

## Purpose

To provide clear guidance to HNECC staff in relation to complaints received from external stakeholders regarding HNECC operations and services provided by companies contracted to HNECC.

## Scope

All staff

## Policy Statement

This policy has been developed in order to provide an organisation-wide framework for the receipt, capture and response to complaints received regarding the operations of HNECC and services provided by companies contracted to HNECC.

It is not the role of HNECC, or its staff, to become involved in complaints by outside parties (patients, other providers and organisations, etc.) in the resolution of complaints about contracted services. Further, in regards to complaints regarding service providers contracting to HNECC, the complainant should in the first instance discuss their concerns with that organisation. HNECC may offer support in the resolution of an external complaint on request of either the complainant or the service in question.

In addressing all complaints, HNECC will:

- Investigate all complaints in a confidential and equitable manner and in accordance with HNECC Privacy Policy
- Address complaints, where possible, at the first point of contact
- In regard to complaints about contracted service providers, refer the complaint back to the service provider in the first instance. If, after raising the issue with the service provider, the complainant is not satisfied with the outcome or does not wish to pursue that avenue, refer the complainant to the NSW Health Care Complaints Commission (HCCC).
- Ensure that the complaint handling system is accessible and include a process for receipt of anonymous complaints
- Acknowledge all complaints within five working days including the allocated Reference Number.
- Resolve complaints within 35 working days or, where this is not possible, provide an explanation and plan for resolution.
- Record complaints in the online risk management system assigning responsibility for investigation, response and closure of the complaint
- Collect sufficient information to allow the complaint to be assessed, prioritised and assigned to the appropriate staff member
- Refer all complaints received regarding privacy of information to the HNECC Privacy Officer
- Report monthly to the Executive on the status of received complaints to identify trends and eliminate causes of complaints and to improve the organisation's operations
- Report all SAC1 and SAC2 complaints as well as any escalations to the HCCC or Ombudsman to the relevant Board Committee.
- Provide complaints handling training to all relevant staff
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## Roles and Responsibilities

Staff receiving a complaint and/or raising a concern about HNECC, will:

- Record complaints in the Folio Risk Management System and in accordance with this policy and the Provider Complaints Management Process
- Raise the concern with an appropriate person or a senior staff member (eg CEO or Executive Manager)
- For complaints regarding contracted service providers, refer the complainant in the first instance to discuss their concerns with the relevant provider. If uncomfortable to raise a concern directly with a provider or if, after raising the issue, the concern has not been resolved, a senior staff member (eg CEO or Executive Manager) is to raise the concern with the provider
- For matters of sufficient concern, where the provider response does not alleviate concerns about patient/client safety, referral to the relevant authority (in most cases HCCC) should be considered. Raising an issue with an external authority requires Board authorisation.

The Executive Manager or their delegate will:

- Acknowledge unresolved complaints either in writing (this includes email) within five working days outlining the process that will be taken to assess and report on the complaint. A reference number should always be provided to allow for feedback and follow-up of complaints
- Assess the complaint to determine the options for resolution and assign priority in accordance with the HNECC Risk Management Framework and Incident Management Policy
- Escalate all SAC 1 and SAC 2 complaints to the CEO for action and reporting to Chair and relevant Board Committee. Early notification to insurer may be required
- Investigate the complaint and record findings in the online risk management system
- Respond to the complainant, by keeping them informed of the progress
- Include options for internal review if the complainant remains dissatisfied with HNECC's response
- Determine and implement corrective actions where the outcome of the investigation uncovers a systemic issue
- Close out the complaint in the online system.

## Supporting Procedures

The following procedures are supported by the Provider Complaints Management Process:

### 1. Report

If the complaint is received verbally or via email, the complaint is to be reported in Folio through the link on the HNECC PHN website or ChilliDB.

### 2. Assign

The Risk and Compliance Manager will assign responsibility in Folio for resolving the complaint to the appropriate manager or Executive Manager. Folio will send a notification to the relevant staff member.

### 3. Acknowledge

The assigned Manager will acknowledge the complaint in writing within five working days outlining the process that will be taken to assess and report on the complaint. The Folio Reference Number should always be provided to allow for feedback and follow-up of complaints.

#### 4. Assess and plan

The assigned Manager will:

- Assess the complaint to determine the options for resolution and assign priority in accordance with the HNECC Risk Management Manual.
- Escalate all SAC 1 and SAC 2 complaints to the full Executive and relevant Board Committee.

#### 5. Investigate

The purpose of an investigation is twofold: to resolve the complaint by reaching a fair and independent view on the issues raised by a complainant; and to provide an appropriate remedy. The following issues should be undertaken as part of the investigation:

- Investigate the complaint and record findings within the online risk management system.
- Findings should be based on factual evidence that is relevant and capable of supporting the finding.
- A written record be maintained in the online system of evidence collected including any provided orally.

#### 6. Respond

The responsible officer will respond to the complainant, either by keeping them informed of the progress or investigation outcomes.

- Include options for internal and external review (HCCC or Ombudsman) if the complainant remains dissatisfied with HNECC's response.
- Determine and implement corrective actions where the outcome of the investigation uncovers a systemic issue.
- Record progress in Folio, the online system,.
- Close out the complaint in Folio within 35 working days unless there are extenuating circumstances..

#### 7. Follow-up

Complainants should be provided the opportunity to discuss the findings for clarification or to comment on the process taken to investigate their complaint. Where a dispute is unable to be resolved, a Mediator may be used to help clarify matters, provide an impartial perspective, and propose solutions that both parties can agree to.

Where systemic issues are identified as part of the investigation, the responsible officer should initiate a process review with key stakeholders to ensure that improvements are made to the system and to prevent further like issues occurring.

#### 8. Contact Information for HCCC

Telephone (02) 9219 7444

Toll Free in NSW: 1800 043 159

TTY service for the hearing impaired: (02) 9219 7555 or contact the National Relay Service on 133 677

Fax: (02) 9281 4585

Email: [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au)

Office address: Level 13, 323 Castlereagh Street Sydney NSW 2000

Post address: Locked Mail Bag 18 Strawberry Hills NSW 2012

Business hours: 9:00 am to 5:00 pm Monday to Friday

## References/Related Documents

- Provider Complaints Management Process
- How to manage a complaint
- Risk Management Policy
- Risk Management Framework
- Clinical Risk Management Policy
- Clinical Governance Framework
- Privacy Policy
- Commonwealth Ombudsman, Better Practice Guide to Complaint Handling, April 2009
- AS ISO 1002-2006 – Customer Satisfaction – Guidelines for complaints handling in organisations

## Definitions

HCCC – Health Care Complaints Commission

## Document Control

<b>Policy Sponsor:</b>	Risk and Compliance Manager
<b>Distribution:</b>	All Staff
<b>Policy Approved by:</b>	Executive
<b>Review Frequency:</b>	Biennial
<b>Date Approved:</b>	01/12/2015
<b>Review Date:</b>	12/08/2021

## Revision History

Version	Status *	Author	Date	Reason for amendment
V0.0	Draft	Maureen Beckett	02/09/2015	Draft for review
V1.0	Approved	Maureen Beckett	01/12/2015	Amended by CEO, approved for circulation
V1.1	Amended	Maureen Beckett	10/05/2017	Reviewed & revised
V2.0	Amended	Maureen Beckett	28/06/2018	Reviewed, aligned with provider process
V2.1	Reviewed	Maureen Beckett	12/08/2020	Reviewed, headers and titles updated
V2.2	Amended	Maureen Beckett	01/12/2020	Rebranded

*\*Status: Draft/ Approved/ Amended/ Rescinded*

# PHN Complaint Management

## Contract Requirements

Provide reference number for tracking

Acknowledge complaint within 5 working days in writing

Resolve complaint within 30 working days

Provide actual numbers of all complaints and details of unresolved complaints in the Quarterly Report

## Complaint Management Process



## Provider Complaint Management Process

