

**Document Title:** Procurement Activity Complaints Procedure

**Document Owner:**

**Endorser:** FARM

**Approver:** CEO and FARM Chair

**Purpose:** is to provide a clear process on the management of complaints in relation to procurement.

**Scope/Audience:** All employees of YDMH

**Definitions**

Title	Responsibilities
Accountable Officer	Is the CEO or delegate of the organisation that is responsible for investigating the complaint and is responsible for overall management and investigation of the complaint including recording of required information.
Complaint	The complaint must relate to a procurement process issue. Matters of improper conduct, corruption or fraud etc. should be dealt with under other existing channels for review.

**Responsibilities**

Title	Responsibilities
CEO	Chief Executive Officer is responsible for ensuring notification to appropriate bodies is undertaken including Board.

**POLICY:** Procurement Framework & Board Procurement Procedure

**1. PROCEDURE:**

1. Any complaint about a Procurement Activity process undertaken by YDMH, must be submitted in writing (via Letter, email, website or Fax) to the Chief Procurement Officer.
2. The written complaint must set out:
  - 2.1. the basis for the complaint (specifying the issues involved);
  - 2.2. how the subject of the complaint (and the specific issues) affect the person or organisation making the complaint;
  - 2.3. any relevant background information; and
  - 2.4. the expected corrective outcome.
3. All complaints received must be entered into the Hospital Incident Management System "VHIMS". VHIMS automatically escalates the incident to the Director of Performance improvement
4. The Director will allocate the complaint to an authorised staff member to investigate the complaint. The Quality and Risk Manager will ensure that any complaints received about a staff member are not investigated or responded to by that individual staff member in question.
5. All complaints will be dealt with in a timely manner:
6. Formal complaints will be acknowledged within 5 days;
7. In the majority of cases, investigation(s) are to be completed within 30 days; and
8. If the investigation is anticipated to take longer than 30 days, the complainant is to be notified of the likely response date.
9. The Investigating Officer may throughout the course of their investigation require to meet with the Complainant to either clarify any issues or seek further information.

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2. Once the complaint is resolved the VHIMS feedback entry will be closed and any corrective action identified as a result of the investigation will be brought to the attention of Senior Management where appropriate action will be undertaken.
3. If the complaint cannot be resolved to the satisfaction of both parties, YDMH will notify HSV within five working days that the complaint could not be resolved and will advise the complainant that:

- a) the matter can be referred to the Board of Health Share Victoria (HSV) for their review at the following address;

Complaints may be submitted as follows:

- a. Electronically to: [complaints@healthsharevic.org.au](mailto:complaints@healthsharevic.org.au)
- b. By post or by hand to: Chief Executive HealthShare Victoria Level 34, 2 Lonsdale Street Melbourne Victoria 3000

- b) they have 10 days from the date of receipt of the findings by YDMH to lodge their complaint with HSV; and they are required to provide the following documentation to HSV:

- a. evidence that YDMH did not correctly apply Health Purchasing Policies in relation to a procurement activity;
- b. evidence that YDMH's complaints management procedures were not applied correctly; and
- c. a copy of all relevant correspondence between the complainant and YDMH in relation to the nature of the complaint.
- d. Any additional material requested by the HPV Board to assist in its findings.

4. Following a review of the complaint, the HSV Board will complete the following:
  - a. Will notify the Mandated Health Service Provider and Complainant of its findings and any further action it intends to take in relation to the matter;
  - b. May require an audit of the Mandated Health Service Provider's application of Health Purchasing Policies in relation to the procurement activity;
  - c. May inform the Minister of Health of its review of the complaint and recommend appropriate further action;
  - d. And may note the outcome of a review in relation to any complaint in the annual report to Parliament.

## 2. Systems/Recording of Complaint

YDMH will record complaints in the VHIMS feedback system. Information recorded for complaints includes:

- Details (name, company, postal address and email address etc.)
- A concise statement regarding the nature of the complaint
- Details of the complainant's attempt to address the matter within the invitation to supply process
- Action in progress with dedicated timeframes to monitor the progress of the complaint and reporting
- Outcome and /or reason for upholding or rejecting the complaint should be recorded

## 3. Processes

Care should be exercised in respect of confidentiality issues regarding the complaint. The complainant should not be victimised or harassed as a result of any complaint.

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Any identified misconduct on behalf of a YDMH will be undertaken through human resources processes.

**OUTCOMES**

Compliant with procedure and statutory requirements

**IMPLEMENTATION**

Communication and distribution of procedure

**MONITORING AND COMPLIANCE**

- Incidents monitoring
- Complaint monitoring
- Internal auditing

**KEY RELATED DOCUMENTS (or procedures)**

**KEY LEGISLATION, ACTS, STANDARDS**

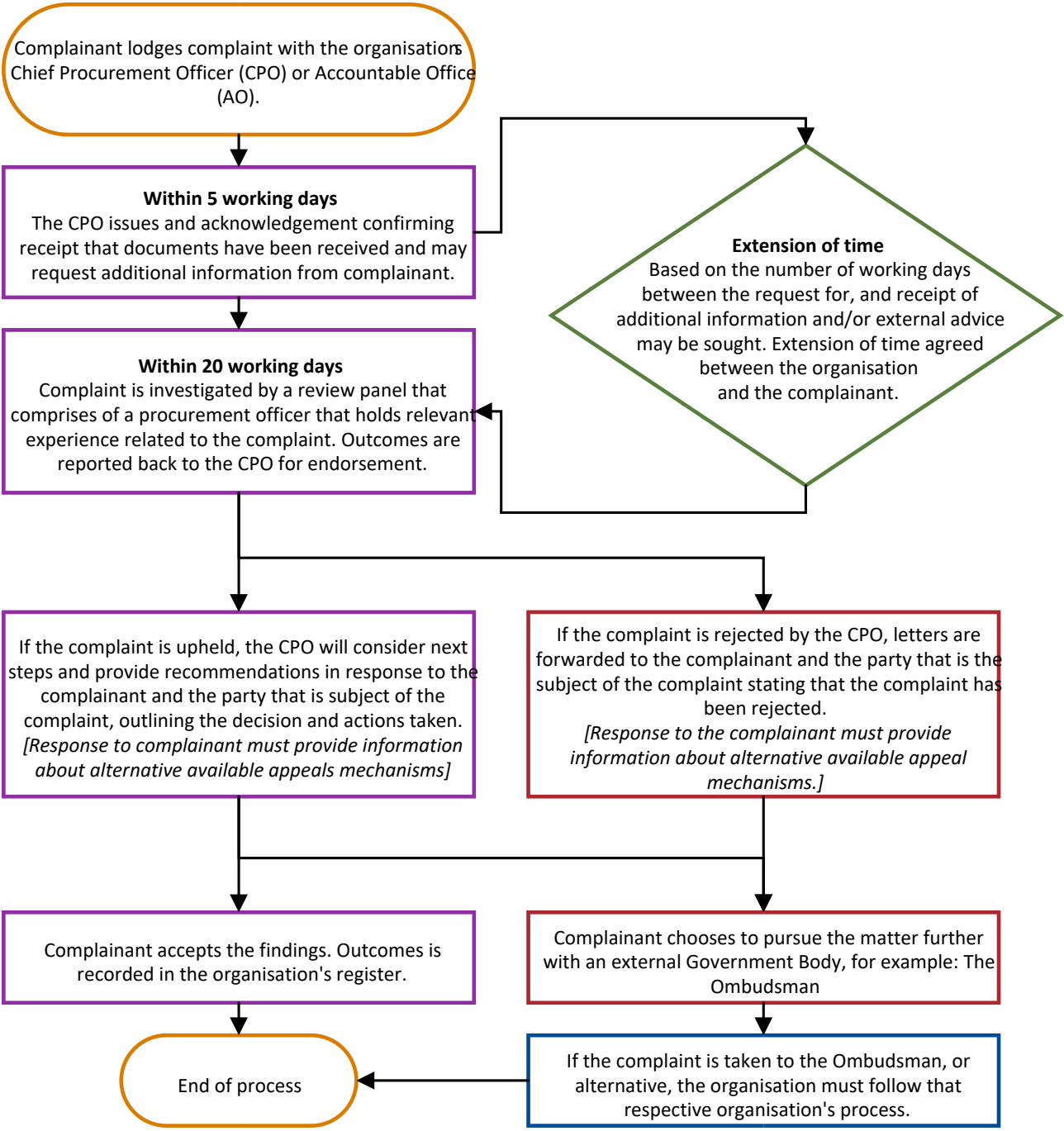
- <https://www.legislation.vic.gov.au/in-force/acts/independent-broad-based-anti-corruption-commission-act-2011/039>
- [Competition and Consumer Act 2010](#)
- [Australian Securities and Investment Commission Act 2001](#)

**REFERENCE**

<https://healthsharevic.org.au/assets/Policies-and-Procedures/PRO400.4-Complaints-Procedure.pdf>

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Appendix 1: Recommended timelines for complaints process



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