

## FEEDBACK AND COMPLAINTS POLICY

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## POLICY STATEMENT

Family Planning Australia (FPA) seeks feedback, both positive and negative, from all our stakeholders as an opportunity to maintain and improve the quality of services. We seek feedback from:

- clinic clients (including participants of the Sexuality and Disability Service)
- course participants
- research participants
- donors
- people in countries where we deliver international development projects
- partners and others affected by our work

Individuals making a complaint will be reassured that the service they receive will not be affected by the fact that they have made a complaint.

## PURPOSE

The purpose of this policy is to ensure Family Planning Australia addresses feedback and complaints in a professional manner. The management of complaints and feedback at Family Planning Australia acknowledges requirements outlined by the following guidelines and bodies:

- [NHMRC- National Statement on Ethical Conduct in Human Research 2007 \(Updated May 2018\)](#)
- [Australian Open Disclosure Framework, ACSQHC 2013](#)
- [Complaints Management Handbook for Health Care Services ACSQHC 2005](#)
- [Standards for Registered Training Organisations \(RTOs\) 2015](#)
- The Royal Australian College of General Practitioners Accredited Activity Provider Service
- [National Disability Insurance Scheme \(Complaints Management and Resolution\) Rules 2018](#)
- [NSW Health PD2019\\_013 Administration of NSW Health Grant Funding for Non-Government Organisations Policy](#)
- [Australian Council for International Development Code of Conduct](#)
- [Australian Department of Foreign Affairs and Trade NGO Accreditation Guidance](#)

## SCOPE

This policy applies to all Family Planning Australia staff, volunteers and in-country partners.

Note, specific policy requirements related to the international programme's prevention of sexual exploitation, abuse and harassment and child protection should refer to the Prevention and Safeguarding Policy, noting the principles within this Policy apply.

## DEFINITIONS

Term	Meaning
<b>Complaint</b>	Complaint means an expression of dissatisfaction made to an organisation, related to its products or services, or the complaint handling process itself, where a response or resolution is explicitly or implicitly expected. Complaints may be made by a friend or advocate on behalf of the complainant. Complaints may be verbal or written, either by letter or email. Complaints have potential legal, financial, industrial or ethical implications for the organisation. Any complaint about a clinical procedure should be regarded as a potential medico-legal issue.
<b>Complainant</b>	Complainant means a person, organisation or its representative, making a complaint.
<b>Feedback</b>	Feedback refers to responses received from internal and external stakeholders about the quality, cost, timeliness and relevance of services provided in relation to their expectations. Feedback is valuable as it often identifies opportunities for improvement and informs risk management.
<b>Inquiry</b>	Inquiry means a request for information or an explanation. An inquiry may evolve into a complaint, once information is shared.
<b>NDIS</b>	National Disability Insurance Scheme
<b>Open Disclosure</b>	Open Disclosure is the process of providing an open, consistent approach to communicating with the consumer/participant/client and their families following an incident. This includes expressing regret for what has happened, keeping the consumer/participant/client informed, and providing feedback on investigations, including the steps taken to prevent a similar incident occurring in the future. It is also about providing any information arising from the incident or its investigation relevant to changing systems of care in order to improve patient safety. <i>NSW Health Open Disclosure PD2014_028 September 2014</i>

## POLICY DETAILS

In managing feedback and complaints, Family Planning Australia adopts the following principles:

### Principle 1: Visibility

We clearly publicise information about how and where to submit feedback or lodge a complaint.

Family Planning Australia acknowledges that promoting our willingness to receive complaints makes clear our preparedness to work hard to continually improve our performance.

### Principle 2: Accessibility

We ensure that our complaint handling process is as easy and accessible as we can practically make it to all complainants.

### **Principle 3: Responsiveness**

We respond to complaints in a fair, efficient and timely manner.

### **Principle 4: Objectivity**

We address all complaints in an equitable, fair and unbiased manner using evidence submitted by both the complainant and our personnel through the complaint handling process.

### **Principle 5: Minimised costs to complainant**

Access to the complaint handling process is free of charge to complainants

### **Principle 6: Confidentiality**

We observe strict confidentiality in complaint handling.

### **Principle 7: Consumer/client-focused approach**

The interests of our consumers/clients/participants are foremost in our approach to complaint handling. As far as possible, Family Planning Australia endeavours to adopt the principles of transparency and open disclosure in managing complaints.

### **Principle 8: Accountability**

We ensure that accountability for and reporting on the actions and decisions with respect to complaint handling is clearly established.

### **Principle 9: Continual improvement**

In order to continually improve the complaint handling process we:

- maintain the Incident Report Register which includes documentation of complaints received and action taken to resolve complaints
- review the register to identify trends and improve services
- undertake specific training and retraining of staff to foster a consumer/client-focused approach and better complaint handling practices

## **COMPLIANCE STRATEGY**

<b>Item</b>	<b>Audit frequency /evidence</b>	<b>Person responsible</b>
<b>Trends in number and type of complaints</b>	Reporting trends in the number and types of complaints, and factors that may have influenced trends, such as specific quality improvement initiatives, levels of complainant, clinician and staff satisfaction with the processes and outcomes of complaints.	Quality Management and Accreditation Officer