


TITLE: Complaints - Management of Patient/Consumer/Carer/Family Complaints NSLHD			 Health Northern Sydney Local Health District
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Department:	Clinical Governance	Section:	Consumer and Patient Experience
Document Owner:	Thelma De Lisser-Howarth	Position:	Consumer and Patient Experience Manager
Document Facilitator:	Thelma De Lisser-Howarth	Position:	Consumer and Patient Experience Manager
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Statement of Intent

NSLHD continues to improve the health and social and emotional well-being of Aboriginal and Torres Strait Islander people by providing a culturally safe, respectful and a holistic approach to their health needs. The Director of Aboriginal Health advises that the health needs of Aboriginal and Torres Strait Islander people have been considered and applied in this procedure. [Refer AHIS](#).

NSLHD supports [diversity and inclusion](#) and have considered these principles in the development of this procedure.

Complaints and Compliments – Management of Patient/Carer/Family Complaints and Compliments – NSLHD

Complaints and compliments provide valuable information about the quality of health care, including the environmental context from which we provide it in, from the perspective of consumers and their carers. The feedback received in a complaint and compliment provides opportunities for services to improve and provide better health care with an effective supporting structure to healthcare provision. Management of a complaint provides the opportunity for complainants to have their issues heard and then resolved effectively where possible, it ensures that any identified risks are identified and managed appropriately, and that action is taken to minimise or eliminate those risks. These include risks to patient care and to the people that support our patients / consumers, as well as to health service reputation and consumer and community confidence. Management of a compliment ensures that feedback is shared with the site or service and action is taken to promote and celebrate the positive feedback received and to learn from success. NSW Health [Complaint Management Guidelines](#) and [NSW](#)

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[Health Complaint Management Policy](#) are the overarching documents for the NSLHD Complaints- Management of Patient/Carer/Family Complaints and Compliments Procedure Document.

1. Procedure Statement

This procedure provides all staff with the information required to register, investigate, manage, and report on complaints and compliments lodged with, and about, clinical, and corporate services in NSLHD.

Compliments

Each facility and service within NSLHD is expected to use this procedure for the management of compliments received verbally, written, and electronic communications, and to provide efficient and effective via compliments review, feedback, and resolution. This should include the use of a corporate records management system (HPE Records Manager (TRIM) if appropriate), [Real Time Patient Experience Survey \(RTPES\)](#) data, and [Patient Reported Measures Program \(PRM\)](#) data.

Each facility and service within NSLHD is expected to enter the compliment received into the [Incident Management System](#) (ims+) and/or establish a process to collate compliments at a local level that can be used for reporting on compliment feedback and management.

Complaints

This procedure provides staff with the information required to register, investigate, manage, and report on complaints lodged with, and about, clinical, and corporate services in NSLHD. Each facility and service within NSLHD is expected to use this procedure for the management of complaints and to provide efficient and effective complaint review and resolution within the [KPI timeframes](#). This should include the use of a corporate records management system (HPE Records Manager (TRIM) and entering the complaints into the [Incident Management System](#) (ims+) for complaints received verbally, and received by written and electronic communications.

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2. Scope of Practice

This procedure is for all staff (clinical, non-clinical, all areas and departments) working in NSLHD. There is an expectation that all staff will work within their scope of practice when managing and /or are involved in complaints and compliments management.

3. Roles and Responsibilities

The Director of Clinical Governance and Patient Experience (Senior Complaints Officer for NSLHD) is responsible for:

- Ensuring that District Executive is available to manage complex complaints when requested by health services.
- Ensuring that there is an appropriate governance system for complaints and compliments management.
- Ensuring that there are appropriate linkages between NSW Health and NSLHD to provide a comprehensive system for complaints and compliments management.
- Ensuring the severity of the risk is assessed appropriately and escalated.
- Ensuring that issues assessed as a risk are escalated and recorded in the risk management system for ongoing management.
- The complaints and compliments data from [ims+](#) will be analysed annually and used to identify areas for improvement. Of note this analysis will also include feedback information from other sources i.e., [Real Time Patient Experience Survey \(RTPES\)](#) data, and [Patient Reported Measures Program \(PRM\)](#)

Health Service Executive are responsible for:

- Encouraging an environment where complaints and compliments are heard, received graciously, acknowledged, recorded, and are investigated and managed effectively with resultant actions followed up to ensure any change is sustainable and appropriate.

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- Supporting and encouraging relevant staff to thematically analyse compliments and complaints received at a site and service level.
- Ensuring an effective complaints and compliments management system is developed and in place for the Health Service. This includes complaints and compliments received directly from patients / consumers or carers, from external agencies such as the Health Care Complaints Commission (HCCC), as well as those received through the Office of the Chief Executive, Office of the Secretary for Health, or the Ministers' Offices.
- Ensuring that there are **effective feedback processes** in place at the local level for staff regarding complaints and HCCC investigations and resolution as a part of the complaints handling system.
- Ensuring that there are **effective feedback processes** in place at the local level for staff to receive compliments received from patients / consumers or carers, as well as those received through the Office of the Chief Executive, Office of the Secretary for Health, or the Ministers' Offices.
- Ensuring appropriate resources are available and utilised for effective complaint management and compliments feedback.
- The Director of Clinical Governance and Patient Experience in conjunction with the [Managing Complaints and Concerns about Clinicians Committee \(MCCC\)](#) ensure processes are in place to manage complaints and concerns about clinicians.
- Ensuring appropriate actions are sustainably implemented to eliminate or minimise recurrence and to learn from good practice.
- Ensuring that there are designated Complaints Managers/Patient Representatives; Team or Service Manager **or however named** to facilitate contact with patients/consumers or carers as well as complaint investigation including data management of complaints.

The Manager of the Complaints/Patient Representative Office; Team or Service Manager **or however named**, at the health service level is responsible for:

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- Providing a single, publicly recognisable point of contact (e.g., Team/Service) for the receipt and sharing of compliments from members of the public.
- Providing a single point of contact (e.g., Team/Service) for the management of complaints.
- Ensuring appropriate staff are informed of the outcome of the internal complaint investigation which may include providing them with a copy of the complaint response.
- Additionally, feedback to appropriate staff/team/department/service when compliments are received.
- Ensuring the process for managing complaints and sharing of compliments are made known to all staff through [training](#).
- Ensuring support for and at times direct management of, complex complaints where there is evidence of ongoing unreasonable complainant conduct.
- Ensuring complaints are referred to the appropriate unit responsible, for example, lost property.

All staff are responsible for:

- Accepting frontline complaints and compliments either verbally (or Auslan via a qualified interpreter) or in a written form.
- Reporting all complaints and compliments through the Incident Management System (ims+) as detailed in [Incident Management PD2020_047](#) and [Complaint Management PD2020_013, and Complaint Management Guidelines GL2020_008](#).
- Escalating complaints to Line Managers and Service Managers when they are unable to resolve the complaint.
- Ensuring compliments are disseminated to the appropriate unit or staff member via Line Manager and Service Managers.
- Line Managers and Service Managers to discuss compliments with the Complaints Managers/Patient Representatives to establish a process to collate compliments (if it is not feasible to enter the compliment into ims+) at a

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local level that can be used for reporting on compliment feedback and management.

- Line Managers and Service Managers may discuss complex complaints with Complaints Managers/Patient Representatives. This includes patients / consumers or carers who are exhibiting **unreasonable complainant conduct** (please refer to Definitions and Acronyms).
- If the complainant identifies as Aboriginal and/or Torres Strait Islander, and with the complainant's permission, Line Managers and Service Managers will consult the Aboriginal and Torres Strait Islander Service in the response to the complaint.

4. Expected Outcome

Compliments

- Responding to compliments in a timely manner and in a way commensurate with the compliment is given (see Appendix F for guidance) .
- The person providing positive feedback should be acknowledged and thanked for taking the time to provide said feedback and advised that their feedback will be provided to those whom the compliment was given.
- Managing compliments in a just manner while maintaining the privacy of patients / consumers and staff involved in accordance with privacy laws.
- Compliments are managed, where appropriate, by a staff member closest to the service where the compliment was directed.
- Recording sufficient information to enable review and identification of trends / themes of compliments to ensure systems that impact on patient / consumer / carer experience positively are maintained and sustained.
- Triangulation of [Real Time Patient Experience Survey \(RTPES\)](#) data, [ims+](#) compliments data and [Patient Reported Measures Program \(PRM\)](#) data to support the validity and depth of findings will continue to be a focus.
- Making improvements to the service provided as a result of the compliment insight.


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- Celebrating compliments received to ensure positive patient / consumer / carer experience is maintained.

Complaints

- Responding to complaints on receipt in a timely manner, within benchmarks and in a way commensurate with the concern raised.
- The person providing the complaint feel heard and is provided with reassurance and information on the management of the same and a key person to contact during the process if appropriate.
- Managing the complaints fairly and in a just manner while maintaining the privacy of patients / consumers and staff involved in accordance with privacy laws.
- Complaints managed, where appropriate, by a staff member closest to the service where the complaints were directed.
- Escalation of complaints to Line Managers and Service Managers when staff are unable to resolve the complaint. Strong and consistent support must be provided by the relevant Executive team to the person handling the complaint.
- Staff must be given the appropriate authority and sufficient time to manage complaints with impartiality and consistency of practice so that equanimity is maintained. Direct access to the Health Service Executive for this staff support should be provided.
- Recording sufficient information to enable review and identification of trend / themes of complaints and enable system improvement opportunities to be identified and achieved.
- Making improvements to the service provided as a result of the investigation of complaints.
- Providing feedback to staff at the local level about the substance of complaints and their resolution including complaints from external agencies.
- Embracing the opportunities that present with complaints as well as identifying the risks to care and reputation.

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5. Definitions and Acronyms

AHPRA	Australian Health Practitioner Regulation Agency
Complaint	An expression of dissatisfaction or feedback made to or about NSLHD, related to its products, services, staff or the handling of a complaint where a response or resolution is expected or required.
Compliment	<p>An expression of praise or admiration or positive feedback made to or about NSLHD, related to its product, services, or staff.</p> <p>Compliments can be received in the following ways:</p> <ul style="list-style-type: none"> • Written e.g., cards, email, letter, social media platforms • Verbal <p>All staff at each facility and service within NSLHD is expected to enter the compliment received into the Incident Management System (ims+) and/or establish a process to collate compliments at a local level that can be used for reporting on compliment feedback and management.</p>
Complainant	Any member of the public or external organisation making complaint. A complainant may choose to remain anonymous.
HCCC	<p>The NSW Health Care Complaints Commission (HCCC) is an independent statutory body, established by the <i>Health Care Complaints Act 1993</i>. It acts in the public interest by receiving, reviewing, and investigating complaints about health care in NSW.</p>
ims+ (Complaint)	<p>NSW Health Incident Information Management System.</p> <p>A database and system for recording the details of a complaint, including its management and outcomes.</p>
ims+ (Compliment)	<p>NSW Health Incident Information Management System.</p> <p>A database and system for recording the details of a compliment that is *deemed appropriate to be</p>

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	entered into ims+. * the appropriateness of the compliment is at the discretion of the person (s) receiving the compliment e.g. verbal
Incident	Any unplanned event resulting in, or with the potential for, injury, damage or loss.
Incident Management	A systematic process for identifying, notifying, prioritising, investigating incidents to implement changes to practices and processes that reduce the likelihood of recurrences.
Reportable Incident Brief (RIB)	The method for reporting defined health care incidents to NSW Health.
Unreasonable Complainant Conduct (UCC)	UCC is behaviour by a current or former complainant which, because of its nature or frequency, raises substantial health, safety, resource, or equity issues for the parties to a complaint.

6. Procedure

Compliments

All staff at each facility and service within NSLHD is expected to enter the compliment received into the [Incident Management System](#) (ims+) and/or establish a process to collate compliments at a local level that can be used for reporting on compliment feedback and management.

Complaints

All staff must [manage and report](#) complaints in the [ims+ Incident Management System](#) according to the appropriate policy directive, noting that more than one policy and procedure may apply to a particular complaint, including:

- [Complaint Management PD2020_013](#) NSWH Policy Directive
- [Managing Misconduct PD2018_031](#) NSWH Policy Directive
- [Complaint Management Guidelines-GL2020_008](#) NSWH Guideline

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- [Managing Complaints and Concerns about Clinicians PD2018 032](#) NSW Health Policy Directive
- [Liability Claims - Management of Potential or Actual - NSLHD](#) Procedure
- [Privacy Manual for Health Information](#) NSW Health Manual
- [Real Time Patient Experience Survey \(RTPES\) Policy](#) NSLHD Policy
- [Real Time Patient Experience Survey \(RTPES\) Procedure](#) NSLHD Procedure
- [Your Health Rights and Responsibilities PD2011 022](#) NSW Health Policy Directive

6.1 Procedure for complaints received through the Office of the Chief Executive (CE)

Complaints received by NSLHD-Chatback, NSLHD-Mail, NSLHD-SoundingBoard email inboxes, the NSLHD Feedback Assist, or via post addressed to the Chief Executive, are registered by the Executive Support Unit (ESU).

ESU allocates requests based on the responsibilities of teams and services across the NSLHD. Depending on the nature of the complaint, ESU will allocate the matter as requiring a Chief Executive or local response. ESU includes a due date for completion in line with the [Complaint Management PD2020 013](#) NSW Health Policy Directive. Further information on ESU processes, is at [ESU Business Rules](#).

ESU have created standardised wording and response letters to support Health Services and Hospitals in drafting a response to a complainant. These are available at [ESU Sample Responses](#).

[Refer Appendix A.](#)

6.2 Procedure for Ministerial Complaints

All Ministerial requests are sent to ESU from Executive Ministerial Services (EMS) within the NSW Ministry of Health.

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ESU allocates requests based on the responsibilities of teams and services across the NSLHD. The [type of request](#) required and the timeframe to address the matter is at the discretion of the Minister's Office.

Responses to Ministerial requests are expected to meet the standards and guidelines as set out in the [EMS Information Centre](#).

[Refer Appendix B](#)

6.3 Procedure for HCCC complaints

All HCCC matters are managed by the appropriate hospital or service. As the Senior Complaints Officer, the Director Clinical Governance and Patient Experience (DCGPE), reviews all HCCC responses before they are approved by the Chief Executive and sent to the HCCC.

The DCGPE may consider and refer an HCCC matter to be investigated by the Clinical Governance Directorate if the matter has been previously investigated by the Health Service and remains unresolved.

[Refer Appendix C.](#)

6.4 Procedure for complaints received through site or service mailbox

[Refer Appendix D.](#)

6.5 Procedure for complaints received through social media

[Refer Appendix E.](#)

6.6 Closing the Loop on Complaints

[Refer Appendix A.-closing the loop on complaints](#)

[Refer Appendix B- closing the loop on complaints](#)

[Refer Appendix C.- closing the loop on complaints](#)

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[Refer Appendix D.- closing the loop on complaints](#)

[Refer Appendix E- closing the loop on complaints](#)

6.7 Unreasonable Complainant Conduct (UCC)

Where a complainant has become unreasonable or vexatious, Complaints Managers/Patient Representatives; Team or Service Manager **or however named** should liaise directly with Executive Services Unit (ESU) and the Director of Clinical Governance and Patient Experience.

[Complaint Management Guidelines-GL2020_008 NSWH Guideline](#)

6.8 Staff who are Subject of a Complaints

[Managing Complaints and Concerns about Clinicians_PD2018_032 NSWH Policy Directive](#)

7. Performance Measures

- Acknowledge receipt of each complaint within five calendar days (Benchmark – 100%)
- Finalise the outcome of each complaint and advise person making the complaint of outcome within 35 calendar days (Benchmark 80%)
- Unresolved complaints - the proportion of complaints received where interaction with a person making a complaint has not ceased following finalisation of the complaint, the complainant remains dissatisfied and the matter has been reviewed or escalated.
- Compliments are entered into ims+ and/or there is evidence an established process is in place to collate compliments at a local level that can be used for reporting on compliment feedback and management.
- Compliments acknowledged within five days of receipt (100%)- NSLHD local benchmark

Complaints and compliments are to be analysed locally to determine trends and whether Quality Improvement initiatives are required. All Health Services are responsible for

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analysing complaints and compliments made about their services. The District Clinical Governance Unit is responsible for analysing trends across the Local Health District and reporting to the Health Care Quality Committee, Consumer and Patient Experience Committee NSLHD (CAPE) and the Board Consumer Committee NSLHD as appropriate.

8. Risks of Procedure Non-Compliance

Compliance is mandatory.

- Risk to patients / consumers: Inadequate consumer feedback process resulting in reduced consumer trust, poor patient outcomes and the voice of the consumer not being heard.

Risk to the organisation: Not achieving/meeting NSW Health complaint management benchmarks and potential harm to organisation reputation.

9. Key Aligned Documents or Related Documents

- [Complaint Management PD2020_013](#)_NSWH Policy Directive
- [Complaint Management Guidelines-GL2020_008](#)_NSWH Guideline
- [Managing Misconduct PD2018_031](#)_NSWH Policy Directive
- [Managing Complaints and Concerns about Clinicians PD2018_032](#)_NSWH Policy Directive
- [NSW Ombudsman Managing Unreasonable Conduct by Complainant](#)
- [Ombudsman NSW Complaints Management](#)
- [Commonwealth Ombudsman Better-Practice-Complaint-Handling-Guide](#)
- [NSW Ombudsman Complaint-handling-resources](#)
- [imsplus Consumer Feedback User-guide](#)

10. Related Standards

- [All NSQHS standards](#)

Legislation

- [Health Care Complaints Commission \(HCCC Legislation\)](#)

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- [Health Care Complaints Act 1993](#)

Resources

- [NSLHD Compliments and Complaints Intranet](#)
- [NSLHD Compliments and Complaints Site Contacts](#)
- [NSLHD Compliments and Complaints Resources](#)
- [NSLHD Incidents and Complaints System \(IIMS+\)](#)

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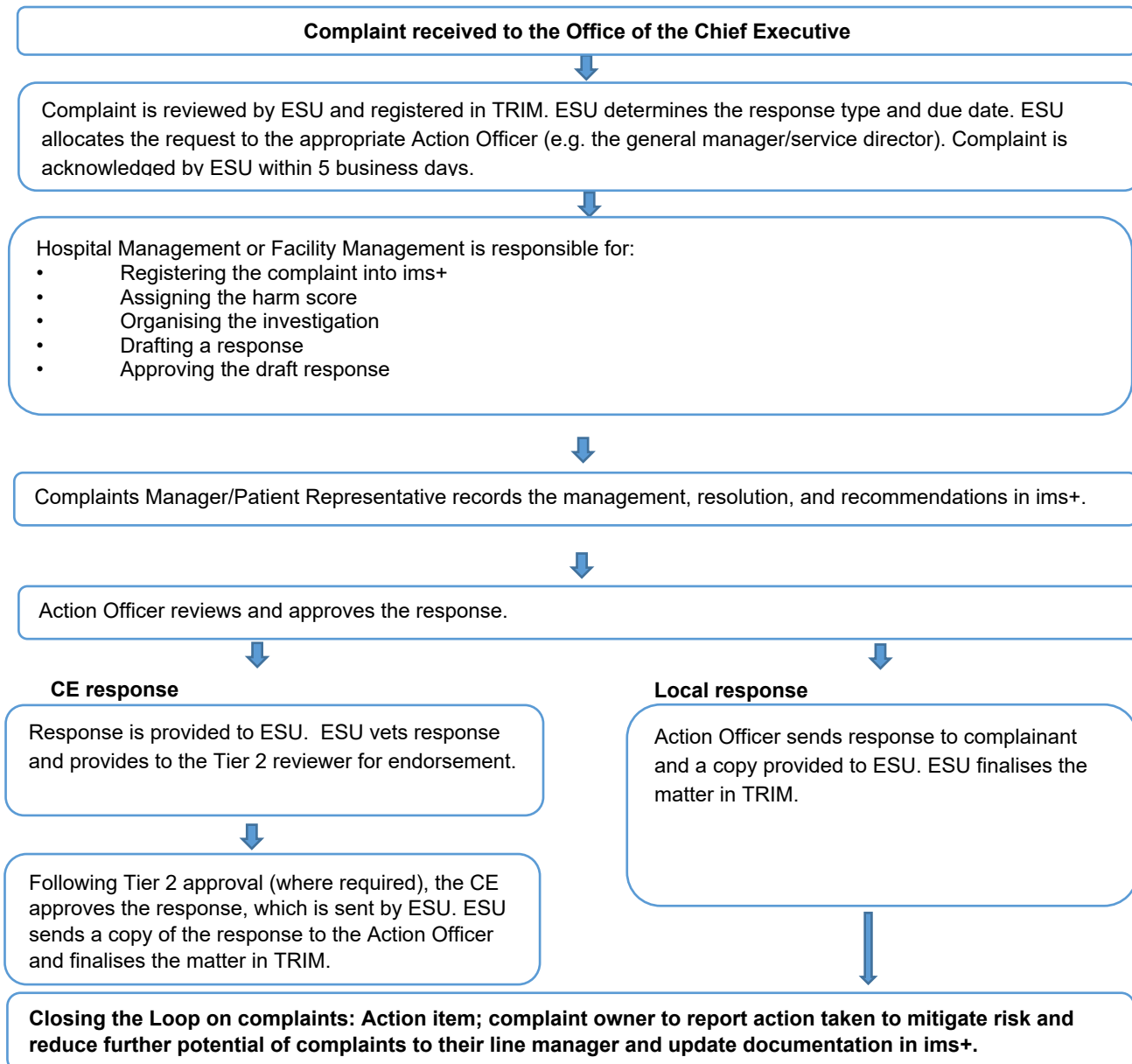
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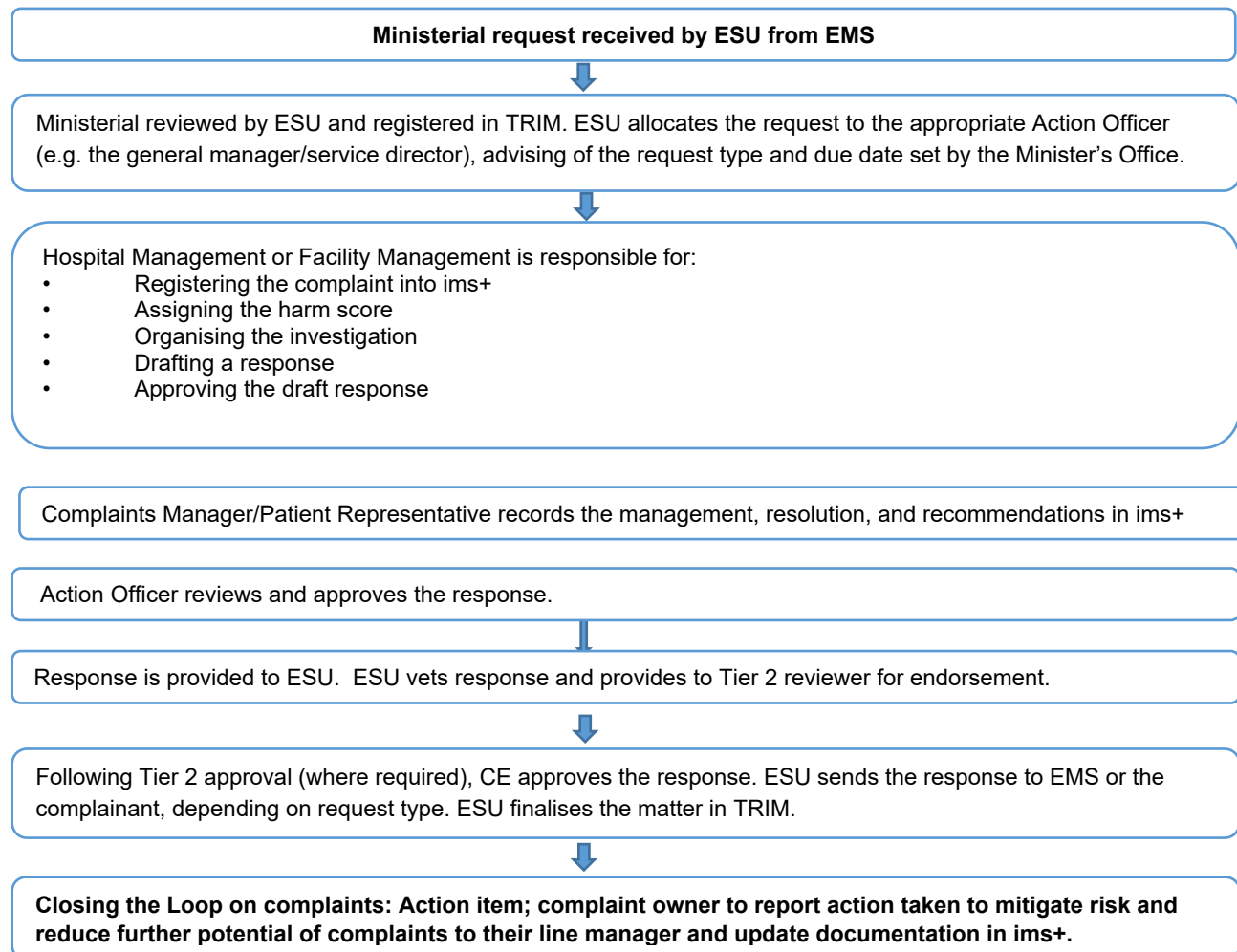
12. Appendix A – Complaints received through the Office of the Chief Executive



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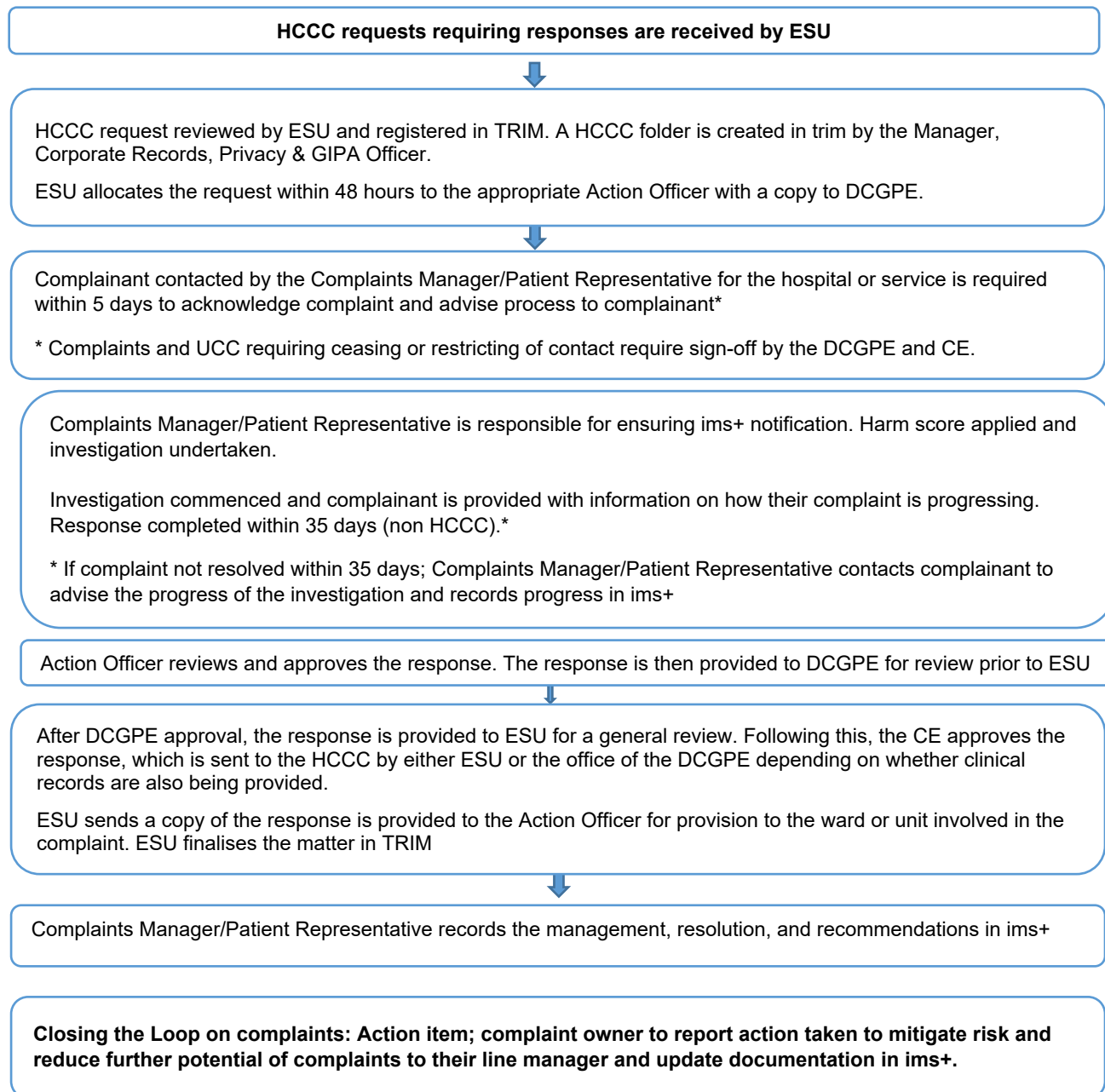
13. Appendix B – Ministerial Complaints Workflow



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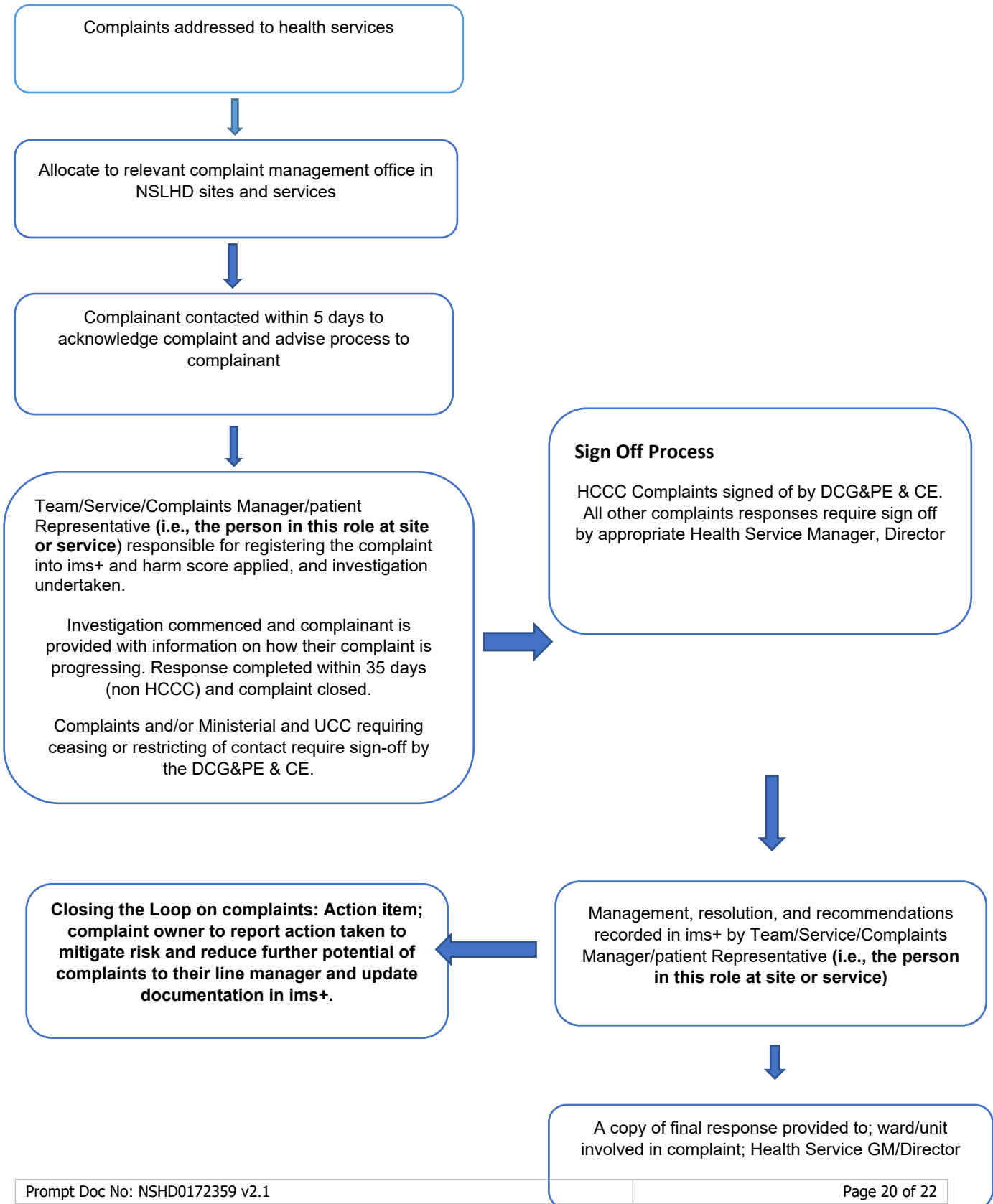


14. Appendix C – HCCC Complaints Workflow



15. Appendix D – Complaints received through Site or Service

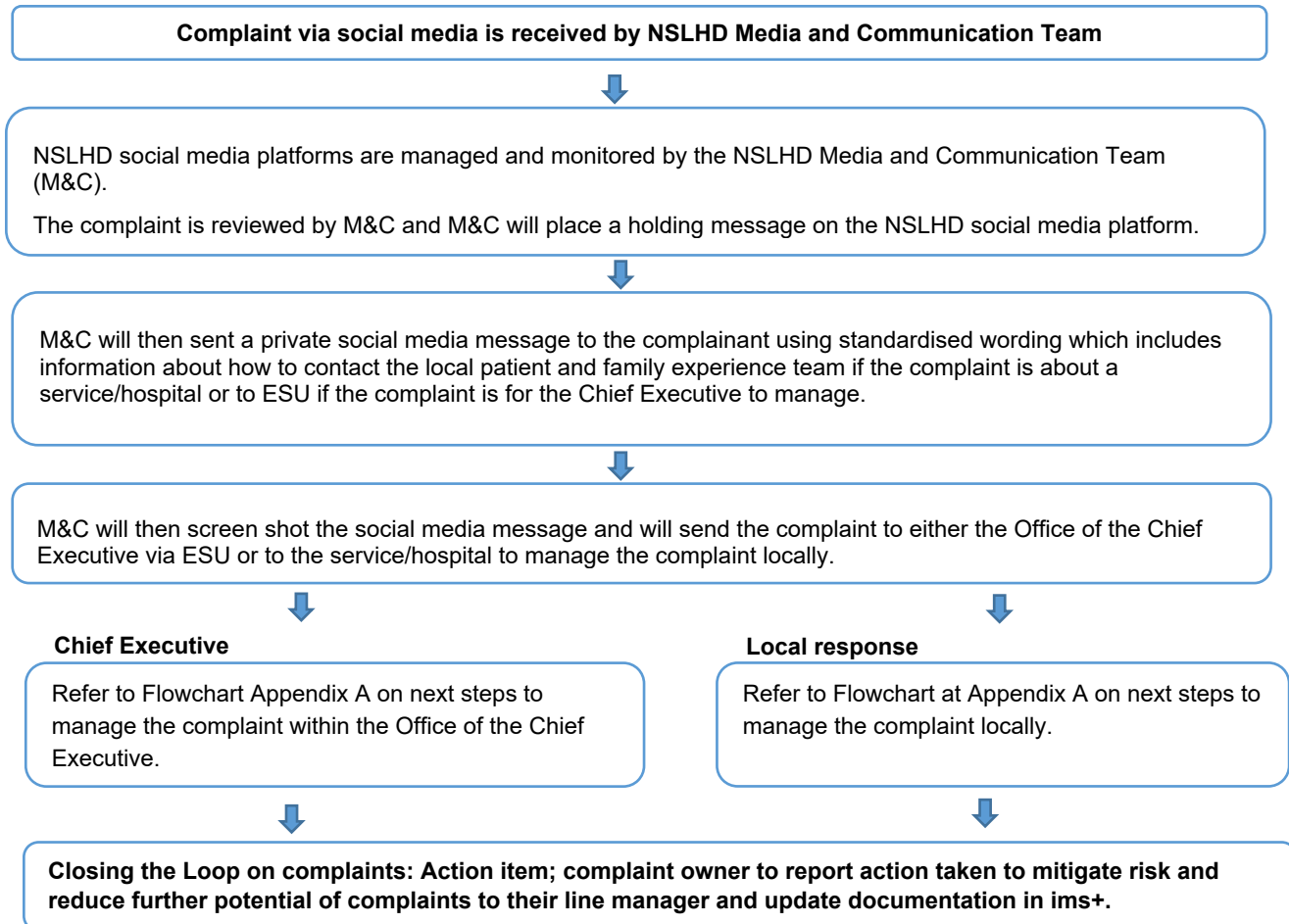
Mailbox Workflow



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16. Appendix E – Complaints received through Social Media Workflow



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17. Appendix F - Compliments Matrix

Mode of Receipt	Action by Facility Management and Service Management or Person(s) receiving the compliment
Card	Document in locally developed process
Email	Enter into ims+
Letter	Enter into ims+
Social Media Platforms	Document in locally developed process
Verbal	Document in locally developed process

18. Appendix G – Compliments received to a Facility, Site or Service

***Compliment addressed or received from a patient/consumer/family/carers to a Facility, Site or Service**



- Facility Management and Service Management or Person(s) receiving the compliment is responsible for:
- Registering the compliment by using ims+ and/or local process in place for capturing and reporting compliments
 - Escalate compliment to the CE to share throughout the District as appropriate and/or respond back to the team/person/service/facility receiving the compliment
 - Sharing the compliment with the team/service/individual staff member
 - Responding to the patient/consumer/family/carers as per Site or Facility local processes (following approval from the Manager)



Facility Management and Service Management implement strategies locally to review compliments data that can support quarterly reporting of feedback received to Health Care Quality Committee, Consumer and Patient Experience Committee NSLHD (CAPE) and the Board Consumer Committee NSLHD as appropriate.

***Compliments can be received in the following ways:**

- Written e.g., cards, email, letter, social media platforms
- Verbal