**[Complaints Self-Assessment Tool](https://www.mhcc.vic.gov.au/complaints-self-assessment-tool)** – ref stage 5

Engagement material
**Stage 5: Learning from complaints**
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# **Discussion points**

* Given constraints, how can feedback bodies move beyond the logistical imperative to rapidly analyse, assess and ‘close-off’ complaints to fully identify patterns, themes and trends across different factors, timeframes, cohorts and settings?
* How can MHCC’s service annual complaint reports further inform and integrate theme/trend analysis and action plans?
* Time spent editing and designing posters/collateral not to be at the expense of learning from complaint data
* Consider regularly briefing Lived Experience staff on complaint outcomes, actions and service improvements
* Reviewing incidents and assessing service responses not to rely on the relevant Nurse Unit Manager or other involved staff being there in the feedback body meeting: it is the responsibility of all staff to learn from complaints
* Can tailored training and support be given to Lived Experience representatives on feedback bodies to acclimatise to the depersonalised framing and language of logged complaint data and develop skills in reconstructing narrative and context?
* To offset this abstract framing/language, how can you ensure the voices, stories and verbatim quotes of those who complain be regularly included in complaint data reports, communication and collateral?
* Are there clear mechanisms by which worrying longitudinal trends and unexplained surges are urgently flagged with management, clinical and/or quality improvement staff?
* Long-term complaint data trends that are accepted as normal or part and parcel of service delivery to still be investigated

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# **Constraints**

* Lack of resourcing and time dedicated to identifying and acting on themes and trends, causing action plans to be delayed, incomplete or without sufficient resourcing to deliver on areas for improvement
* Budget limitations mean feedback collateral is often limited to a standard-sized poster, put up unnoticed on a poster-crowded wall, instead of other more innovative methods
* Complaint reporting pathways and governance frameworks are often not given mechanisms to draw attention to negative themes/trends, and are unlinked to action plans, tailored interventions, timeframes, outcome metrics and monitoring
* This may mean inadequate identification of safety and quality risks, for which complaint data is both warning sign and symptom

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# **Barriers**

* Quarterly (time-restricted) feedback body meetings are inadequate to effectively undertake (quarterly and longitudinal) review, analysis, assessment, theming, reporting and communication
* Services often have one or more Lived Experience representative on feedback bodies, but Lived Experience advisory bodies are not involved
* These representatives are often not oriented, trained and supported to deal with sensitive, dehumanising and challenging material
* Data from other Lived Experience sources (YES, CES and other surveys, input from peer support workers and consultants) is not always integrated with complaint data
* Lived Experience staff are under-engaged in developing action plans, targeted interventions and service improvement outcomes (and their metrics)
* Beyond the simplified mediums such as posters, complaint data, themes, trends and service improvement outcomes are not communicated to consumers and carers (so the crucial link between complaining and driving positive change is not being shared adequately)
* Interventions and projects are not always explicitly identified (to staff, consumers and carers) by services as responses to complaint themes/trends
* ‘Rights and Responsibilities’ education and outreach campaigns/projects do not usually highlight the right to complain, nor link it to other rights, or to complaint data, or to other tools supporting agency

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# **Advice**

* Complaint data key processes (review, analysis, theming, reporting, communication, action and project plans, outcome metrics and governance) to involve a wide range of staff and disciplines, including engaging and collaborating with Lived Experience, in training
* Reflection on and discussion of complaint data to also happen in non-governance everyday settings (e.g. clinical/administrative team meetings, inpatient/client community meetings, peer support meetings)
* Analysis timeframes to be both close-focus (quarterly) and wide-angle (longitudinal and long-term trends)
* Identified trends and themes to be addressed with accountable action plans, targeted interventions and service improvement outcomes
* Action plans, targeted interventions, outcome metrics, timelines and monitoring all require high visibility and whole-of-service communication and awareness campaigns to be fully effective
* In communications and collateral use ‘You said . . . We did’ to clearly demonstrate outcomes, innovations and improvements
* Leadership to play a visible and active role in enabling, championing and driving a positive complaints culture
* Report outcomes and service improvements widely and link them directly to the complaints that prompted them
* Go beyond a poster: find other ways to publicly demonstrate how complaints drive positive change and productive outcomes
* Work with MHCC to better learn from complaints data and improve outcomes

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