

# Complaints and feedback policy

<b>Policy name:</b>	<b>Complaints and feedback policy</b>
Date approved:	23 August 2024
Next revision:	1 August 2025
Approved by:	Chief Executive Officer
Organisation contact:	Manager   Priority Communities

## Purpose

This policy describes the processes used by Brisbane North PHN (the PHN) to acknowledge, review and resolve any feedback received related to our work.

The complaints and feedback policy is designed to ensure that all feedback is captured, recorded and addressed promptly and fairly. Handling feedback effectively will support continuous improvement of the PHN's activities.

The complaint management process will be modelled on the principles of [ISO 9001:2015 \(QMS\) Standards](#).

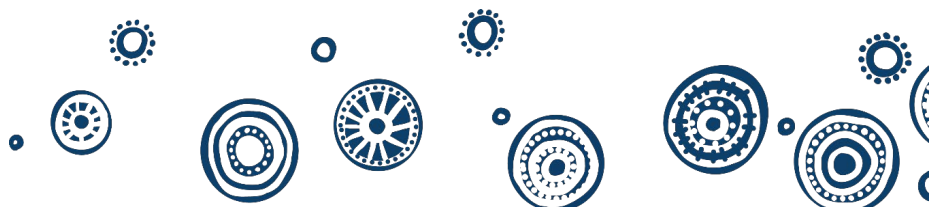
## Scope

This policy refers to any feedback regarding PHN activities, funded services or programs. It does not include internal PHN staff feedback or complaints; this type of information is overseen by the relevant People and Culture policies in the [Employee Handbook](#).

All of the PHN's staff, programs, projects and operations fall within the scope of this policy. However, the PHN will not have oversight for feedback about services not funded by the PHN. This feedback should be directed to the relevant organisation or [Office of the Health Ombudsman \(OHO\)](#). Where services are provided in an integrated manner and PHN funding contributes to the services provided, feedback about those services will be considered in scope for this policy.

## Responsibility

All Staff	Staff at all levels are expected to have a clear understanding and be committed to fair, effective and efficient handling of compliments, complaints and feedback.
Specialist Officer   Business Administration	Responsible for tracking records of complaints, feedback and compliments for the business and for ensuring that complaints are responded to appropriately and timely by the responsible officer.
Management	Implement changes arising from compliments, complaints and feedback from the analysis and evaluation of complaint and feedback data.



## Definitions

**Feedback** is defined as a comment or suggestion with any aspect of the PHN's activities, services or actions.

**Complaint** is an expression of dissatisfaction with any aspect of the PHN's direct or commissioned services that requires the PHN to review, or refer the information provided, and where appropriate, facilitate a resolution.

**Compliment** is defined as an expression of praise, approval, admiration or commendation. This can apply to the PHN, staff member(s) or any of the services and programs we deliver or procure.

Open Disclosure – Is the open discussion of adverse events that result in harm to a consumer while receiving health care with the consumer, their family and carers.

**Note** Contracted service providers are required to report to the PHN any major or minor incident involving PHN funded services. These incidents are captured and tracked as part of our Feedback procedure described in this policy.

## Related Documents

- [Incident Reporting Policy](#)
- [Privacy Statement](#)
- [Department of Health Primary Health Network Complaints Policy](#)
- [Ombudsman managing unreasonable complaint conduct](#)

## Feedback principles

The PHN welcomes feedback regarding the services and programs we deliver or procure. All feedback received will be acknowledged and addressed under an effective, transparent and responsive management process. Any interested party may provide feedback to the PHN about our activities, operations and funded services.

PHN's feedback policy is underpinned by a set of guiding principles, developed by the Department of Health<sup>1</sup>, which provide high level guidance for individuals, organisations and consumers and carers wishing to lodge feedback about the PHN, our activities or funded services.

Principle	The PHN will:
<b>Objectivity and Fairness</b>	<ul style="list-style-type: none"><li>• recognise and respect everybody's right to lodge feedback</li><li>• treat all feedback with impartiality, confidentiality and transparency</li><li>• treat all feedback on its merits, with an open mind and without prejudice arising from previous contact with person or organisation providing the feedback</li><li>• ensure PHN staff declare any actual or perceived conflicts of interest in relation to handling/resolving of any feedback</li></ul>
<b>Accessibility</b>	<ul style="list-style-type: none"><li>• ensure the Complaints and Feedback policy is publicly accessible and published on the PHN's website. This includes information on how and where to lodge feedback, and how feedback is managed</li><li>• ensure contracted service providers and other relevant partners have appropriate feedback policies in place that are publicly accessible</li></ul>

<sup>1</sup> [Department of Health's Primary Health Networks Program Complaints Policy](#)

<b>Responsiveness and Efficiency</b>	<ul style="list-style-type: none"> <li>record, track, acknowledge and process feedback in a timely manner</li> <li>prioritise feedback in accordance with urgency and seriousness of the issue raised and ensure the level of assessment is proportional to the complexity of the feedback</li> <li>ensure PHN staff are appropriately equipped with the information, support and expertise required to respond to and resolve feedback as required</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>ensure that the identity of the person or organisation providing the feedback is protected, where feasible and appropriate</li> <li>seek permission to disclose the identity of the person or organisation providing feedback only when it is necessary to do so to resolve any feedback</li> <li>ensure personal information that identifies individuals is only disclosed as permitted under the relevant privacy laws, secrecy provisions and confidentiality obligations.</li> </ul>

## Feedback about commissioned service providers

As a commissioner of services, the PHN requires that any contracted service provider has their own robust feedback and complaints policies and procedures in place and expects that these are made available to consumers and carers preferably by publishing these on their websites. Service providers should also provide details on their websites on which services, activities or programs are delivered with PHN funding.

It is expected that feedback received by the PHN regarding commissioned services will be referred back to the service provider for resolution in the first instance. Feedback regarding services delivered by a PHN contracted provider but which are not funded by the PHN are not within scope of this policy and should be directed to the service provider.

If a person is dissatisfied with the outcome of their feedback to the service provider, or where they are unwilling or unable to raise the feedback with the service provider, they may raise the feedback with the PHN directly as outlined in this policy.

## Feedback about health professionals

It is not appropriate for the PHN to deal directly with feedback or complaints around individual health professionals and the clinical services and care they provide.

If a member of the community or a health professional approach the PHN with any concerns about a health professional we will advise the person to consider taking the following steps to resolve the situation:

- encourage the complainant to communicate directly with the health professional involved
- the complainant may prefer to discuss the issue with another health professional in the practice, for example, the practice principal or the practice manager.

If the complainant is not satisfied with these responses or feel the service provided was not of a reasonable standard they may consider contacting the [Office of the Health Ombudsman \(OHO\)](#) who offer a free, independent and impartial service. If the Office of the Health Ombudsman is not able to help resolve the issue, the OHO can refer the issue to another body that is appropriate to deal with it, such as the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

## Feedback regarding privacy

Feedback regarding any issues of privacy or data management will be managed by the PHN under the relevant legislation, our [Privacy statement](#) is available on our website. In the first instance, provide your feedback to the PHN for resolution but feedback may also be lodged directly to the relevant State/Territory Privacy Commissioner for investigation. Further information can be found at the [Office of the Australian Information Commissioner](#).

## Engaging with stakeholders who provide feedback

The PHN will take all reasonable steps to ensure that people providing feedback are not adversely affected because feedback has been provided by them or on their behalf. There is no cost associated with lodging feedback to the PHN. The PHN can also assist in organising professional interpreting services for anyone who has difficulties communicating in English, as well as arrange for interpreters in Auslan and other sign languages when required.

The PHN does not expect staff to tolerate unacceptable behaviour by people providing feedback. Unacceptable behaviour includes behaviour and comments which are abusive, offensive, threatening and/or vexatious.

PHN staff responsible for managing feedback will use the [Ombudsman managing unreasonable complaint conduct](#) when dealing with people who behave unreasonably.

PHN staff may take steps to minimise their interaction with people who demonstrate abusive, offensive, threatening and/or vexatious behaviour, where appropriate. This does not negate the requirement for PHN staff to assess and resolve the feedback and provide an outcome and feedback.

## Receiving feedback

If feedback is received by phone, PHN staff are required to encourage the person providing the feedback to submit their feedback in writing as detailed in this policy. If the person or organisation is unable to provide the feedback in writing the PHN staff member will record the feedback provided in ChilliDB and process as per this policy.

When receiving any feedback the PHN requires the following information:

- details of the issue, service or event this feedback is in relation to
- any available evidence to support the feedback
- details of any attempts made to resolve the matter if appropriate
- if appropriate details of the resolution or outcome the person providing the feedback would like to achieve
- seek permission to disclose the identity of the person or organisation providing feedback if it is necessary to resolve the feedback being reported.

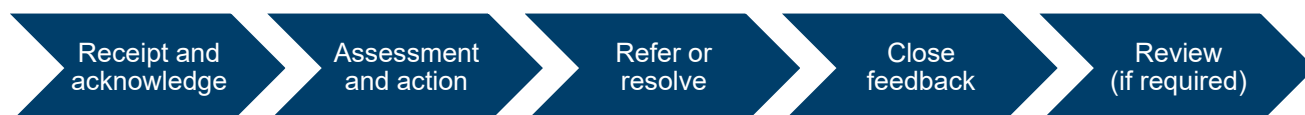
The PHN will attempt to follow up with the person or organisation providing the feedback to gain all of this information if it is not provided in the first instance.

The PHN will accept anonymous and confidential feedback and consider the issues raised where there is enough information provided to warrant further investigation. However, where anonymous feedback is provided, the PHN is unable to notify the person of the outcome of their investigation.

If a person prefers or needs another person or organisation to assist or represent them in the making and/or resolution of their feedback, PHN staff will communicate with them through their representative.

## Feedback Procedure

The PHN follows a staged approach to managing complaints and feedback as shown in the diagram below.



### Receipt and Acknowledge

All feedback received including complaints and reported incidents from contracted service providers will be recorded by the PHN using ChilliDB. If feedback pertains to a PHN staff member, then these details are not recorded in ChilliDB but referred to the PHN's Human Resource department.

## Recording feedback

All feedback received is recorded as a note in ChilliDB the PHN's CRM. PHN staff recording feedback must follow the [GUI Recording feedback in ChilliDB](#)

## Acknowledgement

All feedback compliments or complaints will be acknowledged by the appropriate PHN staff member within **three business days**.

- Complaints** The complaint will be acknowledged either over the phone or in writing with the complainant and will include:
- acknowledgement that the feedback was received and whether the feedback is within the scope of this policy (if not, referral to another body should be provided if appropriate)
  - clarify issue raised and confirm expected outcomes
  - details of the process that will be used to investigate the feedback/complaint (if required)
  - contact details of the relevant PHN Manager who will manage/oversee the investigation
  - time frames expected to complete the required investigation.

The responsible Manager will ensure the feedback is properly understood, which may involve contacting the person providing the feedback to gain more information. Where deemed necessary, the Manager should discuss the feedback with their Executive or the Chief Executive Officer who will determine if the feedback should be referred to the Board for discussion or noting.

- Compliment** If appropriate the responsible Manager will attempt to contact and thank the person who provided the feedback
- The Manager assigned to the ChilliDB note regarding the compliment or feedback will ensure it is passed onto the program area, staff members(s) or commissioned services as appropriate.
  - No further action is required for a Compliment or positive feedback. The Manager will close the ChilliDB note.

## Assessment and Action

When determining how feedback will be managed, the PHN will consider:

- what the feedback is about
- how serious, complex or urgent the feedback is
- whether the feedback raises concerns about people's health and safety
- how the person/entity providing the feedback is being affected by the nature of the feedback
- the risks involved if resolution of the feedback is delayed
- whether a resolution requires the involvement of other organisations, including service providers.

The responsible Manager will undertake appropriate investigations and actions to address the feedback, including making contact with relevant service providers, if required. The PHN's actions will be tailored to the type of feedback and take into account any statutory requirements. To address feedback, the PHN will:

- assess the claims made in the feedback
- gather information about the product, service, person or area that the feedback is about
- escalate the feedback to the relevant Executive Manager, if required, providing strategies for resolution

- refer the feedback to the service provider or external body if required, providing essential information to these parties
- request that service providers take certain actions
- keep appropriate records.

## Open Disclosure

The key elements of open disclosure are:

- An apology or expression of regret, which should include the words ‘I am sorry’ or ‘we are sorry’
- A factual explanation of what happened
- An opportunity for the consumer, their family and carers to relate their experience
- A discussion of the potential consequences of the adverse event
- An explanation of the steps being taken to manage the adverse event and prevent recurrence.

The Brisbane North PHN will follow the Australian Open Disclosure Framework and will include the following steps (in accordance with the Australian Commission on Safety & Quality in Health Care supporting materials and resources):

Table: Key elements of open disclosure process in small healthcare organisations

1. Incident detection	<ul style="list-style-type: none"> <li>• Detect incidents through a variety of mechanisms</li> <li>• Provide prompt clinical care to the consumer to prevent further harm</li> <li>• Assess the incident and establish facts on what occurred</li> <li>• Notify relevant individuals, authorities and organisations</li> </ul>
2. Signalling the need for open disclosure	<ul style="list-style-type: none"> <li>• Acknowledge the adverse event to the consumer including an apology or expression of regret</li> <li>• Note any comments and observations by the consumer, and answer any questions the consumer may have.</li> <li>• A lower-level response can conclude at this stage</li> <li>• Signal the need for open disclosure</li> <li>• Avoid speculation and blame</li> </ul>
3. Preparing for open disclosure	<ul style="list-style-type: none"> <li>• Gather all necessary information</li> <li>• Notify, and consult with, professional indemnity insurer</li> <li>• Ensure consumer record is up to date</li> <li>• Identify appropriate participants (offer the consumer an opportunity to invite a support person if appropriate)</li> <li>• Arrange the first meeting in consultation with the consumer</li> <li>• Consider how practical support of the consumer for expenses and ongoing care will be addressed</li> <li>• Provide clinician support if appropriate / seek support (if sole practitioner)</li> </ul>
4. Engaging in open disclosure	<ul style="list-style-type: none"> <li>• Acknowledge the adverse event</li> <li>• Provide a sincere and unprompted apology or expression regret including the words I am sorry</li> <li>• Clearly explain the incident</li> <li>• Give the consumer the opportunity to provide their observations about the incident and ask questions</li> <li>• Encourage the consumer to describe the personal effects of the adverse event</li> <li>• If further meetings are required an open disclosure plan is agreed upon, recorded and signed</li> <li>• Assure the consumer that they will be informed of further findings of any investigations related to the incident and resulting changes to care delivery</li> <li>• Discuss and agree on future care if required</li> <li>• Offer practical and emotional support to the consumer</li> <li>• If necessary, hold several meetings</li> </ul>
5. Completing the process	<ul style="list-style-type: none"> <li>• Assure the consumer that further information and follow-up care will be provided</li> </ul>

	<ul style="list-style-type: none"> <li>• Maintain contact if the investigation is ongoing and share outcomes and practice changes with the consumer</li> <li>• Reach agreement with the consumer or provide an alternative course of action</li> <li>• Provide a final written and verbal communication to consumer</li> <li>• Communicate any relevant information to other healthcare providers</li> </ul>
6. Maintaining documentation	<ul style="list-style-type: none"> <li>• Keep the consumer record up to date</li> <li>• Maintain a record of the open disclosure process</li> <li>• File documents in the consumer record</li> <li>• Provide the consumer with documentation throughout the process (verify contents with indemnity insurer)</li> </ul>

<https://www.safetyandquality.gov.au/sites/default/files/migrated/Implementing-the-Australian-Open-Disclosure-Framework-in-small-practices.pdf>

Please refer to the above document for further information.

## Refer or Resolve

An outcome will be communicated to the person who provided the feedback **within 15 business days of their feedback being received**. Where this is not possible the Manager responsible for investigating the feedback should maintain regular contact with the person providing feedback to inform them of the process and anticipated timeframes for resolution.

Upon resolution the person who provided the feedback will be advised of the following:

- any action/s taken (or whether appropriate to refer to the relevant service provider or another body)
- the reason/s for a decision
- the remedy or resolution/s that have been proposed or put in place
- any options for review that may be available, including escalation to the Department of Health or other relevant body.

## Close Feedback

The responsible Manager will ensure that feedback and outcomes are recorded and analysed in a systematic way to drive continuous improvement. Once the feedback has been resolved the responsible Manager will update the ChilliDB.

Details to be included in the ChilliDB notes include comprehensive records about:

- the initial feedback correspondence
- how the feedback was managed
- the outcome/s of the feedback
- any recommendations made to address issues identified
- any decisions made on those recommendations
- feedback provided to the person providing the feedback and relevant service providers, as appropriate.
- the final action and outcome, the closed date and change the status to closed.

The Specialist Officer | Business Administration regularly monitors feedback to ensure its effectiveness in responding to and resolving feedback, and to identify and correct any deficiencies. A list of open and closed feedback notes are provided regularly to the Management Team.

## Review of decision

In closing the feedback if the person providing feedback is unhappy with the resolution provided they can seek a review of a decision.

A request for review should be made in writing to the CEO **within three months** of the initial feedback outcome being communicated.

A review will consider:

- the process adopted by the PHN staff involved and whether it was fair and adequate to address all the feedback issues raised
- the merit of the initial conclusions and whether they were clearly and appropriately explained to the person providing the feedback.

The reviewing officer may:

- **uphold** the original decision
- **change** the original decision
- **refer** the matter back to the original Manager or another officer for further review/action, where the reviewing officer has identified complaint issues not already (or properly) considered.

An internal review will only be conducted once then the feedback will be closed.

## **Escalation of complaints**

Any person may choose to directly engage with the [Department of Health](#) to seek a review of the PHN's management, handling and/or decision regarding feedback they have provided. If seeking a review of decision, the person providing the feedback is responsible for lodging their feedback to the Department.

To seek a review by the Department of Health, feedback can be submitted to [PHN.Complaints@health.gov.au](mailto:PHN.Complaints@health.gov.au) or at the following address:

*PHN Operations Section  
MDP 410 Program Delivery Branch*

*Health Grants and Network Division  
Australian Government Department of Health  
GPO Box 9848  
Canberra ACT 2601, Australia*

## **Additional information**

Feedback that is deemed to be outside the scope of the PHN and is not managed under this policy may be referred to another agency, if known, and as appropriate. This will occur in consultation with the person providing the feedback.

To organise professional interpreting services for anyone who has difficulties speaking English and or requiring Auslan or other sign languages, please contact the Australian Government Department of Home Affairs [Translating and Interpreting Service \(TIS\)](#).

## **Contacting the PHN**

Any person or organisation wanting to lodge feedback about the PHN's activities, processes or programs should provide the feedback in writing to the PHN via email to [info@brisbanenorthphn.org.au](mailto:info@brisbanenorthphn.org.au) or post to

*Brisbane North PHN  
Quality Officer  
PO Box 845  
Lutwyche QLD 4030*



REVISION HISTORY

Version	Approval date	Change
18	19 August 2024	Open disclosure wording added to policy, approved by Executive team
17	18 May 2023	Internal audit, minor changes
16	3 May 2022	Annual review, no changes
15	15 December 2021	Internal audit recommendations
14	23 March 2021	Review of the procedure including ChilliDB. Alignment of the procedure with the documents steps involved in managing feedback
13	7 September 2020	Procedure updated to log feedback into ChilliDB
12	5 August 2019	Policy reviewed and updated to reflect commissioning role of PHN and to specify clear roles for the PHN and service providers in complaints handling. Policy now also incorporates procedure and the Department of Health principles. Replacing the previous Compliments & Complaints policy (Revision history 1-11)