



# Complaints Management Policy

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## 1. Purpose

The purpose of the *Complaints Management Policy* is to set out the requirements for the collection, recording, reporting and management of consumer complaints relating to the WA health system.

The Policy promotes best practice in complaints management by the WA health system and advocates an efficient, proactive approach to complaint management that results in the best possible outcomes for health consumers. Complaint Management is part of a larger quality improvement system that includes clinical incident reporting, investigation and management systems, risk management, Open Disclosure and medico-legal claims.

The Policy operates within a legal framework which may impose restrictions and obligations to the management, reporting or escalation of complaints. Legislation pertinent to the management of complaints about the WA health system includes:

- *Health and Disability Services (Complaints) Act 1995*
- *Health and Disability Services (Complaints) Regulations 2010*
- *Mental Health Act 2014*
- *Disability Services Act 1993*
- *Carers Recognition Act 2004*
- *Freedom of Information Act 1992*
- *Corruption, Crime and Misconduct Act 2003*

The [National Safety and Quality Health Service Standards \(NSQHS Standards\) second edition](#) aim to protect the public from harm and improve the quality of health service provision. The NSQHS Standards include requirements for consumer feedback which underpin this Policy (refer to NSQHS Standards 1 and 2). This Policy is supported by the *Australian Charter of Healthcare Rights*.

This Policy is also underpinned by the *Australian/ New Zealand Standard Guidelines for complaint management in organisations* (AS/NZ 10002:2014).

Where a Health Service Provider delivers care to children and young people their complaints management system must be child focused in accordance with Principle 6 of the [National Principles for Child Safe organisations](#).

This Policy supersedes the Operational Directive 0589/15 *WA Health Complaint Management Policy* (2015).

This Policy is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to sections 26(2)(a), (c), (d) and (l) and 34(2)(f) of the *Health Services Act 2016*.

## 2. Applicability

This Policy is applicable to all Health Service Providers.

To the extent that the requirements contained within this Policy are applicable to the services purchased from contracted health entities, Health Service Providers are responsible for ensuring these requirements are accurately reflected in the relevant contract and managed accordingly.

The Policy is relevant to the management of complaints lodged by a consumer of a public health service in WA, or their carer/representative. Consumer feedback other than complaints (i.e. compliments, contacts and concerns) are encouraged to be collected and recorded; however, are not within the scope of this Policy.

The Policy recognises that there are several health complaint management agencies that are available to consumers and carers, including the Health and Disability Services Complaints Office (HaDSCO) and the Ombudsman Western Australia. Additionally, advocacy services, including the Mental Health Advocacy Service, Carers WA and the Health Consumers' Council can assist and support consumers and carers with a complaint.

Consumers and carers may also wish to lodge complaints against health practitioners directly with the Australian Health Practitioner Regulation Agency (AHPRA) or specific professional boards such as the Nursing and Midwifery Board of Australia.

Staff complaints relating to other staff or any aspect of the work environment are not addressed under this Policy and should be managed in accordance with the WA Health Employee *Grievance Resolution Policy* and associated local Health Service Provider Policy.

## 3. Policy requirements

Health Service Providers must ensure they maintain systems and processes that provide a consistent approach to the management of complaints, including utilising the approved complaint management system, the Consumer Feedback Module (CFM). Further, complaints must be managed in accordance with the principles of respect, the right to privacy, transparency, fairness, accountability and responsiveness in an environment of continuous service improvement.

### 3.1 Collection of complaints

Health Service Providers are required to collect feedback, including complaints about the services they provide, via a variety of mechanisms. These mechanisms should be visible, accessible and appropriate to consumers and carers, including specific consumer groups such as Aboriginal, Culturally and Linguistically Diverse, people with mental health issues, persons with a disability, children and young people, and LGBTI people. Feedback mechanisms may include but are not limited to email, letter, verbal, internet sources including social media and via local feedback forms/surveys.

While it is recognised that Health Service Providers may encounter limitations in the management of anonymous complaints, they must investigate and attempt to resolve such complaints to the greatest extent possible. As a minimum they must be recorded as an anonymous complaint in all complaint reporting.

Health Service Providers shall identify feedback as a complaint if the nature of the feedback is expressing dissatisfaction and considered:

- moderate (requiring comprehensive assessment or investigation),
- major (relates to a significant incident causing lasting detriment and requires investigation)
- severe (relates to issues about serious adverse events including death or serious physical or psychological injury/harm requiring clinical incident management investigation).

### **3.2 Timeframe for lodgement of complaints**

No timeframe limits shall be imposed by Health Service Providers on a consumer or their carer/representative lodging a complaint following an incident, although it is acknowledged that time may diminish the Health Service Provider's capacity to investigate the event(s). This Policy also recognises that HaDSCO involvement is limited to two years after the incident unless there is a reason for the delay in lodging the complaint (*Health and Disability Services (Complaints) Act 1995 s.24*).

### **3.3 Acknowledgement of complaints**

Health Service Providers must have a central point of coordination to manage complaints. Complaints must be acknowledged within five working days of receipt of the complaint.

A complaint is to be considered to have been received by the Health Service Provider on the day that it is:

- received by the Health Service Provider via ordinary post
- handed to a staff member in person (if written)
- described to, and recorded by, a staff member (if verbal)
- placed into the Health Service Provider's suggestion/complaints box
- posted on a website
- emailed to a Health Service Provider's customer service unit
- submitted to the Health Service Provider by the completion of an online complaints form
- received by a Health Service Provider from an external organisation, e.g. HaDSCO, Minister for Health, Patient Safety Surveillance Unit.

To ensure that Health Service Providers adhere to response timeframes, these modes of correspondence should be checked frequently and regularly by the responsible officer.

- Once contact is made, the complainant must be provided with information about:
- the complaints management process including if any component of the complaint is to be redirected to another Health Service Provider management process
  - contact details for the complaints handling officer(s) or relevant staff member
  - expected timeframes for resolution of the complaint including any identified constraints
  - the function of advocacy agencies, such as the Health Consumers' Council and Carers WA and where relevant the Mental Health Advocacy Service in the complaint process.

### 3.4 Assessment of a complaint

Health Service Providers shall assess each complaint to determine the:

- complaint issue(s)
- need to develop a child safety investigation plan if the complaint involves a child or young person
- other management requirements including the level of language or cultural support required by the complainant
- seriousness and risk
- confidentiality considerations and patient authorisation
- investigation requirements.

### 3.5 Categorisation of complaints issues

Health Service Providers are required to identify the relevant issues within a complaint and categorise these according to complaint categorisation requirements outlined by the Health and Disability Services (Complaints) Regulations 2010. Refer to the *Complaints Management Guideline* for further information regarding complaint categorisation requirements.

#### a. Other management requirements

Accidents, clinical incidents and potential breaches of discipline may become the subject of a complaint and may need to be notified to several reporting systems or bodies that are outside the complaint management process. These issues should be managed in accordance with all overarching policy (for example, *Clinical Incident Management Policy* and *Notifiable and Reportable Conduct Policy*) and associated local Health Service Provider Policy. Refer to the *Complaints Management Guideline* for further information on the management of such complaints.

#### b. Complaints seriousness and risk management

The Seriousness Assessment Matrix (SAM) provides a framework for assessing the seriousness associated with the events that are the subject of a complaint. An initial SAM score based on the first assessment of a complaint must be allocated. The initial SAM score allocated to the complaint should not be indicative of the estimated accuracy of any

allegations made by the complainant. The initial SAM score must be based entirely on the information provided by the complainant.

At the end of the Health Service Provider's investigation of a complaint, the allocation of a confirmed SAM score must be completed.

The confirmed SAM score is based upon the complaint and all investigation findings. It is recognised that the SAM score for a complaint may change based on the findings of an investigation (i.e. the initial SAM score may differ from the confirmed SAM score). Refer to the *Complaints Management Guideline* for further information regarding SAM scores and risk management of issues raised by complainants.

The early identification of a complaint of a serious nature or with the potential for escalation is required to form part of a Health Service Provider's risk management program. Health Service Providers must ensure there are appropriate review processes in place for complaints with associated significant risks, including the review and written approval of the complaint response by senior management.

Additional information about risk management is available from the WA Health *Risk, Compliance and Audit Policy Framework* and specifically the *WA Health Risk Management Policy*, and *Western Australian Government Risk Management Guidelines*.

#### **c. Patient authorisation**

When a complaint is lodged by a third party (i.e. not the person affected), Health Service Providers must obtain authorisation to release information from the consumer for confidential information to be shared with the complainant. If the consumer does not have the capacity to authorise the release of information, or is deceased, then authorisation must be obtained from the appropriate substitute decision maker. For more information refer to the [Patient Confidentiality Policy](#).

The requirement for consumer authorisation also applies if the complaint was received through a Ministerial Office; however, timeframes for response often prevent this from occurring. Consequently, any response where the consumer has not provided authorisation should maintain patient confidentiality.

The statutory role of Mental Health Advocates as third parties must be recognised when the consumer circumstances warrant this.

#### **d. Complaint investigation**

Health Service Providers must investigate a complaint to a degree that is appropriate to the complaint and its initial seriousness rating (i.e. SAM score). Once the investigation is complete, Health Service Providers must assign a confirmed SAM score to the complaint, identify appropriate resolution(s) and any need for service improvement. Information about

completing a complaint investigation is outlined in the *Complaints Management Guideline*. Health Service Providers must ensure that there is no conflict of interest issues that could compromise adequate complaint investigation.

### 3.6 Response to complainant

Health Service Providers shall demonstrate commitment to the resolution of complaints in a timely manner by adhering to the following time frames:

- resolution of complaints within 30 working days of receipt
- advise the complainant if there is a delay and provide updates on the progress of the investigation at 15 working day intervals with the first update due 30 working days following the receipt of the complaint.
- Escalate to the relevant senior executive/s if the matter cannot be resolved within three months.

If a complaint is lodged via an external agency, the Health Service Provider shall endeavour to adhere to the timeframes specified above; however, it is acknowledged that the timeframe may be set by the external agency with input from the Health Service Provider as a 'respondent'.

The response time for complaints made via Ministerial correspondence will be dictated by instructions from the Minister's office on a case-by-case basis and not by this Policy.

### 3.7 Recording of complaints

Health Service Providers must record all complaints separately from the medical records of consumers. If information that is critical to the consumer's ongoing diagnosis or treatment arises throughout the investigation of the complaint, the clinically relevant information may be recorded in the patient's medical file but must exclude any reference or inference to the complaint or the investigation.

All complaints received in accordance with section 3.3 must be recorded in the approved, central management system Datix CFM. When making records of complaints in the management system, Health Service Providers shall document complaints data in accordance with the following reporting requirements:

- categorisation of complaint issues
- date of complaint resolution and the outcome
- initial and confirmed SAM scores and their relevant risk management information
- information pertaining to the investigation and the decision-making process
- recommendations made, and service improvements identified
- correspondence with the complainant
- electronic records of the complaint and response to the complainant
- evaluation outcomes of planned service improvements.

If Ministerial correspondence contains a complaint about the service, care or treatment provided by a Health Service Provider, it must be recorded in the same manner as other complaints. However, it must only be recorded as a new



complaint (for reporting purposes) if the complainant has not previously lodged a formal complaint with the Health Service Provider for the same event(s). A copy of the response prepared for Ministerial correspondence must be retained with the initial complaint record.

Health Service Providers must retain records of all complaints for a minimum of seven years in a central location. Longer periods apply in some circumstances and records staff must be familiar with these in accordance with the requirements of the *State Records Act 2000* and the *Patient Information Retention and Disposal Schedule Policy*.

### **3.8 Service improvement**

To ensure that the quality of its services is meeting the needs of consumers, Health Service Providers must evaluate the quality of services by analysing complaints to identify system and recurrent issues; and, from this make and implement service improvement recommendations. Consideration must be given to the inclusion of consumer representatives in these processes. For further information on continuous service improvement in relation to complaints, refer to the *Complaints Management Guideline*.

### **3.9 Education and training**

Health Service Providers are required to implement processes and systems to ensure staff are inducted and proficient in the skills required for aspects of the complaint management process they are involved in, including complaints from specific consumer groups, such as Aboriginal, Culturally and Linguistically Diverse, people with mental health issues, persons with a disability, children and young people, and LGBTI people. It also includes ensuring relevant staff have the skills required to participate in and facilitate complaint investigation. Relevant staff must also be proficient in monitoring and assessing the effectiveness of recommendations. Health Service Providers must also ensure the processes implemented for training are evaluated on a regular basis to ensure the training provided is effective in preparing staff to participate in such processes.

### **3.10 Staff support and engagement**

It is recognised that complaints can have a significant impact not only on the consumer but also the staff involved.

Health Service Providers are required to implement local processes to address the following:

- identifying appropriate internal and external staff supports
- targeted staff support (immediate and ongoing) for identified complaint processes where staff may need extra support. This may include critical times such as participating in a formal mediation process
- ensuring that during the complaint process an emphasis is placed on continuous improvement and a customer service culture that is free from retribution.

### 3.11 Data Quality

Health Service Providers must have operational procedures and guidelines in place to ensure data quality for complaints is managed effectively. This includes ongoing, regular review of the data and data quality improvement efforts with relevant stakeholders such as Data Custodians of the approved complaint management system.

## 4. Compliance monitoring

Health Service Providers are responsible for monitoring and ensuring compliance with the requirements of this Policy. This includes regularly monitoring and evaluating the effectiveness of local policies, processes and systems for the management of complaints and the implementation of quality improvement initiatives in response to complaints. Strong consideration should be given to involving consumer representatives in this evaluation process.

This monitoring is derived from data reported within the approved complaint management system. This monitoring responsibility is shared between the nominated Data Custodians for each Health Service Provider and the Department of Health to ensure data is managed in a standardised process and is fit to meet business requirements.

System Manager compliance monitoring includes but is not limited to:

- audits and reporting on discrete complaints processes against the requirements outlined in sections 3.1-3.11 of the Policy
- comparing complaint information with other data sets to review certain subsets of complaints
- internal monitoring of data for safety, quality and performance reporting within internal departmental frameworks
- analysis and reporting on aggregate data at a system level and producing complaint management annual reports.

## 5. Related documents

The following documents are mandatory pursuant to this Policy:

- N/A

## 6. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [Complaints Management Guideline](#)
- [Complaints Management Toolkit](#)



## 7. Definitions

The following definitions are relevant to this Policy.

| Term                        | Definition   |
|-----------------------------|--|
| Carer                       | Someone who provides unpaid assistance and support to a family member or friend who have disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or who is frail and requires assistance with carrying out everyday tasks.  |
| Clinical incident           | <p>An event or circumstance resulting from health service provision (or lack thereof) which could have or did lead to unintended or unnecessary physical or psychological harm to a patient.</p> <p>Clinical incidents include:</p> <ul style="list-style-type: none"> <li>• <b>Near miss:</b> an incident that may have, but did not cause harm, either by chance or through timely intervention.</li> <li>• <b>Sentinel events:</b> a subset of serious clinical incidents that has caused or could have caused serious harm or death of a patient. It refers to preventable occurrences involving physical or psychological injury, or risk thereof.</li> </ul> |
| Complainant                 | A person that makes a complaint regarding any aspect of a service provided by an organisation.   |
| Complaint                   | <p>An expression of dissatisfaction by or on behalf of an individual consumer/carer/representative regarding any aspect of a service provided by an organisation where a response or resolution is explicitly or implicitly expected or legally required.</p> <ul style="list-style-type: none"> <li>• <b>Anonymous complaint:</b> where the complainant for whatever reason chooses to withhold identifying details. It is acknowledged that anonymous complaints may not be able to be responded to, but Health Service Providers should nevertheless work to resolve these types of complaints via service improvement.</li> </ul>                              |
| Complaint category          | Ten complaint categories are set out in the Complaint Management Guideline to assist identification of common factors in complaints and to ensure consistent reporting.  |
| Complaint issue             | A complaint category is further subdivided into complaint issues, which aim to accurately identify and reflect the specific matters relating to each complaint.  |
| Complaints handling officer | An officer employed by a Health Service Provider who undertakes the dedicated functions of receipt, investigation and/or reporting of complaints; and/or fulfils a consumer liaison role (for example, Customer Liaison Officer, Consumer Liaison Officer, Complaints Coordinator or any equivalent role).   |
| Consumer                    | Any person receiving health care from a Health Service Provider either as an inpatient, outpatient or in a community setting. A consumer may also include carers, relatives or friends of a person receiving services from a Health Service Provider, health professionals external to the organisation or other concerned individuals, agencies or groups.  |
| Contact/concern             | <p>Feedback from consumers/carers/representatives regarding any aspect of service where:</p> <ul style="list-style-type: none"> <li>• they state that they do not wish to lodge a formal complaint</li> </ul>  |

|                          |  |
|--------------------------|--|
|                          | <ul style="list-style-type: none"> <li>the issue can be resolved without going through the formal complaint management process.</li> </ul>   |
| Contracted Health Entity | Under section 6 of the <i>Health Services Act 2016</i> , a non-government entity that provides health services under a contract or other agreement entered into with the Department of Health CEO on behalf of the State, a Health Service Provider or the Minister.   |
| Incident                 | Any event that has occurred throughout a consumer's health care experience that has resulted in the consumer expressing either satisfaction or dissatisfaction with the health service(s) they have received. This may or may not be expressed through the lodgement of a formal compliment or complaint. For the purpose of this Policy, the term incident may also refer to a clinical incident. |

## 8. Policy contact

Enquiries relating to this Policy may be directed to:

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## 9. Document control

| Version   | Published date  | Effective from  | Review date   | Effective to | Amendment (s)    |
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## 10. Approval

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| Approval by   | Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health |
| Approval date | 1 February 2020  |

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