



External Feedback Policy and Procedure

Effective Date: 16th September 2021

Document Number: 040

Approval – Chief Executive Officer

Name: Des Martin

Signature:

Purpose

The Aboriginal Health Council of Western Australia (AHCWA) values the input it receives from its external stakeholders and recognises the importance of all feedback as a vital mechanism for continuous quality improvement.

The purpose of this policy is to outline the organisation's protocols for the management of external feedback.

Scope

This policy applies to all external stakeholders of the organisation, including but not limited to Member Services, students of the RTO, government departments/agencies, partner organisations and community members.

This policy does not apply to internal feedback from workplace participants. For internal feedback, please refer to either *Employee Feedback Policy (Doc 1282)* or *Grievance and Dispute Management Policy and Procedure (Doc 042)*.

Objective

This policy and procedure is designed to:

- operationalise the recording, management and ongoing analysis of feedback offered to the organisation relating to the delivery of services;
- ensure that the community, Member Services, students of the RTO and other stakeholders have an accessible means to raise any concerns directly with the organisation;
- provide details of the way in which feedback will be managed by the organisation;
- ensure feedback is handled efficiently and effectively;
- apply a continual quality improvement approach to all feedback; and
- ensure that all feedback is dealt with in a manner that respects the contribution to the quality improvement of the organisation.

Evidence Base

This policy is consistent with the following standards:

- *Fair Work Act 2009* (Cth) (s535) (1)
- Doc 763 ISO 9001:2015 QMS Requirements Standard
- Quality Improvement Council Standards: Standard 1.3
- Australian Standard AS 8000-2003 Good Governance Principles
- Australian and New Zealand Standards AS/NZ 4360 Risk Management

Related Documents

This policy should be read in conjunction with the following policies and documents:

- Doc 042 Grievance and Dispute Management Policy and Procedure
- Doc 062 AHCWA Support Feedback and Evaluation Questions
- Doc 073 Compliments, Suggestions and Complaint Form
- Doc 087 Record Keeping Policy and Procedure
- Doc 1148 Whistleblowing Policy
- Doc 1282 Employee Feedback Policy

Linked Forms / Software

- LogiQC Feedback Register
- LogiQC Improvement Register

Managing Feedback

In line with the organisation's commitment to continuous quality improvement, it is preferred that all external feedback be submitted in writing, so that it may be logged in the Feedback Register in the organisation's Quality Management System (LogiQC) to inform trend analysis.

In all circumstances, external feedback must be assigned to a relevant member of management for review and consideration.

Any stakeholder who offers feedback should receive an acknowledgement of their feedback, and have the opportunity to request a formal written response.

In circumstances where the feedback constitutes a complaint (as determined by the assigned Manager), the Manager shall determine what, if any, action is required to effectively address the feedback.

The assigned Manager will also determine if any preventive and corrective action is required to reduce the likelihood of the issue happening again. These details will be captured in the Feedback Register in LogiQC.

The Executive Management Team will review all feedback at the Management Review Committee Meetings.

The Board of Directors will review all feedback via the Feedback Register, which is tabled at Board Meetings (at least quarterly).

The organisation will incorporate ongoing analysis of feedback into strategic planning, business planning and program development. Continual quality improvement based on feedback ensures the organisation's services and assistance are relevant, accessible and aligned to the desired outcomes for its community and Member Services.

Feedback Procedure

Where a stakeholder wishes to provide feedback the following procedure will apply:

- a. The stakeholder is encouraged to provide their feedback in writing via email or letter, alternatively a stakeholder may request a *Compliments, Suggestions and Complaint Form (Doc 073)* via email, post or in person from reception;
- b. Stakeholders can also access the *Compliments, Suggestions and Complaint Form (Doc 073)* electronically from the AHCWA website;
- c. If the feedback is a complaint, or is about a workplace participant, it must first be escalated to the appropriate Executive Manager, Deputy Chief Executive Officer, or Chief Executive Officer (CEO) (if the feedback relates to an Executive Manager), the Chairperson of the Board (if the feedback relates to the CEO or a member of the Board) or directly to the organisation's independent whistleblowing service provider (if the feedback constitutes reportable conduct, see Doc 1148 Whistleblowing Policy);
- d. All feedback will be logged in the Feedback Register in LogiQC and a Manager will be assigned the task;
- e. The assigned Manager will acknowledge the feedback either verbally or in writing within seven (7) working days;
- f. If a formal written response to the feedback is required, it will be provided within 20 working days. A formal response is required if:
 - i. requested by the stakeholder providing the feedback;
 - ii. determined by the assigned Manager as being necessary and/or appropriate; or
 - iii. the feedback constitutes a complaint.
- g. Details of the acknowledgement, investigation (if required), formal written response and subsequent actions will be recorded in the Feedback Register in LogiQC;
- h. If the stakeholder wishes to offer the feedback verbally they should be directed to the appropriate Manager (escalate to the Deputy CEO, CEO or Chairperson if required) and the Manager will take notes and enter it on the Feedback Register in LogiQC and subsequently follow the same procedure;



- i. Any preventive/corrective action or improvement resulting from the feedback will be logged in the Feedback Register in LogiQC and assigned appropriately; and
- j. Any actions that require escalation due to severity or relevant approval delegations will be escalated appropriately.

Regardless of the nature of the feedback, workplace participants are not required to listen to abusive or offensive language and can escalate the conversation to an appropriate Manager in circumstances where they feel threatened or uncomfortable.

Method	Address
Email	Reception@ahcwa.org
Post	PO Box 8493 Stirling Street Perth, WA, 6849
Website	https://www.ahcwa.org.au/feedback
In person	Reception, 450 Beaufort Street Highgate WA 6003
Phone	(08) 9227 1631
Fax	(08) 9228 1099
Via the Whistleblower service	See Doc 1148 Whistleblower Policy

Confidentiality

Any stakeholder offering feedback will be provided the opportunity to lodge their feedback anonymously. However, stakeholders who wish to remain anonymous will be informed that withholding their name may mean that the organisation will be limited in how they can investigate and address the complaint.

If the feedback involves a specific workplace participant, the workplace participant may request the name or source of the complaint. In this instance the appropriate Executive Manager, Deputy CEO or CEO will determine if circumstances warrant disclosing the name of the person who offered the feedback.

The workplace participant about whom the feedback is offered will be advised not to discuss it with the stakeholder who offered the feedback or any other workplace participants unless instructed by the assigned Manager, Deputy CEO or CEO.

There is no requirement to provide specific details relating to operational actions taken as a result of feedback. However, where it does not involve a breach of any individual or workplace participants' privacy, the assigned Manager may decide it is appropriate to provide some details of actions taken.

Record Keeping

The organisation maintains identifiable feedback, in accordance with the *Fair Work Act 2009* (Cth) (s535) (1) and *Doc 087 Record Keeping Policy and Procedure*.

Review Timeframe

This policy shall be reviewed every two (2) years.