Health and Disability Services
Complaints Office

Annual Report 2013-14

Contents

Preliminaries

This section provides a brief introduction to our annual report, including our statement of compliance and our contact details

This report has been prepared in accordance with the Western Australian Public Sector Annual Reporting Framework, as well as our Disability Access and Inclusion Plan (DAIP). It was written, designed and converted for electronic viewing using in-house staff resources.

The report is available in printable and electronic viewing formats, downloadable from our website www.hadsco.wa.gov.au. On request, this report can be made available in alternative formats to meet the needs of people with visual impairment. Such requests should be directed to (08) 6551 7620 or mail@hadsco.wa.gov.au.

Statement of compliance

Government of **Western Australia**
Health and Disability Services Complaints Office

HON DR KIM HAMES MLA
MINISTER FOR HEALTH

In accordance with section 63 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Health and Disability Services Complaints Office (HaDSCO) for the financial year ended 30 June 2014.

This report has been prepared in accordance with the following provisions:

Auditor General Act 2006
Carers Recognition Act 2004
Disability Services Act 1993
Electoral Act 1907
Equal Opportunity Act 1984
Financial Management Act 2006
Freedom of Information Act 1992
Health and Disability Services (Complaints) Act 1995
Industrial Relations Act 1979
Occupational Safety and Health Act 1984
Public Sector Management Act 1994
Salaries and Allowances Act 1975
State Records Act 2000
State Supply Commission Act 1991
Government and Ministerial Annual Reporting Policies

Linley Anne Donaldson
DIRECTOR

1 September 2014

Contact details

Useful numbers

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About this report

Welcome to our 2013-14 Annual Report. In this report we take a comprehensive look at how we, the Health and Disability Services Complaints Office (HaDSCO), have contributed to the improvement of health, disability and mental health services in Western Australia (WA) over the past year.

We remain committed to being a transparent and accountable organisation and, as such, we want to ensure all our stakeholders, the people of WA and the State Government are kept well informed of our operations. With this clear purpose, we have designed this report to provide you with easy-to-read information on how we have performed, for the year ended 30 June 2014, with a particular focus on the outcomes achieved during this period.

In line with this, our report highlights key areas of success and achievement and also identifies areas for added focus in the future. Following the emphasis of last year's report, which predominantly formed a planning year for HaDSCO, 2013-14 has seen us implement many of these plans, projects and initiatives to aid system improvement in the health, disability and mental health sectors overall. This has helped us to contribute towards the wider WA State Government goal – achieving results in key service delivery areas for the benefit of all Western Australians.

We begin by looking at our 'Office overview' which outlines who we are as an organisation, our people and our purpose, including our governing legislation, which forms the basis of everything we do.

Contents

Office overview

1

This section explains who we are and the legislative framework that we work within to improve health and disability service delivery

From the HaDSCO Director

It gives me great pleasure to introduce the 2013-14 Annual Report for the Health and Disability Services Complaints Office (HaDSCO) and I trust you will find the content to be interesting and informative.

Forming the second year of our strategic plan, our focus during 2013-14 was to implement the initiatives that we scoped and planned in 2012-13, given this formed a key planning year for my Office. Having reflected on the work undertaken in the last 12 months, I am pleased to see that many of our plans have come to fruition and our desired outcomes have been achieved.

The outcome-focussed approach that we have adopted throughout our Office is mirrored in the style of this annual report, as we provide an update of where we are now, and where we hope to be in the future.

I am very proud of the work we have undertaken and have outlined below what I consider to be our key achievements for the year. We:

- Launched our dedicated online engagement platform – Collaborate & Learn.
- Looked beyond individual complaints to identify broad trends and actions that can be used to support improvement in health, disability and mental health service delivery.
- Collaborated with our mental health and Aboriginal stakeholders to create short videos which explain the role of HaDSCO and our services.
- Established a process and system to collect complaints data from disability providers as per section 48A of the *Disability Services Act 1993*.
- Produced online interactive charts to enable health providers to compare their complaints data with other health service providers in WA and to access a wealth of supporting resources.
- Created two reference groups - one for consumers, carers and family members and another for health providers, to facilitate feedback and information sharing between these groups and our Office.
- Delivered training about how to effectively manage complaints.
- Implemented initiatives to improve the efficiency and effectiveness of our complaints process, including the introduction of a triage system, creation of a procedure manual and distribution of reports which assisted us to meet our legislative timeframes.

These achievements were only made possible due to the continued efforts of our passionate and dedicated team and for this, I would like to thank them. Despite being a small Office, we have delivered an effective complaint management service and worked in collaboration with our stakeholders to improve service delivery across the health, disability and mental health sectors.

Our Office is moving in a collaborative and innovative direction and I look forward to continuing this work in 2014-15.

Linley Anne Donaldson
DIRECTOR

Who we are

As a peak complaint handling body in WA, the Health and Disability Services Complaints Office (HaDSCO) aims to:

- **Provide a free, independent and impartial service that assists consumers and providers of health, disability or mental health services to resolve complaints.**
- **Use information about complaints to identify system issues and trends in the health, disability and mental health sectors.**
- **Work collaboratively with consumers and providers to improve service delivery and complaints management.**

Examples of the types of services we can take complaints about include the following:

Health

- Ambulance service
- Prison health service
- Emergency department
- Dentist
- General practitioner

Disability

- Accommodation services
- In-home support services
- Respite services
- Disability transport services
- Day activity services

Mental health

- Psychiatrist
- Counsellor
- Mental health nurse
- Community mental health service
- Prison mental health service

Complaints can be received from users of a service or from their carers, families and friends.

Everything we do as an Office is aligned to our relevant government goal:

Results-based service delivery: Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians

More specifically, the government desired outcome for our Office is:

Improved delivery of health and disability services

Our desire to achieve this outcome is reflected in our vision, values, services and 2012-15 Strategic Plan.

Our vision

Empowering users and providers to collaboratively improve health and disability services

Our values

To work towards achieving our vision, which essentially outlines where we, as an organisation, want to be, all the decisions and actions that form our daily functions are guided by six core values:

1. **Integrity:** acting impartially and with independence.
2. **Accessibility**: ensuring services are accessible to all.
3. **Responsiveness:** responding to the needs of stakeholders.
4. **Confidentiality:** maintaining confidentiality.
5. **Empowerment:** building capacity in complaints prevention and resolution.
6. **Improvement:** influencing the quality and effectiveness of services.

Our services

Putting our values into practice, we operate within two distinct, but inter-linked key service areas:

Service one
Assessment, conciliation, negotiated settlement and investigation of complaints.

We assist consumers and providers to resolve complaints; undertake investigations; and identify opportunities for system improvement.

Service two
Education and training in the prevention and resolution of complaints.

We work collaboratively with our stakeholders to share information about the causes of complaints; provide education and training in effective complaint resolution; and implement initiatives that contribute towards system improvement.

Our 2012-15 Strategic Plan

We have identified priority areas of work within service one and service two that help us to achieve our vision. These priorities are outlined in our 2012-15 Strategic Plan and centre on the following five themes:

System improvement

HaDSCO is committed to service improvement by analysing information to identify systemic issues

Empowerment and education

HaDSCO is committed to empowering consumers and providers to effectively resolve complaints and working collaboratively with stakeholders to develop accessible resources

Quality complaints management

HaDSCO is committed to providing a quality complaints management service that meets best practice standards and is responsive to the environment

Building staff capacity

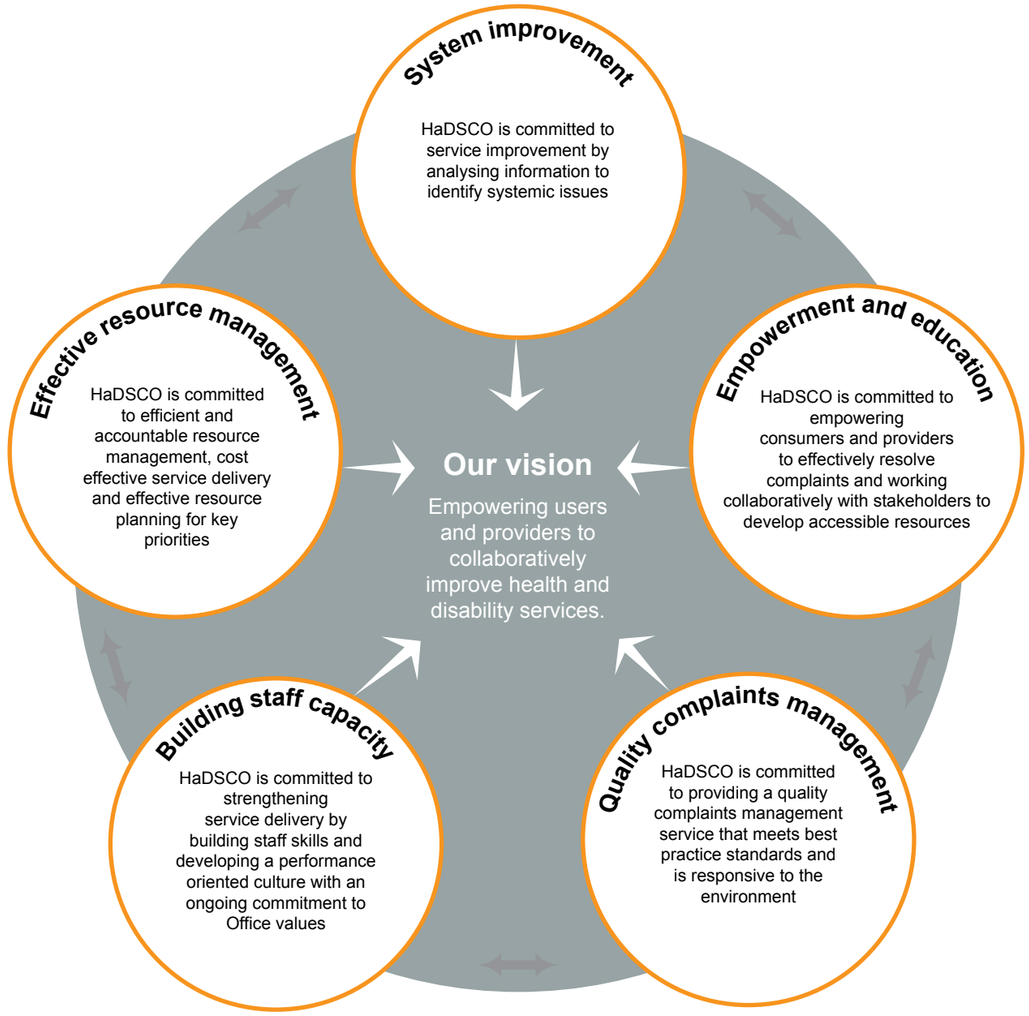
HaDSCO is committed to strengthening service delivery by building staff skills and developing a performance oriented culture with an ongoing commitment to Office values

Effective resource management

HaDSCO is committed to efficient and accountable resource management, cost effective service delivery and effective resource planning for key priorities

These themes are also reflected in the structure of this report.

2012-15 Strategic Map



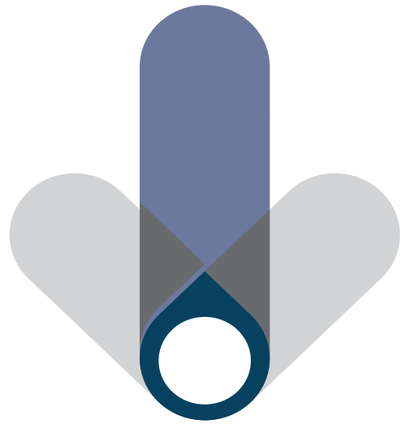
Performance Management Framework

We continue to work in partnership with public, private and not-for-profit health, disability and mental health services and other key stakeholders across WA to improve health and disability service delivery.

Our Performance Management Framework provides a visual representation of how we work together as an Office to achieve our outcomes in the context of the wider government goals.

Government goal

Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians

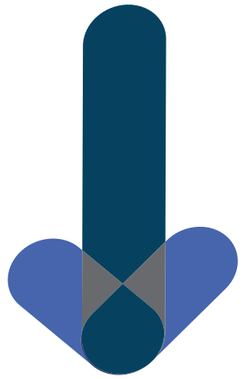


HaDSCO desired outcome

Improved delivery of health and disability services

HaDSCO Service one

Assessment, conciliation, negotiated settlement and investigation of complaints



HaDSCO Service two

Education and training in the prevention and resolution of complaints

2012-2015 Strategic Plan

System improvement

Empowerment and education

Quality complaints management

Building staff capacity

Effective resource management

Working with legislation

We are an independent statutory authority. This means that we are required to administer legislation on behalf of the WA State Government. The legislation that we administer outlines our responsibilities as an Office and the process that we must follow to manage complaints. Our legislative responsibilities directly align to the government desired outcome for our Office - improved health and disability service delivery.

We have a statutory reporting function to the Hon. Dr Kim Hames, Minister for Health.

The pieces of legislation that we administer are:

Health and Disability Services (Complaints) Act 1995
This Act defines the role of our Office and how we manage health complaints.

Part 6 of the *Disability Services Act 1993*
This part of the Act defines how we manage disability complaints. This Act was updated in June 2013 and as a result we are now able to collect complaints information from disability service providers (see: ‘Using disability complaints data to identify system issues’ page 33).

Our functions

Under these two acts, our main functions are to:

- Resolve complaints by conciliation, negotiated settlement or investigation.
- Review and identify the causes of complaints.
- Provide advice and make recommendations for service improvement.
- Educate users and providers about complaint handling procedures.
- Inquire into broader issues of health and disability care arising from complaints received.
- Work in collaboration with users and providers to improve health and disability services.
- Publish the work of the Office.
- Perform any other function conferred on the Director by the Act or another written law.

Under these Acts we are able to do all things that are necessary, or convenient to be done, in order to perform the above functions, which change from case to case.

Other relevant legislation

Carers Recognition Act 2004
This Act aims to change the culture of service providers so the impact on carers is considered when services are assessed, planned, delivered and reviewed. A key part of the Act requires service providers to comply with the WA Carers Charter. We are able to take complaints about health, disability or mental health providers that do not comply with this Charter.

Health Practitioner Regulation National Law (WA) Act 2010
We work with the Australian Health Practitioner Regulation Agency (AHPRA) to implement this legislation. We consult with each other about complaints relating to named registered practitioners to determine which agency is best placed to manage each complaint. For a detailed list of the national boards and health professions that are regulated by AHPRA please see: ‘Appendix two’.

Part 19 of the *Mental Health Bill 2013*
We have always dealt with complaints about mental health services however Part 19 of the *Mental Health Bill 2013* will expand our jurisdiction and strengthen our capacity to manage these types of complaints.

Legislative change and review

We are aware that the following pieces of legislation are currently being reviewed, or will be the subject of review:

- *Health and Disability Services (Complaints) Act 1995*
- Part 6 of the *Disability Services Act 1993*
- *Health Practitioner Regulation National Law (WA) Act 2010*

There are also new codes and pieces of legislation that, when enacted, will impact on the role of our Office:

- *Mental Health Bill 2013*
- *Declared Place (Mentally Impaired Accused) Bill 2013*
- Unregistered Health Practitioners Code of Conduct

The section of this report titled ‘Significant issues’ on page 81 explains this legislative review and change in more detail, including the potential impact that this may have on our Office.

Our people

At the core of our service is our people. We each have a different role to play in service delivery but we all work together to achieve our common vision.

HaDSCO's organisational structure consists of two key business units: the Complaints and Systemic Improvement Unit and the Strategic Services and Community Engagement Unit. Both units work collaboratively in the delivery of services.

Our Office structure changed in 2013-14. The main changes were:

- Our two complaints management teams combined to form one team. As a result, one person now manages both teams - the Manager, Complaints.
- Our Specialist Unit joined the Complaints and Systemic Improvement Unit and is now called the Systemic Improvement and Advice Unit. These staff members previously reported to the Director, and now report to the Assistant Director, Complaints and Systemic Improvement.

These changes had a positive impact on the Office. In particular, we have a better understanding of how we are working together as a team to achieve our vision.

Additionally, we established a Human Resource and Governance Officer position. We have an agreement in place with Health Corporate Network (HCN), Department of Health (DoH) to provide valuable corporate services to the Office, but the establishment of this role enables a greater level of independence and in-house support, which complements the services we currently receive from HCN.

The Office can be summarised in two key areas (see page 21).

Complaints and Systemic Improvement Unit

The Complaints and Systemic Improvement Unit (the CSI Unit) consists of the Complaints Team and the Systemic Improvement and Advice Team.

The CSI Unit is primarily focussed on HaDSCO Service one - assessment, conciliation, negotiated settlement and investigation of complaints.

The Complaints Team

This team undertakes the management and resolution of complaints. As a comprehensive service, this includes all aspects of the complaints process, from the initial enquiry stage where information, support and guidance is provided, right through to the management and resolution of complaints. Through this service it is possible to identify a range of system issues across the health, disability and mental health sectors.

The System Improvement and Advice Team

This team focuses on supporting the Complaints Team and also undertakes work relating to system improvement of the health, disability and mental health sectors.

This includes project officers who work on key projects to assist us in achieving our strategic goals.

Whilst not part of our organisational structure, we also engage the services of medical officers who provide expert medical advice to our staff about the complex clinical issues identified in complaints. They also assist with making recommendations for service improvements. These medical officers are engaged by the Office via a service contract with Edith Cowan University.

Strategic Services and Community Engagement Unit

This unit is primarily focussed on HaDSCO Service two: education and training in the prevention and resolution of complaints, as well as providing the core business services to the Office.

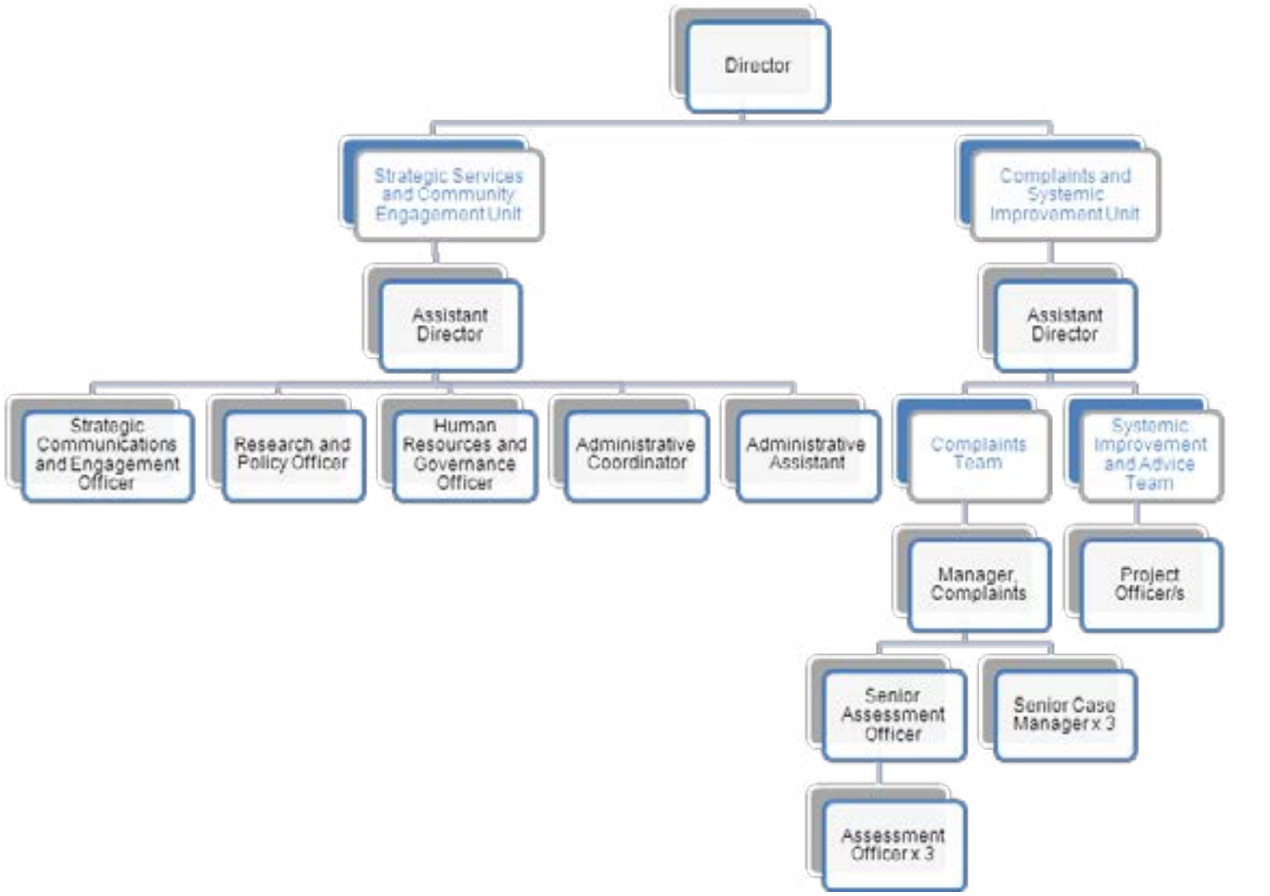
The business services provided by the Strategic Services and Community Engagement Unit (SSCE Unit) include corporate governance, administration, human resources, records management and finance. Supplementary to this, a function of this unit is to produce statistical analysis and research relating to complaints data. Additionally, through the community engagement branch of this unit, we deliver a range of activities to promote our services and collaborate with our stakeholders.

This unit plays a leading role in strengthening our capacity to liaise effectively with health, disability and mental health service providers and consumers.

Service Level Agreements

As a small Office, we are supported by Service Level Agreements with HCN and Health Information Network (HIN) at the DoH. These agreements provide support to our Office in the areas of procurement, business system services and information technology.

Office structure



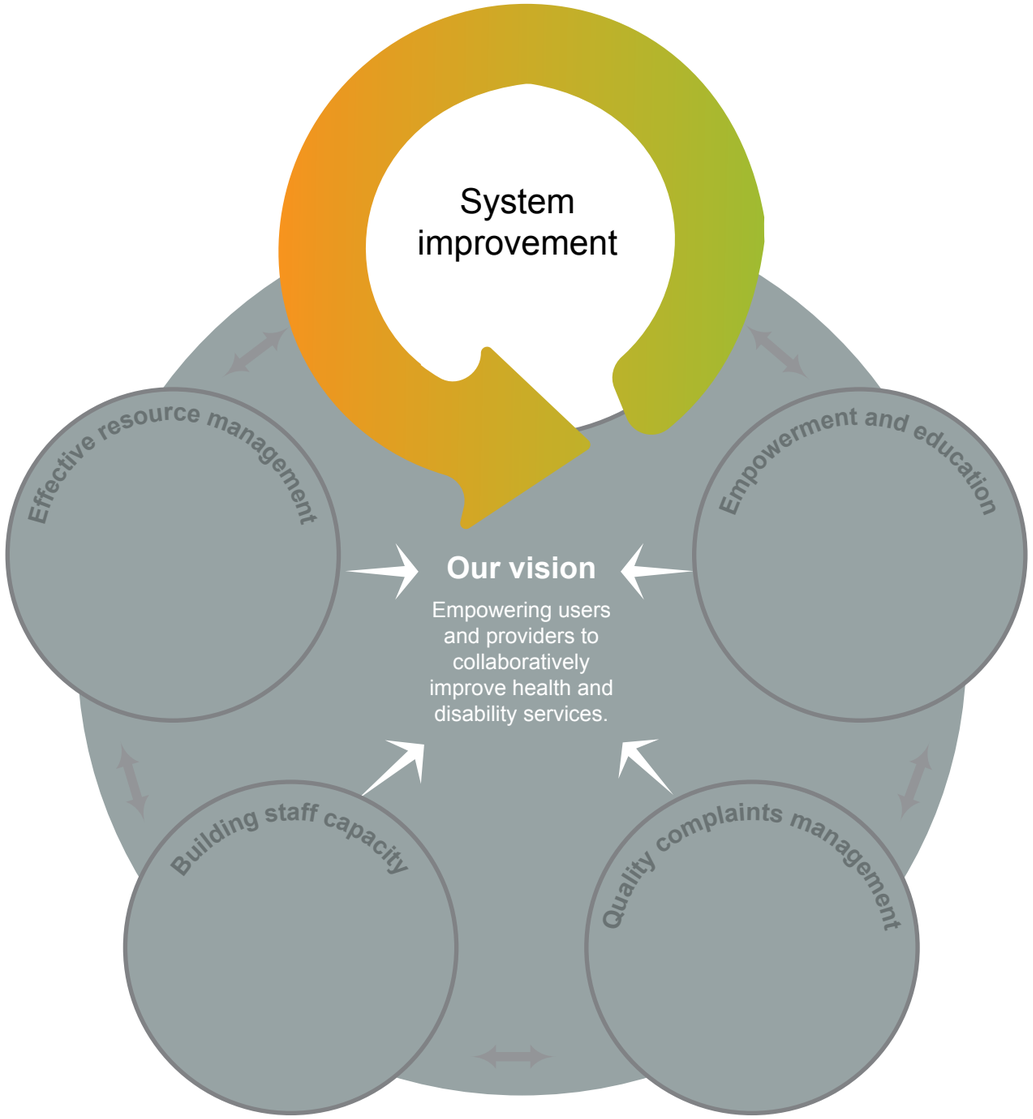
This section provides an overview of the outcomes that we achieved in 2013-14 as we worked towards implementing our five strategic goals

2 Office performance

Strategic goal one

System improvement

HaDSCO is committed to service improvement by analysing information to identify systemic issues



In summary we:

Established a process to collect complaints data from a group of disability providers in WA

Established a Health Provider Consultative Group to create opportunities to discuss health complaints and system issues with health providers

Created a number of interactive charts to assist prescribed health providers to view and compare complaints data

Observed an 8% increase in complaints received from prescribed health providers between 2012-13 and 2013-14

Worked in partnership with AHPRA to identify system issues

Identified complaint trends and patterns that are evident across the health, disability and mental health sectors

We collect information from a range of sources to identify and address issues that adversely impact on health, disability and mental health service delivery in WA. Complaints by their nature are often perceived as negative; at HaDSCO we view them differently. We see each complaint as an opportunity to reflect on a situation or event with a focus to improve. This provides a starting point from which issues within the health, disability and mental health sectors can first be acknowledged, before formulating the steps necessary to rectify them. The wider implications of this process can lead to system improvements. The initiatives described in this section outline the steps taken by HaDSCO to achieve this goal.

A planned approach to identifying and prioritising system issues

In 2012-13 the Systemic Issues Working Group (SIWG) was established to support improvement in health, disability and mental health services. This year, the group undertook further work to progress this initiative.

Through the analysis of data and information that we received, and through inter-agency collaboration, the focus this year was to look beyond individual complaints, in order to identify complaint trends and patterns that were evident across the sectors.

Following extensive quantitative and qualitative data analysis using our System Improvement Model, the group identified a range of systemic issues including:

- Increasing numbers of mental health complaints.
- Opportunities to ensure that patient consent for treatment is clearly provided.
- Issues relating to the administration, dispensing, and prescription of medication.
- Ineffective complaints management processes.
- A low incidence of disability complaints.

Through the work of the SIWG we also identified that there are significant benefits to be gained by working collaboratively with health, disability and mental health providers. In response to this and following consultation, we are now in the final stages of establishing a Health Provider Consultative Group to create more opportunities for HaDSCO staff to discuss health complaints and system issues with health providers. Planning for this consultative group commenced in 2013-14. We invited public providers, private providers and the Office of Safety and Quality at the Department of Health to participate. This group is now established and we will hold our inaugural meeting in 2014-15. A similar initiative with disability providers will also be undertaken during 2014-15.

Using health complaints data to identify system issues

2013-14 Data

A group of public, private and not-for-profit health service providers in WA send their complaint information to us each year. We analyse this information and identify broad trends relating to the:

- Number of complaints received.
- Types of issues raised about health service delivery.
- Time taken to resolve complaints.
- Outcomes achieved by health service providers for people who made complaints.

Additionally we share the results of this analysis with health service providers, to provide a snapshot of complaints data and trends in WA. We also analyse the health complaints data and use this, along with other sources of information (e.g. our own complaints data), to identify potential opportunities for system improvement.

The health providers that send us their complaints information are prescribed under section 75 of the *Health and Disability Services (Complaints) Act 1995* and are specified in the *Health and Disability Services (Complaints) Regulations 2010*. Essentially this means that these providers must send us their complaints information each year in an agreed format. A list of these health providers is also available in ‘Appendix three’.

These health providers were selected to participate in the project because they represent a cross-section of health providers in WA. We may look to increase the number of providers who are involved in the project in 2014-15.

Summary of results

Public	Private	Not-for-profit
		
Number of complaints		
4,559	2,074	382
Number of issues		
7,921	4,098	620
Top issues		
29% Quality of clinical care	34% Quality of clinical care	31% Quality of clinical care
20% Access	20% Communication	19% Communication
20% Communication	18% Costs	18% Rights, respect and dignity
Proportion of complaints resolved in 30 days		
69%	86%	58%

Top issues examples

Examples of 'Quality of clinical care' issues:

- Inadequate treatment or therapy
- Inadequate assessment performed
- Unnecessary pain inflicted or delays in pain control

Examples of 'Communication' issues:

- Verbal or written communication was inappropriate
- The provider did not listen to the consumer or people who were there to support the consumer, for example their family, carer or friend
- The wrong information was provided to the consumer or people who were there to support the consumer, for example their family, carer or friend

Examples of 'Access' issues:

- Delays in being admitted or treated
- Inadequate parking
- A good service was not provided because there were not enough resources

Examples of 'Cost' issues:

- Disagreement about the amount charged
- Lack of information about the amount that would be charged for a service
- Unsatisfactory process or practice used to bill the consumer

Examples of 'Rights, respect and dignity' issues:

- Insensitive service delivery
- Lack of care shown to the consumer or people who were there to support the consumer, for example their family, carer or friend
- Consumer felt that his/her rights were not upheld

How does this compare to last year?

8%

in complaints received

increase

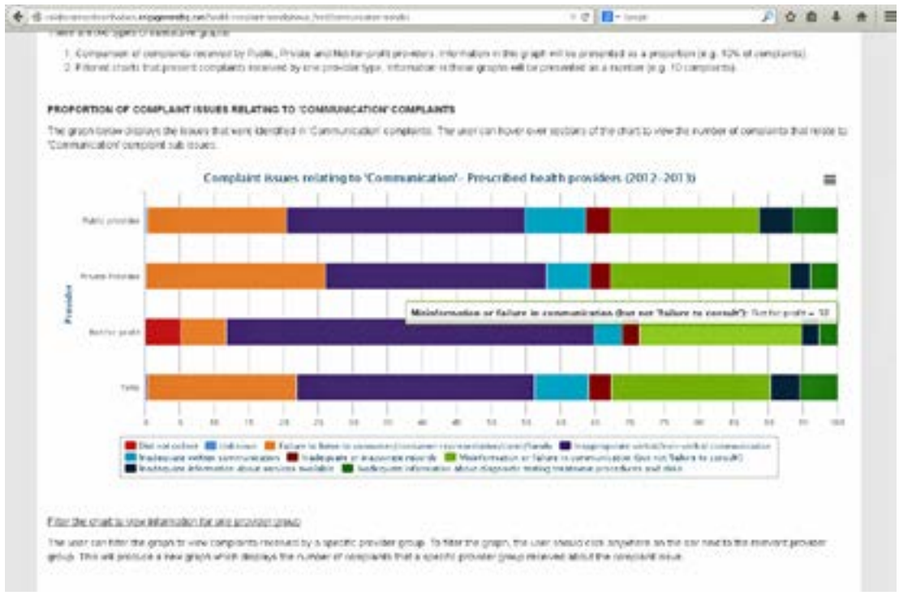
in the proportion of complaints where providers collected demographics information about the consumer

14%

in issues identified in complaints

Using health complaints data to create interactive tools

Each year prescribed health providers prepare and submit their complaints data to us. We recognise the importance of this data, and in particular, the capability we have to collate it and create a meaningful and useful tool. This led us to develop a private page for this group on our online engagement platform - Collaborate & Learn - allowing health providers to view their complaints data in an interactive format, compare their results with other health service providers and view useful resources that relate to the issues identified in their complaints. By sharing this information, health providers have an opportunity to learn from complaints and to implement system improvements. For more information see: ‘Interactive health complaints data’ on page 44.



Working with AHPRA to identify system issues

We meet with senior staff from the WA AHPRA office on a regular basis to share information about complaints that are potentially within each other's jurisdiction. This partnership assists both agencies to manage complaints in a timely and appropriate manner.

In 2013-14 this partnership expanded to include the following activities:

- The review of complaints received during 2011-2012 and 2012-2013.
- The identification of themes in the complaints received.
- The identification of opportunities to address system issues that impact on safety and quality within the health sector in WA.

What did we learn?
The issues identified in complaints received by HaDSCO and the WA AHPRA office often relate to themes of:

- Inadequate (or inappropriate) treatment/procedures.
- The attitude or manner of staff.
- Inadequate or inappropriate consultation (includes inappropriate history or examination).
- Missed, incorrect or delayed diagnosis.

While these themes are broad, this information can be used by HaDSCO and the WA AHPRA office to narrow the scope of system issues to be addressed.

Moving forward

We will continue to work together to identify system issues by:

- **Developing a shared understanding about what the term 'system issue' means.**
- **Using the regular HaDSCO-AHPRA notifications process to discuss potential system issues (see: 'Working with AHPRA to manage complaints' page 52).**
- **Analysing our complaints information.**
- **Sharing the results with relevant stakeholders.**

Using disability complaints data to identify system issues

Section 48A of the *Disability Services Act 1993* enables us to collect complaints data from disability service providers. This year we continued to work with a group of 20 disability service providers to develop a consistent method of collecting information about complaints.

As a result of significant consultation with disability service providers, by the end of the 2013-14 financial year we had finalised a complaints form and data collection procedure. This allowed providers to commence collecting complaints data, in the new agreed format, from 1 July 2014. To assist with this process, we arranged for each provider to have access to an online complaints register to enable them to record, update and track complaints online.

The purpose of the data collection process is to identify broad trends and systemic issues that relate to all, or a proportion of, disability service providers. The data collection process also provides us with the opportunity to work collaboratively with providers to improve complaints management processes and service delivery in the disability sector.

Having identified that we receive a low number of disability complaints each year, the finalisation of this important project will provide useful information about the issues that consumers experience when accessing disability services. This project will also bring disability complaints data collection in line with complaint information currently collected about the health sector.

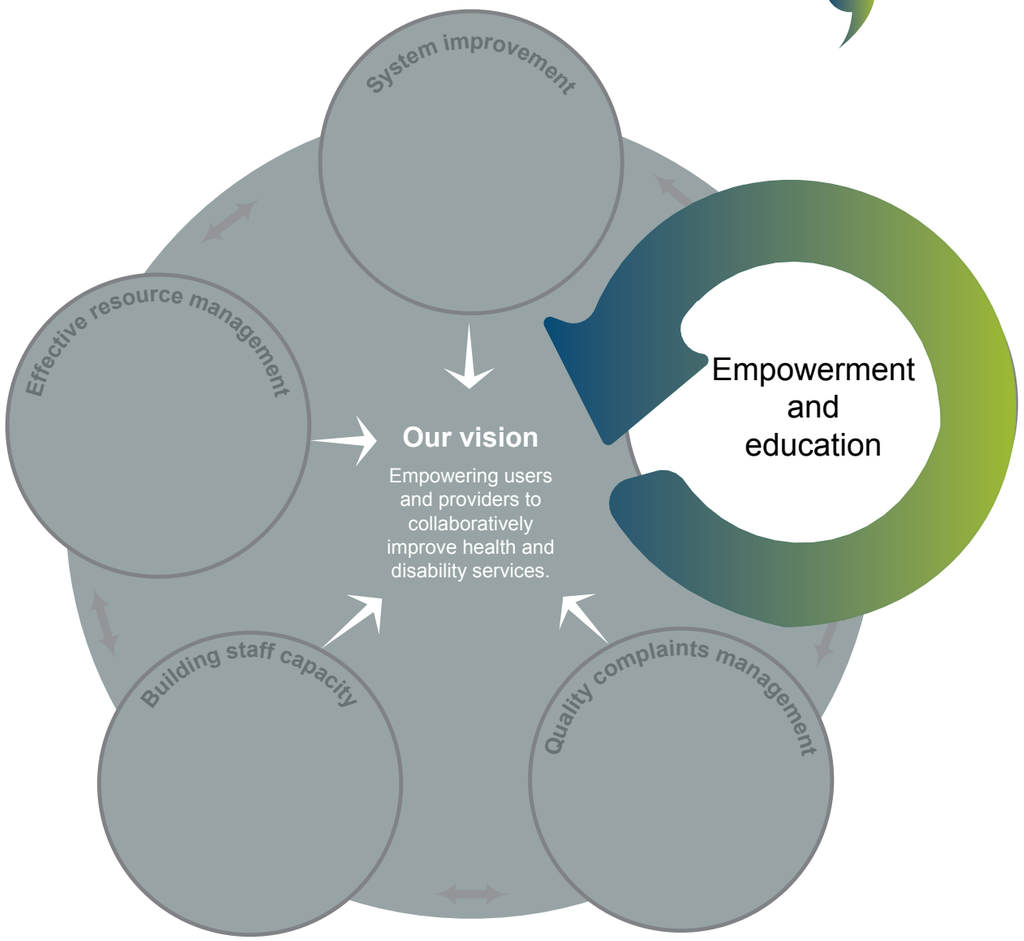
Moving forward

When the *Mental Health Bill 2013* is enacted we will be able to collect complaints data from mental health service providers as well. This will provide us with more information about the mental health sector and the types of improvements that can be made to mental health service delivery.

Strategic goal two

Empowerment and education

HaDSCO is committed to empowering consumers and providers to effectively resolve complaints and working collaboratively with stakeholders to develop accessible resources



In summary we:

Undertook 100 awareness raising activites to promote HaDSCO's services

Received over 3,045 unique visits to our Collaborate & Learn site since its launch

Established our first ever Consumer and Carer Reference Group to better understand consumer perspectives

Developed 2 targeted video resources

Held a mental health forum to better understand consumer perspectives of making a complaint about mental health services

Primarily we deliver a comprehensive complaints resolution service. Importantly, through our second service - education and training - we also undertake a number of projects and initiatives to empower users and providers of health, disability and mental health services to resolve their complaints.

By delivering education and training initiatives with these providers, we are able to promote effective complaint handling methods and collaboratively look for ways to bring about wider service improvements. We share information about complaint trends as a mean to do this and together we aim to redefine the negative perception of complaints – given they provide a valuable opportunity to identify where change is needed. By fostering a greater understanding of the knowledge, skills and resources needed to resolve complaints, we can help bring about system improvements.

As the second of our five strategic goals, 'Empowerment and education' provides the means to do this.

Putting it into practice – Our Stakeholder Engagement Strategy

We are confident that we have made considerable progress in delivering year two of our Stakeholder Engagement Strategy (SES) 2012-15, through the range of activities undertaken and outcomes achieved as an Office.

The SES framework outlines initiatives that relate to each of the five levels of engagement as described below:

We Inform
We will keep stakeholders informed on our operations, updates, developments and future plans.

We Consult
We will keep stakeholders informed, listen to and acknowledge concerns, and provide feedback on how stakeholder input will contribute to an outcome.

We Involve
We will work with stakeholders to ensure that concerns are considered and, where appropriate, are reflected in relevant processes.

We Collaborate
We will seek stakeholders' input to formulate solutions, and incorporate their advice and recommendations to achieve positive outcomes.

We Empower
We will support stakeholders by providing advice, resources and tools to empower their decision making.

The SES framework developed during the 2012-13 financial year supports the delivery of our central strategic plan and ensures effective stakeholder engagement through projects, programs and services that are well planned and suitably tailored.

It also assists us to highlight key areas requiring extra focus and attention, allowing us to deliver targeted and meaningful activities.

Whilst our SES covers a broad range of stakeholders and activities, we have elected to highlight those that were of special focus for us during the 2013-14 reporting period, as identified in the SES.

Here are some of our best bits.

Understanding consumer perspectives

Mental health
Forum

Throughout this year a key area of focus for the Office has been mental health complaints. To reflect this, we wanted to better understand the process of making a complaint from the consumer perspective and how the complaints system is perceived. Also, given the rise in mental health complaints received by the Office, we wanted to explore the reasons behind this trend.

This led us to host a Mental Health Consumer Complaints Open Forum to better understand the lived experiences of mental health consumers and engage in a structured dialogue. The aim of the forum was to facilitate the opportunity for participants to talk honestly and openly about experiences of making a complaint about mental health services, with this information then being used to help direct future planning of HaDSCO's mental health complaints service. With over 30 individuals in attendance, representing mental health consumers, carers, family members and advocates, the session proved to be extremely informative and insightful.

Feedback from the day highlighted the willingness of participants to share their experiences and help contribute towards making a difference. It provided a snapshot of the everyday perspectives of those with experience in the mental health and/or complaints system – whether directly or indirectly - and we recognised the need to share this valuable information. The forum also had the benefit of increasing consumer, carer and family knowledge and understanding of HaDSCO's role and processes.

Report and video

Following the forum, we created a report to reflect the views, stories and feedback from the day. Within the *Mental Health Consumer Perspectives Report* we put forward a series of recommendations to improve complaints handling practices for both HaDSCO and service providers. These included:

- **Engaging respectfully**
- **Communicating clearly**
- **Key agency collaboration**

To supplement the report, we arranged a series of one-to-one interviews to capture the experiences of those consumers who felt they had more to share. Given the complexity and emotion of their stories, alongside the information gathered from the forum, we chose to develop a short video resource to encapsulate the key messages raised at the forum, and to increase public awareness around mental health complaints.

One of the key roles of our Office is to share the lessons learned from our work to drive improvements. In sharing these stories, we hope to maximise the mental health system's ability to learn from the experiences of health and disability consumers and providers. Volunteer actors were used to bring the consumers' voices to life, with the case studies centred on three recommendations from the report, to further support consumer perspectives across the sector.

Sharing the report and implementing the recommendations

On completion, the report was shared widely with attendees from the forum, their networks and consumers, as well as being made publicly available via our Collaborate & Learn site.

One of the three recommendations from the *Mental Health Consumer Perspectives Report* was for government agencies to work together to improve the process of making a complaint. In response, HaDSCO held a session with various central government agencies across the mental health sector to look at how best to address this.

The initial session provided an opportunity for these agencies to come together to outline their roles and responsibilities when managing mental health complaints, and to help foster a greater understanding of the system overall.

From this session, we commenced work with the Office of the Chief Psychiatrist, Council of Official Visitors, Mental Health Commission and the Office of Mental Health - all with statutory responsibilities in mental health, with our common goal being to improve the process of making a complaint.

Moving forward

We will continue to work with these agencies to map the process that a consumer needs to follow to make a complaint about a mental health provider and to clarify the roles and functions of each of our agencies in managing these complaints. This work will continue in 2014-15.

These agencies are currently developing a Partnership Agreement which is being reviewed with the intention of being signed off by each of the agencies. The agreement will outline the principles to which each agency will commit when managing complaints, as well as a clear process for consumers to follow when making a complaint.

Watch the video online here.

Consumer and Carer Reference Group

The Consumer and Carer Reference Group (CCRG) was created in March 2014 and as the first of its kind for HaDSCO, the group's establishment marked an important shift in direction for our Office, allowing us to better understand and integrate consumer perspectives into our everyday service delivery.

Consisting of a targeted mix of consumers and carers, the group has one common goal – to provide input and feedback on HaDSCO's services, derived from lived experience in the health, mental health or disability sector. As such we feel privileged to work with a group of individuals who are passionate about change.

The group provided essential feedback on our services and awareness raising activities, allowing us to build and strengthen relationships with those at the centre of our work. With an established public project page on Collaborate & Learn, consumers outside of the group are able to access a variety of tools and resources as well as specific information about the group and its work.

Members of the group act as key contacts for consumers by sharing the work of the group amongst their networks and representing the wider community at group meetings. This group therefore provides us with a valuable link to consumer stakeholders.

Moving forward

During 2014-15 the SES will have an added focus on disability engagement. In particular, we are interested to understand why we receive low numbers of complaints about disability service providers. By undertaking a project similar to the mental health project delivered during 2013-14, we hope to better understand disability service user perspectives, and those of their families, carers and friends.

Raising our profile

Growing our online presence

Given the prevalence of online communication in today's society, in that it plays such an integral part in many people's lives, we acknowledged the need to expand our online presence and capabilities.

The launch of our online engagement site Collaborate & Learn enabled us to work towards this by providing a platform for consumers and providers to engage in an interactive way.

Available publicly for all to view, the site provides opportunities for health, disability and mental health service users and providers to share information on a broad range of complaint issues, and, in turn, work towards system improvements.

The site provides a wide range of information including tools and resources to support effective complaint handling across the sectors. For more information about the tools and resources available on our Collaborate & Learn site see: 'Developing tools and resources' on page 42.

Within the site there are also dedicated pages where specified users can access information related to their work areas. These include specialist sections for consumers and carers, health and mental health users. These pages allow reports, topical discussions and other information to be shared, with users able to post comments and suggestions and provide feedback on a range of topics.

Since the site's launch in March 2014, there have been 3,045 unique visits. A broad range of users visit the site from across health, disability and mental health sectors, including carers, family members, service providers and users.

Promoting our services

Because we understand the value of keeping our stakeholders informed, we continue to keep our subscribers and stakeholders up-to-date with Office projects, developments and news through the publication of our quarterly e-newsletter *HaDSCO Connect*. During 2013-14 we continued to promote and grow our free subscription service as a means to do this.

Additionally, 6,140 of HaDSCO's targeted brochures, information sheets and leaflets were distributed to a range of services and organisations throughout WA. These brochures provide information about our role and services, together with details of how people can contact us to make a complaint.

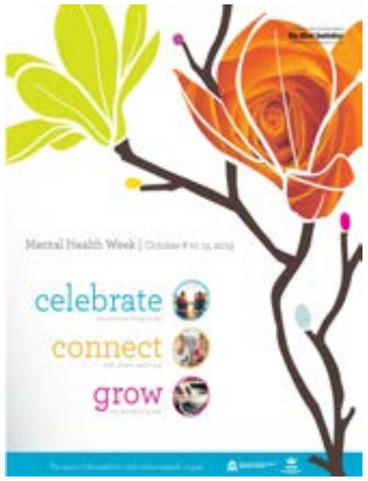
Our complaints brochures and leaflets continue to be stocked at various locations throughout WA for the use of the general public and staff. Automatic updates are provided on a quarterly basis and in addition to this providers are able to place orders to re-stock items at any time throughout the year.

Moving forward

During 2014-15 HaDSCO undertake a full branding review to look at our entire publications suite, including print and online resources. The Consumer and Carer Reference Group will be involved in the project to ensure consumers, carers, families and friends have input into the project.

With a focus on mental health and carers throughout 2013-14, we sought to raise our profile amongst these key groups by building relations and featuring in publications, newsletters, e-newsletters and websites in order to reach not only ours, but their stakeholders too. This included:

- Carers WA Quarterly magazine
- Carers WA Connecting, Caring Matter and Newslink e-bulletins
- Disability Services Commission (DSC) DisAbility Magazine – Quarterly article
- Silver Chain LINK newsletter
- Consumer of Mental Health Western Australia (COMHWA) news
- Western Australian Association for Mental Health (WAAMH) news
- Mental Health Commission (MHC) Head2Head Magazine
- 'Celebrate, Connect, Grow' West Australian supplement



To coincide with Mental Health Week, HaDSCO featured in a special edition mental health supplement - 'Celebrate, Connect, Grow' - included in the West Australian on 4 October 2013. This provided an opportunity to invite mental health service users to attend our Mental Health Consumer Complaints Forum.

Developing useful tools and resources

'Speak up – do something about it' Aboriginal video resource

In partnership with Yorgum Aboriginal Corporation, we produced our first Aboriginal complaints video resource using volunteer members of Perth's Noongar community. Developed in response to the fact we currently do not receive many complaints from Aboriginal consumers, we knew that in order to overcome this, we needed to look at alternative ways of communicating.

We felt that the low number of complaints from Aboriginal consumers could be due to a number of factors, including:

- Limited awareness of HaDSCO.
- Confusion as to who can raise a complaint and what can be complained about.
- Limited understanding of the outcomes our Office can achieve.

Most importantly, we wanted to dispel some common misconceptions about complaints, and felt we could best achieve this by producing a short video resource.

To ensure we delivered on our objectives – to foster a greater understanding of the role of HaDSCO and the services we offer - we worked with Yorgum Aboriginal Corporation to develop a culturally sensitive, suitable and meaningful resource. Through consultation with Yorgum and their diverse networks, we confirmed that the video should be tailored towards Perth's Noongar Community.

Sourced through both HaDSCO's and Yorgum's networks, the volunteer actors helped to bring to life some real life scenarios and situations that might give rise to complaints, as well as briefly outlining the role of HaDSCO and the services offered.

Moving forward

The end result will be a targeted Aboriginal complaints video titled 'Speak up – do something about it', starring members of Perth's Noongar community. Centred on the slogan 'Speak up – do something about it', the video will aim to reinforce the key message that it is okay to make a complaint, because complaints make providers aware of problems and create opportunities to improve service delivery.

We hope this will help to underpin our central vision by encouraging users of health, disability and mental health services to contact our Office if they have reason to complain, as this in turn may enable system improvements.

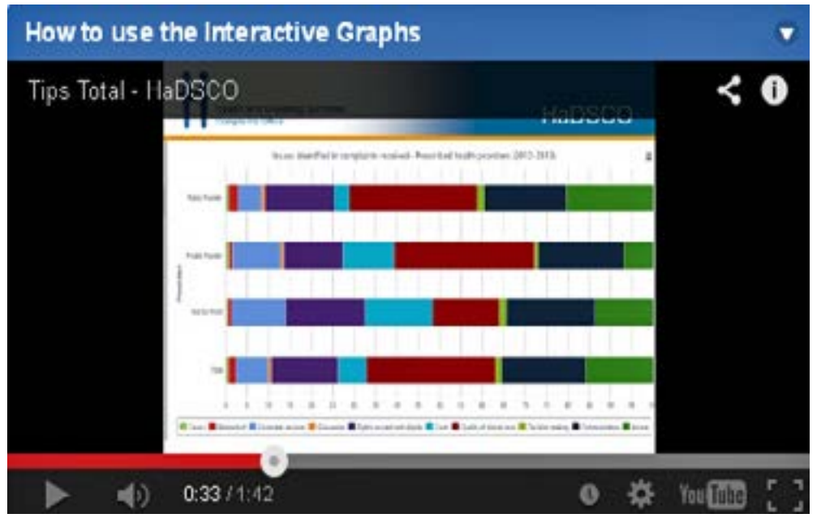
The video will be launched on our Collaborate & Learn site and YouTube channel. HaDSCO will be working with a number of providers to display the 'Speak up - do something about it' video resource across a number of waiting rooms and patient facilities, to better promote the work we do and the process of making a complaint. We will also be encouraging people to use the video resource as widely as possible, including requests for organisations and agencies to upload the video links to their social media pages and websites. Additionally, we will be sending the video out to key networks and organisations on a request basis, for them to use as part of their education initiatives.

Interactive health complaints data

Our Collaborate & Learn site hosts a number of pages for health providers who submit their complaints data to us (see: ‘Using health complaints data to identify system issues’ page 27). These dedicated pages provide users with an online platform to share and review de-identified complaints data, recommendations, examples of best practice and useful tools and resources on how to effectively handle complaints.

One of the key resources available for health providers on the site is a series of interactive charts. Created to enable prescribed health providers to view complaints data in an interesting and easy-to-use format, the interactive charts allow users to conduct their own data analysis. For example, users can view overall trends in complaints, or ‘drill down’ into the types of issues identified in complaints. With information being presented in this format, users are able to learn more about the reasons behind complaints and identify the similarities and differences between complaints received by their agency and complaints received by other health providers in WA.

To provide the most comprehensive service possible, we also uploaded a range of supplementary resources onto the site including reports and case studies, which support the data, identify areas for improvement and provide tips on how to effectively manage complaints.



To support the introduction of the interactive charts we also created a short video resource to help users get the most out of their experience. Watch the video on our Collaborate & Learn site.

Reports on complaint trends

In 2013-14 we created two reports, which, in an easy-to-read format, explain trends that we have observed in our complaints data. The first report, *Overview of Mental Health Complaints in WA,* was created because we noticed a rise in the number of mental health complaints received by our Office over the last five years. The report provides an insight into this trend and the issues and proportion of complaints received about mental health providers.

Our second report, *An Overview of Health Complaints in WA,* provides a snapshot of the complaint trends in the health sector. The data in the report is complemented by case studies helping to contextualise the trends for the reader.

Both of these reports are now available on our Collaborate & Learn site as a means to share information and work towards system improvements.

Moving forward

We will be sharing both reports with providers as part of our commitment to improving health and disability services through collaboration.

Empowering consumers and providers in complaints resolution

Sharing our knowledge through training

As part of our ongoing commitment to system improvement, we continued to work with providers to deliver a series of tailored training sessions on effective complaints management.

The training sessions provided a valuable opportunity to share useful complaints handling techniques and tips with targeted provider groups including management, patient liaison officers and patient service assistants. The aim was to provide each group with training relative to its experiences of dealing with complaints.

Moving forward

Having started as a pilot program, we are keen to roll out further tailored presentations and workshops. To achieve this, we will work with a range of providers as part of an ongoing program to promote effective complaints management.

Empowering providers through education

Using the expertise and knowledge of our medical officers, we presented at a session entitled ‘Medication safety – sharing the experience’ during the 2013 Medication Safety Symposium. During this presentation we explained the types of medication-related complaints that were received by our Office between 2009 and 2013. This presentation enabled us to raise awareness about trends in medication-related complaints, including the nature and prevalence of issues raised about medication.

Building partnerships to create education opportunities

HaDSCO representatives took part in a number of key events throughout the year, hosting booths, presentations and Q&A sessions to help raise the profile of the Office and build upon existing partnerships. These included:

- National Youth Health Conference 2013
- Disability Service Commission Count Me In Expo as part of Disability Awareness Week 2013
- Mental Health Week 2013
- Carers Week Expo 2013 as part of Carers Week
- Rural Health West Annual Conference and Trade Exhibition 2014

World Mental Health Day – Turn Blue 4 a Day
As part of the Mental Health Week celebrations HaDSCO worked with a number of mental health service agencies to promote the ‘Turn Blue 4 a Day’ initiative on 10 October 2013 - World Mental Health Day.

Led by the Western Australian Association for Mental Health (WAAMH), agencies from across the mental health service sector helped promote various services and support networks currently available to mental health service users and their families.

HaDSCO staff who nominated to be volunteers, along with others from the Mental Health Commission and mental health consumer, carer and family support groups, donned blue on the day to show their support. The day provided countless opportunities to speak with people firsthand about their experiences of living with a mental health illness and enabled us to further promote the work that we do as an Office, for example through the distribution of information sheets and other resources.

Moving forward

During 2014-15 the SES will focus on regional engagement. In particular, we are eager to develop strong links with regional communities and look at ways to make our services more accessible to people in country WA. HaDSCO is planning to visit the Indian Ocean Territories (IOT) during the 2014-2015 financial year to potentially develop a video that will raise awareness of HaDSCO services. The Office is planning to work with the community in the development of this resource to assist in the management of complaints, similar to the project undertaken for our Aboriginal stakeholders.

Overcoming geographical challenges

During the 2013-14 financial year we took part in the Regional Access and Awareness Program (RAAP) in Kununurra, facilitated by the Ombudsman. This program, in which we participate annually, provides opportunities to meet with local communities and to raise the profile of our Office, through a series of planned activities.

Additionally we finalised the school based outreach program for the Christmas and Cocos Keeling Islands in the IOT. For this project, HaDSCO staff worked with Year 10, 11 and 12 students from the Cocos Island District High School to produce sketches illustrating how complaints can be made about health and disability services.

These sketches were then used in our pictorial complaints management leaflet (see below), which was distributed throughout the Islands in 2013-14.

Both programs provided a great opportunity to visit communities to which we would not otherwise get direct access. These programs also enabled us to strengthen relationships with community groups and service users, and helped to promote the work of HaDSCO.

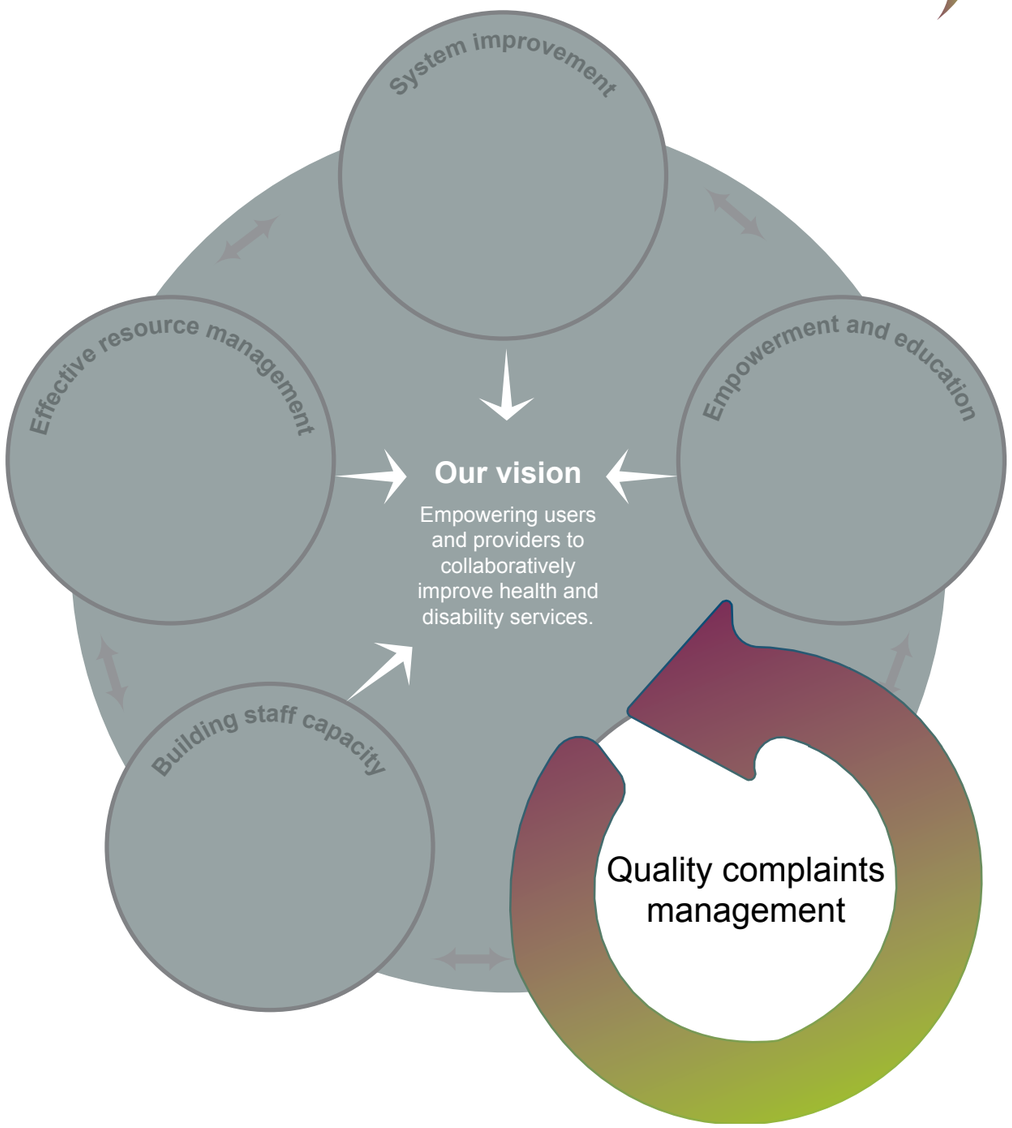
Moving forward

A further RAAP visit is set to take place in the 2014-15 financial year. Following on from this we will be looking to implement effective ways to engage with representatives from across rural WA to further establish links with our rural partners.

Strategic goal three

Quality complaints management

HaDSCO is committed to providing a quality complaints management service that meets best practice standards and is responsive to the environment



In summary we:

Closed 2,485 complaints

Worked with health providers to implement 55 improvements to policies, procedures and practices

Managed complaints using a free, impartial and confidential resolution process

Updated our disability issue categories to collect more meaningful information about issues identified in disability complaints

Worked through complaints data to identify the 'Top 5 issues' in health, disability and mental health complaints

Used this information to recognise emerging trends in health, disability and mental health complaints

In order to effectively resolve complaints we must first have a comprehensive process for dealing with them - we call this our complaints management process. This process includes responding to the day-to-day complaint-related queries that we receive, reviewing and assessing complaints and working with consumers and providers to facilitate complaint resolution.

Whilst the type and severity of each complaint can vary greatly, we always follow the fair, systematic and consistent approach to complaints management that is outlined in our legislation.

Our complaints management process

The process that we use to manage our complaints is described in our legislation (see: 'Working with legislation' page 18). An overview of this process is presented in the flow chart on page 51.

There are three main stages in our complaints management process:

1. **Enquiry**
2. **Assessment**
3. **Complaint resolution pathways (including negotiated settlement, conciliation and investigation)**

Our process is free and we work impartially with all parties to facilitate complaint resolution.

We are able to assess a complaint once we have received the following information:

- Evidence that the complaint is about a **health, disability or mental health provider.**
- Confirmation that the consumer has **attempted to resolve the complaint** with the provider.
- A copy of the **complaint in writing.** The written complaint should include basic information including a description of the complaint, the consumer's name and the provider's name.
- A **signed authorisation form** to confirm that the consumer would like us to assist with the resolution of the complaint. The form is available on our website and on request from our office.
- Information to confirm that the complaint relates to an incident that **occurred within the last two years.**

However, in exceptional circumstances the Director has discretion to accept complaints that do not meet these criteria.

Overview of our complaints management process

Enquiry

We listen to complaints from members of the public and provide information to assist with complaint resolution. For example, we may explain our complaints processes, describe how to make a complaint to the provider and/or determine which complaints agency would be most appropriate to manage the complaint.

Assessment

We review complaints to determine if they can be accepted for HaDSCO-facilitated complaint resolution. A complaint can only be accepted if it meets the criteria outlined in our legislation. If we cannot accept the complaint we will close it or refer it to another agency.

Refer

We refer complaints to AHPRA and other bodies if we are not the most appropriate agency to manage the complaint.

Close

We close complaints if we are unable to take any further action to assist with resolution of the matter.

Complaint resolution pathway

Once a complaint is accepted we review it to determine which complaint resolution pathway will be most appropriate to resolve the complaint.

Negotiated settlement

We facilitate complaint resolution by becoming a central contact through which the consumer, complainant, provider and other relevant people can exchange information.

Conciliation

We facilitate complaint resolution by working with each party to identify the outcomes that they would like to achieve, and then assist discussions to move parties towards an agreed outcome.

Investigation

We facilitate complaint resolution through a formal process in which we determine whether the provider's conduct was reasonable and whether any improvements could be made to improve future service delivery.

Did you know?

We consider complaints in the context of relevant national and state health, disability and mental health standards. These standards, and other resources, are used by our staff members to identify potential improvements in health, disability and mental health service delivery. These improvements are then discussed with the provider.

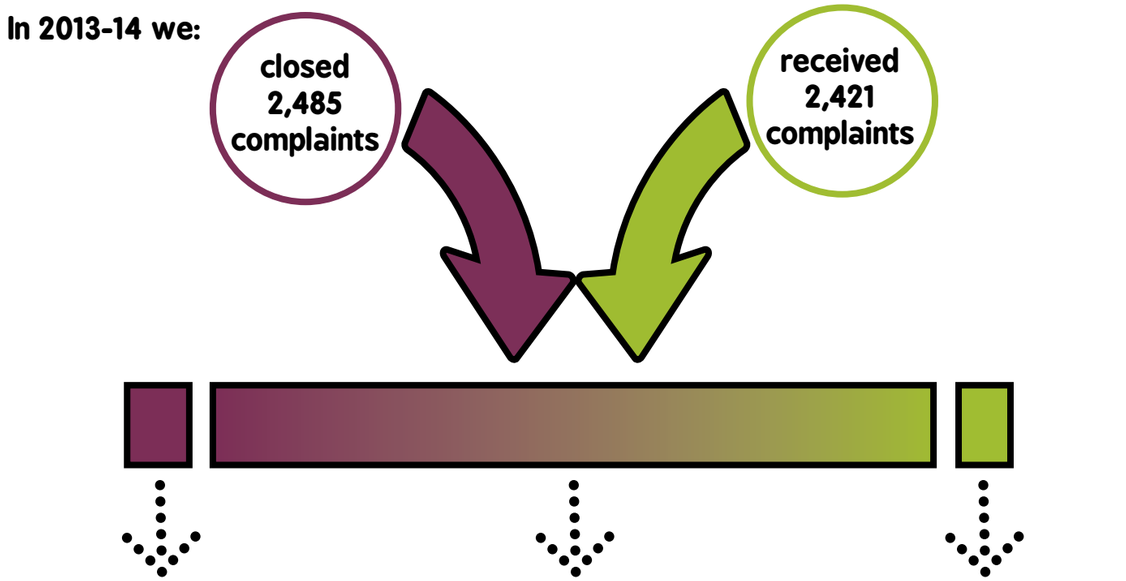
Working with AHPRA to manage complaints

We work with the Australian Health Practitioner Regulation Agency (AHPRA) to notify each other about complaints relating to registered health professionals. A full list of the health professions that are regulated by AHPRA can be found in 'Appendix two'. This notification process is required by law. It allows us to discuss complaints and identify which is the more appropriate agency – HaDSCO or AHPRA – to manage a complaint.

Sometimes we both manage parts of the same complaint. An example of this could be where AHPRA investigates a complaint about alleged unreasonable conduct of a practitioner and we review broader system issues which may have contributed to the complaint being made against the practitioner. For more information see: 'Working with AHPRA to identify system issues' on page 32.

The law that allows us to notify each other about complaints is called the *Health Practitioner Regulation National Law (WA) 2010* and it is currently under review. We envisage this will provide opportunities to improve the efficiency and effectiveness of the HaDSCO - AHPRA process. Information about the review and the potential impact on our Office can be found in 'Review of the *Health Practitioner Regulation National Law (WA) 2010*' on page 84.

Overview of complaint trends



How does this compare with previous years?

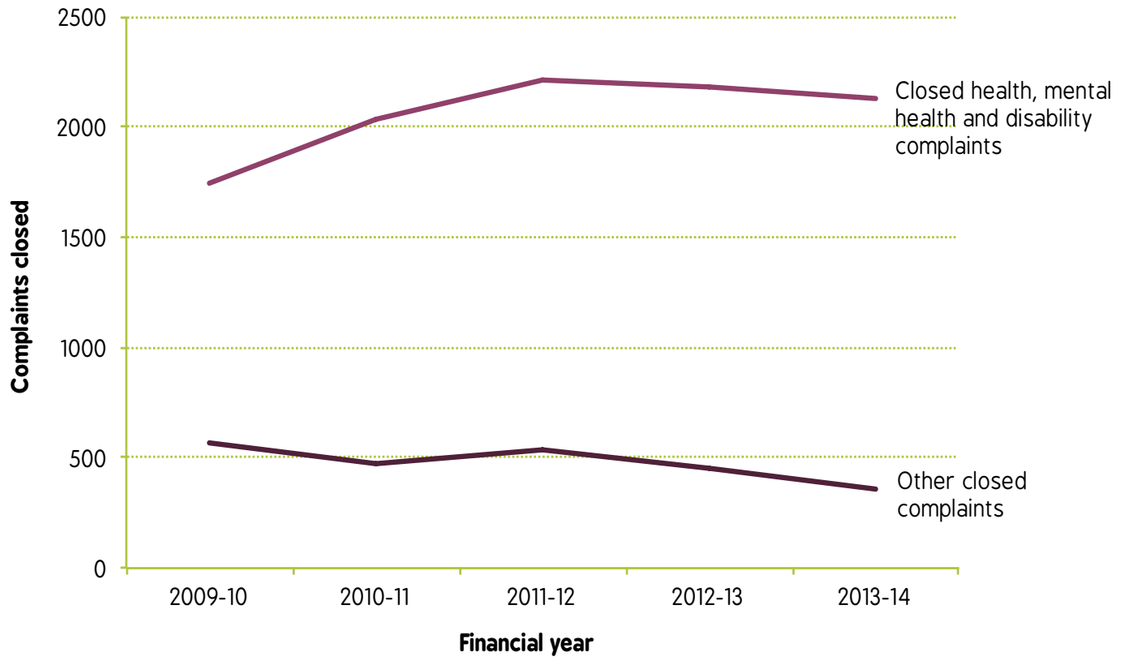
We closed fewer complaints this year compared with last financial year. Some factors that contributed towards this include:

- The number of complaints that do not relate to health, disability or mental health services decreased from 25% of closed complaints in 2009-10 to 14% of closed complaints in 2013-14. The reduction in these types of complaints can be seen in Figure 1. Although we received fewer complaints, a greater proportion of the complaints that we did receive were directly relevant to the work of our Office.
- We received fewer complaints about the health sector compared to last financial year.
- In 2013-14 we focussed on several initiatives to empower consumers and providers to resolve complaints without our (or other third party) involvement (see: 'Empowerment and education' page 34).

Did you know?

The reduction in complaints that do not relate to health, disability or mental health services is a positive outcome for our office because it means that our services and role are being clearly communicated to people of Western Australia.

Figure 1: Complaints closed between 2009-10 and 2013-14



About our data

We manage complaints about health, disability and mental health service providers that are fully or partially funded by the WA State Government. However, information is collected about every complaint that we receive, regardless of the nature of the complaint or how far the case progresses through our complaint management process. We do this because it enables us to accurately record the work that we perform and this information assists in identifying potential system issues.

Allegations are raised about providers by service users, or their representatives, when complaints are made to our Office. From HaDSCO's perspective, an allegation does not automatically imply that the provider is at fault.

In the following sections, we will focus on three types of complaints – health, disability and mental health. We classify complaints into one of these three categories. However, we are aware that the nature of some complaints can be complex and that a single provider could deliver a combination of health, disability and mental health services.

ABOUT OUR CASE STUDIES

The case studies included in this report illustrate complaint issues from the point of view of consumers. We have included these case studies to share important lessons about complaints. Whilst we always aim to ensure the accuracy and completeness of these stories, some details have been omitted from the case studies to protect the privacy of consumers, carers and service providers who access our services.

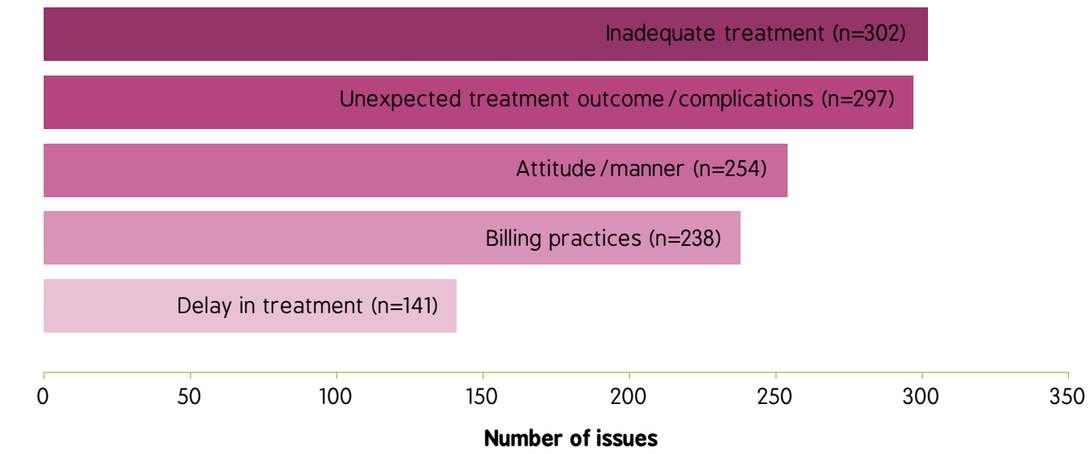
Health complaints

Health complaints relate to services provided by health practices and individual health practitioners.

74% of complaints closed in 2013-14 related to health services.

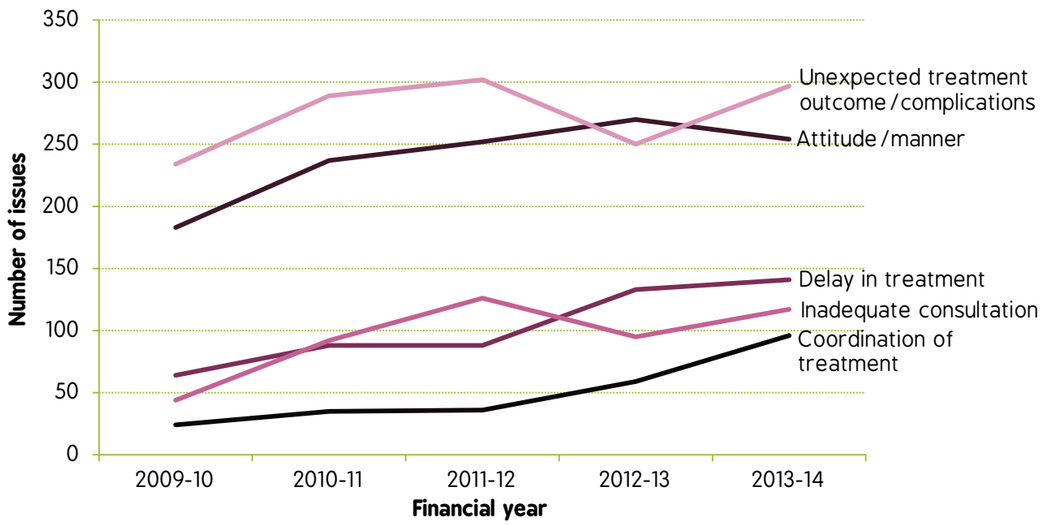
Top 5 issues

The top 5 issues identified in 2013-14 related to:



Emerging issues

Emerging issues are defined as issues that increased by the largest volume between 2009-10 and 2013-14. Three of these emerging issues – 'Unexpected treatment outcome/complications', 'Attitude/manner' and 'Delay in treatment' – were also in the 'Top 5' issues received about health services in 2013-14.

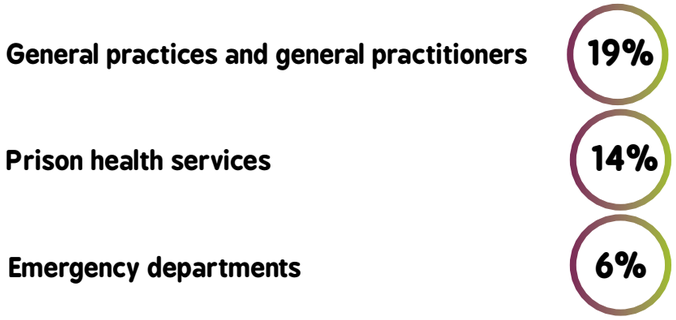


Health issue type definitions

Issue	Examples of allegations
Attitude / manner	The provider's manner was offensive (e.g. rude, lacked sensitivity and/or was patronising).
Coordination of treatment	No one took responsibility for the consumer's treatment/ care. Conflicting decisions were made. Lack of communication between service providers.
Delay in treatment	Long wait times to be admitted, assessed or to receive health treatment.
Inadequate consultation	The length of time or location of the consultation was inadequate. An examination was performed that was not related to the condition the consumer presented with.
Inadequate treatment	Treatment was incomplete or insufficient.
Unexpected treatment outcome / complications	Treatment resulted in an unexpected and undesirable outcome for the consumer. Treatment resulted in complications for the consumer.

Types of health providers

We closed **1,833** health complaints in 2013-14. The types of providers that were identified most often in these complaints were:



We worked collaboratively with these and other health service providers to identify opportunities for service improvements. In 2013-14, health services implemented **55** improvements to procedures, policies and practices. Examples of these improvements include:

- **Improvements to internal policies and procedures on topics such as pressure injury management, clinical handover and referral processes**
- **Improvements to clinical processes, for example dispensing medication, labelling medication and patient discharge**
- **Opportunities for staff development through training on topics such as burns management, bladder management, correct administrative processes and cultural awareness**
- **The development of information sheets and consent forms by providers so that patients are better informed about the fees and costs associated with service delivery**
- **Initiatives to enable consumers, their carers and families to have a voice in service delivery decisions, such as introducing methods to include carers in patient care plans, involve patients in clinical handover and make complaints processes more accessible**

Cameron's Story

Health Case Study
Cameron presented to Hospital 1's Emergency Department (ED) with suspected appendicitis, and this diagnosis was confirmed by a CT scan. However, the operation to remove the appendix could not be performed in Hospital 1 as there was no general surgeon available at that time. This meant that Cameron had to be transferred to Hospital 2.

His parents offered to drive him to Hospital 2 but were advised that there was a risk that his appendix may burst in transit between hospitals, and therefore he required paramedic observation.

Cameron accepted the advice he was given and was subsequently sent to Hospital 2 via ambulance, and billed as a non-urgent priority case. The health insurance fund would not cover the cost of the ambulance transfer.

Cameron was unhappy that he had been billed for the ambulance cost, given he was required to use an ambulance because Hospital 1 had been unable to treat him.

Before contacting HaDSCO Cameron first raised his complaint with Hospital 1. They declined to refund the cost of the ambulance transfer. Hospital 1 explained that they had a policy to refund the cost of an ambulance transfer if they were unable to provide a health service to an in-patient. However, this policy was not applicable to Cameron as he was not an in-patient; he was only assessed in the ED.

Cameron's objectives
- To receive a refund of the cost for the ambulance transfer.
- For patients to receive information about associated ambulance costs ahead of inter-hospital transfers.

Outcomes from the complaint
The provider apologised to Cameron for the confusion that was caused and explained that, as a result of this complaint, an information sheet and consent form would now be given to all patients to highlight potential fees when being transferred between hospitals by ambulance.

Cameron was pleased with this outcome. He felt this would make it easier for patients to understand potential charges and avoid confusion around costs in the future.

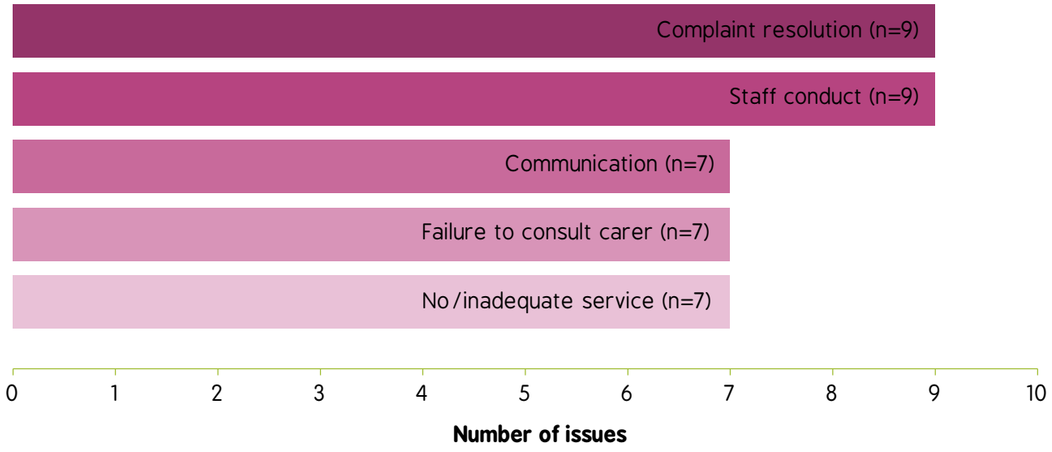
Disability complaints

People with disability can make a complaint to us about health, disability or mental health services. However, disability complaints relate only to services delivered by disability providers. If a person with a disability makes a complaint about a health service, this complaint is considered a health complaint.

2% of complaints closed in 2013-14 related to disability services.

Top 5 issues

The top 5 issues identified in 2013-14 related to:



Did you know?

In 2013-14 we worked to improve the quality of information collected about disability complaints by:

1. Updating our disability issue categories to collect more meaningful information about disability complaints.
2. Working with a group of disability providers to establish a disability complaints data collection process (see: 'Using disability complaints data to identify system issues' page 33).

As a result of the first improvement, data is not complete for this financial year. We intend to present data about emerging issues in the disability sector in future publications.

In 2014-15 a key area of work for our Office will involve engaging with consumers to better understand why disability service complaints are low in number.

Disability issue type definitions

Issue	Examples of allegations
Communication	Communication was not clear or culturally appropriate.
Complaint resolution	Issues were not resolved within a reasonable timeframe. Information about complaint and dispute resolution processes was not made available.
Failure to consult carer	Care/treatment plans were not discussed with the carer.
No/inadequate service	Appointments were not kept. Services were insufficient, non-existent or had inadequate resources (e.g. limited facilities).
Staff conduct	Staff conduct or behaviour was inappropriate, offensive, unprofessional or discriminatory.

"They are constantly running late or cancelling appointments. It's very frustrating."

"No one discussed the changes with me. Why wasn't I involved?"

"I'm concerned about the level of care being provided for my child"

Types of disability providers

We closed **44** disability complaints in 2013-14. The types of providers that were identified most often in these complaints were:

Accommodation providers **39%**

In-home support providers **23%**

Day activity providers **9%**

We worked collaboratively with these and other disability service providers to identify opportunities for service improvements. In 2013-14, disability service providers made **7** improvements to procedures, policies and practices. Examples of the improvements made include:

Procedures were updated to include information about recalling loaned equipment

The limitations of low-care facilities were documented and made available to people with disability and their carers, families and friends

Staff procedures about supervision of a person with disability were reviewed and updated

Julie and Grace's story

Disability Case Study

Julie's sister, Grace, is a person with disability and is non-verbal. She is housed in a residential service that provides shared care 24 hours per day, seven days a week.

Upon checking Grace one morning, a day shift staff member found Grace crying on the floor, appearing to be injured. However, no injury had been reported when Grace was checked the evening before, indicating there was potentially a substantial period of time between the injury occurring and it being reported. Grace was taken to hospital and was diagnosed with a broken leg, which required surgery.

Julie raised concerns with staff about the incident. She believed that Grace's injury was a result of something that happened during the night shift, yet it was not reported until the following morning.

Julie alleged that Grace had been left in considerable pain and distress and had not received the appropriate level of care, despite being accommodated in a 24 hour care unit. Julie further alleged this was because night duty staff were allowed to sleep during their shift. She added that she felt measures had also been taken to ensure that staff members' sleep was not disturbed during this period; suggesting that Grace was unable to get the attention of a staff member.

Julie was also concerned that no explanation could be provided about the cause of Grace's injuries. Julie contacted HaDSCO about her complaint.

Julie's objectives

- To receive a consistent and suitable level of service, responsive to Grace's needs.
- To have the provider clearly define company policy for staff on night shift in regard to sleep and levels of care.
- To be provided with an explanation as to how Grace's injuries occurred, and why they were not acted upon sooner.
- To receive an explanation as to why Grace was unable to contact a member of staff during the night for assistance.
- To take the steps necessary to ensure this never happens again.

Outcomes from the complaint

We undertook an inquiry into this complaint and as a result we proposed a number of recommendations to the service provider to improve service delivery and reduce areas of concern.

The service provider complied with all the recommendations we proposed and implemented a number of changes. These included:

- Working with Julie to better understand Grace's needs and requirements in terms of her care plan. This included looking at alternative support services where it was identified that service provision was outside of the providers' remit.
- Clarification of staff procedures in regard to the supervision of residents through the night. Clear and precise documentation is now available for all residents, highlighting their care needs and the type of supervision required by staff at all times.
- Documentation and information for prospective and current clients has been made clearer, to ensure service users are aware of the level of service they can expect. This is especially acknowledged in the funding plan each client receives.
- An update was made to the in-house Occupational Health and Safety Policy with staff re-educated in the prevention of injuries.
- Sleeping facilities for staff were revised to better meet the demands of service users.

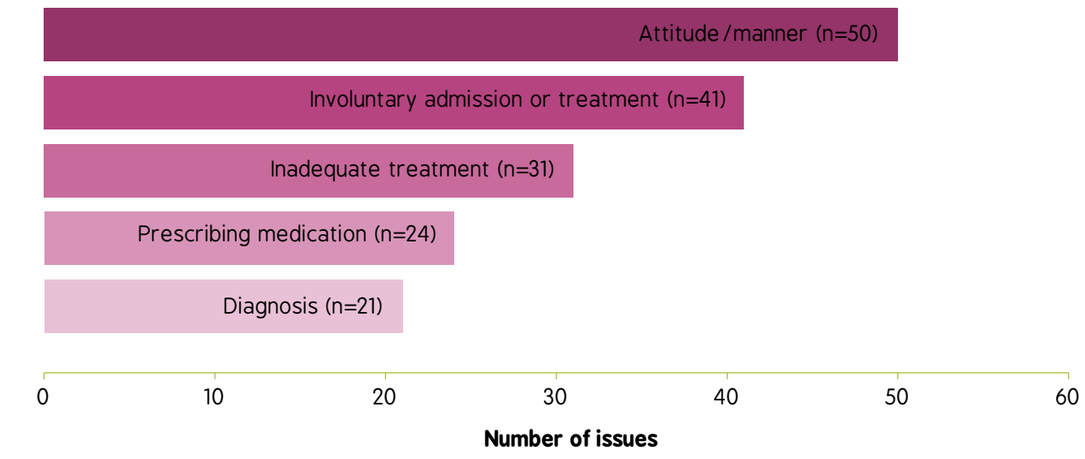
Mental health complaints

Mental Health complaints relate to services provided by mental health practices and practitioners.

11% of complaints closed in 2013-14 related to mental health services.

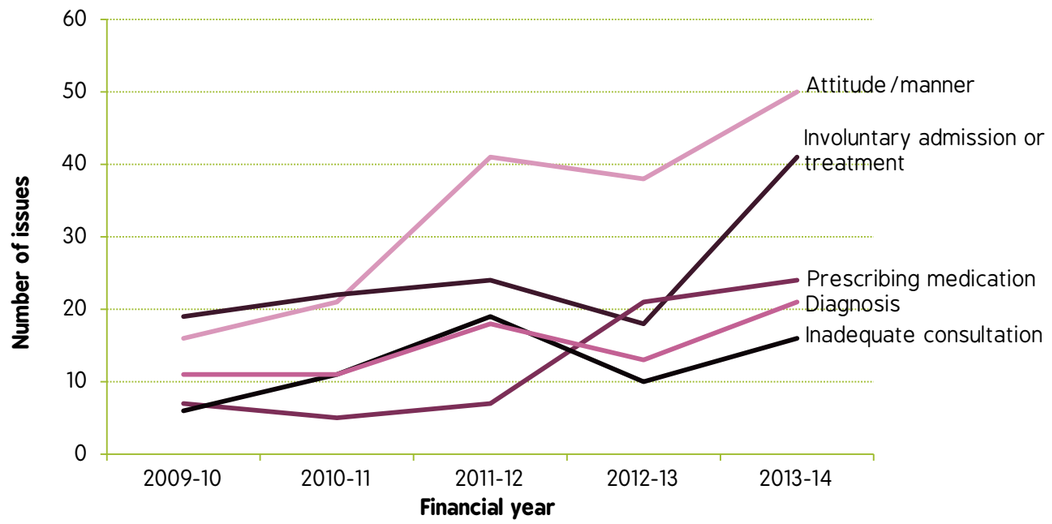
Top 5 issues

The top 5 issues identified in 2013-14 related to:



Emerging issues

Emerging issues are defined as issues that increased by the largest volume between 2009-10 and 2013-14.



Mental health issue type definitions

Issue	Examples of allegations
Attitude /manner	The provider's manner was offensive (e.g. rude, lacked sensitivity and/or was patronising).
Diagnosis	The diagnosis was incorrect. No investigation was undertaken to obtain a correct diagnosis.
Inadequate consultation	The length of time or location of the consultation was inadequate. An examination was performed that was not related to the condition the consumer presented with.
Inadequate treatment	Treatment was incomplete or insufficient.
Involuntary admission or treatment	Concerns about an Involuntary Mental Health Order (including Community Treatment Orders), made under the *Mental Health Act 1996 (WA)*. Concerns may relate to the manner in which the Involuntary Order was obtained or issues relating to treatment provided under the order.
Prescribing medication	Medication was prescribed incorrectly. The provider refused to prescribe medication. The consumer experienced adverse reactions as a result of a prescribing error. The consumer was not informed about the side effects of the prescribed medication.

"He was sent home because there were no beds available. I don't think they even assessed him properly"

"They changed my medication without consulting me"

"They didn't take me seriously ... I felt ignored and powerless"

Types of mental health providers

We closed **252** mental health complaints in 2013-14. The types of providers that were identified most often in these complaints were:

Psychiatrists and psychiatry practices	**65%**
Prison mental health services	**17%**
Community mental health services	**5%**

We worked collaboratively with these and other mental health service providers to identify opportunities for service improvements. In 2013-14, mental health services implemented **2** improvements to procedures, policies and practices:

A Care Coordination Policy has been reviewed and implemented. This policy emphasises the need for carers to be a central part of the care planning process

The complaint was used as a case study to train staff

Mental health providers have also agreed to implement additional improvements in 2014-15.

George's story

Mental Health Case Study
George needed his medications to be reviewed so his GP referred him to see a psychiatrist. Upon arrival at the psychiatrist's office, he was assessed by a triage clinician. George felt that the triage clinician was rude and was asking irrelevant confidential information. George only wanted to talk to the psychiatrist. He did not want to disclose his personal information to non-treating staff members.

The provider explained that the triage clinician would need to attend the appointment. George reiterated that he did not feel comfortable with this, which led to his appointment being cancelled.

George's objectives
- To receive a private appointment with the psychiatrist.
- To receive an apology for being denied access to treatment.
- To ensure that the provider was more considerate when providing services to consumers.

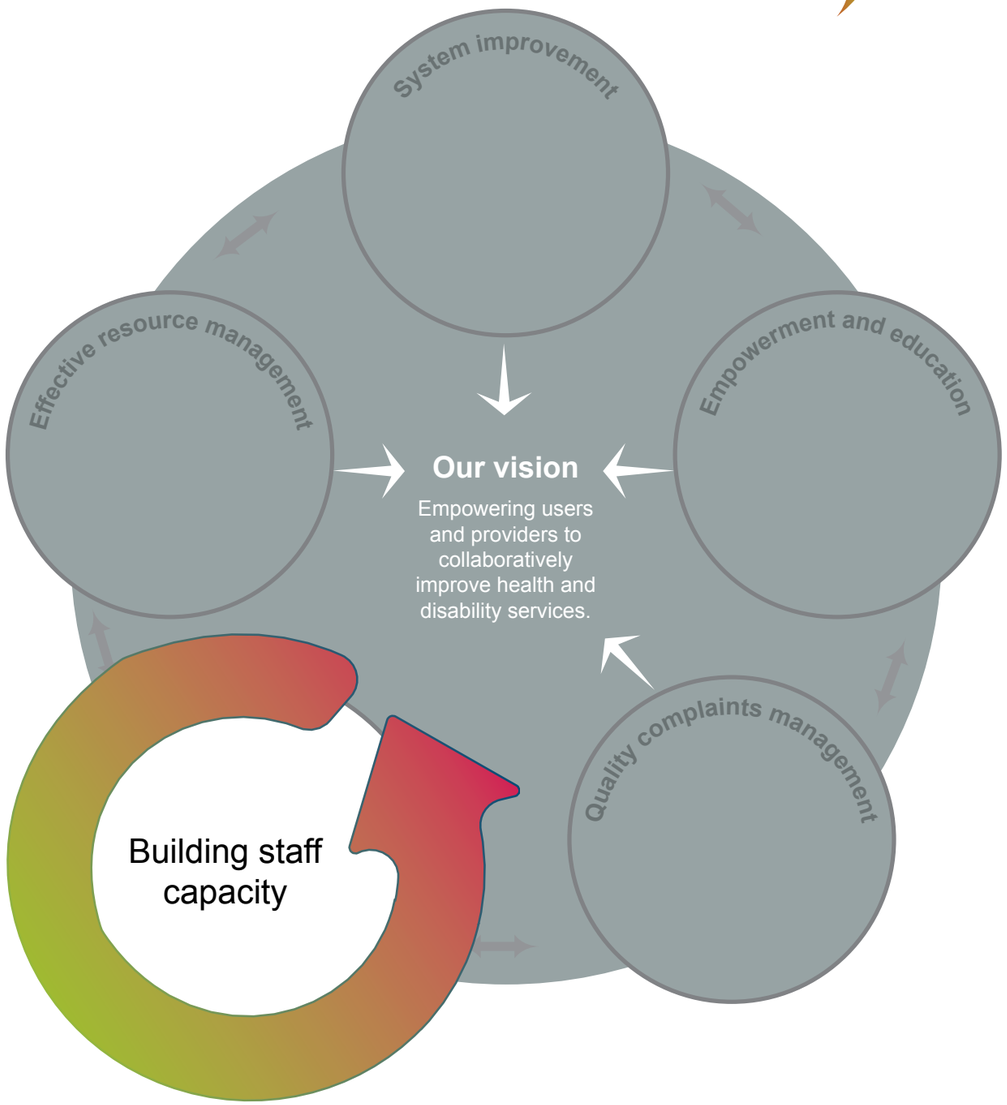
Outcomes from the complaint
We discussed George's complaint with both George and the provider. The provider explained that several members of staff can be involved in one person's care because of the need to follow up on treatment as well as to ensure a multidisciplinary approach to treatment. George insisted that he did not want his personal information to be shared with non-treating staff.

With HaDSCO's involvement, George and the provider agreed to meet so they could work together to resolve the matter. The provider welcomed the opportunity to address George's concerns and George was satisfied because he felt that his concerns were being acknowledged.

Strategic goal four

Building staff capacity

HaDSCO is committed to strengthening service delivery by building staff skills and developing a performance oriented culture with an ongoing commitment to Office values



In summary we:

Developed a Complaint Resolution Service Charter which outlines our **commitment** to complainants and providers, and holds us **accountable** to agreed practice standards

Hosted the **Australian and New Zealand Health and Disability Commissioners' Conference**

Participated in **Mental Health First Aid Training**

Commenced planning for the development of our new intranet site **– HaDSCO Hub**

Progressed work towards the creation of an internal **Complaints Management Procedure Manual**

Investing in our people is vital to the success of our Office. We seek to create a supportive workplace where staff can continually build upon their experience, develop their skills and strengthen their capacity to perform.

Our Workforce and Diversity Plan, which was established in 2012-2013, reflects this commitment. This comprehensive plan aligns with our overarching strategic plan and outlines the strategies and initiatives required to attract and retain a diverse, capable, resilient, efficient and effective workforce. We have developed strategies to improve:

- **Development of our workforce**
- **Staff wellbeing and engagement**
- **Information and knowledge sharing**

Information on the activities undertaken for each of these strategies is provided below.

Development of our workforce

Staff working across teams

As a small Office, our staff members have a unique opportunity to become involved in areas of work that do not form part of their typical duties. This benefits both individual staff and the wider Office. Staff members are provided with varied opportunities for skill development, and, from an organisational perspective, are able to gain a better understanding of the different areas and work streams of the Office.

In 2013-14, staff members from across the Office collaborated on various projects, with one of these being the development of an interactive internal complaints procedure manual. For more information about this resource see: 'HaDSCO Complaints Management Procedure Manual' on page 74.

University student placement program

With the establishment of a university student placement program, we encourage student development. This program has helped to further diversify our workforce by utilising students who have a particular skillset, or area of interest, to work on key projects and initiatives, bringing fresh ideas and alternative ways of working to our Office.

In 2013-14 we benefitted from the support of two students with backgrounds in public health and law. These students worked across a number of important projects in the Office, including the development of a staff procedure manual, a case study log and our Collaborate & Learn online engagement tool.

Moving forward

More opportunities to work across teams will be provided to staff in 2014-15. We envisage one such project being the review and rebranding of our publications suite.

Complaint Resolution Service Charter and Practice Standards

During 2013-14, we developed both a Complaint Resolution Service Charter and Complaint Resolution Practice Standards.

Our service charter outlines our commitment to complainants and providers, and holds us accountable to the agreed standards. Our key commitments include ensuring that we:

- Are impartial and do not take sides.
- Have the expertise and knowledge to manage complaints and investigations.
- Will listen to complainants and treat them with respect and understanding.
- Will track our performance against legislative commitments (e.g. timeframes) and report on them in our annual report.
- Will have the expertise to refer complainants to other agencies if we are not able to assist them.

Our practice standards outline more detailed commitments to users and providers of health, disability and mental health services when they engage with us. Some of our standards are based on state or national frameworks, whilst others have been developed internally. The standards were designed to ensure that HaDSCO's services are professional, reliable, consistent and of a high quality. They also established benchmarks against which our performance can be measured. Ultimately we expect the use of these standards to continuously lift our performance in the areas of complaints management, stakeholder partnerships and our community engagement.

Moving forward

There has been considerable interest in developing national standards for conciliation. In 2014-15 we plan to establish an Alternative Dispute Resolution (ADR) Working Group for WA. This group will consist of agencies that provide ADR services and we anticipate the group will work together to:

- **Consider how to further professionalise the discipline.**
- **Canvass practice issues.**
- **Look at existing national mediation standards to identify standards that could apply to conciliation.**
- **Develop standards that are principles-based, rather than prescriptive.**

Developing national standards for conciliation will create consistency in the way that conciliations are undertaken across the country. This will provide our senior case managers with a clearer framework to follow when working with consumers and providers to resolve complaints.

Staff wellbeing and engagement

Joint Consultative Committee

We use a variety of mechanisms to communicate and consult with staff and the Unions in relation to workplace issues. These include human resource policies and change management. One such mechanism for consultation is the Joint Consultative Committee (JCC). We formed a JCC in May 2013 to engage the Community and Public Sector Union (CPSU) and our union delegates in important discussions with the Executive about matters relating to employee wellbeing.

Mental health first aid training

Given the focus on mental health during 2013-14, we felt it paramount that all staff members be effectively trained in mental health first aid, both for their personal wellbeing, and also that of the consumers with whom we liaise on a daily basis.

We participated in a series of mental health first aid training sessions to develop staff knowledge and understanding of the complexities of mental health service complaints. The program, designed to increase awareness of mental health issues and to build the necessary skills to respond, covered:

- Skills in how to recognise the signs and symptoms of mental health problems.
- Knowledge of the possible causes or risk factors for these mental health problems.
- Awareness of the evidenced based medical, psychological and alternative treatments available.
- Skills in how to give appropriate help and support to someone experiencing a mental health problem.
- Skills in how to take appropriate action if a crisis situation arises involving suicidal ideology, panic attack, stress reaction to trauma, overdose or threatening psychotic behaviour.

Information and knowledge sharing

We are committed to continually seeking opportunities to improve current practices. This was achieved in 2013-14 through the review and development of internal policies and procedures, and by initiating a project to improve communication across the Office. However, information and knowledge sharing is not limited to internal communication. In 2013-14 we also worked closely with a number of external stakeholders, aiming to improve complaints management practices and share information about system issues. Some of the key projects undertaken during 2013-14 are detailed in the following sub-sections.

HaDSCO Hub

Given the number of initiatives we have undertaken throughout 2013-14 and our focus on staff working across teams, we identified the need to share staff information and knowledge across the wider Office. Whilst we make use of traditional methods for internal communications such as newsletters, emails and staff meetings, these can often be missed, leading to gaps in information within the Office.

To work around this, in 2013-14 we started to build a new intranet site HaDSCO Hub. It is envisaged the site will act as a central hub for staff information – including performance updates, policies, procedures and staff news, helping us to reduce the number of emails we each send and receive on a daily basis. It will allow staff members to access information and promote a more engaged workforce as we combine updates from across the two service areas into one central location. It will also enable the logging and record keeping of key information, ensuring valuable knowledge is not lost. We believe that the integration of all these features will assist staff members to be more productive in their roles.

In preparation for the launch we commenced a review of our policies and procedures to ensure all information on the site is relevant and up-to-date. This included inviting feedback from staff about the type of information that they would like to access on HaDSCO Hub, to ensure the site is reflective of everyone's needs.

Moving forward

HaDSCO Hub will be launched in 2014-15 and will enable us to share information quickly, easily and in an accessible location. In addition, staff responsible for the management of the site will be trained to ensure they are well equipped to deal with the initial implementation and ongoing maintenance.

HaDSCO Complaints Management Procedure Manual

A HaDSCO Complaints Management Procedure Manual was created as a result of a desire to have a single comprehensive manual for use by all complaints management staff. Previously, given the multiple manuals that related to each complaints management stage, it was difficult to ensure that procedures were updated in line with evolving processes. The project therefore involved compiling existing procedure manuals to map our complaints management process from entry of a complaint (via a telephone or written complaint) through to the closed complaint.

This was a collaborative effort between all staff in the Office as it required the collective knowledge of staff, including those skilled in particular areas, to ensure accurate and updated information was captured.

The result was the creation of a new-look interactive complaints manual – a first of its kind for our Office. The interactive version allows staff to utilise hyperlinks located throughout the manual to access important information such as internal policies and links to external websites. Additionally, improved layout features present the manual through the use of a process map, making the document structure more intuitive than ever before.

Moving forward

During 2014-15 the manual will be made available online, through the roll-out of our new intranet site - HaDSCO Hub. It is envisaged this will increase accessibility for staff members, by enabling everyone across the Office to work off one central, up-to-date version. Frequently used resources such as information sheets, key legislation and recommended information sources will be included, positioning the manual as a comprehensive tool for complaints management within our Office.

Working in partnership with our counterparts

We recognise the importance of working with our counterparts, rather than in isolation. This promotes information sharing, reduces duplication and strengthens our relationships.

Examples of us working in partnership with our counterparts have been discussed throughout this report, for example:

- ‘Working with AHPRA to identify system issues’: page 32
- Developing the ‘Speak up – do something about it’ Aboriginal video resource’ in partnership with Yorgum Aboriginal Corporation: page 42
- Attending the Regional Access and Awareness Program (RAAP) in Kununurra with the WA Ombudsman: ‘Overcoming geographical challenges’ page 47
- Creation of the Consumer and Carer Reference Group (CCRG) to provide feedback and advice on HaDSCO projects from the consumer perspective: page 39
- Creation of the Mental Health Central Government Agencies Group to enable inter-agency collaboration to improve the process of making a complaint: page 38

In addition to this, we work closely with our stakeholders to keep them informed about what we are doing and to learn about ways in which we can work together more effectively. For example, in April 2014 we hosted the annual Australian and New Zealand Health and Disability Commissioners’ Conference.

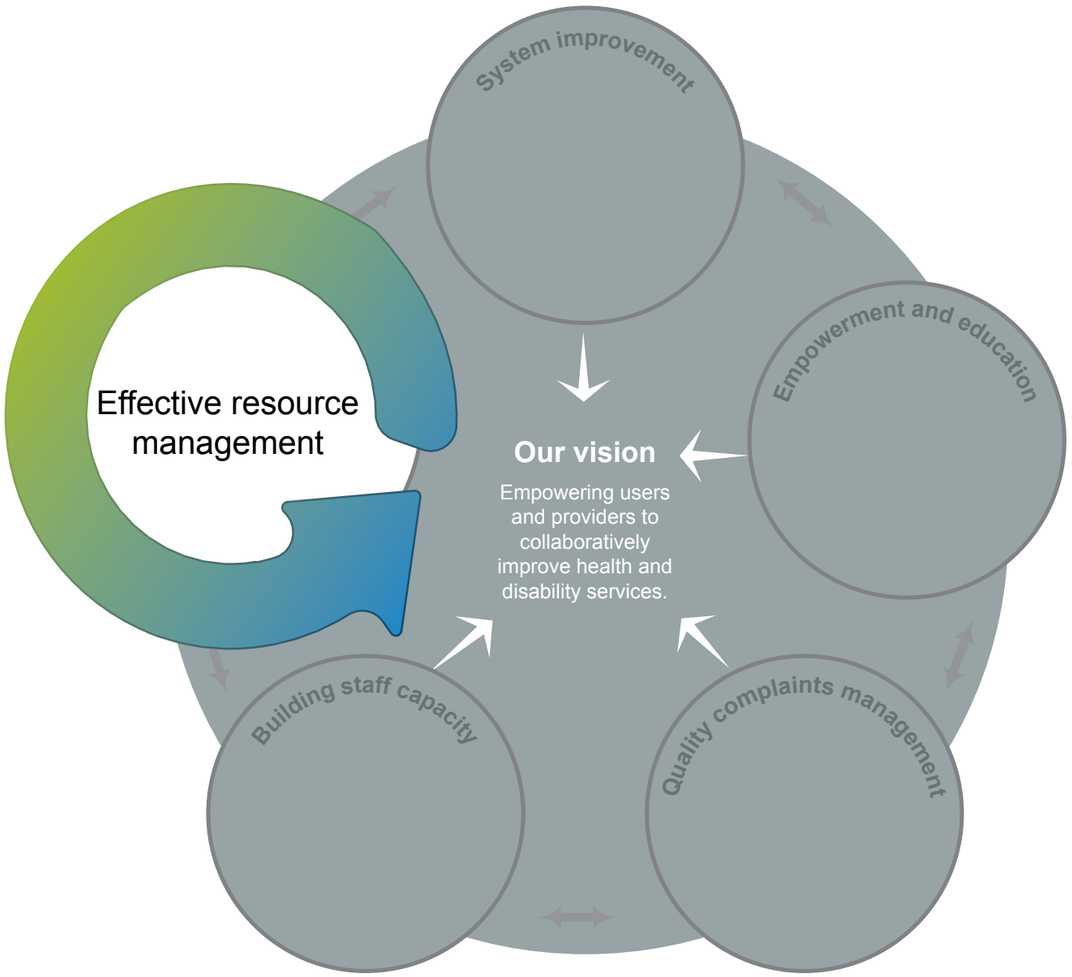
This event provided the attending Commissioners with an opportunity to network and share information. We showcased a number of our key projects including our interactive graphs, online collaboration platform – Collaborate & Learn - the work of the system improvement group and mental health consumer report and video.

Following this, at the National Managers’ Meeting held in the Northern Territory in May 2014, these discussions progressed and participating agencies further identified how we can continue to work more collaboratively into the future.

Strategic goal five

Effective resource management

> HaDSCO is committed to efficient and accountable resource management, cost effective service delivery and effective resource planning for key priorities



In summary we:

Developed a **triage process** which made our complaints management process more efficient

Created a resource to improve our ability to identify and make **recommendations** for service improvements

Worked together to better understand the importance of meeting **legislative timeframes**

Implemented monitoring tools to track and **improve** our efficiency

Recognising and acting upon opportunities to improve and enhance the efficiency of our work is important to us. Effective resource management is the fifth goal in the strategic plan, which ensures the resources of the Office are managed in an appropriate manner. To support this goal we progressed with the Share Time & Review program introduced in 2012-13 to support continual improvement across all key areas of the Office. An overview of the project outcomes is included below.

Early resolution

The Early Resolution and Legislative Timeframes Group projects were initiated in 2012-13 to:

- Prioritise public resources and optimise efficiency by identifying opportunities to streamline complaints management processes.
- Achieve the early resolution of complaints.
- Improve compliance with legislative timeframe targets.

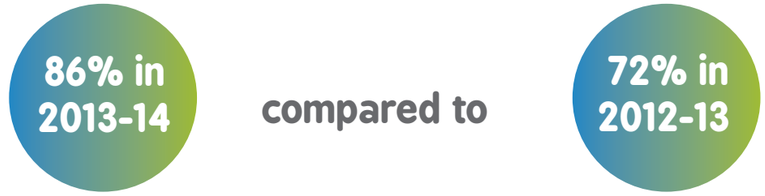
In July 2014, the recommendations from the two projects were consolidated and implemented.

Work focussed on developing an efficient triage process so that all complaints received are reviewed by the manager (complaints) before being allocated to an assessment officer. This process identifies matters of a high risk that may be expedited to a senior case manager for management or may require urgent referral to a more appropriate agency. The triage process also identifies a potential complaint resolution pathway at the earliest opportunity, resulting in a more efficient process and use of resources.

We also implemented several measures to ensure that complaints were effectively managed within legislative timeframes including:

- Work undertaken as an Office to understand the importance of meeting legislative timeframes.
- The development of a report that is circulated at the commencement of each week to identify any cases that are approaching their legislative timeframe.
- A reminder system whereby management are notified if a case is on the last day of a legislative timeframe so immediate action can be taken to progress the complaint.
- A report and staff debrief undertaken for all cases that do not meet legislative timeframes, to help identify solutions to avoid this in the future.

The introduction of the triage process and monitoring tools enabled us to achieve a greater proportion of our legislative timeframes. In particular, the effectiveness of this project is demonstrated through the significant improvement in the number of files that achieved the 56 day assessment legislative timeframe:

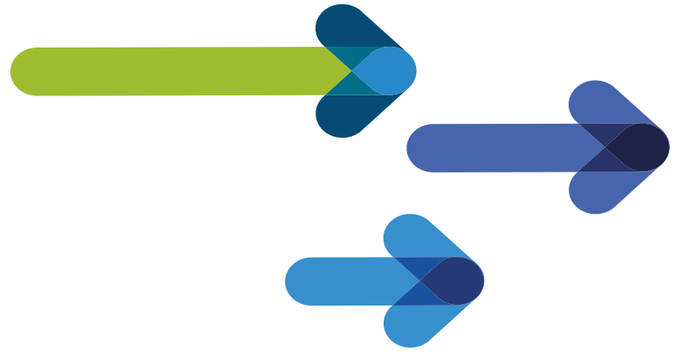


Key performance indicator guidelines

When we manage a complaint we look for actions that the provider can take to prevent a similar complaint from arising in the future. If we identify areas for improvement, we inform the provider about our recommendations. This is one of the most important roles of our Office. To support our staff to make recommendations, we developed a set of guidelines which explain:

- What a recommendation is.
- What information is needed before a recommendation can be made.
- How to make a recommendation.
- How to follow up with the provider to see if recommended changes were implemented.

The development of these guidelines has resulted in improvements in staff's understanding of recommendations and the importance of identifying potential recommendations during the complaints management process.



"We created a triage process and monitoring tools to make our complaints management process more efficient"

Moving forward

We will continue to ensure complaints received by our Office are effectively managed within legislative timeframes.

This commitment relates to a number of timeframes within our complaints management process. For example, we aim to initially assess complaints within 28 days. However, given the nature of complaints, and the complex issues they can raise, some complaints may take up to 56 days to assess.

Having introduced a number of processes to help us achieve this, we will continue to work within these timeframes to provide consumers with a responsive and timely complaints management service.

3 Significant issues

This section identifies internal and external factors that could impact on the services that we deliver

New strategic plan

The current HaDSCO Strategic Plan sets out the focus for the Office between July 2012 and June 2015.

The **first year of the plan** (2012-13) was concerned with planning initiatives to improve our service delivery.

This year – the **second year of the plan** (2013-14), saw us focus on implementing these initiatives.

The **third year of the plan** (2014-15) will see us maintain and monitor the initiatives we have implemented this year.

Additionally, during 2014-15, the Office will undertake a review of the HaDSCO Strategic Plan 2012-15 in consultation with stakeholders to produce the next instalment – the HaDSCO Strategic Plan 2015-18. This will require considerable planning and consultation to fully appreciate and acknowledge the changes in external and internal environments and will form a core area of work for the Office.

Changing legislation

Review of our legislation

We will begin planning for a review of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act (1993)* in 2014-15. These Acts outline the role of our Office and how we manage complaints (see: 'Working with legislation' page 18). We welcome the forthcoming review, as we have evolved considerably since the Acts were last reviewed, and are aware of many opportunities to build and improve on the current legislation. The review will involve consultation with our staff and external stakeholders across health, disability and mental health sectors. Accordingly, we anticipate that 2014-15 will be a time of reflection and review for our Office.

New legislation - *Mental Health Bill 2013*

The *Mental Health Bill 2013* is being debated in the WA Parliament and when passed, will replace the *Mental Health Act 1996.*

Whilst we already manage mental health complaints, Part 19 of the Bill expands our responsibilities and makes them more explicit; for example we will be able to collect complaint information directly from mental health providers in a similar manner to existing health and disability provider complaint data collection processes (see: 'Using health complaints data to identify system issues' page 27).

Over recent years, HaDSCO has experienced an increase in the receipt of mental health complaints, which is anticipated to increase further when the Bill is enacted. The nature of mental health complaints, compared with health and disability complaints, is vastly different and presents a challenge for HaDSCO to ensure that we are well positioned to manage the volume and types of complaints received.

Moving forward

Further work is required during 2014-15 to establish an appropriate framework to manage the implementation of the Bill and, with it, our new responsibilities.

New legislation - *Declared Place (Mentally Impaired Accused) Bill 2013*

Under this Bill, a 'declared place' will be established as a place of custody intended to provide for people who, due to their disability, are not able to understand the court process sufficiently to enter a plea. Hence, whilst they have been charged with an offence, they have not had a trial and been found either guilty or innocent of the charge.

The Bill proposes that HaDSCO will have legislative responsibility to manage complaints from people who reside in the Disability Justice Centres that are currently being established. To help facilitate this, we commenced consultation with the Disability Services Commission during 2013-14.

Review of the *Health Practitioner Regulation National Law (WA) Act 2010*

The National Registration and Accreditation Scheme (NRAS) review will look at the extent to which the *Health Practitioner Regulation National Law (WA) Act 2010* is meeting its intended objectives. This is the legislation that enables us to work closely with AHPRA when managing complaints (see: 'Working with AHPRA to manage complaints' page 52).

The review will provide an opportunity for us to offer feedback about how well the HaDSCO-AHPRA notification process has been working, and what could be improved. Given that this is a national review, offices equivalent to us around Australia will also participate to provide feedback about their experience of implementing the existing Act.

Moving forward

We will contribute to the NRAS review in 2014-15 and will be interested in the recommendations that arise from this review, particularly the way in which they may impact on our working relationship with AHPRA.

New Code of Conduct for unregistered practitioners

There are a wide variety of practitioners who provide health services. Some of these health practitioners are called 'registered practitioners' because they are subject to regulation under *Health Practitioner Regulation National Law (WA) Act 2010* (e.g. nurses). Other health practitioners are not subject to regulation and they are known as 'unregistered practitioners' (e.g. naturopaths). A full list of health professions that are regulated by AHPRA can be found in 'Appendix two'.

In 2011, the Australian Health Ministers' Advisory Council undertook national consultation on options to regulate unregistered health practitioners. There was agreement that it would be beneficial to:

- Create a nationally consistent Code of Conduct for unregistered health practitioners which could be enforced by health complaint offices (such as HaDSCO).
- Develop a national register of unregistered practitioners who are not allowed to practise.
- Ensure that a provider who is not allowed to practise in one state/territory is also banned from practising in other states/territories.

At present there is agreement that these outcomes would be beneficial; however the details have not been determined. If this new code is created, it will enable our Office to manage complaints that are presently outside of our jurisdiction. It would also expand our current role to include the ability to make decisions about whether an unregistered health practitioner should be allowed to practise. Work on this project will continue in 2014-15, and we will provide input into the process.

Emerging technology

We continue to access a wealth of new technology and actively seek to utilise innovative opportunities to engage with our stakeholders.

During 2013-14 we implemented SharePoint 2013 to host a complaints register that is used by disability service providers to submit complaints data. We will also use this software to host our intranet site.

2013-14 also marked the year when we established our first online engagement platform - Collaborate & Learn - which functions as an extranet site. Unlike a website, which hosts content for public access, extranets can be used to share private content with specific external stakeholders through a web interface. This is achieved by incorporating password-protected pages in the site. Our extranet site has enabled us to share interactive complaints data with health providers and make project planning documents accessible online for disability service providers.

While the use of these technologies will continue, we will also seek new opportunities to improve accessibility, facilitate feedback from stakeholders and contribute to an active online community.

Providing access to our services

We seek to ensure our services are accessible to all Western Australians, with extra focus needed to reach out to Aboriginal and regional communities, given the geographical and cultural barriers that these groups can face when trying to access services. This year we have made great progress with a number of initiatives that help to overcome this, including the creation of the 'Speak up – do something about it' Aboriginal video resource and our participation in the Ombudsman Regional Awareness and Accessibility Program (RAAP), which provides a range of activities for both consumers and providers in country WA.

Moving forward

During 2014-15 we will strengthen the process that we currently use to seek feedback from people who use our services. We hope that these improvements will assist us to make our services more accessible and user-friendly. This project will be delivered in conjunction with our full branding review to ensure our entire publications suite is relevant and accessible to all.

4 Disclosures and legal compliance

This section ensures full disclosure of our financial statements, key performance indicators and legal and governance reporting requirements

Financial Statements

Independent Auditor's Report

Auditor General

INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

Report on the Financial Statements
I have audited the accounts and financial statements of the Health and Disability Services Complaints Office.

The financial statements comprise the Statement of Financial Position as at 30 June 2014, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

Director's Responsibility for the Financial Statements
The Director is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the Treasurer's Instructions, and for such internal control as the Director determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements based on my audit. The audit was conducted in accordance with Australian Auditing Standards. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Office's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Director, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion
In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Health and Disability Services Complaints Office at 30 June 2014 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions.

Report on Controls
I have audited the controls exercised by the Health and Disability Services Complaints Office during the year ended 30 June 2014.

Controls exercised by the Health and Disability Services Complaints Office are those policies and procedures established by the Director to ensure 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.

Director's Responsibility for Controls
The Director is responsible for maintaining an adequate system of internal control to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of public and other property, and the incurring of liabilities are in accordance with the Financial Management Act 2006 and the Treasurer's Instructions, and other relevant written law.

Auditor's Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the controls exercised by the Health and Disability Services Complaints Office based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the adequacy of controls to ensure that the Office complies with the legislative provisions. The procedures selected depend on the auditor's judgement and include an evaluation of the design and implementation of relevant controls.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion
In my opinion, the controls exercised by the Health and Disability Services Complaints Office are sufficiently adequate to 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 during the year ended 30 June 2014.

Report on the Key Performance Indicators
I have audited the key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2014.

The key performance indicators are the key effectiveness indicators and the key efficiency indicators that provide information on outcome achievement and service provision.

Director's Responsibility for the Key Performance Indicators
The Director is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions and for such controls as the Director determines necessary to ensure that the key performance indicators fairly represent indicated performance.

Auditor's Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the key performance indicators based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the key performance indicators. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments the auditor considers internal control relevant to the Director's preparation and fair presentation of the key performance indicators in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the relevance and appropriateness of the key performance indicators for measuring the extent of outcome achievement and service provision.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion
In my opinion, the key performance indicators of the Health and Disability Services Complaints Office are relevant and appropriate to assist users to assess the Office's performance and fairly represent indicated performance for the year ended 30 June 2014.

Independence
In conducting this audit, I have complied with the independence requirements of the Auditor General Act 2006 and Australian Auditing and Assurance Standards, and other relevant ethical requirements.

Matters Relating to the Electronic Publication of the Audited Financial Statements and Key Performance Indicators
This auditor's report relates to the financial statements and key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2014 included on the Office's website. The Office's management is responsible for the integrity of the Office's website. This audit does not provide assurance on the integrity of the Office's website. The auditor's report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial statements and key performance indicators to confirm the information contained in this website version of the financial statements and key performance indicators.

GLEN CLARKE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
31 July 2014

Certification of Financial Statements

Government of **Western Australia**
Health and Disability Services Complaints Office

HaDSCO

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

CERTIFICATION OF FINANCIAL STATEMENTS

We hereby certify that the financial statements of the Health and Disability Services Complaints Office 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 2014 and financial position as at 30 June 2014.

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.

Edward Lee CPA
CHIEF FINANCE OFFICER

Date: 30 July 2014

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 30 July 2014

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Statement of Comprehensive Income

Health and Disability Services Complaints Office

Statement of Comprehensive Income
For the year ended 30th June 2014

	Note	2014 $	2013 $
COST OF SERVICES			
Expenses			
Employee benefits expense	7	1,938,036	1,851,097
Supplies and services	8	147,401	149,396
Amortisation expense	9	3,108	3,108
Repairs, maintenance and consumable equipment	10	2,967	7,515
Other expenses	11	444,033	441,614
Total cost of services		**2,535,545**	**2,452,730**
INCOME			
Commonwealth grants and contributions	12	-	26,245
Other revenue	13	5,380	-
Total revenue		**5,380**	**26,245**
Total income other than income from State Government		5,380	26,245
NET COST OF SERVICES		**2,530,165**	**2,426,485**
INCOME FROM STATE GOVERNMENT			
Service appropriations	14	2,498,000	2,426,000
Services received free of charge	15	85,292	75,047
Total income from State Government		**2,583,292**	**2,501,047**
SURPLUS FOR THE PERIOD		**53,127**	**74,562**
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**53,127**	**74,562**

See also note 34 'Schedule of Income and Expenses by Service'.
The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Statement of Financial Position

Health and Disability Services Complaints Office

Statement of Financial Position
As at 30th June 2014

	Note	2014 $	2013 $
ASSETS			
Current Assets			
Cash and cash equivalents	23	774,452	715,560
Receivables	16	18,699	19,474
Other current assets	17	8,136	1,562
Total Current Assets		801,287	736,596
Non-Current Assets			
Intangible assets	18	6,216	9,324
Total Non-Current Assets		6,216	9,324
Total Assets		**807,503**	**745,920**
LIABILITIES			
Current Liabilities			
Payables	20	104,185	102,251
Provisions	21	389,345	398,527
Total Current Liabilities		493,530	500,778
Non-Current Liabilities			
Provisions	21	111,001	95,297
Total Non-Current Liabilities		111,001	95,297
Total Liabilities		**604,531**	**596,075**
NET ASSETS		**202,972**	**149,845**
EQUITY			
Accumulated surplus	22	202,972	149,845
TOTAL EQUITY		**202,972**	**149,845**

The Statement of Financial Position should be read in conjunction with the accompanying notes.

Statement of Changes in Equity

Health and Disability Services Complaints Office

Statement of Changes in Equity
For the year ended 30th June 2014

	Note	2014 $	2013 $
BALANCE OF EQUITY AT START OF PERIOD		149,845	75,283
ACCUMULATED SURPLUS	22		
Balance at start of period		149,845	75,283
Surplus for the period		53,127	74,562
Balance at end of period		202,972	149,845
BALANCE OF EQUITY AT END OF PERIOD		202,972	149,845

The Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Statement of Cash Flows

Health and Disability Services Complaints Office

Statement of Cash Flows
For the year ended 30th June 2014

	Note	2014 $ Inflows (Outflows)	2013 $ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations	14	2,498,000	2,426,000
Net cash provided by State Government		**2,498,000**	**2,426,000**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(1,942,834)	(1,795,120)
Supplies, services and other payments		(514,776)	(501,012)
Receipts			
Commonwealth grants and contributions		13,122	13,123
Recoveries and other receipts		5,380	-
Net cash used in operating activities	23	**(2,439,108)**	**(2,283,009)**
Net increase in cash and cash equivalents		58,892	142,991
Cash and cash equivalents at the beginning of the period		715,560	572,569
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	23	**774,452**	**715,560**

The Statement of Cash Flows should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

Notes to the Financial Statements
For the year ended 30th June 2014

Note 1 Australian Accounting Standards

General

The Authority's financial statements for the year ended 30 June 2014 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes Standards and Interpretations issued by the Australian Accounting Standards Board (AASB).

The Authority has adopted any applicable new and revised Australian Accounting Standards from their operative dates.

Early adoption of standards

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 '*Application of Australian Accounting Standards and Other Pronouncements*'. There has been no early adoption of Australian Accounting Standards that have been issued or amended (but not operative) by the Authority for the annual reporting period ended 30 June 2014.

Note 2 Summary of significant accounting policies

(a) General Statement

The Authority is a not-for-profit reporting entity that prepares general purpose financial statements in accordance with 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 impose legislative provisions that govern the preparation of financial statements and take precedence over the Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board.

Where modification is required and has had 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 and all values are rounded to the nearest dollar.

Note 3 'Judgements made by management in applying accounting policies' discloses judgements that have been made in the process of applying the Authority's accounting policies resulting in the most significant effect on amounts recognised in the financial statements.

Note 4 'Key sources of estimation uncertainty' discloses key assumptions made concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(c) Reporting Entity

The reporting entity comprises the Authority only.

(d) Income

Revenue recognition

Revenue is recognised and measured at the fair value of consideration received or receivable. Specific recognition criteria must be met before revenue is recognised as follows:

Service Appropriations
Service Appropriations are recognised as revenues at fair 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.

See also note 14 'Service appropriations' for further information.

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.

Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2014

(d) Income (continued)

Gains

Realised and unrealised gains are usually recognised on a net basis. These include gains arising on the disposal of non-current assets.

(e) Intangible Assets

Capitalisation/Expensing of assets
Acquisitions of intangible assets costing $5,000 or more and internally generated intangible assets costing $5,000 or more are capitalised. The cost of utilising the assets is expensed (amortised) over their useful lives. Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

Intangible assets are initially recognised at cost. For assets acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

The cost model is applied for subsequent measurement requiring the asset to be carried at cost less any accumulated amortisation and accumulated impairment losses.

Amortisation for intangible assets with finite useful lives is calculated for the period of the expected benefit (estimated useful life) on the straight line basis. All intangible assets controlled by the Authority has a finite useful life and zero residual value.

The assets' useful lives are reviewed annually. Estimated useful lives for each class of intangible asset are:

Computer software	5 years

Computer software that is an integral part of the related hardware is treated as plant and equipment. Computer software that is not an integral part of the related hardware is treated as an intangible asset. Software costing less than $5,000 is expensed in the year of acquisition.

(f) Impairment of Assets

Intangible assets are tested for any indication of impairment at the end of each reporting period. 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. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised as expense. As the Authority is a not-for-profit entity, unless a specialised 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 the end of each reporting period.

See also note 19 'Impairment of assets' for the outcome of impairment reviews and testing.
Refer also to note 2(k) 'Receivables' and note 16 'Receivables' for impairment of receivables.

(g) Leases

Leases of property, plant and equipment, where the Authority has substantially all of the risks and rewards of ownership, are classified as finance leases. The Authority does not have any finance leases.

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 properties.

Notes to the Financial Statements
For the year ended 30th June 2014

(h) Financial Instruments

In addition to cash, the Authority has two categories of financial instrument:
- Loans and receivables; and
- Financial liabilities measured at amortised cost.

Financial instruments have been disaggregated into the following classes:

Financial assets
* Cash and cash equivalents
* Receivables

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 Statement of Cash Flows, 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 (see note 20 'Payables') 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 fair value.

(k) Receivables

Receivables are recognised 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 against the allowance account. 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.

See also note 2(h) 'Financial Instruments' and note 16 'Receivables'.

Change to accounting procedure for Goods and Services Tax
Rights to collect amounts receivable from the Australian Taxation Office and responsibilities to make payments for GST have been assigned to the 'Department of Health'. This accounting procedure was a result of application of the grouping provisions of "A New Tax System (Goods and Services Tax) Act 1999" whereby the Department of Health became the Nominated Group Representative (NGR) for the GST Group as from 1 July 2012. The 'Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals' (Metropolitan Health Services) was the NGR in previous financial years. The Health entities in the GST group include the Department of Health, Mental Health Commission, Metropolitan Health Services, Peel Health Service, WA Country Health Service, WA Alcohol and Drug Authority, QE II Medical Centre Trust, and Health and Disability Services Complaints Office.

GST for accounts payable are recognised upon the receipt of tax invoices for purchases of goods and services. Accordingly, accrued expense amounts are generally exclusive of GST.

(l) Payables

Payables are recognised 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 payables are generally settled within 30 days.

See also note 2(h) 'Financial Instruments' and note 20 'Payables'.

Notes to the Financial Statements
For the year ended 30th June 2014

(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 the end of each reporting period.

See also note 21 'Provisions'.

Provisions - employee benefits

All annual leave and long service leave provisions are in respect of employees' services up to the end of the reporting period.

Annual Leave

Annual leave is not expected to be settled wholly within 12 months after the end of the reporting period and is therefore considered to be 'other long-term employee benefits'. The annual leave liability is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

The provision for annual leave is classified as a current liability as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Long Service Leave

Long service leave not expected to be settled wholly within 12 months after the end of the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

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 end of the reporting period. Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Authority has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

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 Statement of Comprehensive Income for this leave as it is taken.

Superannuation

The Government Employees Superannuation Board (GESB) and other fund providers administer public sector superannuation arrangements in Western Australia in accordance with legislative requirements. Eligibility criteria for membership in particular schemes for public sector employees vary according to commencement and implementation dates.

Eligible employees contribute to the Pension Scheme, a defined benefit pension scheme closed to new members since 1987, or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme closed to new members since 1995.

Employees commencing employment prior to 16 April 2007 who were not members of either the Pension Scheme or the GSS 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). From 30 March 2012, existing members of the WSS or GESBS and new employees have been able to choose their preferred superannuation fund provider. The Authority makes contributions to GESB or other fund providers on behalf of employees in compliance with the *Commonwealth Government's Superannuation Guarantee (Administration) Act 1992*. Contributions to these accumulation schemes extinguish the Authority's liability for superannuation charges in respect of employees who are not members of the Pension Scheme or GSS.

(m) Provisions (continued)

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

The Authority has no liabilities under the Pension Scheme or the GSS. The liabilities for the unfunded Pension Scheme and the unfunded GSS transfer benefits attributable to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS obligations are funded by concurrent contributions made by the Authority to the GESB.

The GESB makes all benefit payments in respect of the Pension Scheme and GSS transfer benefits, and recoups the employer's share from the Treasurer.
See also note 2(n) 'Superannuation Expense'.

Employment on-costs

Employment on-costs (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 on-costs 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 also note 11 'Other expenses' and note 21 'Provisions'.

(n) Superannuation Expense

The superannuation expense in the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the West State Superannuation Scheme (WSS), the GESB Super Scheme (GESBS), and other superannuation fund.

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

Services received free of charge or for nominal cost, that the Authority would otherwise purchase if not donated, are recognised as income at the fair value of the services where they can be reliably measured. A corresponding expense is recognised for services received.

Services received from other State Government agencies are separately disclosed under Income from State Government in the Statement of Comprehensive Income.

(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

The preparation of financial statements requires management to make judgements about the application of accounting policies that have a significant effect on the amounts recognised in the financial statements. The Authority evaluates these judgements regularly.

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 calculate the non-current long service leave provision. This turnover rate is representative of the Health public authorities in general.

Note 4 Key sources of estimation uncertainty

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year.

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 7.2%. This assumption was based on an analysis of the turnover rates exhibited by employees over a five year period. 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.

Other estimations and assumptions used in calculating the Authority's long service leave provision include expected future salary rates, discount rates, employee retention rates and expected future payments. Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

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 effective for annual reporting periods beginning on or after 1 July 2013 that impacted on the Authority.

Title	
AASB 13	*Fair Value Measurement* This Standard defines fair value, sets out a framework for measuring fair value and requires additional disclosures for assets and liabilities measured at fair value. There is no financial impact.
AASB 119	*Employee Benefits* This Standard supersedes AASB 119 (October 2010), making changes to the recognition, presentation and disclosure requirements. The Authority assessed employee leave patterns to determine whether annual leave is a short-term or other long-term employee benefit. The resultant discounting of annual leave liabilities that were previously measured at the undiscounted amounts is not material.
AASB 1048	*Interpretation of Standards* This Standard supersedes AASB 1048 (June 2012), enabling references to the Interpretations in all other Standards to be updated by reissuing the service Standard. There is no financial impact.
AASB 2011-8	*Amendments to Australian Accounting Standards* arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Int 2, 4, 12, 13, 14, 17, 19, 131 & 132] This Standard replaces the existing definition and fair value guidance in other Australian Accounting Standards and Interpretations as the result of issuing AASB 13 in September 2011. There is no financial impact.
AASB 2011-10	*Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, 8, 101, 124, 134, 1049 & 2011-8 and Int 14]* This Standard makes amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 119 in September 2011. The resultant discounting of annual leave liabilities that were previously measured at the undiscounted amounts is not material.
AASB 2012-5	*Amendments to Australian Accounting Standards arising from Annual Improvements 2009-11 Cycle [AASB 1, 101, 116, 132 & 134 and Int 2]* This Standard makes amendments to the Australian Accounting Standards and Interpretations as a consequence of the annual improvements process. There is no financial impact.
AASB 2012-6	*Amendments to Australian Accounting Standards - Mandatory Effective Date of AASB 9 and Transition Disclosures [AASB 9, 2009-11, 2010-7, 2011-7 & 2011-8]* This Standard amends the mandatory effective date of AASB 9 Financial Instruments to 1 January 2015 (instead of 1 January 2013). Further amendments are also made to numerous consequential amendments arising from AASB 9 that will now apply from 1 January 2015. There is no financial impact.
AASB 2012-10	*Amendments to Australian Accounting Standards - Transition Guidance and Other Amendments [AASB 1, 5, 7, 8, 10, 11, 12, 13, 101, 102, 108, 112, 118, 119, 127, 128, 132, 133, 134, 137, 1023, 1038, 1039, 1049 & 2011-7 and Int 12]* This Standard introduces a number of editorial alterations and amends the mandatory application date of Standards for not-for-profit entities accounting for interests in other entities. There is no financial impact.
AASB 2013-9	*Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments.* Part A of this omnibus Standard, makes amendments to other Standards arising from revisions to the Australian Accounting Conceptual Framework for periods ending on or after 20 December 2013. Other Parts of this Standard become operative in later periods. There is no financial impact for Part A of the Standard.

Note 5 Disclosure of changes in accounting policy and estimates (continued)

Future Impact of Australian Accounting Standards not yet operative

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 *'Application of Australian Accounting Standards and Other Pronouncements'*. Consequently, the Authority has not applied early any of the following Australian Accounting Standards that have been issued that may impact the Authority. Where applicable, the Authority plans to apply these Australian Accounting Standards from their application date.

Title		Operative for reporting periods beginning on/after
AASB 9	*Financial Instruments*	1 Jan 2017
	This Standard supersedes AASB 139 *Financial Instruments: Recognition and Measurement*, introducing a number of changes to accounting treatments.	
	The mandatory application date of this Standard was amended to 1 January 2017. The Authority has not yet determined the application or the potential impact of the Standard.	
AASB 1031	*Materiality*	1 Jan 2014
	This Standard supersedes AASB 1031 (February 2010), removing Australian guidance on materiality that is not available in IFRSs and refers to other Australian pronouncements that contain guidance on materiality. There is no financial impact.	
AASB 1055	*Budgetary Reporting*	1 Jul 2014
	This Standard requires specific budgetary disclosures in the financial statements of not-for-profit entities within the General Government Sector. The Authority will be required to disclose additional budgetary information and explanations of major variances between actual and budgeted amounts, though there is no financial impact.	
AASB 2010-7	*Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Int 2, 5, 10, 12, 19 & 127]*	1 Jan 2015
	This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010. The Authority has not yet determined the application or the potential impact of the Standard.	
AASB 2013-3	*Amendments to AASB 136 - Recoverable Amount Disclosures for Non-Financial Assets.*	1 Jan 2014
	This Standard introduces editorial and disclosure changes. There is no financial impact.	
AASB 2013-9	*Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments.*	1 Jan 2014 1 Jan 2017
	The omnibus Standard makes amendments to other Standards arising from the deletion of references to AASB 1031 in other Standards for periods beginning on or after 1 January 2014 (Part B), and, defers the application of AASB 9 to 1 January 2017 (Part C). The Authority has not yet determined the application or the potential impact of AASB 9, otherwise there is no financial impact for Part B.	

Note 6 Prior year restatement

The prior year's amounts for Receivables and Payables have been adjusted to include the GST amounting to $581 on unpaid purchase invoices. In the previous years' financial statements, the GST amounts on unpaid purchase invoices in Payables were recognised in the accounts of the Nominated Group Representative for the GST group.

Information on the accounting procedure for Goods and Services Tax is provided at note 2(k).

	2013 (Previously stated) $	2013 (Restated) $
Receivables (a)	18,893	19,474
Payables (b)	101,670	102,251

(a) The restated Receivables include GST receivable of $581 (see note 16).

(b) The restatement of Payables has increased the Trade Creditors amount by $581 from $23,782 to $24,363 (see note 20).

Note 7 Employee benefits expense

	2014 $	2013 $
Salaries and wages (a) (b)	1,761,343	1,689,479
Superannuation - defined contribution plans (c)	176,693	161,618
	1,938,036	1,851,097

(a) Includes the value of the fringe benefits to employees plus the fringe benefits tax component and the value of the superannuation contribution component of leave entitlements.

(b) $1,075 was incurred in this financial year (2013: $5,920) for services provided for the Christmas & Cocos Islands (see note 31).

(c) Defined contribution plans include West State, Gold State and GESB Super and other eligible funds.

Employment on-costs expenses, such as workers' compensation insurance, are included at Note 11 'Other Expenses'.

Note 8 Supplies and services

Medical advice and consultation	59,394	74,653
Communications	19,798	30,976
Fuel, light and power	7,121	7,124
Computer services	22,118	232
Legal expenses	9,163	574
Printing and stationery	21,237	21,567
Food supplies	2,321	1,257
Other	6,249	13,013
	147,401	149,396

Note 9 Amortisation expense

Computer software	3,108	3,108

Note 10 Repairs, maintenance and consumable equipment

Repairs and maintenance	-	180
Consumable equipment	2,967	7,335
	2,967	7,515

Note 11 Other expenses

Employment on-costs (a)	7,945	553
Staff development and transport costs	29,657	37,863
Insurance	5,491	14,521
Motor vehicle expenses	2,360	2,706
Operating lease expenses	347,703	344,089
Audit fees	21,900	21,000
Christmas and Cocos Islands (b)	152	6,719
Other	28,825	14,163
	444,033	441,614

(a) Includes workers' compensation insurance. Any on-costs liability associated with the recognition of annual and long service leave liability is included at note 21 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

(b) $152 was incurred in this financial year (2013: $6,719) for services provided for the Christmas & Cocos Islands (see note 31).

Notes to the Financial Statements
For the year ended 30th June 2014

	2014	2013
Note 12 Commonwealth grants and contributions	$	$
Recoup for services provided to Christmas & Cocos Islands (a)	-	26,245

(a) See note 31 for the Statement of receipts and payments.

Note 13 Other revenues

Government Vehicle Scheme Contribution	1,909	-
Reimbursement of employee salary overpayment	2,990	-
Other	481	-
	5,380	-

Note 14 Service appropriations

Appropriation revenue received during the period:		
Service appropriations	2,498,000	2,428,000

See note 2(d) 'Income'.

Note 15 Services received free of charge

Services received free of charge from other State government agencies during the period:

State Solicitor's Office - legal service	9,163	354
Department of Finance - office accommodation fit-out	76,129	74,693
	85,292	75,047

Services received free of charge or for nominal cost are recognised as revenue at fair value of those services that can be reliably measured and which would have been purchased if they were not donated.

Note 16 Receivables

Current

Recoup due from Commonwealth Government (see notes 12 & 31)	-	13,122
Recoup due from Department of Attorney General for employee leave transfer	7,842	-
Reimbursements due from employees for salary overpayments	9,235	5,771
GST receivable	1,622	581
	18,699	19,474

The Authority does not hold any collateral as security or other credit enhancements relating to receivables.

See also note 2(k) 'Receivables' and note 33 'Financial instruments'.

Note 17 Other current assets

Prepayments	8,136	1,562

Note 18 Intangible assets

Computer software		
At cost	15,540	15,540
Accumulated amortisation	(9,324)	(6,216)
	6,216	9,324

Reconciliation

Reconciliation of the carrying amount of intangible assets at the beginning and end of the current financial year is set out below.

Computer software		
Carrying amount at start of period	9,324	12,432
Amortisation expense	(3,108)	(3,108)
Carrying amount at end of period	6,216	9,324

Notes to the Financial Statements
For the year ended 30th June 2014

	2014	2013
Note 19 Impairment of Assets	$	$

There were no indications of impairment to intangible assets at 30 June 2014.

The Authority held no goodwill or intangible assets with indefinite useful life during the reporting period. At the end of the reporting period there were no intangible assets not yet available for use.

Note 20 Payables

Current		
Trade creditors	26,405	24,363
Other creditors	4,920	3,415
Accrued expenses	16,649	18,248
Accrued salaries	56,211	56,225
	104,185	102,251

See also note 2(l) 'Payables' and note 33 'Financial instruments'.

Note 21 Provisions

Current		
Employee benefits provision		
Annual leave (a)	193,747	155,807
Long service leave (b)	195,598	242,720
	389,345	398,527
Non-current		
Employee benefits provision		
Long service leave (b)	111,001	95,297
	500,346	493,824

(a) Annual leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	137,300	109,471
More than 12 months after the end of the reporting period	56,447	46,336
	193,747	155,807

(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 the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	39,256	48,753
More than 12 months after the end of the reporting period	267,343	269,263
	306,599	338,016

Note 22 Accumulated surplus

Balance at start of period	149,845	75,283
Result for the period	53,127	74,562
Balance at end of period	202,972	149,845

Notes to the Financial Statements
For the year ended 30th June 2014

Note 23 Notes to the Statement of Cash Flows	2014 $	2013 $
Reconciliation of cash		
Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:		
Cash and cash equivalents	774,452	715,560
Reconciliation of net cost of services to net cash flows used in operating activities		
Net cash used in operating activities (Statement of Cash Flows)	(2,439,108)	(2,283,009)
Increase/(decrease) in assets:		
Current receivables	(775)	14,330
Prepayments	6,574	(3,635)
Decrease/(increase) in liabilities:		
Payables	(1,934)	(24,111)
Current provisions	9,182	(32,476)
Non-current provisions	(15,704)	(19,429)
Non-cash items:		
Amortisation expense (note 9)	(3,108)	(3,108)
Services received free of charge (note 15)	(85,292)	(75,047)
Net cost of services (Statement of Comprehensive Income)	(2,530,165)	(2,426,485)

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

Note 24 Remuneration of members of the Accountable Authority

Remuneration of members of the Accountable Authority

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

$260,001 - $270,000	-	1
$270,001 - $280,000	1	-
Total:	1	1

	$	$
Base remuneration and superannuation	259,500	248,882
Annual leave and long service leave accruals	7,157	(2,099)
Other benefits	6,447	16,456
The total remuneration of members of the Accountable Authority:	273,104	263,239

The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the Accountable Authority.

Note 25 Remuneration of auditor

Remuneration payable to the Auditor General in respect to the audit for the current financial year is as follows:

Auditing the accounts, financial statements and performance indicators	22,000	21,900

Notes to the Financial Statements
For the year ended 30th June 2014

Note 26 Commitments

	2014 $	2013 $
Operating lease commitments:		
Commitments in relation to non-cancellable leases contracted for at the end of the reporting period but not recognised as liabilities, are payable as follows:		
Within 1 year	295,656	273,418
Later than 1 year, and not later than 5 years	-	282,987
	295,656	556,405

Operating lease commitments consist of a contractual agreement for office accommodation. The basis of which contingent operating leases payments are determined is the value for lease agreement under the contract terms and conditions at current values.

The operating lease commitments are inclusive of GST.

Other expenditure commitments:
There were no other expenditure commitments as at 30 June 2014.

Note 27 Contingent liabilities and contingent assets

At the reporting date, the Authority was not aware of any contingent liabilities or contingent assets.

Note 28 Events occurring after the end of the reporting period

No matter or circumstance has arisen since the end of the reporting period, that has significant effects on these financial statements.

Note 29 Related bodies

A related body is a body which receives more than half its funding and resources from the Authority and is subject to operational control by the Authority.

The Authority had no related bodies during the financial year.

Note 30 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from the Authority but is not subject to operational control by the Authority.

The Authority had no affiliated bodies during the financial year.

Note 31 Other statement of receipts and payments	2014 $	2013 $
Commonwealth Grant - Christmas and Cocos Islands		
Balance at the start of period	813	329
Add Receipts		
Commonwealth grant	13,122	13,123
Less Payments		
Salaries and wages	(1,075)	(5,920)
Other expenses	(152)	(6,719)
	(1,227)	(12,639)
Balance at the end of period	12,708	813

Notes to the Financial Statements
For the year ended 30th June 2014

Note 32 Explanatory Statement

Significant variances between actual results for 2013 and 2014

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	2014 Actual $	2013 Actual $	Variance $
Expenses				
Employee benefits expense		1,938,036	1,851,097	86,939
Supplies and services		147,401	149,396	(1,995)
Amortisation expense		3,108	3,108	-
Repairs, maintenance and consumable equipment	(a)	2,967	7,515	(4,548)
Other expenses		444,033	441,614	2,419
Income				
Commonwealth grants and contributions	(b)	-	26,245	(26,245)
Other revenue	(c)	5,380	-	5,380
Service appropriations		2,498,000	2,426,000	72,000
Services received free of charge	(d)	85,292	75,047	10,245

(a) Repairs, maintenance and consumable equipment
The Authority purchased fewer computers during the 2013-14 financial year period, due to undertaking a computer replacement program in the 2012-13 financial year.

(b) Commonwealth grants and contributions
In 2013-14 the Authority did not recoup budget from the Commonwealth to deliver services in the Indian Ocean Territories. The Authority will deliver targeted engagement strategies in 2014-15 for Indian Ocean Territories.

(c) Other revenue
Other revenue largely relates to reimbursement of employee salary overpayment and Government Vehicle Scheme contributions. The Authority did not receive revenue from these sources in 2012-13.

(d) Services received free of charge
The Authority sought additional legal advice from the State Solicitors Office (SSO) to assist with Part 19 of the Mental Health Bill 2013 and consulted with SSO on Freedom of Information issues.

Significant variances between estimates and actual results for 2014

Significant variations between the estimates and actual results for 2014 are detailed below. Significant variations are considered to be those greater than 10% of the budget estimates.

	Note	2014 Actual $	2014 Estimates $	Variance $
Operating expenses				
Employee benefits expense		1,938,036	1,920,000	18,036
Other goods and services		597,509	581,500	16,009
Total expenses		2,535,545	2,501,500	34,045
Less: Revenues	(a)	(5,380)	(28,005)	22,625
Net cost of services		2,530,165	2,473,495	56,670

(a) Revenues
In 2013-14 the Authority did not recoup budget from the Commonwealth to deliver services in the Indian Ocean Territories. The Authority will deliver targeted engagement strategies in 2014-15 for Indian Ocean Territories.

Notes to the Financial Statements
For the year ended 30th June 2014

Note 33 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
Credit risk arises when there is the possibility of the Authority's receivables defaulting on their contractual obligations resulting in financial loss to the Authority.

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment as shown in the table at Note 33(c) 'Financial Instrument disclosures'.

Credit risk associated with the Authority's financial assets is minimal because the debtors are predominately government bodies.

Liquidity risk
Liquidity risk arises when the Authority is unable to meet its financial obligations as they fall due. The Authority is exposed to liquidity risk through its normal course of operations.

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

Market risk
Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the Authority's income or the value of its holdings of financial instruments. The Authority does not trade in foreign currency and is not materially exposed to other price risks.

b) **Categories of financial instruments**

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2014 $	2013 $
Financial Assets		
Cash and cash equivalents	774,452	715,560
Loans and receivables (a)	17,077	18,893
Financial Liabilities		
Financial liabilities measured at amortised cost	104,185	102,251

(a) The amount of loans and receivables excludes GST recoverable from ATO (statutory receivable).

c) **Financial instrument disclosures**

Credit risk

The following table discloses the Authority's maximum exposure to credit risk and the ageing analysis of financial assets. The Authority's maximum exposure to credit risk at the end of the reporting period is the carrying amount of financial assets as shown below. The table discloses the ageing of financial assets that are past due but not impaired and impaired financial assets. The table is based on information provided to senior management of the Authority.

The Authority does not hold any collateral as security or other credit enhancements relating to the financial assets it holds.

Aged analysis of financial assets

	Carrying amount	Not past due and not impaired	Past due but not impaired: Up to 12 months	1-2 years	2-5 years	More than 5 years	Impaired Financial Assets
	$	$	$	$	$		$
Financial Assets							
2014							
Cash and cash equivalents	774,452	774,452	-	-	-		-
Receivables (a)	17,077	-	1,137	282	14,509	1,149	-
	791,529	774,452	1,137	282	14,509	1,149	-
2013							
Cash and cash equivalents	715,560	715,560	-	-	-	-	-
Receivables (a)	18,893	13,122	3,777	-	1,995	-	-
	734,453	728,682	3,777	-	1,995	-	-

(a) The amount of receivables excludes the GST recoverable from ATO (statutory receivable)

Notes to the Financial Statements
For the year ended 30th June 2014

c) **Financial Instrument disclosures (continued)**

Liquidity risk and interest rate exposure

The following table details the Authority's interest rate exposure and contractual maturity analysis for financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

Interest rate exposures and maturity analysis of financial assets and financial liabilities

	Weighted average effective interest rate	Carrying amount	Interest rate exposure: Non-interest bearing	Maturity dates: Up to 12 months
	%	$	$	$
2014				
Financial Assets				
Cash and cash equivalents	-	774,452	774,452	774,452
Receivables (a)	-	17,077	17,077	17,077
		791,529	791,529	791,529
Financial Liabilities				
Payables	-	104,185	104,185	104,185
		104,185	104,185	104,185
2013				
Financial Assets				
Cash and cash equivalents	-	715,560	715,560	715,560
Receivables (a)	-	18,893	18,893	18,893
		734,453	734,453	734,453
Financial Liabilities				
Payables	-	102,251	102,251	102,251
		102,251	102,251	102,251

(a) The amount of receivables excludes the GST recoverable from ATO (statutory receivable)

Fair values

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

Notes to the Financial Statements
For the year ended 30th June 2014

Note 34 Schedule of income and expenses by service

	Complaints Management		Education		Total	
	2014	2013	2014	2013	2014	2013
	$	$	$	$	$	$
COST OF SERVICES						
Expenses						
Employee benefits expense	1,388,996	1,375,077	549,040	476,020	1,938,036	1,851,097
Supplies and services	116,333	118,946	31,068	30,450	147,401	149,396
Amortisation expense	3,108	3,108	-	-	3,108	3,108
Repairs, maintenance and consumable equipment	2,136	5,681	831	1,834	2,967	7,515
Other expenses	312,110	357,933	131,923	83,681	444,033	441,614
Total cost of services	1,822,683	1,860,745	712,862	591,985	2,535,545	2,452,730
INCOME						
Revenue						
Commonwealth grants and contributions	-	26,245	-	-	-	26,245
Other revenue	5,380	-	-	-	5,380	-
Total revenue	5,380	26,245	-	-	5,380	26,245
NET COST OF SERVICES	**1,817,303**	**1,834,500**	**712,862**	**591,985**	**2,530,165**	**2,426,485**
INCOME FROM STATE GOVERNMENT						
Service appropriations	1,769,648	1,815,244	728,352	610,756	2,498,000	2,426,000
Services received free of charge	85,292	75,047	-	-	85,292	75,047
Total income from State Government	1,854,940	1,890,291	728,352	610,756	2,583,292	2,501,047
SURPLUS FOR THE PERIOD	37,637	55,791	15,490	18,771	53,127	74,562

The Schedule of Income and Expenses by Service should be read in conjunction with the accompanying notes.

Estimates of expenditure for 2014-15

The following estimates of expenditure for the year 2014-15 are prepared on an accrual accounting basis.

The estimates are required under section 40 of the *Financial Management Act 2006* and by instruction from the Department of Treasury.

The following estimates of expenditure for the 2014-15 year do not form part of the preceding audited financial statements.

Budget appropriation: $2,564,000.00

Key Performance Indicators

Certification of Key Performance Indicators

Government of **Western Australia**
Health and Disability Services Complaints Office

HaDSCO

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

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 Health and Disability Services Complaints Office performance and fairly represent the performance of the office for the financial year ending 30 June 2014.

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 30 July 2014

Our Key Performance Indicators

Report on Key Performance Indicators

The desired outcome for HaDSCO is:

Improvement to the delivery of health and disability services

Key Effectiveness Indictor

As a result of HaDSCO's complaints management processes, recommendations and agreed actions are made by HaDSCO to service providers to improve the delivery of health, mental health and disability services.

The key effectiveness indicator reports on the extent to which service providers are improving processes, practices and policies as a result of recommendations and agreed actions made by HaDSCO that arise from complaints.

We followed up 90 recommendations and agreed actions in 2013-14 to see if they had been implemented and found that:

- Sixty-four recommendations and agreed actions were implemented in 2013-14, of which 57 were made during 2013-14 and seven were from prior years.
- Seventeen recommendations and agreed actions were yet to be implemented and will be followed up in 2014-15, of which 14 were made in 2013-14 and three were made in previous years.
- Nine agreed actions and recommendations from previous years will not be implemented due to a range of factors including lack of funding to implement the service improvement; determination by the provider that the service improvement was not appropriate to implement; and no response from the provider to confirm implementation despite HaDSCO's attempts to follow-up.

Examples of service improvement recommendations made by HaDSCO that were implemented by providers during 2013-14 are detailed below:

- Several providers reviewed and made improvements to internal policies and procedures on topics such as treatment, clinical handover and referral processes.
- Improvements were made to clinical processes such as dispensing medication, labelling medication and patient discharge.
- Providers delivered education programs for their staff on topics such as burns management, bladder management, correct administrative processes and cultural awareness.
- Information sheets and consent forms have been developed by providers so that patients are better informed about the fees and costs associated with service delivery.
- Initiatives were implemented to enable consumers, their carers and families to have a voice in service delivery decisions, such as introducing methods to include carers in patient care plans, involve patients in clinical handovers and make complaints processes more accessible.

During the year HaDSCO reviewed and progressed implementation of the *'system improvement model'* to identify, prioritise and address health, disability and mental health systemic issues. In 2014-15 HaDSCO will use this model to identify service improvement recommendations that can be shared with groups of providers, to promote system-wide improvement. This work supports the overall vision of the Office to improve the delivery of health and disability services within Western Australia.

The table below presents the number of service improvements that providers implemented, as a proportion of total service improvements agreed to or recommended between 2010-11 and 2013-14:

2013-14	2012-13	2011-12	2010-11
64/90	55/78	56/69	63/70

Key Efficiency Indicators

The key efficiency indicator measures the overall efficiency in delivering the following services:

Service One: Assessment, Conciliation and Investigation of complaints.
Service Two: Education and training in the prevention and resolution of complaints.

Service One: Assessment, Conciliation and Investigation of complaints.
HaDSCO provides an impartial resolution service for complaints relating to health or disability services provided in WA. This service is free and available to all users and providers of health or disability services. In the management of complaints, HaDSCO works to strict timeframes set out within the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation.

The key efficiency indicator, relating to the provision of this service, focuses on the percentage of complaints closed within legislative timeframes and the average cost per finalised complaints.

The table below presents the actual results and targets for the legislative timeframes between 2010-11 and 2013-14:

Legislative requirement	Legislative timeframe (days)	2013-14 Actual %	2013-14 Target %	2012-13 Actual %	2012-13 Target %	2011-12 Actual %	2011-12 Target %	2010-11 Actual %	2010-11 Target %
Preliminary assessment by Director s.34 (1)	28	92	90	91	90	83	90	86	90
Preliminary assessment by Director s.34 (1) (c)	56	86	80	72	80	73	80	74	80
Notice to provider and others s.35	14	89	90	86	90	90	90	95	85

During 2013-14, several measures were implemented to ensure that complaints were managed within legislative timeframes including:

- A weekly report was developed and circulated at the commencement of each week to prompt cases that were likely to exceed legislative timeframes in that particular week.
- On any particular day that a case is likely to exceed a timeframe, a report is provided to management.
- Multiple discussions have been held with staff during team meetings on the importance of meeting legislative timeframes. A report and staff debrief is undertaken for all cases that do not meet legislative timeframes.

The Office will continue to closely monitor adherence to the legislative timeframes to ensure complaints are managed in a timely fashion.

Average cost per complaint

The table below demonstrates the average cost per complaint, actual and targets, from 2010-11 to 2013-14:

2013-14 Actual	2013-14 Target	2012-13 Actual	2012-13 Target	2011-12 Actual	2011-12 Target	2010-11 Actual	2010-11 Target
$731	$657	$685	$670	$686	$650	$669	$658

HaDSCO closed fewer complaints this year compared to last financial year, resulting in the average cost per complaint increasing relative to both the 2012-13 financial year, and our 2013-14 target. Some factors that contributed towards this include:

- The number of complaints that do not relate to health, mental health or disability services decreased from 25% of closed complaints in 2009-10 to 14% of closed complaints in 2013-14. The reduction in complaints that do not relate to health or disability services is a positive outcome for our office because it means that our brand and role is being clearly communicated to the Western Australian community.
- Received fewer complaints about the health sector compared to last financial year.
- During the financial year there were several proactive initiatives that aimed to empower consumers and providers to resolve complaints without our (or other third party) involvement.

Service Two: Education and training in the prevention and resolution of complaints.

HaDSCO's second service supports the delivery of the broader role of the Office which includes:

- Collaborating with groups to review and identify the causes of complaints;
- Training stakeholders in the effective management of complaints; and
- Sharing information and reporting on the work of the Office to specific stakeholders and the public in general.

The table below presents the cost for the development, production and distribution of information and the cost of undertaking outreach activities between 2010-11 and 2013-14:

	2013-14 Actual	2013-14 Target	2012-13 Actual	2012-13 Target	2011-12 Actual	2011-12 Target	2010-11 Actual	2010-11 Target
Group one costs: Development, production and distribution of information	$282,183	$275,642	$250,584	$230,000	$166,093	$162,460	$141,893	$143,716
Group two costs: Presentations, awareness raising, consultations and networking	$430,679	$375,540	$341,400	$320,000	$245,843	$232,903	$268,125	$255,185

Over the past two years, HaDSCO has been allocating an increased proportion of resources to deliver the second service. In 2012-13, the Office established a program to review the allocation of resources toward service two. The outcome of this review demonstrated that a number of the positions from across the Office contribute significantly to the delivery of this second service. This movement in the allocation of resources to the second service reflects HaDSCO's evolution and progression into delivering education and training initiatives to a broad range of stakeholders to share improvements and assist in the effective resolution of complaints.

During the year the Office developed a significant number of tailored stakeholder engagement strategies for targeted groups, producing a range of reports, resources and tools. Through the delivery of group one and two the Office produced the following:

Broad Engagement

- Established a Consumer and Carer Reference Group for health, mental health and disability stakeholders to seek feedback on the delivery of HaDSCO services, increase awareness of services, network and share information.
- Launched HaDSCO's online engagement platform *Collaborate and Learn*, with specific project pages for stakeholder groups, including the Consumer and Carer Reference Group.
- Distributed quarterly e-newsletters to key stakeholders.
- Advertised in a range of editorials in the *West Australian Newsletter* paper including Disability Awareness Week and Mental Health Week.
- Features about HaDSCO services were included in Carers Quarterly magazine and in Disability Services, Silver Chain, COMWHA, WAAMH and Mental Health Commission websites and e-newsletters to promote awareness of HaDSCO and build interagency relationships.
- Distributed 6,140 targeted brochures, information sheets and leaflets to a range of services in Western Australia.
- Collaborated with the Department of Health, and other State/National bodies to provide input into the drafting of a National Code of Conduct for Health Care Workers.
- Convened with a number of agencies to jointly discuss the possibility of developing National Conciliation Standards in order to more effectively manage complaints.

Mental Health Sector Engagement

- Held an open forum to understand the challenges for consumers, carers and family in making complaints about mental health services.
- Developed a report and video on the consumer, carer and family perspectives in making a complaint, with both the report and video circulated broadly.
- Held a mental health central agency forum to commence clarifying the roles of each agency in the management of complaints, in preparation for the implementation of the *Mental Health Bill*.
- Participated in WAAMH Week awareness raising activities in Forrest Chase, Perth.
- Launched a targeted mental health page on *Collaborate and Learn*.
- Released a Report, *An Overview of Mental Health Complaints in Western Australia* to a broad range of stakeholders.
- Engaged with the Mental Health Commission on a range of issues, particularly on proposed amendments to Part 19 (complaints management) of the *Mental Health Bill*.
- Participated in forums led by the Disability Services Commission relating to the Mentally Impaired Defendants Act.

Health Sector Engagement

- Released a Report, *An Overview of Health Complaints in Western Australia*.
- Developed a series of interactive graphs demonstrating and comparing complaint trends for private, public and not for profit sectors within Western Australia, launching this tool on a secured project page on *Collaborate and Learn*.
- Developed a series of interactive graphs which demonstrate and compare complaint trends within the four Department of Health (DoH) service areas. This tool was launched on a secure project page on *Collaborate and Learn*.
- Consulted with DoH, key private health providers and the not-for-profit sector to establish a Health Provider Consultative Committee to share information on complaint trends and system improvements, with the first meeting scheduled for 2014-15.
- Commenced collaborating with AHPRA to identify common issues, and opportunities to jointly address systemic issues.
- Hosted a booth at the Rural Health West Annual Conference and Trade Exhibition 2014 to promote the role of the Office and network with general practitioners, specialist, health professionals and policy makers involved in rural and regional health care.

Disability Sector engagement

- Developed a consultative group of disability agencies that provided input into developing a sector-wide process for submitting complaints to HaDSCO.
- Participated in Disability Awareness Week activities led by Disability Services Commission in Forrest Chase, Perth, where information was provided to raise awareness about HaDSCO's services.
- Delivered a tailored Effective Complaints Management workshop.
- Featured in the Disability Services Commission's quarterly magazines to increase the HaDSCO profile within the disability sector.

Aboriginal Engagement

- In partnership with Yorgum Aboriginal Corporation developed a video targeted at the Noongar community that was circulated widely.
- Held a forum to seek input and feedback on the development of the video.

Regional engagement

- Participated in the Ombudsman's Regional Access and Awareness Program visiting Kununurra to deliver tailored presentations to regional communities.
- Delivered a tailored training program to a regional hospital on Effective Complaint Management.
- Finalised pictorial leaflets containing the art work of children and young people on Cocos Island, distributing the leaflets to key services on Island.

To support the above stakeholder engagement strategies HaDSCO delivered a record number of outreach activities including:

- 100 awareness raising activities to promote HaDSCO services, increase knowledge of effective complaints management practices and raise awareness of patterns or trends resulting from analysis of complaints data.
- 43 networking opportunities to build relationships with providers, central government agencies and consumer groups; and
- 136 consultations with key groups to share and exchange views, seek advice and participate in meaningful discussion.

Average cost per awareness raising activities

The table below presents the average cost per awareness raising activity between 2010-11 and 2013-14:

	2013-14 Actual	2013-14 Target	2012-13 Actual	2012-13 Target	2011-12 Actual	2011-12 Target	2010-11 Actual	2010-11 Target
Average cost per awareness raising activity	$1,544	$1,502	$1,538	$1,450	$1,336	$1,370	$1,347	$1,450

Ministerial directives

There were no Ministerial directives during the 2013-14 financial year.

Other financial disclosures

Pricing policies of services provided
All the services we provided were done so free of charge.

Capital works
No capital works were undertaken during 2013-14.

Employment, industrial relations and workers' compensation
On average in 2013-14 we had 19 employees, four of whom were part-time staff. With the exception of the Director, all HaDSCO employees were public servants. Employee categories and numbers of staff for 2013-14 are shown below:

Employee category	Number of staff 2013-14	Number of staff 2012-13
Full-time permanent	9	10
Full-time contract	6	3
Part-time permanent	3	4
Part-time contract	1	2

Governance disclosures

Senior officers
At the date of reporting, no senior officers, or firms of which senior officers are members, or entities in which senior officers have any substantial interests, had any interests in existing or proposed contracts with the Office and senior officers.

Other legal requirements

Advertising, market research, polling and direct mail

Expenditure on advertising, market research, polling and direct mail
In accordance with s175ZE of the *Electoral Act 1907* we are required to report on expenditure incurred during the financial year in relation to advertising, market research, polling, direct mail and media advertising. During this reporting period we incurred the following expenses:

Item	Cost
Advertising agencies	$12,757.34
Market research organisations	Nil
Polling organisations	Nil
Direct mail organisations	Nil
Media advertising organisations	Nil

Disability Access and Inclusion Plan

The *Disability Services Act 1993* requires all state and local government authorities to develop and implement a Disability Access and Inclusion Plan (DAIP). This helps to ensure people with disability have the same opportunities as other people in the community to access services, facilities and information. We remain committed to ensuring that people with disability, their carers and families have access to our services, information and facilities by implementing strategies and initiatives identified in the DAIP.

The seven desired outcomes that we want to achieve, as outlined in our DAIP, are:

1. People with disability have the same opportunities as other people to access the services and events that we organise.
2. People with disability have the same opportunities as other people to access the buildings and facilities that we use.
3. People with disability receive information from us in a format that will enable them to access the information as readily as other people are able to access it.
4. People with disability receive the same level and quality of service from our staff as other people in the community.
5. People with disability have the same opportunities as other people to make complaints to us.
6. People with disability have the same opportunities as other people to participate in any public consultation we host. In addition, we opted to include another outcome, this being:
7. People with disability have the same opportunities as other people to seek employment, professional development and work experience with us.

To achieve these outcomes, we progressed the following strategies during 2013-14:

- Incorporated the objectives of the DAIP into our 2013-14 Operational Plan and other procedures and policies.
- Established a Consumer and Carer Reference Group, which includes participants who represent health, disability and mental health service users.
- Invited the Disability Services Commission and People With Disabilities WA to provide feedback about our brochures so we can make them more accessible to people with disability.
- Released two informative videos about our services, both of which included voice to text technology.
- Provided alternative formats for reports on our website, such as large print options.
- Improved employee awareness of disability and access issues by continuing to implement the HaDSCO Workforce and Diversity Plan 2013-16, publishing the DAIP on our intranet site, and by promoting the DAIP during the induction process.

Moving forward

In 2014-15 we will continue to implement the strategies in our DAIP to ensure that people with disability have the same level of access to our services, information and facilities as anyone else.

Compliance with Public Sector Standards

The Office has fully complied with the Public Sector Standards in human resource management, the Western Australian Public Sector Code of Ethics and our Code of Conduct. The applications made for breach of standards review and the corresponding outcomes for the reporting period are:

- Number lodged: Nil
- Number of breaches found, including details of multiple breaches per application: Nil
- Number still under review: Nil

Good governance principles

We remain committed to good governance and continue to adhere to the Public Sector Commission's Good Governance Guide, which provides nine key governance principles. The mechanisms we have in place to address these nine principles are outlined below.

1 Government and public sector relationship

Processes exist to ensure clear communication and interaction between the Office, the Public Sector and Parliament. Additional information on this is available within this report at:

- 'Office overview' page 9
- 'Working with legislation' page 18

2 Management and oversight

We have a three year strategic plan in place which was created, in consultation with staff and external stakeholders, in 2012-13. This plan, which is publicly available on our website, clearly defines our vision and the five key strategic goals that support this vision. We also create an operational plan each year which outlines the projects and other activities that will be undertaken during the financial year to implement each of the five strategic goals. For more information about our strategic plan see: 'Our 2012-15 Strategic Plan' page 14.

3 Organisational structure

In 2013-14 we reviewed our organisational structure and made changes which resulted in our two complaint teams being combined and our specialist staff being integrated into the core office structure. For more information see: 'Our people' page 20.

These changes better reflect our desire to work collaboratively across the Office and make it easier to deliver upon the strategic goals and outcomes that are outlined in our 2012-15 Strategic Plan.

4 Operations

Our 2013-14 Operational Plan provided staff with clear goals. The Executive team identified that it was important to regularly monitor performance towards achieving these goals and to communicate progress with staff. As a result, the Executive implemented a monitoring tool called a 'dashboard' to track our planned versus actual performance each quarter. This enabled management to identify and address any delays in activities and resulted in our Office achieving excellent results in terms of our output and outcomes, as outlined in our 'Key Performance Indicators' report on page 109.

5 Ethics and integrity

As an independent statutory authority providing an impartial resolution service, upholding high standards of ethics and integrity is fundamental to our role. In 2013-14 we undertook a review of our policies and procedures with input from staff across the Office and also developed a Complaint Resolution Service Charter and Complaint Resolution Practice Standards. These documents outline our commitment as an Office to act with integrity and be professional, reliable and accountable.

Additional information about our Complaint Resolution Service Charter and Complaint Resolution Practice Standards is available within this report at:

- 'Complaint Resolution Service Charter and Practice Standards' page 71

6 People

Over the past 12 months there has been a focus on reviewing and improving processes to ensure that personal development is promoted and employees are treated fairly. This was achieved by:

- Reviewing our corporate policies, in consultation with staff, to make sure they remain relevant and user-friendly. Policies that were reviewed included the HaDSCO Recruitment, Selection and Appointment Policy, Leave Management Policy and Flexible Working Arrangements Policy.
- Improving communication between the HaDSCO Executive and staff to ensure that decisions are fair, transparent and impartial. This was demonstrated through the planned changes to our organisational structure - the Executive team met with staff to discuss the proposed changes and provided everyone with an opportunity to review the plan and provide feedback before any changes were implemented.
- Creating opportunities for staff to develop their skills by working across teams (e.g. collaborative effort to produce the 'Speak up – Do something about it' Aboriginal video resource) and providing training opportunities (e.g. Mental Health First Aid Training and Managing Difficult Conversations Training).

Additional information about staff wellbeing and development activities that took place in 2013-14 is available within this report at:

- 'Building staff capacity' page 68

7 Finance

We value accountability and efficiency and, as such, we ensure financial processes are consistent with applicable accounting standards. Formal structures are in place to monitor financial performance, including monthly and quarterly reporting to the Director and the Chief Financial Officer. We are proud to report that in 2013-14 we met all requirements of the Office of the Auditor General's financial audit, which did not result in a management letter. This positive outcome reflects our commitment to continuously improving financial processes to ensure accountable and transparent management of resources.

Additional information on this is available within this report at:

- 'Financial Statements' page 88
- 'Key Performance Indicators' page 113

8 Communication

We aim to communicate in an open and responsive manner with our staff and our stakeholders. In 2013-14 we put significant resources into planning for the development of a new intranet site for staff – the HaDSCO Hub, and officially launched our first extranet site for our stakeholders – Collaborate & Learn. These two projects will enable us to communicate in a timely, cooperative and innovative manner.

Additional information about these projects is available within this report at:

- 'HaDSCO Hub' page 73
- 'Growing our online presence' page 40

However, our work in the area of communication and engagement spans beyond our online presence because we want to make information accessible to all of our staff and stakeholders, not only those who access information online. Communication with staff was facilitated through regular staff meetings and staff update newsletters. Communication activities that took place with external stakeholders are outlined on pages 34-47 of this report.

9 Risk management

We need to assess organisational risks, and take steps to address them, in order to achieve our organisational goals. We have a Risk Management Policy and Staff Safety Policy in place to ensure preventative measures are in place to reduce risks for staff when they are working at HaDSCO. Risk management is also included in the induction process for all new staff.

Record keeping plans

We developed a five-year Recordkeeping Plan that was approved by the State Records Commissioner in 2009. During 2013-14 the Office established a new plan which will be submitted to the State Records Office in 2014-2015 financial year.

This year, online record awareness training was again made available to all staff. The self-paced innovative learning tool provides reports that identify knowledge gaps, allowing us to concentrate training in specific areas.

Further to this, we are currently in the process of integrating Total Records Information Management (TRIM - our in-house electronic documents and records management system) with our intranet to make this system more efficient and easy to use. We also have a comprehensive TRIM instruction manual available on our intranet and training in the usage of TRIM is included as part of our general employee and graduate induction processes.

Government policy requirements

Substantive equality

HaDSCO understands that 'equal rules for unequal groups can have unequal results'. In 2013-14 we continued our commitment to the Substantive Equality Policy and worked to eliminate systemic racism by:

Incorporating substantive equality principles into our 2013-14 Operational Plan.
The examples below briefly outline some of the initiatives that we planned and implemented as part of our 2013-14 Operational Plan to make our services more accessible to groups and communities that often experience disadvantage in WA:

- We developed the 'Speak up – Do something about it' Aboriginal video resource in partnership with Yorgum Aboriginal Corporation (see page 42).
- We visited Kununurra with the WA Ombudsman to raise awareness about our services amongst regional consumers and service providers (see page 47).
- We held a forum for people with mental illness and their families, carers and friends so we could better understand the experience of making a complaint about a mental health service provider (see page 37).

Identifying ways in which we may discriminate against particular groups and taking measures to address this inequality.
We aim to make our services accessible to all people living in WA; however we recognise that making a complaint can be particularly difficult for some groups. As a result we:

- Allow people to make enquiries to our Office through different mediums, such as over the phone, in writing (letter or email) or in person by appointment.
- Promote our TTY and country toll free number in our publications and on our website.
- Provide access, on request, to our publications in different formats and languages.
- Recognise that parts of our legislation can be difficult to comply with, for example the requirement that people must attempt to resolve their complaint with the provider before contacting us. We therefore exercise discretion about when this requirement should be enforced.

Considering the impact of new policies and initiatives on disadvantaged groups.
It is important that any new policy or initiative is accessible and relevant to all of our stakeholders, including disadvantaged groups. To assist us to achieve this goal we established a Consumer and Carer Reference Group (CCRG). This group provides our Office with a rich source of information and feedback to ensure we remain inclusive and relevant to our stakeholders (see page 39).

Occupational safety, health and injury management

We take our commitment seriously to provide and maintain a safe and healthy work environment for all employees, contractors and visitors. We engage in best practice Occupational Safety and Health (OSH) management practices required under the *Occupational Safety and Health Act 1985* including reporting, training, discussion and accountability in order to minimise workplace injuries.

Additionally, our proactive approach to injury management has seen us commence a review of our workers' compensation, injury management and return to work policies in accordance with the *Workers' Compensation and Injury Management Act 1981*. As an ongoing measure we encourage employees to identify potential risks and report these to the HaDSCO OSH representative. During 2013-14 we:

- Provided ergonomic assessments for employees.
- Engaged the services of an Employee Assistance Program.
- Offered staff the opportunity to receive a free annual influenza vaccination.

The table below indicates our annual performance in relation to OSH and injury management.

Indicator	Results for 2013-14
Number of fatalities	Zero (0)
Lost time injury/disease (LTI/D) incidence rate	1/19 (5%)
Lost time injury severity rate	Zero (0)
Percentage of injured workers returned to work within 13 weeks	100%
Percentage of injured workers returned to work within 26 weeks	100%
Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities	3/4 (75%)*

*Training was completed prior to 2013-14

Appendices

Appendix one

Acronyms

AHPRA	Australian Health Practitioner Regulation Agency
CCRG	Consumer and Carer Reference Group
COMHWA	Consumers of Mental Health Western Australia
CPSU	Community and Public Sector Union
DAIP	Disability Access and Inclusion Plan
DoH	Department of Health
DSC	Disability Services Commission
HaDSCO	Health and Disability Services Complaints Office
HCN	Health Corporate Network
HIN	Health Information Network
IOT	Indian Ocean Territories
JCC	Joint Consultative Committee
KPI	Key Performance Indicator
MHC	Mental Health Commission
OSH	Occupational Safety and Health
RAAP	Regional Access and Awareness Program
SES	Stakeholder Engagement Strategy
SIWG	Systemic Issues Working Group
ST&R	Share Time and Review
TRIM	Total Records Information Management
WA	Western Australia
WAAMH	Western Australian Association for Mental Health

Appendix two

AHPRA register of national boards and professionals

National Board	Profession	Division
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Aboriginal and Torres Strait Islander Health Practitioner	
Chinese Medicine Board of Australia	Chinese Medicine Practitioner	Acupuncturist Chinese herbal medicine practitioner Chinese herbal dispenser
Chiropractic Board of Australia	Chiropractor	
Dental Board of Australia	Dental Practitioner	Dentist Dental therapist Dental hygienist Dental prosthetist Oral health therapist
Medical Board of Australia	Medical Practitioner	
Medical Radiation Practice Board of Australia	Medical Radiation Practitioner	Diagnostic radiographer Nuclear medicine technologists Radiation therapist
Nursing and Midwifery Board of Australia	Nurse	Registered nurse (Division 1) Enrolled nurse (Division 2)
Nursing and Midwifery Board of Australia	Midwife	
Occupational Therapy Board of Australia	Occupational therapist	
Optometry Board of Australia	Optometrist	
Osteopathy Board of Australia	Osteopath	
Pharmacy Board of Australia	Pharmacist	
Physiotherapy Board of Australia	Physiotherapist	
Podiatry Board of Australia	Podiatrist	
Psychology Board of Australia	Psychologist	

Appendix three

Health providers prescribed under s75 of the *Health and Disability Services Complaints Act 1995*

Prescribed entity
Abbotsford Private Hospital
Albany Community Hospice
Attadale Private Hospital
Bethesda Hospital [1]
Busselton Hospice Care Incorporated
Department of Corrective Services
Department of Health, Child and Adolescent Health Service
Department of Health, Dental Health Services
Department of Health, North Metropolitan Health Service
Department of Health, South Metropolitan Health Service
Department of Health, WA Country Health Service
Glengarry Private Hospital
Hollywood Private Hospital
Joondalup Health Campus
Mercy Hospital [2]
Mount Hospital
Mount Lawley Private Hospital
Ngala Family Services
Peel Health Campus [3]
Perth Clinic
South Perth Hospital
Silver Chain Nursing Association Incorporated
St John of God Hospital, Bunbury
St John of God Hospital, Geraldton
St John of God Hospital, Murdoch
St John of God Hospital, Subiaco
Subiaco Private Hospital Pty Limited
Royal Flying Doctor Service of Australia (Western Operations)
St John Ambulance Australia (Western Australia) Inc
The Marian Centre
Waikiki Private Hospital

[1] Bethesda Hospital no longer operates as a Private Licence facility and is managed by WACHS. This change occurred in March 2014.

[2] On 5 May 2014 ownership of Mercy Hospital was transferred to St John of God Health Care. Mercy Hospital is now known as St John of God Mt Lawley Hospital.

[3] Peel Health Campus has been acquired by Ramsay Health Care.