

**REVIEW OF INQUIRY INTO COMPLAINTS HANDLING IN
NSW HEALTH**

Organisation:

Name: Suppressed

Telephone:

Date Received: 3/07/2006

Subject:

Summary

Partially Confidential

SUBMISSION TO THE GENERAL PURPOSE STANDING COMMITTEE NO. 2 COMPLAINTS HANDLING IN NSW HEALTH

Concerns

1. When a complaint is received from a member of the public, it usually comes in by means of a phone call. This is cheap, quick, easy and convenient to do and can be done in a matter of minutes, at the complainants leisure. This leads to the call-taker having to make immediate notations about what was said. This hand written document then becomes the (edited) document to which the investigation process refers. It may or may not be presented to the officer concerned. Often **the officer receives only a one sentence description of what they are answering to**. This forming part of the formal notification letter of a fact finding interview. Secondly, this method is open to bias by the call-taker in that any issues they may have with an officer concerned, could be reflected in their interpretation, and likewise, the **subsequent questions of a fact finding interview can be biased and lacking impartiality**. Thirdly, a huge amount of management and officer time is spent dealing with complaints that are referred to by all involved as **petty and/or personality related**. These types of complaints would probably decrease if complainants were required to **put all complaints in writing**. This would in no way detract from a persons' right to complain and would limit all of the above issues. The exceptions to this requirement being those that are illiterate, or physically or mentally incapacitated from providing written communication.
2. Contrary to *Disciplinary Process in NSW Health-A Framework for Managing (2005) paragraph 3.2.1*, and *NSW Health better Practice Guidelines for Frontline Complaints Handling (2005) M2.1*, **24 hours notice is not always given, no progress reports are received, an estimate of when a decision will be made is never given, and rarely do officers receive notification of outcomes**, despite inquiry. In the only complex/long complaint I had the misfortune to be involved in, **no tape recording facilities** were provided, despite pointing out that a unit, apparently located in Sydney, should be used. The methods employed for the subsequent interview involved the interviewer, the typist and me spending 1.5hrs immediately after the interview transcribing the written record of interview!

3. Contrary to *Disciplinary Process in NSW Health-A Framework for Managing (2005) paragraph 2 page 4* and *paragraph 3.2.3 page 10*, and the draft *Guidelines Dealing with Allegations of Misconduct as a Disciplinary Matter and the Taking of Disciplinary Action (ASNSW 2006) paragraph 8.4 page 19* **a verbal receipt of findings is never received and only very rarely is a written finding ever received by officers.** For me, the tally stands at 28%, and that's being generous.
4. I note that the *Complaint Handling Frontline-Better Practice Guidelines for Frontline Complaints Handling (NSW Health 2005) M1.5 page 8*, indicate that as a minimum practice, finalizations of outcomes will occur within 35 days. That this is occurring in 80% of the time. This certainly does not appear to extend to officers. The draft *Guidelines Dealing with Allegations of Misconduct as a Disciplinary Matter and the Taking of Disciplinary Action (ASNSW 2006) paragraph 4, Timeframes*, indicate that as a guide, uncomplicated matters should be finalised in 10 to 12 weeks. This is far too long. On one of the rare occasions I was afforded closure, my experience was that it was done in 40 days. However, 72% (at least) of the time I am not even afforded that closure. Outstanding closures span 9 months to 16 years. **There is only very limited adherence by management to any kind of obligation to be timely, or inform staff of progress and/or outcomes.**

(cont.)

Proposals

1. *That the complainant be required to submit their complaint in writing in the first instance, except for very rare and defined circumstances.*
2. *That the officer subject to the complaint, receive a photocopy (at the least) of the letter of complaint, prior to any interview/written reply being requested.*
3. *That in the first instance, officers be afforded the right to address the complaint in writing if they so desire.*
4. *That once a written response or fact-finding interview has occurred, the officer receives written reports detailing progress on any subsequent investigation on a fortnightly basis.*
5. *That voice recording facilities are available at all interview locations and that a copy of both the recording and transcript is made available.*
6. *That the timeframe to the point of written notification-of-outcome be drastically shortened, particularly in cases judged to be of relatively minor impact.*
7. *That the officer receives written notification of any final outcome in ALL instances, regardless of the degree of severity of the complaint.*
8. *That it be requisite that the above are awarded to the officer as a matter of basic courtesy and decency.*
9. *That it be requisite, when it becomes evident during an investigation/inquiry that policy/guidelines are lacking, that this be addressed and rectified in an expeditious manner and communicated to all officers whom it will affect and especially to the officer concerned.*

END