

New England North West Health Ltd (Trading as HealthWISE New England North West) will be referred to as HealthWISE for the purpose of this document.

## Policy

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Complaints management is an integral part of the quality management system used by HealthWISE. Dealing fairly and reasonably with clients, members and stakeholders is essential in meeting government and community expectations as well as improving services and the business of the company.

## Scope

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This policy, and the 'Complaints Procedure' that supports it, will be used to address any complaint made by a person accessing a service provided by HealthWISE.

Complaints management applies to the range of client and member services offered by HEALTHWISE. It also applies to staff conduct.

Many programs operated by HEALTHWISE have associated complaints management procedures which shall be used in conjunction with this policy. (Example: ATAPS service providers (staff and contractors) shall make available the HEALTHWISE feedback form to all clients.)

## Definitions

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A complaint is an expression of concern, dissatisfaction or frustration with the quality or delivery of service, a policy or procedure, or the conduct of another person.

## Background

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### Principles for the management of complaints

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This complaints policy and its associated procedure should be easily accessible, simple to understand and well-publicised to ensure ease of use. All staff, clients and stakeholders should be advised of the complaints policy and procedure.

The process for making a complaint will be communicated via the HealthWISE website as well as in HEALTHWISE offices.

### Timeliness

The complaint will be handled in a timely manner, taking into account the complexity and seriousness of the issues raised, to ensure that all parties have access to an appropriate resolution. Staff will be supported in trying to resolve complaints at the lowest level possible (as designated appropriate) to ensure timely and efficient handling and to reduce the potential for unnecessary escalation of concerns.

## **Natural justice and procedural fairness**

All parties will be afforded natural justice and procedural fairness in the handling of complaints raised by clients, carers or other stakeholders of the service. This includes:

Ensuring that all parties to a complaint know what to expect during the complaint handling process

- Carrying out the complaint handling process in a transparent manner
- Providing all parties with equal opportunity to participate in the process
- Treating all parties in a respectful manner
- Providing reasons for decisions made
- Equity

Actions and decisions in relation to complaints will be made having regard for the age, culture, disability, language, religion, gender and sexuality of the parties. A complainant will not be disadvantaged through lodging a complaint in good faith, regardless of the outcome. Complainants and respondents will be entitled to be assisted by a support person who may be a member of the person's family, a friend, carer or other person (not being a solicitor, barrister or other legally trained person).

## **Confidentiality and recording**

The privacy and confidentiality of all parties will be respected to the extent practicable and appropriate, with consideration of the Freedom of Information Act 1989 and The Privacy Act 1988. This means that access to the complaint will be restricted to authorised staff and each complaint is allocated a unique identifier.

Commensurate with the Privacy Act, anonymous complaints can also be accepted by HEALTHWISE. The only difference is that a full investigation may not be possible and the complainant will not receive feedback if they cannot be identified. Where possible, the complainant will be asked how they wish to be provided with feedback.

Accurate records will be kept by each staff member dealing with the complaint, including recording of reasons for all significant decisions.

## **Resolution**

Following due consideration of the complaint, fair and reasonable remedies will be offered where appropriate. There will be regular monitoring, review and reporting of complaints received, and any actions taken. Preventative and corrective action will be taken to eliminate the causes of complaints and to improve the quality of the service delivery and workplace operating environment. The operation of the complaints handling process and findings will be reported to the Senior Managers and the Board to ensure they are cognisant of both the issues, and the remedial actions taken for quality improvement.

## Declining Complaints

The Service may decide not to deal with a complaint at any time during investigation. This decision may be taken when the CEO and relevant Senior Manager (in consultation with the Board, where necessary) form the view that:

- The complaint is:
  - ~ Frivolous
  - ~ Vexatious
  - ~ Not made in good faith
  - ~ Misconceived
  - ~ Lacking in substance
  - ~ Lacking in currency.
- A claim has been commenced (either by the complainant or the organisation) in a court or before another judicial authority.
- The subject matter of the complaint has been lodged with an external agency and it is more appropriate for the matter to be dealt with by that agency.
- The organisation has already dealt with the substance of the complaint in the past.

## Referral of Complaints

In general, the organisation will delegate an authorised person to consult with the complainant to determine how the complainant wishes the complaint to be managed, and the outcomes the complainant is seeking, without reference of the matter to third parties.

However, where the complaint implies serious misconduct (for example, serious risk to the health and safety of staff or clients, or a criminal offence), or where mandatory reporting is legislated, the organisation has an obligation to deal with the matter under the relevant legislation and policies. This may require referral of the matter to the Police or other agency for investigation; for example, SafeWork.

If the complainant is not satisfied with the way the complaint is handled, an external complaint bodies maybe contacted by the complainant at any stage.

- NSW Health Care Complaints Commission 1800 043 159.
- Ombudsman NSW (Disability and Community services including NDIS) 1800 451 524

## Records

Accurate written records must be kept of all communications that form part of the complaint process. This includes notes taken of conversations between the parties that relate to management of the complaint, and all decisions made in relation to the complaint. All records must be marked 'Confidential'.

Complaint documentation is to be kept separate from personnel or client files, and these files should be annotated only where a person has had a penalty imposed as result of disciplinary action as an outcome of a complaint.

## Authority

Individuals involved in handling complaints will have the necessary authority and management support to carry out the process effectively.

## Conflict of Interest

Individuals who may have a conflict of interest in the matter cannot be involved in the management of a complaint.

## Delegation and Processes

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The CEO is responsible for:

- Providing leadership in demonstrating a commitment to the resolution of complaints made to the organisation
- Ensuring there is an effective, timely, impartial, and just system for dealing with complaints
- Where a complaint is escalated, making final decisions relating to complaints received.

Senior Managers are responsible for:

- Management and monitoring of complaints handling within the appropriate stream
- Exercising primary responsibility for receiving and resolving complaints and any conflict in their area in a timely and fair way
- Where appropriate, advising people of their right to make a complaint
- Providing advice and assistance to people who have a complaint
- Providing independent, impartial and confidential information to complainants about the procedure for dealing with complaints, including listening to the issues and helping the person clarify the facts
- Providing independent and impartial advice and assistance to clinicians or supervisors who have received and are handling a complaint
- Conducting internal reviews of complaints regarding process and content
- Identifying systemic issues arising from complaints and making recommendations to the CEO and the Board (where necessary)

Complainants are responsible for:

- Providing a clear and honest account of their concerns and their expectations for the outcome of their complaint, including providing all relevant information and documents to assist in the investigation and resolution of the matter
- Engaging openly in the complaint handling process, including participating in discussion with other parties to resolve the concerns
- Responding to requests for information in a timely manner
- Respecting those individuals involved in the complaint handling process

Respondents are responsible for:

- Providing a clear and honest account of their concerns and their expectations for the outcome of the complaint, including providing all relevant information and documents to assist in the investigation and resolution of the matter

# Complaints Management

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Authorised: Fiona Strang

ABN: 48 603 486 442

- Engaging openly in the complaint handling process, including participating in discussion with other parties to resolve the concerns
- Responding to requests for information in a timely manner
- Respecting those individuals involved in the complaint handling process

## Document Control

### Source Documents and Cross Reference

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Complaints Management Policies - BDGP, NEDGP and NWSDGP

Australian Medicare Locals Alliance – Complaints Management 2012

ATAPS Clinical Governance Implementation Resource Kit

Better Practice Guide to Complaint Handling – Commonwealth Ombudsman

NSW Health Complaint Management Guidelines

Western Australian Health Complaint Management Toolkit 2009

[The NSW Ombudsman and the NDIS factsheet](#)

HEALTHWISE Complaints Procedure

HEALTHWISE Complaints Form

NEML Complaints Management Policy

### Revision History

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The following table shows the changes that have been made to this document.

Author	Version	Date	Reviewed by...	Comments
Christine Kershaw	1	October 2015	Senior Managers	Approved October 2015
Christine Kershaw	1a	September 2017	Susanne Kable	Approved

### Update Schedule

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This policy shall be updated in September 2020.