

Document Status: Draft For Approval In Review Approved

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:

- Address complaints, where possible, at the first point of contact
- Ensure that the complaint handling system is accessible and include a process for receipt of anonymous complaints
- Investigate all complaints in an equitable manner and in accordance with this policy
- Record all unresolved complaints in the online risk management system assigning responsibility for investigation, response and closure of the complaint
- Acknowledge all complaints within five working days including the allocated Reference Number
- Refer all complaints about contracted service providers in the first instance back to the service provider concerned. Parties who after raising this with the practice are not satisfied with the outcome, or who do not wish to pursue that avenue are to be referred to the NSW Health Care Complaints Commission (HCCC).
- Treat all complaints in a confidential and equitable manner and in accordance with HNECC Privacy Policy.
- Collect sufficient information to allow for assessment and assigning priority to the complaint by a person or team that specializes in the complaint topic
- Provide complaints handling training to all relevant staff
- 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.

Roles and Responsibilities

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

- Record complaints in the Complaint Handling System and in accordance with this policy.
- Raise the concern with an appropriate person or a senior staff member (eg CEO or Executive Manager).
- For complaints regarding contracted service providers, the complainant is to be referred 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 verbally or 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 Manual 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

1. Acknowledgement

Staff receiving a complaint will:

- Resolve the complaint, where possible within their responsible area, at the first point of contact.
- Record unresolved complaints in the HNECC online risk management system and in accordance with this procedure.
- Refer unresolved complaints to the relevant Executive Manager for action.

The Executive Manager will acknowledge unresolved complaints either verbally or in writing 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.

2. Assessment and planning

The Executive 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.

3. Investigation

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.

4. Response

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.
- Close out the complaint in the online system..

5. 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.

6. Systemic issues

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.

7. 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
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

- GOV Privacy Policy
- GOV Risk Management Policy
- HNECC Risk Management Manual
- 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

Policy Sponsor:	Quality and Risk Manager
Distribution:	All Staff
Policy Approved by:	Executive
Review Frequency:	Biennial
Date Approved:	01/12/2015
Review Date:	01/12/2017

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

*Status: Draft/ Approved/ Amended/ Rescinded

Appendix 1: Complaint Management process

