



Consumer and Carer Feedback Management Policy

1. Purpose

To outline the minimum requirements for managing the collection and reporting of consumer and carer feedback received by the WA Country Health Service (WACHS).

2. Policy

Consumers and their families and carers have unique lived experiences in relation to their own health, along with their own perspectives on how that health care is received. Consequently, consumer, carer and family feedback can communicate valuable insights and information that enables health services to improve safety and minimise risk, while offering opportunities to increase trust through open communication and shared learning and healing.¹

Feedback including complaints, compliments, contacts, and concerns received from consumers, carers, and their families (hereafter referred to collectively as 'consumers'), directed to and about WACHS is in scope for this policy.

The following is not in scope for this policy:

- Staff feedback on workplace issues.
- Feedback from advocacy groups regarding systemic issues.
- Consultation feedback.

2.1 Compliments

Compliments received should be recorded in the Datix Consumer Feedback Module (Datix CFM) by the administrative staff for the area receiving the feedback, supported by the Consumer Feedback Coordinator. Compliments offer beneficial learning opportunities by identifying the service components that are most valued to consumers and should be shared with the workforce.

Compliments involving consumers participating in a clinical trial or research project must also be sent to the WACHS Research Governance Unit via email:
wachs.researchgovernance@health.wa.gov.au.

2.2 Contact and concern

Contact and concern refers to feedback regarding any aspect of service where:

- the person states that they do not wish to lodge a complaint; or
- the issue can be resolved without going through the complaint management process.

A contact or concern should be recorded in Datix CFM by the staff member who has received the feedback, supported by the Consumer Feedback Coordinator. Each contact or concern should be assessed in accordance with the requirements of the WA Health Complaint Management Policy using the Seriousness Assessment Matrix (SAM) by a Tier 4 Officer (or delegate).

Contacts and concerns provide a learning opportunity by identifying the service components that may indicate the need for proactive intervention to improve consumer experience of service.

Contacts and concerns involving consumers participating in a clinical trial or research project must also be sent to the WACHS Research Governance Unit via email: wachs.researchgovernance@health.wa.gov.au.

2.3 Complaint management

Healthcare complaints are a critical mechanism for improving the healthcare experience and ensuring that patients are heard, and their issues addressed effectively.

WACHS recognises that responses to adverse events reported by our consumers should provide an opportunity for healing alongside the traditional models that focus on system learning. A restorative approach – appreciating and responding to human impacts for patients, families, health professionals and organisations – aims to restore trust and promote healing for all the people involved in an adverse event.²

Complaints must be managed in accordance with the requirements of the MP 0130/20 [Complaints Management Policy](#).

The following sections outline WACHS specific directives regarding the application of the WA Health Complaints Management Policy.

Complaint collection

The following principles apply for complaint collection:

- Feedback received via social media platforms will be managed by WACHS Communications who will direct the feedback to the appropriate Consumer Feedback Coordinator for ongoing management.
- Wherever possible, staff should attempt to directly resolve a complaint raised by a consumer within the scope of their role – refer to the [Frontline Staff Complaint Management Resource](#) for guidance.
- All finalised documentation pertaining to a complaint received by WACHS must be stored in Datix CFM and must be separate from the healthcare record.
- Where a complaint is received by a third party the Authority to Release Information form must be completed by the consumer (or substitute decision maker) to share confidential information with the complainant.
- Complaints involving contracted entities must be sent to the WACHS Procurement and Contract Management team (via email: wachs.pcmd@health.wa.gov.au) to liaise with the contracted entity.
- Complaints involving consumers participating in a clinical trial or research project must also be sent to the WACHS Research Governance Unit wachs.researchgovernance@health.wa.gov.au.

Acknowledgment of complaint

An acknowledgement of complaint can be completed verbally (face-to-face or via phone call) and/or in writing – a summary of the discussion with the complainant must be recorded in Datix CFM.

Assessment

The following principles apply when assessing a complaint:

- Each complaint should be assessed in accordance with the requirements of the WA Health [Complaint Management Policy](#) using the [Seriousness Assessment Matrix](#) (SAM) by a Tier 4 Officer (or delegate).
- All complaints with an initial SAM 1 or SAM 2 rating must at a minimum be escalated to the regional Executive Director by the Tier 4 Officer (or delegate) at the time it is notified into Datix CFM.
- A complaint may be subject to the requirements of the WACHS [Open Disclosure Policy](#) in circumstances including but not limited to:
 - a defined clinical incident as per the MP 0122/19 Clinical Incident Management Policy
 - events when there is a significant clinical effect on the consumer and that is perceptible to either the consumer or the healthcare team
 - events that necessitate a change in the consumer's care
 - events with a known risk of serious future health consequences, even if the likelihood of that risk is extremely small.

Investigating a complaint

The following principles apply when investigating a complaint:

- The proportionate level of investigation will be determined by the initial SAM rating, at a minimum the London Protocol (or equivalent) methodology must be used for SAM 1 and SAM 2 rated complaints.
- All complaint investigation documentation is to be managed in accordance with the WA Health [Complaints Management Guideline](#).
- Where a complaint is identified as contentious (potential legal, political, financial or media implications) the Consumer Feedback Coordinator will escalate to the WACHS Director Safety and Quality for advice, as appropriate.

Complaint response

The following principles apply when responding to complaints:

- The response to a complaint will occur via the method of communication agreed with the complainant. Types of responses may include a face-to-face meeting, phone call, or written.
- Where a face-to-face meeting or phone call or is undertaken a summary of the discussion must be documented into Datix CFM by the allocated investigator.
- The allocated investigator must record all investigation information into Datix CFM completing all relevant sections, including any identified service improvements.
- The completed complaint record and all related correspondence must be provided by the allocated investigator to the appropriate Tier 4 Officer for SAM score confirmation and approval of the approach for resolution of the complaint. This must be captured via the 'Communication and Feedback' section of the complaint record in Datix CFM.
- The regional Executive Director must approve all final SAM 1 and SAM 2 confirmed ratings and responses.

Complaint handling grievance

The following principles apply to managing complaint handling grievances:

- A grievance arises when a complainant has previously filed a complaint and remains dissatisfied with the resolution provided or with the delays to resolution.
- All complaint handling grievances must be logged into Datix CFM as a new complaint and categorised appropriately under the Complaint Category Tier 1: Grievance.
- A complaint handling grievance should not result in a reopening of the initial complaint – this must be treated as a new complaint response.

Managing challenging and unreasonable complainant conduct

The following principles apply when managing challenging or unreasonable complainant conduct:

- Refer to Section 13 of the WA Health [Complaints Management Guideline](#) for detailed information on how to manage an unreasonable complainant – this includes unreasonable complainant conduct via the Care Opinion Australian (Care Opinion) platform.
- Only a Tier 3 Officer or above is authorised to restrict access to the complaint management process in accordance with the [Complaints Management Guideline](#).
- All correspondence and decision-making regarding an unreasonable complainant must be documented in Datix CFM and, where applicable, be communicated with the Care Opinion moderator team.

2.4 Ministerial correspondence

Ministerial correspondence which meets the definition of a complaint must be recorded in Datix CFM as a new complaint (for reporting purposes) if the complainant has not previously lodged a formal complaint with WACHS for the same event(s).

The following process considerations are applicable:

- Communication regarding Ministerial correspondence which meets the definition of a complaint will be conducted via the Issue Tracking System (ITS) by the Office of the Chief Executive.
- A copy of the notification and any approved response prepared for Ministerial correspondence must be provided to the relevant place-based Patient Safety and Quality team by the Office of Chief Executive and must be added to the complaint record in Datix CFM by a Patient Safety and Quality team member.
- Data entry for the management of the complaint in Datix CFM is subject to the same data quality requirements as any other complaint.
- Management of any Ministerial correspondence which meets the definition of a complaint must be conducted in accordance with the WA Health [Complaints Management Guideline](#).
- The timeline for response for complaints made by ministerial correspondence will be determined by instructions from the Minister's office on a case-by-case basis.
- If a complaint is received through the Minister's Office, requirements for patient authorisation to release personal information still apply. However, it is recognised that timeframes for Ministerial responses often prevent this from occurring. Consequently, any response where the patient has not provided authorisation must maintain patient confidentiality.

2.5 External advocacy agencies

Complaints may be received by WACHS from external advocacy agencies including, but not limited to:

- Health Consumer's Council
- Health and Disability Services Complaints Office (HaDSCO)
- Mental Health Advocacy Service
- Ombudsman WA
- Commissioner for Children and Young People WA
- Carers WA
- Office of the Chief Psychiatrist.

These complaints are to be directed by the Office of the Chief Executive to WACHS Safety and Quality via ITS. WACHS Safety and Quality will enter the information into Datix CFM and allocate to the relevant place-based team for management in accordance with section 2.3: [Complaint management](#), including notification to the Office of the Regional Executive Director.

Where a complaint from an external advocacy agency is received directly by the Office of the Executive Director of a region, this is to be submitted to the local Safety and Quality team via email and managed in accordance with section 2.3: [Complaint management](#) and the DoH [Complaints Management Guideline](#).

2.6 Other complaint requirements

Accidents, clinical incidents, and potential breaches of discipline may become the subject of a complaint and may need to be notified to several reporting systems or bodies that are outside the complaint management process.

Complaints made by children and young people

For complaints made by children and young people, the following principles apply:

- Assume the child is capable of being involved in the process and adapt accordingly (i.e. ask a young person how much they would like to be involved, preference in communication styles. Likewise, a parent with a young child would mean a parent may be more involved).
- Ensure you ask children what would make them feel safe during this process – adult views of safety may differ from a child's view.
- If a child or young person is involved in an investigation, ensure there are specific plans for their involvement, safety, and wellbeing throughout.
- Sharing information and consent for child focused complaints – Consent and sharing of information is complex and dependent on the individual circumstances of the complaint. Refer to section 2.9: Information Management of the WACHS [Child Safety and Wellbeing Policy](#).
- Be aware that a child or young person may already be a vulnerable group and may have additional barriers in participation such as:
 - Historical /current abuse, trauma
 - Legacy impact of past government policies and interventions for Aboriginal people and other cultures and faiths.
 - Cultural factors – fear of / abiding by authority, experiences of retribution
 - Dependency on the institutions they are complaining about (foster care).

Concerns for the safety or wellbeing of a child or young person

Where there are concerns for the safety or wellbeing of a child or young person, the following principles apply:

- Management of consumer feedback from a child or young person will be aligned with the [National Principles for Child Safe Organisations](#) and the WACHS [Child Safety and Wellbeing Policy](#).
- Complaints that indicate possible child abuse are required to be reported in accordance with the [Guidelines for Protecting Children](#).
- To report child abuse, contact the [Department of Communities](#) via 1800 273 889 or make a referral via a [Professional Referral Form](#). Department of Communities can also be accessed via Crisis Care, 24 hours a day, 7 days a week on 1800 199 008.
- It is a legal requirement in WA for doctors, nurses, and midwives to report child sexual abuse in accordance with s124B of the *Children and Community Services Act 2004* (WA) – refer to the [Mandatory Reporting of Child Sexual Abuse in WA](#) resources for access to reporting tools and further information.

Clinical incidents

Responsible officers should liaise with the local Clinical Risk Management Coordinator to ensure that the clinical incident is reported via the Datix Clinical Incident Management System (CIMS). Where a complaint involves a clinical incident, it is recommended that these records are linked for monitoring and reporting purposes – refer to MP 0122/19 [Clinical Incident Management Policy](#).

Notifiable and reportable conduct

Complaints involving a breach of discipline, professional misconduct or unsatisfactory professional performance, must be reported to in accordance with MP 0125/19 [Notifiable and Reportable Conduct Policy](#) and local processes outlined on the [Integrity Unit SharePoint page](#).

2.7 Care Opinion

[Care Opinion Australia](#) is a moderated online public platform that gives consumers the opportunity to provide anonymous feedback about their healthcare experiences.

The following policy statements apply to Care Opinion stories received by WACHS:

- All Care Opinion stories are to be recorded in Datix CFM and categorised as a compliment, contact or concern, or complaint as appropriate.
- Any Care Opinion story that meets the definition of a complaint must be conducted in accordance with the WA Health [Complaints Management Guideline](#).
- All responses to stories with a criticality rating of 0-3 must be approved for publication by the Hospital Director/Operations Manager (Tier 4 delegation).
- All responses to stories with a criticality rating of 4-5 must be endorsed by the regional Executive Director and approved by the WACHS Director Safety and Quality prior to publication.
- The Consumer Feedback Coordinator is allocated with 'Administrator' level access to the Care Opinion platform. All requests for 'Responder' level access to the Care Opinion platform are to be submitted to the Administrator to be approved – 'Responder'

level access will be limited to staff working within the Patient Safety and Quality teams and Tier 4 Officers or above.

- Only 'Administrator' and 'Responder' role approved staff can submit responses to stories posted on Care Opinion about subscribed WACHS services.
- Where a response to a Care Opinion story has advised that a change is planned in response to the feedback received, a follow-up response on the Care Opinion platform must occur within 60 working days of the response date to close the loop on any changes made by the regional Safety and Quality team – see section 2.8: [Service improvement](#).

Refer to the [Care Opinion Management Flowchart](#) and associated resources for further information.

2.8 Service improvement

Following analysis of a consumer feedback if there are system issues identified then service improvement recommendations are to be made and implemented. Evidence of implementation of any service improvement(s) must be captured in Datix CFM with an evaluation of any action taken to be completed within six months of the start date.

Where consumer feedback has identified an actual or potential risk to the service, this should be assessed in accordance with the WACHS [Risk Management Procedure](#).

Oversight of the progression and effectiveness of these service improvement actions will sit with the regional Clinical Governance Committees.

2.9 Education and training

Education and supporting resources are available to support staff in managing consumer feedback and can be accessed via the [Clinical Governance SharePoint page](#).

Tier 5 and above to be made aware of this policy and supporting documentation as part of orientation to their role. This includes the [Complaints Management Toolkit](#).

Further training resources are also available via the MyLearning platform regarding the following:

- [Aboriginal Cultural eLearning](#)
- [Equity Diversity and Inclusion Learning Suite](#).
- [Person Centred Care \(PCC EL1\)](#)
- [Diversity WA Training OMI](#).

3. Roles and Responsibilities

The **WACHS Safety and Quality Program** is responsible for:

- maintaining the WACHS Consumer and Carer Feedback Management Policy and supporting resources to ensure the delivery of an effective consumer feedback management system
- providing specialist consumer feedback management advice and training to relevant service delivery and business areas
- providing effective consumer feedback management for centrally managed complaints and internal reviews

- facilitating the annual public and high-level Health Service Provider reporting of consumer feedback data, including the provision and analysis of trend data to identify areas of improvement
- facilitating reviews and audits of the effectiveness of the WACHS consumer feedback management system including its policy, supporting resources, recording and reporting requirements.

Regional Executive Directors (Tier 3) are responsible for:

- ensuring effective complaints management processes are embedded to encourage consumers to provide feedback, meets policy requirements, and demonstrates commitment to improving services in response to feedback via active monitoring of implementation and evaluation of service improvement actions
- ensuring that the WACHS Chief Operating Officer is advised of any complaint confirmed as a SAM 1 or SAM 2
- reviewing and approving responses to SAM 1 and SAM 2 complaints to ensure responses are person-centred and appropriately structured.

Hospital Directors/Operations Managers (Tier 4) are responsible for:

- reviewing and approving all Care Opinion responses to stories with a criticality rating of 0-3
- reviewing and approving SAM scores and allocates complaint investigators
- review and approving responses to SAM 3 and SAM 4 complaints to ensure responses are person-centred and appropriately structured
- ensuring monitoring of consumer feedback data quality via the established PowerBI dashboard on the [WACHS Patient Safety and Quality Datahub](#) for their area of responsibility
- ensuring oversight of district level analysis of consumer feedback management data to identify trends and areas of improvement for the district
- providing consumer feedback management advice and support to relevant district and service delivery areas within their area of responsibility.

The **Consumer Feedback Coordinator** is responsible for:

- ensuring information entered and uploaded into Datix CFM meet the minimum data quality requirements in accordance with the [Complaint Management Workflow](#)
- supporting the allocated investigator with updating and completing Datix CFM records and the preparation of draft responses to consumer feedback – this includes feedback directed to the team from external advocacy agencies
- facilitating the approval of Care Opinion Criticality 4-5 stories between the Office of the Executive Director of the region and WACHS Safety and Quality
- facilitating access management for staff requesting 'Responder' level access to the Care Opinion platform as part of the Care Opinion Administrator role.

The **Office of the Chief Executive** is responsible for:

- ensuring communication of all relevant documentation including notification, investigation documents, and final response to Ministerial correspondence which meets the definition of a complaint, to the place-based Patient Safety and Quality team for logging via Datix CFM.

Allocated Investigators are responsible for:

- following the guiding principles of complaint investigation detailed in the WA Health [Complaints Management Guideline](#) and [Complaints Management Toolkit](#)

- maintaining accurate records of consumer feedback received within their area of responsibility, by using Datix CFM to record the receipt, assessment, management and outcome of consumer feedback, including any actions for service improvement made
- implementing approved recommendations which have been made through consumer feedback management processes and internal reviews to improve service delivery, within the agreed timeframes.

All WACHS staff are responsible for:

- managing consumer feedback in accordance with this policy and any associated procedures
- maintaining an awareness of consumer feedback management processes available to consumers of WACHS services and promoting access to these.

4. Monitoring and Evaluation

The following activities will contribute to the monitoring of the implementation of this policy:

- De-identified consumer feedback data is to be provided on a minimum quarterly basis to the following governance groups:
 - WACHS Board Safety and Quality Committee
 - WACHS Safety and Quality Executive Committee
 - District Clinical Governance Committees
 - District Health Advisory Committees.
- Trended consumer feedback data is analysed, and a synthesised summary is included in the monthly Clinical Quality Report prepared by WACHS Safety and Quality.
- [Datix CFM Data Quality Audit](#) data is made available via PowerBI to support quality assurance assessment of the data entry into Datix CFM.
- Minimum reporting on the following key performance indicators as they relate to the WA Health Complaints Management Policy:
 - proportion of complaints with evidence that they have been acknowledged to the complainant within five working days of receipt of the complaint
 - proportion of complaints that have been closed within 30 working days of receipt of the complaint
 - trended data of complaints received from children and young people or submitted on their behalf.

The effectiveness of this policy and associated supporting resources will be assessed at a minimum every three years by the WACHS Director Safety and Quality to ensure that the objectives of the policy are aligned with the System Manager Policy Frameworks and requirements of the organisation.

5. References

1. Better practice Guidelines on Complaints Management for Health Care Services, Australian Council for Safety and Quality in Health Care, July 2004
2. Wailling J Kooijman A et al. Humanizing harm: Using a restorative approach to heal and learn from adverse events. *Health Expectations*. 2022:1-8.
3. Commonwealth of Australia, Department of the Prime Minister and Cabinet, Complaint Handling Guide: Upholding the rights of children and young people. [Internet]. Available: <https://www.childsafety.gov.au/system/files/2022-09/nocs-complaint-handling-guide.pdf>. [Access 23 January 2024].

4. Commissioner for Children and Young People WA 2021, Child Friendly Complaints Guidelines, Commissioner for Children and Young People WA, Perth. [Internet]. Available: <https://www.ccyp.wa.gov.au/media/4660/child-friendly-complaints-guidelines.pdf>. [Accessed 23 January 2024].

6. Definitions

Term	Definition
Carer	A carer is someone who provides unpaid care and support to family members and friends who are living with disability, mental health challenges or long-term health conditions (including a chronic condition or terminal illness), an alcohol or other drug dependency, or who is frail aged.
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/carers/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.
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.
Consumer Feedback Coordinator	The place-based position responsible for ensuring data entered into Datix CFM meet minimum requirements in accordance with the WACHS CFM Business Rules. This position will be a member of the Patient Safety and Quality team.
Grievance	A grievance issue is identified when the complainant has already lodged a complaint and is unsatisfied with the response to their initial complaint. This could include issues that the complainant perceives such as: <ul style="list-style-type: none"> • no response to the complaint • unacceptable delays to the response • an inadequate response from the health service • dissatisfaction with the outcome of the complaint • retaliation or negative outcomes as a result of making a complaint.
Responsible 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).

7. Document Summary

Coverage	WACHS wide
Audience	All staff
Records Management	Corporate Recordkeeping Compliance Policy Health Record Management Policy
Related Legislation	Mental Health Act 2014 (WA) Carers Recognition Act 2004 (WA) Children and Community Services Act 2004 (WA) Corruption, Crime and Misconduct Act 2003 (WA) State Records Act 2000 (WA) Health and Disability Services (Complaints) Act 1995 (WA) Disability Services Act 1993 (WA) Freedom of Information Act 1992 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0130/20 Complaints Management Policy • MP 0122/19 Clinical Incident Management Policy 2019 • MP 0051/17 Language Services Policy • MP 0125/19 Notifiable and Reportable Conduct Policy
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Child Safety and Wellbeing Policy
Other Related Documents	<ul style="list-style-type: none"> • CAHS Guidelines for Protecting Children (2020) • Care Opinion Management Flowchart • Fact Sheet - Dealing with Unreasonable Complainant Conduct • Fact Sheet - Frontline Staff Complaint Management Resource • Fact Sheet - Managing Feedback from Children and Young People • Fact Sheet - Responding compassionately to consumer feedback • HSS Datix CFM User Guides • Poster – Consumer Feedback • Poster – Consumer Feedback – Aboriginal theme
Related Forms	<ul style="list-style-type: none"> • Are You Happy with Our Response Flyer Template • Authority to Release Information Form • DL Brochure - Consumer Feedback - Aboriginal theme • DL Brochure - Consumer Feedback
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4053
National Safety and Quality Health Service (NSQHS) Standards	1.13, 1.14
Aged Care Quality Standards	Standard 6: Feedback and complaints

Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	12 June 2025	12 June 2025	This is a new policy that supersedes the Complaints Management Procedure and Care Opinion Response Procedure.

9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Chief Operating Officer
Contact	Director Safety and Quality
Business Unit	Clinical Excellence and Medical Services
EDRMS #	ED-CO-25-193753
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This document can be made available in alternative formats on request.

Appendix A – Complaint analysis management guidance

SAM Score (Risk)	Management approach	Responsibilities
SAM 1 – Extreme Risk	Analysis methodology: London Protocol Output: Structured report (template) incorporating the minimum dataset outlined in the WA Health Complaints Management Guideline: Section 6.10	Analysis coordination: Hospital/District Director (or delegate) Response authorisation: Regional Executive Director Escalation to: Chief Operating Officer
SAM 2 – High Risk	Analysis methodology: London Protocol Output: Structured report (template) incorporating the minimum dataset outlined in the WA Health Complaints Management Guideline: Section 6.10	Analysis coordination: Hospital/District Director (or delegate) Response authorisation: Regional Executive Director Escalation to: Chief Operating Officer
SAM 3 – Moderate Risk	Analysis methodology: Senior staff review Output: Datix CFM reporting fields completed Communication with complainant (via agreed mode of communication) of the following minimum dataset: <ul style="list-style-type: none"> • Verified synopsis of events • Identified issues • Recommended remedial action (where applicable). 	Analysis coordination: DoN-HSM (or delegate) Response authorisation: Hospital/District Director Escalation to: Regional Executive Director
SAM 4 – Low Risk	Analysis methodology: Quick resolution (in person or via phone contact) Output: Datix CFM reporting fields completed.	Analysis coordination: DoN-HSM (or equivalent) Response authorisation: Hospital/District Director Escalation to: Regional Executive Director