

Statewide Complaints Management Policy

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Custodian and Review Responsibility:	Statewide Complaints Management Oversight Unit, OTS
Contact:	Manager Statewide Complaints Management Oversight Unit, OTS
Applies to:	All staff (inclusive of DoH and THS)
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Purpose

- The Policy aims to assist staff members within the Department of Health (encompassing all operational areas, including the Tasmanian Health Service) in ensuring the responsible management, monitoring and reporting of complaints received by the Department.
- Complaints provide an important opportunity to identify and resolve problems and improve service provision across the Department. The complaints management process is based on the underlying principle that align with organisations CARE values that:
 - consumers and staff have the right to make a complaint;
 - concerns are addressed in a transparent and timely manner;
 - shared experience improves the safety and quality of health care provided by the Department
- The Department is committed to managing complaints fairly, efficiently and effectively in a person-centred manner. This Policy supports all workers (including employees, officers, clinicians, fixed term agency/locum staff, volunteers, students and contractors) to:
 - respond to complaints in a timely and effective manner, escalating when necessary
 - improve service delivery and strengthen relationships through complaint mechanisms
 - apply a standard approach to the management of complaints, including monitoring compliance with this Policy and the [Statewide Complaints Management Framework](#), and
 - be aware of their responsibilities and empowered to manage complaints where possible and appropriate, at the point where the problem first arises.
- This Policy applies to all concerns and complaints from consumers, their families / carers and members of the public, as well as from staff and other external bodies. It covers any complaints about the Department, its staff or services, or the handling of a complaint by the Department. This Policy should be read in conjunction with the Statewide Complaints Management Framework.

Policy Statement

- The Department values all complaints received from consumers, their support networks, staff, other service providers, external organisations, and members of the public.
- The Department promotes a person's right to speak up and is committed to ensuring that people feel confident to express any concerns. The Department ensures that accessible mechanisms are available to consumers and staff (eg provision of interpreters or access to support officers) to assist with lodging a complaint.

Principles

- The Department's complaints management model is founded on a "no wrong door" approach for making a complaint or registering a concern. This means that whether someone would like to raise a concern about a vulnerable person or make a complaint about an experience, all staff and consumers are able to access a mechanism to provide feedback about the services and care provided by the Department and its staff.

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- A positive feedback and complaints culture can help improve the safety and quality of healthcare and services. The Department seeks to foster a culture of openness and willingness to learn from complaints and is committed to an effective and fair complaints management system.
- In accordance with the Statewide Complaints Management Framework, the Department's complaints management model is guided by the following principles which are outlined in the Framework:
 - Trauma-informed
 - Promoting and protecting safety
 - Respectful and confidential treatment
 - Accessible information and processes
 - Clear and regular communication
 - Taking ownership
 - Timeliness
 - Transparency
 - Fairness and natural justice

Mandatory requirements

- This is a statewide policy and must not be re-interpreted so that subordinate policies exist. Should discrete operational differences exist, these should be expressed in an operating protocol.
- Complaints will be managed by:
 - ensuring information received is recorded in the relevant system (eg the Safety Reporting and Learning System (SRLS)) by the person managing the complaint, in accordance with the Australian Privacy Principles
 - monitoring performance against resolution timeframes and identified KPIs
 - escalating unresolved complaints using the applicable escalation criteria and the processes outlined in the Statewide Complaints Management Framework
 - ensuring complaints data is analysed for trends and relevant information is shared to support service improvement, and
 - staff continually monitoring and updating their training and skills for the management of complaints.
- Complaints about unprofessional conduct and/or boundary breaches with child patients should be recognised as a patient safety issue and treated as serious, including escalation to the Statewide Complaints Management Oversight Unit.
- When managing complaints about staff conduct refer also to the following documents:
 - [DoH Child Safety and Wellbeing Policy](#) which provides further information about mandatory reporting obligations

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- Professional Conduct Policy which details standards of behaviour, reporting obligations and general responsibilities relating to workplace conduct
- Grievance Resolution Policy which details the Department's grievance resolution system related to matters such as worker interpersonal conflict and disagreements with local-level decisions, and
- Management Serious Complaint or Concern about Health Professional Conduct Protocol which establishes a process for staff in the management of a complaint or concern about a health professional (registered or non-registered) including reporting obligations.
- All Department of Health workers (including employees, officers, clinicians, fixed term agency/locum staff, volunteers, students and contractors) are mandatory reporters. It is the worker's legal obligation under *Children, Young Person and Their Families Act 1997* that if they believe, suspect, or know that a child, young person or unborn baby is at risk of or has been, or is being abused or neglected, to report their concern as soon as possible to Strong Families, Safe Kids, Advice and Referral Line (ARL) on 1800 000 123 or completing the ARL Online Contact Form, and Police Assistance Line on 131 444 if they are concerned that a crime has been committed such as sexual abuse, assault, neglect, rape and other serious crimes including historical abuse. Failure to report the abuse of a child is a crime under the *Tasmanian Criminal Code Act 1924*.
- To effectively manage a complaint, it may be necessary to share information about the person who submitted the complaint with other people, including agencies outside the Department. If this is required and where appropriate, consent will be obtained from the person who submitted the complaint (or their guardian), and this will be appropriately documented. However, the Department has an obligation to act to protect safety. Therefore, considerations of consent and confidentiality will not prevent the sharing of information to address any safety concerns and risks.
 - Where a complaint is made on behalf of another person, their consent is required before the Department can share information about the matter with the person who submitted the complaint. For example, if a daughter makes a complaint on behalf of their mother, unless there are legal orders in place consent from the mother will be required to allow the Department to share information with the daughter.
- This consent will not be required if the disclosure occurs as part of making a required mandatory notification (eg reporting concerns of harm to children and young people to ARL and Tasmania Police). The sharing of health information pertaining to child safety and family violence issues take precedence over the considerations within the *Personal Information Protection Act 2004*. For further information on the issue of consent to disclose or share information, refer to the [Management of Personal Information Policy](#). Legal Services can also offer assistance.
- The four complaints management tiers range from the most serious and/or complex matters (Tier 1) to the least (Tier 4), with each tier aligned to a risk consequence (Table 1).

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Table 1: Statewide Complaint Management Response Matrix*

Table 1: Summarised DoH Complaint Management Model

Complaint Tier	Possible Complaint Triggers ¹	Complaint resolution ^{2 4}
Tier 1 – SCMOU complaints management	<ul style="list-style-type: none"> • an event resulting in significant consumer or staff harm or death • alleged assault • complaints referred from third party organisations (eg Integrity Commission) 	<ul style="list-style-type: none"> • SCMOU leads coordination / management of the complaint • SCMOU assesses and triages all child safeguarding concerns or complaints • aim to resolve within six (6) months³
Tier 2 – Local complaints resolution	<ul style="list-style-type: none"> • an event which may have required hospitalisation • staff behaviour considerations • withdrawal of treatment 	<ul style="list-style-type: none"> • Tier 2 responses may take longer given the complexity and/or severity of the complaint • resolved by local complaint management units within ninety (90) working days
Tier 3 – Local complaints resolution	<ul style="list-style-type: none"> • longer than expected wait to receive minor treatment • service availability • communication 	<ul style="list-style-type: none"> • resolved by local complaint management units within thirty-five (35) working days
Tier 4 – Point of service resolution	<ul style="list-style-type: none"> • a visitor having difficulty locating a treatment room • minor lost property • car parking frustrations • general concerns 	<ul style="list-style-type: none"> • resolved at point of service by frontline staff (ie at time of complaint receipt), unless escalated

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 Protocol
- 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

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- All complaints are to be reported via the relevant system (eg SRLS) as soon as possible after receipt and at least within one (1) calendar day (where currently achievable). This includes complaints received at point of service and/or care, via email, the website, or over the telephone. Volunteers, students and contractors who receive concerns or complaints should refer these matters to a relevant manager.
- The Department is committed to ensuring that, *where possible*, all complaints are:
 - acknowledged within five (5) working days of receipt, and
 - resolution of complaints is addressed within thirty-five (35) working days.
- For complaints assigned to either Tier 1 or Tier 2 (i.e. serious or complex complaints), responses may take longer given the complexity and/or severity of complaints.
- The Statewide Complaints Management Oversight Unit (SCMOU) coordinates and/or manages the resolution of Tier 1 complaints and aims to resolve complaints within six (6) months. Tier 2 complaints are managed locally and aim to be resolved within ninety (90) calendar days. The person who submitted the complaint will be kept informed of the progress of their complaint during this process (where possible and appropriate) via their preferred medium (eg phone or email).

Roles and Responsibilities / Delegations

- Effective complaint management requires a whole-of-Department approach with clear points of accountability for reporting to be in accordance with this Policy.
- All staff must treat people who submit complaints in a respectful and professional manner, in accordance with the State Service Principles, and encourage people who submit complaints to extend the same courtesy.
- To ensure equity and fairness for all parties, unreasonable conduct by a person making a complaint will be appropriately managed.
- **The Secretary, DoH** is responsible to the Minister for Health for ensuring the Department is operated effectively and efficiently. This includes overall responsibility for:
 - the quality of the services provided
 - implementing and maintaining an effective complaints management system which ensures that consumers, their families/carers, staff and members of the community can raise concerns about the services received and have these concerns investigated and resolved in a sensitive and timely manner, and
 - setting the Department of Health strategic direction for the management of complaints. This includes providing a system which supports a coordinated approach to complaints management, including provision of a whole-of-Department Statewide Complaints Management Framework; reviewing any complaints referred to the Department in consultation with Operational Units where appropriate; monitoring the effectiveness of the complaint management system; and monitoring compliance with this policy.

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- **The Health Executive** is responsible for:
 - reviewing and approving the Framework and Policy
 - monitoring the effectiveness of the Framework and Policy
 - approving formal reporting to the Department’s Audit and Risk Committee (in accordance with the Committee’s Charter)
 - communicating the Framework and Policy, and promoting a positive, open culture of complaints management within the Department
 - aligning corporate and clinical strategy with this Framework along with key performance indicator reporting
 - monitoring complaints management performance metrics
 - advising or directing action for variance in performance metrics, and
 - establishing business strategies and performance metrics aligned to this Framework to identify when actions are needed to improve performance.
- **Chief Risk Officer** has a lead responsibility for:
 - the provision of an integrated electronic tool to report, manage and learn from safety concerns and complaints (SRLS 2.0 Consumer Feedback Module).
- **Deputy Secretary Clinical Quality, Regulation and Accreditation (CQRA)** has lead responsibility for:
 - supporting a coordinated approach to feedback management,
- **Chief People Officer** has lead responsibility for:
 - supporting a safe work environment and providing workers with avenues to support resolution and the confidence to raise complaints in the knowledge their concerns will be treated seriously, and
 - the provision of an electronic case management tool to report and manage staff complaints and complaints related to the behaviour of DoH staff (if not addressed by SRLS).
- **All Executive Members (Chief Executive, Directors of Services, Deputy Secretaries, Professional Leads etc)** are responsible for establishing sound governance arrangements within their Business Units which ensure that:
 - all relevant staff are aware of, and abide by, this Policy
 - a positive and open complaints management culture is fostered among staff
 - there are local processes in place to support the effective implementation of this Policy including where necessary, the establishment of operating processes and/or guidelines specific to individual areas
 - a Senior Complaints Officer role (or a sufficiently senior manager) is assigned to coordinate the management of complaints (as relevant)

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- appropriate action is taken to manage or escalate individual complaints as per the Complaints Management Response Matrix (refer to the Framework for further details)
- lead and support open disclosure and quality improvement activities associated with complaints management
- appropriate advice, education and training is provided to all staff
- investigation and resolution timeframes are monitored and achieved
- the quality of complaints management practice is routinely audited, monitored and any identified improvements actioned, and
- feedback on trends and outcomes is provided to relevant stakeholders so that learning is shared, and a culture of continuous improvement is established and maintained.
- **Statewide Complaints Management Oversight Unit (SCMOU)** is responsible for:
 - undertake the complaints management process, with direct management of Tier 1 complaints, as per the Complaints Management Response Matrix
 - 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.
- **Senior Local Complaint Management Contacts (eg Directors of Improvement / Director Quality and Consumer Safety / Manager Safety and Quality)** have operational responsibility to ensure that all complaints are managed in accordance with this Policy. This includes:
 - taking responsibility for recording concerns and complaints, and the management and investigation of complaints (as relevant to the scope of their role)
 - creating and maintaining a positive environment and just culture where staff are comfortable and appropriately skilled in dealing with complaints and concerns
 - ensuring there are safe systems in place at all times
 - ensuring complaints are recorded, investigated and managed in accordance with this Policy
 - responding to advice or directives from the SCMOU

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- ensuring all staff are trained in complaints management processes (as relevant to their role), which may include the use of the SRLS Consumer Feedback Module
 - providing feedback to staff on trends and outcomes so that learning is shared
 - using complaints information to implement and monitor improvement strategies, and
 - regularly monitoring and reviewing the effectiveness of complaints management in their unit / business area / stream / service and for undertaking self-assessment to assess compliance with this Policy.
- **Local Complaints Management Units / Officers / Contacts** have responsibility to:
 - coordinate investigation and management of complaints and apply a Complaint Tier to the received complaint in accordance with the Statewide Complaints Management Framework
 - conduct risk assessments in consultation with all relevant staff
 - liaise with people who submit a complaint about the complaints management process
 - maintain a register of complaints through the relevant system (eg SRLS)
 - train staff in complaints management processes and the use of relevant systems (eg the SRLS Consumer Feedback Module)
 - provide regular reports to the Peak Clinical Governance Committees on local and statewide complaints data, information, and trends, and
 - monitor the local effectiveness of complaints management processes and make quality improvement recommendations to the relevant Senior Local Complaint Management Contact.
- **Supporting functions** (ie Child Safety and Wellbeing, Clinical Governance, HR and Employee Relations, Legal Services, Risk Management, and Work Health and Safety) are responsible for:
 - supporting the efficient resolution of complaints and providing expert advice. This includes partnering with the SCMOU and/or Local Complaints Management Units or Officers (as required) to jointly manage specific complaint types, and
 - engaging with different points of the complaint management process, noting that multiple supporting functions may be engaged, and
 - contributing to the Complaints Management Community of Practice.
- **All staff** have individual responsibility for:
 - promoting a culture where complaints are seen as opportunities for improvement
 - ensuring people understand their rights in relation to making a complaint, and their right to an independent support person or advocate if they choose to do so
 - ensuring the Department's complaints processes are clearly visible and accessible, including providing people who make a complaint with appropriate support (for example, people with a vision-impairment receiving their complaint statement by audio format or supporting a person to make a complaint in a language other than English)

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- focusing on positive solutions for the person submitting a complaint, and consider where any identified improvements could be applied more broadly
- maintaining confidentiality of information about the complaint and the person who made (where possible and appropriate), and
- reporting concerns and complaints in accordance with this Policy.

Training

- A complaint management training program for all staff will be developed in conjunction with People & Culture 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.
- Specialist complaint management training will also be developed and provided to staff who have direct complaint management responsibilities to ensure they are:
 - empowered to apply the Statewide Complaints Management Framework
 - supported to handle complaints consistently, with guidance from the Community of Practice
 - skilled in the use of relevant systems (eg SRLS), and
 - aware of the Department's priorities, programs or areas of work, particularly those which may be likely to arise in complaints.

Audit and Compliance

- This policy will be included in the work program of the DoH Internal Audit function. This work program is approved by the Audit and Risk Committee and will assess underlying systems and procedures for compliance with the requirements of this policy. The overall focus of this assessment will be one of continuous improvement to DoH activities.
- Failure to comply with this policy, without providing a good reason for doing so, may lead to disciplinary action.

Related Documents

- Aboriginal Cultural Respect in Tasmania's Health Services
- Grievance Resolution Policy
- Child Safety and Wellbeing Framework
- Child Safety and Wellbeing Policy
- Complaint or Concern about Health Professional Conduct Protocol
- Conflict of Interest Policy
- Employment Direction No. 5 – Procedures for the investigation and determination of whether an employee has breached the State Service Code of Conduct
- Enterprise Risk Management Policy and Strategy

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- Feedback Management Policy
- Open Disclosure Policy
- Professional Conduct Policy
- Public Interest Disclosure Procedure
- Quality Governance Framework for Tasmania's Publicly Funded Health Services
- Requesting Legal Advice Policy
- Root Cause Analysis Toolkit
- Safety Event Management Policy
- Sexual Safety Policy
- The Patient Will See You Now - THS Consumer and Community Engagement Model of Care - A Framework for Patient Centred Care

Useful Resources

- Australian Commission on Safety and Quality in Health Care (ACSQHC) 2021, [National Safety and Quality Health Service \(NSQHS\) Standards](#), 2 edn, version 2, ACSQHC, Sydney, Australia, viewed 28 February 2022.
- Australian Commission on Safety and Quality in Health Care (ACSQHC) 2013, [Australian Open Disclosure Framework](#), ACSQHC, Sydney, Australia, viewed 28 February 2022.
- Australian Commission on Safety and Quality in Health Care (ACSQHC) 2019, [Australian Charter of Healthcare Rights](#), 2nd edn, ACSQHC, Sydney, Australia, viewed 28 February 2022.
- [Australian Health Practitioner Regulation Agency](#) (Ahpra)
- [Department of Health General Enquiries Form](#)
- [Equal Opportunity Tasmania](#)
- [Health Complaints Commissioner Tasmania](#)
- [Integrity Commission Tasmania](#)
- [Ombudsman Tasmania](#)
- [Reporting Concerns of Inappropriate Behaviour Form](#)
- [THS Statewide Consumer Feedback form](#)

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Legislation

- *Aged Care Act 1997*
- *Anti-Discrimination Act 1998*
- *Archives Act 1983*
- *Child and Youth Safe Organisation Act 2023*
- *Children, Young Persons and Their Families Act 1997*
- *Disability Discrimination Act 1992*
- *Disability Services Act 2011*
- *Family Violence Act 2004*
- *Food Act 2003*
- *Health Complaints Act 1995 (Tasmania)*
- *Health Practitioner Regulation National Law (Tasmania) Act 2010*
- *Human Rights and Equal Opportunity Act 1986*
- *Mental Health Act 2013 (Tasmania)*
- *National Disability Insurance Scheme Act 2013*
- *Personal Information Protection Act 2004*
- *Poisons Act 1971*
- *Privacy Act 1988*
- *Public Health Act 1997*
- *Public Interest Disclosures Act 2002*
- *Racial Discrimination Act 1975*
- *Radiation Protection Act 2005*
- *Registration to Work with Vulnerable People Act 2013*
- *Right to Information Act 2009*
- *Sex Discrimination Act 1984*
- *State Service Act 2000*
- *Tasmanian Health Service Act 2018*

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Glossary

Term	Definition
Acknowledgment	Acceptance of the person's right to make a complaint; validating their feelings.
Apology	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).
Carer	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.
Child safeguarding concern	<p>The Department considers a safeguarding concern to encompass:</p> <ul style="list-style-type: none"> any actual or potential harm, loss or damage to any child or young person's rights, or psychological, physical, or cultural safety and welfare. <p>Concerns may arise from any event, circumstance, act, or omission that may have occurred while they were accessing, visiting, or receiving health services, or where a duty of care is owed.</p> <p>A safeguarding concern does not include:</p> <ul style="list-style-type: none"> harm, loss or damage resulting from 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.
Clinician	Any health practitioner or health service provider working in the Department of Health.
Complaint	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.
Complainant	Person who makes or raises a complaint.
Concern	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.

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Term	Definition
Conduct	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.
Consumers	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.
Department of Health / DoH / Department	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).
Feedback	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.
Formal Complaint	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.
Grievance	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.
Incident	An unplanned event resulting in, or with the potential for injury, damage or loss, including a near miss.
Investigation	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.
Open disclosure	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.
Public interest disclosure	A report about serious wrongdoing made by a public official that meets the requirements of the <i>Public Interest Disclosures Act 1994</i> .

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Term	Definition
Resolution	Resolution is the desired outcome of a complaint. It is a responsive process that seeks to address a person's concerns and accompanying emotions.
Risk	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.
Safety Reporting and Learning System (SRLS)	SRLS is the integrated tool used by staff across the DoH, THS and AT to report, manage and learn from safety concerns, risks, safety alerts, consumer complaints and feedback in order to protect service users, the public and staff from unintended harm, damage or loss.
Statewide Complaints Management Oversight Unit (SCMOU)	The SCMOU operates standard business hours on Monday to Friday (excluding public holidays).
Tasmanian Health Services (THS)	The THS organisation is managed in accordance with the <i>Tasmanian Health Service Act 2018</i>
Unreasonable conduct	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.
Unresolved complaint	Where interaction with a person who submitted a complaint has not ceased following finalisation of the complaint and the person remains dissatisfied.
Vulnerable person	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.

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