



Heather Needham  
Quality, Safety, Innovation and Improvement,  
Canberra Health Services  
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Dear Heather

**Re: Review of Consumer Feedback Management Policy and Procedure**

HCCA welcomes the opportunity to provide our input to the Canberra Health Services review of the Consumer Feedback Management Policy and Procedure. We look forward to continue to work with you to ensure the final policy and procedure will support a responsive consumer-focused approach to feedback as part of a continuing quality improvement.

HCCA is a member-based organisation and for this submission we consulted broadly with our members, including our Quality and Safety Consumer Reference Group. There was considerable interest in, and feedback received from our members, in this consultation period. This highlights the need for Canberra Health Services (CHS) to demonstrate a commitment to genuine partnership with consumers in consumer feedback management processes.

We would be very pleased to meet to discuss our feedback and clarify any issues. Please follow up with Kathryn Briant in the first instance. Kathryn's best form of contact is email: [kathrynbriant@hcca.org.au](mailto:kathrynbriant@hcca.org.au).

We look forward to seeing how our feedback shapes the next version of these documents.

Yours sincerely

A handwritten signature in black ink, appearing to read "Darlene Cox".

Darlene Cox  
Executive Director  
22 February 2020

**HCCA Submission:**  
**Review of Consumer Feedback Management  
Policy and Procedure**

Submitted 22 February 2020

**Contact:**

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## **About HCCA**

The Health Care Consumers' Association (HCCA) is a health promotion charity and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation, and consumer and community consultations,
- training in health rights and navigating the health system,
- community forums and information sessions about health services, and
- research into consumer experience of health and social care.

## Review of Consumer Feedback Management Policy & Procedure

\*Please note that we have provided our submission, along with a copies of the policy and procedure that include comments and tracked changes.

### General Comments

HCCA commends CHS on seeking a comprehensive approach to consumer feedback management in setting out both policy and procedural documents. Having a policy and procedure in place can help outline to staff and consumers the role of consumer feedback in improving services, and ensure that there are systematic approaches taken that support best practice.

We think there is some room for improvement in both these documents. We consider the following comment from one of our members provides a good summary of our feedback across both the policy and the procedure:

*Overall they are too internally focused on systems and procedures with little that is outcome-based for patients or carers apart from some KPIs relating to response and advice post-investigation. Also, there is no specific mention of actively seeking patient/consumer/carers feedback. The policy and procedure(s) address mostly how consumer feedback is to be handled internally and specifically exclude information received via consultation processes. Are there separate consultation processes in place or being considered? If so, these should be explained or at least referred to.*

*Overall, though very thorough, there appears to be no change to the current arrangements which are passive and do not provide opportunities for actively seeking patient/carers feedback.*

HCCA considers, from a consumer perspective, that these documents do not fully capture the 'partnership' approach to health care, as taken in the current versions of the Australian Charter of Healthcare Rights and the National Safety and Quality in Health Service Standards. As such the procedures around consumer feedback should reflect the partnership approach and seek to genuinely partner with consumers through feedback, using it to inform ongoing improvements for safety and quality across CHS. We would like to see linkage with the Quality Strategy.

As overarching policy principles for consumer feedback, we like the eight core principles outlined in the National Better Practice Guidelines on Complaints Management for Health Care Services<sup>1</sup>:

1. Commitment to consumers and quality improvement – leaders in the health care service promote a consumer-focused approach to complaints as part of a continual quality improvement program

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<sup>1</sup> ['Better Practice Guidelines on Complaints Management for Health Care Services'](#), Australian Council for Safety and Quality in Health Care, July 2004

2. Accessible – the service encourages consumers to provide feedback about the service, including concerns and complaints, and makes it easy to do so
3. Responsive – the service acknowledges all complaints and concerns and responds promptly and sensitively
4. Effective assessment – the service assesses complaints to determine appropriate responses by considering risk factors, the wishes of the complainant and accountability
5. Appropriate resolution – the service deals with complaints in a manner that is complete, fair to all parties and provides just outcomes
6. Privacy and open disclosure – the service manages information in a fair manner, allowing relevant facts and decisions to be openly communicated while protecting confidentiality and personal privacy
7. Gathering and using information – the service records all complaints to enable review of individual cases, to identify trends and risks, and report on how complaints have led to improvements
8. Making improvements – the service uses complaints to improve the service, and regularly evaluates the complaints management policy and practices.

Our concerns in the CHS policy statement presented for review are:

- Some of the terms used without definition, such as ‘amicably’ and ‘promptly’, have little meaning to consumers in this context
- Monitoring of trends in feedback – the procedure describes oversight by the Consumer Feedback & Engagement Team, but we hold concerns about the coding of data, particularly in RiskMan, and how useful this data is to taking action for quality improvement.
- The timeframe of ‘35 calendar days’ to respond to feedback – 7 weeks is a long time, particularly where an issue raised may need to be more urgently addressed. While a consumer will have their feedback acknowledged within 5 days (p7 of the procedure), there is no indication about ongoing communication as to the progress of investigation etc. over subsequent weeks. Complex matters, in particular, will require additional contact with the consumer who has provided the feedback. The issue around timeframes was raised by a number of consumers in their feedback. We think this partnership and ongoing communication across the course of the response process is essential.
- The statement that ‘the future care of the consumer is not affected by feedback provided’. This is a fear that many consumers hold, and some have experienced retribution. How will this be assured?
- The roles and responsibilities of all staff reflect the management of feedback and prevention of complaints from consumers (p3 of the policy), but do not address the need for resolution or the role of feedback in improving care and health outcomes. We feel this is a gap in the policy document.

## Specific Key Issues

### *Declining to respond to feedback*

Most consumers who provided comment on the policy expressed much concern about the section in the Policy on 'Declining to Respond to Feedback' (p2). This states that:

*CHS may decline to respond to feedback in certain circumstances. Refer to the Consumer Feedback Management in Canberra Health Services Procedure.*

We referred to the Procedure, where on p5 its states:

*In some circumstances, CHS may decide not to respond to feedback. Prior to declining to respond to feedback, CHS must ensure the concerns have been fully investigated.*

The issue for consumers here is that there is no description of the circumstances that might warrant a decision not to respond to a consumer's feedback. Transparency is an essential principle in high performing health services, and this statement about declining to respond is not consistent with that principle. This needs to be addressed more clearly in the policy and procedure, and also in communication to consumers so they can be aware of the sort of feedback to which CHS may decline to respond. It is not clear if this specifically relates to those complaints CHS deems to be vexatious.

An additional, but related issue, is that the 'Definition of Terms' on p11 defines the word 'vexatious' for the purposes of the document:

***Vexatious.*** *Without sufficient grounds and serving only to cause annoyance.*

Yet, the word vexatious is not to be found anywhere within the document. We expect that this present draft has deleted a previous version's reference to vexatious complaints by consumers, but the term has not been deleted in this section. A consumer outlined that:

*If vexatious complaints are one form of consumer feedback to which CHS would decline to respond, then this should be made explicit, along with examples of other forms of consumer feedback to which CHS might decline to respond.*

### *Who can make a complaint*

A consumer suggested the following:

*As to who can lodge a complaint perhaps scope needs to be given for a person to appoint an advocate. This is to assist those that may not complain in fear of reprisal.*

### *BLAST – Believe, Listen, Apologise, Solve and Thank*

A number of consumers told us that they liked the BLAST approach, outlined in the procedure document on p4 and at Attachment 1. However, consumers felt that this

was not common practice and there was no indication as to how this approach may be taught, communicated or practised with staff as training for engaging with consumers in their feedback.

### *Investigation of complaints*

This is described in the section on page 4-7 of the procedure. Consumers raised that, the procedure outlines that a formal response must:

*address each of the points the consumer has raised, with a full explanation and specific details about the investigation that was conducted, for example, sources of information or what was discovered*

However, we are aware that this regularly does not happen, from the perspective of consumers. There are concerns about the diligence and thoroughness of investigations that take place, and suspicions from consumers that CHS can take a risk management, rather than a partnership and quality improvement approach, depending on the issues raised. The principles of open disclosure and transparency must form part of conducting thorough investigations, especially in relation to complex matters.

### *Codes of Conduct*

We note that there are currently no links made in either document to AHPRA processes for notification or Codes of Conduct for various health professionals. We think this is important as the Codes of Conduct can include guidelines for action when a complaint is made.

### *Support for consumers and staff*

Under the section on *Aboriginal and Torres Strait Islander Peoples*, the procedure (p7) outlines that

*With the consent of the consumer, the Aboriginal and Torres Strait Islander Liaison Service can participate in the complaint resolution process by providing advice and assistance to the consumer and staff. Staff should ensure that consumers are aware of this service.*

We suggest that similar support, perhaps through social work, should be extended to any consumer or staff member needing assistance, especially in matters that are complex, challenging and/or emotional. Consumers could be referred or self-referred to such services.

### *Communication*

There is no section in the policy or procedure that outlines how these documents will be communicated to staff and consumers. This is essential. For instance:

- How is this information on consumer feedback covered in staff training?
- Where can consumers find the policy and procedure on consumer feedback management?
- Will there be information available on the internet for consumers?
- Will there be a link provided through the CHS inpatient guide?

### *Evaluation*

The evaluation measures outlined in the policy document are inadequate and focus only on process, rather than outcomes. We would expect to see measures around:

- Staff know how to respond to feedback
- Staff felt supported in the process of investigations and responding to consumer feedback
- Consumer report that the responses fully addressed the issues they raised
- How consumer feedback has led to improvements in safety and quality in CHS

We suggest there would be great value in a consumer review panel to complete audits around consumer feedback, as HCCA previously discussed with ACT Health back in 2015.

We are also interested in how patient rounding, currently being considered by CHS, would relate to this policy and procedure.

### **Concluding comments**

Thank you for the opportunity to provide feedback to the consultation process for this review of the Consumer Feedback Management Policy and Procedure. HCCA has a keen interest in this work and hopes to see our feedback is incorporated. We would be keen to meet and discuss any aspect of our feedback in more detail.