



## Complaints Management Policy Gold Coast Hospital and Health Service

### 1 Policy Statement

Gold Coast Hospital and Health Service (GCHHS) is committed to handling complaints promptly, professionally and respectfully. GCHHS recognise that effective complaints management is fundamental to the provision of high quality service, and provides mechanisms for obtaining feedback from consumers and staff, investigating and resolving complaints, whilst ensuring accountability and continuous improvement.

### 2 Intent of this policy

Implementation of this Policy will ensure:

- Assessment of complaints in a timely and appropriate manner;
- Empowerment of frontline staff to resolve complaints at the local level;
- Complaints will be managed in a manner which is culturally appropriate and responsive to any special needs of the parties involved;
- Confidentiality and privacy obligations will be observed;
- Respondents to a complaint will be afforded natural justice;
- Outcome advice is provided to complainants, and where appropriate respondents, in a timely manner, noting options for internal or external review of the decision as appropriate; and
- Complaints management performance will be measured monitored and reported both internally and externally.

### 3 Scope

This policy applies to all Gold Coast Hospital and Health Service employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

### 4 Principles

The following guiding principles underpin the management of complaints within GCHHS:

**People focus** – Everyone has a right to provide feedback to the Health Service at no charge and with no detriment to the complainant.

**Accessibility and transparency** – Complaint management systems should be visible and accessible to everyone.

**Responsiveness** – The complaints management system must be responsive to the meet the needs and expectations of all complainants.

**Fairness and equity** – Complaints must be managed in an objective and equitable manner.



**Safety** – Complaint handling systems and practices must be designed to ensure the health and safety of staff involved in complaint management.

**Privacy** - Complainants and respondents have a right to expect that their privacy will be respected and maintained.

These principles are outlined in AS/NZS 10002:2014 Guidelines for complaint management in organisations.

### 5 Complaints Management

As a public sector service provider, GCHHS has developed a number of procedures to assist in managing complaints across a wide range of topics. These are detailed in the Complaints Management Framework – Document ID GOV001691.

### 6 Legislative or other authority

- Crime and Corruption Act 2001 (Qld)
- *Health Ombudsman Act 2013 (Qld)*
- *Health Practitioner Regulation National Law Act 2009 (Qld)*
- *Hospital and Health Boards Act 2011 (Qld)*
- *Industrial Relations Act 1999 (Qld)*
- *Information Privacy Act 2009 (Qld)*
- *Ombudsman Act 2001 (Qld)*
- *Public Interest Disclosure Act 2010 (Qld)*
- *Public Service Act 2008 (Qld)*

### 7 Related Policy or documents

- GCHHS Document ID: GOV001691 - Complaints Management Framework

### 8 Supporting Documents

- Australian and New Zealand Standard 'Quality Management – Customer Satisfaction – Guidelines for Complaints handling' AS/NZS 10002:2014

### 9 Consultation

Key stakeholders who developed/reviewed this version are:

- Executive Director, Governance, Risk and Commercial Services
- Senior Director Governance and Risk
- Senior Director, Clinical Governance and Community Partnerships
- Senior Director, Human Resource Services
- Operations Divisions
- Director, Statutory Compliance & Conduct
- Manager, Workplace Policy
- Patient Liaison Coordinators



- Manager, Workplace Relations
- Manager, HR Business Partner
- Director, Workplace Health and Safety
- Privacy and Confidentiality Contact Officer

**10 Committee Endorsement**

- Audit and Risk Committee - 14 July 2016
- Gold Coast Hospital and Health Service Board – 2 August 2016

**11 Review:** This document will be reviewed every 3 years

**12 Policy Development/Revision and Approval History**

Version No	Developed/Modified by	Content authorised by	Approved by	Date of Effect	Last Reviewed
1	Lisa Hawthorn Project Officer, Governance and Executive Services	Peter Walsh Senior Director, Governance and Risk	Rebecca Freath Executive Director, Governance, Risk and Commercial Services	20/09/2016	

**13 Audit Strategy (mandatory)**

<b>Level of risk</b>	Medium
<b>Audit strategy</b>	Monthly reporting of complaints data and business improvement initiatives to Executive Management Team, and Bi-annual reporting of all complaints data will be provided to the Audit and Risk Committee
<b>Audit tool attached</b>	Complaints reporting template
<b>Audit date</b>	6 monthly
<b>Audit responsibility</b>	Governance and Executive Services
<b>Key Elements / Indicators / Outcomes</b>	Reporting to the Board and Audit and Risk Committee will ensure that governance around complaints management is referred to the highest level of the organisation. This is in line with Standard 1 and 2 National Safety and Quality Health Service Standards.

### 14 Approval and Implementation:

**Policy Delegate:** Senior Director, Governance and Risk

**Approving Officer:** Executive Director, Governance and Risk and Commercial Services

**Approval date:** 30/08/2016

**Effective from:** 20/09/2016

**Next Review Date:** 30/08/2019

**Version No.:** 1

**Supersedes:** N/A

**Keywords:** *Complaint, concerns, issues, allegations, business improvement, monitoring, compliance, governance, complaints management, complaints framework*

**Accreditation References:** NSQHS, EQulP and other criteria and standards

- NSQHS Standard 1 – Governance for Safety and Quality in Health Service Organisations
- NSQHS Standard 2 – Partnering with Consumers
- EQulP National Standard 13 – Workforce Planning and Management
- EQulP National Standard 14 – Information Management
- NSMHS Standard 1 – Rights and Responsibilities
- NSMHS Standard 8 - Governance, Leadership and Management



15 Definition of terms

Term	Definition	Source
Complaint	Expression of dissatisfaction made to or about GCHHS, GCHHS products, services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required.	AS/NZS 10002:2014
Complainant	The person making the complaint	AS/NZS 10002:2014
Complaint Management System	All policies, procedures, practices, staff, hardware and software used by GCHHS in the management of complaints	AS/NZS 10002:2014
Feedback	Feedback is defined as any comment, suggestion or expression of opinion which would not be classified as a complaint. These types of reports are merely intended to bring a problem to GCHHS notice with no expectation.	
Grievance	Definition as per QH Policy E12 Generally, a clear, formal written statement by an individual staff member about another staff member or work related problem.	QH Policy E12 and AS/NZS 10002:2014
Service Request	Service requests include but are not limited to: - Requests for approval - Requests for action - Routine Inquiries about GCHHS business - Request for the provision of service and/or assistance - Reports of failure to comply with laws regulated by GCHHS - Requests for explanation of policies, procedure and decisions	AS/NZS 10002:2014

16 Appendices

- Nil

