

# Queensland Health Standard

## Purpose

This standard describes the mandatory auditable requirements for the implementation of Queensland Health Policy Complaints Management (Non-Consumer Complaints)

Standard #<insert number here>

## Self Audit of Complaints Systems (Non-Consumer Complaints)

### 1 Scope

This standard applies to all Queensland Health employees in relation to Non-Consumer Complaints, as defined in Section 9 of the *Queensland Health Policy Complaints Management (Non-Consumer Complaints)*.

This standard is not intended to conflict in any way with any Award provisions, legislative, contractual or other Queensland Health policy/directive requirement for the management of particular types of complaints.

### 2 Definition of Terms

All key terms used in this Standard are listed in Section 9 of the *Queensland Health Policy Complaints Management (Non-Consumer Complaints)*.

### 3 Supporting Documents

#### 3.1 Authorising Policy

- Queensland Health Policy Complaints Management (Non-Consumer Complaints)

#### 3.1.1 Associated Standards

- Queensland Health Standard Requirements for Complaints Systems (Non-Consumer Complaints)
- Queensland Health Standard Complaints Reporting (Non-Consumer Complaints)

#### 3.2 Procedures or Guidelines

- Guide for the resolution of informal complaints at the local level
- Making Decisions: A guide to decision-making processes and tools

### 3.3 Related Policy or documents

- Office of the Public Service Commissioner Directive 13/06 *Complaints Management Systems*
- Queensland Ombudsman's *Effective Complaints Management Fact Sheets series*
- *Public Service Act 2008*
- *Industrial Relations Act 1999*
- *Queensland Anti-Discrimination Act 1991*
- *Crime and Misconduct Act 2001*
- *Health Service Act 1991*
- *Whistleblowers Protection Act 1994*
- *Workplace Health and Safety Act 1995*
- Directive 11/07 - Grievance Resolution
- IRM3.5 - Grievance Resolution
- IRM3.1-2 - Workplace Harassment
- E1 - Code of Conduct 2006
- E2 - Anti-Discrimination
- E5 - Sexual Harassment
- E9 - Official Misconduct
- I5 - Public Interest Disclosures (Whistleblowers)

### 3.4 Forms and Templates

- Attachment A - Self Audit Checklist

## 4 Review

This Standard is due for review on: 1 July 2010

## 5 Requirements

Non-consumer complaint systems within Queensland Health are required to comply with the minimum standards outlined in *Queensland Health Policy Complaints Management (Non-Consumer Complaints)*.

The purpose of the self audit process is to enable Districts, Statewide Service and Corporate Office Divisions to audit their own complaints systems to ensure that they comply with these minimum standards.

### 5.1 Self Audit Checklist

A Self Audit Checklist outlining the minimum standards is attached (Attachment A).

### 5.2 Self Audit Requirements

- All Districts, Statewide Service and Corporate Office Divisions that manage non-consumer complaints are required to complete a self audit of their complaints processes on an annual basis using the attached Self Audit checklist.
- A copy of the completed Self Audit Checklist must be provided to the Staff Complaints Liaison Office (SCLO) via email [StaffComplaints@health.qld.gov.au](mailto:StaffComplaints@health.qld.gov.au) or fax (07) 3234 0582 each year by 31 August.

### 5.3 Non-Compliance with Minimum Standards

- On completion of the Self Audit Checklist, action must be taken within 30 working days to rectify any areas of non-compliance with the minimum standards
- Once the area of non-compliance has been rectified, the Districts, Statewide Service and Corporate Office Divisions must resubmit the Self Audit Checklist to the SCLO.
- The SCLO is required to report any non-compliance with this standard and associated standards to the Executive Management Team.

## 6 Roles and Responsibilities

Position	Responsibilities	Performance Criteria
District Chief Executive Officer or Chief Executive Officer Clinical and Statewide Services, Chief Health Officer, Chief Information Officer	<ul style="list-style-type: none"> <li>• Ensuring an effective complaints management system is developed and in place for the Health Service Districts, Statewide Services and Corporate Office Divisions, specifically ensuring the Self Audit Checklist is completed in accordance with the provisions outlined in the standard.</li> <li>• Ensuring systems are modified to prevent reoccurrences of similar issues raised in previous complaints.</li> <li>• Nominate a staff member within the Health Service Districts, Statewide Services and Corporate Office Divisions – a <i>Complaints Coordinator</i> who is responsible for the overall implementation of the policy, standards for the Districts, Statewide Services and Corporate Office Divisions.</li> </ul>	<p>Department-wide policy is implemented within the Districts, Statewide Services and Corporate Office Divisions and auditing is completed in accordance with the provisions outlined in the standard and associated standards.</p> <p>Local action taken in a timely manner.</p> <p>Staff member is nominated within the Health Service Districts, Statewide Services and Corporate Office Divisions and communicated to all relevant areas.</p>
Complaints Coordinator (Non-Consumer Complaints)	<ul style="list-style-type: none"> <li>• Implementing the policy, standard and local procedures that support staff to meet the requirement of the self audit process.</li> <li>• Reporting concerns or issues to management and/or SCLO recorded in the self audit checklist.</li> <li>• Completing and forwarding the self audit checklist annually to the Staff Complaints Liaison Office.</li> </ul>	<p>Department-wide policy is implemented within the Districts, Statewide Service and Corporate Office Divisions and compliance reported where required.</p> <p>Concerns or issues are reported in a timely manner.</p> <p>District, Statewide Services and Corporate Office Divisions work instructions are current.</p> <p>The self audit process is completed and reported in accordance with the provisions outlined in the standard.</p>

Staff Complaints Liaison Office	<ul style="list-style-type: none"> <li>Assisting Health Service Districts, Statewide Service and Corporate Office Divisions to ensure that complaints processes within their area comply with OPSC Directive 13/06 and reporting requirements, in particular the self audit process.</li> <li>Collecting and analysing completed self audit checklists annually for each Health Service District, Statewide Services and Corporate Office Divisions.</li> </ul>	<p>Department-wide policy is implemented within the District, Statewide Services and Corporate Office Divisions and compliance reported where required.</p> <p>Self audit checklists collected and analysed annually.</p>
All employees	Are to comply with requirements of this policy and standard.	Staff meet compliance requirements in department-wide policy and local work instructions where relevant.

## 7 History

<i>Date of new / revised policy</i>	<i>Amended to.....</i>
May 2009	Standard Amended/ New template

**Michael Kalimnios**  
**Deputy Director-General**  
**Corporate Services Division**

*Approved Date:*

## Self Audit of Complaints Systems (Non-Consumer Complaints)

### Attachment A: Self Audit Checklist

#### Purpose

This checklist identifies the minimum mandatory requirements to comply with the Office of the Public Service Commissioner (OPSC) Directive 13/06 **Complaints Management Systems**.

#### Self Audit Checklist

The Self Audit Checklist is based on the requirements of OPSC Directive 13/06 **Complaints Management Systems** and the **Queensland Health Policy Complaints Management (Non-Consumer Complaints)**. This checklist outlines the minimum requirements for a complaints management system.

#### Who should complete the checklist?

All Districts, Statewide Service and Corporate Office Divisions that manage non-consumer complaints are required to complete a self audit of their complaints processes on an annual basis.

#### Due date

A copy of the completed Self Audit Checklist must be provided to the Staff Complaints Liaison Office (SCLO) via email [StaffComplaints@health.qld.gov.au](mailto:StaffComplaints@health.qld.gov.au) or fax (07) 3234 0582 each year by 31 August.

#### Completing the checklist

The checklist comprises five columns that enable you to complete a thorough assessment of your area's current complaints management system. It also helps you to devise action points to improve your system. The following list explains each column:

##### 1. Elements and Sub-Elements

This checklist focuses on the **minimum** elements for a good quality complaints management system, as outlined in Directive 13/06 **Complaints Management Systems**, Section 7. Each element is divided into a series of sub-elements. The sub-elements reflect the essential factors for effective complaints management as discussed in the **Effective Complaints Management Fact Sheets** series, located on the Queensland Ombudsman's web site. For further information on any particular element, refer to the relevant Fact Sheet.

## 2. Indicators

The indicators are the policies, procedures and practices that would be expected in a good quality internal complaints management system to achieve or satisfy the elements. As you work through the checklist it may seem that some indicators are similar or repeated. While some of the indicators may seem similar, they apply in different contexts and therefore have slightly different meanings. You should ensure that your responses address the requirements of the element and the sub-elements.

## 3. Assessment

The following three point scale should be used to assess each indicator:

1. Not addressed
  2. Partially implemented or addressed
  3. Fully addressed
- N/A Not applicable

## 4. What supports your assessment?

Where you have specified that a particular indicator is fully or partially addressed (assessment rating 3 or 2), record the details of the policy, procedures or practises you have relied upon to make your assessment in this column.

The OPSC Directive 13/06 *Complaints Management Systems* specifies minimum standards for complaints systems. Based on these requirements, Queensland Health has implemented a number of initiatives to comply with the requirements of the Directive.

To ensure duplication does not occur, the elements and sub-elements that have been established and implemented on behalf of Queensland Health have already been assessed, documented and shaded grey in the below checklist. Districts, Statewide Services and/or Corporate Office Divisions may opt to establish processes that complement the Queensland Health initiatives. These initiatives should be assessed and documented in the checklist under the shaded grey row.

## 5. Action plan

In this column, you should detail the recommended actions for improvements for the indicator into an action plan. If deficiencies are identified in your complaints management system, actions to address these deficiencies should be included in the action plan. The action plan should address the process, responsible officers, reporting requirements and timeframes.

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**Attachment A:  
Self Audit Checklist**

## Element - Visibility and Access

An effective complaints management system has mechanisms and strategies in place to provide:

Sub-Element	Indicators	Assessment 3, 2, 1, N/A	What supports your assessment	Action plan
Readily available information about where to lodge a complaint and how to lodge a complaint	Information about where and how to make a complaint is available at all Queensland Health customer service contact points and publicised in a variety of media	3	<ul style="list-style-type: none"> <li>Internet - Complaints Management web page link: <a href="http://www.health.qld.gov.au/nonconsumer_complaints/default.asp">http://www.health.qld.gov.au/nonconsumer_complaints/default.asp</a></li> <li>Intranet - Complaints Management web link at web page: <a href="http:qheps.health.qld.gov/au/workplaceinvestigations/#">http:qheps.health.qld.gov/au/workplaceinvestigations/#</a></li> <li>Brochure – “<i>Making a complaint: Information for Queensland Health staff</i>”</li> <li>Payslip insert – <i>Making a complaint</i> brochure</li> </ul>	
	Complaint telephone numbers, such as a hotline or dedicated complaints numbers and/or complaints email address, are published	3	<ul style="list-style-type: none"> <li>Queensland Health’s Staff Complaints Liaison Office 24 hour hotline, <b>1800 195 240</b>.</li> <li>Queensland Health Complaints email address: <a href="mailto:staffcomplaints@health.qld.gov.au">staffcomplaints@health.qld.gov.au</a></li> </ul>	

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	<i>If a District, Statewide Service and/or a Corporate Office Division retains a non-consumer complaints telephone numbers, they must ensure the number is published in a variety of media</i>			
	Your website has a designated complaints section with a link from the home page  <i>At a minimum, all Districts, Statewide Service and Corporate Office Divisions must have a link to the Queensland Health non-consumer complaints web page</i>	<b>3</b>	<ul style="list-style-type: none"> <li>Internet Complaints Management web page link: <a href="http://www.health.qld.gov.au/nonconsumer_complaints/default.asp">http://www.health.qld.gov.au/nonconsumer_complaints/default.asp</a></li> <li>Intranet Complaints Management web link at web page: <a href="http://qheps.health.qld.gov.au/workplaceinvestigations/#">http://qheps.health.qld.gov.au/workplaceinvestigations/#</a></li> </ul>	
Readily available information on how the agency will manage a complaint (timeframes, how the complainant will be informed of progress if relevant, and the result)	Are complaints management staff able to assist staff and others with details on how to lodge a complaint			
	Are complainants told of possible time frames for dealing with their complaints			

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	Can complainants readily find out how their complaint will be handled			
	Information about how staff and others can make a complaint is available on your website	<b>3</b>	<ul style="list-style-type: none"> <li>Internet Complaints Management web page link: <a href="http://www.health.qld.gov.au/nonconsumer_complaints/default.asp">http://www.health.qld.gov.au/nonconsumer_complaints/default.asp</a></li> <li>On-line complaints form – <a href="http://www.health.qld.gov.au/nonconsumer_complaint/complaints_form.asp">http://www.health.qld.gov.au/nonconsumer_complaint/complaints_form.asp</a></li> </ul>	
	Are complainants able to obtain advice as to the progress of their complaint			
Reasonable assistance to people who wish to make complaints	Is assistance available to staff and others who wish to make a complaint			
	Are impaired or disadvantaged persons catered for in each of the above			

**Element – Responsiveness**

An effective complaints management system has mechanisms and strategies in place to:

Sub-Element	Indicators	Assessment 3, 2, 1, N/A	What supports your assessment	Action plan
Inform agency staff of the existence and operations of the agency complaints management systems	Is the Queensland Health's non-consumer complaints management policy and procedures widely known about within your District, Statewide Service, Corporate Office Division			
	Do complaints management staff know where to refer complaints internally and externally, when required			
Respond to complaints in a timely manner	Are written guidelines that establish realistic target time frames for handling complaints adhered to	3	<ul style="list-style-type: none"> <li>Indicative time frames are outlined in 5.2 of the Queensland Health Standard Requirements for Complaints Systems (Non-Consumer Complaints)</li> </ul>	
	<i>* Districts, Statewide Services and Corporate Office Divisions may wish to establish their own timeframes to reflect District/Statewide</i>			

	<i>Services/Corporate Office Divisions processes</i>			
	Are complainants advised how their matter will be dealt with and receive ongoing feedback throughout the process			
Communicate with parties about the progress of resolution	Does the response to a complainant following an investigation or internal review regarding their complaint include the reasons for decisions/outcome			
	Complaints information, including the identity of complainants, is treated confidentially wherever possible or necessary			
	Do you deal with anonymous complaints  <i>Anonymous complaints should be accepted, however when accepting anonymous complaints, the potential difficulties for dealing with these complaint should be explained to the complainant (if possible)</i>			

## Element – Assessment and Action

An effective complaints management system has mechanisms and strategies in place to:

Sub-Element	Indicators	Assessment 3, 2, 1, N/A	What supports your assessment	Action plan
Enable complaints to be dealt with fairly and objectively	Are processes in place to ensure consistency and transparency to manage complaints			
	Do you have a policy, standards and procedures in place to resolve matters quickly and amicably, if possible			
	Do you preserve complainants' privacy and confidentiality (wherever possible) taking into consideration natural justice			
	Are complaints handling staff familiar with the meaning of natural justice			

	Are complaints handling staff familiar with the <i>Whistleblowers Protection Act 1994</i>			
Assess the nature of complaints, how complaints should be dealt with and by whom	Are complaints handling staff familiar with the jurisdiction of external agencies that can potentially handle complaints made to / from Queensland Health (e.g. Queensland Ombudsman, CMC)			
	Are procedures in place to recognise and deal with disclosures made under the <i>Whistleblowers Protection Act 1994</i>			
	Are complaints managements staff appropriately trained and resourced			

Refer complaints to external agencies, where required	Referral of specific complaints is in accordance with legislative requirements. (e.g. complaints alleging official misconduct must be referred to the Ethical Standards Unit)			
	If a complaint is referred to another area, an external agency or a different course of action is decided on, is the complainant informed			

**Element – Feedback**

An effective complaints management system has mechanisms and strategies in place to:

Sub-Element	Indicators	Assessment 3, 2, 1, N/A	What supports your assessment	Action plan
Provide complainants with timely feedback	Are complainants notified (in writing) in a timely manner of the outcome of their complaint (including adequate and well articulated reasons of the outcome)			
	Do you have a service standard regarding providing timely advice to complainants after decisions have been made			
Notify complainants of any available review mechanisms	Are complainants advised, upon inquiry by them or via your website, of any internal review, statutory appeals or external review mechanisms available to them (eg. Second level review, courts, Ombudsman)	3	<ul style="list-style-type: none"> <li>Various review mechanisms can be found via the Complaints Management web page link at: <a href="http://www.health.qld.gov.au/nonconsumer_complaints/default.asp">http://www.health.qld.gov.au/nonconsumer_complaints/default.asp</a></li> </ul>	

	(If a complaint is substantiated), are the appropriate options for redress considered to ensure the issue or fault is addressed and, where appropriate (and confidentiality is not a concern) is the complainant should be advised of any corrective action			
Provide feedback to relevant areas of the agency where potential system improvements are identified	Does your system have a clear and workable mechanism for complaints staff to advise areas of the department when potential systems improvements are identified	<b>2</b>	<ul style="list-style-type: none"> <li>The requirement of quarterly complaints reporting to Executive Management Team and adhoc to Queensland Ombudsman</li> </ul>	
	Does your system have a clear and workable mechanism for following up this advice			

**Element – Monitoring Effectiveness**

An effective complaints management system has mechanisms and strategies in place to gather and record information to:

Sub-Element	Indicators	Assessment 3, 2, 1, N/A	What supports your assessment	Action plan
Meet any statutory, policy or procedural requirements	You have a system to collect complaints data			
	Do you comply with the procedural reporting requirements regarding complaints			
	Complaints data is collected in sufficient detail to facilitate comparisons with previous periods and identify system-wide or recurring complaints			
Identify complaint trends	Your complaints coordinator compiles reports for senior management based on the analysis of data,			

	<p>which includes recommendations for:</p> <ul style="list-style-type: none"> <li>• Complaint reduction strategies</li> <li>• Improvements to business processes</li> </ul>			
	<p>Complaints reports and recommendations are considered on a regular basis by senior management</p>			
	<p>Senior management uses the complaints report information and recommendations to target problem areas and improve policy and procedures where necessary</p>			
<p>Monitor the time taken to resolve complaints</p>	<p>Does your area monitor the time it takes to resolve complaints</p>			

Comments / Actions:

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