GOVERNMENT OF
WESTERN AUSTRALIA

Health and Disability Services
Complaints Office

2016 -17
Annual Report

Statement of compliance

GOVERNMENT OF WESTERN AUSTRALIA

Health and Disability Services Complaints Office

Hon Roger Cook MLA
Deputy Premier; Minister for Health; Mental Health
13th Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

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 for the financial year ended 30 June 2017. The Annual Report has been prepared in accordance with the *Financial Management Act 2006.*

Yours sincerely

SARAH COWIE
DIRECTOR
3 October 2017

About this report

Welcome to the Health and Disability Services Complaints Office (HaDSCO) 2016-17 Annual Report. This report provides an overview of the work undertaken by the Office in the resolution of complaints about health, disability and mental health services provided in Western Australia and the Indian Ocean Territories. It also details the work undertaken in educating and training the public and service providers in the prevention and resolution of complaints.

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 created using in-house staff resources. The report is available in printable and electronic viewing formats to optimise accessibility and ease of navigation. It is 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. Requests to reproduce any content from this report should be directed to the Strategic Communications and Engagement Manager on (08) 6551 7620 or mail@hadsco.wa.gov.au. When reproduced, content must not be altered in any way and acknowledgements must be appropriately made.

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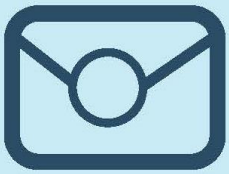

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1.
Office overview

In this section we provide information about the role, functions and structure of the Office.

1.1 From the HaDSCO Director

It is my pleasure to present my second Annual Report as Director of the Health and Disability Services Complaints Office (HaDSCO).

HaDSCO provides an important role for members of the community who wish to make complaints about the provision of health, disability and mental health services in Western Australia and the Indian Ocean Territories. HaDSCO also has a role in educating and training the public and service providers in the prevention and resolution of complaints. We strive for excellence in delivering these services.

The 2016-17 year has been a period of significant activity for HaDSCO. We released our new Strategic Plan 2017-2021 which sets our strategic priorities into the future in the areas of complaints, education and training, governance and responding to changing environments. This report provides details of outcomes and achievements in all of these areas.

During 2016-17, HaDSCO received 2,697 complaints, representing a 6% increase on 2015-16. Complaint numbers continue to increase each year. The largest increase was in relation to complaints about disability services, where there was a 19% increase compared to the previous year.

It is important that we continue to review our complaint management practices to ensure our services are accessible, that they are delivered in a timely manner, and result in quality outcomes. During 2016-17, we implemented an internal Complaint Handling Continuous Improvement Program which has resulted in positive outcomes.

We continued to collect complaints data from health and disability service providers and developed infographics to highlight complaint trends within each sector.

We developed a new Stakeholder Engagement Strategy January 2017-June 2018 to guide the delivery of stakeholder engagement programs and outreach. Details of our achievements under this strategy are set out in this report.

There has been a strong internal focus on developing a sound governance framework. A new Code of Conduct has been put in place. Enhanced records management and stronger compliance controls have been achieved in finance and human resources. In addition, we have introduced a Risk Management Framework and Policy.

Responding to our changing environments is key to ensuring efficient and effective service delivery into the future. We have been developing a policy framework to underpin the implementation of the National Code of Conduct for Health Care Workers in Western Australia. Additionally, we continued to engage with the Disability Services Commission in relation to the implementation of the National Disability Insurance Scheme (NDIS) and with WA Health on health reform programs in Western Australia which impact on HaDSCO's services.

I would like to thank my staff for their support and dedication. In a small office, team work is essential and this year staff have worked together on a number of strategic priorities. Through cooperation and commitment, we have achieved a number of outcomes which are highlighted in this report.

Sarah Cowie
DIRECTOR

"It is important that we continue to review our complaint management practices to ensure our services are accessible, that they are delivered in a timely manner, and result in quality outcomes."

2016-17 Key highlights

Complaints

Received
2,697
complaints

144
Redress actions facilitated for individuals

42
Service improvements managed as a result of HaDSCO's involvement

Educate and train

Released new resources including a joint HaDSCO/AHPRA brochure, an information sheet for the Aboriginal community and infographics, to raise awareness of, and access to, our services

Visited the Indian Ocean Territories to provide a complaints management service and strengthen links with the community

Undertook
211
engagement activities with stakeholders across metropolitan, regional and remote regions

Governance

Released our new Strategic Plan 2017-2021 which sets our strategic priorities into the future

Implemented a New Code of Conduct for staff

Updated and/or introduced
9
human resources policies to support staff

Respond to changing environments

Provided input into policy initiatives and reforms, including for the National Code of Conduct for health care workers and complaints management under NDIS

Commenced a Complaint Handling Continuous Improvement Program to strengthen our role and capacity in managing complaints, resulting in a 68% reduction in aged cases

1.3 Who we are

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority offering an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories.

The Office was established in 1996 and until November 2010, HaDSCO was known as the Office of Health Review. The name was changed following amendments to the *Health and Disability Services (Complaints) Act 1995*, and the *Disability Services Act 1993*.

Our functions are set out in our governing legislation; the *Health and Disability Services (Complaints) Act 1995,* Part 6 of the *Disability Services Act 1993 and* Part 19 of the *Mental Health Act 2014.* Under these Acts, our main functions are to:

- Deal with complaints by negotiated settlement, conciliation or investigation.
- Review and identify the causes of complaints.
- Provide advice and make recommendations for service improvement.
- Educate the community and service providers about complaint handling.
- Inquire into broader issues of health, disability and mental health care arising from complaints received.
- Work in collaboration with the community and service providers to improve health, disability and mental health services.
- Publish the work of the Office.
- Perform any other function conferred on the Director by the *Health and Disability Services (Complaints) Act 1995* or another written law.

Other key compliance legislation

Auditor General Act 2006
Electoral Act 1907
Equal Opportunity Act 1984
Financial Management Act 2006
Freedom of Information Act 1992
Health Practitioner Regulation National Law (WA) Act 2010
Industrial Relations Act 1979
Occupational Safety and Health Act 1984
Public Sector Management Act 1994
Salaries and Allowances Act 1975
State Records Act 2000
State Supply Commission Act 1991

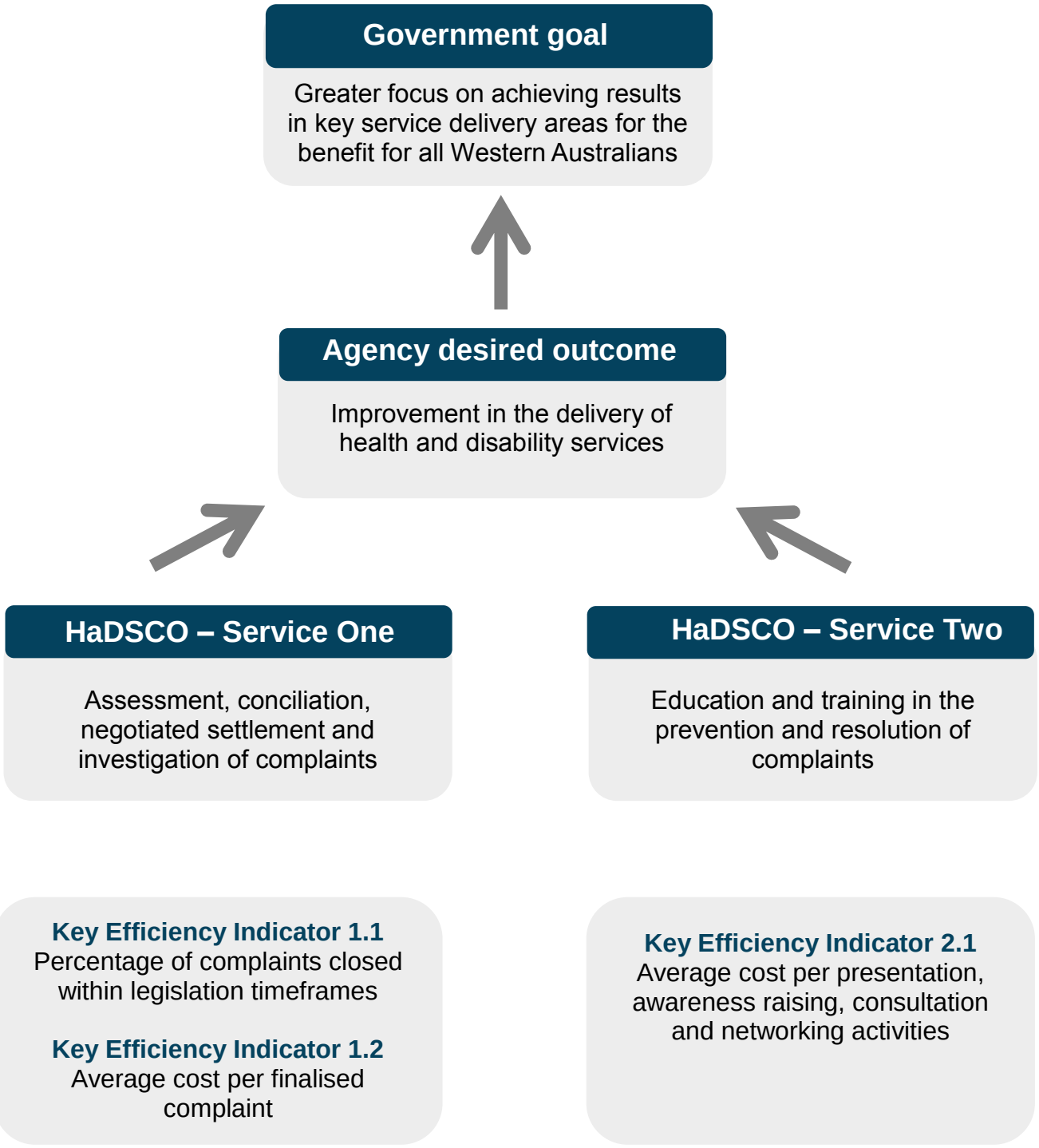
Responsible Minister

Hon Roger Cook MLA
Deputy Premier; Minister for Health; Mental Health.

1.4 Performance Management Framework

The diagram below provides a visual representation of how we function as an Office in the Performance Management Framework 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.



1.5 Our Strategic Direction

Strategic Plan 2017-2021

HaDSCO's new Strategic Plan 2017-2021 sets out the Office's vison, mission and values and outlines four areas of strategic focus: complaints, educate and train, governance, and respond to changing environments.

For complaints, the focus is on ensuring our services are accessible and that we manage complaints in a professional, impartial, confidential and efficient manner. We aim to achieve quality outcomes, by working with relevant parties to facilitate redress to individuals, where appropriate, and to identify systemic improvements.

In the area of educate and train, we are committed to informing, educating and empowering the community and service providers to prevent complaints. The Office's Stakeholder Engagement Strategy January 2017-June 2018, guides the delivery of stakeholder engagement programs and outreach activities under six program areas covering communications; regional, remote and diverse communities; health sector engagement; disability sector engagement; mental health sector engagement; and community engagement.

It is important we deliver our services within a sound governance framework. The emphasis of this component of our Strategic Plan is on operating with high level ethical principles and in compliance with public sector requirements. It is important that we have a skilled workforce with a culture that supports team work, professionalism, impartiality and responsiveness, and that we demonstrate our accountability to stakeholders.

A key feature of the Strategic Plan is the Office's ability to respond appropriately to the changing environment. The Office continues to work with stakeholders to identify and evaluate emerging issues. For example, the implementation of the National Code of Conduct for Health Care Workers, and the roll-out of the National Disability Insurance Scheme in Western Australia. We continue to adapt service delivery to meet the needs of our stakeholders including in managing complaints under the *Mental Health Act 2014* following implementation in 2015.

In this Annual Report we provide an overview of performance aligned to these four areas, as defined in our Strategic Plan. Both complaints and educate and train are reported on separately in office performance, given they encompass HaDSCO's Service One and Service Two delivery respectively. Respond to changing environments is incorporated at various stages throughout the report; given our continual focus on ensuring service delivery is responsive to changes in the wider environment. Governance is reported on in disclosures and legal compliance.

Details of HaDSCO's vision, mission, values and strategic priorities identified in our Strategic Plan are set out over the page.

Our Vision

Supporting improvements to health, disability and mental health services for Western Australia and the Indian Ocean Territories through complaint resolution.

Our Mission

Improvement in the delivery of health and disability services through our two service areas.

- **Service One**

  Assessment, conciliation, negotiated settlement and investigation of complaints.

- **Service Two**

  Education and training in the prevention and resolution of complaints.

Our Values

In all our operations and relationships we value:

- **H**onesty: We act with honesty and integrity, providing an impartial complaints resolution service about health, disability and mental health services, and in providing programs to educate and train in the prevention and resolution of complaints.
- **A**ccountability: We are accountable for our actions and deliver our services within a sound governance framework.
- **D**edication: We provide our services with dedication and commitment ensuring we meet the needs of the public, Ministers, service providers and other external stakeholders.
- **S**upportive: We work together as a team and are supportive of our colleagues in the workplace.
- **C**onfidentiality: We treat information received with confidentiality and comply with the provisions of our guiding legislation.
- **O**bjectivity: We work in an independent Statutory Authority and undertake our work with objectivity and impartiality.

Receive, Resolve, Reform

Manage complaints in a professional, impartial, confidential and efficient manner with quality outcomes

- We ensure our services are accessible to all individuals who wish to make complaints about services provided by the health, disability and mental health sectors.
- We provide an impartial, efficient and high quality service to resolve complaints through assessment, negotiated settlement, conciliation, and/or investigation.
- We work with the relevant parties to facilitate redress where appropriate and to identify systemic improvement.

Engage, Evaluate, Educate

Inform, educate and empower the community and service providers to prevent complaints

- We contribute towards keeping communities well informed about complaints resolution processes across the health, disability and mental health sectors.
- We monitor and evaluate systemic trends in our complaints to inform opportunities for improvement, including through engagement and education.
- We provide guidance to service providers to assist in the development of appropriate internal complaints management systems that are 'fit for purpose'.

Cooperate, Comply, Communicate

Deliver our services within a sound governance framework

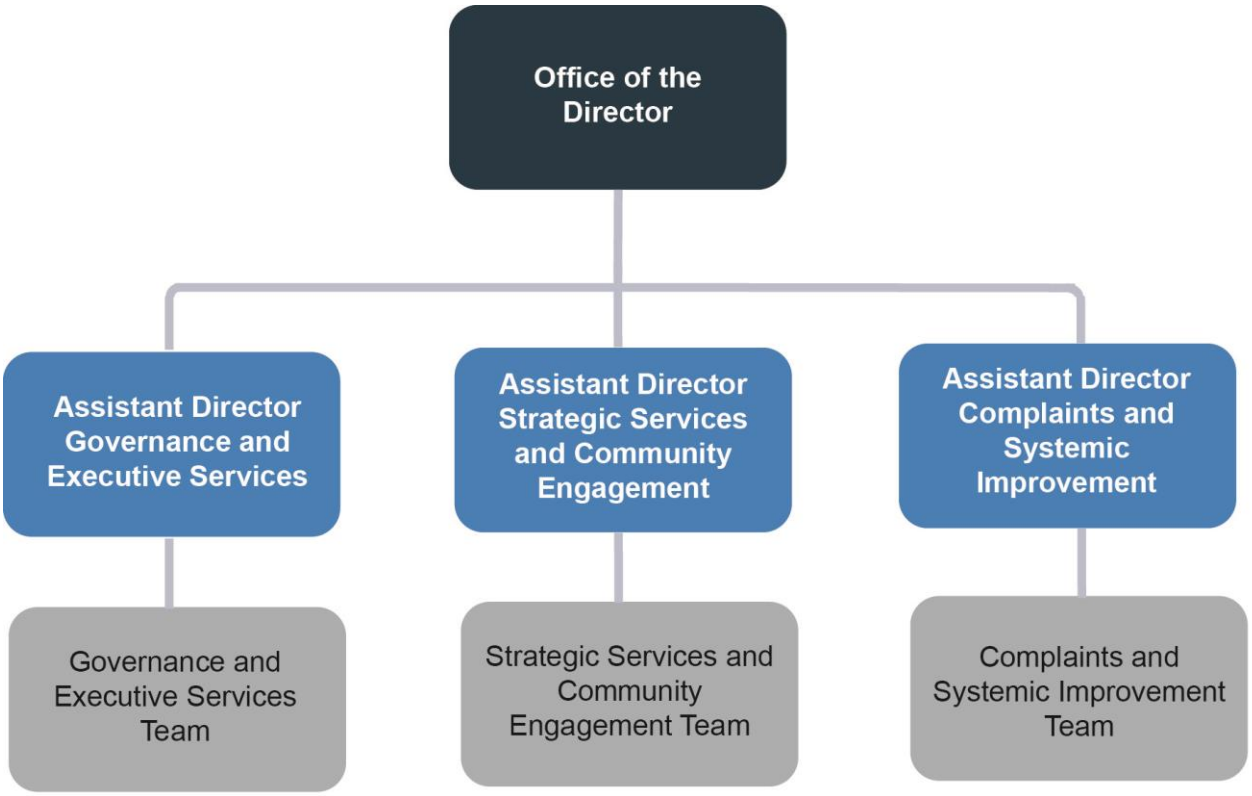
- We operate in accordance with high level ethical principles, abide by all public sector requirements and are respected for our integrity.
- We attract, develop and retain a skilled workforce with a culture that supports team work, professionalism, impartiality and responsiveness.
- We demonstrate our accountability to stakeholders by providing access to the principles, policies and procedures that govern our operations, and detail our commitment to them.

Review, Respond, Redefine

Respond appropriately to our changing environments

- We work with internal and external stakeholders to identify and evaluate emerging issues.
- We embrace and manage change in a work environment that is flexible and innovative in service design.
- We adapt our service delivery to meet the changing needs of stakeholders.

1.6 Organisational structure



An overview of HaDSCO's organisational structure as at 30 June 2017 is below:

Office of the Director
The Office of the Director includes the Director and an Administrative Coordinator to oversee the work of HaDSCO.

Complaints and Systemic Improvement Team
The key functions of this team are to provide a complaint resolution service through negotiated settlement, conciliation and investigation of complaints and undertake work relating to the systemic improvement of health, disability and mental health services.

Strategic Services and Community Engagement Team
The key functions of this team are to deliver programs to educate and promote HaDSCO's services and collaborate with stakeholders.

Governance and Executive Services Team
The key functions of this team are to set the strategic direction and development of high level policy initiatives for the Office, undertake key projects, manage external data collection programs, and provide corporate governance, administration, human resources, records management and finance services across the Office.

Support Services
Support is provided by the Health Support Services of WA Health in the areas of information technology, procurement, finance and human resources. In addition, an officer from the Department of Health has been appointed to undertake the role of Chief Finance Officer for HaDSCO.

2. Office performance

In this section we provide an overview of the work undertaken during the 2016-17 financial year, including details of projects, initiatives and achievements.

Complaints

Receive, Resolve, Reform

Manage complaints in a professional, impartial, confidential and efficient manner with quality outcomes

In this section we report on the outcomes achieved under the strategic priority of complaints, aligned to HaDSCO's Service One: Assessment, negotiated settlement, conciliation and investigation of complaints.

We provide an overview of our complaints management process, a breakdown of complaints received and closed, and details of the outcomes achieved for individuals who made complaints to HaDSCO and in relation to service improvements arising from complaints.

Complaints data

We report on two sets of complaints data:

- HaDSCO's complaints data. This relates to the complaints data received directly by HaDSCO about health, disability and mental health service providers.
- External complaints data. This relates to the complaints data collected annually by HaDSCO from prescribed service providers as part of the data collection program.

Our case studies

Case studies have been included to illustrate the nature of the complaints we receive, the outcomes achieved for individuals, and the process improvements for future service delivery. Case studies have been included in this report with the permission of the person who made the complaint and the service provider involved.

2.1. Key highlights

Key highlights for 2016-17 for HaDSCO's complaints data are set out below:

- 2,697 complaints were received, which represented a 6% increase in 2016-17 compared to 2015-16. The increase was across all sectors: complaints about health services increased by 3%, disability services by 19% and mental services by 3%. Complaints have been increasing steadily over the last three years.

- The Office met or exceeded all of the annual targets relating to the timely resolution of complaints, with the exception of the proportion of complaints assessed within 28 days (achieving 91%, instead of the targeted 95%).

- The issues raised in complaints for health, disability or mental health services varied, but remained consistent for each sector compared to 2015-16:

  - Health complaints typically concerned the quality, coordination or outcome of treatment (54%), fees and costs (21%), communication between the service provider and the individual (21%) and service access or availability (16%).
  - Disability complaints typically concerned service delivery (failure to provide a service and/or the quality of service delivery) (39%), complaints and disputes between the service provider and individual (18%), and service costs and financial assistance (17%).
  - Mental health complaints typically concerned the quality of clinical care provided (51%), communication between the service provider and individual (or their representative) (33%), decision making (concerning consent and consultation) (21%), rights, respect and dignity of the individual (21%), and issues related to service access or availability (13%).

- Services that received the highest proportion of complaints were:

  - Health services: general practices and practitioners (19%), prison health services (18%), dental health services (10%), and accident and emergency services (5%).
  - Disability services: grants (funds) (29%), respite (16%), in-home support (16%), and accommodation services (15%).
  - Mental health services: psychiatrists and psychiatry (59%), prison mental health services (11%) and community mental health services (11%).

- 144 actions were taken by service providers to facilitate redress for individuals making a complaint, as a result of HaDSCO's complaints management process.

- 42 service improvements were managed as a result of HaDSCO's involvement.

- The Office commenced a Complaint Handling Continuous Improvement Program in March 2017 to provide more efficient and effective management of complaints.

Key highlights for 2016-17 for external complaints data are set out below:

- 7,569 complaints were received by 25 prescribed health service providers covering complaints about health and mental health services, representing a 6% decrease compared to 2015-16.

- 464 complaints were received from 20 prescribed disability service providers, representing a 21% increase compared to 2015-16.

- All types of service providers addressed more than 65% of complaints within 30 days. Health and mental health service providers typically resolved more than 90% of complaints within 90 days, and disability service providers resolved more than 85% of complaints within 90 days.

- The issues raised in the complaints received by prescribed providers differ depending on whether the complaint concerned a health, disability or mental health service:

  - Health complaints typically concerned the quality of clinical care (35%), service access/availability (16%), and issues related to communication between the service provider and the individual (21%).
  - Disability complaints typically concerned service delivery (57%), staff issues (53%), and communication between the service provider and individual (or their representative) (41%).
  - Mental health complaints typically concerned quality of clinical care (35%), communication between the service provider and individual (or their representative) (25%), rights, respect and dignity of the individual (15%), and issues related to service access/availability (8%).

  These issues are generally consistent between 2016-17 and 2015-16 for all service provider types.

- The outcomes of complaints are consistent across all service provider types. The most common outcomes were:

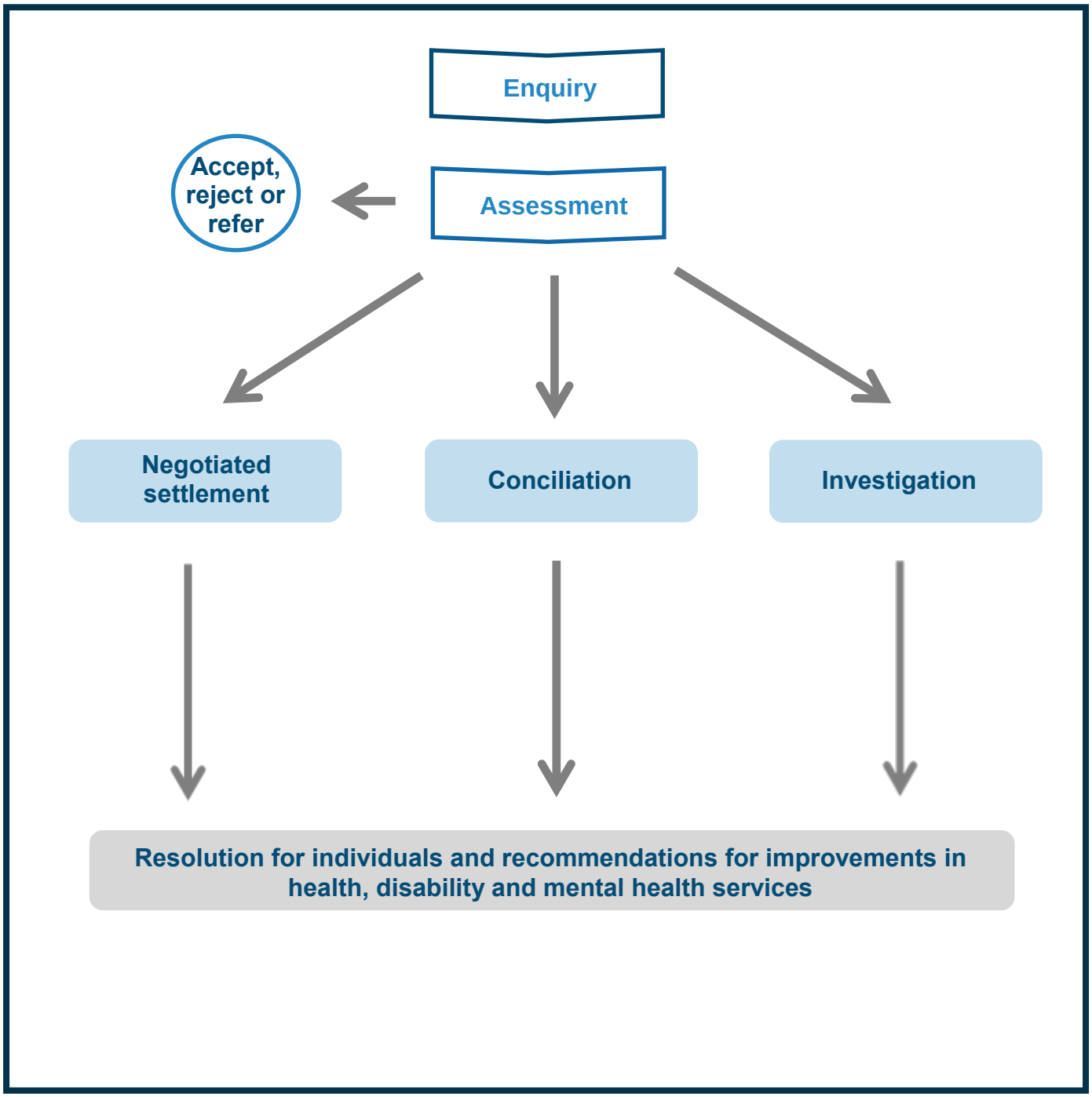
  - Acknowledgement of the individual's views or issues; health (20%), disability (78%) and mental health (20%).
  - An explanation or information about services provided; health (32%), disability (56%) and mental health (32%).
  - An apology from the service; health (27%), disability (47%) and mental health (23%).

2.2. Our complaints management process

HaDSCO takes a resolution based approach to managing complaints. We aim to resolve complaints as informally as possible and in the most timely and efficient manner. There are three main stages in the complaints management process:

1. Enquiry
2. Assessment
3. Complaint resolution including negotiated settlement, conciliation or investigation

This information is represented visually below:



Enquiry

We provide information about HaDSCO's complaints process and advice about raising a complaint with the service provider. If the complaint is outside HaDSCO's jurisdiction we suggest an alternative complaint body that may be able to assist. We may also refer individuals to advocacy services for assistance.

Assessment

HaDSCO can receive verbal complaints but they must be confirmed in writing.

Complaints are assessed to ensure:

- The complaint relates to the provision of a health, disability or mental health service delivered in Western Australia, or the Indian Ocean Territories.
- The individual, or their representative if required, provide their written authorisations.
- The complaint relates to an incident that occurred within the last two years.
- The individual, or their representative, has attempted to resolve the complaint with the service provider in the first instance.
- A complaint can only be accepted if it is within HaDSCO's jurisdiction.
- HaDSCO is required by law to consult with the Australian Health Practitioner Regulation Agency (AHPRA) about complaints relating to registered health professionals to determine which agency is more appropriate to manage all, or part of the complaint.
- 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 provide information about other complaint resolution options.

Complaint resolution pathway

There are a number of factors we consider when making a decision about which complaint resolution pathway is the most appropriate to manage the complaint.

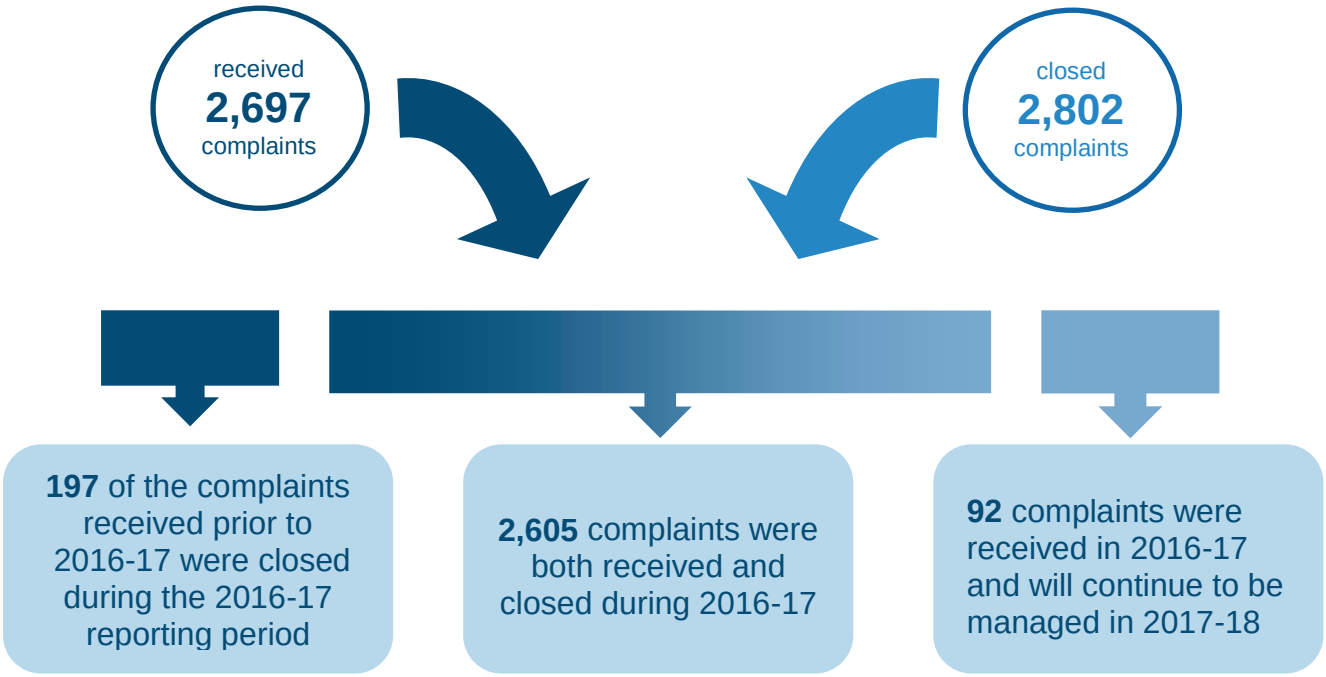
Negotiated settlement: This is generally a paper based approach where HaDSCO facilitates the exchange of information between the parties to assist in resolving a complaint by negotiating an outcome acceptable to both the individual and the service provider.

Conciliation: This generally involves a face-to-face meeting facilitated by HaDSCO; our role is to encourage the settlement of the complaint. HaDSCO staff will arrange for the service provider and the individual who made the complaint to hold informal discussions about the complaint, and assist them to reach an agreement.

Investigation: An investigation is undertaken to determine whether any unreasonable conduct occurred in providing a health, disability or mental health service.

2.3. Overview of complaints

In 2016-17, HaDSCO received **2,697** complaints, and closed **2,802** complaints. The number of complaints received and closed in 2016-17 is not the same; this is because complaints are not always closed in the same year that they are received. A total of 92 complaints received in 2016-17 are still active, and will continue to be managed in 2017-18.



A breakdown of the types of complaints received is shown below:

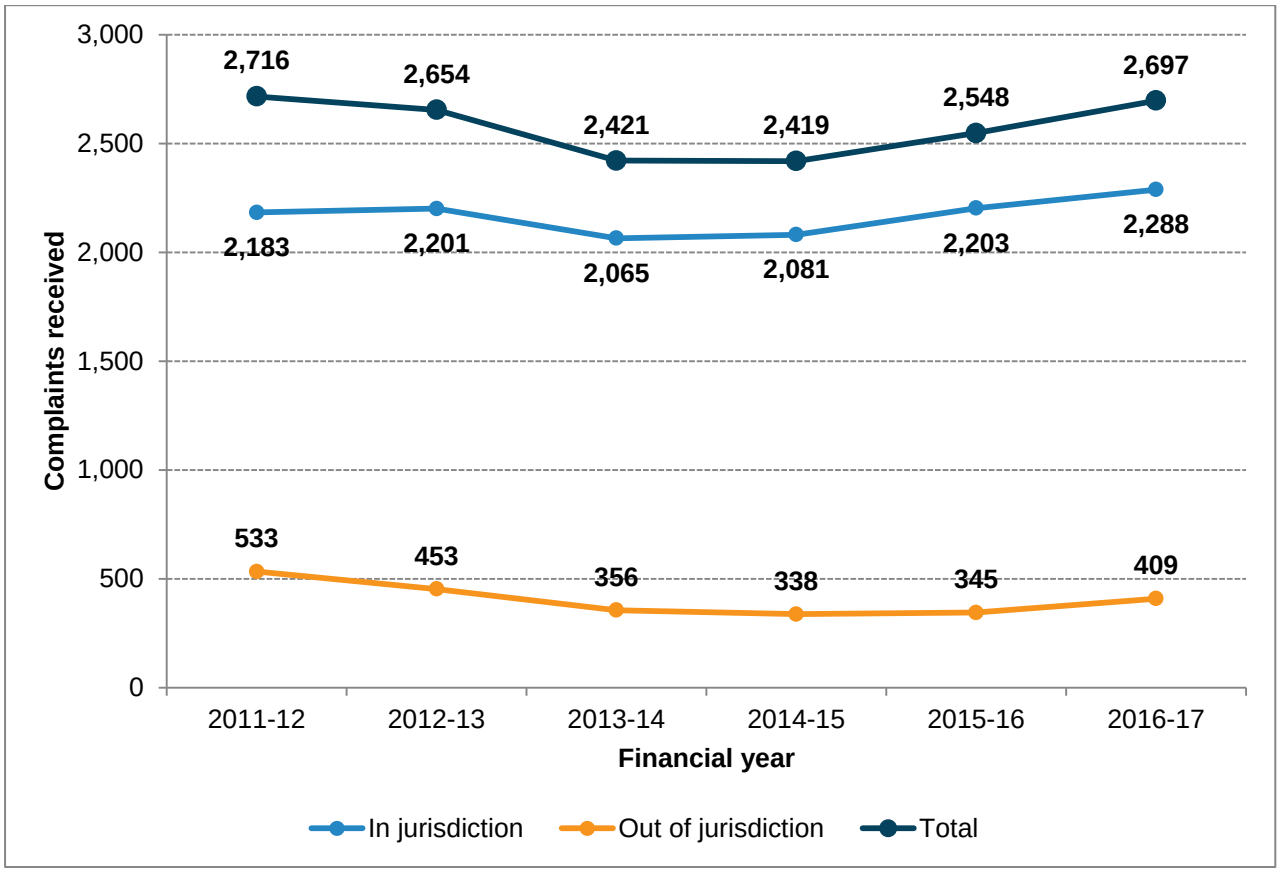
Health Service Complaints	Disability Service Complaints	Mental Health Service Complaints	Out of Jurisdiction Complaints
68%	**3%**	**14%**	**15%**

HaDSCO manages complaints about health, disability and mental health services, covering the public, private or not-for-profit sectors.

In 2016-17, the majority of the complaints received by HaDSCO concerned health services (68% of complaints received). The Office received comparatively fewer complaints about disability and mental health services (3% and 14% of complaints received respectively). HaDSCO also receives complaints that are out of jurisdiction; these are complaints that do not relate to the provision of health, disability or mental health services in Western Australia or the Indian Ocean Territories. Out of jurisdiction complaints received accounted for 15% compared to 13% in 2015-16.

The number of in jurisdiction complaints received by HaDSCO has increased steadily since 2014-15, as displayed in Figure 1. The total number of in jurisdiction complaints received in 2016-17 increased by 4% compared to 2015-16. Increases in the number of in jurisdiction complaints received were observed across all sectors: health complaints increased by 3%, disability complaints increased 19%, and mental health complaints increased 3%, compared to 2015-16.

Figure 1: Complaints received between 2011-12 and 2016-17



Contacting HaDSCO

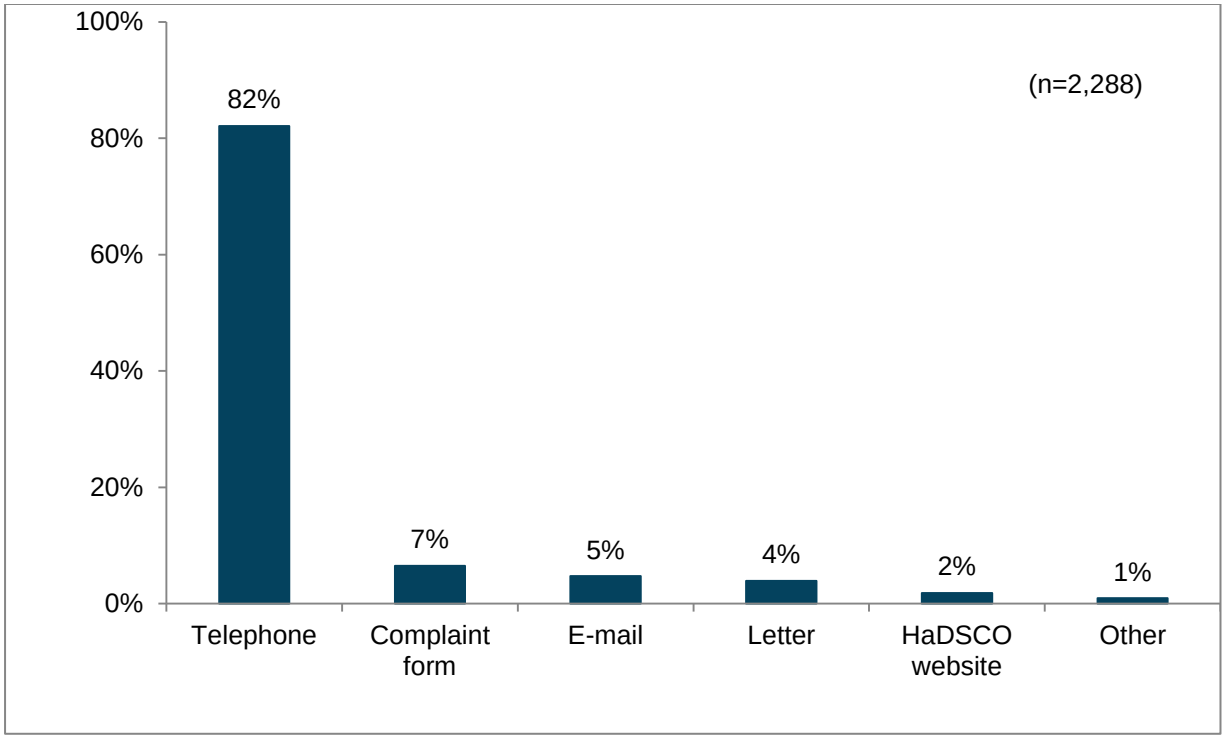
Individuals who want to make a complaint about a health, disability or mental health service can contact our Office in a variety of ways. Initial contact with HaDSCO is typically either by telephone, a formal complaint form, email or a letter.

As shown in Figure 2, in 2016-17, most complaints were received by telephone, accounting for 82% of complaints received.

Complaints received by telephone provide an opportunity for HaDSCO staff to discuss the nature of the complaint and avenues for resolution. This may include providing information to assist the individual to take the complaint back to the service provider in the first instance, as this is often the most efficient way to resolve the complaint. If this does not resolve the matter, we advise them to contact our Office again for further assistance.

Additionally, if there is a more appropriate agency to manage the complaint we will refer the individual to that agency. If required, we also provide information about the supports available to assist the individual with lodging a complaint, such as advocacy services.

Figure 2: Method of contact



Totals may not sum to 100% due to rounding. In some instances, the method of contact information was not collected.

Awareness of HaDSCO

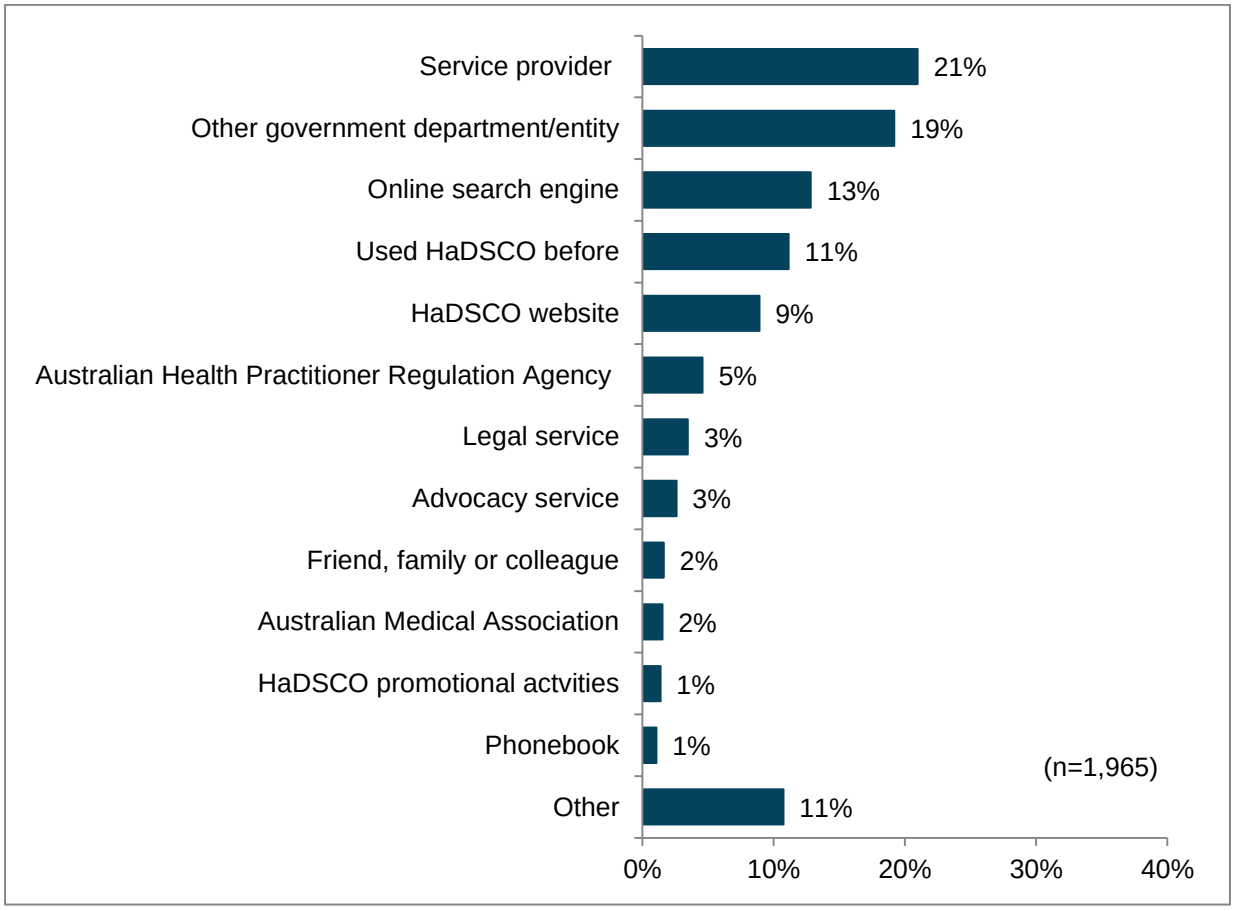
There are a number of ways that people become aware of HaDSCO, as detailed in Figure 3 below.

People typically become aware of HaDSCO in one of two ways:

- They are referred by a service provider, government agency, or other organisation.
- They use an online search engine or visit our website.

A number of people (11%) were familiar with our Office as they had accessed our services previously.

Figure 3: Awareness of HaDSCO (complaints received in 2016-17)



HaDSCO staff request this information from individuals who contact HaDSCO to make a complaint. In some instances, this information cannot be collected. Totals may not sum to 100% due to rounding.

Time taken to resolve complaints

The timely resolution of complaints continues to be a primary area of focus for the Office. Commencing in early 2017, a Complaint Handling Continuous Improvement Program was launched to improve the efficiency and effectiveness of the Office's complaint handling process. Initiatives in support of the Complaint Handling Continuous Improvement Program will continue throughout 2017-18.

In addition to the focus on timely complaint resolution under the Complaint Handling Continuous Improvement Program, HaDSCO works to statutory timeframes for the management of complaints set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation. The operational target for each legislated timeframe, and the result achieved in 2016-17, are shown in Table 1.

In 2016-17, the Office met or exceeded all targets relating to the timely resolution of complaints, with the exception of the proportion of complaints that were assessed within 28 days.

Table 1: Time to resolve complaints – legislated timeframes or performance targets

Legislative requirement	Legislative timeframe or performance target (days)	2016-17 Target	2016-17 Actual
Preliminary assessment of complaint	28	95%	91%
Preliminary assessment of complaint (with extension)	56	90%	92%
Notice to provider and others of acceptance of complaint	14	95%	96%
Resolution of complaint in Negotiated Settlement	56	80%	90%
Resolution of complaint in Negotiated Settlement (with extension)	112	85%	88%

Complaints lodged from the Indian Ocean Territories

Our services are provided to the Indian Ocean Territories (IOT) through a Service Delivery Arrangement with the Australian Government. HaDSCO received and closed twelve complaints in the 2016-17 financial year as part of this Arrangement. Five of these complaints were received by HaDSCO representatives during this year's visit to the IOT. Included in this number are two complaints, which after preliminary assessment, were determined to be out of HaDSCO's jurisdiction and were referred to more appropriate agencies.

The number of complaints managed by HaDSCO increased in comparison to the 2015-16 financial year, when our Office received five complaints and closed six complaints from the IOT.

Consultation with AHPRA about complaints

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO, as Western Australia's Health Complaints Entity, is required to notify the Australian Health Practitioner Regulation Agency (AHPRA) about complaints that relate to registered health professionals to determine which is the more appropriate agency to manage the complaint.

In 2016-17, HaDSCO consulted with AHPRA on 79 complaints. This resulted in:

- 45 complaints being retained by HaDSCO
- 31 complaints being referred to AHPRA
- 3 complaints being split between HaDSCO and AHPRA to ensure that all complaint issues were addressed.

In the same period AHPRA consulted with HaDSCO on 190 complaints. This resulted in:

- 25 complaints being referred to HaDSCO
- 156 complaints being retained by AHPRA
- 9 complaints being split between HaDSCO and AHPRA to ensure that all complaint issues were addressed.

HaDSCO's complaint numbers are generally lower than AHPRA's as a single HaDSCO complaint can identify multiple service providers. In these cases AHPRA would address each provider as a separate complaint.

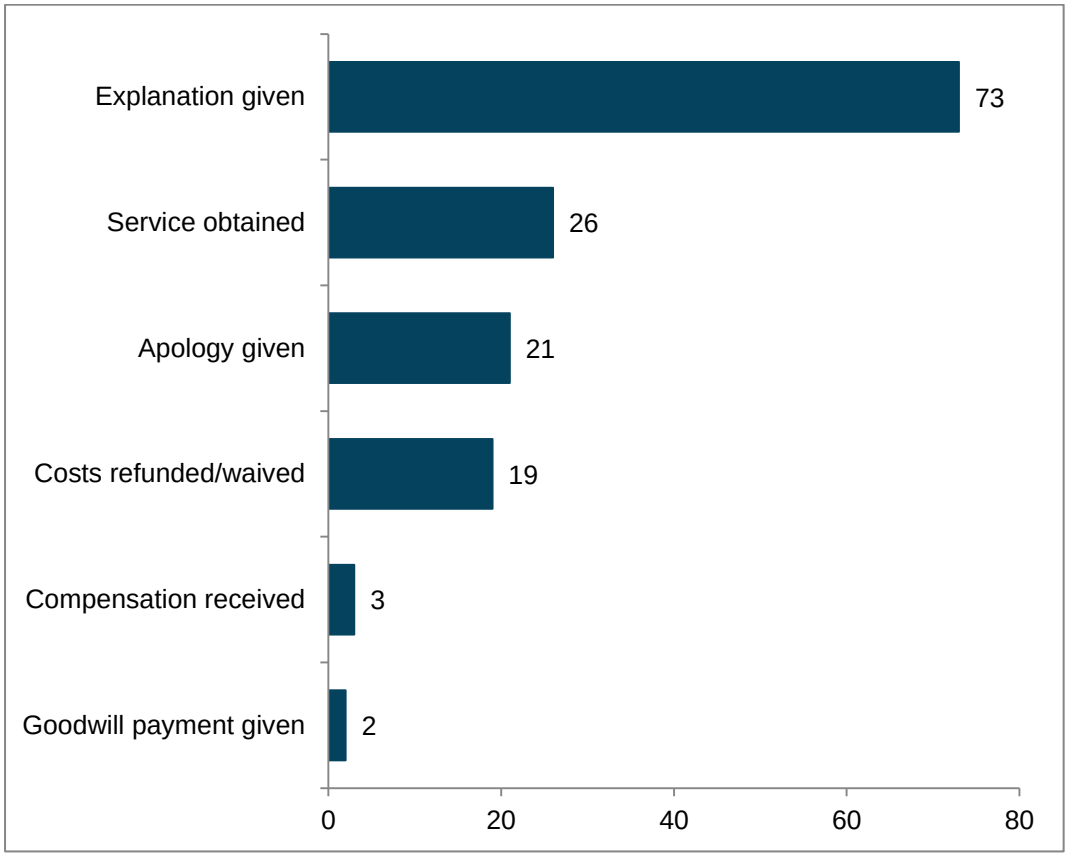
Outcomes achieved

HaDSCO achieves a range of outcomes for both the person who made the complaint and for improved service delivery in the health, disability and mental health sectors.

HaDSCO's complaint resolution process produced a redress outcome in 62% of the complaints closed by negotiated settlement, conciliation or investigation in 2016-17. This resulted in a total of 144 outcomes for individuals as shown in Figure 4 below.

The most common redress outcomes resulting from complaints managed through a resolution process were: the service provider offering an explanation to the individual making the complaint; a service being obtained for an individual; an apology being given by the service provider; and the service provider refunding or waiving costs.

Figure 4: Redress outcomes resulting from complaints managed through a resolution process



In 2016-17, **42** service improvements were managed as a result of our involvement. Examples of agreed actions implemented by service providers as a result of complaints made to HaDSCO are detailed below:

Recommendations or agreed actions	Intended service improvement
Review or change of policy	Review of fee cancellation policy to ensure that individuals are informed of fees that apply where medical procedures are cancelled within one week of scheduled date.
	Amendments to a disability service provider's Service Agreement covering communication with families about support worker arrangements.
Staff education and training	Training for staff on complaint resolution procedures.
	Education of staff on the *Mental Health Act 2014.*
	Training for nursing staff on procedures for the care of wounds to prevent infections.
	Use of complaints as de-identified case studies for staff training to improve in areas identified in complaints.
Change in process	Improved processes around pressure care injuries covering patient records and clinical handover.
	Improved processes for receiving feedback from carers on patient care.
	Review of the process for the distribution of carers packs to relevant parties involved in an individual's care during their hospital stay.
	Implementation of a process for more timely responses to complaints.
	Change in pathology collection process in a GP medical centre including providing for female doctors to undertake pathology collection when requested.
	Review of service provider's complaints management process to ensure greater transparency.
	Improved process for infection control for day surgery admissions covering the admissions suite and patient administration.
	Improved process for documentation of discussions between staff and individuals accessing the service about medical procedure fees.
Communication	Improved communication covering informed financial consent.
	Arrangements made for ongoing communication during an individual's transition to altered disability accommodation arrangements.
	Facilitated ongoing liaison between carer and service provider through carer's participation in the provider's carers focus group and forum.
	Improved communication with individuals about the reasons for undertaking particular medical tests.

Complaint Handling Continuous Improvement Program 2017

It is important that we continue to deliver our complaint handling services in an efficient and effective manner, that service delivery approaches are flexible and responsive and that they meet the needs of our stakeholders.

Consistent with our strategic priority of responding to changing environments in our Strategic Plan 2017-2021, in March 2017, HaDSCO commenced a Complaint Handling Continuous Improvement Program (the Program) which aims to strengthen the role and capacity of HaDSCO in the management of complaints. This work builds on continuous improvement programs previously delivered by the Office.

The Program aims to ensure a 'fit for purpose', outcomes focused approach to service delivery, with a strong emphasis on timeliness of complaint resolution and achieving quality outcomes that provide for remedies for service users and systemic improvements where appropriate. The Program also aligns with HaDSCO's strategic direction to manage complaints in a professional, impartial, confidential and efficient manner, with quality outcomes.

Under the Program, a number of strategies have been developed and implemented which provide for strengthened systems and procedures in the intake and triaging of complaints, improvements in work flow processes, more consistent use of complaint resolution tools available to staff, improved data integrity, strengthened record keeping, and overall improvement in performance.

A key component of the Program has been the elimination of aged cases under an Aged Case Strategy. Since 1 March 2017 to 30 June 2017, there has been a significant reduction in the number of cases over 112 days from 34 to 11, representing a 68% decrease in aged cases.

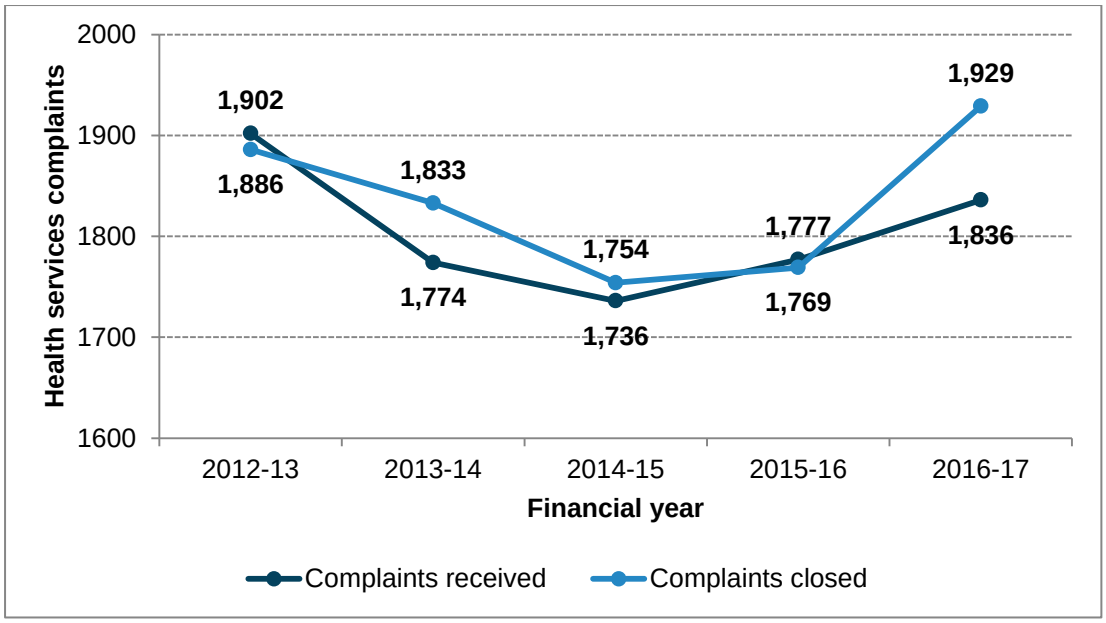
2.4. Complaints about health services

HaDSCO complaints data

HaDSCO received 1,836 complaints about health services in the 2016-17 financial year. This represents a 3% increase compared to 2015-16. HaDSCO closed 1,929 complaints about health services in 2016-17, a 9% increase compared to 2015-16.

Figure 5 below details the number of complaints about health services received and closed by HaDSCO since 2012-13[1]. The number of complaints, both received and closed, has increased each year since 2014-15.

Figure 5: Complaints about health services received and closed between 2012-13 and 2016-17



The following section provides a more detailed breakdown of the complaints about health services closed by HaDSCO in 2016-17. Where possible, data for 2015-16 has been included for comparison. Certain information is not available for 2015-16 and is therefore not included. The Office is currently in the process of improving its data collection and reporting capabilities.

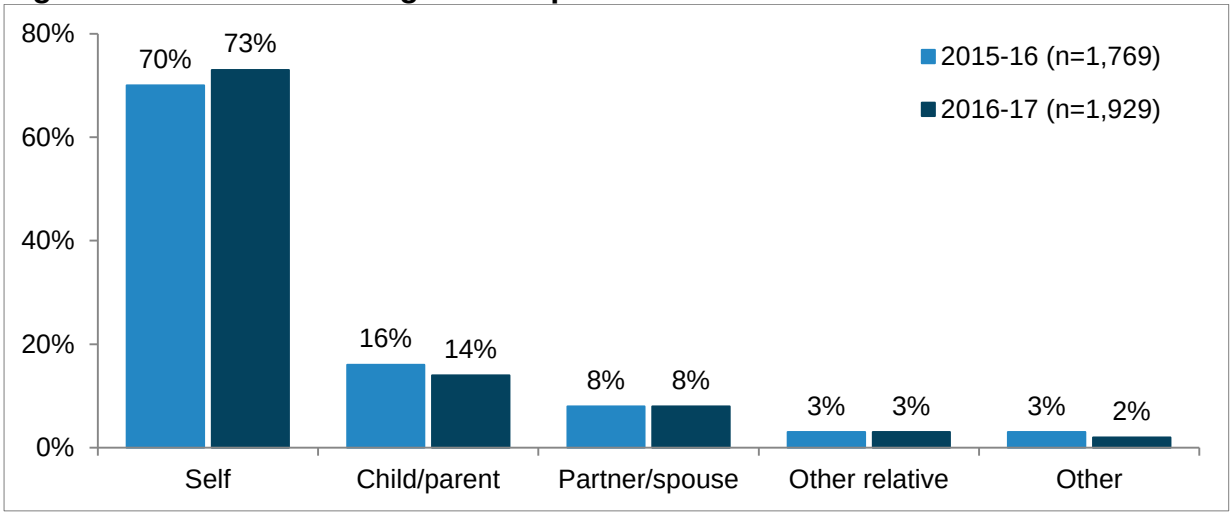
[1] Historical data may not match figures provided in previous Annual Reports, due to a small number of complaints being re-opened in later financial years.

Individual making the complaint

Most complaints (73%) about a health service were made by the individual who received the service. The remaining complaints were made by a representative on behalf of the individual, which was typically a family member (as shown in Figure 6).

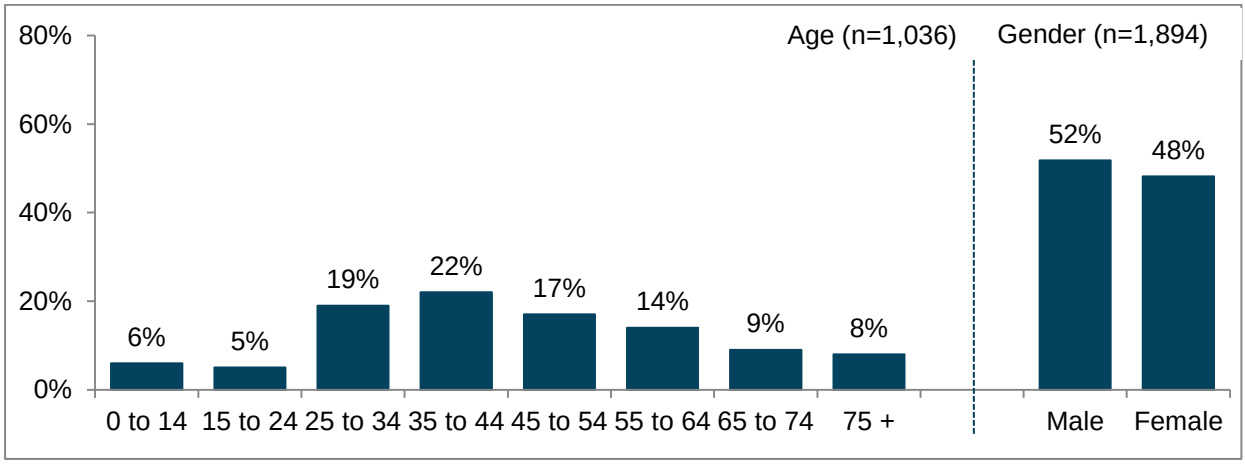
In comparison to 2015-16, there has been little change in terms of who made a complaint about a health service with our Office.

Figure 6: Individual making the complaint



Complaints about health services were distributed relatively equally between males and females, and were least likely to concern services provided to individuals aged under 25 years of age. Details are provided in Figure 7 below.

Figure 7: Age and gender of the individual receiving a service (2016-17)



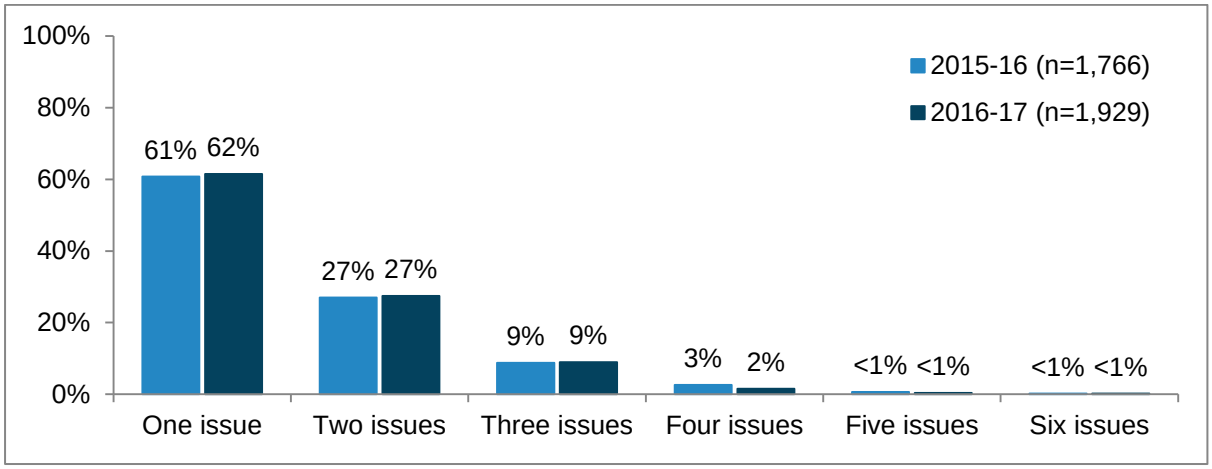
The data in Figure 7 above is provided only for complaints where demographic information about the individual receiving a service was recorded.

Issues identified

The issues associated with a complaint about a health service are determined by HaDSCO staff in discussion with the person making the complaint. Identifying the issues in the complaint provides for effective resolution and allows all parties to have an understanding of the issues raised.

More than one issue can be raised in a single complaint. Of the 1,929 complaints about health services closed by HaDSCO in 2016-17, 38% concerned multiple issues, resulting in a total of 2,938 issues being identified. As shown in Figure 8, the number of issues identified in each complaint remained relatively similar over the last two years; in 2015-16 each complaint identified 1.6 issues and in 2016-17, 1.5 issues were identified in each complaint.

Figure 8: Issues per complaint



Totals may not sum to 100% due to rounding. Complaint issues were not recorded for three complaints in 2015-16.

CASE STUDY

Hospital improves record keeping practices for discussions relating to fees for overseas patients

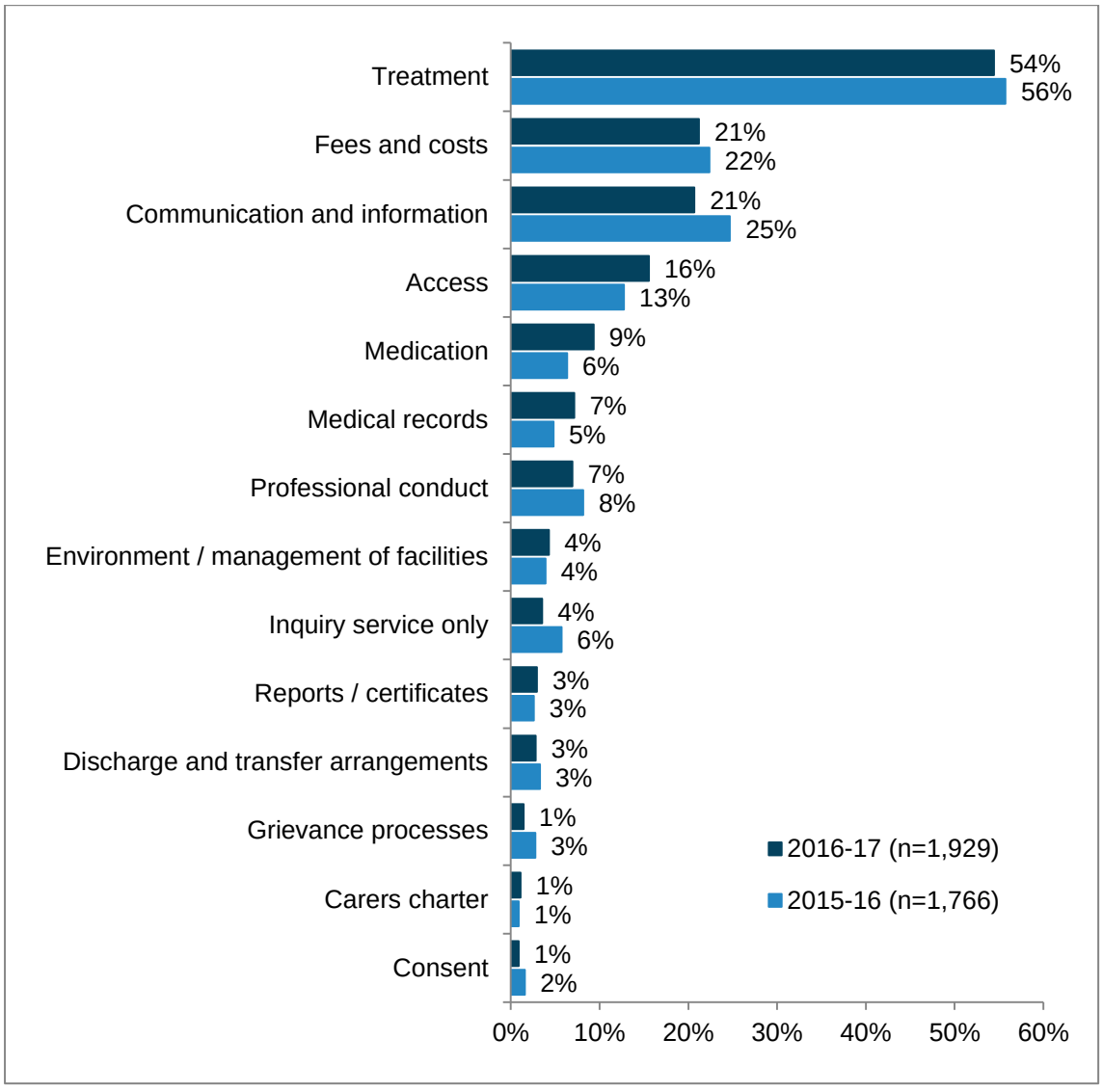
An individual contacted HaDSCO following an unsuccessful attempt to resolve a billing issue with a hospital for treatment provided to a relative visiting from overseas who became ill. Their relative was not eligible for treatment under the public health care system and indicated they were not informed of the costs prior to the treatment being provided.
During HaDSCO's enquiries, the hospital provided a signed admission form which indicated that the relative would be charged hospital and medical fees applicable to ineligible parties (overseas visitors).

As a result of HaDSCO's involvement, the hospital implemented a process to include more detailed notes of discussions between staff and patients about fees where patients are not eligible for care under the public health system.

The types of issues identified in complaints about health services closed by HaDSCO in 2016-17 and 2015-16 are shown in Figure 9.

The majority of complaints concerned treatment, fees and costs, access, and communication and information. The most common issues identified in these complaints were consistent with those in 2015-16.

Figure 9: Complaint issues identified



Percentage of all health complaints closed in the financial year. Because multiple issues can be identified per complaint, percentages will not sum 100%. Complaint issues were not recorded for three complaints in 2015-16.

Examples of the specific concerns associated with the most common complaint issues raised in 2016-17 are listed in Table 2.

Table 2: Concerns associated with the most common complaint issues

Issue type	Concern
Treatment (54%)*	**Coordination of treatment:** uncertainty about who is managing the individual; no one taking overall responsibility for the individual; conflicting decisions; or poor communication between service providers about treatment or care.
	Inadequate consultation: length of time or location for the consultation was inadequate, or the service provider performed an examination which did not appear to be related to the condition the individual presented with.
	Inadequate treatment: treatment is incomplete or insufficient.
	Unexpected treatment outcome/complications: where treatment results in an adverse outcome for the individual; or results in complications for the individual.
Fees and costs (21%)*	**Billing practices:** fee or account is too high (including unnecessary provision of services); unfair/unsatisfactory billing practices include insufficient or wrong information on bill; extra fees for services normally included in a global fee; unreasonable penalties for late payment.
	Cost of treatment: treatment discontinued because of cost.
	Financial consent: information about costs was not offered prior to treatment or the information was partial, misleading or incorrect.
Communication and information (21%)*	**Attitude/manner:** service provider's manner was rude; discourteous; negative; lacked sensitivity; or was patronising or overbearing.
	Inadequate information provided: information was inadequate; incomprehensible; difficult to understand due to jargon, or other barriers; or was incomplete or was not provided.
	Incorrect/misleading information provided: information was wrong; incorrect; misleading; or conflicting.
Access (16%)*	**Refusal to admit or treat:** refusal by an organisation or service provider to accept an individual as a client; or refusal to provide a service where a service is available.
	Service availability: service or resources non-existent or insufficient for the individual's requirements.
	Waiting lists: unreasonable wait for elective surgery, other treatment or service; or further postponement after a date was set.

**Because multiple issues can be identified per complaint percentages may not sum to 100%.*

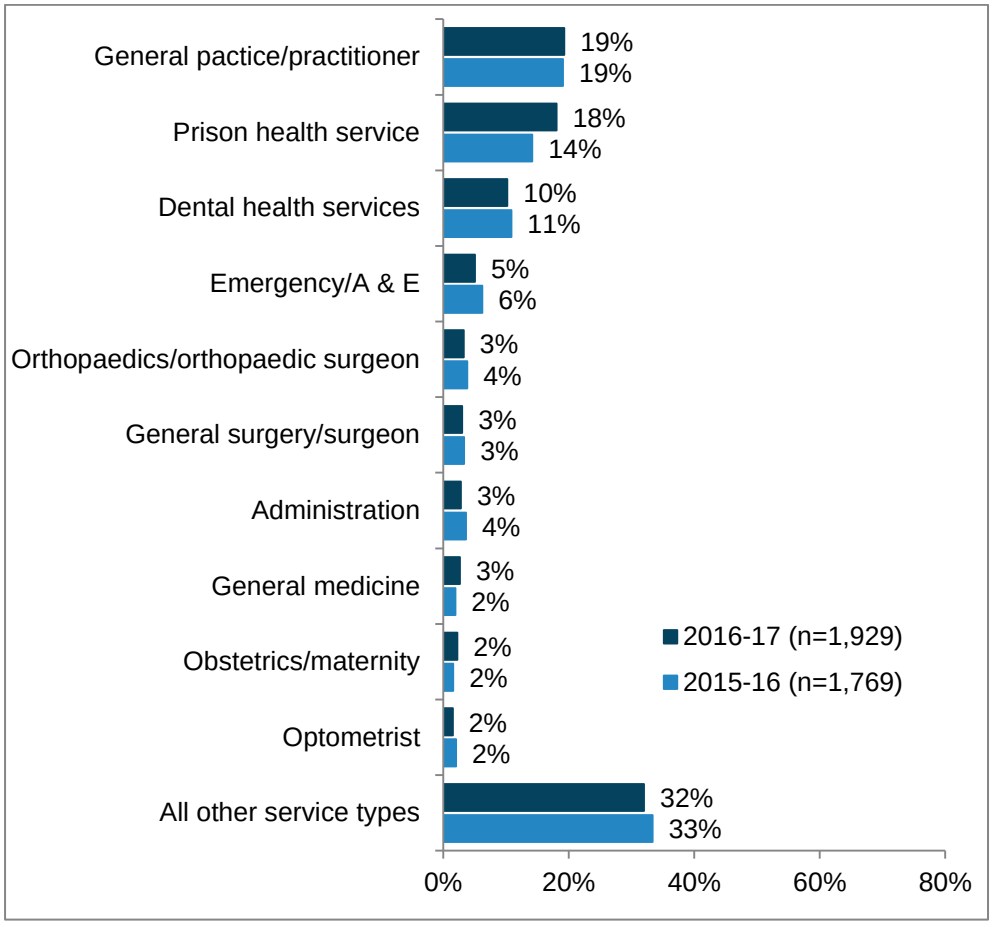
Health service types

The specific health service types identified in closed complaints in 2016-17 and 2015-16 are shown in Figure 10. Due to the large number of service types identified, only the most common service types are reported in Figure 10.

The service types that were most frequently the subject of complaints in 2016-17 were general practices and practitioners (19%), prison health services (18%), and dental health services (10%).

There was little change in the service types identified in complaints in 2016-17 and 2015-16, with the exception of a moderate increase in the number of complaints concerning prison health services seen in 2016-17.

Figure 10: Health service types



CASE STUDY

HaDSCO conciliation results in apology and service improvements

An individual contacted HaDSCO after receiving a response to their complaint to a hospital about their post-operative care relating to pressure injury management following a hip replacement operation. The individual was seeking a further explanation from the hospital.

HaDSCO conciliated a meeting between the individual and the hospital during which the hospital acknowledged the individual's concerns about their pressure injury care and apologised to them.

Further, the hospital provided information about pressure injury management strategies underway which they said would assist in managing similar situations in the future. These strategies related to improved processes for pressure care injury management and education for nursing staff and improved clinical documentation and handover.

The hospital also indicated it would use this complaint as a de-identified case study for the ongoing education of nursing staff.

CASE STUDY

Refund of gap fee by service provider

An individual contacted HaDSCO advising that they had undergone a medical procedure and had not been informed about a gap fee associated with the anaesthesia component of the procedure. They indicated they had telephoned the anaesthesia service provider for an explanation, however, they said they had not received one. The individual was seeking an explanation about the costs involved and a refund of the gap fee.

HaDSCO contacted the service provider who informed that they were not aware of the complaint and requested the opportunity to investigate and resolve the matter. This showed that there was no record of a quote preoperatively for the anaesthetic, which the provider informed was a rare occurrence. As a result, the service provider agreed to refund the gap fee to the individual.

The National Code of Conduct for health care workers

At the Council of Australian Governments (COAG) Health Council meeting on 17 April 2015, health ministers agreed to the terms of the first National Code of Conduct for health care workers. The purpose of the National Code is to protect the public by setting minimum standards of conduct and practice for all public and private health care workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, or who provide services unrelated to their registration. Professions that will be captured by the National Code include, amongst others, massage therapists, dieticians, speech pathologists, counsellors and naturopaths.

The National Code contains 17 clauses which set out the manner in which health care workers should undertake their practice. It provides a 'negative licensing regime' that does not restrict entry to practice; however, it allows effective action to be taken against a health care worker who fails to comply with the proper standards as provided for under the National Code. This action includes the issuing of a prohibition order to cease practicing or placing conditions on a health care worker's practice.

Currently, HaDSCO manages complaints using an Alternative Dispute Resolution approach. The National Code jurisdiction will provide the Director with new powers to issue prohibition orders to health care workers where their continued practice presents a serious risk to public health and safety, to monitor compliance with any orders, and to initiate prosecution action where necessary.

Ministers agreed that each State and Territory would be responsible for enacting (or amending) legislation to give effect to the National Code. The Health Complaints Entities (HCEs) in each State (HaDSCO in Western Australia) are to be responsible for receiving complaints relating to health care workers. Given that legislative changes are required to give effect to the National Code in Western Australia, HaDSCO is developing a policy framework to present to the Deputy Premier; Minister for Health; Mental Health, to underpin the new National Code jurisdiction in our State.

HaDSCO staff are also contributing to the implementation of elements of the National Code that require coordinated national action. This is occurring through participation on the National Code Working Group which is led by the Department of Health and Human Services, Victoria. Among other things, this includes contributing to the first annual performance report on the National Code, to be presented to the COAG Health Council in 2017.

External complaints data

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO collects complaint data from prescribed government and non-government health service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the health sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected from the 25 prescribed service providers. A list of the prescribed health service providers can be found in Appendix 5.1. The information collected includes:

- Number of complaints
- Demographics of consumers
- Complaint issues
- Complaint outcomes
- Timeliness of complaint resolution.

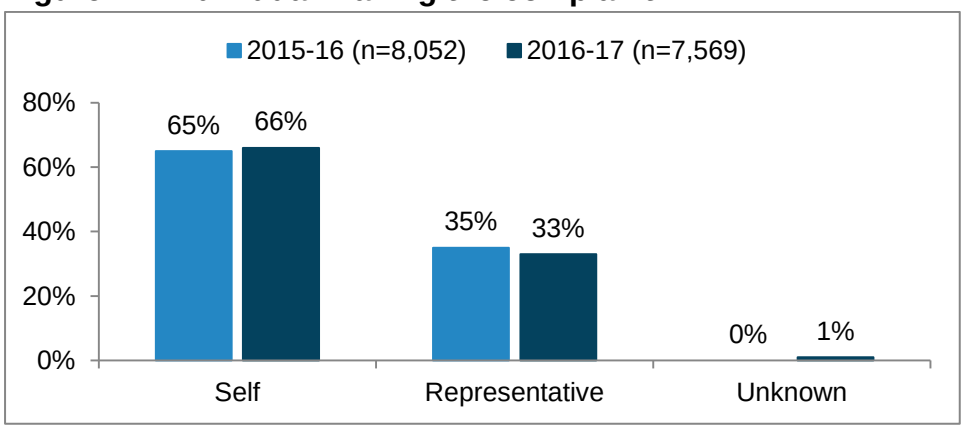
The aggregate data received by HaDSCO includes all complaints received by prescribed providers in the current financial year (2016-17). A preliminary analysis of this data is provided below.

In 2016-17, details of 7,569 complaints concerning 12,243 issues were submitted to HaDSCO by health service providers. This represents a 6% decrease in the number of complaints received in 2015-16 (8,052 complaints) and a 5% decrease in the number of issues identified (12,859 issues in 2015-16).

Individual making the complaint

In 2016-17, the majority of complaints (66%) received directly by health service providers were made by the individual who received the service (as shown in Figure 11).

Figure 11: Individual making the complaint

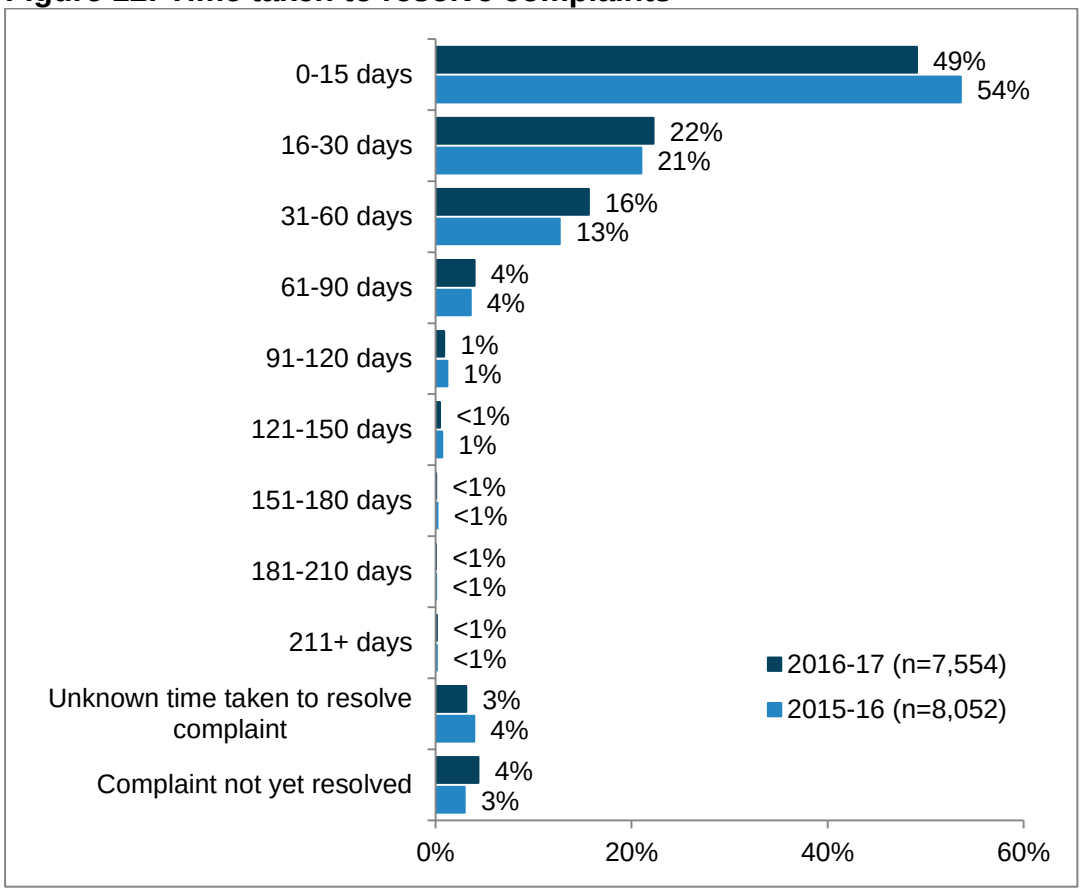


Time taken to resolve complaints

The time taken for health service providers to resolve complaints in 2016-17 and 2015-16 are shown in Figure 12.

In 2016-17, the majority of complaints (71%) received directly by health service providers were resolved in less than 30 days.

Figure 12: Time taken to resolve complaints



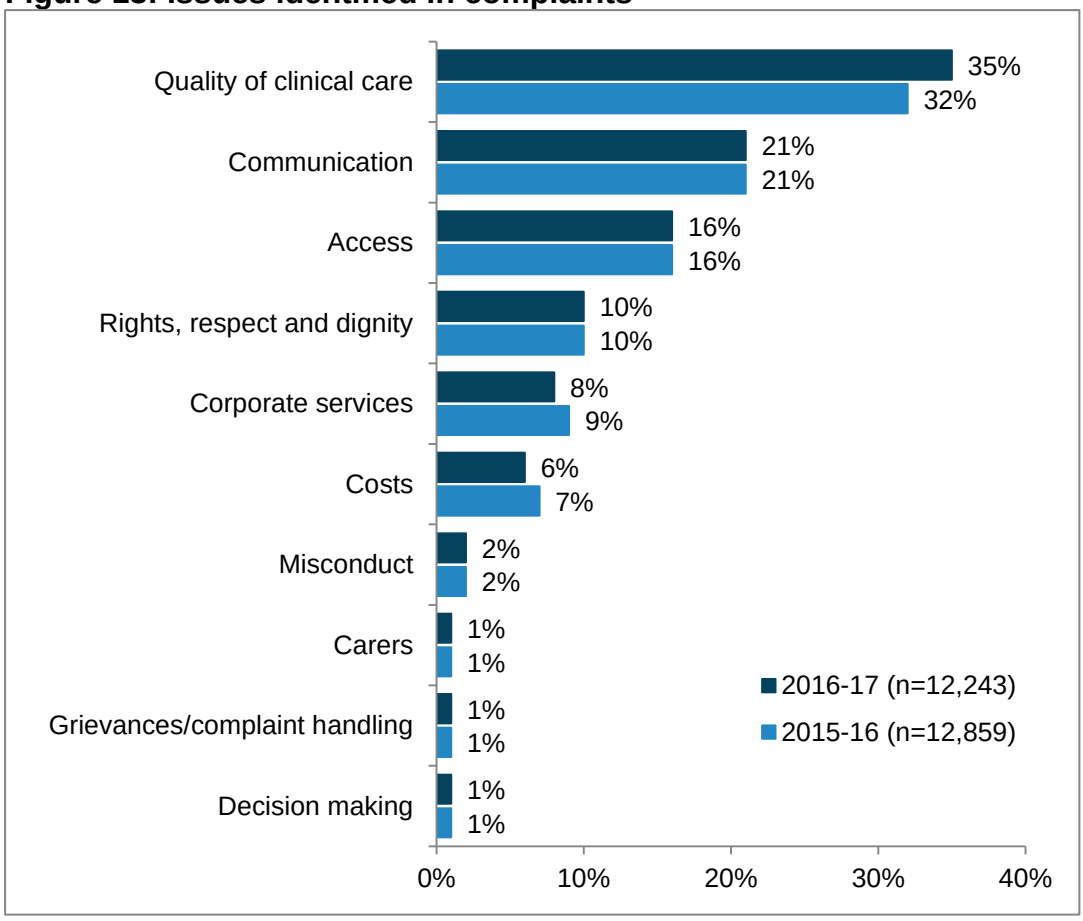
Totals may not sum to 100% due to rounding. In some instances data was not recorded by health service providers.

Issues identified

There has been little change in the types of issues identified in the complaints received by health service providers in 2016-17 compared to 2015-16. Quality of clinical care (35%), communication with patients (21%), and access to service (16%) remained the issues most commonly identified in complaints.

The issues identified in complaints received by health service providers in 2016-17 and 2015-16 are shown in Figure 13.

Figure 13: Issues identified in complaints



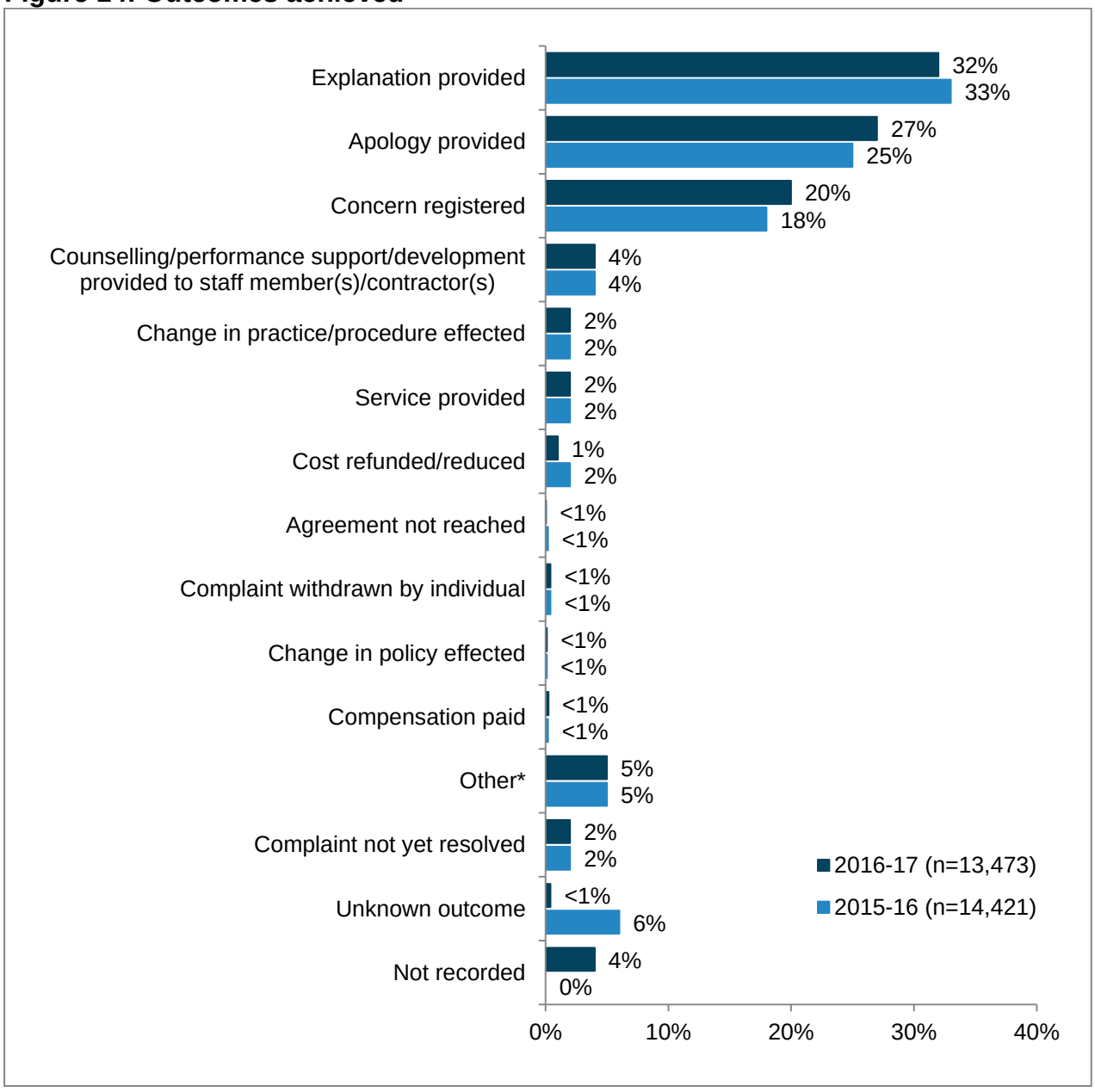
Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the complaints managed by health service providers. The most common outcomes were providing an explanation (32%), providing an apology (27%), or acknowledging the concerns that resulted in a complaint being made (20%). Of note, 4% of complaints resulted in development of staff and contractors in the form of counselling or performance support, and 2% resulted in a health service provider changing their practice(s) or procedure(s).

The outcomes achieved in complaints received by health service providers in 2016-17 and 2015-16 are shown in Figure 14.

Figure 14: Outcomes achieved



**Other outcomes include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action.*

Health complaints received by sector

Prescribed health service providers are classified as public, private or not-for-profit depending on the service(s) that the provider manages. The following section provides a comparison of the complaints received in the 2016-17 by public, private and not-for-profit providers.

In 2016-17, the majority (74%) of complaints data was submitted by public providers. A summary of the number of complaints received, issues identified and the time taken to resolve complaints for each sector is shown in Table 3.

Table 3: Summary of health complaints received by sector

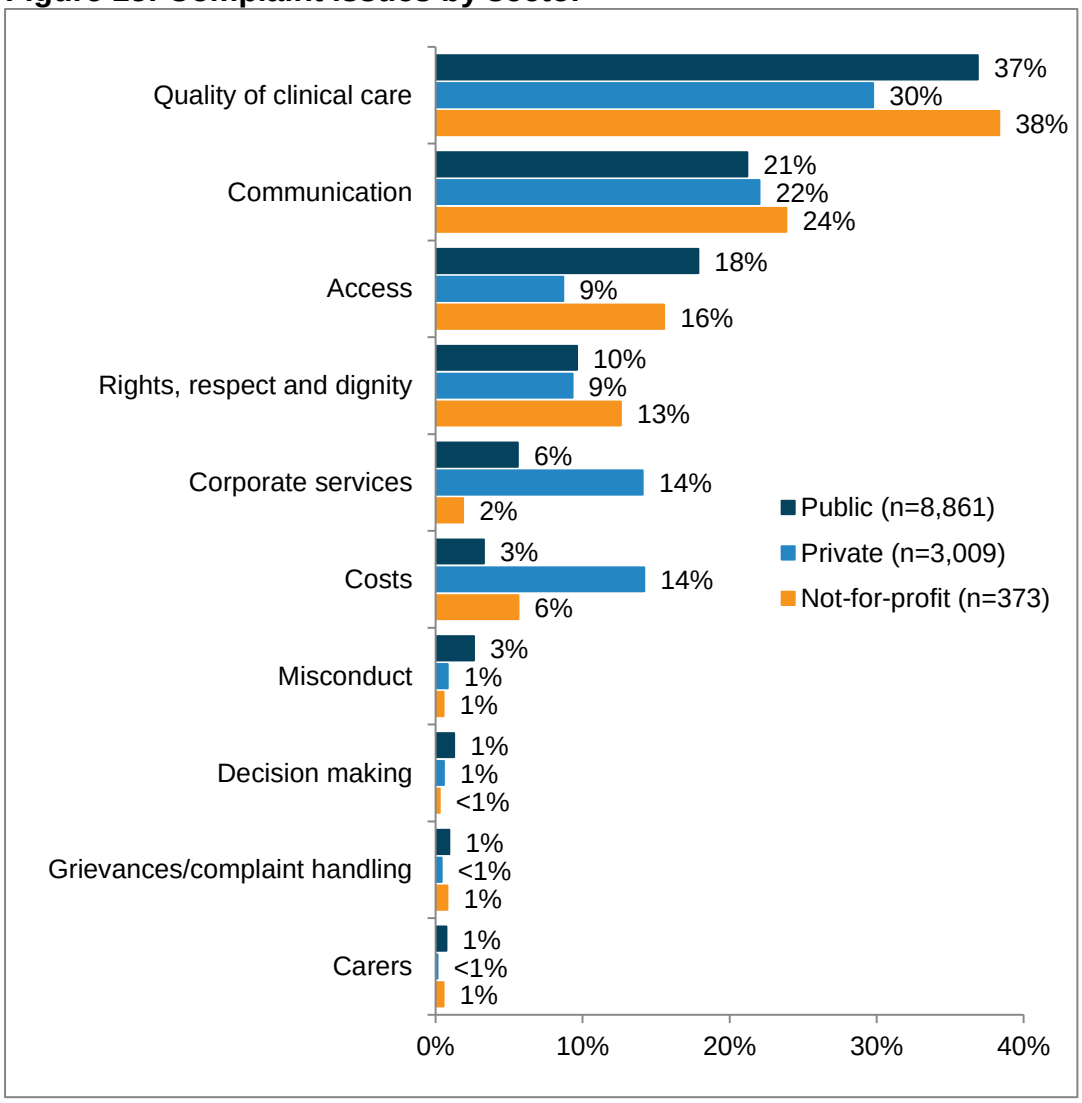
Public	Private	Not-for-profit
5,616 complaints	**1,698** complaints	**255** complaints
8,861 issues	**3,009** issues	**373** issues
Average **1.6** issues per complaint	Average **1.8** issues per complaint	Average **1.5** issues per complaint
71% of complaints resolved within 30 days	**74%** of complaints resolved within 30 days	**56%** of complaints resolved within 30 days

Complaint issues by sector

Quality of clinical care and communication were the most common issues across all sectors. The third most common issue differed, with access remaining the most common issue for the public and not-for-profit sectors, while costs and corporate services were equally represented in the private sector as the third and fourth most common complaint issues identified.

The issues identified in complaints received by health service providers in 2016-17 split by sector are shown in Figure 15.

Figure 15: Complaint issues by sector

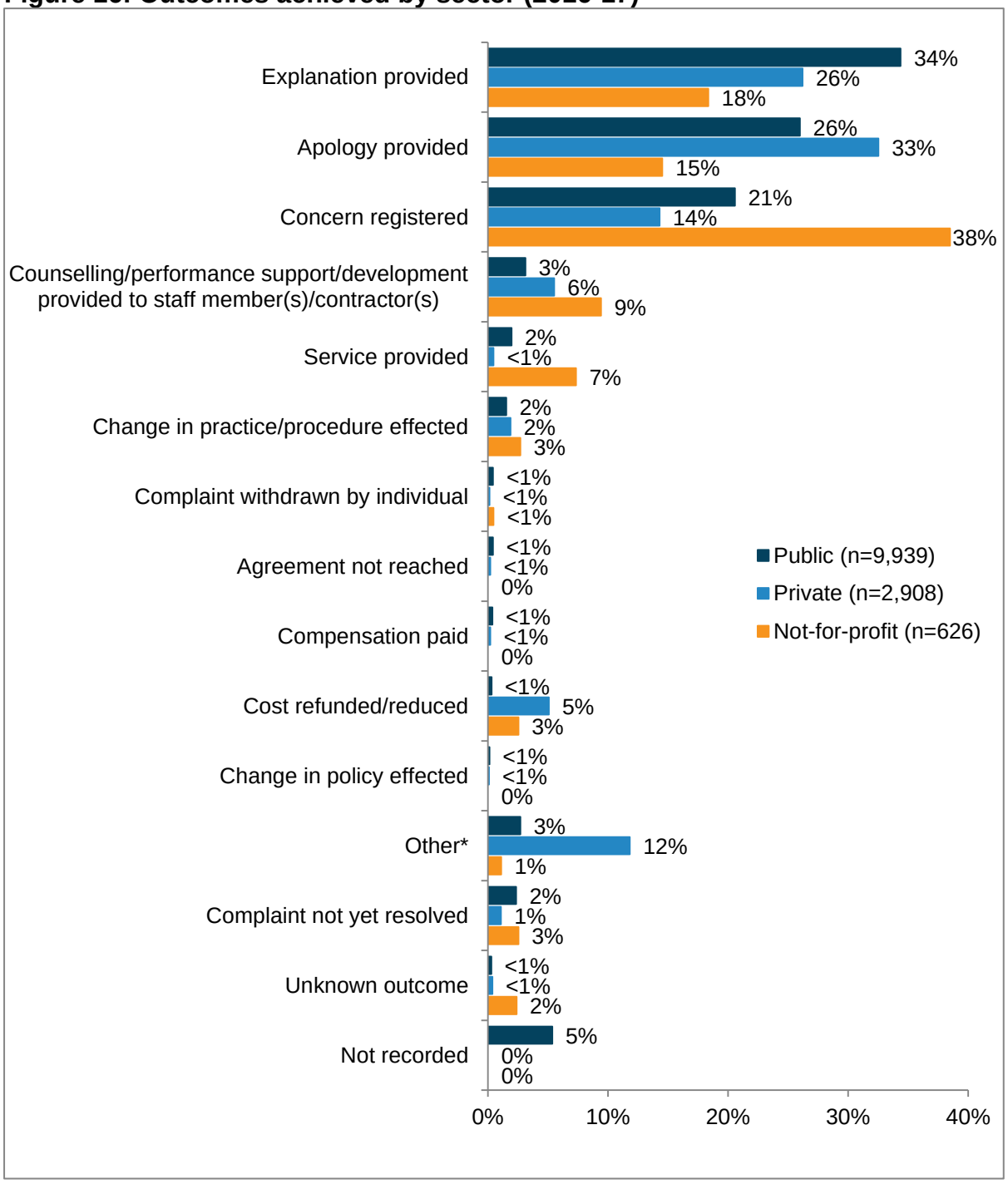


Totals may not sum to 100% due to rounding.

Outcome achieved by sector

The most common outcomes across all sectors were providing an explanation, providing an apology, or acknowledging the concerns that resulted in a complaint being made. The most common outcomes for each sector were the same; however the breakdown across the sectors differed, as shown in Figure 16. The most common outcome for the public sector was explanation provided, for the private sector it was apology provided and for the not-for-profit sector it was concern registered.

Figure 16: Outcomes achieved by sector (2016-17)



**Other outcomes include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action.*

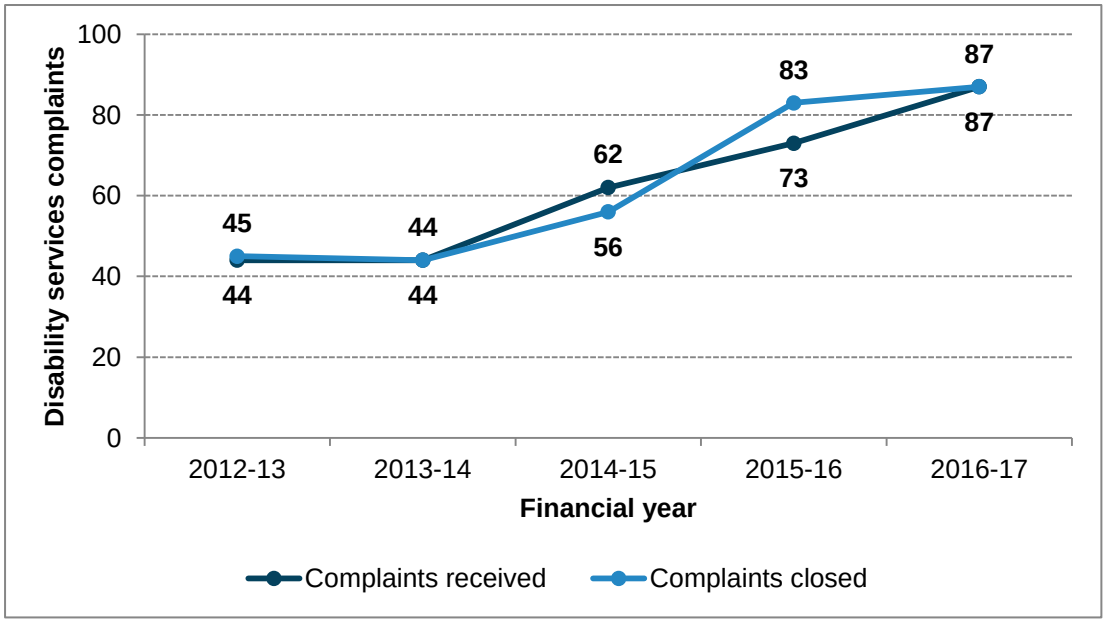
2.5. Complaints about disability services

HaDSCO complaints data

HaDSCO received and closed 87 complaints about disability services in the 2016-17 financial year. This represents a 19% increase in the number of complaints received and a 5% increase in the number of complaints closed compared to 2015-16.

Figure 17 below details the number of complaints about disability services received and closed by HaDSCO since 2012-13. The number of complaints, both received and closed, has increased each year since 2013-14.

Figure 17: Complaints about disability services received and closed between 2012-13 and 2016-17



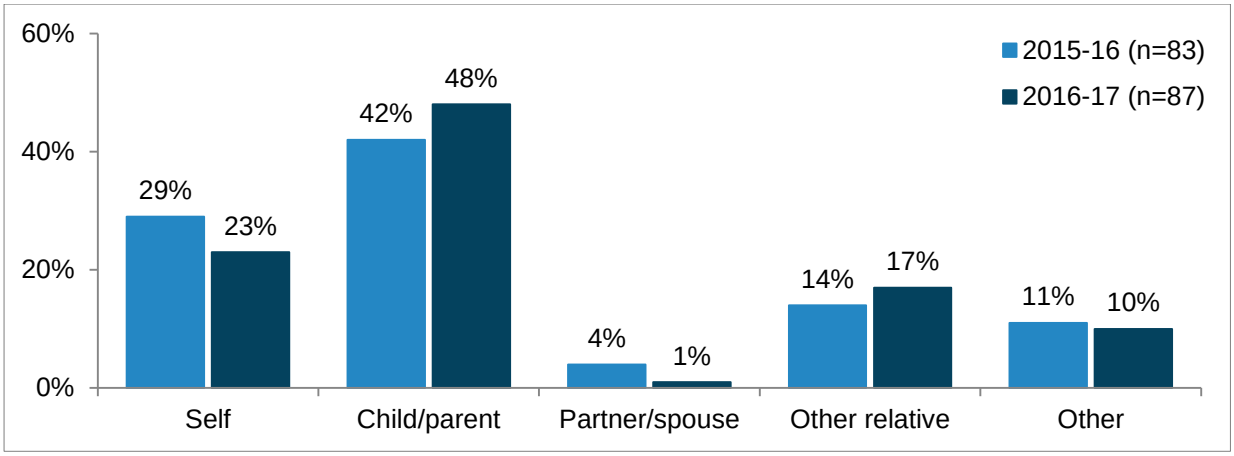
The following section provides a more detailed breakdown of the complaints about disability services closed by HaDSCO in 2016-17. Where possible, data for 2015-16 has been included for comparison. Certain information is not available for 2015-16 and is therefore not included. The Office is currently in the process of improving its data collection and reporting capabilities.

Individual making the complaint

An individual who makes a complaint about a disability service to HaDSCO is not necessarily the individual who received the service. The majority of complaints (77% in 2016-17) were made by someone acting on behalf of the individual who received the service; typically this is a family member (as shown in Figure 18).

In comparison to 2015-16, there have been some changes in terms of who makes a complaint. The number of individuals who contacted HaDSCO on their own behalf decreased and the number of complaints made by a representative such as a child, parent or other relative increased.

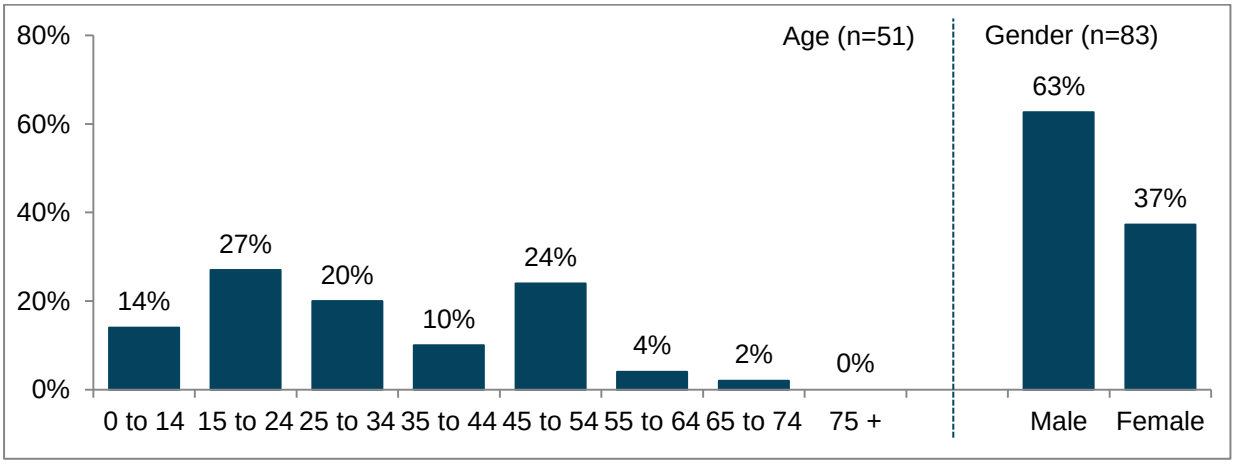
Figure 18: Individual making the complaint



Totals may not sum to 100% due to rounding.

Complaints about disability services were more likely to concern services provided to males, between the ages of 15 and 34, and 45 to 54. Details are provided in Figure 19 below.

Figure 19: Age and gender of the individuals receiving a service (2016-17)



The data in Figure 19 above is provided only for complaints where demographic information about the individual receiving a service was recorded. Totals may not sum to 100% due to rounding.

CASE STUDY

Disability service provider acknowledges concerns about changes to accommodation arrangements and assists with transition

The parents of a young adult contacted HaDSCO after receiving a response to their complaint that they were not consulted about changes to the child's accommodation arrangements. The young adult was living in a share house with another person and a decision was made to accommodate an additional person in the house. The parents were seeking for the accommodation arrangements to remain unchanged.

HaDSCO conciliated a meeting between the parties during which the parents' concerns were acknowledged. While the decision to place the additional person in the house remained, the parents sought to ensure that procedures were put in place to assist the young adult with the new arrangements, including the transition involved. They also wished to be better informed in the future about such changes.

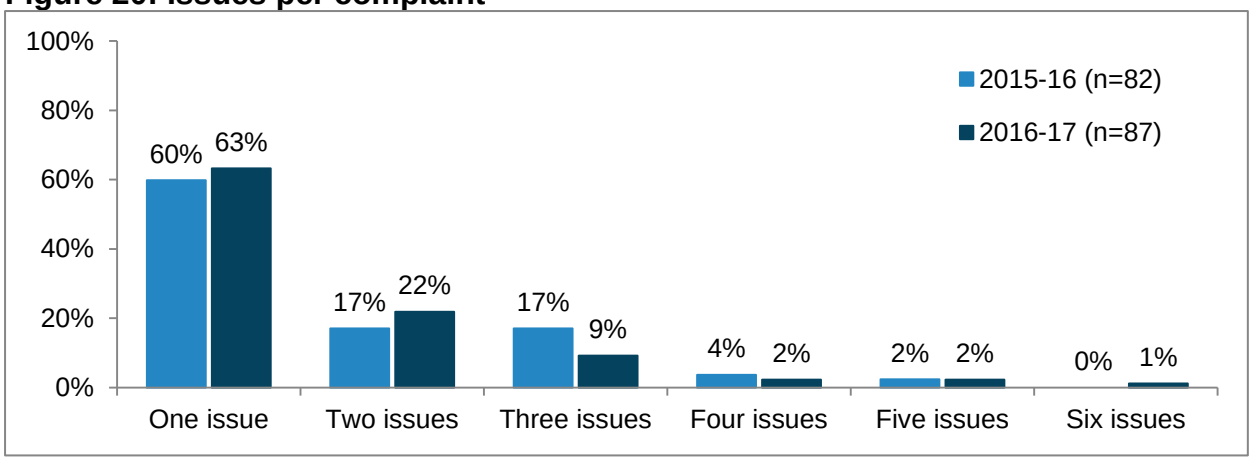
As a result of HaDSCO's involvement, the service provider agreed to regularly liaise with the parents and to support the young adult in the new accommodation arrangements, with an evaluation after a trial period. The service provider acknowledged there was a preference for the previous arrangements and agreed to consider whether they could be replicated elsewhere for the young adult in the future.

Issues identified

The issues associated with a complaint about a disability service are determined by HaDSCO staff in discussion with the person making the complaint. Identifying the issues in the complaint provides for effective resolution and allows all parties to have an understanding of the issues raised.

More than one issue can be raised in a single complaint. Of the 87 complaints about disability services closed by HaDSCO in 2016-17, 36% concerned multiple issues, resulting in a total of 141 issues being identified. As shown in Figure 20, the number of issues identified in each complaint remained relatively similar over the last two years; in 2015-16 each complaint identified 1.7 issues and in 2016-17, 1.6 issues were identified in each complaint

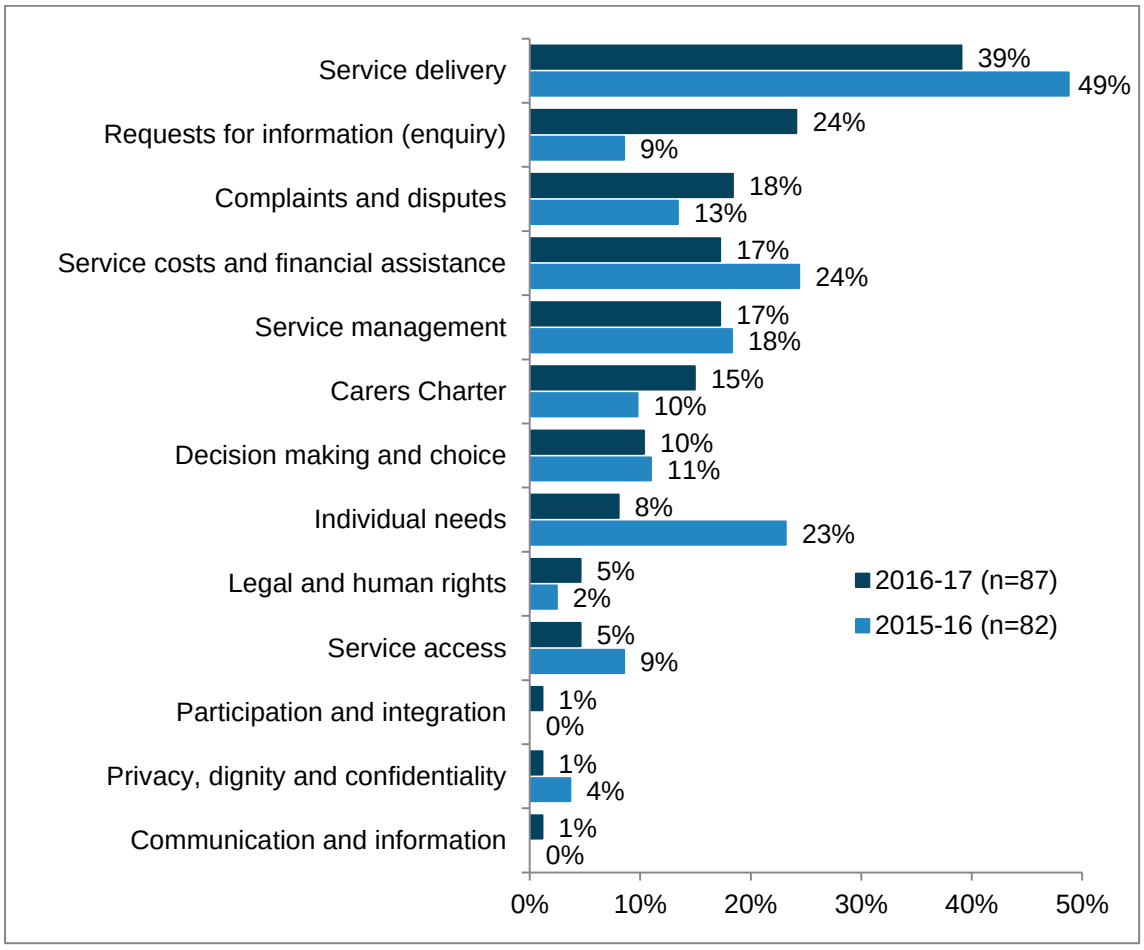
Figure 20: Issues per complaint



Totals may not sum to 100% due to rounding. Complaint issues were not recorded for one complaint in 2015-16.

The types of issues identified in complaints about disability services closed by HaDSCO in 2016-17 and 2015-16 are shown in Figure 21.

Figure 21: Complaint issues identified



Percentage of all disability complaints closed in the 2016-17 financial year. Because multiple issues can be identified per complaint, percentages may not sum to 100%. Complaint issues were not recorded for one complaint in 2015-16.

The majority of complaints about disability services concerned service delivery, requests for information (enquiries) and disputes (between an individual and a

service provider). In comparison to the previous financial year, there was a decrease in the number of complaints concerning individual needs and an increase in the number of requests for information (enquiries) in 2016-17.

Examples of the specific concerns associated with the most common complaint issues raised in 2016-17 are listed in Table 4.

Table 4: Concerns associated with the most common complaint issues

Issue type	Concern
Service delivery (39%)*	**Staff conduct:** staff conduct or behaviour inappropriate, offensive, unprofessional or discriminatory.
	No/inadequate service: the service provider did not keep an appointment with the individual; or the service was insufficient, non-existent or had inadequate resources (resources include staff, facilities, equipment, money or other assets).
	Service reduced: existing service reduced (e.g. shorter service opening hours).
	Service withdrawn: removal of a service; or denying the provision of additional treatment or services perceived to be of benefit.
	Service refused: refusal to accept an individual as a client; or refusal to provide a service where a service is available.
	Communication: service provider did not communicate with the individual accessing the service, legal guardian, carer and/or advocate in a clear and culturally appropriate manner.
Requests for information (enquiry) (24%)*	**Request for information – HaDSCO:** requests for information about role and processes.
	Request for information – external complaint mechanisms: requests for information/advice about how to complain directly with a service provider; or a request for information about which organisation would be best suited to manage the complaint.
Complaints and disputes (18%)*	**Policies and procedures**: service provider failed to develop or make available written policies/procedures about how to resolve complaints from an individual who received the service, advocate or legal guardian.
	Complaint resolution: service provider failed to resolve issues that the individual who received the service, advocate or legal guardian was dissatisfied about; and/or failed to provide information about relevant complaint and dispute resolution processes available in the community.
Service costs and financial assistance (17%)*	**Financial assistance/funding**: funding policy was administered unfairly or unreasonably which resulted in applications for financial assistance for disability service access/provision being refused.
	Cost: unsatisfactory billing practices, excessive fees, failure to provide service for fee, or failure to provide adequate information about costs.

** Because multiple issues can be identified per complaint percentages may not sum to 100%.*

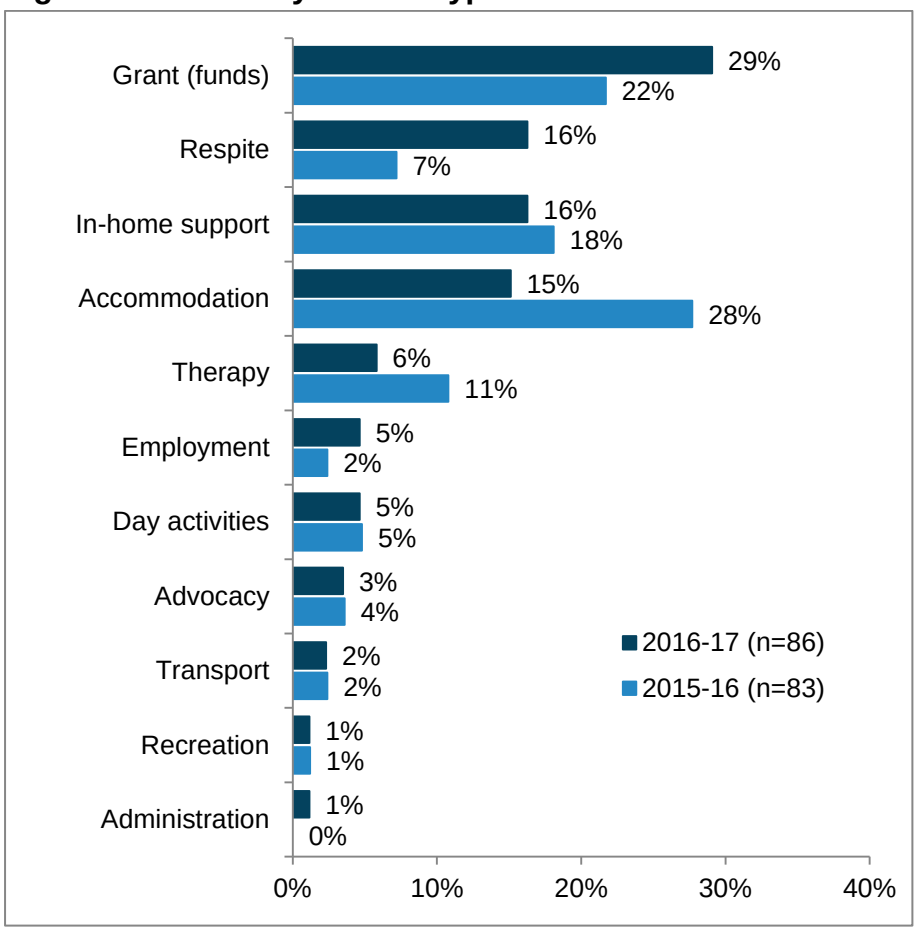
Disability service types

The specific disability service types identified in closed complaints in 2016-17 and 2015-16 are shown in Figure 22.

The service types that were most frequently the subject of complaints in 2016-17 related to funding (29%), respite services (16%), in-home support services (16%), and accommodation services (15%).

There was a change in the types of services identified in complaints when comparing 2016-17 to 2015-16. In 2016-17, there was an increase in the number of complaints concerning grants or funding, and respite, whilst there was a decrease in the number of complaints relating to accommodation and therapy services.

Figure 22: Disability service types



Totals may not sum to 100% due to rounding. Service type was not recorded for one complaint in 2016-17.

Managing complaints about disability services

On 31 January 2017, the Australian Government and the former Western Australian Government signed a Bilateral Agreement for the roll-out of the NDIS in Western Australia. The Government is currently reviewing arrangements for the NDIS in Western Australia and a decision about the delivery model for the NIDIS is yet to be determined.

In December 2016, the Disability Reform Council released the *National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework* which, among other things, provides for the management of complaints. In addition, the *National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017* (the Bill) establishes an independent national Commission to protect and prevent people with disability from experiencing harm arising from poor quality or unsafe supports or services under the NDIS. One of the functions of the Commission will be the management and resolution of complaints which will be the responsibility of a Complaints Commissioner.

During 2016-17, the Disability Services Commission (DSC) consulted with HaDSCO regarding the management of complaints and associated transition issues under the roll-out of NDIS in Western Australia. This included consultation on the draft Bill and associated draft complaints handling rules. HaDSCO provided comments to the DSC to assist in providing feedback to the Australian Government Department of Social Services on this important piece of legislation.

HaDSCO is continuing to seek clarification about jurisdiction issues. During the transition to full scheme NDIS, Western Australia's existing disability quality and safeguarding arrangements continue to operate. As such, HaDSCO is continuing to manage complaints in accordance with the *Disability Services Act 1993* and consistent with existing practices. HaDSCO remains committed to working with stakeholders to ensure the efficient and effective transition to new arrangements.

External complaints data

Under Section 48A of the *Disability Services Act 1993* and the *Disability Services Amendment Regulations 2015*, each year HaDSCO collects complaint data from prescribed government and non-government disability service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the disability sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

De-identified data is collected from 20 prescribed service providers. A list of the prescribed disability service providers can be found in Appendix 5.2. The information collected includes:

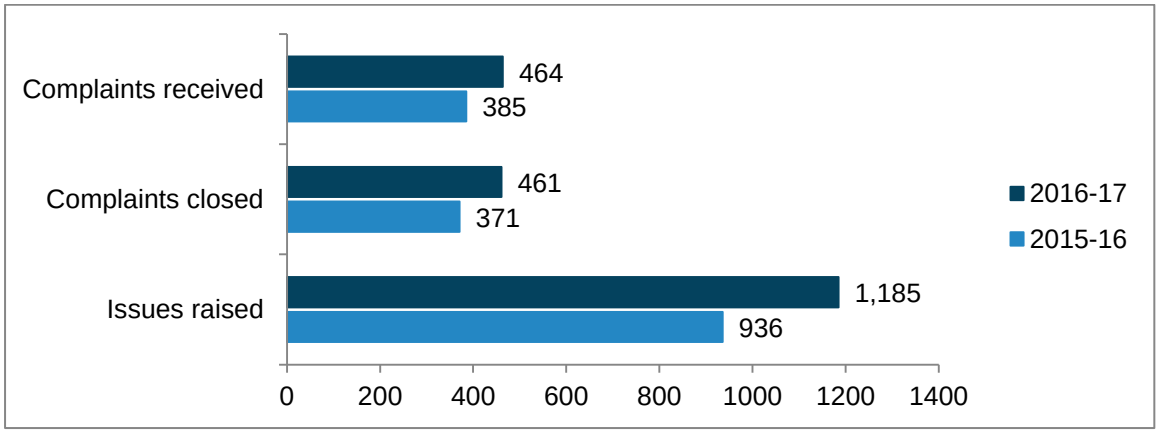
- Number of complaints
- Demographics of consumers
- Complaint issues
- Complaint outcomes
- Timeliness of complaint resolution.

Unless otherwise stated, all of the data presented in this section is based on the complaints closed by disability service providers during the specified financial year (2016-17 or 2015-16). This is a change in the methodology used for reporting external complaints data in the annual reports produced by this Office. As a result, the data presented for 2015-16 will not match the figures provided in the 2015-16 HaDSCO Annual Report. A preliminary analysis of this data is provided below.

Complaints managed by disability service providers

In 2016-17, there was an increase (21%, 79 complaints) in the number of complaints received by prescribed disability service providers. There was also an increase (24%, 90 complaints) in the number of complaints closed. The total number of issues raised also increased, along with the average number of issues per complaint (2.6 issues per complaint closed in 2016-17, compared to 2.5 issues per complaint in 2015-16). The number of complaints received and closed by disability service providers can be seen in Figure 23.

Figure 23: Complaints managed by disability services providers



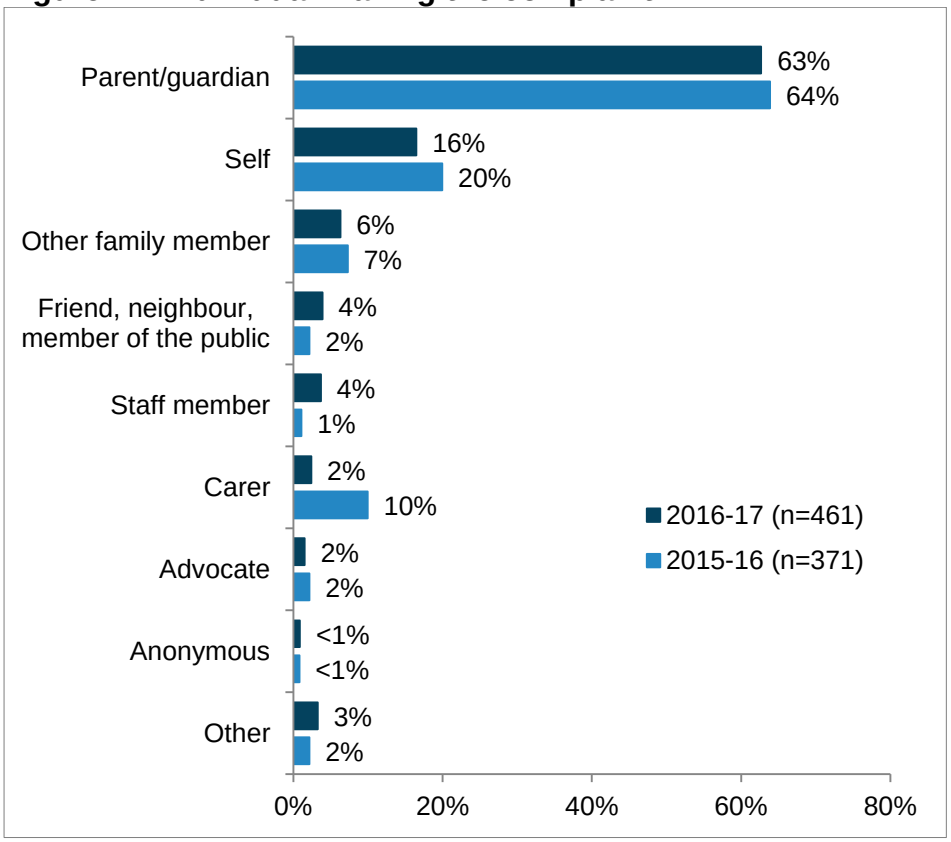
Individual making the complaint

In 2016-17, the majority of complaints (84%) received by disability service providers were made by someone acting on behalf of the individual who received the service, typically a family member or guardian, as shown in Figure 24.

In comparison to 2015-16, there was a decrease in the number of individuals who made a complaint on their own behalf, or had a carer make a complaint on their behalf.

In comparison, there were small increases in the proportion of complaints made by staff members, friends and members of the public on behalf of the individual who received the service.

Figure 24: Individual making the complaint

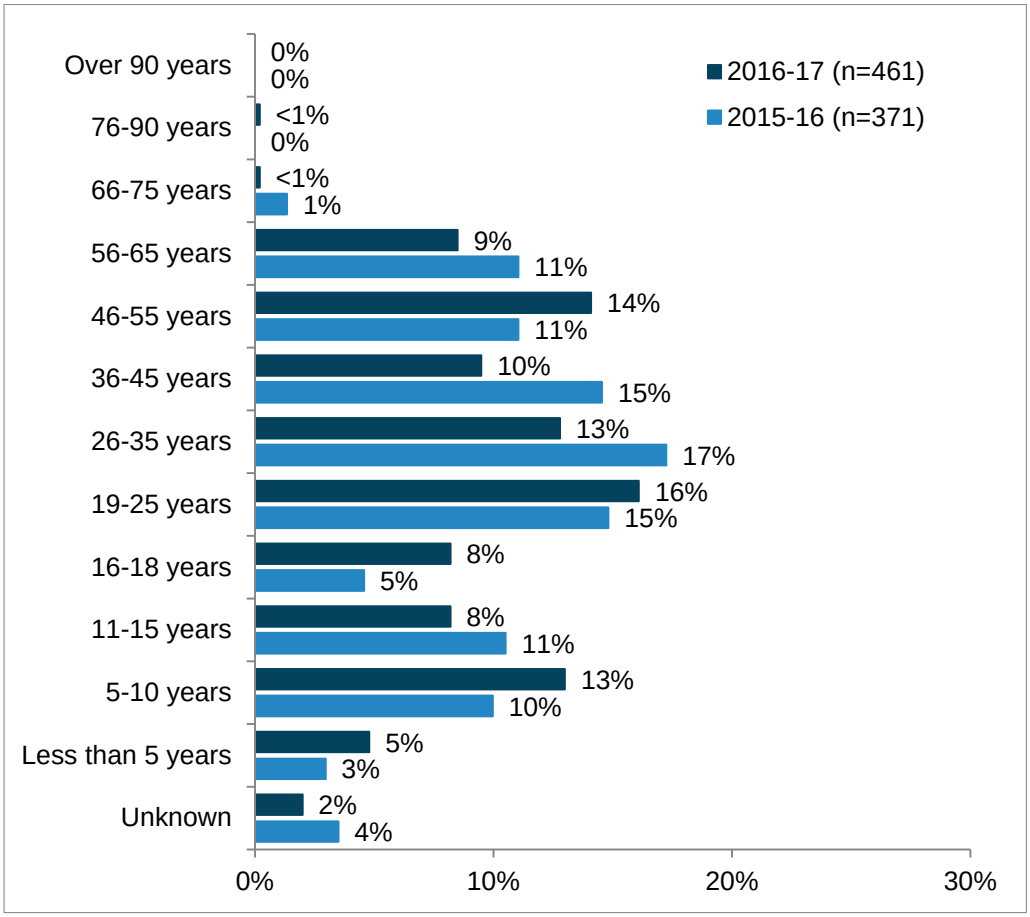


Totals may not sum to 100%; a complaint may be made by multiple individuals.

Demographics of the individual receiving the service

Complaints about disability services were most likely to concern individuals between the ages of 5 and 65, as seen in Figure 25. Few complaints about disability services concerned individuals 66 years of age and older.

Figure 25: Age of the individual receiving the service

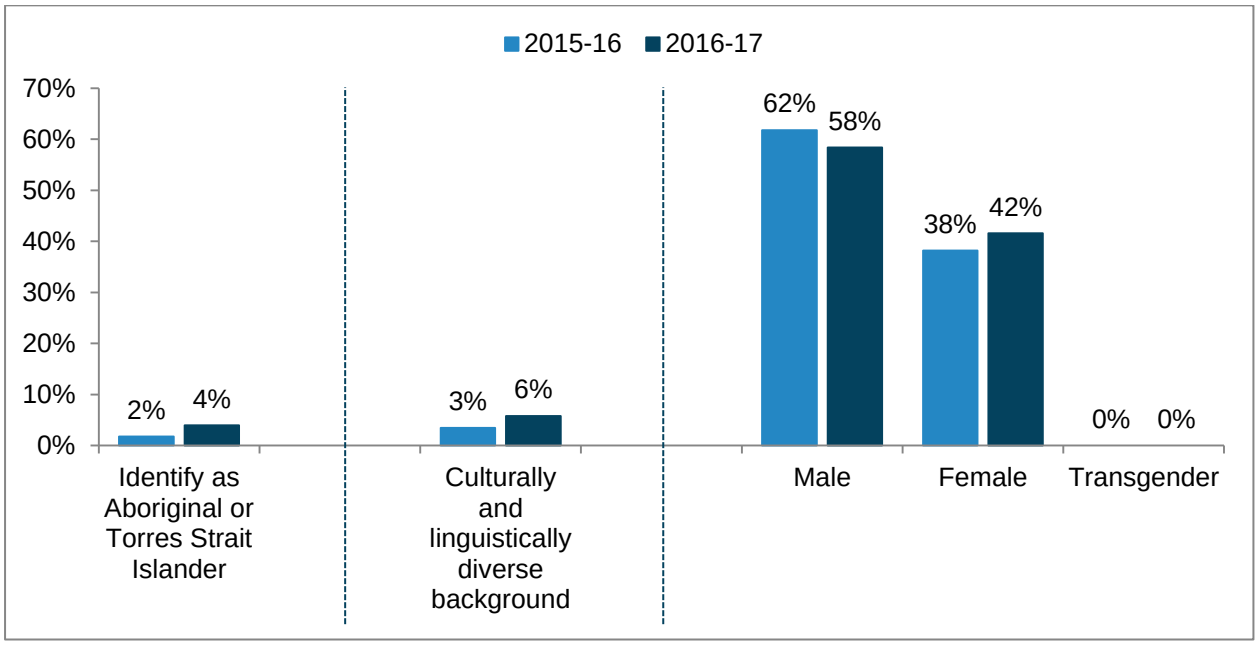


Totals may not sum to 100%; a complaint may be made by multiple individuals or anonymous data may record no age.

The characteristics of individuals who received a disability service are shown in Figure 26.

In 2016-17, there was an increase in the number of individuals who identified as Aboriginal and Torres Strait Islander and as coming from a culturally and linguistically diverse background. Males were identified more frequently in complaints than females, though there was a small change in the relative proportions of males and females identified compared to 2015-16.

Figure 26: Characteristics of individuals receiving a service*

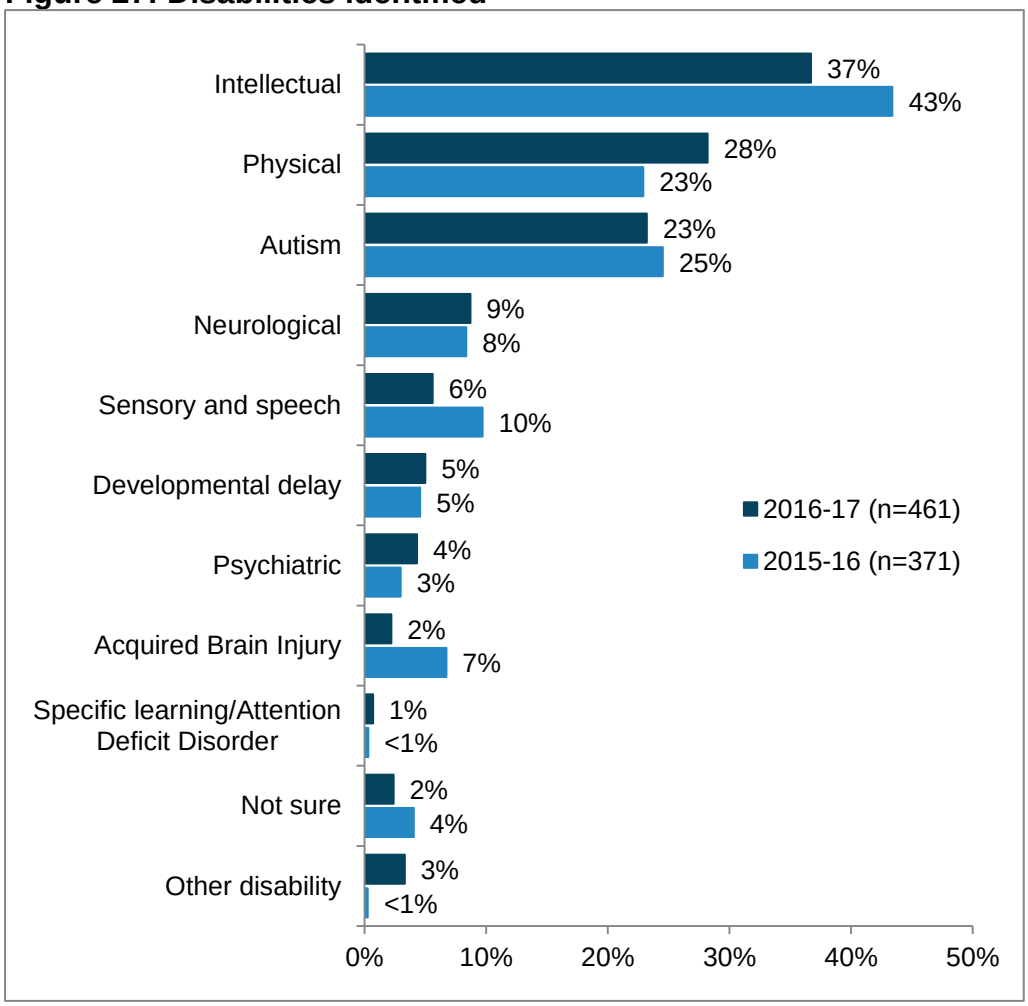


*Sample sizes: identify as Aboriginal or Torres Strait Islander (2015-16 n=368, 2016-17 n=422); culturally and linguistically diverse background (2015-16 n=367, 2016-17 n=360); gender (2015-16 n=368, 2016-17 n=440).*Complaints that provided an 'unsure' response or did not contain demographic data have been excluded from the analysis shown in Figure 26.*

Disabilities identified

In 2016-17, the majority of complaints closed concerned individuals who had intellectual (37%) and/or physical disabilities (28%). Autism spectrum disorders were the third most commonly identified disability. This is a change from 2015-16 when Autism spectrum disorders were identified more commonly than physical disabilities (as shown in Figure 27). In 2016-17, there was also a decrease in the number of complaints concerning individuals with acquired brain injuries or sensory and speech disabilities.

Figure 27: Disabilities identified



Totals may not sum to 100%; a consumer may have multiple disabilities.

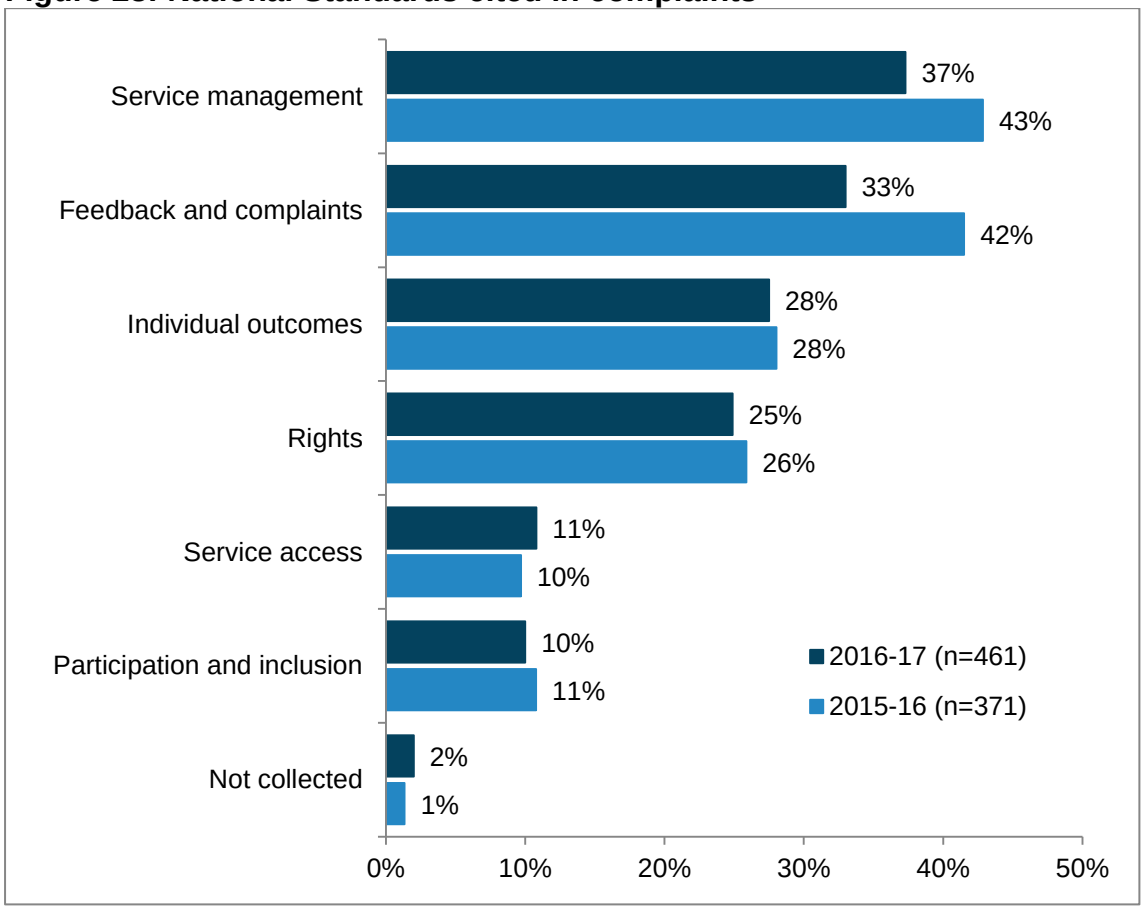
National Standards cited in complaints

The National Standards for Disability Services (National Standards) aim to promote and drive a nationally consistent approach to improving the quality of services. The National Standards focus on rights and outcomes for people with disability.

The Australian Government revised and tested the National Standards in 2012, before they were endorsed on 18 December 2013 by the Standing Council on Disability Reform ministers from all jurisdictions. People with disability, family, friends and carers, service providers, advocacy organisations and quality bodies informed the development of the revised National Standards. There are six National Standards that apply to disability service providers: rights; participation and inclusion; individual outcomes; feedback and complaints; service access; and service management.

For complaints closed by disability service providers in 2016-17, service management (37%), feedback and complaints (33%), and individual outcomes (28%) were the National Standards most commonly cited in complaints, which remains consistent with 2015-16 (see Figure 28).

Figure 28: National Standards cited in complaints



Totals may not sum to 100%; a complaint may cite multiple National Disability Standards.

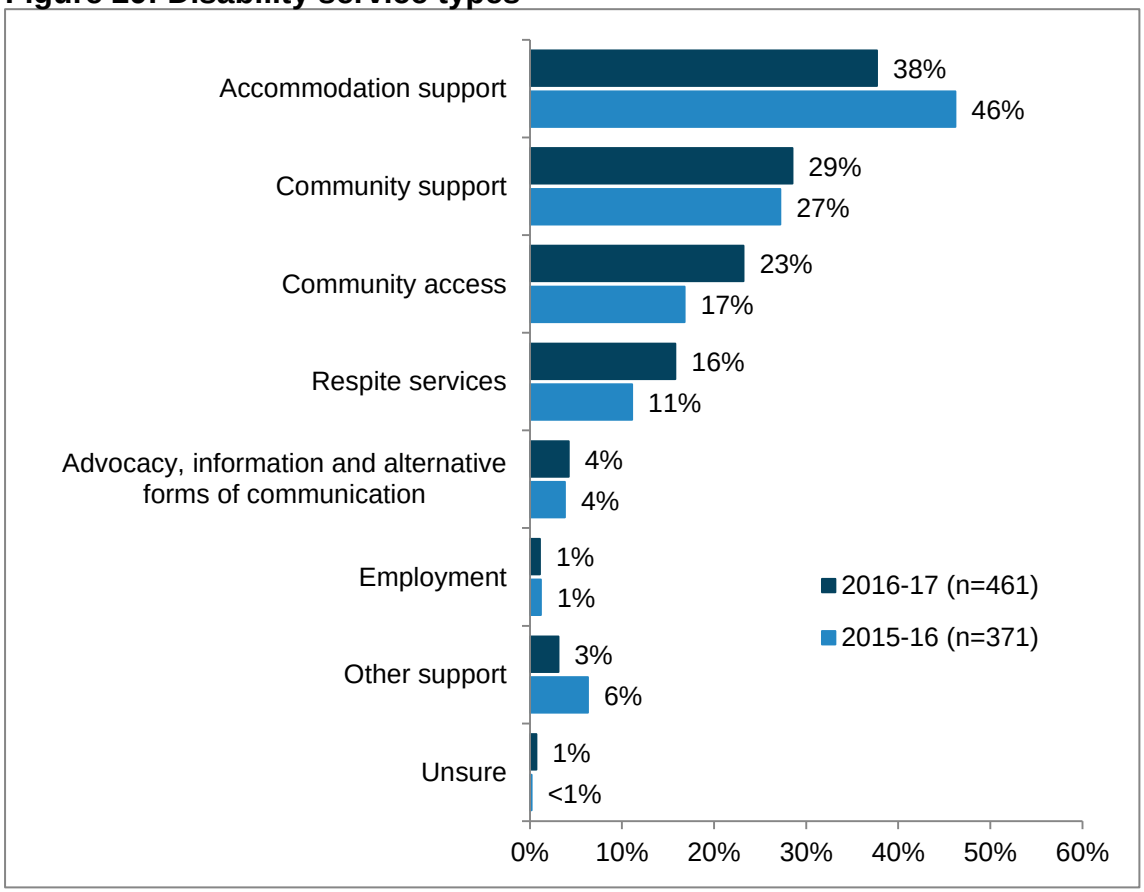
Disability service types

The specific disability service types identified in closed complaints in 2016-17 and 2015-16 are shown in Figure 29.

In 2016-17, the majority of complaints about disability services concerned either accommodation support (38%), community support (29%) or community access (23%), which remains consistent with 2015-16 (as shown in Figure 29).

However, in comparison to 2015-16, there was an increase in the number of complaints concerning community support, community access and respite services in 2016-17, and a decrease in accommodation support.

Figure 29: Disability service types



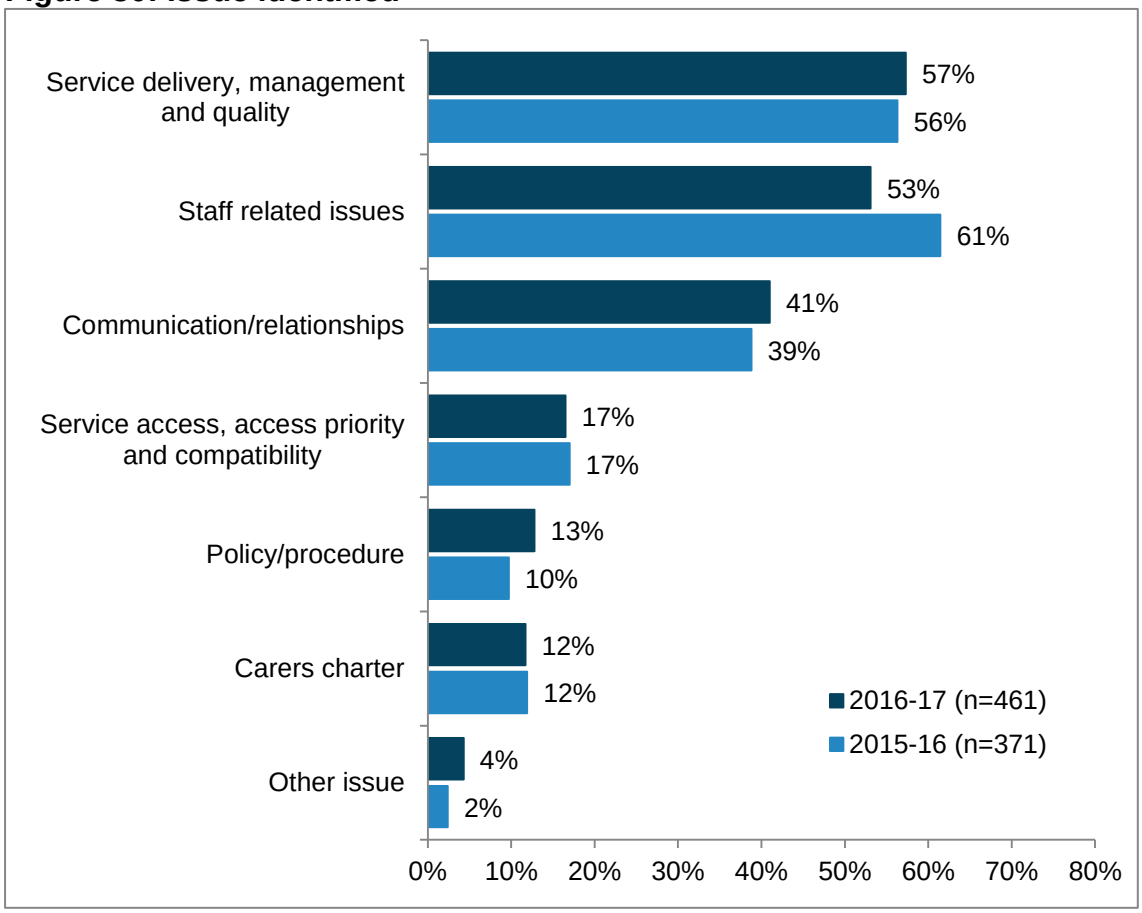
Totals may not sum to 100%; a complaint may identify multiple services.

Issues identified

In 2016-17, the most common issue types identified in complaints were service delivery (57%), staff issues (53%) or communication (41%). While the comparative proportions changed between 2016-17 and 2015-16, the most common issue types remained consistent (as shown in Figure 30).

In 2016-17, there was an increase in the number of complaints concerning communication/relationships, and policies and procedures, and a decrease in the number of complaints relating to staff.

Figure 30: Issue identified

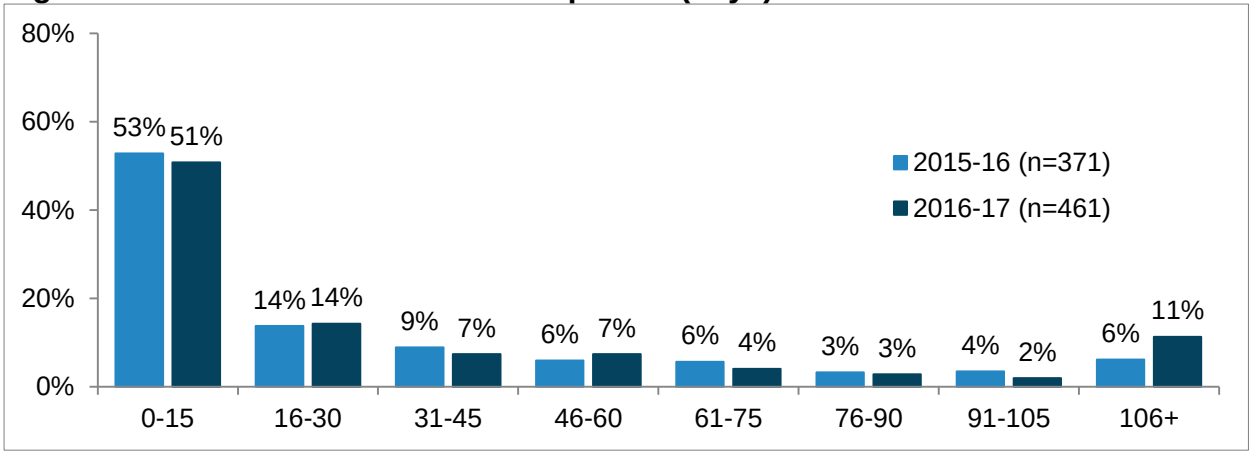


Totals may not sum to 100%; a complaint may identify multiple issues.

Time taken to resolve complaints

In 2016-17, the majority of complaints (65%) were resolved in 30 days. A breakdown of the time taken to resolve complaints is shown in Figure 31.

Figure 31: Time taken to resolve complaints (days)



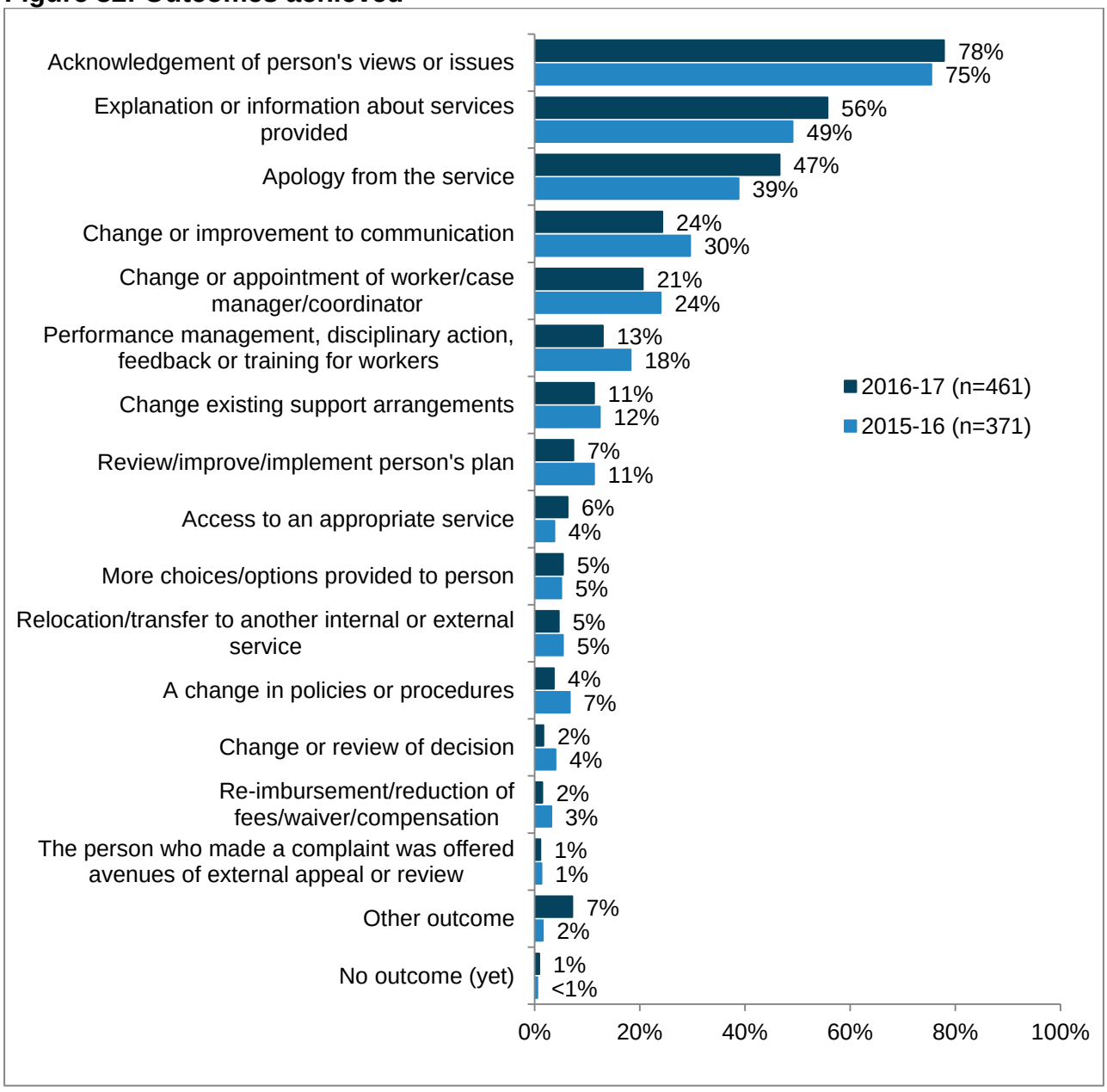
Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the complaints managed by disability service providers, including multiple outcomes for some complaints. In 2016-17, 1,333 outcomes were identified from the 461 complaints resolved. These outcomes were for the individual who accessed the service, for the person that made the complaint, or both.

The most common outcomes were acknowledgement of a person's views or issues (78%), an explanation or information about services provided (56%) or an apology from the service (47%). These outcomes were also the most common outcomes achieved in 2015-16 and have all increased in frequency in the last year (see Figure 32).

Figure 32: Outcomes achieved



Totals may not sum to 100%; a complaint may result in multiple outcomes.

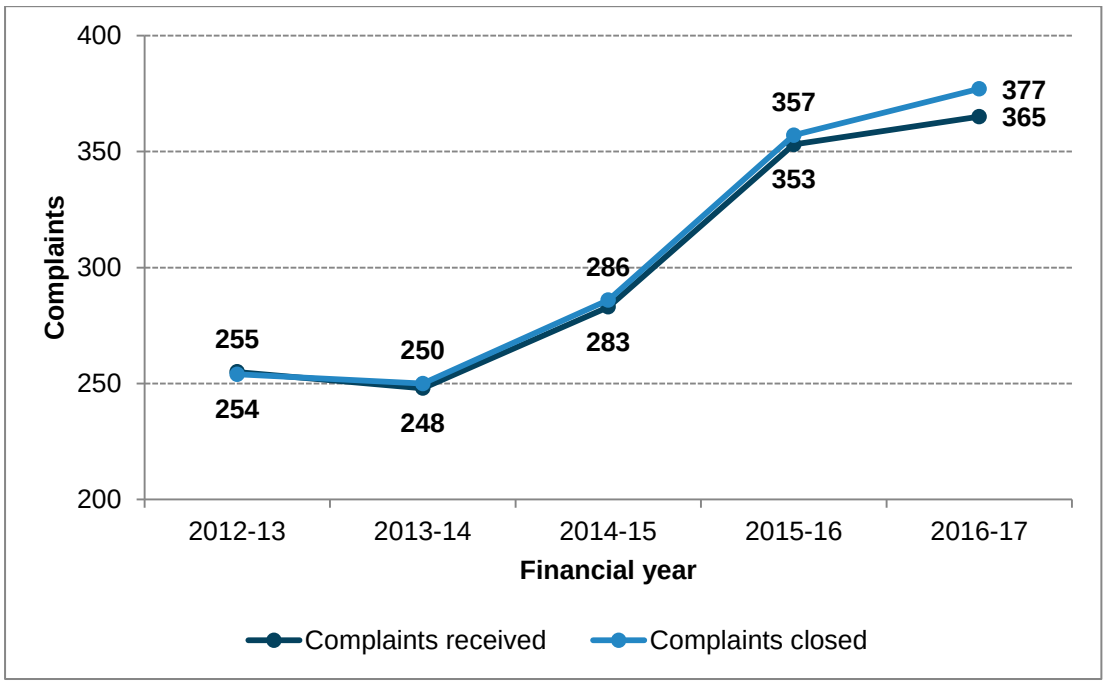
2.6. Complaints about mental health services

HaDSCO complaints data

HaDSCO received 365 complaints about mental health services in the 2016-17 financial year. This represents a 3% increase compared to 2015-16. HaDSCO closed 377 complaints about mental health services in 2016-17, a 6% increase compared to 2015-16.

The number of complaints about mental health services received and closed by HaDSCO since 2012-13 can be seen in Figure 33. The number of complaints, both received and closed, has increased each year since 2013-14.

Figure 33: Complaints about mental health services received and closed between 2012-13 and 2016-17

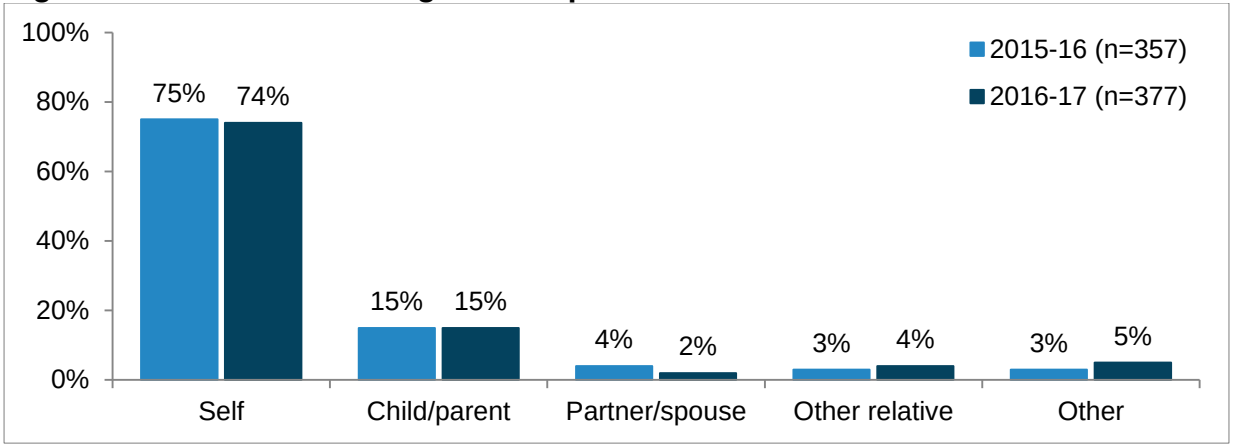


The following section provides a more detailed breakdown of the complaints about mental health services closed by HaDSCO in 2016-17. Where possible, data for 2015-16 has been included for comparison. Certain information is not available for 2015-16 and is therefore not included. The Office is currently in the process of improving its data collection and reporting capabilities.

Individual making the complaint

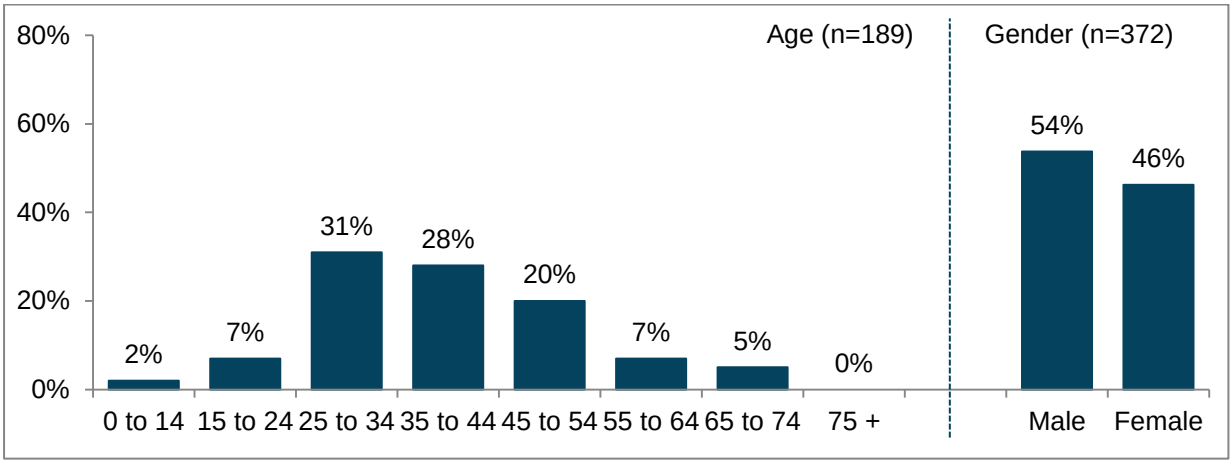
Most complaints (74%) about a mental health service were made by the individual who received the service. The remaining complaints were made by a representative on behalf of the individual, which was typically a family member (as seen in Figure 34). In comparison to 2015-16, there has been little change in terms of who made a complaint about a mental health service with our Office.

Figure 34: Individual making the complaint



Complaints about mental health services were more likely to concern services provided to males, between the ages of 25 and 54. Details are provided in Figure 35 below.

Figure 35: Age and gender of the individuals receiving a service (2016-17)



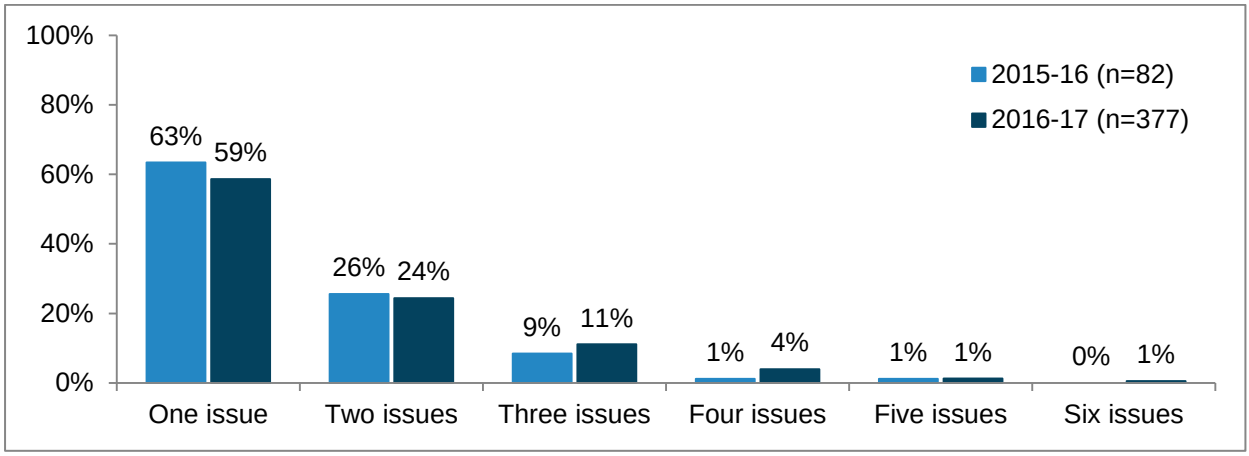
The data in Figure 35 above is provided only for complaints where demographic information about the individual receiving a service was recorded.

Issues identified

The issues associated with a complaint about mental health services are determined by HaDSCO staff in discussion with the person making the complaint. Identifying the issues in the complaint provides for effective resolution and allows all parties to have an understanding of the issues raised.

More than one issue can be raised in a single complaint. Of the 377 complaints about mental health services closed by HaDSCO in 2016-17, 41% concerned multiple issues, resulting in a total of 628 issues being identified. As shown in Figure 36, the number of issues identified in each complaint remained relatively similar over the last two years: in 2015-16, each complaint identified 1.5 issues and in 2016-17, 1.7 issues were identified in each complaint.

Figure 36: Issues identified



CASE STUDY

Hospital acknowledges role of long-term carer and personal support person

An individual contacted HaDSCO after receiving a response from a hospital to their complaint about not being informed that their partner, an involuntary patient, had changed their personal support person to a relative with whom they rarely had contact.

The individual indicated that this resulted in them not being included in ongoing communications with the hospital about their partner's care. The individual informed the hospital that they had been their partner's long-term carer and personal support person. HaDSCO conciliated a meeting between the parties during which the individual's concerns were discussed and acknowledged by the hospital.

As a result of HaDSCO's involvement, the hospital undertook to further educate staff about the *Mental Health Act 2014* in regards to the nomination of a carer or support person. The hospital also implemented processes for communication with long-term carers and support people, and reviewed the process for the distribution of carers packs to relevant parties involved in a patient's care during their hospital stay.

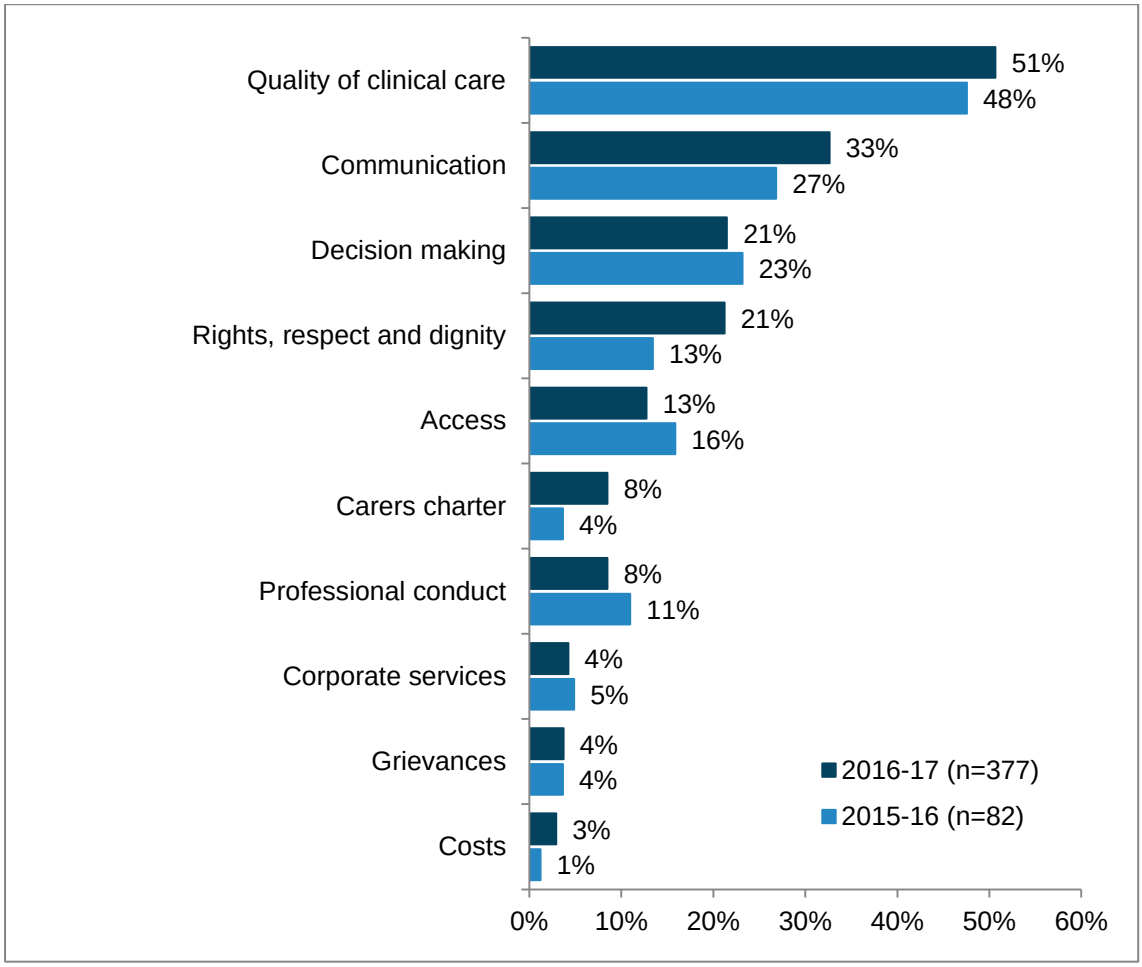
The hospital informed that it would use the complaint as a de-identified case study for training purposes to highlight this type of situation.

Following the complaint, the hospital invited the individual to participate in a carer's forum and to become a member of its carer's focus group.

The types of issues identified in complaints about mental health services closed by HaDSCO in 2016-17 and 2015-16[2] are shown in Figure 37.

The majority of complaints concerned quality of clinical care, communication, decision making, rights, respect and dignity, and access. The most common issues identified in these complaints were consistent with those in 2015-16, with the exception of access, which was identified more frequently than rights, respect and dignity in 2015-16.

Figure 37: Complaint issues identified



Percentage of all mental health complaints closed in the financial year. Because multiple issues can be identified per complaint, percentages may not sum to 100%.

[2] In 2015-16 HaDSCO made changes to the way issues raised in mental health complaints are categorised. This change was implemented in March 2016. As a result of this change, the data presented in Figure 37 for 2015-16 relates only to the mental health complaints closed between March 2016 and June 2016 (n=82).

Examples of the specific concerns associated with the most common complaint issues raised in 2016-17 are listed in Table 5.

Table 5: Concerns associated with the most common complaint issues

Issue type	Concern
Quality of clinical care (51%)*	**Inadequate assessment:** condition or injury was overlooked or wrongly identified; delay in assessment of new symptoms; inadequate level of diagnosis; inadequate medical history taken; inadequate investigation of symptoms.
	Inadequate treatment/therapy: negligent treatment; inexperience for complexity of the procedure; failure/delay to provide emergency treatment; inadequate level of observation.
	Medication issues: prescribing or dispensing error (prescription/person/dose/site/time/route); medication prescribed despite documented allergy.
	Discharge or transfer arrangements: premature discharge; unsuitable/delayed discharge/transfer; inadequate discharge planning; lack of continuity of care/follow-up.
Communication (33%)*	**Misinformation/failure in communication (not failure to consult):** provided inaccurate/wrong information; provided confusing/conflicting information; delay in receiving information.
	Inappropriate verbal/non-verbal communication: careless comments or person speaking beyond their authority; inappropriate demeanour/non-verbal communication; failure to listen to consumer/representative/carer/family.
Decision making (21%)*	**Failure to consult and involve in decision-making process:** failure to consult and involve individuals and their representatives in decision-making process.
	Consent not obtained: additional treatment/procedure provided or medication administration.
	Consent invalid: not voluntary; did not cover procedure performed; given by person without legal capacity to consent; consent older than three months without further discussion/review; withdrawn and not acknowledged or acted upon.
Rights, respect and dignity (21%)*	**Inconsiderate service/lack of courtesy:** lack of politeness/kindness shown to the individual, including, but not limited to, ignoring the individual or acting in a negative, patronising or overbearing manner.
	Absence of compassion: service provider acted unreasonably in the manner of providing a mental health service.
	Breach of confidentiality: provision of information to third party without consent; communication and/or handling of medical records.
	Failure to fulfil mental health legislation requirements: service provider failed to comply with Charter of Mental Health Care Principles.
	Denying/restricting access to personal health records: service provider acted unreasonably by delaying, denying, restricting access to records kept by the service provider.
Access (13%)*	**Delay in admission/treatment**: at the point of service, waiting time for diagnostic testing or treatment excessive for the individual.
	Inadequate resources/lack of service: service provider had inadequate human resources/equipment/facilities.
	Refusal to provide services (admit or treat): service provider unreasonably refused to admit, or refused to treat/accept, an individual.

**Percentage of all mental health complaints closed in the 2016-17 financial year. Because multiple issues can be identified per complaint percentages may not sum to 100%.*

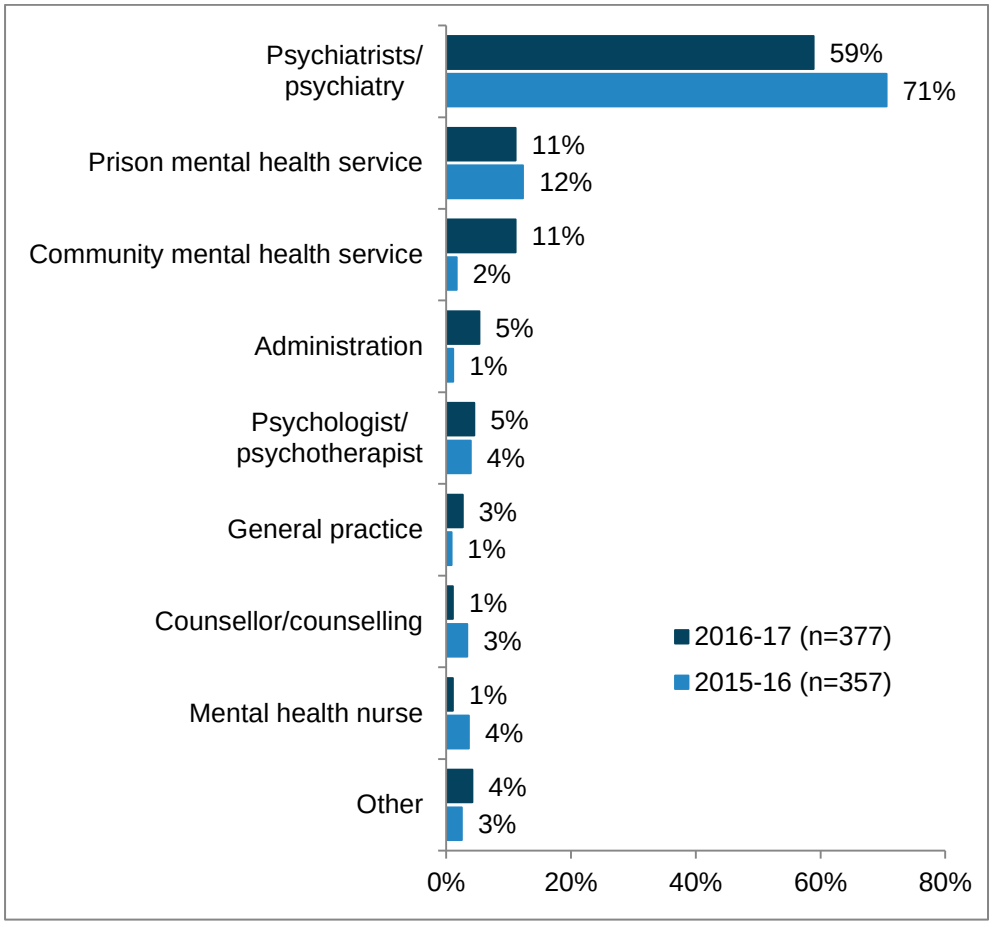
Mental health service types

The specific mental health service types identified in closed complaints in 2016-17 and 2015-16 are shown in Figure 38.

The service types that were most frequently the subject of complaints in 2016-17 were psychiatrists and psychiatry (59%), prison mental health services (11%), and community mental health services (11%).

There was a change in the service types identified in complaints when comparing 2016-17 to 2015-16. In 2016-17, there was an increase in the number of complaints concerning community mental health services, and a decrease in the number of complaints relating to psychiatrists and psychiatry.

Figure 38: Mental health service types



Totals may not sum to 100% due to rounding.

Managing complaints about mental health services

The *Mental Health Act 2014* (the MH Act) came into operation on 30 November 2015. Part 19 of the Act provides that HaDSCO is the complaints body to receive complaints from individuals about mental health service providers.

In 2015, in preparation for the enactment of the MH Act, HaDSCO coordinated the establishment of a Mental Health Complaints Partnership Agreement (the Agreement). The Agreement outlines a set of principles to improve the effective resolution of complaints about mental health services. The parties to the Agreement are HaDSCO, the Department of Health, the Mental Health Advocacy Service, the Office of the Chief Psychiatrist and the Mental Health Commission.

The purpose of the Agreement is to:

- Clarify the respective roles and inter-relationships of key government agencies that are involved in managing complaints.
- Outline principles to guide effective complaint resolution.
- Develop a mechanism for State Government agencies to work collaboratively to resolve complex mental health complaints.

The Agreement was complemented by an Addendum, which had a 12 month term. The Addendum aimed to ensure that the principles of the Agreement transferred into relevant and meaningful operational initiatives for individuals, carers and service providers. An important part of the Addendum was an Action Plan to 'operationalise' the Partnership Agreement.

Although the term of the Addendum expired in August 2016, HaDSCO has continued to progress a number of initiatives identified in the Action Plan. This work is consistent with HaDSCO's strategic priority of responding to changing environments and adapting service delivery to be flexible and responsive to the needs of our stakeholders.

We continue to refine and streamline our complaints process to ensure complaints about mental health services are managed in an efficient and effective manner under the MH Act. Additionally, the promotion of a 'fast-dial' telephone system set up between the Office of the Chief Psychiatrist and HaDSCO now enables the direct transfer of matters that are more appropriate for HaDSCO to handle.

External complaints data

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO collects complaint data from prescribed government and non-government health service providers in Western Australia. Having commenced in the 2015-16 financial year, HaDSCO receives data from a selection of public Health Service Providers[3] about the mental health complaints received by the providers.

The information collected by HaDSCO is used to identify systemic issues and trends across the mental health sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected. The information collected includes:

- Number of complaints
- Demographics of consumers
- Complaint issues
- Complaint outcomes
- Timeliness of complaint resolution.

The aggregate data received by HaDSCO includes all mental health complaints received by the public Health Service Providers in 2016-17. The following preliminary analysis is based on the number of complaints received in the 2016-17 financial year.

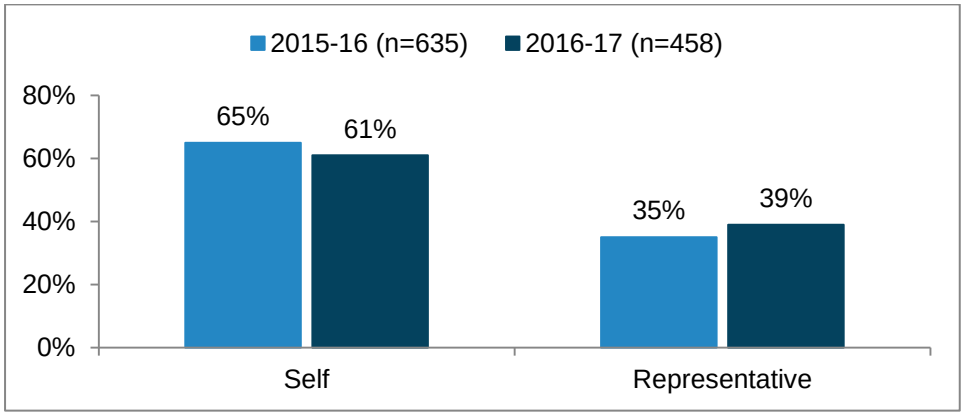
In 2016-17, details of 458 complaints concerning 713 issues were submitted to HaDSCO. This represents a 28% decrease from 2015-16 in the number of complaints received (635 complaints) and a 21% decrease in the number of issues identified (908 issues).

[3] The public health service providers are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and Western Australian Country Health Service.

Individual making the complaint

In 2016-17, the majority of complaints (61%) received directly by public health service providers were made by the individual who received the service (see Figure 39).

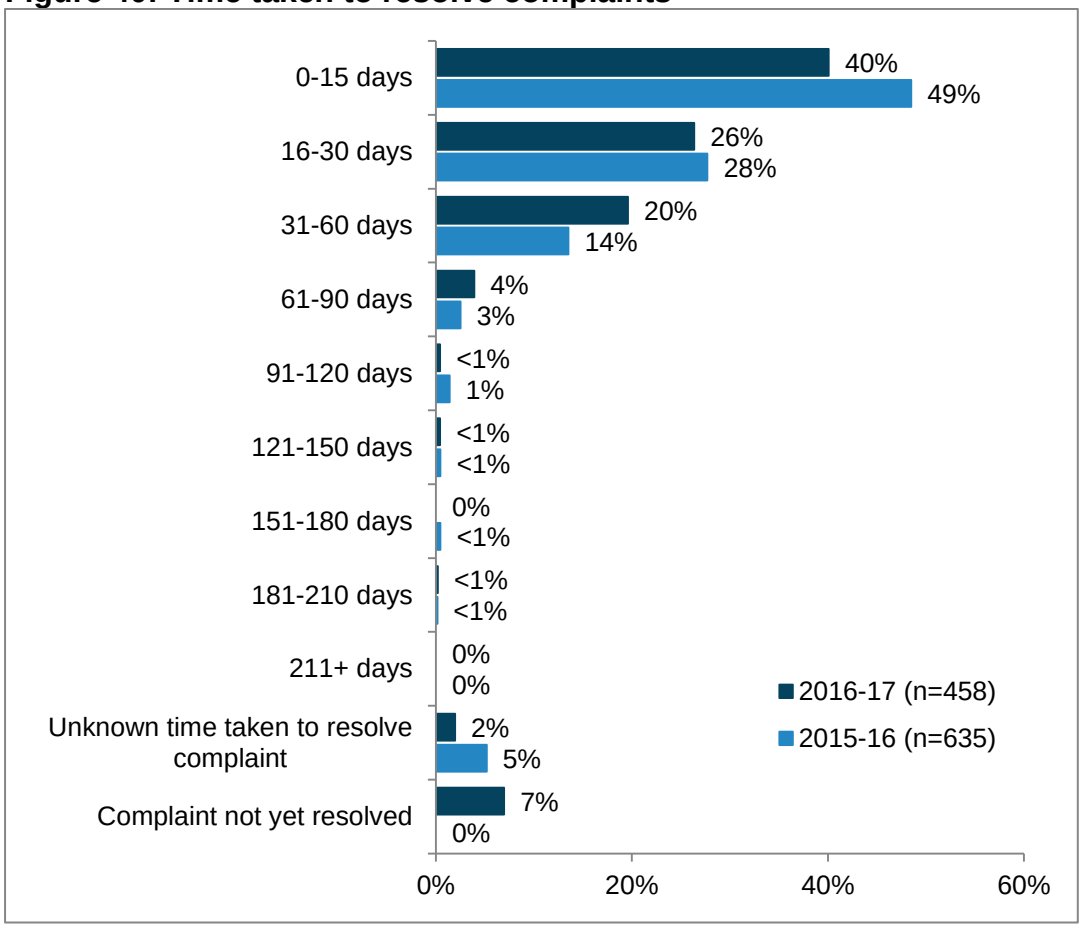
Figure 39: Individual making the complaint



Time taken to resolve complaints

The time taken for public health service providers to resolve complaints in 2016-17 and 2015-16 is shown in Figure 40. In 2016-17, the majority of complaints (66%) received directly by public health service providers were resolved in 30 days or less.

Figure 40: Time taken to resolve complaints

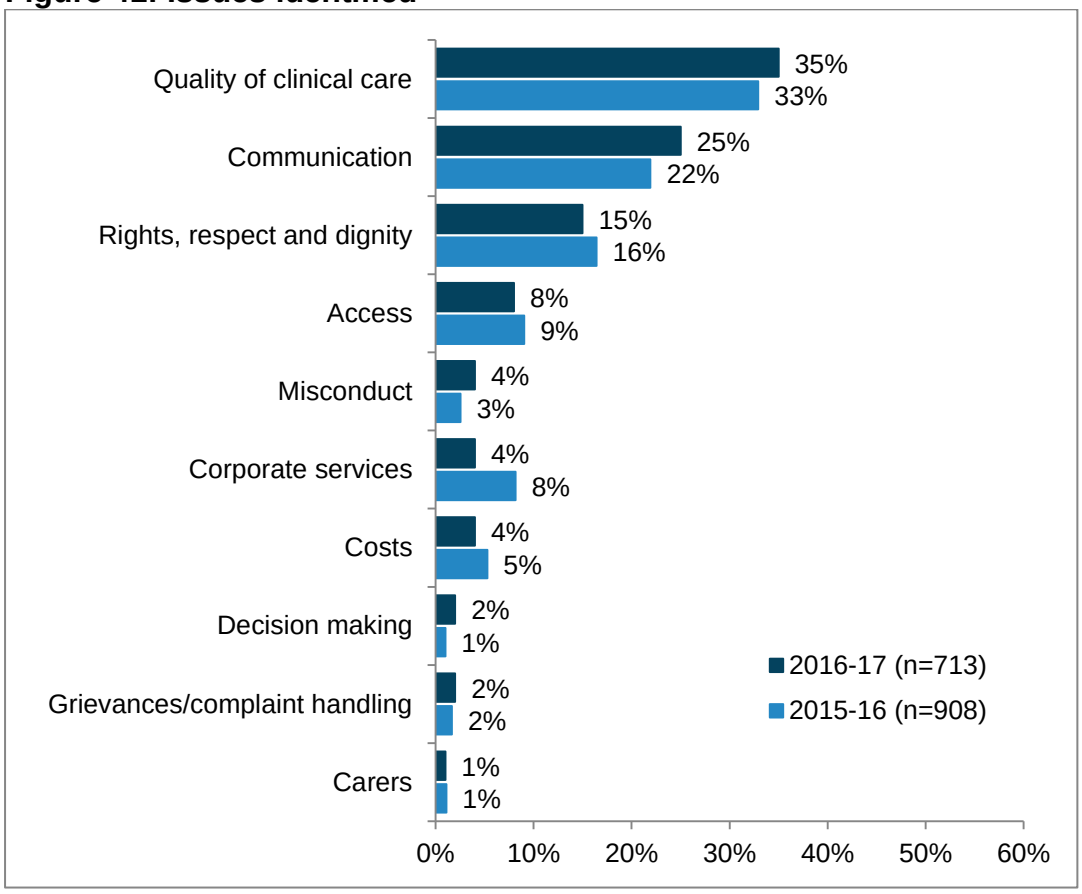


Issues identified

There has been no change in the most common types of issues identified in mental health complaints received by public health service providers in 2016-17 compared to 2015-16. Quality of clinical care (35%), communication with patients and their representatives (25%), rights, respect and dignity (15%), and access to services (8%) remained the issues most commonly identified in complaints. The proportion of complaints concerning these issues remained consistent between 2016-17 and 2015-16.

The issues identified in mental health complaints received by public health service providers in 2016-17 and 2015-16 are shown in Figure 41.

Figure 41: Issues identified



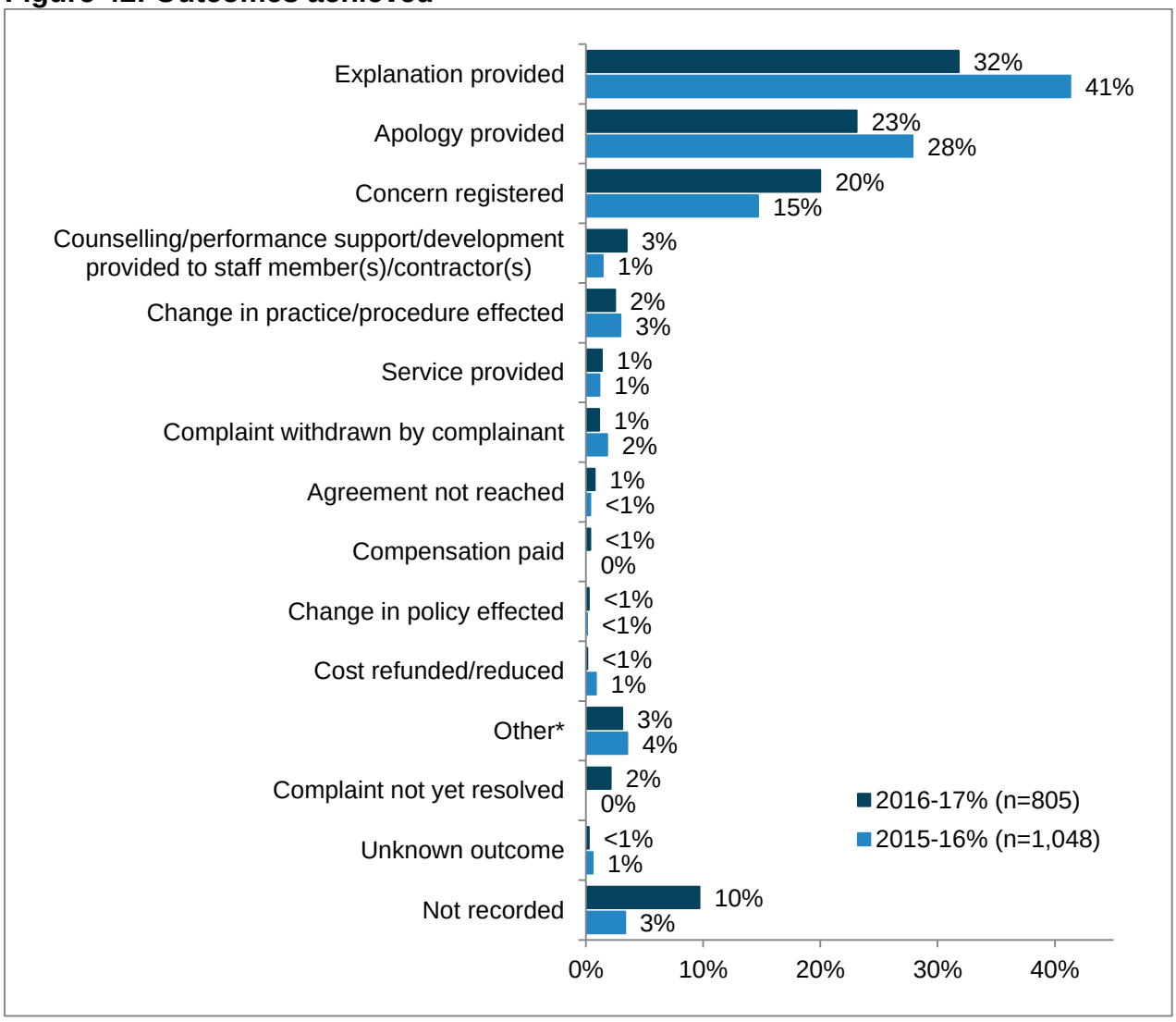
Outcomes achieved

A range of outcomes were achieved from the mental health complaints managed by public health service providers. There was no change in the most common outcomes achieved for 2016-17 and 2015-16. Providing an explanation, providing an apology, or acknowledging the concerns that resulted in a complaint being made remained the most common outcomes. While these remained the most common outcomes over the past two years, there was a decline in the proportion of complaints resulting in an explanation or apology from the public health service provider in 2016-17.

Of note, 3% of complaints resulted in development of staff and contractors in the form of counselling or performance support, and 2% of complaints resulted in the public health service provider changing their practice(s) or procedure(s) in 2016-17.

The outcomes achieved in complaints received by mental health service providers in 2016-17 and 2015-16 are shown in Figure 42.

Figure 42: Outcomes achieved



*Other outcomes include referral to another organisation.

Educate and train

Engage, Evaluate, Educate

Inform, educate and empower the community and service providers to prevent complaints

In this section we report on the outcomes achieved under the strategic priority of educate and train, aligned to HaDSCO's Service Two: Education and training in the prevention and resolution of complaints.

We provide information about initiatives undertaken to enable the sharing of expertise, to provide awareness of, and access to, our services, and through the sharing of information with service providers and the community to ensure they are well informed.

2.7. Key highlights

Key highlights for 2016-17 included:

- Developed and implemented a new Stakeholder Engagement Strategy for the delivery of targeted stakeholder engagement programs and outreach activities to better inform, educate and empower the community and service providers.
- Delivered 211 outreach activities with key stakeholders including the delivery of 13 presentations, 61 awareness raising activities, 120 consultations and 17 networking opportunities.
- Planned and delivered outreach for regional and remote communities, including visits to the Wheatbelt, Gascoyne and South West regions and the Indian Ocean Territories to raise awareness of, and access to, HaDSCO through engagement and education.
- Developed additional resources for use in HaDSCO's publications suite, including an information sheet for the Aboriginal community and joint HaDSCO/AHPRA brochure, and distributed these to stakeholders throughout Western Australia.
- Continued to share complaints handling expertise with stakeholders at a national and State level.

2.8. Stakeholder Engagement Strategy

A new Stakeholder Engagement Strategy (SES) January 2017-June 2018 was implemented during the 2016-17 year, to guide the delivery of targeted stakeholder engagement programs and outreach activities for the Office.

The SES supports the delivery of HaDSCO's Strategic Plan 2017-2021 and ensures effective stakeholder engagement through projects, programs and services tailored towards key groups and sectors. The SES establishes six program areas as follows:

- Communications
- Regional, remote and diverse communities
- Health sector engagement
- Disability sector engagement
- Mental health sector engagement
- Community engagement.

The SES also includes an engagement strategy for the Indian Ocean Territories which covers visits to the region, including outreach activities and development and distribution of resources.

In delivering the SES, we undertook a broad range of outreach activities in 2016-17 including:

- Consultations with key groups to share and exchange views and seek advice.
- Awareness raising activities to promote HaDSCO's services, increase knowledge of effective complaints management practices and raise awareness of patterns and trends resulting from analysis of complaints data.
- Presentations to provide a range of general and tailored information to stakeholders.
- Networking opportunities to build relationships with service providers, government agencies and consumer groups.

Details of the outcomes achieved under the SES are provided below.

2.9. Sharing expertise

We shared our expertise with stakeholders in 2016-17 through key engagement activities as set out in the table below:

Stakeholder	Activity
National Code Working Group	As a member of the National Code Working Group, led by the Department of Health and Human Services (DHHS), Victoria, HaDSCO has been contributing to delivery of outcomes that require coordinated national action for the implementation of the National Code of Conduct for Health Care Workers (National Code). During 2016-17, HaDSCO staff attended six Working Group and six Sub-Working Group meetings by teleconference with other Health Complaint Entities (HCEs) and the DHHS.

Stakeholder	Activity
	As a member, HaDSCO contributed to the development of a standard taxonomy of complaints and service types for National Code complaints; the development of a common web portal for a national register of prohibition orders issued by HCEs across Australia; and the establishment of a common framework for the collection and reporting of data for annual performance reporting to health ministers. HaDSCO also contributed to the development of a nationally consistent suite of explanatory materials to support the National Code, which included hosting a consultation forum with the DHHS and HaDSCO's Consumer and Carer Reference Group in February 2017 to seek input on information to be included in the explanatory materials.
National Commissioners' meetings	HaDSCO attended the National Health and Disability Commissioners' meetings, held twice during the year. The meetings provided opportunities for HaDSCO to share and exchange information on complaints trends and issues. This included best practice matters and discussion on evolving policy and practice matters that impact on service delivery for complaints management.
Australian Health Practitioner Regulation Agency	Maintaining a strong working relationship with the Australian Health Practitioner Regulation Agency (AHPRA) and sharing expertise about roles and responsibilities for complaints is important to ensure the consultation process for complaints operates efficiently and effectively. During 2016-17, HaDSCO met with AHPRA at regular intervals. This included consultation forums about the *Health Practitioner Regulation National Law Amendment Law 2017* and the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions. HaDSCO applied learnings from these forums particularly in determining complaint jurisdiction matters. In December 2016, HaDSCO and AHPRA released a joint plain English brochure, developed to clarify the roles and responsibilities of each body in managing complaints about registered health professionals. The brochure was an outcome of work undertaken by the AHPRA Working Group, established following the release of the Report on the Independent Review of the National Registration and Accreditation Scheme for Health Professions (December 2014), which contained a recommendation that covered improving responsiveness to consumers in complaints and notifications processes. In advance of its release, the brochure was presented to the former Minister for Health, the Hon John Day MLA in November 2016 at Parliament House and to the former Minister for Mental Health, the Hon Andrea Mitchell MLA at a separate meeting during

Stakeholder	Activity
	November. The brochure was well received by members of the community and service providers.
National Disability Service Individual Safeguarding and Complaints forums	In August and September 2016, HaDSCO participated in the National Disability Service Individual Safeguarding and Complaints forums, to raise awareness of our role in managing complaints about disability services. Held in both metropolitan and regional locations, HaDSCO featured on a panel along with a range of sector representatives, where we clarified our role in managing complaints about disability services and shared our expertise in the management of complaints aligned to national complaint standards.
Disability Health Network	In November 2016, HaDSCO provided a presentation on the role and functions of HaDSCO to the Disability Health Network, including providing information on complaints about individuals with co-occurring health and disability needs, and the complaints management framework in Western Australia.
Nursing and Midwifery Board	In February 2017 the Office provided a presentation on the role and functions of HaDSCO to the Nursing and Midwifery Board, including providing information on complaint statistics, complaint outcomes, and the complaints management framework in Western Australia.
Department of Corrective Services	It is important that HaDSCO's services are accessible to all those who wish to make complaints. This includes people in Western Australian prisons. During 2016-17, HaDSCO reviewed and streamlined its services for the management of complaints for people in prisons following a request from the Department of Corrective Services. The new arrangements introduced in December 2016 provide for the resolution of prisoner health complaints at the local level in the prison and within the shortest possible time. The new approach has worked efficiently and effectively, by enabling prisoners to have their matter dealt with quickly; providing benefits to the prison, particularly the health centre; and by making the prison aware of feedback on service delivery. In addition, HaDSCO staff have the benefit of dealing directly with prison health staff that are often best placed to provide information relating to a complaint, enabling the matter to be resolved quickly. Additionally, at the request of the Department, a Report on Complaints Managed by the Health and Disability Services Complaints Office about Western Australian Prisons (Public and Private) from 2013-14 to 2015-16 was prepared. The Report provides statistical information on complaints managed by HaDSCO over a three year period and across the prison system.

Stakeholder	Activity
	It was produced to assist the Department to gain a greater understanding of the issues raised, and the trends observed, in complaints about the provision of health services in prisons. The Report was well received by the Department and has assisted HaDSCO to identify education and training opportunities for Departmental staff dealing with prison health complaints. This work will be progressed in 2017-18.
Mental Health Complaints Partnership Agreement	During 2016-17, the Office continued to work with all parties of the Mental Health Complaints Partnership Agreement (the Agreement), launched in August 2015, to improve the effective resolution of complaints about mental health services. This included consultation with the Department of Health, the Mental Health Advocacy Service, the Office of the Chief Psychiatrist and the Mental Health Commission to progress a number of initiatives identified in the Action Plan, included in an addendum to the Agreement. A meeting of member agencies was held to acquit the Action Plan, and to identify actions arising from the Plan that are being operationalised by HaDSCO.
Health service providers data collection information session	In response to the WA Health Reform Program 2015–2020 and the implementation of the *Health Services Act 2016*, in May 2017, the Office briefed the five new Health Service Providers on the health data collection process for prescribed providers under section 75 of the *Health and Disability Services (Complaints) Act 1995*. The session provided an opportunity to clarify the process for the submission of complaints data and reporting requirements as part of this process.
Disability service providers data collection briefing session	In June 2017, HaDSCO hosted a briefing session to support prescribed disability service providers in submitting their complaints data for 2016-17 under section 48A of the *Disability Services Act 1993*. HaDSCO representatives worked with attendees to provide an overview of the data collection process, invite input into the reporting that is shared with disability service providers following collection and analyses of data, and have any questions answered.
Joint leaning sessions with the Health Consumers' Council	In June 2017, HaDSCO facilitated a joint learning session with the Health Consumers' Council and complaints staff at HaDSCO to learn more about each of our respective roles in managing complaints about health services. The session provided an opportunity to explore ways to support people to bring their complaints to HaDSCO.
Consumer and Carer Reference Group	The Consumer and Carer Reference Group (CCRG), established in 2014, provides consumer and carer perspectives on a range of HaDSCO services and functions. With members covering the

Stakeholder	Activity
	health, disability and mental health sectors, including individual consumer and organisational representatives, the CCRG forms an important mechanism by which the Office can provide community members with the opportunity to have their say in how services are best delivered to the community. The CCRG met at regular intervals during 2016-17.
Meetings with State Government agencies	HaDSCO continues to meet with State Government agencies which have involvement with the health, disability and mental health sectors. During 2016-17, this included: • Department of Health • Disability Services Commission • Mental Health Commission • Office of the Chief Psychiatrist • Mental Health Advocacy Service • Department of Corrective Services • Department of Commerce – Consumer Protection.
Meetings with hospitals	HaDSCO continues to meet with health service providers to discuss complaint trends, systemic issues and complaints resolution best practice, to assist in improving service delivery across the sector. During 2016-17, this included: • Fiona Stanley Hospital • Princess Margaret Hospital • St John of God Health Care • Carnarvon Hospital • Northam Hospital.
Meetings with peak industry groups and advocacy agencies	HaDSCO continues to meet with key groups to build upon, and strengthen, relationships to promote effective and efficient complaints resolution. During 2016-17, HaDSCO met with the following: • Health Consumers' Council • HelpingMinds • NAATI Advisory Council • Disability Health Network.
Delegates visit from the Ombudsman of the Republik of Indonesia	At the invitation of the Western Australian Ombudsman's Office, HaDSCO met with Indonesian delegates from the Office of the Ombudsman of the Republik of Indonesia, to share and exchange information about the role and functions of our respective offices.

2.10. Awareness and accessibility

In 2016-17, we continued to utilise a range of strategies to raise awareness of, and accessibility to, our Office. We:

- Promoted the use of HaDSCO's toll free number for country callers.

- Provided access to interpreter services via the Translating and Interpreting Service.
- Promoted the use of translated brochures explaining the role of the Office in eight different language variations available via our website.
- Created a tailored information sheet to assist Aboriginal community members to access our services.
- Implemented ongoing updates to HaDSCO's website as a means to keep our stakeholders well informed.
- Provided access to the Office through email and online services including an online complaints form.
- Continued to invite consumer feedback about our complaints management process, post assessment, through the consumer feedback process.

This year we undertook a range of outreach activities in metropolitan and regional Western Australia, and the Indian Ocean Territories. This included a program of presentations, consultations, complaint clinics and meetings with key groups and individuals to meet with stakeholders in person, educate communities about the role of the Office and provide access to our services. Details are set out below:

Metropolitan outreach

- In November 2016, we participated in Perth's Homeless Connect event providing an opportunity for individuals to discuss issues and lodge a complaint in person and engage with otherwise hard-to-reach community members, increasing awareness and accessibility.
- During 2016-17, we attended a range of forums and meetings which included the Health Consumers' Council Patient Experience Week, the Aboriginal Family Law Service Ochre Ribbon Day, the Office of the Chief Psychiatrist Consumer and Carer Forum and the National Disability Service Understanding Abuse and Staying Safe Workshop.

Regional outreach

- **Wheatbelt region**
  During 2016-17, HaDSCO visited the Western Australia Wheatbelt region on two occasions. In August 2016, we met with health service representatives from Northam Hospital to raise awareness of the Office.

  In November 2016, HaDSCO presented to over 60 delegates at the annual Wheatbelt District Health Advisory Council and Consumers Forum held in Northam, which included representatives from the Aboriginal Health Advisory Group, Mental Health Consumer Group and Local Health Advisory Groups. The forum provided a valuable opportunity to provide information about our services, alongside more specific complaints data and trends observed for the Western Australian Country Health Service in the Wheatbelt area. During the visit we also engaged with a number of community and legal organisations, to help build and strengthen networks through the region.

- **Gascoyne region**
  In June 2017, HaDSCO participated in a Regional Access and Awareness Program in Carnarvon at the invitation of the Western Australian Ombudsman's

Office. The Energy and Water Ombudsman and Commonwealth Ombudsman offices also participated in the visit. HaDSCO undertook various activities in partnership with the Ombudsman agencies including an Aboriginal Liaison session with Aboriginal services and community members and two joint agency complaint clinics. HaDSCO also met with a range of stakeholders from the health, disability and mental health sectors, including Carnarvon Hospital, advocacy and support agencies, and local area coordinators at the Disability Services Commission.

Indian Ocean Territories outreach

As part of a Service Delivery Arrangement (SDA) with the Australian Government, HaDSCO provides a complaints management service to residents of the Indian Ocean Territories (IOT).

To compliment the delivery of complaint management services, a biennial visit is undertaken to provide information on HaDSCO's complaints resolution process and raise awareness of support services provided. Details of the visit undertaken in 2016-17 are provided below:

Joint agency visit to the Indian Ocean Territories

In May 2017, HaDSCO partnered with the Equal Opportunity Commission to undertake a visit to both Cocos (Keeling) Island and Christmas Island, and also with the Working with Children Screening Unit, Department for Child Protection, for the Christmas Island component of the visit.

Undertaking this coordinated approach to delivering services and outreach was well received. The format enabled participants to talk through issues in a supportive environment with colleagues or community leaders.

Key messages promoted by HaDSCO included:

- Service availability to community members for complaints about health, disability and mental health services provided in the State of Western Australia and the IOT.
- Provision of information and explanations of complaint outcomes and systemic improvement that HaDSCO can achieve through the resolution process.
- Promotion of the various mediums to contact HaDSCO, key contacts and support services available.
- Provision of information to community members in a variety of formats, including translated brochures in Malay, Chinese and Indonesian.
- Promotion of the 'Voice up' educational video resource, created with volunteer community members from Christmas Island during the June 2015 visit.
- Ensuring community members were aware that HaDSCO representatives were able to assist with completion of complaint forms, as and if required, as part of the visit.

A range of tasks and actions post visit has enabled HaDSCO to further strengthen links with community members and service providers and increase the awareness of, and accessibility to, our services.

2.11. Publications

During 2016-17, we developed and distributed a range of resources for service providers and the community including:

Infographics

This year we continued to share complaint data and trends with the community and service providers through a range of infographics. The infographics were created to provide complaint information in a visual format using information collected through both our own, and health and disability sector wide complaints management processes. They included:

- *'Understanding disability complaints in Western Australia*' infographic released during Disability Awareness Week (27 November to 3 December 2016) .The infographic provided a snapshot of the disability complaints trends observed through our data, over a five year period between 2011-12 and 2015-16.
- *Disability Data Collection Program* infographic summarised the complaints data collected from disability service providers for 2015-16. This infographic was shared with prescribed government and non-government disability service providers.
- *Health Data Collection Program* infographic captured complaints data collected from health service providers for 2015-16. This infographic was shared with prescribed private, public and not-for-profit health service providers.

To support the roll out of the infographics for both the Health and Disability Data Collection Programs, individual information sheets were also created for each prescribed provider, to provide a snapshot of how their organisation compared with trends across the sector.

Brochures and features

We distributed 2,701 brochures from our publications suite to a range of services and organisations to ensure the community was well informed about HaDSCO's services. This included the addition of an information sheet for the Aboriginal community to our publications suite. We also utilised opportunities to provide information on our services in *The West Australian's* sector specific publications, *Supporting People with Disability* in *Western Australia* and *International Day of People with Disability*, reaching readers across metropolitan and regional Western Australia.

Ministerial support

HaDSCO has an important role providing advice and information to the State Government through close liaison with the Deputy Premier; Minister for Health; Mental Health's office, given our statutory reporting function.

As part of this reporting function, we responded to a range of parliamentary questions on a variety of issues and prepared briefing notes and draft replies to correspondence for specific issues as needed.

3. Significant issues and trends

In this section we identify internal and external factors that could impact on the services we deliver.

3.1. Responding to policy initiatives and reform programs

It is critical that HaDSCO is positioned to appropriately respond to policy initiatives and reform programs which impact on service delivery now and into the future.

This includes the implementation of the National Code of Conduct for Health Care Workers (National Code) in Western Australia. As the Health Complaints Entity in Western Australia, HaDSCO is responsible for enacting (or amending) legislation to give effect to the National Code consistent with a decision of the Council of Australian Governments (COAG) Health Council made on 17 April 2015 when health ministers agreed to the terms of the first National Code.

Legislative changes are required to give effect to the National Code in Western Australia. HaDSCO is developing a policy framework to present to the Deputy Premier; Minister for Health; Mental Health to underpin the new National Code jurisdiction. More information can be found under 'The National Code of Conduct for health care workers' on page 36.

The *National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017* (the Bill) establishes an independent national Commission, to protect and prevent people with disability from experiencing harm arising from poor quality or unsafe supports or services under the National Disability Insurance Scheme (NDIS). One of the functions of the Commission will be the management and resolution of complaints about NDIS providers. A Complaints Commissioner will be responsible for managing the Commission's complaints function.

HaDSCO has been continuing to seek clarification from the Disability Services Commission about jurisdiction issues associated with the Bill. HaDSCO will seek further clarification with the new Department of Communities in 2017-18. In the meantime, HaDSCO is continuing to manage complaints in accordance with the *Disability Services Act 1993* and consistent with existing practices. HaDSCO remains committed to working with stakeholders to ensure the efficient and effective transition to new arrangements. More information can be found under 'Managing complaints about disability services' on page 50.

In response to the WA Health Reform Program 2015–2020 and the implementation of the *Health Services Act 2016,* HaDSCO has adapted service delivery to meet the changing needs of the public health sector. The establishment of the five Health Service Providers has resulted in a change in client groups. Where previously HaDSCO dealt directly with the Department of Health, it is now dealing with the five

Health Service Providers. Further, as part of the Reform Program, the Department is devolving some financial functions to HaDSCO. HaDSCO is continuing discussions with the Department regarding this process to ensure it is adequately equipped to take on the devolution of these functions.

The Sustainable Health Review, which was announced by the Deputy Premier; Minister for Health; Mental Health, on 20 June 2017 may impact on HaDSCO's services. HaDSCO has informed the Department that it would welcome the opportunity to contribute to this review.

3.2. Review of legislation

Section 79 of the *Health and Disability Services (Complaints) Act 1995* requires that the Minister for Health must carry out a review of, and prepare a report on, the operation and effectiveness of the Act and Part 6 of the *Disability Services Act 1993* as soon as practicable after five years after the date on which the *Health and Disability Services Legislation Amendment Act 2010* (Amendment Act) came into operation. This Amendment Act came into operation in October 2010.

There are two key factors which impact on the commencement of the review. Firstly, HaDSCO is progressing work for the implementation of the National Code as a priority through a separate process outside of the legislative review. In addition, before commencing the review, it is also considered appropriate to await a decision on the implementation and roll-out of the NDIS in Western Australia and the enactment of the *National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017* which may impact on HaDSCO's disability complaints jurisdiction and, consequently, a review of Part 6 of the *Disability Services Act 1993*.

3.3. Governance and accountability

In 2016-17, there was an internal focus on developing a sound governance framework in the areas of financial management, human resources management and records management. To support this outcome, the Code of Conduct was strengthened and launched in May 2017 to coincide with Accountable and Ethical Decision Making training for staff. In addition, a Risk Management Framework and Policy were adopted and a number of human resource policies were reviewed and updated. Enhanced records management and stronger compliance controls were also achieved in finance and human resources. More information can be found under 'Compliance with Public Sector Standards' on page 124.

3.4. Providing awareness of, and access to, our services

HaDSCO continues to implement strategies to ensure its services are accessible to all Western Australians and people in the Indian Ocean Territories. In 2016-17, HaDSCO implemented a Stakeholder Engagement Strategy to further develop, implement and utilise a range of programs to inform and educate communities about the role of the Office and further enhance accessibility to HaDSCO's complaint resolution services. More information can be found under 'Awareness and Accessibility' on page 77.

4. Disclosures and legal compliance

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

Governance

Cooperate, Comply, Communicate

Deliver our services within a sound governance framework

In this section we report on the outcomes achieved under the strategic priority of Governance for the Office.

We provide information about our financial statements and budget, Key Performance Indicators, financial and governance disclosures and other legal and government policy requirements.

4.1. Key highlights

Key highlights for 2016-17 included:

- Maintained strong performance against Key Performance Indicators and operated within a strong accountable framework.
- Commenced a review of the Office's *Disability Access Inclusion Plan (DAIP)* to ensure that people with disability, their carers and families have access to our services, information and facilities.
- Implemented a new *Code of Conduct* for HaDSCO which sets out the expected standards of conduct and integrity for staff, aligned to the model promoted by the Public Sector Commission.
- Updated and introduced a number of human resources policies to support staff as part of a Human Resources Policy Framework within the Office.
- Established a *Risk Management Framework* to assist the Office in managing strategic and operational risks.

4.2. Financial statements
Independent Auditor's Report

Auditor General

INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

Report on the Financial Statements

Opinion
I have audited the financial statements of the Health and Disability Services Complaints Office which comprise the Statement of Financial Position as at 30 June 2017, the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Health and Disability Services Complaints Office for the year ended 30 June 2017 and the financial position at the end of that period. They are in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

Basis for Opinion
I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Office in accordance with the *Auditor General Act 2006* and the relevant ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial statements. I have also fulfilled my other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibility of the Director 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, the *Financial Management Act 2006* 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.

In preparing the financial statements, the Director is responsible for assessing the agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the Office.

Auditor's Responsibility for the Audit of the Financial Statements
As required by the *Auditor General Act 2006*, my responsibility is to express an opinion on the financial statements. The objectives of my audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgment and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the agency's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Director.

- Conclude on the appropriateness of the Director's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the agency's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Director regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report on Controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Health and Disability Services Complaints Office. The controls exercised by the 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 (the overall control objectives).

My opinion has been formed on the basis of the matters outlined in this report.

In my opinion, in all material respects, 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 2017.

The Director's Responsibilities

The Director is responsible for designing, implementing and maintaining controls to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities are in accordance with the *Financial Management Act 2006*, the Treasurer's Instructions and other relevant written law.

Auditor General's Responsibilities
As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the suitability of the design of the controls to achieve the overall control objectives and the implementation of the controls as designed. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and the controls, necessary to achieve the overall control objectives, were implemented as designed.

An assurance engagement to report on the design and implementation of controls involves performing procedures to obtain evidence about the suitability of the design of controls to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including the assessment of the risks that controls are not suitably designed or implemented as designed. My procedures included testing the implementation of those controls that I consider necessary to achieve the overall control objectives.

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

Limitations of Controls
Because of the inherent limitations of any internal control structure it is possible that, even if the controls are suitably designed and implemented as designed, once the controls are in operation, the overall control objectives may not be achieved so that fraud, error, or noncompliance with laws and regulations may occur and not be detected. Any projection of the outcome of the evaluation of the suitability of the design of controls to future periods is subject to the risk that the controls may become unsuitable because of changes in conditions.

Report on the Key Performance Indicators

Opinion
I have undertaken a reasonable assurance engagement on the key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2017. The key performance indicators are the key effectiveness indicators and the key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, 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 2017.

The 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 internal control as the Director determines necessary to enable the preparation of key performance indicators that are free from material misstatement, whether due to fraud or error.

In preparing the key performance indicators, the Director is responsible for identifying key performance indicators that are relevant and appropriate having regard to their purpose in accordance with Treasurer's Instruction 904 *Key Performance Indicators*.

Auditor General's Responsibility
As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the agency's performance and whether the key performance indicators are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 904 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

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

My Independence and Quality Control Relating to the Reports on Controls and Key Performance Indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, and Other Assurance Engagements*, the Office of the Auditor General maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory 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 2017 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.

DON CUNNINGHAME
ACTING DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
30 August 2017

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

The accompanying 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 ended 30 June 2017 and the financial position as at 30 June 2017.

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.

Pratthana Hunt
CHIEF FINANCE OFFICER

30 August 2017

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY

30 August 2017

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Statement of Comprehensive Income

Health and Disability Services Complaints Office

Statement of Comprehensive Income
For the year ended 30th June 2017

	Note	2017 $	2016 $
COST OF SERVICES			
Expenses			
Employee benefits expense	6	1,798,595	2,142,307
Supplies and services	8	192,829	253,525
Depreciation and amortisation expense	9	1,998	3,171
Repairs, maintenance and consumable equipment	10	1,536	491
Other expenses	11	563,601	520,163
Total cost of services		**2,558,559**	**2,919,657**
INCOME			
Revenue			
Commonwealth grants and contributions	13a	8,458	23,243
Other grants and contributions	13b	-	26,364
Other revenue	14	8,480	1,335
Total revenue		**16,938**	**50,942**
Total income other than income from State Government		16,938	50,942
NET COST OF SERVICES		**2,541,621**	**2,868,715**
INCOME FROM STATE GOVERNMENT			
Service appropriations	15	2,701,000	2,637,000
Services received free of charge	16	256,895	254,852
Total income from State Government		**2,957,895**	**2,891,852**
SURPLUS FOR THE PERIOD		**416,274**	**23,137**
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**416,274**	**23,137**

See also note 36 '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 2017

	Note	2017 $	2016 $
ASSETS			
Current Assets			
Cash and cash equivalents	26	1,317,454	825,442
Restricted cash and cash equivalents	17,26	-	15,609
Receivables	18	152,327	108,324
Other current assets	19	541	19,469
Total Current Assets		1,470,322	968,844
Non-Current Assets			
Plant and equipment	20	5,551	7,549
Total Non-Current Assets		5,551	7,549
Total Assets		**1,475,873**	**976,393**
LIABILITIES			
Current Liabilities			
Payables	23	154,339	108,831
Provisions	24	385,226	354,772
Total Current Liabilities		539,565	463,603
Non-Current Liabilities			
Provisions	24	118,451	111,207
Total Non-Current Liabilities		118,451	111,207
Total Liabilities		**658,016**	**574,810**
NET ASSETS		**817,857**	**401,583**
EQUITY			
Accumulated surplus	25	817,857	401,583
TOTAL EQUITY		**817,857**	**401,583**

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

Statement of Changes in Equity

Health and Disability Services Complaints Office

Statement of Changes in Equity
For the year ended 30th June 2017

	Note	2017 $	2016 $
BALANCE OF EQUITY AT START OF PERIOD		401,583	378,446
ACCUMULATED SURPLUS	25		
Balance at start of period		401,583	378,446
Surplus for the period		416,274	23,137
Balance at end of period		817,857	401,583
BALANCE OF EQUITY AT END OF PERIOD		**817,857**	**401,583**

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

Statement of Cash Flows

Health and Disability Services Complaints Office

Statement of Cash Flows
For the year ended 30th June 2017

	Note	2017 $ Inflows (Outflows)	2016 $ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations	15	2,701,000	2,637,000
Net cash provided by State Government		**2,701,000**	**2,637,000**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(1,802,722)	(2,360,266)
Supplies, services and other payments		(431,201)	(548,152)
Receipts			
Commonwealth grants and contributions		8,458	23,243
Other grants and subsidies		-	26,364
Recoveries and other receipts		8,480	1,335
Net cash used in operating activities	26	**(2,216,985)**	**(2,857,476)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current physical assets		(7,612)	-
Net cash used in investing activities		**(7,612)**	-
Net increase / (decrease) in cash and cash equivalents		476,403	(220,476)
Cash and cash equivalents at the beginning of the period		841,051	1,061,527
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	26	**1,317,454**	**841,051**

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

Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2017

Note 1 Australian Accounting Standards

General

The Authority's financial statements for the year ended 30 June 2017 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 2017.

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* 2006 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 AASB.

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 reporting period.

(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 15 '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 2017

Note 2 Summary of significant accounting policies(continued)

(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) Plant and Equipment

Capitalisation/Expensing of assets

Items of plant and equipment costing $5,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of plant and equipment costing less than $5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Initial recognition and measurement

Plant and equipment are initially recognised at cost.

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

Subsequent measurement

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

Depreciation

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

In order to apply this policy, the following method is utilised :
* Plant and equipment - straight line

The assets' useful life is reviewed annually. Estimated useful life for this class of depreciable asset is:

Office equipment	4 years

(f) Intangible Assets

Capitalisation/Expensing of assets

Acquisitions of intangible assets costing $5,000 or more and internally generated intangible assets costing $50,000 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.

(g) Impairment of Assets

Plant and equipment, and 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.

Notes to the Financial Statements
For the year ended 30th June 2017

Note 2 Summary of significant accounting policies(continued)

(g) Impairment of Assets (continued)

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 22 'Impairment of assets' for the outcome of impairment reviews and testing.

Refer also to note 2(l) 'Receivables' and note 18 'Receivables' for impairment of receivables.

(h) 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.

(i) Financial Instruments

In addition to cash, the Authority has two categories of financial instruments:
- 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
* Restricted 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.

(j) Cash and Cash Equivalents

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

(k) Accrued Salaries

Accrued salaries (see note 23 'Payables') represent the amount due to employees but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight of the reporting period end. The Authority considers the carrying amount of accrued salaries to be equivalent to its fair value.

(l) 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(i) 'Financial Instruments' and note 18 'Receivables'.

Notes to the Financial Statements
For the year ended 30th June 2017

Note 2 Summary of significant accounting policies(continued)

(l) Receivables (continued)

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 entities in the GST group include the Department of Health, North Metropolitan Health Service, East Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, Health Support Services, WA Country Health Service, Mental Health Commission, 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.

(m) 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(i) 'Financial instruments' and note 23 'Payables'.

(n) 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 24 '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.

Notes to the Financial Statements
For the year ended 30th June 2017

Note 2 Summary of significant accounting policies(continued)

(n) Provisions (continued)

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.

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(o) 'Superannuation Expense'.

Employment on-costs

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

See also note 11 'Other expenses' and note 24 'Provisions'.

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

(p) 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.

(q) 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.

Notes to the Financial Statements
For the year ended 30th June 2017

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.

Long Service Leave

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

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards effective, or adopted, for annual reporting periods beginning on or after 1 July 2016 that impacted on the Authority.

Title	
AASB 1057	*Application of Australian Accounting Standards* This Standard lists the application paragraphs for each other Standard (and Interpretation), grouped where they are the same. There is no financial impact.
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.
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 determined that the application of the Standard has no financial impact.
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.
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. There is no financial impact.

Future impact of Australian Accounting Standards not yet operative

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 1101 Application of Australian Accounting Standards and Other Pronouncements or by an exemption from TI 1101. 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

Notes to the Financial Statements
For the year ended 30th June 2017

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

Future impact of Australian Accounting Standards not yet operative (continued)

Title		Operative for reporting periods beginning on/after
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 uncertainty of revenue and cash flows arising from a contract with a customer. The Authority's income is principally derived from appropriations which will be measured under AASB 1058 Income of Not-for-Profit Entities and will be unaffected by this change. However, the Authority has not yet determined the potential impact of the Standard on other revenues. In broad terms, it is anticipated that the terms and conditions attached to these revenues will defer revenue recognition until the Authority has discharged its performance obligations.	1 Jan 2019
AASB 16	*Leases* This Standard introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. The Authority has not yet determined the application or the potential impact of the Standard. Whilst the impact of AASB 16 has not yet been quantified, the entity currently has operating lease commitments for $299,993. The Authority anticipates most of this amount will be brought onto the statement of financial position, excepting amounts pertinent to short-term or low-value leases. Interest and amortisation expense will increase and rental expense will decrease.	1 Jan 2019
AASB 1058	Income of Not-for-Profit Entities This Standard clarifies and simplifies the income recognition requirements that apply to not-for-profit (NFP) entities, more closely reflecting the economic reality of NFP entity transactions that are not contracts with customers. Timing of income recognition is dependent on whether such a transaction gives rise to a liability, a performance obligation (a promise to transfer a good or service), or, an obligation to acquire an asset. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2019
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 2014-1	*Amendments to Australian Accounting Standards* Part E of this Standard makes amendments to AASB 9 and consequential amendments to other Standards. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2018
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 mandatory application date of this Standard has been amended by AASB 2015-8 to 1 January 2018. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2018
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

Notes to the Financial Statements
For the year ended 30th June 2017

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

Future impact of Australian Accounting Standards not yet operative (continued)

Title		Operative for reporting periods beginning on/after
AASB 2015-8	*Amendments to Australian Accounting Standards – Effective Date of AASB 15* This Standard amends the mandatory effective date (application date) of AASB 15 Revenue from Contracts with Customers so that AASB 15 is required to be applied for annual reporting periods beginning on or after 1 January 2018 instead of 1 January 2017. For Not-For-Profit entities, the mandatory effective date has subsequently been amended to 1 January 2019 by AASB 2016-7. The Authority has not yet determined the application or the potential impact of AASB 15.	1 Jan 2019
AASB 2016-2	*Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107* This Standard amends AASB 107 Statement of Cash Flows (August 2015) to require disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes. There is no financial impact.	1 Jan 2017
AASB 2016-3	*Amendments to Australian Accounting Standards – Clarifications to AASB 15* This Standard clarifies identifying performance obligations, principal versus agent considerations, timing of recognising revenue from granting a licence, and, provides further transitional provisions to AASB 15. The Authority has not yet determined the application or the potential impact.	1 Jan 2018
AASB 2016-4	*Amendments to Australian Accounting Standards – Recoverable Amount of Non-Cash-Generating Specialised Assets of Not-for-Profit Entities* This Standard clarifies that the recoverable amount of primarily non-cash-generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 Fair Value Measurement. The Authority has not yet determined the application or the potential impact.	1 Jan 2017
AASB 2016-7	*Amendments to Australian Accounting Standards – Deferral of AASB 15 for Not-for-Profit Entities* This Standard amends the mandatory effective date (application date) of AASB 15 and defers the consequential amendments that were originally set out in AASB 2014-5 Amendments to Australian Accounting Standards arising from AASB 15 for not-for-profit entities to annual reporting periods beginning on or after 1 January 2019, instead of 1 January 2018. There is no financial impact.	1 Jan 2017
AASB 2016-8	*Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities* This Standard inserts Australian requirements and authoritative implementation guidance for not-for-profit entities into AASB 9 and AASB 15. This guidance assists not-for-profit entities in applying those Standards to particular transactions and other events. There is no financial impact.	1 Jan 2019

Notes to the Financial Statements
For the year ended 30th June 2017

Note 6 Employee benefits expense

	2017 $	2016 $
Salaries and wages (a) (b) (d)	1,628,744	1,937,204
Superannuation - defined contribution plans (c) (d)	169,851	205,103
	1,798,595	2,142,307

(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) There were $11,121 costs incurred in this financial year for services provided for the Christmas & Cocos Islands (see note 33)(2016 nil).

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

(d) The Authority engaged in the following significant related party transactions with other government related entities:

Employee benefits expenses (including superannuation) paid to the Public Sector Commission	55,776	-
Employee benefits expenses (including superannuation) payable to the Disability Services Commission	11,646	36,982
Superannuation paid or payable to West State, Gold State and GESB	153,546	188,863

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

Note 7 Compensation of Key Management Personnel

The Authority has determined that key management personnel include the responsible Ministers and the member of the Authority. However, the Authority is not obligated to compensate the responsible Ministers and therefore disclosures in relation to Ministers' compensation may be found in the Annual Report on State Finances.

Compensation of members of the accountable authority

Compensation Band ($)	2017	2016
$120,001 - $130,000	-	1
$170,001 - $180,000	-	1
$280,000 - $290,000	1	-
Total:	1	2

	2017 $	2016 $
Short-term employee benefits	219,648	227,681
Post-employment benefits	36,560	51,183
Other long-term benefits	26,445	26,054
Total compensation of members of the accountable authority	282,653	304,918

Note 8 Supplies and services

Medical advice and consultation	13,376	55,271
Communications (a)	17,437	24,363
Fuel, light and power	6,886	7,102
Computer services (a)	123,954	139,375
Legal expenses (a)	12,762	4,629
Printing and stationery	13,826	16,547
Food supplies	755	2,146
Other	3,833	4,092
	192,829	253,525

(a) The Authority engaged in the following significant related party transactions with other government related entities:

Communication services paid to the Department of Finance	1,245	1,437
Computer services paid to the Disability Services Commission	7,917	-
Computer services provided free of charge from the Department of Health	-	119,900
Computer services provided free of charge from the Health Support Services	88,552	
Legal expenses provided free of charge from the State Solicitor's Office	12,762	4,629

Notes to the Financial Statements
For the year ended 30th June 2017

Note 9 Depreciation and amortisation expense	2017 $	2016 $
Depreciation		
Office equipment	1,998	63
Amortisation		
Computer software	-	3,108
Total depreciation and amortisation expense	1,998	3,171

Note 10 Repairs, maintenance and consumable equipment		
Repairs and maintenance	449	446
Consumable equipment	1,087	45
	1,536	491

Note 11 Other expenses		
Employment on-costs (a)	10,301	14,739
Staff development and transport costs (b)	27,254	32,337
Insurance (b)	5,557	5,204
Motor vehicle expenses	7,103	4,038
Operating lease expenses (b)	356,173	347,667
Doubtful debts expense	2,577	-
Human resources consultancies (b)	92,749	73,236
Audit fees (b)	28,871	22,500
Accounting and financial consultancies (b)	12,112	8,657
Christmas and Cocos Islands (c)	19,163	860
Other	1,741	10,925
	563,601	520,163

(a) Includes workers' compensation insurance. Any on-costs liability associated with the recognition of annual and long service leave liability is included at note 24 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

(b) The Authority engaged in the following significant related party transactions with other government related entities:

Staff development and transport costs paid to Public Sector Commission	3,600	-
Insurance premium paid to RiskCover	5,557	5,204
Operating lease expenses for motor vehicle lease paid to the Statefleet	9,789	5,772
Operating lease expenses for office accommodation fit-out to the Department of Finance	70,239	77,277
Human resources consultancies provided free of charge from the Department of Health	-	44,389
Human resources consultancies provided free of charge from Health Support Services	73,230	-
Audit fee paid to the Office of the Auditor General	23,000	22,500
Accounting and financial consultancies provided free of charge from Health Support Services	8,077	-
Accounting and financial consultancies provided free of charge from the Department of Health	4,035	8,658

(c) See note 33 for the Statement of receipts and payments.

Note 12 Related party transactions

The Authority is a wholly owned and controlled entity of the State of Western Australia. In conducting its activities, the Authority is required to pay various taxes and levies based on the standard terms and conditions that apply to all tax and levy payers to the State and entities related to State.

Related parties of the Authority include:

. all Ministers and their close family members, and their controlled or jointly controlled entities;

. all senior officers and their close family members, and their controlled or jointly controlled entities;

. other departments and public sector entities, including related bodies included in the whole of government consolidated financial statements;

. associates and joint ventures, that are included in the whole of government consolidated financial statements; and

. the Government Employees Superannuation Board (GESB)

Notes to the Financial Statements
For the year ended 30th June 2017

Note 12 Related party transactions(continued)

Significant transactions with government related entities

Significant transactions include:

. employee benefits expense (note 6)

. supplies and services (note 8)

. other expenses (note 11)

. other grants and contributions (note 13)

. other revenues (note 14)

. service appropriations (note 15)

. services received free of charge (note 16)

Significant outstanding balances with government related entities

. receivables (note 18)

. payables (note 23)

Material transactions with other related parties

. superannuation payments to GESB (note 6)

Material outstanding balances with other related parties

. superannuation payables to GESB (note 23)

Note 13 Grants and contributions	**2017 $**	**2016 $**
a) Commonwealth grants and contributions		
Funding for services provided to Christmas & Cocos Islands	8,458	23,243
See note 33 for the Statement of receipts and payments.		
b) Other grants and contributions		
Funding from the Disability Services Commission for data reporting system development (a)	-	26,364
(a) The above transaction is considered to be a significant related party transaction.		

Note 14 Other revenues		
Government Vehicle Scheme Contribution	3,744	1,335
Reimbursement from the Public Sector Commission (a)	3,531	-
Other	1,205	-
	8,480	1,335
(a) The above transaction is considered to be a significant related party transaction.		

Note 15 Service appropriations		
Appropriation revenue received during the period:		
Service appropriations received from the Department of Treasury (a)	2,701,000	2,637,000
(a) The above transaction is considered to be a significant related party transaction.		
See note 2(d) 'Income'.		

Note 16 Services received free of charge		
Services received free of charge from other State government agencies during the period:		
Legal services from the State Solicitor's Office (a)	12,762	4,629
Office accommodation fit-out from the Department of Finance (a)	70,239	77,277
Support services from the Department of Health (a)	4,035	172,946
Computer, human consultancy and finance services from the Health Support Services (a)	169,859	-
	256,895	254,852
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.		
(a) The above transactions are considered to be significant related party transactions.		

Note 17 Restricted cash and cash equivalents		
Current		
Christmas and Cocos Islands from Commonwealth grant	-	15,609

Notes to the Financial Statements
For the year ended 30th June 2017

Note 18 Receivables

Current		
Receivables (a)	144,614	95,647
Reimbursements due from employees for salary overpayments	7,159	5,764
Allowance for impairment of receivables	(2,577)	-
GST receivable	3,131	6,913
	152,327	108,324

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

See also note 2(l) 'Receivables' and note 35 'Financial instruments'.

Reconciliation of changes in the allowance for impairment of receivables:		
Balance at start of period	-	-
Doubtful debts expense	2,577	-
Amounts written off during the period	-	-
Impairment losses reversed during the period	-	-
Balance at end of period	2,577	-

(a) The Authority has the following outstanding balances with other government related entities:

Recoup from the Department of Health for employee salary reimbursement	-	57,447
Recoup from the WorkCover WA for employee salary reimbursement	-	38,200
Recoup from the Public Sector Commission for employee leave reimbursement	37,100	-
Recoup from the State Ombudsman Office for employee leave reimbursement	105,943	-
Recoup from the Department of The Attorney General for employee leave reimbursement	971	-
Recoup from the Equal Opportunity Commission reimbursement	342	-
Recoup from the Working With Children Screening Unit	258	-

Note 19 Other current assets

Prepayments	541	19,469

Note 20 Plant and equipment

Office equipment		
At cost	7,612	7,612
Accumulated depreciation	(2,061)	(63)
	5,551	7,549

Reconciliation

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

Office equipment		
Carrying amount at start of period	7,549	-
Additions	-	7,612
Depreciation	(1,998)	(63)
Carrying amount at end of period	5,551	7,549

Note 21 Intangible assets

Computer software		
At cost	-	15,540
Accumulated amortisation	-	(15,540)
	-	-

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	-	3,108
Amortisation expense	-	(3,108)
Carrying amount at end of period	-	-

Notes to the Financial Statements
For the year ended 30th June 2017

Note 22 Impairment of Assets

There were no indications of impairment to plant and equipment and intangible assets at 30 June 2017.

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 23 Payables

	2017 $	2016 $
Current		
Trade creditors (a)	31,583	8,056
Other creditors	3,729	2,983
Accrued expenses (a)	93,150	77,875
Accrued salaries	25,877	19,917
	154,339	108,831

(a) The Authority engaged in the following material outstanding balances with other government related entities:

Invoice payable to the State Fleet	1,002	-
Invoice payable to the Department of Finance	1,718	-
Employee leave payable to the WorkCover	72,894	-
Employee leave payable to the Department of Health	2,382	-
Salary recoupment payable to the Disability Services Commission	11,646	36,982
CEO selection costs payable to Public Sector Commission	-	26,897
Superannuation payable to GESB	2,102	1,833

See also note 2(m) 'Payables' and note 35 'Financial instruments'.

Note 24 Provisions

Current		
Employee benefits provision		
Annual leave (a)	150,294	159,925
Long service leave (b)	234,932	194,847
	385,226	354,772
Non-current		
Employee benefits provision		
Long service leave (b)	118,451	111,207
	503,677	465,979

(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	105,332	112,274
More than 12 months after the end of the reporting period	44,962	47,651
	150,294	159,925

(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	54,644	39,171
More than 12 months after the end of the reporting period	298,739	266,883
	353,383	306,054

Note 25 Accumulated surplus

Balance at start of period	401,583	378,446
Result for the period	416,274	23,137
Balance at end of period	817,857	401,583

Notes to the Financial Statements
For the year ended 30th June 2017

Note 26 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	1,317,454	825,442
Restricted cash and cash equivalents	-	15,609
	1,317,454	841,051

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

Net cost of services (Statement of Comprehensive Income)	(2,541,621)	(2,868,715)
(Increase)/decrease in assets:		
Current receivables	(44,003)	(96,836)
Other current assets	18,928	4,097
Increase/(decrease) in liabilities:		
Payables	53,120	(85,719)
Current provisions	30,454	(46,788)
Non-current provisions	7,244	(21,538)
Non-cash items:		
Depreciation and amortisation expense (note 9)	1,998	3,171
Services received free of charge (note 16)	256,895	254,852
Net cash used in operating activities (Statement of Cash Flows)	(2,216,985)	(2,857,476)

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

Note 27 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, controls and key performance indicators	23,300	23,000

Notes to the Financial Statements
For the year ended 30th June 2017

Note 28 Commitments	2017 $	2016 $
The commitments below are inclusive of GST.		
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	299,993	279,804
Later than 1 year, and not later than 5 years	-	279,804
	299,993	559,608
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.		
Other expenditure commitments:		
Other expenditure commitments contracted for at the reporting period but not recognised as liabilities are payable as follows:		
Within 1 year	19,010	-
Later than 1 year, and not later than 5 years	-	19,101
	19,010	19,101

Note 29 Contingent liabilities and contingent assets

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

Note 30 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 31 Related bodies

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

The Authority had no related bodies during the financial year.

Note 32 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 33 Other statement of receipts and payments

Commonwealth Grant - Christmas and Cocos Islands

Balance at the start of period	15,609	(6,774)
Add Receipts		
Commonwealth grant	8,458	23,243
Less Payments		
Salaries and wages	(11,121)	-
Other expenses	(19,163)	(860)
	(30,284)	(860)
Balance at the end of period	(6,217)	15,609

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2017

Note 34 Explanatory Statement

Significant variances between the actual results for 2016 and 2017 and between estimated and actual results for 2017

The Authority is exempt from TI 945 Explanatory Statement as their Total Cost of Services is below $3 million for the two most recent consecutive comparative periods.

TI 945 paragraph (1)(ii)
Each general government sector agency required to prepare Annual Estimates as defined in paragraph (2)(i)(b) through paragraph (2)(i)(d) of this instruction (where applicable) and where their Total Cost of Services exceeds $3 million for the two most recent consecutive comparative periods.

Notes to the Financial Statements
For the year ended 30th June 2017

Note 35 Financial instruments

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

Financial instruments held by the Authority are cash and cash equivalents, restricted 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 35(c) 'Financial Instrument disclosures'and Note 18 'Receivables' .

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:

	2017 $	2016 $
Financial Assets		
Cash and cash equivalents	1,317,454	825,442
Restricted cash and cash equivalents	-	15,609
Loans and receivables (a)	149,196	101,411
Financial Liabilities		
Payables	154,339	108,831

(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							
2017							
Cash and cash equivalents	1,317,454	1,317,454	-	-	-	-	-
Restricted cash and cash equivalents	-	-	-	-	-	-	-
Receivables (a) (b)	149,196	141,067	970	(50)	1,419	5,790	-
	1,466,650	1,458,521	970	(50)	1,419	5,790	-
2016							
Cash and cash equivalents	825,442	825,442	-	-	-	-	-
Restricted cash and cash equivalents	15,609	15,609	-	-	-	-	-
Receivables (a)	101,411	95,647	-	378	2,929	2,457	-
	942,462	936,698	-	378	2,929	2,457	-

(a) The amount of receivables excludes the GST recoverable from ATO (statutory receivable).
(b) The -$50 is the refund to an employee of the salary overpayment.

Notes to the Financial Statements
For the year ended 30th June 2017

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
	%	$	$	$
2017				
Financial Assets				
Cash and cash equivalents	-	1,317,454	1,317,454	1,317,454
Restricted cash and cash equivalents	-	-	-	-
Receivables (a)	-	149,196	149,196	149,196
		1,466,650	1,466,650	1,466,650
Financial Liabilities				
Payables	-	154,339	154,339	154,339
		154,339	154,339	154,339
2016				
Financial Assets				
Cash and cash equivalents	-	825,442	825,442	825,442
Restricted cash and cash equivalents	-	15,609	15,609	15,609
Receivables (a)	-	101,411	101,411	101,411
		942,462	942,462	942,462
Financial Liabilities				
Payables	-	108,831	108,831	108,831
		108,831	108,831	108,831

(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.

Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2017

Note 36 Schedule of income and expenses by service

	Complaints Management		Education		Total	
	2017 $	2016 $	2017 $	2016 $	2017 $	2016 $
COST OF SERVICES						
Expenses						
Employee benefits expense	1,169,087	1,371,077	629,508	771,230	1,798,595	2,142,307
Supplies and services	125,339	182,284	67,490	71,241	192,829	253,525
Depreciation and amortisation expense	1,299	2,029	699	1,142	1,998	3,171
Repairs, maintenance and consumable equipment	999	314	537	177	1,536	491
Other expenses	366,341	332,905	197,260	187,258	563,601	520,163
Total cost of services	1,663,065	1,888,609	895,494	1,031,048	2,558,559	2,919,657
INCOME						
Revenue						
Commonwealth grants and contributions	8,458	23,243	-	-	8,458	23,243
Other grants and contributions	-	26,364	-	-	-	26,364
Other revenue	8,480	1,335	-	-	8,480	1,335
Total revenue	16,938	50,942	-	-	16,938	50,942
NET COST OF SERVICES	**1,646,127**	**1,837,667**	**895,494**	**1,031,048**	**2,541,621**	**2,868,715**
INCOME FROM STATE GOVERNMENT						
Service appropriations	1,755,650	1,714,050	945,350	922,950	2,701,000	2,637,000
Services received free of charge	166,982	165,654	89,913	89,198	256,895	254,852
Total income from State Government	1,922,632	1,879,704	1,035,263	1,012,148	2,957,895	2,891,852
SURPLUS FOR THE PERIOD	**276,505**	**42,037**	**139,769**	**(18,900)**	**416,274**	**23,137**

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

4.3. Estimates of expenditure S40 *Financial Management Act 2006*

As required under Section 40 of the *Financial Management Act 2006* and Treasurer's Instruction 953 the Annual Financial Estimates for HaDSCO for the 2017-18 financial year are provided in the table below. The Deputy Premier; Minister for Health; Mental Health approved the budget estimates on 11 April 2017.

Health and Disability Services Complaints Office **Attachment A**
s.40 *Financial Management Act 2006* Submission
Statement of Comprehensive Income

	Notes	2017/2018 Estimate $
COST OF SERVICES		
Expenses		
Employee benefits expense		2,257,670
Supplies and services		240,708
Depreciation expense		1,920
Repairs, maintenance and consumable equipment		9,500
Other expenses		534,527
Total cost of services		**3,044,325**
INCOME		
Revenue		
Commonwealth grants and contributions	1	17,525
Other grants and contributions		10,000
Other revenue	2	2,400
Total revenue		**29,925**
Total income other than income from State Government		**29,925**
NET COST OF SERVICE		**3,014,400**
Income from State Government		
Service appropriation		2,747,000
Services received free of charge	3	267,400
		3,014,400
SURPLUS/(DEFICIT) FOR THE PERIOD		**-**
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**-**

Notes:

1. Commonwealth grant received in relation to programs for the Indian Ocean Territories. The agency anticipates this funding to be fully utilised. However, in the event these funds are not fully utilised in the 2017-18 financial year, carryover amounts will be treated as restricted cash as they have been provided for a specific purpose and there may be a requirement to return these funds if requested by the Commonwealth.
2. Other revenue is related to funds received for the Senior Officers Vehicle Scheme.
3. Resources received free of charge from Building Management and Works, State Solicitors Office and WA Health (Health Support Services, and Department of Health). Corresponding expenses appear within the 'Other expense' and the 'Supplies and services' line items, which relate to building lease management, legal fees, finance, information technology, supply and human resources.

Health and Disability Services Complaints Office **Attachment B**
s.40 *Financial Management Act 2006* Submission
Statement of Financial Position

	Notes	2017/2018 Estimate $
ASSETS		
Current Assets		
Cash and cash equivalents		1,005,174
Restricted cash and cash equivalents	1	-
Receivables	2	-
Other current assets		42,529
Total Current Assets		**1,047,703**
Non-Current Assets		
Plant and equipment		3,633
Total Non-Current Assets		**3,633**
Total Assets		**1,051,336**
LIABILITIES		
Current Liabilities		
Payables		84,820
Provisions		409,080
Total Current Liabilities		**493,900**
Non-Current Liabilities		
Provisions		136,625
Total Non-Current Liabilities		**136,625**
Total Liabilities		**630,525**
NET ASSETS		**420,811**
EQUITY		
Accumulated surplus		420,811
TOTAL EQUITY		**420,811**

Notes:
1. Commonwealth grant received in relation to programs for the Indian Ocean Territories. The agency anticipates the funding to be fully utilised in the 2017-18 financial year.
2. No receivables are forecasted, as collection of all receivables is anticipated within the 2017-18 financial year.

Health and Disability Services Complaints Office
s.40 *Financial Management Act 2006* Submission
Statement of Cash Flows

Attachment C

	2017/2018 Estimate $
CASH FLOWS FROM STATE GOVERNMENT	
Service appropriation	2,747,000
Net cash provided by State Government	**2,747,000**
CASH FLOWS FROM OPERATING ACTIVITIES	
Payments	
Employee benefits	(2,288,722)
Supplies and services	(592,960)
Receipts	
Commonwealth grants and contributions	17,525
Other grants and contributions	10,000
Recoveries and other receipts	2,400
Net cash used in operating activities	**(2,851,757)**
CASH FLOWS FROM INVESTING ACTIVITIES	
Payments	
Purchase of non-current assets	-
Receipts	
Proceeds from sale of non-current assets	-
Net cash used in investing activities	**-**
Net decrease in cash and cash equivalents	**(104,757)**
Cash and cash equivalents at the beginning of the period	1,109,931
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	**1,005,174**

4.4. 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's performance and fairly represent the performance of the office for the financial year ended 30 June 2017.

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY

30 August 2017

OAG AUDITED 12

Our Key Performance Indicators

Health and Disability Services Complaints Office
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 is demonstrated in the table below:

Key Effectiveness Indicator	Services	Key Efficiency Indicators
Proportion of recommendations resulting in implementation by providers	**Service One – 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
	Service Two – Education: Education and training in the prevention and resolution of complaints	**KPI 2.1** Average cost per presentation, awareness raising, consultation and networking activities

Key Effectiveness Indicator

The Key Effectiveness Indicator reports on the proportion of recommendations resulting in implementation by providers. HaDSCO's key focus is to improve health, disability and mental health services. As a result of HaDSCO's complaints management processes, recommendations and agreed actions are made to service providers to improve the delivery of health, disability and mental health 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.

At the request of the Office of the Auditor General, a target was developed for the Key Effectiveness Indicator for the 2016-17 reporting year which is detailed below. To ensure transparency in the process and in transition to the new reporting format, the former representation of the indicator is included to reflect the change in format.

Key Effectiveness Indicator	2012-13	2013-14	2014-15	2015-16	2016-17 Target	2016-17 Actual
Proportion of recommendations resulting in implementation by providers	71%	71%	64%	67%	**70%**	**72%**

The table below represents the number of service improvements that providers implemented, as a proportion of total service improvements agreed to, or recommended, between 2012-13 and 2016-17:

2012-13	2013-14	2014-15	2015-16	2016-17
55/78	64/90	55/86	51/76	**42/58**

Key Efficiency Indicators

Service One – Complaints Management: Assessment, negotiated settlement, conciliation and investigation of complaints

HaDSCO provides an impartial resolution service for complaints relating to health, disability and mental health services provided in Western Australia. 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 complaint.

Key Efficiency Indicator 1.1: Percentage of complaints closed within legislation timeframes

In the management of complaints, HaDSCO works to statutory timeframes set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation. The table below represents the target and actual results for the legislative timeframes between 2012-13 and 2016-17:

Legislative requirement	Legislative timeframe (days)	2012-13	2013-14	2014-15	2015-16	2016-17 Target	2016-17 Actual
Preliminary assessment by Director s.34 (1)	28	91%	92%	100%	98%	**95%**	**91%**
Preliminary assessment by Director s.34 (1) (c)	56	72%	86%	93%	97%	**90%**	**92%**
Notice to provider and others s.35	14	86%	89%	93%	93%	**95%**	**96%**

In 2016-17, HaDSCO implemented a Complaint Handling Continuous Improvement Program to provide more efficient and effective management of complaints. The Program includes strategies to streamline the intake, assessment and resolution of complaints. One area of focus has been the reduction of older complaints on hand through an aged case strategy.

HaDSCO exceeded the projected targets for the percentage of complaints assessed in 56 days and notice to providers. However, for complaints assessed within 28 days, the figure was 91 percent compared to the 95 percent forecasted. The focus on reducing the number of aged cases impacted on assessment of new complaints while resources were reallocated

to finalising the older matters. Measures are being put in place to ensure stronger performance against this KPI in 2017-18.

Key Efficiency Indicator 1.2: Average cost per finalised complaint

The purpose of the Key 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 process. HaDSCO forecasted that 2,439 complaints would be closed during the 2016-17 financial year. However, HaDSCO closed 2,802 complaints, which was 15 percent above the forecasted figure.

The table below demonstrates the average cost per complaint, target and actual from 2012-13 to 2016-17:

2012-13	2013-14	2014-15	2015-16	2016-17 Target	2016-17 Actual
$685	$731	$694	$740	**$783**	**$594**

The average cost per finalised complaint is significantly lower than forecasted and is the lowest in five years. A number of streamlined processes have been implemented within the Office as part of the Complaint Handling Continuous Improvement Program 2017 which has resulted in more efficient and effective processing of complaints. The outcome has been a reduction in the average cost per complaint, reflecting the efficiency dividends of the Program. This has also occurred during a period when complaint numbers received increased by six percent compared to 2015-16.

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

This service supports HaDSCO's broader role, set out in the Stakeholder Engagement Strategy January 2017-June 2018, which includes**:**

- Collaborating with groups to review and identify the causes of complaints and suggesting ways to minimise those causes.
- Assisting providers to improve complaints management procedures and to educate their staff to effectively manage complaints.
- Sharing information and reporting on the work of HaDSCO 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 presentation, awareness raising, consultation and networking activities.

Group one costs: Development, production and distribution of information

The group one costs relate to the resources that contribute to the development, production and distribution of information. During the 2016-17 financial year, HaDSCO delivered a number of projects and initiatives. Examples of work that contributed to this cost included:

- Developing tailored resources for specific stakeholder groups to raise awareness of, and accessibility to, HaDSCO's services, utilising appropriate mechanisms to share this information, including dissemination of a resource created for Aboriginal consumers and

promoting features on disability complaints in The West Australian newspaper targeting the disability sector.
- Creating and releasing a series of infographics utilising complaints data from prescribed health and disability service providers as a means to innovatively share health and disability complaint data trends across these sectors.
- Developing and releasing a joint brochure with the Australian Health Practitioner Regulation Agency to clarify roles and responsibilities in managing complaints about registered health professionals and to assist people with accessing the most appropriate agency to handle their complaint.
- Updating the corporate website to clarify HaDSCO's role, structure and strategic direction in order to inform the community and support access to HaDSCO's services.

The table below demonstrates group one costs for development, production and distribution of information from 2012-13 to 2016-17:

	2012-13	2013-14	2014-15	2015-16	2016-17
Group one costs: Development, production and distribution of information	$250,584	$282,183	$327,709	$412,419	**$358,198**

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

The group two costs relate to the resources that contribute to presentations, awareness raising, consultations and networking. Examples of work that contributed to this cost in 2016-17 included:

- Planning and delivering metropolitan outreach, including participating in Homeless Connect, to raise awareness of HaDSCO's role and provide a mechanism through which disadvantaged individuals can access our services.
- Delivering tailored presentations to key stakeholder groups including the Nurses and Midwives Board and the Disability Health Network to share information on complaint trends, educate stakeholders and share expertise on effective complaint handling.
- Planning and delivering a data collection information session to assist the effective submission, collection and management of complaints from prescribed disability service providers.
- Hosting HaDSCO's Consumer and Carer Reference Group to provide a mechanism through which consumer, carer and organisational representatives from the health, disability and mental health sectors can provide feedback to HaDSCO on its service delivery initiatives.
- Consulting with members of the Mental Health Complaints Partnership Agreement (MHCPA) to operationalise the MHCPA Action Plan initiatives which provide a framework for the effective resolution of complaints about mental health services.
- Planning and delivering regional outreach to the Wheatbelt region on two occasions, and also to the Gascoyne and South West regions to raise awareness of, and access to, HaDSCO's services, through the delivery of tailored presentations, consultation with government and non-government agencies, service providers and community groups and during complaint clinics.
- Planning and delivering outreach to the Indian Ocean Territories to raise awareness of the Office and strengthen links with the community through a planned program of consultation with government and non-government agencies and through the provision of a complaints handling and support function to community members.

The table below demonstrates group two costs for presentations, awareness raising, consultations and networking from 2012-13 to 2016-17:

	2012-13	2013-14	2014-15	2015-16	2016-17
Group two costs: Presentations, awareness raising, consultations and networking	$341,400	$430,679	$452,323	$618,629	**$537,297**

Key Efficiency Indictor 2.1: Average cost per presentation, awareness raising, consultation and networking activities

The purpose of this Key Efficiency Indicator is to demonstrate the average cost per presentation, awareness raising, consultation and networking activities.

HaDSCO forecasted that 200 engagement activities (presentation, awareness raising, consultation and networking activities) would be delivered during the 2016-17 financial year. In total 211 engagement activities were delivered, exceeding this target.

The 211 activities included:

- 13 presentations to provide a range of general and tailored information to stakeholders.
- 61 awareness raising activities to promote HaDSCO's services, increase knowledge of effective complaints management practices and raise awareness of patterns and trends resulting from analysis of complaints data.
- 120 consultations with key groups to share and exchange views and seek advice.
- 17 networking opportunities to build relationships with providers, government agencies and consumer groups.

The table below represents the average cost per presentation, awareness raising, consultation and networking activities from 2012-13 to 2016-17:

	2012-13	2013-14	2014-15	2015-16	2016-17 Target	2016-17 Actual
Average cost per presentation, awareness raising, consultation and networking activities	$1,538	$1,544	$865	$2,361	**$5,142**	**$2,546**

The average cost per presentation, awareness raising, consultation and networking activities is under target demonstrating efficient and effective service delivery with a focus on delivering services in a cost effective manner.

4.5. Ministerial directives

Treasurer's Instruction 903(12) requires the disclosure of information on any ministerial directives relevant to the setting or achievement of desired outcomes or operational objectives, investment and financing activities. No ministerial directives were received during the financial year.

4.6. Other financial disclosures

Pricing policy of services

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) regarding 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, travel costs to the territories by HaDSCO staff and any promotional materials are also recouped in full.

Capital works

No capital works were undertaken during the 2016-17 reporting year.

Employment and Industrial Relations

Comparative full time equivalent (FTE) allocation by category

The Office managed resourcing requirements with the constraint of a salary cap.

Category	2015-16	2016-17
Full-time (permanent)	9	12
Full-time (contract)	6	3
Part-time (permanent)	2	1
Part-time (contract)	0	2
Total	17	18

Industrial relations

HaDSCO employees are employed under the *Public Service and Government Officers General Agreement 2014*. The Director is employed under the *Salaries and Allowances Tribunal Act 1975*.

Staff development

Consistent with the Public Sector Commission aim of bringing leadership and expertise to the public sector to enhance integrity, effectiveness and efficiency, HaDSCO places an emphasis on developing staff to help improve performance and enhance capability.

In the past 12 months, employees have completed specialised training in accountable and ethical decision making and occupational safety and health. This has been complemented by a number of information sessions provided by other government agencies, service providers and advocacy groups to increase awareness and understanding of contemporary issues and enhance complaint resolution services.

All new staff completed the Public Sector Induction program to provide awareness of the Western Australian system of Government and structure of the public service.

Leadership expertise has been enhanced by employee participation in the Leadership Essentials program (Public Sector Commission), technical skills increased by the completion of Certificate IV in Government Investigations (Public Sector Commission) and participation in the Legal Graduate placement program (State Solicitor's Office).

Workers Compensation

In accordance with Treasurer's Instruction 903 (13iiic), the Office had the following workers compensation disclosures in the 2016-17 reporting year.

Category	2015-16	2016-17
Workers' compensation claims	0	0
Lost time injuries	0	0

Purchasing cards

In accordance with Treasurer's Instruction 903 (13iv), there are no instances of a Western Australian Government Purchasing Card that has been used for a personal purpose for the 2016-17 reporting year. During 2016-17, HaDSCO introduced a new Purchasing Card Policy and Purchasing Card Procedures to ensure strong governance and compliance controls for procurement, where purchasing cards are used.

4.7. Governance disclosures

In accordance with Treasurer's Instruction 903 (14(i)(ii)(iv)) a senior officer of HaDSCO is required to disclose particulars of any shares in the Statutory Authority held as a nominee or beneficially and details in in any subsidiary body of the agency held either as a nominee or beneficially or any insurance premium paid to indemnify any director.

Shares in Statutory Authorities

There are no shares held as a nominee or beneficially by a senior officer of HaDSCO in the 2016-17 reporting year.

Shares in subsidiary bodies

There are no shares in any subsidiary body of the agency held either as a nominee or beneficially by a senior officer of HaDSCO in the 2016-17 reporting year.

Insurance paid to indemnify directors

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

4.8. Other legal requirements

Advertising

In accordance with section175ZE of the *Electoral Act 1907*, the Office is required to report on expenditure incurred during the financial year in relation to advertising, market research, polling, direct mail and media advertising.

The total expenditure for the 2016-17 reporting year was $6,179 as detailed in the table below:

Item	Total	Expenditure	Amount
Advertising	$6,129	Adcorp Australia Limited	$4,990
		Shire of Christmas Island	$995
		Cocos(K) Islands Community Resource Centre	$84
		IT services and supplies	$60
Market research organisations	Nil	Nil	Nil
Polling organisations	Nil	Nil	Nil
Direct mail organisations	$50	Campaign Monitor	$50

Compliance with Public Sector Standards

The senior executive understand that strong leadership, a positive organisational culture and robust governance systems are all drivers of ethical behaviour, create opportunity for improved organisational performance and public trust and confidence. The administration of the Office complies with the *Public Sector Standards in Human Resource Management* and the *Western Australian Public Sector Code of Ethics.*

At the request of the Office, the Public Sector Commission peer reviewed the Code of Conduct in the 2015-16 reporting year and provided feedback and comments for consideration. The Office committed to undertaking a full review in the 2016-17 reporting year to ensure that all business requirements were encompassed and the Code of Conduct was more reflective of the current operating environment.

The new Code of Conduct was introduced as part of Accountable and Ethical Decision Making training to ensure an enhanced understanding of the obligations and requirements placed upon staff as public servants.

Monitoring provisions also include:

- A process to ensure there are current performance management plans in place for all employees.
- A quality assurance process is undertaken prior to the final decision for recruitment, selection and appointment.
- The review and development of policies and procedures to ensure correct application in the current working environment.

In the 2016-17 reporting year the following policies were updated and/or introduced:

- Conflict of Interest
- Criminal Screening
- Flexible Work
- Gifts, Benefits and Hospitality
- Grievance Resolution
- Leave Management
- Public Interest Disclosure
- Secondary Employment
- Staff Learning and Development.

The applications made for a breach of standards review and the corresponding outcomes for the reporting period are detailed in the following table:

Applications for breach of standard and corresponding outcomes for 2016-17	
Number lodged	0
Number of breaches found	0
Number still under review	0

Freedom of information

The table below provides a summary of the applications finalised in the 2016-17 reporting year.

Applications	2015-16	2016-17
New applications received during the year	1	1
Finalised during the year	1	1
Average time to process (days)	19	26
Outcomes	**2015-16**	**2016-17**
Full access	0	0
Edited access	1	0
Deferred access	0	0
Section 26 Access	0	0
Section 28 access	0	0
Access refused	0	0
Total decisions	1	0
Transferred to other agencies	0	0
Withdrawn	0	1
Total applications	1	1

Record keeping plans

Draft policy and procedures for records management were endorsed and a business classification scheme introduced to enhance record keeping for all functions in the 2016-17 reporting year.

Records management will continue to be a focus in the 2017-18 reporting year to ensure better practice is achieved and compliance obligations are met. In accordance with the State Records Commission Standard 2, Record Keeping Plans (Principle 6):

- Records awareness training will become mandatory for all staff.
- The records awareness training is consistent with the requirements of the record keeping plan.
- The induction program will be updated to address employee's roles and responsibilities with respect to record keeping.

Disability Access and Inclusion Plan

The *Disability Services Act 1993* requires all state and local governments 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 continue to commit to ensuring that people with disability, their carers and families have access to our services, information and facilities. Through the implementation of strategies and initiatives identified in the plan the desired outcomes that we want to achieve are:

- People with disability have the same opportunities as other people to access the services and events that we organise.
- People with disability have the same opportunities as other people to access the buildings and facilities that we use.
- 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.
- People with disability receive the same level and quality of service from our staff as other people in the community.
- People with disability have the same opportunities as other people to make complaints to us.
- People with disability have the same opportunities as other people to participate in any public consultation we host.
- People with disability have the same opportunities as other people to seek employment, professional development and work experience with us.

The following strategies were progressed in the 2016-17 reporting year:

- Commenced participation and promotion of the Public Sector University Cadetship Program, in partnership with the JobAccess employer engagement team for

students with either a disability or from an Aboriginal or Torres Strait Islander background in their final year of an undergraduate degree.
- Engaged with appropriate disability support services such as personal Occupational Therapists to assist and ensure disability-friendly workspaces and to accommodate adjustments required by staff with disabilities were met prior to the start of work, as required.
- Undertook a joint visit with the Equal Opportunity Commission and the Working with Children Screening Unit, Department for Child Protection, to the Indian Ocean Territories to raise awareness of the Office's services and speak to community members directly about concerns regarding health, disability and mental health services.
- Commenced the review of the existing DAIP.
- Continued to host the Consumer and Carer Reference Group (CCRG), which includes participants who represent health, disability and mental health sectors.
- Engaged with advocacy and peak industry groups involved in providing services to people with disability to continue to strengthen awareness of our services.
- Featured on a panel at the National Disability Services Individual Safeguarding and Complaints Forums to clarify our role in managing complaints about disability services.

4.9. Government policy requirements

Occupational Safety and Health

In accordance with the *Public Sector Commissioner's Circular 2012/05: Code of Practice: Occupational Safety and Health in the Western Australian Public Sector*, the Office complies with the requirements of the *Occupational Safety and Health Act 1994*, the *Workers Compensation and Injury Management Act 1981* and the *Code of Practice: Occupational Safety and Health in the Western Australian Public Sector*.

During this reporting year the Office:

- Provided ergonomic assessments for employees.
- Engaged the services of an Employee Assistance Program.
- Reviewed and developed the suite of policies.
- Provided access to an influenza vaccination program.
- Supported employees to undertake Fire Warden training.

The Office is committed to providing and maintaining a safe and healthy work environment for all employees and will establish a new Occupational Safety and Health Committee in the 2017-18 reporting year. This will ensure that there is a shared responsibility to achieve the highest standards of occupational safety and health for all employees, by ensuring appropriate resources are available and effectively applied through a consultative process involving staff, safety and health representatives and managers.

The table below represents our annual performance in relation to the specified targets.

Indicator	2014-15 Actual	2015-16 Actual	2016-17 Actual	Target	Comment
Number of fatalities	0	0	0	0	Target achieved
Lost time injury/disease (LTI/D) incidence rate	0.52%	9.52%	0	0	Target achieved
Lost time injury severity rate	0	0	0	0	Target achieved
Percentage of injured workers returned to work within 13 weeks	100%	100%	100%	Greater than or equal to 80%	Target exceeded
Percentage of injured workers returned to work within 26 weeks	100%	100%	100%	Greater than or equal to 80%	Target exceeded
Percentage of managers and supervisors trained in occupational safety, health and injury management	75%	75%	100%	Greater than or equal to 80%	Target achieved

Risk management

The Office prioritised the review of its Risk Management Policy and Plan in the 2016-17 reporting year. This resulted in the Corporate Executive endorsing the Office's Risk Management Framework. In establishing a comprehensive framework, the Office ensures it can undertake activities with the knowledge that measures are in place to maximise the benefits and minimise the negative effect of uncertainties on its strategic and operational objectives.

The implementation of the Office's Risk Register in the 2017-18 reporting period, to record and track risks at the strategic, operational and project level, will reinforce the Office's commitment to maintain and continuously improve its risk system to complement its strategic plan.

Substantive equality

Substantive equality seeks to eliminate systemic forms of discrimination in the delivery of public sector services and to promote awareness of different needs of client groups.

In accordance with the *Equal Opportunity Act 1984* and the *Public Sector Commissioner's Circular 2015/01: Substantive Equality – Implementation of the Policy Framework (Addressing systemic discrimination in service delivery)*, we aim to make our services accessible to all people living in Western Australia and recognise that making a complaint can be particularly difficult for some people, due to cultural, linguistic and geographical challenges.

In an effort to achieve this, the Office:

- Enabled people to make enquiries to our Office through different mediums, such as over the telephone, in writing (letter or email) or in person by appointment.
- Promoted our TTY and country toll free number in our publications and on our website.
- Provided access to our publications in different formats and languages.
- Continued to recognise that parts of our governing legislation can be difficult to comply with, for example the requirement that people make a reasonable attempt to resolve their complaint with the service provider before we progress the matter. We therefore exercise discretion about when this requirement should be enforced.

5. Appendices

In this section we provide the relevant appendices as referenced through the report.

5.1. Health providers prescribed under s75 of the *Health and Disability Services (Complaints) Act 1995*

Prescribed entity
Abbotsford Private Hospital
Albany Community Hospice
Attadale Rehabilitation Hospital
Bethesda Hospital
Department of Corrective Services
Child and Adolescent Health Service
East Metropolitan Health Service
North Metropolitan Health Service
South Metropolitan Health Service
WA Country Health Service[1]
Glengarry Private Hospital
Hollywood Private Hospital
Joondalup Health Campus
Mount Hospital
Ngala Family Services
Peel Health Campus
Perth Clinic
Royal Flying Doctor Service
Silver Chain Nursing Association Incorporated
South Perth Hospital
St John Ambulance Service
St John of God Hospital[2, 3]
Subiaco Private Hospital
The Marian Centre
Waikiki Private Hospital

[1] Includes Busselton Hospice Care Incorporated.
[2] Includes the following St John of God Hospitals: Bunbury, Geraldton, Mt Lawley, Murdoch, Midland (private and public) & Subiaco.
[3] St John of God Mt Lawley Hospital was previously known as Mercy Hospital and Mount Lawley Private Hospital.

5.2. 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 Nollamara	Seventh-day Adventist Aged Care (Western Australia)
Autism Association of Western Australia	Autism Association of Western Australia Inc
Avivo (previously Perth Home Care Services)	Perth Home Care Services 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 Western Australia	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	My Place Foundation Inc.
Nulsen	Nulsen Haven Association (Inc.)
Rocky Bay	Rocky Bay Incorporated
Senses Australia	Senses Australia
Therapy Focus	Therapy Focus Incorporated
UnitingCare West	UnitingCare West

The Health and Disability Services Complaints Office (HaDSCO)

Complaints and enquiries line: (08) 6551 7600
Administration: (08) 6551 7620
Toll free: 1800 813 583
TTY: (08) 6551 7640
Email: mail@hadsco.wa.gov.au
Website: www.hadsco.wa.gov.au
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