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Dear Ms Cowan,

Health Performance Council comment on draft Consumer, Carer and Community Feedback and Complaints Strategic Framework

The Health Performance Council has received your e-mail of 28 April 2020, inviting feedback on the draft *Consumer, Carer and Community Feedback and Complaints Strategic Framework* released in consultation with Health Consumers Alliance of South Australia (HCASA). The Council thanks you for this opportunity to respond.

The Council welcomes SA Health's commitment to engaging and partnering with consumers, carers and the community, valuing the positive contributions they make, through feedback and complaints to improve health care service quality, equity and management.

The Council has recently released an indicator report monitoring the baseline performance of SA Health system against listed outcomes in the *Health and Wellbeing Strategy 2020-2025*. The Council would like to see your definitive *Complaints Strategic Framework* incorporate the broader definitions of 'Safety and Quality Improvement' that we take from the Health and Wellbeing Strategy, to include a culture of responsiveness and addressing variation so that experience measures, including consumer suggestions, compliments and complaints, are explicitly listed as part of the knowledge and resources embraced by staff in clinical improvement.

The Council has reviewed the consultation draft framework and in this letter provides feedback and information on three aspects: (1) the document's five goals; (2) document structure; and (3) future audit intentions of the Council.

Goal 1: Building capacity for effective feedback and complaint handling

The Health Performance Council supports this goal to drive improvement in the quality, responsiveness and timeliness of health care services provided, and enable the identification of trends and risk. The Council, in its 2015-18 review of the performance of the health system, advises the Minister for Health and Wellbeing to require boards to report to the community annually on how they have engaged with their consumers and communities over the past 12 months. The Council supports initiatives in building capacity in feedback and complaint monitoring and reporting that supports our recommendation. Requiring boards to report to the community annually should be a defined outcome in Goal 1 and listed under 'LHN Governing Boards and SAAS Executive responsibilities' in 4.1.

The Council monitors SA Health-recorded consumer feedback directed at public health services as measure of how health consumer experience may have changed over time. The Council recognises that not all feedback is negative, with the SA Health Safety Learning System (for example) categorising feedback as complaints, compliments, suggestions or advice. The Council has noted in its monitoring reports that year-on-year, SA Health is receiving more feedback on experiences of health services from consumers, carers, their families and friends. However, over time, the Council notes that proportionally less of this feedback is complaints. These are welcome trends in context, but trends that require ongoing and more detailed monitoring and reporting if we want to better understand variations in health care service quality, equity and management.

The Council agrees that staff knowledge, skills and commitment at all levels is essential to effective consumer feedback and complaints handling. But you cannot act without accurate information. The Council supports initiatives that continue to build capacity to collect and report feedback and complaint data. Crucially, this data is important to share. Any initiative to build capacity in health services' consumer, carer and community feedback and complaint data systems must adhere to state government open data principles to deliver transparency, support collaboration and encourage informed participation in government by citizens. In the Council's experience, more can be done to improve data sharing, while still meeting legitimate privacy concerns.

When considering resourcing and investment in building capacity, the Council advocates a broad definition of costs and benefits that recognises the financial savings that can be achieved (let alone pain and suffering) by avoiding costly and time consuming complaints investigations.

Goal 2: Welcoming and enabling feedback

The Health Performance Council supports this goal but cautions that in our experience, the biggest barrier to welcoming and enabling feedback will be in how the health system feedback and complaint framework works in partnership with vulnerable and specific population groups in our community. Some population groups are not well represented in state level datasets.

- Aboriginal persons
- Persons from culturally and linguistically diverse backgrounds
- Persons living with a disability—including mental health issues
- Carers
- Veterans
- Lesbian, gay, bisexual, transgender, intersex and queer persons
- Persons in custody
- Aged persons
- Persons who reside in socioeconomically disadvantaged areas of the state
- Persons who reside in rural and remote areas of the state
- Refugees and other new arrivals.

These groups can face particular challenges with health systems and require tailored responses to reporting and handling of feedback and complaints. In terms of representation, the Council finds that specific and vulnerable groups are not well represented in government datasets for three main reasons:

1. Low numbers in the community mean some consumers may be missed, undercounted, or inadvertently excluded
2. Data collections don't ask questions at all to identify the status of persons from some specific population groups; and/or
3. Data collections don't ensure status identification questions of specific population groups are asked consistently.

For example—the Council recognises that not all Aboriginal people are correctly identified in the government administrative datasets and acknowledges that not all Aboriginal people choose to identify themselves or their loved ones every time they interact with government services. Aboriginal leaders have told the Council that many Aboriginal health consumers do not identify as Aboriginal for fear of discrimination. Aboriginal leaders have also told the Council that health service providers frequently fail to ask about the Aboriginal status of health consumers, even where collection of this status field is mandatory. The Council is working to report on systemic racism in the health system as part of its forward review program.

The issue of integrity, variability and quality of self-reported data in administrative datasets applies to other specific population groups as well—often for fear of discrimination—such as persons from culturally and linguistically diverse backgrounds and aged persons.

Expanding on the subject of identification of persons from culturally and linguistically diverse (CALD) backgrounds—identification of CALD persons in health systems' administrative datasets is often based only

on their country of birth. CALD identification would be improved if preferred language, religious affiliation and interpreter required were also available.

Gaps in the collection of feedback and complaint data from vulnerable populations will make it virtually impossible to develop a complete picture of variations in outcomes, making identification of progress or problems difficult.

Goal 3: Effective and efficient complaints handling

To reiterate our advice under Goal 2 here, effective and efficient complaint handling processes to ensure fair, transparent, rigorous and timely review to identify actual and potential problems and make improvements are dependent on how health system's feedback and complaint frameworks works in partnership with vulnerable and specific population groups in our community. To that end, the Health Performance Council believes that care plans for all vulnerable clients that takes into account language, culture and circumstances are beneficial. Data indicates that more people are living with multiple and complex conditions and such consumers often express confusion and difficulties in navigating services. Care plans will greatly assist in the effectiveness and efficiency of that navigation. This is the requirements in the NSQHS Standards - Comprehensive Care Standard, and should be referenced in the definitive *Complaints Strategy Framework*.

The Council believes that a key driver of effective and efficient complaint handling is staff training. Staff training should include provision of simulation sessions for staff about complaints handling and especially on crisis resource management (CRM). Non-technical skills training is an excellent way to build effective teamwork.

An effective workforce also includes the use of advocates and translators as another important aspect that warrants treatment. It would not be inappropriate for service providers to fund advocacy services in certain cases for individuals. In the Council's view, interpreters/translators should always be funded.

In the Council's view, Goal 3 or Goal 1 in the definitive *Complaints Strategy Framework* should include outcome measures related to staff training including reports on take up of training, completion rates, satisfaction of learners and assessing impact in the system of the training.

Goal 4: Acknowledging and communicating with complainants

Most complainants don't want others to experience the same sort of incident that they have and many suffer lifelong consequences as a result of an incident and therefore preventative action is sought on behalf of others. Expectations are often seen to be at the heart of a complaint with the quality of service being the focal point. For this reason, again as above under Goal 3, the Health Performance Council recommends the introduction of customised individual care plans. Such plans are drawn up between consumers and providers and clearly outline the treatment regimes and expected outcomes and any complaint can be compared and contrasted against the plan and any amendments. Such a front end approach is supported over a process that looks retrospectively. This approach is consistent with the national standards.

Further many people, particularly vulnerable people, as noted in our advice under Goal 2, are unlikely to complain and their feedback is lost. If they are involved in a care plan their experiences can be assessed. One of the major issues in the consumer complaints and feedback area is treatment of the elderly. In the Council's view, it is *how* you solicit feedback that breaks down these barriers. There needs to be more innovative ways to solicit this feedback, particularly in consideration of elderly culturally and linguistically diverse people and elderly Aboriginal people.

The Council highlights this point in relation to communicating with aged complainants as, in our experience, aged consumers of health services have told us that if they complain, make comments or provide feedback it will be seen as being "just another annoying old person that has something to complain about" and that they fear receiving reduced levels of service.

Again, as raised under Goal 1, not all feedback is negative and it can, if done well, produce positive outcomes for necessary change and improvement.

Goal 5: Feedback and complaints drive systemic improvement

Standards relating to consumer involvement and governance, along with reports from the Complaints Commissioner, provide a solid background for considering a framework. The Health Performance Council believes complaints can be a valuable source of information and if handled well will lead to systemic improvement as well as providing an explanation as to why an incident occurred on a more individual basis. A complaint framework provides an opportunity for an organisation to clearly state how it will utilise complaints. In this context a document that takes action on systemic levels is strongly supported by the Council. The current draft framework can be seen as focussing on complaints as a discrete activity rather than being integrating into service delivery and quality improvement.

All staff should have responding to complaints and using this information in quality, safety and risk improvement activities included at some level in their mandatory training. With the definitive *Complaints Strategy Framework*, implementation should include updating the current mandatory training curriculum listed by LHNs about Safety Learning System (SLS) to both develop competency to report incidents and near misses and competency to effectively manage complaints and use the information to develop clinical improvement and responsiveness of the service in line with intentions outlined in the *Health and Wellbeing Strategy 2020-2025*.

Framework document structure and style

For general readability, the Health Performance Council advises that the framework document move the sections on goals and responsibilities to the beginning, and relegate definitions and design principles to the equivalent position of appendices as you already have for other references and relevant legislation.

In the preamble, 'contribution of consumers, carers and community' the Council would like to see included: "Feedback and complaints are extremely important for SA Health services, and for consumers and carers who access healthcare services. Not only do they provide a route for people's views to be heard, they also provide a rich source of information for SA Health officers, SAAS, LHN boards and healthcare staff to understand what needs to be considered to make improvements in healthcare delivery, and a means by which health services demonstrate transparency and accountability through public reporting."

In reshaping the document so that the aims come first, the Council would also like to see how trends and issues are to be monitored and reported and how SA Health will determine if the framework is being successfully implemented. The definitive strategy framework should outline how SA Health will evaluate the outcomes including how baseline information will be identified and reported, what ongoing access to data sources will be required from the agencies with framework responsibilities over the life of the strategy and how key stakeholders including staff and consumers will be involved in the system wide strategy framework evaluation.

We assume you'll have final copyediting and proofing before finalising this directive. We suggest in editing that you consistently choose active voice as the passive language in parts of this paper give a less direct and clear message than hoped on this important topic.

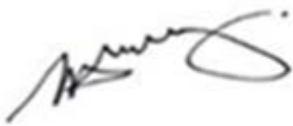
Auditing implementation of the framework

At its 7 May 2020 meeting, the Council agreed to establish in our audit program for 2020-21, a watching brief to monitor and report progress of implementation of the framework. Our watching brief will consider how the framework (1) evaluates success of implementation and look for examples of the differences it has made; (2) how learning from complaints is captured, used to drive improvements and reported publicly; (3) how it manages expectations between health systems and consumers/ carers/ communities and measures the complaint process experience for complainants; and (4) how it can assist health systems to be proactive via early interventions in preventing complaints rather than handling complaints.

The Health Performance Council wishes you every success with the finalisation of this strategy framework, and implementation planning.

I welcome an opportunity to meet with you to expand on this submission in more detail, if required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Steve Tully', with a stylized flourish at the end.

Steve Tully

Chair, Health Performance Council

15 May 2020