



Dr Joe McGirr MP
Member for Wagga Wagga
Chair, Committee on the Health Care Complaints Commission
Parliament House
6 Macquarie Street
Sydney NSW 2000

Dear Dr McGirr

I am writing in response to the Joint Committee on the Health Care Complaints Commission's Review of the organisation's 2021-22 and 2022-23 Annual Reports.

The Health Care Complaints Commission (HCCC) noted Recommendation 5 of the review:

Recommendation 5 - That the Health Care Complaints Commission report back to the Committee in early 2025 on actions it intends to take to address the recommendations made by the Select Committee on Birth Trauma, relating to:

- accessible and trauma-informed support for complainants (Recommendation 40)*
- the public reporting of complaints data relating to maternity care and birth trauma (Recommendation 43)*

My purpose in writing is to provide the requested update to the Committee.

Accessible and trauma-informed support for complainants

The Health Care Complaints Commission recognises that complainants who have traumatic birth events may be vulnerable, may be isolated, and can be deeply affected by their experiences. The treatment provided in these events can result in lasting distress and impacts for women and their babies, partners and families.

The Commission acknowledges that birth trauma may be physical and/or psychological and may occur in circumstances where the maternity care provided is considered to have been technically and clinically sound.

The Commission takes a careful approach to the management of these complaints, focusing on three elements: timely and sensitive progression of complaints, open and consistent communication, and identifying the best and most appropriate management of the complaint.

The approach of the Commission to managing these events is set out below, highlighting existing approaches, recently implemented changes and further proposed improvements.

The Commission has made organisational changes to support improved management of complaints on this issue.

- *Transition from individual caseloads to multi-disciplinary teams*

Changes were implemented in April 2024 so that case officers now work in teams of no more than five people, with senior oversight. Our teams are comprised of staff with a range of skills, experience and capabilities, including health practitioners, social workers, and experienced regulators.

The shift to team-based caseload management enables shared understanding of a complainant's story within the team. This means that sensitive handling of the complaint is maintained regardless of staff movements and reduces instances where a complainant may need to retell their story throughout the life of their complaint.

At the outset of the handling of a complaint, a case officer is assigned as the lead. That officer begins a relationship with the complainant early in the handling process. However, they consult with the various members of their team about the complaint and ensure that complainants are aware of any hand over of their case at any time, such as during any period of staff leave or other movements.

This model has been adopted in recognition of the need to provide complainants with safe, predictable communication about the progress of their complaint, and the need to avoid re-traumatising patients by having them unnecessarily retell their story throughout the life of the complaint.

- *Re-location of the Enquiries function to the complaints Assessment Division*

The Commission has re-focused and re-located its Enquiry Service within its complaints intake team, in the Assessment division. The service was formally moved in 2024.

The Commission recognises that people who have been through difficult and deeply affecting experiences, including birth trauma, may require support making a complaint in writing.

The Enquiry Service is often a complainant's first point of contact with the Commission. Enquiry officers provide information about how members of the public can make complaints and answer questions about health services in general. The relocation of the service within the complaints intake team was aimed at assisting vulnerable complainants to make a complaint with the assistance of trained intake staff. Intake staff then facilitate sensitive handover of case management to assessment teams.

In the 10 months since this transition (in April 2024), the enquiries service has assisted approximately 75 members of the public to put their complaints in writing. This represents an increase in Commission-assisted complaints of more than 800%.

The Commission's approach to complaints relating to birth trauma

- *Timely and sensitive progression of complaints*

The Assessments Division's Triage team highlights complaints relating to maternity care which have features that correlate to 'birth trauma' even if complainants do not use that term.

The team draws attention to matters involving:

- the loss of a child;
- the loss of a spouse;
- the location of the complainant and potential limited access to services;
- significant dates for the complainant; and
- other specific vulnerabilities, such as the complainant expecting to give birth again, or isolation from support services.

Complaints are triaged and flagged as potentially concerning traumatic birthing experiences within three days of receipt. An officer who will manage the complaints assessment contacts the complainant to understand and discuss what it is they would like to see happen as a result of their complaint.

Where a facility is involved, the Commission's Resolution Service is involved early in the process. More detail is provided below regarding the Resolution Service.

Where complaints include concerns relating to the service provided by individual registered practitioners, the Commission continues to tightly coordinate co-regulatory management in collaboration with the 15 health professional councils in NSW managed by the Health Professional Councils Authority (HPCA). Concerns relating to practitioners' 'conduct' remain under the management of the Commission. Concerns relating to the 'performance' and 'health' of individual practitioners that may have impacted on their individual provision of care to patients are managed by the respective Council outside of the Commission's complaints management.

Where complaints raise concerns about the health or performance of individual practitioners who provided service in NSW, the Commission engages the individual in the process and collaborates on consideration for any future management of the practitioner with the Australian Health Practitioner Regulation Agency (AHPRA).

▪ *Open and consistent communication*

The Commission's staff includes people who are former health practitioners such as nurses and midwives, medical practitioners, and social workers who are skilled in trauma-informed communication and case management.

As noted above, complaints are managed in teams of five or fewer, with a designated case officer having primary responsibility for contact with the complainant to enable continuity in service for complainants.

Detailed understanding of the complainant and family's circumstance and vulnerabilities is documented and built up over the course of the Commission's management of the complaint with the intention that complainants do not have to repeat their story multiple times.

Current best practice directions for Commission-initiated contact with complainants are:

- Contact by phone (or preferred contact method) at the outset of our assessment (within 4 days of receipt);
- Informing complainants that they may contact the Commission at any time and who their case lead is;
- Clarifying particulars, any further information required, timeframes, expectations and procedures, including that there will be;
 - contact when more information is required,
 - contact when a response from the health service provider has been obtained,

- contact by phone (or preferred contact method) prior to the provision of a written outcome of our assessment.

These best practices are a guide, and a contact schedule for each individual complaint is established based on the complainant's preferences and the nature of the assessment in the initial contact with the complainant.

- *Restoring trust and confidence in accessing future healthcare (resolution focus)*

The experience of the Commission in working with complainants is that complaints about maternity care, including birth trauma, will often be well-suited to utilising the resolution services of the HCCC.

This Commission's Assisted Resolution Service focusses on providing complainants and health service providers with a facilitated opportunity to hear from each other about what happened during their pregnancy and/or birth, and reasons for decisions taken at each step of the journey. Complainants can ask questions, and the aim is to provide a more complete understanding of all elements of the maternity care provided.

Resolution activities are particularly aimed at restoring trust in health services, including for complainants who need continued access to the same services and practitioners. This might be the case for families in rural or remote areas, or where complainants might need to access the service for ongoing care for themselves, or their children, or where they are planning to have further pregnancy and birth care in the same location as where the incident occurred.

These resolution sessions can be run separate to any investigation of clinical care provided by individual practitioners. Individual practitioners found to have performance deficits or health impairments are managed separately by the relevant health professional councils but can also form the basis of a referral to the Investigations Division with the possibility of disciplinary prosecution where the conduct is serious.

The Commission thoroughly establishes the particulars of each individual complaint relating to birth trauma with a view to using this information to strengthen the understanding of birth trauma among health service providers. This enables improved experiences and better health and wellbeing outcomes during pregnancy and birth, and in many cases contributes to identifying systemic improvements within the facility.

Generally, the Commission involves its resolution service in most complaints related to birth trauma to ensure complainants are heard by service providers, with the Commission helping to facilitate this conversation. Resolution staff attend in person meetings with families and service providers to assist both parties in processing the impacts on complainants and to understand how experiences in the future may be improved.

New and ongoing improvements

- *Staff training and professional development*

The Commission understands that it needs to ensure that staff members bring a trauma-informed lens to their relationships with complainants and health service providers. Along with the structural shift in focus outlined above, the Commission has begun to integrate trauma-informed modes of service into the ongoing training program for staff.

In September 2024 training was provided for all Commission staff, centred on trauma-informed healthcare, and trauma-informed complaints management. Training is also being made available for Commission staff to support their own wellbeing and management of matters they are exposed to through their work.

Trauma-informed care and complaints management will be an important pillar in the Commission's workplace training program on an ongoing basis.

▪ *Working to evaluate and improve the experience of our customers*

The Commission is committed to removing difficulties our customers (complainants and health service providers) experience in accessing the Commission's service, including to resolve complaints more quickly. We recognise that providing ease of service is crucial to ensuring we receive complaints from the public that will result in bridging the gap between community expectations and those of health service providers.

To this end, the Commission is currently engaged in a project with the assistance of the Department of Customer Service to evaluate customer experience with our service, and to design improvements to their experience. It is anticipated that the project will deliver key insights into areas where the Commission's customer experience can be meaningfully improved.

The project began in December 2024 and is scheduled for completion in June 2025.

Public reporting of complaints data relating to maternity care and birth trauma

Further consideration and analysis are required to explore the feasibility of reporting on 'birth trauma' as a specific subject matter of complaints. This includes assessing the capacity of current and future data and reporting capability, and the detail of complaint information and data provided by complainants.

The Commission currently undertakes substantial public reporting of complaints received and related activity and data in the annual reports of the Commission.

As the Committee is aware, the current reporting of the Commission provides significant detail of complaint characteristics including by:

- health service provider type;
- issue category and breakdown;
- practitioner and service area;
- Local Health District;
- hospital type (public/private);
- service and complainant location;
- HCCC outcome; and
- by issue/s identified by the complainant.

Many of these existing reporting categories incorporate factors that are elements of birthing experience.

The experience of the Commission, and the evidence provided to the Birth Trauma inquiry, highlights that the experience of reported birth trauma can often involve many issues, practitioners, services, facilities and providers over the course of a birth experience.

This presents some significant challenges to developing a sound approach to complaint reporting based on complaints data collection and the information required to be provided by complainants.

The HCCC thanks the Committee for the opportunity to report back on these important issues.

Regards,



John Tansey
Health Care Complaints Commissioner
10/03/2025