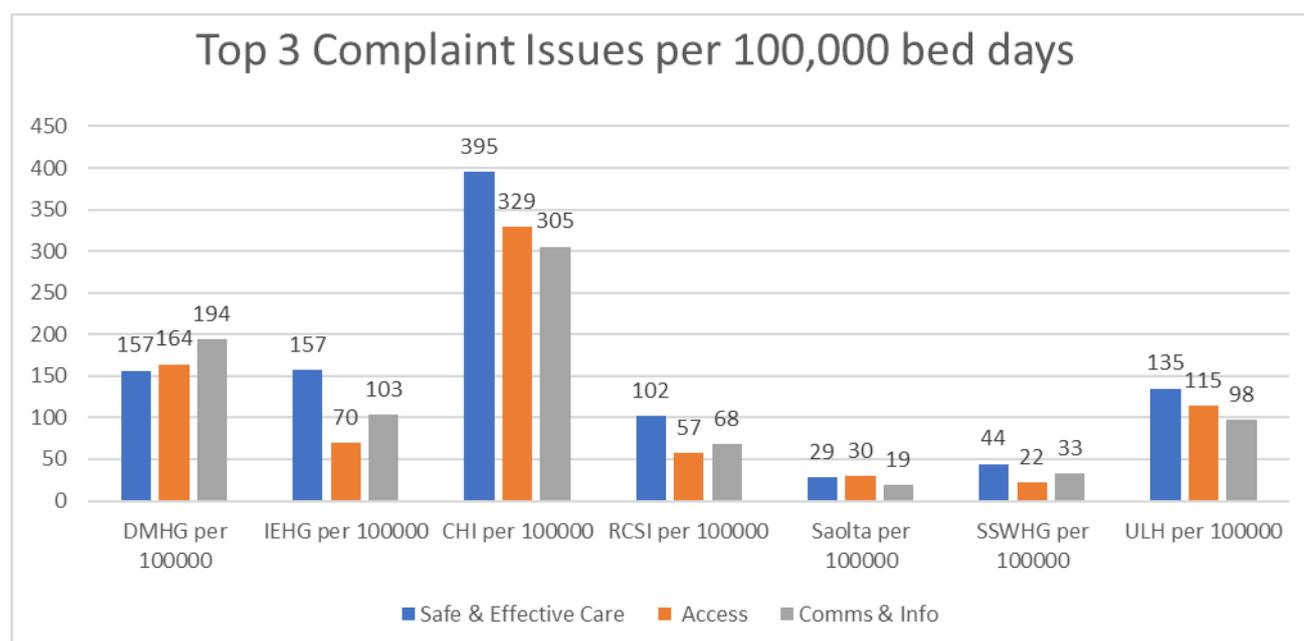




Your Service
Your Say

Top 3 Category Issue of Complaints per 100000 bed days of each Group (from all data sources)

HOSPITAL GROUP	SAFE & EFFECTIVE CARE	ACCESS	COMMS & INFO	TOTAL HOSPITAL BEDS	SAFE & EFFECTIVE CARE	ACCESS	COMMS & INFO
DMHG	1068	1119	1321	682202	157	164	194
IEHG	1322	585	870	840801	157	70	103
CHI	414	345	320	104784	395	329	305
RCSI	622	349	413	610420	102	57	68
SAOLTA	187	196	123	650875	29	30	19
SSWHG	297	148	223	668039	44	22	33
ULH	356	302	258	263749	135	115	98



1.8.2 Complaints by Divisions (per CHO)

Community Health Organisation (CHO)	Health & Wellbeing	Mental Health	Primary Care	Social Care
CHO 1	3	25	31	12
CHO 2	0	41	46	37
CHO 3	0	13	39	22
CHO 4	2	33	24	14
CHO 5	0	16	40	17
CHO 6	1	25	27	21
CHO 7	0	27	163	10
CHO 8	0	67	75	89
CHO 9	0	68	26	0
Total	6	315	471	222

Table 42: CHOs Complaints by Division 2019

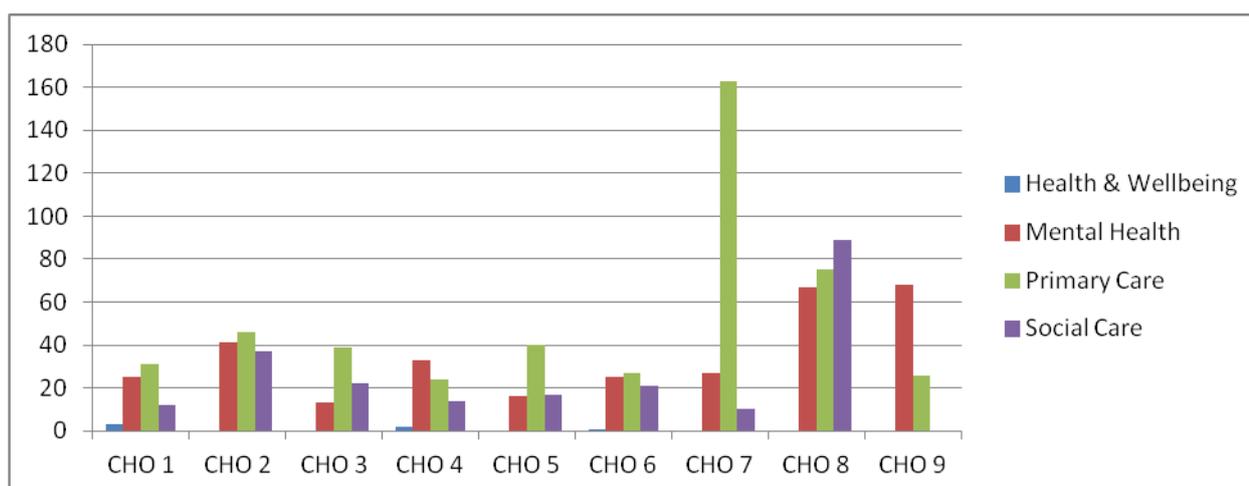


Figure 5: Complaints by CHO Service

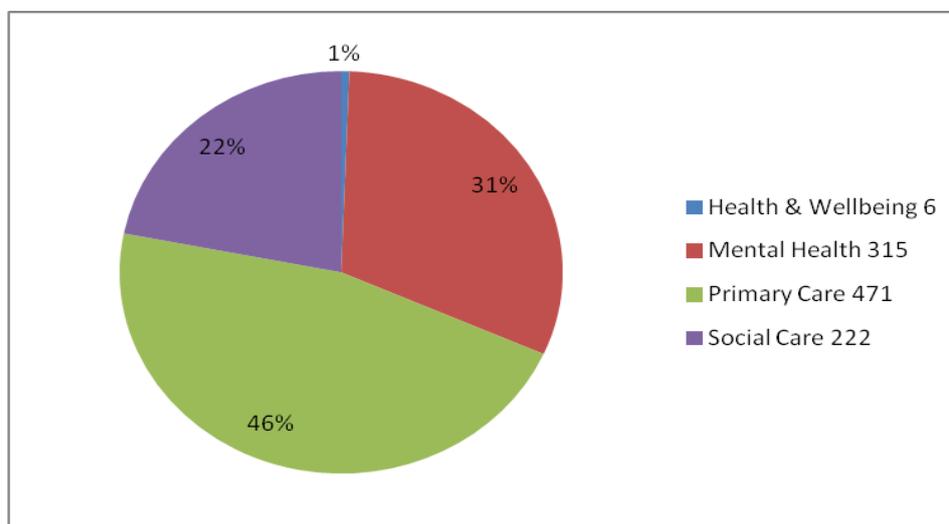


Figure 6: Complaints by Division

1.9 Complaints by Divisions (per Hospital Group)

Information on data by division comes from the Complaints Management System (CMS). Not all Hospitals use the Complaints Management System and information on their complaints at division level is therefore unavailable. Only Hospitals using the CMS are represented in this section.

Division	RCSI		DMHG		IEHG		SSWHG		Saolta		ULH	
Allied Health	26	3%	97	28%	33	8%	28	6%	6	2%	2	0%
Dental	0	0%	0	0%	0	0%	2	0%	1	0%	0	0%
Gynaecology	17	2%	3	1%	5	1%	34	7%	21	5%	9	1%
Health & Well-being	0	0%	1	0%	1	0%	0	0%	0	0%	0	0%
Laboratory Services	11	1%	0	0%	0	0%	5	1%	2	1%	2	0%
Maternity Services	38	5%	11	3%	11	3%	66	13%	38	10%	105	12%
Medicine	516	62%	184	53%	177	44%	245	49%	185	48%	576	64%
Mental Health Inpatient	0	0%	2	1%	14	3%	0	0%	0	0%	0	0%
Mental Health Services	2	0%	1	0%	1	0%	1	0%	0	0%	1	0%
Other Services	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%
Radiology	17	2%	11	3%	6	1%	13	3%	8	2%	8	1%
Specialist Services	12	1%	7	2%	17	4%	8	2%	16	4%	1	0%
Surgery	188	23%	28	8%	139	34%	99	20%	112	29%	203	22%

Table 43 Complaints by Division per Hospital Group 2019

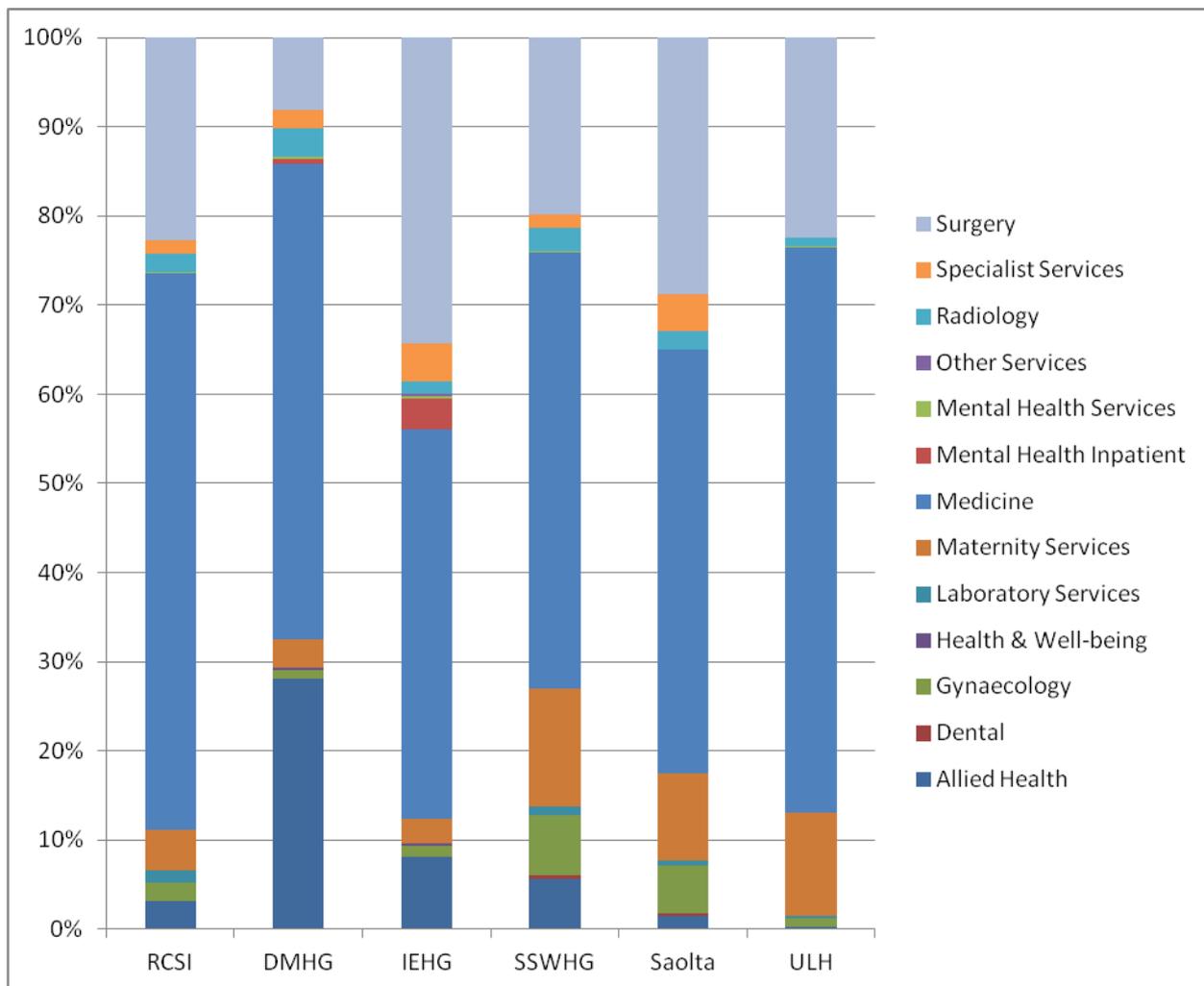


Figure 7: Breakdown of Complaints by Division per Hospital Group



1.10 Complaints relating to the Assessment of Need process

The number of applications for Assessment of Need in 2019 was 6596, a 30% rise on the previous year.

The rise in complaints has significantly outpaced the increase in AoN applications with a rise of 68%, rising from 741 complaints in 2018 to 1244 complaints in 2019.

In contrast, the number of days taken by Complaint Officers to close out a complaint decreased from 89 days in 2018 to 23 days in 2019.

The number of complaints received throughout the year forms a similar trajectory with the previous year, with significant spikes in September and May (the start and end of the school year).

The primary ground for complaint was again Ground B, accounting for 90% of all grounds for complaint and constitutes 80% of the increase in grounds for complaint from 2018 to 2019, which indicates that the increase in applications for AoN is having a knock-on effect on service provision.

Single issue complaints continue to make up the vast majority of complaints however the rise in multi-issue complaints is also worth noting, indicating cross-sectoral issues for AoN assessment and service provision.

Assessment of Need Nationally (Disabilities) (across all CHOs)

	Complaints received 2019	Withdrawn, Anonymous, Excluded	Less Withdrawn, Anonymous, Excluded	Resolved ≤30 working days by CO formally & informally	% resolved ≤30 working days by CO	Adjusted for Withdrawn, anonymous and excluded.
Across all CHOS	1244	110	1134	842	380	74%

Table 44: AoN Complaints resolved 2019



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1.11 Analysis of Sample from Complaints Management System

An examination of overall returns from combinations of CMS and manual returns shows the top 5 causes of complaints, accounting for 90% of all issues recorded, contained an issue relating to the following classification.

- 27% related to Safe & Effective Care (5939)
- 26% related to Access (5812)
- 21% related to Communication and Information (4598)
- 12% related to Dignity and Respect (2745)
- 4% related to Accountability (826)

NOTE: A complaint may contain more than one issue

There are also clear difference between Community and Acute with regard to the concerns raised by service users. For example, in Community Services, experiences relating to *Access* to services are the greatest cause for complaint (42%), while in Acute services, experiences relating to *Safe and Effective Care* are the greatest cause for complaint (37%).

	Overall	CHO	Acute
1	27% Safe and Effective Care	42% Access	37% Safe and Effective Care
2	26% Access	18% Safe and Effective Care	24% Access
3	21% Communication and Information	17% Communication and Information	19% Communication and Information
4	12% Dignity and Respect	15% Dignity and Respect	11% Dignity and Respect
5	4% Accountability	5% Accountability	6% Accountability

These percentages however are derived from a very broad classification. Looking at 2 samples only from CMS data allows us to look at sub categories in more detail to see more information on the makeup of these categories.

74% of all complaints received by statutory services were recorded on the CMS in 2019. An examination of overall returns from the CMS shows the causes of complaints relating to the following classification for both Hospital Groups and for CHOs.

These samples are:

- Community, 800 complaints and
- Acute, 4500 complaints



Sample Analysis: Community

Complaint Issue Classification by Type

CHOs

- 42% Access
- 18% Safe & Effective Care
- 17% Communication & Information
- 15% Dignity and Respect
- 5% Accountability
- 2% Privacy
- 1% Improving Health
- 0% Participation

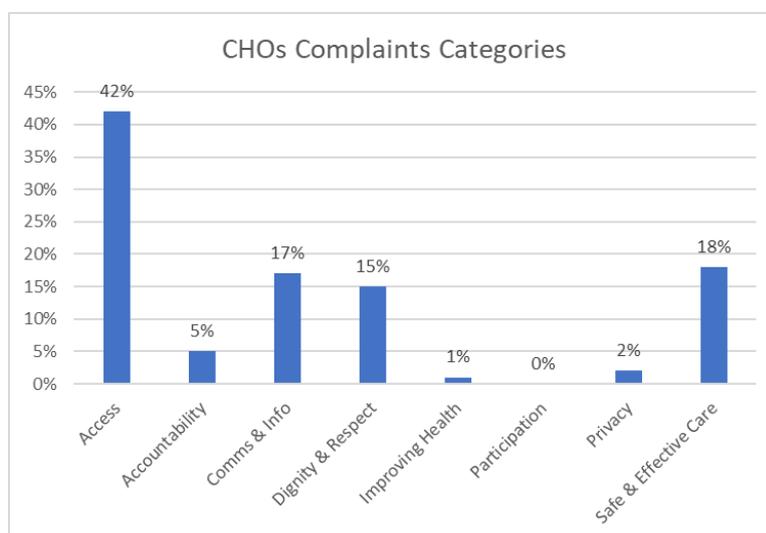


Figure 8: CHO: Complaint Issue classification by type

These can be further broken down into **Issue Category Type** and **Issue Category Sub-Type** (see **appendices for full list of categories**)



Identifying the top 10 issue categories sub-types, accounts for over 80% of all complaints issues examined.

Your Service
Your Say

Category	Issue Category Sub Type top 10		Details
Access	Accessibility / resources	31%	Services (146), Other (82) and Equipment (16)
Access	Appointment - delays	6%	Appointment - delay in issuing appointment (34), Operation and opening times of clinics (6) and Other (5)
Safe and Effective Care	Treatment and Care	7%	Unsatisfactory treatment or care (23), Other (14) and Failure / delay in treatment / delivery of care (12)
Safe and Effective Care	Health and Safety issues	3%	Other (11), Fixtures and fittings (4) and Central heating (4)
Communication and Information	Communication skills	7%	Inappropriate comments from staff member (16),, Other (13) and Inadequate listening and response (12)
Communication and Information	Delay and failure to communicate	6%	Failure / delay in communicating with patient (27), Failure / delay in communicating with relatives (10) and Breakdown in communication between staff or areas (8)
Communication and Information	Information	4%	Insufficient and inadequate information (11), Conflicting information (7) and Other (7)
Dignity and Respect	Alleged inappropriate behaviour	8%	Staff (40), Patient(18) and Other (10)
Dignity and Respect	Delivery of care	7%	Lack of respect shown to patient during examination / consultation (22), Other (18) and Patient's dignity not respected (11)
Accountability	Patient feedback	3%	Other (16), Patient concerns not dealt with promptly (6) and Quality of response to the complaint made (2)

Table 45: CHO top 10 issue categories types

Primary Care

- Other Services - no category selected 75%
- Dental 10%
- Nursing 3%
- Allied Health 10%
- Specialist Services 2%

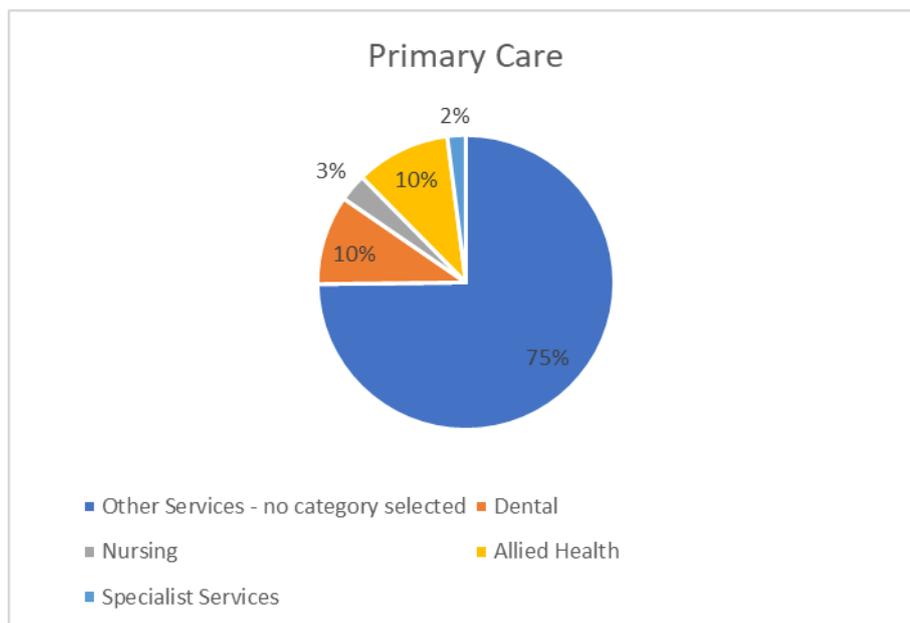


Figure 9: Primary Care, complaints issues by Division

Social Care

- Older Persons 33%
- Disability Services (Day Care) 32%
- Disability Services (Respite) 19%
- Other Services 9%
- Disability Services (Residential) 8%

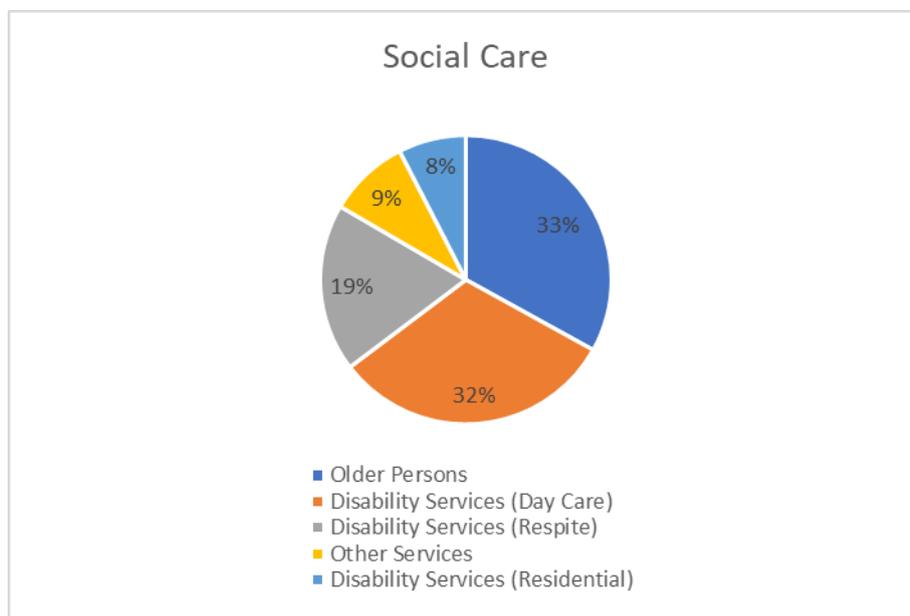


Figure 10: Social Care, complaints issues by Division

Mental Health

- Mental Health Outpatient 60%
- Mental Health Inpatient 33%
- Other Services 7%

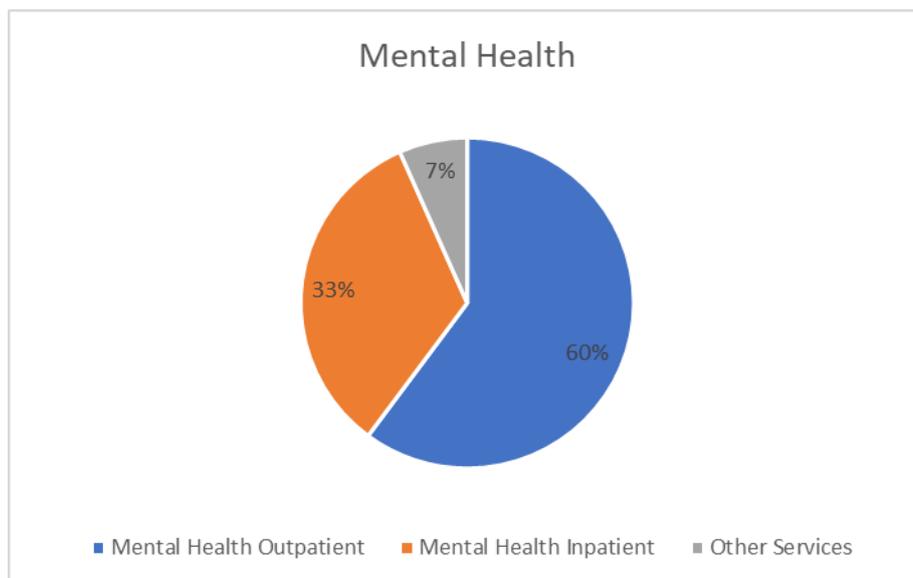


Figure 11: Mental Health, complaints issues by Division

Health & Wellbeing

- Health & Well-being 60%
- Other Services 40%

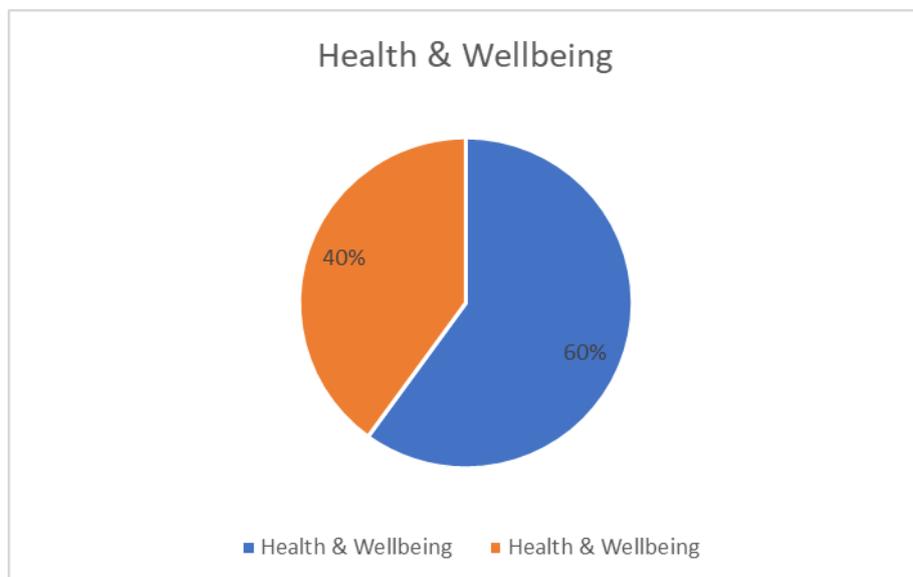


Figure 12: Health and Wellbeing, complaints issues by Division

Sample CHO data mapped to HCAT

Broad trends from CHOs point to issues with facilities, services, clinical equipment, and staffing levels. Also issues relating to the behaviour of staff towards the patient/family, particularly in Mental Health Services the majority of which relate to disrespect or violations of patient rights by staff.

Based on the CMS sample examined and mapped to HCAT CHOs could focus on the following areas for opportunities to improve care:

- Primary Care and Social Care could focus on improving access to services/resources and addressing delays in appointments and also on improving communication skills and delays/failure to communicate and insufficient communication with patient/families
- Mental Health could focus on improving communication skills, particularly relating to delayed and insufficient communication with patient/families and, on improving staff behaviour, especially respecting the patient’s dignity, particularly during consultation, and inappropriate comments from staff.

Sample Analysis: Acute

Complaint Classification by Type

Hospital Groups

- 37% Safe & Effective Care
- 24% Access
- 19% Communication & Information
- 11% Dignity and Respect
- 6% Accountability
- 2% Improving Health
- 1% Privacy
- 0% Participation

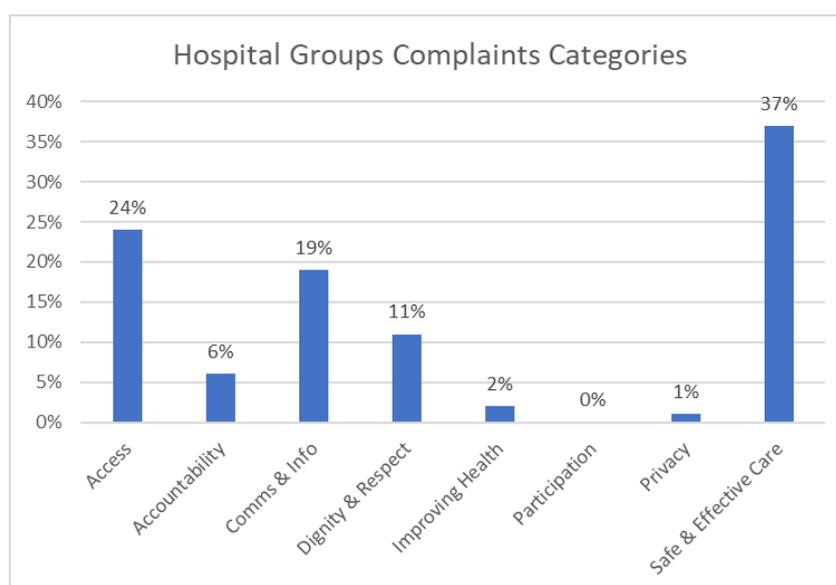


Figure 13: Acute: Complaint Issue classification by type



These classifications can be further broken down into Issue Category Type and Issue Category Sub-Type for a more detailed view of the nature of complaints received.

Your Service
Your Say

The top 10 issue categories account for 72% of complaints issues examined. See Appendix 2 for a breakdown of complaint categories.

Category	Issue Category Type top 10	%	Details (Issue Category Sub-Type)
1	Treatment and Care	21%	Unsatisfactory treatment or care (506), Failure / delay in treatment / delivery of care (216) and Other (99)
2	Communication skills	8%	Inappropriate comments from staff member (97), Inadequate listening and response (57) and Other (45)
3	Appointment – delays	7%	Appointment - delay in issuing appointment (167), Operation and opening times of clinics (54) and Other (39)
5	Finance	6%	Bill dispute (238), Other (12) and Insurance cover (9)
6	Delay and failure to communicate	6%	Failure / delay in communicating with patient (119), Failure / delay in communicating with relatives (52) and Breakdown in communication between staff or areas (41)
7	Admission – delays	5%	Admission - delay in admission process (99), Delayed - elective bed (64) and Admission - postponed (33)
8	Delivery of care	5%	Patient's dignity not respected (72), Lack of respect shown to patient during examination / consultation (66) and No concern for patient as a person (49)
9	Alleged inappropriate behaviour	5%	Staff (146), Patient (44) and Other (31)
10	Accessibility / resources	4%	Services (84), Treatment (38) and Personnel (19)

Table 46: Acute top 10 issue categories types



Complaints Classification by Division

27% of all complaints issues received by Health Services related to Safe and Effective Care. In our sample 21% of issues examined from an Acute setting related to Safe and Effective Care. These can be further broken down by division and category type. In *Figure 14: Acute: Safe and Effective Care related complaint issues across all Acute Services (Sample)*, it is clear that Medicine and Surgery receive the most complaints relating to Treatment and Care (within the Safe and Effective Care category) but diverge at the second largest category of complaint issues; Diagnosis for Medicine, while Surgery's second highest category is Continuity of Care. See *Figure 15* for more details and Appendices for similar charts for all services.

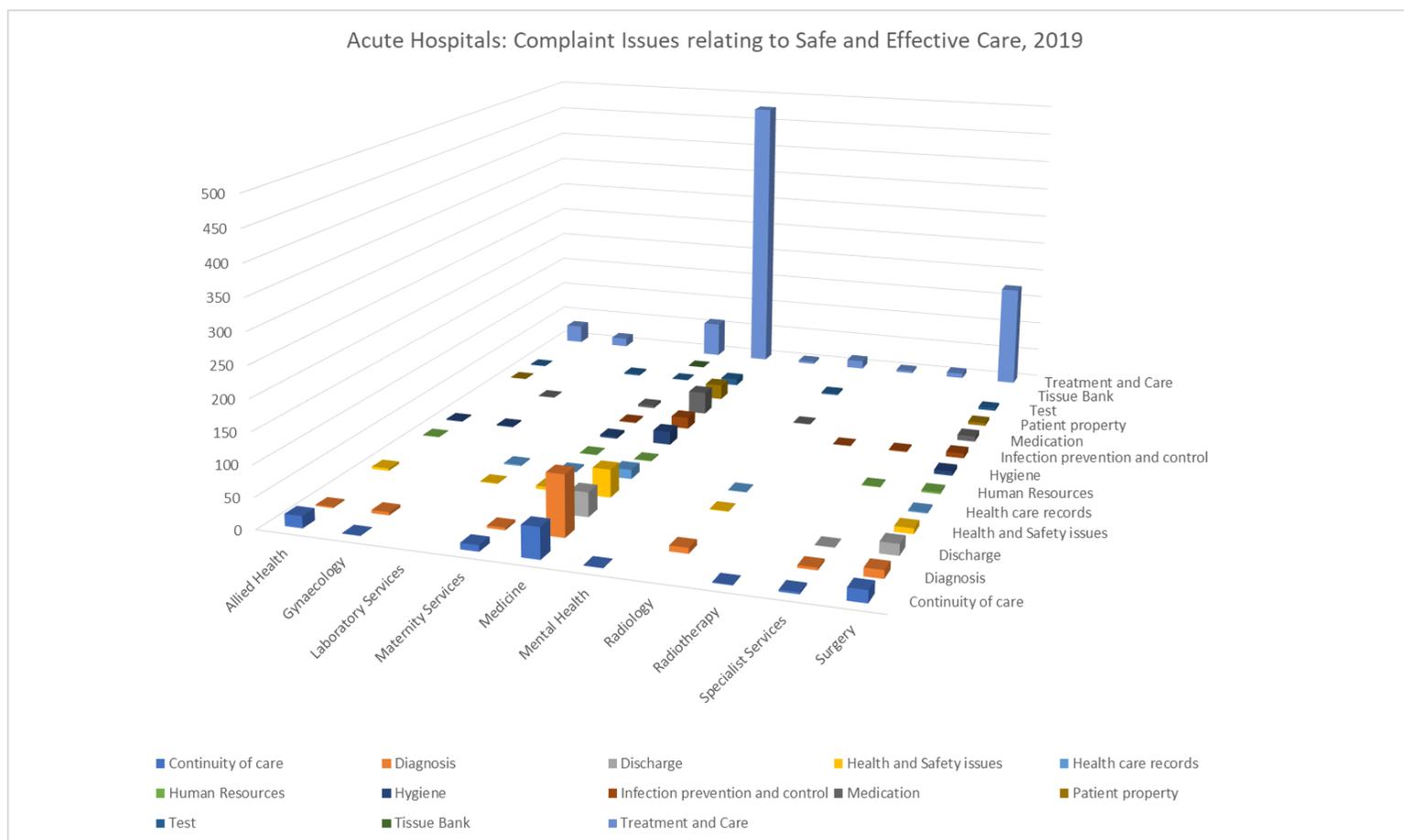


Figure 14: Acute: Safe and Effective Care related complaint issues across all Acute Services (Sample)

These can also be looked at by division – which highlights, in Allied Health and Specialist Services, a possible over-reliance on the ‘Other’ at a division level. During 2020 these samples should be further analysed to identify the cause of the significant use of this descriptor.

Ambulance

- Ambulance Service (Road and Air) 78%
- Other 21%
- Retrieval & Transfer Service 1%

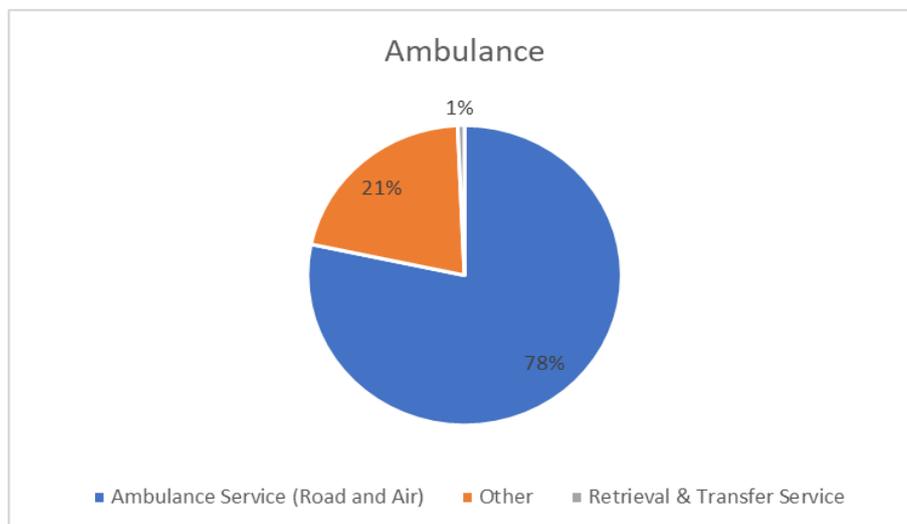


Figure 15: Ambulance, complaints issues by Division

Acute Services

- Medicine 44%
- Other 19%
- Surgery 18%
- Maternity Services 6%
- Allied Health 6%
- Gynaecology 2%
- Radiology 2%
- Specialist Services 1%
- Mental Health Services 1%
- Laboratory Services 0%
- Radiotherapy 0%
- Dental 0%

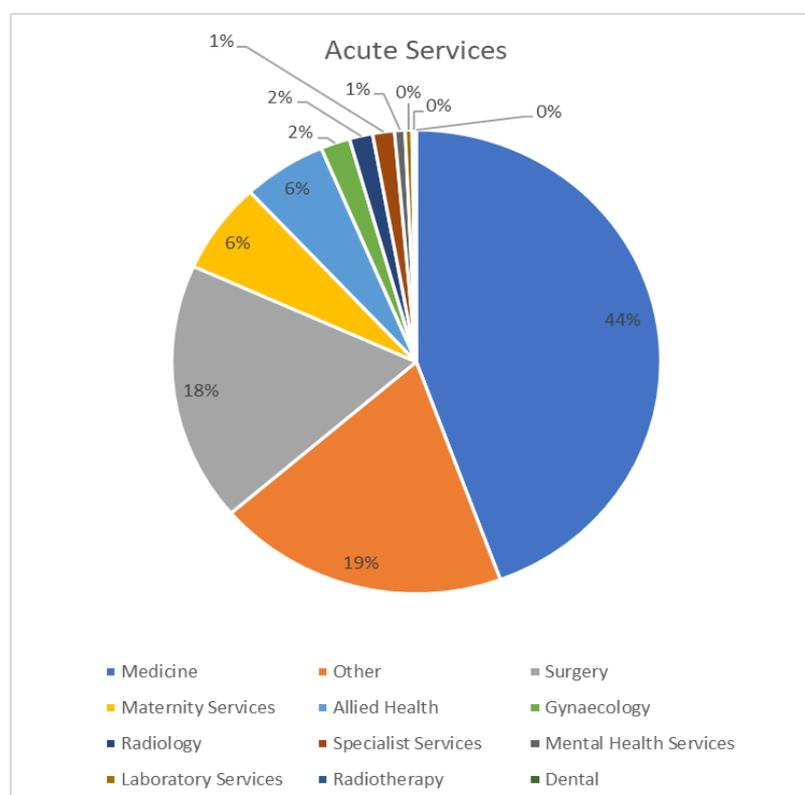


Figure 16: Acute Services, complaints issues by Division

Allied Health

- Other 86%
- Ophthalmology 5%
- Nutrition & Dietetics 3%
- Physiotherapy 4%
- Occupational Therapy 1%

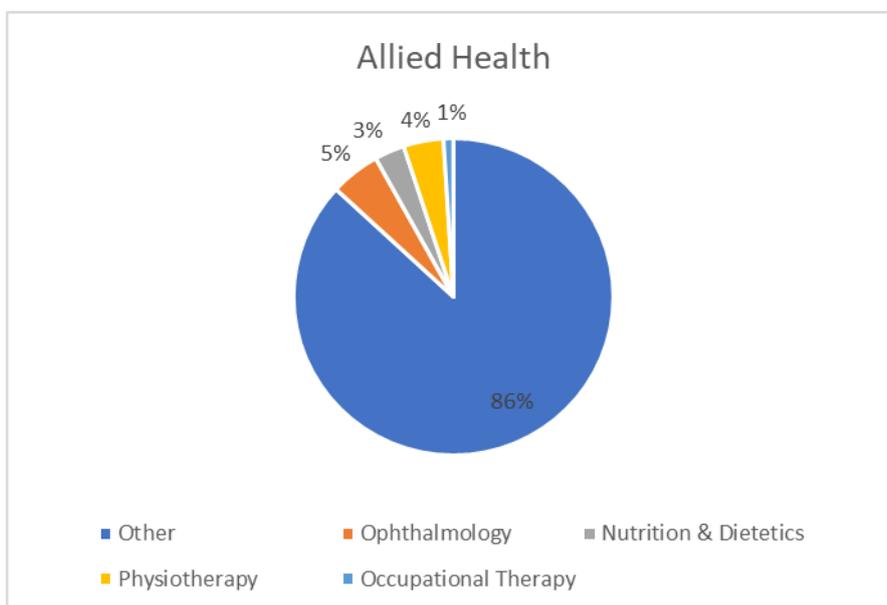


Figure 17: Allied Health, complaints issues by Division

Dental

- General 100%

Gynaecology

- Gynaecology - General 74%
- Other 21%
- Fertility Treatment 5%

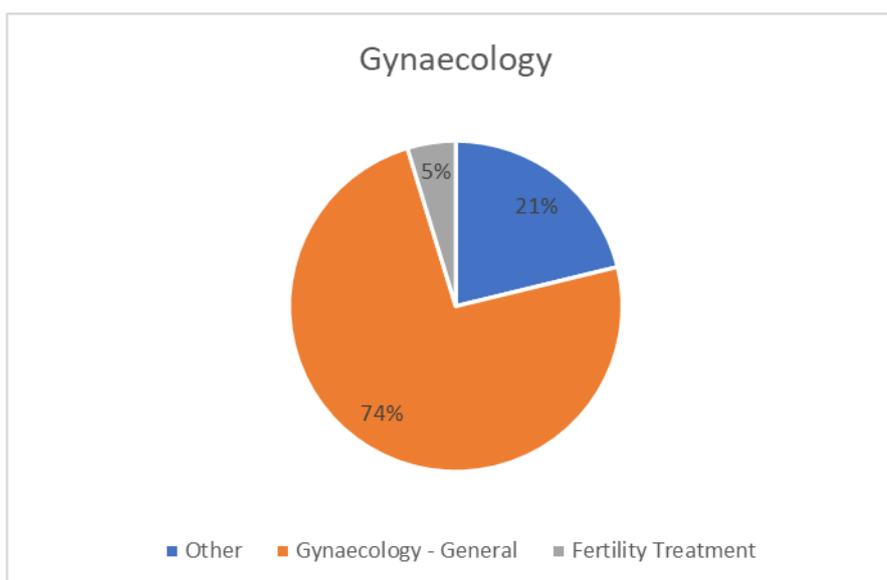


Figure 18: Gynaecology, complaints issues by Division

Laboratory Services

- Other 50%
- Pathology/Haematology 30%
- Microbiology 10%
- Histopathology 10%

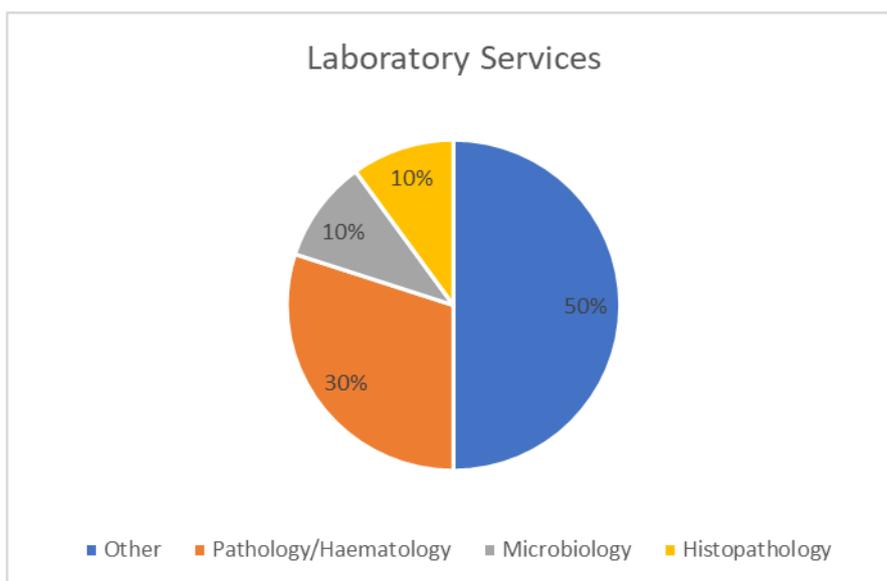


Figure 19: Laboratory Services, complaints issues by Division

Maternity Services

- Antenatal 38%
- Postnatal 36%
- Delivery 26%

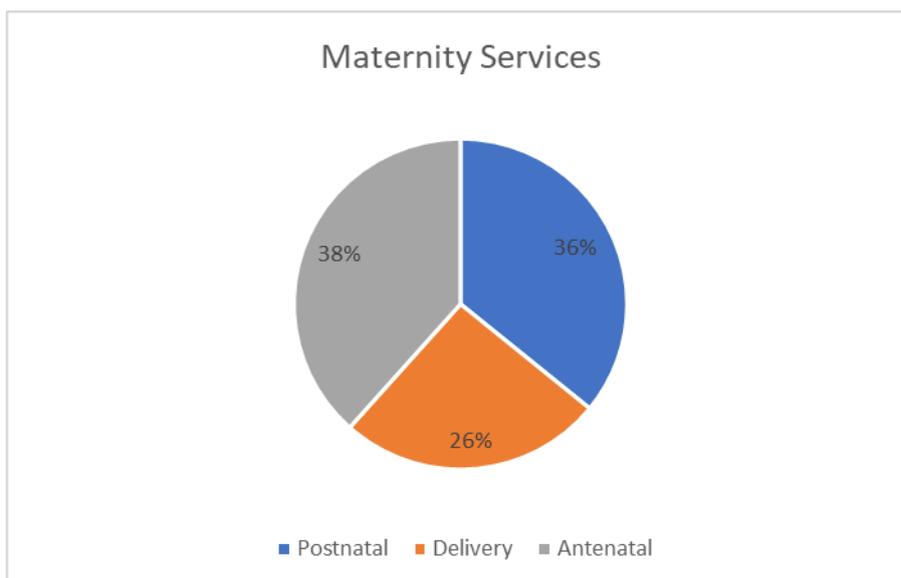


Figure 20: Maternity, complaints issues by Division

Mental Health Services

- Other 77%
- Liaison Psychiatry 23%

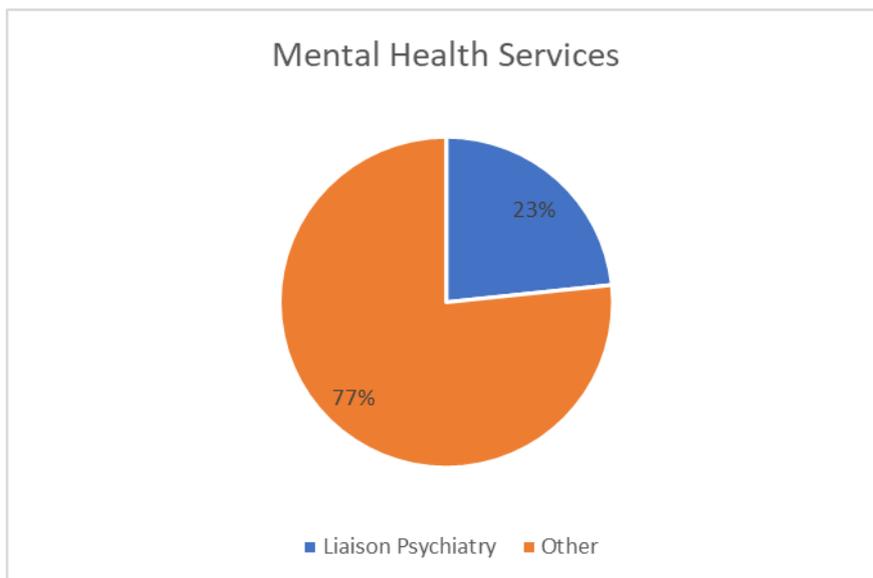


Figure 21: Mental Health, complaints issues by Division

Radiology

- Radiology - General 52%
- MRI 19%
- CT 13%
- Ultrasound 7%
- Interventional Radiology / Fluoroscopy 7%

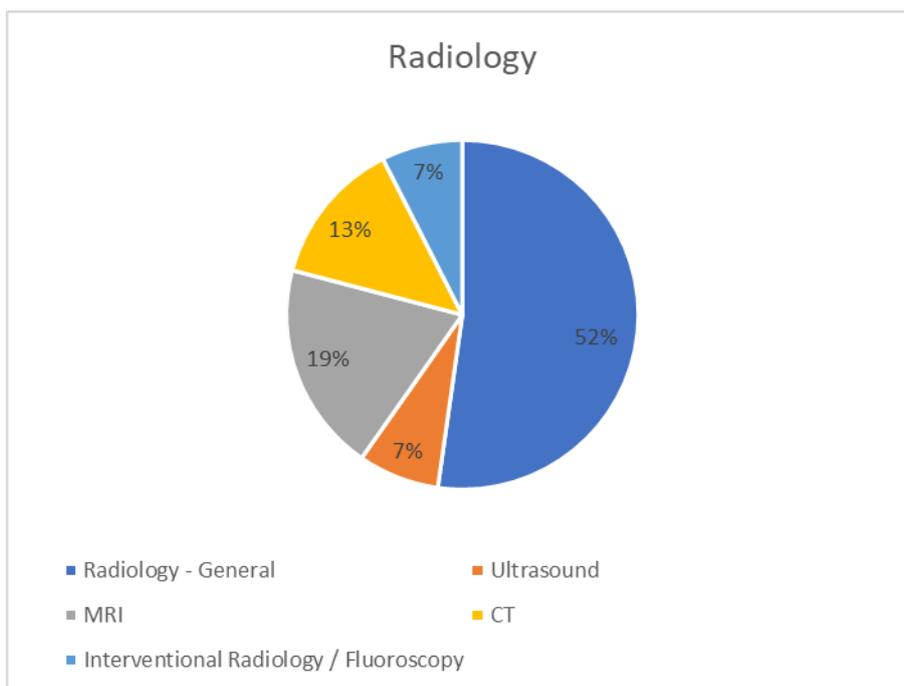


Figure 22: Radiology, complaints issues by Division

Radiotherapy

- External Beam 100%

Specialist Services

- Other 95%
- Regional Cancer services 2%
- Palliative Care Services 2%
- Cancer Screening 2%

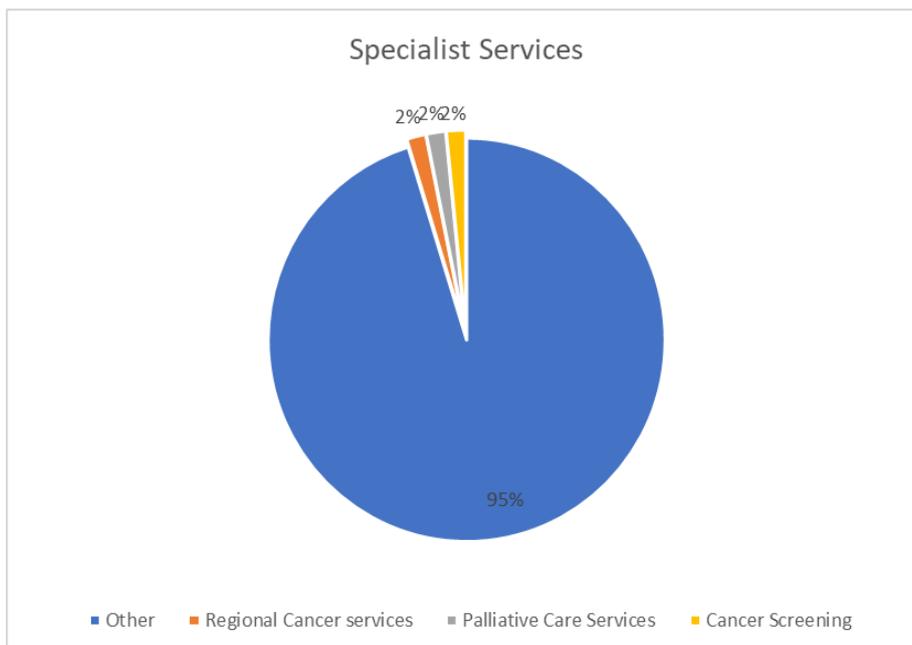


Figure 23: Specialist Services, complaints issues by Division

Surgery

- General Surgery 41%
- Orthopaedic Surgery 25%
- Urology 7%
- Ophthalmic Surgery 4%
- Neurosurgery 4%
- ENT / Otolaryngology 4%
- Other 3%
- Gastro-intestinal 3%
- Plastic & Reconstructive Surgery 3%
- Vascular Surgery 2%
- Breast Surgery 2%
- Gynaecological Surgery 1%
- Oral & Maxillofacial Surgery 1%
- Cardio-thoracic 0%
- Dental Surgery 0%

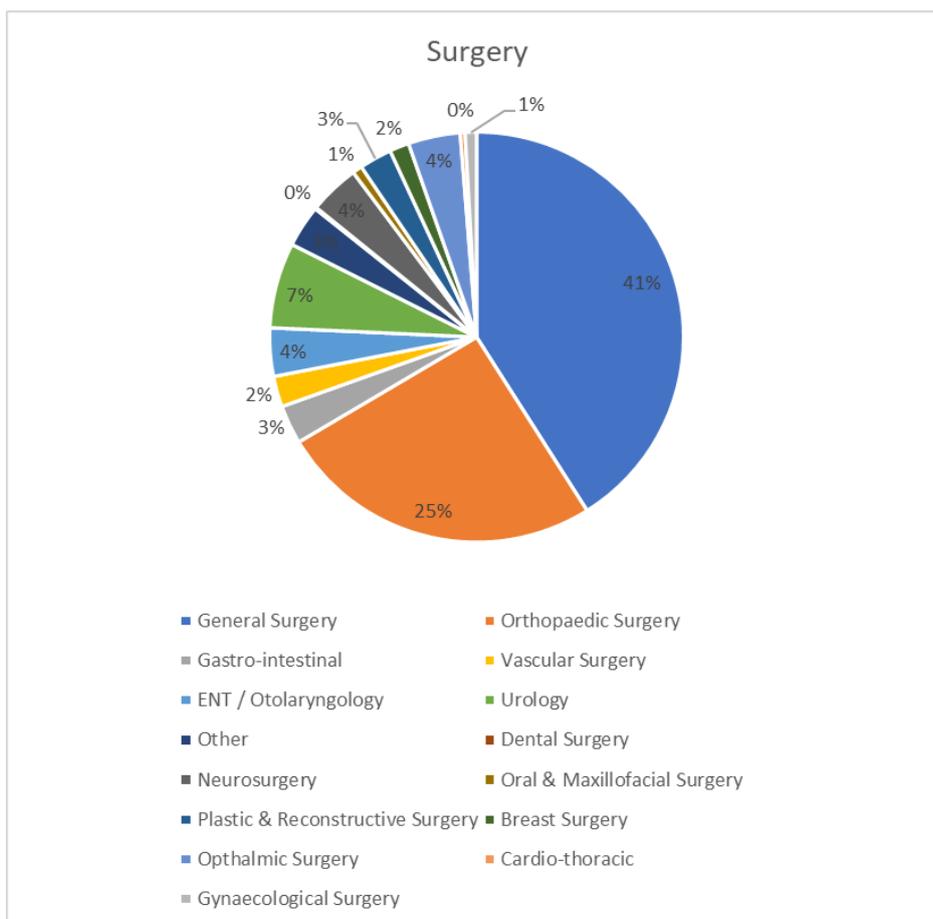


Figure 24: Surgery, complaints issues by Division

Sample Acute data mapped to HCAT

Broad trends from Acute Services point to issues with unsatisfactory treatment and care, delivery of care and delays in treatment and appointments. Also, issues arising from poor communication skills and delays and failures to communicate, inappropriate comments from staff. Medicine received the most complaints with the highest number based on treatment and care, discharge and continuity of care

Based on the CMS sample examined and mapped to HCAT Acute Services could focus on the following areas for opportunities to improve care:

- Medicine could focus on the quality and delivery of treatment or care, diagnosis and discharge, timely access of services and also communication with patients and families.
- Maternity Services could focus on communication skills, support, showing sympathy, and concern for the patient as a person.
- Allied Health could focus on addressing delays in accessing services

Sample Analysis: Recommendations

While examining the sample of complaints data from the CMS recommendations made in 2018 and subsequently implemented before 2019 were tracked to investigate if it was possible to identify successful recommendations, that is where measurable improvements could be seen, through the CMS

Method

- Reviewed recommendations recorded on the CMS and flagged as implemented.
- Identified recommendations that involved learning,
- Analysed 10 randomly selected recommendations by detailed classification
- Identified the decrease/increase in similarly classified complaints from 2018 to 2019
- 3 had too few complaints in 2018 to be included
- Remaining 7 tracked.

Results

- In a CHO, complaints relating to poor clinical handover were down 46% after implementing a recommendation to conduct regular audits to ensure that a named policy was adhered to
- In a hospital service area, complaints relating to 'lack of respect shown to patient during examination' were down 89% after implementing a recommendation that a Learning notice to be circulated to all staff regarding the importance of communication with families.

- In a hospital service area, complaints relating to 'patient's dignity not respected' were down 60% after implementing a recommendation that all student nurses receive training regarding the importance of introducing themselves and being mindful of patients dignity when discuss care etc.
- In a hospital ED department, complaints relating to failure/delay in communicating with patient were down 86%after a recommendation was implemented putting a clear communication process in place for Services Users regarding their progress while waiting in the Emergency Department for on-going care
- In a CHO service area, complaints relating to alleged inappropriate behaviour of staff were down by 28% after a recommendation was implemented requiring relevant staff to give introductions at the start of each appointment and advise service users of their roles and functions during appointments
- In a CHO service area, complaints relating to accessibility/resources -Services were down by 28% after a recommendation was implemented that any service users that are in the office prior to the area closing were to be dealt with until their business is completed
- In a CHO service area, complaints relating to alleged inappropriate behaviour by staff were down by 36% after a recommendation was implemented to reduce noise and prevent overcrowding on the premises, screening appointments to be held over 3 days as opposed to 2.

Clearly, the CMS can be used to track the success, or failure of recommendations. It is recommended that further CMS templates and CMS user guidance be developed to assist areas in tracking the effects of recommendations in their areas.

1.12 CMS Usage 2019

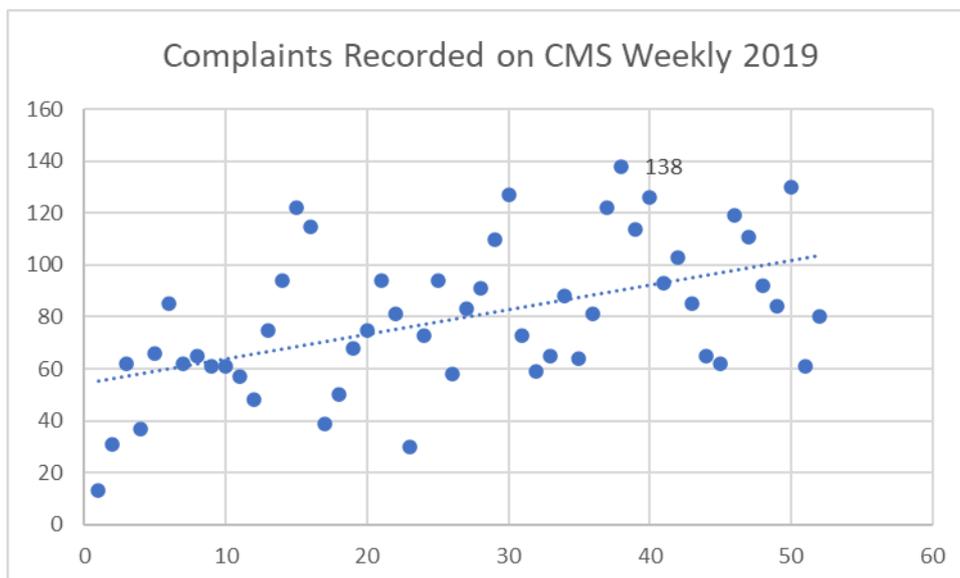


Figure 25: Complaints Recorded on CMS weekly 2019

Training for users of the CMS is still ongoing. All complaints received by the HSE from the 01/01/2019 **must** be recorded on the CMS. While weekly input varied throughout 2019 there was a steady trend of increased use, see Figure 11.

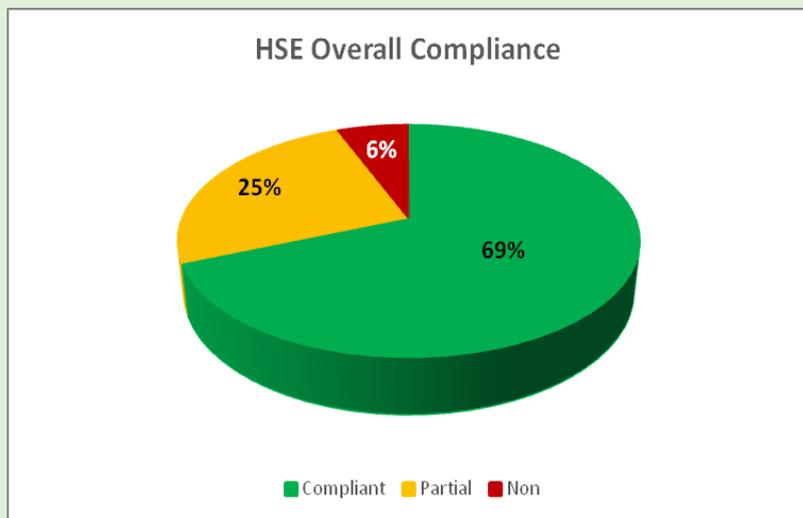
An analysis of complaints recorded on the CMS shows that 74% of complaints recorded were saved to the system within 30 working days of the complaints receipt within the organisation; with acute services recording complaints on average within 29 days.

Area	average working days	% complaints recorded within 30 working days
CHO	51	51%
Acute	25	79%
Total	29	74%

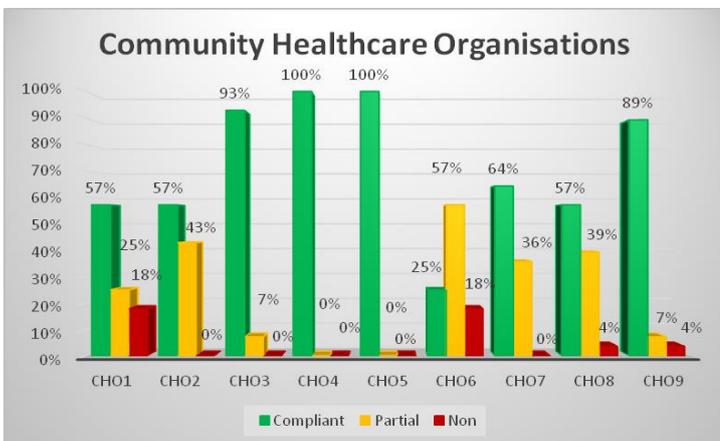
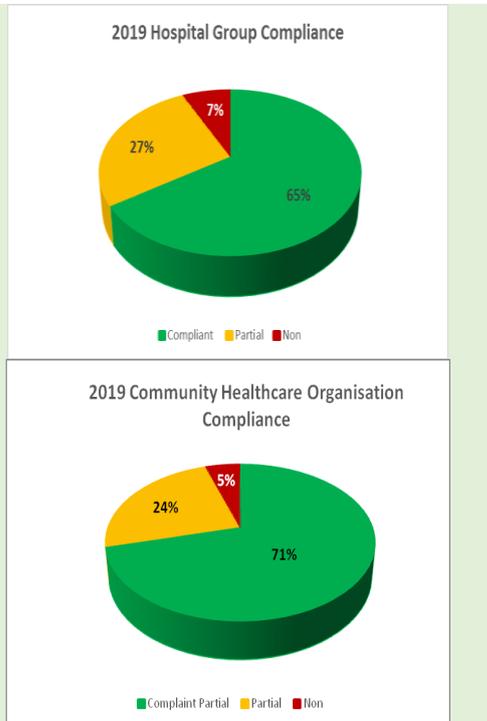
Table 47: Complaints recorded to CMS within 30 working days of acknowledgement

Part Two: Ombudsman’s Self-Assessment Templates of Compliance with recommendations in Learning to Get Better

1.0 HSE Compliance Overview



Changes from 2018
Compliance increase of 11%
Partial Compliance decrease of 5%
Non Compliance decrease of 6%

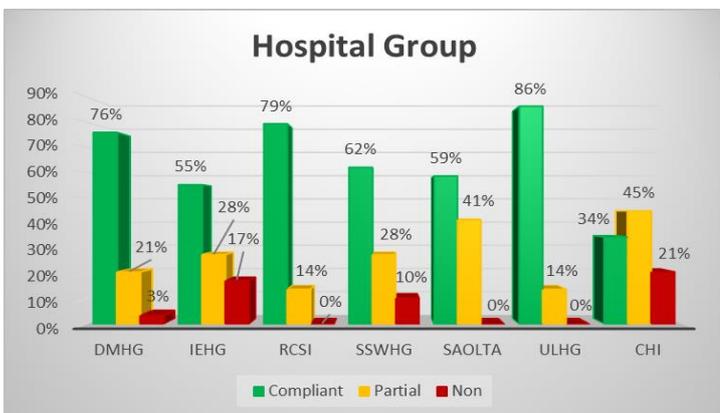


CHO High Full Compliance
 CHO 4 - 28
 CHO 5 - 28
 CHO 3 - 26
 CHO 9 - 25

CHO High Partial Compliance
 CHO 6 - 16
 CHO 2 - 12
 CHO 8 - 11
 CHO 7 - 10

CHO High Non Compliance
 CHO 1 - 5
 CHO 6 - 5
 CHO 8 - 1
 CHO 9 - 1

Non Compliances: # 10, 16, 18, 22, 25, 32, 34, 35, 36



HG High Full Compliance
 ULHG - 25
 RCSI - 23
 DMHG - 22
 SSWHG - 18

HG High Partial Compliance
 CHI - 13
 SAOLTA - 12
 SSWHG - 8
 DMHG - 6

HG High Non Compliance
 CHI - 6
 IEHG - 5
 SSWHG - 3
 DMHG - 1

Non Compliances: # 6, 16, 21, 22, 28, 30, 32, 34, 35, 36

2.0 Introduction

In 2015 the Ombudsman conducted an investigation into how Irish public hospitals handle complaints. He published his findings in *Learning to Get Better, An investigation by the Ombudsman into how public hospital handle complaints*. The Ombudsman found that where patients and service users felt silenced by complex processes, a fear of repercussion or a perceived sense of futility surrounding complaints, the result was poorer outcomes and higher morbidity and mortality rates. To address this, the Ombudsman set out 36 recommendations in total applying to the HSE, both at operational and strategic level as well as to the Department of Health. (See Appendix 2 for the full recommendation listing).

The HSE welcomed the report and committed to delivering on the recommendations contained within. Although the recommendations only referred to acute services, the HSE gave an undertaking to extend these to community settings.

Self-Assessment of Compliance

The Ombudsman developed a self-assessment template to be completed by Hospital Groups to track their progress with implementing the 29 recommendations applying to the delivery system. The same template was also to be used by Community Healthcare Organisations. The template was completed in 2017 and 2018

In November 2018, the Ombudsman published his progress report on Learning to Get Better. At the launch of that report, the Ombudsman welcomed the strides made by the HSE in addressing the recommendations but pointed out the remaining work needed to achieve full compliance. The HSE renewed their commitment to ensure that all recommendations applying to it would be fully implemented by end 2019.

A request was submitted by both Hospital Groups and CHOs seeking further guidance on the specific criteria to be assessed in order to standardise the determination of compliance with a recommendation across the system. In addition, CHOs also highlighted where the wording or the recommendation itself was not applicable to a community setting.

As a result of this, two Working Groups, one for Community Healthcare Organisations (CHOs) and one for Hospital Groups (HGs), were established to develop guidance to assist in determining the standardised evidence base needed to achieve a self-assessed fully compliant rating against the Ombudsman's Learning to Get Better Recommendations. The CHO Group also examined the wording and the appropriateness of the recommendations for community settings.

The CHO Working Group removed recommendation #6 from their template as volunteer advocates pertained mainly to acute services. The template therefore for CHO would now only contain 28 recommendations. The acute services template would retain the full 29 recommendations.

The revised templates, tailored to both acute and community settings, were submitted to the Ombudsman for approval. The approved templates were then circulated to Hospital Groups and CHOs in October 2019 with a completion date set for January 2020.



Audit of Compliance

The Ombudsman's templates are based on a HGs or CHOs self-assessment of their own compliance rating with a recommendation using the criteria for assessment set out in the template for guidance.

To provide assurance to the system that the compliance rating specified is accurate and reflects practice, NCGLT is partnering with Healthcare Audit to conduct an audit of the returns to validate the rating of compliance stated. A sample of CHO and HG returns will be selected and the evidence used to determine the compliance rating will be examined. An audit report will be issued to the areas selected and to the national system.

3.0 Self-Assessment Analysis

Following is the analysis of the returns received from Community Healthcare Organisations and Hospital Groups reflecting the efforts to implement fully the recommendations for the year 2019.

Community Healthcare Organisations

- CHO Area 1 **Area 1:** Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan
- CHO Area 2 **Community Healthcare West:** Galway, Roscommon and Mayo
- CHO Area 3 **Mid West Community Healthcare:** Limerick, Clare and North Tipperary
- CHO Area 4 **Cork Kerry Community Healthcare:** Kerry, North Cork, North Lee, South Lee, West Cork
- CHO Area 5 **South East Community Healthcare:** South Tipperary, Carlow, Kilkenny, Waterford, Wexford
- CHO Area 6 **Community Healthcare East:** Wicklow, Dun Laoghaire, Dublin South East
- CHO Area 7 **South Dublin, Kildare and West Wicklow Community Healthcare:** Kildare / West Wicklow, Dublin West/South City, Dublin South West
- CHO Area 8 **Midlands Louth Meath Community Healthcare:** Laois/Offaly, Longford/Westmeath, Louth/Meath
- CHO Area 9 **CHO Dublin North City and County:** Dublin North, Dublin North Central, Dublin North West

Hospital Groups

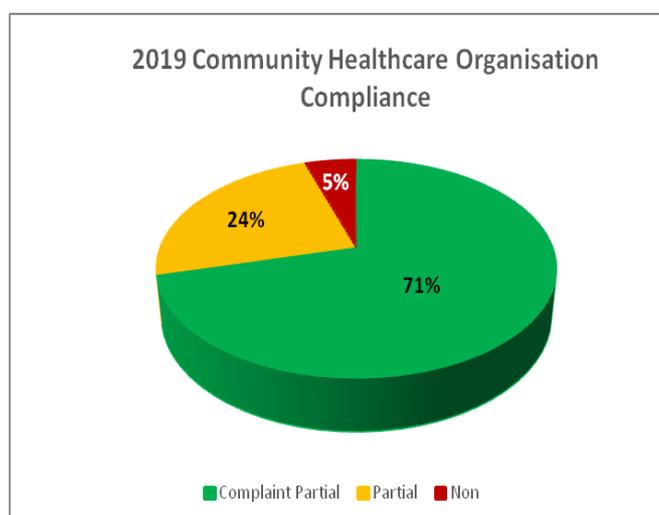
- **Dublin Midlands Hospital Group:** Coombe Women and Infants University Hospital; Naas General Hospital; Midlands Regional Hospital Portlaoise; Midlands Regional Hospital Tullamore; St James' Hospital; St Luke's Radiation Oncology Network; Tallaght University Hospital
- **Ireland East Hospital Group:** Mater Hospital; St. Vincent's Hospital; Midland Regional Hospital Mullingar; St. Luke's Hospital Kilkenny; Wexford General Hospital; Our Lady's Hospital Navan; St. Colmcille's Hospital (Loughlinstown); St. Michael's Hospital; Royal Victoria Eye & Ear Hospital; Cappagh National Orthopaedic Hospital; National Maternity Hospital (Holles St)
- **RCSI Hospital Group:** Connolly Hospital; Our Lady of Lourdes Hospital; Louth County Hospital, Cavan General Hospital; Monaghan General Hospital; Rotunda Hospital; Beaumont Hospital
- **Saolta University Healthcare Group:** Letterkenny University Hospital; Mayo University Hospital; Merlin Park University Hospital; Portiuncula University Hospital; Roscommon University Hospital; Sligo University Hospital; University Hospital Galway
- **South/Southwest Hospital Group:** Bantry General Hospital; Cork University Hospital; Cork University Maternity Hospital; Mallow General Hospital; Mercy University Hospital; South Infirmary - Victoria University Hospital; South Tipperary General Hospital; University Hospital Kerry; University Hospital Waterford; Lourdes Orthopaedic Hospital;
- **University of Limerick Hospitals Group:** University Hospital Limerick; University Maternity Hospital Limerick; University Hospital Croom; Ennis Hospital; Nenagh Hospital; St John's Hospital
- **Children's Health Ireland:** Temple Street Children's University Hospital; Children's Health Ireland at Crumlin; Tallaght University Hospital, National Children's Hospital

3.1 Compliance by Community Healthcare Organisations

Out of the 36 recommendations set out in the ‘*Learning to Get Better*’ Report under the headings of Access, Process, Response, Leadership and Learning and following completion of the work of the CHO Compliance Group, a total of 28 relate to Community Healthcare Organisations.

A total of nine CHOs were requested to submit their self-assessment templates and their returns are analysed below.

Of the 28 recommendations applying, Community Healthcare Organisations have assessed that they are fully compliant with **71%** of these. This has increased by 3% from 2018 where full compliance was at 68%. Efforts to achieve full compliance saw recommendations assessed as being non-compliant fall by 3% from 8% to 5% while those assessed as partially compliant remained the same at 24%. See section 3.1.6 for individual CHO returns.

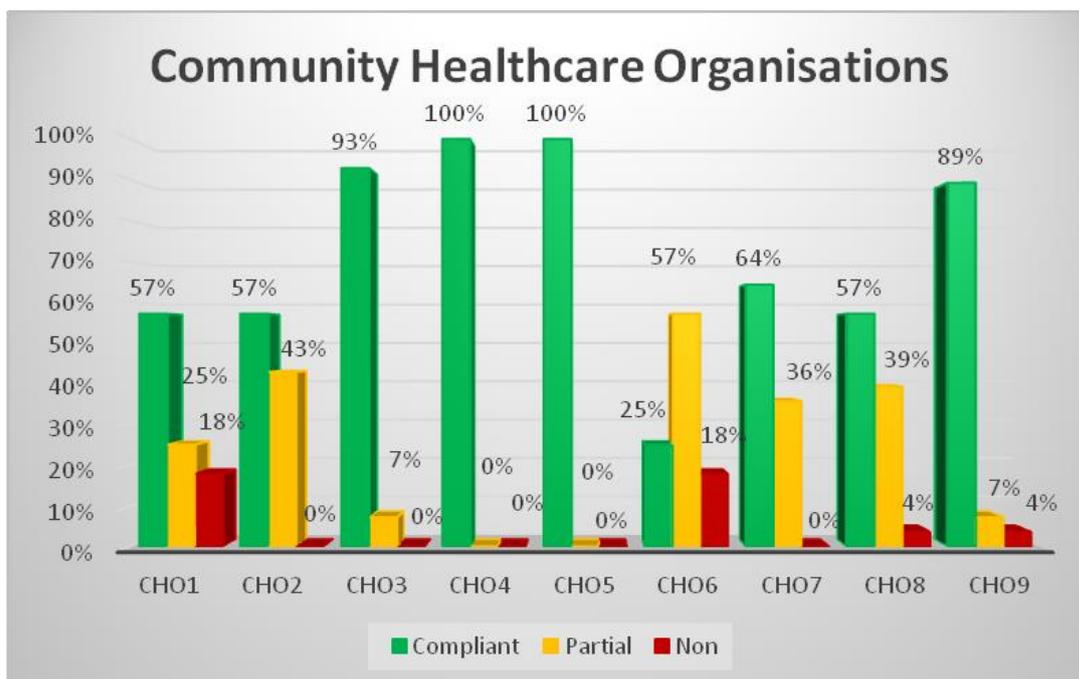


	2018	2019	% Difference
Compliant	68%	71%	+3%
Partial	24%	24%	0%
Non	8%	5%	- 3%

Individual CHOs returned the following levels of compliance for the 28 recommendations.

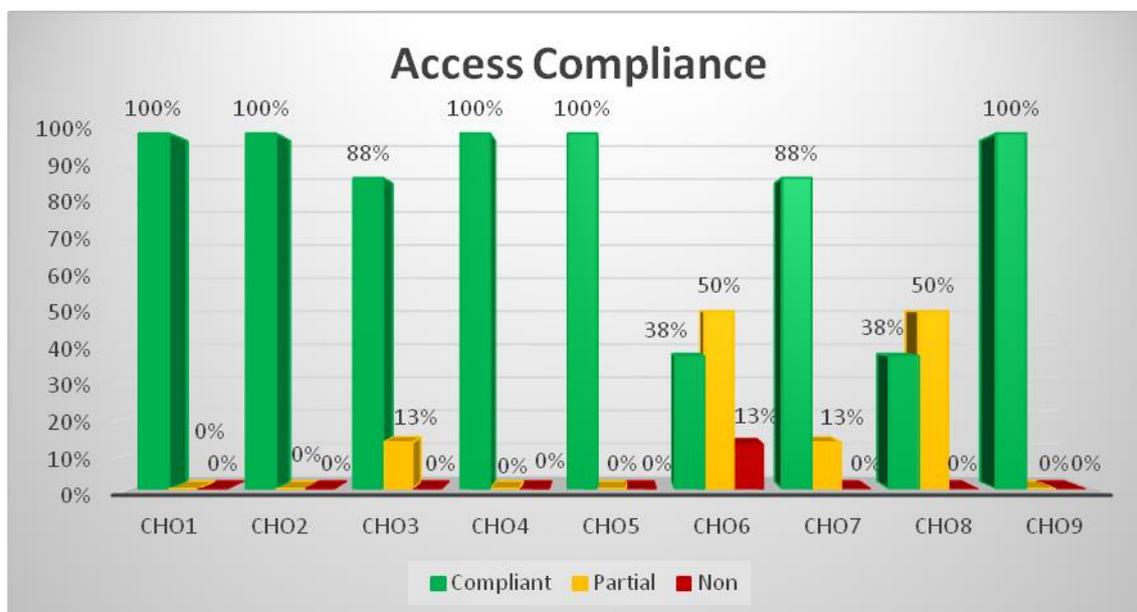
	R#	Compliant	%	Partial	%	Non	%
CHO1	28	16	57%	7	25%	5	18%
CHO2	28	16	57%	12	43%	0	0%
CHO3	28	26	93%	2	7%	0	0%
CHO4	28	28	100%	0	0%	0	0%
CHO5	28	28	100%	0	0%	0	0%
CHO6	28	7	25%	16	57%	5	18%
CHO7	28	18	64%	10	36%	0	0%
CHO8	28	16	57%	11	39%	1	4%
CHO9	28	25	89%	2	7%	1	4%

Both Cork Kerry Community Health and South East Community Healthcare have assessed that they are fully compliant will all recommendations.



3.1.1 Access Compliance

Eight recommendations relating to 'Access' are required to be implemented by Community Services. **83%** of these were assessed by CHOs as being fully compliant, an increase of **4%** from 2018. Partial compliance was assessed at **14%** a decrease of just 2% from 2018. However, recommendations assessed as being non-compliant were only **1%** for 2019, a fall of 4% from 5% recorded in 2018.

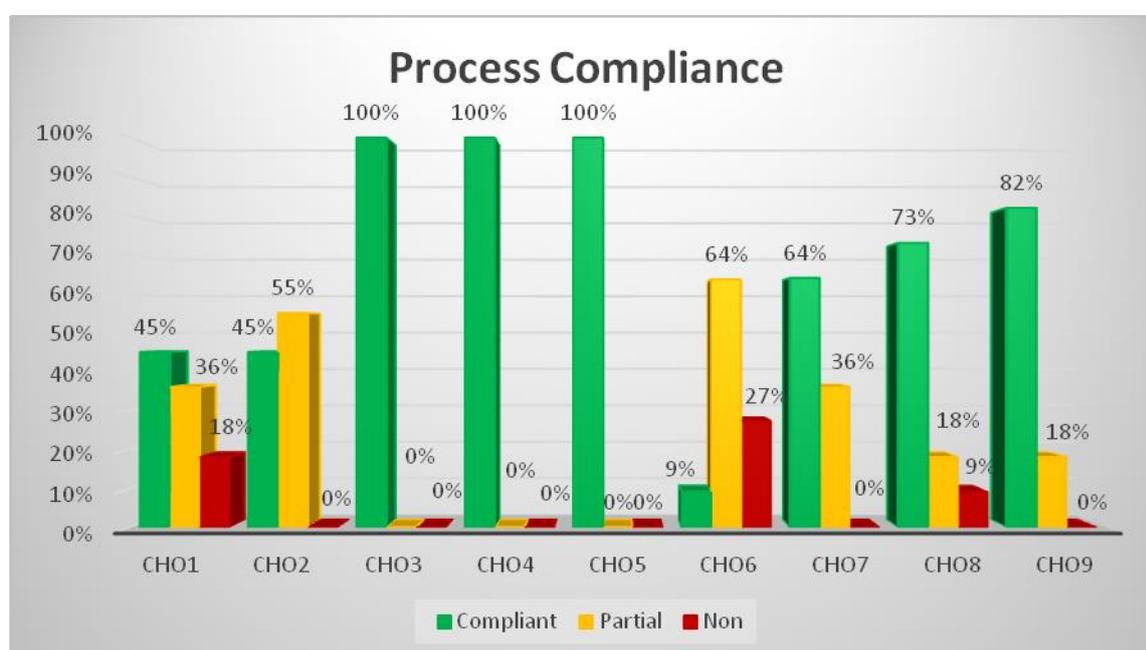


Five CHOs returned full compliance against all recommendations under 'Access'. Only CHO 6 assessed any recommendation under Access as being non-compliant (10 – Access Officer).

CHO 8 recorded the highest level of partial compliance for 5 out of the 8 recommendations. Recommendation #1 had the highest assessment of partial compliance. The recommendation relates to having multiple methods to make a complaint available and easily understood.

3.1.2 Process Compliance

Eleven recommendations relating to ‘Process’ are required to be implemented by Community Services. **69%** of these were identified by CHOs as being fully compliant, **25%** as partially compliant and **6%** as non-compliant. This represents a decrease in full compliance of 6% (from 75% to 69%); an increase in partial compliance of 2% (23% to 25%) and an increase in non-compliance of 4% (from 2% in 2018 to 6% in 2019).



Three CHOs have returned full compliance against all recommendations under ‘Process’. Three CHOs assessed any recommendation under *Process* as being non-compliant. These were for recommendation # 16 (Complaints Officer to take overall responsibility for the complaints process), #18 (standardised structure and template for collecting and documenting complaints), #22 (bi-monthly audit of complaints) and #25 (Open Disclosure training programme).

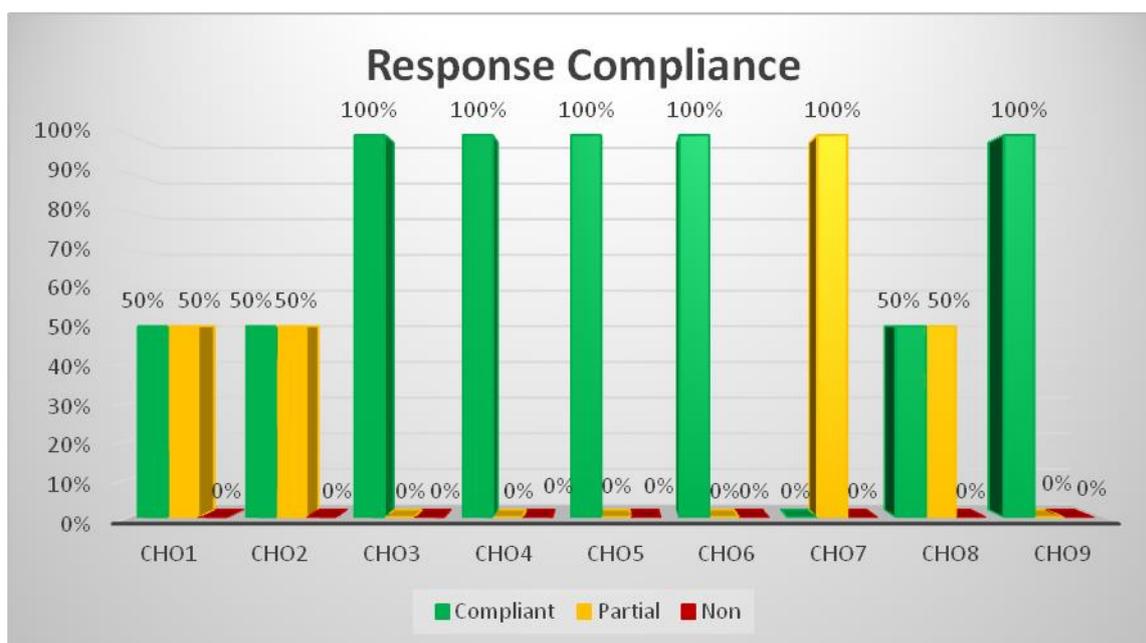
Six CHOs assessed recommendations within ‘Process’ as being partially compliant. Recommendation #17 (standardised process for recording complaints at ward level) was common to all six CHOs, while #24 (ensure all complaints thoroughly investigated and responded to) was common to four CHOs.

CHO 6 and CHO 2 recorded the highest level of partial compliance for 7 and 6 out of the 11 recommendations respectively.

3.1.3 Response Compliance

Two recommendations relating to 'Response' are required to be implemented by Community Services. **72%** were assessed by CHOs as being fully compliant and **28%** as partially compliant. No CHO assessed any non-compliance with the recommendations under *Response*

Full compliance with *Response* however decreased since 2018 by 4% (from 76% to 72%). Partial compliance consequently increased by 10% (from 18% to 28%). Non-compliances improved from 6% in 2018 to zero rated in 2019 which demonstrates the ongoing efforts to progress compliance with recommendations.



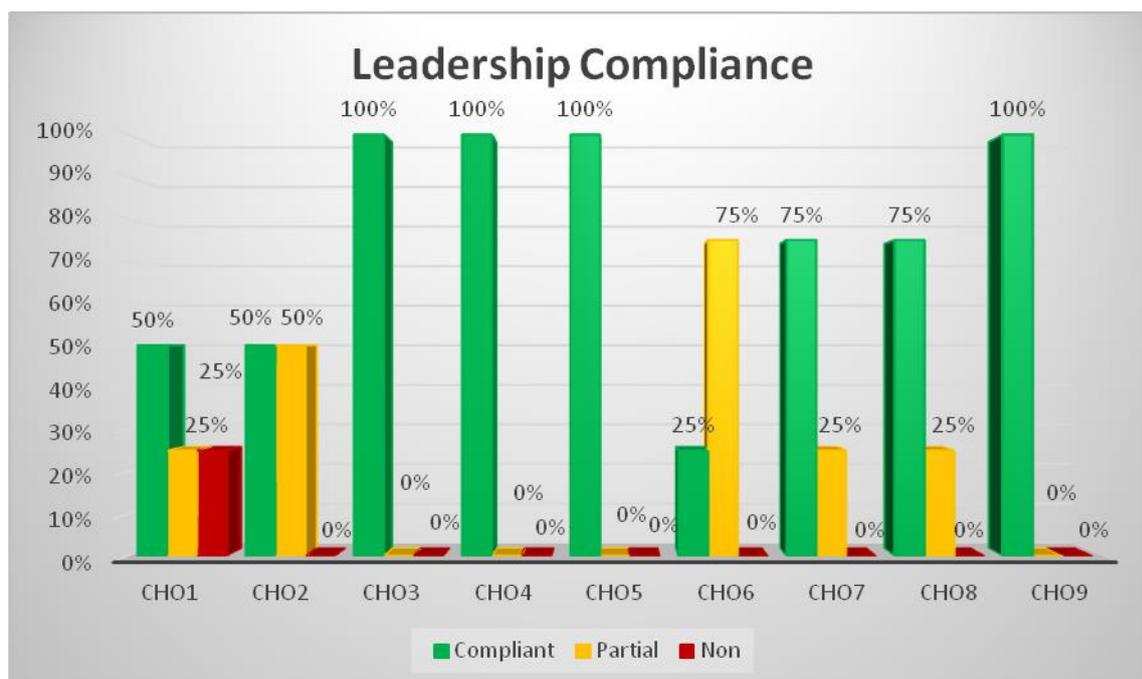
Five CHOs have returned full compliance with both recommendations under *Response*. Only CHO 7 recorded partial compliance with both recommendations.

Full compliance with recommendation 28 has been demonstrated across all CHOs apart from CHO 7.

3.1.4 Leadership Compliance

Four recommendations relating to 'Leadership' are required to be implemented by Community Services. **75%** were assessed by CHOs as being fully compliant, **22%** as partially compliant and **3%** as non-compliant.

This is a significant improvement from 2018 with full compliance rising by 25% (from 50% to 75%). Consequently, partial compliance fell by 14% (36% to 22%) and non-compliance halved from 6% to 3%.



Four CHOs assessed themselves to be fully compliance with all recommendations under *Leadership*. Only CHO 1 recorded non-compliance with these recommendations, namely for recommendation #32, relating to having a senior staff member to take an active and visible leadership role in the complaints process.

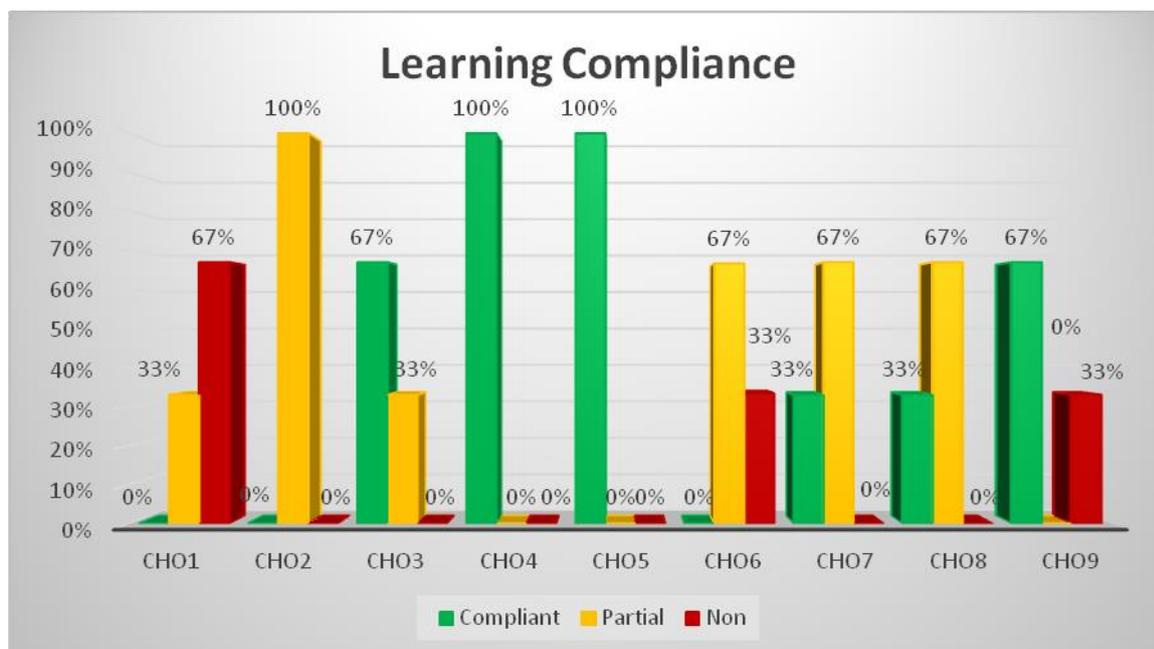
The greatest level of partial compliance (5 CHOs) was recorded against recommendation # 29 which relates to having standardised reporting on complaints and attention paid to the narrative within complaints to identify recurring themes and issues.

Full compliance was recorded by all CHOs for recommendation # 33 which concerned fostering a positive attitude towards complaints and being open and responsive to feedback.

3.1.5 Learning Compliance

Three recommendations relate to ‘*Learning*’. **44%** were assessed by CHOs as being fully compliant, **41%** as partially compliant and **15%** as non-compliant.

This section of the Ombudsman’s recommendations has also seen significant improvement. Compared to 2018, full compliance has increased by 14% (from 30% to 44%). Partial compliance slightly increased by 1% from 40% in 2018. Non-compliance however fell by 15% (from 30% to 15%).



Only CHO 4 and CHO 5 assessed themselves as fully compliant with *Learning* recommendations. CHO 2 are ‘partially compliant’ with all three recommendations.

CHO 1 identified non-compliance with recommendation #34 relating to a standardised learning implementation plan arising from recommendations from a complaint. Both CHO 1 and CHO 9 identified non-compliance with recommendation #35 which concerns arrangements for the sharing of good practice on complaint handling. CHO 6 identified non-compliance with recommendation #36 relating to the publication of casebooks.

No recommendation was assessed as being fully compliant across all CHOs. Recommendation #34 was assessed as the least compliant across all CHOS with only 3 CHOs rating themselves as fully compliant.

Summary Position

CHOs recorded 71% full compliance, 24% partial compliance and 5% non-compliance across 28 recommendations.

6 recommendations are fully compliant across all CHOs (recommendations **3, 9, 20, 21, 23 and 33**). This is an improvement from 5 in 2018.

Compliance with recommendations under Leadership and Learning have significantly improved

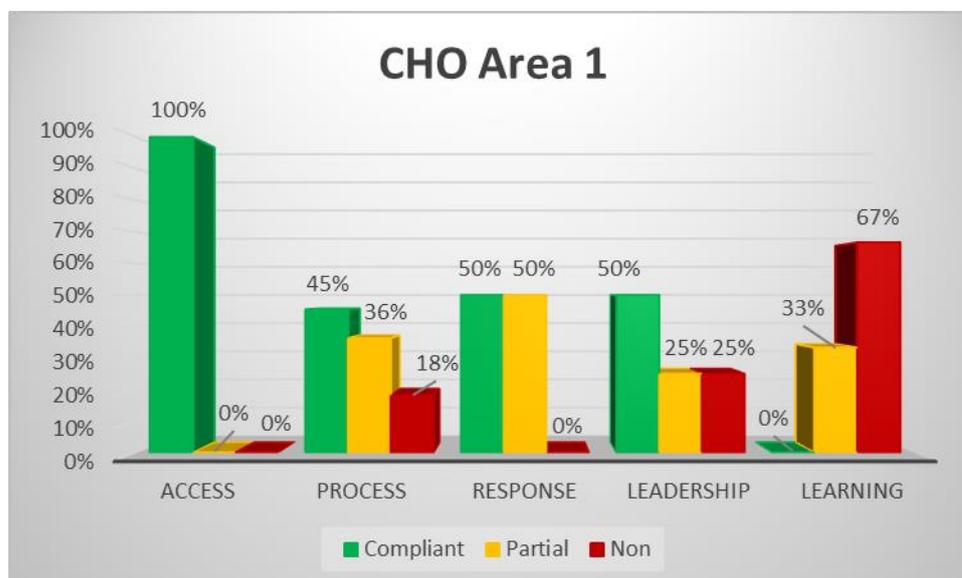
9 recommendations were identified by at least one CHO as being non-compliant – same as in 2018

The following CHOs recorded non-compliances with recommendations; CHO 1 (5), CHO 6 (5), CHO 8 (1), and CHO 9 (1).

Recommendation #22 (2 CHOs) and #35 (2 CHOs) attracted the highest assessment of non-compliance.

3.1.6 Individual CHO Compliance

- Community Healthcare Organisation – Area 1 (CHO 1)



CHO Area 1 has reported 57% full compliance across all recommendations (16/28). Partial compliance is at 25% (7/28) with non-compliance at 18% (5/28). Full compliance has been assessed for all recommendations under Access.

Compared with 2018, compliance with recommendations has decreased by 33%. Consequently, recommendations rated as partially compliant increased from 10% to 25%. For 2019 non-compliance was identified with 18% of recommendations.

Partial compliance was assessed for recommendations **16, 17, 24, 25, 27, 29** and **36**. The following update was provided.

Recommendation 16: In the process of recruiting a Consumer Services Manager. Post has been approved and is pending in Recruitment/HR department. In the interim there are Consumer Affairs Administrators who manage Consumer Affairs functions.

Recommendation 17: Complaints Officers are expected to complete Anonymised Shared Learning Templates of complaints investigated where there is learning identified that should be shared. Anonymised cases will be shared via a CHO Casebooks at QPS Committees.

An internal audit is required in CHO 1 2020 to provide assurances that services are using standardised templates and systems for recording and documenting complaints at all stages. The uploading of complaints onto the Complaints Management System is being prioritised.

Recommendation 24: A memo will be sent to all Complaints Officers to ensure this.

Recommendation 25: Open Disclosure training took place in 2019 and records are maintained by Service Managers. A model for Open Disclosure is currently being developed by Corporate QPS.

Recommendation 27: An audit is required to validate compliance with this recommendation.

Recommendation 29: A CHO 1 Casebook has been developed in Q3 2019. Further action is required to publish quarterly casebooks on digital@hse.ie from January 2020. Q3 and Q4 2019 Casebooks will be circulated to all QPS Committees in CHO 1 Q1 2020.

Recommendation 36: A CHO 1 Casebook has been developed in Q3 2019. Further action is required to publish quarterly casebooks on digital@hse.ie from January 2020.

Non-compliance was assessed for recommendations **18, 22, 32 and 35** with the following update provided.

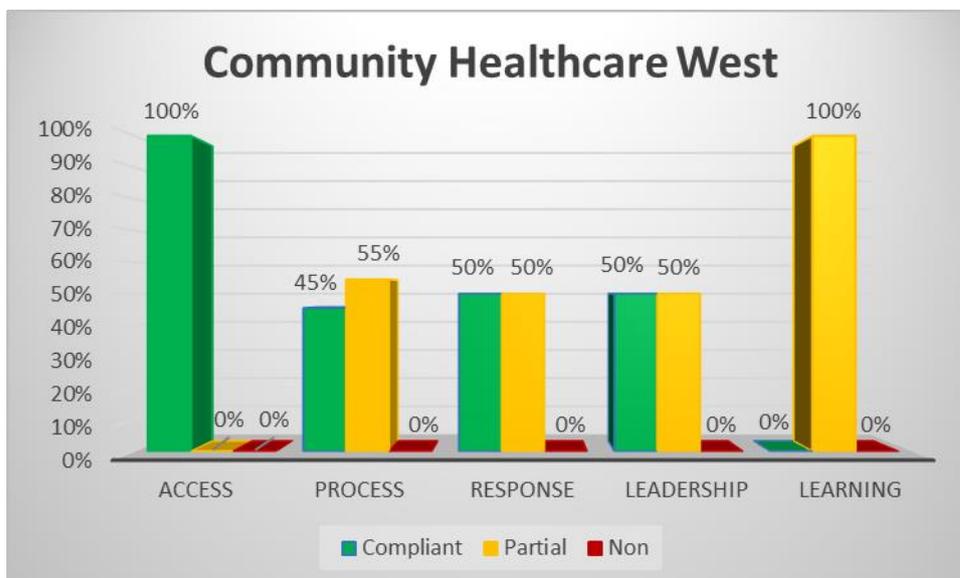
Recommendation 18: CHO 1 is prioritising the uploading of Complaints onto the Complaints Management System. This will be assessed for Q4 2019 and Q1 2020.

Recommendation 22: All Complaints Officers in CHO 1 must complete an Anonymised Shared Learning Templates when each Complaints Investigation is completed. Anonymised cases will be shared via CHO 1 Casebooks at QPS Committees in CHO 1

Recommendation 32: The appointment of a Consumer Services Manager is with recruitment.

Recommendation 35: A Complaints Officer Network is yet to be set up.

- **Community Healthcare West (CHO 2)**



Community Healthcare West (CHO 2) has reported **57%** full compliance across all recommendations (16/28). Partial compliance was assessed for **43%** of recommendations (12/28) while no recommendation was assessed as being non-compliant. Full compliance has been assessed for all recommendations under *Access*.

Compared with 2018 full compliance has decreased slightly by 2% from 59% to 57%. This resulted in an increase in recommendations being assessed as partially compliant from 39% in 2018 to 43% in 2019.

Partial compliance has been assessed with recommendations **14, 17, 18, 19, 22, 24, 27, 29, 30, 34, 35** and **36**. The following update has been provided:

Recommendation 14: HSELand training in Stage 1 point of contact resolution. Departmental induction.

Recommendation 17: Training of staff and System to collect and collate data to be actioned.

Recommendation 18: Training of Staff to support Complaints & Review Officers to Input data on CMS.

Recommendation 19: Training of Staff to support Complaints & Review Officers to Input data on CMS.

Recommendation 22: Once CMS is in place across the CHO, this will be addressed on a quarterly basis.

Recommendation 24: Once CMS is in place across the CHO, this will be addressed on a quarterly basis.

Recommendation 27: Follow up with each Accountable Officer to ensure the recommendations and action letter is completed.

Recommendation 29: Once CMS is in place across the CHO, this will be addressed on a quarterly basis.

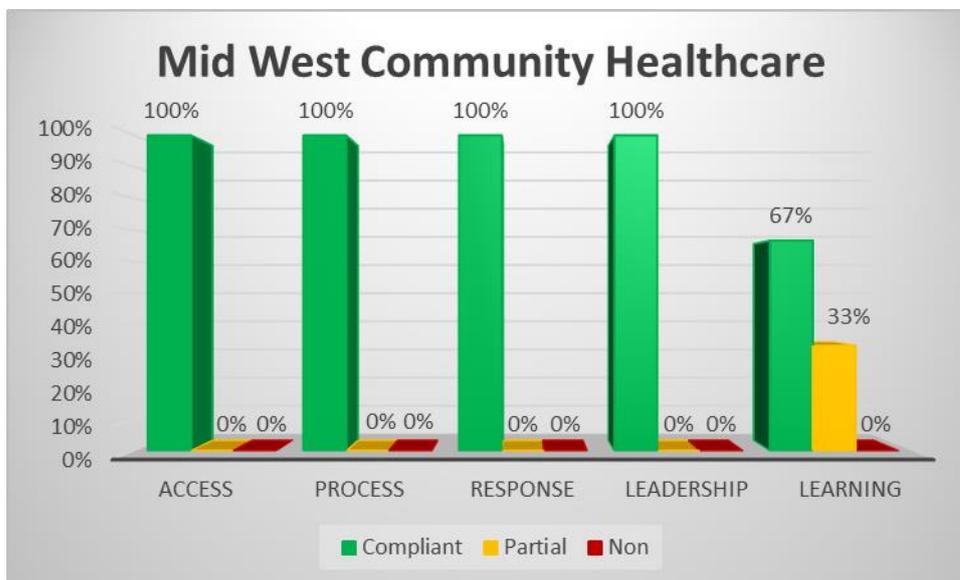
Recommendation 30: Once CMS is in place across the CHO, this will be addressed on a quarterly basis.

Recommendation 34: Once CMS is in place across the CHO, this will be addressed on a quarterly basis.

Recommendation 35: Networking Groups to be established.

Recommendation 36: Once CMS is in place across the CHO, this will be addressed on a quarterly basis.

- **Mid West Community Healthcare (CHO 3)**



Mid West Community Healthcare (CHO 3) has reported **93%** full compliance across all recommendations (26/28). Partial compliance has been identified with **7%** of recommendations (2/28) with no recommendation being assessed as being non-compliant.

Compared to 2018 the percentage level of full compliance has not changed. Partial compliance has increased from 2% to 7%.

Full compliance has been assessed with all recommendations under *Access, Process, Response* and *Leadership*.

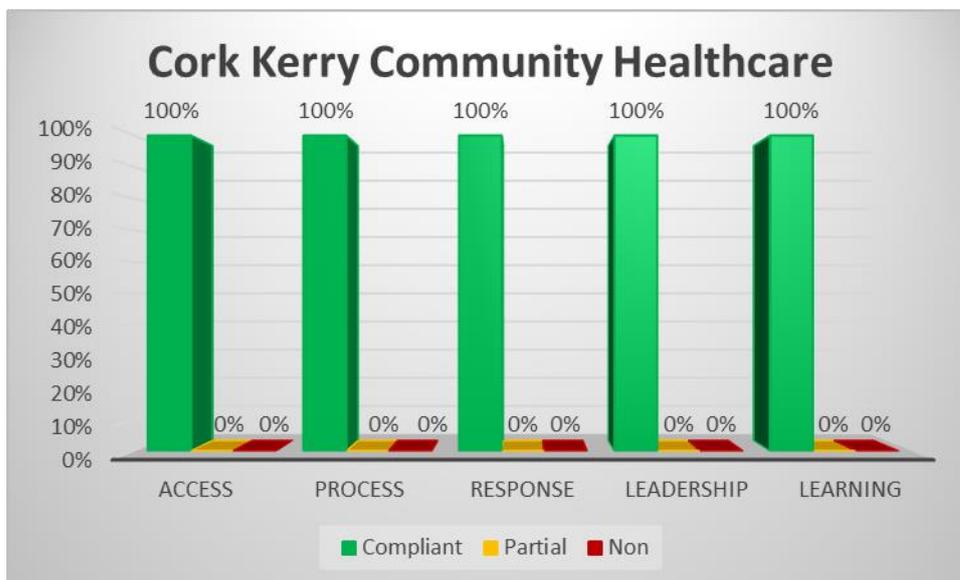
Partial Compliance has been recorded for recommendations **1** and **34**. The following update has been provided:

Recommendation 1: Outcomes of Mental Health Commission and HIQA in relation to complaints management to be included in the complaints managers six monthly reports for the management team.

Recommendation 34: Where non-compliances are raised by regulatory bodies in relation to the management of complaints e.g. Mental Health Commission and HIQA, the Complaints Manager will work with the relevant local departments to address these issues.

The implementation of recommendations following investigations is the responsibility of the relevant Head of Service. The complaints manager continuously liaises with local departments to support the implementation of recommendations. The complaints manager to attend QPS Committee meetings on a twice yearly basis.

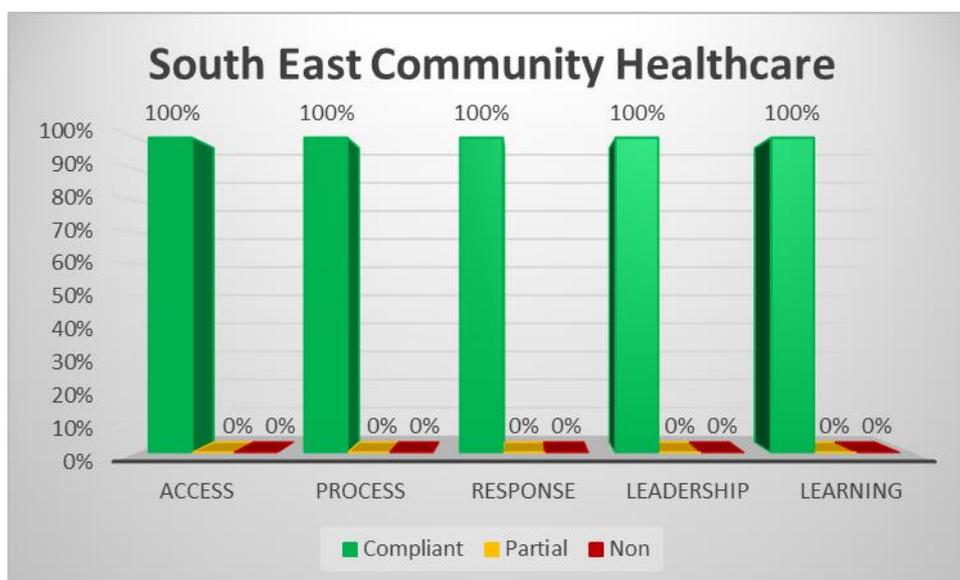
- **Cork Kerry Community Healthcare (CHO 4)**



Cork Kerry Community Healthcare (CHO 4) has reported **100%** full compliance across all recommendations under *Access, Process, Response, Leadership and Learning (28/28)*.

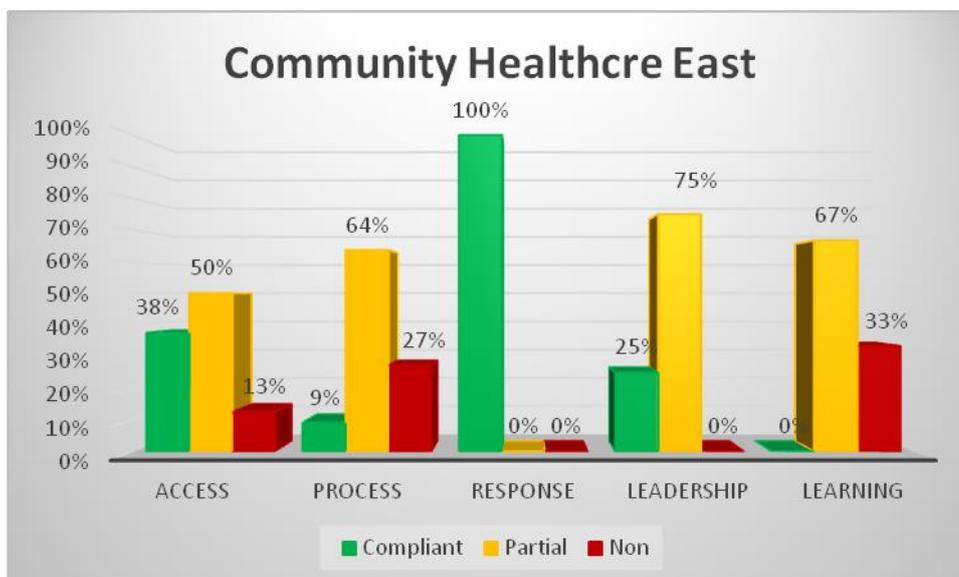
Compared to 2018 there has been a significant improvement in full compliance from 55% to 100% across all recommendations.

- **South East Community Healthcare (CHO 5)**



CHO 5 has reported **100%** full compliance across all recommendations under *Access, Process, Response, Leadership and Learning (28/28)*. Compared to 2018 there has been a significant improvement in full compliance from 59% to 100% across all recommendations.

- **Community Healthcare East (CHO 6)**



Community Healthcare East has reported **32%** full compliance across all recommendations (9/28). Partial compliance has been assessed for **50%** of recommendations with **18%** (5/28) being assessed as non-compliant. Full compliance with all recommendations under *Response* was recorded.

Compared to 2018 full compliance increased by just 1% (up from 31% in 2018). Recommendations assessed as partially compliant decreased by 9% (59% in 2018 to 50% in 2019). Non-compliance increased by 8% (from 10% in 2018 to 18% in 2019).

Partial compliance with recommendations **3, 5, 11, 12, 14, 17, 18, 19, 20, 21, 24, 30, 34** and **35** was recorded. The following update was provided.

Recommendation 3: No comment provided.

Recommendation 5: National advocacy to be further developed for implementation.

Recommendation 11: Complaints Manager needs to be appointed to monitor this.

Recommendation 12: Complaints Manager needs to be appointed to monitor this.

Recommendation 14: Complaints Manager needs to be appointed to monitor this.

Recommendation 17 to 21: Complaints Manager needs to be appointed to monitor this.

Recommendation 24: Complaints Manager needs to be appointed to monitor this.

Recommendation 30: Complaints Manager role to be filled.

Recommendation 34: To be formalised by Complaints Manager.

Recommendation 35: To be implemented by Complaints Manager.

Non-compliance with recommendations **10, 16, 22, 25, and 36** was recorded. The following update was provided.

Recommendation 10: No comment provided.

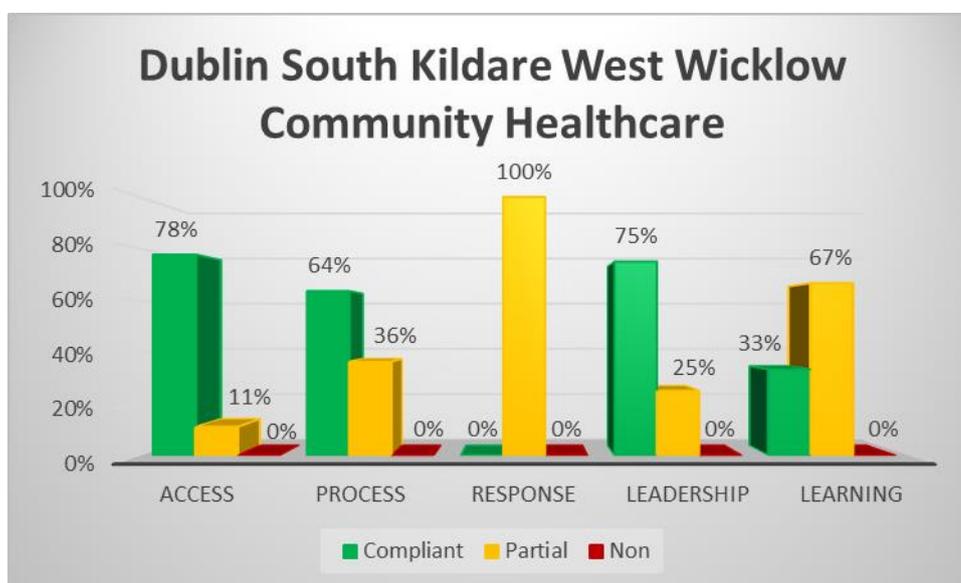
Recommendation 16: Appointment of Complaints Manager pending.

Recommendation 22: To be implemented once Complaints Manager is appointed.

Recommendation 25: To be prioritised once Complaints Manager is appointed.

Recommendation 36: Complaints Manager to implement.

- **Dublin South Kildare West Wicklow Community Healthcare (CHO 7)**



Dublin South Kildare West Wicklow Community Healthcare (CHO 7) has reported **64%** full compliance across all recommendations (18/28). Partial compliance has been assessed for 36% of recommendation with no recommendation being assessed as non-compliant. Full compliance will all recommendations under *Response* was recorded.

Compared to 2018 full compliance has decreased by 29% (from 93% in 2018 to 64% in 2019). Recommendations assessed as partially compliant increased by 32% (from 4% in 2018 to 36% in 2019).

Partial compliance with recommendations **10, 17, 18, 22, 24, 27, 28, 29, 34** and **36** was recorded. The following update was provided.

Recommendation 10: No comment provided.

Recommendation 17: New standardised template and logging system introduced and to be rolled out to Primary Care Services in Q1 of 2020.

Recommendation 18: Complaint Officers to input all complaints on CMS. The roll out of the template for Stage 1 Complaints to be rolled out to all services.

Recommendation 22: Audit to commence at the end of Q1 2020.

Recommendation 24: Audits to commence at end of Q1 2020.

Recommendation 27: Audits to commence at end of Q1 2020.

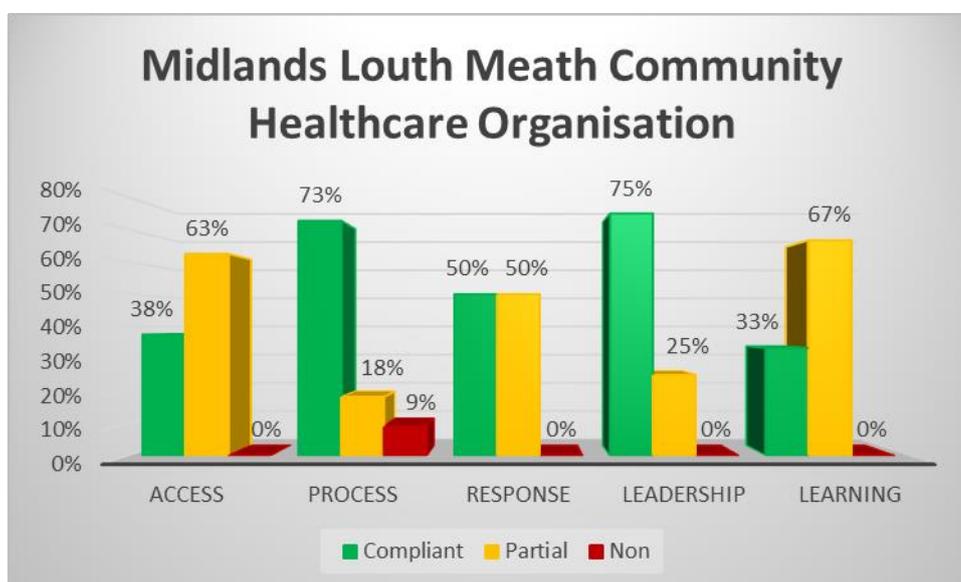
Recommendation 28: Audits to commence at end of Q1 2020.

Recommendation 29: Complaints Road Show to front line services to commence in February.

Recommendation 34: No comment provided.

Recommendation 36: Publication of CHO specific case book to be commenced in 2020.

- **Midlands Louth Meath Community Healthcare Organisation (CHO 8)**



Midlands Louth Meath Community Healthcare Organisation CHO 8 has reported **57%** full compliance across all recommendations (16/28). Partial compliance has been assessed for **39%** of recommendations (11/28) while non-compliance accounted for **4%** of recommendations (1/28).

Compared to 2018, CHO 8 has reported a decrease in full compliance of 12% (from 69% in 2018 to 57% in 2019). Partial compliance across all recommendations increased by 15% (from 24% in 2018 to 39% in 2019). Non-compliance remained the same with just one recommendation being assessed as non-complaint although the recommendation changed from #36 to #22.

Partial compliance been assessed with recommendations 1, 4, 5, 11, 12, 17, 24, 27, 29, 34 and 35. The following update was provided.

Recommendation 1: Ensure comment boxes and appropriate information is made available and also the translation services on offer in relation to making a complaint.

Recommendation 4: Ensure that rooms are available for meetings with complainants

Recommendation 5: Ensure where advocacy services are relevant that details of same are highlighted and displayed in public areas.

Recommendation 11: Each area to ensure that relevant information is displayed and staff are trained to deal with complaints directly where appropriate.

Recommendation 12: Ensure standard letters with details of right of review are used by all Complaints Officers through local audits.

Recommendation 17: Ensure all Managers are examining trends of point of contact complaints at their team meetings.

Recommendation 24: Plan to conduct local audits in 2020 to address this.

Recommendation 27: Plan to conduct local audits in 2020 to address this.

Recommendation 29: Services to ensure feedback is agenda item on management team meetings.

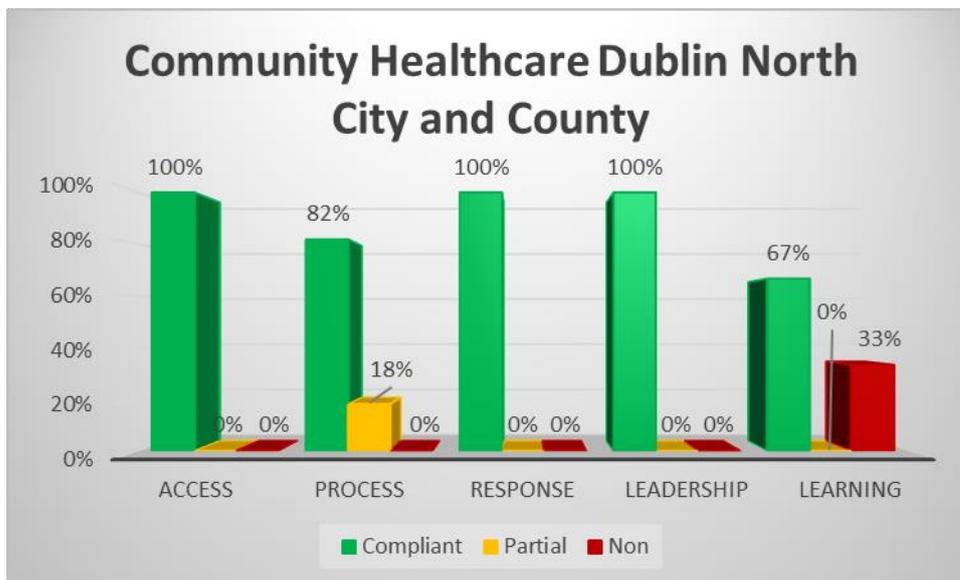
Recommendation 34: This area needs to be addressed to ensure consistency across the CHO.

Recommendation 35: Need to ensure this is in place in all services.

Non-compliance been assessed for recommendation 22 with the following update provided.

Recommendation 22: Plan to conduct local audits during 2020.

- **Community Healthcare Dublin North City and County (CHO 9)**



CHO 9 has reported **89%** full compliance across all recommendations (25/28). Partial compliance has been assessed for **7%** of recommendations (2/28) and non-compliance with **4%** of recommendations (1/28). Full compliance was assessed for the recommendations under *Access, Response and Leadership*.

Compared to 2018 full compliance has increased significantly by 30% (from 59% in 2018 to 89% in 2019). Partial compliance has decreased by 13.5% (from 20.5% in 2018 to 7% in 2019) and non-compliance has also decreased from 20.5% in 2018 to just 4% in 2019, a drop of 16.5%.

Partial compliance has been assessed with recommendations 17 and 25 with the following update provided.

Recommendation 17: The roll out of the complaint resolution and escalation form has commenced in CHO DNCC in 2019 and will be fully implemented in Q1 2020.

Recommendation 25: CHO DNCC has an Open Disclosure training programme but capacity is an issue at present. We plan to review this in the New Year.

Non-compliance was assessed with recommendation 35 with the comment below.

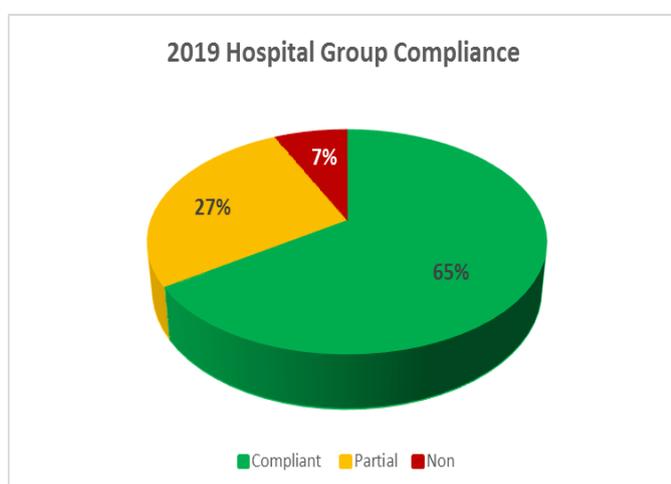
Recommendation 35: The Service Feedback Manager for CHO DNCC will endeavour to set up by Q2 2020 a Complaints Officer forum to provide support and share good practice.

3.2 Compliance by Hospital Group

Out of the 36 recommendations set out in the ‘*Learning to Get Better*’ Report under the headings of Access, Process, Response, Leadership and Learning a total of 29 relate to the delivery or operational system within the HSE, that is Hospital Groups and Community Healthcare Organisations.

Of the 29 recommendations applying, the Hospital Groups have assessed that they are fully compliant with **65%** of these. This is a significant increase from 2018 where full compliance was less than half at just 45%. As a result of the efforts to improve and achieve full compliance, recommendations assessed as partially compliant have fallen from 37% to **27%** with the most notable change being for recommendations assessed as non-compliant which decreased from 18% to just **7%**.

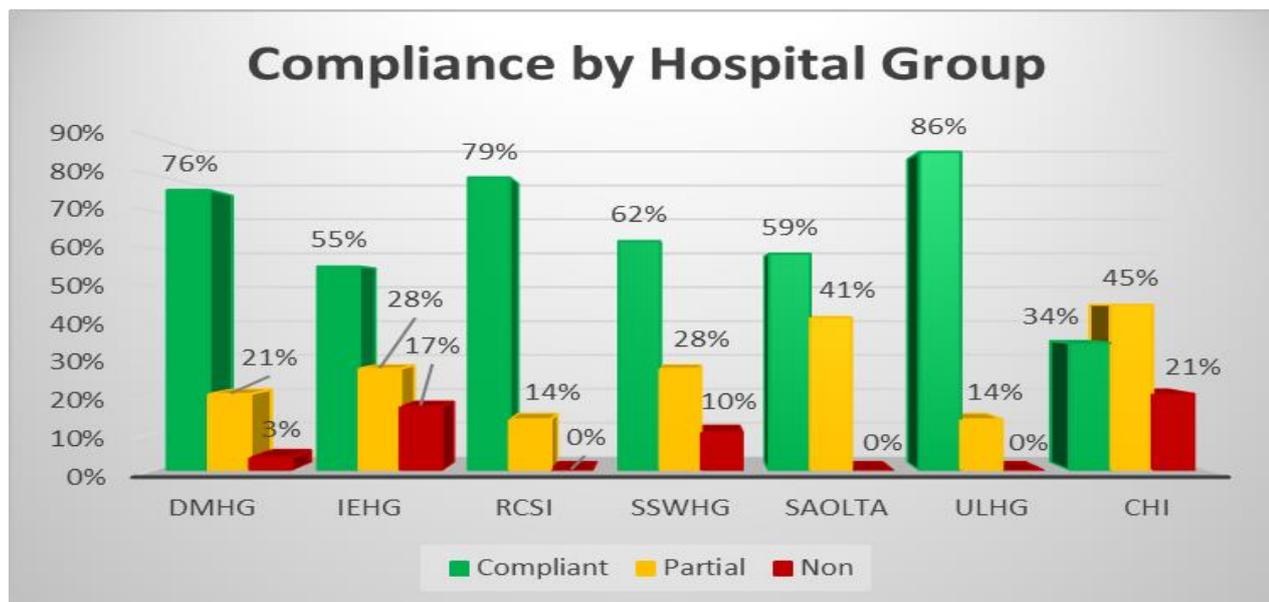
This is a significantly improved position since 2018 with an increase of 20% in full compliance and resultant decreases in partial and non-compliance of 10% and 11% respectively. **Full details are available in section 3.2.6**



	2018	2019	% Difference
Compliant	45%	65%	+20%
Partial	37%	27%	-10%
Non	18%	7%	- 11%

Hospital Groups returned the following levels of compliance for the 29 recommendations.

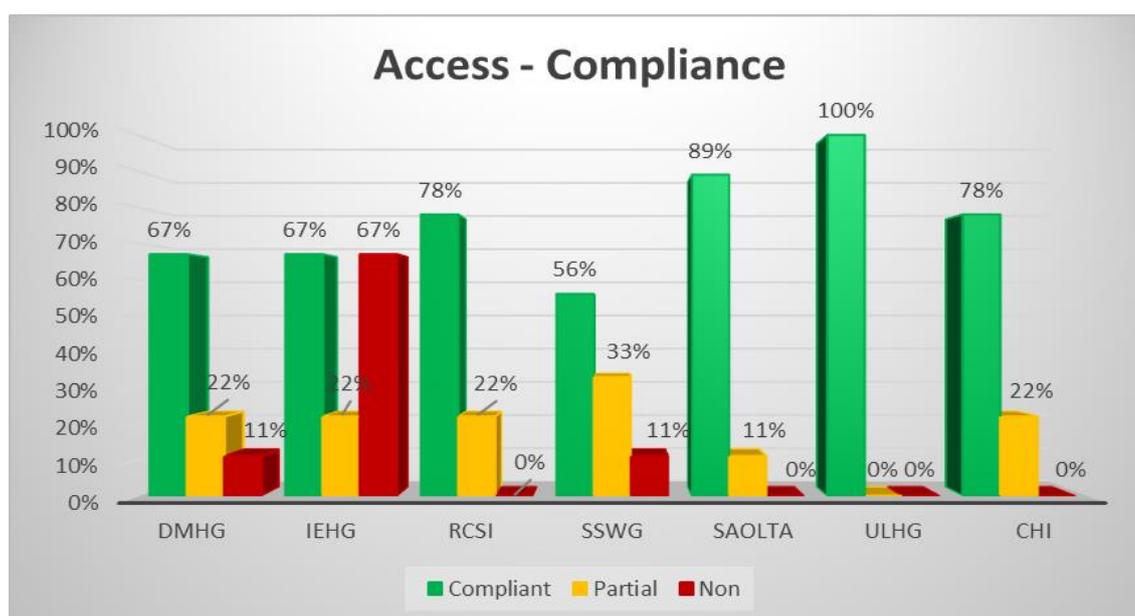
	R#	Compliant	%	Partial	%	Non	%
DMHG	29	22	76%	6	21%	1	3%
IEHG	29	16	55%	8	28%	5	17%
RCSI	29	23	79%	4	14%	0	0%
SSWHG	29	18	62%	8	28%	3	10%
Saolta	29	17	59%	12	41%	0	0%
ULHG	29	25	86%	4	14%	0	0%
CHI	29	10	34%	13	45%	6	21%



3.2.1 Access Compliance

9 recommendations relating to 'Access' are required to be implemented by acute services. An average of **76%** of these were confirmed by Hospital Groups as being fully compliant, **9%** as partially compliant and just **5%** as non-compliant. Only ULHG confirmed full compliance with all access recommendations across its hospitals.

Full compliance has been significantly increased since 2018, up by 33% (from 43% in 2018 to 76% in 2019). As a result of this partial compliance fell by 31% (40% in 2018 to 9% in 2019) and non-compliance by 12% (17% in 2018 to 5% in 2019).



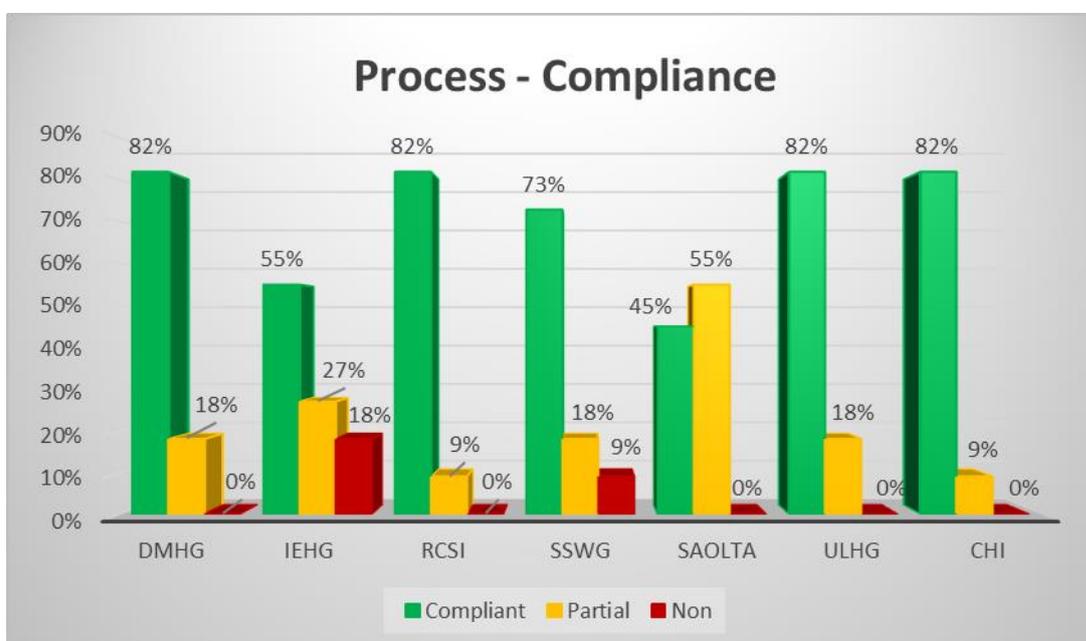
Only recommendation #9 received a rating of ‘full compliance’ across all Hospital Groups. However, 6 out of the 7 Hospital Groups were fully compliant with recommendations #1, 3, 10 and 11. The recommendation most rated as ‘non-compliant’ related to #6 which relates to volunteer advocates.

Only ULHG rated themselves as being fully compliant with all nine recommendations under Access. Both IEHG and Saolta followed closely with eight recommendations assessed as fully compliant. Children’s Health Ireland recorded the lowest ‘fully compliant’ rating under Access with just one recommendation out of the nine assessed as fully complaint with the remaining eight classed as ‘partially compliant’.

3.2.2 Process Compliance

11 recommendations relating to ‘Process’ are required to be implemented by acute services. An average of **72%** of these were confirmed by Hospital Groups as being fully compliant, **23%** as partially compliant and **5%** as non-compliant. No Group confirmed full compliance with all process recommendations.

Full compliance has been significantly increased since 2018, up by 23% (from 49% in 2018 to 72% in 2019). As a result of this partial compliance fell by 12% (35% in 2018 to 23% in 2019) and non-compliance by 11% (16% in 2018 to 5% in 2019).



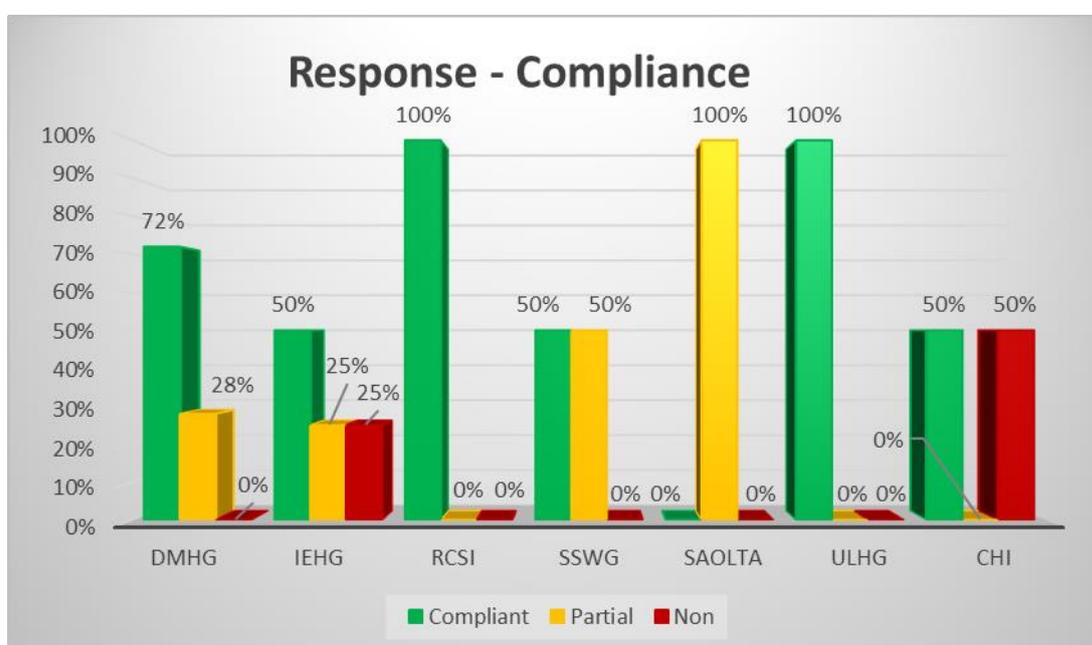
Although no Group confirmed full compliance with all recommendations, only IEHG and SSWG recorded non-compliances with recommendations under Process. The majority of the Hospital Groups (5 out of 7) are progressing towards full compliance with all recommendations under Process.

Recommendations #20, 23 and 25 received a rating of ‘full compliance’ across all Hospital Groups. However, 6 out of the 7 Hospital Groups were fully compliant with recommendation #21. The recommendation with the most ‘partially compliant’ rating was #14 which relates to addressing concerns at ward level. The highest ‘non-compliant’ rating was for recommendation #16 relating to having a ‘Complaints Officer to take overall responsibility for the complaints process and to co-ordinate the work of complaints staff in each hospital in the group’

3.2.3 Response Compliance

2 recommendations relating to *Response* are required to be implemented by acute services. An average of **60%** of these were confirmed by Hospital Groups as being fully compliant, **29%** as partially compliant and **11%** as non-compliant.

Full compliance increased by 10% since 2018, up from 50% to 60% in 2019. Partial compliance fell by 7% (36% in 2018 to 29% in 2019) and non-compliance by 3% (14% in 2018 to 11% in 2019).



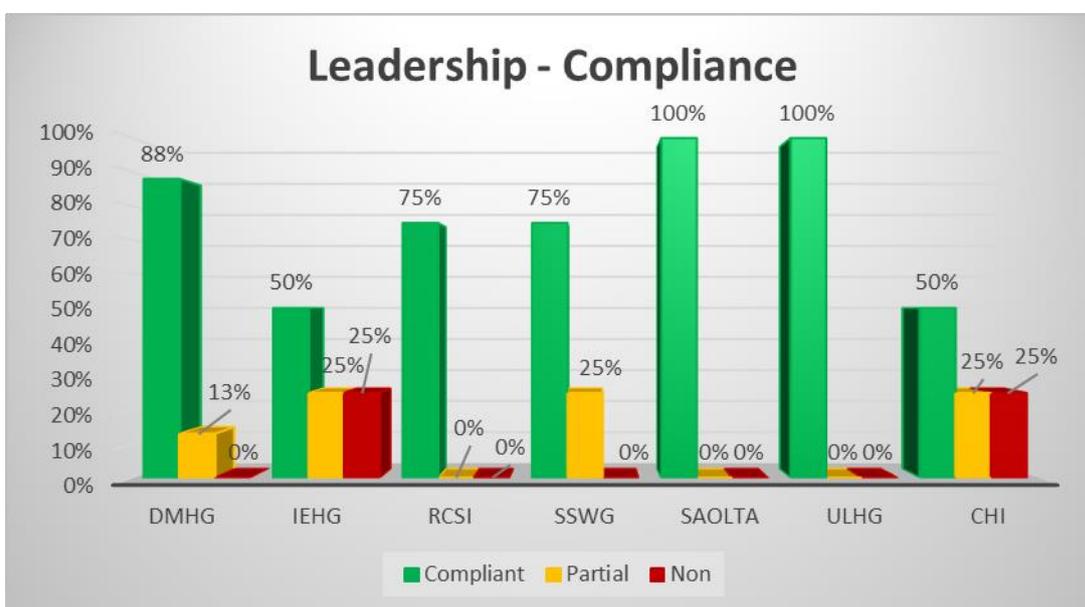
Two Hospital Groups, namely, RCSI and ULHG confirmed full compliance with all *Response* recommendations. Non-compliance with recommendation #28 relating to developing a standardised policy on redress was recorded by CHI and IEHG.

3.2.4 Leadership Compliance

4 recommendations relating to ‘Leadership’ are required to be implemented by acute services. An average of **77%** of these were confirmed by Hospital Groups as being fully compliant, **9%** as partially compliant and **4%** as non-compliant.

Two Hospital Groups, Saolta and ULHG both confirmed full compliance with leadership recommendations.

Full compliance increased by 27% since 2018, up from 50% to 77% in 2019. Partial compliance fell by 30% (39% in 2018 to 9% in 2019) and non-compliance by 7% (11% in 2018 to 4% in 2019).



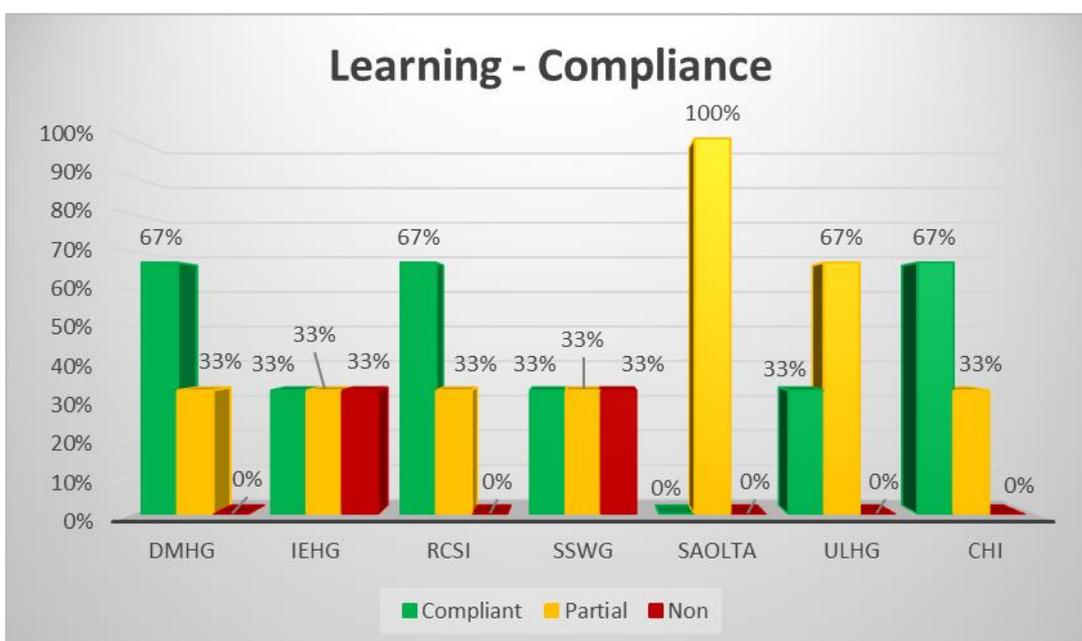
Good compliance with ‘Leadership’ recommendations has been recorded across all Hospital Groups. Full compliance has been recorded with recommendation #33 by all Hospital Groups with six out of the seven Hospital Groups fully compliant with recommendation #32. Only two Hospital Groups recorded non-compliances with Leadership recommendations namely, CHI (#32 – appoint member of staff to assume active and visible leadership role in the complaints process) and IEHG (#32 and #30 – six monthly report to HSE)

3.2.5 Learning Compliance

Three recommendations make up grouping titled ‘Learning’. An average of **43%** of these were confirmed by Hospital Groups as being fully compliant with **47%** recorded as partially compliant and **10%** as non-compliant.

Full compliance increased by 5% since 2018, up from 38% to 43% in 2019. Partial compliance rose by 14% (33% in 2018 to 47% in 2019) and non-compliance fell by 19 (29% in 2018 to 10% in 2019).

Five out of seven Hospital Groups confirmed full compliance with recommendation **#35**. Non-compliances were recorded for recommendations **#34** – develop a standardised learning implementation plan arising from any recommendations from a complaint and **#36** - publicising of (*via the development of a casebook*) complaints received and dealt with within that hospital group.



Summary Position

HGs recorded 65% full compliance, 27% partial compliance and 7% non-compliance across 29 recommendations.

5 recommendations are fully compliant across all HGs (recommendations **9, 20, 21, 23, 25 and 33**).

High compliance with recommendations under Leadership. Low compliance with recommendations under Learning.

10 recommendations were identified by at least one HG as being non-compliant.

The following HGs recorded non-compliances with recommendations; RCSI (2), CHI (6), SSWHG (2), IEHG (2) and DMHG (1).

Recommendations 6 (3 HGs), 16 (2 HGs) and 36 (2 HGs) attracted the highest assessment of non-compliance.

3.2.6 Individual Hospital Group Compliance

Please note that a graphical representation of the individual return from each hospital per Hospital Group, where individual self-assessments were submitted, is set out in Appendix 4. This applies to the Dublin Midlands Hospital Group, Ireland East Hospital Group and South South West Hospital Group.

• Dublin Midlands Hospital Group

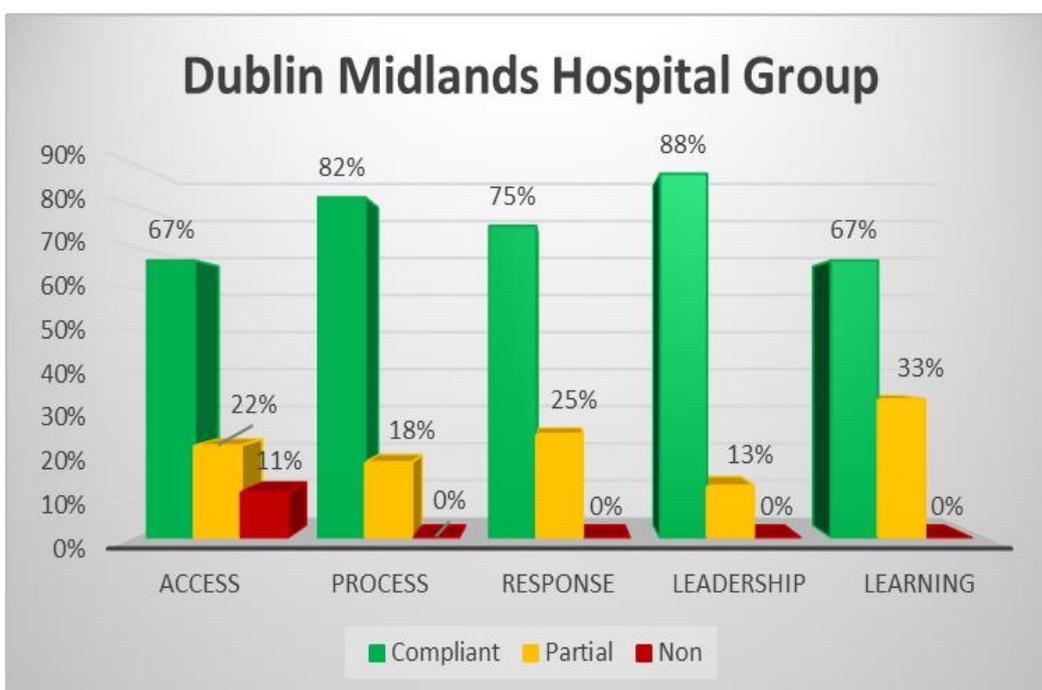
The Dublin Midlands Hospital Group consists of the following hospitals:

- Coombe Women and Infants University Hospital
- Naas General Hospital
- Midlands Regional Hospital Portlaoise
- Midlands Regional Hospital Tullamore
- St James’ Hospital
- St Luke’s Radiation Oncology Network
- Tallaght University Hospital

The Dublin Midlands Hospital Group (DMHG) submitted individual returns for each of its hospitals except for Midlands Regional Hospital and Naas General Hospital.

Provided below is a chart showing the averaged compliance rating across the Group* for each of the pillars of Access, Process, Response, Leadership and Learning. No returns were submitted by Naas General Hospital and Midlands Regional Hospital Tullamore and so are not included in this analysis.

**The analysis below is based on the returns for the Group and five hospital submissions.*





DMHG has reported **75%** (22 /29) full compliance across all recommendations, **21%** (6/29) are partially compliant and just **4%** (1) as non-compliant. Full or partial compliance has been demonstrated with recommendations under the pillars of *Process, Response, Leadership and Learning*.

Compared with 2018 there has been a significant increase in recommendations being assessed as fully compliant; an increase of 16% from 17 recommendations to 22. Consequently, recommendation assessed as partially compliant decreased from 24% (7 recommendations) to 21% (6 recommendations). Non-compliance significantly decreased from 17% (5 recommendations) to just 4% (1 recommendation).

Rating	2018	2019	Difference
Compliant	59% (17/29)	75% (22/29)	+16%
Partially Compliant	24% (7/29)	21% (6/29)	-3%
Non-Complaint	17% (5/29)	4% (1/29)	-13%

Of the recommendations assessed by DMHG at Group level, partial compliance has been identified with recommendations **3** and **11** under *Access* The following update has been given in relation to these:

Recommendation 3: On going improvements will continue in 2020. DMHG plans to develop a group website, on which all hospitals will have a dedicated page. All information will be standardised on this website.

Recommendation 11: Occurring in most hospitals within the group. Hospitals that have yet to implement will be encouraged to have in place by end Q2 2020. Each hospital will be monitored to ascertain if the display is extensive and user friendly in 2020.

Of the recommendations assessed by DMHG at Group level, non-compliance was identified with recommendation **6** under *Access* The following update has been given in relation to this:

Recommendation 6: Each hospital in the Group is progressing the programme of Independent Advocacy Services before considering volunteer advocates. Each hospital is aware of the Patient Advocacy Service and the services it can offer individual patients as advocates. Each hospital has had staff trained with the OTC or have staff identified to do the training in 2020.

• **Ireland East Hospital Group**

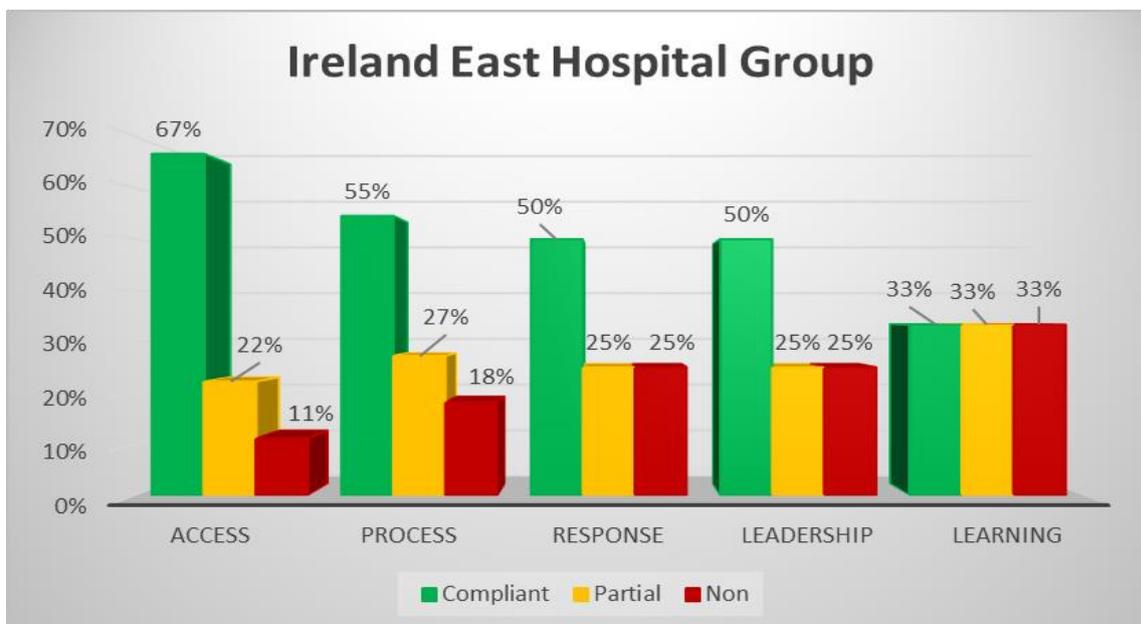
The Ireland East Hospital Group consists of the following hospitals:

- Mater Hospital
- St. Vincent's Hospital
- Midland Regional Hospital Mullingar
- St. Luke's Hospital Kilkenny
- Wexford General Hospital
- Our Lady's Hospital Navan
- St. Colmcille's Hospital (Loughlinstown)
- St. Michael's Hospital
- Royal Victoria Eye & Ear Hospital
- Cappagh National Orthopaedic Hospital
- National Maternity Hospital (Holles St)

The Ireland East Hospital Group (IEHG) submitted individual returns for each of its hospitals. IEHG also provided a Group rating for recommendations which it feels may be more appropriately addressed at Group level than at an individual hospital level.

Provided below is a chart showing the averaged compliance rating across the Group* for each of the pillars of Access, Process, Response, Leadership and Learning. No returns were received from St Luke’s Hospital, St Vincent’s Hospital and Wexford General Hospital and so are omitted from the analysis.

The analysis below is based on the returns for the Group and eight hospital submissions.



IEHG has reported **55%** full compliance across all recommendations (16/29), **28%** (8) are partially and **17%** (5) as non-compliant.



Compared with 2018 there has been a significant increase in recommendations being assessed as fully compliant; an increase of 48% from 2 recommendations to 16. Consequently, there has been a drop in recommendations being classed as partially compliant as most of those have progressed to full compliance. Partial compliance decreased from 76% (22 recommendations) to 28% (8 recommendations). Non-compliance remains unchanged.

The Group return provided a compliance assessment rating for a total of 14 recommendations, covering process, response, leadership and learning. Of these, the Group indicated full compliance with recommendations 23 and 35; partial compliance with recommendations 9, 20, 22, 24, 25, 29, and 32 and non-compliance with recommendations 16, 21, 28 and 36.

Rating	2018	2019	Difference
Compliant	7% (2/29)	55% (16/29)	+48%
Partially Compliant	76% (22/29)	28% (8/29)	-48%
Non-Compliant	17% (5/29)	17% (5/29)	+0%

Of the recommendations assessed at Group level, partial compliance has been identified with recommendation **9** under *Access*, recommendations **20, 22, 24** and **25** under *Process* and with recommendations **29** and **32** under *Leadership*. The following update has been given in relation to these:

Recommendation 9: No commentary entered.

Recommendation 20: Training is ongoing with a deadline of end 2020 for completion for Complaints Officers.

Recommendation 22: Complaints discussed at quarterly review meetings.

Recommendation 24: Resource deficit

Recommendation 25: Training has commenced – on hold due to impending changes to process and now awaiting updated TTT sessions.

Recommendation 29: Needs a national focus to ensure all complaints are categorised under the National Charter pillars. The CMS needs to provide additional functionality to capture the qualitative aspects of both compliments and complaints

Recommendation 32: Currently the Group lead for complaints is the Director for Quality, Clinical Governance and patient Safety.

Non-compliance has been identified with recommendations **16, 21, 28, 30** and **36**.

The following update has been given in relation to these:

Recommendation 16: Currently capacity at group level is limited. Complaint Officer/Manager is not in place. Group lead for complaints is Director for Quality, Clinical Governance & Patient Safety.

Recommendation 21: In progress, in development plan for 2020.

Recommendation 28: In order to provide standardisation on redress policy across the system, this should be considered at national level.

Recommendation 30: In progress, in development plan for 2020.

Recommendation 36: In progress, in development plan for 2020.

Full compliance has been identified with recommendations **23** and **35**.

- **South / South West Hospital Group**

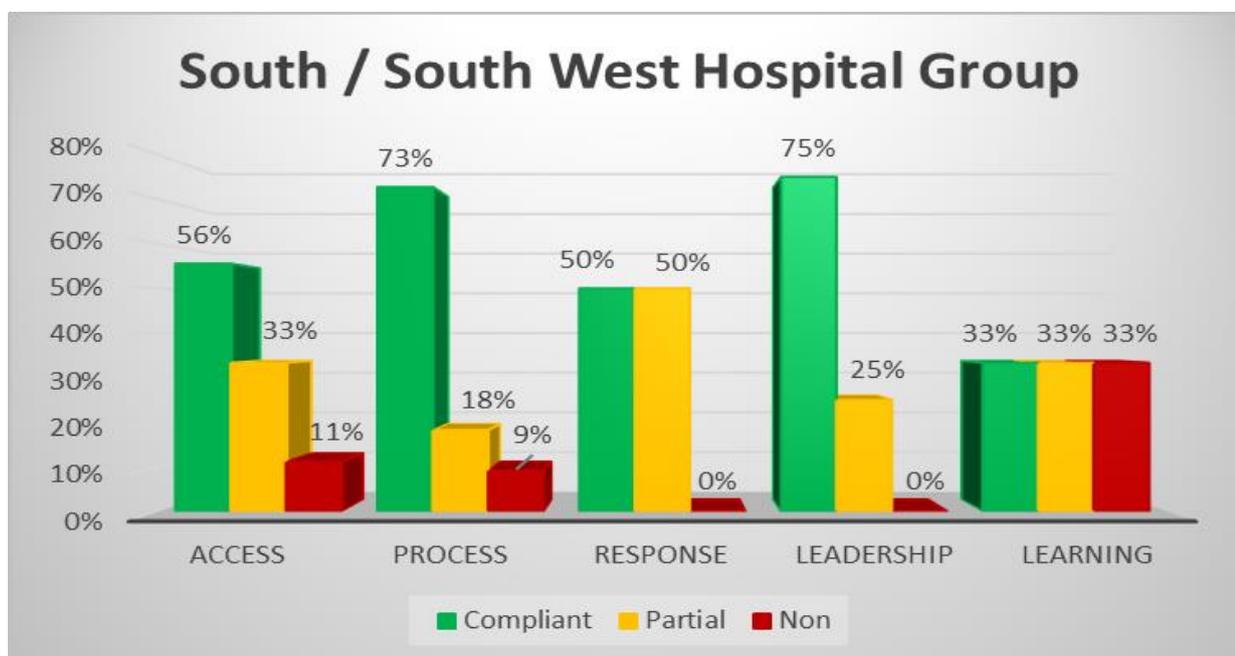
The South / South West Hospital group consists of the following hospitals:

- Bantry General Hospital
- Cork University Hospital
- Cork University Maternity Hospital
- Mallow General Hospital
- Mercy University Hospital
- South Infirmary - Victoria University Hospital
- South Tipperary General Hospital
- University Hospital Kerry
- University Hospital Waterford
- Lourdes Orthopaedic Hospital

The South / South West Hospital Group (SSWHG) submitted individual returns for each of its hospitals except for Bantry General Hospital and Lourdes Orthopaedic Hospital. The Group also provided a Group rating for recommendations which it feels may be more appropriately addressed as a Group than as an individual hospital.

Provided below is a chart showing the averaged compliance rating across the Group* for each of the pillars of Access, Process, Response, Leadership and Learning. No returns were submitted by Bantry General Hospital and Lourdes Orthopaedic Hospital and so are not represented in these figures.

**The analysis below is based on the returns for the Group and ten hospital submissions.*



The Group reported **62%** (18/29) full compliance across all recommendations with **27%** (8/29) partially compliant and **10%** (3/29) as non-compliant.



Compared with 2018 there has been a significant increase in recommendations being assessed as fully compliant; an increase of 55% from 2 recommendations to 18. Consequently, there has been a drop in recommendations being classed as partially compliant as most of those have progressed to full compliance. Partial compliance decreased from 41% (12 recommendations) to 27% (8 recommendations). Recommendations previously classed as being non-compliant also decreased, falling from 52% (15 recommendations) in 2018 to 10% (3 recommendations) in 2019.

The Group return provided a compliance assessment rating for a total of 13 recommendations, covering process, response, leadership and learning. Of these, the Group indicated partial compliance with the following recommendations; 20, 22, 24, 28, 29, 36 and non-compliance with 16, 32 and 35. The Group return also assessed the following recommendations as being fully compliant; 21, 23, 25 and 30.

Rating	2018	2019	Difference
Compliant	7% (2/29)	62% (18/29)	+55%
Partially Compliant	41% (12/29)	27% (8/29)	-14%
Non-Compliant	52% (15/29)	10% (3/29)	-42%

Partial compliance has been identified with recommendations 20, 22, 24, 28, 29, 36. The following update has been given in relation to these:

Recommendation 20: Consumer Affairs deliver 3 Complaints Officer training programmes in 2019 with additional training scheduled for 2020. Nominees are being sought. Mandatory nature of training is highlighted to managers delegating Complaints Officers.

Recommendation 22: No comment.

Recommendation 24: Deficit in dedicated resource impacting on this. Support requested. QPS and Consumer Affairs provide support to the process within the Group. Business case prepared.

Recommendation 28: Complaints Manager, when in post, to develop. Audit is needed. Review requests monitored.

Recommendation 35: Not currently reported via Acute Hospitals.

Recommendation 36: Deficit in dedicated resource impacting on this. Support requested. QPS and Consumer Affairs provide support to the process within the Group. Business case prepared.

Recommendations 16, 32 and 35 were assessed as non-compliant with the following commentary.

Recommendation 16: Deficit in dedicated resource impacting on this. Support requested. QPS and Consumer Affairs provide support to the process within the Group. Business case prepared.

Recommendation 32: Deficit in dedicated resource impacting on this. Support requested. QPS and Consumer Affairs provide support to the process within the Group. Business case prepared.

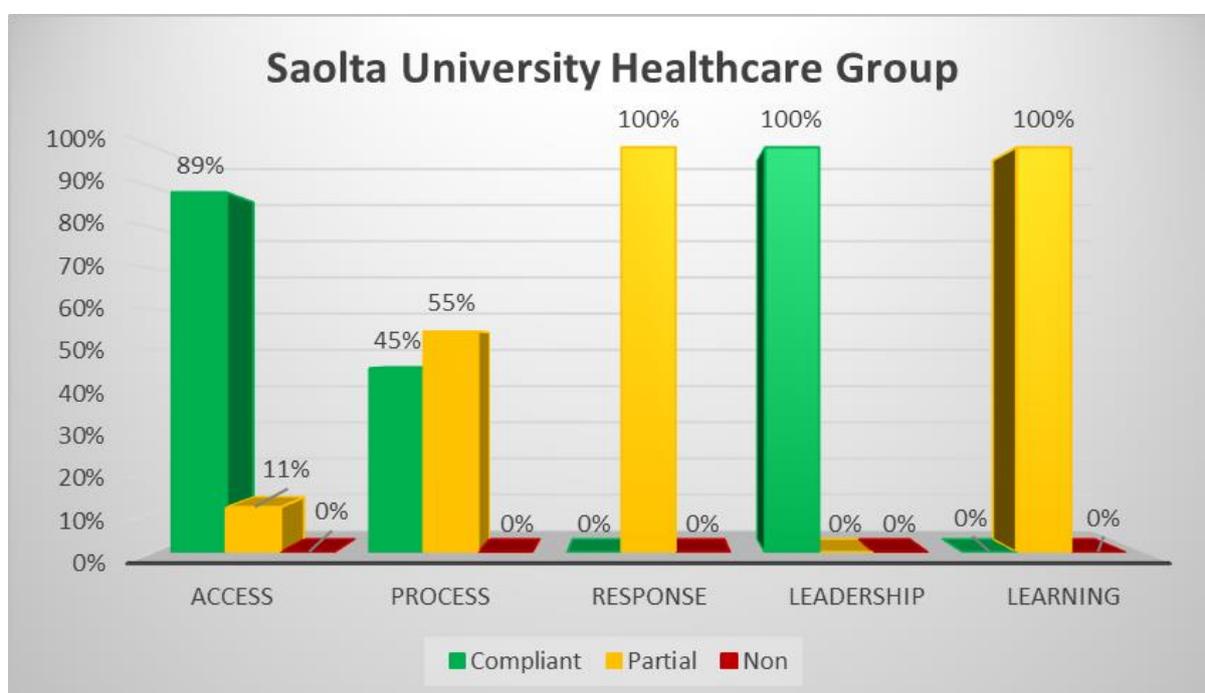
Recommendation 35: As the Safety Incident Management Team at group level develops and becomes a forum for shared learning, the learning from complaints will be developed. The Complaints Manager position, yet to be filled, will be responsible for driving this.

- **Saolta University Health Care Group**

The Saolta University Health Care Group includes the following hospitals:

- Letterkenny University Hospital
- Mayo University Hospital
- Merlin Park University Hospital
- Portiuncula University Hospital
- Roscommon University Hospital
- Sligo University Hospital
- University Hospital Galway

The Saolta University Health Care Group returned a group return incorporating the position of all seven hospitals.



Saolta has reported **59%** (17/29) full compliance across all recommendations with **41%** (12/29) assessed as partially compliant and no recommendations classed as being as non-compliant.

Compared with 2018 Saolta has improved their compliance rating from 16 to 17. Progress has also been made with recommendation 36 as this moved from non-compliant in 2018 to partially compliant in 2019. Recommendation 29 which was classed as partially compliant in 2018 was progress to full compliance in 2019. Saolta has achieved full compliance with recommendations under *Leadership*.



Rating	2018	2019	Difference
Compliant	55% (16/29)	59% (17/29)	+4%
Partially Compliant	41% (12/29)	41% (12/29)	No change
Non-Compliant	3% (1/29)	0% (0/29)	-3%

Partial compliance has been identified with recommendations **6, 14, 17, 18, 19, 22, 24, 27, 28, 34, 35** and **36**.

Recommendation 6: Training has been provided to a number of Patient Safety Advocates but more is required.

Recommendation 14: Further training being provided at both induction and on an ongoing basis.

Recommendation 17: Further work required to ensure capture at point of occurrence and to address variation across sites.

Recommendation 18: Working to progress this.

Recommendation 19: CMS in use across the majority of sites with additional training being offered to enable outstanding sites to reach compliance.

Recommendation 22: No additional commentary.

Recommendation 24: No additional commentary.

Recommendation 27: In place for more serious complaints with further work required for full compliance. Additional Human Resources required on several sites together with additional training and audit.

Recommendation 28: Frontline staff do not generally engage in financial redress. This is evaluated at General Manager level.

Recommendation 34: No additional commentary.

Recommendation 35: Forum to be established.

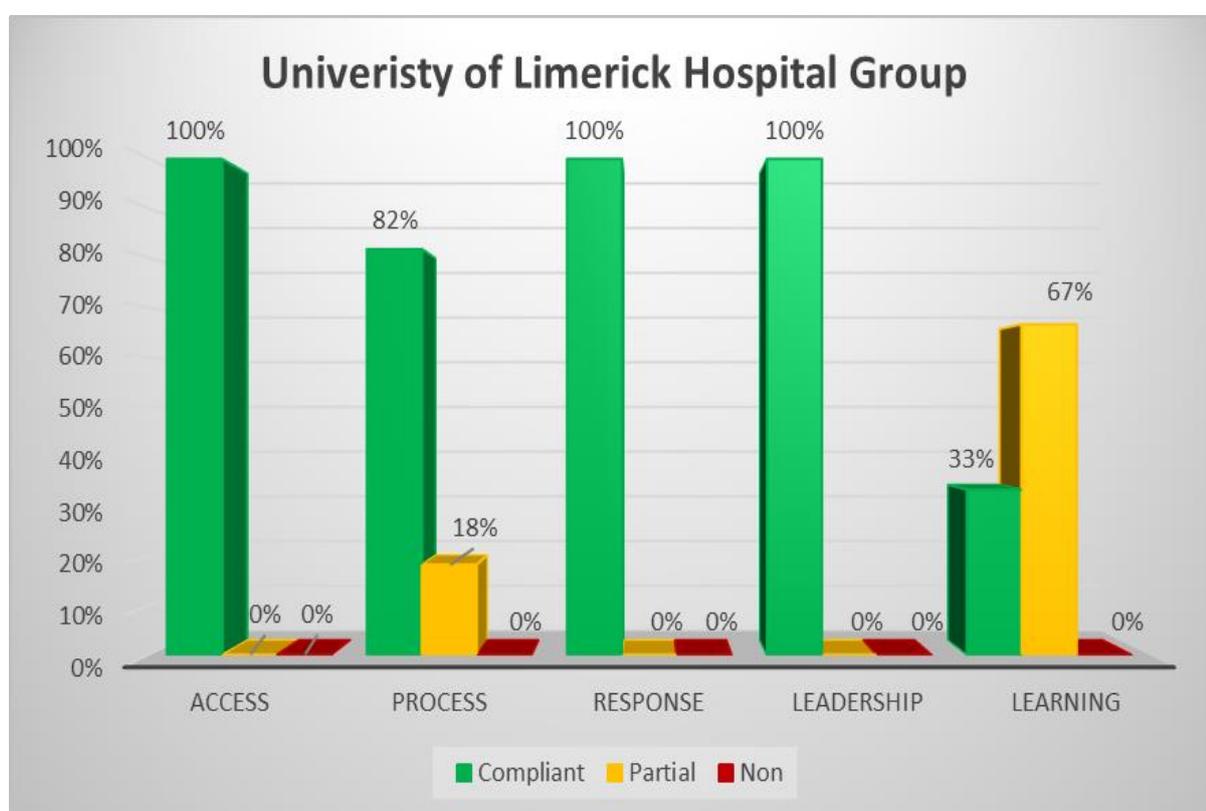
Recommendation 36: Group wide Complaints Casebook to be published Quarterly

• **UL Hospital Group**

The UL Hospital Group consists of the following hospitals:

- University Hospital Limerick
- University Maternity Hospital Limerick
- University Hospital Croom
- Ennis Hospital
- Nenagh Hospital
- St John's Hospital

The UL Hospital Group returned a group return incorporating the position of all six hospitals.



UL Hospital Group has reported **86%** (25 / 29) full compliance across all recommendations with only **14%** (4) partially compliant and no recommendations assessed as being non-compliant.

Full compliance has been demonstrated with recommendations under the headings of *Access, Response and Leadership*.

When compared to 2018, ULHG has improved its compliance with the Ombudsman’s recommendations by 10%. ULHG has made improvements in all areas of the recommendations with none now being assessed as non-compliant. Partial compliance has moved from 2 to 4 reflecting some of the progress made on those recommendations previously rated as non-compliant.

In 2018, all *Learning* recommendations were deemed non-compliant but this improved in 2019 to one being fully compliant and the remaining two assessed as partially compliant.

Rating	2018	2019	Difference
Compliant	76% (22/29)	86% (25/29)	+10%
Partially Compliant	7% (2/29)	14% (4/29)	+7%
Non-Compliant	17% (5/29)	0% (0/29)	-17%

Partial compliance has been identified with recommendations **14, 22, 34** and **36**.

Recommendation 14: Awaiting clarification from Consumer Affairs regarding Complaint Officer training.

Recommendation 22: Process to be developed around audit of complaints.

Recommendation 34: Quality committee/directorate implementing system to monitor recommendations and ensure learning is shared.

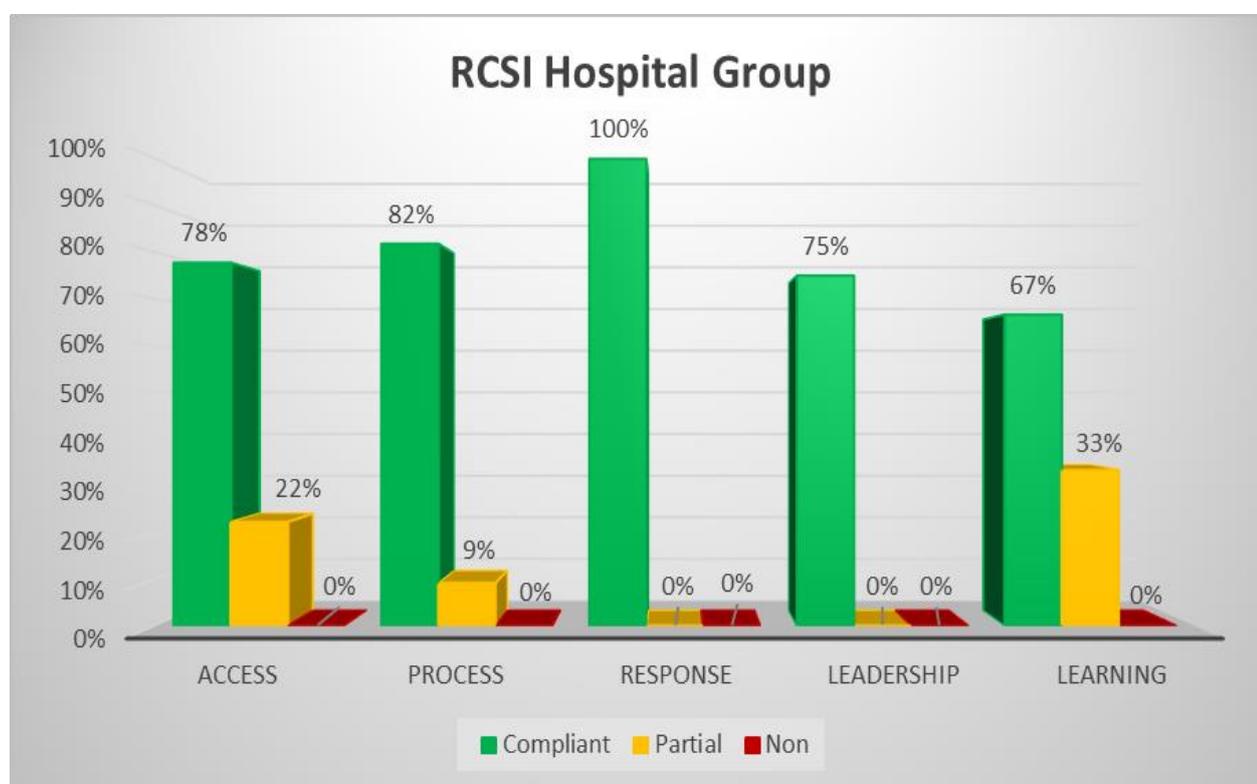
Recommendation 36: ULHG has contributed to the HSE national casebook. A ULHG casebook is being developed.

• **RCSI Hospital Group**

The RCSI Hospital Group consists of the following hospitals:

- Connolly Hospital
- Our Lady of Lourdes Hospital
- Louth County Hospital
- Cavan General Hospital
- Monaghan General Hospital
- Rotunda Hospital
- Beaumont Hospital

The RCSI returned a group return incorporating the position of all seven hospitals.



RCSI has reported **79%** (23/29) full compliance across all recommendations with just **14%** (4) assessed as partially compliant. No non-compliances have been reported. However, no response or compliance rating was given for recommendations 16 or 30.

Full compliance has been demonstrated with recommendations grouped under the heading of *Response*.

Partial compliance has been identified with recommendations **5, 12, 17** and **36**.



Overall, when compared to 2018 the RCSI has maintained its percentage compliance level. In addition, recommendations that have been assessed as only being partially compliant have fallen to 4. However, two recommendations, 16 and 30, did not receive a commentary or a compliance rating.

In 2018, all *Learning* recommendations were deemed non-compliant but this improved to all but one being fully compliant for 2019.

Rating	2018	2019	Difference
Compliant	79% (23/29)	79 (23/29)	No difference
Partially Compliant	17% (5/29)	14% (3/29)	-3%
Non-Compliant	4% (1/29)	0% (0/29)	-4%
No response	0% (0/29)	7% (2/29)	+7%

Partial compliance has been identified with recommendations **5, 12, 17** and **36**.

The following update has been given in relation to these as follows:

Recommendation 5:

Independent Advocacy services need to demonstrate robust governance and oversight. In addition, adequate monitoring and training needs to be in place for these Advocates. This needs to be in place prior to referrals from Healthcare organisations which have a duty of care to patients and families.

The RCSI HG engages proactively with the National Patient Safety Complaints Advocacy Programme launched in 2019. 3 staff are now trained in the Hospital Group.

Recommendation 12:

The Health Act, 2004 states that “Any notification, or reports forwarded to a person who has made a complaint shall advise that nothing in Part 9 of the Act prohibits or prevents any person who is dissatisfied with a recommendation made or step taken in response to a complaint or a review that the matter may be referred by him or her to the Ombudsman or the Ombudsman for Children, as appropriate” (S.I. No. 652/2006 - Health Act 2004 (Complaints) Regulations 2006). However, the Ombudsman is excluded from examining matters related to clinical judgement. Complaints within healthcare invariably reflect many clinical components; therefore, it can be illogical and unfair to direct patients and families to the Office of the Ombudsman who in many cases cannot assist them.

In the RCSI HG complaints which may require a clinical review can be referred to the Hospital and Group Senior Incident Management Fora (SIMF).

There is ongoing work in the RCSI Hospital Group in signposting and directing patients and families to frontline staff who can assist them and also to Patient Advice and Liaison Departments and Complaints Staff. The Beaumont Hospital website has clear signposting for patients to the Patient Advice and Liaison (PALs) Office. The RCSI Hospital Group website also contains information for patients on the complaints process.

Recommendation 17:

A Patient Advocacy approach is in place in the HG. This approach aims to minimise the amount of complaints escalating to formal written submissions, by linking with Patients and Families as early as possible.

A pilot programme is underway in Connolly Hospital to assess the feasibility of manually capturing complaints at point of occurrence. Learning from this pilot will be shared across the HG and nationally.

Recommendation 36:

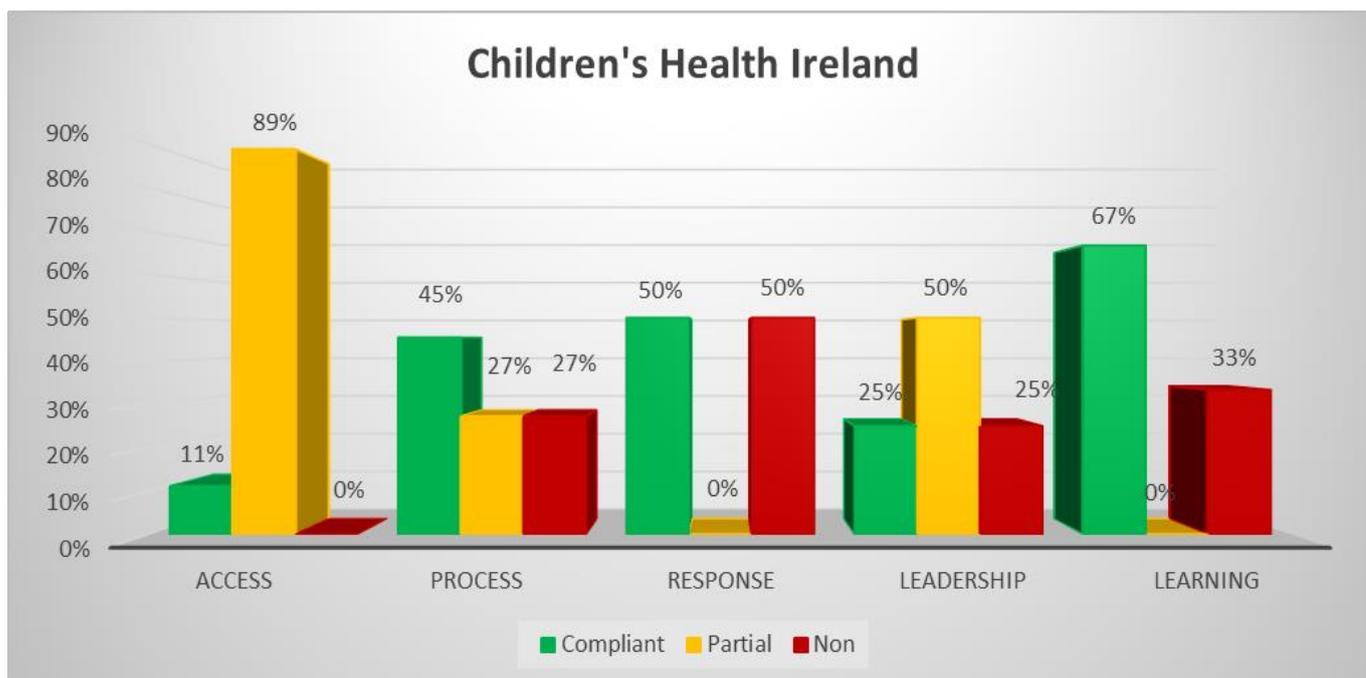
A standardised template is utilised in the RCSI Senior Incident Management Forums to share recommendations and learning from reviews. This template is designed in a Situation, Background Analysis, and Recommendation (SBAR) format.

• **Children’s Health Ireland**

Children’s Health Ireland consists of three hospitals:

- Temple Street Children’s University Hospital
- Children’s Health Ireland at Crumlin, and
- Tallaght University Hospital, National Children’s Hospital

Children’s Health Ireland returned a group return incorporating the position of all three hospitals.



CHI has reported **34% (10/29)** full compliance across all recommendations with **45% (13/29)** rated as partially compliant and **21% (6/29)** assessed as non-compliant.

This is a 3% increase in compliance rating from 2018. There was a fall in recommendations being rated as partially compliant. This is due to the increase in recommendations being rated as compliant as well as non-compliant.

Rating	2018	2019	Difference
Compliant	31% (9/29)	34% (10/29)	+3%
Partially Compliant	52% (15/29)	45% (13/29)	-7%
Non-Compliant	17% (5/29)	21% (6/29)	+4%

Partial compliance for 2019 has been identified for recommendations 1, 3, 4, 5, 6, 10, 11, 12, 14, 17, 19, 29, 30.

Since 2018, CHI has addressed recommendations 20, 25 and 36, which have now moved to full compliance. Recommendations 3, 14, 19 and 30 moved from being fully compliant in 2018 to being assessed as only partially compliant in 2019.

Recommendations 16, 22, and 28 moved from partially compliant in 2018 to being assessed as non-compliant in 2019. These concern the appointment of a full time Complaints Manager at Group Level; bi-monthly audit and a standardised redress policy.

The following update has been given in relation to partially compliant recommendations:

Recommendation 1: Provision of comment boxes at various locations.

Recommendation 2: Plan for a single CHI website. Some hospital websites require updating.

Recommendation 4: Most hospital sites can provide a meeting room for complaints with Complaints Officers. Other sites have infrastructural challenges to address.

Recommendation 5: National Patient Advocacy Service invited to provide information sessions to hospital sites.

Recommendation 6: One site compliant.

Recommendation 10: Designated Access Officer to be appointed in 2020.

Recommendation 11: A cross site policy is being developed based on YSYS

Recommendation 12: Material is to be standardised to ensure reference to Ombudsman for Children at all stages of complaints process.

Recommendation 14: One site compliant. Training on point of contact in ongoing at remaining sites.

Recommendation 17: System is in place in two sites. System being developed for final site.

Recommendation 19: Use different system to the CMS. Plan and resources required to ensure compliance with mandatory CMS.

Recommendation 29: Complaint data reporting requires context and narrative.

Recommendation 30: Monthly reports currently issued to the HSE. Six monthly reports to be generated.



Non-compliance for 2019 has been identified for recommendations 16, 21, 22, 28, 32 and 34.

Since 2018 CHI has addressed recommendations 9, 23 and 24 which have now moved to full compliance. Recommendation 32 moved from fully compliant to being assessed as non-compliant for 2019. Recommendations 16, 22 and 28 moved from partially compliant to being assessed as non-complaint in 2019. Recommendations 21 and 34 remain non-compliant.

The following update has been given in relation to these:

Recommendation 16: Full time appointment needed at Group Level.

Recommendation 21: Complaints management recommended for inclusion in induction training.

Recommendation 22: Audit due for Q1 2020

Recommendation 28: Redress policies in each site – to check if standardised across group

Recommendation 32: Full time appointment needed at Group Level.

Recommendation 34: Learning meetings needed for complaints. To assess how this is achieved with incidents. Process needed for tracking and monitoring of the implementation of recommendations.

Part Three: The National Complaints Governance and Learning Team

3.0 Introduction

The National Complaints Governance and Learning Team (NCGLT) is a national unit within National Quality Assurance and Verification. NCGLT is tasked with developing the systems and supports to deliver on the HSE's commitment to provide an enhanced service user feedback process that is accessible, flexible and responsive as well as the mechanisms that enable the narrative and data from feedback to drive learning and quality improvement.



Pictured are some members of the NCGLT Team

The NCGLT team includes the National Your Service Your Say Office based in Millennium Park in Naas. This is a national frontline service offering a dedicated contact point for assisting service users and their families to provide feedback to the HSE.

The NCGLT team also includes the National Disability Complaints Service dealing with Assessment of Need Complaints. This service is co-located in Millennium Park, Naas and in Limerick.

3.1 Complaints Governance

3.1.1 Complaints Managers

Named managers, within Community Healthcare Organisations, Hospital Groups and National Services that take an active and visible leadership role in, and ensure governance, in the area of feedback (comments, compliments and complaints) were recommended within the Ombudsman's Learning to Get Better report. This role was supported and accordingly mandated by the HSE.

Complaints Managers are involved in education, training and reporting arrangements around Your Service Your Say. They ensure that the HSE's feedback policy is implemented and that the system is functioning in line with policy with key staff, including clinicians, supported to understand how complaints are handled. They provide assurance, through casebooks, that learning is being captured and shared as well as reporting to local and national management on the effectiveness of the process.

Complaints Managers are responsible for assigning Review Officers to complaints following request for a review.

NCGLT, as part of its governance function, continue to follow up with CHOs, HGs and National Services to ensure that named managers are appointed to the role.

NCGLT also facilitate the hosting of the National Complaints Governance and Learning Forum. Attendance of Complaints Managers at this Forum is mandated by the HSE.

3.1.2 National Complaints Managers Governance and Learning Forum

The National Complaints Managers Governance and Learning Forum was established in 2016 to provide support to Complaints Managers in their role. The Forum, which meets quarterly, offers a valuable opportunity for shared learning, problem solving, discussion around issues, expert input into specialist topics as well as an arena for exploring areas for development to ensure the continuous evolution of our feedback processes.

Key messages from the Forum, including matters identified or arising, are shared by Complaints Managers with their respective Senior Management Teams at CHO, HG and National Service level for consideration and action as appropriate.

The Forum offers Complaints Managers an opportunity to relate their experience of responding to and managing feedback from an operational perspective and flag issues for further discussion. Members also have the chance to network with peers and build informal as well as more formal connections that will support them in their role.

Case studies are an integral part of the learning platform that is fostered and facilitated at the Forum.

NCGLT would like to thank the following members who shared cases with interesting and thought provoking learning points:

- **Mairéad Harrington, Cork Kerry Community Healthcare**
Category: Accountability / Communication and Information
Key issues related to application of YSYS process and template letters to identify issues to be investigated under Your Service Your Say, issues relating to clinical judgment and how these would be dealt with or if the issue required response under a different pathway and what would happen next. At all times good verbal and written communication is key in keeping the complainant informed and reassured.
- **Ann Canty, South East Community Healthcare**
Category: Communication and Information
Key issues raised centred around redaction of information under FOI and how the meaning or intention behind a sentence or paragraph can be unintentionally altered as a result of redaction which can in itself then give rise to a complaint. Issue highlighted to Consumer Affairs to flag with FOI Decision Makers and Reviewers.

- **Elaine McGuinness, CHO Dublin North City and County**

Category: Communication and Information

A complex complaint with issues falling both within and outside Your Service Your Say was presented. Communication and interaction with the complainant was highlighted and how to manage same when the relationship had deteriorated. Mention was made of the draft Managing Unreasonable Behaviour by Complaints policy as this would offer guidance on building, maintaining and restoring relationships but also a process to manage unreasonable behaviours.

- **Anne Delaney Midlands Louth Meath Community Healthcare**

Category: Access

This case demonstrated the power of a complaint to change a service to make it more inclusive and accessible.

Both the HSE Chief Clinical Officer and the National Director for Quality Assurance and Verification addressed members at the June Forum. Both acknowledged the significant work being carried out and thanked Complaints Managers for their role in supporting and driving this.

Special mention was given to the publication of the HSE National Casebook. Paul Reid, HSE Chief Executive Officer commended all those who contributed to such a valuable learning tool and commented:

“This is a very clear and concise report, setting out a set of learnings across a range of areas. We need to build a learning culture around these as it provides everyone an opportunity to have direct feedback on matters of concern to the public and patients. If we are serious about putting patients first we must value this feedback and act accordingly.”

Mention was also given to the Patient Experience Survey and the value of recording compliments. Greater effort was called for to capture compliments at ward/service level and to transform these into learning casebooks.

The progress made in achieving full compliance with the Ombudsman’s recommendations was welcomed as it demonstrated the organisation’s commitment to delivering responsive and person-centred services. The Forum members were reminded that the HSE want to have all recommendations implemented by end 2019 as this was the public commitment given to the Ombudsman at the launch of his progress Report in November 2018.

The importance of patient advocacy was stressed to Forum members. It was highlighted that the HSE Board consists of two patient representatives who, along with others members from the legal and business arenas have a keen interest in feedback and how this is used in the HSE.

The work of the NCGLT office and its role in supporting Complaints Managers was commended as was the engagement of Complaints Managers, not only with the Forum, but with the wider feedback agenda.

The Forum hosted a number of guest presenters in 2019 delivering content around specialist topics and niche areas and NCGLT would like to thank the following for generously giving their time:

- **Dr Jennifer Martin, National Quality Improvement Team Lead for Evidence for Improvement and Dr Gemma Moore, Qualitative Research, Evidence for Improvement.**
The presentation to the Forum provided information on the Directorate Quality Agenda Project and Dr Martin and Dr Moore outlined how bringing the patient experience and service user voice to senior management was critical in informing the quality agenda.
- **Ms Louise Loughlin, National Patient Advocacy Service.**
Ms Loughlin provided background on the work of the National Advocacy Service for People with Disabilities which was selected to provide the new independent Patient Advocacy Service. Ms Loughlin outlined that the new service is funded by the Department of Health and will provide a free and independent national service to help users through the HSE's complaints process. The Patient Advocacy Service is based on a model of empowerment advocacy and not representational advocacy.
- **Ms Róisín O'Leary and Ms Patricia O'Dwyer, Sage Advocacy.**
An overview of the work of the service was presented together with a profile of activity data. The aim of the service was outlined as well as the types of issues that are received. Forum members were interested in learning about these as such information could directly feed into process improvements.
- **Ms Eithne O'Sullivan and Mr Damien McCallig, National Appeals Service.**
At the final Forum of the year, the National Appeals Service explained the nature of their work and presented key data for the past two years.

NCGLT would like to thank Ms Rosalie Smith Lynch who is nominated representative for Consumer Affairs at the Forum. Consumer Affairs provides training, support and advice to Complaints Officers on complaint investigations. Consumer Affairs is also the key contact for the Office of the Ombudsman for any external review by that office. As the Consumer Affairs representative, Ms Smith Lynch contributes practical operational advice to Complaints Managers and feeds back the experience of Complaints Officers relevant to the issues being raised

NCGLT would also like to give a special thanks to Ms Geraldine McCormack from the Office of the Ombudsman. As a member of and contributor to the Forum, Ms McCormack keeps members updated on developments within the Office of the Ombudsman, assists the HSE in furthering progress in the area of feedback and compliance with the recommendations set out in Learning to Get Better while addressing any practical issues arising at the operational level.

Attendance

The Forum is scheduled on a quarterly basis and attendance is mandatory. For those who send apologies a nominated representative can be sent in their stead.



Below is a table setting out attendance for 2019.

2019 Complaints Managers Governance and Learning Forum Attendance

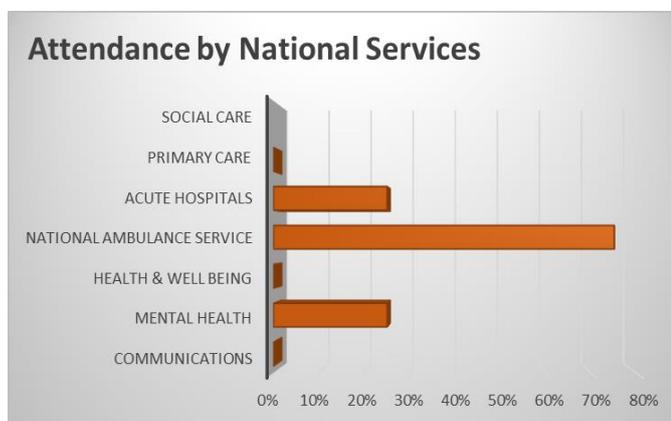
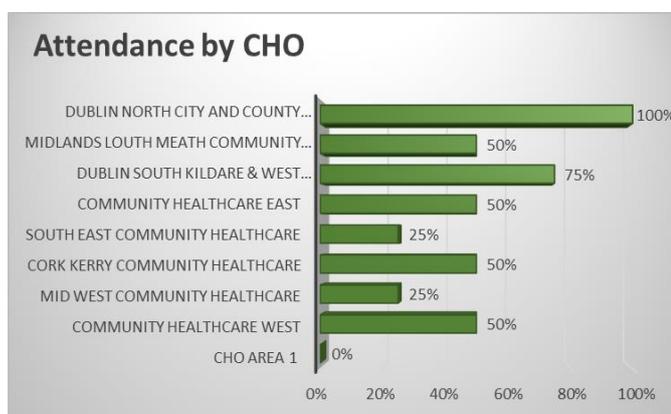
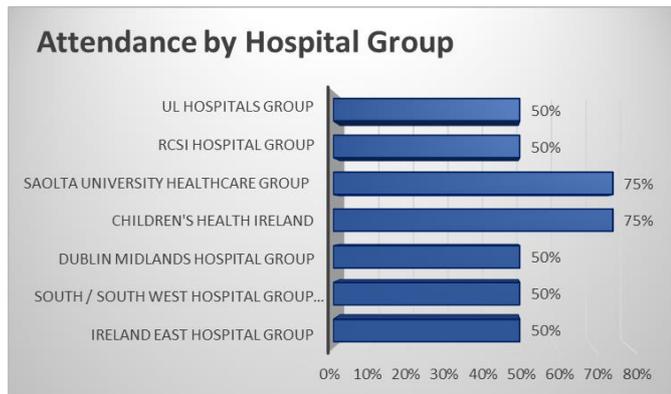
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Attended
 No Show
 Issued Apologies
 Representative Attended

AM Affiliate Member – will attend if requested **Rep** Attending only on behalf of an area / service not as a Complaints Manager

Area	2019 Forum Dates				Summary Attendance	
	3/4/2019	6/10/2019	9/23/2019	12/2/2019	Total Attended	% Attended
Hospital Groups						
Ireland East Hospital Group	Yes	No	No	Yes	2	50%
South / South West Hospital Group (REP)	Yes	No	No	Yes	2	50%
Dublin Midlands Hospital Group	No	Yes	No	Yes	2	50%
Children's Health Ireland	Yes	Yes	Yes	No	3	75%
Saolta University Healthcare Group	Yes	Yes	No	Yes	3	75%
RCSI Hospital Group	Yes	No	Yes	No	2	50%
UL Hospitals Group	Yes	No	Yes	No	2	50%
Community Healthcare Organisations						
CHO Area 1	No	No	No	No	0	0%
Community Healthcare West	Yes	No	No	Yes	2	50%
Mid West Community Healthcare	No	No	No	Yes	1	25%
Cork Kerry Community Healthcare	Yes	Yes	No	No	2	50%
South East Community Healthcare	Yes	No	No	No	1	25%
Community Healthcare East	Yes	No	Yes	No	2	50%
Dublin South Kildare & West Wicklow Community Healthcare	Yes	Yes	Yes	No	3	75%
Midlands Louth Meath Community Healthcare	Yes	No	Yes	No	2	50%
Dublin North City and County Community Healthcare	Yes	Yes	Yes	Yes	4	100%
National Services						
Internal Audit	AM	AM	AM	AM		
Communications	No	No	No	No	0	0%
Mental Health	Yes	No	No	No	1	25%
Health & Well Being	No	No	No	No	0	0%
National Ambulance Service	Yes	Yes	No	Yes	3	75%
Acute Hospitals	No	Yes	No	No	1	25%
Primary Care	No	No	No	No	0	0%
Social Care						
Other Attendees						
Office of the Ombudsman	Yes	No	Yes	Yes	3	75%
Ombudsman for Children's Office	AM	AM	AM	AM		
Consumer Affairs				No	1	25%

Overview of Attendance:



**Please note that not all National Services had a Complaints Manager nominated during 2019 and not all national services are required to be represented at the Forum.*

The Forum was, in the most part, well attended in 2019.

Two Hospital Groups (HG), Children's Health Ireland and Saolta University Healthcare Group, achieved a 75% attendance rate with the remaining Hospital Groups attended 50% of the four scheduled meetings.

Only one Community Healthcare Organisation (CHO), Dublin South City and County Community Healthcare achieved a perfect attendance rate. One CHO, Community Healthcare Organisation Area 1, failed to attend any meetings during 2019. Two CHOs, Mid West Community Healthcare and South East Community Healthcare only attended only one out of the four meetings in 2019. Four CHOs attended 50% of the meetings with Dublin South Kildare West Wicklow missing just one meeting.

National Services had a more sporadic attendance rate. Some of this was due to staff movement and waiting on replacement appointments. to the role. Three national services did not attend any of the four scheduled meetings, with two attending just one meeting. The National Ambulance Service attended three out of the four meetings.

Minutes of the National Complaints Managers Governance and Learning Forum are available on www.hse.ie/yoursay

3.1.3 Complaints Officers and Review Officers

Complaints Officers and Review Officers are delegated into their role and act independently and with the authority of the Chief Officer of a Community Healthcare Organisation, Chief Executive Officer of a Hospital Group or National Director of a National Division in the investigation of a complaint.

In the Ombudsman's report, Learning to Get Better, he asserted that 'Complaints Officers are the lynchpin of the complaints process and have a wide range of responsibilities in terms of administration and handling of complaints, providing help and advice to people wishing to make a complaint and supporting staff involved in handling complaints'.

The Ombudsman recommended therefore that 'Complaints Officers should have the authority and time to deal with complaints effectively'.

The same is equally applied to the role of the Review Officer.

To ensure good governance over the delegation of Complaints Officers and Review Officers, NCGLT developed guidance regarding the delegation of Complaints Officers and Review Officers.

This Guidance updates the delegation process ensuring that each person assigned as a Complaints Officer or Review Officer is formally delegated into this role and undergoes training, highlighting the independent nature of the function and the authority it carries. The revised process also calls for such delegations to be reviewed every three years.

Delegation Orders including Appointment Revocation Notifications are to be held by Complaint Managers with a copy issued to the local Consumer Affairs Office, the National Complaints Governance and Learning Team, and the National Delegations Office. These offices should also be notified by a Complaints Officer and/or Review Officers should they leave or change their post for any reason.

Currently there are 784 delegated Complaints officers and 255 delegated Review officers.

The revised Delegation Forms and Guidance are available on www.hse.ie/yoursay

3.2 Your Service Your Say Materials

NCGLT continue to develop *Your Service Your Say* promotional materials and continue to make them available to order from www.healthpromotion.ie

To order materials from this site, click on 'Order Publications' from the top menu. You will then need to complete the 'Professional Login' area or register as a professional, if you have not done so previously. You can then enter *Your Service Your Say* into the 'Search by keyword' area and all materials available to order will be listed. Select the quantity needed and enter in your delivery details.

Materials available to order from the site include:

- Your Service Your Say Adult Information Leaflet
- Your Service Your Say Children's Information Leaflet
- Your Service Your Say A3 and A4 English Poster
- Your Service Your Say A3 and A4 Irish Poster
- Your Service Your Say Feedback Box Stickers



Materials available to download are:

- Your Service Your Say Policy Document

Feedback boxes are not available to order from the site. These should be sourced locally.

Posters

In addition to the above materials, NCGLT generated a new poster to add to their suite of posters. The new poster will assist staff in relation to complaints that cannot be managed under Part 9 of the Health Act 2004 and therefore cannot be investigated under the Your Service Your Say policy. The purpose of the poster is to provide guidance to staff by outlining policy, procedure, guidelines and / or legislation to be followed in order to redirect the complaint via the appropriate pathway while considering the 'No Wrong Door' approach in relation to complaints received.

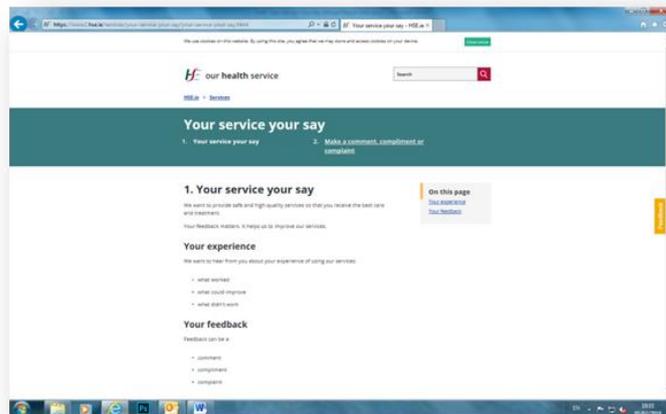
Posters are available on request from NCGLT or alternatively a PDF version can be downloaded by following this link: <https://www.hse.ie/eng/about/qavd/complaints/ysysguidance/appendices/>

3.3 HSE Website

The HSE website underwent re-development during 2019 to enhance accessibility for service users to provide feedback across multiple browser platforms.

The redesign and development of streamlined content makes it easier for service users to provide a comment, compliment or complaint.

Visit www.hse.ie/yoursay



3.4 Awareness

In 2019, NCGLT undertook a number of awareness events to promote Your Service Your Say.

3.4.1 National Office for Clinical Audit (NOCA)

The NOCA Annual Conference took place on Wednesday 6th February 2019, as part of RCSI's Charter Week programme. The event saw over 400 healthcare professionals attend, listen and interact with a wide variety of speakers. The audience comprises of representatives from hospitals, hospital groups, HSE, Department of Health, healthcare professional bodies, patient advocacy groups and many more.



NCGLT exhibited at the conference and engaged with healthcare professions on the importance of encouraging and listening to the patient voice in healthcare to drive improvement in service quality and safety.

Pictured are members of the NCGLT Team.

3.4.2 National Patient Safety Conference

The National Patient Safety Office in the Department of Health hosts an annual conference to promote synergy between the focus on safe care using evidence in practice to improve quality through clinical guidelines, audit and focused patient safety initiatives. The conference aims to provide a platform for discussion and presentation of key patient safety issues.

The 2019 National Patient Safety Conference was held in Dublin Castle on 13th November. This one-day event built on previous annual conferences from the Department of Health's National Patient Safety Office. The Conference theme was "Learning from Investigations and Reviews." It provided learning from the international context and showcased innovation and best practice in investigations and reviews for patient safety.

The Minister for Health, Simon Harris spoke at the conference addressing an audience of healthcare professionals, regulators, policy makers, educators, researchers, health service managers and patient representatives.

Minister Harris said that, *"this year's theme offers us all an opportunity to reflect on what a safe health service requires"* and that we should take *"a measured, systematic and timely approach to getting to the heart of the matter. We should then share and apply what we learn to similar situations so that other patients are not harmed and that health professionals can be confident in the safety of the services they deliver."*

At the event, Minister Harris also formally launched the new Patient Advocacy Service, aimed at supporting patients who wish to make a complaint about care received in a public hospital. The new service will offer a confidential helpline with experienced advocates on hand to provide information and support to patients who want to make a formal complaint to the HSE about the care they experienced in a public hospital.

The Patient Advocacy Service which is funded by the Department of Health and independent of the HSE, is a free and confidential service. The tender to provide the service was awarded in 2018 to the National Advocacy Service for Persons with a Disability, which has many years' experience of delivering advocacy in the public sector.



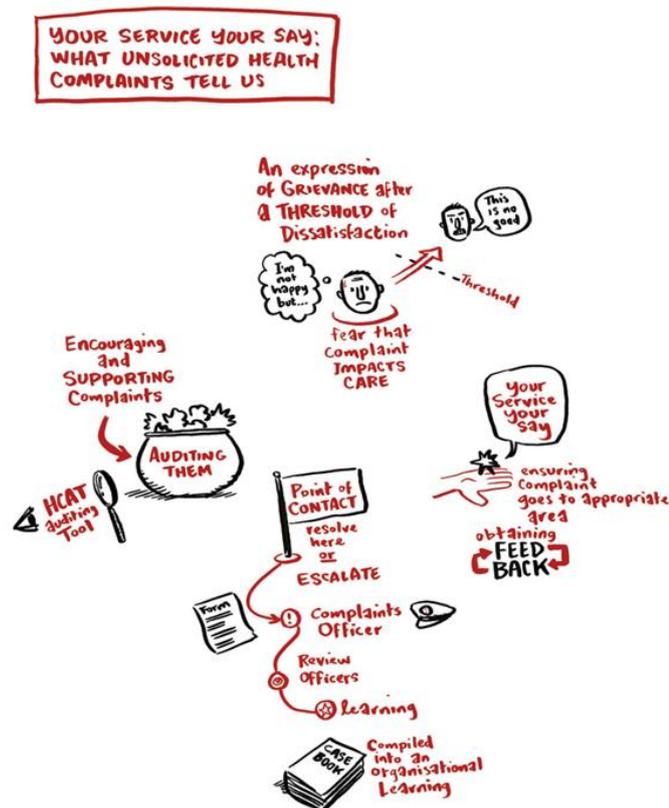
NCGLT exhibited at the conference and engaged with attendees on the role of feedback within the health services and the contribution to learning that it offers.

NCGLT set out the ways in which the narrative from individual complaints as well as data from the analysis of aggregated complaints feed into and complements the management information needed to inform planning and resourcing decisions.

Pictured, from left to right, is Ms Elaine Ahern and Ms Ciara Hughes from NCGLT.

3.4.3 Person Centred Health Care: Lessons from research, practice, policy and patients for health service delivery, University of Limerick

This one-day event involved national and international researchers, clinicians, policy-makers and patients. It targeted a core issue related to quality healthcare – person-centred care. The event reflected a desire for improvements in healthcare across stakeholders specifically regarding the patient experience.



The primary intent of this event was to promote person-centred healthcare and thus quality healthcare. It promoted research outcomes and highlight key issues such as treatment burden, shared decision-making and patient experiences. It brought together various stakeholders to increase collaboration primarily at a national level but also to build international links

Aoife Hilton, Senior Manager, presented on the work of the NCGLT in supporting organisational learning from complaints and ensuring that service user experience informs service delivery and is a driver for change.

Graphic artist's rendering of the complaint journey.

The presentation outlined how the NCGLT supports organisational learning on a daily basis through:

- developing and refining policies and processes that build and support a culture that welcomes and values feedback;
 - such as refining the complaints process to be simple and transparent right through from a point of contact complaints, through to the formal process and the review process, to achieving organisational learning.
- designing mechanisms and tools like the Complaints Management System (CMS) and casebooks, as well as ongoing research into complaint taxonomies that allow for the capture and analysis of feedback data to act as an early warning system, contribute to organisational learning and provide the evidence for quality improvement initiatives;
- establishing and continuing to support a Complaints Managers' Forum to provide a platform to ensure that lessons learned from complaints are shared and used to improve services;
- developing eLearning tools so that all staff can easily understand their role and responsibility within the complaints process;
- auditing to provide assurance and verification that the operational system is receptive and responsive to concerns raised and is delivering on HSE commitments.

3.4.4 NCGLT presentation to HSE Legal Services

NCGLT met with the team from the HSE Offices of Legal Services in June and provided an overview of the structure of NCGLT as well as a briefing on the operation of Your Service Your Say, the HSE's national feedback policy. This was followed by a Q&A session.

3.4.5 Patient Advocacy Service Workshop

In July, NCGLT worked closely with the new Patient Advocacy Service supporting them in their awareness workshop with the University of Limerick Hospital Group (ULHG). Ms Suzanne Moloney, Senior Manager, NCGLT, provided an overview on the operation of Your Service Your Say within acute settings and outlined how the new advocacy service would complement the efforts already in place to assist service users in making their complaint and in navigating the process.

Pictured are presenters and ULHG staff at the Patient Advocacy Service Workshop.



3.5 Training

3.5.1 Review officer Training

The National Complaints Governance and Learning Team continued to provide complaint training courses for Review Officers in 2019. These courses help develop and enhance delegated Review Officers' knowledge of the key elements within the complaints legislation and policy for the management of complaints at internal review stage. Participants learned how to identify key considerations when reviewing a complaint from initial receipt through to the issuing of recommendations. The course focused on the review process steps including guidance on how to conduct an investigation. Representatives from the Office of the Ombudsman also attended and presented at each of these training days.

The National Complaints Governance and Learning Team trained 45 staff members in 2019 in *Complaints Training for Review Officers*

3.5.2 Online Learning – HSELand

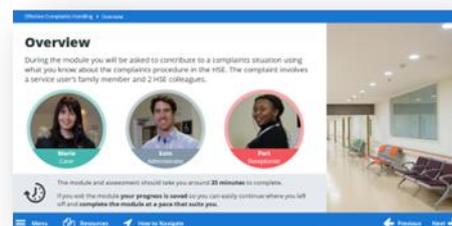
HSELand is an online learning forum developed and run by the Health Service Executive. Access to hseland.ie is available over the internet, on a secure site. It is available to all Healthcare Professionals in the Republic of Ireland, both within Health Service Executive (HSE), Voluntary Hospital Sector, and associated Non-Government-Organisations (NGO's).

In 2018 NCGLT, together with key stakeholders, including representatives from the Office of the Ombudsman launched its newly developed interactive on-line complaint handling e-learning tool, hosted through the HSElanD portal. This tool consists of two modules.

- Module 1: Effective Complaints Handling
- Module 2: Effective Complaints Investigation

Both modules have been reviewed and assessed by the Nursing and Midwifery Board of Ireland (NMBI) and each has been awarded one continuing education unit (1 CEU)

Module 1, Effective Complaints Handling is for all staff to use and encompasses a number of interactive complaint handling scenarios that encourages engagement of the staff member through the exploration of different e-learning paths. This is very effective for empowering staff with the confidence to respond to point of contact complaints.



A total of **5,756 staff** completed this module in 2019



Module 2, Effective Complaints Investigation is an interactive learning tool for Complaints Officers. It takes the user through the entire process of handling a written complaint from when it initially received on the Complaints Officer's desk, right through to guiding the user on who to create a final report.

A total of **1,121 staff** have completed this module in 2019.

New Module Development for Clinical Staff

NCGLT are currently in the process of designing for HseLanD an e-learning module to give practical application to the guidance document, **YSYS Guidance for Clinical Staff**. The guidance was developed to provide support to the various clinical professionals who may at some point be asked to contribute their views as part of a complaints investigation or to write a specific clinical report as part of the complaints investigation.

The module, entitled, **Your Service Your Say: Complaints Handling Guidance for Clinical Staff** will:

1. Provide clinical staff with a clear understanding of the YSYS complaints process.
2. Assist clinical staff in understanding what is required of them under the YSYS complaints management process.
3. Promote the benefits of attempting informal resolution of a complaint.

It is hoped that filming and editing of the module will be completed in early 2020 with a 'go live' date for summer/autumn 2020.

3.5.3 *Workshop for Trainers of Complaints Officers*

To ensure the continuous development of skills and professional knowledge for Complaints Officers, NCGLT organised a *Workshop for Trainers of Complaints Officers* event in October 2019.

Trainers of Complaints Officers were invited to attend this two-day programme as well as to input into the agenda to ensure that it would be tailored to the needs of both Complaints Officers and their trainers.

The Workshop's focus was to provide trainers with the necessary skills required to enable them to roll out a 1-day Complaints Officer training programme within their own respective areas.

The Workshop invited a number of guest speakers to deliver the latest developments in the areas of Assisted Decision Making, Consent and Apology, among other areas.



Representatives from the Office of the Ombudsman and the new Patient Advocacy Service provided an overview on the work of their services and how these fitted into the Your Service Your Say process.

The Workshop also provided an opportunity for trainers to receive up to date information in relation to guidance and policy documents that have been developed by NCGLT since the last session in October 2017. Specifically, presentations were delivered on the new guidance for clinical staff involved in a Your Service Your Say complaint as well as on the newly published casebooks and the learning forms to be completed by Complaints Officers to feed into these.

In recognition of the often stressful nature of responding to complaints a special session on stress management and dealing with aggression and violence in the workplace was provided along with coping techniques and skills to build resilience.

The Workshop had a full agenda for the two days and was very well received.

3.6 **Audit**

3.6.1 *Mental Health Review*

In 2020 NCGLT intends to undertake a review of the Mental Health Services in relation to compliance with the *Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints 2017 Policy*.

The purpose of this review is to establish the extent to which Mental Health Services comply, with the requirements set out in Part 9 of the Health Act 2004 and the HSE's policy.

The review will include an assessment into the overall quality of responses provided to complainants and evidence of any learning identified by the service itself.

To prepare for the onsite review, two surveys were made available online via survey monkey in June 2019. One was for service users to feed back on how they found their experience of making a complaint. 54 service users completed the survey. A report on Stage 1 - Patient & Survey User Survey, is available.

The second survey was for Complaints Officers within Mental Health services to provide details on complaints they have responded to within a particular time period and how they found this process. A total of 53 Complaints Officers were contacted of which 41 completed the survey.

The survey results together with selected onsite audits in 2020 will inform the review report.

3.7 Complaints Management System (CMS)



In addition to the learning forms which identify learning from individual complaints it was necessary to develop a system to capture and aggregate complaint data from CHOs, HGs and National Divisions to enable meaningful analysis and reporting of issues and trends at various levels throughout the HSE so as to assist in decision making and the targeting of resources to deliver quality improvements and better health outcomes and experiences for those who use our services.

As a result, a new online database, the Complaints Management System, was developed in conjunction with the State Claims Agency and will, for the first time, facilitate the capture of comprehensive complaints data to enable analysis and comparison. This will support learning from complaints and ensure evidence based best practice can be shared across services.

Leads for the Complaints Management System have been identified in each CHO and HG and will be the link between the services and our Division to ensure that the reporting from the system is providing the information needed to guide decision making and resource allocation.

Complaints Officers and Support Staff trained in the Complaints Management System	2019 General User Training	2019 Report Training
Hospital Group		
CHG	0	0
ULH	3	0
Saolta	1	0
SSWHG	6	8
DMHG	7	3
RCSI	5	5
IEHG	4	0
Community Health Organisations		
CHO 1	1	0
CHO 2	20	1
CHO 3	0	0
CHO 4	26	0
CHO 5	2	4
CHO 6	12	0
CHO 7	17	2
CHO 8	14	1
CHO 9	31	1
Corporate		
PCRS	3	1
NAS	2	0
Total 2019	154	26
Total Trained to date	773	73

3.8 Complaints Management System (CMS) Steering Group

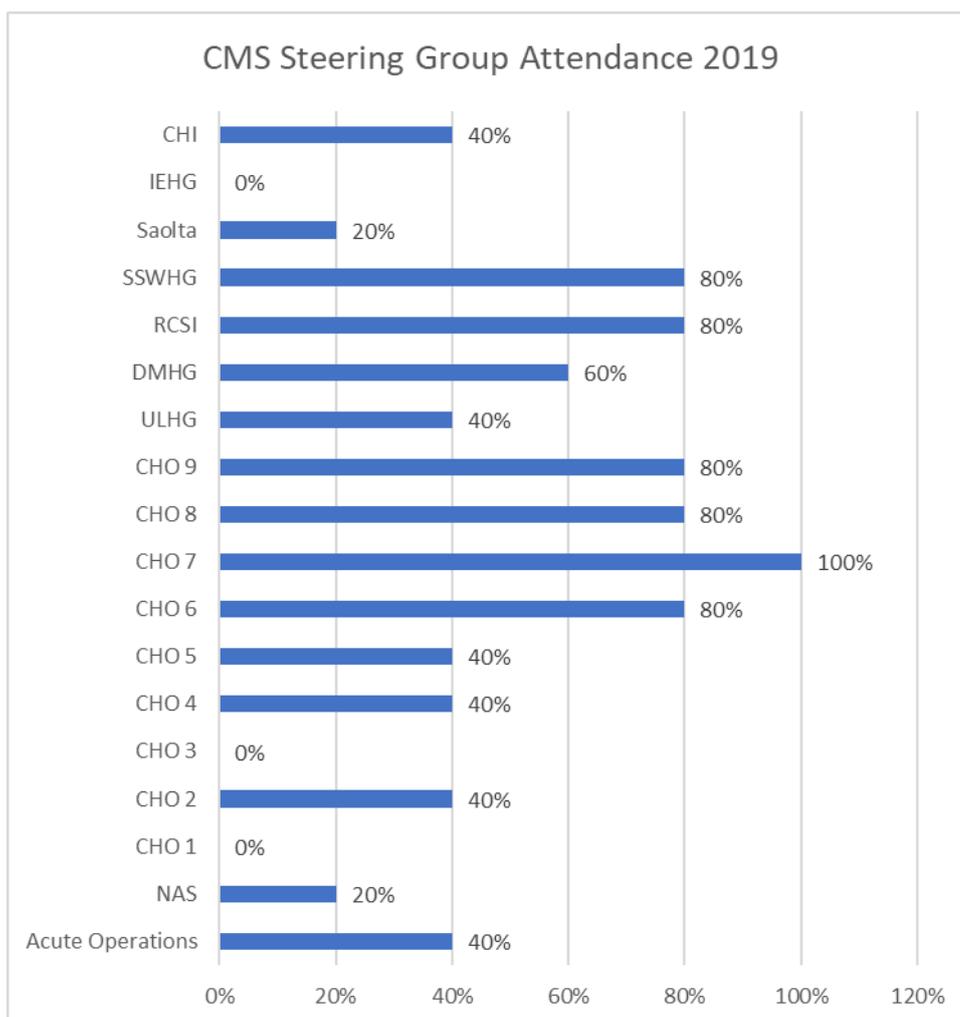
The CMS Steering Group is a formal sub group of the NIMS Steering Group. The Steering Group has been established to provide governance and direction for the implementation and further development of agreed modules of the Complaints Management System. The group also functions as an approval committee and clearing house for change requests from users of the CMS before changes are then forwarded to the NIMS Steering Group.

CMS leads have been appointed within each Community Healthcare Organisation and Hospital Group and meet as a group to further progress the development of the CMS existing module for Stage 2 complaints and the development of new modules on capturing Stage 1 or point of contact complaints and modules for comments and compliments.

Each member of the CMS Steering Group is a nominated lead and represents their own Community Healthcare Organisation and Hospital Groups current and future requirements with regard to complaints management and reporting on the CMS.

Attendees

In 2019, there were five meetings of the CMS Steering Group took place, two of these were conference calls. The level of attendance is spread across the group members with one area attending all meetings, three areas attending no meetings and the remaining areas attending some meetings.



3.9 Healthcare Complaints Audit Tool (HCAT)

The Healthcare Complaints Audit Tool (HCAT) is an innovative method of classifying complaints developed by the London School of Economics (LSE) after a rigorous analysis of 80,000 NHS complaints. The HCAT tool is a reliable method of coding and systemising healthcare complaints that also supports international comparability of data.

The Healthcare Complaints Analysis Tool (HCAT) treats each complaint as an ‘incident’, and asks the following:

1. *What is the problem being reported?*
2. *How severe was it?*
3. *Where, in the system, did it happen?*
4. *Who did it involve?*
5. *Was there a consequence?*

The NCGLT in partnership with NUIG are currently undertaking a body of work involving the analysis of a large sample of complaints from across the HSE’s services. The purpose of this analysis is to improve the classification system used by the HSE and hence our understanding of the nature and severity of complaints, leading to improvements in healthcare delivery and ensuring high standards of quality and safety.

Classification is an essential part of the processing of each complaint that is received by the Health Services and is a requirement of the HSE’s compliance with the Health Act 2004 Section 55.—(2) (b). Under the Act, it is essential the HSE analyse complaints to establish and classify the nature of each complaint received.

This project will run from 2018 to 2022 and is divided into 2 sections which will run concurrently. The first focusing on Acute Services related complaints and the second on Community Services related complaints.

Improved classification systems support the identification of systemic issues and trends within systems and services leading to improvements in healthcare delivery and ensuring high standards of quality and safety.

The first progress reports for both projects were developed in late 2019 and while it is not possible to draw definitive conclusions or make recommendations nationally based on the area specific data analysed so far it is still a very positive indicator of the future analysis when larger samples of complaints are analysed during 2020.

The broad trends from complaints received by Acute Services in this initial sample point to issues with institutional processes, particularly delays in accessing care, and to poor relationships between staff and patients. While no harm is reported in a large number of complaints, complainants nonetheless sought answers to their questions and expressed the desire that other patients have a better experience. Complaints analysed also gave further insight into clinical, management and relationship issues, severity of events or actions, levels of harm, stage of care where the event or action occurred, service users’ motivations for complaints and complainant profiles.



The initial analysis of complaints regarding Community Services was directed towards informing the adaptation of the HCAT into an appropriate model for community care settings. The broad trends from complaints in this initial sample point to issues at the “Accessing care” stage, the next most frequent stage of care resulting in a complaint was “During the appointment”. Analysis to date has given insight into domains and categories of complainant profiles, motivations for complaints, severity of events, levels of harm, stage of care where the event occurred and has clearly identified the next steps of the research.

Further data requirements were identified for the next stage of the project.

This initial analysis has made it clear that there is extensive learning to be derived from using HCAT for analysis of complaints.

3.10 Learning from Individual Complaints: HSE Anonymised Feedback learning Casebook

Developing a person centred, learning health service requires the voice of the service user to be heard and acted upon.

The HSE has, in recent years, become more proactive in encouraging and facilitating service users to partner with us in the continued development of our health services. Initiatives such as the *National Patient Experience* and *Your Voice Matters* Surveys, including Your Service Your Say, encourages and enables service users to share their experiences with us which in turn assist us to set our priorities and plan and deliver more responsive services that result in better outcomes for people.

Feedback, be it a comment, compliment or complaint, when categorised and analysed, offers valuable data about our services and helps us to identify issues and target remedies. However, much is to be learned from the narrative of individual complaints and hearing and understanding the real impact that a poor or good service experience can have.

One way to capture and share the narrative from complaints is through casebooks.

The publication of a national quarterly casebook, which commenced in 2019, is part of the HSE's commitment to use complaints as a tool for learning and to share that learning. It was also a recommendation by the Ombudsman in his report, *Learning to Get Better* and further progresses the HSE's promise to implement all recommendations from the Ombudsman's report pertaining to the HSE by the end of 2019.

The National Casebook, published quarterly on the HSE website, is widely circulated throughout the HSE enabling various service areas across the system to learn from experiences elsewhere in the organisation so as to further develop the quality and safety of their own services and remedy or prevent the occurrence of similar issues in their area. By publishing the casebooks online, the HSE can demonstrate to services users that sharing their experience has made a difference and has led to change.

The HSE Anonymised Feedback Learning Casebooks for Q1 to Q4 for 2019 are available to view on www.hse.ie/yoursay

Casebook Development

The national casebook is generated from the learning notification forms that are completed by Complaints Officers, following a complaint investigation, and Review Officers, following a complaint review and forwarded to Complaints Managers. Complaints Managers review these forms and submits those cases with organisational learning to NCGLT for the inclusion in the national casebook.

2019 Quarterly Anonymised Feedback Learning Casebook

The quarterly casebooks produced in 2019 contained 50 cases submitted by both community and acute services as well as by the National Ambulance Service.

Of the 50 cases profiled, 26 related to Community Healthcare Organisations, 23 to Hospital Groups and 1 to the National Ambulance Service.

The table below summarises the cases received by quarter from each Hospital Group, Community Healthcare Organisation and the National Ambulance Service.

	Hospital Group	Community Healthcare Organisation	National Ambulance Service
Q1	1	7	0
Q2	9	7	0
Q3	9	6	0
Q4	4	6	1
Total	23	26	1

Out of the seven **Hospital Groups**, two groups, Ireland East Hospital Group and Royal College of Surgeons Ireland, didn't submit any cases for inclusion in the national casebook.

Although, no Hospital Group submitted a case every quarter, three Hospital Groups, University of Limerick Hospital Group, Dublin Midlands Hospital Group and Children's Health Ireland, submitted cases for three out of the four quarterly casebook publications.

Saolta University Health Care Group submitted cases for two of the quarterly publications and South South West Hospital Group submitted a case for just one casebook.

Out of the nine **Community Healthcare Organisations**, only one CHO, Community Healthcare East (CHO 6) didn't submit any casebook for 2019.

Cork Kerry Community Healthcare (CHO 4) was the only CHO to submit cases for all four quarterly casebook publications. Two CHO's, South East Community Healthcare (CHO5) and South Dublin, Kildare and West Wicklow Community Healthcare (CHO7) submitted cases for three casebook with the remaining three CHO's, Mid West Community Healthcare (CHO3), Midlands Louth Meath Community Healthcare (CHO8) and CHO Dublin North City and County (CHO9) submitting cases for two of the four quarterly publications.

The National Ambulance Group submitted a case for the Q4 casebook.

Casebook Overview

Communication and Information emerged as the main issue for service users in the cases submitted.

The issue category of *Communication and Information* featured in 30 cases including where combined with other issue categories such as *Access, Safe and Effective Care* and *Accountability*. There were 16 cases alone where *Communication and Information* was the key issue. Overall, it accounted for 60% of the issue categories presented in all cases.

Out of the 50 casebooks presented, there were 5 cases that had 3 issue categories, 13 cases that each had 2 issue categories, and the remaining 32 cases each contained 1 category.

An overview of the categories presenting is as follows:

The 3 issue categories presented in 5 cases were as follows:

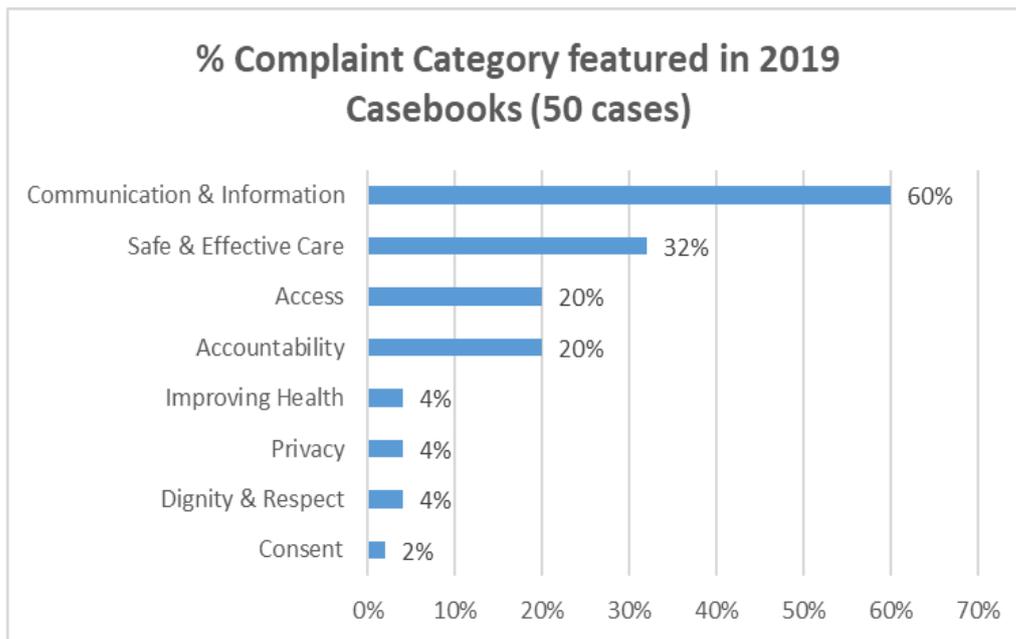
- Safe & Effective Care / Privacy / Communication and Information (2 cases)
- Access / Communication and Information / Accountability (1 case)
- Access / Communication and Information / Safe and Effective Care (1 case)
- Dignity and Respect / Safe & Effective Care / Accountability (1 case)

The 2 issue categories presented in 13 cases were as follows:

- Communication and Information / Access (4 cases)
- Communication and Information / Safe and Effective Care (3 cases)
- Safe and Effective Care / Accountability (3 cases);
- Communication and Information / Accountability (2 cases)
- Consent / Communication and Information (1 case)

The single issue presented in 32 cases were as follows:

- Communication and Information (16 cases)
- Safe and Effective Care (6 cases)
- Access (4 cases)
- Accountability (3 cases)
- Improving Health (2 cases)
- Dignity & Respect (1 case)



The issues under *Communication and Information* were categorised under the sub category type of (a) *Communications Skills* and (b) *Information*.

- (a) *Communication Skills* issues included ‘inappropriate comments from staff’ or ‘tone of voice used’ including the necessity for clear, professional and empathetic communication with a patient.
- (b) *Information* issues included insufficient and inadequate information mainly surrounding waiting times, signage, misinformation when having to contact various departments, getting no response from emails.

Complaints arising out of issues with *Communication and Information* can be a very preventable cause of complaint and would benefit from targeted efforts to address issues.

Hospital Groups

For **Hospital Groups**, the key issue category was *Communication and Information*, which accounted for 11 of the 23 cases profiled. *Safe and Effective Care* accounted for 8 of the 23 cases profiled while *Accountability* arose as an issue in 7 cases. There were 5 cases that had more than one category applying.

The table below sets out the issues experienced under each main category.

<i>Communication and Information</i>	<i>Safe and Effective Care</i>	<i>Accountability</i>
Communication skills	Continuity of care	Patient feedback
Delay and failure to communicate	Discharge	Finance (billing)
Insufficient and inadequate information	Healthcare records; patient property, treatment and care	

Community Healthcare Organisations

Of the 26 cases presented by **Community Healthcare Organisations (CHO)**, *Communication and Information* was also a key issue category featuring in 18 cases. *Access* was the main issue category in 8 cases and with *Safe and Effective Care* the main category in 7 cases. There were 12 cases that had more than one issue category applying.

The table below set outs the issues experienced under each main category.

<i>Communication and Information</i>	<i>Safe and Effective Care</i>	<i>Access</i>
Communication skills	Poor recording of information	Appointment – other
Delay and failure to communicate	Treatment and care	Health and Safety issues
Diverse needs	Diagnosis	Parking
	Continuity of care	Appointment – delays / other
	Discharge	Accessibility/resources

National Ambulance Service

For the case presented by the **National Ambulance Service (NAS)**, 3 issue categories featured within that case. These were *Access*, *Communication and Information*, and *Safe and Effective Care*.

The table below set outs the issues experienced under each main category.

<i>Communication and Information</i>	<i>Safe and Effective Care</i>	<i>Access</i>
Communication skills	Continuity of care	Transport

The complaint issue sub-categories common across CHOs, Hospital Groups and the NAS were **Communication Skills** and **Continuity of Care**.

The complaint issue sub-categories common across CHOs and Hospital Groups were **Delay and failure to communicate** and **Discharge**.

Of the 50 cases presented, 24 of these stated that an apology was offered to the service user for their experience.

A summary of the issues presented in the 2019 National HSE Anonymised Feedback Learning Casebooks are presented in Appendix 4.

3.11 The National Your Service Your Say Office

The revised *Your Service You Say, the Management of Service User Feedback for Comments, Compliments and Complaints* policy (November 2017) placed greater emphases on encouraging and enabling our service users to give feedback and for staff and managers to learn and improve services as a result.

Service Users have many ways to share their experiences, from telling a staff member or their health professional, to completing a feedback form or filling out the online form on the HSE website.

In addition, the HSE offers, through the National Your Service Your Say office, a dedicated and visible contact point for service users to find out more about giving feedback, the Your Service Your Say policy or to directly relate their experience.

The National Your Service Your Say office comes under the remit of the National Complaints Governance & Learning Team (NCGLT) within Quality, Assurance & Verification (QAV).

The National Your Service Your Say office can be contacted via telephone, **9am to 5pm, Monday to Friday on 1890 424 555 or on 045 880 429 (if calling from a mobile) or via email at yoursay@hse.ie**

The service is supplemented by HSELive who can offer assistance to callers outside of these hours from Monday to Friday, 8am to 8pm as well as on a Saturday from 10am to 5pm. HSELive can be contacted on 1850 24 1850 or on 041 6850300, if calling from a mobile.



Photo: (Left to right) Amy and Annie from the National Your Service Your Say Team

The Team will answer your queries, provide advice and information if needed and will ensure that any feedback given is directed to the appropriate local service for their examination and direct response to the person raising the concern. The office does not examine concerns directly as under policy they must route the issue to the local service.

The Your Service Your Say office is staffed by three team members who support Service Users with their queries, manually records feedback provided as well as responding to emails and online forms submitted by service users.

Photo: Lisa from the National Your Service Your Say Team

The Team also supports the office of the HSE Chief Executive Officer and the Department of Health. The Team ensure that Service Users who have been in contact with these offices have their issues routed to the appropriate service for examination and response within the Your Service Your Say process so as to provide them access to review mechanisms both internally and externally, if required.



This central HSE access point provides a valuable ‘no wrong door’ service, facilitating and supporting service users and other agencies and ensuring that their comments, compliments and complaints are directed to the appropriate service for them to respond to and learn from.

In line with the new General Data Protection Regulations, where complaints submitted to the HSE’s National Your Service Your Say office relate to a HSE funded agency, the team will:

- (a) request your permission to forward on your complaint to that funded agency for investigation under their own complaints policy and direct response to you, or
- (b) advise you that you can submit your complaint directly to that facility/agency.

Where you submit a complaint that relates to a private facility or service, you will be advised to send your complaint directly to the service in question.

The profile of the office has been increasing over the past two years. Contact details are publicised on all printed Your Service Your Say materials, which have been widely distributed throughout the HSE as well as at many awareness events. The office was also profiled in the 2019 winter edition of the HSE’s staff magazine, Health Matters.

3.11.1 The National Your Service Your Say Office Activity

Activity of the National Your Service Your Say office has increased year on year, from 9,907 interactions (calls, emails, online forms) in 2016 to 11,023 in 2018; an 11% increase. In 2019, interactions further increased to 13,101, almost 19% ahead of 2018. See breakdown of activity below:

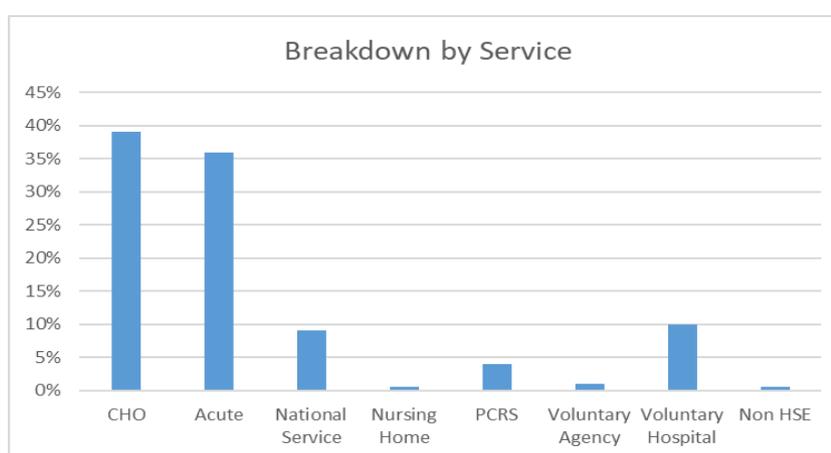
2019	YSYS emails	YSYS Online Form	Complaints via CEO	Complaints via DoH	Complaints via HSEBoard	QAV Letters	Reviews	QAV office calls	QAV office missed calls	Total
January	587	154	3	220		3	1	221	64	1253
February	555	151	1	207	1	6	1	165	28	1115
March	602	216	15	167	0	11	0	102	18	1131
April	592	237	3	136	0	12	0	98	26	1104
May	643	236	5	143	0	21	0	127	14	1189
June	527	175	12	125	0	13	0	145	33	1030
July	663	180	6	140	0	17	0	116	28	1150
August	601	168	12	139	0	20	2	64	38	1044
September	564	155	5	112	0	15	3	72	20	946
October	632	277	5	151	0	17	2	81	30	1195
November	546	235	10	125	0	12	0	64	22	1014
December	506	179	5	92	0	7	1	112	28	930
Total	7018	2363	82	1757	1	154	10	1367	349	13101

3.11.2 Analysis of 2019 Activity

Community Healthcare Organisations accounted for 39% of all activity while Acute Hospitals accounted for 36%.

A full breakdown of activity per service is presented below:

CHO	Acute	National Service	Nursing Home	PCRS	Voluntary Agency	Voluntary Hospital	Non HSE
39%	36%	9%	0.5%	4%	1%	10%	0.5%



Activity generated through the Department of Health, the HSE Chief Executive Officer's office and Your Service Your Say is detailed below.

Department of Health

Of all feedback received through the Department of Health, 44% related to Community Healthcare Organisations and 21% to Acute Hospitals. All other areas that received feedback through the Department of Health are presented in the table below:

CHO	Acute	National Service	Nursing Home	PCRS	Voluntary Agency	Voluntary Hospital
44%	21%	14%	0.5%	9%	0.5%	11%

The feedback received through the Department of Health was categorised under Access, Accountability, Communication and Information, Safe and Effective Care and Improving Health. The main feedback category was Access, accounting for 81% of feedback received.

Access	Accountability	Communication and Information	Safe and Effective Care	Improving Health
81%	2%	1%	15%	1%

The Office of the HSE Chief Executive Officer

Of all feedback received through the HSE Chief Executive Officer’s office, 55% related to Community Healthcare Organisations and 12% to Acute Hospitals. All other areas that received feedback through the HSE Chief Executive Officer’s office are presented in the table below:

CHO	Acute	National Service	Nursing Home	PCRS	Voluntary Hospital
55%	12%	15%	1%	7%	10%

The feedback received through the HSE Chief Executive Officer’s office was categorised under Access, Accountability, Communication and Information, Dignity and Respect and Safe and Effective Care. The top two categories were Access at 46% and Safe & Effective Care at 35%.

Access	Accountability	Communication & Information	Dignity & Respect	Safe & Effective Care
46%	3%	11%	5%	35%

Your Service Your Say

Of all feedback received through Your Service Your Say, 41% related to Acute Hospitals and 37% to Community Healthcare Organisations. All other areas that received feedback through Your Service Your Say are presented in the table below:

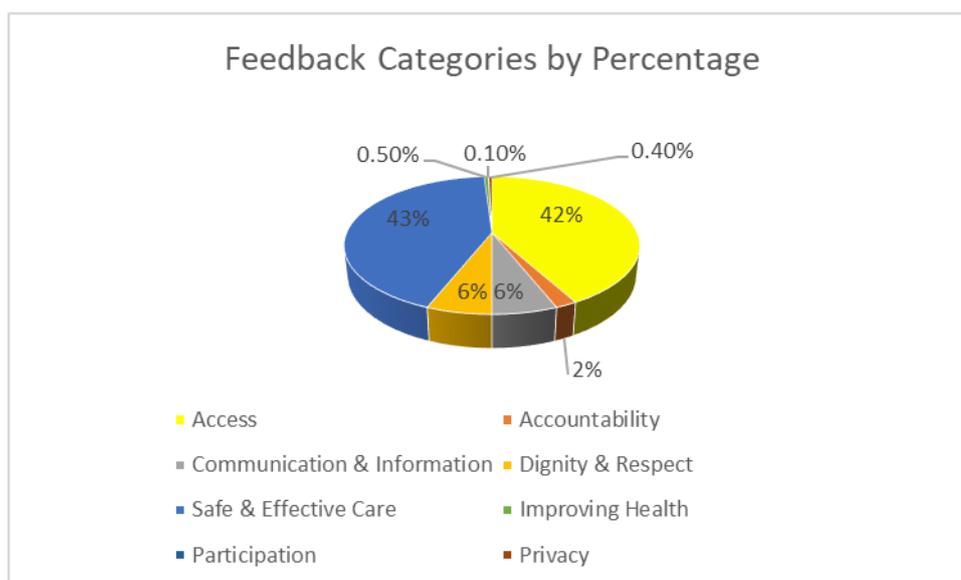
CHO	Acute	National Service	PCRS	Voluntary Agency	Voluntary Hospital	Non HSE
37%	41%	8%	2%	1%	10%	1%

Feedback received through Your Service Your Say was categorised under Access, Accountability, Communication and Information, Dignity and Respect, Safe and Effective Care, Improving Health, Participation and Privacy. The two main feedback categories were Safe and Effective Care at 51% and Access at 31%.

Access	Accountability	Communication and Information	Dignity and Respect	Safe and Effective Care	Improving Health	Participation	Privacy
31%	2%	7%	8%	51%	.4%	.1%	.5%

Complaints received from the Department of Health, the HSE Chief Executives Officer’s Office and National Your Service Your Say Office fell within eight complaint categories recorded with **Access (at 42%)** and **Safe and Effective Care (at 43%)** the top two categories recorded.

Access	Accountability	Communication and Information	Dignity and Respect	Safe and Effective Care	Improving Health	Participation	Privacy
42%	2%	6%	6%	43%	.5%	.1%	.4%



Treatment and Care emerged as the key sub category within **Safe & Effective Care** and **Accessibility and Resources** emerged as the key sub category within the **Access** category for 2019.

This aligns to the complaint categories recorded and analysed on the CMS for 2019 with Safe and Effective Care and Access emerging as the key complaint categories.

3.12 National Disability Complaints – Assessment of Need

The Disability Act 2005 provides for a special complaints and appeals procedure for service users if they are unhappy with their child's assessment of need or Service Statement.

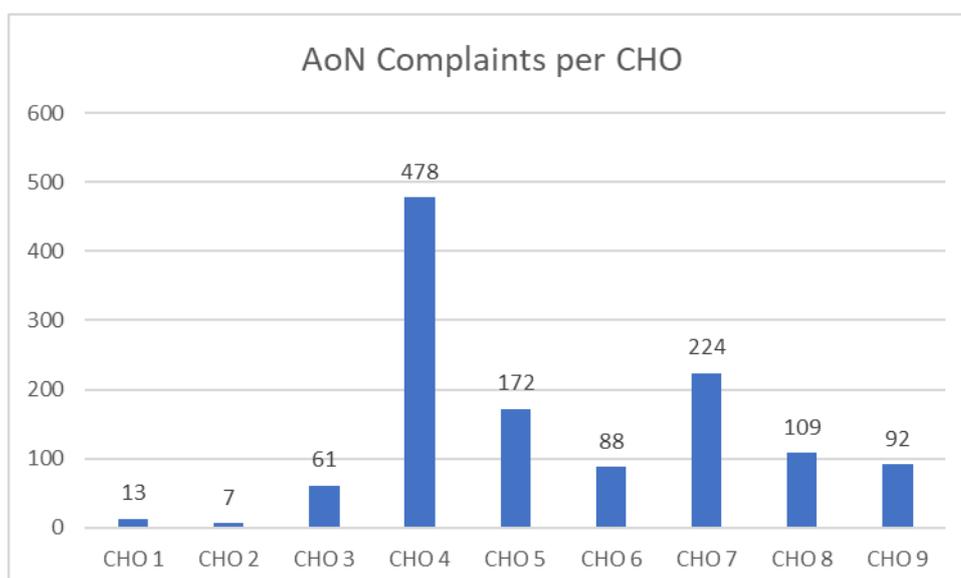
Under the Disability Act 2005 a parent/guardian can make a complaint regarding Assessment of Need if:

1. The child is found not to have a disability and the Parent/Guardian does not agree
2. The assessment is not done in line with the standards set by the Health Information and Quality Authority
3. An assessment is not started and completed within the agreed timeframes
4. Parent/Guardian believes that the content of the child's Service Statement is inaccurate or incorrect
5. Services in the child's Service Statement were being delivered.

There is currently a backlog of complaints regarding Assessment of Need services to be addressed. The NCGLT recruited 2 additional dedicated Disabilities Complaints Officer during 2019 to address this backlog. This expanded the team of Complaints Officers to four.

Area	Applications for AoN	Complaints relating to AoN	Complaints relating to AoN per 100 Applications
CHO 1	240	13	5
CHO 2	285	7	2
CHO 3	719	61	8
CHO 4	1349	478	35
CHO 5	432	172	40
CHO 6	340	88	26
CHO 7	921	224	24
CHO 8	879	109	12
CHO 9	1431	92	6

Table 48: Complaints relating to Assessment of Need 2019



Appendices

Appendix One: Data Tables

Hospitals: Statutory

Hospitals in Ireland are organised into seven Hospital Groups. The services delivered include inpatient scheduled care, unscheduled/emergency care, maternity services, outpatient and diagnostic services. In 2017 Complaints Data relating to HSE Statutory Hospitals was through 2 alternative methods:

HSE Statutory Complaints data was collected monthly and collated quarterly by each Consumer Affairs region with the exception of ULH. Complaints Data relating to ULH was collected by the Hospital Group.

HSE Statutory Complaints data was extracted through statistical reports created from complaints recorded on the Complaints Management System 79% and data sheets 21%)

University Limerick Hospitals Group (ULH) Statutory Hospitals	University Hospital Limerick, University Maternity Hospital, Croom Hospital, Nenagh Hospital, Ennis Hospital	RCSI Statutory Hospitals	Connolly Hospital, Our Lady of Lourdes Hospital, Drogheda and Louth County Hospital, Cavan General Hospital and Monaghan Hospital
Dublin Midlands Hospital Group (DMHG) Statutory Hospitals	Midlands Regional Hospital, Tullamore, Naas General Hospital, Midlands Regional Hospital Portlaoise	South/South West Hospital Group (SSWHG) Statutory Hospitals	Cork University Hospital/CUMH, University Hospital Waterford, Kerry General Hospital, South Tipperary General Hospital, Bantry General Hospital, Mallow General Hospital, Lourdes Orthopaedic Hospital, Kilcreene, Hospital, Kilcreene
Ireland East Hospital Group (IEHG) Statutory Hospitals	Midland Regional Hospital Mullingar, St Luke's General Hospital, Kilkenny, Wexford General Hospital, Our Lady's Hospital, Navan, St Columcille's Hospital	Saolta Statutory Hospitals	University Hospital Galway, Merlin Park University Hospital, Sligo Regional Hospital, Letterkenny General Hospital, Mayo General Hospital, Portiuncula Hospital, Roscommon County Hospital



Hospital Groups

Hospital Groups (Statutory)	Complaints received 2019	Complaints excluded under Part 9 of the Health Act 2004	Withdrawn	Anonymous	Resolved informally	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
DMHG Statutory Hospitals	358	124	6	0	9	154	43	71%
IEHG Statutory Hospitals	810	52	17	5	322	148	182	64%
RCSI Statutory Hospitals	341	72	11	1	25	198	33	87%
Saolta Statutory Hospitals	682	116	22	1	165	227	92	72%
SSWHG Statutory Hospitals	575	90	6	1	54	115	121	35%
ULH Statutory Hospitals	829	3	32	16	555	21	34	74%

Table 49: Complaints reported: Statutory Hospitals within Hospital Groups 2019

National Ambulance Service

National Ambulance Service	Complaints received 2019	Complaints excluded under Part 9 of the Health Act 2004	Withdrawn	Anonymous	Resolved informally	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
Total	88	10	1		2	31	6	43%

Table 50: Reported complaints National Ambulance Service



Complaint Categories: Statutory Hospitals

Hospital Groups (Statutory Hospitals)

Hospital Groups (Statutory)	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
DMHG Statutory Hospitals	104	14	153	77	0	7	2	31
IEHG Statutory Hospitals	115	69	565	107	1	2	5	27
RCSI Statutory Hospitals	88	94	139	66	0	10	7	13
Saolta Statutory Hospitals	196	79	187	123	1	4	8	48
SSWHG Statutory Hospitals	119	52	229	183	0	9	0	36
ULH Statutory Hospitals	294	90	336	243	0	15	30	58
Total	916	398	1609	799	2	47	52	213

Table 51: Complaints Categories Statutory Hospitals

Hospital Groups (Statutory) Contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
DMHG Statutory Hospitals	2	0	0	0	0	0	0	3
IEHG Statutory Hospitals	71	0	0	0	0	0	0	0
RCSI Statutory Hospitals	47	0	1	0	0	1	2	0
Saolta Statutory Hospitals	3	0	0	0	0	0	0	0
SSWHG Statutory Hospitals	6	2	0	0	0	0	0	0
ULH Statutory Hospitals	0	0	0	0	0	0	0	0
Total	129	2	1	0	0	1	2	3

Table 52: Categories of Complaints reported: Hospital Group Contd.



National Ambulance Service

National Ambulance Service	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
Total	19	56	46	13	0	0	0	1

Table 53: Complaints Categories NAS

National Ambulance Service Contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
Total	0	0	0	0	0	0	0	0

Table 54: Categories of Complaints reported: NAS.



Community Health Organisations (CHOs)

CHO 1	Donegal, Sligo, Leitrim, Cavan, Monaghan	CHO 6	Wicklow, Dun Laoghaire, Dublin South East
CHO 2	Galway, Mayo, Roscommon	CHO 7	Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West
CHO 3	Clare, Limerick, North Tipperary	CHO 8	Louth, Longford, Laois, Offaly, Meath, Westmeath
CHO 4	Kerry, Cork	CHO 9	Dublin North, Dublin North Central, Dublin North West
CHO 5	South Tipperary, Carlow, Kilkenny, Waterford, Wexford	AoN	Complaints relating to Assessment of Need Nationally (across all CHOs)

Complaints Received/Resolved: CHOs

Community Health Organisation (CHO)	Complaints received 2019	Complaints excluded under Part 9 of the Health Act 2004	Withdrawn	Anonymous	Resolved informally	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
CHO 1	77	7	3	1	21	34	11	83%
CHO 2	161	30	12	3	4	73	40	66%
CHO 3	77	2	2	0	36	18	8	74%
CHO 4	62	13	0	0	5	13	24	37%
CHO 5	67	0	0	0	14	25	9	58%
CHO 6	89	1	1	0	22	12	13	39%
CHO 7	193	13	7	0	64	57	16	70%
CHO 8	204	16	2	0	23	72	43	51%
CHO 9	81	18	2	0	11	26	19	61%
Total	1011	100	29	4	200	330	183	60%

Table 55: CHOs Complaints resolved 2019



Assessment of Need Nationally (Disabilities) (across all CHOs)

Assessment of Need Nationally (across all CHOs)	Complaints received 2019	Complaints excluded under Part 9 of the Health Act 2004	Withdrawn	Anonymous	Resolved informally	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
Total	1244	97	13	0		842	380	74%

Table 56: AoN Complaints resolved 2019

Primary Care Reimbursement Service (PCRS)

PCRS did not return data for 2019



Complaint Categories: CHOs

Community Health Organisation (CHO)

Community Health Organisation	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
CHO 1	19	8	24	10	2	2	2	6
CHO 2	48	11	41	20	0	0	2	5
CHO 3	38	24	4	8	0	0	0	2
CHO 4	28	9	9	23	0	2	4	0
CHO 5	30	10	7	10	0	2	3	13
CHO 6	23	10	29	23	0	4	0	0
CHO 7	106	23	22	30	0	2	1	13
CHO 8	111	25	65	47	0	1	3	2
CHO 9	26	26	30	11	0	1	1	1
Total	429	146	231	182	2	14	16	42

Table 57: Complaints Categories Community Health Organisation (CHO)



Community Health Organisation contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
CHO 1	0	0	0	0	0	0	0	0
CHO 2	1	0	0	0	0	0	0	1
CHO 3	0	0	0	0	0	0	0	0
CHO 4	0	0	0	0	0	0	0	0
CHO 5	0	0	0	0	0	0	0	0
CHO 6	0	0	0	0	0	0	0	0
CHO 7	0	0	0	0	0	0	0	0
CHO 8	0	1	0	0	0	0	0	0
CHO 9	0	0	0	0	0	0	0	0
Total	1	1	0	0	0	0	0	1

Table 58: CHOs Complaints Categories 2019



Assessment of Need Nationally (across all CHOs)

Assessment of Need Nationally (across all CHOs)	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
AoN	1231	0	52	0	0	0	0	0
Assessment of Need Nationally (across all CHOs) Contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
AoN	1	0	0	0	0	0	0	0

Table 59: AoN Complaints Categories 2019

Primary Care Reimbursement Service (PCRS)
PCRS did not return data for 2019



Complaints by Divisions: CHOs

Community Health Organisation (CHO)	Health & Wellbeing	Mental Health	Primary Care	Social Care (less AoN)	Assessment of Need (AoN)
CHO 1	3	25	31	12	13
CHO 2	0	41	46	37	7
CHO 3	0	13	39	22	61
CHO 4	2	33	24	14	478
CHO 5	0	16	40	17	172
CHO 6	1	25	27	21	88
CHO 7	0	27	163	10	224
CHO 8	0	67	75	89	109
CHO 9	0	68	26	0	92
Total	6	315	471	222	1244

Table 60: CHOs Complaints by Division 2019

Complaints Reported per CHO by Service

Assessment of Need Nationally (across all CHOs) 2019

Assessment of Need Nationally (across all CHOs)	Social Care	Primary Care	Mental Health	Health and Wellbeing
AoN	1244	0	0	0

Table 61: AoN Complaints by Division 2019

Primary Care Reimbursement Service (PCRS) 2019
PCRS did not return data for 2019



Voluntary Hospitals and Agencies Complaints Data

Voluntary Hospitals within Hospital Groups

Hospitals in Ireland are organised into **seven Hospital Groups**. The services delivered include inpatient scheduled care, unscheduled/emergency care, maternity services, outpatient and diagnostic services.

University Limerick Hospitals Group (ULH) Statutory Hospitals	St. John's Hospital	RCSI Statutory Hospitals	Beaumont Hospital, Rotunda Hospital
Dublin Midlands Hospital Group (DMHG) Statutory Hospitals	St James's Hospital, St. Luke's Radiation Oncology Network, The Adelaide & Meath Hospital, Dublin, The Coombe Women & Infant University Hospital	South/South West Hospital Group (SSWHG) Statutory Hospitals	Mercy University Hospital, South Infirmary Victoria University Hospital
Ireland East Hospital Group (IEHG) Statutory Hospitals	Mater Misericordiae University Hospital, Cappagh National Orthopaedic Hospital, St Vincent's University Hospital, National Maternity Hospital, St Michael's Hospital, Dun Laoghaire, Royal Victoria Eye and Ear Hospital	The Children's Hospital Group (CHG) Voluntary Hospitals	Children's University Hospital Temple Street, The National Children's Hospital, Tallagh, Our Lady's Children's Hospital, Crumlin <i>Note: The three Dublin paediatric hospitals formerly in the Children's Hospital Group transferred into a single public body on 1st January 2019 named Children's Health Ireland.</i>

Complaints Received/Resolved: Voluntary Hospitals

Voluntary Hospitals within Hospital Groups	Complaints received 2019	Complaints excluded under Part 9 of the Health Act 2004	Withdrawn	Anonymous	Resolved informally	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
CHG Voluntary Hospitals	1245	1	3	2	155	797	143	77%
DMHG Voluntary Hospitals	2298	0	7	5	818	867	444	74%
IEHG Voluntary Hospitals	2681	14	18	5	1957	420	332	90%
RCSI Voluntary Hospitals	736	22	18	0	114	398	156	74%
Saolta Voluntary Hospitals	682	116	22	1	165	227	92	72%
SSWHG Voluntary Hospitals	146	7	8	0	39	77	19	89%
ULH Voluntary Hospitals	36	0	5	0	6	20	5	84%
Total	7824	160	81	13	3157	2815	1182	79%

Table 62: Complaints reported: Voluntary Hospitals within Hospital Groups 2019



Complaint Categories: Voluntary Hospitals within Hospital Groups

Voluntary Hospitals within Hospital Groups	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
CHG Voluntary Hospitals	345	48	414	320	8	19	17	67
DMHG Voluntary Hospitals	1015	290	915	1244	22	42	52	118
IEHG Voluntary Hospitals	470	111	757	763	9	19	17	143
RCSI Voluntary Hospitals	179	62	441	332	4	15	14	50
SSWHG Voluntary Hospitals	29	8	68	40	1	0	0	2
ULH Voluntary Hospitals	8	14	20	15	0	0	1	0
Total	2046	533	2615	2714	44	95	101	380

Table 63: Complaint Categories: Voluntary Hospitals within Hospital Groups

HSE Voluntary Hospitals contd.	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
CHG Voluntary Hospitals	14	0	0	0	0	0	0	0
DMHG Voluntary Hospitals	1	1	0	0	0	0	0	0
IEHG Voluntary Hospitals	30	5	0	0	0	2	0	0
RCSI Voluntary Hospitals	64	0	0	0	0	0	0	0
SSWHG Voluntary Hospitals	0	1	0	0	0	0	0	0
ULH Voluntary Hospitals	0	0	0	0	0	0	0	0
Total	109	7	0	0	0	2	0	0

Table 64: Complaints Categories reported: Voluntary Hospitals within Hospital Groups 2019



Other Voluntary Hospitals & Agencies

In 2019 Complaints Data relating to Voluntary Hospitals & Agencies was returned by hospitals and agencies directly to the National Complaints Governance and Learning Team.

Others	Complaints received 2019	Complaints excluded under Part 9 of the Health Act 2004	Withdrawn	Anonymous	Resolved informally	Resolved through formal investigation ≤30 working days	Resolved through formal investigation >30 working days	% Resolved ≤30 working days
Other Voluntary Hospitals & Agencies	5018	127	98	55	3413	767	274	88%

Table 65: Complaints reported: Other Voluntary Hospitals and Agencies 2019



Complaints Categories: Other Voluntary Hospitals & Agencies

Other Voluntary Hospitals & Agencies	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability
	1171	1613	1355	876	155	324	138	181
Other Voluntary Hospitals & Agencies	Clinical Judgement	Vexatious Complaints	Nursing homes / residential care age >65	Nursing homes and residential care age ≤64	Pre-school inspection services	Trust in Care	Children First	Safeguarding Vulnerable Persons
	56	166	20	22	65	96	31	312

Table 66: Complaints Categories reported: Other Voluntary Hospitals and Agencies 2019

Hospital Groups

Complaints received by Hospital Group per 100,000 bed days

Hospital Group	Complaints reported 2019	Bed Days	Complaints per 100000 bed days 2019
Children's Hospital Group	1245	102887	1188
Dublin Midlands Hospital Group	2656	264285	389
Ireland East Hospital Group	3491	638942	415
RCSI Hospital Group	1077	663993	176
Saolta Statutory Hospital Group	682	677659	105
South/South West Hospital Group	721	587348	108
University Limerick Hospital Group	865	813721	328

Table 67: Complaints received by Hospital Group per 100,000 bed days

2019 Bed Days per Hospital

Hospital	Bed Days
Bantry General Hospital	19,081
Beaumont Hospital	243,137
Cappagh National Orthopaedic Hospital	24,992
Cavan General Hospital	76,004
CHG, Crumlin	58,238
CHG, Tallaght	11,887
CHG, Temple St	34,659
Connolly Hospital	100,595
Coombe Women and Infants University Hospital	51,023
Cork University Hospital	203,365
Cork University Maternity Hospital	51,951
Croom Orthopaedic Hospital	7,712
Ennis Hospital	21,090



Galway University Hospitals	263,275
Kilcreene Regional Orthopaedic Hospital	2,742
Letterkenny University Hospital	112,239
Louth County Hospital	29
Mallow General Hospital	16,075
Mater Misericordiae University Hospital	221,702
Mayo University Hospital	90,778
Mercy University Hospital	67,598
MRH Mullingar	67,211
MRH Portlaoise	43,304
MRH Tullamore	67,575
Naas General Hospital	72,865
National Maternity Hospital	49,747
Nenagh Hospital	18,412
Our Lady of Lourdes Hospital	140,710
Our Lady's Hospital Navan	32,344
Portiuncula University Hospital	48,207
Roscommon University Hospital	18,270
Rotunda Hospital	49,945
Royal Victoria Eye and Ear Hospital	4,484
Sligo University Hospital	118,106
South Infirmary Victoria University Hospital	23,996
South Tipperary General Hospital	71,142
St. Columcille's Hospital	42,663
St. James's Hospital	244,790
St. John's Hospital Limerick	24,983



St. Luke's General Hospital Kilkenny	90,738
St. Luke's Radiation Oncology Network	40,710
St. Michael's Hospital	26,748
St. Vincent's University Hospital	204,646
Tallaght University Hospital	161,935
UH Kerry	73,943
UH Limerick	161,784
UH Waterford	138,146
UMH Limerick	29,768
Wexford General Hospital	75,526
Bed days	3820870.0

Table 68: Bed days per Hospital

2019 Complaints Reported per 100,000 Bed Days per Hospital

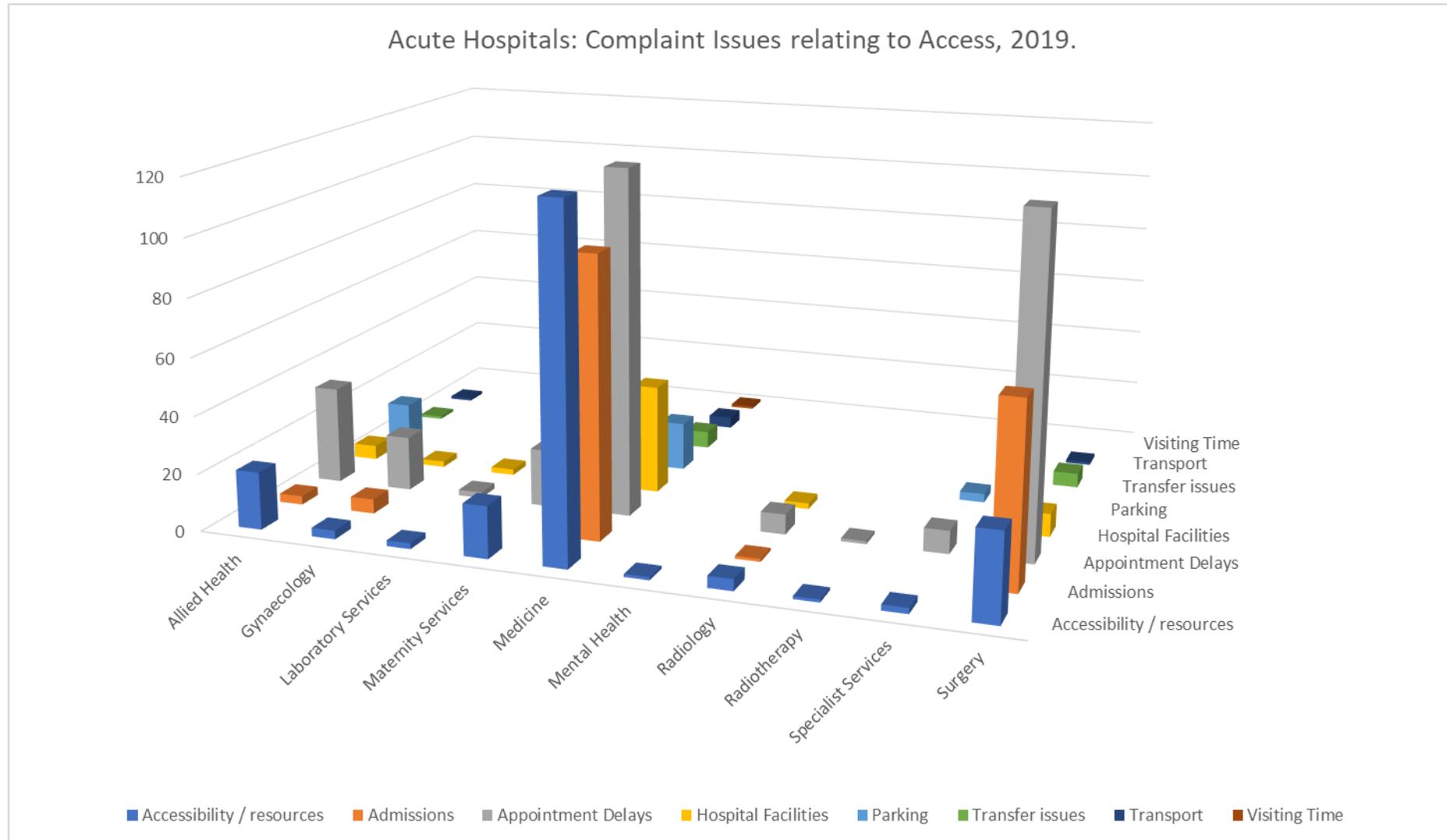
Bed Days	Hospital	Complaints Reported	Complaints reported per 100,000 bed days
19081	Bantry General Hospital	10	52
243137	Beaumont Hospital	598	246
24992	Cappagh National Orthopaedic Hospital	36	144
76004	Cavan & Monaghan General Hospital	82	108
58238	CHI at Crumlin	786	1350
11887	CHI at Tallaght	133	1119
34659	CHI at Temple St	326	941
100595	Connolly Hospital	72	72
51023	Coombe Women and Infants University Hospital	101	198
203365	Cork University Hospital	115	57
51951	Cork University Maternity Hospital	67	129
7712	Croom Orthopaedic Hospital	15	195
21090	Ennis Hospital	25	119
263275	Galway University Hospitals (Including Merlin Park)	332	126
140888	University Hospital Waterford & Kilcreene	210	149
112239	Letterkenny University Hospital	1	1
16075	Mallow General Hospital	5	31
221702	Mater Misericordiae University Hospital	1281	578
90778	Mayo University Hospital	105	116
67598	Mercy University Hospital	97	143
67211	MRH Mullingar	168	250



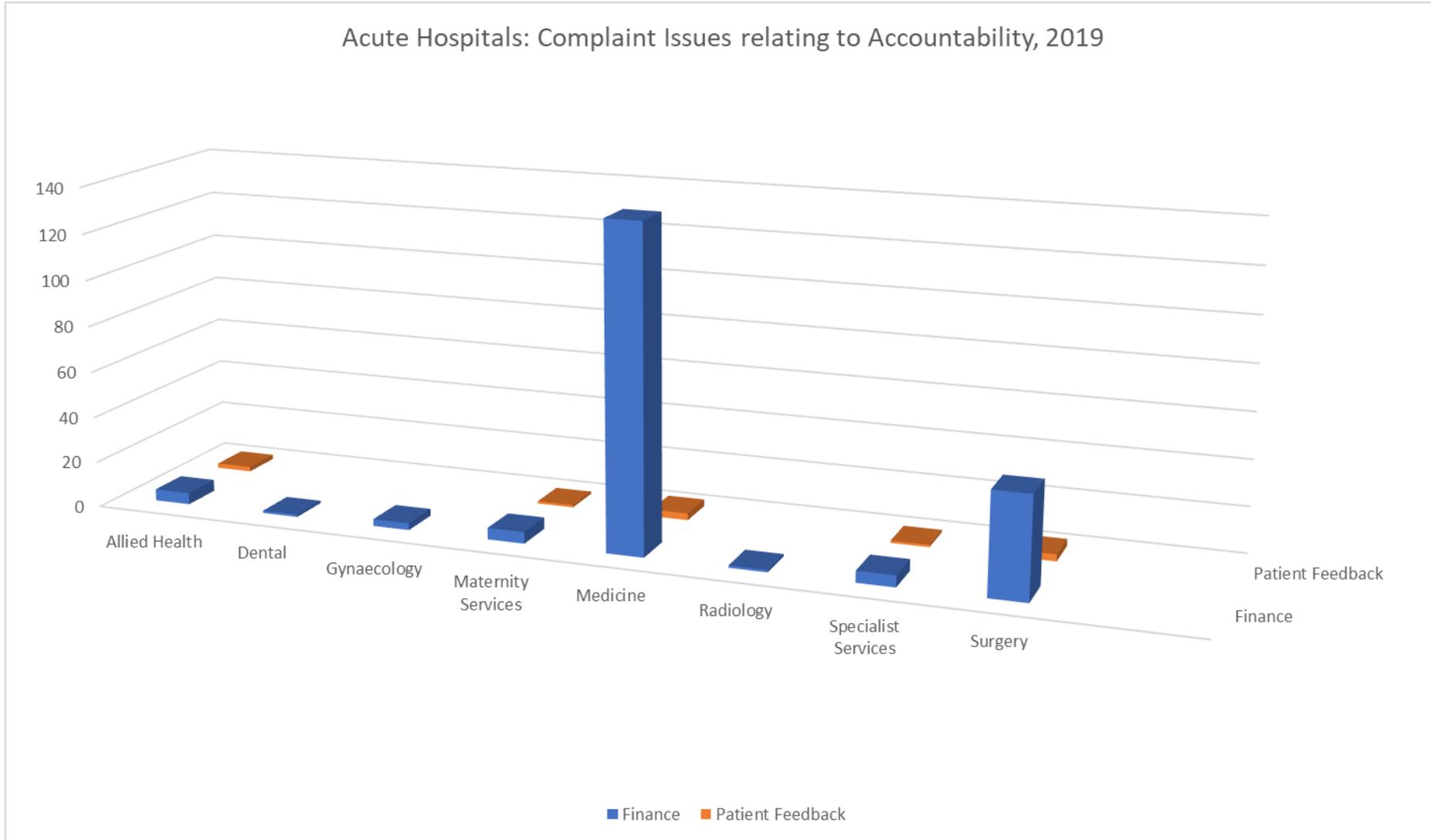
43304	MRH Portlaoise	82	189
67575	MRH Tullamore	125	185
72865	Naas General Hospital	151	207
49747	National Maternity Hospital	115	231
18412	Nenagh Hospital	32	174
140739	Our Lady of Lourdes Hospital & Louth County Hospital	187	133
32344	Our Lady's Hospital Navan	297	918
48207	Portiuncula University Hospital	88	183
18270	Roscommon University Hospital	-	-
49945	Rotunda Hospital	138	276
4484	Royal Victoria Eye and Ear Hospital	56	1249
118106	Sligo University Hospital	156	132
23996	South Infirmary Victoria University Hospital	49	204
71142	South Tipperary General Hospital	46	65
42663	St. Columcille's Hospital	59	138
244790	St. James's Hospital	876	358
24983	St. John's Hospital Limerick	36	144
90738	St. Luke's General Hospital Kilkenny	153	169
40710	St. Luke's Radiation Oncology Network	38	93
26748	St. Michael's Hospital	41	153
204646	St. Vincent's University Hospital	1152	563
161935	Tallaght University Hospital	1283	792
73943	UH Kerry	122	165
161784	UH Limerick	693	428
29768	UMH Limerick	64	215
75526	Wexford General Hospital	133	176
3820870	National Total	10737	13664

Table 69: Complaints reported per 100,000 bed days per hospital

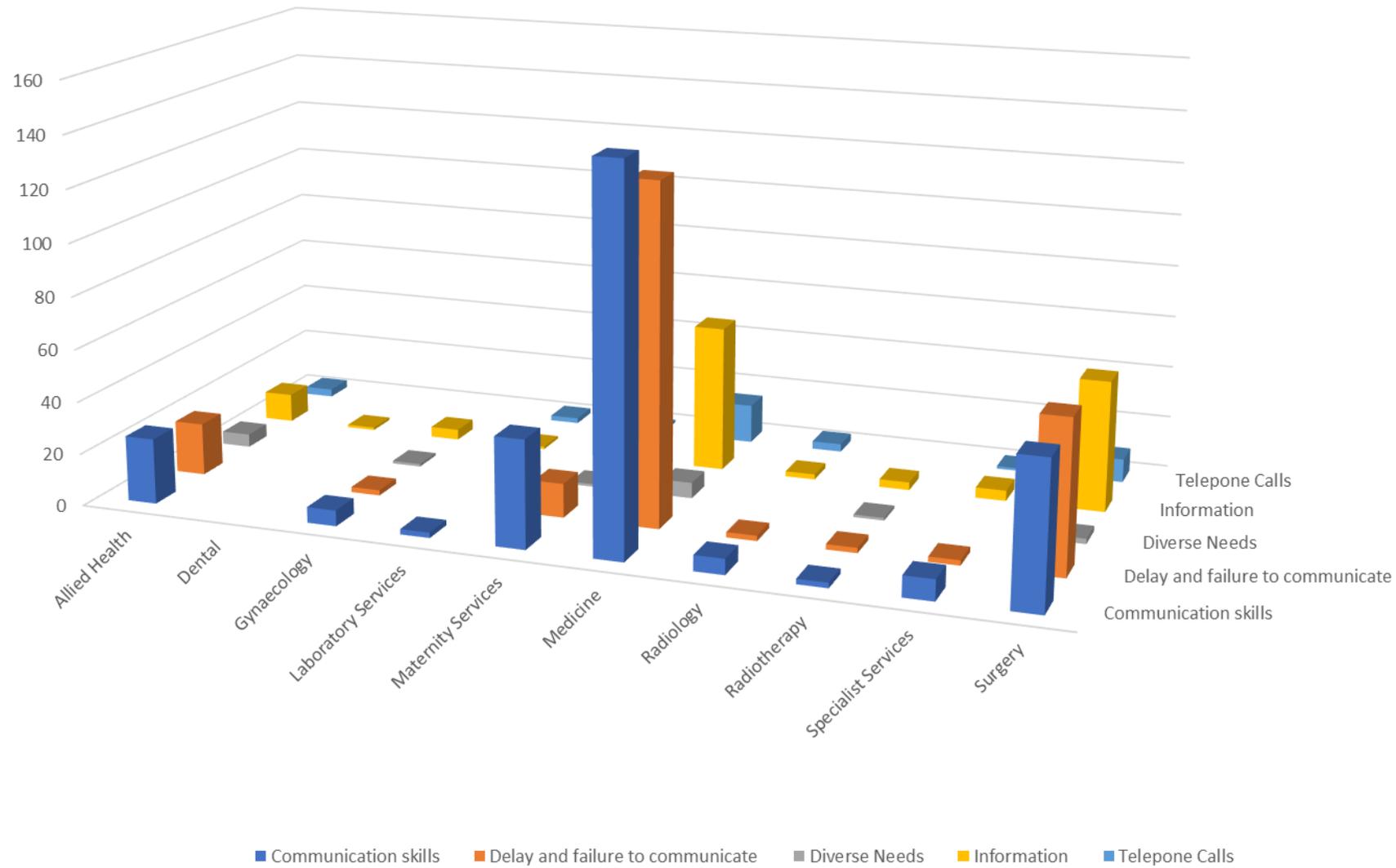
3-D Representation of Complaint Issues



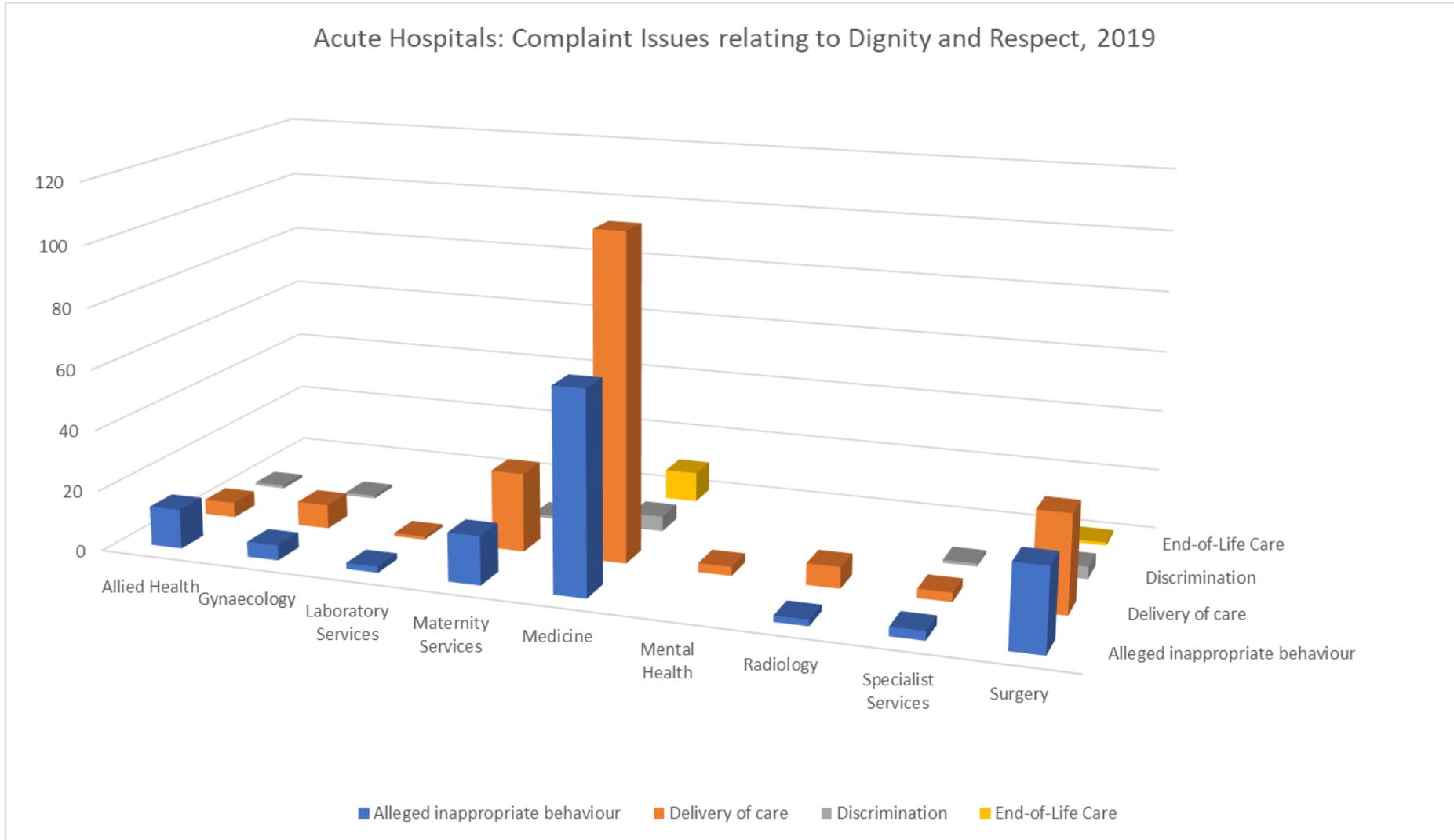
Acute Hospitals: Complaint Issues relating to Accountability, 2019



Acute Hospitals: Complaint Issues relating to Communication and Information, 2019

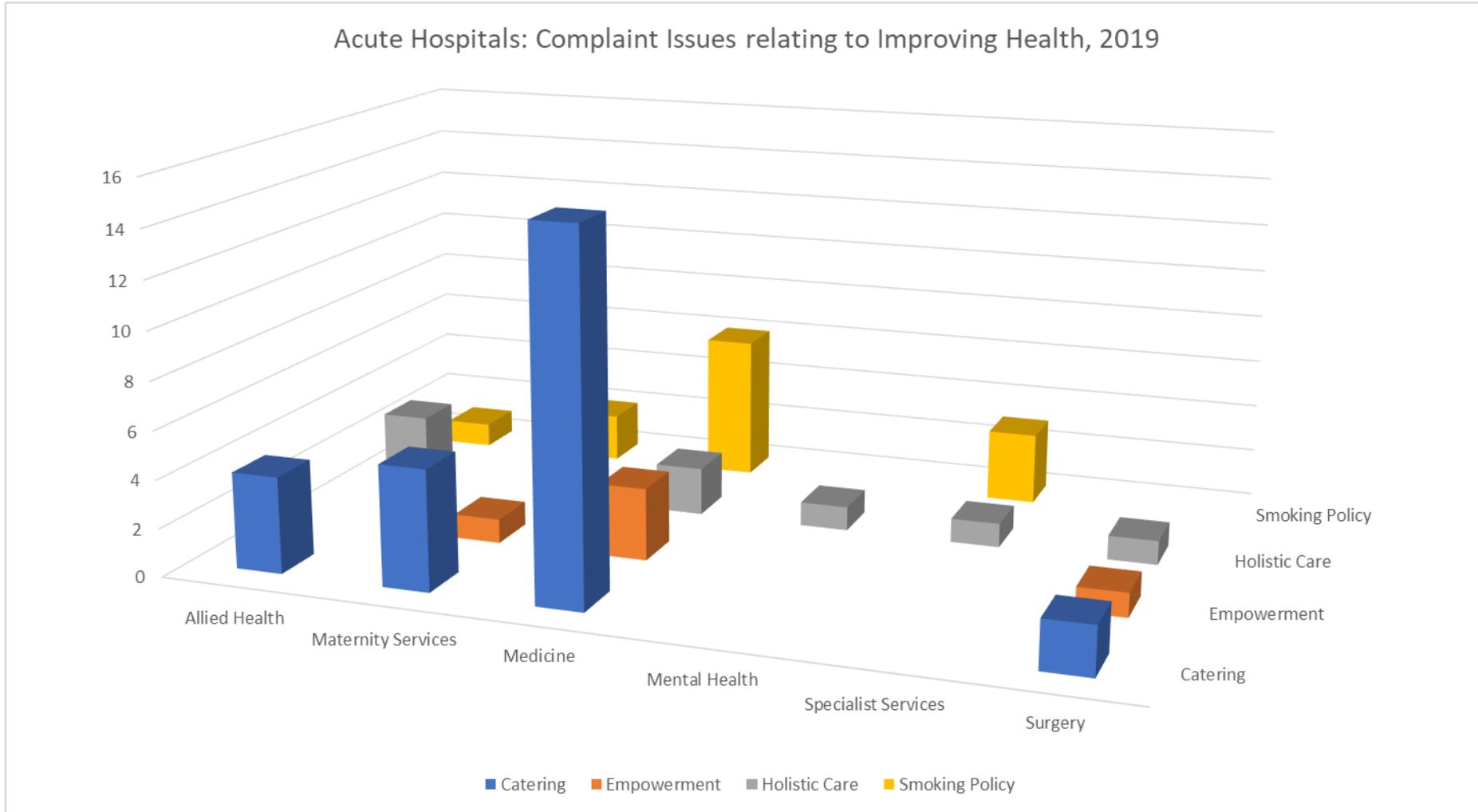


Acute Hospitals: Complaint Issues relating to Dignity and Respect, 2019

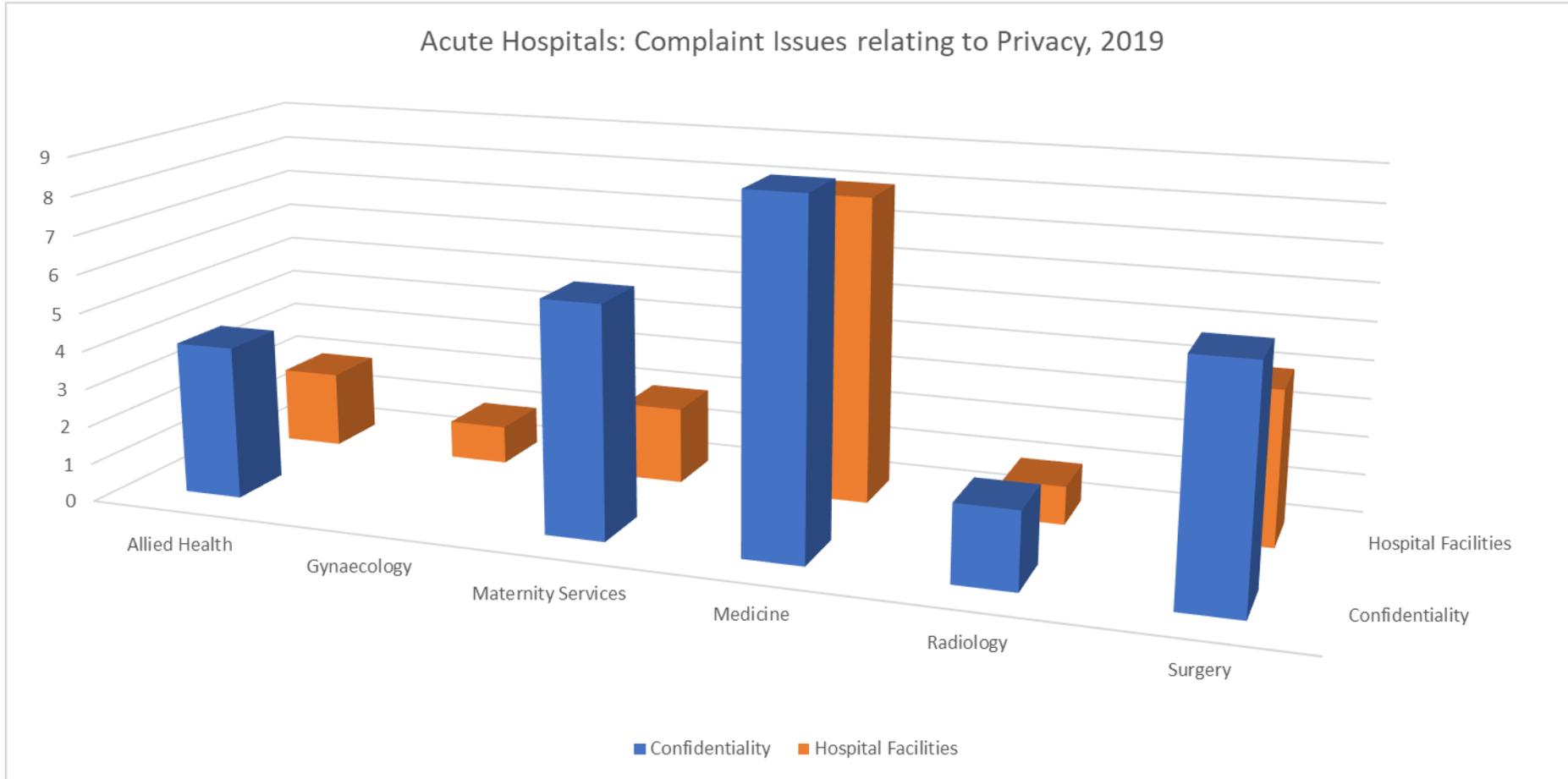




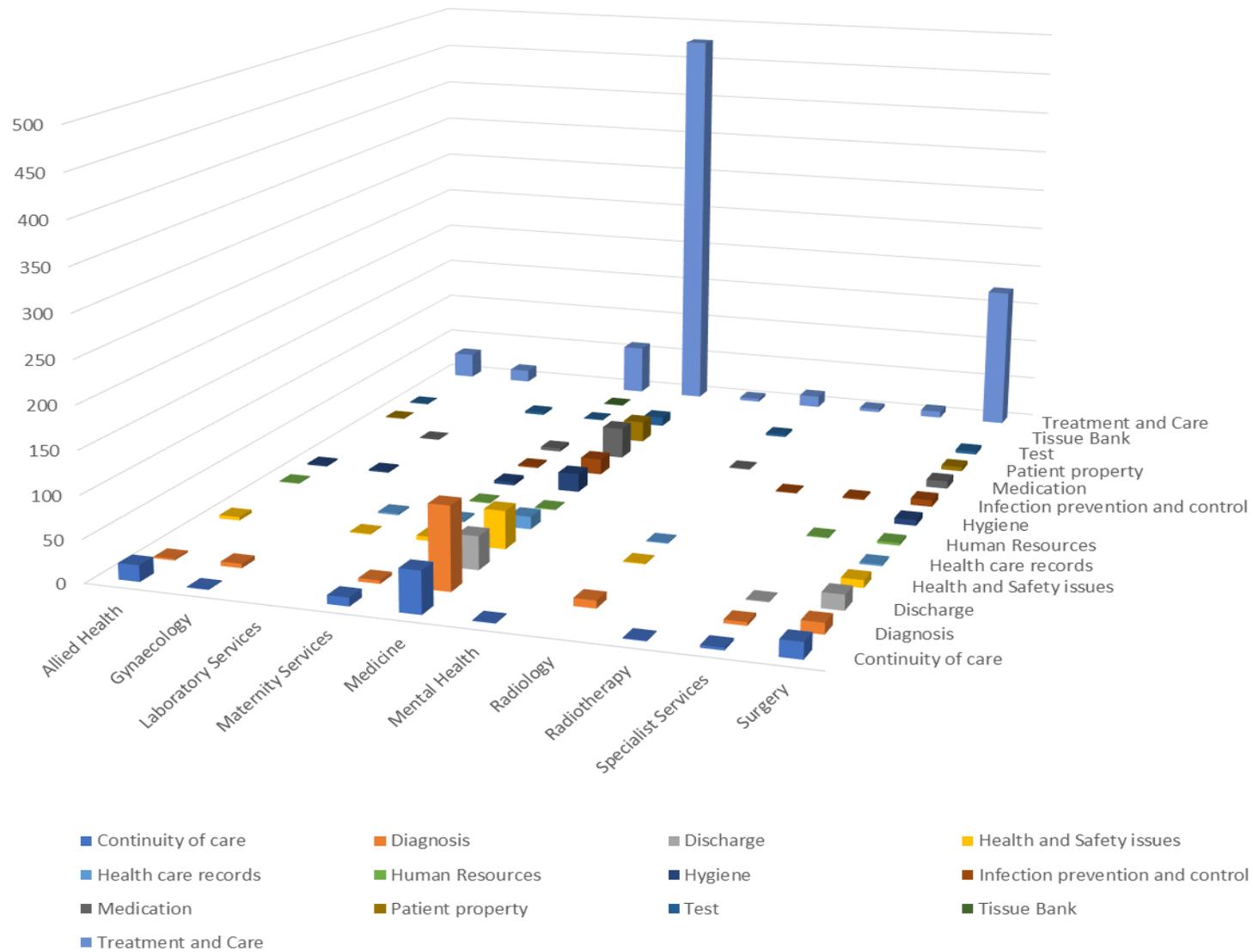
Acute Hospitals: Complaint Issues relating to Improving Health, 2019



Acute Hospitals: Complaint Issues relating to Privacy, 2019



Acute Hospitals: Complaint Issues relating to Safe and Effective Care, 2019





Breakdown of % Variance of complaints from 2018 to 2019

Service	Complaints 2019	Excluded	Withdrawn	Anonymous	Resolved informally	Formal ≤30 wds	Formal >30 wds	% Resolved ≤30 wds	Complaints 2018	% Change from 2018
DMHG Statutory Hospitals	358	124	6	0	9	154	43	71%	427	-16%
IEHG Statutory Hospitals	810	52	17	5	322	148	182	64%	971	-17%
RCSI Statutory Hospitals	341	72	11	1	25	198	33	87%	353	-3%
Saolta Statutory Hospitals	682	116	22	1	165	227	92	72%	643	6%
SSWHG Statutory Hospitals	575	90	6	1	54	115	121	35%	861	-33%
ULH Statutory Hospitals	829	3	32	16	555	21	34	74%	780	6%
CHG Voluntary Hospitals	1245	1	3	2	155	797	143	77%	1267	-2%
DMHG Voluntary Hospitals	2298	0	7	5	818	867	444	74%	2627	-13%
IEHG Voluntary Hospitals	2681	14	18	5	1957	420	332	90%	3025	-11%
RCSI Voluntary Hospitals	736	22	18	0	114	398	156	74%	749	0%
SSWHG Voluntary Hospitals	146	7	8	0	39	77	19	89%	180	-19%
ULH Voluntary Hospitals	36	0	5	0	6	20	5	84%	38	-5%
CHO 1	77	7	3	1	21	34	11	83%	213	-64%
CHO 2	161	30	12	3	4	73	40	66%	146	10%
CHO 3	77	2	2	0	36	18	8	74%	104	-26%
CHO 4	62	13	0	0	5	13	24	37%	95	-35%
CHO 5	67	0	0	0	14	25	9	58%	124	-46%
CHO 6	89	1	1	0	22	12	13	39%	170	-48%
CHO 7	193	13	7	0	64	57	16	70%	254	-24%
CHO 8	204	16	2	0	23	72	43	51%	247	-17%
CHO 9	81	18	2	0	11	26	19	61%	105	-23%
AoN	1244				0	842	380	68%	741	68%
NAS	88	10	1		2	31	6	43%	103	-15%
PCRS	-	-	-	-	-	-	-	-	273	-
Other Vol Hospitals & Agencies	5018	127	98	55	3413	767	274	88%	3481	44%
	18098	738	281	95	7737	5421	2438	77%	17977	1%

Table 70: Summary Table of Variance 2018 to 2019

Appendix 2: Complaint Categories

Incident /Category	Sub Category Type	Sub Category Please Specify
Access	Accessibility / resources	Equipment
		Medication
		Personnel
		Services
		Treatment
	Appointment - delays	Appointment - cancelled and not rearranged
		Appointment - delay in issuing appointment
		Appointment - postponed
		Surgery / therapies / diagnostics - delayed or postponed
		Operation and opening times of clinics
	Appointment - other	No / lost referral letter
		Appointment - request for earlier appointment
		Unavailability of service
	Admission - delays	Delayed - elective bed
		Delayed - emergency bed
		Admission - delay in admission process
		Admission - postponed
	Admission - other	Admission - refused admission by hospital
	Hospital facilities	Crèche
		Lack of adequate seating
		Lack of baby changing facilities
		Lack of / minimal breastfeeding facilities
		Lack of toilet and washroom facilities (general)
		Lack of toilet and washroom facilities (special needs)



Hospital facilities (contd.)	Lack of wheelchair access
	No treatment area / space for consultation / trolley facilities
	Shop
	Signage (internal and external)
Hospital room facilities (access to)	Bed location
	Disability facilities
	Isolation / single room facilities
	Overcrowding
	Public
	Semi-private / private
Parking	Access to disabled spaces
	Access to spaces
	Car parking charges
	Clamping / Declamping of car
	Condition or maintenance of car parks
	Damaged cars
	Location of pay machine
Transfer issues	External transfer
	Internal transfer
Transport	External transportation
	Internal transportation
Visiting times	Lack of visiting policy enforcement
	Special visiting times not accommodated



Dignity and Respect	Alleged inappropriate behaviour	Patient
		Staff
		Visitor
	Delivery of care	Lack of respect shown to patient during examination / consultation
		No concern for patient as a person
		Patient's dignity not respected
	Discrimination	Age
		Civil status
		Disability
		Family status
		Gender
		Membership of traveller community
		Race
		Religion
		Sexual orientation
		Socio-economic
	End-of-Life Care	Breaking bad news
		Breaking bad news - private area unavailable
		Death cert - delay in issuing death cert
		Death cert - incorrect / returned death cert
Delay in release and condition of body		
Inattention to patient discomfort		
Mortuary facilities		
Organ retention		
Palliative care		
Poor communication		



	End-of-Life Care (contd.)	Single room for patient unavailable
		Treatment of deceased not respected
	Ethnicity	Insensitivity to cultural beliefs and values
		Requests not respected
		Special food requests unavailable
	Safe & Effective Care	Human Resources
Complement		
Skill mix		
Diagnosis		Diagnosis - misdiagnosis
		Diagnosis - delayed diagnosis
		Diagnosis - contradictory diagnosis
Test		Delay / failure to report test results
		Incorrect tests ordered
		No tests ordered
		Mislabeled test result/sample
		Mislaid sample
		Performed on wrong patient
		Repeat test required
		Result not available
		Delay in transport/collection of sample
Continuity of care (internal)		Poor clinical handover
		Lack of approved home care packages
		Lack of community supports
		Lack of medical devices / faulty equipment
		Lack of support services post discharge
		Unsuitable home environment



	Discharge	Adherence to discharge policy
		Delayed discharge
		Discharge against medical advice
		No discharge letter
		Patient / family refuse discharge
		Premature discharge
	Health and Safety issues	Building not secure
		Central heating
		Equipment (lack of / failure of / wrong equipment used)
		Failure to provide a safe environment
		Fixtures and fittings
		Furnishing
		Lights
		Manual handling
		Noise levels
		Overcrowding
		Pest control
		Slips / trips and falls
		Temperature regulation
		Waste Management
Health Care Records	Admission / registration process error	
	Inaccurate information on healthcare record / hospital systems	
	Missing chart	
	Missing films/scans	
	Patient impersonation (identify theft)	
	Poor quality control of chart	



		Poor recording of information
		Wrong records applied to patient
	Hygiene	Cleanliness of area
		Hand Hygiene / Gel Dispensers
		Linen (beds and Curtains)
		Spills on floors
		Waste management
	Infection prevention and control	Communication deficit - infection status
		Health Care Associated Infection
		Non compliance with Infection and Control policies and protocols
		Personal hygiene of staff
	Patient property	Clothes
		Dentures
		Glasses
		Hearing Aid
		Jewellery
		Lack of secure space
		Money
		Personal equipment
		Toys
	Medication	Administering error
		Dispensing
		Prescribing
	Tissue Bank	Bone marrow
		Cord blood



	Tissue Bank (contd.)	Cornea implant
		Cryogenics
		Fertility issues
		Heart valves
		Samples/test results
		Skin
		Stem cell
	Treatment and Care	Failure / delay in treatment / delivery of care
		Failure / delay to diagnose
		Failure to act on abnormal diagnostic results
		Inconsistent delivery of care
		Insufficient time for delivery of care
		Lack of follow-up care
		Lack of knowledge in staff
Lack of monitoring of pain control		
Lack of patient supervision		
Practitioners not working together / cooperating		
Prolonged fasting		
Unsatisfactory treatment or care		
Unsuccessful treatment or care		
Communication & Information	Communication skills	Patient felt their opinion was dismissed / discounted
		Disagreement about expectations
		Inadequate listening and response
		Inappropriate comments from staff member
		Lack of support
		Language barrier between patients/relatives and staff

Communication skills (Contd.)	No opportunity to ask questions
	Non verbal tone / body language
	Open disclosure (lack of)
	Patient dissatisfied with questions
	Patient felt rushed
	Staff not introducing themselves and letting patients know their role
	Staff unsympathetic
	Tone of voice
	Untimely delivery of information
	Delay and failure to communicate
Failure / delay to communicate with outside agency/organisation	
Failure / delay in communicating with patient	
<i>Advising patient of treating consultant</i>	
Failure / delay in communicating with relatives	
Failure / delay in notifying consultant (external)	
Failure / delay to communicate with GP / referral source	
<i>Lack of information provided about medication side effects (KPI)</i>	
Diverse Needs	Interpretation service (e.g. Braille services)
	Special needs
	Translation service
Information	Conflicting information
	Confusing information
	Insufficient and inadequate information
	Misinformation



	Telephone calls	Telephone call not returned
		Telephone call unanswered
Participation	Consent	Consent not obtained
		Lack of informed consent
		Patient felt coerced
	Parental Access and Consent	Consent, guardianship and information issues related to lesbian, gay parental relationships
		Correct procedure not consented for
		Guardianship consent not explained
		Mother or father unable to access information
		Mother/Father/Guardian not informed
	Patients/ Family/ Relatives	Excluded from decision making process - family / relatives / advocate / next of kin
		Excluded from decision making process - patient
		Opinion discounted - family / relatives / advocate / next of kin
		Opinion discounted - patient
		Parent not allowed accompany child in recovery room
		Parent not allowed accompany child to theatre
		Second opinion
Privacy	Confidentiality	Breach of another patient's confidentiality
		Breach of patient confidentiality
		Security of files and records
	Hospital Facilities (Privacy)	Lack of privacy during consultation/discussing condition
		Lack of privacy during examination/ treatment
		Privacy - No single room
		Privacy - Overcrowding



Improving Health	Empowerment	Independence and self care not supported
		Lack / provision of patient / carer education
		Patient / family preference discounted / disrespected
	Holistic Care	Lack of information / support on how to prevent further illness / disease
		Lack of understanding as to what is important to the patient
	Catering	Dietary requirements not met
		Food quality
	Smoking Policy	Non-compliance (visitor, patient, staff smoking)
	Accountability	Patient feedback
Information about the complaints / patient feedback process not available		
Patient concerns not dealt with promptly		
Quality of response to the complaint made		
Where to go to ask questions in relation to services and giving feedback (visibility of customer services)		
Finance		Bill dispute
		Bill sent to deceased patient
		Cost of products
		Insurance cover
		Invoice error
		Unhappy with income collection process

Table 71: Complaints Classification



Appendix 3: Learning to Get Better: Recommendations

Access

1. Multiple methods of making a complaint should be available and easily understood, both during and after treatment. These should include comment boxes within hospital wards (if not already in place). A fully accessible online version of Your Service Your Say should be developed to allow complainants to make a complaint online.
2. The HSE should undertake a review of Your Service Your Say with a view to making sure that service users have greater clarity, guidance and information on how the complaints system works.
3. A standard approach should be adopted by all hospitals in relation to the information available to the public when viewing their website, particularly those hospitals availing of the HSE website – hospital details on this site should all contain the same information and the same links for ease of reference.
4. Complaints Officers should be provided with appropriate and accessible facilities within each hospital to meet complainants.
5. Independent advocacy services should be sufficiently supported and signposted within each hospital so patients and their families know where to get support if they want to raise a concern or issue.
6. Each hospital should actively develop and encourage volunteer advocates with the hospital who can help support patients who wish to express a concern or make a complaint.
7. A no “wrong door” policy should be developed so that wherever a complaint is raised, it is the system and not the complainant that is responsible for routing it to the appropriate place to get it resolved.
8. Regulators and the Ombudsman should work more closely together to co-ordinate access for patients to the complaints system. In this regard, the online platform healthcomplaints.ie should be extended to provide a better publicised point of information and access for complainants.
9. Each hospital group should develop a process to allow for the consideration of anonymous complaints.
10. Each hospital should appoint an Access Officer (as statutorily required under the Disability Act 2005) who should attend all necessary training as provided by the HSE.
11. A detailed complaints policy statement should be displayed in public areas within all hospitals, on the hospital website, and in, or near, the Complaints Officer’s office. Induction and other training for staff should include a reference to the policy. Staff should also be periodically reminded of the provisions of the policy.
12. Each hospital that has not yet done so, should include a reference to this Office:
 - In any letter or correspondence notifying the patient/family of the outcome of the complaint to the hospital;
 - On websites, booklets and information leaflets where the hospital refers to their complaints system;
 - Verbally if explaining how to make a complaint to a patient or their family.



Process

13. The HSE should introduce a standard approach to implementing Your Service Your Say across the public health service. This should include standard forms, standard guidance for patients and staff, standard categorisation of complaints and standard reporting to give certainty to complainants and to allow for comparison on complaint handling, subjects and outcomes between hospitals and hospital groups.
14. Addressing concerns at ward level should be a main focus for each hospital. All hospital staff should be provided with the appropriate training to allow them to deal with issues as they arise.
15. Consideration should be given on a wider front to amending the statutory complaints process (and the remit of the Ombudsman) to allow for the inclusion of clinical judgement as a subject about which a complaint can be made.
16. Each hospital group should have a Complaints Officer to take overall responsibility for the complaints process and co-ordinate the work of complaints staff in each hospital in the group.
17. A standardised process and template for recording and documenting complaints at ward level should be embedded via a standardised system across the hospital groups.
18. A standardised structure and template for collecting and documenting a complaint should be developed across the hospital groups outlining the nature of the complaint, preferred method of communication and desired outcomes.
19. A standardised information system for the recording of complaints, comments and compliments should be developed across the hospital groups.
20. Each hospital group should implement mandatory training on complaints handling for all Complaints Officers and other staff involved in the complaints process.
21. Each hospital group should provide an induction module for all new hospital staff on the hospital complaints process and its underlying statutory framework.
22. Each hospital group should implement a bi-monthly audit of the complaints dealt with within the group in order to assess the quality of the process, including the response.
23. Each hospital group should develop a facility to allow for independent (i.e. outside the HSE) investigation of complaints where the complaint received is of sufficient seriousness and where appropriate.
24. The HSE and the hospital groups should take steps to ensure that all complaints are thoroughly, properly and objectively investigated and comprehensively responded to.
25. Each hospital group should develop an Open Disclosure training programme in line with the HSE National Guidelines and make it available to all staff.
26. The Department of Health should undertake a full review of the Health Act 2004 (Complaints) Regulations 2006. This Office looks forward to working with the Department in this regard.

Response

27. The outcome of any investigation of a complaint together with details of any proposed changes to be made to hospital practices and procedures arising from the investigation should be conveyed in writing to the complainant with each issue in the complaint responded to.
28. Each hospital group should develop a standardised policy on redress.

Leadership

29. Each hospital group should redevelop standardised reporting on complaints with greater attention paid to the narrative contained within complaints data so that senior management can identify recurring themes / issues and take action where appropriate.
30. Each hospital group should provide a six monthly report to the HSE on the operation of the complaints system detailing the numbers received, issues giving rise to complaints, the steps taken to resolve them and the outcomes.
31. The HSE should publish an annual commentary on these six monthly reports alongside detailed statistical data (using the reports published in the United Kingdom by the HSCIC as a model).
32. Each hospital group should appoint a senior member of staff to assume an active and visible leadership role in the complaints process with key involvement in education, training and reporting arrangements.
33. Senior managers in each hospital should foster and encourage positive attitudes towards complaints to ensure that each hospital is open to feedback and is responsive to complaints.
34. Each hospital group should develop a standardised learning implementation plan arising from any recommendations from a complaint which should set out the action required, the person(s) responsible for implementing the action and the timescale required.
35. Each hospital group should put in place arrangements (both within and across the hospital groups) for sharing good practice on complaint handling. This should include a formal network of Complaints Officers to ensure that learning and best practice is shared throughout the public hospital sector.
36. Each hospital group should publicise (via the development of a casebook) complaints received and dealt with within that hospital group. This casebook should contain brief summaries of the complaint received and how it was concluded/resolved (including examples of resulting service improvements) and should be made available to all medical, nursing and administrative staff as well as senior management. This could usefully form part of a larger digest incorporating all information on adverse incidents whether arising from complaints, whistle blowing or litigation to ensure that there is a comprehensive approach to learning from mistakes.

Appendix 4: Learning to Get Better: Hospital returns per Hospital Group

1. Dublin Midlands Hospital Group
2. Ireland East Hospital Group
3. South South West Hospital Group

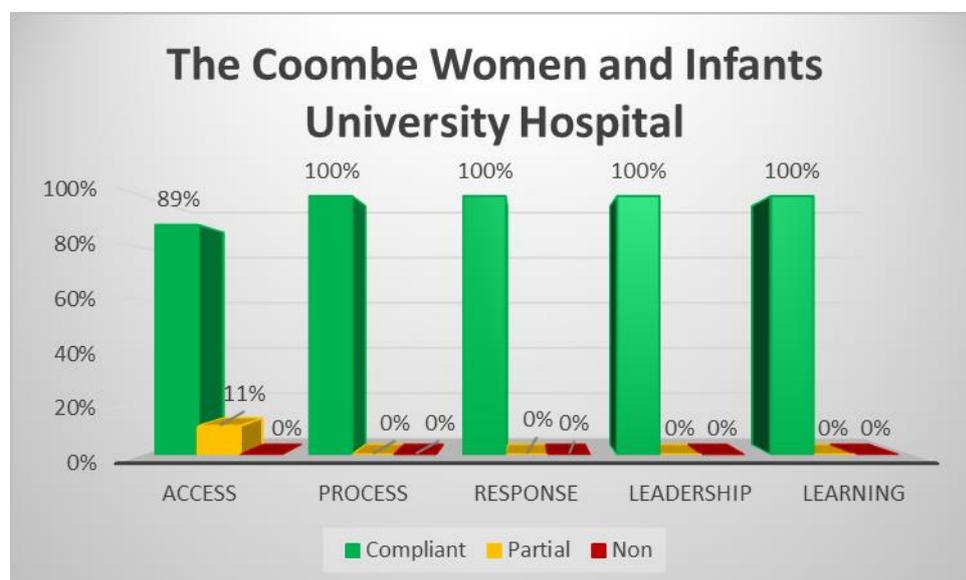
1. Dublin Midlands Hospital Group

The Dublin Midlands Hospital Group consists of the following hospitals:

- Coombe Women and Infants University Hospital
- Midlands Regional Hospital Portlaoise
- Midlands Regional Hospital Tullamore
- Naas General Hospital
- St James' Hospital
- St Luke's Radiation Oncology Network
- Tallaght University Hospital

A graphical representation of the individual returns submitted by hospitals within the Group is set out below.

Coombe Women and Infants University Hospital

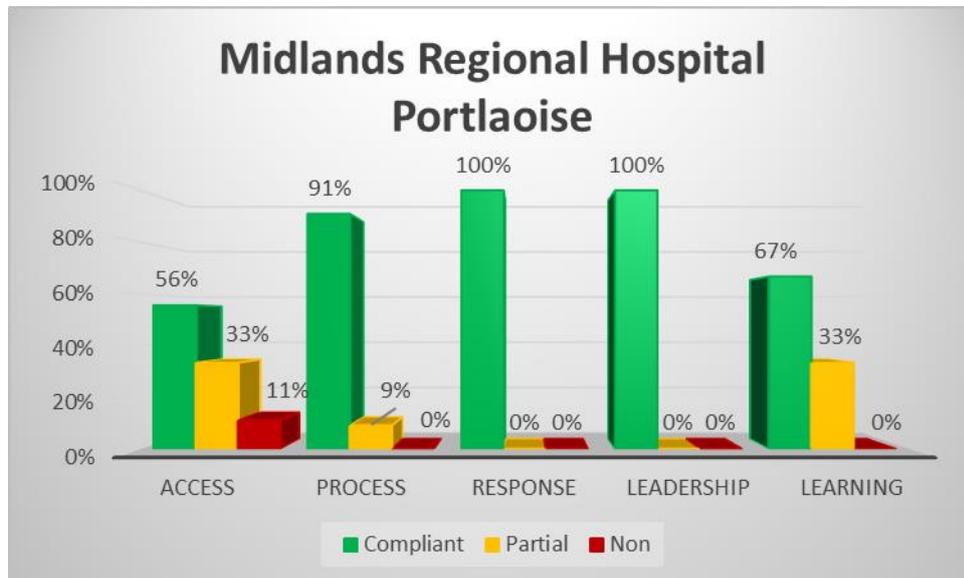


Partial Compliance has been assessed by the Coombe Women and infants University Hospital for recommendation 6.

Recommendation 6: Currently under review.

No recommendation was identified as being non-compliant.

Midlands Regional Hospital – Portlaoise



NOTE: Where no compliance rating was assigned by the Midlands Regional Hospital Portlaoise, the Group response was assigned. This applies to recommendations # 10, 16, 18, 19, 20, 21, 22, 23, 24, 25, 28, 29, 30, 32, 35, and 36.

Partial Compliance has been assessed by the Midlands Regional Hospital Portlaoise for the following recommendations; 1, 5, 9, 14, and 34 with an update given below.

Recommendation 1: Website to be further developed by DMHG Communication team. Signage to be developed in line with hospital signage.

Recommendation 5: Develop information re advocacy services on website and within hospital.

Recommendation 9: Ongoing review of processes.

Recommendation 14: Audit staff that have availed on YSYS elearning module.

Recommendation 34: Implementation plan to be developed.

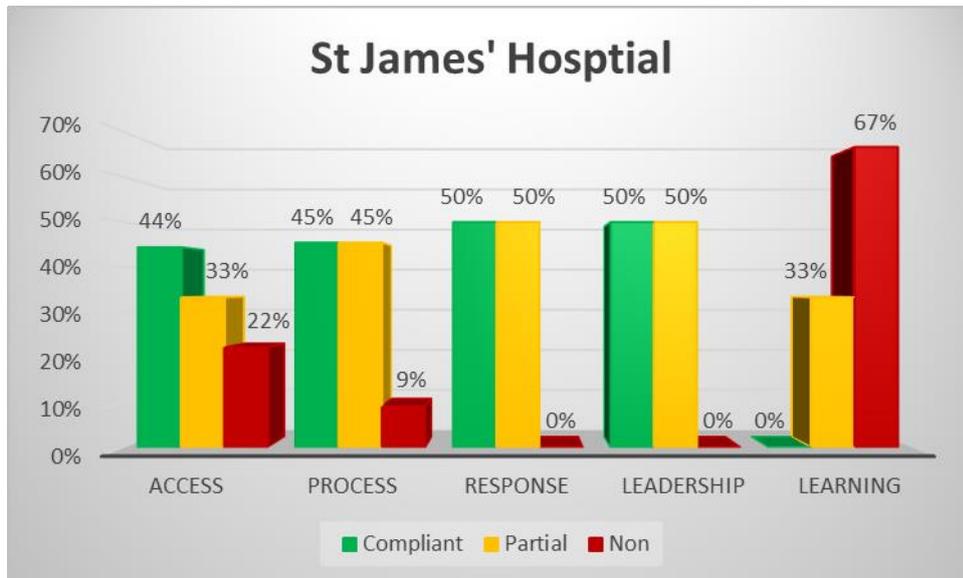
Non-compliance was identified by the Midland Regional Hospital Portlaoise for recommendation 6.

Recommendation 6: To be developed by hospital management team.

Midlands Regional Hospital – Tullamore - No self-assessment return submitted.

Naas General Hospital - No self-assessment return submitted.

St James' Hospital



Partial Compliance has been assessed by St James' Hospital for the following recommendations; 1, 3, 11, 14, 17, 22, 24, 25, 27, 29, 33 and 34 with an update given below.

Recommendation 1: Increase capture of positive feedback and comment cards; Development of on-line feedback portal (currently on hold due to service demands).

Recommendation 3: Material to be updated.

Recommendation 11: Review display and sharing of information.

Recommendation 14: No comment entered.

Recommendation 17: Full roll out of ward-level staff training on information system is resource constrained at present.

Recommendation 22: Progress on learning from complaints is resource constrained and responsiveness is prioritised.

Recommendation 24: Current responses do not use the language of upheld etc. but will review.

Recommendation 25: In progress.

Recommendation 27: Current responses do not use the language of upheld etc. but will review.

Recommendation 29: Dashboard development on hold and further development of shared learning methods required- resource constrained at present.

Recommendation 33: Shared learning to be further developed.

Recommendation 34: Shared learning to be further developed for complaints; implementation of improvements under consideration by EMG.

Non-compliance was identified by St James' Hospital for recommendations # 5, 6, 20, 35 and 36. The following update was provided.

Recommendation 5: Work in progress raising awareness of national advocacy service.

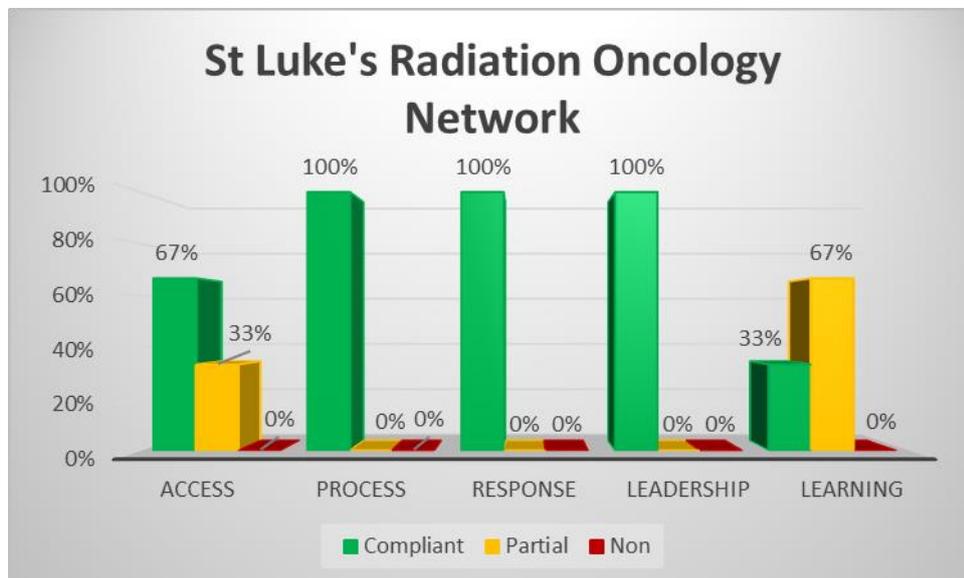
Recommendation 6: Not feasible with current resources.

Recommendation 20: No commentary provided.

Recommendation 35: Under-resourced to participate in external learning at present.

Recommendation 36: Under-resourced to participate in external learning at present.

St Luke's Radiation Oncology network



NOTE: Where no compliance rating was assigned by St Luke's Radiation Oncology Network, the Group response was assigned. This applies to recommendations # 16, 22, 23, 30, 33 and 35.

Partial Compliance has been assessed by St Luke's Radiation Oncology Network for the following recommendations; 5, 6, 10, 34 and 36 with an update given below.

Recommendation 5: New post for patient liaison support liaison manager requested. Approval is pending. Staff Member is attending Patient Advocate Liaison training.

Recommendation 6: New post approval pending. Links established with the Irish Cancer Society and Daffodil Centre on site with independent staff and volunteers. Posters and information leaflets for new Patient Advocacy Service are available throughout the network. Information is to be added to the staff intranet. Email to issue to staff re patient advocate programme.

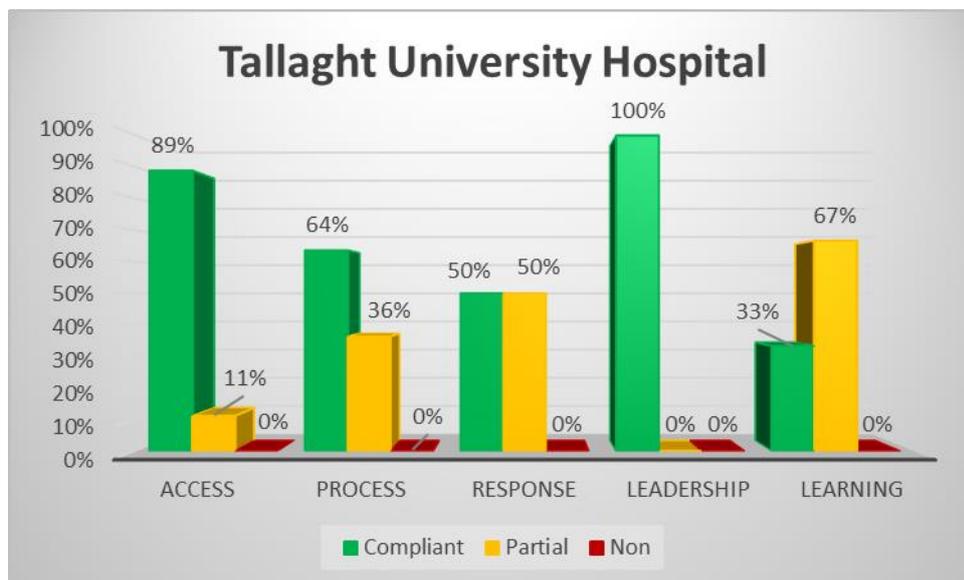
Recommendation 10: SLRON Access Officers on HSE website to be updated. Access training from HSE for the new Access officers is currently being arranged.

Recommendation 34: Implement use the CMS system for Stage 2 complaints.

Recommendation 36: SLRON submit Case books to DMHG Casebook. Due to the low number of stage 2 complaints received SLRON will publish a yearly case book.

No recommendation was identified as being non-compliant.

Tallaght University Hospital



NOTE: Where no compliance rating was assigned by Tallaght University Hospital, the Group response was assigned. This applies to recommendations # 10, 20, 23 and 36.

Partial Compliance has been assessed by Tallaght University Hospital for the following recommendations; 9, 16, 17, 19, 22, 27, 34 and 35 with an update given below.

Recommendation 9: To be addressed at Group Level.

Recommendation 16: To be addressed at Group Level. Note Hospital Group rates this as fully compliant.

Recommendation 17: Form to capture ward level complaints developed but yet to be agreed.

Recommendation 19: Hospital using Respond instead of the CMS.

Recommendation 22: No hospital audit process in place as yet.

Recommendation 27: Complainant is kept informed as much as possible. At times due to volume/complexity/staffing it may not happen every 20 days.

Recommendation 34: A committee / working group is to be established in early 2020 to work on learnings and recommendations. The establishment of a complaints and compliments performance tracker is under consideration. Consideration is also being given to the formation of a Complaints Management Committee to review the tracker and implementation of recommendations quarterly. The committee would have input from quality improvement perspective. TUH does not use the CMS but a Complaint Software Respond System.

Recommendation 35: To be addressed at Group Level. Note Hospital Group rates this as fully compliant.

No recommendation was assessed as being non-compliant.

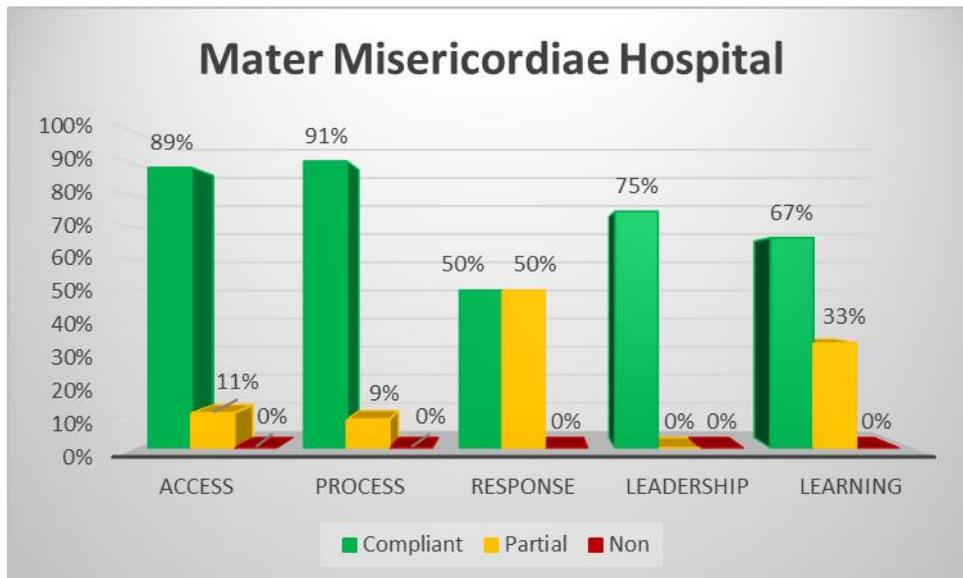
2. Ireland East Hospital Group

The Ireland East Hospital Group consists of the following hospitals:

- Mater Hospital
- Midland Regional Hospital Mullingar
- National Maternity Hospital (Holles St)
- National Orthopaedic Hospital Cappagh
- Our Lady's Hospital Navan
- Royal Victoria Eye & Ear Hospital
- St. Colmcille's Hospital (Loughlinstown)
- St. Michael's Hospital
- St. Luke's Hospital Kilkenny
- St. Vincent's Hospital
- Wexford General Hospital

A graphical representation of the individual returns submitted by hospitals within the Group is set out below.

Mater Misericordiae Hospital



Partial Compliance has been assessed by the mater Misericordiae for the following recommendations; 4, 24, 27 and 36.

Recommendation 4: Meeting room facilitated as required at ward /department level.

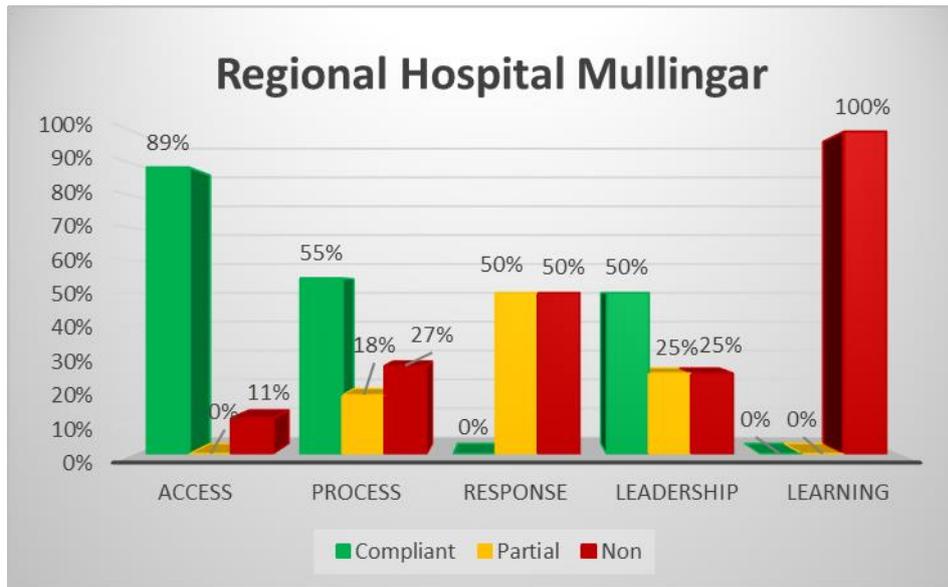
Recommendation 24: Responses are comprehensive and detail fully the issues raised, findings and any recommendations made. On occasion, partially, fully or not upheld for each issue is not detailed within the response. The view is that this approach can be seen as adversarial in circumstances where an issue is not upheld and complainants may view this as a “you don’t believe me” response and can appear insensitive when the patient is deceased.

Recommendation 27: Same response as above

Recommendation 36: Currently publicising an anonymised complaint in CEO update

No recommendation was identified as being non-compliant.

Regional Hospital Mullingar



Partial Compliance has been assessed by the Regional Hospital Mullingar for the following recommendations; 18, 19, 27 and 29 with an update given below.

Recommendation 18: Named contact and regular updates given to complainants. A standardised structure and template to be developed across IEHG.

Recommendation 19: Complaint Module of NIMS being rolled out to hospitals. Staff awaiting further training.

Recommendation 27: Response issued to each complainant advising of actions taken and advice on what to do if they are not satisfied with response. Response does not contain the wording partially, fully or not upheld.

Recommendation 29: Complaints are reported and discussed at meetings. IEHG to develop standardised reporting on complaints.

Non-compliances were identified by Regional Hospital Mullingar for recommendation # 6, 17, 21, 22, 28, 30, 34, 35 and 36 with the commentary below.

Recommendation 6: No commentary.

Recommendation 17: For Group Level.

Recommendation 21: Information sessions held throughout the year but not specifically at Induction.

Recommendation 22: For Group Level.

Recommendation 28: For Group Level.

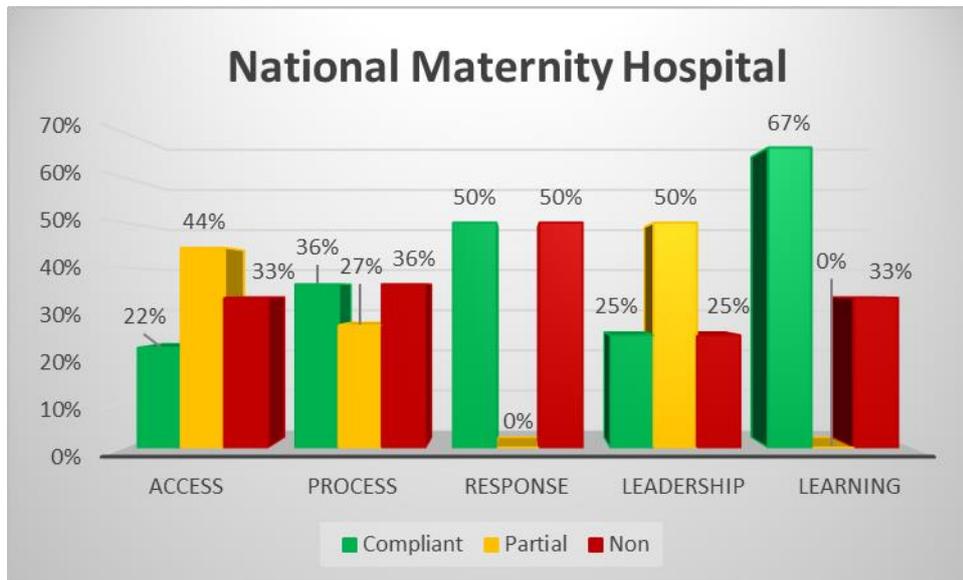
Recommendation 30: No commentary.

Recommendation 34: No commentary.

Recommendation 35: For Group Level.

Recommendation 36: For Group Level.

National Maternity Hospital



NOTE: Where no compliance rating was assigned by the National Maternity Hospital, the Group response was assigned. This applies to recommendations # 9, 21, 22, 23, 24, 25, 29, 30, 32, 35, and 36. Where no compliance rating was assigned by the National Maternity Hospital or at Group Level, a rating of 'non-compliant' was assigned. This applies to recommendations 3, 6, 10, 17, 18, 19, 21, 30 and 36.

Partial Compliance has been assessed by the National Maternity Hospital for the following recommendations; 1, 5, and 11 with an update given below.

Recommendation 1: NMH has implemented a paperless online Patient Feedback Management System and have no plans to provide "Comment Boxes" in each Ward. Additionally, the NMH has redeveloped its "Patient Experience" feedback form which will be available in electronic and paper format.

Recommendation 5: Will be signposted following completion of NMH's "Way Finding Project".

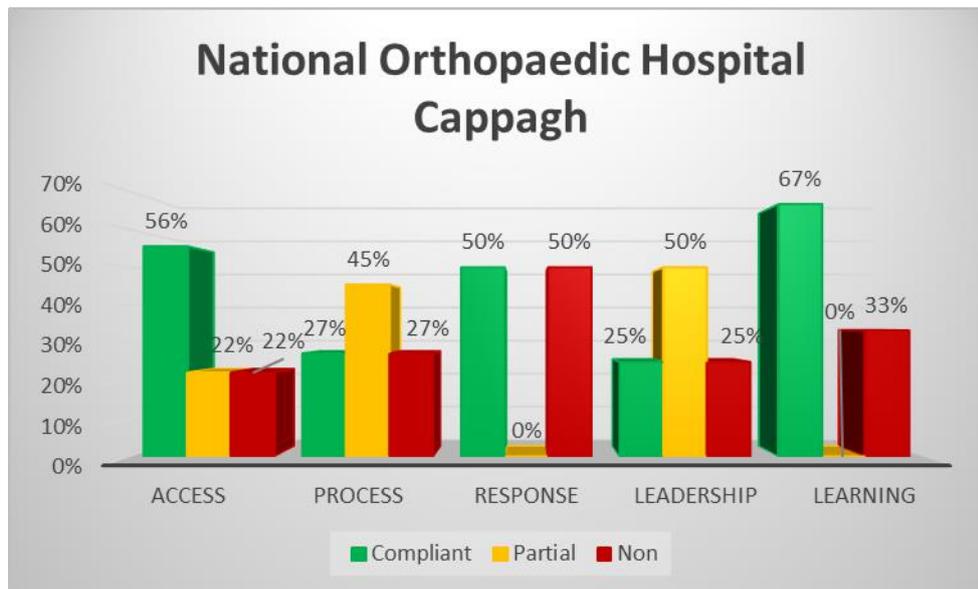
Recommendation 11: Need to develop patient leaflets.

Non-compliances were identified by the National Maternity Hospital for recommendation # 3, and 10.

Recommendation 6: Do not use "Volunteer Advocates", employ a 0.5WTE Patient Advocacy Officer.

Recommendation 10: None in place at present.

National Orthopaedic Hospital Cappagh



NOTE: Where no compliance rating was assigned by the National Orthopaedic Hospital, Cappagh, the Group response was assigned. This applies to recommendations # 16, 20, 21, 22, 23, 24, 25, 29, 30, 32, 35, and 36. Where no compliance rating was assigned by the National Maternity Hospital or at Group Level, a rating of 'non-compliant' was assigned. This applies to recommendations 18, and 28.

Partial Compliance has been assessed by the National Orthopaedic Hospital, Cappagh for the following recommendations; 4, 11 and 14 with an update given below.

Recommendation 4: Rooms available in the Hospital but no allocated/dedicated space.

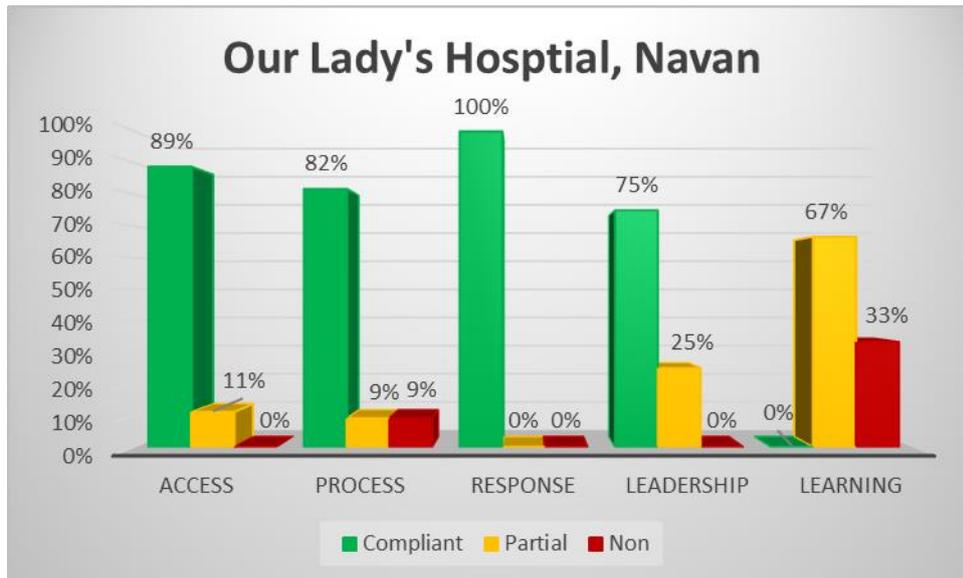
Recommendation 11: Complaints Policy is not currently displayed in public areas.

Recommendation 14: Training for policy updates and new HSE advocacy service.

Non-compliances were identified by the National Maternity Hospital for recommendation # 6.

Recommendation 6: Volunteer advocates not active in NOHC. External advocacy information provided.

Our Lady's Hospital Navan



Partial Compliance has been assessed by Our Lady's Hospital, Navan for the following recommendations; 6, 25, 34 and 35 with an update given below.

Recommendation 6: We are participating in National Advocacy Training and it is anticipated that we will then seek volunteers thereafter.

Recommendation 25: Train the trainers has been completed and we are in the process of rolling out training for all hospital staff.

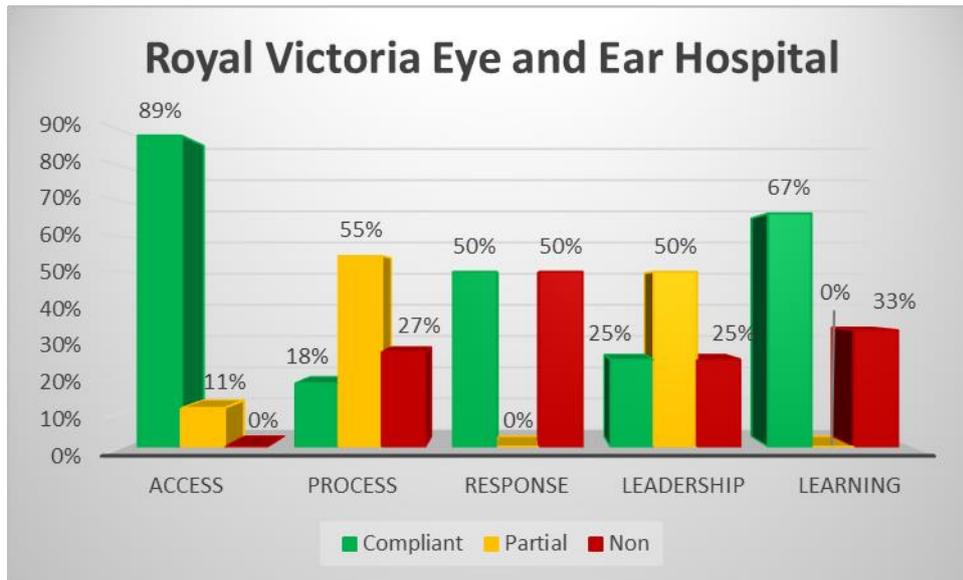
Recommendation 34: Learning log in place for review and trending of complaints and actions required.

Recommendation 35: Communication cascaded from the Group Quality and Risk office in relation to sharing of good practice.

Non-compliances were identified by Our Lady's Hospital, Navan for recommendation # 22 and 29 and 36 with the commentary below.

Recommendation 22, 29 and 36: Cross site hospital complaint forum to be established – to be arranged at Group level.

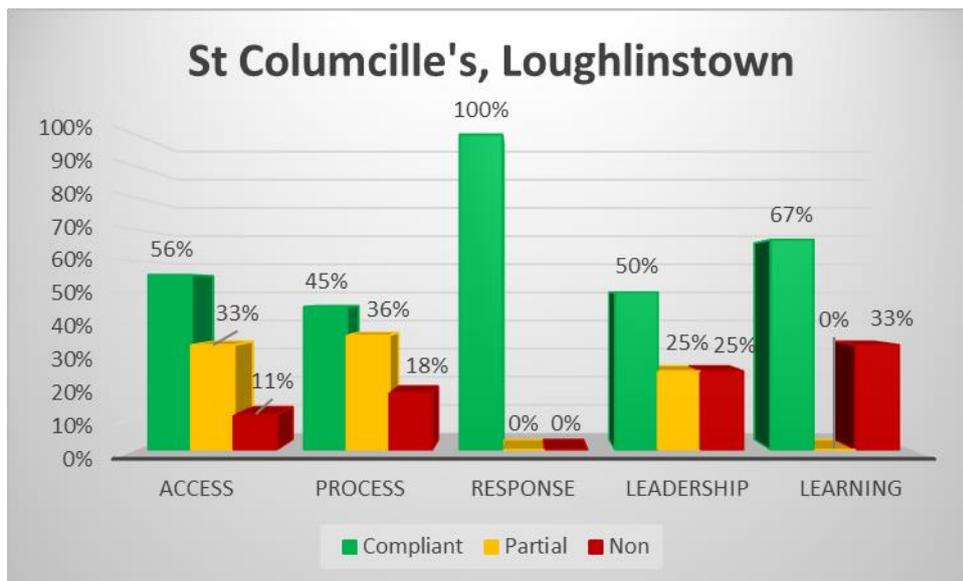
Royal Victoria Eye and Ear Hospital



NOTE: Where no compliance rating was assigned by the Royal Victoria Eye and Ear Hospital, the Group response was assigned. This applies to recommendations # 9, 16, 20, 22, 23, 24, 25, 29, 30, 32, 35, and 36. Where no compliance rating was assigned by the Royal Victoria Eye and Ear Hospital or at Group Level, a rating of 'non-compliant' was assigned. This applies to recommendations #28.

No recommendations were assessed by the Royal Victoria Eye and Ear Hospital as being partially compliant or non-compliant.

St Columcille's, Loughlinstown



NOTE: Where no compliance rating was assigned by St Columcille's, Loughlinstown, the Group response was assigned. This applies to recommendation # 9.

Partial Compliance has been assessed St Columcille's, Loughlinstown for the following recommendations; 1, 11, 14, 19, 21, 22 and 29 with an update given below.

Recommendation 1: Education to staff regarding complaints management at the front line and options available.

Recommendation 11: Staff training to be provided. Review requirement for local policy.

Recommendation 14: Education to staff regarding complaints management at the front line and options available.

Recommendation 19: All level 2 complaints to be uploaded.

Recommendation 21: Education to staff regarding complaints management at the front line and options available.

Recommendation 22: 'You said we did' posters to be developed.

Recommendation 29: Develop dissemination programme.

Non-compliances were identified by St Columcille's, Loughlinstown for recommendations # 6, 17, 20, 33, and 36 with the commentary below.

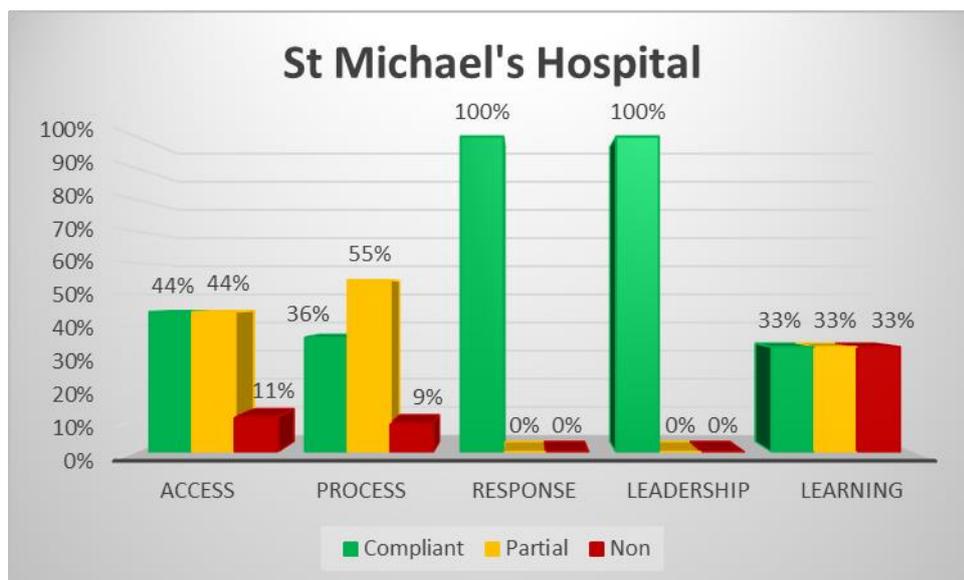
Recommendation 6: Volunteer Service to be developed.

Recommendation 17: Process and template to be developed.

Recommendation 20: Education to staff regarding complaints management at the front line and options available.

Recommendation 33: Survey reports on making complaints to be developed.

Recommendation 36: Develop casebooks to support learning.



Partial Compliance has been assessed by St Michael's Hospital for the following recommendations; 1, 3, 5, 9, 14, 17, 18, 19, 24, 25 and 34 with an update given below.

Recommendation 1: Information to be provided in different languages.

Recommendation 3: To ensure that information is in line with best practices for health literacy.

Recommendation 5: PAS representative providing information session for staff Feb 2020. PIL to be displayed with YSYS leaflets.

Recommendation 9: No commentary.

Recommendation 14: Further training for frontline staff to be arranged.

Recommendation 17: Process to be standardised.

Recommendation 18: Process to be standardised.

Recommendation 19: Process to be standardised.

Recommendation 24: No commentary.

Recommendation 25: Briefing sessions provided for all staff.

Recommendation 34: No commentary.

Non-compliances were identified by St Michael's Hospital for recommendation # 6, 22 and 36 with the commentary below.

Recommendation 6: No commentary.

Recommendation 22: Resource dependent.

Recommendation 36: Extra resources needed.

St Luke's Hospital Kilkenny - No self-assessment return submitted.

St Vincent's Hospital - No self-assessment return submitted.

Wexford General Hospital - No self-assessment return submitted.



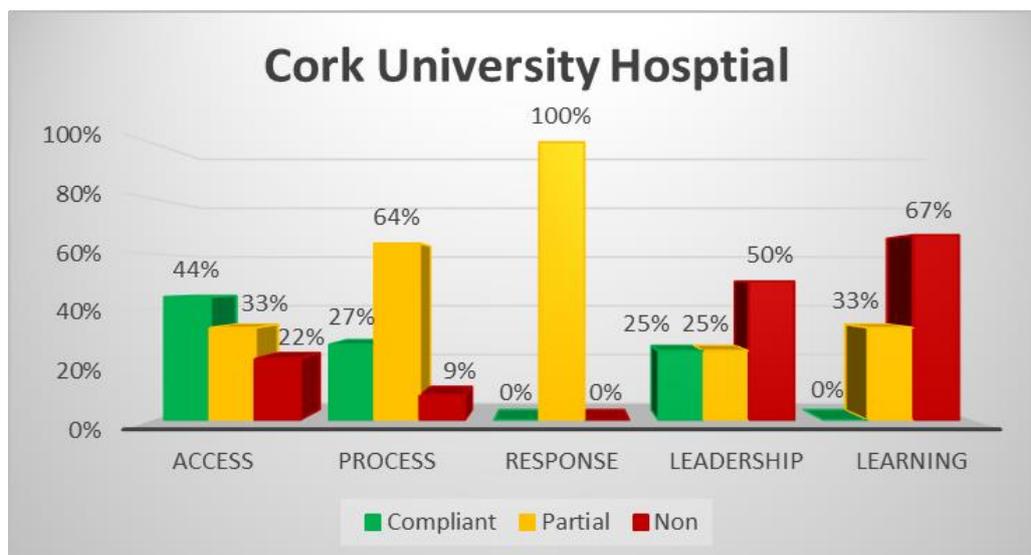
3. South / South West Hospital Group

The South / South West Hospital group consists of the following hospitals:

- Bantry General Hospital
- Cork University Hospital
- Cork University Maternity Hospital
- Mallow General Hospital
- Mercy University Hospital
- South Infirmary - Victoria University Hospital
- South Tipperary General Hospital
- University Hospital Kerry
- University Hospital Waterford
- Lourdes Orthopaedic Hospital

A graphical representation of the individual return from each hospital is set out below.

Bantry General Hospital: No return supplied.



NOTE: Where no compliance rating was assigned by CUH, the Group response was assigned. This applies to following recommendations #16, 22, 23, 28, 30, 32, 35, 36.

Partial Compliance has been assessed by CUH for the following recommendations; 1, 5, 11, 14, 17, 20, 21, 24, 25, 27 and 33.

Recommendation 1: Review and update.

Recommendation 5: Raise awareness of new Patient Advocacy Service.

Recommendation 11: Training is ongoing, awareness materials displayed.

Recommendation 14: Training is ongoing on, no wrong door promoted, CNMs support staff.

Recommendation 17: YSYS process adhered to and standardised templates and CMS used for formal complaints. Currently not utilised for informal complaints due to resources.

Recommendation 20: Training is mandatory and is ongoing.

Recommendation 21: Induction module – staff are being directed to HSELand elearning modules. A quality assurance checklist is being developed.

Recommendation 24: Every effort is made to ensure adherence to policy and timeframes.

Recommendation 25: Open Disclosure training ongoing.

Recommendation 27: Training is ongoing. Recognition that communication with complainant regarding implementation of recommendations is not standard.

Recommendation 33: Learning processes are being developed. Patients encouraged to share experience and reassured regarding impact and outcomes.

Non-compliance has been identified by CUH with recommendations 6, 9, 29 and 34. The following update has been given in relation to these:

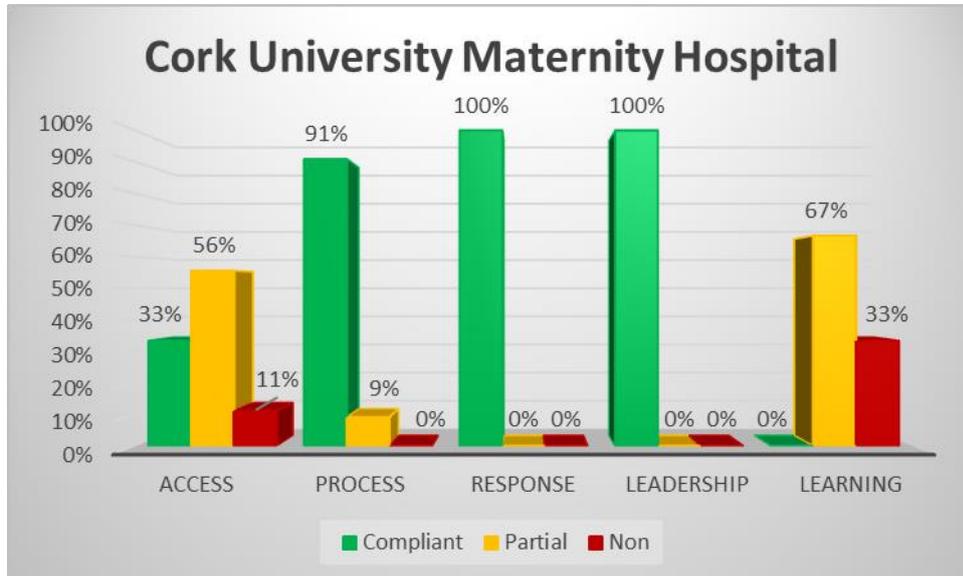
Recommendation 6: Recruiting currently for a Public and Patient Engagement Co-ordinator.

Recommendation 9: Content followed up as appropriate – local policy to be developed.

Recommendations 29: Process for regular reporting and discussion to be reviewed.

Recommendations 34: Resource to be identified to enable this.

Cork University Maternity Hospital



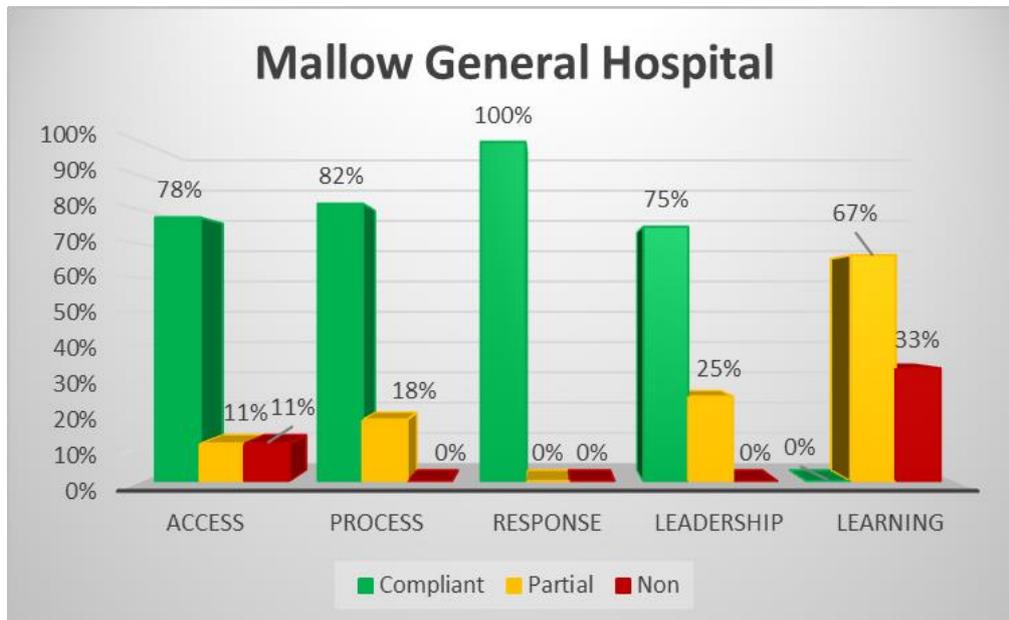
Partial Compliance has been assessed for the following recommendations; 1, 3, 5, 10, 11, 14, 34, 35. Commentary was only provided for recommendation 34.

Recommendation 34: Complaints are discussed at monthly Quality and Patient Safety meetings.

Non-compliance has been identified with recommendations 6, and 36. No commentary was provided.

Lourdes Orthopaedic Hospital: No return supplied.

Mallow General Hospital



Partial Compliance has been assessed for the following recommendations; 6, 12, 22, 25, 30, 34, 35.

Recommendation 6: Review and update.

Recommendation 12: Raise awareness of new Patient Advocacy Service.

Recommendation 22: Training is ongoing, awareness materials displayed.

Recommendation 25: Training is ongoing on, no wrong door promoted, CNMs support staff.

Recommendation 30: YSYS process adhered to and standardised templates and CMS used for formal complaints. Currently not utilised for informal complaints due to resources.

Recommendation 34: Training is mandatory and is ongoing.

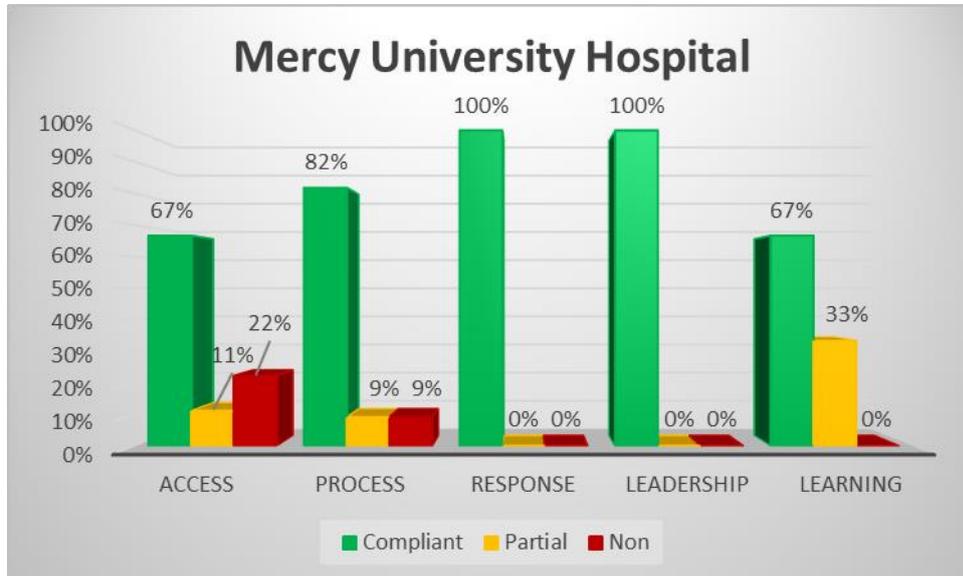
Recommendation 35: Induction module – staff are being directed to HSE Land elearning modules. A quality assurance checklist is being developed.

Non-compliance was identified for recommendations 6 and 36.

Recommendation 6: No volunteer programme / patient council in place in hospital.

Recommendation 36: No commentary provided.

Mercy University Hospital



Partial Compliance has been assessed for the following recommendations; 5, 22, 34 with commentary only provided for recommendation 5.

Recommendation 5: Publicise advocacy services.

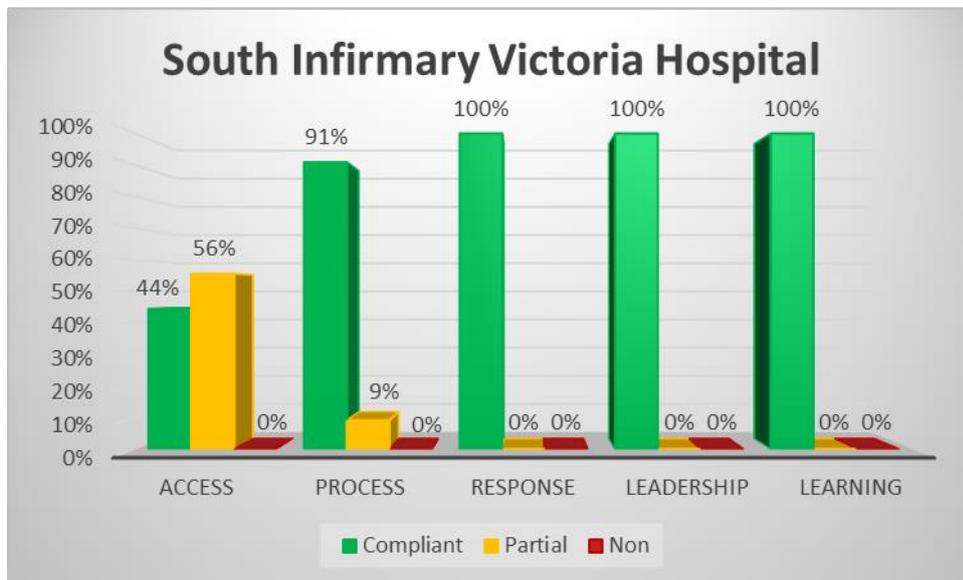
Non-compliance was identified for recommendations 3, 11 and 21.

Recommendation 3: Hospital website to be updated.

Recommendation 11: Complaints policy statement to be developed.

Recommendation 21: Complaints training to be included in induction module.

South Infirmary - Victoria University Hospital



Partial Compliance has been assessed for the following recommendations; 1, 5, 6, 11, 12, and 14 with an update given below.

Recommendation 1: Information made readily available. For review at next complaints AGM.

Recommendation 5: Patient Advocacy Service to be publicised and website updated.

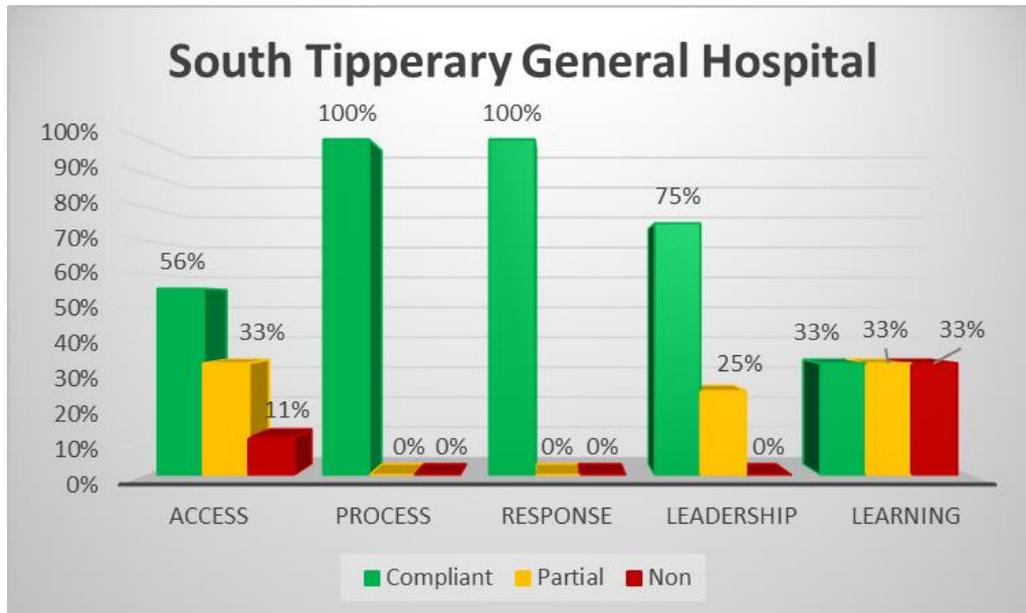
Recommendation 6: This is currently a work in progress.

Recommendation 11: To be made available at centre point of hospital and uploaded to website.

Recommendation 12: Reference to be included on all correspondence and uploaded to website.

Recommendation 14: Staff to receive training.

South Tipperary General Hospital



Partial Compliance has been assessed for the following recommendations; 6, 9, 12, 32 and 35 with an update given below.

Recommendation 6: No volunteer advocacy programme in place but Patient Council and Patient Representative Group in place.

Recommendation 9: Local process to address anonymous complaints.

Recommendation 12: Response letters do not contain reference to Ombudsman but being amended for 2020.

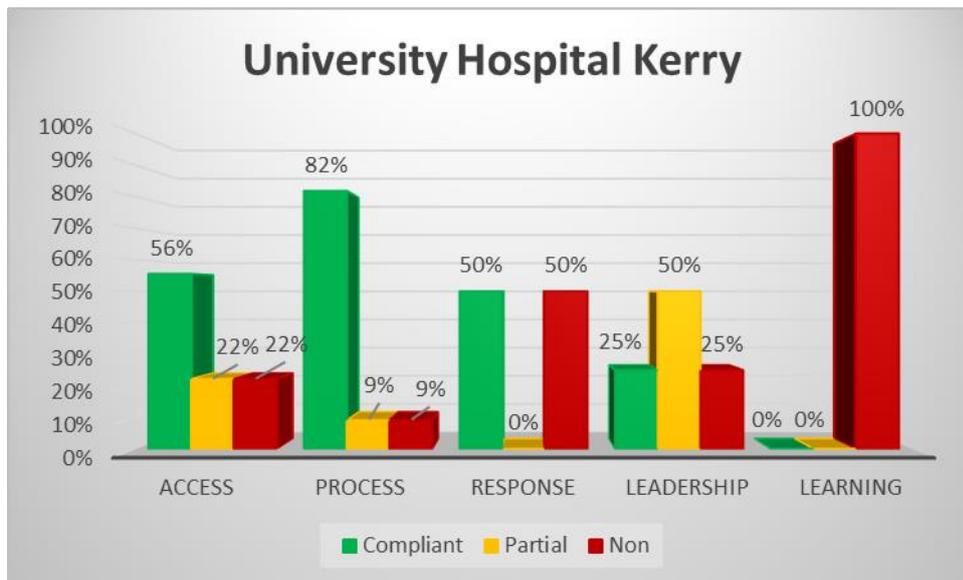
Recommendation 32: No designated Complaints Manager.

Recommendation 35: No designated Complaints Manager to lead out on this.

Non-compliances were identified with recommendations 5 and 36.

Recommendation 5: No advocacy service currently available.

Recommendation 36: Not in place currently.



Partial Compliance has been assessed for the following recommendations; 5, 6, 21, 32, and 33 with an update given below.

Recommendation 5: In process.

Recommendation 6: Numbers to be increased.

Recommendation 21: Will be formalised for induction dates.

Recommendation 32: No designated Complaints Manager.

Recommendation 33: Complaints to be a stand-alone position

Non-compliances were identified with recommendations 4, 9, 16, 28, 30, 34, 35 and 36.

Recommendation 4: Dedicated space required.

Recommendation 9: No comment.

Recommendation 16: No comment.

Recommendation 28: To be addressed at Group level.

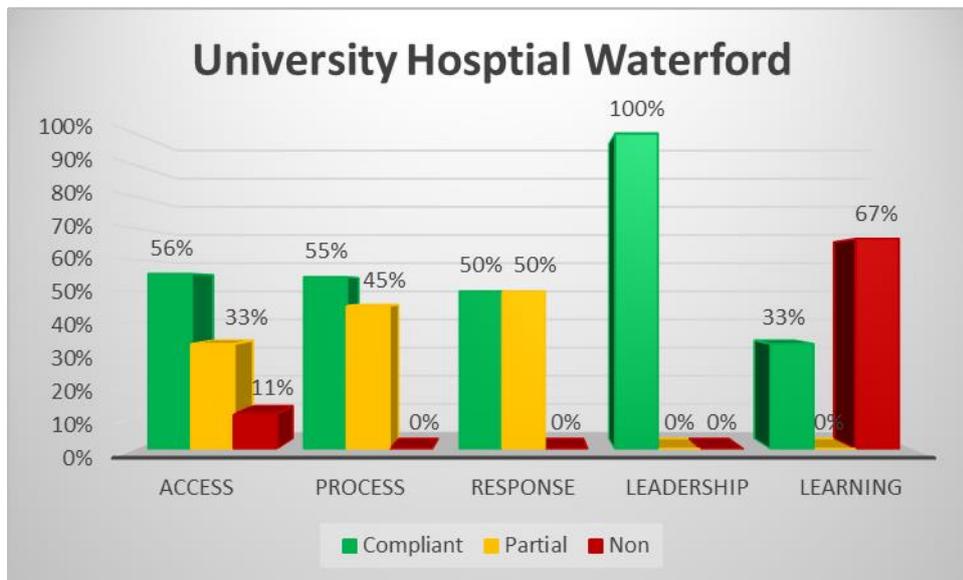
Recommendation 30: To be addressed at Group level.

Recommendation 34: To be developed.

Recommendation 35: To be developed at Group level.

Recommendation 36: To be developed at Group level.

University Hospital Waterford



Partial Compliance has been assessed for the following recommendations; 1, 5, 11, 14, 16, 21, 22, 24 and 27 with an update given below.

Recommendation 1: Lack of comment boxes, complaint information at admission/discharge and lack of signage for complaints office.

Recommendation 5: Lack of information on website and at admission/discharge.

Recommendation 11: Available in Patient Service office and in nursing administration.

Recommendation 14: Policy available to staff in nursing administration and training offered to staff.

Recommendation 16: Named Patient Services Manager with remit for complaints.

Recommendation 21: Complaints training offered throughout the year.

Recommendation 22: No audit in process.

Recommendation 24: Competing demands impact on response timeframes and on communication with complainant

Recommendation 27: Competing demands impact on communication with complainant.

Non-compliances were identified with recommendations 6, 35 and 36 with no commentary provided.

Appendix 5: Summary of issues presented in the HSE 2019 Anonymised Feedback Learning Casebook

	Access	Communication and Information	Safe and Effective Care	Dignity and Respect	Improving Health	Privacy	Accountability
Q1 (8 cases)	<ul style="list-style-type: none"> • Service User facilities 	<ul style="list-style-type: none"> • Adherence to YSYS complaints process • Staff knowledge of complaints handling particularly at point of contact • Communication with services users within processes • Communication with Services Users following meetings / accurate minutes 					
Q2 (16 cases)		<ul style="list-style-type: none"> • Communication between services to update on changes to policy/procedures affecting Service Users • Communication to Service Users of policy/procedure operating within Hospitals, in advance of appointments and supported by signage within facility • Staff empathy with communication mix-ups 	<ul style="list-style-type: none"> • Health and Safety issues (temperature regulation) arising due to construction and not advised in advance to Service User • Human resource issues (behaviour of staff) in the carrying out of duties resulting in health and safety 				<ul style="list-style-type: none"> • Billing issue due to clerical error • A list of procedure charges to issue to Consultants to avoid inaccurate advice and billing Service Users



<p>Q2 (continued)</p>		<ul style="list-style-type: none">• Clear communication between healthcare professionals and Service Users and clarity around referral pathways for both• Generic email accounts proposed that are monitored by an office and not one individual staff member• Guidance for staff regarding Official Languages Act 2003.• Adherence to policy when communicating a child's disability to a family• Lack of communication with Service Users regarding staffing issues impacting on service delivery• Delay in communicating / responding to Service Users causing distress and affecting their ability to access other processes due to them being outside of timeframe as a result of the delay	<p>issues (noise levels) for Service User</p> <ul style="list-style-type: none">• Insufficient treatment and care within an ED concerning tests and diagnosis resulting in an After Action Review (AAR) being conducted.• Continuity of care issue due to delay in follow up service as a result of clerical error• Non return of Service User property due to inadequate tracking on admission / discharge				
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	Access	Communication and Information	Safe and Effective Care	Dignity and Respect	Improving Health	Privacy	Accountability
Q3 (15 cases)		<ul style="list-style-type: none"> • Communication around relaying of test result – inadequate information given to inform if further action was needed by Service User • Insufficient information provided on leaflets (patient charges, information on procedures/side effects) • Failure in recording decisions made / actions agreed at multi-disciplinary meetings impacted on follow up with Service User • Inadequate communication between services managing a complaint that spanned both. Acknowledgement of GDPR issues when voluntary and statutory hospitals are involved. 	<ul style="list-style-type: none"> • Staff training needed on DP/FOI legislation as decision impacted on Service user being able to access scan results for procedure in another hospital. • Compliment around treatment and care received and the holistic view of a Service User that was taken by staff and which was much appreciated • Issues around discharge for adults < 65 years old with a clinical need who may have 	<ul style="list-style-type: none"> • Patient dignity not respected while receiving care in the ED 	<ul style="list-style-type: none"> • Appropriate location of snack vending facilities • Review of policy regarding sweet treats for children following vaccination 	<ul style="list-style-type: none"> • Lack of confidentiality by staff discussing a Service User 	<ul style="list-style-type: none"> • Clarification of charges applying to procedures and the impact of specific terminology such as ‘private to Consultant’ and ‘private to hospital’ • Poor information on how to provide feedback – either in the physical or online environment • Poor adherence to the YSYS process by Complaints Officer resulting in complaint proceeding to Internal Review • Poor adherence to YSYS policy resulting in



			private health insurance, so that patients are informed and understand that they may not meet the eligibility criteria to access HSE community Services				delays and an investigation by the incorrect service, wasting resources.
	Access	Communication and Information	Safe and Effective Care	Dignity and Respect	Improving Health	Privacy	Accountability
Q4 (16 cases)		<ul style="list-style-type: none"> Adherence to best practice models of communication Clear information provided to Service Users and their families of the therapies being offered and ongoing communication / discussion regarding any changes Signage in ED to advise of charges and staff advised of process of notifying Service User of charge(s) and when incurred Lack of communication 	<ul style="list-style-type: none"> Poor adherence to clinical best practice guidelines in relation to medication, falls, etc. Training on the above as well as incident management procedures to be refreshed Better management of human resources (staff rosters /breaks) 	<ul style="list-style-type: none"> Behaviour by staff towards Service User 			Poor adherence to complaint management procedure and process resulting in complaints moving from Stage 2 to Stage 3



		<p>from a Hospital with a Service User regarding an issue escalated issue</p> <ul style="list-style-type: none">• Clear communication; explaining terminology and avoiding use of jargon.• Use of notice boards / TV / signage to keep Service Users informed especially of delays in appointment times in clinic waiting areas• Providing accurate information on expected service delays / service issues	<p>for the health and safety of personnel and those receiving their care</p>				
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