SA Health

CONSUMER, CARER AND COMMUNITY FEEDBACK AND COMPLAINTS MANAGEMENT

Strategic Framework 2021–2024

Government of South Australia

SA Health

CONTENTS

CONTRIBUTION OF CONSUMERS, CARERS AND COMMUNITY

SA Health values the contribution consumers, carers and the community make in improving health services, including service planning, designing care and service monitoring and evaluation.

SA Health is committed to robust consumer, carer and community engagement.

Consumers, carers and the community have a unique lived experience in relation to their own health, their perspective and how care is actually provided. Consumer, carer and community feedback and complaints are a unique source of information for health services on how and why incidents and adverse events occur and how to prevent them. As well as increasing safety, feedback and complaints can highlight successes, reduce risk and increase trust, through open communication and a shared learning[1].

Feedback and complaints are extremely important for SA Health, and for consumers, carers and the community 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 staff, Local Health Network Governing Boards, SA Ambulance Service, health services 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.

The Consumer, Carer and Community Feedback and Complaints Strategic Framework (the Framework) has been developed to ensure there are mechanisms in place to:

> actively manage consumer, carer and community feedback and complaints

> better respond to individual feedback and concerns to ensure consumer-centred care

> identify and rectify system issues

> develop and improve services

Consumer engagement is crucial to improving the quality of healthcare.

Consumer, carer and community feedback and complaints provide a valuable source of information and insight into consumer experience and identify safety and quality related problems within healthcare organisations. Consumer, carer and community feedback and complaints are essential and fundamental to consumer-centred care.

STATEMENT OF ACKNOWLEDGMENT

SA Health recognises Aboriginal people as the Traditional Custodians of the lands in which we work and live and we celebrate their culture and heritage. We acknowledge the impact colonisation has had on the health and wellbeing of Aboriginal people and we are committed to strengthening partnerships between Aboriginal and non-Aboriginal individuals, families and communities of South Australia to improve health outcomes.

DEPARTMENT FOR HEALTH AND WELLBEING

Disclaimer: While every effort has been made to ensure the accuracy and reliability of the information in this document at the time of publication, it is the responsibility of users to check the currency of key documents referenced within.

Overview

INTRODUCTION

SA Health is committed to engaging and partnering with consumers, carers and the community and values the positive contributions they make, through feedback and complaints, in improving health care service quality, equity and management.

The Statewide Consumer, Carer and Community Feedback and Complaints Management Strategic Framework (the Framework) provides direction for all SA Health agencies including:

> Department for Health and Wellbeing

> Local Health Networks (LHNs), including Statewide services aligned with those Networks, and

> SA Ambulance Service (SAAS).

In this document, LHNs, system-wide services and SAAS are referred to collectively as "Health Services".

The Framework effectively seeks and manages feedback and complaints to better identify and address gaps and improve health care services.

The Framework is aligned and confirms the principles in the:

> Australian/New Zealand Standard: Guidelines for Complaint Management in Organisations (AS/NZS 10002:2014)

> National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care

> Department of Premier and Cabinet (DPC) Circular 039 Complaints Management

> Ombudsman SA Complaint Management Framework

PURPOSE

In line with the Health and Wellbeing Strategy 2020-2025, the Framework aims to improve community trust and experience of the health system supported by a safe and high quality feedback and complaints management system that informs service improvement and minimises risk.[2]

The Framework outlines the responsibilities to strengthen and improve consumer, carer and community feedback and complaints management to drive safety and quality improvement. It identifies SA Health's principles, core values and goals around the importance of consumer, carer and community feedback. The Framework supports DHW and health services to meet national, state and legislative responsibilities and demonstrate transparency and accountability to the public.

OPERATIONALISING AND IMPLEMENTING THE FRAMEWORK

LHN Governing Boards are required, in accordance with the *Charter for Local Health Network Governing Boards* and section 33A(1)(b) of the *Health Care (Governance) Amendment Act 2008*[3] (the Act) 'to promote consultation with health consumers and members of the community about the provision of health services...'. LHN Governing Boards and health services are required to develop and publish a Consumer, Carer and Community Feedback and Complaints Management Strategy.

LHN Governing Boards and health services, in accordance with the Act will develop mechanisms to ensure consumers, carers and the community are aware of and can readily access feedback and complaints processes consistent with this Framework and report against the five strategic goals, their key areas and consumer outcomes.

The Framework sets out SA Health's statewide responsibilities including our principles, core values and key actions when seeking and managing feedback and complaints with consumers, carers and the community.

Health services are required to review their Consumer, Carer and Community Feedback and Complaints Management Strategy every three years.

MONITORING AND REPORTING

SA Health, consistent with obligations to oversee, monitor and promote improvements in the safety and quality of health services will:

1. Develop and issue additional statewide policies to apply to the DHW and health services in line with the Framework.

2. Record all consumer feedback including complaints, compliments, advice and suggestions into the Safety Learning System (SLS) Consumer Feedback module.

3. Monitor and evaluate the performance data of health services and take remedial action if agreed targets are not met.

LHN Governing Boards and health services must provide regular and annual reporting of relevant information and outcomes to DHW as evidence of compliance with the National Safety and Quality Health Service Standards.

Consumer, carer and community feedback and complaints reporting will be in line with safety and quality and SLS reporting requirements and methodologies as part of the health service Safety and Quality Account Reporting.

Health services will review this data for quality improvement and public reporting.

Consumer feedback, complaints data and key performance indicators are available in the Quality, Information and Performance (QIP) Hub.

Dashboards and reporting is available via the SLS Consumer Feedback module.

SA Health monitors and promotes improvements in the safety and quality of health services.

MEASURING SUCCESS

The DHW and health services will measure success outcomes in accordance with the Framework.

The Framework demonstrates compliance/excellence against the following:

> National Safety and Quality Health Service Standards[4], in particular

  – Clinical Governance Standard

  – Partnering with Consumers, and

> Australian Safety and Quality Framework for Health Care[5], which specifies three core principles for safe and high quality care including; consumer-centred; driven by information and organised for safety.

> South Australia Health and Wellbeing Strategy 2020-2025[6]

> National Disability Strategy 2010-2020[7], in particular

  – Outcome 2: Rights, protection, justice and legislation

  – Outcome 6: Health and Wellbeing

> Aged Care Quality Standards[8] in particular

  – Standard 6: Feedback and Complaints

> Country Health SA Reconciliation Action Plan 2018-2020[9]

> Aboriginal Health Care Framework (under development)

> National Aboriginal and Torres Strait Islander Health Plan 2013-2023[10]

LEGISLATION

The Minister for Health and Wellbeing, the Chief Executive, Department for Health and Wellbeing, Local Health Network Governing Boards and Chief Executive Officers have obligations under the following Acts and Standards.

The Framework is consistent with the *Health Care Act 2008 (SA)*, s33 (2)(e), (4), s33A & s7.

Other relevant legislation;

> *Health and Community Services Complaints Act 2004 (SA)*

> *Carers Recognition Act 2005 (SA)*

> *Carer Recognition Act (2010)*

> *Children and Young People (Safety) Act (2017)*

> *Mental Health Act 2009 (SA)*

> *Racial Discrimination Act (1975)*

> *National Disability Insurance Scheme (2013)*

> *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018*

> *Disability Discrimination Act 1992*

> *Privacy Act 1988*

> *Australian Privacy Principles*

> *Racial Discrimination Act 1975*

Responsibilities

All responsibilities are in accordance with the Framework

Department for Health and Wellbeing

The Chief Executive Department for Health and Wellbeing will:

> Ensure there is a transparent system for consumer, carer and community feedback and complaints management including monitoring and evaluation processes in accordance with this Framework.

> Ensure there is a system that communicates to consumers and carers their rights to comment and/ or complain. Their rights will be consistent with the Framework, the HCSCC Charter of Health and Community Services Rights in South Australia and the National Safety and Quality Health Service Standards.

> Ensure there is a system for monitoring the performance of health services in their implementation, monitoring and evaluation of consumer, carer and community feedback and complaints consistent with this Framework and the National Safety and Quality Health Service Standards.

Deputy Chief Executive, Department for Health and Wellbeing, Commissioning and Performance will:

> Monitor the performance of health services consumer feedback systems and provide feedback and make recommendations for improvements to assist health services to be consistent with the Framework and the National Safety and Quality Health Service Standards.

> Have access to health services consumer, carer and community feedback and complaints data to review and evaluate performance and adherence consistent with the Framework.

> Oversee, monitor and promote improvement in safety and quality in response to consumer, carer and community feedback and complaints.

> Review reports from SLS feedback data, conduct trend analysis and consult with health services in the development and implementation of statewide strategies for consumer, carer and community feedback and complaints management system improvement.

> Coordinate and publish information/reports to external bodies and the community, on patient safety and measuring consumer experience, including consumer, carer and community feedback and complaints in formats that are accessible to meet the needs of the community.

> Provide advice to health services in response to specific enquiries about consumer, carer and community feedback and complaints management and legislative requirements.

Health services

LHN Governing Boards and health services Executive will:

> Ensure consumer, carer and community feedback and complaints systems are transparent and accountable and report consumer feedback and complaints outcomes to the community annually.

> Monitor consumer, carer and community feedback and complaints information, outcomes and evaluation reporting in accordance with the Framework.

> Ensure an evaluation strategy is in place to assess compliance with and measure performance against the Framework.

> Ensure sufficient resources are in place to enable systems and mechanism for effective consumer, carer and community feedback and complaints management.

> Ensure all consumer, carer or community feedback or complaints with the potential to result in substantial systemic risk or harm to consumers, carers, community and the health service are immediately escalated to the Chief Executive DHW.

> Facilitate an environment that actively seeks and values consumer, carer and community feedback and complaints as an indicator of health service safety and quality and means of driving service improvement.

LHN and health services Chief Executive Officers and Executive Directors will:

> Promote the Framework to assist staff to understand and adhere to their responsibilities for implementation, evaluation of feedback and complaints management systems and mechanisms.

> Ensure systems and mechanisms are in place to effectively implement the Framework.

> Build an environment where consumer, carer and community feedback and complaints are handled seriously and thoroughly, with sensitivity, respect and cultural safety.

> Ensure health units and services, within their area of delegation and control, have systems in place to receive consumer, carer and community feedback, investigate and respond to consumer, carer and community complaints, implement the actions necessary to reduce the likelihood of similar complaints reoccurring and record this information in the SLS.

> Support workforce capabilities and cultural competence to effectively manage consumer, carer and community feedback and complaints.

> Ensure consumer participation in the monitoring, implementation and evaluation of the health services consumer, carer and community feedback and complaints strategy in accordance with the Framework.

> Ensure evaluation for continuous improvement of consumer, carer and community feedback and complaints management performance, practices and processes.

> Establish mechanisms for shared learning from consumer, carer and community feedback and complaints.

Definitions

Aboriginal Health Workers

Aboriginal and Torres Strait Islander Health Workers across Australia work in a variety of environments. While a large majority are employed in Aboriginal Community Controlled Health Organisations (ACCHOs) or the Government Health Sector, many also work within mainstream services such as general practices and other non-government organisations. They work in a wide range of roles across primary health and community services to improve the health outcomes of Aboriginal and Torres Strait Islander people.[11]

Carer

A carer refers to a person who provides care, support and assistance for a family member or friend or as part of a kinship system. This includes supporting someone who is frail, aged, has a disability, a medical condition, including terminal or chronic illness or who has a mental illness. Carers can include children caring for parents and guardians.

Community

Community refers to any collective group of people that represent or bring a collective voice of the interests of health consumers or specific affected communities.[12]

Complainant

A complainant refers to the person making the complaint. This person may be the consumer, family member or carer, or advocate identified by the consumer to represent them. An advocate may be an external individual or organisation, including a health professional or service provider, who with the consumer's consent, makes a complaint on behalf of the consumer and/or supports them to make a complaint.

Complaint

A complaint is an expression of dissatisfaction, concern or harm by a health care service requiring action. The consumer, their family, carer or a person or organisation advocating on their behalf, including a health professional or service provider, may make a complaint.

A complaint may be a single issue or concern at the point of care that staff may be able to readily resolve to the satisfaction of the consumer; a complex or serious issue that requires escalation to a more formal investigation an resolution process or may be current or previous issue or concern with more than one service or staff involved, which requires a coordinated review and investigation by multiple people. A clear process for appropriate escalation, investigation, resolution and communication with the complainant is required to ensure all staff are aware of and able to respond effectively to all levels of severity.

Complaints vary in complexity and severity, the level of which is indicated by factors such as the:

> Degree of underlying, causative issues that may have precipitated the complaint

> Range of inter-dependent issues (including multiple services and individuals involved)

> Potentially unresolvable nature of the complaint (ie difficult to achieve satisfactory outcome for all parties)

> Unpredictable nature of complaint outcome

> Level of investigation and examination of the events and/or circumstances that led to the consumer making the complaint.

> Level of resource intensiveness of the complaint management process due to any or all of these factors

> Potential for litigation

Complaint Management

Complaint management refers to the individual case-by-case and systemic handling of consumer complaints to drive safety and quality improvement (refer Consumer, Carer and Community Feedback and Complaints Management Guide and Resources).

Complaint Taxonomy

Complaint taxonomy refers to the standardised classification of complaints relating to such factors as complexity, severity and type of problem and whether there are any underlying issues relating to the care environment, safety, quality, communication, systems, processes and or clinical performance.

Consumer

Consumer is a person who has used, or may potentially use, health services, and includes family and carers. A healthcare consumer may also act as a consumer advocate or representative to provide a consumer perspective, contribute to consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.[13]

In mental health, a consumer refers to the user or potential user of health services and does not include their family, carer or other support persons.

Consumers are commonly identified by health services as patients, clients, participants or service users at point of care.[14]

Consumer Adviser

A Consumer Adviser (however named) is a trained and experienced health service staff member who has specific training and expertise in complaints handling and management to inform safety and quality improvement. Consumer Advisers are responsible for advising, facilitating and communicating with consumers and/or their identified support network (or advocate) throughout the complaints management process to resolution.

Consumer Advisers work with services and governance systems to monitor and ensure complaints are appropriately investigated, reported and resolved to a satisfactory level for both the consumer and the health service. Some health services use a decentralised model for complaints management where complaints management is the responsibility of designated senior management roles.

Consumer Advocate

A Consumer Advocate is a person with lived experience who supports, promotes and defends the interests of consumers, carers and/or the community. They may support an individual or stand up for a just cause or a specific position. A consumer advocate is independent of the health service and is able to provide a unique perspective and experience of the needs, goals and expectations of the person or cause for which they advocate. Consumer Advocates should have access to training to support and underpin their capacity to both understand the role and the health system in which they participate as an advocate.[15]

Consumer Advisory Committee

Consumer Advisory Committee (however named) is an advisory group established by a health care service, which comprises of consumers, carers and community members, including those from diverse and hard-to-reach groups who use the organisation's services. It provides a structured partnership between consumers, carers and the health care service on safety and quality issues, patient experiences, consumer-centred care and other issues, such as co-design of health and medical research, as identified in its terms of reference.

Consumer-Centred Care

Consumer-centred care is an approach to care delivery that values, recognises and respects the person using health and community services as an equal partner in planning, developing and monitoring their care to meet their individual needs. It requires care providers to actively position the person at the centre of shared decisions about their care and support needs.

Internationally, different sectors, services and groups use the terms 'patient-based', 'person-centred', 'relationship-based', 'patient-centred' or patient and family-centred care.

Consumer or Community Representative

A consumer or community representative is a person who voices collective perspectives and takes part in decision making as a representative of those consumers and communities. Representatives may be nominated and given authority by an organisation or group and be accountable to them. They have a responsibility to remain informed by and inform the organisation or group of discussions and issues arising from the representation.[16]

Cultural Safety

Cultural safety identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional, but is defined by the health consumer's experience - the individual's experience of care they are given, ability to access services and to raise concerns.[17]

Diversity

In the context of this framework, diversity means ensuring inclusion of the voices and experiences of the broadest range of individuals, groups and circumstances including but not limited to:

> Aboriginal and Torres Strait Islander peoples and communities and the diversity within Aboriginal cultures

> People of Culturally and Linguistically Diverse backgrounds

> People living in regional and rural remote communities

> People living with disability (such as people with physical, sensory, intellectual and cognitive disability)

> People who have lived or living experience of mental illness

> LGBTQIA+ communities

> Family structures and roles

> Older Australians

> Children and Young people

> Health and illness conditions (such as people who may be long term users of the service, chronic health conditions)

> People experiencing homelessness

> People in prison

> Trauma affected persons

> Religious and spiritual groups and belief systems

> Emerging communities (such as new migrant communities, refugees including those who have experienced, torture, trauma, grief and loss).

Engagement

Engagement within the health context refers to an active and sharing relationship between health services, consumers, carers and community groups, which can become a partnership. Effective and active partnerships exist when people are treated with respect, information is shared and explored with them and participation and collaboration in healthcare processes are encouraged and supported to the extent consumers choose.[18]

Feedback

Consumer feedback includes suggestions, advice, ideas, opinions, compliments, comments and expressions of interest or general comments. Consumer feedback also includes consumer complaints. Consumer feedback guides and informs the health service's decision-making and quality improvement and is an essential component of measuring consumer experience.

Governance

Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered, or controlled. Governance arrangements provide the structure through which the objectives (clinical, social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance.

Incident

An incident refers to any event or circumstance that resulted or could have resulted in unintended and/or unnecessary mental or physical or financial harm or abuse to a person and/or a complaint, loss or damage.

An incident may be identified by the consumer or by the health service.

An incident may be brought to the attention of a health service through the complaints process.

Investigation

Investigation is a standardised but flexible process that follows the instigation of a complaint from a consumer, their family, carer or advocate. The person conducting the investigation remains impartial and aims to achieve a mutually satisfactory resolution and outcome and informs organisational and systemic improvement. An investigation may be undertaken in response to complaints. An investigation may be an internal process, or by an external party such as a regulatory or complaints body (eg Health and Community Services Complaints Commissioner (HCSCC), Office of the Chief Psychiatrist (OCP) or other relevant body.

Lived Experience

Lived experience refers to the subjective perception of a person's experience of health or illness and is the representation of the experiences and choices of that person and the knowledge that they gain from these experiences and choices. People who have a lived or living experience of mental illness bring their knowledge and understanding (as individuals or in groups) gained have gained from their direct experience living with mental illness and recovery.

LGBTQIA+

LGBTQIA+ is a common abbreviation for Lesbian, Gay, Bisexual, Trans (an umbrella term which includes transgender and transsexual, Genderqueer, Queer, Intersex, Agender, Asexual, and Ally community. Queer is an umbrella term for all of those who are not heterosexual and/or cisgender. Questioning is when a person is unsure and trying to find their true identity.

The + symbol stands for all of the other sexualities, sexes, and genders that aren't included in these few letters. These terms are not intended to be labelling and a person self identifies within and across these terms and others.

National Safety and Quality Health Service (NSQHS) Standards

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of healthcare.

NSQHS Standard Clinical Governance

The Standard: Clinical Governance states leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are patient/consumer-centred, safe and effective.

The health service organisations:

> has processes to seek regular feedback from patients/consumers, carers, and families about their experiences and outcomes of care.

> has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems.

> uses this information to improve safety and quality systems.

NSQHS Standard Partnering with Consumers

The Standard: Partnering with Consumers[19] aims to create health service organisations in which there are mutually beneficial outcomes by having:

> consumers as partners in planning, design, delivery, measurement and evaluation of systems and services.

> patients as partners in their own care, to the extent that they choose.

The Partnering with Consumers Standard recognises the importance of involving consumers in their own care and providing clear communication to patients. Together with the Clinical Governance Standard, this Standard underpins all the other standards. It outlines the core actions of:

> Clinical governance and quality improvement systems to support partnering with consumers

> Partnering with consumers in their own care

> Health literacy

> Partnering with consumers in organisational design, measurement and evaluation

NSQHS Standards Six Actions for Aboriginal Health[20]

The NSQHS Standards (second edition) require health service organisations to address six actions that are specific to Aboriginal and Torres Strait Islander people. The six actions in the National Safety and Quality Health Service Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people are:

> Clinical Governance Standard – Action 1.2, 1.4, 1.21 and 1.33

> Partnering with Consumers Standard – Action 2.13

> Comprehensive Care Standard – Action 5.8

Negotiation

Negotiation of complaints outcomes and actions is the process of complaints management staff, other relevant service providers and complainants (and/or their family and carer) attempting to work through their differences and reach a mutually agreeable solution. Negotiation is a two-way process that requires participants to actively listen to each other, explore options and identify common ground. In relation to complaints management, negotiation is most effective after there has been an investigation and identification.[21]

Open disclosure

Open disclosure is a process of providing an open, honest and transparent approach to communicating with consumers and their carer/support persons after an incident or adverse event. Open disclosure should be consistent with the SA Health Patient Incident Management and Open Disclosure Policy.[22]

Open disclosure is separate and distinct from a consumer complaints management process. Effective complaints management may, however, use principles of transparent and honest process as a meaningful process to successfully resolve complaints. Open disclosure can form part of a complaint resolution process.

Patient Reported Experience Measures (PREMS)

Patient Reported Experience Measures (PREMS) are standardised tools that enable consumers to provide feedback about their views and observations, on aspects of health services they have received, and their experience of the service at a point in time.

Patient Reported Outcomes Measures (PROMS)

Patient Reported Outcomes Measures (PROMS) are questionnaires which consumers complete. PROMS gather feedback from consumers of how health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity and other dimensions of health of which consumers have experience.

Peer Support Staff

Peer Support staff are employed by some health services who have life experiences may better relate and consequently may offer more authentic empathy and validation to consumers and families navigating mental health services.

Peer Support staff include:

> Peer Support Workers/Peer Specialists use their lived experience (of a specific health condition) to support other individuals or groups affected by that condition.

> Carer Consultants work individually with carers of consumers with a mental health diagnosis to provide support and educate them about mental health and the mental health system through written information and their own experience as a carer. [23]

Record of complaint

A record of complaint is a documented complaint, which records the initial verbal or written statement of the complainant or their representative. Complaints are entered and monitored in the Safety Learning System (SLS) Consumer Feedback module.

Risk Management

Risk is the chance of something happening that will have a negative effect. It is measured by consequences and likelihood. In the context of this Framework, risk management is the design and implementation of a program to identify, avoid or minimise risks to consumers, carers and the community, the workforce and the health service.[24]

Safety and Quality Improvement

Safety and quality improvement refers to the systematic, ongoing effort of health services and consumers to improve an organisation's performance as measured against a set of standards or indicators and lead to better health outcomes, care, system and individual performance and shared learning and education to safeguard high standards of care. Increasing access to safety, quality and performance data supports clinicians, health managers and planners, with the right information they need to identify issues, inform strategies to address them and delivery better consumer outcomes.[25]

Safety Learning System (SLS)

SLS is an electronic system used by SA Health for reporting and managing events, including information on incidents and consumer feedback. SLS includes data, which can be used to identify trends and areas of risk and to record outcomes for consumers.

Severity Assessment Measure (SAM)

Severity Assessment Measure (SAM) is a numerical score applied to a complaint, based on the severity of the event that triggered the complaint. Severity can be measured as either extreme, major, moderate or minor and outlines key stakeholders / actions to be taken by relevant staff to manage the complaint.

Key factors in determining the severity may include:

> extent of injury

> length of stay

> level of care required

> actual or estimated resource costs

> impact on quality health care service delivery

Support person

A support person is an individual, who has a relationship with the consumer and who is identified by the consumer as their support person.

In the context of this Framework a support person may include;

> Family members, next of kin or part of a kinship system

> Carers

> Friends including neighbours who may fill this role

> The person's partner

> Guardian or substitute decision maker

> Cultural, community or religious representative

> Formal Advocate or a Trained Consumer Advocate

> Treating Health Professional or Service Provider

Rights

CONSUMER AND CARER RIGHTS

This Framework, in acknowledging and supporting the rights of consumers and carers, is underpinned by the South Australian Health and Community Services Complaints Commissioner (HCSCC) *Charter for Health and Community Services Rights (2011) and the Carers Recognition Act 2005.*

All consumers, carers and community groups and individuals, have the right to give feedback and make a complaint about health services without fear of reprisal.

DHW and health services recognise that consumers, carers and communities who are at greater risk are more vulnerable, as they are more likely to experience health disadvantage. Individuals and communities living with health disadvantage may share an historic and cumulative negative experience of the health care system and are less likely to give feedback or complain.

The views of consumers, carers and communities who are at greater risk are central to the design, delivery and evaluation of health care policy and services which impact them. Access to feedback and complaints mechanisms that address their needs is crucial to this.

CONSUMER RIGHTS

When receiving a health or community service in South Australia consumers have a right to:

> Access – Right to access health and community services

> Safety – Right to be safe from abuse

> Quality – Right to high quality services

> Respect – Right to be treated with respect

> Information – Right to be informed

> Participation – Right to actively participate

> Privacy – Right to privacy and confidentiality

> Comment – Right to comment and / or complain

Refer to the Health and Community Services Complaints Commissioner (HCSCC) Charter of Rights at *www.hcscc.sa.gov.au*

CARER RIGHTS

This Framework supports the *Carers Recognition Act 2005*,[2] which outlines the seven principles in the South Australian Carers Charter:

1. Carers have choices within their caring role

2. Carers' health and well-being is critical to the community

3. Carers play a critical role in maintaining the fabric of society

4. Service providers work in partnership with carers

5. Carers in Aboriginal and Torres Strait Islander communities need specific consideration

6. All children and young people have the right to enjoy life and reach their potential

7. Resources are available to provide timely, appropriate and adequate assistance to Carers

Consumers, carers and communities who are at greater risk and experience health disadvantage may, at any time in their care, self-identify within and across the following groups.

CONSUMERS WHO MAY EXPERIENCE REDUCED AUTONOMY

> Self-determination, knowledge and capacity to make an informed decision, equality, respect and support to self-determine and make decisions are fundamental for exercising autonomy

> Consumers, carers and communities experiencing reduced autonomy are amongst the most vulnerable and are less likely to give feedback or make a complaint as they may fear and/or experience reprisal. For some individuals and groups, such as people with lived experience of mental illness and recovery, people with disabilities, people with dementia and cognitive impairment, their expressions of concern about their care can sometimes be misconstrued as symptoms of their condition.

> Consumers, carers and communities that experience reduced autonomy may include but are not limited to; people with lived experience of mental illness and recovery and/or made subject to compulsory treatment orders; people with cognitive impairment; people living in supported accommodation; people living in aged care residential care; refugees and people living in detention; people in prisons requiring healthcare and individuals and communities experiencing stigma, racism and/or discrimination.

> Children and young people by reason of their physical and mental immaturity and development, need special safeguards and care, including appropriate legal protection. Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.[26]

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

> The health of Aboriginal people should be seen within the historical context and consideration given to the impacts of colonisation, marginalisation, loss of land, language and culture, to ensure consumer, carer and community engagement processes are culturally appropriate.

> Aboriginal people experience more life risk factors, poorer health and less acceptable outcomes in a range of life areas when compared to other South Australians. As a result, Aboriginal people are among the most disadvantaged population groups in the community.[27]

MIGRANT AND REFUGEE COMMUNITIES

> Migrant and refugee individuals and communities have significant ethnic, cultural, national, linguistic, political and social diversity.

> Migrants and refugees frequently lack established family networks, support systems, community structures and resources. They may be unfamiliar with health services and can experience challenges accessing them. They may have limited English proficiency and lower levels of educational attainment.

> Migrants and refugees may live with long-term health conditions and disability. Many refugees have experienced trauma and torture and may be mistrustful of people in authority and service providers, including health services. Migrants and refugees are therefore often reluctant to make a complaint or unable to do so because of poor English proficiency.[28]

PEOPLE OR GROUPS EXPERIENCING STIGMA, RACISM AND DISCRIMINATION
(IN ANY COMMUNITY OR GROUP)

> Stigma is an attitude of disgrace that sets a person or a group apart from others, which leads to stereotyping and derogatory and judgemental labels and perceptions about a person or group.

> Negative attitudes and beliefs toward a person or group can create prejudice and leads to negative actions and discrimination. Many individuals and groups who experience health disadvantage also experience stigma, racism and discrimination.

> Individuals and groups may experience stigma, racism and discrimination related to their health condition which can result in a reluctance to seek and/or access needed health care. Stigma and discrimination has particularly affected people with lived experience of mental illness and LGBTQIA+ people who face significant barriers to accessing health care.

> Individuals or groups experiencing stigma, racism and discrimination are less likely to make a complaint if they experience stigma or discrimination from health providers.

> Racism is a key determinant of the health of Aboriginal Australians and directly links to health outcomes and contributes to life expectancy gap of Aboriginal Australians

PEOPLE LIVING WITH DISABILITY

> People living with long-term disability are among the most disadvantaged and invisible groups in the community with comparatively poor health outcomes, social exclusion and lack of access to essential services and a health system that often fails to meet their needs.

> These poorer health outcomes are also due to specific health conditions unrelated to their disability. Not all of a person's health conditions are related to their disability and the person's disability should not unduly bias diagnosis of unrelated health conditions. There is a significant burden of undiagnosed illness with only 29% of health conditions diagnosed and treated appropriately in people with disability.[29]

Mainstream health services are not always well informed or well equipped to respond to the needs of people with disability.

The Framework, in acknowledging and supporting the rights of consumers, carers and the community, is underpinned by the following Charters, Conventions, Strategies and Legislation:

CHARTERS/POLICIES

> Charter of Health and Community Services Rights Health and Community Services Complaints Commissioner

> Australian Charter of Healthcare Rights Australian Commission on Safety and Quality in Health Care second edition (2019)

> Charter on the Rights of Children and Young People in Healthcare Services in Australia

> Charter of Aged Care Rights Aged Care Quality and Safety Commission (2019)

> SA Carers Charter Schedule of Carers Recognition Act (2005) Administered by Department of Human Services

> The Multicultural Access and Equity (2018) Policy Department of Home Affairs[30]

CONVENTIONS/ DECLARATIONS

> Convention on the Rights of Persons with Disabilities United Nations

> Convention on the Rights of the Child United Nations[31]

> Declaration on the Rights of Indigenous Peoples 2007 United Nations[32]

> Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment United Nations

STRATEGIES/ FRAMEWORKS

> Ombudsman SA Complaint Management Framework

> National Disability Strategy 2010-2020 An initiative of the Council of Australia Governments

> The Fifth National Mental Health and Suicide Prevention Plan[33]

> Reconciliation Framework for Action Department for Health and Wellbeing

> Cultural Respect Framework 2016-2026[34]

> Aboriginal Health Care Framework 2019-2024 (in development) , will replace the Aboriginal Health Care Plan 2010-2016[35]

> National Aboriginal and Torres Strait Islander Health Plan 2013-2023[36]

Principles

Consumer, carer and community feedback and complaints provide a valuable source of insight into safety and quality related problems within healthcare organisations and can identify gaps in service delivery and care.[37, 38, 39]

The SA Health principles provide a foundation for health services to ensure actions are taken to improve health services informed by consumer, carer and community feedback and complaints and that consumer complaints processes are transparent, meaningful, respectful and empowering. These principles lead into a set of core values and suggested goals and activities for SA Health to set and meet the principles of consumer feedback and complaints management.

SA Health has outlined six principles for consumer, carer and community feedback and complaints management. Consumer, carer and community feedback and complaints systems are:

Principle 1: Consumer-Centred and responsive

> The health service is flexible and responsive to the unique needs and circumstances of consumers, carers and communities and act to ensure those who may have difficulty providing feedback or in expressing a grievance including through barriers relating to access and equity, to do so.

> Mechanisms for feedback are readily available and easy to access allowing for early identification of and response to emerging issues and can help reduce complaints over the long term.

Principle 2: Visible and transparent

> Leaders are visible in their commitment to being better informed by consumer feedback and complaints to provide better health care.

> Consumers, carers and the community have the right to expect that health services will act on their complaint using principles of openness, honesty and transparency; to acknowledge when something has gone wrong; to change practices in the future, to ensure quality improvement and for this improvement to be applied across other relevant practice and policy.[40]

Principle 3: Accessible and outward reaching

> Consumer, carer and community feedback and complaint mechanisms are responsive to the range of personal, cultural and structural barriers that can impact on consumers', carers' and the community's ability to provide feedback and make a complaint, including the factors that contribute to their decision whether or not to make a complaint.

> Health services actively encourage and facilitate access to consumers, carers and communities at risk of health disadvantage through barriers of access and equity.

Principle 4: Objective and fair

> Consumer, carer and community feedback and complaints are dealt with in an equitable, objective, unbiased and impartial manner as a means to ensure the complaint handling process provides an objective evaluation that is fair, objective and reasonable.

> Consumer, carer and community feedback and complaints are treated on their individual merit and without prejudice arising from any previous contact between the person and the health service.

Principle 5: Integrated and systemic

> Consumer, carer and community feedback and complaints management is integrated into core business activities of health services.[41]

> Receiving and handling feedback and complaints is the responsibility of all staff at all levels (in addition to designated complaints management staff) and can lead to more timely, efficient and effective resolution of problems.

Principle 6: Private and confidential

> Consumers, carers and the community have the right to privacy and confidentiality that will be maintained when providing feedback and as part of the complaint management process. Complainants' personal details and any other sensitive information they may disclose as part of their complaint or during complaint handling may require protection.

> Where an advocate acts as the complainant, consent of the person is sought to ensure the advocate is acting on their behalf and to maintain their privacy and confidentiality. To ensure privacy and confidentiality, consumer and carer feedback and/or complaints are not documented in patient medical records.

Core values

This section sets out SA Health's core values for consumer, carer and community feedback and complaints management.

These core values are fundamental in guiding the DHW and health services to successfully plan, manage and implement feedback and complaints management activities. The three values of consumer, carer and community feedback and complaints management practices are outlined as follows:

Value 1: Positive culture that values feedback and complaints

Welcoming and valuing consumer feedback and complaints as a commitment to good customer service and improving health care delivery

> Consumer, carer and community suggestions, ideas and compliments provide an opportunity for celebration and shared learning to ensure good practice influences systemic improvement and best practice.

> Health services foster a culture that openly welcomes consumer, carer and community feedback and complaints where people feel confident and safe to provide feedback on their experience.

> Health services foster a culture of open disclosure including; openness, honesty, transparency and sincere apology, when mistakes are made and ensure prompt action to address the impact of and rectify any mistakes.

Value 2: Inclusive and safe

Strengthening mechanisms for individuals and communities living with health disadvantage to provide feedback and complaints

> Consumer feedback and complaints systems are inclusive and safe for consumers, carers and communities living with health disadvantage. Inclusion recognises that all people have the right to give feedback and/or make a complaint and mechanisms are in place to better facilitate this process in a way they feel comfortable and safe to do so.

> Identifying and reducing barriers to ensure equity is critical to understanding that consumer and carer experiences, when engaging the health system, vary substantially and determines how safe they feel to submit complaints or follow up concerns. To be effective and sustainable, policy and strategies that aim to redress health inequities must help empower the individual or group through access to feedback and complaint mechanisms that recognise and act to reduce this inequity and ensure the experience of people living with health disadvantage are better understood and addressed.

Value 3: Respects the complainant

Acknowledging, respecting and caring about the people who give feedback and make complaints as contributing important information and experience to identify service safety risks, gaps and problems

> Consumer, carer and community perspectives and experiences are unique and provide critical information at every stage of the care pathway. Consumers, carers and community groups are legitimately positioned, through this experience, to evaluate the care and services received in terms of whether their care goals, needs and expectations have been met and their assessment of the outcomes of their care.[42]

> Consumers, carers and community groups are sensitive to, and able to recognise, a range of problems in healthcare delivery,[43] some of which may not be identified by traditional systems of healthcare monitoring (eg incident reporting systems, retrospective case reviews) or observable by staff who do not view the service through a service user perspective.

Goals

The Goals within the Framework provide health services with key actions to implement local consumer feedback and complaint mechanism and processes. A health service is required to have practices in place that encourage and support staff to actively seek consumers, carers and community feedback and effectively manage feedback and complaints. This ensures safe consumer-centred care, shared decision making and evaluating effective safety and quality processes for health excellence. The five goals of consumer, carer and community feedback and complaints management practices are outlined as follows:

GOAL 1: BUILDING CAPACITY FOR EFFECTIVE FEEDBACK AND COMPLAINT HANDLING

Staff knowledge, skills and commitment at all levels is essential to effective consumer feedback and complaints handling.

KEY AREAS	OUTCOMES
The health service's charter and business plan include a consumer, carer and community feedback and complaints framework to ensure transparent oversight	> Consumer, carer and community feedback and complaints influence the governance of the health service including the reporting of their outcomes (PROMS) and experiences (PREMS). > Consumers, carers and community groups are informed of and have access to the health service's consumer, carer and community feedback and complaints framework. > The feedback and complaints process is accessible to consumers, carers and the community in a format that meets their needs.
All staff have the training, knowledge and skills to effectively receive, manage and where indicated escalate or refer feedback and complaints	> Consumers, carers and the community (or an advocate) have access to information that their feedback and complaints are managed by all staff with appropriate expertise and training including procedures on how to effectively receive, manage and escalate complaints. > Complainants have access to information on how their complaint is managed with appropriate oversight, monitored and evaluated to ensure a high standard of review. > Consumers, carers and the community are able to give feedback and/or make a complaint through an advocate of their choosing. > All staff have access to training in feedback and complaints management.
Trained complaints management staff report to appropriate senior/executive line management	> Responsibility for consumer, carer and community complaints management is allocated to designated staff who are trained, skilled and experienced in the management of complaints. > Designated complaints management staff are appropriately supported and supervised by senior staff as part of clinical governance processes.
Consumer, carer and community feedback and complaints data is published annually in a format that is accessible to the public	> The community has access to a range of publicly reported information about health service feedback and complaints. > The community has access to publicly reported information about how health services engage with consumers, carers and the community and quality improvement actions undertaken by health service's in response to their feedback and complaints outcomes.

GOAL 2: WELCOMING AND ENABLING FEEDBACK AND COMPLAINTS

Health services actively facilitate feedback and complaints as part of working in partnership with consumers, carers and the community, to improve health care.

KEY AREAS	OUTCOMES
Staff at all levels have clear knowledge and information about the feedback and complaints process to proactively link and support consumers, carers and the community to access the process	> Consumers, carers and the community have access to flexible feedback and complaints processes that best meet their individual needs. > Consumers, carers and the community are afforded multiple opportunities throughout their health care journey to give feedback and/or make a complaint.
Feedback and complaints processes are culturally safe and tailored to meet the specific needs of consumers, carers and the community at risk and those who experience health disadvantage	> Consumers, carers and communities at risk and who experience health disadvantage, have access to feedback and complaints processes that provide tailored responses to meet their unique circumstances, needs and experience. > Aboriginal and Torres Strait Islander consumers, carers and communities have access to feedback and complaints processes that are culturally safe. > Staff and/or advocates with Aboriginal cultural expertise are engaged when responding to and investigating complaints from Aboriginal and Torres Strait Islander consumers, carers and communities.
Visible and accessible information for consumers, carers and the community that explains their right to give feedback, comment and complain at any point of interaction with the health system	> Consumers, carers and the community have access to information about their rights to give feedback and make a complaint. > Consumers, carers and the community have access to information about their rights as part of the feedback and complaints process.

GOAL 3: EFFECTIVE AND EFFICIENT FEEDBACK AND COMPLAINTS MANAGEMENT

Complaints handling policy and process ensure fair, transparent, rigorous and timely review to identify actual and potential problems and make improvements.

KEY AREAS	OUTCOMES
The feedback and complaints management process is simple, clear and responds flexibly to the needs of the complainant	> Consumers, carers and the community have access to a range of options and choices to give feedback and make a complaint in a form that meets their individual needs. > Consumer, carer and community feedback and complaints processes ensure minimum handling to reduce unnecessary barriers and delay.
Feedback and complaints management is based on objective, fair and transparent processes and procedures	> Health service policies and processes ensure that consumers, carers and the community receive and experience objective, fair and transparent feedback and complaint management and assurance that their complaint will not compromise their treatment or care. > Complaints management staff act to ensure timely and appropriate escalation, investigation, risk management and complaint resolution.
Complaints management is consistent with the principles and practices of open disclosure	Complainants are given: > Good access to mechanisms and processes for providing feedback including making a complaint, and an opportunity to give feedback on their experience. > A factual explanation and timelines of the complaint handling process. > A factual explanation of the outcome of the investigation. > A factual explanation of the identified outcomes and actions to manage the incident and prevent recurrence. > Information on privacy and confidentiality including mechanisms for maintaining anonymity.

GOAL 4: ACKNOWLEDGING AND COMMUNICATING WITH COMPLAINANTS

Open and structured communication with complainants ensures they are part of identifying and determining the best outcomes to improve care.

KEY AREAS	OUTCOMES
Structured and active response to the complainant which ensures: > Early identification of the expectations of the complainant > Prompt acknowledgement of complaint > Clear information about the process of complaint management > Decisions, actions and outcomes of the complaint are identified > Information about rights of appeal > Information about other available complaints authorities and external notification/referral processes	> Complainants are provided with information about the complaint handling process immediately upon making a complaint. > Complainants are advised of the role and responsibility of staff and where relevant, the Consumer Adviser, at the commencement of the complaint process. > Complainants are consulted about their expectations of outcomes at the commencement of the complaint process. > Complainants receive prompt notification and acknowledgement of their complaint. > Complainants are informed about their rights and mechanisms for review and/or appeal if they are not satisfied with the outcome of their complaint. > Complainants are given information about relevant external agencies and their rights to make a complaint to such agencies.
Consumer Advisers, and other designated complaints management staff, maintain structured and routine communication with the complainant throughout the complaint handling process	> Complainants receive ongoing information and feedback throughout the complaint management process. > Complainants are able to speak directly to a Consumer Adviser during any part of the complaint management process. > Complainants are consulted as part of determining and negotiating outcomes and actions for resolution.

GOAL 5: FEEDBACK AND COMPLAINTS DRIVE SYSTEMIC IMPROVEMENT

Consumer, carer and community feedback and complaints are acted upon to ensure a systemic safety and quality improvement management approach to improve care.

KEY AREAS	OUTCOMES
The collection and use of consumer feedback and complaints is built into safety and quality improvement systems, strategies and frameworks and linked directly to organisational development and consumer, carer and community engagement strategies and activities	> Consumers, carers and the community are actively encouraged and supported to provide feedback and/or make a complaint. > Consumer, carer and community feedback and complaints are acted on to improve safety and quality outcomes. > Consumer, carer and community complaints, wherever possible, are dealt with at point of care to ensure prompt resolution. > All staff respond to consumer, carer and community feedback and complaints in ways that informs safety, quality and risk improvement activities.
Feedback and complaints management, performance and processes are routinely monitored and evaluated	> Consumers, carers and the community are involved in developing protocols and mechanisms for consumer feedback and complaints management. > Complainants reported satisfaction is used to monitor and evaluate complaints management service and staff. > Consumer advisory groups receive feedback and complaints reports that highlight and explain trends, patterns, safety and quality issues and risk to inform their recommendations, advice and shared decision-making.

RELEVANT SA HEALTH POLICIES, PROCEDURES AND GUIDELINES

> Consumer, Carer and Community Feedback and Complaints Management Framework, Guide and Resources

> Equity of Access to Health Care Policy Directive

> Charter of Health and Community Services Rights Policy

> Guide for engaging with Aboriginal People

> Aboriginal Cultural Learning Framework

> Aboriginal Workforce Framework 2017-2022

> Aboriginal Health Impact Statement Policy

> Aboriginal Community and Consumer Engagement Strategy, Country Health SA LHN

> Partnering with Carers Policy

> Patient Incident Management and Open Disclosure Policy

OTHER RELEVANT RESOURCES

> Australian/New Zealand Standard – Guidelines for complaints management in organisations

> Australian Commission on Safety and Quality in Health Care (ACSQHC) Australian Safety and Quality Framework for Health Care

> ACSQHC National Safety and Quality Health Service Standards

> ACSQHC National Statement on Health Literacy: Taking Action to Improve Safety and Quality

> National Aboriginal Cultural Respect Framework 2016-2026 developed by the National Aboriginal and Torres Strait Islander Standing Committee for the Australian Health Minister's Advisory Council.

> ACSQHC National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health

> South Australian Aboriginal Languages Interpreters and Translators Guide. South Australian Government

> Aged Care Access Code

> Australian Government Guidelines on the Recognition of Sex and Gender

> Premier and Cabinet Circular PC039 Complaint Management in the South Australian Public Sector

REFERENCES

1 Adapted from Better Practice Guidelines on Complaints Management for Health Care Services Australian Commission on Safety and quality in Health Care (2004)
https://www.safetyandquality.gov.au/sites/default/files/migrated/complntmgmthbk.pdf

2 Health and Wellbeing Strategy 2020-2025 SA Health
www.sahealth.sa.gov.au/wps/wcm/connect/bde18d8f-2100-4331-92bb-5e71b4d0197c/Health+and+Wellbeing+Strategy+web+FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-bde18d8f-2100-4331-92bb-5e71b4d0197c-n73ltuv

3 *Health Care (Governance) Amendment Act 2018*
www.legislation.sa.gov.au/LZ/V/A/2018/HEALTH%20CARE%20(GOVERNANCE)%20AMENDMENT%20ACT%202018_8/2018.8.UN.PDF

4 National Safety and Quality Health Service Standards Australian Commission on Safety and Quality in Health Care second edition
www.safetyandquality.gov.au/standards/nsqhs-standards

5 Australian Safety and Quality Framework for Health Care
https://www.safetyandquality.gov.au/sites/default/files/migrated/Australian-SandQ-Framework1.pdf

6 Health and Wellbeing Strategy 2020-2025 SA Health
www.sahealth.sa.gov.au/wps/wcm/connect/bde18d8f-2100-4331-92bb-5e71b4d0197c/Health+and+Wellbeing+Strategy+web+FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-bde18d8f-2100-4331-92bb-5e71b4d0197c-n73ltuv

7 National Disability Strategy 2010-2020
www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020

8 Aged Care Quality Standards Aged Care Quality and Safety Commission
https://www.agedcarequality.gov.au/providers/standards

9 Country Health SA Reconciliation Action Plan 2018-2020
www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources/plans/country+health+sa+reconciliation+action+plan

10 National Aboriginal and Torres Strait Islander Health Plan 2013-2023
www.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan

11 Aboriginal Health Worker Role Aboriginal Health Council of South Australia
ahcsa.org.au/our-programs/aboriginal-health-worker-role

12 Canadian Institutes of Health Research, 2014, page 5
https://cihr-irsc.gc.ca/e/38103.html

13 Consumers Heath Forum of Australia, About consumer representation Canberra
https://chf.org.au/become-consumer-rep

14, 15, 16 Health Consumers Alliance of South Australia HCASA Position Statement Working with Consumer Advocates and Representatives August 2019
https://www.hcasa.asn.au/your-available-documents/921-hcasa-consumer-advocates-position-statement-2019

17 National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026
https://www1.health.gov.au/internet/main/publishing.nsf/Content/indigenous-crf

18 HCASA Position Statement Consumer-Centred Health Care in SA, 2019, page 1
https://www.hcasa.asn.au/your-available-documents/921-hcasa-consumer-advocates-position-statement-2019/file

19 ACSQHC National Safety and Quality Health Service Standards second edition, 2017, page 14
https://www.safetyandquality.gov.au/standards/nsqhs-standards

20 User Guide for Aboriginal and Torres Straits Islander Health National Safety and Quality Health Service Standards Action Items
https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health

21 Complaints Management Handbook for Health Care Services Australian Commission for Safety and Quality in Health care (2005)
https://www.safetyandquality.gov.au/publications-and-resources/resource-library/complaints-management-handbook-health-care-services

22 Patient incident management and open disclosure Policy Directive (2016)
https://www.sahealth.sa.gov.au/wps/wcm/connect/89e269804e341fb5b45ffcc\09343dd7f/corrected+Patient+Incident+\management+and+OD_final+29-9-17+.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-89e269804e341fb5b45ffcc09343dd7f-mMHe3ft

23 The Lived Experience Workforce in South Australian Mental Health Services 2014 Central Adelaide Local Health Network
https://www.mhcsa.org.au/wp-content/uploads/2018/12/The-Lived-Experience-Workforce-in-SA-Public-Mental-Health-Services.pdf

24 ACSQHC National Safety and Quality Health Service Standards second edition, 2017, Standard 1; page 5
www.safetyandquality.gov.au/standards/nsqhs-standards

25 South Australian Health and Wellbeing Strategy 2020-2025
www.sahealth.sa.gov.au/wps/wcm/connect/
bde18d8f-2100-4331-92bb-5e71b4d0197c/
Health+and+Wellbeing+Strategy+web+
FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPA
CE-bde18d8f-2100-4331-92bb-5e71b4d0197c-n73ltuv

26 Convention of the Rights of the Child 1990 United Nations
www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

27 SA Health website Aboriginal Health

28 New and Emerging Communities in Australia Enhancing Capacity for Advocacy Federation of Ethnic Communities' Council of Australia 2019
http://fecca.org.au/wp-content/uploads/2019/05/New-
Emerging-Communities-in-Australia-Enhancing-Capacity-for-
Advocacy.pdf

29 National Disability Strategy 2010 – 2020 Strategy 6 Health and Wellbeing
www.dss.gov.au/our-responsibilities/disability-and-carers/
publications-articles/policy-research/national-disability-
strategy-2010-2020

30 Multicultural Access and Equity Policy 2018 Australian Department of Home Affairs
https://www.homeaffairs.gov.au/mca/PDFs/multicultural-
access-equity-policy-guide.pdf

31 Convention of the Rights of the Child 1990 United Nations
www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

32 Declaration on the Rights of Indigenous Peoples 2007 United Nations
https://www.un.org/development/desa/indigenouspeoples/
declaration-on-the-rights-of-indigenous-peoples.html

33 The Fifth National Mental Health and Suicide Prevention Plan 2017
https://www1.health.gov.au/internet/main/publishing.nsf/
Content/mental-fifth-national-mental-health-plan

34 Cultural Respect Framework 2016-2026 developed for the Australian Health Minister's Advisory Council (AHMAC) by the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC)
https://www1.health.gov.au/internet/main/publishing.nsf/
Content/indigenous-crf

35 Aboriginal Health Care Plan 2010-2016
https://www.sahealth.sa.gov.au/wps/wcm/connect/public%20
content/sa%20health%20internet/about%20us/about%20
sa%20health/aboriginal%20health/aboriginal%20health%20
care%20framework%202019%202024

36 National Aboriginal and Torres Strait Islander Health Plan 2013-2023
https://www1.health.gov.au/internet/main/publishing.nsf/
Content/natsih-plan

37 Donaldson L. An organisation with a memory: Learning from adverse events in the NHS. London: Department of Health, (2000)
http://webarchive.nationalarchives.gov.uk/20130105144251/
http://www.dh.gov.uk/prod_consum_dh/groups/dh_
digitalassets/@dh/@en/documents/digitalasset/dh_4065086.
pdf

38 Bouwman R, Bomhoff M, Robben P, Patients perspectives on the role of their complaints in the regulatory process (2015) Health Expert
https://pure.uvt.nl/ws/portalfiles/portal/9694654/Bouwman_
et_al_2015_Health_Expectations.pdf

39 Seelos L, Adamson C, Redefining NHS Complaint Handling – The Real Challenge (1994) International Journal of Health Care Quality Assurance Vol 7 No 6 pp23-31
https://www.researchgate.net/publication/13158999_
Redefining_NHS_Complaint_Handling_-_The_Real_
Challenge

40 Bark P, Vincent C, Jones A, Savory J, (1994) Clinical complaints: a means to improving quality of care. Quality Health Care Vol 3 No 3 pp 123-132
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1055214/

41 Better Practice Guide to Complaint Handling Commonwealth Ombudsman (2009)
https://www.ombudsman.gov.au/__data/assets/pdf_
file/0020/35615/Better-practice-guide-to-complaint-handling.
pdf

42 Doyle C, Lennox L, Bell D, A systematic review of evidence on the links between patient experience and clinical safety and effectiveness (2013) British Medical Journal Open
https://bmjopen.bmj.com/content/bmjopen/3/1/e001570.full.
pdf

43 Weingart SN, Pagovich O, Sands DZ, et al What can hospitalized patients tell us about adverse events? Learning from patient-reported incidents. J Gen Intern Med (2005); Vol 20 pp830–836
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490203/

For more information

Safety and Quality Unit
SA Health

Telephone: 8226 2567

Government
of South Australia

SA Health