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# Statewide Complaints Management Framework



**Department of Health**

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Statewide Complaints Management Oversight Unit  
Office of the Secretary  
22 Elizabeth Street  
Hobart  
TAS 7000

**Version 3.0**

**August 2024**

**Acknowledgement of Country**

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

## **About this document**

The Tasmanian Department of Health's (the Department) Statewide Complaints Management Framework provides context for understanding and applying the Statewide Complaints Management Policy for responding to and addressing concerns and complaints.

The Department values the benefit of effectively managing feedback (both positive and negative) about the care and services we deliver and is committed to providing a high-quality consumer feedback system.

This Framework can be found on the Department's intranet (internal) and internet (external).

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# Complaints management statement

The Framework establishes a standard and consistent approach to complaint handling across the Department of Health to support the timely, efficient and fair management of complaints, as well as supporting 'whole-of-Department', effective governance and oversight for managing concerns and complaints.

## 1.1 Introduction

The Tasmanian Department of Health (encompassing all operational areas, including the Tasmanian Health Service) is committed to providing high quality, efficient and safe services for the people of Tasmania and fostering a culture that respects and encourages consumer participation in, and contribution to, services provided. Information from consumers about their journey and experience in our organisation is crucial to the further development and continuous improvement of the services and care we provide.

The Department values receiving concerns and complaints, as they represent an opportunity to identify learning and quality improvements, for appropriate action to be taken, and for issues to be resolved. As such, the Department is committed to developing and maintaining a positive and safe culture where complaints management is a positive enabler to support the achievement of strategic priorities across all levels of the health system. This includes providing accessible avenues to lodge complaints and holding ourselves accountable for our actions by ensuring matters are appropriately addressed.

The [Department of Health Strategic Priorities 2021-23](#) set out the priorities, actions and enablers to ensure consumers receive optimal health services.

Supporting the Strategic Priorities are three internal foundation areas:

- build and develop a sustainable and positive workforce
- strengthen governance, risk and financial management, performance and accountability, and
- strengthen clinical safety, quality, and regulatory oversight.

These internal foundations are supported by an effective complaints management approach.

## 1.2 Purpose

This Statewide Complaints Management Framework (the Framework) outlines the direction, governance and roles and responsibilities for complaints management in line with the National Safety and Quality Health Service (NSQHS) Standard 1: Clinical Governance and Standard 2: Partnering with Consumers.

The Framework is designed to ensure that the Department's complaints management approach benefits:

- **Consumers** by ensuring timely resolution of matters, transparency of processes and improved outcomes.
- **Staff** by setting clear expectations for complaints management, offering a clear process to follow in addressing complaints, as well as transparency in decision-making. In addition, it supports a proactive approach to complaints management through ongoing professional development.

- **Managers** by identifying complaints management responsibilities, accountabilities and process intersection points across the Department, while supporting all staff to engage with and use this Framework, and providing learning and development opportunities.
- **The Department** by setting a consistent approach across the state, fostering organisational learning and development, along with effective risk identification and management to ensure the satisfaction and safety of consumers. The Framework will be supported by systems which offer efficiencies in data collection, analysis and auditing, along with enhanced capability to contribute data for reporting purposes. The framework will also be supported by a suite of procedures and protocols which will provide guidance for the successful management of consumer feedback consistently, fairly, reasonably and on time.

This framework applies to all clinical and non-clinical staff (permanent, temporary and casual) and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers) across all settings.

### 1.3 Guiding principles

The Department's complaints management model is founded on a "no wrong door" approach for making a complaint or registering a concern. This acknowledges that whilst it may not always be immediately clear who can help with your complaint, individuals do not need to worry about that because all are expected to encourage consumers and their families to provide feedback about the service, including complaints, concerns, suggestions, and compliments.

Clinicians and staff are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

Good complaints management means being open with consumers, investigating the causes of what happened and developing strategies to prevent re-occurrence.

Complementing this approach, the Department's complaints management model is guided by the following principles:

- **Trauma-informed:** Staff provide a trauma-informed approach to acknowledging, responding to, and addressing complaints based on an understanding that consumers who are making a complaint may have experienced trauma in their lives. This means trauma may be a factor in their dissatisfaction/distress; that the impact of trauma may be lifelong; and may impact the person, their emotions and relationships with others. Staff will ensure that the remaining guiding principles are upheld along with the psychosocial safety of the person submitting a complaint.
- **Promoting and protecting safety:** The Department has processes in place to monitor the quality of delivered services and enables staff to identify, respond to, and learn from safety events that cause harm or had the potential to cause harm. The Department supports a 'just culture' in which all staff are encouraged to report safety events and risks without fear of blame or retribution. Removing factors that contribute to safety events, improving systems, and sharing learnings about events or near misses improves the quality of services provided to consumers.
- **Taking ownership:** The Department places great value on an early apology and the effective resolution of any complaints raised. To assist this, the person making a complaint will be provided with the contact details of the team managing their complaint. If the complaint is transferred to another person or team, the person who submitted the complaint will be notified of the new complaint manager's contact details.

- **Respectful and confidential treatment:** Staff will treat people who submit a complaint with dignity, courtesy and respect, and in accordance with this Framework. It is expected that people who submit a complaint will treat staff with courtesy, fairness and respect. The Department will protect the identity of people making complaints where practical and appropriate. Personal information that identifies individuals will only be disclosed or used by the Department as appropriate and where permitted by relevant privacy laws.
- **Accessible information and processes:** The Department will make it easy and accessible for people to make a complaint and will provide assistance with the complaint process where required. The Department will provide clear information about the right to complain, how to make a complaint, and how complaints will be managed. The Department is committed to equal access across all areas of health service delivery, including providing appropriate support and accessible options for all people who wish to submit a complaint.
- **Clear and regular communication:** The Department will acknowledge the receipt of each complaint. People will be provided with the opportunity to be informed about the progress of their complaint via their preferred mechanism (eg phone or email). Progress updates will be communicated in accordance with the timelines defined in Section 2.5.1. Where possible and appropriate, the Department will provide information about the outcome of the complaint.
- **Timeliness:** The Department will manage complaints efficiently, reflecting the level of seriousness, urgency and complexity of each complaint. Where appropriate and in accordance with the Statewide Complaints Management Policy, if there are delays in the process, the Department will advise the person who submitted the complaint about any adjusted timelines.
- **Transparency:** The Department recognises that transparency is key to preventing the recurrence of negative experiences and for identifying organisational improvements. Records of complaints are appropriately maintained, to enable the review of individual cases, to identify trends and risks, and to report on aggregated complaint information. This data will be regularly reviewed by the Statewide Complaints Management Oversight Unit (SCMOU), consumer representatives, and local complaints management teams to identify areas for improvement in service and in complaint management. Complaints records may be subject to review by the Department or external agencies to assess compliance with complaint management requirements and to identify any improvement opportunities.
- **Fairness and natural justice:** The Department will ensure the right to be made aware of, and respond to, information used in the course of managing a complaint, and that it is handled in an impartial and objective manner in accordance with this Framework. Where a person is not satisfied with the outcome of their complaint or the way in which the complaint was managed, a meeting will be offered with the staff member responsible for managing the complaint to discuss and provide further clarification. People submitting complaints are also entitled to seek an external review, for example by Ombudsman Tasmania (for a review of the management of a complaint) or the Health Complaints Commissioner Tasmania (for a review of care and treatment provided). The Department acknowledges that staff involved or named in complaint matters may be affected by a complaint, with impacted staff to be provided with additional support.



## 1.4 Understanding complaints and concerns

### 1.4.1 What is a complaint?

A complaint is defined as an expression of dissatisfaction with an experience or service and which provides feedback regarding some aspect of the Department or health service<sup>1</sup> that identifies issues requiring an action. Complaints provide an important opportunity to resolve problems, learn from any identified issues, and improve service provision across the Department.

A complaint may be about clinical care or treatment; policies and procedures; staff conduct; the quality of communication or a service; the provision of information or goods; or access to and promptness of a service. Where a complaint is made anonymously, as far as possible, it will be assessed in the same way as other complaints with preliminary inquiries made to identify if there is any supporting evidence. Depending on the subject and nature of the complaint, these inquiries may be led by or occur in consultation with HR.

Complaints do not include requests for services or information, explanations of policies and procedures, or industrial matters between the health service and unions. However, a complaint could arise from the manner in which such activities have been conducted. Complaints may be made in person, by telephone, letter, survey, or through other agencies (eg the Tasmanian Health Complaints Commissioner and the Ombudsman Tasmania).

### 1.4.2 What is a concern?

A concern may be defined as an expression of worry or doubt over an issue related to the direct experience of an individual or related to another person. Concerns may arise from any event, circumstance, act, or omission that may have occurred while a person was accessing, visiting, or receiving health services, or where a duty of care was owed.

Concerns may relate to an issue that does not 'feel right' or an experience which causes an uneasy or anxious feeling. The Department welcomes the early reporting of concerns, no matter how small. These reports may prevent minor issues becoming more serious, improve the standards of service or care, and/or identify risks to people's safety which need to be addressed.

Child safeguarding concerns relate to any concerns about the delivery of health services in a child-safe way.

This may include:

- behaviour and language;
- conflict of interest;
- respect and inclusion;
- interactions and relationships;
- neglect and disregard;
- physical interactions;
- privacy and confidentiality;
- sexual misconduct; and
- staffing, facilities, environment

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<sup>1</sup> This includes any service offered, provided, funded, contracted or regulated by the Department.



### 1.4.3 Anonymous concerns and complaints

The Department values the information provided by anonymous concerns and complaints, with the matters raised taken seriously. Where a complaint is made anonymously it will be assessed (as much as possible) in the same way as other complaints.

People who wish to make an anonymous complaint should explain this when they first contact the Department. While the Department understands that some people may be cautious about what information they share about sensitive matters, it is important that as much information as possible is provided so that the matter can be comprehensively assessed.

The Department will assist people who wish to make a complaint. However, it may be difficult to progress an anonymous complaint without certain information such as the name of the relevant health practitioner or notifier. This is because:

- it may be difficult to clarify or ask any further details about the complaint without the contact details of the person submitting the complaint
- it may not be possible to gather specific information from other entities about the issues raised in the complaint
- the Department needs to ensure those involved in the complaint are given a fair opportunity to respond to allegations and it may be difficult to explain an allegation without disclosing certain information, and
- in some circumstances the Department may be compelled to share information about a confidential complaint with others, such as if the matter is the subject of legal proceedings.

Ideally, anonymous complaints should be made by phone so that the specific issues can be clearly understood and so that any limitations which may be faced in progressing the matter can be discussed.

### 1.4.4 What is complaints management?

Complaints management is about resolving individual complaints and identifying opportunities to make systemic improvements. The Department acknowledges that for people who submit complaints, their experience of the complaints management process may be as important as their preferred outcome.

People who submit complaints are improvement-focused and expect:

- to be heard, understood and respected
- their experience to be acknowledged
- their complaint to be taken seriously, considered fairly and dealt with effectively and efficiently
- to be offered an apology, support and/or assistance
- to be informed of the complaint management process, and where appropriate advised of the outcome of their complaint, and
- appropriate action to be taken as a result of submitting their complaint so that others do not have the same experience.

The Department's complaints management process can be described as a five-step process (refer to the Statewide Complaints Management Policy for further details and the high-level Statewide Complaints Management Process outlined in Appendix A.3):

1. receive the complaint
2. assess the complaint
3. investigate the complaint
4. record and respond to the complaint, and
5. implement improvements.

Effective complaint resolution is a process whereby issues raised are acknowledged, assessed, responded to, and any required actions are appropriately addressed. It is a responsive process that seeks to address a person's concerns and validate their accompanying emotions. Resolution may range from 'point of service' discussions to more structured and planned resolution negotiations and meetings.

The outcomes of an effective complaints management process include:

- resolving issues or concerns raised by a consumer or staff member
- identifying emerging trends or patterns
- highlighting systems and process deficiencies
- addressing individual performance and staff culture issues
- supporting organisational learning and continuous improvement, and
- restoring trust and support between consumers and the Department.

## The Department's approach to complaints management

**The Department of Health's Secretary and Health Executive are committed to developing and maintaining a positive and safe culture where complaints management is embedded in everyday practice.**

### 2.1 Leadership and commitment

The **Secretary, Department of Health** as Head of Agency, is accountable to the Minister for Health for the overall governance across the Agency, including overall responsibility for the quality of services the Department of Health provides, and setting the strategic direction for the management of complaints.

The **Health Executive** (the Executive) provides peak governance to strengthen systems coordination, local accountability, and authority. The Executive is required to ensure appropriate governance arrangements are in place to effectively and efficiently discharge their collective accountabilities and responsibilities established under the *State Service Act 2000*; and as outlined in the Quality Governance Framework for Tasmania's Publicly Funded Health Services (2020), Tasmanian Health Service Clinical Governance Framework (2020), and Statewide Mental Health Services Clinical Governance Framework (2022).

It is the responsibility of the Executive to:

- ensure systems are in place to promote consumer feedback and community engagement
- ensure the most serious complaints are reviewed in accordance with the framework
- ensure adequate resources, technology and equipment are available to support the complaints management system
- review audits of the complaints management system to ensure it is effective and consistent with best practice principles, and
- ensure all staff are aware of and comply with consumer feedback procedures, principles, and responsibilities.

### 2.2 Complaints management in practice

The Department takes complaints management seriously and the way complaints are managed matters. As relevant to their role, all staff are responsible for supporting and enacting a positive, open and transparent culture to complaints management.

This means:

- ensuring consumers and staff can raise concerns and submit complaints and have these matters appropriately investigated<sup>2</sup> and responded to
- placing the specific needs, preferences and expected outcomes of people at the centre of the complaints management process
- acknowledging that information from consumers about their journey within and experience with our organisation provides opportunities to learn and improve

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<sup>2</sup> Investigations in this context relate specifically to the complaint and not any subsequent processes which may commence following consideration of the complaint.

- responding to any disclosures of alleged or actual harm in a way that focuses upon the needs of affected parties, with empathy and kindness, and reflective of trauma-informed practice principles
- responding appropriately to alleged inappropriate or unlawful conduct
- meeting external reporting requirements (eg Tasmania Police, Working with Vulnerable People Registrar, Strong Families, Safe Kids Advice and Referral Line, and Ahpra), and
- providing all staff with regular training to support best practice approaches to complaints management.

## 2.3 Statewide complaints management model

The **Statewide Complaints Management Oversight Unit (SCMOU)** has overarching responsibility for providing oversight and guidance for monitoring and managing complaints within the Department.

The SCMOU has been established to:

- undertake the complaints management process, with direct management of Tier 1 complaints, as per the Complaints Management Response Matrix described in the Statewide Complaint Management Policy (and summarised in **Table 1**)
- receive, rate, refer, review and respond to child safeguarding concerns and complaints
- act as an escalation point for complex or sensitive complaints and an alternative pathway for reporting suspected misconduct of staff
- provide an additional avenue for staff and consumers to confidentially raise concerns or make complaints (independent from local units or business areas)
- manage the Statewide Complaints Management Framework and develop corresponding tools to support its implementation (including the development of training programs, response templates, and other staff supports)
- provide a quality assurance function by undertaking high level analysis and reporting of statewide complaints data, and
- create a complaints management community of practice to support skill development and innovation in complaints management.

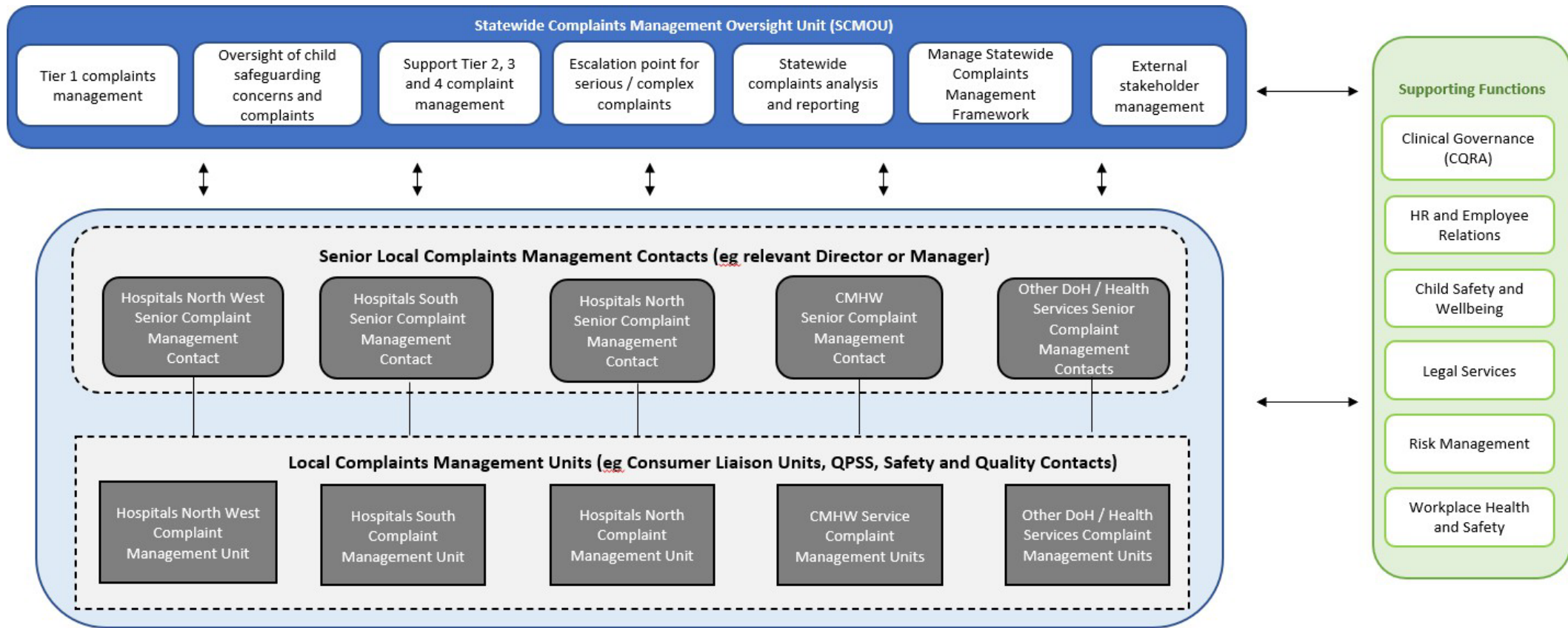
As relevant to their role, every staff member is empowered to be part of the complaints management process.

The Department's complaints management model (Diagram 1) consists of the following elements:

- **SCMOU** which provides the framework for monitoring and managing complaints.
- **Senior Local Complaint Management Contacts** (eg Directors of Quality and Safety Service or equivalent, Manager Safety and Quality) which:
  - work closely with local complaints management staff to resolve complaints and oversee complaints within their region / service / unit (as applicable), and
  - act as a single point of contact to liaise with SCMOU and supporting functions (as needed).

- **Local Complaint Management Units** (eg Consumer Liaison Units, Quality and Patient Safety Services, Safety and Quality contacts) which receive and manage complaints from their respective regions or service areas.
- **Supporting functions** (including Clinical Governance, HR and Employee Relations, Child Safety and Wellbeing, Legal Services, Risk Management and Workplace Health and Safety) which may provide expert input and advice, or partner with the SCMOU or local complaint management units to respond to complaints.

## Diagram 1: Department of Health Complaints Management Model



**Notes:** CMHW - Community, Mental Health and Wellbeing. CQRA - Clinical Quality, Regulation and Accreditation  
Other DoH / Health Services include Procurement, Infrastructure, and Information Management complaints

Staff are to address complaints as soon as they arise and as close to the point of service as possible, in accordance with the scope of their role and the relevant response Tier (as defined in the Statewide Complaints Management Policy).

**Table 1** provides a summary of the response Tiers, complaint examples, complaint management staff roles, and expected resolution timeframes.

**Table 1: Summarised DoH Complaint Management Model**

Complaint Tier	Possible Complaint Triggers <sup>1</sup>	Complaint resolution <sup>2,4</sup>
<b>Tier 1 – SCMOU complaints management</b>	<ul style="list-style-type: none"> <li>• an event resulting in significant consumer or staff harm or death</li> <li>• alleged assault</li> <li>• complaints referred from third party organisations (eg Integrity Commission)</li> </ul>	<ul style="list-style-type: none"> <li>• SCMOU leads coordination / management of the complaint</li> <li>• SCMOU assesses and triages all child safeguarding concerns or complaints</li> <li>• aim to resolve within six (6) months<sup>3</sup></li> </ul>
<b>Tier 2 – Local complaints resolution</b>	<ul style="list-style-type: none"> <li>• an event which may have required hospitalisation</li> <li>• staff behaviour considerations</li> <li>• withdrawal of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Tier 2 responses may take longer given the complexity and/or severity of the complaint</li> <li>• resolved by local complaint management units within ninety (90) working days</li> </ul>
<b>Tier 3 – Local complaints resolution</b>	<ul style="list-style-type: none"> <li>• longer than expected wait to receive minor treatment</li> <li>• service availability</li> <li>• communication</li> </ul>	<ul style="list-style-type: none"> <li>• resolved by local complaint management units within thirty-five (35) working days</li> </ul>
<b>Tier 4 – Point of service resolution</b>	<ul style="list-style-type: none"> <li>• a visitor having difficulty locating a treatment room</li> <li>• minor lost property</li> <li>• car parking frustrations</li> <li>• general concerns</li> </ul>	<ul style="list-style-type: none"> <li>• resolved at point of service by frontline staff (ie at time of complaint receipt), unless escalated</li> </ul>

Notes:

- 1 Staff training will support the consistent application of Complaint Response Tiers
- 2 Further details regarding response timeframes are included in the Statewide Complaint Management Policy
- 3 Timeframe dependent on specific circumstances (eg conduct matters referred to HR and court proceedings may involve significant timelines beyond the anticipated 6 month resolution)
- 4 Complaint resolution may require consultation with / input from relevant Supporting Functions (as defined in Diagram 1)



## 2.4 Supporting implementation of the Framework

All leaders and executives are responsible for the implementation of, and compliance with, this Framework within their area. Executive members and the relevant Executive sub-committees are required to provide strategic oversight of the complaints management Policy, model, and processes in a manner which is consistent with this Framework.

### 2.4.1 Training

A complaint management training program for all staff will be developed in conjunction with HR and supported by the SCMOU. Training will outline the principles and requirements of the Statewide Complaints Management Framework and help staff to assist people with making a complaint. This will include the incorporation of relevant content into:

- all staff orientation / induction training programs, which will be periodically refreshed
- Aspire (the Department's Leadership Development Program), and
- Elevate (the Department's Management Development Program).

Specialist complaint management training will also be developed and provided to staff who have direct operational complaint management responsibilities to ensure they:

- are empowered to apply the Statewide Complaints Management Framework
- are supported to handle complaints consistently, and
- are aware of the Department's priorities, programs or areas of work, particularly those which may be likely to arise in complaints.

### 2.4.2 Community of Practice

The SCMOU will create and support a complaint management 'Community of Practice', with participation to include representatives of local complaint management contacts / units. The Community of Practice will be enacted through quarterly meetings and led by the Director, Office of the Secretary or Manager, SCMOU<sup>3</sup>.

Communities of Practice are groups of peers who share a concern or a passion for something they do and learn how to do it better as they interact regularly<sup>4</sup>. Communities of Practice:

- enable participants to take collective responsibility for managing the knowledge
- create a direct link between learning and performance
- provide an opportunity for knowledge creation and sharing
- create connections and provide a network of support across organisational and geographic boundaries
- support innovation and problem-solving, and
- enable development of a collective voice.

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<sup>3</sup> Membership of the Community of Practice is yet to be determined

<sup>4</sup> <https://www.wenger-trayner.com/introduction-to-communities-of-practice/>

The primary benefits of this Community of Practice are to support individuals with direct complaint management responsibilities and to provide collective learning and information sharing opportunities.

### **2.4.3 Staff supports**

The Department acknowledges that staff managing complaints, or those involved or named in complaint matters may be affected by the complaint and the complaint management process.

Impacted staff are encouraged to access additional support, including:

- discussing experiences or concerns with a manager
- contacting the SCMOU, HR or a member of the Work Health and Safety Wellbeing Team for support and/or advice, and/or
- contacting a provider under the Employee Assistance Program (EAP), which is a confidential service to support employees and immediate family members with any personal or work-related issue that may affect their overall wellbeing.

### **2.4.4 Staff feedback**

The Department supports a complaints management culture which is non-defensive and open to feedback, recognising the valued contribution of specialist complaint management staff. An important outcome of any complaint management process is the identification of any required improvements to systems, processes, staff conduct or the complaint management approach. By communicating the evaluation of these improvements to complaint management staff, the Department supports further opportunities to learn and improve its complaints management practice.

This feedback will be provided to staff through regular reporting (Department-wide and local focus) against key performance indicators and via communications from the Community of Practice.

These feedback mechanisms will also seek to acknowledge positive examples of systemic improvement arising from complaint management practices.

## **2.5 Evaluation and continuous quality improvement**

The Department is committed to continuous quality improvement of its services. Data from relevant systems will be used for analysis to identify trends, anomalies or recurring problems that require specific attention. The Department will partner with consumer representatives to evaluate complaints management data and support continuous process improvement through the regional Consumer and Community Engagement Councils (CCECs), [Mental Health Families & Friends Tasmania](#), and [Flourish](#).

Following the evaluation of data and the analysis of trends, SCMOU in consultation with the Community of Practice will discuss and recommend the implementation of appropriate improvements. This may include further training on a commonly misunderstood topic, addressing supervision deficiencies, or reallocation of resources.

## 2.5.1 Performance indicators

The Framework contains specific complaints management performance indicators that assist with determining if the outcomes are consistent with the Department’s strategic goals and targets. **Table 2** details the Department’s complaints management performance indicators and benchmarks. Performance will be tracked and reported to Health Executive and relevant Executive Sub-committees (eg Clinical Executive).

**Table 2: Complaints management performance indicators<sup>5</sup>**

No.	Performance indicator	Benchmark
1	<b>All complaints are to be reported into relevant system:</b> as soon as possible after receipt and ideally within one (1) working day <sup>1</sup> .	100%
2	<b>Acknowledge receipt of each complaint:</b> within five (5) working days of receipt.	100%
3	<b>Provide a response to the person who submitted the complaint:</b> within thirty-five (35) working days after receipt where possible (noting that this time may be extended if addressing a complaint categorised as a Tier 1 or Tier 2 Response).	80%
4	<b>Minimise unresolved complaints:</b> the proportion of complaints received where interaction with the person making a complaint has not ceased after providing a response; or the person who submitted the complaint remains dissatisfied; or a review has been requested.	less than 5% of all complaints received each quarter

Notes:

1 – Acknowledging this timeframe may not be currently achievable for all complaint units / service areas

Where a complaint is unable to be resolved within the base target of thirty-five (35) working days after receipt, the person who submitted the complaint will be updated on progress (as relevant) every thirty-five (35) working days.

## 2.5.2 Monitoring and reporting

Regular reporting provides assurance that the outcomes of complaints management is being effectively incorporated into quality improvement processes on an ongoing basis. Monitoring and reporting on the performance of how the Department responds to and addresses complaints will be undertaken through the complaints management model described above. Outcomes of this process will be used to inform learning and development opportunities and quality improvement practices across the Department.

Internal and external quality reporting on complaints will be undertaken by the Department as set out in **Table 3**.

<sup>5</sup> Additional complaint management performance information will also be obtained from consumer surveys (eg patient experience surveys) which provide an opportunity for people who submit a complaint to comment on their experience of the process, not the outcome of their complaint.

**Table 3: Complaints quality management reporting requirements**

Complaints management reporting requirements		
Internal reports	Description	Prepared by
<b>Consolidated DoH Performance Report</b>	<p>Monthly to Health Executive. This report will:</p> <ul style="list-style-type: none"> <li>examine trends in performance against KPIs</li> <li>the number of quality improvements actioned in response to complaints, and</li> <li>present high level analysis of complaints data by facility, region and whole of organisation (by type and number)</li> </ul>	SCMOU
<b>Service Level Performance Report</b>	<p>Monthly to Peak Clinical Governance Committees. This report will:</p> <ul style="list-style-type: none"> <li>identify key complaint themes</li> <li>examine trends in performance against KPIs</li> <li>the number of quality improvements actions in response to complaints, and</li> <li>present a high level analysis of applicable complaints data.</li> </ul>	Senior Advisor – Quality and Patient Safety Service (regional)
<b>Summary Report</b>	<p>Monthly to Consumer and Community Engagement Councils (CCECs) and equivalent consumer groups. This report will provide a clear, concise and well-targeted summary of complaints made in relation to facilities relevant to each region. Feedback will be sought from consumer groups following the tabling of each report (eg suggestions, improvement opportunities or potential solutions). Updates will then be provided on any actions taken in response to this feedback.</p>	Senior Advisor – Quality and Patient Safety Service (regional)
External reports		
<b>The Department’s annual report</b>	<p>These corporate documents are publicly available on the <a href="#">Tasmania Department of Health’s website</a>. Reporting categories may change over time but will include, as a minimum, the quantity of complaints by category and region. Broad publication of data analysis will maximise opportunities for organisational learning and development, and further improve community relations.</p>	
<b>The Department’s Health System Dashboard</b>		
<b>Report on Government Services</b>	<p>Data is supplied annually for inclusion in the Australian Government’s <a href="#">Report on Government Services</a> (RoGS) which provides information on the equity, effectiveness and efficiency of government services in Australia. This includes health sector patient satisfaction.</p>	

## Complaints management guidance

**This guidance supports staff understanding of the Statewide Complaints Management Policy. It provides guidance on responding to complaints, understanding the different support requirements of various groups to make a complaint, as well as escalation, notification and referral guidance.**

### **3.1 Responding to complaints**

A person receiving a complaint should aim to manage the complaint at the point of first contact, and to resolve the concern in the same interaction, where possible and appropriate. In some circumstances, further contact may be required, either in writing or by telephone. Many straightforward complaints can be resolved by:

- an acknowledgment of the perspective of the person making the complaint
- an explanation or the provision of further information, and
- the person who submitted the complaint indicating their satisfaction with the resolution of the matter.

The level of response required will depend on the nature, complexity and severity of the complaint. In all cases, the aim will be to resolve the matter and address any improvement opportunities as efficiently as possible, while preserving the relationship between the person who submitted the complaint and the Department. The Statewide Complaints Management Policy provides detail on the four complaint tiers and the process for responding to and addressing complaints.

All staff are to assist in improving the services provided by the Department and the experiences of people interacting with the Department, by dealing with complaints which are within the scope of their role.

If a person making a complaint, requests to speak to a manager, staff must assist the person with speaking to an appropriately senior person. Staff will receive appropriate training to further develop their skills in receiving, referring, and resolving complaints (as relevant to their role), and to understand when a complaint needs to be escalated.

### **3.2 The benefits of offering an apology at an early opportunity**

To apologise is good practice and is an important part of effectively managing complaints. The most appropriate form and method of communicating this apology will depend on the circumstances of the particular complaint. It is important to consider the needs and preferred outcome of the person making the complaint, any harm suffered, and what is hoped to be achieved by giving the apology. This may include acknowledging any wrong done or providing assurance that a problem has been addressed.

### 3.2.1 Open disclosure

Open disclosure is the open discussion of adverse events that result in harm to a patient while receiving health care with the patient, their family and carers.

The elements of open disclosure are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'
- a factual explanation of what happened
- an opportunity for the patient, their family and carers to relate their experience
- a discussion of the potential consequences of the adverse event, and
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.

It is important to note that open disclosure is not a one-way provision of information. Open disclosure is a discussion between two parties and an exchange of information that may take place in several meetings over a period of time.

The Department of Health undertakes open disclosure process in accordance with the principles of the [Australian Open Disclosure Framework](#).

The [Australian Charter of Healthcare Rights](#) explains consumer rights during open disclosure. This includes the right to:

- be told what went wrong and how it happened
- share experiences and participate to improve the quality of care and health services
- ask questions and be involved in open and honest communication, and
- provide feedback or make a complaint.

Consumers who think they have been harmed can start the open disclosure process by talking with a healthcare provider, health service manager, patient representative or advocate.

The complaints management process is separate to open disclosure. If the open disclosure process does not meet consumer needs, a complaint may still be made.

### 3.3 Accessibility for people making complaints

The Department is committed to equal access across all areas of health service delivery. Some consumers may require or request additional support and assistance to make complaints, including people identified as vulnerable, individuals living with a disability or mental illness, and individuals from culturally or linguistically diverse backgrounds.

Staff must assist or refer consumers to a person with the skills to facilitate an assisted complaint, where required. The Department will ensure accessible complaints mechanisms are co-designed in consultation with consumer representatives, Consumer and Community Engagement Councils (CCECs) and equivalent consumer groups.

### 3.4 Complaints from specific consumer groups

The Department is committed to ensuring there are a variety of mechanisms in place to make a complaint, including mechanisms that encourage feedback from specific consumer groups such as children and young people (minors), older people, individuals



living with a disability or mental illness, and individuals from culturally or linguistically diverse backgrounds. These mechanisms acknowledge that individuals in these groups may have barriers to making a complaint that others may not encounter.

The Department recommends actively seeking feedback from these groups to assist in measuring the appropriateness of services and addressing health disparities for these groups. One method to enable this is to collect and report demographic data when a complaint is made to identify these groups. It should also be noted that some individuals may benefit from advocacy services and, in some cases, such as persons who are detained or referred under the *Mental Health Act 2013*, this may be a statutory requirement.

### 3.4.1 Support mechanisms

The Department recognises the diverse cultural and language backgrounds and accessibility needs of consumers. Information and tools have been developed by the Department to support an inclusive and respectful health care system. These supports include:

- Launceston General Hospital (LGH) - [Refugee Health Service](#)
- Royal Hobart Hospital (RHH) - [Multicultural Health Social Worker](#)
- [Aboriginal Health Liaison Officers](#) (AHLOs) - LGH, RHH, North West Regional Hospital and Mersey Community provide emotional, social and cultural support to Aboriginal and Torres Strait Islander consumers and their families. AHLOs can also provide assistance and support throughout the complaints management process.
- [Interpreters](#) – An interpreter can be requested at any time to assist consumers who do not speak English or find it hard to hear.

## 3.5 Escalation of complaints within the Department

Complaints must be escalated to the SCMOU if they:

- require action that is beyond the responsibility of the area which receives the complaint (as detailed in the Complaints Management Response Matrix)
- relate to a peer/colleague and the staff member submitting the complaint does not want to report the matter to HR
- remain unresolved (where interaction with the person making a complaint has not ceased after providing a response or the person who submitted the complaint remains dissatisfied)

- involve a serious or complex complaint
- involve an escalation request by the person who submitted the complaint
- require escalation or reporting to an external agency, or
- involve unreasonable conduct by a person making a complaint.

### 3.6 Serious or complex complaints

A concern or complaint may be considered serious or complex either because of the issues to which it relates or the process of complaint management itself. Examples of serious or complex complaints which must be referred directly to the SCMOU include:

- matters involving allegations of serious performance issues, misconduct or impairment of a staff member (as an alternative to reporting directly to HR)
- complaints about clinical practice or a clinician which may require external notification to the Health Care Complaints Commission, [Australian Health Practitioner Registration Agency](#) (Ahpra) or complaints relating to incidents where there has been a serious adverse outcome (that is, Severity Assessment Code (SAC) 1 or 2 safety events)
- matters that may be of a sexual or other sensitive nature
- matters that are potentially of a criminal nature or involve significant legal issues
- concerns about a previous complaint process, requiring a review of the complaint management process or outcome
- complaints involving multiple agencies making complaints
- complaints submitted by a person who requires significant assistance (ie beyond the scope of the complaint recipient to manage)
- complaints involving unreasonable persistence or other unreasonable conduct by the person submitting the complaint, or
- matters where there has been a breakdown in the management process or communication with the person who submitted a complaint.

### 3.7 Notifications relating to complaints

In addition to internal management and escalation of a complaint, some complaints require notification to an external agency. Staff must take immediate action to keep consumers and staff safe.

The following notifications may apply to a complaint:

- Mandatory notification to Strong Families, Safe Kids Advice and Referral Line' if there are concerns that an unborn baby, child or young person is at risk (refer to the Department's Reporting Child Safety Concerns Fact Sheet and the Child Safety and Wellbeing Policy)
- Mandatory notification to the Tasmania Police, if there is reasonable belief that criminal conduct has occurred (refer to HR and Employment Direction No.5: Procedures for the Investigation and Determination of Whether an Employee has Breached the Code of Conduct)
- Mandatory notification to the Working with Vulnerable People (WWVP) Registrar under the *Registration to Work with Vulnerable People Act 2013* if a registered person has engaged or may have engaged in reportable behaviour

- An entry on the State Service Register for Code of Conduct Breaches where a breach has been determined, as managed by HR (refer to the Register for Tasmanian State Service Code of Conduct breaches resulting in or that would have resulted in termination)
- Notification to the Australian Government Department of Health and Aged Care for issues relating to aged care
- The [Health Practitioner Regulation National Law \(Tasmania\) Act 2010](#) requires health practitioners to make a notification to Ahpra about a registered health practitioner in certain circumstances. This is known as a mandatory notification. Mandatory notifications must also be made by employers, if the employer reasonably believes that its employee health practitioner has behaved in a way that constitutes notifiable conduct<sup>7</sup>.
- The [Serious Incident Response Scheme](#) (SIRS) is an initiative that helps prevent and reduce incidents of abuse and neglect in residential aged care services. SIRS incidents must be reported to the Aged Care Quality and Safety Commission through My Aged Care within 24 hours of an incident being identified.
- The [Reportable Conduct Scheme \(RCS\)](#) under the Child and Youth Safe Organisations Act 2023, within 3 days when concerns about a workers conduct relating to child abuse are raised and commence and investigation.

### 3.8 Obtaining legal advice

A complaint that involves an accident, clinical incident or misconduct which may result, or have the potential to result in a negligence claim (against the Department and/or the staff involved) must be referred to Legal Services<sup>8</sup>. Staff who investigate and manage these complaints must ensure that they do so in accordance with Worksafe Tasmania requirements and Safe Work Australia's Code of Practice.

If the SCMOU is not able to progress a complaint any further and legal advice is sought, a referral to Legal Services is to be treated as an outcome of the complaint management process (eg if Legal Services is engaged in relation to a claim for compensation). Legal Services coordinates all requests for legal advice on behalf of the Department.

For reporting purposes, the complaint should be considered closed if there are no residual complaint issues that require resolution. The final response by SCMOU to the person who submitted the complaint must advise them of the referral to Legal Services, the process that will follow, and the details of an appropriate contact person to discuss the matter.

If legal advice is being sought to provide supporting information for the response, the complaint should remain an open case for the purposes of reporting until the response is provided to the person who submitted the complaint.

### 3.9 Referral of complaints

Where a complaint has been misdirected to the Department and is more suitable for management by another organisation, it will be referred to the appropriate organisation or agency via the SCMOU. Any misdirected complaints will be referred within five (5) working days of receipt by the SCMOU. The SCMOU will contact the relevant organisation or agency to discuss the intended referral and to confirm they are the appropriate recipient.

<sup>7</sup> [Ahpra's Regulatory Guide](#) sets out how Ahpra and the National Boards manage notifications about the health, performance and conduct of practitioners under Part 8 of the National Law

<sup>8</sup> Refer these matters via email to Legal Services: [legal.services@health.tas.gov.au](mailto:legal.services@health.tas.gov.au)

If possible, the SCMOU will contact the person who submitted the complaint by their preferred medium, advise the person of the referral, and provide them with the appropriate contact details of the organisation who will be managing the complaint.

### **3.9.1 Alternative complaint agencies**

Where a matter is received by an external agency and referred to the Department, it will be assessed and managed by the SCMOU in accordance with this Framework and the Policy.

#### **Aged Care Quality and Safety Commission**

If a consumer has not resolved a concern or complaint by talking with their service provider, the Aged Care Quality and Safety Commission can provide support, information and options to resolve concern with the service provider. The Commission can help with concerns and complaints about a service provider's responsibilities under the *Aged Care Act 1997* or under their funding agreement with the Commonwealth.

#### **Australian Health Practitioner Regulation Agency (Ahpra)**

The [Australian Health Practitioner Regulation Agency](#) works in partnership with the National Boards to ensure that Australia's registered health practitioners are suitably trained, qualified and safe to practise. Every decision is guided by the *Health Practitioner Regulation National Law* (the National Law), as in force in each state and territory. Any person or organisation can raise a concern with Ahpra if they are concerned that a health practitioner may be behaving in a way that could present a significant risk to patients or members of the public.

#### **Equal Opportunity Tasmania**

[Equal Opportunity Tasmania](#) aims to foster a society free of discrimination, prejudice, bias and prohibited conduct by administering the *Anti-Discrimination Act 1998 (Tasmania)*. This includes ensuring transparency, fairness and confidentiality in complaint-handling processes. The Anti-Discrimination Commissioner deals with complaints from people who believe they have been discriminated. These complaints are assessed against the *Anti-Discrimination Act 1998* and the Anti-Discrimination Commissioner then determines whether the complaint can be dealt with under the Act.

#### **Health Complaints Commissioner Tasmania**

The [Health Complaints Commissioner Tasmania](#) looks into complaints from health service consumers about the provision of health services in Tasmania. Complaints may relate to public or private hospitals, GP clinics, community health services or individual health practitioners. The Health Complaints Commissioner acts independently and in the public interest to promote and protect the rights of consumers who use health services and to improve the safety and quality of health services in Tasmania.

The Commissioner manages complaints about treatment, access to services, quality and safety; care and attention; respect and dignity; fees and charges; communication about treatment; options and costs; consumer involvement in healthcare decisions; or how a health service provider managed a complaint.

#### **Integrity Commission**

The [Integrity Commission](#) works to improve the standard of conduct, propriety and ethics in Tasmania's public sector and is independent of the Government. Complaints may be

made to the Integrity Commission about misconduct and serious misconduct by public officers.

The Integrity Commission may assess, investigate, inquire into, or otherwise deal with complaints relating to serious misconduct by the Department or refer matters to Tasmania Police. The Integrity Commission may also assume responsibility for an investigation commenced by the Department. A person may complain to the Integrity Commission if they are not satisfied that 'misconduct' or 'serious misconduct' under the *Integrity Commission Act 2009* has been adequately dealt with by the Department.

### **Ombudsman Tasmania**

Complaints may be made by any person (including Departmental staff) to [Ombudsman Tasmania](#) about the administrative processes of the Department. These complaints generally concern processes and may involve allegations that there has, for example, been a failure to provide procedural fairness or that the correct procedure was not followed in some way. Following a review of these matters, the Ombudsman may make recommendations for the Department's consideration. Ombudsman Tasmania has no jurisdiction over the Department's conduct and cannot change any outcomes determined by the Department.

Wider issues addressed by Ombudsman Tasmania include the actions of Tasmanian Government departments and agencies, the provision of local government services, the treatment and wellbeing of people in forensic correction services, and the administrative actions of State-owned businesses and Government Business Enterprises.

## **3.10 Child safeguarding concerns or complaints**

The SCMOU will ensure that all concerns or complaints relating to child safety, child sexual abuse and grooming behaviours will be assessed, triaged and referred as appropriate. This includes sharing relevant information and liaising with the Child Safety and Wellbeing (CSW) Service and HR (as appropriate and if not already engaged). In accordance with standard practice, HR will address any issues which involve staff.

The CSW Service supports the independent Child Safety and Wellbeing Panel and reviews all information regarding children (including all child safeguarding reports) for analysis, theming and systemic action..

SCMOU may refer child safeguarding events to relevant department executive and/or management, CSW Service and Panel in addition to: :

- Strong Families, Safe Kids Advice and Referral Line (the Advice and Referral Line)
- Tasmania Police
- WWVP Registrar
- Ahpra (if the complaint or concern is about a registered health professional), and/or
- The Department for Education, Children and Young People's Child Safety Services.

The consumer or staff member who raised the concern or complaint will be notified that the report has been received and is being assessed. Where appropriate, feedback will be provided to the person who raised the concern or complaint.

Reporting the concern or complaint in the Child Safety Module in the Safety Reporting and Learning System (SRLS) does not remove the requirement for mandatory reporting. If the concern or complaint is about a registered health practitioner, then staff must also report their concerns to the Ahpra. Similarly, if concerned about the safety of a child or young person, staff also must report their concerns to the Advice and Referral Line (and Tasmania Police if they believe there is an imminent threat to the child or young person or there is a reasonable belief that a crime has been committed).

The Department requires all staff to complete mandatory child safety training (“Foundations on Child Safeguarding” e-learning module) available on the Department’s intranet, which is refreshed annually.

### **3.10.1 Child Safety and Wellbeing Panel**

The Child Safety and Wellbeing Panel (the Panel) is an independent standing panel that supports the review of serious child safeguarding events referred by the Secretary of Health. The role of the Panel is advisory in nature and includes a Chair, two independent members and two consumer representatives with lived experience.

The scope of the Panel includes, but is not limited to:

- reviewing all child safeguarding events reported alongside reviewing serious events referred to it by the Secretary (or delegate)
- conducting defined research, reviews, inspections or evaluations, providing independent advice and evidence-based solutions to the Secretary
- assisting the Department in quality and safety decision-making in relation to child safeguarding, and
- advising the Secretary:
  - on options for quality improvement in structures, systems, processes, and tools in relation to child safety
  - on options for systematic management of safety and quality learnings from serious child safeguarding events, and
  - in relation to the appropriate escalation of risks relating to trends identified through the review of investigation findings.

## **3.11 Addressing unreasonable conduct and unreasonable persistence in relation to complaints**

### **3.11.1 Unreasonable conduct by a person making a complaint**

Unreasonable conduct is behaviour which, because of its nature and frequency, raises substantial health, safety, resource or equity issues for those involved. Using the term ‘unreasonable conduct’ allows the focus to be on the problematic behaviour rather than labelling individuals as difficult, challenging or vexatious.

Unreasonable conduct does not mean that the person submitting a complaint has not raised a valid issue. Consumers and staff have a reasonable right to respectfully express dissatisfaction, providing they comply with the law. They also have the right to pursue their complaint until it is resolved to their satisfaction. This may include a request for review by the SCMOU or seeking an external review of the outcome (3.10.1 details alternative complaint agencies). However, there are reasonable limits in terms of dealing with continued contact and correspondence about issues which have been dealt with.



Unreasonable conduct may involve persistence, demands, behaviour, lack of cooperation or arguments which are beyond reasonable expectations. It may involve any combination of the above conduct. This behaviour may be fleeting, and staff should relate the unreasonableness to the behaviour and not the person. This type of conduct can prove extremely challenging to manage and staff members managing this conduct may require additional support. Further information and guidance on managing unreasonable conduct is available from the SCMOU, Human Resources, and Ombudsman Tasmania.

### **3.11.2 Managing unreasonable conduct**

There are a minority of people who submit complaints whose unreasonable conduct escalates to an excessive degree. They may be dissatisfied with the outcome of their complaint and seek to re-lodge it or have it investigated repeatedly. While they are entitled to be heard, where their unreasonable persistence relates to the same complaint then they may be deemed a persistent complainant.

Staff who receive these complaints (more than two related to the same matter) are to offer:

1. a face-to-face meeting, which may assist with resolving recurrent concerns, particularly in situations where the person who submitted the complaint is willing to engage in a positive exchange of views about the issues
2. to escalate the matter internally for review by the SCMOU, and the
3. details of external avenues through which a resolution may alternatively be pursued.

Staff may seek the advice of the SCMOU with a view to having a person declared a persistent complainant. The SCMOU will then conduct an assessment and make a determination. If assessed as a persistent complainant, the SCMOU will flag this on the relevant reporting system and request the person is sent a letter to advise that future complaints about the same matter will not be further considered. Complaints from persistent complainants (that is, the same person complaining about the same matter) will be recorded as Information Only. Matters will not be re-investigated unless fresh information is provided.

Staff must be mindful that, despite being declared a persistent complainant, the person may have a fresh and legitimate complaint to make. Staff are to establish whether the person is seeking to make a new complaint or to resurrect an old one. Staff must take a new complaint from a person previously assessed as a persistent complainant.

### **3.12 Withdrawal of complaints**

Consumers or staff who submit a complaint may voluntarily withdraw their complaint at any time, noting that the Department reserves the right to continue an inquiry or investigation after a complaint is withdrawn.

### **3.13 Special assistance required by people raising a concern or submitting a complaint**

It is important that all staff are aware that some people who wish to submit a complaint may require additional assistance. The specific needs of these individuals must be taken into account and staff should be guided by the person as to the nature of any assistance they may seek. Where applicable, contact should be made with relevant support people or liaison officers, as appropriate.



People who may require assistance include those who:

- may have difficulty understanding
- may have health literacy needs
- may have an intellectual disability
- may have mental health care needs
- may have a cognitive impairment or an acquired brain injury
- may have a disability (visible or invisible)
- may have drug / alcohol addiction concerns
- are children, youths (eg minors) or older people
- identify as an Aboriginal and/or Torres Strait Islander person
- identify as culturally or linguistically diverse (eg from a non-English speaking background)
- are making a complaint that relates to a family violence matter, or
- are making a complaint that relates to a sex crime.

Furthermore, a person may otherwise require special assistance due to the circumstances of a complaint and how it relates to their own personal circumstances. Staff will provide a trauma-informed approach to acknowledging, responding to, and addressing complaints based on an understanding that consumers who are making a complaint may have experienced trauma in their lives.

## Mandatory requirements for the Department

The Framework provides a set of components to support consistent and systematic management of complaints across the Department. The Framework sets the mandatory requirements for all Groups to:

- ensure consistent complaint risk management processes are followed throughout the Department
- adhere to the Department's approach to complaints management
- adhere to complaints management accountabilities and responsibilities when managing complaints across the Department, and
- report on key performance indicators to measure and report on complaints across the Department as part of quality assurance and improvement practices.

As a minimum, the Framework will be reviewed by Health Executive every three years. In addition, the Framework will be promptly reviewed after any significant organisational, service-specific restructure or changes in the operating environment.

Training and ongoing support will be provided to all staff (as relevant to the scope of their role) so that they are aware of, and understand the Framework and Policy.

### 4.1 Alignment to national standards and legislation

The Framework and related Policy are guided by the following principles, standards and legislation:

- The Department is committed to implementing the Framework which embeds the ten National.
- Principles and The Standards. The Standards are legally mandated through the [Tasmanian Child and Youth Safe Organisations Act](#).
- The Standards are:
  - Child safety and wellbeing is embedded in organisational leadership, governance and culture.
  - Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
  - Families and communities are informed and involved in promoting child safety and wellbeing.
  - Equity is upheld and diverse needs respected in policy and practice.
  - People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
  - Processes for complaints and concerns are child focused.
  - Staff are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
  - Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
  - Implementation of the national child safe principles is regularly reviewed and improved.
  - Policies and procedures document how the organisation is safe for children and young people.
- the [Aged Care Quality Standards](#) - Standard 6 (Feedback and Complaints) requires an organisation to have a system to resolve complaints. The system must

be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback.

- the [NDIS Practice Standards](#) - An effective complaints management system is part of the National Disability Insurance Scheme (NDIS) Practice Standards and is a condition of registration for NDIS providers. All registered NDIS providers must have a complaints management system that:
  - places the person with disability at the centre of the complaints process
  - is proportional and accessible
  - includes worker training and supports the person making the complaint, and
  - is well managed, fully documented, and is subject to regular review.
- the [National Safety and Quality Health Service Standards](#) (NSQHS Standards). The Department is committed to establish, maintain, and monitor complaint management practices in accordance with the principles of the most recent version of the NSQHS Standards developed by the Australian Commission on Safety and Quality in Health Care. The NSQHS Standards aim to protect the public from harm and improve the quality of health services provided across Australia. The Standards include relevant requirements highlighting the importance of effective complaint management to monitoring and improving the quality of health service provision. The following NSQHS Standards and Actions are of particular relevance:
  - Standard 1 – Clinical Governance
    - Action 1.13: The health service organisation:
      - has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care
      - has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems, and
      - uses this information to improve safety and quality systems.
    - Action 1.14: The health service organisation has an organisation-wide complaints management system, and:
      - encourages and supports patients, carers and families, and the workforce to report complaints
      - involves the workforce and consumers in the review of complaints
      - resolves complaints in a timely way
      - provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken
      - uses information from the analysis of complaints to inform improvements in safety and quality systems
      - records the risks identified from the analysis of complaints in the risk management system, and

- regularly reviews and acts to improve the effectiveness of the complaints management system.
  - Standard 2 – Partnering with Consumers
    - Action 2.06: The health service organisation has processes for clinicians to partner with patients and/or their substitute decision maker to plan, communicate, set goals and make decisions about their current and future care.
    - Action 2.07: The health service organisation supports the workforce to partner with patients and carers so that patients can be actively involved in their own care.
    - Action 2.11: The health service organisation:
      - involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care, and
      - has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service.
- the [National Safety and Quality Primary and Community Healthcare Standards](#) (Primary and Community Healthcare Standards) which aim to protect the public from harm and improve the quality of health care delivered. The Commission has developed these Standards for services that deliver health care in a primary and/or community setting. They are person-centred, and describe the processes and structures that are needed to deliver safe and high-quality health care.
  - Standard 1 - Clinical Governance
    - Action 1.07: The healthcare service:
      - seeks feedback from patients, carers and families about their experiences and outcomes of health care
      - has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality system, and
      - uses feedback to improve safety and quality.
    - Action 1.08: The healthcare service:
      - provides opportunities for its patients to report complaints
      - has processes to address complaints in a timely way, and
      - uses information from the analysis of complaints to improve safety and quality.
  - Standard 2 – Partnering with Consumers
    - Action 2.04: The healthcare service has processes for healthcare providers to partner with patients and/or their substitute decision-maker to plan, communicate, set and review goals, make decisions and document their preferences about their current and future health care.
    - Action 2.05: The healthcare service supports the workforce to form partnerships with patients, carers and families so that patients can be actively involved in their own health care.

- Action 2.08: The healthcare service works in partnership with patients, carers, families and consumers to seek and incorporate their views and experiences into the planning, design, monitoring and evaluation of services.

In addition, the Department will record, monitor and manage complaints consistent with the:

- Quality Governance Framework for Tasmania's publicly funded health services (2020), and
- [NSQHS Standards User guide for health services providing care for people with mental health issues](#) which supports implementation of the NSQHS Standards in relevant healthcare settings. In particular, the User Guide is designed to support:
  - services which are not specialist mental health services, and
  - members of the workforce when they are providing health services to people with existing or emerging mental health issues.

#### 4.1.1 Legislation

The Department also has obligations under the following legislation:

##### Tasmania

- *Anti-Discrimination Act 1998*
- *Archives Act 1983*
- *Child and Youth Safe Organisation Act 2023*
- *Children, Young Persons and Their Families Act 1997*
- *Disability Services Act 2011*
- *Family Violence Act 2004*
- *Food Act 2003*
- *Health Complaints Act 1995 (Tasmania)*
- *Health Practitioner Regulation National Law (Tasmania) Act 2010*
- *Mental Health Act 2013 (Tasmania)*
- *Poisons Act 1971*
- *Public Health Act 1997*
- *Personal Information Protection Act 2004*
- *Public Interest Disclosures Act 2002*
- *Radiation Protection Act 2005*
- *Registration to Work with Vulnerable People Act 2013*
- *Right to Information Act 2009*
- *State Service Act 2000*
- *Tasmanian Health Service Act 2018*

## Commonwealth

- *Aged Care Act 1997*
- *Disability Discrimination Act 1992*
- *Human Rights and Equal Opportunity Act 1986*
- *National Disability Insurance Scheme Act 2013*
- *Privacy Act 1988*
- *Racial Discrimination Act 1975*
- *Sex Discrimination Act 1984*

## Appendices

### A.1 Definitions

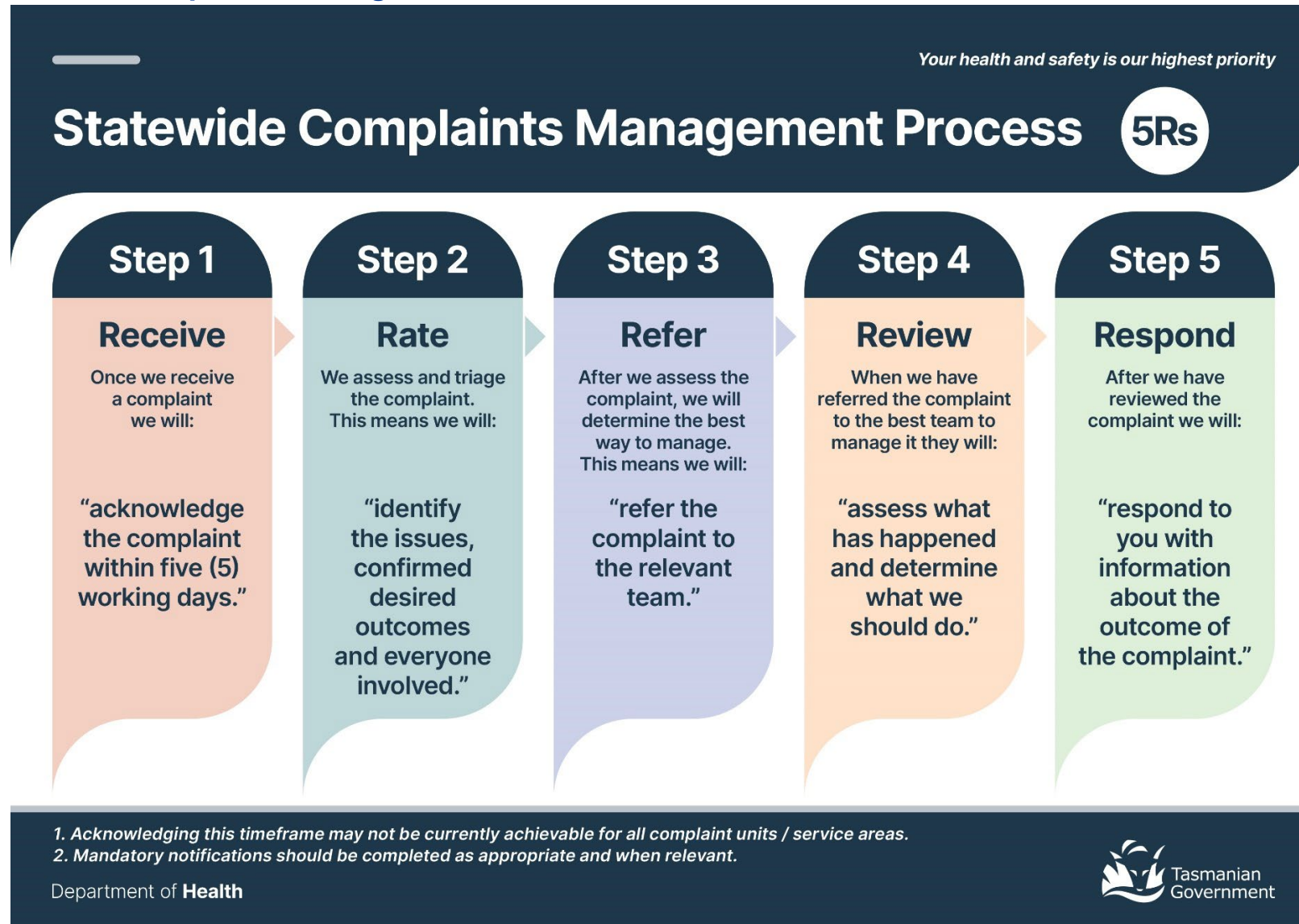
Term	Definition
<b>Acknowledgment</b>	Acceptance of the person's right to make a complaint; validating their feelings.
<b>Apology</b>	An expression of feelings or wishes that can include sorrow, sympathy, remorse or regret as well as an acknowledgement of fault, a shortcoming or failing (refer also to Open disclosure).
<b>Carer</b>	An individual who provides ongoing unpaid support to people who need help because of disability, mental illness, chronic or terminal illness, dementia or frail age. Relatives and friends who provide such care, support and assistance are carers.
<b>Child safeguarding concern</b>	<p>Includes any event, circumstance, act, or omission that resulted in actual or potential harm, loss or damage to any child or young person's rights, or psychological, physical, or cultural safety and welfare that occurred while they were accessing, visiting, or receiving health services, or where a duty of care is owed.</p> <p>These concerns do not include harm, loss or damage resulting from patient safety events in the course of evidence-based service provision or clinical care in line with accepted norms or from the normal or expected progression of their clinical condition.</p>
<b>Clinician</b>	Any health practitioner or health service provider working in the Department of Health.
<b>Complaint</b>	A complaint is an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.
<b>Complainant</b>	Person who makes or raises a complaint.
<b>Concern</b>	Concerns may arise from any event, circumstance, act, or omission that may have occurred while a consumer is accessing, visiting, or receiving health services, or where a duty of care is owed. This may include something that does not 'feel right', to cause an uneasy or anxious feeling, may be a 'gut feeling' that something might be 'off', or something which may cause a consumer to worry about their experience or that of another person.
<b>Conduct</b>	All officers and employees of the Tasmanian State Service must comply with the Code of Conduct (the Code). It is expected that employees consistently act and behave in line with the Code. Failure to apply the ethical and integrity requirements of an employee may result in a breach of the Code of Conduct. The Department of Health takes breaches against the Code seriously.



Term	Definition
<b>Consumers</b>	Consumers are members of the public who use, or are potential users of, health and/or community delivered services. In acknowledgement of the breadth of services provided across Tasmania's publicly funded and/or community delivered services, references to consumers apply to patients, family members, advocates, carers, clients, and residents. Individual users of the Framework may elect to use an alternative term as relevant to the nature of the services provided.
<b>Department of Health / DoH / Department</b>	The Department of Health (DoH) includes all health and corporate services provided on behalf of the Minister for Health (encompassing all operational areas, including the Tasmanian Health Service, DoH business units and services funded by the DoH/THS).
<b>Feedback</b>	Feedback includes complaints, suggestions, compliments, opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly or implicitly to or about an organisation, its products, services, staff or its handling of a complaint.
<b>Formal Complaint</b>	A formal complaint is a complaint that is not resolved at the point of service, raises serious concerns, or that are received in writing and require follow-up and a formal written response.
<b>Grievance</b>	A problem, concern, issue or incident raised by a staff member who believes he/she is the subject of unreasonable treatment from the organisation or another person(s) in the workplace.
<b>Incident</b>	An unplanned event resulting in, or with the potential for injury, damage or loss, including a near miss.
<b>Investigation</b>	An investigation is a systematic approach to find out what happened and why. This may involve methodologies such as Root Cause Analysis (RCA2) or London Protocol.
<b>Open disclosure</b>	An open discussion with a consumer about an incident(s) that resulted in harm to that person while they were receiving health care. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the consumer, their family, and carers to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure is a discussion and an exchange of information that may take place over several meetings.
<b>Public interest disclosure</b>	A report about serious wrongdoing made by a public official that meets the requirements of the <i>Public Interest Disclosures Act 1994</i> .
<b>Resolution</b>	Resolution is the desired outcome of a complaint. It is a responsive process that seeks to address a person's concerns and accompanying emotions.

Term	Definition
<b>Risk</b>	Risk can be defined as the chance of something happening that will have an impact on objectives. A risk is often specified in terms of an event or circumstance and the consequences that may flow from it. Risk is measured in terms of a combination of the consequences of an event and their likelihood.
<b>Statewide Complaint Management Oversight Unit (SCMOU)</b>	The SCMOU operates standard business hours on Monday to Friday (excluding public holidays).
<b>Tasmanian Health Services (THS)</b>	The THS organisation is managed in accordance with the <i>Tasmanian Health Service Act 2018</i>
<b>Unreasonable conduct</b>	Behaviour by a current or former complainant which, because of its nature or frequency, is vexatious and/or raises substantial health, safety or resource issues for the person or organisation managing the complaint.
<b>Unresolved complaint</b>	Where interaction with a person who submitted a complaint has not ceased following finalisation of the complaint and the person remains dissatisfied.
<b>Vulnerable person</b>	Any person who is or may be unable to take care of themselves or is unable to protect themselves against harm or exploitation by reason of age, illness, trauma or disability, or any other reason.

## A.2 Statewide Complaints Management Process



### Notes:

- 1 - Acknowledging this timeframe may not be currently achievable for all complaint units / service areas  
Mandatory notifications should be completed as appropriate and when relevant



Tasmanian  
Government

Department of **Health**  
GPO Box 125  
Hobart TAS 7001

1300 135 513

[www.health.tas.gov.au](http://www.health.tas.gov.au)