Rachel Stephen-Smith MLA
Minister for Health
Minister for Mental Health
Minister for Finance
Minister for the Public Service

Member for Kurrajong

Response to question on notice

Questions on Notice Paper No 9
5 September 2025
Question No. 546

MR CAIN MLA: To ask the Minister for Health

1) Can the Government advise why patients who have completed a Canberra Health Services survey in the past six months are excluded from receiving a subsequent survey, even where there has been a further hospital admission.

2) Can the Government explain the rationale for excluding patients currently at Clare Holland House from the patient feedback survey, particularly where they have had previous interactions with ACT public hospitals.

3) Can the Government confirm whether families of deceased patients are invited to complete a feedback survey regarding their loved one's care; if not, has any consideration been given to including them.

4) Can the Government advise who is responsible for reviewing and analysing the patient feedback submitted through Canberra Health Services surveys.

5) Can the Government detail what processes are in place to ensure feedback received through these surveys is used to inform service improvements.

6) Can the Government provide the proportion of survey responses that are classified as negative and the trend in this figure over recent years.

7) Can the Government confirm who is accountable for ensuring that negative feedback is appropriately followed up and addressed.

8) Can the Government advise whether patients who provide negative feedback are informed of any resulting actions or outcomes and how this communication is managed.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1) The survey is only offered every six months in order to combat survey fatigue. Evidence suggests that patients are more likely to provide meaningful feedback when surveys are not sent too frequently. However, the survey is not the only way patients can provide feedback – they can also provide feedback to their treating team at the point of care, or formally through the consumer feedback and engagement process.

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2) Canberra Health Services (CHS) discharged patient surveys are based on the validated Australian Hospital Patient Experience Question Set (AHPEQS) survey and is not formulated for those who have recently experienced the death of a family member. The decision to exclude Clare Holland House (CHH) was due to the sensitive nature of patient care and discharges. AHPEQS was not deemed appropriate in the CHH context. A more suitable survey would be required for this cohort of patients, carers and family members.

3) Currently the families of deceased patients do not receive the survey. CHS is exploring appropriate and compassionate ways to collect this feedback, including through a dedicated carer and palliative experience survey, which is under development.

4) Comments made by consumers in the survey are reviewed weekly by the CHS Quality and Safety Team. Survey data is available on internal Patient Experience Dashboards for analysis and review at clinical governance, operational and quality and safety committee meetings.

5) Survey data review as described in response to question 4, along with other patient experience data, informs service improvements at all levels, from ward based "*You said we did"* initiatives and signage to larger site specific and organisation wide improvement initiatives.

6) In 2022-23 the proportion of respondents rating their overall care as "very poor" or "poor" was 6.3 per cent, which decreased to 5.4 per cent in 2023-24, and 4.7 per cent in 2024-25.

7) It is the responsibility of each clinical area to review the de-identified survey responses relevant to their area. If a risk is identified by the Quality and Safety Team, the Consumer Feedback and Engagement Team (CFET) is notified. Negative survey feedback is also reviewed, and action is taken at all levels of governance, including clinical governance, operational and safety and quality committees, division and speciality specific committees, services or wards, and working groups as required.

   CFET is responsible for ensuring all feedback is entered into the internal feedback monitoring system, RiskMan and for sharing feedback with the relevant area for appropriate response and follow up. CHS aims to provide responses to feedback within 35 calendar days. In July 2025, the percentage of complaints responded to within the 35-day timeframe was 89.6 per cent. CFET will notify consumers if their feedback will not be responded to within the 35-day timeframe and provide an update on the progress of their feedback. Consumers are also able to raise their concerns with the Human Rights Commission for independent review, or if they are not satisfied with the response provided by CHS.

8) Patient survey feedback is anonymous, so unless the consumer has requested a call back, their identity remains de-identified and confidential. If the consumer has asked to be contacted directly and supplies their contact details, their feedback will be referred to CFET for response.

   All patients who request a response to feedback are contacted and provided with information around any actions taken to improve systems and services as a result of their feedback. Responses can be in the form of a phone call, written response from an Executive, or the consumer may be invited to meet with senior staff in person. Feedback relating to the behaviour and actions of Canberra Health Services staff is shared with the individual or broader team by their manager for reflection and opportunity for improvement.

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Health

Date: 29/9/25

This response required 6 hrs 50 mins to complete, at an approximate cost of $619.96.