

<i>Title:</i>	3.5 FEEDBACK, COMPLAINTS AND GRIEVANCES		
<i>Version:</i>	4.0	<i>Type:</i>	Org Wide
<i>Approved by:</i>	BOARD AND CEO	<i>Date:</i>	10/10/22
<i>Status:</i>	APPROVED		

1. BACKGROUND

The purpose of this policy is to ensure all CoMHWA members, employees and Board members are provided with guidance on a best practice, and consistent process to address any feedback, compliments and complaints received.

This policy applies to anyone accessing CoMHWA services. Consumers have access to this policy on request and will be supported in understanding the policy and its procedures.

2. DEFINITIONS

Employee encompasses all paid workers including sub-contractors.

Volunteer refers to an individual or groups including volunteers, students and the Board of Management.

Member/s refers to an individual or group of individuals who join the organisation to support our objectives at service, local and regional level.

Minor Complaint refers to a complaint that would be considered by a reasonable person to not potentially impact on the safety or efficacy of a service (an example may be feedback on the quality of coffee available in a waiting room; or the décor in a group room). Complaints can be easily resolved at the service level.

Moderate complaint. Issues that may require a more involved investigation. Potential to impact service provision/delivery. Legitimate consumer concern, especially about communication or practice, but not causing lasting detriment. May be some potential for legal action.

Major complaint. Significant issues of standards, where it is likely input from the manger is required quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Threat of legal action and Ministerial notification.

Serious complaint. Issues regarding serious adverse events, sentinel events, long-term damage, grossly substandard care, professional misconduct, or death that require investigation. Highly probable legal action and Ministerial notification

Consumer refers to an individual who identifies as having a current or past lived experience of psychological or emotional issues, distress or problems, irrespective of whether they have a diagnosed mental illness and/or have received treatment.

A **consumer complaint** is any expression of dissatisfaction, made by or on behalf of a consumer or significant other, regarding dealings with CoMHWA.

A **consumer suggestion** is a recommendation for service improvement made by a consumer.

3. RATIONALE

Consumers provide unique expertise due to their lived experience of mental health issues. Consumer feedback, compliments and complaints should be welcomed and dealt with in a consistent, transparent, fair and timely manner.

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Feedback, compliments, and complaints management process is an important strategy for gaining feedback about the service and is fundamental to the delivery of quality care. An effective and efficient suggestions, compliments and complaints management process enables CoMHWA to resolve disputes, obtain feedback from consumers and provide strategies for service improvement.

4. GENERAL POLICY PRINCIPLES

- Suggestions, compliments and complaints management process is an important strategy for gaining feedback about CoMHWA and is fundamental to our core business.
- All members, volunteers and employees are committed to providing a fair feedback process and efficient resolution of complaints regarding the service at all levels.
- Members, volunteers and employees will consider complaint resolution as a learning and improvement opportunity for themselves and the service more broadly.
- The procedure for handling complaints will be fair for both the complainant and respondent and dealt with in a timely manner.
- All consumers, members, volunteers and employees will be made aware of their right to provide suggestions, compliments and complaints and supported in their understanding of the process whilst discussing their rights and responsibilities.
- Consumers, members, volunteers and employees have the right to provide feedback, compliments, or complaints about the service without fear of it impacting CoMHWA's service provision.

5. POLICY

Positive relationships characterised by good communication and feedback ensure CoMHWA's services are of value to consumers, members and the wider community.

CoMHWA will support sustained relationships in the context of feedback, complaints through:

- Clear and accessible information on how people can provide feedback and lodge a complaint.
- Timely and effective responses to feedback, actioned in an open, receptive, and transparent manner.
- Fair and appropriate resolution procedures for formal complaints.

All those undertaking formal duties (Board, staff, volunteer, students, and service contractors) have a responsibility to:

- Value good communication and feedback.
- Identify, prevent, and resolve issues at the earliest opportunity.
- Uphold and reflect people's rights in feedback (below).
- Effectively manage feedback, and complaints to support a good outcome for those involved.

CoMHWA recognises the importance of the following rights in giving feedback:

- To give feedback anonymously if preferred.
- To have feedback considered in the delivery, planning and evaluation of services. To have confidentiality upheld, and limits to confidentiality explained.
- To not be intimidated or treated favourably than others because of providing feedback.
- To have reasonable adjustments to accommodate a disability, to support personal safety, or cultural safety in providing feedback.
- To engage a support person, advocate or third party.
- To be treated with fairness, respect, and dignity always.
- To be informed of the progress and outcome of their feedback.
- To have their feedback responded to in a timely way and with as little formality as appropriate.

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- To have a complaint responded to in a manner that is sufficient and impartial (adequate, appropriate, and fair).
- A person who is the subject of feedback or complaint also has these rights, and additionally has the right to be informed of feedback about them and to have fair opportunity to respond.
- When investigating a complaint, all parties involved will be kept informed and engaged in the process, and principles of natural justice will be applied.

6. PROCEDURES

To ensure that all feedback, compliments, and complaints are received, recorded and collated the following processes should be followed:

- Feedback can be provided by phone, face to face, email, in writing or via our Feedback Form.
- This Policy will be made available in hard copy upon request.
- Members and networks at CoMHWA will be provided with the formal opportunity to give feedback (such as via a Satisfaction Survey) on at least an annual basis.
- All feedback received will be managed, by the person receiving feedback, through the following steps:
 - Identify the type of feedback that has been provided.
 - Compliment (satisfaction or acknowledgments)
 - Suggestion for Change or Improvement (no dissatisfaction or concern)
 - Complaint (dissatisfaction or concern)
- Feedback, compliments, and complaints are often received in writing either using the Feedback Form or via email. When received verbally, the staff member receiving the feedback may use the Consumer Feedback Form to record the details of the feedback compliment or complaint and then proceed to follow the procedure outlined in this policy.
- All feedback, compliments and complaints received will be reviewed by the relevant service manager or coordinator. Where the complaint or other feedback is **minor**, and the issue will be contained to that service only and the Line Manager or coordinator will manage the response locally, with no requirement to report the complaint to executive level.
- Where the complaint is moderate, **major**, or serious it will be reported to the executive. **Major or serious** complaints will also be reported to the relevant funding body if required by contract. Major or serious complaints will also be reported to the Board by the CEO.
- When a **compliment** is received, the individual will be thanked for their feedback and advised their feedback has been communicated to the person/s involved in addition to the CEO.
- When a **suggestion for change or improvement** is received, the matter will be referred to the person responsible for deciding on the change or improvement. They will assess the merits of the suggestion and take action to implement the change if it is decided it will be beneficial to the organisation.

PROCESS FOR MANAGING SERIOUS COMPLAINTS

Where a complaint alleges that an issue involves a likely and significant risk to the safety or health of the person concerned or others in the workplace, (i.e., an allegation of a criminal offence) the complaint will have high priority and will be managed in accordance with the Occupational Health and Safety Policy and/or Emergency and Critical Incidents Policy, according to the nature of the risk identified. Complaints relating to staff conduct that are substantiated through the investigation process will be managed in accordance with CoMHWA's Substandard Performance and Misconduct Policy.

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- The Line Manager or coordinator will record the complaint on the Feedback Form if it is conveyed verbally. The complaint will be recorded on the Complaints Register. If the complaint is received via email, an acknowledgement of the complaint to the complainant will be sent within five (5) working days.
- The manager or coordinator will assess and investigate the complaint, making recommendations and taking action to resolve the complaint. In general, the process should include:
 - Informing the complainant of the process to be undertaken.
 - Informing any party accused of any improper action of the nature of the complaint being made and providing them an opportunity to respond with their perspective on what occurred.
 - Investigate the complaint. The purpose of the investigation is to obtain enough information in order to decide what has occurred and identify appropriate action.
 - Providing a draft summary of findings to the complainant, and to anyone complained about, prior to finalisation.
 - Resolve the complaint. At the end of the investigative stage, the parties to a complaint are advised about the outcome. This may be achieved by providing a copy of the investigation report or it may be more appropriate to communicate the report's information in a letter format. Where several individuals have been identified, it is essential for privacy considerations that the reports to individuals will only contain those aspects of the complaint that deal directly with them. The report will therefore need to be abridged, and a covering letter explaining why an edited version has been provided, for each individual respondent.
 - The final summary or letter should include what was reported, what is reasonably considered to have most likely occurred, and what has been done to resolve the complaint. The resolution information should include summarising any action already taken or planned to be taken to address the issue – either as redress (such as an apology or refund), or at a systemic level to reduce risk of reoccurrence into the future (such as revision of a policy, or modification of training content).
- Where possible, the matter should be resolved quickly, and at the local level. (Minor complaints).
- For all Major complaints, a final written response should be sent to the complainant within 30 working days of receipt of the complaint. If the complaint is significant enough to have warranted reporting to the CEO, then the CEO should approve the final letter and summary before it is sent.
- If there is a delay in responding, the manager or coordinator should advise the complainant and provide updates on the progress of the investigation at 15 working day intervals.
- The manager or coordinator will update the Complaints Register with the outcome of the complaint, including actions taken and/or to be taken.
- The Line Manager should be kept updated on the complaints process throughout its duration, in those cases where it is serious enough to have initially been reported to the CEO. The Line Manager is responsible for keeping the CEO appropriately updated proportionate to the severity and significant of the complaint.
- If, despite CoMHWA's best efforts a complaint is unable to be resolved and is referred to an external agency it is considered closed/resolved for reporting purposes.
- If a complaint is lodged via an external agency, CoMHWA will endeavour to adhere to timeframes specified above. If the complaint is being managed by an external agency, CoMHWA becomes a 'respondent' in the case. The external agency is likely to control the timeframes with input from CoMHWA as appropriate.
- Should an individual not be satisfied with the complaint resolution process they can refer to the Health and Disability Services Complaints Office (HaDSCO).

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CONTINUOUS SERVICE IMPROVEMENT

CoMHWA will monitor and evaluate the complaint management policy and practices.

This includes:

- Checking that effective notification to the manager (and possibly CEO of all relevant complaints is occurring, and that the agreed process is followed and recorded.
- The members or staff involved in complaints being informed of and included in the complaint management process.
- 'Closing the loop' by making sure that recommendations from reviewed complaints are implemented, reviewed and evaluated.
- Evaluating the policies and practices on complaints to decide effectiveness and make improvements.
- Monitoring whether complainants are satisfied with the complaint resolution process.
- Involving consumers and staff in the future review and any change in the design and evaluation of the complaint management system.

STANDARDS MONITORING

CoMHWA monitors relevant standards in relation to this policy, ensuring the policy can be applied in practice.

REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any relevant amendments to the legislation, and feedback from stakeholders.

REFERENCE DOCUMENTS

- National Standards for Mental Health Services (2010)
- *Privacy Act 1988 (Commonwealth)*
- Consumers of Mental Health WA Constitution 2019

2 VERSIONS

VERSION	DATE	Comment
0.1	10/7/13	Initial draft released
0.2	13/12/15	Revised draft
1.0	19/2/16	Amended draft and template. Approved by CEO.
2.0	14/10/19	Reviewed and approved by CEO.
3.0	21/04/21	Updated. Reviewed and approved by CEO.
4.0	10/10/22	Reviewed, approved by Board and CEO.