

# Guide: Self-Audit Tool for Complaints Management

## Introduction

This self-audit provides a tool for health service providers (HSPs) to assess their current complaints management system and processes. The tool allows HSPs to identify areas for improvement and develop plans for action to address them.

## Background

The WA Health Complaints Management Policy[[1]](#footnote-1) (Complaints Policy) outlines the processes for the management of feedback/complaints relating to WA Health services. The Complaints Policy falls under the mandatory requirements of the Clinical Governance, Safety and Quality Policy Framework[[2]](#footnote-2). The Complaints Policy advocates an efficient, proactive approach to complaint management that results in the best possible outcomes for the patient experience and achieving a more responsive health service.

The self-audit tool has been informed by principles outlined in the Complaints Policy, which correlate with the Australian Standard for the handling of complaints as well as the guidelines from a range of agencies including the Ombudsman WA and the Australian Council for Safety and Quality in Health Care.

The self-audit tool has been adapted from the Victorian Ombudsman’s [**Guide to complaint handing for Victorian Public Sector Agencies**](https://www.ombudsman.vic.gov.au/getattachment/Education/Workshops/Complaint-handling/Complaint-handling-good-practice-guide-Dec-2012.pdf.aspx) (2007) and the Victorian Disability Services Commissioner’s [**Good Practice Guide and self audit tool**](http://www.odsc.vic.gov.au/wp-content/uploads/GoodPracticeGuide_Full.pdf) (2013).

## Guiding Principles

The following seven principles from the Complaints Policy underpin the management of complaints with the WA health system and the relationship with consumers throughout that process.

HSPs demonstrate their commitment to the appropriate management of complaints by providing sufficient leadership and embedding a culture that values feedback for improvement opportunities. Adequate resources, training and support to officers should assist in creating and maintaining such a culture.

**A - Commitment to effective complaint management**

People who are involved in the complaints process are treated with respect and dignity. The process ensures that their concerns are treated as genuine, investigated and they are involved in the decisions/outcomes. Complainants also respect the role of the staff responding to their complaint.

**B - Rights and Responsibilities of consumers and carers**

**C - Promotion, accessibility and transparency**

People who receive health care should be encouraged by HSPs to provide feedback. The process for lodging compliments, concerns or complaints should be clear and easily accessible. An open, receptive and transparent approach should be in place when addressing the feedback.

**D - Responsiveness**

Complaints should be acknowledged and addressed in a timely manner in accordance with the timeframes and risk profile as outlined in the Complaints Policy. Staff should be empowered to address complaints early and fairly.

**E - Privacy and disclosure**

HSPs to establish procedures to ensure complaints are recorded, investigated and resolved in a fair and confidential manner.

**F - Fairness and accountability**

Each complaint should be addressed in an equitable, objective and unbiased manner, be treated as legitimate and investigated without prejudice. Accountabilities should be established with monitoring and escalation of complaints when appropriate.

**G – Continuous service improvement**

Feedback is used to initiate the implementation of local and service-wide practice improvements, including the practices relating to the management of complaints.

## How to use the self-audit tool

There are five key steps to reviewing your current complaints management system:

**Step 1 – Map the current status**

**Step 2 – Assessment and identify gaps**

**Step 3 – Agree on priority areas**

**Step 4 – Develop action plans**

**Step 5 – Evaluate the outcomes**

An example of a response to some of the indicators in the tool is provided at the end of this guide.

It is important to gain an understanding of what is currently happening in your HSP from various perspectives. A wide range of stakeholders should be engaged in the review process. This should be from all levels of the HSP, including consumers, carers, frontline clinicians, adminstrators, managers and executives.

Stakeholder focus groups could be held where you invite stakeholders to discuss their current knowledge of the complaints system and outline any improvements that can be made. Attendees should have a mix of having made a complaint or been involved in the complaints management process as well as not having been involved at all.

Interviews/individual meetings can also be held or surveys could be considered.

Review the self-audit tool and identify key questions that could be used to elicit answers to provide insight into the current status of the complaints system.

Additionally, request and gather evidence to support the information that has been collated.

### Evidence

Evidence should not be concerned with volume but with being able to demonstrate that a system is in place to support and maintain the activity described.

Documentation is considered the ‘gold standard’ of evidence; in addition, observation can be used to provide insight into actual practice.

Strong evidence would include a clear set of documents and records of implementing each indicator/practice. A coherent document trail of evidence about what is done, how it should be done and who does it should accompany records of the action being undertaken.

Four critical characteristics of good evidence that should be considered are:

1. Valid – must be relevant to the practice and demonstrate the performance of it.
2. Sufficient – must be enough of the evidence to clearly demonstrate that the practice is consistently done.
3. Current – must be recent, accurate and reliable so it represents the current system.
4. Authentic – must be related to the specific service/site being assessed and not only to the HSP.

High

Once information has been comprehensively gathered, review what has been provided and analyse what is working and not working in the complaints system.

Impact

### Rating

Utilising the evidence, provide a rating against each indicator for the level of quality achieved against the indicator in current practice. The rating scale used in this self-audit tool is:

Low

Low

|  |  |
| --- | --- |
| Rating | Description  Effort |
| 1 | Practice meets the indicator and is consistent |
| 2 | Practice meets the indicator but is not always consistent |
| 3 | Practice does not meet the indicator but is improving |
| 4 | Practice does not meet the indicator and is not improving |

The ratings 1 or 2 indicate that the HSP has met the indicator whereas ratings of 3 or 4 indicate that the indicator is not currently being met.

If there is insufficient evidence to provide a rating, then the rating should be either 3 or 4.

Ratings of 2-4 should have actions outlined that would improve the practice.

There may be a range of actions to address the gaps outlined in Step 2. The actions should be prioritised according to value, impact, effort and resources required.

The Action Priority Matrix could be used to help consider the actions to focus on that have high impact and low effort and then onto the high impact, high effort actions that could really make a difference. See the figure 1 below for the tool to prioritise actions:

**Figure 1 – Action Priority Matrix**

|  |  |
| --- | --- |
| Quick Wins | Major Projects |
| Fill Ins | Thankless Tasks |

High

High

Using the agreed upon priority areas, develop action plans that outline what, when and who will be responsible for coordinating and undertaking the actions. Sufficient resourcing and approvals should be provided to allow for the successful implementation of the actions.

The action plans should include evaluation of the outcomes. Relevant measures should be outlined and improvements reported.

| **Example of response to Self-Audit Tool of WA Health Service Providers’ Complaint Management Systems** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Principle | Indicator | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement | Action plan  (Who, what & when) |
| A - Commitment  A.1 Policy and procedures | You have a written policy and procedures to support your complaints management system. | ***Sample response***  *2* | ***Sample response***  *Complaints Handling Policy 2015* | ***Sample response***  *Need to revise policy by 2018* | ***Sample response***  *Tom Smith to coordinate a review of the policy to be completed by 1 July 2018* |
|  | Your agency communicates its commitment to complaint handling to the general public. | *3* | *Policy only available on the intranet* | *Policy to be placed on internet as part of a wider communication campaign* | *Jane Wright to liaise with Tom Smith to obtain the policy and work with communications team to develop communication strategies for complaints by July 2018.* |

# Self-Audit Tool: Complaints Management

This self-audit provides a tool for health service providers (HSPs) to assess their current complaints management system and processes. The tool allows HSPs to identify areas for improvement and develop plans for action to address them. The tool should be completed with reference to the **guide for the self-audit tool** as it outlines the key steps to effectively undertake the self-audit and highlights key considerations.

The following rating scale is used in the tool:

|  |  |  |
| --- | --- | --- |
| Rating | Description | Suggested actions |
| 1 | Practice meets the indicator and is consistent | Continue the great work! |
| 2 | Practice meets the indicator but is not always consistent | Review what is being done right and how to do it every time |
| 3 | Practice does not meet the indicator but is improving | Focus on improvements that can be made to raise practice to meet the indicator. |
| 4 | Practice does not meeting the indicator and is not improving | Identify major risk areas and outline actions to implement. Report progress and risks to System Manager regularly |

The tool has been adapted largely from the [Victorian Ombudsman’s Guide to complaint handing for Victorian Public Sector Agencies (2007)](https://www.ombudsman.vic.gov.au/getattachment/Education/Workshops/Complaint-handling/Complaint-handling-good-practice-guide-Dec-2012.pdf.aspx) and the [Victorian Disability Services Commissioner’s Good Practice Guide and self-audit tool (2013)](http://www.odsc.vic.gov.au/wp-content/uploads/GoodPracticeGuide_Full.pdf). The key to each relevant policy/standard/reference detailed at the beginning of each principle/step in the tool is shown below:

|  |
| --- |
| 1. WA Health Complaints Management Policy 2015[[3]](#footnote-3) |
| 1. Ombudsman Western Australia Complaint handling systems checklist 2011[[4]](#footnote-4) |
| 1. Australian/New Zealand Standard AS/NZS 10002:2014 Guidelines for complaint management in organisations |
| 1. Health and Disability Services (Complaints) Act 1995[[5]](#footnote-5) |
| 1. Health and Disability Services (Complaints) Regulations 2010[[6]](#footnote-6) |
| 1. Mental Health Act[[7]](#footnote-7) |

When referring to all staff in the wording of the indicators, it includes all clinical and administrative staff and at all levels of the organisation from frontline clinicians through to senior management and Board members. When referring to complaints staff, these are the staff with the specific role in the complaints management division/unit in your service.

# Guiding Principles for Complaints Management

## A - Commitment to effective complaint management

| **Self-Audit Tool of WA Health Service Providers’ Complaint Management Systems** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Principle | Indicator | | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement | Action plan  (Who, what & when) |
| ***A - Commitment to effective complaint management***  *i. Guiding Principles: pg10, Appendix 2: pg43*  *ii. Customer Focus Principle*  *iii. 5.3.1, 5.3.4*  *vi. s.308* | | *Health services shall demonstrate their commitment to the appropriate management of complaints by providing sufficient leadership, resources, training and support to officers involved in the receipt, recording, investigation, resolution and reporting of complaints.* | | | | |
| A.1 Policy and procedures | Your service has a written policy and procedures to support your complaints management system. | |  |  |  |  |
| A.1.1 Policy available to complainants | Your policy and procedures are published and a potential complainant can readily access your complaints policy. | |  |  |  |  |
| A.1.2 Policy available to staff | All staff in your service understand the complaints policies and procedures (excluding brochures, posters etc. refer to C.1 for that criteria) | |  |  |  |  |
| A.2 Commitment to complaints culture | Your service has a complaints friendly culture which is grounded in a clear understanding that the future of the organisation depends on the people using your services being satisfied. | |  |  |  |  |
| A.2.1 It’s ‘OK to complain’ culture | Information about your complaint management system is included in internal publications to raise awareness of the complaint management process and how complaints are an important way to contribute to service improvement. | |  |  |  |  |
| A.3 Staff responsibility | Complaints management is recognised as an integral part of all staff’s role and workload, not just complaints staff and not as an extra. | |  |  |  |  |
| A.3.1 Positive approach | Staff who are in your service have a positive approach to dealing with complaints. | |  |  |  |  |
| A.3.2 Assessing performance | In staff performance reviews, the manager discusses complaint management. | |  |  |  |  |
| A.2.3 Staff recognition | You appreciate and recognise those staff who anticipate and resolve complaints. | |  |  |  |  |
| A.3 Senior management allocates sufficient resources to complaints staff | Your system is sufficiently resourced with staff that are appropriately trained and empowered to handle complaints. | |  |  |  |  |
| A.3.1 Complaints staff are appropriately selected | Your selection process for complaints staff emphasises the need for good interpersonal and conflict resolution skills. | |  |  |  |  |
| A.4 Resourcing of complaints service | Your complaint management service is sufficiently resourced with phone and computer systems. | |  |  |  |  |
| A.4.1 Adequate information communication technology to support the complaints management system | You have a simple, accessible complaints management system and clear processes for recording, tracking, responding and reporting complaints to ensure compliance with complaint management timelines and review of outcomes. | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.5 Induction process | Essential information about your complaint management system is included in your induction program for new staff and is provided in ongoing training. |  |  |  |  |
| A.5.1 Provision of complaints management training | You provide training to ensure your staff have the right level of Datix CFM and service knowledge and the interpersonal skills to handle complaints. |  |  |  |  |
| A.5.2 Training program criteria | Your training program recognises the different roles and responsibilities for complaints management and, where appropriate, includes the following:   * time management * problem solving * customer service * investigating complaints * acknowledging mistakes and providing apologies * managing complaints in Datix CFM * escalation/identification of risk process * handling difficult behaviours * writing in plain English, and * stress management. |  |  |  |  |

## B - Rights and Responsibilities of consumers and carers

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Principle | Indicator | | | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***B - Rights and Responsibilities of consumers and carers***  *i. Guiding Principles: pg9, Appendix 2: pg42*  *ii. Review Principle*  *iii. 5.1.1, 5.2.3, 5.3.2* | | | *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. Complainants are expected to respect the role of the health service staff and their right to respond.* | | | | |
| B.1 Right to be heard | Your service provides the complainant with the right and means to be heard. | | |  |  |  |  |
| B.2 Respect | Staff treat all stakeholders respectfully courteously and sensitively. Complainants are informed of their responsibilities to respect the role of health service staff. | | |  |  |  |  |
| B.3 Alternative avenues for complaints | Your service publishes information about a complainant’s right to seek internal review, external review or referral to another body. | | |  |  |  |  |
| B.3.1 Staff support access to external review | All staff understand the alternative avenues for dealing with a complaint and advise complainants of their rights to request external review. | | |  |  |  |  |
| ***Dealing with challenging behaviours***  *pg 23-24* | | *Agencies take steps to support complaints in dealing with challenging complainants.* | | | | | |
| B.4 Support to complaints management staff | Your service has processes in place to ensure complaints staff maintain an ongoing positive healthy attitude to dealing with complainants by providing regular breaks, debriefing and support. | | |  |  |  |  |
| B.5 Training for challenging behaviours | Your service provides training and support for staff in dealing with challenging behaviours. | | |  |  |  |  |

## C - Promotion, accessibility and transparency of the complaint management process

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Principle | Indicator | | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***C - Promotion, accessibility and transparency of the complaint management process***  *i. Guiding Principles: pg10, Appendix 2: pg42-43*  *ii. Visibility Principle, Accessibility Principle*  *iii. 5.1.3, 5.1.4, 5.1.5, 8.1,8.2* | | *Health services shall encourage all consumers and carers to provide feedback, concerns and complaints and these will be actioned in an open, receptive and transparent manner. The process for lodgement of complaints is easily accessible and understandable.* | | | | |
| C.1 Promotion of complaints process | Your service widely communicates your commitment to complaint management to consumers using your services, including: a general information package, brochures, posters, signage and information on your website that explain how anyone can provide feedback to your service. | |  |  |  |  |
| C.1.1 Ease of complaint information | Information on how to make a complaint is easy to understand. | |  |  |  |  |
| C.1.2 Other languages | Your service publicises information in languages other than English about where and how to make a complaint. | |  |  |  |  |
| C.2 A complaint handling system should be open and available to all. | Your complaints management points of contact cover a range of options, such as in person, over the phone, and in writing via email, fax, SMS and letter. | |  |  |  |  |
| C.2.1 Cost | There are no fees or charges involved in making a complaint. | |  |  |  |  |
| C.2.2 Direct access | You offer, where possible, complainants a phone number and/or electronic method of contact that connects directly to your complaints offices. | |  |  |  |  |
| C.2.3 Timely access | Your complaints office has a facility for complainants to leave a message about their complaints when officers are busy or the office is unattended. | |  |  |  |  |
| C.2.4 Special access | Arrangements are in place to assist complainants with special needs, such as sight or hearing impaired people or those with literacy problems. | |  |  |  |  |
| C.3 Personal touch | Complaints staff are encouraged to speak to concerned complainants rather than only responding in writing. | |  |  |  |  |
| C.4 Translating and interpreting services for staff | All staff have access to translation and interpreter services to support complainants and their family if required. | |  |  |  |  |
| C.5 Special needs groups | Your service liaises with special needs groups in the community to inform them of arrangements to accommodate their needs. | |  |  |  |  |
| C.6 Transparency | Your service openly acknowledges areas for improvement and apologies, thereby increasing confidence and accountability. | |  |  |  |  |

## D - Responsiveness

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Principles | Indicator | | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***D - Responsiveness***  *I. Guiding Principles: pg10, Appendix 2: pg44*  *ii. Responsiveness Principle*  *iii. 5.2.1* | | *The complaints management system must be responsive to the needs of the consumer/carer and subject to ongoing review and improvement.* | | | | |
| D.1 Clear timelines | Your service has written guidelines in place that outline the stages, timelines and primary areas of responsibility for managing complaints. | |  |  |  |  |
| D.1.1 Stages of a complaint | Your service has target timelines for stages of the complaints management process and you let complainants know your standards. | |  |  |  |  |
| D.1.2 Process to ensure timely response | You have a system to alert staff and managers to key points in the complaints process to help meet target timelines for complaints. | |  |  |  |  |
| D.1.3 Meeting timelines | Your target timelines are monitored, reported and generally met. | |  |  |  |  |
| D.2 Prompt response | Complaints telephone lines, web-based systems (including Patient Opinion feedback) and suggestion boxes are answered promptly and managed within Datix CFM. | |  |  |  |  |
| D.3 Ongoing communication | Your service keeps the person informed at all stages of the progress of their complaint. | |  |  |  |  |
| D.4 Outcome | Your service seeks information from the person about how they see the complaint being resolved. You provide guidance on a range of options for resolution. | |  |  |  |  |

## E - Privacy and disclosure

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Principle | Indicator | | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***E - Privacy and disclosure***  *I. Guiding Principle: pg10, Appendix 2: pg44*  *ii. Confidentiality Principle*  *iii. 5.2.4* | | *Consumers have a right to have complaints regarding their health care investigated and resolved in a fair and confidential manner.* | | | | |
| E.1 Confidentiality procedures | Your service has policy and procedures on confidentiality and disclosure. | |  |  |  |  |
| E.1.1 Confidentiality procedures published | Your policy and procedures on confidentiality and disclosure are published and easily accessible and understood by staff and provided to consumers. | |  |  |  |  |
| E.1.2 Confidentiality processes to complainants | Complainants are advised how their personal information is likely to be used at the time a complaint is first acknowledged. | |  |  |  |  |
| E.2 Appropriate investigation disclosure | Information from the individual complaint is not shared with others in the service unless it is required as part of the complaint investigation process or it is de-identified. | |  |  |  |  |
| E.3 Complaint records separated from medical records | Complaint records are separate to the patient’s medical record. However, if the information from a complaint is critical to a patient’s ongoing diagnosis or treatment, the clinically relevant information may be recorded in the patient’s medical file but must exclude any reference or interference to the complaint or the investigation. | |  |  |  |  |

## F - Fairness and accountability

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Principle | Indicator | | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***4 - Fairness and accountability***  *i. Guiding Principles: pg10, Appendix 2: pg43*  *ii. Objectivity and Fairness Principle, Accountability Principle*  *iii. 5.1.2, 5.2.2, 5.2.3, 5.4.2* | | *Each complaint should be addressed in an equitable, objective and unbiased manner, and be treated as legitimate and investigated without prejudice.*  *Accountabilities for the management of complaints are established; and, complaints are monitored and escalated to the health service’s leadership team or external agencies when appropriate.* | | | | |
| F.1 Fairness | Your complaints management system recognises the need to be fair both to the complainant, the service and/or the person against whom the complaint is made. | |  |  |  |  |
| F.2 Fairness | Complaints staff are aware of the relevant code of conduct requirements where a conflict of interest may have been identified or is likely to be perceived by the complainant. | |  |  |  |  |
| F.3 Natural justice | The principles of natural justice are followed (people likely to be adversely affected by a decision or action are given reasonable opportunity to comment on the information or material and the decision maker acts in an impartial and unbiased manner). | |  |  |  |  |
| F.4 No adverse consequences for complainants | Complainants do not experience retribution for making a complaint (whether it be as the patient or not). You make it clear in your policy, procedures and any promotional information that not only are complaints encouraged, but that any adverse treatment of a person who has made a complaint will not be tolerated. | |  |  |  |  |
| F.5 Clear accountabilities | All staff are aware of their responsibilities for managing complaints and, if applicable, the responsibilities of specific nominated complaints management staff are clear to all. | |  |  |  |  |
| F.6 Thorough record keeping | Your service maintains a thorough record of complaints in Datix CFM. You make sure that all correspondence relating to feedback and complaints is managed in accordance with your service’s record keeping plan, policy, and procedures.  A thorough record includes all documents to be attached which are not limited to but may include the original complaint, attachments to documents referred to in the complaint/investigation and the response from your service. | |  |  |  |  |
| F.6.1 Staff responsibility for data quality | Your service has staff responsible for ensuring consistency, timeliness and quality in how complaints are dealt with and data collected. | |  |  |  |  |
| F.7 Reporting of data | There should be appropriate reporting on the operation of the complaints process against documented performance standards.  Trends or aggregated complaints data is publicly available and reported by your service. | |  |  |  |  |

## G - Continuous service improvement

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Principle | Indicator | | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***7 - Continuous service improvement***  *i. Guiding Principles: pg11, Appendix 2: pg44-45*  *Reporting of complaints: pg31*  *ii. Continuous Improvement Principle*  *iii. 5.4.2, 9.1, 9.2, 9.3, 9.5, 9.6, 9.7*  *iv. s.75*  *v. Schedule 2*  *vi. s.309* | | *Consumer feedback is used to initiate the implementation of local and service-wide practice improvements, including practices relating to the management of complaints.* | | | | |
| G.1 Collecting complaints data | Your service utilises the Datix CFM to collect service wide complaints data including divisional and regional complaints data. | |  |  |  |  |
| G.1.1 Timely collection of complaints data for reporting | Complaints data is collected in Datix CFM in a timely manner to allow PSSU to facilitate a number of monthly and annual reporting activities, these include (but not limited to):   * total number of new complaints and issues received per month * complaints classified into subcategories and issues * number of complaints that were resolved within 30 days of receipt * number of complainants awaiting final response * number of new complaints referred to an external agency * comparisons with previous periods and identify system-wide and recurring complaints | |  |  |  |  |
| G.1.2 Reporting complaints data within your service | Your service generates regular reports for senior management/Boards based on the analysis of the data which include (but not limited to):   * effectiveness of the system against measurable objectives * trends in investigations * recommendations for service improvement strategies related to complaints * improvements that are in place * focus on recurrent complaints and themes * trends associated with serious issues such as misconduct associated with complaints * complainant’s degree of satisfaction * culture and attitude of staff to complaint management | |  |  |  |  |
| G.1.4 Reporting complaints data to relevant external agencies | Your health service provider provides an annual provision of information relating to complaints received and actions taken as legislated by the *Health and Disability Services Complaints Act 1995*, and *Mental Health Act 2014*.  Mental health complaints/complaints issues are to be reported separately for each health service that provides mental health services.  Information should be in accordance with the reporting requirements set out in the *Health and Disability Services Complaints Regulations 2010*. | |  |  |  |  |
| G.2 Organisational process improvements | Complaints data and learnings are regarded as an important source of information on service quality and are taken into account in clinical and corporate governance, and strategic planning policies and processes. | |  |  |  |  |
| G.3 Evaluation of complaint management processes | Your service conducts annual reviews to determine how the complaint management system is working to ensure it is operating effectively and responding to changing needs and circumstances. | |  |  |  |  |
| G.3.1 Evaluation includes all stakeholders | Your review of your complaints management system seeks the views of complainants, service staff and management, concerning the complaints handling system. | |  |  |  |  |
| G.3.2 Regular policy/process updates | Your service regularly reviews your complaint management policies and processes and updates them accordingly. | |  |  |  |  |
| G.3.3 Publish review | Where appropriate you report the results of your review of your complaints management system to complainants, service staff and all levels of management. | |  |  |  |  |
| G.4 Implementation plan | Following each review, an implementation plan is developed, identifying what actions are to be taken, by whom and by when. | |  |  |  |  |

# Management of Complaints – Process

## Step 1 – Acknowledgement

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Principle | Indicator | Rating  1,2,3,4 | | | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***1 - Acknowledgement***  *Acknowledgement: pg13-14, Recording and storage of complaints records: pg28*  *8.4, 8.5, 8.6* | *The acknowledgement of a formal complaint should include a discussion, or reporting of key elements.* |  | | |  |  |  |
| 1.1 Record complaint information | Your service records the following complaint information on all complaints (whether verbal or in writing):   * complainant’s details (name, address, contact details, age, gender etc) * description of the event and mode of the complaint (including date complaint received) * desired outcome of the complainant * preference for mode of communication * responsible officer * categorisation of complaint issues * severity rating for the complaint (allocate an initial Seriousness Assessment Matrix (SAM) Score) |  | | |  |  |  |
| 1.2 Acknowledge complaint | Your service provides the complainant with an acknowledgement of the complaint lodgement within five working days of receiving the initial complaint. |  | | |  |  |  |
| 1.2.1 Provide specific complaint process information | Your service provides the complainant with information about the complaints management process, contact details for the complaints management officer(s), and expected timeframes for resolution of the complaint. |  | | |  |  |  |
| 1.2.2 Inform complainant if constraints exist | Your service informs the complainant if there are constraints involved in the investigation of the incident, an estimated timeframe for resolution, and an indication of whether a satisfactory outcome is to be expected. |  | | |  |  |  |
| 1.3 Ongoing communication | Your service monitors the progress of complaints and advises complainants of reasons for deviation from target timelines.  Your service also allows complainants to withdraw from their complaint at any stage. | |  |  | |  |  |

## Step 2 – Assessment

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Principle | Indicator | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***2 – Assessment***  *Assessment: pg15-20*  *Complaints Management Framework: pg12*  *Reporting of alleged misconduct: pg 33-34*  *8.3, 8.7.1* | *Each complaint should be assessed based on available information.* |  |  |  |  |
| 2.1 Complaint assessment | Your service applies the Complaints Management Framework (within the Complaints Policy) to assess the level of response that is appropriate for the complaint, which include:   * Level 1 response – front line resolution * Level 2 response – internal complaint management * Level 3 response – escalation to external agency (this would only occur if the complainant is not satisfied with the outcome from the initial complaint to the service) |  |  |  |  |
| 2.1.2 Assessment and planning | Your assessment of the complaint considers a range of relevant factors, such as the:   * issues that comprise the complaint * seriousness of the complaint informed by the risk score (SAM score) * whether it indicates the existence of a systemic problem, or involves an issue of public interest. |  |  |  |  |
| 2.1.3 Actions based on seriousness of complaint (using the SAM score) | Your service has guidelines based on the rating of the seriousness (SAM score) of the complaint to determine:   * who needs to be notified of the complaint * the priority of the response and mode of response * who will need to be involved in the investigation and response |  |  |  |  |
| 2.1.4 Assess complainant’s expectations | Your assessment also includes consideration of the complainant’s expectations about the outcome and if they are realistic and whether they should be managed. |  |  |  |  |
| 2.2 Serious complaints | Your service has appropriate review processes in place for complaints with significant risks (informed by the initial SAM score) including the review and sign-off by senior management once the investigation has been completed and recommendations have been implemented and evaluated. |  |  |  |  |
| 2.3 Accidents and clinical incidents | Your service has appropriate guidelines and processes to also report/notify accidents and clinical incidents that are raised as complaints in the corresponding systems (e.g. Datix CIMS for clinical incidents) and link the records to the Datix CFM record of the complaint.  Note that the complaint can be managed successfully despite adverse clinical outcomes and a separate clinical incident management process occurring alongside/in parallel. |  |  |  |  |
| 2.4 Deciding to report misconduct | Your staff know the process to seek relevant advice (management, governance, human resource or clinical expertise) to decide if a complaint should be raised as misconduct. If the decision is made not to report a complaint as misconduct, a detailed summary of the decision and reasoning is recorded. |  |  |  |  |
| 2.4.1 Reporting of alleged misconduct | Your service has established reporting systems in place to support the notification of misconduct that could be raised from a complaint. The process should be aligned to the relevant mandatory policies in the Employment Policy Framework (including but not limited to the Discipline Policy, Notifying Misconduct Policy and Reporting of Criminal Conduct and Professional Misconduct Policy). |  |  |  |  |
| 2.5 Patient authorisation | Your service seeks patient authorisation when required, prior to any level of investigation (e.g. if the complaint is not made by the patient) |  |  |  |  |

## Step 3 – Investigation

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Principle | Indicator | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***3 – Investigation***  *Investigation: pg20-21*  *8.7.2* | *The investigation of a complaint will offer the opportunity to determine what occurred to whom, how; and, identify how things might be, should be, done better.* |  |  |  |  |
| 3.1 Investigation planning | The investigation process is supported by guidelines detailing the assessment and planning process to be undertaken. |  |  |  |  |
| 3.1.1 Investigation planning | Your service has a framework for any investigation which includes appropriate authorisation to conduct the investigation, terms of reference which establish a focus and set limits and an investigation plan. |  |  |  |  |
| 3.1.2 Investigation plan | Your service routinely produces an investigation plan for more complex complaints. |  |  |  |  |
| 3.2 Appointment of investigator | Your service requires one person to be responsible for the conduct of the investigation and establishing an investigation framework. |  |  |  |  |
| 3.2.1 Investigator role | Your investigative officers are support in how to carry out an investigation. Guidelines and training show how to conduct interviews, inspect sites and documents, and natural justice principles. |  |  |  |  |
| 3.2.2 Natural justice | Your service requires the person investigating the complaint to act reasonably, objectively and in good faith. |  |  |  |  |
| 3.2.3 Conflict of interest | Your service ensures that the person investigating the complaint has not had significant involvement in the issue(s) under review and does not have a personal interest in the outcome |  |  |  |  |
| 3.3 Gathering information from complainant | The investigator of the complaint clarifies the issues and allegations with the complainant. |  |  |  |  |
| 3.3.1 Gathering information from your service | Your service informs the person or area about whom the complaint is made and checks allegations against service responses. |  |  |  |  |
| 3.3.2 Corroboration of evidence | Your service guidelines require that where possible, evidence gathered through the investigation is corroborated by more than one person. |  |  |  |  |
| 3.4 Legal proceedings | Where legal proceedings are foreseeable, your service requires the investigation to be conducted in accordance with established rules of evidence. |  |  |  |  |
| 3.5 Complaints file/records | The person investigating the complaint maintains a secure, central investigation file, documenting each step of the investigation process and all communications. |  |  |  |  |
| 3.5.1 Investigation report | Your service requires a report to be completed documenting the investigation findings. |  |  |  |  |
| 3.5.2 Investigation findings | You record the following as part of the investigation and where relevant, in a report:   * what should have or should not have occurred? * who are the staff involved? what are their biases? * where the event occurred? * when and if this has happened before? * why did it happen? * how can the complaint be resolved for the complainant? * recommendations for actions to avoid reoccurrence and timeframes for implementation |  |  |  |  |

## Step 4 – Response

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Principle | Indicator | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***4 - Response***  *Response: pg21-24 Appendix 4: pg54*  *Remedy Principle*  *Review Principle*  *5.2.5, 8.7.3, 8.7.4, 8.9* | *The outcome of the investigation is clearly communicated to the complainant, service staff and management.* |  |  |  |  |
| 4.1 Range of remedies/outcomes | Your service has guidelines that outline the range of remedies available, depending on the type of complaint. |  |  |  |  |
| 4.1.2 Reasonable remedies/outcomes | The remedies offered are both fair and reasonable for the complainant and service. |  |  |  |  |
| 4.1.3 Consistent remedies/outcomes | The remedies offered to complainants with similar issues are consistent. |  |  |  |  |
| 4.1.4 Implementation of remedies/outcomes | Remedies are implemented as soon as possible. |  |  |  |  |
| 4.1.5 Extended application of remedies | In cases where a remedy is provided to a complainant, steps are taken by the service to provide a remedy to other people similarly affected, even if they have not made a complaint. |  |  |  |  |
| 4.1.6 Accountability of remedies | Your service has guidelines that outline who is authorised to determine certain types of remedies. |  |  |  |  |
| 4.2 Making a decision | Your service makes fair, objective and consistent decisions, taking into account all relevant circumstances and based on relevant factors, available evidence and criteria. |  |  |  |  |
| 4.2.1 Right of reply | Your service informs the person or work group about whom the complaint is made, of your decision and reason for the decision, and if necessary, invite comment. |  |  |  |  |
| 4.3 Response to complainant | Your service provides the complainant with detailed reasons for the decision appropriate to the complexity of the complaint. |  |  |  |  |
| 4.3.1 Service improvement notification to complainant | Your service notifies complainants of any specific changes or improvements made as a result of their complaint. |  |  |  |  |
| 4.3.2 Further options of review | Your service informs the complainant of further avenues of review if they are not satisfied with the outcome of the complaint process conducted by the service. |  |  |  |  |
| 4.4 Record of response | Your service records the following complaint information in Datix CFM:   * action, completion milestone dates and outcome/s * recommendations for improvement |  |  |  |  |
| 4.5 Closing the loop | Where appropriate service staff and senior management are informed of the outcome of the investigation, response and suggested improvements. |  |  |  |  |

## Step 5 – Service Improvement

| **Self-Audit Checklist of WA Health Service Providers’ Complaint Handling Systems** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Principle | Indicator | Rating  1,2,3,4 | What supports your assessment? | Recommended actions for improvement. | Action plan  (Who, what & when.) |
| ***5 – Service Improvement***  *Service Improvement: pg25-27*  *8.9* | *Services are required to to provide a safe and quality health care service, which is consistently evaluated through continuous quality improvement processes to make sure that it meets consumer requirements.* |  |  |  |  |
| 5.1 Evaluation of investigations | Your service requires each completed investigation to be reviewed to identify improvements in the investigation process. This evaluation may be informal or formal depending on the nature and complexity of the investigation. |  |  |  |  |
| 5.1.1Audit/review files | Where appropriate, your review process includes an audit or sample of investigation files to confirm the accuracy of information recorded on the complaints system. |  |  |  |  |
| 5.2 Monitoring outcomes | The implementation of remedies is monitored, reported and evaluated to ensure outcomes are appropriate and service improvements are made. |  |  |  |  |
| 5.4 Follow up with complainants | Your service follows up with complainants on their experience of your complaints process. |  |  |  |  |
| 5.5 Follow up with staff | Your service follows up with staff or services involved in the complaints management investigation and service improvements on their experience of the process. |  |  |  |  |

1. <http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13196> [↑](#footnote-ref-1)
2. <http://www.health.wa.gov.au/circularsnew/Clinical_Governance,_Safety_and_Quality.cfm> [↑](#footnote-ref-2)
3. <http://www.health.wa.gov.au/circularsnew/pdfs/13196.pdf> [↑](#footnote-ref-3)
4. <http://www.ombudsman.wa.gov.au/Publications/Documents/guidelines/Complaint-handling-systems-Checklist.pdf> [↑](#footnote-ref-4)
5. [https://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:28889P/$FILE/Health%20and%20Disability%20Services%20(Complaints)%20Act%201995%20-%20[04-f0-01].pdf?OpenElement](https://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:28889P/$FILE/Health%20and%20Disability%20Services%20(Complaints)%20Act%201995%20-%20%5b04-f0-01%5d.pdf?OpenElement) [↑](#footnote-ref-5)
6. [https://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:28890P/$FILE/Health%20and%20Disability%20Services%20(Complaints)%20Regulations%202010%20-%20[01-c0-01].pdf?OpenElement](https://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:28890P/$FILE/Health%20and%20Disability%20Services%20(Complaints)%20Regulations%202010%20-%20%5b01-c0-01%5d.pdf?OpenElement) [↑](#footnote-ref-6)
7. <http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Act_2014_-_00-00-04.sflb.ashx> [↑](#footnote-ref-7)