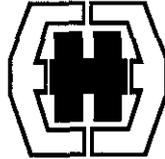


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EASTERN HEALTH BOARD

**PROPOSED
COMPLAINTS/APPEALS
PROCEDURES**

**EASTERN HEALTH
SHARED SERVICES**

MAY 1997

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Chapter 1

Introduction

The National Health Strategy emphasised the importance of increasing the consumer orientation of services and encouraged the development of quality initiatives geared toward improving service quality. One such initiative was a requirement on all health boards to put appropriate complaints procedures in place.

The Eastern Health Boards mission is to strive to enhance and maintain the health and well being of all people in its region. This mission statement is further articulated by the goals and the values and principles which underpin our work.

Our Board has a duty to empower our clients and to allow them to take ownership of the health and personal social services which we provide.

A Customer Service Department has already been established and this department together with other initiatives such as the customer service training programmes, continue to encourage and develop a customer service ethos throughout all our Boards services.

A fundamental part of the further development of a customer service ethos is the establishment of mechanisms which ensure that our clients are encouraged to make complaints where they are dissatisfied with our services and to allow them to make constructive suggestions which can help motivate change and also highlight the positive aspects of our services.

To give effect to this, our Boards financial and services plan 1997 included a proposal for a senior member of staff to be assigned to consult, research and produce an implementation plan for a new Board wide appeals/complaints service.

This document outlines the findings of the research and consultation which has taken place and proposals for the implementation of the main recommendations.

Methodology

This project was considered from two aspects

1. Research:

Relevant staff were interviewed to establish and examine existing complaints/appeals procedures in the Eastern Health Board. Complaints/Appeals procedures in the public and private sectors both in Ireland and Great Britain were examined and organisations interviewed to determine the key issues of successful procedures. Organisations in

Great Britain included the Westminster Housing Department and Glasgow Social Services. A Consultant to the National Health Services in Great Britain on the implementation of their complaints procedure was interviewed at length. Discussions also took place with the Ministry of Health in Ontario, Canada. Organisations interviewed and their procedures examined in Ireland included the Department of Social Welfare, Voluntary Hospitals, Health Boards, the Office of the Ombudsman, the Consumers Association of Ireland, the Office of the Insurance Ombudsman of Ireland, Aer Lingus and Falcon/JWT tours. Available literature was reviewed to establish best practices and key elements of an effective complaints/appeals procedure.

2. Consultation:

It was considered essential to consult clients to establish (i) their views of existing Health Board procedures and (ii) their views on what they would like to see in any new complaints/appeal procedure. To achieve this, the following organisations and voluntary groups were interviewed.

- Irish National Organisation of the Unemployed
- Free Legal Advice Centre, Coolock Community Law Centre
- Irish Patients Association, National Social Services Board (including 2 managers of Citizens Information Centres)
- National Council for the Elderly
- Irish Association of Older People
- Irish Association for Spina Bifida and Hydrocephalus
- D.I.Y. Club (Voluntary Mental Health Group)
- Irish Travellers Movement
- Combat Poverty
- The Office of the Ombudsman

Chapter 2

Review of current systems in the Eastern Health Board.

In our Board there are a number of complaints and appeals procedures. Most are in place as a result of legislation.

General Hospital Care Programme:

Legislation and ministerial initiatives have established the following complaints /appeals procedures.

- *Nursing home subvention*
Nursing Home Subventions may be appealed in accordance with the Health (Nursing Homes) Act, 1990. The Appeals Officer, the Programme Manager, General Hospital Care Programme, and the Deputy Appeals Officer, a senior manager, are appointed by the Minister for Health. All applicants are notified of their right of appeal (170 appeals dealt with in 1996).
- *Nursing home complaints*
A complaint regarding a private nursing home may be made to the Chief Executive Officer or a designated officer of the Health Board under the Health (Nursing Homes) Act 1990. The designated Complaints Officer is a senior manager in the General Hospital Care Programme. (18 complaints dealt with in 1996)
- *Hospital charges*
Hospital charges may be appealed under the undue hardship clause of the Health Act, 1970. These appeals cover our own hospitals, and all acute general hospitals in the Eastern Health Board area. The designated Appeals Officer is a senior Manager in the General Hospital Care Programme.
- *Acute hospitals complaints procedure*
Complaints relating to treatment and services provided in our hospitals are handled in accordance with the procedures laid down in the Charter of Patients Rights. Each of our acute general hospitals has appointed a Complaints Officer and Complaints Committee. Details of the complaints procedures are outlined in patient hand books. Where possible information on complaints is used to improve services. The Patients Charter is not entirely suitable for our homes for the Elderly and in this regard, it is understood that a Charter of Rights specifically for the Elderly is being drawn up by the Department of Health. In the interim, the spirit of the existing charter is applied in all of our care of the elderly facilities. The introduction of a patient information centre is being examined at James Connolly Memorial Hospital (99 complaints dealt with in 1996).

In line with the policy adopted by our Board, patient handbooks are now available on "Information, services and entitlements for patients, residents, relatives and friends" in all facilities in the General Hospital Care Programme.

In addition suggestions and comments are invited from patients through client surveys.

Special Hospital Care Programme

Under legislation patients in psychiatric hospitals have a statutory right to have a letter of complaint sent to

- the Minister of Health
- the Inspector of Mental Hospitals
- the President of the High Court
- the Registrar of the Wards of Court
- the Chief Executive Officer of the Health Board

In each area of the Special Hospital Care Programme an informal complaints procedure is also in place. There are additional guidelines in place for staff on how to deal with complaints.

In St. Loman's Hospital a more formalised complaints procedure exists which names the Complaints Officer and give a contact number. This procedure was drawn up on the basis of the Charter of Patients Rights.

(12 complaints dealt with during 1996.)

All of the above procedures are publicised throughout hospitals, health centres etc. The majority of the services provided by this programme have either formal or informal complaints procedures. Particular attention must be given to the fact that clients of this Programme are particularly vulnerable and may be unable to make complaints on their own behalf. Guidelines are being prepared regarding the handling of complaints alleging physical/sexual abuse of patients/clients by staff members.

In line with the policy adopted by our Board, patient handbooks on "Information, services and entitlements for patients, residents, relatives and friends" will be available in June 1997 in all facilities in the Special Hospital Care Programme.

A staff training course is being organised which aims to increase and develop staff awareness of the vulnerability of clients and their difficulty in expressing themselves. The course will also assist staff in identifying situations where clients may wish to make a complaint but are unable to do so themselves. Consideration will be given to implementing this course in other Programmes.

Community Care Programme

Under legislation the following appeals procedures are in place:

Supplementary Welfare Allowance Scheme

Clients of Supplementary Welfare Schemes have a right of appeal to an Appeals Officer. Clients are notified in writing of their right of appeal if they are refused a service. (2,498 appeals dealt with in 1996). A new data base has been introduced which will enable analysis of appeals which will assist in service improvement. General analysis exists at present and is used to improve services through feedback to managers.

Child Care

Under the Child Care (Placement of Children in Foster Care), (Placement of Children with Relatives), and (Placement of Children in Residential Care). Regulations 1995, foster parents, relatives, guardians or residential care managers who object to the proposed removal of a child from their custody can make an appeal. In addition applicants who apply to adopt or become foster parents and are refused may make an appeal. The designated Appeals Officers are the Directors Of Child Care and Family Support Services.

In the Child Care Act 1991 there are various provisions for people to appeal to the courts against arrangements/decisions of Health Boards in relation to Child Care.

For all other services e.g. medical cards, DCA etc., complaints and appeals are dealt with on an informal basis at local level. Clients may also make a complaint or an appeal to the Programme Manager.

In line with the policy adopted by our Board, patient handbooks on "Information, services and entitlements for patients, residents, relatives and friends" will be available in June 1997 for this Programme's welfare homes and its community hospital.

It should be noted that the Health Act 1970 gives clients a right of appeal against decisions on eligibility for general practitioner and surgical services.

Continence Promotion Unit

A formal complaints procedure is in place in relation to all aspect of this service, particularly in relation to products. The designated Complaints Officer is the Continence Advisor. In general where a client is dissatisfied a complaint will be made to the Public Health Nurse dealing with the case. The complaint is forwarded directly to the Continence Advisor who deals with it. Information collected as a result of the complaints procedure is analysed and used to improve service quality .

Estate Management

The Risk Management Programme operated by this department is a good example of how information on incidents is analysed and used to reduce the cause of such incidents. All incidents are reported to Estate Management by the Area Administrator. Where possible incidents are resolved locally.

This department also deals with small claims, where a member of public complains in relation to minor injury, loss or damage. Every effort is made to resolve the matter so that legal action is not necessary.

Aids/Drugs and Homeless Service

As this is a relatively new programme no formal complaints procedures are in place at present. Complaints are dealt with by the Area Manager and maybe passed on to the Programme Manager as necessary.

In all programmes and services many issues, problems and complaints are successfully resolved at local level. In most cases these are not recorded and this is probably a contributory factor to the low level of recorded complaints.

Conclusions

- **There is no appeals/complaints procedure which is common to all services in our Board.**
- **Systems which are in place represent a variety of both formalised and informal mechanisms.**
- **Complaints/appeals are not recorded centrally. Information cannot always be used to full effect in service quality improvements etc.**
The level of recorded complaints (138) and appeals (2668) appears relatively low compared to the vast range of services provided. In general our clients do not appear to be aware of existing procedures.
- **With the exception of the Supplementary Welfare appeals process all existing procedures are administered by managers of the services.**

- **There is a need to establish a formalised and streamlined complaints, appeals procedure common to all services for the following reasons:**

Reasons:

- . National Health Strategy: a requirement on all Health Boards to put appropriate complaints procedures in place.
- . Determination of health expenditure and service priorities 1997: a requirement on our Board to adopt and implement quality service improvement programmes: e.g. the agreement of standard complaint procedures and their publication locally.

Natural justice for clients:

- . rights as citizens
- . rights under legislation and ministerial initiatives
- . Empowerment of clients to participate in service developments.

Economic Reasons:

- . Resource allocation, prioritisation, planning and quality assurance.
- . Enhance and develop a customer service ethos.

Staff Morale:

- . Staff empowerment
- . Staff awareness
- . Staff counselling and support systems

Chapter 3

Review of complaints/appeals procedures in the public and private sector.

In summary the following key issues have been identified following the research carried out in relation to complaints/appeals procedures in private and public sector organisations.

Public Sector:

Key issues of successful procedures:

- All complaints and appeals are dealt with through a common system.
- Have a simple complaints procedure which comprises of three stages and publicise it.
- Information and data is analysed and used to improve services.
- Set up a data base to track complaints and use the data to improve service quality, planning and resource allocation.
- As part of the overall development of a customer service ethos a formal complaints procedure is in place.
- Under the Charter of Patients Rights, a complaints procedure has been established in all voluntary hospitals. The procedure is well publicised throughout the hospitals and details the name, location and phone number of the Complaints Officer. All complaints are channelled through the Complaints Officer. Where possible complaints are resolved at local level by the immediate manager. If they are not resolved at local level the Complaints Officer deals with the complaint and a complaints committee is established as necessary.
Where possible complaints are analysed and used to initiate service improvements. There are plans to develop this area further in most hospitals.
- Training courses, workshops and seminars must be held prior to any new procedure being implemented.

Key issues of unsuccessful procedures:

- Lack of senior management commitment.
- Procedures implemented too quickly. Therefore, inadequate planning, staff consultation and training.
- Operating an ad hoc complaints procedure which is not publicised.

Private Sector:

Key issues of successful procedures:

- A high priority is given to developing, implementing and improving a customer service ethos throughout the companies. In particular a lot of effort and resources are put into ensuring that information on services is widely available and that the standard of services provided is of the highest quality. Staff training and development also has a high priority.
- Complaints are dealt with at the initial point of contact with the customer where possible or by the local senior manager if necessary.
- If the complaint cannot be resolved at that stage, it is investigated by a complaints/customer liaison officer, who is normally at a very senior management level and based at a central customer services/complaints department. Every effort is made to deal with complaints quickly and efficiently.
- Information collected as a result of complaints is analysed and used to improve services and systems.

The report of the review committee on National Health Services complaints procedures (Wilson Report May 1994) carried out some research into private sector complaints procedures and outlined the following lessons to be learned from the private sector:-

- Research to find out what clients want and how they would like complaints to be handled is necessary.
- Minimise the number of contacts when dealing with complaints.
- Complainants want an apology, to be taken seriously and a quick response.
- Contacting clients by telephone tends to increase satisfaction.
- Every effort must be made to resolve complaints at local level.
- Complaint solicitation is an important part of any strategy but it must be planned carefully (i.e. organisations must be geared up to handle complaints well) if it is to increase and not decrease satisfaction.
- Staff training is essential.
- Analysis of complaints is an important information source to improve services, planning and resource allocation.

Conclusions

- **When compared to other public service organisations it is important to acknowledge that our Board compares favourably with systems in place elsewhere.**
- **Public sector organisations contacted did not have complaints procedures which could be identified as being fully successful.**

What is evident however is that any system being introduced must have:-

- **Senior management commitment.**
- **Must be well planned and include client and staff consultation and staff training.**
- **Common to all services.**
- **Emphasis must be placed on local resolution.**
- **Must be simple, streamlined, accessible and well published.**
- **Must use information collected as a result of complaints to initiate service improvements.**

Private sector organisations encompass the above in their complaints systems and have proved to be successful.

Chapter 4

Review of Eastern Health Board clients views

The views and recommendations made by client representative organisations during the consultation process are as follows:

- The services provided by our Board are seen to be of a high quality and standard. Clients appreciate the personal service which is provided and in most cases the quick response which they receive to applications, requests for services etc.
- As part of their rights as citizens, clients should have access to a complaints/appeals system in relation to all health and personal social services.
- The existence of a number of informal complaints/appeals procedures is acknowledged but these are not perceived to attract sufficient status. More formalised complaints procedures would be welcomed.
- The Supplementary Welfare Appeals process is most widely known of all formalised procedures. There is a low level of awareness of other systems and these should be publicised.
- Any proposed procedure should be simple, accessible, common to all services and well publicised.
- The system must be fair and have the ability to resolve matters as expeditiously as possible.
- It must encourage clients to use the system without fear of repercussion.
- It is essential that clients are involved through representation, advisory groups etc.
- Special consideration must be given to vulnerable groups and minorities.
- The procedure must not be merely a review by the service provider which “rubber stamps” the original decision.
- Local resolution at a senior level should be available.
- There should be access to a complaints/appeals procedure (independent of the service provider and the local resolution process).
- The Manager of this procedure must have the authority to overturn decisions, initiate change in policy, identify inconsistencies and as a result ensure guidelines etc. are introduced and implemented as appropriate.

In addition, the organisations which were consulted pointed out that our clients would welcome:

- Provision and publication of information.
- Information on decision making processes.
- Understanding of the uncertainty and anxiety which a lack of information may generate.
- Being treated as an individual with emphasis upon respect for personal dignity, privacy and open communication.

Office of the Ombudsman

The proposed establishment of a complaints/appeals procedure was discussed with representatives of the Office of the Ombudsman.

A summary of their views is as follows:

- Our Board should place more emphasis upon provision of information for customers.
- Appeals and complaints procedures which are available should be clarified and publicised.
- Any proposed procedure should be streamlined, accessible and non- bureaucratic.
- If a centralised department is established, the Manager/Complaints Officer should have authority to overturn decisions.

Conclusions:

- **There is a need to establish a formal complaints/appeals procedure for all relevant services in our Board.**
- **Underpinning the establishment of such a procedure is the need for it to form part of our Board's strategy in relation to the development of a customer services ethos with particular emphasis on provision of information.**

Chapter 5

Summary Conclusions

Chapter 2 - Review of current systems in the Eastern Health Board

Conclusions

- There is no appeals/complaints procedure which is common to all services in our Board.
- Systems which are in place represent a variety of both formalised and informal mechanisms.
- Complaints/appeals are not recorded centrally. Information cannot always be used to full effect in service quality improvements etc.
The level of recorded complaints (138) and appeals (2668) appears relatively low compared to the vast range of services provided. In general our clients do not appear to be aware of existing procedures.
- With the exception of the Supplementary Welfare appeals process all existing procedures are administered by managers of the services.
- There is a need to establish a formalised and streamlined complaints, appeals procedure common to all services for the following reasons:

Reasons:

- National Health Strategy: a requirement on all Health Boards to put appropriate complaints procedures in place.
- Determination of health expenditure and service priorities 1997: a requirement on our Board to adopt and implement quality service improvement programmes: e.g. the agreement of standard complaint procedures and their publication locally.

Natural justice for clients:

- rights as citizens
- rights under legislation and ministerial initiatives
- Empowerment of clients to participate in service developments.

Economic Reasons:

- Resource allocation, prioritisation, planning and quality assurance.
- Enhance and develop a customer service ethos.

Staff Morale:

- Staff empowerment
- Staff awareness
- Staff counselling and support systems

Chapter 3 - Review of Complaints/Appeals procedure in the public and private sector.

Conclusions

- When compared to other public service organisations it is important to acknowledge that our Board compares favourably with systems in place elsewhere.
- Public sector organisations contacted did not have complaints procedures which could be identified as being fully successful.

What is evident however is that any system being introduced must have:-

- Senior management commitment
- Must be well planned and include client and staff consultation and staff training.
- Common to all services
- Emphasis must be placed on local resolution
- Must be simple, streamlined, accessible and well published
- Must use information collected as a result of complaints to initiate service improvements.

Private sector organisations encompass the above in their complaints systems and have proved to be successful.

Chapter 4 - Summary of clients views: including views relating to existing Health Board procedures

Conclusions:

- There is a need to establish a formal complaints/appeals procedure for all relevant services in our Board
- Underpinning the establishment of such a procedure is the need for it to form part of our Board's strategy in relation to the development of a customer services ethos with particular emphasis on provision of information.

Chapter 8 - Literature review

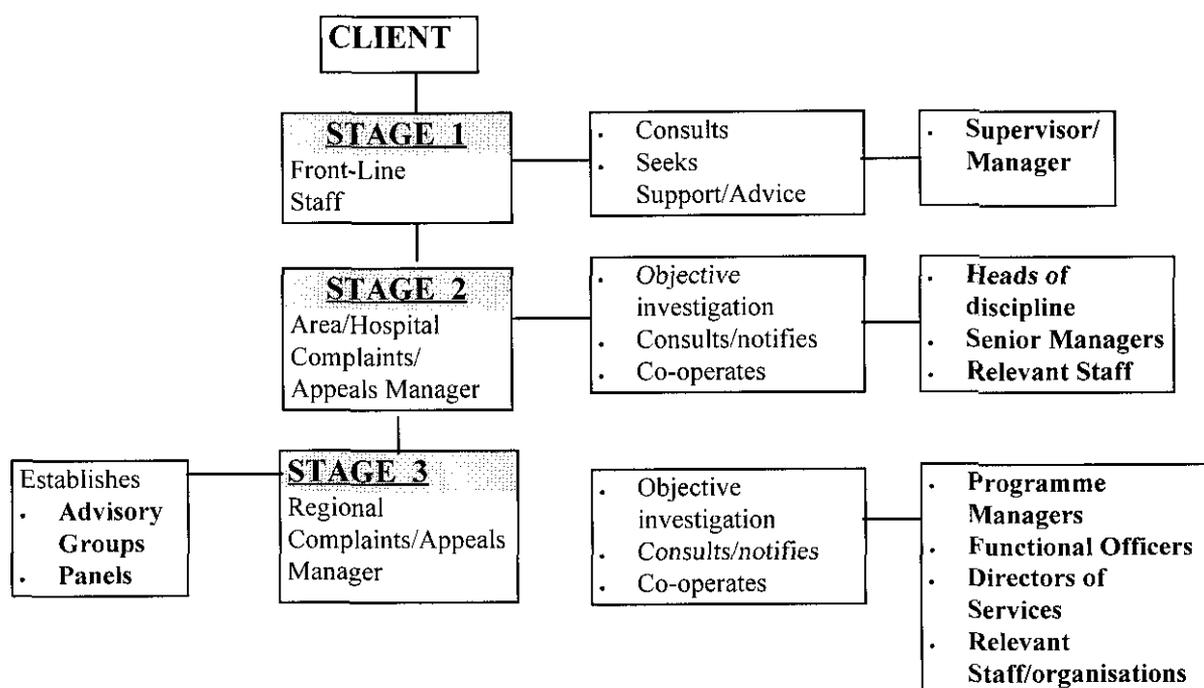
Conclusions:-

- **Complaints and appeals while by definition are different, have a common dominator in that a client feels dissatisfied and wants redress.**
- **An effective system must be simple, streamlined common to all services, accessible, fair to staff and clients, objective and give results to clients.**
- **An effective system cannot stand alone. It is intricately linked with an organisations overall strategy of quality improvement and development of a customer service ethos.**
- **An effective system must ensure staff empowerment, training and support systems.**
- **A complaints system should not be a defensive response to the identification of a fault of deficiency but can be a positive means of promoting customer satisfaction and identifying opportunities to improve services.**
- **There are sound reasons for an organisation to have a complaints procedure:-**
 - * **citizens rights**
 - * **customer involvement in public sector organisations**
 - * **promoting customer satisfaction and customer service**
 - * **a resource to assist in addressing structural and service deficiencies in public service organisations.**
 - * **a resource to assist in resource allocation, prioritisation, planning and quality assurance.**

Chapter 6

Recommendations:

1. That the Eastern Health Board, as part of the further proactive development of a customer service ethos throughout its health and personal social services, establish a formal, streamlined complaints/appeals procedure common to all services.
2. That the Eastern Health Board centralised Customer Service Department continues to provide a specialised information and advice centre for all clients.
3. That all existing and proposed Eastern Health Board locations be further developed to provide a comprehensive local client information and advice centre with specific emphasis on information provision particular to local services.
4. To facilitate the implementation of a new Eastern Health Board complaints/appeals procedure common to all services, existing procedures to be examined, analysed and redefined so that they can be streamlined and channelled through the following procedure:



Stage 1 Front-line staff make every effort to resolve problems with the assistance, support and co-operation of their supervisor/manager. *Where issues/problems are not resolved at stage 1 clients can then make a complaint or an appeal.*

Stage 2 Client makes a complaint or an appeal to the local area or hospital Complaints/Appeals Manager.
The following staff to be nominated as complaints/Appeals Manager locally:

Community Care Programme: Area Administrators

Special Hospital Care Programme: Nominated Senior Manager

General Hospital Care Programme: existing Complaints Officers and complaints committee established under the Charter of Patients Rights.

Aids/Drugs and Homeless Service: Area Managers

Aim to resolve most complaints/appeals at this stage.

Stage 3 Where clients are not satisfied with the outcome at Stage 2 they can make a complaint or an appeal to the Regional complaints/Appeals Manager. The existing Supplementary Welfare Appeals Officer's duties and responsibilities to be extended to include those of the Regional Complaints/ Appeals Manager.

Clients will be advised of their right to complain to the Office of the Ombudsman, if above procedure does not resolve the issue to his/her satisfaction.

Role and responsibilities of the Regional Complaints/Appeals Department:

- reports directly to Chief Executive Officer.
- proactive development of a customer service ethos throughout the Eastern Health Board in conjunction with the existing centralised Customer Service Department.
- investigates complaints and appeals in consultation with and with the co-operation of Programme Managers, Functional Officers, Directors of Services, relevant staff and relevant organisations as appropriate.
- establishes panels to investigate complaints and appeals as appropriate which may include independent lay or professional members.
- establish advisory/user groups representing clients who will take a proactive role in the further development of services.
- ensures implementation of decisions.
- analysis of data and as a result, provision of reports recommending policy changes, service improvements, quality initiatives etc.
- management, monitoring and evaluation of complaints/appeals systems and procedures.
- training and development of relevant staff on complaints/appeals procedures.
- establishing procedures and protocols for dealing with complaints appeals encompassing the key principles of an effective complaints/appeal procedure including emphasis a local resolution.
- development of staff support and counselling procedures.
- feedback to staff at all levels and to clients.

Role of: Area/Hospital Complaints/Appeals Manager

- investigates complaints/appeals at local level in consultation with and with the co-operation of relevant heads of discipline, staff and organisations.
- insures implementation of decisions.
- provide information and data on all complaints/appeals to Regional complaints appeals department.

Role of: Front-line Staff

- deals with initial inquiry from client.
- if necessary consults supervisor/manager to resolve complaint.
- records comments and complaints as appropriate.

Fast track system: certain cases would be referred directly to the Area/hospital Appeals/Complaints Manager or Regional Complaints/Appeals department as necessary.

5. That the Eastern Health Board Regional Complaints/Appeals Department establish

- **Training programmes on complaint handling and investigation procedures for relevant staff.**
- **Customer service training programmes and refresher programmes for all staff.**
- **Staff support and counselling systems.**
- **Protocols for access, recording, screening of and evaluation of complaints/appeals procedures.**

6. That the Eastern Health Board Regional Complaints/Appeals Department establish a publicity campaign including media coverage, leaflets, posters and other relevant material on the new complaints/appeals procedure.

7. That voluntary organisations who have service agreements with our Board have similar procedures in place.

Note:

Freedom of Information Act

Under the proposed freedom of information act our Board will be obliged to establish an internal appeals system. Consideration should be given to this when establishing any new complaints/appeals system.

Chapter 7

Implementation Plan

1. Consultation process with staff.

- A series of seminars outlining the new complaints/appeals procedures to be arranged. All heads of disciplines to be invited. They in turn will brief their own staff. Seminars will be arranged in line with those held for the launch of the National Health Strategy. **8 seminars to be arranged.**
- A series of meetings to be held with groups of senior managers who will be nominated as Area/hospital Complaints/Appeals Manager. **4 meetings to be arranged.**

Note: a representative from the Office of the Ombudsman will be invited to participate at the above seminars.

2. Consultation Process with Unions.

This is a particularly important element of the implementation plan, as cooperation from union groups is crucial to the success of the new procedures. **2/3 seminars to be arranged to which all unions will be invited.**

3. Staff Training Programmes.

- **Complaint handling and investigation procedures.**
Staff training programmes for Area/Hospital Complaints/Appeals Managers and staff of the Regional Complaints/Appeals Department to be designed and arranged. 60 staff approximately. **4 x 2 day training programmes Cost £6,500.**
- **Customer service training programme.**
The existing in house customer services training programme to be further developed and implemented for all staff as appropriate.
- **Staff counselling and support programme.**
This programme will be put in place with the assistance of our Board's staff counsellor following the implementation of the new complaint/appeals procedure. Its objective will be to provide support and assistance to staff when complaints are made about them.

4. Design of forms etc. for new procedures.

Design and put in place protocols and guidelines for dealing with complaints and appeals, recording complaints, time limits, forms, computer database etc.

5. Advertise and interview for Regional Complaints/Appeals Manager and Deputy Complaints/Appeals Manager.

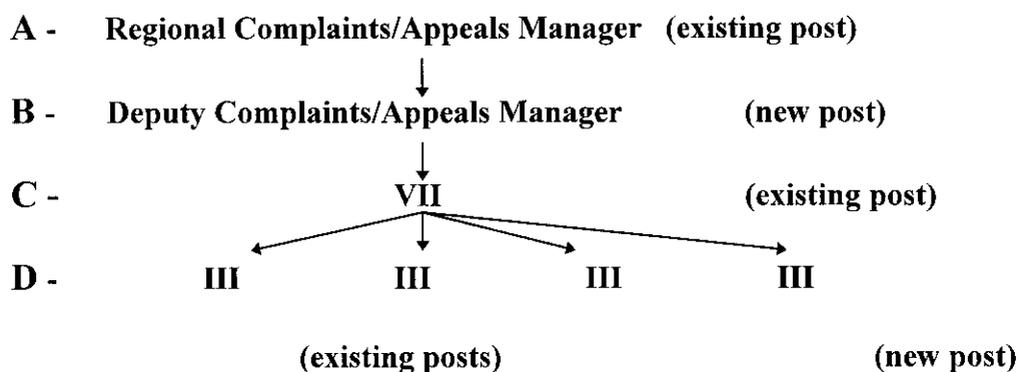
Job descriptions to be drawn up.

6. Publicity Campaign

This is one of the most important elements of the new Complaints/Appeals Department. The new procedure will not succeed unless our clients are aware of it. Therefore the initial publicity campaign is very important. Leaflets, posters and media coverage on a continuous basis will also be essential. Launching the new procedure i.e. official launch, radio/TV interviews etc. will not have any cost implications. However advertising in three public press publications would cost approximately £4,000. Design and printing of leaflets and posters would cost approximately £3,000. A full publicity strategy will be discussed and decided at a later stage.

7. Structure and Staffing levels:

Structure of the Regional complaints/appeals department.



A -Regional Complaints/Appeals Manager at Senior Administrative Officer level. (Existing Supplementary Welfare Appeals Officer post). Duties as outlined in interim report plus duties of Data Protection Officer including overall responsibility for all complaints and appeals.

Note: The European Union Directive 95/46/EC on the protection of individuals with regard to the processing of personal data and on the free movement of such data, will have resource implications of the Data Protection Officer. In addition, the Regional

Manager's duties could be extended to fulfil one of the requirements under the proposed Freedom of Information Act which indicates that an internal appeal process will have to be established.

B - Deputy Complaints/Appeals Manager.

This post would be dedicated to dealing with Supplementary Welfare appeals. A full time post for Supplementary Welfare Appeals needs to be maintained (3,000 appeals approximately dealt with per annum)

In addition the proposed legislative changes which will give a right of appeal to the Social Welfare Chief Appeals Officer has resource implications for the Supplementary Welfare Appeals Officer, (e.g. attendance at oral hearings estimated at approx. 100 per annum, submissions to social welfare Appeals Officers, preparation of cases etc.) This additional workload would be facilitated by the Regional Complaints/Appeals Officer and the Deputy Complaints/Appeals Officer.

This post would also fulfil the Department of Social Welfare's requirement to appoint a substitute Appeals Officer.

The Deputy Appeals Officer salary scale should be commensurate with the salary scale of Superintendent Community Welfare Officer or Grade VIII level in view of the responsibilities of the post

C - Grade VII (upgrade existing VI post in Supplementary Welfare Appeals Department)

Duties

- (1) General office manager dealing with Supplementary Welfare appeals and complaints/appeals for all other services.
- (2) Proactive development of a customer service ethos e.g.
 - (a) development of local information and advice centres with specific emphasis on information provision.
 - (b) training officer for customer service courses

D - Grade III Officer

There are three grade III officers in the Supplementary Welfare appeals dept. One additional post of Grade III officer should facilitate the additional workload involved, between the Supplementary Welfare appeals office and the new centralised complaints/appeals department.

Note: A comparable department is the Social Welfare Appeals Office. This office handles 12,000 appeals per annum and has a staff of one Chief Appeals Officer, 12 Appeals Officers at assistant principal level and 28 clerical and administrative staff.

8. Resources Required:

The net cost of implementing the new complaints/appeals procedure is summarised as follows:

- staff training programme: £6,500
- publicity campaign £7,000
- equipment/furniture/upgrading office facilities £25,000
- additional staffing requirement, 2 posts £42,400

Total cost **£80,900**

9. Implementation Plan: Time Scale:

The first task of the Regional Complaints/Appeals Manager, when appointed, will be to draw up a detailed time scale for a phased implementation plan.

Chapter 8

Appendix :

Literature Review

The objective in conducting a literature review was to establish:-

- 1) A definition of complaints and appeals.
- 2) The principles and objectives of an effective complaints/appeals system.
- 3) The reasons for establishing a complaints/appeals system.
- 4) The objectives of complainants.

The following literature was reviewed;

- Devising a complaints system by the Local Government Ombudsman, Great Britain, February 1992.
- Journal of the Institute of Public Administration Vol. 44 No. 4. 1996/7, article by John Doyle.
- A review committee an National Health Services complaints procedures “Being Heard”; Professor Alan Wilson, May 1994.
- Annual Report of the Ombudsman, 1994, Mr. Kevin Murphy.
- Statement of strategy 1997 - 1999 by the Ombudsman, Mr. Kevin Murphy, January 1997.
- Results of a survey carried out by Portsmouth and South East Hampshire Health Commission.

1) Definition of complaints/appeals:

A complaint is defined as “an expression of dissatisfaction, however made, about the standard of services, actions or lack of action by an organisation or its staff affecting an individual customer or group of clients”.

An appeal is defined as “an application to a higher authority for a review of a decision”.

An appeal can be “an internal review, i.e. an appeal to a higher placed official within the authority”.

2) Principles of a good appeals/complaints procedure:

The principles of a good complaints system should be:-

- “easily accessible and conspicuous to users of services,
- simple to invoke and operate with the stages clearly set out and responsibility clearly allocated,
- quick, offering prompt action and speedy resolution according to predetermined time limits,
- objective, including provision for independent investigation from outside the department concerned if necessary,
- confidential in that it will protect the complainants privacy (although anonymous information about complaints may be publicly available in monitoring reports),
- comprehensive with principle and key features which apply to all departments, notwithstanding that there may be individual departmental variations in the light of legislation or operational requirements”.

An effective complaints system should provide:-

- “a straight forward means for clients or those acting on their behalf to make a complaint,
- a procedure for investigating a complaint ,
- a means of keeping the complainant informed about progress as well as the eventual outcome,
- redress where complaints are found to have substance,
- a means of ensuring that action is taken to prevent a recurrence of identified problems,
- feedback to departments and management so that the pattern and frequency of complaints can be taken into account when decisions are being made on resource allocations, prioritisation, planning and quality assurance”.

The following key principles should be incorporated into any complaints procedure:-

- “responsiveness,
- quality enhancement,
- cost effectiveness,
- accessibility,
- impartiality,
- simplicity,
- speed,
- confidentiality,
- accountability”.

Other recommendations included:-

- there should be a common system for all complaints.
- the complaints systems be widely published.
- staff should be empowered to deal with complaints about services which they provide.
- that staff training and support for both staff and complainants is essential.
- that monitoring and evaluation be incorporated into the system and information derived be incorporated into quality review mechanisms.
- organisation regularly established what their users think about their handling of complaints.

3) **Reasons for establishing a complaints/appeals process.**

“citizens or users of public services for their part have the following rights:-

- the right to be heard.
- the right to receive sufficient information.
- the right to assistance and representation.
- the right to be given reasons.
- the right to be told what remedies are available to them.

In discussing concepts of quality in Public Administration, the Ombudsman states that his office will help to *“ensure that proper complaints procedures and appeals mechanisms become part and parcel of the developing relationship between public service providers and their clients.”*

The main reason for having a complaints system are:-

- “individuals are now more aware of their right to voice critical comments and suggestions for improvement.
- increasing emphasis is being given by public bodies to providing service to the highest affordable standard.
- greater emphasis is being given to the importance of promoting and developing customer care.
- as an integral part of customer care policy and quality assurance programme a complaints system can show that an organisation cares.
- a complaints system need not be a defensive response to the identification of a fault of deficiency but can be a positive means of promoting customer satisfaction and identifying opportunities to improve services.
- it is a fundamental principle of recent documents on citizens rights established by the government (Great Britain) that local authorities/public sector should have clear and well publicised complaints procedures.
- lessons learned from the investigation of complaints can be used to improve services”.

4) Objectives of complainants

“many complaints occur because of poor communications between the organisation, their staff and the public. Others arise because information about an organisations services is not clearly and widely publicised”

“basically, people start out with a problem, its only when the problems don't get tackled effectively that they turn into complaints”

People do not find complaining easy but most have a single objective - to ensure that someone else did not suffer the same problems. What most complainants want is a system which:-

- removes anxiety and fear from expressing concerns.
- involves complainants.
- takes matters seriously.
- offers genuine sensitive communication.
- includes careful listening to ensure concerns are understood.
- guarantees impartiality.
- offers clear concise answers.
- is open and honest.
- ensures action to improve services.

“At the heart of many of the complaints I (Ombudsman) receive is the question of access to information”. “There is a clear onus on public bodies to work actively to disseminate information.”

Conclusions:-

- **Complaints and appeals while by definition are different, have a common dominator in that a client feels dissatisfied and wants redress.**
- **An effective system must be simple, streamlined common to all services, accessible, fair to staff and clients, objective and give results to clients.**
- **An effective system cannot stand alone. It is intricately linked with an organisations overall strategy of quality improvement and development of a customer service ethos.**
- **An effective system must ensure staff empowerment, training and support systems.**
- **A complaints system should not be a defensive response to the identification of a fault of deficiency but can be a positive means of promoting customer satisfaction and identifying opportunities to improve services.**
- **There are sound reasons for an organisation to have a complaints procedure:-**
 - * **citizens rights**
 - * **customer involvement in public sector organisations**
 - * **promoting customer satisfaction and customer service**
 - * **a resource to assist in addressing structural and service deficiencies in public service organisations.**
 - * **a resource to assist in resource allocation, prioritisation, planning and quality assurance.**