



# COMMENTS, COMPLAINTS AND FEEDBACK – MANAGEMENT OF POLICY

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## CONTENTS

Rationale.....	1
Evidence Base .....	1
Related Documents .....	2
Policy .....	2
Principles That Underpin Our Management of Feedback and Complaints .....	2
Managing Feedback .....	3
Receiving Feedback .....	3
Confidentiality of Complaints.....	3
Initial Assessment.....	4
Obtain client authorities.....	4
Rate the severity of the complaint.....	4
Investigate.....	5
Responding to complaint.....	5
Resolving the complaint.....	6
Referral for further actions.....	6
Anonymous Complaints.....	7
Declining to deal with complaint.....	7
Mandatory notifications.....	7
Conflict of interest.....	8
Independent third party investigations.....	8
Complaints- children and vulnerable people.....	8
Board review.....	8
Quality Improvement.....	8

## RATIONALE

- To ensure that all client and stakeholder comments, complaints and feedback are handled promptly and efficiently on behalf of our service.
- To continually improve the delivery of services through continual quality improvement based on community feedback.

## EVIDENCE BASE

- RACGP Standards for General Practices, 5<sup>th</sup> edition
- ISO 9001 Standards and QIC standards
- Health and Disability Services Complaints Office
- Australian Quality and Safety Commission *Australian Open Disclosure Framework*
- National Principles for Child Safe Organisations

## RELATED DOCUMENTS

- Comments Complaints and Feedback form (Doc 082)
- Comments, Complaints and Feedback flow chart (Doc 060)
- Risk Assessment Template and Matrix form (Doc 361)
- Child Protection - Working with Children Policy (Doc 032)
- Complaints, Feedback and Compliments register

## POLICY

All Clients, Stakeholders and RTO Students have a right to have any concerns dealt with in a manner that respects their contribution to the quality improvement of our services. All clients, including children and vulnerable people, have the right to inform Wirraka Maya Health Service Aboriginal Corporation (WMHSAC) if they are concerned with any aspect of service provision or if they wish to provide any other feedback. It is important to understand the needs of our clients. Staff should not be offended that someone has made a complaint. We encourage clients and community members to contribute in any way to improving the service we offer.

## PRINCIPLES THAT UNDERPIN OUR MANAGEMENT OF FEEDBACK AND COMPLAINTS

WMHSAC will:

1. acknowledge the complaint
2. try to resolve the complaint directly with the complainant
3. be aware of differing views of what happened and what was said
4. provide additional support to children and vulnerable people wishing to make a complaint
5. reassure the complainant
6. have a complaint handling mechanism in place
7. respond to complaints as soon as possible, even if it is just to explain the process.
8. give a commitment to a certain timeframe and stick to it. This means that we will keep the complainant informed and, if there is a delay, explain the reasons for this.
9. address all aspects of the complaint and demonstrate to the complainant that the complaint has been taken seriously.
10. acknowledge the distress of the complainant.
11. acknowledge any errors that did occur and apologies, if appropriate and in any event, be sympathetic.
12. try to understand the situation from the complainant's perspective and that we will find out what would resolve the matter for them.
13. avoid official or technical language, jargon and clichés.
14. learn from the complaint and take measures to always improve the quality of our service.

## MANAGING FEEDBACK

Where a person wishes to make a complaint or provide feedback the following applies:

- Complaints may be made verbally in person or via telephone, or in writing
- The 'Comments, Complaints, and Feedback form' is made available for clients in the waiting area in the Clinic and in the Reception area in the Social Emotional Well Being Building (SEWB). In addition clients can request for a copy of this form from any staff member.
- The person is to be informed that their completed form may be placed in the suggestion box in the waiting area in the Clinic or the suggestion box in the reception area in the SEWB Building or it may be hand delivered to the Line Manager
- If the complaint is made verbally, the record form is to be comprehensively completed by the staff member who is writing it.

## RECEIVING FEEDBACK

All complaints are documented.

Written complaints are to be immediately registered in the complaints register by the Compliance Officer and forwarded to the appropriate Senior Manager

Where a person wishes to make a complaint face to face or via telephone staff should:

- Comprehensively record the conversation and concerns, along with all necessary details (including contact details) on the **feedback form**. If possible, provide a copy of the completed record to the complainant to ensure they agree that it is factually correct.
- Offer an apology
- Determine if the complainant would like to nominate a contact person for them regarding the complaint. This may be particularly relevant for vulnerable clients.
- Advise the complainant of the complaint management process.
- Register the complaint on the complaints register located with the Compliance Officer
- Advise the complainant about supports available to them to assist them with making the complaint including, where appropriate a:
  - support person
  - communication aids

Send the documented complaint to the Compliance Officer. Senior Managers are to commence actioning the complaint as soon as possible.

## CONFIDENTIALITY OF COMPLAINTS

Complaints should be dealt with in confidence at all times to the extent possible and without compromising the steps to be taken in investigating or actioning a complaint.

## INITIAL ASSESSMENT

The purpose of the assessment process is to:

- Classify the complaint appropriately in order to determine the appropriate action
- Ensure the process is corresponding to the seriousness of the complaint and the issues raised
- Ensure fairness to all concerned.
- There are several steps the Senior Manager must take in assessing a complaint:
  1. Identify the issues raised
  2. Identify the issues for resolution, which includes the key concerns raised by the complainant, as well as any other issues that arise or are identified.
- If any or all of the issues are unclear, before progressing with the matter, clarify them with the complainant.
- Identify the parties involved
- The relevant parties are those key people involved with the complaint plus those involved with the incident that is the subject of the complaint. They may not always be a respondent to the complaint but may be key people in the provision of the service under inquiry.
- If Senior Managers, volunteers or contractors are identified in a complaint then they must be advised of the concern and **the CEO/COO** will determine the appropriate person to conduct the investigation, other than the identified staff members.

## OBTAIN CLIENT AUTHORITIES

- Client authorisation is required whenever:
- The complaint relates to the services received by the client and the complainant is not the client.
- The complaint investigation requires information from services provided outside of WMHSAC In these instances, an authority to release information is required in order to provide confidential information to the third party.
- If the client is a child, deceased or too ill, the parent or person responsible (guardian, person with power of attorney or executor) is able to sign on the client's behalf.

## RATE THE SEVERITY OF THE COMPLAINT

- The Severity Assessment is determined using the Risk Assessment Template and Matrix form
- The severity assessment will help determine:
  - Who will deal with the complaint;

- Who needs to be notified both internally and externally;
- The best method to achieve resolution.
- All complaints are reported to the Board of directors, maintaining confidentiality.
- Assessment results include:
  - Referring to the Open Disclosure Framework
  - Providing information, reassurance, or an apology for unsatisfactory conduct or service.
  - Conducting a face-to-face meeting using facilitated resolution or mediation.

## INVESTIGATE

- **Information collection**
- All complaints require a degree of fact-finding process in order to determine what has happened and what course of action is required in response. Consideration is required to determine:
  - What information to obtain, e.g. client records, witness statements, etc.
  - Where it is to be obtained
  - How it should be best collected, and
  - How it should be communicated
- Sufficient information is required in order to construct a chronology of events, or flow chart, particularly if the matter is complex and to determine the applicable standards/procedures/policies and whether they were adhered to.
- **Analysis and review**
- As information is collected, it must be analysed and reviewed. Analysis includes identifying:
  - What can be agreed upon between the parties
  - What facts are in dispute
  - Is information provided relevant and reliable
  - Sufficient information has been gathered to determine whether particular standards have been met
  - Whether there are inconsistencies
  - Whether independent verification has been carried out – What systematic and performance factors led to the outcome

## RESPONDING TO COMPLAINT

- Once the information has been analysed, the Senior Manager makes findings and recommendations for action. Actions taken must be based on the evidence, address any system, process or service issues, and are informed by the principles of public interest and good governance.
  - The COO/CEO considers recommendations and approves actions.
  - Options for appropriate action may include:
    - Offering an apology
    - Developing or amending a policy and/or procedure
    - Training/education of staff/RTO students or clients

- Modification of the environment
- Ongoing monitoring of an issue, or
- No action recommended.
- The COO/CEO must ensure that the outcome and recommendations are clearly communicated to the client, stakeholders, RTO students, staff and managers.

## RESOLVING THE COMPLAINT

Our aim is to resolve complaints within 30 business days.

The final response will be in the form of a letter from the COO/CEO.

The final response must be factually correct and:

- Include an apology. This is not necessarily about accepting blame or fault but will sometimes be an acknowledgement of the complainant's experience and their feelings.
- Address each of the points the complainant has raised with a full explanation or give the reason(s) why it is not possible to comment on a specific matter.
- Give specific details about the investigation, i.e. sources of information, what was discovered, etc.
- Give details of actions taken as a result of the complaint.
- Offer to meet the complainant with the key staff involved.
- If there is a reason why a specific issue cannot be addressed this should be stated. Include further action available to the complainant.
- The response must be in accordance with the Open Disclosure Framework whenever appropriate.

As far as practicable, the staff members involved are to be given the opportunity to see the final response before it is sent to the complainant.

The final response will be:

- Sent to the complainant
- A copy kept on file as part of the complaints register
- Copied to the relevant manager
- Copied to any third parties involved such as the WA Health and Disability Services Complaints Office
- The complaint is deemed closed at this time.

## REFERRAL FOR FURTHER ACTION

- If a complainant is not satisfied with the outcome of a complaint investigation, they have the right to seek audience with the CEO.
- In the event they still feel the issue has not been resolved they can lodge a complaint with the WA Health and Disability Services Complaints Office and WMHSAC will cooperate in all ways with any subsequent investigation.

## ANONYMOUS COMPLAINTS

- Anonymous callers should be advised that an investigation is made more challenging if they do not disclose their identities as this severely limits WMHSAC's ability to obtain information. They should then be informed of confidentiality, as applied to the complaint management process, to encourage them to reveal their own and/or the subject's identity. The complainant needs to be informed that:
  - There will be disclosure of information to any respondents identified
  - There is "nothing off the record" in the information provided to WMHSAC
  - The gathered information will be assessed in accordance with WMHSAC's policies. Relevant statements and evidence would be gathered to enable a fair decision to be carried out.
- WMHSAC acknowledges that the complainant's wishes should be respected, as an assurance of absolute confidentiality cannot be given.
- Anonymous written complaints may reveal the identity of the complainant or it may be apparent from the complaint details. An inquiry may still be possible and may be warranted if the complainant raises health and safety concerns.

## DECLINING TO DEAL WITH COMPLAINT

WMHSAC may decide to decline to deal with a complaint because it is:

- Vexatious
- Outside its jurisdiction, or
  - is under investigation by some other competent person or body or has been or is the subject of legal proceedings.
- Care needs to be taken in assessing these complaints to ensure that every effort is made to understand the information the complainant is attempting to convey.
  - If a complaint has been declined, complainants should be advised of the reasons for the decision.

## MANDATORY NOTIFICATIONS

- In some cases, a complaint raises issues that require mandatory external notification or referral. This may only become apparent once preliminary inquiries are made. Other external bodies that may need to be involved in a complaint include:
  - WA Health and Disability Services Complaints Office
  - Coroner – in the case of a reportable death
  - Commonwealth department of Health or WA Department of Health – Suspect breach of contracts or fraud
  - Professional registration bodies
  - WA Police – criminal conduct
  - Department of Child protection services

## CONFLICT OF INTEREST

- If the investigation of the complaint raises a conflict of interest issue for either of the two delegated persons (CEO or COO):
- All complaints made in respect to the CEO or a Director are to be managed by the Chairperson.
- All complaints made in respect to the COO are to be managed by the CEO
- The conflict is to be documented
- All complaints made in respect to the Chairperson are to be managed by the Board

## INDEPENDENT THIRD PARTY INVESTIGATIONS

The CEO may refer a matter for investigation to a third party independent investigator but the Board is informed about this process.

## COMPLAINTS – CHILDREN AND VULNERABLE

- WMHSAC supports and proactively encourages a safe environment for children and vulnerable people. This means that children and vulnerable people are actively engaged to
- Encourage a relationship of trust, transparency and openness within the context of providing comprehensive health services.
- WWMHSAC makes available to all clients the UNICEF brochure *UN Convention on the rights of children in child friendly language*. It is available in the waiting room.
- All staff have a responsibility to create a welcoming environment to all clients who wish to provide feedback including children and vulnerable people. Employees should refer to the Child Protection - Working with Children Policy for guidance on identifying abuse and managing disclosures of abuse.
- WMHSAC has competent staff who are able to safely provide services to children and vulnerable people.

## BOARD REVIEW

The Board of Directors is to review the complaints register at every meeting.

## QUALITY IMPROVEMENT

The CEO shall be responsible for communicating the recommendations to the management team.

WMHSAC will use the recommendations and outcomes for quality improvement.