



health

Department of Health
NORTHERN CAPE

This is to confirm that this policy has been reviewed according to the agreed time-frames and no changes to the current policy are required.

Policy for Managing Complaints Made by Health Service Users

Version control

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Approved by the Head of Ms Gugulethu MATLAOPANE

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Policy for Managing Complaints Made by Health Service Users

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Contents

Forward by the MEC for Health	3
Vision, Mission and Values	4
Policy Aim.....	5
Policy Scope	5
Policy Statement	6
Roles and Responsibilities.....	8
Review and Distribution.....	9
Acknowledgements and Sources.....	9

Forward by the MEC for Health

The Government has set the Department of Health, both nationally and provincially, major goals to achieve over the coming years. These goals include, among others, to provide strategic leadership and improve management; to accelerate the revitalisation of all health care infrastructure; to improve the quality of health services in preparation for the National Health Insurance (NHI), to accelerate the treatment of HIV/AIDS, STIs, TB and other communicable diseases; and to promote mass mobilisation for better health for all.

It is against this backdrop that the Northern Cape Department of Health is reviewing and updating all existing Policies and Procedures and, where needed, introducing new ones. These policies will ensure that staff know what is expected from them as individuals and as employees of the Department, as well as informing the public and its representatives of what they can expect from the Department.

This Policy aims to fulfil the requirements of (i) the Batho Pele- "People First" White Paper on Transforming Public Service Delivery (DPSA 1997) which emphasise the need to identify quickly and accurately when services are falling below the expected standard; (ii) the National Patients' Rights Charter (DoH 1999) which gives everyone the right to complain about healthcare services, to have such complaints investigated and to receive a full response on such investigation, (iii) the National Health Act (RSA 2003) which states that anyone may lay a complaint about the manner in which he or she was treated at a health care establishment and have that complaint investigated; and (iv) the National Core Standards (DoH 2011) which state that patients who wish to complain about poor service are helped to do so, that their concerns are properly addressed, and that complaints are used to improve service delivery.

I commend this policy to you.



Mr Mxolisi Sokatsha
MEC for Health

02/11/2011
Date

Vision, Mission and Values

Vision

Health Service Excellence for All

Mission

- Working together, we are committed to provide quality health care services.
- We will promote a healthy society in which we care for one another and take responsibility for our health.
- Our caring, multi-skilled professionals will integrate comprehensive services, using evidence-based care-strategies and partnerships to maximize efficiencies for the benefit of all.

Values

- Respect (towards colleagues and clients, rule of law and cultural diversity)
- Integrity (Honesty, Discipline, and Ethics)
- Excellence through effectiveness, efficiency, innovation and quality health care.
- Humanity (Caring Institution, Facility and Community)
- Empower our people

Policy Aim

1. This Policy aims to focus the Department's response to a complaint made by a health service *user*¹ on the needs of the complainant, and to use such complaints to help improve the quality of service delivery.

Policy Scope

2. This Policy is applicable to the management of any complaint made by a user of health services that were provided by or on behalf of the Northern Cape Department of Health.
3. This policy does not apply to a complaint:
 - 3.1. made by an employee, or any person or organisation sub-contracted by the department of health, where this relates to employment or contractual matters;
 - 3.2. made by one unit, section or directorate against another unit, section or directorate within Government;
 - 3.3. where the complainant has stated that he/she intends to take legal proceedings (in such cases the complaint will be referred to the Legal Services section to investigate and respond.)
4. If a complainant identifies serious matters where disciplinary action may be required, the disciplinary procedure will be used rather than the complaint's procedure.
Information gathered during the complaint investigation will be made available to the investigating officer in the disciplinary procedure.

¹ The definition of a "user" of the health system is taken from the National Health Act 2003. A user means the person receiving treatment in a health care establishment, including receiving blood or blood products, or using a health service, and if the person receiving treatment or using a health service is-

- below the age contemplated in section 39(4) of the Child Care Act, 1983 (Act No. 74 of 1983), "user" includes the person's parent or guardian or another person authorised by law to act on the first mentioned person's behalf; or
- incapable of taking decisions, "user" includes the person's spouse or partner or, in the absence of such spouse or partner, the person's parent, grandparent, adult child or brother or sister, or another person authorised by law to act on the first mentioned person's behalf.

(If the complainant chooses to be represented by a legal person, this complaint will not be handled through this Policy, but rather referred to the Department's Legal Services section.)

5. If a complainant feels that a health care practitioner is guilty of professional misconduct, they may also complain to the relevant professional regulator. The department will do likewise if it finds evidence of professional misconduct.

Policy Statement

6. It is the policy of the Northern Cape Department of Health that:
 - 6.1. Any health service user may lay a complaint about the manner in which he or she was treated or cared for by the Northern Cape Department of Health.
 - 6.2. All employees in the department and users of its health services will be made aware of this policy.
 - 6.3. The investigation findings from a complaint will be used to improve the quality of services, and may be included within the health establishment's quality improvement programme.
 - 6.4. A health service user should usually complain within six months of the date of the event that they are complaining about, or as soon as the matter first came to their attention. The time limit may be extended in situations where it would have been difficult for the user to complain earlier, for example, when they were grieving or undergoing trauma.
 - 6.5. A complaint will be properly investigated and responded to according to the following timeframes:
 - a. a complaint will be acknowledged by a Complaints Manager within ten working days of receipt by the Department or a section within;
 - b. the aim will be to complete the investigation and respond to the complainant within 25 working days of receipt;
 - c. where it is not possible to complete the investigation and respond within 25 days, the complainant will be kept informed of progress and the expected date of completion;

- d. the maximum amount of time allowed for investigating a complaint and responding to the complainant is 60 working days from the day of receipt by the Department.

6.6. The seriousness of a complaint will be categorised as Low, Medium, High, or Extreme, based on the likelihood of recurrence of the incident that led to the complaint, and the impact the incident might have on the health system or the user²:

- a. Complaints deemed to be of **Low** seriousness will be investigated locally by the manager of the health care establishment, (or in the case of Regional and Tertiary Hospitals, by the Unit Manager.)
- b. Complaints deemed to be of **Medium** seriousness will be investigated locally by the manager of the health care establishment with the active support of the Quality Coordinator at the Sub-District or District level (or in the case of Regional and Tertiary Hospitals, by the Divisional Manager.)
- c. Complaints deemed to be of **High** seriousness will be investigated by the District Quality Coordinator (or in the case of Regional and Tertiary Hospitals, by the Hospital Quality Manager.)
- d. Complaints deemed to be of **Extreme** seriousness will be investigated by the District Manager (or in the case of Regional and Tertiary Hospitals, by the Hospital Manager), with active support of the Provincial Complaints Manager. The Provincial Director for Standards Compliance & Quality Management will ensure that the Head of Department of Health is kept fully briefed during the investigation.

6.7. The investigation of a complaint will involve input from all those who may legitimately be considered to have a bearing on the complaint. Any complaint about clinical care, and particularly those deemed to be of High or Extreme seriousness,

² For a fuller description refer to the "Procedure for managing complaints made by health service users"

will be considered by a multidisciplinary team that includes clinical staff (e.g. at the health establishment's Clinical Governance Committee or equivalent).

- 6.8. When the investigation is complete, the complainant will be informed of the outcome of the investigation, with a covering letter signed by the appropriate manager responsible for the service being complained about (e.g. Hospital Manager, District Manager, Director for Standards Compliance & Quality Management, or the Head of Department, depending on the seriousness of the complaint).
- 6.9. A complaint received from the Public Protector, Member of the Provincial Legislature, Premier, Director General, or equivalent, will always receive a written response signed by the Head of Department.
- 6.10. If the complainant is still not satisfied with the local resolution he/she may seek an explanation from the Provincial Head of Department of Health, and ultimately from the "Office for Health Standards Compliance".
- 6.11. All documentation related to a complaint, including a copy of the complaint, the investigation findings and the response(s) to the complainant, will be kept safely for a period of at least 10 years by:
- a) the office of the District Manager for all District services or the office of the CEO for all District, Regional and Tertiary hospitals, and
 - b) a duplicate copy at the office of the Provincial Director for Standards Compliance & Quality Management.

Roles and Responsibilities

7. The District Manager is responsible for implementing this Policy in District hospitals, Community Health Centres, clinics, the Emergency Medical Service/Planned Patient Transport Service, and any other primary care setting. The Hospital CEO is responsible for implementing this Policy in Regional and Provincial Hospitals.

8. The health establishment manager or his/her appointee is usually the Complaints Manager and is responsible for ensuring complaints are investigated and responded to according to this policy. If the complaint is of high or extreme seriousness the Complaints Manager may need to be a Senior Manager.
9. The Director for Standards Compliance & Quality Management is responsible for coordinating training on the implementation of this policy. He/she will compile and distribute quarterly statistical reports by province, district and establishment, and a more descriptive annual report.
10. Each staff member is responsible for treating service users courteously and with respect, bringing this policy to the attention of the health service user, and for advising service users who they can talk or write to if they wish to make a formal complaint.

Review and Distribution

11. The Director for Standards Compliance & Quality Management is the responsible manager for this Policy and for ensuring it is reviewed and updated.
12. This policy and accompanying procedure will be reviewed after 12 months but before 18 months of the last publication date. If necessary an updated version will be issued, if not a formal cover letter will be issued to supplement the cover of this Policy (identifying a revised publication date).
13. The Director for Policy & Planning will distribute updated versions to:
 - Member of the Executive Council for Health
 - Head of Department of Health
 - All Chief Directors, Directors and Deputy Directors (who will in turn distribute to their staff as appropriate.)

Acknowledgements and Sources

14. This Policy is based on the requirements of the Batho Pele- "People First" White Paper on Transforming Public Service Delivery (DPSA 1997), the National Patients' Rights

Charter (DoH 1999), the National Health Act (RSA 2003), and the National Core Standards (DoH 2011).

15. Source documents are:

- “National Complaints’ Procedure for the Public Health Sector of South Africa” (RSA DoH 2009)
- “Listening, Responding, Improving – A guide to better customer care” (UK DoH 2009)