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Commissioning & Performance

# LHN Safety and Quality Account Reporting Template

July 2023 – June 2024



Government  
of South Australia

SA Health

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## INTRODUCTION

Annually, the LHN will complete a Safety and Quality Account to demonstrate its achievement and ongoing commitment to improving and integrating safety and quality activity. This approach places safety and quality reporting on the same level as financial reporting as an accountability mechanism with public transparency. The account will provide information about the safety and quality of care delivered by the LHN, including performance against key quality and safety measures and patient safety priorities, service improvements and integration initiatives.

The Safety and Quality Account seeks to ensure that structures, systems and processes are in place to require and foster quality service delivery and ongoing improvement.

The Safety and Quality Account will cover the five (5) components of the [National Clinical Governance Framework](#) as follows:

- 1. Governance, leadership and culture**  
Integrated corporate and clinical systems are established and used to improve the safety and quality of health care for patients.
- 2. Patient safety and quality systems**  
Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients.
- 3. Clinical performance and effectiveness**  
The workforce has the right qualifications, skills and supervision to provide safe, high quality health care to patients.
- 4. Safe environment for the delivery of care**  
The environment promotes safe and high quality for patients.
- 5. Partnering with consumers, carers and the community**  
Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.

## ANNUAL REPORT SUBMISSION

Annual reports endorsed by the Local Health Network Governing Boards and submitted to Department for Health and Wellbeing by **Friday 27 September 2024**.

**Attestation Statement** to be attached when submitting LHN Safety and Quality Annual Report.

Annual reports and Attestation Statements to be submitted to:

[health.performance@sa.gov.au](mailto:health.performance@sa.gov.au)

## Executive Summary or Synopsis

*Provide an executive summary or synopsis of year's work / highlights / achievements / outcomes.*

*Provide a holistic view of the LHN's organisational systems effectively utilising visuals such as graphs, images and patient stories that are directly linked to structures, outcomes and improvements.*

## 1. GOVERNANCE, LEADERSHIP AND CULTURE

*Provide overview of organisation including strategic plans.*

### 1.1 Clinical governance

*Governance Framework information  
Strategic Plans  
Organisation Chart  
Committee Structure*

### 1.2 Monitoring and review of safety and quality performance

*Accreditation status on:  
National Safety and Quality Health Service Standards – outcomes / next assessment due  
National Disability Insurance Scheme (NDIS)  
Aged Care Quality Standards  
Australian General Practice Accreditation Limited (AGPAL)  
Diagnostic Imaging Accreditation Scheme (DIAS)  
Any other relevant standards*

*Service agreement – KPIs (safe and effective care)*

*Health Acquired Complications (HAC)*

### 1.3 Addressing health priorities for Aboriginal and Torres Strait Islander people

*Closing the gap targets  
Reconciliation Action Plan (RAP)*

## 2. PATIENT SAFETY AND QUALITY SYSTEMS

*Provide overview of organisations patient safety and quality systems.*

### 2.1 Compliance with legislation and regulation

*Legislation and regulation compliance*

*Organisation instructions / procedures and guidelines*

*Quality improvement plans / activities / programs – provide examples and outcomes*

### 2.2 Coroner's findings of inquest recommendations and actions

*Provide an overview of the Coroner's findings of inquest recommendations and actions.*

### 2.3. Measurement of quality improvement

*Clinical audit program*

*Quality improvement plans / activities / programmes – provide examples and outcomes*

*Quality improvement register*

*Audit schedule*

*Reporting schedule*

### 2.4 Risk management

*Risk Framework overview*

*Risk Committee overview*

*Risk register compliance*

*Risk profile – high / low risks including outcomes, actions undertaken and improvements*

*Internal audits – number of recommendations, actions, outcomes, improvements*

### 2.5 Incident management

*Incident management governance / overview / committee – monitoring mechanisms*

*Incident numbers, ISR results*

*Number of Root Cause Analysis (RCA) reviews / Part 7 / Multi-D reviews*

*Part 7 Committees*

*Actions, outcomes, and improvements*

## 2.6 Open disclosure

*Open disclosure numbers, ISR results  
Actions, outcomes and improvements*

## 2.7 Consumer Experience

*Provide an overview of SA Consumer Experience Surveillance System (SACCESS) on the following KPI's.*

**Tier 1: Involved in decision making**

**Tier 1: Feeling cared for by staff**

**Tier 2: Being heard – listened to**

**Monitor: Overall quality**

*Provide an overview of your local consumer experience surveys (excluding SACCESS).*

## 2.8 Complaints management

*Provide an overview on consumer feedback numbers, including complaints, compliments, suggestions and advice.*

*Provide an overview of quality improvement activities identified following consumer feedback.*

## 2.9 Diversity and high risk-groups

*Quality improvement programs, activities or committees involving:*

- *Aboriginal and Torres Strait Islander community (refer to 1.3)*
- *Cultural and linguistically diverse*
- *Disability and inclusion plans*
- *Residential Care Facility*
- *Child Protection Unit*
- *Mental Health / lived experience*
- *LGBTIQ+*
- *Homelessness*
- *Family violence*

### 3. CLINICAL PERFORMANCE AND EFFECTIVENESS

#### 3.1 Safety and Quality training

- *Compliance rates for mandatory training*
- *Quality improvement activities, actions and improvements*

#### 3.2 Cultural competency and awareness training

- *Compliance rates for cultural competency and awareness training*
- *Quality improvement activities, actions and improvements*

#### 3.3 Workforce

- *Workforce – staff profile (numbers of staff)*
- *PRD compliance*

#### 3.4 Credentialling and scope of practice

- *Numbers of professional groups*
- *Compliance rates of credentialling and scope of practice*

#### 3.5 Evidence based care

- *Clinical networks*
- *Clinical guidelines and clinical standards*
- *Health pathways*

#### 3.6 Variation in clinical practice health outcomes

- *Health Care Atlas (Australian Commission on Safety & Quality in Health Care)*
- *Health Round Table (HRT)*

## 4 SAFE ENVIRONMENT FOR THE DELIVERY OF CARE

### 4.1 Safe environment

- *Hazard reporting and audits*
- *Safety Data Sheets (SDS)*
- *Work Health Safety Audit / Investigations*
- *BME / Capital works*
- *Facility risk profile - buildings*

### 4.2 Unpredictable behaviours

- *Challenging behaviour*
- *Quality improvement actions, activities and improvements*

### 4.3 Welcoming environment for Aboriginal and Torres Strait Islander people

- *Artwork – buildings, staff pins*
- *Community engagement*
- *Facility signage*
- *Design of new buildings – smoking ceremonies*
- *Resources*

## 5 PARTNERING WITH CONSUMERS

### 5.1 Partnering with consumers in their own care

- *Evidence of consumer / patient / person centred care principles and framework (consumer experience survey results)*
- *Quality improvement activities, actions and improvements*
- *Communication mechanisms – paper, digital, social media*

#### 5.1.1 Healthcare rights

- *Providing healthcare rights to consumers, carers and the community – ease to access information*
- *Report on consumer feedback aligned to health care rights and monitoring (SLS Consumer feedback module)*
- *Consumer experience survey results*

#### 5.1.2 Informed consent

- *Quality improvement actions, outcomes, improvements*
- *Compliance the Informed Consent policy / Act*
- *Audits relating to informed consent*
- *Financial consent*
- *Interpreting and translating services*

### 5.2 Health literacy

- *Consumer information resources*
- *Local consumers reviewing and endorsing consumer information sheets*
- *Interpreting and translating services*
- *Communication mechanisms – paper, digital, social media*

### 5.3 Partnering with consumers in organisational design and governance

- *Consumer, Carer and Community Engagement Strategic Plan*
- *Consumer, Carer and Community Advisory Committee*
- *Consumer, Carer and Community Network / Community of Practice*
- *Number of consumers engaged within the LHN / health service*
- *Activities where consumers are engaged (surveys, panel, listening posts, staff education and training)*

### 5.4 Partnering with carers

Provide an overview of partnering with carers and compliance with the [Carers Recognition Act 2005](#)

- *Carer engagement*
- *Carer feedback*
- *Carer stories / experience*

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**ATTESTATION STATEMENT – TO BE ATTACHED**

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For more information

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