

8 June 2023



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

[REDACTED]

Kia ora [REDACTED]

**Your Official Information Act request, reference: GOV-025236**

Thank you for your email of 17 May 2023, asking [REDACTED] Resolution Specialist, for the following information:

*Could you please provide me with ACC's policy/guidelines/procedures on what constitutes a breach of the code and serious service failure?*

Due to the nature of your request, it was transferred to my team for response under the Official Information Act 1982 (the Act).

**Information about what constitutes a breach of the Code of ACC Claimants' Rights can be found in Appendix 1, which includes the following documents:**

- Working with the Code of ACC Claimants' Rights Policy
- Behaviours to uphold the Code of ACC Claimants' Rights: A resource for ACC staff
- Receive and Assess Complaint

**Appendix 2 contains information about what constitutes a serious service failure, and includes the following policy:**

- Payments Outside Scope of Statutory Entitlements Policy

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

The Injury Prevention, Rehabilitation, and Compensation (Code of ACC Claimants' Rights) Notice 2002 is available on the ACC website here:

- <https://www.acc.co.nz/assets/im-injured/730eea8693/claimant-rights.pdf>

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

ACC may decide to publish 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](http://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](mailto:GovernmentServices@acc.co.nz).

Ngā mihi

Sara Freitag

**Acting Manager Official Information Act Services**  
Government Engagement

## Summary

### Objective

ACC and its agents have a legislative responsibility to provide the highest practicable standard of service and fairness to clients. In order to fulfil our responsibilities, especially about our service, communication and behaviour you must understand your obligations and responsibilities under the Code of ACC Claimants' Rights.

See also Rules for managing complaints and Responsibility for managing complaints.

**Owner** [Out of Scope]

**Expert**

## Policy

### 1.0 Applying the Code of ACC Claimants' rights

- a** When dealing with clients ACC must fulfil its obligations in the Code of ACC Claimants' Rights (the Code).

Accredited employers and agents of ACC are subject to the Code and must provide the highest practicable standard of service and fairness.

### 2.0 The Rights

- a** The Injury, Prevention, Rehabilitation, and Compensation (Code of ACC Claimants' Rights) Notice 2002 specifies eight rights.

Clients have:

- the right to be treated with dignity and respect
- the right to be treated fairly and have their views considered
- the right to have their cultures, value and beliefs respected
- the right to a support person or persons
- the right to effective communication
- the right to be fully informed
- the right to have their privacy respected
- the right to complain.

See Behaviours to uphold the Code of ACC Claimants' Rights for a more in-depth guide to each right and staff obligations.

 Behaviours to uphold the Code of ACC Claimants Rights

### 3.0 ACC philosophy

- a** You must comply with ACC's philosophy for dealing with client problems, concerns or complaints. This philosophy supports the Code.

When a client raises a concern or complaint, you must:

- take the concern or complaint seriously
- commit to settling it in a fair, open and respectful manner
- resolve it as quickly as possible
- treat the client with courtesy
- keep the client informed at all stages
- take responsibility for working with the client until the issues are settled.

You must not discriminate against a client because they have raised a concern or complaint. Clients who raise a concern or file a complaint must not be disadvantaged in any way.

Whenever possible, we should learn from feedback or complaints and find new ways of working if recurring issues or themes are identified.

## 4.0 The purpose of the Code

- a The purpose of the Code of ACC Claimants' Rights is to meet clients' reasonable expectations about how ACC should deal with them. The Code provides a framework that enables us to deliver a high standard of service and fairness to clients. The Code achieves these objectives by conferring rights on clients and imposing obligations on ACC.

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## 5.0 The spirit of the Code

- a The Code encourages positive relationships between ACC and clients. For ACC to assist clients, a partnership based on mutual trust, respect, understanding and participation is critical. Clients and ACC need to work together, especially in the rehabilitation process. The Code is about how ACC will work with clients to make sure they receive the highest practicable standard of service and fairness.

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## 6.0 Exceptions

- a The ACC Code of Claimants' Rights does not apply to:

- dealings with clients before 1 February 2003
- disputes about cover and entitlements, including treatment and compensation, which are addressed through the independent review and appeal processes
- the provision of treatment services. Treatment services are covered by the Code of Health and Disability Services Consumers' Rights
- treatment and disability services purchased by ACC. Services purchased by ACC are covered by the Health and Disability Sector Standards and the Health and Disability Services (Safety) Act 2001
- employee performance issues
- a person who is not a claimant, or who does not have an actively managed claim

The client has the right to review a decision made about their complaint under the Code of ACC Claimants' Rights. However, AC Act 2001, Section 149(3) prohibits any further appeal to the District Court against that review decision.

Customer Resolution can investigate matters that do not fall within the scope of the Code. In these cases we will issue a written outcome which will not have review rights. However, if the client is dissatisfied with how we have handled their feedback they can raise a further complaint with the Office of the Ombudsman.

 Resolution Services

# Behaviours to uphold the Code of ACC Claimants' Rights

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**A resource for ACC staff**

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## Introduction

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The purpose of the Code of ACC Claimants' Rights, effective 1 February 2003, is to meet the reasonable expectations of claimants about how ACC should deal with them.

It confers rights on claimants and imposes obligations on ACC. ACC has a number of strategies in place to help it meet the obligations imposed by the ACC Code. These include agreed customer service behaviours and the adoption of the ACC values.

This document lists the rights and obligations in the ACC Code and identifies the customer service behaviours, the ACC values and additional behaviours identified by staff, which can be used to uphold each right.

### Spirit of the ACC Code

The table below identifies key messages from the spirit of the ACC Code and lists eight essential behaviours staff can use to uphold them.

#### Key messages from the spirit of the ACC Code

- 1 The ACC Code encourages positive interactions between ACC and claimants.
- 2 For ACC to assist claimants, a partnership based on mutual trust, respect, understanding and participation, is critical.
- 3 Co-operation is key to effective rehabilitation.

#### Eight essential behaviours to uphold the spirit of the ACC Code

All ACC staff uphold the spirit of the ACC Code by:

- 1 putting people first, injuries second
- 2 telling the truth and keeping promises
- 3 helping claimants to receive their entitlements
- 4 ensuring behaviour is professional in every respect
- 5 setting up working relationships with claimants and staff that enhance individual self-esteem
- 6 being sensitive to culture, values and beliefs
- 7 making decisions based on facts, not assumption, bias or prejudice
- 8 communicating in a clear, simple and helpful manner, to minimise the potential for misunderstanding.

## Right one

### Right ① You have the right to be treated with dignity and respect.

#### Our obligations

- We will treat you with dignity and respect.
- We will treat you with honesty and courtesy.
- We will recognise that you may be under physical, emotional, social, or financial strain.

#### Customer service behaviours

- **Friendly, Professional, Consistent.**
  - We demonstrate ACC values.
  - We use and pronounce customer name/ title correctly.
  - We offer appropriate assistance in a manner that indicates keenness to assist.
  - We answer the phone in a professional manner.
  - We ensure correspondence is to a professional standard and is understandable.

#### Additional behaviours that support right one

##### Staff with claimant contact

- Putting people first, injuries second.
- Taking responsibility by not passing the buck.
- Paying attention to greetings, courtesies and pronunciation.
- Tailoring our approach to each claimant's needs.
- Keeping claimants regularly informed.
- Keeping ourselves educated about the effects and impacts of injury.
- Recognising that claimants are often under physical, emotional, social or financial strain.
- Being honest and straightforward.
- Empathising with the claimant.
- Listening actively and responding appropriately.
- Recognising that each claimant is unique.
- Offering encouragement and understanding.
- Responding with compassion, patience and understanding.

##### Staff who do not have claimant contact

- Keeping internal customers informed so that claimant's needs can be met.
- Recognising that claimants are our customers.
- Creating a professional, respectful workplace that supports work with claimants.
- Responding to internal requests in a timely manner.
- Acting on facts, not assumptions.
- Acknowledging that some claimants have lost trust in the organisation.
- Designing processes that engender trust.
- Providing consistent and professional service to all claimants.
- **The right to be treated with dignity and respect underpins all the rights.**

### Relevant ACC values

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- **Customer Service.**
    - Meets ACC Corporate identity standards – in all correspondence, correct corporate dress standards, etc.
    - Keeps customer files/record up to date and confidential.
    - Delivers services in a culturally appropriate manner/medium.
    - Builds effective relationships with other professionals.
    - Actively seeks feedback on service delivery and adjusts behaviour.
    - Constantly seeks new opportunities to widen networks and build productive professional relationships.
  
  - **Integrity.**
    - Raises questions or concerns with the person(s) concerned directly.
-

## Right two

### Right ② You have the right to be treated fairly and to have your views considered.

#### Our obligations

- We will treat you fairly.
- We will listen to you and consider your views.
- We will take into account, and be responsive to any impairment you may have.

#### Customer service behaviours

- **Acknowledge the injury and its impact.**
  - We acknowledge the injury and its impact.
  - We discuss the help claimants need and what ACC can offer.
  - We discuss expected recovery time.

#### Additional behaviours that support right two

##### Staff with claimant contact

- Putting people first, injuries second.
- Offering information, without waiting to be asked.
- Responding appropriately to people with disabilities.
- Listening professionally.
- Taking time to repeat information or explain it until we are sure the claimant has understood.
- Using a consultative approach.
- Being proactive.
- Ensuring a consistent approach.
- Meeting service promises.
- Exploring options together.
- Paraphrasing and checking understanding.
- Fully informing of all options in a clear and simple manner.
- Staying open and not pre judging.
- Asking what the claimant's issues are.
- Treating others as you would wish to be treated.
- Encouraging the claimant to own their rehabilitation.
- Not using ACC jargon.

##### Staff who do not have claimant contact

- Using a consultative approach.
- Making it easy for staff to navigate and understand new information.
- Proactively offering information.
- Clearly explaining legislation.
- Valuing and listening to feedback from frontline staff.

### Relevant ACC values

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- **Customer Service.**
    - Identifies customer needs by asking, listening and seeking clarification.
    - Listens to the customer's point of view, seeks clarification and checks understanding.
    - Looks at issues from the customer's perspective as well as their own.
  
  - **Integrity.**
    - Treats people fairly and impartially – according to their needs, not role, status or personal characteristics.
  
  - **Valuing people and their diversity.**
    - Shows respect for, and sensitivity towards, the needs of others that may be based in culture, gender or disability.
-

## Right three

### Right ③ You have the right to have your culture, values and beliefs respected.

#### Our obligations

- We will be respectful of, and responsive to, the culture, values and beliefs of Maori.
- We will be respectful of, and responsive to, all cultures, values and beliefs.

#### Customer service behaviours

- There are no specific cultural behaviours listed in the customer service programme.

#### Additional behaviours that support right three

##### Staff with claimant contact

- Not assuming a culture, value or belief.
- Checking our claimant's cultural, values or belief-based needs.
- Using interpreters (when necessary).
- Listening to claimants' needs and perspectives.
- Supplying brochures, website, and information in other languages (where available).
- Working in partnership with claimants.
- Establishing relationships with Iwi and Maori service providers.
- Consulting with Pae Arahi.
- Offering alternatives and exploring options.
- Establishing what is important to the claimant and understanding why.
- Checking with the claimant about their individual needs.
- Following up to ensure needs have been met.
- Displaying a willingness to learn about and respond to other cultures.
- Encouraging whanau participation.
- Being open minded and flexible.
- Recognising the principle of partnership.
- Offering a choice of providers.

##### Staff who do not have claimant contact

- Ensuring the right training is in place.
- Supplying access to the right services, eg interpreters.
- Consulting with appropriate groups.
- Providing timely advice when needed.
- Integrating knowledge and practice about culture values and beliefs into the internal services.
- Making sure we understand the information needs of specific groups.

### Relevant ACC values

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- **Valuing people and their diversity.**
    - Understands the role of the Treaty of Waitangi in the delivery of services and relationships with communities and stakeholders.
    - Uses gender neutral language.
    - Shows respect for and sensitivity towards the needs of others that may be based in culture, gender or disability.
    - Checks on and pronounces names correctly.
    - Uses correct Maori pronunciation.
    - Identifies what cultural protocols may apply in different situations, and ensures they know how to behave appropriately.
    - Actively seeking to become familiar with the cultural needs of customer groups and working in ways that take these into consideration.
  
  - **Customer Service.**
    - Delivers service in a culturally appropriate manner/medium.
-

## Right four

### Right ④ You have the right to a support person or persons.

#### Our obligations

- We will welcome you and your support person(s) provided that the safety of all involved can be assured.

#### Customer service behaviours

- There are no specific customer service behaviours for right four.

#### Additional behaviours that support right four

##### Staff with claimant contact

- Advising and encouraging claimants to have a support person or persons present.
- Using an interpreter service, when appropriate.
- Providing information on how to obtain a support person or who they can bring.
- Discussing what all parties expect from a meeting and setting realistic agenda and timeframes.
- Acknowledging, welcoming and including the support person.
- Taking responsibility for managing the meeting, staying focused and moving on.
- Clarifying the role of the support person and addressing any privacy issues.

##### Staff who do not have claimant contact

- Ensuring that relevant training is applicable and available.
- Communicating updates/issues from support and advocacy groups to frontline staff.
- Establishing links with support and advocacy organisations.
- Providing appropriate information to support and advocacy groups.
- Welcoming the involvement of support persons.
- Establishing effective links with support and advocacy organisations, service providers, employers and iwi.

#### Relevant ACC values

- **Valuing people and their diversity.**
  - Modifies own behaviour, communication style in recognition of an individual's diversity.
- **Participation.**
  - Values the involvement and contribution of all people.

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## Right five

### Right 5 You have the right to effective communication.

#### Our obligations

- We will communicate with you openly, honestly and effectively.
- We will respond to your questions and requests in a timely manner.
- We will provide you with an interpreter when necessary and reasonably practicable.
- We will provide information in a form which you can access, in a timely manner.

#### Customer service behaviours

- **Keeping customers informed of progress.**
  - We explain the process.
  - We outline the timeframes.
  - We proactively contact all parties.
  - We inform parties of decisions before giving in writing (if appropriate).
  - We keep customers informed of progress.
- **Informing people of their entitlements.**
  - We know all the entitlements available.
  - We ensure that the customer is given full information.
  - We check that the customer understands the services, their role in accessing those services and ACC's role in providing the services.
- **Keeping service promises.**
  - We give accurate information.
  - We meet commitments made to customers.

#### Additional behaviours that support right five

##### Staff with claimant contact

- Listening professionally.
- Setting and meeting professional standards for all claimant communication.
- Being proactive.
- Supplying or welcoming an interpreter service when appropriate.
- Demonstrating professional communication skills.
- Giving clear explanations and describing processes.
- Avoiding jargon and explaining terminology wherever possible.
- Giving bad news or significant decisions with sensitivity - planning the best approach, environment, and venue.
- Communicating decisions in person, then following up in writing.
- Presenting a range of options to claimants.
- Giving choices where choices exist.
- Having buddy system in place so claimant can still talk to someone if their case manager/case co-ordinator is not available.

- Being sensitive and adapting to the claimant's communication difficulties (literacy, hearing impairment, visual impairment, brain injury).
- Offering both verbal and written information.
- Asking claimants to confirm their understanding.

**Staff who do not have claimant contact**

- Ensuring processes are clear, simple and unambiguous.
- Promoting ACC as a professional organisation.
- Answering requests from staff in a timely manner.
- Providing clear information for claimants, the public and potential claimants.
- Creating positive and professional first impressions.

**Relevant ACC values**

- **Customer Service.**
    - Takes responsibility for the outcome of the interaction with customers and providers.
    - Builds effective community networks that will assist customers.
    - Agrees appropriate referrals to other providers with customers.
    - Consistently meets service promises made to customers.
    - Keeps commitments and promises made to customers.
  - **Integrity.**
    - Is open and honest in dealings with others – tells the truth.
  - **Teamwork.**
    - Models open communication – through the sharing of information and knowledge.
    - Demonstrates active listening skills.
  - **Valuing people and their diversity.**
    - Modifies own behaviour communication style in recognition of an individual's diversity.
  - **Participation.**
    - Demonstrates respect for people and their ideas, and provides support in having these ideas be heard.
-

## Right six

### Right ⑥ You have the right to be fully informed.

#### Our obligations

- We will provide information on how to make a claim for cover and entitlements.
- We will keep you fully informed.
- We will provide you with full and correct information about your claim, entitlements, obligations and responsibilities.
- We will inform you if your entitlements change.
- We will give you information about how we provide services, and how to access them.
- We will discuss expected time frames with you.
- We will inform you of your review and appeal rights under the Act.

#### Customer service behaviours

- **Informing people of their entitlements.**
  - We know the entitlements and the applicable rules.
  - We ensure that the customer is given full information.
  - We check that the customer understands the services, their role in accessing those services and ACC's role in providing the services.
- **Keeping service promises.**
- **Speed of delivery.**
  - We meet standards for payments, returning phone calls, IRP's, etc.
  - We meet internal service delivery timeframes.
- **Keeping Customers Informed.**
  - We set appropriate expectations.
  - We make proactive outbound calling to reduce the need for further inbound calls.

#### Additional behaviours that support right six

##### Staff with claimant contact

- Giving clear information to current and potential claimants.
- Providing advice on other agencies that can assist, when ACC is unable to.
- Knowing what claimants are entitled to and giving them full information.
- Expecting that claimants may access their files.
- Being positive when advising claimants that they are entitled to more than they are currently receiving.
- Valuing claimant and ACC time.
- Discussing timeframes.
- Proactively contacting claimants with progress updates especially when a timeframe may not be met.
- Using tools such as Pathway, fact sheets, and brochures to give full and accurate information.

- Ensuring claimants participate in any decision making about any aspect of their claim.
- Promoting discussion that enhances claimants' understanding.
- Ensuring claimants fully understand and accept the impact of decisions before they sign anything.

**Staff who do not have claimant contact**

- Ensuring that treatment providers are well informed about ACC entitlements and services.
- Ensuring employers are well informed about their obligations to employees who are claimants and ACC entitlements and services.
- Creating easily accessible processes for accessing information.
- Interpreting and explaining legislation.

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**Relevant ACC values**

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- **Integrity.**
    - Treats people fairly and impartially, according to their needs, not role, status or personal characteristics.
    - Is open and honest in dealings with others, tells the truth.
  - **Customer Service.**
    - Provides the customer with full information so that the customer is able to make well-informed decisions.
    - Is realistic about the extent of services ACC can provide (is clear about what can be provided and what cannot be provided).
    - Consistently meets service promises to the required standard within agreed timeframes.
  - **Participation.**
    - Is co-operative, working with others to achieve results.
-

## Right seven

### Right ⑦ You have the right to have your privacy respected.

#### Our obligations

- We will respect your privacy.
- We will comply with all relevant legislation relating to privacy.
- We will give you access to your information, in accordance with legislation.

#### Customer service behaviours

- There are no specific customer service behaviours for right seven.

#### Additional behaviours that support right seven

##### Staff with claimant contact

- Honouring the ACC Confidentiality and Security Agreement.
- Applying the Privacy Act training principles.
- Conducting interviews in the most appropriate environment.
- Only discussing ACC work with people who are entitled to the information.
- Expecting that claimants may wish to access their files.
- Obtaining consent of the claimant before including participation of family/whanau, employer or other parties.
- Taking care when copying files.
- Checking that we are talking to the claimant when returning claimant calls.
- Being sensitive personal circumstances.

##### Staff who do not have claimant contact

- Taking care with claimant information.
- Ensuring that the right training is available to staff.
- Following the ACC standards for media calls.
- Links to values behaviours.
- Customer Service.
- Keeps customer files/records up to date and confidential.
- Integrity.
- Treats personal/sensitive information about others with sensitivity and respect.

#### Relevant ACC values

- **Customer Service.**
  - Keeps customers files/records up to date and confidential.
- **Integrity.**
  - Treats personal/sensitive information about others with respect.

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## Right eight

### Right 8 You have the right to complain.

#### Our obligations

- We will work with you to address problems and concerns.
- We will inform you about options available for resolving problems and concerns.
- We will inform you about the complaints process and the normal timeframes for dealing with complaints.

#### Customer service behaviours

- **We are ACC; we take ownership and responsibility.**
  - We are all employed to deliver the organisation's services.
  - We are the face of ACC and our actions are the actions of the organisation.
  - Demonstrates our commitment to service.
  - Helps us build confidence and trust.
  - Demonstrates that we are reliable.

#### Additional behaviours that support right eight

##### Staff with claimant contact

- Advising claimants of how to register a concern, make a complaint, or have ACC's decision reviewed.
- Listening to input from all parties.
- Seeking common ground.
- Being accountable for our own actions.
- Focusing on issues rather than personalities.
- Addressing problems within agreed timeframes.
- Keeping accurate records of all interactions to assist with the resolution of concerns and complaints.
- Discussing and explaining decisions in person before issuing a decision letter.
- Clarifying expectations and fully discussing issues in the first instance.
- Listening and acknowledging concerns and attempting to resolve them.

##### Staff who do not have claimant contact

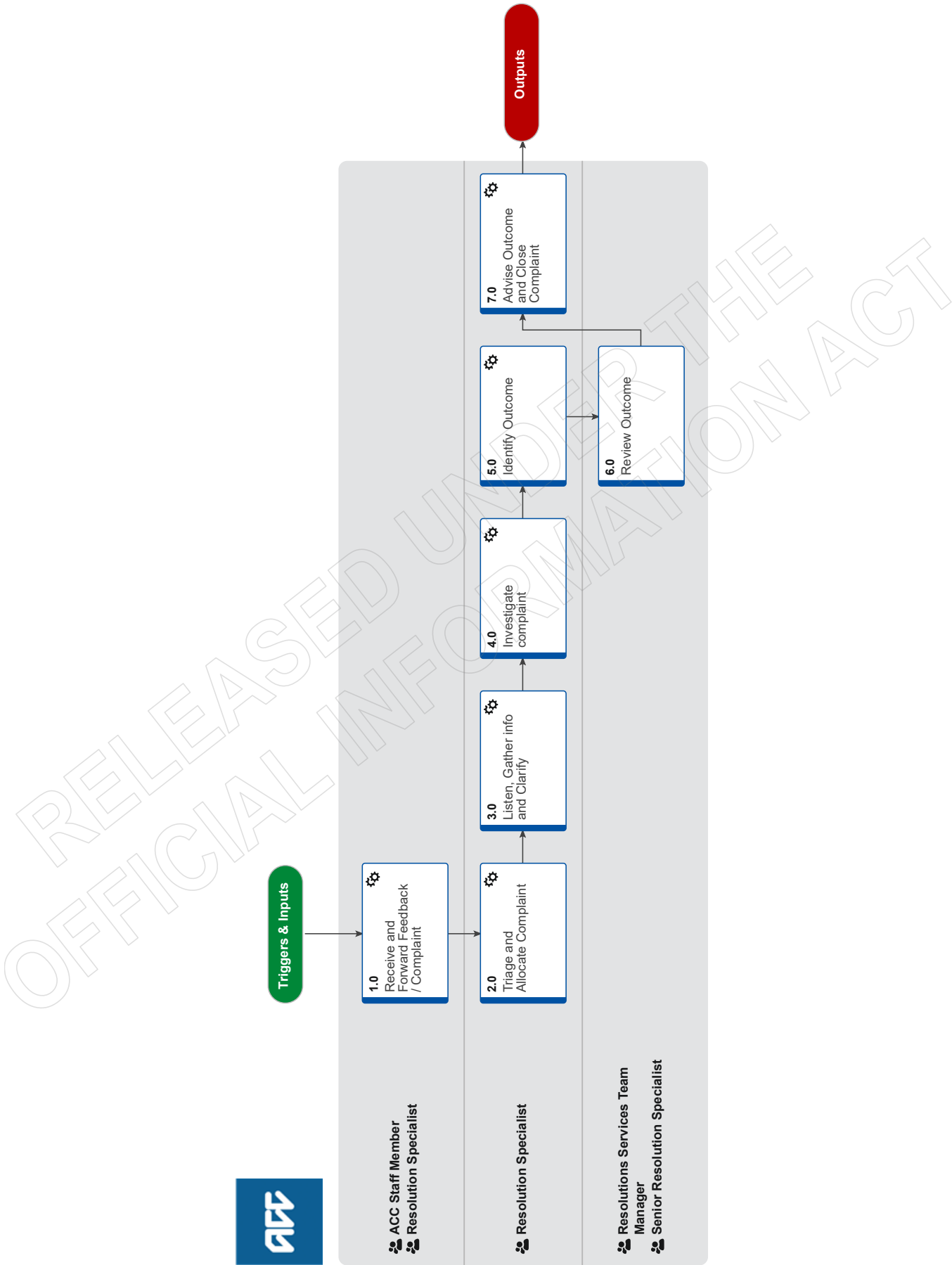
- Creating smooth and accessible processes.
- Applying the complaints process fairly and professionally.
- Linking the feedback from complaints to systems, product and process design.
- Creating a professional image for ACC.
- Responding in a timely manner.
- Acting on facts, not assumptions.
- Supporting the complaints processes.

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## Relevant ACC values

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- **Customer Service.**
    - Looks at issues from the customer's perspective as well as their own.
    - Takes responsibility for the outcome of the interaction with customers and providers.
    - Is realistic about the extent of services ACC can provide (is clear about what can be provided and what cannot be provided).
  - **Continuous Improvement.**
    - Learns from experience – is prepared to examine what didn't go well and why.
    - ACC welcomes feedback and the opportunity to improve service.
  - **Teamwork.**
    - Addresses the issues, rather than the person when putting forward an opposing point of view.
    - Works co-operatively with colleagues to generate and share new ideas, new ways of working, to make improvements for the team and/or its customers.
  - **Integrity.**
    - Acknowledges mistakes and seeks to correct them.
    - Publicly supports team and ACC decisions.
    - Honestly acknowledges concerns/difficult issues and works to find resolution.
    - Takes action to resolve concerns/difficult issues.
  - **Participation.**
    - Promotes and models open dialogue.
    - Offers positive solutions for problems, and takes ownership.
-



## Summary

### Objective

To ensure any concerns or complaints shared by a client, their authorised representative, business customer or provider are captured and addressed.

### Background

All ACC clients, their authorised representatives, business customers or providers can share their concerns about a decision we've made or the service we've provided. They can make a complaint or discuss their concerns with us. These are managed at local level (by staff receiving the complaint), or by the Customer Resolution team.

Customer Resolutions work with clients and ACC to resolve issues that have been escalated to them. They will also investigate and respond to complaints made under the Code of ACC Claimants Rights.

### Owner

[Out of Scope]

### Expert

## Procedure

### 1.0 Receive and Forward Feedback / Complaint

ACC Staff Member, Resolution Specialist

- a** Receive complaint or feedback sharing concern.

**NOTE** What if it was received via phone call and you are a Resolution Specialist?

Go to 3.0g.

**NOTE** What if it was received via phone call and you are not a Resolution Specialist?

Complaints can be addressed at local level (by the person receiving the complaint of local management. If the issue cannot be resolved with the client or the client specifically requests, transfer the call to the Customer Resolutions Team via their hunt line 80583 or advise caller to ring 0800 650 222. This process ends.

**NOTE** What if it was received via other channels? (le Email, heartbeat, letters, social media, etc.)

Complaints can be addressed at local level (by the person receiving the complaint of local management. Email feedback, concern or complaint to [customerfeedback@acc.co.nz](mailto:customerfeedback@acc.co.nz). This process ends.

### 2.0 Triage and Allocate Complaint

Resolution Specialist

- a** Open the allocations spreadsheet and check capacity of Resolution Specialists to ensure equal allocation.

**NOTE** How do you access the allocations spreadsheet?

The allocations spreadsheet is located in the Customer Resolution Team's shared folder found here: \\ACCFILES\Data\Branch Servers\Customer Resolution/Triage and Allocations/Resolution Services Triage Allocations 2.xls

**NOTE** What do you need to consider when allocating?

Consider the current workload of the Resolution Specialist (le Do they have complex / code investigations?)

**NOTE** What time do you need to complete allocations by?

Allocations must be done in the morning by 9am. However, the mailbox must be monitored intermittently throughout the day as new complaints could come in during the course of the day.

- b** Check the 'customer feedback' mailbox in Outlook and open the oldest email.

- c** Review email to determine the rating of the complaint.

**NOTE** What is a rating?

A rating is used to add weighting to complaints, to ensure an even distribution of work.

**NOTE** What do you need to consider?

- Is there already an open or recent complaint?
- Has the client made any previous complaints?
- What type of complaint is it? (le Chief Executive, Ministerial, Business, Provider, Remote Claims Unit, etc)
- Is the client on a management plan?
- Does the client have a care indicator?
- Is there an advocate involved?
- Will the complaint involve extensive work? (le Looking through a large file)
- Is the complaint high risk? (le Has it been escalated? Is there media risk?)
- Is the client asking for an investigation under the Code of Claimants' Rights?
- Could this be a potential Code of Claimants' Rights investigation?

 Working with the Code of ACC Claimants' Rights Policy

**NOTE What if there is uncertainty of complaint received and you require additional support?**

If there is any uncertainty or complaint requires immediate escalation, advise the Senior Resolution Specialist or Team Manager.

- d** Assign a rating to the complaint. Refer to Customer Resolutions Allocation Rating Guide.

 Allocation Rating Guide - Customer Resolutions

- e** In Eos, locate the party record and create a feedback case (for all complaints rated 2-7).

**NOTE What if the person making the complaint cannot be located in Eos?**

This is called an anonymous complaint. Use the Eos Party record 'Mr ACC Customer Resolutions'.

**NOTE What if it is a Remote Claims Unit complaint?**

Do not create a feedback case, forward the complaint in an email to [Out of Scope] (Pseudonym Resolutions Specialists).

**NOTE What if it was rated as a Level 1?**

- Do not create a feedback case as it is likely that there will not be multiple actions/interactions on the complaint
- Forward the email to a Resolution Specialist advising 'no feedback case required'.
- Update the allocations spreadsheet
- Go to 2.0k

**NOTE What if it is a complaint/concern received by a Business Customer?**

In Juno, create a feedback case (for complaints rated 2-7).

- f** Assign the feedback case to the most appropriate Resolution Specialist and update the allocations spreadsheet.

- g** Complete all fields in the Task Template.

**NOTE Where is the Task Template located?**

The Task Template is located in a shared folder and can be found here: \\ACCFILES\Data\Branch Servers\Customer Resolution/Triage and Allocations/TASK TEMPLATE.docx

- h** Copy the Task Template information into the email and forward to a Resolution Specialist.

- i** Copy the Task Template information into the [feedback case]task that has been assigned to the Resolution Specialist.

- j** Access the Resolution Specialist's task queue and take the task off hold. This will ensure the task is not 'hidden'.

- k** Move the email from the 'customer feedback' mailbox to the relevant Resolution Specialist's email folder.

**NOTE What if it was a Chief Executive complaint?**

Add this to the report located in \\ACCFILES\Data\Branch Servers\Customer Resolution/Reports/CE report

**NOTE What if it was a Provider Complaint?**

Add this to the report located in \\ACCFILES\Data\Branch Servers\Customer Resolution/Reports/Provider report

**3.0 Listen, Gather info and Clarify****Resolution Specialist**

- a** Upload the original email received (with complaint information) into Eos using the filing away process. Refer to Inbound Filing Away of Emails and Email attachments - System Steps.

 Inbound Filing Away of Emails and Email attachments - System Steps

- b** Link the relevant claim to the feedback case.

- c** Review the complaint information in the email to understand the issue.

**NOTE What if it is a Ministerial or Chief Executive complaint?**

Notify the Ministerial team or Executive office that you are managing this complaint.

**NOTE What if it is an Accredited Employer or Third Party Administrator complaint?**

Send an email to aepquires@acc.co.nz to inform them that you have received a complaint and keep them updated with the outcome.

If the complaint is a work related claim, please also make the Employer aware of the complaint. The list of employer contacts can be found on the Accredited Employer Te Whariki page under prime contact.

For all non-work claim complaints – please email TPAsupport@acc.co.nz

 Accredited Employer Te Whariki Page

- d** Review claim in Eos or Juno (if it is a Business Customer Complaint) to obtain greater understanding of history and situation.

**NOTE What do you need to review?**

Familiarise yourself with the claim by reviewing contacts, documents and tasks in Eos; or Interactions and documentation in Juno.

- e** Contact relevant business unit to advise that a complaint has been received.

- f** Acknowledge complaint has been received by making contact with the person who made the complaint (within 48 hours where possible) and save contact/interaction note including any documents in Eos or Juno.

**NOTE What do you do to acknowledge the receipt of a complaint?**

You can acknowledge the receipt of the complaint via:

- Phone call
- Email or
- In writing, using the COM03 letter in Eos.

 COM03 Acknowledgment of your complaint

- g** Discuss the issue/complaint with the person who is making the complaint (to understand from their point of view), what is the issue/concern and what outcome is being sought.

**NOTE What if complaint resolution is achieved on the call?**


Go to 7.0g.

- h** Advise them of the next steps to be taken, including expected timeframes. Set clear expectations with the client around how they would like to be communicated with throughout the process. (Ie Does the client want regular updates?)
- i** Record details of the conversation in Eos or Juno and create a feedback case or dissatisfaction contact, if required (Ie a feedback case may not have initially been created).

**4.0 Investigate complaint**


**Resolution Specialist**

- a** Determine what type of complaint it is (Ie Is it code or non-code?). Refer to Working with the Code of ACC Claimants' Rights Policy.

 Working with the Code of ACC Claimants' Rights Policy

**NOTE What if it is a code complaint?**

- Create the ACC7407 Complaints investigation issue history form.
- Ensure each of the issues for investigation are recorded separately on this form as well as in the Eos feedback case.

 ACC7407 Complaint investigation issue history

**NOTE What information do you need to add to the ACC7407 Complaints investigation issue history form?**

The form needs to clearly show the information you have gathered and considered as part of your investigation that will determine the outcome decision you make.

**NOTE What if it is a service complaint that can be resolved by another unit?**

- Forward to the appropriate Team Manager in the relevant business unit
- Advise client of next steps
- Go to 7.0g.

- b** Consider whether you need to seek advice/input from another business unit to help in your investigation.

**NOTE What are other business units or teams that you may consider?**

- Branch/Sites/Hubs
- Privacy team
- Technical services
- Clinical services
- Legal Services
- Government Services
- Accredited Employers
- Third Party Administrators

**NOTE What if you need input from a business unit?**

Call or send task as appropriate.

**NOTE What if it is a complex complaint or code investigation relating to a privacy issue?**

Send an email to [privacy.officer@acc.co.nz](mailto:privacy.officer@acc.co.nz) with the following information:



For Resolution Services to complete  
 Resolution Specialist/Review Specialist:  
 Customer name:  
 Claim number:  
 Relevant ministerial, government services or review identifier:  
 Date complaint/review received:  
 Factual summary and timeline  
 Please include relevant privacy history including previous privacy advice.  
 Privacy advice required:

Privacy Team to complete  
 Privacy Advisor:  
 Privacy advice:  
 Any other comments/considerations:

- c Complete a full review of the claim file(s), party record and all other relevant information you have been provided from other parties.
  - d Document all steps of the investigation in Eos or Juno.
- NOTE What if it is a code complaint?**
- Update the ACC7407 Complaints investigation issue history form
  - Upload the ACC7407 form to the feedback case in Eos.

## 5.0 Identify Outcome

### Resolution Specialist

- a Determine the outcome of the investigation.
    -  Working with the Code of ACC Claimants' Rights Policy
- NOTE What if there was a breach?**  
Discuss best approach and course of action (ie apology or remedy) with Team Manager in the relevant business unit and record in Eos.
- NOTE What if it is a Ministerial or Chief Executive complaint?**  
Email the Ministerial team or Executive office to advise the outcome.
- NOTE What if it was a dissatisfaction or non-code complaint?**
- Go to 5.0c if it was a complex complaint and a letter needs to be sent
  - Go to 7.0d if it was a non-complex complaint and a letter is not required
- NOTE What if you are unsure or would like further input on the outcome determined?**  
Check with a colleague, a Senior Resolution Specialist or Resolution Team Manager.
- b Finalise the ACC7407 Complaints investigation issue history form and consider all the evidence you have found in your investigation.
  - c Create the COM01 Findings letter.
    -  COM01 Your complaint - Findings
  - d Email draft COM01 Findings letter to the Senior Resolution Specialist or Team Manager for checking.

## 6.0 Review Outcome

### Resolutions Services Team Manager, Senior Resolution Specialist

- a Review the COM01 Findings letter and provide feedback, if any.
  - NOTE What do you need to check?**  
Check rationale and findings, as well as spelling and grammar.
- b Email the COM01 Findings letter back to the Resolution Specialist with feedback.

## 7.0 Advise Outcome and Close Complaint

### Resolution Specialist

- a Receive COM01 Findings letter back and make any updates/changes, or re-investigate complaint as required.
- b Upload the COM01 Findings letter to the feedback case in Eos.
- c Email a copy of the COM01 Findings letter to the Team Manager of the relevant business unit.
  - NOTE What if it was a Ministerial or Chief Executive complaint?**  
Email the Ministerial team or Executive office to advise the outcome.
- d Contact the person who made the complaint to discuss and inform them of findings and/or outcome decision.
- e Record details of the conversation in Eos or Juno.
- f Send COM01 Findings letter (if it is a code complaint) to the person who made the complaint.
- g Complete the feedback case e-forms and close task to ensure complaint is closed.
  - NOTE What if there was no feedback case created?**  
Ensure contacts and any outgoing documents are captured in Eos or Juno.

# Payments Outside Scope of Statutory Entitlements Policy

v14.0



## Summary

### Objective

Payments outside the scope of statutory entitlements are payments made by ACC to manage potential liabilities under Crown Entities Act 2004, Section 17. These payments were previously referred to as 'wrongful action' or 'ex-gratia' payments.

This page provides information on:

- criteria required for a client to be paid outside 'the scope of statutory entitlement'
- what defines a serious service failure
- what defines a financial loss
- what defines a non financial loss
- how we compensate the client

Please note that privacy breaches are not addressed through this process. All enquiries around privacy breaches and potential compensation must be addressed through the Privacy Team.

For information on payments for backdated weekly compensation, go to 'Backdated Weekly Compensation' process group folder under: Claims Management > Manage Client Payments > Operational Policies > Weekly Compensation > in Promapp.

If we consider issuing a decision to decline weekly compensation after a review/appeal or a settlement has indicated that weekly compensation should be paid, then this case must be referred to the Weekly Compensation Panel to:

- check that the decision made to decline was robust
- recommend whether a payment outside the scope of statutory entitlement should be considered (if appropriate).

Owner

[Out of Scope]

Expert

## Policy

### 1.0 Criteria for payments outside the scope of statutory entitlements

**a** For a payment to be made outside the scope of statutory entitlements, the following criteria must be met:

- ACC committed a serious service failure, and
- the client experienced a measurable financial loss because of ACC's actions, or
- the client experienced a non-financial loss because of ACC's actions.

If you receive a payment request that can't be resolved through statutory entitlement, and ACC runs the risk of court action due to the service failure, you should prepare a submission.

### 2.0 Serious service failure

**a** Service failures can occur when:

- a client's entitled to a payment, but for some reason this wasn't identified early enough
- the client isn't entitled to a payment but we've incorrectly advised them they are.

Both of these scenarios could result in a loss for the client. If they request payment from what they see as a service failure, we first need to see if this can be resolved through statutory entitlements.

See AC Act 2001, Section 69

A serious service failure requires more than a simple omission or delay. It requires ACC to have fallen well below reasonable service standards. The following criteria normally should be met when considering if a serious service failure has occurred:

- there's serious failure by ACC to do so something that was a legislative requirement or an error in the way something was done
- the failure falls outside the scope of a normal rectifiable human error (serious error is negligent and risks putting ACC under threat of law liability).

### 3.0 Measurable financial loss

**a** If a serious service failure occurs a client may be eligible for a payment outside the scope of statutory entitlement if they either experienced a measurable financial loss and they can demonstrate the loss that was caused by the serious service failure.

**b** A financial loss could include:

- income that could have been earned from a rightful entitlement that's been delayed due to ACC's inaction, payment of interest on late payment of weekly compensation does not apply
- additional costs incurred by the client whilst trying to get their entitlement
- incorrect advice provided by ACC that resulted in a financial commitment for the client
- ACC committing to pay for something with no entitlement.

**4.0 Non-financial loss**

**a** A client may also be eligible for a payment outside the scope of statutory entitlements if they experience a non-financial loss and they can demonstrate the loss was caused by the serious service failure.

**b** A non-financial loss could include:

- a. stress, distress, anxiety experienced by the client due to the serious service failure
- b. significant inconvenience to the client
- c. damage to the client's reputation
- d. other effects

**5.0 Specific claim examples****NOTE Example: Unlawful suspension of independence allowance**

In *Stewart (337/2004)*, the District Court found that ACC couldn't suspend entitlement to the independence allowance on medical grounds without going through the statutory independence allowance reassessment process.

QBE stopped paying the client's independence allowance entitlement in 2005 without going through the proper process. This alone constituted a serious error. However, there was also the issue about whether or not this decision should have been made in the first place. There was a wealth of medical information supporting the client's on-going incapacity being related to the original covered injury. However, his entitlements were suspended on the basis of a file review.

The case met the criteria in relation to serious error despite the decision having originally been made by a private insurer. Once QBE files were handed back to ACC, the Corporation was obliged to notify the insurer of any liabilities within 20 days of becoming aware of them. As that timeframe had passed ACC was now liable for any payment outside the scope of statutory entitlements due.

In regards to the quantifiable loss this was calculated on the basis of the interest from the date of suspension of the independence allowance to the date it was reinstated.

**NOTE Example: Rest home costs incurred**

The client fractured her hip 2004. This year she returned to hospital for removal of rods. Prior to her discharge a needs assessment was completed. The assessor recommended 7 hours home help and 10 hours attendant care assistance per week.

Instead of returning home, the client was discharged to a rest home. A short time later, ACC was advised that the client had died. ACC advised the client's daughter, that ACC would pay the rest home costs.

It had since been determined that there was no injury-related need for rest home care. However, ACC had given a clear undertaking to the family that ACC would meet this cost.

**NOTE Example: Reimbursement for duplicate prescription receipt if ACC loses original**

A client has sent their application for reimbursement of prescription fees to their case manager. In turn, the case manager has sent the application to the processing centre.

However, after three weeks of not hearing back from ACC the client contacts the case manager, who discovers the application cannot be found.

The client now has to submit a new application. When they go to the pharmacy to get a duplicate of their original receipt the pharmacy charges them a fee for the duplicate.

This fee is not a prescription cost, but a cost incurred by the client due to ACC having lost the original application. ACC will then reimburse for the prescription fee as well as the costs of obtaining the duplicated receipt.

**NOTE Example: Non-economic loss experienced due to incorrect suspension of weekly compensation a significant period of time**

A client had an accident in March 1999, ACC provided entitlements up until 2002 when no further medical certificates were received.

The client contacted ACC in 2004 advising they had been unable to work since 2002 and ACC investigated whether they were incapacitated. As a result, ACC confirmed weekly compensation should be reinstated from 2002, advising the client's advocate they would need to provide medical certificates to cover that period. The claim was subsequently closed due to no medical certificates being produced.

The client contacted ACC in 2017 asking for weekly compensation from the date of the accident. ACC's Technical Specialist noted that despite incapacity being established in 2004, the focus was on obtaining backdated medical certificates rather than obtaining earnings details and paying the arrears the client was entitled to. This constituted a serious service failure, and a back payment of weekly compensation and interest was made.

Further quantifiable losses due to the serious service failure were not able to be provided, but the client's mother provided a letter stating it, "was beyond her ability to estimate the financial loss" and "The failure deprived him of his lawful entitlements for thirteen years, causing significant and complex economic and non-economic harm to him and his family".

**6.0 The submission**

- a** If you identify a case where it appears there has been a serious service failure, or your client considers there has been a serious service failure resulting in a loss or harm to them, a submission for 'payment outside the scope of statutory entitlements' should be prepared.

The Recovery Team member is responsible for preparing the submission. Resolution Services cannot accept applications directly from clients.

The submission needs to include:



- amount the client is seeking
- details surrounding the claim
- alleged errors ACC made
- quantified losses incurred by the client if the loss is financial, and/or
- details of the non-financial impact on the client

Once the submission is prepared, and the amount sought is over \$2,000, the submission is referred onto a Resolution Specialist for their consideration. Email the submission to [Customerfeedback@acc.co.nz](mailto:Customerfeedback@acc.co.nz). Resolution Services will assess the payment outside the scope of statutory entitlements criteria have been met and decide on the appropriate compensation for the serious service failure.

For amounts under \$2,000 the submission is referred to the Client Service Leader for approval. If the Client Service Leader does not approve the payment, decline the request outlining why the criteria for a payment have not been met.

The Resolution Specialist will make a recommendation for amounts over \$2,000, then work with senior staff and Legal Services to gain approval for the request. If the request is not approved, they will let you know and work with you to draft a letter to the client.

The letter declining the request is signed out by the Recovery Team member and does not carry Review Rights. A client can only apply for a review where ACC makes a statutory decision on a claim. The definition of a decision is contained in Section 6 of the Act. A POSSE payment does not come under this definition and is in effect a civil settlement therefore not reviewable under our legislation.

-  Framework for determining POSSE compensation for non-financial loss
-  Delegations framework - sharepoint

**7.0 Making the payment**

- a** Once written approval has been given, you need to:

1) Create a letter to the client advising them of the decision, noting that as it is a decision outside the scope of statutory entitlements, review rights do not apply (seek guidance from Resolution Services if required). Email the letter to the client if that is the preferred contact method. If posting create a NGCM Send letter task for admin.

2) Create a Purchase Order using the following details:

- Client or representative
- Entitlement code WA02
- Amount to be entered as directed by Client Service Leader/Resolution Specialist (In Unit Price field). See (b) and (c) for who can authorise the purchase order and send them an approval task.

3) Generate a Make MFP Payment task using the same details above and transfer the task to the Hamilton SC- Claimant Reimbursement queue

4) Check a week later to make sure the payment has been received by the client and if not, follow up

- b** If the amount payable is less than \$2,000 the Client Service Leader can authorise the purchase order
- c** If the amount payable is between \$2,000 and \$5,000 the Senior Resolution Specialist or Senior Review Specialist can authorise the purchase order
- d** If the amount payable is over \$5,000 the Principal Advisor, DCE Office Service Delivery can authorise the purchase order