



CONCERNS & COMPLAINTS MANAGEMENT POLICY AND PROCEDURES

This policy is a central reference document which provides central guidelines only. All staff are accountable for adhering to the policy.

The Cause Collective (TCC) treats all concerns and complaints with dignity and respect. The organisation places a priority on ensuring the safety and wellbeing of our clients, stakeholders, communities and staff by providing a work environment that is respectful, safe and fair.

All concerns and complaints are subject to the principles of natural justice: good faith, good reason and fair process. This means that concerns and complaints will be treated without prejudice, and that complainants and staff will have their privacy respected as part of the process.

This policy is centred on the TCC values of honesty, respect, compassion, courage, service and innovation. These values and the TCC principles of duty and care, effective communication, safe practice, continuous learning and adding value are fundamental to our work and are to be kept in mind when applying this policy.

The organisation will follow current employment legislation and best practice for employers, in addition to the requirements of the employment agreements in place for our staff.

Self-Managed Resolution – internal process

TCC is committed to positive and expedient resolution of all concerns and complaints. The organisation encourages people to raise concerns directly with the person who has behaved in a way causing concern, unless there are safety reasons, or the issue is too serious to try and resolve in this way. If a staff member does not feel comfortable raising a concern by themselves, a support person can accompany them, or an appropriately identified support person can raise it with the person on the staff member's behalf.

Both parties involved should have a chance to be heard respectfully and feel safe to be able to say what they want to say. Both parties must keep in mind that they need to find ways to constructively resolve issues and be able to work with one another in the future.

If self-managed informal resolution is not successful or appropriate, the concern or complaint should be raised with the employee's line manager or another manager or colleague who may

then consult with the Chief of Operations or Chief Executive to work with those involved to resolve the concern or complaint.

Initial Assessment

A concern that is received either verbally or in written format will be assessed using the following criteria by the Investigations Officer:

- a) what the concern is about
- b) how serious or urgent is the concern
- c) whether the concern may indicate a systemic problem
- d) what risks the concern raises for the organisation
- e) what kind of resolution the person lodging the concern is seeking

After considering these matters, a decision can be made on the following:

- the matter can be resolved quickly and informally
- no action should be taken and an explanation for this given to the person lodging the concern
- a formal investigation of the matter is needed to determine whether the concern should be treated as a complaint.

Formal Resolution

If the treatment pathway determined by Management is a formal investigation, this may be completed internally by the team, or it may be agreed that an independent legal advisor is best suited to complete the investigation. The investigation team will endeavour to complete an investigation within one month from when it was logged on to the complaints register.

All formal investigations will be concluded with a Complaint Closure Report and the outcomes of the investigation will be reported back to the complainant in writing. Recommendations and remedial actions following on from the Complaint Closure Report will be actioned as soon as practicable.

Investigations Officer

The Investigations Officer(s) will be supported to provide impartial support for the implementation of this policy through appropriate training.

Application of a Cultural Process

As a Pacific organisation, we recognise the benefits of implementing a resolution process that is grounded in cultural practice where it is appropriate to do so. This should be done by mutual agreement of both parties and does not replace the need for a formal or structured investigation process to be entered in to.

Members of the organisation involved in such a process will ensure that there is the appropriate level of cultural advisory or support available to manage the process.

It is the organisational policy that we do not include a 'koha' or cultural gift as part of the resolution of a concern or complaint. Any matters pertaining to a financial compensation are dealt with as part of a formal process.

Purpose

The purpose of this policy is to provide clear guidelines for staff on managing concerns and complaints. This policy sets out the steps for raising and dealing with concerns and complaints.

This policy:

- a. supports people to resolve minor issues on their own
- b. provides clear guidance for making, dealing with and resolving concerns and complaints
- c. makes sure that the approach taken to dealing with concerns and complaints is fair and it keeps staff feeling safe and supported in the process
- d. endeavours to maintain relationships and keep mana intact by enabling culturally appropriate processes while complying with organisational policy and NZ legislation.

Scope

This policy applies to all TCC Board members, employees, contractors and volunteers.

For more serious complaints involving staff that have the potential to develop into a competency or disciplinary situation, it is advisable to ensure that the process entered in to

allows for this scenario at the beginning. This process is by the organisation's Staff Code of Conduct and Disciplinary Procedures Policy.

Definitions

A **concern** is a low-level query or statement by a staff member, client, stakeholder or other individual which relates to an employee, management practice or decision, or other aspect of The Cause Collective's policies or operations. A concern is most likely to be resolved by discussion, clarification, information or very low-level corrective measures only – not disciplinary action.

A **complaint** is a more serious statement or expression of dissatisfaction made by a staff member, stakeholder, visitor, or a member of the community regarding an event that has occurred, a system or process related to The Cause Collective's practices, staff members or other aspect of the organisation's policies or procedures that has not met that person's expectations for some reason. A complaint is more likely to require corrective measures or disciplinary action.

A **concern** is determined to be a **complaint** once an initial investigation by the Investigations Officer has been completed and it is found that a **formal investigation** is required.

Concerns and complaints may be either verbal or written.

The **Investigations Officer** for the organisation is usually the Privacy Officer for the organisation but may also be the Chief of Operations or the Chief Executive or other suitable Manager depending on the nature of the concern or complaint received. The Investigations Officer must be able to act sensitively and be impartial. They have the authority to act to resolve a concern or complaint quickly, or to refer the matter to someone in the organisation who has authority to act.

A **Concerns and Complaints Register** is maintained by the Investigations Officer and documents all concerns and complaints made across the organisation. This includes a record of the treatment pathway and resolution process. The Concerns and Complaints Register is to be reported to the Board on a six-monthly basis.

Procedure

Concerns

For low level concerns, the course of action may be as simple as discussions between the staff and the person who lodged the concern. No formal documentation would generally be required.

Verbal Complaints

Verbal complaint are to be documented, either by the person raising the matter or by the person receiving it and are to be managed in the same manner as a written complaint. Verbal concerns/complaints are to be logged onto the Concerns/Complaints Register by the end of the day on which it was received.

An effort must be made to resolve the matter immediately where possible.

Written Concerns/Complaints

All written concerns/complaints are to be forwarded to the Investigations / Privacy Officer. Written concerns/complaints or those received via the website are to be logged onto the Concerns/Complaints register. This is to be done by the end of the day on which it is received.

Acknowledgement of Complaint

All written complaints where the complainant wishes to identify themselves are to be acknowledged within **72 hours** of the complaint being logged onto the complaints register [see flowchart: Concerns/Complaints Management Process].

Initial Assessment and Investigation of the Concern

The Investigations Officer convenes the relevant Management staff within **72 hours** to discuss the concern and treatment pathway. If the concern is determined to be a complaint and requires a formal investigation, the Investigations Officer works with the relevant Strategy Group manager to appoint an investigations team. This may include external and independent legal, HR or cultural representation.

The Investigations Officer is responsible for updating the concerns/complaints register.



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If there is an immediate risk to clients, stakeholders, visitors or staff, the concern will be assessed as soon as possible (within 24 hours), and a treatment pathway identified. This may include identifying a management team to support an internal investigation.

Of the additional time required to investigate the concern, if it is more than 20 working days, the person who lodged the concern is to be informed and advised of the reasons why.

Staff Identified in a Concern/Complaint

Staff named in or associated with a concern/complaint are advised as soon as possible prior to any investigation commencing and will be supported with dignity and respect throughout the investigation process.

Staff named in a concern/complaint can expect to receive a copy of the written concern/complaint, or at a minimum, a written record detailing the concern/complaint.

Staff may be asked to meet with the person who lodged the concern to assist in resolution.

The staff member should be provided with a copy of this policy and reminded that they can have a support person present during any discussion, provided the other party receives reasonable notification that a support person will be present.

At the completion of an investigation process, Management will meet with the staff member to advise of the findings of the Closure Report and any remedial actions that are required.

Staff named in a formal complaint are not able to participate in an investigation team. In some instances, it may be decided that the formal investigation process will be conducted by an independent external party.

Investigation and Closure Report

Once the internal investigation is concluded, a Closure Report will be developed. The report will include:

- the process undertaken to investigate the concern/complaint, including members of the investigation team – their roles and responsibilities in the investigation

- an overview of the facts of the investigation (e.g.: timeline of events, a copy of correspondence between parties, including texts and emails etc.).
- summary of staff interviews
- summary of findings
- recommendations and learning, including any remedial actions to be taken.

If a formal investigation of a complaint is noted on the Governance Risk Register, the Closure Report may be sent to the Board Chairperson for their information. In this case, the Board Chair will determine how the complaint closure is reported back to the Board based on the nature of the complaint and in adherence with the organisation's Privacy Policy.

The Board may take external advice and offer the complainant further options for resolution.

Actions

Once the Closure Report has been completed, a summary of the findings of the report will be fed back to the complainant in writing. The Chief Executive in consultation with the Chief of Operations and Chairperson may determine that a verbal report to the complainant may be sufficient in some circumstances.

Where there are actions identified for Management, these will be implemented as soon as possible.

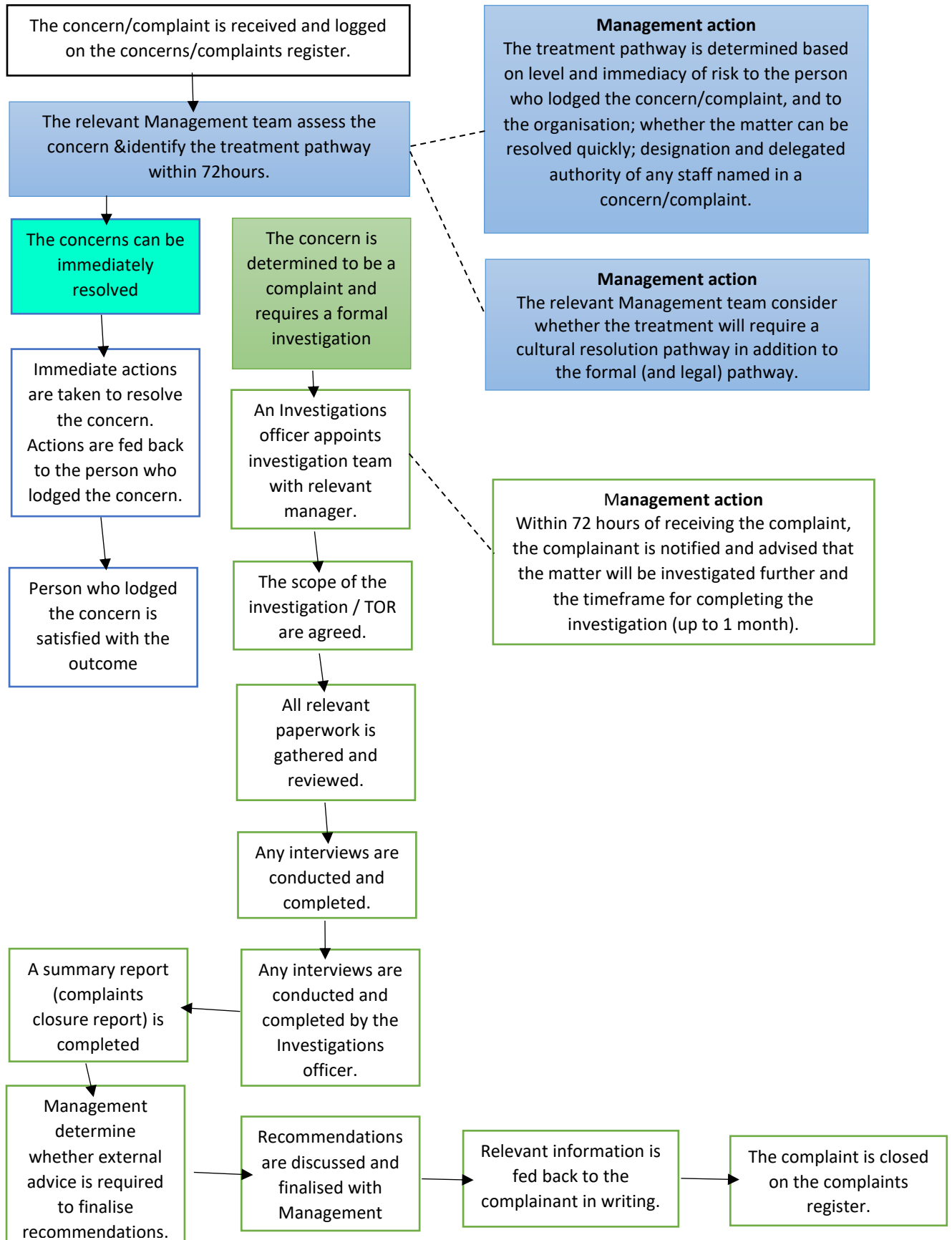
Where an apology is required, this should be made without delay by the appropriate party

Relevant documentation and resources

- Privacy Policy
- Child Protection Policy/Procedures
- Staff Code of Conduct and Disciplinary Procedures Policy
- Concerns and Complaints Register – Management and Finance, Audit and Risk Committee
- Letter Templates: Acknowledgement of Receipt of Concern and Complaint, Outcome of Investigation

Concerns/Complaints management process

The following procedure is the process to be followed in the handling of a concern/complaint:





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Appendix

Primary Health Care Specific “Complaints Reporting and Management” requirements aligned to the DHC Code of Rights (Right 10)

- A consumer complaint is any expression of dissatisfaction received from a patient, Patient whanau, member/s of the community, associated providers for example, NGO health providers secondary care, Te Whatu Ora departments.
- A consumer may instead, or in addition, involve the Health Advocacy services which is a service provided by The Health and Disability Commissioners Office
- Any health related complaints must be managed using the following time frame:
 - All written complaints where the complainant wishes to identify themselves are to be acknowledged within 5 working days of receipt.
 - If the complaint is able to be resolved within 5 days, only a letter of response is required.
 - Where appropriate, meetings with relevant staff or providers should be arranged immediately or as soon as practicable post receipt of the complaint.
 - All complaints must be investigated within 10 working days of acknowledgement to decide whether the complaint is justified/substantiated.
 - If the additional time required to investigate the complaint is more than 20 working days, the complainant is to be informed and advised of the reasons for the delay and provided with an updated timeframe.
 - The complainant must be updated on the progress of their complaint at intervals of not more than one month.
- General practice and the PHO must maintain a register of all complaints received or they have been involved with supporting the management of, including the date of acknowledgement, the date of closure and any learnings.
- All documents related to complaints must be held in a confidential file only accessible to Senior staff.

Reference link - <https://www.hdc.org.nz/>