



Complaints Policy

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COMPLAINTS POLICY



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Associated Documents:

Please see the following documents for further information:

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1. Purpose

This policy and its associated procedural flowchart will be used to address any complaints made by a person in their association with Arche Health Ltd.

2. Scope

This policy will apply to all staff employed at Arche Health Bentley, Belvidere Health Centre Belmont, Armadale GP After-Hours clinic, Armadale Antenatal Clinic and Maddington Specialist Centre. The complaints policy and its associated procedural flowchart shall be easily accessible, simple to understand and well-publicised to ensure ease of use. Written complaints will be recorded in a central complaints register.

3. Principles for the Management of Complaints

The complaint will be handled in a timely manner, taking into account the complexity and seriousness of the matter. Staff will be supported in trying to resolve issues promptly in order to prevent it from escalating further. The staff will refer to the procedural flow chart QP -22 –HR in relation to the complaints process.

Procedural fairness

All parties will be afforded procedural fairness in the handling of complaints raised by clients, or other stakeholders. This includes:

- Ensuring that all parties to a complaint know what to expect during the complaint handling process
- Carrying out the complaint handling process in a transparent manner
- Providing all parties with equal opportunity to participate in the process
- Treating all parties in a respectful manner
- Providing reasons for decisions made.

Equity and Advocacy

Actions and decisions in relation to complaints will be made having regard for the age, culture, disability, language, religion, gender and sexuality of the parties. A complainant will not be disadvantaged through lodging a complaint in good faith, regardless of the outcome. Complainants will be entitled to seek assistance from another person in lodging their complaint (not being a solicitor, barrister or other legally trained person.)

At all times during the resolution of a complaint, the complainant has the right to the assistance and support of an advocate (including an advocacy agency) of their choice. The role of an advocate is not to mediate between the complainant and the organisation, but to speak and act on behalf of the complainant.

Confidentiality and Recording

The privacy and confidentiality of all parties will be respected to the extent practicable and appropriate, with consideration for the Freedom of Information Act 1989 and The Privacy Act 1988. Accurate written records must be kept of all communications that form part of the complaint process. This includes notes taken of conversations between the parties that relate to management of the complaint, and all decisions made in relation to the complaint. All records must be marked “Confidential”.

Complaint documentation is to be kept separate from personnel or client files. These files should only be annotated where a person has had a penalty imposed as a result of disciplinary action arising as an outcome of the complaint

Resolution

Following due consideration of the complaint, fair and reasonable remedial action will be offered where appropriate. There will be regular monitoring, review and reporting of complaints received, and any actions taken. Assessment, preventative and corrective action will be taken to eliminate the causes of complaints and to improve the quality of service delivery.

The complaints register and findings will be tabled at the Clinical Governance Quality & Risk (CGQRC) board sub-committee meetings to ensure that the relevant committee is cognisant of both the complaint and remedial actions taken for quality improvement.

In general, the organisation will delegate an authorised person to consult with the complainant in order to reach a consensus that is acceptable to the complainant.

Where necessary, the complaint will be referred to the board directly.

In the event that the matter cannot be resolved or the decision taken is unacceptable to the complainant, the complaint will be referred to the Health Consumer Council or relevant statutory body.

Declining complaints

Arche Health reserves the right to decline a complaint at any time. This decision may be taken when the CEO and Corporate Manager (in consultation with the CGQRC) form the view that the complaint is:

- Frivolous and/or Vexatious
- Not made in good faith
- Misconceived
- Lacking in substance and accuracy.
- A claim has commenced (either by the complainant or the organisation) in a court or before another judicial authority.
- The subject matter of the complaint that been lodged with an external agency seen to be the more appropriate agency to deal with the matter.
- The organisation has previously dealt with the complaint which has been resolved and the file subsequently closed.

Referral of complaints

In general, the organisation will delegate an authorised person to manage the complaint and consult with the complainant without referring the matter to a third party. However, where the complaint implies serious misconduct (for example, serious risk to the health and safety of staff or clients, or a criminal offence), or where mandatory reporting is legislated, the organisation has an obligation to deal with the matter under the relevant legislation and policies. This may require referral of the matter to the police or other appropriate agency for investigation.

Authority

Individuals involved in handling complaints will have the necessary authority and management support to carry out the process effectively and have access to appropriate training and resources to fulfil their role where specific skills are required (such as mediation).

Conflicts of Interest

Individuals who may have a conflict of interest in the matter cannot be involved in the management of a complaint.

4. Responsibilities

The CEO is responsible for:

- Providing leadership in demonstrating a commitment to the resolution of complaints made to the organisation
- Ensuring there is an effective, timely, impartial and just system for dealing with complaints.

The Corporate Manager is responsible for:

- Overseeing the recording of escalated complaints in the complaints register where a matter cannot be easily resolved
- Following the procedure for acknowledgement, verification, investigation and recording of complaints
- Tabling of complaints at relevant committee and board sub-committee meetings

The Program or Site Managers are responsible for:

- Exercising primary responsibility for receiving and resolving complaints and any conflict in their area in a timely and fair way
- Notifying the corporate manager by email of an escalated complaint and providing relevant documentation throughout the complaints process
- Providing advice and assistance to people who have a complaint
- Providing independent, impartial and confidential information to complainants about the procedure for dealing with complaints, including listening to the issues and helping the person clarify the facts
- Conducting internal reviews from time to time regarding the complaint process.
- Identifying systemic issues arising from complaints and making recommendations to the CEO.

The Clinical Governance Quality and Risk Board Sub-Committee (CGQRC) is responsible for:

- Providing leadership in demonstrating a commitment to the resolution of complaints made to the organisation
- Ensuring there is an effective, timely, impartial, and just system for dealing with complaints
- Identifying systemic issues arising from complaints and making recommendations.
- Raising a Corrective/Preventive Action Report (“CPAR”) where opportunities for improvement are recognised
- Making final decisions relating to complaints received
- Referring an unresolved complaints to the Board

Complainants and Respondents have a dual responsibility to:

- Provide a clear and honest account of their concerns including providing all relevant information and documents to assist in the investigation and resolution of the matter
- Engage openly in the complaint handling process, including participating in discussion with other parties to resolve the concerns
- Respond to requests for information in a timely manner
- Respect those individuals involved in the complaint handling process.