



SUB POLICY: CAPTURING FEEDBACK

1.0 SUB POLICY

TAD is committed to the principles of respecting and protecting the legal and human rights of individuals.

When a person makes a complaint, TAD will make sure that the persons views are respected, that they are informed as the complaint is dealt with and have the opportunity to be involved in the resolution process.

TAD also actively seeks feedback through a range of means and implements strategies that respond to the cultural and linguistic needs of individuals.

Capturing complaints and feedback is essential to help lead to improved service performance and delivering positive outcomes for individuals accessing the service, their families, carers and external stakeholders.

2.0 POLICY CONTEXT

TAD is committed to ensuring persons accessing the services and other stakeholders receive information and encouragement to provide feedback or make a complaint. TAD respects individuals' views and will use information captured to inform and improve future service provision while upholding the TAD Standards Policies on:

- GSP 01 Rights
- GSP 02 Participation and Inclusion
- GSP 03 Individual Outcomes
- GSP 04 Feedback and Complaints
- GSP 05 Service Access
- GSP 06 Service Management

3.0 RESPONSIBILITIES

This procedure covers all operations and divisions within TAD.

Responsibilities for gathering, monitoring and analysing feedback is detailed in Appendix A.

PROCEDURE: CAPTURING COMPLAINTS AND FEEDBACK

1.0 PROCEDURE

TAD is committed to ensuring:

- data and information is gathered for future planning, growth and development of TAD
- stakeholder feedback is gathered and satisfaction levels are measured.
- the services delivered by TAD are effective, appropriate and person centred.
- stakeholders can directly influence service delivery.

4.1 Feedback from Service Users and their Families / carers is gathered through a number of methods as outlined in appendix A

4.2 Feedback from the Volunteers is gathered through a number of methods as outlined in appendix A

4.3 Feedback from Staff is gathered through a number of methods as outlined in appendix A

4.4 Feedback from the individuals/ organisations we partner with is gathered through a number of methods as outlined in appendix A

5.0 RECORD KEEPING

The frequency, method and outcome of received complaint or feedback is outlined in appendix A.

5.1 Evidence supporting action undertaken in relation to Feedback and Improvement Request are to be retained. (See also PCP10.01 Grievances, Complaints and Disputes Management and GSP09.01 Quality Management System)

5.2 All Improvement Requests are to be logged in the Continuous Improvement Register by the Department Manager. (See GSP09.01 Quality Management System)

5.3 The manager of the department requiring improvement is responsible for ensuring actions regarding the Improvement Request are undertaken

6.0 DOCUMENTATION

PCP10 Grievances, Complaints and Disputes Management
GSP09 Quality Management System
PCP04 Diversity and Inclusiveness

1.0 REFERENCES

NSW Disability Service Standards
ADHC Governance Policy
ADHC Standards in Action
Quality Policy for ADHC Funded Services

Anti-Discrimination Act 1977 (NSW)
 Human Rights and Equal Opportunity Commission Act 1987,
 Community Services (Complaints, Reviews and Monitoring) Act1993

APPENDIX A – Capturing Complaints and Feedback from Stakeholders

Feedback Mechanism	Frequency	Person Responsible	Method of Collection	Outcome
Service User Survey	Upon completion of every project	Development Manager	Survey is emailed to service user upon completion of their project.	Survey responses reviewed by Development Manager, Op's Manager and Project Coordinator monthly, with a report prepared by Development Manager or delegate quarterly.

Feedback Mechanism	Frequency	Person Responsible	Method of Collection	Outcome
				<p>Quarterly reports reviewed by CEO & Board. Results made available to all staff, service users and public.</p> <p>Improvement Requests are completed and registered, actions required implemented.</p>
Complaints and Feedback Form	As received	<p>Department Managers, staff, CEO, Board.</p> <p>Received forms to be forwarded to Department Managers for action as required</p>	As received in person or via post, website, meetings, suggestion box.	<p>Complaints and Feedback form registered and annual report is compiled by CEO or delegate for review by Board</p> <p>Senior Exec Team reviews annual report, conducts trend analysis and ensure required actions taken.</p>
Internal Reviews	As per Policy and Procedure Review Schedule	CEO, CQI, FRC and WHS Committee's	Reviews to involve interviews of staff, Service Users & volunteers if appropriate	<p>Internal review report compiled and forwarded to the relevant Managers and CEO.</p> <p>Improvement Requests raised as required</p>
External Audits	As per accreditation/ other requirements	CEO	Completion of audits involving interviews of services users	External audit report forwarded to relevant Managers, Improvement Requests raised as required
Informal feedback, complaint or compliment from service users, volunteers, external professional or other.	As received	Board, CEO, Managers and Staff	<p>Informal meetings/ conversations/ documents</p> <p>Complaint and Feedback forms</p>	<p>Complaint and Feedback form registered as required.</p> <p>Recognition provided if appropriate</p> <p>Improvement Requests raised as required</p>
<p>Volunteer Conference</p> <p>Group Meetings (as required)</p>	At least annually	Volunteer Manager	<p>Informal meetings/ conversations/ documents</p> <p>Complaint and Feedback form</p>	<p>Volunteer Manager registers form and follows up.</p> <p>Improvement Requests raised if required.</p>
Staff, Volunteers / Members of TAD Survey	At least annually	CEO	Survey is posted or emailed to all volunteers and / or members	Survey responses are graphed and report prepared.

Feedback Mechanism	Frequency	Person Responsible	Method of Collection	Outcome
				Report reviewed by CEO, Board and Senior Exec Team. Action plan communicated to staff / volunteers / members. Improvement Requests are completed and actioned as required.
Staff Grievances	As received	As per Grievance Procedure.	As per Grievance Procedure.	Grievances are registered, and actioned Improvements Requests are raised and registered and are integrated into the operations
Exit Interview	As required	CEO or delegate	Staff and Volunteers are invited to participate in an exit interview when they leave.	Exit interviews are recorded by Manager or CEO Feedback is provided to the appropriate Manager/s
Team Meetings	As determined by Department Manager	Department Managers	Meeting minutes	Actions determined during the meeting and allocated to Staff through minutes Improvement requests are raised as required
Staff Appraisals	As per procedure	CEO Documentation kept on personnel files	As per procedure	Improvement requests raised as required, Training needs documented