

## Procedure: Complaints Resolution and Management of Consumer Feedback

### Purpose

The purpose of this procedure is to outline the process for managing and resolving consumer complaints received by Te Whatu Ora Counties Manukau. This procedure also covers the management of compliments, enquiries and suggestions. The topics covered include scope, general responsibilities of all staff, management of complaints from different sources, logging of the feedback in SafetyFirst reporting system, legislation related to complaints, investigation process, resolution, target timeframes and related matters.

At all times the goal is to ensure that resolution of complaints is empathetic, professional, timely (Appendix 1) and is consumer centric.



**Note:** This procedure must be read in conjunction with the [Consumer Related Complaints and Feedback Policy](#)

### Scope of Use

Applies to all staff employed by Te Whatu Ora Counties Manukau, including any trainee/student undergoing instruction, or any person contracted to provide a service on any Te Whatu Ora Counties Manukau worksite.

### Roles and Responsibilities

Role/Function	Tasks
Feedback Central	<ul style="list-style-type: none"><li>• Receive complaints, compliments, enquiries or suggestions and log the details into SafetyFirst (the Feedback Reporting System) as soon as practicable.</li><li>• Triage, grade, log and acknowledge complaints within 5 working days.</li><li>• Assign a “file owner” for every complaint based on the type of complaint and the division(s) involved. They act as a single point of contact in relation to a complaint and keep an oversight of the complaint.</li><li>• File owner is usually the Feedback Central Quality Liaison Officer or the designated staff member within a division (CQRM or a CQC).The file owner is responsible ensure that investigation is timely, thorough and communication is maintained with the family if there is a delay.</li><li>• Sends the details of the complaint to the designated staff member within the division for investigation and response.</li><li>• For all complaints involving multiple divisions, Feedback Central will coordinate and support the investigation and response. They will liaise with the division during this process.</li><li>• Advise complainants of any delays in responding to their complaints after liaising with the designated staff member within the division.</li></ul>

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	<ul style="list-style-type: none"> <li>• Send out the final responses for all complaints</li> <li>• Utilise the SafetyFirst database and Qlik sense to produce feedback reports and data analysis to provide themes and learnings to the Executive Leadership Team, Clinical Quality and Risk Managers, Professional Leads, Clinical Directors, General and Operational Managers, Clinical Leaders</li> <li>• Monitor and report on the completion of corrective action plans related to complaints.</li> <li>• Provide additional reports upon request to divisions to enable their analysis of specific quality and risk issues.</li> <li>• Develop templates and resources to ensure quality and consistency in complaint and feedback management, response and improvements.</li> </ul>
Interim District Director / Chief Medical Officer/ Executive Leadership Team (or delegate)	<ul style="list-style-type: none"> <li>• Receive complaints and compliments and forward them immediately to Feedback Central.</li> <li>• Chief Medical Officer – The owner of the complaint management process.</li> <li>• Chief Nurse and Director of Patient &amp; Whaanau Experience- To have visibility of major complaints and provide input when necessary.</li> <li>• Executive Professional Leads to have visibility of all moderate and major complaints relating to their professional groups and provide input when necessary.</li> </ul>
Legal Adviser / Privacy Manager	<ul style="list-style-type: none"> <li>• Ensure the requests of the Privacy Commissioner and Health Disability Commissioner are responded appropriately during the complaints process.</li> <li>• Liaises with the Te Whatu Ora Counties Manukau District’s insurer as needed (e.g. where litigation is threatened or claims for compensation are made).</li> <li>• Provide advice and input in relation to complex complaints/responses when requested or on own initiative.</li> </ul>
Clinical Director/ General Manager/ Divisional Lead	<ul style="list-style-type: none"> <li>• The complaint owners for their division and may delegate the tasks below to others to complete but will be accountable and responsible for successful management, investigation and resolution and closure of each complaint within their division.</li> <li>• Can designate a staff member within the division who will help keep oversight of complaints for their division (usually a Clinical Quality Risk Manager (CQRM) or Clinical Quality Co-ordinator (CQC))</li> <li>• Sign off on all complaint responses</li> <li>• They or the Designated staff member - <ul style="list-style-type: none"> <li>➤ Consider whether a personal phone call to the complainant is appropriate or whether another action is required such as obtaining further information or commencing a full investigation.</li> <li>➤ May allocate a few key roles within the division as “Service Complaints Investigators (SCI)” e.g. “Charge Nurse Managers” for investigating nursing concerns, “Services Managers” for investigating issue related to the medical care</li> </ul> </li> </ul>

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	<p>provided etc.</p> <ul style="list-style-type: none"> <li>➤ Within a division, the SCIs will be in-charge of ensuring that the complaint is investigated. This will involve identifying what occurred, the underlying reasons, and preventative measures.</li> <li>➤ The SCIs for the various services within a particular division should be communicated to the Feedback Central team. The Feedback Central team will include the SCIs in their initial correspondence to the division (If practicable) to ensure that complaints are investigated in a timely manner.</li> <li>➤ Work closely with the Feedback Central team to help set up a process to improve complaints management</li> <li>➤ Delegate actions as appropriate, with clear time frames and expectations for the resolution process.</li> <li>➤ Investigate and complete the investigation report/response letter.</li> <li>➤ Review the final response letter.</li> <li>➤ Enter response details into the Feedback Reporting System.</li> <li>➤ Ensure that corrective actions arising from complaints are appropriately followed</li> <li>➤ Provide feedback to staff on issues raised, resolution and any changes made as a result of the complaint.</li> </ul>
Duty Managers	Receive telephone complaints after hours and at weekends and forward details of complaint and their immediate response by email to Feedback Central for logging and acknowledging.

## Complaints Management

All complaints must be assessed to determine the most efficient and appropriate method of addressing the concerns that have been raised. This may include immediately calling the complainant, undertaking some preliminary enquiries into the matter, commencing a full investigation, or a combination of approaches. Care should be taken to ensure that responses are personalised to a specific situation.

Complaints should be responded professionally and in the most appropriate manner given the severity of the complaint and with consideration of the consumer's preference of how they would like their concerns resolved. The opportunity for the desirability of immediate action (e.g. existence of contemporaneous clinical issue requiring an immediate response) and the need for an individualised response should be possible. In some cases, a full investigation will be appropriate, but the prime aim is to avoid unnecessary bureaucracy and identify the most efficient way to address the concern that has been raised by the patient and provide an opportunity for wider system improvement.

If a complaint is deemed to have an adverse event linked to it, the feedback and the incident files within SafetyFirst need to be linked (complaints and the adverse event process). After the initial acknowledgement of the complaint, the adverse event investigation must be completed first as per the [incident reporting and management procedure](#) followed by the complaint's management process.

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When a formal complaint is received by any Te Whatu Ora Counties Manukau employee, that person is responsible for ensuring that the complaint is forwarded to the Feedback Central team, within the Office of the Chief Medical Officer (CMO) soon as is practicable.

## Complaints process based on the source of Feedback

### General complaints

All complaints directly from consumers should be managed as per appendix 2

### Complaints addressed to or received via the Interim District Director or Corporate offices (e.g. MP's)

The Feedback Central team will immediately notify the Interim District Director's office on receipt of such complaints. The complaint will be triaged and sent to the designated staff member within the division(s) for further investigation. The file owner responsible for keeping an oversight over the complaint is determined at this stage and is included in the above correspondence. Once investigated the final response is signed off by the Interim District Director and is sent out via the Office of the Interim District Director. A copy of the response will be sent to the Feedback Central team by the Interim District Director's office to file into SafetyFirst and to close the complaint (Appendix 3). All complaints received via the Interim District Director or Corporate office are categorised as Major complaints.

### Health and Disability Commissioner

All Health and Disability Commissioner Complaints are received directly by the CMO office, where the Executive Assistant (EA) to the CMO will log and send it to the Clinical Director/General Manager/Designated staff member of the division(s) involved and the Feedback Central team. The file owner responsible for keeping an oversight over the complaint is determined at this stage and is included in the above correspondence. All complaints received via the Health and Disability Commissioners office are categorised as Major complaints. Appendix 4 provides the detailed management process for these complaints.

### Privacy Commissioner and/ Ombudsman Complaints

The Feedback Central team will immediately notify the Privacy Manager of the organisation on receipt of such complaints. The Privacy Manager is assigned as the file owner. If a complaint is related to a breach in privacy or a breach in privacy is noted along the course of the investigation the Privacy Manager needs to be notified by the file owner of the complaint. If a breach is confirmed it should be reported separately within the SafetyFirst system as an incident.

Ombudsman Complaints are sent to the Interim District Director's office who then sends it to the OIA Specialist for actioning

## Grading, Logging and Acknowledging complaints

All new complaints are reviewed and triaged by the Feedback Central team based on the information in the complaint, within two working days of receipt of the complaint, or receipt of consent (if required). This triage process helps to identify the concerns raised in the complaint, determine the grading (according to [Consumer Related Complaints and Feedback policy](#)) and identify the division/services/departments involved.

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Once graded the complaints are logged into SafetyFirst by the Feedback Central team. Within the systems the concerns raised are grouped as themes and the relevant divisions are added to added. This process may involve reviewing clinical files, checking details related to their admission, appointments and tests performed using applications such as Clinical Portal, i.Patient Manager and Eclair. Once the divisions and issues are confirmed a “file owner” is designated to keep oversight of the complaint. The file owner is usually a Feedback Central Quality Liaison Officer or the designated staff member within a division (CQRM or a CQC).

All the complaints are then formally acknowledged within 5 working days. A formal acknowledgement letter should be sent via email or post. If both forms are not practicable the acknowledgement can also be done via a phone call or in-person. The acknowledgement letter provides the complainants with a brief description of the complaints process and response timeframe. It also includes a brochure outlining the Health and Disability Services Consumer Rights and the contact details for the Nationwide Health & Disability Advocacy Service and the Health and Disability Commissioner whom they can contact for further support. The acknowledgement letter sent must be recorded in the SafetyFirst system

If it is observed that the consumer is an inpatient at the time of receiving the complaint, the Feedback Central team immediately escalates it to the relevant division/service staff member e.g. Charge Nurse Managers, Team Leaders and Service Managers to acknowledge it directly with the consumer. It is our expectation that the staff members try to resolve complaints at the point of service within the scope of their practice.

### Consent

If the complaint is made by a third party, consent must be obtained from the patient prior to the logging of the complaint. The consent obtained must be recorded in the SafetyFirst system

Consent from the patient is not required if the person who is raising the complaint is the patient’s attorney specified in an Enduring Power of Attorney (EPOA) for care and a welfare guardian appointed by a court order.

There may be some situations where general information can be provided in response to a complaint without including specific consumer details or where it is appropriate to provide a more detailed level of information even in the absence of specific consumer consent. Please check with the Te Whatu Ora Counties Manukau Legal Adviser and Privacy Officer if you have any questions about what is appropriate in a particular case.

Where the complaint relates to a deceased consumer, any information (other than general information) relating to the diagnosis, treatment or circumstances relating to the death should be provided to the deceased individual’s personal representative, for example, the administrator or executor of the deceased estate. Again, there may be cases where a more pragmatic approach is required or appropriate and any queries should be referred to the Te Whatu Ora Counties Manukau Legal Adviser and Privacy Officer.

### Communication to the Relevant Divisions

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Once a complaint is logged and acknowledged the Feedback Central team sends an email to the designated staff member within the division(s) involved in the complaint and to the SCIs (if established) for further investigation. The file owner responsible for keeping an oversight over the complaint is determined at this stage and is included in the above correspondence

The email contains a copy of the complaint, the concerns identified, and the actions taken up till now (logged, acknowledged and consent being obtained (if required)). The email also mentions the staff member (file owner) to whom the response (results of the investigation) should be sent along with a due date.

### Investigation

The investigation process should consider the patient's points of view of the care provided and involve to all the relevant staff members (clinical and non-clinical staff members). The investigation may also include input and guidance from a senior clinical staff when needed (Clinical Heads, Allied Health, Scientific, Technical Professions, Nursing, Medical and Midwifery). This must be done in conjunction with a review of a patient's clinical records and hospital policy and guidelines available.

The issues raised will need to be thoroughly investigated, and where necessary, cultural guidance should be obtained. The details of the investigation should be sent through to the complaint file owner.

If the complaint is unlikely to be investigated and resolved within 20 working days, the consumer must be notified of this delay. The file owner must ensure that any possible delays are communicated to the Feedback Central team who will send out an extension letter to the consumer.

### Drafting Response to the complaint

A response to a complaint can be in the form of a written letter, a phone call or via face-to-face meeting.

If the consumer is an inpatient the resolution of complaints is encouraged at the point of service, wherever possible and within the scope of their role and responsibility.

If it is determined that a written response to the complaint is the best method to respond, a formal response letter should be drafted. This can be done either by the File owner or the SCI performing the investigation.

All response letters must include the following information:

- An Apology for the consumers experiences or that their expectations were not met
- Acknowledgement of the concerns raised (especially if many)
- An explanation of the occurrences to ensure that they may understand what is being addressed.
- Acknowledgement of instances where treatment given did not meet acceptable standards
- Any corrective actions/changes made as a result of their feedback.
- Details of whom to contact for further clarification/information (usually Feedback Central)
- Should be in simple English and avoid the usage of undefined medical acronyms

Once drafted the response should be sent to the relevant staff members who contributed to the investigation for comments and changes. Following the incorporation of comments into the response, a

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final version is sent to Clinical Director/General Manager for approval and sign-off (if the complaint involves only a single division). The signed response needs to be sent to Feedback Central to send out to the consumer

For all complaints involving multiple divisions, Feedback Central Quality Liaison Officers will co-ordinate and draft the response. They will liaise with the designated staff member within the division and the SCIs during this process. The Feedback Central Quality Liaison Officers may also support with drafting responses for Minor or Moderate complaints for a few divisions. All Moderate and Major multi-division complaints are signed off by the Chief Medical Officer and the Minor multi-division complaints are signed off by the Feedback Central Manager. The Feedback Central team will send out the final signed response to the consumer.

If a meeting is necessary to resolve a complaint in person rather than in writing, the file owner will work with the consumer and the appropriate staff members from the divisions to find a mutually convenient date. A representative from Feedback Central team can also attend the meeting upon request from the division or the complainant. If a complaint is regarding the clinical care and the options of treatment it may be addressed via a further consultation with an appropriate clinician.

It is recommended that the Feedback Central Quality Liaison Officers meet with the designated staff member within the division on a weekly/monthly basis to discuss complaints, actions taken and timeframes for their division.

### Corrective Actions and Recommendations

Corrective Actions and Recommendations arising from complaints should be recorded in the relevant section within SafetyFirst by the file owner once the complaint response has been signed off.

A Responsible Owner from the division should be assigned for the corrective action and is responsible for ensuring the completion of the recommendation. Recommendations should be followed-up by the Feedback Central Manager on a monthly basis.

### Consumers Unsatisfied with the response

A consumer may be unsatisfied with the response or may require further clarification. On receipt of such communication the complaint file is re-opened by the Feedback Central Team. The concerns raised are resent to original division(s) for further clarification and it follows a similar process as explained above. In such instances a complainant meeting may be necessary.

If further assistance is not possible the consumers can be directed to the Health and Disability Commissioners Office.

### Compliments Management

When a compliment is received by any Te Whatu Ora Counties Manukau employee, that person is responsible for ensuring that the compliment is forwarded to the Feedback Central team, within the Office of the Chief Medical Officer (CMO) as soon as is practicable.

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### Logging and Closing of compliments

All compliments are logged by the Feedback Central team in the SafetyFirst system as soon as practicable. A copy of the compliment is attached to the SafetyFirst file and the file is closed. A copy of the compliment is also sent to the designated staff member within the division to disseminate.

### Enquiry Management

An enquiry is a question or request for clarification of information or process. If practicable it is always encouraged to contact the person by a telephone call to help resolve their query. This can be done by the Feedback Central team or the division (as appropriate). If the enquiry cannot be resolved with a simple phone call it is entered into the SafetyFirst system.

### Logging and Acknowledging and closing of enquiry

An enquiry is logged and classified as

#### General Enquiry

These are queries or requests from consumer which would need to be followed up with the relevant division/service/department. The Feedback Central Team log an enquiry and send it to the designated staff member within the division. The outcome of the enquiry is communicated back to the consumer either via a letter or a phone call by the file owner.

#### Coronial Requests

All Coronial requests go directly to the Office of the CMO who will send them to the designated staff member within the division for investigation and resolution and the Feedback Central team. The Coroners report is reviewed by the Te Whatu Ora Counties Manukau Legal team and sent out via the Office of the CMO. Timeframes mentioned in the requests need to be adhered to. Appendix 5 provides the detailed management process for these complaints.

#### Ministry of Health Death Stats

All Ministry of Health Death Stats request go directly to the Office of the CMO office who will send them to the designated staff member within the division for resolution and copy the Feedback Central team. The report is then sent back out via the Office of the CMO. Timeframes mentioned in the requests need to be adhered to.

### Suggestion Management

Te Whatu Ora Counties Manukau welcomes suggestions to improve or change the way we function as an organisation. All suggestions are recorded by the Feedback Central team in the SafetyFirst system. A copy of the suggestion is sent to the designated staff member within the division for their consideration and the file is closed.

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## Associated Documents

Other documents relevant to this procedure are listed below:

<b>NZ Legislation / Standards</b>	<a href="#">The Health and Disability Commissioner’s Code of Health &amp; Disability Services Consumers’ Rights Regulations 1996 (Code of Rights)</a> <a href="#">Privacy Act 2020</a> <a href="#">Health Information Privacy Code 2020</a> <a href="#">Public Records Act 2005</a> <a href="#">Official Information Act 1982</a> <a href="#">Health and Safety at Work Act 2015</a> <a href="#">Health Practitioners Competency Assurance Act 2003</a> <a href="#">Coroners Act 2006</a> <a href="#">The Mental Health (Compulsory Assessment and Treatment) Act 1992</a> <a href="#">Nga Paerewa Health and Disability Services Standard NZS 8134:2021</a>
<b>Te Whatu Ora Counties Manukau District Documents</b>	<a href="#">Policy: Consumer Related Feedback and Complaints</a> <a href="#">Policy Open Disclosure with Patients Policy</a> <a href="#">Policy: Incidents Reporting and investigation</a> <a href="#">Procedure: Incidents Reporting and management</a> <a href="#">Policy: Media</a> <a href="#">Policy: A Just Culture</a> <a href="#">Procedure: Checking for Accuracy and Authorising Entries into the Clinical Record</a> <a href="#">Procedure: Correcting and Altering Personal Health Information at the Patient’s Request</a> <a href="#">Procedure: Correcting Inaccuracies in the Clinical Record</a> <a href="#">Procedure: Disclosure Of Health Information -How A Third Party Requests Personal Health Information About A Patient</a>

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## Appendix 1

### Complaints timeframes:

<p><b>Complaint Received:</b> When a complaint is made to any Te Whatu Ora Counties Manukau staff members, they are responsible for ensuring that the complaint is forwarded to Feedback Central <a href="mailto:feedbackcentral@middlemore.co.nz">feedbackcentral@middlemore.co.nz</a></p>	Immediately / 1 working day
<p><b>Triage, Log and Obtain Consent (if required)</b> Feedback Central will log the details into the Feedback reporting system - SafetyFirst</p> <p><b>Acknowledge:</b> Feedback Central will acknowledge the complaint.</p>	<p>1-2 working days</p> <p>Within 5 working days from receipt by Feedback Central of the complaint</p>
<p><b>Investigate &amp; Respond:</b> Feedback Central will send complaint to the appropriate division for their investigation and response.</p> <p><b>Single Division Response:</b> The division collate all information and prepare a draft response.</p>	Within 20 working days from receipt by Feedback Central of the complaint
<p><b>Multi Division Response:</b> For complaints across multi-division Feedback Central will co-ordinate and draft the response for the contributors to review.</p>	Within 20 working days from receipt by Feedback Central of the complaint
<p><b>Review and Send response:</b> The division to send the signed response to Feedback Central who will send the response out to the complainant. If more time is required, then the complainant must be informed of this and kept up to date with progress. After sending the response the complaint should be closed.</p>	Within 20 working days from receipt by Feedback Central of the complaint
<p><b>Corrective Actions and Recommendations:</b> When findings and recommendations identified, learning and correction action plan for improvements to be completed. Plan to include specific changes with measureable outcomes.</p>	Within 90 working days from resolution of the complaint (It can vary).

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## Appendix 2

### General Complaints- Management Process-

Feedback Central (FC); FC Quality Liaison Officer (QLO); Chief Medical Officer (CMO); CMO Executive Assistant (CMO EA); Designated staff member within the division (DSD, usually CQRM's)

Actions	Responsibility	Timeframe
<b>Complaint Received</b>		
<ul style="list-style-type: none"> <li>Triage complaints daily –use FC triage criteria and meet to discuss the complaints <a href="#">..\Complaints Process -Triage Tool\2022.08.17 Triage tool.pdf</a></li> </ul>	FC	1 working day of receipt
<b>Log</b>		
<ul style="list-style-type: none"> <li>Log complaint in feedback system- SafetyFirst</li> <li>Link to previous feedback if any</li> <li>Make up w: drive for patient as per naming conventions. Consent / third party consent obtained as required</li> </ul>	FC	1-3 working day of receipt
<b>Acknowledge</b>		
<ul style="list-style-type: none"> <li>Send acknowledgement letter to complainant – acknowledgement template</li> <li>Email with attached letter or post to correspondence address in iPM</li> </ul>	FC	5 working days from receipt of complaint
<b>Identify Divisions involved</b>		
<ul style="list-style-type: none"> <li>Identify areas to be investigated and addressed</li> </ul>	FC	Within 5 working days from receipt of complaint
<b>Single Division Complaints</b>		
<ul style="list-style-type: none"> <li>Send the complaint to the designated staff member within the division collate information and draft response</li> <li>Division to collate information and draft response</li> </ul>	FC DSD	Within 20 working days from receipt of complaint
<b>Multi -Division Complaints (Complaints more than one division (Medicine/ED etc.) are involved</b>		
<ul style="list-style-type: none"> <li>Sends the complaint to appropriate divisions cc FC QLO.</li> <li>Division's collate information send through to QLO</li> <li>FC QLO draft response and sends draft response back to contributors/General Manager/Clinical Lead /DSD for review</li> </ul>	FC FC	Within 20 working days from receipt of complaint

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<ul style="list-style-type: none"> <li>FC – send extension letter to complainant if the response will not be completed by due date</li> </ul>	FC	
<b>Sign Off</b>		
<ul style="list-style-type: none"> <li><b>Single Division Complaint</b> -DSD to send approved draft to General Manager or Clinical Lead for sign off</li> <li>Save final signed response in SafetyFirst file/ w:group folder.</li> <li>DSD sends final signed response to Feedback Central</li> </ul>	DSD	Within 20 working days/ or by due date
<ul style="list-style-type: none"> <li><b>Multi-division complaint</b> – FC QLO sent response to CMO EA for sign off</li> <li>CMO review and sign off major complaints. FC Manager signs off minor complaints</li> <li>FC sends final response to complainant</li> <li>Save final signed response in SafetyFirst file/ w:group folder</li> </ul>	CMO FC	Within 20 working days/ or by due date
<b>Corrective Action Plans and Recommendations</b>		
<ul style="list-style-type: none"> <li>If Findings and Corrective Action Plan are identified they need to be completed as per the Resolution &amp; Correction Action Plan document</li> </ul>	FC QLO/DSD	90 working days from resolution of complaint

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### Appendix 3

## Interim District Director's Office complaints/ Corporate Office complaints – Management Process

Feedback Central (FC):FC Quality Liaison Officer (QLO); Chief Executive Officer (CEO); Interim District Director's Executive Assistant (IDD EA);Designated staff member within the division (DSD, usually CQRM's)

Actions	Responsibility	Timeframe
<b>Complaint Received</b>		
<ul style="list-style-type: none"> <li>The EA for Interim District Director receives complaints and sends to FC for logging or if FC receive the complaint directly, they inform the EA for Interim District Director about the complaint</li> <li>Triage complaints by using FC triage criteria <a href="#">..\Complaints Process -Triage Tool\2022.08.17 Triage tool.pdf</a></li> </ul>	FC / IDD EA	1 working day of receipt
<b>Log</b>		
<ul style="list-style-type: none"> <li>Log complaint in feedback system- SafetyFirst</li> <li>Link to previous feedback if any</li> <li>Make up w: drive for patient as per naming conventions. Ensure Consent is obtained if required</li> <li>Identify areas to be investigated and addressed</li> </ul>	FC	1-3 working day of receipt
<b>Acknowledge</b>		
<ul style="list-style-type: none"> <li>Send acknowledgement letter to the complainant or Corporate Office</li> </ul>	FC / IDD EA	5 working days from receipt of complaint
<b>Single Divisions complaints</b>		
<ul style="list-style-type: none"> <li>Send the complaint to appropriate division DSD</li> <li>Division to collate information and draft response</li> <li>Division to send approved draft to FC to organise sign off</li> <li>FC – send extension letter to complainant if the response will not be completed by due date</li> </ul>	FC DSD DSD (oversight) FC	Within 20 working days from receipt of complaint
<b>Multi Divisions Response (Complaints more than one Divisions (Medicine/ED etc.) are involved</b>		
<ul style="list-style-type: none"> <li>Sends the complaint to appropriate divisions cc FC QLO.</li> <li>Division's collate information send through to QLO</li> <li>FC QLO draft response and sends draft response back to contributors/General Manager/Clinical Lead /DSD for review</li> </ul>	FC QLO DSD (oversight) FC QLO  FC QLO	Within 20 working days from receipt of complaint

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<ul style="list-style-type: none"> <li>FC – send extension letter to complainant if the response will not be completed by due date</li> </ul>		
<b>Sign Off</b>		
<ul style="list-style-type: none"> <li>FC QLO to send all approved drafts to the EA for Interim District Director for sign off</li> </ul>	FC QLO/ IDD EA	Within 20 working days/ or by due date
<b>Resolution &amp; Correction Action Plan</b>		
<ul style="list-style-type: none"> <li>If Findings and Corrective Action Plan are identified they need to be assigned a responsible owner within the Division.</li> <li>It needs to be completed as per the Resolution &amp; Correction Action Plan document</li> </ul>	FC QLO/ DSD (oversight)	90 working days from resolution of complaint
<b>Complaint closing</b>		
<ul style="list-style-type: none"> <li>EA for Interim District Director or FC sends final response to the complainant or the corporate office</li> <li>EA for Interim District Director sends copy of final response to FC to be saved in SafetyFirst file and w: drive folder</li> <li>FC close the complaint</li> </ul>	IDD EA /FC FC FC	Within 20 working days from receipt of complaint

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## Appendix 3

### HDC complaints and formal investigation – Management Process

These processes are applicable for managing all sections of HDC complaints and formal investigation. Feedback Central and the Te Whatu Ora Counties Manukau Legal team will provide co-ordination and oversight of the process.

Feedback Central (FC); FC Quality Liaison Officer (QLO); Chief Medical Officer’s Executive Assistant (CMO EA); Designated staff member within the division (DSD, usually CQRM’s); Te Whatu Ora Counties Manukau Legal Team (LT)

#### Section 14(1)(m) To gather information

Actions	Responsibility	Timeframe
<b>Receive &amp; Log</b>		
<ul style="list-style-type: none"> <li>Log complaint in SafetyFirst</li> <li>Link to previous complaints/ coronial requests</li> <li>Send to key people within the division (s) i.e. CD/GM/ DSD outlining the complaint and the lead co-ordinator (in case of Multi-division complaints)</li> <li>Copy in Feedback Central team <a href="mailto:feedbackcentral@middlemore.co.nz">feedbackcentral@middlemore.co.nz</a></li> <li>Make up w:group shared folder</li> <li>For multi-division/complex complaints set up meeting with DSD and key people as appropriate</li> </ul>	CMO EA      FC FC QLO	Within 3-5 working days of receipt of complaint from HDC
<b>Single Divisions complaints</b>		
<ul style="list-style-type: none"> <li>Identify the division investigation lead</li> <li>Division to collate information and draft responses</li> <li>Division Clinical Director/General Manager approves final response to be submitted to legal.</li> <li>Save responses in w: drive and SafetyFirst</li> </ul>	DSD	7-10 days before due date
<b>Multi Divisions Response (Complaints more than one Divisions (Medicine/ED etc.) are involved</b>		
<ul style="list-style-type: none"> <li>Division’s collate information send through to QLO</li> <li>Save responses in w: drive and SafetyFirst</li> <li>FC QLO draft response and sends it back to contributors/General Manager/Clinical Lead /DSD for</li> </ul>	FC QLO/ DSD oversight	7-10 days before due date

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review		
<b>Legal review</b>		
<ul style="list-style-type: none"> <li>All draft responses are sent through to the legal team for review</li> <li>Any suggested changes in legal review are discussed with contributors/ Clinical Director/ General Managers/ DSD/ FC QLO</li> <li>Medical notes to be sent to CMO EA for copying</li> </ul>	DSD/FC QLO  LT  DSD/FC QLO	7 days before due date
<b>Sign Off</b>		
<ul style="list-style-type: none"> <li>Send the final draft to CMO EA</li> </ul>	FC QLO/DSD	3-4 days before due date
<ul style="list-style-type: none"> <li>Chief Medical Officer to review and sign off</li> </ul>	CMO	2 days before due date
<ul style="list-style-type: none"> <li>Scan and save original copies in Safety First.</li> <li>Send final response to HDC</li> </ul>	CMO EA	2 days before due date
<ul style="list-style-type: none"> <li>File is closed while we wait for HDC outcome</li> </ul>	CMO EA	
<b>Request for extension</b>		
<ul style="list-style-type: none"> <li>Email CMO EA noting reason why we are seeking an extension. HDC needs this information to grant or decline the request. This applies for all sections</li> </ul>	DSD/FC QLO	1 week Prior to due date

**Section 34 (1)(d) Referral of complaint to health care provider** to whom the complaint relates and can be appropriately resolved by the provider.

<b>Actions</b>	<b>Responsibility</b>	<b>Timeframe</b>
<b>Receive &amp; Plan</b>	<b>Responsibility</b>	<b>Timeframe</b>
<ul style="list-style-type: none"> <li>Log complaint in SafetyFirst</li> <li>Link to previous complaints/ coronial requests</li> <li>Send to key people within the division (s) i.e. CD/GM/ DSD outlining the complaint and the lead co-ordinator (in case of Multi-division complaints)</li> <li>Copy in Feedback Central team <a href="mailto:feedbackcentral@middlemore.co.nz">feedbackcentral@middlemore.co.nz</a></li> </ul>	CMO EA	Within 3 working days of receipt
<ul style="list-style-type: none"> <li>Make up w: group shared folder</li> <li>Acknowledge the complaint and check how the complainant would like their complaint resolved (written response or meeting)</li> <li>FC co-ordinates responses for multi-Division complaints</li> </ul>	FC  FC (QLO)	5 working days
<b>Single Divisions complaints</b>		
<ul style="list-style-type: none"> <li>Identify the division investigation lead</li> <li>Division to collate information and draft responses</li> </ul>	DSD	7-10 days before due date

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<ul style="list-style-type: none"> <li>Once the Advocate's letter is received, add it to same complaint file in SafetyFirst</li> <li>Send acknowledgement letter to the complainant and copy the Advocate</li> <li>Send to key people within the division (s) as above</li> <li>FC co-ordinates responses for multi-division complaints</li> </ul>	FC	Within 5 working days of receipt
<b>Single Divisions complaints</b>		
<ul style="list-style-type: none"> <li>Identify the division investigation lead</li> <li>Division to collate information and draft responses</li> <li>Send final draft response to General Manager or Clinical Director for sign off.</li> <li>Legal Team can be contacted for support</li> </ul>	DSD	7-10 days before due date
<b>Multi Divisions Response (Complaints more than one Divisions (Medicine/ED etc.) are involved)</b>		
<ul style="list-style-type: none"> <li>Division's collate information send through to QLO</li> <li>Save responses in w: drive and SafetyFirst</li> <li>FC QLO draft response and sends it back to contributors/General Manager/Clinical Lead /DSD for review</li> <li>Approved response is sent to CMO for sign off</li> <li>Legal Team can be contacted for support</li> </ul>	FC QLO/ DSD oversight	7-10 days before due date
<b>Respond &amp; Sign off</b>		
<ul style="list-style-type: none"> <li>Single Divisions complaint responses can be signed off by the General Manager or Clinical Director.</li> </ul>	DSD/ GM/CD	3-4 days before due date
<ul style="list-style-type: none"> <li>Multi Divisions complaint responses is signed off by the CMO.</li> </ul>	FC QLO/CMO	
<ul style="list-style-type: none"> <li>Final response sent to complainant and copy the Advocate</li> </ul>	FC	1-2 days before due date
<ul style="list-style-type: none"> <li>Close file in SafetyFirst</li> </ul>	FC	1-2 days before due date

**Section 62 (1) Formal Investigation** the commissioner may require any person to give information relating to any matter under investigation

Actions	Responsibility	Timeframe
<ul style="list-style-type: none"> <li>Re-open and update the relevant complaint in Safety First</li> <li>Send to key people within the division (s) i.e. CD/GM/ DSD outlining the complaint and lead co-ordinator (in case of Multi-division complaints)</li> </ul>	CMO EA	Within 3 working days of receipt

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<ul style="list-style-type: none"> <li>Chief Medical Officer to inform the Interim District Director of any notification received regarding a formal investigation.</li> </ul>	CMO	
<b>Investigate</b>		
<ul style="list-style-type: none"> <li>Identify areas to be investigated and addressed</li> <li>Perform thorough investigation</li> <li>Discuss complaint with Legal if necessary</li> </ul>	DSD/ FC QLO/GM/CD	7-10 days before due date
<ul style="list-style-type: none"> <li>Send final draft response for Legal review once drafted and reviewed by authors</li> <li>Any suggested changes in legal review are discussed with contributors/ authors/ Clinical Director/ General Managers/ CQRMs/ FC QLO</li> <li>Medical notes to be sent to CMO EA for copying</li> </ul>	DSD /QLO for Multi-Division	7-10 days before due date
<ul style="list-style-type: none"> <li>Notify the DHB's insurer of any investigation and the draft final response will need the Insurer's approval before being sent</li> <li>Chief Medical Officer's review and sign off</li> </ul>	LT  CMO	3 days before due date
<ul style="list-style-type: none"> <li>Close file in Safety First</li> </ul>	CMO EA	1-2 days before due date

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extension. The Coroner needs this information to grant or decline the request.		due date
<b>Sign off</b>		
<ul style="list-style-type: none"> <li>DSD to drop off the Final signed report and the medical notes to CMO EA</li> </ul>	DSD	2 days prior to the due date.
<ul style="list-style-type: none"> <li>Final review by the CMO &amp; sign off</li> <li>Close SafetyFirst file</li> <li>scan final report; upload in Clinical Portal</li> </ul>	CMO EA	
<b>Inquest</b>		
<ul style="list-style-type: none"> <li>Process manage by the CMO and Legal</li> </ul>	LT	

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