

# Consumer Feedback (compliments, complaints, and suggestions) 002045



1. Clinical Governance



2. Partnering with Consumers

## Policy statement

Metro North Hospital and Health Service (Metro North) values the benefit of effectively managing feedback from our consumers (both positive and negative) about the care and services we deliver and is committed to providing a high-quality consumer feedback system.

## Purpose and intent

This policy outlines the direction, governance and roles and responsibilities for consumer feedback management in Metro North and supports compliance with section 219A of the *Public Service Act 2008* (Qld) 'Departments to have complaints management system for customer complaints and the human rights of all Queenslanders under the *Human Rights Act 2019* (Qld) (Human Rights Act). The policy is supported by a suite of procedures and protocols which provide guidance for the successful management of consumer feedback consistently, fairly, reasonably and on time.

All Clinical Directorates are required to have in place an effective consumer feedback management system.

The intent of this policy is to outline the guiding principles and framework for the consumer feedback management system that will:

1. Facilitate the management and responsiveness to feedback in a timely, sensitive and effective manner.
2. Enhance mechanisms for responding to consumer feedback to improve services.
3. Ensure a consistent approach to responsive management of feedback across Metro North, in keeping with the Australian Charter of Healthcare Rights guiding principles.
4. Increase awareness of feedback management requirements and related legislation including giving proper consideration to human rights in accordance with the *Human Rights Act* when making decisions or taking actions.
5. Ensure Metro North responds to consumer feedback in keeping with National Safety and Quality Health Service (NSQHS) Standard 1: Clinical Governance and Standard 2: Partnering with Consumers.

## Scope and target audience

This policy applies to all Metro North Health clinical and non-clinical staff (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

A “consumer” is a person who has used, or may potentially use health services, or who is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative, to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.

Any complaint that may be considered corrupt conduct, professional misconduct, fraud or conduct in breach of the Code of Conduct for the Queensland Public Service and may subsequently require referral to the Office of the Health Ombudsman and/or Crime and Corruption Commission must be referred to Metro North Crime and Corruption Liaison Officer [MNHHS-Integrity@health.qld.gov.au](mailto:MNHHS-Integrity@health.qld.gov.au)

Refer to Metro North Procedure Requirements for Reporting Corrupt Conduct.

This policy applies to:

- all Metro North clinical and non-clinical staff (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers)
- all settings across the health continuum including community, primary, acute, rehabilitation and residential care health services within Metro North

## Principles

The following principles underpin the Metro North consumer management system:

- Recognition that consumer feedback is essential for the ongoing improvement in the safety and quality of services Metro North provides.
- Metro North welcomes and encourages feedback from consumers, their family members or carers, and from our clinicians and staff about the safety and quality of care we provide.
- Patients should be offered reassurance that the feedback provided will not compromise the quality of care patients receive from the treating team.
- Recognition that feedback is provided through multiple channels, through surveys, focus groups, committees, compliments and complaints processes and incident management system and at the point of care.
- Supports a culture of openness and demonstrates willingness to learn from incidents, complaints and suggestions, for example, learnings from feedback received from patient hotlines.
- Involves and engages diverse groups who access our services, including those people who may not usually provide feedback.
- Commits to ensuring consumers participate in the evaluation of the patient experience and feedback information.
- Has effective systems in place to analyse and respond to individual and aggregated feedback at each level of governance.
- Is transparent about how feedback is used to inform care and service improvements through publications such as the annual Quality of Care Report.
- Supports the Metro North Core Principles of Care.

## Policy elements

This policy is aligned with the following associated procedures and protocols which form an integral part of the consumer feedback system:

- Consumer feedback (compliments, complaints & suggestions) Procedure: 003851
- Communicating the Australian Charter of Healthcare Rights Procedure: 003369
- Partnering with Consumers Policy: 005163
- Partnering with Consumers: Processes, tools and templates Guideline: 004370
- Consumer Written Information Procedure: 004700

## Audits, reviews and continuous improvement

Continual improvement of the feedback system is one of the guiding principles for effective feedback management.

The feedback management system is regularly reviewed to ensure its suitability, adequacy, effectiveness and efficiency, this includes:

- collection of information – records of the performance of the feedback process including conducting audits to assess:
  - the conformity of feedback management procedures
  - the extent that procedures are being followed
  - the ability of existing processes to achieve objectives
  - strengths and weakness of the processes
  - opportunities for improvement
- analysis and evaluation of feedback – identify systemic and recurring/single incident problems and trends and to eliminate underlying causes of complaints
- satisfaction with complaints process – regular action to determine levels of satisfaction, including surveys of complainants
- monitoring of the feedback process – performance of the process should be measured against predetermined criteria
- reviewing of the feedback process – regular reviewing of the process to evaluate performance on compliance with procedures and stability to achieve objectives
- management review of the feedback process

## Roles and Accountabilities

Role	Accountabilities
Metro North Hospital and Health Service Board (The Board)	<ul style="list-style-type: none"><li>• The Board is responsible for the governance activities of the organisation, deriving its authority from the <i>Hospital and Health Boards Act 2011</i> and the <i>Hospital and Health Boards Regulation 2012</i>.</li><li>• Ensure systems are in place to promote consumer feedback and community engagement.</li><li>• Ensure the most serious complaints are regularly reviewed in accordance with policy.</li><li>• Ensure aggregate and trended analysis for all other complaints is reported to The Board.</li></ul>

	<ul style="list-style-type: none"> <li>• Ensure adequate resources, technology and equipment are available to support the complaints management system.</li> <li>• Review audits of the complaints management system to ensure it is effective and consistent with best practice principles.</li> </ul>
Chief Executive	<p>The Chief Executive is the accountable officer for all consumer feedback activities across Metro North and is responsible for:</p> <ul style="list-style-type: none"> <li>• Publishing the following information on the Metro North website for the financial year by the 30th September after each financial year: <ul style="list-style-type: none"> <li>○ The number of consumer complaints received in the year</li> <li>○ The number of those complaints resulting in further action</li> <li>○ The number of those complaints resulting in no further action.</li> </ul> </li> <li>• Ensuring the Metro North annual report includes the following information as required by the Human Rights Act: <ul style="list-style-type: none"> <li>○ Details of any actions taken during the reporting period to further the objects of the Act and</li> <li>○ Details of any human rights complaints received including <ul style="list-style-type: none"> <li>▪ the number of complaints received</li> <li>▪ the outcome of complaints and</li> <li>▪ any other information prescribed by regulation relating to complaints and</li> </ul> </li> <li>○ Details of any review of policies, programs, procedures, practices or services undertaken in relation to their compatibility of human rights.</li> </ul> </li> <li>• Ensuring systems and processes are in place to systematically seek feedback and information from consumers.</li> <li>• Ensuring there is a process for reporting on trends and issues arising from consumer complaints and complements.</li> <li>• Ensuring complete and accurate records are captured, created and managed regarding consumer complaints in accordance with the <i>Public Records Act 2002</i> (Qld).</li> <li>• Ensuring there is a framework for reporting against agreed performance indicators for complaints management.</li> <li>• Ensuring patient feedback and complaints are reviewed at the highest level of governance in the organisation; including ensuring responsibilities listed in this procedure are upheld.</li> <li>• Ensuring all staff are aware of and comply with local consumer feedback procedure, principles and responsibilities.</li> <li>• Appointing investigators who are appropriately resourced and skilled to undertake investigations.</li> <li>• Ensure appropriate action is taken on investigation results and lessons learnt.</li> </ul>
Executive Directors	Metro North Executive Directors are responsible for:

	<ul style="list-style-type: none"> <li>• Overseeing the consumer feedback activities within their area of accountability, ensuring alignment with the Consumer Feedback Policy, procedure and relevant guidelines.</li> <li>• Regularly monitoring, assessing and reporting consumer feedback.</li> <li>• Champion and creating a support environment for consumer feedback.</li> <li>• Ensuring systems are in place to analyse and implement improvements in response to consumer feedback.</li> <li>• Ensuring roles and responsibilities have been appropriately identified and delegated to manage all aspects of the consumer feedback system and meet all minimum standards as set out in this Policy.</li> <li>• Approving and overseeing corrective actions and improvement plans as appropriate to meet minimum standards and comply with policy and procedure requirements.</li> </ul>
Metro North Executive Safety and Quality Committee	<ul style="list-style-type: none"> <li>• Oversee and evaluate auditing of the complaints process and data arising at the Metro North level.</li> <li>• Make recommendations for service improvement based on local data and best available evidence at the system level.</li> <li>• Provide the Chief Executive and Board Safety and Quality Committee with advice on trends and issues relating to consumer feedback.</li> </ul>
Executive Director Clinical Governance, Safety, Quality and Risk	<p>The Executive Director Clinical Governance, Safety, Quality and Risk is responsible for:</p> <ul style="list-style-type: none"> <li>• Approving the governance framework, policy, procedure, and processes necessary to ensure that the consumer feedback system is well designed and implemented to meet Metro North obligations and requirements as per Australian Standards.</li> <li>• Providing high quality support, and strategic advice, information and guidance to the Metro North Executive, Chief Executive and Board Safety and Quality Committee.</li> <li>• Coordinating the reporting of performance to meet the requirements as outlined in all legislative, service level agreements, and internal safety and quality performance reporting frameworks.</li> <li>• Leading system level improvement initiatives to improve system performance.</li> </ul>
Clinical Directorate Safety and Quality Committee	<ul style="list-style-type: none"> <li>• Approve clinical directorate associated documents.</li> <li>• Oversee and evaluate auditing of the complaints process and data arising at the clinical directorate level.</li> <li>• Make recommendations for service improvement based on local data and best available evidence.</li> <li>• Provide the Chief Executive and Board Safety and Quality Committee with advice on trends and issues relating to clinical directorate consumer feedback.</li> </ul>

Feedback Co-ordinators (Consumer / Patient Liaison Officers)	<ul style="list-style-type: none"> <li>• Coordinate the complaints management process.</li> <li>• Provide support to staff who are managing complaints and compliments.</li> <li>• Maintain communication with all parties at an agreed frequency.</li> <li>• Ensure all complaints relating to misconduct have been referred to the relevant professional body by the appropriate line manager.</li> <li>• Identify when a complaint is linked to an adverse clinical outcome, reportable event or clinical incident and notify the Patient Safety Officer.</li> <li>• Ensure complete and accurate records are captured, created and managed regarding consumer complaints in accordance with the <i>Public Records Act 2002</i> (Qld).</li> <li>• Ensure that all consumers are aware of the role of the Office of the Health Ombudsman for complaints that remain unresolved.</li> <li>• Provide accurate data to the Safety and Quality Unit, Hospital Executives, Metro North Clinical Governance, Safety, Quality and Risk and to the Board against agreed performance indicators at a frequency agreed.</li> <li>• Flag all complaints approaching / likely to exceed 35 days to the relevant responsible Director for review and development of an action plan.</li> <li>• Provide performance reports to the appropriate clinical governance committee, and ad-hoc on request.</li> <li>• Evaluate the complaints management process, including consumer feedback, to identify, propose and implement improvements.</li> <li>• Escalate concerns to Hospital Executive as necessary.</li> </ul>
All Staff	<ul style="list-style-type: none"> <li>• Are aware of consumer management policy and procedure</li> <li>• Can access policies and procedures or escalate to staff who have access and familiarity with this process</li> <li>• Assist consumers to provide feedback to Metro North, as required.</li> <li>• Assist with resolving complaints at the point of service wherever possible and within the scope of their role.</li> </ul>

## Partnering with consumers

Patients and family members have been encouraged and given the opportunity to ask questions, clarify information and identify goals through local consumer engagement groups. Staff are responsible for providing information in a way that is understandable and that meets their needs and are to check consumer's understanding of discussions.

## Aboriginal and Torres Strait Islander considerations

Staff are to provide care that encompasses physical, social, emotional, spiritual and cultural wellbeing of the individual, in accordance with the Metro North Health Equity Strategy or the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033.

The Australian Charter of Healthcare Rights, and the principles of equity and cultural safety provide the guiding principles for implementing and maintaining health equity for Aboriginal and Torres Strait Islander people action. These principles are as follows:

**Equity** - absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

**Access** - individuals and groups within the organisation will take responsibility for providing a range of access options to health services that are culturally appropriate for Aboriginal and Torres Strait Islander patients who are economically disadvantaged and experience transport challenges.

**Safety** - patients and other people receive safe and high-quality health services, provided with professional care, skill and competence.

**Consumer engagement** - individuals and groups within the organisations demonstrate service models that encompass health promotion, disease prevention, diagnostic, treatment, primary, acute, sub-acute and support services.

**Cultural Safety** - all individuals and groups are treated according to their unique cultural needs and differences with an understanding to not in any way diminish, demean or disempower individuals on the basis of perceived or actual differences.

Metro North respects, protects and promotes the cultural rights of Aboriginal and Torres Strait Islander people. Please advise Aboriginal and/or Torres Strait Islander patients, their families and/or substitute decision-makers of the availability of Indigenous Hospital Liaison Officers (IHLO) in recognition of their cultural and language rights under section 28 of the *Human Rights Act* including their right to self-determination, right to enjoy kinship ties; and protection from removal/relocation.

## Culturally and Linguistically Diverse (CALD) patients

Staff are to provide care that encompasses physical, social, emotional, spiritual and cultural wellbeing of the individual, in accordance with the Metro North Collaborating in Health Strategy 2022 – 2024.

The Australian Charter of Healthcare Rights states that patients have a right to be informed about services, treatment, options and costs in a clear and open way. Wherever practical, healthcare providers should take steps to meet patient/consumer access, treatment, language and communication needs.

The principles of equity and cultural safety provide the guiding principles for implementing and maintaining health equity for our diverse communities, including CALD communities, people from refugee and asylum-seeking backgrounds, LGBTQI+ communities, people living with disabilities, rural and remote communities, people who are homeless or vulnerably housed who access health services. These principles are as follows:

### Access

individuals and groups within the organisation will take responsibility for providing a range of access options to health services that are culturally appropriate for CALD patients.

### Safety

patients and other individuals receive safe and high-quality health services, provided with professional care, skill and competence in an environment that makes them feel safe.



## **Respect**

all individuals and groups are treated according to their unique cultural needs and differences with an understanding to not in any way diminish, demean or disempower individuals on the basis of perceived or actual differences.

## **Partnership**

Individuals make decisions with their healthcare provider and are involved in honest and open communication, which includes choosing the people involved in planning and decision-making.

## **Information**

individuals and groups within the organisation demonstrate service models that encompass health promotion, disease prevention, diagnostic, treatment, primary, acute, sub-acute and support services.

## **Privacy**

Individuals' privacy will be respected, and their health information will be secure and confidential.

## **Feedback**

Individuals share experiences and participate to improve the quality of care and health services. Feedback or complaints will be provided and actioned without effecting the individual's treatment plan. Concerns will be addressed in a transparent and timely way.

Metro North respects, protects and promotes the cultural rights of Culturally and Linguistically Diverse (CALD) people. Please advise CALD patients, their families and/or substitute decision-makers of their cultural and language rights under Section 27 of the *Human Rights Act* (2019).

## **Legislation and other authority**

*Hospital and Health Boards Act 2011* (Qld)

*Public Records Act 2002* (Qld)

*Public Service Act 2008* (Qld)

AS/NZS Standard 10002:2022 - Guidelines for complaint management in organisations

*Health Ombudsman Act 2013* (Qld)

*Right to Information Act 2009* (Qld)

*Information Privacy Act 2009* (Qld)

*Public Health Act 2005* (Qld)

*Anti-Discrimination Act 1991* (Qld)

*Human Rights Act 2019* (Qld)

Aged Care Quality Standards (2019) Standard 6 – Feedback and Complaints

NDIS Practice Standards and Quality Indicators (2021) Standard 2 – Provider Governance and Operational Management

## **Related Documents**

Australian Charter of Healthcare Rights

Code of Conduct Queensland Public Service

Metro North Strategic Plan 2020-2024

Metro North Safety and Quality Strategy 2019 - 2023



## Appendix 1- Definition of terms

Term	Definition
Complaint	Expression of dissatisfaction, orally or in writing, made to, or about, the department, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required. (AS/NZS Standard10002:2022 - Guidelines for complaint management in organisations)
Compliment	A polite expression of praise or admiration (English Oxford Dictionary)
Consumers	Patients and potential patients, carers and organisations representing consumers' interests. (National Safety and Quality Health Service Standard 2)

## Document History

<b>Author</b>	CNC – Safety and Quality, Clinical Governance, Safety, Quality & Risk, Metro North
<b>Custodian</b>	Director, Metro North Clinical Governance, Safety, Quality and Risk
<b>Risk</b>	Medium (7)
<b>Compliance evaluation and audit</b>	<p>Compliance with this policy will be assessed through monthly and annual analysis of performance against established targets:</p> <p>100% of complaints acknowledged within five days.</p> <p>85% of complaints responded to within 35 calendar days.</p> <p>Monthly performance indicator reports from Safety and Quality Units detailing clinical directorate compliments and complaints to Executive and to relevant governance committees.</p> <p>Inclusion of consumer complaints information in the Metro North Annual Quality of Care Report, which includes data and performance indicators for the prior year. Report to be published publicly in September each year.</p> <p>Risks associated with compliance reported through to Metro North Executive Safety and Quality Committee; Board Safety and Quality Committee; and Board Risk and Audit Committee; as part of annual safety and quality reporting framework.</p>
<b>Replaces Document/s</b>	Consumer Feedback Policy 002045 version 3.1
<b>Changes to practice from previous version</b>	<p>Scheduled review</p> <ul style="list-style-type: none"> <li>Update to role of Consumer Liaison Officers of the following:</li> </ul>

	<p>Identify when a complaint is linked to an adverse clinical outcome, reportable event or clinical incident and notify the Patient Safety Officers.</p> <ul style="list-style-type: none"> <li>Ensure complete and accurate records are captured, created and managed regarding consumer complaints in accordance with the Public Records Act 2002 (Qld).</li> </ul>
<b>Education and training to support implementation</b>	Communication to Patient/Consumer Liaison Officers highlighting the update
<b>Consultation</b>	<p><b>Key stakeholders</b></p> <p>Metro North Executive Director, Clinical Governance, Safety, Quality &amp; Risk</p> <p>Metro North Director, Clinical Governance, Safety, Quality &amp; Risk</p> <p>Clinical Directorate Executive Directors</p> <p>Metro North Executive Director Medical Services</p> <p>Metro North Safety and Quality Units</p> <p>Metro North Legal Services</p> <p>Metro North Consumer / Patient Liaison Officers</p> <p>Metro North Consumer Engagement Team</p> <p><b>Broad Consultation</b></p> <p>Metro North Aboriginal and Torres Strait Islander Leadership Team</p> <p>Digital Metro North</p> <p>Metro North Medical Services</p> <p>Metro North Nursing and Midwifery Services</p> <p>Metro North Allied Health</p> <p>Metro North Communication</p> <p>Metro North Finance</p> <p>Metro North People and Culture</p> <p>Metro North Workplace Health and Safety</p> <p>Metro North Legal Unit</p> <p>Metro North Risk and Compliance Officer</p> <p>Metro North Clinical Streams</p> <p>Metro North Engage</p> <p>Health Excellence Innovation Unit</p> <p>Clinical Directorate Safety and Quality Units</p> <p>Clinical Skills Development Centre</p>
<b>Marketing Strategy</b>	Marketing through regular email to all line managers of new and updated policies and procedures; Also, a notification through Safety and Quality Units to key stakeholders.

<b>Key words</b>	Consumer; feedback; complaints; compliments, suggestions; human rights, 002045
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**Custodian Signature**

Date

Director, Clinical Governance, Safety, Quality and Risk, Metro North Hospital and Health Service

**Authorising Officer Signature**

Date

Executive Director, Clinical Governance, Safety, Quality and Risk, Metro North Hospital and Health Service

## AUTHORISATION

**Signature**

Date

Chief Executive, Metro North Hospital and Health Service

The signed version is kept in file at Clinical Governance, Safety, Quality and Risk, Metro North.