



QUALITY IMPROVEMENT MANUAL

QUA103 COMPLAINTS POLICY

PURPOSE

The purpose of this policy is to provide guidelines for kaimahi that ensure that all complaints received by Te Rūnanga o Ngāi Tamawhariua (TRONT) are managed and responded in compliance with relevant legislation.

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1. SCOPE

All Board members, kaimahi and clients of TRONT.

2. DEFINITIONS

Complaint	Any expression of dissatisfaction about professional behaviour or quality of service that needs a response from the organisation.
Consumer/Client	A user of the service (service user, family/whānau, guardian, advocate or provider).
Comment	An observation, remark or expression of opinion that highlights a part of the service could be improved, for which no response is required. A positive comment is a compliment. A negative comment is one that highlights a part of the service that could be improved, for which no response is required. Complainants who choose to complain anonymously will have their complaint treated as a negative comment.



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Query	An inquiry or question about some aspect of the service that expects a response. It is not a complaint.
Incident	An internally reported event which: <ul style="list-style-type: none"> ▪ Has resulted in harm to client/consumer, kaimahi or other persons; or ▪ Could have resulted in harm to client/service user, kaimahi or other persons; or ▪ Contravenes TRONT policy, protocol, or procedures; or ▪ Is inconsistent with generally acceptable service / professional standards; or ▪ Results in serious harm as defined by the Health and Safety at Work 2015; or ▪ Results in, or could have resulted in, loss or damage to property and/or the environment; or ▪ Results in loss to systems or process.
Open Complaint	The complaint that has been received by the organisation.
Closed Complaint	Where a response has been sent to the complainant following investigation, detailing the outcome of the investigation, and any action that has or is to be taken as a result. If it does not elicit a further response from the complainant, a closed complaint requires no further action from the organisation.
Resolved Complaint	A resolved complaint is one that is resolved to the satisfaction of the client/service user as evidenced by written acknowledgment, or verbal acknowledgment that has been documented.

3. POLICY

All complaints received by TRONT are managed and responded to in a fair, simple, speedy and efficient manner for resolution, consistent with TRONT obligations under the Code of Health and Disability Services Consumers' Rights (1996) (the Code), the Privacy Act 2020, the Health Information Privacy Code 2020 and associated legislation.

All complaints will be managed:

- To encourage kaimahi to resolve complaints at the point of contact with the complainant.
- To ensure that clients and kaimahi are aware of the complaints procedure and it is easy for clients and kaimahi to access and use.
- To ensure that all complaints are investigated so that the rights of both the complainant and identified kaimahi are respected throughout the investigation process.
- To ensure that the confidentiality and privacy of the individual is maintained at all times.
- To regard complaints as opportunities to continually improve service delivery.
- To ensure that issues arising from the complaints process are forwarded to the Quality Manager or designated authority.

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4. RESPONSIBILITIES

Kaimahi

Kaimahi receiving complaints from clients are accountable for forwarding them to the Manager within 48 hours of receipt.

- If the complaint is verbal, they are required to make a file note and forward it to their Managing Director within 48 hours of receipt. The file note should record the date communication occurred, a summary of the complaint resolution if applicable and any subsequent action taken.
- Kaimahi are required to initiate immediate resolution where practicable.
- If the complainant chooses to make a written complaint, the kaimahi will provide support and advice. A written complaint can be made by letter or by utilising the NMO complaints form and will be submitted to the Managing Director.
- The Manager will delegate the management of the complaint process to the Quality Manager or delegated authority.

Kaimahi who have a complaint are encouraged to initiate resolution through discussion with the Managing Director or the Quality Manager in the first instance.

- If the kaimahi member chooses to make a written complaint they should do so via a letter or by utilising the organisation's Complaints Notification form and submit to the Manager.
- The Manager will delegate the management of the complaint process to the Quality Manager or delegated authority.
- Kaimahi need to be aware that the investigation process may require that any person's named in the complaint may need to be interviewed (in confidence) to enable the Quality Manager or delegated authority to reach an impartial and fair outcome.

Refer to 14. Complaints Procedure Flowchart and QUA200 Complaints Notification Form.

Quality Manager

- The Quality Manager or delegated authority has responsibility for the complaint management process and is accountable for:
 - Ensuring information pamphlets and posters are displayed throughout the services informing /clients/service users about the complaints procedure.
Refer to QUA300 Complaints Process Information
 - Receiving all complaints.
 - Maintaining a record of all complaints received.
 - Liaising with relevant kaimahi to ensure the complaint is resolved.
 - Providing support and advice in complaint resolution process.
 - Coordinating the investigation into complaints.

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- If a facilitated meeting is to be held, facilitating that meeting if required, and keeping notes of that meeting.
- Recording all outcomes, follow-up actions and whether they are completed by the set date.
- Providing a feedback loop to kaimahi.
- Monitoring the complaint resolution process to ensure it is client focussed, and meets the requirements of the Code. In the case of kaimahi, the process needs to ensure compliance with relevant employment standards.

5. COMPLAINTS REVIEW

All complaints are reviewed at senior management team meetings, which ensures that:

- Complaints presented at meetings are monitored to ensure compliance with the Code, relevant employment standards and this policy.
- Quality improvement opportunities arising out of the complaint process are identified.

Bi-monthly reports are submitted by the Manager to the Board of Trustees, outlining activities and resolutions as appropriate.

6. SERIOUS COMPLAINTS

A serious complaint is where there is any serious allegation against TRONT. The following are examples of what may constitute a serious complaint:

- A complaint which has the potential risk of a legal claim.
- Any allegation regarding the breach of legislation, regulations, or an ethical code of conduct e.g. breaches of the Code of Rights regulations.
- Discrimination according to race, gender, age, etc. including allegations about being neglectful, or otherwise having acted improperly.
- Where kaimahi appear to be practicing outside of a TRONT policy.
- A complaint that has attracted media attention.

All serious complaints must be brought to the immediate attention of the Manager. This is to protect both kaimahi and the organisation.

7. LEGISLATIVE REQUIREMENTS

a) 5 Working Days

All complaints are acknowledged in writing within five working days of receipt, unless resolved to the satisfaction of the client within that period. Complaint resolution must be documented.

b) 20 Working Days

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All complaints are responded to in full, within 20 working days, or the client is informed in writing of the need for further time in writing.

c) Over 20 Working Days

The client is given monthly written updates if the process takes longer than 20 working days. Minimum information must include:

- Acknowledgement of receipt of the complaint.
- Advising the complainant who will be investigating the complaint.
- Informing the complainant of the complaint management process, timeframes and appeal process.
- Informing the complainant about the Health and Disability Consumers Code of Rights and provides contact details.
- Advising the complainant about the Health Advocates Trust and the Health and Disability Commissioner and provides contact details.

The response letter must:

- Advise the complainant who were consulted in the course of investigating the complaint.
- Identify the issues the complainant complained about.
- Respond to each issue.
- Advise what actions will be taken to follow up the issues complained of.
- Request the complainant to confirm whether or not they are satisfied with the response.
- Provide the complainant with contact details for the Health and Disability Commissioner and or Privacy Commissioner as appropriate, if dissatisfied with the response.

8. HABITUAL OR VEXATIOUS COMPLAINTS

The key consideration when dealing with habitual or vexatious complaints is to ensure that the complaints procedure has been correctly implemented and that no material element of a complaint has been overlooked or inadequately addressed. In doing so it should be appreciated that even habitual or vexatious complainants may have issues which contain some substance. The need to ensure an equitable approach is crucial.

If it is considered that all aspects of the complaint have been addressed, the complainant has been offered the opportunity to appeal the complaint, and still persists in stating their dissatisfaction; they should be reminded of the opportunity to access the Health and Disability Commissioner or the Privacy Commissioner as appropriate for an independent investigation into the complaint.

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9. SECURITY AND RETENTION OF INFORMATION

Material collected as part of the investigative process is centrally filed with the Quality Manager. Access is limited to authorised kaimahi. All closed complaints are to be filed in one central location. Material is retained indefinitely.

Complaints are to be stored in a secure confidential location.

10. PRIVACY IMPLICATIONS

Complaints may contain personal information about the client, kaimahi or other people. Under the Privacy legislation, this means that the information should only be used in ways that are necessary to manage the complaint. Appropriate steps must be taken to keep personal information secure e.g. complaints should not be discussed in public areas; complaint information should be stored in a secure location such as the Manager's office. Consent for disclosure of personal information must be obtained from the person implicated if complaints are lodged by a third party.

11. PERFORMANCE MEASURE

Ultimate responsibility for the organisation including complaints rests with the Manager who is responsible to their Board of Trustees for legal compliance.

12. RELATED DOCUMENTS

National	Health & Disability Sector Standards 8134:2008 Health and Safety at Work Act 2015 Privacy Act 2020 Health Information Privacy Code 2020 New Zealand Public Health and Disability Act 2000 The Code of Health and Disability Services Consumers Rights (1996)
Policy	SD101 Privacy Policy SD102 Health Information Privacy
Forms	QUA200 Complaints Notification Form
Resources	QUA303/1 Complaints Process Information Sheet QUA303/2 Complaints Process Flowchart

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13. COMPLAINTS PROCEDURE FLOWCHART

Task	Action	Responsibility	Timeframe
Verbal Complaint	<p>Kaimahi must attempt to resolve issues using solution focused skills.</p>	Kaimahi	
	<p>File note completed that includes:</p> <ul style="list-style-type: none"> a record of the date communication occurred, a summary of the complaint resolution if applicable, and any subsequent action taken. 		
	File note submitted to Manager and copy to Quality Manager.		
(1) Written Complaint received through kaimahi and/or Manager	<p>If issue not resolved, provide support to complainant and advise on written complaint process.</p> <p>Document verbal complaint (preferably utilising the TRONT Complaints Form but a letter from the complainant will suffice) that includes the following details:</p> <ul style="list-style-type: none"> date communication occurred summary of complaint any subsequent action taken. <p>Submit the written complaint:</p> <ul style="list-style-type: none"> to Manager copy to Quality Manager 	Managing Director	Within 48 hours
(2) Written Complaint received directly	<p>Letter of complaint received by any kaimahi:</p> <ul style="list-style-type: none"> submitted to Manager and discussed with Quality Manager. 	Kaimahi Managing Director	
Acknowledgement	<p>Letter of acknowledgement sent to complainant. To include:</p> <ul style="list-style-type: none"> Acknowledge receipt of the complaint. Advise the complainant who will be 	Quality Manager	



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Task	Action	Responsibility	Timeframe
	<p>investigating the complaint.</p> <ul style="list-style-type: none"> • Inform the complainant of the complaint management process, timeframes and appeal process. • Inform the complainant about the Health and Disability Consumers Code of Rights. • Advise them about the Health and Disability Commissioner. 		
Investigation	<p>Quality Manager to carry out investigation that may involve (with the consent of both parties):</p> <ul style="list-style-type: none"> • Individual interviews. • Mediation. • Liaison with other kaimahi who may have been affected. <p>Quality Manager responsible for:</p> <ul style="list-style-type: none"> • Keeping notes of all meetings, recording outcomes and follow up actions. • Providing a feedback loop to all parties involved as appropriate. 	Quality Manager	Within 20 working days
Ongoing Investigation	<ul style="list-style-type: none"> • If it becomes obvious that the investigation will need further time, the complainant must be provided with monthly documented updates. 		
Resolution	<p>Letter provided to advise the complainant who were consulted in the course of investigating the complaint, and:</p> <ul style="list-style-type: none"> • Identifies the issues the complainant complained about. • Responds to each issue. • Advises what actions will be taken to follow up the issues complained of. • Requests the complainant to confirm whether or not they are satisfied with the response. • Informs about the in-house appeals process if 		Over 20 working days



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Task	Action	Responsibility	Timeframe
	<p>they wish the complaint to be reviewed.</p> <ul style="list-style-type: none"> • Informs complainant that if they are not satisfied they have the right to refer the matter to the Health and Disability Commissioner. 		
Review	<p>Report provided to the executive team as the appropriate quality improvement forum where:</p> <ul style="list-style-type: none"> • Complaints presented at meetings are monitored to ensure compliance with the Code of Health & Disability Services Consumers' Rights, and TRONT Complaints Policy. • Quality improvement opportunities arising out of the complaint process are identified. 	Quality Manager	Senior Management Team meeting
Report	<p>Complaint recorded in Complaints Register which is included in the monthly Quality Board of Trustees report.</p>		Monthly
Security & Retention of Information	<ul style="list-style-type: none"> • Material collected as part of the investigative process is centrally filed. • Access is limited to authorised kaimahi. • Material is retained indefinitely. 		As required