Health and Disability Services
Complaints Office

Empowering users & providers to collaboratively **improve** **health & disability** services

ANNUAL REPORT 2014 – 2015

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**.

Cover image: Taken from HaDSCO's Future Directions Planning Forum held on 2 July 2015.

Preliminaries 1.

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

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 2015.

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
Mental Health Act 2014
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

9 September 2015

About this report

Welcome to the Health and Disability Services Complaints Office (HaDSCO) 2014–15 Annual Report. The report provides an overview of the work led by the Office and how we have contributed to the improvement of health, disability and mental health services in Western Australia.

The report is structured around five key performance areas encompassing our role in system improvement, empowerment and education, quality complaints management, building staff capacity and effective resource management.

Contact details

Useful numbers

Complaints and enquiries:	(08) 6551 7600
Country free call:	1800 813 583
TTY (for people with voice or hearing impairment):	(08) 6551 7640
Reception:	(08) 6551 7620
Fax:	(08) 6551 7630

Location

Albert Facey House, 469 Wellington Street, Perth WA 6000

Postal Address

PO Box B61, Perth, WA 6838

Email
mail@hadsco.wa.gov.au

Website
www.hadsco.wa.gov.au

Online engagement site
www.collaborateandlearn.hadsco.wa.gov.au

Contents

Contents (Continued)

Office overview

2.

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

From the HaDSCO Director

Welcome to the 2014–15 Annual Report of the Health and Disability Services Complaints Office (HaDSCO). We are an independent statutory body responsible for a broad range of functions, all of which aim to drive improvements across health, disability and mental health sectors.

During the year we led a number of initiatives, which focused on delivering system improvement in target areas. We have the legislative obligation to collect complaint data from health and disability providers on a yearly basis. This allows my Office to identify the trends and issues presenting from the data and work with providers to support improvement. This work is done in collaboration with service providers to better understand the underlying context of complaints.

This has been the fifth year of collecting aggregated complaint data from 26 health providers across the state. Using this information we delivered individual complaint trend reports to key health providers, and gave them access to interactive data sets through our online engagement site Collaborate and Learn.

Our vision

"Empowering users and providers to collaboratively improve health and disability services"

Historically we have received a low number of complaints from people with disability or their carer. Under s48a of *Disability Services Act 1993*, due to a recent amendment, we have the legislative mandate to collect complaint data from disability service providers. During the year we established a pilot group of 20 disability service providers to develop a process that would enable the submission of complaint data to HaDSCO.

To complement this project, we completed an extensive engagement program, inviting people with disability and carers to participate in a focus group. The purpose of this was to understand the barriers to making complaints from a consumer or carer perspective. The response from the community to the focus group series was unprecedented, resulting in my Office delivering 13 focus groups in both metropolitan and regional Western Australia (WA). A report will be released in partnership with National Disability Services in late 2015, providing a summary of the communities concerns, provider perspectives and our recommendations to improve complaint handling processes.

We strive to deliver our services efficiently and effectively to our various stakeholders. With the introduction of internal efficiency measures, 100 percent of complaints were assessed within 28 days. With a focus on delivering more in our second service – education and training in the prevention of complaints – we reduced the cost of awareness raising activities by 44 percent.

Through the management of complaints we worked with services to improve the way services are provided. This process resulted in 86 recommendations made by my Office.

Since 2010 when the *National Health Practitioner Regulation Act 2010* was introduced, we have been required to work with Australian Health Practitioner Regulation Agency (AHPRA) when we receive complaints about a named registered health practitioner. During the year, this Office and AHPRA WA established a National Review to assess how changes can be implemented to make our joint processes more transparent and timely for consumers and providers.

Following on from the mental health consumer perspective forum delivered by my Office in 2013, work in mental health continues to gather momentum. In a leadership capacity we formed a committee with central government agencies, each with legislative responsibility in managing mental health complaints. The committee membership includes the Office of the Chief Psychiatrist, Council of Official Visitors, Mental Health Commission and the Office of Mental Health, with a focus on clarifying roles and responsibilities in managing mental health complaints. This led to the development of a Mental Health Complaints Partnership Agreement and Addendum to be launched on 12 August 2015. I would like to commend the hard work and dedication of this committee over the past 12 months.

Our Consumer and Carer Reference Group celebrated their one year anniversary, following the group's establishment in March 2014. During the year we also established a Health Provider Consultative Group formed by key representatives from the health sector. These groups are essential as they provide an opportunity to work with key stakeholders to understand how we might improve in our delivery of services and share opportunities for improvement.

Reaching our regional, aboriginal and Culturally and Linguistically Diverse (CALD) communities has its own set of challenges. This year we trialled a new strategy to engage with regional communities. This included the establishment of partnerships with NGO's to access different groups in the community. We partnered with Individual Disability Advocacy Service to reach vulnerable communities throughout the region. We also launched a key awareness raising video featuring members of the Noongar community titled "Speak up - do something about it" in partnership with Yorgum Aboriginal Corporation.

We have an agreement with the Commonwealth to deliver services to the Indian Ocean Territories (IOT). This year we visited Christmas Island to develop an awareness raising video involving the community. The video, to be released in 2015, showcases the various cultures and languages on the Island, providing information about our services. We hope that this video will become a lasting and useful resource for the IOT communities and to the broader CALD communities in WA.

This is my tenth and final annual report as I will be retiring as Director at the end of 2015. It has been a privilege to be in this role and I reflect on the many changes during this time. As a result of legislative amendments in 2010, the name of the Office changed from Office of Health Review to HaDSCO. This name more aptly reflects our role in both health the disability sectors. The legislative amendments also provided greater capacity for the complaints team to achieve early resolution of matters and to utilise their skills where appropriate to support parties to effectively resolve issues.

The implementation of regulations with prescribed health providers is now being extended to prescribe disability providers. This affords the opportunity for industry discussions related to the trends and issues arising from complaints, and for the sharing of lessons and improvement achieved.

In the last six years we have improved the productivity of the Office expanding our functions through leadership in key areas, including a focus on system improvement and engaging with community and service providers to better understand the issues underlying complaints. Our stakeholder and community engagement programs ranging from face-to-face to social media have been invaluable. As a small Office the opportunity to establish an interactive social media platform has provided another avenue to reach communities.

This recognition of our broader role is a testament to the commitment of my staff to embrace change, demonstrating leadership in developing a more open agenda about the importance of effectively addressing complaints, and using the information to benefit patient centred safe practice.

The work of the Office is possible due to the enthusiasm and commitment of staff that bring these changes to fruition with great professionalism and integrity. I have gained so much professionally and personally in this role and I express my sincere thanks to my staff and our broad group of stakeholders for all that you have shared to make a difference.

86
Recommendations
made to service providers to ***improve*** the delivery of services within WA

Engaged with regional WA

Visited: Bunbury, Busselton, Kalgoorlie, Broome, Geraldton, Katanning, Albany, Christmas Island

524
Outreach activities
delivered to communities and service providers

176
Awareness
raising activities with the community and service providers

13
Focus groups
for people with disability to understand the barriers in making complaints

20
Disability service providers *submitted complaint data to HaDSCO*

Launched
Consumer Feedback online survey

In partnership with yogrum launch
"Speak up – Do something about it"
a video developed with the Noongar community

100%
of cases assessed ***in***

Released
a Health Complaint Trends Report 2010–14

Launched
a multi-agency Mental Health Partnership Agreement

Launched
a Resource and Case study library on our online engagement site **Collaborate and Learn**

Since December 2014
316,679 views on
Collaborate and Learn

Who we are

The Health and Disability Services Complaints Office (HaDSCO) is an independent statutory body responsible for contributing to the improvement of health, disability and mental health services in Western Australia (WA) and the Indian Ocean Territories. HaDSCO has a statutory reporting function to the Hon. Dr Kim Hames, Deputy Premier; Minister for Health; Tourism.

Through our roles and functions with the health, disability and mental health sectors we:

- Provide a free, independent and impartial service that assists consumers and providers to resolve complaints.
- Use information about complaints to identify system issues and trends across these sectors.
- Work collaboratively with consumers and providers to improve service delivery and complaints management.

Our services

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 vision

Everything we do centers around the vision of:

> ***“Empowering users and providers to collaboratively improve health and disability services”***

Our values

To work towards achieving our vision, which essentially outlines where we are as an organisation and where we 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 2012–15 strategic plan

Within our two service areas we have identified priority areas of work that help us to achieve our central 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

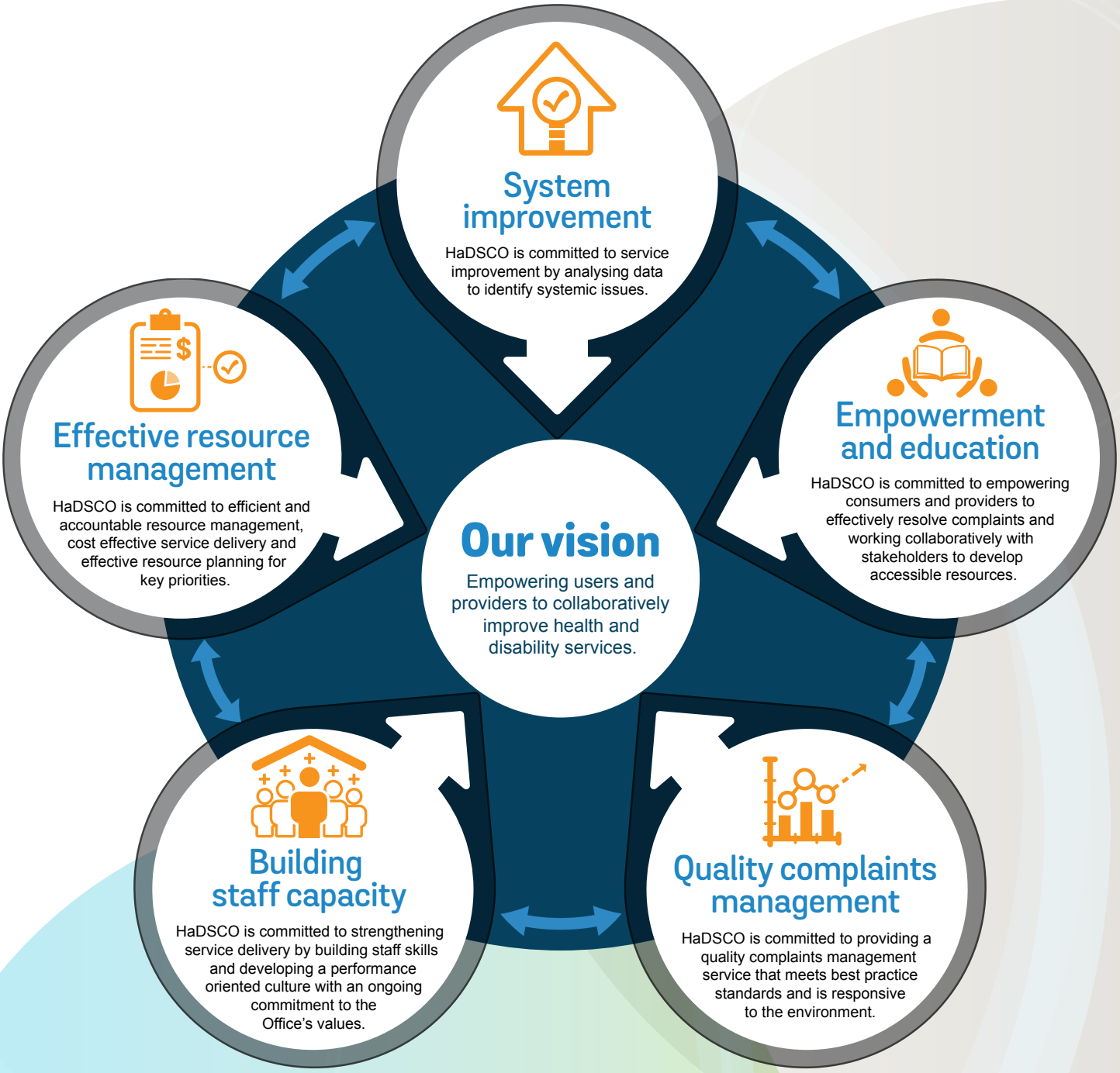
HaDSCO is committed to strengthening service delivery by building staff skills and developing a performance oriented culture with an ongoing commitment to Office values

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



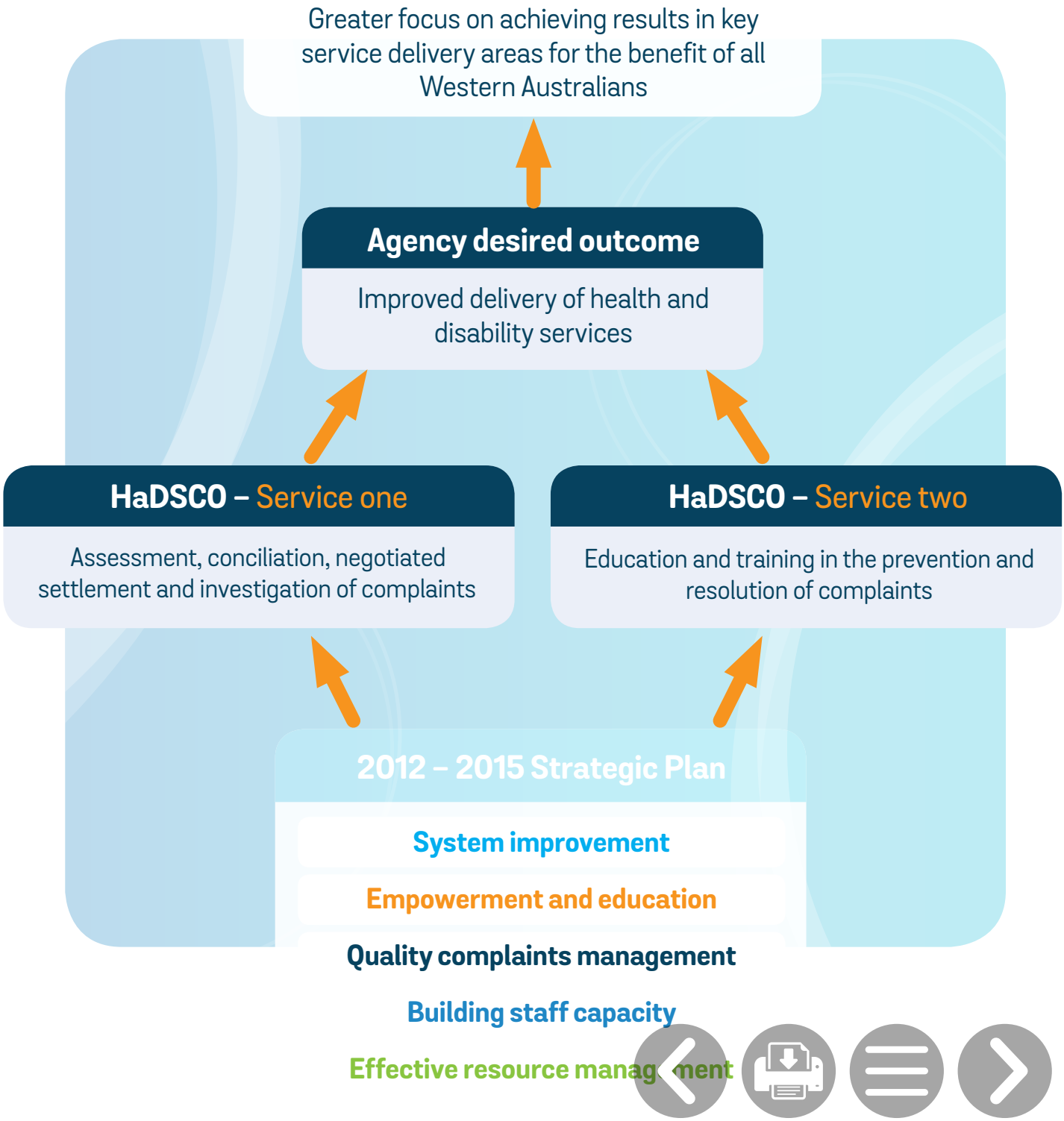
Service improvements

In 2014–15 through the management of complaints HaDSCO made 86 recommendations to improve health, disability and mental health services across WA.

Performance Management Framework

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

We do this to work towards achieving the overarching Government goal – Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians.



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 our desired outcome of improved health, disability and mental health service delivery.

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.

Part 19 of the *Mental Health Act 2014*
We have always managed complaints about mental health services; however Part 19 of the *Mental Health Act 2014* will expand our jurisdiction and strengthen our capacity to manage these types of complaints.

Our functions

Under these two acts, our main functions are to:

- Deal with 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 are required by law to consult the Health Practitioner Regulation Agency (AHPRA) about complaints relating to the health, conduct or professional performance of individual health practitioners. We consult with each other to determine which agency is best placed to manage the complaint.

Sometimes, different aspects of a complaint are managed by both agencies. For example, AHPRA may investigate allegations relating to the health, performance or conduct of an individual practitioner while HaDSCO manages the broader system issues that may have contributed to the cause of the complaint. In addition, system issues identified by the boards during their investigations are referred to HaDSCO for further management.

A full list of the health professionals that are regulated by AHPRA can be found in ‘Appendix’ page 121.

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:

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

The section of this report titled 'Significant issues' on page 73 explains this legislative review and change in more detail, including the potential impact that this may have on our Office.

Investigative powers

Under the Director's formal powers of investigation, HaDSCO can issue a notice for information to be produced and can also require the attendance of a person to answer questions under oath or affirmation.

Health and Disability Services (Complaints) Act 1995 provides the Director with extensive powers, when warranted, to:

- summon individuals or documents
- apply for a warrant to enter premises
- enter and inspect premises and take copies of any necessary documents.

The Director has the power to make recommendations following an investigation and follow up on the action taken by the health or disability service provider. The Director does not have the power to enforce the recommendations.

The Director can also report to Parliament on any matter arising from a complaint or on any of the functions of the Director. Part VI of the *Disability Services Act 1993* contains similar provisions for the investigation of disability services complaints.

Other reporting functions:

Memorandums of Understanding (MOUs)

To support the delivery of our services and ensure information is transferred between key government departments, we work with a number of others agencies to deliver the best possible outcomes for the community.

We have developed Memorandums of Understanding (MOUs) with key government agencies to facilitate collaborative and cooperative working in the resolution of complaints. These include:

- Australian Competition and Consumer Commission (ACCC)
- Australian Health Practitioner Regulation Agency (AHPRA)
- Coroner's Office
- Department of Commerce
- Department of Corrective Services
- West Australian Police

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.

The Office can be summarised in two parts, reflecting the two key service areas that we deliver:

Complaints and System Improvement Unit

The Complaints and System Improvement (CSI) Unit is primarily focused on HaDSCO's service one - assessment, conciliation, negotiated settlement and investigation of complaints. The key functions of this team are below:

- Provide a comprehensive complaint management service to stakeholders from the initial enquiry stage where information, support and guidance is provided, right through to the management and resolution of complaints.
- Undertake work relating to the system improvement of health, disability and mental health services.

Strategic Services and Community Engagement Unit

The Strategic Services and Community Engagement (SSCE) Unit is primarily focused on HaDSCO's service two: education and training in the prevention and resolution of complaints, as well as providing the core business services to the Office. The key functions of this team are below:

- Deliver a range of programs and strategies to educate, promote our services and collaborate with key stakeholders.
- Produce statistical analysis and research relating to complaints data.
- Provide corporate governance, administration, human resources, records management and finance.

Both units work collaboratively in the delivery of services.

The Office is also guided by the following committees that focus on leadership of the Office and driving improvements across the sectors:

Executive Team

The Executive Team provides leadership and oversees the strategic direction of the Office. The team includes representation from both units and consists of the Director, Assistant Director Complaints and System Improvement and Assistant Director Strategic Services and Community Engagement.

System Improvement Working Group

The System Improvement Working Group identifies and monitors system issues in health, disability and mental health sectors. One of the main functions of the group is to identify and implement initiatives designed to raise awareness about system issues, and prevent further complaints.

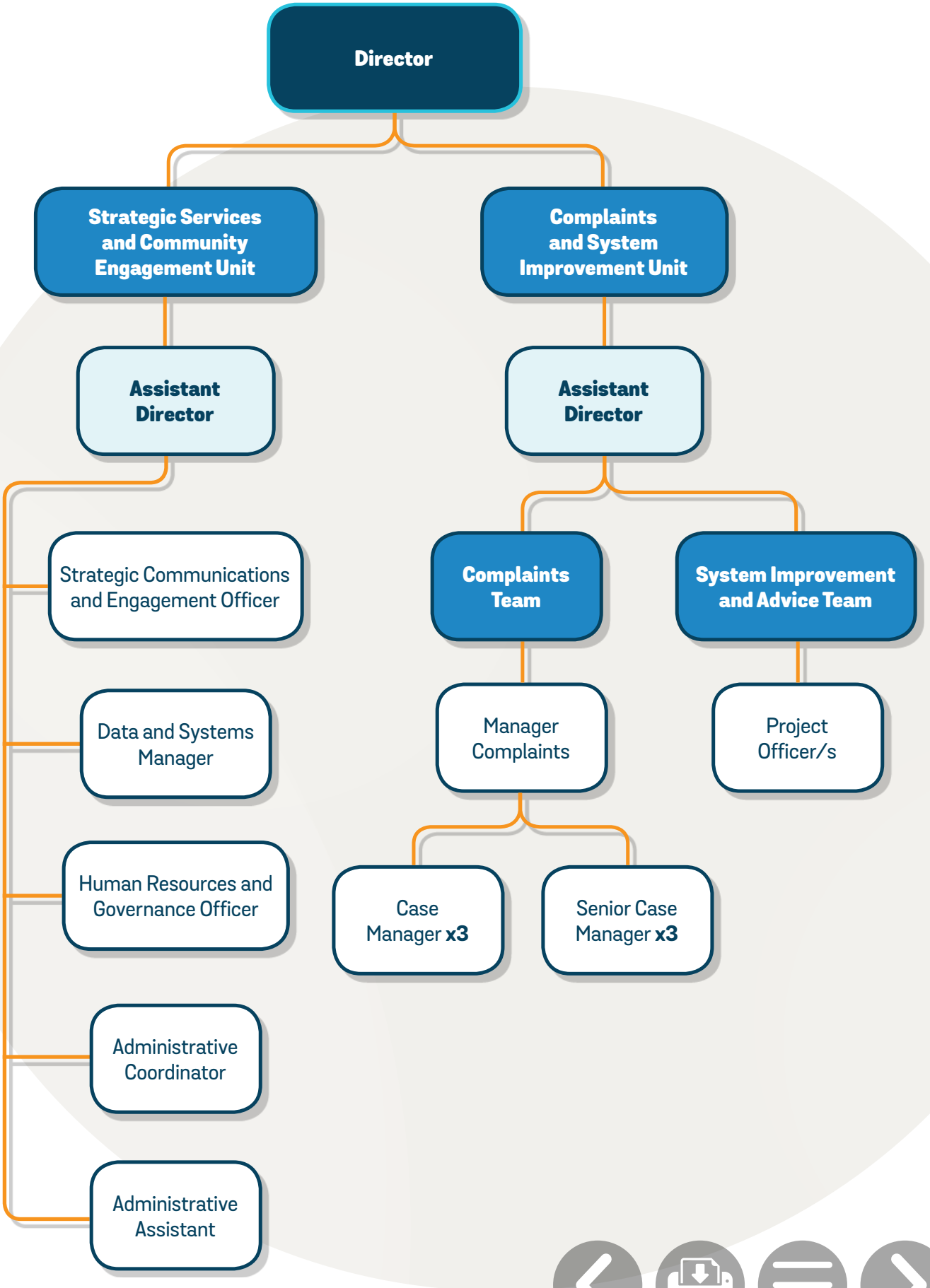
Medical Panel

A service contract to provide medical advice via a specialist medical panel is in place with Edith Cowan University. The Medical Panel provide medical opinion on cases that are clinical in nature and assists with the development of education initiatives, such as case studies and presentations to health providers.

Strategic Services support

Support is also provided by the Health Corporate Network of the Department of Health (DoH), in the areas of human resources, procurement, finance, reporting and business systems services. An agreement with DoH also provides for information and communications technology support.

Organisational chart



Office performance

3.

This section provides a dynamic overview of the HaDSCO's Office performance and key achievements.

System improvement

Contributing to the improvement of health, disability and mental health services underpins everything we do as an Office. We recognise that, through first reporting, and then reflection, complaints provide a valuable opportunity to improve. They allow an organisation to look back on an event or situation and assess how things could have been improved. From this we then have a starting block from which we can minimise future risk and work to ensure the same issues do not occur again.

The overview of key initiatives are below:

During 2014-15 we led a number of programs focused on delivering system improvements. Through the collaboration and sharing of information, we worked with key stakeholder groups to deliver positive changes across sectors.

In a snapshot, the initiatives we focused on during 2014-15 to support improvement included:

Key initiative

Recommendations for service improvement

Overview

In 2014-15 we received 2419 complaints. These complaints, lodged directly with HaDSCO, included allegations by the community about health, disability or mental health services.

Through the collection of complaints data we are able to identify broad trends and issues and work collaboratively with service providers to make recommendations to address areas of concern. This year we made 86 service improvements across the three sectors.

In addition to making recommendations directly to service providers, we play a central role in sharing complaints data with the wider community, and use this information to inform future outreach and engagement activities.

To view more information on the types of complaints received see page 40.

Key initiative

Collecting and analysing complaint data from health providers

Overview

At the end of each financial year, a representation of public, private and not-for-profit health providers is required to submit complaint data to HaDSCO. This data provides an overview of the types of complaints that they have received over a 12 month period. We analyse this information and report on common trends. To access this data see page 54.

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. These health providers were selected to participate in the project because they represent a cross-section of health providers in WA. To see a list of these health providers please refer to 'Appendix' page 118.

We analyse the health complaints data obtained through this process and use this, along with other sources of information (e.g. our own complaints data), to identify potential opportunities for system improvement. From this we are then able to share information with health providers, producing a full analysis of all data submitted. In 2014-15 we shared this information through a variety of means including interactive charts, broad sector and tailored reports.

This provides a unique insight into the health sector overall and is a starting block from which we can work collaboratively to suggest improvements.

Key initiative

Collecting and analysing complaint data from disability providers

Overview

During 2014-15 we worked with a pilot group of 20 WA disability service providers to develop a procedure that would enable them to submit their complaints data to HaDSCO. We collect this data under Section 48A of the *Disability Services Act 1993.* The aim of the process was to:

- improve the consistency of complaint data collection in the disability sector;
- provide useful information about the issues that consumers experience when accessing disability services; and
- work collaboratively with disability service providers, sharing lessons learnt from complaints and ideas to improve service delivery.

To access this data see page 60.

Did you know?

The disability complaints system was modelled on Victoria's and New South Wales' database to facilitate greater consistency in complaints data collection across Australia.

The disability service providers that send us their complaints information are prescribed under Section 48A of the *Disability Services Act 1993*. Each prescribed disability service provider must therefore submit their complaints data to HaDSCO on an annual basis. To see a list of these disability service providers please refer to 'Appendix' page 119'.

Having agreed upon a consistent format to collect complaints data, the pilot group of providers began recording complaints data in the new agreed format from 1 July 2014. Forming the inaugural year, the 2014–15 reporting period enabled HaDSCO to collect complaints information from disability service providers for the first time, providing an essential means to evaluate and report on broad complaint trends across the sector.

To streamline the process, Disability Services Commission and HaDSCO co-funded the development of a more user-friendly and comprehensive complaints collection system. This new system was developed and tested in 2014–15 and can be used by the participating disability providers from 1 July 2015. From this we hope to make the recording of complaints data even more streamlined and consistent, allowing for comprehensive reporting across the sect[illegible].

Key initiative

Sharing what we have learned from complaints

Overview

We remain committed to developing a bank of useful resources for use both internally and externally throughout the community. This includes reports on complaint trends and case studies.

In a bid to make these accessible to everyone, we developed a dedicated resources page on our online engagement site – Collaborate and Learn – placing these resources at community members' fingertips. By sharing these resources widely, we hope to empower community members – both people raising concerns and those receiving them – to feel empowered in resolving their complaints.

For the Department of Health and wider health services - including public, private and not-for-profit hospitals – we created a series of interactive charts enabling users to easily compare complaints data. More information on this is available on page 36.

Also, we delivered a range of tailored training packages to specific groups, where a need for further training was identified. The training sessions provided a valuable opportunity to share useful complaints handling techniques and tips with targeted provider groups.

Key initiative

Building networks to share improvements

Overview

In November 2014 we hosted the first Health Provider Consultative Committee meeting with key representatives from private and public health providers across WA.

The group committed to work collaboratively to address systemic issues identified from complaints. This included the sharing of resource materials and complaints data, as well as strategies to improve service delivery and consumer experiences. The group also outlined a commitment to provide guidance on where HaDSCO can add value by complimenting existing quality improvement strategies across the health sector.

Key initiative

Clarifying our role in managing mental health complaints

Overview

Through the establishment of the Mental Health Consultative Committee - consisting of a core group of state government agencies – we have been working to provide clarity around respective roles and responsibilities in managing mental health complaints.

This saw the committee work to establish the multi-agency Mental Health Partnership Agreement, outlining a commitment to simplifying complaints processes, clarifying roles and responsibilities and sharing information across agencies. More information on this project can be found at page 33.

Key initiative

Understanding community perspectives

Overview

To provide the best possible service to the community, we must first have a good understanding of the services, supports and needs required by the people accessing our services.

During 2014-15 a number of key initiatives were progressed to better understand consumer perspectives of making a complaint. Included was a key project with the disability community and service providers to better understand why our Office receives a low incidence of disability related complaints. This work filtered directly into subsequent work programs to address the issues raised. For more information on the work undertaken as part of this see page 32.

Empowerment and education

Empowerment and education remains a key focus for our Office. Alongside the provision of a comprehensive complaints resolution service, we also work to provide all of our service users with the tools, resources and knowledge needed to collaboratively improve health, disability and mental health services.

In this way we empower community members to feel confident in resolving their complaints. Additionally, we perform an essential educational function by providing information about good principles for complaints handling, details as to our role in complaints management and the outcomes we can achieve.

We recognise that complaints provide an opportunity to improve and, through tackling the individual and systemic issues that give rise to complaints, we can help bring about positive change. We believe that through education and training we can help to prevent the same issues occurring again in the future, and ensure services are effective, safe and consistent for all West Australians.

To achieve this, we undertake a range of ongoing and tailored engagement activities with a variety of stakeholders across Western Australia (WA). We promote our services, make them accessible to all and ensure that we are responsive to community needs. As a small Office with limited resources we aim to build meaningful partnerships to effectively deliver these programs. The following section details the work undertaken to achieve this during 2014-15.

Stakeholder Engagement Strategy 2012–15

Our Stakeholder Engagement Strategy (SES) 2012–15 outlines a commitment to deliver a series of individual engagement projects over a three year period.

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

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

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

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

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

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

The SES framework developed during the 2014-15 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 tailored.

It also assists us to highlight key stakeholder 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 areas that were of special focus for us during the 2014-15 reporting period.

Understanding community perspectives

Understanding what our community members want and look to from our service – be that provider, consumer, carer, family member or advocate –is central to what we do. We value community input in everything we do as a means to assess whether our goals are aligned and services fit for purpose.

Consumer and Carer Reference Group

HaDSCO's Consumer and Carer Reference Group (CCRG) this year celebrated its one year anniversary, following the group's establishment in March 2014. Consisting of representatives spanning health, disability and mental health, the CCRG continued to provide input and feedback on various elements of our service delivery throughout the 2014-15 reporting period.

In particular, the group played an integral role in developing a consumer feedback form for all HaDSCO users, to enable us to better capture experiences and perceptions of our service, as a means to evaluate and improve. Additionally, the group provided extensive feedback, comments and suggestions as part of our publications and website review, to ensure the information we are providing to consumers is reflective of their needs and how this relates to our service delivery.

Most importantly, through consultation with the CCRG we have been able to strengthen relationships with consumers, advocates, carers and family members, by providing ongoing opportunities for meaningful conversations around HaDSCO-led projects, as well as exploring opportunities for future involvement with external organisations.

> "It seems a great time to commend you on the work that has been done over this time frame to comprehensively plan, support and facilitate consumer and carer engagement with HaDSCO, and to do so in a manner that is ongoing/sustained, and that is flexible and responsive to people's needs. This is a contrast to the often 'ad hoc' approach to and interest in engagement consumers tend to encounter. My observation is that there are stronger and more diverse partnerships in place as a result and it's a significant achievement– thank you."
>
> – CCRG member

> "The CCRG meetings demonstrate HaDSCO's commitment to genuine consumer, carer and family engagement. The CCRG is highly valued by HaDSCO and input we and members provide is not only considered but utilised by HaDSCO in improving and strengthening their consumer, carer engagement strategy"
>
> – Anonymous member of our CCRG.

Moving Forward

We will continue to grow and expand the group's representation to ensure we have a diverse combination of consumer, carer and family members' perspectives with interests in health, disability and mental health. We recognise the importance of involving community members in our future planning and service delivery to achieve the best possible outcomes.

Understanding community perspectives (Continued)

Disability Focus Group Series

HaDSCO has historically reported a low number of complaints from the disability community. In recognition of this, in 2014-15 we launched a project to reach out to people with disability, their carers and families to better understand the possible rationale behind these statistics.

To do this we held a series of focus groups with individuals who identified themselves as having accessed disability services, to better understand the barriers in making complaints.

Before beginning the project, we consulted extensively with key disability sector stakeholders, to gain their support of the project and discuss opportunities for sharing the information gained through the public consultation.

In total, we hosted 13 disability focus groups with a variety of consumers, advocates, family members and carers in metropolitan and regional areas, as part of a five month consultation project.

The focus groups provided a valuable opportunity to talk through consumer experiences and share insight into how the complaints system is perceived in the disability sector. Additionally, the sessions enabled us to work through ideas and suggestions with attendees, by looking at what improvements they felt could be implemented in relation to the themes they had identified.

Gaining this type of feedback gave us a valuable insight into the disability sector in WA and placed us in a strong position to share this information with disability service providers. To do this we partnered with the National Disability Service (NDS) to host a one-off event for disability service providers, to understand complaints from their perspectives. Given our impartial standing, it was important to include provider feedback, ensuring all sides were represented. The session, held in late May 2015, brought together disability service providers from the public, private and not-for-profit sectors and presented a range of self-selected issues for group discussion.

Moving Forward

Taking this wealth of information and using it to positive effect, we are working to provide a report detailing the current complaints management processes within the disability sector. Within this, there will be a number of recommendations to aid the management of disability complaints across WA, which we plan to deliver in partnership with NDS.

Promoting system improvements through collaboration and partnerships

As a small Office we look to build upon existing relationships to create meaningful partnerships, to have a greater impact. Through collaboration and involvement with key agencies in the health, disability and mental health sectors, together we can make recommendations that have real benefit for all West Australians.

Mental Health Complaints Partnership Agreement

Following on from the mental health consumer perspective work initiated in 2013, mental health engagement continued to gather momentum this year, with an increased focus on looking at 'where to from here'.

Having collected consumer feedback and identified the key issues in raising complaints within the mental health setting, we began work with a group of central government agencies, each with legislative responsibility in managing mental health complaints. The committee was derived from one of the three recommendations from the Mental Health Consumer Perspectives Report – this being key agency collaboration.

Throughout 2014-15, consultation with this group – consisting of the Office of the Chief Psychiatrist, Council of Official Visitors, Mental Health Commission and the Office of Mental Health – has been ongoing to develop an agreed consensus around:

- Each of our roles in managing mental health complaints.
- Principles to guide effective complaint resolution.
- Mechanisms for State government agencies to work collaboratively to resolve complex mental health complaints, particularly where the standard process is not suitable.

This in turn led to the development of a draft Mental Health Complaints Partnership Agreement – see below. The Agreement was developed in two parts:

Agreement

A principles-based document that symbolises the collaborative intent of how the agencies involved will work together to more effectively manage mental health complaints.

Addendum

A working document that outlines the respective roles and responsibilities of the agencies involved when managing mental health complaints. Included in this is an action plan to operationalise the Agreement which proposes six initiatives on which stakeholders will collectively work in 2015-16. It is acknowledged that the Agreement alone is unlikely to have the desired impact, given its conceptual nature.

HaDSCO had a period of public consultation in May - June 2015 to share the proposals outlined in the Agreement and Addendum, and to gain feedback from the wider community.

Moving Forward

In early 2015–16 the Mental Health Complaints Partnership Agreement will be officially launched following the finalisation of the public consultation period and subsequent amendments. Led by HaDSCO, the launch will outline the collaborative commitment for delivering the Agreement and specific initiatives arising from the Agreement. It will include the contributions made by both government and non–government stakeholders in establishing the Agreement.

Promoting system improvements through collaboration and partnerships (Continued)

Health Provider Consultative Committee

One of the core functions of the Office, is to collaborate with the community, to review and identify the causes of complaints, and to suggest ways of removing and minimising those causes. In addition, we have a responsibility to inquire into broader issues of health care and to provide advice to support system improvements. These legislative functions of our Office provide the basis for us to develop and implement a model that identifies system issues and, respectively, to find strategies to address them.

To facilitate this, in 2014-15 we convened a Health Provider Consultative Committee (HPCC) comprised of executive officers from public and private health providers. Broadly, the purpose of the committee was to collaboratively identify and address systemic health issues and avoid duplication across the health sector. This year we committed to:

- Outline a proposed approach for HaDSCO to identify system issues in the health sector that have the potential for negative impact across the WA community.
- Identify consequential actions that HaDSCO and/or relevant stakeholders should take to address the system issues identified, in order to improve the quality of health and disability services.

Did you know?

Along with this committee, the continuing work of HaDSCO's CCRG marks an important transition for our Office as we continually look at ways to bring about system change for the benefit of both consumers and providers.

With our focus on increasing collaboration with consumers and providers, both the CCRG and HPCC help to ensure that both consumer and provider perspectives are incorporated in our service delivery and educational resources.

Partnering with advocates and community leaders

Arising from the disability focus groups, we became aware of the need for us to further develop relationships and links with key advocacy agencies and community leaders. Many of these session attendees had at some point utilised the services of a community leader or advocate to help with their complaint.

We acknowledged the integral role of both advocates and community leaders, in that they provide trusted information and guidance, often acting as the first point of contact for vulnerable people. We recognised that, by establishing good relationships with these individuals and organisations, we could ensure more people are aware of our services and have timely and representative information when considering whether to raise a complaint.

Promoting system improvements through collaboration and partnerships (Continued)

Also, in line with our commitment to providing inclusive services to Culturally and Linguistically Diverse (CALD) communities, we recognised that community leaders often act as the primary contact for these communities, by providing information to usually hard-to-reach groups, such as migrants and ethnic minorities. It was therefore essential that we reach out to this group.

To kick start this project, we held an Advocates and Community Leaders Day in partnership with the following agencies:

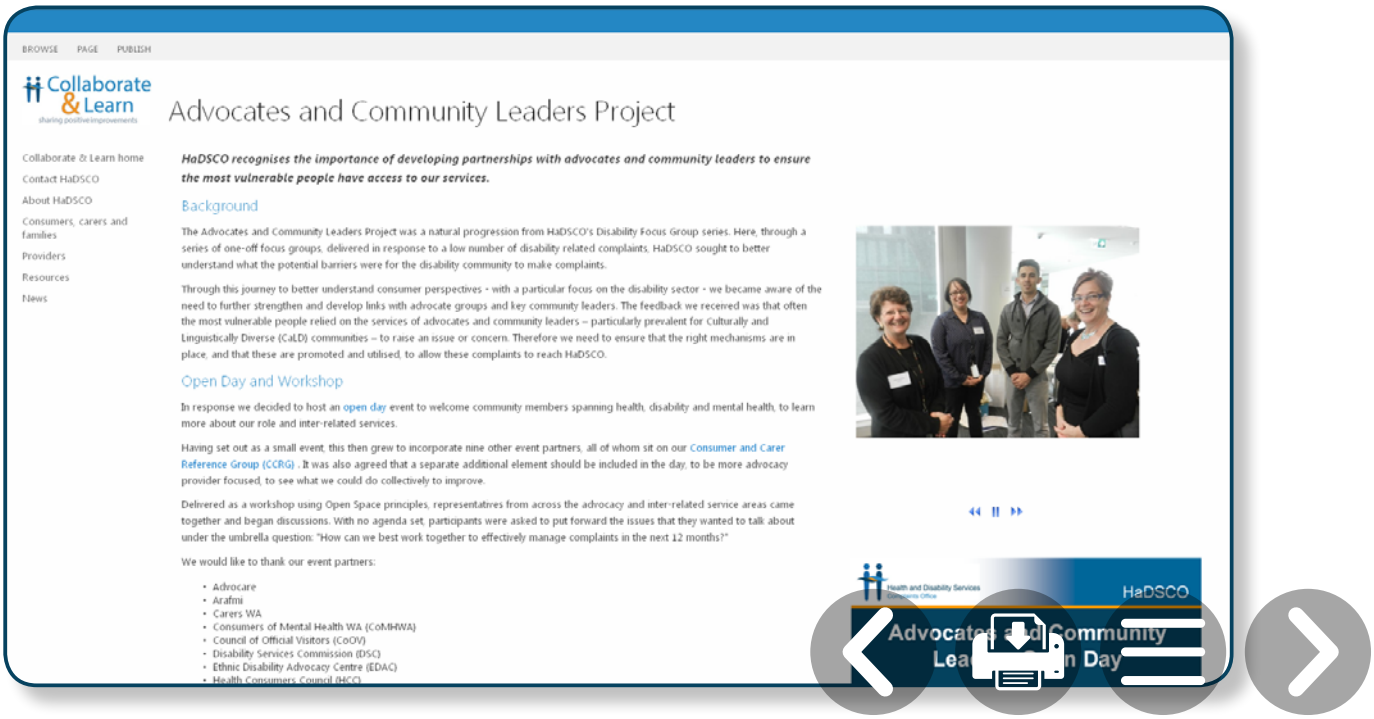
- Advocare
- Arafmi
- Carers WA
- Consumers of Mental Health WA
- Council of Official Visitors
- Disability Services Commission
- Ethnic Disability Advocacy Centre
- Health Consumers Council
- People with Disability WA

The event, split into two parts, consisted of an open day and workshop. The open day, as a public event, aimed to:

- Raise the profile of the Office amongst key community members
- Outline current projects and invite involvement and participation where suitable
- Network and strengthen relationships
- Define each of the event partner roles and responsibilities in managing complaints to provide clarity to the general public

With a slightly different focus, the workshop was offered to advocates, community leaders and inter-related service providers. This provided an opportunity to discuss what effective complaints handling might look like, with a focus on system improvement.

The day was attended by over 100 people, with discussions centred on how we might best work together to manage complaints. The open day and workshop formed the initial stage of engagement with this sector. A subsequent dedicated page was set up on HaDSCO's Collaborate and Learn site for attendees to access relevant information.



Sharing what we have learned from complaints

By sharing our specialist complaints handling knowledge we seek to promote a healthy complaints management culture. Using our expertise spanning health, disability and mental health sectors, we aim to empower our service users.

Empowering providers through education

In consultation with our stakeholders, we worked to establish an Effective Complaints Handling Manual as a means to share information on best practice. The manual provides an overview of what HaDSCO considers to be important aspects of effective complaint management.

Using this manual, we delivered a series of pilot 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. This saw us undertake specific training programs with health and disability providers during 2014-15. Moving forward this will see us look at how training can be delivered in a sustainable way in accordance with limited resources and funding.

Collaborate and Learn

Being able to relay timely and relevant information to our stakeholders is essential. To ensure we were able to do this to the best of our ability, we worked to develop HaDSCO's online engagement platform – Collaborate and Learn – during 2014-15.

This included the establishment of a series of dedicated project pages tailored to individual group needs, including advocates, commissioners and CCRG, to keep stakeholders well informed and provide access to key resources relating to their areas of interest.

Additionally we developed a range of features available publicly, such as a comprehensive news function, relaying topical information from across health, disability and mental health sectors, as well as HaDSCO specific developments and updates.

This year there was an added focus on developing a bank of useful resources and case studies. This was in response to feedback from site users, who identified that such resources would be beneficial in their work.

For closed access groups, where information is available through individual login details, we created a series of interactive tools for Department of Health and wider health services - including public, private and not-for-profit hospitals -enabling users to easily compare complaints data and view resources related to the issues identified in those complaints. This was launched with endorsement from Department of Health Executives as a means to enable users to easily compare complaints data and share information.

Moving Forward

During 2014–15 we undertook extensive consultation with members of the CCRG to review our full print and online suite, gaining feedback about the information service users want to receive. This will help us to create a new print suite, including brochures, posters and information sheets, that is fully reflective of our service users' needs, as well as a new website and increased usability on our online engagement site – **Collaborate and Learn**.

Health complaint trends in WA

During 2014-15 we released a report which compares complaints received between 1 July 2010 and 30 June 2014 from two sources:

1) **HaDSCO data** – this includes all complaints made directly to HaDSCO about health services
2) **External data** – this includes complaints data received directly by service providers, who then submit their data to us on an annual basis.

We developed this report to highlight consistent and contrasting trends and issues over a four year period. It is an example of the work that we undertake to share information about complaints and create opportunities to improve health service delivery in WA.

Keeping our stakeholders well informed

Underpinning our tailored engagement programs is the key concept of raising HaDSCO's profile. We do this by providing information about the services we offer and the initiatives we have running via a range of print and online mechanisms, as well as a range of events.

We continued to keep our subscribers up-to-date with Office projects, developments and news through the publication of our quarterly e-newsletter *HaDSCO Connect*.

During 2014-15 we continued to promote and grow our free subscription service as a means to do this, doubling the number of subscription list members over the course of the year.

Moving Forward

As part of the print and online review, we will be looking at alternative ways of keeping our stakeholders informed, taking into consideration the feedback received as part of our strategic planning process for 2015–18.

Additionally, 6,746 of HaDSCO's targeted brochures were distributed to a range of services and organisations throughout WA. These brochures provide information about our role and services and detail the ways in which a complaint can be raised with us, including details about how to contact the Office.

We also utilised opportunities to feature in a range of sector publications and websites to promote awareness of HaDSCO and build interagency relationships. This included utilising meaningful and tailored media opportunities including features in The West Australian *Disability Awareness Week 2014* and *Health + Medicine* Mental Health Week Special supplement, reaching a readership state-wide of over 651,000 West Australians.

Providing a service for all West Australians

Reaching our regional, aboriginal and CALD communities has its own set of challenges. Each year we tailor and plan a schedule of outreach activities and specific initiatives to engage with otherwise hard-to-reach communities.

Regional engagement was a key focus for the Office this year, and as such we undertook more regional outreach activities than ever before. These consisted of a mix of both HaDSCO-led, and partner events, including complaint clinics – providing one-on-one advice to individuals, to effective complaint handling sessions – providing tailored complaints training packages to groups, and everything in-between.

These programs enabled us to strengthen relationships with community groups and service users, and helped to promote the work of HaDSCO.

- **Indian Ocean Territories (IOT) visit – Christmas Island**

As part of the Service Delivery Arrangement with the Australian Government our services are also available to residents of the Indian Ocean Territories (IOT). Given the remoteness of this area, we wanted to pursue outreach to produce a resource that would have a lasting effect and be useful for Island residents. This saw us undertake two streams of outreach with members of the Christmas Island community.

The first was a series of individual meetings with community members to talk through any issues or concerns about services provided on the Island, both formally and informally. These sessions were also a valuable opportunity to provide information on HaDSCO's services, helping to foster a greater understanding of the role of our Office.

Stream two focused on a similar concept to the '*Speak up – do something about it*' video resource, whereby we sought to create a short information video for use on the Island. For this we consulted with community members on the Island and in the metropolitan area both before and after the visit, in reference to creating a video resource, suitable for CALD communities. On the Island we sourced volunteer community members to feature in the video, with them relaying details of HaDSCO's services in a range of their local languages.

- **Ombudsman's Regional Access and Awareness Program**
  HaDSCO participated in the Ombudsman's Regional Access and Awareness Program visiting Kalgoorlie to deliver tailored presentations, complaint clinics and meetings with regional communities including consumer and service providers.

- **Midwest and Great Southern**
  We partnered with the Individual Disability Advocacy Service to reach vulnerable communities in Geraldton, Albany and Katanning through tailored community and provider education sessions.

- **South West**
  The Office visited the South West Region including Bunbury and Busselton to deliver a focus group with the disability community. We also used the visit to speak with key groups including the health service, Disability Services Commission and key not-for-profit groups.

- **Kimberley**
  We visited Broome communities to deliver disability focus groups and to deliver Complaint Handling Training with key Disability Service Providers

Moving Forward

In 2015-16 we will work to finalise the Christmas Island video resource and promote its use both on the Island and mainland WA, throughout CALD communities. Given the clear and concise dialogue used in the video, the resource will be transferable to a variety of communities, providing information about the services available and helping to increase awareness.

'Speak up – do something about it' video

As part of NAIDOC week celebrations held during July 2014, HaDSCO released an indigenous focused complaints video titled: '*Speak up – do something about it*', starring 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 reaching these communities.

The short video, developed in partnership with Yorgum Aboriginal Corporation, was created to help raise awareness of HaDSCO's services, and to help community members better understand how we can assist them with their complaints about health, disability and mental health services.

Centred around the slogan '*Speak up – do something about it*', the video aims to reinforce the key message that it's okay to complain, as, through raising a complaint, problems can be highlighted and improvements made. It features real life examples of the types of situations or scenarios that might give rise to complaints, to help illustrate the type of complaints we receive.

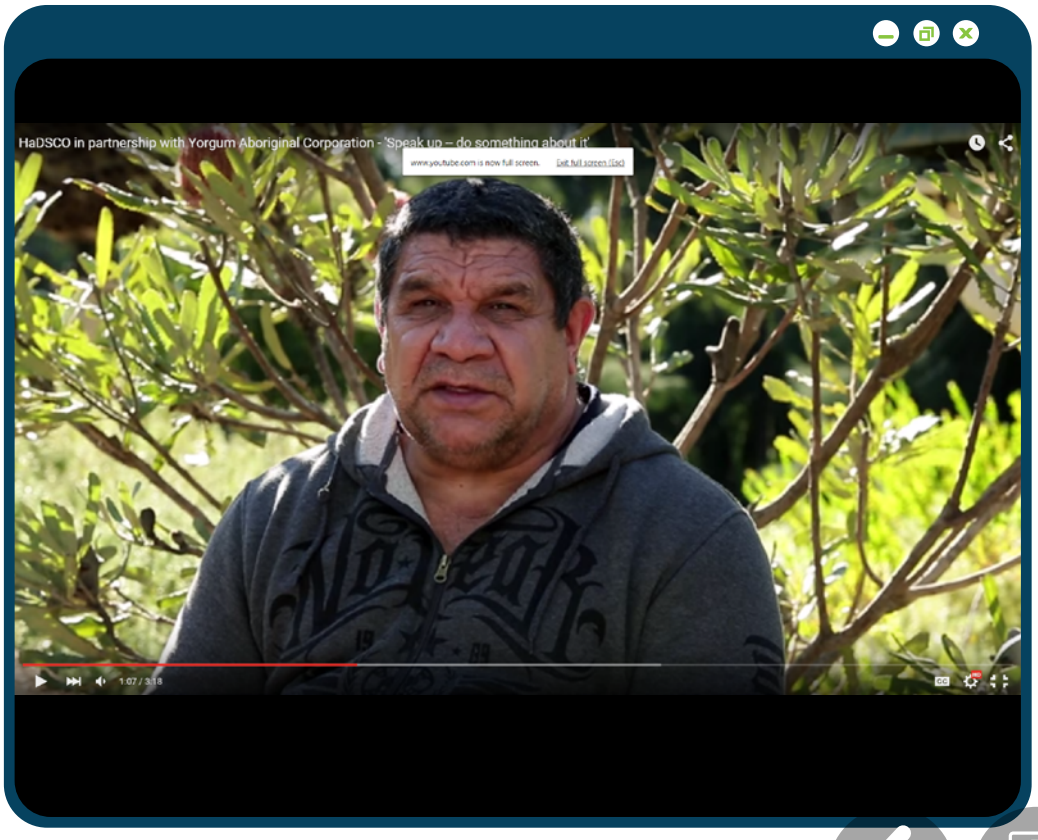
Following a launch event with Yorgum Aboriginal Corporation in July 2015, over 250 copies of the video have been sent out to various organisations and individuals for use as a training and educational resource. To supplement this we also created a full promotional package, including posters, to encourage the use of the video.

Additionally we promoted the resource through guest speaker presentations at events including the Aboriginal Health Conference July 2014 and the Aboriginal Maternity and Child Health May 2015, as well a question and answer segment on Perth's Noongar Community radio.

The video can be viewed via our Collaborate and Learn site at: ***www.collaborateandlearn.wa.gov.au***.

Moving Forward

We will continue to promote the video as an educational resource and are exploring opportunities to do so, including the possibility of both radio and television options.



Quality complaints management

A primary function of HaDSCO is to provide an accessible and impartial service for the resolution of health, disability and mental health complaints. In this section, information is provided on the number and type of enquiries and complaints received, and how complaints are resolved.

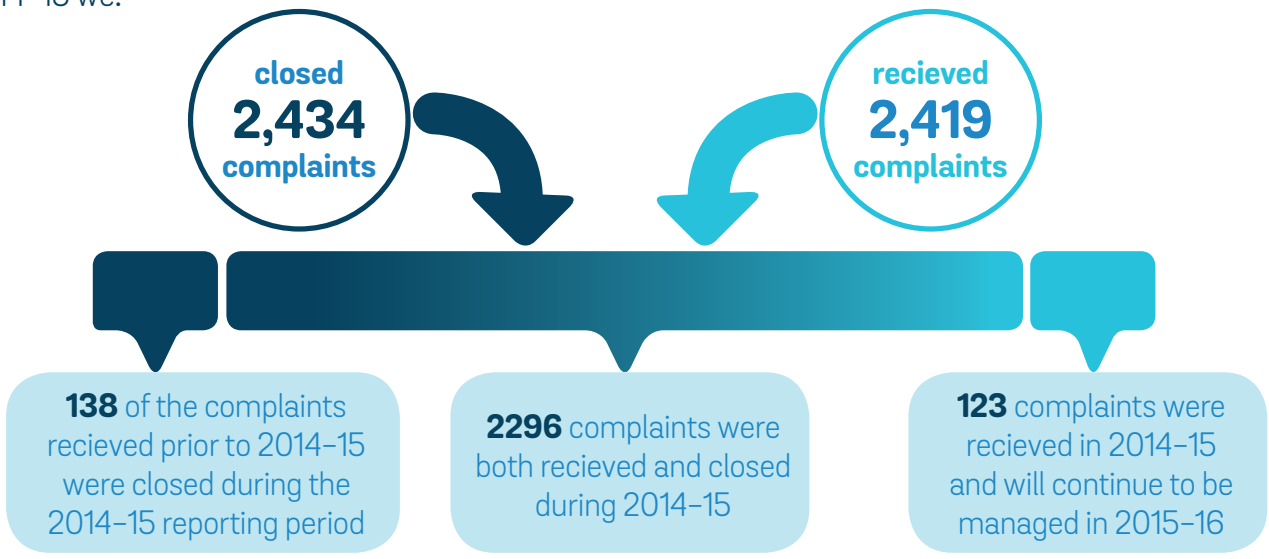
The report focuses on outcomes achieved for individual consumers as well as wider system improvements, implemented as a result of HaDSCO's complaints resolution process. Case studies, which have been de-identified to protect the privacy of all parties concerned, are used to demonstrate the context in which complaints are received, as well as illustrate the variety of issues involved and the outcomes achieved.

Overview of complaint trends

We manage complaints about health, disability and mental health service providers spanning the public, private and not-for-profit sectors. Information is collected about every complaint 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 we perform and this information assists us to identify potential system issues.

It is important to remember that these complaints are allegations from the perspective of the person who made the complaint. These results do not imply that the provider was at fault; instead the data shows the perspectives and experiences of people who made a complaint.

In 2014–15 we:



A breakdown of the types of complaints received are below:

Health Complaints	Disability Complaints	Mental Health Complaints	Out of jurisdiction Complaints
72%	3%	12%	14%

* Please note that percentages may not add to 100% due to rounding.

Did you know?

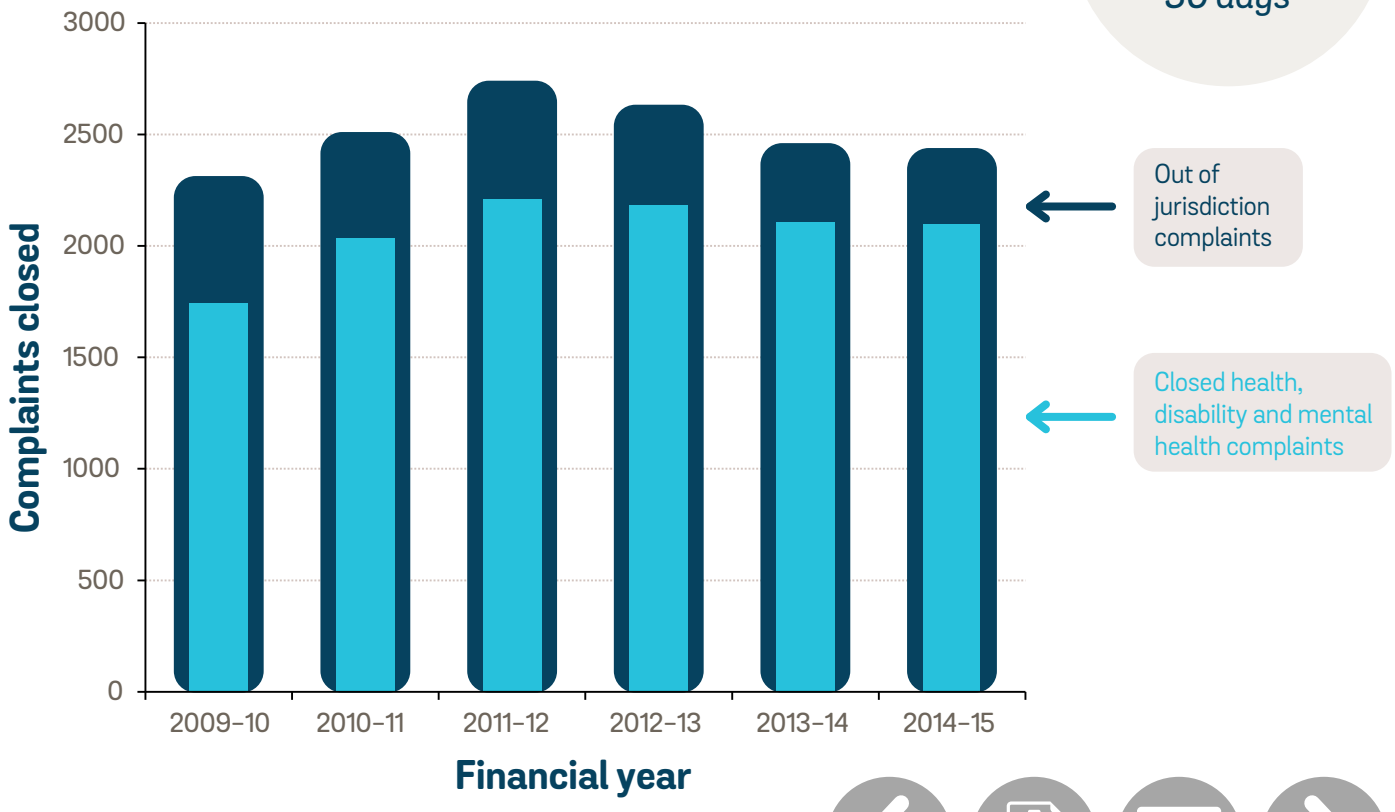
Complaints received and closed in 2014–15 are not the same. Why? Because complaints are not always closed in the same year that they are received. 132 complaints from 2014–15 were still open at the end of the financial year and continued to be managed.

How does this compare with previous years?

- The number of complaints closed in 2013–14 and 2014–15 was very similar, 2485 compared with 2434 this year.
- Out of jurisdiction complaints are complaints that HaDSCO does not have the legislative mandate to manage. When we receive an out of jurisdiction complaint we listen to the person's concerns and provide them details of a more suitable agency to contact. The proportion of out of jurisdiction complaints received by our Office has decreased from 25% of closed complaints in 2009–10 to 14% of closed complaints in 2014–15. This indicates that we are effectively communicating the role of our Office to people living in WA and IOT.

76% of complaints were resolved in *30 days*

Figure 1: Complaints closed between 2009–10 and 2014–15



1 – Enquiry

We provide people with information about how to make a complaint. This may include explaining our complaints processes, providing information about how to make a complaint in the first instance and/or determining which complaints agency is the most appropriate to manage the complaint.

2 – Assessment

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 (or their representative) has attempted to resolve the complaint with the provider in the first instance.
- A copy of the complaint in writing.
- A signed authorisation form to confirm that the consumer would like us to assist with the resolution of the complaint.
- Information to confirm that the complaint relates to an incident that occurred within the last two years.

However, in exceptional circumstances the Director may accept complaints that do not meet all of the criteria above, with this being managed on a case–by–case basis.

Once we have the information required to commence assessment, we review the complaint to determine if we can accept it. A complaint can only be accepted if it meets the criteria outlined in our legislation see page 19. At the end of the assessment process we may accept, reject or refer a complaint to a more appropriate agency. If we cannot accept the complaint we will close it after providing information about other complaint resolution options.

During the Assessment process we may identify a registered practitioner in a complaint. When this occurs, we are required by law to notify AHPRA about the registered practitioner. Information about the HaDSCO–AHPRA referral process is available in page 19.

3 – Complaint resolution pathway

Once a complaint is accepted we must determine which of our three voluntary complaint resolution pathways is most appropriate to resolve the complaint:

- **Negotiated settlement:** During the negotiated settlement process we become a central contact through which the consumer, complainant, provider and other relevant people can exchange information. In this role we function as an impartial and independent intermediary, to facilitate the resolution of the complaint. This is typically a paper–based approach.
- **Conciliation:** During the conciliation process we work with each party to identify the outcomes that they would like to achieve, and then facilitate discussions to move parties towards an agreed outcome. This is typically conducted face–to–face.
- **Investigation:** An investigation is a formal process to determine if the provider's conduct was reasonable. We also make recommendations about improvements to future service delivery. Investigations are rare in their nature and are undertaken if the complaint cannot be suitably managed through negotiated settlement or conciliation. Additionally, if no resolution is reached through these pathways and HaDSCO's Director believes further inquiry is required, an investigation may be conducted.

There are a number of factors we consider when making a decision about which complaint resolution pathway to use. We consider the risk to the public, nature of the complaint, the outcomes desired by the person who made the complaint and which process will achieve the best outcome for all parties.

The outcomes we achieve

The types of outcomes that our Office can achieve depends on how far a complaint progresses through our complaint resolution process (see page 42–43).

Outcomes achieved for complaints closed in Enquiry or Assessment

During Enquiry and Assessment we listen to the concerns of the person making the complaint and provide information about options to resolve their concerns. If we are provided with enough information from the person who made the complaint, we can assess the complaint to determine if we can accept it.

During these stages of our complaint management process we achieve many outcomes for the person who made the complaint, including:

- Providing advice about how to complain to a health, disability or mental health service.
- Clarifying outcomes sought and managing expectations about the likelihood of these outcomes being met.
- Referring people to relevant complaint agencies if we are not the correct agency to assist.
- Referring people to advocacy services if they need support/assistance to make a complaint.
- Clarifying information received by the complainant with the relevant service provider.

Outcomes achieved for complaints closed in a complaint resolution pathway

Once we accept a complaint, it will be allocated to one of three complaint resolution pathways – negotiated settlement, conciliation or investigation. During these processes we work impartially with the person who made the complaint and the service provider to resolve the complaint. From this process we can make recommendations about ways to improve service delivery.

Positive outcomes that we can achieve during these processes include:

- Apology from the provider about the way the complaint was handled.
- Apology from the provider about the service that was provided.
- Explanation from the provider about the factors that contributed to the issues in the complaint.
- Financial reimbursement (e.g. refund, compensation or goodwill payment) to acknowledge the circumstances that resulted in the complaint.
- Service improvement made by the provider to prevent a similar issue from arising in the future. Examples of service improvements include review of existing policies/procedures, staff training/ development and changes to processes/practices.

In 2014-15, 86 service improvements were managed by the Office. Examples of service improvement recommendations made by HaDSCO that were implemented by providers during 2014-15 are detailed below:

Review/change of policy

- Complaint management process: improving and streamlining the process.
- Clinical handover policy.

Staff training provided to

- Increase the awareness of health services' complaint management processes.
- Increase the understanding of Carers Recognition Act.
- Aid continuing professional development: clinical and communication skills.

Developing teaching resources

- Complaint used as a case study to increase awareness of staff and reduce similar incidents from occurring in future.

Change in process

- Reinforcing roles and responsibility of nursing staff to ensure better patient care.
- Increased transparency about treatment options.
- Better documentation in medical records.

Improved communication

- Producing and displaying appropriate signage for fees.
- Increased involvement with family and carers in decision making.
- Managing patient, carer expectations.
- Developing patient information pamphlets.
- Better informed financial consent.

HaDSCO case studies

Case study

The complainant had received notice from a radiology practice about an outstanding payment, threatening legal action if the account was not settled. She had not paid the account on the grounds that the practice had doubled their scheduled fee and had given her no option regarding the service as she was in the Operating Theatre of a private hospital at the time.

HaDSCO discussed the details to establish whether the complainant had signed forms upon admission consenting to such extra charges. The complainant recalled that the bill from the radiology practice stated that she had not provided consent for the service, due to being in the Operating Theatre.

HaDSCO advised the complainant to contact the Collections Manager directly, requesting that legal action be put on hold as she wished to dispute the amount. HaDSCO also sent relevant information and a complaint form to the complainant should she wish to pursue the matter further.

As advised, the complainant contacted the Collections Manager and explained her reasons for not settling the account. Following the discussion, it was agreed that the complainant would only have to pay half the amount. The complainant was very pleased with the positive outcome.

Case study

The complainant attended a dental clinic to have a free scale and clean, as per the annual provision from their private health fund. At the end of the appointment, they were charged extra fees for the x-rays and fluoride they were given. However, the complainant had not consented to these additional procedures and had not been made aware of the costs.

Following HaDSCO's complaint resolution process, the dental practice agreed to provide a refund of the fee to the complainant.

Case study

A complainant underwent surgery at a private hospital. He was concerned that he was not given adequate post-surgical care, which delayed his recovery. He also felt that he had suffered after-effects from the anaesthetic. The complainant raised his concerns with the provider and received a written response, but he was not satisfied that it addressed his complaint so he contacted HaDSCO.

HaDSCO worked with both parties utilising the conciliation process. HaDSCO facilitated a conciliation meeting between the complainant and the hospital. This enabled parties to openly discuss the issues.

The hospital provided the complainant with details regarding the anaesthetic he had been given and the possible side effects. They also apologised for the distress. The hospital explained their post-surgical care policies and noted that staff would receive additional training in customer service. The complainant indicated that although he still felt upset by what had occurred, he accepted the information provided by the hospital and was satisfied that steps had been taken to ensure it would not happen again.

Case study

The complainant called an after-hours medical service mid-afternoon but the doctor was unable to attend until after 6pm. The complainant was unhappy because he was told the fee would be $50 but was then charged $130. He contacted HaDSCO to discuss his complaint and explained that he was seeking a refund for the difference.

In discussion with the provider, it was explained that the fee was set at the time the call was made, regardless of when the doctor attended. It was also clarified that the Medicare rebate for the $130 call was $60 and therefore the out of pocket charge was $70.

The provider agreed to refund the consumer due to the confusion and sent a memo to staff asking them to clarify fees with medical practices and/or patients prior to confirming a booking.

Complaints data

We report on two sets of complaints data:

HaDSCO data: a summary of the types of complaints about health, disability and mental health services received directly by HaDSCO

External data: a summary of the types of complaints received directly by health and disability providers, submitted to HaDSCO

We collect, analyse, evaluate and report on both sets of complaints data. By doing this we can compare the information we have received directly with the wider sector, utilising a larger quantity of information to analyse and identify consistent themes.

HaDSCO data

We receive complaints directly to our Office from members of the West Australian community about concerns relating to health, disability and mental health services. Regardless of the nature of the complaint, or how far it progresses through our complaints management process, we record information with which we are provided. This enables us to capture information from across the sectors and identify potential system issues.

We always endeavour to accurately record the type of provider (e.g. General Practitioner, dentist or nurse for example) who is delivering a service and have used this information to categorise complaints into one of three categories – health, disability or mental health.

We acknowledge that the nature of some complaints can be complex and a single provider could deliver a combination of health, disability or mental health services. However, we hope that by separating our data into these groups, it provides a better understanding of the similarities and differences between health, disability and mental health complaints. Also, by separating complaints in this way, we are able to compare the information we receive directly with that of external complaints data, which is collected by service providers on an annual basis.

Our case studies

Case studies have been included in this report with the permission of the person who made the complaint and the provider involved. The case studies illustrate complaint issues from the point of view of the person who made the complaint and share important lessons about complaints. While 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.

Complaints data (Continued)

External data

In most instances, members of the community are required to raise complaints directly with the service provider in the first instance. Therefore as an Office we have several programs established to ensure that service providers pass on their aggregated complaint data to us on an annual basis.

By law we are required to collect complaints data from health, disability and mental health service providers in WA. This sees service providers submit their complaints data (i.e. information on the complaints they have received directly) to us in an agreed de-identified format each year. HaDSCO currently has two key data collection programs established:

Health complaints: We collect health complaint data annually from 26 service providers who are required to submit the data under s75 of the *Health and Disability Services Complaints Act 1995* and are specified in the *Health and Disability Services (Complaints) Regulations 2010*. These include public, private and not–for–profit service providers who were selected to participate in the program because they represent a cross–section of health providers in WA. To see a list of these health providers please refer to 'Appendix' page 118'.

Disability complaints: We now also collect disability complaint data annually from 21 disability service providers under s48A of the *Disability Services Act 1993*. The 2014–15 financial year is the first year we have collected complaint data from disability service providers. To see a list of the prescribed disability service providers please refer to 'Appendix' page 119'.

Moving Forward

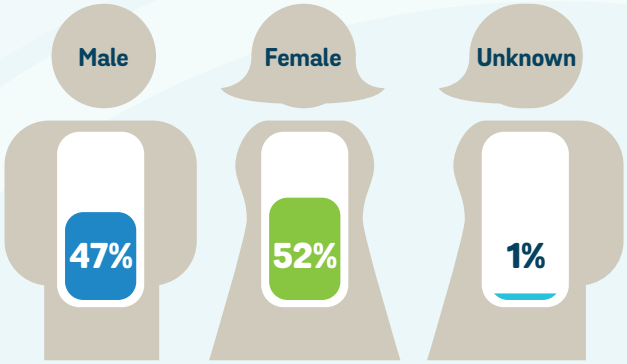
Mental health complaints: Currently we do not have a program to receive complaints data from mental health service providers – we only receive mental health complaints made directly to our Office. Similar to the health and disability complaint programs currently in place, we intend to develop a program to receive mental health complaints from a group of prescribed mental health service providers under s309 of the *Mental Health Act 2014*. This work will be progressed during the 2015–16 reporting period.

Health complaints – a closer look

HaDSCO data

Who made a complaint to HaDSCO?

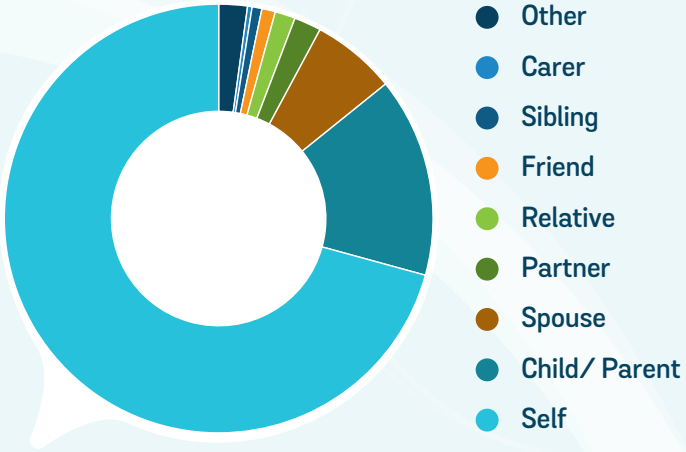
Gender of people who made complaints about health services*



* Please note that percentages may not add to 100% due to rounding

Relationship to the person receiving the service

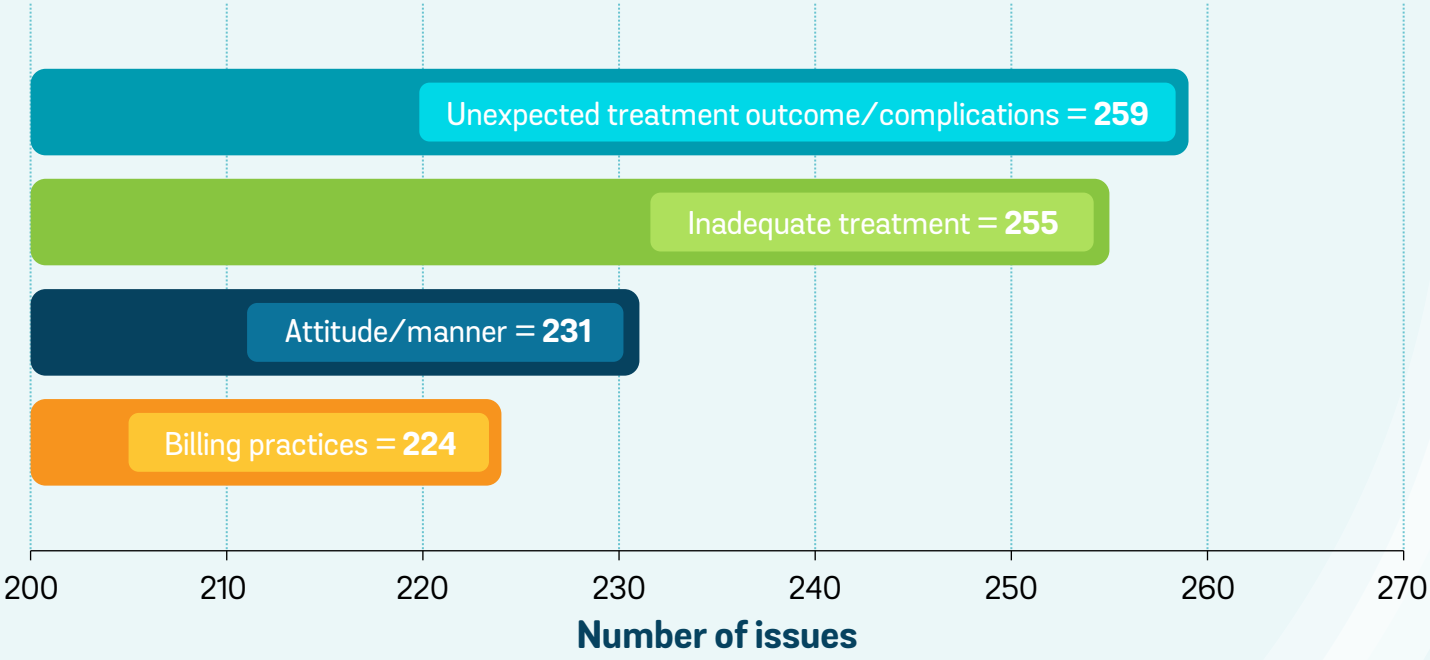
Health



Number of complaints: **1,754**

What did people complain about?

We closed **1,754** health complaints in 2014–15 and **2,635** issues were identified in these complaints. That is equivalent to 1 or 2 issues per complaint. These issues are the same as the top issues reported in 2013–14.



Unexpected treatment outcome
'If my husband was correctly diagnosed and treated we could have avoided further pain and suffering.'

Inadequate treatment
'I was diagnosed with a condition, but did not receive the follow–up treatment that I needed'.

Attitude/manner
'I felt like the staff were rude and not very understanding'.

Billing practices
'After finishing my treatment, I was charged extra fees that I was not made aware of'.

Issue type definitions

Issues raised by complainants are allegations only and do not imply that the provider is at fault.

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 is not related to the condition with which the consumer presented.
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.

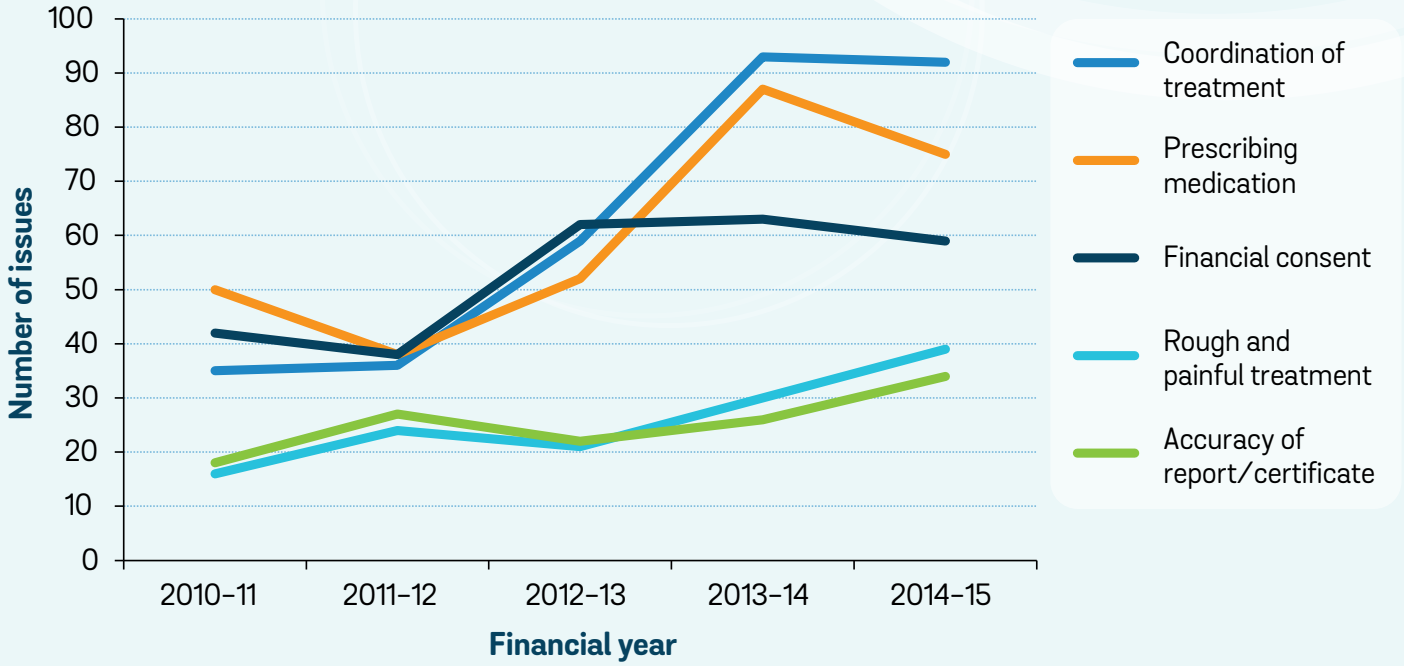
> "I wasn't told about the side-effects of the treatment."

> "Why did I have to wait so long to get an appointment?"

> "I didn't understand what was happening and they were rude when I asked questions."

Emerging issues

Potential emerging issues are defined as issues that increased by the largest volume between 2010-11 and 2014-15.



Who did people complain about?

1,754 health complaints were closed in 2014-15.
The section below outlines the top **3** provider types identified in these complaints.

21% of health complaints related to general practices and practitioners.

Top reasons why **368** people contacted our Office in relation to general practices and practitioners:

- complaints about attitude/manner – **21%**
- complaints about billing practices – **12%**
- complaints about a refusal to admit or treat patients – **8%**

15% of health complaints related to prison health.

Top reasons why **255** people contacted our Office in relation to prison health services:

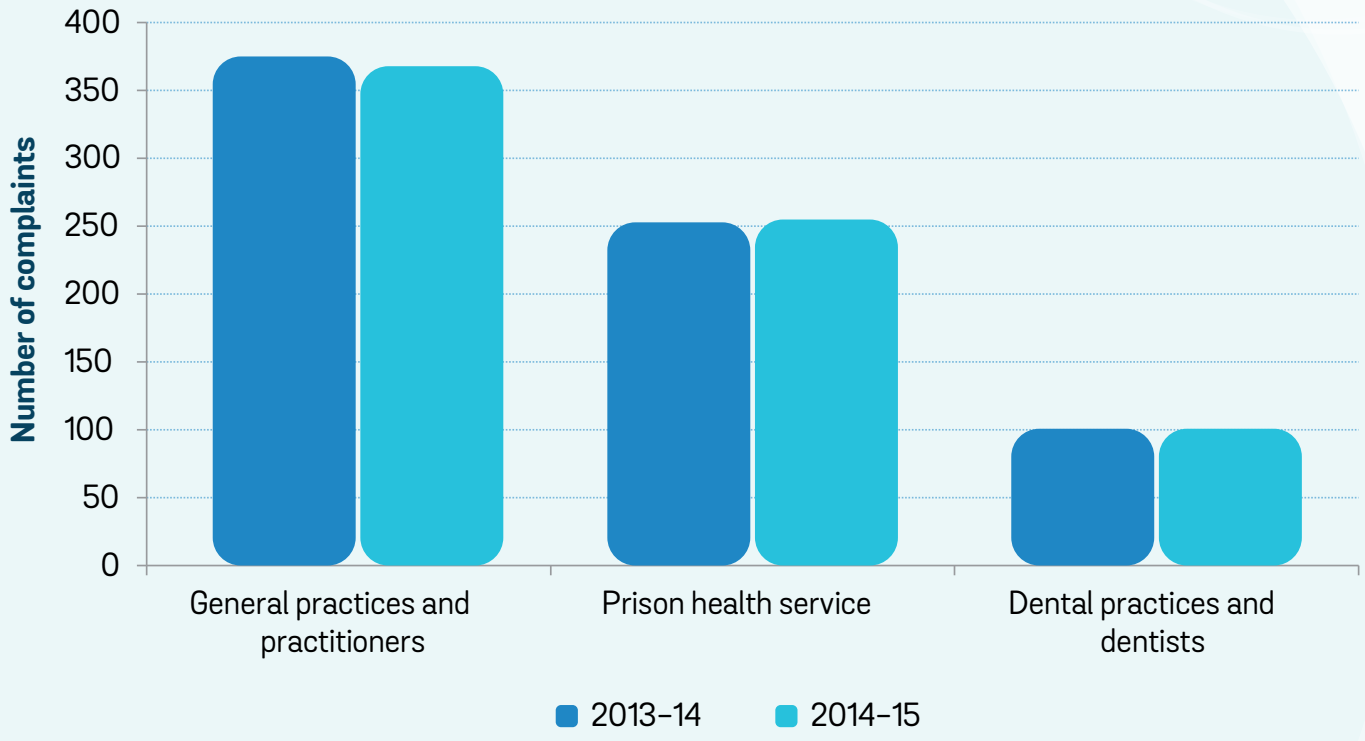
- complaints about inadequate treatment – **24%**
- complaints about delay in treatment – **15%**
- complaints about prescribing medication – **11%**

6% of health complaints about dental health.

Top reasons why **101** people contacted our Office in relation to dental health services:

- complaints about unexpected treatment outcome/complications – **39%**
- complaints about billing practices – **34%**
- complaints about inadequate treatment – **21%**

The chart below shows that complaints about the Top **3** health providers were very similar in 2013-14 and 2014-15.



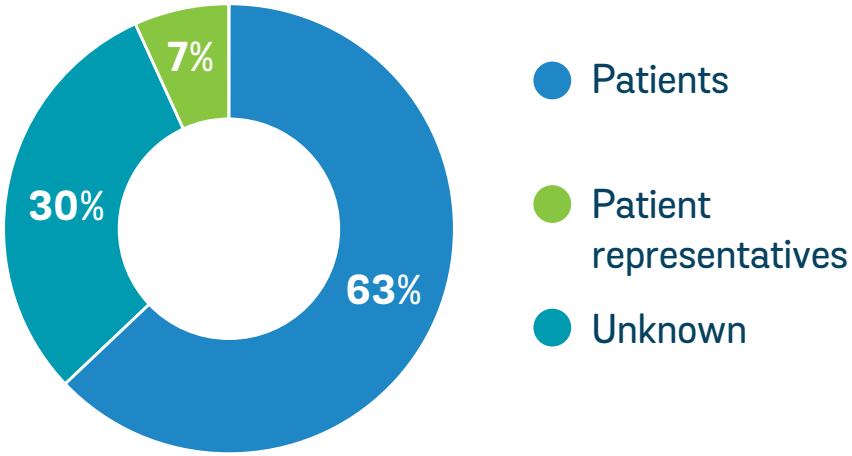
External data

Each year we collect complaint information from a representation of 26 public, private and not-for-profit health service providers in WA. We analyse this information and identify broad trends relating to the:

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

A snapshot is included below:

Who made complaints directly to the health provider?



What did people complain about?

7,267 complaints received
11,554 issues

That is equivalent to **1.6** issues per complaint

What did people complain about?

1. Quality of clinical care - **29%**
2. Communication - **23%**
3. Access - **18%**
4. Rights, respect and dignity - **12%**
5. Corporate services - **7%**

Time taken to resolve complaints

- **71%** of complaints resolved **within 30 days**

Top outcomes achieved

- Explanation provided - **33%**
- Apology provided - **25%**
- Concern registered - **17%**

Public vs Private vs Not–for–profit breakdown

 Public	 Private	 Not–for–profit
5,020 complaints	**2,044** complaints	**203** complaints
8,026 issues	**3,233** issues	**295** issues
Ave 1.6 issues per complaint	**Ave 1.6** issues per complaint	**Ave 1.5** issues per complaint

What did people complain about?

Public	Private	Not–for–profit
Quality of clinical care **(31%)**	Quality of clinical care **(24%)**	Communication **(28%)**
Communication **(24%)**	Communication **(20%)**	Quality of clinical care **(25%)**
Access **(21%)**	Costs **(17%)**	Costs **(17%)**
Rights, respect and dignity **(12%)**	Rights, respect and dignity **(12%)**	Rights, respect and dignity **(15%)**
Corporate services **(5%)**	Corporate services **(13%)**	Access **(12%)**

Time taken to resolve complaints

The percentage of complaints resolved within **30** days:		
Public	**Private**	**Not–for–profit**
65%	**87%**	**60%**

Top outcomes achieved

Public	Private	Not-for-profit
Explanation provided **(34%)**	Apology provided **(32%)**	Concern registered **(41%)**
Apology provided **(22%)**	Explanation provided **(30%)**	Explanation provided **(31%)**
Concern registered **(18%)**	Concern registered **(12%)**	Apology provided & counselling and/or performance support and development provided to staff member(s) or contractor(s) **(6%)**

Moving Forward

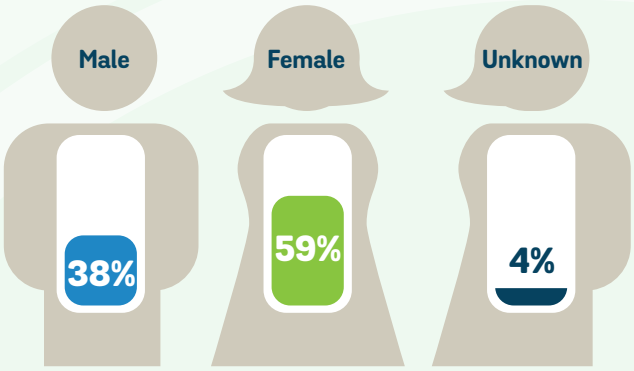
In 2015–16 we plan to increase the number of providers who submit their complaints data to us to ensure that the information is more representative of complaints received across the WA health sector. This will be coupled with improvements to the quality of complaints information currently collected.

Disability complaints – a closer look

HaDSCO data

Who made a complaint to HaDSCO?

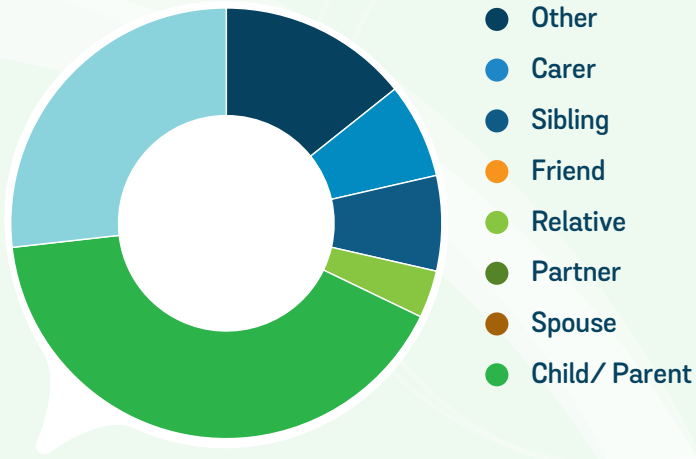
Gender of people who made complaints about Disability services*



* Please note that percentages may not add to 100% due to rounding

Relationship to the person receiving the service

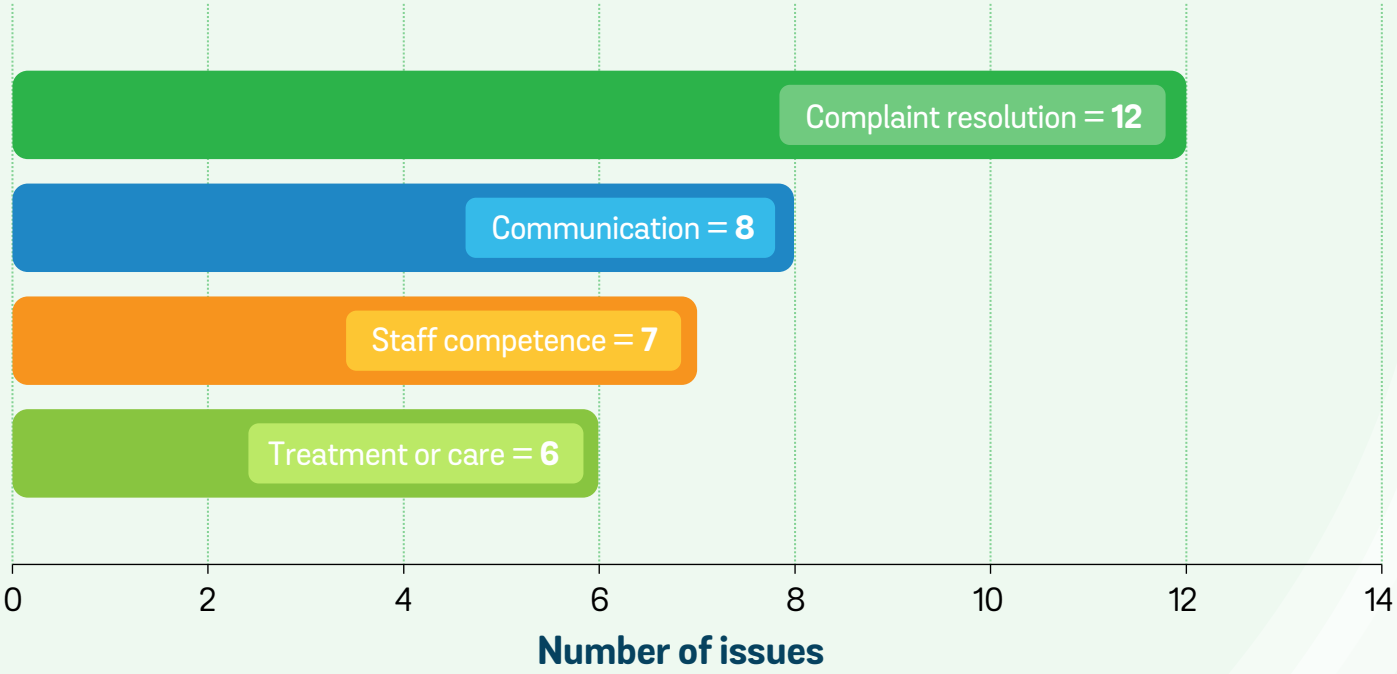
Disability



Number of complaints: **56**

What did people complain about?

We closed **56** disability complaints in 2014–15 and **112** issues were identified in these complaints. The number of disability complaints received has increased from **19** in 2009–10 to **56** in 2014–15. This is the largest number of disability complaints ever closed by our Office.



Complaint resolution
When I tried to raise my concerns, I wasn't taken seriously.

Communication
Staff didn't communicate with me regarding changes to my treatment plan.

Staff competence
I didn't feel confident in the skills of the people looking after me.

Treatment or care
Access to treatment is taking longer than it should and it's affecting my quality of life.

Disability issue type definitions

Issues raised by complainants are allegations only and do not imply that the provider is at fault.

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 were not made available.
Failure to consult carer	• Care/treatment plans were not discussed with the carer.
No/inadequate service	• Appointments were not kept.
Staff conduct	• Services were insufficient, non-existent or had inadequate resources (e.g. limited facilities).
Unexpected treatment outcome/complications	• Staff conduct or behaviour was inappropriate, offensive, unprofessional or discriminatory.

Emerging issues

We recently updated our disability issue categories, therefore cannot provide emerging issues over a five year period, as has been included for health and mental health. A comparison of issues identified in 2013-14 and 2014-15 showed that the number of complaints about each issue category was very similar.

Who did people complain about?

The section below outlines the top **3** provider types identified in these complaints.

30% of disability complaints were about accommodation providers

Top reasons why **17** people contacted our Office in relation to accommodation providers:

- complaints about service delivery (e.g. communication) – **53%**
- enquiries about how to make a complaint or how HaDSCO could assist with the resolution of a complaint – **29%**
- complaints about complaint resolution processes – **24%**

20% of disability complaints were about in-home support providers.

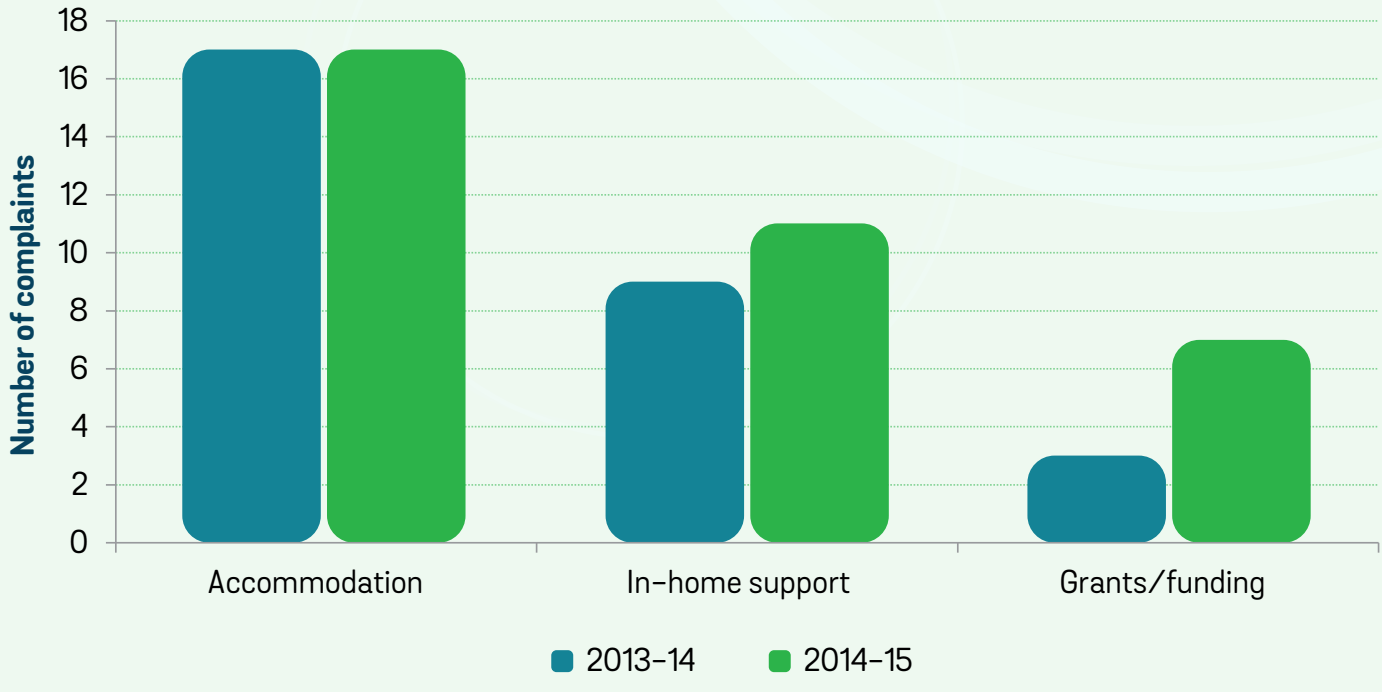
Top reasons why **11** people contacted our Office in relation to in-home support providers:

- complaints about service management (e.g. funding, coordination of service delivery) – **64%**
- complaints about service delivery (e.g. no/ inadequate service) – **45%**
- complaints about a failure to comply with the Carers Charter – **27%**

13% of disability complaints were about grants/funding providers

Seven people contacted our Office in relation to providers that are responsible for grants/funding. Issues raised about these providers were varied, including issues about complaint resolution processes, service management, failure to comply with the Carer's Charter and service delivery.

The chart below shows that the number of complaints about in-home support and grants/funding providers increased between 2013-14 and 2014-15, while the number of complaints about accommodation providers remained the same.



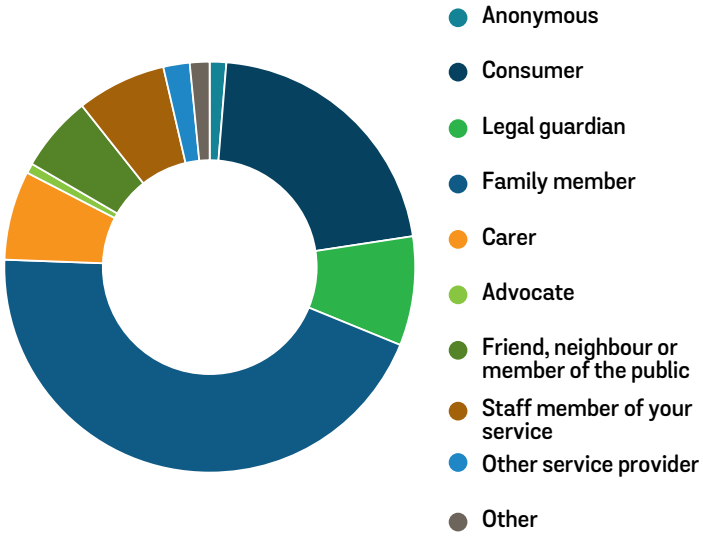
External data

2014–15 data

The 2014-15 reporting period formed the first year of the disability data collection process – i.e. the first year that we collected complaints information received directly by disability providers. We analysed this information and were able to identify broad trends relating to:

- Number of complaints received.
- Consumer demographics.
- Types of issues raised about disability services.
- Time taken to resolve complaints.

A snapshot is included below

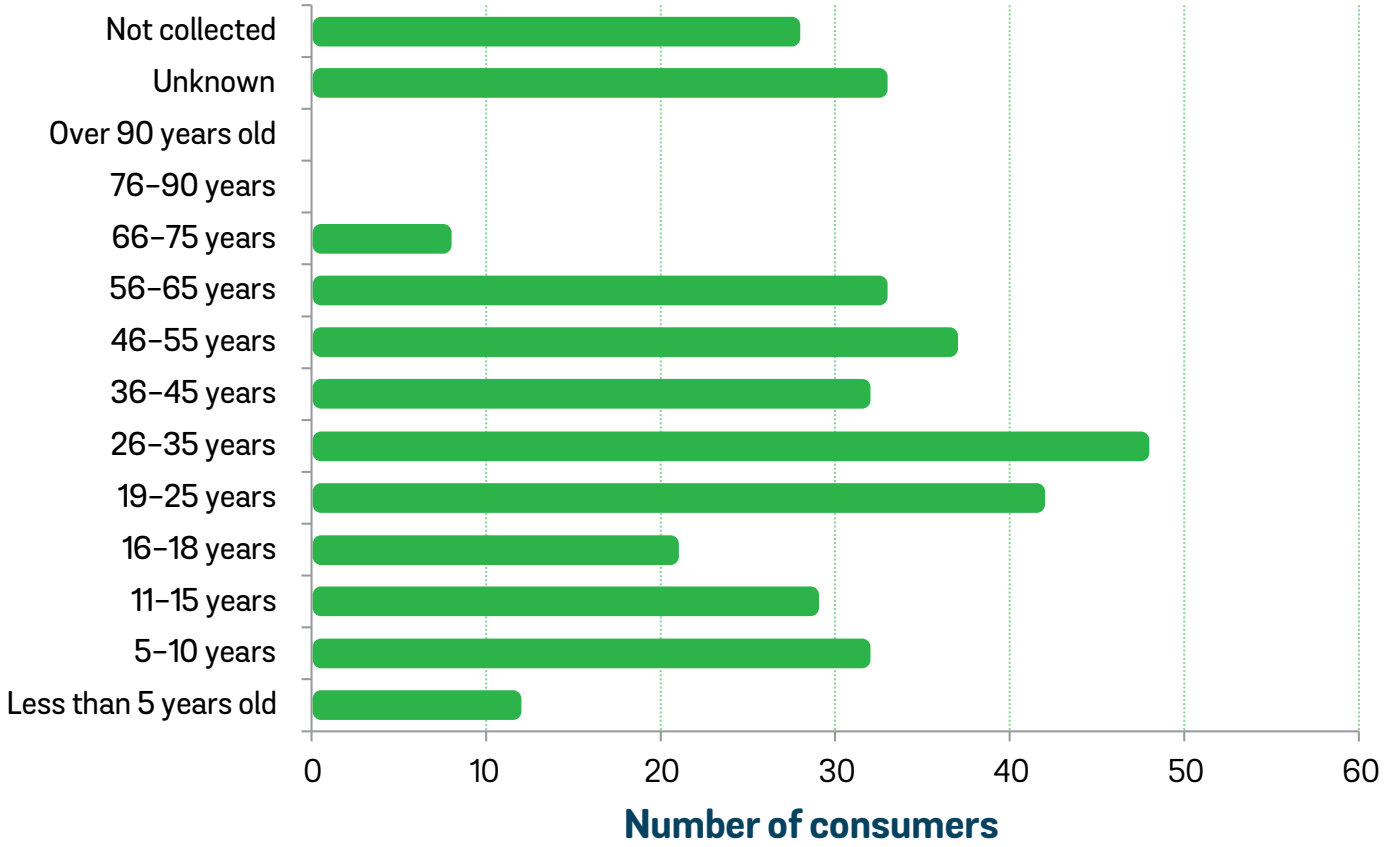


Most complaints were received from family members

Demographics of consumers

Aboriginal or Torres Strait Islander	**2%**
Other	**69%**
Unsure	**21%**
Not Collected	**8%**

Age of consumers

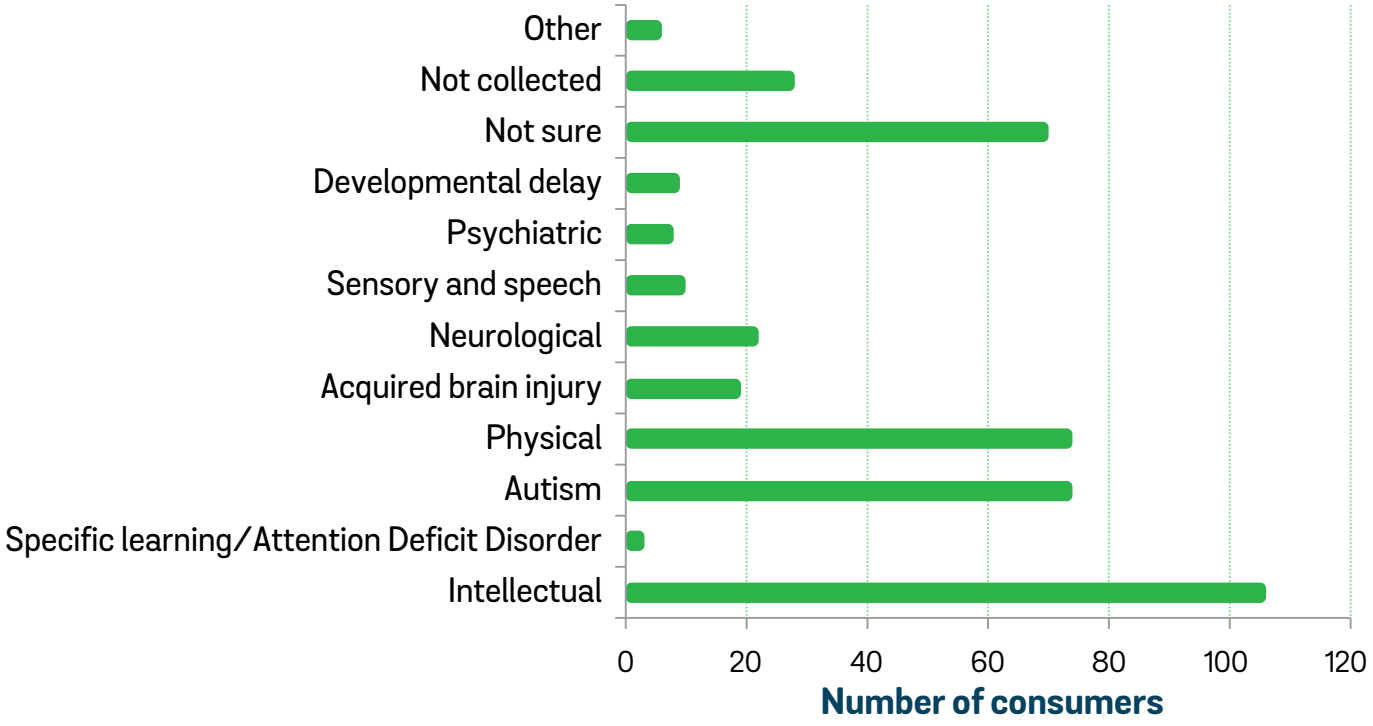


Gender of consumers

Female	33%
Male	52%
Transgender	0%
Unknown	7%
Not collected	8%

* Please note that percentages may not add to 100% due to rounding

Main disability with which the consumer has been diagnosed



* Note: consumers may have more than one disability

355 complaints received

895 issues

That is equivalent to **2.5** issues per complaint

Which national disability standards were often cited in complaints?

23% Rights

23% Service management

19% Individual outcomes

18% Feedback and complaints

6% Service access

6% Participation and inclusion

5% Not collected

* Please note that percentages may not add to 100% due to rounding.

What did people complain about?

33% Staff related issues

29% Service delivery, management and quality

17% Communication and relationships

7% Service access, access priority and compatibility

6% Carers Charter

Time taken to resolve complaints

73% of complaints were resolved within 30 days.

Top five outcomes achieved

24% Acknowledgement – of a person's views or issues (e.g. the person felt listened to, valued, respected)

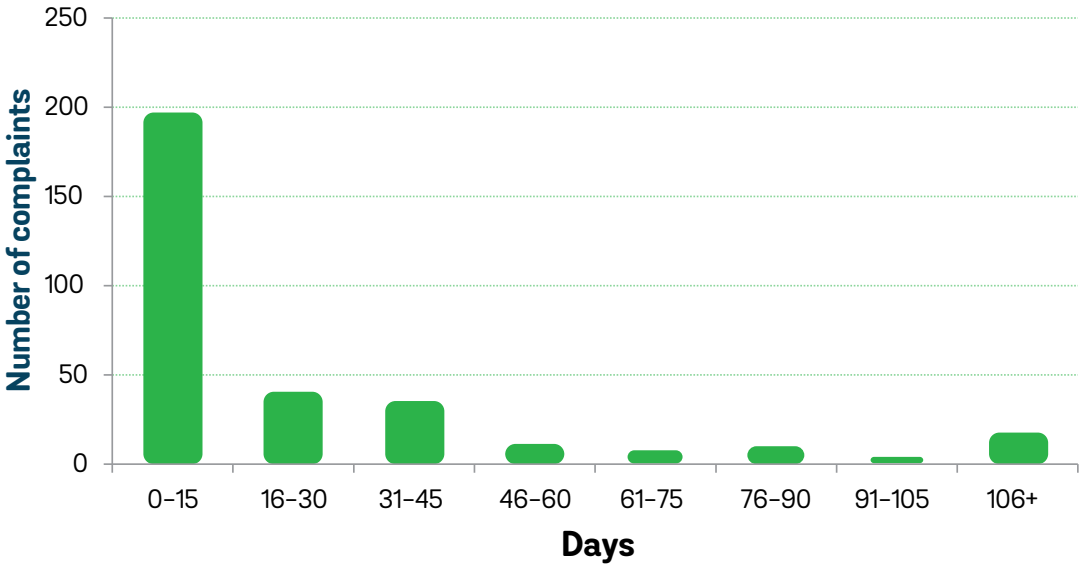
18% Answers – explanation or information about services provided

10% Apology – from the service

9% Action – change or improvement to communication

8% Action – change or appointment of a worker/case manager/coordinator

Time taken to resolve complaints



Moving Forward

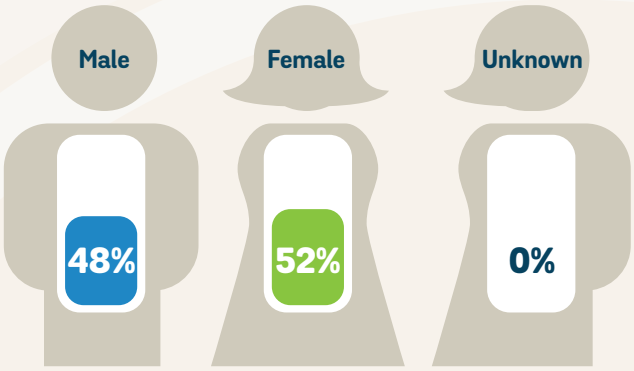
In 2015–16 we plan to increase the number of providers who submit their complaints data to us to ensure that the information is more representative of complaints received across the WA disability sector. This will be coupled with improvements to the quality of complaints information currently collected.

Mental health complaints – a closer look

HaDSCO data

Who made a complaint to HaDSCO?

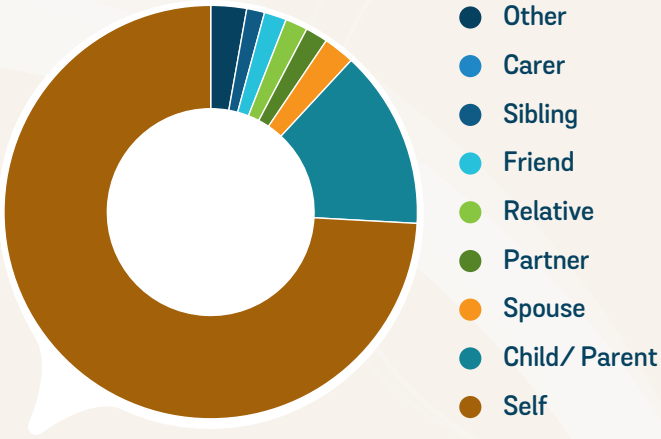
Gender of people who made complaints about mental health services*



* Please note that percentages may not add to 100% due to rounding

Relationship to the person receiving the service

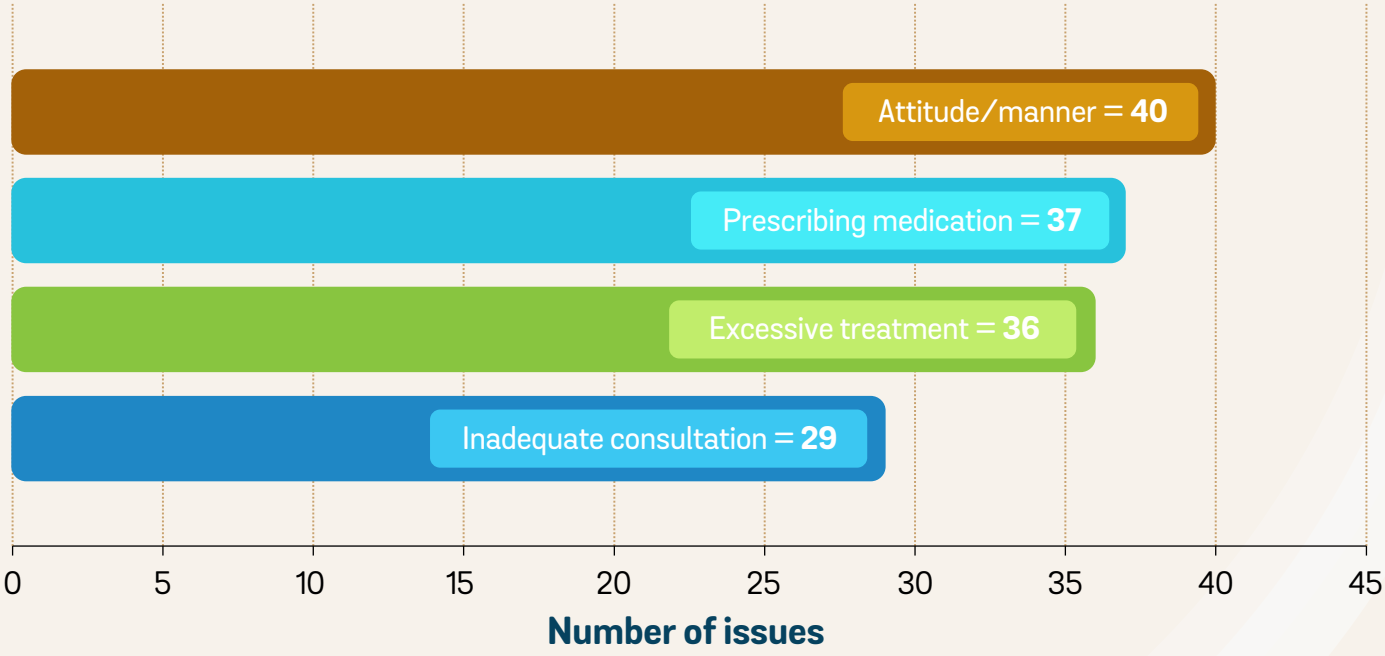
Mental health



Number of complaints: **286**

What did people complain about?

We closed **286** mental health complaints in 2014–15 and **451** issues were identified in these complaints. When the *Mental Health Act 2014* comes into effect at the end of 2015, HaDSCO will have an increased role in managing mental health complaints. As a result, we are expecting to receive a larger number of mental health complaints during the 2015–16 period. For more information about the *Mental Health Act 2014* and how this will affect HaDSCO, see page 75.



Attitude/manner
'The doctor was insensitive and uncaring'

Prescribing medication
'My prescription was changed to a medication that I did not feel comfortable taking'

Excessive treatment
'I was handling my condition better without medication, but now I am being forced to use it when I don't need it'

Inadequate consultation
'The doctor didn't take the time to listen to me and address my symptoms'

Mental health issue type definitions

Issues raised by complainants are allegations only and do not imply that the provider is at fault.

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 were not made available.
Failure to consult carer	• Care/treatment plans were not discussed with the carer.
No/inadequate service	• Appointments were not kept.
Staff conduct	• Services were insufficient, non-existent or had inadequate resources (e.g. limited facilities).
Unexpected treatment outcome/complications	• Staff conduct or behaviour was inappropriate, offensive, unprofessional or discriminatory.

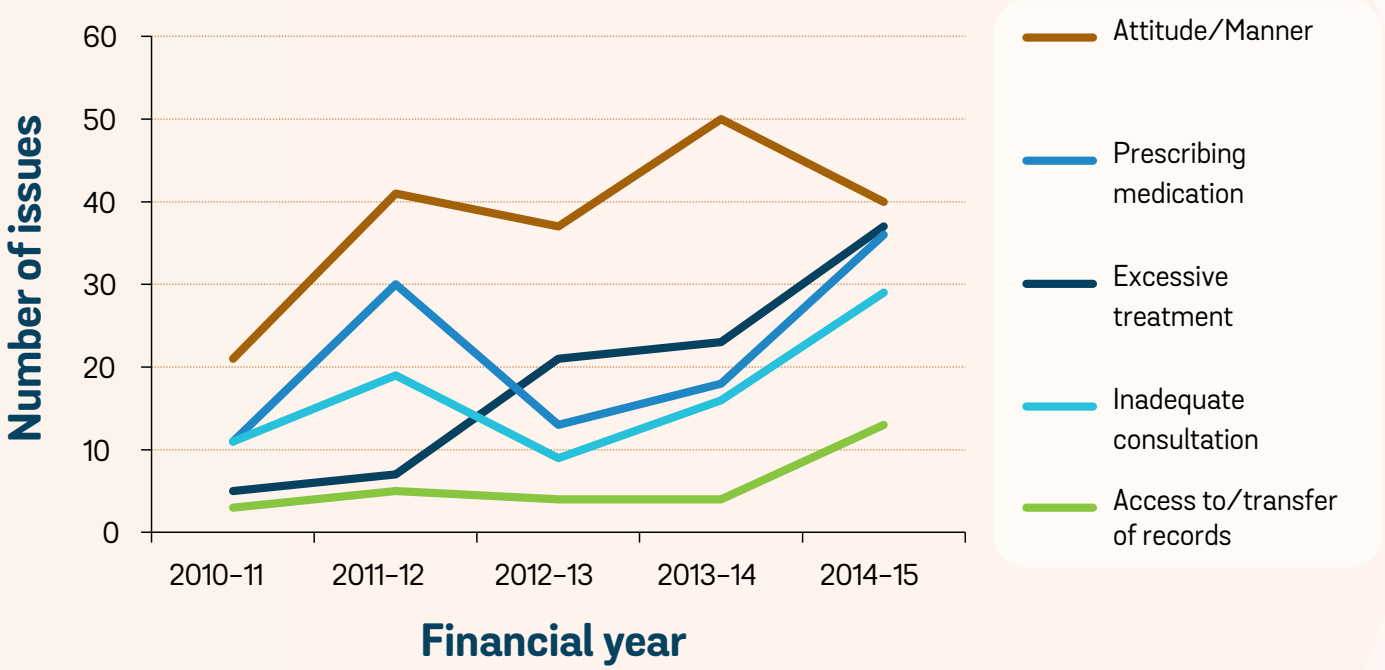
> They changed my medication without consulting me.

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

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

Emerging issues

Potential emerging issues are defined as issues that increased by the largest volume between 2010-11 and 2014-15.



Who did people complain about?

286 mental health complaints were closed in 2014-15. Top **3** provider types identified in these complaints were:

70% of mental health complaints were about psychiatrists and psychiatry practices

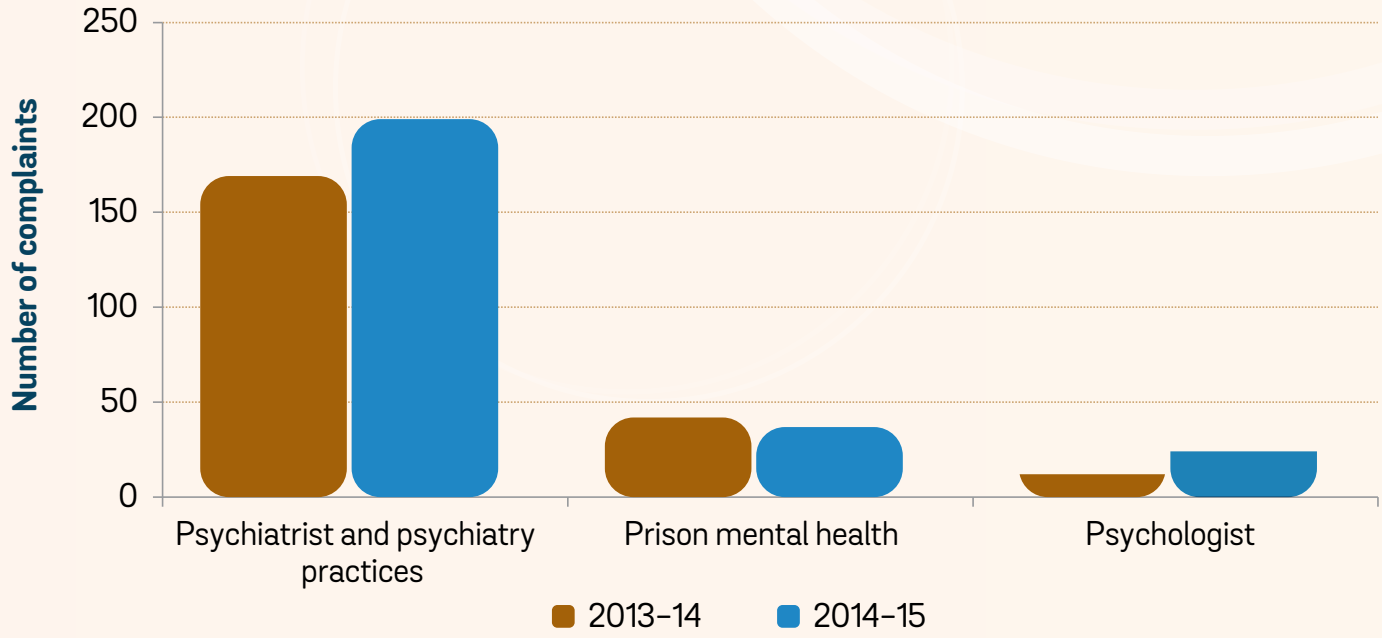
Top reasons why **199** people contacted our Office in relation to psychiatrists and psychiatry practices:
- complaints about excessive treatment – **17%**
- complaints about the attitude/manner of staff – **12%**
- complaints about inadequate treatment – **11%**
- complaints about prescribing medication – **11%**

13% of mental health complaints were about prison mental health

Top reasons why **36** people contacted our Office in relation to prison mental health:
- complaints about prescribing medication – **36%**
- complaints about delay in treatment – **14%**
- complaints about inadequate consultation – **11%**
- complaints about refusal to admit or treat – **11%**

8% of mental health complaints were about psychologists

Top reasons why **24** people contacted our Office in relation to psychologists:
- complaints about billing practices – **25%**
- complaints about attitude/manner of staff – **21%**
- complaints about access to or transfer of records – **17%**



Moving Forward

Access to mental health complaints data to identify core issues and areas in need of extra focus is essential to ensure a targeted approach to service improvement. Section 309 of the *Mental Health Act 2014* directs prescribed service providers to furnish information about complaints to HaDSCO within a specified timeframe. Doing this allows us to collaborate with mental health stakeholders to identify and review the causes of complaints; suggest ways of removing or minimising the causes; and, bring them to the notice of the public.

Whilst we already receive data from prescribed providers identified in the *Health and Disability Services (Complaints) Regulations 2010*, which includes some mental health service providers, it is intended that a system will be available to provide a more focused approach. This will see HaDSCO collect, report and share complaints data received directly by mental health service providers, as we do for disability and health complaints.

Within the scope of responsibilities under Part 19 of the *Mental Health Act 2014*, we will be working closely with the Department of Health's Patient Safety Surveillance Unit, service providers and other stakeholders to develop a data collection process that will provide the best possible quality data for analysis and feedback to improve mental health services.

Transparency of this process will be enhanced by the publication of results, analysis and outcomes on our Collaborate and Learn website, also see page 36.

Building staff capacity

To ensure we are providing the best possible service to the community it is important to have a well-equipped and knowledgeable workforce. This means developing the necessary skills and resources needed for staff to do their jobs well. Each year we undertake a range of training and development packages to promote a culture of learning and continual improvement.

The following initiatives were implemented to build staff capacity:

Commissioners and managers meeting

This Commissioners meeting was followed by the National Managers Meeting, in May 2015, which HaDSCO attended. This meeting provided an opportunity for operational staff to discuss and share information relating to complaints processes, trends and system issues on a national level.

The Director of HaDSCO attended two National Health and Disability Commissioners' Conferences during 2014-15. The meetings, among other issues, provided a valuable opportunity for state and commonwealth disability provider and consumer representatives to discuss the proposed National Disability Insurance Scheme (NDIS) Quality and Safety framework.

The Health Complaints Commissioners continued their discussions with the national Office of AHPRA to establish a Health Complaints Entities, National Boards and Australian Health Practitioner Regulation Agency (AHPRA) Working Group. The purpose of the working group is to identify areas for change that will result in:

- Streamlined, simplified and more timely processes.
- Greater consistency between jurisdictions regarding process.
- More transparent decision making.
- Increased clarity around processes and the roles of all organisations.
- A more responsive system for practitioners and complainants.

Mental health training

Development of staff resilience in managing mental health complaints is not only an occupational health and safety responsibility for HaDSCO, but an important measure for ensuring good outcomes for all parties. HaDSCO staff have provided feedback on training attended during the 2014-15 reporting period indicating that these opportunities have been beneficial to them in their roles. Staff participated in a range of training opportunities to improve their knowledge and skills in mental health.

Moving Forward

Further training will be offered in key areas such as:

- The *Mental Health Act 2014* online training modules are in development and expected to be available by mid–October
- The Recovery Model in mental health
- Trauma Impact in mental health
- Aboriginal Cultural Awareness in mental health
- The roles of other partner and support organisations in mental health

Conciliation Steering Committee

In July 2014, following discussions with counterparts in other jurisdictions and stakeholders (e.g. LEADR), we convened a forum of peers involved in providing conciliation services in public sector agencies. The intent of the forum was to gauge the appetite for conciliators to establish a 'Special Interest Group', and to explore what its potential function/s may be.

The group agreed that key areas of focus should include:

1. Nurturing interagency relationships
2. Sharing of information across agencies
3. Identifying differing practices as a learning opportunity
4. Promoting professional development, including 'self–care' for practitioners
5. Undertaking specific initiatives or projects, including the potential of developing professional conciliation standards

Following the initial forum, HaDSCO chaired a steering committee to explore and progress these objectives. An event was held in May 2015, which showcased different conciliation models, challenges and successes from agencies that provide conciliation services. The event included presentations from the Equal Opportunity Commission and WorkCover WA.

Moving Forward

Future events are planned for 2015–16, where the conciliation experiences of HaDSCO and the Small Business Development Corporation will be presented.

Effective resource management

We have a responsibility to provide a service that is not only cost effective, but efficient in the way we deliver it. Continually evaluating the way we function, to look at new and improved ways of working, is something we encourage and promote.

The following initiatives were implemented to improve the effective management of resources:

Streamlining complaint processes

Significant changes were implemented in 2014-15 to improve the timeliness, efficiency and effectiveness of our complaints management processes. These build on a number of improvements made to the complaints management process in 2013-14 which are now firmly embedded.

All changes in 2014-15 complied with the legislative requirements of the *Health and Disability Services (Complaints) Act 1995*, *Disability Services Act 1993*, the *Mental Health Act 2014*, and the National Law.

The changes were made to:

- Increase consumer and provider satisfaction due to complaints being resolved in a more timely, less administrative, and more effective way;
- Provide staff with clearer expectations of their respective roles, and therefore increase corporate accountability.
- Ensure that HaDSCO's positive reputation as Health Complaints Entity is safeguarded.

The changes included:

- Introducing timeframes for the complaints process, where timeframes are not prescribed in relevant legislation.
- Introducing a new 'front-end' model to more effectively triage complaints.
- Improving communication with complainants and providers.
- Minimising double-handling of complaints which is currently evident in files.
- Introducing automatic case reviews for all complaints after 30 and 50 days.
- Introducing timeframes to guide staff.
- Introducing new procedures to assist staff to manage complaints in a streamlined way.
- Revising the delegation instrument to increase staff confidence, autonomy and efficiency.
- Implementing revised letter templates.

Development and launch of the intranet

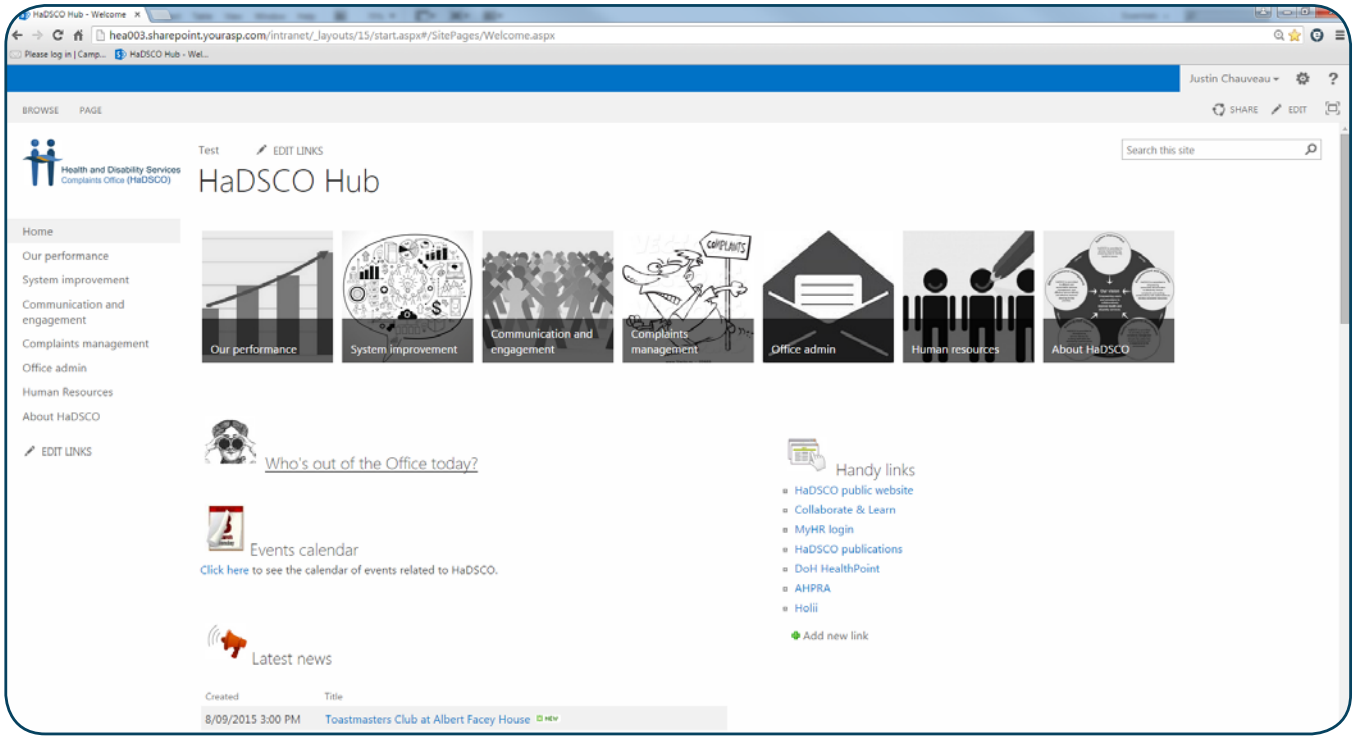
Our new intranet site, HaDSCO Hub was launched in October 2014. It contains up-to-date information needed by staff to perform well in their roles. This includes access to complaints management procedures, human resource information, performance statistics and much more.

The Hub was introduced to facilitate work-related communication and provide easy access to resources required to complete work. It also enables staff to share information about our Office performance and create a hub of information that is user-friendly and appealing.

All staff in the Office provided feedback and ideas during the development of the new intranet site to ensure it was fit-for-purpose, user-friendly and representative of staff needs. In addition, as part of the launch of the site, we conducted a review of Office policies and procedures. This ensured that all information on the Hub was up-to-date prior to the launch.

One of the main benefits of this central and comprehensive resource is that it allows more efficient use of work time as all key information is accessible from one location. It has also streamlined internal communication and reporting processes because important updates, reports and resources are loaded directly onto the site.

Most importantly, the Hub has brought both service areas in the Office closer together through sharing of achievements and milestones. We will continue to make improvements to this excellent internal resource in 2015-16 to ensure that it remains user-friendly and relevant.



Significant issues

4.

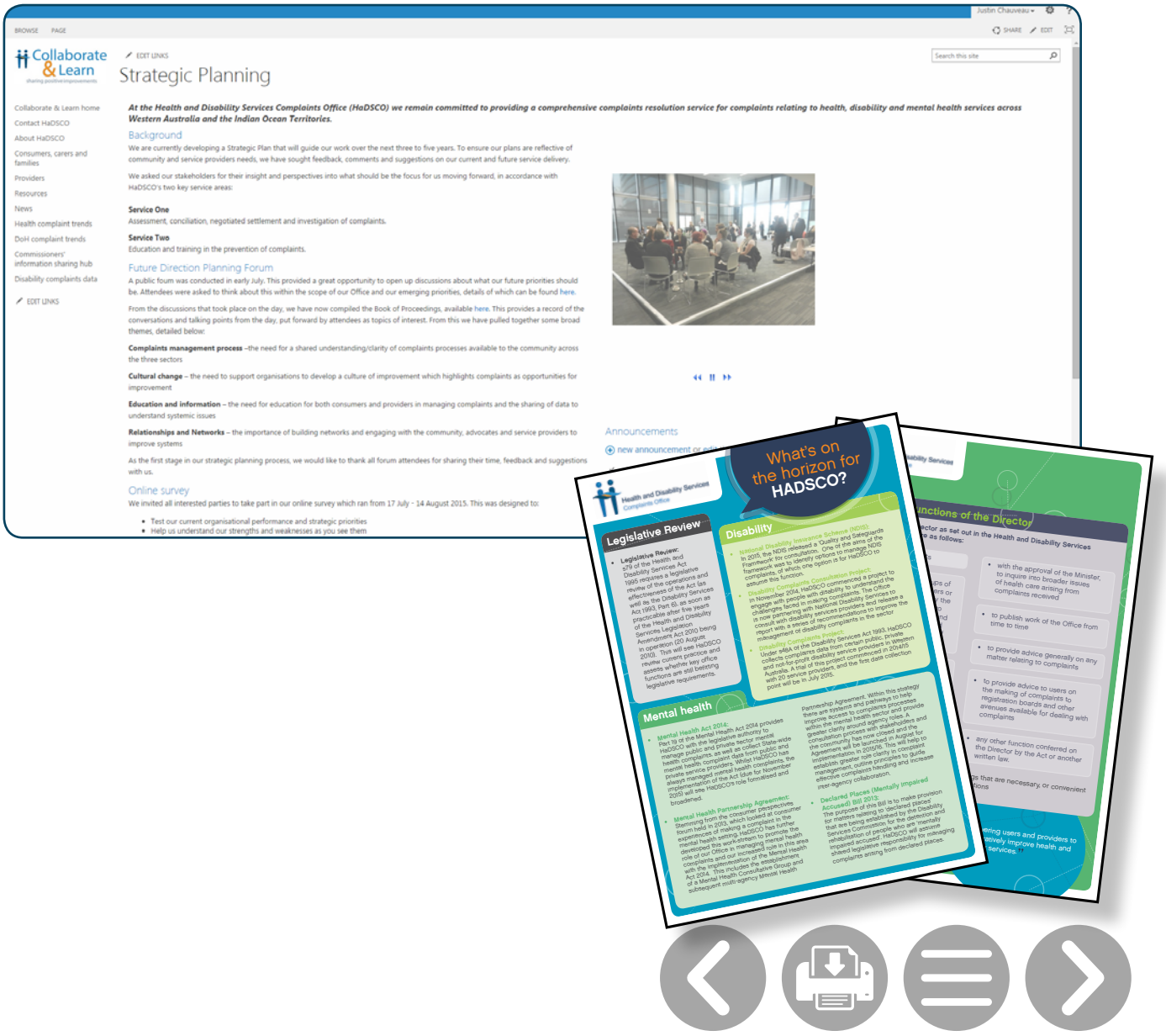
This section identifies internal and external factors that could impact on the services we deliver to the community.

New strategic plan

Our current strategic plan 2012-15 was finalised during the 2014-15 financial year. A consultation program commenced with our stakeholders to seek feedback in developing a new strategic plan that will guide our work over the next three to five years.

To ensure our services are reflective of community needs, we delivered a number of processes to provide stakeholders with the opportunity to have input including:

- Hosting a future direction planning forum that was attended by over 50 people, representing health, disability and mental health sectors and the community.
- A series of Executive level interviews hosted by the Director to meet with key leaders across the three sectors, including advocates and relevant groups who have links with the community.
- An online survey which provided the community with the opportunity to provide input anonymously.
- Review of the themes and issues identified from engagement programs delivered during the 2014-15 financial year.
- The next stage in the processes will see us take on board the comments, feedback and suggestions put forward to create our new strategic plan.



Changing legislation

Review of our legislation

s79 of the *Health and Disability Services (Complaints) Act 1995* requires a legislative review of the operations and effectiveness of the Act (as well as the *Disability Services Act 1993*, Part 6), as soon as practicable after five years of the *Health and Disability Services Legislation Amendment Act 2010* being in operation (20 August 2010). This will see HaDSCO review current practice and assess whether key Office functions are still adhering to legislative requirements.

New legislation – *Mental Health Act 2014*

Part 19 of the *Mental Health Act 2014* provides HaDSCO with the legislative authority to manage public and private sector mental health complaints, as well as collect State-wide mental health complaint data from public and private service providers. Whilst HaDSCO has always managed mental health complaints, the implementation of the Act (due for November 2015) will see HaDSCO's role formalised and broadened.

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

The National Registration and Accreditation Scheme (NRAS) Review aimed to identify what is working well in the national scheme for regulating health professionals, as well as opportunities to improve the scheme. We work with Australian Health Practitioner Regulation Agency (AHPRA) on a daily basis, and it is likely that recommendations being considered by Health Ministers in August 2015 will have a flow-on effect to HaDSCO.

New Code of Conduct for unregistered practitioners

There is 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 (e.g. nurses). A full list of health professions regulated by AHPRA can be found in 'Appendix' page 121.

Other health practitioners are not subject to regulation and they are known as 'unregistered practitioners'. This includes massage therapists, dieticians, speech pathologists, counsellors and naturopaths amongst a further 32 professions.

However, in April 2015, the Council of Australian Government Health Council approved a National Code of Conduct for health care workers who are not regulated under the NRAS. In WA, this will see the Code regulated by HaDSCO, which will allow for effective action to be taken against a health care worker who fails to comply with standards of conduct or practice.

For this to take effect, legislative changes are required in WA. This will require the establishment of regulatory tools and powers to set out offences under the Code and to deal with those providers who behave illegally or in an incompetent, exploitative or predatory manner.

Once enabled, the Code will allow our Office to manage complaints that are presently outside of our jurisdiction.

Moving Forward

The implementation of the code will continue to be a key focus for the Office in 2015–16 as we work to establish our legislative responsibility in this area.

National Disability Insurance Scheme

In 2015, the National Disability Insurance Scheme (NDIS) released a 'Quality and Safeguards Framework' for consultation. One of the aims of the framework was to identify options to manage NDIS complaints, of which one option is for HaDSCO to assume this function.

National project with AHPRA to improve management of complaints involving named health practitioners

A review of the NRAS in 2014 identified significant variation in legislation and the way in which each state and territory manages complaints and notifications across Australia. The National Boards, AHPRA and Health Complaints Commissioners are working together to strive for the consistent implementation of standards in the management of complaints across their jurisdictions.

Health Complaints Commissioners, National Boards and AHPRA have committed to working together to develop a matrix to ensure that our decision-making processes are consistent, fair and transparent. HaDSCO is working with the National Boards, AHPRA and Health Complaints Commissioners in Victoria and Northern Territory to pilot a decision making matrix during our consultations. The trial will operate from July – October 2015.

Emerging technology

We continue to access a wealth of new technology and actively seek to utilise innovative opportunities to engage with our stakeholders. During 2014-15 we implemented SharePoint 2013 to host our first online engagement platform, Collaborate and Learn, which functions as an extranet site.

Unlike a website, which hosts content for public access, extranets are used to share private content with specific external users through a web interface. This is achieved by incorporating password-protected pages in the site. Our extranet site has enabled us to tailor the level of access users are granted, relative to their role and involvement in projects.

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 an extra focus needed to reach out to Aboriginal and regional communities, given the existing geographical and cultural barriers. Consultation with regional areas has identified a growing need for HaDSCO to connect with rural and remote communities. We are currently working with a range of public, private and community sector agencies to achieve this.

Culturally and Linguistically Diverse engagement

Consultation undertaken in 2014 identified the need for HaDSCO to develop an educational tool for Culturally and Linguistically Diverse (CALD) communities. In 2015-16 the Office will release a video in several languages, to promote our services. This is the result of HaDSCO's significant consultation with Christmas Island community members, some of whom feature in the video.

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

Disclosures and legal compliance

5.

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 2015, 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 2015 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 2015.

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 2015.

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 2015.

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 2015.

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 2015 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
20 August 2015

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

I 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 amounts and records to present fairly the financial transactions for the financial year ending 30 June 2015 and financial position as at 30 June 2015.

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: 18 August 2015

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 18 August 2015

OAG Audited 123

Statement of comprehensive income

Health and Disability Services Complaints Office

Statement of Comprehensive Income

For the year ended 30th June 2015

	Note	2015 $	2014 $
COST OF SERVICES			
Expenses			
Employee benefits expense	6	1,885,380	1,938,036
Supplies and services	7	164,222	147,401
Amortisation expense	8	3,108	3,108
Repairs, maintenance and consumable equipment	9	16,413	2,967
Other expenses	10	455,301	444,033
Total cost of services		**2,524,424**	**2,535,545**
INCOME			
Commonwealth grants and contributions	11a	2,802	-
Other grants and contributions	11b	50,000	-
Other revenue	12	2,220	5,380
Total revenue		**55,022**	**5,380**
Total income other than income from State Government		55,022	5,380
NET COST OF SERVICES		**2,469,402**	**2,530,165**
INCOME FROM STATE GOVERNMENT			
Service appropriations	13	2,564,000	2,498,000
Services received free of charge	14	80,876	85,292
Total income from State Government		**2,644,876**	**2,583,292**
SURPLUS FOR THE PERIOD		**175,474**	**53,127**
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**175,474**	**53,127**

See also note 33 '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 2015

	Note	2015 $	2014 $
ASSETS			
Current Assets			
Cash and cash equivalents	22	1,061,527	774,452
Receivables	15	11,488	18,699
Other current assets	16	23,566	8,136
Total Current Assets		1,096,581	801,287
Non-Current Assets			
Intangible assets	17	3,108	6,216
Total Non-Current Assets		3,108	6,216
Total Assets		**1,099,689**	**807,503**
LIABILITIES			
Current Liabilities			
Payables	19	186,938	104,185
Provisions	20	401,560	389,345
Total Current Liabilities		588,498	493,530
Non-Current Liabilities			
Provisions	20	132,745	111,001
Total Non-Current Liabilities		132,745	111,001
Total Liabilities		**721,243**	**604,531**
NET ASSETS		**378,446**	**202,972**
EQUITY			
Accumulated surplus	21	378,446	202,972
TOTAL EQUITY		**378,446**	**202,972**

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

Statement of changes in equity

Statement of Changes in Equity
For the year ended 30th June 2015

	Note	2015 $	2014 $
BALANCE OF EQUITY AT START OF PERIOD		202,972	149,845
ACCUMULATED SURPLUS	21		
Balance at start of period		202,972	149,845
Surplus for the period		175,474	53,127
Balance at end of period		378,446	202,972
BALANCE OF EQUITY AT END OF PERIOD		**378,446**	**202,972**

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

Statement of cash flows

Statement of Cash Flows
For the year ended 30th June 2015

	Note	2015 $ Inflows (Outflows)	2014 $ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations	13	2,564,000	2,498,000
Net cash provided by State Government		**2,564,000**	**2,498,000**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(1,822,416)	(1,942,834)
Supplies, services and other payments		(509,531)	(514,776)
Receipts			
Commonwealth grants and contributions		2,802	13,122
Other grants and subsidies		50,000	
Recoveries and other receipts		2,220	5,380
Net cash used in operating activities	22	**(2,276,925)**	**(2,439,108)**
Net increase in cash and cash equivalents		287,075	58,892
Cash and cash equivalents at the beginning of the period		774,452	715,560
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	22	**1,061,527**	**774,452**

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 2015

Note 1 Australian Accounting Standards

General

The Authority's financial statements for the year ended 30 June 2015 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 2015.

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 13 '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.

Notes to the Financial Statements
For the year ended 30th June 2015

(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 18 'Impairment of assets' for the outcome of impairment reviews and testing.
Refer also to note 2(k) 'Receivables' and note 15 '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 2015

(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 19 '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 15 '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 19 'Payables'.

Notes to the Financial Statements
For the year ended 30th June 2015

(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 20 '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 is not expected to be settled wholly within 12 months after the end of the reporting period. The long service 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.

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.

Notes to the Financial Statements
For the year ended 30th June 2015

(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 10 'Other expenses' and note 20 'Provisions'.

(n) Superannuation Expense

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. The employer contribution paid to the GESB in respect of the GSS is paid back into the Consolidated Account by the GESB.

(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.

Notes to the Financial Statements
For the year ended 30th June 2015

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 2014 that impacted on the Authority.

Title	
AASB 1031	*Materiality* This Standard supersedes AASB 1031 (February 2010), removing Australian guidance on materiality not available in IFRSs and refers to guidance on materiality in other Australian pronouncements. There is no financial impact.
AASB 1055	*Budgetary Reporting* This Standard requires specific budgetary disclosures in the general purpose 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 2013-3	*Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets* 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* Part B of this 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. It has no financial impact.
AASB 2014-1	*Amendments to Australian Accounting Standards* Part A of this Standard consists primarily of clarifications to Accounting Standards and has no financial impact for the Authority. Part B of this Standard has no financial impact as the Authority contributes to schemes that are either defined contribution plans, or deemed to be defined contribution plans. Part C of this Standard has no financial impact as the it removes references to AASB 1031 Materiality from a number of Accounting Standards.

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* 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 is currently 1 January 2018 after being amended by AASB 2012-6, AASB 2013-9 and AASB 2014-1. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2018
AASB 15	*Revenue from Contracts with Customers* This Standard establishes the principles that the Authority shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainity of revenue and cash flows arising from a contract with a customer. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2017

Notes to the Financial Statements
For the year ended 30th June 2015

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

Future impact of Australian Accounting Standards not yet operative

Title		Operative for reporting periods beginning on/after
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]* This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010. The mandatory application date of this Standard has been amended by AASB 2012-6 and AASB 2014-1 to 1 January 2018. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2018
AASB 2013-9	*Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments* Part C of this omnibus Standard defers the application of AASB 9 to 1 January 2017 (Part C). The application date of AASB 9 was subsequently deferred to 1 January 2018 by AASB 2014-1. The Authority has not yet determined the application or the potential impact of AASB 9.	1 Jan 2015
AASB 2014-1	*Amendments to Australian Accounting Standards* Part E of this Standard makes amendments to AASB 9 and consequential amendments to other Standards. It has not yet been assessed by the Authority to determine the application or potential impact of the Standard.	1 Jan 2018
AASB 2014-4	*Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & 138]* The adoption of this Standard has no financial impact for the Authority as depreciation and amortisation is not determined by reference to revenue generation, but by reference to consumption of future economic benefits.	1 Jan 2016
AASB 2014-5	*Amendments to Australian Accounting Standards arising from AASB 15* This Standard gives effect to the consequential amendments to Australian Accounting Standards (including interpretations) arising from the issuance of AASB 15. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2017
AASB 2014-7	*Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)* This Standard gives effect to the consequential amendments to Australian Accounting Standards (including interpretations) arising from the issuance of AASB 9 (December 2014). The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2018
AASB 2014-8	*Amendments to Australian Accounting Standards arising from AASB 9 (December 2014) - Application of AASB 9 (December 2009) and AASB 9 (December 2010) [AASB 9 (2009 & 2010)]* This Standard makes amendments to AASB 9 Financial Instruments (December 2009) and AASB 9 Financial Instruments (December 2010), arising from the issuance of AASB 9 Financial Instruments in December 2014. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2015
AASB 2015-1	*Amendments to Australian Accounting Standards - Annual Improvements to Australian Accounting Standards 2012-2014 Cycle (AASB 1, 2, 3, 5, 7, 11, 110, 119, 121, 133, 134, 137 & 140)* These amendments arise from the issuance of International Financial Reporting Standard Annual Improvements to IFRSs 2012-2014 Cycle in September 2014, and editorial corrections. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2016

Notes to the Financial Statements
For the year ended 30th June 2015

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

Future impact of Australian Accounting Standards not yet operative

Title		Operative for reporting periods beginning on/after
AASB 2015-2	*Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 101 (AASB 7, 101, 134 & 1049)* This Standard amends AASB 101 to provide clarification regarding the disclosure requirements in AASB 101. Specifically, the Standard proposes narrow-focus amendments to address some of the concerns expressed about existing presentation and disclosure requirements and to ensure entities are able to use judgement when applying a Standard in determining what information to disclose in their financial statements. There is no financial impact.	1 Jan 2016
AASB 2015-3	*Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality* This Standard completes the withdrawal of references to AASB 1031 in all Australian Accounting Standards and Interpretations, allowing that Standard to effectively be withdrawn. There is no financial impact.	1 Jul 2015
AASB 2015-6	*Amendments to Australian Accounting Standards - Extending Related Party Disclosures to Not-for-Profit Public Sector Entities (AASB 10, 124 & 1049)* The amendments extend the scope of AASB 124 to include application by not-for-profit public sector entities. Implementation guidance is included to assist application of the Standard by not-for-profit public sector entities. The Authority has not yet determined the application of the Standard, though there is no financial impact.	1 Jul 2016

Note 6 Employee benefits expense

	2015 $	2014 $
Salaries and wages (a) (b)	1,716,796	1,761,343
Superannuation - defined contribution plans (c)	168,584	176,693
	1,885,380	1,938,036

(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) $7,443 was incurred in this financial year (2014: $1,075) for services provided for the Christmas & Cocos Islands (see note 30).

(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 10 'Other Expenses'.

Notes to the Financial Statements
For the year ended 30th June 2015

Note 7 Supplies and services	2015 $	2014 $
Medical advice and consultation	60,469	59,394
Communications	21,171	19,798
Fuel, light and power	8,118	7,121
Computer services	36,235	22,118
Legal expenses	3,596	9,163
Printing and stationery	26,775	21,237
Food supplies	3,014	2,321
Other	4,844	6,249
	164,222	147,401

Note 8 Amortisation expense		
Computer software	3,108	3,108

Note 9 Repairs, maintenance and consumable equipment		
Repairs and maintenance	967	-
Consumable equipment	15,446	2,967
	16,413	2,967

Note 10 Other expenses		
Employment on-costs (a)	10,370	7,945
Staff development and transport costs	44,058	29,657
Insurance	4,790	5,491
Motor vehicle expenses	3,393	2,360
Operating lease expenses	347,560	347,703
Audit fees	23,000	21,900
Christmas and Cocos Islands (b)	14,841	152
Other	7,289	28,825
	455,301	444,033

(a) Includes workers' compensation insurance. Any on-costs liability associated with the recognition of annual and long service leave liability is included at note 20 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

(b) See note 30 for the Statement of receipts and payments.

Note 11 Grants and contributions		
a) Commonwealth grants and contributions		
Recoup for services provided to Christmas & Cocos Islands (a)	2,802	-

(a) See note 30 for the Statement of receipts and payments.

b) Other grants and contributions		
Disability Services Commission - data reporting system development	50,000	-
	50,000	-

Note 12 Other revenues		
Government Vehicle Scheme Contribution	2,094	1,909
Reimbursement of employee salary overpayment	-	2,990
Other	126	481
	2,220	5,380

Note 13 Service appropriations		
Appropriation revenue received during the period:		
Service appropriations	2,564,000	2,498,000

See note 2(d) 'Income'.

Notes to the Financial Statements
For the year ended 30th June 2015

	2015	2014
Note 14 Services received free of charge	$	$

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

State Solicitor's Office - legal service	3,596	9,163
Department of Finance - office accommodation fit-out	77,280	76,129
	80,876	85,292

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 15 Receivables

Current		
Recoup due from Department of Attorney General for employee leave transfer	-	7,842
Reimbursements due from employees for salary overpayments	5,764	9,235
GST receivable	5,724	1,622
	11,488	18,699

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

See also note 2(k) 'Receivables' and note 32 'Financial instruments'.

Note 16 Other current assets

Prepayments	23,566	8,136

Note 17 Intangible assets

Computer software		
At cost	15,540	15,540
Accumulated amortisation	(12,432)	(9,324)
	3,108	6,216

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	6,216	9,324
Amortisation expense	(3,108)	(3,108)
Carrying amount at end of period	3,108	6,216

Note 18 Impairment of Assets

There were no indications of impairment to intangible assets at 30 June 2015.

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 19 Payables

Current		
Trade creditors	32,766	26,405
Other creditors	2,601	4,920
Accrued expenses	77,668	16,649
Accrued salaries	73,903	56,211
	186,938	104,185

See also note 2(l) 'Payables' and note 32 'Financial instruments'.

Notes to the Financial Statements
For the year ended 30th June 2015

Note 20 Provisions	2015 $	2014 $
Current		
Employee benefits provision		
Annual leave (a)	187,855	193,747
Long service leave (b)	213,705	195,598
	401,560	389,345
Non-current		
Employee benefits provision		
Long service leave (b)	132,745	111,001
	534,305	500,346

(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	130,751	137,300
More than 12 months after the end of the reporting period	57,104	56,447
	187,855	193,747

(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	42,495	39,256
More than 12 months after the end of the reporting period	303,955	267,343
	346,450	306,599

Note 21 Accumulated surplus		
Balance at start of period	202,972	149,845
Result for the period	175,474	53,127
Balance at end of period	378,446	202,972

Note 22 Notes to the Statement of Cash Flows

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	1,061,527	774,452

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

Net cash used in operating activities (Statement of Cash Flows)	(2,276,925)	(2,439,108)
Increase/(decrease) in assets:		
Current receivables	(7,211)	(775)
Prepayments	15,430	6,574
Decrease/(increase) in liabilities:		
Payables	(82,753)	(1,934)
Current provisions	(12,215)	9,182
Non-current provisions	(21,744)	(15,704)
Non-cash items:		
Amortisation expense (note 8)	(3,108)	(3,108)
Services received free of charge (note 14)	(80,876)	(85,292)
Net cost of services (Statement of Comprehensive Income)	(2,469,402)	(2,530,165)

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.

Notes to the Financial Statements
For the year ended 30th June 2015

Note 23 Remuneration of members of the Accountable Authority

	2015	2014
	$	$

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:

$270,001 - $280,000	-	1
$280,000 - $290,000	1	-
Total:	1	1

	$	$
Base remuneration and superannuation	281,921	259,500
Annual leave and long service leave accruals	5,363	7,157
Other benefits	-	6,447
The total remuneration of members of the Accountable Authority:	287,284	273,104

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

Note 24 Remuneration of auditor

Remuneration paid or 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	22,500	23,000

Note 25 Commitments

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	297,011	295,656
Later than 1 year, and not later than 5 years	594,022	-
	891,033	295,656

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:
Other expenditure commitments contracted for at the reporting period but not recognised as liabilities are payable as follows:

Later than 1 year, and not later than 5 years	37,292	-
	37,292	-

Note 26 Contingent liabilities and contingent assets

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

Note 27 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 28 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.

Notes to the Financial Statements
For the year ended 30th June 2015

Note 29 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 30 Other statement of receipts and payments

	2015 $	2014 $
Commonwealth Grant - Christmas and Cocos Islands		
Balance at the start of period	12,708	813
Add Receipts		
Commonwealth grant	2,802	13,122
Less Payments		
Salaries and wages	(7,443)	(1,075)
Other expenses	(14,841)	(152)
	(22,284)	(1,227)
Balance at the end of period	(6,774)	12,708

Note 31 Supplementary financial information

Losses through theft, defaults and other causes		
Losses of public money and public and other property through theft or default	48	-
	48	-

Notes to the Financial Statements
For the year ended 30th June 2015

Note 32 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 32(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:

	2015 $	2014 $
Financial Assets		
Cash and cash equivalents	1,061,527	774,452
Loans and receivables (a)	5,764	17,077
Financial Liabilities		
Payables	186,938	104,185

(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

			Past due but not impaired				
	Carrying amount	Not past due and not impaired	Up to 12 months	1-2 years	2-5 years	More than 5 years	Impaired Financial Assets
	$	$	$	$	$	$	$
Financial Assets							
2015							
Cash and cash equivalents	1,061,527	1,061,527	-	-	-		-
Receivables (a)	5,764	428	204	1,137	1,792	2,203	-
	1,067,291	1,061,955	204	1,137	1,792	2,203	-
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	-

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

Notes to the Financial Statements
For the year ended 30th June 2015

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

			Interest rate exposure	Maturity dates
	Weighted average effective interest rate	Carrying amount	Non-interest bearing	Up to 12 months
	%	$	$	$
2015				
Financial Assets				
Cash and cash equivalents	-	1,061,527	1,061,527	1,061,527
Receivables (a)	-	5,764	5,764	5,764
		1,067,291	1,067,291	1,067,291
Financial Liabilities				
Payables	-	186,938	186,938	186,938
		186,938	186,938	186,938
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

(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 2015

Note 33 Schedule of Income and expenses by service

	Complaints Management		Education		Total	
	2015 $	2014 $	2015 $	2014 $	2015 $	2014 $
COST OF SERVICES						
Expenses						
Employee benefits expense	1,284,644	1,388,996	600,736	549,040	1,885,380	1,938,036
Supplies and services	138,061	116,333	26,161	31,068	164,222	147,401
Amortisation expense	3,108	3,108	-	-	3,108	3,108
Repairs, maintenance and consumable equipment	11,470	2,136	4,943	831	16,413	2,967
Other expenses	307,108	312,110	148,193	131,923	455,301	444,033
Total cost of services	1,744,391	1,822,683	780,033	712,862	2,524,424	2,535,545
INCOME						
Revenue						
Commonwealth grants and contributions	2,802	-	-	-	2,802	-
Other grants and contributions	50,000	-	-	-	50,000	-
Other revenue	2,220	5,380	-	-	2,220	5,380
Total revenue	55,022	5,380	-	-	55,022	5,380
NET COST OF SERVICES	**1,689,369**	**1,817,303**	**780,033**	**712,862**	**2,469,402**	**2,530,165**
INCOME FROM STATE GOVERNMENT						
Service appropriations	1,726,661	1,769,648	837,339	728,352	2,564,000	2,498,000
Services received free of charge	80,876	85,292	-	-	80,876	85,292
Total income from State Government	1,807,537	1,854,940	837,339	728,352	2,644,876	2,583,292
SURPLUS FOR THE PERIOD	**118,168**	**37,637**	**57,306**	**15,490**	**175,474**	**53,127**

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

Estimates of expenditure

The following estimates of expenditure for the year 2015–16 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 2015-16 year do not form part of the preceding:

Budget appropriation: $2,637,000.00

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 key 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 2015.

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 18 August 2015

OAG AUDITED 12

Our key performance indicators

Report on key performance indicators

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

Desired outcome: Improvement in the delivery of health and disability services.

An overview of the Health and Disability Services Complaints Office (HaDSCO) key performance indicators are demonstrated in the table below:

Key effectiveness indicator	Services	Key efficiency indicators
Proportion of recommendations resulting in implementation by providers	**1. Complaints Management:** Assessment, negotiated settlement, conciliation and investigation of complaints.	**KPI 1.1** Percentage of complaints closed within legislation timeframes. **KPI 1.2** Average cost per finalised complaint.
	2. Education: Education and training in the prevention and resolution of complaints.	**KPI 2.1** Average cost per awareness raising activity.

Key effectiveness indicator

The key effectiveness indicator reports on the proportion of recommendations resulting in implementation by providers. HaDSCO's key focus as an Office is to improve health, mental health and disability services. 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 purpose of the key effectiveness indicator is to report on the extent to which service providers are making changes to improve processes, practices and policies as a result of recommendations and agreed actions made by HaDSCO that arise from complaints.

The table below presents the number of service improvements that providers implemented, as a proportion of total service improvements agreed to or recommended between 2011-12 and 2014-15:

2014–15	2013–14	2012–13	2011–12
55/86	64/90	55/78	56/69

Key efficiency indicators – service one – complaints management

HaDSCO provides an impartial resolution service for complaints relating to health, mental health and disability services provided in WA. This service is free and available to all users and providers. HaDSCO delivers complaint management services through assessment, negotiated settlement, conciliation and investigation of complaints.

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.

Key efficiency indicator 1.1: Percentage of complaints closed within legislative timeframes

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 table below presents the actual results and targets for the legislative timeframes between 2011-12 and 2014-15:

Legislative requirement	Legislative timeframe (days)	2014-15 Actual %	2014-15 Target %	2013-14 Actual %	2013-14 Target %	2012-13 Actual %	2012-13 Target %	2011-12 Actual %	2011-12 Target %
Preliminary assessment by Director s.34 (1)	28	100	**90**	92	90	91	90	83	90
Preliminary assessment by Director s.34 (1) (c)	56	93	**80**	86	80	72	80	73	80
Notice to provider and others s.35	14	93	**90**	89	90	86	90	90	90

Significant changes were implemented in 2014-15 to improve the timeliness, efficiency and effectiveness of HaDSCO's complaints management process. These build on a number of improvements that were made to the complaints management process in 2013-14 which are now firmly embedded into the complaints process.

All changes in 2014-15 complied with the legislative requirements of the *Health and Disability Services (Complaints) Act 1995* , Part 6 of *the Disability Services Act 1993*, the *Mental Health Act 2014,* and the National Law. The changes were made to:

- Increase consumer and provider satisfaction due to complaints being resolved in a more timely, less administrative, and more effective way.
- Provide staff with clearer expectations of their respective roles, and therefore increase corporate accountability.
- Ensure that HaDSCO's positive reputation as a complaints entity is safeguarded.

Key efficiency indicator 1.2 : Average cost per finalised complaint

The purpose of the efficiency indicator is to demonstrate the average cost per finalised complaint. It provides information on how much each complaint costs when managed through the complaints processes. HaDSCO forecasted that 2,519 complaints would be managed during the 2014-15 financial year; however the Office managed a reduced number of complaints - 2,434 - which resulted in a difference between the target and the actual.

Our key performance indicators (Continued)

The table below demonstrates the average cost per complaint, actual and targets, from 2011-12 to 2014-15:

2014-15 Actual $	2014-15 Target $	2013-14 Actual $	2013-14 Target $	2012-13 Actual $	2012-13 Target $	2011-12 Actual $	2011-12 Target $
694	670	731	657	685	670	666	650

Key efficiency indicators – service two – education

This key service supports the delivery of the broader role of the Office which includes**:**

- Collaborating with groups to review and identify the causes of complaints and suggest ways to minimise those causes.
- Assisting providers to improve complaints procedures and to train their staff to effectively manage complaints.
- Sharing information and reporting on the work of the Office to specific stakeholders and the public in general.

The key efficiency indicator, relating to the provision of this service, focuses on the average cost per awareness raising activity.

Over the past two years, HaDSCO has been allocating an increased proportion of resources to deliver service two. 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 service. This movement in the allocation of resources to service two 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.

Group one costs: Development, production and distribution of information.

The group one cost relates to the resources that contribute to the development, production and distribution of information. During the 2014-15 financial year HaDSCO delivered a number of projects and initiatives based on ten key stakeholder engagement strategies. Examples of work that contributed to this cost include:

- Finalised the tailored Aboriginal video resource '*Speak up - Do something about it*' to increase awareness of HaDSCO's complaints process.
- Developed an Effective Complaint Handling Training Manual to promote good complaints handling practice.
- Released a series of reports including: An Overview of Health Complaints in Western Australia and other tailored reports identifying key health complaint data trends across the sector.
- Launched additional resources on HaDSCO's online engagement site - Collaborate and Learn - including a case study library and resources log, to provide useful tools to effectively manage complaints and promote system improvements.

The table below demonstrates group one actual costs: Development, production and distribution of information from 2011-12 to 2014-15:

	2014-15 Actual $	2013-14 Actual $	2012-13 Actual $	2011-12 Actual $
Group one costs: Development, production and distribution of information	327,709	282,183	250,584	166,093

Our key performance indicators (Continued)

Group two costs: Presentations, awareness raising, consultations and networking.

The group two cost relates to the resources that contribute to presentations, awareness raising, consultations and networking. During the 2014-15 financial year, examples of work that contributed to this cost include extensive engagement programs for a number of key projects, including:

- The Disability Focus Group Series;
- Greater collaboration with Australian Health Practitioner Regulation Agency;
- Increasing HaDSCO's regional presence through tailored outreach programs;
- Development of the multi-agency Mental Health Complaints Partnership Agreement, with community and mental health sector involvement.

The table below demonstrates group two actual costs: Presentations, awareness raising, consultations and networking from 2011-12 to 2014-15:

	2014-15 Actual $	2013-14 Actual $	2012-13 Actual $	2011-12 Actual $
Group two costs: Presentations, awareness raising, consultations and networking	452,323	430,679	341,400	245,843

Key efficiency indicator 2.1: Average cost per awareness raising activity

The purpose of this efficiency indicator is to demonstrate the average cost per awareness raising activities for the Office.

HaDSCO forecasted that 307 engagement activities would be delivered during the 2014-15 financial year, an increase of 10 percent on 2013-14 financial year activity. However, the Office delivered a record number of engagement activities during this financial year - a total of 523. The increase relates to additional engagement with health, disability and mental health stakeholders, which resulted in a reduction to the average cost per awareness raising activity.

HaDSCO delivered 523 outreach activities including:

- 176 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.
- 93 networking opportunities to build relationships with providers, central government agencies and consumer groups; and
- 254 consultations with key groups to share and exchange views, seek advice and participate in meaningful discussion.

The table below presents the average cost per awareness raising activity between 2011-12 and 2014-15:

	2014-15 Actual $	2014-15 Target $	2013-14 Actual $	2013-14 Target $	2012-13 Actual $	2012-13 Target $	2011-12 Actual $	2011-12 Target $
Average cost per awareness raising activity	865	1533	1,544	1,502	1,538	1,450	1,336	1,370

Ministerial directives

HaDSCO reports to the Hon. Dr Kim Hames, Deputy Premier; Minister for Health; Tourism.

Other financial disclosures

Pricing policies of services provided

HaDSCO receives revenue under a Service Delivery Arrangement with the Australian Government. Under this arrangement HaDSCO handles enquiries and complaints from the Indian Ocean Territories (IOT) about the delivery of health, disability and mental health services.

Each year HaDSCO recoups costs from the Australian Government for any complaints received from the IOT. Cost recovery is based on the average cost per complaint published in the annual report. Administrative costs and the costs of any travel to the IOT by HaDSCO staff and any promotional materials are also recouped in full.

Capital works

No capital works were undertaken during 2014-15.

Employment and industrial relations

Employment of staff

As at 30 June 2015 there were 16 staff (15 FTEs) undertaking the work of the Office.

There were 16 people directly employed by HaDSCO, including 13 full-time employees and 3 part-time employees. This includes contract staff providing short term expertise, people on unpaid leave, and people on secondment.

All employees are public sector employees operating in executive, complaints resolution, communications, research and administrative roles. The following table provides a breakdown of the categories of employment for staff as at 30 June over the past two years:

Employee Capacity	Number of staff 2014–15	Number of staff 2013–14
Full-time permanent	7	9
Full-time contract	6	6
Part-time permanent	2	3
Part-time contract	1	1

Accounting for performance

HaDSCO's performance development system includes identifying expectations and recognition of performance. Managers and staff annually formalise a performance development plan that provides a framework to:

- Identify and agree on the expectations of staff and the work that will be carried out aligned to the Strategic and Operational plans
- Identify and acknowledge the contribution employees make in the achievement of HaDSCO's operational and strategic goals; and
- Develop and retain skilled employees and assist employees to achieve their professional and personal career goals.

Shares in statutory authorities

HaDSCO does not have shares in statutory authorities.

Governance disclosures

Shares in subsidiary bodies

HaDSCO does not have any subsidiary bodies.

Interests in contracts by senior officers

HaDSCO's Code of Conduct and Conflict of Interest and Outside Interest Policy define conflict of interest and appropriate action to take where a conflict arises between the employee's public duty and their private interests, including during tender and purchasing processes.

Employees are aware through the Code of Conduct that they have an obligation to disclose interests that could reasonably create a perception of bias, or an actual conflict of interest. There have been no declarations of an interest in any existing or proposed contracts by senior officers.

Benefits to senior officers through contracts

No senior officers have received any benefits through contracts.

Other legal requirements

Insurance paid to indemnify directors

HaDSCO does not have any directors as defined in Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*.

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	$13989.80
Market research organisations	Nil
Polling organisations	Nil
Direct mail organisations	$137.74
Media advertising organisations	Nil

Disability Access and Inclusion Plan

Disability Access and Inclusion Plan outcomes

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.
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 2014-15:

- Incorporated the objectives of the DAIP into our 2014-15 operational plan and other procedures and policies.
- Continued with our Consumer and Carer Reference Group (CCRG), which includes participants who represent health, disability and mental health service users.
- Delivered 13 focus groups to people with disability, their carers and family to seek feedback on how we can make our services more accessible.
- Consulted with a vision impaired community member to understand how to access information on our website with the JAWS program, using the feedback to improve our website accessibility.
- 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.

Compliance with Public Sector Standards and Ethical Codes

In the administration of the Office, HaDSCO has complied with the Public Sector Standards in Human Resource Management, the Code of Ethics and HaDSCO's Code of Conduct. Procedures and policies are in place, designed to ensure compliance by all HaDSCO staff.

The following table identifies action taken to monitor and ensure compliance with public sector standards and ethical codes.

Significant action to monitor and ensure compliance with Western Australian Public Sector Standards

HaDSCO staff are aware of, and are required to comply with, the Public Sector Standards in Human Resource Management. This is supported by policies and procedures relating to the Standards, regular professional development for staff about the Standards and related policies, and the inclusion of the policies in the induction process.

Monitoring provisions include:

- A monitoring process to ensure there are current performance management processes in place for all employees.
- For recruitment, selection and appointment, an individual review of each process is undertaken prior to the final decision to ensure compliance with the Employment Standard.
- The continuous development of policies and procedures in accordance with the Standards to ensure compliance and relevancy.

Compliance issues: Internal reviews have shown compliance with the Standards is achieved before any final decision is made. There have been no breaches found of the public sector standards.

Significant action to monitor and ensure compliance with the Code of Ethics and the Office's Code of Conduct

The Code of Ethics and HaDSCO's Code of Conduct are available on the HaDSCO Hub (intranet) and are part of the Induction for new staff.

Guidelines for Ethical and Accountable Decision Making have been developed as a ready reference for staff when dealing with a difficult situation related to the Ethical Codes. The Guidelines are based on the Accountable and Ethical Decision Making in the WA Public Sector training materials provided by the Public Sector Commissioner.

HaDSCO's Code of Conduct supports the Code of Ethics and links our corporate values with expected standards of personal conduct. All staff and contractors who carry out work for, or on behalf of, the Office are required to comply with the spirit of the Code of Conduct.

The following processes have been established to ensure compliance:

- On appointment, all staff sign the Code of Conduct to confirm their understanding of its application in the workplace and swear an oath or make an affirmation about maintaining appropriate confidentiality.
- Ethics and conduct related policies have been developed, including policies and procedures for declaring and managing conflicts of interest and gifts. The ethical codes and related policies are included in the induction process and there is regular professional development for managers and staff about the ethical codes and related policies.
- A policy and internal procedures relating to Public Interest Disclosures strongly support disclosures being made by staff.
- Director sign off, for management of conflicts of interest and gifts and benefits.
- High level consideration and sign off of requests for review of the Office's handling of a complaint and any complaints about the conduct of staff; and
- Seeking opportunities to improve current practices through internal auditing and reviewing policies and procedures to ensure compliance and relevancy.

Compliance issues: There has been no evidence of non-compliance with the ethical codes.

Good governance framework

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

As an independent to body, HaDSCO reports to the Hon. Dr Kim Hames, Deputy Premier; Minister for Health; Tourism.

2 Management and oversight

We are in the last year of our three year strategic plan. The plan was developed 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.

3 Organisational structure

HaDSCO is a small Office, effectively delivering services through two teams, Complaints and System improvement which focuses on the management and resolution of complaints and Strategic Services and Community Engagement which focuses on the delivery of corporate services and education and outreach programs. These two teams are led by the Executive who are responsible for joint decision making and leadership of the Office.

4 Operations

HaDSCO's daily operations were guided by the Operational Plan 2014-15. This plan set out the work that was to be completed by HaDSCO over a 12 month period. The Operational Plan was also supported by a Stakeholder Engagement Strategy 2014-15.

5 Ethics and integrity

HaDSCO is governed by Six key values:

Integrity

Accessibility

Improvement

Empowerment

Confidentiality

Responsiveness

In line with these values, HaDSCO observes an independent and impartial approach to the conduct of complaints management processes. Ethics and integrity are contained within the Code of Conduct and Guidelines for Ethical and Accountable Decision Making. The following processes are in place to ensure staff compliance with these codes:

- sign an Oath/Affirmation to confirm their understanding of HaDSCO's role and the requirements of confidentiality under the *Health and Disability Services (Complaints) Act 1975.*
- sign to confirm their understanding of the application of the Code; and
- made aware of the Conflict of Interest and Outside Interest Policy and registers and how they should be declared. When declarations are made, the Director assesses the appropriate action to be taken.

Other legal requirements (Continued)

6 People

The HaDSCO Workforce and Diversity Plan 2013-16 provides a strong workforce planning framework to support the achievement of the goals in the strategy. HaDSCO aims to attract, develop and retain a skilled and valued workforce with a culture that supports high quality, responsive and efficient service; and to treat people professionally, courteously and with appropriate sensitivity.

7 Finance

Financial integrity and accountability is secured through reporting to the Executive Team in conjunction with an external Chief Financial Officer. Health Corporate Network, through a Service delivery Arrangement with this Office, provides financial and payroll support which is governed by the Health Accounting Manual, Health Corporate Network.

HaDSCO is audited by the Office of the Auditor General each year to ensure compliance with the *Financial Management Act 2006* and Treasurer's Instructions. Financial and human resource audits are also internally undertaken to ensure compliance, including an internal audit of HaDSCO's leave liability.

8 Communication

To ensure services are accessible, open and responsive, HaDSCO communicates with its key stakeholders using a range of communication channels, adapted to suit the audience. Further information is included in the Empowerment and Education section of the report. HaDSCO also provides guidance for dealing with people with disabilities and people from culturally and linguistically diverse backgrounds.

Policies covering record keeping, records management and communications ensure that the appropriate safeguards are in place for the confidentiality and integrity of information, preventing unauthorised disclosure. Quarterly staff meetings, separate team meetings and the HaDSCO Hub (intranet) provide a forum for sharing information internally.

9 Risk management

HaDSCO commenced a review on the Risk Management Policy and Plan in 2014-15. These detail controls that have been identified for significant risks and any action required is assigned to a relevant member of the management.

Record Keeping Plan

In the 2013-14 Annual Report, we mistakenly reported that the HaDSCO Record Keeping Plan (RKP) was approved by the State Records Office of Western Australia (SRO).

During 2014-15 HaDSCO worked with SRO to review the record keeping processes and established the RKP. The plan sets out a number of key documents that require review, update and implementation to ensure compliance with the Records Management Framework and promote best practice record keeping. It outlines the record keeping requirements under the *State Records Act 2000* and assists the Office to improve the quality and consistency of record keeping. The Plan has now been submitted for approval to the SRO.

HaDSCO's record keeping framework consists of six key principles. Below is an overview of each principle and what we have actioned during 2014-15:

1. **Proper and Adequate Records**

   This is to ensure that records are created and kept in order to properly and adequately record organisational performance functions.

   Key initiatives actioned during 2014-15:

   Our records are kept in a manner that is consistent with any written law to which HaDSCO is subject when performing its functions. During the year we completed planning to ensure that mental health complaint information is captured and stored electronically. This work is being undertaken in preparation for the implementation of the *Mental Health Act 2014*, planned for November 2015.

   We continued to use TRIM as our Electronic Document Records Management System (EDRMS). All incoming correspondence and significant internal documents are saved electronically into the EDRMS. HaDSCO staff are required to save their final electronic documents into the EDRMS as well as saving electronic mail and facsimiles directly into the system.

   The database used to store complaint information is CRED.

2. **Policies and Procedures**

   This is to ensure that record keeping programs are supported by policy and procedures; these policy and procedures are formally documented as a reference.

   Key initiatives actioned during 2014-15:

   We commenced a review of our policies and procedures late in the financial year. The Office will be working closely with SRO to seek advice on the updated policies and procedures, aiming for implementation in 2015.

3. **Language Control**

   This is to ensure that appropriate controls are in place to identify and name government records.

   Key initiatives actioned during 2014-15:

   We commenced a review of our Thesaurus undertaking consultation with staff across the Office.

   The amended Thesaurus will be developed to ensure that records are defined in an accurate and accessible way. The thesaurus will incorporate corporate services records, communications and research and be developed with our own unique functional terms for our two key service areas: complaints management and education and training in the prevention of complaints.

4. **Preservation**

   This is to ensure that all HaDSCO records are appropriately protected and preserved as long as required for legal, legislative, financial, administrative and historical purposes.

   Key initiatives actioned during 2014-15:

   HaDSCO has developed strategies for the recovery of the Records Management System (RMS) in the event of a disaster. The Office will be working with SRO for advice on the strategies and will aim for implementation in 2015-16.

Other legal requirements (Continued)

5. Retention and Disposal

This is to ensure that records are retained and disposed of in accordance with an approved disposal authority.

In 2015-16, HaDSCO will contribute to the SRO, Sector Disposal Authority for records relating to the provision of mental health services by government agencies.

6. Compliance

HaDSCO will be implementing various activities to ensure that all staff are aware of their record keeping responsibilities and compliance with the RKP.

Key initiatives actioned during 2014-15:

The efficiency and effectiveness of the record keeping training program is reviewed regularly through monitoring staff use of the EDRMS to ensure that staff are following the record keeping requirements.

All records related plans, policies, guidelines and manuals are available on the HaDSCO Hub (intranet) to assist staff to comply with their record keeping requirements and include user friendly guides for training staff.

This is part of the induction process for new staff and is also available as a resource for existing staff members. The induction process also includes individual training sessions with new staff members conducted by their manager. Follow up training and help desk assistance are provided as required.

Government policy requirements

Substantive equality

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 people, due to cultural, linguistic and geographical challenges.

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.
- Ongoing commitment to the Consumer and Carer Reference Group (CCRG) which includes key Culturally and Linguistically Diverse (CALD) advocates as a partner – Ethnic and Disability Advocacy Centre to ensure HaDSCO is responsive to the needs of the CALD community.
- Partnered with Yorgum Aboriginal Corporation to develop a resource – Speak up: do something about it.
- Promote our TTY and country toll free number in our publications and on our website.
- Provide access 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.

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 CCRG. This group provides HaDSCO with a rich source of information and feedback to ensure we remain inclusive and relevant to our stakeholders.

Occupational Safety and Health and injury management

We take our commitment to providing and maintaining a safe and healthy work environment for all employees, contractors and visitors seriously. 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 2014-15 we:

- Provided ergonomic assessments for employees.
- Engaged the services of an Employee Assistance Program.
- Formed an Occupational Safety and Health Committee.
- Updated and developed a suite of new policies.
- Developed a dedicated space on the HaDSCO Hub (intranet) to make the OSH policies available.
- 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 2014–15
Number of fatalities	Zero (0)
Lost time injury/disease (LTI/D) incidence rate	2/21
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%)

Appendices

6.

This section provides relevant appendicies referenced through the report.

Appendices

Health providers who are 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
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 [1]
Mount Hospital
Mount Lawley Private Hospital [2]
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] 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.

[2] Mount Lawley Private Hospital is now known as St John of God Mt Lawley Hospital.

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

Disability providers who are prescribed under S48A of the *Disability Services Act 1993*

Disability service provider	Legal Name
Ability Centre	The Cerebral Palsy Association of Western Australia Ltd
Activ	Activ Foundation Incorporated
Adventist Residential Care	Seventh-day Adventist Aged Care (Western Australia)
Autism Association of Western Australia	Autism Association of Western Australia Inc
Baptistcare	Baptistcare Incorporated
Community Living Association	Community Living Association Inc.
Disability Services Commission	Disability Services Commission
Empowering People in Communities (EPIC)	Empowering People in Communities (EPIC) Inc.
Enable Southwest	Enable Southwest Inc.
Identitywa	Identitywa
Lady Lawley Cottage	Australian Red Cross Society (t/as Lady Lawley Cottage)
Lifestyle Solutions	Lifestyle Solutions (Aust) Ltd (Western Operations)
Mosaic Community Care	Mosaic Community Care Inc.
My Place (WA)	My Place Foundation Inc.
Nulsen	Nulsen Haven Association (Inc.)
Perth Home Care Services	Perth Home Care Services Inc.
Rocky Bay	Rocky Bay Incorporated
Senses Australia	Senses Australia
Therapy Focus	Therapy Focus Incorporated
UnitingCare West	UnitingCare West

Appendices (Continued)

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
HPCC	Health Provider Consultative Group
HIN	Health Information Network
IOT	Indian Ocean Territories
KPI	Key Performance Indicator
MHC	Mental Health Commission
OSH	Occupational Safety and Health
PwDWA	People with Disability Western Australia
RAAP	Regional Access and Awareness Program
SES	Stakeholder Engagement Strategy
SIWG	Systemic Issues Working Group
TRIM	Total Records Information Management
WA	Western Australia
WAAMH	Western Australian Association for Mental Health

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	Nurses and Midwives	Registered nurse (Division 1) Enrolled nurse (Division 2)
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	