



5 August 2016

NSQHS Standards Consultation RIS
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001
Sent by email: NSQHSStandards@safetyandquality.gov.au

To whom it may concern,

Re: Consultation Regulation Impact Statement Review of the National Safety and Quality Health Standards

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) wishes to make the following comments to the Review of the National Safety and Quality Health Standards.

CATSINaM is the national peak body that represents, advocates for, and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We are a membership-based organisation and are governed by a nationally elected Aboriginal and Torres Strait Islander Board. We believe that nurses and midwives are the backbone of the Australian health system and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities. As nurses and midwives often work in frontline positions, their capacity to do this effectively is critical.

A strategic direction for CATSINaM is to strengthen our effectiveness in supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery. This contributes to the well-recognised and broader need for Australia to improve recruitment and retention of nursing and midwifery students and employees in order to meet the health care needs of the future. Increased Aboriginal and Torres Strait Islander participation in the health system is a powerful tool in redressing disadvantage.

Unity and Strength through Caring

CATSINaM is committed to working with key stakeholders to ensure the implementation of the National Aboriginal and Torres Strait Islander Health Plan achieve its vision an 'Australian health system free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.' To achieve this vision all governments must ensure that the Australian health care workforce and health services, now and into the future, are positioned, capable and supported in meeting the unique health and wellbeing needs of Aboriginal and Torres Strait Islander Australians.

Consultation Questions

1. *Element 3 outlines three options. Which of these options do you believe would be the most effective way of improving safety and quality for patients?*

CATSINaM supports option 2, the transition to version 2 of the NSQHS standards by 2018-19.

2. *What do you believe are the costs, benefits and other impacts of your preferred option for:*

- a. your organisation? Nil*
- b. consumers? Nil*
- c. the health system?*

We are of the view that while there are costs for organisations/services to transition to version 2, this cost burden is around compliance. The overall benefits are to the health system and therefore Australian people and these benefits outweigh the costs to services in the medium to longer term. It is envisaged that version 2 will lead to improved service delivery, health care and health outcomes and the reduction in poor care as a result of neglect or mistakes. Version 2, recognises that health services need to do more in delivering services to Aboriginal and Torres Strait Islander peoples. The revised standards also recognise the current deficiencies in mental health, cognitive impairment, health literacy and end-of-life care within the current standards, and all of these impact on Aboriginal and Torres Strait Islander peoples, indeed all Australians.

The Regulatory Impact Statement (RIS) acknowledges that it is well known that Australia's Aboriginal and Torres Strait Islander peoples, suffer disproportionately in nearly every health and wellbeing measure. For one of the richest and most developed

nations on the planet, it is a national shame that Aboriginal and Torres Strait Islander people across Australia are suffering with health problems that are more likely associated with developing countries. To address this gap, it is necessary to hold health services accountable for their service delivery to Aboriginal and Torres Strait Islander peoples.

Optimal health is a basic human right¹ and also a right as the recognised First Peoples of Australia. The importance of cultural safety and cultural respect in the delivery of health services have a basis in international human rights, as described in Articles 21, 23, 24, and 29 in the United Nations Declaration on the Rights of Indigenous Peoples.² In order for Aboriginal and Torres Strait Islander people to enjoy the highest attainable standard of physical and mental health as set out in the declaration³, then they must have the right to equitably access aged care services.

CATSINaM considers that a lack of cultural safety and institutional racism are barriers to the recruitment and retention of Aboriginal and Torres Strait Islander students and graduate nurses and midwives. The lack of cultural safety, cost and location are factors that form complex issues for Aboriginal and Torres Strait Islander peoples access to health care services. Aboriginal and Torres Strait Islander Australians are more likely to seek health care, and achieve better outcomes by accessing services that are culturally safe and respectful places. Evidence indicates that health service provision that has respect for a person's cultural and spiritual heritage has a direct positive impact on health care outcomes. Therefore, ensuring cultural safety is a key strategy for reducing inequalities in healthcare access and improving the effectiveness of care for Australia's first people.⁴

¹NHLF Position Paper – The right to health accessed January 2016

from http://www.iaha.com.au/IAHA%20Documents/000176_nationalhealthleadership.pdf

² United Nations Declaration on the Rights of Indigenous Peoples (2008) accessed January 2016 from

http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

³Article 24, United Nations Declaration on the Rights of Indigenous Peoples (2008) accessed January 2016 from

http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

⁴ Bainbridge, R., McCalman, J., Clifford, A., & Tsey, K. (2015). Cultural competency in the delivery of health services for Indigenous people. Issues paper no. 13. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies: Produced for the Closing the Gap Clearinghouse.

Version 2 of the NSQHS standards provides a framework for services to address their gaps and deficiencies in health care delivery. Whilst the wording around cultural safety within version 2 of the NSQHS Standards could be stronger it nevertheless seeks to improve the cultural responsiveness of health staff and thus creating a culturally safe environment. The NSQHS Standards version 2 compliments the work that is being done within higher education to move towards embedding cultural safety in every aspect of education and training for health professionals - this includes organisational culture, staff capability and curriculum. This work, along with the national Cultural Respect Framework for Aboriginal and Torres Strait Islander Australian will assist in achieving the vision of the National Aboriginal and Torres Strait Islander Health Plan.

3. Option 3, the release of a limited number of Standards from version 2 is not considered feasible by the Commission. You are invited to comment on the costs and benefits of this option.

Option 3 appears to focus on reducing compliance costs for services, rather than ensuring a health system that is of the highest safety and quality for all Australians. Option 3 is an ad hoc approach to addressing the deficiencies in the current standards. Similarly, option 1 maintains the deficiencies and is about minimising cost issues rather than focusing on best quality care. Ensuring that Aboriginal and Torres Strait Islander people receive culturally responsive and safe health care is the responsibility of health professionals, their educators, and health service providers. Without standards embedded into the service system, services will not change and there will be no change in health outcomes. Version 2, not only addresses the deficiencies identified by stakeholders, such as the waste through duplication, it addresses the gaps within the current standards and moves towards creating a safe environment for all.

4. Do you have any general comments in relation to the options proposed?

To meet patient safety and embed quality systems, staff within a service need to understand that not only is the service about addressing the ill health of a person, but that poor quality of care can and does exacerbate health outcomes. Therefore, we would argue that despite the improvement in the NSQHSS under version 2, that it is not only health needs that has to be addressed but also health care delivery It is the

recipient of the care who determines if a health service is culturally safe. Likewise, to achieve the necessary change within an organisation, the health service's management and executive leadership ought to include some form of community engagement with the local Aboriginal and Torres Strait Islander community. The governance structure should involve non-clinical community representation so that staff learn and understand the layperson's perspective.

The *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health*, an Australian Health Ministers Council document, ought to be part of National Safety and Quality Health Services Standards as this framework provides more detail and guidance for implementation of a culturally safe and responsible health care system.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Janine Mohamed', written over a thin horizontal line.

Janine Mohamed
Chief Executive Officer