

# Strategic Objective:

## 5. Self Sufficiency & Sustainability



**POLICY Procedure**      **5.4 Procurement & Purchasing**  
**5.4.6 Procurement – Complaints Management**

Approval By:      Controlled Documents Committee      **Approval date:** 29/05/2017  
Document Owner      Chief Procurement Officer      **Next Review Date:** 29/05/2020

**Purpose**      In order to maximise probity, Queen Elizabeth Centre (QEC) aims to conduct a transparent and fair procurement complaints process.  
  
This procedure describes the process for managing complaints that stem from procurement activities at QEC. It provides guidance to QEC staff receiving and managing a procurement complaint and the process for an external party in lodging a procurement complaint.

**Target Audience**      This procedure is applicable to all staff at QEC who have a professional responsibility for undertaking procurement activities.

**Definition**      A **procurement complaint** is an issue or concern expressed by a supplier in relation to the process and probity applied by QEC in carrying out a procurement activity. The complaint should be lodged with the Chief Procurement Officer (CPO).

The investigation of a complaint and subsequent response must be overseen by a person not involved in the subject matter of the complaint. QEC's procurement complaints management process must be published in a public website domain and easily accessible to a complainant.

The timely investigation and resolution of complaints by suppliers, in accordance with established formal procedures is an essential requirement for maintaining good relationships between QEC and suppliers.

This section is divided into the process for the complainant and the QEC complaints officer.

### **Complainant**

The complainant is required to provide details of the basis upon which the dispute or complaint is being lodged, including:

- a clear written statement regarding what you consider was unsatisfactory in the procurement process
- copies of, or references to, information to support the complaint
- a statement regarding what you wish to achieve as an outcome from the complaint process
- if further correspondence or information is required, the supplier will be given no less than 15 working days to respond to any communication from QEC unless the matter is urgent

5.4.6 Procurement - Complaints Management

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- if the outcome of the investigation is unsatisfactory, the complainant can refer the complaint to Health Purchasing Victoria (see below)

Complaints are to be lodged by post and email to:

**Post:** Chief Procurement Officer  
Queen Elizabeth Centre  
53 Thomas Street  
Noble Park  
Vic 3174

**Email:** [accounts@qec.com.au](mailto:accounts@qec.com.au)

#### QEC Complaints Officer (CPO)

The CPO will receive and review the complaint and assign a dedicated complaints officer. The QEC complaints officer will have had no involvement with the subject matter of the complaint. Upon receipt of the complaint, this officer will:

- enter the complaint into Riskman Feedback Complaint
- acknowledge receipt of the complaint within 6 working days of receiving it. This acknowledgement will contain the contact name of the investigating officer.
- attempt to resolve the complaint
- supplier should be advised in writing as to the outcome of the investigation, usually within 28 working days of receiving all written correspondence relating to a complaint. This correspondence should also advise the complaint review and escalation process

#### Unresolved Complaints

Unresolved complaints that specifically relate to Health Purchasing Victoria (HPV) contracts can be directed onto the HPV Board for review. All other complaints can be referred the Victorian Government Purchasing Board (VGPB).

A complainant can refer a complaint to the HPV Board/VGPB for review if not satisfied with the findings and actions of QEC.

This could be related to the management of the complaint or the application of procurement policy and procedures. QEC is to inform the HPV Board/VGPB within five working days of any complaint that could not be resolved to the satisfaction of both parties.

Complaints submitted to the HPV Board/VGPB must be lodged by letter, email or fax within 10 working days of the receipt of the findings by QEC, to:

HPV

The Chair

VGPB

The Chair

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HPV Board  
Health Purchasing Victoria  
Level 34, 2 Lonsdale Street  
Melbourne Victoria 3000

Victorian Government Purchasing  
Board, Department of Treasury  
and Finance  
GPO Box 4379, MELBOURNE  
VIC 3001

The complainant must provide the following material:

- evidence that QEC did not correctly apply the procurement policy and procedures in relation to a procurement activity
- evidence that QEC's complaints management procedures were not applied correctly
- a copy of all relevant correspondence between the complainant and QEC service in relation to the nature of the complaint
- any additional material requested by the HPV Board/VGPB to assist it in its findings

#### The HPV Board / VGPB:

Will inform QEC and complainant of its findings and any further action it intends to take in relation to the matter

- can require the CEO to audit its application of procurement policy and procedures in relation to the procurement activity
- can inform the Minister of Health (HPV complaints) or Assistant Treasurer (VGPB complaints) of its review of a complaint and advise the Minister of further action that could be taken
- may note the outcome of a review in relation to any complaint in its annual report to Parliament

#### Reporting Complaints

QEC is to disclose in its annual report the following information in relation to each complaint received:

- procurement activity to which the complaint relates status of the complaint confirming whether it:
  - was resolved
  - is still under investigation
  - could not be resolved

#### Related Procedures

- 5.2 Infrastructure & Business Continuity Policy
- 5.2.9 Business Continuity Plan
- 5.4.2 Procurement – Roles and Responsibilities
- 5.4. Procurement Framework
- 5.4.1 Procurement – Procurement, Purchasing and Asset Management
- 5.4.3 Procurement – Annual Planning
- 5.4.4 Procurement – Individual Activity
- 5.4.5 Procurement - Critical Incident

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- 5.4.7 Procurement – Contract Management Strategy
- 5.4.8 Procurement Policy – Collective Purchasing
- 5.4.9 Procurement Policy – Supplier Engagement
- 5.4.10 Procurement Policy – Capability Development
- 5.4.11 Procurement - Conflict of Interest
- 5.4.12 Procurement - Strategy

#### Key Legislation, Acts and Standards

- Health Purchasing Victoria procurement policy (2013)
- Health Services Act (1988)
- Victorian Government Purchasing Board procurement policy (2011)
- Victorian Auditor-General's Office Public Sector Procurement: Turning Principles into Practice (2007–08:5)

#### Key words

Principles & Procurement Processes & Framework policy, Accountability, Annual planning procedure, Goods and Services, OHSES

#### Reference

##### Key Words

Goods/service being procured, critical incident

#### HUMAN SERVICES STANDARDS

1. Empowerment	1.1	People understand their rights and responsibilities	
	1.2	People exercise their rights and responsibilities	
2. Access & Engagement	2.1	Services have a clear and accessible point of contact	
	2.2	Services are delivered in a fair, equitable and transparent manner	
	2.3	People access services most appropriate to their needs through timely, responsive service integration and referral	
3. Wellbeing	3.1	Services Adopt a strengths-based and early intervention approach to service delivery that enhances peoples wellbeing	
	3.2	People actively participate in an assessment of their strengths, risks, wants and needs	
	3.3	All people have a goal-orientated plan documented and implemented	
	3.4	Each person's assessment and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate	
	3.5	Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury	
4. Participation	4.1	People exercise choice and control in service delivery and life decisions	
	4.2	People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment	
	4.3	People maintain connections with family and friends, as appropriate	

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	4.4	People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community	
	4.5	People maintain and strengthen their cultural, spiritual and language connections	
	4.6	People develop, sustain and strengthen independent skills	

#### EQUIP6

1. Clinical	1.1	Consumers/patients are provided with safe, high quality care throughout the care delivery process	
	1.2	Consumers/patients and communities have access to health services and care appropriate to their needs	
	1.3	Appropriate care and services are provided to consumers/patients	
	1.4	The organisation provides care and services that achieve effective outcomes	
	1.5	The organisation provides safe care and services	
	1.6	The governing body is committed to consumer/patient participation	
2. Support	2.1	The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks	
	2.2	Human resources management supports high quality health care, a competent workforce and a satisfying working environment for staff	
	2.3	Information management systems enable the organisations goals to be met	
	2.4	The organisation promotes the health of the population	
	2.5	The organisation encourages and adequately governs the conduct of research to improve the safety and quality of health care within organisations	
3. Corporate	3.1	The governing body leads the organisations strategic direction to ensure the provision of quality, safe services	Y
	3.2	The organisation maintains a safe environment for employees, consumers/patients and visitors	

#### CHILD SAFE STANDARDS

1	Strategies to embed an organisational culture of child safety, including through effective leadership arrangements	
2	A child safe policy or statement of commitment to child safety	
3	A code of conduct that establishes clear expectations for appropriate behaviour with children	
4	Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel	
5	Processes for responding to and reporting suspected child abuse	
6	Strategies to identify and reduce or remove risks of child abuse	
7	Strategies to promote the participation and empowerment of children	

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