

## Guideline



### Complaint Management Guidelines

**Summary** This Guideline provides an operational framework for dealing with a complaint in accordance with the Complaints Management Policy.

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**Distributed to** Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Environmental Health Officers of Local Councils, Private Hospitals and Day Procedure Centres, Health Associations Unions, Tertiary Education Institutes

**Audience** All Staff of NSW Health

## COMPLAINT MANAGEMENT GUIDELINES

### PURPOSE

The Complaint Management Guidelines provide guidance to people dealing with a complaint in accordance with the Complaint Management Policy Directive. The Guidelines aim to support NSW Health staff to ensure that identified risks arising from complaints are managed appropriately, that the issues are addressed satisfactorily, that effective action is taken to improve service to consumers.

### KEY PRINCIPLES

These Guidelines are underpinned by the Whole of Government Commitments to Effective Complaint Handling:

1. Respectful treatment
2. Information and accessibility
3. Good communication
4. Taking ownership
5. Timeliness
6. Transparency

NSW Health staff should draw on these principles in order to effectively manage complaints using a consumer-focused approach.

### USE OF THE GUIDELINE

These Guidelines outline interpersonal strategies for dealing with consumers at the first point of contact. NSW Health staff should apply the information contained in the guidelines in consultation with the Complaint Handling Policy and Procedures.

### REVISION HISTORY

Version	Approved by	Amendment notes
April-2020 (GL2020_008)	Deputy Secretary, People, Culture and Governance	Full review / update of Guideline
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### ATTACHMENTS

1. Complaint Management Guidelines

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## 1 INTRODUCTION

These Guidelines provide a suggested framework for dealing with a complaint and considering how to manage matters in accordance with the [Complaint Management Policy](#) Directive.. Staff may use this complaint management process when complaining on behalf of the patient/consumer. Managers must also consider whether other action is required in response to a complaint in accordance with other policies and guidelines as set out in the [Complaint Management Policy](#).

The Guidelines adopt a **consumer-focused approach** to complaints. If staff at the point-of-service have the authorisation to resolve complaints at first contact, escalation can be avoided, and complaints can be resolved directly and quickly to the satisfaction of all parties.

The Guidelines provide interpersonal strategies for dealing with consumers at the first point of contact, assessing the severity of complaints, investigating complaints, and resolving complaints.

The Guidelines aim to ensure that identified risks arising from complaints are managed appropriately, that the issues of the person making a complaint are addressed satisfactorily, that effective action is taken to improve service provided to consumers, and that NSW Health staff are supported.

For the purposes of these Guidelines “organisation” refers to any NSW Health entity, including health facilities.

The outcomes of effective complaints management include:

- identifying emerging patterns of practice
- highlighting systems and process deficiencies
- addressing individual performance issues
- providing critical clinical information
- restoring trust and support for the service provider.

Satisfaction for a person making a complaint is achieved through:

- an objective mechanism for monitoring clinical processes as an alternative to reliance on peer review and self-regulation
- recognition and acknowledgement of the person’s right to complain
- demonstration of the organisation’s commitment to providing a quality service
- demonstration of the organisation’s ability to respond effectively and efficiently.

## 2 DEFINITIONS

**Acknowledgement** - Communication to the person making a complaint or their agent that the complaint has been received and is being actioned.

**Adverse event** - Unintended patient injury or complication from treatment that results in disability, death or prolonged hospital stay and is caused by health care management.

**Agent** - A person who represents a person making a complaint and liaises with the service provider who is managing the complaint. Examples include lawyer, Member of Parliament.

**Apology** - An expression of feelings or wishes that can include sorrow, sympathy, remorse or regret as well as an acknowledgement of fault, a shortcoming or a failing.

**Carer** - an individual who provides ongoing unpaid support to people who need help because of disability, mental illness, chronic or terminal illness, dementia or frail age. Relatives and friends who provide such care, support and assistance are carers.

**Clinician** - any health practitioner or health service provider (whether or not registered under the National Law) working in NSW Health.

**Complaint** - An expression of dissatisfaction or feedback made to or about NSW Health, related to its products, services, staff or the handling of a complaint where a response or resolution is expected or required.

**Complaint Risk Code (CRC)** - A suggested rating system that assesses the severity of a complaint to help determine the course of action to be taken.

**Conciliation** - A process in which the parties to a dispute, with the assistance of a dispute resolution practitioner (the conciliator), identify the issues in dispute, develop options, consider alternatives and endeavour to reach an agreement.

**Designated Senior Complaints Officer** – The person delegated the responsibility for complaint management by the organisation. The Designated Senior Complaints Officer or their delegate is responsible for ensuring the proper process for managing complaints is understood and followed by the organisation.

**Evidence** - The available facts that form the grounds for belief or a proposition

**Feedback** – Opinions, comments and expressions of interest or concern made directly or indirectly, explicitly or implicitly to or about NSW Health, its services, staff or its handling of a complaint.

**Grievance** - a problem, concern, issue or incident raised by a staff member who believes he / she is the subject of unreasonable treatment from the organisation or another person(s) in the workplace

**Health Care Complaints Commission (HCCC)** - The NSW Health Care Complaints Commission (HCCC) is an independent statutory body, established by the Health Care Complaints Act 1993. It acts in the public interest by receiving, reviewing and investigating complaints about health care in NSW.

**IIMS** - IIMS or ims+ - The clinical incident reporting system used in the NSW public health system which will be progressively transitioning from IIMS to ims+.

**Incident** - An unplanned event resulting in, or with the potential for, injury, damage or loss, including a near miss.

**Incident Management** - A systematic process for identifying, notifying, prioritising, investigating and managing the outcomes of an incident.

**Incident Management System** - IIMS or ims+ - The clinical incident reporting system used in the NSW public health system which will be progressively transitioning from IIMS to ims+.

**Investigation** - a fact finding process involving the gathering and examination of information in order to establish facts. The purpose of an investigation of a complaint is to establish and document relevant facts, reach appropriate conclusions based on the available evidence, and determine a suitable response. The nature and scope of the investigation required in response to a complaint will depend on the circumstances of each case and any relevant statutory requirements or language that may apply

**Local Health Districts** - Local Health Districts provide the operational framework for the provision of public health services in particular geographic areas in NSW. They are constituted under the Health Services Act 1997.

**Ministry** - NSW Ministry of Health.

**Mediation** - is a process in which the parties to a dispute, with the assistance of a dispute resolution practitioner (the mediator), identify the disputed issues, develop options, consider alternatives and endeavour to reach an agreement. The mediator has no advisory or determinative role in regard to the content of the dispute or the outcome of its resolution, but may advise on or determine the process of mediation whereby resolution is attempted. Mediation may be undertaken voluntarily, under a court order, or subject to an existing contractual agreement.

**NSW Health organisation** – NSW Health organisation means the NSW Ministry of Health, a local health district or statutory health corporation as defined in the *Health Services Act 1997*, an administrative unit of the Health Administration Corporation (including NSW Ambulance Service, HealthShare NSW, NSW Health Pathology and Health Infrastructure), or any other entity under the direction or control of the Minister for Health or Secretary NSW Health.

**Near miss** - Any event that could have had adverse consequences but did not and is indistinguishable from an actual incident in all but outcome.

**Notification** - The process of entering or documenting data about an incident or near miss for any of the incident categories into the IIMS, or, more broadly, notifying another organisation about a complaint.

The process whereby parties to a complaint are advised of the complaint being lodged and the resolution strategy being adopted

**Open Disclosure** - The open discussion of incidents that result in harm to a patient while receiving health care. The elements of open disclosure are an expression of regret, a factual explanation of what happened, the potential consequences of the incident, and the steps taken to manage the event and prevent recurrence.

**Person making a complaint** - Any member of the public or external organisation making a complaint.

**Public interest disclosure** – A report about serious wrongdoing made by a public official that meets the requirements of the *Public Interest Disclosures Act 1994*.

**Reportable Incident Brief (RIB)** - The method for reporting defined health care incidents to the NSW Ministry of Health. The RIB process encompasses clinical and corporate incidents. Clinical RIBs are created for the purpose of authorised investigation and research and are privileged under the *Health Administration Act 1982*.

**Respondent** - A person or organisation against whom a complaint is made.

**Risk Management** - Clinical and administrative activities undertaken to identify, evaluate, and reduce the risk of injury to patients, staff and visitors, and the risk of loss to the organisation itself.

**Root Cause Analysis (RCA)** - A method used to investigate and analyse a SAC 1 incident to identify the root causes and factors that contributed to the incident and to recommend actions to prevent a similar occurrence.

**Severity Assessment Code (SAC)** – A numerical score applied to an incident based on the type of event, its likelihood of recurrence and its consequence. A matrix is used to stratify the actual and/or potential risk associated with an incident

**SAC 1 Incident** – The most serious category of clinical incident. A SAC 1 incident requires an RCA. See *Incident Management. Policy*

**Support person** Support person/persons may be any individual, identified by the patient as a nominated recipient of information regarding their care. This may include family, friend, partner or those who care for the patient. Their role is one of support and advocacy when interacting with the health service.

**Unreasonable conduct** – behaviour by a current or former complainant which, because of its nature or frequency, is vexatious and/or raises substantial health, safety, or resource issues for the person or organisation managing the complaint.

**Unresolved complaint** – Where interaction with a person making a complaint has not ceased following finalisation of the complaint and the person who made the complaint remains dissatisfied.



### 3 UNDERSTANDING COMPLAINTS

Managing complaints is the responsibility of everyone in NSW Health. It is part of communicating effectively with anyone who comes into contact with the Health system, particularly patients and their carers, and providing quality health care.

People who complain about a service want to be treated with dignity. They want to be assured that their complaint is taken seriously. A positive attitude by all NSW Health staff is crucial to the success of the complaint management process.

#### 3.1 What is a complaint

A complaint is:

- an expression of dissatisfaction with a service offered or provided, or
- a concern that provides feedback regarding some aspect of the health service that identifies issues requiring a response.

A good way of determining whether an expression of dissatisfaction is a complaint or not is to ask:

“What is being sought and what is needed to resolve this matter?”

If some action or response is identified, then you are dealing with a complaint.

A complaint may be about policies, procedures, employee conduct, provision of information, quality of communication or treatment, quality of a service, or access to and promptness of a service.

Complaints **do not** include requests for services or information, explanations of policies and procedures, or industrial matters between the health service and unions.

Complaints may be made in person, by telephone, letter, survey, and in some cases through the media.

This broad definition of a complaint underpins the value of a consumer-focused health system where the flow of feedback serves to identify system failures or issues that require attention.

#### 3.2 Why do people complain?

These days, consumers are better informed about their rights and treatment options and have high expectations of health providers. However, a common source of complaint is that people do not get sufficient information to be fully involved in their health care.

Consumers are concerned about clinical care. Many complaints deal with incorrect, insensitive or misleading information, or incorrect treatment or diagnosis.

Some people may complain in an effort to prevent an incident from recurring—for example, where an attempt to resolve a concern at the frontline has failed—or to learn the truth about an occasion of care, or to receive an apology.

A patient may have suffered an adverse outcome either through error, oversight, a mistake, poor standard of care or another avoidable factor. If the health care relationship has been a positive one up to this point, the patient is more likely to respond to attempts to resolve the problem before it proceeds to the complaints process.

### 3.3 What is resolution?

Resolution is the desired outcome of a complaint. It is a responsive process that seeks to address a person's concerns and accompanying emotions.

Resolution is a continuum, ranging from informal "on the spot" discussions to more structured and planned resolution negotiations and meetings. A resolution is not only an outcome but a temporary relationship between the parties involved. It is a process whereby complaints are heard, assessed, negotiated, responded to, and resolved.

For the person making a complaint, the process is as important as the result. People who complain have basic expectations. They want to:

- be heard and understood
- be respected
- be taken seriously
- be given support or assistance if required
- have their concerns dealt with effectively and efficiently
- be informed of the process, progress, findings and outcome
- have appropriate action taken as a result of their complaint.

If the expectations of a person making a complaint are met, as appropriate, then a great deal has been achieved. The person making a complaint will be satisfied with the process and consider that their complaint has been dealt with fairly. Even if the person making a complaint is overwrought with grief, anger, desires for revenge or just difficult, they are less likely to complain about the complaints process if they have been treated fairly, if reasonable expectations have been negotiated, and if the limits of the process have been explained.

This is an effective customer-centred resolution process where everyone involved can focus on arriving at a satisfactory outcome.

## THE COMPLAINT MANAGEMENT PROCESS

The four stages in managing a complaint are:

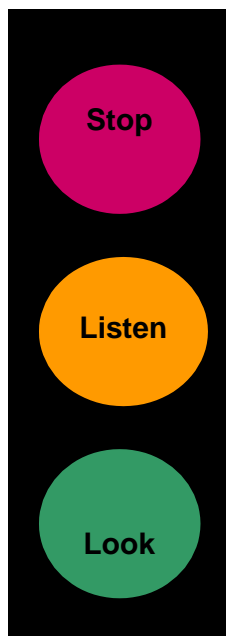
1. **Receive** the complaint
2. **Assess** the complaint
3. **Investigate** the complaint
4. **Resolve** the complaint.

## 4 RECEIVING COMPLAINTS

The key actions for staff when receiving a complaint are to:

- actively listen to the person making a complaint;
- empathise, understand and acknowledge their viewpoint;
- express regret that they have had a poor experience, and
- assure them steps will be taken to investigate and resolve their concerns.

The following traffic light gives a visual summary of key steps in face-to-face interactions that you can follow when you are dealing with someone who has a complaint.



### **Stop before you speak**

Allow the person to "vent" and do not react defensively

### **Listen for understanding**

Actively listen to the person making a complaint  
Empathise, understand and acknowledge their viewpoint

### **Look for solutions**

Express regret that they have had a poor experience  
Consider options for action to resolve the issue

#### 4.1.1 Stop before you speak

A person who is complaining about a service may have an emotional need to vent their anger over what has happened to them. It is important that you respond in a positive and helpful manner and that you remain calm and objective. Here are some tips.

- Let the person be angry and do not interrupt as they tell their story. Arrange for a sign or language interpreter or advocate, if necessary.
- Keep the volume and pitch of your voice low. Lowering your voice and speaking calmly helps to calm an emotional person.
- Reinforce the person's right to complain, to be heard, and to receive a response.
- Accept what is being said without attempting to justify another's actions or without denying the perspective of the person making a complaint
- Respect and empower the person making a complaint.
- Be open, non-judgmental and empathic. Use phrases such as:
  - *I can see why you feel that way*
  - *I see what you mean*
  - *That must be upsetting*
  - *I understand how frustrating that must be.*

#### 4.1.2 Listen for understanding

- Take time to listen to the person's concern.
- Adopt good listening skills by nodding and saying "I see", maintaining eye contact, leaning forward if you are sitting down, adopting an open body posture, and looking interested.
- If you are on the phone, add tone and expression to your voice to show you are listening, e.g. by saying "yes", "mm", etc.
- Never speak over a person. It gives the impression that you are not listening.
- Seek clarification of points in a non-judgmental way by using open-ended questions that start with How? When? Where? Who? Why?
- Use plain English and choose words naturally without using jargon.
- Try to understand and appreciate the person's point of view, without necessarily adopting it.
- Make it clear that you have understood the complaint by summarising the main points and asking whether that is correct.
- Keep your own emotions in check and be aware of any responses carried over from a previous call, work or personal matter.

### 4.1.3 Look for solutions

- Ask the person what they want to happen to address their concerns.
- Try to meet reasonable requests to resolve the matter.
- If you can, respond by making an offer to remedy the situation.
- Provide relevant information that will assist the person to better understand the decision or action that they are aggrieved about.
- If there are things you can do straight away, do so.
- Give reasons for what happened and, if appropriate, apologise.
- Focus on solving the problem rather than blaming or finding fault.
- Explain clearly what can and cannot be done.
- Offer possible resolution methods. Providing alternatives will empower the person and give them a feeling of entering into a partnership in the process of resolving the complaint.
- If an action needs consideration or approval by a supervisor, inform the supervisor and work out when and how you will inform the person making a complaint of the outcome.
- Decide the appropriate action to adopt and, if possible, get agreement from the person for this action.
- Explain to the person that to deal with the complaint properly, you may need to give their information to another person or obtain further information relevant to the complaint from their medical record or other health service provider.
- Log the complaint and the action taken for later trend analysis.
- Make sure something is done, say something like: “I’ll make sure this information gets to the right person”.
- Provide a name and contact number and an approximate timeframe for action. If you are forwarding the person to a colleague, follow up with that colleague.
- Let the person making a complaint know what you intend to do and when you will get in touch with them. Contact them on the day and at the time you said you would, even if you haven’t made any further progress, just to keep them informed.
- Inform the person making a complaint when you have taken this action.
- Make sure you follow up on a promised action.
- In more complex or difficult complaints or complaints where you have not had a more direct involvement, some of the considerations mentioned above may need to be addressed as management of the complaint progresses
- Listen to the problem fully before deciding if you can or cannot assist in the matter. Some people may answer their own questions as they explain them. Others might turn a simple complaint into an elaborate story.

#### 4.1.4 If you are on the phone

Be prepared for the call by having information and resources at hand. The first minutes of contact are crucial in conveying an attitude of interest, engaging with the caller, and assessing the circumstances. Greeting the caller with a polite and friendly voice may help reduce some tension. As well as the above tips, bear the following in mind:

- Do not use speakerphones. They can cause distortion and give the impression of distance and lack of attention. The caller may also be concerned about privacy and confidentiality.
- Use the person's name. One of the best ways to calm or connect with a caller is to use their name as often as possible. Also ask how they would prefer to be addressed. This shows respect.
- Minimise distractions and give the caller your full attention.
- Transfer the call only if necessary. Explain why you are transferring the call and the name and number of the colleague you are transferring to. Stay on the line to introduce the person.
- End the conversation with agreement on what is to happen next.
- Thank the person for calling and invite them to call back if they have any further queries.
- Tell the person when they can expect a response.
- Confirm the outcome of the conversation and make sure that the person agrees with what has been decided.

Further guidance:

NSW Ombudsman factsheet [Tips for accessible complaint handling](#) 2016  
 NSW Ombudsman factsheet [Respectful treatment the importance of respect in effective complaint handling](#) 2017.

#### 4.1.5 Acknowledge receipt of the complaint

When a complaint is received by NSW Health its receipt must be acknowledged. This may be done verbally or in writing. A standard letter saves time, but it should also reflect some acknowledgement of the individuality of the complaint. It should include contact details and information as to what the person making a complaint should expect next. The date of the acknowledgement is to be recorded in the document management system used by the organisation (for example Incident Information Management System (IIMS)).

#### 4.1.6 Record the complaint

You need to create a comprehensive record of conversations, concerns, names, addresses, hospital numbers, providers, etc. Other key aspects are the service provided, dates and times.

The written record of the complaint is the basis of any action taken about the complaint.

#### 4.1.7 Request confirmation

If a complaint is to be investigated, ask the person making a complaint to provide you with a written complaint if possible. This may require assistance, either in terms of arranging an interpreter or arranging for the person to be interviewed, with a support person if desirable. A Patient Representative may be called upon to assist in this process. In considering whether assisting the person making a complaint is reasonable and appropriate the following factors should be considered:

- the capacity of a person making a complaint to write the complaint themselves;
- disabilities which might hamper or prevent a complaint being written by the person making a complaint;
- education and literacy of the person making a complaint;
- English language skills (generally taking the complaint in the first language of the person making a complaint followed by translation will be preferable) and
- the readiness or availability of other means of assistance to help the person making a complaint reduce their complaint to writing (e.g. specialist or community legal centres, other community agencies).

## 5 ASSESSING COMPLAINTS

### 5.1.1 Assessing the Complaint

The purpose of the assessment process is to:

- classify the complaint appropriately to determine appropriate action
- ensure the process is commensurate to the seriousness of the complaint and the issues raised
- ensure fairness to any staff concerned.

There are several steps a health service must take in assessing a complaint as set out in the *Complaint Management Policy*.

- Identify the issues raised.
- Identify the parties involved.
- If necessary, obtain patient authorities.
- Rate the severity of the complaint.

Rating the severity of a complaint helps determine the course of action to be taken. The following Complaint Management Risk Assessment Matrix is offered to assist in this process by using a Complaint Risk Code (**CRC**).

To arrive at the **CRC**, you first apply the **consequence category** and the **likelihood category**.

The CRC correlates with a set of actions that guide you to the level of response appropriate to the complaint. It also provides you with a clear course of action and

may be used to generate awareness alarms to relevant staff in the complaint management process.

### 5.1.2 Consequence category

The consequence category is determined by the impact of the complaint in terms of injury, length of stay, level of care required, actual or estimated resource costs, and impact on quality health care service delivery in general. The category is applied to both adverse events and potential events or “near misses”.

The following tables are adapted from the [Incident Management Policy](#), Severity Assessment Code (SAC). The tables frame the assessment categories in terms of complaint management and may prove a useful adjunct to the IIMS SAC system.

The following table lists the consequence categories.

Category	Description
<b>Serious</b>	Issues regarding serious adverse events, sentinel events, long-term damage, grossly substandard care, professional misconduct or death that require investigation. Highly probable legal action and Ministerial notification.
<b>Major</b>	Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Threat of legal action and Ministerial notification.
<b>Moderate</b>	Issues that may require investigation. Potential to impact on service provision/delivery. Legitimate consumer concern, especially about communication or practice management, but not causing lasting detriment. Potential for legal action.
<b>Minor</b>	No impact on or risk to the provision of health care or the organisation. Complaint could be easily resolved at the frontline.
<b>Minimum</b>	Misconceived, trivial or vexatious

For adverse events, severity is assigned on the actual condition of the person making a complaint. If the event is a near miss, severity is assigned on the most likely scenario.

### 5.1.3 Likelihood category

The likelihood or probability category is based on the knowledge or experience of the staff member doing the assessment. The Complaints Manager or a more senior staff member who has more detailed knowledge of other similar incidents may revise this.

The following table lists the likelihood categories.



Category	Description
<b>Frequent</b>	Recurring, done, found or experienced often.
<b>Probable</b>	Will probably occur in most circumstances several times a year
<b>Occasional</b>	Happening from time to time, not constant, irregular
<b>Uncommon</b>	Rare, unusual but may have happened before.
<b>Remote</b>	Usually a "one off", slight/vague connection to healthcare service provision.

### 5.1.4 Complaint Management Risk Assessment Matrix

Severity of Patient's Complaint		Probability of Recurrence				
		Frequent	Probable	Occasional	Uncommon	Remote
Severity	<b>Serious</b>	1	1	1	1	2
	<b>Major</b>	1	1	2	2	3
	<b>Moderate</b>	2	2	2	3	3
	<b>Minor</b>	3	3	3	4	4
	<b>Minimum</b>	3	3	4	4	4

### 5.1.5 Complaint Risk Code (CRC)

The consequence category and the likelihood category enable you to determine the **CRC**. There are four CRCs numbered 1 to 4.

The following table shows the recommended **action required** for each CRC.

CRC	Action required
1	<p><b>Immediate action</b></p> <p>Equivalent to a SAC 1 Incident where IIMS has the capacity to generate an electronic notification to the manager of the relevant department, executive management, and the quality team. Typically The Director of Clinical Governance, Director of Operations and the Senior Complaints Officer would be notified. Root Cause Analysis (RCA) investigation commenced.</p> <p>A Reportable Incident Brief (RIB) is completed and forwarded to the Ministry of Health in accordance with the Incident Management Policy</p>
2	<p><b>The complaint is referred to line management/complaints manager</b></p> <p>Equivalent to a SAC 2, where IIMS may generate a notification to the manager of the relevant department, executive management and the quality team.</p> <p>The Director of Clinical Governance and Director of Operations are notified if there are clinical issues involved and/or a Root Cause Analysis (RCA) investigation is to be undertaken at the discretion of management.</p>
3	<p><b>Where appropriate, the complaint is resolved at the local level</b></p> <p>A notification may be provided to the manager of the relevant department and/or the Complaints Manager.</p>
4	<p><b>Generally resolved at the local level</b></p> <p>Difficult-to-manage complaints can be referred to Complaints Manager.</p> <p>The complaint is managed by routine procedure and is reported.</p>

## 6 INVESTIGATING COMPLAINTS

The purpose of the investigation is to obtain sufficient information in order to decide what has occurred and identify appropriate action. Not all complaints need to be dealt with in the same way. These Guidelines should be varied in accordance with the circumstances of the complaint.

The information you gather is determined by the seriousness of the complaint and what the person making a complaint expects as an outcome.

Prepare an issues document that sets out the facts as understood by the person making the complaint and identifies the issues and desired outcomes. Use this document as a guide for fact finding inquiries and reviewing systems issues.

During an investigation, you need to:

- clarify the expectations of the person making a complaint
- clarify the allegations
- identify resources required

- obtain consent, where relevant ([Patient Authority sample form Appendix 2](#))
- take immediate action, e.g. remove faulty equipment
- put the allegations to the service provider for a response
- put the service provider's response back to the person making a complaint
- seek evidence to establish facts of the case  
weigh up the information (is it reliable? is there better information?)
- check the applicable standards/procedures/policies and whether there was a departure
- decide if there is sufficient evidence to continue the investigation or to make a finding.
- This section looks at planning the investigation, managing the expectations of the person making a complaint, clarifying the allegations, developing an investigation plan, deciding on the appropriate action.

Further guidance is provided by the NSW Ombudsman factsheet: [Investigation of complaints](#).

### **6.1.1 Manage the expectations of the person making a complaint**

Explain the complaint management process to the person making a complaint as early as possible. Speak to the person making a complaint again to find out what they think should happen to resolve the issue. This may reveal why they made the complaint in the first place. What they want to happen and what is a possible and reasonable outcome need to be balanced. For example, complaints about inadequate resources or government policy may not be readily resolved in the short term.

On the other hand, a simple explanation of an incident or treatment plan or outcome may suffice. This may mean obtaining a copy of the relevant medical records and going through them with the person making a complaint, or more appropriately, arranging to have an informed person who was involved with the provision of care to discuss what happened and what the notes mean. Likewise, providing access to medical tests, x-rays and reports may assist a person making a complaint to understand the basis for clinical decisions.

### **6.1.2 Clarify the allegations and the issues to be investigated**

It is important to clarify the allegations and ascertain if the complaint has arisen from personal agendas rather than from issues related to standards or conduct. For example, a personal dimension may include revenge. Another factor may be family conflict. All these will bear on the nature of the complaint or what is being sought in response to the complaint and may also determine what access you have to information.

In some cases, clarifying the allegations may mean not dealing with the matter at all, as it should be referred to another agency for action.

### 6.1.3 Develop an Investigation Plan

An [Investigation Plan \(see appendix\)](#) is a useful tool and provides a standard method to plan and keep an overview of the status of an investigation. The *Investigation Action Plan* is not a static document, as investigations rarely proceed as initially predicted. As new situations arise during an investigation, the plan will require review and modification. In planning an investigation:

- Consider who may be appropriate to provide specialist or expert advice/review.
- Consider whether information is needed from external agencies or from other areas in the hospital.
- Construct a chronology of events, or flow chart, particularly if the matter is complex.
- Consider if an interpreter is required.
- Consider whether an on-site investigation is appropriate for any physical evidence collected (see [Sample Receipt of Goods Form \(see appendix\)](#))
- Identify questions for witnesses.
- Identify handling factors.
- Establish time frames for actions.
- Ascertain whether the issue has been investigated in any other manner, e.g.RCA.

Develop questions for the key parties based on the analysis of the issues and information required. For example, if a person making a complaint alleges their elderly mother was misdiagnosed with pneumonia on admission. Typical questions could include:

- What is the subject's medical/surgical history?
- What were the clinical findings on presentation?
- What was your provisional diagnosis/differential diagnosis?
- What investigation(s) did you order/perform and what were the results?
- What treatment(s) were ordered and the patient's response?
- Were there complications or side-effects?
- What follow-up advice did you provide?

### 6.1.4 Information collection

Once the required information and the manner of its collection has been identified the investigator then gathers the pertinent data as per the Investigation Action Plan. It is at this stage that any identified respondents are requested to provide a response to the complaint. Any further action will depend on the nature of the response and information received.

### 6.1.5 Analyse the information collected

Analysis is an ongoing process during the investigation and is a critical component of adequate investigations.

After information has been gathered it has to be evaluated. This includes identifying:

- what can be agreed upon between the parties
- what facts are in dispute
- whether there is sufficient information to determine whether particular standards have been met
- whether there are inconsistencies
- whether there is independent verification
- what systemic and performance factors led to the outcome.

### 6.1.6 Prepare Investigation Report

At the conclusion of the fact-finding or investigative stage, a report is prepared. Depending on the complexity of the complaint, the detail of the report or the written response provided will vary. A report serves several functions:

- provides a concise record of the complaint, investigation process and outcome
- provides relevant information to the parties of a complaint
- provides a means of accountability concerning the investigation and how the outcome was reached
- provides a quality assurance check by ensuring that the relevant issues have been addressed in the investigation and whether the investigation process was appropriate: if not, there is an opportunity to address those issues prior to the conclusion of the matter.

The report:

- is a factual document that may be subject to internal and external review
- should contain an accurate, objective and comprehensive summary of the complaint, the issues it raises, the investigation, information received, analysis of issues, conclusions and recommendations
- should be marked 'confidential' in recognition that it may contain a range of information about different patients and staff, and care should be taken in responding to any requests for access to the report
- should be concise and comprehensive enough to cover the key issues and to demonstrate how conclusions were drawn
- may contain medical terminology if appropriate but should footnote the meanings if they are not clear or unlikely to be understood by the readers.

### **6.1.7 Structure of investigation reports and written responses**

When corresponding with the person making a complaint, health services may provide a written response in the form of a letter that covers the key steps and may include a copy of the report compiled by the investigator. Each written response or report will be different, depending on the type of complaint, but the following represents a format that sets out the key steps, as above, clearly and logically.

#### *The complaint*

This section should contain a concise summary of the complaint, any background information or patient history that provides a context for the complaint, and any relevant health outcomes.

#### *The issues*

All the issues raised by the complaint should be identified in this section. This includes the issues raised by the person making a complaint, and any other issues identified in the analysis of the complaint.

The manner in which each issue was dealt with should be described, e.g. investigated, resolved directly, not warranting further inquiry or being referred elsewhere if they fell outside the health service's jurisdiction etc.

#### *Information obtained*

It is not necessary to list all documents obtained, unless appropriate. A summary of information, however, adds clarity to the report, as they will be referred to in the body of the report.

#### *Analysis of issues*

Each issue is listed, relevant information summarised, any opinions in relation to each issue stated and a conclusion drawn for each issue.

All key information should be contained in this section. If there are varying versions of events, these should be stated. If there is any corroborating evidence to support any of the versions, these should be stated. If the conflicting information cannot be resolved, the reason should be stated.

If opinions have been expressed this should be included and any action, or not, arising should be stated and reasons given.

It should be clear how a conclusion was reached, based on the analysis for each issue.

#### *Action arising from the complaint*

In some instances, actions may be taken by NSW Health that address some or all of the issues during the investigation. For instance, an organisation and the investigator may identify a policy issue. The Ministry may review the policy and issue a new policy, whilst the investigation is in progress, which addresses the issue. There is no benefit in making a recommendation in an area where action has already been taken. The revised policy should be noted in the investigation report for completeness. It is also important to show what happened as a result of the complaint.

This section may also be used when information is received which results in a revision of the proposed recommendations.

#### *Discussion*

Not all reports need further discussion at this point. However, if there are numerous complex factors which need to be considered it is important to note these in order to account for the conclusions drawn. Mitigating circumstances, a demonstrated positive improvement in quality of the service arising because of the inquiry, are factors to be taken into account in making recommendations.

#### *Conclusion*

The overall conclusion will state whether the issues have been substantiated and a summary of any factors that may affect the recommendations made.

#### *Recommendations*

Drawing on from the conclusion, this section will state clearly what the investigator recommends.

## **7 RESOLVING COMPLAINTS**

At the end of the investigative stage, the parties to a complaint are advised about the outcome. This may be achieved by providing a copy of the investigation report or it may be more appropriate to communicate the report's information in a letter format. Where a number of individuals have been identified, it is essential for privacy considerations that the reports to individuals will only contain those aspects of the complaint that deal directly with them. The report will therefore need to be abridged, and a covering letter explaining why an edited version has been provided, for each individual respondent. Correspondence should set out the status of the complaint. Persons making a complaint should be advised that they might discuss the contents of the report or the conclusions, seek an interview or seek a review, and whom to contact if they wish to follow up any aspect of the investigation.

The provision of the report or written response is generally considered to conclude the service's handling of the matter with the parties directly involved. It may however become the basis for further discussion by the facility to enable aggrieved parties to discuss their concerns. One of the recommendations made may include offering the opportunity for the person/s making a complaint to discuss the findings in an informed way, and to come to any agreement as to future care and treatment needs, if relevant, or any other appropriate action. Should such a meeting be arranged, the person making a complaint should be offered the chance to bring a support person with them.

It may be that the person making a complaint is satisfied that their concerns have been taken seriously and there has been some acknowledgement of their grievances. In any case, persons making a complaint should be offered the opportunity to discuss the report with the author or decision maker.

When finalising the management of a complaint staff may wish to refer to the NSW Ombudsman factsheet: [Investigation of complaints](#) 2010.

## **7.1 Conciliation**

A complaint may not have been serious enough to warrant a full investigation, although a straightforward resolution may not be possible. Conciliation is a process whereby a conciliator facilitates the resolution of disputes. A complaint may be suitable for conciliation if there has been a breakdown in communication between the parties, if insufficient information was provided, if an inadequate explanation was given for an adverse outcome, or if there was an inadequate service.

Conciliation may take place on various levels, either at a semi-formal level using senior staff as conciliators, or at a more formal level of using the services of a trained and independent conciliator. The level of conciliation used depends on the nature of the complaint and the issues raised. Conciliation by a senior officer may be appropriate for issues concerning communication, perceived rudeness and misunderstandings concerning treatment, care and responsibilities and to maintain impartiality. Many of these issues may be dealt with locally, such as having the concerns discussed with the people concerned, but this may not be successful in diffusing a heated situation.

### **7.1.1 Formal conciliation**

In some complaints, having a senior member of staff facilitate is not sufficient or not appropriate in dealing with complaints, which may be more complex or serious for the person making a complaint. In these circumstances, bringing in a trained conciliator may be an effective means of resolving a dispute, especially if the perception of impartiality is an issue.

Access to a trained conciliator may be arranged by referring the matter to any formal conciliation service.

### **7.1.2 When conciliation is not appropriate**

- The complaint is very complex.
- The facts are in dispute and investigation is warranted.
- The complaint is of such seriousness that it must be investigated.
- The outcome expected by the person making a complaint cannot be delivered through conciliation.
- Conciliation may be used either when the complaint is received, however it can also be a recommended outcome following an investigation or review.

### **7.1.3 The Conciliation Process**

In some cases, an agreement to enter into more formalised mediation or conciliation may be appropriate. This approach is particularly appropriate in situations where the person making a complaint remains distressed about the events outlined in the complaint or where the person making a complaint is dependent on the health service, the subject of the complaint, for ongoing care. If a



complaint cannot be resolved satisfactorily at initial contact with the person making a complaint, or it is believed that the provision of the investigation report may not satisfactorily answer all of their concerns, the complaint process may need to be progressed to a resolution meeting.

At this stage, the steps are:

- Prepare for a resolution meeting
- Conduct the meeting
- Follow up outcomes of the meeting.

### **Prepare for a resolution meeting**

The more meticulous the preparation for a resolution meeting is, the higher the likelihood of a satisfactory outcome.

To prepare for a resolution meeting, you need to:

1. Nominate a facilitator to oversee the resolution process
2. Confirm the issues of the complaint
3. Gather the information required to resolve the complaint
4. Identify the relevant parties involved
5. Engage the person making a complaint in the process.

### **Nominate a facilitator**

Each organisation should have its own procedures and delegations to facilitate a resolution, and it is expected that the people handling complaints have sufficient authority to achieve a resolution.

### **Confirm the issues of the complaint**

The issues include the key concerns raised by the person making a complaint as well as any other issues that arise from the complaint. People rarely put their concerns in writing in a manner that reflects the main issues of concern. If any or all of the issues are unclear, this is the time to clarify them with the person making a complaint. It is strongly recommended that prior to moving from this stage you speak with the person making a complaint to clarify their issues of concern.

### **Identify the relevant parties**

The relevant parties are the people involved with the complaint and the people involved with the incident that is the basis of the complaint.

The people involved with the complaint is the person making a complaint, the patient who may or may not be the person making a complaint, parents of a patient, their carer, any significant others who may be witnesses, offspring, or close friends. The person making a complaint may also seek the support of a

patient representative or other advocate to attend any meeting that may be arranged as part of the resolution. The people involved with the incident may be the staff named in the complaint, the service provider, the staff of a unit in a hospital, one or two people who provided treatment or care. Not everyone who is involved with the incident may be held responsible, but they are relevant parties. Their information may contribute significantly to understanding the factors giving rise to the complaint, and their cooperation should be sought at an early stage to obtain their explanation of events. If language is an issue, an interpreter should be arranged to attend.

Note that the more people there are involved in the resolution, the less likely that it will be successful. Often, every participant has a different version of events, and every person has an emotional reaction to the event. The sum total of this can lead to difficulties, and little is achieved. If an agreement can be reached to limit the number to a few select key people, this will usually contribute to a more fruitful outcome.

Base your decision on who will attend a resolution meeting on the following:

- the express wishes of the person making a complaint for particular people to attend
- a variety of perceptions of an incident between the person making a complaint and the health providers, in which case the health provider should present their side of the matter
- the wishes of the health providers.
- Ensure all parties understand the resolution process and how the resolution is to be conducted.

### **Does the person making a complaint need an advocate?**

You may wish to encourage the person making a complaint to have a support person or advocate attend the resolution meeting. Advocate and support people may provide assistance in a number of ways, such as:

- Helping the person making a complaint feel supported and less vulnerable.
- Interpreting what has been said.
- Providing a debriefing after the meeting.

Having an advocate or support person attend is particularly important in the following circumstances:

- Strong emotions are expressed by the person making a complaint or the service provider.
- One or both parties are being inflexible.
- There are communication problems. The service provider displays actual or potential stereotypical views of the person making a complaint, for example, discrimination.

- The person making the complaint, or the subject of the complaint, is unwell.
- If more than two service providers need to attend the meeting.
- There is an imbalance of power.
- The service provider displays defensive or arrogant behaviour.
- The person making a complaint shows a significant lack of confidence in the process.

### **Engage the person making a complaint**

Engaging the person making a complaint in the resolution process demonstrates respect for their right to complain and to be taken seriously. Involving the person making a complaint may be a matter of explaining the process and assisting them to have a realistic expectation of the possible outcome of their complaint. In other cases, the person making a complaint is further involved if issues need to be clarified or further information obtained. It is a good opportunity to explain the complaint management process and determine whether further support will be required to assist them through the process.

If a person making a complaint is involved from the beginning, they are far more likely to be satisfied that the organisation is effectively dealing with their complaint. It also assists in restoring trust in the service by demonstrating that it can respond efficiently to consumer needs.

The person making a complaint is more likely to agree to a direct resolution of their concerns if they feel they are participants in the process.

### **Conducting a resolution meeting**

Resolution meetings are face-to-face meetings between the parties of a complaint and may be facilitated by a senior manager who is not a party to the complaint.

Prior to a resolution meeting, establish whether the complaint and any information obtained identify elements of poor care. If inadequate or inappropriate service has been identified, remedial action should be discussed at the meeting.

Resolution meetings provide an opportunity for:

- a clear understanding of the issues of concern by the person making a complaint and service provider
- all parties to be heard and feel respected
- informal apologies by service providers or managers
- solutions to be discussed and agreed upon.

### **Example format of a resolution meeting**

<b>Introduction</b>	The facilitator introduces everyone, and establishes any rules
<b>Sharing stories, versions, perceptions</b>	The parties in turn are provided with an opportunity to explain their experience
<b>Clarification</b>	The facilitator summarises what has been shared to clarify
<b>Issue and agenda setting</b>	The points for discussion/resolution are identified & agreed upon
<b>Identification of care and community standards</b>	The facilitator explains upfront points of clinical management and standards of care as a benchmark against which discussions may touch on.
<b>Exploration</b>	The facilitator leads discussion by exploring the significance of what was shared to bring insight between the parties
<b>Option Generation</b>	The parties generate options that are mutually agreeable
<b>Reality testing</b>	The facilitator tests the proposed options for fairness and viability
<b>Agreement</b>	What is agreed upon between parties is formalised
<b>Closure</b>	The facilitator summarises and thanks attendees

### Strategies to assist parties to adopt a more flexible approach

Inflexible attitudes or approaches to a resolution meeting will reduce the likelihood of a satisfactory outcome including service improvement. Approaches include:

- Clarifying and responding to beliefs, values, special circumstances, expectations and fear.
- Reality testing, i.e. providing information and other perspectives, and focussing on what is reasonable.
- Gently challenging attitudes.
- Allowing the parties to ventilate fears and anxieties.

### Recording resolution meetings

It is not necessary to make a verbatim recording of resolution meetings for several reasons. For example, people may be inhibited if every word uttered is recorded and it is not always possible to take comprehensive notes while participating in the meeting. Reading your notes at the end of the meeting will allow everyone present to reach agreement on content.

Essential elements to record include:

- Provider's response to the desired outcomes, in particular, reasons for non-agreement.
- Timeframes for implementing any changes to training, orientation, policy, etc.
- How the person making a complaint will be advised of completion of agreed-upon tasks.
- Any apology offered.

- Significant agreement or disagreement on facts.

### **Follow up outcomes arising from the meeting**

An offer to change services or processes in response to a person's concerns is appropriate and worthwhile. The person making a complaint may have more confidence that the changes will occur if they are provided with progress reports or feedback when the changes have been implemented. With this in mind, a timeframe to implement the change and a mechanism to provide feedback to the person making a complaint should be identified. It may be worthwhile involving the person making a complaint in the change process. The person making the complaint may be able to provide feedback on any proposed guidelines or policy, or participate in or attend training sessions.

#### **7.1.4 Decide on appropriate outcome for the complaint**

Appropriate action is required to adequately address poor systems or behaviour identified by the investigation and resolution process. Recommendations must be based on the evidence and informed by the principles of public interest and good governance.

Possible outcomes from managing complaints may include:

- Insufficient evidence
- No further action necessary
- No action possible
- Complaint not substantiated
- Information provided
- Resolution meeting
- Policy / protocol change
- Complaint substantiated
- Policy / protocol change
- Equipment reviewed / repaired / replaced
- Apology or other redress offered
- Staff education provided
- Resolution meeting
- Information provided
- Service to be provided
- Monitor trend
- Refer to a quality improvement committee or equivalent
- Community education
- Referred to appropriate authority, eg, HCCC, Ministry of Health, Police, professional bodies

- Conduct clinical audit
- Systems review
- Consideration of a financial settlement (subject to discussion with Treasury Managed Funds)
- Refer for action under another NSW Health policy.

## 8 AFTER THE COMPLAINT IS FINALISED

### 8.1 Review and appeal

People making a complaint need to know that if they are not satisfied with the outcome of an investigation or resolution process, there are avenues through which they may express their dissatisfaction and have available some access to a review process. A review process may involve a review by a more senior officer who will have a wider delegation to overturn a previous decision and consider remedies. Other options may be offering the opportunity of a meeting with a senior officer to discuss the concerns, entering into formal conciliation or utilising a mediator.

Complaints that are about communication are often conducive to this approach and may result in a formal apology on behalf of the organisation or a commitment to undertake corrective action. For example, a complaint may have been about perceived rudeness of a staff member towards a patient. The senior officer, having heard the complaint, may offer an apology and undertake to discuss the issue with the staff member concerned, or their supervisor. The person making a complaint then feels that their complaint has been validated, they have been heard, and corrective action taken. In some cases, a person making a complaint will remain aggrieved because they do not consider their issues have been addressed, nor will they be appeased if their perception is one of bias in the process. In instances where they have a view that the internal investigation was biased or incorrect, an independent review may be warranted or encouraged. Persons making a complaint may either refer the matter to the [Health Care Complaints Commission](#) or may take their concerns to the Ministry of Health, the Ombudsman or even the Independent Commission Against Corruption (ICAC). NSW Health organisations should take all reasonable steps to seek to address concerns and support a person making a complaint. It may be, however, that some persons making a complaint will never be fully satisfied and other solutions may be required. In such cases, the organisation may wish to consider other options such as offering grief counselling, referral to support agencies etc., or, as noted above, referral to external investigative agencies.

Further guidance:  
NSW Ombudsman factsheet [Apologies](#) .

## **8.2 Recording and using complaints data**

Complaints information is used to record data, to monitor trends and to assist in service quality improvement. At the conclusion of managing a complaint and when the parties have been informed of the outcome, review for opportunity for improvement should then be considered. In fact, this should be considered in the course of resolving the complaint and the recommendations should reflect this. After the complaint has been concluded, actions to ensure that the identified opportunities for service improvement should be put into motion. Action may include referring recommendations to the relevant person or committee responsible, providing a report to senior management and having a system in place which allows for follow-up of actions recommended to ensure the recommendations do not falter or fail to progress.

For information arising from complaints to make a difference, effective processes must be in place to ensure that the information is taken on, considered and integrated, and that the people who need to know are informed and accountable. Complaint data is recorded via the document management system or Incident Information Management System. This information provides performance indicators that form the basis for improvements in complaints handling. Trend analysis will provide evidence that information is used to improve practice.

## 9 REFERENCES

1. The Australian Charter of Healthcare Rights, 2019.
2. The Australian Council for Safety and Quality in Health Care, Complaints Management Handbook for Healthcare Services, 2005.
3. NSW Health, Complaint Management Policy.
4. NSW Health, Incident Management Policy.
5. NSW Health, Privacy Manual for Health Information.
6. NSW Health, Records Management Statement.
7. NSW Ombudsman factsheet, Apologies.
8. NSW Ombudsman factsheet, Handling Complaints.
9. NSW Ombudsman factsheet, Investigation of complaints.
10. NSW Ombudsman factsheet, Respectful treatment.
11. NSW Ombudsman factsheet, Tips for accessible complaint handling.



## 10 APPENDICES

### 10.1 Dealing with Complaints – Easy Reference

Remember, complaints are a valuable source of feedback. People making a complaint should be treated with respect and their complaint appropriately managed.

#### **What to do when receiving a complaint**

- Introduce yourself.
- Listen carefully to what the consumer is saying.
- Try to see things from their point of view.
- Clarify anything you're not sure about.
- Deal with the issue on the spot if possible.
- Write down the details on a complaint/feedback form for later entry into the system.
- Thank the person for their feedback.
- Tell them what will happen next.

#### **What NOT to do when receiving a complaint**

- Be defensive, blame others or take it personally.
- Make assumptions without checking your facts.
- Argue with the consumer.
- Be dismissive – it takes courage to complain.

#### **Difficult situations**

- Remain polite and respectful.
- Focus on the issue at hand, rather than the personalities.
- Take time to understand what the problem is – there may be an easy solution.
- Be prepared to listen, without getting caught up in emotions – the person wants to be heard.
- Be patient.
- Provide information or an expression of regret as appropriate.
- Ask another staff member for help if necessary.

## 10.2 Sample Patient Authority Form

To obtain personal health information from external service providers

*(A separate form is to be completed for each clinician or organisation from whom records or information is requested)*

I, \_\_\_\_\_ of \_\_\_\_\_

hereby authorise officers of the \_\_\_\_\_ [organisation] to access  
(including the right to request, inspect, copy and retain) information held by  
\_\_\_\_\_ and relating to \_\_\_\_\_

including access to the following information:

all medical records

all reports and other correspondence

\_\_\_\_\_

I also authorise the provision of a report by \_\_\_\_\_

\_\_\_\_\_

in response to a request from the [organisation].

### **PARTICULARS:**

Full name of person giving Authority: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Address at time of treatment: \_\_\_\_\_

\_\_\_\_\_

Period of treatment covered by this authority: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

NSW Health use only

File No.:

Officer's Reference:

### 10.3 Sample Release of Information Form

#### For third party Complaints

I, \_\_\_\_\_ of \_\_\_\_\_  
 hereby authorise officers of the \_\_\_\_\_ [organisation] to release  
 information held by \_\_\_\_\_  
 to \_\_\_\_\_  
 of \_\_\_\_\_ Phone \_\_\_\_\_

This authorisation includes release of the following information:

1. all information obtained by the [organisation] in relation to the complaint concerning \_\_\_\_\_ including any investigation report and/or
2. \_\_\_\_\_
3. \_\_\_\_\_

**PARTICULARS:**

Full name of person giving Authority: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Address at time of treatment: \_\_\_\_\_

\_\_\_\_\_

Period of treatment covered by this authority: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Person giving Authority

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### 10.4 Sample Receipt of Goods Form

#### For physical evidence collected

File/IIMS No: \_\_\_\_\_

I,.....(name and designation of Health Service officer) hereby acknowledge receipt of the following item(s) from ..... (name of person providing goods):

\_\_\_\_\_

[List and brief description of document(s)/item(s)].

1.

2.

3.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(NSW Health Officer)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Person Providing Goods)

## 10.5 Record of Investigation

<b>(TRIM &amp; FILE NO.) - (ORGANISATION) (Original Case No. ##)</b>	
<b>INVESTIGATION STATUS: (OPEN / CLOSED)</b>	
DATE CLOSED:	

DATE RECEIVED	DATE ALLOCATED	OFFICER MANAGING	
SOURCE OF COMPLAINT		SUBJECT OF COMPLAINT	STAKEHOLDERS
1.		1.	1.
2.		2.	2.
3.		3.	3.

ALLEGATIONS	
1.	
2.	
3.	
4.	
5.	
6.	

ACTIONS				
ACTIONED BY	DATE	DESCRIPTION OF ACTIONS	DATE FINALISED	TRIM
OUTCOME				
SUMMARY				
LESSONS LEARNED				

### 10.6 Sample Statement Format

\_\_\_\_\_  
Name:

Address:

Occupati

on:

Date:  
\_\_\_\_\_

This statement made by me accurately sets out the evidence which I would be prepared, if necessary, to give in Court as a witness. The statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything that I know to be false or do not believe to be true.<sup>1</sup>

- 1. I am..... years old.
- 2.
- 3. My occupation is .....
- 4. My qualifications are.....
- 5. My qualifications are.....
- 6. Rest of statement.

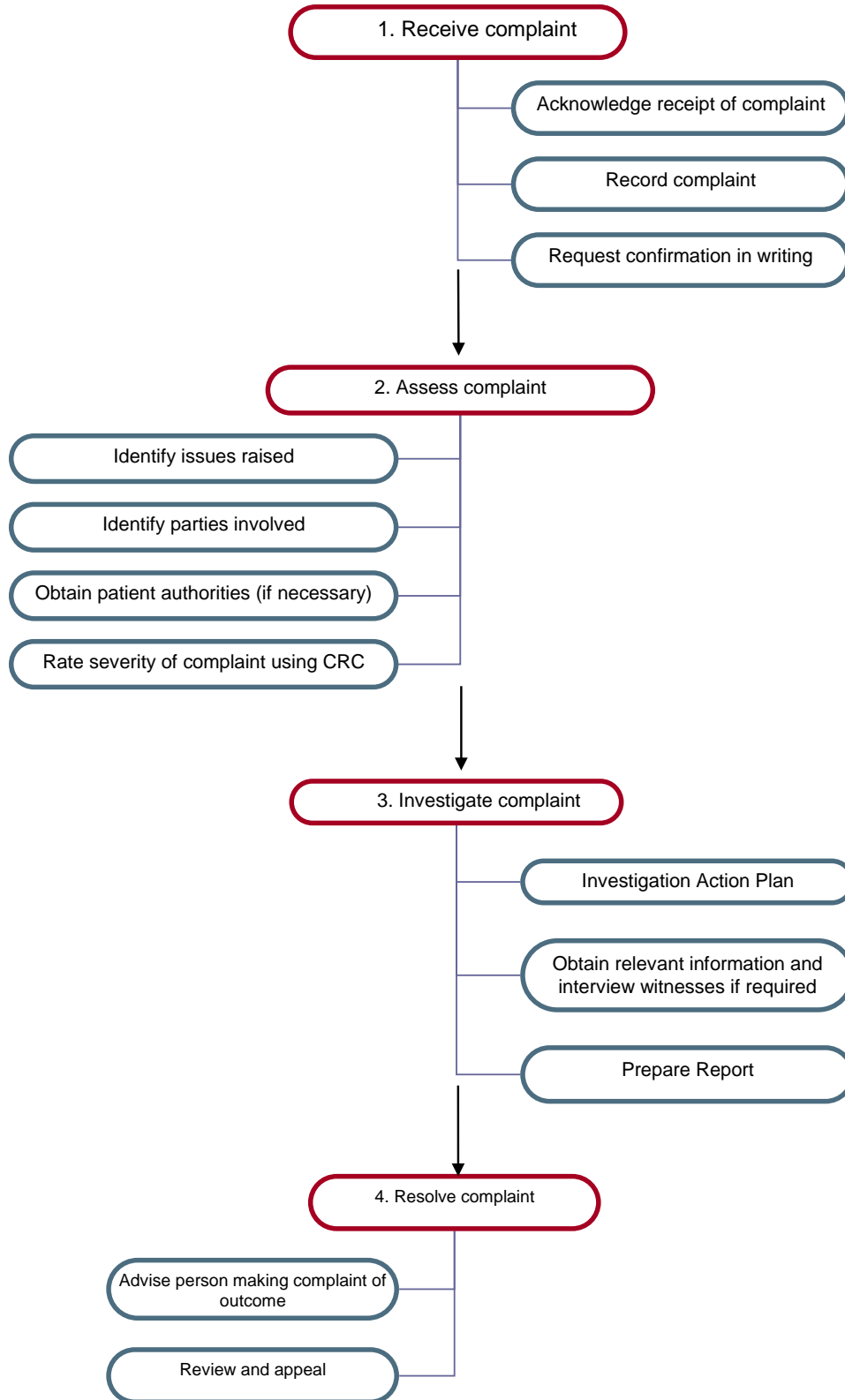
END OF STATEMENT

Signature:  
Witness:

Date:

<sup>1</sup> This section is optional. It may be included if the investigator believes that the statement may be rendered in Court. A simpler formula to use is: This statement made by me is true to the best of my knowledge and belief.

### 10.7 Complaint Management Policy Flowchart



## 10.8 Commitments to effective Complaint Handling

The following table outlines the six high level principles-based 'Commitments to Effective Complaint Handling' developed by the NSW Ombudsman and Customer Service Commissioner, based on feedback from customers. They are to be implemented by all the major agencies within the 10 NSW Government clusters.

<b>Commitment</b>	<b>At a glance</b>
1. Respectful treatment	We are responsive and treat our customers with courtesy and respect.
2. Information and accessibility	We make it easy for our customers to give us feedback so we can make improvements.
3. Good communication	We keep our customers informed about the status of their complaint or feedback.
4. Taking ownership	We are trained and skilled to manage customer complaints and one person, or our team, will manage the complaint.
5. Timeliness	We do our best to deal with customer complaints as soon as possible. Our customers know our timeframes for finalising their complaint.
6. Transparency	We record and analyse information on our complaint handling processes to help improve our services.