



The Salvation Army

Australia

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Submission made on behalf of The Salvation Army Australia

Response to the Aged Care Quality and Safety Commission Bill 2018 and related Bill.

Community Affairs Legislation Committee for Inquiry into Aged Care Quality and Safety Commission Bill 2018 and related Bill.

28th September, 2018

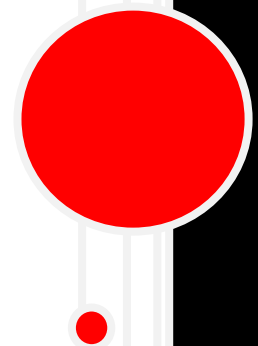
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About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for the most marginalised and socially excluded individuals in the community.

The Salvation Army Australia has a national annual operating budget of more than \$700 million and provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country. Programs include:

- Emergency relief, material aid and case work;
- Financial counselling and assistance;
- Youth, adult and aged homelessness and housing services;
- Family and domestic violence support and accommodation services;
- Drug and alcohol support and treatment services;
- Child, youth and family services;
- Education, training and employment support services;
- Personal counselling and support;
- Emergency and disaster response and recovery services;
- Chaplaincy;
- Migrant and refugee services; and
- Aged care services.

Mission oriented organisation

As a mission driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and people centred approaches that reflect our commitment to and primacy of:

- Caring for people;
- Creating faith pathways;
- Building healthy communities; and
- Working for justice.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Executive Summary

The Salvation Army supports the bill and the intent to which it is driven to:

- Improve the quality of care and service provision within the aged care industry;
- Establishing a new independent single commission, led by a single commissioner;
- Provide leadership to improve the standard of care with a single quality framework;
- Review reporting requirements and operational efficiencies; and
- Support disclosure of protected information.

Following consideration and review of the Bill and related Bill, The Salvation Army submits that:

- The Commissioner should be provided with management and leadership responsibilities:
 - to respond to issues with My Aged Care and Approved Provider compliance obligations;
 - consider education and leadership to the workforce, not only to the Approved Providers to facilitate sustainable and consistent thought leadership and care directions; and
 - to review the legislation and specifically the Aged Care Act to facilitate contemporaneous standards to meet the needs of the frail and elderly in our care.
- The functions of the Commissioner should support the development and leadership of a clinical governance framework; and
- Diversity of key stakeholders should be embedded in the growth and evaluation strategy of the Commissioner and inherently within the Bill.

Commissioner Responsibilities

The Salvation Army would ascertain that critical to the ongoing leadership of this Bill and indeed the role of the Commissioner to ensure a proactive, strategic and comprehensive ownership of the portfolio, the functions of the Commissioner should be expanded to include;

- i. Managing issues and complaints related to the MyAgedCare system and processes in order to facilitate greater influence for negative outcomes and issues management that are consistently challenging for the community and that of providers. To which the community are at greater risk for acute frailty and preventable harm where good advocacy and support is currently not given the transparency and systems evident within the current complaints framework (K. Carnell & PR. Paterson, 2017).
Recommendation: We would support the Commissioner being able to manage complaints received around MyAgedCare.
- ii. Scope for holding Approved Providers accountable for compliance obligations with their approved bed allocations where specific conditions have been placed on these. This limits Approved Providers obligation to support the needs of diverse and specific communities in a planned and ongoing manner.
Recommendation: We would support Approved Providers responsibilities for annual reporting against bed allocation criterion to better advocate for the needs of our diverse community.
- iii. Education requirements for the Commissioner to not only educate consumers, community, the public and Approved Providers, but to develop a focused approach to educating the aged care workforce to support consistency of training, improved care delivery and improved clinical governance (Commonwealth of Australia, 2017, 2018a, 2018b; K. Carnell & PR. Paterson, 2017). Efficiencies and consistencies can be achieved with a considered national approach to this rather than only training Approved Providers and diluting messages potentially when it is trained onto the workforce.
Recommendation: Expand Commissioners education functions to include aged care workforce.

- iv. Regulatory function of the Commissioner should extend to include a review of the Aged Care Legislation to ensure it is effective, relevant, contemporary, evidence based and responsive to the changing needs of the consumer along with the expectations of the wider milieu (K. Carnell & PR. Paterson, 2017).

Recommendation: Increase the regulatory functions of the commissioner include conducting reviews of the legislation and providing timely feedback to the Minister on its impact, influence and capability to meet the needs of the Australians receiving aged care.

Clinical Governance

Clinical Governance has been identified clearly in the new legislation as fundamental to meeting the increasing needs of Australians receiving aged care (Commonwealth of Australia, 2018a, 2018b). We support the leadership of the Government in the provision of a Clinical Advisor and recognising the role nursing plays in quality of life and the standards of care. This has been a well-received addition as an outcome to the recommendations of the Carnell Patterson Report (K. Carnell & PR. Paterson, 2017) and more recently the Australian Commission on Safety and Quality in Health Care (2017) as they have developed the *National Clinical Governance Framework*.

We note for recognition of the fundamental elements of clinical governance, as defined by the Australian Commission on Safety and Quality in Health Care (2017, pp. 2-3)

“Clinical governance is the set of relationships and responsibilities established by a health service organisation between its ... governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.

Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving. Clinical governance is an integrated component of corporate governance.”

The Salvation Army is well underway in developing and implementing a Clinical Governance Framework in light of its leadership approach and that which has formed the basis of many root cause analysis undertakings.

Recommendation: Develop an aged care specific national guideline for support to the sector as a tool for development, leadership and transformation based on evidenced based practice.

Diversity

The Salvation Army, by way of mission and values is committed and demonstrates validity in its core focus to advocate and support the needs of diverse Australians who are receiving care in aged care. We are consistently supporting almost half its aged care customer base for those who are unable to afford care financially, leaders in homelessness, younger persons with disabilities in aged care and disadvantaged care provision, experts in supporting transitioning convicted criminals out of the justice system into supported care services in order to improve their quality of life as they palliate, and providing leadership in mental health as it evolves within the industry. We recognise the Governments commitment to this area of the

community, and support the alignment of national strategy to this area (Commonwealth of Australia, 2015, 2018b; K. Carnell & PR. Paterson, 2017).

Recommendation: To continue the work of the Government to develop an improved understanding to the unique needs of this cohort, acknowledging that the individuals are rarely able to be validated into an expected trajectory of care and service provision.

Conclusion

The Salvation Army is committed to improving its quality of care and service provision. We look forward to the opportunity to work collaboratively with the Government to meet the current and future needs of the community who receive care and services within the aged care system.

References

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