

NQPHN Procedure

Title:	Feedback, Compliments, and Complaints Procedure	Doc ref.:	CORP-PR01	Version:	2
Category:	CORP	Owner:	Operations Director Business Services	Authoriser:	Executive Director Business Services

1. Related Policy and Framework

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

2. Scope

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

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

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

This procedure applies to:

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

2.1 This procedure applies to all employees, contractors, and consultants.



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.



3. Terms and definitions

Term	Definition
Board	The NQPHN Board of Directors.
Complaint	Concern raised by a complainant and may include concerns arising from: <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 employees, consultants, contractors, or any other individual providing services whether paid or on a voluntary basis.
Compliment	A positive observation raised by a stakeholder of NQPHN and relate to the service provided by NQPHN employees, consultants, contractors, or any other individual providing services whether paid or on a voluntary basis.
Feedback	An observation of a neutral nature (i.e. neither positive or negative) raised by a stakeholder (feedback provider) of NQPHN and relate to the service provided by NQPHN employees, consultants, contractors, or any other individual providing services whether paid or on a voluntary basis.
Framework	Documents incorporating policies, procedures, work instructions, and/or guidelines to create consistency and repeatability in business operations, supporting good governance. A framework document is a simplified description of a complex business unit or process.
Governance	The corporate governance of NQPHN, including Board composition, structure of sub-committees, conflicts of interest, risk management, and policies. 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.
Guidelines	Advisory and explanatory statements offering detail, context, and/or recommendations for good practice.
Observation	The collective noun representing feedback, compliments, or complaints.
Policy	A statement of the mandatory principles guiding NQPHN's operations and significant decision-making.
Procedure	Statements of NQPHN's mandatory prescribed processes, practice, and/or actions, which give effect to a policy.
Employee	An individual carrying out work in any capacity for an individual conducting a business or undertaking, including as an employee, contractor, sub-contractor, employee of a contractor, sub-contractor or labour hire company, or any individual in a volunteer or training/work experience capacity. This includes individuals 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.
Standard	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.

4. Procedure

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

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.

4.1 Receive:

Employees and stakeholders have access to a range of options to share observations with NQPHN. These options ensure that all stakeholders have a simple and accessible method by which to share observations. These options are advertised on NQPHN's website on the 'Contact us' page.

At a minimum, observations can be shared in any of the following ways:

- By calling (07) 4034 0300
- In-person at an NQPHN service centre
- Online at <https://www.nqphn.com.au/contact>
- By sending an email to support@nqphn.com.au
- Through NQPHN's social media channels:
 - <https://www.facebook.com/nqphn/>
 - <https://www.linkedin.com/company/nqphn/>
 - <https://www.instagram.com/nqphn/>
 - <https://www.youtube.com/c/NorthernQueenslandPHN>

4.1.1 Anonymous complaints

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

4.1.2 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 observations in a timely manner.

4.1.3 Complaints relating to commissioned service providers

NQPHN maintains a distinct process for handling complaints concerning service providers contracted through our commissioning process. Any complaints received will be assessed to determine their nature. If it is established that the complaint relates to a commissioned service provider, it will be referred to the relevant contract officer and the Clinical Governance Working Group. Such complaints are not managed through the NQPHN Feedback, Compliments, and Complaints Framework.

4.2 Recording

Any employee receiving observations should keep a record of the interaction. Observations must be recorded using the Form located on SharePoint under the 'I want to' section.

The below information is required, at a minimum, for the recording of each interaction.

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

4.2.1 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 and quality of the service.	Executive Director Business Services
Policy/procedure	Relating to the process followed to provide a service.	Executive Director Business Services
Administrative decision	Relating to a decision made by an NQPHN employee when providing a service or undertaking commissioning.	Executive Director Health Services Commissioning
Privacy	Relating to customer or employee 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
Fraud and corruption	Relating to allegations of misconduct.	Risk Manager
Employee conduct	Relating to the behaviour of an employee while 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 directors.	CEO

Completed forms are delivered the Operations Director, Business Services using a workflow to record the feedback within the feedback register.

4.3 Assessment based on criteria

Once the observation has been received and recorded in the Feedback, Compliments, and Complaints register, the Operations Director, Business Services will assess and categorise the observation based on the Three Tier Model detailed below.

Three Tier Model

Tier 3: Independent Review

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

Tier 2: Internal Review or Investigation

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

Tier 1: Frontline Feedback Handling

- Observation 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.
- Observation may require an informal review with Divisional Executive oversight.

4.4 Investigation

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

Throughout the investigation process, the accountable NQPHN employee will inform the Operations Director Business Services who maintains the Feedback, Compliments, and Complaints register.

4.4.1 Timeframe

NQPHN is committed to resolving observations as quickly and efficiently as possible. The length of time taken to address an observation will depend on the tier of the feedback, the specific circumstances of the observation, the complexity of issues in the observation, 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	Up to 2 months	> 2 months
Resolve feedback	1 week	Up to 1 month	> 1 month

4.4.2 Referring a matter for investigation

If an observation can be resolved at the first point of contact, there may be no need to refer the observation on. A common situation where a referral is not required is for observations that are of a general nature and do not require further investigation or a response.

A referral should occur as soon as possible and generally within one day of the observation being recorded.

Where referral is required, the observation will be referred to the relevant accountable NQPHN employee as detailed in the observation classification table (refer to Section 4.2.1)

The below Responsible, Accountable, Consulted, and Informed (RACI) table defines the roles and responsibilities of key stakeholders during the investigation process.

RACI table

Tier	Accountable NQPHN employee	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 observation. This includes providing status updates and contributing to observation reporting in accordance with the Feedback, Compliance, and Complaints Framework.
- **Accountable:** the individual is accountable to ensure that the observation 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 observation (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 observation being investigated.

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

4.4.3 Investigation steps

The accountable NQPHN employee will use the following process for investigating observations:

- 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 employee.

The accountable NQPHN employee 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 employee may also consider any previous history and nature of feedback provided by the same individual.

4.4.4 Communication

The accountable NQPHN employee 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 observation
- 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 employee 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 observation provider, or one nominated by the stakeholders.

4.5 Resolution

In resolving observations, the accountable NQPHN employee 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
- employee 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.

4.6 Reporting

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

4.6.1 Incident Reporting

All remedies must be approved by an appropriately authorised NQPHN officer prior to being provided to the observation 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 employee will use the *CORP-FOR28 Observation Investigation Report template* as a record of the investigation and proposed remedies. This will be provided to the accountable NQPHN employee for review and approval.

In situations where an observation is assessed at a tier 1 level and can be resolved at the initial point of contact, completion of the Observation Investigation Report is not required. Instead, the observation record will be used to record the outcome of the observation.

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

The observation provider will be advised of NQPHN's decision in an observation outcome letter that includes:

- a summary of the observation
- steps taken during investigation
- outcome of the investigation

- remedy option, if appropriate
- officer contact details, if appropriate.

If an observation remains unresolved or the observation 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) to report complaints relating to privacy
- Department of Health and Aged Care (DoHAC) to report 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: www.oaic.gov.au/about-us/contact-us

Phone: 1300 363 992

Mail: GPO Box 5218, Sydney NSW 2001

Department of Health:

Website: www.health.gov.au/about-us/contact-us

Phone: 1800 020 103

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

4.6.2 Feedback Reporting

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

Report topic/metric	Report purpose	Report frequency
Observations received	<ul style="list-style-type: none"> • To detail the total volume of observations. • To outline observations 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 six 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

<p>Observation trend analysis</p>	<ul style="list-style-type: none"> • To summarise analysis over trends in observations received. • To outline observations 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"> – observations by how they were received (e.g. telephone, email, etc.) – observations by business unit/service area impacted by the observation – key trends in observations – outcomes of observations – service levels for addressing observations (e.g. time taken to investigate/issue outcome) – planned actions to be undertaken as a result of the observation analysis – status of committed actions from prior trend analysis reporting. 	<p>Annual</p>
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5. 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. • Approves all procedures and supporting documents for the Feedback, Compliments, and Complaints Framework. • Ensures that training is maintained and provided to employees. • Ensure that monitoring, analysis, and reporting over feedback, compliments, and complaints is performed.
Employee	<ul style="list-style-type: none"> • Demonstrate support by using the Feedback, Compliments, and Complaints Framework.

	<ul style="list-style-type: none"> 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.

6. Related documents

- CORP-FRA04 Feedback, Compliments, and Complaints Framework
- CORP-PLY38 Feedback, Compliments, and Complaints Policy
- CORP-REG03 Feedback, Compliments, and Complaints Register
- CORP-FOR28 Observation Investigation Report

7. Management approval

Authorised by:	Executive Director Business Services	Signed:	
Date:	26/7/2024	Review date:	26/7/2026

8. ISO 9001:2015 requirements

Clause 7: Support

7.5 Documented information

7.5.1 General

7.5.2 Creating and updating

7.5.3 Control of documented information

7.5.3.1 Documented information shall be controlled

7.5.3.2 For the control of documented information

Clause 9: Performance evaluation

9.1 Monitoring, measurement, analysis, and evaluation

9.1.1 General

9.3 Management review

9.3.1 General

9.3.2 Management review inputs

9.3.3 Management review outputs

Clause 10: Improvement



10.1 General

10.2 Nonconformity and corrective action

10.2.2 The organisation shall retain documented information

10.3 Continual improvement



Appendix 1: Feedback Investigations Process Flow

