



30 August 2023

Kia ora [REDACTED]

Your Official Information Act request, reference: GOV-027330

Thank you for your email of 24 August 2023, asking for the following policies and guidelines under the Official Information Act 1982 (the Act):

- Treatment Injury Claims Policy
- Cover Criteria for Treatment Injury Policy
- Transition a Claim to Te Ara Tika policy
- Transition a Claim out of Te Ara Tika policy
- Communication Plan Policy
- Media Engagement: Issues Alert
- Issues Alert Template
- Assess Claims Access Concerns Policy
- Conduct Claims Access Monitoring Check Policy

Please note we note we have already provided you a copy of ACC's Personal Information and Privacy Policy (GOV-025969 refers). Further information on access to claims and staff conduct expectations is also included in previous OIA responses which have been published here: www.acc.co.nz/assets/oia-responses/GOV-009481-Access-to-sensitive-claim-file-policies.pdf and: www.acc.co.nz/assets/oia-responses/policy-document-for-acc-code-of-conduct-oia-response-GOV-021215.pdf.

As staff names were not requested, they have been deemed out of the scope of your request and removed.

As this information may be of interest to other members of the public

ACC has decided to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.

If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi

Sara Freitag
Acting Manager Official Information Act Services
Government Engagement

Summary

Objective

A treatment injury is a personal injury arising from treatment that meets ACC's Cover criteria for treatment injury.

Owner

[Out of Scope]

Expert

Policy

1.0 Treatment injury claim identification

- a** A treatment injury claim may be identified by any of the following:
- text on the ACC45 ACC Injury claim form (ACC45) stating the client has an existing physical injury claim, and while receiving treatment for this injury, incurred a further injury
 - the key words 'treatment', 'medical', 'hospital', 'surgery', 'physiotherapy', 'chiropractor' or 'doctor' appearing on the ACC45
 - a tick in the 'Is this claim for treatment injury?' box on the ACC45 or the 'Medical misadventure' box on older ACC45s
 - material accompanying the ACC45, eg the ACC2152 Treatment Injury Claim (123K) form and any medical notes.

 ACC2152 Treatment Injury Claim

2.0 The difference between consequential injury and treatment injury

- a** The key point in the difference between a treatment injury and a consequential injury is understanding what the treatment is provided for, that gives rise to the claimed new injury:
- if the treatment is for an underlying condition and the person suffers new injury from the treatment provided by a registered health professional, it is considered under the treatment injury provisions (s32 of the AC Act 2001)
 - if the treatment is for a covered ACC injury and the person suffers new injury from the treatment, it is considered under the consequential injury criteria (s20(2)(d) & (h)) – TI delegation to determine cover
 - if the person has a covered ACC injury and that injury through gradual process, disease or infection develops into another injury, this is a consequential injury that the branch has delegation to determine cover [as there is no intervening treatment that gives rise to the additional injury] (s20(2)(g)).

3.0 Lodgement date

- a** A claim for treatment injury must be lodged within 12 months of the later of:
- the date the registered health professional (RHP) first considered the personal injury to be a treatment injury
 - the date the client suffered the injury as determined under the AC Act 2001, Section 38.

4.0 Late lodgement

- a** ACC must not decline a claim on the grounds that it was lodged late, unless the claim's lateness prejudices the ability of ACC to determine cover. See Eligibility of late claims.

 Eligibility of late claims Policy

5.0 Transitional claims

- a** If a client lodges a claim for the first time on or after 1 July 2005, apply the treatment injury rules. The rules for medical misadventure apply to claims lodged before 1 July 2005.

 Cover criteria for medical misadventure Policy

6.0 Exception

- a** We can consider a claim under the treatment injury provisions if it was lodged on or after 1 July 2005 and previously declined under the medical misadventure rules if no personal injury was established at the time, but a personal injury arises after the claim was declined from that past incident. The personal injury could arise before or after 1 July 2005.

NOTE Example

After a period of hospitalisation before 1 July 2005, a client is diagnosed with Methicillin Resistant Staphylococcus Aureus (MRSA) but they have no symptoms at the time. Some time after 1 July 2005 they develop a serious infection. A personal injury becomes present so their claim can be considered under the treatment injury provisions.

7.0 Forwarding treatment injury claims


- a** When you receive a treatment injury claim, you must capture the details as a new claim and forward any hard copy materials to the Treatment Injury Centre. This includes any material accompanying the ACC45, eg the ACC2152 Treatment Injury Claim (123K) form and any medical notes.

Specialist staff in the Treatment Injury Centre assess the claim and make the cover decision.

You must:

- refer any enquiries about treatment injury claims to the Treatment Injury Centre
- ensure any material that accompanied the ACC45, eg the ACC2152 and clinical notes, is clearly marked with the claim number or ACC45 number.

See Receiving and streaming treatment injury claim for further information.

 Receiving and streaming treatment injury claim Policy

8.0 The Accident Compensation (Definitions) Regulations 2019 and determining treatment injury cover

- a** The Accident Compensation (Definitions) Regulations 2019 moved the key definitions of 'registered health professional' and 'treatment provider' and associated definitions from the Accident Compensation Act 2001 to standalone regulations.
- b** The Accident Compensation (Definitions) Regulations 2019 took effect on 01/10/2019.
- c** When assessing cover for Treatment Injury, we need to determine the date of injury based on when a person first seeks treatment for the signs or symptoms of their injury. So a claim may be lodged after 1/10/2019, but have an earlier date of injury.
- d** The relevant date to consider whether someone was an RHP is the date of the treatment. If a client claims after 01/10/2019 for an event occurring earlier the amendment does not apply. The changes are not retrospective.

Summary

Objective

Use this guidance to determine cover for Treatment Injury claims.

Background

The Accident Compensation Act 2001 was amended replacing the provision for medical misadventure with treatment injury. The treatment injury provisions apply to all claims lodged for the first time on or after 1 July 2005. For claims lodged before this date see Cover criteria for medical misadventure.

A treatment injury occurs when a person suffers a personal injury when undergoing treatment by a registered health professional (RHP). See Scenarios for treatment injury.

Owner

[Out of Scope]

Expert

Policy

1.0 Rules

- a** You must consider all of the following factors when making a treatment injury cover decision:
- the client must have suffered a personal injury
 - the injury must have happened in the context of treatment
 - there must be a clear causal link between the treatment and the injury
 - the injury must not be a necessary part or ordinary consequence of the treatment
 - the claim must not fall under any of the treatment injury exclusions from cover.
- Cover criteria for personal injury Policy
 - Context of Treatment Policy
 - Causal Link Policy
 - Necessary Part or Ordinary Consequence of Treatment Policy
 - Treatment Injury Exclusions from Cover Policy

2.0 Date of injury

- a** The date on which a person suffers a treatment injury is the date on which the person first seeks or receives treatment for the symptoms of that personal injury. This date applies, even if it was not known at the time the treatment was first sought or received for the symptoms, that previous treatment was the cause of the symptoms.

We determine the date that a client first sought or received treatment by taking the advice of the treatment provider and any other medical experts who lodged the claim. This date must be supported by clinical records.

See the Accident Compensation Act 2001, Sections 38 and 53.

- Accident Compensation Act 2001, Section 38, Date on which person is to be regarded as suffering treatment injury
<http://www.legislation.govt.nz/act/public/2001/0049/la>

- Accident Compensation Act 2001, Section 53, Time for making claim
<http://www.legislation.govt.nz/act/public/2001/0049/la>

3.0 Clinical trials

- a** We can accept cover for a treatment injury sustained during a clinical trial under either of these conditions:
- the client did not agree in writing to participate in the trial
 - an ethics committee, which was approved by the Health Research Council of New Zealand or the Director General of Health, approved the trial and was satisfied that it was not to be conducted principally for the benefit of the manufacturer or distributor of the medicine or item being trialled.

4.0 Third party infections

- a** When an original infection is covered as a treatment injury, we'll also accept cover when a person passes on their infection to anyone else.

See the Accident Compensation Act 2001, Sections 32(7) and 18A.

- Accident Compensation Act 2001, Section 32, Treatment injury
<http://www.legislation.govt.nz/act/public/2001/0049/la>
- Accident Compensation Act 2001, Section 18A, Partner (and partner in relation to deceased claimant)
<http://www.legislation.govt.nz/act/public/2001/0049/la>





5.0 Overseas treatment

- a** When a client receives treatment overseas and suffers a personal injury irrespective of whether the injury occurs overseas or in NZ (on or after 1/7/05) the client:
- must be ordinarily resident in New Zealand at the date they received their treatment
 - must have received treatment that led to the treatment injury from a treatment provider that has the same or equivalent qualifications to that of a registered health professional

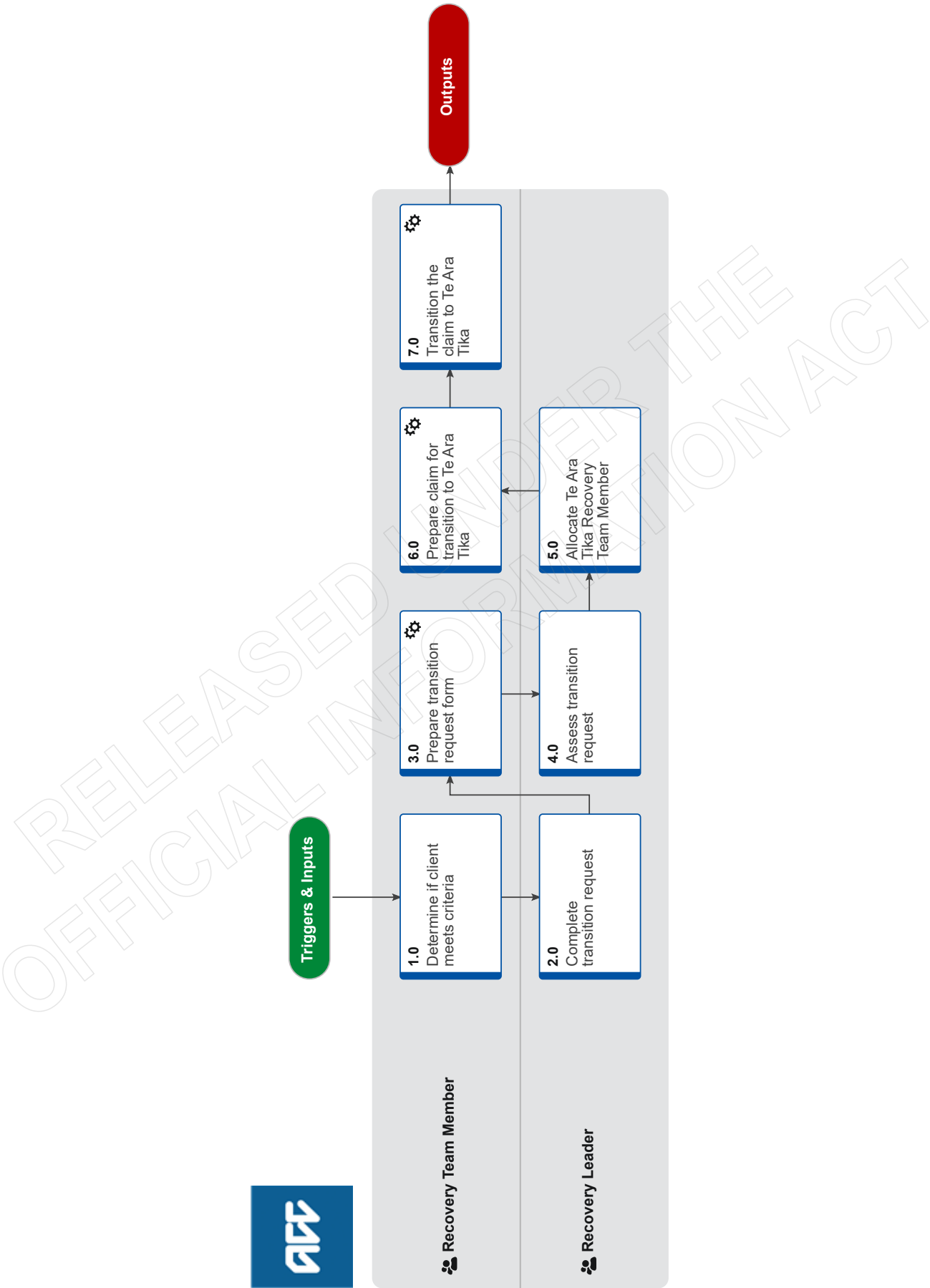
Consultation with an External Clinical Advisor may be required to peer review the overseas Registered Health Provider credentials and the treatment that was provided.

- Criteria for a valid overseas practising certificate for providers who caused a treatment injury
- Cover acceptance criteria for a treatment injury claim when the treatment occurred in New Zealand but the resulting treatment injury is identified overseas
- Cover acceptance criteria for a treatment injury claim when the treatment occurred overseas
- List of approved qualifications
<https://www.mcnz.org.nz/assets/Policies/1f8183e705/>
- World directory of medical schools
<https://search.wdms.org/>
- Seek External Clinical Advice

- b** For consequential injuries resulting from treatment received overseas (eg treatment for an already covered injury) the treatment provider does not need to meet the registered health provider equivalent qualifications.

-  Cover for injuries suffered outside New Zealand Policy
 -  Determining overseas equivalent of Registered Health Professional
 -  Comparable country for overseas claim
 -  Consequential Injury Claims Policy
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Summary

Objective

To consider and transition a client to Te Ara Tika so that the client can be managed effectively and appropriately.

Background

The purpose of Te Ara Tika is to offer a flexible yet consistent client service delivery option to clients. This ensures complex clients will be managed in the one place allowing us to be flexible yet consistent in looking after the client's needs. Te Ara Tika was previously known as the Wellington Central Branch (WCB).

Any staff member can recommend transferring a claim to Te Ara Tika. Prompts for considerations include:

- The client has placed unreasonable demands on staff time, to the extent the support of the client has become challenging in the view of the Recovery Team Leader and/or Client Service Leader.
- The relationship between the client and ACC has become fraught, and the client openly shares negative opinions of ACC.
- The client may present with unreasonable behaviour, non-constructive communication, name calling, low impact non-directive threats
- The client submits frivolous requests, complaints or have phone calls/correspondence of a confrontational nature
- The client regularly contacts the media, senior managers, CEO, Minister and/or MPs

It is not a requirement for the client to have an active care indicator or a trespass order for them to be transferred to Te Ara Tika.

Owner

[Out of Scope]

Expert

Procedure

1.0 Determine if client meets criteria

Recovery Team Member

- Open the Partnered Decision Making Tool for transfer to Te Ara Tika to identify whether the client meets the criteria to be managed within the Te Ara Tika team.

Partnered Decision Making Tool for transfer to Te Ara Tika

- Take a screenshot of the recommendation from the Partnered Decision-Making tool.

NOTE What if the tool has recommended not to transition the client?

Continue to support the client in your Recovery Team.
 Seek help around communication plans and ways of dealing with the client from one of the Te Ara Tika Team. This process ends.

- Send the screenshot to your Recovery Team Leader, and include the rationale for why the client should be considered for transition.

2.0 Complete transition request

Recovery Leader

- Review the information provided by the Recovery Team Member.

NOTE What should you consider before completing the transition request?

Before approving the transition check for the following:

- Consideration has been given to changing the client's Recovery Team Member
- Recovery Team Leader(s) are aware of the client's behaviour
- Consideration has been given to transition the client to another hub/Team
- Evidence of attempts to implement a communication plan and/or management plan with the client
- Evidence of attempts to manage the client's behavior with the support of specialised teams within ACC

NOTE What if you disagree with the transition of the claim to Te Ara Tika?

Consider alternative management options and discuss them with the Recovery Team Member or consider contacting the Te Ara Tika Team Leader for guidance.
 This process ends.

- Contact the Te Ara Tika Team Leader to discuss the transition of the claim.

NOTE What if the Te Ara Tika Team Leader advises the client does not meet the transition criteria?

Request support from the Te Ara Tika Team Leader in developing a communication plan for the client.

Advise the Recovery Team Member of the decision.

You should also consider moving the client to another team member, suggest ways to manage the client through coaching and support to formalize boundaries with the client and using the support of other teams such as Practice Mentors, the Complaints and Resolution team, Cultural Capability teams and Psychology advisors.
 This process ends

- Confirm the client meets the transition criteria to transition with the Te Ara Tika Team Leader.

- Advise the Recovery Team Member the claim will be transitioned and to complete the ACC6267 Te Ara Tika transfer form.

3.0 Prepare transition request form

Recovery Team Member

- In Eos, create and complete the ACC6267 Te Ara Tika transfer form.

ACC6267 Te Ara Tika transfer

- Send the completed ACC6267 to your Recovery Team Leader.

- Continue to manage the claim during the transition process, according to ACC Best Practice, this includes actioning an new tasks or requests, all contacts and documents and labelled correctly and the recovery plan is up to date in Salesforce.

4.0 Assess transition request

Recovery Leader

- a** Review the ACC6267 Te Ara Tika transfer form, ensuring you have received sufficient information to confirm that all the following management options have been exhausted:

NOTE What if you don't have enough information?

- Obtain more information from the Recovery Team Member.
- If you are unable to obtain further information from the Recovery Team Member, then discuss with other Leaders, other options and appropriate strategies.

NOTE What if you disagree with the decision to transition the claim to Te Ara Tika?

Consider alternative management options and discuss this with the Recovery Team Member and their team leader.
This process ends.

- b** Sign the ACC6267 Te Ara Tika transfer form, scan and upload it to the client's claim.

- g** Set up a meeting with the new Te Ara Tika Recovery Partner and the client.
- h** Conduct the meeting, confirm with the client the timeframes for transition to allow for a smooth transition.
- i** In Salesforce, add a contact to record the main points of the conversation with the client.
- j** Inform your Team Leader the client is fully prepared to transition to the Te Ara Tika team.

7.0 Transition the claim to Te Ara Tika

Recovery Team Member

- a** In Eos, transfer the claim to the Wellington Central Branch queue.
- b** Contact the Te Ara Tika Team Leader and the Te Ara Tika Recovery Partner to inform them that the claim has been transferred to the queue.

5.0 Allocate Te Ara Tika Recovery Team Member

Recovery Leader

- a** Identify the most appropriate Te Ara Tika Recovery Partner to manage the claim when transitioned.
- b** Advise the new Te Ara Tika Recovery Partner of the new claim that will be allocated to them.
- c** Advise the current Recovery Team Leader of the new Recovery Partner and ask them to let the current Recovery Team Member know.

6.0 Prepare claim for transition to Te Ara Tika

Recovery Team Member

- a** In Eos, create and complete the ACC29 File summary and overview, making sure the next steps are clear and highlight any matters outstanding.

 ACC029 File summary and overview

- b** Contact the new Te Ara Tika Recovery Partner to discuss the claim and expected timeframes for when the claim can be transitioned.
- c** Contact the client to inform them of the transition to Te Ara Tika.


NOTE What if you're unable to contact the client?

Continue to manage the claim until you're been able to contact the client.
The claim cannot be transitioned until it's been discussed with the client.

NOTE What if the client has a communication plan in place?

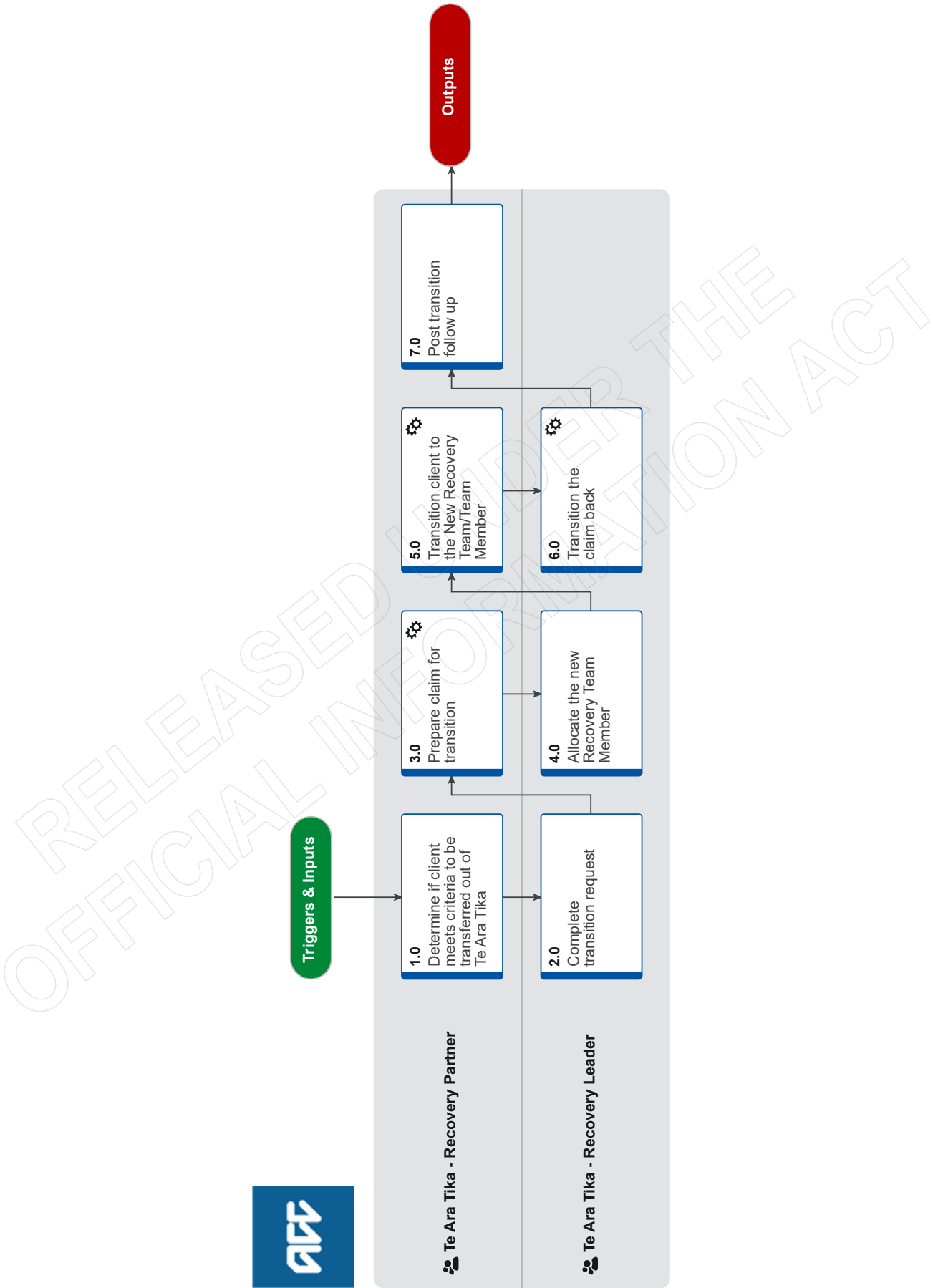
Discuss this with your Recovery Team Leader/ and or future Te Ara Tika Recovery Partner to decide the best plan would be for the client going forward.

- d** Confirm you are speaking with the right person by asking ACC's identity check questions.

 Identity Check Policy

- e** Advise the client of the transfer to a new Recovery Partner in the Te Ara Tika team, when they will be transitioned and the new contact details.

- f** In Salesforce, add a contact to record the main points of the conversation with the client.



Summary

Objective

To transition a client out of Te Ara Tika so that they can be managed effectively and appropriately by a Recovery Team/Recovery Team Member

Background

The purpose of this process is to transition a client out of Te Ara Tika to the appropriate Recovery Team or Recovery Team Member. The following factors may be considered prior to transitioning the client, including;

- No longer requires 20% of Recovery Partners time to manage claim
- The relationship between the client and ACC has improved
- Their frequency and tone of communication has reduced to a manageable level
- Reduced threats to contact the media, Leadership team, MPs, etc
- Concerning issues and/or reviews have been addressed and resolved

Overseas Serious Injury clients

If a client has returned from overseas, for longer than 3 months, their claim should be transferred into the wider network. Their claim should be run through the engagement model then allocated to the appropriate Recovery Team.

Owner

[Out of Scope]

Expert


Procedure

1.0 Determine if client meets criteria to be transferred out of Te Ara Tika

Te Ara Tika - Recovery Partner

- a** In Excel, complete the Partnered Decision-Making tool for transfer to Te Ara Tika to identify whether the client still meets the criteria to be managed within the Te Ara Tika team. The Decision-Making tool will provide a recommendation for next steps.

The transition of a client from the Te Ara Tika Team will only be considered if it is appropriate, and it is understood to be a sustainable option.

 Partnered Decision Making Tool for transfer to Te Ara Tika

NOTE What if you're unsure?

Discuss the claim with your Recovery Team Leader.

- b** Send a screenshot of the Partnered Decision-Making Tool to your Recovery Team Leader. Ensure you include enough evidence to support the rating and a rationale for transition.

2.0 Complete transition request

Te Ara Tika - Recovery Leader

- a** Review the Partnered Decision-Making Tool plus additional information, to ensure that the client would be suitable for a transition to a Recovery Team, including:
- There is evidence that the client's communication is at a reasonable level
 - Consideration has been given to the client's current situation, and whether this transition could potentially see an escalation in the client's behaviour or communication level.

- b** Confirm that client meets criteria to transition out of Te Ara Tika.

NOTE What if the client is not suitable to transition out of Te Ara Tika?

Discuss this with the Recovery Partner. Identify what criteria needs to be met, or when an appropriate time would be to transition the client out of Te Ara Tika.

The Recovery Partner will continue to manage the claim.

The process ends.


- c** Advise the Recovery Partner they must continue to manage the claim according to ACC best practice and ensure any outstanding tasks, requests, referrals are actioned in the interim before transition occurs, all documentation from the client is being responded to in a timely manner.

- d** Notify the Recovery Partner that the client can be transitioned out of Te Ara Tika.

3.0 Prepare claim for transition

Te Ara Tika - Recovery Partner

- a** In Eos, create and complete the ACC029 File Summary and Overview form (keep in mind that the client has access to this information). Ensure that it includes an overview of journey so far, clear next steps, and any outstanding matters.

 ACC029 File summary and overview

- b** Contact the client and discuss transitioning them back to the appropriate Site and identify if there are any concerns regarding this. Inform the client you will be in touch once there has been a new Recovery Team Member assigned to manage their claim going forwards.

 Identity Check Policy

NOTE What if you are unsure of the best way to inform the client?

Ask for support from your Team Leader.

NOTE What if the client has a communication plan in place?

Inform the client that the Communication Plan will remain in place in its current status.

NOTE What if you are unable to contact the client?

The client cannot be transitioned out of Te Ara Tika until it has been discussed with them. You will need continue to manage the claim until contact is made with the client.

- c** In Salesforce, record a contact note summarising the conversation, main points, and actions.

- d** Continue to manage the claim during the transition process according to ACC best practice, this includes actioning any arising tasks or requests, ensuring all contacts and documents are labelled.
- e** Update the Recovery Plan in Salesforce, if required.
- f** Inform your Recovery Team Leader that you have completed the ACC029 File Summary and Overview and informed the client of transfer.

4.0 Allocate the new Recovery Team Member

Te Ara Tika - Recovery Leader

- a** Identify the most appropriate Recovery Team and Site to manage the claim.

NOTE What if the engagement model reports Assisted Recovery as the most appropriate Team?

To ensure that the transition to the appropriate Site is sustainable, all clients will progress through a tiered approach. The first Recovery Team that they are transitioned to will involve 1 on 1 management.

NOTE What if it is inappropriate to return the client to their home site?

If there is a reason which deems it inappropriate to transfer the client to their home site, then they can be transferred to another location. This should be discussed with the client.


Reasons for not transferring to the home site include;

- No appropriate Recovery Partners
- No capacity to take new claims
- Mismanagement of the claim
- Risk for client to re-escalate.

- b** Inform the new Recovery Team Leader of the client being allocated to their team, work with them to identify an appropriate Recovery Team Member to manage the client going forwards. Discuss any measures in place that assist the client management such as communication plans
- c** Inform the current Recovery Partner who the new Recovery Team Member will be.

5.0 Transition client to the New Recovery Team/ Team Member

Te Ara Tika - Recovery Partner

- a** In Eos, review the ACC029 File Summary and Overview form and determine if it needs updating.
- b** Contact the new Recovery Team Member to discuss the claim and determine the expected timeframe in which the claim will transition to the new team.
- c** Contact the client, confirm who their new Recovery Team Member will be, and the timeframes for transfer.
 -  Identity Check Policy
- d** In Salesforce, add a contact note and record the main points and interactions from the conversation.
- e** Set up a meeting with the future Recovery Team Member and the client.
- f** Conduct the meeting, confirm timeframes for transition, to allow for a smooth transition.
- g** In Salesforce, add a contact note and record the main points and interactions from the conversation.
- h** Inform your Team Leader the client is fully prepared to transition to the New Recovery Team.

6.0 Transition the claim back

Te Ara Tika - Recovery Leader

- a** Contact the new Recovery Team/Team Member to identify whether they require further support in place prior to the transition of the claim.
- b** In Eos, transfer the claim to the appropriate queue. Advise Work Force Management by email so that the claim can be counted as an allocation to the new Recovery Team Member.
- c** Advise the new Recovery Team Leader and the new Recovery Team Member to inform them that the claim has been transferred to the queue.

7.0 Post transition follow up

Te Ara Tika - Recovery Partner

- a** Schedule a meeting 3-6 months post transition with the New Recovery Team Member to check-in to see whether the client has successfully transitioned to being managed by the Recovery Team Member.
- b** Discuss if the current Recovery Team/Team Member is the best place to manage the clients needs.

Summary

Objective

Effective communication between ACC staff and clients is essential to creating productive relationships and enabling ACC to better support clients. However, at times communication between ACC staff and clients breaks down.

If the client's behaviour or communication is unreasonable, it may be appropriate to introduce a communication plan to manage the behaviour.

Background

This communication plan policy applies to all ACC staff who have contact with clients. This includes staff and clients in Te Ara Tika and the Remote Claims Unit.

- 1) Non-effective communication
- 2) Criteria for implementing a communication plan
- 3) Type of Restrictions
- 4) Reviewing the communication plan
- 5) Code of Claimant's Rights

Owner

[Out of Scope]

Expert

Policy

1.0 Non-effective Communication

- a** Non-effective communication is defined as, "behaviour by a current or former complainant which, because of its nature or frequency, raises substantial health, safety, resource or equity issues for the parties to a complaint." This behaviour can fall into five broad categories relating to:
- persistence
 - demands
 - lack of co-operation
 - arguments
 - overall behaviour.



2.0 Criteria for implementing a communication plan

- a** If a client exhibits the above behaviour a communication plan may be appropriate.
- b** All the following criteria must be fulfilled before a communication plan is implemented:
- The client exhibits behaviour or non-effective communication that must be managed because of the excessive demands it places on staff, time, or resources, or it poses health and safety risks.
 - The client has been given two or more written warnings (with the warnings outlining the type of non-effective communication displayed, when it occurred, expectations going forward, and the restrictions that could be placed on the client if there is no change in their communication).
 - Authorisation from a manager (Client Service Leader or other equivalent level manager; or Te Ara Tika Team Leader and RCU Leader) approving the implementation of a communication plan.

PROCESS

Implement a Communication Plan

3.0 Types of Restrictions

- a** The restrictions that can be placed on a client are the same as those outlined by the Ombudsman in Managing unreasonable complainant conduct practice manual. They include:
- who the client can have contact with
 - what they can raise with the agency (ACC)
 - when they can have contact
 - where they can make contact, and
 - how they can make contact.
- b** The restriction options can be found here.
-  Communication Plans - Types of Communication Restrictions
- c** For more information refer to the Managing unreasonable complainant conduct practice manual.
-  Managing unreasonable complainant conduct
<https://www.ombudsman.parliament.nz/sites/default/files>

4.0 Reviewing the communication plan

- a** Restrictions placed on a client must be reviewed every six months, at a minimum, to see if they are still appropriate.
- b** Authorised managers are responsible for determining:
- if the restrictions should be retained
 - if the restrictions should be removed, or
 - whether new restrictions should be added.

NOTE What to do if new restrictions need to be added after reviewing the plan?

If the client starts introducing a new form of behaviour or non-effective communication, they have not previously displayed, then at least two written warnings must be issued before a new restriction is added to the Communication Plan.

However, if the client continues to display the same type of behaviour or non-effective communication and the current restriction is not having the desired effect then a new restriction can be added without issuing warnings.

PROCESS

Review a Communication Plan

5.0 Code of Claimants Rights

- a** Whether a client is on a communication plan or not clients have rights under the Code of Claimants Rights. The following are the rights held by claimants relevant to communications plans; ACC must adhere to these when communicating with clients:
- Right 1 – you have the right to be treated with dignity and respect.
 - Right 2 – you have the right to be treated fairly, and to have your views considered.
 - Right 5 – you have the right to effective communication.
 - Right 6 – you have the right to be fully informed.
 - Right 8 – you have the right to complain.



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Issue Alert Template

The [Issue Alert Template](#) (Outlook file) should be used to alert senior managers and the Principal Advisor Customer Response ^[Out of Scope] of any situation with the potential to adversely impact on ACC, and on public trust and confidence. *Note: You'll need to download and then open file when prompted.*

This includes:

- Client issues that cannot, or should not, be dealt with as business as usual (including formal complaints; privacy breaches; a serious breakdown in the client-case manager relationship; risk of harm to client; threats against staff, or threat to involve media or take protest action)
- issues with providers
- significant privacy breaches, ie size or impact, widespread or high-level complaints from levy payers
- risks to critical services
- staffing issues, eg serious injuries or HR issues.

Completed templates should be emailed to the relevant manager, the Principal Advisor Customer Response, and copied to your line management.

Media alerts go to the Principal Advisor Customer Response.

To: [Out of Scope]
Subject: Issue alert: (Customer nme/claim or account #)

Issue alert

FOR INTERNAL USE ONLY



He Kaupare. He Manaaki.
 He Whakaora.
 prevention.care.recovery.

Alert type (<i>highlight/bold/delete as needed</i>)		
Media risk or threat	Customer issue	Other: <i>please advise</i>
Has customer contacted or mentioned any of the following?		
Customer Resolutions	Minister/MP	Ombudsman/HRC/HDC/ Privacy Commissioner

Customer name and claim or account #:	
Is an advocate involved? If so, who?	
Brief summary of the issue (<i>i.e. cause of issue, impact on client, ideal outcome</i>)	
What are we doing to resolve the situation?	
Any other important information?	
Key staff involved	

If relevant:

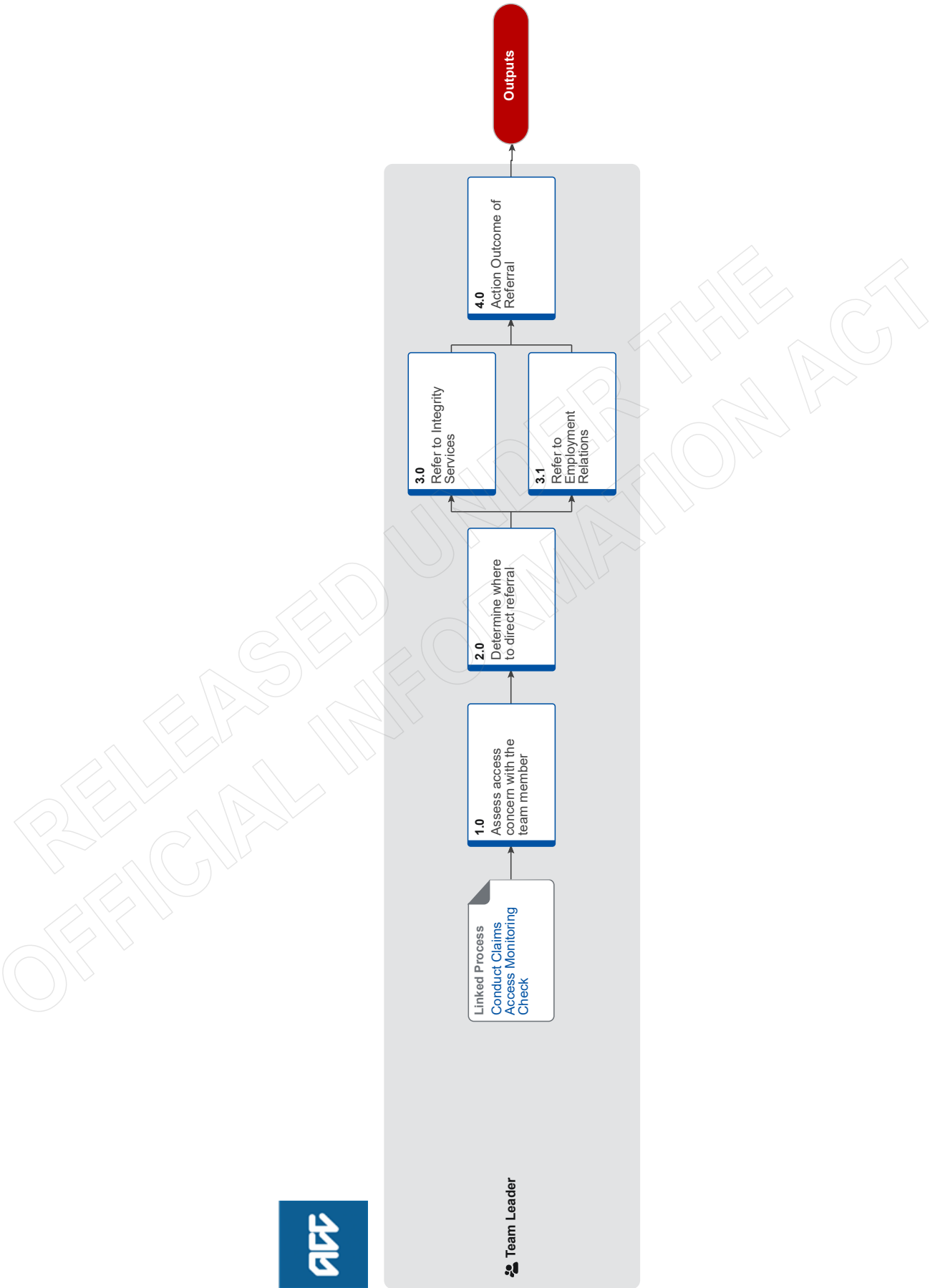
MEDIA RISK OR THREAT

Has the customer mentioned media? If not, why do you think there is a media risk?	
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DECLINE DECISION

Why was cover or entitlement declined? What medical info do we have to support the decision?	
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Summary

Objective

Assess claims access concerns raised during Access Monitoring Checks and determine whether a referral to Integrity Services or Employment Relations is required.

Background

If an Access Monitoring Check finds concerns around access to a claim there is a need to further assess this access and make a determination as to whether a referral to Integrity Services or Employment Relations is required.

Owner

[Out of Scope]

Expert

Procedure



PROCESS

Conduct Claims Access Monitoring Check

Team Leader

1.0 Assess access concern with the team member

Team Leader

- a** Ask the team member to explain why they accessed the claim in an instance where you have identified a concern.


NOTE **How should you ask the team member to explain their reasons for access?**

The purpose of this conversation is to understand the staff members version of events.

This must be asked in a non-confrontational and non-judgmental way, and should be an exploratory conversation in nature. There are many valid reasons why a team member may have accessed a claim, even if it cannot be evidenced with the systems and processes in place.

- b** Capture your findings in the Client Information Access Validation Tool.

 Client Information Access Validation Tool

 Leader Instructions for Access Monitoring Tools

- c** Determine if the reasons provided by the team member are valid or not.

NOTE **How do you make this determination?**

Refer to Claims Access Criteria.

You must also exercise your judgement if the reasons provided are valid or not valid or you have ongoing concerns about the reasons for access.

As a Team Leader who has high visibility of the workloads, work types, relevant processes, experience, expertise, and other attributes of the team environment, you must make a reasonable and fair assessment based on the explanation provided by the staff member, taking into account the factors listed above or any other evidence that is available.

 Access Monitoring Criteria

NOTE **What if you decide that the reasons provided are valid and so a referral is not required?**

You may also want to take action to address knowledge gaps or reinforce best practice.

This process ends.

NOTE **What additional kinds of information could be used to help make a determination?**

- Access to Integrity Services advice and guidance to enable additional self-powered validation.
- Access to peer reviews by suitably qualified practitioners to verify the reasons
- Request additional footprint reporting to establish a wider data set that may be indicative of access trends.
- Benchmarking against similar roles or functions to establish normalised access behaviour.

2.0 Determine where to direct referral

Team Leader

- a** Discuss your findings with your Line Manager and together and confirm that a referral is required.

NOTE **What if you decide that the reasons provided are valid and so a referral is not required?**

You may also want to take action to address knowledge gaps or reinforce best practice.

This process ends.

- b** Determine whether the referral should be directed to Integrity Services or to Employment Relations.

NOTE **When should you direct the referral to Integrity Services?**

A referral should be made to Integrity Services where the access concern identified requires additional specialised assessment.

NOTE **When should you direct the referral to Employment Relations?**

A referral should be made direct to Employment Relations only in situations where there is clear evidence of deliberate inappropriate access by the team member, or where the team member has made a direct admission of deliberate inappropriate access.

3.0 Refer to Integrity Services

Team Leader

- a** Draft a referral email to Integrity Services using the subject heading 'Access Monitoring IS Support'.

NOTE **What information do you need to include in the referral email?**

- The team members name and role
- Access points that cause concern
- Details of additional validation steps completed and the results
- Why concerns persist
- Any conflicting or unusual explanations for the access
- Details of discussion held with you Line Manager, including rationale for referral.

- b** Send the referral to Integrity Services via the email address integrity.insights@acc.co.nz.

3.1 Refer to Employment Relations

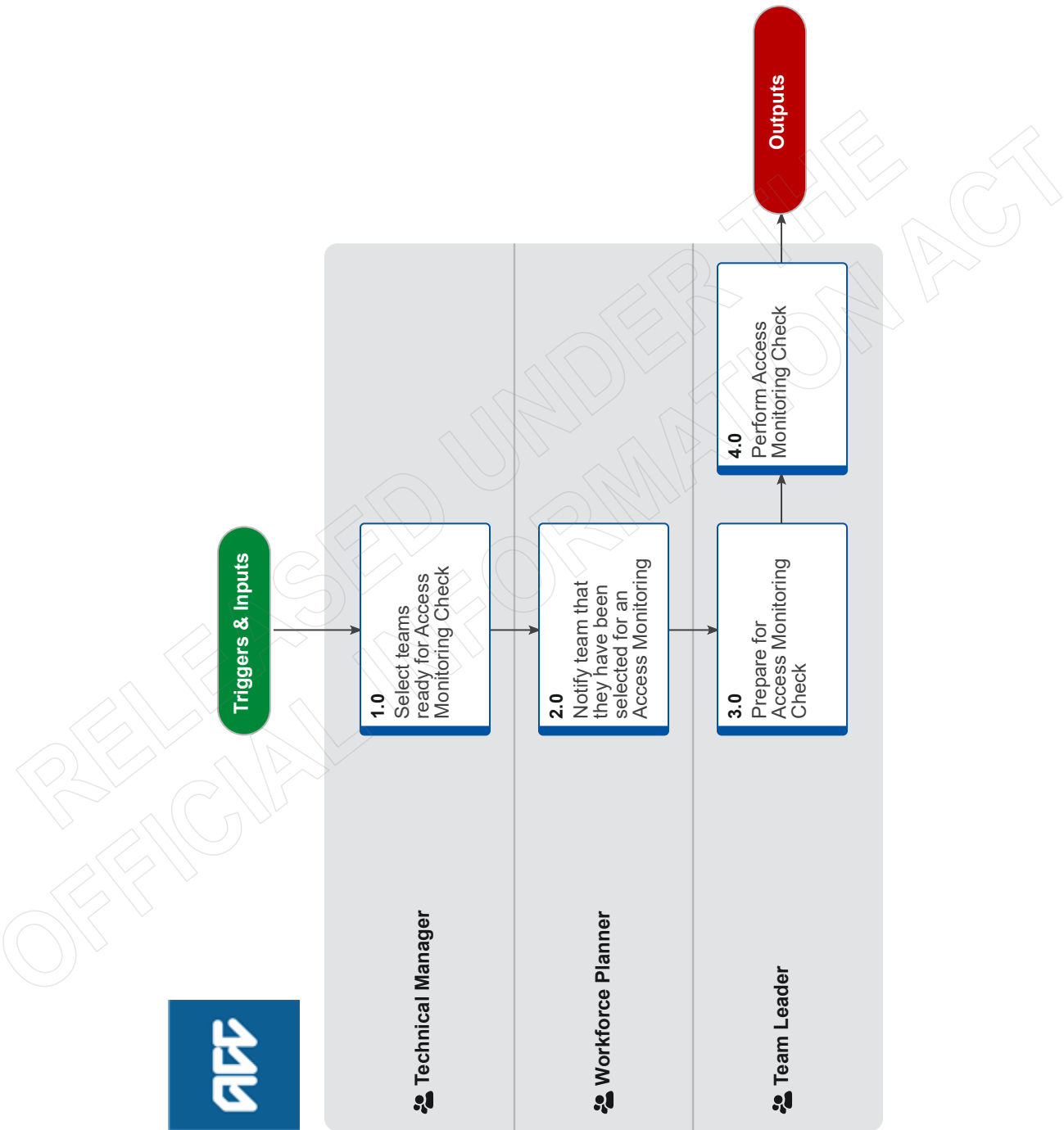
Team Leader

- a Draft a referral email to HR Help using the subject heading 'ER Support'.
NOTE What information do you need to include in the referral email?
 - The team members name and role
 - Access points that cause concern
 - Details of additional validation steps completed and the results
 - Why concerns persist
 - Any conflicting or unusual explanations for the access
 - Details of discussion held with you Line Manager, including rationale for referral.
- b Send the referral to Employment Relations via the email address HRHelp@acc.co.nz.

4.0 Action Outcome of Referral

Team Leader

- a Receive outcome of the assessment from Integrity Services or Employment Relations.
- b Action any activities as required, including changing the Assurance rating assigned in the Client Information Access Validation Tool if instructed.



Summary

Objective

Perform an Access Monitoring Check as part of ACC's commitment to ensuring client personal information is only accessed for appropriate reasons.

Background

We consider ourselves to be kaitiaki (guardians) of any personal information we receive. It is our responsibility to treat personal information as a taonga – to care for and use it only for its intended purposes. Respecting the personal information and privacy of ACC's clients, staff, and stakeholders is a core value and behaviour required of all ACC people.

To ensure we meet these responsibilities for our clients, we regularly monitor how our people are accessing client's personal information through our claims management systems. This will provide assurance that staff behaviour in managing personal information is meeting our high expectations and any instances of concern are followed up on.

Owner

[Out of Scope]

Expert

Procedure

1.0 Select teams ready for Access Monitoring Check

Technical Manager

- a In Team Selection tool, refresh data to confirm six team names for access check.

NOTE Teams are selected at least two weeks prior to the beginning of the month during which the checks are to be performed.

NOTE What if Workforce Planning determine that capacity issues require a reduction in teams selected for a month?

In these scenarios Workforce Planning can reduce selection down to a minimum of four teams.

- b Notify the relevant Workforce Planner to notify the selected team/s.

2.0 Notify team that they have been selected for an Access Monitoring Check

Workforce Planner

- a Copy the Access Monitoring Notification into the Workplan.

 Access Monitoring Notification

- b Send to the selected teams that will need to perform Access Monitoring Checks.

NOTE How are selected Teams notified?

Access Monitoring Check notifications are delivered to teams via their preferred method of delivering workplans and updates to teams. This may vary across different functions.


NOTE How far in advance do selected teams need to be notified?

Teams must be notified two weeks prior to the beginning of month in which they are required to perform the checks.

3.0 Prepare for Access Monitoring Check

Team Leader

- a Review the Client Information Access Review Tool to ensure it includes all team members in the team, and that their access information is recorded in the tool.

 Client Information Access Review Tool

 Leader Instructions for Access Monitoring Tools

NOTE What if you have a team member who does not have any access information in the Client Information Access Review Tool?

These team members can be excluded from the checks.

- b Schedule a suitable time with each team member to complete the Access Monitoring Check together.

NOTE Can you use an existing coaching time?

You may want to complete the check as part of existing coaching conversations you have in place with your staff member (ie CXQ conversation).

NOTE How long do you need to perform the checks?

The checks should take appropriately 15 minutes to complete per team member but could take longer depending on the quantity and complexity of access information to review.

4.0 Perform Access Monitoring Check

Team Leader

- a Meet with your team member at the scheduled time.

- b Talk your team member through the objective and process of the Access Monitoring Check.

- c Review and discuss the information presented for each claim in the Client Information Access Review Tool with your team member, assessing them against the Access Monitoring Criteria.

 Access Monitoring Criteria

NOTE What if the reason for access is obvious to you as a Leader?

It is important to still have a conversation with your Team Member to reinforce our positive privacy culture. It is important our people understand that their access of client information is visible, and why these checks happen. It can be an opportunity to celebrate great practice, or to inform coaching conversations if you see opportunities for development.

NOTE What if there are multiple actions on a claim within a session?

Review all activity as a collective set of actions leading to an outcome. The question needing to be answered in these situations was whether the access to the claim was a for valid reason.

NOTE What if a claim has been accessed in more than one session during the time period captured in the Access Report?

Complete a separate check for each session.

- d** Record the findings of each claim access using the Client Information Access Validation Tool.



Client Information Access Validation Tool



Leader Instructions for Access Monitoring Tools

NOTE When should you record your findings in the Client Information Access Validation Tool?

Record your findings in the Client Information Access Validation Tool as you are conducting the checks with your Team Member. This is more efficient than conducting the check and capturing your findings at a later date.

NOTE What if you are capturing commentary in the Client Information Access Validation Tool?

The commentary you input will be visible and likely reviewed by representatives from Performance, Privacy, and Integrity Services. The content you enter should be clear and understandable. If this is not the case, you will likely be contacted to provide clarification.

NOTE What if a check has resulted in a Low Assurance rating?

This does not mean that access to the claim was inappropriate, just that we cannot provide clear evidence backing up a valid business reason for access using our current systems and tools. Depending on the reason for assigning a Low Assurance rating you may also want to take additional steps or actions to work with the Team Member to fill knowledge gaps or reinforce best practice behaviors.

In the Client Information Access Monitoring Validation Tool only select Follow Up Required if you believe follow up is required with Integrity Services or Employment Relations. If your Team Member will benefit from some activity, such as coaching, then this is not required to be captured in this tool.

NOTE What if you have concerns about access to a claim?

This does not automatically mean that access to the claim was inappropriate, but that the access is currently unexplained and requires further validation due to a concern raised during the check. Proceed to 'Assess Claims Access Concerns'



PROCESS Assess Claims Access Concerns

NOTE What if you haven't captured the appropriate level of information in the Client Information Access Validation Tool?

The Performance team who monitor submissions in the Client Information Access Validation Tool may seek clarification from you directly, or this may be picked up as part of a conversation with your Client Service Leader.