

Complaints Policy

Function: Operations National

Business Activity: Advocacy & Complaints

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1. Background

- 1.1. Peke Waihanga aims to provide a confidential and impartial patient complaint's service that facilitates a respectful, simple, fair, and speedy resolution and closure of any complaint received.
- 1.2. Peke Waihanga is committed to enabling services users to raise any concerns about actions, services, or outcomes related to the services it provides. Peke Waihanga will do its utmost to find a resolution that meets the needs of the complainant and ensure appropriate learning for the organisation and staff.
- 1.3. Peke Waihanga will manage all complaints in accordance with the Peke Waihanga Code of Conduct, its Privacy Policy and its obligations under the Code of Health and Disability Services Consumers' Rights (HDC Code of Rights), Health Information Privacy Code (HIP Code), and associated legislation.

2. Definitions

Working day: Means any day of the week other than:

- Saturday, Sunday, Good Friday, Easter Monday, Anzac Day, Labour Day, the Sovereign's Birthday, and Waitangi Day; and
- if Waitangi Day or Anzac Day falls on a Saturday or a Sunday, the following Monday; and
- a day in the period commencing with 25 December in any year and ending with 15 January in the following year.

Month: Refers to a calendar month (i.e., 1 October - 1 November) and not four weeks or 20 working days.

As soon as practicable: This will depend on the circumstances and will be different in each case.

3. Principles

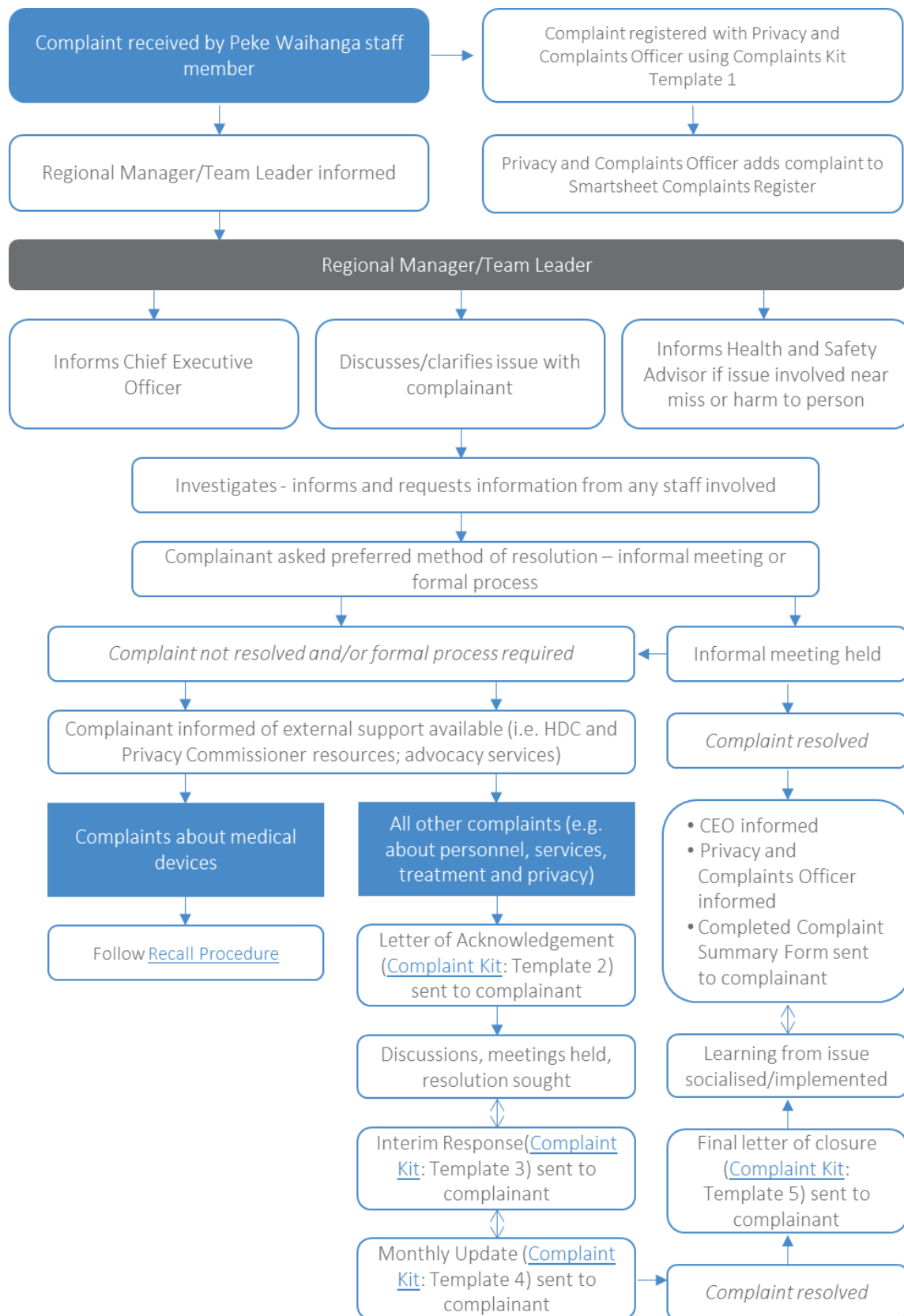
- 3.1. A patient, their family, whānau, and caregiver have a right to report an issue or lodge a complaint regarding any service provided by Peke Waihanga.
- 3.2. Peke Waihanga will take all reasonable steps to ensure complaints are managed in a way that allows the complainant to feel their grievance has been 'heard', and which results in a satisfactory outcome to them and to Peke Waihanga without the need for it to be escalated to external agencies.
- 3.3. Every patient has the right to make a complaint to:
 - the individual(s) who provided the services complained of;
 - any person authorised to receive complaints about Peke Waihanga;
 - any other appropriate person including:
 - i. an independent advocate provided under the Health and Disability Commissioner Act 1994;
 - ii. the Health and Disability Commissioner;
 - iii. the Privacy Commissioner.

- 3.4. Peke Waihanga's complaint process will be managed in as fair, simple, speedy, and efficient manner as possible to minimise stress to the complainant and to any Peke Waihanga employee involved.
- 3.5. Peke Waihanga will ensure the process set out in this policy is followed and that it meets Peke Waihanga' legal obligations.
- 3.6. Peke Waihanga will ensure any learning and recommended improvements gained from managing a complaint will be followed through with relevant changes to its policies and procedures. The Chief Executive will provide appropriate feedback to personnel involved in the complaints process. This will include what lessons have been learnt in resolving the complaint and if any practices of the employee, and/or Peke Waihanga need to be altered.
- 3.7. When managing a complaint Peke Waihanga will:
 - Ensure complaints are managed in a timely manner following the timeframe rules in the HDC Code of Rights and HIP Code (see Section 4).
 - Ensure complaints are handled sensitively and with due consideration to any specific cultural or value a complainant may have.
 - Inform the complainant of the relevant bodies to which they may complain, as set out in section 3.3.
 - Facilitate the complainant receiving resources they can access from relevant external services to support them through the complaints procedure (e.g. The Health & Disability Commissioner's pamphlet of consumer rights and advocacy services).

4. Timeframes

- 4.1. When responding to complaints, Peke Waihanga must comply with by Right 10 of the Health and Disability Commissioner's Code of Rights and Clause 7 of the HIP Code which set out five timeframe rules that Peke Waihanga must comply with when they receive a complaint:
 - (a) The complaint must be acknowledged in writing within 5 working days of receipt (Right 10(6)(a), Clause 7(2)(a)).
 - (b) A decision (see points (c) and (d) below) must be made within 10 working days of giving the written acknowledgment of receipt of the complaint (Right 10(7), Clause 7(2)(b)).
 - (c) If the decision is that more time is required to investigate the complaint, and that more than 20 additional working days will be required, Peke Waihanga must inform the complainant of that (with reasons) within 10 working days of giving written acknowledgment of the complaint (Right 10(7)(b)(ii), Clause 7 (2)(b)(iii)).
 - (d) If the decision is that Peke Waihanga accepts the complaint is justified, or does not accept that it is justified, this decision must be communicated (with reasons, any proposed actions, and any appeal procedure) to the complainant 'as soon as practicable' after making the decision. In this case, the decision must be made within 10 working days of acknowledging the complaint, and then the decision must be communicated to the complainant as soon as practicable after it is made (Right 10(8), Clause 7 (2)(c)).
 - (e) If the complaint relates to the provision of services and therefore must be managed in accordance with Rule 10 of the HDC Code of Rights, Peke Waihanga must inform the complainant about progress on the complaint at intervals of no more than one month (Rule 10(4)).

5. Resolving a complaint



Responding to complaints

- 5.1. Staff receiving a complaint will inform the Regional Manager/ Team Leader of the complaint as soon as possible.
- 5.2. The Regional Manager/ Team Leader will inform the Chief Executive Officer about receipt of a complaint and progress, communications and outcomes relating to it.
- 5.3. All complaints regardless of priority/importance or method of notification; must be registered with the Privacy and Complaints Officer and identified with a tracking number from the 'Information Request' Smartsheet within one working day of being received. Refer to [Complaint Kit](#): Template 1 (Registering a Complaint with Privacy and Complaints Officer).
- 5.4. All communications relating to a complaint in whatever form must be documented in Manaaki.
- 5.5. On receipt of a complaint the Regional Manager/Team Leader (or in his/her absence a Senior Clinician) will discuss the matter with the complainant.
- 5.6. If the complaint is about a faulty medical device, an initial investigation is to be undertaken by the Regional Manager/ Team Leader and Health and Safety Advisor to determine if the fault is due to a manufacturing issue. If deemed a manufacturing fault, refer to the [Recall Procedure](#).
- 5.7. If the complaint is about a staff member, the individual(s) who has had a complaint laid against them should be notified as soon as practicably possible. The person will be asked to respond to the issues raised by the complaint to the Regional Manager/ Team Leader or Senior Prosthetist dealing with the complaint.
- 5.8. Under Right 7(8) of the HDCC Code of Rights, a patient has the right to express a preference as to who will provide services and have that preference met where practicable. A patient can request, but not demand, a second opinion or to be seen by a different health professional. Such requests should be managed in consultation with the Regional Manager/Team Leader.
- 5.9. The complainant is to be asked if they would like to try and resolve the complaint informally through a discussion or a meeting.

Informal process

- 5.10. The discussion may take place in the form of:
 - a telephone conversation;
 - a meeting at a suitable mutually agreed place;
 - a meeting with the multi-disciplinary team at the Centre.
- 5.11. The Regional Manager/ Team Leader must take notes during any discussion and at the end summarise the information on the [Complaint Kit](#): Complaint Summary Form. This is provided to the complainant as confirmation of an accurate summary of what was discussed and agreed. The complainant is asked to record on the form any matter they disagree with and sign and return the form.

Note: If this line of redress is chosen and an outcome achieved, the discussion and outcome of the complaint must be recorded in Manaaki.

Formal process

- 5.12. Unless the complaint has been resolved to the satisfaction of the complainant within five working days of the complaint being received, the Regional Manager/ Team Leader must acknowledge the complaint in writing to the complainant. See [Complaint Kit](#): Template 2 (Letter of Acknowledgement).

- 5.13. If the patient or their family/whānau remain unhappy after any discussions/meetings have taken place and wish to take the complaint further, they must be informed of Peke Waihangā procedure for managing complaints and if they wish they can also complain to:
- The Health and Disability Commissioner if the complaint relates to services provided to a person. They should be provided with the Health & Disability Commissioner's pamphlet of consumer rights and advocacy services (see [Advocacy Services Policy](#), Appendix A for a list of Nationwide Health & Disability Advocacy Services). See also resources listed on [Health and Disability Website](#).
 - The Privacy Commissioner if the complaint relates to the management of health/personal information or alleged breaches of the HIP code. See [Privacy Commissioner website](#) information on making a complaint.
- 5.14. The Regional Manager/ Team Leader must investigate and fully document the complaint on the [Complaint Kit](#): Complaint Summary Form, including any actions taken regarding the complaint. The Regional Manager/ Team Leader should ensure appropriate input from relevant personnel and make every effort to provide a solution which will satisfy the complainant(s).
- 5.15. Peke Waihangā must decide **within 10 working days** of giving written acknowledgement of a complaint to a complainant, whether:
- it accepts the complaint is justified;
 - it does not accept that the complaint is justified; or
 - that more time is needed to investigate the complaint.
- 5.16. If it is determined more time is required to investigate the complaint, and if the **additional time required is more than 20 working days**, Peke Waihangā must inform the complainant of this in writing, within the 10 working days. The reasons why the additional time is required should be included. [Complaint Kit](#): Template 3 (Interim Response Letter).
- 5.17. If Peke Waihangā determines that the complaint is justified, or is not justified, or does not require further investigation, or the additional time required is not more than 20 working days, Peke Waihangā must inform the complainant **as soon as practicable, after making that decision**:
- what decision has been made; and
 - the reasons for that decision; and
 - any actions proposed; and
 - what appeals processes Peke Waihangā has that are available to the complainant; and
 - the right to complain to the relevant external agency (see Section 5.13).
- Note** In this situation, the decision must be made within the 10 working days of giving the complainant written acknowledgment of receipt of the complaint. The decision must then be communicated to the complainant 'as soon as practicable' after the decision is made – the communication with the complainant does NOT need to be within the 10-day timeframe but must be as soon as practicable after the decision has been made.
- 5.18. The complainant must be kept informed of the progress on resolving their complaint. For complaints about any matter that relates to a person's rights under the HDC Code of Rights - Right 10(4) requires Peke Waihangā to provide progress updates **at least monthly** from the date the complaint was acknowledged in writing (which must be within 5 working days of receiving the complaint). [Complaint Kit](#): Template 4 (Monthly Update).
- 5.19. Where the complaint is covered by the requirements of the HIP Code, rather than the HDC Code of Rights, Peke Waihangā will keep the complainant informed of the progress of the complaint on a regular basis, which in most cases will be at least monthly.

- 5.20. Under the HDC Code of Rights Peke Waihanga must ensure that the complainant receives all information held by Peke Waihanga that is or may be relevant to the complaint (Right 10(6)(d)).
- 5.21. Where the complainant is **not the patient** or a person legally entitled to consent on behalf of a patient, then **consent from the patient** concerned should be obtained **prior** to providing the complainant with any identifiable health information about that person.
- 5.22. Once the complaint has been resolved the complainant should be sent the Final Letter of Closure - [Complaint Kit](#): Template 5.

6. Specific responsibilities

Party	Responsibilities
All Employees	<ul style="list-style-type: none"> • Ensure all complaints are treated confidentially, recorded correctly and referred to senior management as soon as possible.
Privacy & Complaints Officer	<ul style="list-style-type: none"> • Maintain records of all complaints received as per this policy. • Is familiar with current Privacy legislation and practice. • Is available to provide Privacy guidance as required.
Regional Managers and Team Leaders	<ul style="list-style-type: none"> • Ensure all employees are aware of and follow correct procedures with regards to dealing with complaints. • Manage individual complaints received as per this policy unless the complaint is escalated to the CEO.
Chief Executive	<ul style="list-style-type: none"> • Provide a framework which allows patient complaints to be facilitated in a respectful manner which ensures a fair and speedy resolution of any complaint received and meets Peke Waihanga' legal obligations.

7. Legal Compliance

- [Health and Disability Commissioner \(Code of Health and Disability Services Consumers' Rights\) Regulations 1996](#)
- [Health and Disability Commissioner Act 1994](#)
- [Health Information Privacy Code 2020](#)
- [Privacy Act 2020](#)
- [State Services Commission Standards of Integrity and Conduct](#)

8. Key related documents

- [Advocacy Services Policy](#)
- [Clinical Governance Policy](#)
- [Code of Conduct Policy](#)
- [Complaint Kit – Templates](#)

- [Discipline and Misconduct Policy](#)
- [Information Protection Policy](#)
- [Privacy Policy](#)
- [Recall Procedure](#)

Document development and approval			
Review period	3 years	Next review date	November 2026
Legal review required?	✓ for major changes	Board approval required?	<input type="checkbox"/>
Interconnected processes and documents affected by this document?	Complaint Kit		

Version history		
Version No.	Version Date	Description of Change
3.8	November 2023	Reviewed, new process diagram, rebranded
3.7	March 2018	Policy links and references updated to reflect changes to Complaint Kit
3.6	September 2018	References changed to encompass patients & growing scope of the organisation. Addition of Privacy & Complaints Officer responsibilities.
3.5	May 2017	Addition of paragraph regarding second opinion for patients
3.4	October 2016	Update reference to managers/team leader & Manaaki
3.4	February 2016	References added for complaints on faulty medical device
3.2	January 2016	Rebranding
3.1	July 2015	Changes as advised by Claro Law
2.1	December 2013	Review adopted by Board and policy released

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