

National Complaints Management Protocol for the Public Health Sector of South Africa

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National Complaints Management Protocol for the Public Health Sector of South Africa

1. INTRODUCTION

As enshrined in the national Patients' Rights Charter everyone in South Africa has the right to complain about the health care they receive, to have such complaint investigated and to receive a full response on such investigation. This enshrinement is enforced by Section 18 of the National Health Act and supported by requirements set out in domain one of the National Core Standards for Health Establishments in South Africa.

This revised National Complaints Management Protocol for the Public Health Sector of South Africa serves as a contribution towards upholding the right to complain. On the one hand it aims at readily providing information to the public on how to complain within the public health sector and what to then expect in the event of complaining, and on the other hand at providing guidance to the public health sector on how to manage complaints in view of resolving them as quickly as possible, particularly through immediate informal responses by frontline health workers, or through subsequent investigation and conciliation by staff empowered to deal with complaints as they arise. Furthermore, it guides a management system that has been designed to bring about change through prevention and improvement.

2. BACKGROUND

In April 2003, the National Department of Health (NDoH) released the first National Complaints' Procedure/ Guideline for the Public Health Sector after a lengthy process of consultation with provincial officials and professional councils. Since this first release, the said guideline has been revised and released twice, i.e. in August 2006 and November 2009. However, both revisions entailed only minor changes to the original guideline. Despite the changes, the three documents have kept their focus as national guideline on ensuring a coherent approach to managing complaints, while at the same time acknowledging the own distinctive character of different provincial/ district and municipal complaints procedures as well as those procedures followed by professional councils within the health domain.

A rapid assessment of provincial complaints management systems conducted during October 2012 has revealed that the guideline has over time made limited inroads in ensuring a coherent national approach to managing complaints. Wide variances in managing complaints exist between provinces and even between facilities within the same province; for example, provinces are collecting statistical data on complaints differently, each province has their own view on what is meant by a resolved complaint and provinces all have their own categorisation system for complaints. This situation is further confounded by the overall performance of individual health facilities when managing complaints. In an audit conducted in 100 public health facilities (hospitals, health centres and clinics around the country) during the period February to October 2012 and using the National Core Standards, an average audit score of 53% was obtained for the two relevant standards.

Improving the overall management of complaints at facility, district, provincial and national level has become imperative. This revised guideline, along with the introduction of very specific standards and criteria as contained in the National Core Standards and the audit tool, is a renewed attempt at improving the management of complaints at all levels of the health care system.

3. DEFINITION

For the purpose of this protocol a complaint is defined as the dissatisfaction/ displeasure/ disapproval/ discontent expressed verbally or in writing by any person about the actual health services being rendered and/ or care being provided within the public health sector. The complaints' procedure as described in section 7 of this guideline is not designed to address staff-specific grievances, nor complaints that relate more to broad national health policies.

4. OBJECTIVES

In setting up a National Complaints' Protocol, the perspective of both the complainant and the public health sector should be considered, i.e. the health sector must be clear on why they need a protocol and it must be understood why complainants make their grievances known.

4.1 The key objectives the public health sector would like to attain through the National Complaints' Protocol are as follows:

- ***To respect the user/ patient's right to complain:*** Rights are the cornerstone of any democracy. Constitutionally, all South Africans have the right to health care services and legally they may complain about the manner in which these services were provided to them. The public health sector must therefore respect, protect, promote, and fulfill this right to complain, and not revert to victimisation.
- ***To resolve problems and satisfy the concerns of the complainant:*** Concerns of complainants must always be taken seriously. The actions needed to address a complaint should always be geared towards resolving the problem. This will however always require a root cause analysis of the problem/ concern, no matter how brief.
- ***To provide a simple complaints procedure everybody will understand:*** All the steps of the complaints procedure must be clearly documented and must be made known to the public through various means of communication, for example pamphlets, brochures and posters in the appropriate languages.
- ***To provide health service managers with a means to extract lessons on quality and to subsequently improve services for patients:*** Complaints should be recorded and classified in such a manner that they can be easily analysed, trends identified and lessons drawn from the information at hand.

- **To ensure fairness for staff and complainants alike:** When complaints are investigated, care must be taken that the views obtained, opinions, experiences and observations of all concerned are objectively and without any prejudice.
- **To strive for honesty and thoroughness:** Investigatory processes should promote thoroughness and not protect the facilities'/staffs' own interest at the expense of the patient's autonomy and interest, when instituted.
- **To avoid unnecessary litigation:** Long delays in resolving complaints often lead to great frustration and to subsequent litigation. Unnecessary litigation as a means to resolve a complaint is not cost-effective, thus innovative ways of avoiding such cases should at all times be sought.

4.2 Complainants have a variety of objectives in making their grievances known. These objectives need to be at least partially met if the complainant is to be satisfied with the response he/ she receives. Complainants have the following main objectives:

- **To get acknowledgement:** Complainants' views must be taken seriously. The mere fact that they had reason to complain must be acknowledged.
- **To receive an apology:** As a simple apology can be a very important objective for complainants, such an apology, if warranted it must be given without too long a delay.
- **To receive an explanation:** Information on what happened and why it happened needs to be provided to the complainant. This must be done in a language he/ she understands. The explanation should not deny the complainant's experience of events and it should also not degenerate into a form of making excuses.
- **To prevent recurrence:** People often complain in an altruistic manner to ensure something is done to prevent their (bad) experience happening to others as well. Getting a commitment to action in this regard becomes the main objective. This commitment must be given and conveyed to the complainant, and all actions committed to must be carried through.
- **To ask for compensation or special consideration:** Often complainants want action to take place that has a more direct bearing on either their own care or the care the patient receives on whose behalf they are complaining. This may include redress such as faster or additional treatment, or even financial compensation.
- **To seek retribution:** Although seeking retribution is rather the exception than the rule, in some cases the complainant does want steps to be taken against individual health workers/ health establishments for their 'alleged' wrongful actions or where they (the complainants) feel there is a cover up of mistakes.

5. LEGAL AND POLICY FRAMEWORK

The constitutional, legislative and policy framework for the Complaints Protocol is as follows:

5.1 **The Constitution of the Republic of South Africa** (Act 108 of 1996).

Chapter 2 of the Constitution, i.e. the Bill of Rights, bestow citizens *inter alia* the right to have their dignity respected and protected, to take action against the State if they believe their constitutional rights have been infringed, and to have access to information held by the State which they need in order to be able to take action.

5.2 **The National Health Act** (Act 61 of 2003).

Section 18 of the National Health Act states that, (i) any person may lay a complaint about the manner in which he or she was treated at a health establishment and have the complaint investigated, (ii) the relevant Member of the Executive Council [MEC] and every municipal council must establish a procedure for the laying of complaints within those areas of the national health system for which they are responsible, and (iii) in laying the complaint, the person or user referred to above must follow the procedure established by the relevant MEC or the relevant municipal council, as the case may be. Section 18 also states that the procedure for laying complaints must, (a) be displayed by all health establishments in a manner that is visible for any person entering the establishment and the procedure must be communicated to users on a regular basis, (b) include provisions for the acceptance and acknowledgement of every complaint directed to a health establishment, whether or not it falls within the jurisdiction or authority of that establishment, and (c) allow for the referral of any complaint that is not within the jurisdiction or authority of the health establishment to the appropriate body or authority.

5.3 **The White Paper on Transforming Public Service Delivery** (Notice 1459 of 1997).

The White Paper on Transforming Public Service Delivery (the *Batho Pele* White Paper) states it unequivocally as a principle that if a promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy. Furthermore, when complaints are made, citizens should receive a sympathetic, positive response. In section 4.7 of the White Paper clear guidance on remedying mistakes and failures are also provided to national and provincial departments.

5.4 **Ethical rules for health providers.**

All health professionals are bound by ethical rules in their specific professional practice. As the gist of these rules has to do with the protection of their patients and the public at large, health professionals are thus held accountable for their professional acts and omissions. The ethical rules guide judgment against unethical practices of health professionals. Public health workers are also subject to the *Code of Conduct for Public Servants* in which the expected relationship of the employee with the public is clearly defined.

5.5 **The National Patients' Rights Charter.**

One of the key objectives of the Patients' Rights Charter is to empower users of health services to contribute towards improving the services. The right to complain as enshrined in the Patients' Rights Charter provides citizens one way of contributing towards improving service delivery.

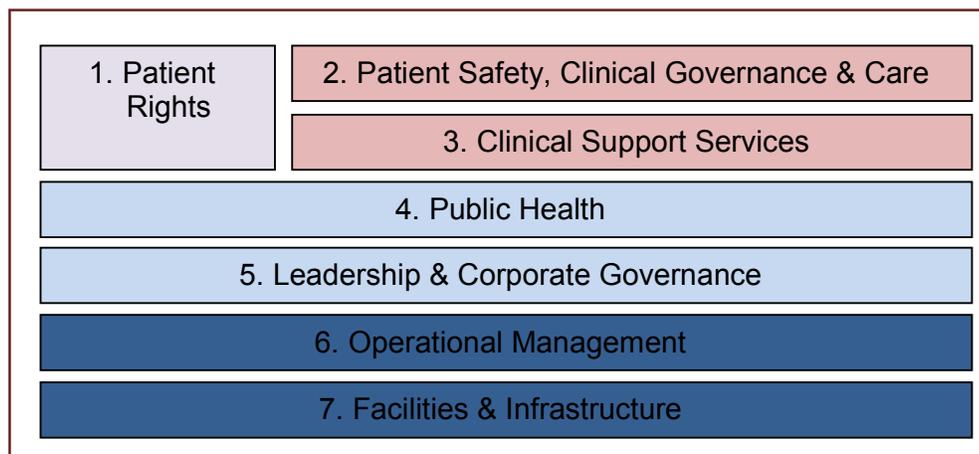
5.6 **The National Health Amendment Bill (of 2012).**

Section 78 of the Bill states: "The objectives of the Office (*i.e. the to-be-established Office of Health Standards Compliance*) are to protect and promote the health and safety of users of health services by – b) ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribes norms and standards in a procedurally fair, economical and expeditious manner". Furthermore, Section 81A.(1) of the same bill states that, "The Ombud (*within the said Office*) may, on receipt of a written or verbal complaint relating to norms and standards, on his or her own initiative, consider, investigate and dispose of the complaint in a fair, economical and expeditious manner".

5.7 **National Core Standards for Health Establishments in South Africa: National Department of Health, 2011.**

The National Core Standards are structured into seven cross-cutting domains (see figure 1), with a domain being defined by the World Health Organisation as an area where quality or safety might be at risk. Their layout is deliberate, in that the first three domains are those domains that are involved directly with the core business of the health system delivering quality health care to our users or patients. The remaining domains are essentially the support system that ensures the system delivers its core business, although our clients (our staff) are absolutely key in achieving this.

Figure 1: Seven Domains of the National Core Standards



In Domain 1 of the National Core Standards, i.e. *Patients Rights*, the following two standards on complaints management are listed in Sub-domain 1.8:

- a) Patients who wish to complain about poor service are helped to do so and their concerns are properly addressed, and
- b) Complaints are used to improve service delivery.

These two standards are measured by means of assessment questionnaires and checklists. See Addendum A for a summary of the questions pertaining to complaints as well as the two checklists on complaints management.

6. GUIDING PRINCIPLES

The following principles guiding the National Complaints Protocol, embrace the objectives both of the complainant and of the public health sector.

6.1 Accessibility

It must be made as easy as possible for users to complain. The complainant should be encouraged to complain at the point of service. All attempts should therefore be made to reduce potential barriers such as race, language, literacy, attitude etc. An easy-to-understand complaints' procedure is desirable, because it is then likely to also be more accessible for vulnerable groups such as blind and deaf people, and illiterate people, as well as being easier to use by those managing it.

6.2 Cost effectiveness

It is important that investment in complaint handling is not disproportionate to the resources available to improve services. International literature indicates that cost increases substantially the more formally complaints are investigated and considered.

6.3 Confidentiality

The complainant's right to confidentiality of all information pertaining to his/her complaint must at all times be respected. The patient's expressed consent is not needed if his/her personal information is required to investigate a complaint. However care must be taken throughout the complaints' procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

6.4 Impartiality

Once a complaint is made, the procedure should ensure that different points of view from both complainant and respondent are listened to and investigated without prejudice. All investigations should also be conducted in an open and non-defensive way.

6.5 Responsiveness

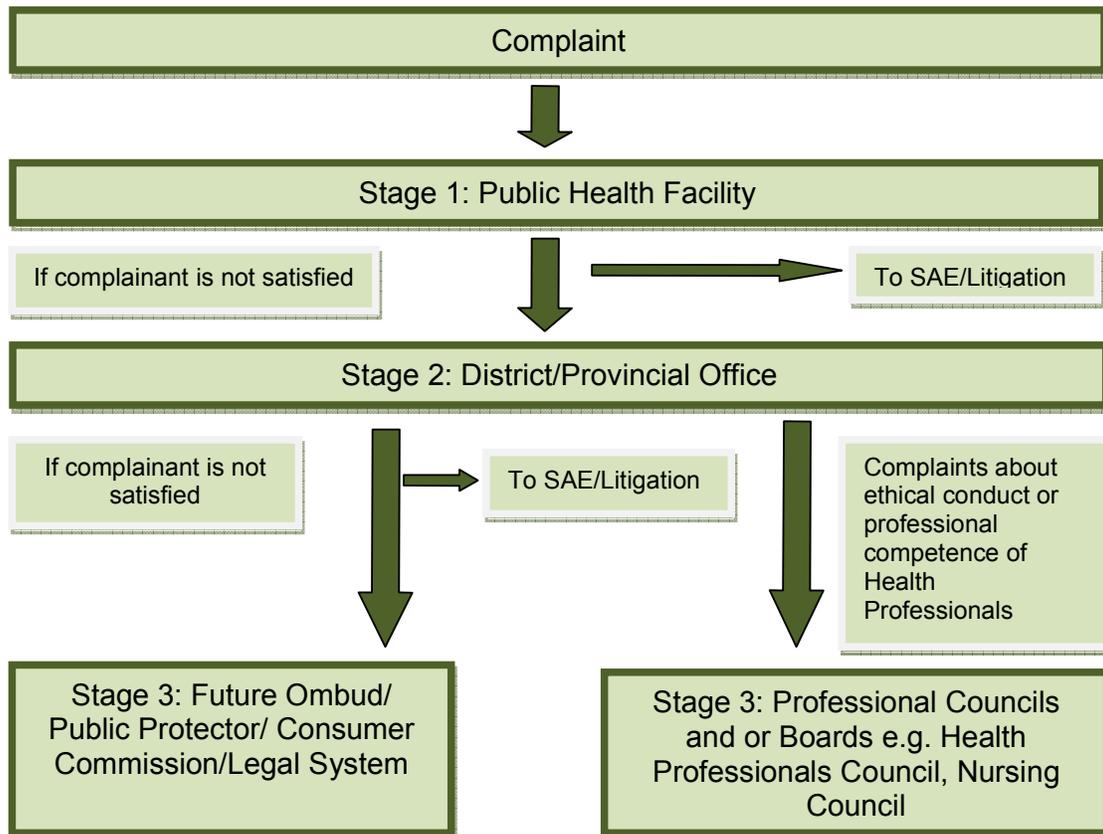
The procedure should be responsive and although it should aim at satisfying the complainant, it should also satisfy the objectives of the public health sector. This can be achieved by optimally utilizing the procedure to learn, to avoid unsatisfactory events recurring, and to identify system problems that need improvement.

6.6 Speed

Resolving complaints as quickly as possible, particularly through immediate informal responses by frontline health workers, is imperative. This can help prevent dissatisfaction growing or further complaints arising about delays. Where a delay is unavoidable, the complainant should be kept informed of progress and told when an outcome can be expected.

7. SYSTEM TO MANAGE COMPLAINTS

The following proposed system sets out in three stages, the steps that need to be followed in managing a complaint that is lodged at any specific level of care by a complainant or that is referred to a specific level for resolution. Patients can however lodge a complaint where they wish, though they may be referred back to the relevant structure.



7.1 Stage 1 Aims at resolving problems at the health facility, i.e. at the point of service and as quickly and amicably as possible.

- As soon as a complaint gets lodged, providers shall resolve it as quickly as possible. Immediate investigation/ conciliation are instituted that involves an oral and first line response.
- If the complaint cannot be resolved on the spot, it will be referred to the head of the facility concerned.
- The head of the health facility or his/ her appointee must be the *Complaints Manager* of the health facility who will investigate the complaint.

7.2 Stage 2 Aims at ensuring that the District Manager or Provincial Head of Health heeds complaints. All complaints that do not warrant the attention/ intervention of a professional council and/or board, or the Office of Health Standards Compliance are taken care of during this stage.

- In case of no response or dissatisfaction with how the complaint was managed during Stage 1, the complainant is entitled to take the matter to the Provincial Head of Health or the District Manager.
- The Provincial Head of Health or District Manager will review and investigate the complaints he/ she received.
- Any complaint that relates to the provincial rendering of health services received by the Minister of Health/ Director-General for Health, or National Department of Health, may be referred to the relevant Provincial Head of Health for his/ her further investigation and feedback to the complainant (see Section 9) or to Stage 3.

7.3 Stage 3 Aims at reviewing and investigating complaints that could not be managed during Stages 1 and 2 that warrant the attention/ intervention of a professional council and/or board, or other body.

- In case of no response or dissatisfaction with how the complaint was managed during stages 1 and 2, the complainant may take recourse to the following institutions supporting constitutional democracy:
 - 6.2.1.1 The Ombud situated in the Office of Health Standards Compliance.
 - 6.2.1.2 The Public Protector, the Consumer Commission and the Human Rights Commission that serve to protect the public from mal-administration and impropriety by government departments.
 - 6.2.1.3 Recourse can also be made to the South African private legal system.
- Complaints made by the public not managed/ resolved during stages 1 and 2 that directly relate to the professional conduct of a health professional, are referred to the Registrar of the relevant professional Council and/or professional Board who in turn could oblige a facility to provide documents related to the complaint.
- The professional Councils and/or Boards and other relevant bodies manage complaints in accordance with the appropriate regulations pertaining to their relevant complaints' management and disciplinary processes promulgated in terms of their respective acts.
- Should the complainant be dissatisfied with the outcome of the investigation or how the complaint was managed by a professional Council and/or professional

Board during the preliminary stage, he/she is entitled to provide additional information to be reconsidered by the relevant Council's committee.

- Where the complainant is dissatisfied he/she can take the matter on appeal to an appeals committee appointed by the relevant Council. The complainant can also approach the High Court for relief in instances where the complainant is aggrieved by any decision of any committee.

8. REQUIRED ACTIONS FOR HEALTH FACILITIES

All standards relevant to the Complaints Protocol must be upheld by all health facilities. The following standards must be followed:

8.1 Written Complaints Procedure

The health facility must have an up to date procedure for the management of complaints. The procedure must include the following:

- that the name of the complaints officer and the location of their office is to be published (e.g. on a poster) in a public place visible to patients
- The procedure for lodging a complaint (including telephonic complaints)
- The procedure around acknowledgement
- The procedure for investigation of complaints
- The procedure for determining the required action to be taken according to the severity of the complaint (risk rating)
- The procedure for identifying patterns in system failures (categorisation)
- The procedure around redress
- Timelines to be adhered to
- Monitoring mechanisms and their response timelines
- Mechanism to ensure children's participation in the complaints process
- Mechanism to ensure that vulnerable groups such as blind and deaf people, people speaking foreign languages, elderly, mentally ill and illiterate people can participate in the complaints process

8.2 Conveying information to the public regarding the lodging of complaints

- Every facility must prominently display the facility's complaints' procedure together with the Patients' Rights Charter and the Patients' Responsibilities at all entrances and exits used by patients/ users of the services.
- The Complaints Procedure must be made available at all health facilities in the form of a pamphlet/ booklet/poster, written in a language that shall be understood by the users. Special communication methods shall be established for those that do have sensory communication or language disabilities or impairment.
- The Complaints' Procedure must on a routine basis be provided to all first time users of the service in the form of a booklet/ pamphlet. This process shall be addressed as part of health education for users.
- Facilities shall have visible sign posting to lead the user/ complainant to the point where complaints should physically be lodged.

- 8.3 Forum for reviewing complaints
- Health facility must have a forum for reviewing complaints.
 - The head of a health facility or his/ her appointee shall be the *Complaints Manager* of the health facility.
 - Terms of reference of the forum reviewing complaints must be available
 - Minutes of the forum reviewing complaints must be available
 - The Hospital Board or clinic committee can assist in addressing / resolving public complaints. The Hospital Board (as representatives of the community) or clinic committee must be primarily responsible to communicate with the community regarding system improvements
- 8.4 Complaint Form
- A standardised *complaints form* (See Annexure B section A, as an example or suggestion. Please note that this form should be printed back to back) is to be completed by every person lodging a complaint. This excludes complaints received by fax, post or by e-mail.
 - Staff responsible for managing complaints must complete the form for complaints that are lodged telephonically.
 - Facilities will avail staff members to assist those complainants in need, to fill in the complaint form. If a user cannot write, the complaint should be written down *verbatim*. Recording verbal complaints on audiotape could be of some assistance, if the complainant does not object to the use of a tape recorder
- 8.5 Acknowledgement of complaints
- A complaint must be acknowledged within 5 working days after receipt by the relevant health facility.
 - Acknowledgement can be done in writing (by means of posted, e-mailing or faxing the acknowledgment letter to the complainant) or telephonically (date on which acknowledgment is done must be recorded).
 - Complainants must be informed on how long they can expect to wait to receive a response.
 - The reference number allocated to the complaint must also be conveyed to the complainant when acknowledging the complaint.
- 8.6 Taking appropriate action according to the severity of the complaint
- All formal complaints must be assessed immediately upon receipt to identify the severity/risk and the appropriate course of action that needs to be taken.
 - The purpose of risk assessment is to identify high risk complaints that raise significant safety, legal or regulatory issues, that need to be dealt with by senior management immediately after they have been notified.
 - The severity assessment matrix (see Annexure C) is a useful tool to assist with consistent and reliable risk assessment.
 - A fixed rank rating can be obtained by combining the consequences (or severity) of an incident with the probability (or likelihood) of the same type of incident recurring as per the matrix.
- 8.7 Identifying system failures (Categorisation)
- In order to identify the most important system failures it is necessary to know which ones are most common and whether they are getting worse or better.
 - Once a significant system failure has been identified the root cause must be identified and rectified in order to improve the quality of care.

- Complaints are categorised on key sub domains and standards of the National Core Standards to enable staff to identify system failures in time. See Annexure D.
- Provincial offices can select a minimum of 10 of the 26 categories according to areas that still need improvement in their province.
- The category for “Other” may then not exceed 20% of the total, otherwise analyses will become meaningless.

8.8 Resolution of complaints

8.8.1 Time frames for resolving complaints

The complaint will be investigated and the final outcome of the investigation will be conveyed to the complainant within a target time of 25 working days. However, should the complexity of the investigation require an extension of this 25 days, then the complainant will be provided with a progress report within the said 25 working days.

8.8.2 Redress of complainants

- Once the investigation of a complaint has been finalised the complainant must be redressed.
- Redress refers to a range of appropriate responses that can be provided by health facilities to a complainant.
- An appropriate range of remedies can include:
 - An apology, explanation, and acknowledgement of responsibility
 - Remedial action, which may include review or changing a decision on the service given to an individual complainant; revising published material; revising procedures to prevent the same thing happening again; training or supervising staff; or any combination of these
- The aim is to reach a fair and reasonable resolution
- Discussing outcomes with the complainant that he/she believe are necessary to provide or ensure appropriate redress can assist in reaching a fair and reasonable resolution
- A letter/report in writing regarding the outcome of the investigation and the redress done must be provided to the complainant.
- In the event that a redress meeting is held, the complainant must also be provided with a letter/report.

8.8.3 Circumstances under which a complaint is viewed as resolved

A complaint is viewed as been resolved under the following circumstances (also referred to as type of resolution):

- Patient satisfied/Redress done* -The complainant indicates that he/she accepts the facility’s response regarding the complaint and/or any redress meeting with the complainant concludes that the complaint is now resolved. There are however some complaints that cannot be resolved to the satisfaction of the client. (Reasons must be carefully documented as to why the complainant is still not satisfied and what attempts were made to resolve the complaint).
- Litigation* - A complainant indicates during a redress attempt by the facility, that he/she is going to take legal action against the facility and is thus not satisfied with the facility’s redress attempts, and also

- not interested in any more attempts at redress (i.e. when a complaint proceeds to litigation).
- c) *Serious Adverse Event* - It becomes apparent during the redress attempts that the complaint concerns an adverse event which is then further managed through adverse event management processes. In such instances where the complaint was identified as an adverse event, the reference number assigned to it in the adverse event register must also be recorded in the Complaints' Register.
 - d) *Complainant/patient cannot be traced* - If additional information is required in order to investigate the complaint and the complainant/patient was contacted once a week for three consecutive weeks without getting hold of the complainant/patient, the complaint can be seen as resolved. The dates and the methods used to contact the complainant/patient, must be documented as such. The same principle applies when a complainant/patient cannot be traced to do redress.

8.9 Complaints Register

Each health facility must log all their complaints in a register that contains the following information: See Annexure E.

- The reference number of the complaint.
- The date the complaint was received
- The surname and name of the complainant.
- The surname and name of the patient.
- A short summary describing the essence of the complaint.
- Action taken to resolve the complaint, including the outcome of the complaint (level of satisfaction of the complainant) as well as the remedial action taken to prevent a recurrence of the same incident.
- *The category of the complaint (assessed when logged and reassessed once the complaint has been resolved).*
- The severity of the complaint (determined when logged and reassessed once the complaint has been resolved).
- Type of resolution (refer (8.8.3))
- The date the complaint was resolved.
- The number of working days it took to resolve the complaint.

All documents relating to complaints must be filed. Section B of the Complaint form (see Annexure B) can be completed once the investigation and redress has been finalized in order to have a summary on the management of the complaint. This can be filed together with all the documents pertaining to the specific complaint.

Statistical data submitted, letters of complaints and investigative reports must tally with the number of complaints registered in the complaints' register.

8.10 Reporting on complaints – Indicators and Categories

Facilities shall on a monthly basis report to their provincial office, on all the complaints they have received and resolved. The report must contain the following information relating to complaints:

- 1st Indicator (see Annexure F) % Complaints resolved (still to be included in National Indicator Data Set (NIDS)):
$$\frac{\text{Number of Complaints Resolved}}{\text{Number of Complaints Received}}$$
- 2nd Indicator (see Annexure F) % Complaints resolved within 25 days:
$$\frac{\text{Number of Complaints Resolved within 25 working days}}{\text{Number of Complaints Resolved}}$$
- Number of complaints received per category (see Annexure D).

9. REQUIRED ACTIONS FOR PROVINCIAL HEADS OF HEALTH

- The Provincial Head of Health (PHOH) must appoint at least one person on his/ her establishment who will oversee the complaints' procedure in his/ her province. This person will be the provincial complaints' manager who could be assisted by a provincial panel constituted by the PHOH, when managing and resolving complaints.
- All complaints referred or made to the PHOH will be investigated according to the actions required by health facilities as set out in section 8
- Complaints if so required must be referred to the relevant professional council and/ or board.
- The PHOH will provide the National Department of Health (NDOH) with a report on the outcome of all provincial investigations done subsequent to the complaints referred to him/ her for investigation by the NDOH. Providing the NDOH with a report (final or progress) will coincide with the communication(s) between the PHOH and the complainant.
- When the complainant remains dissatisfied with the outcome of the province's initial investigation and/ or disagrees with the actions taken by the province in dealing with the complaint, the PHOH may refer the complaint to the Ombud within the Office of Health Standards Compliance for his/her investigation.
- The PHOH must regularly assess whether the provincial complaints' system is functional in his/her province.
- The PHOH will ensure that the complaints' management procedure is publicised throughout the organisation and training is given to all staff so that they know what action to take when a complaint is received
- The PHOH will ensure that the Complaints' Procedure is made available at all facilities throughout the province, written in the language(s) commonly understood by the communities that are served by the facilities.

10. REQUIRED ACTIONS FOR PROFESSIONAL COUNCILS AND/OR BOARDS AND OTHER BODIES

- The relevant Professional Council/ Board and other bodies must acknowledge receipt of any complaint either referred to them by the national and provincial health departments or directly received from the public, in terms of their own regulations.
- Professional Councils and/ or Boards must provide either the national or the provincial health departments, depending on who originally referred the complaint to Council, with a written report on progress made with or on the final outcome of their investigation.
- Professional Councils and/ or Boards and other bodies must keep a Complaints' Register of all the complaints lodged, including reports on how these complaints have been addressed.
- Professional Councils and/ or Boards must on an annual basis report to the national Department of Health on the number and nature of all complaints lodged with regard to health professionals working in the public health sector, and on the outcome or verdict of their investigations/ hearings. The Ombud and other bodies on the other hand will on an annual basis report to the relevant Minister(s) and to the National Department of Health on the number and nature of all health related complaints they have received and on the outcome of their investigations.

11. REQUIRED ACTIONS FOR THE NATIONAL DEPARTMENT OF HEALTH

- All complaints that are lodged with the NDoH and Office of the Minister of Health will be managed by the Directorate: QA (Complaints' Centre)
- All complaints will be managed as set out in section 8, excluding section 8.2 and 8.3
- The appropriate authority is requested to investigate and to communicate directly with the complainant on the outcome of the investigation within 25 working days. The appropriate authority is requested to provide the Directorate: QA with a copy of the progress on and/or outcome of the investigation as communicated to the complainant.
- Complaints that is not resolved within the set time frames due to:
 - the relevant authority failing to respond on time, and
 - the complainant not satisfied with the final outcome, will be referred to the Ombud for investigation.
- The National Department of Health must annually compile and publish a National Complaints' Report for the Public Health Sector.

12. REFERENCES

- 12.1 Department of Health. A National Complaints' Procedure. November 2009.
- 12.2 Department of Health. National Complaint System for Health. Annexure 6.1.1 of the Agenda for the Meeting of the Management Meeting. 1 April 2003.
- 12.3 Department of Health. National Health Act (Act 61 of 2003).
- 12.4 Department of Health. The National Patients' Rights Charter. 1999.
- 12.5 Department of Health. National Core Standards of South Africa. 2011.
- 12.6 Department of Health. The National Health Amendment Bill. 2012.
- 12.7 Department of Public Service and Administration. The White Paper on Transforming Public Service Delivery (Notice 1459 of 1997).
- 12.8 Government of the Republic of South Africa. Constitution of the Republic of South Africa (Act 108 of 1996).
- 12.9 United Kingdom, NHS Executive. Complaints: Guidance on implementation of the NHS Complaints Procedure. March 1996.
- 12.10 United Kingdom, Department of Health. The Report of a Review Committee on NHS Complaints Procedures. May 1994.
- 12.11 Australian Council for Safety and Quality in Health Care. Complaints Management Handbook for Health Care Service. July 2005.

Annexure A

NATIONAL CORE STANDARDS - Assessment Questionnaire

Questions pertaining to complaint management

* The Assessment Questionnaires and checklists are in the process of being reviewed.
The text coloured red are proposed revisions

	Type	Score	Notes
Domain 1 Patients Rights: 1.8.1.1 The health establishment follows a formal / structured approach to the management of complaints			
1.8.1.1.1 CHECKLIST - The health establishment has an up to date procedure for the management of complaints which includes acknowledgement / investigation/ response and timelines and mitigation strategy	DA E		
Domain 1 Patients Rights: 1.8.1.2 Patients are made aware of the process by which they can lay a complaint			
1.8.1.2.1 Information on the procedure for complaints is clearly displayed in all service areas	OBS E		
1.8.1.2.2 The poster or pamphlet on complaints is simple to read and available in the local languages	OBS E		
Domain 1 Patients Rights: 1.8.2.1 A formal process by which complaints are recorded is available in the health establishment			
1.8.2.1.1 The complaints register indicates that all complaints are logged and includes the timeframes in which they were resolved	DA E		
1.8.2.1.2 Complaints are classified by order of severity in order to determine the required action to be taken	DA E		
1.8.2.1.3 Complaints are categorized in order to determine patterns of system failures	DA E		
Domain 1 Patients Rights: 1.8.2.2 Complaints are screened to ensure adverse events are identified and appropriately managed			
1.8.2.2.1 Complaints relating to serious adverse events are managed via the adverse events management system and noted as such in the complaints register	DA E		
1.8.2.2.2 Copies of complaints which are identified as serious adverse events are referred to the forum reviewing adverse events for analysis and monitoring	DR E		
Domain 1 Patients Rights: 1.8.2.3 Complaints are managed according to the guidelines regarding acknowledgement / investigation and response			
1.8.2.3.1 CHECKLIST - Letters to the last five complainants whose cases have been completed are in the complaint their (delete "their") file and included the findings and actions	PRA E		
Domain 1 Patients Rights: 1.8.2.4 Investigation and analysis of complaints lead to appropriate action to improve the quality of service delivery			
1.8.2.4.2 Terms of reference of a forum reviewing complaints (or RELEVANT complaints for district office) is available which details the interdisciplinary membership / roles and responsibilities and strategy to manage complaints	DA E		
1.8.2.4.2 Minutes of the forum reviewing complaints (from within the last quarter) indicates that complaints statistics are regularly discussed / analysed and actions implemented to address concerns	DA E		
Domain 1 Patients Rights: 1.8.2.5 Complaints are managed according to the timelines as per national benchmarks			
1.8.2.5.1 Evidence shows that complaints are acknowledged within 5 working days and complaints resolved within 25 working days (exceptions where complex complaints)	DA E		

CHECKLIST DOMAIN 1 – PATIENT RIGHTS,

1.8 Complaints management

Patients' complaints are managed systematically and to patients' satisfaction

Number of checklist	Criterion	Checklist reference	Measure	
1.8.1.1.1	The Establishment follows a formal, structured approach to the management of complaints	Complaints policy	The establishment has an up to date procedure for the management of complaints which includes acknowledgement, investigation, response and timelines and mitigation strategy	
Number of questions	Planned number of responses	Unit where assessed	Type of assessment	
10	10	M14 MC14C MC14A	DOC	
<p>Instructions: Ask for a copy of the complaints management procedure for the health care establishment. Check if the aspects listed are included in the policy. Mark either Yes or No</p>				
No.	Question / Aspect	yes	No	Comments
1	The procedure states that the name of the complaints officer is to be published (e.g. on a poster) in a public place visible to patients			
2	The procedure states that the location of the complaints office is to be made known to patients (e.g. on a poster)			
3	The procedure for lodging a complaint (including telephonic complaints)			
4	Procedure for investigation of complaints			
5	Procedure for determining the required action to be taken according to the severity of the complaint (Risk rating)			
6	Procedure around acknowledgement and responses			
7	Timelines to be adhered to			
8	There is a procedure for both written and verbal Complaints (to be removed as it is included in point 3)			
9	Monitoring mechanisms are in place to monitor complaints and their response timelines			
10	Is there a mechanism in place to ensure children's participation in complaints process			
11	Procedure for identifying patterns in system failures (Categorisation)			
12	Procedure around redress of complainants			
13	Mechanism to ensure that vulnerable groups such as blind and deaf people, people speaking foreign languages, elderly, mentally ill and illiterate people can participate in the complaints process			
Actual Score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 1 – PATIENT RIGHTS,
1.8 Complaints management
Complaints are used to improve service delivery

Number of checklist	Criterion	Checklist reference	Measure					
1.8.2.3.1	Complaints are managed according to the guidelines regarding acknowledgement, investigation and response.	Complaints policy	Appropriate Letters with findings and actions of the last 3 complainants whose cases have been completed are available					
Number of questions	Planned number of responses	Unit where assessed	Type of assessment					
4	12	M14 MC01	PRA					
Instructions: In the complaints files of the last 5 patients that complained, find the appropriate letters and actions taken to address complaint. Mark either Yes or No								
No.	Question / Aspect	File 1		File 2		File 3		Comments
		Yes	No	Yes	No	Yes	No	
1	Copy of complaint in the file							
2	Copy of response on acknowledgement of complaint sent to patient is in file							
3	Actions taken to investigate the complaint are recorded							
4	Actions taken to rectify situation are Recorded							
5	Copy of the letter to the patient on the actions taken is in the file							
Actual Score (Sum of positive responses)								
Maximum possible score (Sum of all questions minus the not applicable responses)								

ANNEXURE C

THE SEVERITY ASSESSMENT MATRIX

Step 1: Determine the likelihood of the complaint reoccurring in the table for Likelihood

Step 2: Determine the severity of the complaint in the table for Severity

Step 3: Determine risk by aligning the likelihood with the severity in the SAM

Step 4: Determine action to be taken

Severity Assessment Matrix (SAM)

Likelihood	SEVERITY			
	Insignificant/ Minor (1)	Moderate (2)	Major (3)	Catastrophic (4)
Almost certain (5)	Medium	High	Extreme	Extreme
Likely (4)	Medium	High	Extreme	Extreme
Possible (3)	Medium	High	High	Extreme
Unlikely (2)	Low	Medium	High	Extreme
Rare (1)	Low	Medium	Medium	High

Table: Likelihood

LIKELIHOOD	DESCRIPTION
Almost certain (5)	Recurring, frequent, predictable. Under normal circumstances, this event occurs persistently (perhaps three or four times a month?)
Likely (4)	Happens regularly. Under normal circumstances, this event is likely to occur (perhaps once or twice a month?)
Possible (3)	Happens from time to time – not frequently or regularly. Under normal circumstance, this event may occur occasionally (perhaps three to four times a year?)
Unlikely (2)	Rare, unusual, but may have happened before. Under normal circumstances, this event is unlikely to occur (perhaps less than twice a year?)
Rare (1)	Isolated or “one off” – slight or vague connection to service provision. Under foreseeable circumstances, this event is not expected to occur again (perhaps less than twice in five years/)

Table: Severity

SEVERITY	DESCRIPTION
Insignificant / Minor (1)	No harm to patients as a result of receiving health care. No harm to visitors that requires medical treatment. No loss of service. Low financial loss. Minor damage to customer service relationship.
Moderate (2)	A patient has suffered harm in the course of treatment, no further treatment is required. Reduced efficiency or some disruption to services. Significant financial loss. Significant loss of customer service relationship.
Major (3)	A patient has suffered harm as a result of receiving health care in a manner that is unrelated to the natural course of the illness and differing from the expected outcome of patient management, resulting in hospitalisation (or increased length of stay). Permanent injury to visitors. Loss of service capability including cancelled appointments. Major financial loss. Serious breakdown of customer service relationships.
Catastrophic (4)	A patient has died as a result of receiving health care in a manner that is unrelated to the natural course of the illness and differing from the expected outcome of patient management. Death of a visitor. Complete loss of service capability. Huge financial loss. Serious threat to customer service relationships, permanent harm to reputation of the service

Table: Outcome: Determining Action Required

ACTION REQUIRED	
4	Extreme risk – Notification to the CEO/manager of relevant department for immediate action and a detailed assessment of the causes and the corrective action that should be taken
3	High risk – Notification to the CEO/manager of relevant department and a detailed investigation at their discretion, and the [practice manager/complaints manager conducts a review of policies as part of managing the complaint, which may result in recommendations for change.
2	Medium risk – Results in the complaints manager drawing attention to the nature and impact of problem to departmental manager as part of managing the complaint, and may be the subject of recommendations for change
1	Low risk – Rating results in the issues being considered by the complaints manager as part of managing the complaint, and may be the subject of recommendations for change

Source: Complaint Management Handbook for Health Care Services – Australian Council for Safety and Quality in Health Care – July 2005

ANNEXURE D

Categories for Complaints according to the Sub-domains and Standards of the NCSs

Facility Name/Province:	Financial Year:													
Sub-domain	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	TOT	%*
1.1 Respect and dignity														
1.2 Access to information for patients														
1.3 Physical access														
1.4 Continuity of care														
1.5.1 Waiting times and queues are managed														
1.5.2 Waiting lists for operations are kept short														
1.6 Emergency care														
1.8 Complaints management														
2.1 Patient care														
2.2 Clinical management of priority health conditions														
2.4.2 Pregnant mothers, children, mentally ill & elderly pt's receives special attention														
2.4.3 Patients undergoing high risk procedures are protected														
2.6 Infection prevention and control														
3.1.2 Medicines and medical supplies are in stock														
3.1.4 Medicines correctly prescribed/patients educated														
3.2 Diagnostic services														
3.3 Therapeutic and support services														
3.4 Health technology														
3.7 Clinical Efficiency Management														
6.7 Medical Records														
7.1 Buildings and grounds														
7.3 Safe and secure environment														
7.4 Hygiene and cleanliness														
7.6 Linen and laundry														
7.7 Food services														
8. Other														
GRAND TOTAL														

* Calculate: (Number received per category/Grand Total)*100 (e.g. 20 complaints categorised under Respect and dignity. Grand Total for number of complaints received is 40: 20/40*100= 50%)

COMPLAINTS REGISTER

ANNEXURE E

FACILITY NAME: _____

MONTH/YEAR: _____

Ref No. (Column A)	Date Received	Complainant's Name & Surname	Patient's Name & Surname	Summary description of the Complaint	Information on i.) Action taken, ii) Outcome, iii) Remedial action	Category of Complaint (NCS Sub-domain)	Severity of Complaint (Risk Rating)	Type of Resolution	Date Resolved (Column B)	Number of working days to resolve Complaint (Column D)

Column name (e.g. A, B and D) in the heading of the complaints register refer to the columns to be completed in Annexure F:

- To obtain column A of Annexure F count the number of reference numbers for the month
- To obtain column B of Annexure F count the number of complaints resolved (count the rows where dates have been entered). Very important: also check previous month's registers for complaints that have been resolved for the current month and add all the complaints that have been resolved for the current month. In some instances you can have more complaints resolved than received for a specific month because complaints of previous months were resolved in that specific month.
- To obtain column D of Annexure F count the number of complaints resolved within 25 days only. Same principle applies as previous bullet; therefore check previous month's registers.

ANNEXURE F

FORMAT FOR SUBMITTING STATISTICAL DATA ON COMPLAINTS

Name of Facility/Province: _____

Financial Year: _____

Column Name	A	B	C	D	E
Month:	# Complaints Received	# Complaints Resolved	% Complaints Resolved (Column B/ Column A)	# Complaints resolved within 25 Working days	% Complaints resolved within 25 working days (Column D/ Column B)
April					
May					
June					
July					
Aug					
Sept					
Oct					
Nov					
Dec					
Jan					
Feb					
March					
TOTAL/AVG					