



Consumer Complaints Procedure

Procedure Number
WCDHB-PG-0001

Version Nos:
9

1. Purpose

The West Coast District Health Board (WCDHB) will have an explicit procedure for dealing with consumer complaints in a fair and timely manner, that complies with the relevant consumer rights legislation, that contributes to the provision of quality health services and encourages consumers to offer their views on the WCDHB services.

2. Application

This Procedure is to be followed by all staff throughout the WCDHB.

3. Definitions

For the purposes of this Procedure:

Consumer is taken to mean any user or potential user of a WCDHB health service;

Complainant is taken to mean an individual who makes a complaint;

Complaint is taken to mean any adverse comment, received from an identifiable consumer or their representative about any aspect of the quality of a health service provided by WCDHB.

Resolved is taken to mean (in relation to a complaint) the date of the response letter is posted

4. Responsibilities

For the purpose of this Procedure:

The **WCDHB** shall:

- ensure that the WCDHB has a clear and effective system for dealing with consumer complaints that meets its legal obligations.

The **Quality Assurance & Risk Manager (QARM)** shall:

- report monthly to the Clinical Governance, Executive Management, and Hospital Advisory Committee on the resolution of complaints;
- report to the Board on any relevant issues;
- acknowledge receipt of and respond to all complaints.; and

The **Executive Assistant to the CEO** shall:

- ensure that each complaint has been entered into the WCDHB Complaints database and allocated to the appropriate General Manager(s) without delay;
- ensure that an acknowledgment letter is sent to the complainant upon receipt of the complaint;
- establish and maintain a confidential hard copy file for each complaint received.

General Managers shall:

- delegate such staff as are required to ensure that the complaints investigation and resolution process is not delayed by the absence of an individual with responsibilities under this procedure;
- investigate and draft responses to consumer complaints relating to the service they are responsible for;
- consider how best to resolve each consumer complaint;



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WCDHB-PG-0001

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9

- consider how best WCDHB can learn from each consumer complaint;
- maintain a register of changes to services or work practices that have resulted from investigation of consumer complaints;
- report weekly to the CEO on the status of all complaints in their respective service areas;
- notify the Quality Assurance and Risk Manager of any potential risk to WCDHB arising from a consumer complaint;
- ensure that WCDHB complies with the timeframes set out in this Procedure, -
 - o including the requirement to keep complainants informed if it will take longer than these timeframes to resolve the complaint.
 - o notify staff of any complaints made that relate to them and of the outcome of any such complaints

WCDHB Staff Members shall:

- ensure they are familiar with this Procedure;
- encourage and welcome consumer feedback on WCDHB services;
- receive complaints and enter these into the complaints database without delay;
- forward written consumer complaints to the office of the CEO immediately (same day) upon receipt.

5. Resources Required

This Procedure requires:

- i) WCDHB Complaints Database (computerised).
- ii) WCDHB Patient Feedback Form

6. Process

- 1.01 The WCDHB complaints Procedure will be advertised prominently in WCDHB Facilities and the WCDHB website.
- 1.02 The WCDHB recognizes that despite the best intentions of competent and caring professionals, adverse events may occur and the WCDHB takes a no-blame approach towards staff, and is committed to the ongoing development of a culture where everyone has a constant and active awareness of the potential for things to go wrong, that is fair and open, where staff are able to learn from errors and act upon them. To this aim, no disciplinary action will result from complaints, or the reporting of incidents, mistakes or near misses, except in circumstances where there are criminal or malicious acts, or acts of gross negligence.
- 1.03 In the event it becomes clear that staff competency is the root cause of a complaint, WCDHB management will make every reasonable effort to ensure staff can reliably deliver safe care. If it becomes clear that a staff member cannot practice in a reliably safe manner by providing support such as education and mentoring, this situation will be treated as a staff competency issue through normal disciplinary procedures.



Consumer Complaints Procedure

Procedure Number
WCDHB-PG-0001

Version Nos:
9

- 1.04 Complaints may be received at any time, by any staff member, either verbally or in writing, including on the WCDHB Patient Feedback Form. However, complaints will only be investigated where the identity of the consumer is provided. Anonymous complaints by their very nature cannot be investigated. Where a staff member receives an anonymous complaint, they are to inform the complainant that without the identity of the consumer involved, the complaint cannot be investigated, and allow them the opportunity to consider providing their identifying information. Nonetheless, a staff member who receives a complaint from a consumer who wishes to remain anonymous, should forward as much detail about the complaint as possible to the office of the CEO for a decision about any other action that may be taken.
- 1.05 Upon receiving a verbal complaint, staff members are required to ensure that the relevant details and facts of the complaint are received, and to check the accuracy of these with the complainant. The procedure for dealing with complaints is to be explained to the complainant, and the staff member concerned is then to enter the complaint in the complaints database and forward the complaint to the EA to the CEO immediately.
- 1.06 Upon receiving a written complaint, the staff member concerned is to date-stamp the written complaint, and forward a copy of the written complaint to the EA to the CEO immediately.
- 1.07 Where a staff member feels that they are unable to receive the complaint, they are to arrange for their immediate manager to receive the complaint. This is to be undertaken in a polite and efficient manner, with the staff member explaining to the complainant that they will arrange for their manager to receive the complaint, and then they are to make the necessary arrangements.
- 1.08 Upon receipt of a complaint, the EA to the CEO will, within 1 working day, check that the complaint has been correctly enter the complaint details in the complaints database (and correct if necessary) and refer to the relevant General Manager or her/his delegated nominee. All complaints will be acknowledged in writing within 3 working days of receipt by the QARM.
- 1.09 Upon receipt of a complaint from the CEO's office the General Manager, or other person delegated for this purpose, will immediately:
 - (i) notify any staff members identified in the complaint;
 - (ii) assign responsibility for the investigation of the complaint, such investigation to be completed within 5 working days;
 - (iii) assess the risk associated with the complaint and immediately notify the QARM of any significant risk, including any event in which there has been the real risk of serious harm to any person.
- 1.10 Upon conclusion of the investigation, the General Manager or other person delegated for this purpose, will assess how best the complaint may be resolved. If this is to be by meeting then he or she should proceed to implement this. If resolution is to be in writing then a draft resolution letter should be sent to the CEO's Office within 2 working days. The QARM will sign and send such resolution letter within 1 working day.



Consumer Complaints Procedure

Procedure Number
WCDHB-PG-0001

Version Nos:
9

- 1.11 All complaints will be investigated and a response provided within 10 working days of receipt of the complaint. If more time is required, the complainant must be informed in writing of the extra time required, and the reason for the extension. If the investigation exceeds 30 working days, then the complainant is to receive a written notification of the current status of the investigation, and the likely time to conclusion. Responsibility for seeking any extension of time sits with the person in whose responsibility the delay occurs (General Manager or CEO).
- 1.12 All investigations are to be undertaken in a manner that:
- i) is fair to all concerned and thorough;
 - ii) abides by the principles of open disclosure;
 - iii) take a no-blame approach;
 - iv) respects the rights to privacy of those involved;
 - v) reviews all relevant documentation;
 - vi) checks the accuracy of information provided;
 - vii) consults with all those individuals involved with the complaint;
 - viii) makes every attempt to positively resolve issues.
- 1.13 The investigator is to document the investigation itself and record all information gathered as part of the investigation. This will be recorded in the central complaint file.
- 1.14 The investigation plan may include a Clinical Review, if this is appropriate to the complaint.
- 1.15 All complaint resolution letters are to be from the QARM and to include:
- i) a summary of the complaint;
 - ii) a summary of the investigation undertaken;
 - iii) a summary of the findings;
 - iv) a conclusion noting what actions are to be taken (which may or may not include an apology).
- 1.16 If as part of the investigation that is undertaken into any complaint, it appears that there have been deficiencies on the part of a staff member(s), the General Manager receiving the investigation report shall also undertake an investigation into the performance of the staff member(s) concerned, in line with the relevant WCDHB Human Resource Procedures.
- 1.17 If a particular staff member is alleged by a complaint to have acted in some non-optimal way, the General Manager of the service concerned will notify that staff member or the outcome of the complaint in a timely and appropriate way.
- 1.18 Where a complaint is lodged by on behalf of a consumer, it will be investigated in exactly the same manner as if the consumer had lodged the complaint directly. However, personal information will not be revealed without the documented permission of the consumer.
- 1.19 Where a consumer has had a negative experience of a WCDHB service but does not wish to make an official complaint, or when a complaint is anonymous, the QARM will determine if any investigation is warranted, subject to principles of natural justice, open disclosure and no-blame.

	<h2 style="margin: 0;">Consumer Complaints Procedure</h2>	Procedure Number <i>WCDHB-PG-0001</i>	Version Nos: 9
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- 1.20 All process steps are to be recorded in the WCDHB Complaints Database to enable progress to be monitored and for quality assurance purposes.
- 1.21 All documentation concerning each complaint is to be kept in hard copy in a central file held confidentially in the CEO's office (although other offices may also retain working files while a complaint is under investigation). For the avoidance of doubt, this file is to include all written documentation related to the complaint and its investigation, printed copies of any electronic communication concerning the complaint and written file notes of any verbal conversations and actions concerning the complaint.
- 1.22 Each General Manager, or person delegated for such a purpose, will consider what the organisation can learn from each complaint and maintain a register of such learning, including changes to services or work practices. This register will record the complaint that resulted in the learning or change in such a way as to not identify the complainant.
- 1.23 The QARM will provide a monthly report to Clinical Governance, Executive Management and Hospital Advisory Committee summarising complaint statistics for that month, and by the end of January provide a review and analysis of complaints for the previous 12 months. This review is to provide analysis of any significant trends to assist in strategic planning and service improvement and development.
- 1.24 The QARM will arrange for training for WCDHB staff involved in complaint investigation. Such training to include training in the procedure itself, in Root Cause Analysis (RCA), in open disclosure and in conflict resolution. All staff will receive training in the importance of complaints and how to respond to them.

7. Precautions And Considerations

- ➔ Timelines for responses
- ➔ Ensuring details of complaints are accurately recorded
- ➔ Ensuring investigations of complaints involving individual staff members comply with the principles of natural justice.

8. References

Code of Health and Disability Services' Consumer Rights
 Complaints Handling AS 4269 – 1995

9. Related Documents

WCDHB Patient Feedback Form
 WCDHB Guidebook For The Management And Investigation Of Incident and Complaints.
 WCDHB MHS Clinical Review Procedure

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