CCPC Welcomes feedback from those who have contact with the organisation. We will use this feedback to improve our services.

The information below can be placed on the website, flyers and various brochures produced for the services provided by CCPC. Central Coast Primary Care encourages people to provide feedback whether it is in the form of a complaint or feedback of any kind, from people who are concerned about the quality of the health care provided by staff or contractors of the Central Coast Primary Care.

Complaints and feedback can be made by telephone, email, and fax or on our website. People are also welcome to visit our office. Contact details are provided below:

- Phone: (02) 4365 2294
- Email: CCPC@CCPC.com.au
- Fax: (02) 4365 3836
- Mail and Location Address: 167b The Entrance Rd, Erina NSW 2250 on-line or download a complaint form at http://www.CCPC.com.au

Each clinical service also has specific processes in place to receive, record and respond to a complaint or feedback. Refer to Clinical Services Complaint and Grievance Policy for more information.

This policy applies to all clients, participants and stakeholders of Central Coast Primary Care. The purpose of this Policy is to:

- Inform each person of their right to complain and work with the person, their families and carer to try and resolve the issue.
- Provide a safe environment for each person to make a complaint.
- Ensure that there are no negative consequences or retribution for any person who makes a complaint.
- Support participation in the complaint handling process of any person wanting to make a complaint and work with the person to identify the desired outcome.
- Treat each person making a complaint in a manner that protects their privacy and respects confidentiality.
- Provide fair and timely resolution of complaints.
- Keep each person informed at all stages of the decision making process concerning their complaint and the reasons for those decisions.
- Inform each person of their right to complain to an external body.
- Ensure concerns and complaints are handled impartially, justly, confidentially and with the appropriate sensitivity.
- Define the responsibilities and rights of all parties.
- Enable CCPC to respond to its changing environment and adapt any systems, processes and approaches that may be identified as an issue as part of any complaint or complaint process.

**Discrimination, Abuse, Neglect or Exploitation**

CCPC will support any client/consumer and their family or carer who wishes to raise allegations of discrimination, abuse, neglect or exploitation according to the CCPC Mandatory Reporting Policy.

**FEEDBACK PROCEDURE**

We welcome feedback from everyone. We will respond to all feedback and it will be treated in a confidential manner.

In particular, complaints will be assessed and resolved wherever possible within 5 working days. If there is a delay you will be kept up-to-date with the progress either in writing or verbally from the CCPC employee who is processing the complaint.
COMPLAINT PROCEDURE

1. Receiving a complaint
You can make a complaint verbally in the first instance with the CCPC employee you are most comfortable with. We encourage the informal resolutions of complaints where possible. CCPC will support anyone making a complaint or providing feedback with individual, cultural and linguistic needs throughout the process. For example, CCPC clients have a right to communicate in the language of their choice. If requested we will source an interpreter on the individual’s behalf from the National Interpreter Service (www.multicultural.nsw.gov.au) to assist with the process.
CCPC will provide advocacy to assist individuals with a disability to have their legal and human rights upheld and to be treated with dignity and respect. CCPC have staff who are experienced in providing advocacy services. Alternatively we will provide contact details of other providers in the area.
We encourage complaints to be submitted in writing. The complaint will be acknowledged in writing within 5 business days by the manager appointed to process.
Details of the complaint will be submitted to the CCPC Quality Committee on a Continuous Improvement Form, and it will be filed in a secure location. All further correspondence and documentation relating to the complaint will also be filed securely with it.
The CCPC Team Leader or Manager (or nominee) will assist the complainant by sensitively and carefully listening to the complaint, explaining the options available and helping the person decide if they wish to proceed to an informal conciliatory or formal internal investigation process.

GENERAL PROCEDURE

Conciliation
If the complainant chooses to proceed to an informal conciliatory process, the steps taken are as follows:
1. The complainant may approach the other party directly or ask the CCPC Team Leader or Manager (or nominee) to approach the other person or persons on their behalf. If a third party is to be involved in resolution, it is recommended that a trained conciliator/mediator be involved to assist the parties. A mutually convenient meeting time will be set within 15 working days of the complaint being made.
2. If the other person or persons admit to the behaviour or the acts complained about, and an agreement between the parties is reached, the complaint is resolved.
3. Even if the person does not admit to the behaviour or acts complained about, the parties may be able to agree to an outcome that is acceptable to the complainant and the other parties.
4. If an acceptable outcome is reached the Manager will be responsible for ensuring that the appropriate people who need to know about the outcome are informed so that the outcome is implemented and followed.

2. Investigation and Resolution Process

Formal Complaint
If the complainant wishes for CCPC to pursue a formal internal investigation process, steps taken are as follows:
1. The complaint is directed to the relevant manager (or delegate) to begin the complaint investigation and resolution procedure. If the nature of complaint warrants and there is a high risk of harm to the person, the matter is deemed ‘urgent’ and the CEO is notified immediately.
The complainant will be interviewed and the allegations will be particularised in writing. During this interview and in any consequent stages of the process an appropriate support person may support the complainant.
2. If the complaint relates to the manager of a clinical service, the complaint will be directed to the CEO who will consult with the Clinical Leader, if appropriate, and appoint a delegate to investigate the
complaint. At no time should the investigation of a complaint be conducted by the CCPC staff member of whom the complaint refers to.

3. A letter of acknowledgement to the complainant is provided by the manager (or delegate) within 5 working days of receipt.

4. The investigator will present the allegations in full to the other party or parties.

5. If there are any disputes over facts, the investigator will interview any witnesses and gather evidence that will assist in making a finding, and gather any other relevant evidence that will assist in making a finding. Based on the facts of the matter the investigator will make a finding whether the complaint has substance.

6. A report documenting the investigation process, the evidence, the findings and a recommended outcome will be made to the CEO. The CEO will assess the report, consult with any appropriate parties (not the parties to the complaint) and implement an appropriate outcome.

7. The CEO will advise the direct parties to the complaint and any other relevant parties of their decision within 15 working days.

8. If the complainant is unsatisfied with the outcome, then they may choose to take further steps and complain to an external body.

- If resolution is not immediately possible seek further advice from the CEO and advise the complainant that they can refer their complaint to the Health Care Complaints Commission (HCCC)
- The final decision concerning the resolution of a complaint will be discussed with the complainant. If requested, a written report of the decision, along with reasons, will be provided to the complainant.
- The Continuous Improvement Form (CIF) is completed, with any investigation and documentation recorded on the ‘Investigation of a Complaint’ form (refer to BMS template). For non-clinical occurrence the CIF is reported to the Quality Meeting, while clinical occurrences are reported to the Clinical Governance Committee prior to being tabled at the Quality Meeting.
- All completed Continuous Improvement Forms are retained by the HR Officer
- It is the responsibility of the Clinical Leader to report significant clinical events to the Clinical Governance Committee
- A summary of significant concerns and complaints will be provided to the Board in regular CEO communication.

**Serious Complaints**

In the case of serious complaints where there is the threat of legal action, the CEO will immediately notify the Board Chair and the organisation’s insurers. No action is to be taken without the advice and direction of the insurers.

**Providing feedback on the Resolution Process**

As soon as practicable, written feedback regarding the complaint will be provided to the complainant, unless the complaint was made anonymously. This will include what, if any action was required or undertaken, and what has been implemented to prevent or minimise the issue from happening in the future. When an investigation is required, the complainant will be kept informed on at least a weekly basis with regard to the progress of the investigation.

**Open Disclosure**

At times during the delivery of clinical services, adverse events and patient harm may occur. In the event of such an occurrence, CCPC is committed to open disclosure and will clearly communicate information relating to the event with the patient, their family and carers. Open disclosure includes:

- Open and timely communication in an ongoing manner if required
- Acknowledgement that an event has occurred
- An apology or expression of regret avoiding speculative statements, admission of liability or apportioning blame
• Supporting, and meeting the needs and expectations of the patient, their family and carers
• Supporting, and meeting the needs and expectations of those providing the health care
• Integrated clinical risk management and system improvement
• Good governance across the organisation
• Confidentiality as outlined in the Privacy Policy

Open disclosure is inherently complex, and is challenging and difficult for all participants. However, its systematic practice will assist the organisation to manage adverse events compassionately and provide broader benefits through improved clinical communication, systems improvements and promote a culture of openness and trust.

Right to complain to an external body

All clients, participants and stakeholders of Central Coast Primary Care have a right to complain to an external body if they are not satisfied with the service they are being provided. It is their right to make a complaint (where relevant) to the Ombudsman (www.ombo.nsw.gov.au or 02 9286 1000) about the provision of a service by a service provider under the Community Services (Complaints, Review and Monitoring) Act 1993 (NSW).

Other external organisations that may be able to assist with complaints include:
• The NDIS- https://www.ndis.gov.au/about-us/contact-us/feedback-complaints.html or 1800 800 110

Legislation: This policy is underpinned by the following legislation:
• COMMUNITY SERVICES (COMPLAINTS, REVIEWS AND MONITORING) ACT 1993
• PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998
• OMBUDSMAN ACT 1974
• Freedom of Information Act 1989 No 5 (NSW)
• Work Health and Safety Act 2011
• Work Health and Safety Regulation 2011
• Workplace Relations Act 1996 (Clth)
• Workplace Relations Regulations 2006 (Clth)
• Anti-Discrimination Act 1977 No 48 (NSW)
• Disability Discrimination Act 1992 (Clth)
• Racial Discrimination Act 1975 (Clth)
• Sex Discrimination Act 1984 (Clth)
• Age Discrimination Act 2004 (Clth)
• Employees Liability Act 1991 No 4 (NSW)
• Workers Compensation Act 1987 No 70
• Fair Work Act 2009
• Disability Inclusion Act 2014