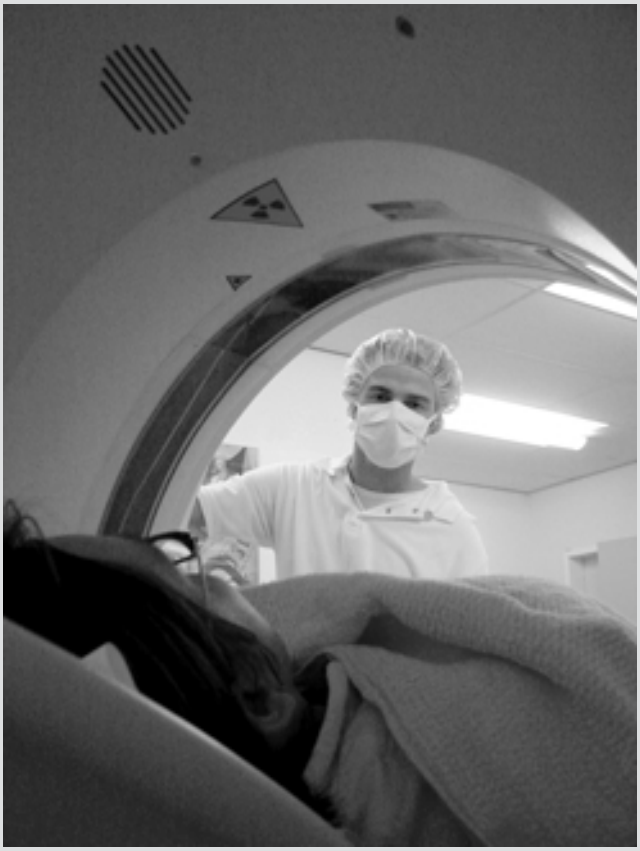
Office of Health Review
Annual Report 2006-07



Statement of Compliance

HON. JIM McGINTY MLA
MINISTER FOR HEALTH

In accordance with Section 61 of the Financial Management Act 2006, we hereby submit for your information and presentation to Parliament, the Annual Report of the Office of Health Review for the financial year ended 30 June 2007.

The Annual Report has been prepared in accordance with the provisions of:

Auditor General Act 2006
Carers Recognition Act 2004
Contaminated Sites Act 2003
Disability Services Act 1993
Electoral Act 1907
Equal Opportunity Act 1984
Financial Management Act 2006
Freedom of Information Act 1992
Health Services (Conciliation and Review) Act 1995
Industrial Relations Act 1979
Minimum Conditions of Employment Act 1993
Occupational Health and Safety Act 1984
Public Sector Management Act 1994
Salaries and Allowances Act 1994
State Records Act 2000; and
Government and Ministerial Annual Reporting Policies

Linley Anne Donaldson
DIRECTOR

Date: 6 August 2007

Contents

Director's Report

It is with pleasure that I present the *2006-07 Annual Report* for the Office of Health Review (OHR).

The OHR has worked to implement elements of our new Strategic Plan, which will be reflected in this Report. More importantly, a number of issues have been identified as requiring further development and consultation with stakeholders to develop pathways for action.

I congratulate staff for their commitment and dedication in maintaining a service of excellence for both consumers and providers.

The OHR provides an independent alternative disputes resolution avenue for health and disability complaints as defined in the Health Services (Conciliation & Review) Act, 1995 and the Disability Services Act, 1993 and the Carer's Recognition Act, 2004.

The OHR provides one avenue in a range of services to assist consumers and providers to resolve issues of disagreement, grievances and complaints. Most State and private health and disability service agencies have a customer liaison unit to assist in the resolution of complaints. In addition, there are a range of consumer advocacy and support agencies and services to assist in resolution of service issues.

This year the OHR made an application to the outcome structure review group of the Department of Treasury and Finance to review the Office's outcome-based management structure (the approved structure is in the Appendices).

OHR now reports against two key services, the first being assessment, conciliation and investigation of complaints, and the second being education and training in the prevention and resolution of complaints.

This opportunity is valued by the OHR as we aim to not only manage complaints, but to work with key stakeholders within the health and disability industry to minimise risks which give rise to complaints through education, and more effective analysis of the cause of complaints to proactively identify and address trends and issues.

This year the OHR has established information forums with key consumer and provider stakeholder groups to commence a pathway to support the development of education programs, information sessions and feedback to address risks within the health and disability industries.

The details of these consultations will be outlined in the body of the report. They have brought into focus the importance of effective communication, and the adverse impacts grievances and complaints can have on both consumers and providers. It is important too for OHR to appreciate the different impacts on both parties, as this will assist in reaching resolution.

These consultations have identified that consumers often have difficulties in accessing consistent information, particularly when moving between multiple providers. Conversely, providers often see grievances or complaints as potential litigation and an added burden to their already demanding workload, rather than an opportunity to reduce risk.

This financial year, the OHR has continued to assist complainants to return to the provider to resolve their issues prior to the OHR becoming actively engaged. This has proven to be a successful strategy. As a means of follow-up and in order to gain feedback we have completed an informal telephone survey with those consumers to seek information on the OHR process and whether they achieved a satisfactory outcome.

Consumers were pleased to be contacted and provided with the opportunity to provide some constructive feedback.

Director's Report

However, from this survey it became clear that there is a percentage of consumers who do not follow through with their complaint and as a result of this we are now reviewing criteria for supporting people to approach the provider. The aim of this is to ensure that the consumer feels confident in addressing the matter with the provider directly, particularly as providers have responded in a positive way to feedback.

This financial year when complaints have been endorsed for conciliation the OHR has moved to activate early conciliation meetings. This has been an interesting process and has raised a number of issues that are now being reviewed, with the aim of finding a pathway that enables us to work with both consumer and provider groups.

In brief, open disclosure, which is currently being rolled out by the Department of Health, has caused issues with the WA branch of Medical Defence Australia. Open disclosure is a concept whereby information will be provided to consumers following an adverse event within the health system. This practice includes expressing regret for what has happened, keeping the patient informed, and providing feedback on investigation, including the steps taken to prevent an event from re-occurring.

In Western Australia, the Open Disclosure policy and early conciliation meetings has caused concern for health insurers, as there is a perception that their members are not adequately protected from litigation. This has lead OHR to reflect on appropriate ways to move forward in an environment that establishes trust and co-operation, without unnecessarily disadvantaging either the provider or the consumer. This includes a more in-depth understanding of the mediation model used by OHR versus an adversarial model traditionally used by insurers and lawyers in medico-legal processes.

Mediation encourages open communication between both provider and consumer with the aim of the parties having some level of self-determination in the outcome. Where there is the potential for compensation, this process creates concerns for insurers as they feel that inappropriate information may be provided, thereby creating potential non-participation or restricted participation by health providers within the mediation process.

Another emerging issue is that of a general medical practitioner offering what may appear to be a specialist medical service. OHR has received a number of complaints in the area of dermatology, specifically 'skin clinics' and other areas related to cosmetic procedures.

Some of these complaints relate to what is perceived to be a misdiagnosis, poor outcome or a failure to meet the consumer's expectations. This often relates to inadequate informed consent and/or consumer understanding of the provider's qualifications. OHR will open up discussions with appropriate government and professional bodies to guage the issue and how the public may be better informed to ensure appropriate decisions are being made when undertaking treatment.

The OHR has employed a part-time legal officer, who will assist in better understanding the legal framework that OHR works within when mediating health and disability complaints. This will be done with the aim of working out a pathway for better communication between key stakeholders with the goal of bringing about timely resolution to complaints.

In dealing with complaints, it is necessary to recognise that a small percentage of complaints are about compensation. Frequently consumers are seeking a personal apology for what to them has been a very unpleasant experience, or to request systemic changes so that such an event will not re-occur in the future.

It is important that we keep a channel of communication open so that we can constructively look at and understand all of the issues that create grievances within the health and disability sectors, and work with the necessary stakeholders to bring about early, constructive resolutions.

To assist in understanding the trends and issues with complaints this year, OHR has put in place a project to review and replace the current complaints database. The new database will be constructed with contemporary technology systems enabling reports and information on complaints to be more readily accessible.

Director's Report

In line with the strategic direction for OHR, there has been a greater emphasis on meeting and working with consumers, providers and stakeholders to establish opportunities to better understand the causes of grievances and complaints, provide feedback and establish information/education sessions. As a beginning, the focus has been on building connections, and planning and establishing information sessions. Themes that have emerged identify that many organisations have well-established policies and procedures for managing grievances or complaints, however, with little understanding of how this translates into every-day practice. Often, consumer issues are dealt with in a very fragmented and bureaucratic manner within organisations, which can often result in the response to the consumer being unrelated to the actual concerns raised.

Complaints adversely impact both our consumers and providers and from discussion, these impacts need to be identified so that consumers and providers are better informed and proactive in resolving grievances.

To progress this within the disability sector, OHR has been working with National Disability Services (formally ACROD) and other key agencies to access funding for professional development to address proactive management of consumer complaints. Funding has been accessed through the Disability Services Commission to establish a series of professional development programs in 2007/2008.

OHR has commenced discussions with stakeholders in the area of Mental Health. This has included regular meetings with the Chief Psychiatrist, Mental Health Carers, ARAFM Western Australia, the Mental Health Clinical Network and the Health Consumer's Council to discuss issues and identify possible options for addressing grievances for consumers and carers. A meeting was also held with statutory bodies responsible for assisting in the resolution of mental health grievances and complaints. These meetings highlighted the need for a strategic focus in the management of mental health complaints and the sharing of data related to issues and trends that would support a united focus in addressing common concerns.

I express my sincere thanks to the OHR staff and to the consumer and provider agencies that have engaged with us this year in collaborating to make a difference. In the year ahead I will look forward to working in partnership to further enhance the activities of this year and contribute to the agenda for continuous improvement in the delivery of health and disability services.

About the Office of Health Review

Who we are

The Office of Health Review (OHR) is an independent statutory authority responsible for conciliating and investigating complaints against health and disability service providers in Western Australia and the Indian Ocean Territories.

What we do

The health services that we deal with range from providers in the various health professions such as medicine, dentistry and nursing, to alternative health services, ambulance services and prison health services.

The Office also deals with complaints regarding a range of disability services including accommodation, therapy services, in-home support and respite services. OHR accepts disability complaints not only from complainants but also from a recognised advocate, or from a carer (within the context of the Carer's Charter under the Carer's Recognition Act 2004).

The Office endeavours to work in a spirit of cooperation with both consumers and providers, encouraging parties in dispute to reach an agreed outcome. The Office also encourages complainants to try to resolve their complaints with the provider in the first instance, if they have not already attempted to do so.

The Office aims to not only resolve consumer complaints but also to improve the overall quality of care delivered by health and disability service providers. We do this by using the lessons learnt from complaints and providing appropriate feedback to providers and various bodies, such as registration boards and professional organisations.

While the Office hopes to help consumers and providers through assisting them to resolve their complaints, we also strive to empower consumers and providers by imparting to them, during the conciliation process, some of the dispute resolution methods and skills of our staff. This benefits both parties by equipping them with the skills necessary to better deal with any similar issues that they may encounter in the future.

Our Vision, Mission and Desired Outcomes

Our Vision:
'Creating Pathways to Resolution'

Our Mission:
"To make health and disability services better through the impartial resolution of complaints."

Our Vision, Mission and Desired Outcomes

Supporting our Vision, Mission and Desired Outcomes

In supporting our vision, the Office aims for a series of desired outcomes:

Increased community awareness

- Broadening communication strategies to reach and inform all users of health and disability services
- Partnering with other organisations and government agencies to improve communication
- Ensuring that our stakeholders understand the Office and its role

Increased partnerships and networks

- Offering expertise to providers and registration boards
- Developing partnerships with large strategic providers in order to identify and address systemic issues
- Working closely with professional bodies and registration boards

Innovative strategies for consumers and providers

- Exploring ways of supporting consumers to resolve complaints in the first instance
- Developing accessible consumer information
- Growing partnerships with peak consumer bodies

Improved system changes

- Continually reviewing and improving our complaint-handling methods
- Improving service standards
- Analysing trends and issues

Well-equipped staff and facilities

- Building on and developing expertise
- Sharing knowledge and expertise with other organisations
- Ensuring our equipment, technology and facilities support staff and clients

Fulfilling Objectives 2006-07

In the 2005/06 OHR Annual Report, a reform strategy was documented for the 2006/07 year. The following is a summary of what OHR hoped to achieve at that time, and what has been accomplished:

Improve the complaints process

Map conciliation process to focus on higher percentage of conciliation meetings.
As part of our focus on encouraging agreed outcomes between consumers and providers, during the year OHR has arranged a higher percentage of conciliation meetings (based on the total number of complaints that have been elevated to conciliation) than in previous years.

Review of procedures manual with more emphasis on link between Acts and complaints management.
Procedures Manuals for health and disability services (relating to the respective Acts) were reviewed, edited and updated into electronic format during 2006. This was a major body of work that had been in progress for a number of years. The review of the Manuals identified a number of unresolved legal issues that are currently being clarified by OHR's Legal Officer.

Procedures manual to be used as reference document for orientation and induction of staff.
The recently-reviewed Procedures Manuals are currently used for staff orientation and induction.

Agreed service standards for Office of Health Review complaints management.
The Office is currently developing agreed service standards regarding:

- What our customers can expect from us
- Information regarding our processes
- How we deal with complaints about our Office

Fulfilling Objectives 2006-07

Build partnerships

Maintain and continue to develop contact with provider and consumer groups.
During the year OHR maintained former associations and reached out to consumer groups such as the Health Consumer's Council (HCC). The HCC collaborated with OHR in a number of areas, including the re-writing of OHR's consumer complaint form and promotional brochures.

Health complaints network.
A health complaints network was developed in 2005, the membership of which is made up of OHR staff and Complaints and Customer Liaison Officers from a number of Perth's major hospitals. The members meet regularly to discuss emerging issues in health services and to take part in workshops and seminars.

Disability complaints network.
A disability complaints network was developed in 2005, comprising members of OHR staff and complaints staff from various disability service providers. The members of the network meet regularly to discuss issues and trends in disability services, particularly in the area of complaint management.

Registration Boards network.
A registration boards network, comprising staff from OHR and the various health registration boards, was established in 2006. A regular meeting is now held with members of the network. The meetings have facilitated cooperation and information-sharing between OHR and the boards.

Development of web site.
The OHR web site was redeveloped and launched in late 2006. As well as providing comprehensive information about OHR, its role and the services the Office provides, the new site includes a facility for lodging complaints on-line.

Consumer and provider feedback surveys.
New survey forms were designed for providers and consumers who have been through the conciliation process. The survey forms and their content were designed in conjunction with the Healthy Publications Committee.

Develop with partners collaborative projects to support health and disability services.
OHR was part of a number of projects that supported health and disability services. For example, OHR supported the application by National Disability Services (formerly ACROD) for the training of staff in the disability sector, with the support of a funding grant for $22 000 from the Disability Services Commission.

Develop our people

Organisational Review.
During the year the Office concentrated on completing the tasks that began following the formal review in 2004. This included the development of new roles within the Office including a Communications and Research Officer and a part-time Legal Officer.

Human Resource Policy Manual.
A Human Resources Policy Manual was adapted from an example supplied by the Office for Public Sector Standards.

Fulfilling Objectives 2006-07

Develop reforms for complaints information management systems.
OHR's ageing electronic database, RAEMOC, is being replaced by an updated version of the same program that was obtained from OHR's compatriot organisation in Victoria, the Health Complaints Commission. The new database, Complaint Records Electronic Database, (CRED) is based on a more stable platform and will enable the Office to obtain higher-quality information.

Conciliation training for all staff.
All staff underwent training designed to support conciliation work. A 2-day interactive and customised conciliation training session was conducted, and staff also undertook a full-day workshop on managing difficult behaviours in the workplace.

Training in investigation practices took place during the year, with a two-day workshop being held for all staff which covered investigative methods and practice.

Specific OHR staff also undertook training in other areas such as risk management, public interest disclosure, procurement and desktop publishing.

Performance management system implemented.
An informal performance management plan was developed and implemented in late 2006, which incorporates individual performance agreements for staff.

Develop three year operational strategic plan.
A three year strategic plan was developed in late 2006, a précis of which can be found in the above section 'Our Vision, Mission and Desired Outcomes.'

The Year Ahead

The Year Ahead

During 2007/08 we hope to build on the significant achievements of 2006/07, while also developing new initiatives that will improve our business and enable us to continue with our efforts to improve the delivery of health and disability services. These new initiatives include:

- Developing internal guidelines and mapping for prison health services and mental health complaints
- Developing a sound legal framework for our business, based on current legislation
- Engaging ethnic and indigenous communities
- Enhancing OHR's knowledge of compensation
- Further development of service standards for dealing with complaints
- Cultural awareness training for staff
- Conducting statistical and data analysis to ensure the usefulness of our complaints reporting
- Full implementation of the new complaints database
- Developing a knowledge base of information
- Enhancing the range of information we provide to consumers and providers

Corporate Operations

Corporate Operations

The 2006-07 financial year has seen a strategic focus on the corporate operations of the Office of Health Review (OHR) to ensure that processes are contemporary and support the key functions of the Office. Key activities have included a review of the complaints database and currently, a new database is being implemented on an information technology platform known as SQL which will allow for better analysis of the data. This coming financial year, an analyst will be engaged to assist in reviewing the data to ensure that it provides meaningful information and helps identify key issues and trends.

Both the paper-based and electronic administrative records systems have been reviewed and a new system implemented to streamline information and ensure that it is easily accessible within the Office. Storage is always an issue within a small office and the archiving procedures for both administration and clients' complaints files have been reviewed. This ensures that only current information is stored within the Office and all other documents are archived with the ability for secure retrieval within a specified time.

Accommodation has been modified this year to address some occupational safety and health issues and to enable more space to be available for staff accommodation.

Corporate and executive staff have had training in the areas of public interest disclosure, risk management, desktop publishing, conflict of interest and Freedom of Information.

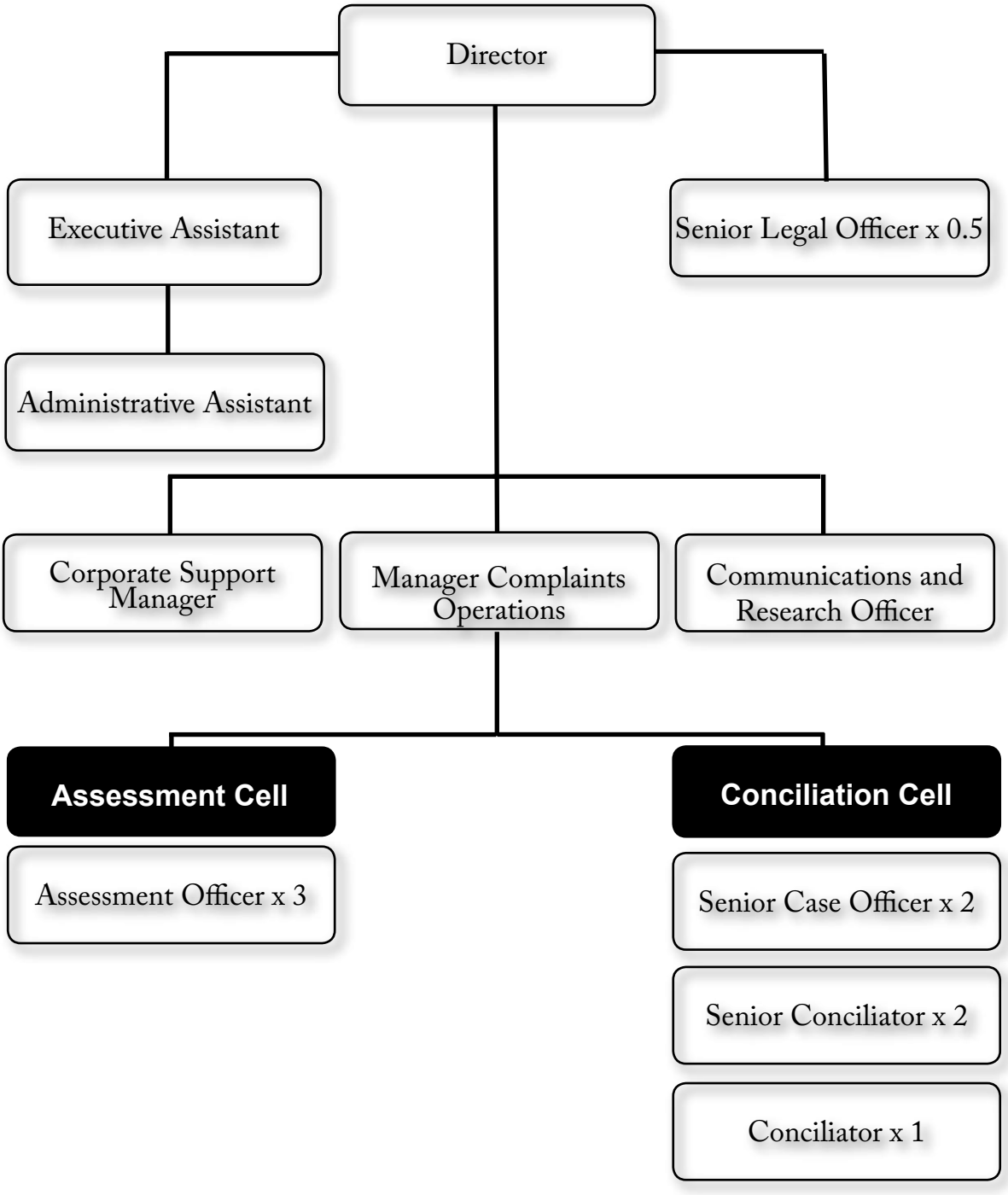
Human resourcing has been reviewed and includes a modification to the recruitment process to ensure that jobs advertised go to the widest possible market and in addition, the Office has adopted a pool recruitment process to address issues such as secondments and turnover.

Performance management has now been implemented for all staff and a training and development calendar for staff has been developed which enables all staff to be exposed to training of core competency and skills required in their work.

The training has been supported by the review and development of the health and disability Procedures Manuals.

Organisational Chart

Office of Health Review - Organisational Chart as at 30 June, 2007



Complaints Operations

Complaints Operations Report

During the year, OHR accepted 1470 complaints and finalised 1548 complaints. The number of open cases as at 1 July 2006 was 268. On 30 June 2007 the number of open cases was 210.

Assessment process

The intake and assessment process for consumer complaints has been proactively reviewed during the past year, with a number of changes taking place.

As proposed in the 2005/06 Annual Report, we have been more rigorous in our assessment of complaints to ensure they are matters we can deal with under our legislation. This includes a careful assessment to ensure that complainants have met the requirements to initially raise their issue directly with their provider. We have developed fact sheets and tips for consumers to use in making this approach, with the aim of providing consumers with the skills they need to resolve matters without the need to involve a third party.

In an effort to gauge the success of self-resolution a short survey was mailed to consumers following their contact with OHR. However, after a few months, the return rate for these surveys was low. We amended our approach by conducting a telephone survey of those consumers who were referred back to their provider. This approach was much more successful, and as mentioned in the Director's report we received positive feedback. The contact also prompted a number of people to come back to OHR with their complaint. A further benefit of the reformed assessment process is that we are more likely to meet legislative time-frames when responding to complaints.

The assessment team staff have also focussed on becoming more informed about the role of other agencies with regard to complaints management. If a complaint does not fall within our jurisdiction, the team have provided more detailed information about where a complainant may be able to have their issues resolved.

A focus for the coming year will be to have the assessment team collect more detailed statistical data about health and disability complaint issues in general. This will assist in identifying trends and more effectively alert us to matters that need to be addressed at a broader level.

Conciliation team

During the year the conciliation team have made significant changes to processes and procedures, including some major work on our Procedures Manuals. The revised manuals have proven effective in providing a comprehensive guide to the operations of the Office for new staff.

Our focus on conciliation meetings between consumers and providers early in the complaints process has shown to be successful, with face-to-face meetings between parties resulting in the early resolution of many complaints.

In collaboration with the State Solicitor's Office, we have also reviewed our processes for seeking legal advice and peer opinions in relation to cases.

Another major focus for the year has been on resolving complaints, where appropriate, as quickly as possible. We have paid particular attention to those cases that have been with us for longer than 12 months, aiming to resolve them so that the parties are able to move forward.

Complaints Operations

Analysis of complaints

The analysis of complaints managed through the 2006-2007 financial year has identified a number of issues that we intend to further analyse in the upcoming year. Our aim is to provide consumers and complainants with information to assist them in dealing with such issues.

The Office has seen a number of complaints regarding the costs involved in private health care. One such area is the cost of pharmaceutical products provided whilst people are in hospital. This type of complaint tends to involve four parties – the consumer, the hospital-based pharmacy, the hospital itself and the treating doctor. There appears to be uncertainty around how medication is prescribed, and who is responsible for raising the account. Generally, the doctor will prescribe medication, which is dispensed through the hospital's pharmacy, with the account being raised by the hospital. This can create uncertainty for a consumer about who to complain to if they are unhappy with, for example, the price of the product.

Similarly, when a doctor working in a private hospital prescribes diagnostic tests or prosthesis, there may be queries about the account provided by the hospital relating to these costs. Generally, there are charges that relate to the hospitals process, and charges that relate to the services provided by the doctor. This can also create confusion for consumers as they are unaware of the potential expense prior to admission and this can be compounded when the treating doctor or private hospital are reluctant to enter into discussion to address these concerns.

This year other concerns related to infection control in hospitals. Unfortunately it is difficult to control the spread of some infections in the hospital setting, and a great deal of positive work has been undertaken by hospitals to ensure the risks are minimised. However, given the very nature of a hospital, there will be the odd occasion where a patient will have an adverse experience.

Informed consent continues to be an area where we have received a number of complaints. This involves a consumer being informed by a practitioner about their procedure, the costs involved, the risks involved, potential outcomes and alternative options – all very positive steps in relation to a consumer being informed. However, the consumer's and practitioner's recollection of the details surrounding informed consent discussions can differ and can often be difficult to prove one way or another. The documentation surrounding informed consent does not always support people's recollection of events, nor their expectations of what should have occurred. Where there is little or poor documentation it is difficult to confirm one person's account against the other.

Another positive policy that has been developed, but potentially not implemented as well as desired, is that of open disclosure. This policy relates to practitioners openly discussing the adverses outcomes of, say, an operation or medication error, directly with their patient. Our complaints data suggests that sometimes these discussions do not occur, or that the discussions are not open and honest. Practitioners, under the Civil Liabilities Act, now have the ability to 'express regret' for adverse outcomes, without fear of this apology resulting in litigation. However, it appears that sometimes consumers feel that an apology or even an explanation of adverse events is not forthcoming.

One of the frustrations for OHR in relation to Open Disclosure relates to the inconsistency of application across the public hospitals. A preference is to adopt the principles of Open Disclosure when dealing with all grievances. We will be focusing our efforts in this area in the year ahead.

The last issue to be raised here relates to complaints under the Disability Services Act. A number of these complaints received during the past year relate to accommodation services. In particular, families of those with a disability raise concerns where the person with a disability is in supported accommodation. Boundaries appear to blur when an

organisation has the responsibility to care for an individual, and the family of that individual are unhappy with the level of care received.

Data analysis

During the year the Office reviewed its requirements in relation to data collection and as a result we are implementing a new database. We would like to extend our thanks to the Victorian Health Services Commission for their support in upgrading our database. We are currently making final amendments and aim to have the new database functional by the end of 2007. The new database will provide us with much greater capacity to capture and analyse data, resulting in improved reporting processes.

Our internal focus

The Office of Health Review strives to continually improve our service standards. An analysis of the complaints for the past year leads us to believe that the further development of service standards will assist OHR to achieve our key performance indicators.

Standards around timeframes, rights, responsibilities and expectations will be clearly developed in the upcoming year and communicated to all parties involved in the complaints management process.

We will aim to employ a data analyst in the near future to assist us with the analysis of complaints data in an effort to better identify trends and issues.

Education

The past year has seen a focus on developing the skills and knowledge of our staff. We hope to continue with this theme through the next year and we have already identified a number of specific training sessions to be arranged.

A training-needs analysis was conducted during the Investigation training program, and has identified a number of specific skills areas that can be further explored. The 'Dealing with Difficult Behaviour' session identified a need to further explore specific responses for our enquiries staff.

A key education focus for the upcoming year will be around cultural awareness. We believe there is a two-fold need – for both OHR staff and other providers. For example, OHR staff are often required to have an understanding of complex cultural issues in order to effectively respond to a complaint. Similarly, providers are often faced with complaints that relate to cultural matters and they may not have the knowledge required to manage the issue as successfully as they could. We are therefore considering how we might be more effective in collaborative education programs with providers in this area.

Networking

The focus on networking with stakeholders during the year saw the assessment team having meetings with various organisations, with an aim to further refine the enquiry and assessment processes. A trend in relation to complaints about St John's Ambulance (SJA) led to two meetings with their complaints management staff through the year. These meetings were particularly useful in gaining an understanding of the process that SJA use to manage complaints, but also a greater understanding of their billing procedures and information that they give to their clients.

The assessment team have also undertaken significant work with the Department of Corrective Services and prisons within the metropolitan area. Visits to prisons and their health services have provided a valuable insight to the processes that prisoners undergo in order to seek and obtain medical services. Meeting the staff that manage complaints in the system was particularly useful. One of the areas we would like to focus on in the upcoming year are the distinctions between health, disability and mental health complaints in the prison system. The assessment team also met with staff

Complaints Operations

from Medicare to gain a greater understanding of their role and how they deal with complaints.

Work with health complaints management organisations in other states also provided valuable information about the way complaints are managed and assisted in examining trends on a national level. Specific thanks are given to the Queensland and Victorian Health Services Commissions for their assistance in the development of the WA complaints management database.

Further work in relation to conciliation was undertaken with Riskcover, the Medical Defence Association (MDA) and members of the legal fraternity in relation to dealing with complaints where compensation is being sought by the complainant. We have sought to clarify the type of information we can provide to complainants who are seeking compensation, with an aim to ensure they are appropriately informed and that expectations are realistic and achievable. There is still some work to be done in this area and this theme will be a focus for the new financial year.

OHR staff held discussions with the various registration boards to discuss complaints management processes, particularly where complainants are seeking disciplinary action as an outcome. Again, discussions have centred around the role of the respective agencies, and have aimed to open up the lines of communication and increase understanding of governing legislation and policies. These discussions will continue into the 2007-2008 financial year.

Community Relations

Community Relations

During the year the Office continued to implement a community relations strategy, a main focus of which was informing key stakeholders of the Office's roles and services.

An important component of this strategy was a series of presentations given by OHR staff members where we sought to not only inform our stakeholders but also to gain feedback from them regarding any contact that they may have had with the Office in the past. This feedback was used to identify any positive or negative aspects of our stakeholder's experience with the Office, which provided the Office with the opportunity to use that information as a basis for adjusting aspects of the business, particularly in the communications field.

The Office also maintained a series of network meetings amongst groups of our stakeholders:

Registration Boards Network

This group is made up of representatives from the various registration boards and staff from OHR. The group meets quarterly to share information, discuss topics of common interest, and to plan cooperative activities during the year.

Health Consumer Complaints Network

The members of this group include complaints officers from Perth's public and private hospitals and OHR staff members. The group meets on a monthly basis to discuss common and emerging issues in consumer health, and also features guest speakers who occasionally conduct workshops or seminars.

The group has been successful in developing a stronger working relationship between OHR and the complaints officers, which has provided a strong platform for conciliation work between OHR, complainants and the health service providers who are represented at the meetings.

Disability Services Network

The Disability Services Network is made up of staff from OHR, National Disability Services (NDS), and representatives from major disability service providers such as the Disability Services Commission. The group meets regularly to monitor issues relevant to the disability community.

A major event for the group during the year was the announcement that the Disability Services Commission had approved a significant cash grant to NDS, which will be used to fund training for people working in this area. OHR had worked with NDS on the submission for funding and it was pleasing to note that a collaborative effort had succeeded in obtaining the grant, which will improve the delivery of services to people with disabilities.

Overall, these networks have increased knowledge and information sharing between the Office and the members of these groups. They have also developed an environment of cooperation and altruism where improving the delivery of health and disability services is the paramount shared objective.

Newsletter

The OHR developed a new electronic newsletter, The Health Review, during the year and issued the first edition in June 2007. The newsletter, which is featured on the OHR web site, was distributed electronically to stakeholders and has proven to be a valuable promotional and educational tool.

Community Relations

Intersector

The Intersector magazine, which is published by the Department of Premier and Cabinet, featured a two-page profile of the Office and staff in the June 2007 issue. The article significantly lifted the profile of the Office within the state public sector.

Media enquiries

The Office is keenly aware of the importance of the media in reporting issues to the general public.

During the year we received a number of requests for information from media representatives in relation to specific and general health and disability issues. Due to the confidential nature of our work and the privacy provisions in our legislation, we are not able to disclose any information relating to complaints made to the Office.

The Office is able, however, to provide general information in response to enquiries regarding broader issues. One such example was when a producer for a current affairs television program contacted the Office seeking information regarding erectile dysfunction treatments. While not providing any information regarding a specific provider or complainant, the Office was able to provide helpful background information.

Survey forms

The Office always welcomes feedback from consumers and service providers who have had contact with our staff, as we can use these responses as a guide for improving our service delivery.

Some of our most constructive feedback comes from the survey forms that are mailed to consumers and providers during the conciliation process. These forms pose a series of questions relating to issues such as timeliness, professionalism and general satisfaction with our service.

The forms can be submitted to the Office anonymously and as such the responses are honest, constructive and while they are for the most part positive, they have given us occasion to amend some of our procedures.

Giving consumers and providers that have participated in the conciliation process the opportunity to provide us with feedback has proven to be a helpful source of information that we will continue to use in the future.

Improving our publications

The communication strategy for the year included improving existing publications as well as developing new media.

The OHR revised a number of current publications including our complaint form, survey forms and information brochures during the year. After an internal review, these publications were distributed to the Health Consumer's Council Readers Group, the members of which provided high-quality feedback and a significant number of helpful comments.

Following the review of these publications the forms were redesigned into more modern, user-friendly formats. The OHR information brochures will also be redesigned once our current stock is used.

Obligatory Reporting

Disability Access Inclusion Plan

An amendment made to the Disability Services Act in December 2004 requires agencies to develop and implement a Disability Access Inclusion Plan (DAIP).

A requirement of this Report is that it provides information on current activities regarding the desired outcomes that are featured in the DAIP.

Current Activities

As an agency that deals with disability service complaints, OHR is keenly aware of the needs of people with disabilities and the need to make our services available to those people. The Office established, and is a member of, a complaints network for disability service providers and advocacy groups, to ensure that the services the Office provides are relevant and accessible to people with disabilities.

During the year the Office purchased, installed and trained staff in the use of a TTY machine, in order to enable customers using TTY machines (people who have impaired hearing) to communicate with our staff.

All of our publications are available in Braille or on audio tape. Our web site, which is W3C compliant, features a wide range of information, including all of our current electronic and hard copy publications.

The Office uses a shared reception area that is spacious and wheelchair accessible. Our building accommodation also has an elevator designed for wheelchair access.

Being a small organisation, the Office does not often hold events where accessibility might be an issue. However, at the Office's ten-year anniversary function an AUSLAN interpreter was present, providing an interpretation of the speeches at the function.

Cultural diversity and language services outcomes

The OHR offers independent, qualified interpreters and translators when dealing with clients from linguistically diverse backgrounds. We also translate correspondence to and from clients as appropriate.

During the year, the Office provided multi-lingual brochures that have been produced in 15 different languages to clients. The Office also recently purchased, installed and trained staff in the use of a TTY machine, for use by clients who are hearing-impaired.

Youth outcomes

The Office aims to cater for consumers of health and disability services from all age groups. While the Office deals with complaints from young people, we also handle complaints lodged by parents on behalf of their children.

The new OHR web site and its online complaint lodgement facility was created to better capture younger people who may feel more comfortable using this technology. The new site and its online tool have proven to be successful in reaching a wider audience.

Waste paper recycling

The Office uses a free paper recycling service provided by our building's management. Staff are encouraged to recycle all used paper, while confidential documents are shredded and recycled later.

Energy Smart government policy

As the Office has less than 25 staff, we are not required to report on this issue. However, we have adopted strategies to minimise energy use, such as reducing the use of artificial light, and encouraging staff to use energy management settings on their computers.

Regional Development Policy

During the year, the Office conducted activities that address a number of the outcomes outlined in the Department of Local Government and Regional Development's (DLGRD) Regional Development Policy.

For the purposes of this report, the outcomes most relevant to OHR's core business and a summary of how activities over the past year have addressed those outcomes is provided below:

Outcomes:
- Government decision-making is based on a thorough understanding of regional issues
- Effective government service delivery to regions
- Effective health service delivery

OHR deals with complaints from people living throughout Western Australia (as well as the Indian Ocean Territories). The number of complaints we receive from people living in regional areas proportionately reflects the distribution of the State's population.

The Office is a small organisation and we are unable to support permanent regional representation. When we attend regional areas for meetings with providers or complainants however, we take the opportunity to promote our services to stakeholders in the area. We also represent the Office at meetings of regional offices when they congregate in Perth.

OHR has utilised various media to reach people living in regional areas. Our web site features all of our relevant publications and an online complaint lodgement form, enabling consumers to lodge a complaint from any computer with internet access. We have also distributed our brochures to other agencies with support offices in regional areas, such as the Department of Consumer and Employment Protection.

As noted elsewhere in this document, improving the delivery of health and disability services through the conciliation of complaints is one of the Office's primary objectives.

Summaries of evaluations, findings, results and actions proposed or taken in relation to S7 (e) of the PSM Act

The Public Sector Management Act 1994 Section 7(e) states that agencies should have as their goal a continual improvement in the efficiency and effectiveness of their performance.

A Premier's Circular issued in May 2005 , which has a legislative basis in the above section, also requires agencies to match outcomes and services with the goals outlined in the document Better Planning, Better Futures – A Framework for the Strategic Management of the Western Australian Public Sector.

Obligatory Reporting

Following an internal review, the Office recently completed a three-year strategic plan, the goals of which are aligned with those documented in the Better Planning, Better Futures framework. A précis of OHR's strategic plan is presented in the section, Our Vision, Mission and Desired Outcomes.

OHR's information statement

OHR staff are required by the Health Services Act to take an oath or affirmation that they will not divulge any information obtained in the course of their work, except in relation to their duties.

While the Office operates under confidentiality requirements, people who are directly involved in a complaint can apply for access to information on their file.

The Office is subject to the Freedom of Information Act, however the same Act provides exemption for matters that are in conciliation.

OHR's record-keeping plan

During the year OHR evaluated the Office's record-keeping system and it was determined that a complete overhaul was required to guarantee its efficiency and effectiveness.

As the Office does not have any staff working full-time in records management, a consultant was engaged to examine the previous system and develop a new one. The consultant undertook a range of duties including:

- Archiving 'old' files
- Creating a detailed thesaurus for file-naming
- Developing new file creation procedures

Training for use of the new system was provided to all staff following its introduction. New staff are made aware of their responsibilities and roles regarding the system as part of their induction.

The new system will be evaluated during the next financial year.

Advertising

The Office is required to report on expenditure incurred during the financial year in relation to advertising agencies, market research organisations, polling organisations, direct mail organisations and media advertising organisations. During the year, nothing was spent on these services.

Details are as follows:

Market Research $ Nil
Polling $ Nil
Advertising (non Salary Vacancies) $ Nil
Direct mail organisations $ Nil
Media advertising organisations $ Nil

Obligatory Reporting

Equal Employment Opportunity outcomes

The OHR has diversity processes and procedures in place as part of our recruitment, selection and appointment of staff to ensure a balanced and diverse workforce.

The OHR also employs family friendly policies and flexible work practices such as part-time work arrangements for employees.

The Office retains women in a number of senior positions and has a number of staff from various cultural and ethnic backgrounds.

Corruption prevention programs

During the year senior staff members attended educational seminars held by the Corruption and Crime Commission. The information obtained at the seminar was shared amongst staff at meetings and kept for future reference.

All OHR staff are required to take an oath stating that they will faithfully and impartially perform their duties, and that they will not divulge any information they receive except in accordance with the governing legislation.

OHR 's staff are experienced at dealing with sensitive issues. A culture of confidentiality and respect for the privacy of our stakeholders is endorsed by senior management.

Public Interest Disclosures

The Public Interest Disclosure Act 2003 allows government agency staff and the public to make disclosures about improper conduct within the State public sector.

During the year, the Director and senior staff members attended Public Interest Disclosure (PID) training and the senior staff are now the PID Officers for OHR.

The PID Officers have briefed all staff on their roles and the procedures involved in making a public interest disclosure. This information is also available to the public on our web site and can be provided in other formats on request.

Compliance with public sector standards and ethical codes

During the year, OHR was not faced with any compliance issues regarding public sector standards, the WA Code of Ethics or our own Code of Conduct.

All OHR staff are required to abide by the Codes as issued by the Office of Public Sector Standards. On joining the Office all staff are provided with copies of the Codes, and are required to take an oath stating that they will faithfully and impartially perform their duties in accordance with the Act.

The various Codes are also permanently displayed on the Office's intranet, for easy access by staff.

Auditor General's Opinion

AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

OFFICE OF HEALTH REVIEW
FINANCIAL STATEMENTS AND KEY PERFORMANCE INDICATORS
FOR THE YEAR ENDED 30 JUNE 2007

I have audited the accounts, financial statements, controls and key performance indicators of the Office of Health Review.

The financial statements comprise the Balance Sheet as at 30 June 2007, and the Income Statement, Statement of Changes in Equity and Cash Flow Statement for the year then ended, a summary of significant accounting policies and other explanatory Notes.

The key performance indicators consist of key indicators of effectiveness and efficiency.

Director's Responsibility for the Financial Statements and Key Performance Indicators
The Director is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Treasurer's Instructions, and the key performance indicators. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements and key performance indicators that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; making accounting estimates that are reasonable in the circumstances; and complying with the Financial Management Act 2006 and other relevant written law.

Summary of my Role
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements, controls and key performance indicators based on my audit. This was done by testing selected samples of the audit evidence. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion. Further information on my audit approach is provided in my audit practice statement. Refer "http://www.audit.wa.gov.au/pubs/Audit-Practice-Statement.pdf".

An audit does not guarantee that every amount and disclosure in the financial statements and key performance indicators is error free. The term "reasonable assurance" recognises that an audit does not examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the financial statements and key performance indicators.

Audit Opinion
In my opinion,

(i) the financial statements are based on proper accounts and present fairly the financial position of the Office of Health Review at 30 June 2007 and its financial performance and cash flows for the year ended on that date. They are in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Treasurer's Instructions;

(ii) the controls exercised by the Office provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and

(iii) the key performance indicators of the Office are relevant and appropriate to help users assess the Office's performance and fairly represent the indicated performance for the year ended 30 June 2007.

JOHN DOYLE
ACTING AUDITOR GENERAL
21 September 2007

Certification of Performance Indicators

OFFICE OF HEALTH REVIEW

CERTIFICATION OF KEY PERFORMANCE INDICATORS

I hereby certify that the performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Office of Health Review's performance, and fairly represent the performance of the Office of Health Review for the financial year ended 30 June 2007.

Linley Anne Donaldson
Director
ACCOUNTABLE AUTHORITY

Date: 3 August 2007

Performance Indicators

OHR has revised its Key Effectiveness and Efficiency Indicators for the new financial year. These Indicators link directly to the two key services provided by the Office, being:

Service 1: Assessment, conciliation and investigation of complaints
Service 2: Education and training in prevention and resolution of complaints

Service 2 is a new Indicator for the Office and statistical data relating to this service is now being more closely collected and analysed.

Information relating to the measurement of OHRs performance against these indicators is described below:

Key Effectiveness Indicator

The Key Effectiveness Indicator relates to improvements in the provision of services.

	2005-06	2006-07
Proportion of recommendations resulting in improvements to practices and agreed actions for implementation by agencies and providers [1]	16	32

Key Efficiency Indicators

The Key Efficiency Indicators relate to OHRs two key services.

Service 1: Assessment, conciliation and investigation of complaints

	2005-06	2006-07
(1) Average cost per finalised complaint [2]	$961.70	$864.70
(2) Average length of time to finalise a complaint within a target timeframe [3]	135 days	130.8 days

Below is a further breakdown of the time taken to finalise a written complaint in 2006-2007:

Time taken	Number of complaints
0 to 3 months	427
3 to 6 months	124
6 to 9 months	59
9 to 12 months	40
12 to 18 months	29
18 to 24 months	10
24 months and over	16
Total:	**705**

There were 843 complaints managed through the assessment phase that did not eventuate in a written complaint, and often resulted in the consumer seeking to resolve the complaint directly with the provider.

Performance Indicators

A total of 705 written complaints were closed this year and the following breakdown shows the case stage at closure:

Health complaints		**Disability complaints**	
Enquiry	358	Conciliation	4
Assessment	50	Enquiry	7
Point of service	1	**Total:**	**11**
Conciliation	282		
Investigation	3		
Total:	**694**		

Service 2: Education and training in prevention and resolution of complaints

		2005-06	**2006-07**
(1)	Average cost per education/training session [4]	N/A	$4,115.40

A total of 55 presentations were delivered during 2006-2007, including 45 sessions to health groups, and 10 sessions to disability groups.

This is the first year the OHR commenced presentation of education/training sessions to a wide range of consumer/provider groups and other stakeholders in the health and disability areas for the purpose of educating the consumer/provider groups about the process of complaints resolution.

The OHR will continue to improve and develop this presentation strategy and to collate more data, aiming to propagate this education of complaints process to a wider community including country regions in WA.

In the next annual report the information will be broken down in percentages for complaints in health, disability and prisons. The information will also indicate the time spent in planning information and education programs and the percentage of time in direct delivery. This will be reported by postcode, where possible, to reflect the whole-of-state approach.

Notes:

1. There were 32 complaints identified for the year with recommendations to providers for procedures/policy changes. All of these records have been reviewed to show that as at 30 June 2007, there was evidence that all recommendations have been implemented by the providers as part of the continuous improvement process.
2. Based on the accrual costs for the 2006-2007 year, for direct staff costs and overheads in complaint resolution.
3. This KPI relates only to written complaints and is taken from the date of receipt of the complaint form or written confirmation of the complaint, to the date of closure of the file.
4. Based on staff time and overheads to provide education and information sessions, divided by the number of presentations.

Complaints Overview

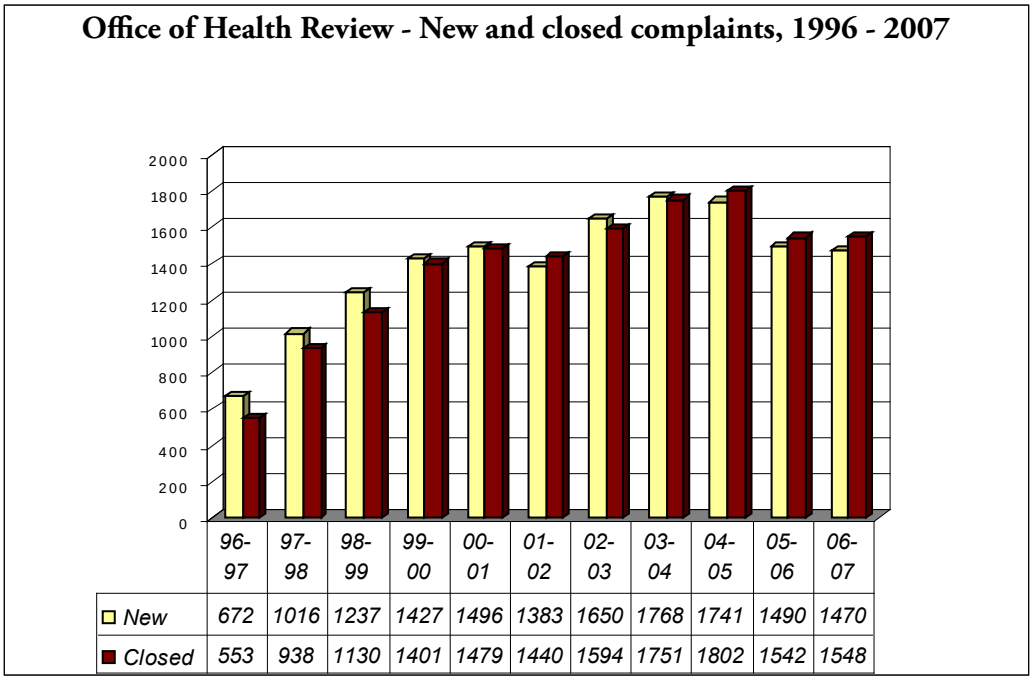


Figure 1: New and closed complaints 1996 - 2007.

During 2006/2007, OHR accepted a total of 1470 new complaints and closed 1548 complaints as shown in Table 1. This represents a slight reduction in the new complaints accepted as compared to the 2005/06 financial year. This year, the OHR has continued to work with health consumers during the enquiry or assessment stage to support resolution of the matter where appropriate prior to formal acceptance by OHR. Consumers have reacted positively to this method, particularly when they are assisted to approach the provider to seek resolution of an issue.

Table 1: Health and disability complaints 2005/06 to 2006/07

	2005-06				2006-07			
	New Complaints	%	Closed Complaints	%	New Complaints	%	Closed Complaints	%
Health Complaints	1474	98.9%	1518	98.4%	1444	98.2%	1528	98.7%
Disability Complaints	15	1.0%	23	1.5%	25	1.7%	20	1.3%
Territories	1	0.1%	1	0.1%	1	0.1%	0	0.0%
Total	**1490**	**100.0%**	**1542**	**100.0%**	**1470**	**100.0%**	**1548**	**100.0%**

Complaints Overview

Table 2: Number of complaints about major provider types 2005-06 to 2006-07				
Provider type	**2005-06**		**2006-07**	
	Total	**%**	**Total**	**&**
Dentist	81	5.3%	78	5.0%
Dental Surgery	33	2.1%	26	1.7%
Hospital (Private)	68	4.4%	68	4.4%
Hospital (Public)	308	20.0%	352	22.7%
Medical Practice	91	5.9%	55	3.6%
Prison Health Service	262	17.0%	389	25.1%
Medical Practitioner	385	25.0%	319	20.6%
Disability Services	24	1.6%	22	1.4%
Dental Prosthetist	15	1.0%	21	1.4%
Diagnostic Service	15	1.0%	25	1.6%
Community Health Service (Public)	24	1.6%	20	1.3%
Other provider types	236	15.3%	173	11.2%
Total	**1542**	**100.0%**	**1548**	**100.0%**

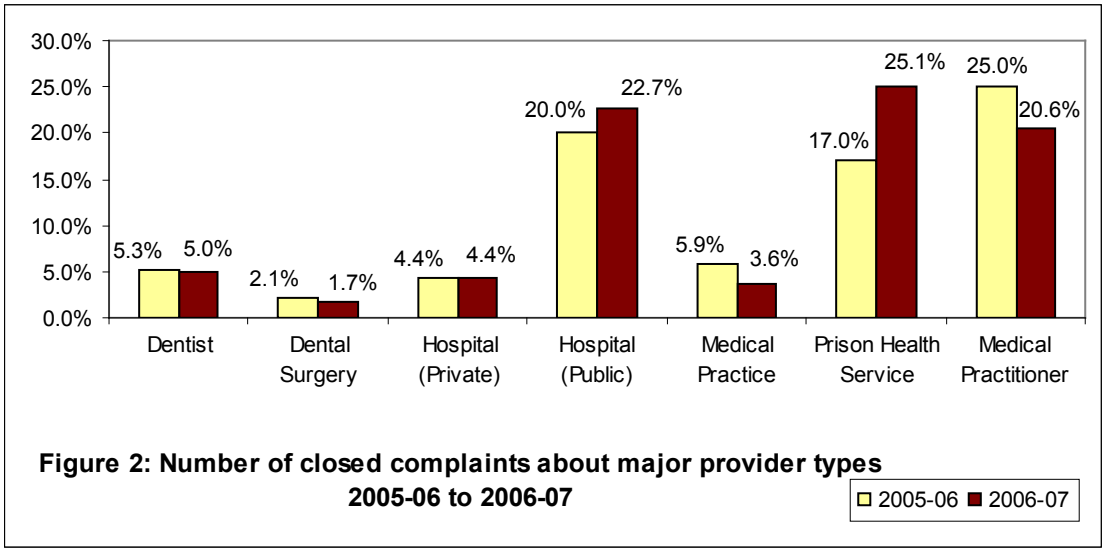


Figure 2: Number of closed complaints about major provider types 2005-06 to 2006-07

This information highlights major provider types for closed cases compared over 2 years. As the table indicates, the majority of complaints relate to prison health services, Medical Practitioners and Public hospitals. There has been a shift in the source of complaints with 25.1% of complaints relating to Prison Health, 20.6% to Medical Practitioners and 22.7% to Public hospitals.

Complaints Overview

Table 3: Workload data 2006-2007		
	2005-06	2006-07
Active complaints at 1 July	308	268
New complaints received during the year	1490	1470
Total complaints handled	1798	1738
Complaints closed during the year	1542	1548
Balance	256	190
Re-opened cases	12	20
Active complaints as at 30 June	**268**	**210**

At the beginning of the year, OHR had 268 active complaints being managed and by the end of the year, this had been reduced to 210.

Table 4: Active complaints as at 30 June				
	2005-06		2006-07	
	Total	%	Total	%
Assessment Unit	154	57.5%	92	43.8%
Conciliation Unit	114	42.5%	118	56.2%
Total	**268**	**100.0%**	**210**	**100.0%**

Table 4 highlights the shift of active cases to the conciliation phase. The aim this year has been to proactively work with consumers and providers to reach early resolution to concerns identfied.

Table 5: Age analysis of active complaints as at 30 June				
Age of active complaint	2005-06		2006-07	
	Total	%	Total	%
0 - 3 months	114	42.5%	132	62.9%
6 months	61	22.8%	23	11.0%
9 months	32	11.9%	21	10.0%
12 months	27	10.1%	12	5.7%
12 - 18 months	15	5.6%	13	6.2%
18 - 24 months	5	1.9%	7	3.3%
Over 24 months	14	5.2%	2	1.0%
Total	**268**	**100.0%**	**210**	**100.0%**

During the year there has been a proactive program in place to review all active complaints that have been held for longer than 12 months. This has resulted in a reduction of active cases that are older than 12 months from 34 to 22. Currently, the biggest percentage of active cases are between 0 and 3 months old, which is a reflection of the move to an active resolution process that includes meetings once the complaint has been accepted into conciliation.

Complaints Overview

Table 6: Gender of complainants 2005-06 to 2006-07				
Gender	**2005-06**		**2006-07**	
	Total	**%**	**Total**	**%**
Female	632	42.0%	627	43.0%
Male	720	48.0%	794	54.0%
Non-identified	138	10.0%	49	3.0%
Total	**1490**	**100.0%**	**1470**	**100.0%**

This year, there has been a focus on collecting more accurate demographic information. Among other statistics, this has seen more comprehensive information regarding the gender of the complainant. It is interesting to note that the larger proportion of complainants are males.

Table 7: Age of complainants 2005-06 to 2006-07				
Age Group	**2005-06**		**2006-07**	
	Total	**%**	**Total**	**%**
Unknown	967	69%	1004	68%
Age 0 - 10	18	1%	17	1%
Age 11 to 20	20	1%	16	1%
Age 21 to 30	76	5%	76	5%
Age 31 to 40	137	9%	137	9%
Age 41 to 50	94	5%	67	5%
Age 51 to 60	70	4%	70	5%
Age 61 to 70	51	3%	42	3%
Age 71 and over	57	3%	41	3%
Total	**1490**	**100%**	**1470**	**100%**

In the coming year, there will be a focus on accessing more accurate information regarding the age group of the complainant. With the limited data available this year, it can be seen that the 31-40 year age group lodged the greatest number of complaints.

Table 8: Geographical location of consumers 2005-06 to 2006-07				
Location	**2005-06**		**2006-07**	
	Total	**%**	**Total**	**%**
Metropolitan WA	1030	69.1%	962	65.4%
Rural / Regional WA	318	21.3%	326	22.2%
Interstate / Overseas	5	0.3%	16	1.1%
Unknown	137	9.2%	166	11.3%
Total	**1490**	**100.0%**	**1470**	**100.0%**

OHR is currently reviewing the intake/assessment processes to ensure greater accuracy of the geographic location of complainants.

Complaints Overview

Table 9: Rural and regional complaints 2005-06 to 2006-07				
Post code	**2005-06**		**2006-07**	
	Total	**%**	**Total**	**%**
6200 - 6299	82	29.0%	83	33.1%
6300 - 6399	44	15.5%	45	17.9%
6400 - 6499	26	9.2%	26	10.4%
6500 - 6599	82	29.0%	72	28.7%
6600 - 6699	6	2.1%	2	0.8%
6700 - 6799	43	15.2%	23	9.2%
Total	**283**	**100.0%**	**251**	**100.0%**

When comparing the data on rural post-codes over two years, complaints from the South West are consistent.

Table 10: Written complaints rejected 2006-07		
Complaints rejected	Total	%
Section 24 Rejected - the incident occurred more than 12 months before the complaint was made	13	6.4%
Section 26(1) (a) - the complaint is vexatious, trivial or without substance	11	5.4%
Section 26(1) (b) rejected - the complaint does not warrant any further action	87	42.9%
Section 26(1) (c) rejected - the complaint does not comply with the Act	46	22.7%
Section 27(6) rejected - the complainant has not confirmed the complaint in writing as per s.27(2)	6	3.0%
Section 27(6) rejected - the complainant has not provided information relating to their identity as per s.27(3)	1	0.5%
Section 27(6) rejected - the complainant has not provided information requested by the Director as per s.27(5)	39	19.2%
Total number of complaints rejected:	**203**	**100.0%**

This year, there has been more proactive work with the complainant to identify the details of the complaint to clearly ascertain the issues of concern and when appropriate, reach early resolution. This has resulted in a higher number of complaints being closed under s26(1)(b) of the Act - the complaint does not warrant further action. This can be more time consuming in the initial phase of the complaint with the aim of the complainant being able to seek resolution at an earlier point without always moving to conciliation.

This year, there has been a marked reduction in complaints rejected under s27(6) due to lack of information as requested by the Director. It is not clearly understood why this has happened, however it could be a reflection of OHR working to clearly identify the issues in the initial stage of the complaint.

Complaints Overview

Table 11: Written complaints referred elsewhere 2006-07		
Complaints referred	Total	%
Section 31 referred to registration board	8	7.8%
Section 32 referred - referred to other body	23	22.3%
Section 30 (a) referred - user or carer referred back to provider	55	53.4%
Section 39 (a) referred - user or carer referred back to provider and matter resolved between the parties	5	4.9%
Section 39 (a) referred - user or carer to refer matter to the provider and no further contact	10	9.7%
Section 30 (a) referred - user's representative referred back to provider and matter resolved between the parties	1	1.0%
Section 30 (a) referred - user's representative to refer matter to the provider and no further contact	1	1.0%
Total number of complaints referred:	**103**	**100.0%**

In the previous financial year, 23 complaints were referred. This year, 103 cases have been referred. This is a reflection of OHR working with consumers and providers with the aim of the parties having the opportunity to resolve the matter prior to conciliation. The assessment unit has also worked closely with complainants to ensure OHR is the correct organisation to address the complaint.

Case Reflection: A patient voluntarily presented at the emergency department of a large Perth public hospital, following a suicide attempt that involved the consumption of a large quantity of over-the-counter medication. The patient was admitted under the Mental Health Act as it was considered that the patient was at risk of self-harm.

The day after admission, the patient was given a battery of tests that included Hepatitis B, C and HIV. While a hospital doctor requested the test, the request was not documented in the patient's medical records, nor was there any record of discussion between the patient and any staff regarding the test.

The patient claimed that the first he knew of the HIV test was when he was informed by his GP a few weeks later that he had tested negative to a HIV test instigated by the hospital.

At the time the complaint was raised, the hospital was unable to provide OHR with any clinical guidelines or policy regarding how patients are tested for HIV.

The Department of Health has produced guidelines stating that all patients must be able to make informed consent prior to a HIV test, and that they also must have pre-test and post-test counselling. The Department also recommends that these actions be documented. The Office of Mental Health also advised that unless patients are completely incapable of making a decision or speaking for themselves, they must be offered informed consent, and, at the very least, pre-test counselling.

This case raises a number of important issues including the rights of patients and gaps in hospital policy. At the time that the patient was admitted, the hospital did not have clinical practice guidelines or any policies in place to direct medical practitioners when testing for HIV. Since OHR dealt with the complaint, however, the hospital has introduced a policy for HIV testing.

From the patient's perspective, the most important issues remain: Why was he tested for HIV, and why was he not told about the test?

Complaints Overview

Table 12: Outcomes for written complaints accepted 2006-07		
Outcomes for written complaints accepted	**Total**	**%**
Section 29 withdrawn - the complainant has withdrawn the complaint (at conciliation stage 18, at assessment stage 6, and at enquiry stage 27)	51	11.1%
Section 30 (a) closed - User or carer referred back to provider	55	12.0%
Section 30 (a) closed - User or carer referred back to provider and matter resolved between the parties	5	1.1%
Section 30 (a) closed - User or carer to refer matter to the provider and no further contact	10	2.2%
Section 30 (a) closed - User's representative referred back to provider and matter resolved between the parties	1	0.2%
Section 30 (a) closed - User's representative to refer matter to the provider and no further contact	1	0.2%
Section 30 (b) closed - User's representative referred back to provider	2	0.4%
Section 30 (b) closed - User's representative referred back to provider and matter resolved between the parties	1	0.2%
Section 30 (b) closed - User's representative to refer matter to the provider and no further contact	2	0.4%
Section 40 conciliation completed - agreement reached	156	34.0%
Section 40 conciliation completed - no agreement reached	22	4.8%
Section 40 conciliation completed - partial agreement reached	49	10.7%
Section 41 (3) resolved - Resolved between complainant and provider	33	7.2%
Section 43 (1) Recommendation not to investigate	24	5.2%
Section 43 (2) No recommendation	37	8.1%
Section 43 (3) Director refers to registration board	1	0.2%
Section 48 Investigation complete - no unreasonable conduct	1	0.2%
Section 52 (1) (aa) - Registration board proceedings initiated	1	0.2%
Section 52 (1)(a) - Legal proceedings begun	4	0.9%
Suspended	3	0.7%
Total number of written complaints accepted:	**459**	**100.0%**

This table outlines the outcomes as described by the legislation for written complaints accepted by OHR. Of those complaints, 51 consumers withdrew the complaint, which is an option at any time during the conciliation process. A further 77 consumers or their representatives opted to return to the provider to resolve the complaint. The remaining 331 complaints were managed through conciliation and of those, 156 parties reached full agreement and 22 reached no agreement.

Complaints Overview

Table 13: Number of complaints about major provider types, 2005-06 to 2006-07				
Major provider type	**2005-06**		**2006-07**	
	Total	**%**	**Total**	**%**
Medical Practitioners	385	25.0%	319	20.6%
Hospital (Public)	308	20.0%	352	22.7%
Prison Health Services	262	17.0%	389	25.1%
Hospital (Private)	68	4.4%	67	4.3%
Medical Practice	91	5.9%	55	3.6%
Dentist	81	5.3%	78	5.0%
Dental Surgery	33	2.1%	25	1.6%
Other minor types of providers	314	20.3%	263	17.1%
Total	**1542**	**100.0%**	**1548**	**100.0%**

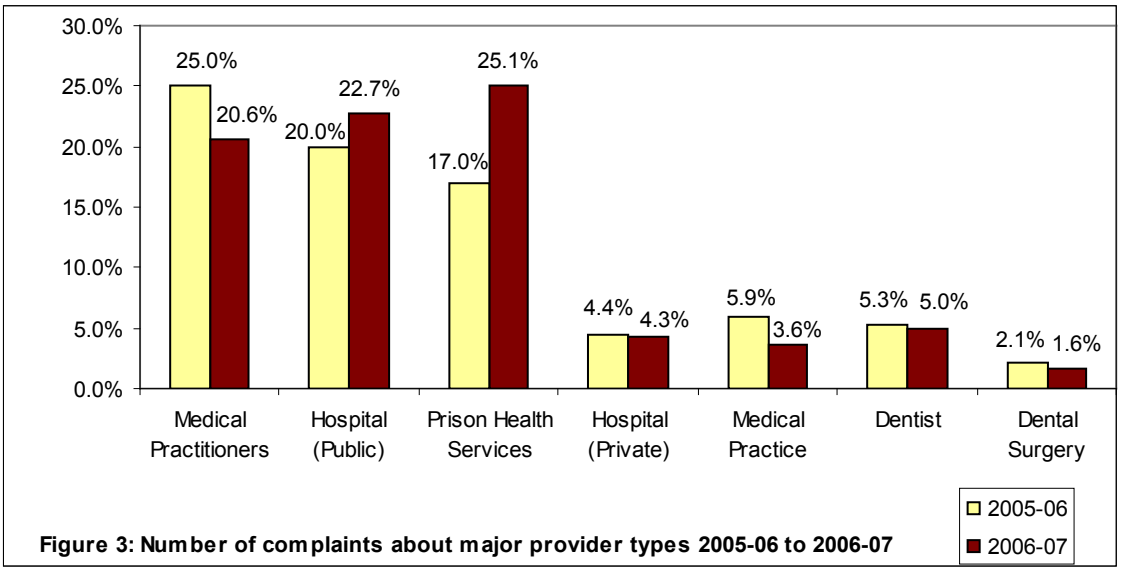


Figure 3: Number of complaints about major provider types 2005-06 to 2006-07

Table 13 and Figure 3 (above) compare closed cases by major provider types. The table and chart identify a major increase in prison health complaints; a reduction in complaints related to Medical Practitioners and Medical Practices and a slight increase in complaints related to public hospitals.

Table 14: Number of complaints about specialists 2005-06 to 2006-07				
Medical specialists	**2005-06**		**2006-07**	
	Total	**%**	**Total**	**%**
General Practitioners	252	65.5%	186	58.3%
Plastic / Cosmetic Surgeons	10	2.6%	9	2.8%
General Surgeons	9	2.3%	27	8.5%
Obstetricians / Gynaecologists	8	2.1%	12	3.8%
Psychiatrists	26	6.8%	17	5.3%
Anaesthetists	14	3.6%	9	2.8%
Orthopaedic Surgeons	10	2.6%	10	3.1%
Other types of specialists	56	14.5%	49	15.4%
Total	**385**	**100.0%**	**319**	**100.0%**

Complaints Overview

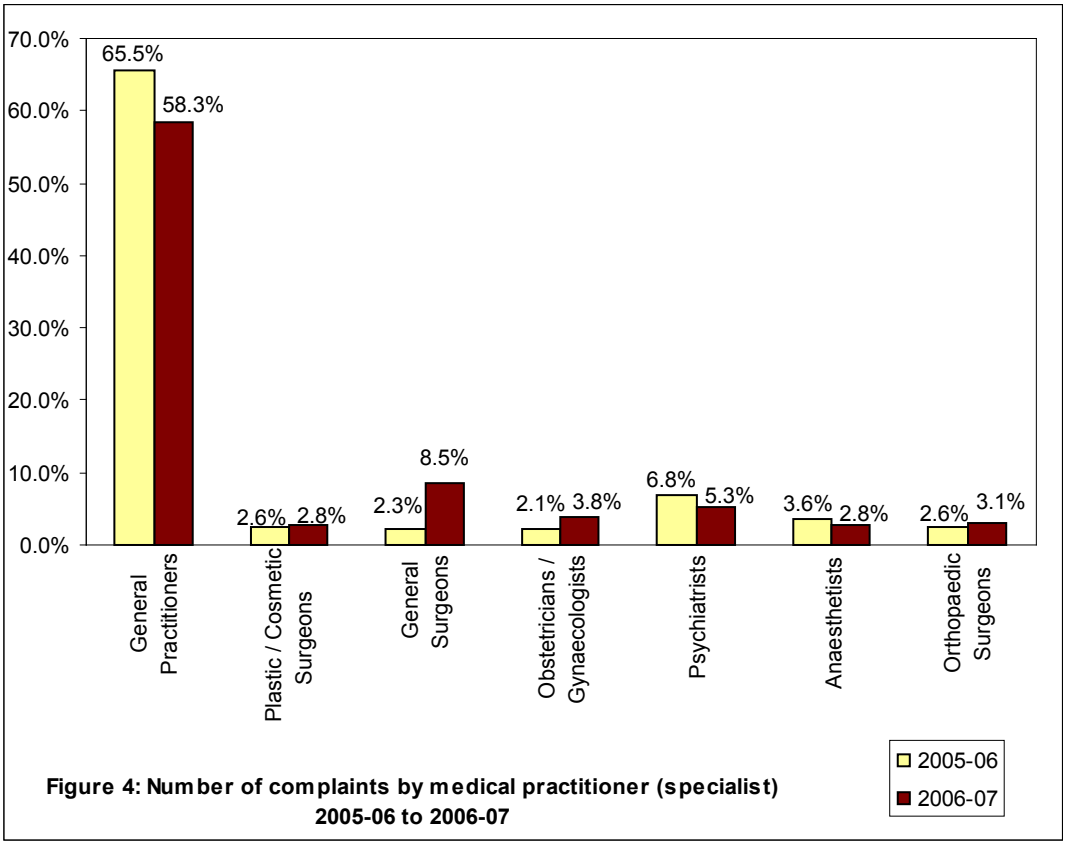


Figure 4: Number of complaints by medical practitioner (specialist) 2005-06 to 2006-07

Figure 4 indicates a reduction in the number of complaints related to General Practitioners and Psychiatrists and an increase in complaints related to General Surgeons.

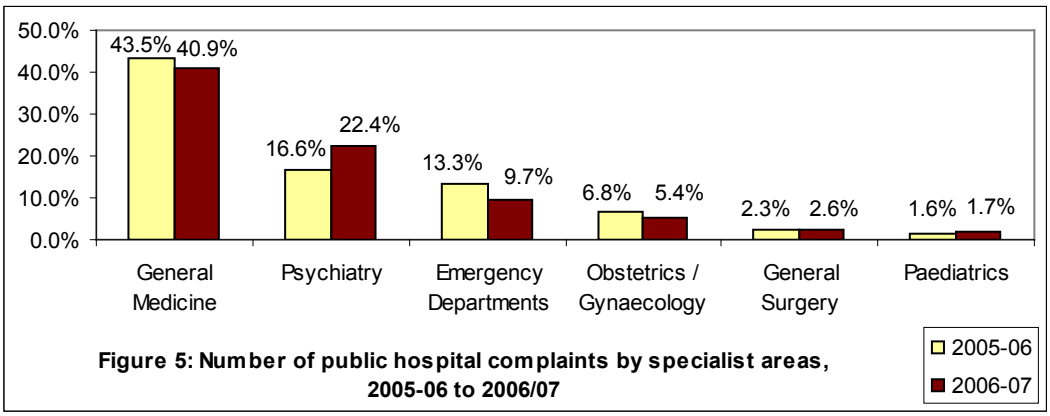


Figure 5: Number of public hospital complaints by specialist areas, 2005-06 to 2006/07

Figure 5 indicates that there has been a decrease in complaints related to Emergency Departments, Obstetrics/ Gynaecology and General Medicine, and an increase in complaints related to Psychiatry.

Complaints Overview

Table 15: Number of complaints about public hospitals by specialist, 2005-06 to 2006-07				
	2005-06		2006-07	
Specialist Type	**Total**	**%**	**Total**	**%**
General Medicine	134	43.5%	144	40.9%
Psychiatry	51	16.6%	79	22.4%
Emergency Departments	41	13.3%	34	9.7%
Obstetrics / Gynaecology	21	6.8%	19	5.4%
General Surgery	7	2.3%	9	2.6%
Paediatrics	5	1.6%	6	1.7%
Other types	49	15.9%	61	17.3%
Total	**308**	**100.0%**	**352**	**100.0%**

Figure 5 (opposite page) and Table 15 (above) indicate that this year within public hospitals there has been a decrease in complaints related to Emergency Departments, Obstetrics/Gynaecology and an increase in complaints related to Psychiatry and General Medicine.

Table 16: Number of complaints by issue types for all public hospitals 2005-06 to 2006-07				
Issues	2005-06		2006-07	
	Total	**%**	**Total**	**%**
Treatment	170	55.2%	177	50.3%
Cost	8	2.6%	4	1.1%
Access	70	22.7%	63	17.9%
Information	10	3.2%	33	9.4%
Privacy	13	4.2%	8	2.3%
Decision Making	15	4.9%	32	9.1%
Grievances	3	1.0%	9	2.6%
Other Issue	17	5.5%	22	6.3%
None	2	0.6%	4	1.1%
Total	**308**	**100.0%**	**352**	**100.0%**

Table 16 shows that during the year the major issues complained about in public hospitals saw a reduction in the proportion of complaints relating to treatment and access and an increase in complaints related to information and decision-making.

Complaints Overview

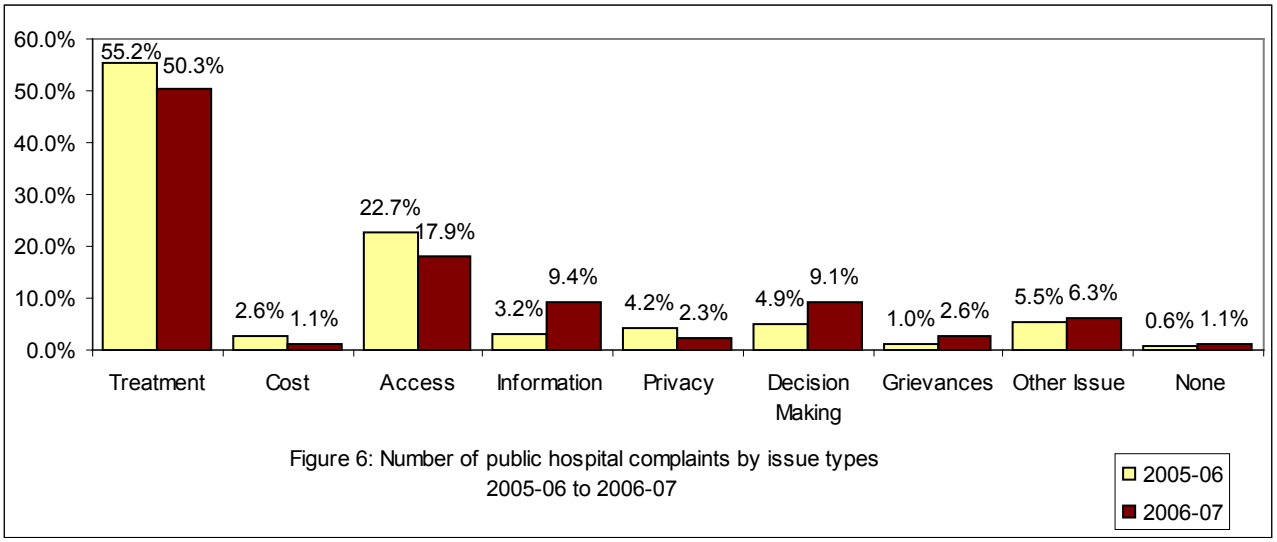


Figure 6: Number of public hospital complaints by issue types 2005-06 to 2006-07

As indicated in Table 16 (previous page), Figure 6 also shows that during 2005-06, the major issues complained about in public hospitals saw a reduction in the proportion of complaints relating to treatment and access, and an increase in complaints related to information and decision-making.

Complaints Overview

Case Reflection: An elderly woman with diabetes and a mental illness was admitted to a metropolitan public hospital through the Emergency Department to the Mental Health Unit. The woman was taken to the hospital by her partner who found that it was becoming difficult to manage his wife at home.

The patient's condition was reviewed, and she received physical and psychiatric treatment in a High Dependency Unit. The patient was later transferred to a larger public hospital for further treatment.

The woman's husband complained that he had to take his wife into hospital as he had been unable to secure a home visit by hospital staff, which was part of her regular care plan. He also believed that once he had gained admission for his wife the staff did not take proper care and that the changing of her usual medication resulted in side effects to which the staff did not pay attention, resulting in further complications. The man also complained that staff were rude and did not inform him of his wife's deterioration when he was away from the hospital.

The case involved a significant amount of correspondence, time and negotiation on behalf of all of the parties involved. While the complainant was originally seeking compensation, he also sought to have changes put in place so that other people would not suffer as he thought his wife had done.

During the conciliation process, the hospital agreed to an arrangement whereby the complainant or his wife could contact a specific doctor if their regular case manager was unavailable. If the matter was urgent, the complainant could take his wife to the hospital's Emergency Department for assessment by an on-call mental health medical officer.

Feedback from the case was also provided to staff, who were given guidelines on the proper treatment of and their obligations towards visitors, especially family members.

The hospital's pharmacist provided an opinion stating that it was possible the patient's new medication caused the side-effects that the patient suffered, but it was unlikely that the drug caused further complications.

While an independent opinion confirmed that nursing staff were aware of the seriousness of the patient's condition, the treatment was considered inappropriate. The hospital's General Manager acknowledged in hindsight that the patient's transfer to the other hospital could have taken place earlier. The Chief Executive Director also acknowledged that care (particularly in relation to timing and location) was not entirely appropriate, finding the independent opinion accurate and reasonable.

Extended times for the provision of on-site medical cover (provided by a doctor) were also implemented at the hospital. For the few hours per day that a doctor was not on-site, a revised nursing assessment document was to be used. The revised document included a detailed physical review of the history and current physical health of the patient. In addition to this, protocols for the taking of vital signs had been reviewed and upgraded with the introduction of the revised document.

While the complainant ultimately felt that he and his family should have been compensated for what had occurred, he was satisfied with the changes that had been made at the hospital.

Complaints Overview

Table 17: Number of complaints about major providers by issue types 2005-06 to 2006-07										
	Treatment		Cost		Access		Information		Privacy	
	05-06	06-07	05-06	06-07	05-06	06-07	05-06	06-07	05-06	06-07
Medical Practitioners	44.7%	49.5%	16.4%	13.2%	10.6%	15.4%	11.2%	6.6%	8.6%	5.0%
Prison Health Services	33.6%	30.6%	0.4%	0.8%	49.6%	57.6%	4.2%	1.5%	1.1%	0.8%
Public Hospitals	55.2%	50.3%	2.6%	1.1%	22.7%	17.9%	3.2%	9.4%	3.9%	2.3%
Dentists	46.9%	66.7%	30.9%	17.9%	6.2%	8.8%	6.2%	2.6%	0.0%	0.0%
Private Hospitals	35.3%	44.1%	35.3%	25.0%	10.3%	8.8%	5.9%	1.5%	4.4%	4.4%
All Complaints	40.6%	42.8%	14.8%	9.8%	20.0%	25.5%	6.7%	5.5%	4.3%	2.9%

Table 17 and Figures 7 - 12 identify the issues of complaint by provider groups compared over 2 years.

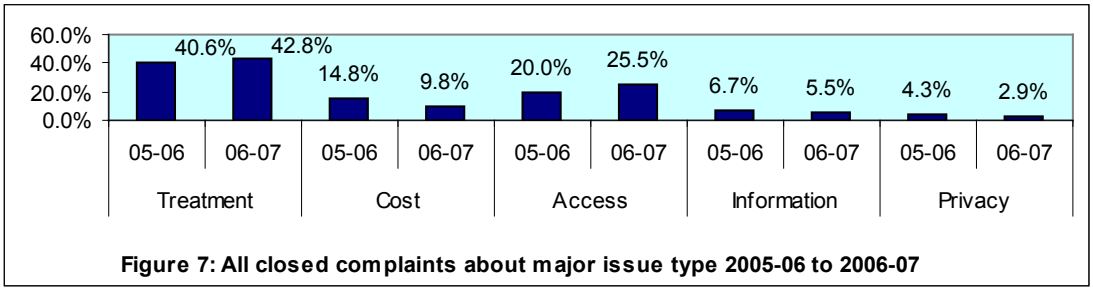


Figure 7: All closed complaints about major issue type 2005-06 to 2006-07

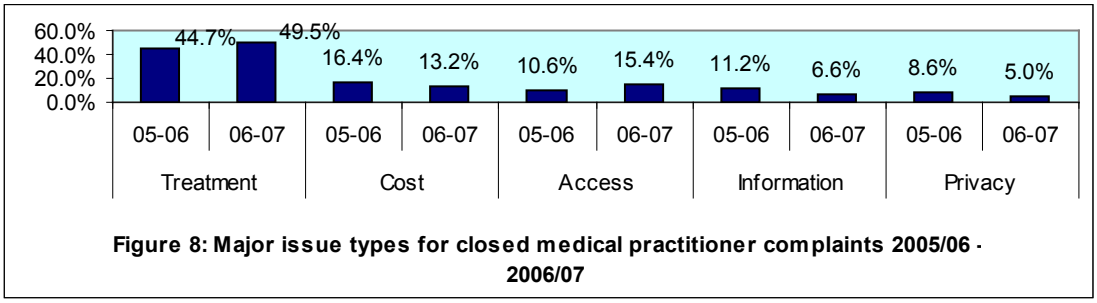


Figure 8: Major issue types for closed medical practitioner complaints 2005/06 - 2006/07

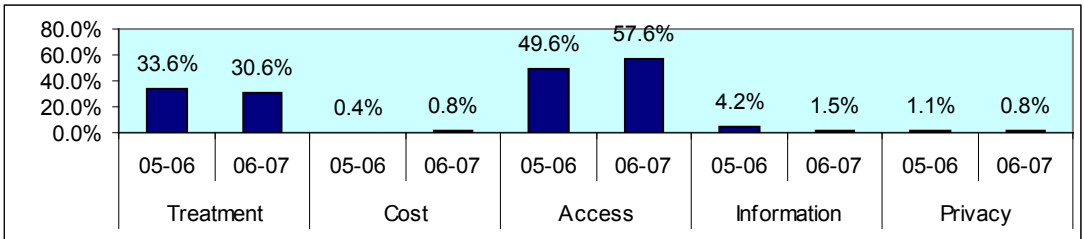


Figure 9: Major issue types for closed prison health complaints 2005/06 - 2006/07.

Complaints Overview

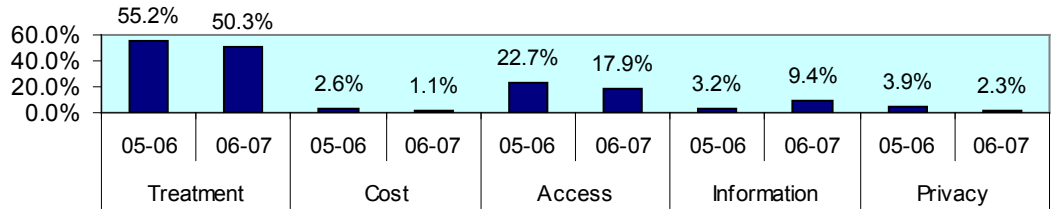


Figure 10: Major issue types for public hospital complaints 2005/06 - 2006/07

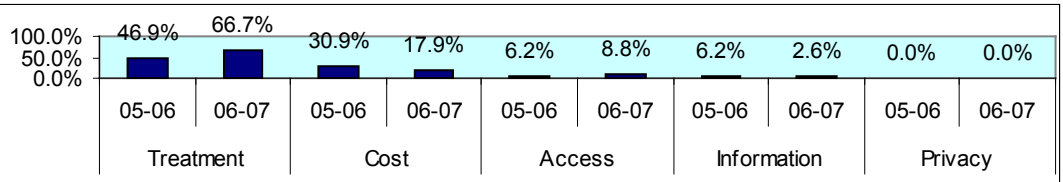


Figure 11: Major issue types for closed dentist complaints 2005/06 - 2006/07

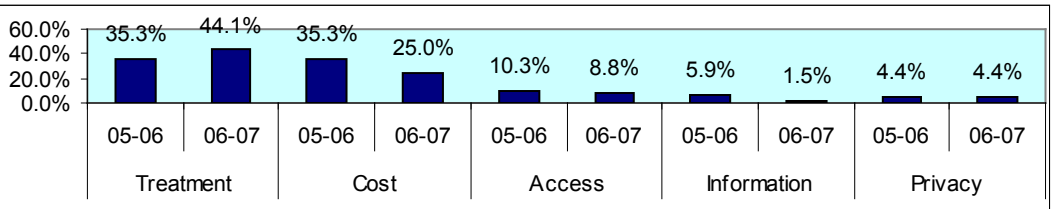


Figure 12: Major issue types for closed private hospital complaints 2005/06 - 2006/07

Complaints Overview

Table 18: Number of complaints by teaching hospitals and issue types													
	Major Teaching Hospitals										All Public Hospitals		
	Fremantle		King Edward		PMH		Royal Perth		Sir Charles Gairdner				
Issue Types	05-06	06-07	05-06	06-07	05-06	06-07	05-06	06-07	05-06	06-07	2005-06 Total	2006-07 Total	% of variation
Treatment	23	14	4	13	3	8	17	24	20	18	170	177	4.1%
Access	14	4	2	2	1	2	10	15	11	8	70	63	-10.0%
Information	1	2	0	3	0	1	1	7	1	2	10	33	230.0%
Privacy	1	0	1	0	0	0	2	1	0	2	13	8	-38.5%
Decision Making	1	1	1	1	0	1	3	2	0	2	15	32	113.3%
Cost	1	0	0	0	1	0	1	1	1	0	8	4	-50.0%
Grievances	0	0	0	0	0	1	2	0	0	1	3	9	200.0%
Other Issue	2	2	2	0	0	0	4	4	1	1	17	22	29.4%
None	0	1	0	1	0	1	0	0	0	0	2	4	100.0%
Total	**43**	**24**	**10**	**20**	**5**	**14**	**40**	**54**	**34**	**34**	**308**	**352**	

This year, there has been a reduction in complaints related to Fremantle Hospital and an increase in complaints related to KEMH, PMH and RPH.

Table 19: Number of complaints by issue types and non-teaching hospitals 2005-06 to 2006-07												
	Armadale		Bentley		Graylands		Osborne Park		Rockingham/ Kwinana		Swan Districts	
	05-06	06-07	05-06	06-07	05-06	06-07	05-06	06-07	05-06	06-07	05-06	06-07
Treatment	12	8	11	6	3	10	3	8	6	2	4	9
Access	2	3	2	0	1	2	1	1	1	1	0	4
Information	0	3	1	2	0	2	0	1	0	0	1	1
Privacy	0	0	2	0	1	2	0	1	1	0	0	0
Decision Making	2	0	0	4	3	6	0	1	0	0	0	4
Cost	0	0	0	0	0	1	0	0	0	0	0	0
Grievances	0	1	0	1	0	0	1	0	0	0	0	0
Disability	0	0	0	0	0	0	0	0	0	0	0	0
Other Issues	0	0	0	2	1	3	0	0	1	0	1	0
None	0	0	0	0	0	1	0	0	0	0	0	0
Total	**16**	**15**	**16**	**15**	**9**	**27**	**5**	**12**	**9**	**3**	**6**	**18**

Complaints Overview

Table 20: Issue types in public and private mental health complaints 2006-07										
	Treatment	Cost	Access	Information	Decision Making	Privacy	Grievances	Other Issue	None	Total
Public Mental Health Services	34.1%	1.1%	10.2%	13.6%	28.4%	2.3%	3.4%	5.7%	1.1%	100.0%
Private Mental Health Services	44.4%	5.6%	16.7%	5.6%	5.6%	22.2%	0.0%	0.0%	0.0%	100.0%
All complaints	35.8%	1.9%	11.3%	12.3%	24.5%	5.7%	2.8%	4.7%	0.9%	100.0%

This year, OHR received a total of 106 mental health complaints, 88 of which related to the public system. As can be seen, the reason for complaint varies between the public and private providers.

Table 21: New and closed prison complaints 2005-06 to 2006-07			
	2005-06	2006-07	% of variation
New complaints	255	366	43.5%
Closed Complaints	262	389	48.5%

Table 22: Issue types in closed prison complaints 2005-06 to 2006-07		
	2005-06	2006-07
Treatment	87	119
Access	130	224
Cost	1	3
Decision making	4	8
Disability	1	1
Grievances	1	3
Information	11	6
Other issue	22	20
Privacy	3	3
None	2	2
Total	**262**	**389**

There has been a marked increase in the number of prison health complaints this year. The major issues have been around treatment and access.

Complaints Overview

Table 23: Number of complaints about each prison by issue types 2006-07										
	Issues								Total number of complaints	
Name of Prison	Treatment	Access	Cost	Admin. Practice	Information	Decision making	Privacy	Other	2006-07	2005-06
Acacia	18	59	1	0	0	1	1	3	83	68
Albany	7	11	0	0	1	1	0	2	22	9
Bandyup	10	10	0	0	0	0	1	1	22	17
Boronia	1	0	0	0	0	0	0	0	1	2
Rangeview	0	0	0	0	0	0	0	0	0	0
Broome	0	0	0	0	0	0	0	0	0	3
Bunbury	7	13	0	0	1	3	0	3	27	11
Casuarina	28	40	1	0	1	2	0	8	80	59
Dept. of Corrective Services	0	0	0	0	0	0	0	0	0	1
Eastern Goldfields	0	0	0	0	0	0		1	1	0
Greenough	4	8	0	0	0	1	0	0	13	6
Hakea	40	71	1		3		1	8	124	75
Karnet	3	3	0	0	0	0	0	0	6	7
Nyandi	0	0	0	0	0	0	0	0	0	0
Roebourne	1	4	0	0	0	0	0	0	5	2
Wooroloo	0	5	0	0	0	0	0	0	5	1
Prison Dental Services	2	10	0	0	0	0	0	1	13	1
Total	121	234	3	0	6	8	3	27	402	262

The highest number of complaints come from the large institutions including Hakea, Acacia and Casuarina. The most common complaint areas relate to treatment and access.

Complaints Overview

Table 24: Freedom of information statistics 2006-07	
Freedom of information requests this year	4
Number relating to personal information	4
Number relating to non-personal information	0
Number of requests finalised this year	4
Granted full access	1
Granted edited access	2
Access refused	1
Access deferred	0
Referred to another agency	0
Number of reviews	0
Requests for amendment of personal information: (amended fully in accordance with application)	0
Average time taken to process each application	20 Days
Charge raised for access to information	0
Requests received from the media	0

Table 25: Outcome of complaints reviewed by the State Ombudsman 2006/07	
Complaints carried over from 2005-06 year:	5
Complaints received during 2006-2007 year:	5
Total complaints handled during 2006-2007 year	10
Outcome of complaints 2006-07:	
Discretion exercised not to investigate	6
Referral back to the Office of Health Review	1
Opinion unnecessary	1
Not sustained	1
Sustained wholly or substantially	1
Total complaints reviewed during 2006-07:	**10**

Disability Complaints

Table 26: Disability Complaints 2005-06 to 2006-07			
	2005/06	2006/07	% variation
New	15	24	66.70%
Closed	23	20	-8.70%

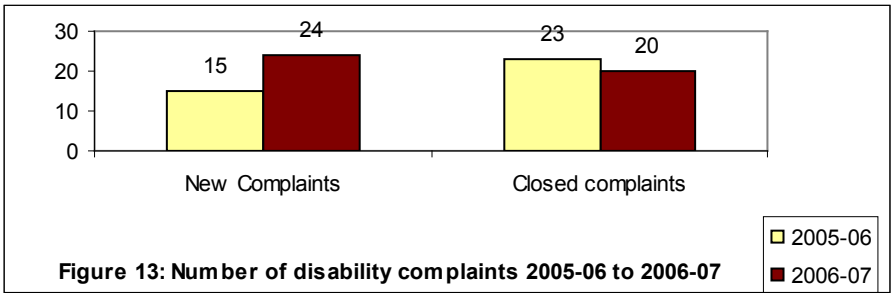


Figure 13: Number of disability complaints 2005-06 to 2006-07

Table 27: Disability workload data 2006-2007	
Number of complaints carried forward from previous year:	6
New complaints received:	24
Total number handled:	30
Number of complaints closed:	20
Complaints on hand as at 30 June 2007:	10

This year, OHR received 24 disability complaints and closed 20 complaints. At the end of June 2007, 10 complaints remained open.

Table 28: New disability complaints by provider types 2005-06 to 2006-07				
	2005-06		2006-07	
	Total	%	Total	%
Non-government service provider (not for profit)	6	40.0%	20	83.4%
Disability Services Commission	5	33.3%	4	16.6%
Public authority	0	0.0%	0	0.0%
Private organisation (for profit)	1	6.7%	0	0.0%
Not identified / Other	3	20.0%	0	0.0%
Total	**15**	**100.0%**	**24**	**100.0%**

Of the complaints received this year, 20 related to non-government agencies and 4 related to the Disability Services Commission.

Disability Complaints

Table 29: Who has made a disability complaint 2005-06 to 2006-07		
	2005-06	2006-07
Parent / relative of adult consumer	5	17
Parent / relative of minor consumer	5	3
Advocate of adult consumer	1	1
Consumer	4	3
Total	**15**	**24**

Parents or relatives of the consumer made the majority of complaints this year. Consumers themselves lodged 3 complaints.

Table 30: New disability complaint issues 2005-06 and 2006-07		
	2005-06	2006-07
Service quality	7	7
Service eligibility	1	1
Staff conduct	3	1
Communication	0	6
Funding or not making a grant	1	0
Service withdrawn	1	5
Policy	1	1
Service delayed	0	0
Service reduced	1	1
Cost	0	2
No issue identified	0	0
Privacy / Confidentiality	0	0
Service refused	0	0
Total	**15**	**24**

In numbers similar to the 2005-06 year, 7 disability complaints related to service quality. This year, there were 6 complaints relating to communication and 5 to service withdrawal.

Disability Complaints

Table 31: New disability complaints - what type of disability service do people complain about?		
	2005-06	**2006-07**
Accommodation	3	16
Advocacy	0	1
Day Activities	2	1
Grant (Funds)	1	0
In-Home Support	5	3
Respite	1	2
Therapy	2	1
Transport	1	0
Total	**15**	**24**

This year, agreement was reached in 2 complaints. There were 8 complaints not confirmed in writing and 7 were rejected.

Table 32: Closure reasons of disability complaints 2006-07	
Section 35 (5) rejected - the complainant has not confirmed the complaint in writing as per Disability Act s. 35(2)	8
Section 35 (5) rejected - the complainant has not provided sufficient information requested by the Director as per Disability Act s.35(4)	1
Section 36 withdrawn - the complainant has withdrawn the complaint	2
Section 38 (1) (b) rejected - the complaint does not warrant any further action	5
Section 38 (1) (c) rejected - the complaint does not comply with the Act	2
Section 39 Conciliation complete - agreement reached	2
Total	**20**

Disability Complaints - Year End Review

Disability complaints - year end review

The Office of Health Review (OHR) saw an increase in the number of new complaints under Part 6 of the Disability Service Act 1993 during this financial year in comparison to the previous financial year.

The reason behind this is likely to relate to the increased public awareness activities recently undertaken by the Office. These activities have also highlighted to us that the Disability Services Commission and the agencies that provide disability services have formal complaints processes in place for both consumers and carers of those consumers.

Often people with a disability or their representative will ring to discuss a complaint but they do not wish to formally lodge the complaint in writing. In discussion with the Ministerial Advisory Council on Disability, it is recognised that consumers may not wish to lodge a formal complaint for varying reasons. However, it would be of benefit to better understand the issues that consumers are concerned about and record more detail relating to that information as part of the OHR database. Currently, issues are captured in our enquiries database, even when a formal complaint has not yet been made. It is important to capture the detail that has caused sufficient concern for the person that they will make contact with the OHR.

This information is an important source of data when discussing emerging trends and issues within the disability sector.

Community awareness

This year there has been extensive communication with a wide range of stakeholders to better understand issues and trends underlying potential consumer grievances or complaints.

These meetings have identified that there are excellent frameworks in place for complaints resolution. However for whatever reason a number of agencies recognise that they need to make a further transition to implement these policy frameworks into everyday activities. This requires an identification of the competency and skills needed by staff and then having these translated into professional development programs.

Amendments to the Health Services (Conciliation and Review) Act 1995

The amendments are now in preliminary draft form and once completed, the name of the Office will change to the Office of Health and Disability Complaints. This name will more accurately reflect the role of the OHR in dealing with both health and disability complaints for consumers and providers.

Amendments to the Disability Services Act 1993

The 2004 Amendments to the Disability Act 1993, in addition to expanding the functions of the Director, added another ground for complaint. A carer may now make a complaint to the Office about the disability services providers' or the Disability Services Commissions failure to comply with the Carer's Charter. The Carer's Charter is set up in Schedule 1 of the Carers Recognition Act, 2004.

The Director continues to discuss with the Disability Services Commission further amendments to the Act to enable people with disabilities to complain about how a complaint has been investigated by a service provider and about allegations of charging excessive fees or the improper use of fees.

Disability Complaints Network

This financial year, the Disability Services Complaint Network, with representatives from the OHR, the Disability Services Commission and Disability Services Providers, has focused on the need to assist service providers to identify core competencies and skills necessary in the effective resolution of grievances and complaints with the aim of developing professional development programs.

Disability Complaints - Year End Review

To support this, an application for funding was lodged by the National Disability Services (formerly known as ACROD) to a funding proposal advertised by the Disability Services Commission. The outcome is a grant to National Disability Services to assist in a professional development program that will focus on key competencies and skills identified by both consumers and providers assisting in the resolution of grievances. This program is now in the planning stage and will be rolled out in the 2007-2008 financial year.

Conciliation outcomes in disability complaints

Conciliation meetings have become a common practice in the resolution of complaints managed by OHR. The Office is now reviewing the benefits of these meetings with the aim of identifying benefits and potential problem areas, and how they may be addressed.

This year, OHR has become aware that there is a need to clearly clarify the role of advocates or support people attending conciliation meetings and to ensure that there is clarity around each person's role prior to the commencement of meetings.

Meetings do continue to identify that matters can be resolved more easily when people have the opportunity to meet and express their concerns in a structured environment. This will often lead to both parties agreeing on the outcomes.

Indian Ocean Territories

Members of the Health Consultative Group on Cocos Island

In May 2004, the Office of Health Review (OHR) signed a service delivery agreement with the Commonwealth Government to provide a complaints mechanism for residents of the Indian Ocean Territories of Christmas Island (CI) and Cocos (Keeling) Island (CKI).

OHR responds to written complaints about health and disability services for residents of CKI and CI. Complaints can be received about services provided on CI/CKI and also services provided in Western Australia to people from CKI and CI.

In 2005-2006, OHR developed a series of multi-lingual brochures for distribution to the island's local shire, library and health service centers. This project was guided by Keeling from the Equal Opportunity Commission and with the assistance of the local shire.

In 2006-2007, the Director of the OHR made visits to Christmas Island and Cocos Island. The purpose of these visits was to develop strategies for informing community members about the services of the Office and to look at strategies for effective prevention and management of health and disability grievances and complaints. These visits provided the opportunity to meet with health and disability professionals, local government, community based service providers and local community members.

A number of matters were raised and from this information, it became apparent that:

- Many of the issues relate to a need for community consultation. This has now been addressed through the establishment of community consultative committees that work with the health services on both Christmas Island and Cocos Island.
- In their small communities, people are reluctant to come forward on an individual basis to make a complaint, as they fear that this may create retribution or withdrawal of service.
- Community members were more comfortable raising issues as part of a group rather than as an individual.
- The issue of confidentiality (and thus fear of being identified) within a small community when disclosing a complaint was a major concern to community members.
- It is important that staff from the human services agencies and local government work in close collaboration to ensure that there is effective communication in the delivery of services. This is particularly important when they are moving between institutional based care and community based care, particularly with an ageing population.

- On Cocos Island, an issue raised related to people being medivac to Perth and the dilemmas for community members where there is a language barrier and geographical isolation. It was agreed that a process would commence to look at a more continuous care process for people who are required to receive specialist services within the Perth metropolitan area, both from the medical care perspective and also from the psycho-social aspects of disorientation and language barriers.

In consultation with DOTARS Management and Health Services, it was agreed that a professional development program for staff and more extensive community consultation was important in preventing complaints as well as dealing with specific complaints.

Christmas Island

Auditor General's Opinion

AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

OFFICE OF HEALTH REVIEW
FINANCIAL STATEMENTS AND KEY PERFORMANCE INDICATORS
FOR THE YEAR ENDED 30 JUNE 2007

I have audited the accounts, financial statements, controls and key performance indicators of the Office of Health Review.

The financial statements comprise the Balance Sheet as at 30 June 2007, and the Income Statement, Statement of Changes in Equity and Cash Flow Statement for the year then ended, a summary of significant accounting policies and other explanatory Notes.

The key performance indicators consist of key indicators of effectiveness and efficiency.

Director's Responsibility for the Financial Statements and Key Performance Indicators
The Director is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Treasurer's Instructions, and the key performance indicators. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements and key performance indicators that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; making accounting estimates that are reasonable in the circumstances; and complying with the Financial Management Act 2006 and other relevant written law.

Summary of my Role
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements, controls and key performance indicators based on my audit. This was done by testing selected samples of the audit evidence. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion. Further information on my audit approach is provided in my audit practice statement. Refer "http://www.audit.wa.gov.au/pubs/Audit-Practice-Statement.pdf".

An audit does not guarantee that every amount and disclosure in the financial statements and key performance indicators is error free. The term "reasonable assurance" recognises that an audit does not examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the financial statements and key performance indicators.

Audit Opinion
In my opinion,

(i) the financial statements are based on proper accounts and present fairly the financial position of the Office of Health Review at 30 June 2007 and its financial performance and cash flows for the year ended on that date. They are in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Treasurer's Instructions;

(ii) the controls exercised by the Office provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and

(iii) the key performance indicators of the Office are relevant and appropriate to help users assess the Office's performance and fairly represent the indicated performance for the year ended 30 June 2007.

JOHN DOYLE
ACTING AUDITOR GENERAL
21 September 2007

Certification of Financial Statements

OFFICE OF HEALTH REVIEW

FINANCIAL STATEMENTS

CERTIFICATION OF FINANCIAL STATEMENTS

The accompanying financial statements of the Office of Health Review have been prepared in compliance with the provisions of the Financial Management Act 2006 from proper accounts and records to present fairly the financial transactions for the financial year ending 30 June 2007 and the financial position as at 30 June 2007.

At the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.

Steve Toutountzis CPA
CHIEF FINANCE OFFICER

Date: 6 August 2007

Linley Anne Donaldson
Director
ACCOUNTABLE AUTHORITY

Date: 6 August 2007

Office of Health Review

Income Statement

For the year ended 30th June 2007

	Note	2007 $	2006 $
COST OF SERVICES			
Expenses			
Employee benefits expense	6	1,250,415	1,167,459
External services	7	9,517	23,585
Depreciation expense	8	9,383	12,796
Loss on disposal of non-current assets	9	-	284
Other expenses	10	331,335	278,826
Total cost of services		**1,600,650**	**1,482,950**
INCOME			
Revenue			
Other revenues	11	38,572	3
Total revenue		38,572	3
Total income other than income from State Government		**38,572**	**3**
NET COST OF SERVICES		**1,562,078**	**1,482,947**
INCOME FROM STATE GOVERNMENT			
Service appropriations	12	1,430,000	1,390,000
Resources received free of charge	13	18,035	16,363
Total income from State Government		**1,448,035**	**1,406,363**
SURPLUS/(DEFICIT) FOR THE PERIOD		**(114,043)**	**(76,584)**

The Income Statement should be read in conjunction with the notes to the financial statements.

Financial Statements

Office of Health Review

Balance Sheet

As at 30th June 2007

	Note	2007 $	2006 $
ASSETS			
Current Assets			
Cash and cash equivalents	14	492,462	471,193
Total Current Assets		492,462	471,193
Non-Current Assets			
Plant and equipment	15	34,455	34,411
Total Non-Current Assets		34,455	34,411
Total Assets		**526,917**	**505,604**
LIABILITIES			
Current Liabilities			
Payables	17	21,584	24,430
Provisions	18	280,472	172,533
Other current liabilities	19	6,193	2,029
Total Current Liabilities		308,249	198,992
Non-Current Liabilities			
Provisions	18	45,089	18,990
Total Non-Current Liabilities		45,089	18,990
Total Liabilities		**353,338**	**217,982**
NET ASSETS		**173,579**	**287,622**
EQUITY			
Accumulated surplus	20	173,579	287,622
TOTAL EQUITY		**173,579**	**287,622**

The Balance Sheet should be read in conjunction with the notes to the financial statements.

Office of Health Review

Statement of Changes in Equity

For the year ended 30th June 2007

	Note	2007 $	2006 $
Balance of equity at start of period		287,622	362,718
ACCUMULATED SURPLUS	20		
Balance at start of period		287,622	362,718
Net adjustment on transition to AIFRS		-	1,488
Restated balance at start of period		287,622	364,206
Surplus/(deficit) for the period		(114,043)	(76,584)
Gain/(losses) recognised directly in equity		-	-
Balance at end of period		**173,579**	**287,622**
Balance of equity at end of period		**173,579**	**287,622**
Total income and expense for the period		(114,043)	(76,584)

The Statement of Changes in Equity should be read in conjunction with the notes to the financial statements.

Office of Health Review

Cash Flow Statement

For the year ended 30th June 2007

	Note	2007 $ Inflows (Outflows)	2006 $ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations		1,430,000	1,390,000
Net cash provided by State Government		1,430,000	1,390,000
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Supplies and services		(325,663)	(246,013)
Employee benefits		(1,112,213)	(1,123,561)
Receipts			
Other receipts		38,572	3
Net cash (used in) / provided by operating activities	21(b)	(1,399,304)	(1,369,571)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of non-current physical assets		(9,427)	(251)
Proceeds from sale of non-current physical assets	9	-	-
Net cash (used in) / provided by investing activities		(9,427)	(251)
Net increase / (decrease) in cash and cash equivalents		21,269	20,178
Cash and cash equivalents at the beginning of period		471,193	451,015
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	21(a)	492,462	471,193

The Cash Flow Statement should be read in conjunction with the notes to the financial statements.

Office of Health Review

Notes to the Financial Statements

For the year ended 30th June 2007

Note 1 Australian equivalents to International Financial Reporting Standards

General

The Authority's financial statements for the year ended 30 June 2007 have been prepared in accordance with Australian equivalents to International Financial Reporting Standards (AIFRS), which comprise a Framework for the Preparation and Presentation of Financial Statements (the Framework) and Australian Accounting Standards (including the Australian Accounting Interpretations).

In preparing these financial statements the Authority has adopted, where relevant to its operations, new and revised Standards and Interpretations from their operative dates as issued by the Australian Accounting Standards Board (AASB) and formerly the Urgent Issues Group (UIG).

Early adoption of standards

The Authority cannot early adopt an Australian Accounting Standard or Australian Accounting Interpretation unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. No Standards and Interpretations that have been issued or amended but are not yet effective have been early adopted by the Authority for the annual reporting period ended 30 June 2007.

Note 2 Summary of significant accounting policies

(a) General Statement

The financial statements constitute a general purpose financial report which has been prepared in accordance with the Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

The Financial Management Act and the Treasurer's instructions are legislative provisions governing the preparation of financial statements and take precedence over the Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board.

Where modification is required and has a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

(b) Basis of Preparation

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention.

The accounting policies adopted in the preparation of the financial statements have been consistently applied throughout all periods presented unless otherwise stated.

The financial statements are presented in Australian dollars.

The judgements that have been made in the process of applying the Authority's accounting policies that have the most significant effect on the amounts recognised in the financial statements are disclosed at note 3 'Judgements made by management in applying accounting policies'.

The key assumptions made concerning the future, and other key sources of estimation uncertainty at the balance sheet date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are disclosed at note 4 'Key sources of estimation uncertainty'.

(c) Income

Revenue recognition

Revenue is measured at the fair value of consideration received or receivable. Revenue is recognised as follows:

Rendering of services
Revenue is recognised on delivery of the service to the client.

Service Appropriations
Service Appropriations are recognised as revenues at nominal value in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited to the bank account or credited to the holding account held at Treasury. (See note 12 'Service Appropriations')

Grants, donations, gifts and other non-reciprocal contributions
Revenue is recognised at fair value when the Authority obtains control over the assets comprising the contributions, usually when cash is received.

Other non-reciprocal contributions that are not contributions by owners are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

Where contributions recognised as revenues during the reporting period were obtained on the condition that they be expended in a particular manner or used over a particular period, and those conditions were undischarged as at the balance sheet date, the nature of, and amounts pertaining to, those undischarged conditions are disclosed in the notes.

Office of Health Review

Notes to the Financial Statements

For the year ended 30th June 2007

Gains

Gains may be realised or unrealised and are usually recognised on a net basis. These include gains arising on the disposal of non-current assets.

(d) Plant and Equipment

Capitalisation/Expensing of assets
Items of plant and equipment costing $1,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of plant and equipment costing less than $1,000 are immediately expensed direct to the Income Statement (other than where they form part of a group of similar items which are significant in total).

Initial recognition and measurement
All items of plant and equipment are initially recognised at cost.

For items of plant and equipment acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

Subsequent measurement
All items of plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Depreciation
All non-current assets having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits.

The assets' useful lives are reviewed annually. Expected useful lives for each class of depreciable asset are:

Computer equipment	4 to 5 years
Furniture and fittings	20 years
Other plant and equipment	10 years

(e) Impairment of Assets

Plant and equipment are tested for any indication of impairment at each balance sheet date. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. As the Authority is a not-for-profit entity, unless an asset has been identified as a surplus asset, the recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of asset's future economic benefits and to evaluate any impairment risk from falling replacement costs.

The recoverable amount of assets identified as surplus assets is the higher of fair value less costs to sell and the present value of future cash flows expected to be derived from the asset. Surplus assets carried at fair value have no risk of material impairment where fair value is determined by reference to market-based evidence. Where fair value is determined by reference to depreciated replacement cost, surplus assets are at risk of impairment and the recoverable amount is measured. Surplus assets at cost are tested for indications of impairment at each balance sheet date.

Refer note 16 'Impairment of assets' for the outcome of impairment reviews and testing.

(f) Non-current Assets Classified as Held for Sale

Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs to sell and are presented separately from other assets in the Balance Sheet. Assets classified as held for sale are not depreciated or amortised.

(g) Leases

Leases of plant and equipment, where the Authority has substantially all of the risks and rewards of ownership, are classified as finance leases.

Finance lease rights and obligations are initially recognised, at the commencement of the lease term, as assets and liabilities equal in amount to the fair value of the leased item or, if lower, the present value of the minimum lease payments, determined at the inception of the lease. The assets are depreciated over the period during which the Authority is expected to benefit from their use. Minimum lease payments are apportioned between the finance charge and the reduction of the outstanding lease liability, according to the interest rate implicit in the lease.

Leases in which the lessor retains significantly all of the risks and rewards of ownership are classified as operating leases. Operating lease payments are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased items.

Office of Health Review

Notes to the Financial Statements

For the year ended 30th June 2007

(h) Financial Instruments

The Authority has two categories of financial instruments:
- Loans and receivables (cash and cash equivalents, receivables); and
- Non trading financial liabilities (payables).

Initial recognition and measurement of financial instruments is at fair value which normally equates to the transaction cost or the face value. Subsequent measurement is at amortised cost using the effective interest method.

The fair value of short-term receivables and payables is the transaction cost or the face value because there is no interest rate applicable and subsequent measurement is not required as the effect of discounting is not material.

(i) Cash and Cash Equivalents

For the purpose of the Cash Flow Statement, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

(j) Accrued Salaries

Accrued salaries (refer note 19) represent the amount due to employees but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its net fair value.

(k) Receivables

Receivables are recognised and carried at original invoice amount less an allowance for any uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written-off. The allowance for uncollectible amounts (doubtful debts) is raised when there is objective evidence that the Authority will not be able to collect the debts.

The carrying amount is equivalent to fair value as it is due for settlement within 30 days from the date of recognition. (See note 2(h) 'Financial instruments')

(l) Payables

Payables are recognised at the amounts payable when the Authority becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as they are generally settled within 30 days. See note 2(h) 'Financial instruments and note 17 'Payables'.

(m) Provisions

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of the obligation. Provisions are reviewed at each balance sheet date. See note 18 'Provisions'.

Provisions - Employee Benefits

Annual Leave and Long Service Leave
The liability for annual and long service leave expected to be settled within 12 months after the end of the balance sheet date is recognised and measured at the undiscounted amounts expected to be paid when the liabilities are settled. Annual and long service leave expected to be settled more than 12 months after the end of the balance sheet date is measured at the present value of amounts expected to be paid when the liabilities are settled. Leave liabilities are in respect of services provided by employees up to the balance sheet date.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions. In addition, the long service leave liability also considers the experience of employee departures and periods of service.

The expected future payments are discounted using market yields at the balance sheet date on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

All annual leave and unconditional long service leave provisions are classified as current liabilities as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the balance sheet date.

Sick Leave
Liabilities for sick leave are recognised when it is probable that sick leave paid in the future will be greater than the entitlement that will accrue in the future.

Past history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised in the Income Statement for this leave as it is taken.

Office of Health Review

Notes to the Financial Statements

For the year ended 30th June 2007

Superannuation

The Government Employees Superannuation Board (GESB) administers the following superannuation schemes.

Employees may contribute to the Pension Scheme, a defined benefit pension scheme now closed to new members or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme also closed to new members.

The Authority has no liabilities under the Pension or the GSS Schemes. The liabilities for the unfunded Pension Scheme and the unfunded GSS Scheme transfer benefits due to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS Scheme obligations are funded by concurrent contributions made by the Authority to the GESB. The concurrently funded part of the GSS Scheme is a defined contribution scheme as these contributions extinguish all liabilities in respect of the concurrently funded GSS Scheme obligations.

Employees commencing employment prior to 16 April 2007 who are not members of either the Pension or the GSS Schemes became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 16 April 2007 became members of the GESB Super Scheme (GESBS). Both of these schemes are accumulation schemes. The Health Service makes concurrent contributions to GESB on behalf of employees in compliance with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. These contributions extinguish the liability for superannuation charges in respect of the WSS and GESBS Schemes.

The GESB makes all benefit payments in respect of the Pension and GSS Schemes, and is recouped by the Treasurer for the employer's share .

(See also note 2 (n) 'Superannuation expense')

Provisions - Other

Employment on-costs

Employment on-costs, including workers' compensation insurance, are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment oncosts are included as part of 'Other expenses' and are not included as part of the Authority's 'Employee benefits expense'. Any related liability is included in 'Employment on-costs provision'. (See note 10 'Other expenses' and note 18 'Provisions'.)

(n) Superannuation Expense

The following elements are included in calculating the superannuation expense in the Income Statement:

(a) Defined benefit plans - Change in the unfunded employer's liability (i.e. current service cost and, actuarial gains and losses) assumed by the Treasurer in respect of current employees who are members of the Pension Scheme and current employees who accrued a benefit on transfer from that Scheme to the Gold State Superannuation Scheme (GSS); and

(b) Defined contribution plans - Employer contributions paid to the GSS, the West State Superannuation Scheme (WSS), and the GESB Super Scheme (GESBS).

Defined benefit plans - The Authority does not have any current employees who are members of the defined benefit plans.

The GSS Scheme is a defined benefit scheme for the purposes of employees and whole-of-government reporting. However, apart from the transfer benefit, it is a defined contribution plan for agency purposes because the concurrent contributions (defined contributions) made by the agency to GESB extinguishes the agency's obligations to the related superannuation liability.

(o) Resources Received Free of Charge or for Nominal Cost

Resources received free of charge or for nominal cost that can be reliably measured are recognised as income and as assets or expenses as appropriate, at fair value.

(p) Comparative Figures

Comparative figures are, where appropriate, reclassified to be comparable with the figures presented in the current financial year.

Note 3 Judgements made by management in applying accounting policies

Judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The judgements that have been made in the process of applying accounting policies that have the most significant effect on the amounts recognised in the financial statements include:

Employee benefits provision

An average turnover rate for employees has been used to estimate the amount of non-current liability for long service leave. This turnover rate is representative of the Health public authorities in general.

Office of Health Review

Notes to the Financial Statements

For the year ended 30th June 2007

Note 4 Key sources of estimation uncertainty

The key estimates and assumptions made concerning the future, and other key sources of estimation uncertainty at the balance sheet date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year include:

Employee benefits provision

In estimating the non-current long service leave liabilities, employees are assumed to leave the Authority each year on account of resignation or retirement at 10.6%. This assumption was based on an analysis of the turnover rates exhibited by employees over the past five years. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards and Australian Accounting Interpretations effective for annual reporting periods beginning on or after 1 July 2006:

1) AASB 2005-9 'Amendments to Australian Accounting Standards [AASB 4, AASB 1023, AASB 139 & AASB 132]' (Financial guarantee contracts). The amendment deals with the treatment of financial guarantee contracts, credit insurance contracts, letters of credit or credit derivative default contracts as either an "insurance contract" under AASB 4 'Insurance Contracts' or as a "financial guarantee contract" under AASB 139 'Financial Instruments: Recognition and Measurement'. The Authority does not currently undertake these types of transactions, resulting in no financial impact in applying the Standard.

2) UIG Interpretation 4 'Determining whether an Arrangement Contains a Lease' as issued in June 2005. This Interpretation deals with arrangements that comprise a transaction or a series of linked transactions that may not involve a legal form of a lease but by their nature are deemed to be leases for the purposes of applying AASB 117 'Leases'. At balance sheet date, the Authority has not entered into any arrangements as specified in the Interpretation, resulting in no impact in applying the Interpretation.

3) UIG Interpretation 9 'Reassessment of Embedded Derivatives'. This Interpretation requires an embedded derivative that has been combined with a non-derivative to be separated from the host contract and accounted for as a derivative in certain circumstances. At balance sheet date, the Authority has not entered into any contracts as specified in the Interpretation, resulting in no impact in applying the Interpretation.

The following Australian Accounting Standards and Interpretations are not applicable to the Authority as they have no impact or do not apply to not-for-profit entities:

AASB Standards and Interpretation	
AASB 2005-1	'Amendments to Australian Accounting Standard' (AASB 139 – Cash flow hedge accounting of forecast intragroup transactions)
AASB 2005-5	'Amendments to Australian Accounting Standards [AASB 1 & AASB 139]'
AASB 2006-1	'Amendments to Australian Accounting Standards [AASB 121]'
AASB 2006-3	'Amendments to Australian Accounting Standards [AASB 1045]'
AASB 2006-4	'Amendments to Australian Accounting Standards [AASB 134]'
AASB 2007-2	'Amendments to Australian Accounting Standards arising from AASB Interpretation 12 [AASB 1, AASB 117, AASB 118, AASB 120, AASB 121, AASB 127, AASB 131 & AASB 139]' – paragraph 9
UIG 5	'Rights to Interests arising from Decommissioning, Restoration and Environmental Rehabilitation Funds'
UIG 6	'Liabilities arising from Participating in a Specific Market – Waste Electrical and Electronic Equipment'
UIG 7	'Applying the Restatement Approach under AASB 129 Financial Reporting in Hyperinflationary Economies'
UIG 8	'Scope of AASB 2'

Future impact of Australian Accounting Standards not yet operative

The Authority cannot early adopt an Australian Accounting Standard or Australian Accounting Interpretation unless specifically permitted by TI 1101 'Application of Australian Accounting Standards and Other Pronouncements'. Consequently, the Authority has not applied the following Australian Accounting Standards and Australian Accounting Interpretations that have been issued but are not yet effective. These will be applied from their application date:

Office of Health Review

Notes to the Financial Statements

For the year ended 30th June 2007

1) AASB 7 'Financial Instruments: Disclosures' (including consequential amendments in AASB 2005-10 'Amendments to Australian Accounting Standards [AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023 & AASB 1038]'). This Standard requires new disclosures in relation to financial instruments. The Standard is considered to result in increased disclosures, both quantitative and qualitative of the Authority's exposure to risks, enhanced disclosure regarding components of the Authority's financial position and performance, and possible changes to the way of presenting certain items in the financial statements. The Authority does not expect any financial impact when the Standard is first applied. The Standard is required to be applied to annual reporting periods beginning on or after 1 January 2007.

2) AASB 2005-10 'Amendments to Australian Accounting Standards (AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023, & AASB 1038)'. The amendments are as a result of the issue of AASB 7 'Financial Instruments: Disclosures', which amends the financial instrument disclosure requirements in these standards. The Authority does not expect any financial impact when the Standard is first applied. The Standard is required to be applied to annual reporting periods beginning on or after 1 January 2007.

3) AASB 101 'Presentation of Financial Statements'. This Standard was revised and issued in October 2006 so that AASB 101 has the same requirements as IAS 1 'Presentation of Financial Statements' (as issued by the IASB) in respect of for-profit entities. The Authority is a not-for-profit entity and consequently does not expect any financial impact when the Standard is first applied. The Standard is required to be applied to annual reporting periods beginning on or after 1 January 2007.

4) AASB 2007-4 'Amendments to Australian Accounting Standards arising from ED 151 and Other Amendments (AASB 1, 2, 3, 4, 5, 6, 7, 102, 107, 108, 110, 112, 114, 116, 117, 118, 119, 120, 121, 127, 128, 129, 130, 131, 132, 133, 134, 136, 137, 138, 139, 141, 1023 & 1038)'. This Standard introduces policy options and modifies disclosures. These amendments arise as a result of the AASB decision that, in principle, all options that currently exist under IFRSs should be included in the Australian equivalents to IFRSs and additional Australian disclosures should be eliminated, other than those now considered particularly relevant in the Australian reporting environment. The Department of Treasury and Finance has indicated that it will mandate to remove the policy options added by this amending Standard. This will result in no impact as a consequence of application of the Standard. The Standard is required to be applied to annual reporting periods beginning on or after 1 July 2007.

5) AASB 2007-5 'Amendment to Australian Accounting Standard – Inventories Held for Distribution by Not-for-Profit Entities (AASB 102)'. This amendment changes AASB 102 'Inventories' so that inventories held for distribution by not-for-profit entities are measured at cost, adjusted when applicable for any loss of service potential. The Authority does not have any inventories held for distribution so does not expect any financial impact when the Standard is first applied. The Standard is required to be applied to annual reporting periods beginning on or after 1 July 2007.

6) AASB Interpretation 4 'Determining whether an Arrangement Contains a Lease [revised]'. This Interpretation was revised and issued in February 2007 to specify that if a public-to-private service concession arrangement meets the scope requirements of AASB Interpretation 12 'Service Concession Arrangements' as issued in February 2007, it would not be within the scope of Interpretation 4. At balance sheet date, the Authority has not entered into any arrangements as specified in the Interpretation or within the scope of Interpretation 12, resulting in no impact when the Interpretation is first applied. The Interpretation is required to be applied to annual reporting periods beginning on or after 1 January 2008.

7) AASB Interpretation 12 'Service Concession Arrangements'. This Interpretation was issued in February 2007 and gives guidance on the accounting by operators (usually a private sector entity) for public-to-private service concession arrangements. It does not address the accounting by grantors (usually a public sector entity). It is currently unclear as to the application of the Interpretation to the Authority if and when public-to-private service concession arrangements are entered into in the future. At balance sheet date, the Authority has not entered into any public-to-private service concession arrangements resulting in no impact when the Interpretation is first applied. The Interpretation is required to be applied to annual reporting periods beginning on or after 1 January 2008.

8) AASB Interpretation 129 'Service Concession Arrangements: Disclosures [revised]'. This Interpretation was revised and issued in February 2007 to be consistent with the requirements in AASB Interpretation 12 'Service Concession Arrangements' as issued in February 2007. Specific disclosures about service concession arrangements entered into are required in the notes accompanying the financial statements, whether as a grantor or an operator. At balance sheet date, the Authority has not entered into any public-to-private service concession arrangements resulting in no impact when the Interpretation is first applied. The Interpretation is required to be applied to annual reporting periods beginning on or after 1 January 2008.

The following Australian Accounting Standards and Interpretations are not applicable to the Authority as they have no impact or do not apply to not-for-profit entities:

AASB Standards and Interpretation	
AASB 8	'Operating Segments'
AASB 1049	'Financial Reporting of General Government Sectors by Governments'
AASB 2007-1	'Amendments to Australian Accounting Standards arising from AASB Interpretation 11 [AASB 2]'
AASB 2007-2	'Amendments to Australian Accounting Standards arising from AASB Interpretation 12 [AASB 1, AASB 117, AASB 118, AASB 120, AASB 121, AASB 127, AASB 131 & AASB 139]' – paragraphs 1 to 8
AASB 2007-3	'Amendments to Australian Accounting Standards arising from AASB 8 [AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 & AASB 1038]'
Interpretation 10	'Interim Financial Reporting and Impairment'
Interpretation 11	'AASB 2 – Group and Treasury Share Transactions'

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Notes to the Financial Statements

For the year ended 30th June 2007

Note 6 Employee benefits expense

	2007 $	2006 $
Salaries and wages (a)	932,996	966,969
Superannuation - defined contribution plans (b)	98,841	65,369
Annual leave and time off in lieu leave (c)	97,228	88,571
Long service leave (c)	121,350	46,550
	1,250,415	1,167,459

(a) Includes the value of the fringe benefit to the employees plus the fringe benefits tax component.

(b) Defined contribution plans include West State and Gold State (contributions paid).

(c) Includes a superannuation contribution component.

Employment on-costs expense is included at note 10 'Other expenses'. The employment on-costs liability is included at note 18 'Provisions'.

Note 7 External services

Domestic charges	7	46
Fuel, light and power	3,094	3,828
Food supplies	2,598	1,319
Purchase of external services	3,818	18,392
	9,517	23,585

Note 8 Depreciation expense

Depreciation		
Computer equipment	6,018	9,064
Furniture and fittings	657	693
Other plant and equipment	2,708	3,039
	9,383	12,796

Note 9 Net gain / (loss) on disposal of non-current assets

Cost of disposal of non-current assets		
Computer equipment	-	(152)
Other plant and equipment	-	(132)
	-	(284)
Proceeds from disposal of non-current assets:	-	-
Net gain/(loss)	-	(284)

See note 15 'Plant and equipment'.

Note 10 Other expenses

Communications	23,421	21,998
Computer services	2,357	2,532
Employment on-costs (a)	17,209	16,193
Insurance	2,195	4,936
Motor vehicle expenses	-	647
Operating lease expenses (b)	102,694	100,839
Printing and stationery	16,759	19,188
Repairs, maintenance and consumable equipment expense	32,432	3,702
Purchase of external services	34,638	19,845
Audit fees - external	16,100	13,500
Bureau costs	13,000	13,000
Legal expenses	18,035	16,363
External consulting fees	46,982	24,577
Other	5,513	21,506
	331,335	278,826

(a) Includes workers' compensation insurance and other employment on-costs. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 18 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

(b) Operating lease expenses include rental of property expenses.

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Notes to the Financial Statements

For the year ended 30th June 2007

	2007 $	2006 $
Note 11 Other revenues		
Recoveries	38,509	-
Other	63	3
	38,572	3
Note 12 Service appropriations		
Appropriation revenue received during the year:		
Service appropriations	1,430,000	1,390,000

Service appropriations are accrual amounts reflecting the net cost of services delivered. The appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the depreciation expense for the year and any agreed increase in leave liability during the year.

Note 13 Resources received free of charge

Resources received free of charge has been determined on the basis of the following estimates provided by agencies.

State Solicitor's Office	18,035	16,363
	18,035	16,363

Where assets or services have been received free of charge or for nominal cost, the Authority recognises revenues (except where the contributions of assets or services are in the nature of contributions by owners, in which case the Authority shall make a direct adjustment to equity) equivalent to the fair value of the assets and/or the fair value of those services that can be reliably determined and which would have been purchased if not donated, and those fair values shall be recognised as assets or expenses, as applicable.

Note 14 Cash and cash equivalents

Cash on hand	400	400
Cash at bank	492,062	470,793
	492,462	471,193

Note 15 Plant and equipment

Computer equipment		
At cost	62,713	60,994
Accumulated depreciation	(47,115)	(45,923)
	15,598	15,071
Furniture and fittings		
At cost	14,129	14,129
Accumulated depreciation	(6,234)	(5,577)
	7,895	8,552
Other plant and equipment		
At cost	30,646	27,764
Accumulated depreciation	(19,684)	(16,976)
	10,962	10,788
Total of plant and equipment	34,455	34,411

Reconciliations

Reconciliations of the carrying amounts of plant and equipment at the beginning and end of the current financial year are set out below.

Computer equipment		
Carrying amount at start of year	15,071	24,287
Additions	6,545	-
Disposals	-	(152)
Depreciation	(6,018)	(9,064)
Carrying amount at end of year	15,598	15,071

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Notes to the Financial Statements

For the year ended 30th June 2007

Note 15 Plant and equipment (continued)	2007 $	2006 $
Furniture and fittings		
Carrying amount at start of year	8,552	9,245
Depreciation	(657)	(693)
Carrying amount at end of year	7,895	8,552
Other plant and equipment		
Carrying amount at start of year	10,788	13,959
Additions	2,882	-
Disposals	-	(132)
Depreciation	(2,708)	(3,039)
Carrying amount at end of year	10,962	10,788
Total plant and equipment		
Carrying amount at start of year	34,411	47,491
Additions	9,427	-
Disposals	-	(284)
Depreciation	(9,383)	(12,796)
Carrying amount at end of year	34,455	34,411

Note 16 Impairment of Assets

There were no indications of impairment to plant and equipment at 30 June 2007.

The Authority held no goodwill or intangible assets with an indefinite useful life during the reporting period and at the balance date there were no intangible assets not yet available for use.

All surplus assets at 30 June 2007 have been classified as assets held for sale or written off.

Note 17 Payables

Current		
Trade creditors	6,705	23,560
Accrued expenses	14,879	870
	21,584	24,430

(See also note 2(l) 'Payables' and note 28 'Financial instruments')

Note 18 Provisions

Current		
Employee benefits provision		
Annual leave (a)	109,101	86,662
Time off in lieu leave (a)	-	216
Long service leave (b)	171,371	85,655
	280,472	172,533
Non-current		
Employee benefits provision		
Long service leave (b)	45,089	18,990
	45,089	18,990
Total Provisions	325,561	191,523

(a) Annual leave liabilities and time off in lieu leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after balance sheet date. Assessments indicate that actual settlement of the liabilities will occur as follows:

Within 12 months of balance sheet date	109,101	86,663
More than 12 months after balance sheet date	-	-
	109,101	86,663

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Notes to the Financial Statements

For the year ended 30th June 2007

Note 18 Provisions (continued)	2007 $	2006 $
(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after balance sheet date. Assessments indicate that actual settlement of the liabilities will occur as follows:		
Within 12 months of balance sheet date	87,133	44,070
More than 12 months after balance sheet date	129,327	60,575
	216,460	104,645

Note 19 Other liabilities

Current		
Accrued salaries	6,193	2,029
	6,193	2,029

Note 20 Accumulated surplus

Balance at start of year	287,622	362,718
Result for the period	(114,043)	(76,584)
Net adjustment on transition to AIFRS	-	1,488
Balance at end of year	173,579	287,622

Note 21 Notes to the Cash Flow Statement

a) **Reconciliation of cash**

Cash assets at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:

Cash and cash equivalents (see note 14)	492,462	471,193
	492,462	471,193

b) **Reconciliation of net cost of services to net cash flows used in operating activities**

Net cash used in operating activities (Cash Flow Statement)	(1,399,304)	(1,369,571)
Increase/(decrease) in assets:		
Receivables	-	(16,726)
Decrease/(increase) in liabilities:		
Payables	2,846	(24,430)
Accrued salaries	(4,164)	(2,029)
Current provisions	(107,939)	(39,466)
Non-current provisions	(26,099)	457
Non-cash items:		
Depreciation expense (note 8)	(9,383)	(12,796)
Net gain / (loss) from disposal of non-current assets (note 9)	-	(284)
Resources received free of charge (note 13)	(18,035)	(16,363)
Other	-	(1,739)
Net cost of services (Income Statement)	(1,562,078)	(1,482,947)

At the reporting date, the Authority had fully drawn on all financing facilities, details of which are disclosed in the financial statements.

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Notes to the Financial Statements

For the year ended 30th June 2007

Note 22 Remuneration of members of the Accountable Authority and senior officers

Remuneration of members of the Accountable Authority

The number of members of the Accountable Authority, whose total of fees, salaries, superannuation and other benefits for the financial year, fall within the following bands are:

	2007	2006
$190,001 - $200,000	1	-
$200,001 - $210,000	-	1
Total	1	1
	$	$
The total remuneration of senior officers is:	199,149	200,611

The total remuneration includes the superannuation expense incurred by the Authority in respect of senior officers other than senior officers reported as members of the Accountable Authority.

The senior officer presently employed is not a member of the Pension Scheme.

Note 23 Remuneration of auditor

Remuneration to the Auditor General for the financial year is as follows:

Auditing the accounts, financial statements and performance indicators	16,500	14,500

Note 24 Commitments

a) **Operating lease commitments:**

Commitments in relation to non-cancellable leases contracted for at the balance date but not recognised in the financial statements, are payable as follows:

Within 1 year	-	100,113
Later than 1 year, and not later than 5 years	-	8,343
Later than 5 years	-	-
	-	108,456
Representing:		
Cancellable operating leases	-	-
Non-cancellable operating leases	-	108,456
	-	108,456

b) **Other expenditure commitments:**

There were no other expenditure commitments as at 30th June 2007.

Note 25 Contingent liabilities and contingent assets

At the balance sheet date, the Authority is not aware of any contingent liabilities or contingent assets.

Note 26 Events occurring after balance sheet date

There were no events occurring after the balance sheet date which have significant financial effects on these financial statements.

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Notes to the Financial Statements

For the year ended 30th June 2007

Note 27 Explanatory Statement

(A) Significant variances between actual results for 2006 and 2007

Significant variations between actual results with the corresponding items of the preceding reporting period are detailed below. Significant variations are those greater than 10% or that are 4% or more of the current year's Total Cost of Services.

	Note	2007 Actual $	2006 Actual $	Variance $
Expenses				
Employee benefits expense	(a)	1,250,415	1,167,459	82,956
External services	(b)	9,517	23,585	(14,068)
Depreciation expense	(c)	9,383	12,796	(3,413)
Loss on disposal of non-current assets	(d)	-	284	(284)
Other expenses	(e)	331,335	278,826	52,509
Income				
Other revenues	(f)	38,572	3	38,569
Service appropriations		1,430,000	1,390,000	40,000
Resources received free of charge		18,035	16,363	1,672

(a) Employee benefits expense
Extra staff were recruited for the 2006-07 financial year.

(b) External services
The Authority sought less number of independent external medical opinions relating to the resolution of complaints during the current year.

(c) Depreciation expense
Less depreciation for computer items in the 2006-07 year when compared with the 2005-06 year.

(d) Loss on disposal of non-current assets
There was no disposal of non-current assets in the current year.

(e) Other expenses
The variance included the renovation of office internal partitions, expenses of converting a round meeting room into a workstation, recruitment of a temporary officer, contracting of external consultants for the development and implementation of the complaints procedural manual and the records management system and the delivery of two in-house training courses.

(f) Other revenues
$13,986 was received from the Commonwealth Department of Transport and Regional Services as part of the 2006-07 Service Delivery Agreement for complaints services at the Christmas and Cocos Islands. $24,523 was recouped from the State Supply Commission for salaries and related costs.

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Notes to the Financial Statements

For the year ended 30th June 2007

Note 27 Explanatory Statement (continued)

(B) Significant variations between estimates and actual results for 2007

Significant variations between the estimates and actual results for income and expenses are detailed below. Significant variations are considered to be those greater than 10% of the budget estimates.

	Note	2007 Actual $	2007 Estimates $	Variance $
Operating expenses				
Employee benefits expense	(a)	1,250,415	955,600	294,815
Other goods and services	(b)	350,235	312,400	37,835
Total expenses		1,600,650	1,268,000	332,650
Less: Revenues	(c)	(38,572)	-	(38,572)
Net cost of services		1,562,078	1,268,000	294,078

(a) Employee benefits expense
The recruitment of more permanent and contract staff resulted in an increase in salaries and related superannuation costs for the year.

(b) Other goods and services
The variance included office renovations and expenses on additional office furniture and equipment, recruitment of an external temporary officer, external consultant fees for the delivery of two in-house training courses, development of a complaints procedural manual and the Authority's records management system.

(c) Revenues
The revenues included $13,986 funding from the Commonwealth Department of Transport and Regional Services for service delivery in the Christmas and Cocos Island, recoup of salaries and related administrative costs from another government agency, and money received for the disposal of sundry items.

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Notes to the Financial Statements

For the year ended 30th June 2007

Note 28 Financial instruments

a) **Financial risk management objectives and policies**

Financial instruments held by the Authority are cash and cash equivalents, receivables and payables. The Authority has limited exposure to financial risks. The Authority's overall risk management program focuses on managing the risks identified below.

Credit risk

The Authority trades only with recognised, creditworthy third parties. The Authority has policies in place to ensure that sales of products and services are made to customers with an appropriate credit history. In addition, receivable balances are monitored on an ongoing basis with the result that the Authority's exposure to bad debts is minimal. There are no significant concentration of credit risk.

Liquidity risk

The Authority has appropriate procedures to manage cash flows including draw downs of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Cash flow interest rate risk
The Authority is not exposed to interest rate risk because cash and cash equivalents and restricted cash are non-interest bearing and have no borrowings.

b) **Financial instrument disclosures**

Interest rate risk exposure
The following table details the Authority's exposure to interest rate risk as at the balance sheet date:

	Weighted average effective interest rate	Variable interest rate	Fixed interest rate maturities Within 1 year	1-2 years	2-3 years	3-4 years	4-5 years	More than 5 years	Non-interest bearing	Total
As at 30th June 2007	%	$	$	$	$	$	$	$	$	$
Financial Assets										
Cash and cash equivalents		-							492,462	492,462
		-	-	-	-	-	-	-	492,462	492,462
Financial Liabilities										
Payables									21,584	21,584
		-	-	-	-	-	-	-	21,584	21,584
Net financial assets / (liabilities)		-	-	-	-	-	-	-	470,878	470,878

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Notes to the Financial Statements

For the year ended 30th June 2007

Note 28 Financial instruments (continued)

As at 30th June 2006	Weighted average effective interest rate %	Variable interest rate $	Fixed interest rate maturities Within 1 year $	1-2 years $	2-3 years $	3-4 years $	4-5 years $	More than 5 years $	Non-interest bearing $	Total $
Financial Assets										
Cash and cash equivalents		-	-	-					471,193	471,193
		-	-	-	-	-	-	-	471,193	471,193
Financial Liabilities										
Payables									24,430	24,430
		-	-	-	-	-	-	-	24,430	24,430
Net financial assets / (liabilities)		-	-	-	-	-	-	-	446,763	446,763

Fair Values

All financial assets and liabilities recognised in the balance sheet, whether they are carried at cost or fair value, are recognised at amounts that represent a reasonable approximation of fair value unles otherwise stated in the applicable notes.

Registration Boards

Chiropractor's Registration Board under the Chiropractor's Act 1964.

Dental Board of Western Australia under the Dental Act 1939.

Medical Board under the Medical Act 1894.

Nurses Board of Western Australia under the Nurses Act 1992.

Occupational Therapists Registration Board of Western Australia under the Occupational Therapists Registration Act 1980.

Optometrists Registration Board under the Optometrists Act 1940.

Osteopaths Registration Board under the Osteopaths Act 1997.

Pharmaceutical Council of Western Australia under the Pharmacy Act 1964.

Physiotherapists" Registration Board under the Physiotherapists Act 1950.

Podiatrist's Registration Board under the Podiatrist's Registration Act 1984.

Psychologists Board of Western Australia under the Psychologists Registration Act 1976.

Appendices

Closed Complaints by Provider Types 2006-07		
Provider Type	**Number of Complaints**	**Percentage**
Administration	1	0.1%
Aged Care Hostel	8	0.5%
Alternative Health Service	8	0.5%
Alternative Health Therapist	1	0.1%
Ambulance Service	12	0.8%
Anonymous Individual Provider	2	0.1%
Chiropractor	4	0.3%
Community Health Service (Private)	13	0.8%
Community Health Service (Public)	20	1.3%
Counsellor	7	0.5%
Dental Prosthetist	21	1.4%
Dental surgery	26	1.7%
Dentist	78	5.0%
Detention Centre	1	0.1%
Diagnostic Service	25	1.6%
Disability Services	22	1.4%
Disability/Rehabilitation	4	0.3%
Government Department	8	0.5%
Hearing Service	3	0.2%
Hospital (Private)	68	4.4%
Hospital (Public)	352	22.7%
Masseur	1	0.1%
Medical Practice	55	3.6%
Medical Practitioner	319	20.6%
Mental Health Service (non hospital)	9	0.6%
Nurse (Registered)	1	0.1%
Nursing Home	5	0.3%
Occupational Therapist	1	0.1%
Ophthalmologist	1	0.1%
Optical Service	3	0.2%
Optometrist	6	0.4%
Optometrists	5	0.3%
Orthopaedic Surgeon	8	0.5%
Other	11	0.7%
Pharmacist	6	0.4%
Physiotherapist	5	0.3%
Podiatrist / Chiropodist	7	0.5%
Podiatry	1	0.1%
Prison Health Service	389	25.1%
Private Primary Health Care Service	1	0.1%
Psychologist	4	0.3%
Public Dental Service	14	0.9%
Radiologist	2	0.1%
Retail Pharmacy	3	0.2%
Surgeon	7	0.5%
Total:	**1548**	**100.0%**

Functions and Powers of the Director [Health Services (Conciliation and Review) Act 1995 Section 10 (1)].

10. Functions and powers of Director
(1) The functions of the Director are
(a) to undertake the receipt, conciliation and investigation of complaints under Part 3 and to perform any other function vested in the Director by this Act or another written law;
(b) to review and identify the causes of complaints, and to suggest ways of removing and minimizing those causes and bringing them to the notice of the public;
(c) to take steps to bring to the notice of users and providers details of complaints procedures under this Act;
(d) to assist providers in developing and improving complaints procedures and the training of staff in handling complaints;
(e) with the approval of the Minister, to inquire into broader issues of health care arising out of complaints received;
(f) subject to subsection (4), to cause information about the work of the Office to be published from time to time; and
(g) to provide advice generally on any matter relating to complaints under this Act, and in particular
(i) advice to users on the making of complaints to registration boards; and
(ii) advice to users as to other avenues available for dealing with complaints.

Estimates of expenditure for 2007-08

The following estimates of expenditure for the year 2007-08 are prepared on an accrual accounting basis. The estimates are required under Section 40(2) of the Financial Management Act 2006 and by Treasury Instructions from the Department of Treasury.

The following Estimates of Expenditure for the 2007-08 do not form part of the preceding audited financial statements.

Revenue	**2007-08**
Revenues from Government	$1,437,000

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