



Complaints Management Policy

1. Purpose

The purpose of the *Complaints Management Policy* (the policy) is to set out the requirements for the collection, recording, reporting and management of consumer complaints relating to the WA health entities. This includes complaints received by a WA health entity from a third-party on behalf of a consumer.

This policy promotes best practice in complaints management by the WA health system and provides an efficient, proactive approach to complaint management that results in the best possible outcomes for health consumers. Complaint management is part of a larger quality improvement system that includes clinical incident reporting, investigation and management systems, risk management, open disclosure, and medico-legal claims.

The [National Safety and Quality Health Service Standards](#) (the National Standards) aim to protect the public from harm and improve the quality of health service provision. This policy is underpinned by those requirements of [Clinical Governance Standard](#) and [Partnering with Consumers Standard](#) of the National Standards that relate to the management of consumer feedback. This policy is consistent with the requirements of the [Australian Charter of Healthcare Rights](#) and the [Australian/New Zealand Standard Guidelines for complaint management in organisations \(AS/NZ 10002:2022\)](#).

Where a WA health entity provides care to children and young people their complaints management system must be child focused in accordance with [Principle 6: National Principles for Child Safe Organisations](#). More information on the management of complaints related to children and young people is outlined in the [Navigating child safe complaints management- WA Health staff guidance](#).

The following matters are out of scope for this policy:

- Staff complaints relating to other staff, or any aspect related to work health and safety matters are out of scope of this policy and must be managed in accordance with relevant mandatory policies and associated local WA health entity's policy.
- Other forms of consumer feedback including compliments, contact and concerns.

This policy is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to sections 26(2)(a), (c), (d) and (l) and 34(2)(f) of the *Health Services Act 2016*.

The policy operates within a legal framework which may impose restrictions and obligations to the management, reporting or escalation of complaints. Legislation pertinent to this policy includes:

- *Health and Disability Services (Complaints) Act 1995*
- *Mental Health Act 2014*
- *Disability Services Act 1993*

- *Carers Recognition Act 2004*
- *Freedom of Information Act 1992*
- *Corruption, Crime and Misconduct Act 2003*
- *State Records Act 2000.*
- *Equal Opportunity Act 1984*

2. Applicability

This policy is applicable to WA health entities as defined in this policy, excluding Health Support Services.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or WA health entity. The State of Western Australia or WA health entity's contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

WA health entities must maintain systems and processes that provide a consistent approach to the management of complaints, including utilising the complaint management system. Complaints must be managed in accordance with the principles of respect, the right to privacy, transparency, fairness, accountability, and responsiveness in an environment of continuous service improvement.

WA health entities must respond to complaints received from a third-party organisation on behalf of the consumer as per the policy requirements. Third-party organisation may include but are not limited to the Health and Disability Services Complaints Office (HaDSCO), Ombudsman Western Australia and advocacy services, including the Mental Health Advocacy Service, Carers WA, and the Health Consumers' Council.

3.1 Collection of complaints

WA health entities are required to collect consumer feedback and complaints about the services they provide, via a variety of mechanisms that may include but are not limited to email, letter, verbal, internet sources including social media and via local feedback forms/surveys.

WA health entities must ensure these feedback mechanisms are visible, accessible, and appropriate to consumers and carers, including specific consumer groups such as Aboriginal people, Culturally and Linguistically Diverse people, people with mental health issues, people with a disability, children and young people, and LGBTQIA+ people.

Where possible, WA health entities must also investigate and attempt to resolve anonymous complaints to the greatest extent possible. All investigated anonymous complaints must be recorded in the complaint management system.

WA health entities must identify feedback as a complaint if the nature of the feedback is expressing dissatisfaction and considered:

- moderate (requiring comprehensive assessment or investigation)

- major (relates to a significant incident causing lasting detriment and requires investigation)
- severe (relates to issues about serious adverse events including death or serious physical or psychological injury/harm requiring clinical incident management investigation).

3.2 Timeframe for lodgement of complaints

WA health entities must not impose timeframe limits for lodging complaints by consumers or their carers/representatives following an event.

Where HaDSCO involvement is required, a limitation of two years after the event applies, unless there is a reason for the delay in lodging the complaint as outlined in section 24 of the [Health and Disability Services \(Complaints\) Act 1995](#).

3.3 Acknowledgement of complaints

WA health entities must have a central point of coordination to manage complaints. Complaints must be acknowledged in writing within five working days of receipt of the complaint.

A complaint is to be considered to have been received by the WA health entity on the day that it is:

- received by the WA Health entity via ordinary post
- handed to a staff member in person (if written)
- described to, and recorded by, a staff member (if verbal)
- placed into the WA Health entity's suggestion/complaints box
- emailed to a WA Health entity's consumer liaison team
- submitted to the WA Health entity by the completion of an online complaints form
- received from an external organisation, e.g., Care Opinion, HaDSCO, Minister for Health, Patient Safety Surveillance Unit.

To adhere to the response timeframes, WA health entities must ensure these modes of correspondence are checked frequently and regularly by the responsible department.

Once a complaint is made, the complainant must be provided with information about:

- the complaints management process including if any component of the complaint is to be redirected to another WA health entity
- contact details for the complaints handling officer(s) or relevant staff member
- expected timeframes for resolution of the complaint including any identified constraints (e.g. staff absence)
- the function of advocacy agencies, such as the Health Consumers' Council, HaDSCO and Carers WA and where relevant the Mental Health Advocacy Service in the complaint process.

3.4 Assessment of a complaint

WA health entities shall assess each complaint to determine the:

- complaint issue(s)
- need to develop a child safety investigation plan if the complaint involves a child or young person
- other management requirements including the level of language or cultural support required by the complainant
- seriousness and organisational risk
- confidentiality considerations and patient authorisation
- investigation requirements
- identify any potential, actual or perceived conflict of interest.

3.5 Management of complaints

a. Categorisation of complaints issues

WA health entities are required to identify the relevant issues within a complaint and categorise these according to complaint categories as outlined by the [Health and Disability Services \(Complaints\) Regulations 2010](#). Information supporting the categorisation of a complaint investigation is outlined in the [Complaints Management Guideline](#).

Complaints related to accidents, clinical incidents, and suspected breaches of discipline are to be managed in accordance with the relevant policy (for example, [MP 0122/19 Clinical Incident Management Policy](#), [MP 0125/19 Notifiable and Reportable Conduct Policy](#)) and associated local WA Health entity policy.

Where a complaint is related to suspected breach of discipline, it must be reported to the relevant integrity area immediately and any investigative action must be stopped until advised otherwise by the relevant integrity area.

More information on the management of complaints related to accidents, clinical incidents and suspected breach is outlined in the Complaints Management Guideline.

b. Complaints seriousness and risk management

WA health entities must assess the complaint and allocate an initial Seriousness Assessment Matrix (SAM) score using the SAM framework.

At the end of the WA health entity's investigation of a complaint, the allocation of a confirmed SAM score must be completed by the complaint handling officer. The confirmed SAM score for a complaint may differ to the initial SAM score, based on the findings of an investigation. More information regarding SAM scores and risk management of issues raised by complainants can be found in the [Complaints Management Guideline](#).

The early identification of a complaint of a serious nature or with the potential for escalation is required to form part of a WA Health entity's risk management program. WA Health entities must ensure there are appropriate review processes in place for complaints associated with significant risks, including the review and written approval of the complaint response by senior management.

Additional information about risk management is available from the [Risk, Compliance and Audit Policy Framework](#) , specifically [MP 0006/16 Risk Management Policy](#) and the [Clinical Risk Management Guidelines](#).

c. Patient authorisation

When a complaint is lodged by a third-party on behalf of the consumer, WA health entities must obtain authorisation from the consumer to share confidential information with the complainant. If the consumer does not have the capacity to authorise the release of information, or is deceased, then authorisation must be obtained from the appropriate substitute decision maker. For more information refer to the [MP 0015/16 Information Access, Use and Disclosure Policy](#) and local WA Health entity's policy.

The requirement for consumer authorisation also applies if the complaint was received through a Ministerial office. Patient confidentiality must be maintained in situations where a consumer has not provided authorisation and a response is to be provided in accordance with the timeframes listed in [section 3.6](#) of this policy.

The statutory role of advocacy services, such as the Mental Health Advocacy services as third parties must be recognised when the consumer's circumstances warrant this.

d. Complaint investigation

WA health entities must investigate a complaint to a degree that is appropriate to the complaint and its initial SAM score. Once the investigation is complete, WA health entities must assign a confirmed SAM score to the complaint, identify appropriate resolution(s) and any need for service improvement. Information about completing a complaint investigation is outlined in the [Complaints Management Guideline](#).

WA health entities must address all conflict-of-interest issues that could compromise adequate complaint investigation prior to the investigation of the complaint, in accordance with [MP 0138/20 Managing Conflicts of Interest Policy](#).

3.6 Response to complainant

WA health entities must demonstrate commitment to the resolution of complaints in a timely manner by adhering to the following timeframes:

- resolution of complaints within 30 working days of receipt
- advise the complainant if there is a delay and provide updates on the progress of the investigation at 15 working day intervals with the first update due 30 working days following the receipt of the complaint or as soon as a delay is identified.
- escalate to the relevant senior executive/s if the matter cannot be resolved within three months of the receipt of the complaint.

If a complaint is lodged via third-party on behalf of the consumer, the WA health entity shall adhere to the timeframes specified above. Where timeframes have been set by the third-party agency, with input requested from the WA health entity as a 'respondent', WA health entities shall manage it in accordance with their local processes and collaboration with the third-party agency.

Subject to [section 3.5c](#) of this policy, the response time for complaints made via Ministerial correspondence will be dictated by instructions from the Minister's office on a case-by-case basis.

3.7 Recording of complaints

WA health entities must record all complaints separately from the healthcare records of the consumer. Only clinical information that is critical to the consumer's ongoing care that arises during investigation of the complaint is to be recorded in the consumer's healthcare records.

All complaints received in accordance with [section 3.3](#) of this policy must be recorded in the complaint management system. When recording complaints, WA health entities shall document complaints data in accordance with the following reporting requirements:

- categorisation of complaint issues
- date of complaint resolution and the outcome
- initial and confirmed SAM scores and their relevant risk management information
- information pertaining to the investigation and the decision-making process
- recommendations made, and service improvements identified
- correspondence with the complainant
- electronic records of the complaint and response to the complainant
- evaluation outcomes of planned service improvements.

Ministerial correspondence that contains a complaint must only be recorded as a new complaint (for reporting purposes) if the complainant has not previously lodged a formal complaint with the WA health entity for the same event(s). A copy of the response prepared for Ministerial correspondence must be retained with the initial complaint record.

WA health entities must retain records of all complaints for a minimum of seven years in a central location. Longer periods apply in some circumstances as required by the [State Records Act 2000](#) and [MP 0144/20 Information Retention and Disposal Schedule Policy](#).

3.8 Service improvement

WA health entities must evaluate the quality of services by analysing complaints to identify system and recurrent issues; and, from this make and implement service improvement recommendations. Consideration must be given to the inclusion of consumer representatives in these processes. Further information on continuous service improvement in relation to complaints can be found in the [Complaints Management Guideline](#).

WA health entities must regularly monitor and evaluate the effectiveness of local policies, processes, and systems for the management of complaints and the implementation of quality improvement initiatives in response to complaints.

3.9 Education and training

WA health entities must implement processes and systems to ensure staff are inducted and proficient in the skills required to deliver relevant aspects of the complaints management process, including:

- handling complaints from specific consumer groups, such as Aboriginal people, Culturally and Linguistically Diverse people, people with mental health issues, people with a disability, children and young people, and LGBTQIA+ people
- participating in and facilitating complaint investigation
- monitoring and assessing the effectiveness of recommendations arising from the investigation of complaints
- regularly evaluating the effectiveness of training provided to staff involved in the complaint management process.

3.10 Staff support and engagement

WA health entities are required to implement local processes that address the significant impact that complaints management can have staff by:

- identifying appropriate internal and external staff supports
- providing targeted staff support (immediate and ongoing) for identified complaint processes where staff may need extra support, such as those participating in a formal mediation process
- ensuring that during the complaint management process an emphasis is placed on restorative practices and continuous improvement.

3.11 Data Quality

WA health entities must:

- develop operational procedures and guidelines to ensure data quality and security for complaints is managed effectively in accordance with relevant WA health entity policies.
- conduct regular review of the data and data quality improvement efforts with relevant stakeholders such as Data Custodians of the complaint management system.

Contracted health entities must report complaints on a monthly basis to the PSSU using the Health Service Complaints Management Report Form, available by contacting PSSU@health.wa.gov.au.

4. Compliance Monitoring

The Patient Safety Surveillance Unit on behalf of the System Manager, will monitor compliance with this policy by reviewing data reported within the complaint management system. System Manager compliance monitoring includes but is not limited to:

- undertaking audits and reporting on discrete complaints processes against the requirements outlined in sections 3.1-3.11 of the policy
- comparing complaints information with other data sets to review certain subsets of complaints
- internal monitoring of data for safety, quality, and performance reporting within internal departmental frameworks
- analysis and reporting on aggregate data at a system level and producing complaint management annual reports.

The System Manager may also request additional information on local policies, processes, and systems for the management of complaints and the implementation of quality improvement initiatives in response to complaints to ensure alignment with policy requirements.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- N/A

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [Complaints Management Guideline](#)
- [Complaints Management Toolkit](#)

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Carer	A carer is a person who provides personal care, support and assistance to another person due to a disability, medical condition, mental illness, or who is frail or aged. A person is not considered a carer if they are paid, a volunteer for an organisation or caring as a part of a training or education program.
Clinical incident	An event or circumstance resulting from health service provision (or lack thereof) which could have or did lead to unintended or unnecessary physical or psychological harm to a patient. Clinical incidents include: Near miss: an incident that may have, but did not cause harm, either by chance or through timely intervention. Sentinel events: a subset of serious clinical incidents that has caused or could have caused serious harm or death of a patient. It refers to preventable occurrences involving physical or psychological injury, or risk thereof.
Complainant	A person that makes a complaint regarding any aspect of a service provided by an organisation.
Complaint	An expression of dissatisfaction by or on behalf of an individual consumer/carer/representative regarding any aspect of a service provided by an organisation where a response or resolution is explicitly or implicitly expected or legally required. Anonymous complaint: where the complainant for whatever reason chooses to withhold identifying details.
Complaint category	Ten complaint categories are set out in the Complaint

	Management Guideline to assist identification of common factors in complaints and to ensure consistent reporting.
Complaint issue	A complaint category is further subdivided into complaint issues, which aim to accurately identify and reflect the specific matters relating to each complaint.
Complaints handling officer	An officer employed by a WA Health entity who undertakes the dedicated functions of receipt, investigation and/or reporting of complaints; and/or fulfils a consumer liaison role (for example, Customer Liaison Officer, Consumer Liaison Officer, Complaints Coordinator, or any equivalent role).
Consumer	A consumer is a person who uses (or may use) a health service, or someone who provides support for a person using a health service. Consumers can be patients, carers, family members or other support people.
Contact/concern	Feedback from consumers/carers/representatives regarding any aspect of service where: <ul style="list-style-type: none"> • they state that they do not wish to lodge a formal complaint. • the issue can be resolved without going through the formal complaint management process.
Event	A circumstance that has occurred during a consumer's healthcare experience that has resulted in the consumer expressing either satisfaction or dissatisfaction with the health service(s) they have received. This may or may not be expressed through the lodgement of a formal compliment or complaint.
Social Media	Social media (also commonly referred to as 'social networking'), is the term given to online services and tools which allow users to build profiles, communities and networks to interact or collaborate with other users by sharing information, opinions, knowledge and interests.
Seriousness Assessment Matrix (SAM)	The Seriousness Assessment Matrix (SAM) provides a framework for assessing the seriousness of events that are the subject of a complaint. <ul style="list-style-type: none"> • Initial SAM score: is based entirely on the information provided by the complainant and is allocated on the first assessment of a complaint. It is not indicative of the estimated accuracy of any allegations made by the complainant. • Confirmed SAM score: is based upon the complaint and all investigation findings and may differ from the initial SAM score.
WA health entities	WA health entities include: <p>(i) Health Service Providers as established by an order made under section 32 (1)(b) of the <i>Health Services Act 2016</i>.</p>

	(ii) Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the <i>Public Sector Management Act 1994</i> .
WA health system	The WA health system is comprised of: (i) the Department. (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Manager

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9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0130/20	3 February 2020	February 2023	Original version
MP 0130/20 v.1.0	3 September 2024	September 2027	Policy review and amendments as listed below.
<ul style="list-style-type: none"> • Purpose section refined to include a statement to identify out of scope areas for the policy. • Applicability amended to include WA health entities and exclude Health Support Services. • Policy requirements refined and updated to include a statement of reporting requirements for contracted health entities. • Compliance Monitoring refined to reflect updated policy requirements. • Supporting Information: 'Complaints Management Guidelines' and 'Complaints Management Toolkit' updated. • Definition section refined to reflect updated policy terminologies. Inclusion of WA health entity and WA health system definitions. 			

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health
Approval date	1 February 2020

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