



Complaints Management Policy Consultation Response Form

Introduction

The Patient Safety Surveillance Unit (PSSU) is seeking feedback on the draft suite of Complaints Management documents proposed to replace the [Complaints Management Policy \(2015\) \(OD 0455/13\)](#) and the [Complaints Management Toolkit \(2015\)](#). Input from all levels and areas of the WA health system are sought, particularly from those that have a direct involvement in consumer feedback and consumer engagement processes.

To respond to this consultation please answer the questions below and submit the completed form by email to PSSU@health.wa.gov.au. You may address all or any of the consultation questions you feel are relevant to you.

This consultation closes on **26 July 2019**.

Consultation Response

Complaints Management policy

Consultation question 1

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

We would encourage the inclusion of more human/person-centred language – highlighting that people are at the heart of any complaint. This includes the people who feel they've had a less than optimal experience or outcome, as well as the people about whom the complaint is being made. While we appreciate the need for administrative language, we believe that humanising the issue from the outset is an important signal about how complaints are expected to be managed.

We suggest the inclusion of a statement reminding people that many people make complaints because they want to improve the health system for other people. This could go to helping complaints be considered as part of an overall quality improvement system.

These are some comments we received from consumers when asked why they submitted a complaint:

* "I thought that it might help to improve their practice"

* "I put in a complaint because the things that happened during my hospital stay were pretty bad and I didn't want this happening to someone else. My hope was the hospital would take on board what had happened and do better next time."

Consultation question 2

Are the variety of feedback mechanisms outlined appropriate to specific consumer and carer groups? Please explain your response(s).

Some concern around access to these mechanisms for different members of the community. Some consumers are not able to formulate their feedback in writing so instead convey their issue verbally. Consumers often assume that their issue is handled/reported as a formal complaint by the service. A need for clarity around when verbal complaints go from being a 'comment' to a 'complaint' would be beneficial.

Some consumers report that they have no way of knowing the exact way in which a service has interpreted their verbal feedback, which may impact the subsequent investigation and resolution. In such cases, could staff share their written interpretation/notes with consumers to ensure it is an accurate reflection? From our experience, staff report that they are unable to accommodate such requests.

We would encourage the addition of including using Community Advisory Council (CAC) members, or other consumer/carer/family/community reps, to collect feedback, including complaints. We believe that consumers may be more inclined to provide feedback to peers who may be perceived as less directly involved. A number of health services already have this in place with members regularly visiting wards with a questionnaire gathering feedback.

We would also encourage the addition of using focus groups to gather feedback from specific groups of people who may not otherwise register a complaint. For example, in a community conversation with some people from culturally and linguistically diverse communities, people said they would not submit a complaint because they would not want to cause any trouble for staff or the health service. They would, however, give feedback if this was helpful to the staff/health service.

We would encourage the inclusion of guidance that reiterates that health services encourage complaints (as outlined in the National Safety and Quality Health Service Standards).

Consultation question 3

Do you agree with the requirement to collect and manage anonymous complaints to the greatest extent possible? If not, please share your reasons.

Yes, we agree however, in reality we question whether providers do, in fact, investigate to the greatest extent possible. There are significant learning opportunities in such instances, however are these *really* taken on board? We believe there is a need for an independent check and balance audit to ensure such issues are investigated to the greatest extent.

Additionally, we suggest including guidance or direction to involve CACs and other consumer/carer/community/ family mechanisms in the check and balance process. For example, one hospital provides examples of complaints and the response to their CAC for review at each meeting to get feedback on the appropriateness of the response. This could be included in the guidance to all health services.

Consultation question 4

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

Absolutely. In our experience, these are not always adhered to. How can patients/complainants be better protected in this instance? Could contact information to other agencies (Health Consumers' Council, Patient Opinion, HaDSCO) be included in 'Example letter 2'?

How often are the collection boxes checked? May cause further delay re. the 30 working days.

A need for an end date after reviewing every 15 days. How many 15-day intervals is considered acceptable?

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? If not, please explain why.

We think this is a good addition, particularly due to the popularity of Patient Opinion as a feedback tool. We believe that given the number of complaints received by PO, it is important they are formally recorded.

We recognise the variation in current timeframes for response between PO and other complaints. We would recommend that other complaints' timeframes are brought in line with PO timeframes.

Consultation question 6

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

We would ask for some clarity around any checks and balances that exist to ensure the requirements are followed. We have anecdotal information from consumers that some Patient/Customer Liaison staff encourage consumers to give verbal feedback as oppose to written; we are told that some staff advise consumers that they will have to wait much longer for a resolution if they formalise the process by submitting their complaint in writing. We suggest that this is misleading for consumers as they may not be aware that their verbal comments are not reported as formal complaints.

We would encourage strengthening the guidance relating to the involvement of CACs or other consumers/carers/family/community members in the monitoring of compliance.

We would also encourage the system manager to ensure they have consumer/carer/family/community involvement in their clinical governance processes. In the same way that clinicians are appointed within the PSSU to ensure clinical oversight of some aspects of the Unit's work, we encourage PSSU, and other parts of the Department of Health (DoH), to appoint people in specific consumer/carer/family/community focused roles to oversee relevant aspects of their work. This would also be similar to the inclusion of lay members in the DoH's ethics committee.

Complaints Management Guideline

Consultation question 7

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

Yes, but we would suggest including something around communication/respect between both parties as well as the type of communication that is used. Often complaints are sensitive and deeply personal, and the style of communication needs to address this. Services should show their humanity in any/all of their communications and respond with compassion and kindness.

We would suggest that all of the language in the documents are reviewed to ensure they are as human-centred as possible. For example, the language on page 3 of the guideline, “Health complainants have the right to be treated with respect and dignity, have their concerns treated as genuine and properly investigated, and to participate in decisions about the management of their complaint.

Likewise, complainants are expected to respect the role of Health Service Provider staff and their right to respond to a complaint.”

Could be changed to:

“People making a complaint have the right to be treated with respect and dignity, have their concerns treated as genuine and properly investigated with compassion and care, and to participate in decisions about the management of their complaint.

Likewise, people who have complained are expected to respect the role of the people who work for the Health Service Provider and their right to respond to a complaint.”

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).

A need for direction on what options are available to consumers when the complaints management staff or a more senior staff member cannot resolve the complaint, particularly for ‘in the moment’ issues? Could staff offer information on external support agencies for independent support?

We would also encourage training to be provided in handling difficult conversations and de-escalating techniques, helping staff to build their capacity to respond without becoming defensive or heated.

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.

No

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?

In theory this seems to be a good system, but we are unsure how this is communicated beyond the service provider? We liked that there is the SAM rating, but did question if we or consumers could ever access what their SAM rating is for their complaint? Are consumers able to contest the SAM scoring if they disagree?

Again, we would encourage guidance be included regarding the involvement of consumer/carer/family/ community member perspectives in this issue – as part of the compliance monitoring. We would encourage training to be provided to consumers/carers/family/community members who are involved in any aspect of the complaints management process.

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).

This process works well in theory, we're not sure what happens when these aren't followed as prescribed in practice? Is there any way of knowing that the service has thoroughly investigated/reported/recorded when it is all internal? A need for an external audit process?

From our experience, consumers will ask for providers to provide specific responses to their specific concerns/questions. Often, providers responses 'gloss over' consumers' main concerns and barely provide the direct responses consumers have requested.

We have some experience of witnessing service providers convey genuine transparency during face to face complaint resolution meetings with consumers. Consumers often leave such meetings feeling validated and heard. Service providers usually provide consumers with a written reflection summary of such meetings; however, these letters rarely reflect the transparency, compassion and kindness that was afforded during the meeting. Letters are often lacking in 'heart' and are very formal/robotic, and usually always miss out anything that could have the potential for litigation claims. Such letters are lacklustre and avoid accountability; they are very generic.

With regards to Patient Opinion, clarity is needed for consumers as to whether service providers will/won't respond to Patient Opinion stories? The Patient Opinion website, 'How it works section, states, 'You might get a response.' If Patient Opinion stories are now reported as 'complaints', does this mean all receive a response?

Letter templates should be used only as a guide and should be personal to the consumer and *their* individual complaint. Providers should avoid tokenistic responses.

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).

Where a complaints cuts across more than one organisation, we believe all organisations should collaborate to provide one response to the person making the complaint – if that's the preference of the person who is making the complaint. It should not be up to the consumer to navigate across multiple different organisations for the complaint to be resolved.

Consultation question 13

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

We have some experience of service providers not providing consumers with timely feedback on changes in care and service delivery and/or missing agreed timelines for the implementation of changes.

Further, as Advocates, HCC staff have experience of having to repeatedly chase providers on behalf of consumers to ascertain if agreed changes have been implemented. Services should give clear timelines regarding this and keep consumers up to date if delays arise.

The importance of linking complaints and feedback to service improvement was echoed by some members of some CACs. While some are involved in some aspects of the complaints process (either by receiving information about some complaints, gathering feedback from consumers, or commenting on the appropriateness of some responses) all mentioned that they do not receive any information about what has changed as a result.

We would welcome the inclusion in the guidance that information about changes made as a result of consumer feedback, including complaints, should be provided to staff, the people making the complaint, CACs and other similar groups, and where appropriate, the public.

Consultation question 14

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

We suggest that checks and balances need to exist to ensure that reporting is happening, and that service improvement is reflective of consumer needs and feedback. External auditing?

We would encourage the inclusion of guidance that health services should involve consumers/carers/family/community members in the reporting process – for example, providing data and case studies to CACs and other groups for discussion and feedback (not just for information).

As outlined in the National Safety and Quality Health Service Standards, we would encourage that the complaints policy documents are explicit about involving patients and carers in the review of organisational safety and quality performance information, noting that this goes beyond “informing”.

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).

We think that this is reasonable however, this process needs to be explained to the consumer, so they understand clearly what to expect. We suggest that the onus is on the health service provider to do this.

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).

Regarding Example letter 4: 'Response to Vexatious Complaints,' we are not supportive of language such as, "we will not tolerate behaviour that attempts to threaten, harass or intimidate a patient or staff member," as this risks escalating a consumer's frustration even more. Often, consumers do not 'attempt' to cause such negative impact on others but are simply feeling helpless, powerless and unheard in a system that they feel is not empathetic to their concerns. Perhaps letters should aim to deescalate a consumer's frustrations? Consider wording such as:

'As a service, we place the wellbeing of our staff and patients in high regard. [the staff member] describes feeling upset/intimidated by your comments/actions. I kindly ask that you please consider the impact on staff members in your future communications.'

'We genuinely want to help, please treat us with kindness.'

Complaints Management Toolkit

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).

The language and policy could be inaccessible for some members of the community. Perhaps having pictorial/pamphlet/video versions available that contain key components of the policy would be more inclusive?

We believe a suite of consumer materials should be co-produced with consumers, carers, family and community members to help people understand that they are encouraged to make a complaint and to understand their rights and the processes that will be involved.

These should be produced in a range of formats including plain English, Easy English, Auslan, and in a range of community languages. We believe that the bulk of these materials could be produced centrally with the ability to be tailored to each site, minimising the costs for each health service to produce their own.

We believe it is essential that everyone who uses health services should understand that complaints and other feedback are encouraged, and how to do that.

We believe this information should be displayed alongside the Australian Charter of Healthcare Rights.

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.

Somewhat lacking in direction about complaints that are made in the moment; it seems as though they just direct frontline staff to deal with the issue, however, are these to be recorded somewhere, even if it is not a "formal complaint"?

Are consumers signposted to appropriate mechanisms for such 'in the moment' issues?

We appreciate that they state in the policy that all complaints will be recorded separately from medical records; however, there is a need to communicate this better to consumers, as consumers do sometimes tell us that they received a worse service after a complaint was made.

3.10 "Staff support and engagement" in the Complaints Management Framework, it states that there should be an "emphasis placed on continuous improvement and a customer service culture that is free from retribution", which sounds great however, we do question how this will be put into practice?

The overall language is very formal and therefore may exclude some consumers. The patient experience is highly personal, often 'raw' and 'real' yet these mechanisms are very bureaucratic.

We strongly encourage service providers to engage an independent audit process to check if complaints are handled appropriately.

We note that the policy clearly outlines the *processes* involved, but doesn't speak to the *experience* of the people involved. As outlined elsewhere, people's negative experience of a health service, leading to a complaint, can be compounded by the way the complaint is handled.

When asked what people thought could improve the complaints process and lead to service improvement these were some of the comments we received:

* "Informing people that they can actually complain and how would make the whole process quick and easier for patience. Took me over a year to get what to do and how to start"

* "By apologising . Telling the complainant what they actually did about it and if anything changed as a result to include that as well."

* "Be more open about why specific information is not provided."

We would suggest that health services could be guided or directed to work in partnership with consumers/carers/family/community members – through existing CACs or other mechanisms – to co-design the system for monitoring compliance with the complaints policy, as well as the regular review of the effectiveness of the complaints management system (as some services are required to do under the National Safety and Quality Health Service Standards).

Your Details

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Position

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