

External Complaints Policy and Procedure

Version	3.0
Responsible Manager	Risk and Quality Management Lead
Approved By	Executive Leadership Team
Effective Date	28 May 2025

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Purpose

The purpose of this policy is to provide guidance to Central and Eastern Sydney Primary Health Network (CESPHN) in relation to handling a complaint made by external stakeholders.

Definitions

Term	Definition
Adverse event	An incident that resulted in harm, or had potential to cause harm, to a person receiving care.
Clinical governance	The system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers/patients/residents.
Complaint	A formal expression of dissatisfaction about CESPHN or its staff, or commissioned service providers affecting an individual or group.
Complaints register	The register of complaints maintained in the CESPHN contract management system, Folio. Complaints are entered either by external stakeholders directly into the register through the externally facing CESPHN External Feedback Form on the CESPHN website, or they are entered by CESPHN staff through this form after a complaint has been received via another method and where it is not practical to direct the complainant to the CESPHN External Feedback Form on the website.
Contractor	A party engaged by CESPHN pursuant to a contract for services and includes any sub-contractor to a contractor and any individual engaged by a contractor or sub-contractor.
External Stakeholders	Any organisation or person external to CESPHN which may include commissioned service providers, people within the local community, Local Health Districts, interrelated community services and general practices all within the CESPHN region.
Manager	Any person occupying a supervisory role or a position, which is directly or indirectly responsible for supervision and management of staff.
Staff	Any person performing work for EIS Health Limited. All board directors, board sub-committee members, executives, employees, contractors, consultants, students and researchers (including agency staff and staff employed by partnering organisations) are Staff for the purposes of this policy and procedure.

Policy scope

This policy applies to all Staff and External Stakeholders.

Out of scope

- CESPHN staff grievances
- Suggestions or compliments to CESPHN.

CESPHN reserves the right to amend, supplement, replace or rescind any part of this policy as it deems appropriate in its sole and absolute discretion from time to time.

Policy statement

CESPHN takes all complaints seriously and recognises and respects everyone's right to lodge a complaint. CESPHN will act on complaints fairly, with impartiality and transparency while maintaining confidentiality.

The policy is designed to:

- provide detail in relation to a clear and responsive complaints handling process
- ensure complaints are handled objectively, fairly and confidentially
- ensure complaints are received and responded to in a timely manner
- facilitate continuous improvement informed by robust analysis of complaints

Guiding principles

Objectivity and fairness

CESPHN recognises and respects everyone's right to lodge a complaint and treats all complaints fairly. Fairness means CESPHN will aim to treat all complaints on their own merits with impartiality and transparency. No individual or organisation making a complaint will be disadvantaged in any way.

Accessibility

CESPHN will ensure the complaint management policy is publicly accessible and published on the CESPHN website. This includes information on how and where to lodge a complaint and how complaints are managed.

Responsiveness and efficiency

CESPHN will record, track, acknowledge and process complaints in a timely manner and ensure that each complaint is prioritised based on the complexity and level of risk presented within the complaint.

Continuous quality improvement

CESPHN will ensure that the reviewed complaint will also facilitate improvement of policy, processes and or system changes.

Confidentiality

Personal information that identifies individuals is only disclosed as permitted under the Privacy Act 1988. All Complaints received by CESPHN will be treated as confidential.

Responsibilities

This section outlines the responsibilities of CESPHN staff as a part of their role in the context of CESPHN complaint management.

Board

- Ensures an effective complaints management system has been implemented
- Reviews and monitors reports on complaints trends and issues.

Chief Executive Officer (CEO)

- Implements and maintains an effective complaint management process
- Reviews and monitor reports on complaints trends, issues, and outcomes
- Reviews a complaint that has been escalated

- Reports to the EIS Health Board as required
- Ensure an effective complaint management system is in place.

General Managers

- Empowers staff to resolve complaints promptly
- Discusses the management of complaints across program areas
- Provides oversight for the resolution of complaints
- Provides oversight for action for quality improvement across policy, process and systems
- Provides regular updates to the CEO on the management of complaints including opportunities for improvement.

Managers

- Resolves complaints promptly
- Leads the resolution of complaints
- Provides actions for quality improvement across policy, process and systems
- Ensures that all service providers have a complaints management system
- Provides regular updates to the relevant General Manager and the Risk and Quality Management Lead on the management of complaints.

Risk and Quality Management Lead

- Develops, manages and improves the complaint management system
- Provides oversight and triages the complaints to the appropriate staff members
- Provides regular updates to the General Manager Corporate Services on the management of complaints including opportunities for improvement
- Assists the General Manager Corporate Services and CEO with reports to the Board Governance Committee

People and Culture Manager

- Provides and encourages complaints handling training for all Staff.

Staff

- Understands and complies with the complaint management system including ensuring that any complaint received is reported, addressed, and resolved where possible, including via escalation as necessary
- Completes training provided by CESP HN on complaints management processes.

Commissioned Providers

- Meets CESP HN's compliance in having an effective complaints management system including ensuring any complaint is reported and addressed
- Works closely with CESP HN to resolve complaints if necessary
- Addresses issues and concerns raised via a complaint to maintain safe and quality commissioned services.

Process

Lodging a complaint

Complaints regarding CESP HN or a CESP HN commissioned service can be submitted via:

- the [CESPHN website](#)
- email: complaints@cesphn.com.au
- mail addressed to 'Complaints' using the following address:
Central and Eastern Sydney Primary Health Network
Tower A, Level 5, 201 Coward Street
Mascot NSW 2020

- phone 1300 986 991 to relevant team

Please note, making a complaint will not affect any access to services.

Acknowledge the complaint

- CESPHN will acknowledge the complaint within 3 business days of receiving the complaint by notifying the complainant.

Assessment and action

The Risk and Quality Management Lead will assess whether the complaint is within the scope of the Complaints Policy.

If outside the scope of the Complaints policy, the complainant will be advised and will be provided with the rationale for the decision and recommendations about alternative complaint resolution options.

If within the scope of this policy, the Risk and Quality Management Lead will direct the complaint to the appropriate Staff member, Manager and/or General Manager to investigate the complaint and determine the following:

- what the complaint is about
- how serious, complex, or urgent the complaint is
- whether the complaint raises health and safety concerns or issues regarding the clinical safety of CESPHN's commissioned services
- how the person/entity making the complaint is being affected by the nature of the complaint
- the risks involved if resolution of the complaint is delayed
- whether a resolution requires the involvement of other organisations/commissioned service providers.

The relevant Staff member, Manager and/or General Manager will keep the complainant informed of progress on a regular basis.

If there are any actual or perceived conflict of interests in relation to handling a complaint, this must be declared and recorded on the conflict of interest register and managed in relation to the CESPHN [Conflict of Interest Policy](#).

Outcome and quality improvements

The Manager and/or General Manager will communicate the outcome of the complaint assessment to the complainant once completed and inform the Risk and Quality Management Lead of the outcomes. The complainant will be advised of any findings that were made, including the following:

- whether the complaint is within the scope of the complaints policy
- any actions taken by CESPHN
- the outcome of assessment
- where appropriate, putting in place actions or recommendations to improve policy, process and systems to avoid re-occurrence of the same situation
- options for review that may be available to the complainant including escalation to CESPHN Chief Executive Officer or the Department of Health, Disability and Aging (DoHDA).

Closing the complaint and record keeping

CESPHN will keep records in relation to:

- the initial complaint correspondence
- how the complaint was managed
- the outcome of the complaint
- any recommendations made to address the issues identified

Staff will record complaints and outcomes on the [Folio Complaints form](#).

Review and escalation of outcome

A complainant can seek a review of the outcome of their complaint if they are not satisfied. A complainant can ask for a review directly from the CESP HN CEO. The CESP HN CEO will appoint a General Manager who was not involved in the original assessment of the complaint to perform the review.

A request for review should be made in writing within 3-months of the complainant being notified of the outcome to below address:

Att: CEO
Central and Eastern Sydney Primary Health Network
Tower A, Level 5, 201 Coward Street Mascot NSW 2020
Or email complaints@cesphn.com.au

The complainant should be aware that a review is not a fresh investigation of a complaint. The review will consider:

- the process adopted by the initial assessor (Manager/General Manager) and whether it was appropriate to address the issues raised
- the merit of the initial conclusions and whether they were clearly and appropriately explained to the complainant.

The reviewing General Manager may:

- uphold the original outcome
- refer the matter back for further review/action.

If a complainant is not satisfied with the outcome of the review, the complaint may be escalated to the DoHDA. Please see page 9 below for more information.

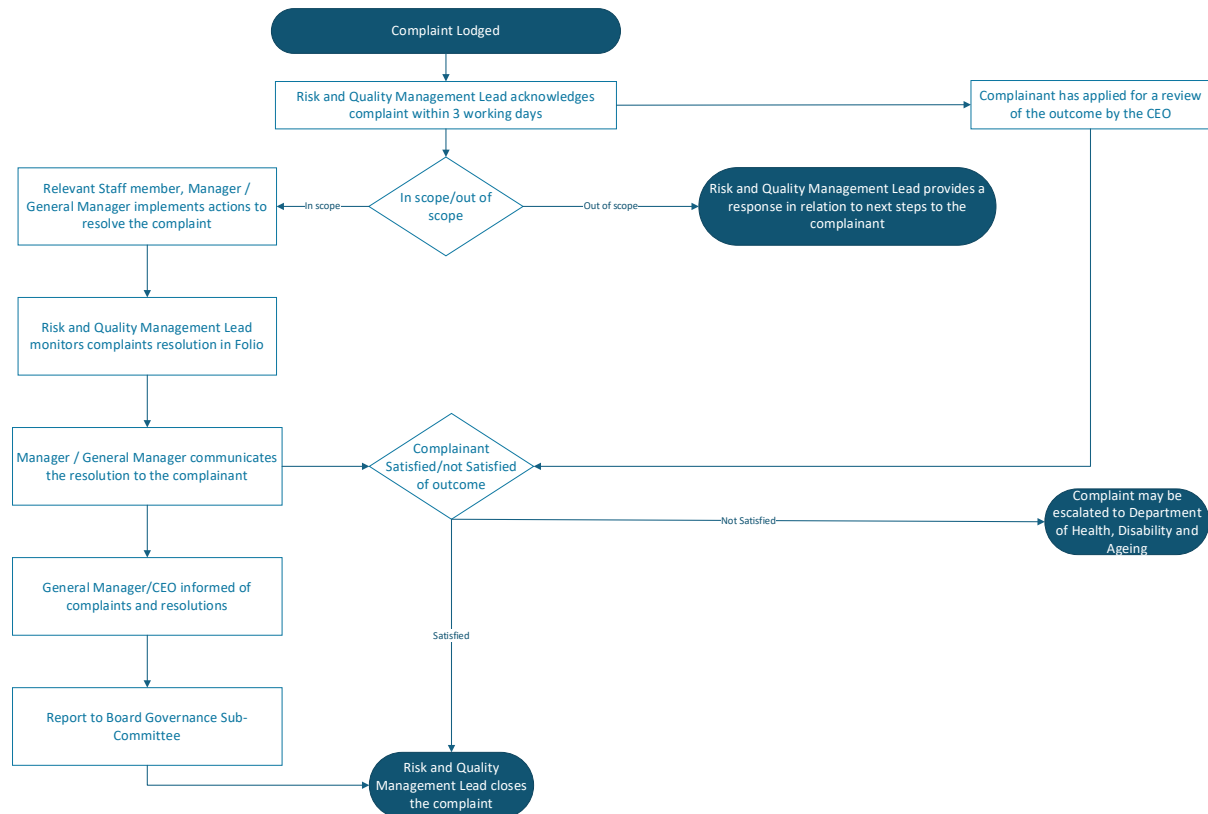
Reporting

- Quarterly reporting to the CEO and Board Governance Sub-Committee that will identify potential trends and general status of complaints.

Review

The Risk and Quality Improvement Manager will continue to monitor the External Complaints Policy and Procedure to ensure its effectiveness in responding to and resolving complaints, and to identify, correct and close any process gaps.

Complaint management process flow chart



Complaints in relation to commissioned services

For complaints in relation to CESPHN commissioned service providers, the complainant should firstly contact the commissioned service. The commissioned service providers' complaints policy will apply.

If CESPHN receives a complaint in relation to a commissioned service, the relevant staff member lodges the complaint via the [Folio Complaints Form](#) and the Risk and Quality Management Lead will assign the relevant Staff member, Manager and General Manager. The commissioned service provider will be notified and will be required to undertake an investigation under their complaints policy.

CESPHN requires ongoing updates from the commissioned provider on the status of the complaint.

All commissioned service providers are required to have a complaints management system as per their Master Services Agreement with CESPHN.

Notifiable clinical incidents – commissioned service providers

CESPHN requires that commissioned service providers notify CESPHN of clinical incidents, verbally and in writing (email/letter) as soon as practicable and within 24 hours.

Please refer to the CESPHN Clinical Governance Framework and the [CESPHN Clinical Incidents Management for Commissioned Providers](#) for more information or complete a [Clinical Incident Form](#).

If the complaint relates to the process of handling a clinical incident at a commissioned service provider, please follow this policy and procedure to report the complaint.

Complaints to the Department of Health, Disability and Aging (DoHDA)

Complaints may be escalated to the DoHDA, please see the [DoHDA PHN Complaints Policy](#) for more information.

Contacts

For any queries regarding this policy, please contact the Risk and Quality Management Lead.

ISO 9001 and 27001 controls

Controls	Name
8.2.1	Customer communication (9001)
9.1.2	Customer Satisfaction (9001)
9.3	Management Review (9001)
10.2	Non-conformity and corrective action (27001)

Policy document control

Documents related to this policy
Clinical Governance Framework
Clinical Incident Management Commissioned Providers Policy and Procedure
Clinical Incident Management EIS Health Policy and Procedure
Conflicts of Interest Policy
Privacy Policy
Management of Consumer Health Records Policy and Procedure

Policy review and version tracking

Version	Date Approved	Approved By	Next Review Date
1.0	22 March 2020	EIS Health Board	31 March 2020
2.0	September 2020	EIS Health Board	September 2022
3.0	28 May 2025	Executive Leadership Team	28 May 2027