

Complaints Management

QP: 5.7

Version 5

Date: May 2024

Authorised: CEO or
Delegate

ABN: 48 603 486 442

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

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

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: Allied Health service providers (staff and contractors) shall make available the HealthWISE feedback form to all clients.)

Complaints relating to notifiable data breaches in addition to this policy should refer to the Notifiable Data Breach Flow Chart (appendix a - [hyperlink](#)) and the Notifiable Data Breach Online Notification Form (appendix b) and the extract from HNECC guidelines relating to Mandatory Reporting of serious complaints and incidents to the funding body (appendix c). Complaints of this nature may also be directed to the Office of Australian Information Commissioner.

Definitions

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

Principles for the management of complaints

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.

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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, level of ability, 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.

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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 Executive Manager 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 Executive 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. There may also be Mandatory Reporting obligations under our funding guidelines.

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If the complainant is not satisfied with the way the complaint is handled, an external complaints body may be 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
- Queensland Office of the Health Ombudsman [online](#) or phone 133 646

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.

Trend Analysis and Quality Improvement

Complaint Records will be reviewed and analysed annually to determine any potential trends. Results of this analysis will be reported to the Finance, Audit and Risk Sub Committee who will in turn report to the Board.

Should the analysis establish a clear trend, this will inform Quality Improvement. Complaints can be used as a positive resource for self-assessment and can inform the service's philosophy, quality improvement plan, policies and procedures. Services require the constant review of a changing environment to enable continuous Quality Improvement.

Delegation and Processes

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.

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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)
- Ensuring any Mandatory Reporting requirements are complied with – refer to appendices for information on these requirements

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
- 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

The electronic version of this Document stored on the HealthWISE Intranet is the controlled version.

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Printed or hard copies of this document are uncontrolled.
Before using or relying on a printed or hard copy of this document, the user must verify that it is the current version.

Source Documents and Cross Reference

Complaints Management Policies - BDGP, NEDGP and NWSGDP

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

<https://www.ombo.nsw.gov.au/news-and-publications/publications/fact-sheets/disability-reportable-incidents>

HealthWISE Complaints Procedure

HealthWISE Complaints Form

NEML Complaints Management Policy

Revision History

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
Christine Kershaw	2	November 2017	Senior Managers	Approved
Christine Kershaw Debi Richardson	2 (a)	March 2018	Senior Managers	Amended for Privacy Amendment (Notifiable Data Breaches) Act 2017

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Christine Kershaw	3	October 2019	Senior Managers	Amended in line with HNECC Guidelines for Mandatory Reporting
	4	October 2021	C Kershaw & M Cavallaro	Approved Oct 2021
	5	May 2024	Tanya Douglass, Melissa Cavallaro and Susanne Kable	Approved

Update Schedule

This policy shall be updated in May 2027

Reviews should also be undertaken after significant changes such as restructure or changes in the regulatory environment.

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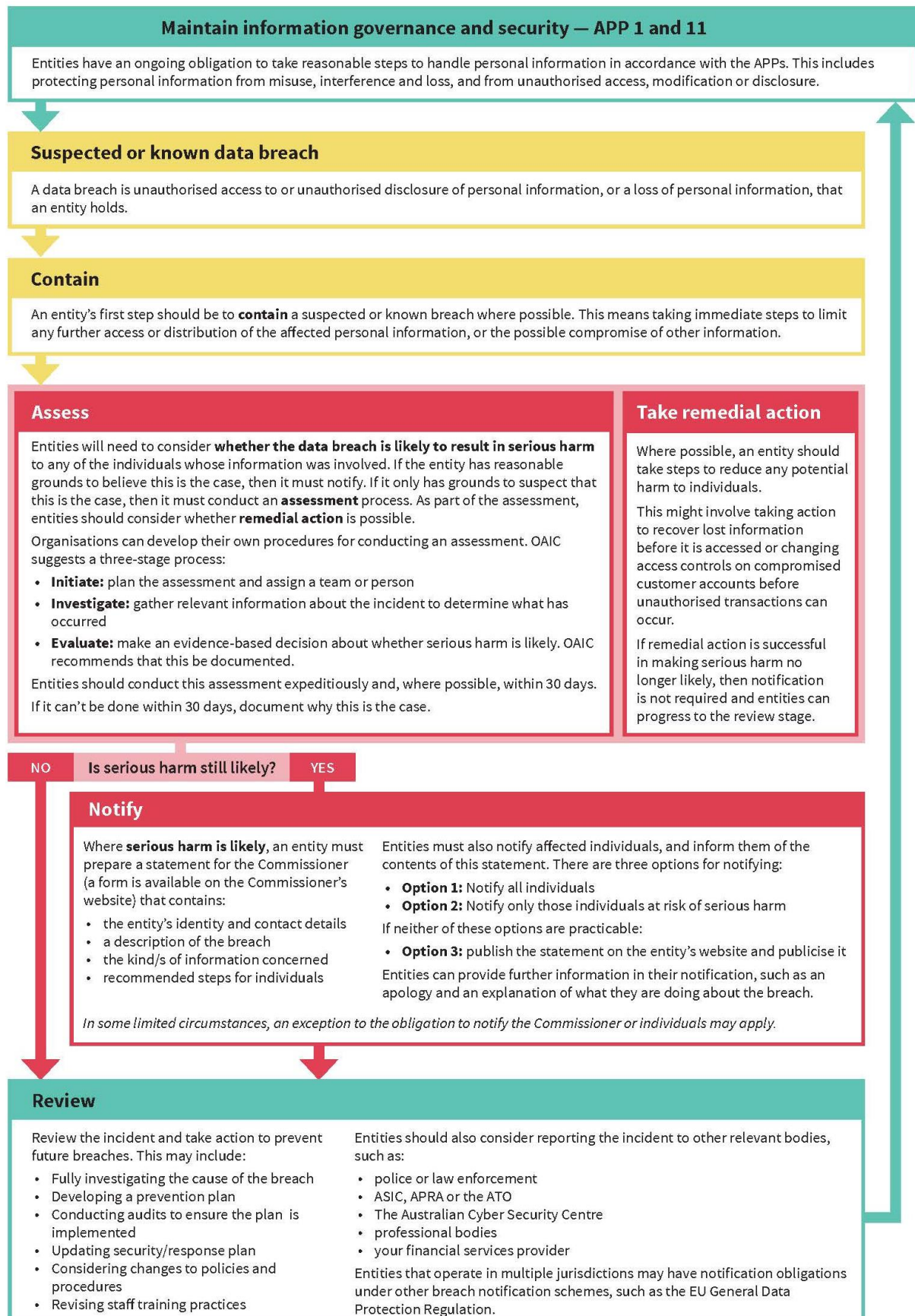
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Appendix A



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Appendix B

Notifiable Data Breach Online Notification Form

The Office of the Australian Information Commissioner (OAIC) provides an online smart form to submit information about a data breach. The online form can be found here

<https://forms.business.gov.au/smartforms/landing.htm?formCode=OAIC-NDB>

Below is an overview of the process indicating what MUST be included when submitting the online form and also when notifying the affected individuals at risk following a data breach.

This is an abridged version of the original document which can be found here

<https://www.oaic.gov.au/privacy/notifiable-data-breaches/report-a-data-breach/>

Key points

- The Notifiable Data Breach (NDB) scheme requires affected at risk individuals to be notified of a data breach.
- Entities are also required to produce a statement detailing the data breach, a copy of which must be submitted to the OAIC.
- The statement must include contact details of the entity, a description of the data breach, the kinds of information involved, and what steps the entity recommends that individuals at risk of serious harm take in response to the eligible data breach.
- Entities must notify affected individuals about the contents of this statement or, if this is not practicable, publish a copy of the statement on the entity's website and take reasonable steps to publicise the contents of the statement.

What must be included in the statement

- The identity and contact details of the entity.
- A description of the eligible data breach. This must include date, or date range of the unauthorized access or disclosure; the date the data breach was detected; the circumstances of the data breach; who has obtained, or is likely to obtain the information, and the steps taken to remediate the situation.
- The kind or kinds of information involved in the eligible data breach.
- What steps the entity recommends that individuals take in response to the eligible data breach.

Additional information to provide

- If more than one entity holds personal information that was compromised in an eligible data breach, only one entity needs to prepare a statement and notify

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individuals about the data breach. This may occur when an entity outsources the handling of personal information, is involved in a joint venture, or where it has a shared services arrangement with another entity.

When a data breach affects more than one entity, the entity that prepares the statement may include the identity and contact details of the other entities involved

When to provide a copy of the statement to the Commissioner

- Entities must prepare and give a copy of the statement to the Commissioner as soon as practicable after becoming aware of the eligible data breach.

Filling in the Form

The online smart form is in two parts: Part One is compulsory and must be completed, Part Two is optional, but the OAIC highly recommends that it also be completed and submitted.

The section below indicates what specific information is required in both Part One and Part Two.

Part One

This information must be provided to the OAIC and included in the notification to all individuals affected by a data breach.

- Organisation/agency name.
- Phone.
- Email.
- Address.
- Suburb.
- State.
- Postcode.
- Other contact details.
- Description of the eligible data breach.
- Information involved in the data breach (the kind, or kinds of personal information involved in the data breach).
- The category, or categories of the breached data – Financial; Tax File Number; Identity Information (eg. Centerelink Reference Number, driver license number, passport number); Contact Information (eg. Home address, phone number, email address); Health Information; Other Sensitive Information (eg. Sexual information, political or religious views).

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- Recommended Steps (steps the organisation/agency recommends that individuals take to reduce the risk that they experience serious harm as a result of the data breach).

Part Two

This part of the form is optional but the OAIC recommends that as many questions as possible are completed. If an answer is not known then the field can be left blank.

This information does not need to be included in the notification to individuals and a request can be made that it be held in confidence by the OAIC.

- Title.
- First Name.
- Last Name.
- Phone Number.
- Email.
- Breach details.
- Date the breach occurred.
- Primary cause of the data breach – Malicious or Criminal Attack; System Fault, Human Error.
- Description of how the data breach occurred.
- Number of individuals whose personal information is involved in the data breach (by number range).
- Exact number of individuals whose personal information is involved in the data breach (best estimate).
- Description of any action, including remedial action taken, or intending to take, to assist individuals whose personal information was involved in the data breach.
- Description of any action taken, or intending to take, to prevent reoccurrence.
- How will individuals be notified who are likely to be at risk of serious harm as a result of the data breach? When will this occur?
- List any other data protection authorities, law enforcement bodies or regulatory bodies that you have reported this data breach to.
- Is there any other additional information?

Notes

If the data breach raises cyber security concerns a separate incident report can be provided to the Australian Cyber Security Centre (ACSC) which can be found here

<https://www.oaic.gov.au/privacy/notifiable-data-breaches/report-a-data-breach>

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Appendix C



Important Updates: Service Provider Contracts and Reporting

Key Points:

1. [New Service Agreement Terms and Conditions](#) will be implemented from June 2021
2. All critical incidents or complaints must now be reported via an [online form](#) in Folio
3. Your Folio homepage now houses a Provider Launchpad, containing all your key resources and templates, including access to the Critical Incident form.
4. Folio and Checklist Reporting training (webinar) has been developed and is available on the PHN's YouTube channel here: https://www.youtube.com/watch?v=K2uKGzPG_8w

Please read on for more details.

1. Service Agreement Terms and Conditions – Changes effective June 2021

Full Terms and Conditions document also available on the PHN website, [here](#)

Clause / Item	Description
Structure of service agreement is changed to:	Part A: Contract Details Part B: Standard Terms and Conditions Schedule A: Contract Price and Deliverables Schedule B: Scope of Services, Standards and Guidelines Schedule C: Special Conditions Schedule D: Attachments
1 Definitions and Interpretation	New or amended definitions for: <ul style="list-style-type: none"> • Confidential Information • Contract • Contract Material • Contract Details • Deposit • Good Faith • Secret and Sacred Material • WHS Act • WHS Law
2.1 Contract	Amended
4. Providers Obligations	Amended – previously called <i>Performance of Services</i> 4a to 4c amended with new wording
5. Time	New clause
13.1 Clinical Services	Previously clause 23 New clause 13.2 Proportionate Liability Regime
15. Confidentiality	Amended
17. Payment	Amended and updated. Introduction of <i>Deposit</i>
19. Work Health and Safety	Amended and updated
21. Suspension or Reduction in Scope for Convenience	New clause. Previously included in Schedule D Special Conditions
22. Termination	Amended – Termination for Convenience and Consequences of Termination (<i>Deposit</i>)
23.2 Conflicts of Interest	Amended and updated
25.2 Notices deemed given	Amended
40. Mandatory Reporting – Notifiable Risk Events	Amended – reporting to be via online form rather than via email.
40.3 Notification	Amended – Policy title has been changed from ' <i>Serious Risk Event Reporting for Providers</i> ' to ' <i>Provider Critical Incident or Complaint Reporting</i> '

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2. Policy: Provider Critical Incident or Complaint Reporting (previously Serious Risk Event Reporting for Providers)

The Policy title has been changed from 'Serious Risk Event Reporting for Providers' to [Provider Critical Incident or Complaint Reporting](#)

It is the responsibility of the Provider to report serious events as per the PHN Policy: Provider Critical Incident or Complaint Reporting and to manage and report on progress to the PHN.

The PHN is responsible for the monitoring of the progress of the event; reporting to the HNECC PHN Board; and, where appropriate The Department of Health. In extreme cases a notification to the Health Care Complaints Commission may be warranted.

Providers are now required to report details of any serious risk events (complaints or incidents) via an [online form](#) in Folio within 24 hours of becoming aware of the event. Previously, Providers were required to report serious risk events via email to the HNECC PHN Contracts team.

3. Folio: Launchpads

Your Folio Dashboard will soon include a *launchpad*. The Service Provider Launchpad takes you to a single page that contains public links and forms/templates which assist with meeting your contract deliverables.

The launchpad will include links to key resources including:

- Incident/Complaint Reporting Policy
- Templates (annual plan, rollover request)
- Guides and relevant PHN documents

The Launchpad has been 'bookmarked' to your home page of Folio and should appear as a tile titled 'Bookmarks' at the bottom of the home screen. If it does not automatically appear, see below for instructions on how to add the Bookmarks tile to your home screen.

4. Folio: Service Provider Webinar – Introduction to Folio and completing Checklists

The PHN uses the Folio contract management system to manage all contract related communication and reporting documentation. The provider reporting functionality within Folio is called *Checklists* and is the mechanism for you to report against your contractual milestone obligations such as the Annual Plan and the quarterly reports.

Please watch the 'Folio for Service Providers' webinar on the PHN's YouTube channel which provides introduction to the Folio system and guidance on submitting your report data via the Checklist.

Youtube link: https://www.youtube.com/watch?v=K2uKGzPG_8w

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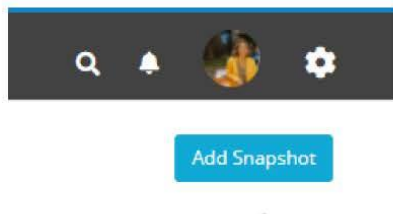
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How to set-up the 'Bookmarks' snapshot on Folio home screen

Step 1: Log-in to Folio

Step 2: Click **Add Snapshot**



Step 3: Tick **Bookmarks** and **Add**

Step 4: You can then use the  symbol to create desired page layout

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“New Service Agreement Terms and Conditions” can be found at:

https://hneccphn.foliogrc.com/launchpad?token=LRRYi9ns_iQquniB-Rp7

Under the heading “Standard Service Contract Terms and Conditions”.

https://hneccphn.foliogrc.com/contracts/new?contract_template=37&token=w1sZbaPjNkn4agvsf_xG

https://www.youtube.com/watch?v=K2uKGzPG_8w

“Provider Critical Incident or Complaint Reporting” can be found at:

https://hneccphn.foliogrc.com/launchpad?token=LRRYi9ns_iQquniB-Rp7

Under the heading “POLICY: Provider Critical Incident and Complaint Reporting”.

All hyperlinks available as of June 2024