GOVERNMENT OF
WESTERN AUSTRALIA

Health and Disability Services
Complaints Office

2017 -18
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 2018. The Annual Report has been prepared in accordance with the *Financial Management Act 2006*.

Yours sincerely

Sarah Cowie

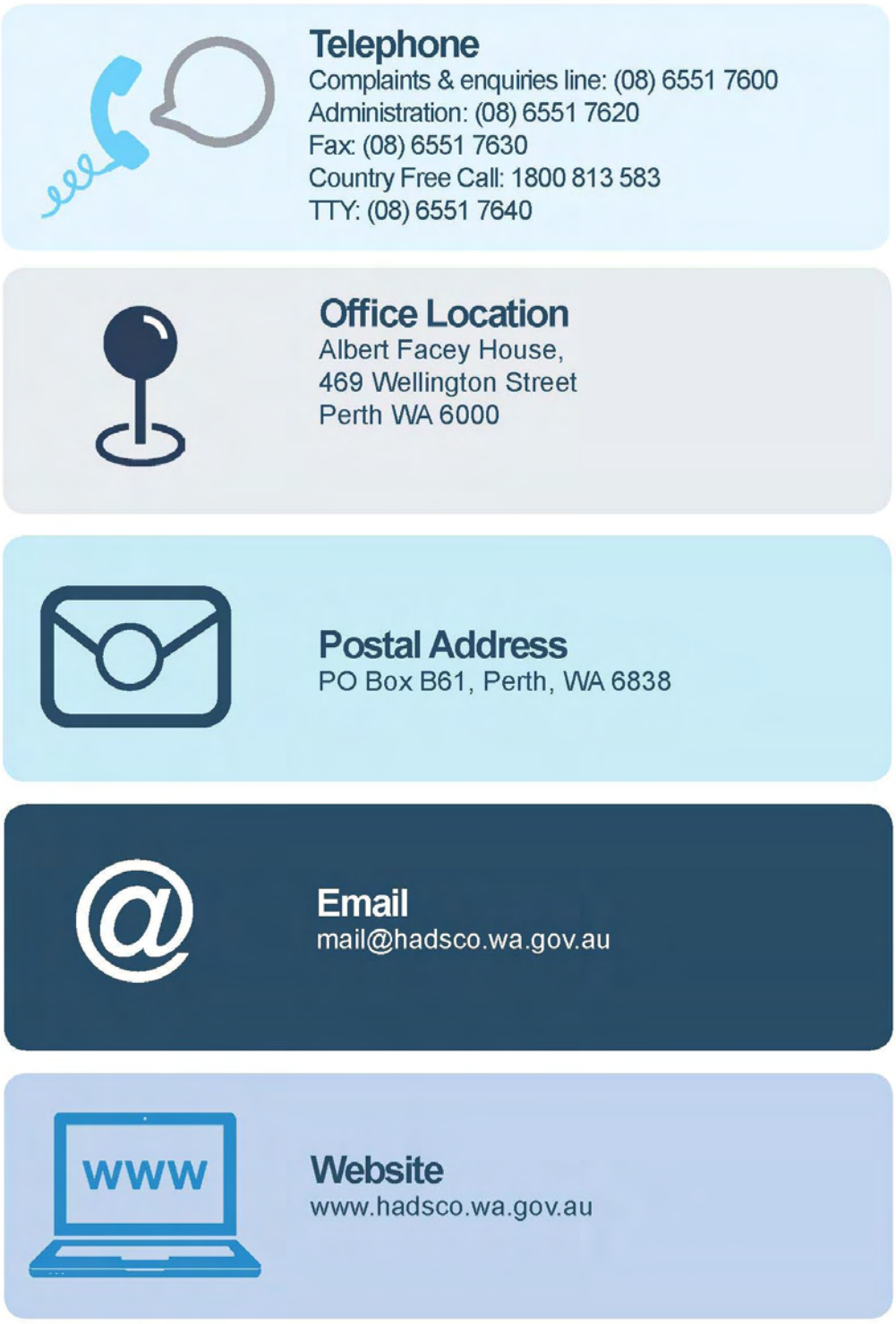
SARAH COWIE
DIRECTOR
11 September 2018

About this report

Welcome to the Health and Disability Services Complaints Office (HaDSCO) 2017-18 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.

Contact details



1. Table of Contents

Office overview

1.1 From the HaDSCO Director

I am pleased to present the 2017-18 Health and Disability Services Complaints Office (HaDSCO) Annual Report. It shows how the work of the Office supports improvements in health, disability and mental health services in Western Australia and the Indian Ocean Territories.

At HaDSCO we adopt a positive approach to complaint handling as we recognise the inherent value of complaints in terms of opportunities for improvement across the health, disability and mental health sectors. Aligned with our Complaints Handling strategic focus of Receive, Resolve, Reform, each complaint provides us with the opportunity to independently resolve a matter for the parties involved and to reform systems for the future.

In 2017-18, we received 2,719 complaints. The number of complaints continues to increase overall with a 12% increase since 2014-15. At the heart of every complaint is an individual who believes something went wrong and that systems and processes should be improved for others. The Office provides an effective avenue for redress for these individuals and for systemic change, and contributes to improvements for patient-centred care in the health and mental health sectors and person-centred approaches in the disability sector.

We regularly observe that service providers are performing their jobs well and providing a high standard of care. However, communication between an individual and the service provider is a frequent area of complaint, whether this is about treatment options, the terminology used when discussing a patient's condition, provision of information around consent or billing arrangements, or the way or manner in which information is provided.

It is no surprise therefore, that when asked what individuals want to achieve from our services, they inform us that they are seeking an explanation from the service provider. This was identified in our submission to the Sustainable Health Review in October 2017. As we pointed out in our submission, this further suggests that there are opportunities to learn from complaints and implement continuous improvement programs, which focus on improving communication between service providers and patients, encouraging consultation with patients and carers and involving them in

decision making (i.e. the principles of patient-centred service delivery).

We achieved a number of outcomes in our Educate and Train program area, where our strategic focus is to Engage, Evaluate and Educate. We introduced a new initiative providing individual Report Cards to the five public Health Service Providers in WA Health, two private health service providers and the Department of Justice in relation to health services provided in Western Australian prisons. The aim of the Report Cards was to assist these providers to gain an appreciation of the complaints managed by HaDSCO that related to their services.

We also continued to engage with service providers through monitoring and evaluating trends in our complaints to inform opportunities for improvement, which saw the provision of the *Health Complaint Trends Report 2014-17* and the *Disability Services Data Collection Program Report 2016-17* for health and disability service providers prescribed under the enabling legislation.

In addition, we developed and published new Information Sheets for complaints about health services, disability and mental health services and for prison health services. These provide practical examples of the range and nature of issues we can receive complaints about. We have delivered a number of presentations and stakeholder engagement activities, the details of which are contained in this report.

Consistent with our strategic objective of Responding to Changing Environments where our focus is to Review, Respond and Redefine our service delivery, we continued to work on the implementation of the National Code of Conduct for health care workers in Western Australia, releasing a Consultation Paper in December 2017. We also led discussions with the Department of Communities and the National Disability Insurance Agency about transition arrangements for our jurisdiction following the decision announced by the Government of Western Australia that Western Australia will join the nationally delivered NDIS (National Disability Insurance Scheme).

Our sound governance framework continues to underpin the operations of the Office. This year we implemented our new Disability Access and Inclusion Plan 2018-2022, which was based on research into contemporary trends regarding best practice for access and inclusion to ensure we focus on the wide-ranging needs of our stakeholders.

In closing, I extend my thanks to my dedicated staff for their ongoing commitment to the work of the Office, which is greatly valued. The contribution of this small team has seen the Office accomplish important outcomes over the past year.

Sarah Cowie
DIRECTOR

"At HaDSCO we adopt a positive approach to complaint handling as we recognise the inherent value of complaints in terms of opportunities for improvement across the health, disability and mental health sectors."

Key highlights 2017-18

Complaints

Received
2,719
complaints

39
Service improvements managed as a result of HaDSCO's involvement

163
Redress actions facilitated for individuals

Educate and train

Released new resources including four new tailored information sheets on the range of matters we can receive complaints about in the areas of health, disability, mental health and prison health services

Undertook
159
engagement activities with stakeholders across metropolitan, regional and remote regions

Governance

Implemented a new Disability Access and Inclusion Plan and a Risk Register

Respond to changing environments

Provided input into policy initiatives and reforms, including for the Sustainable Health Review and complaints management under NDIS

Released a *National Code of Conduct for health care workers in Western Australia - Consultation Paper December 2017*

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

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.

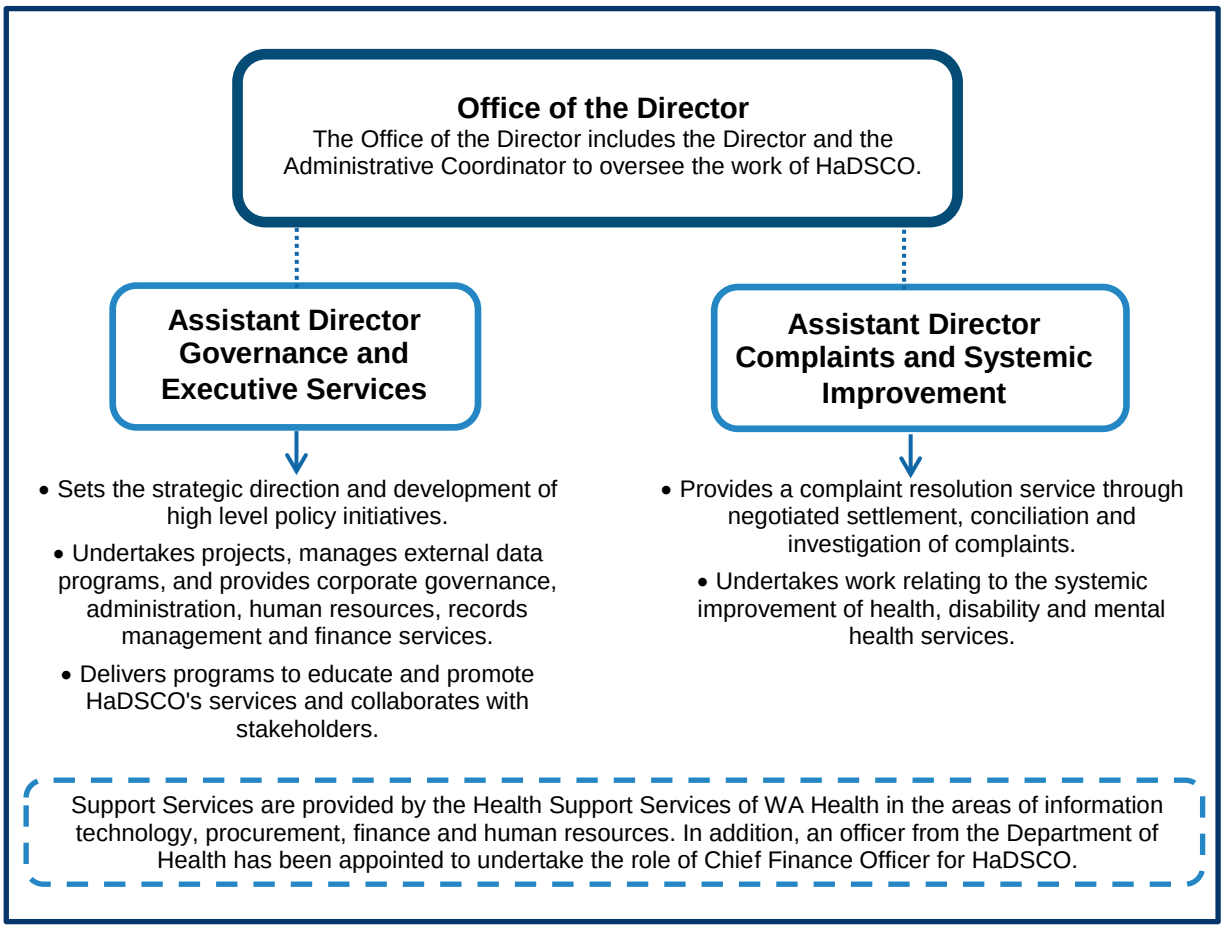
1.4 Performance Management Framework

We function as an Office in the Performance Management Framework to achieve our outcomes in the context of the wider Government goal of *Strong Communities: Safe communities and supported families*.

Government Goal	Agency desired outcome	HaDSCO Service	Key Effectiveness Indicator	Key Efficiency Indicator
Strong Communities: Safe communities and supported families	Improvement in the delivery of health and disability services	1. Assessment, negotiated settlement, conciliation, and investigation of complaints 2. Education and training in the prevention and resolution of complaints	Proportion of recommendations resulting in implementation by providers	1.1 Percentage of complaints closed within legislation timeframes 1.2 Average cost per finalised complaint 2.1 Education and training in the prevention and resolution of complaints

1.5 Organisational structure

HaDSCO's organisational structure as at 30 June 2018 is represented below.



1.6 Our Strategic Direction

HaDSCO's Strategic Plan 2017-2021 sets out the Office's vision, mission and values, and outlines four areas of strategic focus. Throughout this Annual Report we provide an overview of performance aligned to these four areas.

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, negotiated settlement, conciliation 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:

- **Honesty**: 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.
- **Accountability**: We are accountable for our actions and deliver our services within a sound governance framework.
- **Dedication**: We provide our services with dedication and commitment, ensuring we meet the needs of the public, Ministers, service providers and other external stakeholders.
- **Supportive**: We work together as a team and are supportive of our colleagues in the workplace.
- **Confidentiality**: We treat information received with confidentiality and comply with the provisions of our guiding legislation.
- **Objectivity**: We work in an independent Statutory Authority and undertake our work with objectivity and impartiality.

Our Strategic Focus Areas

- **Complaints (Receive, Resolve, Reform):** Manage complaints in a professional, impartial, confidential and efficient manner with quality outcomes.
- **Educate and train (Engage, Evaluate, Educate):** Inform, educate and empower the community and service providers to prevent complaints.
- **Governance (Cooperate, Comply, Communicate):** Deliver our services within a sound governance framework.
- **Respond to changing environments (Review, Respond, Redefine):** Respond appropriately to our changing environment

Office performance

In this section we report on the outcomes achieved under our two strategic focus areas of:

- **Complaints, aligned to HaDSCO's Service One: Assessment, negotiated settlement, conciliation and investigation of complaints.**
- **Educate and train, aligned to HaDSCO's Service Two: Education and training in the prevention and resolution of complaints.**

Complaints

The following provides an overview of our complaints management process, a breakdown of complaints received and closed, details of the outcomes achieved for individuals who made complaints and the 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 2017-18 for HaDSCO's complaints data are set out below:

- The total number of complaints received by HaDSCO has steadily increased over the five year period from 2013-14 to 2017-18; 2,719 complaints were received in 2017-18, which represents a 12% increase relative to 2013-14.

- The Office met or exceeded the annual targets relating to the timely resolution of complaints, with the exception of the proportion of complaints where notification of acceptance was provided within 14 days (achieved 91%, instead of the targeted 95%), and the proportion of complaints in negotiated settlement that were resolved within 112 days (achieved 71%, instead of the targeted 85%).

- The issues raised in complaints about health, disability or mental health services varied:

  - Health complaints typically concerned treatment; communication and information; fees and costs; and service access. There has been a notable increase in the proportion of complaints that identified a concern with communication and information in 2017-18; the proportion increased from 17% in 2016-17 to 25% in 2017-18.
  - The proportion of disability complaints that concerned service delivery; and/or service management increased notably in 2017-18 in comparison to 2016-17. In contrast, the proportion of complaints concerning service costs and financial assistance; and/or service access have declined over the past three years.
  - Mental health complaints typically concerned the quality of clinical care; communication; rights, respect and dignity; and decision making. Of note, the proportion of mental health complaints concerning communication shows an increasing trend over the past three years, while the proportion of complaints concerning access shows a decreasing trend.

- Services that received the highest proportion of complaints were:

  - Health services: prison health services; general practices and practitioners; dental health services; and accident and emergency services. The proportion of complaints concerning prison health services shows an increasing trend over the past three years.
  - Disability services: in-home support; accommodation services; grants (funds); and therapy were the most common service types identified in 2017-18.
  - Mental health services: psychiatrists and psychiatry; community mental health services; and psychologist/psychotherapist were the most common service types identified in 2017-18.

  As a result of HaDSCO's complaints management process, 163 actions were taken by service providers to facilitate redress for individuals making a complaint.

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

Key highlights for 2017-18 for external complaints data are set out below:

- 6,850 complaints were received by 25 prescribed health service providers covering complaints about health and mental health services, representing a 9.5% decrease compared to 2016-17.

- 449 complaints were received from 20 prescribed disability service providers, representing a 3% decrease compared to 2016-17.

- In 2017-18, all types of service providers resolved at least 70% of complaints within 30 days. Health and mental health service providers resolved at least 95% of complaints within 90 days in 2017-18, while disability service providers resolved at least 90% of complaints within 90 days in 2017-18.

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

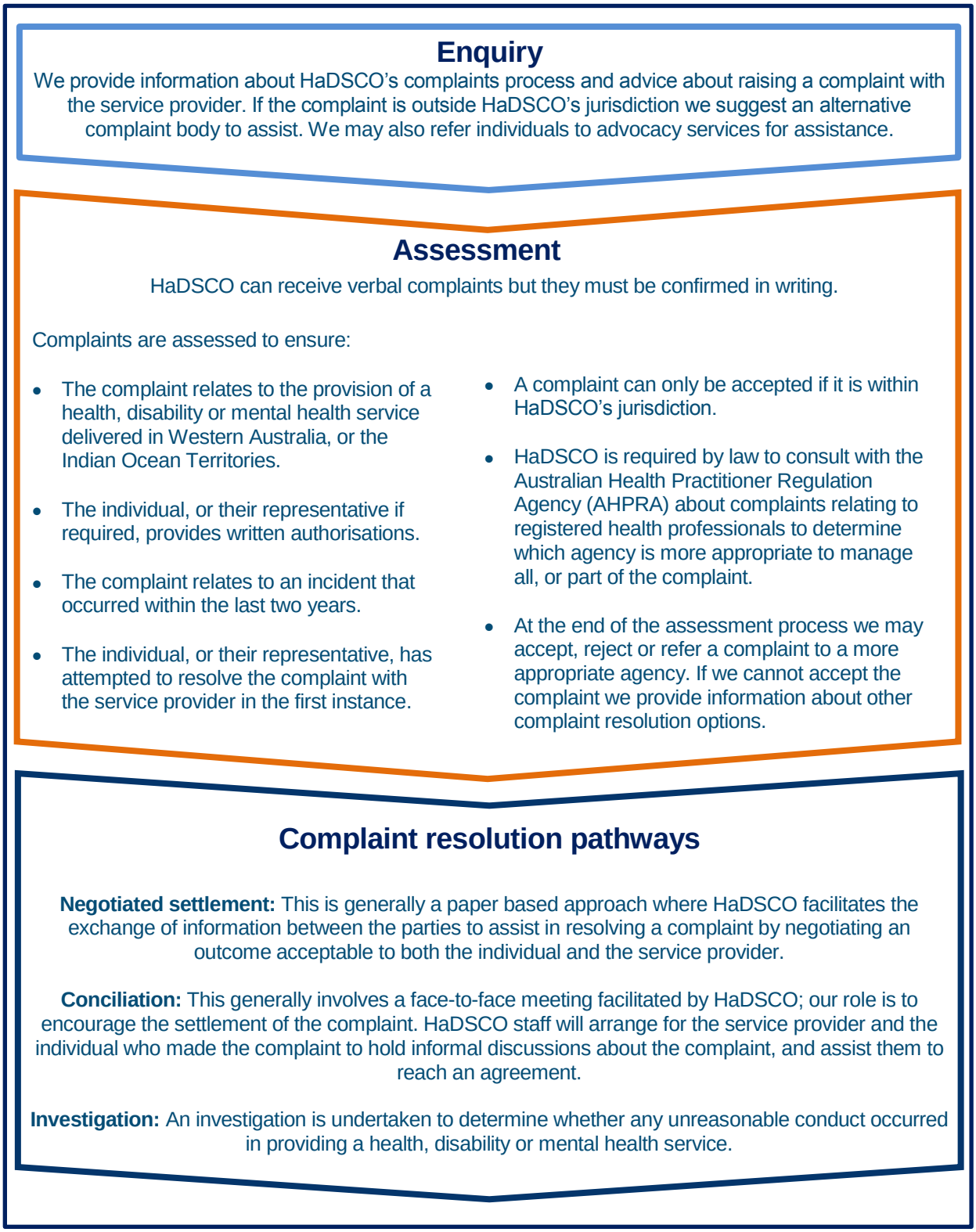
  - In 2017-18, health complaints typically concerned the quality of clinical care (34%); communication (21%); access (16%); and rights, respect and dignity (10%). The complaint issues have remained stable over the past three years, with the proportion of complaints identifying a given issue remaining largely unchanged.
  - In 2017-18, disability complaints typically concerned staff related issues (52%); service delivery (51%); and communication/relationships (37%). These complaint issues have remained the most common issues identified across the past three years.
  - In 2017-18, mental health complaints typically concerned quality of clinical care (32%); communication (24%); access (13%); and rights, respect and dignity (11%). These four issues have remained the most common issues identified over the past three years.

- The complaint outcomes commonly achieved were consistent across all service provider types over the past three years. The most common outcomes were acknowledgement of the individual's views or issues; an explanation or information about services provided; or an apology from the service.

2.2. Our complaints management process

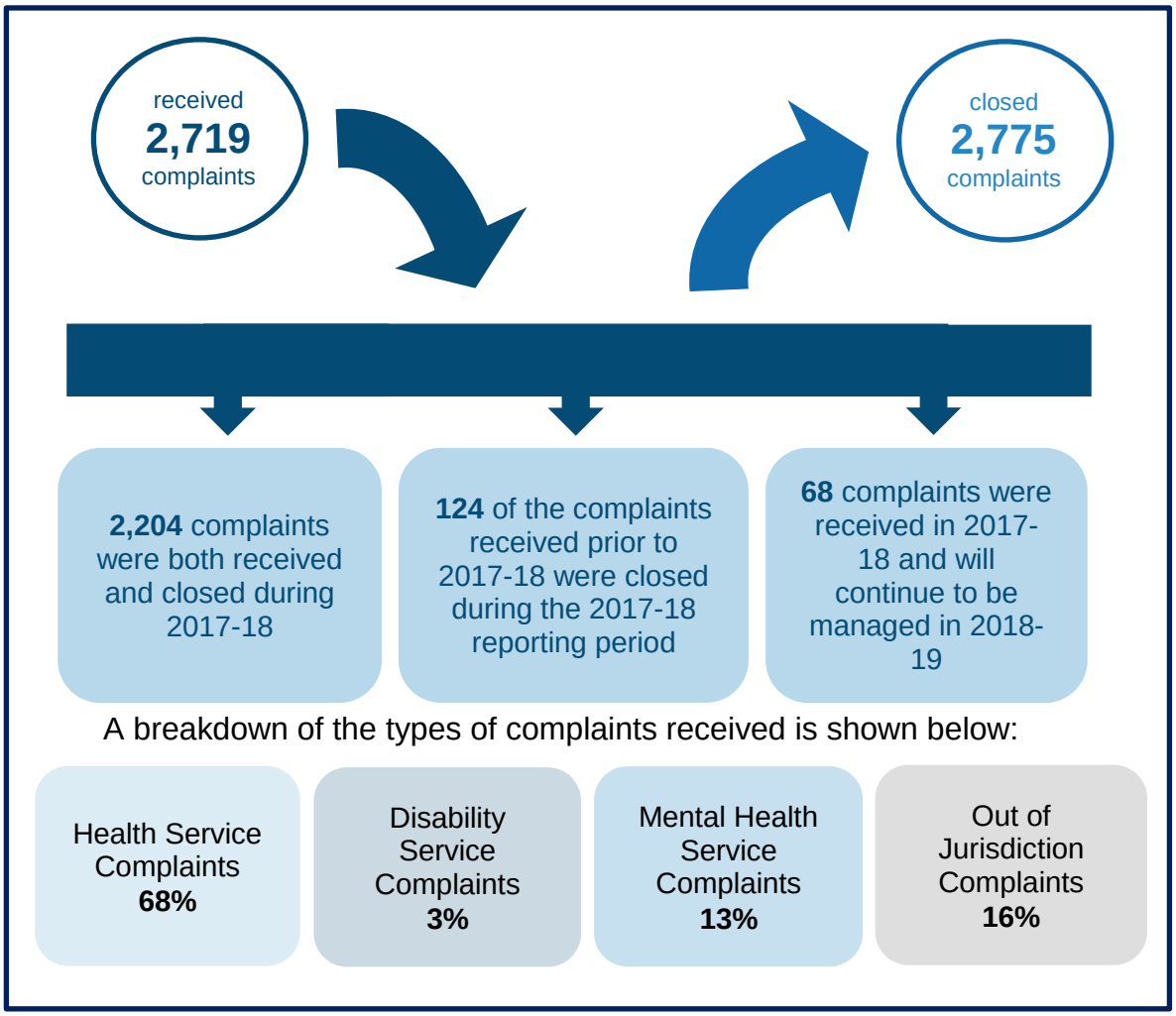
HaDSCO takes a resolution based approach to managing complaints. We aim to resolve complaints as informally as possible and in the most timely and efficient manner. There are three main stages in the complaints management process: enquiry; assessment; and complaint resolution including negotiated settlement, conciliation or investigation.

This information is represented visually below:



2.3. Overview of complaints

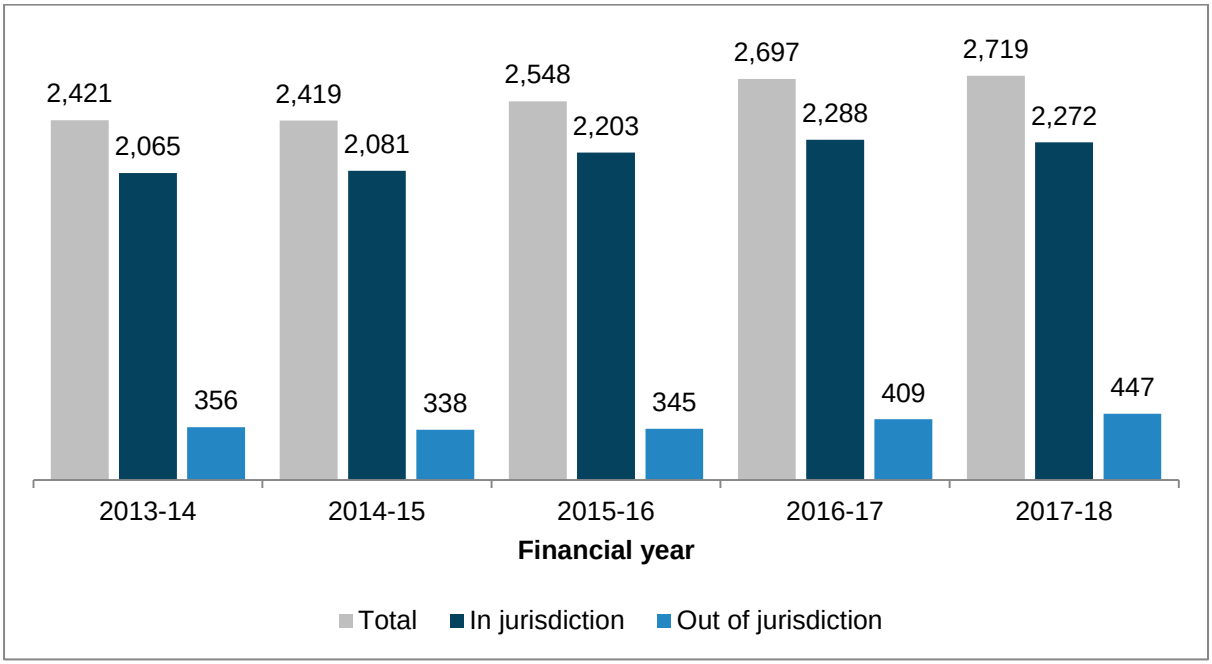
In 2017-18, HaDSCO received **2,719** complaints, and closed **2,775** complaints. The number of complaints received and closed in 2017-18 is not the same; this is because complaints are not always closed in the same year that they are received. A total of 68 complaints received in 2017-18 were still active on 30 June 2018, and will continue to be managed in 2018-19.



In 2017-18, 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 13% 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 accounted for 16% of all complaints received, compared to 15% in 2016-17.

The total number of complaints received by HaDSCO has steadily increased over the five year period from 2013-14 to 2017-18, as displayed in Figure 1. The total number of complaints received in 2017-18 was 2,719, which represents a 12% increase relative to 2013-14.

Figure 1: Complaints received between 2013-14 and 2017-18



Our Office classifies a proportion of complaints as out of jurisdiction (see Figure 1). In 2017-18, we received 447 complaints that were determined to be out of jurisdiction. In these circumstances, HaDSCO staff provide information regarding an alternative agency that may assist the individual with their concerns. If required, we also provide information about the supports available to assist the individual, such as advocacy or legal services.

We monitor the number of out of jurisdiction complaints which assist us to identify opportunities for stakeholder engagement to inform the community about HaDSCO's role in managing complaints about health, disability and mental health services.

Awareness of HaDSCO

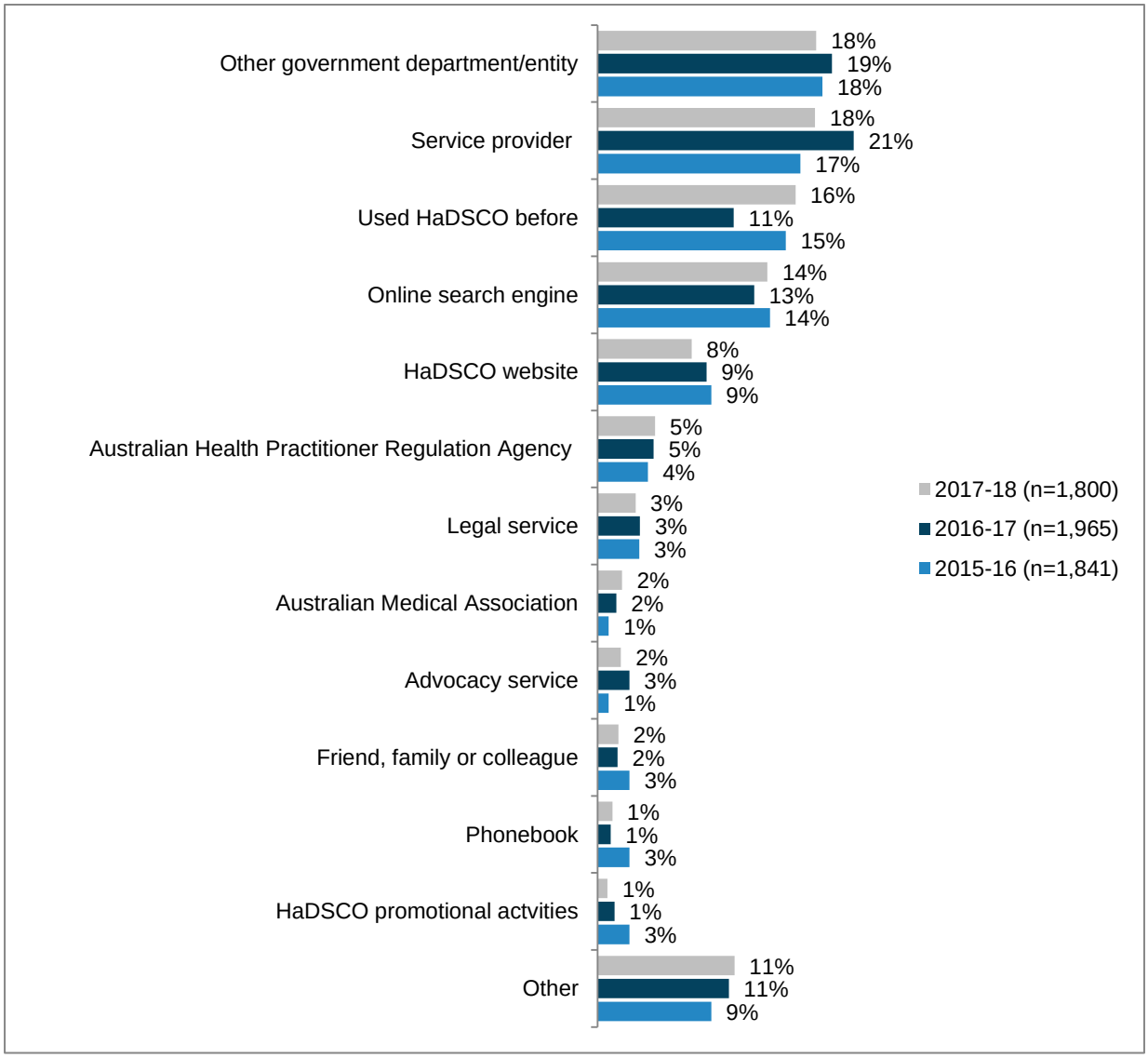
There are a number of ways that people become aware of HaDSCO, as detailed in Figure 2.

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

- They are referred by a government agency, service provider, or have used our services before.
- They use an online search engine or visit our website.

Few trends are observed across the different ways individuals become aware of our Office. The largest year over year change was seen for the number of people who were familiar with our Office through using HaDSCO's services before, which increased from 11% in 2016-17 to 16% in 2017-18.

Figure 2: Awareness of HaDSCO



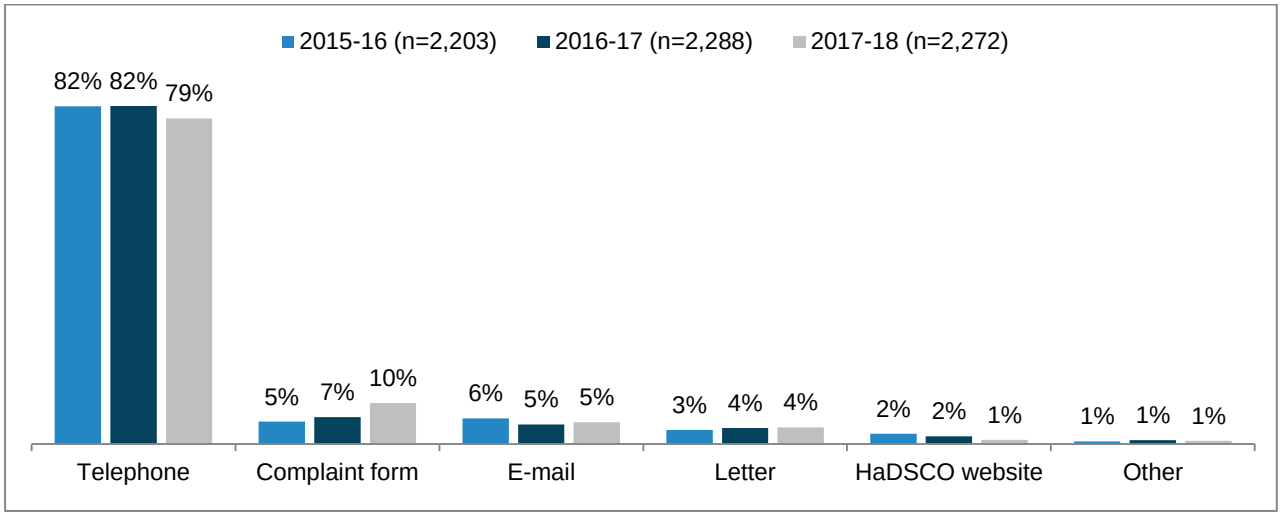
HaDSCO staff request this information from individuals who contact HaDSCO to make a complaint. In some instances, this information cannot be collected. Totals may not sum to 100% due to rounding.

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 complaint form, email or a letter.

As shown in Figure 3, in 2017-18, most complaints were received by telephone, accounting for 79% of complaints received. Over the past three years there has been a gradual increase in the proportion of complaints received via a written complaint form.

Figure 3: Method of contact



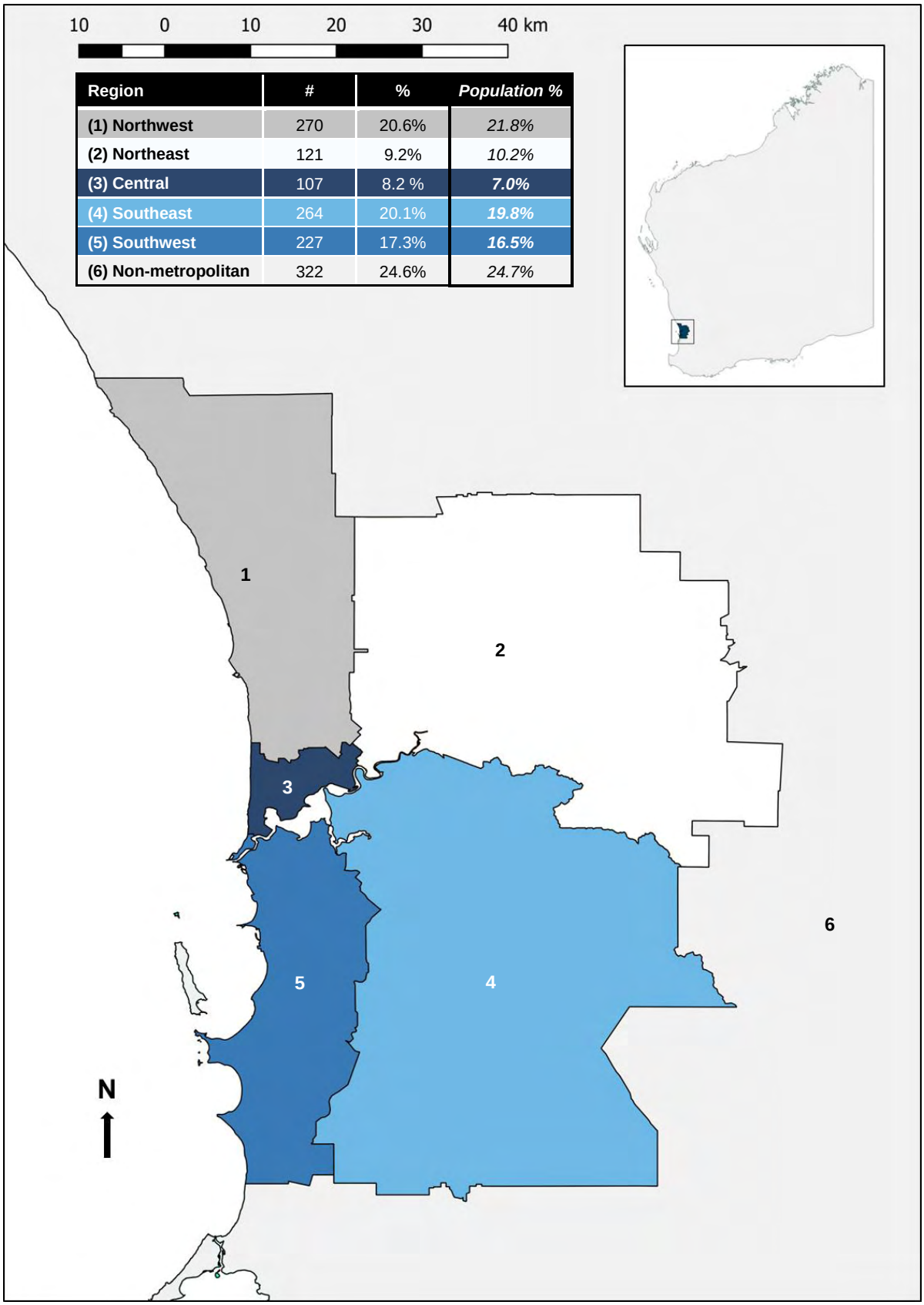
Totals may not sum to 100% due to rounding.

As shown in Figure 4, in 2017-18, the majority of complaints (75%) received concerned individuals living in the Perth metropolitan area, as defined by Local Government Areas, while 25% of complaints concerned individuals living in non-metropolitan areas.

Comparing the proportion of complaints received by the Office in 2017-18 to the population distribution across Western Australia[1] indicates that the various metropolitan areas and the non-metropolitan area all account for a proportion of complaints generally consistent with their proportion of the population.

[1] As per 2017 estimated residential population (ERP) data published by the Australian Bureau of Statistics (ABS).

Figure 4: Geographic distribution of individuals receiving a service (2017-18)



Region	#	%	*Population %*
(1) Northwest	270	20.6%	*21.8%*
(2) Northeast	121	9.2%	*10.2%*
(3) Central	107	8.2 %	***7.0%***
(4) Southeast	264	20.1%	***19.8%***
(5) Southwest	227	17.3%	***16.5%***
(6) Non-metropolitan	322	24.6%	*24.7%*

In some instances, location information was not collected (n=525). Individuals in a prison or an immigration detention centre are excluded from the analysis (n=436). The metropolitan and non-metropolitan regions adapted from schedule 3 of the Planning and Development Act 2005 and ABS Statistical Areas Level 2. Population data derived from the 2017 estimated residential population (ERP) data published by the ABS.

Time taken to resolve complaints

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 2017-18, are shown in Table 1.

In 2017-18, the Office met or exceeded the targets relating to preliminary assessment of complaints, and resolution of complaints in negotiated settlement. The office did not meet the target associated with notice to provider and others of acceptance of complaint; 91% of providers were notified that the Office had accepted a complaint within the 14 day legislated timeframe, below the target of 95%. This occurred due to administrative and process errors. Staff training measures have been put in place to ensure the process for complaint resolution as detailed in the *Health and Disability Services (Complaints) Act 1995* and by internal policies and procedures is adhered to at all times.

In addition, the Office did not meet the target associated with resolution of complaint by negotiated settlement where an extension of time was granted; 71% of complaints were resolved within the 112 day timeframe, below the target of 85%. This occurred for a number of complaints due to the complexity of the cases and the closure of aged cases. The internal timeframe will continue to be closely monitored.

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

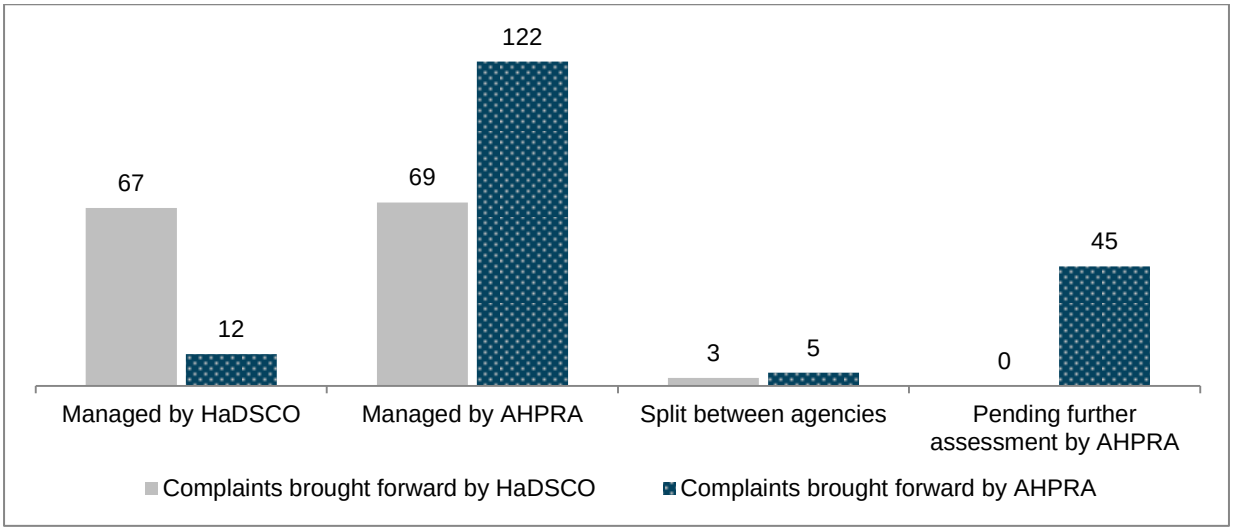
Legislative requirement	Legislative timeframe or performance target (days)	2017-18 Target	2017-18 Actual
Preliminary assessment of complaint	28	95%	95%
Preliminary assessment of complaint (with extension)	56	90%	92%
Notice to provider and others of acceptance of complaint	14	95%	91%
Resolution of complaint in Negotiated Settlement	56	80%	86%
Resolution of complaint in Negotiated Settlement (with extension)	112	85%	71%

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 consult with the Australian Health Practitioner Regulation Agency (AHPRA) about complaints that relate to registered health professionals to determine which agency is more appropriate to manage the complaint. The AHPRA register of national boards and professionals can be found at Appendix 5.1.

In 2017-18, HaDSCO brought forward 139 complaints to discuss with AHPRA staff, while AHPRA brought forward 184 complaints to discuss with HaDSCO staff. After reviewing the complaint files, a decision was reached as to which agency would retain the complaint and seek resolution, or agreement was reached to split a complaint and have both HaDSCO and AHPRA resolve different aspects, or issues, of the complaint. The number of complaints retained by each agency is detailed in Figure 5.

Figure 5: Agency responsible for complaint resolution



CASE STUDY

Redress for inadequate clinical assessment

An individual presented to a medical practitioner for assessment of redness and soreness in their eye. The practitioner undertook a clinical assessment but did not use a dye to examine the eye. Eye drops were prescribed and when the condition did not improve, the consumer consulted with another practitioner who identified a piece of steel in the individual's eye. The individual lodged a notification with the Australian Health Practitioner Regulation Agency (AHPRA) regarding the practitioner's failure to use the dye to properly examine the eye. As the individual indicated that they sought a financial outcome, the matter was referred to HaDSCO for resolution.

HaDSCO worked with the practitioner's insurer to negotiate a suitable outcome. A financial goodwill gesture was offered and a mutually agreeable resolution was achieved.

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 three complaints in the 2017-18 financial year as part of this Arrangement.

The number of complaints managed by HaDSCO decreased in comparison to the 2016-17 financial year, when representatives from our Office visited the IOT and discussed a number of complaints with residents.

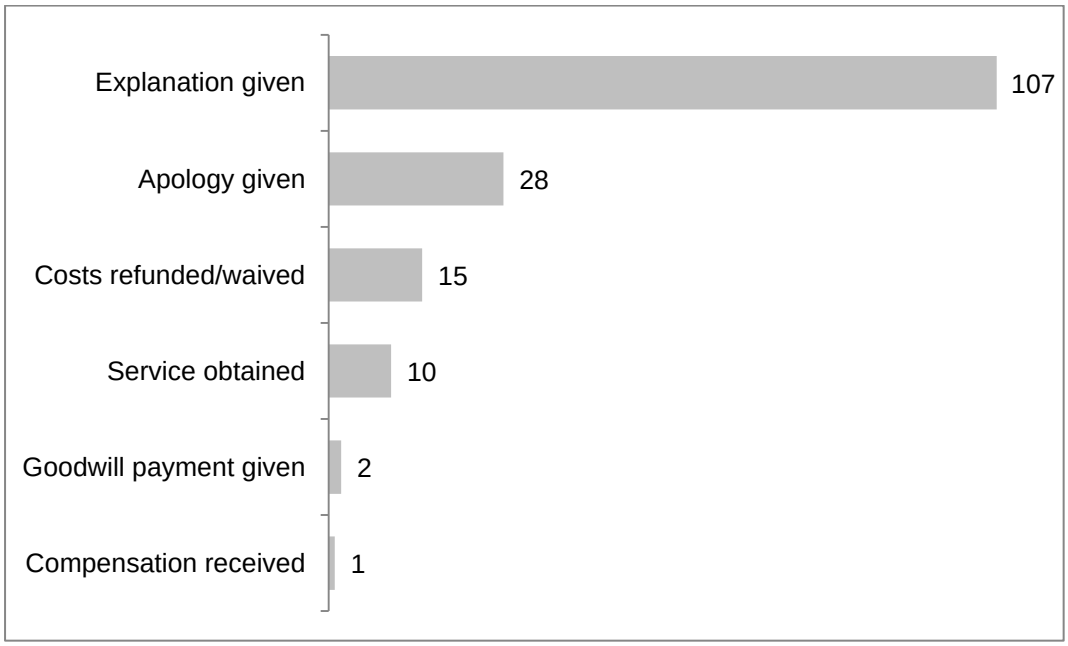
Outcomes achieved

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 77% of the complaints closed by negotiated settlement, conciliation or investigation in 2017-18. This resulted in a total of 163 outcomes for individuals, as shown in Figure 6. This compares to 62% of complaints closed by negotiated settlement, conciliation or investigation producing a redress outcome in 2016-17 (for a total of 144 redress outcomes).

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; an apology given by the service provider; the service provider refunding or waiving costs; and a service obtained for an individual.

Figure 6: Redress outcomes resulting from complaints managed through a resolution process



Service improvements

In 2017-18, **39** 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 /Agreed actions	**Service improvement**
Review or change in policy	Review of policy, procedure and consent forms used for dental surgery under general anaesthetic.
	Development of patient information sheets for specific clinical procedures.
	Development of a new transition policy by a disability service provider to include ongoing consultation with families.
	Development of a practice standard to achieve compliance with section 257 of the *Mental Health Act 2014*. This includes a provision that clinicians document their discussion with patients regarding reasons for the refusal to admit them as a voluntary patient; that individuals are informed of their right to lodge a complaint and informed that they may request reasons for the refusal of admission in writing.
Change in procedure	Procedure revised to ensure that appropriate information is provided to support individuals to make informed decisions about their treatment.
	Development of a quality checklist to follow up on test results.
	Development of a specific consent form which details the material risks associated with clinical procedures.
	Development of a process for documenting the regular inspection of cannula sites during the administration of intravenous iron infusions.
	Development of a procedure the efficient and coordinated management of complaints.
	Development of an information sheet to inform patients about ureteric stent procedures in a hospital.
	Process revised to enable an online feedback form to be used by patients to make a complaint without having to lodge a separate complaint form.
	Implementation of a new Pharmacy procedure for dispensing injections.

Communication	Communication protocols improved by medical practitioners regarding the termination of a professional treating relationship with patients.
	Improved communication with families to ensure that they are consulted about proposed changes to disability accommodation arrangements.
	Improved communication with carers regarding discharge arrangements from hospital to an aged care facility.
Staff education and training	Improvements made to medical record keeping practices.
	Several complaints used as de-identified case studies for the purpose of educating staff.
	Training provided to staff to improve complaint handling procedures.

CASE STUDY

Hospital improves informed consent processes for patients undergoing iron infusions

An individual contacted HaDSCO when they sustained permanent staining of the arm following an iron infusion procedure.

The complaint was initially raised with the health service provider who apologised for the complication the individual experienced. The health service provider offered ultrasound treatment, however this was declined on the basis that it was not considered to be an effective treatment option to rectify the staining.

HaDSCO reviewed the complaint and made further enquiries with the service provider. The enquiries related to the information provided to patients undergoing iron infusion procedures and action taken to improve these procedures. HaDSCO's enquiries showed that the health service provider had documented the matter as a clinical incident and had commenced a review of its procedures. As a result of its investigation, the service provider identified several improvements to procedures and practice.

HaDSCO identified that the informed consent process could be improved to ensure that patients were adequately informed of the material risks associated with the procedure. As a result of HaDSCO's involvement the health service provider developed a specific consent form for iron infusions which details the material risks associated with the procedure; and finalised the process for documenting the regular inspection of the cannula site during the administration of an iron infusion.

This case also resulted in broader improvements whereby Medical Directors across public and private sector hospitals were advised of the issue and reminded to ensure that staff were aware of the matter and encouraged to review organisational policies.

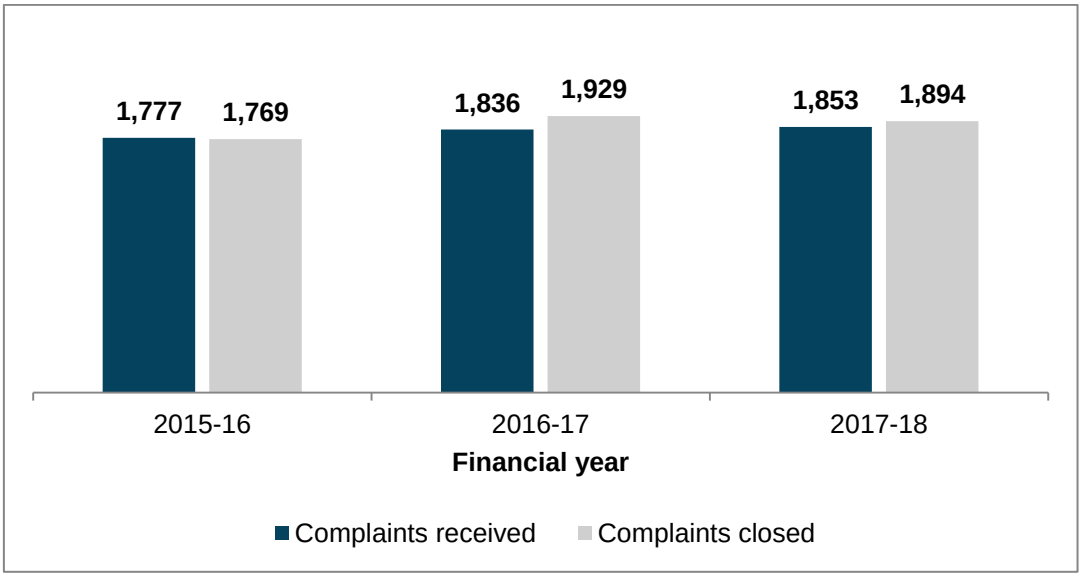
2.4. Complaints about health services

HaDSCO complaints data

HaDSCO received 1,853 complaints about health services in the 2017-18 financial year. This represents a 1% increase compared to 2016-17. HaDSCO closed 1,894 complaints about health services in 2017-18, a 2% decrease compared to 2016-17.

Figure 7 details the number of complaints about health services received and closed by HaDSCO over the past three years. The number of complaints, both received and closed, has increased from 2015-16 to 2017-18.

Figure 7: Complaints about health services



The following section provides a more detailed breakdown of the complaints about health services closed by HaDSCO over the past three financial years.

CASE STUDY

Hospital agrees to amend their manual to clarify eligibility for Medicare benefits under the Reciprocal Health Care Agreement with New Zealand

An individual was admitted to a public hospital for treatment. They were classified as an overseas patient and was informed of the costs for accommodation and treatment. The individual's private health insurance covered part of the fees, however, the patient was left with considerable out of pocket expenses.

The individual complained to the health service provider regarding her eligibility to be covered by Medicare under the *Reciprocal Health Care Agreement* (RHCA) with New Zealand, as a permanent New Zealand resident. Relevant documentary information was given to the service provider to assess the entitlement. The relevant information included an overseas passport with a certificate of identity. The certificate of identity indicated that the certificate expired when a person leaves New Zealand. On this basis, the health service provider declined the patient's request for the excess costs incurred to be paid by Medicare under the RHCA.

As a result of HaDSCO's involvement, the service provider agreed to submit the accounts to Medicare to test the individual's eligibility. It was determined that the individual was eligible to receive Medicare benefits under the RHCA. As a result, the health service provider changed the patient's account status from *Overseas Visitor* to *Public Reciprocal* and the outstanding invoices were adjusted to a nil balance. The service provider also extended an apology to the individual.

The health service provider agreed to amend its fees manual to clarify that New Zealand non-citizens who have permanent residency in New Zealand are entitled to Medicare benefits under the RHCA

CASE STUDY

Diagnostic health service provider discounts out of pocket expenses for failing to inform patient of the costs

An individual was referred to a diagnostic health service provider for an ultrasound. They were informed by the General Practitioner and the service provider that the ultrasound would be bulk billed. On the day of the procedure, however, the diagnostic service provider informed the individual that a private account would be billed as they held an interim Medicare card. The individual was required to pay the full private fee. The individual contacted Medicare and was informed that the procedure should have been bulk billed. In the circumstances, however, the service provider's policy was to charge a private account for holders of interim Medicare cards.

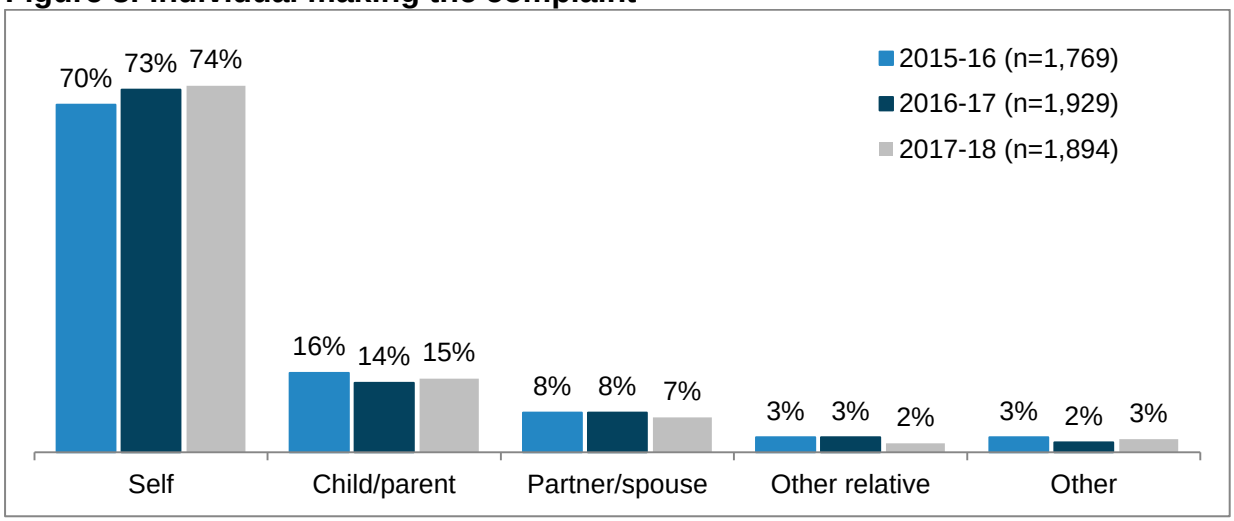
As a result of HaDSCO's involvement, the diagnostic service provider offered a fifty per cent reduction on the consumer's out of pocket fee (the difference between the Medicare and private fee) as a gesture of goodwill.

Individual making the complaint

The majority of complaints 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 8).

Over the past three years, there has been a gradual increase in the proportion of complaints made by the individual who received the service.

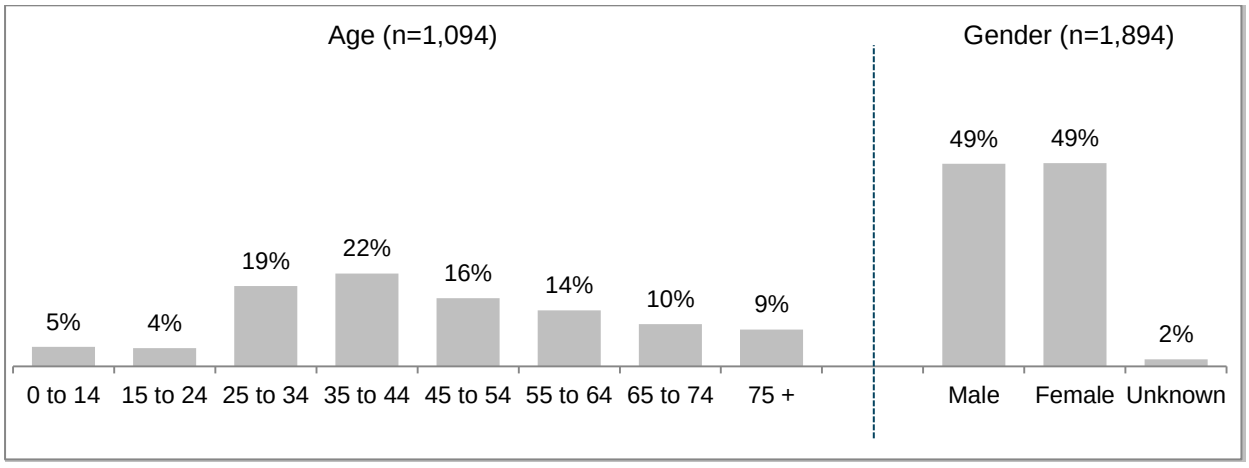
Figure 8: Individual making the complaint



Totals may not sum to 100% due to rounding.

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 9.

Figure 9: Age and gender of the individual receiving a service (2017-18)



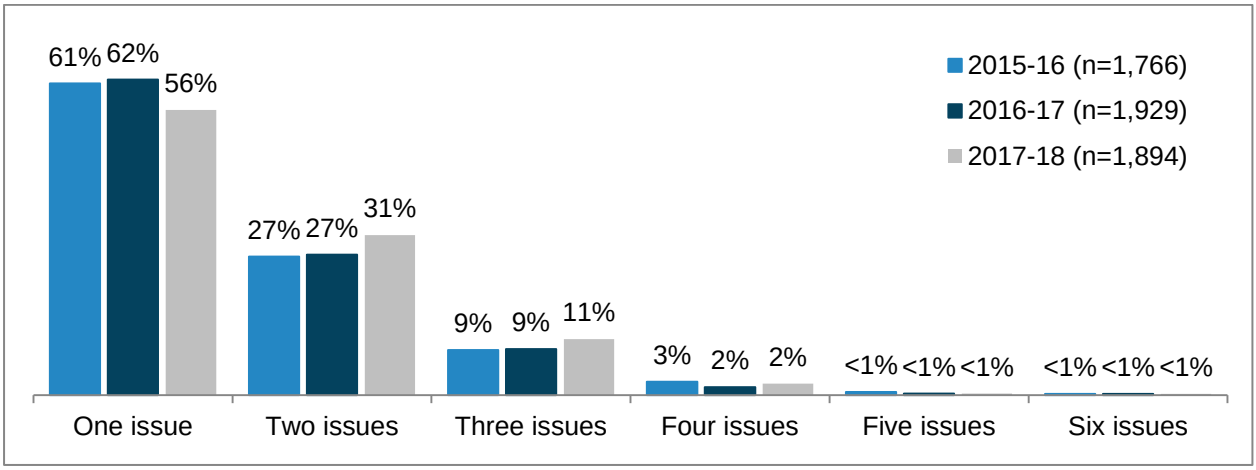
Totals may not sum to 100% due to rounding. The data in Figure 9 is provided only for complaints where demographic information about the individual receiving a service was recorded.

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 1,894 complaints about health services closed by HaDSCO in 2017-18, 44% concerned multiple issues, resulting in a total of 3,046 issues being identified. As shown in Figure 10, the number of complaints identifying more than one issue has increased in 2017-18, suggesting an increase in the complexity of the complaints managed by the Office over the last 12 months.

Figure 10: Issues per complaint



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

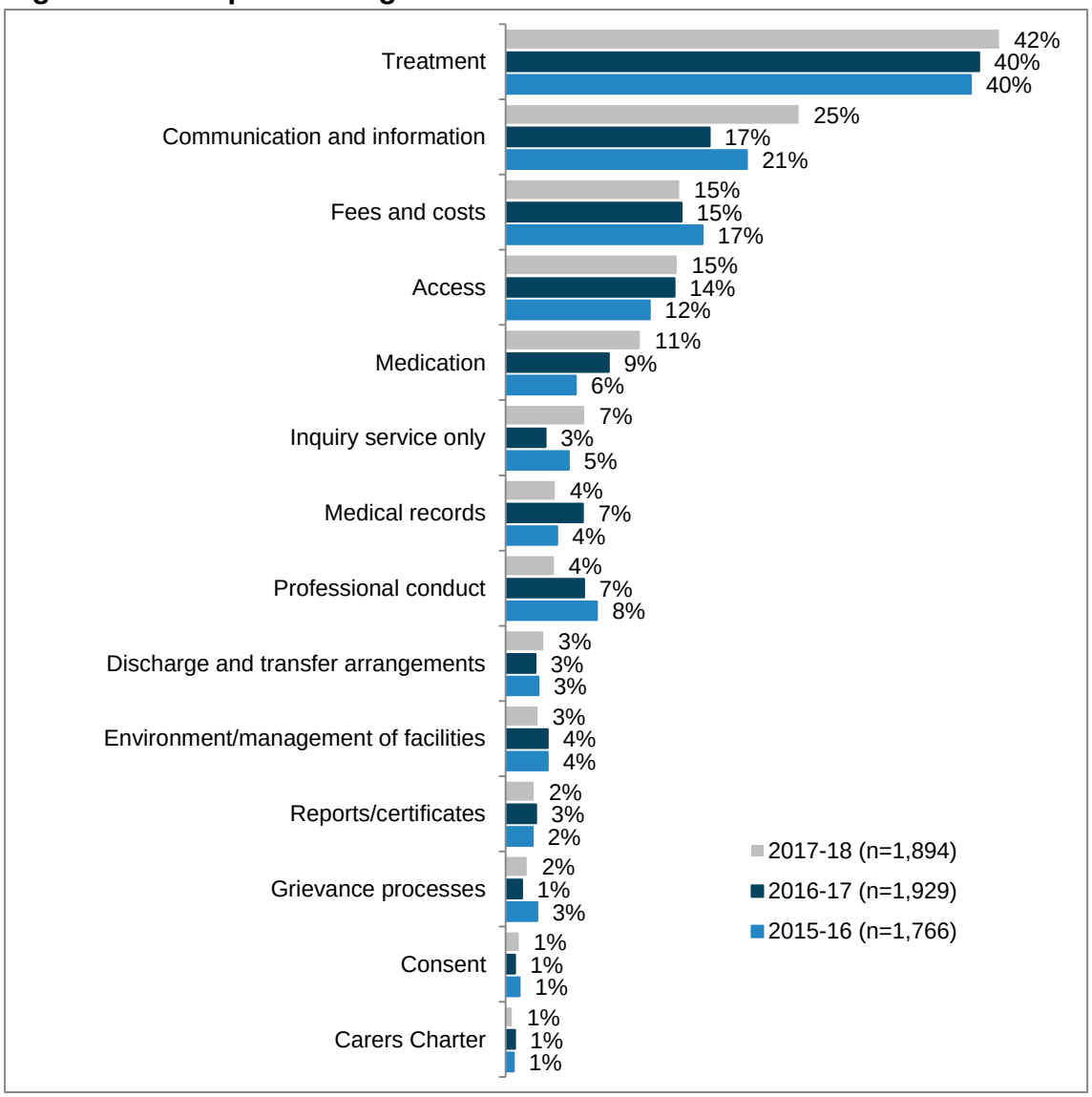
CASE STUDY

Service providers make improvements to complaints management procedures

While managing individual complaints, we often identify that complaints management procedures could be improved. Examples of dissatisfaction expressed by individuals includes a lack of response or timely response to their complaint and that the service provider did not have a clear complaints management process in place. In these circumstances, HaDSCO works with service providers to ensure that feedback and complaints procedures are clear and easily accessible to individuals wishing to make complaints. Further, that there is a central coordination area and dedicated staff responsible for managing complaints in a timely manner.

The complaint issue categories identified in the complaints about health services closed by HaDSCO over the last three years are shown in Figure 11. Within each complaint category, a variety of specific issues may be identified by the individual making the complaint.

Figure 11: Complaint categories[2]



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.

In 2017-18, the majority of complaints concerned treatment; communication and information; fees and costs; and access. A number of trends were observed over the past three years in relation to the complaint categories identified in health complaints:

- Treatment continues to be the most commonly raised concern, with 42% of complaints managed by the office in 2017-18 dealing with at least one treatment issue.

[2] The methodology used to calculate the proportion of complaints that identified a given issue category has been revised in 2017-18 and applied to historical data for 2016-17 and 2015-16.

- There has been an increase in the proportion of complaints that identified a concern with communication and information in 2017-18; the proportion increased from 17% in 2016-17 to 25% in 2017-18.
- The proportion of complaints identifying medication issues continued to increase, with 11% of complaints identifying this complaint category, compared to 9% in 2016-17 and 6% in 2015-16.
- The proportion of complaints identifying professional conduct issues continued to decrease, with 4% of complaints identifying this complaint category, compared to 7% in 2016-17 and 8% in 2015-16.

The proportion of health complaints identifying the remaining complaint categories was generally consistent over the past three years.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 11, please refer to Appendix 5.2.

CASE STUDY

Pharmacy improves information provided to consumers regarding the appropriate storage of injectable vaccines

An individual attended the local pharmacy to purchase a vaccine in preparation for overseas travel. The individual attended the General Practitioner the following day to have the vaccine administered but was informed that the vaccine could not be used because it had been left out of the fridge for more than an hour.

The individual lodged a complaint with HaDSCO stating that he was not informed by the pharmacy staff at the time he collected the vaccine that it needed to be refrigerated. Through HaDSCO's negotiated settlement process, the pharmacy offered a refund as a good will gesture.

The pharmacy also contacted the manufacturer regarding the safe storage of vaccines and they reviewed their ordering and dispensing process.

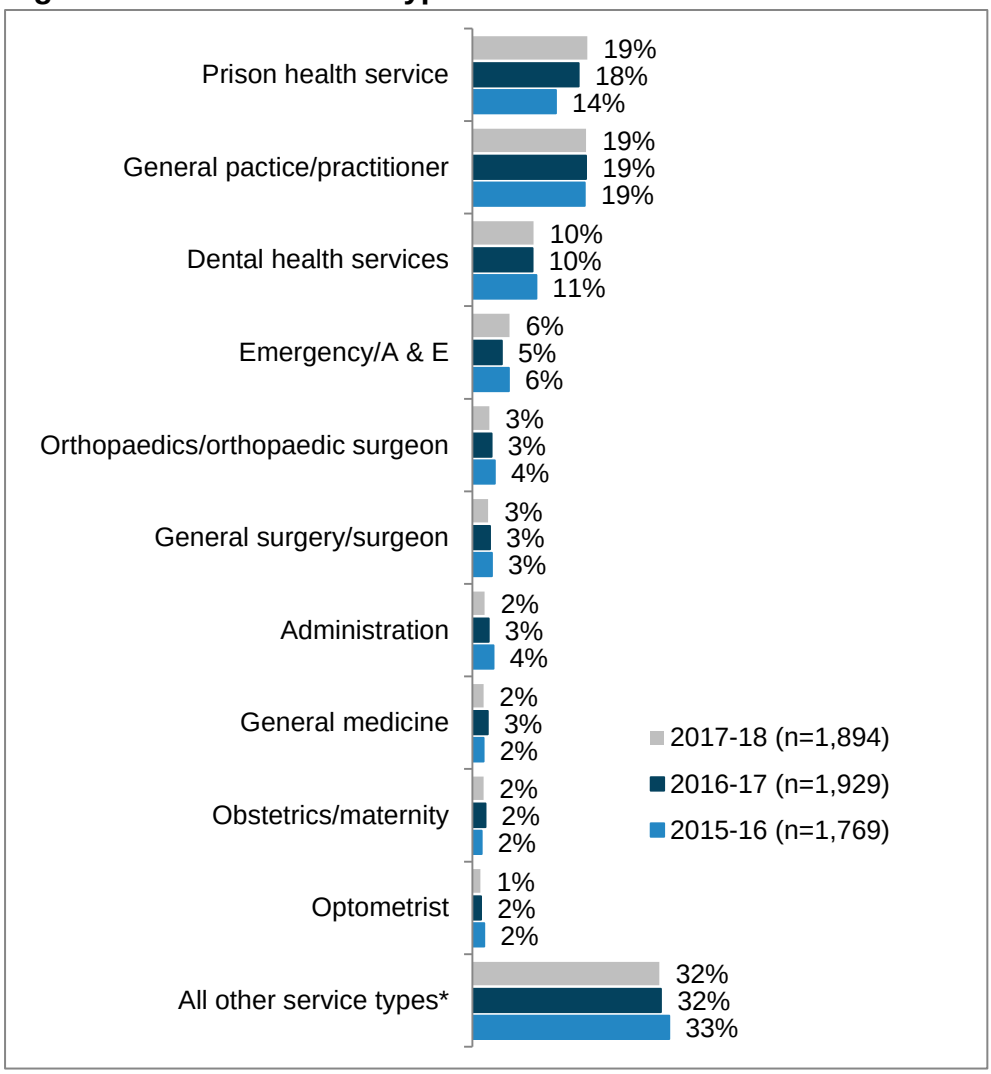
It was agreed that, in future, individuals will be informed that the vaccine should be kept refrigerated. They will also be asked if the vaccine will be administered within the hour. If not, they will be asked to bring a freezer bag or ice pack when the vaccine is collected.

Health service types

The specific health service types identified in complaints closed by the Office are shown in Figure 12. Due to the large number of service types identified, only the most common service types are reported.

The service types that were most frequently the subject of complaints in 2017-18 were prison health services (19%), general practices and practitioners (19%), and dental health services (10%).

Figure 12: Health service types



Totals may not sum to 100% due to rounding.
** This category includes a wide range of service types, a number of which are associated with health services provided by hospitals and/or specialists. Examples include paramedical service, radiologist, pathologist, gastroenterology, pain management, paediatrics etc.*

There has been minimal change in the service types identified in health complaints over the past three years, with the exception of a gradual increase in the number of complaints concerning prison health services.

CASE STUDY

Prison Health complaints

HaDSCO receives complaints about prison health services. Prisoners may contact HaDSCO directly, using a direct telephone service or may submit a complaint in writing.

A proportion of complaints about prison health services relate to access to medication for drug and alcohol related issues, mental health treatment, the management of chronic health conditions and external health service appointments.

In regard to complaints about medication, a number of the complaints we receive relate to an individual's access to the methadone program. In these cases, we seek explanations about the reason the prisoner has not met the eligibility criteria to participate in the program.

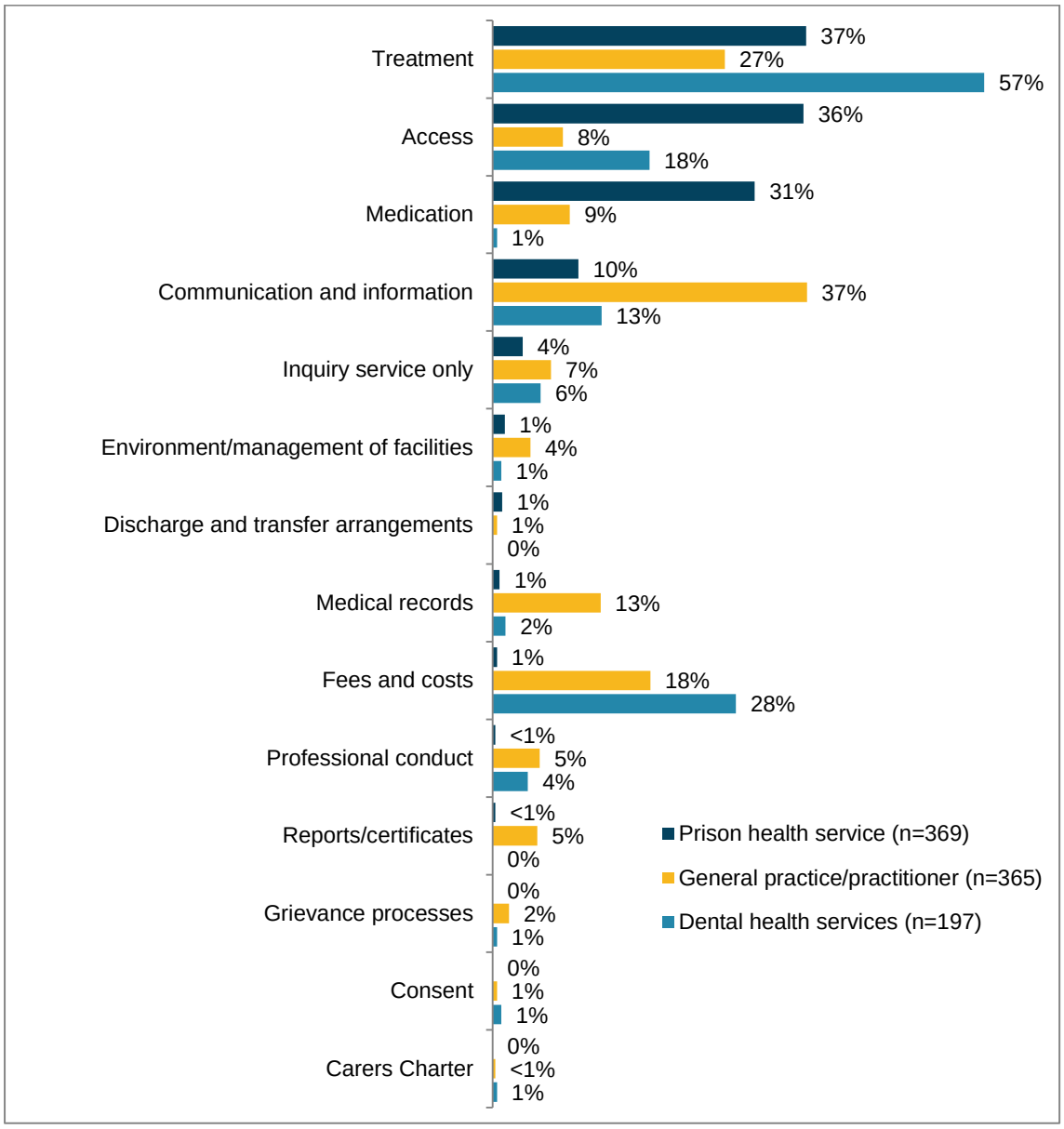
For complaints about access to medication for mental health issues, we seek confirmation that the individual has access to mental health services and that they have been medically assessed with appropriate supports in place.

A proportion of complaints also relate to access to health services when a prisoner is on remand. These cases are generally managed by contacting the Clinical Nurse Manager to seek explanations and confirm that an appointment has been made for a health assessment.

When we receive complaints that raise concerns about the management of chronic health conditions, including access to external appointments and dental treatment, HaDSCO staff contact the relevant Clinical Nurse Managers to seek updates and explanations regarding the individual's complaint. This is an efficient process to confirm that external referrals have been made and also assists to clarify information about their treatment and medications.

The complaint issue categories identified in health complaints vary by the service type in question. The issue categories associated with the most common health service types (prison health service, general practice/practitioner, dental health services) are shown in Figure 13.

Figure 13: Complaint categories by service type (2017-18)



Because multiple issues can be identified per complaint, percentages will not sum 100%.

The differences observed in the issue categories for complaints about prison health services, general practices, and dentist health services were as follows:

- Complaints about prison health services were far more likely to concern access to services; and medication.
- Complaints about general practices were far more likely to concern communication and information; medical records; fees and costs; reports/certificates; and environment/management of facilities.
- Complaints about dental health services were far more likely to concern treatment; and fees and costs.

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 5.3. The information collected includes:

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

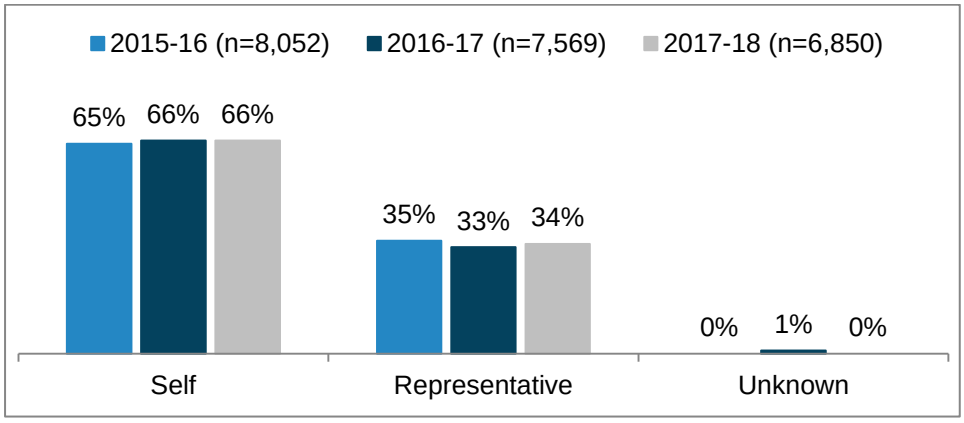
The aggregate data received by HaDSCO includes all complaints received by prescribed providers in the current financial year (2017-18). A preliminary analysis of this data is provided below.

In 2017-18, details of 6,850 complaints concerning 11,448 issues were submitted to HaDSCO by service providers. This represents a 9.5% decrease from 2016-17 in the number of complaints received (7,569 complaints) and a 6% decrease in the number of issues identified (12,243 issues in 2016-17).

Individual making the complaint

In 2017-18, the majority of complaints (66%) received directly by service providers were made by the individual who received the service (as shown in Figure 14).

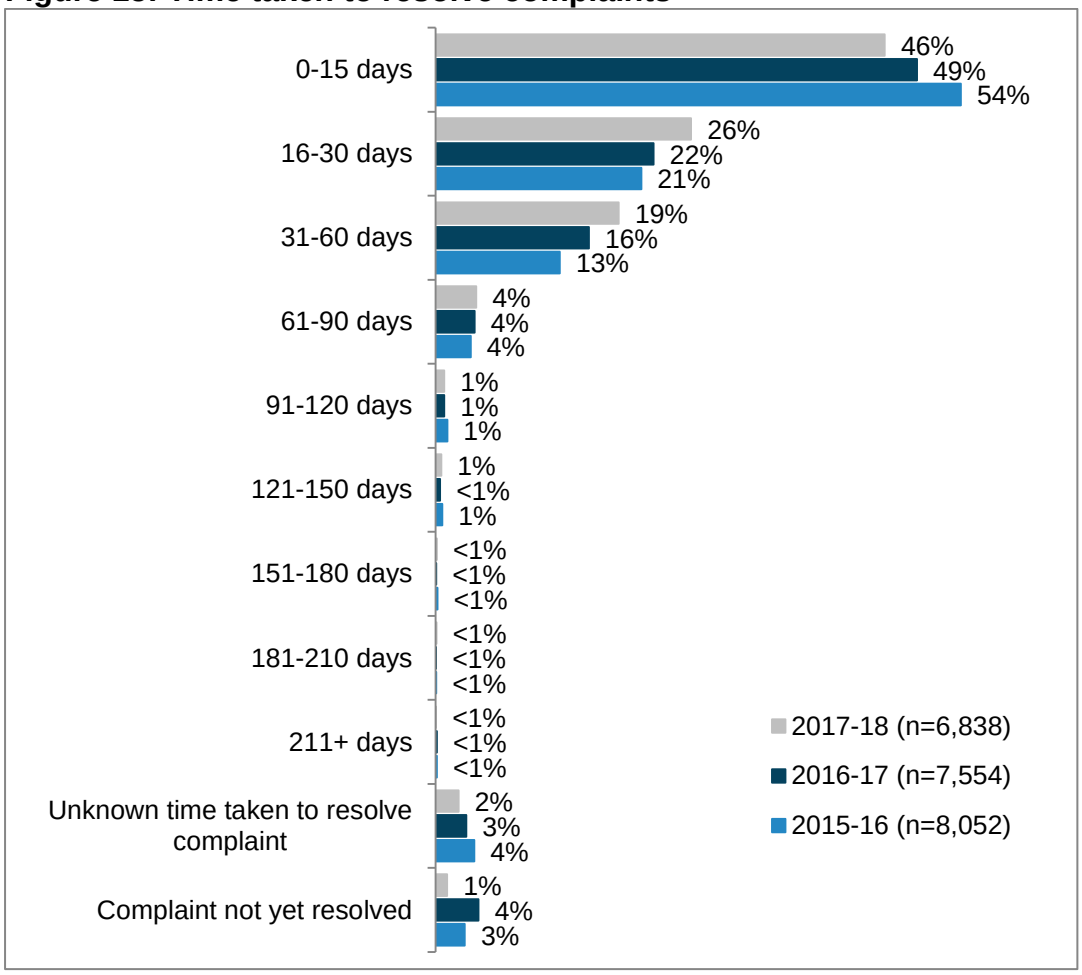
Figure 14: Individual making the complaint



Time taken to resolve complaints

The time taken for service providers to resolve complaints over the past three years is shown in Figure 15. In 2017-18, the majority of complaints (72%) received directly by health service providers were resolved in less than 30 days.

Figure 15: Time taken to resolve complaints

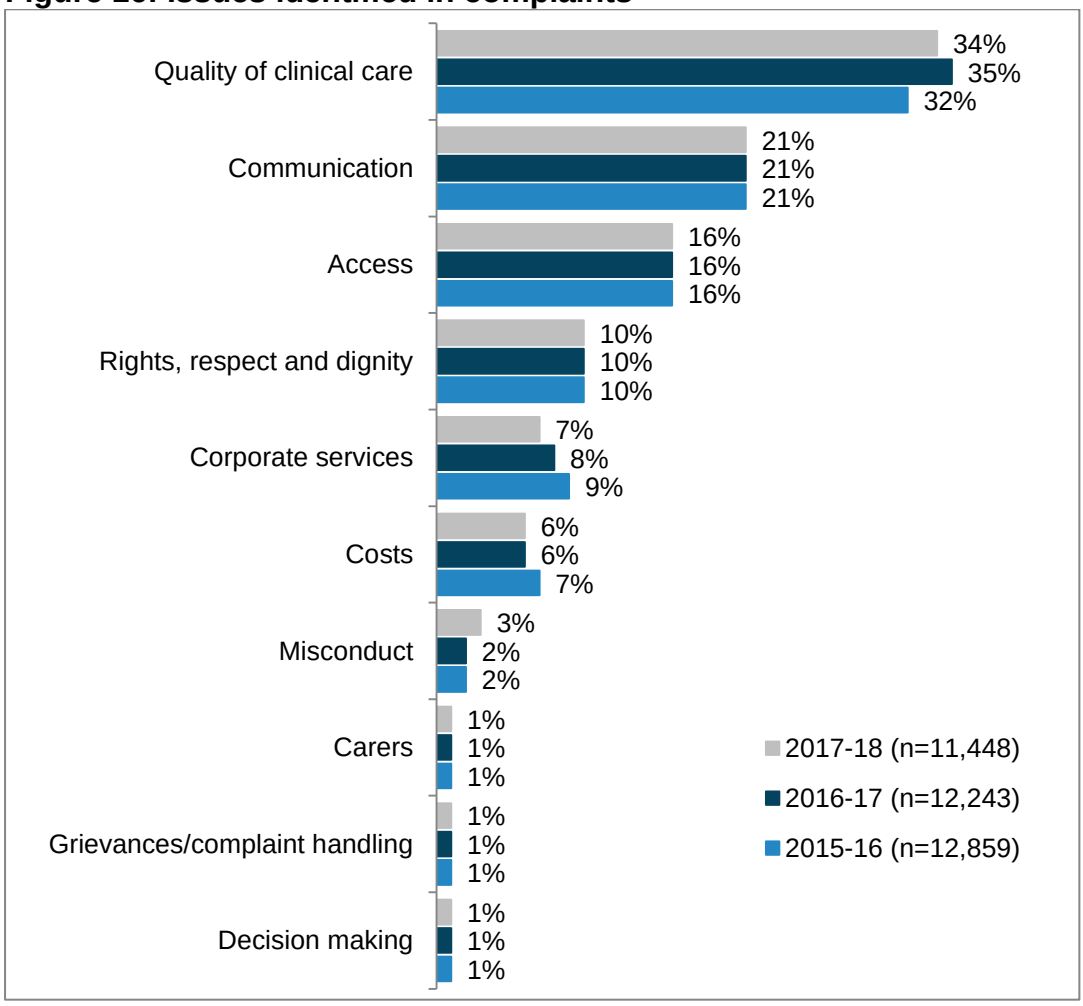


Totals may not sum to 100% due to rounding. In some instances data was not recorded by health service providers.

Issues identified

The issues identified in complaints received by service providers over the last three years are shown in Figure 16. In 2017-18, quality of clinical care (34%), communication with patients (21%), and access to service (16%) remained the issues most commonly identified in complaints. There has been minimal change in the types of issues identified in the complaints received by health service providers over the last three years.

Figure 16: Issues identified in complaints



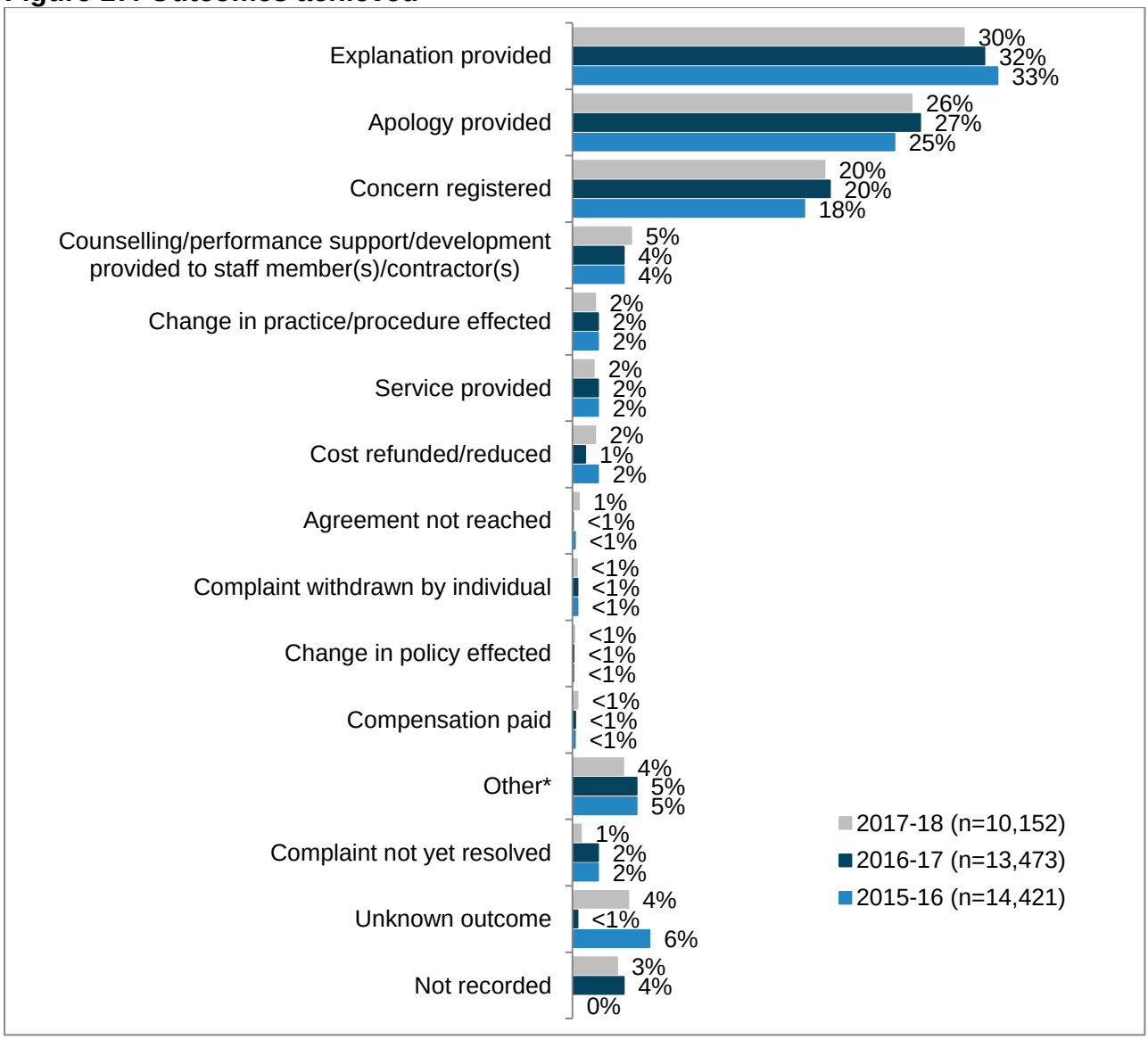
Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the complaints managed by service providers. In 2017-18, the most common outcomes were providing an explanation (30%), providing an apology (26%), or concern registered (20%). Of note, there has been a drop in the number of outcomes achieved by service providers, with a 25% decrease in 2017-18 (10,152 outcomes in 2017-18 compared to 13,473 outcomes in 2016-17). This reflects a drop from approximately 1.8 outcomes per complaint in the previous two years to just over 1.5 outcomes per complaint in 2017-18. Across the outcomes identified there has been a decreasing trend to provide an explanation to an individual making a complaint. Other outcomes have remained consistent.

The outcomes achieved in complaints received by service providers over the last three years are shown in Figure 17.

Figure 17: 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 2017-18 year by public, private and not-for-profit providers.

In 2017-18, the majority (69%) 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 2.

Table 2: Summary of health complaints received by sector

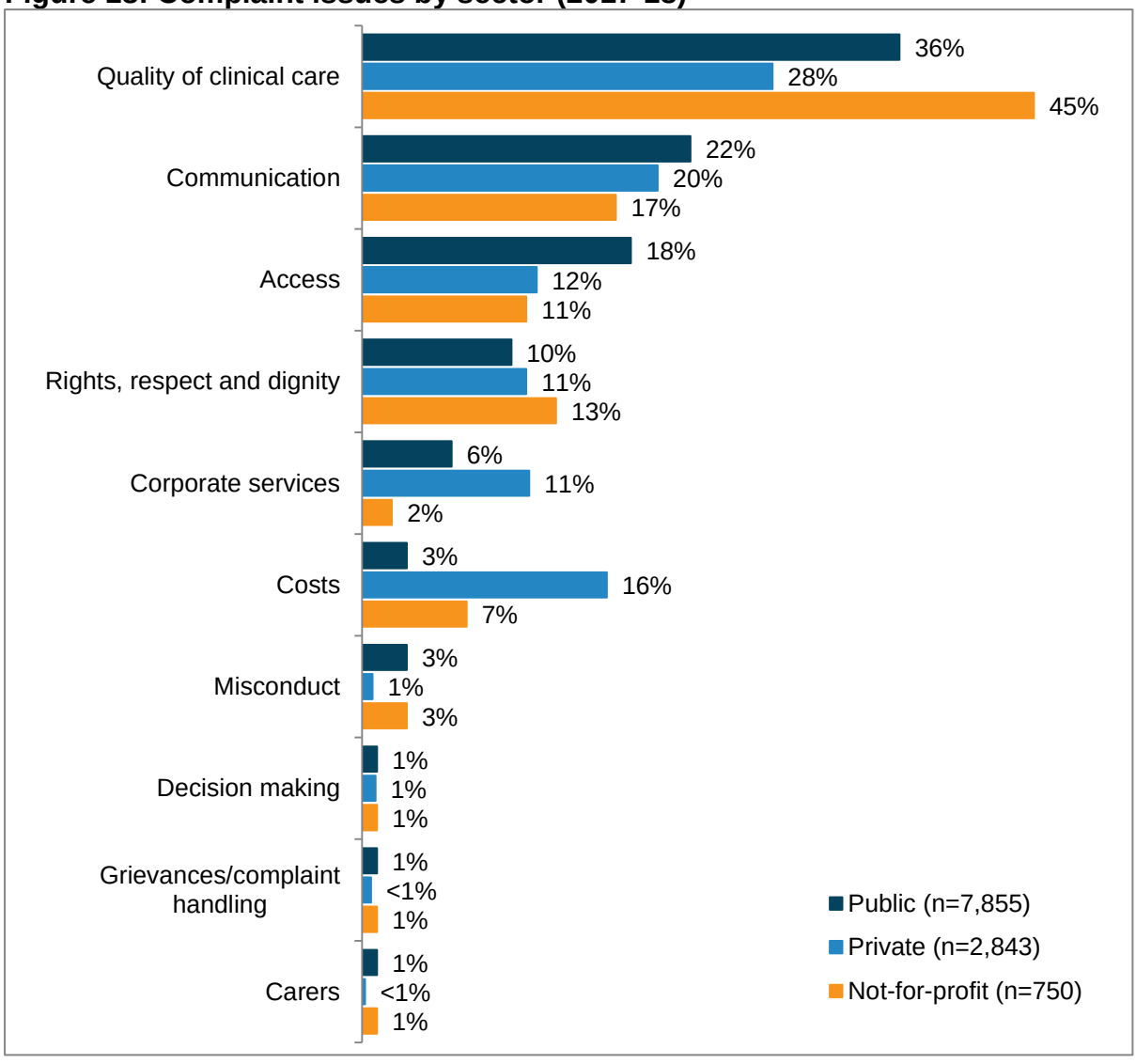
Public	Private	Not-for-profit
4,743 complaints	**1,486** complaints	**621** complaints
7,855 issues	**2,843** issues	**750** issues
Average **1.7** issues per complaint	Average **1.9** issues per complaint	Average **1.2** issues per complaint
81% of complaints resolved within 30 days	**77%** of complaints resolved within 30 days	**55%** 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 across the sectors; access (18%) in the public sector; costs (16%) in the private sector; and rights, respect and dignity (13%) in the not-for-profit sector.

The issues identified in complaints received by service providers in 2017-18 split by sector are shown in Figure 18.

Figure 18: Complaint issues by sector (2017-18)

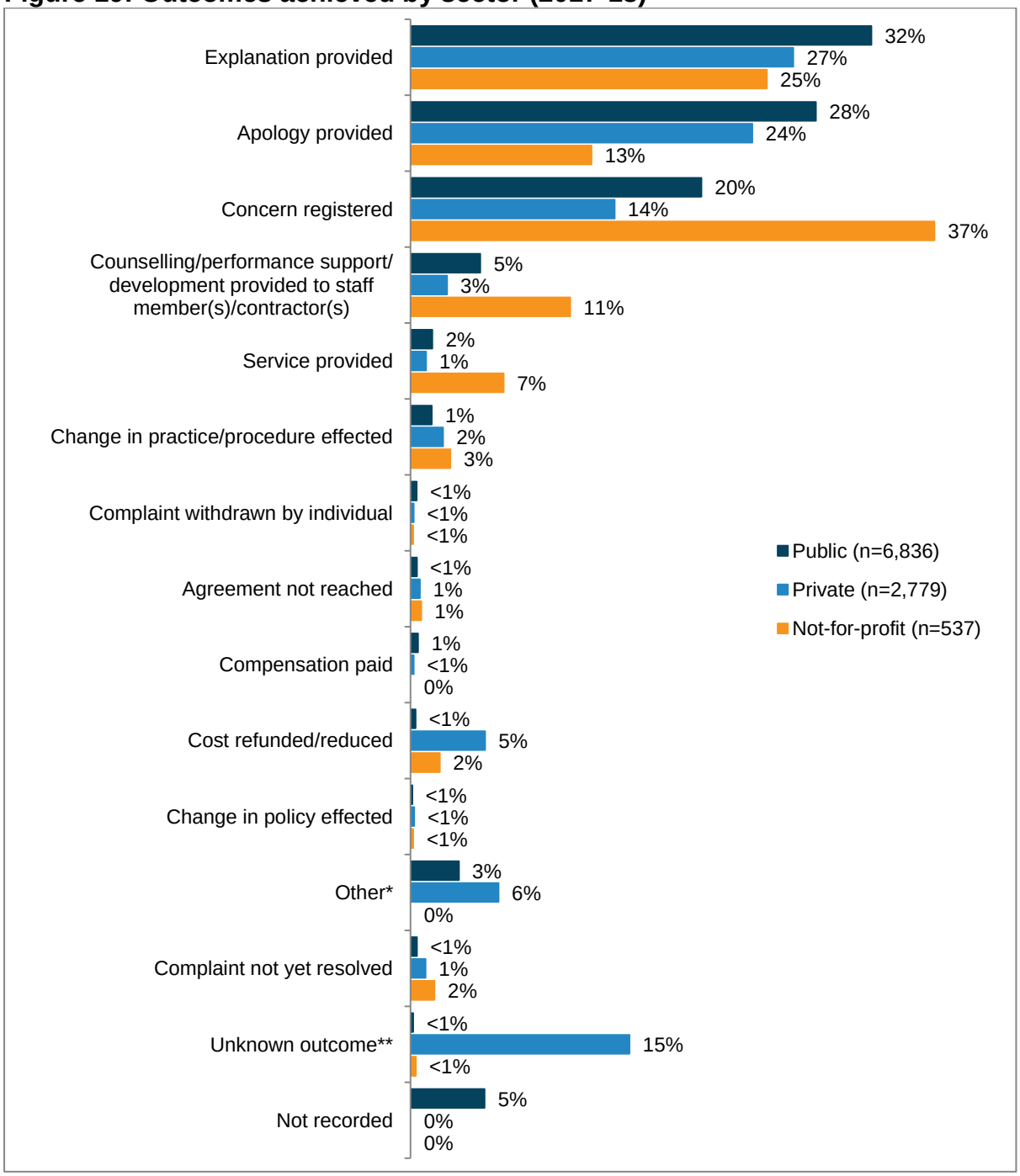


Totals may not sum to 100% due to rounding.

Outcomes achieved by sector

The most commonly identified outcomes across all sectors were providing an explanation; providing an apology; or concern registered. The most common outcomes for each sector were the same; however the proportion of complaints achieving a specific outcome differed across the sectors, as shown in Figure 19. The most common outcome for the public and privates sectors was explanation provided, while concern registered was the most common outcome for the not-for-profit sector.

Figure 19: Outcomes achieved by sector (2017-18)



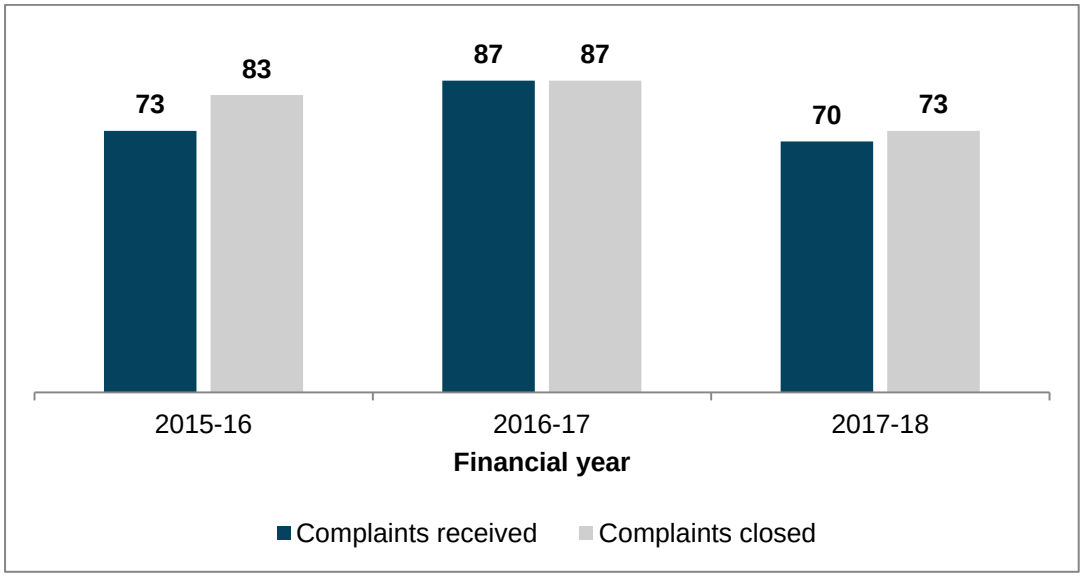
Other outcomes include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action. The significant increase in unknown outcomes is attributed to a few service providers who were unable to provide outcome data for the current year.*

2.5. Complaints about disability services

HaDSCO complaints data

Figure 20 details the number of complaints about disability services received and closed by HaDSCO over the past three years. HaDSCO received 70 complaints about disability services in the 2017-18 financial year. Although this represents a decrease compared to 2016-17, it is reasonably consistent the number of complaints received in 2015-16. HaDSCO closed 73 complaints about disability services in 2017-18.

Figure 20: Complaints about disability services



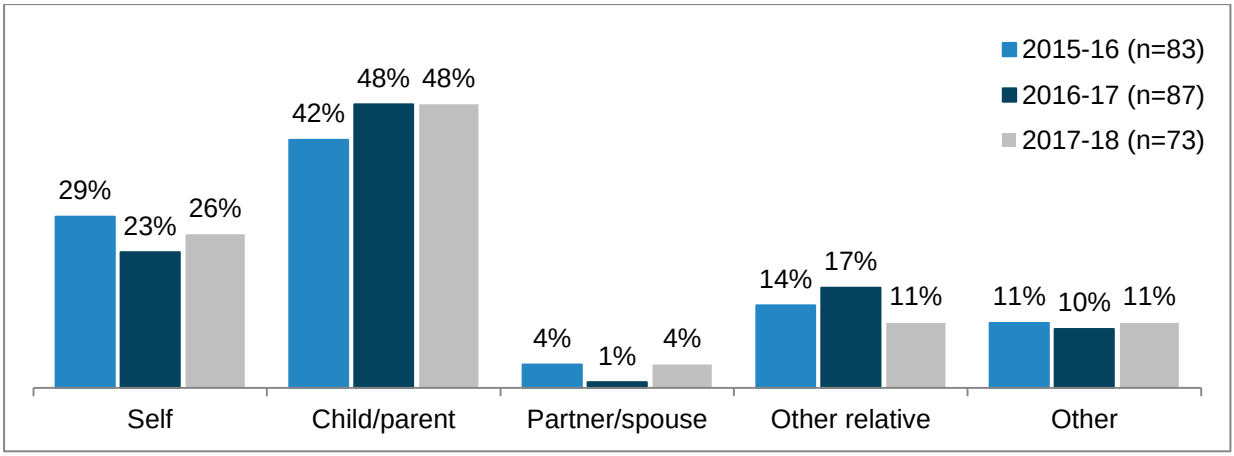
The following section provides a more detailed breakdown of the complaints about disability services closed by HaDSCO over the past three financial years.

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 (74% in 2017-18) were made by someone acting on behalf of the individual who received the service; typically this is a family member (as shown in Figure 21).

Over the past three years there have been variations in terms of the specific person who made a complaint, although approximately 20% to 30% of complaints were made by an individual receiving a service and approximately 70% to 80% of complaints were made on behalf of someone receiving a service.

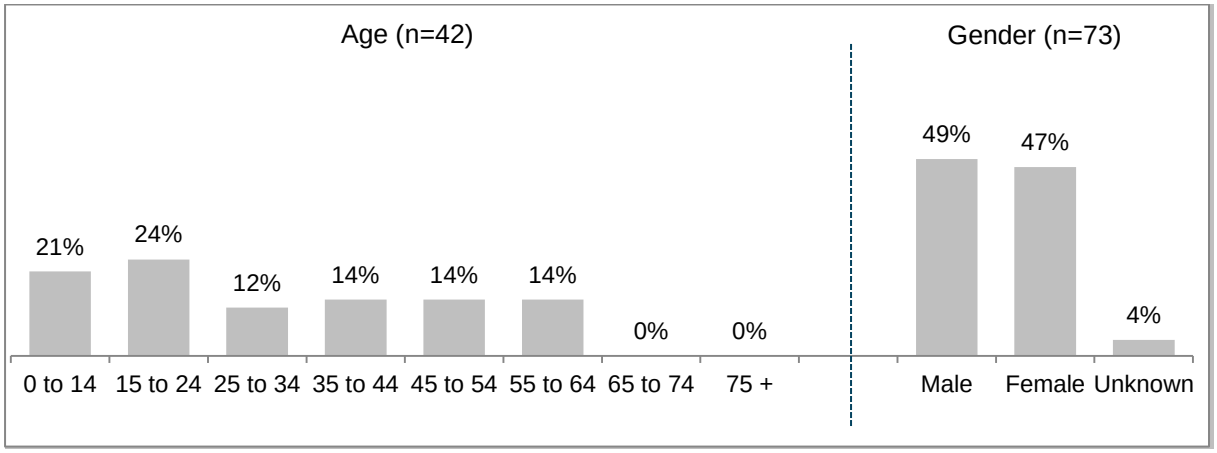
Figure 21: Individual making the complaint



Totals may not sum to 100% due to rounding.

Complaints about disability services were more likely to concern services provided to individuals under 25 years of age. No complaints concerned services provided to individuals aged over 64 years of age. Complaints were slightly more likely to be about services provided to males. Details are provided in Figure 22.

Figure 22: Age and gender of the individuals receiving a service (2017-18)



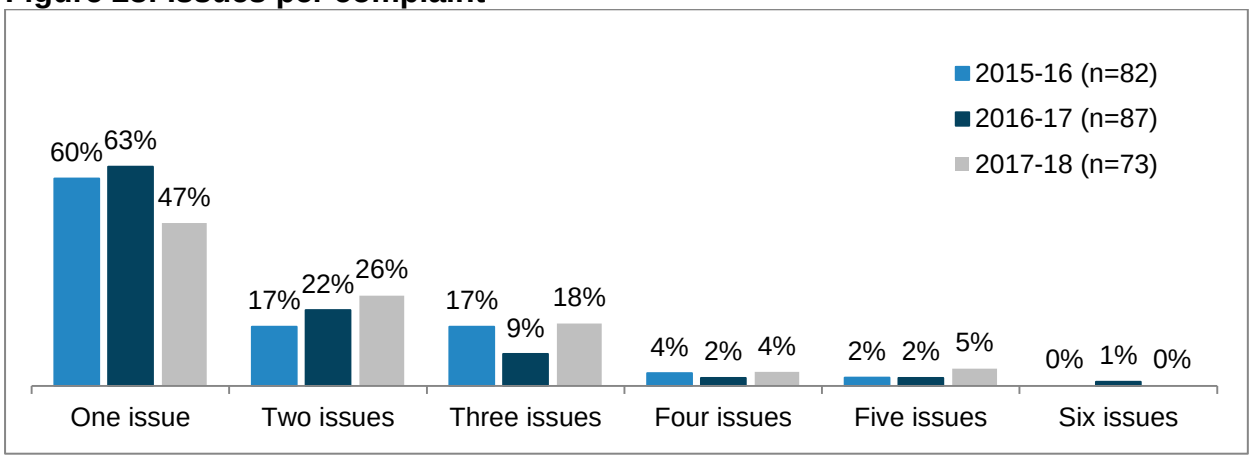
The data in Figure 22 is provided only for complaints where demographic information about the individual receiving a service was recorded. Totals may not sum to 100% due to rounding.

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 73 complaints about disability services closed by HaDSCO in 2017-18, 53% concerned multiple issues, resulting in a total of 143 issues being identified. As shown in Figure 23, the number of complaints identifying more than one issue has increased in 2017-18, suggesting an increase in the complexity of the complaints managed by the Office over the last 12 months.

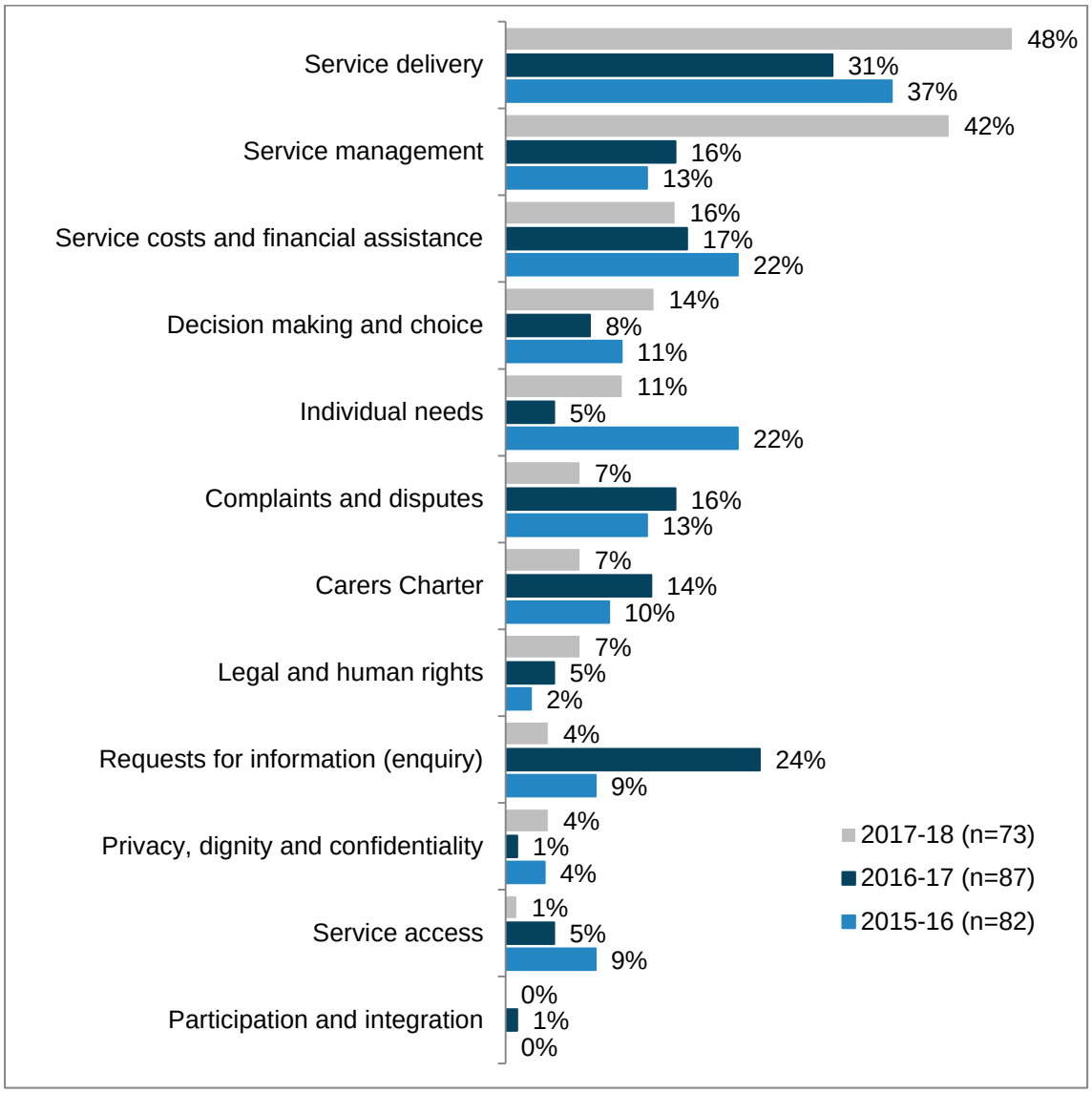
Figure 23: Issues per complaint



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

The complaint issue categories identified in the disability services complaints closed by HaDSCO over the last three years are shown in Figure 24. Within each complaint category, a variety of specific issues may be identified by the individual making the complaint.

Figure 24: Complaint issues identified[3]



Percentage of all disability complaints closed in each 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 complaint issue category 'Contribution to community' is excluded from Figure 24 as no complaints identified an issue is this category over the three year period.

In 2017-18, the majority of complaints about disability services concerned service delivery; service management; and service costs and financial assistance. In comparison to previous years there have been a few notable changes in the issues identified:

- The proportion of complaints identifying issues with service delivery has increased from 31% in 2016-17 to 48% in 2017-18.

[3] The methodology used to calculate the proportion of complaints that identified a given issue category has been revised in 2017-18 and applied to historical data for 2016-17 and 2015-16.

- The proportion of complaints identifying service management issues has increased from 16% in 2016-17 to 42% in 2017-18.
- Requests for information about HaDSCO's services and how to make a complaint about a disability service decreased from 24% in 2016-17 to 4% in 2017-18.
- The proportion of complaints about service costs and financial assistance; and service access have declined over each of the past three years.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 24, please refer to Appendix 5.4.

CASE STUDY

An individual lodged a complaint regarding the lack of consultation about the changes in their child's accommodation arrangements. Two new residents were introduced into the care facility which had a negative impact upon their child who had resided at the facility for a number of years. The family was aggrieved that they had not been consulted about the new living arrangements.

The complaint was managed in the conciliation process which provided an opportunity for the service provider to acknowledge the family's experience and concerns. A written apology was provided to the family.

The service provider has also developed a new transition policy which includes ongoing consultation with families.

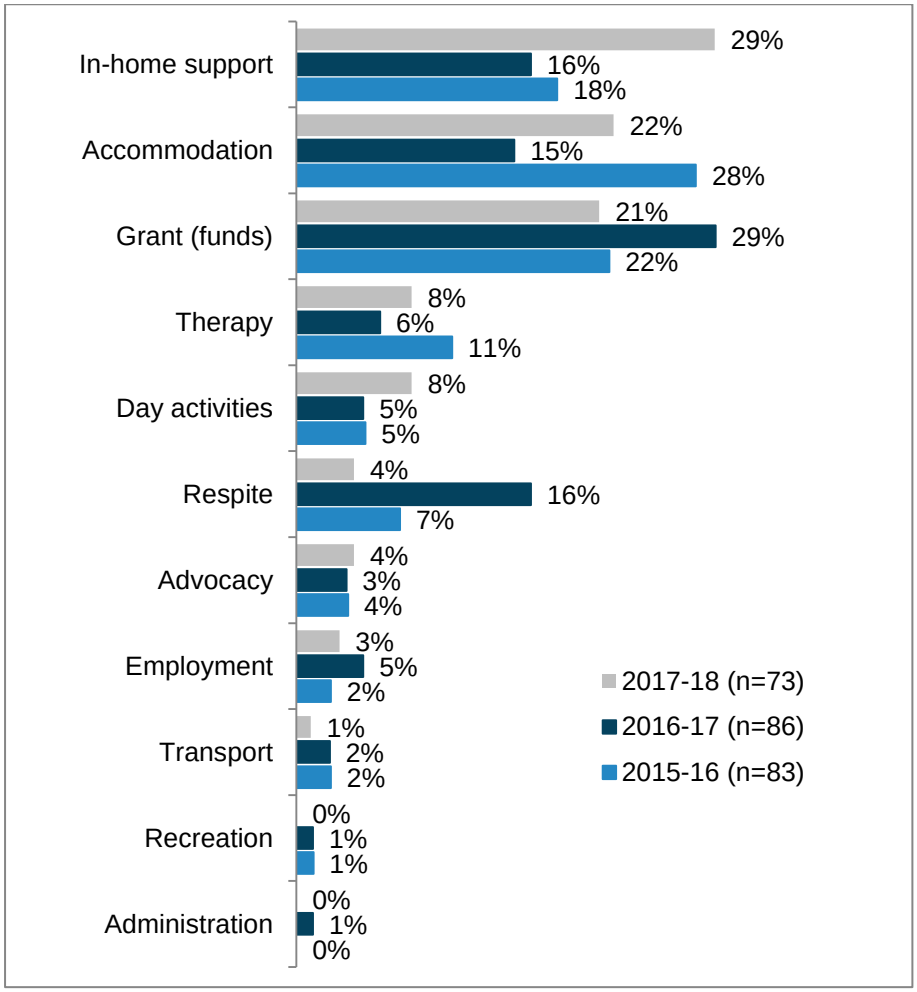
Disability service types

The specific disability service types identified in disability service complaints closed in the last three years are shown in Figure 25.

The service types that were most frequently the subject of complaints about disability services in 2017-18 related to in-home support (29%), accommodation (22%), and grants or funding (21%).

In 2017-18, the proportion of complaints concerning grants or funding; respite; and accommodation have returned to levels similar to those seen in 2015-16. There has also been a notable increase in the number of complaints about in-home support services, from 16% in 2016-17 to 29% in 2017-18.

Figure 25: Disability service types



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

External complaints data

Under Section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, 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 5.5. The information collected includes:

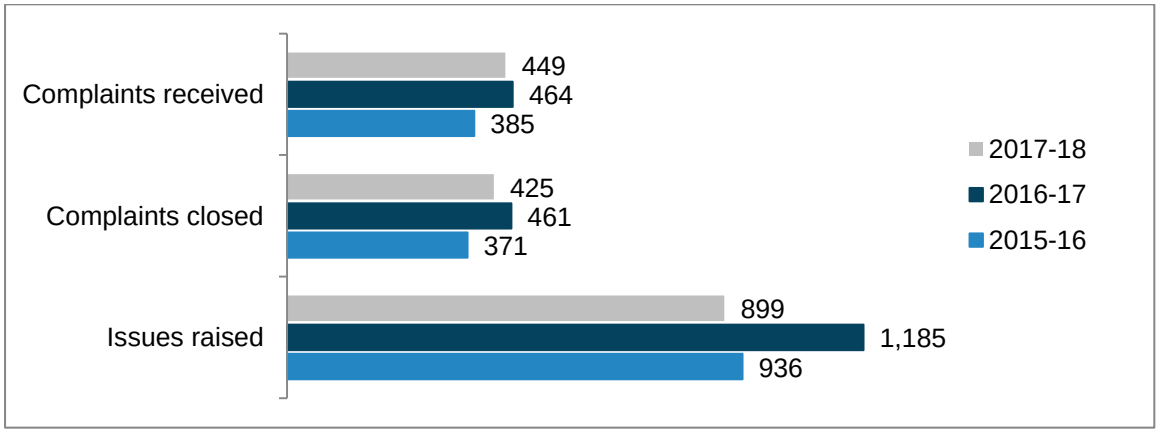
- Number of complaints.
- Demographics of consumers.
- Complaint issues.
- Complaint outcomes.
- Timeliness of complaint resolution.

Unless otherwise stated, all of the data presented in this section is based on the complaints closed by disability service providers over the past three financial years.

Complaints managed by disability service providers

In 2017-18, there was a decrease (3%,15 complaints) in the number of complaints received by prescribed disability service providers. There was also a decrease (8%, 36 complaints) in the number of complaints closed. The total number of issues also decreased, along with the average number of issues per complaint (2.1 issues per complaint closed in 2017-18, compared to 2.6 issues per complaint in 2016-17 and 2.5 issues per complaint in 2015-16). The number of complaints received and closed by disability service providers can be seen in Figure 26.

Figure 26: Complaints managed by disability services providers

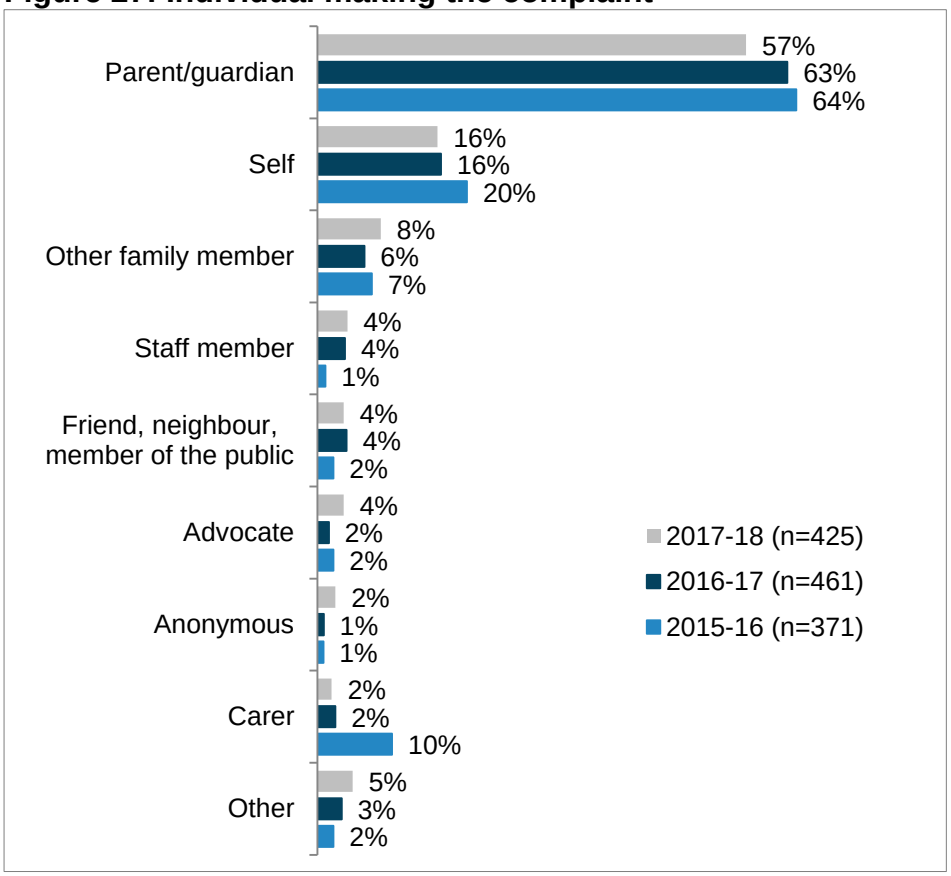


Individual making the complaint

In 2017-18, 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 27.

There was a decrease observed in the proportion of complaints made by parents/guardians in 2017-18 (from 63% in 2016-17 to 57% in 2017-18). The proportion of complaints made by individuals in the 'Other' category has increased gradually over the past three years; other individuals making a complaint in 2017-18 included local area coordinators and staff from other organisations.

Figure 27: Individual making the complaint

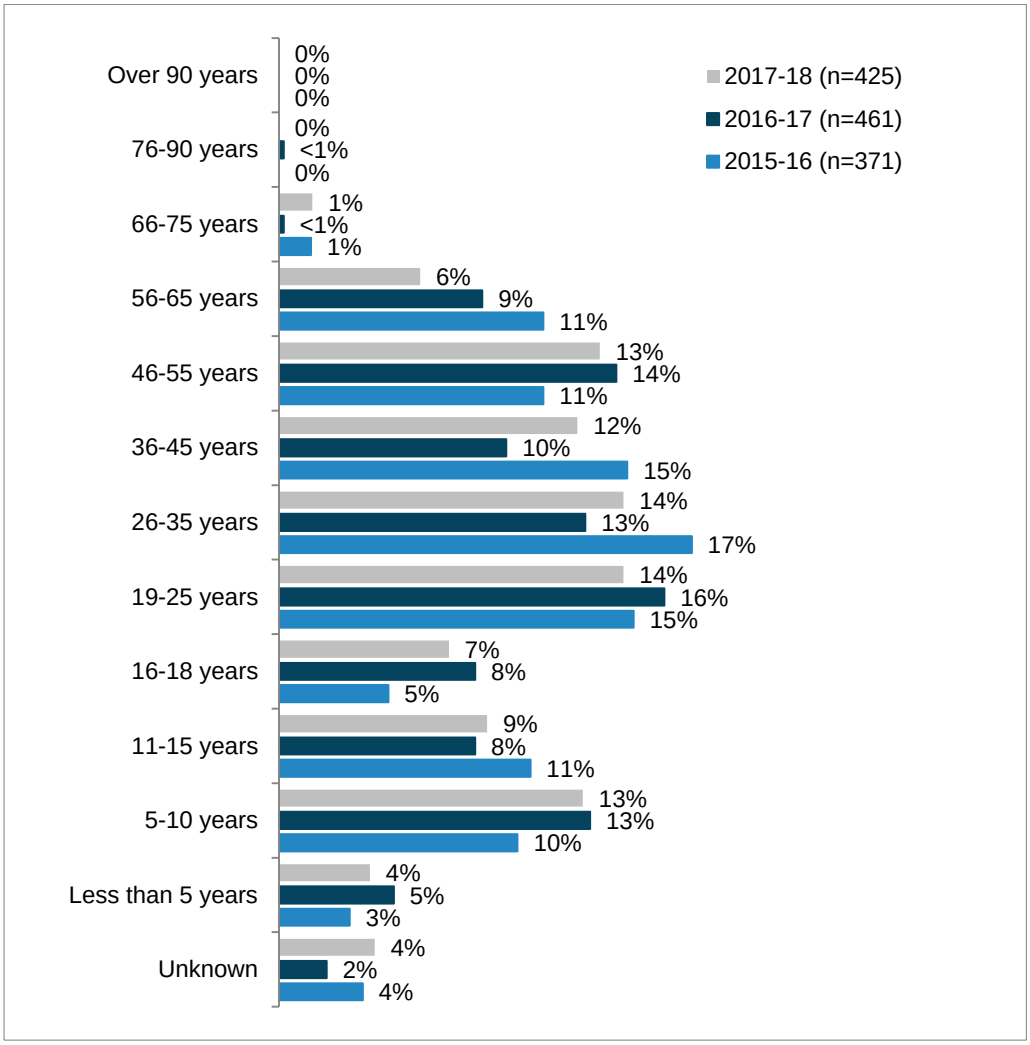


Totals may not sum to 100%; a complaint may be made by multiple individuals.

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 28. Few complaints about disability services concerned individuals 66 years of age and older.

Figure 28: Age of the individual receiving the service

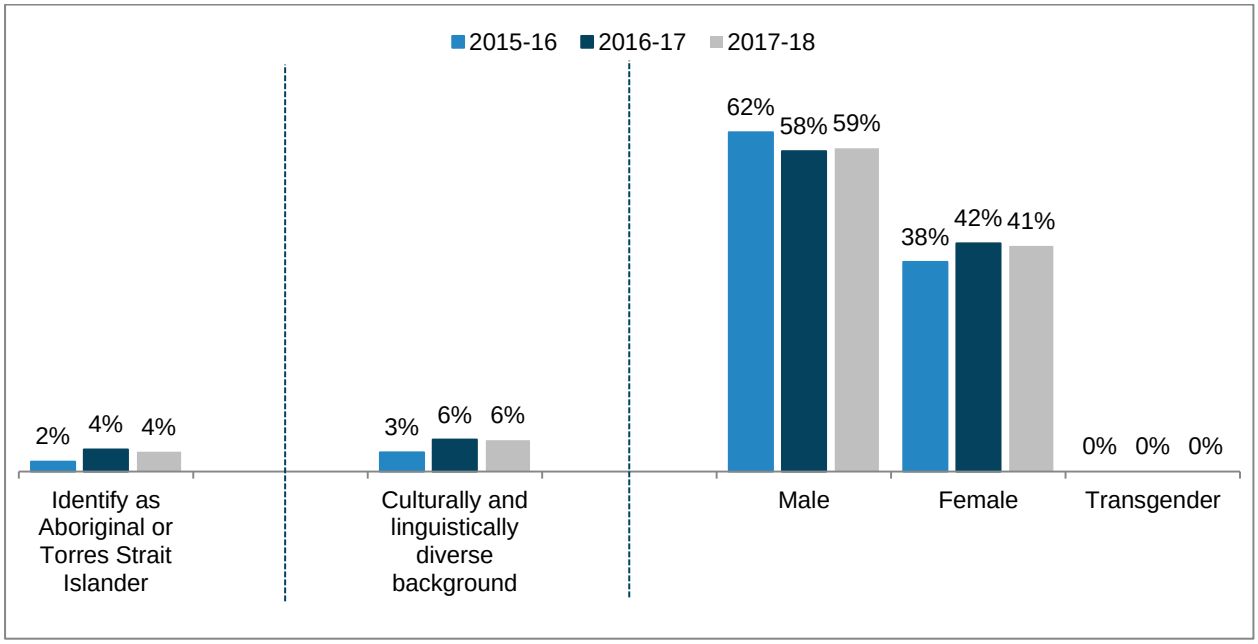


Totals may not sum to 100%; a complaint may be made by multiple individuals or anonymous data may record no age.

The characteristics of individuals who received a disability service are shown in Figure 29.

In 2017-18, the proportion of individuals who identified as Aboriginal and Torres Strait Islander and as coming from a culturally and linguistically diverse background remained consistent with 2016-17. As seen in prior years, males continue to be identified more frequently in complaints than females in 2017-18.

Figure 29: Characteristics of individuals receiving a service*



Sample sizes: identify as Aboriginal or Torres Strait Islander (2015-16 n=368, 2016-17 n=422, 2017-18 n=364); culturally and linguistically diverse background (2015-16 n=367, 2016-17 n=360, 2017-18 n=366); gender (2015-16 n=368, 2016-17 n=440, 2017-18 n=397).
** Complaints that provided an 'unsure' response or did not contain demographic data have been excluded from the analysis shown in Figure 29.*

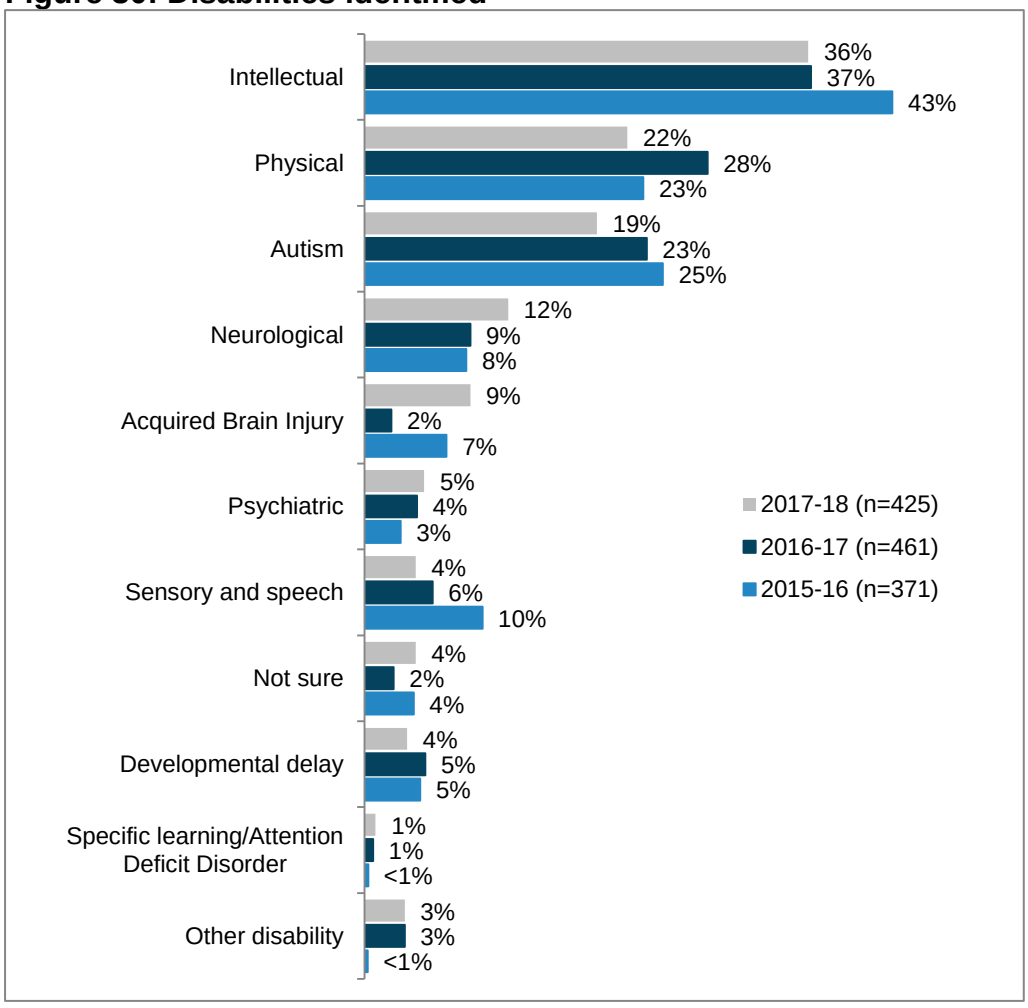
Disabilities identified

In 2017-18, the majority of complaints closed concerned individuals who had intellectual disabilities (36%), physical disabilities (22%), and/or Autism spectrum disorders (19%). The disabilities identified of individuals are shown in Figure 30.

Over the past three years, the proportion of complaints concerning individuals with Autism and/or sensory and speech disabilities shows a declining trend, while the proportion of complaints concerning individuals with neurological disabilities shows an increasing trend.

Notable year over year changes were seen for the proportion of complaints concerning individuals with physical disabilities (28% in 2016-17 compared to 22% in 2017-18) and/or acquired brain injuries (2% in 2016-17 compared to 9% in 2017-18).

Figure 30: Disabilities identified



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

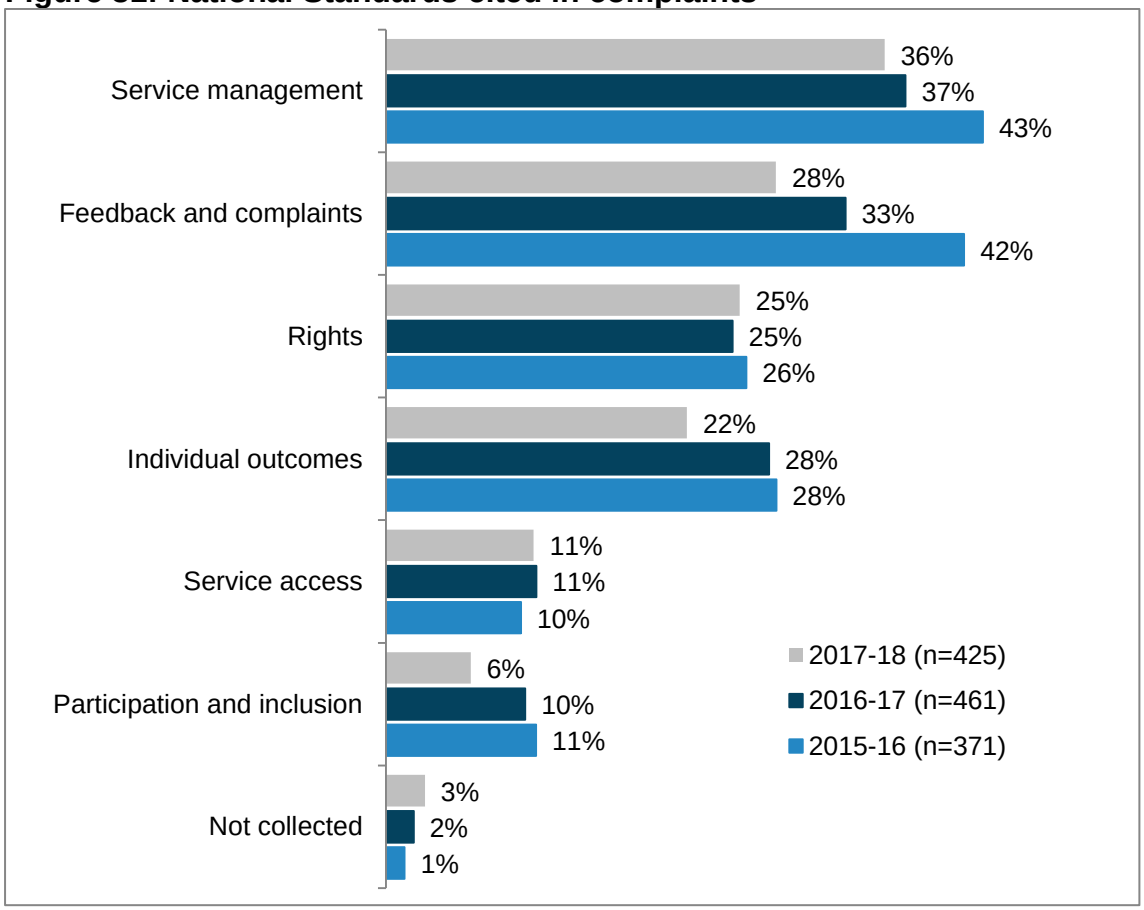
National Standards cited in complaints

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 2017-18, service management (36%), feedback and complaints (28%), and rights (25%) were the National Standards most commonly cited in complaints (see Figure 31). Compared to 2016-17, the proportion of complaints citing service management; feedback and complaints; individual outcomes; and/or participation and inclusion has declined.

Figure 31: National Standards cited in complaints



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

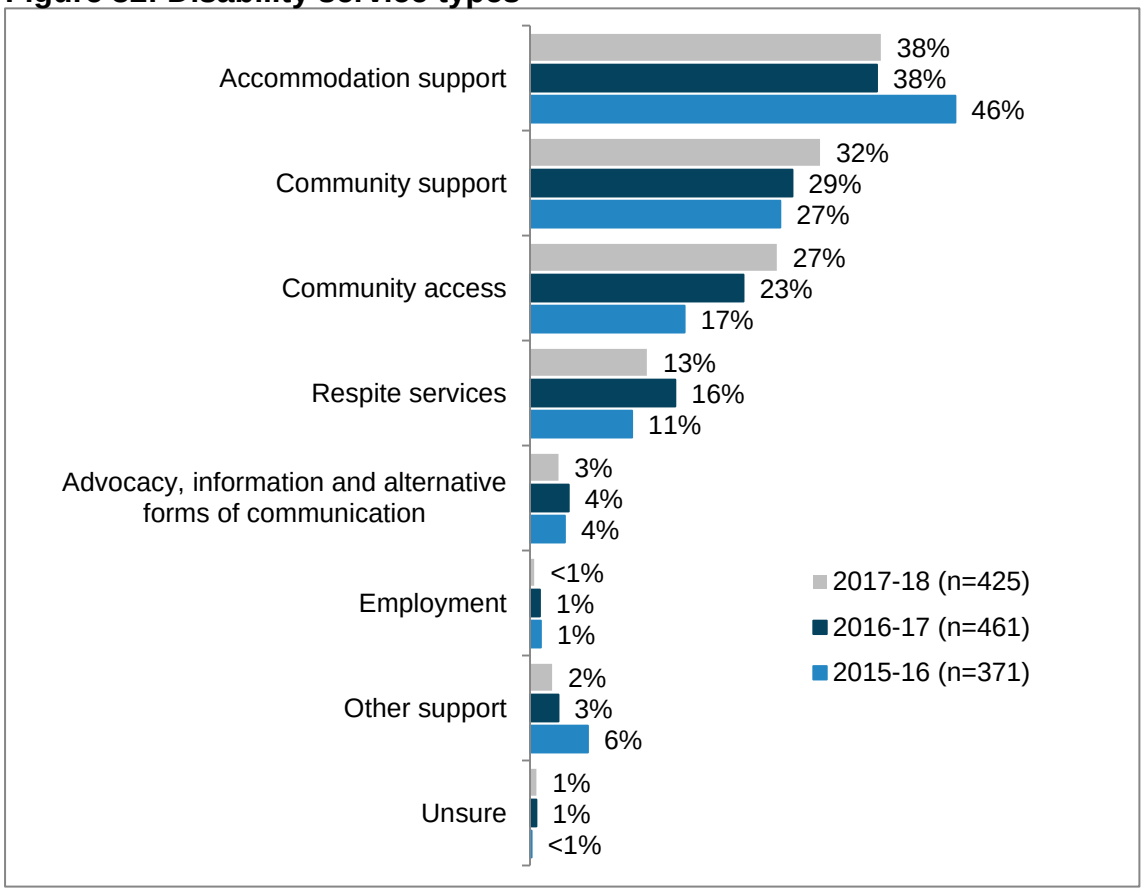
Disability service types

The specific disability service types identified in closed complaints in the past three years are shown in Figure 32.

In 2017-18, the majority of complaints about disability services concerned accommodation support (38%), community support (32%) and/or community access (27%), which remains generally consistent with prior years (as shown in Figure 29).

Over the past three years, an increasing trend is seen for the number of complaints concerning community support and/or community access.

Figure 32: Disability service types

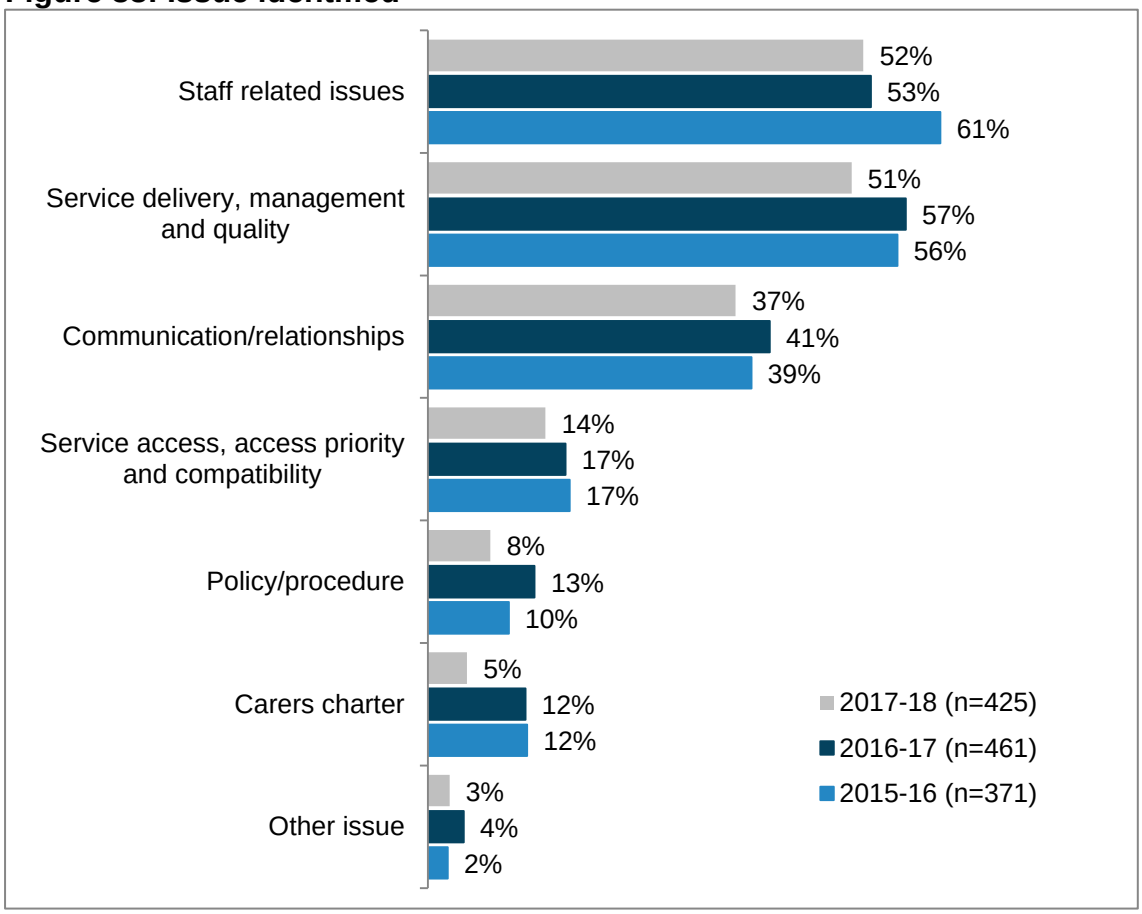


Totals may not sum to 100%; a complaint may identify multiple services.

Issues identified

In 2017-18, the most common issue types identified in complaints were staff related issues (52%), service delivery (51%), and/or communication (37%). While the comparative proportions changed over the past three years, the most common issue types remained consistent (as shown in Figure 33).

Figure 33: Issue identified



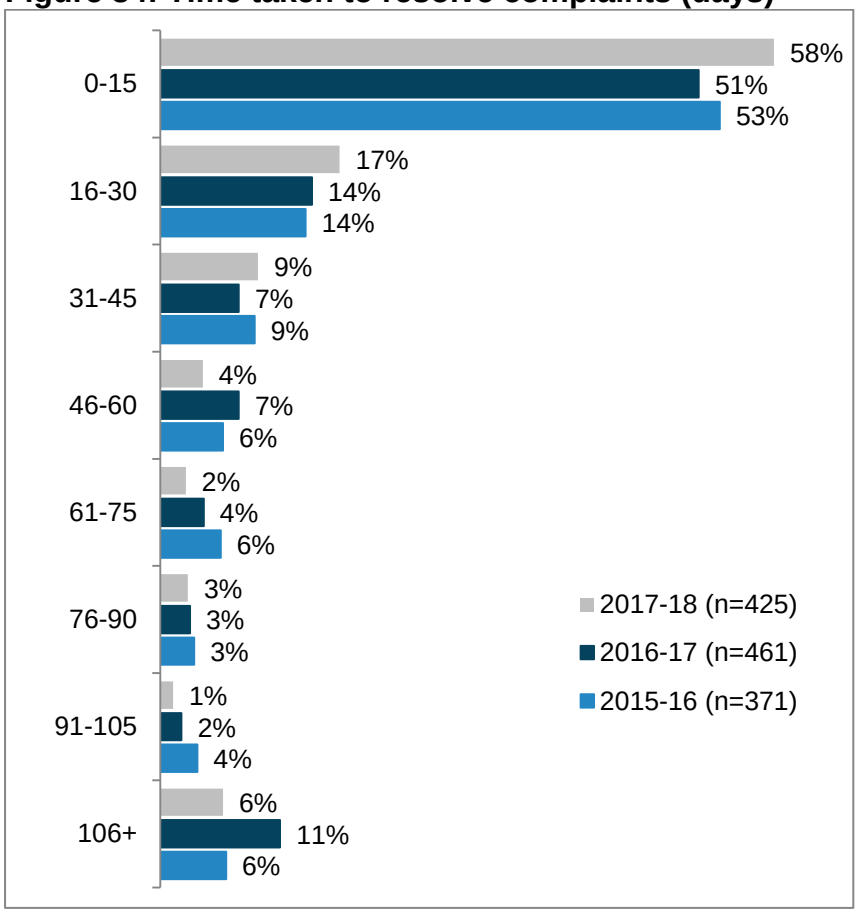
Totals may not sum to 100%; a complaint may identify multiple issues.

Time taken to resolve complaints

A breakdown of the time taken to resolve complaints is shown in Figure 34.

In 2017-18, the majority of complaints (75%) were resolved in 30 days; this is a notable increase over 2016-17, when 65% of complaints were resolved in 30 days.

Figure 34: 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 2017-18, 1,241 outcomes were identified from the 425 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 (48%) or an apology from the service provider (48%). These outcomes were also the most common outcomes achieved in prior years.

Table 3: Outcomes achieved

Outcome	2015-16 (n=371)	2016-17 (n=461)	2017-18 (n=425)
Acknowledgement of person's views or issues	75%	78%	78%
Explanation or information about services provided	49%	56%	48%
Apology from the service	39%	47%	48%
Change or improvement to communication	30%	24%	27%
Change or appointment of worker/case manager/coordinator	24%	21%	22%
Performance management, disciplinary action, feedback or training for workers	18%	13%	18%
Change existing support arrangements	12%	11%	9%
Access to an appropriate service	4%	6%	8%
Review/improve/implement person's plan	11%	7%	7%
Relocation/transfer to another internal or external service	5%	5%	6%
More choices/options provided to person	5%	5%	4%
A change in policies or procedures	7%	4%	4%
Change or review of decision	4%	2%	2%
Re-imbursement/reduction of fees/waiver/compensation	3%	2%	2%
The person who made a complaint was offered avenues of external appeal or review	1%	1%	1%
Other outcome	2%	7%	8%
No outcome (yet)	1%	1%	<1%

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

2.6. Complaints about mental health services

HaDSCO complaints data

Figure 36 details the number of complaints about mental health services received and closed by HaDSCO over the past three years. HaDSCO received 349 complaints about mental health services in the 2017-18 financial year. Although this represents a decrease compared to 2016-17, the number is reasonably consistent with 2015-16. HaDSCO closed 361 complaints about mental health services in 2017-18.

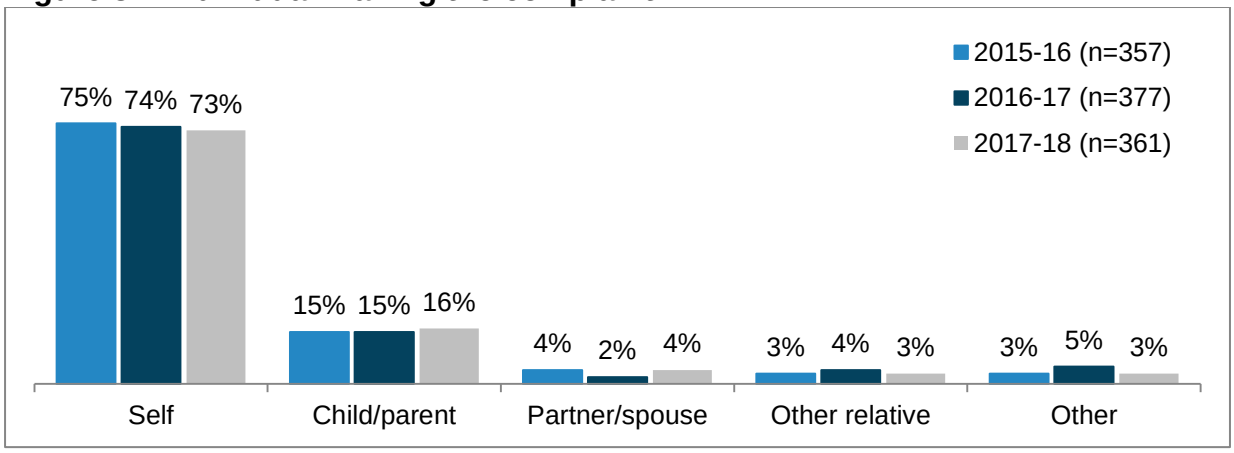
Figure 36: Complaints about mental health services

The following section provides a more detailed breakdown of the complaints about health services closed by HaDSCO over the past three financial years.

Individual making the complaint

Most complaints (73%) 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 37). In comparison to prior years, there has been little change in terms of who made a complaint about a mental health service with our Office.

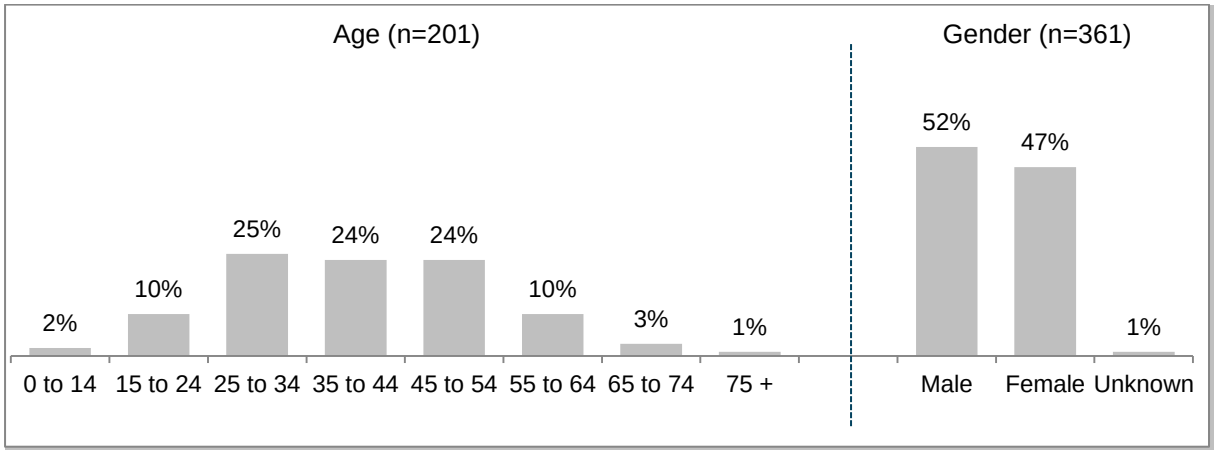
Figure 37: Individual making the complaint



Totals may not sum to 100% due to rounding.

Complaints about mental health services were more likely to concern males, and were more likely to concern services provided to individuals between the ages of 25 and 54. Details are provided in Figure 38.

Figure 38: Age and gender of the individuals receiving a service (2017-18)



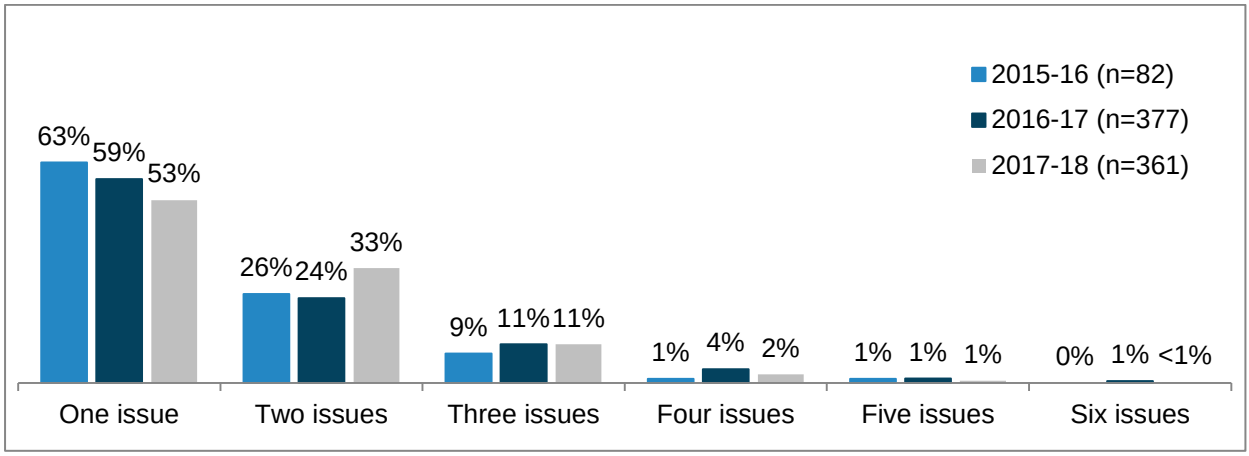
The data in Figure 38 is provided only for complaints where demographic information about the individual receiving a service was recorded.

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.

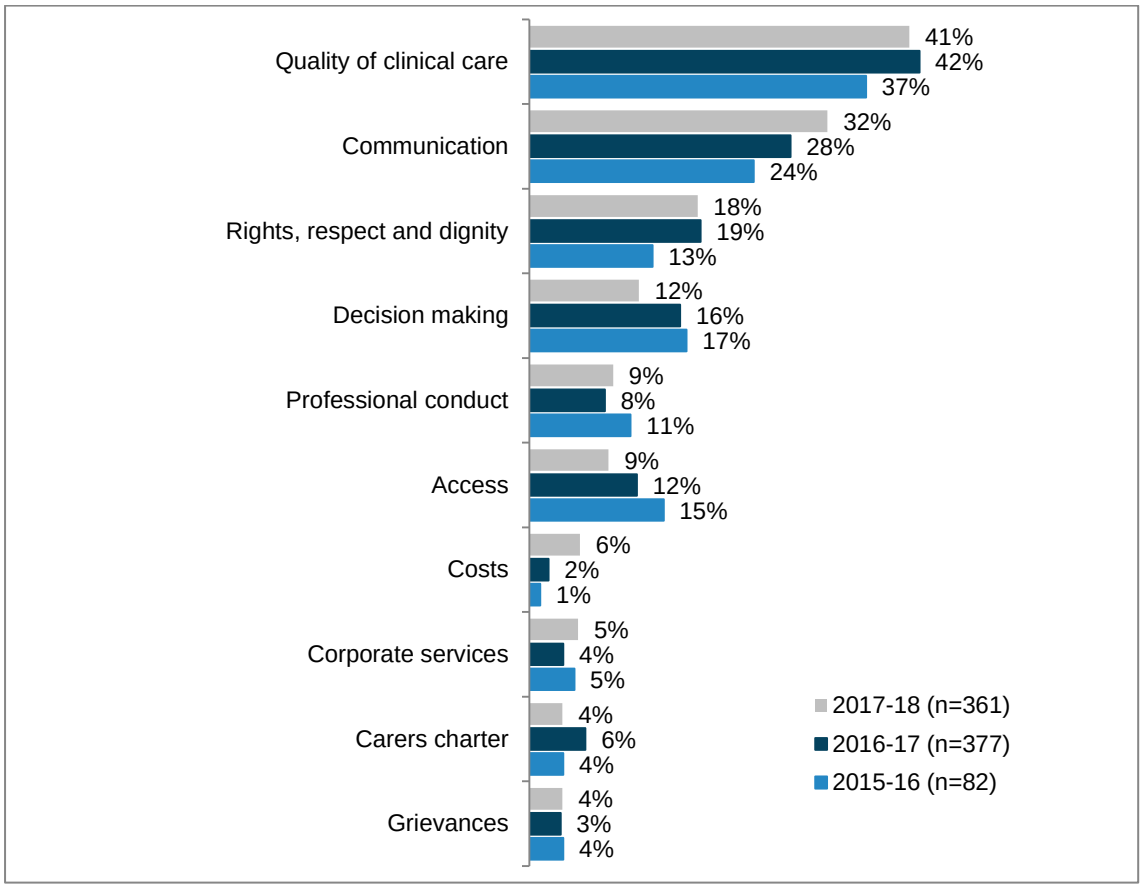
More than one issue can be raised in a single complaint. Of the 361 complaints about mental health services closed by HaDSCO in 2017-18, 47% concerned multiple issues, resulting in a total of 600 issues being identified. As shown in Figure 39, the number of complaints identifying more than one issue has increased over the past three years, suggesting an increase in the complexity of the mental health complaints managed by the Office.

Figure 39: Issues identified



The complaint issue categories identified in the complaints about mental health services closed by HaDSCO over the last three years[4] are shown in Figure 40. Within each complaint category, a variety of specific issues may be identified by the individual making the complaint.

Figure 40: Complaint issues identified[5]



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%.

In 2017-18, the majority of complaints concerned quality of clinical care; communication; rights, respect and dignity; and decision making. The most common issues identified in mental health complaints were generally consistent over time, with the following exceptions:

- The proportion of mental health complaints citing a concern with communication has increased each year, from 24% in 2015-16 to 32% in 2017-18.
- The proportion of mental health complaints citing a concern with access has decreased each year, from 15% in 2015-16 to 9% in 2017-18.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 40, please refer to Appendix 5.6.

[4] 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).
[5] The methodology used to calculate the proportion of complaints that identified a given issue category has been revised in 2017-18 and applied to historical data for 2016-17 and 2015-16.

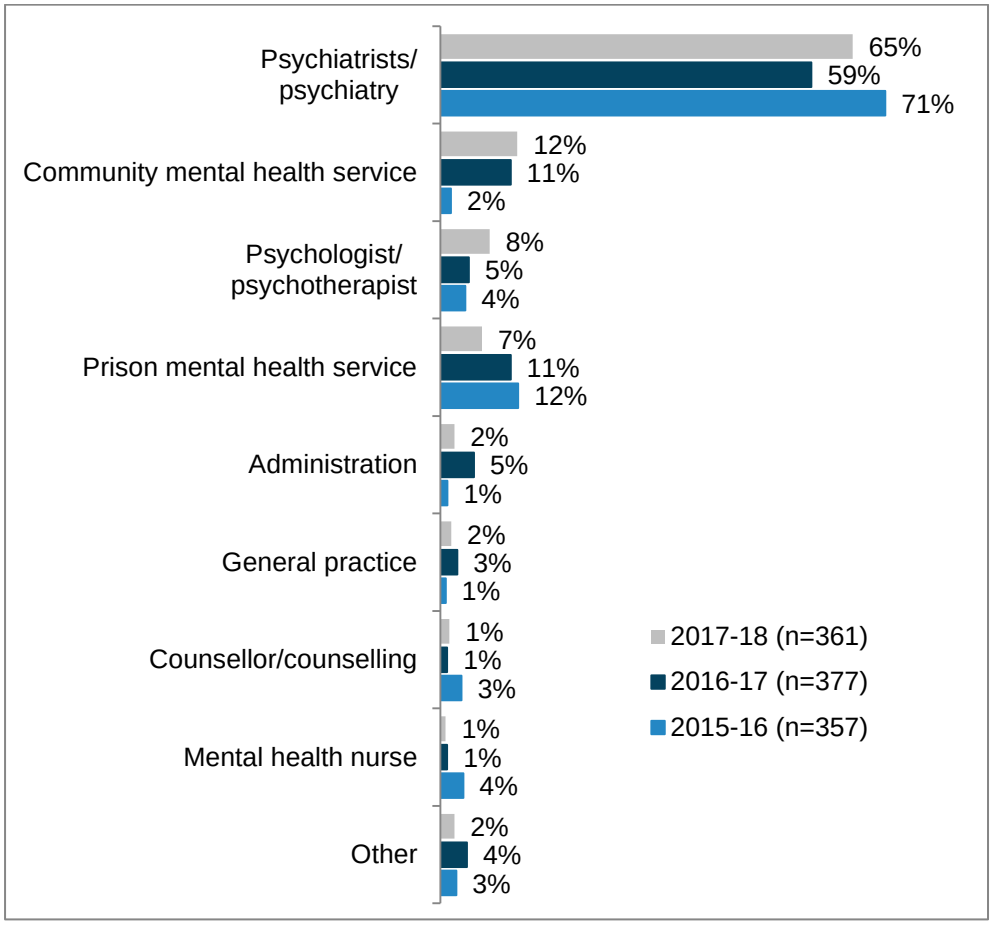
Mental health service types

The specific mental health service types identified in mental health complaints closed by the Office over the past three years are shown in Figure 41.

The service types that were most frequently the subject of complaints in 2017-18 were psychiatrists/psychiatry (65%), community mental health services (12%), and psychologist/psychotherapist (8%).

The increase in the number of complaints concerning community mental health services observed in 2016-17 has continued in 2017-18, while 2017-18 has also seen a decline in the proportion of complaints relating to prison mental health services and an increase in the number of complaints relating to psychologists and psychotherapists.

Figure 41: Mental health service types



Totals may not sum to 100% due to rounding.

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[6] 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 2017-18. The following preliminary analysis is based on the number of complaints received over the past three financial years.

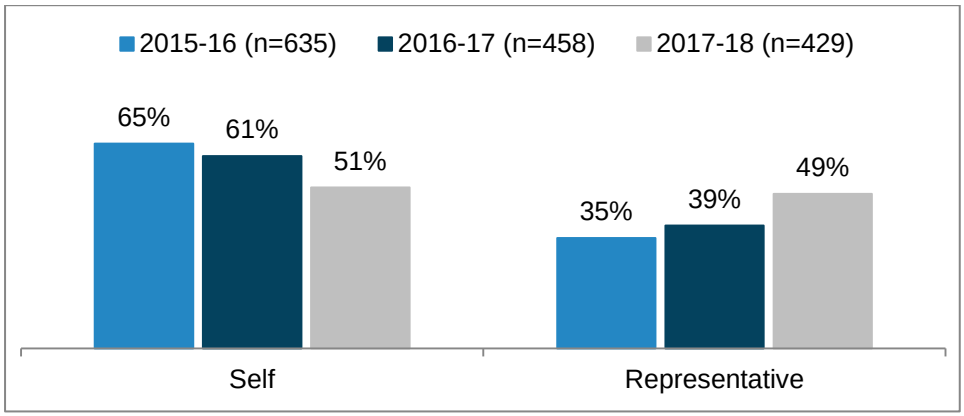
In 2017-18, details of 429 complaints concerning 690 issues were submitted to HaDSCO. This represents a 6% decrease from 2016-17 in the number of complaints received (458 complaints) and a 3% decrease in the number of issues identified (713 issues).

[6] 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

The proportion of complaints made by the person receiving the service shows a declining trend over the past three years; in 2017-18, complaints received directly by public health service providers were equally likely to be made by the individual who received the service or their representative (see Figure 42).

Figure 42: Individual making the complaint



CASE STUDY

Charter of Mental Health Principles - Individual rights, respect and dignity

An individual was admitted to a mental health unit. They lodged a complaint with the health service provider stating that their mobile phone was taken off them at night, without the appropriate process and approval of a psychiatrist, as required under the *Mental Health Act 2014*.

The service provider responded to the complaint which included an explanation that the phone was removed for a short period of time to encourage and support sleep during the night. Further, it was stated that the phone was returned during the night.

The individual disagreed with the provider's response and lodged a complaint with HaDSCO stating that they did not consent to the phone being removed and that the phone was not returned until mid-morning when an advocate requested that it was returned. HaDSCO facilitated a further response from the service provider addressing the individual's concerns.

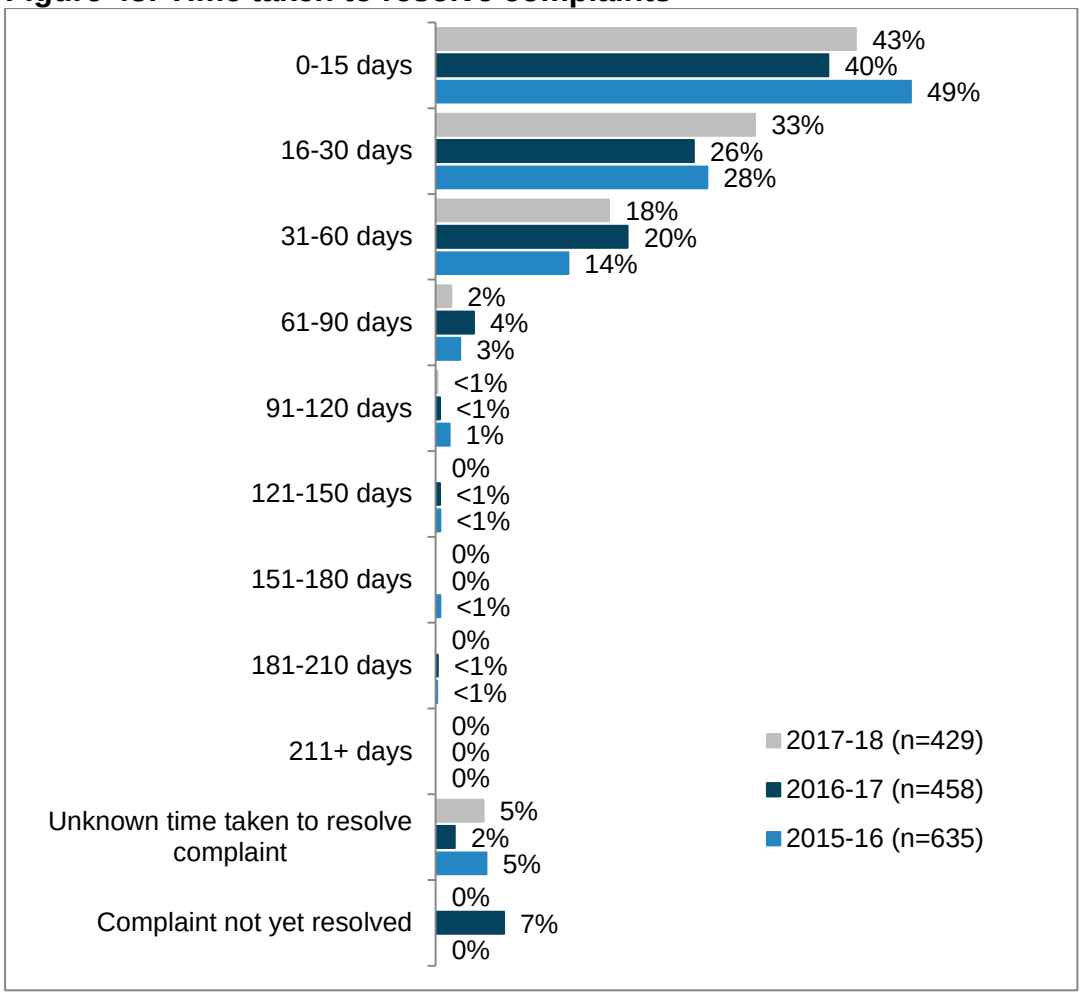
As a result of HaDSCO's involvement, the service provider acknowledged that the time that was stated in their response letter that the phone was returned to the complainant was not correct and offered an unreserved apology for the incident.

The service provider also agreed to provide further education to senior nursing staff regarding the importance of completing the relevant forms and obtaining the appropriate approval to remove patient property. Two recommendations were made to the service provider, that all staff be reminded of the importance of documenting information in the patient medical record and that the complaint would be used as a de-identified case study for staff education and training purposes.

Time taken to resolve complaints

The time taken for public health service providers to resolve mental health complaints over the past three years is shown in Figure 43. In 2017-18, the majority of complaints (76%) received directly by public health service providers were resolved in 30 days or less.

Figure 43: Time taken to resolve complaints



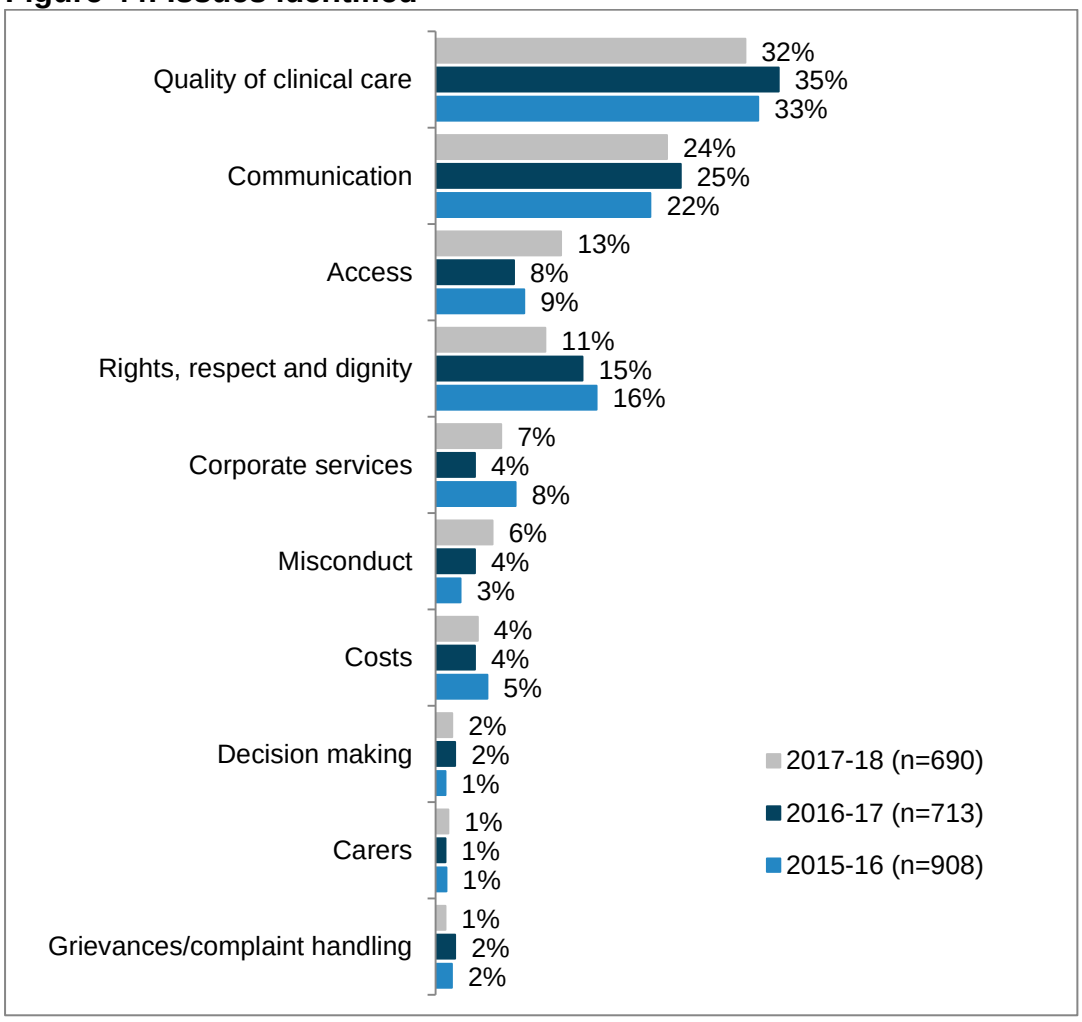
Totals may not sum to 100% due to rounding.

Issues identified

In 2017-18, quality of clinical care (32%), communication with patients and their representatives (24%), access to services (13%), and rights, respect and dignity (11%) were the issues most commonly identified in mental health complaints. The proportion of complaints concerning access increased from 8% in 2016-17 to 13% in 2017-18, while the proportion of complaints concerning rights, respect and dignity shows a declining trend over the past three years.

The issues identified in mental health complaints received by public health service providers over the past three years are shown in Figure 44.

Figure 44: Issues identified



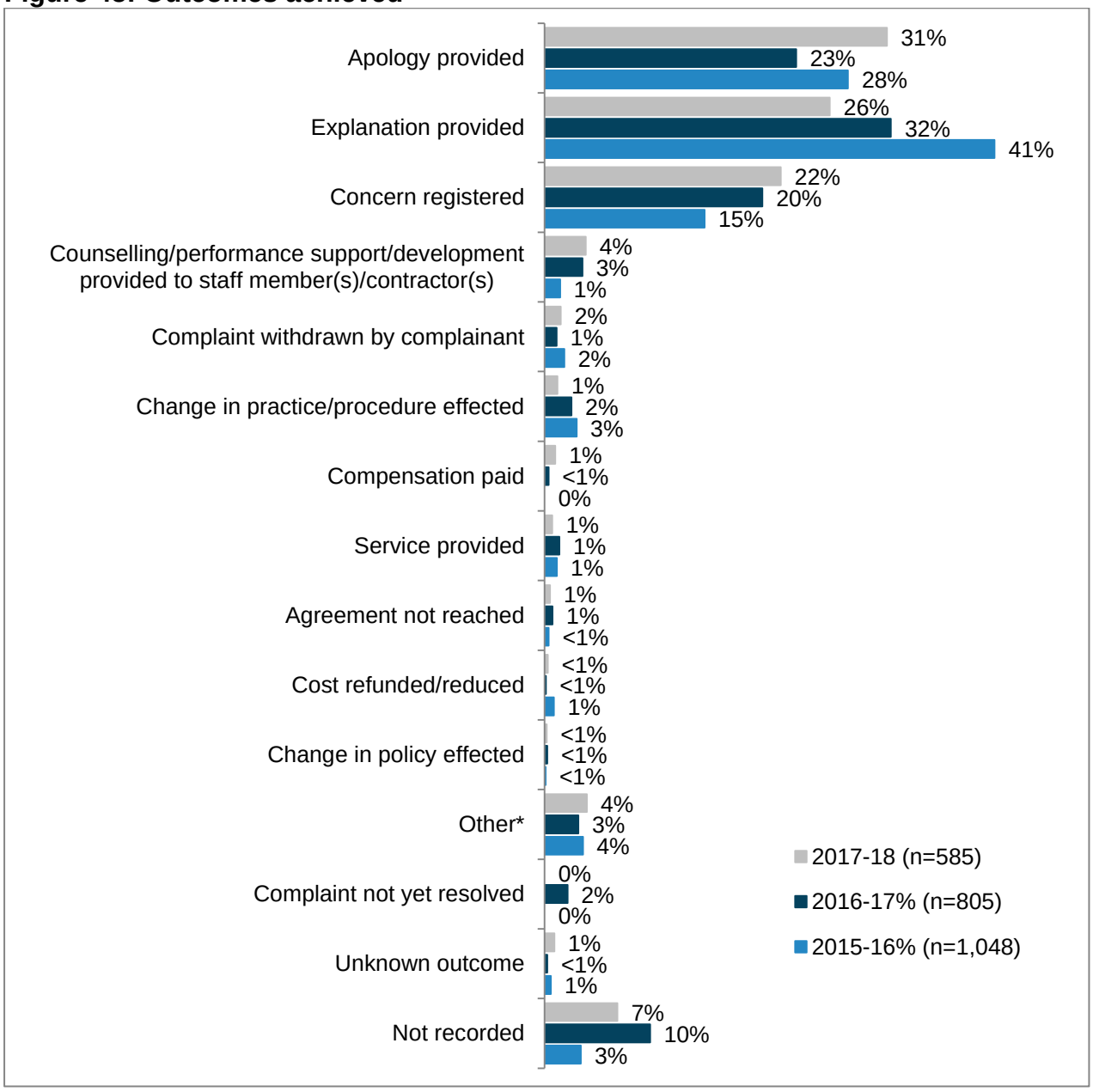
Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the mental health complaints managed by public health service providers. Over the past three years there has been no change to the three most common outcomes resulting from complaints; providing an apology; providing an explanation; or concern registered (acknowledging the concerns that resulted in a complaint being made). While these remained the most common outcomes over the past three years, there has been a declining trend in the proportion of complaints resulting in an explanation and an increasing trend in the proportion of complaints resulting in concern being registered.

The outcomes achieved in complaints received by mental health service providers over the past three years are shown in Figure 45.

Figure 45: Outcomes achieved



*Other outcomes include referral to another organisation. *Totals may not sum to 100% due to rounding.*

Educate and train

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 2017-18 included:

- Acquitted the Stakeholder Engagement Strategy January 2017 – June 2018 for the delivery of targeted stakeholder engagement programs and outreach activities to better inform, educate and empower the community and service providers.
- Delivered 159 outreach activities with key stakeholders including the delivery of 13 presentations, 16 awareness raising activities, 94 consultations and 36 networking opportunities.
- Planned and delivered in a Regional Awareness and Accessibility Program in the south west of Western Australia which included an Aboriginal Liaison session with Aboriginal services and community members and five joint agency complaint clinics
- Developed additional resources for use in HaDSCO's publications suite, including information sheets to provide practical information on the range of matters the Office can receive complaints about in the areas of health, disability, mental health and prison health services.
- Continued to share complaints handling expertise with stakeholders at a national and State level.
- Developed and distributed resources for service providers and stakeholders including the *National Code of Conduct for health care workers in Western Australia – Consultation Paper December 2017*; Complaints Report Cards; and external data collection reports.

2.8. Stakeholder Engagement Strategy

Our Stakeholder Engagement Strategy (SES) January 2017 – June 2018 guides 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 2017-18 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. Working collaboratively and sharing expertise

Health

National Code of Conduct Working Group
HaDSCO continued to participate in the National Code Working Group which was established in 2016 to implement elements of the National Code of Conduct for health care workers (National Code) that require coordinated national action. The Working Group is being led by the Department of Health and Human Services (DHHS), Victoria. During 2017-18, HaDSCO staff attended seven Working Group and one Sub-Working Group meetings by teleconference with other Health Complaint Entities (HCEs) and the DHHS.

As a member, HaDSCO has been contributing to the development of a common website for a National Register of prohibition orders and to enable public access to all decisions and prohibition orders made by HCEs or tribunals in participating states and territories. The website will also contain information on the National Code, including explanatory materials and annual performance reports. The website is in the process of being finalised for launch in the 2018-19 financial year.

HaDSCO also continued to contribute to the development of a nationally consistent suite of explanatory materials to support the National Code, including some Easy English documents to explain the National Code. In addition, work is in progress to establish a common data framework for the collection and reporting of nationally consistent data on the performance of state and territory code-regulation regimes to enable a joint annual report to be provided annually to the Council of Australian Governments (COAG) Health Council.

Australian Health Practitioner Regulation Agency and the registration practitioner boards

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 2017-18, HaDSCO met with AHPRA at various times. This included consultation meetings on amendments to the *Health Practitioner Regulation National Law (WA) Amendment Act 2018* and related matters. HaDSCO continued to apply its learnings from these consultation opportunities, particularly in determining complaint jurisdiction matters.

HaDSCO gave a presentation to AHPRA staff from Western Australia and South Australia on the role and functions of HaDSCO to increase awareness about the range and nature of complaint issues managed by HaDSCO.

HaDSCO recognises key benefits in keeping informed about issues facing health practitioner regulation boards. In October 2017, staff met with the Chiropractic Board of Australia to share and exchange information about our respective roles and functions and to highlight the nature of issues raised in complaints about chiropractors to HaDSCO.

Sustainable Health Review – Quality and Value Working Group

In October 2017, HaDSCO was invited to become a member of the Sustainable Health Review (SHR) Quality and Value Working Group This Working Group was set up to focus on opportunities and strategies to enhance and improve safety, quality and value to support the medium and long term financial sustainability of the Western Australian health system.

Over a series of six meetings and workshops between November 2017 and March 2018, the Quality and Value Working Group identified six foundations of quality, high value healthcare and identified exemplars from across the world that were presented to the SHR Panel in March 2018.

The foundations were:
1. Quality in Healthcare.
2. Optimising investments, including considerations for high value healthcare, community expectations and use of health economics data to inform investments.
3. Transparency in the system regarding quality and cost.
4. Focus on what matters to the patient; including the informed consumer, a patient's perspective on value and patient reported outcomes.
5. Contemporary funding system to support quality and value.
6. Partnerships and integration to support quality and value.

HaDSCO was pleased to have been involved as a member of the Working Group and to contribute to this significant health reform initiative and to the *Sustainable Health Review Interim Report to the Western Australian Government.*

Health Service Providers
HaDSCO continued 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 2017-18, this included engagement with the:
- South Metropolitan Health Service.
- Child and Adolescent Health Service.
- WA Country Health Service including:
  - Bunbury Hospital South West Health Campus;
  - Busselton Health Campus West Busselton; and
  - Collie Hospital.

Department of Justice – corrective services
It is important that HaDSCO's services are accessible to all those who wish to make a complaint. This includes people in Western Australian prisons. In 2017-18, 19% of complaints about health services closed by HaDSCO were about prison health services and 7% of complaints were about prison mental health services.

During 2017-18, HaDSCO undertook a number of activities to raise awareness of, and provide access to, our services for complaints about prison health services. These included giving presentations to Clinical Nurse Managers, the Nursing Group webinar and to the Department's Clinical Governance Advisory Committee.

We also contributed to the Justice Health Project which is considering potential options for the transfer of responsibility for the management and commissioning of custodial health services to the Western Australian health system. This included providing comments on potential governance options. We also participated in consumer and peer support consultation sessions held at three metropolitan prisons where we met with peer support prisoners and Clinical Nurse Managers to discuss issues relating to the provision of health services in prisons.

Office of the Inspector of Custodial Services
In October 2017, HaDSCO staff gave a presentation to the Office of the Inspector of Custodial Services Independent Visitors' Conference on the role and functions of HaDSCO and the range and nature of complaints received from people in Western Australian prisons. To coincide with the presentation, HaDSCO launched a new Information Sheet to provide practical guidance on the range of prison health

services we can receive complaints about. The presentation was well received and feedback on the Information Sheet has been positive. The Information Sheet can be viewed on HaDSCO's website. HaDSCO staff also distributed the Information Sheet when visiting three metropolitan prisons as part of the Justice Health Project.

Department of Commerce – Consumer Protection
HaDSCO meets each year with the Commissioner for Consumer Protection and staff in the Retail and Services Consumer Protection program area in the Department of Mines, Industry Regulation and Safety. This provides an opportunity to share and exchange information about areas of overlap between complaints managed under Australian Consumer Law which involves health services and those managed through HaDSCO's processes. Of particular interest in 2017-18, discussions were held about matters which are likely to be covered by the proposed new National Code of Conduct for health care workers jurisdiction. HaDSCO will continue to brief the Commissioner of Consumer Protection as work progresses to implement the National Code.

During 2017-18, Department of Mines, Industry Regulation and Safety staff gave a presentation to HaDSCO on consumer law complaints to assist in raising awareness of each-others' roles and responsibilities to ensure people who make complaints do so using the most appropriate and effective pathway.

Health Complaints Advisory Group (HCAG)
HaDSCO is an ex-officio member of the Health Complaint Advisory Group (HCAG), which is responsible for the promotion of best practice in complaint management by Western Australian Health Services. Representation at the meetings is through the patient liaison services of the major public and private hospitals that make up the Department of Health, BreastScreen WA, St John Ambulance Australia and the Health Consumers' Council. The function of HCAG is to provide advice and education by sharing and exchanging information in relation to complaints management. During 2017-18, the group covered a range of topics, including:

- Sharing strategies for collecting and reporting on compliments received across the range of health service provider organisations. HCAG recognises the value in reporting this information and to provide context to the range of consumer feedback received across the public and private health sector.
- Professional development of the members particularly in the management of unreasonable behaviours of complainants.
- Sharing complaint issues and trends, lessons learned and quality improvement initiatives.

Aged Care Complaints Commission
There are times where the Office's jurisdiction overlaps with other complaint handling bodies. In these cases, it is important that each organisation is aware of each other's roles to ensure complaints are directed to the most appropriate body. An example is health services provided in aged care facilities. HaDSCO's jurisdiction covers transitional care arrangements and the Aged Care Complaints Commissioner has jurisdiction for health services in aged care residential facilities.

To ensure both our staff are familiar with each other's jurisdiction, during 2017-18 HaDSCO staff provided a presentation to the Aged Care Complaints Commission's Western Australian and South Australian staff on the role and functions of the Office.

HaDSCO staff also received a presentation from the Aged Care Complaints Commission on its jurisdiction and functions. This helped to strengthen the relationships between our respective organisations given our sometimes overlapping roles.

Peak industry and advocacy groups
HaDSCO continues to meet with key groups to build upon, and strengthen, relationships to promote effective and efficient complaints resolution. During 2017−18, HaDSCO continued to engage with the Health Consumers' Council (HCC) to share and exchange information about key initiatives and areas of focus. HaDSCO staff also received a presentation on the HCC's 'Patient Opinion' initiative and attended events for Patient Experience week.

Where possible, HaDSCO aims to disseminate information to health consumer groups to strengthen awareness of our role. One way to achieve this is through presentations to consumer groups. In the health portfolio, HaDSCO gave a presentation to the Consumer and Community Advisory Council of the South Metropolitan Health Service in July 2017.

During 2017-18, HaDSCO staff met with the Australian Medical Association's Director Health & Community Services to discuss potential opportunities to contribute to training for medical practice managers on HaDSCO's role and functions and issues of interest for practice managers which arise in complaints, and for similar potential training for trainee or new doctors. These opportunities will be further explored in 2018-19.

National Health Commissioners' meetings
HaDSCO attended the National Health 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 issues that impact on service delivery for complaints management.

National Complaints Managers meeting
HaDSCO attended the National Complaints Managers meeting held once a year. A key focus of the meeting was sharing and exchanging information on the implementation of the National Code of Conduct for health care workers across the various jurisdictions in Australia.

Disability

Stakeholder engagement with Government departments and organisations involved in transition to NDIS
A key focus of stakeholder engagement during 2017-18 in the disability portfolio related to jurisdiction transition issues following the announcement by the Government of Western Australia that Western Australia will join the nationally delivered NDIS (National Disability Insurance Scheme). This included discussions with the Department of Communities, the National Disability Insurance Agency, and the Commonwealth Ombudsman's Office. The meetings also provided an opportunity to clarify roles and responsibilities for complaint handling in the lead up

to full roll-out of NDIS in Western Australia in 2020 and ongoing arrangements for quality and safeguarding in the meantime.

During 2017-18, HaDSCO provided a range of feedback in response to consultation by the Department of Communities on the *National Disability Insurance Scheme Amendment (Quality and Safeguarding Commission) Bill 2017*, proposed *NDIS (Complaints Management and Resolution) Rules 2018* and complaint handling guidelines, processes, and information sharing rules under the proposed legislation.

Disability Health Network
We continued to share and exchange de-identified information with the Disability Health Network (DHN) on complaints about individuals with co-occurring health and disability needs, and the complaints management framework in Western Australia. Staff in HaDSCO also received a presentation from the DHN in March 2018 about the Western Australian Disability Health Framework 2015-2025, to raise awareness of issues to consider when dealing with health complaints where an individual has a disability.

We commenced a three month trial data capture project to identify trends in complaints where people with disability present with health conditions to health service providers. The learnings from this project will be explored with the DHN in the coming financial year.

National Commissioners' meetings
HaDSCO attended the National 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. The key focus of meetings in 2017-18 was jurisdiction issues associated with the roll-out of the NDIS and the establishment of the NDIS Quality and Safeguards Commission which includes a Complaints Commissioner.

Carers WA's
A representative of the Office attended the Carers WA's Annual General Meeting, and in line with the annual Carers Week events for 2017, staff from the Office attended the information display in the Central Business District.

Australian Human Rights Commission
From February to April 2018, HaDSCO staff participated in round-table consultation led by the Australian Human Rights Commission as part of its project on violence against people with disability in institutional settings. HaDSCO contributed to this project by providing details of its role and functions with regard to complaints management in the interest of ensuring quality safeguards are in place for people with disability in institutional settings.

Mental health

Consultation on the development of draft guidelines for handling complaints about mental health services

A key focus of stakeholder engagement during 2017-18 was liaising and consulting with the mental health sector on the development of draft guidelines for handling complaints about mental health services (the Guidelines).

Development of the Guidelines formed part of the Office's commitment to complete work contained in the Action Plan in the Addendum to the Mental Health Complaints Partnership Agreement (the Agreement). The Agreement was established in preparation for the enactment of the *Mental Health Act 2014* in 2015. 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.

This work also is part of the functions of the Director under the *Mental Health Act 2014* to assist providers in developing and improving complaints procedures and the training of staff in handling complaints and aligns with service delivery in education and training for the prevention and resolution of complaints. In addition, this work is consistent with HaDSCO's strategic priority of responding to changing environments by adapting service delivery to be flexible and responsive to the needs of our stakeholders. In this case, we seek to assist our stakeholders to ensure they have a complaints procedure in place in accordance with the *Mental Health Act 2014*.

The material contained in the Guidelines, which encompasses resources and templates, aims to provide a general reference to assist service providers develop their own complaint handling systems which are effective and resolution-focused, or to enhance existing processes.

HaDSCO consulted with the partner agencies to the Agreement, stakeholders in the mental health sector, and health complaints bodies in the eastern states of Australia. Feedback on the draft Guidelines has been positive and HaDSCO will release the finalised Guidelines in 2018-19 after considering stakeholder feedback.

Western Australian Mental Health Conference and Awards

In July 2017, HaDSCO gave a presentation at the Western Australian Mental Health Conference and Awards on dealing with complaints about mental health services. To coincide with this, HaDSCO released a new Information Sheet to provide practical guidance on the range of matters we can receive complaints about. The presentation was well received and feedback on the Information Sheet has been positive. The Information Sheet can be viewed on HaDSCO's website.

Office of the Chief Psychiatrist

During 2017-18, HaDSCO staff met or liaised with staff from the Office of the Chief Psychiatrist to report on complaint trends and emerging systemic issues. These opportunities are central to strengthening the awareness of staff of both agencies of issues emerging in the mental health sector.

National Mental Health Commission
HaDSCO was pleased to have the opportunity to meet with staff from the National Mental Health Commission during their visit to Perth in February 2018. This provided an excellent opportunity to share and exchange information about our respective roles and functions and to discuss issues of common interest.

Mental Health Commission
HaDSCO maintained ongoing liaison with staff from the Mental Health Commission during 2017-18 in relation to issues of common interest and provided input into the *Post-Implementation Review of the Mental Health Act 2014*.

Peak industry and advocacy groups
Throughout 2017-18, HaDSCO continued to meet with key stakeholders in the mental health sector to build upon, and strengthen, relationships to promote effective and efficient complaints resolution.

HaDSCO also undertook stakeholder engagement with a range of peak industry and advocacy groups including Helping Minds, Consumers of Mental Health WA (Inc) (CoMHWA) and the Mental Health Advocacy Service.

In August 2017, HaDSCO gave a presentation to Helping Minds' staff on the role and functions of HaDSCO. In February 2018, HaDSCO attended the Helping Minds launch of 'Our Stories' Showreel – A collection of real stories from mental health carers and consumers which further strengthened awareness of 'lived experiences' of both people with mental health, or carers of people with mental health.

In addition, in August 2017, HaDSCO gave a presentation at the Mental Illness Fellowship of WA, Lorikeet Centre, and gave advice about raising concerns or making complaints about mental health services.

HaDSCO attended the launch of CoMHWA's M3Q (My Medicine and Me) project in December 2017. In June 2018 staff received a presentation on the project to raise awareness of the M3Q product to assist people who contact HaDSCO about mental health services and related complaints.

2.10. Awareness and accessibility

In 2017-18, 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 four new tailored information sheets covering the nature of complaints we can receive about health, disability, mental health and prison health services to assist members of the community 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.

Consistent with previous years, we also undertook a range of outreach activities in metropolitan and regional Western Australia. 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:

Outreach

- In November 2017, 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.
- In February and March 2018, HaDSCO participated in a Regional Awareness and Accessibility Program in the south west of Western Australia 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 five joint agency complaint clinics.

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. The Office is scheduled to visit the IOT in 2018-19. Planning for the visit will commence in the new financial year.

2.11. Publications

During 2017-18, we developed and distributed a range of resources for service providers and the community including:

Report Cards

A number of the complaints received about health service providers concerned the five public health service providers in WA Health, two private health service providers and the Department of Justice in relation to health services provided in Western Australian prisons.

Therefore, to assist these providers to gain an appreciation of the complaints managed by HaDSCO that related to their services, in November 2017, HaDSCO

prepared and distributed for the first time individual Complaints Report Cards which provided information on complaints closed for the individual providers.

Contained within the Report Cards were details of the complaints closed, the resolution stages achieved, complaint outcome objectives, common complaint categories and complaint issues, and complaint outcomes achieved, including remedies for individuals and service improvements. Information was provided in both graphical and text formats to enable key messages to be understood easily.

HaDSCO received positive feedback from a number of the service providers on the Complaints Report Cards.

External data collection reports

As a result of the annual complaint returns provided to HaDSCO though the data collection programs under section 75 of the *Health and Disability Services (Complaints) Act 1995* and section 48A of the *Disability Services Act 1993*, HaDSCO prepared and provided the following reports to participating providers in March 2018:

- For section 75 prescribed service providers, a report titled *Health Complaint Trends Report 2014-17*. This report provided an in-depth analysis of the complaint trends observed across the three financial years from 2014-15 to 2016-17. This report builds upon HaDSCO's last Health Complaints Trends Report, published in 2014.
- For section 48A prescribed service providers, a report titled *Disability Services Data Collection Program Report 2016-17*. This report provided an in-depth analysis of the complaint trends observed across the two financial years from 2015-16 to 2016-17.

Both section 75 and 48A providers were also given the *2016-17 Health Infographic* and *2016-17 Disability Services Data Collection Program Infographic* respectively, created to provide the complaints information for 2016-17 in a visual format. The infographics included information on the number of complaints, the issues identified, the outcomes achieved, demographics of the people making the complaints and the timeliness of complaint resolution.

National Code of Conduct for health care workers in Western Australia – Consultation Paper December 2017

In December 2017, HaDSCO released its consultation paper titled *National Code of Conduct for health care workers in Western Australia – Consultation Paper December 2017,* seeking feedback from stakeholders on the proposed policy framework to implement the National Code of Conduct for health care workers in Western Australia (National Code).

The report contained information on the background to the National Code and detailed the main policy considerations for implementing it in Western Australia. Asking a total of 15 questions to invite comment on the various aspects of implementation including:

- the types of health care workers the National Code would apply to;
- managing complaints about health care workers; and
- issuing and monitoring compliance with prohibition orders.

The paper was available publically on HaDSCO's website. In addition, it was sent directly to a range of organisations and government entities, including government agencies, service providers, professional associations, education and training institutions, unions, charities, and advocacy organisations. A media statement was also issued to relevant media outlets in Western Australia to raise awareness of the consultation process.

Information Sheets
During 2017-18, HaDSCO developed four new tailored Information Sheets providing practical information on the range of matters we can receive complaints about in the areas of health, disability, mental health and prison health services. This suite of Information Sheets cover who can make a complaint; the services that can be complained about; practical examples of the range of issues under our legislation that complaints can be received about; helpful tips for making a complaint, and how to access our services.

The Information Sheets have received positive feedback. They can be accessed from our website.

Brochures and features
We distributed 1,215 brochures from our publications suite to a range of services and organisations to ensure the community was well informed about HaDSCO's services.

Ministerial support
HaDSCO has an important role providing advice and information to the State Government through close liaison with the office of the Deputy Premier; Minister for Health; Mental Health, 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.

3.1. Responding to policy initiatives and reform programs

It is recognised that the environment in which HaDSCO operates may change over time. It is vital that the Office is positioned to respond appropriately to policy initiatives and reform programs which impact on service delivery.

National Code
HaDSCO commenced work on the implementation of the National Code of Conduct for health care workers (National Code) in Western Australia following a decision of the Council of Australian Governments (COAG) Health Council in April 2015 when Health Ministers agreed to the terms of the first National Code.

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.

HaDSCO released its consultation paper in December 2017, titled *National Code of Conduct for health care workers in Western Australia – Consultation Paper December 2017*. The consultation paper detailed the main policy considerations for implementing the National Code in Western Australia.

A range of organisations including government agencies, service providers, professional associations, education and training institutions, unions, charities, and advocacy organisations were sent the consultation paper and were requested to provide feedback.

A total of 43 submissions were received in response to the consultation paper, with a report provided to the Deputy Premier on the consultation received. Phase 2 of the implementation process commenced in June 2018. This phase includes the progression of the activities required for the legislative changes necessary to give effect to the National Code in Western Australia, including obtaining legal advice on an appropriate definition of a 'health service' to be incorporated into the *Health and Disability Services Complaints Act 1995* to implement the National Code; submitting a Preliminary Impact Assessment to the Better Regulation Unit (BRU) at the Department of Treasury; meeting with the Department of Treasury regarding a budget submission for the 2019-20 budget process to support resourcing of the new National Code jurisdiction in HaDSCO; and commencing preparation of a Cabinet

In addition, HaDSCO continues to contribute to the implementation of elements of the National Code that require coordinated national action through participation on the National Code Working Group. This includes the development of a common

website for a national register of prohibition orders issued by Health Complaints Entities across Australia, the preparation of a nationally consistent suite of explanatory materials and the establishment of a common framework for the collection and reporting of data for annual performance reporting to Health Ministers.

The implementation of the National Code jurisdiction will be a new function for HaDSCO and impact the management of complaints by the Office. The Director will be provided 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. Currently the Office uses an Alternative Dispute Resolution approach.

HaDSCO's Contribution to the Sustainable Health Review

The Sustainable Health Review (SHR), was announced by the Deputy Premier; Minister for Health; Mental Health, on 20 June 2017. The aim of the SHR is to prioritise the delivery of high quality, patient-centred sustainable healthcare across Western Australia into the future.The Government appointed an expert Panel for the SHR who sought submissions to help Western Australia shape the future of the Western Australian health system.

HaDSCO made a submission to the SHR Secretariat which contained information in relation to complaints data and trends from 2012-13 to 2016-17 from complaints received by the Office.

As noted in our submission, responding to, and learning from, complaints can assist to identify strategies to improve health outcomes and patient-centred care; to ensure safe and high quality services; improve patient experience; and drive clinical and financial performance. HaDSCO is well positioned to assist in identifying complaint trends and themes to assist in driving continuous improvement across the health sector.

HaDSCO was invited to become a member of the Sustainable Health Review Quality and Value Working Group. The focus of the Working Group was to focus on opportunities and strategies to enhance and improve safety, quality and value to support the medium and long term financial sustainability of the WA health system. The Working Group provided information to the SHR Panel which was considered as part of its preparation for the *Sustainable Health Review Interim Report to the Western Australian Government* (January 2018).

In a broad context, HaDSCO's work to implement the National Code referred to above complements the work of the Sustainable Health Review. The learnings from the Sustainable Health Review will inform HaDSCO about the environment in which it will operate, including for the new National Code jurisdiction. This will provide the opportunity to refocus our services where required for the 2018-19 period.

National Disability Insurance Scheme
On 12 December 2017, the Western Australian Government and the Commonwealth Government announced a new agreement to bring Western Australia in to the NDIS (National Disability Insurance Scheme). This agreement replaces the agreement signed in late January 2017 by the previous Government for a Western Australian administered NDIS.

From 1 July 2018, the National Disability Insurance Agency (NDIA) will assume responsibility for the delivery of the NDIS in Western Australia. The NDIS will continue to roll out on a geographical basis and will be operating across all of Western Australia by 2020. A new independent body, the NDIS Quality and Safeguards Commission has been established. It regulates NDIS providers and supports the resolution of complaints about the quality and safety of NDIS supports and services and is due to commence operations in Western Australia from 1 July 2020.

HaDSCO continued to consult with the Department of Communities on matters associated with the *National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017* (which has been passed by the Commonwealth Parliament) including the *National Disability Insurance Scheme (Quality and Safeguards Commission Complaints) Rules*, complaint handling guidelines, process, and information sharing rules under the proposed legislation.

Discussions are also taking place with the Department of Communities and the National Disability Insurance Agency regarding the implications for HaDSCO's jurisdiction and the consequential changes to the complaints management function in Western Australia, including any transitional arrangements.

Contribution to Western Australian Prison Health Reforms
HaDSCO has been contributing to the Justice Health Project which is considering potential options for the transfer of responsibility for the management and commissioning of custodial health services to the Western Australian health system. This included providing comments on potential governance options.

With 19 percent of complaints about health services closed by HaDSCO about prison health services and seven percent of complaints closed about mental health services about prison mental health services in 2017-18, HaDSCO recognises the need to ensure that decisions made about the future governance arrangements for prison health services ensure these services meet the needs of the individuals and at least cost to Government and that appropriate complaints mechanisms exist.

As part of the Justice Health Project, HaDSCO visited three metropolitan prisons and participated in consumer and peer support consultation sessions with peer support prisoners and met with clinical nurse managers to discuss issues relating to the provision of health services in prisons. We also provided comments on potential governance options as part of the Department of Justice's consultation.

3.2. Review of legislation

The *Health and Disability Services (Complaints) Act 1995* requires, under Section 79, 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.

Two key factors are impacting 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, the decision of the Government of Western Australia to join the nationally delivered NDIS will impact the jurisdiction for complaints about disability services in Western Australia. As a result of these, changes the Director of HaDSCO is in discussions with the Director General of the Department of Communities about the potential impact for the disability sector which will, consequently, affect a review of Part 6 of the *Disability Services Act 1993*.

3.3. Governance and accountability

In 2017-18, the Office continued to build on the sound governance framework it established in 2016-17 in the areas of financial management, human resources management and records management. A risk register was implemented which identified the key strategic and operational risks for the Office. These risks are being monitored by the Corporate Executive group. Enhanced records management controls were achieved in 2016-17 and to support this, records management training was completed by staff in 2017-18.

HaDSCO also implemented a new Disability Access and Inclusion Plan 2018-22 (DAIP). This DAIP aligns with the Office's objectives and informs our Strategic Plan moving forward. After research into contemporary trends regarding best practice for access and inclusion, our new DAIP focusses on the wide-ranging needs of our stakeholders. This includes keeping up to date with new assistive technologies, always being open to thinking outside the box, increasing outreach and engagement with remote communities, continuing both our cultural and mental health awareness training, and upholding the importance of inclusive language.

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's Stakeholder Engagement Strategy January 2017–June 2018 was implemented to guide the delivery of targeted stakeholder engagement programs and outreach activities. This Strategy was reviewed at its conclusion and it was demonstrated that 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 were implemented and utilised. The information obtained from the review of the Strategy will be used in the development of the new Stakeholder Engagement Strategy

Disclosures and legal compliance

Governance

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 2017-18 included:

- Maintained strong performance against Key Performance Indicators and operated within a strong accountable framework.
- Completed a review and endorsed the *Health and Disability Services Complaints Office Disability Access and Inclusion Plan 2018-2022*
- Introduced a *Risk Register* 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 2018, 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 2018 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 2018.

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 2018. 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 2018.

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 2018 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.

SANDRA LABUSCHAGNE
ACTING DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
31 August 2018

Certification of Financial Statements

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

HaDSCO

Disclosures and Legal Compliance

Financial Statements

Certification of Financial Statements
For the year ended 30 June 2018

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 accounts and records to present fairly the financial transactions for the financial year ended 30 June 2018 and the financial position as at 30 June 2018.

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 2018

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY

30 August 2018

OAG AUDITED 18

Statement of Comprehensive Income

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2018 $	2017 $
Cost of Services			
Expenses			
Employee benefits expense	3.1	2,078,987	1,798,595
Supplies and services	3.3	301,505	192,829
Depreciation expense	5.1	1,903	1,998
Repairs, maintenance and consumable equipment	3.3	7,343	1,536
Other expenses	3.3	493,081	563,601
Total Cost of Services		2,882,819	2,558,559
Income			
Revenue			
Commonwealth grants and contributions	4.2	27,642	8,458
Other revenue	4.3	3,049	8,480
Total Revenue		30,691	16,938
Total Income other than Income from State Government		30,691	16,938
NET COST OF SERVICES		2,852,128	2,541,621
Income from State Government			
Service appropriation	4.1	2,871,000	2,701,000
Services received free of charge	4.1	292,092	256,895
Total Income from State Government		3,163,092	2,957,895
SURPLUS FOR THE PERIOD		310,964	416,274
OTHER COMPREHENSIVE INCOME			
Total other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		310,964	416,274

OAG AUDITED 18

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 30 JUNE 2018

	Notes	2018 $	2017 $
ASSETS			
Current Assets			
Cash and cash equivalents	7.1	916,021	1,317,454
Restricted cash and cash equivalents	7.1	13,923	-
Receivables	6.1	10,893	152,327
Other current assets	6.2	22,895	541
Total Current Assets		963,732	1,470,322
Non-Current Assets			
Plant and equipment	5.1	3,648	5,551
Total Non-Current Assets		3,648	5,551
TOTAL ASSETS		967,380	1,475,873
LIABILITIES			
Current Liabilities			
Payables	6.3	78,054	154,339
Employee related provisions current	3.2	361,998	385,226
Total Current Liabilities		440,052	539,565
Non-Current Liabilities			
Employee related provisions non-current	3.2	91,507	118,451
Total Non-Current Liabilities		91,507	118,451
TOTAL LIABILITIES		531,559	658,016
NET ASSETS		435,821	817,857
EQUITY			
Accumulated surplus		435,821	817,857
TOTAL EQUITY		435,821	817,857

OAG AUDITED 18

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 30 JUNE 2018

	Notes	Contributed Equity $	Accumulated Surplus $	Total Equity $
Balance at 1 July 2016		-	401,583	401,583
Surplus		-	416,274	416,274
Total comprehensive income for the period		-	416,274	416,274
Transactions with owners in their capacity as owners: - Capital contributions		-	-	-
Total		-	-	-
Balance at 30 June 2017		-	817,857	817,857
Balance at 1 July 2017		-	817,857	817,857
Surplus		-	310,964	310,964
Total comprehensive income for the period		-	310,964	310,964
Transactions with owners in their capacity as owners: - Distributions to owners		-	(693,000)	(693,000)
Total		-	(693,000)	(693,000)
Balance at 30 June 2018		-	435,821	435,821

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 30 JUNE 2018

	Notes	2018 $	2017 $
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations		2,871,000	2,701,000
Distributions to owners – Return of funds to State Government		(693,000)	-
Net cash provided by State Government		2,178,000	2,701,000
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(2,063,776)	(1,802,722)
Supplies and services		(128,171)	(80,794)
Repairs, maintenance and consumable equipment		(7,343)	(1,536)
Other expenses		(396,911)	(348,871)
Receipts			
Commonwealth grants and contributions		27,642	8,458
Other revenue		3,049	8,480
Net cash used in operating activities	7.1	(2,565,510)	(2,216,985)
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		(387,510)	476,403
Cash and cash equivalents at the beginning of the period		1,317,454	841,051
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	7.1	929,944	1,317,454

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

Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

1. BASIS OF PREPARATION

The Office is a WA Government entity and is controlled by the State of Western Australia, which is the ultimate parent. The Office is a not-for-profit entity as profit is not its principal objective.

Statement of compliance

These general purpose financial statements are prepared in accordance with:

1) The *Financial Management Act 2006* **(FMA)**

2) The Treasurer's Instructions (**the Instructions or TI**)

3) Australian Accounting Standards (**AAS**) including applicable interpretations

4) Where appropriate, those **AAS** paragraphs applicable to not-for-profit entities have been applied.

The *Financial Management Act 2006* and the Treasurer's Instructions (the Instructions) take precedence over AAS. Several AAS are modified by the Instructions to vary application, disclosure format and wording. Where a modification is required and the modification has a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

Basis of preparation

These financial statements are presented in Australian dollars applying the accrual basis of accounting and using the historical cost convention. Certain balances will apply a different measurement basis (such as the fair value basis). Where this is the case, the different measurement basis is disclosed in the associated note.

Judgements and estimates

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements and estimates made in the preparation of these financial statements are reported in the notes, where the amounts affected by those judgements and estimates are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances.

1. BASIS OF PREPARATION (Continued)

Contributed equity

AASB Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* requires transfers in the nature of equity contributions, other than as a result of a restructuring of administrative arrangements, to be designated by the Government (the owner) as contributions by owners (at the time of, or prior to, transfer) before such transfers can be recognised as equity contributions. Capital appropriations have been designated as contributions by owners by TI 955 *Contributions by Owners made to Wholly Owned Public Sector Entities* and have been credited directly to Contributed Equity.

The transfers of net assets to/from other agencies, other than because of a restructuring of administrative arrangements, are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal.

2. OFFICE OUTPUTS

How the Office operates

This section includes information regarding the nature of funding the Office receives and how this funding is utilised to achieve the Office's objectives.

	Notes
Office objectives	2.1
Schedule of income and expense by service	2.2

2.1 Office Objectives

Mission

The Office's mission is to support improvements to health, disability and mental health services for Western Australia and the Indian Ocean Territories through complaint resolution and complaints education in a professional, impartial, confidential and efficient manner with quality outcomes.

The Office is funded predominantly by Parliamentary appropriations.

Service

The Office is responsible for delivering two services:

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

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

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

2.2 Schedule of Income and expenses by service

	Service One		Service Two		Total	
COST OF SERVICES	**2018**	**2017**	**2018**	**2017**	**2018**	**2017**
	$	**$**	**$**	**$**	**$**	**$**
Expenses						
Employee benefits expense	1,483,133	1,169,087	595,854	629,508	2,078,987	1,798,595
Supplies and services	215,091	125,339	86,414	67,490	301,505	192,829
Depreciation and amortisation expense	1,358	1,299	545	699	1,903	1,998
Repairs, maintenance and consumable equipment	5,238	999	2,105	537	7,343	1,536
Other expenses	351,760	366,341	141,321	197,260	493,081	563,601
Total cost of services	2,056,580	1,663,065	826,239	895,494	2,882,819	2,558,559
INCOME						
Revenue						
Commonwealth grants and contributions	19,720	8,458	7,922	-	27,642	8,458
Other revenue	2,175	8,480	874	-	3,049	8,480
Total income other than income from State Government	21,895	16,938	8,796	-	30,691	16,938
NET COST OF SERVICES	2,034,685	1,646,127	817,443	895,494	2,852,128	2,541,621
INCOME FROM STATE GOVERNMENT						
Service appropriations	2,048,149	1,755,650	822,851	945,350	2,871,000	2,701,000
Services received free of charge	208,376	166,982	83,716	89,913	292,092	256,895
Total income from State Government	2,256,525	1,922,632	906,567	1,035,263	3,163,092	2,957,895
SURPLUS FOR THE PERIOD	221,840	276,505	89,124	139,769	310,964	416,274

3. USE OF OUR FUNDING

Expenses incurred in the delivery of services

This section provides additional information about how the Office's funding is applied and the accounting policies that are relevant tor an understanding of the items recognised in the financial statements. The primary expenses incurred by the Office in achieving its objectives and the relevant notes are:

	Notes	2018 $	2017 $
Employee benefits expense	3.1	2,078,987	1,798,595
Employee related provisions	3.2	453,505	503,677
Other expenditure	3.3	801,929	757,966

3.1 Employee benefits expense

Wages and salaries	1,777,561	1,628,744
Superannuation – defined contribution plans	176,945	169,851
Termination benefits	124,481	-
Total employee benefits expense	2,078,987	1,798,595

The Office engaged in the following material related party expense transactions with Government related entities and other related parties:

Public Sector Commission - Wages and superannuation reimbursement	-	55,776
Disability Services Commission - Wages and superannuation reimbursement	47,676	11,646
Government Employment Superannuation Board (GESB) - Employee superannuation payments	150,779	153,546

Wages and salaries

Employee expenses include all costs related to employment, including wages and salaries, fringe benefits tax, and leave entitlements. Employment on cost expenses such as workers' compensation insurance are included at Note 3.3 – other expenses.

Termination benefits

Payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the Office is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits because of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

3.1 Employee benefits expense (Continued)

Superannuation

The amount recognised in profit or loss of the Statement of Comprehensive Income comprises employer contributions paid to the Gold State Superannuation Scheme (GSS) (concurrent contributions), the West State Superannuation Scheme (WSS), the GESB Schemes (GESBs), or 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.

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

The Office does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. 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 Office to the GESB.

3.2 Employee related provisions

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are *delivered*.

		2018 $	2017 $
Current			
Employee Benefits Provision			
Annual leave	(a)	156,166	150,294
Long service leave	(b)	205,832	234,932
Total current employee related provisions		361,998	385,226

3.2 Employee-related provisions (Continued)	2018 $	2017 $
Non-Current		
Employee Benefits Provision		
Long service leave (b)	91,507	118,451
Total non-current employee-related provisions	91,507	118,451
Total employee related provisions	453,505	503,677

(a) Annual leave

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	109,573	105,332
More than 12 months after the end of the reporting period	46,593	44,962
	156,166	150,294

The provision for annual leave is calculated at the present value of expected payments to be made for services provided by employees up to the reporting date.

(b) Long service liabilities

Unconditional long service leave provisions are classified as **current** liabilities as the Office 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 Office has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	51,593	54,644
More than 12 months after the end of the reporting period	245,746	298,739
	297,339	353,383

3.2 Employee related provisions (Continued)

(b) Long service liabilities (Continued)

The provision for long service leave is calculated at present value as the Office does not expect to settle the amounts within 12 months. The present value is measured considering the present value of expected future payments to be made for services provided by employees up to the reporting date. These payments are estimated using the remuneration rate expected to apply at the time of settlement and 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.

(c) Key sources of estimation uncertainty – long service leave

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.

Several estimates and assumptions are used in calculating the Office's long service leave provision. These 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.

Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

3.3 Other expenses		2018 $	2017 $
Supplies and services			
Communications		34,940	17,437
Medical advice and consultations		530	13,376
Fuel, light and power		4,462	6,886
Computer services	(a)	188,760	123,954
Legal expenses	(a)	59,204	12,762
Printing and stationery		8,245	13,826
Food supplies		801	755
Other		4,563	3,833
Total supplies and services expenses		301,505	192,829
Repairs, maintenance and consumable equipment			
Repairs and maintenance		460	449
Consumable equipment		6,883	1,087
Total repairs, maintenance and consumable equipment		7,343	1,536
Other expenditures			
Employment on-costs – Workers' compensation insurance		13,086	10,301
Staff development and transport costs		30,381	27,254
Insurance		5,532	5,557
Motor vehicle expenses		20,441	7,103
Operating lease expenses – Accommodation	(a)	319,125	356,173
Doubtful debts expense		4,442	2,577
Human resources consultancies	(a)	61,287	92,749
Audit fees	(a)	23,319	28,871
Accounting and financial consultancies		10,839	12,112
Christmas and Cocos Islands service expenses		-	19,163
Other expenditures		4,629	1,741
Total other expenditures		493,081	563,601
Total other expenses		801,929	757,966

3.3 Other expenses (Continued)

Supplies and services

Supplies and services are recognised as an expense in the reporting period in which they are incurred.

Employee on-costs

Employee on-costs, including workers' compensation insurance, are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of other expenditure Note 3.3 and are not included as part of the employee benefits expense.

Operating lease expenses – Accommodation

Operating lease payments are recognised on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

Human resources consultancies

The expenditure represents human resource consultancies provided free of charge from the Health Support Services.

Christmas and Cocos Islands services expense

The expenditure represents costs other than salaries and wages expense associated with the delivery of services to the Indian Ocean Territories through service delivery arrangements with the Australian Government.

3.3 Other expenses (Continued)	2018 $	2017 $
(a) The Office engaged in the following material related party expense transactions with Government related entities:		
Supplies and services		
Health Support Services - Computer services provided free of charge	141,161	88,552
State Solicitor's Office - Legal services	59,204	12,762
Other expenditure		
Department of Finance - Operating lease expense for office accommodation	319,125	356,173
Health Support Services - Human resource consultancies provided free of charge	24,104	73,230
Office of the Auditor General - Audit fees	23,300	23,000

4. OUR FUNDING SOURCES

How we obtain our funding

This section provides additional information about how the Office obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by the Office and the relevant notes are:

	Notes	2018 $	2017 $
Income from State Government	4.1	3,163,092	2,957,895
Commonwealth grants and contributions	4.2	27,642	8,458
Other revenue	4.3	3,049	8,480

4.1 INCOME FROM STATE GOVERNMENT

		2018 $	2017 $
Appropriation received during the period:			
Service appropriation	(a)	2,871,000	2,701,000
Services received free of charge from other State Government agencies during the period:			
Department of Finance - Operating lease expense for office accommodation fitout		62,616	70,239
State Solicitor's Office - Legal fees		59,204	12,762
Department of Health - Support services		5,007	4,035
Health Support Services - Computer, human consultancy and finance services		165,265	169,859
Total services received		292,092	256,895
Total income from State Government		3,163,092	2,957,895

(a) **Service Appropriations** are recognised as revenues at fair value in the period in which the Office gains control of the appropriated funds. The Office gains control of appropriated funds at the time those funds are deposited in the bank account or credited to the 'Amounts receivable for services' (holding account) held at Treasury.

Service appropriations fund the net cost of services delivered. Appropriation revenue comprises a cash component.

(b) Assets or services received free of charge or for nominal cost are recognised as revenue at fair value of the assets and services that can be reliably measured and which would have been purchased if they were not donated. Contributions of assets or services representing contributions by owners are recognised direct to equity.

		2018 $	2017 $
4.2 COMMONWEALTH GRANTS AND CONTRIBUTIONS			
Recurrent grant – Christmas and Cocos Islands		27,642	8,458

The Office provides its services to the Indian Ocean Territories through a service delivery arrangement with the Australian Government. The terms of the service delivery arrangement specified that the grant must be used to provide complaints management and complaints education services to the Christmas and Cocos Islands. The grant has been recognised in its entirety upon receipt. The only condition applying to its use is how it can be expended. The grant is not subject to performance measures in terms of service delivery.

4.2.1 Other statement of receipts and payments
- Commonwealth grant
Christmas and Cocos Islands

Balance at start of period		(6,217)	15,609
Add: Receipts			
- Commonwealth grant		27,642	8,458
Less: Payments			
- Salaries and wages		(7,502)	(11,121)
- Other expenses		-	(19,163)
		(7,502)	(30,284)
Balance at end of period	(a)	13,923	(6,217)

(a) See restricted cash and cash equivalents at Note 7.1.1.

4.3 OTHER REVENUE			
Government Vehicle Scheme contribution		3,049	3,744
Expense reimbursement from Public Sector Commission		-	3,531
Miscellaneous		-	1,205
Total other revenue		3,049	8,480

5. KEY ASSETS

Assets the Office utilises for economic benefit or service potential

This section includes information regarding the key assets the Office utilises to gain economic benefits or provide service potential. The section sets out both the key accounting policies and financial information about the performance of these assets:

	Notes	2018 $	2017 $
Plant and equipment	5.1	3,648	5,551
Total key assets		3,648	5,551

5.1 PLANT AND EQUIPMENT

Reconciliations of the carrying amounts of plant and equipment at the beginning and end of the reporting period are set out in the table below:

	Office Equipment $	Total $
2018		
Gross carrying amount	7,612	7,612
Accumulated depreciation	(2,061)	(2,061)
Carrying amount at start of year	5,551	5,551
Depreciation	(1,903)	(1,903)
Carrying amount at end of year	3,648	3,648
2017		
Gross carrying amount	7,612	7,612
Accumulated depreciation	(63)	(63)
Carrying amount at start of year	7,549	7,549
Depreciation	(1,998)	(1,998)
Carrying amount at end of year	5,551	5,551

5.1 PLANT AND EQUIPMENT (Continued)

Initial recognition

Items of plant and equipment costing $5,000 or more are measured initially at cost. Where an asset is acquired for no or nominal cost, the cost is valued at its fair value at the date of acquisition. Items of plant and equipment costing less than $5,000 are immediately expensed directly to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Subsequent measurement

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

5.1.1. Depreciation and impairment charge for the period

Depreciation	2018 $	2017 $
Office equipment	1,903	1,998
Total depreciation for the period	1,903	1,998

Finite useful lives

All plant and equipment 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.

Depreciation is generally calculated on a straight-line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for the different asset classes for current and prior years are included in the table below:

Asset	Useful Life
Office equipment	4 Years

As at 30 June 2018 there were no indications of impairment of plant and equipment.

5.1 PLANT AND EQUIPMENT (Continued)

Impairment

Non-financial assets, including items of plant and equipment, are tested for impairment whenever there is an indication that the asset may be impaired. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount, and an impairment loss is recognised.

Where an asset measured at cost is written down to its recoverable amount, an impairment loss is recognised through profit or loss.

If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However, this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

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 the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

6. OTHER ASSETS AND LIABILITIES

This section sets out those assets and liabilities that arose from the Office's controlled operations and includes other assets utilised for economic benefits and liabilities incurred during normal operations:

	Notes	2018 $	2017 $
Receivables	6.1	10,893	152,327
Other current assets	6.2	22,895	541
Payables	6.3	78,054	154,339

6.1 RECEIVABLES

Current

Receivables	427	144,614
Accrued revenue	608	-
GST receivable	903	3,131
Paid parental leave recoverable Commonwealth Government	8,364	-
Amounts due from employees for salary over-payments	3,801	7,159
Allowance for impairment of receivables	(3,210)	(2,577)
Total Current	10,893	152,327

The Office is owed the following material balances from Government related entities:

Public Sector Commission		
- Recoup employee leave reimbursement	-	37,100
State Ombudsman Office		
- Recoup employee leave reimbursement	-	105,943

The Office does not hold any collateral or other credit enhancements as security for receivables.

Receivables are recognised at original invoice amount less any allowances for uncollectible amounts (i.e. impairment). The carrying amount of net trade receivables is equivalent to fair value as it is due for settlement within 30 days.

6.1 RECEIVABLES (Continued)	2018 $	2017 $
6.1.1. Movement of the allowance for impairment of receivables		
Reconciliation of changes in the allowance for impairment receivables		
Balance at start of period	2,577	-
Doubtful debts expense	2,929	2,577
Bad debts expense	1,513	-
Amounts written off during the period	(3,809)	-
Balance at end of period	3,210	2,577

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 Office will not be able to collect the debts.

6.2 OTHER CURRENT ASSETS		
Prepayments	22,895	541

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period. The 2018 balance consists of office rent prepaid for July 2018.

6.3 PAYABLES		
Current		
Trade payables	35,996	31,583
Other payables	3,579	3,729
Accrued expenses	11,317	93,150
Accrued salaries	27,162	25,877
	78,054	154,339

	2018 $	2017 $
6.3 PAYABLES (Continued)		
The Office owes the following material balances to Government related entities:		
Workcover WA		
- Employee leave entitlements	-	72,894

Payables are recognised at the amounts payable when the Office becomes obliged to make future payments because of a purchase of assets or services. The carrying amount is equivalent to fair value, as the settlement is generally within 30 days.

Accrued expenses represent goods and services received at year end, which the supplier has not provided an invoice.

Accrued salaries represent the amount due to staff but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight after the reporting period. The Office considers the carrying amount of accrued salaries to be equivalent to its fair value.

7. FINANCING

This section sets out the material balances and disclosures associated with the financing and cash flows of the Office.

	Notes
Cash and cash equivalents	7.1
Reconciliation of cash	7.1.1
Reconciliation of operating activities	7.1.2
Commitments	7.2
Non-cancellable operating lease commitments	7.2.1
Other expenditure commitments	7.2.2

7.1 CASH AND CASH EQUIVALENTS

7.1.1 Reconciliation of cash

		2018 $	2017 $
Cash and cash equivalents		916,021	1,317,454
Restricted cash and cash equivalents			
- Recurrent grant from the Commonwealth Department of Infrastructure, Regional Development and Cities	(a)	13,923	-
Balance at end of period		929,944	1,317,454

(a) Funds to service the Indian Ocean Territories - See note 4.2.1

For 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.

		2018 $	2017 $
7.1 CASH AND CASH EQUIVALENTS (Continued)			
7.1.2 Reconciliation of net cost of services to net cash flows used in operating activities			
Net cost of services		(2,852,128)	(2,541,621)
Non-Cash Items:			
- Depreciation expense		1,903	1,998
- Services received free of charge		292,092	256,895
- Doubtful debts expense		2,929	-
- Bad debts expense		1,513	-
(Increase)/Decrease in Assets:			
- Current receivables	(a)	136,992	(44,003)
- Other current assets		(22,354)	18,928
Increase/(Decrease) in Liabilities:			
- Current payables		(76,285)	53,120
- Current provisions		(23,228)	30,454
- Non-current provisions		(26,944)	7,244
Net Cash Used in Operating Activities		(2,565,510)	(2,216,985)

(a) Note that the Australian Taxation Office (ATO) receivable/payable in respect of GST and the receivable/payable in respect of the sale/purchase of non-current assets are not included in these items as they do not form part of the reconciling items.

7.2 COMMITMENTS	2018 $	2017 $
7.2.1 Non-cancellable operating lease commitments - Accommodation		
Commitments for minimum lease payments are payable as follows:		
- Within 1 year	278,232	299,993
- Later than 1 year and not later than 5 years	1,112,927	-
	1,391,159	299,993

The commitments for accommodation are inclusive of GST.

Judgements made by management in applying accounting policies – Operating lease commitments

The Office has entered into a lease for the 2nd Floor Albert Facey House, Perth for its office accommodation. The lessor retains substantially all the risks and rewards incidental to ownership of the building. Accordingly, the lease has been classified as an operating lease.

7.2.2 Other expenditure commitments – IT services		
Other expenditure commitments (IT services) contracted at the end of the reporting period but not recognised as liabilities, are payable as follows		
- Within 1 year	20,493	19,010
- Later than 1 year and not later than 5 years	81,972	-
	102,465	19,010

The commitments for IT services are inclusive of GST.

8. RISKS AND CONTINGENCIES

This note sets out the key risk management policies and measurement techniques of the Office.

	Note
Financial risk management	8.1
Contingent assets and liabilities	8.2

8.1 FINANCIAL RISK MANAGEMENT

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

(a) Summary of Risks and Management

Credit Risk

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

The maximum exposure to credit risk at the end of the reporting period for each class of recognised financial assets is the gross carrying amount of those assets inclusive of any allowance for impairment as shown in the table at Note 8.1 (c) 'Ageing Analysis of Financial Assets and Note 6.1 'Receivables'.

Credit risk associated with the Office's financial assets is minimal because the main receivable is the amounts receivable for services (holding account). For receivables other than government, the Office trades only with recognised, creditworthy third parties. The Office has policies in place to ensure that services are made to customers with an appropriate credit history. Also, receivable balances are monitored on an ongoing basis with the result that the Office's exposure to bad debts is minimal. At the end of the reporting period, there were no significant concentrations of credit risk.

Liquidity Risk

Liquidity risk arises when the Office is unable to meet its financial obligations as they fall due.

The Office is exposed to liquidity risk through its trading in the normal course of business.

The Office 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 Office's income or value of its holdings of financial instruments. The Office does not trade in foreign currency and is not materially exposed to other price risks.

8.1 FINANCIAL RISK MANAGEMENT (Continued)

(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:

		2018 $	2017 $
Financial Assets			
Cash and cash equivalents		916,021	1,317,454
Restricted cash and cash equivalents		13,923	-
Receivables	(i)	9,990	149,196
Total financial assets		939,934	1,466,650
Financial Liabilities			
Payables		78,054	154,339
Total financial liabilities		78,054	154,339

(i) The amount of receivables excludes GST recoverable from the Australian Taxation Office (statutory receivables).

8.1 FINANCIAL RISK MANAGEMENT (Continued)

(c) Ageing analysis of financial assets

				Past Due But Not Impaired				
	Carrying Amount $	Not Past Due And Not Impaired $	Up to 12 Months $	1 to 2 Years $	2 to 5 Years $	More than 5 Years $	Impaired Financial Assets $
2018							
Cash and cash equivalents	916,021	916,021	-	-	-	-	-
Restricted cash and cash equivalents	13,923	13,923	-	-	-	-	-
Receivables (i)	9,990	-	9,563	427	-	-	-
	939,934	929,944	9,563	427	-	-	-
2017							
Cash and cash equivalents	1,317,454	1,317,454	-	-	-	-	-
Receivables (i) (ii)	149,196	141,067	970	(50)	1,419	5,790	-
	1,466,650	1,458,521	970	(50)	1,419	5,790	-

(i) The amount of receivables excludes the GST recoverable from the ATO (statutory receivables).

(ii) The ($50) is a refund due to an employee, who overpaid a receivable.

8.1 FINANCIAL RISK MANAGEMENT (Continued)

(d) *Liquidity Risk and Interest Rate Exposure*

The following table details the Office's interest rate exposure and the contractual maturity analysis of 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 exposure and maturity analysis of financial assets and financial liabilities.

2018	Weighted Average Effective Interest Rate %	Interest Rate Exposure					Maturity Dates			
		Carrying Amount $	Fixed Interest Rate $	Variable Interest Rate $	Non Interest Bearing $	Nominal Amount $	Up to 12 Months $	1 to 2 Years $	2 to 5 Years $	More than 5 Years $
Financial Assets										
Cash and cash equivalents	-	916,021	-	-	916,021	916,021	916,021	-	-	-
Restricted cash and cash equivalents	-	13,923	-	-	13,923	13,923	13,923	-	-	-
Receivables (i)	-	9,990	-	-	9,990	9,990	9,990	-	-	-
		939,934	-	-	939,934	939,934	939,934	-	-	-
Financial Liabilities										
Payables	-	78,054	-	-	78,054	78,054	78,054	-	-	-
		78,054	-	-	78,054	78,054	78,054	-	-	-

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

8.1 FINANCIAL RISK MANAGEMENT (Continued)

(d) *Liquidity Risk and Interest Rate Exposure (Continued)*

Interest rate exposure and maturity analysis of financial assets and financial liabilities.

2017	Weighted Average Effective Interest Rate %	Interest Rate Exposure				Maturity Dates				
		Carrying Amount $	Fixed Interest Rate $	Variable Interest Rate $	Non Interest Bearing $	Nominal Amount $	Up to 12 Months $	1 to 2 Years $	2 to 5 Years $	More than 5 Years $
Financial Assets										
Cash and cash equivalents	-	1,317,454	-	-	1,317,454	1,317,454	1,317,454	-	-	-
Receivables (i)	-	149,196	-	-	149,196	149,196	149,196	-	-	-
		1,466,650	-	-	1,466,650	1,466,650	1,466,650	-	-	-
Financial Liabilities										
Payables	-	154,339	-	-	154,339	154,339	154,339	-	-	-
		154,339	-	-	154,339	154,339	154,339	-	-	-

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

8.1 FINANCIAL RISK MANAGEMENT (Continued)

(e) *Interest Rate Sensitivity Analysis*

None of the Office's financial assets and liabilities at the end of the reporting period are sensitive to movements in interest rates. Hence, movements in interest rates have no bottom line impact on the Office's surplus or equity.

8.2 CONTINGENT ASSETS AND LIABILITIES

Contingent assets and contingent liabilities are not recognised in the statement of financial position but are disclosed and, if quantifiable, are measured at nominal value.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

There were no contingent liabilities or contingent assets as at 30 June 2018.

9. OTHER DISCLOSURES

This section includes additional material disclosures required by accounting standards or other pronouncements, for the understanding of this financial report.

	Notes
Events occurring after the end of the reporting period	9.1
Future impact of Australian Accounting Standards not yet operative	9.2
Key management personnel	9.3
Related party transactions	9.4
Remuneration of auditor	9.5
Related bodies	9.6
Affiliated bodies	9.7
Supplementary financial information	9.8
Explanatory statement	9.9

9.1 EVENTS OCCURRING AFTER THE END OF THE REPORTING PERIOD

There were no events occurring after the reporting date that impact on the financial statements.

9.2 FUTURE IMPACT OF AUSTRALIAN ACCOUNTING STANDARDS NOT YET OPERATIVE

The Office 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. Where applicable, the Office plans to apply the following Australian Accounting Standards from their application date.

		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 Office has assessed that recognition of expected credit losses will increase the amount of impairment losses recognised as Other expenses in the Statement of Comprehensive Income. This is likely to have minimal impact on the Office.	1 Jan 2018
AASB 15	Revenue from Contracts with Customers This Standard establishes the principles that the Office 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 mandatory application date of this Standard is currently 1 January 2019 after being amended by AASB 2016-7. The Office's income is principally derived from appropriations which will be measured under AASB 1058 and will be unaffected by this change.	1 Jan 2019

9.2 FUTURE IMPACT OF AUSTRALIAN ACCOUNTING STANDARDS NOT YET OPERATIVE (Continued)

		Operative for reporting periods beginning on/after
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. Whilst the impact of AASB 16 has not yet been quantified, the Office currently has commitments for $1,391,159 worth of non-cancellable operating leases which will mostly be brought onto the Statement of Financial Position. 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 or other performance obligation (a promise to transfer a good or service), or a contribution by owners, related to an asset (such as cash or another asset) received by the Office. The Office anticipates that the application will not materially impact appropriations or untied grant revenues.	1 Jan 2019
AASB 1059	Service Concession Arrangements: Grantors This Standard addresses the accounting for a service concession arrangement (a type of public private partnership) by a grantor that is a Public Sector Office by prescribing the accounting for the arrangement from the grantor's perspective. Timing and measurement for the recognition of a specific asset class occurs on commencement of the arrangement and the accounting for associated liabilities is determined by whether the grantee is paid by the grantor or users of the public service provided. The Office has not identified any public private partnerships within scope of the Standard.	1 Jan 2019

9.2 FUTURE IMPACT OF AUSTRALIAN ACCOUNTING STANDARDS NOT YET OPERATIVE (Continued)

		Operative for reporting periods beginning on/after
AASB 2010-7	Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Int 2, 5, 10, 12, 19 & 127] This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010. The mandatory application date of this Standard has been amended by AASB 2012-6 and AASB 2014-1 to 1 January 2018.	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. *These changes have no impact as the Office was not permitted to early adopt AASB 9.*	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 Office has not yet determined the application or the potential impact of the Standard.	1 Jan 2018

9.2 FUTURE IMPACT OF AUSTRALIAN ACCOUNTING STANDARDS NOT YET OPERATIVE (Continued)

		Operative for reporting periods beginning on/after
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 Office has not yet determined the application or the potential impact of the Standard.	1 Jan 2018
AASB 2015-8	Amendments to Australian Accounting Standards – Clarifications to AASB 15 This Standard amends the mandatory application date of AASB 15 to 1 January 2018 (instead of 1 January 2017). It also defers the consequential amendments that were originally set out in AASB 2014-5. There is no financial impact arising from this Standard.	1 Jan 2018
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 Office has not yet determined the application or the potential impact when the deferred AASB 15 becomes effective from 1 January 2019.	1 Jan 2018
AASB 2016-7	Amendments to Australian Accounting Standards – Deferral of AASB 15 for Not-for-Profit Entities This Standard defers, for not-for-profit entities, the mandatory application date of AASB 15 to 1 January 2019, and the consequential amendments that were originally set out in AASB 2014-5. There is no financial impact arising from this standard.	1 Jan 2018

9.2 FUTURE IMPACT OF AUSTRALIAN ACCOUNTING STANDARDS NOT YET OPERATIVE (Continued)

		Operative for reporting periods beginning on/after
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

9.3 KEY MANAGEMENT PERSONNEL

The Office has determined that key management personnel include the responsible Minister and senior officers of the Office. However, the Office is not obligated to compensate the responsible Minister. Therefore, the disclosures regarding Ministers' compensation may be found in the *Annual Report on State Finances*.

Total compensation, inclusive of fees, salaries, superannuation, non-monetary benefits and other benefits, for the senior officers of the Office for the reporting period is presented within the following bands:

Compensation Bands ($)	2018	2017
280,001 - 290,000	-	1
310,001 - 320,000	1	-
	$	$
Short-term employee benefits	247,212	219,648
Post-employment benefits	37,836	36,560
Other long-term benefits	26,446	26,445
Total compensation of key management personnel	311,494	282,653

9.4 RELATED PARTY TRANSACTIONS

The Office is a wholly-owned Public Sector entity that is controlled by the State of Western Australia.

Related parties of the Office 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 statutory authorities, including their related bodies that are included in the whole of government consolidated financial statements;
- associates and joint ventures of an entity that are included in the whole of government consolidated financial statements; and
- the Government Employees Superannuation Board (GESB).

Significant Transactions with Government-Related Entities

In conducting its activities, the Office is required to transact with the State and entities related to the State. These transactions are generally based on the standard terms and conditions that apply to all agencies.

Significant transactions include:	Note
Revenue	
• Service appropriation received from the State Government	4.1
• Services received free of charge from other State Government agencies	4.1
Expenses	
• Wages and superannuation reimbursement to the Disability Services Commission	3.1
• Operating lease expense for office accommodation to the Department of Finance	3.3
• Audit services from the Office of the Auditor General	3.3 and 9.5
• Commitments for future accommodation and lease payments to the Department of Finance	7.2.1
Commitments for IT services to the Department of Finance	7.2.2

9.4 RELATED PARTY TRANSACTIONS (Continued)

Material Transactions with Other Related Parties Note

Significant transactions include:

- Superannuation payments to GESB 3.1

The Office had no other material related party transaction with Ministers, Senior Officers or their close family members or their controlled or jointly controlled entities.

9.5 REMUNERATION OF AUDITOR

	2018 $	2017 $
Remuneration paid or payable to the Auditor General in respect of the audit for the current financial year is as follows:		
Auditing the accounts, financial statements and key performance indicators	23,530	23,300

9.6 RELATED BODIES

The Office had no related bodies during the financial year.

9.7 AFFILIATED BODIES

The Office had no affiliated bodies during the financial year.

9.8. SUPPLEMENTARY FINANCIAL INFORMATION

Under the authority of the accountable authority, the Office wrote off bad debts totalling $3,809 for the year ended 30 June 2018 (2017: $Nil). Furthermore, the Office had no write-offs of public property; no losses through theft or default; and no gifts of public property made or received in 2017 and 2018.

9.9 EXPLANATORY STATEMENT

The Office is exempted from TI945 Explanatory Statement, which requires the reporting of significant variances between the actual results for 2018 and 2017, and between estimated and actual results for 2018, as its Total Cost of Services is below $3 million for the two most recent consecutive comparative periods.

TI945 Paragraph (1)(ii)

Each general government 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.

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 2018-19 financial year are provided in the table below. The Deputy Premier; Minister for Health; Mental Health approved the budget estimates on 16 April 2018.

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

	Notes	2018/2019 Estimate $
COST OF SERVICES		
Expenses		
Employee benefits expense		2,031,919
Supplies and services		392,437
Depreciation expense		2,552
Repairs, maintenance and consumable equipment		12,577
Other expenses		532,360
Total cost of services		**2,971,845**
INCOME		
Revenue		
Commonwealth grants and contributions	1	36,771
Other revenue	2	3,074
Total revenue		**39,845**
Total income other than income from State Government		**39,845**
NET COST OF SERVICE		**2,932,000**
Income from State Government		
Service appropriation		2,651,000
Services received free of charge	3	281,000
		2,932,000
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 2018-19 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	2018/2019 Estimate $
ASSETS		
Current Assets		
Cash and cash equivalents		692,938
Restricted cash and cash equivalents	1	-
Receivables	2	-
Total Current Assets		**692,938**
Non-Current Assets		
Plant and equipment		1,730
Total Non-Current Assets		**1,730**
Total Assets		**694,668**
LIABILITIES		
Current Liabilities		
Payables		127,700
Provisions		339,615
Total Current Liabilities		**467,315**
Non-Current Liabilities		
Provisions		82,496
Total Non-Current Liabilities		**82,496**
Total Liabilities		**549,811**
NET ASSETS		**144,857**
EQUITY		
Contributed Equity		(693,000)
Accumulated surplus		837,857
TOTAL EQUITY		**144,857**

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 2018-19 financial year.
2. No receivables are forecasted, as collection of all receivables is anticipated within the 2018-19 financial year.
3. In the 2017-18 financial year, an amount of $693,000 of cash was returned to the consolidated account through an equity transfer.

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

Attachment C

	2018/2019 Estimate $
CASH FLOWS FROM STATE GOVERNMENT	
Service appropriation	2,651,000
Net cash provided by State Government	**2,651,000**
CASH FLOWS FROM OPERATING ACTIVITIES	
Payments	
Employee benefits	(2,036,919)
Supplies and services	(662,993)
Receipts	
Commonwealth grants and contributions	36,771
Recoveries and other receipts	3,074
Net cash used in operating activities	**(2,660,067)**
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	**(9,067)**
Cash and cash equivalents at the beginning of the period	702,005
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	**692,938**

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 2018.

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY

30 August 2018

OAG AUDITED 18

Our Key Performance Indicators

Health and Disability Services Complaints Office
Report on Key Performance Indicators

Government goal: Strong Communities: Safe communities and supported families.

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. A 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. The table below represents the proportion of recommendations for service improvements implemented by service providers between 2013-14 and 2017-18.

In 2017-18, the Office exceeded the target which represents our strongest performance against this Indicator over the five year period. This is reflective of a desired outcome of the Office to ensure recommendations for systemic improvement are implemented by service providers for the benefit of the complainant and more broadly for individuals who access similar services in the future.

Key Effectiveness Indicator	2013-14	2014-15	2015-16	2016-17	2017-18 Target	2017-18 Actual
Proportion of recommendations resulting in implementation by providers	71%	64%	67%	72%	**70%**	**83%**

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 2013-14 and 2017-18:

Legislative requirement	Legislative timeframe (days)	2013-14	2014-15	2015-16	2016-17	2017-18 Target	2017-18 Actual
Preliminary assessment by Director s.34 (1)	28	92%	100%	98%	95%	**95%**	**95%**
Preliminary assessment by Director s.34 (1) (c)	56	86%	93%	97%	90%	**90%**	**92%**
Notice to provider and others s.35	14	89%	93%	93%	95%	**95%**	**91%**

In 2017-18, HaDSCO continued to implement a Complaint Handling Continuous Improvement Program (the Program) to provide more efficient and effective management of complaints. The Program includes strategies to streamline the intake, assessment and resolution of complaints.

HaDSCO met and exceeded the projected targets for the percentage of complaints assessed in 28 and 56 days respectively. Streamlined intake processed implemented as a result of the Program have assisted the Office to achieve these outcomes.

HaDSCO did not achieve its target for notifying providers of the complaint within the 14 day timeframe where a complaint was accepted into negotiated settlement, conciliation or investigation. Once a complaint is accepted into one of these processes, written notice of the decision must be given to the provider and any other person concerned within the 14 day timeframe.

In 2017-18, a small number of complaints did not have written notification given to the relevant parties within the required timeframe. This occurred due to administrative and process errors. Staff training measures have been put in place to ensure the process for complaint resolution as detailed in the *Health and Disability Services (Complaints) Act 1995* and by internal policies and procedures is adhered to at all times.

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 2,812 complaints would be closed during the 2017-18 financial year. However, HaDSCO closed 2,775 complaints, which was marginally below the forecasted figure.

The table below demonstrates the average cost per complaint from 2013-14 to 2017-18:

2013-14	2014-15	2015-16	2016-17	2017-18 Target	2017-18 Actual
$731	$694	$740	$594	**$708**	**$741**

The average cost per finalised complaint is marginally above the 2017-18 target and above the cost per complaint in 2016-17. However, it is generally consistent with previous years. During 2017-18, there was a continued focus on reducing the number of aged cases. The allocation of resources to finalise these cases together with managing fluctuations in complaint numbers during the year impacted on the average cost.

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. Examples of work that contributed to this cost during 2017-18 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. This included releasing four new tailored information sheets containing practical information about the nature of complaints we can receive about health, disability, mental health and prison health services.
- Preparing and distributing Report Cards to the five public Health Service Providers in WA Health, two private health service providers and the Department of Justice.
- Releasing the *Health Complaint Trends Report 2014-17* which provides an analysis of the complaint trends observed in the annual returns provided to HaDSCO though the data collection program under section 75 of the *Health and Disability Services (Complaints) Act 1995*.
- Releasing the *Disability Services Data Collection Program Report 2016-17* which provides an analysis of the complaint trends observed in the complaints data provided to

HaDSCO through the data collection program under section 48A of the *Disability Services Act 1993*.

- Distributing the *2016-17 Health Infographic* and *2016-17 Disability Services Data Collection Program Infographic*, created to provide the complaints information for the above reports in a visual format.
- Releasing the consultation paper on the implementation of the National Code of Conduct for health care workers in Western Australia.

The table below demonstrates group one costs for development, production and distribution of information from 2013-14 to 2017-18:

	2013-14	2014-15	2015-16	2016-17	2017-18
Group one costs: Development, production and distribution of information	$282,183	$327,709	$412,419	$358,198	**$420,282**

The Group one cost was higher in 2017-18 than last year as there was a dedicated focus on the development and distribution of a range of new reporting publications.

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 2017-18 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 in the area of prison health services, to Clinical Nurse Managers, the Nursing Group webinar, the Clinical Governance Advisory Committee, and the Office of the Inspector of Custodial Services Independent Visitors' Conference. In the area of mental health services, a presentation at the Western Australian Mental Health Conference and Awards.
- Consulting with members of the Mental Health Complaints Partnership Agreement, peak industry groups, and other key stakeholders on draft guidelines for handling complaints about mental health services.
- Planning and delivering regional outreach to the South West region to raise awareness of, and access to, HaDSCO's services.
- Visiting three metropolitan prisons as part of the Justice Health Project to participate in consumer and peer support consultation sessions, meet with peer support prisoners and clinical nurse managers to discuss issues relating to the provision of health services in prisons.
- Undertaking a range of consultations with various stakeholders to discuss issues associated with the implementation of the National Code of Conduct for health care workers in Western Australia.
- Participating in the Sustainable Health Review (SHR) Quality and Value Working Group, reporting to the SHR Panel on opportunities and strategies to enhance and improve safety, quality and value to support the medium and long term financial sustainability of the Western Australian health system.

The table below demonstrates group two costs for presentations, awareness raising, consultations and networking from 2013-14 to 2017-18:

	2013-14	2014-15	2015-16	2016-17	2017-18
Group two costs: Presentations, awareness raising, consultations and networking	$430,679	$452,323	$618,629	$537,297	**$405,957**

Key Efficiency Indicator 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 2017-18 financial year. In total, 159 engagement activities were delivered, which was below the target. As noted above, during 2017-18, there was a strong focus on developing and releasing a number of publications. Consequently resources were allocated to delivering outcomes for that priority which resulted in a reduction of resources available to deliver engagement activities. In addition, unlike during 2016-17, HaDSCO did not visit the Indian Ocean Territories, which accounted for a number of the engagement activities during 2016-17 when 211 engagement activities took place.

During 2017-18, the 159 engagement activities included:

- 13 presentations to provide a range of general and tailored information to stakeholders.
- 16 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.
- 94 consultations with key groups to share and exchange views and seek advice.
- 36 networking opportunities to build relationships with providers, government agencies and consumer and peak industry groups.

The table below represents the average cost per presentation, awareness raising, consultation and networking activities from 2013-14 to 2017-18:

	2013-14	2014-15	2015-16	2016-17	2017-18 Target	2017-18 Actual
Average cost per presentation, awareness raising, consultation and networking activities	$1,544	$865	$2,361	$2,546	**$3,217**	**$2,553**

The average cost per presentation, awareness raising, consultation and networking activity was lower than anticipated based on the target not being achieved given the priority to develop a broader range of reporting publications. However, the result is comparable with the 2016-17 result.

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 2017-18 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	2016-17	2017-18
Full-time (permanent)	12	9
Full-time (contract)	3	4
Part-time (permanent)	1	1
Part-time (contract)	2	2
Total	18	16

Industrial relations

HaDSCO employees are employed under the *Public Service and Government Officers CSA General Agreement 2017*. 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 records management, first aid, adobe software and minute taking. 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 Policy Essentials program (Public Sector Commission).

Workers Compensation

In accordance with Treasurer's Instruction 903 (13iiic), the Office had the following workers compensation disclosures in the 2017-18 reporting year.

Category	2016-17	2017-18
Workers' compensation claims	0	1
Lost time injuries	0	1

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 2017-18 reporting year.

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 2017-18 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 2017-18 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 2017-18 reporting year was $923.68 as detailed in the table below:

Item	Total	Expenditure	Amount
Advertising	$704.36	Adcorp Australia Limited	$704.36
Market research organisations	Nil	Nil	Nil
Polling organisations	Nil	Nil	Nil
Direct mail organisations	$219.32	Campaign Monitor	$9.32
		Survey Monkey	$210

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.

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.

A range of polices were introduced in the previous reporting year and to build upon governance and accountability measures in the 2017-18 reporting year a Records Management Policy was introduced.

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 2017-18	
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 2017-18 reporting year.

Applications	2016-17	2017-18
New applications received during the year	1	1
Finalised during the year	1	1
Average time to process (days)	26	44
Outcomes	**2016-17**	**2017-18**
Full access	0	0
Edited access	0	1
Deferred access	0	0
Section 26 Access	0	0
Section 28 access	0	0

Access refused	0	0
Total decisions	0	1
Transferred to other agencies	0	0
Withdrawn	1	0
Total applications	1	1

Record keeping plans

Records management was a focus of the 2017-18 reporting year. All staff have now received training in records management and the TRIM system and three staff have completed Administrator training to ensure compliance with requirements is enhanced. It is expected that the Office will review the Record Keeping Plan as part of the implementation of the National Code of Conduct for health care workers which is new legislation to be administered by the Office and broadens the scope and powers of the investigation function.

In accordance with the State Records Commission Standard 2, Record Keeping Plans (Principle 6):

- Records awareness training has become mandatory for all staff.
- The records awareness training is consistent with the requirements of the Record Keeping Plan.
- The induction program has been 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 government departments 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.

Being a Statutory Authority, the Health and Disability Services Complaints Office (HaDSCO) is not required to develop and implement a plan by law. However, HaDSCO considers it is important to develop and implement a DAIP that reflects our vision to empower the community and providers to collaboratively improve health, disability and mental health services, with an inclusive, highly engaged and accountable workforce.

The *Disability Services Act 1993 (WA amended 2004), The Commonwealth Disability Discrimination Act (1992)* and *The Equal Opportunity Act (WA amended 1988)* are three key pieces of legislation which guide DAIP development and implementation to support the Department of Communities' vision to improve lives

and move us closer to an inclusive community for all. By addressing the seven outcome requirements, HaDSCO seeks to overcome access and inclusion barriers to promote independence and fulfilling participation in the community and workplace.

The following strategies were progressed in the 2017-18 reporting year:

- The Office completed the review and endorsed the Health and Disability Services Complaints Office Disability Access and Inclusion Plan 2018-2022.
- The Office engaged with advocacy and peak industry groups involved in providing services to people with disability to continue to strengthen awareness of our 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.
- Provided access to an influenza vaccination program.
- Supported employees to undertake Fire Warden training.

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

Indicator	2015-16 Actual	2016-17 Actual	2017-18 Actual	Target	Comment
Number of fatalities	0	0	0	0	Target achieved
Lost time injury/disease (LTI/D) incidence rate	9.52%	0	1	0	Target not met
Lost time injury severity rate	0	0	0	0	Target achieved
Percentage of injured workers returned to work within 13 weeks	100%	Not applicable	Not applicable	Greater than or equal to 80%	Target exceeded

Percentage of injured workers returned to work within 26 weeks	100%	Not applicable	Not applicable	Greater than or equal to 80%	Target exceeded
Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities	75%	100%	80%	Greater than or equal to 80%	Target achieved

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

5.1. AHPRA register of national boards and professionals

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

5.2. Specific complaint issue raised in a complaint about a health service

The table below details the number of times a specific complaint issue[7] was raised in a complaint about a health service. The individual complaint issues are grouped by overarching issue category. Within each issue category, the proportions detailed in the table will sum to 100%.

Complaint category and issues	2015-16		2016-17		2017-18	
	#	%	#	%	#	%
Treatment						
Attendance	6	0.6%	7	0.7%	7	0.6%
Coordination of treatment	78	7.9%	109	10.4%	63	5.8%
Delay in treatment	59	6.0%	53	5.1%	38	3.5%
Diagnosis	42	4.3%	62	5.9%	110	10.1%
Excessive treatment	25	2.5%	20	1.9%	27	2.5%
Experimental treatment	1	0.1%	3	0.3%	4	0.4%
Inadequate consultation	147	14.9%	139	13.3%	130	11.9%
Inadequate treatment	207	21.0%	272	26.0%	351	32.2%
Infection control	15	1.5%	18	1.7%	20	1.8%
No/inappropriate referral	31	3.2%	24	2.3%	30	2.7%
Public/private election	2	0.2%	1	0.1%	3	0.3%
Rough and painful treatment	35	3.6%	28	2.7%	21	1.9%
Unexpected treatment outcome/complications	278	28.3%	255	24.3%	206	18.9%
Withdrawal of treatment	21	2.1%	20	1.9%	26	2.4%
Wrong/inappropriate treatment	37	3.8%	37	3.5%	55	5.0%
Total	**984**	**100%**	**1,048**	**100%**	**1,091**	**100%**
Communication & information						
Attitude/Manner	226	51.8%	215	53.9%	270	50.7%
Inadequate information provided	97	22.2%	66	16.5%	85	15.9%
Incorrect/misleading information provided	69	15.8%	70	17.5%	125	23.5%
Special needs not accommodated	44	10.1%	48	12.0%	53	9.9%
Total	**436**	**100%**	**399**	**100%**	**533**	**100%**
Fees and costs						
Billing Practices	234	59.2%	200	48.9%	181	50.6%
Cost of treatment	82	20.8%	91	22.2%	108	30.2%
Financial consent	79	20.0%	118	28.9%	69	19.3%
Total	**395**	**100%**	**409**	**100%**	**358**	**100%**

[7] Only complaint issues identified in health complaints closed over the past three years are included in Appendix 5.2.

Complaint category and issues	2015-16		2016-17		2017-18	
	#	%	#	%	#	%
Access						
Access to facility	7	3.1%	5	1.7%	5	1.7%
Access to subsidies	2	0.9%	9	3.0%	7	2.3%
Refusal to Admit or Treat	98	43.6%	84	28.0%	84	28.1%
Remoteness of Service	3	1.3%	0	0.0%	3	1.0%
Service Availability	63	28.0%	132	44.0%	115	38.5%
Waiting lists	52	23.1%	70	23.3%	85	28.4%
Total	**225**	**100%**	**300**	**100%**	**299**	**100%**
Medication						
Administering medication	16	14.3%	37	20.6%	53	23.2%
Dispensing medication	15	13.4%	19	10.6%	34	14.9%
Prescribing medication	74	66.1%	116	64.4%	132	57.9%
Supply/security/storage of medication	7	6.3%	8	4.4%	9	3.9%
Total	**112**	**100%**	**180**	**100%**	**228**	**100%**
Inquiry service only						
Request for information - HaDSCO	18	17.8%	8	11.8%	23	16.5%
Request for information - Complaint mechanisms	45	44.6%	28	41.2%	46	33.1%
Request for information - Health Service	20	19.8%	27	39.7%	49	35.3%
Request for information - Other	18	17.8%	5	7.4%	19	13.7%
Resources	0	0.0%	0	0.0%	2	1.4%
Total	**101**	**100%**	**68**	**100%**	**139**	**100%**
Medical records						
Access to/transfer of records	58	68.2%	104	75.4%	55	66.3%
Record keeping	18	21.2%	23	16.7%	22	26.5%
Records management	9	10.6%	11	8.0%	6	7.2%
Total	**85**	**100%**	**138**	**100%**	**83**	**100%**
Professional conduct						
Assault	3	2.1%	3	2.2%	5	6.4%
Boundary violation	3	2.1%	3	2.2%	4	5.1%
Breach of condition	2	1.4%	0	0.0%	2	2.6%
Competence	89	61.8%	77	57.5%	41	52.6%
Discriminatory conduct	13	9.0%	20	14.9%	8	10.3%
Emergency treatment not provided	4	2.8%	0	0.0%	2	2.6%
Illegal practice	1	0.7%	1	0.7%	1	1.3%
Impairment	0	0.0%	4	3.0%	2	2.6%
Inappropriate disclosure of information	23	16.0%	19	14.2%	10	12.8%
Misrepresentation of qualifications	3	2.1%	5	3.7%	2	2.6%
Sexual misconduct	3	2.1%	2	1.5%	1	1.3%
Total	**144**	**100%**	**134**	**100%**	**78**	**100%**

Complaint category and issues	2015-16		2016-17		2017-18	
	#	%	#	%	#	%
Discharge and transfer arrangements						
Delay	3	5.2%	8	14.8%	3	4.6%
Inadequate discharge	38	65.5%	40	74.1%	54	83.1%
Mode of transport	5	8.6%	3	5.6%	4	6.2%
Patient not reviewed	12	20.7%	3	5.6%	4	6.2%
Total	**58**	**100%**	**54**	**100%**	**65**	**100%**
Environment / management of facilities						
Administrative processes	28	40.6%	14	16.9%	10	18.9%
Cleanliness/hygiene of facility	15	21.7%	24	28.9%	13	24.5%
Physical environment of facility	17	24.6%	36	43.4%	21	39.6%
Staffing and rostering	5	7.2%	6	7.2%	6	11.3%
Statutory obligations/accreditation standards not met	4	5.8%	3	3.6%	3	5.7%
Total	**69**	**100%**	**83**	**100%**	**53**	**100%**
Reports / certificates						
Accuracy of report/certificate	13	28.3%	19	33.3%	21	43.8%
Cost of report/certificate	2	4.3%	3	5.3%	3	6.3%
Refusal to provide report/certificate	11	23.9%	12	21.1%	12	25.0%
Report written with inadequate / no consultation	3	6.5%	4	7.0%	1	2.1%
Timeliness of report/certificate	17	37.0%	19	33.3%	11	22.9%
Total	**46**	**100%**	**57**	**100%**	**48**	**100%**
Grievance processes						
Inadequate/no response to complaint	45	91.8%	25	89.3%	29	80.6%
Information about complaints procedures not provided	2	4.1%	0	0.0%	4	11.1%
Reprisal/retaliation as result of complaint lodged	2	4.1%	3	10.7%	3	8.3%
Total	**49**	**100%**	**28**	**100%**	**36**	**100%**
Consent						
Consent not obtained or inadequate	17	60.7%	14	82.4%	13	54.2%
Involuntary admission or treatment	4	14.3%	0	0.0%	3	12.5%
Uninformed consent	7	25.0%	3	17.6%	8	33.3%
Total	**28**	**100%**	**17**	**100%**	**24**	**100%**
Carers Charter						
Failure to consider needs of carer	2	12.5%	5	23.8%	1	9.1%
Failure to consult carer	9	56.3%	11	52.4%	7	63.6%
Failure to treat carer with respect and dignity	2	12.5%	4	19.0%	1	9.1%
Unsatisfactory complaint handling	3	18.8%	1	4.8%	2	18.2%
Total	**16**	**100%**	**21**	**100%**	**11**	**100%**

5.3. 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 Justice[1]
Child and Adolescent Health Service
East Metropolitan Health Service
North Metropolitan Health Service
South Metropolitan Health Service
WA Country Health Service[2]
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[3, 4]
Subiaco Private Hospital
The Marian Centre
Waikiki Private Hospital

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

5.4. Specific complaint issue raised in a complaint about a disability service

The table below details the number of times a specific complaint issue[8] was raised in a complaint about a disability service. The individual complaint issues are grouped by the overarching issue category. Within each issue category, the proportions detailed in the table will sum to 100%.

Complaint category and issues	2015-16		2016-17		2017-18	
	#	%	#	%	#	%
Service Delivery						
Staff conduct	9	22.5%	9	26.5%	11	22.4%
No/inadequate service	6	15.0%	2	5.9%	7	14.3%
Service delayed	3	7.5%	1	2.9%	2	4.1%
Service eligibility	2	5.0%	1	2.9%	0	0.0%
Service reduced	2	5.0%	3	8.8%	8	16.3%
Service refused	3	7.5%	3	8.8%	2	4.1%
Treatment/care	6	15.0%	4	11.8%	14	28.6%
Service withdrawn	2	5.0%	7	20.6%	0	0.0%
Communication	7	17.5%	4	11.8%	5	10.2%
Total	**40**	**100%**	**34**	**100%**	**49**	**100%**
Service Management						
Police clearances	1	6.7%	0	0.0%	0	0.0%
Physical environment	1	6.7%	1	6.7%	5	13.5%
Participation	1	6.7%	0	0.0%	1	2.7%
Monitoring performance	0	0.0%	0	0.0%	3	8.1%
Roles and responsibilities	1	6.7%	2	13.3%	1	2.7%
Staff competence	4	26.7%	5	33.3%	12	32.4%
Administration/record keeping	1	6.7%	1	6.7%	1	2.7%
Funding	3	20.0%	5	33.3%	10	27.0%
Coordinated service delivery	3	20.0%	1	6.7%	4	10.8%
Total	**15**	**100%**	**15**	**100%**	**37**	**100%**
Service Costs and Financial Assistance						
Cost	7	35.0%	1	6.7%	4	30.8%
Financial assistance/funding	13	65.0%	14	93.3%	9	69.2%
Total	**20**	**100%**	**15**	**100%**	**13**	**100%**
Decision Making and Choice						
Policies and procedures	1	11.1%	2	22.2%	2	20.0%
Informed choices	3	33.3%	6	66.7%	4	40.0%
Advocate	3	33.3%	0	0.0%	2	20.0%
Risk management	2	22.2%	1	11.1%	2	20.0%
Total	**9**	**100%**	**9**	**100%**	**10**	**100%**
Complaint category and issues	**2015-16**		**2016-17**		**2017-18**	
	#	%	#	%	#	%

[8] Only complaint issues identified in health complaints closed over the past three years are included in Appendix 5.4.

Individual Needs						
Policies/procedures	4	21.1%	2	28.6%	1	10.0%
Reviewing changing needs	4	21.1%	3	42.9%	4	40.0%
Facilities and services	4	21.1%	1	14.3%	0	0.0%
Support	6	31.6%	1	14.3%	5	50.0%
Sensitivity	1	5.3%	0	0.0%	0	0.0%
Total	**19**	**100%**	**7**	**100%**	**10**	**100%**
Complaints and Disputes						
Policies and procedures	0	0.0%	2	12.5%	0	0.0%
Complaint resolution	11	100%	14	87.5%	4	80.0%
Privacy	0	0.0%	0	0.0%	1	20.0%
Total	**11**	**100%**	**16**	**100%**	**5**	**100%**
Carers Charter						
Failure to consider needs of carer	2	25.0%	2	15.4%	1	14.3%
Failure to consult carer	4	50.0%	7	53.8%	3	42.9%
Failure to treat the carer with respect and dignity	2	25.0%	3	23.1%	1	14.3%
Unsatisfactory complaints handling	0	0.0%	1	7.7%	2	28.6%
Total	**8**	**100%**	**13**	**100%**	**7**	**100%**
Legal and Human Rights						
Policies and procedures	0	0.0%	0	0.0%	1	20.0%
Exercise rights	0	0.0%	0	0.0%	1	20.0%
Response to allegations of abuse/neglect	2	100%	4	100%	3	60.0%
Total	**2**	**100%**	**4**	**100%**	**5**	**100%**
Enquiry Only						
Request for information - complaint mechanisms	5	71.4%	18	85.7%	0	0.0%
Request for information - disability service	1	14.3%	0	0.0%	1	33.3%
Request for information - HaDSCO	0	0.0%	3	14.3%	0	0.0%
Resources	1	14.3%	0	0.0%	2	66.7%
Total	**7**	**100%**	**21**	**100%**	**3**	**100%**
Privacy, dignity and confidentiality						
Consent	1	33.3%	0	0.0%	1	33.3%
Consumer rights	2	66.7%	1	100%	2	66.7%
Total	**3**	**100%**	**1**	**100%**	**3**	**100%**

Complaint category and issues	2015-16		2016-17		2017-18	
	#	%	#	%	#	%
Service Access						
Policies/procedures	1	14.3%	2	50.0%	1	100%
Entrance/exit criteria priority	4	57.1%	1	25.0%	0	0.0%
Appropriate referral	1	14.3%	0	0.0%	0	0.0%
Information sharing	1	14.3%	1	25.0%	0	0.0%
Total	**7**	**100%**	**4**	**100%**	**1**	**100%**
Participation and Integration						
Community involvement	0	0.0%	1	100%	0	0.0%
Total	**0**	**0%**	**1**	**100%**	**0**	**0%**

5.5 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.
Department of Communities[1]	Department of Communities
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

[1] Formerly known as the Disability Services Commission.

5.6 Specific complaint issue raised in a complaint about a mental health service

The table below details the number of times a specific complaint issue[9] was raised in a complaint about a mental health service. The individual complaint issues are grouped by the overarching issue category. Within each issue category, the proportions detailed in the table will sum to 100%.

Complaint category and issues	2015-16[10]		2016-17		2017-18	
	#	%	#	%	#	%
Quality of clinical care						
Inadequate assessment	--	--	41	21.5%	61	32.1%
Inadequate treatment/therapy	--	--	35	18.3%	28	14.7%
Poor coordination of treatment	--	--	11	5.8%	10	5.3%
Failure to provide safe environment	--	--	12	6.3%	25	13.2%
Pain issues	--	--	1	0.5%	2	1.1%
Medication issues	--	--	54	28.3%	40	21.1%
Post procedure complications	--	--	1	0.5%	1	0.5%
Inadequate infection control	--	--	1	0.5%	0	0.0%
Discharge or transfer arrangements	--	--	33	17.3%	20	10.5%
Refusal to refer or assist to obtain a second opinion	--	--	2	1.0%	3	1.6%
Total	**--**	**--**	**191**	**100%**	**190**	**100%**
Communication						
Inadequate medical information provided	--	--	14	11.4%	6	4.4%
Inadequate information about services available	--	--	8	6.5%	6	4.4%
Misinformation/failure in communication (not failure to consult)	--	--	14	11.4%	14	10.3%
Inadequate/inaccurate personal information in a medical records	--	--	3	2.4%	10	7.4%
Inadequate written communication	--	--	2	1.6%	3	2.2%
Inappropriate verbal/non-verbal communication	--	--	21	17.1%	32	23.5%
Failure to listen to consumer/representative/carer/family	--	--	61	49.6%	65	47.8%
Total	**--**	**--**	**123**	**100%**	**136**	**100%**

[9] Only complaint issues identified in health complaints closed over the past three years are included in Appendix 5.6.

[10] Individual complaint issues are not provided, as only 82 of the mental health complaints closed in the 2015-16 financial year recorded issues using the categories in Appendix 5.6 As a result, a significant amount is not available.

Complaint category and issues	2015-16		2016-17		2017-18	
	#	%	#	%	#	%
Rights, respect and dignity						
Consumer rights (WA Public Patients Hospital Charter)	--	--	6	7.5%	7	9.5%
Inconsiderate service/lack of courtesy	--	--	12	15.0%	8	10.8%
Absence of compassion	--	--	15	18.8%	19	25.7%
Failure to ensure privacy	--	--	2	2.5%	4	5.4%
Breach of confidentiality	--	--	8	10.0%	3	4.1%
Discrimination leading to less favourable health treatment	--	--	4	5.0%	2	2.7%
Failure to fulfil Mental Health legislation requirements	--	--	19	23.8%	23	31.1%
Certificate or report problem	--	--	6	7.5%	5	6.8%
Denying/restricting access to personal health records	--	--	8	10.0%	3	4.1%
Total	**--**	**--**	**80**	**100%**	**74**	**100%**
Decision making						
Failure to consult and involve in decision-making process	--	--	40	49.4%	19	38.8%
Choice regarding treatment as public/private patient	--	--	3	3.7%	4	8.2%
Consent not informed	--	--	15	18.5%	6	12.2%
Consent not obtained	--	--	11	13.6%	5	10.2%
Consent invalid	--	--	12	14.8%	15	30.6%
Total	**--**	**--**	**81**	**100%**	**49**	**100%**
Professional conduct						
Inaccuracy of records	--	--	5	15.6%	7	20.6%
Illegal practices	--	--	3	9.4%	1	2.9%
Physical/mental impairment of health professional	--	--	1	3.1%	0	0.0%
Sexual impropriety	--	--	0	0.0%	1	2.9%
Aggression/assault	--	--	8	25.0%	4	11.8%
Unprofessional behaviour	--	--	15	46.9%	20	58.8%
Fraud/illegal practice of financial nature	--	--	0	0.0%	1	2.9%
Total	**--**	**--**	**32**	**100%**	**34**	**100%**
Access						
Delay in admission/treatment	--	--	11	22.9%	6	17.1%
Waiting list delay	--	--	3	6.3%	0	0.0%
Staff member or contractor unavailable	--	--	1	2.1%	2	5.7%
Inadequate resources/lack of service	--	--	10	20.8%	8	22.9%
Refusal to provide services	--	--	21	43.8%	19	54.3%
Failure to provide advice about transport options	--	--	1	2.1%	0	0.0%
Physical access/entry	--	--	1	2.1%	0	0.0%
Total	**--**	**--**	**48**	**100%**	**35**	**100%**

The Health and Disability Services Complaints Office (HaDSCO)

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