

NQPHN Procedure

Subject: Feedback, Compliments and Complaints	Doc No.: CORP-PR01	Version: 1
Category: Procedure	Owner: ED Business Services	Authoriser: ED Business Services

Related Policy and Framework

This procedure relates to the Feedback, Compliments and Complaints Policy and forms part of the Feedback, Compliments and Complaints Framework

Scope

This procedure outlines the process by which NQPHN receives, records, assesses, investigates, resolves and reports on feedback compliments and complaints (collectively 'feedback').

Feedback encompass all feedback compliments and complaints made to NQPHN about the actions of the PHN. Feedback can be made by all staff or stakeholders to NQPHN.

This procedure will assist NQPNH to resolve matters in an efficient manner and at the local level where possible. Monitoring feedback will also allow NQPHN to follow trends, identify opportunities and operate in an environment of continuous business improvement.

This procedure applies to:

- feedback received from both external clients (i.e. the public) and internal clients (i.e. work units providing services to other work units)
- feedback received by staff (excluding feedback, complaints and grievances managed under the People, Culture and Capability Framework)
- feedback received anonymously
- feedback received via the Chief Executive Officer or Board correspondence

This procedure applies to all staff, contractors, and consultants.

Terms and definitions

Term	Definition
Board	The NQPHN Board of Directors.



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



Term	Definition
Complaint	<p>Complaints are concerns that are raised by a complainant and may include concerns arising from:</p> <ul style="list-style-type: none"> • a decision made, or failure to make a decision • an act or failure to act by NQPHN • the making of a recommendation by NQPHN • the service provided by NQPHN staff, consultants, contractors or any other person that provides services whether paid or on a voluntary basis
Compliment	<p>Compliments are positive observations that are raised by a stakeholder to NQPHN and relate to the service provided by NQPHN staff, consultants, contractors or any other person that provides services whether paid or on a voluntary basis.</p>
Feedback	<p>Feedback are observations of a neutral nature (i.e. neither positive or negative) that are raised by a stakeholder (feedback provider) to NQPHN and relate to the service provided by NQPHN staff, consultants, contractors or any other person that provides services whether paid or on a voluntary basis.</p>
Framework	<p>A framework incorporates the policies, procedures, work instructions and/or guidelines used to create consistency and repeatability in business operations supporting good governance.</p> <p>A framework document is a simplified description of a complex business unit or process.</p>
Governance	<p>The corporate governance of NQPHN, including Board composition, structure of sub-committees, conflicts of interest, risk management, and policies.</p> <p>This includes governance functions such as the planning, scoping, resourcing, monitoring and growth of the business as well as legislation, regulations, standards, codes of practice, and contractual requirements.</p>
Guidelines	<p>Advisory and explanatory statements offering detail, context, and/or recommendations for good practice.</p>
Policy	<p>A statement of the mandatory principles guiding NQPHN's operations and significant decision-making.</p>
Procedure	<p>Statements of NQPHN's mandatory prescribed processes, practice, and/or actions, which give effect to a policy.</p>
Staff	<p>A person carrying out work in any capacity for a person conducting a business or undertaking, including as an employee, contractor, sub-contractor, employee of a contractor, sub-contractor or labour hire company, or any person in a volunteer or training/work experience capacity. Are people who carry out work in any capacity for NQPHN including work such as employees, contractors or subcontractors, an employee of a labour hire company who has been assigned to work at NQPHN, an apprentice, trainee, a student gaining work experience or a volunteer.</p>
Standard	<p>Statements of NQPHN's mandatory prescribed specifications as to the qualities of a product, service, system, infrastructure, or other resource which give effect to a policy.</p>

Procedure

There are six (6) steps in the management of feedback:

1. Receive
2. Record
3. Assess based on criteria
4. Investigate
5. Resolve
6. Report

A process flow outlining section 1 to 5 below is included at Appendix 1.

1. Receive:

Staff and stakeholders will have access to a range of options to provide feedback to NQPHN. These options should ensure that all stakeholders have a simple and accessible method by which to provide feedback. These options will be advertised on the NQPHN website 'Contact' page.

At a minimum, feedback can be provided in any of the following ways:

- Via telephone on (07) 4034 0300
- Directly at a NQPHN service centre
- Online at <https://www.nqphn.com.au/contact>
- Via email at support@nqphn.com.au
- Via social media at:
 - <https://www.facebook.com/nqphn/>
 - <https://twitter.com/nqphn>
 - <https://www.instagram.com/nqphn/>
 - <https://www.linkedin.com/company/nqphn/>
 - <https://www.youtube.com/c/NorthernQueenslandPHN>

Anonymous complaints

NQPHN will accept anonymous complaints but, NQPHN staff will advise the complainant that sufficient information to review a matter, including the complainant's name and contact details, will generally be required to ensure the matter can be dealt with effectively.

Acknowledgement

Feedback received and resolved at the first point of contact may not require a formal acknowledgement. In all other circumstances NQPHN will acknowledge receipt of feedback in a timely manner.

2. Record:

Any staff member receiving feedback should keep a record of the interaction. Feedback will be recorded using the *Observation Record Template* located on the policy resources page of SharePoint.

The following information is required, at a minimum, for each interaction recorded:

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- the nature of the feedback (including complaint classification where relevant)
- the form of the feedback (e.g. email, phone, social media)
- the address or location to which to complaint relates
- the conduct, services or practices to which to feedback relates
- suggested improvements / changes identified
- details of any individual identified in the feedback (where relevant)
- details of the business unit / location identified
- details of any actions taken in response to the feedback (e.g. resolution, escalation)
- details of time taken to resolve the feedback
- an initial assessment of the feedback tier (refer to 'step 3 – assess based on criteria' below).

Classification

Feedback will be assigned a classification as set out in the following table:

Classification	Description	Referred To
Service Delivery	Relating to how a service is provided including timeliness, quality of the service.	Relevant Process Owner
Policy / Procedure	Relating to the process followed to provide a service.	Relevant Process Owner
Administrative Decision	Relating to a decision made by a NQPHN staff member when providing a service or undertaking commissioning.	Relevant Operations Director or Lead
Privacy	Relating to customer or staff privacy and/or release of information.	Privacy Officer
Statutory	Relating to a decision/action that is covered by a process required by a statutory body.	Risk Manager
Clinical Governance	Relating to NQPHN contracted service providers clinical services delivery.	Clinical Governance Working Group
Fraud and Corruption	Relating to allegations of misconduct.	Risk Manager
Staff Conduct	Relating to the behaviour of a staff member when providing a service.	People and Culture Manager
CEO Conduct	Relating to the conduct of the CEO	Board Chair
Director Conduct	Relating to the conduct of the Directors	CEO

Completed feedback forms will be sent to the Risk Manager who will record the feedback within the feedback register.

3. Assess based on criteria:

Once the feedback has been received and recorded in the feedback register, the Risk Officer will assess and categorise the feedback based on the Three Tier Model detailed below:

Tier 3: Independent Review

- Feedback includes allegations of intentional / serious wrongdoing that impacts broadly across NQPHN.
- Feedback has been provided to an external agency, regulator or other independent body resulting in an external review.
- Feedback will require an internal investigation with Board oversight.

Tier 2: Internal Review or Investigation

- Feedback is major in nature impacting multiple team members, services or locations.
- Feedback includes allegations of isolated intentional / serious wrongdoing.
- Feedback has been provided to an external agency, regulator or other independent body resulting in NQPHN have to provide a formal response.
- Feedback will require an internal investigation with Executive oversight.

Tier 1: Frontline Feedback Handling

- Feedback that is general or of a minor nature, impacting an individual team member, service or location.
- This will be managed at a frontline level with limited additional support.
- Feedback may require an informal review with Divisional Executive oversight.

4. Investigate:

The investigation process will be dependent on the assessed Tier of the feedback as defined within the sections below.

Throughout the investigation process, the accountable NQPHN staff member will inform the Risk Manager who will maintain the feedback register.

Timeframe

NQPHN is committed to resolving feedback as quickly and efficiently as possible. The length of time taken to address feedback will depend on the Tier of the feedback, the specific circumstances of the feedback, the complexity of issues in the feedback, the time required to obtain the necessary information, the time taken to complete an independent review, if required, and the availability of the parties.

The following guidelines are provided as an indicative baseline for timelines:

Investigation Element	Tier 1 Guidance	Tier 2 Guidance	Tier 3 Guidance
Referral of feedback	1 day	1 day	1 day
Perform investigation	1 week	2 months	> 2 months
Resolve feedback	1 week	1 month	> 1 month

Referring a matter for investigation

If feedback is able to be resolved at the first point of contact there may be no need to refer the feedback on. A common situation where referral is not required is feedback that is of a general nature and does not require further investigation or a response.

Referral should occur as soon as possible and generally within 1 day of the feedback being recorded.

Where referral is required, the feedback will be referred to the relevant accountable NQPHN staff member as detailed in the feedback classification table (refer to Section 2).

The following RACI table defines the roles and responsibilities of key stakeholders during the investigation process:

Tier	Accountable NQPHN Staff Member	Divisional Executive	CEO	Board
Tier 1	R,	A, C	I	
Tier 2	R	A	C	I
Tier 3		R	A	C, I

Legend: (R) Responsible, (A) Accountable, (C) Consulted, (I) Informed

Role Definitions:

- **Responsible:** the individual is responsible for performing / leading any investigation and review required as a result of the feedback. This includes providing status updates and contributing to feedback reporting in accordance with the Feedback, Compliance and Complaints Framework.
- **Accountable:** the individual is accountable to ensure that the feedback is investigated and resolved in accordance with the Feedback, Compliance and Complaints Framework. This includes monitoring and / or reviewing the work of the responsible individual.
- **Consulted:** the individual may be consulted by the responsible / accountable individuals as they complete the investigation process. This would occur where consultation was required due to the nature of the feedback (e.g. sensitive topic, wider organisational impact, etc.).
- **Informed:** the individual will be informed about the progress of the investigation via regular status updates. This reporting would be specific to the investigation and provided at intervals as agreed with the Informed party taking into account the specific nature of the feedback being investigated.

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The accountable NQPHN staff member (or their delegate) will undertake an informal review or conduct an investigation into the feedback. The investigation will be conducted in a fair, objective and timely manner. Natural justice principles will apply to all investigations.

Investigation steps

The accountable NQPHN staff member will use the following process for investigating feedback:

- gather information for analysis
- formulate decisions and recommendations
- write a report detailing the key steps taken and recommendations
- gain approval for the report from the appropriately authorised NQPHN staff member.

The accountable NQPHN staff member may consider oral evidence, documentary evidence, technical advice, site inspections, equipment or any other necessary details during an investigation.

During an investigation, the accountable NQPHN staff member may also consider any previous history and nature of feedback provided by the same individual.

Communication

The accountable NQPHN staff member will provide timely communication with all stakeholders during the investigation process. This communication may be via telephone, email, letter or in person and may include:

- an acknowledgement of receipt of the complaint
- a request for additional information
- an update on the progress of the investigation
- details of anticipated timeframes
- the outcome or resolution of the matter
- contact officer details
- external review rights.

The accountable NQPHN staff member will document each step of the investigation, including discussions, meetings, phone calls and site inspections on an official file.

The communication medium will generally be the medium used by the feedback provider, or that nominated by the stakeholders.

5. Resolve:

In resolving feedback, the accountable NQPHN staff member may consider any of the following remedy options:

- acknowledgement of an error made
- apology
- change of decision
- change of policy, procedures, practice or service

- correction of misleading or incorrect records
- explanation of how and why the problem occurred and what steps NQPHN is taking or has taken to avoid it recurring
- staff training and education
- provision of information or technical assistance
- advising that disciplinary or management action has been taken (if appropriate)
- repair/rework
- provision of a substitute product or service.

The provision of financial compensation is not an option available under this Framework.

6. Report

Reporting is required at the individual incidence level and in aggregation across all feedback activity.

Incident Reporting

All remedies must be approved by an appropriately authorised NQPHN officer prior to being provided to the feedback provider.

Remedies that include recommendations for review, change or training should, where appropriate, include a timeframe and a mechanism to report back once the recommendation is complete.

The responsible NQPHN staff member will use the Observation Investigation Report Template as a record of the investigation and proposed remedies. This will be provided to the accountable NQPHN staff member for review and approval.

Feedback is considered resolved if at any point if the feedback is withdrawn or requires no further information from NQPHN. Where feedback is withdrawn an Observation Investigation Report is still required and should detail any reasons given for the withdrawal of the feedback.

The feedback provider will be advised of NQPHN's decision in an Observation Outcome letter that includes:

- a summary of the complaint
- the steps taken during investigation
- outcome of the investigation
- remedy option, if appropriate
- officer contact details, if appropriate

If feedback remains unresolved or the feedback provider is dissatisfied with the way the feedback has been handled, they should be advised of their rights to:

- approach another agency to seek resolution
- review procedures

In general the appropriate agency to contact would be:

- Office of the Australian Information Commissioner (OAIC) for complaints relating to privacy;
and

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- Department Health for dissatisfaction with the outcome of general feedback, service delivery or any other matters.

Contact details for these external agencies are details below:

Office of the Australian Information Commissioner

Website – <https://www.oaic.gov.au/about-us/contact-us>

Phone – 1300 363 992

Mail – GPO Box 5218, Sydney NSW 2001

Department of Health:

Website – <https://www.health.gov.au/about-us/contact-us>

Phone – 1800 020 103

Mail – Department of Health, GPO Box 9848, Canberra ACT 2601, Australia

Feedback Reporting

NPQHN commits to performing regular reporting against key feedback metrics and trends. The following table lists the minimum reporting requirements.

Report Topic / Metric	Report Purpose	Report Frequency
Feedback Received	<ul style="list-style-type: none">• To detail the total volume of feedback.• To outline feedback by:<ul style="list-style-type: none">○ group (e.g. feedback, compliment or complaint)○ classification; and○ Tier.• To detail a month-on-month analysis of 6 months and prior year comparison.• To detail the status of investigations, highlighting investigations that are long outstanding and rated as either Tier 2 or Tier 3.• To highlight emerging trends.	Monthly

Report Topic / Metric	Report Purpose	Report Frequency
Feedback Trend Analysis	<ul style="list-style-type: none"> • To summarise analysis over trends in feedback received. • To outline feedback by: <ul style="list-style-type: none"> ○ group (e.g. feedback, compliment or complaint) ○ classification; and ○ Tier. • To summarise: <ul style="list-style-type: none"> ○ feedback by how it was received (e.g. telephone, email, etc.) ○ feedback by business unit / service area impacted by the feedback ○ key trends in feedback ○ outcomes of feedback ○ service levels for addressing feedback (e.g. time taken to investigate / issue outcome) ○ planned actions to be undertaken as a result of the feedback analysis ○ status of committed actions from prior trend analysis reporting 	Annual

Roles and Responsibilities

Role	Responsibility
Board	<ul style="list-style-type: none"> • Review and approve the Feedback, Compliments and Complaints Framework and Policy in accordance with the Policy Governance Framework.
FARM Committee	<ul style="list-style-type: none"> • Review and endorse the Feedback, Compliments and Complaints Framework and Policy in accordance with the Policy Governance Framework.
CEO	<ul style="list-style-type: none"> • Review and endorse the Feedback, Compliments and Complaints Framework and Policy in accordance with the Policy Governance Framework. • Demonstrate Executive leadership and support through the promotion of the Feedback, Compliments and Complaints Framework.
Executive Team	<ul style="list-style-type: none"> • Demonstrate Executive leadership and support through the promotion of the Feedback, Compliments and Complaints Framework.
ED Business Services	<ul style="list-style-type: none"> • Ensure that all policy and procedure documents are developed, approved and implemented. • Ensures that appropriate consultation has taken place before seeking formal approval. • Ensures that reviews of the framework documents are conducted in accordance with the Policy Governance Framework.

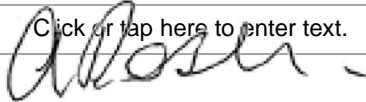
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	<ul style="list-style-type: none">• Approves all procedures and supporting documents for the Feedback, Compliments and Complaints Framework.• Ensures that training is maintained and provided to staff.• Ensure that monitoring, analysis and reporting over feedback, compliments and complaints is performed.
Staff	<ul style="list-style-type: none">• Demonstrate support by using the Feedback, Compliments and Complaints Framework.• Undertake training relevant to the Feedback, Compliments and Complaints Framework.
Risk Manager	<ul style="list-style-type: none">• Maintain the Feedback Compliments and Complaints register.• Support the ED Business Services in the performance of their Roles and Responsibilities relating to Feedback, Compliments and Complaints.

Related Documents

- 📄 CORP-FRA04 Feedback, Compliments and Complaints Framework
- 📄 CORP-POL05 Feedback, Compliments and Complaints Policy
- 📄 Feedback Record template
- 📄 Feedback Register
- 📄 Feedback Investigation Report template

Management approval

Authorised by: ED Business Services	Signed: 
Date: 23 July 2022	Click or tap here to enter text.

Appendix 1: Feedback Investigations Process Flow

