

<b>NAME OF DOCUMENT</b>	SESLHD Complaint Handling Framework
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<b>SUMMARY</b>	To provide guidance to SESLHD staff members on the key principles and concepts of an effective and efficient complaint management system.

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## SESLHD Complaint Handling Framework

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## Section 1 - Background

The framework is intended to provide guidance to SESLHD staff members on the key principles and concepts of an effective and efficient complaint management system.

The framework provides guidance to staff on how complaints should be managed specifically by the organisation in accordance with NSW Health policy:

- [Complaint Management Policy](#) PD2006\_073
- [Complaint Management Guidelines](#) GL2006\_023

SESLHD staff are encouraged to adhere to the framework through regular reporting and reviews.

Staff grievances, code of conduct complaints and public interest disclosures are dealt with through separate mechanisms. Documents relating to these matters can be accessed at the following links.

[SESLHDPR/290 Promoting a positive and respectful Workplace – Preventing and managing Workplace Bullying and Harassment](#)

[SESLHDPD/248 Industrial relations](#)

[SESLHDPD/266 Reporting Policy \(Internal and External Channels\)](#)

[Managing Complaints and Concerns about Clinicians](#)

[NSW Health Code of Conduct](#)

## Section 2 - Principles

The framework is intended to ensure that SESLHD employees handle complaints fairly, efficiently and effectively.

SESLHD complaint management system is intended to:

- enable staff members to respond to issues raised by people making complaints in a timely and cost-effective way
- boost public confidence in the local health district's administrative process
- provide information that can be used by the local health district to deliver quality improvements in our services, staff and complaint handling.

The framework provides guidance on the key principles and concepts of complaints handling at SESLHD.

The framework guides all staff receiving or managing complaints from the public regarding our services and staff.

SESLHD has a person centred approach to complaint management which is informed by the needs of the complainant. The SESLHD Complaint Handling Framework guides the process but is not intended to be prescriptive.

Staff grievances, code of conduct issues, management of performance issues and public interest disclosures are not covered by this framework and are dealt with through separate mechanisms.

## Section 3 – Definitions

<b>Apology</b>	<p>An apology is an expression of sympathy or regret, or of a general sense of benevolence or compassion, in connection with any matter whether or not the apology admits or implies an admission of fault in connection with the matter. It should also acknowledge the consequences of the situation to the recipient.</p> <p><b>It must include the words “I am sorry” or “we are sorry”.</b></p> <p>Under Section 69 of the <i>NSW Civil Liability Act 2002</i>, the effect of apology on liability:</p> <p>(1) An apology made by or on behalf of a person in connection with any matter alleged to have been caused by the person:</p> <p>(a) does not constitute an express or implied admission of fault or liability by the person in connection with that matter, and</p> <p>(b) is not relevant to the determination of fault or liability in connection with a matter.</p> <p>(2) Evidence of an apology made by or on behalf of a person in connection with any matter alleged to have been caused by the person is not admissible in any civil proceedings as evidence of the fault or liability of the person in connection with that matter.</p>
<b>Local Health District</b>	Organisations constituted under the <i>Health Services Act 1997</i> that are principally concerned with the provision of health services to residents within a designated geographic area.
<b>Clinician</b>	A health practitioner or health service provider regardless of whether the person is registered under a health registration act.
<b>Complainant</b>	Any member of the public or external organisation making a complaint. A complainant may choose to remain anonymous.
<b>Complaint</b>	A patient complaint is: An expression of dissatisfaction with a service that may have one or more issues associated with it. A patient complaint may be raised by the person affected; a third party on behalf of the person affected (e.g. relative); a staff member on behalf of the person affected.
<b>Complaint Management</b>	Involves IIMS notification and acknowledgement, assessment, information collection, analysis, review and appropriate action.
<b>Clinical Governance</b>	Clinical governance can be considered as the responsibility of governing bodies to demonstrate sound strategic and policy leadership in clinical safety and quality, to ensure appropriate safety and quality systems are in place and to ensure organisational accountability for safety and quality.
<b>Frontline staff</b>	Employees that work directly with patients, client and consumers

<b>Grievance</b>	<p>A personal complaint or difficulty about a work related issue that affects a staff member and that he/she considers being discriminatory, unfair or unjustified. This includes:</p> <ol style="list-style-type: none"> <li>A workplace communication or interpersonal conflict.</li> <li>An occupational health and safety issue.</li> <li>An allegation of discrimination within the meaning of the Anti-Discrimination Act 1977, including harassment.</li> <li>Concerns regarding allocation of work, job design, or performance management.</li> <li>Concerns regarding the interpretation and application of conditions of employment.</li> </ol> <p>An employee grievance (i.e. expression of unfairness or injustice) is not a complaint and processes for dealing with a grievance differ from those processes that deal with a complaint.</p>
<b>IIMS</b>	NSW Health Incident Information Management System. A database and system for recording the details of clinical and corporate incidents including complaints from consumers about our services. The system records the management and outcomes of incidents and complaints.
<b>Incident</b>	Any unplanned event resulting in, or with the potential for, injury, damage or other loss including reputational.
<b>Incident Management</b>	A systematic process for identifying, notifying, prioritising, investigating and managing the outcomes of an incident.
<b>Investigation</b>	The process of using inquiry and examination to gather facts and information in order to resolve an issue.
<b>Jurisdiction</b>	<p>A sphere of authority:</p> <ol style="list-style-type: none"> <li>The limits within which any particular power may be exercised, e.g. the NSW Police Service, Family and Community Services (FACS); or</li> <li>Within which a government or a court has authority, e.g. the NSW Government, the State Government of Victoria, the Coroner's Court of NSW, the Mental Health Review Tribunal.</li> </ol>
<b>KPI</b>	Key Performance Indicator
<b>Notification</b>	The process of entering or documenting data about a complaint into the IIMS.
<b>Natural Justice</b>	Each party has a right to hear the allegations made against them; each party has an opportunity to respond to those allegations. All parties must be kept informed concerning the progress of the complaint.
<b>Open Disclosure</b>	An open discussion with a patient and/or their support persons about a patient safety incident which could have or did result in harm to that patient while they were receiving health care
<b>Parties</b>	Persons or bodies who are in a dispute that is handled through a dispute resolution process.
<b>Procedural Fairness</b>	The process of providing staff with information about the allegations against them (with as much detail as possible) and their rights. Giving staff the opportunity to respond to the allegations and to put their case. Conducting investigations without undue delay. Maintaining good records for the process
<b>Public Interest</b>	Anything affecting the rights, health or finances of the public at large.
<b>Root Cause Analysis</b>	A method used to investigate and analyse a clinical SAC 1 or serious incident to identify the root causes and factors that contributed to the incident and to recommend actions to prevent a similar occurrence. Root Cause Analysis (RCA) investigations are privileged under the Health Services Act.

<p><b>Severity Assessment Code (SAC)</b></p>	<p>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.</p>
<p><b>Serious Complaints</b></p>	<p>Serious complaints are those in which:</p> <ol style="list-style-type: none"> <li>There is a credible allegation from patients or relatives which relates to a clinician's performance that led to a serious adverse outcome (SAC 1 or 2), or</li> <li>There is a possibility of the complaint being made in a public domain with serious adverse impact on the Health Service's reputation, or</li> <li>The complaint raises process issues that require management by an independent manager within the Health Service, or</li> <li>A complainant will not engage with senior staff at a facility level, or</li> <li>The Chief Executive has determined that high level management is required.</li> </ol>
<p><b>Vexatious or Frivolous Complaints</b></p>	<p>Vexatious or frivolous complaints are those matters that are clearly insufficient in substance or are not calculated to lead to any practical result having one or more of the following characteristics:</p> <ol style="list-style-type: none"> <li>Essentially illogical, e.g. no cause or relationship is effectively established between an alleged act and its alleged consequences.</li> <li>Whilst not logically impossible, requires a great deal of faith to agree to the likelihood, e.g. a complainant alleges they have become caught in a web of conspiracy.</li> <li>Can be often characterised by the complainant ignoring requests to provide specific information to back up the original, somewhat illogical, complaint.</li> <li>Can be of little or no weight or importance or not worth serious attention.</li> <li>Can be one that is manifestly futile.</li> </ol>

## Section 4 - Responsibilities

SESLHD expects staff at all levels to be committed to fair, effective and efficient complaint handling. The following information outlines the nature of the commitment expected from staff and the way that commitment should be implemented. The principles of Open Disclosure are to be incorporated into the complaint management process.

### Chief Executive is responsible for:

- Promoting a culture that values complaints and their effective resolution, and that encourages staff to make recommendations for system improvements
- Providing adequate support and direction to key staff responsible for handling complaints
- Regularly reviewing reports about complaint trends and issues arising from complaints
- Encouraging all staff to be alert to complaints and assist those responsible for handling complaints resolve them promptly
- Recognising and rewarding good complaint handling by staff
- Supporting recommendations for the health service, staff and complaint handling improvements arising from the analysis of complaint data
- Approving and signing complaint responses for the Minister for Health, Ministry of Health (MoH) and the Health Care Complaints Commission (HCCC) or have otherwise been specifically addressed, assigned or delegated to the Chief Executive.

### General Manager/ Heads of Departments are responsible for:

- Establishing and managing a local complaint management system
- Approving and signing written responses to complainants
- Providing regular reports to Chief Executive on issues arising from complaint handling
- Ensuring recommendations arising out of complaint data analysis are canvassed with the Chief Executive and implemented where appropriate
- Training and empowering staff to resolve complaints promptly and in accordance with NSW MoH and SESLHD's policies and procedures
- Encouraging staff managing complaints to provide suggestions on ways to improve SESLHD's complaint management system
- Encouraging all staff to be alert to complaints and assist those responsible for handling complaints to resolve them promptly
- Recognising and rewarding good complaint handling by staff
- Implementing changes which have resulted from issues and themes identified by complaints
- Encouraging staff to make recommendations for system improvements.

### Staff (Line managers) whose duties include complaint handling are responsible for

- Demonstrating exemplary complaint handling practices
- Treating all people with respect, including people who make complaints
- Assisting people to make a complaint, if needed
- Handling complaints in accordance with the terms set out in this framework
- Conducting a comprehensive complaints investigation and providing a verbal response or preparing a written response within the specified timeframe



- Collaborating with complaints officers during the complaint management process
- Completing the necessary IIMS records
- Providing feedback to executive management on issues arising from complaints
- Implementing changes arising from individual complaints and from the analysis of complaint data as directed by management.

**Staff whose duties include complaint handling are responsible for:**

- Demonstrating exemplary complaint handling practices
- Treating all people with respect, including people who make complaints
- Assisting people to make a complaint, if needed
- Handling complaints in accordance with the terms set out in this framework
- Coordinating and providing administrative support during the complaints management process
- Remaining informed about best practice in complaint handling
- Providing education on the complaints management processes
- Providing feedback to management on issues arising from complaints
- Providing suggestions to management on ways to improve SESLHD's complaints management system.

**All staff are responsible for:**

- Understanding and complying with SESLHD's complaint handling practices
- Treating all people with respect, including people who make complaints
- Being aware of SESLHD's complaint handling framework
- Assisting people who wish to make complaints, to access SESLHD's complaints process
- Being alert to complaints and assisting the local management of complaints in the first instance and escalate when required.
- Providing feedback to management by promptly reporting complaints
- Participating in local discussions about issues identified by complaints and implementing changes as a result.

## Section 5 – Complaint Management

### 5.1 Receiving Complaints

Complaints may be received in person, over the telephone, by email, through electronic applications or in writing. Staff at all levels must accept complaints and know what action they can take to resolve them.

Complaints should be managed:

- At the point of service
- Through a staged process
- If required, through referral to an external body/agency
- Where possible, complaints should be dealt with directly and quickly at the point where the problem arises
- Complaints received from the Health Care Complaints Commission or the Ministry of Health are triaged via SESLHD Executive Services and the Clinical Governance Unit for investigation and response from the relevant facility.

#### 5.1.1 When complaints are received verbally by frontline staff, the staff should:

- Listen to the complainants concerns
- Express empathy and understanding
- Give an apology for the distress caused
- Provide the complainant with an explanation
- If appropriate, ask the complainant what would help them to resolve their concerns
- Suggest a solution if the complainant is unsure of the available options
- When relevant, Open Disclosure should be undertaken
- Provide feedback to the complainant when their complaint has been resolved
- Document the incident (in IIMS), including the action taken and resolution
- Know when to escalate the complaint. For example, to the line or service manager, the hospital's complaints manager, or the after-hours hospital manager
- Register the complaint on IIMS. (NB: the staff member receiving the complaint is responsible for completing the IIMS notification)
- The complainant should be allowed to make the complaint in a way they are comfortable with. If the complainant would prefer to speak with an alternative staff member, it may be necessary to direct them to staff outside the immediate clinical care team, such as the appropriate line or senior manager, or the facility complaints manager. They can be offered alternative ways to make their complaint, such as to the Director Clinical Governance or to the Chief Executive. The recipient of the complaint will then inform the complainant of the next course of action that will be taken.

### 5.2 Escalation Process

Patient clinical complaints are referred to the next level of management when the matter is outside delegation or is unresolved. The escalation process proceeds as follows:

- Immediate line manager
- Operational manager/head of department and/or complaints manager as appropriate
- General Manager
- Director Clinical Governance
- Chief Executive.

### 5.2.1 Frontline staff should escalate complaints to a line manager if they:

- Remain unresolved
- Involve serious consequences, or have a high risk of serious consequences
- Involve complex medical issues or a number of different staff
- Need action that is beyond the responsibility of the staff at point of service
- Have potential for media exposure and adverse risk to the reputation of the organisation
- Relate to child protection reports made to Family and Community Services (FACS)
- Require escalation or reporting to an external body under any NSW Health Policy Directive.

### 5.2.2 Further escalation and special circumstances

- The Unit involved, with support from a designated complaints manager (if necessary), should deal with complaints. However, for more serious matters or those with broader implications for the health service, senior management and the executive must be informed and may advise on the handling of the complaint.
- The line manager and Tier 2 Executive/Chief Executive should always be notified if the complainant advises that they will direct their concerns to an external agency and/or media outlet.
- If a clinical incident has triggered the complaint, it may be necessary to notify the health service's insurer or obtain legal advice. This should not interfere with the aim of resolving the complaint quickly and amicably.
- Some high level Open Disclosure should be undertaken before resolution.
- If an individual seeks an external authority to investigate a complaint, advice on access to the Health Care Complaints Commission (HCCC) should be provided.
- If the complaint relates to a child protection matter that has been reported to Family and Community Services (FACS), managers need to be aware that the identity of reporters is protected under the *Children and Young Persons (Care and Protection) Act 1998*. Health Services are not required to acknowledge or confirm that a report has been made to FACS, in order to protect staff and ensure that the identity of a reporter cannot be deduced.

## 5.3 Registering and Acknowledging Complaints

As soon as a patient's complaint is received:

- The complaint must be registered/notified on IIMS via the Complaint Notification Form and allocated a Severity Assessment Code (SAC)

- If it involves a clinical incident (already entered in IIMS), the IIMS complaint entry must be linked to the IIMS Clinical Incident Form. The presence of a clinical incident form should be checked.
- Ask the complainant how they would like their complaint resolved, the options may include a face to face meeting, phone call and/or letter from General Manager
- All written or email patient complaints must be acknowledged within **five calendar days**; acknowledgements should be in writing.
- Written or email acknowledgement should:
  - Include acknowledgment of the complainant's experience with an apology where relevant
  - Explain the complaints handling process, including expected timeframes
  - Identify a contact person/details should the complainant wish to communicate during the complaint handling process
- Verbal patient complaints are acknowledged at the time of contact and should include the same information as for written complaints.

## 5.4 Initial Assessment

There are several steps a health service must take in assessing a complaint:

### 5.4.1 Identify the issues raised

- Identify each issue for resolution, which includes each concern raised by the complainant
- If any or all of the issues are unclear, clarify them with the complainant before progressing the matter
- Identify any special needs such as disabilities or cultural matters that should be considered in the provision of care or response to the complaint
- Where issues identify a SAC 1 or 2 clinical incident. This should be discussed with the General Manager to determine if the Incident Investigation and Open Disclosure Process to be followed.

### 5.4.2 Identify the parties involved

- The relevant line managers of staff involved with the patient complaint are to be notified
- The relevant staff should be advised of the issues in the complaint and asked for their response
- If individual clinicians are identified in a complaint, they must be advised of the concern in keeping with the directives of the Managing Complaints and Concerns about Clinicians PD2018\_032.

### 5.4.3 Privacy

- The identity of people making complaints will be protected where this is practical and appropriate.
- Complaint information is not included in the patient's medical record
- Personal information that identifies individuals will only be disclosed or used by SESLHD

as permitted under the relevant privacy laws, secrecy provisions and any relevant confidentiality obligations.

#### 5.4.4 Rate the severity of the complaint

- Use the Severity Assessment Code (SAC) as per the NSW Health policy directive PD2014\_004 [Incident Management Policy](#).
- The notifying staff member assigns the complaint an initial SAC rating in IIMS, which will be subsequently confirmed or amended by the designated facility complaints manager.

#### 5.5 Investigate the complaint

- The purpose of investigation is to obtain a sufficient amount of clinical and other information to decide what has happened and to identify appropriate action. Not all complaints need to be actioned in the same manner.
- Accurate information must be obtained, from the medical record and staff involved. Providing a complainant with inaccurate information will negatively impact the resolution.
- The extent of information gathered that is required to obtain a response is determined by the seriousness of the complaint and what the complainant expects as an outcome.
- The complaints manager assigns the complaint to the relevant person to co-ordinate the investigation and prepare a response.
- As information is collected, it must be analysed and reviewed and the most appropriate resolution pathway agreed.

#### 5.6 Respond

- Actions taken by the facility to resolve a complaint must be based on the evidence, address any system, process or practitioner issues, and be informed by the principles of public interest and good clinical governance.
- Options for appropriate action may include:
  - Offering an apology (always)
  - Provide an explanation
  - Detail what actions have been taken to prevent re-occurrence
  - Consider offering a meeting to allow for face to face apology, discussion and explanation. Such meetings may need to be facilitated
  - Consider the option of waiving fees, providing out of pocket expenses
  - Provide contact name and details should the complainant wish to discuss the issue further.

#### 5.7 Complaint Resolution - Final Response

- Final responses may be in the form of verbal feedback if the complaint has been received in person or by phone
- Complex matters must be responded to in writing

- The final response must include:
  - An apology. *NB: This is not about accepting blame or fault, but an acknowledgement of the complainant's experience and their feelings*
  - Address each of the points the complainant has raised with a full explanation or give the reason(s) why this is not possible. If there is a reason why a specific issue cannot be addressed this should be stated. Adopt a non-defensive tone.
  - Give specific details about the investigation, i.e. sources of information, what was discovered, etc
  - Give details of action taken or planned as a result of the complaint and how any changes in practice or policy will be monitored and evaluated
  - Provide the name and telephone number of the facility manager or investigating officer for further queries/discussion.
- If prior verbal feedback to the patient/carer has not occurred, the written response may include an offer for the complainant to meet with senior clinical/service managers. Include details of further action available to the complainant.
- If the complaint has been managed verbally or in a meeting the final written response can be less detailed if requested by the patient.
- The General Manager will sign letters for complaints received at facility level.
- The Chief Executive (or delegate) will sign complaints received through the District Executive Office, the HCCC, Ministry of Health or Minister for Health.
- All outgoing correspondence must be entered into SESLHD's Electronic Document and Records Management System, and the record reference number must be inserted at the top right hand corner of the letter of reply to the client.
- As far as possible, the facility/complaint manager should ensure that department heads and staff members who have been involved in the complaint investigation have the opportunity to see the response before it is sent for final signature.
- Provide feedback to all staff involved.

The final response will be:

- Sent to the complainant by post or electronic mail. Generally the same method as was received. A signed copy attached to the complaint management file.
- Timeframes for answering further correspondence will be as those for the first response.

#### **MAXIMUM TIMEFRAMES**

<b>Acknowledgement</b>	<b>Within five calendar days</b>
<b>Progress Report (IIMS)</b>	<b>If complaint not concluded after 35 days</b>
<b>Response</b>	<b>Within 35 calendar days</b>

Note:

1. The above-listed timeframes for progress reports and final responses to complaints are not applicable to Ministerial and HCCC complaint matters.
2. The Minister's Office determines the required timeframe for Ministerial responses, which may vary from a few hours to four weeks.
3. Ministerial complaints do not require acknowledgement, but early telephone contact with the patient/carer is preferred.
4. The HCCC requires a written response to the complaint within 28 days of the date of their letter to the health service provider.
5. The HCCC may request confirmation that their letter has been received by the facility.
6. The above listed timeframes are the MAXIMUM recommended. Most complaints can be dealt with more quickly. For example a complaint received by email should be acknowledged by email within two working days. It is not reasonable for a response to a simple email to take 35 days.

## 5.8 Analysis and Review

As information is collected, it must be analysed and reviewed, and the most appropriate resolution pathway agreed.

As a result of the analysis of the complaint consider:

- Developing or amending policy/procedure
- Training/educating staff or public
- Modification of the environment
- Requesting a formal review
- Direction to management to review outcomes
- Ongoing monitoring of an issue, or
- No action recommended.

The hospital executive management team may advise that a significant complaint be investigated by detailed clinical review or Root Cause Analysis (RCA).

Complaint information is tabled for discussion at facility Quality and Patient Safety meetings, and aggregated complaint information will be used to inform improvement initiatives.

## 5.9 Managing complaints involving multiple agencies

SESLHD is responsible for addressing the issues which have occurred in this Local Health District and will collaborate to ensure that communication with the person making a complaint and/or their representative is clear and coordinated.

Subject to privacy and confidentiality considerations, communication and information sharing between the parties will also be organised to facilitate a timely response to the complaint.

Where a complaint involves multiple areas within the District, responsibility for communicating with the person making the complaint and/or their representative will be coordinated.

Where our services are contracted out, it is expected that contracted service providers will have an accessible and comprehensive complaint management system. Complaints are taken not only about the actions of SESLHD staff but also the actions of service providers. When similar complaints are made by related parties SESLHD will try to arrange to communicate with a single representative of the group.

### 5.9.1 Health Care Complaints Commission

The Health Care Complaints Commission (HCCC) is an independent body which acts to protect public health and safety by resolving, investigating and prosecuting complaints about health care.

- The HCCC forwards complaints regarding SESLHD to SESLHD Executive Services
- CGU records and forwards the complaint to the relevant service for investigation and response. A copy of the patients medical record may be requested
- A response is prepared for the HCCC assessment officer, which will be sent to the complainant unless otherwise requested
- A brief is prepared for the SESLHD Chief Executive
- The response and brief is approved by the General manager
- The response and brief is approved by the Director of Clinical Governance
- The response is reviewed by Executive Services
- The response and brief is approved by the Chief Executive
- The response is submitted to the HCCC within the specified time frame
- Following assessment the complaint can be referred for facilitated resolution or conciliation
- Some complaints are managed by an agreed “local resolution” process whereby the facility resolves the complaint directly with the complainant. Outcomes of local resolutions are reported back to the HCCC.

### 5.9.2 NSW Ministry of Health

- The Minister’s Office (MO) receives the correspondence which ranges widely in subject, tone, length and form. All correspondence requires a response that is consistent, timely and that addresses the facts
- The MO decides whether a response will be sent to the author, who will sign the response and the timeframe
- Most of the correspondence the Ministers receive will be either from an MP or MLC, a key stakeholder, a patient or their representative or a member of the public
- The MO advise how the correspondence should be treated
- The Ministry of Health allocates the correspondence to the LHD
- Executive Services register the Ministerial in Content Manager and allocate the request to the relevant General Manager or Service Director. A timeframe will be specified by Executive Services based on the request from the MO.
- The relevant template will be attached to the request when issued by Executive Services.
- The draft Ministerial response must be approved by the relevant General Manager/ Service Director and returned to Executive Services.



## 5.10 Managing unreasonable conduct by people making complaints

SESLHD is committed to being accessible and responsive to all people who approach us with feedback or complaints. At the same time our success depends on:

- our ability to do our work and perform our functions in the most effective and efficient way possible
- the health, safety and security of our staff
- our ability to allocate our resources fairly across all the complaints we receive.

When people behave unreasonably in their dealings with us, their conduct can significantly affect the progress and efficiency of our work. As a result, we will take proactive and decisive action to manage any conduct that negatively and unreasonably affects us and will support our staff to do the same in accordance with this framework.

For further information on managing unreasonable conduct by people making complaints please see the Ombudsman's [Managing Unreasonable Complainant Conduct Manual](#).

## 5.11 Accountability and learning

### 5.11.1 Analysis and evaluation of complaints

SESLHD will ensure that complaints are recorded in a systematic way so that information can be easily retrieved for reporting and analysis.

Regular analysis of reports will be undertaken to monitor trends, measure the quality of our customer service and make improvements.

Reports and their analysis will be provided to the General Manager/ senior management and may be requested by the Chief Executive.

### 5.11.2 Monitoring of the complaint management system

SESLHD will continually monitor the complaint management system to:

- ensure its effectiveness in responding to and resolving complaints
- identify and correct deficiencies in the operation of the system

Monitoring may include the use of audits, complaint satisfaction surveys and online listening tools and alerts.

SESLHD facilities report issues identified by complaints at their Quality and Patient Safety Committee meetings.

### 5.11.3 Continuous improvement

SESLHD is committed to improving the effectiveness and efficiency of the complaint management system. To this end, SESLHD will:

- support the making and appropriate resolution of complaints

- implement best practices in complaint handling
- recognise and reward exemplary complaint handling by staff
- regularly review the complaints management system and complaint data
- implement appropriate system changes arising out of analysis of complaints data and continual monitoring of the system
- customer satisfaction surveys should be conducted on a random selection of complainants to identify areas for improvement bi annually.

## Section 6 –

### References

[Ombudsman NSW - Complaint Management Framework June 2015](#)

Ombudsman NSW – Complaint Handling Model Policy

Ombudsman’s [Managing Unreasonable Complainant Conduct Manual](#)

[NSW Health Complaint Management Guidelines GL2006\\_023](#)

[NSW Health Complaint Management Policy PD2006\\_073](#)

[Managing Complaints and Concerns about Clinicians](#)

[Incident Management Policy \(PD2014\\_004\)](#)

*NSW Civil Liability Act 2002*

Nepean Blue Mountains Local Health District Clinical Complaints Management

### Revision and Approval History

Date	Revision no:	Author and approval
September 2017	Draft	Executive Services Consultant
March 2018 and May 2018	Draft	Draft for Comment
June 2018	Draft	Feedback collated
July/August 2018	Draft	Endorsed by Executive Sponsor and processed by Executive Services.
September 2018	0	Approved by Executive Council.