



CUSTOMER DISSATISFACTION & ESCALATED COMPLAINTS

Quarterly Report

QUARTER THREE 2018 /19

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volumes of customer satisfaction, dissatisfaction and escalated complaints

05

Demographic make up of escalated complaints

06

Location of escalated complaints

07

Injury diagnoses that led to complaints

08

Drivers of escalated complaints

09 - 10

Drivers of satisfaction and dissatisfaction

11 - 14

Code of ACC Claimants' right breaches

15 - 16

Determining the severity of escalated complaints

17 - 19

Examples of severity cases

20 - 21

Timeframes to address escalated complaints and Heartbeat feedback cases

22

Customer satisfaction of escalated complaints handling

23 - 25

Organisation's response to key drivers of escalated complaints and complaints handling

OFFICIAL INFORMATION ACT
 RELEASED UNDER THE

EXECUTIVE SUMMARY

Complaints volumes

There has been a positive trend in escalated complaints volumes this quarter, with a drop in numbers of 19% over the previous quarter, whilst customer feedback sentiment via Heartbeat has remained stable. ACC's focus on acting quickly on the early signs of dissatisfaction is having the desired impact on reducing issues being escalated into formal complaints.

Complainant demographics

Analysis of the demographics of complainants shows that this group looks largely the same as the population of total claimants.

Where there is a difference relates to the initial injury diagnosis provided. More complaints are received where the injury is initially diagnosed as a strain or sprain, or was initially unclear. Strains or sprains are often used as an initial diagnosis at first presentation. Over representation of these claims in escalated complaints maybe indicative of situations where there is an evolving diagnosis as further clinical investigation occurs. Setting initial expectations of cover for a simple injury, which subsequently changes, may contribute to a greater number of complaints. Strong feedback has been received from Providers, with more than 50% of Providers indicating that the ACC45 claim lodgement form is unclear and 40% of Providers reporting that changing a diagnosis is the number one pain point for them when interacting with ACC.

A further difference relating to injury diagnosis shows that Sensitive Claimants are more likely to have an escalated complaint. Investigations into what is driving this are underway.

Drivers of complaints

Complaints continue to be driven primarily by issues with customer service. Weekly compensation and issues with entitlements are other key drivers. Staff attitude is a dividing factor; within Heartbeat feedback staff attitude is both the largest driver of satisfaction, and of dissatisfaction.

Understanding specifically what breaches of the Code of Claimants' Rights have occurred does not currently give a full picture of which rights are more likely to be breached than others. This is due to a number of factors leading into whether or not a complaint is formally addressed under the Code. However, of those that have been addressed under the code, the most breaches relate to the right to effective communication and the right to be fully informed.

Complaint severity

When assessing the severity of a complaint, a number of factors are considered. The factors include the impact on the customer (health and safety (including rehabilitation outcomes), privacy and hardship, loss or damage), and the impact on the organisation (reputation (including media), legal, policy and financial). Of the 391 escalated complaints received in Quarter 3, ten were classified as severity 2 and zero as severity 3.

ACC complaints performance

We have made improvements this quarter in regards to the speed of closing escalated complaints. Over Quarter 3, 91% of complaints were closed within the 20 day SLA timeframe, and all Heartbeat cases were closed within the targeted timeframes. Our growing maturity and capability to understand complaints has revealed that we are performing better against targeted timeframes than historically understood and reported.

Whilst most escalated complaints are being closed within SLA timeframes, early indications from surveys of complainants show low satisfaction with ACC's response to complaints. Of particular concern was that complainants feel strongly that their individual circumstances are not taken into account and that they were not treated fairly through the process.

Business initiatives underway to minimise complaints

The later part of this report provides an overview of the various initiatives underway to address the key concerns raised in this report; specifically complaints related to customer service, entitlements, weekly compensation and the handling of complaints. In addition, the analysis has raised the need for further investigation into the impact of accurate early diagnosis on complaints, as well as the reasons for sensitive claimants to be over-represented in complaint data.

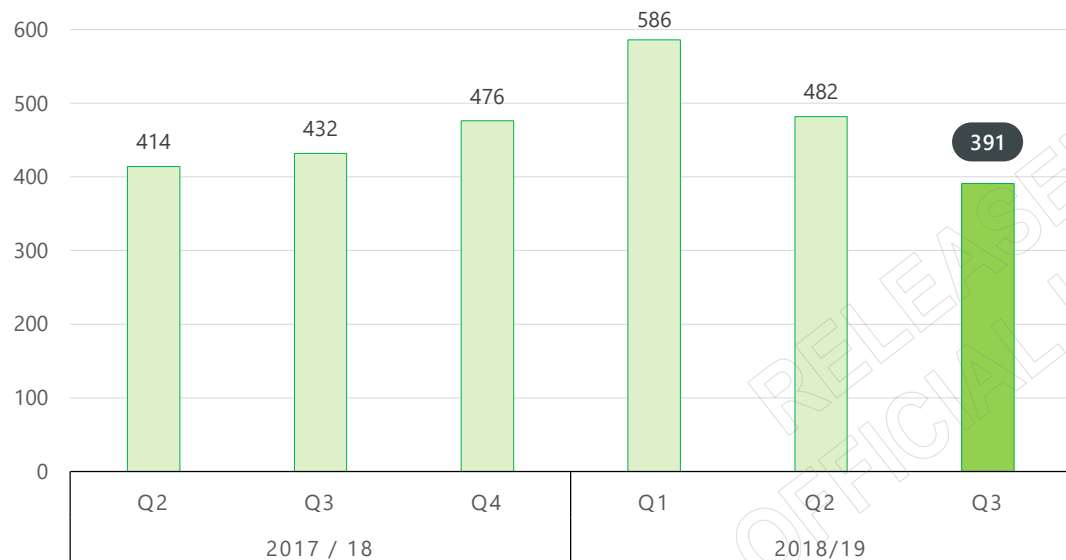


ESCALATED COMPLAINT NUMBERS HAVE DECREASED BY 19% THIS QUARTER WHILST CUSTOMER FEEDBACK SENTIMENT REMAINS STABLE

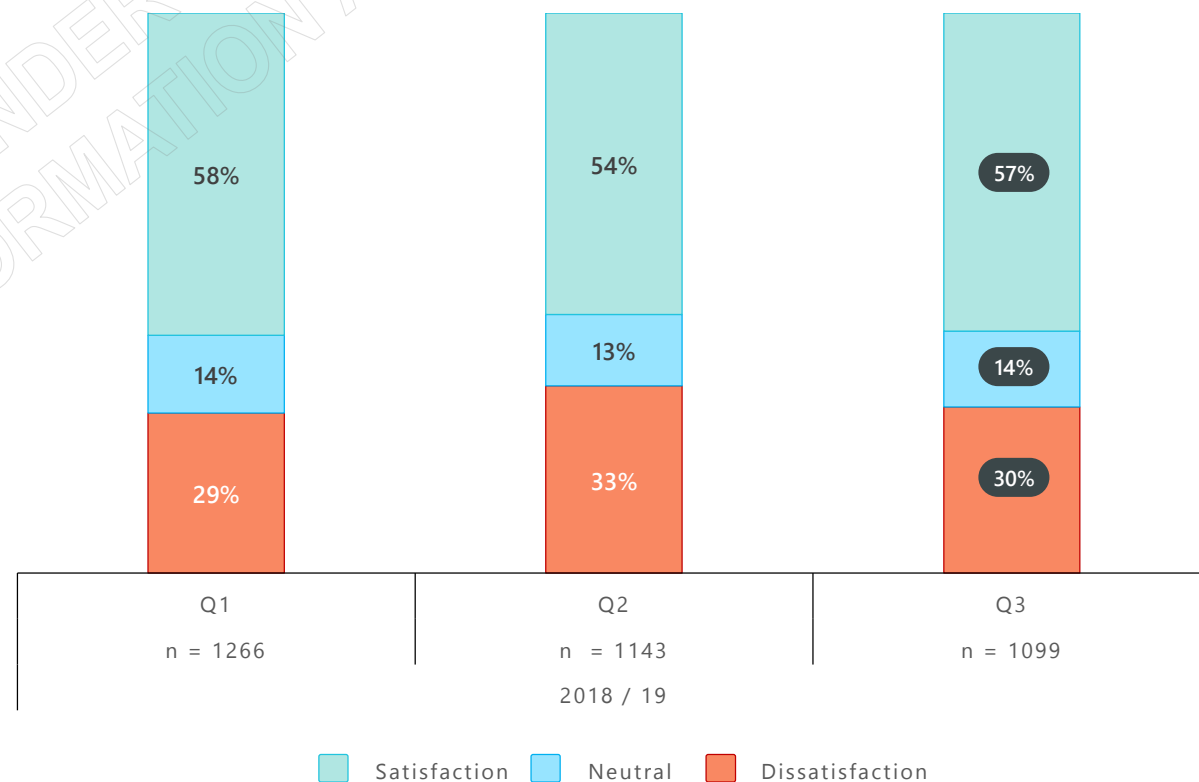
The number of escalated complaints (managed via the ACC Customer Resolutions Team) have decreased this quarter, following the peak in Quarter 1 of this year.

The proportion of feedback received that is from dissatisfied customers via Heartbeat (ACC's real time feedback platform) has remained consistent over the past 3 Quarters.

NUMBER OF ESCALATED COMPLAINTS



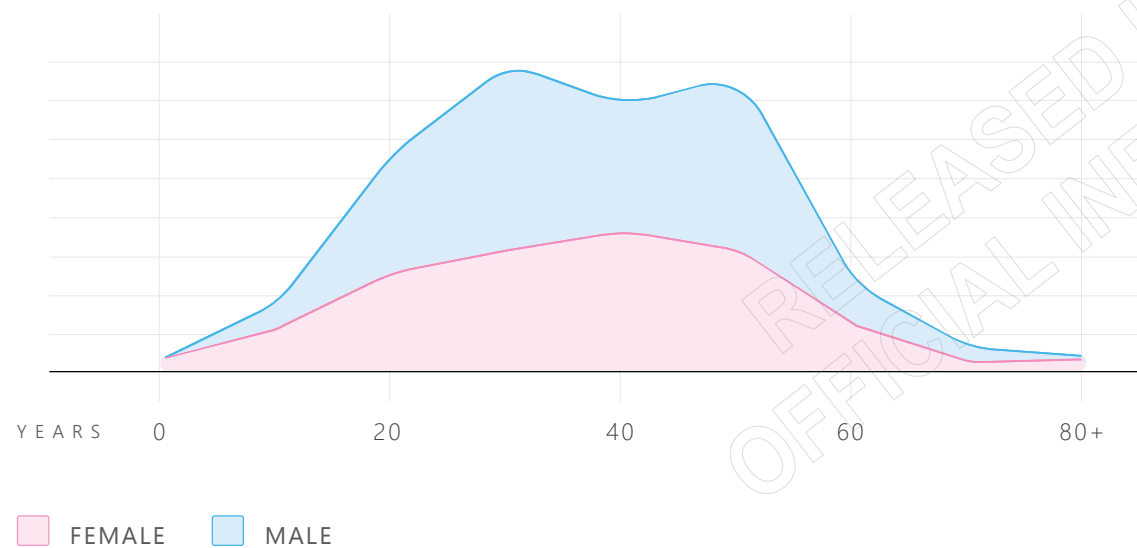
HEARTBEAT SATISFACTION LEVELS ACROSS PREVIOUS 3 QUARTERS



Heartbeat feedback has been gathered via both solicited and unsolicited sources. Dissatisfaction relates to ratings of 1-2 on a scale of 1-5 (where 5 is very satisfied). Satisfaction relates ratings of 4-5. Neutrals are ratings of 3.

THE DEMOGRAPHIC MAKE UP OF COMPLAINTS DOES NOT DIFFER FROM THE DEMOGRAPHIC MAKE UP OF ALL CLIENTS

ESCALATED COMPLAINTS BY SEX AND AGE
Q3 2018 / 2019

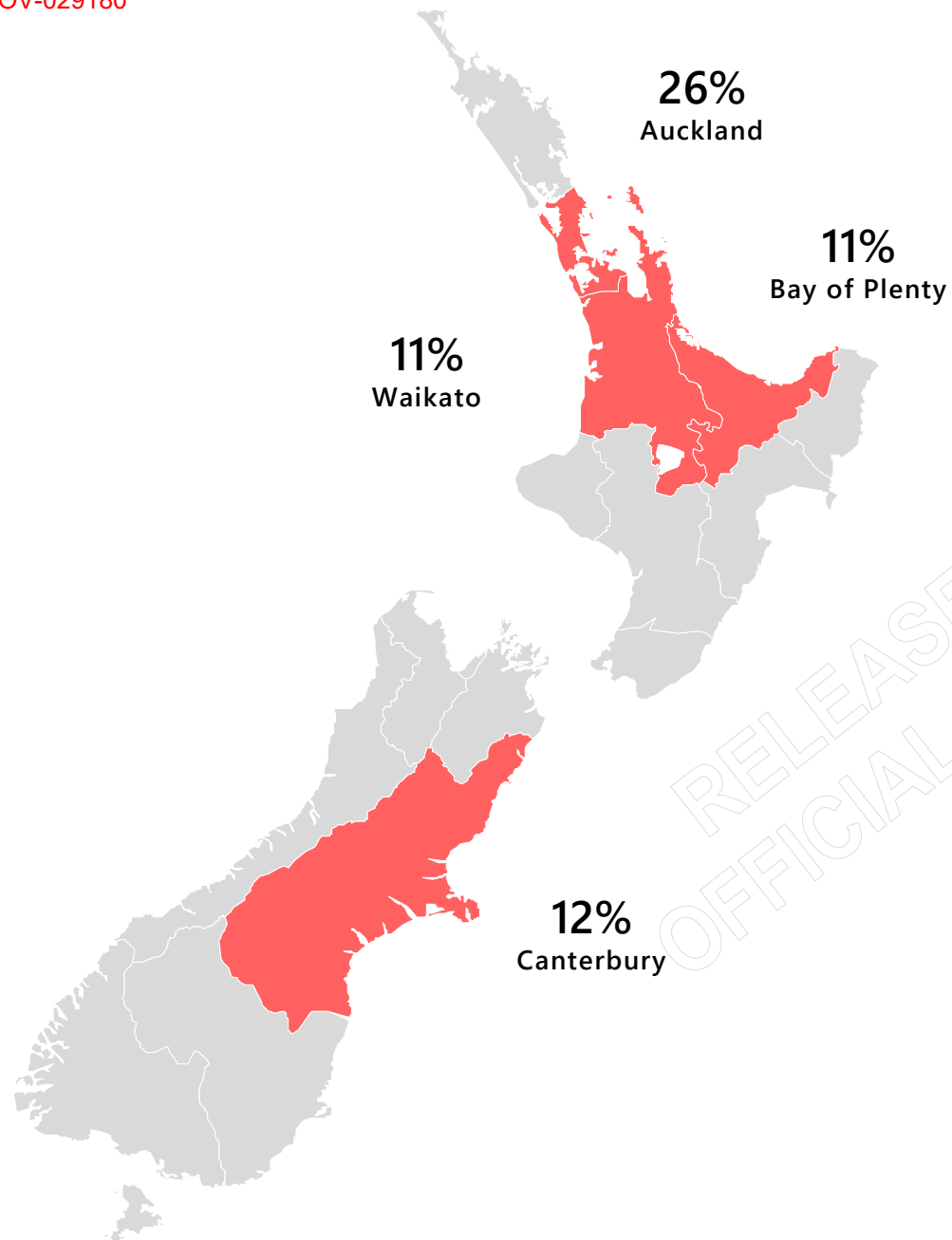


Males account for slightly more complaints (but also account for more claims overall) than **females**.

Most complainants are working age, and are more likely to be men. However, this pattern is also reflected in all Clients so does not mean that this group is more likely than other groups to complain.

The ethnicity mix of complainants also reflects the mix of all Clients.

European	73%
Māori	15%
Other Ethnicity	7%
Asian	3%
Pacific peoples	2%



THE LOCATION OF COMPLAINANTS ALSO MIRRORS WHERE ALL CLIENTS COME FROM

26% of escalated complaints come from Auckland.

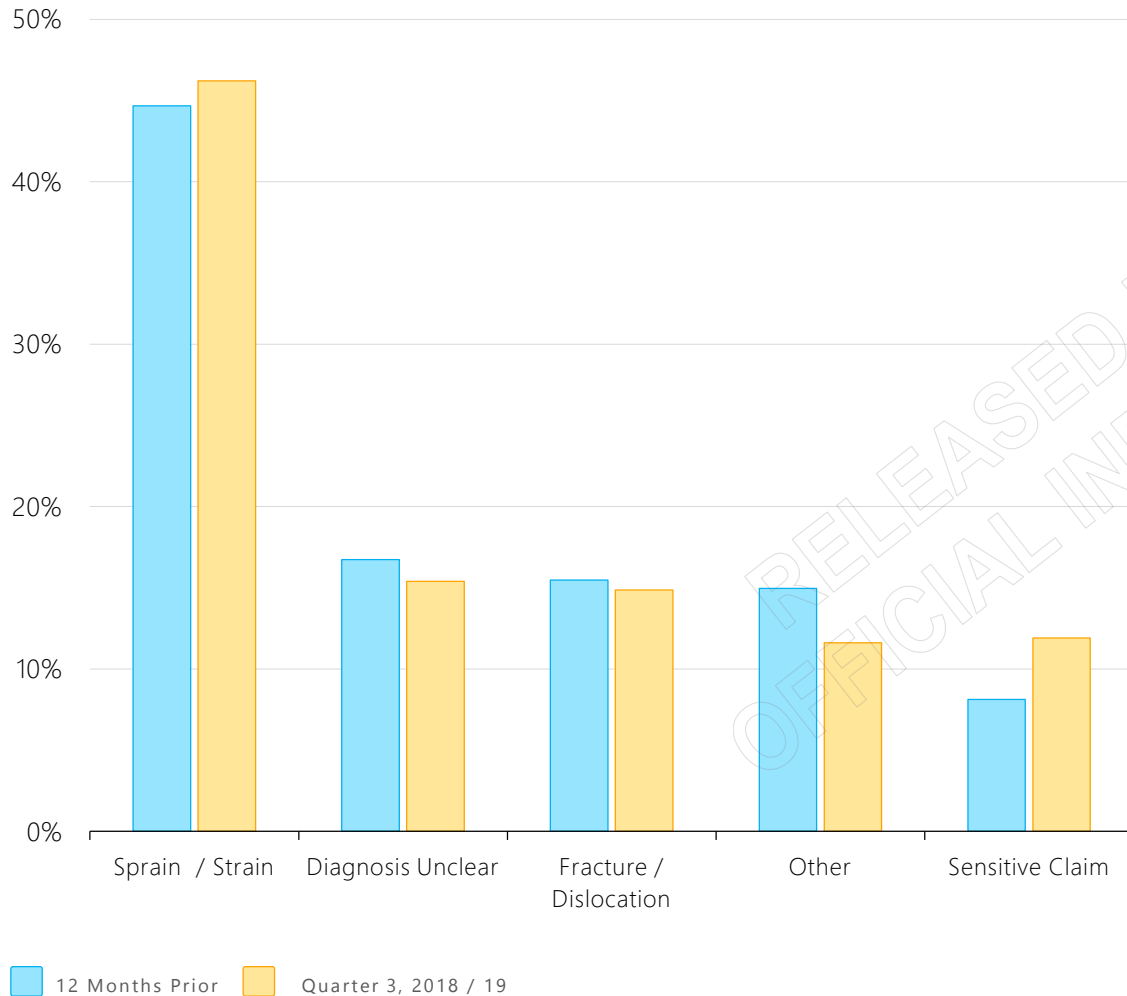
The location of escalated complaints mirrors the mix of all Clients and does not indicate that Clients from these locations are relatively any more likely than others to complain.

RELEASED UNDER THE OFFICIAL INFORMATION ACT



CHALLENGES ARISING FROM THE NEED FOR AN INITIAL DIAGNOSIS MAY CONTRIBUTE TO COMPLAINTS

ESCALATED COMPLAINANTS DIAGNOSIS



Almost half of all complaints arise from a diagnosis of 'sprain or strain'. A further one in eight complaints arise from a diagnosis that is unclear or missing.

- These initial diagnoses (or lack of clear diagnoses) indicate an early claim being made prior to further diagnostic investigation. Typically a claim with an initial diagnosis of 'sprain or strain' will result in communication with the Client, indicating the claim has been accepted, resulting in expectations of treatment and entitlements.
- Complaints can arise when further investigation results in an updated diagnosis which is then declined.
- This issue is apparent in feedback from Providers. Fifty-seven percent of Providers tell us that the ACC45 is restrictive and does not allow them to provide full information or include multiple diagnoses. Forty percent of Providers want ACC to work on making it easier to change an initial diagnosis.

Over 10% of escalated complaints are in regards to a sensitive claim.

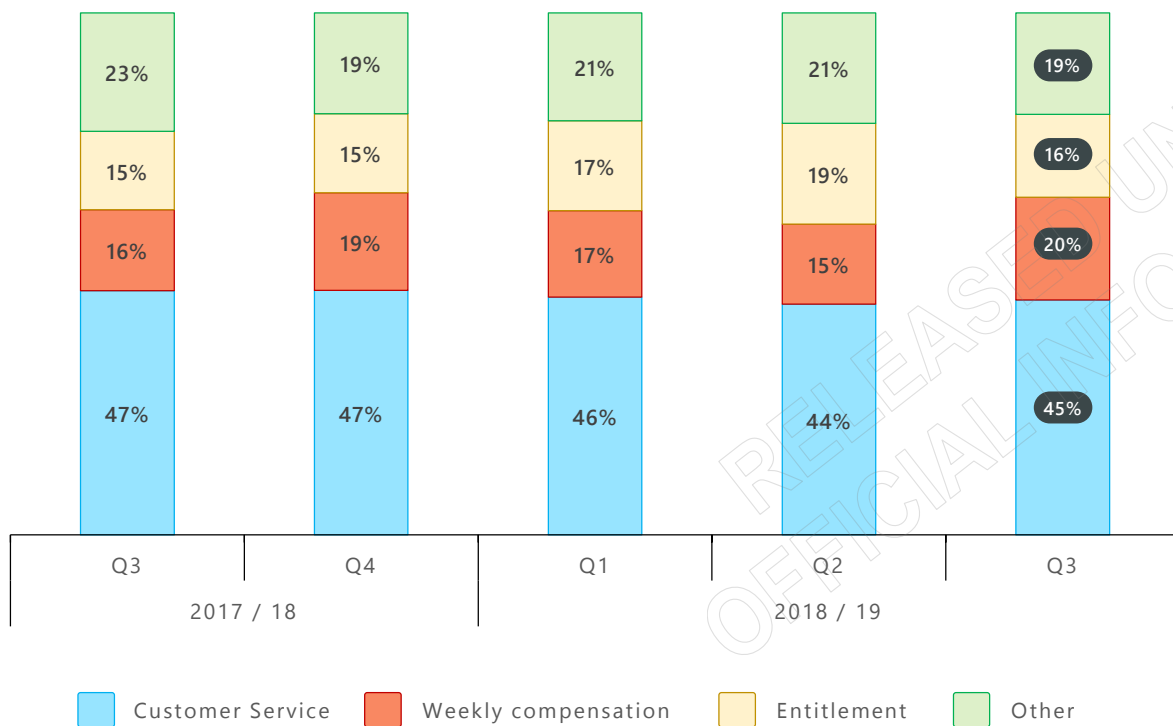
- This is significantly higher than the proportion of sensitive claims compared to all claims.
- The drivers of complaints reflect similar patterns to all complaints; most relate to customer service.
- Root cause analysis of what is driving the higher number of complaints from sensitive claimants is underway.

These patterns have been consistent over the previous year and are not isolated to Quarter 3.



CUSTOMER SERVICE IS THE #1 REASON FOR ESCALATED CUSTOMER COMPLAINTS

Complaints relating to customer service consistently account for nearly half of the total escalated complaints volume (45%), followed by weekly compensation (20%) and entitlements (16%).



Customer service complaints reflect customers indicating that they **don't feel heard or listened to**, or they **don't feel respected and supported**. It may also be that they feel that they are **not kept informed**, or that **action was not taken as expected**. Finally, a customer service complaint may **reflect the breakdown of a relationship with a person** within ACC such as a Case Manager.

BREAKDOWN OF COMPLAINTS THEMES Q3 2018 / 19		
	NUMBER OF COMPLAINTS	AVG. DAYS OPEN
CUSTOMER SERVICE	176	7
WEEKLY COMPENSATION	77	5
ENTITLEMENTS	62	5
COVER	22	5
SERVICE PROVIDER	17	3
SURGERY	12	6
PRIVACY	18	8
ADR / REVIEW / APPEAL	7	10

While customer service remains the top complaint for our customers, complaints relating to privacy and reviews/appeals are most often not closed within SLA timeframes. Typically these complaints have greater complexity, hence the longer timeframes.



STAFF ATTITUDE, COMMUNICATION, EASE AND FAIRNESS ARE THE KEY DRIVERS OF CUSTOMER DISSATISFACTION EXPRESSED THROUGH HEARTBEAT

Customers that have indicated dissatisfaction (with a score of 1–2 out of 5) in Quarter 3 were asked the reason for their rating. The responses have been grouped by the 7 customer needs drivers

Improve attitudes of ACC staff (more empathetic, helpful, knowledgeable and friendly)	23%
Better communication , what is needed and when it's needed	20%
Make it easier to contact and deal with ACC	18%
More fair administration of the ACC Scheme (consistent decisions, clear explanations and prompt handling of issues)	17%
The speed and timeliness in which ACC deals with things	11%
Greater transparency - be more open and honest and provide clear explanations for their decisions	6%
Improve awareness of ACC as an organisation and its services	5%

[s 9(2)(a)]

RELEASED UNDER THE OFFICIAL INFORMATION ACT



ACC STAFF ATTITUDE IS THE KEY DRIVER OF CUSTOMER SATISFACTION EXPRESSED THROUGH HEARTBEAT

Customers that have indicated Satisfaction (with a score of 4-5 out of 5) in Quarter 3 were asked the reason for their rating. The responses have been grouped by the 7 customer needs drivers

Staffs attitude shows empathy, caring, helpfulness and friendliness	34%	[s 9(2)(a)]
Communication is clear and understandable	17%	
We've made things easy , simple and straightforward	15%	
The process and administration of the ACC scheme is fair (consistent decisions, clear explanations and prompt handling of issues)	14%	
The speed and timeliness in which ACC deals with things	12%	
ACC is seen to be transparent - we are seen as being open, honest and providing clear explanations for decisions	6%	
Awareness of ACC as an organisation and its services	2%	

ACC CODE OF CLAIMANTS' RIGHTS

The Code of ACC Claimants' Rights (the Code) provides a framework that guides how all complaints are considered. However, there are several reasons why a complaint may not be formally acknowledged or analysed under the Code.

A number of factors influence the approach taken to addressing complaints. Some complaints investigated under the Code may be because they are recognised as being potentially of a serious or complex nature and that a formal and structured response is required, irrespective of whether or not the Code is cited by the complainant.

At other times a complainant may cite a breach of the Code in their complaint, however a resolution is identified at the local level (for example an apology and conversation with a branch Team Leader) which is an appropriate approach detailed in the Code and is acceptable to the complainant. In these cases a formal breach of Code is not currently recorded. Another scenario may be that the complainant cited the Code, was satisfied with a resolution provided at the local level, but still requests a formal acknowledgement of the breach of Code and apology.

It is for these reasons that complaints that are formally found to have breached the Code are not necessarily more serious than other complaints.

28 COMPLAINTS WERE INVESTIGATED UNDER THE CODE OF ACC CLAIMANTS' RIGHTS IN Q3 2018/19

		You have the right to be treated with dignity and respect.	You have the right to be treated fairly, and to have your views considered.	You have the right to have your culture, values and beliefs respected.	You have the right to a support person or persons.	You have the right to effective communication.	You have the right to be fully informed.	You have the right to have your privacy respected.	You have the right to complain.
DESCRIPTION OF CASE		RIGHT 1	RIGHT 2	RIGHT 3	RIGHT 4	RIGHT 5	RIGHT 6	RIGHT 7	RIGHT 8
CASE 01	Excessive delays in receiving home help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 02	How they were treated: did not feel listened to and was not provided with enough time to consider information before the Review Panel Hearing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 03	Lack of progress managing their claim, a lack of communication from ACC and no explanation provided.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 04	Complaint made by advocate who felt the Case Manager was deliberately excluding them from the process.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 05	The behaviour of the Case manager (lack of compassion, unprofessional communication, unfair treatment)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 06	Lack of communication from ACC, and slow responses to queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 07	Complaint from a Clients' advocate about unfair treatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 08	Client raised concerns about a Privacy Breach and historical issues with ACC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CASE 09	Contested medical advice regarding a claim, and concerns about handling of confidential information (use of couriers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

= BREACH INDICATED

28 COMPLAINTS WERE INVESTIGATED UNDER THE CODE OF ACC CLAIMANTS' RIGHTS IN Q3 2018/19

		You have the right to be treated with dignity and respect.	You have the right to be treated fairly, and to have your views considered.	You have the right to have your culture, values and beliefs respected.	You have the right to a support person or persons.	You have the right to effective communication.	You have the right to be fully informed.	You have the right to have your privacy respected.	You have the right to complain.
DESCRIPTION OF CASE		RIGHT 1	RIGHT 2	RIGHT 3	RIGHT 4	RIGHT 5	RIGHT 6	RIGHT 7	RIGHT 8
CASE 10	Client raised concerns about lack of support from ACC.	■	■	■	■	■	■	■	■
CASE 11	Concern Branch was still managing claim after an earlier review, lack of communication, delays.	■	■	■	■	■	■	■	■
CASE 12	[s 9(2)(a)]	■	■	■	■	■	■	■	■
CASE 13	Concerns about how Accredited Employer managed claim (delays, not kept informed, lack of support from employer)	■	■	■	■	■	■	■	■
CASE 14	[s 9(2)(a)]	■	■	■	■	■	■	■	■
CASE 15	Concern about an assessment report being released to a Provider	■	■	■	■	■	■	■	■
CASE 16	Unhappy he was not advised of changes to ACC payment dates over the holiday period.	■	■	■	■	■	■	■	■
CASE 17	Delay making an entitlement decision and fixing wheel chair.	■	■	■	■	■	■	■	■
CASE 18	Unhappy with delays in issuing decision, lack of contact and explanation.	■	■	■	■	■	■	■	■

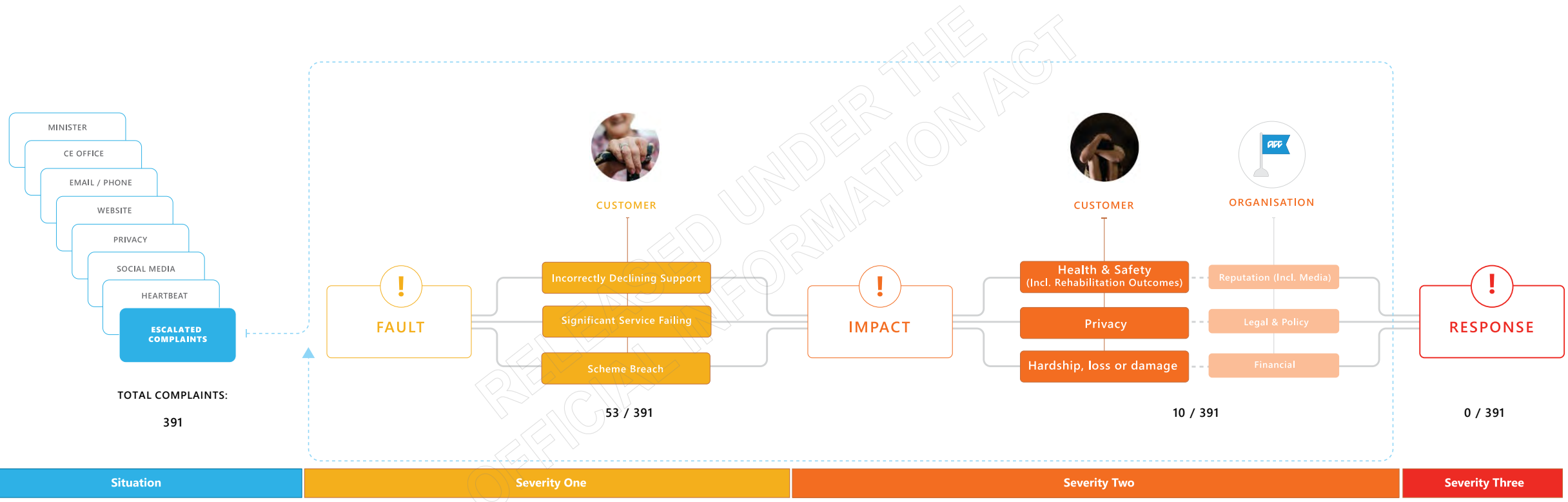
■ = BREACH INDICATED

28 COMPLAINTS WERE INVESTIGATED UNDER THE CODE OF ACC CLAIMANTS' RIGHTS IN Q3 2018/19

		You have the right to be treated with dignity and respect.	You have the right to be treated fairly, and to have your views considered.	You have the right to have your culture, values and beliefs respected.	You have the right to a support person or persons.	You have the right to effective communication.	You have the right to be fully informed.	You have the right to have your privacy respected.	You have the right to complain.
DESCRIPTION OF CASE		RIGHT 1	RIGHT 2	RIGHT 3	RIGHT 4	RIGHT 5	RIGHT 6	RIGHT 7	RIGHT 8
CASE 19	Unhappy with situation surrounding IMA and case manager's actions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 20	Unhappy with delays processing WC Emergency payment and was made into incorrect bank account	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 21	Numerous concerns including delays completing assessments, inadequate response to concerns, delays providing compensation and declined requests for assistance (including home modification).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 22	Concerns about ACCs handling of a Clients claim, alleging unfair and discourteous treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 23	Delays with referral to job search agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 24	Client raised concerns about a lack of communication from ACC, and slowness of response from the Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 25	Advocate wanted to complain that review specialist would not engage with him as he did not have authority to act.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CASE 26	Concerns about how Client was spoken to and that their concerns, once escalated, were not adequately addressed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CASE 27	Delays with communication (only making contact on weekly basis, Case Manager was away for a week, so it took 3 weeks to get a response).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE 28	Lack of response to communication from Advocate (about entitlements) following Review outcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

= BREACH INDICATED

DETERMINING THE SEVERITY OF ESCALATED COMPLAINTS



■ EXAMPLE OF SEVERITY 1 CASE

ACC AT FAULT-SUPPORTS OR SCHEME BREACH

SITUATION:

[s 9(2)(a)]

IMPACT:

[s 9(2)(a)]

OUTCOME:

[s 9(2)(a)]

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

■ EXAMPLE OF SEVERITY 2 CASE

CUSTOMER IMPACT – HEALTH & SAFETY, PRIVACY AND HARDSHIP

SITUATION:

[s 9(2)(a)]

IMPACT:

[s 9(2)(a)]

OUTCOME:

[s 9(2)(a)]

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

■ EXAMPLE OF SEVERITY 3 CASE

ACC RESPONSE INADEQUATE – PUBLIC TRUST AND CONFIDENCE AT RISK

SITUATION:

[s 9(2)(a)]

IMPACT:

[s 9(2)(a)]

OUTCOME:

[s 9(2)(a)]



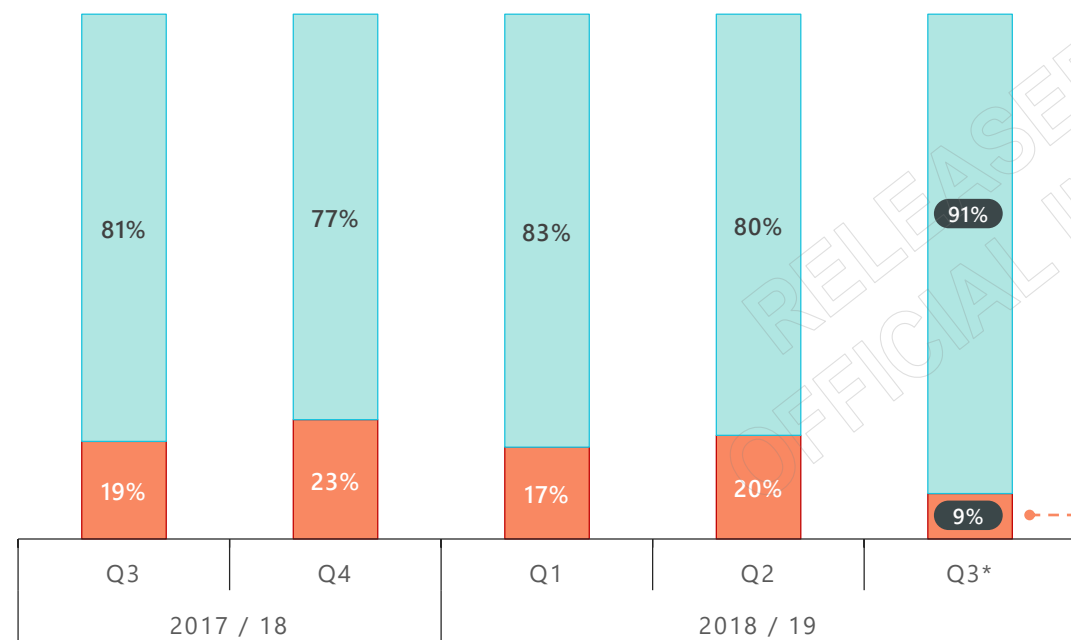
91% OF ESCALATED COMPLAINTS WERE RESOLVED WITHIN TARGETED TIMEFRAMES

The proportion of escalated complaints closed within the 20 day targeted timeframe (SLA) improved this quarter, with only 9% of closed escalated complaints not meeting target.

Our growing maturity and capability to understand complaints has revealed that we are performing better against targeted timeframes than historically understood and reported.

The 9% of cases this quarter that exceeded SLA is comprised of 37 individual complaints. The table below summarises the primary concerns in these complaints.

CASES CLOSED UNDER SLA



■ Percent Under SLA
■ Percent Over SLA

* Note that these results are based on all cases opened within each quarter, and show the status of those cases after the 20 day SLA period. Because some SLA periods overlap quarters, it is possible that results for the previous quarter will change slightly when results for the current quarter are provided.

COMPLAINT TYPE	COUNT
CUSTOMER SERVICE	24
ENTITLEMENT	4
ADR/REVIEW/APPEAL	2
PRIVACY	2
SERVICE PROVIDER	2
COVER	1
WEEKLY COMPENSATION	1
OTHER	1

In addition to the improvement in the proportion of escalated complaints being closed within targeted times, the average days to close complaints also showed a marked improvement this quarter.

AVERAGE DAYS TO CLOSE AN ESCALATED COMPLAINT				
QUARTER THREE 2017 / 18	QUARTER FOUR 2017 / 18	QUARTER ONE 2018 / 19	QUARTER TWO 2018 / 19	QUARTER THREE 2018 / 19
29*	27*	17*	15*	7

* This quarter's significant improvement in average days to close complaints is a reflection of the growing capability and increased monitoring/reporting practices in place.



100% OF HEARTBEAT CASES WERE RESOLVED WITHIN TARGETED TIMEFRAMES

All 250 Heartbeat cases* opened in Quarter 3 2018/19, were closed within the targeted timeframe of 10 days.

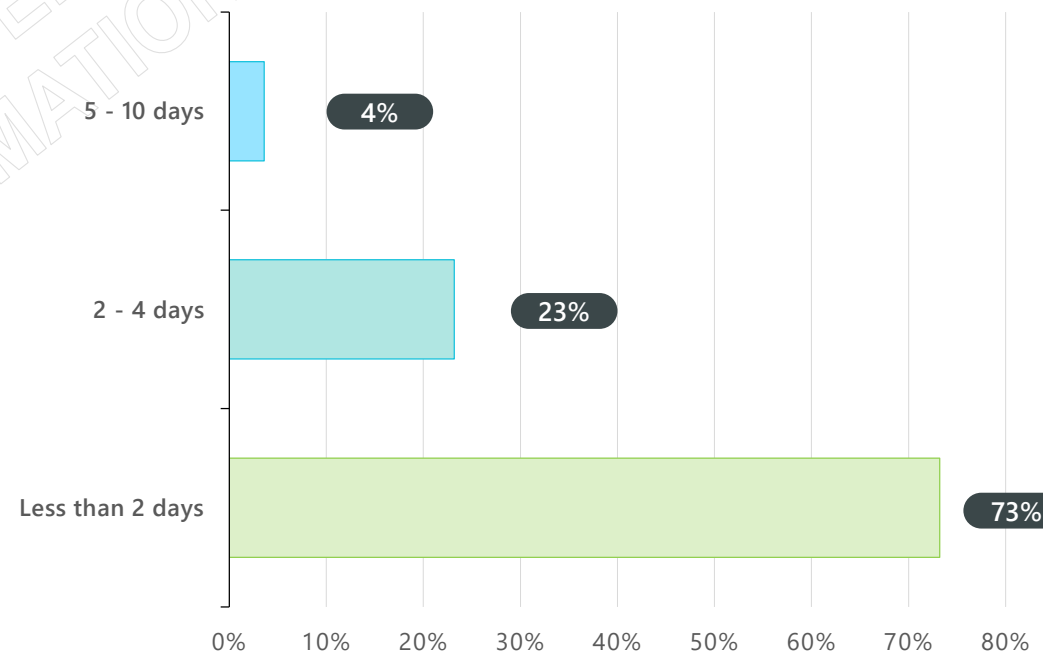
75% of Heartbeat cases were closed within two days in Quarter 3 2018/ 19, and a further 23% were closed within 2-4 days.

AVERAGE DAYS TO CLOSE A HEARTBEAT CASE		
AVERAGE (PREVIOUS 4 QUARTERS)	QUARTER TWO 2018 / 19	QUARTER THREE 2018 / 19
N/A**	2.5	1.5

*A Heartbeat case is opened to address feedback from dissatisfied customers directly with the customer, prior to any escalation to the Resolutions Team.

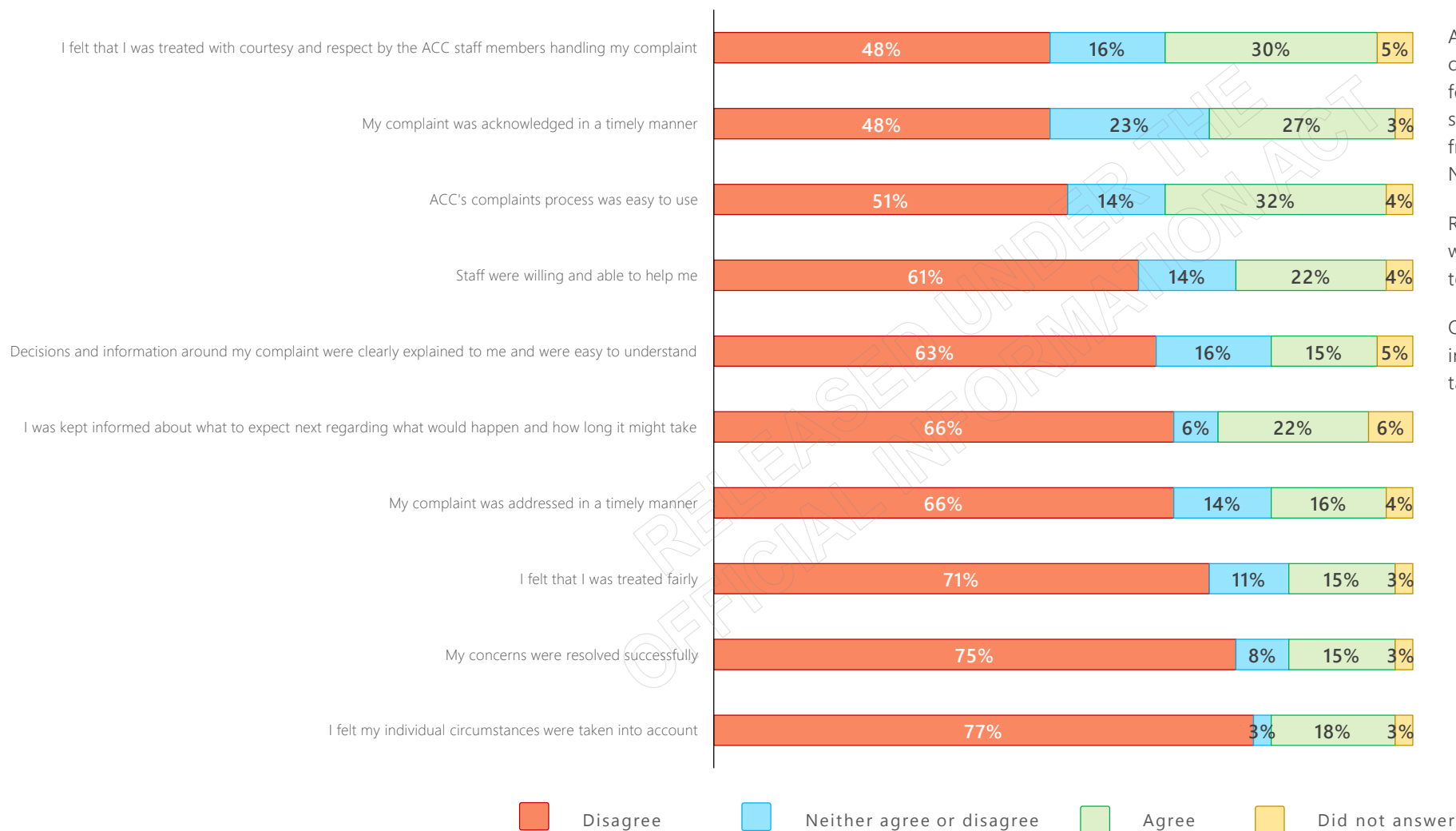
** Due to further development of the Heartbeat tool, earlier comparisons are not appropriate.

TIME TO CLOSE HEARTBEAT CASES
Q3 2018/19





SATISFACTION WITH ACC'S RESPONSE TO ESCALATED COMPLAINTS IS LOW



A proportion of customers with an escalated complaint closed since November 2018 have been invited to provide feedback about ACC's complaints process via a Heartbeat survey. Data on this page summarises the 79 responses from customers whose complaints were closed between November 2018 and March 2019.

Responses to this survey indicate that 72% of customers were dissatisfied (or very dissatisfied) with ACC's response to their concerns.

Of the 79 responses received to date, 77% of customers indicate feeling their individual circumstances were not taken into account.

Disagreement reflects those that strongly disagreed and disagreed with each statement. Agreement reflects those that strongly agreed and agreed.

THE ORGANISATION'S RESPONSE TO KEY DRIVERS OF ESCALATED COMPLAINTS AND COMPLAINTS HANDLING

1.

Escalated complaints concerning customer service

Customer Service, and a positive customer experience, are integrally linked to ACC's seven customer needs drivers (Speed, Ease, Communication, Awareness, Transparency, Fairness and Attitude). These drivers have been identified through research as aspects of service that are vital throughout all interaction points with ACC.

We remain committed to improving customer experience and lifting our customer service standards.

Team Managers currently utilise quality tools to review and assess Case Owner customer interactions. This approach is designed to highlight both our customer experience strengths (to be celebrated) and individual opportunities to deliver an improved customer service experience. This customer experience feedback is then provided to our Case Owners on a regular basis via our established coaching approach, with the aim of enhancing our customer interaction skills and building our Case Owners insight into their own communication skills.

The new Customer Experience Quality Framework, developed within NGCM, will further enhance the alignment of customer experience behaviours with the customer needs drivers. This framework will form part of the customer experience training which will be provided as part of the roll out of NGCM, with the first tranche roll out due to take place in mid August encompassing business units across the lower South Island. The new Customer Experience Quality Framework incorporates activities such as side by side call listening to enable immediate feedback to our Case Owners and daily customer feedback via Heartbeat.

This rollout will also provide an opportunity to reset our expectations with our staff which will be reinforced through the new quality and performance measures. This impending organisational change enabling the roll out of NGCM also provides an opportunity to realign our people's skills and focus with our new enhanced customer centric operating model.

Through Heartbeat we will continue to monitor customer feedback in real-time against the seven customer needs drivers. Daily monitoring of the feedback creates accountability and a culture where addressing the early signs of dissatisfaction is part of our operating rhythm. This both addresses issues before they are escalated into complaints and provides a continuous focus on customer experience throughout the organisation.

2.

Escalated complaints concerning Entitlements

Unfortunately the nature of delivering unfavourable decisions (particularly ones that impact negatively on peoples' lives) can lead to an increased likelihood to complain.

We continue to work on several Client facing and internal initiatives which aim to deliver both greater consistency and transparency of our decision making process. We have created centralised technical and medical advisory groups to support and advise our Case Owners in a consistent manner so that our customers are receiving timely and appropriate decisions.

We have also centralised our surgery decision making process so that we deliver greater consistency and timeliness in the surgical approval process for our customers.

Future upgrades of MyACC and the application of Smart Services will also provide Clients greater clarity of entitlements.

3.

Escalated complaints concerning Weekly Compensation

The roll out of our enhanced Client payment process (CP1) will provide a more streamlined Weekly Compensation payment experience for our customers. Case Owners will be able to directly load and modify customer payment related information and real time income information will be accessed from IRD directly to speed up the process of paying Weekly Compensation to our customers.

Within scope for Client payments 2 (CP2) is the opportunity to integrate MyACC and Eos applications, which would lead to a further reduction in the amount of time it takes to commence weekly compensation.

4.

Satisfaction of complaints handling

The Customer Resolutions Team have robust training, processes and guidelines in place to ensure a fair, consistent and easily accessible complaints process is followed. Tools and best practice guides are regularly updated against the relevant Australian and New Zealand Standard on managing complaints.

In addition to these tools and guides, there is regular assessment of the team's performance and service. Senior leaders of the resolutions team perform 3-4 quality checks on calls each month and provide regular one on one training to analyse calls for coaching purposes. Weekly team meetings also take place to look at case studies/issues and discuss areas for improvements.

A dashboard providing thematic analysis of feedback from customers, in regards to their level of satisfaction with the complaints handling process, is also reviewed weekly by Senior Team Leaders.

The team has also undertaken external training covering topics such as mental health, communication, and conflict management skills.



CUSTOMER DISSATISFACTION AND COMPLAINTS

Quarterly Report

QUARTER FOUR 2018 /19

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volumes of complaints and issues

05

Severity volumes of complaints and issues.

06

Volumes and drivers of satisfaction and dissatisfaction

07 - 09

Drivers of complaints

10

Analysis of sensitive claims in complaint numbers

11

Timeframes to address complaints cases

12

Customer satisfaction of complaints handling

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

EXECUTIVE SUMMARY

Progress on Build of Full Complaints System

ACC continues to make significant progress towards building its full complaints system to detect and respond quickly to the signs of customer dissatisfaction.

This quarter the operating model has further progressed, with all complaints escalated to the Customer Resolutions team and those dealt with by the Issues Management and Media teams also being analysed against the severity model. This has resulted in 13 severity two and two severity three cases being included in this quarter's Board dossier (refer Appendix 2).

ACC continues to recognise that its customers express their signs of dissatisfaction via multiple different channels (social media, privacy team, website, email, face-to-face and the Chief Executive and Ministers' offices). A commitment has been made to build a full system where all complaints are recorded, acted upon, analysed and reported on in a consistent manner.

The first phase of developing this system is underway (as illustrated in Appendix 3) with a business analyst mapping the current processes and procedures for all complaints channels to ensure ACC has a thorough understanding of the full landscape. This work will be completed by October 2019.

Complaint Volumes

Complaint volumes increased again this quarter, following the large drop in Quarter 3. Several factors may have contributed to the increase this quarter including a 3% increase in claim volumes, and a 36% increase in the number of sensitive claims complainants. There were also 11 issues covered by the media and this increased exposure may have triggered other clients to raise complaints. We continue to see there is a group of people who raise frequent complaints with 22% of complainants having made a previous complaint.

Customer feedback sentiment via Heartbeat has improved significantly this quarter, however this reflects strong satisfaction with the experience received within the customer contact centre, where a new Heartbeat survey was implemented at the beginning of the quarter. Feedback sentiment received via Heartbeat from Launch Pad clients has been stable over time.

Drivers of Complaints

Complaints continue to be driven by issues with customer service, weekly compensation and issues with entitlements.

Dissatisfaction, expressed via Heartbeat, is primarily driven by issues with staff attitude. Satisfaction is also driven by attitude, indicating that this aspect of customer service is a key determinant of the overall experience of our customers.

Sensitive Claims

Complaints associated with sensitive claims have increased this quarter. Factors which may be driving this increase include a 20% increase in sensitive claims volumes in the 2018/19 financial year, a 14% increase in the demand for mental impairment assessors and challenges with staff retention.

Sensitive claims complaints reflect the same customer experience theme driving all complaints, in addition to concerns regarding various entitlements, delays and concerns with counsellors.

Complaint and Issues Severity

This quarter the operating model has further progressed, with all complaints escalated to the Customer Resolutions team and those dealt with by the Issues Management and Media teams also being analysed against the severity model. This has resulted in 13 severity two and 2 severity three cases being included in this quarters Board dossier (attached as appendix 2).

The Board dossier also provides visibility of 11 issues that resulted in negative media coverage in Quarter 4, (2 of which were considered severity three) and 10 noteworthy cases which have not met the severity rating threshold or had media coverage, but pose risk to ACC's public perception.

The complaints and issues categorised as a severity two or three issues relate to cover decisions and entitlements, this is in contrast to the primary theme for all complaints covered in this report which relate to customer service.

ACC Complaint Management Performance

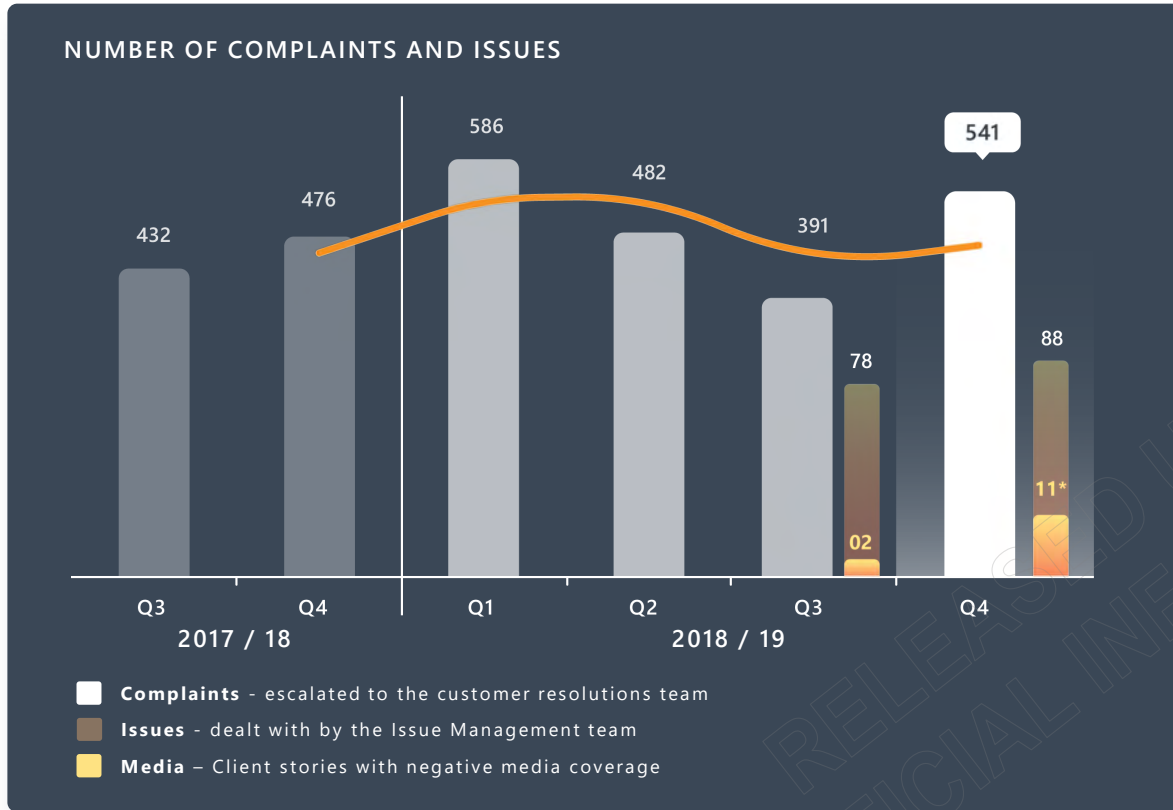
Our timeliness for addressing and closing complaints has remained consistent with Quarter 3, with 92% of all complaints closed within targeted timeframes.

Cases exceeding targeted timeframes were generally more complex with 20% of those cases requiring investigation under the ACC Code of Claimants' Rights. The average number of days to close these cases was 30 days and 43% related to customer service issues such as delays in service and not feeling respected.

There continues to be low satisfaction with the complaints resolution process, with 67% of complainants dissatisfied. The feeling that individual circumstances are not taken into account continues to be of concern to complainants, however agreement that we treated them with courtesy and respect improved this quarter.

Note: Actions to address the key themes raised in the Executive summary are contained in the report

SEVERAL CONTRIBUTING FACTORS HAVE INFLUENCED AN INCREASE IN COMPLAINT VOLUMES



FACTORS WHICH MAY BE DRIVING THE INCREASE

- 03%** Increase of active entitlement claims compared to Quarter 3 2018/19. With an increase in volumes we would expect to see a corresponding increase in complaint numbers.
- 60** Complaints were from sensitive claim clients, which is an increase of 36% compared to Quarter 3 2018/19.
- 11*** Client stories were run by the media in Quarter 4 compared to just 2 in Quarter 3. This increased media exposure may have triggered other clients to raise complaints. 3 of the 11 media cases were in relation to care or support given to victims of the Christchurch terror attack. The media have been actively following up and pursuing victim stories.
- 22%** Of complainants in Quarter 4 had a previous complaint.

RATIO OF COMPLAINTS TO TOTAL ACTIVE ENTITLEMENT CLAIMS

	Number of Complaints	Number of active Entitlement Claims	Ratio of Complaints to total Active Entitlement Claims
Q4	541 <small>38% ↑ From Q3</small>	103k <small>3% ↑ From Q3</small>	0.5% <small>0.1% ↑ From Q3</small> 5 complaints per 1000 claims
Q3	391	100k	0.4% 4 complaints per 1000 claims

ACTIONS TO ADDRESS

- Our ability to detect the early signs of dissatisfaction, prompting timely action to reduce the likelihood of customer complaints, will continue to grow as Heartbeat rolls out across the country alongside NGCM. The development of an analytics model is also underway that will enable ACC to detect and identify potential service failures and identify those individuals who pose a higher likelihood of escalating a complaint.
- The Issues Management and Media teams work with the business and also monitor media/social channels to identify and manage potential negative media stories before they are run. Where issues escalate, there is proactive engagement with journalists to correct inaccuracies or provide contextual information about planned client stories, issues, services or the Scheme.
- As part of the NGCM roll out, a new workforce function has been developed. This function is tasked with constantly reviewing actual claim volumes and forecasting volumes to ensure the service delivery teams can effectively manage staff capacity to meet the needs of our customers.
- Tactical changes continue to be implemented in the Sensitive Claims Team to increase the capability and capacity of team members as well as strategic long term changes designed by NGCM to better meet the needs of sensitive claim clients (refer to page 10 for details).

THE SEVERITY OF COMPLAINTS AND ISSUES

NUMBER OF SEVERITY RELATED COMPLAINTS AND ISSUES

	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q4 Complaints & Issues	75	13	2 *
Q3 Complaints	53	10	0

Refer to dossier for severity definitions

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

53%

of the severity two and three complaints and issues relate to cover and entitlement decisions. Whilst issues with customer service drive the greatest number of complaints, these complaints tend not to escalate beyond severity one.

29%

of issues and complaints, relate to treatment for a mental injury. 18% of the issues relate to a treatment injury claim.

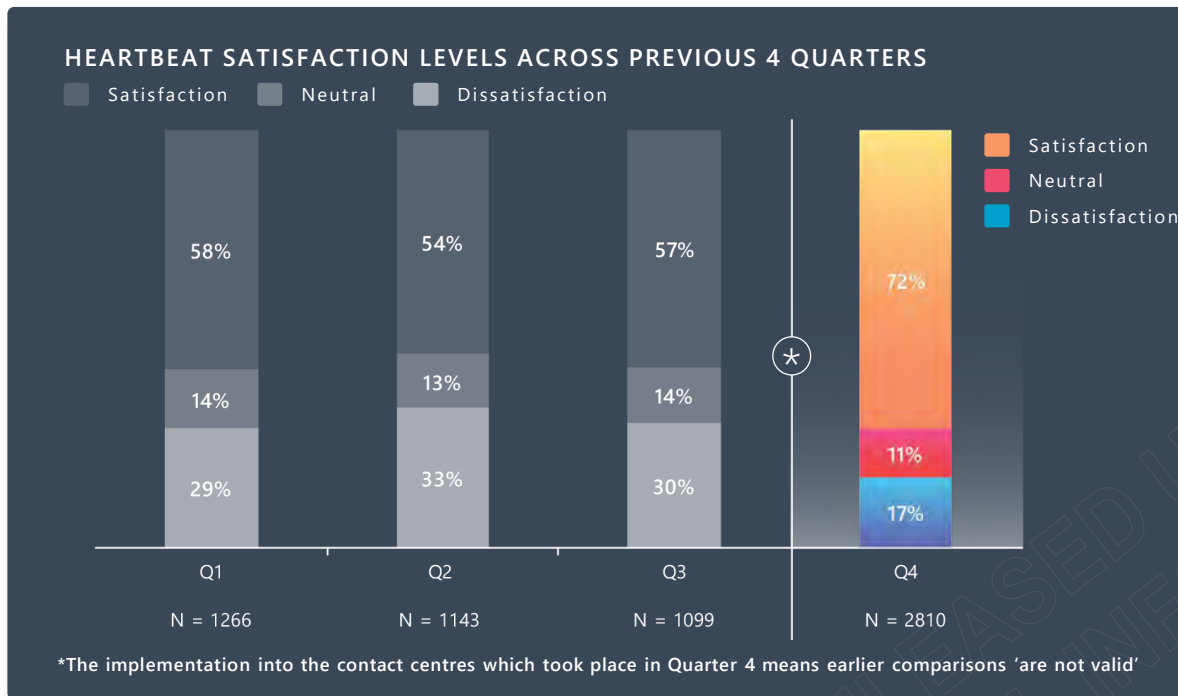
***NOTE**

Of the 11 client stories that had media coverage in Quarter 4, 2 were considered severity three. All of the 11 stories were issues related either to cover or entitlement decisions.

ACTIONS TO ADDRESS

- ACC recognises the importance of being able to build its detection mechanisms to increase the likelihood of detecting the early signs of service failings or dissatisfaction. These mechanisms include the wider rollout of Heartbeat alongside NGCM and the introduction of an analytical model monitoring service failings to detect the early signs of potential complaints.
- ACC has teams dedicated to dealing with Issues that cannot be dealt with by business as usual functions, including threats by client to go to the media, threats to staff, people or clients themselves, service or policy failings, MP, Ministers or Ombudsman involvement and issues that could have a reputational risk to the business. By taking this proactive approach to get in front of issues as they arise it reduces the likelihood of further escalation to media channels and ensures remedial action is taken where appropriate.
- Where issues have been escalated to the media, ACC's media team proactively engage with journalists to correct inaccuracies or provide contextual information about planned client stories, issues, services or the Scheme. External Engagement also takes complaints and requests for information via social media channels, provides information on services, corrects inaccuracies and re-routes complaints to the appropriate teams.
- ACC has also introduced media training for senior executives to support the customer issues process ensuring the organisation is responsive, transparent and factual.

STRONG HEARTBEAT SATISFACTION LEVELS ARE DRIVEN BY STAFF ATTITUDE



FACTORS WHICH MAY BE DRIVING STRONG SATISFACTION LEVELS

72% Of Heartbeat feedback cases reflect strong satisfaction levels in Quarter 4 with common themes driving satisfaction being staff attitude, fairness, communication and speed.

156% Increase of Heartbeat responses in Quarter 4 following release of Heartbeat in the Contact Centre. Results show the experiences received by the Contact Centre are largely positive.

83% Of NGCM (Launchpad) clients are satisfied or very satisfied. This has been stable over time.

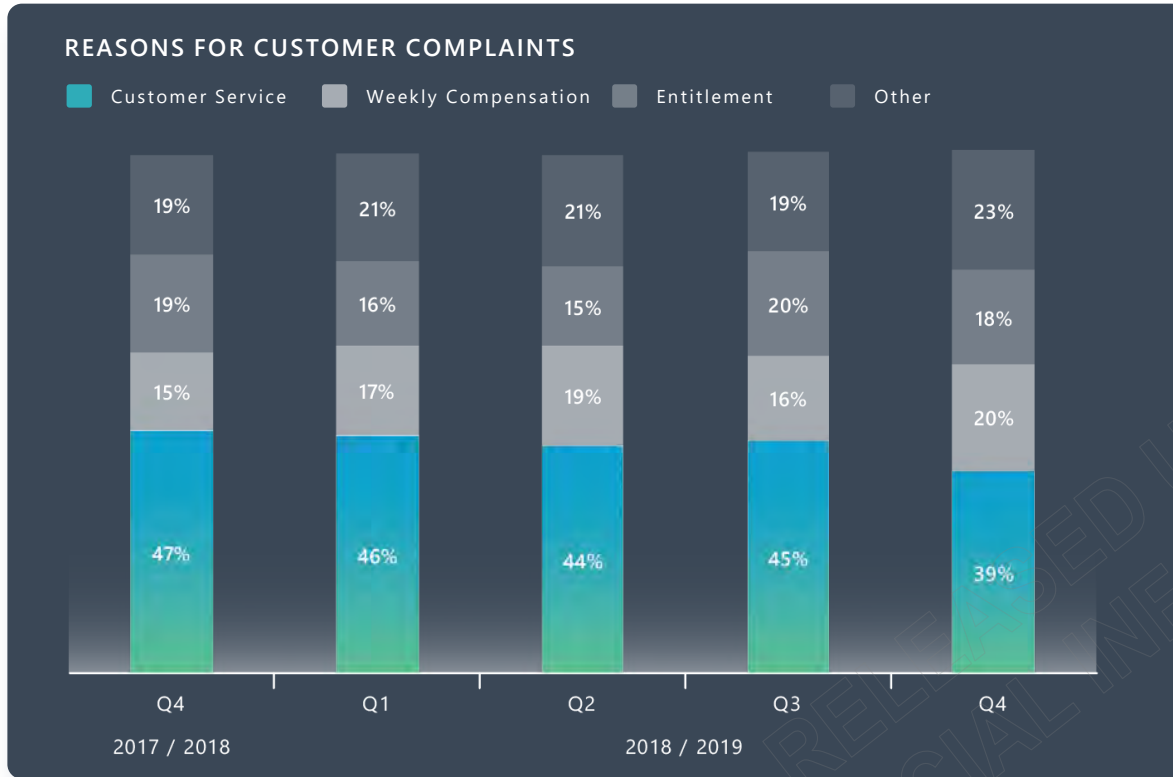
17% Of dissatisfied customers indicate staff attitude, fairness of the scheme, poor communication and timelines are driving dissatisfaction. Staff attitude is a key driver of both satisfaction and dissatisfaction reinforcing the importance of customer service.

ACTIONS TO ADDRESS

- Heartbeat was implemented into the Customer Contact Centre early in Quarter 4, ensuring we receive feedback from Client, Provider and Business customers following calls into the contact centre.
- Daily monitoring of the feedback creates accountability and a culture where addressing the early signs of dissatisfaction is part of our operating rhythm. This both addresses issues before they are escalated into complaints and provides a continuous focus on customer experience throughout the organisation.

- Heartbeat will be implemented as a key part of NGCM rollout meaning Heartbeat will be part of most frontline interactions.

CUSTOMER SERVICE REMAINS THE #1 REASON FOR CUSTOMER COMPLAINTS



WHAT IS DRIVING PEOPLE TO COMPLAIN ABOUT CUSTOMER SERVICE

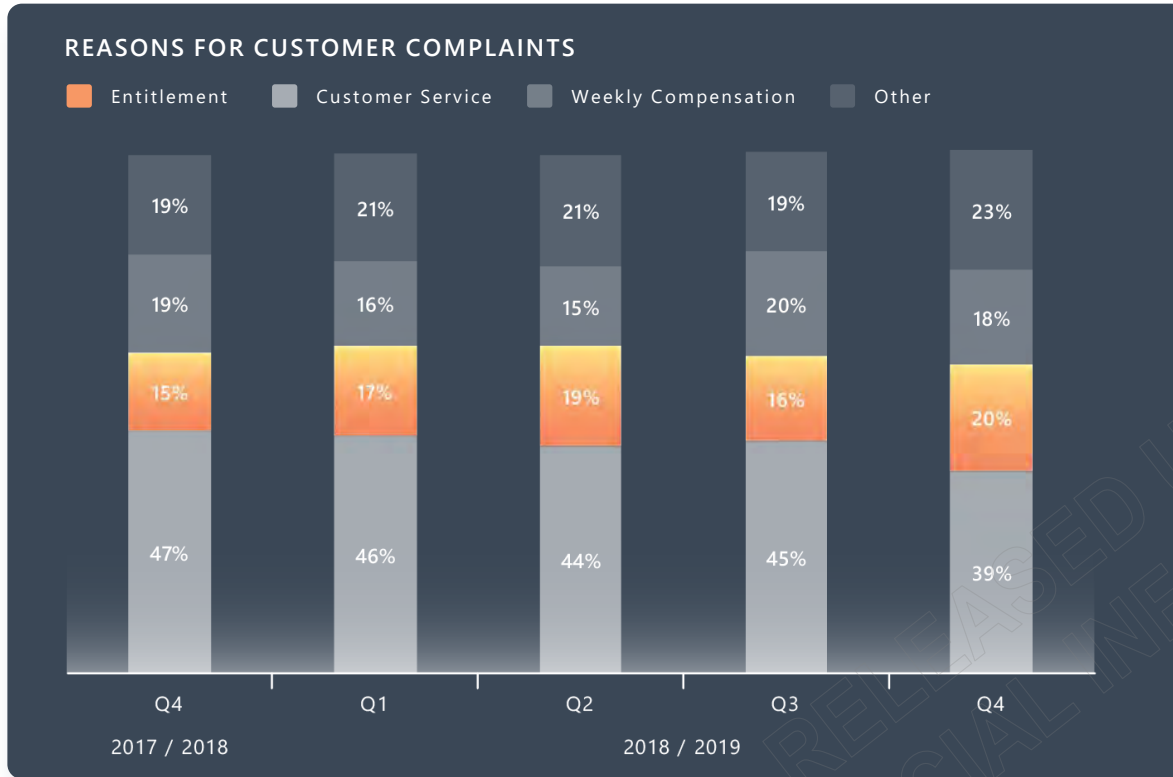
- 20%** Of complainants felt they were not kept informed.
- 18%** Of complainants had concerns with case manager attitude or a breakdown in the relationship.
- 11%** Of complainants did not feel supported.
- 11%** Of complainants indicated there was a delay in service.
- 23%** Of other complaints themes relate to cover, surgery, service providers, privacy and appeals.
- 08** Is the average number of days a customer service complaint is open.

ACTIONS TO ADDRESS

- Regular quality assessments, staff training and coaching conversations are designed to enhance the customer service experience, through both celebrating strengths and addressing opportunities for improvements.
- Training on a new customer experience quality framework within NGCM begins in September. This approach has been developed directly in line with customer needs drivers and as such provides a strong focus on factors such as staff attitude. The framework includes techniques such as side by side call listening to enable immediate coaching, and ensures daily Heartbeat feedback is used to drive improvements.

- There is also specific pathways developed for training front-line leaders to ensure they are able to implement the quality assessments and practice effective coaching conversations.
- All NGCM training reinforces a customer centric culture through the rollout of NGCM.

ENTITLEMENTS IS THE 2ND REASON FOR CUSTOMER COMPLAINTS



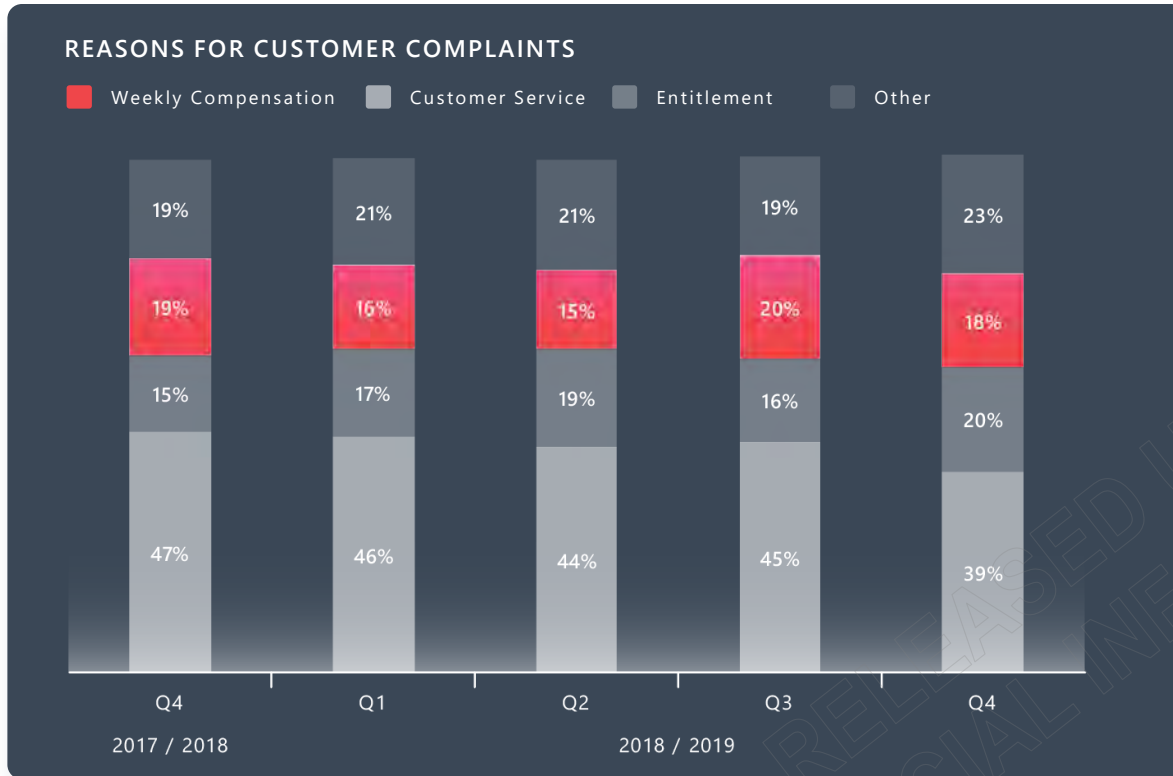
WHAT IS DRIVING PEOPLE TO COMPLAIN ABOUT ENTITLEMENTS

- 24%** Of complaints were regarding social rehabilitation.
- 19%** Of complaints were regarding travel/ancillary.
- 17%** Of complaints were regarding treatment.
- 17%** Of complaints were regarding independence allowance/lump sum payments.
- 24%** Of other complaints themes relate to equipment, dental, hearing loss and vocational rehabilitation.
- 07** Is the average number of days an entitlement complaint is open.

ACTIONS TO ADDRESS

- Several client facing and internal initiatives are underway which aim to deliver both greater consistency and transparency of our decision making process.
- We have created centralised technical and medical advisory groups to support and advise our case owners in a consistent manner so that our customers are receiving timely and appropriate decisions.
- Centralisation of our surgery decision making process has also helped to drive greater consistency and timeliness in the surgical approval process for our customers.
- Future upgrades of MyACC and the application of Smart Services will also provide clients greater clarity of entitlements.

WEEKLY COMPENSATION IS THE 3RD REASON FOR CUSTOMER COMPLAINTS



WHAT IS DRIVING PEOPLE TO COMPLAIN ABOUT WEEKLY COMPENSATION

- 28%** Of complaints were regarding delays in weekly compensation payments.
- 15%** Of complaints were regarding declined weekly compensation decision.
- 14%** Of complaints were regarding backdated payments.
- 14%** Of complaints were regarding suspended payments.
- 23%** Of other complaints themes relate to incorrect advice, not being advised, abatements and national super.
- 06** Is the average number of days a complaint regarding weekly compensation is closed.

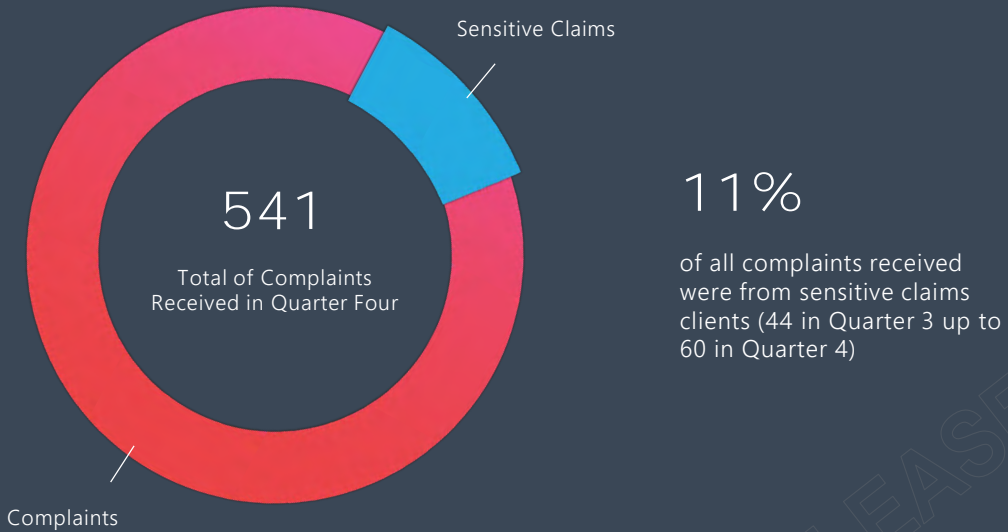
ACTIONS TO ADDRESS

- In Quarter 4 there was a 5.1% increase in applications for weekly compensation above forecast.
- The increased claim volumes has had an impact on the average number of days to provide clients with weekly compensation this year with an average of 8 days against a target of 7.5 days.

- Two major initiatives should drive improvements in processing times and the speed to pay weekly compensation payments:
 - The rollout of the enhanced Client Payments process (CP1) will provide a more streamlined weekly compensation payment experience for customers. Case owners can directly load modified customer payment related information and real time income information can be accessed from IRD directly to speed up the process of paying weekly compensation.
 - Within scope for Client Payments 2 (CP2) is the opportunity to integrate MyACC and Eos applications, which would lead to a further reduction in the amount of time it takes to commence weekly compensation.

INCREASING SENSITIVE CLAIM VOLUMES HAVE A CORRESPONDING IMPACT ON THE NUMBER OF COMPLAINTS

ANALYSIS OF SENSITIVE CLAIMS IN COMPLAINT NUMBERS



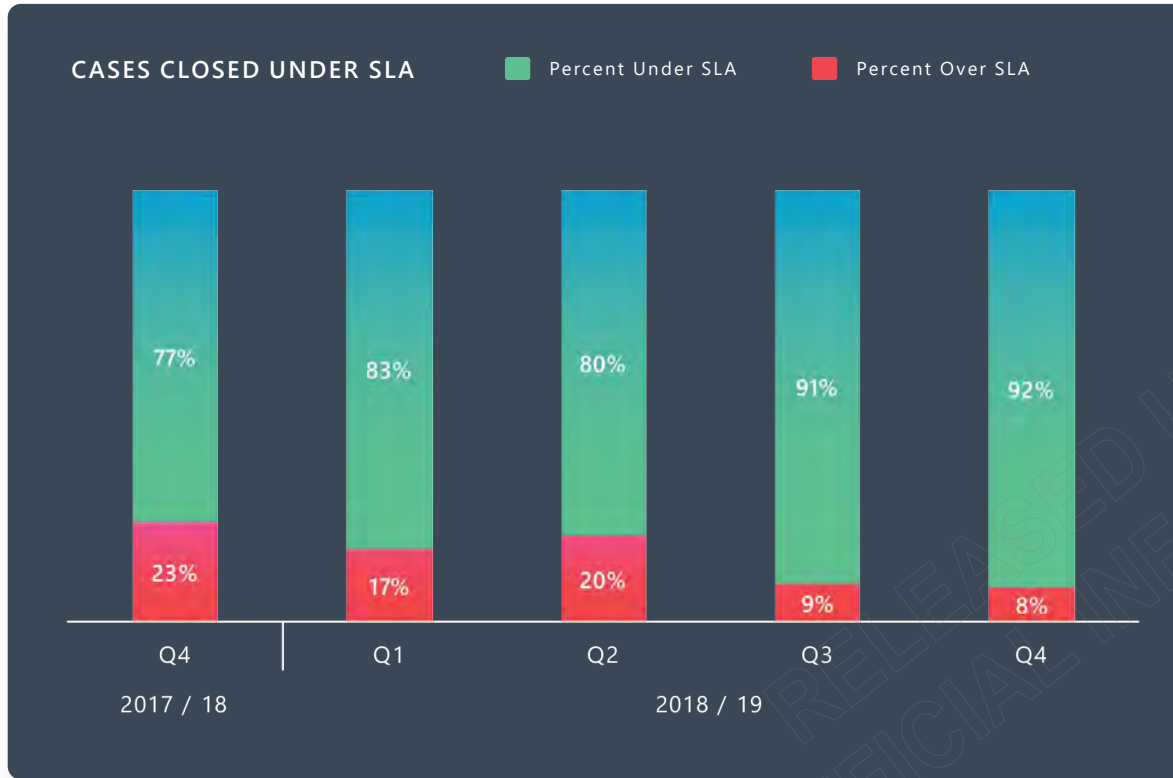
FACTORS WHICH MAY BE DRIVING THE INCREASE

- 20%** Increase in sensitive claims volumes in FY 2018/19 therefore we would expect to see a corresponding increase in complaint volumes. Overall, there has been a 40% increase in sensitive claims since 2016.
- 72%** Of sensitive claims complaints are regarding customer service relating to the management of the claim and delays in contacting the client or confirming entitlements. There have been challenges to retain staff with the required capabilities to support the increasing sensitive claims client base. This has contributed to concerns in consistent management of a claim and the associated service delays.
- 08%** Of the complaints relate to concerns with delays in payment of independence allowances or lump sums, which are the primary financial entitlement available to clients with a sensitive claim, with a 10% increase in FY 2018/19 in the number of clients awaiting an assessment. These delays are largely driven by a 14% increase in demand for mental impairment assessors.
- 36%** Of sensitive claims complainants in Quarter 4 had a previous complaint, 9% had 2 or more previous complaints.
- 07%** Of the complaints related to concerns with providers.

ACTIONS TO ADDRESS

- The Contact Centres now receive all inbound sensitive claim clients and provider calls in the first instance (~1,000 calls per week) to ease the administrative burden on the Sensitive Claims teams and allow more time to focus on managing case-loads.
- A dedicated high volume, low touch team has been established to manage stable clients by task which improves efficiency and ensures clients requiring more support receive the services they need.
- The location of Sensitive Claim teams has extended from previously Wellington only, to include Hawkes Bay and Dunedin. A further 5 locations will also be established as part of the NGCM rollout. The additional teams will increase the accessibility for customers and provide a wider talent pool to minimise retention issues.
- Concerns regarding the increasing demand on assessors is being addressed by initiatives including a review of the pricing structure in provider contracts to reflect the increase in complex cases and attract quality assessors, offering re-training to assessors to upskill, and seeking to recruit assessors in parts of the country where there is limited choice or high demand.

92% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



FACTORS WHICH MAY CAUSE CASES TO BE CLOSED OUTSIDE OF TARGETED TIMEFRAMES

44

Of the 541 complaint cases (8%) were not resolved within the targeted 20 day timeframe.

43%

Of cases exceeding 20 days resolution were related to customer service (primarily delays in service, not feeling respected, supported or relationship with a case manager).

20%

Of those cases exceeding the targeted 20 day timeframe were dealt with under the ACC Code of Claimants' Rights which is known to take longer than cases dealt with at the local level.

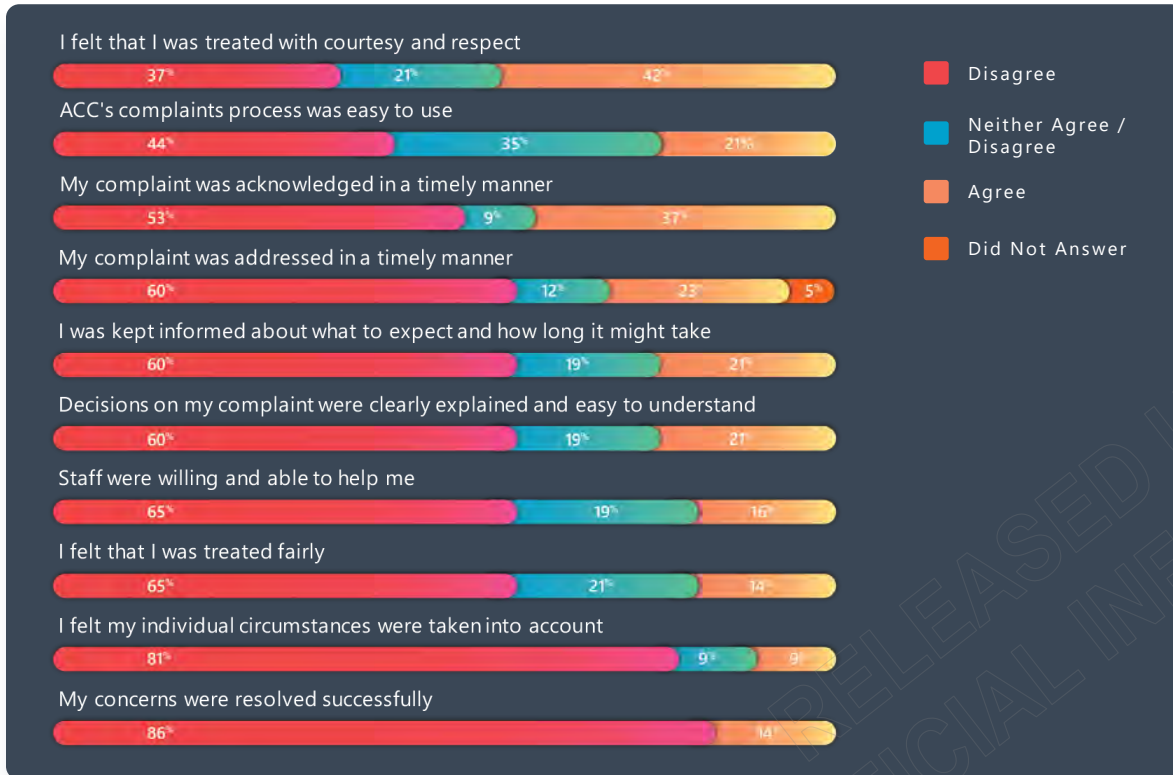
30_{DAYS}

Was the average number of days to resolve cases exceeding the 20 day SLA timeframe with complaints regarding surgery and privacy taking the longest on average to resolve (33 days).

ACTIONS TO ADDRESS

- Cases exceeding targeted timeframes to resolve tend to be more complex with ACC Code of Claimants' Rights investigations, multiple issues and multiple ACC units involved.
- An active review of cases exceeding the 20 day timeframe is performed by the Resolutions team on a weekly basis with senior leaders stepping in where additional support is needed to resolve cases timely.

SATISFACTION WITH ACC'S RESPONSE TO COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM REMAINS LOW



FACTORS WHICH MAY BE DRIVING DISSATISFACTION

- 43** Responses received in Quarter 4 to the complaint resolution satisfaction survey.
- 67%** Of customers indicated they were dissatisfied (or very dissatisfied) with ACC's response to their concerns compared to 72% in Quarter 3.
- 81%** Of respondents disagreed that their individual circumstances were taken into account
- 42%** Of respondents felt they were treated with courtesy and respect, up from 30% in Quarter 3.

NOTE: The feedback received in the complaints handling process may be influenced by the outcome of the complaint itself.

ACTIONS TO ADDRESS

- The Customer Resolutions Team have robust training, processes and guidelines in place to ensure a fair, consistent and easily accessible complaints process is followed. Tools and best practice guides are regularly updated against the relevant Australian and New Zealand Standard on managing complaints.
- Regular assessment of the team's performance and service also takes place. Senior leaders of the resolutions team perform 3-4 quality checks on calls each month and provide regular one on one training to analyse calls for coaching purposes. Weekly team meetings also take place to look at case studies/issues and discuss areas for improvements.

- A dashboard providing thematic analysis of feedback from customers, in regards to their level of satisfaction with the complaints handling process, is also reviewed weekly by Senior Team Leaders.
- The team has also undertaken external training covering topics such as mental health, communication, and conflict management skills.



CUSTOMER DISSATISFACTION AND COMPLAINTS

Quarterly Report

QUARTER ONE 2019 / 20

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volumes of complaints and issues

05

Severity volumes of complaints
and issues

06

Heartbeat satisfaction levels for
Next Generation Case Management
Tranche one clients

07 - 09

Drivers of complaints

10

Timeframes to address complaints
cases

11

Customer satisfaction of complaints
handling

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

EXECUTIVE SUMMARY

Progress on Build of Full Complaints System

This is the third Quarter of reporting to the Board and the wider complaints system has continued to develop over this time.

Heartbeat rolled out this Quarter alongside Tranche one of Next Generation Case Management (NGCM) and will continue to grow alongside NGCM allowing us to detect the early signs of dissatisfaction amongst a wider customer base.

Analytical modelling to detect customers who experience service failings and as a result pose a higher likelihood of complaining is now complete and due to be presented to ACC's Ethics panel for endorsement in November 2019.

A current state analysis of the full complaints system for Clients, Providers and Business Customers has recently been completed by ACC's Business Process Improvement team. Insights from this analysis and recommended next steps will be presented to the ACC Executive by December 2019, followed by a discussion with the Board in Quarter 3 of FY19/20.

Further progress has been made closing out recommendations from the Office of the Auditor General (OAG). Changes to the ACC website have been made to ensure the process for raising a service failure is more accessible. In addition, in the last Quarter's client survey we included questions exploring preferred channels for raising issues or concerns with ACC, with phone based communication being the preference for most clients. The cost of complaint handling will also now be regularly reported on as requested by the OAG, with the last two financial year's costs included in the Board Paper accompanying this report.

Engagement with global customer experience leaders continues with particular focus at this time on how comparable ACC's complaints resolution experience data is to other national and global organisations.

Complaint Volumes

Complaint volumes increased slightly this Quarter which can largely be attributed to the fact there were 6% more active entitlement claims. Despite the increase in claims, the ratio of complaints has remained the same this Quarter compared to Quarter 4 2018/19. We also continue to see factors such as media coverage (6 stories were run this Quarter) and a group of people who raise frequent complaints impacting on complaint volumes.

We have seen some early positive signals from the data including 28% less complaints from sensitive claims clients, despite a 5% increase of sensitive claim clients in the Quarter. Also, Heartbeat survey results of NGCM clients reflect high levels of satisfaction particularly in the areas of staff attitude, communication and speed of responses.

Those clients who have expressed dissatisfaction are being identified early through Heartbeat with 63 cases generated in Quarter 1 to respond and resolve customer queries/concerns quickly which has minimised the risk of further escalation. This is reflected by the fact only 4 NGCM clients made complaints in the Quarter.

Drivers of Complaints

Complaints continue to be driven by issues with customer service, weekly compensation and issues with entitlements.

Dissatisfaction, expressed via Heartbeat, is primarily driven by issues with staff attitude. Satisfaction is also driven by attitude, indicating that this aspect of customer service is a key determinant of the overall experience of our customers.

Complaint and Issues Severity

This Quarter we continue to apply the severity model against complaints escalated to the Customer Resolutions team and those dealt with by the Issues Management and Media teams. This has resulted in 21 severity two and 2 severity three cases being included in this Quarters Board dossier (attached as appendix 2).

The Board dossier also provides visibility of 6 issues that resulted in negative media coverage in Quarter 1, (2 of which were considered severity three) and 5 noteworthy cases which have not met the severity rating threshold or had media coverage, but pose risk to ACC's public perception.

ACC Complaint Management Performance

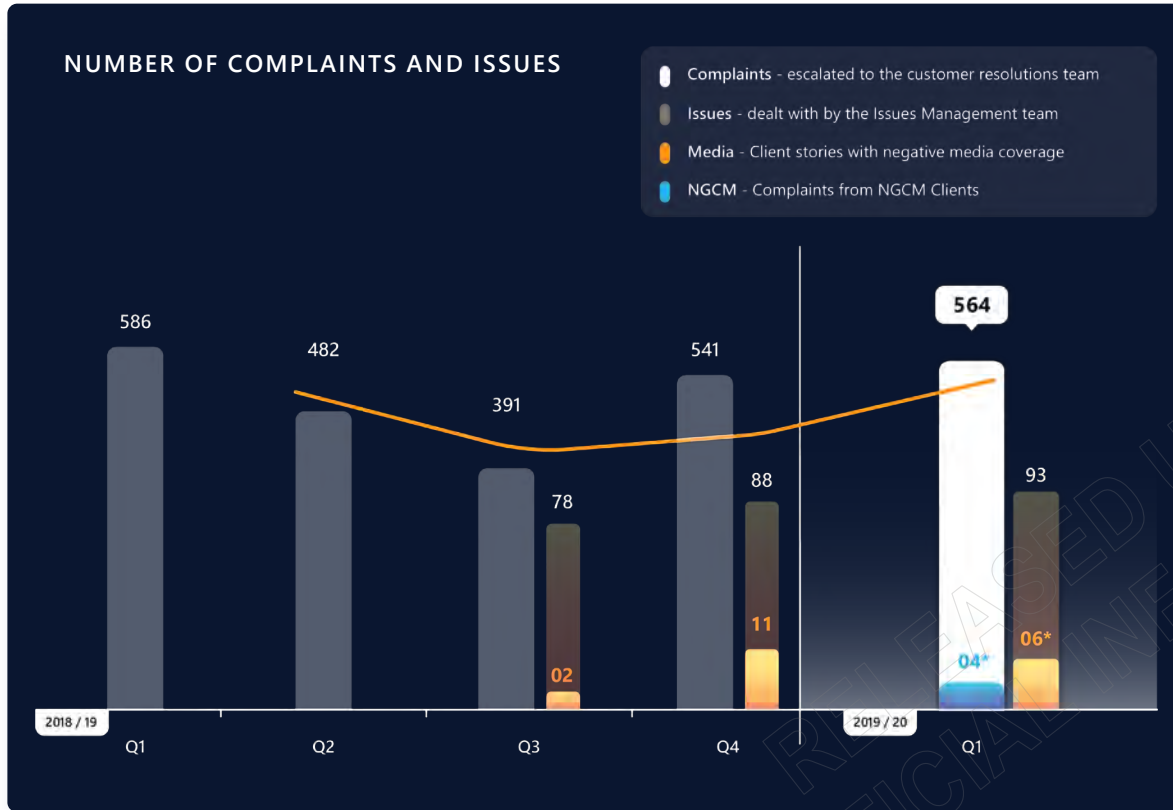
Our timeliness for addressing and closing complaints remains consistent with Quarter 4, with 91% of all complaints escalated to the Customer Resolutions team closed within targeted timeframes.

Cases exceeding the targeted timeframe of 20 days were generally more complex with 25% of those cases requiring investigation under the ACC Code of Claimants' Rights. The number of days exceeding the target timeframe ranged from 21 days to 62 days, with 35% of these complaints relating to customer service.

There continues to be low satisfaction with the complaints resolution process, with 76% of complainants expressing dissatisfaction. However, it is recognised that an outcome not in favour of a customer does have an impact on how they perceive their experience with the ACC complaints resolution process. As noted above, ACC is engaging with global customer experience leaders to understand how comparable its complaints resolution experience data is and what learnings can be made.

Note: Actions to address the key themes raised in the Executive summary are contained in the report

DESPITE A SLIGHT INCREASE OF COMPLAINTS, THE RATIO OF COMPLAINTS TO ACTIVE ENTITLEMENT CLAIMS REMAINS CONSISTENT WITH THE PREVIOUS QUARTER



FACTORS INFLUENCING THE INCREASE IN COMPLAINTS NUMBERS

06%

increase in active entitlement claims compared to Quarter 4 2019/20 (~6,000 additional claims in Quarter 1). Despite the increase in claims, the ratio of complaints has remained the same as the previous Quarter, with 0.5% of complaints per 1,000 claims.

***06**

Client stories were run by the media in Quarter 1. Media exposure is known to drive Client complaints.

21%

of complainants in Quarter 1 2019/20 had a previous complaint.

POSITIVE SIGNALS FROM QUARTER 1

28%

less complaints from Sensitive Claims Clients in Quarter 1 2019/20 compared to the previous Quarter (43 complaints from Sensitive Claims Clients, down from 60 in the previous Quarter). This is despite a 5% increase in Sensitive Claim Clients in Quarter 1.

***04**

out of the 564 complaints in Quarter 1 2019/20 were from NGCM Clients. Early indications are that the ratio of complaints to active entitlement claims within NGCM is much lower than the overall ratio. This is a promising find and reflects that NGCM has the ability to decrease the number of complaints. We will continue to monitor this as more complex claims are migrated into NGCM.

RATIO OF COMPLAINTS TO TOTAL ACTIVE ENTITLEMENT CLAIMS

Number of Complaints

Number of Active Entitlement Claims

Ratio of Complaints to total Active Entitlement Claims

Q1 2019/20 **564** 4% ↑ From Q4

109k 6% ↑ From Q4

0.5% 0% From Q4
5 complaints per 1000 claims

Q4 2018/19 **541**

103k

0.5%
5 complaints per 1000 claims

ACTIONS TO ADDRESS

- Upskilling the Operations and Performance teams within Client Service Delivery continues, with particular focus on areas such as workforce management, quality and performance and knowledge and capability to support the wider Client Service Delivery team.
- Tactical solutions within the Sensitive Claims Unit (such as the Contact Centre receiving all inbound calls and the dedicated team to manage high volume, low touch Clients by task) will remain until NGCM has completed rollout out in July 2020.
- The ability to detect the early signs of dissatisfaction from customers is increasing with the rollout of Heartbeat alongside NGCM. A new survey targeting key Client interaction moments was turned on in August in all NGCM Tranche one sites. Heartbeat will continue to rollout alongside upcoming NGCM Tranche rollouts.

THE SEVERITY OF COMPLAINTS AND ISSUES

BOARD ACTION

NUMBER OF SEVERITY RELATED COMPLAINTS AND ISSUES

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q1 2019/20 Complaints & Issues	431	116	21*	2*
Q4 2018/19 Complaints & Issues	453	75	13	2

**CUSTOMER IMPACT THEMES	FINANCIAL HARDSHIP	MENTAL STRESS	SUICIDAL
When looking at the impact on the customer of their complaint, the largest impact is financial hardship, but the numbers reporting emotional impact are also significant.	43%	39%	22%

NOTE Of the 6 client stories that had media coverage in Quarter 1, 2 were considered severity three. All of the 6 stories were issues related to either cover or entitlement decisions.

Refer to dossier for severity definitions

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO & THREE

39% of the severity two and three complaints and issues relate to weekly compensation, with concerns over delays and suspensions/declines.

28% of the severity two complaints relate to privacy concerns related to disclosure breaches.

28% of the severity two complaints relate to customer service concerns (delays in service, communication breakdowns and relationship with an ACC staff member).

SEVERITY ONE

56% of severity one complaints relate to customer service, followed by entitlements (16%) and weekly compensation (14%).

SEVERITY ZERO

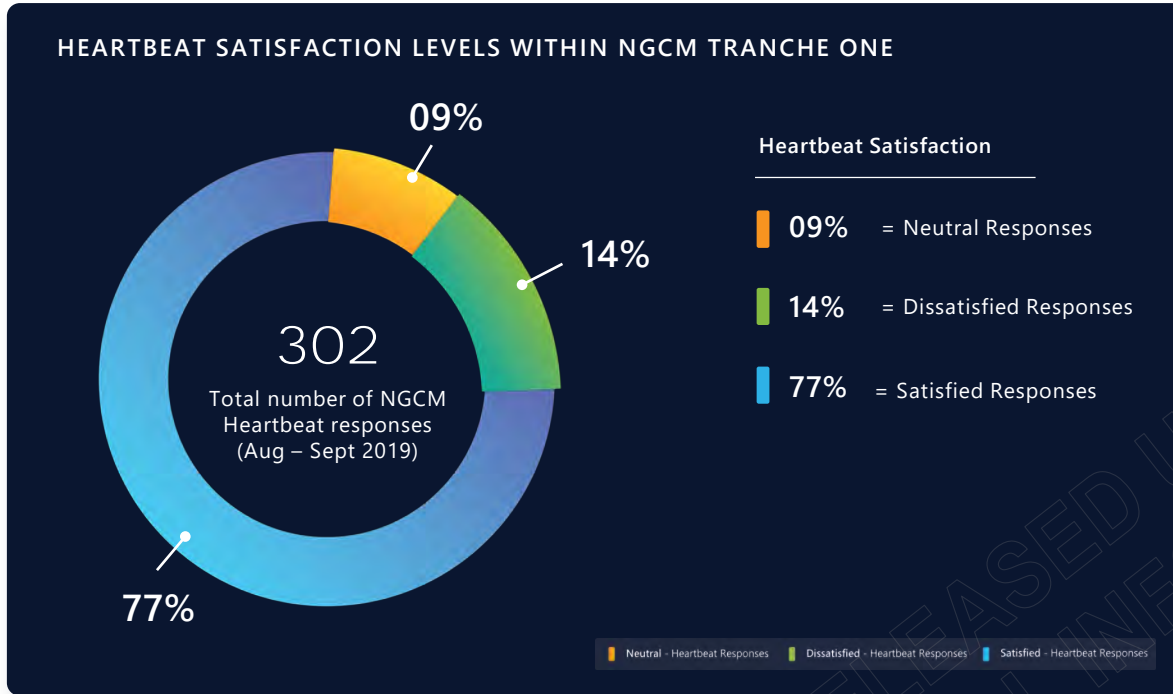
81% of the 431 severity zero complaints were assessed as no fault on ACC's behalf and no significant client impact. The remaining 19% were assessed as no fault on ACC's behalf but there was an impact on the customer (impacts such as hardship, health and safety). Primary themes relate to customer service (37%), entitlements (21%), and weekly compensation (20%).

ACTIONS TO ADDRESS

- ACC has teams dedicated to dealing with Issues that cannot be dealt with by business as usual functions, including threats by client to go to the media, threats to staff, people or clients themselves, service or policy failings, MP, Ministers or Ombudsman involvement and issues that could have a reputational risk to the business. By taking this proactive approach to get in front of issues as they arise it reduces the likelihood of further escalation to media channels and ensures remedial action is taken where appropriate.

- Where issues have been escalated to the media, ACC's media team proactively engage with journalists to correct inaccuracies or provide contextual information about planned client stories, issues, services or the Scheme. External Engagement also takes complaints and requests for information via social media channels, provides information on services, corrects inaccuracies and re-routes complaints to the appropriate teams.

HIGH LEVELS OF CUSTOMER SATISFACTION INDICATED WITHIN NCGM



EARLY LEARNINGS FROM QUARTER 1 2019/20 HEARTBEAT SURVEY OF KEY INTERACTION MOMENTS WITHIN NCGM TRANCHE ONE

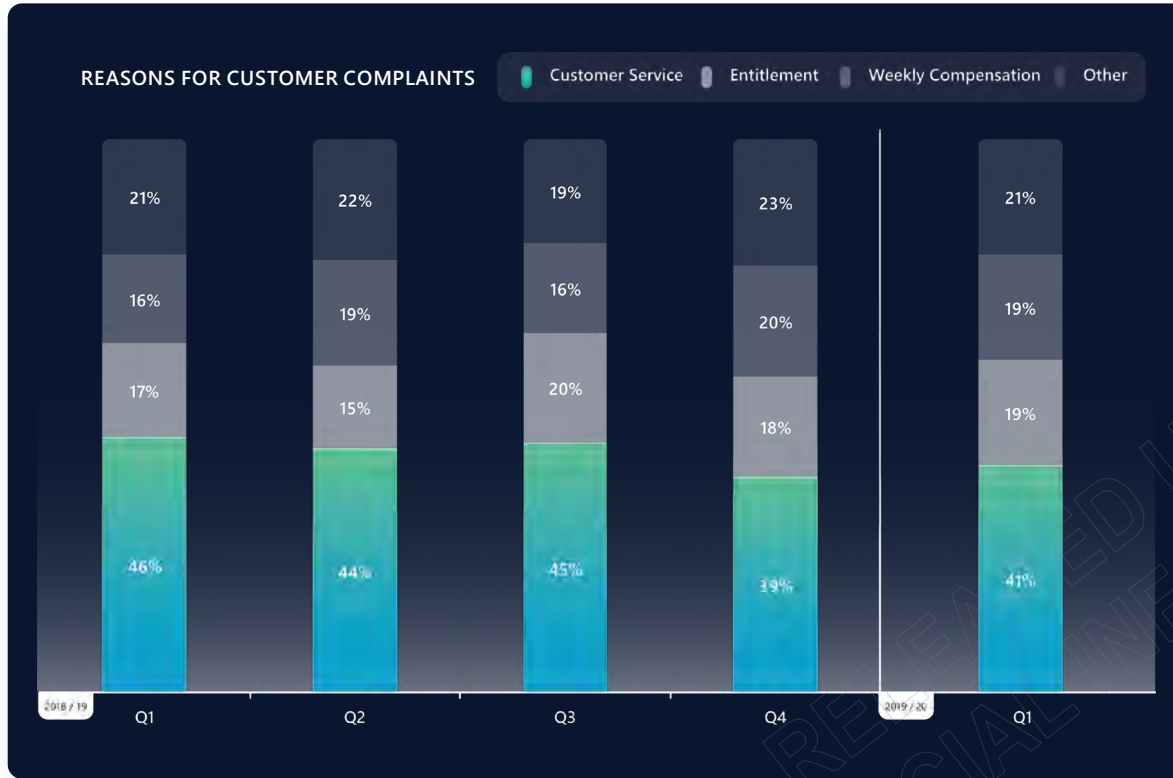
- 77%** of Heartbeat responses reflect strong satisfaction levels in Quarter 1 since the survey went live in August 2019. Common themes driving satisfaction being attitude, communication, ease and speed of responses.
- 14%** of customers indicated attitude, communication and speed are driving dissatisfaction. Staff attitude continues to be a key driver of both satisfaction and dissatisfaction, reinforcing the importance of customer service.
- 63** cases were opened in Heartbeat in Quarter 1 to actively respond and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation.
- 1.5** days was the average time taken to resolve customer queries/concerns raised through Heartbeat, reflecting the high importance the frontline is placing on reviewing and responding to customer feedback.

ACTIONS TO ADDRESS

- Daily monitoring of the feedback cases creates accountability and a culture where addressing the early signs of dissatisfaction is part of ACC's operating rhythm. This both addresses issues before they are escalated into complaints and provides a continuous focus on customer experience throughout the organisation.
- Heartbeat is currently being used in all NCGM Tranche one sites and will continue to be rolled out with future Tranches.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

CUSTOMER SERVICE REMAINS THE #1 REASON FOR CUSTOMER COMPLAINTS



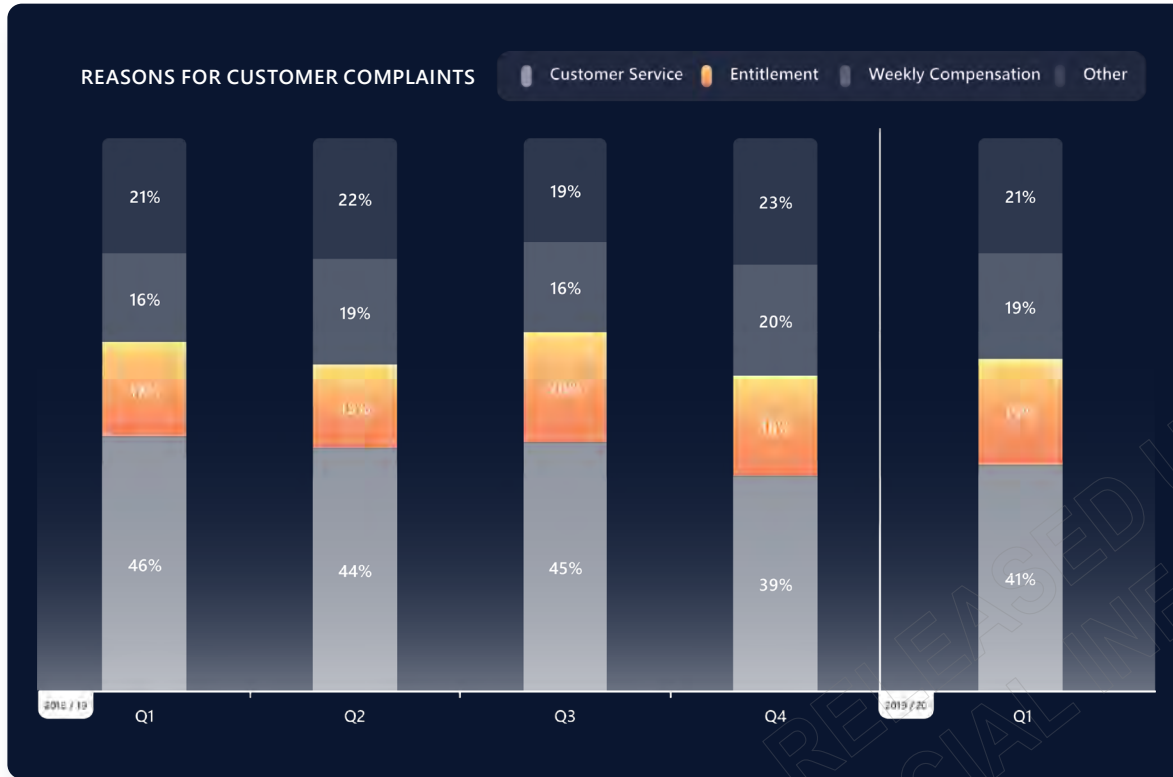
WHAT IS DRIVING 41% OF CUSTOMER COMPLAINTS ABOUT CUSTOMER SERVICE?

- 16%** of complainants felt they were not kept informed.
- 16%** of complainants had concerns with case manager attitude or a breakdown in the relationship.
- 16%** of complainants did not feel supported.
- 07%** of complainants indicated there was a delay in service.
- 07** is the average number of days a customer service complaint is open.

ACTIONS TO ADDRESS

- The new customer experience quality framework in NGCM commenced rollout of training in October 2019. All leaders will be trained in its application by the end of November 2019. This framework provides a strong focus on customer experience and includes techniques such as side by side call listening to enable immediate coaching, and ensures daily Heartbeat feedback is used to drive improvements.
- Regular quality assessments, staff training and coaching conversations are designed to enhance the customer service experience, through both celebrating strengths and addressing opportunities for improvements.
- There is also specific pathways developed for training front-line leaders to ensure they are able to implement the quality assessments and practice effective coaching conversations.
- All NGCM training reinforces a customer centric culture through the rollout of NGCM.

ENTITLEMENTS IS THE 2ND REASON FOR CUSTOMER COMPLAINTS



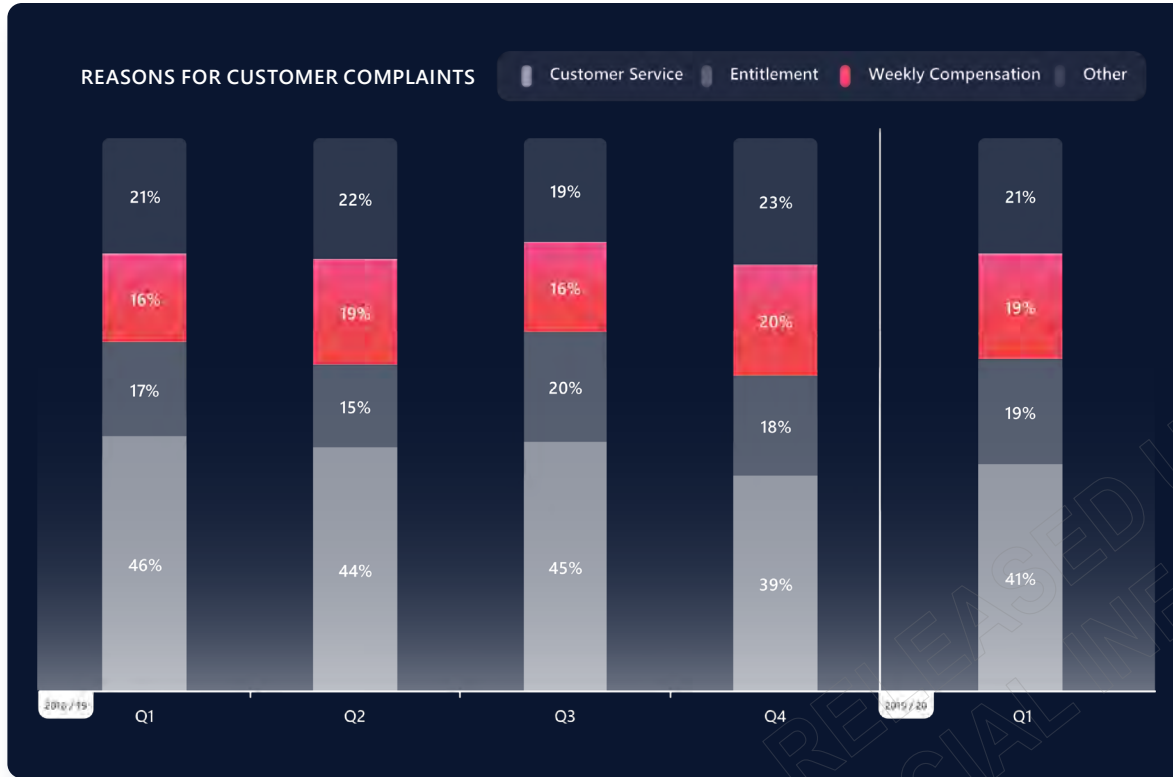
WHAT IS DRIVING 19% OF CUSTOMER COMPLAINTS ABOUT ENTITLEMENTS?

- 22%** of complaints were regarding treatment.
- 22%** of complaints were regarding independence allowance/lump sum payments.
- 18%** of complaints were regarding social rehabilitation.
- 18%** of complaints were regarding travel/ancillary.
- 09%** of other complaints themes relate to equipment, pain services, accidental death, hearing loss and vocational rehabilitation.
- 07** is the average number of days an entitlement complaint is open.

ACTIONS TO ADDRESS

- As part of NGCM recovery support, a new practice mentor hotline is now available for frontline staff to use for rehabilitation advice and guidance. This includes clarification on entitlements as required.
- We have created centralised technical and medical advisory groups to support and advise our case owners in a consistent manner so that our customers are receiving timely and appropriate decisions.
- Centralisation of our surgery decision making process has also helped to drive greater consistency and timeliness in the surgical approval process for our customers.

WEEKLY COMPENSATION IS THE 3RD REASON FOR CUSTOMER COMPLAINTS



WHAT IS DRIVING 19% OF CUSTOMER COMPLAINTS ABOUT WEEKLY COMPENSATION?

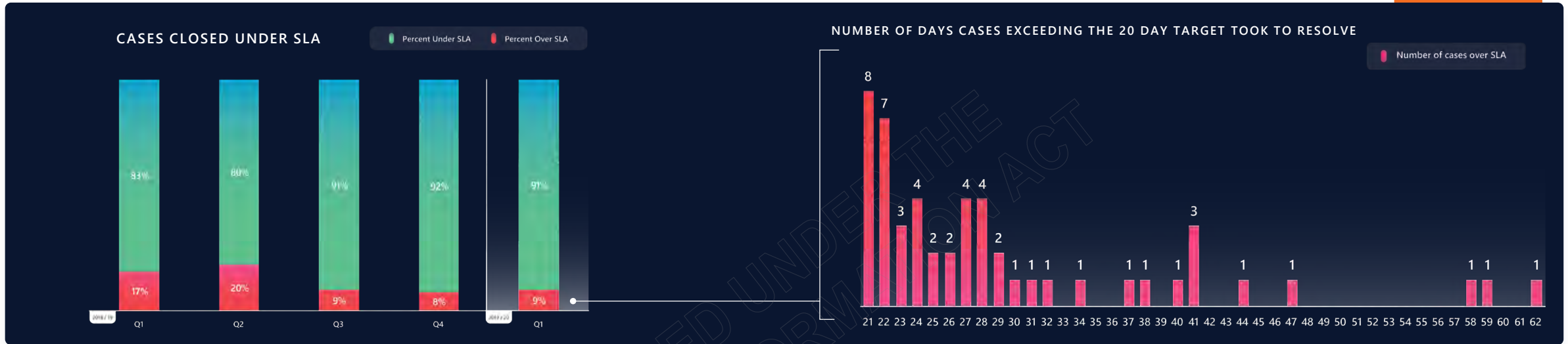
- 30%** of complaints were regarding delays in weekly compensation payments. The average number of days to commence weekly compensation in Quarter 1 was 8.8 days against a target of 7.5 days.
- 14%** of complaints were regarding suspended payments.
- 12%** of complaints were regarding declined weekly compensation decision.
- 11%** of complaints were regarding the rate of weekly compensation.
- 19%** of other complaints themes relate to incorrect advice, not being advised, abatements and national super.
- 09** is the average number of days a complaint regarding weekly compensation is closed.

ACTIONS TO ADDRESS

- The implementation of the enhanced Client Payments process (CP1) provides a more streamlined weekly compensation payment experience for Customers. Case owners can directly load modified customer payment related information and real time income information can be assessed from IRD directly to speed up the process of paying weekly compensation.
- Focus continues to be on building capability and efficiency to support more timely processing of weekly compensation applications. There has been a significant number of new starters (particularly in Dunedin) within NGCM Tranche one so we would expect capability and efficiency improvements over time as their experience grows.

91% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES

BOARD ACTION



FACTORS WHICH MAY CAUSE CASES TO BE CLOSED OUTSIDE OF TARGETED TIMEFRAMES

- 51** Of the 564 complaint cases (9%) were not resolved within the targeted 20 day timeframe.
- 35%** Of cases exceeding 20 days resolution were complaints related to customer service (primarily delays in service, not feeling respected, supported or relationship with a Case Manager).
- 25%** Of those cases exceeding the targeted 20 day timeframe were dealt with under the ACC Code of Claimants' Rights which is known to take longer than cases dealt with at the local level.

SPOTLIGHT ON LONGEST CASES TO RESOLVE

- 58 days to resolve:** This case was a historic records request relating to a 2002 claim. It required retrieval of physical records from an external location which took 31 days. Further information requests and discussions with ACC subsequently followed.
- 59 days to resolve:** Complaint relating to care from Well NZ. A Significant number of emails and medical reports were provided to the Resolutions team to consider and work through with Well NZ. The Client received an apology from Well NZ following resolution of the issues raised.
- 62 days to resolve:** Complex Client case regarding weekly compensation, specifically related to recalculations of entitlements based on earnings. There were large volumes of information and case notes to assess. A Resolution Specialist apologised for the length of time taken to resolve the issue.

ACTIONS TO ADDRESS

- An active review of cases exceeding the 20 day timeframe is performed by the Resolutions team on a weekly basis with senior leaders stepping in where additional support is needed to resolve cases in a timely manner.

SATISFACTION WITH ACC'S RESPONSE TO COMPLAINTS RESOLUTION REMAINS LOW

SATISFACTION WITH COMPLAINTS HANDLING



RELATIONSHIP BETWEEN COMPLAINT OUTCOME AND SATISFACTION WITH COMPLAINT HANDLING

	NOT IN FAVOUR	IN FAVOUR	KEY THEMES
Satisfied	-	6	100% of satisfied Clients felt they were treated fairly, with courtesy and respect and ACC was willing to help them.
Neutral	-	3	50% of neutral Clients felt that they were treated with courtesy and respect, their complaint was acknowledged in a timely manner and ACC's complaints process was easy to use.
Dissatisfied	22	6	<p>IN FAVOUR : 67% of dissatisfied Clients felt decisions and information on their complaint were not clearly explained and were not easy to understand.</p> <p>NOT IN FAVOUR : 86% of dissatisfied Clients felt their individual circumstances were not taken into account.</p>

COMPARISON TO PREVIOUS QUARTER

Agreement with almost all aspects of complaints handling deteriorated this Quarter, in particular the agreement the complaints process was easy to use.

76% of customers indicated they were dissatisfied (or very dissatisfied) with ACC's response to their concerns compared to 67% in Quarter 4.

78% of respondents disagreed that their individual circumstances were taken into account, a slight improvement from 81% in Quarter 4

BOARD ACTION

ACTIONS TO ADDRESS

- It is recognised that an outcome not in favour of a customer does have an impact on how they perceive their experience with ACC's complaints resolution process. Management have requested learnings from those customers who remained dissatisfied or neutral even though the outcome was in their favour. It is planned that these learnings will lead to the identification of continuous improvement opportunities.
- ACC has engaged with Gartner to provide advice on how comparable its complaints resolution experience is in comparison to other national and global organisations. There is also an opportunity to leverage an emerging relationship with global customer experience leaders USAA, exploring the similarities and differences between complaints resolution experience data.



CUSTOMER DISSATISFACTION AND COMPLAINTS

Quarterly Report

QUARTER TWO 2019/20

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volumes of complaints and issues

05

Severity of complaints and issues

06

Satisfaction levels for Next
Generation Case Management
(NGCM) Tranche one clients

07 - 09

Drivers of complaints

10

Complaint patterns

11

Timeframes to address complaints
cases

12

Customer satisfaction of complaints
handling

13

Early results from Client Check-In
Trial

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

EXECUTIVE SUMMARY

Complaints performance remains stable

- The volume of complaints received has decreased this quarter, in line with lower active entitlement claim volumes.
- The ratio of complaints to active entitlement claims is consistent with previous quarters, 4 complaints per 1,000 claims received in Quarter 2.
- In comparison, NGCM has recorded a significantly lower ratio this quarter of 7 complaints per 10,000 claims.
- No severity three cases and a lower number of severity two cases were received this quarter.
- Of the 14 severity two cases received this quarter, 10 were related to irrelevant or unnecessary information being provided to third parties.
- 85% of complaints cases were resolved within the 20-day target, down from 91% on the previous quarters.
- There have been improvements to how Clients perceive the Complaints Resolution process, driven by staff willingness, easier processes, being kept informed and clearer explanations of decisions.

Complaints continue to be driven by the same factors

- The top 3 reasons that Clients complain continue to be driven by:
 - Customer Service: being kept informed, delays in service and the relationship with a Case Manager.
 - Weekly Compensation: delays in receiving payment, suspended payments and decline decisions.
 - Other Entitlements: treatment, social rehabilitation and travel.
- Actions to the key themes above are contained in the report.

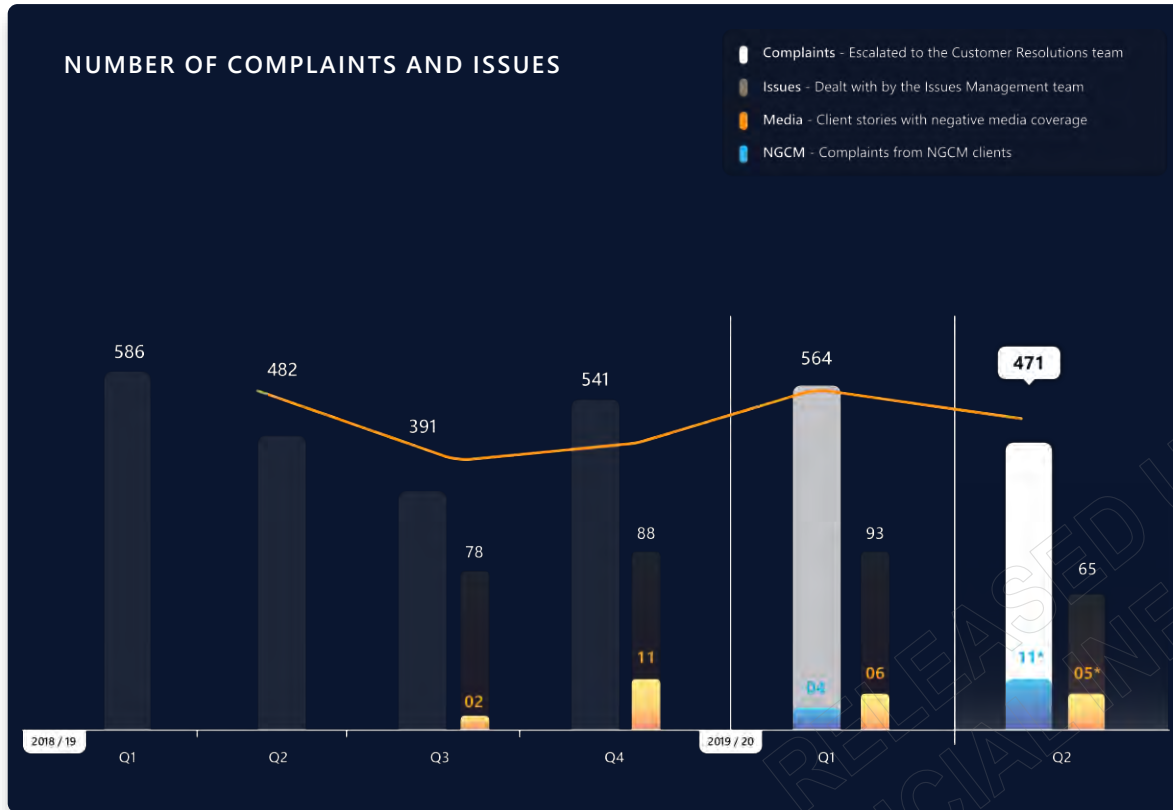
Analytics is enabling the detection of opportunities for service improvement

- A model has been developed to regularly monitor Client services and trigger early alerts that prompt ACC to proactively intervene and recover the service experience.
- A trial is now underway (Customer Check-in trial) within 11 branches and 2 specialist units.
- Early results indicate the trial is having a positive impact, with ACC's proactive contact enabling client issues or concerns to be resolved prior to any formal escalation.

Improvements to the full complaints system continue

- ACC continues to focus on improving its full complaints system by identifying the early signs of dissatisfaction, developing higher quality reporting and building the core functional and cultural elements of its complaints system.
- Immediate priorities include the creation of a centralised lodgement repository for all complaints and the dissemination of insight themes and recommended actions to frontline teams.

THE RATIO OF COMPLAINTS TO ACTIVE ENTITLEMENT CLAIMS IN QUARTER 2 REMAINS STABLE



FACTORS WHICH MAY HAVE INFLUENCED THE REDUCTION OF COMPLAINTS IN Q2

- We continue to see that complaint volumes are directly influenced by the number of active entitlement claims being managed in the quarter. However, despite a fluctuation in active entitlement claims from quarter to quarter, the ratio of complaints to claims remains stable with just 4-5 complaints received per 1,000 claims across the last 4 quarters.
- The volume of complaints in Quarter 2 is similar to those complaints received for the same period in the previous financial year (Quarter 2 2018/19) which may reflect a seasonal impact on complaint volumes. This will continue to be monitored over time.

OTHER KEY ANALYSIS FINDINGS

- *11** out of the 471 complainants in Quarter 2 were from NGCM clients. This is an increase from Quarter 1 however it reflects the fact there was a significant increase of clients being managed in Quarter 2 under the NGCM model.
- .07%** promisingly, the ratio of complaints received by NGCM clients to active entitlement claims continues to be substantially lower than the overall ratio (7 complaints per 10,000 claims compared to 5 complaints per 1,000 claims). This is a positive sign as NGCM continues to be scaled up.
- *05** client stories were run by the media in Quarter 1. Media exposure is known to drive client complaints.
- 28%** there continues to be a number of repeat complainants, with 28% of the complainants in Quarter 2 having had a previous complaint. See further analysis on page 10.

RATIO OF COMPLAINTS TO TOTAL ACTIVE ENTITLEMENT CLAIMS

	Number of Complaints	Change	Number of Active Entitlement Claims	Change	Ratio of Complaints to total Active Entitlement Claims
Q2 2019/20	471	16.5% ↓ From Q1	107k	2.3% ↓ From Q1	0.4% 4 complaints per 1000 claims
Q1 2019/20	564		109k		0.5% 5 complaints per 1000 claims

ACTIONS TO ADDRESS

- Focus of the Operations and Performance teams within Client Service Delivery continues to be on areas such as workforce management, quality and performance, and knowledge and capability to support the wider Client Service Delivery team.
- Client Service Delivery continues to focus on supporting the rising number of clients who have a sensitive claim to ensure they receive the assistance they need. As part of the roll out of Next Generation Case Management (NGCM), not only will the number of frontline staff available to work one on one with survivors increase significantly (in Partnered Recovery teams), there are also dedicated teams being set up in Assisted Recovery and Client Administration. The capacity and capability of all these teams will increase as we roll out our Tranches and build over time.
- Daily customer feedback (via "Heartbeat") continues to be fed back to frontline staff operating under the NGCM model. This process is allowing us to monitor how clients are experiencing key interaction moments, detect early signs of dissatisfaction, and act quickly to address issues and recover the service experience when required. Feedback is also forming an integral part of regular coaching conversations aimed at providing an improved customer experience via frontline continuous improvement.

THE SEVERITY OF COMPLAINTS AND ISSUES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q2 2019/20 Complaints & Issues	375	84	14*	0
Q1 2019/20 Complaints & Issues	431	116	21	2

*CUSTOMER IMPACT THEMES

When looking at the impact on the customer of their complaint, the largest impact is privacy, however financial hardship, mental stress and suicidal impacts are also prominent themes.

	PRIVACY	FINANCIAL HARDSHIP	MENTAL STRESS	SUICIDAL
	71%	29%	21%	21%

NOTE: Cases may have more than one impact theme.

Refer to dossier for severity definitions

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

- 71%** of the severity two complaints and issues related to privacy, with 50% of concerns relating to disclosure breaches.
- 21%** of the severity two complaints are concerns related to customer service such as delays in service, not being kept informed, and not feeling supported.
- 07%** of the severity two complaints are related to the rate of weekly compensation.

SEVERITY ONE

- 67%** of severity one complaints relate to customer service, followed by weekly compensation (11%) and entitlements (10%).

SEVERITY ZERO

- 79%** of the 375 severity zero complaints were assessed as no fault on ACC's behalf and no significant client impact. 41 of the 375 complaints are unresolved, ongoing or opened in user error. The remaining 20% were assessed as no fault on ACC's behalf but there was an impact on the customer (impacts such as hardship, health and safety). Primary themes relate to customer service (38%), weekly compensation (21%) and entitlements (18%).

ACTIONS TO ADDRESS PRIVACY RELATED CONCERNS

- There is a theme across a number of the cases, where irrelevant or unnecessary information has been provided to third parties. The risk of this occurring is increased when ACC receives or over-collects client information earlier in the history of the claim. The Privacy team are focussing communications and conversations with staff and the Privacy Ambassador network on this issue, to remind staff to check that both inbound and outbound information is relevant and necessary.

NOTE

Of the 10 privacy-related complaints raised in Quarter 2, 4 of these cases were not considered to breach ACC's privacy obligations.

NGCM CONTINUES TO DELIVER CUSTOMER EXPERIENCE IMPROVEMENTS

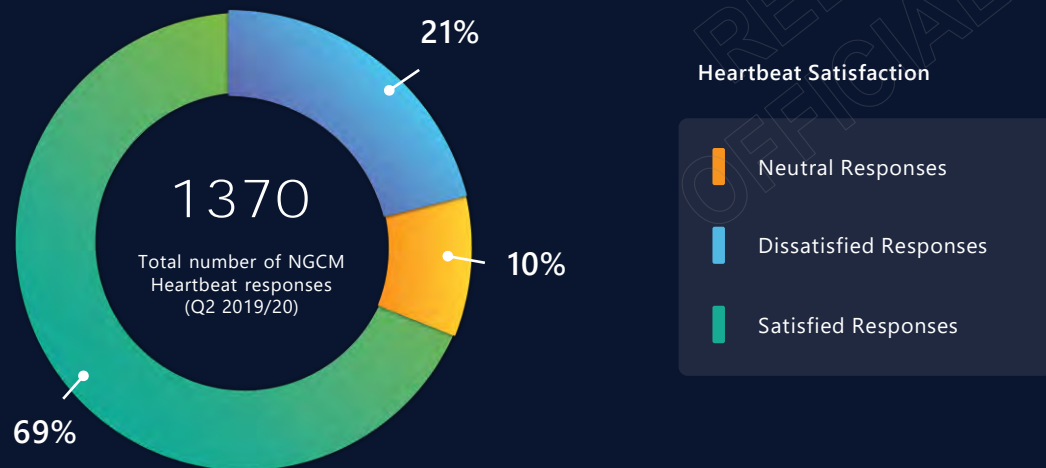
RELATIONSHIP MEASURE

CLIENT NET TRUST SCORE (NTS) QUARTER 2 2019/20



INTERACTION MEASURE

HEARTBEAT SATISFACTION LEVELS WITHIN NGCM TRANCHE ONE



RELATIONSHIP MEASURE – VIA STRATEGIC CLIENT RELATIONSHIP SURVEY

CLIENT NTS WITHIN NGCM REMAINS HIGHER THAN NTS OUTSIDE OF THE MODEL

- Net Trust Score is higher within NGCM (35) compared to all clients (22).
- Satisfaction of the overall relationship with ACC within Tranche one is also higher, at 81% compared to 76% across all clients.

INTERACTION MEASURE – VIA HEARTBEAT INTERACTION SURVEY

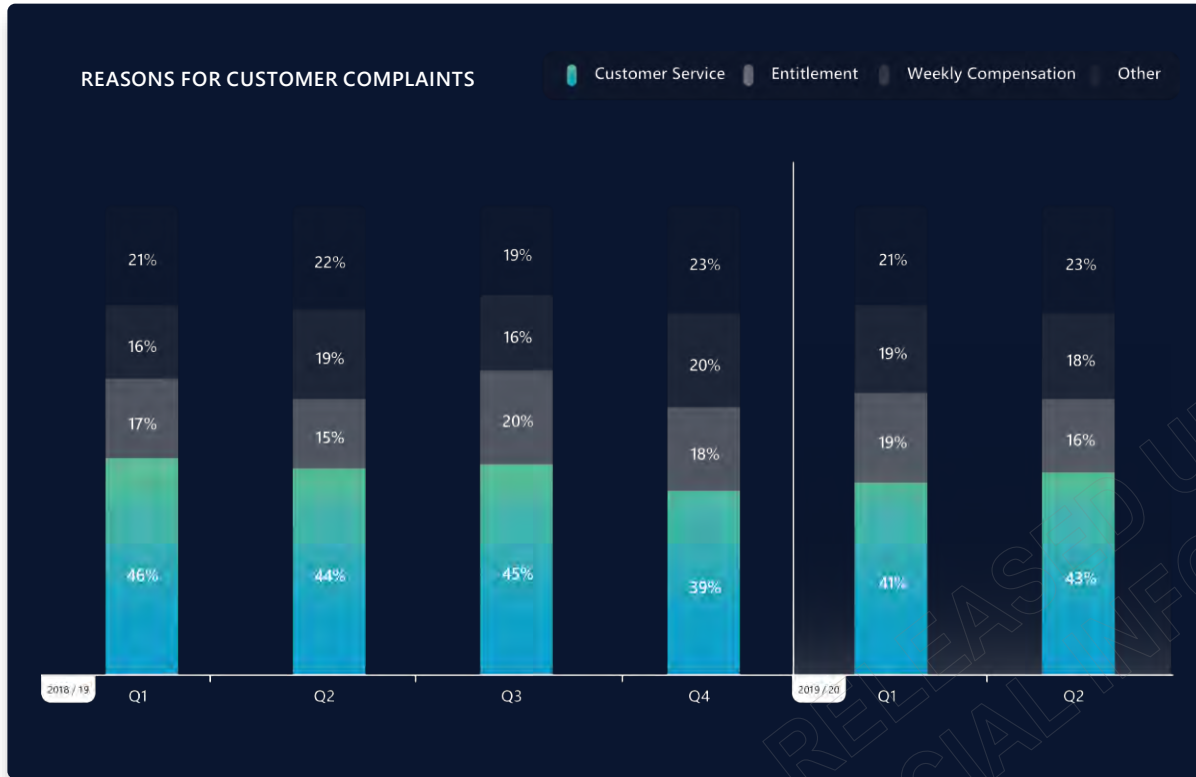
EARLY LEARNINGS FROM QUARTER 2 2019/20 HEARTBEAT SURVEY OF KEY INTERACTION MOMENTS WITHIN NGCM TRANCHE ONE

- 69%** of the 1,370 Heartbeat responses indicate strong satisfaction levels in Quarter 2. Satisfaction was lower than last quarter (77%), however, this quarter saw the introduction of a claim declines survey with much lower satisfaction, which has impacted overall satisfaction.
- 77%** when we look at overall satisfaction for Quarter 2 excluding declines, levels remain high and stable at 77%.
- 47%** of customers mentioned staff attitude (helpfulness, friendliness, knowledgeability etc.) when asked what they liked. Similarly staff attitude was the main driver of dissatisfaction, with 11% of customers indicating this is what needs improving.
- 379** cases were opened in Heartbeat in Quarter 2 to actively respond to and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation. On average these cases took 1 day and 19 hours for ACC to resolve.

ACTIONS TO ADDRESS

- Daily monitoring of feedback creates accountability and a culture where addressing the early signs of dissatisfaction is part of ACC's operating rhythm. This both addresses issues before they are escalated into complaints and provides a continuous focus on customer experience throughout the organisation.
- A quality framework has been created by the Heartbeat team to check a selection of responses to feedback each fortnight, and suggest improvements to build capability.

CUSTOMER SERVICE REMAINS THE NUMBER 1 REASON FOR CUSTOMER COMPLAINTS



WHAT IS DRIVING 43% OF CUSTOMER COMPLAINTS ABOUT CUSTOMER SERVICE?

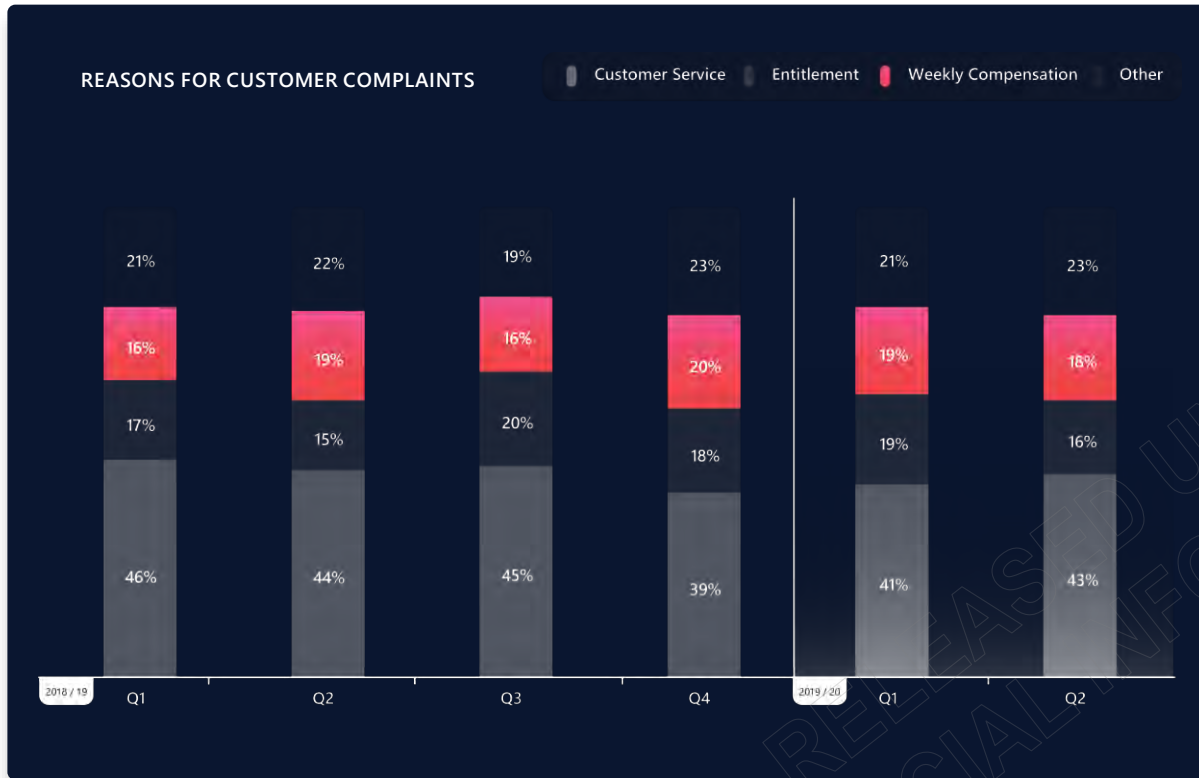
- 25%** of complainants did not feel supported.
- 12%** of complainants felt they were not kept informed.
- 11%** of complainants had concerns with case manager attitude or a breakdown in the relationship.
- 11%** of complainants indicated there was a delay in service.
- 10** is the average number of days a customer service complaint is open.

NOTE: These findings are consistent with results from a recent module of questions asked in the Quarterly Managed Client Survey. Of the clients who said they had an issue with ACC, 35% cited a lack of communication and contact with ACC.

ACTIONS TO ADDRESS

- Leaders continue to be trained in the application of the customer experience framework which provides a strong focus on customer experience and includes techniques such as side by side call listening to enable immediate coaching, and ensures daily Heartbeat feedback is used to drive improvements.
- In November, the Salesforce release introduced "claim on a page" which provides key client information upfront, enabling staff to see immediately the relevant information, get up to speed with the clients' situation and reduces the need for the client (and providers) to retell key claim information. This addresses a key pain-point previously raised through Heartbeat from clients and providers.
- The Salesforce release also enables better staff workload management, creating efficiencies and improved productivity, and the integration of our client engagement tools (e.g. welcome conversation and recovery plan) with the claims management system, automatically pulling Eos claim information from the client's file, providing a better customer experience.
- There continues to be a focus on regular quality assessments, staff training and coaching conversations to enhance the customer service experience, through both celebrating strengths and addressing opportunities for improvements.

WEEKLY COMPENSATION IS THE 2ND REASON FOR CUSTOMER COMPLAINTS



WHAT IS DRIVING 18% OF CUSTOMER COMPLAINTS ABOUT WEEKLY COMPENSATION?

32% of complaints were regarding delays in weekly compensation payments. The average number of days to commence weekly compensation in Quarter 2 was 9.1 days against a target of 7.5 days.

17% of complaints were regarding suspended payments.

16% of other complaints themes relate to incorrect advice, not being advised, abatements and national super.

13% of complaints were regarding a declined weekly compensation decision.

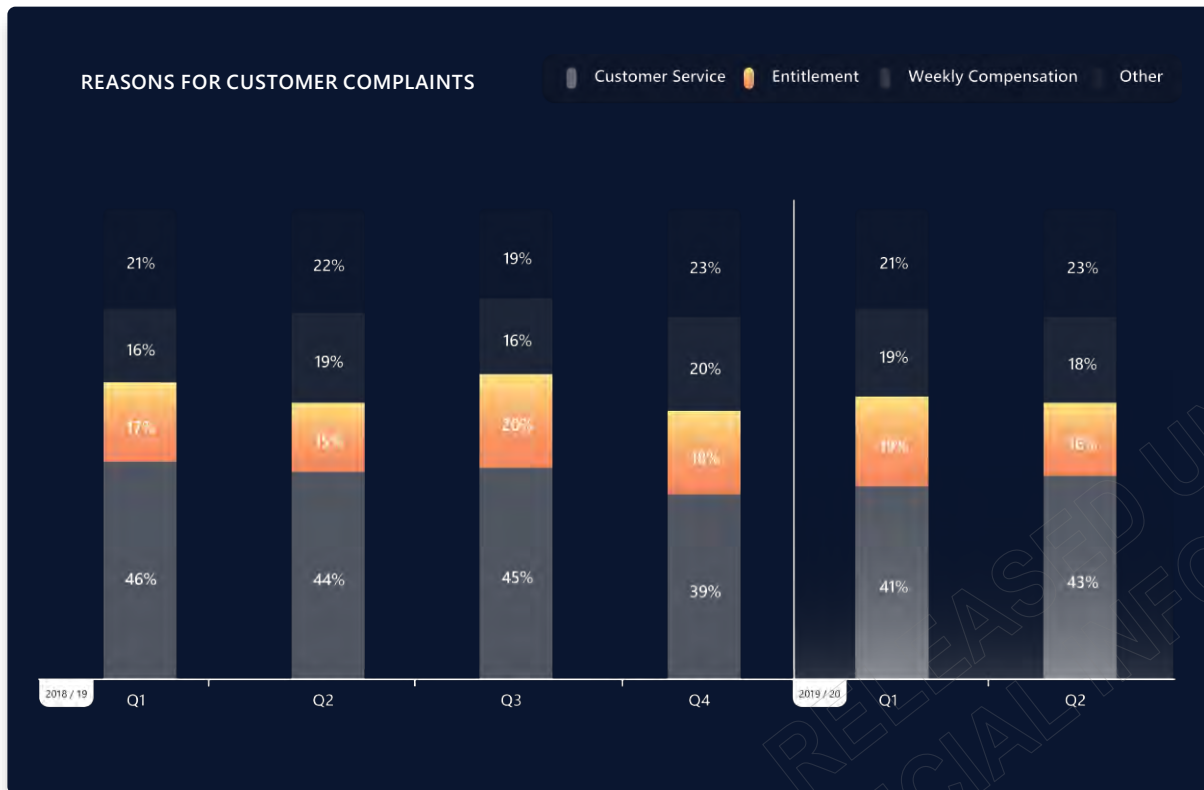
07 is the average number of days a weekly compensation complaint is open.

ACTIONS TO ADDRESS

- The second phase of the Customer Payments Improvement project is being progressively implemented with part 1 completed during Quarter 2 2019/20 and part 2 being delivered at the end of Quarter 3 2019/20. This phase sees a range of customer payments moved from our old legacy systems (i.e. Pathway) onto Eos and will help to make customer payment processes more efficient as well as providing improved payment visibility with more reliability for the future. This phase includes customer payments such as Accidental Death entitlements.

- Commencing during Quarter 2, the Client Service Delivery Operations and Performance team has started to provide ongoing analysis of customer weekly compensation related complaints and validation of frontline resolution actions taken to address complaints. This analysis is utilised by the Customer Insights team as part of driving an improved customer experience across ACC.

ENTITLEMENTS ARE THE 3RD REASON FOR CUSTOMER COMPLAINTS



WHAT IS DRIVING 16% OF CUSTOMER COMPLAINTS ABOUT ENTITLEMENTS?

- 24%** of complaints were regarding treatment.
- 23%** of complaints were regarding social rehabilitation.
- 19%** of complaints were regarding travel/ancillary services.
- 16%** of 'other' complaints themes relate to equipment, pain services, accidental death, hearing loss and vocational rehabilitation.
- 09%** of complaints were regarding independence allowance/lump sum payments.
- 10** is the average number of days a complaint regarding entitlements takes to be closed.

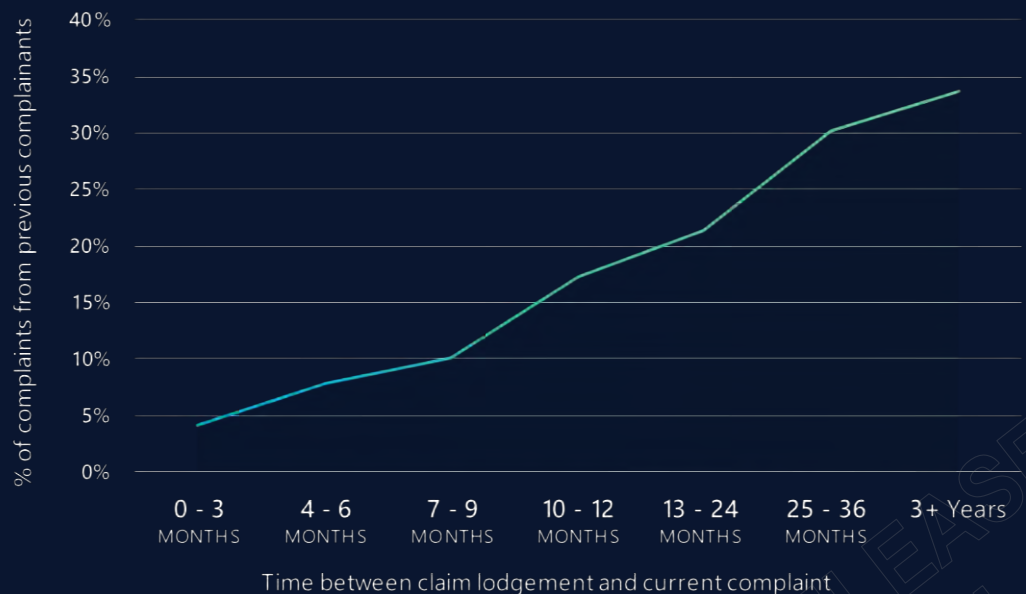
NOTE: These findings are consistent with results from a recent module of questions asked in the Quarterly Managed Client Survey. Of the clients who said they had an issue with ACC, 28% cited issues or concerns around the approval of entitlements.

ACTIONS TO ADDRESS

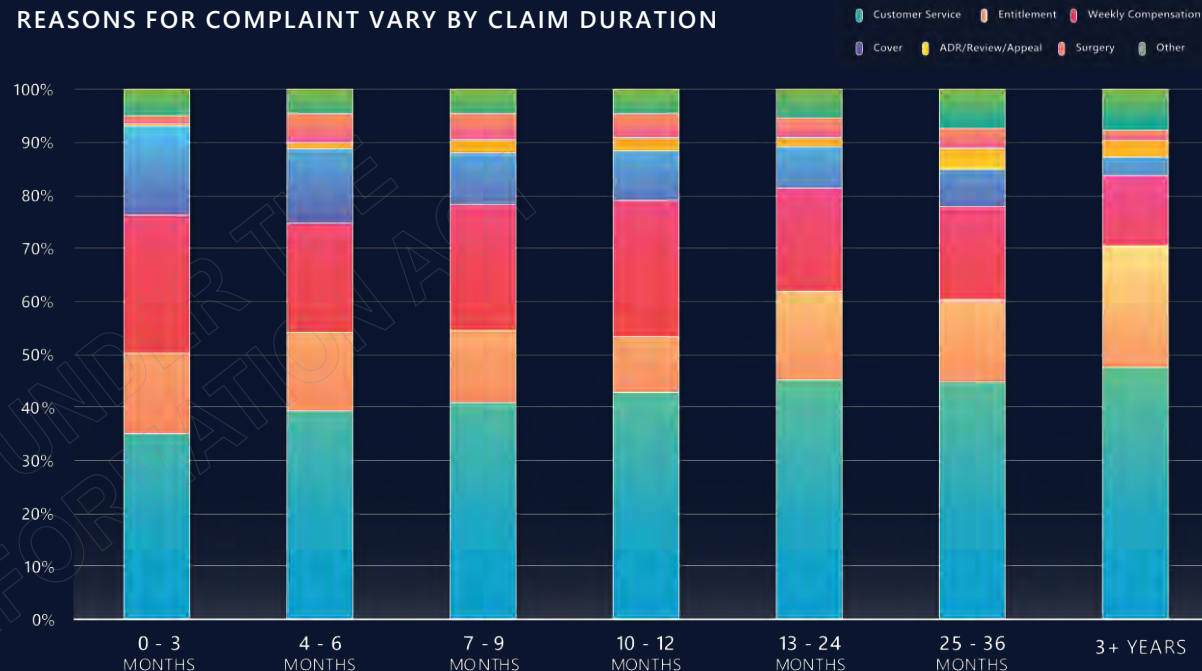
- The new practice mentor support initiative continues to be available for frontline staff to use for rehabilitation advice and guidance. This includes clarification on entitlements as required.
- The centralised clinical and technical support groups also continue to support and advise our case owners in a consistent manner so that our customers are receiving timely and appropriate decisions.

COMPLAINTS PATTERNS FOLLOW THE LIFE-CYCLE OF THE CLAIM

REPEAT COMPLAINTS INCREASE WITH CLAIM DURATION



REASONS FOR COMPLAINT VARY BY CLAIM DURATION



AN INITIAL ANALYSIS OF CLIENTS WHO HAVE COMPLAINED TO ACC MORE THAN ONCE SHOWS THAT:

- The proportion of repeat complainants has remained relatively consistent since 2016, with around 25% of complaints in the sample from every quarter coming from clients who have complained before.
- There is a strong relationship between how long a claim has been managed by ACC and the client's propensity to complain more than once. Of the clients who complained after more than three years of dealing with ACC, 34% had previously complained in relation to the same claim.
- This relationship can be seen when looking at sensitive claims data for Quarter 2 2019/20, who have a high proportion of long-term clients. The repeat complaints rate for this unit is 41% (compared to the all-of-ACC rates for Quarter 2 2019/20 of 28%). This aligns with the data that repeat complaints rates increase with the duration of the claim, though further analysis of other long-term client pools is required to test this.

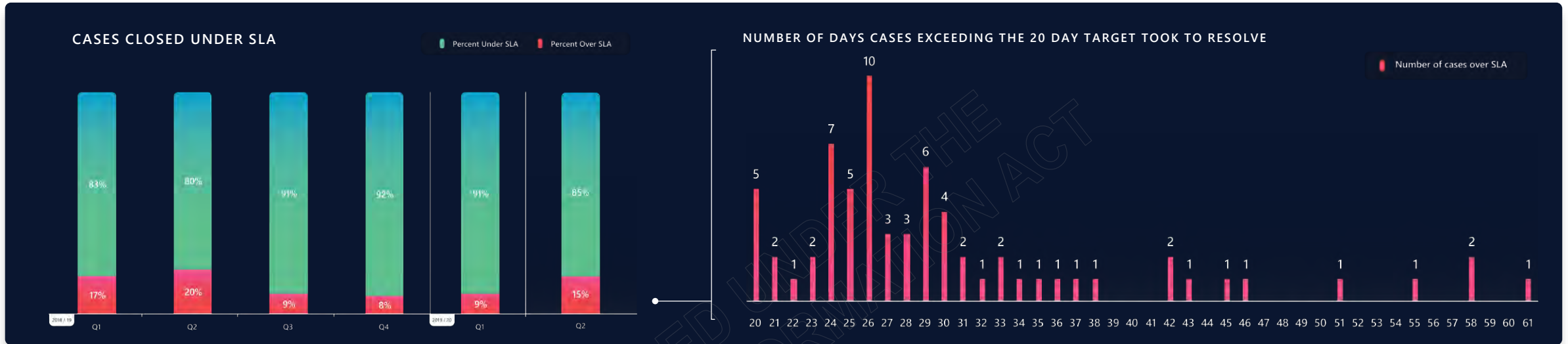
THERE IS SOME EVIDENCE THAT THEMES FOLLOW THE LIFECYCLE OF THE CLAIM, FOR EXAMPLE:

- Cover and weekly compensation feature earlier in the journey.
- Surgery issues feature in the medium term.
- The level of dispute related activity (ADR/Review/Appeal) increases over time.
- Customer service complaints are evident across the whole lifecycle, but appear to increase slightly with claim duration.

NEXT STEPS

- These indicative findings will be considered in greater detail as further data becomes available.

85% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

While the number of cases closed outside of the SLA has increased this quarter, calculation of the 20 day timeframe does not take into account public holidays and reduced staffing levels over the Christmas period.

21% of those cases exceeding the targeted 20 day timeframe were dealt with under the ACC Code of Claimants' Rights which is known to take longer than cases dealt with at the local level.

53% of cases exceeding 20 days resolution were complaints related to customer service (primarily delays in service, not feeling supported, or not feeling heard or listened to).

SPOTLIGHT ON LONGEST CASES TO RESOLVE

58 days to resolve: Complaint from Advocate regarding client not being happy with purposed occupational assessors by Third Party Administrators (TPA). Claim was going to review during the time the complaint was open. Advocate requested a Code investigation, this was delayed as the advocate was not responding to the Customer Resolutions team requests. Once review was resolved the Code investigation was completed.

58 days to resolve: Complaint originated due to client being unhappy with treatment from Case Manager and Team Manager. Original complaint issues were resolved, however the client kept bringing up new issues and questions. Large amount of communication between Case Manager, Team Manager, the client and Customer Resolutions team meant this complaint remained open.

61 days to resolve: Client questioning numerous issues and unhappy with service received by a number of ACC staff. The client requested a Code investigation, however did not provide confirmation of what is to be investigated. A follow up request was sent to confirm what is to be investigated, no response received to date.

ACTIONS TO ADDRESS

- Focus remains on ensuring timeliness of complaint investigations and closures. Quality checks and an over 20 day report are used by Customer Resolutions Team management to monitor performance, facilitating resolution of complaints as early as possible.

SATISFACTION WITH ACC'S RESPONSE TO COMPLAINTS RESOLUTION HAS IMPROVED

SATISFACTION WITH COMPLAINTS HANDLING

My complaint was acknowledged in a timely manner



I felt that I was treated with courtesy and respect



My complaint was addressed in a timely manner



ACC's complaints process was easy to use



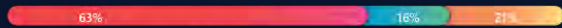
I was kept informed about what to expect and how long it might take



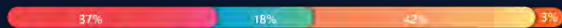
Decisions on my complaint were clearly explained and easy to understand



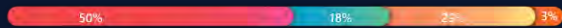
My concerns were resolved successfully



Staff were willing and able to help me



I felt that I was treated fairly



I felt my individual circumstances were taken into account



- Disagree
- Neither Agree / Disagree
- Agree
- Did Not Answer

*Based on 38 Responses in Quarter 2 2019/20

RELATIONSHIP BETWEEN COMPLAINT OUTCOME AND SATISFACTION WITH COMPLAINT HANDLING

	NOT IN FAVOUR	IN FAVOUR	KEY THEMES
Satisfied	-	9	100% of satisfied clients agreed with the statement that 'I was kept informed about what to expect next regarding what would happen and how long it might take'.
Neutral	1	5	100% of neutral clients agreed with the statement that 'I felt that I was treated with courtesy and respect by the ACC staff members handling my complaint'.
Dissatisfied	16	7	<p>IN FAVOUR : 71% of dissatisfied clients disagreed their individual circumstances were taken into account and they were treated fairly.</p> <p>NOT IN FAVOUR : 94% of dissatisfied clients disagreed with the statement 'My concerns were resolved successfully'.</p>

COMPARISON TO PREVIOUS QUARTER

There have been some significant improvements in how clients perceive the complaints handling process in Quarter 2. Notable improvements include a number of aspects of complaint handling where satisfaction has more than doubled. These aspects include:

- Staff were willing and able to help
- The complaints process was easy to use
- Clients were kept informed about what to expect and how long the process might take
- Decisions on complaints were clearly explained and easy to understand.

NOTE: These findings are consistent with results from a recent module of questions asked in the Quarterly Managed Client Survey. Of the clients who raised an issue or concern with ACC, only 40% were satisfied with the response they got.

ACTIONS TO ADDRESS

- Over the last quarter we have engaged with global research companies Forrester and Gartner to understand whether an outcome not in favour of the customer has an impact on how they perceive their experience with the complaint resolution process, and whether ACC's experience aligns with international experience. Research indicates that clients often do not separate their satisfaction with a single transaction from the cumulative satisfaction they experience across multiple interactions with a company.
- So while it may take some clients a number of positive interactions with ACC to improve their satisfaction rating, we are continuing to look for service/process improvements to the complaints process. We have started to conduct interviews with clients who have been through the complaints process, starting with those where the outcome was in their favour, but they indicated they were dissatisfied with the complaint resolutions process. Early indications from these interviews are in line with the research findings, however we have identified some service improvements such as ensuring any apologies come from the immediate team/area that the client has complained about. These recommendations are being fed back to the Customer Resolutions team.

EARLY RESULTS FROM CLIENT CHECK-IN TRIAL ARE POSITIVE

(Caution in analysing these numbers given the small sample size to date)

CLIENT PERCEPTION OF ACC'S PROACTIVE CONTACT



FEEDBACK FROM TEAM MANAGERS PARTICIPATING IN THE CHECK-IN TRIAL

"This client reported that she has been 'very stressed' and has found the LOPE (Loss of Potential Earnings) process 'hard' ... She expressed gratitude for the additional unexpected contact. It made me feel good too."

"The client was incredibly pleased with ACC reaching out and it was in fact, very timely as the client had multiple questions and concerns. They felt more valued as an individual following the call."

"In this instance [it] was simple as everything was managed well by the case owner. Client felt good about the follow up and check-in which also feels good."

IMPACT ACC'S PROACTIVE CONTACT HAS HAD ON RESOLVING POTENTIAL SERVICE FAILINGS

16 of the 43 clients contacted were confirmed to have issues or concerns with their current claim.

Of the 16 clients with issues or concerns, 13 have now either had their issues resolved or work is continuing toward resolution. 3 issues were identified as being unresolvable by the Team Manager, for example relating to decline decisions awaiting review.

Of the 24 clients who indicated there were no immediate issues, 13 felt positive about being proactively contacted.

NEXT STEPS

- Refinements to the model have been made to ensure we are identifying the right clients to contact.
- Ongoing support is being provided to the participating Team Leaders, understanding this is a new approach in the way we interact with clients.
- The impact on the frontline workload is being actively monitored and numbers kept low at this point to minimise impact during the trial.

OFFICIAL INFORMATION RELEASED UNDER THE ACCESS TO INFORMATION ACT



CUSTOMER DISSATISFACTION AND COMPLAINTS

Quarterly Report

QUARTER THREE 2019/20

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volumes of complaints and issues

05

Severity of complaints and issues

06

Satisfaction levels for Next Generation Case Management (NGCM) clients

07

Drivers of complaints

08

Timeframes to address complaints cases

09

Customer satisfaction of complaints handling

10

Results from analytical model trialled to trigger service recovery

RELEASED UNDER THE OFFICIAL INFORMATION ACT

EXECUTIVE SUMMARY

Complaints performance remains stable

- The volume of complaints received have remained consistent with Quarter 2 (Q2).
- The ratio of complaints to active entitlement claims is also consistent with previous quarters, 4 complaints per 1,000 claims received in Quarter 3.
- NGCM continues to record a lower complaint ratio compared to the overall ratio, with 1.3 complaints per 1,000 claims.
- No severity three cases and a lower number of severity two cases were received this quarter.
- Of the 9 severity two cases received this quarter, over half were complaints related to weekly compensation (delays in payment, rate and cessation/declines).
- 92% of complaints cases were resolved within the 20-day target, an improvement from 85% in Q2.
- In line with global research, low satisfaction results with the complaints handling process continue to show that where the outcome has not gone in the client's favour, it impacts their perception of the resolutions process and they tend not to differentiate their view of the process with their overall ACC experience.

Complaints continue to be driven by the same factors

- The top 3 reasons that clients complain continue to be driven by:
 - 1) Customer Service: being kept informed, delays in service and the relationship with a Case Manager.
 - 2) Weekly Compensation: delays in receiving payment, suspended payments and decline decisions.
 - 3) Other Entitlements: treatment, social rehabilitation and travel.
- Actions to the key themes above are contained in the report.

A focus on key complaint themes and root cause analysis

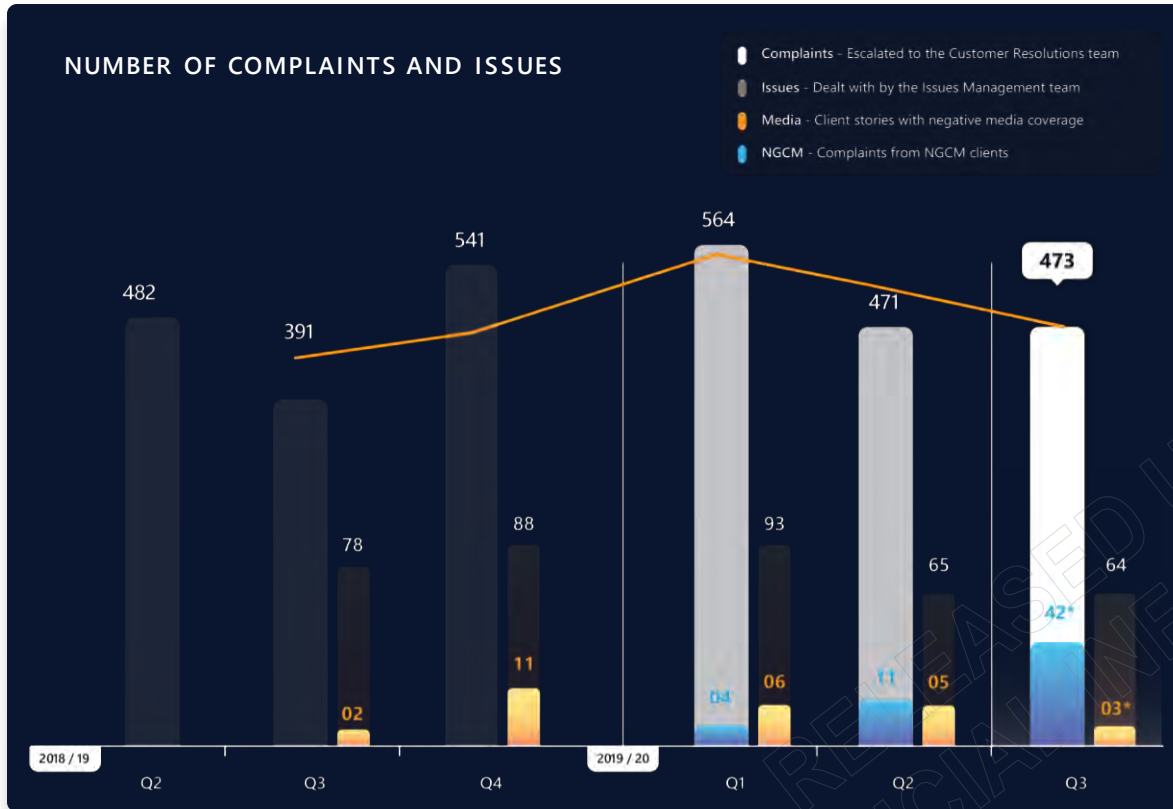
- ACC's Performance team is now regularly conducting root cause analysis on key themes identified through the complaints data.
- The insights from the root cause analysis are developed into learning guides for the frontline.
- Learning guides are being incorporated into the relevant frontline operating practices.

Use of Analytics model is successfully detecting opportunities for service improvement

- The trial within 11 branches and 2 specialist units to use an analytical model to regularly monitor client services and trigger early alerts that prompt ACC to proactively intervene and recover the service experience has shown positive results.
- Analysis of the results has validated the accuracy of the model and confirms ACC's proactive contact is enabling client issues or concerns to be resolved prior to any formal escalation.
- Qualitative feedback also confirms the positive impact of the trial with both ACC Team Leaders and customers expressing this way of working helped clients feel valued and it was also rewarding for ACC staff.
- Investigation is underway to develop a scaled version of the model which can be permanently operationalised within Client Service Delivery teams.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

THE RATIO OF COMPLAINTS TO ACTIVE ENTITLEMENT CLAIMS IN QUARTER 3 REMAINS STABLE



KEY ANALYSIS FINDINGS

0.4%

The ratio of complaints has remained stable this quarter. We continue to see the trend of 4-5 complaints per 1,000 claims from across the last 5 quarters.

***42**

out of the 473 complaints in Q3 were from NGCM clients. This is an increase from Q2 where just 11 complaints were received, however the rise reflects the significant increase of clients being managed in Q3 with the rollout of Tranche 2, compared to previous quarters. In addition, with existing claims being transferred into NGCM during the quarter, it is possible that some of the complaints relate to client experiences which pre-date their transfer into NGCM.

0.13%

The ratio of complaints received by NGCM clients to active entitlement claims continues to be lower than the ratio for all clients (1.3 complaints per 1,000 claims managed in NGCM compared to 4 complaints per 1,000 claims for all clients).

***03**

client stories were run by the media in Quarter 3.

27%

there continues to be a number of repeat complainants, with 27% of the complainants in Quarter 3 having had a previous complaint.

58

complaints were submitted by sensitive claim clients. This is a slight increase from Q2 (46 complaints) and Q1 (43 complaints).

RATIO OF COMPLAINTS TO TOTAL ACTIVE ENTITLEMENT CLAIMS

Number of Complaints

Number of Active Entitlement Claims

Ratio of Complaints to Total Active Entitlement Claims

Q3 2019/20 **473** 0.2% ▲
From Q2

105k 1.65% ▲
From Q2

0.4%
4 complaints per 1000 claims

Q2 2019/20 **471**

107k

0.4%
4 complaints per 1000 claims

ACTIONS TO ADDRESS

- Q3 saw the rollout of Tranche 2 of NGCM. As further Tranches rollout, more clients will experience the benefits of ACC's new way of working where workforce management, quality and performance, knowledge and capability are key focus areas to drive improved customer experience.
- Client Service Delivery continues to focus on supporting the rising number of clients who have a sensitive claim to ensure they receive the assistance they need. As part of the roll out of NGCM, not only will the number of frontline staff available to work one-on-one with survivors increase significantly (in Partnered Recovery teams), there are also dedicated teams being set up in Assisted Recovery and Client Administration. The capacity and capability of all these teams will increase as we roll out our Tranches and build over time. We have now finished roll out of Tranche 2 and are planning to complete our roll out by the end of September 2020.
- Daily customer feedback (via "Heartbeat") continues to be fed back to frontline staff operating under the NGCM model. Feedback is also forming an integral part of regular coaching conversations aimed at providing an improved customer experience via frontline continuous improvement.

THE SEVERITY OF COMPLAINTS AND ISSUES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q3 2019/20 Complaints & Issues	398	75	9*	0
Q2 2019/20 Complaints & Issues	375	84	14	0

*CUSTOMER IMPACT THEMES

When looking at the impact on the customer of their complaint, the largest impact is financial hardship, however mental stress, suicidal impacts and privacy are also prominent themes.

	FINANCIAL HARDSHIP	MENTAL STRESS	SUICIDAL	PRIVACY
	67%	44%	44%	11%

NOTE: Cases may have more than one impact theme.

Refer to page 11 for severity definitions

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

56% of the severity two complaints are related to weekly compensation (delays in payment, rate and cessation/declines).

33% of the severity two complaints are concerns related to customer service such as delays in service, not being kept informed, and not feeling supported.

11% of the severity two complaints are related to privacy and disclosure breaches.

SEVERITY ONE

52% of severity one complaints relate to customer service, followed by weekly compensation (24%) and entitlements (12%).

SEVERITY ZERO

83% of the 398 severity zero complaints were assessed as no fault on ACC's behalf and no significant client impact. 12 of the 398 complaints are unresolved, ongoing or opened in user error. The remaining 14% were assessed as no fault on ACC's behalf but there was an impact on the customer (impacts such as hardship, health and safety). Primary themes relate to customer service (38%), weekly compensation (22%) and entitlements (17%).

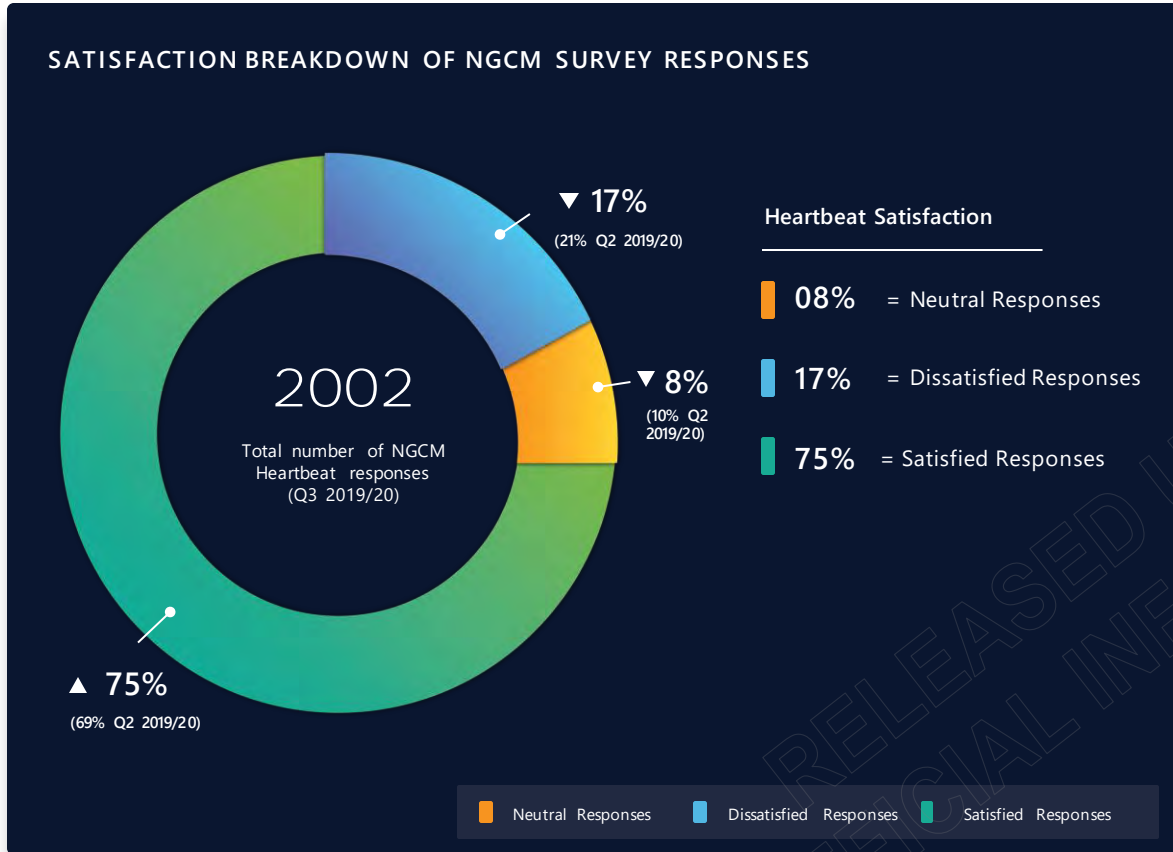
ACTIONS TO ADDRESS

- The Media team continues to proactively engage with journalists to correct inaccuracies or provide contextual information about planned client stories, issues, services or the Scheme. External Engagement also takes complaints and requests for information via social media channels, provides information on services, corrects inaccuracies and re-routes complaints to the appropriate teams.
- Cases escalated through the issues management process that pose reputational risk are circulated weekly to ensure proactive oversight and intervention, where appropriate.

NOTE

The Dossier contains 3 cases from the previous quarter. When reporting was prepared for Quarter 2, 24 complaint cases were still open with the Customer Resolutions team. These cases have been reviewed within this quarter, as they have now been closed. Of the 24 cases, 3 were rated Severity Two. These 3 cases are noted in this quarter's Dossier.

NGCM CONTINUES TO DELIVER HIGH CUSTOMER SATISFACTION RESULTS



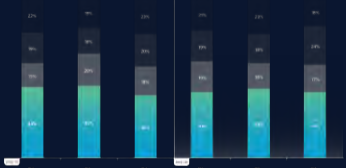

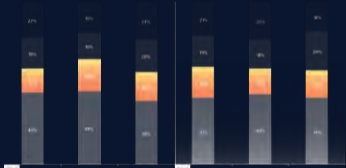
EARLY LEARNINGS FROM QUARTER 2 2019/20 HEARTBEAT SURVEY OF KEY INTERACTION MOMENTS WITHIN NGCM

- 75%** of the 2002 Heartbeat responses indicate strong satisfaction in Quarter 3. Satisfaction has increased from the previous quarter (69%)
- 54%** of customers mentioned staff attitude (helpfulness, friendliness, knowledgeability etc.) when asked what they liked. Similarly staff attitude was the main driver of dissatisfaction, with 31% of customers indicating this is what needs improving.
- 421** cases were opened in Heartbeat in Quarter 3 to actively respond and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation.
- 1.46** days was the average time taken to resolve customer queries/concerns raised through Heartbeat, reflecting the high importance the frontline is placing on reviewing and responding to customer feedback.
- 293** frontline staff have been specifically acknowledged by clients as providing high quality service in their feedback since September 2019. Each of these staff members have received a thank you card or an email from a member of the Executive team to acknowledge their efforts.

ACTIONS TO ADDRESS

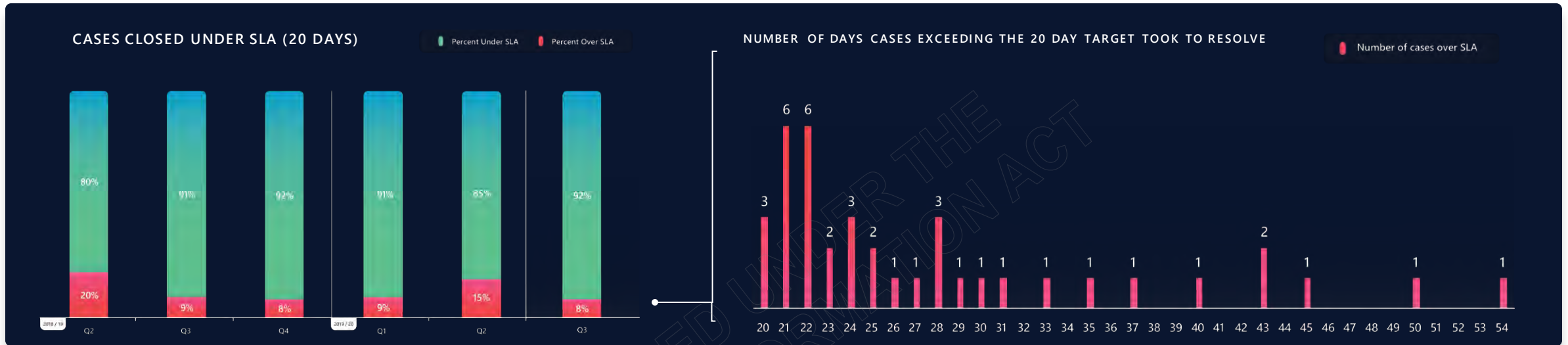
- Daily monitoring of feedback creates accountability and a culture where addressing the early signs of dissatisfaction is part of ACC's operating rhythm. This both addresses issues before they are escalated into complaints and provides a continuous focus on customer experience throughout the organisation.
- Rules are embedded within the Heartbeat platform which trigger cases to be generated for follow-up, for example any customer indicating dissatisfaction. These cases are automatically allocated to the staff member within NGCM who had the last interaction with the client. That person contacts the client and takes appropriate action prior to closing the case. This system ensures ACC takes early action at first sign of dissatisfaction prior to any formal escalation.
- NGCM leaders are using Heartbeat feedback within their coaching conversations and as part of daily operating rhythms.
- Weekly operating rhythms have been established where the Executive team send thank you cards or emails to those frontline staff members who have been specifically mentioned by clients in their feedback. This acknowledgement has generated a positive reaction from frontline staff who appreciate the recognition, reinforcing a customer centric culture within the organisation.

TOP 3 DRIVERS OF COMPLAINTS

DRIVERS OF COMPLAINTS	REASONS	LEARNINGS	ACTIONS
<p>#1 Customer Service 41% of all complaints</p> 	<p>31% Feeling unsupported</p> <p>13% Not kept informed</p> <p>12% Concerns with Case Manager attitude or breakdown in relationship</p>	<ul style="list-style-type: none"> ● Take the time to understand the personal circumstances of the client to ensure they feel trusted and respected. ● Provide proactive updates and visibility of claim status. ● Respond timely to client queries. ● Set expectations upfront and ensure they are realistic. ● Be transparent and open regarding claim status and entitlements. 	<ul style="list-style-type: none"> ● Application of the Customer Experience framework with the rollout of NGCM. ● Focus on side by side listening for coaching opportunities. ● Monitoring daily Heartbeat feedback and following up with clients expressing signs of dissatisfaction.
<p>#2 Weekly Compensation 24% of all complaints</p> 	<p>33% Delays in weekly compensation payment</p> <p>16% Decline decisions</p> <p>12% The rate of weekly compensation</p>	<ul style="list-style-type: none"> ● Clearer communication and expectation setting when considering suspension due to non-compliance. ● Clearer communication regarding delays for weekly compensation and alternative options for assistance. ● Regular check-ins with clients while requests are being considered. ● Timely follow-ups of requested information. 	<ul style="list-style-type: none"> ● Phase 2 of the Client Payment Improvement project completed. ● All weekly compensation setups now managed by a dedicated payments team, driving greater consistency and timeliness of payments. ● Continued focus by leaders on building capability to cross skill team members to undertake complex cases.
<p>#3 Entitlements 17% of all complaints</p> 	<p>27% Treatment entitlements declined or suspended</p> <p>21% Social rehab decline decisions, communication and disputes over level of assistance provided</p> <p>18% Independence allowance/lump sum payments</p>	<ul style="list-style-type: none"> ● Clearer communication regarding delayed requests for compensation, process and alternative options for assistance. ● Regular check-ins with clients while requests are being considered. ● Timely follow-ups of requested information. 	<ul style="list-style-type: none"> ● Centralised clinical and technical support groups to advise case owners in a consistent manner so clients receive consistent, timely and accurate decisions.

OFFICIAL INFORMATION ACT
RELEASED UNDER THE ACT

92% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

There has been an improvement in the number of cases closed within SLA this quarter, with 92% of cases closed within 20 days compared to 85% in Q2. The longest resolution duration this quarter was 54 days – this compares to 61 days last quarter.

20% of those cases exceeding the targeted 20-day timeframe were dealt with under the ACC Code of Claimants' Rights which is known to take longer than cases dealt with at the local level.

46% of cases exceeding 20 days resolution were complaints related to customer service (primarily delays in service, not feeling supported, or not feeling heard or listened to).

SPOTLIGHT ON LONGEST CASES TO RESOLVE

45 days to resolve: The client requested a Code investigation alongside Review process. Legal contacted for additional support with Code investigation. Results of investigation showed no breaches found.

50 days to resolve: A near breach of privacy as the client's email address was validated a few years ago by the client and not updated. The client's email address was a work email address however the client has since left that job. ACC sent an email to this address which was re-routed to another team member at the client's previous job via automated routing the employer had in place. Privacy contacted to help with the response.

54 days to resolve: The client was unhappy with payments being made to Work and Income New Zealand without permission. Legal and Technical Support were contacted for response assistance. Thorough response from ACC on legal reasoning for this action.

ACTIONS TO ADDRESS

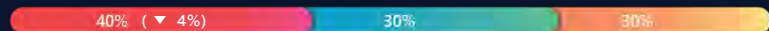
- Focus remains on ensuring timeliness of complaint investigations and closures. Quality checks and an over 20-day report are used by the Customer Resolutions Team management to monitor performance, facilitating resolution of complaints as early as possible.

SATISFACTION WITH ACC'S RESPONSE TO COMPLAINTS RESOLUTION

COMPARISON OF COMPLAINTS HANDLING AGAINST QUARTER 2

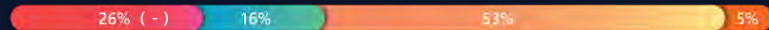
IMPROVED

ACC's complaints process was easy to use



STABLE

My complaint was acknowledged in a timely manner



DECLINED

My concerns were resolved successfully



I felt my individual circumstances were taken into account



I felt that I was treated fairly



I was kept informed about what to expect and how long it might take



Decisions on my complaint were clearly explained and easy to understand



Staff were willing and able to help me



My complaint was addressed in a timely manner



I felt that I was treated with courtesy and respect



- Disagree
- Neither Agree/Disagree
- Agree
- Did Not Answer

*Based on 43 Responses in Quarter 3 2019/20

RELATIONSHIP BETWEEN COMPLAINT OUTCOME AND SATISFACTION WITH COMPLAINT HANDLING

	NOT IN FAVOUR	IN FAVOUR	KEY THEMES
Satisfied	-	6	100% Agree with the statement 'I felt that I was treated with courtesy and respect by the ACC staff members handling my complaint,' 'I was kept informed about what to expect next regarding what would happen and how long it might take,' 'Staff were willing and able to help me' and 'My complaint was acknowledged in a timely manner.'
Neutral	2	4	100% Agree with the statement 'I felt that I was treated with courtesy and respect by the ACC staff members handling my complaint.'
Dissatisfied	21	10	<p>IN FAVOUR : 86% Disagree with the statement 'My concerns were resolved successfully,' and 'ACC's complaints process was easy to use.'</p> <p>NOT IN FAVOUR : 94% Disagree with the statement 'My concerns were resolved successfully.'</p>

ACTIONS TO ADDRESS

- In line with global research and analysis of the verbatim included in the survey responses, the low satisfaction results reflect that where the outcome has not gone in the client's favour, in some cases it influences their perception of the resolutions process and they may not differentiate their view of the process with their overall ACC experience.
- However, there are consistent learnings from the overall complaints data and the resolution survey results which confirm the importance of all ACC frontline staff keeping clients informed, setting clear expectations, regular communication especially when there are delays and following through with actions ACC had committed to.
- These service improvement opportunities are being shared with leaders of the frontline for continuous improvement.

SUCCESSFUL TRIAL OF ANALYTICAL PROMPTS TO TRIGGER SERVICE RECOVERY

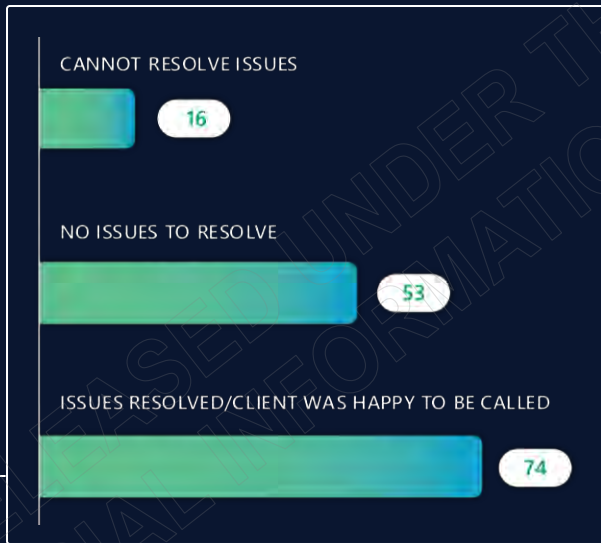
The trial within 11 branches and 2 specialist units to use an analytical model to regularly monitor client services and trigger early alerts that prompt ACC to proactively intervene and recover the service experience has shown positive results.

ACTIVITY LEVELS

368 Total number of cases generated



OUTCOMES WHEN CALLS WERE MADE



EXAMPLES OF POSITIVE OUTCOMES FROM CHECKING IN WITH CLIENTS:

"The client mentioned that the timing of my contact was perfect and stopped her from additional stress."

"The client was thankful and appreciated our call. Just to be heard and know that we took the time to make contact made the client feel valued."

"The client was close to escalating due to his payments but [the check-in] has allowed us to get earlier clarification for the client and provide training for the case owner on where to go."

KEY FINDINGS FROM THE TRIAL SO FAR

- The model has proven high accuracy levels in detecting clients who pose a high likelihood of experiencing issues that require support.
- Proactive contact with clients to address and resolve issues early has been effective, with a reduction in complaints achieved.
- There was some variation between participating Team Managers in terms of their comfort with contacting clients, reflected in lower than expected activity levels.
- When contact is made, outcomes are overwhelmingly positive. Targeted, proactive communication with clients who may be experiencing difficulties is worth pursuing.

NEXT STEPS

- Further analysis of the trial activities, outcomes and learnings.
- Investigation to develop a scaled version of the model that can be permanently operationalised within Client Service Delivery teams.

SEVERITY DEFINITIONS

● SEVERITY ZERO

ACC not at fault for not providing support nor was there a significant service failing or scheme breach or a one-off legal or operational policy breach.

● SEVERITY ONE

ACC at fault for not providing the support a customer should have received and/or a significant service failing or scheme breach or a one-off legal or operational policy breach.

● SEVERITY TWO

ACC at fault (as per Severity One definition) and the impact of not providing support, committing a serious service failing, or scheme breach, has put the customer(s) privacy, health and safety at risk, and/or causing material hardship.

● SEVERITY THREE

ACC at fault (as per Severity One definition) and there has been a significant impact on the customer (as per Severity Two definition) and ACC's inadequate response is systemically legally non-compliant, and/or has put the organisation's reputation, public trust and confidence at risk.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



CUSTOMER DISSATISFACTION AND COMPLAINTS

Quarterly Report

QUARTER FOUR 2019/20

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volumes of complaints and issues

05

NEW

Impact of COVID-19
on complaints

06

Severity of complaints and issues

07

Satisfaction levels for Next Generation
Case Management (NGCM) clients

08

Drivers of complaints

09

Timeframes to address
complaints cases

10

NEW

Ratio of complaints over time

11

NEW

FY 2019/20 complaints –
year in review

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

EXECUTIVE SUMMARY

Complaints performance remains stable

- There was a reduction in the volume of complaints received in Quarter 4 which was in line with the reduction in active claims for the quarter.
- The ratio of complaints to active entitlement claims remained consistent with previous Quarters, 4 complaints per 1,000 claims received in Quarter 4.
- NGCM continues to record a lower complaint ratio compared to the overall ratio, with 1.3 complaints per 1,000 claims.
- ACC provided strong levels of service during COVID-19 with high satisfaction levels recorded and only 21 complaints received which were a result of, or exacerbated by, COVID-19.
- No severity three cases and a lower number of severity two cases were received this quarter.
- Of the 5 severity two cases received this Quarter, most related to concerns with weekly compensation (delays in payment, rate and cessation/declines) and customer service (delays in service and not being kept informed).
- 91% of complaints cases were resolved within the 20-day target, consistent with performance levels in previous quarters.
- As a result of COVID-19, surveying of complainants to understand their satisfaction of the complaints handling process ceased during lockdown so there are no results to report this Quarter.

Complaints continue to be driven by the same factors

- The top 3 reasons that clients complain continue to be driven by:
 - 1) Customer Service: feeling unsupported, concerns with Case Manager attitude or a breakdown in the relationship and being kept informed.
 - 2) Weekly Compensation: the rate of weekly compensation, delays in receiving payment, and suspended payments.
 - 3) Other Entitlements: treatment, independence allowance/lump sum payments and social rehabilitation declines/disputes.
- Actions to the key themes above are contained in the report.

A focus on key complaint themes and root cause analysis

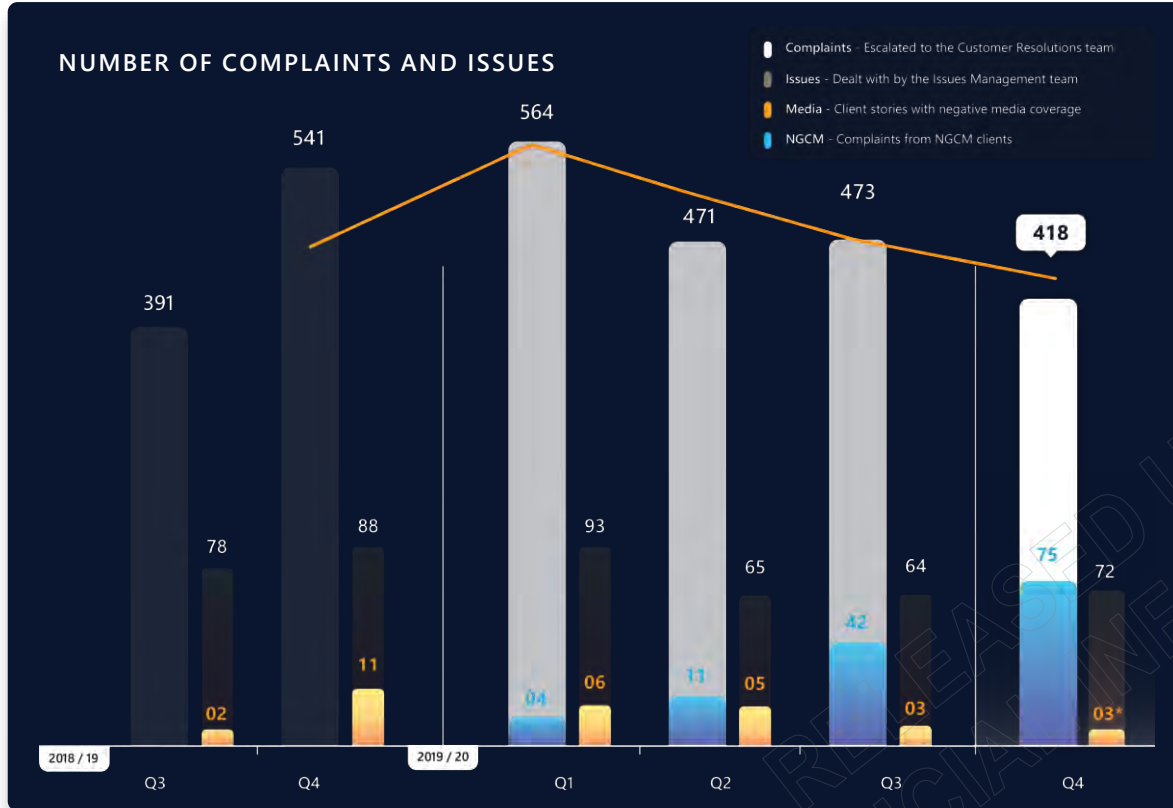
- ACC's Performance team is now regularly conducting root cause analysis on key themes identified through the complaints data.
- The insights from the root cause analysis are developed into learning guides for the frontline.
- Learning guides are being incorporated into the relevant frontline operating practices.

The likelihood of complaints occurring increases over time

- After 12 months from claim lodgement the likelihood of a client complaining increases significantly.
- Whilst the average ratio of complaints to active entitlement claims is 4 complaints per 1,000 claims in FY 2019/20, this increases to between 8-14 complaints per 1,000 claims after 12 months.
- Complaints relating to customer service are consistently the primary cause of complaints regardless of length of time on the scheme.
- Complaints relating to weekly compensation and cover decisions occur more frequently within the first year (particularly the first 3 months) of a claim.
- Complaints relating to entitlements increase significantly the longer the client is on the scheme, particularly after 5 years.

A Summary of the 2019/20 financial year including the volumes of complaints received, the key drivers, ACC's performance and actions being taken to improve services is included on Slide 11 of the report.

THE DECREASE IN ACTIVE CLAIMS IN QUARTER 4 HAD A CORRESPONDING DECREASE IN THE NUMBER OF COMPLAINTS



RATIO OF COMPLAINTS TO TOTAL ACTIVE ENTITLEMENT CLAIMS

	Number of Complaints	Change From Q3	Number of Active Entitlement Claims	Change From Q3	Ratio of Complaints to Total Active Entitlement Claims
Q4 2019/20	418	11.6% ↓	91k	3.8% ↓	0.46% 4 complaints per 1000 claims
Q3 2019/20	473		105k		0.44% 4 complaints per 1000 claims

KEY ANALYSIS FINDINGS

0.46% The ratio of complaints remained stable this Quarter with 4 complaints per 1,000 clients, despite the fluctuation in active claim numbers. See slide 5 for further detail.

***75** out of the 418 complaints in Q4 were from NGCM clients. This is an increase from Q3 where 42 complaints were received but reflects the significant increase of clients being managed in Q4 with the rollout of Tranche 3.

0.13% The ratio of complaints received by NGCM clients to active entitlement claims continues to be lower than the ratio for all clients (1.3 complaints per 1,000 claims managed in NGCM compared to 4 complaints per 1,000 claims for all clients).

21 of the 418 complaints were issues impacted or exacerbated by COVID-19. See slide 5 for further detail.

***03** client stories were run by the media in Quarter 4.

32% There continues to be a number of repeat complainants, with 32% of the complainants in Quarter 4 having had a previous complaint.

ACTIONS TO ADDRESS

- Q4 saw the roll out completion of Tranche 3 of NGCM. As further Tranches rollout, more clients will experience the benefits of ACC's new way of working where workforce management, quality and performance, knowledge and capability are key focus areas to drive improved customer experience.
- Client Service Delivery continues to focus on supporting the rising number of clients who have a sensitive claim to ensure they receive the assistance they need. As part of the roll out of NGCM, not only will the number of frontline staff available to work one-on-one with survivors increase significantly (in Partnered Recovery teams), there are also dedicated teams being set up in Assisted Recovery and Client Administration. The capacity and capability of all these teams will increase as we roll out our Tranches and build over time. We have now finished roll out of Tranche 2 and 3 and are planning to complete our roll out by the end of September 2020.
- Daily customer feedback (via "Heartbeat") continues to be fed back to frontline staff operating under the NGCM model. Feedback is also forming an integral part of regular coaching conversations aimed at providing an improved customer experience via frontline continuous improvement.

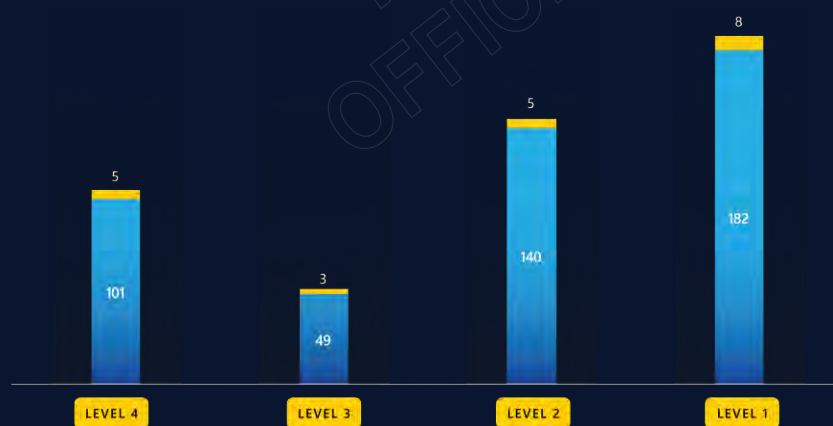
IMPACT OF COVID-19 ON COMPLAINTS

COMPLAINTS BY WEEK - COMPARED TO ACTIVE CLAIMS



COMPLAINTS IMPACTED BY COVID-19 THROUGHOUT ALERT LEVELS

■ COVID RELATED
■ NOT COVID RELATED



COMPLAINT VOLUMES MIRRORED ACTIVE CLAIM VOLUMES

- When lockdown started there was a decrease in the number of active claims, and a corresponding decrease in complaints.
- As restrictions were lifted, both the number of complaints and the number of active claims increased, approaching pre-COVID-19 levels.

SERVICE LEVELS REMAINED STRONG DURING LOCKDOWN

Research NZ's analysis on whether COVID-19 had a positive or negative impact on the service ACC provided to clients showed:

- 82%** of clients surveyed felt there was no impact or a positive impact, with clients indicating they were kept informed and felt ACC were there for them.
- 13%** of clients surveyed felt there was a negative impact however half of these related to issues outside of ACC's control e.g., wait times for treatment and referrals. Service issues related to ACC mainly focused on the level of communication ACC provided.

5% OF COMPLAINTS WERE AS A RESULT OF, OR EXACERBATED BY, COVID-19

21 out of the 418 complaints received in Q4 were in some way related to COVID-19.

- The key drivers of these complaints included concerns with:
 - Weekly compensation including; communication & calculation delays, and employees of Accredited Employers wanting calculations by Third Party Administrators to be based upon pre-COVID-19 (full income) earnings.
 - Delays in receiving equipment from providers.
 - Extensions put in place relating to the 3-month review process.
- One complaint was identified as a Severity 2, where the primary issue was existing backdated weekly compensation calculation delays further exacerbated by COVID-19 due to staff availability and slower processing in lockdown. Code breaches were identified that highlighted poor communication at times during the backdated weekly compensation process and there was a financial impact on the client.

THE SEVERITY OF COMPLAINTS AND ISSUES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q4 2019/20 Complaints & Issues	355	66	05*	0
Q3 2019/20 Complaints & Issues	398	75	09	0

* SEVERITY TWO CUSTOMER IMPACT THEMES

When looking at the impact on the customer of their complaint, the largest impact is financial hardship, however suicidal impacts, mental stress and privacy are also prominent themes.

	FINANCIAL HARDSHIP	SUICIDAL	MENTAL STRESS	PRIVACY
	03	02	01	01

NOTE: Cases may have more than one impact theme.

SEVERITY DEFINITIONS

SEVERITY ZERO

ACC not at fault

SEVERITY ONE

ACC at fault but no impact

SEVERITY TWO

ACC at fault and impact

SEVERITY THREE

ACC at fault, impact and inadequate response

NOTE: See full severity definitions within the Dossier.

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

02

of the severity two complaints are related to weekly compensation (delays in payment, rate and cessation/declines) with one of those impacted by COVID-19 (see slide 5 for further detail).

02

of the severity two complaints are concerns related to customer service such as delays in service, not being kept informed, and not feeling supported.

01

of the severity two complaints relates to privacy and missing information from documents submitted for a review.

SEVERITY ONE

62%

of severity one complaints relate to customer service, followed by weekly compensation (15%), entitlements (8%) and privacy (8%).

SEVERITY ZERO

355

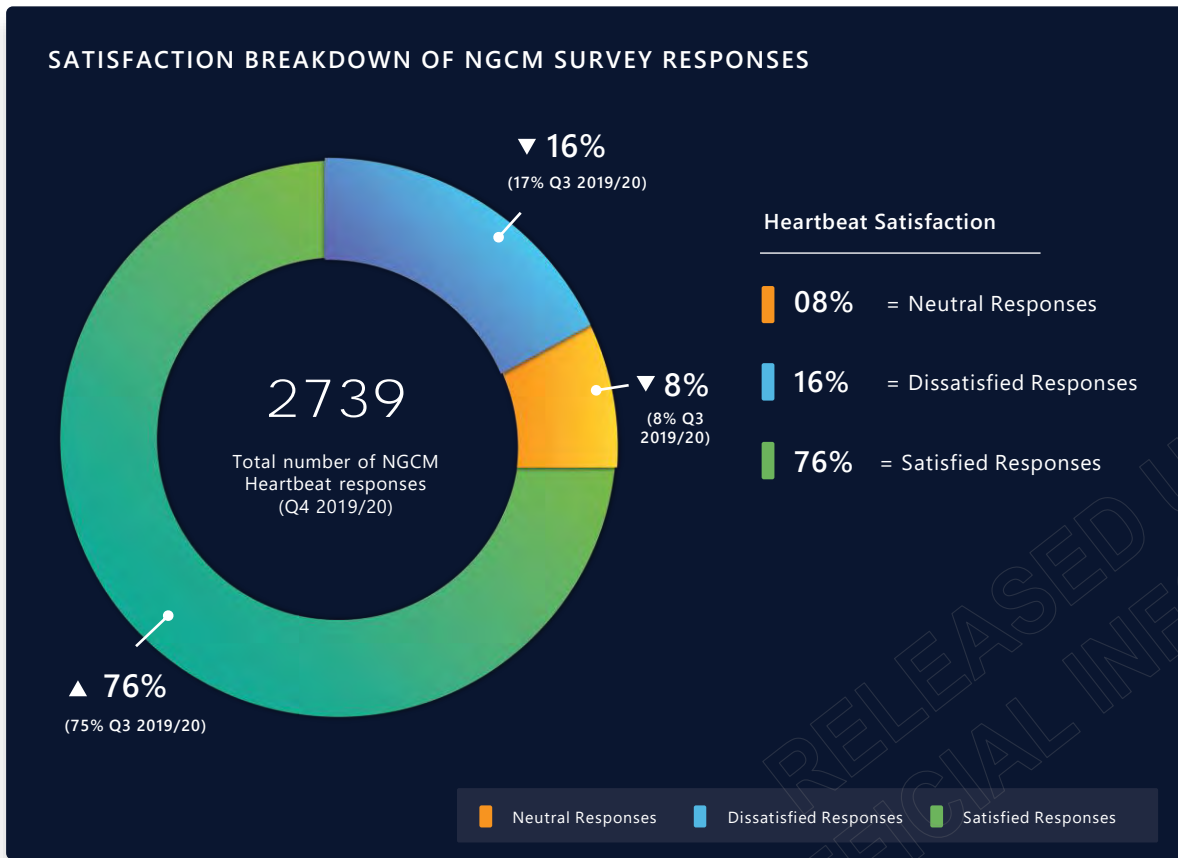
complaints were assessed as a severity zero where there was no fault on ACC's behalf. Primary themes related to customer service (43%), entitlements (17%) and weekly compensation (16%). Of the 355 complaints, whilst there was no fault on ACC's behalf, 9% did have an impact on the customer (impacts such as hardship, health and safety).

NOTE: 23 of the 355 complaints are unresolved, ongoing or opened in user error.

ACTIONS TO ADDRESS

- The Media team continues to proactively engage with journalists to correct inaccuracies or provide contextual information about planned client stories, issues, services or the Scheme. External Engagement also takes complaints and requests for information via social media channels, provides information on services, corrects inaccuracies and re-routes complaints to the appropriate teams.
- Cases escalated through the issues management process that pose reputational risk are circulated weekly to ensure proactive oversight and intervention, where appropriate.

NGCM CONTINUES TO DELIVER HIGH CUSTOMER SATISFACTION RESULTS VIA HEARTBEAT



LEARNINGS FROM QUARTER 4 2019/20 HEARTBEAT SURVEY OF KEY INTERACTION MOMENTS WITHIN NGCM

- 76%** of the 2739 Heartbeat responses indicate strong satisfaction in Quarter 4. Satisfaction has increased from the previous quarter (75%).
- 52%** of customers mentioned staff attitude (helpfulness, friendliness, knowledgeability etc.) when asked what they liked. Similarly staff attitude was the main driver of dissatisfaction, with 29% of customers indicating this is what needs improving.
- 428** cases were opened in Heartbeat in Quarter 3 to actively respond and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation.
- 1.42** days was the average time taken to resolve customer queries/concerns raised through Heartbeat, reflecting the high importance the frontline is placing on reviewing and responding to customer feedback.
- 254** frontline staff (which includes Customer Contact Centre in addition to NGCM staff) have been specifically acknowledged by clients as providing high quality service in their feedback between April – June 2020. Each of these staff members have received a thank you card or an email from a member of the Executive team to acknowledge their efforts.

ACTIONS TO ADDRESS

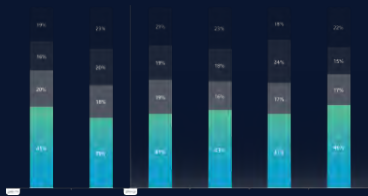
- Heartbeat continues to monitor feedback daily to create accountability. Rules embedded trigger cases to be generated for action by staff member who had the last interaction with the client, ensuring ACC takes early action on first sign of dissatisfaction prior to any formal escalation.
- During levels 3 and 4 of the COVID-19 response, automatic case generation was turned off and there was manual triaging of cases to the frontline to ensure priority cases were actioned in the first instance.
- Work continues to grow the Heartbeat NGCM survey to further understand our customer journey and receive real-time feedback. Two new key interaction moments are being investigated for implementation during Q1 2020/21.
- A patient reported outcome measure is being trialled within the 'Recovery Check In' key interaction moment ensuring that when a client indicates that their rehabilitation is off track we proactively intervene.

TOP 3 DRIVERS OF COMPLAINTS

DRIVERS OF COMPLAINTS

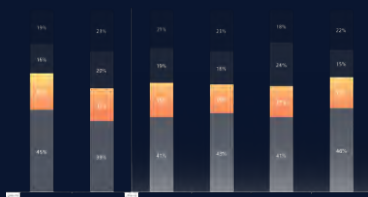
#1 Customer Service

46% of all complaints



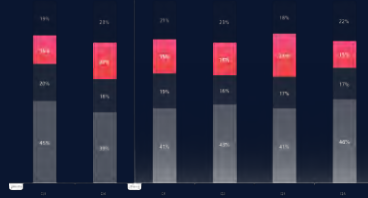
#2 Entitlements

17% of all complaints



#3 Weekly Compensation

15% of all complaints



REASONS

- 36% Feeling unsupported
- 17% Concerns with Case Manager attitude or breakdown in relationship
- 13% Not kept informed

- 27% Treatment entitlements declined or suspended
- 25% Independence allowance/lump sum payments
- 14% Social rehab decline decisions, communication and disputes over level of assistance provided

- 27% The rate of weekly compensation
- 23% Delays in weekly compensation payment
- 11% weekly compensation being suspended

LEARNINGS

- Keep clients informed of where we are in the process of their claim management.
- Set expectations upfront, what the impact may be and ensure they are realistic.
- Follow up with clients when we have agreed to follow up.
- Be proactive in following up information if we are awaiting information from other providers or other external organisations.
- Take the time to understand the personal circumstances of the client to ensure they feel trusted and respected.

- Clearer communication and expectation setting when considering suspension due to non-compliance.
- Clearer communication regarding delays for weekly compensation and alternative options for assistance.
- Regular check-ins with clients while requests are being considered.
- Timely follow-ups of requested information.

- Clearer communication regarding delayed requests for compensation, process and alternative options for assistance.
- Regular check-ins with clients while requests are being considered.
- Timely follow-ups of requested information.

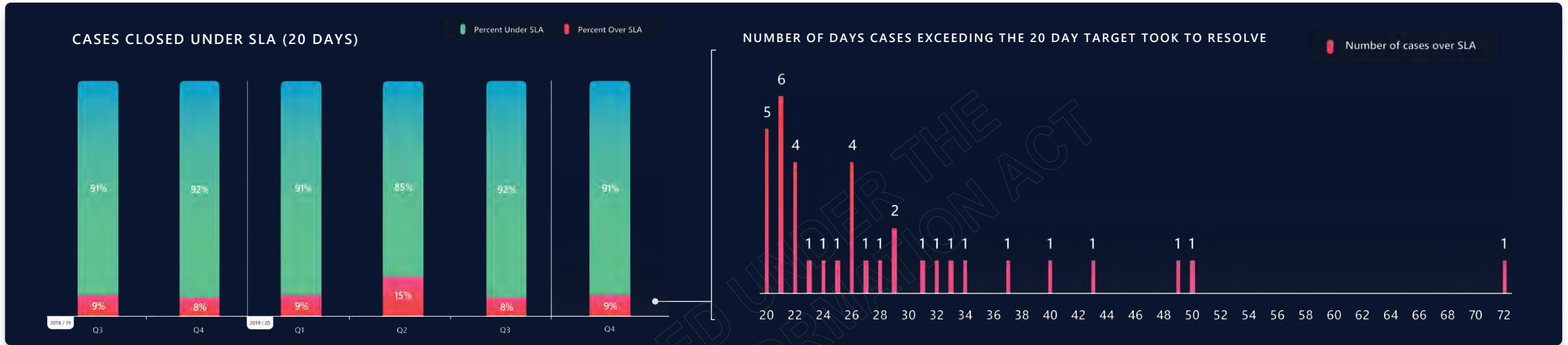
ACTIONS

- Application of the Customer Experience framework with the rollout of NGCM.
- Focus on side by side listening for coaching opportunities.
- Monitoring daily Heartbeat feedback and following up with clients expressing signs of dissatisfaction.

- Phase 2 of the Client Payment Improvement project completed.
- All weekly compensation setups now managed by a dedicated payments team, driving greater consistency and timeliness of payments.
- Continued focus by leaders on building capability to cross skill team members to undertake complex cases.

- Centralised clinical and technical support groups to advise case owners in a consistent manner so clients receive consistent, timely and accurate decisions.

91% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

Consistent performance of complaint resolution in Quarter 4 compared to previous Quarters with 91% of cases closed within 20 days. The longest resolution duration this Quarter was 72 days – this compares to 54 days in Quarter 3.

13% of those cases exceeding the targeted 20-day timeframe were dealt with under the ACC Code of Claimants’ Rights which is known to take longer than cases dealt with at the local level.

50% of cases exceeding 20 days resolution were complaints related to customer service (primarily not feeling supported and case owner attitude).

ACTIONS TO ADDRESS

- Focus remains on ensuring timeliness of complaint investigations and closures. Quality checks and an over 20-day report are used by the Customer Resolutions team management to monitor performance, facilitating resolution of complaints as early as possible.

SPOTLIGHT ON LONGEST CASES TO RESOLVE

49 days to resolve: Client unhappy they were not entitled to weekly compensation numerous years ago and wanted ACC to revisit their decision. However, the client was a non-earner at date of injury. The client kept adding further issues to the requested Code investigation including privacy concerns (as the client had a sensitive claim and a non-sensitive claim) and Customer Resolutions are still working on this as an ongoing case.

50 days to resolve: A TPA was instructed to pay review costs however have not done so. The TPA wanted the advocate to submit an invoice to which the advocate does not want to do. ACC have since completed a Code investigation where Customer Resolutions identified the breaches, as well as suggesting the TPA pays an interest payment on top of the review costs that has now been paid.

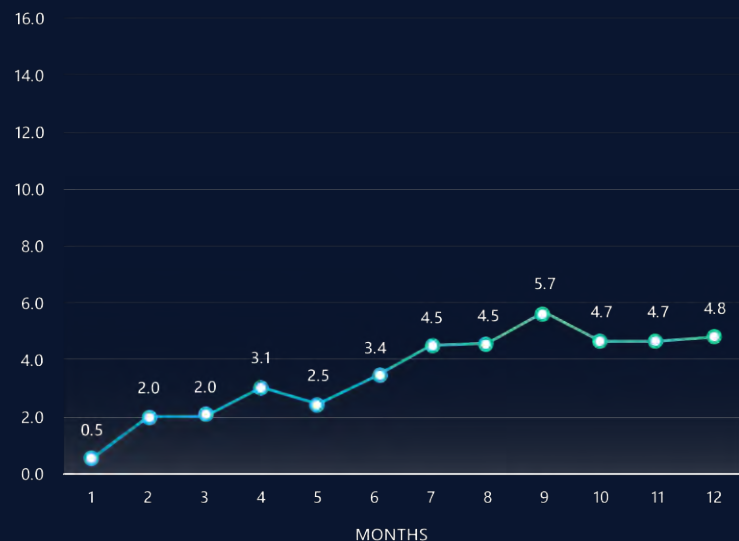
72 days to resolve: A client requested a Code of Claimants' Rights investigation and it took a long time for information to be received from the TPA before ACC could begin this process. The client then requested amendments of records due to numerous errors in wording and the TPA has acknowledged receipt of the corrections as well as sending them through to Customer Resolutions to consider in their Code findings. The case is still ongoing.

THE LIKELIHOOD OF A COMPLAINT OCCURRING INCREASES OVER TIME

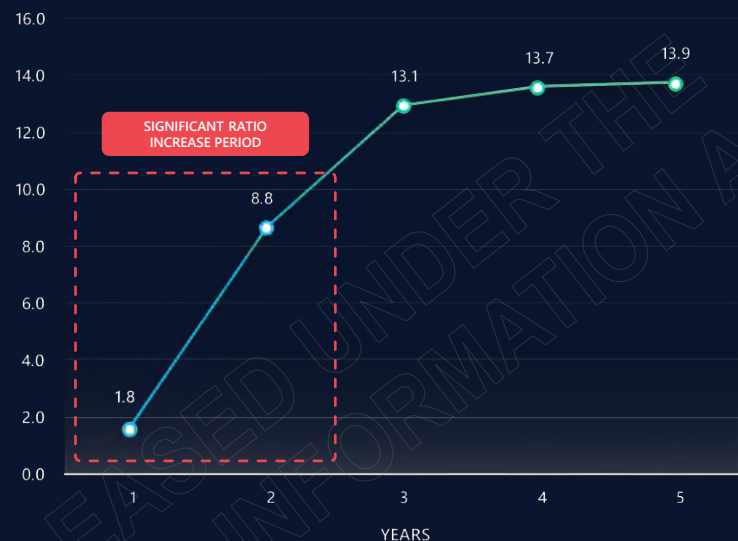
(ANALYSIS OF COMPLAINTS RECEIVED FY 2019/20)

RATIO OF COMPLAINTS PER 1,000 ACTIVE CLAIMS

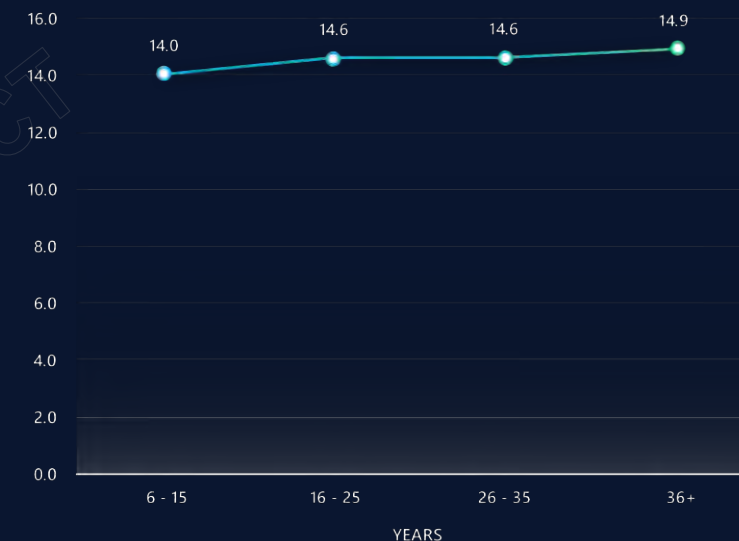
UP TO 12 MONTHS



1-5 YEARS



6+ YEARS



KEY FINDINGS:

- A client's likelihood of complaining increases steadily through the first 12 months of a claim, then increases sharply in the next 12 months and makes another significant jump in the third year following lodgement. After that, the likelihood of complaining remains relatively consistent.
- The average ratio of complaints to active entitlement claims over the 2019/20 FY is 4 complaints per 1,000 claims. However the ratio increases to 8-14 complaints per 1,000 claims for complaints raised on claims older than 12 months.
- Only 11% of complaints were made within 2 months of claim lodgement despite 51% of claims being active for 2 months or less.

THEMES OF COMPLAINTS OVER TIME

- Complaints relating to weekly compensation and cover decisions tend to occur mostly in the first 12 months of a claim, particularly in the first 3 months with 33% of all weekly compensation complaints relating to issues such as delays, decline and rate of payment and 17% of complaints relating to cover decisions. After 12 months the rate of complaints relating to weekly compensation and cover drops off significantly.
- Complaints relating to entitlements, in particular issues with decisions over treatment, social rehabilitation and travel, increase the longer the claim lasts, 13% within the first 12 months increasing to 24% after 5 years.
- Customer service is consistently the main driver of complaints over the length of a claim with issues primarily relating to clients not feeling supported or kept informed. The percentage of complaints relating to customer service increases significantly (up to 47%) after a client has been on the scheme for more than 12 months.

NEXT STEPS

- Further analysis is planned to understand the root causes of the spike in the ratio of complaints at the 12 month mark, identifying opportunities for improvement.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

FY 2019/20 COMPLAINTS – YEAR IN REVIEW

DRIVERS OF COMPLAINTS

CUSTOMER SERVICE

43% of all complaints



- Not feeling supported concerns with case manager and not being kept informed

WEEKLY COMPENSATION

20% of all complaints



- Payment rates, delays and decline decisions

ENTITLEMENTS

17% of all complaints



- Decline decisions, suspensions and independence allowance/lump sum payments

VOLUMES

1,926

Complaints escalated to the Customer Resolutions team

4:1000

On average 4 in 1000 active entitlement claims resulted in a complaint

1:1000

On average 1.3 in 1000 NGCM active entitlement claims resulted in a complaint

Severity One Cases

341

ACC at fault but no impact

Severity Two Cases

49

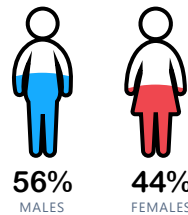
ACC at fault and impact

Severity Three Cases

2

ACC at fault, impact and inadequate response

THE COMPLAINTS



70%

Clients of European descent accounted for the majority of complaints

- 17% Māori
- 4% Other Ethnicity
- 3% Asian
- 3% Pacific peoples



After **365 DAYS** the likelihood of a client complaining increases significantly

From clients that had complained within the 2019-20 FY **26%** were repeat complainants

OUR PERFORMANCE

89%

of complaints were resolved within 20 days



11%

that were not resolved within 20 days related to customer service, entitlements and weekly compensation

16%

Overall Satisfaction of resolution process

	OUTCOME NOT IN CLIENTS FAVOUR	OUTCOME IN CLIENTS FAVOUR
Dissatisfied	72%	28%
Neutral	17%	83%
Satisfied	0%	100%

ACTIONS TO IMPROVE SERVICES

- Rollout of NCGM tranches 1-3
- Heartbeat rollout alongside NCGM
- 1,297 number of cases opened in Heartbeat
- Feedback used in daily coaching conversations and operating rhythms
- Completion of Client payments project
- Clinical and technical guidance teams to help with claim decision making
- Improved dissemination and reporting of complaints
- Successful trial of analytical prompts to trigger service recovery



CUSTOMER DISSATISFACTION AND COMPLAINTS

Quarterly Report

QUARTER ONE 2020/21

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volumes of complaints and issues

05

NEW

Analysis of complaint
volume increase

06

Severity of complaints and issues

07

Satisfaction levels for Next Generation
Case Management (NGCM) clients

08

Drivers of complaints

09

Timeframes to address
complaints cases

10

NEW

Analysis of complaints
received after 12 months

11

Customer satisfaction of
complaints handling

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

EXECUTIVE SUMMARY

Complaint volumes and ratios have increased

- 645 complaints were escalated to the Customer Resolutions team in Quarter 1 2020/21, an increase of 227 compared to Quarter 4 2019/20.
- The ratio of complaints increased this Quarter to 6 complaints per 1,000 active entitlement claims, compared with 4 complaints in Quarter 4 2019/20.
- In Quarter 1 the ratio of complaints also increased for Clients being serviced within Next Generation Case Management (NGCM), increasing from 1.3 complaints per 1,000 active entitlement claims in Quarter 4 2019/20 to 2.5 complaints in Quarter 1.
- There were no severity three cases and 9 severity two were received this Quarter.
- Of the 9 severity two cases received, impacts on Clients related to privacy, self-harm, financial hardship and mental stress.
- 84% of complaints were resolved within 20 days, compared to 91% the previous Quarter. The slower resolution timeframes achieved reflect the increased volume of complaints for staff to manage in the Quarter and the increase in the number of complaints requiring investigation under the ACC Code of Complaints' Rights.
- The satisfaction of ACC's handling of complaints improved significantly in several areas, in particular with the number of Clients indicating they felt their concerns were resolved successfully and they were treated fairly.
- 1 in 4 of the Clients who lodged a complaint in Quarter 1 had previously lodged a complaint with ACC, reinforcing the impact a negative customer experience can have on future interactions with the organisation.

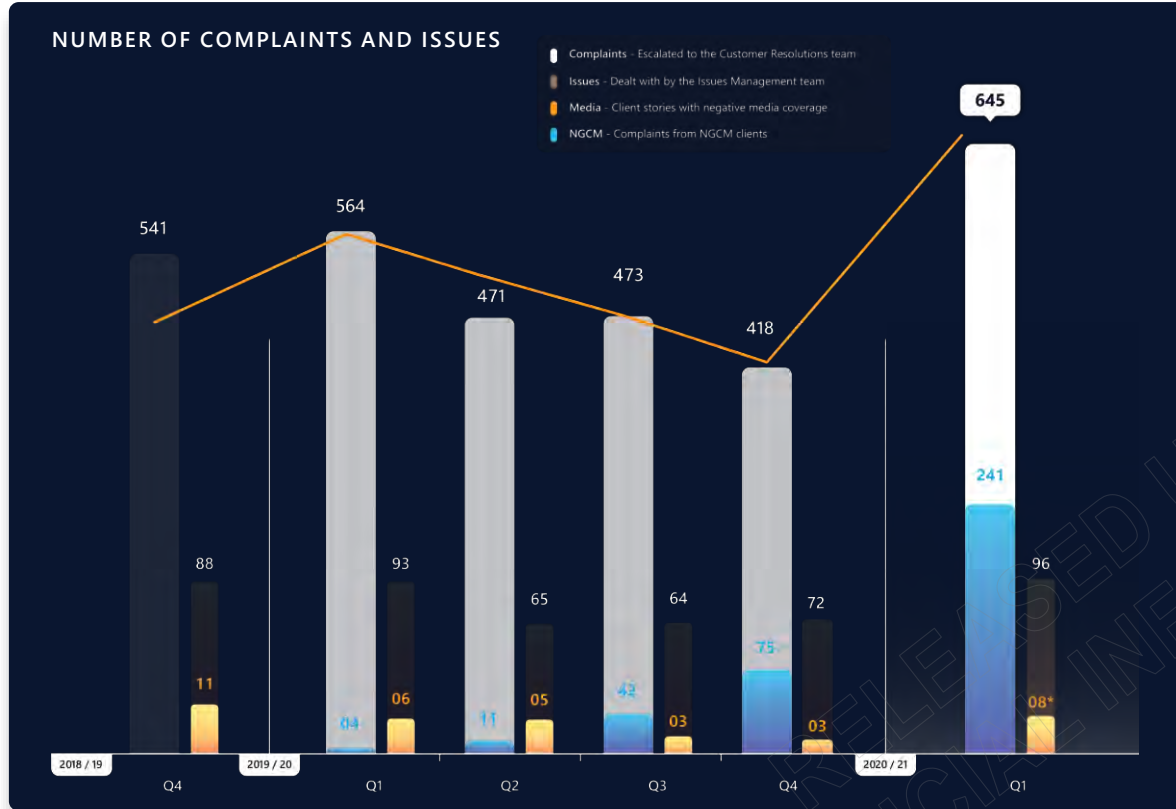
Issues with Customer Services is the most significant driver for the increase in complaint volumes

- Of the 645 complaints received in Quarter 1, 404 were from BAU Clients and 241 were from NGCM Clients.
- 51% of all complaints related to concerns with customer service, particularly with issues related to Clients not feeling supported or kept informed.
- The impact on customer service has been particularly prevalent for Clients in the Assisted and Supported Recovery streams where challenges with transitions, call wait times and responsiveness to tasks have been the most significant issues.
- Actions to address the drivers of complaints are included on pages 5 and 7 of this report.

After 12 months from claim lodgement the likelihood of a client complaining increases significantly

- The average ratio of 4 complaints per 1,000 active entitlement claims for FY 2019/20 increases to between 8-14 complaints per 1,000 after 12 months.
- Analysis has identified that over half of the cases where ACC was deemed to have made a service failing, a lack of communication or delayed communication was the main cause. It also identified that there is a significant decrease in ACC's outbound contact to Clients over time, with a sharp decline over the course of the first 3 months and another noticeable reduction after 12 months.
- Learnings from this analysis are contained within page 10 of the report, with further discussions underway to understand the operational context and other potential factors that are contributing towards the decrease in contact findings identified.

THE VOLUME AND RATIO OF COMPLAINTS HAS INCREASED THIS QUARTER



VOLUME ANALYSIS

645

complaints were received in Quarter 1, an increase of 227 complaints compared to Quarter 4 2019/20.

0.60%

The ratio of complaints increased this Quarter to 6 complaints per 1,000 active entitlement claims, compared with 4 complaints in the previous Quarter.

241

out of the 645 complaints were from NGCM clients. This is a significant increase from Quarter 4 2019/20 where 75 complaints were received but reflects the increase of clients being managed in Quarter 1 with the rollout of Tranche 4 and 5.

0.25%

The ratio of complaints received by NGCM clients to active entitlement claims increased from 1.3 complaints per 1,000 claims to 2.5 complaints per 1,000 claims. However, this ratio continues to be significantly lower than the overall ratio of complaints for all clients which is 6 complaints per 1,000 active entitlement claims.

08

Client stories were run by the media in Quarter 1 compared to 3 stories in the previous Quarter. Media exposure is known to drive complaints.

25%

of the complainants in Quarter 1 had a previous complaint.

PLEASE REFER TO PAGE 5 FOR ANALYSIS OF THE DRIVERS OF THE COMPLAINT VOLUME INCREASE IN QUARTER 1 2020/21

RATIO OF COMPLAINTS TO TOTAL ACTIVE ENTITLEMENT CLAIMS

Number of Complaints

Number of Active Entitlement Claims

Ratio of Complaints to Total Active Entitlement Claims

Q1
2020/21

645

54.3%
From Q4

108k

18.9%
From Q4

0.60%

6 complaints per 1000 claims

Q4
2019/20

418

91k

0.46%

4 complaints per 1000 claims

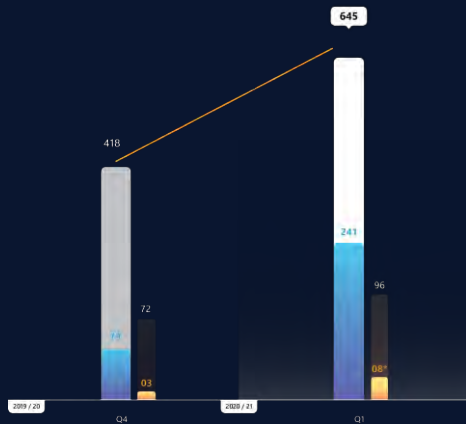
ACTIONS TO ADDRESS

- The end of Quarter 1 saw the completion of the roll out of NGCM. As a result, now all clients will experience the benefits of ACC's new way of working where workforce management, quality and performance, knowledge and capability are key focus areas to drive improved customer experience.
- Daily customer feedback (via "Heartbeat") continues to be fed back to frontline staff operating under the NGCM model. Feedback is also forming an integral part of regular coaching conversations aimed at providing an improved customer experience via frontline continuous improvement.

ISSUES WITH CUSTOMER SERVICE CONTINUES TO BE THE MOST SIGNIFICANT DRIVER OF COMPLAINTS

THE SITUATION

Complaint volumes have increased by 54% from Q4 2019/20 – Q1 2020/21



645

Of the 645 complaints received in Quarter 1, 404 were from BAU clients and 241 were from NGCM clients.

51%

Of all complaints received in the Quarter, 51% related to concerns with Customer Service.

0.25%

Within NGCM, the overall ratio of complaints to active claims increased from 1.3 complaints per 1,000 claims to 2.5 per 1,000 claims. This was largely driven by an increase of complaints within Assisted Recovery and Supported Recovery where the ratios have doubled (from 1 to 2 complaints per 1,000 claims and from 2 to 4 complaints per 1,000 claims respectively).

DRIVERS

1. CUSTOMER SERVICE - BAU

- At the beginning of Quarter 1, 60% of clients had been transitioned across to NGCM from BAU. **This meant that during the Quarter there was still a large number of clients experiencing previous ways of working within BAU.**
- Complaints regarding customer service raised by BAU clients during the quarter made up 46% of all complaints received. Issues with customer service primarily related to concerns with **not feeling supported or not being kept informed.**
- BAU clients were not surveyed by Heartbeat so there was less opportunity for early identification of dissatisfaction.

2. CUSTOMER SERVICE - NGCM

- The transition phase of Next Generation Case Management has had an impact on the ratio of complaints, particularly within the **Assisted and Supported Recovery streams**, with issues related to Customer Service making up 59% of the complaints received within the Quarter.
- Within Assisted Recovery, for a period of time particularly **long call wait times and responsiveness to tasks** for Clients and Providers caused known dissatisfaction and account for almost half of the complaints.
- Similarly within Supported Recovery, the transition period has caused frustration for some clients who have experienced **multiple transitions**, new recovery team leaders and in some cases a revised recovery plan and approach.

ACTIONS

- Embedding NGCM practices:** Since the end of Quarter 1 all clients are now being managed in NGCM and will experience the benefits of ACC's new way of working where workforce management, quality and performance, knowledge and capability are key focus areas to drive improved customer experience.

- Full scale rollout of Heartbeat to detect early signs of dissatisfaction:** With the rollout of NGCM now complete, Heartbeat will be used to monitor the customer experience of all clients at key interaction moments ensuring any signs of service failings or need for additional support are identified early.

- Embedding NGCM practices:** The transition period of NGCM was disruptive for teams however now that clients are fully transitioned and fully migrated the focus is on embedding the new ways of working to improve the customer experience, with particular emphasis on setting clear expectations and improving communication at key interaction and decision moments (cover decision etc).

- Performance Monitoring:** Weekly performance reporting is being provided to the Chief Operating Officer and Chief Customer Officer and integrated into Performance network forums to monitor the issues with call wait times and responsiveness which caused concerns within Quarter 1.

- Current reporting reflects positive signs of improvement both in the operational metrics and customer feedback, with customer satisfaction levels returning to previously seen highs within Assisted Recovery. Specific actions to address the issues include:

- Additional resource allocated to answering calls at peaks days/times, ensuring the average call wait time does not exceed 10min.
- Priority given to tasks relating to welcome conversations, weekly compensation set ups, weekly compensation extensions, urgent supports and cover decisions.
- Recruitment of 20 graduates to support with the backlog of tasks between November and February. Analysis indicates that this additional resource should see the backlog returned to a more acceptable level of tasks by February 2021.
- Deploying deposition codes enabling ACC to understand the drivers of the incoming calls.

ANALYSIS OF THE SEVERITY OF COMPLAINTS AND ISSUES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q1 2020/21 Complaints & Issues	547	101	09*	0
Q4 2019/20 Complaints & Issues	355	66	05	0

* SEVERITY TWO CUSTOMER IMPACT THEMES	PRIVACY	SUICIDAL	FINANCIAL HARDSHIP	MENTAL STRESS
When looking at the impact on the customer of their complaint, the largest impact is financial hardship, however suicidal impacts, mental stress and privacy are also prominent themes.	03	03	02	01

NOTE: Cases may have more than one impact theme.

SEVERITY DEFINITIONS

SEVERITY ZERO

ACC not at fault

SEVERITY ONE

ACC at fault but no impact

SEVERITY TWO

ACC at fault and impact

SEVERITY THREE

ACC at fault, impact and inadequate response

NOTE: See full severity definitions within the Dossier.

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

05

of the severity two complaints were investigated under the Code of Claimants' Rights. The breaches identified related to Clients being treated with dignity and respect, treated fairly, effective communication, privacy respected and being kept informed.

03

of the severity two complaints are privacy related. All three complaints were linked to disclosures with Providers, with two reviewed under the Code of Claimants' Rights. ACC's Privacy team provided guidance and worked with Customer Resolutions to address these complaints.

02

of the severity two complaints received media coverage with both stories relating to disputes over entitlements. These cases are included in the dossier.

SEVERITY ONE

60%

of severity one complaints relate to issues with customer service, followed by weekly compensation (17%), and privacy (10%).

SEVERITY ZERO

547

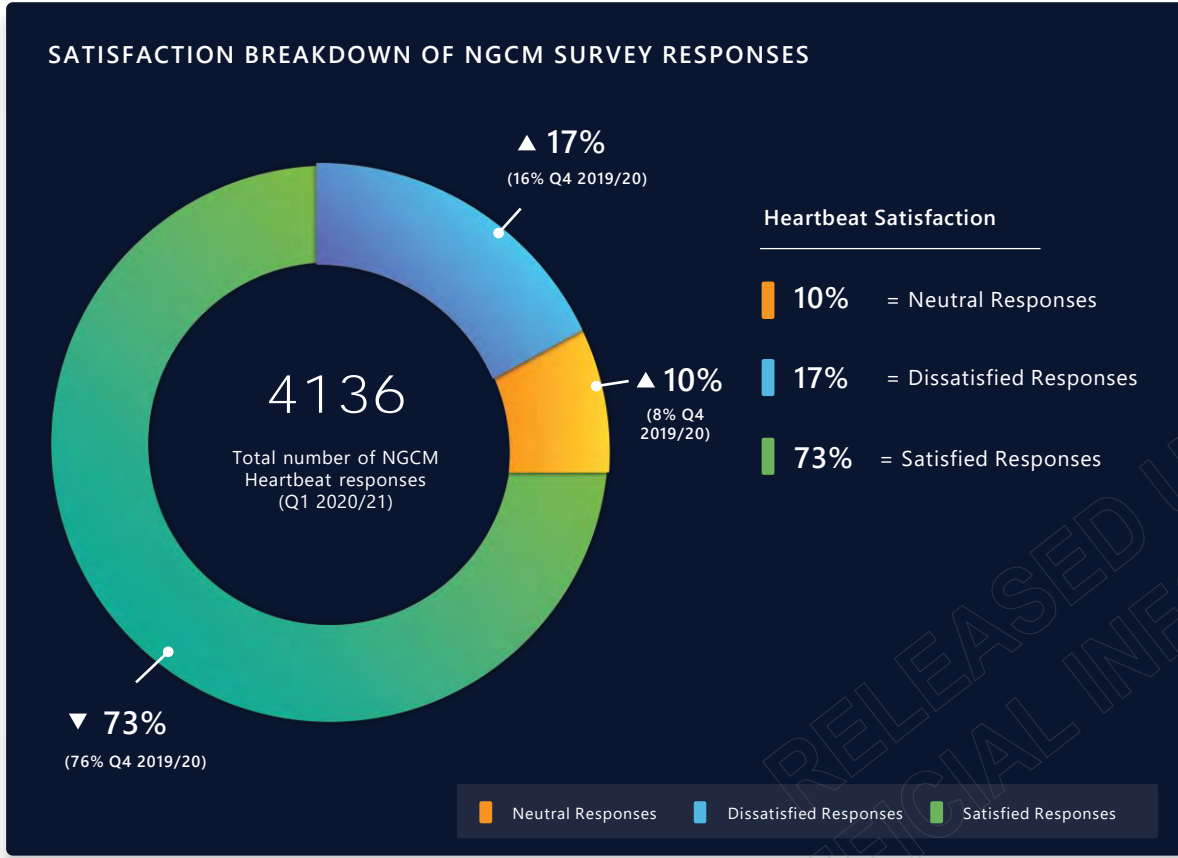
complaints were assessed as a severity zero where there was no fault on ACC's behalf. Primary themes related to customer service (48%), entitlements (16%) and weekly compensation (15%). Of the 547 complaints, whilst there was no fault on ACC's behalf, 7% did have an impact on the customer (impacts such as hardship, health and safety).

NOTE: 26 of the 547 complaints are unresolved, ongoing or opened in user error.

ACTIONS TO ADDRESS

- The Media team continues to proactively engage with journalists to correct inaccuracies or provide contextual information about planned client stories, issues, services or the Scheme. External Engagement also takes complaints and requests for information via social media channels, provides information on services, corrects inaccuracies and re-routes complaints to the appropriate teams.
- Cases escalated through the issues management process that pose reputational risk are circulated weekly to ensure proactive oversight and intervention, where appropriate.

NGCM CONTINUES TO DELIVER HIGH CUSTOMER SATISFACTION RESULTS VIA HEARTBEAT



LEARNINGS FROM QUARTER 1 2020/21 HEARTBEAT SURVEY OF KEY INTERACTION MOMENTS WITHIN NGCM

73% of the 4136 Heartbeat respondents indicated they were satisfied with their NGCM interaction. This is a slight decrease from satisfaction levels of 76% in Quarter 4 2019/20 with the issues within Assisted Recovery (as reported on page 4) impacting overall satisfaction levels.

49% of customers mentioned staff attitude (helpfulness, friendliness, knowledgeability etc.) when asked what they like. Communication was the main driver of dissatisfaction, with 10% of customers indicating this is what needs improving, followed by speed (slow) at 8%.

915 cases were opened in Heartbeat in Quarter 1 to actively respond and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation.

1.63 days was the average time taken to resolve customer queries/concerns raised through Heartbeat, reflecting the high importance the frontline is placing on reviewing and responding to customer feedback.

104 frontline staff (which includes Customer Contact Centre in addition to NGCM staff) were specifically acknowledged by clients as providing high quality service in their feedback between July – September 2020. Each of these staff members have received a thank you card or an email from a member of the Executive team to acknowledge their efforts.

ACTIONS TO ADDRESS

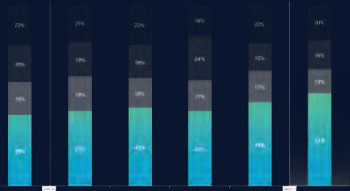
- Heartbeat continues to monitor feedback daily to create accountability. Rules embedded trigger cases to be generated for action by staff member who had the last interaction with the client, ensuring ACC takes early action on first sign of dissatisfaction prior to any formal escalation.
- At the very end of Q1 2020/21, two updates were made to the NGCM survey. A new key moment survey went live for Home Community Support Services, and clients with a sensitive claim were added to the Incoming Call key moment survey. Clients who previously had a sensitive claim but are now dealing with us regarding a physical injury, are also being included in all NGCM key moment surveys (after previously being excluded due to surveying rules). These changes will increase the amount of Partnered clients who we receive feedback from within the NGCM survey from Q2 2020/21 onwards.
- In Q1 698 responses were received to the patient reported outcome measure (PROMs) question which is being trialled in the Recovery Check In key moment survey. Of these respondents, 64% reported positive improvement in their recovery, 23% reported no change, and 13% indicated their injury had worsened. Negative outcomes were explainable by clients' awaiting further treatment approvals, specialist or surgery dates; had suffered other injuries or have comorbidities impacting their recovery. A progress report with a summary of key learnings is being prepared to share with senior leaders, and monitoring continues in Q2.

TOP 3 DRIVERS OF COMPLAINTS

DRIVERS OF COMPLAINTS

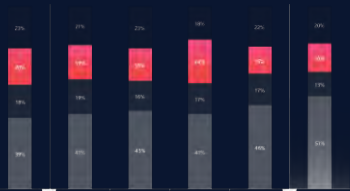
#1 Customer Service

51% of all complaints



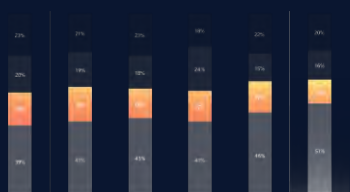
#2 Weekly Compensation

16% of all complaints



#3 Entitlements

13% of all complaints



REASONS

32% Feeling unsupported

13% were related to delays in service

12% Not kept informed

28% were regarding delays. An increase of 35% over previous quarter

17% relate to the overall rate of weekly compensation

12% were regarding weekly compensation being declined

23% were regarding independence allowance/lump sum payments

20% were regarding social rehabilitation

20% were regarding treatment

LEARNINGS

- Keep clients informed of where we are in the process of their claim management.
- Set expectations upfront, what the impact may be and ensure they are realistic.
- Follow up with clients when we have agreed to follow up.
- Be proactive in following up information if we are awaiting information from other providers or other external organisations.
- Take the time to understand the personal circumstances of the client to ensure they feel trusted and respected.

- Clearer communication and expectation setting when considering suspension due to non-compliance.
- Clearer communication regarding delays for weekly compensation and alternative options for assistance.
- Regular check-ins with clients while requests are being considered.
- Timely follow-ups of requested information.

- Clearer communication regarding delayed requests for compensation, process and alternative options for assistance.
- Regular check-ins with clients while requests are being considered.
- Timely follow-ups of requested information.

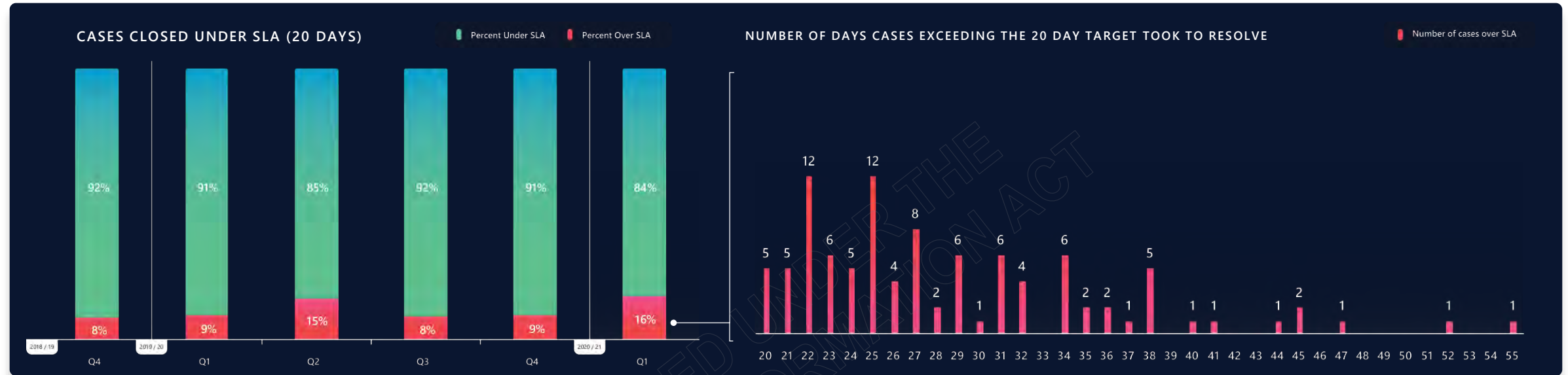
ACTIONS

- Continued application of the Customer Experience framework and a focus on side by side listening for coaching opportunities.
- Reprioritisation of workflow within Assisted Recovery to increase the availability of Recovery Assistants to respond to incoming phone calls.
- Dedicated teams assigned to focusing on reducing email inbox volumes with service level agreements set at a 48 hour turnaround.
- Daily monitoring of Heartbeat feedback and following up with clients expressing signs of dissatisfaction.

- All weekly compensation setups managed by a dedicated payments team, driving greater consistency and timeliness of payments.
- To improve weekly compensation timeliness ongoing capability development and a focus on initial set ups have improved accuracy and speed to first payment.
- Continued focus by leaders on building capability to cross skill team members to undertake complex cases.

- Centralised clinical and technical support groups to advise case owners in a consistent manner so clients receive consistent, timely and accurate decisions.
- Temporary staff employed within Recovery Administration to improve the turnaround of client need tasks for entitlements and support.

84% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

The increase in the number of complaints requiring ACC code of Claimants' Rights investigations and the considerable increase in complaints volumes for the resolutions team to manage meant there was less cases resolved within 20 days compared to previous Quarters. The longest resolution duration this Quarter was 55 days – this compares to 72 days in Quarter 4 2019/20.

28% of those cases exceeding the targeted 20-day timeframe were dealt with under the ACC Code of Claimants' Rights which is known to take longer than cases dealt with at the local level. (▲ 15%)

50% of cases exceeding 20 days resolution were complaints related to customer service (primarily not feeling supported and case owner attitude).

ACTIONS TO ADDRESS

- Focus remains on ensuring timeliness of complaint investigations and closures. Quality checks and an over 20-day report are used by the Customer Resolutions team management to monitor performance, facilitating resolution of complaints as early as possible.

SPOTLIGHT ON LONGEST CASES TO RESOLVE

45 days to resolve: Client raised concerns dating back to issues between 2016 - 2018. Case was left open waiting for client's response for over a month. When the Client responded they advised they needed more time to fully clarify their complaint and will get back when they are ready. Complaint closed.

47 days to resolve: Code investigation around recovery plan being changed by case manager and issues around case managers treatment of client. These were investigated thoroughly however no breaches were found.

52 days to resolve: Multiple issues raised. Client unhappy with overall claim management and has requested a code investigation. This was completed, however new issues and a review request were raised after the investigation was completed. The complaint continues into the review process.

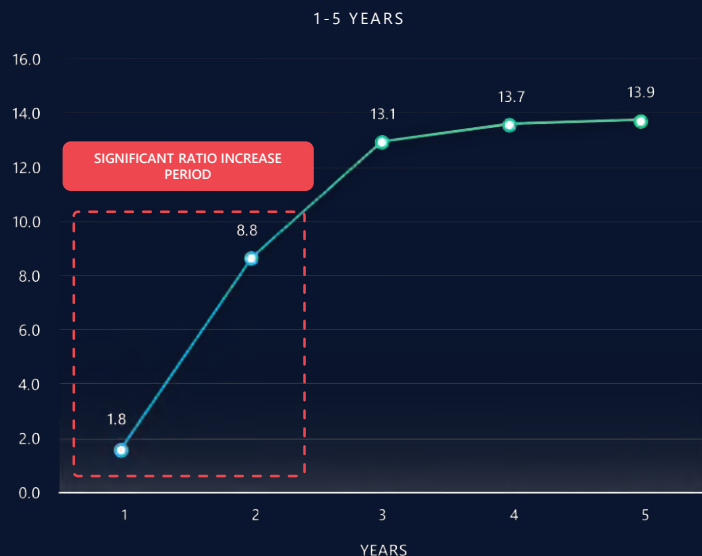
55 days to resolve: Numerous issues raised, client continued to provide more detail and questions while the code investigation was underway. This prolonged the completion of the code investigation. Client unhappy with investigation and has indicated they intend to take issues further.

A SIGNIFICANT DECREASE IN CLIENT CONTACT POST 12 MONTHS IS LINKED TO A HIGHER RATIO OF COMPLAINTS

THE SITUATION

After 12 months from claim lodgement the likelihood of a client complaining increases significantly.

RATIO OF COMPLAINTS PER 1,000 ACTIVE CLAIMS



Ratio of complaints per 1000 claims graph from Quarter 4 2019/20 Complaints Report

ANALYSIS

APPROACH

Analysis of 3 years of operational data based on a sample of 2779 complaints received after 12 months.

Desktop review of 150 complaints received after 12 months.

KEY FINDINGS

- There is a significant decrease in the outbound contact to clients over time, with a sharp decline over the course of the first 3 months and another noticeable reduction after 12 months.
- In more than half of the cases where ACC was deemed to have made a service failing, a lack of communication or delayed communication was the main factor.

ACTIONS

LEARNINGS FOR FRONTLINE

- Keep the clients fully informed and set realistic timeframes
- Action supports/requests in a timely manner
- Set appropriate expectations and operate with a "no surprise" approach
- Keep communication professional at all times
- Follow up with agreed actions

EARLY DETECTION OF SERVICE FAILING

- Leverage the client check-in analytical model which identifies those customers likely to lodge a formal complaint due to service or communication failings, prompting proactive service recovery (estimated to start rolling out early 2021).

CONSIDERATIONS

QUESTIONS FOR ADDITIONAL CONSIDERATION

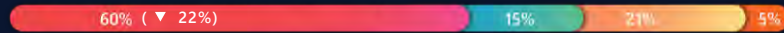
- What factors are driving the significant drop off in contact post 12 months?
- Is there an unintended impact on ACC's current KPIs?
- Post 12 months, is there an increase in the number of decision points occurring that increase the likelihood of a decline happening?

SATISFACTION WITH ACC'S RESPONSE TO COMPLAINTS RESOLUTION HAS IMPROVED

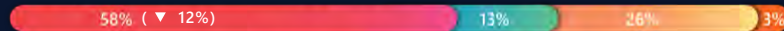
COMPARISON OF COMPLAINTS HANDLING AGAINST QUARTER 2

IMPROVED

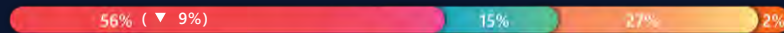
My concerns were resolved successfully



I felt my individual circumstances were taken into account



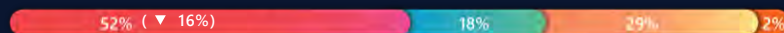
I was kept informed about what to expect and how long it might take



Decisions on my complaint were clearly explained and easy to understand



I felt that I was treated fairly



Staff were willing and able to help me

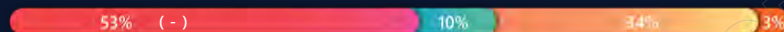


I felt that I was treated with courtesy and respect



STABLE

My complaint was addressed in a timely manner

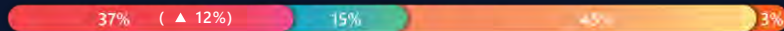


DECLINED

ACC's complaints process was easy to use



My complaint was acknowledged in a timely manner



- Disagree
- Neither Agree / Disagree
- Agree
- Did Not Answer

*Based on 62 Responses in Quarter 1 2020/21

Note: 6 of these responses came in the previous quarter

RELATIONSHIP BETWEEN COMPLAINT OUTCOME AND SATISFACTION WITH COMPLAINT HANDLING

	NOT IN FAVOUR	IN FAVOUR	KEY THEMES
Satisfied	1	13	<p>100% Agree with the statement: 'I felt that I was treated fairly, I felt that I was treated with courtesy and respect by the ACC staff members handling my complaint'</p> <p>92% Agree with the statement: 'I was kept informed about what to expect next regarding what would happen and how long it might take, Decisions and information around my complaint were clearly explained to me and were easy to understand, I felt my individual circumstances were taken into account'</p>
Neutral	4	6	<p>IN FAVOUR : 67% Agree with the statement My complaint was acknowledged in a timely manner, My concerns were resolved successfully, My complaint was addressed in a timely manner ACC's complaints process was easy to use'</p> <p>NOT IN FAVOUR : 82% disagree with the statement I was kept informed about what to expect next regarding what would happen and how long it might take'</p>
Dissatisfied	27	11	<p>IN FAVOUR : 82% disagree with the statement I was kept informed about what to expect next regarding what would happen and how long it might take'</p> <p>NOT IN FAVOUR : 96% Disagree with the statement My concerns were resolved successfully' 93% Disagree with the statement I felt my individual circumstances were taken into account'</p>

ACTIONS TO ADDRESS

- In line with global research and analysis of the verbatim included in the survey responses, the low satisfaction results reflect that where the outcome has not gone in the client's favour, in some cases it influences their perception of the resolutions process and they may not differentiate their view of the process with their overall ACC experience.
- However, there are consistent learnings from the overall complaints data and the resolution survey results which confirm the importance of all ACC frontline staff keeping clients informed, setting clear expectations, regular communication especially when there are delays and following through with actions ACC had committed to.
- These service improvement opportunities are being shared with leaders of the frontline for continuous improvement.



CUSTOMER DISSATISFACTION AND COMPLAINTS

Quarterly Report

QUARTER TWO 2020/21

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volume and ratio of complaints

05

NEW

Analysis of complaints by
Next Generation Case
Management (NGCM) stream

06

Severity of complaints and issues

07

Satisfaction levels for NGCM clients

08

Timeframes to address complaints cases

09

Customer satisfaction of
complaints handling

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

EXECUTIVE SUMMARY

1. COMPLAINT VOLUMES AND RATIOS HAVE SIGNIFICANTLY DECREASED

- There has been a significant decrease in both the volume of complaints received and the ratio of complaints to active entitlement claims in Quarter 2 2020/21.
- 415 complaints were escalated to the Customer Resolutions team, a decrease of 230 compared to Quarter 1 2020/2021.
- The ratio of complaints has returned to previously seen levels with 4 complaints per 1,000 active entitlement claims, compared with 6 complaints in Quarter 1 2020/21.
- Within the Next Generation Case Management (NGCM) streams, the ratio of complaints ranges from 1 complaint per 1,000 for low complexity claims (Enabled recovery) through to 4 complaints per 1,000 claims for more complex claims (Partnered recovery). The higher ratios within Supported and Partnered are reflective of those claims being more complex with significantly more Client interactions and decision points occurring.
- The number of Severity 2 cases has also decreased this Quarter with 7 severity 2 cases recorded compared to 9 in Quarter 1. These cases were largely relating to issues with privacy and suspensions of weekly compensation.
- The number of complaint cases resolved within 20 days has improved from 84% in Quarter 1 to 93% in Quarter 2, with lower complaint volumes allowing for faster resolution timeframes.

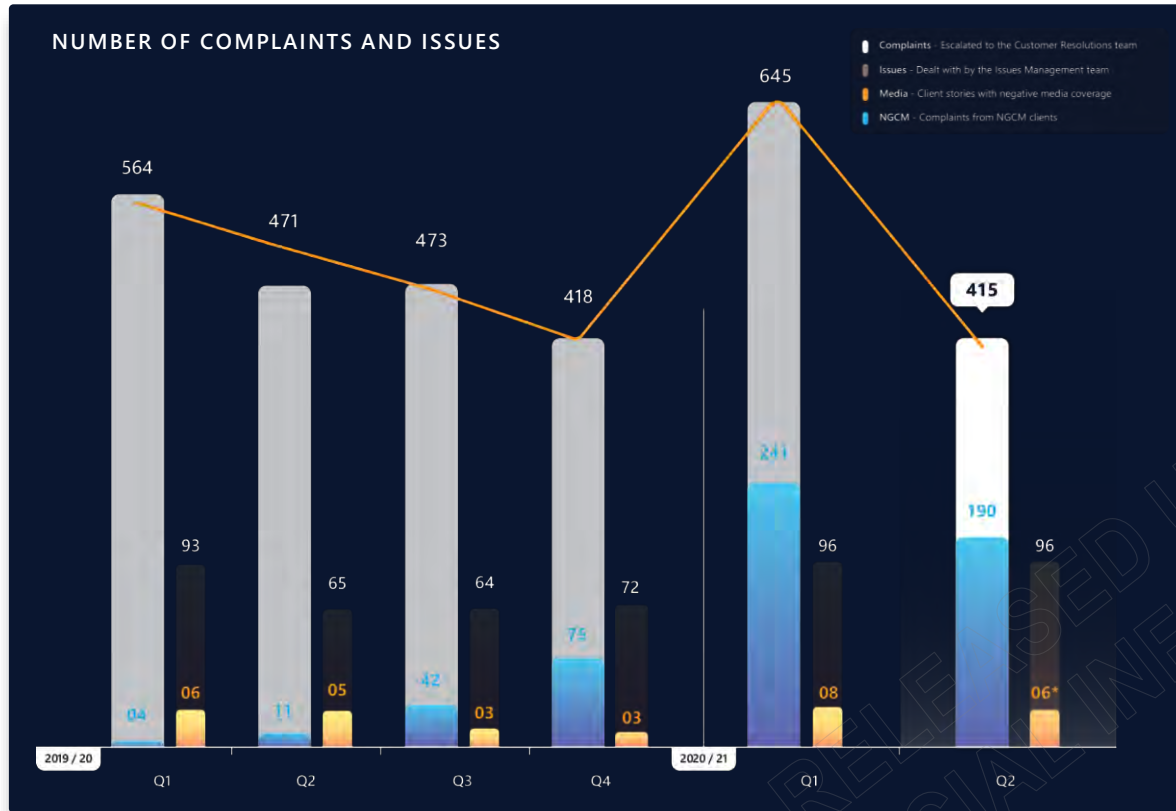
2. CUSTOMER SERVICE CONTINUES TO BE THE MOST SIGNIFICANT DRIVER OF COMPLAINTS

- Customer Service continues to be the most significant driver of complaints resulting in 50% of the complaints received in Quarter 2. Challenges in Assisted and Supported Recovery have continued to impact on complaint volumes this Quarter but to a much lesser extent, with significantly less complaints escalated to the Customer Resolutions team regarding long call wait times and delays in responsiveness compared to Quarter 1.
- The other top drivers of complaints continue to relate to entitlements at 16% (primarily treatment and travel approvals) and weekly compensation at 13% (primarily delays and rate of payment and suspensions).

3. PEOPLE, OPERATIONAL AND TECHNOLOGY CHANGES ARE UNDERWAY TO IMPROVE THE CUSTOMER EXPERIENCE.

- Focus remains on embedding NCGM practices where workforce management, quality and performance, knowledge and capability are key focuses to drive improved customer experience.
- Three areas where specific actions are underway to improve customer experience include:
 1. Lifting the capability of people through the rollout of training and quality assessment of claims to deliver better customer experiences, reducing the likelihood of dissatisfaction.
 2. Improving operational performance to reduce the volume of outstanding work and improve the responsiveness to tasks, allowing teams to focus on attending to immediate Client needs.
 3. Deploying technology changes to improve task efficiency and automate processes enabling greater focus on Client needs that represent the highest value to supporting rehabilitation pathways.
- In addition, Heartbeat will continue to play a significant role to monitor the customer experience of Clients at key interaction moments ensuring any signs of dissatisfaction, service failings or needs for additional support are identified early.

THE VOLUME AND RATIO OF COMPLAINTS HAS DECREASED SIGNIFICANTLY THIS QUARTER



VOLUME ANALYSIS

415 complaints were received in Quarter 2, a decrease of 230 complaints compared to Quarter 1 2020/21.

113K claims had active entitlements in Quarter 2, a 5.3% increase compared to Quarter 1. 76% of these claims were managed by NGCM streams.

0.4% The overall ratio of complaints decreased this Quarter to 4 per 1,000 active entitlement claims from 6 per 1,000 entitlement claims in Quarter 1 2020/21. Refer to the table below for the ratio of complaints by NGCM stream.

50% of all complaints related to issues with customer service (primarily not feeling supported, delays in service), 16% related to entitlements (primarily treatment and travel approvals) and 13% related to weekly compensation (primarily delays and rate of payment and suspensions). Refer to slide 5 for further analysis by NGCM stream.

06 Client stories were run by the media in Quarter 2 compared to 8 stories in the previous Quarter. Media exposure is known to drive complaints therefore fewer media stories may have contributed to the complaints volume decrease.

30% of this Quarter's complaints are repeat complainants, with 10% of them also having raised in a complaint in Quarter 1.

Q2 RATIO ANALYSIS

Number of Complaints

Number of Active Entitlement Claims

Ratio of Complaints to Total Active Entitlement Claims

0.40%

4 complaints per 1000 claims

0.60%

6 complaints per 1000 claims

Q2 2020/21 **415** -35.7% From Q1

113k 5.3% From Q1

Q1 2020/21 **645**

108k

RATIO ANALYSIS PER NGCM STREAM

ENABLED	0.1%	(1 complaint per 1000 claims)
SUPPORTED	0.2%	(2 complaints per 1000 claims)
ASSISTED	0.4%	(4 complaints per 1000 claims)
PARTNERED	0.4%	(4 complaints per 1000 claims)

NB: The NGCM ratios are indicative only because claims moved between streams throughout the quarter and complaints assigned to a stream at the end of the quarter did not necessarily arise in that stream

ANALYSIS OF COMPLAINTS BY NGCM STREAM

ENABLED

ASSISTED

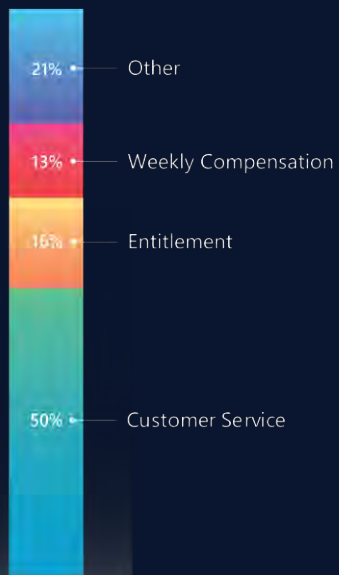
SUPPORTED

PARTNERED

KEY LEARNINGS

The more complex the claim, the greater the likelihood is of a Client complaint.

Customer Service continues to be the most significant driver of complaints, including within the NGCM streams

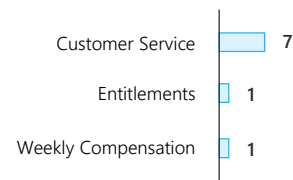


Q2 2020/21

RATIO & TOP DRIVERS OF COMPLAINTS

RATIO OF COMPLAINTS **1:1000**

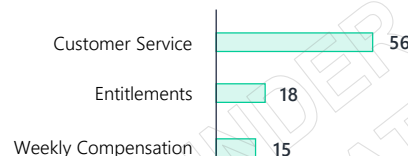
DRIVERS OF COMPLAINTS



Primary issues related to clients not feeling supported and entitlement to treatments.

RATIO OF COMPLAINTS **2:1000**

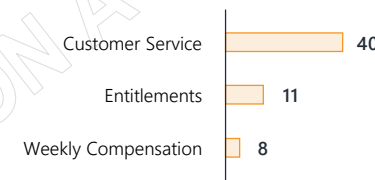
DRIVERS OF COMPLAINTS



Primary issues related to clients not feeling supported, delays in service, entitlement to treatments and delays in weekly compensation.

RATIO OF COMPLAINTS **4:1000**

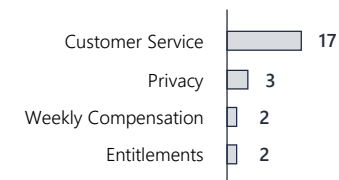
DRIVERS OF COMPLAINTS



Primary issues related to clients not feeling supported/relationship with ACC staff, entitlements relating to travel and the suspension of weekly compensation.

RATIO OF COMPLAINTS **4:1000**

DRIVERS OF COMPLAINTS



Primary issues related to clients not feeling supported, access to information, entitlement to treatments and concerns with weekly compensation.

ACTIONS UNDERWAY

ACTION

IMPACT OF ACTION

EXPECTED IMPACT TIMEFRAMES

Lift People Capability

- A. Rollout and embed coaching capability growth for Leaders
- B. Embed delivery of learning huddle on tasking principles and quality Recovery Check-ins
- C. Focus on CXQs on quality of claims management, starting with Welcome Conversations.
- D. Review and update recovery team transitions to ensure clients are managed by the recovery team that best meets their needs.

Continuously improving people capability will deliver better customer experience that we know are linked to the drivers of dissatisfaction – setting clear expectations, keeping Clients well informed and actions are committed to on a timely basis.

Quarter 3 and 4 of 2020/21

Improve Operational Performance

- Focus on reducing volume of outstanding work, particularly in Assisted Recovery through:
- A. Bubble workforce focusing on transactional tasks
 - B. Continue with a dedicated Enabled team.
 - C. Embed model task prioritisation rules ensuring priority tasks are dealt with timely

Reducing outstanding task volumes enables teams to focus on attending to immediate Client needs in a timely manner ensuring rehabilitation pathways remain on track. It also reduces the likelihood of Client and/or Provider follow-ups which are contributing towards the current backlogs.

Outstanding work volume expected to be reduced by the end of Feb 2021.

Deployment of Technology Changes

- A. Increase efficiency through enabling tasks to be closed in Admin queue
- B. Automation of tasks and bulk closure of claims
- C. Deployment of disposition codes to identify opportunities for service improvement

Technology improvements to core systems will increase the efficiency of task handling and wherever possible automate processes. This will enable staff to focus on those Client needs that represent the highest value to supporting rehabilitation pathways.

Immediate - ongoing

ANALYSIS OF THE SEVERITY OF COMPLAINTS AND ISSUES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q2 2020/21 Complaints & Issues	359	58	07*	0
Q1 2020/21 Complaints & Issues	547	101	09	0

* SEVERITY TWO CUSTOMER IMPACT THEMES	PRIVACY	FINANCIAL HARDSHIP	MENTAL STRESS	SUICIDAL
When looking at the Severity 2 cases and the impact on the customer, concerns relating to privacy, financial hardship and mental stress were raised by these Clients.	02	02	02	01

NOTE: Cases may have more than one impact theme.

	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ENABLED RECOVERY	2	-	-
ASSISTED RECOVERY	16	2	-
SUPPORTED RECOVERY	12	1	-
PARTNERED RECOVERY	3	2	-
OTHER	25	2	-

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

- 02** of the severity two complaints are privacy related. Both cases were linked to disclosures with Providers.
- 02** of the severity two complaints were cases in relation to suspensions of weekly compensation with a financial hardship impact on the clients. One of which is also a media case.
- 02** of the severity two complaints received media coverage with the stories relating to disputes over entitlements and surgery.

SEVERITY ONE

- 67%** of severity one complaints relate to issues with customer service, followed by privacy (10%), and weekly compensation (9%).

SEVERITY ZERO

- 359** complaints were assessed as a severity zero where there was no fault on ACC's behalf. Primary themes related to customer service (47%), entitlements (18%) and weekly compensation (13%). Of the 359 complaints, whilst there was no fault on ACC's behalf, 5% did have an impact on the customer (impacts such as hardship, health and safety).

NOTE: 12 of the 359 complaints are unresolved, ongoing or opened in user error.

SEVERITY DEFINITIONS

SEVERITY ZERO

ACC not at fault

SEVERITY ONE

ACC at fault but no impact

SEVERITY TWO

ACC at fault and impact

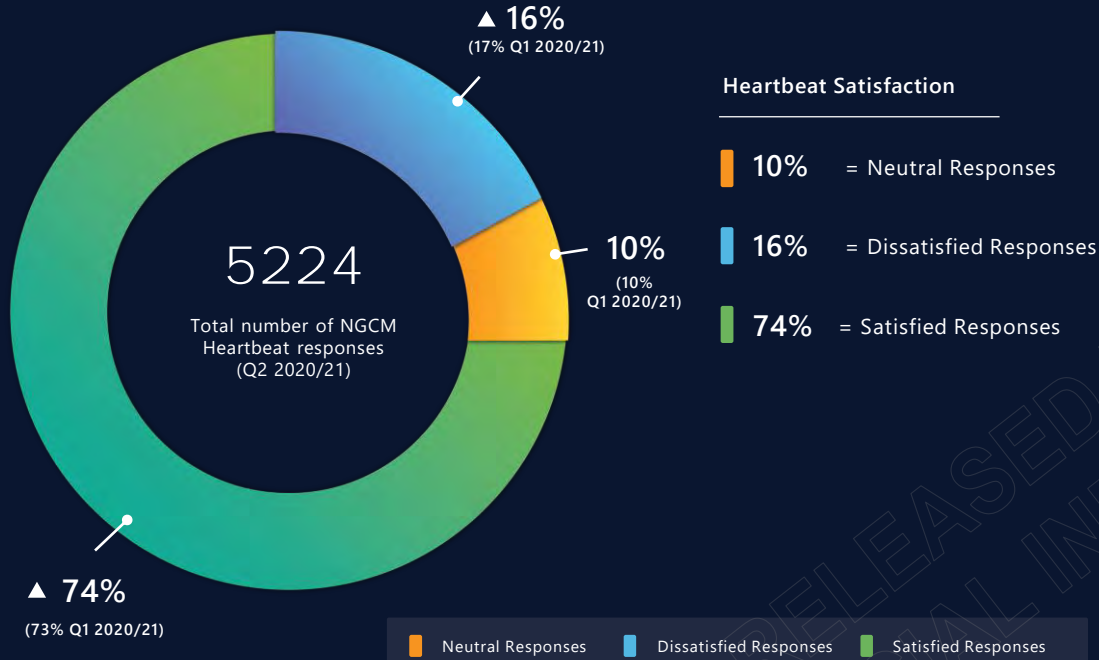
SEVERITY THREE

ACC at fault, impact and inadequate response

NOTE: See full severity definitions within the Dossier.

NGCM MAINTAINS CUSTOMER SATISFACTION LEVELS VIA HEARTBEAT WITH SOME SERVICING CHALLENGES EVIDENT

SATISFACTION BREAKDOWN OF NGCM SURVEY RESPONSES



NGCM SATISFACTION RESULTS

	ENABLED	ASSISTED	SUPPORTED	PARTNERED
DISSATISFIED	12%	14%	18%	21%
NEUTRAL	7%	10%	9%	9%
SATISFIED	81%	76%	73%	70%

LEARNINGS FROM QUARTER 2 2020/21 HEARTBEAT SURVEY OF KEY INTERACTION MOMENTS WITHIN NGCM

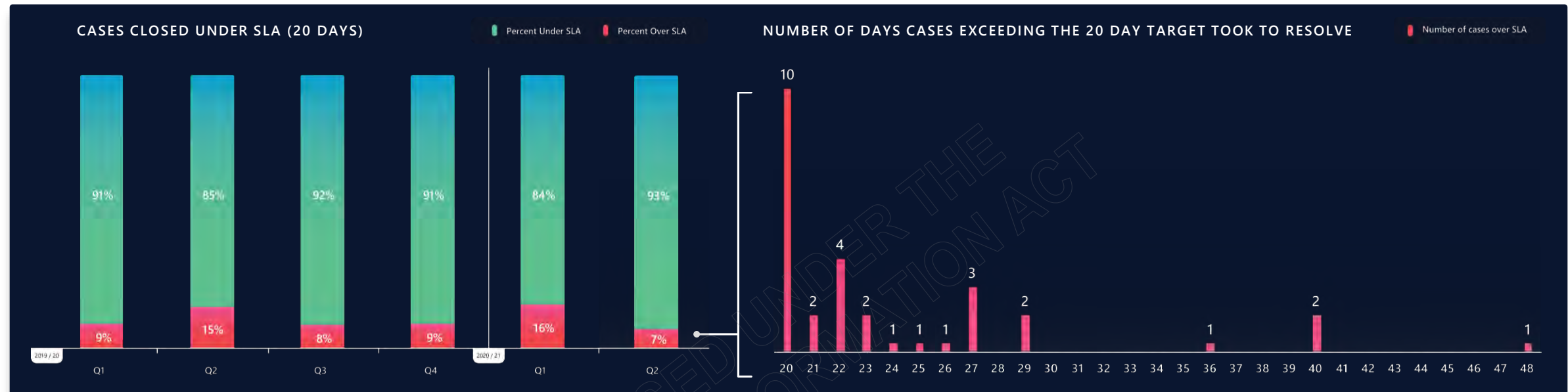
- 74%** of the 5224 Heartbeat respondents indicated they were satisfied with their NGCM interaction. This is a slight increase from satisfaction levels of 73% in Quarter 1 2020/21 with the service level challenges related to responding to incoming calls and tasks within Assisted Recovery continuing to have impacted overall satisfaction levels in the Quarter.
- 50%** of customers mentioned staff attitude (helpfulness, friendliness, knowledgeability etc.) when asked what they like. Communication was the main driver of dissatisfaction, with 10% of customers indicating this is what needs improving, followed by speed at 8%.
- 1043** cases were opened in Heartbeat in Quarter 2 to actively respond and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation.
- 1.63** days was the average time taken to resolve customer queries/concerns raised through Heartbeat, reflecting the high importance the frontline is placing on reviewing and responding to customer feedback.

404 frontline staff (which includes Customer Contact Centre in addition to NGCM staff) were specifically acknowledged by Clients as providing high quality service in their feedback between October – December 2020. Each of these staff members have received a thank you card or an email from a member of the Executive team to acknowledge their efforts.

ACTIONS UNDERWAY

- Customer feedback received via Heartbeat continues to be monitored daily. Rules embedded in the platform trigger cases to be generated for action by the staff member who had the last interaction with the Client, ensuring ACC takes early action on the first sign of dissatisfaction prior to any formal escalation.
- Heartbeat continues to be expanded to new survey key moments including the provision of home-help and attendant care and further Client segments including sensitive claimants.

93% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

The lower number of complaints received this Quarter has resulted in the Customer Resolutions team being able to resolve a greater volume of complaints (93%) within 20 days. Cases requiring investigation under the ACC Code of Claimants' Rights continue to take longer to resolve, impacting on meeting the 20 day SLA. The longest resolution duration this Quarter was 48 days – this compares to 55 days in Quarter 1 2020/21.

40%

(▲ 12%)

of those cases exceeding the targeted 20-day timeframe were dealt with under the ACC Code of Claimants' Rights which is known to take longer than cases dealt with at the local level.

50%

of cases exceeding 20 days resolution were complaints related to customer service (primarily not feeling supported and relationship with ACC staff member).

ACTIONS TO ADDRESS

- Focus remains on ensuring timeliness of complaint investigations and closures. Quality checks and an over 20-day report are used by the Customer Resolutions team management to monitor performance, facilitating resolution of complaints as early as possible.

SPOTLIGHT ON LONGEST CASES TO RESOLVE

36 days to resolve: Client lodged a complaint and advised they intended to provide further detail on their issue in writing. The Client took some time to provide their full complaint which meant it was not able to be resolved within 20 days from lodgement.

40 days to resolve: Client complaint related to the fact a case conference was set without their consultation. This case was investigated under the Code of Claimant's Rights which found a number of breaches. A formal letter of apology was sent to the Client for these breaches.

40 days to resolve: Client raised a concern that not all relevant medical information was provided and used by the Medical Advisor for a decision on their claim. Client has requested that the decision be thrown out. This case is currently still being investigated.

48 days to resolve: Numerous concerns raised relating to a complaint raised in 2016 and how it was resolved. Breaches under the Code were found, and a formal letter of apology issued.

NB: 3 of the 4 longest cases to resolve were from the same complainant

THERE IS A RELATIONSHIP BETWEEN THE COMPLAINT OUTCOME AND CLIENT SATISFACTION WITH THE COMPLAINT HANDLING PROCESS

COMPARISON OF COMPLAINTS HANDLING AGAINST QUARTER 2

IMPROVED

I was kept informed about what to expect and how long it might take

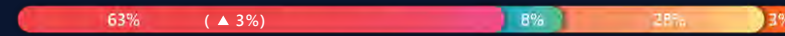


I felt that I was treated with courtesy and respect



DECLINED

My concerns were resolved successfully



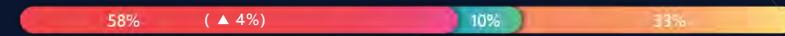
I felt my individual circumstances were taken into account



My complaint was addressed in a timely manner



Decisions on my complaint were clearly explained and easy to understand



My complaint was acknowledged in a timely manner



I felt that I was treated fairly



ACC's complaints process was easy to use



Staff were willing and able to help me



- Disagree
- Neither Agree / Disagree
- Agree
- Did Not Answer

*Based on 40 Responses in Quarter 2 2020/21

KEY FINDINGS:

- This Quarter the satisfaction of ACC's response to complaints resolutions has declined across many of the areas surveyed, with higher levels of dissatisfaction relating to Clients not feeling their concerns were resolved successfully and their individual circumstances were not taken into account.
- However there has been an improvement in the number of Clients agreeing they were kept informed about what to expect and how long the resolutions process would take and that they were treated with courtesy and respect.
- As shown in the table below, there continues to be a strong correlation between the complaint outcome and Client satisfaction with the complaints handling process. 100% of Clients surveyed who were satisfied with the process all had an outcome that went in their favour. Similarly, 75% of Clients surveyed who were dissatisfied with the process had an outcome that did not go in their favour. Dissatisfaction largely related to these Clients not feeling the decision was clearly explained to them and not feeling like their individual circumstances were taken into account.
- The learnings from this survey continue to reflect the importance of all ACC frontline staff keeping clients informed, setting clear expectations, regular communication especially when there are delays and following through with actions ACC has committed to.

RELATIONSHIP BETWEEN COMPLAINT OUTCOME AND SATISFACTION WITH COMPLAINT HANDLING

	NOT IN FAVOUR	IN FAVOUR	KEY THEMES
SATISFIED	0	12	100% Agree with the statement: My complaint was addressed in a timely manner and I felt that I was treated with courtesy and respect by the ACC staff members handling my complaint
NEUTRAL	1	3	No key themes due to low numbers for neutral responses
DISSATISFIED	18	6	IN FAVOUR: 100% disagree with the statement: Decisions and information around my complaint were clearly explained to me and were easy to understand and I felt my individual circumstances were taken into account
			NOT IN FAVOUR: 94% Disagree with the statement: My concerns were resolved successfully



CUSTOMER FEEDBACK REPORT

Quarterly Report - Analysis of Complaints escalated to Customer Resolutions

QUARTER THREE 2020/21

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TABLE OF CONTENTS

03

Executive Summary

04

Volume and ratio of complaints

05

Analysis of complaints by
Client Recovery stream

06

Severity of complaints and issues

07

Satisfaction levels for Client Recovery
clients

08

Timeframes to address complaints cases

09

Customer satisfaction of
complaints handling

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

EXECUTIVE SUMMARY

1. COMPLAINT VOLUMES AND RATIOS REMAIN STABLE

- The volume of complaints and the ratio of complaints to active entitlement claims in Quarter 3 2020/21 is consistent with Quarter 2.
- 444 complaints were escalated to the Customer Resolutions team in Quarter 3, an increase of 29 compared to the previous Quarter.
- The ratio of complaints remains at 4 complaints per 1,000 active entitlement claims.
- Within the four Client Recovery streams which managed 75% of active entitlement claims in the Quarter, the ratio of complaints ranges from <1 complaint per 1,000 claims for low complexity claims (Enabled Recovery) through to 5/6 complaints per 1,000 claims for more complex claims (Supported and Partnered Recovery). The higher ratios within Supported and Partnered are reflective of those claims being more complex with significantly more client interactions and decision points occurring.
- The number of Severity Two cases has also decreased this Quarter with 2 Severity Two cases recorded compared to 7 in Quarter 2 2020/21. These cases were largely relating to issues with customer service and entitlements.
- 94% of complaint cases were resolved within 20 days, consistent with performance levels in Quarter 2.
- The satisfaction of clients with ACC's response to complaints resolution has improved across many of the areas surveyed, noting the low sample size of respondents does increase the fluctuation of results each Quarter. The most significant improvements related to clients indicating decisions were clearly explained/easy to understand and they received timely acknowledgement of their complaint.

2. CUSTOMER SERVICE CONTINUES TO BE THE MOST SIGNIFICANT DRIVER OF COMPLAINTS

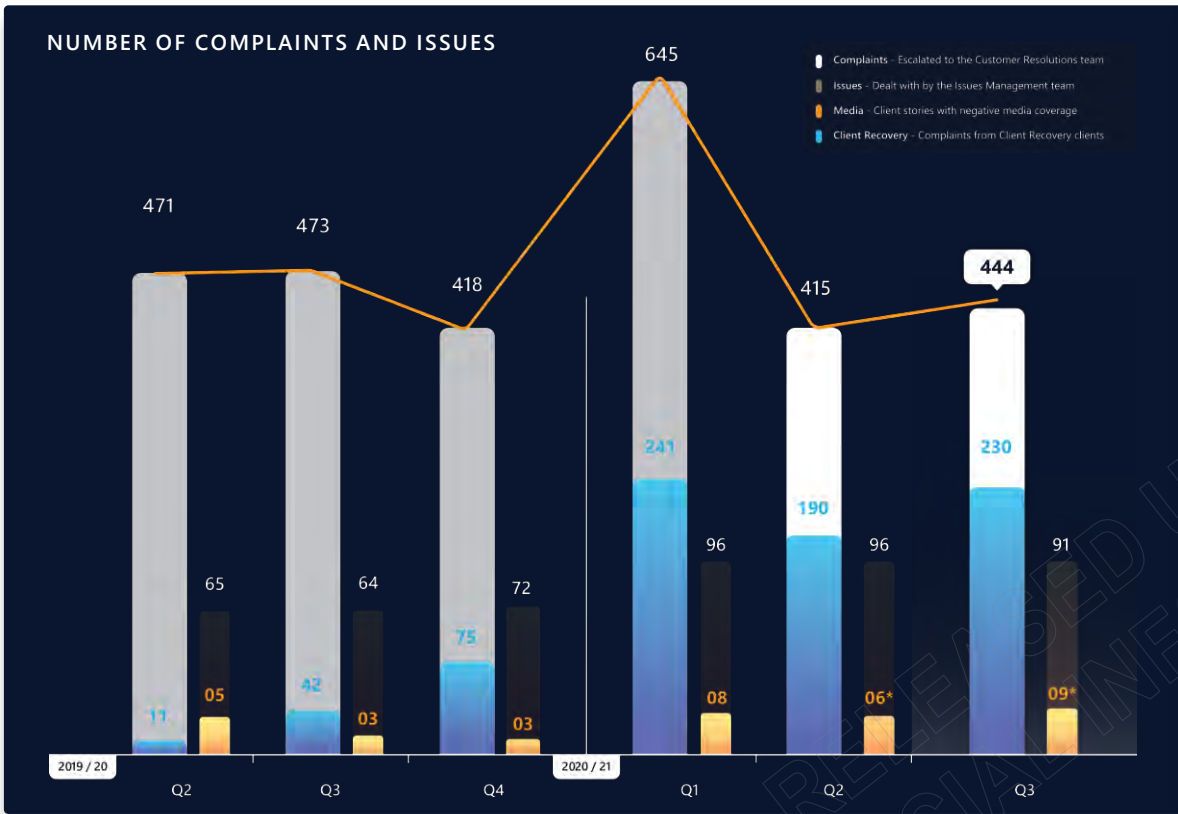
- Customer service continues to be the most significant driver of complaints, resulting in 48% of the complaints received in Quarter 3, with specific issues relating to clients feeling unsupported, concerns with staff attitude and not being kept informed.
- Feedback received via Heartbeat suggests the majority of client respondents (73%) are satisfied with their experience with ACC. Of the 17% of respondents expressing dissatisfaction, the majority of the issues were also in relation to customer service, particularly in respect of communication breakdowns and delays in responsiveness.
- The other top drivers of complaints continue to relate to weekly compensation at 18% (primarily delays and rate of payment and suspensions) and entitlements at 12% (primarily treatment and travel approvals).

3. CONTINUED FOCUS ON PEOPLE, OPERATIONAL AND TECHNOLOGY CHANGES TO IMPROVE THE CUSTOMER EXPERIENCE

- Focus remains on embedding workforce management, quality and performance, knowledge and capability practices, all key focus areas to drive improved customer experience.
- Three areas where specific actions are underway to improve customer experience include:
 1. **Lifting the capability of people** through numerous targeted initiatives including coaching, training and leaders' sessions aimed at supporting teams to achieve great operational and customer experience and identifying continuous improvement opportunities to be shared across the model.
 2. **Improving operational performance** through the rollout of ACC's 'single front door'.
 3. **Deploying technology changes** to automate tasks and eliminate unnecessary creation of tasks and claims.

(Refer to Slide 5 for further detail)
- In addition, Heartbeat will continue to play a significant role to monitor the customer experience of clients at key interaction moments ensuring any signs of dissatisfaction, service failings or needs for additional support are identified early.

THE VOLUME AND RATIO OF COMPLAINTS TO ACTIVE ENTITLEMENT CLAIMS IN QUARTER 3 REMAINS STABLE



VOLUME ANALYSIS

444 complaints were received in Quarter 3, a slightly higher volume compared to 415 received in Quarter 2 2020/21.

112K claims had active entitlements in Quarter 3. 75% of these claims were managed by Client Recovery streams; Enabled, Assisted, Supported and Partnered. The remainder were non-managed claims such as surgery, dental, hearing loss etc.

0.4% The overall ratio of complaints remains stable with 4 complaints received per 1,000 active entitlement claims. Refer to the table below for the ratio of complaints by Client Recovery stream, with further analysis provided on Slide 5.

48% of all complaints related to issues with customer service (primarily not feeling supported, delays in service), 18% related to weekly compensation (primarily delays and rate of payment and suspensions) and 12% related to entitlements (primarily treatment and travel approvals).

09 client stories were run by the media in Quarter 3 compared to 6 stories in the previous quarter. Media exposure is known to drive complaints therefore the increase of cases receiving media coverage may have contributed to complaint volumes this quarter.

28% of this quarter's complaints are repeat complainants.

Q3 RATIO ANALYSIS

	Number of Complaints	Number of Active Entitlement Claims
Q3 2020/21	444 7.0% ↓ From Q2	112k -0.9% ↑ From Q2
Q2 2020/21	415	113k

Ratio of Complaints to Total Active Entitlement Claims

0.4%
4 complaints per 1000 claims

0.4%
4 complaints per 1000 claims

RATIO ANALYSIS PER CLIENT RECOVERY STREAM

ENABLED	0.03%	(<1 complaint per 1000 claims)
ASSISTED	0.17%	(2 complaints per 1000 claims)
SUPPORTED	0.64%	(6 complaints per 1000 claims)
PARTNERED	0.46%	(5 complaints per 1000 claims)

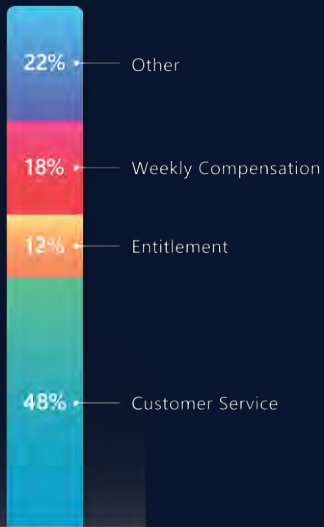
NB: The ratios above are indicative only because claims moved between streams throughout the quarter and complaints assigned to a stream at the end of the quarter did not necessarily arise in that stream

ANALYSIS OF COMPLAINTS BY CLIENT RECOVERY STREAM

KEY LEARNINGS

The more complex the claim, the greater the likelihood is of a client complaint.

Customer Service continues to be the most significant driver of complaints.



Q3 2020/21

RATIO & TOP DRIVERS OF COMPLAINTS

ENABLED

RATIO OF COMPLAINTS **<1:1000**

DRIVERS OF COMPLAINTS

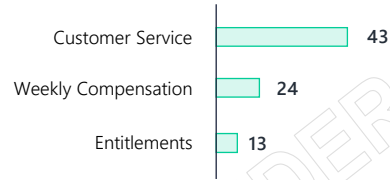


Primary issues related to clients not feeling supported and entitlement to treatments.

ASSISTED

RATIO OF COMPLAINTS **2:1000**

DRIVERS OF COMPLAINTS

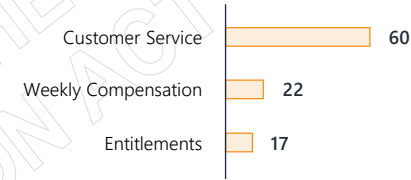


Primary issues related to clients not feeling supported, delays in service, entitlement to treatments and delays in weekly compensation.

SUPPORTED

RATIO OF COMPLAINTS **6:1000**

DRIVERS OF COMPLAINTS

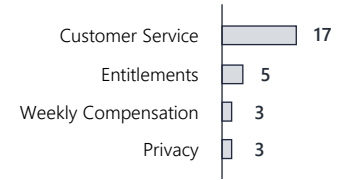


Primary issues related to clients not feeling supported/relationship with ACC staff, entitlements relating to treatment and the suspension/delays of weekly compensation.

PARTNERED

RATIO OF COMPLAINTS **5:1000**

DRIVERS OF COMPLAINTS



Primary issues related to clients not feeling supported, delays in service, entitlement to treatments and delays receiving weekly compensation.

ACTIONS UNDERWAY

ACTION

Lift People Capability

- Continuation of fortnightly formal and daily **side-by-side informal coaching sessions** between frontline leaders and their teams. **Performance monitoring** in place to track frequency, quality and topics covered.
- Leader learning huddles** commenced in April to support our teams with a renewed focus on applying the fundamental aspects of the operating model and good case management.
- 2 day aMAyZing Leaders sessions** in May focused on embedding the model with an emphasis on the role of our leaders to support their teams to achieve great operational and customer experience performance at the frontline.
- Client Service **Leaders regularly engaged in team operating rhythms/meetings** to identify continuous improvement opportunities and trends/themes that can be shared across the entire model.
- Hotline and other mentoring** via our Recovery Support model to help support our people to make quality and consistent decisions that best support our clients.

Improve Operational Performance

- Rollout of ACC's 'single front door' which will see the Contact Centre answer all Enabled and Assisted Recovery inbound calls, enabling improvements to both Customer and Operational performance.

Deployment of Technology Changes

- Automation of tasks and bulk closure of claims** that do not require support from ACC to ensure we are eliminating unnecessary tasks and claims that do not need to be opened as an active claim.

IMPACT OF ACTION

Continuously improving people capability will deliver better customer experience that we know are linked to the drivers of dissatisfaction. It will also ensure leaders are supported to regularly identify operational improvements to drive efficiencies and improve customer satisfaction.

Improved and consistent customer experience through reduced call wait times and efficiency of tasks allowing Recovery Assistants to focus on improving client recovery outcomes.

Increased efficiency of task handling and processing enabling staff to focus on those client needs that represent the highest value to supporting rehabilitation pathways.

EXPECTED IMPACT TIMEFRAMES

Ongoing.

Go live expected May 2021 (subject to recruitment).

End of June 2021.

ANALYSIS OF THE SEVERITY OF COMPLAINTS AND ISSUES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q3 2020/21 Complaints & Issues	388	69	02*	0
Q2 2020/21 Complaints & Issues	359	58	07	0

* SEVERITY TWO CUSTOMER IMPACT THEMES	HEALTH & SAFETY	FINANCIAL HARDSHIP	PRIVACY
Health and safety concerns (self-harm) were the main impact raised in the Severity Two client cases. <i>NOTE: Cases may have more than one impact theme.</i>	2	0	0

	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ENABLED RECOVERY	1	-	-
ASSISTED RECOVERY	18	-	-
SUPPORTED RECOVERY	15	1	-
PARTNERED RECOVERY	7	-	-
OTHER	28	1	-

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES IN QUARTER 3

SEVERITY TWO

02

of the complaints raised in Quarter 3 met the Severity Two threshold where ACC was considered not to have provided appropriate support and there was a significant impact on the client. The primary issues for these two cases related to customer service (inadequate communication) and cessation of entitlements.

SEVERITY ONE

62%

of Severity One complaints relate to issues with customer service, followed by privacy (12%), and weekly compensation (10%).

SEVERITY ZERO

388

complaints were assessed as a Severity Zero where there was no fault on ACC's behalf. Primary themes related to customer service (44%), weekly compensation (19%) and entitlements (13%). Of the 388 complaints, whilst there was no fault on ACC's behalf, 5% did have an impact on the customer (impacts such as health and safety and financial hardship).

NOTE: 13 of the 388 complaints are unresolved, ongoing or opened in user error.

SEVERITY DEFINITIONS

SEVERITY ZERO

ACC not at fault

SEVERITY ONE

ACC at fault but no impact

SEVERITY TWO

ACC at fault and impact

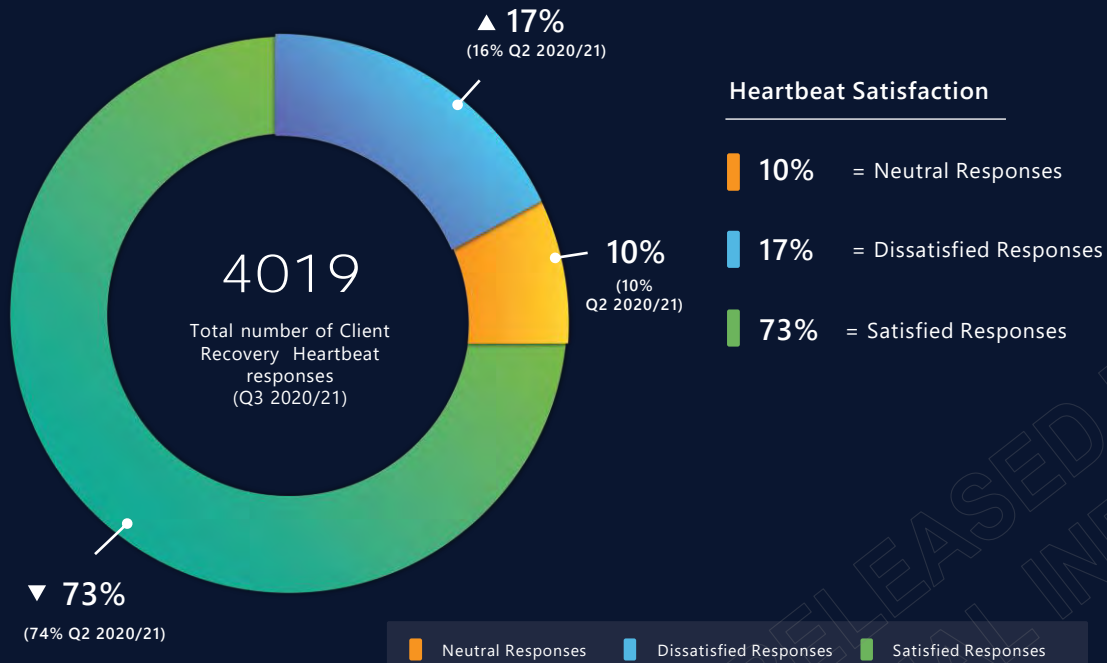
SEVERITY THREE

ACC at fault, impact and inadequate response

NOTE: See full severity definitions within the Dossier.

CUSTOMER SATISFACTION LEVELS VIA HEARTBEAT REMAIN STABLE WITH SOME SERVICING CHALLENGES EVIDENT

SATISFACTION BREAKDOWN OF SURVEY RESPONSES



CLIENT RECOVERY SATISFACTION RESULTS

	ENABLED	ASSISTED	SUPPORTED	PARTNERED
SATISFIED	80% ▼ (81% Q2 2020/21)	75% ▼ (76% Q2 2020/21)	70% ▼ (73% Q2 2020/21)	73% ▲ (70% Q2 2020/21)
NEUTRAL	8% ▲ (7% Q2 2020/21)	11% ▲ (10% Q2 2020/21)	11% ▲ (9% Q2 2020/21)	9% —
DISSATISFIED	12% —	14% —	19% ▲ (18% Q2 2020/21)	18% ▼ (21% Q2 2020/21)

LEARNINGS FROM QUARTER 3 2020/21 HEARTBEAT SURVEY OF KEY INTERACTION MOMENTS WITHIN CLIENT RECOVERY

73% of the 4019 Heartbeat respondents indicated they were satisfied with their interaction with ACC. This is a slight decrease from satisfaction levels of 74% in Quarter 2 2020/21 with the service level challenges related to responding to incoming calls and tasks within Assisted Recovery continuing to have impacted overall satisfaction in the Quarter.

61% of customers mentioned staff attitude (helpfulness, friendliness, knowledgeability etc.) when asked what they liked about their interaction with ACC. Communication was the main driver of dissatisfaction, with 9% of customers indicating this is what needs improving, followed by speed at 7%.

878 cases were opened in Heartbeat in Quarter 3 to actively respond and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation. This is a decrease compared to Quarter 2 where 1,043 cases were opened.

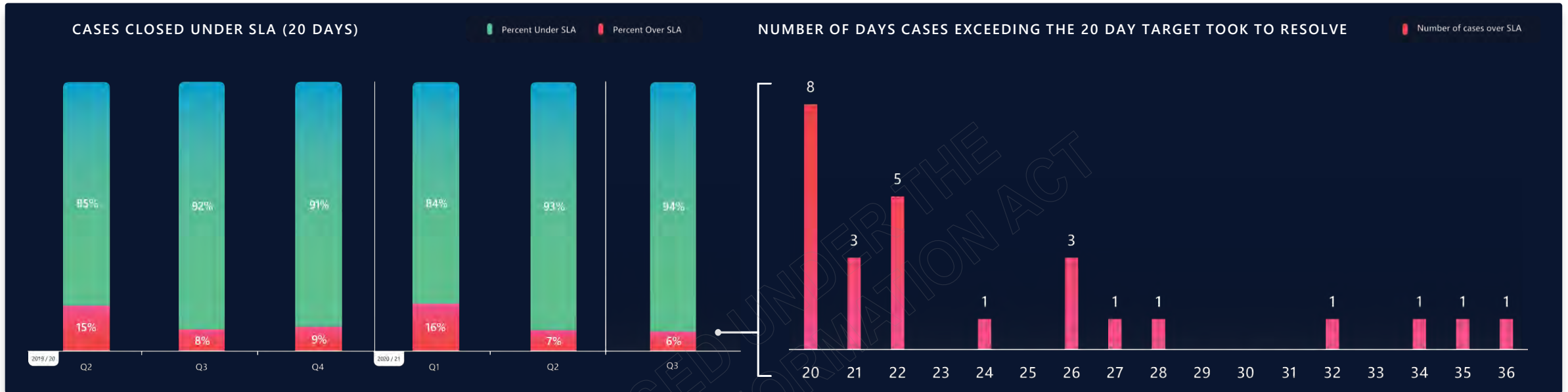
1.96 days was the average time taken to resolve customer queries/concerns raised through Heartbeat, reflecting the high importance the frontline is placing on reviewing and responding to customer feedback.

366 frontline staff (including Contact Centre staff) were specifically acknowledged by clients as providing high quality service in their feedback between January – March 2021. Each of these staff members have received a thank you card or an email from a member of the Executive team to acknowledge their efforts.

ACTIONS UNDERWAY

- Customer feedback received via Heartbeat continues to be monitored daily. Rules embedded in the platform trigger cases to be generated for action by the staff member who had the last interaction with the client, ensuring ACC takes early action on the first sign of dissatisfaction prior to any formal escalation.
- The first stages of the rollout of the Client Experience Check-in commenced in March 2021 which is using analytical approaches to detect the early signs of service failings and trigger alerts through the Heartbeat platform that prompt staff to proactively intervene to recover the service experience.

94% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

94% of complaints were resolved this Quarter within 20 days. Of the cases exceeding the 20 day timeframe, 46% of them were cases requiring investigation under the Code of ACC Claimants' Rights which are known to take longer to resolve. The longest resolution duration this Quarter was 36 days, compared to 48 days in Quarter 2 2020/21.

46% of those cases exceeding the targeted 20-day timeframe were dealt with under the Code of ACC Claimants' Rights which is known to take longer than cases dealt with at the local level. (▲ 6%)

69% of cases exceeding 20 days resolution were complaints related to customer service (primarily not feeling supported and relationship with ACC staff member).

ACTIONS TO ADDRESS

- Focus remains on ensuring timeliness of complaint investigations and closures. Quality checks and an over 20-day report are used by the Customer Resolutions team management to monitor performance, facilitating resolution of complaints as early as possible.

SPOTLIGHT ON LONGEST CASES TO RESOLVE

32 days to resolve:

Client and advocate sent through detailed issues with their claim and communication concerns that they wanted investigated under the Code. Code findings issued and no breaches found.

34 days to resolve:

Complaint raised by advocate for payment of invoice. Code investigation completed and no breaches found. Payment of invoice has been resolved.

35 days to resolve:

Client raised concerns around information being provided. Has multiple reviews ongoing. Client has been issued an apology and Code Breaches have been found (Rights 5 & 6 – effective communication and being fully informed).

36 days to resolve:

Client raised a multitude of issues across government parties. Client has continued to add more concerns/issues for the Customer Resolutions team to investigate. Still ongoing investigations.

THERE IS A RELATIONSHIP BETWEEN THE COMPLAINT OUTCOME AND CLIENT SATISFACTION WITH THE COMPLAINT HANDLING PROCESS

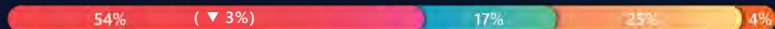
COMPARISON OF COMPLAINTS HANDLING AGAINST QUARTER 2

IMPROVED

I felt my individual circumstances were taken into account



My complaint was addressed in a timely manner



I was kept informed about what to expect and how long it might take



My complaint was acknowledged in a timely manner



Decisions on my complaint were clearly explained and easy to understand



I felt that I was treated with courtesy and respect



DECLINED

My concerns were resolved successfully



I felt that I was treated fairly



ACC's complaints process was easy to use



Staff were willing and able to help me



- Disagree
- Neither Agree / Disagree
- Agree
- Did Not Answer

*Based on 24 Responses in Quarter 3 2020/21

KEY FINDINGS:

- This Quarter the satisfaction of clients with ACC's response to complaints resolution has improved across many of the areas surveyed, with the most significant improvements relating to clients indicating decisions were clearly explained/easy to understand and they received timely acknowledgement of their complaint.
- However, there are some areas where performance has declined, including an increase in the number of clients who did not feel they were treated fairly, and staff were willing to help them. It is important to note that the low response volumes do impact on the overall fluctuation of these results.
- As shown in the table below, there continues to be a strong correlation between the complaint outcome and client satisfaction with the complaints handling process. 100% of clients surveyed who were satisfied with the process all had an outcome that went in their favour. Similarly, 75% of clients surveyed who were dissatisfied with the process had an outcome that did not go in their favour. Dissatisfaction largely related to these clients not feeling their concerns were resolved successfully and not feeling like their individual circumstances were taken into account.
- The learnings from this survey continue to reflect the importance of all ACC frontline staff keeping clients informed, setting clear expectations, regular communication especially when there are delays and following through with actions ACC has committed to.

RELATIONSHIP BETWEEN COMPLAINT OUTCOME AND SATISFACTION WITH COMPLAINT HANDLING

	NOT IN FAVOUR	IN FAVOUR	KEY THEMES
SATISFIED	0	4	Satisfied respondents largely agreed with all survey questions.
NEUTRAL	2	1	No key themes due to low numbers for neutral responses.
DISSATISFIED	11	6	IN FAVOUR: Dissatisfied respondents did not agree they were treated fairly and their individual circumstances were taken into account.
			NOT IN FAVOUR: Dissatisfied respondents did not agree their concerns were resolved successfully or they were treated fairly.

QUARTER FOUR 2020/21

CUSTOMER FEEDBACK REPORT

Quarterly Report - Analysis of Complaints escalated to Customer Resolutions

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



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

EXECUTIVE SUMMARY

1. COMPLAINT RATIO REMAINS STABLE DESPITE AN INCREASE IN COMPLAINT VOLUMES

- The volume of complaints received increased by 16%, from 444 in Quarter 3 2020/21 to 513 in Quarter 4.
- However, the ratio of complaints to active entitlement claims remained stable at approximately 4 complaints per 1,000 claims (0.39% in Quarter 3 and 0.43% in Quarter 4).
- The increase in complaint volumes can be partially explained by a 6% increase in the number of active entitlement claims managed in Quarter 4.
- Within the four Client Recovery teams which managed 74% of active entitlement claims in the quarter, the ratio of complaints ranges from <1 complaint per 1,000 claims for low complexity claims (Enabled Recovery) through to 5/7 complaints per 1,000 claims for more complex claims (Supported and Partnered Recovery). The higher ratios within Supported and Partnered are reflective of those claims being more complex with significantly more client interactions and decision points occurring.
- There were 3 Severity Two cases this quarter compared to 2 Severity Two cases recorded in Quarter 3 2020/21. These cases related to issues with customer service and decisions on cover and weekly compensation.
- 94% of complaint cases were resolved within 20 days, consistent with performance levels in Quarter 3 2020/21.
- The satisfaction of clients with ACC's response to complaints resolution has improved across most of the areas surveyed. Significant improvements related to clients indicating they were treated fairly, the complaints process was easy, and their concerns were resolved successfully.

2. CUSTOMER SERVICE CONTINUES TO BE THE MOST SIGNIFICANT DRIVER OF COMPLAINTS

- Customer service continues to be the most significant driver of complaints, resulting in 47% of the complaints received in Quarter 4, with specific issues relating to clients feeling unsupported, concerns with staff attitude and not being kept informed.

- The customer service challenges relating to clients within the Assisted and Supported Recovery teams (including long call wait times and delays in responsiveness) continue to be monitored within complaint volumes. These issues have been raised within complaints this quarter, but to a much lesser extent compared to previous quarters, particularly Quarter 1 2020/21.
- Feedback received via Heartbeat suggests the majority of client respondents (73%) are satisfied with their experience with ACC, particularly with the attitude and helpfulness of ACC staff. Of the 19% of respondents expressing dissatisfaction, the majority of the issues were also in relation to customer service, particularly in respect of staff attitude, communication breakdowns and delays in responsiveness.
- The other top drivers of complaints continue to relate to weekly compensation at 15% (primarily delays and rate of payment and suspensions) and entitlements at 14% (primarily treatment and travel approvals).

3. CONTINUED FOCUS ON PEOPLE, OPERATIONAL AND EARLY INTERVENTION TO IMPROVE THE CUSTOMER EXPERIENCE.

- Focus remains on improving practices where workforce management, quality and performance, knowledge and capability are key focuses to drive improved customer experience.
- Three areas where specific actions are underway to improve customer experience include:
 1. **Lifting the capability of people** through numerous targeted initiatives including coaching, training and leaders' sessions aimed at supporting teams to achieve great operational and customer experience and identifying continuous improvement opportunities to be shared across the model.
 2. **Improving operational performance** through 'One front door'.
 3. **Early identification** of clients needing further support through the rollout of 'Client Experience Check-in'.

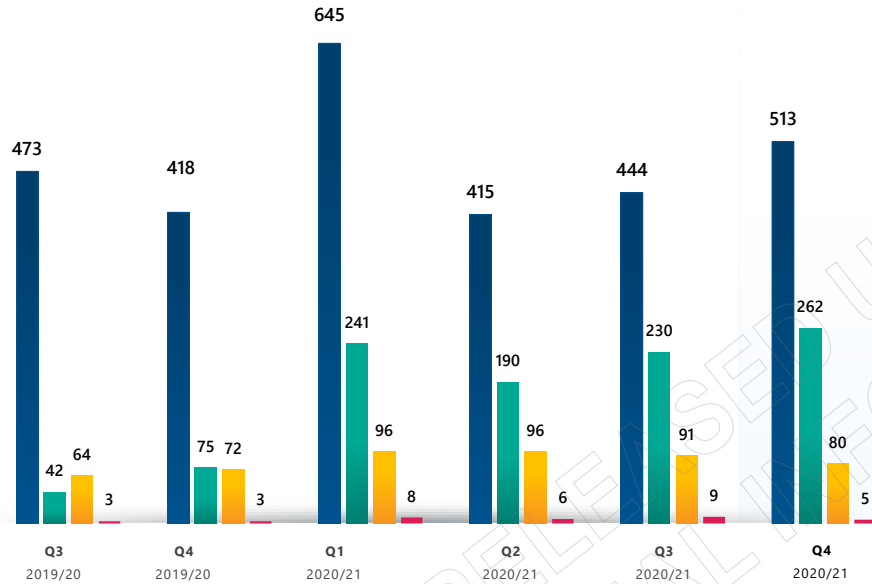
(Refer to Slide 4 for further detail)

- In addition, Heartbeat will continue to play a significant role to monitor the customer experience of clients at key interaction moments ensuring any signs of dissatisfaction, service failings or needs for additional support are identified early.

COMPLAINT RATIO REMAINS STABLE DESPITE AN INCREASE IN COMPLAINT VOLUMES

NUMBER OF COMPLAINTS AND ISSUES

■ Complaints - Escalated to the Customer Resolutions team
■ Client Recovery - Complaints from Client Recovery clients
■ Issues - Dealt with by the Issues Management team
■ Media - Client stories with negative media coverage



VOLUME ANALYSIS

513

complaints were received in Quarter 4, a 16% increase compared to Quarter 3 2020/21.

119k

claims had active entitlements in Quarter 4, a 6% increase compared to Quarter 3. 74% of these claims were managed by Client Recovery teams. The remainder were non-managed claims such as surgery, dental, hearing loss etc.

0.43%

The overall ratio of complaints remains stable with approximately 4 complaints received per 1,000 active entitlement claims. Refer to the table below for the ratio of complaints by Client Recovery team, with further analysis provided on Slide 4.

47%

of all complaints related to issues with customer service (primarily not feeling supported, relationship with ACC staff), 15% related to weekly compensation (primarily delays and rate of payment) and 14% related to entitlements (primarily treatment and travel approvals).

05

client stories were run by the media in Quarter 4 compared to 9 stories in the previous quarter.

29%

of this quarter's complaints are repeat complainants.

QUARTER 4 RATIO ANALYSIS

Number of Complaints

Number of Active Entitlement Claims

Q4 2020/21 **513** 16% ↑
From Q3

119k 6% ↑
From Q3

Ratio of Complaints to Total Active Entitlement Claims

0.43%

4.3 complaints per 1000 claims

Q3 2020/21 **444**

112k

0.39%

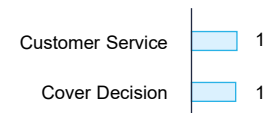
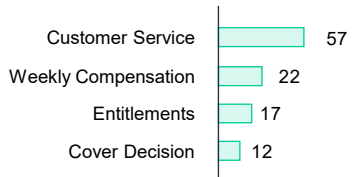
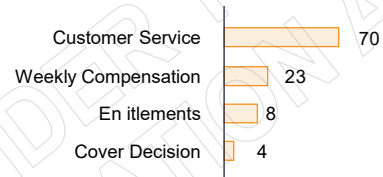
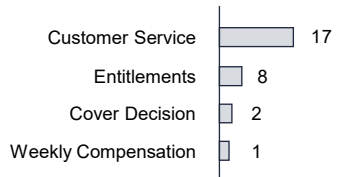
3.9 complaints per 1000 claims

RATIO ANALYSIS PER CLIENT RECOVERY TEAM

			Previous Quarter
Enabled	0.02%	(<1 complaint per 1000 claims)	0.03% (Q3 2020/21)
Assisted	0.20%	(2 complaints per 1000 claims)	0.17% (Q3 2020/21)
Supported	0.68%	(7 complaints per 1000 claims)	0.64% (Q3 2020/21)
Partnered	0.46%	(5 complaints per 1000 claims)	0.46% (Q3 2020/21)

NB: The ratios above are indicative only because claims moved between teams throughout the quarter and complaints assigned to a team at the end of the quarter did not necessarily arise in that team

ANALYSIS OF COMPLAINTS BY CLIENT RECOVERY TEAM

Enabled	Assisted	Supported	Partnered
<p>RATIO OF COMPLAINTS</p> <h2><1:1000</h2> <p>DRIVERS OF COMPLAINTS</p>  <p>Customer Service 1 Cover Decision 1</p> <p>Primary issues related to clients not feeling supported, delays in service, entitlement to treatment and delays in weekly compensation.</p>	<p>RATIO OF COMPLAINTS</p> <h2>2:1000</h2> <p>DRIVERS OF COMPLAINTS</p>  <p>Customer Service 57 Weekly Compensation 22 Entitlements 17 Cover Decision 12</p> <p>Primary issues related to clients not feeling supported, delays in service, entitlement to treatment and delays in weekly compensation.</p>	<p>RATIO OF COMPLAINTS</p> <h2>7:1000</h2> <p>DRIVERS OF COMPLAINTS</p>  <p>Customer Service 70 Weekly Compensation 23 Entitlements 8 Cover Decision 4</p> <p>Primary issues related to clients not feeling supported/relationship with ACC staff, entitlements relating to treatment and delays of weekly compensation.</p>	<p>RATIO OF COMPLAINTS</p> <h2>5:1000</h2> <p>DRIVERS OF COMPLAINTS</p>  <p>Customer Service 17 Entitlements 8 Cover Decision 2 Weekly Compensation 1</p> <p>Primary issues related to clients not feeling supported, delays in service, entitlement to treatment and delays receiving weekly compensation.</p>
ACTION	IMPACT OF ACTION	EXPECTED IMPACT TIMEFRAMES	
<p>Lift People Capability</p> <ul style="list-style-type: none"> A. Assessing ongoing support learning huddle (underway) – focusing on being open and transparent in our communications when assessing the cause for a client’s need for ongoing time off work or requests for support. B. Client Conversations learning huddle (planned) - focusing on open and transparent conversations with clients throughout their recovery journey, setting clear expectations and ensuring we are working together towards the recovery goal. C. Employer Conversations learning huddle (planned) – focusing on open and transparent conversations with employers and being clear on the support available to help return their employee to work 	<p>Continued emphasis on providing high quality customer service through improved communications and ensuring client’s expectations and understanding of their recovery pathway are clear up front.</p>	<p>Ongoing</p>	
<p>Improve Operational Performance</p> <ul style="list-style-type: none"> A. The ‘One Front Door’ initiative commenced in May 2021 which means customers are now channelled through ACC’s Customer Contact Centre, instead of multiple contact points, creating greater levels of consistency. 	<p>Improved customer experience through reduced call wait times and improved responsiveness to tasks, increasing the capacity of staff to focus on the rehabilitation needs of injured clients.</p>	<p>Ongoing</p>	
<p>Focus on Early Identification</p> <ul style="list-style-type: none"> A. Further rollout of ‘Client Experience Check-in’ which is using analytical approaches to detect the early signs of service failings and trigger alerts through the Heartbeat platform that prompt staff to proactively make contact with the Client. 	<p>Improved Client recovery through early identification of issues and prevention of further escalation due to proactive contact from ACC.</p>	<p>Ongoing in sites with Supported and Partnered recovery teams. Design for rollout to Assisted Recovery is underway.</p>	

ANALYSIS OF THE SEVERITY OF COMPLAINTS AND ISSUES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q4 2020/21 Complaints & Issues	442	75	03*	0
Q3 2020/21 Complaints & Issues	388	69	02	0

* SEVERITY TWO CUSTOMER IMPACT THEMES

Health and safety concerns (self-harm) and financial hardship were the main impacts raised in the Severity Two client cases.

NOTE: Cases may have more than one impact theme.

	HEALTH & SAFETY	FINANCIAL HARDSHIP	PRIVACY
	01	02	0

	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ENABLED	1	-	-
ASSISTED	18	-	-
SUPPORTED	11	1	-
PARTNERED	4	-	-
OTHER	41	2	-

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

03

of the complaints raised in Quarter 4 met the Severity Two threshold where ACC was considered not to have provided appropriate support and there was a significant impact on the client. The primary issues for these three cases related to customer service (inadequate communication) from a Third-Party Administrator, cover decisions and delays to issue a decision on weekly compensation.

SEVERITY ONE

60%

of Severity One complaints relate to issues with customer service, followed by weekly compensation (16%), and privacy (9%).

SEVERITY ZERO

442

complaints were assessed as a Severity Zero where there was no fault on ACC's behalf. Primary themes related to customer service (45%), entitlements (15%) and weekly compensation (14%). Of the 442 complaints, whilst there was no fault on ACC's behalf, 5% did have an impact on the customer (impacts such as health and safety and financial hardship).

NOTE: 17 of the 442 complaints are unresolved, ongoing or opened in user error.

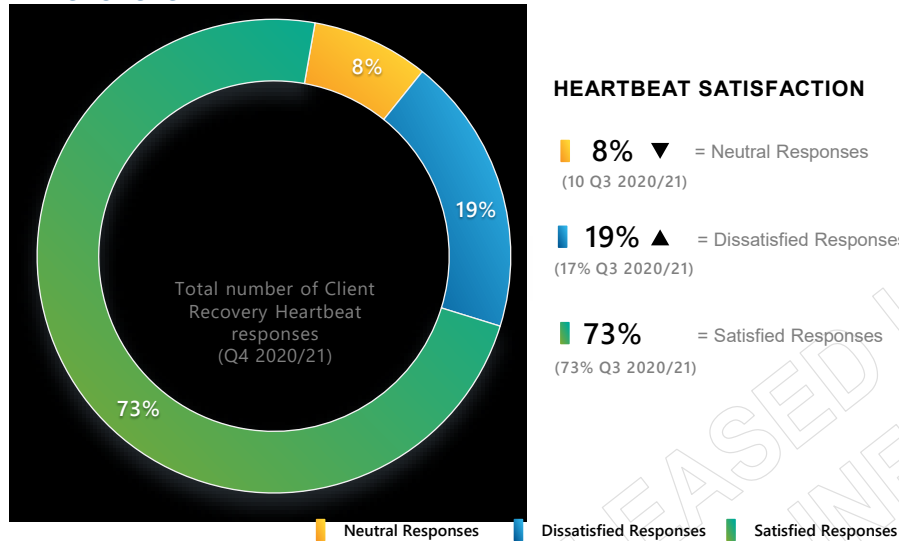
SEVERITY DEFINITIONS

SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ACC not at fault	ACC at fault but no impact	ACC at fault and impact	ACC at fault, impact and inadequate response

NOTE: See full severity definitions within the Dossier.

CUSTOMER SATISFACTION LEVELS VIA HEARTBEAT REMAIN STABLE

SATISFACTION BREAKDOWN OF CLIENT RECOVERY SURVEY RESPONSES



CLIENT RECOVERY SATISFACTION RESULTS

	ENABLED	ASSISTED	SUPPORTED	PARTNERED
SATISFIED	79% ▼ (80% Q3 2020/21)	76% ▲ (75% Q3 2020/21)	70% — (70% Q3 2020/21)	66% ▼ (73% Q3 2020/21)
NEUTRAL	6% ▼ (8% Q3 2020/21)	11% — (11% Q3 2020/21)	9% ▼ (11% Q3 2020/21)	11% ▲ (9% Q3 2020/21)
DISSATISFIED	15% ▼ (12% Q3 2020/21)	13% ▼ (14% Q3 2020/21)	21% ▲ (19% Q3 2020/21)	23% ▲ (18% Q3 2020/21)

LEARNINGS FROM QUARTER 4 2020/21 HEARTBEAT SURVEY OF KEY INTERACTION MOMENTS WITHIN CLIENT RECOVERY

73% of the 3317 Heartbeat respondents indicated they were satisfied with their interaction with ACC. This is the same satisfaction level of 73% in Quarter 3 2020/21.

60% of customers mentioned staff attitude (helpfulness, friendliness, knowledgeability etc.) when asked what they liked about their interaction with ACC. Similarly, staff attitude was one of the main drivers of dissatisfaction, as well as issues with fairness, speed and ease of dealing with ACC.

760 cases were opened in Heartbeat in Quarter 4 to actively respond and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation. This is a decrease compared to Quarter 3 where 878 cases were opened.

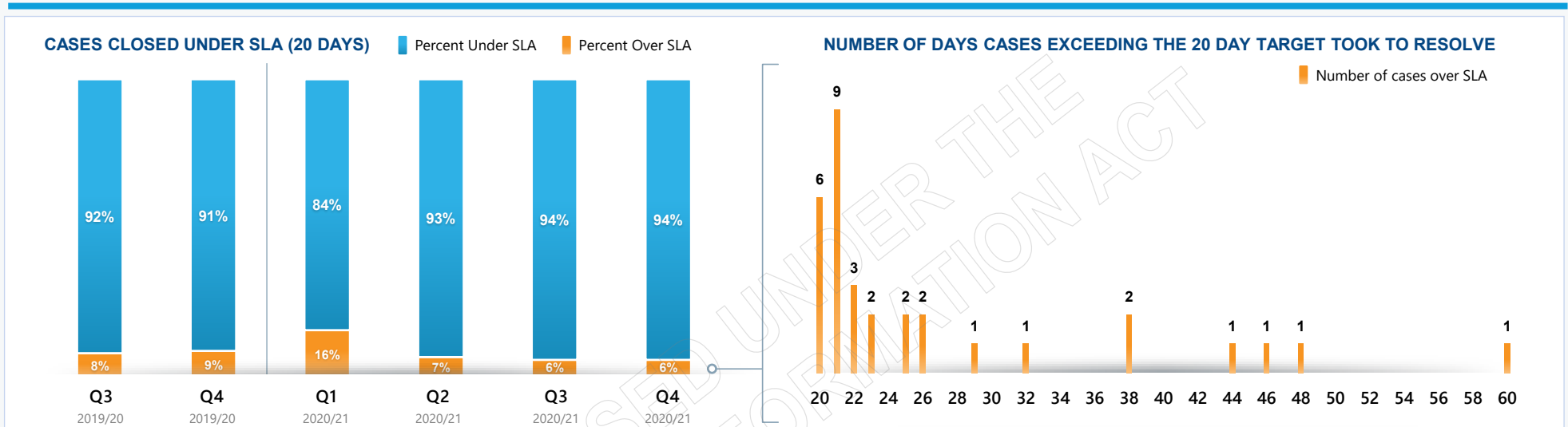
2.08 days was the average time taken to resolve customer queries/concerns raised through Heartbeat, reflecting the high importance the frontline is placing on reviewing and responding to customer feedback.

272 frontline staff (including Contact Centre staff) were specifically acknowledged by clients as providing high quality service in their feedback between April - June 2021. Each of these staff members has received a thank you card or an email from a member of the Executive team to acknowledge their efforts.

ACTIONS UNDERWAY

- Customer feedback received via Heartbeat continues to be monitored daily. Rules embedded in the platform trigger cases to be generated for action by the staff member who had the last interaction with the client, ensuring ACC takes early action on the first sign of dissatisfaction prior to any formal escalation.
- The Client Experience Check-in uses analytical approaches to detect the early signs of service failings and trigger alerts through the Heartbeat platform. This prompts staff to proactively make contact with the client. It has been rolled out to Supported and Partnered recovery teams. Design for rollout to Assisted Recovery is underway.

94% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

94% of complaints were resolved this Quarter within 20 days. Of the cases exceeding the 20 day timeframe, 34% of them were cases requiring investigation under the Code of ACC Claimants' Rights which are known to take longer to resolve. The longest resolution duration this Quarter was 60 days, compared to 36 days in Quarter 3 2020/21.

34% of those cases exceeding the targeted 20-day timeframe were dealt with under the Code of ACC Claimants' Rights which is known to take longer than cases dealt with at the local level. (▼ 12%)

63% of cases exceeding 20 days resolution were complaints related to customer service (primarily not feeling supported and relationship with ACC staff member).

ACTIONS TO ADDRESS

- Focus remains on ensuring timeliness of complaint investigations and closures. Quality checks and an over 20-day report are used by the Customer Resolutions team management to monitor performance, facilitating resolution of complaints as early as possible.

SPOTLIGHT ON LONGEST CASES TO RESOLVE

44 days to resolve

Client requested numerous documents to be removed from their file and not used for a new mental injury assessment - ACC took time to review these documents and during this process a Code complaint was made, leading to this investigation.

46 days to resolve

A Solicitor on behalf of a treatment provider requested an investigation into treatment injuries lodged against the provider. Customer Resolutions required guidance from the Privacy and Legal team before responding to their concerns.

48 days to resolve

Advocate raised multiple concerns with the management of the claim and the Code investigation details needed to be confirmed. Customer Resolutions also needed to discuss elements of the complaint with various teams across ACC before responding.

60 days to resolve

Client raised issues with the management of their claim that they wanted to be investigated under the Code. Customer Resolutions needed the client to confirm their complaint points however it took some time for the client to provide their response.

SATISFACTION WITH ACC'S HANDLING OF COMPLAINTS HAS IMPROVED

SUMMARY OF COMPLAINTS HANDLING PERFORMANCE

Disagree Neither Agree / Disagree Agree Did Not Answer

IMPROVED

My complaint was addressed in a timely manner



My complaint was acknowledged in a timely manner



Decisions on my complaint were clearly explained and easy to understand



I felt that I was treated fairly



Staff were willing and able to help me



I felt my individual circumstances were taken into account



I was kept informed about what to expect and how long it might take



ACC's complaints process was easy to use



My concerns were resolved successfully



DECLINED

I felt that I was treated with courtesy and respect



*Based on 41 Responses in Quarter 4 2020/21

KEY FINDINGS:

- This Quarter the satisfaction of clients with ACC's response to complaints resolution has improved across many of the areas surveyed, with the most significant improvements relating to clients indicating they were treated fairly, the process was easy and their concerns were resolved successfully.
- Whilst performance has declined slightly in relation to clients feeling they were treated with courtesy and respect by ACC staff handling their claims, this is the area where clients consistently indicate ACC performs highly when providing feedback through Heartbeat throughout key interaction moments.
- As shown in the table below, there continues to be a strong correlation between the complaint outcome and client satisfaction with the complaints handling process. Almost all clients surveyed who were satisfied with the process all had an outcome that went in their favour. Similarly, the majority of clients surveyed who were dissatisfied with the process had an outcome that did not go in their favour. Dissatisfaction largely related to these clients not feeling their concerns were resolved successfully and not feeling like their individual circumstances were taken into account.
- The learnings from this survey continue to reflect the importance of all ACC frontline staff keeping clients informed, setting clear expectations, regular communication especially when there are delays and following through with actions ACC has committed to. These are focus areas during regular training and coaching conversations.

RELATIONSHIP BETWEEN COMPLAINT OUTCOME AND SATISFACTION WITH COMPLAINT HANDLING

	NOT IN FAVOUR	IN FAVOUR	KEY THEMES
Satisfied	1	12	100% Agree with the following statements: I felt that I was treated fairly and my complaint was addressed in a timely manner.
Neutral	3	4	No key themes due to low numbers for neutral responses.
Dissatisfied	15	6	IN FAVOUR: 100% disagree with the following statements: My concerns were resolved successfully and I felt my individual circumstances were taken into account. NOT IN FAVOUR: 87% disagree with the following statement: Staff were willing and able to help me.

FY 2020/21 CUSTOMER FEEDBACK YEAR IN REVIEW

Drivers of Complaints

CUSTOMER SERVICE

49% of all complaints



- Not feeling supported concerns with case manager and not being kept informed

WEEKLY COMPENSATION

15% of all complaints



- Payment rates, delays and decline decisions

ENTITLEMENTS

14% of all complaints



- Decline decisions, suspensions and independence allowance/lump sum payments

Volumes

2,017

Complaints escalated to the Customer Resolutions team

4:1000

On average 4 in 1000 active entitlement claims resulted in a complaint



91%

of complaints were resolved within 20 days

Severity One Cases

303

ACC at fault but no impact

Severity Two Cases

21

ACC at fault and impact

Severity Three Cases

0

ACC at fault, impact and inadequate response

Analysis



52% MALES

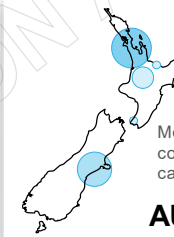
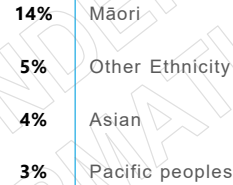


45% FEMALES

3% of claimants did not specify gender

70%

Clients of European descent accounted for the majority of complaints



Most complaints came from
AUCKLAND

From clients that had complained within the 2019-20 FY

26%

were repeat complainants

Early Identification

16,696

Clients gave feedback via **HEARTBEAT**

73%



of clients surveyed were happy with their experience

3,569

Heartbeat cases were opened to actively respond and resolve customer concerns

1,146

Thank you cards were sent to frontline staff acknowledging great feedback from clients

Key Actions to Improve Services

- Rollout of 'One Front Door'
- Further rollout of Client Experience Check-in
- New Heartbeat key interaction moments added

- Centralised clinical and technical support groups
- Dedicated Payments team
- Continued focus on lifting people capability through ongoing coaching sessions

- Technology changes to automate tasks
- Hotline and mentoring support via Recovery support model

QUARTER ONE 2021/22

CUSTOMER FEEDBACK REPORT

Section 1: Analysis of Q1 Complaints escalated to Customer Resolutions

Section 2: Overview of Q1 Customer Performance related to Trust and Satisfaction



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

EXECUTIVE SUMMARY

Section 1: Analysis of Quarter 1 2021/22 Complaints

COMPLAINT VOLUMES DECREASED

- There were 19% fewer complaints received in Quarter 1 2021/22 compared to the previous quarter (418, down from 513 in Quarter 4 2020/21). Factors which may have contributed to the decrease are outlined on slide 4.
- The overall ratio of complaints to active entitlement claims remains stable at ~4 complaints per 1,000 claims.
- Within the four Client Recovery teams the ratio of complaints ranges from <1 complaint per 1,000 claims for low complexity claims (Enabled Recovery) through to 6/8 complaints per 1,000 claims for more complex claims (Supported and Partnered Recovery). The higher ratios within Supported and Partnered are reflective of those claims being more complex with significantly more client interactions and decision points occurring.

THE NUMBER OF SEVERITY TWO AND THREE CASES INCREASED

- There were 7 cases deemed to be severity two in Quarter 1, compared to 3 in the previous quarter. Of these, 6 were client complaints escalated to the Customer Resolutions team, and 1 was an issue that was raised and dealt with primarily by ACC's Issues Management function.
- Customer service concerns were the main driver of these complaints and health and safety risks (self-harm) were raised by 5 of the 8 cases.
- The increase in deemed severity cases is due to more clients identifying with material financial and well-being challenges, compared with the previous quarter. Volumes and customer impact themes are similar to those recorded in the last nationwide lockdown in Quarter 4 2019/20.

- There was 1 case deemed to be a severity three in Quarter 1 where there were service failings, significant impact on the client and reputational risk for ACC relating to how this case was handled. Refer to the dossier (Appendix 2) for further details on the severity two and three cases.

CUSTOMER SERVICE CONTINUES TO BE THE MOST SIGNIFICANT DRIVER OF COMPLAINTS

- 49% of the complaints received in Quarter 1 related to customer service, with specific issues relating to clients feeling unsupported, delays in service and not being kept informed.
- The other top drivers of complaints continue to relate to entitlements at 14% (primarily treatment and travel approvals) and weekly compensation at 12% (primarily delays and rate of weekly compensation).

CONTINUED FOCUS ON COMPLAINTS HANDLING PROCESS

- 92% of complaint cases were resolved within 20 days, similar to performance levels in Quarter 4 2020/21.
- 39% of those cases that exceeded 20 days, were ones dealt with under the Code of ACC Claimants' Rights which are known to take longer to resolve.
- The satisfaction of the resolutions process has improved in over 50% of the areas surveyed, with significant improvements relating to clients indicating they felt treated with courtesy and respect. However, there was a decline in performance relating to clients not feeling like their individual circumstances were taken into account.

NB: IMPACT OF COVID-19 ON COMPLAINT VOLUMES OUTLINED ON SLIDE 9

Section 2: Overview of Quarter 1 2021/22 Trust and Satisfaction Performance

- This quarter the scope of the Customer Feedback Report has been broadened to provide a high-level overview of the key drivers that influence Client, Business Customer and Provider trust with ACC.
- Slides 11-13 provide visibility of Q1 performance related to the customer's perception of their overall relationship with ACC via net trust scores, as well as satisfaction results at an interaction level, received via Heartbeat (ACC's closed loop feedback platform).

SECTION 1:

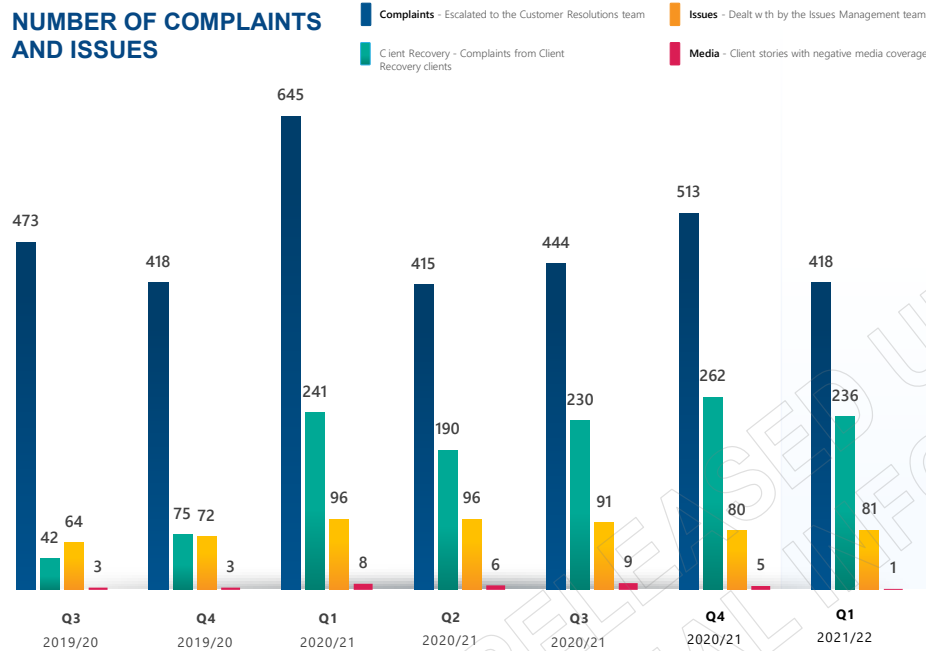
ANALYSIS OF Q1 COMPLAINTS ESCLATED TO CUSTOMER RESOLUTIONS

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



COMPLAINT VOLUMES DECREASED BY 19% THIS QUARTER

NUMBER OF COMPLAINTS AND ISSUES



VOLUME ANALYSIS

- 418 complaints were received in Quarter 1, a 19% decrease compared to Quarter 4 2020/21.
- The overall ratio of complaints remained stable with ~4 complaints received per 1,000 active entitlement claims. Refer to table below for the ratio of complaints by Client Recovery team, with further analysis provided on slide 5.
- 49% of all complaints related to issues with customer service (primarily not feeling supported, delays in service), 14% related to entitlements (primarily treatment and travel approval) and 12% related to weekly compensation (delays and rate of WC).
- 27% of this quarter's complaints were repeat complainants.
- The percentage of Māori complainants remains consistent with previous quarters at 12%.

FACTORS WHICH MAY HAVE CONTRIBUTED TO THE DECLINE OF COMPLAINTS

- 7.5% fewer active entitlement claims in Quarter 1 compared to the previous quarter.
- No suspension, vocational independence or debt recovery decisions were issued during the lockdown Level 4 period of Quarter 1.
- Continued focus on improving customer experience by lifting people capability, improving operational performance and early identification of clients who may need further support (as outlined further on slide 5).
- Only 1 client case received negative media coverage in the quarter compared to 5 in the previous quarter.

QUARTER 4 RATIO ANALYSIS

	Number of Complaints	Number of Active Entitlement Claims
Q1 2021/22	418 19% ↓ From Q4	110k 7.5% ↓ From Q4
Q4 2020/21	513	119k

Ratio of Complaints to Total Active Entitlement Claims

0.38%

4 complaints per 1000 claims

0.43%

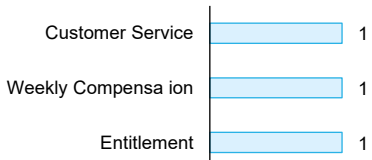
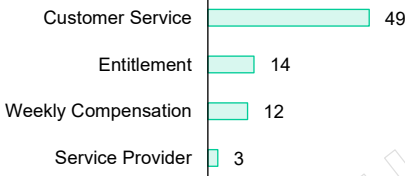
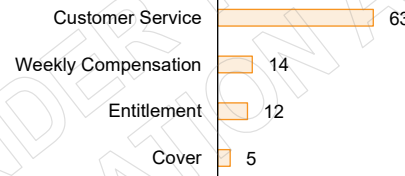
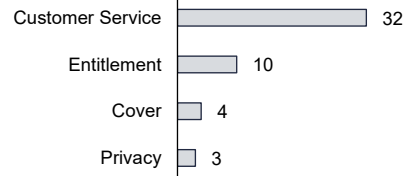
4 complaints per 1000 claims

RATIO ANALYSIS PER CLIENT RECOVERY TEAM

			Previous Quarter
Enabled	0.03%	(<1 complaint per 1000 claims)	▲ 0.02% (Q4 2020/21)
Assisted	0.16%	(2 complaints per 1000 claims)	▼ 0.20% (Q4 2020/21)
Supported	0.61%	(6 complaints per 1000 claims)	▼ 0.68% (Q4 2020/21)
Partnered	0.76%	(8 complaints per 1000 claims)	▲ 0.46% (Q4 2020/21)

NB: The ratios above are indicative only because claims moved between teams throughout the quarter and complaints assigned to a team at the end of the quarter did not necessarily arise in that team

ANALYSIS OF COMPLAINTS BY CLIENT RECOVERY TEAM

Enabled	Assisted	Supported	Partnered
<p>RATIO OF COMPLAINTS</p> <h2><1:1000</h2> <p>DRIVERS OF COMPLAINTS</p>  <p>Customer Service 1 Weekly Compensation 1 Entitlement 1</p>	<p>RATIO OF COMPLAINTS</p> <h2>2:1000</h2> <p>DRIVERS OF COMPLAINTS</p>  <p>Customer Service 49 Entitlement 14 Weekly Compensation 12 Service Provider 3</p> <p>Key customer service themes are clients not feeling supported, delays in service, actions not taken as promised and not feeling respected.</p>	<p>RATIO OF COMPLAINTS</p> <h2>6:1000</h2> <p>DRIVERS OF COMPLAINTS</p>  <p>Customer Service 63 Weekly Compensation 14 Entitlement 12 Cover 5</p> <p>Key customer service themes are clients not feeling supported, delays in service, not being kept informed and not feeling heard/listened to.</p>	<p>RATIO OF COMPLAINTS</p> <h2>8:1000</h2> <p>DRIVERS OF COMPLAINTS</p>  <p>Customer Service 32 Entitlement 10 Cover 4 Privacy 3</p> <p>Key customer service themes are clients not feeling supported, delays in service, not kept informed and relationship with an ACC staff member.</p>
KEY ACTIONS IN QUARTER 1	IMPACT OF ACTION	STATUS	
<p>Lift People Capability</p> <ul style="list-style-type: none"> Establishment of a new dedicated team to provide welcome conversations to clients within Assisted Recovery and connect with the client's employer, ensuring they understand their role in their employee's recovery. 	<p>Improve the timeliness to onboard clients, provide consistent expectations on entitlements (as well as timely set up), and establish an appropriate rehabilitation journey</p>	<p>70-80% of welcome conversations are now being completed within 2 days of their due date. Current Heartbeat client satisfaction results in respect of this interaction are exceeding 90%.</p>	
<p>Improve Operational Performance</p> <ul style="list-style-type: none"> A review of clients within the Support Recovery team who have been with ACC for 1-2.5 years commenced in Quarter 1. Embedding ACC's single inbound call channel following the commencement of 'One Front Door' in May 2021. 	<p>Ensures clients are receiving the appropriate level of service to support their rehabilitation and identify any necessary changes to their current support system.</p> <p>Reduced call wait times and improved responsiveness to tasks, increasing the capacity of staff to focus on the rehabilitation needs of injured clients.</p>	<p>All claims that required a change in level and/or the type of support required to achieve an outcome, have been actioned.</p> <p>Abandonments rates have reduced from 30% to 13% for Assisted Recovery. Client satisfaction has also improved to 71% in Client Recovery for incoming calls.</p>	
<p>Focus on Early Identification</p> <ul style="list-style-type: none"> 754 cases were opened in Heartbeat (ACC's closed loop feedback platform) in Quarter 1 to actively respond and resolve customer queries/concerns raised through the survey, minimising the risk of further escalation. An additional key moment was added to Heartbeat, allowing ACC to consistently and regularly monitor the experience of clients being transitioned between recovery teams and take action to recover the service experience when required. 	<p>Continued emphasis on early identification of client concerns or issues and prevention of further escalation due to proactive contact from ACC.</p>	<p>Insights from the new transition key Heartbeat moment are being fed into a wider initiative to review the transition process. Heartbeat insights continue to be highlighted at regular performance discussions and buzz meetings.</p>	

ANALYSIS OF THE SEVERITY OF COMPLAINTS AND ISSUES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q1 2021/22 Complaints & Issues	356	59	07*	01*
Q4 2020/21 Complaints & Issues	442	75	03	0

* SEVERITY TWO AND THREE CUSTOMER IMPACT THEMES

Health and safety concerns (including self-harm) and financial hardship were the main impacts raised in the Severity Two and Three client cases.

	HEALTH & SAFETY	FINANCIAL HARDSHIP	PRIVACY
	05	02	01

	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ENABLED	-	-	-
ASSISTED	12	1	-
SUPPORTED	13	1	-
PARTNERED	8	5	1
OTHER	26	-	-

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY THREE

01

of the complaints raised in Quarter 1 met the Severity Three threshold where ACC was considered not to have provided appropriate support and there was a significant impact on the client and the response was inadequate. The primary issue for this case related to cover for a birthing injury.

SEVERITY TWO

07

of the complaints raised in Quarter 1 met the Severity Two threshold where ACC was considered not to have provided appropriate support and there was a significant impact on the client. The primary issues for these cases were related to customer service and communication delays.

SEVERITY ONE

63%

of Severity One complaints relate to issues with customer service, followed by weekly compensation (12%), and surgery (8%).

SEVERITY ZERO

356

complaints were assessed as a Severity Zero where there was no fault on ACC's behalf. Primary themes related to customer service (46%), entitlements (16%) and weekly compensation (13%). Of the 356 complaints, whilst there was no fault on ACC's behalf, 4% were identified as having an impact on the customer (impacts such as health and safety and financial hardship).

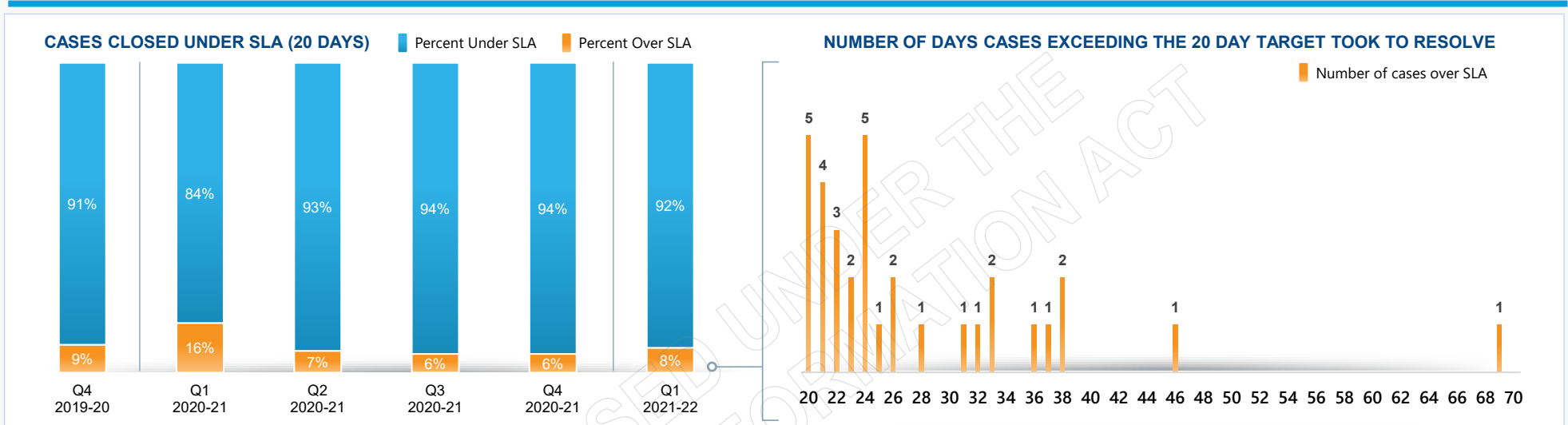
NOTE: 12 of the 356 complaints are unresolved, ongoing or opened in user error.

SEVERITY DEFINITIONS

SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ACC not at fault	ACC at fault but no impact	ACC at fault and impact	ACC at fault, impact and inadequate response

NOTE: See full severity definitions within the Dossier.

92% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

92% of complaints were resolved this Quarter within 20 days. Of the cases exceeding the 20-day timeframe, 39% of them were cases requiring investigation under the Code of ACC Claimants' Rights which are known to take longer to resolve. The longest resolution duration this Quarter was 69 days, compared to 60 days in Quarter 4 2020/21.

39% of those cases exceeding the targeted 20-day timeframe were dealt with under the Code of ACC Claimants' Rights. (▲ 3%)

67% of cases exceeding 20 days resolution were complaints related to customer service (primarily not feeling supported and not being kept informed).

ACTIONS TO ADDRESS

Focus remains on ensuring timeliness of complaint investigations and closures. Quality checks and an over 20-day report are used by the Customer Resolutions team management to monitor performance, facilitating resolution of complaints as early as possible.

SPOTLIGHT ON LONGEST CASES TO RESOLVE

38 days over targeted timeframe

Client lodged a request for a Code investigation and Payments Outside the Scope of Statutory Entitlements (POSSE) request due to the client feeling ACC had breached several Code rights. All issues were historic, and the investigation is still ongoing.

38 days over targeted timeframe

Complaint by advocate on behalf of client, unhappy with the initial acceptance letter and information being missed. Advocate was away on leave resulting in the complaint being left open until their return. No breaches identified in Code investigation that took place.

46 days over targeted timeframe

Information request placed with Third Party Administrator for historic issues raised. Took time for the file to be sent to ACC. Numerous parties involved in the complaint made the ongoing communication complicated. Code finding requested and issued. Apology sought from TPA for code breaches.

69 days over targeted timeframe

Client lodged a review for a decline decision while also raising Code issues to be investigated. Customer Resolutions attempted to complete an investigation however the client had an independent review during this time which halted communications for some time. Following the review, Code issues were confirmed, and the investigation was completed.

SATISFACTION WITH ACC'S HANDLING OF COMPLAINTS

COMPLAINTS HANDLING PERFORMANCE

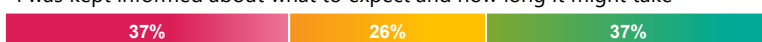
Disagree Neither Agree / Disagree Agree Did Not Answer

IMPROVED

I felt that I was treated with courtesy and respect



I was kept informed about what to expect and how long it might take



My complaint was acknowledged in a timely manner



My complaint was addressed in a timely manner



My concerns were resolved successfully



ACC's complaints process was easy to use



DECLINED

Staff were willing and able to help me



Decisions on my complaint were clearly explained and easy to understand



I felt my individual circumstances were taken into account



I felt that I was treated fairly



*Based on 35 Responses in Quarter 1 2021/22

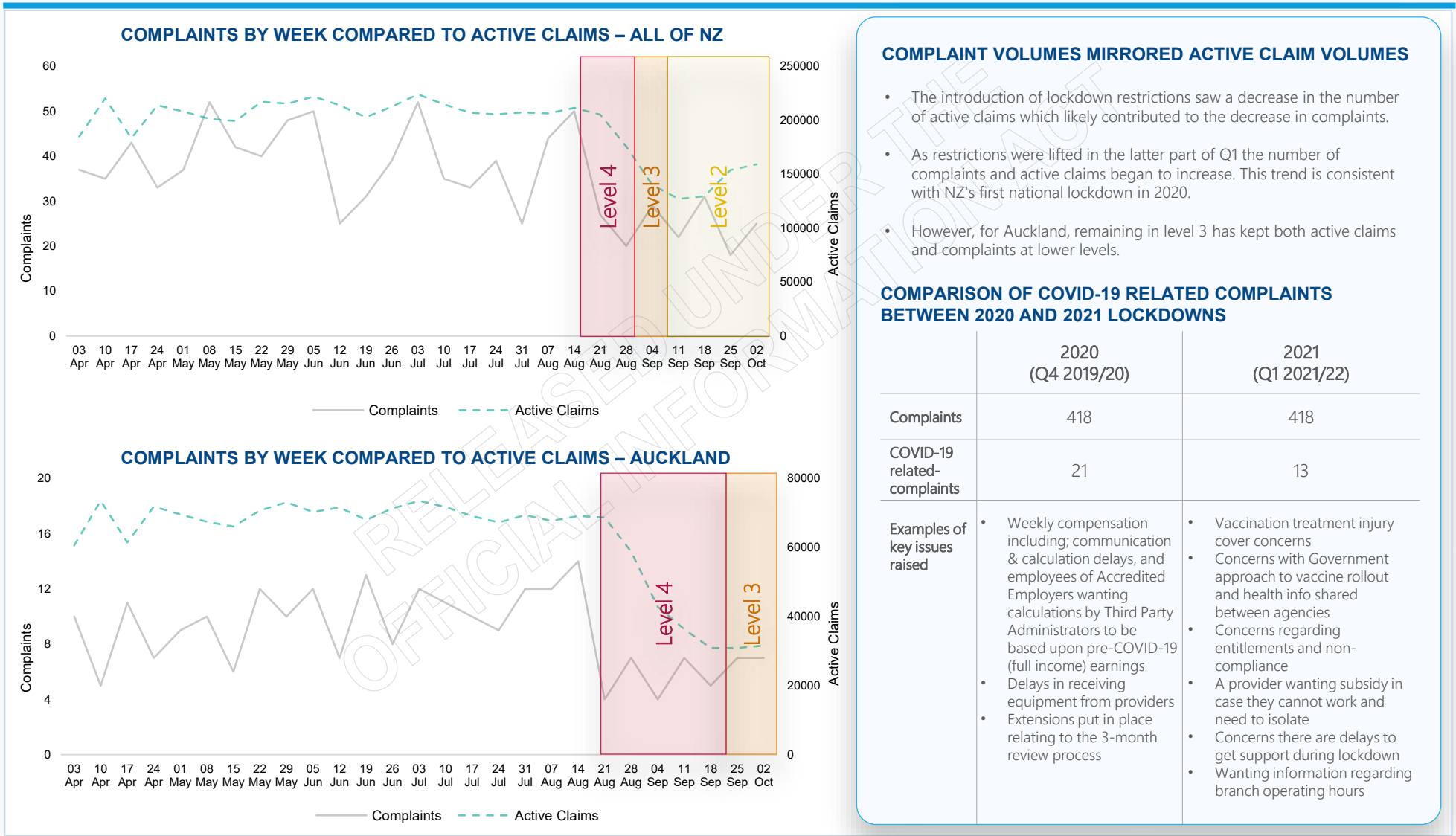
KEY FINDINGS:

- This quarter the satisfaction of clients with ACC's response to complaints resolution has improved across over half of the areas surveyed, with the most significant improvements relating to clients indicating they were treated with courtesy and respect and their complaint was dealt with in a timely manner.
- Performance declined in the areas relating to clients feeling their individual circumstances were taken into account and that they were treated fairly.
- As shown in the table below, there continues to be a strong correlation between the complaint outcome and client satisfaction with the complaints handling process. Almost all clients surveyed who were satisfied with the process had an outcome that went in their favour. Similarly, the majority of clients surveyed who were dissatisfied with the process had an outcome that did not go in their favour. Dissatisfaction largely related to these clients not feeling like their individual circumstances were taken into account.
- The learnings from this survey continue to reflect the importance of all ACC frontline staff keeping clients informed, setting clear expectations, regular communication especially when there are delays and following through with actions ACC has committed to. These are focus areas during regular training and coaching conversations.

RELATIONSHIP BETWEEN COMPLAINT OUTCOME AND SATISFACTION WITH COMPLAINT HANDLING

	NOT IN FAVOUR	IN FAVOUR	KEY THEMES
Satisfied	1	8	100% Agree with the following statements: I felt that I was treated with courtesy and respect by the ACC staff members handling my complaint and Staff were willing and able to help me
Neutral	4	3	No key themes due to low numbers for neutral responses.
Dissatisfied	17	2	IN FAVOUR: No key themes due to low numbers for neutral responses. NOT IN FAVOUR: 94% disagree with the following statement: I felt my individual circumstances were taken into account

IMPACT OF COVID-19 ON COMPLAINTS



SECTION 2:

OVERVIEW OF Q1 PERFORMANCE RELATED TO TRUST AND SATISFACTION

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



CLIENT Trust and Satisfaction Performance

KEY INFLUENCERS OF CLIENT TRUST

01 Provision of treatment and support

	Q4	Q1
Satisfied with ACC's assessment of support	68%	69% ▲
Understanding what support ACC and health provider would provide	69%	70% ▲
Received the treatment and support when needed	72%	71% ▼
Progress is regularly viewed	61%	61%

02 Effective Communication

Decisions promptly communicated	69%	69%
Clear expectations set regarding entitlements and how long things might take	62%	62%
Information provided is easy to understand	76%	77% ▲
The process was clearly explained and what was required from the client	68%	68%

03 Show empathy and understanding

ACC staff have listened and understand my personal circumstances	80%	77% ▼
ACC staff genuinely want to help	83%	84% ▲

04 Ease of dealing with ACC

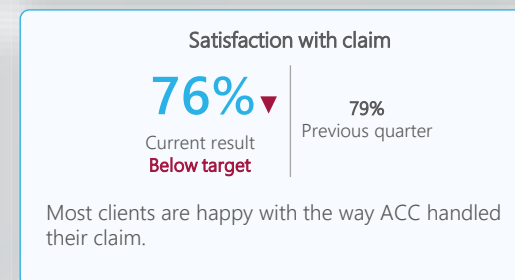
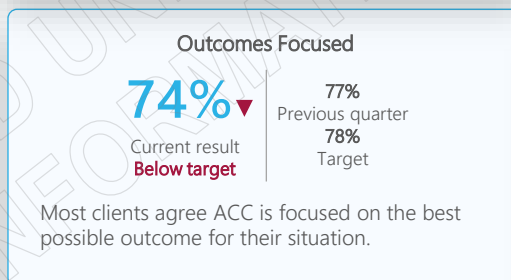
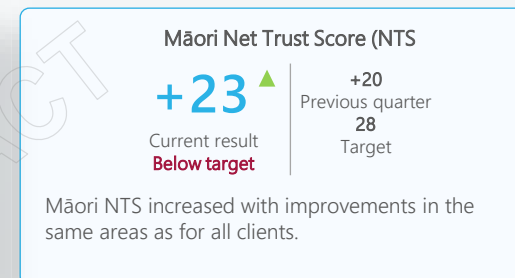
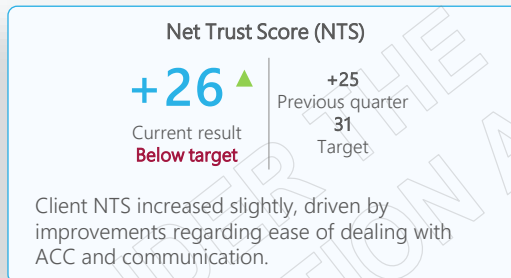
Effort to deal with ACC regarding the claim (little effort)	56%	56%
Right amount of contact for needs	73%	72% ▼
Ability to reach ACC without difficulty	62%	67% ▲

Performance: Overall in Q1, results remained stable compared to the previous quarter, with some improvements seen in ability to contact ACC without difficulty

Research NZ analysis

HOW ARE WE PERFORMING?

Overall Experience (Research NZ)



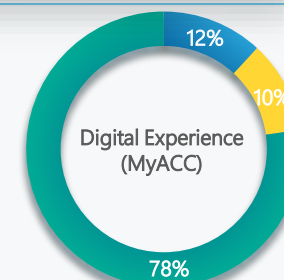
Interaction Satisfaction (Heartbeat)



Stable results (based on 12 key moments) with staff attitude continuing to be the driver for satisfaction and dissatisfaction.



Continued high satisfaction results at 84%, with clients indicating staff are easy to deal with and they feel listened to.



High satisfaction results driven by clients indicating decisions via MyACC were clearly explained and were made in an acceptable timeframe.

Key: Satisfied Neutral Dissatisfied

BUSINESS CUSTOMER Trust and Satisfaction Performance

KEY INFLUENCERS OF BUSINESS CUSTOMER TRUST

HOW ARE WE PERFORMING?

Research NZ analysis

01 Injury Rehabilitation Involvement

	Q4	Q1
Receiving the services and support needed from ACC to help injured employees return to work	33%	32% ▼
Understanding how to work with ACC and the employee's health provider to support the employee's recovery	45%	35% ▼
Kept well informed of employee's recovery	36%	24% ▼

02 Ease of doing business and more effective engagement

Overall effort to deal with ACC (little effort)	50%	38% ▼
ACC delivers value by making it easy to deal with ACC	41%	37% ▼
ACC provides businesses with real benefits and value	47%	44% ▼

03 Stronger belief in ACC's purpose and value of the levy

ACC delivers value by helping businesses improve workplace safety and injury prevention	29%	23% ▼
Satisfaction that ACC is preventing injuries, and helping people get back to work and their normal lives following an accident	53%	50% ▼
Provides the right level of cover	44%	40% ▼

Performance: Overall in Q1, there were declines in all areas compared to the previous quarter with the most significant decline relating to effort to deal with ACC

It is noted that annual invoicing commenced for companies in July and for Self-Employed in September. This period is known to negatively impact NTS results. ACC also released its proposed levy rates for public consultation which included a proposed decrease to the average work account levy and an increase in the levy rates for the Earners' Account and the Motor Vehicle Account.

Overall Experience (Research NZ)

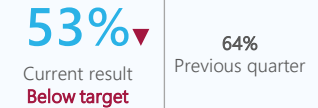
Interaction Satisfaction (Heartbeat)

Net Trust Score (NTS)



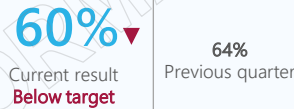
Business customer NTS decline, although not significant is driven by decline for small businesses at -24 and medium businesses at -20.

Met Business Needs



Over half of businesses told us ACC met their needs.

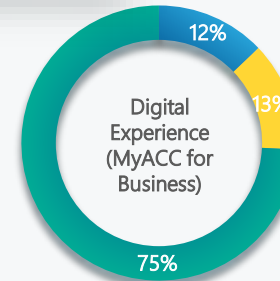
Satisfaction with last contact



60% of businesses were satisfied with their last contact with ACC.



Continued high satisfaction results with businesses indicating ACC is easy to deal with and they feel listened to.



Significant improvement with the digital experience with satisfaction at 75%, compared to 68% in the previous quarter.

Key: ● Satisfied ● Neutral ● Dissatisfied

PROVIDER Trust and Satisfaction Performance

KEY INFLUENCERS OF PROVIDER TRUST

	Q4	Q1
01 Consistency and decision making		
ACC treats people fairly	57%	59% ▲
ACC respects provider's opinions and professional judgement when making decisions about the services it will provide/fund	43%	43%
ACC's decision-making in relation to claims is consistent	37%	40% ▲
02 Improved engagement regarding patients		
ACC staff have adequate knowledge and experience to ensure that patients get appropriate care and services	40%	44% ▲
ACC provides consistent service regardless of whom providers deal with at ACC	30%	35% ▲
ACC works collaboratively with providers to achieve the best possible patient outcome	45%	46% ▲
03 Ease of dealing with ACC		
Effort it takes to deal with ACC overall (little effort)	29%	27% ▼
Ability to reach ACC staff without difficulty	38%	44% ▲
ACC's digital services make it easy to send and receive patient information and reports	56%	55% ▼
It is easy to access patient information relating to a claim	43%	45% ▲
04 Administration of the scheme		
ACC pays providers fairly for their time and services provided	52%	52%
ACC provides adequate advice, guidance and support enabling providers to effectively work with them	56%	58% ▲
ACC effectively communicates with providers on organisational or process changes that impact them	53%	57% ▲

Research NZ analysis

HOW ARE WE PERFORMING?

Net Trust Score (NTS)

-24 ▲

Current result **Below target**

Previous quarter: -25
Target: -13

Provider NTS has seen some improvement compared to the previous quarter for GPs and 'other treatment Providers'. No change for Physios.

Relationship with ACC

64% ▲

Current result **Below target**

Previous quarter: 59%

The improvement in Provider's satisfaction with their relationship with ACC is largely driven by GPs.

Satisfaction with last contact

61%

Current result **Below target**

Previous quarter: 61%

Satisfaction with last contact results remain stable compared to last quarter.

Overall Experience (Research NZ)

Performance: Overall in Q1, results remained stable compared to the previous quarter, with some improvement in regards to patient engagement and ability to reach ACC without difficulty

Client Recovery Experience

Low satisfaction results driven by physical injury providers, particularly physios and GPs who indicate it takes a lot of effort to deal with ACC.

Call Experience (Contact Centre)

Continued high satisfaction results with Providers indicating ACC contact centre staff are easy to understand and deal with.

Key: ● Satisfied ● Neutral ● Dissatisfied

Interaction Satisfaction (Heartbeat)

QUARTER TWO 2021/22

CUSTOMER FEEDBACK REPORT

Analysis of Quarter 2 Complaints escalated to ACC's Customer Resolutions Team

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



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

EXECUTIVE SUMMARY

COMPLAINT VOLUMES AND RATIO REMAIN STABLE

- Complaint volumes and ratios remained stable in Quarter 2 2021/22 with **409 complaints received** (compared to 418 in the previous quarter) and a consistent **ratio of ~4 complaints per 1,000** active entitlement claims.
- Within the four primary Client Recovery teams the ratio of complaints also remained stable with the higher ratios within Supported and Partnered reflective of those claims being more complex with significantly more client interactions and decision points occurring. This quarter **the ratio for Partnered Recovery has reduced** from ~8 complaints per 1,000 active entitlement claims in Quarter 1 to ~5 complaints. This has been driven by fewer complaints regarding customer service.

THE NUMBER OF ISSUES RAISED AND CASES WITH MEDIA COVERAGE INCREASED SIGNIFICANTLY (NEW ANALYSIS FOR Q2)

- This quarter saw a **marked increase in both media coverage relating to clients and issues** raised internally to ACC's Issues Management team. These trends are highly likely to be connected to each other. However, **the increase did not have a corresponding impact on the volume or severity of complaints, nor did it have a significant impact on Quarter 2 public trust and confidence results.**
- Key drivers for the increase include:
 - Publication of the **snapchat story** and **sensitive claim information** access concerns
 - Increased media coverage** from one particular media outlet
 - Continuing coverage of **COVID** and vaccine stories
- Refer to slide 4 for further details.

7 SEVERITY TWO CASES AND NO SEVERITY THREE CASES

- The number of severity two cases remained consistent with the previous quarter** at 7. There were no severity three cases, compared to one in previous quarter.
- Privacy issues (disclosure breaches) accounted for 4 of the 7** severity two cases. Refer to the Dossier (Appendix 2) for further detail on these cases and actions ACC is taking to prevent the likelihood of privacy breaches occurring.
- No severity two cases were linked to the publication of the snapchat story and sensitive claim information access concerns.

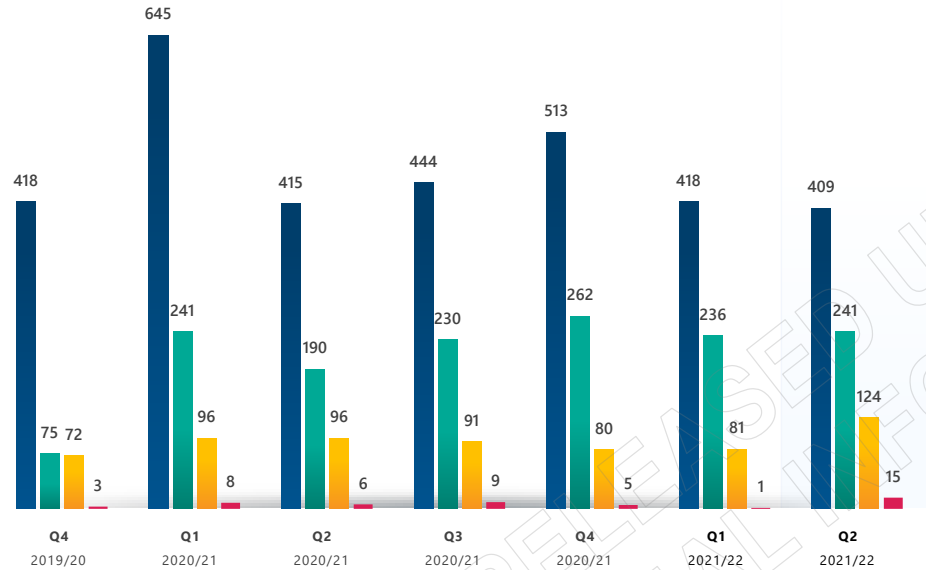
CUSTOMER SERVICE CONTINUES TO BE THE MOST SIGNIFICANT DRIVER OF COMPLAINTS

- 43% of all complaints related to issues with customer service** which is a decrease compared to 49% in Quarter 1. Specific issues related to clients feeling unsupported, relationship with the ACC staff member and delays in service.
- The other top drivers of complaints were:
 - Weekly compensation at 18%**, particularly delays, the rate of weekly compensation and declines, an increase compared to Quarter 1 at 12%
 - Entitlements at 14%** (treatment and independence allowance/lump sum), consistent with the previous quarter.
- Refer to Slide 6 for further detail on actions ACC took in the quarter to improve the customer experience and the impact of those initiatives.

THE COMPLAINT VOLUME AND RATIO REMAIN STABLE, HOWEVER THERE WAS A SIGNIFICANT INCREASE IN ISSUES RAISED AND CLIENT CASES WITH MEDIA COVERAGE

NUMBER OF COMPLAINTS AND ISSUES

■ Complaints - Escalated to the Customer Resolutions team
■ Client Recovery - Complaints from Client Recovery clients
■ Issues - Dealt with by the Issues Management team
■ Media - Client stories with negative media coverage



VOLUME ANALYSIS

- 409** complaints were received in Quarter 2, slightly less than Quarter 1 2021/22 at 418 complaints.
- 0.39%** The overall ratio of complaints remained stable with ~4 complaints received per 1,000 active entitlement claims. Refer to the table below for the ratio of complaints by Client Recovery team, with further analysis provided on Slide 6.
- 43%** of all complaints related to issues with customer service (primarily not feeling supported, relationship with ACC staff), 18% related to weekly compensation (primarily delays and rate of payment) and 14% related to entitlements (primarily treatment and Independence Allowance/Lump Sum).
- 15** client stories received media coverage in Quarter 2 compared to 1 story in the previous quarter and 124 issues were escalated to ACC's Issues Management team, both significant increases compared to Quarter 1. Refer to Slide 4 for further details.
- 30%** of this quarter's complaints are repeat complainants, a slight increase compared to 27% in Quarter 1 2021/22.
- 14%** of this quarter's complainants are Māori, a slight increase from Q1 at 12%. The primary complaint themes for Māori (customer service, weekly compensation, entitlement) are consistent with complaint themes for all clients.

QUARTER 2 RATIO ANALYSIS

	Number of Complaints	Change From Q1	Number of Active Entitlement Claims	Change From Q1
Q2 2021/22	409	2% ↓	103k	6% ↓
Q1 2021/22	418		110k	

Ratio of Complaints to Total Active Entitlement Claims

0.39%

4 complaints per 1000 claims

0.38%

4 complaints per 1000 claims

RATIO ANALYSIS PER CLIENT RECOVERY TEAM

	Ratio	Complaints per 1000 claims	Change from Previous Quarter (Q1 2021/22)
Enabled	0%	(0 complaints per 1000 claims)	▼ 0.03%
Assisted	0.23%	(2 complaints per 1000 claims)	▲ 0.16%
Supported	0.60%	(6 complaints per 1000 claims)	▼ 0.61%
Partnered	0.53%	(5 complaints per 1000 claims)	▼ 0.76%

NB: The ratios above are indicative only because claims moved between teams throughout the quarter and complaints assigned to a team at the end of the quarter did not necessarily arise in that team

THE INCREASE IN ISSUES AND MEDIA CASES HAD NO CORRESPONDING IMPACT ON ESCALATED COMPLAINTS

HIGH LEVEL OVERVIEW OF THE ISSUES AND MEDIA CASES THIS QUARTER

VOLUME	KEY THEME	NUMBER OF CASES	DEEMED SEVERITY TWO
ISSUES MANAGEMENT 124 (Q1 2021/22: 81)	Entitlements	57	2*
	Cover	27	
	Customer Service	12	
	Privacy	9	
	Other	19	
MEDIA 15 (Q1 2021/22 : 1)	Entitlements	6	
	Cover	6	
	Privacy	3	1*
	* NOTE: The above deemed severity two cases are outlined in the dossier		

KEY DRIVERS FOR THE INCREASE

- There was a significant increase in the volume of issues raised following the **publication of the snapchat story and sensitive claim information access concerns** in Quarter 2.
 - 10 clients specifically raised the media coverage of the Snapchat incident with ACC, and it was the primary cause of issues raised with ACC's Issues Management team the week the story ran.
 - Media coverage for 2 clients was directly linked to these events.
- The increase of media stories was expected, as continual, negative coverage of ACC in the mainstream media results in more clients approaching journalists.
 - The Q2 increase in media coverage was from **one particular reporter/media outlet**, with 26% of client stories driven by one journalist, and a third of stories from their media outlet.
- The continuing coverage of **COVID and vaccine stories** also impacted issue and media volumes:
 - 8% of the issues related to ACC either declining a treatment injury claim related to the vaccine or timeframes to assess cover.
 - 2 client cases that had media coverage related to the vaccine mandate on Providers and the impact that had on the client receiving support.

NB: The media coverage in Q2 also did not have a significant impact on public trust and confidence results with 83% of respondents indicating their view of ACC had remained unchanged compared to previous months.

THE VOLUME OF CASES DEEMED SEVERITY 2 REMAINS CONSISTENT

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q2 2021/22 Complaints & Issues	376	44	07*	0
Q1 2021/22 Complaints & Issues	356	59	07	01

* SEVERITY TWO CUSTOMER IMPACT THEMES

Privacy concerns were the main impacts raised in the Severity Two client cases.

NOTE: Cases may have more than one impact theme.

	PRIVACY	HEALTH & SAFETY	FINANCIAL HARDSHIP
	04	02	02

	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ENABLED	-	-	-
ASSISTED	6	2	-
SUPPORTED	8	1	-
PARTNERED	6	-	-
OTHER	24	4	-

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

07

of the complaints raised in Quarter 2 met the Severity Two threshold where ACC was considered not to have provided appropriate support and there was a significant impact on the client. The primary issues for these cases related to privacy (disclosure breaches), health and safety and financial hardship (weekly compensation ceased and cost of treatment).

SEVERITY ONE

43%

of Severity One complaints relate to issues with customer service, followed by weekly compensation (25%), and privacy (16%).

SEVERITY ZERO

376

complaints were assessed as a Severity Zero where there was no fault on ACC's behalf. Primary themes related to customer service (42%), weekly compensation (18%) and entitlement (15%).

NOTE: 18 of the 376 complaints are unresolved, ongoing or opened in user error.

SEVERITY DEFINITIONS

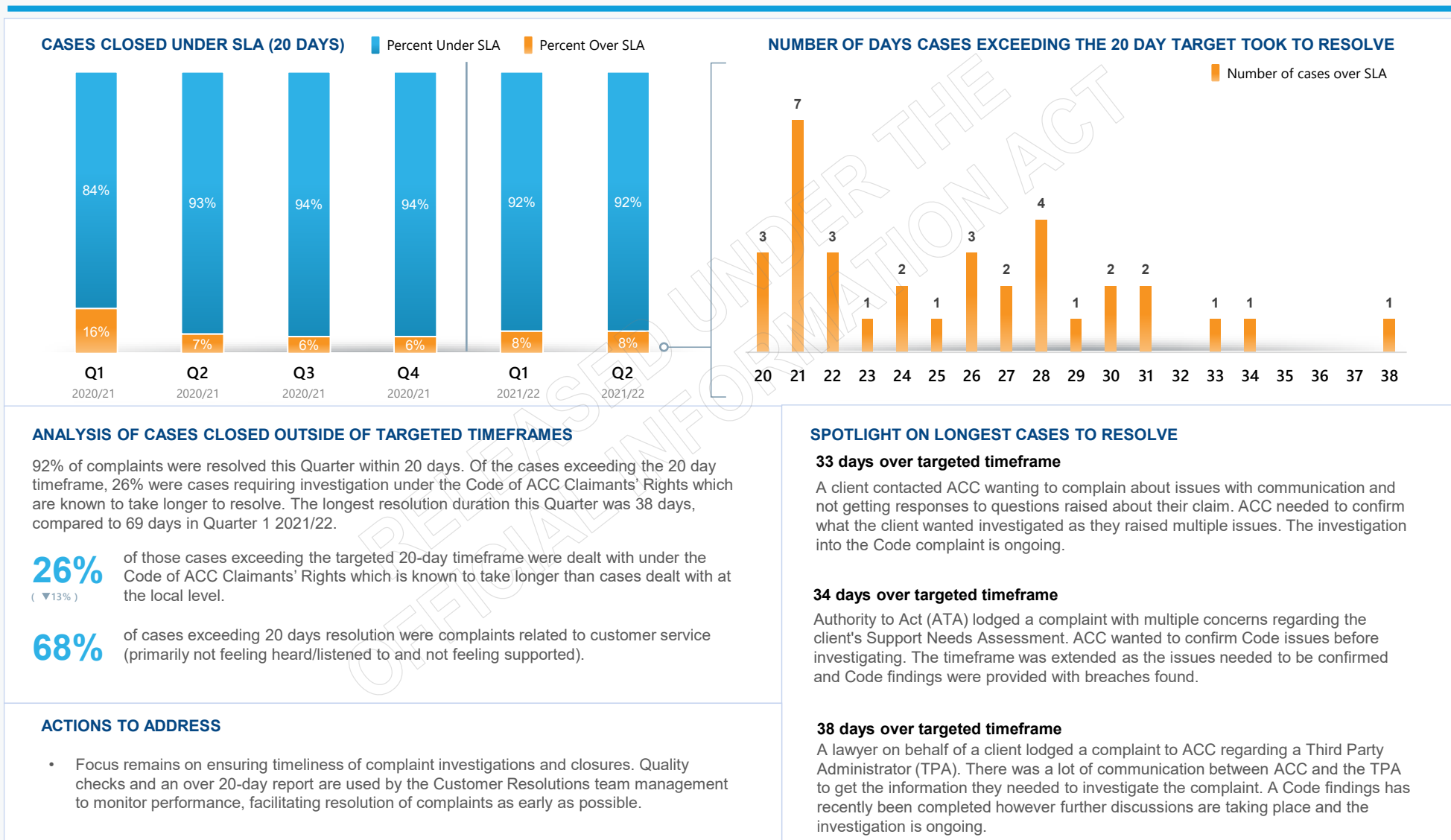
SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ACC not at fault	ACC at fault but no impact	ACC at fault and impact	ACC at fault, impact and inadequate response

NOTE: See full severity definitions within the Dossier.

CLIENT RECOVERY TEAM RATIOS REMAIN STABLE, WITH A NOTEABLE RATIO IMPROVEMENT IN PARTNERED RECOVERY

Enabled	Assisted	Supported	Partnered																								
<p>There were no Enabled Recovery client complaints this quarter.</p>	<p>RATIO OF COMPLAINTS</p> <p>2:1000</p> <p>Previous Quarter — 2:1000 (Q1 2021/22)</p> <p>DRIVERS OF COMPLAINTS</p> <table border="1"> <tr><td>Customer Service</td><td>54</td></tr> <tr><td>Weekly Compensation</td><td>23</td></tr> <tr><td>Entitlement</td><td>16</td></tr> <tr><td>Cover</td><td>7</td></tr> </table> <p>Primary issues related to clients not feeling supported, relationship with ACC staff member, declined weekly compensation and treatment (entitlements).</p>	Customer Service	54	Weekly Compensation	23	Entitlement	16	Cover	7	<p>RATIO OF COMPLAINTS</p> <p>6:1000</p> <p>Previous Quarter — 6:1000 (Q1 2021/22)</p> <p>DRIVERS OF COMPLAINTS</p> <table border="1"> <tr><td>Customer Service</td><td>47</td></tr> <tr><td>Weekly Compensation</td><td>23</td></tr> <tr><td>Entitlement</td><td>11</td></tr> <tr><td>Privacy</td><td>6</td></tr> </table> <p>Primary issues related to clients not feeling supported/relationship with ACC staff, delays of weekly compensation and social rehabilitation.</p>	Customer Service	47	Weekly Compensation	23	Entitlement	11	Privacy	6	<p>RATIO OF COMPLAINTS</p> <p>5:1000</p> <p>Previous Quarter ▼ 8:1000 (Q1 2021/22)</p> <p>DRIVERS OF COMPLAINTS</p> <table border="1"> <tr><td>Customer Service</td><td>24</td></tr> <tr><td>Weekly Compensation</td><td>5</td></tr> <tr><td>Privacy</td><td>3</td></tr> <tr><td>Entitlement</td><td>2</td></tr> </table> <p>Primary issues related to clients not feeling supported, delays in service, and relationship with ACC staff member.</p>	Customer Service	24	Weekly Compensation	5	Privacy	3	Entitlement	2
Customer Service	54																										
Weekly Compensation	23																										
Entitlement	16																										
Cover	7																										
Customer Service	47																										
Weekly Compensation	23																										
Entitlement	11																										
Privacy	6																										
Customer Service	24																										
Weekly Compensation	5																										
Privacy	3																										
Entitlement	2																										
KEY ACTIONS IN QUARTER 2		IMPACT OF ACTION	STATUS																								
<p>Lift People Capability</p> <ul style="list-style-type: none"> Continuation of a dedicated team to provide welcome conversations to clients within Assisted Recovery and connect with the client's employer, ensuring they understand their role in their employee's recovery. 		<ul style="list-style-type: none"> Improved timeliness to onboard clients, providing consistent expectations on entitlements (as well as timely set up) and establishing appropriate rehabilitation pathways. 	<ul style="list-style-type: none"> Ongoing improvements with 90% of welcome conversations currently being completed within 2 days of their due date, compared to 70-80% in Q1. 																								
<p>Improve Operational Performance</p> <ul style="list-style-type: none"> Implementation of a 'Provider hotline' where Providers who phone the ACC Contact Centre are routed directly to a dedicated team to answer Provider queries. Commencement of an outbound dialler pilot in Assisted Recovery aimed at improving the rate at which clients are successfully connected with staff to complete their welcome conversation and onboarding with ACC to improve the provision of entitlements and support. 		<ul style="list-style-type: none"> Improved customer experience through reduced call wait times and improved responsiveness to tasks, supporting with client rehabilitation. Efficiency gains achieved through the reduction of the unsuccessful contact attempts that are typically experienced when staff are calling customers. 	<ul style="list-style-type: none"> Average speed to answer for Providers has reduced from 18 minutes to <5 minutes. Total successful contact attempts made through the dialler from the start of the pilot on 21 November 2021 were 2,302 against 8,729 total dial attempts. 																								
<p>Focus on Early Identification</p> <ul style="list-style-type: none"> Heartbeat (ACC's closed loop feedback platform) continues to seek feedback from clients following key moments of their journey, enabling ACC to listen and act on feedback. Ongoing support and improvement of the Client Experience Check-In within Partnered and Supported Recovery that uses an analytical model based on historical claims data to predict the likelihood of a service failing and prompting a proactive call to the client. In Q2 an updated model and relaxed selection criteria was implemented that improves the reach of this initiative. 		<ul style="list-style-type: none"> Improved Client recovery through early identification of issues and prevention of further escalation due to proactive contact from ACC. 	<ul style="list-style-type: none"> In Q2 2,094 individual feedback cases were opened to actively respond to and resolve. In Q2 the Client Experience Check-in resulted in 378 clients being proactively contacted by ACC for a check-in on their claim. 																								

92% OF COMPLAINTS ESCALATED TO THE CUSTOMER RESOLUTIONS TEAM WERE RESOLVED WITHIN TARGETED TIMEFRAMES



QUARTER THREE 2021/22

CUSTOMER FEEDBACK REPORT

Analysis of Quarter 3 Client Complaints escalated to ACC's Customer Resolutions Team

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

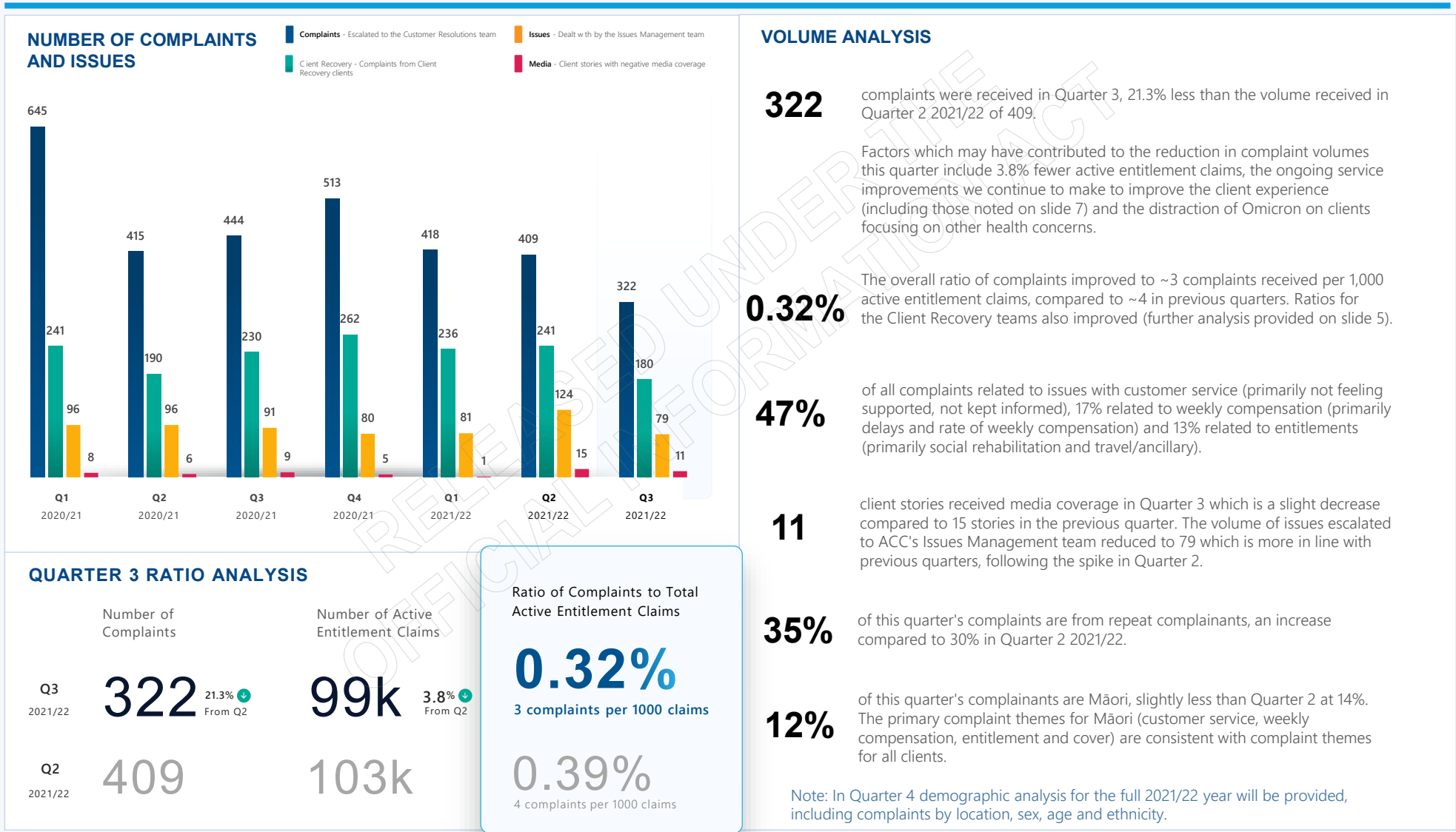


**He Kaupare. He Manaaki.
He Whakaora.**
prevention. care. recovery.

Executive Summary

KEY PERFORMANCE RESULTS: Q3 2021/22	COMMENTARY ON THE RESULTS
VOLUMES AND RATIOS	
<ul style="list-style-type: none"> The Quarter 3 volume of 322 complaints escalated to the Customer Resolution Team is the lowest level of complaints recorded since reporting to the Board commenced in 2018/19. 	<ul style="list-style-type: none"> Quarter 3 was challenging; Omicron had a significant impact on our people and their families. We experienced higher than usual absences, in March alone we had over 500 ACC staff reporting COVID infections. Therefore, it is extremely positive that despite capacity challenges, the support and service provided to customers remained high, as reflected by this quarter's lower complaint volume, improved ratio and the reduced number of cases deemed to be severity two.
<ul style="list-style-type: none"> The overall ratio of complaints is also the lowest it has been since reporting commenced, at ~3 complaints per 1,000 active entitlement claims. 	<ul style="list-style-type: none"> The ongoing high volume of client cases in the media in Quarter 3 is most likely driven by the extensive coverage ACC received in Quarter 2. However, like Quarter 2, this coverage did not have a notable impact on complaints volumes. We may see similar media case volumes in Quarter 4, with several cases already featuring this quarter, and the upcoming release of the Customer Information Independent Review.
<ul style="list-style-type: none"> Ratios for Client Recovery teams also improved, particularly for our more complex clients. 	<ul style="list-style-type: none"> While issues with customer service continue to be the primary cause for complaints, for most clients, customer service relating to the empathy and understanding shown by ACC staff is an area of high performance with 82% of respondents in the Quarter 3 strategic research survey agreeing ACC staff genuinely want to help. To further improve customer service, focus is needed with our communication, including clear expectation setting, timely decision-making, and responsiveness.
<ul style="list-style-type: none"> The number of severity two cases reduced to 4 (compared to 7 in Quarter 2), with no cases deemed to be a severity 3. 	<ul style="list-style-type: none"> Overall, this quarter's results are very pleasing. However, we know complaint volumes are influenced by many factors including claim volumes, media exposure, capacity, and external circumstances, therefore, it is possible we may see complaint volumes increase back to previous levels in Quarter 4 as the Omicron peak passes.
<ul style="list-style-type: none"> The volume of client issues escalated by staff internally to ACC's Issues Management team returned to more "normal levels" after a spike last quarter. However, the number of client cases that received media coverage remained relatively high. 	
THEMES AND TIMELINESS TO RESOLVE	
<ul style="list-style-type: none"> Consistent with previous quarters, customer service continues to be the most significant driver of complaints at 47%, with issues largely relating to clients feeling unsupported, not kept informed and delays in service. 	
<ul style="list-style-type: none"> The percentage of complaint cases resolved within 20 days remained high at 86%, however this performance result is lower than previous quarters. This was due to several factors including decreased team capacity and support provided to other areas of the organisation. 	

The volume of complaints decreased significantly, and the overall ratio improved



The volume of cases deemed to be a severity two also reduced

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q3 2021/22 Complaints & Issues	294	36	04*	0
Q2 2021/22 Complaints & Issues	376	44	07	0

*** SEVERITY TWO CUSTOMER IMPACT THEMES**

Privacy concerns were the main impacts raised in the Severity Two client cases.

NOTE: Cases may have more than one impact theme.

	PRIVACY	FINANCIAL HARDSHIP	HEALTH AND SAFETY
	03	01	0

	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ENABLED	-	-	-
ASSISTED	11	-	-
SUPPORTED	9	2	-
PARTNERED	3	2	-
OTHER	13	-	-

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

04 of the complaints raised in Quarter 2 met the Severity Two threshold where ACC was considered not to have provided appropriate support and there was a significant impact on the client. The primary customer impact for these cases related to privacy (disclosure breaches and access to claim files).

SEVERITY ONE

47% of Severity One complaints relate to issues with customer service, followed by entitlement (17%), and weekly compensation (11%).

SEVERITY ZERO

294 complaints were assessed as a Severity Zero where there was no fault on ACC's behalf. Primary themes related to customer service (45%), weekly compensation (18%) and entitlement (13%).

NOTE: 36 of the 294 complaints are unresolved or ongoing.

SEVERITY DEFINITIONS

SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ACC not at fault	ACC at fault but no impact	ACC at fault and impact	ACC at fault, impact and inadequate response

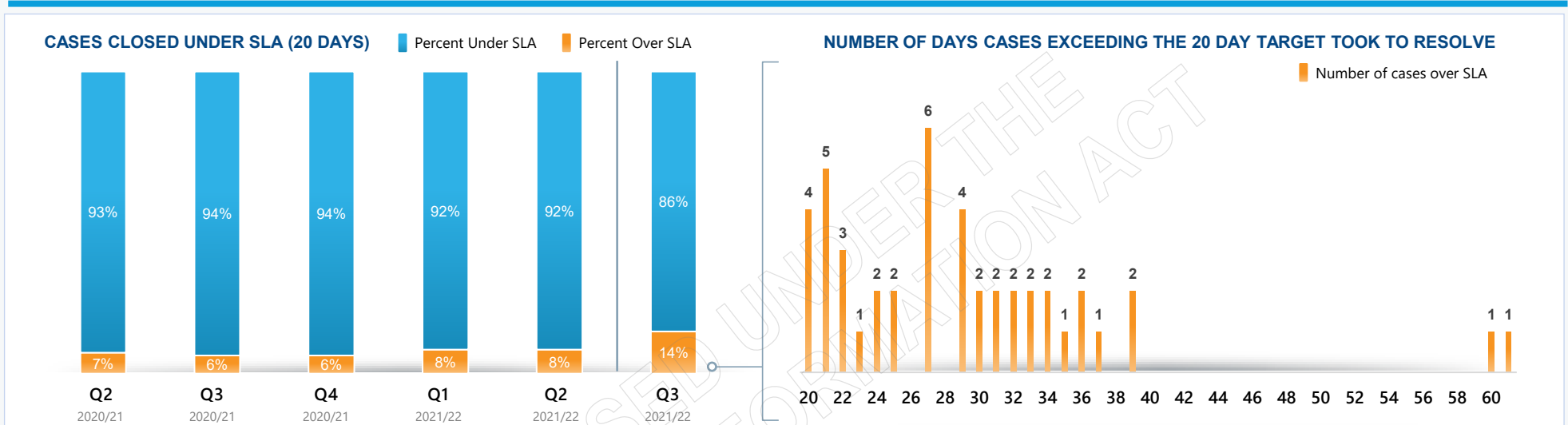
NOTE: See full severity definitions within the Dossier.

Complaint ratios improved for our more complex clients, particularly in Partnered Recovery

Recovery Function	Ratio of Complaint to active entitlement claims	Primary drivers of Complaints	Key Issues								
Enabled	<p><1:1000</p> <p>Previous Quarter — 0:1000 (Q2 2021/22)</p>	<table border="1"> <tr><td>Customer Service</td><td>2</td></tr> </table>	Customer Service	2	<ul style="list-style-type: none"> Primary issues related to clients not feeling supported and not being kept informed. 						
Customer Service	2										
Assisted	<p>2:1000</p> <p>Previous Quarter — 2:1000 (Q2 2021/22)</p>	<table border="1"> <tr><td>Customer Service</td><td>38</td></tr> <tr><td>Weekly Compensation</td><td>15</td></tr> <tr><td>Entitlement</td><td>12</td></tr> <tr><td>Privacy</td><td>5</td></tr> </table>	Customer Service	38	Weekly Compensation	15	Entitlement	12	Privacy	5	<ul style="list-style-type: none"> Primary issues related to clients not feeling supported, not being kept informed, actions not taken as promised and weekly compensation delays.
Customer Service	38										
Weekly Compensation	15										
Entitlement	12										
Privacy	5										
Supported	<p>5:1000</p> <p>Previous Quarter ▼ 6:1000 (Q2 2021/22)</p>	<table border="1"> <tr><td>Customer Service</td><td>40</td></tr> <tr><td>Weekly Compensation</td><td>19</td></tr> <tr><td>Entitlement</td><td>7</td></tr> <tr><td>Privacy</td><td>6</td></tr> </table>	Customer Service	40	Weekly Compensation	19	Entitlement	7	Privacy	6	<ul style="list-style-type: none"> Primary issues related to clients not feeling supported, delays in service, relationship with ACC staff member and weekly compensation delays.
Customer Service	40										
Weekly Compensation	19										
Entitlement	7										
Privacy	6										
Partnered	<p>3:1000</p> <p>Previous Quarter ▼ 5:1000 (Q2 2021/22)</p>	<table border="1"> <tr><td>Customer Service</td><td>17</td></tr> <tr><td>Privacy</td><td>2</td></tr> <tr><td>Entitlement</td><td>2</td></tr> <tr><td>Service Provider</td><td>1</td></tr> </table>	Customer Service	17	Privacy	2	Entitlement	2	Service Provider	1	<ul style="list-style-type: none"> Primary issues related to clients not feeling supported, not kept informed, and case owner attitude.
Customer Service	17										
Privacy	2										
Entitlement	2										
Service Provider	1										

NB: The ratios above are indicative only because claims moved between teams throughout the quarter and complaints assigned to a team at the end of the quarter did not necessarily arise in that team.

86% of complaints were resolved within targeted timeframes, a slight deterioration in performance compared to previous quarters



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

The primary cause for less cases being resolved within 20 days in Quarter 3 was due to the Customer Resolutions Team supporting other areas of the organisation with lower level customer issues, ministerial queries, and parliamentary questions. There has also been an impact of decreased FTE capacity during this period, through attrition and absenteeism caused by Omicron.

Of the cases exceeding the 20 day timeframe, 18% were cases requiring investigation under the Code of ACC Claimants' Rights which are known to take longer to resolve. The longest resolution duration this Quarter was 61 days, compared to 38 days in Quarter 2 2021/22.

18% of those cases exceeding the targeted 20-day timeframe were dealt with under the Code of ACC Claimants' Rights which is known to take longer than cases dealt with at the local level.

62% of cases exceeding 20 days resolution were complaints related to customer service (primarily not feeling supported and not kept informed).

SPOTLIGHT ON LONGEST CASES TO RESOLVE

39 days over targeted timeframe

Client wanted ACC to complete a Code investigation as they felt their rights were breached in the management of their claim regarding their RTW, injury location and job type, and weekly compensation. ACC discussed the issues with the client who continued to send additional information during the complaints process. The complaint is ongoing with a Code investigation still taking place.

60 days over targeted timeframe

Client raised issues with the lodgement of their T1 claim to ACC and wanted a Code investigation. There was a period of 1 month where the client made no further contact when the complaint issues needed confirmation and following this, the client made contact apologising for delays and advising of personal matters. The client also had active reviews taking place during this time. The complaint is ongoing with Code investigations to take place.

61 days over targeted timeframe

Sensitive claims client raised a footprint complaint and wanting to understand why certain staff were accessing their claim. The client also had an upcoming review taking place for one of their claims that was also being worked through. There have been multiple internal parties at ACC looking into the access issues raised by the client and the complaint investigation is still ongoing.

We continue to focus on actions to improve the customer experience, reducing the likelihood of complaints

KEY ACTIONS UNDERWAY IN QUARTER 3	IMPACT OF ACTION	STATUS
<p>Lift People Capability</p> <ul style="list-style-type: none"> Continuation of a dedicated team to provide welcome conversations to clients within Assisted Recovery and connect with the client's employer, ensuring they understand their role in their employee's recovery. 	<ul style="list-style-type: none"> Improved timeliness to onboard clients, providing consistent expectations on entitlements (as well as timely set up) and establishing appropriate rehabilitation pathways. These are critical moments to establish for a client, increasing the likelihood of a successful customer experience dealing with ACC. 	<ul style="list-style-type: none"> In Q3 the improved result of 90% of welcome conversations being completed within 2 days of their due date has been maintained, compared to 70-80% in Q1.
<p>Improve Operational Performance</p> <ul style="list-style-type: none"> In Q3 the outbound dialler pilot in Assisted Recovery started to send text messages to clients we had not been able to make direct contact with, providing those clients with information on how to get support and a dedicated priority contact number to reach us on. A project commenced within Customer Resolutions to identify opportunities to improve processes, workflow, resources and the connection with other operational teams in respect of complaints. 	<ul style="list-style-type: none"> The outbound dialler creates efficiency gains through the reduction of the unsuccessful contact attempts, and enables clients to contact us at a time that is convenient for them. Increase work efficiencies which will reduce the time between the complaint being raised to resolution of the complaint, identify more diverse resolution tools to increase customer satisfaction and reduce escalations, and improve service through greater insights, reporting, and use of feedback tools. It is expected this work will ensure ACC can further support customers and their satisfaction of the complaints handling process, through improved service and efficiencies. 	<ul style="list-style-type: none"> In Q3 the text message initiative resulted in 8,744 incoming client Welcome calls to the dedicated team. The project is in the discovery phase with the collection and summarising of the current state including processes, resources, work volumes, and experiences. Following this analysis we will enter the solution development phase with implementation of recommendations expected in July.
<p>Focus on Early Identification</p> <ul style="list-style-type: none"> Heartbeat (ACC's closed loop feedback platform) continues to seek feedback from clients following key moments of their journey, enabling ACC to listen and act on feedback. 	<ul style="list-style-type: none"> Improved Client experience through early identification of issues and prevention of further escalation due to proactive contact from ACC. 	<ul style="list-style-type: none"> In Q3 2,410 individual feedback cases were opened to actively respond to and resolve.

QUARTER FOUR 2021/22

CUSTOMER FEEDBACK REPORT

Section 1: Quarter 4 Client Complaints escalated to ACC's Customer Resolutions Team

Section 2: Review of the 2021/22 Financial Year

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



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

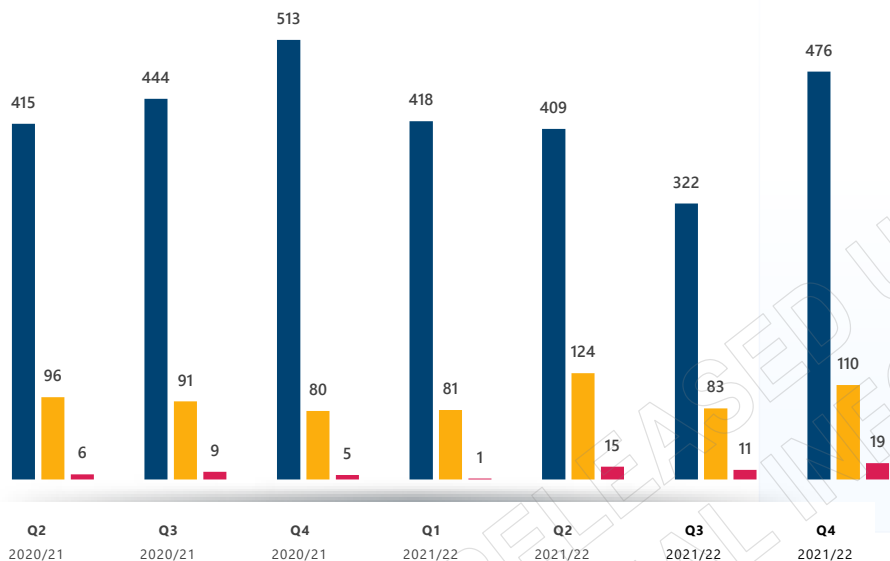
EXECUTIVE SUMMARY: Quarter 4 2021/22

- **The volume of complaints increased to 476** (from 322), following the decline in Q3, and the ratio returned to 4 (from 3) complaints per 1,000 active entitlement claims - levels more consistent with previous quarters.
- **Ongoing operational pressures contributed to the increase.** In Q4, there was a 14.8% increase in the volume of active entitlement claims compared to Q3. However, capacity levels reduced due to unplanned and planned leave, particularly towards the end of the quarter, where there were 17% less staff available to support those claims than expected, which impacted our ability to provide high levels of support to customers. This is evident in the complaint themes, with **clients expressing concerns they are not feeling supported, they are not being kept informed, and there are delays in our service.** These pressures contributed to the decision to stand up the Incident Management Team at the end of Q4 where one of the key decisions was to gather support from operational teams and the wider organisation to support critical functions and prioritise provider support to clients with the greatest need. This has resulted in further work pressure to some areas and impacted the timeliness of our service. Other factors which have likely contributed to the increase are outlined on slide 3.
- **Delays in our service contributed to an increase in the number of cases deemed to be severity two** this quarter, which rose from 4 to 5 (there were no severity three cases). Root cause analysis of these cases identified opportunities for improvements in a number of areas which have been, or are in the process of being actioned, as outlined in the dossier (appendix 2).
- **Media coverage of client cases increased** from 11 in Q3 to 19 in Q4 (including 3 of the cases deemed severity two). Issues with our cover decisions were the focus of over half of these cases.
- Our **ability to resolve complaints timely remained high but has declined compared to previous quarters.** Similar to complaint volumes, this is largely a symptom of the capacity pressures due to higher than usual unplanned leave. Other contributing factors are included on slide 6.

Complaint volumes increased as we continue to experience pressure on operational performance

NUMBER OF COMPLAINTS AND ISSUES

■ **Complaints** - Escalated to the Customer Resolutions team
■ **Issues** - Dealt with by the Customer Response team
■ **Media** - Client stories with negative media coverage



VOLUME ANALYSIS

476 476 complaints were received in Q4, a significant increase compared to Q3, and more consistent with previous quarters. Similarly, the ratio of complaints (at ~4 complaints received per 1,000 active entitlement claims) returned to levels more consistent with previous quarters. Ratios for the specific Client Recovery teams is provided on slide 5.

38% 38% of all complaints related to issues with customer service (primarily not feeling supported, not kept informed), 20% related to entitlements (primarily social rehabilitation and treatment) and 16% related to weekly compensation (primarily delays and suspensions or declines).

15% 15% of this quarter's complainants are Māori clients, slightly more than Q3 at 12%. As a ratio, this reflects 3 Māori complaints per 1,000 Māori active entitlement claims – slightly less than the ratio of 4 per 1000 for all clients. The primary complaint themes for Māori (customer service, entitlement, weekly compensation and cover) are largely consistent with other ethnicities.

FACTORS CONTRIBUTING TO THE INCREASE

High unplanned leave across all Client Recovery functions (reaching levels seen at the beginning of the Omicron outbreak in Feb 2022) and the capacity strain in external provider services continued to put pressure on operational performance in the quarter. Other factors which have likely contributed to the increase of complaints include:

14.8% The volume of active entitlement claims increased by 14.8%, so we would expect to see a corresponding impact on complaints volumes.

19 There was an increase in client stories receiving media coverage, which is known to impact on complaint volumes. This quarter there were 19 stories compared to 11 in Q3. Over half of these related to disputes over cover decisions.

39% There also continues to be a high percentage of repeat complainants, with 39% of complaints received from clients who have complained at least once previously before (up from 35% in Q3). 28% of these were Supported Recovery clients, with issues primarily relating to customer service.

QUARTER 4 RATIO ANALYSIS

Number of Complaints

Number of Active Entitlement Claims

Q4
2021/22

476 48% ↑
From Q3

115k 14.8% ↑
From Q3

Ratio of Complaints to Total Active Entitlement Claims

0.42%

4 complaints per 1000 claims

Q3
2021/22

322

99k

0.32%

3 complaints per 1000 claims

The volume of cases deemed to be a severity two increased, with delays in service a contributing factor

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS (INCLUDING MEDIA AND ISSUES MANAGEMENT CASES)

	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
Q4 2021/22 Complaints & Issues	438	53	05*	0
Q3 2021/22 Complaints & Issues	294	36	04	0

*** SEVERITY TWO ROOT CAUSE THEMES**

	BUSINESS PROCESSES	KNOWLEDGE & CAPABILITY	EXTERNAL INFLUENCES	TECHNOLOGY/ SYSTEM ISSUES
Business processes were the main root cause for the severity two complaints, particularly relating to significant delays in service.	04	03	02	01

NOTE: Cases may have more than one root cause theme.

	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ENABLED	-	-	-
ASSISTED	14	1	-
SUPPORTED	13	1	-
PARTNERED	2	3	-
OTHER	24	-	-

FACTORS INFLUENCING THE SEVERITY OF COMPLAINTS AND ISSUES

SEVERITY TWO

05

of the complaints raised in Quarter 4 met the severity two threshold where ACC was considered not to have provided the appropriate level of support/service and there was a significant impact on the client and/or ACC's reputation.

3 of the 5 cases were due to significant delays in service, with 2 of them receiving media coverage.

SEVERITY ONE

49%

of severity one complaints relate to issues with customer service, followed by privacy (15%), and weekly compensation (13%).

SEVERITY ZERO

438

complaints were assessed as a severity zero where there was no fault on ACC's behalf. Primary themes related to customer service (35%), entitlement (21%) and weekly compensation (16%).

NOTE: 42 of the 438 complaints are unresolved or ongoing.

SEVERITY DEFINITIONS

SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO	SEVERITY THREE
ACC not at fault	ACC at fault but no impact	ACC at fault and impact	ACC at fault, impact and inadequate response

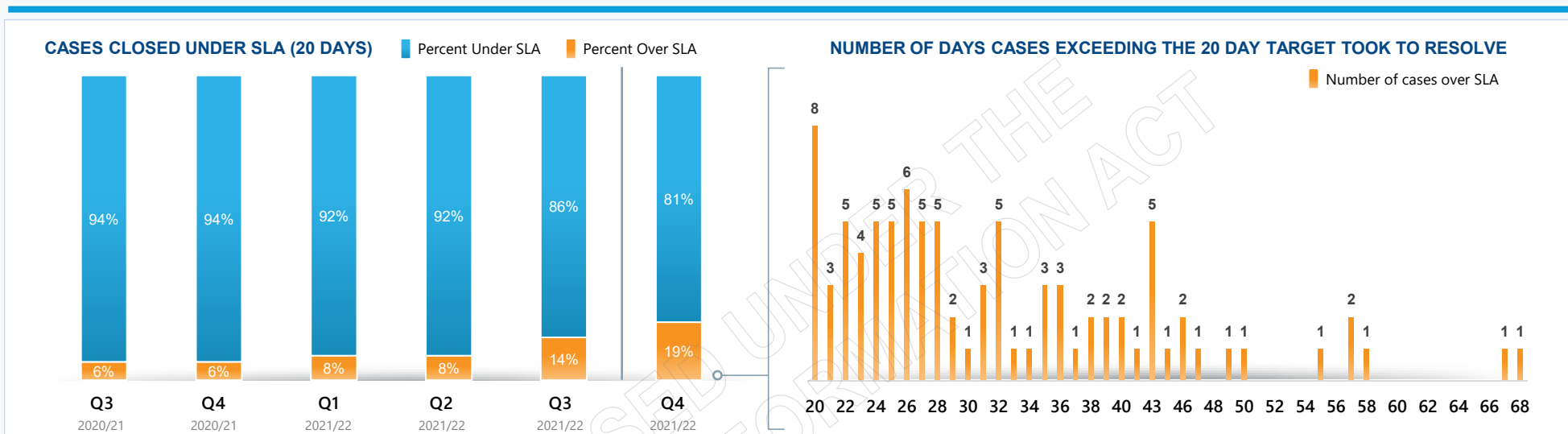
NOTE: See full severity definitions within the Dossier.

Complaint ratios increased for most Client Recovery teams, with consistent themes relating to not being kept informed and not feeling supported

Recovery Function	Ratio of Complaint to active entitlement claims	Primary drivers of Complaints	Key Issues
Enabled	<p><1:1000</p> <p>■ <1:1000 (Q3 2021/22)</p>	<p>Weekly Compensation 1</p> <p>Service Provider 1</p>	<ul style="list-style-type: none"> Issues related to weekly compensation decline and a provider.
Assisted	<p>3:1000</p> <p>▲ 2:1000 (Q3 2021/22)</p>	<p>Customer Service 48</p> <p>Entitlement 36</p> <p>Weekly Compensation 24</p> <p>Cover 12</p>	<ul style="list-style-type: none"> Primary issues related to clients not feeling supported, social rehabilitation, not being kept informed and eligibility for cover for a personal injury (PICBA).
Supported	<p>7:1000</p> <p>▲ 5:1000 (Q3 2021/22)</p>	<p>Customer Service 55</p> <p>Weekly Compensation 18</p> <p>Entitlement 16</p> <p>Cover 12</p>	<ul style="list-style-type: none"> Primary issues related to clients not feeling supported, not being kept informed, weekly compensation delays and eligibility for cover for a personal injury (PICBA).
Partnered	<p>4:1000</p> <p>▲ 3:1000 (Q3 2021/22)</p>	<p>Customer Service 15</p> <p>Weekly Compensation 4</p> <p>Entitlement 3</p> <p>Cover 2</p>	<ul style="list-style-type: none"> Primary issues related to not feeling supported, delays in service, not being kept informed and weekly compensation delays.

- Of the 476 complaints received in Q4, 270 were from clients within the four primary Client Recovery teams.
- Ratios for most Client Recovery teams increased compared to Q3, but are largely consistent with ratios received in other quarters during the 2021/22 financial year.
- We continue to see higher ratios of complaints within Supported and Partnered Recovery teams, which is reflective of those claims being more complex with significantly more client interactions and decision points occurring.
- Common themes across the recovery teams this quarter related to clients not being kept informed and not feeling supported. Concerns relating to delays receiving weekly compensation were also raised by clients within Supported and Partnered Recovery teams.

81% of complaints were resolved within targeted timeframes



ANALYSIS OF CASES CLOSED OUTSIDE OF TARGETED TIMEFRAMES

The percentage of cases resolved within 20 days remains high, but is a deterioration compared to previous quarters with 19% of complaints closed beyond 20 days (compared to 14% in Q3).

The longest resolution duration this Quarter was 68 days, compared to 61 days in Quarter 3 2021/22.

Factors that have contributed to this change include:

- Capacity pressures caused by unplanned absences within the Customer Resolution team (CRT)
- Increased work volumes, with the highest number of complaints received this quarter for the full 2021/22 financial year
- An increase in the volume of complaints requiring investigation under the Code of ACC Claimants' Rights, with 31% in Q4 compared to 18% in Q3. Code investigations are known to take longer to resolve than cases dealt with at the local level
- Training requirements undertaken by CRT in the quarter as they became competent in a new dispute type (work injury) now being managed by their team.

SPOTLIGHT ON LONGEST CASES TO RESOLVE

58 days over targeted timeframe

Advocate raised a complaint with ACC about the verification process when they contact the Claims email address to discuss the client's claim. The advocate was advised this may take some time due to COVID and workloads which the advocate understood. The concerns were discussed with internal parties and a Code investigation took place as requested by the advocate which identified no breaches and provided a detailed explanation.

67 days over targeted timeframe

Client unhappy with a previous Code findings made and wanted to address the remedy aspect of the complaint. The complaint was initially acknowledged, however due to increased workloads, it took further time to investigate the client's concerns and apologies were made for the delays. The client also took time to provide confirmation of the issues they wanted addressed and requested more time to respond. The complaint is ongoing.

68 days over targeted timeframe

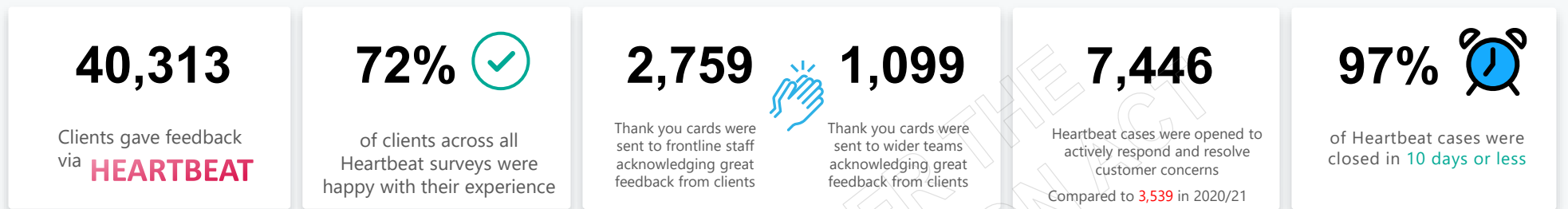
Client raised a number of historical issues to ACC that needed to be investigated. Due to the issues being historical, time was needed to fully understand the issues raised as well as seeking information from the managing branch to address the issues. The Code findings were issued with no breaches identified.

EXECUTIVE SUMMARY: 2021/22 performance

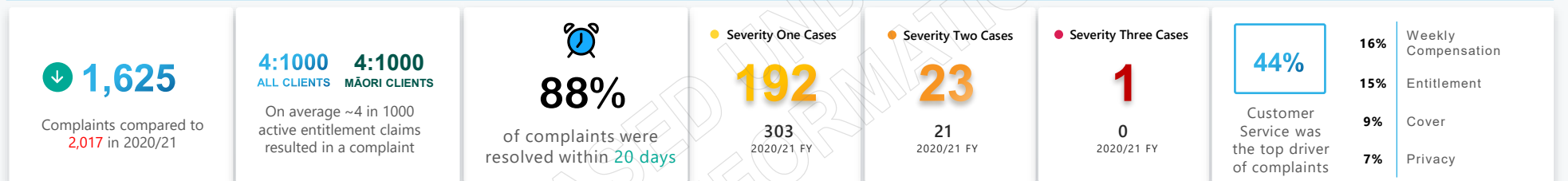
- In total, **1,625 complaints** were escalated to ACC's Customer Resolution team in **2021/22**. This is the lowest volume recorded since reporting commenced in **2019** (1,926 in 2019/20 and 2,017 in 2020/21).
- A factor which may have supported lower overall complaint volumes is the continued emphasis of early intervention, with **Heartbeat identifying 7,446 clients** requiring and receiving proactive contact from our frontline.
- The **overall volume of complaints where ACC was deemed to be at fault significantly reduced** in 2021/22 compared to 2020/21, however there was a **slight increase in the volume of severity two cases** (23 compared to 21). A contributing factor for the increase includes 10 severity two breaches related to privacy, compared to 5 in the previous financial year.
- There was **one instance of a severity three** case in this financial year, relating to service failings over the cover of a birthing injury.
- **Customer Service continues to be the main driver for complaints**, followed by weekly compensation and entitlements. However, complaints relating to **privacy breaches, whilst occurring less frequently, were more likely to meet the severity two threshold**. Refer to slide 9 for further details.
- **Media coverage of client cases significantly increased** in 2021/22 with 46 stories, compared to 28 the previous year. The increase commenced in Q2 following the extensive coverage of the snapchat and access incidents, and has been relatively sustained since then. Refer to slide 10 for further details.
- In 2021/22 there were a number of initiatives focused on improving the customer experience, including those outlined on slide 8. The **Rehab Performance Programme (which is in the process of being rolled out during Q1 and Q2) is expected to support with driving capability and capacity improvements** during 2022/23, reducing the likelihood of complaints relating to the service provided.

The 2021/22 year in review

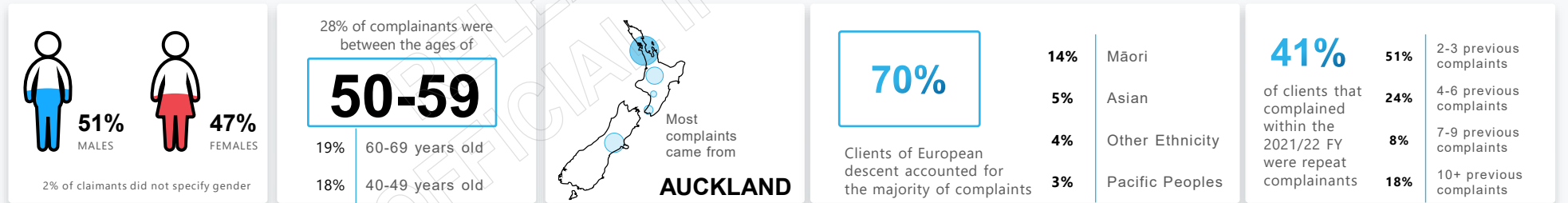
Listening to our customers via Heartbeat enabled significantly more instances of early intervention to resolve issues



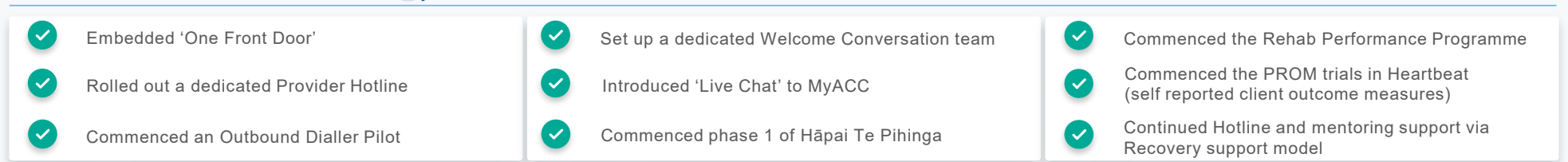
The volume of complaints received reduced and the overall ratio remained stable



The demographic make up / location of complainants did not differ significantly from the make up of all client claims (except for age where claims are more evenly spread)



We focused on a number of initiatives to improve our services

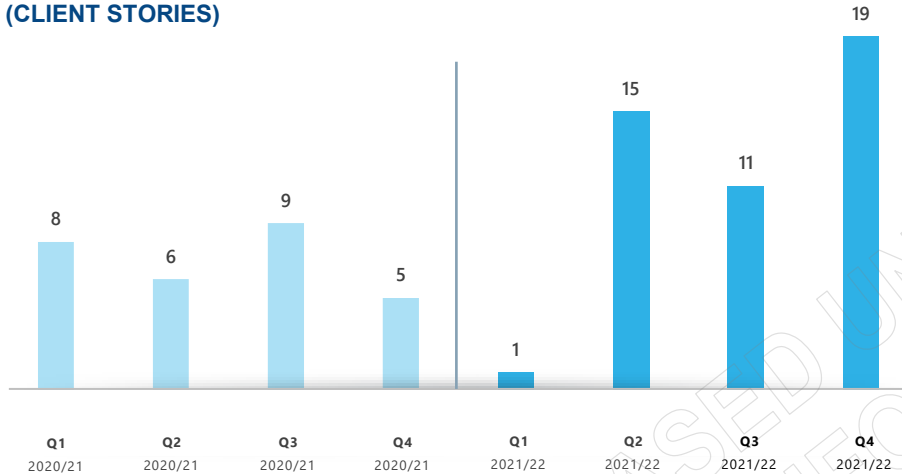


Customer Service was the primary driver for complaints, but complaints relating to privacy breaches were more likely to be deemed severity two

Complaint Theme (Top 5)	% of all complaints	Drivers for the complaint	Severity (Including issues and media)			Key Findings
			1	2	3	
Customer Service N=713	44%	32% Didn't feel supported 15% Not kept informed 12% Delay in service	99	5	-	<ul style="list-style-type: none"> In 2021/22, the majority of complaints received (44%) primarily related to issues over customer service, with concerns largely relating to clients not feeling supported or kept informed. There were 5 instances where complaints relating to customer service were deemed to be severity two. Complaints regarding weekly compensation or entitlements were the next most significant theme and related primarily to delays in payment or eligibility for cover. In total, these resulted in 7 severity two instances. Complaints related to privacy breaches happened less frequently but when they did occur, were more likely to meet the severity two threshold, with 10 in total. Of the 23 complaints deemed to be a severity two or three, 6 received media coverage.
Weekly Compensation N=261	16%	31% Delays in payment 16% Rate of WC 12% Declined	29	4	-	
Entitlement N=250	15%	27% Eligibility of treatment cover 22% Eligibility for social rehab 18% Eligibility for Independence Allowance/Lump Sum	15	3	-	
Cover N=148	9%	54% Personal injury (PICBA) 31% Treatment Injury	12	1	1	
Privacy N=110	7%	42% Disclosure breach 26% Access to information	22	10	-	

The volume of client stories that received negative media coverage significantly increased in 2021/22

VOLUME OF NEGATIVE MEDIA COVERAGE OVER TIME (CLIENT STORIES)

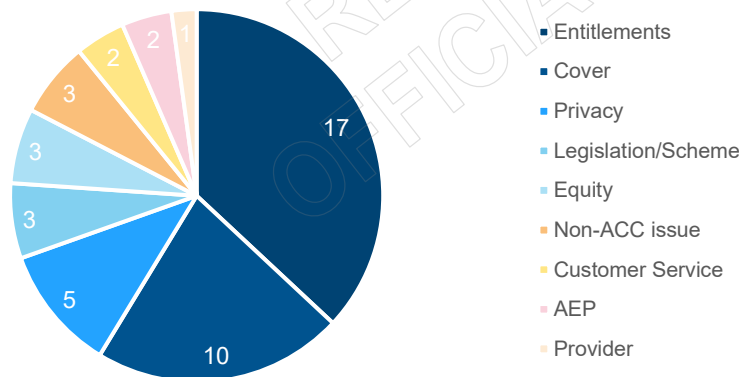


COMMENTARY

- 46 client stories received negative media coverage in 2021/22, a significant increase compared to 28 in 2020/21.
- The volume increase in 2021/22 commenced in Quarter 2 following the Snapchat and access incidents. Volumes have remained high since that time, however coverage has focused more on stories relating to cover and entitlements.
- Almost half of client's featured had either a sensitive claim or a treatment injury claim. While these claim types are only a small portion of ACC's overall claims, they are often more complex and timeframes for accepting cover take longer than other claims.
- Of the 46 client stories, 6 were deemed severity two for complaint reporting purposes, where there had been a significant service failing and impact (on the client and/or reputational risk for ACC). The themes relating to these stories were:

- Entitlements (3)
- Privacy (2)
- Customer Service (1)

PRIMARY THEMES OF THE NEGATIVE COVERAGE



Executive Summary

Quarter 4 Performance

- **The volume of complaints increased to 476** (from 322), following the decline in Q3, and the ratio returned to 4 (from 3) per 1,000 active entitlement claims - levels more consistent with previous quarters.
- **Ongoing operational pressures (such as capacity) due to the impact of COVID have contributed to the increase.** This is evident in the complaint themes, with **clients expressing concerns they are not being kept informed, they are not feeling supported and there are delays in our service.** Other factors which have likely contributed to the increase are outlined on Slide 4.
- Significant **delays in our service contributed to an increase in the number of cases deemed to be severity two** this quarter, which rose from 4 to 5 (there were no severity three cases). Root cause analysis of these cases identified opportunities for improvements in a number of areas which have been, or are in the process of being actioned, as outlined in the dossier (appendix 2).
- **Media coverage of client cases increased** from 11 in Q3 to 19 in Q4 (including 3 of the cases deemed severity two). Issues with our cover decisions were the focus of over half of these cases.
- Our **ability to resolve complaints timely remained high but has declined compared to previous quarters.** Similar to complaint volumes, this is largely a symptom of the capacity pressures due to higher than usual unplanned leave. **Also, the Customer Resolutions team are now managing work injury dispute claims, which has added to work volumes.**

2021/22 Performance

- In total, **1,625 complaints were escalated to ACC's Customer Resolution team in 2021/22. This is the lowest volume recorded since reporting commenced in 2019** (1,926 in 2019/20 and 2,017 in 2020/21).
- The **overall volume of complaints where ACC was deemed to be at fault significantly reduced** in 2021/22 compared to 2020/21, however there was a **slight increase in the volume of severity two cases** (23 compared to 21). A contributing factor for the increase includes 10 severity two breaches related to privacy, compared to 5 in the previous financial year.
- There was **one instance of a severity three case** in this financial year, relating to service failings over the cover of a birthing injury.
- **Customer Service continues to be the main driver for complaints,** followed by weekly compensation and entitlements. However, complaints relating to **privacy breaches, whilst occurring less frequently, were more likely to meet the severity two threshold.** Refer to slide 10 for further details.
- **Media coverage of client cases significantly increased** in 2021/22 with 46 stories, compared to 28 the previous year. The increase commenced in Q2 following the extensive coverage of the snapchat and access incidents, and has been relatively sustained since then. Refer to slide 11 for further details.
- Focus continues to be on improving the customer experience, with initiatives such as those outlined on slide 9. In particular, the **Rehab Performance Programme is expected to support with driving capability and capacity improvements** during 2022/23.

QUARTER ONE 2022/23

CUSTOMER FEEDBACK REPORT

Quarter 1 client complaints escalated to ACC's Customer Resolution team

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



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

COMPLAINT VOLUMES, RATIO AND SEVERITY TWO CASES INCREASED

Pages 03 & 04

- Overall most clients are satisfied with their experience of dealing with ACC and in the context of receiving over 2 million claims per year, very few result in dispute. Despite this, we recognise the importance of learning from instances where clients have expressed dissatisfaction with the service received.
- In Quarter 1 the volume of complaints increased to 523 (from 476) and the overall ratio increased slightly to 4.6 (from 4.2) complaints per 1,000 active entitlement claims. An increase in the ratio for complaints received in the Assisted and Supported Recovery teams was also evident.
- Several factors contributed to the increase including the temporary reallocation of workforce to support with capacity pressures driven from the ongoing impact of COVID-19. There was also a focus on increased proactive case management for a significant group of clients where their recovery is at risk, and who require additional support to achieve a rehabilitation outcome. Some clients may not have previously had this level of proactive management and it may be causing a degree of concern. High unplanned leave and a higher ratio of inexperienced staff also continue to put pressure on capacity and capability to manage claims.
- The volume of cases deemed to be severity two increased from 5 to 6 (there were no severity three cases). Privacy breaches were a contributing factor with 3 of the 6 cases resulting from disclosure breaches. Root cause analysis of all 6 cases identified opportunities for improvements in a number of areas which have been, or are in the process of being actioned.
- Negative media coverage of client cases remains at higher levels than usual at 21 stories (up from 19) however there were no significant service failings by ACC in these cases.

CUSTOMER SERVICE IS THE MOST SIGNIFICANT DRIVER OF COMPLAINTS

Page 05

- Consistent with previous quarters, customer service is the main driver of complaints at 43%. Primary concerns raised relate to clients not being kept informed and not feeling supported which is likely a result of the operational pressures noted above.
- The other top drivers of complaints continue to relate to issues with weekly compensation at 17% (primarily delays in payment and the rate of payment) and entitlements at 16% (primarily relating to the eligibility of treatment).
- The higher ratios of complaints received in Assisted and Supported Recovery is reflective of the relative complexity of these claims, with significantly more client interactions and decision points occurring, and where operational pressure is most apparent.

INITIATIVES UNDERWAY WILL SUPPORT AN IMPROVEMENT IN CUSTOMER EXPERIENCE

Page 06

- There are a number of initiatives underway across the organisation to reduce the likelihood of concerns raised by clients occurring. These include supporting our people with increased capacity and capability to proactively support clients through continued focus on the Rehab Performance Programme, automating processes to improve the speed of responsiveness, and embedding recent privacy related system and cultural changes to minimise the risk of breaches. It is recognised this work will take time to embed and impact on overall complaint volumes.

COMPLAINT RESOLUTION PRACTICES REMAIN STRONG

Page 07

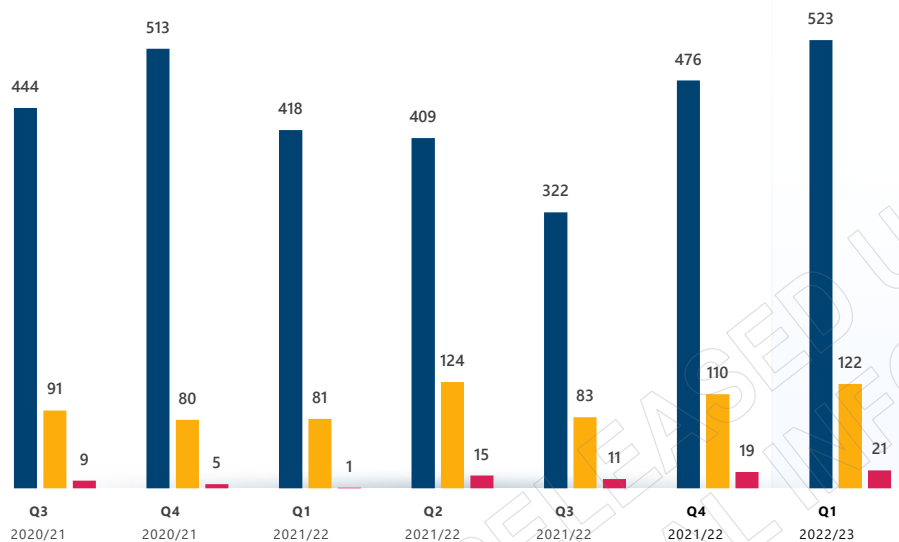
- Our timeliness to resolve complaints remained high but has declined compared to previous quarters due to a number of factors including capacity pressures caused by unplanned absences, high complaints volumes and a greater emphasis on early resolution of issues that can be resolved within 24-48 hours.



COMPLAINT VOLUMES INCREASED AS PRESSURE ON OPERATIONAL PERFORMANCE CONTINUES

VOLUME OF COMPLAINTS, ISSUES & NEGATIVE CLIENT MEDIA STORIES

Complaints - Escalated to the Customer Resolution team
Issues - Dealt with by the Customer Response team
Media - Client stories with negative media coverage



VOLUME ANALYSIS

523 523 complaints were received in Q1, a 10% increase compared to Q4. The ratio of complaints also increased slightly from 4.2 to 4.6 complaints per 1,000 active entitlement claims. Ratios for the specific Client Recovery teams are provided on slide 6.

43% The primary reason (43%) for complaints related to issues with customer service. Slide 5 provides further analysis on complaint themes and actions ACC is taking to improve service concerns raised.

13% 13% of this quarter's complainants are Māori clients, slightly less than Q4 at 15%. As a ratio, this reflects 3.9 Māori complaints per 1,000 Māori active entitlement claims. The primary complaint themes for Māori (customer service, entitlement and weekly compensation) are largely consistent with other ethnicities.

122 Internally raised issue alerts remain high at 122, a 11% increase compared to Q4. Of the issues raised, three quarters included a media threat. A quarter of all alerts were about financial entitlements, with delays being the main issue raised.

FACTORS CONTRIBUTING TO THE INCREASE

- Temporary workforce reallocation to critical functions for half of the quarter during the period the Issues Management team was stood up.
- Resource had to be reprioritised to invest in more training to build capability for our people. This has created temporary workload pressure, resulting in increased wait times and delays in our responses for some clients.
- High unplanned leave continued in the early part of the quarter, which impacted team capacity levels throughout the remainder of the quarter, with some teams experiencing high case loads.
- Challenges with staff retention in a tight labour market.
- High volumes of negative media coverage with 21 client stories in Q1 (the highest volume since reporting commenced in 2019). Negative coverage is known to impact on complaint volumes. There were no significant service failings by ACC identified with these client stories, despite the articles presenting as service failings.
- There also continues to be a high percentage of repeat complainants, with 47% of complaints received from clients who have complained at least once previously (up from 39% in Q4). 33% of these were Supported Recovery clients, with issues primarily relating to customer service.

RATIO OF COMPLAINTS TO ACTIVE ENTITLEMENTS CLAIMS

	Number of Complaints	Number of Active Entitlement Claims
Q1 2022/23	523 <small>10% ↑ From Q4</small>	115k
Q4 2021/22	476	115k

RATIO OF COMPLAINTS TO ACTIVE ENTITLEMENT CLAIMS

4.6 Complaints per 1000 claims
4.2 Complaints per 1000 claims

PRIVACY BREACHES CONTRIBUTED TO THE VOLUME OF SEVERITY TWO CASES

TOTAL NUMBER OF SEVERITY RELATED COMPLAINTS & ISSUES				
	SEVERITY ZERO	SEVERITY ONE	SEVERITY TWO *	SEVERITY THREE
Q1 2022/23 Complaints & Issues	474 ↑	44 ↓	06 ↑	0
Q4 2021/22 Complaints & Issues	438	53	05	0
Q1 2022/23 Further Analysis	474 complaints were assessed as severity zero where there was no service failure made by ACC. Primary themes related to customer service (42%), weekly compensation (16%) and entitlement (16%).	52% of severity one complaints relate to issues with customer service, followed by weekly compensation (18%) and entitlement (11%).	6 of the complaints raised in Quarter 1 met the severity two threshold where ACC was considered not to have provided the appropriate level of support/service and there was a significant impact on the client and/or ACC's reputation. 3 of the 6 cases were privacy-related issues, primarily disclosure breaches. 4 of the 6 cases arose within (or were connected to) Partnered Recovery clients.	There were no severity three cases for Quarter 1 of 2022/23
Definitions	No material service failing, scheme, legal or operational policy breach has been identified.	A material service failing, scheme, legal or operational policy breach has been identified.	The impact of the service failing or breach has put the customer(s) privacy, health and safety at risk, and/or caused material hardship.	There has been an inadequate response to the service failing or breach that is systemically legally non-compliant, and/or has put the organisation's reputation, public trust and confidence at risk.

CUSTOMER SERVICE CONTINUES TO BE THE PRIMARY DRIVER OF COMPLAINTS

COMPLAINT THEME (TOP 5)	% OF ALL COMPLAINTS	DRIVERS FOR THE COMPLAINT
Customer Service N=223	43% ↑ 38% (Q4 2021/22)	40% Didn't feel supported 17% Not kept informed 12% Didn't feel heard/ listened to
Weekly Compensation N=87	17% ↑ 16% (Q4 2021/22)	33% Delays in payment 16% Rate of WC 15% Backdated payments
Entitlement N=82	16% ↓ 20% (Q4 2021/22)	29% Eligibility of treatment 23% Eligibility for social rehab 17% Eligibility for Independence Allowance/Lump Sum
Cover N=41	8% ↓ 11% (Q4 2021/22)	49% Personal injury (PICBA) 24% Treatment Injury 12% Gradual Process
Privacy N=37	7% ↑ 5% (Q4 2021/22)	46% Disclosure breach 30% Access to information 11% Failure to correct

ACTIONS UNDERWAY TO IMPROVE OUR SERVICE

Customer service remains the main cause of complaints with primary concerns relating to clients not being kept informed and not feeling supported. Delays in our service and concerns over eligibility of entitlements also emerge strongly.

To reduce the likelihood of these concerns arising there are a number of initiatives underway across the organisation including:

PEOPLE:

- Improving our staff capability and competence in claims management best practice through training and coaching. Dedicated teams to support clients with more complex rehabilitation needs have also been established with staff receiving specific training to support their speed to competency, and the quality of support provided.
- Improving capacity through capability streaming where our clients' needs are matched to the right people, teams, services, and pathways that can best support them.

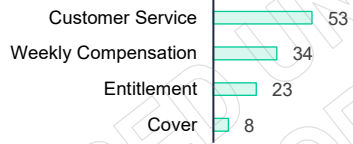
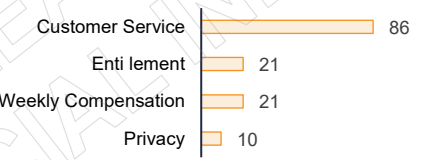
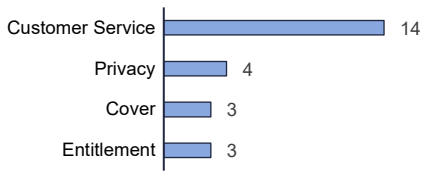
OPERATIONAL:

- Automating processes through MyACC for simple equipment requests and automating client travel reimbursements in order to reduce manual processing and speeding up the time to payment for clients.
- Implementation of new technology within Assisted Recovery, enabling greater levels of transparency for leaders to forecast workload capacity and capability for staff. This will also support workforce management, ensuring timely responses to tasks.

PRIVACY:

- Reducing the likelihood of privacy breaches through systems enhancements to identify, restrict and review access to personal information. Cultural change actions are also underway including the review of Privacy team processes, and the training and embedding of the system and policy.

COMPLAINT RATIOS INCREASED FOR MOST CLIENT RECOVERY TEAMS, WITH CONSISTENT THEMES RELATING TO NOT BEING KEPT INFORMED AND NOT FEELING SUPPORTED

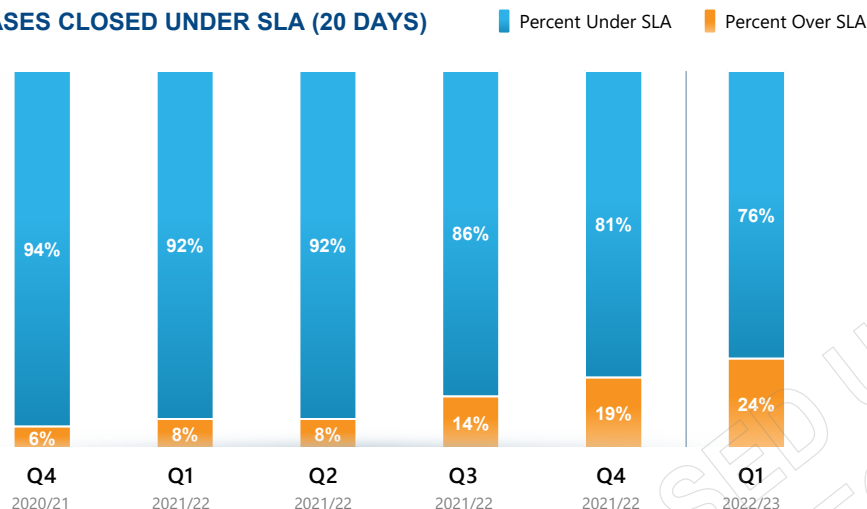
CLIENT RECOVERY FUNCTION	RATIO OF COMPLAINT TO ACTIVE ENTITLEMENT CLAIMS	PRIMARY DRIVERS OF COMPLAINTS	KEY ISSUES
Enabled	There were no Enabled Recovery client complaints this quarter.		
Assisted	4:1000 ↑ 3:1000 (Q4 2021/22)	 <ul style="list-style-type: none"> Customer Service: 53 Weekly Compensation: 34 Entitlement: 23 Cover: 8 	<ul style="list-style-type: none"> Primary issues related to clients not feeling supported, weekly compensation delays, not being kept informed and delays in service.
Supported	9:1000 ↑ 7:1000 (Q4 2021/22)	 <ul style="list-style-type: none"> Customer Service: 86 Entitlement: 21 Weekly Compensation: 21 Privacy: 10 	<ul style="list-style-type: none"> Primary issues related to clients not feeling supported, not being kept informed, relationship with ACC staff member and not feeling respected.
Partnered	3:1000 ↓ 4:1000 (Q4 2021/22)	 <ul style="list-style-type: none"> Customer Service: 14 Privacy: 4 Cover: 3 Entitlement: 3 	<ul style="list-style-type: none"> Primary issues related to not feeling supported, not being kept informed and not feeling heard/listened to.

- Of the 523 complaints received in Q1, the majority (308) were from clients within Assisted, Supported and Partnered Recovery teams.
- Common themes across the recovery teams this quarter related to clients not being kept informed and not feeling supported.
- Ratios for Assisted and Supported Client Recovery teams increased compared to the previous quarter, and have been trending upwards over the last financial year.
- The upward trend within Assisted and Supported is likely to be a result of operational pressures within these particular areas due to the impact of factors such as COVID-19, high unplanned leave and high attrition.
- The ratio for Partnered Recovery has decreased this quarter, and is significantly lower than one year ago when it was 8 complaints per 1,000 active entitlement claims.

OFFICIAL INFORMATION ACT

COMPLEX COMPLAINTS AND THOSE REQUIRING INVESTIGATION UNDER THE CODE TAKE LONGER TO RESOLVE

CASES CLOSED UNDER SLA (20 DAYS)

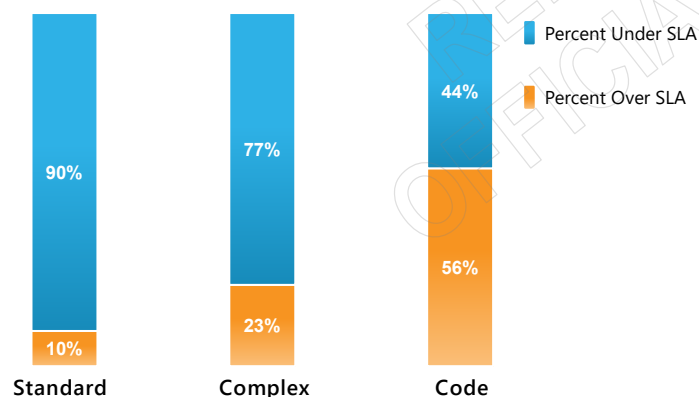


A NUMBER OF FACTORS IMPACTED SLA PERFORMANCE IN Q1

The percentage of complaints closed within 20 days declined this quarter to 76%, from 81% in the previous quarter. Factors impacting SLA performance include:

- A greater emphasis within the Customer Resolution team on early resolution of issues that can be resolved within 24-48 hours, to minimise the impact on the client of going through a formal complaint process. Q1 saw a higher percentage of cases resolved through early resolution, and as these cases are not included in the SLA calculation this has impacted on the percentage resolved within 20 days.
- Capacity pressures caused by unplanned absences and high complaints volumes this quarter.
- An increase in the volume of complex complaints to resolve, including 11% of all complaints received requiring investigation under the Code of ACC Claimants' Rights, which take longer to resolve.

CASES CLOSED UNDER SLA BY COMPLAINT COMPLEXITY



CODE AND COMPLEX COMPLAINTS TAKE LONGER TO RESOLVE

- 90% of standard category complaints (1-2 issues) were resolved within 20 days.
- For more complex complaints with 2 or more issues, 77% were resolved within 20 days.
- Despite only 11% of all complaints requiring investigation under the Code of ACC Claimants' Rights, these type of complaints take the longest to resolve, with 44% closed within 20 days.
- Code complaints take longer to resolve as they require a detailed documented timeline of events, often requiring interactions with multiple parties and a formal decision letter outlining the findings and remedy, if warranted.

Customer Feedback Report

Q2 2022/23 Escalated Client Complaints

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



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

Executive Summary

Complaint volumes and the overall ratio have improved

Page 3

- Overall, most clients are satisfied with their experience of dealing with ACC and in the context of receiving over 2 million claims per year, very few result in dispute. Despite this, we recognise the importance of learning from instances where clients have expressed dissatisfaction with the service received.
- This quarter the scope of reporting has extended to include client requests for payment outside the scope of statutory entitlement 'POSSE' (see full definition on slide 7), as they are now being managed alongside complaints by the Customer Resolution team. These requests are considered escalated complaints for the purposes of this report and included in the overall complaints volume. Those requests that are accepted and receive payment, are included in the total volume of severity two cases.
- Despite the inclusion of 34 requests for POSSE, the volume of complaints decreased to 502 (from 523) and the overall ratio decreased to 4.4 (from 4.6) complaints per 1,000 active entitlement claims.

The volume of severity two cases has increased

Pages 4 & 7-11

- This quarter there were 15 severity two cases (up from 6 last quarter). The notable increase is due to the inclusion of 12 accepted requests for POSSE. Of the 15 cases, two thirds were service failings that occurred 2+ years ago – noting significant system, process and capability uplift changes have been made since the issues arose.
- The volume of POSSE cases is significantly more than previous quarters, and most are requests for reimbursement of the additional tax liability incurred following a backdated weekly compensation payment. A media article released in the quarter which focused on the ability to request a POSSE in this situation (and in general) likely contributed to the increase.
- Slides 7-11 outline the severity two cases and includes actions ACC has taken since.

There are a number of initiatives underway to improve the primary drivers of complaints

Page 5

- Consistent with previous quarters, the primary drivers of complaints relate to customer service at 44% (particularly clients not feeling supported and not feeling heard/listened to), weekly compensation at 18% (delays in payment and the rate of payment) and issues with entitlements at 14%.
- Factors that may have put pressure on the experience clients received in Q2 (particularly in our Supported and Partnered recovery teams where there is a higher ratio of complaints) include ongoing staff capacity pressure, changes in our case management practices where currently there is an increased focus on proactively managing clients which may be causing some clients concern, transitions of clients between teams requiring the workforce to be rebalanced in some areas, and a higher than usual volume of negative client cases in the media.
- Business activity continues focus on improving capacity, capability and care of client information to reduce the likelihood of complaints. Refer to slide 5 for further details.

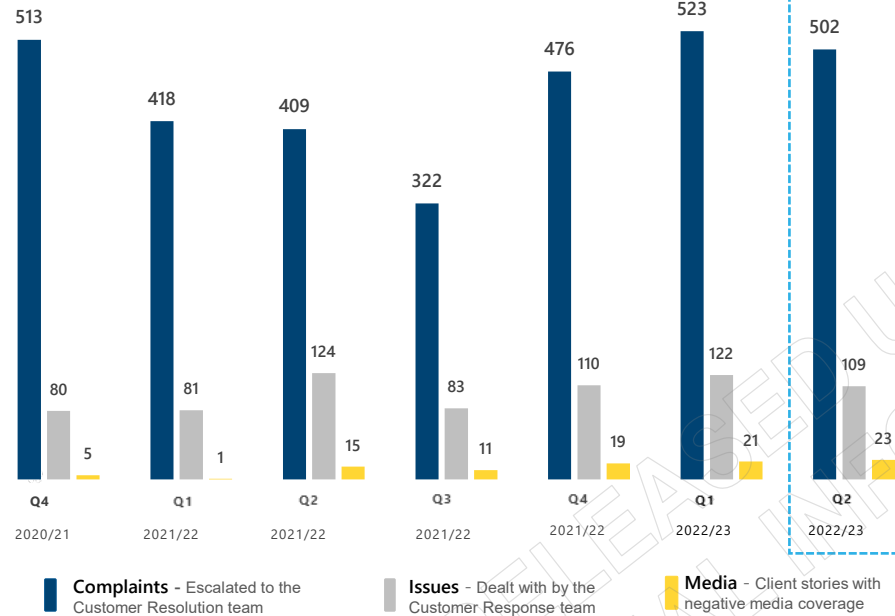
The complexity of complaints has increased, impacting our timeliness to resolve measure

Page 6

- There has been an increase in the complexity of complaints received in Q2 which has put pressure on the percentage of complaints resolved in 20 days (currently 73%, was 76%). An increased focus on early resolution to minimise the impact on the client of going through a formal complaints process has also impacted this measure as these cases are not included in the timeliness calculation.

The complaint volume and overall ratio have improved

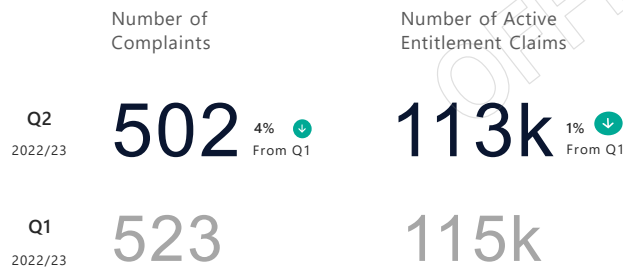
Volume Of Complaints, Issues & Negative Client Media Stories



- 502 complaints were received in Quarter 2, slightly less than Quarter 1. This volume includes 34 requests for POSSE.
- The overall ratio of complaints to active entitlement claims also improved to 4.4 complaints per 1000 claims (was 4.6). The ratio for Supported Recovery clients is much higher than the average at 10, which is reflective of the complexity of these claims and higher volume of decision points being made.
- 15 of the 502 complaints were deemed to be severity two where there was a material service failing and impact on the client (this includes 12 approved POSSE). There were no severity three cases. Refer to slide 4 for further details.
- 17% of complaints were from Māori complainants, up from 13% in Q1. An increase of Māori clients not feeling supported or not feeling heard/listened to contributed to the higher percentage. However, as an overall ratio, the volume of Māori complaints to active entitlement claims is the same as it is for all clients, at ~4 per 1,000 claims.
- The volume of client stories with negative media coverage increased to 23. Most stories were regarding issues with delays in service and/or cover decisions (including entitlements).

NB: Factors which may have impacted complaint volumes this quarter and actions ACC is taking to reduce the likelihood of complaints occurring are outlined on Slide 5.

Ratio Of Complaints To Active Entitlements Claims



Ratio of Complaints to Active Entitlement Claims

4.4

4 complaints per 1000 claims

4.6

4 complaints per 1000 claims

Ratio By Client Recovery Team *

	Quarter 2		Previous Quarter
Enabled	<1 1000	—	<1 1000
Assisted	2 1000	↓	4 1000
Supported	10 1000	↑	9 1000
Partnered	4 1000	↑	3 1000

* NB: The ratios above are indicative only because claims moved between teams throughout the quarter and complaints assigned to a team at the end of the quarter did not necessarily arise in that team

The inclusion of accepted POSSE requests has increased the volume of complaints deemed to be severity two, with most relating to historic issues

Analysis of Severity Two Cases

Volume	Key theme	Media cases	Issues or complaint cases	POSSE cases	Volume	Payment range	Number of cases
Severity Two 15 ↑ (Q1 2022/23: 6)	Weekly Compensation	1		8	Payment Outside The Scope Of Statutory Entitlement 12 ↑ (Q1 2022/23: 2)	< \$10,000	7
	Customer Service			2		\$10,000 - \$20,000	2
	Cover			1		\$21,000 - \$50,000	3
	Privacy		2			TOTAL	\$218,431
	Treatment Injury				1		
	TOTAL		1	2	12		

Key insights

- The inclusion of cases resulting in a POSSE has significantly impacted total severity two volumes, with 15 identified (12 of which received a POSSE).
- Most of the severity two cases reported (8 of the 12) were a result of service failings from 5+ years ago, with significant system, process and capability uplift changes made since the issue arose. Refer to slides 7-11 for further details.
- Of the 12 POSSE cases:
 - The primary reason related to weekly compensation service issues, and in most of these cases a POSSE was due to an additional tax liability incurred from the backdated payment. The significant increase in POSSE requests in Q2 is likely due to a media article released in the quarter which focused on the ability to request a POSSE in the situation of additional tax liabilities arising from backdated weekly compensation.
 - The total payment of POSSE in Q2 was \$218,431 with most instances (7 out the 12) resulting in a payment of less than \$10,000.
- The volume of privacy related severity two cases reduced this quarter to 2, down from 3 in Q1. Both cases related to breaches that occurred 2+ years ago.

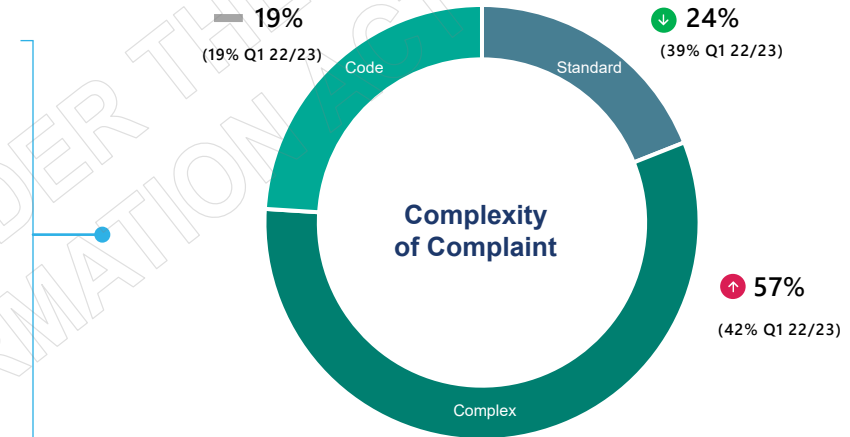
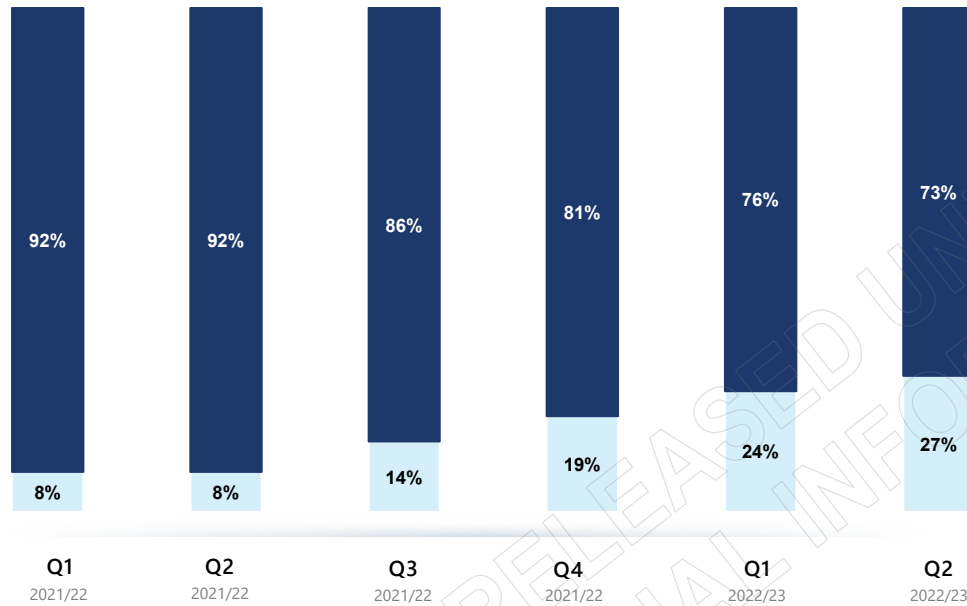
Customer service continues to be the primary driver of complaints, with actions underway to improve performance

<p>Customer Service</p> <p>44% ↑</p> <p>(43% Q1 22/23)</p> <p>Primary Reasons</p> <p>38% Didn't feel supported 13% Didn't feel heard/ or listened to 12% Didn't feel respected</p>	<p>Weekly Compensation</p> <p>18% ↑</p> <p>(17% Q1 22/23)</p> <p>34% Delays in payment 16% Rate of WC 10% Backdated payments</p>	<p>Entitlement</p> <p>14% ↓</p> <p>(16% Q1 22/23)</p> <p>30% Eligibility for Independence Allowance/Lump Sum 26% Treatment 20% Social Rehabilitation</p>	<p>Cover</p> <p>7% ↓</p> <p>(8% Q1 22/23)</p> <p>52% Personal injury (declined cover) 42% Treatment Injury</p>	<p>Privacy</p> <p>6% ↓</p> <p>(7% Q1 22/23)</p> <p>34% Disclosure breach 28% Access to information</p>
<p>Factors which may have impacted the customer experience in Q2</p> <ul style="list-style-type: none"> • Pressure on capacity due to unplanned leave, and a high ratio of new staff which may be impacting the quality of customer service received. • The proactive management focus on clients where their recovery is at risk, and who require additional support to achieve a rehabilitation outcome. Some clients may not have previously had this level of proactive management and it could be causing a degree of concern. • Increased volumes of clients transitioning between teams (particularly between Assisted and Supported) as a result of the changes in capacity streaming which is requiring a re-balance of workforce in some areas. • Sustained high volume of negative media coverage on client cases. Negative media coverage is known to increase the volume of complaints from other clients. 		<p>Actions underway to improve the customer experience</p> <ul style="list-style-type: none"> • Dedicated teams to support clients with more complex rehabilitation needs have been established with staff receiving specific training to support their speed to competency, and the quality of support provided. • Continued emphasis on improving capacity through capability streaming where clients' needs are matched to the right people, teams, services, and pathways that can best support them. • A temporary 'overflow support team' has been established during Q3 to provide additional capacity to teams requiring it. • Establishment of a continuous improvement programme for care of personal information and privacy practices to embed privacy and care of information considerations into operational activities. • A look back at the last two years of negative client media stories is underway to understand the commonalities and themes, which may identify early intervention opportunities before matters escalate. 		

Complex complaints and those requiring investigation under the code take longer to resolve

Cases closed under SLA (20 days)

■ Percent Under SLA ■ Percent Over SLA



Code Complaints:
Complaints requiring a Code of ACC Claimants' Rights investigation

Complex Complaints:
Complaints with 2 or more issues raised

Standard Complaints:
Complaints with 1-2 issues raised

Q2 Performance

- There has been an increase in the complexity of complaints in Q2 with 76% of complaints identified as having 2 or more issues, or requiring investigation under the Code of ACC Claimants' Rights which is an increase compared to 61% in Q1. The inclusion of POSSE has contributed to this increase, with most of these requests deemed to be either complex or code complaints.
- The increase of more complex complaints put pressure on the percentage of complaints resolved in 20 days (which sits at 73%), because these take longer to investigate. For code complaints there can be multiple parties involved and a formal decision letter outlining the findings and remedies, if warranted.
- For 'standard complaints', 93% were resolved within 20 days.
- The change in performance over the last year also reflects the increased focus on early resolution to minimise the impact on the client of going through a formal complaints process. In Q2 there was a further increase in the percentage of cases resolved through early resolution, and as these cases are not included in the SLA calculation this has impacted on the percentage resolved within 20 days.

Severity Two Cases

Definitions

Severity Two

A material service failing, scheme, legal or operational policy breach has been identified. The impact of the service failing, or breach has put the customer(s) privacy, health and safety at risk, and/or caused material hardship.

Payment Outside of Statutory Entitlement (“POSSE”)

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.

RELEASED UNDER THE OFFICIAL INFORMATION ACT



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred less than 1 year ago					
<p>Weekly compensation</p> <p>Incorrect advice given</p>	<p>[s 9(2)(a)]</p> <p>RELEASED UNDER THE OFFICIAL INFORMATION ACT</p>				
<p>Treatment Injury</p> <p>Policies and procedures not followed</p>					
<p>Customer Service</p> <p>Communication failure</p>					
<p>Cover</p> <p>Incorrect cover decision</p>					



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred less than 1 year ago (continued)					
Customer Service Relationship with staff member	[s 9(2)(a)]				
Service failure occurred 2-5 years ago					
Privacy Access to information	[s 9(2)(a)]				
Weekly Compensation Backdated payment results in tax liability	[s 9(2)(a)]				
Service failure occurred more than 5 years ago					
Weekly Compensation Additional tax liability Media Coverage	[s 9(2)(a)]				

RELEASED UNDER THE OFFICIAL INFORMATION ACT



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred more than 5 years ago (continued)					
<p>Weekly Compensation</p> <p>Additional tax liability</p>	<p>[s 9(2)(a)]</p> <p>RELEASED UNDER THE OFFICIAL INFORMATION ACT</p>				
<p>Weekly Compensation</p> <p>Additional tax liability</p>					
<p>Weekly Compensation</p> <p>Additional tax liability</p>					
<p>Weekly Compensation</p> <p>Additional tax liability</p>					



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred more than 5 years ago (continued)					
<p>Weekly Compensation</p> <p>Additional tax liability</p>	<p>[s 9(2)(a)]</p> <p>RELEASSED UNDER THE OFFICIAL INFORMATION ACT</p>				
<p>Weekly Compensation</p> <p>Policy change</p>					
<p>Privacy</p> <p>Access to Information</p>					



Customer Feedback Report

Q3 2022/23 Escalated Client Complaints

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



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

Executive Summary

Formal complaint volumes and the overall ratio have improved

Pages 3 & 5

- To date the Customer Feedback Report has focused primarily on issues escalated to ACC's Customer Resolution Services team (CRT) that require a formal complaint outcome or investigation under the Code of ACC Claimants' Rights. Positively, escalation of these type of complex issues is reducing, with volumes declining further this quarter to 413 (from 502 in Quarter 2) and an improved overall ratio of 3.8 complaints per 1000 active entitlement claims.
- There were also fewer cases deemed to be severity two, where there was a material service failing and impact to the client, with 11 this quarter (down from 15 in Quarter 2). Of these cases, 7 required a payment outside of statutory entitlement (POSSE).
- Slides 8-11 outline the severity two cases, including actions ACC has taken since.

We are expanding our understanding of what is driving dissatisfaction

Page 4

- We recognise that it is important to learn from all signs of dissatisfaction, formal or otherwise. Therefore, this quarter the scope of reporting has been extended to provide visibility of the volume of informal expressions of dissatisfaction also dealt with by ACC's CRT.
- Early analysis of this data shows an upward trend in the volume of dissatisfied contacts the CRT are handling. Slide 4 outlines the factors which may be contributing to this, including the impact of our increased focus on early resolution of issues for customers, reducing the need for them to engage in a formal complaints resolution process. This is why extending our reporting to include expressions of dissatisfaction escalated to CRT is important, ensuring we learn from all issues raised with ACC's service, regardless of complexity. With further data and process improvements, from Q1 2023/24 we expect to be able to provide insight on the drivers of the dissatisfied contact volumes.

Customer service is the primary driver of complaints, but most material service failings relate to issues with weekly compensation

Pages 5 & 6

- Consistent with previous quarters, the primary drivers of complaints relate to customer service at 47% (particularly clients not feeling supported and not feeling heard/listened to), weekly compensation at 15% (delays in payment and the rate of payment) and issues with entitlements at 15%.
- Despite customer service being the primary driver, it is service failings relating to weekly compensation that are more likely to reach the severity two level threshold. This quarter 5 of the 11 severity two cases were due to service failings related to weekly compensation, with varied reasons for these as outlined on slide 5.
- Business activity continues to focus on building capacity, capability and care of client information to reduce the likelihood of complaints. Refer to slide 6 for further details

Our timeliness to resolve formal complaints has improved

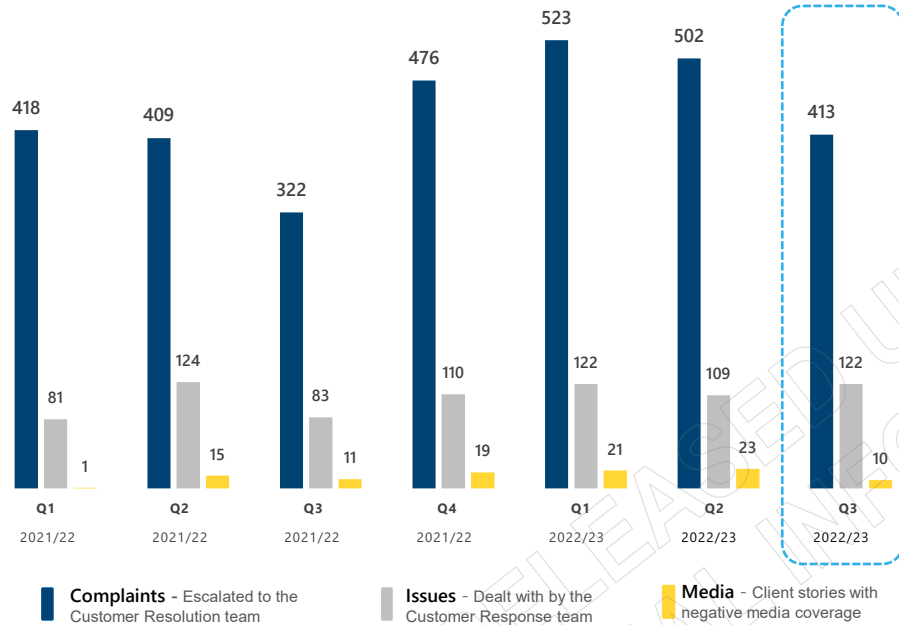
Page 7

- There has been a notable improvement in our timeliness to resolve formal complaints, with 83% of cases resolved within 20 days this quarter compared to 73% in Q2.
- Factors that have contributed to this improvement include improved resources and delegations relating to resolution tools enabling outcomes and investigations to be completed sooner, and a lower volume of complaints escalated to CRT that require a formal outcome or investigation.



The volume of complaints requiring a formal outcome or investigation declined further

Volume of Complaints, Issues & Negative Client Media Stories



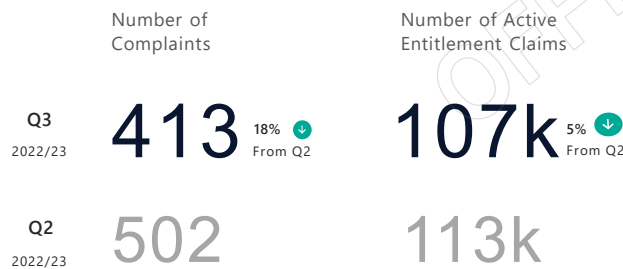
Improvement in the volume, ratio and severity of formal complaints

- The volume of complaints escalated to ACC's CRT that are deemed formal and require further investigation, declined further this quarter to 413, compared to 502 in Q2. This includes 31 requests for POSSE.
- Of these complaints, 11 were deemed to be severity two where there was a material service failing and impact on the client. Refer slide 5 for details.
- The overall ratio of complaints to active entitlement claims also improved to 3.8 complaints per 1000 claims (was 4.4), and there was a notable improvement in the ratio for Supported Recovery which reduced from 10 to 6 complaint per 1000 claims.

Factors which may have contributed to improved performance

- Higher volumes of issues escalated to CRT that are being classified as dissatisfied contacts when previously they have may have required a formal complaint outcome or investigation under the Code of ACC Claimants' Rights. Refer to slide 4 for details.
- Continued focus on improving customer experience as outlined on slide 6.
- Significantly less negative media coverage of client cases (10 stories, from 23 in Q2), prompting fewer clients to complain. It is noted a review of these cases did not identify any significant service failings by ACC.

Ratio Of Complaints To Active Entitlements Claims



Ratio of Complaints to Active Entitlement Claims



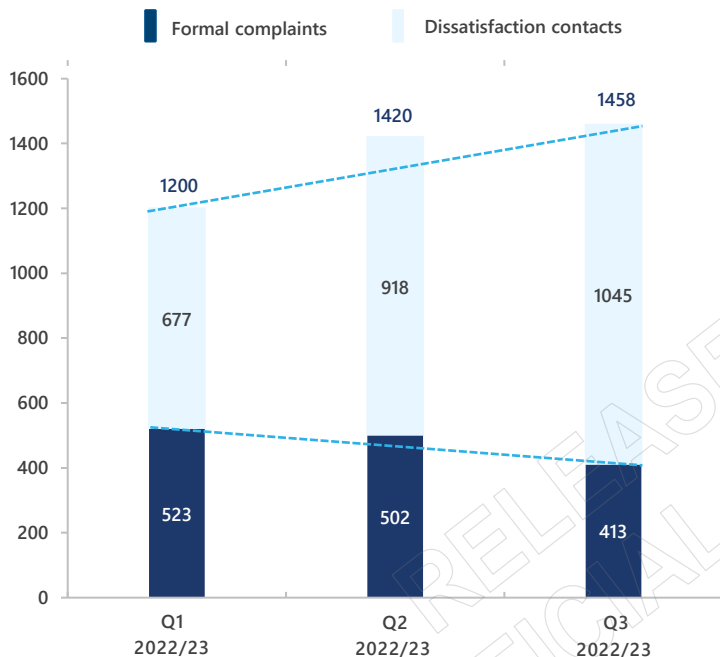
Ratio By Client Recovery Team *

	Quarter 3	Previous Quarter
Enabled	—	<1 1000
Assisted	2 1000 —	2 1000
Supported	6 1000 ↓	10 1000
Partnered	4 1000 —	4 1000

* NB: The ratios above are indicative only because claims moved between teams throughout the quarter and complaints assigned to a team at the end of the quarter did not necessarily arise in that team

While the volume of formal complaints has declined, there has been an increase in dissatisfied contacts received via ACC's Customer Resolution channel

2022/23 Volume of formal complaints and dissatisfied contacts received by CRT



Q3 2022/23 Ratio to Active Entitlements Claims

Formal Complaints	3.8	complaints per 1000 claims
Formal complaints and dissatisfied contacts	13.6	complaints/contacts per 1000 claims

Factors which may have contributed to the volume of dissatisfied contacts

- In the last 3 quarters, there has been a downward trend in the volume (and ratio) of complaints requiring formal investigation. However, in the same period there has been an upward trend in the volume of clients raising expressions of dissatisfaction with the service they have received, via ACC's CRT.
- Overall, this shows there has been an increase in the volume of issues escalated via this channel (formal or otherwise). As a ratio, including the volume of dissatisfied contacts received, it increases from 3.8 complaints per 1000 active entitlement claims, to 13.6.
- Factors which may have contributed to the increase of dissatisfied contacts received by the CRT include the following:
 - Behaviour change:** An increase in referrals by the frontline to the CRT as the channel for clients to voice their concerns, which previously may have been dealt with at the frontline level.
 - Process change:** Greater emphasis by the CRT on early resolution, including educating clients on the different methods for resolving issues. This has resulted in higher volumes of issues being classified as dissatisfied contacts when previously they may have required a formal complaint outcome or investigation under the Code of ACC Claimants' Rights.
 - Capability and capacity challenges:** Ongoing challenges attracting and retaining staff which has caused attrition rates to remain higher than normal. This is resulting in capability and capacity workforce pressures affecting customer service in some areas.
 - External Impact:** The impact of Cyclone Gabrielle in February 2023 required a temporary shift in focus to support clients in affected areas, taking staff away from their usual work.
- It is noted that it is not clear whether the upward trend in volume of clients raising dissatisfaction via ACC's Customer Resolution team is indicative of a wider trend of expressions of dissatisfaction across the organisation received through alternative channels.

Next Steps: From Q1 2023/24 with further process and data improvements we expect to be able to provide thematic analysis on the volume of dissatisfied contacts, to support our understanding on what other factors may be contributing to this upward trend.

Severity two volumes also declined, with fewer POSSE this quarter

Analysis of Severity Two Cases

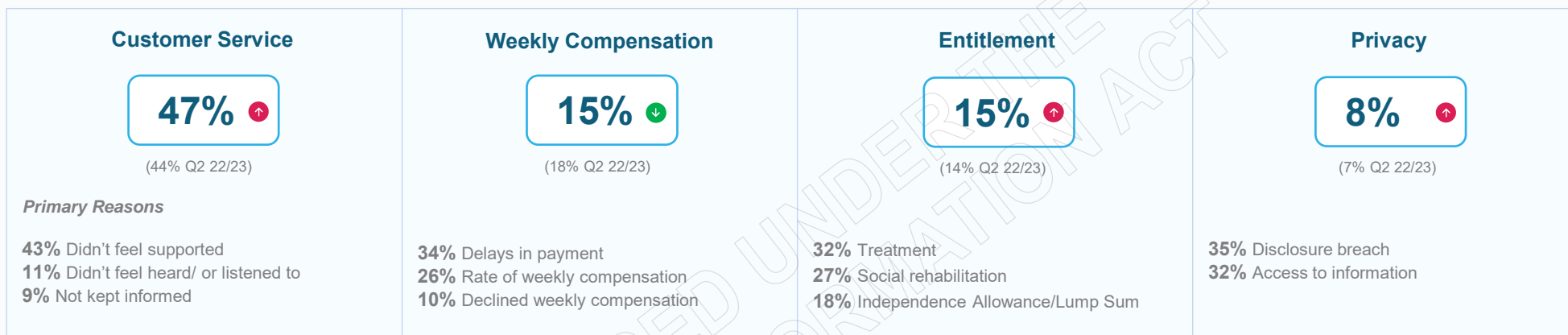
Volume	Key theme	Media coverage	Issue / Complaint cases	POSSE cases	Volume	Payment range	Number of cases
Severity Two 11 ↓ (Q2 2022/23: 15)	Weekly Compensation	-	1	4	Payment Outside The Scope Of Statutory Entitlement 07 ↓ (Q2 2022/23: 12)	< \$10,000	4
	Entitlement	-	1	1		\$10,000 - \$20,000	2
	Cover	-	-	2		> \$50,000	1
	Privacy	-	2	-		TOTAL	\$124,293.84
	TOTAL	0	4	7			

Key insights

- This quarter the volume of severity 2 cases where there was a material service failing and impact to the client, declined to 11 (from 15 in Q2). Of the 11 cases, 7 had a POSSE, notably less than the 12 cases that received payment in Q2.
- Most of the severity two cases (7 out of 11) were in respect of service failings that occurred within the last year. The causes for these service failings varied, including privacy breaches and incorrect advice provided on weekly compensation eligibility/cover decisions.
- Overall, like last quarter service failings relating to weekly compensation is the highest cause of severity two cases, with 5 this quarter. However, unlike last quarter where most of the issues related to additional tax liabilities incurred from backdated weekly compensation payments, this quarter the reasons are mixed. They include service failings with incorrect advice given (2), additional tax liabilities incurred from backdated weekly compensation payment (2), and an incorrect overpayment (1).
- The total payment of POSSE in Q3 was \$124,293.84, compared to \$218,431 in Q2.
- Slides 8-11 provide further details of each severity two case, and actions ACC has taken to prevent the likelihood of reoccurrence.

Focusing on building capacity, capability and care of personal information is intended to improve the client experience

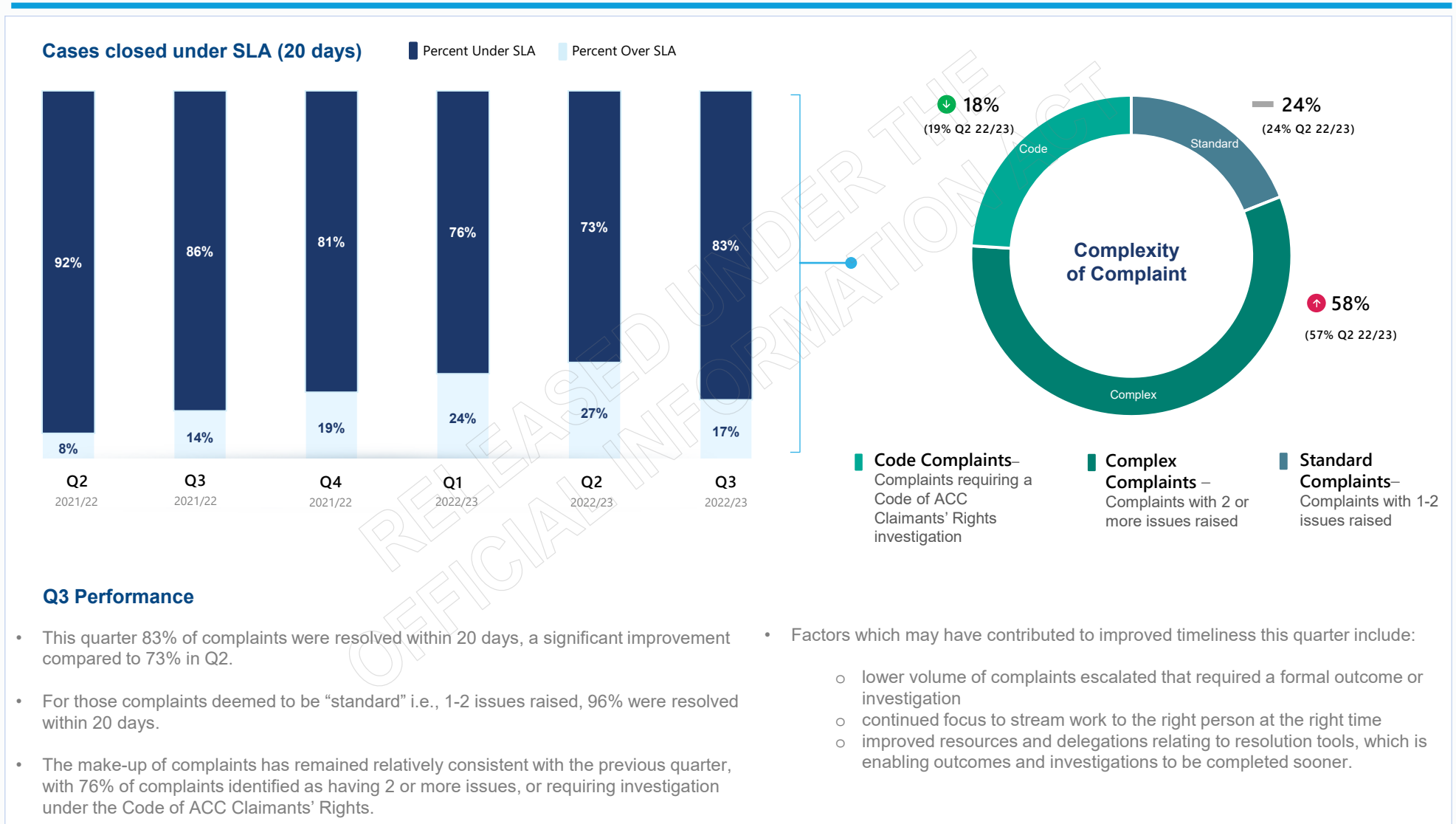
Primary complaint themes



Actions underway to improve the customer experience

- Consistent with previous quarters, the primary drivers of complaints relate to issues with customer service, weekly compensation, entitlements and privacy.
- To lift performance in these areas, the focus is on improving capacity (enabling improved responsiveness), capability (enabling more effective conversations and decision-making) and caring for personal information. Initiatives include:
 - ongoing improvements to the capability streaming model so that clients are matched with the right individuals, teams, and services to deliver the best-possible rehabilitation experience
 - dedicated training modules for frontline staff on how to have effective client conversations, ensuring the client feels listened to and knows what support we can provide
 - exploring opportunities to review resourcing, automate transactional payment requests and re-establish a payments hotline for staff to improve payment timeliness for weekly compensation
 - introducing technology to improve resourcing and workload balance between teams. This enables teams to plan for an increase in claims by forward recruiting staff and shifting FTE where work volumes are growing
 - further developing ACC's privacy maturity with work underway to create a privacy risk and control framework which will inform an enterprise-wide approach to care of personal information.
- From a longer-term perspective, the Rehabilitation Improvement Group (RIG) continues to examine the clients' end-to-end recovery journey, with a focus on how and where ACC adds value; where ACC could better serve client need, and what system levers would generate greater client value, and reduce waste and low-value work. The insights from this work will further support our efforts to improve the customer experience throughout their rehabilitation journey.

Timeliness to resolve formal complaints improved



Severity Two Cases

Definitions

Severity Two

A material service failing, scheme, legal or operational policy breach has been identified. The impact of the service failing or breach has put the customer(s) privacy, health and safety at risk, and/or caused material hardship.

Payment outside the scope of statutory entitlement (“POSSE”)

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

RELEASED UNDER THE OFFICIAL INFORMATION ACT



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred less than 1 year ago					
<p>Cover</p> <p>Incorrect cover decision</p>	<p>[s 9(2)(a)]</p> <p>RELEASED UNDER THE OFFICIAL INFORMATION ACT</p>				
<p>Privacy</p> <p>Over-disclosing information</p>					
<p>Privacy</p> <p>Over-disclosing information</p>					
<p>Weekly Compensation</p> <p>Incorrect advice given</p>					



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred less than 1 year ago (continued)					
<p>Weekly Compensation</p> <p>Incorrect advice given</p>	<p>[s 9(2)(a)]</p> <p>RELEASSED UNDER THE OFFICIAL INFORMATION ACT</p>				
<p>Weekly Compensation</p> <p>Overpayment error</p>					
<p>Cover</p> <p>Policies and procedures</p>					



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred 2-5 years ago					
Weekly Compensation Additional tax liability	[s 9(2)(a)]				
	[s 9(2)(a)]				
Entitlement Review costs	[s 9(2)(a)]				
Service failure occurred more than 5 years ago					
Weekly Compensation Additional tax liability	[s 9(2)(a)]				
	[s 9(2)(a)]				
Entitlement Backdated attendant cares	[s 9(2)(a)]				

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Complaints Report

- Q4 2022/23 Escalated Client Complaints
- 2022/23 Summary of Performance

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



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

Executive Summary

Performance Context

- Most clients are satisfied with their experience of dealing with ACC, and in the context of the high volume of claims ACC manages, the number of formal complaints received is low.
- In 2022/23 the operating environment, including higher claim volumes and ongoing constraints in the health sector, was challenging for our customer-facing teams. Heavy caseloads and high attrition put pressure on the capacity and capability of our people, impacting customer service-levels in some areas, including responsiveness, call wait times, and payment/entitlement decision timeliness. This quarter's report reflects these challenges.

Quarter 4 Performance

Pages 3-11

- In Q4 2022/23 the capacity pressure on customer-facing teams was further exacerbated by power/technology outages, a payments error and building evacuations. These disruptions, alongside the already challenging operating environment, contributed to the increase in the volume and ratio of complaints escalated to the Customer Resolution team (CRT):
 - The volume of formal complaints escalated to CRT increased to 577, compared to 413 in Q3.
 - The overall ratio of complaints to active entitlement claims also increased from 3.8 in Q3 to 5 complaints per 1000 claims.
 - The volume of dissatisfied contacts increased further to 1279, compared to 1045 in Q3.
- Despite the increase, the number of cases deemed to be severity two, where there was a material service failing and impact to the client, remained stable and our timeliness to resolve complaints remained strong:
 - 11 cases were deemed to be severity two. Slides 8-11 outline the severity two cases, including actions ACC has taken since.
 - 79% of all formal complaints were resolved within 20 days.

2022/23 Performance

Page 12

- Overall, in 2022/23 complaint volumes were higher than they were in 2021/22. Higher claim volumes in 2022/23 is a significant factor for this, noting that the ratio of complaints to active entitlement claims did not deteriorate.
 - In 2022/23, 2015 formal complaints were received, compared to 1625 in 2021/22. The ratio remained stable at 4 complaints per 1000 active claims.
- Extending the scope of reporting to include client requests for a 'Payment Outside the Scope of Statutory Entitlement' (POSSE) also contributed to the total volume of formal complaints. Requests for POSSE that were accepted are included in the total volume of severity two cases, which contributed to the increase from 23 to 45. Most severity two cases were issues relating to weekly compensation.

Actions to Improve Customer Experience

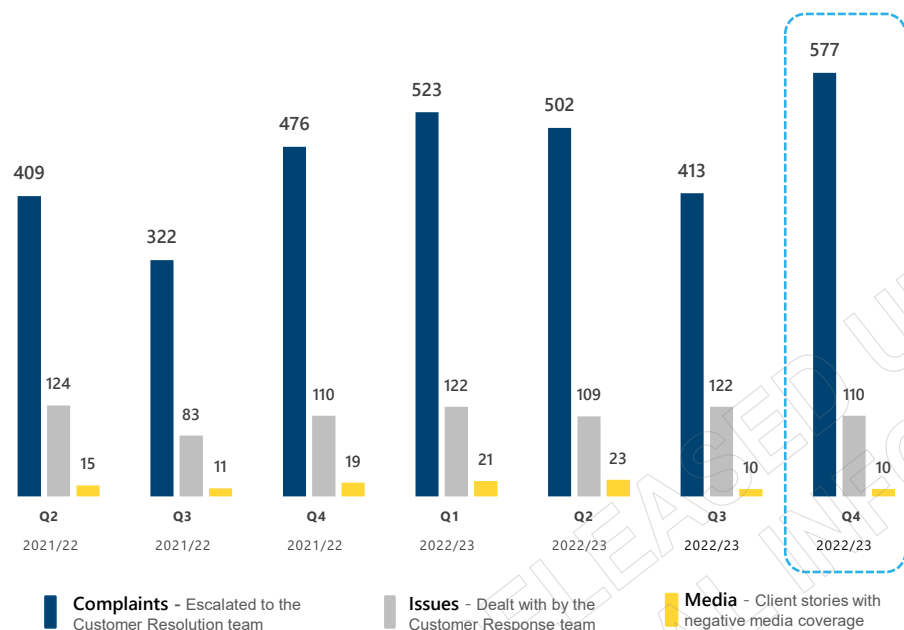
Page 6

- The primary drivers of complaints continue to relate to customer service (particularly clients not feeling supported and not feeling heard/listened to), weekly compensation (delays in payment and the rate of payment) and issues with entitlements. Initiatives are underway to improve service levels in these areas in the short and medium-term, as outlined on slide 7.
- The Rehabilitation Improvement Group is also considering medium-term opportunities to improve the customer experience, aligned to future design thinking. This includes a focus on preventing delays, unnecessary movement of activity, and providing greater levels of clarity to clients.



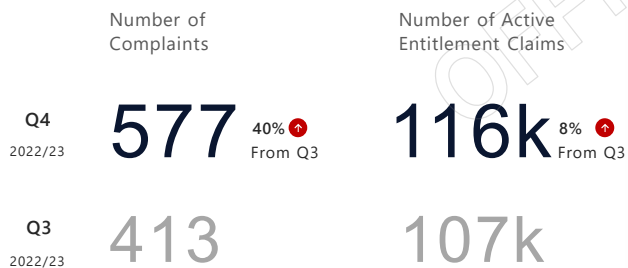
There was a notable increase in the volume of complaints requiring a formal outcome or investigation in Quarter 4

Volume of Complaints, Issues & Negative Client Media Stories



- The volume of complaints escalated to ACC's CRT that are deemed formal and require further investigation, increased to 577, compared to 413 in Q3. This includes 29 requests for POSSE.
- There were 11 cases deemed to be severity two where there was a material service failing and impact on the client. Refer slide 5 for details.
- The overall ratio of complaints to active entitlement claims also increased to 5 complaints per 1000 claims (was 3.8), which is the highest ratio recorded during the 2022/23 financial year.
- At a recovery team level, the ratio for Supported Recovery increased to 8 complaints (from 6) per 1000 claims, while it remained stable for the other 3 primary recovery teams.
- The volume of client stories with negative media coverage remained lower than previous quarters at 10. The stories were mainly regarding issues with cover and the experience dealing with ACC (and the wider health system). However, no material service failings by ACC were identified in any of these cases.
- Factors which likely contributed to the increase in complaints are included on slide 4.

Ratio Of Complaints To Active Entitlements Claims



Ratio of Complaints to Active Entitlement Claims

5.0 ↑

complaints per 1000 claims

3.8

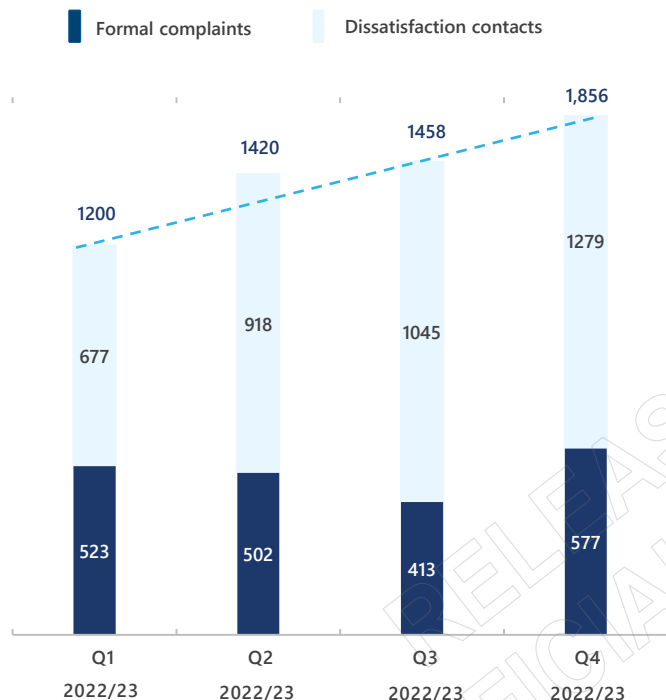
complaints per 1000 claims

Ratio By Client Recovery Team *	Quarter 4	Previous Quarter
Enabled	NIL	NIL
Assisted	2 1000	2 1000
Supported	8 1000 ↑	6 1000
Partnered	4 1000	4 1000

* NB: The ratios above are indicative only because claims moved between teams throughout the quarter and complaints assigned to a team at the end of the quarter did not necessarily arise in that team

The volume of dissatisfied contacts also increased, reflecting an overall upward trend of complaints for 2022/23

2022/23 Volume of formal complaints and dissatisfied contacts



The volume of dissatisfied contacts has risen further this quarter

- The volume of clients raising expressions of dissatisfaction with the service they have received via ACC's CRT has risen further this quarter from 1045 in Q3 to 1279 in Q4.
- Overall, for 2022/23 there has been an upward trend of issues escalated via this channel (formal or otherwise).
- As a ratio, formal complaints and dissatisfied contacts is 16 complaints per 1000 claims, compared to a ratio of 5 complaints per 1000 claims for formal complaints alone.
- From Q1 2023/24, with further process and data improvements, thematic analysis on the primary drivers for dissatisfied contacts will be reported on. However, early indications are that they are similar to formal complaints i.e., issues with customer service, entitlements and weekly compensation.

Factors that may have contributed to the increase

Factors that may have contributed to the increase of formal complaints and dissatisfied contacts received by the CRT during Q4 include the following:

- **Building / Technology issues:** Power outages in the Hamilton building, building evacuations in Hamilton and Dunedin, and telecommunication system outages which temporarily made some client-facing teams inaccessible, and contributed to delays
- **Payments Error:** A weekly compensation system payment failure in May 2023 which led to nearly 2000 additional contacts on one day and significantly increased call wait times
- **Workload challenges:** High workloads in Recovery teams which is impacting the timeliness of service in some areas
- **Attrition:** Ongoing challenges attracting and retaining staff has caused attrition rates to remain higher than normal. This is contributing to capability and capacity pressures, affecting customer service in some areas.

Q4 2022/23 Ratio to Active Entitlements Claims

Formal Complaints	5.0 ↑	complaints per 1000 claims
Formal complaints and dissatisfied contacts	16.0 ↑	complaints/contacts per 1000 claims

Severity two volumes remained stable in Q4, with most material service failings identified as occurring less than 1 year ago

Analysis of Severity Two Cases

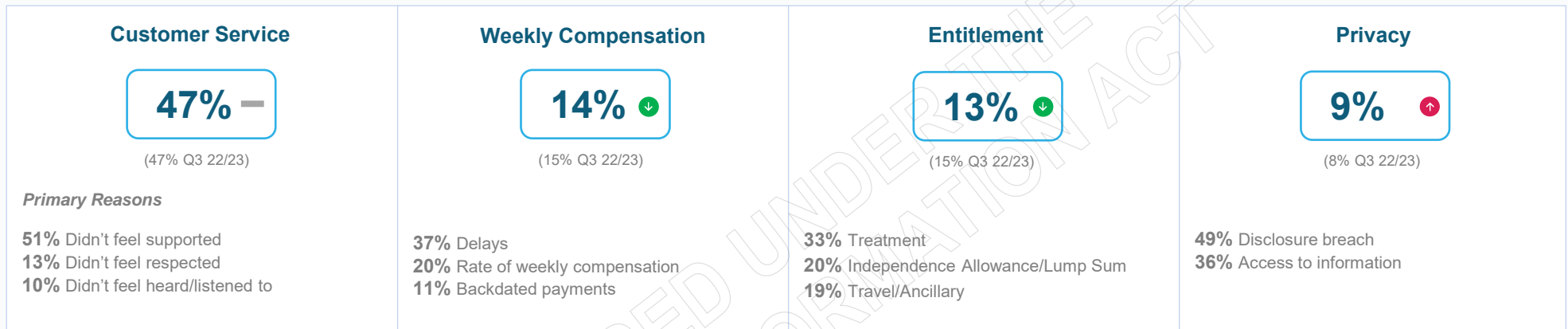
Volume	Key theme	Media coverage	Issues or complaint cases	POSSE cases	Volume	Payment range	Number of cases
Severity Two 11 — (Q3 2022/23: 11)	Weekly Compensation	-	-	4	Payment Outside The Scope Of Statutory Entitlement 07 — (Q3 2022/23: 07)	< \$10,000	5
	Entitlement	-	-	3		\$10,000 - \$20,000	1
	Cover	-	-	-		> \$50,000	1
	Privacy	-	3	-		TOTAL	\$131,214.51 ↑
	Customer Service	-	1	-			
	TOTAL		0	4	7		

Key insights

- This quarter the volume of severity two cases where there was a material service failing and impact to the client remained consistent with Q3 at 11. Most of these cases (9 out of 11) were in respect of service failings that occurred less than 1 year ago.
- Of the 11 cases, 7 had a POSSE - the same volume as Q3. The total payment of POSSE was \$131,214.51, slightly more than \$124,293.84 in Q3.
- As with previous quarters, service failings relating to weekly compensation are the highest cause of severity two cases, with 4 this quarter. The service failings related to incorrect advice given and additional tax liabilities incurred from backdated weekly compensation payment. The other main causes related to privacy (over-disclosure of information) and delays providing entitlements.
- Slides 8-11 provide further details of each severity two case, and actions ACC has taken to prevent the likelihood of reoccurrence.

Focus remains on improving the primary drivers of complaints, with short and medium-term initiatives underway

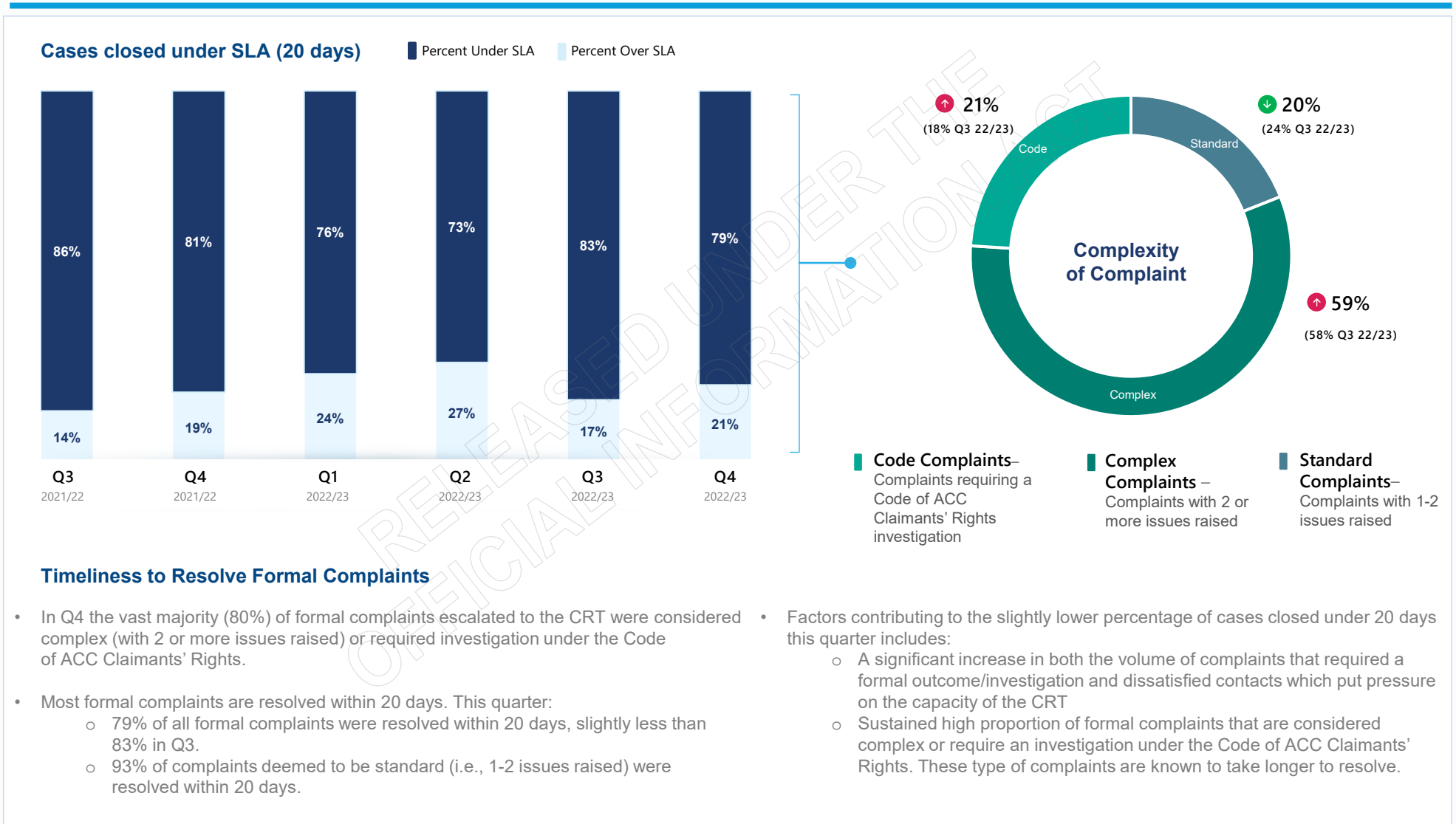
Primary complaint themes



Actions underway to improve the customer experience

- Consistent with previous quarters, the primary drivers of complaints relate to issues with customer service, weekly compensation, entitlements and privacy. To lift performance in these areas, the focus continues to be on improving capacity (enabling improved responsiveness), capability (enabling more effective conversations and decision-making) and caring for personal information. Specific short-term initiatives underway include:
 - Establishment of a bubble workforce to improve payment timeliness and reduce payment delays
 - Enhancements to induction and support for staff processing weekly compensation payments to improve the way we keep clients updated on the status of their payments and how they are calculated
 - Developing a knowledgebase on rehabilitation and case management practice that will be used to support induction and confirm rehabilitation practice and expectations for existing staff
 - A large recruitment intake into the contact centre to improve the ability for clients to contact us, and establishment of a call handling resource centre to support our frontline staff with the knowledge and techniques to provide high quality customer service with clients during phone conversations
 - New privacy resources to support our people to care for personal information as a taonga, including a new care of personal information e-learning module and an enhanced conversation guide for people leaders.
- In addition, the Rehabilitation Improvement Group is commencing the system design phase which includes looking at medium-term opportunities that are aligned to the future design thinking. The focus will be on customer experience, in particular preventing delays, unnecessary movement of activity, or lack of clarity provided to customer groups.

Most formal complaints are resolved within 20 days



Q4 2022/23 Severity Two Cases

Definitions

Severity Two

A material service failing, scheme, legal or operational policy breach has been identified. The impact of the service failing or breach has put the customer(s) privacy, health and safety at risk, and/or caused material hardship.

Payment Outside the Scope of Statutory Entitlement (“POSSE”)

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

RELEASED UNDER THE OFFICIAL INFORMATION ACT



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred less than 1 year ago					
<p>Entitlement</p> <p>Incorrect application of the legislation</p>	<p>[s 9(2)(a)]</p> <p>RELEASED UNDER THE OFFICIAL INFORMATION ACT</p>				
<p>Entitlement</p> <p>Equipment delays</p>					
<p>Privacy</p> <p>Over-disclosing information</p>					
<p>Privacy</p> <p>Over-disclosing information</p>					



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred less than 1 year ago (continued)					
<p>Privacy</p> <p>Over-disclosing information</p>	<p>[s 9(2)(a)]</p> <p>RELEASED UNDER THE OFFICIAL INFORMATION ACT</p>				
<p>Customer Service</p> <p>Communication failure</p>					
<p>Weekly Compensation</p> <p>Incorrect advice given</p>					
<p>Weekly Compensation</p> <p>Incorrect advice given</p>					



Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Service failure occurred less than 1 year ago (continued)					
<p>Weekly Compensation</p> <p>Additional tax liability</p>	[s 9(2)(a)]				
Service failure occurred 2-5 years ago					
<p>Entitlement</p> <p>Delayed payment of backdated attendant cares</p>	[s 9(2)(a)]				
Service failure occurred more than 5 years ago					
<p>Weekly Compensation</p> <p>Additional tax liability</p>	[s 9(2)(a)]				

RELEASED UNDER THE OFFICIAL INFORMATION ACT

2022/23 Summary of Performance

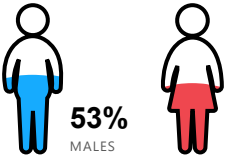
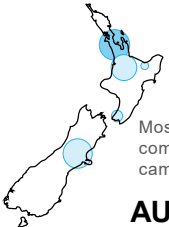
The overall ratio of complaints to active entitlement claims remained stable, despite an increase in complaint volumes

<p>↑ 2,015</p> <p>2015 formal Complaints were escalated compared to 1,625 in 2021/22</p> <p>plus 3,919</p> <p>Lower-level dissatisfaction complaints</p>	<p>4:1000</p> <p>ALL CLIENTS</p> <p>On average ~4 in 1000 active entitlement claims resulted in a formal complaint</p>	<p>45%</p> <p>Customer Service was the top driver of formal complaints</p> <table border="1"> <tr><td>16%</td><td>Weekly Compensation</td></tr> <tr><td>14%</td><td>Entitlement</td></tr> <tr><td>8%</td><td>Privacy</td></tr> <tr><td>6%</td><td>Cover</td></tr> </table>	16%	Weekly Compensation	14%	Entitlement	8%	Privacy	6%	Cover	<p>78%</p>  <p>of formal complaints were resolved within 20 days</p>
16%	Weekly Compensation										
14%	Entitlement										
8%	Privacy										
6%	Cover										

Severity Two volumes increased (largely due to the inclusion of POSSE in reporting), and most material service failings related to weekly compensation

<p>● Severity Two Cases</p> <p>↑ 45</p> <p>45 instances were a deemed material service failing and impact on the client, compared to 23 in 2021/22</p>	<p>44%</p> <p>Almost half of the Severity Two cases were related to Weekly Compensation</p> <table border="1"> <tr><td>22%</td><td>Privacy</td></tr> <tr><td>11%</td><td>Cover</td></tr> <tr><td>11%</td><td>Customer Service</td></tr> <tr><td>11%</td><td>Entitlement</td></tr> </table>	22%	Privacy	11%	Cover	11%	Customer Service	11%	Entitlement	<p>● Payments outside the scope of Statutory Entitlement</p> <p>↑ 28</p> <p>Of the 45 Severity Two cases 28 received POSSE compared to 10 in 2021/22</p>	<p>● Total amount of POSSE paid in 22/23</p> <p>↓ \$503,679</p> <hr/> <p>2021/22 FY</p> <p>\$596,114</p>
22%	Privacy										
11%	Cover										
11%	Customer Service										
11%	Entitlement										

The demographic make-up / location of complainants did not differ significantly from the make-up of all client claims (except for age where claims are more evenly spread)

 <p>53% MALES</p> <p>46% FEMALES</p> <p>1% of claimants did not specify sex</p>	<p>29% of formal complainants were between the ages of</p> <p>50-59</p> <table border="1"> <tr><td>20%</td><td>40-49 years old</td></tr> <tr><td>16%</td><td>60-69 years old</td></tr> </table>	20%	40-49 years old	16%	60-69 years old	 <p>Most formal complaints came from</p> <p>AUCKLAND</p>	<p>71%</p> <p>Clients of European descent accounted for the majority of formal complaints</p> <table border="1"> <tr><td>15%</td><td>Māori</td></tr> <tr><td>5%</td><td>Other Ethnicity</td></tr> <tr><td>4%</td><td>Asian</td></tr> <tr><td>2%</td><td>Pacific Peoples</td></tr> </table>	15%	Māori	5%	Other Ethnicity	4%	Asian	2%	Pacific Peoples
20%	40-49 years old														
16%	60-69 years old														
15%	Māori														
5%	Other Ethnicity														
4%	Asian														
2%	Pacific Peoples														

Complaints Report

Q1 2023/24 Escalated Client Complaints

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



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

Executive Summary

Performance Context

- The operational pressures experienced in the previous financial year continued to be felt this quarter. More claims are being managed and workloads remain high within ACC and across the wider health sector. This presents challenges proactively managing clients' rehabilitation journeys and ensuring a consistently high level of customer service is provided.
- Notwithstanding the challenging environment, initiatives aimed at improving performance have been showing encouraging signs, with operational markers towards the end of the quarter reflecting positive change. This includes improvements in areas clients tend to express dissatisfaction with, such as the timeliness to receive their first weekly compensation payment and the ability to contact us.
- The lower volume of complaints received this quarter is a good indicator that these changes are starting to have a positive impact on the customer experience, with fewer clients expressing dissatisfaction with the service they have received. However, it is recognised that sustained improvements are needed to maintain these levels.

Quarter 1 Performance

Pages 3-10

- In Q1, despite higher claim volumes being actively managed compared to Q4 22/23, there were notably fewer formal complaints and expressions of dissatisfaction escalated to ACC's Customer Resolution team (CRT):
 - The volume of formal complaints escalated to CRT reduced to 424 (from 577).
 - The overall ratio of complaints to active entitlement claims improved to 3.5 complaints per 1,000 claims (from 5).
 - The volume of dissatisfied contacts reduced to 862 (from 1,279).
- The number of cases deemed to be severity two, where there was a material service failing and impact to the client, also reduced. However, there was one complaint that reached the severity three threshold:
 - 9 cases were deemed to be severity two, down from 11 in Q4. Most of these cases (8) had a payment outside the scope of statutory entitlement (POSSE).
 - Of those cases, there were three instances where the POSSE exceeded \$50,000, resulting in a significantly higher total volume of POSSE paid compared to payments made in previous quarters.
 - A privacy breach due to a system issue which had a significant impact on a client, was deemed severity 3 for complaints reporting purposes. This case is still ongoing, with an outcome yet to be reached.
 - Pages 7-10 outline all cases reaching the severity two and three level, including actions ACC has taken since.
- Most issues escalated to CRT are low-level expressions of dissatisfaction that are resolved within 2 days. Issues that require a formal complaints process take on average 15 days to resolve, which is largely due to the complexity of these cases, often with several issues to work through, and multiple people involved.

Actions to Improve Customer Experience

Page 5

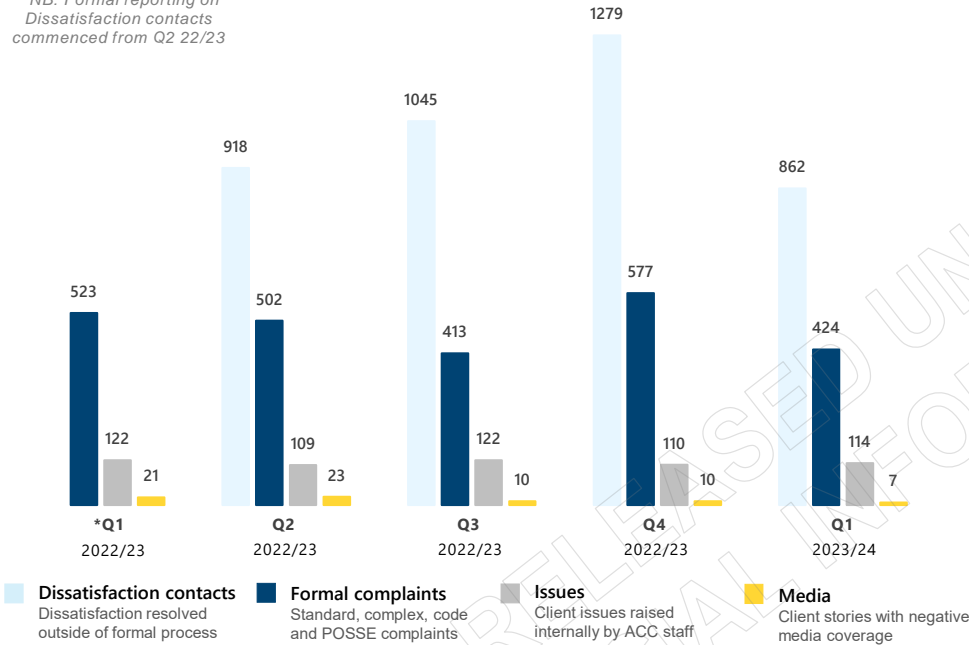
- The primary drivers of complaints relate to customer service (particularly clients not feeling supported and not kept informed), weekly compensation (delays in payment and the rate of payment) and issues with entitlements.
- ACC has work underway to improve service-levels in these areas, with some of the short-term initiatives outlined on page 5.



There was a notable decrease in the volume of formal complaints and informal expressions of dissatisfaction escalated in Quarter 1

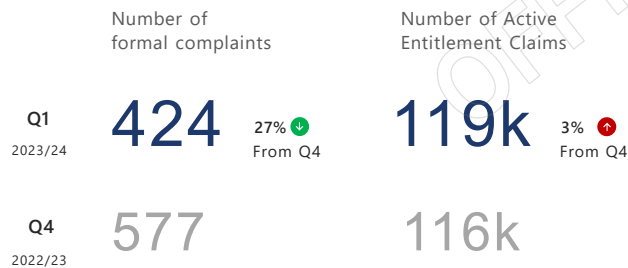
Volume of Complaints, Issues & Negative Client Media Stories

* NB: Formal reporting on Dissatisfaction contacts commenced from Q2 22/23



- The volume of formal complaints escalated to ACC's CRT decreased to 424, compared to 577 in Q4 22/23. This includes 43 requests for POSSE.
- Similarly, the volume of clients raising lower-level expressions of dissatisfaction with CRT also decreased to 862 (from 1,279).
- Of the formal complaints raised, 9 cases were deemed severity two and one was deemed severity three. Refer page 4 for details.
- The overall ratio of formal complaints to active entitlement claims also decreased to 3.5 complaints per 1,000 claims (was 5).
- At a recovery team level, the ratio for Supported Recovery decreased to 7 complaints (from 8) per 1,000 claims, while it remained stable for the other recovery teams.
- The continued focus on improving service-levels is likely a factor for lower volumes of complaints this quarter. Another reason may be due to fewer client stories with negative media coverage (at 7), significantly less compared to some of the prior quarters. Increased media coverage can drive up the volume of complaints. It is noted that no material service failings by ACC were identified for the 7 stories that received coverage in Q1.

Ratio Of Formal Complaints To Active Entitlement Claims



Ratio of Formal Complaints to Active Entitlement Claims

3.5 ↓

complaints per 1000 claims

5.0

complaints per 1000 claims

Ratio By Client Recovery Team *

	Quarter 1	Previous Quarter
Enabled	<1 1000	—
Assisted	2 1000	2 1000
Supported	7 1000 (↓)	8 1000
Partnered	4 1000	4 1000

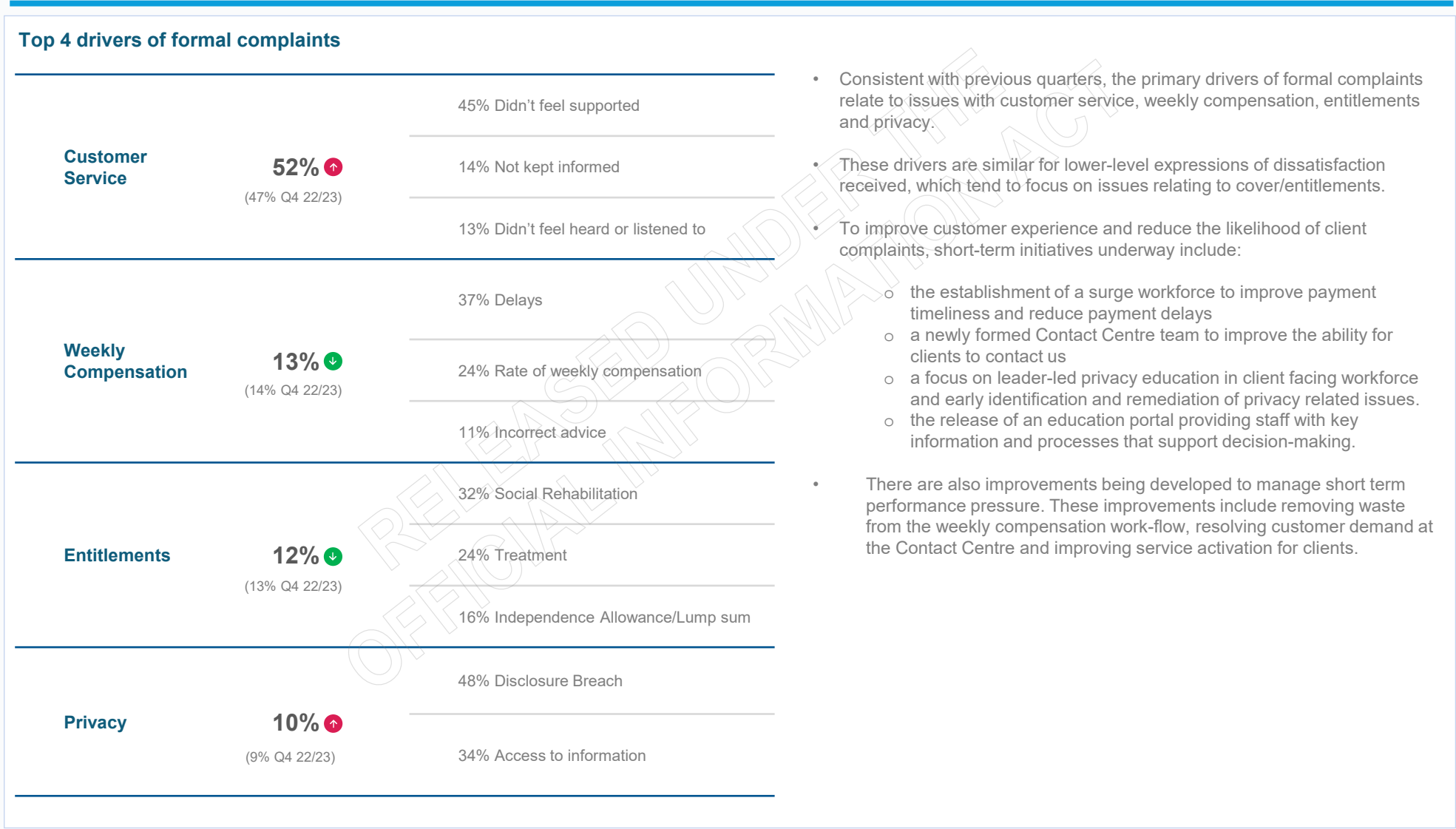
* NB: The ratios above are indicative only because claims moved between teams throughout the quarter and complaints assigned to a team at the end of the quarter did not necessarily arise in that team

Severity two volumes also improved, but one complaint reached the level three severity threshold

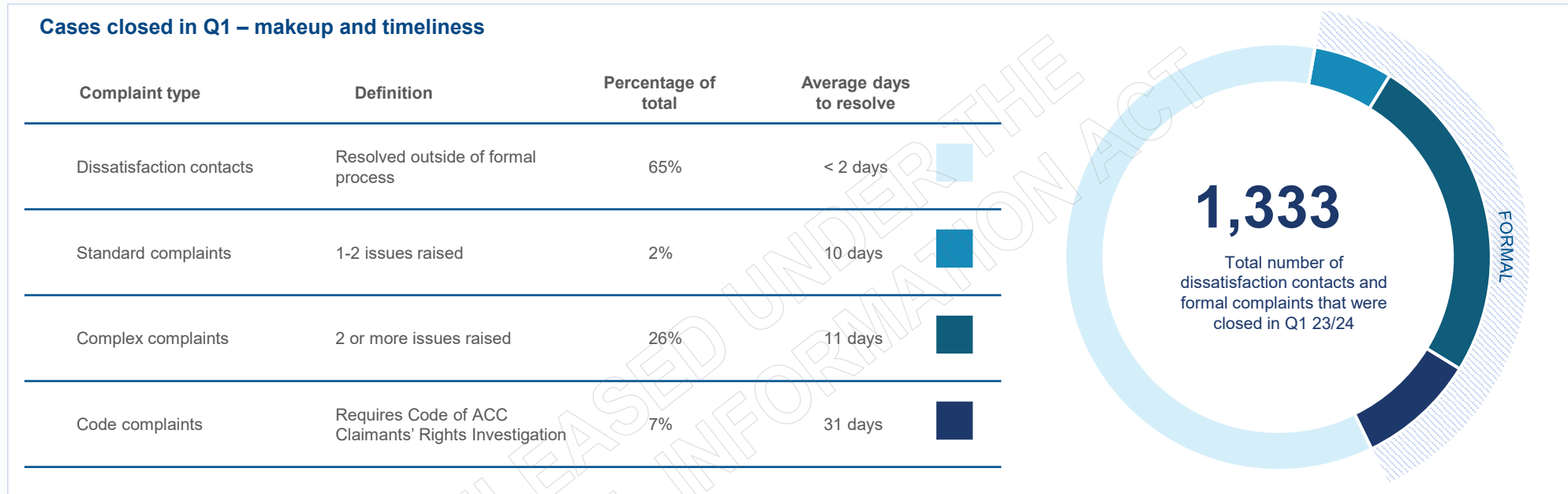
Volume	Key theme	Media coverage	Issues or complaint cases	POSSE cases	Volume	Payment range	Number of cases
Severity Two 09 ↓ (Q4 2022/23: 11)	Weekly Compensation	-	-	4	Payment Outside The Scope Of Statutory Entitlement (POSSE) 08 ↑ (Q4 2022/23: 07)	< \$10,000	3
	Entitlement	-	-	2		\$10,000 - \$20,000	2
	Cover	-	-	-		\$20,000 - \$50,000	-
	Privacy	-	1	-		> \$50,000	3
	Customer Service	-	-	2		TOTAL	\$407,075 ↑
TOTAL	-	-	1	8			
Severity Three 01 ↑ (Q4 2022/23: 0)	Privacy	-	1	-			
	TOTAL	-	1	-			

- There were 9 severity two cases this quarter, down from 11 in Q4 22/23. However, there was one instance of a severity three level complaint which is the first since Q1 21/22. This was a privacy breach, with further details of this case, and the severity two cases outlined on pages 7-10.
- Most of the severity two cases were accepted requests for POSSE, with the most common reason because the client received incorrect weekly compensation advice which had a material impact on them.
- The volume of POSSE cases at 8 did not increase notably from 7 in the previous quarter. However, there was a significant increase in the total payout, which rose to \$407,075 from \$131,215 in Q4 22/23.
- The total amount paid consisted of three separate payments exceeding \$50,000. Two of these were in relation to clients who did not have the lump sum assessment policy correctly applied. Further staff training on these policies has since taken place, as outlined on page 8.

Focus remains on improving the primary drivers of complaints, with short and medium-term initiatives underway



Most issues escalated take less than 2 days to resolve, with complaints requiring a formal process taking 15 days on average



- In Q1, ACC’s Customer Resolution Team resolved and closed 1,333 escalated issues.
 - Most issues (65%) were considered informal expressions of dissatisfaction and were resolved within 2 days.
 - The remaining 35% were considered formal complaints, with multiple issues raised and/or required investigation under the Code of ACC Claimants’ Rights.
- Of the formal complaints closed in Q1, the majority took on average between 10 to 31 days to resolve. This is due to the complexity of these cases, often with several issues to work through, and multiple people involved.
- Complaints that require investigation under the Code of ACC Claimants’ Rights tend to take the longest to resolve as they require a detailed documented timeline of events, often need interactions with multiple parties and a formal decision letter outlining the findings and remedy, if warranted. Of the cases closed in Q1, the longest case to resolve took 190 days. The case involved a client with a historic claim who raised multiple issues over the course of their complaint, including privacy and customer service-related concerns.
- Overall, formal complaints that were closed in Q1 took on average 15 days to resolve. This is slightly higher than the previous quarter (11 days) but still within the internal target set of 15 days. Factors that supported timely resolution included increased capacity due to fewer escalated issues and a high volume of cases able to be resolved outside of the formal process.

Q1 2023/24 Severity Two and Three Cases

Definitions

Severity Three

A material service failure, scheme, legal or operational policy breach has been identified. The impact of the service failing, or breach was significant, putting the customer(s) privacy, health and safety at risk, and/or caused material hardship. It also has the potential to put the organisation's reputation, public trust and confidence at risk.

Severity Two

A material service failure, scheme, legal or operational policy breach has been identified. The impact of the service failing, or breach has put the customer(s) privacy, health and safety at risk, and/or caused material hardship.

Payment Outside the Scope of Statutory Entitlement ("POSSE")

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.

RELEASED UNDER THE OFFICIAL INFORMATION ACT



	Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Severity Three	Service failure occurred less than 1 year ago					
		[s 9(2)(a)]				
	Privacy					
	Disclosure of sensitive information					

	Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Severity Two	Service failure occurred less than 1 year ago					
		[s 9(2)(a)]				
	Entitlement					
	Policies and procedures					
	Entitlement					
	Policies and procedures					

RELEASED UNDER THE OFFICIAL INFORMATION ACT



	Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Severity Two	Service failure occurred less than 1 year ago (continued)					
		[s 9(2)(a)]				
	Privacy	Over-disclosing information				
	Weekly Compensation	Incorrect advice given				
	Weekly Compensation	Incorrect advice given				
	Weekly Compensation	Incorrect advice given				

RELEASED UNDER THE OFFICIAL INFORMATION ACT

	Case Theme	Situation	Impact	Outcome	Root Cause	ACC Actions Taken
Severity Two	Service failure occurred 2-5 years ago	[s 9(2)(a)]				
	Customer Service Incorrect advice					
	Weekly Compensation Additional tax liability					
	Service failure occurred more than 5 years ago	[s 9(2)(a)]				
	Customer service Multiple delays					

RELEASED UNDER THE OFFICIAL INFORMATION ACT

