

Consumer feedback (compliments, complaints & suggestions) 003851



2. Partnering with Consumers



1. Clinical Governance

Purpose and intent

Metro North Hospital and Health Service (Metro North) welcomes and encourages consumer feedback in the form of compliments, complaints, surveys and suggestions, all of which help improve the quality and safety of the healthcare and services we provide.

The purpose of this procedure is to:

- outline the consumer feedback process to ensure staff, patients, families and carers feel supported to express a point of view (compliment, complaint, suggestion)
- ensure staff, patients, families and carers are aware of their rights and responsibilities
- ensure Metro North staff understand their responsibilities
- comply with relevant legislation and regulatory requirements

Feedback can be positive, negative or in the form of an improvement suggestion. This document will refer to all compliments, complaints and suggestions as feedback unless referring to a specific type of feedback, then it will be singled out (e.g. complaints).

Scope and target audience

This procedure applies to all Metro North 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).

This procedure applies to consumers, their advocates, carers or family members, groups of consumers or consumer organisations, and members of the community.

Refer to Consumer Feedback (compliments, complaints and suggestions) Policy for roles and responsibilities in managing consumer feedback.

Compliance with this procedure is mandatory.

Confidentiality and privacy

All staff involved in feedback management will apply confidentiality provisions set down in the *Hospital and Health Boards Act 2011* (Qld). All information and documentation are subject to the statutory requirements as specified under the *Right to Information Act 2009* (Qld) and *Information Privacy Act 2009* (Qld).

Confidentiality of all documentation (including emails and correspondence) is to be maintained by storing in a secure location. Correspondence or other documentation relating to feedback is not stored in a consumer's health record.

Collated consumer feedback data will be provided to staff and the community via appropriate forums and will always be de-identified.

Procedure / process

It is the responsibility of all staff to support and assist those wishing to provide feedback. Staff are encouraged to receive consumer feedback and attempt to resolve concerns on receipt of a complaint. Feedback can be received about any aspect of care or services provided at any time.

Feedback can be given by consumers, their advocates, staff members, carers or family members, groups of consumers or consumer organisations with authority to act on their behalf, members of the community or through their local member of parliament (MP), the Queensland Minister for Health (ministerial) or the Office of the Health Ombudsman (OHO).

1. Improving consumers ability to provide feedback

- Feedback can be provided
 - on a feedback form
 - over the phone
 - via [email](#)
 - [online](#) via the Metro North or Clinical Directorate internet page
 - in writing
 - in person to any member of staff
- Feedback forms are available in prominent positions throughout Metro North including waiting areas, reception/front foyer, wards and volunteer's desk.
- [Consumer Feedback Information fact sheets](#) are available to consumers online and as paper-based information sheet in clinical areas.
- Consumer feedback resources are available for all staff on the Metro North intranet.
- Australian Charter of Healthcare Rights brochures are available, and posters are displayed throughout Metro North. Staff understand and can explain the Australian Charter of Healthcare Rights to consumers.
- Posters informing consumers on how to provide feedback are displayed throughout Metro North facilities and directorates.
- Encourage consumers to provide feedback through consumer and family/carer rounding, satisfaction surveys, consumer feedback evaluation process, compliments and feedback forms.
- Education on handling consumer feedback is provided to staff.
- Reasonable assistance is to be provided to consumers who wish to provide feedback this includes but is not limited to the use of interpreter services, cultural support services (e.g. Aboriginal and Torres Strait Islander Liaison Officers) and services for people with vision, hearing or speech impairments.

2. Feedback Co-ordinators

Consumer and Patient Liaison Officers in each Clinical Directorate (here on in referred to as Feedback Co-ordinators) have an important role in facilitating and overseeing the feedback management process, particularly complaint management, and ensuring the rights and legitimate interests of both consumers and the health service are protected.

Feedback Co-ordinators offer an accessible, dedicated single point of contact for consumers and staff ensuring timely, coordinated and responsive communication is consistently maintained throughout the complaint management process.

For further information on the specific description of the Feedback Co-ordinators role, please refer to Consumer Feedback (compliments, complaints and suggestions) Policy.

3. Compliments process

- Consumers, their families, or carers wishing to record a compliment should be encouraged to use feedback forms.
- All staff receiving compliments should do so graciously and thank the person for the compliment where possible.
- Document the compliment in the RiskMan Feedback module and share with staff members involved (staff named in a compliment can be entered into RiskMan).
- Generate a thank-you letter to the consumer (where appropriate).
- Compliments received directly by the Feedback Co-ordinators will be forwarded to the relevant Executive Director and Line Manager for distribution to staff for recognition to individual/s and/or team/s when a compliment is received for service areas.
- Compliments received should be discussed at team meetings and distributed to staff involved.
- Compliments provided by staff about other staff or students may be recorded in the RiskMan Feedback module.
- Staff should familiarise themselves with the protocols and procedures for receiving gifts and benefits.

4. Complaints process

Metro North accepts that all complaints are significant issues. When handled effectively, complaints enable us to:

- respond swiftly and constructively to the feedback and concerns of consumers
- preserve consumer, their families, carers and staff confidentiality
- learn lessons from complaints leading to improvements in service quality and a better understanding of the user's perspective
- promote a culture of consumer-focussed care
- engage with our consumers, their families or carers
- minimise negative outcomes such as unfavourable publicity and unnecessary legal action

The objectives of complaints management are:

- complaints are received and responded to promptly

- the complaints process is visible and available to the public (refer to [Consumer Feedback Information fact sheet on complaints management](#)) including management processes. Refer to Consumer Feedback (compliments, complaints and suggestions) Policy for auditing, review and annual reporting requirements.
- consumers, their families, and carers are supported to make complaints
- consumers who make complaints feel heard and are satisfied that their concerns have been responded to appropriately
- respectful communication is maintained when the organisation is unable to meet consumer expectations
- complaint handling focuses on fixing issues and not apportioning blame
- communicate changes or improvements following analysis of complaints.

Management of complaints – the way the complaint is initially received and handled makes an important impression. A helpful and empathetic manner contributes to the consumer feeling satisfied that their complaint has been taken seriously and can prevent a complaint from escalating.

Refer to [Appendix 2](#) for the Complaints Management Process Flowchart.

4.1. Timeframes

The timely resolution of complaints is encouraged by early identification, acknowledgement and intervention by all staff and the Line Manager at the time of the complaint. Queensland Health sets the following timeframes as shown in Table 1, for handling of complaints.

4.1.1. Breach of human rights complaints

The Queensland Human Rights Commission (QHRC) has set a 45 business day time frame for a response to be made to a consumer who makes a complaint of having their human rights breached. If a complaint remains unresolved (no response received within the time frame or they feel the response is inadequate) the consumer can complain to the the QHRC.

Table 1 - Timeframes for handling complaints

Action Required	Timeframe	Set by
Acknowledgement of consumers complaint	within 5 calendar days of complaint being received	Queensland Health (2020)
Response to consumer complaint	within 35 calendar days of complaint being received	Queensland Health (2020)
Response to consumer complaint of a human right breach	within 45 business days of complaint being received	Queensland Human Rights Commission

If a complaint involves a number of areas, the Feedback Co-ordinator, will refer it to the relevant areas for investigation and will coordinate the final response.

In these circumstances, each area is required to provide a written response to the Feedback Co-ordinator, within 14 calendar days, for collation of a response within the required time frame.

Separate timeframes may be stipulated dependant on the source of the complaint and the nature of the request.(e.g. OHO, MP, Ministerials, corrupt conduct or code of conduct related matters).

4.2. Receipt of consumer complaint

When a complaint is received the staff member receiving the complaint, must register it in the RiskMan Feedback module as soon as possible.

The following details should be recorded:

- the consumer's contact details
- issues raised by the consumer
- the outcome sought by the consumer
- any other information required to properly respond to the matter
- any support requirements needed by the consumer
- outcome of complaint

Where the complaint is raising concern about the conduct of a member of staff the following must also occur:

- Where there is suspicion of corrupt conduct of a staff member or the complainant identifies corrupt conduct of a staff member – this is also reported to the Metro North Intergrity Unit for appropriate action. Follow the Requirements for [Metro North Requirements for Reporting Corrupt Conduct procedure](#).
- Where there is suspicion of a breach of the code of conduct, consideration must be given to involve direct line manager of the staff member and Human Resources for guidance on appropriate action.

The following details should NOT be recorded in the RiskMan feedback module (as detailed above in [Confidentiality and privacy](#)):

- staff names (therefore, if staff names are used in a written complaint, this complaint is not uploaded to Riskman, but stored appropriately (i.e. a secure computer drive with restricted access))

A complaint can be received directly from a source external to Metro North (OHO, a MP and/or a ministerial) or via the Metro North Correspondence Team (MD16), refer to PROC003374 Management of Correspondence for the Office of the Chief Executive. When a complaint is received from an external source, the Clinical Directorate Feedback Co-ordinator will enter the complaint into the RiskMan Feedback module as soon as it is received and coordinate information for response, within the required timeframe (refer to section [4.1](#)).

4.3. Managing the consumer complaint

- **Listen** carefully and respond sensitively, showing empathy. Everyone has the right to make a complaint, free from harassment or intimidation. Responding appropriately can restore trust and prevent a minor grievance from escalating.
- **Clarify** with the consumer the issues they are concerned about. Find out what could resolve their problems.
- **Appreciate** the consumer's feelings, concerns and any distress they may be feeling. Try to understand the situation from the consumer's perspective. An apology may be offered for their experience (e.g. "sorry you are feeling this way").

Consumers who have a complaint may come across as angry or aggressive. Advice on managing consumers who express anger or exhibit aggressive behaviour, is contained in the Managing aggressive complainants factsheet.

- **Explain** to the consumer how you will manage their complaint. Outline the complaint management process, including timeframes, to the consumer and explain how the complaint will be actioned.
- **Reassure** - consumers are often worried that if they complain, there will be a negative impact on their future care. Reassure them that this is not the case. Explain that the complaint will be kept confidential.

- **Timeliness** – respond to the complaint as soon as possible, stick to any timeframes given (as specified above), keep the consumer informed and give reasons for any delay.
- If you feel you are not suitable to manage the complaint, escalate to a more senior or experienced staff member or a Feedback Co-ordinator.
- For more detail on managing customer complaints refer to Fact Sheet 1 - Key principles of consumer complaints management

A risk assessment on the complaint is performed and recorded in RiskMan by selecting the consequence and likelihood to determine an appropriate risk rating. Using the same consequence rating, the Complaint Severity Assessment (CSA) as shown in Table 2 will determine how a complaint is to be managed, refer to Fact Sheet 4 – Consumer complaint management for all staff for more information.

For information on handling complex complaints including vexatious, misconceived, repetitive and querulous complaints, Feedback Co-ordinators and Line Managers may refer to Handbook for Managing Consumer Complaints for assistance.

Table 2 – Complaint Severity Assessment

Severity	Severity Definition	Referral / Management
Negligible	No impact or risk to provision of care or the organisation	Resolvable at point of service, no referral necessary
Minor	Issues not causing lasting detriment that can be or should be investigated and resolved at the point of service	Resolvable at point of service, no referral necessary
Moderate	Issue not causing lasting detriment that may require investigation (for example, about organisation or professional issues, communication and practice management issues that are repetitive or not minor in nature)	Referral to the Clinical Directorate Feedback Co-ordinator within 3 days
Major	Issue causing lasting detriment that require investigation (related to standards, quality of care or denial of rights)	Referral to the Clinical Directorate Feedback Co-ordinator who will escalate it to the Executive Director and Chief Executive where appropriate within 3 days
Extreme	Issues about serious adverse events, sentinel event, long term damage or death that require formal investigation.	Refer immediately to the Feedback Co-ordinator or if after hours to the Afterhours Nurse Manager who will contact the Clinical Directorate Executive Director on call who will <i>immediately</i> notify the Chief Executive Extreme and/or sensitive complaints should follow the above process and should also be escalated to the Executive Director Medical Services

4.3.1. Levels of complaint handling

When a consumer complaint has been accepted for investigation the consumer is to be provided with information on the complaint process, the expected timeframes, progress updates, their likely involvement in the process, a contact officers details and the possible or likely outcome of their complaint (where practicable).

There are 3 levels of complaint handling:

Level 1 - Frontline complaint management – early resolution achieved locally and on the same day of complaint.

Level 2 - Internal assessment, investigation, facilitated resolution or review - dependant on the seriousness of the complaint or the consumers satisfaction with how their matter has been dealt with. May warrant the complaint being dealt with at a more senior level, with involvement from the Feedback Co-ordinator.

Level 3 – External assessment, investigation, alternative dispute resolution or review - when a consumer is dissatisfied with the outcome of an internal assessment, investigation, review or resolution process, referral to an external complaint management mechanism may be appropriate, such as the OHO or other appropriate authority.

During the complaint management process, the consumer should be made aware of their rights to seek an internal or external review, appeal or taking their complaint to an external complaint managing body.

4.4. Outcomes and remedies

The outcome is dependent on the issue raised, the RiskMan classification of the feedback, and the resulting investigation. Redress options will be managed at the appropriate management level depending on the severity of the complaint. RiskMan prompts Line Managers and Feedback Co-ordinators with possible outcomes such as:

- environmental improvement
- improved access
- policy and procedure change
- quality improvement project or activity
- staff education
- other service improvement opportunities

If a consumer suffers disadvantage/loss/harm/injury or impairment because of a failing of the organisation (service or its employee's actions or inactions) the appropriate redress response will be approved in line with the [Metro North Financial Delegation Framework](#) after obtaining specific legal advice.

Options for redress are grouped into the following categories:

Communication

- communicate with the relevant individual who suffered the detriment, so they understand the facts of what had happened and the reasons for the decision
- provide information on their legal options and an apology
- provide mediation and/or conciliation options so the parties may reach an agreement

Rectification

- Metro North, the relevant Clinical Directorate or the person responsible for the detriment to the complainant takes necessary actions to remedy the problem

- apply changes to processes, services or products to ensure the problem does not reoccur
- ensure compliance with obligations and correct the records

Mitigation

- reduce the adverse consequences
- take action to prevent unnecessary, unreasonable or inappropriate detriment
- correcting records
- repairing any physical damage to property and replacing damaged or lost property
- refunding of fees or charges
- waiving fees charged or debts
- providing assistance and support

Satisfaction – satisfy the reasonable concerns of the complainant through non-material means, options include:

- providing admission to fault and an apology
- publicly acknowledging the wrongdoing
- provide undertakings to apply reasonable improvements to systems, procedures or practice
- instituting disciplinary action

Compensation – financial compensation for detriment sustained directly or indirectly because of a mistake. Options include:

- **Restitution:** for loss or damage to property or financial interests, loss of financial or other benefits, or loss of earnings.
- **Reimbursement:** refunds costs or damages that may or are likely to have been incurred by the complainant. That is indemnification, medical costs resulting from injury or damage to/deterioration of health, or professional costs incurred by a complainant in demonstrating that the problem did in fact occur, or the scope of the detriment arising out of the problem, or both.
- **Satisfaction or appeasement:** financial assistance or payment, goodwill gift for damage of reputation or humiliation, worry or distress (including grief and suffering), disturbance to amenity (if not quantifiable), inconvenience, or 'bother' (i.e. the inconvenience arising out of the fact of having to complain at all).

4.5. Closing the complaint, review and record keeping

The consumer will be provided with a full response, so they can see their complaint has been taken seriously. The response will:

- explain the steps taken
- recognise areas of disagreement without dismissing the consumers view
- outline what happened, any error that occurred and any outcomes or changes that have been (or will be) made to prevent it happening again
- be sympathetic, apologise if appropriate.

Ensure documentation has recorded:

- steps taken to address the complaint
- the outcome of the complaint
- any undertakings or follow up action required.

Information recorded in RiskMan when closing a complaint may assist in responding to any further reviews or appeals, as well as lead to quality improvements.

Sometimes consumers may not feel satisfied with the way their complaint has been handled or the outcome might not meet their expectations. In these cases, they are entitled to take the complaint to the OHO or other authority.

4.6. Analysis and evaluation of complaints

- All complaints should be classified and analysed to identify systemic, recurring and single incident problems and trends (trending of feedback themes / areas).
- Information from the analysis of feedback is used to inform improvements in safety and quality systems.
- The governing body (Metro North Hospital and Health Board), the workforce and consumers are provided advice on the analysis of feedback and actions taken.
- Risks identified from the analysis of feedback are recorded in the Risk Management module (RiskMan).

Clinical Directorates are required to report monthly within their Safety and Quality Report on the Key Performance indicators (KPIs) of acknowledgement of consumers complaint within 5 calendar days of complaint being received and response to consumer complaint within 35 calendar days of complaint being received.

If work units are receiving a high volume of complaints or feedback, more frequent analysis and evaluation should occur.

5. Suggestions process

Suggestions received from consumers are collated and registered in RiskMan (in the feedback module) and forwarded to the relevant area for consideration.

Staff training

Complaints management awareness is provided to all staff during Metro North District Orientation.

Additional staff training can be accessed via:

- In service provided by local Feedback Co-ordinators
- Metro North Training Calendar for
 - CaPS – Communication and Patient Safety
 - CRASH – Communication Respect Accountability = Safe Healthcare
- iLearn for online training in
 - RiskMan
 - Open Disclosure
 - People Management face to face (includes complaints management)
- Patient Safety and Quality Improvement Service for
 - Clinician Disclosure Simulation Training
 - Open Disclosure Consultant Simulation Training
 - Open Disclosure Consultant Refresher Course

Feedback Co-ordinators may undergo additional training from the following units, including but not limited to:

- Metro North Legal Services Unit

- Office of Health Ombudsman
- Office of Chief Executive

Queensland Ombudsman offers training courses in [Complaints Management](#) for frontline staff and internal review staff. Please refer to the [website](#) and discuss with your Line Manager.

Partnering with consumers

Patients and family members are to be encouraged and given the opportunity to ask questions, clarify information and identify goals when providing feedback. 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.

Legislation and other authority

Hospital and Health Boards Act 2011 (Qld)

Public Service Act 2008 (Qld)

Health Ombudsman Act 2013 (Qld)

Right to Information Act 2009 (Qld)

Information Privacy Act 2009 (Qld)

Public Health Act 2005 (Qld)

Crime and Corruption Act 2001 (Qld)

Anti-Discrimination Act 1991 (Qld)

Human Rights Act 2019 (Qld)

AS/NZS Standard 10002:2014 - Guidelines for complaint management in organisations

National Standards for Mental Health Services (2010) Standard 8 - Governance, Leadership and Management, Standard 3 – Consumer and Carer Participation

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

Human Services Quality Standards Standard 5 — Feedback, complaints and appeals

References

Queensland Ombudsman, Review Report, Review of the Complaints Management System, Metro North Hospital and Health Service (MNHHS) March 2018.

Queensland Health, Department of Health Policy QH-POL-450-2:2017. Customer Complaint Management

Queensland Health, Department of Health Standard QH-GDL-450-1:2017. Customer Complaint Management

Queensland Health, Department of Health Guideline QH-GDL-450-2:2017. Customer Complaint Management

Metro North – Service Agreement 2019/20 – 2021/22, July 2020 Revision. Published by the State of Queensland (Queensland Health), July 2020

[Queensland Human Rights Commission Factsheet: Promoting a conversation about human rights](#)

Accessed: 26/9/2019

Related documents

[Australian Charter of Healthcare Rights](#)

[Code of Conduct Queensland Public Service](#)

Metro North Strategic Plan 2016-2020

Metro North Safety and Quality Strategy 2019 - 2023

Metro North Connecting for Health Strategy 2019-2021

Metro North Clinical incident and disclosure management procedure

Metro North Requirements for reporting Corrupt Conduct procedure

[Queensland Multicultural Policy](#)

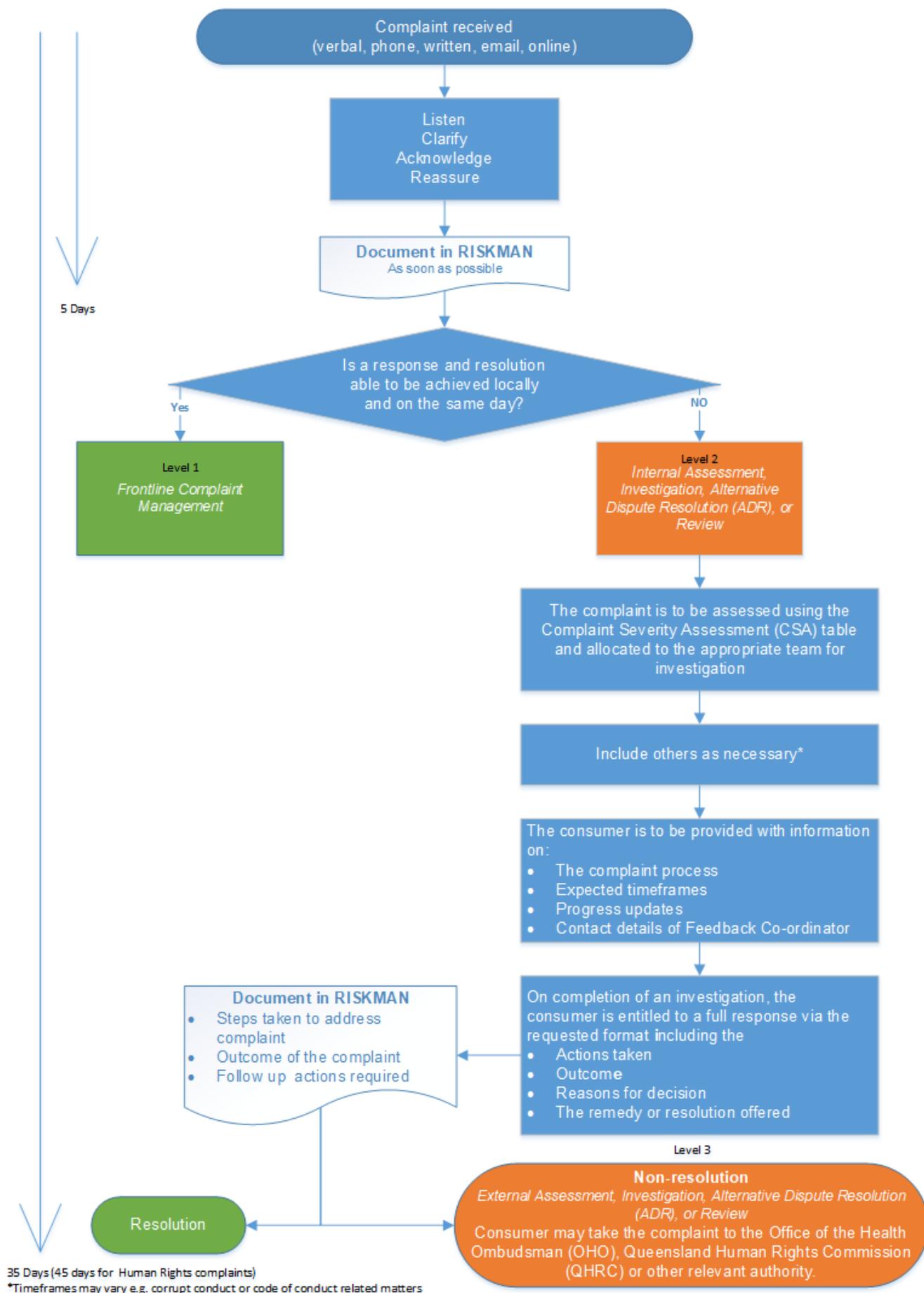
Appendix 1- Definition of terms

Term	Definition	Source
Clinical Directorate	<p>Metro North is made up of different hospital facilities and services including:</p> <ul style="list-style-type: none"> • Royal Brisbane and Women’s Hospital • The Prince Charles Hospital • Redcliffe Hospital • Caboolture/Kilcoy Hospitals and Offender Health • Community and Oral Health • Clinical Support Services • Mental Health • Surgical Treatment and Rehabilitation Service (STARS) 	N/A
Code of conduct (the Code)	the Code recognises that we can all demonstrate ethical leadership in how we perform our role, and is a statement of our commitment to the people of Queensland, their elected representatives and our colleagues. The code outlines the conduct expected of all Metro North employees.	Code of Conduct for the Queensland Public Service (January 2011)
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 10002:2014 Guidelines for Complaint Management in Organisations
compliment	An expression of praise, commendation or admiration about the service or actions of the staff of the service	Safety and Quality Data Dictionary
consumer	Patients and potential patients, carers and organisations representing consumers’ interests.	National Safety and Quality Health Service Standard 2

Term	Definition	Source
Corrupt conduct	<p>There are two types of corrupt conduct outlined in the legislation. Both types require that three elements to be met for the matter to amount to suspected corrupt conduct (i.e. you need to answer 'yes' to each paragraph (represented by a letter) as outlined below).</p> <p>Type A</p> <p>a) The conduct, adversely affects or could adversely affect (directly or indirectly), the performance or function of Metro North or Metro North employees; <u>and</u></p> <p>b) The conduct is or could be (directly or indirectly)</p> <ul style="list-style-type: none"> • dishonest or is not impartial; or • a breach of the trust placed in the employee (either knowingly or recklessly); or • a misuse of information or material acquired in, or in connection with the performance of their role in Metro North; <u>and</u> <p>c) The conduct if proven would be;</p> <ul style="list-style-type: none"> • a criminal offence; or • a disciplinary breach providing reasonable grounds for termination of the person's employment. <p>Type B</p> <p>a) The alleged conduct impairs, or could impair, public confidence in public administration <u>and</u></p> <p>b) Involves, or could involve, any of the following:</p> <ol style="list-style-type: none"> i. collusive tendering ii. fraudulent applications for licences, permits and other authorities under an Act necessary to protect: <ul style="list-style-type: none"> • the health and safety of persons; • the environment; and/or • the use of the State's natural resources. iii. dishonestly obtaining benefits from the payment or application of public funds or the disposition of state assets iv. evading State taxes, levies, duties or fraudulently causing a loss of State revenue v. fraudulently obtaining or retaining an appointment <u>and</u> <p>c) The conduct if proven would be:</p> <ul style="list-style-type: none"> • a criminal offence; or • a disciplinary breach providing reasonable grounds for terminating the person's services, if the person is or were the holder of an appointment 	Crime and Corruption Act 2001 (Qld) section 15

Term	Definition	Source
Culturally and Linguistically Diverse (CALD) backgrounds	Refers to those that originate from countries in which English is not the main language. It refers to all people who are not English-speaking Anglo-Saxons/Celtics or Indigenous/Aboriginal Australians.	https://aifs.gov.au/cfca/publications/enhancing-family-and-relationship-service-accessibility-and/characteristics-and
Feedback Co-ordinator	Generic term for Consumer Liaison Officer and Patient Liaison Officer	Feedback Co-ordinator
feedback forms	Paper based forms located in facilities and Clinical Directorates that enable consumers to document compliments, complaints and suggestions. Feedback forms are collected and actioned by Feedback Co-ordinators. Each facility or clinical directorate has their own version of a feedback form.	N/A
Office of the Health Ombudsman (OHO)	The Office of the Health Ombudsman is Queensland's health service complaints agency. They are an independent statutory body and the one place all Queenslanders can go if they have a complaint about a health service provider or a health service provided to them, a family member or someone in their care.	https://www.oho.qld.gov.au/about-us/office-of-the-health-ombudsman/ accessed 3/2019
rounding	proactively engaging, listening to, communicating with and supporting consumers and their family/carers	
Queensland Human Rights Commission (QHRC)	The Human Rights Commission has a range of functions under the Human Rights Act, including promoting an understanding and acceptance of human rights in Queensland, providing education about human rights, dealing with human rights complaints and reporting annually to Parliament about the Human Rights Act	Queensland Human Rights Commission Factsheet accessed 26/9/2019
querelous	Inclined to find fault; complaining	Collins English Dictionary
vexatious	a complaint without grounds made to cause annoyance, frustration or worry	Oxford Dictionary

Appendix 2 Flowchart – Complaint Management Process



Document history

Author	CNC – Safety and Quality, Clinical Governance, Safety, Quality & Risk, Metro North
Custodian	Director, Clinical Governance, Safety, Quality & Risk, Metro North
Compliance evaluation and audit	<p>Compliance with this procedure will be assessed through monthly and annual analysis of performance against established targets:</p> <ul style="list-style-type: none"> • 100% of complaints acknowledged within five days. • 85% of complaints responded to within 35 calendar days • Monthly performance indicator reports from Safety and Quality Units detailing clinical directorate compliments and complaints to Executive and to relevant governance committees. • Inclusion of consumer complaints information in the Metro North Annual Quality of Care Report, which included data and performance indicators for the prior year. Report to be published publicly in September each year. • The following is to be included in the annual report on the Human Rights Act: <ul style="list-style-type: none"> ○ Details of any human rights complaints received including <ul style="list-style-type: none"> ▪ the number of complaints received ▪ the outcome of complaints and ▪ any other information prescribed by regulation relating to complaints • Annual Governance Standard 2 report • 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.
Replaces Document/s	003851 Consumer Feedback (compliments, complaints & suggestions) Procedure V1.1
Changes to practice from previous version	<p>Unscheduled review – Minor changes</p> <ul style="list-style-type: none"> • Corrupt conduct reporting to Metro North Integrity Unit for investigation • Code of conduct reporting to line manager and human resources for advice • Definition of corrupt conduct and code of conduct • Inclusion of STARS
Education and training to support implementation	Communication to/through Consumer Liaison Officers and Metro North Partnering with Consumers committee will be sufficient.
Consultation	<p>Key stakeholders</p> <p>Metro North 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>Metro North Integrity Unit</p> <p>Broad Consultation</p> <p>Metro North Aboriginal and Torres Strait Islander Unit</p> <p>Metro North Information Technology</p> <p>Metro North Nursing and Midwifery</p> <p>Metro North Allied Health</p> <p>Metro North Finance</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 Emergency Medicine and Access Coordination Stream</p> <p>Clinical Operations Strategy Implementation Unit</p> <p>Clinical Directorate Safety and Quality Units</p> <p>Clinical Skills Development Centre</p>
Marketing Strategy	A Metro North Policy, Procedure and Protocol Staff Update will be published online each month to update staff of all new and updated policies, procedures and protocols. This update will be emailed to all Safety and Quality Units in each clinical directorate and a broadcast email sent to all Metro North staff with a link to the published update.
Key words	Consumer; feedback; complaints; compliments, suggestions; patient

Date

Custodian Signature

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

AUTHORISATION**Authorising Officer Signature**

Date

Executive Director, Safety and Quality, Metro North Hospital and Health Service

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