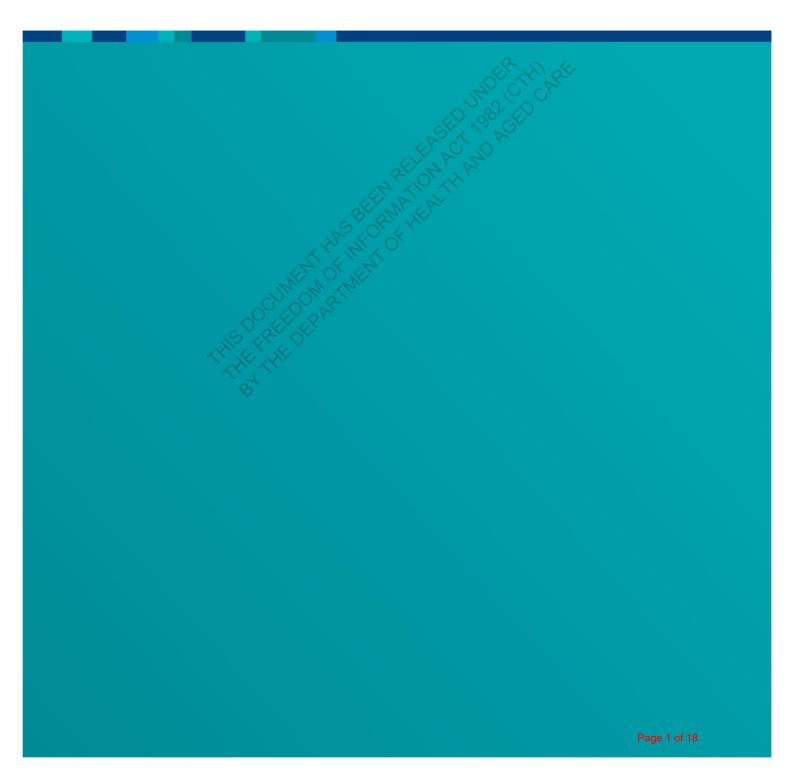
Grant Listing for Katungul Aboriginal Corporation Regional Health and Community Services (ABN: 35 679 076 545) from Grant Processing System (GPS) as at 30 April 2024

FOI Request: A list of funding one-off and recurrent, broken down by Financial Years to Katungul Aboriginal Corporation Regional Health and Community Services since 2010/2011 up until this current financial year (as of 16 April 2024)

Activity Title or contract for services	ntract Start Date	Activity End Date	Agreement or contract Value (\$)	2010-11 (\$)	2011-12 (\$)	2012-13 (\$)	2013-14 (\$)	2014-15 (\$)	2015-16 (\$)	2016-17 (\$)	2017-18 (\$)	2018-19 (\$)	2019-20 (\$)	2020-21 (\$)	2021-22 (\$)	2022-23 (\$)	2023-24 (\$)
RURAL PRIMARY HEALTH SERVICES PROGRAM TO DELIVER MAINTAIN PRIMARY & ALLIED HEALTH	03/09/2011	30/06/2013	568,977.48	568,977.48	-	-	176,252.00	-	-	-	-		-	-	-	-	-
RURAL PRIMARY HEALTH SERVICES PROGRAM TO DELIVER MAINTAIN PRIMARY & ALLIED HEALTH	03/09/2011	30/06/2013	415,241.36	415,241.36													
Substance Use	30/08/2013	30/06/2014	176,252.00	-	-	-	176,252.00	-	-	-	-		-	-	-	-	-
Primary Health Care Services	30/08/2013	30/06/2015	2,018,463.14			-	843,369.00	1,175,094.14	-	-	-		-	-	-	-	-
Expand Outreach and Services	30/09/2013	30/06/2015	383,218.14		-	-	160,119.00	223,099.14	-	-	-	-	-	-	-	-	-
Indigenous Australians' Health Programme	01/07/2015	30/06/2018	4,624,660.87	-	-	-	-	-	1,519,166.18	1,541,953.67	1,563,541.02		-	-	-	-	-
New Directions - Expansion	01/11/2015	30/06/2018	1,081,124.60	-	-	-	-	-	266,667.00	404,800.00	409,657.60	-	-	-	-	-	-
Comprehensive Primary Health Care	01/07/2018	30/06/2019	1,585,430.60	-	-	-	-	-	-	-	-	1,585,430.60	-	-	-	-	-
New Directions Expansion	01/07/2018	30/06/2019	415,392.81	-	-	-	-	-	-	-	-	415,392.81	-	-	-	-	-
Comprehensive Primary Health Care - Core	01/07/2019	30/06/2020	2,030,835.35			-	-	-	-	-	-	-	2,030,835.35	-	-	-	-
COVID-19 Primary Care Respiratory Clinics	30/06/2020	14/08/2020	\$330,000											\$330,000			
Service Maintenance Program 2021-22 (GO5455)	01/06/2022	30/06/2024	500,000.00	-	-	-	-	-	-	-	-	-	-	-	500,000.00	-	-
Comprehensive Primary Health Care 2020-21 to 2022-23 (GO2884)	01/07/2020	30/06/2024	12,825,512.47	-			-	-	-	-		-	-	2,365,821.64	3,110,956.36	3,600,555.84	3,748,178.63
TOTALS			26,955,108.82	984,218.84	-	-	1,355,992.00	1,398,193.28	1,785,833.18	1,946,753.67	1,973,198.62	2,000,823.41	2,030,835.35	2,695,821.64	3,610,956.36	3,600,555.84	3,748,178.63

Complaints Management Policy

November 2023



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Overview

The purpose of the Department of Health and Aged Care (Health) is to lead and shape Australia's health and aged care system and support outcomes through evidence-based policy, well-targeted programs, and best practice regulation. This is supported by valuable insights from the community, including from complaints on where there is room to improve policies, programs and regulation practices.

Our Commitment

Health is committed to:

- Ensuring that all members of the community have equitable access to make a complaint;
- Responding to complaints as soon as practicable and keeping the complainant informed;
- Investigating concerns in a fair and objective manner;
- Resolving complaints as soon as practicable and acknowledging any mistakes made;
- Providing a clear explanation of the decisions within lawful parameters;
- Providing mechanisms for review when the complainant is dissatisfied with the outcome;
- Protecting the confidentiality of personal information in accordance with the:
 - o Privacy Act 1988; and
 - o Health's Privacy Policy.
- Ensuring the wellbeing of Health staff who handle complaints.

Objective

The objective of the Complaints Management Policy (Policy) is to ensure that Health staff are managing complaints consistently, fairly, effectively and efficiently. To support this objective Health will:

- Record, monitor and manage complaints consistent with:
 - o Commonwealth Ombudsman's Better Practice Complaint Handling Guide; and
 - Australian Standard AS/NZS 10002-2022 Guidelines for Complaints Handling in Organisations.
- Apply fundamental principles for the management of complaints;
- Apply the Health Service Charter when managing complaints (<u>Appendix A</u>);
- Identify opportunities for improvement through the collection and analysis of complaint data;
- Undertake regular complaints reporting to management; and
- Embed this Policy within Health to promote staff awareness.

Definition and Scope

This Policy defines a complaint as an express statement of dissatisfaction about Health where a response is sought and is reasonable to expect or legally required. These complaints can be made directly to Health by the complainant, their delegate and advocate or, in some instances, escalated by a third party.

Common reasons for complaints include:

- Accessibility and quality of services;
- Incorrect processes followed;
- Unfair treatment, outcome or decision;
- Lack of, or slow responses;
- Inaction or delay in providing services:
- Treatment by staff including which is not culturally safe; and
- Actions, decisions, policies and processes not properly explained.

The types of engagement considered in scope for this Policy, are outlined below. More information on where to direct different forms of engagement is provided at Appendix B.

In scope

- Services provided directly by Health.
- Services delivered by third parties and funded by Health¹.
- Programs, schemes and projects where Health has direct involvement.
- Health's investment of Commonwealth monies, including but not limited to monies spent in programs, schemes and projects.
- Policies and related materials, including those sponsored, developed, and published by Health.
- The conduct of Health staff towards external stakeholders.
- Complaints management processes relating to the above forms of engagement.

Out of scope

- Decisions where an external review or appeal mechanism already exists, such as the Administrative Appeals Tribunal or the Government Procurement (Judicial Review) Act 2018.
- Complaints that are considered out of Health's portfolio responsibilities.
- Complaints about the conduct of entities or persons who are, or whose goods or services are, regulated by Health.
- Issues relating to internal human resource matters including criminal conduct, employment issues and/or conditions.
- Commentary and feedback provided via Health's social media channels. Where legitimate issues
 are presented and a response is sought or reasonable to expect, users are directed to Health's
 formal complaint handling channels.
- Reports of suspected fraud or corruption relating to Health and Aged Care programs or services funded by Health, Health staff (including contractors or Contracted Service Providers) or health providers.
- Complaints to Ministers for the Health and Aged Care portfolios.
- Complaints or grievances raised with the Office of the Commonwealth Ombudsman and other oversight bodies.
- Statements of opinion, explanation requests or feedback unless a response or resolution is expected and/or required.

¹ Complaints should be directed to the lead entity relating to the activity and, if necessary, all available avenues for review exhausted. Health will then consider the complaint if unresolved or the outcome is unsatisfactory.

Principles

Health observes the FAIR principle to support effective complaints management. These principles aim to ensure that complaints are handled consistently, fairly, effectively and efficiently. More information on the Guiding Principles can be found at <u>Appendix C</u>.

- F Fairness and objectivity
- A Accessibility and visibility
- I Integration and efficiency
- R Responsiveness and accountability

Vulnerable People

A key component of the FAIR principle is ensuring that all members of the community have equitable access to make a complaint, especially vulnerable people. The Policy defines vulnerable people or groups as those that are at a disadvantage because of their characteristics and status. This can include; people with a disability, the aged, ethnic and culturally and linguistically diverse groups, people from low socioeconomic circumstances, people under the age of 18, the LGBTQI+ community, first responders and First Nations Peoples. Vulnerable people can also include those who are experiencing particular life events, life stages and temporary difficulties. Health is committed to being inclusive, culturally aware, and responsive to the needs of individuals and providing vulnerable people with additional support and consideration to ensure these groups are subject to similar outcomes as the general population. More information to support engagement with these groups is provided in the Health Service Charter.

Complaints Management Model

Health uses a hybrid model for handling complaints whereby Health maintains a central departmental Complaints Management Policy (this document) while the management, monitoring and reporting of these complaints is decentralised. Under this model, complaints are mostly received and triaged through several central entry points while the management, monitoring and reporting of these complaints is performed by the relevant business areas in line with the Policy. Common entry points are outlined in <u>Appendix B</u>.

Under this model, once a complaint is lodged with Health it is triaged to a relevant business area for investigation and finalisation. Receiving business areas are responsible for monitoring the complaints received until finalisation and providing regular reporting to the responsible management. This approach also applies to complaints about a third party once the complainant has first addressed their concerns with that third party.

Business areas that regularly handle complaints are required to develop a complaints management system for receiving, triaging, recording, tracking, responding to, reporting and filing of complaints. These systems should comply with this Policy and reflect the <u>Commonwealth Ombudsman's Better Practice Complaint</u>

<u>Handling Guide</u> design principles for systems and at a minimum include the below. This Policy considers the scope of an individual business area to be a decision for the responsible management.

- Clear lines of responsibility and appropriate delegations to manage complaints;
- A clear process for receiving, assessing, tracking, responding to and closing complaints;
- Key performance indicators which reflect the nature of complaints managed;
- Supervision frameworks to provide support and direction to staff;
- Escalation and review processes; and
- Requirements for regular reporting to management (See Reporting and Analysis).

Records Management

Health is committed to keeping accurate records of all complaints received. Effective records management is needed to ensure that Health has met its legal requirements, so that information and data can be retrieved, and complaints can be managed in a timely, and efficient manner. Areas that manage complaints are required to keep a record of key complaint data in Health's electronic document and records management system. Complaint information should be restricted to authorised staff only on all systems where information is held.

Receipt

Health aims to make the lodging of complaints an accessible, free and practical process for all members of our community, including vulnerable people. Health will accept complaints anonymously, however the complainant cannot be informed of progress or outcomes without contact details being provided. Health encourages complainants to provide as much detail as possible about their complaint to reduce the potential of delays because of the need to seek more information.

No Wrong Door

Health staff will apply the Commonwealth Ombudsman's 'No wrong door' principle whereby Health work collaboratively both internally and with other agencies, to help people find the right complaint pathway. To the extent possible, complaints that fall outside Health's area of responsibility should be recorded as a complaint and resolved by assisting the person to access the correct complaint pathway. Where Health receives complaints in relation to a third party where all available avenues for review are exhausted, Health will refer the complaint to the relevant entity for a response.

Staff Welfare

Health is committed to providing a healthy and safe workplace for all employees. Health recognises that despite its best efforts to ensure the health and safety of its employees, injury and illness may still occur. Ensuring the wellbeing of staff who handle complaints, which includes providing staff with sufficient training in complaints, acknowledging the challenges that can accompany the role, having clearly defined roles and delegations and access to resources and support where required. Staff can find more information about wellbeing and the Employee Assistance Program on Health's intranet.

Unreasonable Complainant Conduct

Health staff will treat all members of the public in a respectful and professional manner and encourage all parties interacting with Health to extend the same courtesy. Unreasonable conduct by complainants will not be tolerated and may result in Health ending communication. More information is provided in the Commonwealth Ombudsman's Unreasonable Complainant Conduct Factsheet.

Training

All staff will be supported to be aware of and work in accordance with this Policy through departmental complaints training and awareness raising activities. Staff with direct responsibility for handling complaints will also be provided with guidance by the applicable complaints handling area on local complaints management systems and processes.

Internal Review of Complaints

Health is committed to providing mechanisms for internal review when the complainant is dissatisfied with the outcome. Complainants can ask for a review if they disagree with the outcome of a complaint or believe that the complaint procedure may have been unfair. A request for review can be lodged in discussions with a staff member or put in writing. It is important that the original complaint be clearly identified and the reason for the review stated. Simply being unhappy with a decision or saying it is not fair is not usually a sufficient ground for review. This mechanism is distinct from a legal review of decisions, where a person seeks to challenge a government decision in a court or the Administrative Appeals Tribunal.

Escalation Tiers

Complaints Management Tiers

Complaint received and allocated for investigation

Complaint allocated to a complaint handling area

Complaint allocated to a designated official

Complaint investigated by designated official

If unresolved or complex consider referring to Tier 2 for investigation and providing an update to the complainant

2. Complaint referred to EL2 or Complaints Team Leader

Complaint investigated by more senior staff

If unresolved or complex consider referring to Tier 3 for investigation and providing an update to the complainant

3. Complaint referred to AS or FAS (internal review)

Complaint reviewed by AS or FAS

If unresolved consider advising complainant to refer to an external accountability entity.

4. External review

Complaint reviewed by an external entity such as the Commonwealth Ombudsman

Complaints can be escalated upon receipt from Tier 2 when:

- The subject is highly complex;
- It is assessed as a moderate to severe impact as per the Health Risk Management Framework;
- o The complainant believes the complaint procedure was unfair;
- There is significant media interest; and/or
- There is information that is considered sensitive.

The above process is distinct from legal review of decisions, where a person seeks to challenge a government decision in a court or in the Administrative Appeals Tribunal.

Key Performance Indicators

Health receives complaints ranging from the straightforward, which can be resolved in days, to the highly technical or sensitive which require thorough investigation and analysis. Complaint handling areas should establish Key Performance Indicators (KPIs) that reflect the nature of complaints managed. The model below provides guidance areas must consider when establishing KPIs.



· Within 5 working days

• Once the complaint has been allocated to a designated officer, the details must be recorded in accordance with the applicable complaints management system.

Acknowledge

· Within 5 working days

 All complaints should be acknowledged where possible. Acknowledge in the same way as received or the complainant's preferred method, unless the complaint is anonymous.



• Tier 1: 10 working days, Tier 2: 20 working days, Tier 3: 40 working days

 A response should be provided to all complaints following an investigation by the most appropriate staff considering the complexity and profile of the complaint, the needs of the complainant and outcomes sought.



Tier 1: 20 working days Tier 2: 40 working days Tier 3: 80 working days

Resolving a complaint means that all the identified issues, including those raised following the initial response, have been addressed, a fair and reasonable outcome achieved and all identified remedial actions have been implemented.



· Within 5 working days of resolution

• When the investigation or review is completed, the outcome must be communicated to the complainant, including advice on internal or external review options.

Please note:

- Timeframes noted above refer to days from receipt by Health unless stated otherwise.
- Timeframes noted above to respond to and resolve complaints may be exceeded for individual complaints due to their complexity, risk profile and sensitivity; and for third parties due to access to information.
- Automatic responses can be generated to acknowledge that emails have been received.

Governance and Accountability

The Executive Committee performs a key role in relation to oversight of complaints management in Health and approve this Policy. The Executive Committee are supported in this role by the Chief Operating Officer. The Assistant Secretary, Corporate Assurance Branch, maintains overall responsibility for the Policy with oversight from the First Assistant Secretary, Legal and Assurance Division.

All Health staff are accountable for ensuring complaints are handled in an appropriate, transparent and timely manner. Staff are also required to act in a responsible, ethical and professional manner in accordance with this Policy and the Australian Public Service <u>Values</u> and <u>Code of Conduct</u>. A summary of Health's Roles and Responsibilities in relation to complaints handling is provided below with more detailed information provided at <u>Appendix D</u>.

- Executive Committee: Supports and promotes a positive complaints management culture and continuous improvement and empowers staff.
- SES Band 1 and 2s: Supports effective complaints management with sound local procedures including the conduct of quality assurance reviews or self-audits.
- EL2s and Complaints Handling Team Leader: Supports the implementation of this Policy through ensuring complaints management systems are effective.
- Complaints Handling Staff: Demonstrates exemplary complaint handling practices, are professional
 in all interactions and effectively recognise and respond to complainants' needs.
- All Staff: Are aware and comply with the policy, understand the value of complaints and resolve complaints promptly.

Reporting and Analysis

Health's hybrid complaints handling model provides business areas with responsibility for the management, monitoring and reporting of complaints. Business areas are required to provide regular reporting which includes deidentified information relating to:

- Volume of complaints;
- Causes and outcomes;
- Trends and emerging issues;
- Performance of complaints management against local KPI's; and
- Any other relevant complainant data (e.g. geographic, demographic, cohort information).

The appropriate audience for reporting is to be determined by the business area based on the volume and nature of complaints received. Reporting should consider the following key objectives:

- Accuracy: Precise, reliable and timely information, based on sound methodology and systems.
- Balanced: A fair and honest picture of achievements presenting key points, areas for improvement and the identification of themes.
- Learning: Demonstrated improvement based on learnings from issues identified through complaint.
- Presentation: Information that is clear and concise.

Quality Assurance

Health is committed to continually improving the effectiveness of complaints management and, through that, its service delivery. An internal audit or similar review should be carried out to assess the effectiveness of this Policy and complaint management across a sample of business areas every 3 to 5 years. The scope of any such departmental review should consider themes identified through the nature and volume of complaints received by Health and recent Commonwealth Ombudsman matters.

Business areas that respond to complaints should conduct reviews or self-audits on the effectiveness of their complaints management system every 2 years as recommended in the <u>Commonwealth Ombudsman's</u> <u>Better Practice Complaint Handling Guide</u>. The result of the reviews and the progress in implementing any outcomes should be reported to the responsible management. Reviews should reflect the number and/or nature of complaints and should include an evaluation of:

- Compliance with the Policy and the Business areas' procedures and guidelines with reference to the:
 - o <u>Commonwealth Ombudsman's Better Practice Complaint Handling Guide;</u> and
 - Australian Standard AS/NZS 10002-2022 Guidelines for Complaints Handling in Organisations.
- Accuracy and effectiveness of capturing, recording and internal reporting of complaints;
- Time taken to manage and resolve complaints; and
- Correctness of recording complaints.

Privacy and Confidentiality

Health is committed to protecting the confidentiality of personal information in accordance with the *Privacy Act 1988* and Health's <u>Privacy Policy</u>. This applies when responding to complaints internally or when referring complaints to an external agency, organisation or third party. All personal data received is required to be managed subject to the *Archives Act 1983* and classified in a manner consistent with the Attorney-General's <u>Protective Security Policy Framework</u>. In addition, records relating to actions taken under the Policy are subject to the *Freedom of Information Act 1982*.

Policy Review

The Policy is reviewed annually and updated as required. The Executive Committee is the approver for material changes to the Policy. The Assistant Secretary, Corporate Assurance Branch, is the approver for minor changes to the Policy which include those of an editorial nature and updates to titles and dates.

Appendix A – Service Charter

Introduction

The Department of Health and Aged Care (Health) want to provide anyone who contacts us with the highest quality of service possible. We will listen to and work with you to make sure you get the right help and assistance for your needs. This service charter describes how you can expect to be treated by departmental staff as well as what is expected of those who contact us.

What you can expect:

Health's trained staff will:

- identify themselves, at least by first name, when communicating with you
- help you in a fair, respectful and culturally safe manner
- follow the APS Values and APS Code of Conduct when engaging with you
- respect your privacy and manage your complaint in line with Health's <u>Privacy Policy</u>.
- give you information on how to make a complaint and help you through the process
- acknowledge telephone message and emails within 5 working days
- respond in a timely, relevant and easy to understand way
- communicate any decision that affects you and the reasons for the decision
- tell you how to ask for a decision to be reviewed if you are not satisfied with the outcome.
- use clear and plain language throughout the process.
- respect diversity and respond to cultural and language needs
- be transparent when managing your complaint
- provide vulnerable people with equitable access to our services.

When you complain, please:

- give complete and accurate information
- treat staff with respect and courtesy
- ask if you are unsure about the information given
- give honest feedback about our services.

Our Commitment:

Health strives to deliver a high-quality service across the Australian community by

- working within relevant legislation and/or policy and procedural guidelines
- responding to feedback
- improving communications channels and service delivery wherever possible
- providing appropriate training to staff to provide a skilled workforce.

Health is also committed to reaching as many people as possible by providing information and services in a non-discriminatory and accessible way. This is a requirement under the *Disability Discrimination Act 1992*. Health also aims to meet the Australian Government's web accessibility requirements. This includes meeting the World Wide Web Consortium's Web Content Accessibility Guidelines version 2.1 (WCAG 2.1) at level AA.

National Relay Service:

If you are deaf or have a hearing or speech impairment, consider using the National Relay Service to access any of Health's publicly available phone numbers. You can visit the <u>National Relay Service</u> website or call 1300 555 727.

Translating and Interpreting Services:

If you are a non-English speaker, you can use the <u>Translating and Interpreting Service</u> if you need to talk to someone in Health. To find out more, visit their <u>website</u> or call <u>131 450</u>.



Appendix B – Entry Points

Engagement	Common entry points
Complaints	Health receives complaints, as defined by this Policy, through multiple entry points. The most common entry points include: Contact Us, Health Dolline complaints form 1800 020 103 Enquiries@health.gov.au GPO Box 9848, Canberra, ACT 2601, Australia Contact Us, Therapeutic Goods Administration General Enquiries, Office of the Gene Technology Regulator Contact Us, Australian Industrial Chemicals Introduction Scheme Contact Us, Office of Drug Control Complaints, My Aged Care 1800 200 422 1800 728 174 (Fax) My Aged Care Complaints, PO Box, Balwyn, VIC 3103 Contact Us, My Aged Care
Other forms of engagement	The most common entry points for other forms of engagement in relation to Health's portfolio responsibilities include: Suspected or known fraud or corruption should be reported through Health's Fraud Hotline. Complaints to the Ministers for the Health and Aged Care portfolios should be made in writing through the publicly available channels for the Minister in question. Complaints or grievances raised with oversight bodies include: Office of the Commonwealth Ombudsman Office of the Australian Information Commissioner External review or appeal mechanisms such as: Judicial review in the Federal courts system) Merits review in the Administrative Appeals Tribunal Statements of opinion, explanation requests or feedback Contact Us, Health Online comments form As noted above. Contact Us, Therapeutic Goods Administration Contact Us, My Aged Care

Appendix C – Guiding Principles

Principles	Meaning
Fairness and Objectivity	 All complaints will be treated on their merits and investigated impartially and thoroughly. Complaints will be managed transparently, and complainants kept informed about the progress and result of investigations. Complainants will not be victimised as a result of their complaint. A complainant's privacy will be respected, and staff will investigate complaints discreetly in accordance with relevant legislation and Health's Privacy Policy. Ensure Health staff declare any actual or perceived conflicts of interest in relation to handling/resolving a complaint.
Accessibility and Visibility	 Lodging complaints will be accessible to all clients, including vulnerable people, by providing a functionable, easy to use interface and staff trained in delivering high quality complaints handling. Health will ensure that their complaints handling process is clearly explained and publicised for access by its customers, including how to lodge a complaint, making a complaint is free of charge and complaints can be made anonymously. Health will accept complaints via a range of channels – see Appendix B.
Integration and Efficiency	 There will be clear lines of responsibility between internal business areas including entry points and complaint handling areas. Health will continue to explore ways to better integrate its complaints management systems with third parties where appropriate. Complaint handling areas will: Use their collective skills, knowledge and experience to finalise complaints and provide complainants with an explanation of what has occurred. Collaborate across divisions and teams to resolve complaints for the benefit of the complainant. When required and agreed to by the complainant, collaborate with other Australian Government entities and third parties to resolve complaints without the complainant needing to contact each organisation. Use complaints data and other feedback to inform change and improve service delivery. Report volumes, reasons, and strategies used to address root causes of the complaints. Ensure its responses are proportionate and appropriate. Attempt to finalise complaints as quickly as possible. The priority and complexity of a complaint will determine how it is triaged and whether it is escalated. Complainants can raise their issues and/or concerns through the relevant business areas review process, if they remain dissatisfied with Health's
Responsiveness and Accountability	 response. Health staff will act responsibly, ethically, and professionally and be accountable for their role in the complaints management process. Health will apply a consistent and systematic approach to complainants who continue to behave in an unreasonable manner. Health staff will be aware and responsive to the needs of vulnerable people and offer additional support to enable this cohort to fully access the complaints process.

Appendix D – Roles and Responsibilities

Role	Responsibilities
Executive Committee	 Performs a key role in relation to oversight of complaints management and approve material changes to this Policy. Support and promote a positive complaints management culture that provides ongoing support for both complainants and staff and endorses continuing improvement.
SES 1 and 2	 Support effective complaints management by embedding sound policy and procedures into all aspects of complaint handling. Drive change and improvements in response to trends and data analysis.
	 Actively and clearly endorse and support strategies adopted by Health to manage unreasonable complainant behaviour. Ensure recommendations from reviews or self-audits are monitored and implemented.
	Refer any allegations of criminal misconduct to Fraud Control and Investigation Branch and misconduct to People Branch. Be aware of and understand this Policy and local complaints management systems.
EL2 / Complaints Handling Team Leader	 Be aware of and understand this Policy and local complaints management systems. Establish and manage an effective, professional complaint handling system with well-defined key performance indicators. Keep up to date with better practice, regularly review local complaint handling systems and support staff through any changes. Implement robust quality assurance and complaint review processes and ensure reviews or self-audits are conducted on the effectiveness of their complaints management system every 2 years. Ensure staff comply with this Policy and local complaints management systems. Work with staff to identify strategies to manage unreasonable complainant behaviour. Monitor and support staff wellbeing and foster a positive culture. Provide access to ongoing training and support for complaints staff. Report on issues and concerns arising from the complaints handling arena. Share deidentified insights, trends and emerging issues with business areas, governance committees and management.
	 Examine and respond to complaints of a complex, higher risk or sensitive nature. Respond to all complainants in accordance with Health's <u>Service Charter</u>.
Complaints Handling Staff	 Be aware of and comply with this Policy and local complaints management systems. Ensure the components of internal complaints management systems and instructions and guidance for their implementation are correctly documented and kept up to date.
	 Demonstrate exemplary complaint handling practices gained through appropriate ongoing training, support, and collaboration. Respond to all complainants in accordance with Health's Service Charter. Effectively recognise and respond to the communication needs of complainants especially those in the vulnerable cohort.

Complaint Management Policy 14

Role	Responsibilities
All Staff	 Be aware of and comply with this Policy and local complaints management systems. Understand the value of complaints and the importance that they are handled effectively. Be able to assist clients to access complaint interfaces and the complaints' process. Understand their responsibility to be alert for and able to recognise complaints. Assist complaints handling staff to resolve complaints promptly.

Document Control

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Review	Annually and as required			
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Author	Assurance and Audit – s47E(d)			
Document Location	Health internet			

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Version	Date	Reason for Release/Brief Description of Change	Approved by			
1.0	August 2017	Document creation.	Executive Board			
2.0	November 2023	Document redeveloped to align with better practice requirements.	Executive Committee			
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Major changes are reflected as a new version, for example 1.0 would become 2.0. Minor changes are reflected as a sub-version, for example 1.0 would become 1.1.

Health.gov.auAll information in this publication is correct as at November 2023

