Complaints Management Policy



# Consultation paper

May 2019

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# Background

The current [WA Health Complaint Management Policy (OD 0455/13)](https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality/Mandatory-requirements/WA-Health-Complaint-Management-Policy) (2015 Policy) is now due for review. The 2015 Policy supersedes the WA Health Complaints Management Policy issued in 2013. The purpose of the 2015 Policy is to set out the procedures for the management of feedback or complaints relating to WA health system services. The 2015 Policy promotes best practice in complaints management by WA Health Service Providers and advocates an efficient, proactive approach to complaint management that results in the best possible outcomes for health consumers.

The 2015 Policy is a mandatory component of the [Clinical Governance, Safety and Quality Policy Framework](https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality) issued under the *Health Services Act 2016* (the Act). The Department of Health’s (the Department) Patient Safety Surveillance Unit (PSSU) is responsible for oversight of the 2015 Policy and is data custodian of the Datix Consumer Feedback Module (CFM), the system used to record and report complaints about the WA health system.

The PSSU has drafted an updated suite of Complaints Management documents informed by available local policies and procedures, and best-practice literature regarding complaints management processes. This work has been done in consultation with the Department’s System Governance and Assurance (SGA) unit. Broad consultation with the WA health system is now being undertaken.

# Consultation process

The draft suite of Complaints Management documents is available to the WA public health system from the PSSU’s [Consumer Feedback](https://doh-healthpoint.hdwa.health.wa.gov.au/directory/Clinical%20Services%20and%20Research/Patient%20Safety%20Clinical%20Quality/PSSU/Pages/Feedback.aspx) intranet page, and has been provided to relevant contracted health entities and other stakeholders. Input from all levels and areas of the WA health system are being sought, particularly from those that have a direct involvement in consumer feedback and consumer engagement processes.

This paper contains discussion of the key features and changes proposed in the suite of Complaints Management documents and a structured set of consultation questions. This paper must be read in conjunction with the suite of Complaints Management documents.

Those wishing to respond to the Complaints Management consultation should complete the consultation response form and forward this to the PSSU via PSSU@health.wa.gov.au Respondents are welcome to address all or any of the consultation questions they feel are relevant to them.

Any queries regarding the consultation process should also be directed to the PSSU via email at PSSU@health.wa.gov.au The consultation period ends at close-of-business **26 July 2019.**

Following review of the consultation responses the PSSU will make any amendments it considers necessary to the suite of Complaints Management documents before submitting them for approval by the Director General. A further/additional round of consultation with the WA health system is not planned.

The proposed commencement date for the new Complaints Management policy is **1 December 2019**, subject to approval by the Director General.

# Complaints management consultation

The structure of the suite of Complaints Management documents has been guided by the SGA team to ensure they meet the requirements established for mandatory policies issued by the Department. The resultant suite of Complaints Management documents is as follows:

* Complaints Management policy (mandatory)
* Supporting information (non-mandatory):
	+ Complaints Management Guideline
	+ Complaints Management Toolkit

## Complaints Management policy

The Complaints Management policy (the Policy) sets out the applicability to Health Service Providers, core policy requirements, and the approach to compliance, monitoring and evaluation (including reporting requirements). The Policy is presented using the approved template for mandatory policies across the WA health system. Key features and changes from the 2015 Policy include:

* The Policy purpose is to outline the requirements for the collection, recording, reporting and management of complaints about the WA health system.
* The Policy is applicable to all Health Service Providers, including the Quadriplegic Centre and PathWest.
* Contracted health entities are required to comply with the Policy. Where this is the case contracted health entities are to read references to HSPs throughout the suite of Complaints Management documents as references to themselves.

**Consultation question 1:**

Do you agree with the Policy’s purpose and applicability? If not, what changes do you suggest?

* Section 3.1 of the Policy requires HSPs to collect feedback via a range of mechanisms that are accessible and appropriate to health care consumers and carers, including specific consumer groups such as Aboriginal, Culturally and Linguistically Diverse and persons with a disability.
* Section 3.1 of the Policy requires HSPs collect and manage anonymous complaints to the greatest extent possible and shall encourage a consumer/carer to lodge a formal complaint if the complaint is considered to be moderate, major or severe.

**Consultation question 2**

Is your HSP able to offer a variety of feedback mechanisms that are appropriate to specific consumer and carer groups? Please explain your response(s).

**Consultation question 3**

Is your HSP able to meet the requirement to collect and manage anonymous complaints to the greatest extent possible? If not, please share your reasons.

* The Policy’s timeframe requirements to collect and manage complaints are outlined in sections 3.2, 3.3 and 3.6 and are unchanged from the 2015 Policy. These require HSPs to impose no time limit to lodge a complaint (section 3.2) and for a complaint to be acknowledged within five working days of its receipt (section 3.3). Complaints are to be resolved within 30 working days and if there is a delay in a complaint’s resolution, the complainant is to be provided with updates at 15 working day intervals, with the first update due 30 working days following receipt of the complaint (section 3.6).

**Consultation question 4**

Do you agree with the continued use of these complaint management timeframes? If not, please explain why.

* The Policy requires HSPs to record complaints in a central database, including complaints received via Patient Opinion and complaints received by front line staff (section 3.8). The information that must be included in a complaint record is unchanged from the 2015 Policy and includes, but is not limited to: initial and confirmed Seriousness Assessment Matrix scores, resolution of complaints and their outcomes, recommendations made and service improvements identified (refer to section 3.8 the Policy for the full list of required information).

**Consultation question 5**

The requirement to record complaints received via Patient Opinion and via front line staff is a new addition to the Policy. Do you agree with these additions and believe that they can be implemented by your HSP? If not, please explain why.

* Monthly and annual reporting requirements are unchanged from the 2015 Policy, with this data being used by the PSSU to monitor Policy compliance. HSPs are also responsible for monitoring and ensuring compliance with the Policy within services under their remit.

**Consultation question 6**

Do you have any comments on the Policy’s reporting requirements? Please explain your response(s).

## Complaints Management Guideline

The Complaints Management Guideline (the Guideline) contains non-mandatory supporting information to assist with the implementation of the Policy, including understanding of the Policy’s requirements and external mandatory reporting requirements.

* The guiding principles of complaint management are addressed in section 4, and expanded upon in Appendix 2. These principles correlate with relevant Standards and Guidelines and acknowledge that the consumer is at the centre of these principles.

**Consultation question 7**

Do the guiding principles adequately outline the values of complaints management? Do you suggest any amendments/additions to the principles?

* The Complaints Management Framework (section 5) and section 6.3 (Frontline complaints management) expands the complaints management role to include front line staff. This requires front line staff to resolve complaints within their capacity, encourage consumers and carers to lodge a complaint when appropriate and record and escalate complaints in accordance with local processes. To ensure front line staff have the skills and abilities to effectively manage complaints the Guideline recommends that HSPs provide education and training to frontline staff.

**Consultation question 8**

Do you have any comments on the strategies to support front line complaints management? Should any additional strategies be included in this section? Please explain your answer(s).

* Section 6.6 of the Guideline recommends the collection of demographic information from the complainant and the person affected (should the person affected not be the complainant). This demographic includes:
* Age and gender
* Aboriginal and/or Torres Strait Islander status
* If an interpreter is required
* Country of birth
* Preferred language / Main language other than English spoken at home
* If a disability is identified and if so the type of disability.

**Consultation question 9**

Do you believe any amendments or additions are needed to the recommended demographic information? If yes, please provide reasons for your response.

* Risk management in relation to complaints is outlined in section 6.8 (Risk management) and section 6.10 (Post investigation risk assessment), with additional information on the Seriousness Assessment Matrix (SAM) provided in Appendix 5. Consideration of complaints in relation to the Enterprise Risk Management System (ERMS) has been included to reflect the implementation of ERMS across the WA health system and its relationship to complaints.

**Consultation question 10**

Does the information provided assist in understanding seriousness in relation to complaints, including allocation of an initial and confirmed SAM score, and the relation to organisational risk? If no, what suggestions do you have to clarify this content?

* The complaints management process is outlined in section 6.4 (Acknowledgment), section 6.5 (Assessment), section 6.9 (Investigation), section 6.11 (Complaint resolution) and section 6.12 (Response to complainant).
* Section 6.13 (Complaints involving more than one organisation) is new content as it has been identified that many complaints involve more than one organisation within or external to a Health Service Provider.

**Consultation question 11**

Do you have any comments on the content relating to a complaint’s acknowledgement, assessment, investigation, resolution and response to the complainant? Please explain your response(s).

**Consultation question 12**

Do you have any comments on the content relating to managing a complaint which involves more than one organisation? Please explain your response(s).

* Health Service Providers are recommended to use information from complaints to drive service improvements in section 7, with the consumer at the core of the complaints management quality improvement cycle. In addition to using complaints data to improve services, Health Service Providers are recommended to undertake regular reviews of their complaints management processes to identify areas for improvement.

**Consultation question 13**

Do you have any comments on the content relating to service improvement? Please explain your response(s).

* Section 8 outlines Health Service Providers reporting requirements to the Health and Disability Services Complaints Office and recommends reporting activities that should be undertaken within a Health Service Provider.

**Consultation question 14**

Do you have any comments or suggestions on the content relating to reporting? Please explain your response(s).

* Accidents, clinical incidents and misconduct may become the subject of a complaint and may require legal advice to be sought. Section 9 (Complaints alleging misconduct), section 10 (Accidents and clinical incidents) and section 11 (Obtaining legal advice) provide guidance on the management of such complaints.

**Consultation question 15**

Do you have any comments or suggestions for the content relating to misconduct, accidents, clinical incidents and seeking legal advice? Please explain your response(s).

* Section 12 of the Guideline provides guidance on managing challenging and unreasonable complaint conduct. This includes the recommended escalation pathway for challenging and unreasonable complainants and identifies situations that warrant restricting access to the complaint management process.

**Consultation question 16**

Do you have any comments or suggestions for the content on managing challenging and unreasonable complainant conduct? Please explain your response(s).

## Complaints Management Toolkit

The Complaints Management Toolkit (the Toolkit) contains non-mandatory supporting information to assist staff in their practical implementation of the Policy. The Toolkit contains:

* Practical guidance on the investigation of a complaint
* Sample forms and checklists to aid the complaints management process
* Sample letters to complainants
* Data definitions for recording and reporting complaints data.

**Consultation question 17**

Do you have any comments on the information provided in the Toolkit? Is any information unnecessary or unclear? Please explain your response(s).

## Additional Feedback

**Consultation question 18**

Do you have any further feedback on the suite of Complaints Management documents (either individually or collectively)? If so, please be specific about the document(s) and section(s) that you are referring to.

**Reminder:**

* The consultation period ends on **26 July 2019**.
* Please respond by completing the consultation response form and submitting it via email to PSSU@health.wa.gov.au
* You may respond to all or any of the consultation questions you feel are relevant to you
* If you have any queries regarding this consultation please contact the PSSU via email at PSSU@health.wa.gov.au

**This document can be made available in alternative formats
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