Your Service Your Say
Managing Feedback within the Health Services

hseland.ie

NCGLT Annual Report 2018
Foreword

The National Quality Assurance and Verification Division together with the National Complaints Governance and Learning Team are delighted to present our 2018 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 a focus on creating a positive environment and culture to encourage and learn from feedback, especially complaints.

Pictured (L to R) Mr Christopher Rudland, Assistant National Director, National Complaints Governance and Learning Team and Mr Patrick Lynch, National Director, National Quality Assurance and Verification Division

The HSE values engagement with service users and continues to support such efforts as the National Patient Experience Survey and Your Voice Matters to capture and understand their experience of our services. Through Your Service Your Say, the HSE offers service users a vital avenue for feedback and by collecting and classifying complaints data supports organisational learning by enabling the collective voice of complainants to inform healthcare development. 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.

The value and benefit of hearing from people who use, as well as deliver, our services provide us with true insight into the quality, safety and effectiveness of our services and help us to set our priorities, plan and deliver more responsive services that result in better outcomes for people.

We have also continued to focus our efforts on implementing the recommendations of the Ombudsman’s Learning to Get Better Report, May 2015. The Ombudsman, at the launch of his progress report on Learning to Get Better, in November 2018, welcomed the strides made by the HSE in addressing the recommendations but pointed out the remaining work needed to achieve full implementation. The HSE have given their full commitment to ensuring that the 34 recommendations applying to them will be fully implemented by the end of 2019 and that this will inform the body of work for the coming year.

NCGLT have progressed the development of the tools needed to assist the operational system to capture, record, analyse and learn from feedback. To support the implementation of the Complaints Management System, training was delivered by NCGLT to 290 staff with a dedicated helpline established to offer technical support. NCGLT also delivered training to 72 Review
Officers on the Your Service Your Say policy. Guidance on specific aspects of the Your Service Your Say Policy, as well as two HSELaND online training modules was developed to assist staff to respond effectively to complaints. Both HSELaND modules were awarded Continuing Education Units by the Nursing and Midwifery Board of Ireland. To date almost 3,300 staff have completed these modules.

NCGLT have invested significant effort in engaging with healthcare staff at various conferences to promote and increase understanding of the newly revised policy and the various tools and guidance documents developed to help them deliver an accessible and responsive feedback process. The office also presented at the 3rd National Patient Safety Conference to highlight its innovative 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.

Although significant progress has been made in advancing the Your Service Your Say agenda, we recognise that there is still a body of work to be achieved with systems and practises needing further development and refinement.

NCGLT will continue to engage with the operational system to bring these 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.

I would like to take this opportunity to thank all those who work in the HSE for their dedication and willingness to improve the quality of the healthcare services they provide.

I hope the efforts outlined in this report reaffirm the commitment of the HSE to encourage and support those who use our services to share their experiences with us, to value this, respond to it and learn from it.

___________________________    ___________________________
Mr Patrick Lynch      Mr Christopher Rudland
National Director      Assistant National Director
Quality Assurance and Verification   Quality Assurance and Verification
### 2018...at a glance

The health services received **17,977** new complaints

WE TRAINED **290** USERS ON OUR NEW COMPLAINTS MANAGEMENT SYSTEM

A total of **72** staff attended Complaint Review Officer training

We received **84** requests for Internal Reviews

**WE EXCEEDED OUR KPI AND HANDLED 71% OF COMPLAINTS WITHIN 30 WORKING DAYS OR LESS**

The National Your Service Your Say Team had **11,023** client interactions

**741** Disability Complaints relating to Assessment of Need were received

**Causes for complaints relate to:**

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

2018... at a glance

## Table of Contents

### Background

#### Part One - Data on Complaints recorded in the Health Services 2017 (Community Services, Statutory Hospitals, Voluntary Hospitals)

1.0 Introduction 7
1.1 Key Findings 7
1.2 Overall Findings 8
1.3 Anomalies 8
1.4 Breakdown of Complaints Received 10
1.5 Breakdown of Complaints Handling in 2018 12
1.6 HSE Hospital Groups (Statutory and Voluntary) 15
1.7 Community Healthcare Organisations 20
1.8 Category of Complaints 22
1.9 Complaints relating to Assessment of Need 25
1.10 Reviews 27
1.11 Analysis of Sample from Complaints Management System (CMS) 28
1.12 CMS Usage in 2018 33

#### Part Two – National Self-Assessment Action Plan returns to the Office of the Ombudsman

2.0 Introduction 34
2.1 Community Healthcare Organisations 36
2.2 Hospital Groups 46
2.3 Launch of the Ombudsman’s Progress Report on Learning to Get Better 57

#### Part Three – The National Complaints Governance and Learning Team

3.0 Introduction 59
3.1 Governance 59
3.2 The National Your Service Your Say Policy: Your Service Your Say Guidance for Clinical Staff 61
3.3 The National Your Service Your Say Policy: Your Service Your Say Learning Forms Guidance 62
3.4 The National Your Service Your Say Policy: Guidance for the Complaints Management Procedure for Providers who have entered into a Service Agreements under Section 38 or 39 of the Health Act 2004 65
3.5 Development of Children’s Leaflet 65
3.6 Your Service Your Say Materials 66
3.7 HSE Website 66
3.8 Awareness 66
3.9 Review Officer Training 67
3.10 Online Learning – HSELanD 69
3.11 Complaints Management System 70
3.12 CMS Steering Group 72
3.13 Healthcare Complaints Analysis Tool (HCAT) 73
3.14 The National Your Service Your Say Office 74
3.15 National Disability Complaints – Assessment of Need 75
3.16 Developments Commenced in 2018 76

### Appendices

Appendix One: Data Tables 77
Appendix Two: Learning to get Better ~ Recommendations 117
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 and responds to service user feedback including how it uses that feedback to inform and drive the delivery of quality, safe and effective services.

The importance of encouraging feedback and capturing and analysing that data 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 our Ombudsman’s Learning to Get Better report. Complaints data that is recorded and interrogated at point of contact (stage 1), following investigation by a Complaints Officer (stage 2) or after a review by a Review Officer (stage 3) 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 and concerns. The Team is responsible for developing the policies, systems and processes 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. This includes the development of guidance and supports in the operation of the Your Service Your Say policy. It also encompasses, initially, the development of tools and procedures that allow for the capture of stage 2 and stage 3 complaints data and the analysis and sharing of that data to identify trends that point to issues or failings in service delivery that need examination or corrective measures to prevent further occurrences or escalation.
NCGLT, through its audit function provides assurance to the system that these policies, systems and processes are being implemented so as to allow the organisation to be alerted to early warning indicators of poor service or potential service failures as well as verifying if, the tools developed to facilitate the highlighting of trends or issues that need consideration in the context of the quality, safety and efficacy of service delivery, are being used, and to their full potential.

NCGLT is closely aligned to the other functions within QAV in that it is one part of the assurance and verification process utilised within the HSE. Together, these functions under QAV, 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 to drive quality improvements within the organisation.

Following is a summary of the key developments within NCGLT in 2018.
Part One
Data on Complaints recorded in the Health Services 2018 (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. Where available, data was taken from the new Complaints Management System.

This annual collection of 2018 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 2018, there were 17,977 complaints received (refer Table 4). Of these, 6,610 complaints were recorded and examined by complaints officers in the Health Service Executive (Excluding Voluntary Hospitals and Agencies). Of the total number of complaints received, 3,695 (56%) were dealt with ≤30 working days (Part 9: Health Act, 2004, and Part 3: Disabilities Act, 2005).

There were 11,367 complaints recorded and examined by complaints officers in Voluntary Hospitals and Agencies. Of the total number of complaints received, 9,029 (79%) were dealt with ≤30 working days (Part 9: Health Act, 2004, Part 3: Disabilities Act, 2005).

In addition, there were 741 complaints relating to Assessment of Need.

Of Reviews Data returned; 84 reviews were reported as requested arising out of service user dissatisfaction regarding an initial complaints investigation. 64 were investigated. This figure is based on a combination of CMS data and manual data returns.

Review outcomes:
- Original recommendations upheld 38
- Original recommendations varied 10
- New recommendations 9
- Not defined 10
1.2 Overall Findings

- There were 17,977 new complaints recorded.
- Overall, the KPI of addressing complaints within 30 working days or less was not met: 71% (which falls below the 75% standard set). This is partially due to the removal of Point-of-Contact complaints in the calculation.
- Of complaints resolved, 76% were addressed by Complaints Officers in 30 working days or less either informally, or through formal investigation.
- The top 5 causes of complaints, accounting for 90% of all issues recorded contained an issue relating to the following classification:
  - 28% related to Safe & Effective Care (6180)
  - 24% related to Access (5381)
  - 23% related to Communication and Information (5137)
  - 11% related to Dignity and Respect (2337)
  - 4% related to Accountability (881)
- 2% 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 22,014 distinct issues; 1.224 issues per complaint.
- 99% of reported HSE Internal Review Requests were accepted by the HSE. Of these requests, 77% (64) were conducted.

1.3 Anomalies

Complaints reported under the 2004 Health Act relate to complaints figures addressed by Complaints Officers. These are either formal complaints or they are unresolved complaints escalated from point of contact in a front line service.

During 2017 analysis of complaints data had highlighted historical misreporting of Stage 1 (Point of Contact) complaints reported as Stage 2 (Resolved by Complaints Officer). In 2018 Areas and Hospital Groups were able to identify a further 1,417 Point of Contact (Stage 1) complaints that could have previously, in error, been reported in overall Stage 2 complaints figures.

Learning from Point of Contact (Stage 1) complaints is also important, and during 2018 there was an increased emphasis on supporting staff to resolve complaints at point of contact, including the introduction of interactive online HSELandD module to empower staff to respond to these. A total of 2,847 staff completed this module in 2018. Many areas, however, still do not record any stage 1 complaints that they receive and resolve. The introduction of the Point of Contact Resolution/Escalation form during 2018 has begun the process of identifying and learning from these more simple complaints.

In 2017 Your Service Your Say complaints within the CHO's averaged 370 and was highly skewed ranging from 63 to 1,151 over a similar demographic (skewness value 1.79434861). In 2018 complaints reported as recorded from CHO's were more evenly spread ranging from 95 to 254 with an average of 162 and distribution is approximately symmetrical (skewness value 0.453022).

In 2017 one CHO included a figure of 679 for point of contact complaints received in relation to a regional service provided across two other CHO's resulting in inflated complaints figures from all three.
CHOs. As the recording of complaints is now on the CMS for this CHO, only the complaints relevant to that CHO are aligned to that CHO. Of note also, many of the complaints previously recorded manually were informal complaints, i.e. stage 1. Only stage 2 complaints have been recorded on CMS. This would partially explain the difference between 2017 and 2018 Community Health Organisations figures.

**Summary Table of Variance**

<table>
<thead>
<tr>
<th>Summary Table of Variance</th>
<th>2018</th>
<th>2017</th>
<th>%Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE Statutory Hospitals</td>
<td>4035</td>
<td>4848</td>
<td>-17%</td>
</tr>
<tr>
<td>Voluntary Hospitals within Hospital Groups</td>
<td>7886</td>
<td>7225</td>
<td>9%</td>
</tr>
<tr>
<td>HSE Community Healthcare Organisations</td>
<td>1458</td>
<td>3236</td>
<td>-55%</td>
</tr>
<tr>
<td>HSE Assessment of Need</td>
<td>741</td>
<td>744</td>
<td>0%</td>
</tr>
<tr>
<td>HSE National Ambulance Service</td>
<td>103</td>
<td>58</td>
<td>78%</td>
</tr>
<tr>
<td>HSE Primary Care Reimbursement Service</td>
<td>273</td>
<td>139</td>
<td>96%</td>
</tr>
<tr>
<td>Other Voluntary Hospitals and Agencies</td>
<td>3481</td>
<td>4131</td>
<td>-16%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17977</strong></td>
<td><strong>20381</strong></td>
<td><strong>-12%</strong></td>
</tr>
</tbody>
</table>

*Table 1: Summary of % Variance Complaints recorded 2017 to 2018*

*For full breakdown, see table 47 in Appendix 1.*
1.4 Breakdown of Recorded 2018

Complaints (Excluding Voluntary Hospitals and Agencies)

<table>
<thead>
<tr>
<th>HSE: Excluding Voluntary Hospitals and Agencies - Complaints under Part 3 of the Disabilities Act 2005</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE: Community Healthcare Organisations</td>
<td>1458</td>
</tr>
<tr>
<td>HSE: Statutory Hospitals</td>
<td>4035</td>
</tr>
<tr>
<td>HSE: National Ambulance Service</td>
<td>103</td>
</tr>
<tr>
<td>HSE: Primary Care Reimbursement Fund</td>
<td>273</td>
</tr>
<tr>
<td>Complaints under Part 2 of the Disabilities Act 2005 (Assessment of Need)</td>
<td>741</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6610</strong></td>
</tr>
</tbody>
</table>

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

Complaints received to Voluntary Services

<table>
<thead>
<tr>
<th>Complaints received to Voluntary Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE Voluntary Hospitals</td>
<td>7886</td>
</tr>
<tr>
<td>Other Voluntary Hospitals</td>
<td>81</td>
</tr>
<tr>
<td>Voluntary Agencies</td>
<td>3400</td>
</tr>
<tr>
<td><strong>Total Complaints received to Voluntary Services</strong></td>
<td><strong>11367</strong></td>
</tr>
</tbody>
</table>

Table 3: Complaints received to Voluntary Services

Total Complaints Received

<table>
<thead>
<tr>
<th>Total Complaints received 2018</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Complaints received to the HSE</td>
<td>6610</td>
</tr>
<tr>
<td>Total Complaints received to Voluntary Services</td>
<td>11367</td>
</tr>
<tr>
<td><strong>Total Complaints received 2018</strong></td>
<td><strong>17977</strong></td>
</tr>
</tbody>
</table>

Table 4: Total Complaints received 2018
Figure 1: Breakdown of Complaints Recorded

- HSE Statutory Hospitals (4035)
- Voluntary Hospitals within Hospital Groups (7886)
- HSE Community Health Organisations (1458)
- HSE Assessment of Need (741)
- HSE National Ambulance Service (103)
- HSE Primary Care Reimbursement Service (273)
- Other Voluntary Hospitals and Agencies (3481)
1.5 Breakdown of Complaints Handling 2018

### Total Complaints Addressed 2018

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Addressed 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints resolved by Complaints Officers ≤30 working days formally</td>
<td>5431</td>
</tr>
<tr>
<td>Complaints resolved by Complaints Officers ≤30 working days informally</td>
<td>7293</td>
</tr>
<tr>
<td>Complaints resolved by Complaints Officers ≤30 working days (formally and informally)</td>
<td>12724</td>
</tr>
<tr>
<td>Complaints resolved by Complaints Officers over more than 30 working days</td>
<td>3279</td>
</tr>
<tr>
<td>Complaints entirely referred to another process</td>
<td>341</td>
</tr>
<tr>
<td>Complaints withdrawn</td>
<td>311</td>
</tr>
<tr>
<td>Anonymous complaints</td>
<td>172</td>
</tr>
<tr>
<td>Complaints withdrawn, anonymous or referred to another process</td>
<td>824</td>
</tr>
<tr>
<td><strong>Total Complaints addressed 2018</strong></td>
<td><strong>16827</strong></td>
</tr>
</tbody>
</table>

*Complaints resolved could include complaints carried over from the end of 2018

### Resolved/Withdrawn/Anonymous/Excluded

#### Complaints Handling 2018

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2018</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn</td>
<td>311</td>
<td>2%</td>
</tr>
<tr>
<td>Anonymous</td>
<td>172</td>
<td>1%</td>
</tr>
</tbody>
</table>

#### Complaints resolved by Complaints Officers ≤30 working days (formally and informally)

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Addressed 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE Statutory Services: Health Act 2004 &amp; Disabilities Act 2005 Part 3</td>
<td>3491</td>
</tr>
<tr>
<td>HSE Statutory Services: Disabilities Act 2005 (Part 3)</td>
<td>204</td>
</tr>
<tr>
<td>Voluntary Hospitals and Services</td>
<td>9029</td>
</tr>
<tr>
<td></td>
<td>12724</td>
</tr>
<tr>
<td>Complaints resolved by Complaints Officers over more than 30 working days</td>
<td>3279</td>
</tr>
<tr>
<td>Complaints excluded for investigation under Your Service, Your Say (Health Act 2004, Part 9)</td>
<td>341</td>
</tr>
<tr>
<td>Complaints resolved or referred to another process in 2018</td>
<td>16827</td>
</tr>
</tbody>
</table>

Table 5: Total Complaints Addressed 2018

Table 6: Complaints Handling 2018
Complaints resolved by Complaints Officers ≤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.

In addition, use of the CMS in 2017 and 2018 and resulting analysis by service areas has already identified historic reporting errors related to the inaccurate inclusion of Point-of-Contact complaints data which would have artificially inflated previous annual figures for complaints addressed within 30 working days. This has had a significant impact on the number of complaints classified as addressed within 30 working days for 2018, reducing the figure from 76% in 2017 to 56% in 2018.

Currently this KPI is calculated as follows:

- The numerator is the number of complaints investigated and reported in within 30 working days.
- The denominator is the total number of Complaints recorded as addressed by Complaints Officers.
This calculation does not allow for the removal of withdrawn, anonymous or otherwise exempt complaints which results in the use of a performance indicator that is not an exact reflection of Complaints Officers performance.

**Recommendation:** The numerator should be adjusted to reflect 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 5: Complaints per 100,000 bed days received to Hospital Groups (Statutory & Voluntary) 2018

Figure 6: Complaints received to Hospital Groups: Statutory and Voluntary Hospitals
### University Limerick Hospitals Group

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHLG Statutory</td>
<td>780</td>
<td>13</td>
<td>767</td>
<td>376</td>
<td>48%</td>
<td>49%</td>
</tr>
<tr>
<td>UHLG Voluntary</td>
<td>38</td>
<td>3</td>
<td>35</td>
<td>28</td>
<td>74%</td>
<td>80%</td>
</tr>
<tr>
<td>UHLG Total</td>
<td>818</td>
<td>16</td>
<td>802</td>
<td>404</td>
<td>49%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Table 7: ULHG Reported Complaints 2018

### South/South West Hospital Group

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSWHG Statutory</td>
<td>861</td>
<td>80</td>
<td>781</td>
<td>436</td>
<td>51%</td>
<td>56%</td>
</tr>
<tr>
<td>SSWHG Voluntary</td>
<td>180</td>
<td>6</td>
<td>174</td>
<td>141</td>
<td>78%</td>
<td>81%</td>
</tr>
<tr>
<td>SSWHG Total</td>
<td>1041</td>
<td>86</td>
<td>955</td>
<td>577</td>
<td>55%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Table 8: SSWHG Reported Complaints 2018

### Saolta Hospital Group

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saolta Statutory (Total)</td>
<td>643</td>
<td>33</td>
<td>610</td>
<td>392</td>
<td>61%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Table 9: Saolta Reported Complaints 2018
### RCSI Hospital Group

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCSI Statutory</td>
<td>353</td>
<td>34</td>
<td>319</td>
<td>245</td>
<td>69%</td>
<td>77%</td>
</tr>
<tr>
<td>RCSI Voluntary</td>
<td>749</td>
<td>28</td>
<td>721</td>
<td>554</td>
<td>74%</td>
<td>77%</td>
</tr>
<tr>
<td>RCSI Total</td>
<td>1102</td>
<td>62</td>
<td>1040</td>
<td>799</td>
<td>73%</td>
<td>77%</td>
</tr>
</tbody>
</table>

Table 10: RCSI Reported Complaints 2018

### Ireland East Hospital Group

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEHG Statutory</td>
<td>971</td>
<td>36</td>
<td>935</td>
<td>702</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>IEHG Voluntary</td>
<td>3025</td>
<td>61</td>
<td>2964</td>
<td>2553</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>IEHG Total</td>
<td>3996</td>
<td>97</td>
<td>3899</td>
<td>3255</td>
<td>81%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Table 11: IEHG Reported Complaints 2018
### Dublin Midlands Hospital Group

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMHG Statutory</td>
<td>427</td>
<td>15</td>
<td>412</td>
<td>333</td>
<td>78%</td>
<td>81%</td>
</tr>
<tr>
<td>DMHG Voluntary</td>
<td>2627</td>
<td>2</td>
<td>2625</td>
<td>1905</td>
<td>73%</td>
<td>73%</td>
</tr>
<tr>
<td>DMHG Total</td>
<td>3054</td>
<td>8</td>
<td>3046</td>
<td>2238</td>
<td>73%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Table 12: DMHG Reported Complaints 2018

### Children’s Hospital Group

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHG Voluntary (Total)</td>
<td>1267</td>
<td>4</td>
<td>1263</td>
<td>1032</td>
<td>81%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Table 13: CHG Reported Complaints 2018

**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.
### Other Voluntary Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Voluntary Hospitals</td>
<td>81</td>
<td>7</td>
<td>74</td>
<td>61</td>
<td>75%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Table 14: Other Voluntary Hospitals Reported Complaints 2018

### All Statutory and Voluntary Hospital

<table>
<thead>
<tr>
<th>All Statutory and Voluntary Hospital</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Less Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12002</td>
<td>313</td>
<td>11689</td>
<td>8758</td>
<td>73%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Table 15: Complaints resolved within 30 working days timeframe
Complaints received by Community Services seem to show an inverse relationship between population density and rate of complaints and has been highlighted for further examination.
## Complaints Reported by County per 100,000 general population

### Complaints Reported per CHO

<table>
<thead>
<tr>
<th>CHO</th>
<th>Counties</th>
<th>Complaints received 2018</th>
<th>Withdrawn, Anonymous, Excluded</th>
<th>Resolved ≤30 working days by Complaints Officer formally &amp; informally (excluding exempted &amp; withdrawn)</th>
<th>% resolved ≤30 working days by Complaints Officer</th>
<th>Adjusted for Withdrawn, anonymous and excluded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 1</td>
<td>(Donegal, Sligo, Leitrim, Cavan, Monaghan)</td>
<td>214</td>
<td>18</td>
<td>182</td>
<td>85%</td>
<td>93%</td>
</tr>
<tr>
<td>CHO 2</td>
<td>(Galway, Mayo, Roscommon)</td>
<td>159</td>
<td>2</td>
<td>40</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>CHO 3</td>
<td>(Clare, Limerick, North Tipperary)</td>
<td>105</td>
<td>10</td>
<td>71</td>
<td>68%</td>
<td>75%</td>
</tr>
<tr>
<td>CHO 4</td>
<td>(Kerry, North Cork, North Lee, South Lee, West Cork)</td>
<td>95</td>
<td>44</td>
<td>20</td>
<td>21%</td>
<td>39%</td>
</tr>
<tr>
<td>CHO 5</td>
<td>(South Tipperary, Carlow, Kilkenny, Waterford, Wexford)</td>
<td>107</td>
<td>2</td>
<td>56</td>
<td>52%</td>
<td>53%</td>
</tr>
<tr>
<td>CHO 6</td>
<td>(Wicklow, Dun Laoghaire, Dublin South East)</td>
<td>170</td>
<td>0</td>
<td>17</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>CHO 7</td>
<td>(Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West)</td>
<td>254</td>
<td>27</td>
<td>185</td>
<td>73%</td>
<td>81%</td>
</tr>
<tr>
<td>CHO 8</td>
<td>(Louth, Longford, Laois, Offaly, Meath, Westmeath)</td>
<td>249</td>
<td>4</td>
<td>106</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>CHO 9</td>
<td>(Dublin North, Dublin North Central, Dublin North West)</td>
<td>105</td>
<td>6</td>
<td>85</td>
<td>81%</td>
<td>86%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1458</td>
<td>113</td>
<td>762</td>
<td>52%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Table 16: Reported Complaints to CHOs 2018
## 1.8 Category of Complaint

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

### Category of Complaints for all services

<table>
<thead>
<tr>
<th>Category</th>
<th>HSE Statutory Hospitals and Community Services</th>
<th>Voluntary hospitals and agencies</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>2267</td>
<td>3114</td>
<td>5381</td>
</tr>
<tr>
<td>Dignity and respect</td>
<td>684</td>
<td>1653</td>
<td>2337</td>
</tr>
<tr>
<td>Safe and effective care</td>
<td>2154</td>
<td>4026</td>
<td>6180</td>
</tr>
<tr>
<td>Communication and information</td>
<td>1413</td>
<td>3724</td>
<td>5137</td>
</tr>
<tr>
<td>Participation</td>
<td>56</td>
<td>164</td>
<td>220</td>
</tr>
<tr>
<td>Privacy</td>
<td>56</td>
<td>313</td>
<td>369</td>
</tr>
<tr>
<td>Improving health</td>
<td>89</td>
<td>141</td>
<td>230</td>
</tr>
<tr>
<td>Accountability</td>
<td>266</td>
<td>615</td>
<td>881</td>
</tr>
<tr>
<td>Clinical judgement</td>
<td>160</td>
<td>423</td>
<td>583</td>
</tr>
<tr>
<td>Vexatious complaints</td>
<td>9</td>
<td>128</td>
<td>137</td>
</tr>
<tr>
<td>Nursing homes / residential care for older people (65 and over)</td>
<td>33</td>
<td>10</td>
<td>43</td>
</tr>
<tr>
<td>Nursing homes / residential care (aged 64 and under)</td>
<td>12</td>
<td>84</td>
<td>96</td>
</tr>
<tr>
<td>Pre-school inspection services</td>
<td>0</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Trust in care</td>
<td>1</td>
<td>68</td>
<td>69</td>
</tr>
<tr>
<td>Children first</td>
<td>0</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>Safeguarding vulnerable persons (new 2016)</td>
<td>1</td>
<td>267</td>
<td>268</td>
</tr>
<tr>
<td>Total Issues</td>
<td>7201</td>
<td>14813</td>
<td>22014</td>
</tr>
<tr>
<td>Issues per complaint</td>
<td>1.08940998</td>
<td>1.30315827</td>
<td>1.22456472</td>
</tr>
</tbody>
</table>

Table 17: Complaints broken down by category NOTE: Explanation of Categories is available in Appendices
Figure 8: Categories of Complaints

- Safe & Effective Care (Stat 2154, Vol 4026)
- Access (Stat 2267, Vol 3114)
- Communication & Information (Stat 1413, Vol 3724)
- Dignity & Respect (Stat 684, Vol 1653)
- Accountability (Stat 266, Vol 615)
- Clinical Judgement (Stat 160, Vol 423)
- Privacy (Stat 56, Vol 313)
- Safeguarding vulnerable persons (Stat 1, Vol 267)
- Improving health (Stat 89, Vol 141)
- Participation (Stat 56, Vol 164)
- Vexatious complaints (Stat 9, Vol 128)
- Nursing homes / residential care (aged 64 and under) (Stat 12, Vol 84)
- Trust in care (Stat 1, Vol 68)
- Children first (Stat 0, Vol 67)
- Nursing homes / residential care for older people (65 and over) (Stat 33, Vol 10)
- Pre-school inspection services (Stat 0, Vol 16)

<table>
<thead>
<tr>
<th>Category of Complaint</th>
<th>Statutory</th>
<th>Voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe &amp; Effective Care</td>
<td>2267</td>
<td>3114</td>
</tr>
<tr>
<td>Access</td>
<td>2267</td>
<td>3114</td>
</tr>
<tr>
<td>Communication &amp; Information</td>
<td>1413</td>
<td>3724</td>
</tr>
<tr>
<td>Dignity &amp; Respect</td>
<td>684</td>
<td>1653</td>
</tr>
<tr>
<td>Accountability</td>
<td>266</td>
<td>615</td>
</tr>
<tr>
<td>Clinical Judgement</td>
<td>160</td>
<td>423</td>
</tr>
<tr>
<td>Privacy</td>
<td>56</td>
<td>313</td>
</tr>
<tr>
<td>Safeguarding vulnerable persons</td>
<td>1</td>
<td>267</td>
</tr>
<tr>
<td>Improving health</td>
<td>89</td>
<td>141</td>
</tr>
<tr>
<td>Participation</td>
<td>56</td>
<td>164</td>
</tr>
<tr>
<td>Vexatious complaints</td>
<td>9</td>
<td>128</td>
</tr>
<tr>
<td>Nursing homes / residential care (aged 64 and under)</td>
<td>12</td>
<td>84</td>
</tr>
<tr>
<td>Trust in care</td>
<td>1</td>
<td>68</td>
</tr>
<tr>
<td>Children first</td>
<td>0</td>
<td>67</td>
</tr>
<tr>
<td>Nursing homes / residential care for older people (65 and over)</td>
<td>33</td>
<td>10</td>
</tr>
<tr>
<td>Pre-school inspection services</td>
<td>0</td>
<td>16</td>
</tr>
</tbody>
</table>

National Complaints Governance and Learning Team Annual Report 2018 | 23
### Complaints by Divisions (per CHO)

<table>
<thead>
<tr>
<th>Community Health Organisation (CHO)</th>
<th>Health &amp; Wellbeing</th>
<th>Mental Health</th>
<th>Primary Care</th>
<th>Social Care</th>
<th>No Classification provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 1</td>
<td>3</td>
<td>17</td>
<td>83</td>
<td>110</td>
<td>0</td>
</tr>
<tr>
<td>CHO 2</td>
<td>0</td>
<td>10</td>
<td>141</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>CHO 3</td>
<td>0</td>
<td>41</td>
<td>37</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>CHO 4</td>
<td>2</td>
<td>43</td>
<td>15</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>CHO 5</td>
<td>0</td>
<td>26</td>
<td>46</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>CHO 6</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>19</td>
<td>170</td>
</tr>
<tr>
<td>CHO 7</td>
<td>0</td>
<td>57</td>
<td>167</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 8</td>
<td>0</td>
<td>120</td>
<td>113</td>
<td>87</td>
<td>0</td>
</tr>
<tr>
<td>CHO 9</td>
<td>0</td>
<td>28</td>
<td>51</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td><strong>344</strong></td>
<td><strong>654</strong></td>
<td><strong>307</strong></td>
<td><strong>170</strong></td>
</tr>
</tbody>
</table>

*Table 18: CHOs Complaints by Division 2018*

#### Figure 9: Complaints by CHO Service
### 1.9 Complaints relating to the Assessment of Need process

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

<table>
<thead>
<tr>
<th>Complaints received 2018</th>
<th>Complaints excluded under Part 9 of the Health Act 2004</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Resolved through formal investigation ≤30 working days</th>
<th>Resolved through formal investigation &gt;30 working days</th>
<th>% Resolved ≤30 working days</th>
<th>Resolved through Mediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AoN</td>
<td>741</td>
<td>0</td>
<td>0</td>
<td>110</td>
<td>186</td>
<td>342</td>
<td>25%</td>
<td>0</td>
</tr>
</tbody>
</table>

**NOTE:** An additional 590 complaints carried from 2017 were also resolved. In total 1118 complaints were resolved in 2018

Table 19: AoN Complaints resolved 2018

#### Percentage of Applications for Assessment of Need that result in a complaint per County

<table>
<thead>
<tr>
<th>County</th>
<th>AoN complaints</th>
<th>% of AoN Applications that result in a complaint</th>
<th>County</th>
<th>AoN complaints</th>
<th>% of AoN Applications that result in a complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlow/Kilkenny</td>
<td>8</td>
<td>16%</td>
<td>Galway</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cavan/Monaghan</td>
<td>13</td>
<td>42%</td>
<td>Kerry</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Clare</td>
<td>0</td>
<td>0%</td>
<td>Kildare/West Wicklow</td>
<td>76</td>
<td>35%</td>
</tr>
<tr>
<td>Cork North</td>
<td>12</td>
<td>7%</td>
<td>Laois/Offaly</td>
<td>25</td>
<td>10%</td>
</tr>
<tr>
<td>Cork North Lee</td>
<td>171</td>
<td>43%</td>
<td>Limerick</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Cork South Lee</td>
<td>180</td>
<td>45%</td>
<td>Longford/Westmeath</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Cork West</td>
<td>2</td>
<td>4%</td>
<td>Louth</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Donegal</td>
<td>6</td>
<td>19%</td>
<td>Mayo</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Dublin North</td>
<td>15</td>
<td>2%</td>
<td>Meath</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Dublin North West</td>
<td>10</td>
<td>2%</td>
<td>Roscommon</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Dublin North Centre</td>
<td>0</td>
<td>0%</td>
<td>Sligo/Leitrim</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Dublin South</td>
<td>0</td>
<td>0%</td>
<td>Tipperary N.R</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Dublin South City</td>
<td>19</td>
<td>25%</td>
<td>Tipperary S.R</td>
<td>7</td>
<td>17%</td>
</tr>
<tr>
<td>Dublin South East</td>
<td>1</td>
<td>3%</td>
<td>Waterford</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>County</td>
<td>AoN complaints</td>
<td>% of AoN Applications that result in a complaint</td>
<td>County</td>
<td>AoN complaints</td>
<td>% of AoN Applications that result in a complaint</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------</td>
<td>-----------------------------------------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Dublin South West</td>
<td>86</td>
<td>25%</td>
<td>Wexford</td>
<td>45</td>
<td>44%</td>
</tr>
<tr>
<td>Dublin West</td>
<td>21</td>
<td>14%</td>
<td>Wicklow</td>
<td>25</td>
<td>13%</td>
</tr>
</tbody>
</table>

Table 20: Percentage of Applications for Assessment of Need that result in a complaint per County

2018: % of applications for Assessment of Need that result in a complaint

Figure 10: % of AoN applications that result in a complaint
### 1.10 Reviews

**HSE Internal Review Total Reported**

<table>
<thead>
<tr>
<th>HSE Total 2018 (excluding voluntary agencies)</th>
<th>Internal Review</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review Request Received</td>
<td>Review Request Refused / Withdrawn</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>1</td>
</tr>
</tbody>
</table>

Information regarding recommendations was not provided for 10 Conducted Review

Table 21: HSE Internal Review requests reported 2018

*Review conducted include Review requests received at the end of 2016*

**Hospitals Groups (Statutory and Voluntary Hospitals)**

<table>
<thead>
<tr>
<th>Hospital Groups 2018</th>
<th>Internal Review</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review Request Received</td>
<td>Review Request Refused / Withdrawn</td>
</tr>
<tr>
<td>CHG</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>DMHG</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>IEHG</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>RCSI</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Saolta</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>SSWHG</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>ULH</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 22: HSE Internal Review requests to Hospital Groups reported 2018
Community Health Organisations

<table>
<thead>
<tr>
<th>Community Hospital Group</th>
<th>Internal Review</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review Request Received</td>
<td>Review Request Refused</td>
</tr>
<tr>
<td>CHO 1</td>
<td>no return</td>
<td>no return</td>
</tr>
<tr>
<td>CHO 2</td>
<td>no return</td>
<td>no return</td>
</tr>
<tr>
<td>CHO 3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>CHO 4</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>CHO 5</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>CHO 6</td>
<td>no return</td>
<td>no return</td>
</tr>
<tr>
<td>CHO 7</td>
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<td>0</td>
</tr>
<tr>
<td>CHO 8</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>CHO 9</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 23: HSE Internal Review requests to CHOs reported 2018

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.

- 28% related to Safe & Effective Care
- 24% related to Access
- 23% related to Communication and Information
- 11% related to Dignity and Respect
- 4% related to Accountability

These percentages however are derived from a very broad classification. Looking at 2 samples from the CMS allows us to look at sub categories in more details.
These samples are:
- Community, 600 complaints and
- Acute, 4000 complaints

Sample Analysis: Community
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.

Sample Return
1. Access 33%
2. Safe & Effective Care 25%
3. Dignity and Respect 18%
4. Communication & Information 16%
5. Accountability 3%

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 types, accounts for 80% of all complaints issues examined.

<table>
<thead>
<tr>
<th>Issue Category Type top 10</th>
<th>Issue Category Sub-Type top 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accessibility / resources (Access)</td>
<td>18% Services 65, Personnel 17, Equipment 8</td>
</tr>
<tr>
<td>2. Treatment and Care (Safe &amp; Effective Care)</td>
<td>13% Unsatisfactory treatment or care 25, Other 17, Failure / delay in treatment / delivery of care 16</td>
</tr>
<tr>
<td>3. Appointment - delays (Access)</td>
<td>11% Appointment - delay in issuing appointment 57, Appointment - postponed 3, Other 3</td>
</tr>
<tr>
<td>4. Delivery of care (Dignity and Respect)</td>
<td>9% Lack of respect shown to patient during examination / consultation 14, Patient’s dignity not respected 12, No concern for patient as a person 5</td>
</tr>
<tr>
<td>5. Alleged inappropriate behaviour (Dignity and Respect)</td>
<td>8% Staff 34, Patient 4, Other 4</td>
</tr>
<tr>
<td>6. Communication skills (Communication &amp; Information)</td>
<td>6% Inadequate listening and response 11, Inappropriate comments from staff member 8, Lack of support 3</td>
</tr>
<tr>
<td>7. Delay and failure to communicate (Communication &amp; Information)</td>
<td>5% Failure / delay in communicating with relatives 12, Failure / delay in communicating with patient 8, Breakdown in communication between staff or areas 5</td>
</tr>
<tr>
<td>8. Continuity of care (external) (Safe &amp; Effective Care)</td>
<td>3% Other 11, Lack of community supports 6, Lack of support services post discharge 2</td>
</tr>
<tr>
<td>9. Information (Communication &amp; Information)</td>
<td>3% Conflicting information 4, Insufficient and inadequate information 4, Misinformation 3</td>
</tr>
<tr>
<td>10. Health and Safety issues (Safe &amp; Effective Care)</td>
<td>3% Temperature regulation 4, Failure to provide a safe environment 3, Equipment (lack of / failure of / wrong equipment used) 1</td>
</tr>
</tbody>
</table>
Sample Analysis: Acute

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.

Sample Return

1. Safe & Effective Care 38%
2. Access 25%
3. Communication & Information 18%
4. Dignity and Respect 10%
5. Accountability 6%

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 types, accounts for 74% of complaints issues examined.

<table>
<thead>
<tr>
<th>Issue Category Type top 10</th>
<th>Issue Category Sub-Type top 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Treatment and Care (Safe &amp; Effective Care)</td>
<td>Unsatisfactory treatment or care 364, Failure / delay in treatment / delivery of care 172, Failure / delay to diagnose 39</td>
</tr>
<tr>
<td>2. Appointment - delays (Access)</td>
<td>Appointment - delay in issuing appointment 218, Operation and opening times of clinics 45, Surgery / therapies / diagnostics - delayed or postponed 42</td>
</tr>
<tr>
<td>3. Communication skills (Communication &amp; Information)</td>
<td>Inappropriate comments from staff member 69, Inadequate listening and response 36, Tone of voice 30</td>
</tr>
<tr>
<td>4. Finance (Accountability)</td>
<td>Bill dispute 197, Insurance cover 16, Cost of products 5</td>
</tr>
<tr>
<td>5. Delay and failure to communicate (Communication &amp; Information)</td>
<td>Failure / delay in communicating with patient 101, Failure / delay in communicating with relatives 56, Breakdown in communication between staff or areas 33</td>
</tr>
<tr>
<td>6. Diagnosis (Safe &amp; Effective Care)</td>
<td>Diagnosis - contradictory diagnosis 73, Diagnosis - delayed diagnosis 73, Diagnosis - misdiagnosis 29</td>
</tr>
<tr>
<td>7. Admission - delays (Access)</td>
<td>Admission - delay in admission process 64, Admission - postponed 58, Delayed - elective bed 37</td>
</tr>
<tr>
<td>8. Alleged inappropriate behaviour (Dignity &amp; Respect)</td>
<td>Patient 41, Staff 17, Visitor 4</td>
</tr>
<tr>
<td>9. Delivery of care (Dignity &amp; Respect)</td>
<td>Lack of respect shown to patient during examination / consultation 68, No concern for patient as a person 52, Patient's dignity not respected 23</td>
</tr>
<tr>
<td>10. Information (Communication &amp; Information)</td>
<td>Insufficient and inadequate information 44, Conflicting information 34, Misinformation 28</td>
</tr>
</tbody>
</table>

**Comment:** It is difficult to draw any conclusions from the differences between actual reported returns and the CMS data sample. Samples were taken from participating CHO and Hospital Groups data and therefore may have been representative of their data only. However, use of the CMS in 2017 and 2018 has already identified historic reporting errors related to the inaccurate inclusion of Point-of-Contact complaints data collected through the CMS is more accurate. Audits of 2018 data quality have also highlighted difficulties staff experience in understanding elements of the complaints management process. These issues have been highlighted to Consumer Affairs and flagged to receive attention in the next version of the Complaints Officers Training Pack.
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 2018 there was a steady trend of increased use, see Figure 11.
2.0 Introduction

In 2015 the Ombudsman published the report ‘Learning to Get Better’ detailing findings following investigation into how public hospitals handle complaints. The Report contained 34 recommendations for the HSE to implement, 29 of which were directed at service level [See Appendix 1 - full recommendation listing]. Subsequently the HSE expanded the implementation of these recommendations across Community Services as well as Acute Hospitals.

Community Healthcare Organisations

- CHO Area 1  Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan
- CHO Area 2  West: Galway, Roscommon and Mayo
- CHO Area 3  Mid West Community Healthcare: Limerick, Clare and North Tipperary
- CHO Area 1  Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan
- CHO Area 2  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  CHO South Dublin, Kildare and West Wicklow: 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
- Ireland East Hospital Group
- RCSI Hospital Group
- Saolta University Healthcare Group
- South/Southwest Hospital Group
- University of Limerick Hospitals Group
- National Children’s Hospital Group

In November 2018, the Ombudsman published his Progress Report on ‘Learning to Get Better’, setting out his assessment of the implementation of recommendations contained in the original report in 2015. The Ombudsman did acknowledge progress made on many of the recommendations, particularly those that had to be implemented at a national level and he identified some areas of good practice at service level. He was however dissatisfied with the overall progress in the past three years. He specifically felt that implementation was inconsistent across Hospital Groups and Community Healthcare Organisations.

A gap analysis exercise was conducted at both Community Healthcare Organisation and Hospital Group level to assess compliance with each recommendation as at January 2019. A commitment has been given by the HSE that the recommendations will all be implemented by the end of 2019.
Implementation of Recommendations to date....

CHO Compliance: 68%
HG Compliance: 45%
Total Compliance: 58%

Compliance by CHO and Hospital Group

Non Compliance by Recommendations

Full Compliance by Recommendations

<table>
<thead>
<tr>
<th>High Full Compliance</th>
<th>High Partial Compliance</th>
<th>High Non Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 7</td>
<td>IEHG</td>
<td>SSWHG</td>
</tr>
<tr>
<td>CHO 3</td>
<td>CHO 6</td>
<td>CHO 9</td>
</tr>
<tr>
<td>CHO 1</td>
<td>CHG</td>
<td>DMHG / IEHG / UL / CHG</td>
</tr>
</tbody>
</table>

DMHG does not include SIH
2.1 Compliance by Community Healthcare Organisations

<table>
<thead>
<tr>
<th>CHO</th>
<th>Full</th>
<th>Partial</th>
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<td>1</td>
</tr>
<tr>
<td>CHO 9</td>
<td>17</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Notes:
- CHO 1 - level of compliance with recommendation 6 not stated
- CHO 8 - level of compliance with recommendation 28 not stated

68% of recommendations across CHOs have been determined to be fully compliant, 24% partially compliant and 8% non-compliant. Recommendations in the ‘Learning to Get Better’ Report are set out under the headings of Access, Process, Response, Leadership and Learning.

2.1.1 Access Compliance
9 recommendations relating to ‘Access’ are required to be implemented by Acute and Community Services. 79% of these were confirmed by CHOs as being fully compliant, 16% as partially compliant and 5% as non-compliant. All CHOs have confirmed full compliance with recommendations 1, 4 and 12.

Non-compliance with recommendation 6 has been confirmed by CHOs 5 and 6. CHO 6 is also demonstrating non-compliance with recommendations 9 and 10 and represents the highest volume of partial / non-compliance with access recommendations across all CHOs. [See individual CHO section]. Compliance with recommendation 6 has not been identified.
2.1.2 Process Compliance

11 recommendations relating to ‘Process’ are required to be implemented by Acute and Community Services. 75% of these were confirmed by CHOs as being fully compliant, 23% as partially compliant and 2% as non-compliant. All CHOs have confirmed full compliance with access recommendations 23 and 24. CHOs 4 and 9 confirmed non-compliance with recommendation 22.

<table>
<thead>
<tr>
<th>Process</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>CHO 1</td>
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<td></td>
</tr>
<tr>
<td>% Full</td>
<td>56% 78% 89% 78% 67% 78% 67% 33% 100% 100% 78%</td>
</tr>
</tbody>
</table>

2.1.3 Response Compliance

2 recommendations relating to ‘Response’ are required to be implemented by Acute and Community Services. 76% were confirmed by CHOs as being fully compliant, 18% as partially compliant and 6% as non-compliant.

5 of the 9 CHOs have demonstrated full compliance with both recommendations. Full compliance with recommendation 27 has been demonstrated across all CHOs apart from CHO 6 (partial). CHOs 4 and 6 have deemed to be partially compliant with recommendation 28, CHO 9 non-compliant and CHO 8 has yet to confirm compliance with recommendation 28.

<table>
<thead>
<tr>
<th>Leadership</th>
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</tr>
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<tbody>
<tr>
<td>CHO 1</td>
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<tr>
<td>CHO 9</td>
<td></td>
</tr>
<tr>
<td>% Full</td>
<td>33% 44% 67% 56%</td>
</tr>
</tbody>
</table>

2.1.4 Leadership Compliance

4 recommendations relating to ‘Leadership’ are required to be implemented by Acute and Community Services. 50% were confirmed by CHOs as being fully compliant, 36% as partially compliant and 14% as non-compliant.

CHOs 3 and 7 are deemed to be fully compliant with all four recommendations. The majority of CHOs have rated partial or non-compliance with recommendations 29 and 30. Recommendation 30 is reported as the second highest volume of non-compliance across all recommendations.
2.1.5 Learning Compliance

Three recommendations make up grouping titled ‘Learning’. 30% were confirmed by CHOs as being fully compliant, 40% as partially compliant and 30% as non-compliant. CHO 1 demonstrated full compliance with all three recommendations.

The highest volume of non-compliance relates to recommendation 36, with 7 of the 9 CHOs non-compliant (78%), 1 partial (11%) and 1 fully compliant (11%).

Recommendation 36 relates to the publicising of (via the development of a casebook) complaints received and dealt with within that hospital group.

<table>
<thead>
<tr>
<th>Recommendation Grouping</th>
<th>Recommendation</th>
<th>CHO 1</th>
<th>CHO 2</th>
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<td>CHO 6</td>
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<td>CHO 7</td>
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</tr>
<tr>
<td>% Full</td>
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</tbody>
</table>
### Summary

- **5** recommendations are fully compliant across all CHOs (recommendations 1, 4, 12, 23 and 24)
- **9** recommendations were identified by at least one CHO as being non-compliant
- Full compliance with recommendations under Leadership and Learning are significantly low
- Recommendations 36 (7 CHOs) and 30 (3 CHOs) demonstrated the highest volumes of CHO non-compliance.
- The following CHOs demonstrated the highest volumes of recommendation non-compliance, CHO 9 (6), CHO 4(4), and CHO 6 (3).
2.1.7 Individual CHO Compliance

- **CHO 1**

CHO 1 has reported **90%** full compliance across all recommendations (26 [level of compliance with recommendation 6 has not been stated] / 29). Full compliance has been demonstrated with recommendations under the headings of Access, Response and Learning.

Partial compliance has been identified with recommendations 16 (Process) and 32 (Leadership). No recommendations have been deemed non-compliant.

- **CHO 2**

CHO 2 has reported **59%** full compliance across all recommendations (17 / 29). Full compliance has been demonstrated with both recommendations under the heading of Response. Partial compliance noted under Access (recommendation 10), Process (recommendation 16, 18, 19, 20, 22), Leadership (29, 30, 32) and Learning (recommendation 34, 35).

Non-compliance has been demonstrated with recommendation 36. The following update has been provided:

**Recommendation 36** - CO to review CM process and appoint a permanent CM 2019; is on-going and due by Q4 2019.
• **CHO 3**

CHO 3 has reported **93%** full compliance across all recommendations (27 / 29), demonstrating full compliance with recommendations under the headings of **Process, Response and Leadership**. Partial compliance has been noted with recommendation **6 (Access)**.

Non-compliance has been demonstrated with recommendation **36**. The following update has been provided:

**Recommendation 36** Complaints Manager to consider anonymised complaints for casebook, however no due date or action required has been identified.

• **CHO 4**

CHO 4 has reported **55%** full compliance across all recommendations (16 / 29). Partial compliance has been identified under each recommendation heading by CHO 4. Under **Access**, recommendations **3, 6, and 10** have been listed as partially compliant. Partial compliance has also been identified with recommendations **14 and 19** under heading **Process**, recommendation **28** under **Response** and recommendation **33** under **Leadership**. A further 2 recommendations have been identified as partially compliant under the heading of **Learning**, recommendation **34 and 35**.
Non-compliance has been demonstrated across four recommendations under the headings of Process, Leadership and Learning.

**Process - Recommendation 22:** Action Required: Based on recommendations and learning from complaints information on CMS. Key points for inclusion on agenda of QPS and management meetings; due date Q1 2019

**Leadership – Recommendation 29:** Action Required: As per item 22 above - recommendations and learning from complaints included on agenda for review by management for this purpose; due date Q1 2019

**Leadership – Recommendation 30:** Action Required: Data from bi-monthly audit of CMS, as well as management reviews as per items 22 & 29 will inform the development of the report in relation to this component; due date Q2 2019

**Leadership – Recommendation 36:** Action Required: The collation of data from CMS and returned learning forms, as well as case reviews and an analysis of recommendations made will inform the CKCH casebook and any examples for inclusion in any national digest; due date: key priority for CKCH in 2019.

- **CHO 5**

CHO 5 has reported 59% full compliance across all recommendations (17 / 29). Full compliance has been demonstrated with both recommendations under the heading of Response. Partial compliance has been demonstrated with recommendation 10 under the heading of Access and recommendations 14, 20, 22 and 25 under the heading of Process.

Two recommendations [29 and 33] are listed as partially compliant under the heading of Leadership, as well as recommendations 34 and 35 under the heading of Learning.
Non-compliance has been demonstrated across three recommendations under the headings of Access, Leadership and Learning. Updates have been provided as follows:

**Access – Recommendation 6**: Action Required: Volunteer advocates are in place in some services, at present their role does not include supporting service users express a concern or make a complaint.

**Leadership – Recommendation 30**: Action Required: Inputting on CMS commenced in Q4 reports will be available in 2019; due by May 2019

**Learning – Recommendation 36**: Action required not detailed.

### CHO 6

CHO 6 has reported 31% full compliance across all recommendations (9 /29). Partial compliance has been demonstrated with two recommendations [3, 5] under the heading of Access, six recommendations [14, 17, 18, 19, 21, 22] under Access, and both recommendations [27, 28] under the heading of Response. All four recommendations [29, 30, 32, 33] under heading of Leadership are also listed as partially compliant, as well as the three recommendations [34, 35, 36] under Learning.

Non-compliance has been demonstrated across three recommendations under the heading of Access.

**Recommendation 6**: Action Required: National position sought regarding approach for CHO’s on this. Status is on-going and due date has not been identified.

**Recommendation 9**: Action Required: For action by HSE national, when updated will be implemented by CHO 6. Status is on-going and due date has not been identified.

**Recommendation 10**: Action Required: GM’s agreed at Forum on 25/9/2017 to raise discussion regarding funding through Estimates or other funding streams.
• CHO 7

CHO 7 has reported **93%** full compliance across all recommendations (27 /29), demonstrating full compliance with recommendations under the headings of **Process, Response and Leadership**. Partial compliance has been identified with recommendation **5** (Access).

Non-compliance with recommendation **36** has been identified. The action required is listed as follows: *This is happening at national level, but local structures do not have capacity to do this at present. CHO 7 policy on this needs to be developed. Mental Health DSC - a summary of complaints are shared with Clinical Directors local and the QOS teams for the inpatient units monthly. Complaints and Learning outcomes are shared with these groups monthly.*

• CHO 8

CHO 8 has reported **69%** full compliance across all recommendations (20 [level of compliance with recommendation 28 has not been stated] /29). Partial compliance has been demonstrated with two recommendations [5, 6] under the heading of **Access**, three recommendations [21, 22, 25] under the heading of **Process**, recommendation **29** under the heading of **Leadership** and recommendation **34** under the heading of **Learning**.

Non-compliance with recommendation **36** has been identified with the following action required: *Learning forms have been disseminated to complaints officers. Issue to be addressed by the senior leadership team. Due date is listed as 30.06.19.*
CHO 9 has reported 59% full compliance across all recommendations (17/29). Partial compliance has been demonstrated with two recommendations [5, 11] under the heading of Access, two recommendations [14, 21] under the heading of Process.

Partial compliance has also been demonstrated with recommendation 33 under the heading of Leadership and recommendation 35 under the heading of Leadership.

Non-compliance with recommendation 22 (Process) has been identified with the following action required: CHO DNCC endeavour to commence auditing complaints in Q2 2019. Due date is listed as Q3.

Non-compliance with recommendation 28 (Response) has been identified with the following action required: CHO DNCC is currently working on a local redress policy. Due date is listed as Q2.

Two recommendations have been deemed non-compliant under the heading of Leadership (Recommendation 29 and 30).

Recommendation 29: Action Required: CHO DNCC will endeavor to take this into account going forward. Due date is listed as Q3.

Recommendation 30: Action Required: CHO DNCC is currently working on a annual report for NCGLT. We endeavour to move forward with his and produce six monthly reports for the HSE. Due date is listed as Q3.

Two recommendations have been deemed non-compliant under the heading of Learning (Recommendation 34 and 36).

Recommendation 34: Action Required: Requirement to develop this aspect of complaint management across CHO DNCC. The casebooks will assist with this element Further development required beyond the YSYS policy. Due date is listed as Q2.

Recommendation 36: Action Required: At the recent launch of the Learning to get Better Report- Progress Update- the development of case books was discussed. In 2019 CHO DNCC will endeavour to follow guidance with the development of these case book in order to enhance learning from the complaint process. Due date is listed as Q3.
2.2 Compliance by Hospital Group

<table>
<thead>
<tr>
<th>Group</th>
<th>Full</th>
<th>Partial</th>
<th>Non</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMHG</td>
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45% of recommendations across the Hospital Groups have been determined to be fully compliant, 37% partially compliant and 18% non-compliant.


2.2.1 Access Compliance

9 recommendations relating to ‘Access’ are required to be implemented by Acute and Community Services. 43% of these were confirmed by Hospital Groups as being fully compliant, 40% as partially compliant and 17% as non-compliant. No Hospital Group has confirmed full compliance with access recommendations.

The highest % full compliance with access recommendations across the Hospital Groups refers to recommendation 1. The highest % non-compliance refers to recommendation 9 - each hospital group should develop a process to allow for the consideration of anonymous complaints. IEHG has confirmed partial compliance with all access recommendations while DMHG and SSWHG have demonstrated largest volumes of non-compliance (4). [See individual Hospital Group section].
2.2.2 Process Compliance

11 recommendations relating to ‘Process’ are required to be implemented by Acute and Community Services. 49% of these were confirmed by Hospital Groups as being fully compliant, 35% as partially compliant and 16% as non-compliant.

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UL Hospital Group has confirmed full compliance with all process recommendations. The highest % full compliance with process recommendations across the Hospital Groups refers to recommendation 23. IEHG has confirmed 91% partial / non-compliance with process recommendations while 6 of the 11 recommendations [55%] were deemed non-compliant by SSWHG.

2.2.3 Response Compliance

2 recommendations relating to ‘Response’ are required to be implemented by Acute and Community Services. 50% were confirmed by Hospital Groups as being fully compliant, 36% as partially compliant and 14% as non-compliant.

DMHG, RCSI and UL Hospital Groups demonstrated full compliance with both recommendations. IEHG and SSWHG have confirmed non-compliance with recommendation 28 - Each hospital group should develop a standardised policy on redress.

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2.2.4 Leadership Compliance

4 recommendations relating to ‘Leadership’ are required to be implemented by Acute and Community Services. 50% were confirmed by Hospital Groups as being fully compliant, 39% as partially compliant and 11% as non-compliant.

No Hospital Group has confirmed full compliance with leadership recommendations.
Recommendations **29, 32** and **33** have been reported as either partially or fully compliant. Recommendation **30** is deemed non compliant by IEHG, SSWHG and UL Hospital Groups, - *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.*

### 2.2.5 Learning Compliance

Three recommendations make up grouping titled ‘Learning’. **38%** were confirmed by Hospital Groups as being fully compliant, **33%** as partially compliant and **29%** as non-compliant.

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All Hospital Group confirmed partial / non-compliance with recommendation 36, with 4 of the 7 Hospital Groups non-compliant and 3 partially compliant.

Recommendation 36 relates to the publicising of *(via the development of a casebook)* complaints received and dealt with within that hospital group.

RCSI Hospital Group confirmed full compliance with recommendations 34 and 35.

See *Appendix 2* for full recommendation listing.
2.2.6 Compliance by Recommendation / Hospital Group

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Summary

- No recommendation is fully compliant across all Hospital Groups.
- 19 of the 29 recommendations were identified by at least one Hospital Group as being non-compliant.
- Recommendation 36 is either partially (3) or non-complaint (4) across all Hospital Groups.
- RCSI Hospital Group has demonstrated highest full compliance across all Hospital Groups, followed by UL Hospital Group.
Hospitals Groups templates are reflective of responses provided by hospitals in their submissions.

- **Dublin Midlands Hospital Group**

DMHG has reported 59% (17/29) full compliance across all recommendations, 24% (7) are partially compliant and 17% (5) as non-compliant. Full compliance has been demonstrated with recommendations under the heading of *Response*. *Access* recommendations reflect the highest volume of non-compliance for the Group with 4 of the 9 recommendations deemed non-compliant.

*It should be noted that all hospitals, with the exception of St. James’s Hospital have been included in DMHG submission. At the time of reporting this hospital’s template remained outstanding.*

Non-compliance has been identified with recommendations 3, 6, 9, 10 and 22. The following update has been given in relation to these:

**Recommendation 3:** Hospitals are responsible for maintaining and updating on the HSE Website. DMHG are working with HSE digital to develop a DMHG Section to the Website and that includes guidance for the public making a complaint and specific Hospital Complaints officer contacts. There is now a Website and if there is a requirement to publish an agreed document there is a location for it. Hospitals are responsible for maintaining and updating on the HSE Website.

**Recommendation 6:** Some of the hospitals within the group have developed and are developing a process for volunteer advocacy.

**Recommendation 9:** Awaiting National Guidance from the Quality and Verification Division of the HSE

**Recommendation 10:** A number of the hospitals in the DMHG are to appoint these officers.

**Recommendation 22:** Has to be developed within DMHG. Assessment Template sent to Complaints Managers for their attention and completion. This is being followed up on from the DMHG office.
IEHG has reported 7% [2] full compliance across all recommendations (2 / 29), 76% (22) are partially and 17% (5) as non-compliant.

Partial compliance has been identified with all Access recommendations [1, 3, 4, 5, 6, 9, 10, 11, 12], 8 of the 11 Process recommendations [14, 17, 18, 19, 20, 22, 24, 25] and 5 others across Response [27], Leadership [29, 32, 33] and Learning [34].

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 however group lead for complaints is Director for Quality, Clinical Governance & Patient Safety.

**Recommendation 21:** In progress, in development plan for 2019.

**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 2019.

**Recommendation 36:** In progress, in development plan for 2019.

IEHG provided a summary report which is enclosed as Appendix 2 to this report.
South / South West Hospital Group has reported 7% (2 / 29) full compliance across all recommendations, 41% (12) are partially and 52% (15) as non-compliant. Partial compliance has been identified with recommendations 3, 10, 11, 12, 14, 18, 21, 25, 27, 29, 32 and 33.

Non-compliance has been identified with recommendations 4, 5, 6, 9, 16, 17, 20, 22, 23, 24, 28, 30, 34, 35, and 36. The following update has been given in relation to these:

**Recommendation 4:** UHK – Dedicated space needed.

**Recommendation 5:** CUMH - Status under review, STGT - need to display information (due Q2 2019).

**Recommendations 9/17:** Variability across hospitals.

**Recommendation 16:** Awaiting nomination for Complaints Manager at Group level. Complaint Officers in place.

**Recommendation 20:** Consumer Affairs addressing training needs.

**Recommendation 22:** Audit will be carried out in Q1 2019.

**Recommendation 23:** Issue needs to be addressed through national bodies.

**Recommendation 24:** Currently responses to complaints do not consistently reflect the wording suggested in clarification provided. Further audit will be carried out.

**Recommendation 28:** This will require guidance across the system.

**Recommendation 30:** Not currently reported via Acute Hospitals.

**Recommendation 35:** Complaint Officer Forum being established through Consumer Affairs.

**Recommendation 36:** Please see individual commentary from each hospital. Complaint Officer Forum being established through Consumer Affairs.
• Saolta University Hospital Group

Saolta has reported 55% (16 / 29) full compliance across all recommendations, 41% (12) are partially and 3% (1) as non-compliant.

Partial compliance has been identified with recommendations 6, 14, 17, 18, 19, 22, 24, 27, 28, 29, 34 and 35.

Non-compliance has been identified with recommendation 36. The following update has been given in relation to this:

**Recommendation 36:** Casebook under development in Q1 2019.
UL Hospital Group has reported 76% (22 / 29) full compliance across all recommendations, 7% (2) are partially compliant and 17% (5) as non-compliant. Full compliance has been demonstrated with recommendations under the headings of Process and Response. All Learning recommendations are currently deemed non-compliant.

Partial compliance has been identified with recommendations 6 and 32. Non-compliance has been identified with recommendations 10, 30, 34, 35 and 36. The following update has been given in relation to these:

**Recommendation 10:** Awaiting nomination from COO office

**Recommendation 30:** This is duty of the regional manager for consumer affairs. All complaints are uploaded onto the complaint log.

**Recommendation 34:** Recommendation are being tracked through the QI improvement committee and risk rated and actioned depending on the risk rating.

**Recommendation 35:** The regional consumer affairs manager is setting up this forum in collaboration with the complaints and governance team.

**Recommendation 36:** The ULHG publish learning notices and have an annual Quality Improvement conference to share the learning.
RCSI has reported 79% (23 / 29) full compliance across all recommendations, 17% (5) are partially compliant and 4% (1) as non-compliant. Full compliance has been demonstrated with recommendations under the headings of Process and Response. All Learning recommendations are currently deemed non-compliant.

Partial compliance has been identified with recommendations 5, 16, 17, 30 and 36.

Non-compliance has been identified with recommendations 12. The following update has been given in relation to this as follows:

**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.

There is on-going 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.

RCSI provided a summary report which is enclosed as **Appendix 3** to this report.
Children’s Hospital Group

CHG has reported 31% (9 / 29) full compliance across all recommendations, 52% (15) are partially compliant and 17% (5) as non-compliant.

Partial compliance has been identified with recommendations 1, 4, 5, 6, 10, 11, 12, 16, 17, 20, 22, 25, 28, 29 and 36.

Non-compliance has been identified with recommendations 9, 21, 23, 24, and 34. The following update has been given in relation to these:

**Recommendation 9:** CHI to decide on this. Differs from HSE YSYS policy.

**Recommendation 21:** Induction takes place at local level. With integration there will be a move to standardise this across the three hospitals.

**Recommendation 23:** Complainants are advised they can take their complaint to the Ombudsman.

**Recommendation 24:** Plans in place to use data from audits to identify gaps.

**Recommendation 34:** TSCUH has a standardised template used for documenting recommendations from reviews and complaints. Standing item on agenda at Quality & Safety Executive since 2019. TUH: Standardised action plan; with a process for tracking and monitoring of the implementation of recommendations.
2.3 Launch of the Ombudsman’s Progress Report on Learning to Get Better

When Learning to Get Better (LTGB) was published in 2015 by the Office of the Ombudsman it provided a valuable platform for improving the HSE’s complaint management processes and set out through its recommendations a means to improve the quality and safety of health services in a way that would deliver, over time, measurable benefits for patients and service users. The report highlighted the absolute importance of the patient voice and a culture that values person centredness, patient safety, quality and learning.

On 14\textsuperscript{th} November 2018, the Ombudsman published his Progress Report on his ‘Learning to Get Better, An investigation by the Ombudsman into how public hospitals handle complaints’. This progress report sets out his assessment of the implementation of recommendations contained in the original report published in 2015. A total of 7 hospital sites (one per Hospital Group) and 3 Community Healthcare Organisations were audited.

\textit{Pictured at the launch from left to right: Ms Emer Doyle, Office of the Ombudsman, Mr Peter Tyndall, Ombudsman, Mr Christopher Rudland, HSE National Complaints Governance and Learning Team, Ms Geraldine McCormack, Office of the Ombudsman}

Of the 34 recommendations applying to the HSE, the Progress Report details that 11 recommendations surveyed in randomised audit samples of CHOs / Hospitals have been fully implemented, 17 partially implemented and 6 not implemented.

The Ombudsman did acknowledge the progress made on many of the recommendations, particularly those that had to be implemented at a national level and he identified some areas of good practice at service level. He was however dissatisfied with the overall progress in the past 3 years. He specifically felt that implementation was inconsistent across Hospital Groups and Community Healthcare Organisations.

In welcoming the report, Mr Patrick Lynch, HSE National Director for Quality Assurance and Verification, commented,

‘While we know that most people’s experiences of the health service are good, there are times when we get it wrong. For us to learn from both the good things and the bad things, the HSE has committed to ensuring that feedback from patients and others who use its services, whether it is critical or complimentary, is welcomed, heard and acted on. This independent review of implementation of the Learning to Get Better Report provides the health service with an important assessment of the improvements made since 2015 as well as identifying the work that still...’
has to be done. The HSE remains committed to ensuring the full implementation of the Ombudsman’s recommendations that relate to the HSE.”

The Ombudsman’s Progress Report, which covers both Hospital Groups and Community Healthcare Organisations, recognises the body of work undertaken by the HSE since the launch of Learning to Get Better in 2015 with 27 of the 34 recommendations applying to the HSE highlighted as being implemented or that progress is being made.

While it is great to see these efforts recognised, the Progress Report highlights the significant work that has yet to be achieved and areas needing further development. The publication of this Progress Report is an important milestone for the HSE providing an external and independent view on progress since the launch of Learning to Get Better in May 2015. It not only refocuses HSE efforts to ensure that our processes and our people are enablers of feedback and that our system is orientated towards learning from complaints but will also serve to accelerate the work to achieve full compliance.

The HSE will continue to work in partnership with the Office of the Ombudsman in relation to its feedback processes, which will be to the benefit of services, services users and staff.
Part Three: The National Complaints Governance and Learning Team

3.0 Introduction
The National Complaints Governance and Learning Team (NCGLT) is the national unit within the National Quality Assurance and Verification Division 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 ensuring that it is geared towards 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, which offers a dedicated frontline service, 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.

3.1 Governance

3.1.1 Complaints Managers
Named managers with responsibility for championing the feedback process, especially in relation to complaints have been appointed within Community Healthcare Organisations, Hospital Groups and National Divisions to ensure leadership and governance in this area.

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 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 CHO, HGs and National Divisions to ensure that named managers are appointed to the role and attend the National Complaints Governance and Learning Forum, both of which were mandated by the HSE following the publication of Learning to Get Better.
3.1.2 National Complaints Managers Governance and Learning Forum

NCGLT, to support Complaints Managers in their role established a National Complaints Managers Governance and Learning Forum. 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. Case studies are an integral part of the learning platform that is fostered and facilitated at the Forum. Key messages including matters identified or arising are taken back from the Forum by Complaints Manager and shared with their Senior Management Teams at CHO, HG and National Division level for consideration and action as appropriate.

The Forum hosted a number of guest presenters in 2018 delivering content around specialist topics and niche areas and NCGLT would like to thank the following for generously giving their time:

- Dr Paul O’Connor PhD, Ms Sinéad Lydon and Ms Emily O’Dowd, National University of Ireland, Galway
- Ms Nuala Ward and Mr Shane Keenan, Office of the Ombudsman for Children
- Ms Margaret McGarry, National Incident Management and Learning Team/HSE Quality Assurance and Verification Division
- Ms Emer Doyle and Ms Geraldine McCormack, Office of the Ombudsman
- Ms Ciara Norton, Department of Health

Minutes of the Forum are available on www.hse.ie/yoursay

3.1.3 Complaints Officers

Complaints 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’.

To assist the HSE in reviewing staff assigned as 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 highlighting the independent nature of the function and the authority it carries.

The revised delegation process has enabled CHOs, HGs and National Divisions to streamline its numbers ensure that a smaller pool of staff is delegated and so enabling greater levels of expertise to be gained through greater volumes of complaints being investigated.
In addition the Guidance provides that each delegation for a Complaints Officer or Review Officer must be reviewed after three years and the appropriateness for redelegation or revocation assessed.

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.

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

3.2 The National Your Service Your Say Policy: Your Service Your Say Guidance for Clinical Staff
The revised national policy, *Your Service Your Say, the Management of Service User Feedback for Comments, Compliments and Complaints, 2017*, was launched in November 2017. The Policy replaced the previous version which had been in operation for over 15 years and has been updated to reflect the key changes within the HSE as well as embracing the key recommendations by the Office of the Ombudsman’s report, Learning to Get Better.

Once of the key revisions in the policy is the clarification of the various roles within Your Service Your Say and in particular the role of clinical professionals. To support the various clinical professionals who may be involved in a Your Service Your Say complaint investigation NCGLT developed ‘YSYS Guidance for Clinical Staff’.

This guide outlines the many ways clinical professionals become involved in Your Service Your Say investigations as well as the nature and extent of that involvement. The Guide offers a step by step approach in assisting Complaints Officers assess Your Service Your Say complaints to determine if and what clinical input is needed and also assists clinical professionals to engage with the YSYS process providing guidance on report writing including offering an apology as well as a template for compiling the Clinical Judgment Complaint Report.

This guide is available on www.hse.ie/yoursay
3.3 The National Your Service Your Say Policy: Your Service Your Say Learning Forms Guidance

Learning and accountability are critical for an effective feedback process. It is important therefore that recommendations arising out of complaint investigations are fully implemented and that learning from these investigations including complaints resolved at point of contact is shared across services, Hospital Groups and Community Healthcare Organisations. The revised Your Service Your Say Policy is clear in its intent to use complaint data to ensure lessons learned from feedback and in particular complaints are used to improve services.

In responding to the Ombudsman’s report, Learning to Get Better, and the recommendations set out within, in particular, recommendations 13, 17, 18, 19, 29 and 36, NCGLT, together with Complaint Managers through the Complaints Managers Governance and Learning Forum have produced a suite of Learning Forms and Guidance on their use. (Please see Appendix 2 for a list of the full Learning to Get Better recommendations)

The design and development of these Forms and associated Guidance took place in the first quarter of 2018. The finalised Forms were agreed by Complaints Managers and circulated to them for onward distribution within their CHO / Hospital Group for a trial period – May to September 2018 which was further extended to December 2018.

In Q3 2018 Complaints Managers were issued with a series of questionnaires to obtain any feedback on the use of these Forms. Following this, the finalised Forms and Guidance were circulated by NCGLT to Chief Executive Officers for Hospital Groups, Chief Officers for Community Healthcare Organisations and copied to their Complaints Managers for use by staff.

The Learning Forms which are designed to assist staff capture learning from handling complaints are as follows:

- **Point of Contact Resolution and Escalation Form** - to be completed by all staff who resolve a complaint within the 48 hours, point of contact timeframe, and sent to Line Manager for analysis. This form is also to be used by a Line Manager if a complaint could not be resolved within the point of contact timeframe (48 hours) and needs to be escalating for examination and response by a Complaints Officer. The Line Manager retains a copy of the form for analysis. Any trends, issues to be raised with the service for learning.

- **Anonymised Learning Notification Forms** – completed by both Complaints Officers and Review Officers following investigation/review to capture learning. Forwarded to Complaints Manager for analysis and sharing.

- **Learning Summary Casebooks**. (1) Compiled quarterly by Complaints Officer for their area and sent to Complaints Manager for sharing. (2) Generated and published quarterly by Complaints Managers from all learning forwarded by Complaints Officers and Review Officers and made universally available.

Casebook to be published online on a quarterly basis by NCGLT.
3.3.1 Point of Contact Complaints (Stage 1)
The Mid Staffordshire report highlighted the importance of point of contact complaints as they serve as an early warning indicator with their cumulative analysis enabling identification of patterns of concern. Each case therefore should not just be treated on its individual merits but assessed as part of a wider picture of service delivery. Point of Contact complaints, where service users, including families and visitors, are often the first to witness poor outcomes, provide an alert to falling standards and offer the organisation the chance to realise and appreciate where certain issues are significant as well as a valuable opportunity for early correction.

The value of learning from complaints both at point of contact and through more formal Complaint Officer investigation was reiterated by the Ombudsman, Peter Tyndall, who, in undertaking his own investigation into how hospitals handle complaints, found that learning from complaints was essential and that a new focus was needed on learning, and on sharing the learning.

‘Responding effectively to complaints and learning from them is fundamental in providing a high quality service’.

The Ombudsman also wanted a standardised structure for collecting and documenting complaints, including those resolved at Stage 1 (Recommendation 17, 18, 19, 29). Indeed, in his most recent publication, Learning to Get Better: Progress Report, the Ombudsman specifically stated,

‘Addressing complaints at the earliest possible stage in the process should be a priority for each hospital and CHO. I also recommended that these complaints should be recorded and documented. Early resolution (or, as the HSE refers to it, Point of Contact Resolution) is now a key part of the Complaints Management Pathway (Appendix 2) and is referred to as Stage 1 of the process.

Having systems in place to properly record these complaints can ensure that trends and learning can be identified and shared. When my Office visited selected hospitals as part of the original investigation, only two hospitals recorded these interactions. However, the HSE has now developed a Point of Contact Complaint Resolution Form which allows the frontline staff member to detail what the complaint was about and the actions they took to resolve it.’

The HSE’s Complaints Management System (CMS) currently provides for the capturing of Stage Two complaints. However, a CMS module for the online capturing of Stage One is in development with the CMS Steering Group. The manual Point of Contact Complaint Resolution and Escalation Form is the first phase in this development process and will enable the HSE to meet the recommendations of Learning to Get Better for Stage 1 /point-of-contact complaints.
Learning Forms and Casebooks

**POINT OF CONTACT COMPLAINT RECEIVED**
Received by any staff member who will try to resolve immediately or escalate to Line Manager to resolve within two working days.

**POINT OF CONTACT RESOLUTION AND ESCALATION FORM**
- **Resolution Section:** Completed by any staff member (including Line Manager) who has resolved a service user’s complaint at point of contact & forwarded to Line Manager for identification of trends. Learning to be shared with Service Manager.
- **Escalation Section:** Completed by Line Manager when unable to resolve a complaint at the point of contact (within two working days) & forwarded to Complaints Officer. Line Manager to keep a copy to identify trends. Line Manager to highlight trends and learning to Service Manager.

Complaints Officer / Complaints Manager

**ANONYMISED COMPLAINT LEARNING NOTIFICATION FORM**
Completed by Complaints Officers & Review Officers after each investigation / review where learning is identified. Form sent to Complaints Manager who will bring trends / issues to the attention of relevant Service Managers.

Complaints Officer / Complaints Manager

**ANONYMISED LEARNING SUMMARY CASEBOOK**
- Compiled quarterly by Complaints Officers and issued to Complaints Manager.
- **Complaints Manager to bring key learning to the attention of CHO /HG Senior Management**
- Compiled quarterly by Complaints Managers from Complaints Officers’ Anonymised Learning Summary Casebooks and Review Officers’ Anonymised Learning Notification Forms.
- **Complaints Managers’ Casebook to be made universally available and published online quarterly by NCGLT**
3.4 The National Your Service Your Say Policy: Guidance for the Complaints Management Procedure for Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004

Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004 are obliged to submit information to the Health Service Executive on complaints.

In order to ensure compliance with Part 9 of the Health Act 2004 along with the Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006) a procedure was developed by NCGLT to assist voluntary agencies in developing their own complaints statement / policy, setting out key elements and timeframes as well as to allow for the smooth and efficient collection of data in relation to complaints.

3.5 Development of Children’s Leaflet

Following the revision of the Your Service Your Say Policy, it was important that materials were developed to inform, assist and support its use by service users, particularly those aged 18 years and under.

Encouraging and enabling children and young people to voice their concerns can be challenging for any organisation. The HSE wanted to ensure that its feedback process was accessible to a younger audience and that the information it provided was appropriate and sufficient.

NCGLT consulted with TUSLA, the Office of the Ombudsman for Children and the Youth Advisory Council in early 2018.

NCGLT and the Youth Advisory Council agreed to work in partnership to help tease out the information needed by young people and how best to present this.

A number of workshops with the Youth Advisory Council (YAC) were held in the Office of the Ombudsman for Children at which Council members kindly shared their views and insights as well as evaluating the content and design of literature on Your Service Your Say. Together NCGLT and YAC worked through the language to be used and the type and level of content needed for a child friendly leaflet as well as the information to be included in the main Your Service Your Say guidance manual.

This work was finalised by the end of Q1 2018 and the leaflet was published at the beginning of Q2 and widely distributed throughout the HSE. The main Your Service Your Say guidance manual was updated and is published online and available on www.hse.ie/ yoursay

In addition to this work and following the launch of the Office of the Ombudsman for Children’s Guide to Child Centred Complaints Handling in 2018, Ms Nuala Ward, Director of Investigations, attended our Complaints Managers Governance and Learning Forum and set out the core principles of good practice for dealing with complaints made by or on behalf of children. This will further assist those working in the area of complaints to adopt and embed a child friendly and sensitive approach to complaints handling within the HSE for concerns raised on behalf of or by service users aged 18 years and under.
3.6 Your Service Your Say Materials
All Your Service Your Say materials are available to order from www.healthpromotion.ie
Staff must register as a professional to place an order.

3.7 HSE Website

The HSE website is currently undergoing redevelopment to enhance accessibility for service users to provide feedback across multiple platforms.

The redesign and development is streamlining content making it easier to leave a comment, compliment or complaint and to understand what will happen to your feedback.

Links to additional information and resources will be available on the new service user friendly webpage if needed. This is an on-going project with expected completion in 2019.

3.8 Awareness
In 2018, NCGLT undertook a number of awareness events to promote Your Service Your Say.

Exhibiting at the HSE Strategic Healthcare Leadership Development Masterclass
The 5th Strategic Healthcare Leadership Development Masterclass was hosted by HSE Director General Tony O’Brien on April 18, 2018 at the Helix, DCU campus. This was a key calendar event for senior managers and leaders across the Irish health system and wider business community to come together to learn, to be challenged and to be inspired by acclaimed speakers in the area of health services leadership and improvement.

NCGLT availed of the opportunity to exhibit, promote and engage with senior healthcare leaders on the importance of providing an accessible and responsive system to encourage service users to relate their experience with our health services and how we can benefit from this.

Pictured (from left to right) Ms Aoife Hilton and Ms Elaine Ahern, National Complaints Governance and Learning team.
There was great interest in Your Service Your Say, with many healthcare professionals eager to ensure that they were familiar with the newly revised policy and that the various staff supports developed to assist in delivering a responsive feedback system. The information and learning to be gained from the analysis of complaints data through the use of the Complaints Management System can offer was of particular interest.

*Top photo (from left to right): Mr Greg Price, Quality Improvement Division, Mr Bernard Gloster, Mid West Community Healthcare*

*Middle photo (from left to right): Ms Dorothy Prendergast, Health Business Services, Ms Finn Ryan, Health Business Services and Ms Sharon Hickey, Health Business Services*

*Bottom photo (from left to right): Ms Sheila Caulfield, Ms Emma Finn, HSE Communications*

**Presenting and Exhibiting at the 3rd 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. Its 3rd National Patient Safety Conference was held in Dublin Castle in October 2018. This year’s conference explored the key themes of learning from data, innovation and change management, and highlighted the importance of communication with patients and the value of dialogue between patient and medical professionals.

Launched by the Minister of Health, Mr Simon Harris, the conference hosted international experts as well as healthcare professionals closer to home. Among those were Ms Aoife Hilton, Senior Manager with NCGLT and Dr Paul O’Connor, National University of Ireland, Galway who presented on two key projects utilising the innovative Healthcare Complaints Analysis tool (HCAT).

Their presentation, ‘Unlocking the Potential of Healthcare Complaints’ focused on setting out the work involved in the early stages of these projects and how they were using HCAT to analyse samples of complaints received by NCGLT. HCAT, developed by the London School of Economics is a standardised analytical tool for reliably coding and assessing healthcare complaints and provides a reliable framework through which healthcare complaints can be monitored, learnt from and examined in relation to healthcare outcomes.

*Pictured is Ms Aoife Hilton, Senior Manager, NCGLT presenting at the conference.*
The Conference presented an excellent platform to highlight the revised Your Service Your Say Policy which is designed to both encourage and make it easier for service users to feedback their experience of their care and to engage in dialogue with us as to how that care can be improved. NCGLT also highlighted the new Complaints Management System and the type of data that could be captured from complaints as well as the various reports that would provide the information needed to inform quality improvement decisions.

Pictured from left to right: Dr Paul O’Connor, NUIG, Mr Chris Rudland, NCGLT, Ms Aoife Hilton, NCGLT, Ms Elaine Ahern, NCGLT and Ms Emily O’Dowd, NUIG

Roadshows
NCGLT continued its efforts to increase awareness of the revised Your Service Your Say policy and provide guidance on its operation through bespoke presentations to CHOs, HGs, National Services and voluntary agencies. Some of these included University of Limerick Hospital Group, Dublin Midlands Hospital Group, CHO Primary Care Services, and Voluntary Agencies.

3.9 Review Officer Training
The National Complaints Governance and Learning Team continued to provide complaint training courses for Review Officers in 2018. 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.

A total of 72 staff attended Complaint Review Officer training in 2018.
3.10 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 launch its newly developed interactive online 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** 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 response to point of contact complaints.

A total of **2847 staff** have so far completed this module (figure based on usage up to 23rd Jan 2019)

**Module 2** 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 **451 staff** have so far completed this module (up to 23rd Jan 2019).
3.11 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.

<table>
<thead>
<tr>
<th>Complainants Officers and Support Staff trained in the Complaints Management System</th>
<th>2018 General User Training</th>
<th>2018 Report Training</th>
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<tbody>
<tr>
<td><strong>Hospital Group</strong></td>
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<td>CHG</td>
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<td>Saolta</td>
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<td>DMHG</td>
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<td>RCSI</td>
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<td>IEHG</td>
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<td><strong>Community Health Organisations</strong></td>
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<tr>
<td>CHO 1</td>
<td>31</td>
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<td>CHO 9</td>
<td>42</td>
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<tr>
<td>NAS</td>
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<td><strong>Total 2018</strong></td>
<td><strong>236</strong></td>
<td><strong>40</strong></td>
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Analysis of 1000 complaints recorded on Complaints Management System

2017 was the first year that Complaints Officers commenced recording complaints data on the Complaints Management System. A random sample of 1000 such records allowed the NCGLT the opportunity to take a more in depth look at the causes of complaints using a more detailed classification system.

While nothing definite can be drawn from this random selection, it is important to demonstrate that the move from the old spreadsheet data collection method to the new national standardised Complaints Management System will improve our understanding, throughout the Health Services, of the factors that influence service users to make complaints.

It is also possible to demonstrate, for the first time, how many recommendations arose from issues investigated through the complaints process, i.e. 146.

- 1000 complaints
  - 727 Closed (73%)
  - 578 Upheld/partially upheld (79% of complaints investigated were upheld)
- 375 complaints were indicated as closed within recommended timeframe, (on examination many more complaints were closed within timeframe but had not been recorded as such on the CMS)
- 146 recommendation or some other action arose from the complaint investigation

<table>
<thead>
<tr>
<th>1 Safe &amp; Effective Care</th>
<th>352 recorded issues in complaints received</th>
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<tbody>
<tr>
<td>Top 3 causes</td>
<td>1 Unsatisfactory treatment or care</td>
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<td>2 Failure / delay in treatment / delivery of care</td>
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<td>3 Diagnosis - delayed diagnosis</td>
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<th>2 Access</th>
<th>227 recorded issues in complaints received</th>
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<tr>
<td>Top 3 causes</td>
<td>1 Appointment - delay in issuing appointment</td>
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<td>2 Admission - delay in admission process</td>
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<td>3 Treatment</td>
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<th>3 Communication &amp; Information</th>
<th>211 recorded issues in complaints received</th>
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<tr>
<td>Top 3 causes</td>
<td>1 Insufficient and inadequate information</td>
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<td>2 Failure / delay in communicating with relatives</td>
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<td>3 Inadequate listening and response</td>
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<tr>
<th>4 Dignity and Respect</th>
<th>170 recorded issues in complaints received</th>
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<tr>
<td>Top 3 causes</td>
<td>1 Lack of respect shown to patient during examination / consultation</td>
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<td>2 Alleged inappropriate behaviour by a patient</td>
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<td>3 Patient's dignity not respected</td>
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<td>Accountability</td>
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<td>Top 3 causes</td>
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<td>6</td>
<td>Improving Health</td>
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<td>Top 3 causes</td>
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<td>7</td>
<td>Privacy</td>
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<td>Top 3 causes</td>
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<td>8</td>
<td>Participation</td>
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<td>Top 3 causes</td>
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### 3.12 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 future 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.
3.13 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?**

3.13.1 Unlocking the potential of healthcare complaints to Improve Patient Care

The NCGLT in partnership with NUIG are currently undertaking a body of work involving the analysis of approximately 2400 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.

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.
3.14 The National Your Service Your Say Office

The National Your Service Your Say Office based in Millennium Park in Naas offers those who use our services a dedicated contact point for submitting feedback or seeking advice on how to provide feedback.

All feedback, including comments, compliments or complaints, are then routed by the office to the appropriate service for their examination and direct response to the person raising the concerns.

Complaints received through the Director Generals Office or from the Department of Health are also channelled through this office.

The service operates five days a week, Monday to Friday from 9am to 5pm and can be contacted on 1890 424 555 or on 045 880400, if calling from a mobile.

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.

People can also email the Your Say Team on yoursay@hse.ie if preferred.

Alternatively, people can fill out the online feedback form on the HSE website (www.hse.ie/yoursay) and this will be forwarded to our team in Naas.

In line with the new General Data Protection Regulations, if you submit a complaint to the HSE National Your Service Your Say office that relates to a private facility or a HSE funded (voluntary) agency the team will either request your permission to forward on your complaint to that private facility or funded agency for investigation under their own complaints policy and direct response to you or advise you that you can submit your complaint directly to that facility/agency.
Overall the National Your Service Your Say Call Team has experienced an increase in the number of contacts from people wishing to provide feedback with an 8% increase from 2017. Calls to the Your Service Your Say Team have decreased slightly with more people opting to provide their feedback via email.

### 3.15 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 significant backlog of complaints regarding Assessment of Need services to be addressed. The NCGLT recruited an additional dedicated Disabilities Complaints Officer in September 2017 to address this backlog. This expanded the team of Complaints Officers to two.

Please see part 2 for information on complaints addressed by this office.

3.16 Developments commenced in 2018

3.16.1 Managing Unreasonable Behaviour by Complainants within the Your Service Your Say Process

Both service users and staff within the Your Service Your Say process have the right to be treated with dignity, respect, compassion and empathy. It is important that both parties understand what is expected of and from them within the process.

A multi-agency Steering Group was established to develop policy and guidance for assisting staff in promoting and maintaining positive engagements with complainants and to ensure that the ethos of welcoming and encouraging service users to share their experiences is reflected in that approach.

In recognising that staff and complainant relationships can deteriorate the policy and guidance offers support for restoring relationships and de-escalating behaviours while also detailing the various HR supports available to staff.

The Policy and Guidance also sets out a clear step by step procedure for responding to behaviours that escalate to being unreasonable.

A final draft of the Policy was signed off by the Steering Group in December 2018.

The Policy will undergo a full legal review prior to progressing through to the HSE’s final PPPGs approval stages which will include consultation with the Health Service Trade Unions.
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.

1. HSE Statutory Complaints data was extracted through statistical reports created from complaints recorded on the Complaints Management System.

<table>
<thead>
<tr>
<th>University Limerick Hospitals Group (ULH) Statutory Hospitals</th>
<th>University Hospital Limerick, University Maternity Hospital, Croom Hospital, Nenagh Hospital, Ennis Hospital</th>
<th>RCSI Statutory Hospitals</th>
<th>Connolly Hospital, Our Lady of Lourdes Hospital, Drogheda and Louth County Hospital, Cavan General Hospital and Monaghan Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin Midlands Hospital Group (DMHG) Statutory Hospitals</td>
<td>Midlands Regional Hospital, Tullamore, Naas General Hospital, Midlands Regional Hospital Portlaoise</td>
<td>South/South West Hospital Group (SSWHG) Statutory Hospitals</td>
<td>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</td>
</tr>
<tr>
<td>Ireland East Hospital Group (IEHG) Statutory Hospitals</td>
<td>Midland Regional Hospital Mullingar, St Luke's General Hospital, Kilkenny, Wexford General Hospital, Our Lady's Hospital, Navan, St Columcille's Hospital</td>
<td>Saolta Statutory Hospitals</td>
<td>University Hospital Galway, Merlin Park University Hospital, Sligo Regional Hospital, Letterkenny General Hospital, Mayo General Hospital, Portiuncula Hospital, Roscommon County Hospital</td>
</tr>
</tbody>
</table>
### Hospital Groups (Statutory)

<table>
<thead>
<tr>
<th>Hospital Groups (Statutory)</th>
<th>Complaints received 2018</th>
<th>Complaints excluded under Part 9 of the Health Act 2004</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Resolved through formal investigation ≤30 working days</th>
<th>Resolved through formal investigation &gt;30 working days</th>
<th>% Resolved ≤30 working days</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMHG Statutory Hospitals</td>
<td>427</td>
<td>10</td>
<td>2</td>
<td>156</td>
<td>3</td>
<td>177</td>
<td>58</td>
<td>78%</td>
</tr>
<tr>
<td>IEHG Statutory Hospitals</td>
<td>971</td>
<td>17</td>
<td>7</td>
<td>497</td>
<td>12</td>
<td>205</td>
<td>200</td>
<td>72%</td>
</tr>
<tr>
<td>RCSI Statutory Hospitals</td>
<td>353</td>
<td>23</td>
<td>0</td>
<td>93</td>
<td>11</td>
<td>152</td>
<td>54</td>
<td>69%</td>
</tr>
<tr>
<td>Saolta Statutory Hospitals</td>
<td>643</td>
<td>5</td>
<td>0</td>
<td>142</td>
<td>28</td>
<td>250</td>
<td>112</td>
<td>61%</td>
</tr>
<tr>
<td>SSWHG Statutory Hospitals</td>
<td>861</td>
<td>68</td>
<td>1</td>
<td>219</td>
<td>11</td>
<td>217</td>
<td>199</td>
<td>51%</td>
</tr>
<tr>
<td>ULH Statutory Hospitals</td>
<td>780</td>
<td>1</td>
<td>2</td>
<td>95</td>
<td>10</td>
<td>281</td>
<td>195</td>
<td>48%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4035</strong></td>
<td><strong>124</strong></td>
<td><strong>12</strong></td>
<td><strong>1202</strong></td>
<td><strong>75</strong></td>
<td><strong>1282</strong></td>
<td><strong>818</strong></td>
<td><strong>62%</strong></td>
</tr>
</tbody>
</table>

Table 24: Complaints reported: Statutory Hospitals within Hospital Groups 2018

### National Ambulance Service

<table>
<thead>
<tr>
<th>National Ambulance Service</th>
<th>Complaints received 2018</th>
<th>Complaints excluded under Part 9 of the Health Act 2004</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Resolved through formal investigation ≤30 working days</th>
<th>Resolved through formal investigation &gt;30 working days</th>
<th>% Resolved ≤30 working days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>103</strong></td>
<td><strong>6</strong></td>
<td><strong>0</strong></td>
<td><strong>6</strong></td>
<td><strong>22</strong></td>
<td><strong>1</strong></td>
<td><strong>21</strong></td>
<td><strong>21%</strong></td>
</tr>
</tbody>
</table>

Table 25: Reported complaints National Ambulance Service
### Complaint Categories: Statutory Hospitals

#### Hospital Groups (Statutory Hospitals)

<table>
<thead>
<tr>
<th>Hospital Groups (Statutory)</th>
<th>Access</th>
<th>Dignity and Respect</th>
<th>Safe and Effective Care</th>
<th>Communication and Information</th>
<th>Participation</th>
<th>Privacy</th>
<th>Improving Health</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMHG Statutory Hospitals</td>
<td>166</td>
<td>32</td>
<td>120</td>
<td>63</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>IEHG Statutory Hospitals</td>
<td>122</td>
<td>66</td>
<td>716</td>
<td>106</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>RCSI Statutory Hospitals</td>
<td>84</td>
<td>78</td>
<td>167</td>
<td>49</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>Saolta Statutory Hospitals</td>
<td>133</td>
<td>62</td>
<td>202</td>
<td>100</td>
<td>0</td>
<td>7</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>SSWHG Statutory Hospitals</td>
<td>186</td>
<td>73</td>
<td>303</td>
<td>368</td>
<td>0</td>
<td>5</td>
<td>8</td>
<td>59</td>
</tr>
<tr>
<td>ULH Statutory Hospitals</td>
<td>238</td>
<td>64</td>
<td>321</td>
<td>115</td>
<td>31</td>
<td>5</td>
<td>10</td>
<td>48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>929</td>
<td>375</td>
<td>1829</td>
<td>801</td>
<td>38</td>
<td>29</td>
<td>31</td>
<td>229</td>
</tr>
</tbody>
</table>
### Hospital Groups (Statutory) Contd.

<table>
<thead>
<tr>
<th>Hospital Groups (Statutory) Contd.</th>
<th>Clinical Judgement</th>
<th>Vexatious Complaints</th>
<th>Nursing homes / residential care age &gt;65</th>
<th>Nursing homes and residential care age ≤64</th>
<th>Pre-school inspection services</th>
<th>Trust in Care</th>
<th>Children First</th>
<th>Safeguarding Vulnerable Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEHG Statutory Hospitals</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RCSI Statutory Hospitals</td>
<td>38</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Saolta Statutory Hospitals</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SSWHG Statutory Hospitals</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ULH Statutory Hospitals</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DMHG Statutory Hospitals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Table 26: Categories of Complaints reported: Hospital Group Contd.*

### National Ambulance Service

<table>
<thead>
<tr>
<th>National Ambulance Service</th>
<th>Access</th>
<th>Dignity and Respect</th>
<th>Safe and Effective Care</th>
<th>Communication and Information</th>
<th>Participation</th>
<th>Privacy</th>
<th>Improving Health</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>18</td>
<td>40</td>
<td>72</td>
<td>24</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

National Complaints Governance and Learning Team Annual Report 2018 | 80
Community Health Organisations (CHOs)

In 2018 Complaints Data relating to Community Health Organisations was collected and collated bi-annually by each Consumer Affairs region with the exception of CHO.

3. Complaints Data relating to CHO 3 was collected and collated by the National Complaints Governance and Learning Team.

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

<table>
<thead>
<tr>
<th>Community Health Organisation (CHO)</th>
<th>Complaints received 2018</th>
<th>Complaints excluded under Part 9 of the Health Act 2004</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Resolved through formal investigation ≤30 working days</th>
<th>Resolved through formal investigation &gt;30 working days</th>
<th>% Resolved ≤30 working days</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 1</td>
<td>214</td>
<td>3</td>
<td>9</td>
<td>100</td>
<td>6</td>
<td>82</td>
<td>23</td>
<td>85%</td>
</tr>
<tr>
<td>CHO 2</td>
<td>159</td>
<td>0</td>
<td>0</td>
<td>31</td>
<td>2</td>
<td>9</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>CHO 3</td>
<td>105</td>
<td>0</td>
<td>0</td>
<td>44</td>
<td>10</td>
<td>27</td>
<td>12</td>
<td>68%</td>
</tr>
<tr>
<td>CHO 4</td>
<td>95</td>
<td>34</td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>21%</td>
</tr>
<tr>
<td>CHO 5</td>
<td>107</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>48</td>
<td>13</td>
<td>52%</td>
</tr>
<tr>
<td>CHO 6</td>
<td>170</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>10%</td>
</tr>
<tr>
<td>CHO 7</td>
<td>254</td>
<td>3</td>
<td>1</td>
<td>46</td>
<td>23</td>
<td>139</td>
<td>28</td>
<td>73%</td>
</tr>
<tr>
<td>CHO 8</td>
<td>249</td>
<td>4</td>
<td></td>
<td>9</td>
<td>0</td>
<td>97</td>
<td>29</td>
<td>43%</td>
</tr>
<tr>
<td>CHO 9</td>
<td>105</td>
<td>0</td>
<td>39</td>
<td>6</td>
<td>46</td>
<td>13</td>
<td>13</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1458</strong></td>
<td><strong>46</strong></td>
<td><strong>16</strong></td>
<td><strong>286</strong></td>
<td><strong>51</strong></td>
<td><strong>476</strong></td>
<td><strong>124</strong></td>
<td><strong>4.58</strong></td>
</tr>
</tbody>
</table>

Table 28: CHOs Complaints resolved 2018
### Assessment of Need Nationally (Disabilities) (across all CHOs)

<table>
<thead>
<tr>
<th>Assessment of Need Nationally (across all CHOs)</th>
<th>Complaints received 2018</th>
<th>Complaints excluded under Part 9 of the Health Act 2004</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Resolved through formal investigation ≤30 working days</th>
<th>Resolved through formal investigation &gt;30 working days</th>
<th>% Resolved ≤30 working days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>741</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>110</td>
<td>186</td>
<td>342</td>
<td>25%</td>
</tr>
</tbody>
</table>

Table 29: AoN Complaints resolved 2018

### Percentage of Applications for Assessment of Need that result in a complaint per County

<table>
<thead>
<tr>
<th>County</th>
<th>AoN complaints</th>
<th>% of AoN Applications that result in a complaint</th>
<th>County</th>
<th>AoN complaints</th>
<th>% of AoN Applications that result in a complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlow/Kilkenny</td>
<td>8</td>
<td>16%</td>
<td>Galway</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cavan/Monaghan</td>
<td>13</td>
<td>42%</td>
<td>Kerry</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Clare</td>
<td>0</td>
<td>0%</td>
<td>Kildare/West Wicklow</td>
<td>76</td>
<td>35%</td>
</tr>
<tr>
<td>Cork North</td>
<td>12</td>
<td>7%</td>
<td>Laois/Offaly</td>
<td>25</td>
<td>10%</td>
</tr>
<tr>
<td>Cork North Lee</td>
<td>171</td>
<td>43%</td>
<td>Limerick</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Cork South Lee</td>
<td>180</td>
<td>45%</td>
<td>Longford/Westmeath</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Cork West</td>
<td>2</td>
<td>4%</td>
<td>Louth</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Donegal</td>
<td>6</td>
<td>19%</td>
<td>Mayo</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>County</td>
<td>Number</td>
<td>Percentage</td>
<td>County</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------</td>
<td>------------</td>
<td>-------------------------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Dublin North</td>
<td>15</td>
<td>2%</td>
<td>Meath</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Dublin North West</td>
<td>10</td>
<td>2%</td>
<td>Roscommon</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Dublin North Centre</td>
<td>0</td>
<td>0%</td>
<td>Sligo/Leitrim</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Dublin South</td>
<td>0</td>
<td>0%</td>
<td>Tipperary N.R</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Dublin South City</td>
<td>19</td>
<td>25%</td>
<td>Tipperary S.R</td>
<td>7</td>
<td>17%</td>
</tr>
<tr>
<td>Dublin South East</td>
<td>1</td>
<td>3%</td>
<td>Waterford</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Dublin South West</td>
<td>86</td>
<td>25%</td>
<td>Wexford</td>
<td>45</td>
<td>44%</td>
</tr>
<tr>
<td>Dublin West</td>
<td>21</td>
<td>14%</td>
<td>Wicklow</td>
<td>25</td>
<td>13%</td>
</tr>
</tbody>
</table>

Table 30: Percentage of Applications for Assessment of Need that result in a complaint per County
### Applications for Assessment of Need by CHO 2019

<table>
<thead>
<tr>
<th>CHO</th>
<th>LHO</th>
<th>AoN applications</th>
<th>AoN complaint</th>
<th>% of AoN Applications that result in a complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AREA 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cavan/Monaghan</td>
<td>31</td>
<td>13</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Donegal</td>
<td>32</td>
<td>6</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Sligo/Leitrim</td>
<td>47</td>
<td>2</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td><strong>AREA 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Galway</td>
<td>78</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Mayo</td>
<td>66</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Roscommon</td>
<td>27</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>AREA 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clare</td>
<td>94</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Limerick</td>
<td>210</td>
<td>4</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Tipperary N.R</td>
<td>116</td>
<td>4</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td><strong>AREA 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kerry</td>
<td>111</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Cork North</td>
<td>174</td>
<td>12</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Cork North Lee</td>
<td>398</td>
<td>171</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>Cork South Lee</td>
<td>400</td>
<td>180</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Cork West</td>
<td>49</td>
<td>2</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td><strong>AREA 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carlow/Kilkenny</td>
<td>49</td>
<td>8</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Tipperary S.R</td>
<td>42</td>
<td>7</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Waterford</td>
<td>41</td>
<td>1</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Wexford</td>
<td>103</td>
<td>45</td>
<td>44%</td>
<td></td>
</tr>
</tbody>
</table>
### AREA 6

<table>
<thead>
<tr>
<th>Area</th>
<th>Dublin South East</th>
<th>Dublin South</th>
<th>Wicklow</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31</td>
<td>29</td>
<td>198</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>0%</td>
<td>13%</td>
</tr>
</tbody>
</table>

### AREA 7

<table>
<thead>
<tr>
<th>Area</th>
<th>Dublin South City</th>
<th>Dublin South West</th>
<th>Dublin West</th>
<th>Kildare/West Wicklow</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75</td>
<td>345</td>
<td>146</td>
<td>219</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>86</td>
<td>21</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>25%</td>
<td>25%</td>
<td>14%</td>
<td>35%</td>
</tr>
</tbody>
</table>

### AREA 8

<table>
<thead>
<tr>
<th>Area</th>
<th>Laois/Offaly</th>
<th>Longford/Westmeath</th>
<th>Louth</th>
<th>Meath</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>261</td>
<td>52</td>
<td>114</td>
<td>243</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

### AREA 9

<table>
<thead>
<tr>
<th>Area</th>
<th>North Dublin</th>
<th>Dublin North Centre</th>
<th>North West Dublin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>715</td>
<td>72</td>
<td>492</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

| Total                | 5060              | 741               | 15%               |

Table 31: Applications for Assessment of Need (Social Care)
### Primary Care Reimbursement Service (PCRS)

<table>
<thead>
<tr>
<th>PCRS</th>
<th>Complaints received 2018</th>
<th>Complaints excluded under Part 9 of the Health Act 2004</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Resolved through formal investigation ≤30 working days</th>
<th>Resolved through formal investigation &gt;30 working days</th>
<th>% Resolved ≤30 working days</th>
<th>Resolved through Mediation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>273</td>
<td>0</td>
<td>0</td>
<td>45</td>
<td>42</td>
<td>178</td>
<td>8</td>
<td>82%</td>
<td>0</td>
</tr>
</tbody>
</table>

**Table 32: PCRS Complaints resolved 2018**

### Complaint Categories: CHOs

**Community Health Organisation (CHO)**

<table>
<thead>
<tr>
<th>Community Health Organisation</th>
<th>Access</th>
<th>Dignity and Respect</th>
<th>Safe and Effective Care</th>
<th>Communication and Information</th>
<th>Participation</th>
<th>Privacy</th>
<th>Improving Health</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 1</td>
<td>88</td>
<td>25</td>
<td>46</td>
<td>46</td>
<td>5</td>
<td>9</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>CHO 2</td>
<td>127</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 3</td>
<td>54</td>
<td>36</td>
<td>5</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>CHO 4</td>
<td>28</td>
<td>11</td>
<td>18</td>
<td>31</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CHO 5</td>
<td>40</td>
<td>17</td>
<td>14</td>
<td>15</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>CHO 6</td>
<td>6</td>
<td>17</td>
<td>11</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>CHO 7</td>
<td>94</td>
<td>88</td>
<td>51</td>
<td>131</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>CHO 8</td>
<td>112</td>
<td>54</td>
<td>86</td>
<td>42</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>CHO 9</td>
<td>30</td>
<td>15</td>
<td>14</td>
<td>26</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>579</td>
<td>269</td>
<td>253</td>
<td>320</td>
<td>18</td>
<td>23</td>
<td>58</td>
<td>35</td>
</tr>
</tbody>
</table>

National Complaints Governance and Learning Team Annual Report 2018 | 87
### Table 33: CHOs Complaints Categories 2018

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

<table>
<thead>
<tr>
<th>Assessment of Need Nationally (across all CHOs)</th>
<th>Access</th>
<th>Dignity and Respect</th>
<th>Safe and Effective Care</th>
<th>Communication and Information</th>
<th>Participation</th>
<th>Privacy</th>
<th>Improving Health</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>AoN</td>
<td>731</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Health Organisation contd.</th>
<th>Clinical Judgement</th>
<th>Vexatious Complaints</th>
<th>Nursing homes/residential care age &gt;65</th>
<th>Nursing homes and residential care age ≤64</th>
<th>Pre-school inspection services</th>
<th>Trust in Care</th>
<th>Children First</th>
<th>Safeguarding Vulnerable Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 1</td>
<td>9</td>
<td>2</td>
<td>8</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 4</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CHO 7</td>
<td>20</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 8</td>
<td>48</td>
<td>3</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 9</td>
<td>1</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td>9</td>
<td>33</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
### Assessment of Need Nationally (across all CHOs) Contd.

<table>
<thead>
<tr>
<th></th>
<th>Clinical Judgement</th>
<th>Vexatious Complaints</th>
<th>Nursing homes / residential care age &gt;65</th>
<th>Nursing homes and residential care age ≤64</th>
<th>Pre-school inspection services</th>
<th>Trust in Care</th>
<th>Children First</th>
<th>Safeguarding Vulnerable Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>AoN</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Table 34: AoN Complaints Categories 2018**

#### Primary Care Reimbursement Service (PCRS)

<table>
<thead>
<tr>
<th></th>
<th>Access</th>
<th>Dignity and Respect</th>
<th>Safe and Effective Care</th>
<th>Communication and Information</th>
<th>Participation</th>
<th>Privacy</th>
<th>Improving Health</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCRS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>268</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Clinical Judgement</th>
<th>Vexatious Complaints</th>
<th>Nursing homes / residential care age &gt;65</th>
<th>Nursing homes and residential care age ≤64</th>
<th>Pre-school inspection services</th>
<th>Trust in Care</th>
<th>Children First</th>
<th>Safeguarding Vulnerable Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCRS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Complaints by Divisions: CHOs

<table>
<thead>
<tr>
<th>Community Health Organisation (CHO)</th>
<th>Primary Care</th>
<th>Social Care</th>
<th>Mental Health</th>
<th>H&amp;W</th>
<th>Acute</th>
<th>Corporate</th>
<th>No Classification provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 1</td>
<td>83</td>
<td>110</td>
<td>17</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 2</td>
<td>141</td>
<td>5</td>
<td>13</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHO 3</td>
<td>37</td>
<td>26</td>
<td>41</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>CHO 4</td>
<td>15</td>
<td>34</td>
<td>43</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 5</td>
<td>46</td>
<td>6</td>
<td>19</td>
<td>0</td>
<td>45</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 6</td>
<td>1</td>
<td>19</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>170</td>
</tr>
<tr>
<td>CHO 7</td>
<td>167</td>
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<td>87</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 8</td>
<td>113</td>
<td>87</td>
<td>120</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHO 9</td>
<td>51</td>
<td>20</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>654</td>
<td>307</td>
<td>370</td>
<td>5</td>
<td>48</td>
<td>2</td>
<td>170</td>
</tr>
</tbody>
</table>

*Table 35: CHOs Complaints by Division 2018*
### Complaints Reported per CHO by Service

#### Assessment of Need Nationally (across all CHOs) 2018

<table>
<thead>
<tr>
<th>Assessment of Need Nationally (across all CHOs)</th>
<th>Social Care</th>
<th>Primary Care</th>
<th>Mental Health</th>
<th>Health and Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>AoN</td>
<td>741</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 36: AoN Complaints by Division 2018

#### Primary Care Reimbursement Service (PCRS) 2018

<table>
<thead>
<tr>
<th>Primary Care Reimbursement Service</th>
<th>Social Care</th>
<th>Primary Care</th>
<th>Mental Health</th>
<th>Health and Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCRS</td>
<td>0</td>
<td>273</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 37: PCRS Complaints by Division 2018
**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.

<table>
<thead>
<tr>
<th>University Limerick Hospitals Group (ULH) Statutory Hospitals</th>
<th>St. John’s Hospital</th>
<th>RCSI Statutory Hospitals</th>
<th>Beaumont Hospital, Rotunda Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin Midlands Hospital Group (DMHG) Statutory Hospitals</td>
<td>St James's Hospital, St. Luke's Radiation Oncology Network, The Adelaide &amp; Meath Hospital, Dublin, The Coombe Women &amp; Infant University Hospital</td>
<td>South/South West Hospital Group (SSWHG) Statutory Hospitals</td>
<td>Mercy University Hospital, South Infirmary Victoria University Hospital</td>
</tr>
<tr>
<td>Ireland East Hospital Group (IEHG) Statutory Hospitals</td>
<td>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</td>
<td>The Children’s Hospital Group (CHG) Voluntary Hospitals</td>
<td>Children's University Hospital Temple Street, The National Children's Hospital, Tallagh, Our Lady's Children's Hospital, Crumlin</td>
</tr>
</tbody>
</table>

*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.*
### Complaints Received/Resolved: Voluntary Hospitals

<table>
<thead>
<tr>
<th>Voluntary Hospitals within Hospital Groups</th>
<th>Complaints received 2018</th>
<th>Complaints excluded under Part 9 of the Health Act 2004</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Resolved through formal investigation ≤30 working days</th>
<th>Resolved through formal investigation &gt;30 working days</th>
<th>% Resolved ≤30 working days</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHG Voluntary Hospitals</td>
<td>1267</td>
<td>0</td>
<td>2</td>
<td>183</td>
<td>2</td>
<td>849</td>
<td>249</td>
<td>81%</td>
</tr>
<tr>
<td>DMHG Voluntary Hospitals</td>
<td>2627</td>
<td>0</td>
<td>16</td>
<td>1079</td>
<td>8</td>
<td>826</td>
<td>206</td>
<td>73%</td>
</tr>
<tr>
<td>IEHG Voluntary Hospitals</td>
<td>3025</td>
<td>21</td>
<td>14</td>
<td>2047</td>
<td>26</td>
<td>506</td>
<td>393</td>
<td>84%</td>
</tr>
<tr>
<td>RCSI Voluntary Hospitals</td>
<td>749</td>
<td>3</td>
<td>0</td>
<td>119</td>
<td>25</td>
<td>435</td>
<td>294</td>
<td>74%</td>
</tr>
<tr>
<td>Saolta Voluntary Hospitals</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>SSWHG Voluntary Hospitals</td>
<td>180</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>141</td>
<td>33</td>
<td>78%</td>
</tr>
<tr>
<td>ULH Voluntary Hospitals</td>
<td>38</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>16</td>
<td>7</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7886</td>
<td>30</td>
<td>32</td>
<td>3440</td>
<td>64</td>
<td>2773</td>
<td>1182</td>
<td>79%</td>
</tr>
</tbody>
</table>

Table 38: Complaints reported: Voluntary Hospitals within Hospital Groups 2018
### Complaint Categories: Voluntary Hospitals within Hospital Groups

<table>
<thead>
<tr>
<th>Voluntary Hospitals within Hospital Groups</th>
<th>Access</th>
<th>Dignity and Respect</th>
<th>Safe and Effective Care</th>
<th>Communication and Information</th>
<th>Participation</th>
<th>Privacy</th>
<th>Improving Health</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHG Voluntary Hospitals</td>
<td>257</td>
<td>210</td>
<td>363</td>
<td>281</td>
<td>27</td>
<td>97</td>
<td>10</td>
<td>129</td>
</tr>
<tr>
<td>DMHG Voluntary Hospitals</td>
<td>1069</td>
<td>242</td>
<td>1168</td>
<td>1158</td>
<td>16</td>
<td>39</td>
<td>34</td>
<td>171</td>
</tr>
<tr>
<td>IEHG Voluntary Hospitals</td>
<td>837</td>
<td>122</td>
<td>975</td>
<td>1303</td>
<td>6</td>
<td>16</td>
<td>10</td>
<td>128</td>
</tr>
<tr>
<td>RCSI Voluntary Hospitals</td>
<td>282</td>
<td>64</td>
<td>429</td>
<td>300</td>
<td>2</td>
<td>15</td>
<td>9</td>
<td>69</td>
</tr>
<tr>
<td>Saolta Voluntary Hospitals</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>SSWHG Voluntary Hospitals</td>
<td>44</td>
<td>24</td>
<td>62</td>
<td>16</td>
<td>0</td>
<td>17</td>
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<td>12</td>
</tr>
<tr>
<td>ULH Voluntary Hospitals</td>
<td>4</td>
<td>7</td>
<td>21</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>2493</td>
<td>669</td>
<td>3018</td>
<td>3067</td>
<td>51</td>
<td>185</td>
<td>65</td>
<td>509</td>
</tr>
<tr>
<td>HSE Voluntary Hospitals contd.</td>
<td>Clinical Judgement</td>
<td>Vexatious Complaints</td>
<td>Nursing homes / residential care age &gt;65</td>
<td>Nursing homes and residential care age ≤64</td>
<td>Pre-school inspection services</td>
<td>Trust in Care</td>
<td>Children First</td>
<td>Safeguarding Vulnerable Persons</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>--------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------</td>
<td>---------------</td>
<td>----------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>CHG Voluntary Hospitals</td>
<td>113</td>
<td>3</td>
<td>0</td>
<td>82</td>
<td>10</td>
<td>8</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>DMHG Voluntary Hospitals</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>IEHG Voluntary Hospitals</td>
<td>190</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>RCSI Voluntary Hospitals</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SSWHG Voluntary Hospitals</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ULH Voluntary Hospitals</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>383</strong></td>
<td><strong>7</strong></td>
<td><strong>1</strong></td>
<td><strong>82</strong></td>
<td><strong>10</strong></td>
<td><strong>12</strong></td>
<td><strong>0</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

Table 39: Complaints Categories reported: Voluntary Hospitals within Hospital Groups 2018
Other Voluntary Hospitals & Agencies

In 2018 Complaints Data relating to Voluntary Hospitals & Agencies was collected and collated bi-annually by each Consumer Affairs region. A number of large national agencies returned data directly to the National Complaints Governance and Learning Team.

<table>
<thead>
<tr>
<th>Others</th>
<th>Complaints received 2018</th>
<th>Complaints excluded under Part 9 of the Health Act 2004</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Resolved through formal investigation ≤30 working days</th>
<th>Resolved through formal investigation &gt;30 working days</th>
<th>% Resolved ≤30 working days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Voluntary Hospitals &amp; Agencies</td>
<td>3481</td>
<td>135</td>
<td>112</td>
<td>2320</td>
<td>65</td>
<td>496</td>
<td>240</td>
<td>81%</td>
</tr>
</tbody>
</table>

Table 40: Complaints reported: Other Voluntary Hospitals and Agencies 2018
### Complaints Categories: Other Voluntary Hospitals & Agencies

<table>
<thead>
<tr>
<th>Other Voluntary Hospitals &amp; Agencies</th>
<th>Access</th>
<th>Dignity and Respect</th>
<th>Safe and Effective Care</th>
<th>Communicatio n and Information</th>
<th>Participation</th>
<th>Privacy</th>
<th>Improving Health</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>621</td>
<td>984</td>
<td>1008</td>
<td>657</td>
<td>113</td>
<td>128</td>
<td>76</td>
<td>106</td>
</tr>
<tr>
<td>Other Voluntary Hospitals &amp; Agencies</td>
<td>Clinical Judgement</td>
<td>Vexatious Complaints</td>
<td>Nursing homes / residential care age &gt;65</td>
<td>Nursing homes and residential care age ≤64</td>
<td>Pre-school inspection services</td>
<td>Trust in Care</td>
<td>Children First</td>
<td>Safeguarding Vulnerable Persons</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>121</td>
<td>9</td>
<td>2</td>
<td>6</td>
<td>56</td>
<td>67</td>
<td>248</td>
</tr>
</tbody>
</table>

Table 41: Complaints Categories reported: Other Voluntary Hospitals and Agencies 2018
### Hospital Groups

**Complaints received by Hospital Group per 100,000 bed days**

<table>
<thead>
<tr>
<th>Hospital Group</th>
<th>Complaints reported 2018</th>
<th>Bed Days</th>
<th>Complaints per 100000 bed days 2018</th>
<th>Complaints per 100000 bed days 2017</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Hospital Group</td>
<td>1267</td>
<td>102887</td>
<td>1231</td>
<td>1400</td>
<td>-12%</td>
</tr>
<tr>
<td>University Limerick Hospital Group</td>
<td>818</td>
<td>264285</td>
<td>310</td>
<td>219</td>
<td>41%</td>
</tr>
<tr>
<td>Saolta Statutory Hospital Group</td>
<td>643</td>
<td>638942</td>
<td>101</td>
<td>232</td>
<td>-57%</td>
</tr>
<tr>
<td>South/South West Hospital Group</td>
<td>1041</td>
<td>663993</td>
<td>157</td>
<td>174</td>
<td>-10%</td>
</tr>
<tr>
<td>Dublin Midlands Hospital Group</td>
<td>3054</td>
<td>677659</td>
<td>451</td>
<td>524</td>
<td>-14%</td>
</tr>
<tr>
<td>RCSI Hospital Group</td>
<td>1102</td>
<td>587348</td>
<td>188</td>
<td>241</td>
<td>-22%</td>
</tr>
<tr>
<td>Ireland East Hospital Group</td>
<td>3996</td>
<td>813721</td>
<td>491</td>
<td>307</td>
<td>60%</td>
</tr>
</tbody>
</table>

*Table 42: Complaints received by Hospital Group per 100,000 bed days*

**2018 Bed Days per Hospital**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Bed Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bantry General Hospital</td>
<td>18130</td>
</tr>
<tr>
<td>Beaumont Hospital</td>
<td>238480</td>
</tr>
<tr>
<td>Cappagh National Orthopaedic Hospital</td>
<td>27576</td>
</tr>
<tr>
<td>Cavan General Hospital</td>
<td>75892</td>
</tr>
<tr>
<td>CHG, Crumlin</td>
<td>59697</td>
</tr>
<tr>
<td>CHG, Tallaght</td>
<td>12416</td>
</tr>
<tr>
<td>CHG, Temple St</td>
<td>30774</td>
</tr>
<tr>
<td>Connolly Hospital</td>
<td>92506</td>
</tr>
<tr>
<td>Coombe Women and Infants University Hospital</td>
<td>53756</td>
</tr>
<tr>
<td>Cork University Hospital</td>
<td>199179</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Number</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Cork University Maternity Hospital</td>
<td>56733</td>
</tr>
<tr>
<td>Croom Orthopaedic Hospital</td>
<td>8476</td>
</tr>
<tr>
<td>Ennis Hospital</td>
<td>21005</td>
</tr>
<tr>
<td>Galway University Hospitals</td>
<td>259497</td>
</tr>
<tr>
<td>Letterkenny University Hospital</td>
<td>107658</td>
</tr>
<tr>
<td>Louth County Hospital</td>
<td>43</td>
</tr>
<tr>
<td>Mallow General Hospital</td>
<td>16304</td>
</tr>
<tr>
<td>Mater Misericordiae University Hospital</td>
<td>219348</td>
</tr>
<tr>
<td>Mayo University Hospital</td>
<td>89681</td>
</tr>
<tr>
<td>Mercy University Hospital</td>
<td>66231</td>
</tr>
<tr>
<td>MRH Mullingar</td>
<td>65125</td>
</tr>
<tr>
<td>MRH Portlaoise</td>
<td>43727</td>
</tr>
<tr>
<td>MRH Tullamore</td>
<td>65196</td>
</tr>
<tr>
<td>Naas General Hospital</td>
<td>69943</td>
</tr>
<tr>
<td>National Maternity Hospital</td>
<td>41309</td>
</tr>
<tr>
<td>Nenagh Hospital</td>
<td>16934</td>
</tr>
<tr>
<td>Our Lady of Lourdes Hospital</td>
<td>131445</td>
</tr>
<tr>
<td>Our Lady's Hospital Navan</td>
<td>33401</td>
</tr>
<tr>
<td>Portiuncula University Hospital</td>
<td>48980</td>
</tr>
<tr>
<td>Roscommon University Hospital</td>
<td>17941</td>
</tr>
<tr>
<td>Rotunda Hospital</td>
<td>48982</td>
</tr>
<tr>
<td>Royal Victoria Eye and Ear Hospital</td>
<td>5637</td>
</tr>
<tr>
<td>Sligo University Hospital</td>
<td>115185</td>
</tr>
<tr>
<td>South Infirmary Victoria University Hospital</td>
<td>24608</td>
</tr>
<tr>
<td>South Tipperary General Hospital</td>
<td>63982</td>
</tr>
<tr>
<td>St. Columcille's Hospital</td>
<td>39290</td>
</tr>
<tr>
<td>Hospital</td>
<td>Bed Days</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>St. James's Hospital</td>
<td>242855</td>
</tr>
<tr>
<td>St. John's Hospital Limerick</td>
<td>28865</td>
</tr>
<tr>
<td>St. Luke's General Hospital Kilkenny</td>
<td>83638</td>
</tr>
<tr>
<td>St. Luke's Radiation Oncology Network</td>
<td>40761</td>
</tr>
<tr>
<td>St. Michael's Hospital</td>
<td>24721</td>
</tr>
<tr>
<td>St. Vincent's University Hospital</td>
<td>199274</td>
</tr>
<tr>
<td>Tallaght University Hospital</td>
<td>161421</td>
</tr>
<tr>
<td>UH Kerry</td>
<td>79130</td>
</tr>
<tr>
<td>UH Limerick</td>
<td>159202</td>
</tr>
<tr>
<td>UH Waterford</td>
<td>139696</td>
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<tr>
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<td>29803</td>
</tr>
<tr>
<td>Wexford General Hospital</td>
<td>74402</td>
</tr>
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</table>

3748835

Table 43: Bed days per Hospital

2018 Complaints Reported per 100,000 Bed Days per Hospital

<table>
<thead>
<tr>
<th>Bed Days</th>
<th>Hospital</th>
<th>Complaints Reported</th>
<th>Complaints reported per 100,000 bed days</th>
</tr>
</thead>
<tbody>
<tr>
<td>18130</td>
<td>Bantry General Hospital</td>
<td>8</td>
<td>44</td>
</tr>
<tr>
<td>238480</td>
<td>Beaumont Hospital</td>
<td>633</td>
<td>265</td>
</tr>
<tr>
<td>27576</td>
<td>Cappagh National Orthopaedic Hospital</td>
<td>61</td>
<td>221</td>
</tr>
<tr>
<td>75892</td>
<td>Cavan General Hospital and Monaghan Hospital</td>
<td>79</td>
<td>104</td>
</tr>
<tr>
<td>59697</td>
<td>CHG, Crumlin</td>
<td>770</td>
<td>1290</td>
</tr>
<tr>
<td>12416</td>
<td>CHG, Tallaght</td>
<td>167</td>
<td>1345</td>
</tr>
<tr>
<td>30774</td>
<td>CHG, Temple St</td>
<td>330</td>
<td>1072</td>
</tr>
<tr>
<td>92506</td>
<td>Connolly Hospital</td>
<td>81</td>
<td>88</td>
</tr>
<tr>
<td>53756</td>
<td>Coombe Women and Infants University Hospital</td>
<td>117</td>
<td>218</td>
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<tr>
<td>199179</td>
<td>Cork University Hospital</td>
<td>78</td>
<td>39</td>
</tr>
<tr>
<td>56733</td>
<td>Cork University Maternity Hospital</td>
<td>95</td>
<td>167</td>
</tr>
<tr>
<td>8476</td>
<td>Croom Orthopaedic Hospital</td>
<td>26</td>
<td>307</td>
</tr>
<tr>
<td>21005</td>
<td>Ennis Hospital</td>
<td>25</td>
<td>119</td>
</tr>
<tr>
<td>259497</td>
<td>Galway University Hospitals</td>
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<td>103</td>
</tr>
<tr>
<td>107658</td>
<td>Letterkenny University Hospital</td>
<td>115</td>
<td>107</td>
</tr>
<tr>
<td>3004</td>
<td>Lourdes Orthopaedic Hospital Kilcreene</td>
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<td>n/a</td>
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<td>Complaints 2017</td>
<td>Complaints 2018</td>
</tr>
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<td>--------------------------------------------------</td>
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<td>-----------------</td>
<td>-----------------</td>
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<tr>
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<td>n/a</td>
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<td>667</td>
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<tr>
<td>Mayo University Hospital</td>
<td>89681</td>
<td>56</td>
<td>62</td>
</tr>
<tr>
<td>Mercy University Hospital</td>
<td>66231</td>
<td>103</td>
<td>156</td>
</tr>
<tr>
<td>MRH Mullingar</td>
<td>65125</td>
<td>155</td>
<td>238</td>
</tr>
<tr>
<td>MRH Portlaoise</td>
<td>43727</td>
<td>110</td>
<td>252</td>
</tr>
<tr>
<td>MRH Tullamore</td>
<td>65196</td>
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<td>268</td>
</tr>
<tr>
<td>Naas General Hospital</td>
<td>69943</td>
<td>142</td>
<td>203</td>
</tr>
<tr>
<td>National Maternity Hospital</td>
<td>41309</td>
<td>109</td>
<td>264</td>
</tr>
<tr>
<td>Nenagh Hospital</td>
<td>16934</td>
<td>24</td>
<td>142</td>
</tr>
<tr>
<td>Our Lady of Lourdes Hospital and Louth County</td>
<td>131488</td>
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<td>147</td>
</tr>
<tr>
<td>Our Lady's Hospital Navan</td>
<td>33401</td>
<td>467</td>
<td>1398</td>
</tr>
<tr>
<td>Portiuncula University Hospital</td>
<td>48980</td>
<td>97</td>
<td>198</td>
</tr>
<tr>
<td>Roscommon University Hospital</td>
<td>17941</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Rotunda Hospital</td>
<td>48982</td>
<td>116</td>
<td>237</td>
</tr>
<tr>
<td>Royal Victoria Eye and Ear Hospital</td>
<td>5637</td>
<td>88</td>
<td>1561</td>
</tr>
<tr>
<td>Sligo University Hospital</td>
<td>115185</td>
<td>107</td>
<td>93</td>
</tr>
<tr>
<td>South Infirmary Victoria University Hospital</td>
<td>24608</td>
<td>77</td>
<td>313</td>
</tr>
<tr>
<td>South Tipperary General Hospital</td>
<td>63982</td>
<td>44</td>
<td>69</td>
</tr>
<tr>
<td>St. Columcille's Hospital</td>
<td>39290</td>
<td>51</td>
<td>130</td>
</tr>
<tr>
<td>St. James's Hospital</td>
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<td>1018</td>
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</tr>
<tr>
<td>St. John's Hospital Limerick</td>
<td>28865</td>
<td>38</td>
<td>132</td>
</tr>
<tr>
<td>St. Luke's General Hospital Kilkenny</td>
<td>83638</td>
<td>138</td>
<td>165</td>
</tr>
<tr>
<td>St. Luke's Radiation Oncology Network</td>
<td>40761</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>St. Michael's Hospital</td>
<td>24721</td>
<td>41</td>
<td>166</td>
</tr>
<tr>
<td>St. Vincent's University Hospital</td>
<td>199274</td>
<td>1264</td>
<td>634</td>
</tr>
<tr>
<td>Tallaght University Hospital</td>
<td>161421</td>
<td>1492</td>
<td>924</td>
</tr>
<tr>
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<td>79130</td>
<td>201</td>
<td>254</td>
</tr>
<tr>
<td>UH Limerick</td>
<td>159202</td>
<td>582</td>
<td>366</td>
</tr>
<tr>
<td>UH Waterford</td>
<td>136692</td>
<td>435</td>
<td>318</td>
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<tr>
<td>UMH Limerick</td>
<td>29803</td>
<td>123</td>
<td>413</td>
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<tr>
<td>Wexford General Hospital</td>
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<td>215</td>
</tr>
<tr>
<td><strong>National Total</strong></td>
<td><strong>3748835</strong></td>
<td></td>
<td><strong>11921</strong></td>
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</table>

Table 44: Complaints reported per 100,000 bed days per hospital

**2016 Census Data: General Population**

<table>
<thead>
<tr>
<th>State</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlow</td>
<td>56,932</td>
</tr>
<tr>
<td>Dublin</td>
<td>1,347,359</td>
</tr>
<tr>
<td>Kildare</td>
<td>222,504</td>
</tr>
<tr>
<td>Kilkenny</td>
<td>99,232</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Total</strong></td>
<td><strong>4,761,865</strong></td>
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<tr>
<td>County</td>
<td>Population</td>
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<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>Laois</td>
<td>84,697</td>
</tr>
<tr>
<td>Longford</td>
<td>40,873</td>
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<tr>
<td>Louth</td>
<td>128,884</td>
</tr>
<tr>
<td>Meath</td>
<td>195,044</td>
</tr>
<tr>
<td>Offaly</td>
<td>77,961</td>
</tr>
<tr>
<td>Westmeath</td>
<td>88,770</td>
</tr>
<tr>
<td>Wexford</td>
<td>149,722</td>
</tr>
<tr>
<td>Wicklow</td>
<td>142,425</td>
</tr>
<tr>
<td>Clare</td>
<td>118,817</td>
</tr>
<tr>
<td>Cork</td>
<td>542,868</td>
</tr>
<tr>
<td>Kerry</td>
<td>147,707</td>
</tr>
<tr>
<td>Limerick</td>
<td>194,899</td>
</tr>
<tr>
<td>Tipperary</td>
<td>159,553</td>
</tr>
<tr>
<td>Waterford</td>
<td>116,176</td>
</tr>
<tr>
<td>Galway</td>
<td>258,058</td>
</tr>
<tr>
<td>Leitrim</td>
<td>32,044</td>
</tr>
<tr>
<td>Mayo</td>
<td>130,507</td>
</tr>
<tr>
<td>Roscommon</td>
<td>64,544</td>
</tr>
<tr>
<td>Sligo</td>
<td>65,535</td>
</tr>
<tr>
<td>Cavan</td>
<td>76,176</td>
</tr>
<tr>
<td>Donegal</td>
<td>159,192</td>
</tr>
<tr>
<td>Monaghan</td>
<td>61,386</td>
</tr>
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</table>

Table 45: 2016 population census - County
# Community Health Organisations

## Complaints received to Community Services per 100,000 general population

<table>
<thead>
<tr>
<th>County</th>
<th>Area</th>
<th>Complaints received/recorded YSYS</th>
<th>Complaints received/recorded AoN</th>
<th>Complaints received under Health Act 2004 and Disabilities Act 2005</th>
<th>Population</th>
<th>Complaints per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlow</td>
<td>CHO 5</td>
<td>9</td>
<td>8</td>
<td>17</td>
<td>56,932</td>
<td>30</td>
</tr>
<tr>
<td>Cavan/Monaghan</td>
<td>CHO 1</td>
<td>7</td>
<td>13</td>
<td>20</td>
<td>137,562</td>
<td>15</td>
</tr>
<tr>
<td>Clare</td>
<td>CHO 3</td>
<td>24</td>
<td>0</td>
<td>24</td>
<td>118,817</td>
<td>20</td>
</tr>
<tr>
<td>Cork</td>
<td>CHO 4</td>
<td>82</td>
<td>365</td>
<td>447</td>
<td>542,868</td>
<td>82</td>
</tr>
<tr>
<td>Donegal</td>
<td>CHO 1</td>
<td>111</td>
<td>6</td>
<td>117</td>
<td>159,192</td>
<td>73</td>
</tr>
<tr>
<td>Dublin, Kildare, Wicklow*</td>
<td>CHO 6 160 / CHO 7 254 / CHO 9 105</td>
<td>529</td>
<td>253</td>
<td>782</td>
<td>1,712,288</td>
<td>46</td>
</tr>
<tr>
<td>Galway</td>
<td>CHO 2</td>
<td>158</td>
<td>0</td>
<td>158</td>
<td>258,058</td>
<td>61</td>
</tr>
<tr>
<td>Kerry</td>
<td>CHO 4</td>
<td>13</td>
<td>0</td>
<td>13</td>
<td>147,707</td>
<td>9</td>
</tr>
<tr>
<td>Kilkenny</td>
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<td>43</td>
<td>43</td>
<td>43</td>
<td>99,232</td>
<td>43</td>
</tr>
<tr>
<td>Leitrim</td>
<td>CHO 1</td>
<td>n/a</td>
<td>0</td>
<td>0</td>
<td>32,044</td>
<td>0</td>
</tr>
<tr>
<td>Limerick</td>
<td>CHO 3</td>
<td>64</td>
<td>4</td>
<td>68</td>
<td>194,899</td>
<td>35</td>
</tr>
<tr>
<td>Louth</td>
<td>CHO 8</td>
<td>67</td>
<td>2</td>
<td>69</td>
<td>128,884</td>
<td>54</td>
</tr>
<tr>
<td>Meath</td>
<td>CHO 8</td>
<td>37</td>
<td>5</td>
<td>42</td>
<td>195,044</td>
<td>22</td>
</tr>
<tr>
<td>Longford, Laois, Offaly, Westmeath*</td>
<td>CHO 8</td>
<td>53</td>
<td>26</td>
<td>79</td>
<td>292,301</td>
<td>27</td>
</tr>
<tr>
<td>Mayo</td>
<td>CHO 2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>130,507</td>
<td>1</td>
</tr>
<tr>
<td>Roscommon</td>
<td>CHO 2</td>
<td>n/a</td>
<td>0</td>
<td>0</td>
<td>64,544</td>
<td>0</td>
</tr>
<tr>
<td>Sligo/Leitrim</td>
<td>CHO 1</td>
<td>96</td>
<td>2</td>
<td>98</td>
<td>65,535</td>
<td>150</td>
</tr>
<tr>
<td>Tipperary</td>
<td>CHO 3 / CHO 5 15</td>
<td>32</td>
<td>11</td>
<td>43</td>
<td>159,553</td>
<td>27</td>
</tr>
<tr>
<td>Region</td>
<td>CHO</td>
<td>Complaints Reported</td>
<td>Unassigned</td>
<td>Complainants</td>
<td>Complaints Per 100,000 Population</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------</td>
<td>---------------------</td>
<td>------------</td>
<td>--------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>Waterford</td>
<td>CHO 5</td>
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<td>1</td>
<td>11</td>
<td>116,176</td>
<td></td>
</tr>
<tr>
<td>Wexford</td>
<td>CHO 5</td>
<td>30</td>
<td>45</td>
<td>75</td>
<td>149,722</td>
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</tr>
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</table>

* Amalgamated local return

** 92 complaints unassigned to county by CHO 8

Complaints recorded/reported by CHOs

Table 46: Complaints received to Community Services per 100,000 general population
### Breakdown of % Variance of complaints from 2017 to 2018

<table>
<thead>
<tr>
<th>Service</th>
<th>Complaints</th>
<th>Excluded</th>
<th>Anonymous</th>
<th>Resolved informally</th>
<th>Withdrawn</th>
<th>Formal ≤30 wds</th>
<th>Formal &gt;30 wds</th>
<th>% Resolved ≤30 wds</th>
<th>Mediation</th>
<th>2017</th>
<th>% Change from 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMHG Statutory Hospitals</td>
<td>427</td>
<td>10</td>
<td>2</td>
<td>156</td>
<td>3</td>
<td>177</td>
<td>58</td>
<td>333</td>
<td>0</td>
<td>428</td>
<td>0%</td>
</tr>
<tr>
<td>IEHG Statutory Hospitals</td>
<td>971</td>
<td>17</td>
<td>7</td>
<td>497</td>
<td>12</td>
<td>188</td>
<td>200</td>
<td>685</td>
<td>4</td>
<td>904</td>
<td>7%</td>
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<tr>
<td>RCSI Statutory Hospitals</td>
<td>353</td>
<td>23</td>
<td>0</td>
<td>93</td>
<td>11</td>
<td>152</td>
<td>54</td>
<td>245</td>
<td>1</td>
<td>549</td>
<td>-36%</td>
</tr>
<tr>
<td>Saolta Statutory Hospitals</td>
<td>643</td>
<td>5</td>
<td>0</td>
<td>142</td>
<td>28</td>
<td>250</td>
<td>112</td>
<td>392</td>
<td>0</td>
<td>1440</td>
<td>-55%</td>
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<tr>
<td>SSWHG Statutory Hospitals</td>
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<td>68</td>
<td>1</td>
<td>219</td>
<td>11</td>
<td>217</td>
<td>199</td>
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<td>983</td>
<td>-12%</td>
</tr>
<tr>
<td>ULH Statutory Hospitals</td>
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<td>2</td>
<td>95</td>
<td>10</td>
<td>281</td>
<td>195</td>
<td>376</td>
<td>0</td>
<td>544</td>
<td>43%</td>
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<td>CHG Voluntary Hospitals</td>
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<td>2</td>
<td>183</td>
<td>2</td>
<td>849</td>
<td>249</td>
<td>1032</td>
<td>0</td>
<td>1415</td>
<td>-10%</td>
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<td>DMHG Voluntary Hospitals</td>
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<td>16</td>
<td>1079</td>
<td>8</td>
<td>826</td>
<td>206</td>
<td>1905</td>
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<td>-14%</td>
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<td>506</td>
<td>393</td>
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<td>0</td>
<td>119</td>
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<td>435</td>
<td>294</td>
<td>554</td>
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<td>827</td>
<td>-9%</td>
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<tr>
<td>SSWHG Voluntary Hospitals</td>
<td>180</td>
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<td>0</td>
<td>0</td>
<td>141</td>
<td>33</td>
<td>141</td>
<td>2</td>
<td>153</td>
<td>18%</td>
</tr>
<tr>
<td>ULH Voluntary Hospitals</td>
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<td>0</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>16</td>
<td>7</td>
<td>28</td>
<td>0</td>
<td>15</td>
<td>153%</td>
</tr>
<tr>
<td>CHO 1</td>
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<td>9</td>
<td>101</td>
<td>6</td>
<td>84</td>
<td>23</td>
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<td>484</td>
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<td>25</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>32</td>
<td>0</td>
<td>217</td>
<td>-33%</td>
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<tr>
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<td>104</td>
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<td>0</td>
<td>44</td>
<td>10</td>
<td>27</td>
<td>12</td>
<td>71</td>
<td>0</td>
<td>63</td>
<td>65%</td>
</tr>
<tr>
<td>CHO 4</td>
<td>95</td>
<td>34</td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>11</td>
<td>4</td>
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<td>69</td>
<td>16</td>
<td>78</td>
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<td>127</td>
<td>0</td>
<td>127</td>
<td>-2%</td>
</tr>
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</tr>
<tr>
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<td>23</td>
<td>139</td>
<td>28</td>
<td>185</td>
<td>0</td>
<td>118</td>
<td>0</td>
<td>44%</td>
</tr>
<tr>
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<td>254</td>
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<td>1</td>
<td>9</td>
<td>97</td>
<td>29</td>
<td>106</td>
<td>1</td>
<td>1151</td>
<td>0</td>
<td>55%</td>
</tr>
<tr>
<td>CHO 8</td>
<td>247</td>
<td>4</td>
<td>0</td>
<td>9</td>
<td>46</td>
<td>13</td>
<td>85</td>
<td>0</td>
<td>496</td>
<td>0</td>
<td>-79%</td>
</tr>
<tr>
<td>CHO 9</td>
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<td>39</td>
<td>6</td>
<td>46</td>
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<td>1151</td>
<td>0</td>
<td>1151</td>
<td>0</td>
<td>-79%</td>
</tr>
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<td>0</td>
<td>8</td>
<td>204</td>
<td>0</td>
<td>204</td>
<td>0</td>
<td>744</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>NAS</td>
<td>103</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>58</td>
<td>0</td>
<td>78%</td>
</tr>
<tr>
<td>PCRS</td>
<td>273</td>
<td>0</td>
<td>45</td>
<td>42</td>
<td>178</td>
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<td>223</td>
<td>0</td>
<td>139</td>
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</tr>
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<td>Other Vol Hospitals &amp; Agencies</td>
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<td>135</td>
<td>112</td>
<td>2320</td>
<td>65</td>
<td>496</td>
<td>240</td>
<td>2816</td>
<td>41</td>
<td>4131</td>
<td>-16%</td>
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</table>

Table 47: Summary Table of Variance 2018 to 2017
### Complaint Categorisation

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<th>Incident /Category</th>
<th>Sub Category Type</th>
<th>Sub Category Please Specify</th>
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<td>Access</td>
<td>Accessibility / resources</td>
<td>Equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personnel</td>
</tr>
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<td></td>
<td></td>
<td>Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Treatment</td>
</tr>
<tr>
<td>Appointment - delays</td>
<td></td>
<td>Appointment - cancelled and not rearranged</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appointment - delay in issuing appointment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appointment - postponed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgery / therapies / diagnostics - delayed or postponed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operation and opening times of clinics</td>
</tr>
<tr>
<td>Appointment - other</td>
<td></td>
<td>No / lost referral letter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appointment - request for earlier appointment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unavailability of service</td>
</tr>
<tr>
<td>Admission - delays</td>
<td></td>
<td>Delayed - elective bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delayed - emergency bed</td>
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<td></td>
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<td>Admission - delay in admission process</td>
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<td></td>
<td>Admission - postponed</td>
</tr>
<tr>
<td>Admission - other</td>
<td></td>
<td>Admission - refused admission by hospital</td>
</tr>
<tr>
<td>Hospital facilities</td>
<td></td>
<td>Crèche</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of adequate seating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of baby changing facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of / minimal breastfeeding facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of toilet and washroom facilities (general)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of toilet and washroom facilities (special needs)</td>
</tr>
<tr>
<td>Hospital facilities (contd.)</td>
<td>Lack of wheelchair access</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No treatment area / space for consultation / trolley facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shop</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signage (internal and external)</td>
<td></td>
</tr>
<tr>
<td>Hospital room facilities (access to)</td>
<td>Bed location</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disability facilities</td>
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<td>Slips / trips and falls</td>
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<td>Prolonged fasting</td>
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<td>Staff not introducing themselves and letting patients know their role</td>
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<td>Failure / delay to communicate with outside agency/organisation</td>
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<td>Failure / delay in communicating with relatives</td>
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<td>Patient felt coerced</td>
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<td>Consent, guardianship and information issues related to lesbian, gay parental relationships</td>
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<td>Opinion discounted - family / relatives / advocate / next of kin</td>
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<td>Opinion discounted - patient</td>
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<td>Parent not allowed accompany child in recovery room</td>
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<td>Parent not allowed accompany child to theatre</td>
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<td>Improving Health</td>
<td>Empowerment</td>
<td>Independence and self care not supported</td>
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<td>Lack / provision of patient / carer education</td>
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<td>Lack of information / support on how to prevent further illness / disease</td>
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<td>Quality of response to the complaint made</td>
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<td>Where to go to ask questions in relation to services and giving feedback (visibility of customer services)</td>
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<td>Unhappy with income collection process</td>
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Appendix 2: 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.