

# SESLHD HANDBOOK COVER SHEET

<b>NAME OF DOCUMENT</b>	Compliment and Complaint Management Framework
<b>TYPE OF DOCUMENT</b>	Handbook
<b>DOCUMENT NUMBER</b>	SESLHDHB/026
<b>DATE OF PUBLICATION</b>	July 2024
<b>RISK RATING</b>	Low
<b>LEVEL OF EVIDENCE</b>	National Safety and Quality Health Service Standards: Standard 1 – Clinical Governance Standard 2 – Partnering with Consumers
<b>REVIEW DATE</b>	July 2029
<b>FORMER REFERENCE(S)</b>	N/A
<b>EXECUTIVE SPONSOR</b>	Director, Clinical Governance and Medical Services
<b>AUTHOR</b>	Kath Helling Clinical Governance Unit
<b>POSITION RESPONSIBLE FOR DOCUMENT</b>	Clinical Governance Unit <a href="mailto:SESLHD-CGU@health.nsw.gov.au">SESLHD-CGU@health.nsw.gov.au</a>
<b>FUNCTIONAL GROUP(S)</b>	Clinical Governance Corporate Governance
<b>KEY TERMS</b>	Consumer Feedback, Compliments, Complaints, Health Care Complaint Commission (HCCC), Complaint Handling
<b>SUMMARY</b>	The Compliment and Complaint Management Framework provides guidance to SESLHD staff members on the key principles and concepts of an effective and efficient Consumer Feedback system. All SESLHD staff are responsible for engaging in the management of Consumer Feedback. Consumer Feedback includes complaints, compliments and observations/suggestions.

**THIS DOCUMENT IS A GUIDE FOR BEST PRACTICE**  
**This Guideline is intellectual property of South Eastern Sydney Local Health District.**  
**Guideline content cannot be duplicated.**

Feedback about this document can be sent to [SESLHD-Policy@health.nsw.gov.au](mailto:SESLHD-Policy@health.nsw.gov.au)

## **Compliment and Complaint Management Framework**

Section 1 - Background .....	3
Section 2 - Principles.....	4
Section 3 - Definitions.....	5
Section 4 - Responsibilities .....	8
Chief Executive is responsible for:.....	8
General Manager/ Heads of Departments are responsible for: .....	8
Staff whose duties include complaint handling are responsible for: .....	9
All staff are responsible for:.....	9
Section 5 – Compliment Management.....	11
Section 6 - Complaint Management.....	12
6.1 Complaint Management Process .....	12
6.2 Health Care Complaints Commission .....	15
6.3 NSW Ministry of Health .....	17
6.4 Managing complaints involving multiple agencies.....	17
6.5 Managing unreasonable conduct by people making complaints.....	17
6.6 Accountability and learning .....	18
Section 7 – .....	19
References .....	19
Version and Approval History.....	19
Section 8 - Appendices.....	20
Appendix A: Complaint Risk Assessment Matrix.....	20

## Section 1 - Background

Consumer Feedback, in the form of compliments, complaints or suggestion/observations, provide a clear indication of what consumers value about the care they receive. Complaints identify organisational deficits and play an important role in continuous quality improvement. Complaint feedback can support improvement in clinical practice, process, systems, communication and culture.

Compliment feedback identifies areas of excellence and plays an important role in promoting a positive culture and staff recognition. It can support a safety culture where we can learn from and celebrate high performing teams.

The framework is intended to provide guidance to SESLHD staff members on the key principles and concepts of an effective and efficient consumer feedback management system. This framework should be used in conjunction with the following NSW Health Policy Directives:

- [PD2020\\_013 - Complaints Management](#)
- [GL2020\\_008 - Complaint Management Guidelines](#)

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/266 – Public Interest Disclosures \(PID\) and Corrupt Conduct Reporting](#)
- [PD2018\\_032 - Managing Complaints and Concerns about Clinicians](#)
- [PD2015\\_049 - NSW Health Code of Conduct](#)

## Section 2 - Principles

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

SESLHD Compliment and 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
- contribute to staff wellbeing by celebrating compliments provided by consumers
- 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.

SESLHD has a person-centred approach to Consumer Feedback management which is informed by the needs of our consumers. The SESLHD Compliment and Complaint Management Framework guides the process but is not intended to be prescriptive.

## Section 3 - Definitions

<p><b>Apology</b></p>	<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>Civil Liability Act 2002</i> (NSW), the effect of apology on liability:</p> <ol style="list-style-type: none"> <li>1) An apology made by or on behalf of a person in connection with any matter alleged to have been caused by the person:             <ol style="list-style-type: none"> <li>a. does not constitute an express or implied admission of fault or liability by the person in connection with that matter, and</li> <li>b. is not relevant to the determination of fault or liability in connection with a matter.</li> </ol> </li> <li>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.</li> </ol>
<p><b>Clinical Governance</b></p>	<p>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.</p>
<p><b>Clinician</b></p>	<p>A health practitioner or health service provider regardless of whether the person is registered under a health registration act.</p>
<p><b>Complainant</b></p>	<p>Any member of the public or external organisation making a complaint. A complainant may choose to remain anonymous.</p>
<p><b>Complaint</b></p>	<p>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.</p>
<p><b>Complaint Management</b></p>	<p>Involves ims+ notification and acknowledgement, assessment, information collection, analysis, review and appropriate action.</p>
<p><b>Consumer Feedback</b></p>	<p>Feedback provided by consumers regarding service provision, feedback includes compliments, complaints and suggestions/observations.</p>
<p><b>Formal Open Disclosure</b></p>	<p>A structured process to ensure effective communications between the patient and/or their support person(s), the senior clinician and the organisation occur in a timely manner.</p> <p>This may be required for any complaint related to a patient safety incident, as determined by the Director of Clinical governance and/or the Facility/Operations/Service Manager, the patient and/or their support person(s)</p>
<p><b>Frontline staff</b></p>	<p>Employees that work directly with patients, client and consumers</p>
<p><b>Grievance</b></p>	<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. A workplace communication or interpersonal conflict.</li> </ol>

	<p>b. An occupational health and safety issue.</p> <p>c. An allegation of discrimination within the meaning of the <i>Anti-Discrimination Act 1977</i> (NSW), including harassment.</p> <p>d. Concerns regarding allocation of work, job design, or performance management.</p> <p>e. Concerns regarding the interpretation and application of conditions of employment.</p> <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>Harm Score</b>	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.
<b>ims+</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> <p>a. The limits within which any particular power may be exercised, e.g. the NSW Police Service, Department of Communities and Justice (DCJ); or</p> <p>b. 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.</p>
<b>KPI</b>	Key Performance Indicator
<b>Local Health District</b>	Organisations constituted under the <i>Health Services Act 1997</i> (NSW) that are principally concerned with the provision of health services to residents within a designated geographic area.
<b>Notification</b>	The process of entering or documenting data about a complaint into the ims+.
<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>Serious Adverse Event Review (SAER)</b>	A method used to investigate and analyse a clinical Harm Score 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. Serious Adverse Event Review (SAER) investigations are privileged under the Health Services Act.
<b>Serious Complaints</b>	<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 (Harm Score 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>
<b>Unreasonable conduct</b>	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.
<b>Vexatious or Frivolous Complaints</b>	<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, e.g. continuing to pursue a complaint that has already been addressed and provides no new information that warrants further action</li> </ol>

## Section 4 - Responsibilities

SESLHD expects staff at all levels to be committed to fair, effective and efficient consumer feedback handling. SESLHD staff are responsible to participate in a holistic approach to consumer feedback management with the aim to achieve positive consumer and organisational outcomes. The principles of Open Disclosure are to be incorporated into the Consumer Feedback management process.

### Chief Executive is responsible for:

- Promoting a culture that values consumer feedback and its 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 consumer feedback trends and issues arising from complaints
- Encouraging all staff to be alert to consumer feedback and assist those responsible for handling complaints resolve them promptly
- Recognising and rewarding good consumer feedback 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 consumer feedback management system
- Approving and signing written responses to compliments and complaints
- Providing regular reports to Chief Executive on issues arising from complaint handling
- Ensuring recommendations arising out of consumer feedback 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 consumer feedback handling by staff
- Recognising and rewarding staff named in compliments
- Implementing changes which have resulted from issues and themes identified by consumer feedback
- Encouraging staff to make recommendations for system improvements.



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

- Demonstrating exemplary consumer feedback handling practices
- Treating all people with respect, including people who make complaints
- Assisting people to provide feedback, 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 ims+ 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
- Coordinating and/or providing 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:**

All staff must engage in managing Consumer Feedback at the point of service. The following principles underpin effective consumer engagement, providing SESLHD with the capacity to promptly restore consumer trust and confidence.

All staff are to:

- Foster a positive attitude to consumer feedback management
- Use effective communication principles. To listen, stay calm, be professional and courteous, express empathy and compassion. Offer an apology for any distress experienced
- Clarify concerns with the person providing feedback
- Provide assurance that concerns are taken seriously, and reviewed in accordance with guidelines
- Offer gratitude for the feedback and explain its contribution to service improvement.
- Manage the feedback objectively, in a just manner
- Address and act on immediate safety concerns and issues within their control
- Determine the seriousness and complexity of concerns and escalate to senior management
- Provide open and honest information
- Maintain confidentiality and privacy
- Assist people who wish to make compliments, complaints and suggestions, to access SESLHD's consumer feedback process

- 
- Participate in local discussions about issues identified by consumer feedback and implement changes as a result
  - Complete the necessary ims+ records

---

## Section 5 – Compliment Management

There are no specific policy requirements about monitoring and evaluating compliments, in the same way there are for managing complaints.

There are significant benefits in recognising and promoting positive feedback our staff receive, which can help encourage a positive culture, staff wellbeing and engagement.

Whilst there is no policy requirement to enter compliments into ims+, local services are encouraged to do so. Services/wards/units/departments are encouraged to:

- Pass compliments and feedback on to staff in timely and structured way
- Provide an acknowledgment to the person providing a compliment.
- Enter the compliment in ims+ Consumer Feedback Module
- Report compliments at relevant committee meetings for information and ongoing management
- Consider how compliments can be utilised for staff reward and recognition
- Consider how compliments can be utilised to identify areas of excellence, learn from them and share these learnings.

## Section 6 - Complaint Management

### 6.1 Complaint Management Process



			Responsibility
1	Receive	Consumer Feedback can be received by various sources. From an individual; verbal, telephone, in-person, written letter, email, SESLHD email, Media and Communications, via advocacy services, the NSW Ombudsman, NSW Health Website, a Member of Parliament (MP), the NSW minister for Health and Minister for Regional Health office, and/or the Health Care Complaints Commission (HCCC)	All staff are responsible for receiving Consumer Feedback <b>Stop</b> – allow the consumer to “vent” and do not react defensively <b>Listen</b> – actively listen. Empathise, understand and acknowledge their viewpoint <b>Look</b> – for solutions. Consider options for action to resolve the issue at the point of service
2	Acknowledge (within 5 calendar days)	The consumer’s concerns are acknowledged and clarified. Deepest condolences are extended in cases that involve the loss of a loved one. A sincere apology is offered for the experience and distress caused. Obtain consent and authority to disclose information Explain the complaints handling process and the 35 calendar day resolution timeframe.	All staff are responsible for acknowledging Consumer Feedback Date of acknowledgement is to be entered into ims+ by the manager nominated to oversee the complaint Acknowledgement KPIs are tabled at facility Patient Safety meetings and the district Clinical and Quality Council meeting

3	Risk assessment	Obtain and document information regarding the concerns (seek clarification as required). Assess the context of the concern/s and escalate to relevant senior manager.	See Appendix A for further information on Complaint Risk Assessment (CRC)
4	Notify	Record the Consumer Feedback into the Incident Management System (ims+), Consumer Feedback module. The relevant manager is assigned as “feedback owner” and responsible for the coordination of the investigation. All ims+ data fields are to be completed. ‘Details and Status’ reflects the progress of the investigation. Information is documented within the ‘Feedback Overview’ section. Local process for safe, secure retention of records is to be followed.	All staff are responsible for registering Consumer Feedback into ims+. See Appendix B
5	Investigate and consult	Managers/clinicians must fact find, analyse information related to patient presentation, chronology and complaint issues. Relevant standards, policies/procedures are reviewed to determine adherence. Findings and recommendations are identified and managed. The relevant Health Liability Managers are to be contacted where a complaint may result in a civil claim. The local patient safety management team are to be informed when the complaint subject is a clinical incident or when a complaint has initiated a clinical investigation. Where possible, the complainant’s concerns should be addressed within the clinical incident investigation. During the open disclosure process, the complainant is to be advised that a full response to their concerns may not be available until the clinical investigation has been finalised.	Line Manager/Department Manager/Complaint Manager. Escalate appropriately according to investigation findings (Media and Communications, Legal Services Unit, Patient Safety Managers, Head of Department, General Manager, Chief Executive)
6	Implement	Management of actions and/or quality improvement initiatives are implemented with the aim to address clinician, process, system issues and prevent similar events occurring.	Line Manager/Department Manager/Complaint Manager
7	Response (within 35 calendar days)	The complainant will receive a response verbally, written and/or via a meeting. The service ensures a clear explanation is provided regarding investigation outcomes, actions, recommendations and ongoing monitoring processes.	Line Manager/Department Manager/Complaint Manager/General Manager/Chief Executive

		<p>Responses in writing:</p> <p>Written responses are endorsed by the Chief Executive (or delegate) and/or General Manager/Service Director (or delegate). The manager ensures that department heads and staff members are given the opportunity to review the final response (where possible). Where civil action is a possibility, written responses should be reviewed by the Legal Services Unit.</p> <p>The final response is sent to:</p> <ul style="list-style-type: none"> <li>• The complainant</li> <li>• Relevant manager/s</li> </ul> <p>If a complaint is not finalised within 35 days, the complainant is to be contacted and provided with an apology regarding the delay. The relevant teams are to be advised of the overdue response with all actions documented in ims+</p>	
8	Resolution	<p>Is achieved when all parties are satisfied with the outcome. The signed response is to be uploaded in the document section of ims+. The complaint is closed in ims+ and recorded as '<i>finalised feedback</i>'. See Appendix C for Complaint response template</p>	All staff
9	Inability to contact	<p>If a complainant is unable to be contacted, the manager records the date and times of three (3) separate attempts in the ims+ progress notes. If the complainant does not make return contact, an inability to contact letter may be sent. The ims+ record can be closed.</p>	All staff
10	Unresolved complaints	<p>If a complainant remains dissatisfied following the response, they can pursue their concerns by and with the following advice:</p> <ul style="list-style-type: none"> <li>• Request to meet with executive staff and senior health care providers (if not already done so)</li> <li>• Request their concerns be reviewed by an alternate senior</li> <li>• Request an independent review or second clinical (medical) opinion</li> <li>• Seek external review, HCCC, NSW Ombudsman (as final option)</li> </ul> <p>Complainants have the right to pursue their concerns. However, there are</p>	Line Manager/Department Manager/Complaint Manager/Senior Executive/General Manager

	reasonable limits, when concerns are re-raised and the consumer exhibits unreasonable conduct. Local processes may be actioned under the NSW Ombudsman guidelines for Managing Unreasonable Complainant Conduct. This situation is managed in consultation with the relevant senior executive team.	
--	---	--

The flowchart referenced in Appendix E, outlines a systematic approach to managing complaints in SESLHD. The flowchart is adapted from the Illawarra Shoalhaven Local Health District Consumer Complaints Handling and Management procedure 2021.

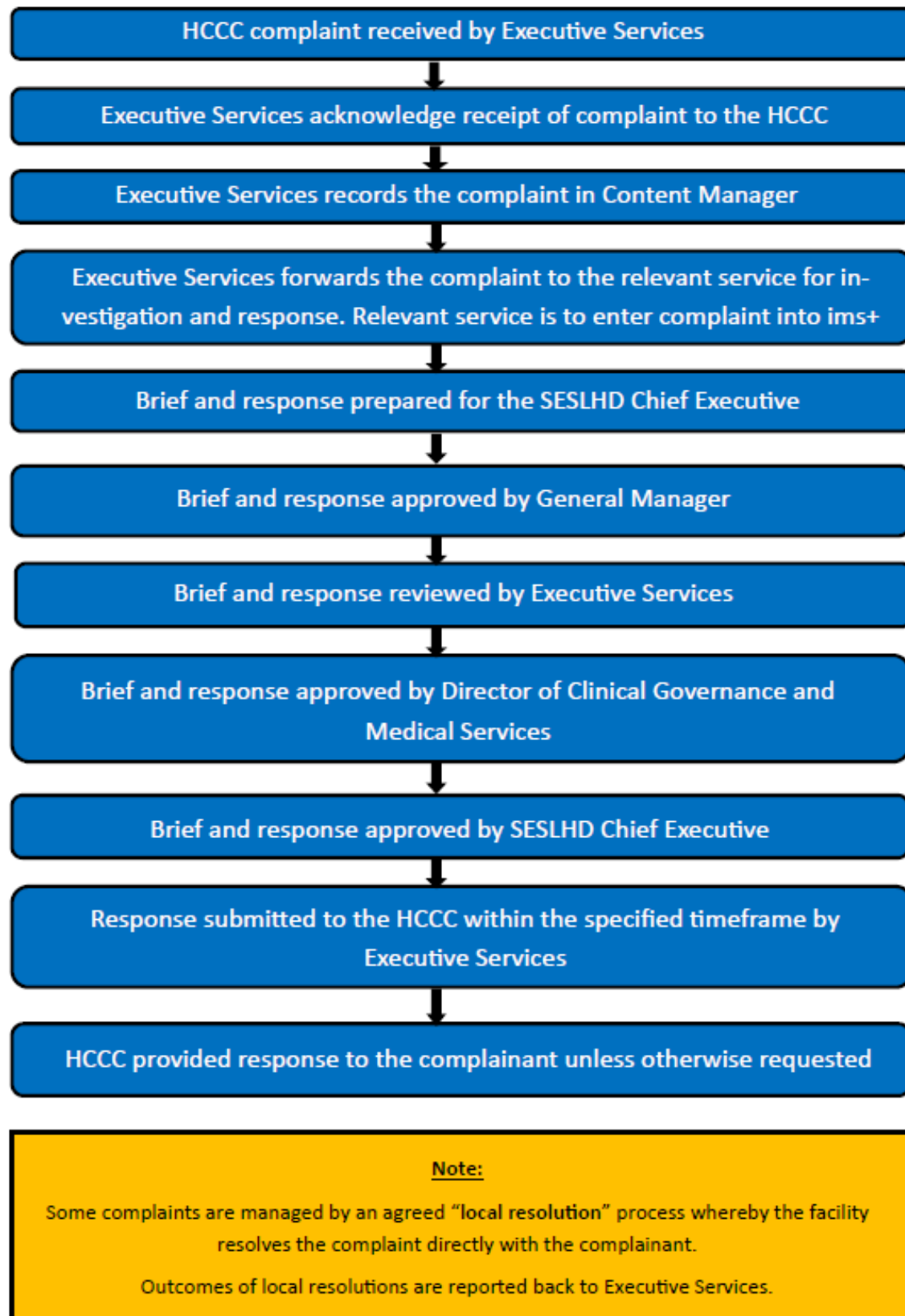
<b>Acknowledgement</b>	<b>Within five calendar days</b>
<b>Progress Report (ims+)</b>	<b>If complaint not concluded after 35 days</b>
<b>Response</b>	<b>Within 35 calendar days</b>

Note:

1. All consumer feedback (complaints – if not resolved at the point of service by an apology and explanation; suggestions/observations; and compliments) are to be registered in ims+. This ensures the data is available for reporting and provides SESLHD with valuable information about what our consumer value in their care. The data also provides SESLHD with information about areas requiring improvement and plays an important role in continuous quality improvement.
2. The above-listed timeframes for progress reports and final responses to complaints are not applicable to Ministerial and HCCC complaint matters.
3. The Minister’s Office determines the required timeframe for Ministerial responses, which may vary from a few hours to four weeks.
4. Ministerial complaints do not require acknowledgement, but early telephone contact with the patient/carer is preferred. Executive Services will advise of response timeframes and contact requirements.
5. The HCCC requires a written response to the complaint within 28 days of the date of their letter to the health service provider.
6. The HCCC may request confirmation that their letter has been received by the facility.
7. 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.

## 6.2 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.





### 6.3 NSW Ministry of Health

- The Minister's Office (MO) receives correspondence which ranges widely in subject, tone, length and form. All correspondence requires a response that is consistent, timely and addresses the facts.
- The MO decides whether a response will be sent to the author, who will sign the response and the timeframe.
- Ministers may receive correspondence from a Member of Parliament, a key stakeholder, a patient or their representative, or a member of the public.
- The MO determines the action to be taken to respond to the correspondence.
- The Ministry of Health allocates the correspondence to the Local Health District (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.
- Information provided to Executive Services must be approved by the relevant General Manager/ Service Director.
- The facility manager responsible for managing a ministerial complaint is responsible for registering the complaint in ims+.

### 6.4 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.

### 6.5 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](#).

## 6.6 Accountability and learning

### 6.6.1 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.

Complaint information is tabled for discussion at peak facility/directorate meetings where safety and quality data is reviewed and monitored and aggregated complaint information will be used to inform improvement initiatives. Complaint data at the district level is presented at the Clinical and Quality Council.

### 6.6.2 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 peak facility/directorate meetings where safety and quality data is reviewed.

### 6.6.3 Continuous improvement

SESLHD is committed to improving the effectiveness and efficiency of the consumer feedback 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
- celebrate and acknowledge high quality care and high performing teams
- utilise consumer feedback (complaints, compliments, suggestions/observations and patient experience) to support continuous improvement.

## Section 7 –

### References

- *Civil Liability Act 2002* (NSW)
- [Ombudsman NSW - Effective complaint handling](#)
- Ombudsman NSW – Complaint Handling Model Policy
- [Ombudsman NSW – Manual for Managing Unreasonable Conduct by Complainant](#)
- [NSW Ministry of Health Guideline GL2020\\_008 - Complaint Management Guidelines](#)
- [NSW Ministry of Health Policy Directive PD2020\\_013 - Complaints Management](#)
- [NSW Ministry of Health Policy Directive PD2018\\_032 - Managing Complaints and Concerns about Clinicians](#)
- [NSW Ministry of Health Policy Directive PD2020\\_047 - Incident Management](#)
- Nepean Blue Mountains Local Health District Clinical Complaints Management
- Illawarra Shoalhaven Local Health District Consumer Complaints Handling and Management procedure 2021

### Version and Approval History

Date	Version no:	Author and approval notes
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.
15 July 2024	1.0	Major review to improve compliance with the NSQHS Standards. Updated to provide all staff with the knowledge to manage complaints and compliments at the point of service, and to standardise the use of ims+ Consumer Feedback reporting module. Approved at SESLHD Clinical and Quality Council.

## Section 8 - Appendixes

Appendix A - Complaint Risk Assessment Matrix

Appendix B - [ims+ Quick Reference Guides for Consumer Feedback Management](#)

Appendix C - [NSW Health Care and Experience Workflow and Guidance Map](#)

Appendix D - Complaint Response Template

Appendix E - Consumer Feedback Flowchart

### Appendix A: Complaint Risk Assessment Matrix

#### Consequence category:

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 concerns, 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 point of care.
<b>Minimum</b>	Misconceived, trivial or vexatious.

#### Likelihood category:

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

## Complaint Risk Code (CRC)

To arrive at the CRC apply the consequence category and the likelihood category:

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

CRC	Action required
1	Immediate action – Escalate to senior executive team as per local processes
2	Refer Complaint to Line Manager/Complaints Manager. Escalate to senior executive team as per local processes
3	Resolve at local level, where appropriate. Notify department manager and/or complaints manager
4	Resolve at the point of service

## Appendix D: Complaint Response Template

### South Eastern Sydney Local Health District



Ref: [Click here to enter Reference Number]

[Click here to enter Name]  
 [Click here to enter Address]

---

[Click here to enter Subject Line]

Dear [Click here to enter Name]

Thank you for writing about XYZ.

**Empathy:** I acknowledge your concerns and appreciate your interest in this matter *OR* I acknowledge your concerns and regret the distress you experienced.

**Outcome of patient contact (if a care and treatment matter):** [Name of General Manager/Director, hospital/service] has advised that on [date], [person's name], [title], [hospital/service], contacted you to apologise and discuss your concerns. Add more detail as necessary.

#### Result

What is the main point the reader will want to know?

What is the answer to the author's query?

What has happened as a result of the author's correspondence (for example, system improvements)?

#### Explanation

What are the reasons for SESLHD's position?

If needed, include further reasoning and evidence for the position.

Keep this to one or two paragraphs at most.

Thank you again for writing to me. For more information, please contact [Name, Position, Organisation,] at emailAddress@xyz.xyz.au or on XXXX XXXX.

Yours sincerely

Name

**Title**

Date:

CC: Name, Position, emailAddress@xyz.xyz.au (delete if not required)

Encl. (delete if not required)

District Executive Unit  
 Locked Mail Bag 21, Taren Point NSW 2229

02 9540 7756  
[SESLHD-Mail@health.nsw.gov.au](mailto:SESLHD-Mail@health.nsw.gov.au)

### Appendix E: Consumer Feedback Flowchart

