



people matter

Complaints matter

***‘A COMPLAINT IS AN EXPRESSION OF DISSATISFACTION
THAT NEEDS A RESPONSE’***

A FRAMEWORK FOR THE ENHANCED AND EFFECTIVE HANDLING OF COMPLAINTS
IN THE EASTERN REGION

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Introduction

The purpose of this document is to set out a framework for handling complaints. The central principle in developing this framework is the belief that people matter. Providing a satisfactory response to those who complain is foremost. The recognition that each complaint provides an opportunity for organisational learning and improvements in the quality of services has also significantly influenced the development of the proposed framework.

In June 2001, the Authority undertook a comprehensive review of Complaints Procedures, Protocols and Appeals in the region. A working group was appointed (see Appendices 1 and 2 for membership and terms of reference) and an interim report was produced in September 2001. A core objective of the review was to set the goals, establish the structure and examine the processes for implementation of an improved complaints system in the eastern region. This document is the realisation of that objective.

The handling of complaints provides an opportunity to put things right for the complainant and their families and to improve services. Additionally, complaints can provide useful means of monitoring the quality of services. Constructive comments and suggestions provide a useful insight into existing problems and offer new ideas that can be used to improve services. It is very important to promote the ethos of improvement and quality and avoid any tendency to blame and suggest failure in the handling of complaints. A positive rather than a defensive response to handling complaints should be encouraged. Dealing with complainants provides an opportunity to establish a positive relationship and to develop an understanding of their needs and concerns.

The vulnerability of patient/clients, and their families should be sensitively understood and appreciated by health professionals. In many cases, people feel anxious and emotional about their care and treatment and the health service environment can feel strange and unfamiliar in such circumstances. However, it should be acknowledged that most people who use the health service are very satisfied with the care and treatment they receive and benefit from the kindness and dedication of the staff who look after them.

As part of the review, the Authority commissioned a survey to establish people's experiences and expectations of health services (appendix 5). The survey findings show a high level of satisfaction with the care and treatment provided to patients/clients in the region. The commitment, dedication and kindness of staff is acknowledged and valued by people who use health services in the region.

However, there can be instances where standards of care, treatment and practice are perceived to fall short of that which is acceptable to patient/clients and their families. In such circumstances, it is important that the complainant has ease of access to an effective and fair procedure to deal with their situation. It is also very important that the complaint is taken seriously and furthermore, impartially and thoroughly investigated. The findings of the *People Matter* survey show that some 7% of those interviewed had made a complaint about their care and treatment with a significant

proportion expressing dissatisfaction with the handling and outcome of their complaint. More than 50% of those who expressed dissatisfaction with the outcome of their complaint indicated that there was either no response, or the complaint had not been resolved in their opinion. Among the suggestions for improvement, complainants most frequently mentioned the need for complaints to be acknowledged and acted on, the need for a speedy response and a wish to be kept informed of progress.

A people centred health service helps individuals to participate in decision making and supports, empowers and encourages them to have an increased involvement. This vision promotes transparency and accountability, encourages a '*let us know*' culture and places a high value on treating people with dignity and respect.

To support the implementation of this vision a number of initiatives are underway as part of the 'person centred' approach to handling complaints in the Eastern Region.

- The implementation of improvements suggested by the findings of the *People Matter* survey is under consideration (Appendix 5)
- Two Staff Training Courses have been organised for staff dealing with complaints in the Region and further courses are being planned (appendix 6)
- An Advocacy Framework is to be launched later this year (appendix 7)
- A Customer Services Action Plan is currently being developed (appendix 8)
- A Regional Database to support the process of handling complaints.

The Health (ERHA) Act 1999 obliges the ERHA to plan, arrange for and oversee the provision of services within its functional area, and put in place systems and practices to enable it to monitor and evaluate services. This empowers the Authority to establish a comprehensive complaints and appeals procedure and customer services. It further empowers the Authority to be an advocate for the needs of the population in the region. The inclusion of performance indicators will measure the effectiveness of these procedures. The Authority is subject to the jurisdiction of the Ombudsman by virtue of the Ombudsman Act 1980.

The delivery of health services in the Region is provided by 39 statutory and voluntary service providers which are funded directly by the Authority. In addition, there are over 400 indirectly funded organisations, delivering health services in the Region. Some 38,000 staff is employed to deliver these services to a population of over 1.4 million. Complaints made by patient/clients and their families dissatisfied with the service they receive are dealt with by staff in the statutory and voluntary

providers throughout the Region. Population figures show that the Region is becoming more cosmopolitan. People of different cultures are settling here and this number is expected to increase. Service Providers need to sensitively deliver services which accommodate cultural differences and overcome language difficulties for patient/clients and their families.

Framework for Complaints Handling in the Eastern Region

In the course of the review, a number of issues were identified as being relevant to the establishment of an enhanced complaints procedure. These include:

- Strengthening local resolution
- Staff training and qualifications
- Developing a shared Framework and approach for the review of complaints unresolved through local resolution
- Effective publicising of complaints procedures
- IT regional Database to support the process of handling complaints
- Addressing advocacy issues.

A workshop was convened to develop a shared framework and common approach to addressing unresolved complaints throughout the Eastern Region. Membership of this group is contained in Appendix 3.

The proposed framework embodies the principles of equity, quality, accountability and people-centredness as outlined in “Quality & Fairness: A Health Service For You” (2002). It draws on best practice from other countries and sets out to build on existing good practice in the Eastern Region to develop a framework appropriate to all 39 agencies.

Improving on current practice

Whilst there are many examples of good practice by individuals and provider organisations in the region, the obvious need to address a number of issues pertaining to the current situation led to this proposal. These issues include:

- Variation in internal investigative abilities and powers across organisations means that complaints handling is not equitable in the region.
- Complaints managers may find it difficult to conduct impartial investigations where senior members of staff are implicated
- Complainants should have right of access to an independent review and are not always offered this option.
- There is a need for a filtering process between organisations and the Ombudsman’s office.
- Complaints that have failed to be resolved at a local level are currently being directed to the Authority and the Department of Health and Children.
- Complainants who make a complaint about a service received from a voluntary organisation do not have access to the Ombudsman’s office (currently Voluntary organisations fall outside the Ombudsman’s jurisdiction).

Aims of the framework

Most importantly this framework focuses on people and the understanding that people who make a complaint generally want:

- Their complaint to be heard promptly;
- Their complaint to be handled efficiently and sympathetically;
- To receive an apology for poor service or where a mistake has occurred;
- To be assured that the organisation will take steps to prevent a recurrence of the problem.

The framework is guided by the following aims:

- To acknowledge the right of each individual to make a complaint and to enable them to do so
- To strengthen local resolution
- To create an ethos of independence
- To enable learning for healthcare organisations and their staff
- To achieve equity for complainants throughout the Eastern Region
- To develop, strengthen and standardise customer service and advocacy.

Framework Principles

A key consideration in the development of this framework is adherence to the 'Principles of effective complaints systems' as agreed and set out in the Interim Report of the Working Group. These principles are:

- *Simple to understand and use*
A complaints system should make it easy for people to make complaints. A simple explanation of how to make a complaint and the procedures that will be followed in dealing with the complaint forms the basic component of an effective complaints system.
- *Speedy*
Complaints are often exacerbated by long and complicated responses to the complainant. It is important that complaints are dealt with in a timely manner and that there is an immediate response to the complainant.
- *Keeping people informed of progress*
Long periods where there is no communication from the organisation to the complainant and where the organisation makes it difficult for the complainant to find out what is happening can be very frustrating for the complainant.

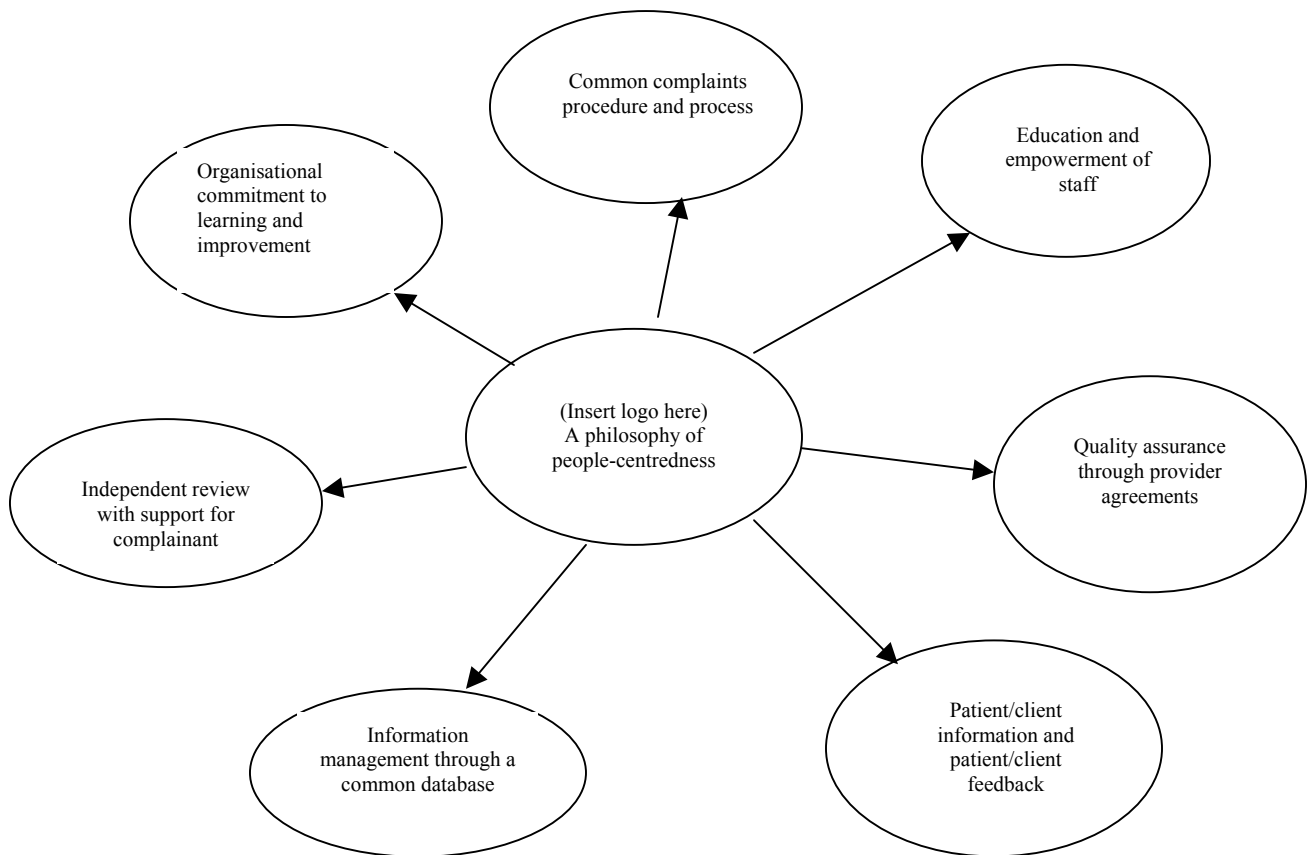
Hence there is a need for regular communication to keep the complainant informed of progress.

- *Listening to people*
Complainants on the whole do not find it easy to make a complaint about their care and treatment. It is important that we value their perspectives and take every complaint seriously.
- *Confidential*
Confidentiality is a primary consideration both for the complainant and where relevant for the member of staff against whom a complaint is made.
- *Informative*
A good complaints system should:
 - Provide the complainant with accurate information about what happened and a clear explanation for why this happened;
 - Provide staff with clear guidelines on how to improve the service.
- *Fair*
The complaints handling process should be implemented without fear favour or prejudice towards the complainant, the person who is the subject of the complaint or the service. Procedures and outcome should be fair and be perceived as fair by both the complainant and, where relevant, staff who are the subject of a complaint.
- *Effective*
The complaints procedure should be capable of thoroughly investigating complaints to the satisfaction of the complainant and should result in the resolution of the majority of complaints received.
- *Regularly monitored and audited to make sure it is effective and improved*
Complaints provide opportunities for improvement. The system for handling complaints should also be subject to regular review and improvement and the feedback should improve the quality of services for the patient/clients.

Components of the Framework

The main components of the proposed framework are outlined in Figure 1.

Figure 1: Framework Components



A philosophy of people-centredness

The *Health Strategy* states – ‘**A people-centred**’ healthcare system of the future will have dynamic integrated structures which can adapt to the diverse and changing needs of society generally and of individuals within it. These structures will empower people to be active participants in decisions relating to their own health’.

This changing context of healthcare establishes a view of the patient as an active participant rather than a passive recipient. Traditionally the patient/client has been viewed as an external entity. Until recently, patients have not been encouraged to articulate their needs or exercise influence over the decisions that affect the services they receive. However, this is giving way to a new recognition of the centrality of the patient. In this climate patients seek a new vision of care firmly established on the important principles of respect, dignity and choice.

This ushers in an era of new partnerships, which are socially inclusive. The partnerships seek to achieve a satisfactory blend of professional, managerial and service user perspectives and each perspective is important in the determining of needs. The outcomes of these partnerships promote service integration and cross-

departmental initiatives, the development of links with other information giving bodies and build and strengthen the relationships between voluntary and statutory providers.

Organisational commitment to learning and improvement

Organisational commitment, demonstrated by fully embracing the philosophy ‘People matter’, is the central tenet of the proposed framework and common approach to handling complaints. People who complain provide us with opportunities to improve. Organisational learning ought to be a strong feature in any complaints system. Continuous cycles of feedback, learning and improvement will be incorporated as part of this framework (see appendix 4). There will be a requirement on every organisation to institute feedback loops that encourage staff learning and service improvement. Regular updates and training for staff should also be in place. The potential for organisational learning and the actual improvements in services as a result of this learning will be audited on a regular basis by the Authority.

Improvement in services and in how we communicate and interact with patient/clients will reduce the number of complaints in the future. Additionally learning from experiences of processing complaints is equally important as it affords us the opportunity to understand the perspective of complainants and consequently improve our responsiveness and become truly people-centred.

Common complaints procedure and process

Equity and fairness for the complainant and for the person who is the subject of a complaint are the drivers for establishing a common complaints process across the region. A variety of approaches result in variations in the ease or difficulty a complainant experiences in making a complaint. Such variation also influences all parties’ perceptions of fairness not just in the process but also in the outcome.

A shared understanding of the rights of complainants and a common approach to ensuring those rights are met should result in a quality complaints system right across the region. The proposed process and common pathway for all complaints in the region is illustrated in appendix 4.

Access to independent review

Complainants need to have confidence in the complaints handling system in order to feel it is worthwhile making a complaint. Access to independent review inspires confidence in the system as it demonstrates the organisation’s desire to resolve the complaint as well as its willingness to engage in an open and transparent process. Whilst some systems currently in operation in the region have an independent review component, most do not. It is important that all complainants have access to independent review as a fundamental right.

The proposed framework provides access to independent review through the Chief Executive of the organisation where the complaint is received. Some European systems have introduced an additional process of independent review that is removed

from the organisation where the complaint has been received. This framework differs from these in that it does not fully separate this independent component of the review from the local resolution phase. The rationale for this is to maximise the potential for each organisation to satisfy the complainants' expectations and additionally to maximise organisational learning through clear reporting and feedback mechanisms.

Quality assurance through service agreements

Standardisation of the complaints handling process at local level can best be achieved through the development of the existing service agreements between the Authority and each of the service providers in the Eastern Region. These new agreements will be legally binding and will serve to ensure adherence to a common approach. This should result in greater equity for the people of the Eastern Region as well as addressing the issue of access to an independent review.

The agreement between the Authority and each of the providers in the Eastern region should include the following:

- A set of principles with emphasis on creating an ethos of independence.
- A comprehensive checklist of policies and procedures to be followed. These should include procedures to i) acknowledge receipt of complaints, ii) inform parties of the progress of the investigation and iii) finalise and communicate the outcome; all within agreed timeframes.
- A definition of the scope of complaints appropriate to local resolution.
- Clearly identified persons responsible for the management of the complaints handling process with the authority to conduct investigations and resolve complaints. Additionally a requirement for local resolution to have direct involvement by the Chief Executive or the involvement of someone appointed by the Chief Executive at senior level.
- In the case where a complainant is dissatisfied with the outcome of an investigation by a complaints manager, the provider organisation is required to undertake an internal review chaired by an external independent chairperson sourced from a panel provided by the Authority.
- A requirement for all complaints managers to complete an agreed Complaints Handling course provided by the Authority
- A requirement for Chief Executives and senior management of all provider agencies to attend a briefing on the new framework and approach.
- A comprehensive set of processes, supporting documentation and a data collection system for:
 - Receiving, acknowledging and documenting complaints

- Documenting the complainant's perceptions and expectations regarding the outcome of the complaint,
- Supporting complainants through the complaints process
- Supporting staff who are the subject of a complaint
- Keeping complainants and relevant staff regularly informed of progress
- Monitoring performance against response timeframes and taking corrective action.

The Authority, given its remit under the Health (ERHA) Act 1999 to monitor and evaluate services, can periodically audit provider agencies complaints files to ensure they are adhering to the agreed principles and procedures.

Education and empowerment of staff

An education and training programme for complaints managers and all front line service providers will be developed with the aim of supporting the development of skills in complaints handling. This programme will include:

- Information on the Complaints Framework and the complaints policies and procedures.
- Communicating with complainants
- Interpersonal skills
- Investigative skills
- Conflict resolution skills
- Listening skills
- Cultural awareness
- Provision for groups with special needs

Staff should also be regularly updated on their responsibilities under relevant legislation, codes of practice etc.

Information management through common database.

Information management is a key component of organisational learning. The collection of reliable data on complaints received and the outcome of the investigative process as well as the complainants, level of satisfaction with the complaints process and outcome is necessary in order to monitor progress and improve services. Common recording procedures through shared protocols will be established and service providers will be required to collate this data and include it in the regional database of complaints. The data pertaining to each provider organisation will also be reviewed on a regular basis by the provider and the information will be incorporated into the learning and feedback loops within the organisation.

Patient/client information and feedback

Patients/clients will be informed about the complaints system through a range of media at all points of entry to the service. The information should be clear and simple to understand and should be provided both verbally and in writing without the necessity for the user/client to request the information. This information should include:

- Patients/clients' rights
- The Patient/client's right to complain
- The various options available for making a complaint
- Names and contact details of Complaints manager
- Procedures for complaints resolution locally including timeframes for response
- The right to request an independent review and how this can be pursued
- Supports available to complainant
- An assurance that confidentiality will be maintained

A freephone number will be provided by the Authority to serve as an information source on contacts within each of the provider agencies and to inform callers about the complaints procedures in the region.

Patient/client feedback on the service and the complaints system will be sought on a regular basis. This feedback will be incorporated into the organisational learning loops and the resulting improvements in the service.

Steps in the Complaints Process

The Complaints process will have three distinct steps:

1. Local Resolution

The simplest definition of local resolution is the resolution of the complaint at a local level to the satisfaction of the complainant. 'Local' refers to resolution by staff directly involved in the delivery of the service with which the complainant expresses dissatisfaction and/or the resolution of that complaint by a designated complaints manager.

Standard guidelines will be developed for this stage to be adhered to by all agencies in the region. A standardised complaints record will also be introduced so that similar documentation is produced for each individual complaint within the region.

The Complaints Manager should carry seniority and responsibility and the designated person in this role will be required to undertake a standardised programme of training provided by the Authority in order to hold the title of Complaints Manager.

Complaints that are unresolved will proceed to Independent Review.

2. *Independent Review*

The Independent Review stage is not well developed throughout the region and it was agreed that Complaints Handling could be considerably strengthened by introducing a common independent review system for all organisations in the Eastern Region.

Where a complaint remains unresolved or the complainant is dissatisfied with the response from the Local Resolution process the complaint will be referred to the Chief Executive of the organisation/provider agency. If the complainant is dissatisfied with the response of the Chief Executive he/she may request an independent review. The Chief Executive will then establish an Independent Review to further investigate the complaint. All documentation relating to the complaint will be passed on to this Independent Review.

The Authority will establish a small panel of Independent Chairpersons (people of considerable experience and wisdom who have no involvement with any of the organisations to whom the complaint pertains). Each provider organisation will be required to select a chairperson from this panel to chair their Independent Reviews pertaining to complaints that have failed to be resolved by the complaints manager and the Chief Executive. The Authority will also provide a panel of Independent Experts e.g. consultants, nurses etc. that the chair may call upon when such expertise is required. This ensures an element of peer review in the system.

The Independent chairperson will establish a review panel from a number of relevant experts on the expert panel. A support service will also be provided to prepare the complainant and guide him/her through the independent review process.

Empowerment and Support of Patients/Clients and their Families

The Authority will endeavour to provide the necessary supports for complainants and their informal carers to enable them to effectively use the complaints procedures. In the case of particularly vulnerable individuals additional support will be made available.

3. *Ombudsman*

If a complaint remains unresolved following Independent Review the complainant may refer their complaint to the Ombudsman. It is expected that the Ombudsman's jurisdiction will be extended to include all health agencies both statutory and voluntary.

Redress

The Department of Health and Children is in the process of drafting legislation in relation to the issue of redress. It was noted that any provision in legislation should facilitate a scheme of redress for those agencies such as the Area Health Boards who are not enabled to introduce such a scheme under current legislation. However, it is important that the legislation does not prove restrictive to those agencies that already have a system for redress.

It is strongly recommended that provision be made in the proposed legislation to allow health agencies to consider the issue of redress along nationally approved guidelines in line with best practice in complaints handling and the principles of the Office of the Ombudsman.

Benefits of the Proposed Framework

This framework should result in considerable improvements in the handling of complaints in the Eastern Region including:

- A co-operative ethos of dealing with complaints together through an agreed system of independent and peer review
- A Standardised approach to complaints handling throughout the region resulting in greater equity for the patient/client
- A Simpler process makes it easier for patient/clients to make complaints
- Minimising length of time to resolution
- Common principles and procedures that ensure a standard comprehensive complaint record and make the task of the Authority audit and the Ombudsman (should the complaint reach this stage) easier.
- Independent chairing of reviews that introduces an objectivity and fairness for the complainant and the person against whom the complaint is made.
- Training for complaints managers that will increase their investigative skills.

Implementation of the Framework

The framework will be implemented in the 2003-2004 financial year. Implementation will take place in four phases.

Phase 1

Written policies and procedures

The development of standardised policies and procedures for Stages 1 and 2 of the complaints handling system forms the first step in implementing the proposed framework. There is clear evidence that early resolution of complaints results in the best outcomes. Strengthening local resolution should therefore be a high priority in enhancing any complaints system. Building on existing good practice and feedback from complainants to develop an evidence-based approach to handling complaints is a key component of this framework. Equity and accountability will be improved through the introduction of standardised policies and procedures across the region. These policies and procedures will be user-friendly and accessible to all staff and

complainants. A Handbook for Complaints Managers will detail protocols and procedures to be followed and provide standardised forms for recording complaints.

Organisational Learning

The inclusion of procedures for capturing the learning from complaints will serve to further enhance the local resolution stage of complaints handling. Organisational learning will be encouraged through the requirement for regular feedback to those directly implicated or affected by the complaint and through the development of a regional database of complaints from which the Authority will provide regular reports.

Development of written agreements between the Authority and providers.

An agreement will be put in place between the Authority and each of its 39 providers. This agreement will clearly state the agreed standards and requirements of the Complaints Handling Framework, as well as the minimum requirements in terms of awareness of the framework and the staff training required for effective operation of the new framework.

All components of Phase 1 will be implemented by September 2003.

Phase 2

Chief Executive briefing session

Following the production of the necessary documentation for the Complaints Framework a briefing session will be arranged by the Authority for Chief Executives of the 39 provider organisations. The purpose of this briefing session will be to ensure all provider organisations understand the purpose of the Framework and the benefits it will bring, not just for complainants but also for individual provider organisations and their staff. Roles and responsibilities of the Complaints Managers, the Chief Executives of provider organisations, and the Authority will be clearly stated. Chief Executives will also be informed of the requirements placed on each party by the written agreement.

Training for Complaints Managers

Whilst recognising that several provider organisations have very experienced Complaints Managers, the introduction of this new Framework is dependent on all Complaints Managers undertaking a common training programme that familiarises them with the new system and their roles and responsibilities in their interactions with complainants, the recording of complaints and the provision of feedback that supports organisational learning.

Phase 2 will be implemented by December 2003

Phase 3

Incorporation of agreement into service plans

The agreement between each service provider and the Authority will be legally binding and will be incorporated within the organisation's Quality Assurance plans

forming part of the annual service plan submitted by each provider organisation to the Authority.

Development of audit mechanism and tools

The Authority has responsibility for monitoring the quality of services in the region. Monitoring the quality of the Complaints system and individual organisation's adherence to the annual agreement will form part of the Authority's Quality assurance plan. Quality monitoring of the complaints system will have the following components:

- Auditing a sample of complaints records to ensure adherence to the standardised policies and procedures;
- Audit of trends in the database to determine percentage of complaints successfully resolved locally;
- Periodic review of service providers' awareness and understanding of the complaints handling system.

An appropriate audit protocol and audit tools will be developed to enable the Authority to conduct audits throughout the region.

Phase 3 will be implemented by March 2004.

Phase 4

Review/evaluation of system

Assuming the system is in place by the end of 2003, an evaluation will be planned for December 2004.

Implementation Timeframe

	Jun-Sept 03	Oct-Dec 03	Jan-Mar 04	Apr- Jun 04	Jun-Dec 04
Phase 1	XXXXXX				
Phase 2		XXXXXX			
Phase 3			XXXXXX		
Phase 4					XX

APPENDIX 1

Membership of Working Group

Alastair Graham	ERHA	Chair (on behalf of ERHA)
Pat Bennett	South Western Area Health Board	Assistant Chief Executive Officer
Brigid Butler	St. John of God Hospitaller Services	Co-ordinator of Programme Development
Joe Cahill	Northern Area Health Board	Assistant Chief Executive Officer
Ian Carter	St. James's Hospital	Deputy Chief Executive Officer
Louise Coleman	Irish Society for Quality and Healthcare	Quality Developer
Paul Cunniffe	The Children's Hospital, Temple Street	Secretary / Manager
John Davis	East Coast Area Health Board	Board Secretary
Aidan Gleeson	Cappagh Orthopaedic Hospital	Chief Executive Officer
Michael Lenihan	National Maternity Hospital, Holles St.	Secretary/ Manager
Christy Lynch	KARE	Chief Executive Officer
Mary Shore	St Vincent's University Hospital	Corporate Services Manager

APPENDIX 2

The Terms of Reference for the Working Group

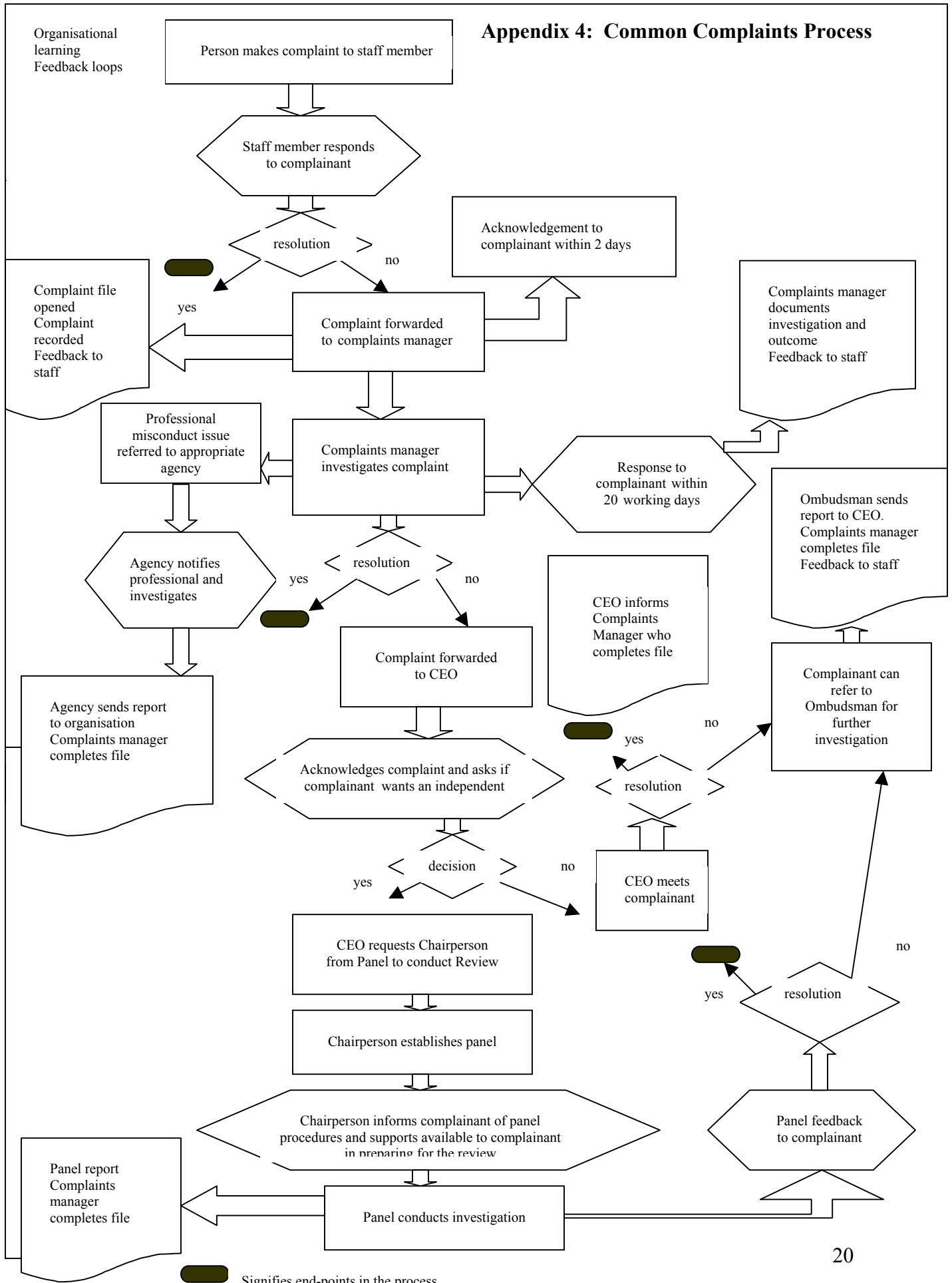
- The review of existing procedures and protocols for investigating complaints by the 39 Providers. This review should identify the gaps in the management of complaints, of which investigation is a part, and specify the changes that are required.
- Consultation with all staff involved in the investigation of complaints within the Area Health Boards and the Voluntary Providers, including representatives from other relevant groups for example the Irish Society for Quality in Health Care and service user groups.
Such discussions would assist in examining current practice, evaluating models of best practice, advising on best principles to guide the appeals procedures, the training that is required for staff and the quality standards that should apply. Such consultation would promote acceptance of the initiative undertaken by the ERHA in this Review.
- Evaluation of existing staff training programmes for staff in the Area Health Boards and the Voluntary Providers.
- Agreeing quality standards of care and good practice in relation to complaints and appeals procedures. Existing systems should be reviewed in order to reflect the importance of customer service, customer satisfaction and customer advocacy in health care.
- A review of good practice in other jurisdictions.

APPENDIX 3

Attendees at the Workshop on the Handling of Complaints

Mr Martin Devine, Director of Corporate Services, Eastern Regional Health Authority
Mr William Kennedy, Administrator & Legal Advisor for Medical Council
Mr Michael Brophy, Senior Investigator, Office of the Ombudsman
Ms Mary Shore, Director of Corporate Services, St Vincent's University Hospital
Ms Frances McNamara, Acting Director, Customer Services Information & Appeals,
Area Health Boards
Ms Ciara Norton, General Administrator, ERHA
Ms Carol Ivory, Manager, ERHA
Ms Linda Desmond, ERHA
Dr Ailish Ni Riain, Medical Council
Mr Fergus Clancy, On behalf of the Clinical Indemnity Scheme
Mr John Gillen, Personnel Management and Development Unit, DoHC
Dr Peter McKenna, Chair "No-Fault" Advisory Group, Rotunda Hospital
Mr Aidan Gleeson, CEO Cappagh Orthopaedic Hospital
Ms Geraldine Smith, Director of Audit, ERHA
Mr John Swords, EHSS
Ms Eilish McAuliffe, Senior Lecturer, Health Services Management, Trinity College
Mr Alastair Graham, Chair, ERHA, Review Working Group

Appendix 4: Common Complaints Process



**Extracts from the *People Matter* Report on the Experiences and Expectations of
People of the Health Services ERHA 2002**
Chapter 9 - Service Users

9.2 Complaints Processes

Among those who had used the health service in the last 12 months, 5% said that they had been made aware of complaints procedures.

Of all respondents in the survey, one in five (20%) said that they had considered, at some time, making a complaint and a third (33%) of these respondents said that they, or a member of their family, had made a complaint about some aspect of the Health service. This equates to 7% of all respondents saying that either they or a family member had made a complaint against the health service.

Those aged 60 and over (11%), those with the lowest levels of qualifications (14%), male respondents and those in social classes C2, D and E (16%), were less likely than others to say that they or a member of their family had considered making a complaint.

Twenty-six per cent of those who had made a complaint had done so in the last six months and twenty-one per cent within the last year.

Four out of ten (40%) thought that their complaint had been taken seriously and 56% thought it had not.

9.3 Satisfaction with Time Taken to Investigate Complaint

A majority (55%) were dissatisfied or very dissatisfied with the length of time taken to investigate the complaint and 29% were satisfied or very satisfied.

9.4 Satisfaction with Outcome of Complaint

Satisfaction with the outcome of the complaint was found to be 25% with 58% dissatisfied.

9.5 Overall Satisfaction with How Complaint was Handled

Overall, and taking everything into consideration, 25% were satisfied or very satisfied with the way the complaint was handled and 68% were dissatisfied or very dissatisfied.

9.6 Awareness of Complaint Appeals Procedure

Five percent said that they had access to an appeals procedure and 69% of those who did not said that they would have liked such access.

APPENDIX 6

People Matter

Staff Training Courses

Let us Know so we Can Respond

ERHA Regional Staff Training Courses on Handling Complaints

First Course

Held: 17th April 02, 24th April 02, 1st May 02

Topics:

‘Putting People First’ – The Philosophy of Person Centred Care
‘The Role of the Complaints Manager’
‘Accreditations, Standards & Quality’
‘Enterprise Liability’
‘The Psychology of the Complainant’
‘Investigation of Complaints’
‘Conflict Resolution’
‘Current Thinking on Bereavement’
‘Ethos and Organisations’
‘Writing to Complainants’
‘Cultural Diversity’
Presentation of Certificates

Attendance: 58

Second Course

Held: 14th November 2002, 21st November 2002,
28th November 2002, 16th December 2002

Topics:

‘Putting People First’ – The Philosophy of Person Centred Care
‘Complaints Management’
‘Managing Conflict at Work’
‘What is Distress’
‘When does Distress become Trauma?’
‘What Life Changes lead to Trauma?’
‘Complications of Trauma’
‘Dealing with Trauma’
‘People Matter’
‘Dealing with the Patient/Client’ – Training Video
‘Cultural Diversity’
Presentation of Certificates

Attendance: 49

Advocacy Framework

The sub-committee decided to invite representatives of identified support groups to *listening mornings*, in order to help us to develop a framework which would address the following questions:

1. How do we empower the most vulnerable in our society to receive the information necessary for them to make informed decisions in relation to their healthcare?
2. How do we empower them to have their voice heard and have equal opportunity to partake in decisions and discussions affecting their healthcare?
3. How do we empower them to articulate their expectations of us as healthcare providers and to communicate their dissatisfactions when their needs are not being satisfactorily addressed?

The following groups attended:

- Irish Patients Association
- Asylum Seekers Unit
- Mental Health Ireland
- Forum for People with Disabilities
- Pavee Point Travellers Centre
- Irish Association of Older People
- Mental Health Services SWHAB
- Irish Association of Young People in Care
- Childcare, ECAHB
- The Drug Treatment Centre

Issues and points raised at the meetings:

- Complaints procedures are hugely inaccessible to vulnerable people
- Placing the person at the centre of service delivery and planning is essential to quality service provision

APPENDIX 7 (Continued)

- Patients should be empowered to be able to state whether the standard of care is good enough
- The promotion of advocacy will require organisations to radically review their ethos and culture
- The importance of complaints as a feedback mechanism for service providers
- Advocacy is about building the capacity of people, not making them more dependent
- The importance of creating an awareness and education around cultural and ethnic difference, which impact on health needs and responses
- The importance of promoting positive attitudes towards people with specific disabilities
- Advocacy is not always adversarial

Other topics discussed included the merits and demerits of various models of advocacy, generic and specialist advocacy services, patient representatives, independent advocacy and the service provider as advocate.

The sub-committee also took cognisance of the development of advocacy initiatives nationally, the establishment and remit of Comhairle, National Disability Authority, the work of the Equality Authority, the recommendations of the Commission on the Status of People with Disabilities, and the provision of independent advocacy services under the new Mental Health Bill.

In the light of the above insights, developments and initiatives, a critical question for those involved in health care is how we establish an advocacy framework to respond.

Customer Service Action Plan

The Final Report on Complaints Procedures Protocols and Appeals highlights the importance of customer service in healthcare in relation to delivering better quality service to the public.

1: The principles of an enhanced quality customer service include:

- ❖ Quality Service standards
- ❖ Ensure the rights of equal access (equality)
- ❖ Different language alternatives
- ❖ Cultural Diversity
- ❖ Physical accessibility
- ❖ Quality information and advice
- ❖ Courtesy and sensitivity
- ❖ Minimum time delays
- ❖ Comments and complaints
- ❖ Choice in service delivery and the promotion of customer satisfaction
- ❖ Consultation
- ❖ Co-operation and partnership with other statutory and voluntary bodies

The implementation of these principles will involve designing a programme to promote and develop a strong customer service ethos and culture throughout the Region. The service should be equitable and non-discriminatory, and promote an integrated approach to the delivery of service while providing reasonable choice in the methods of service delivery.