

NORTHERN QUEENSLAND PRIMARY HEALTH NETWORK

Integrated Management System



Complaints management procedure	Doc No.: CORP_PRO014	Version: 1.0
Category: Corporate	Owner: CEO	Authoriser: CEO

1 PURPOSE

To clearly articulate how complaints received from external stakeholders regarding services provided by North Queensland Primary Health Network (NQPHN) will be managed.

2 TERMS AND DEFINITIONS

Term	Definition
Complaint	A statement that something is unsatisfactory or unacceptable; a reason for dissatisfaction, the expression of dissatisfaction.
Worker	A person carrying out work in any capacity for a person conducting a business or undertaking, including as an employee, contractor, sub-contractor, employee of a contractor, sub-contractor or labour hire company, or any person in a volunteer or training/ work experience capacity

3 SCOPE

This procedure applies to all staff of NQPHN and anyone employed as a Worker, and to the management of all complaints received by NQPHN.

3.1 NQPHN RESPONSIBILITIES

NQPHN will:

- ensure that a mechanism for making complaints is available to all stakeholders;
- ensure to the best of its ability that no negative consequences or retribution occurs for complainants;
- ensure that a copy of NQPHN's Complaints Management procedure is made available on its website;
- investigate all complaints in accordance with this procedure;
- ensure privacy provisions are consistently applied to the treatment of all complaints;
- report quarterly to the FARM Committee (via the Incident Register) on the status of complaints in the interests of enabling root cause analysis and continuous improvement;
- ensure access to support necessary to enable lodging a complaint, including but not limited to advocates, interpreters and communication aids.

Uncontrolled when in print form.

3.2 HOW COMPLAINTS CAN BE MADE

A complaint may be made by:

- face to face meeting (notated by NQPHN attendee);
- telephone conversation (notated by NQPHN recipient);
- on-line through the NQPHN website “Contact” page;
- In writing to NQPHN Complaints, PO Box 7812, Cairns QLD 4870.

3.3 MANAGING COMPLAINTS

There are five key steps to effectively managing complaints received by NQPHN. Each step is intended to ensure the complaint is managed appropriately and should be documented and added to the relevant record.



3.3.1 STEP 1: RECEIVING THE COMPLAINT

All complaints should be directed in the first instance to the Chief Executive Officer, whereupon they will be acknowledged, registered and directed to the relevant Executive Director for management. A complaint file will be established for each complaint by the Chief Executive Officer and retained in accordance with NQPHN document management protocols.

3.3.2 STEP 2: REGISTERING AND ACKNOWLEDGING THE COMPLAINT

Complaints will be registered as an incident on the NQPHN Incident Report form. Once registered as an incident, the complaint should be referred to the appropriate Executive Director for acknowledgement, investigation, reporting, response and mitigation.

Complaints should be acknowledged in writing to the complainant (via email where appropriate) within five (5) working days of receipt, and a copy of the acknowledgment retained on the new file established for each complaint.

Acknowledgements should:

- reiterate the details of the complaint;
- explain the complaints process with a copy of this procedure attached (or hyperlinked as appropriate);
- identify contact person/details for the complainant;
- Indicate expected timeframes and what might be requested from the complainant.

3.3.3 STEP 3: REFER AND INVESTIGATE

Where the complaint involves services or actions of a contractor to NQPHN, the complaint will be referred to that entity, with a copy of the NQPHN Complaints Policy, and an outline of the timeframes for a response. If the entity elects to respond directly to the complainant, NQPHN must receive a copy of the response at the time of it being provided.

Where the complaint involves the services or actions of NQPHN and/or its Worker(s), the complaint may be referred at the discretion of the Chief Executive Officer to the Executive Director who is responsible for the service or Worker.

The Executive Director will be responsible for investigating the complaint and:

- (a) confirming that the complaint is valid;
- (b) fact-finding – undertaking discovery to find copies of all relevant documentation (including but not limited to emails, filed documents, transactions and travel logs) to substantiate or disprove the complaint;
- (c) interviewing relevant staff as part of fact-finding, with the assistance of HR;
- (d) compiling a recommendation to the Chief Executive Officer (CEO) including a draft response to the complainant with relevant evidence attached;
- (e) Any further recommendations to mitigate recurrence and to address any policy breach.

All information in *Step 3: Refer and Investigate* shall be retained on the complaint file.

3.3.4 STEP 4: RESPONDING TO THE COMPLAINT/ RESOLVING THE COMPLAINT

Once the information from discovery and research has been analysed, the Officer managing the complaint shall make findings and recommendations for action. Actions recommended must be based on the evidence, address any system, process or service issues, and be informed by the principles of public interest and good governance.

Options for appropriate action may include:

- developing or amending a policy and/or procedure;
- training/education of staff or clients;
- modification of the environment;
- ongoing monitoring of an issue, or;
- no action recommended.

The Chief Executive Officer or delegated officer must ensure that the outcome and recommendations are clearly communicated to the complainant, relevant staff and management.

The target timeline for finalising complaints is 35 calendar days, noting that this is contingent on successful investigation and fact-finding activities.

Final responses will be in the form of a letter from the CEO or delegate. The final response must be factually correct and should:

- include an acknowledgement of the complainant's experience and their perceptions of it;
- address each of the points the complainant has raised with a full explanation, or give the reason(s) why it is not possible to comment on a specific matter;
- provide details of actions taken as a result of the complaint;
- provide the name and telephone number of the investigating officer for further queries/discussion;
- include further action available to the complainant.

As far as practicable, the staff members involved are to be given the opportunity to see the final response before it is despatched.

The final response will be:

- sent to the complainant;
- copied to the relevant Executive Director;
- copied to any relevant parties, e.g. Ombudsman, Board, HR;
- attached to the complaint record.

The complaint record will be closed at this time.

3.3.5 STEP 5: MONITOR AND MITIGATE

The process of resolving a complaint presents an opportunity to review internal policies and procedures, which is a mitigation strategy. Accordingly, when a complaint identifies the need to improve or otherwise change a policy or procedure, that outcome shall be presented to the relevant policy owner as an action, with a timeline for completion. The CEO will maintain a list of such follow-up activities and ensure they are fulfilled appropriately.

A post-complaint discussion with all NQPHN parties involved should review both the complaint and the process applied to it, in order to make further recommendations regarding NQPHN's role in complaint management.

Where the resolution of a complaint involved NQPHN agreeing to undertake a specific action or outcome, the complainant should be advised, as appropriate, when that undertaking has been fulfilled. Such advice shall be added to the complaint file.

3.4 OPPORTUNITY FOR REVIEW

An application for a review of complaint outcome must be lodged with the CEO of NQPHN within 30 days of date of the letter advising the complainant of the investigation outcome. The CEO will refer the complaint to the FARM Committee or NQPHN Executive Team for further consideration.

4 RELATED DOCUMENTS

Department of Health Complaints Policy

NQPHN Code of Conduct