



GOVERNMENT OF
WESTERN AUSTRALIA

25 years of supporting improvement through complaint resolution

Health and Disability Services
Complaints Office

ANNUAL REPORT

2021-22

25
YEARS
1996-2021



Health and Disability Services
Complaints Office



Sarah Cowie – Director HaDSCO and
the Hon. Amber-Jade Sanderson MLA
– Minister for Health; Mental Health



**To the Hon. Amber-Jade Sanderson MLA
Minister for Health; Mental Health.**

In accordance with section 63 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Health and Disability Services Complaints Office for the financial year ended 30 June 2022. The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

Yours sincerely

**SARAH COWIE
DIRECTOR**

2 September 2022

Contact details



Enquiries: (08) 6551 7600
Free from landlines: 1800 813 583
National Relay Service: 1800 555 660
Interpreter: 131 450
Administration: (08) 6551 7620
Fax: (08) 6551 7630

Email:
mail@hadsco.wa.gov.au



Post:
PO Box B61,
Perth WA 6838



Office:
Albert Facey House,
469 Wellington Street,
Perth WA 6000



Website:
www.hadsco.wa.gov.au



About this report

This Annual Report provides an overview of the work undertaken by the Health and Disability Services Complaints 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 in the prevention and resolution of complaints.

This report has been prepared in accordance with the Western Australian State Government Annual Reporting Guidelines 2021-22, and includes audited financial statements, details of the Office's performance against key performance indicators, significant issues impacting on the Office and disclosures and legal compliance.

The report is available in printable and electronic viewing formats and can also be downloaded from the website at www.hadsco.wa.gov.au. On request, this report can be made available in alternative formats to meet the needs of people with disability. Requests to reproduce any content from this report should be directed by email to mail@hadsco.wa.gov.au.

The Health and Disability Services Complaints Office is committed to being an accessible and culturally capable service.

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Acknowledgement

We acknowledge the Aboriginal people of the many traditional lands and language groups of Western Australia.

We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to the Aboriginal communities of today.

The Aboriginal art featured on this page is an extract from *Holistic Perspicacity* by Djarliny, a Noongar artist hailing from the Busselton region. The original artwork is on display in our office. The artwork represents community, trust, effective communication and wellness:

“When challenges are shared within a trusted environment, we improve our understanding and gain the necessary tools to allow a positive solution to be found in the collective experience of many people.” (Djarliny)

1 OVERVIEW

25
YEARS
1996-2021

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“The Government’s desire to improve quality and accountability in the Western Australian health system was the catalyst for the [Office of Health Review / HaDSCO] legislation.”

TREVOR POPE, INAUGURAL DIRECTOR 1996-97

1.1 Key highlights 2021-22

Complaints:



2,996

Complaints received



261

Redress actions
facilitated
for individuals



60

Service improvements
implemented by health,
mental health and disability
service providers



Educate and train:

Delivered 161 outreach activities with stakeholders across metropolitan and regional areas.

Met with service providers and community groups in Broome, Derby, Fitzroy Crossing, Kununurra, Warmun and Halls Creek.



Respond to changing environments:

Progressed implementation of the National Code of Conduct for health care workers through introduction of the Health and Disability Services (Complaints) Amendment Bill 2021 to the WA Parliament.



Governance:

Reviewed, amended and submitted our Recordkeeping Plan to the State Records Office.

Maintained strong performance against Key Performance Indicators.

1.2 Message from the Director

Effectively managing complaints is not only an essential part of delivering an effective health, disability or mental health service but is also a vital tool in identifying gaps in service provision and making service improvements as a result. With the 25th anniversary of our Office taking place on 16 September 2021, we have played an instrumental role in supporting improvements to these services for over 25 years.



This milestone in our history has provided the opportunity for us to reflect on our significant achievements and to look forward to new opportunities. Many of these are highlighted in this Annual Report.

We invited former Directors, the Minister for Health and key stakeholders to join us in celebrating our 25th anniversary and our contributions were recognised in the Western Australian Parliament. We also recognised the achievements of long-standing staff and the contributions they have made.

Restoring relationships

A critical role we serve is restoring relationships between parties where provision of health, disability or mental health care has either not met expectations or fallen short of good practice. The patient experience from previous health presentations may impact on future patient experiences. It is therefore vital that relationships are rebuilt when they have broken down as the consumer may need to receive ongoing care and treatment from the same health practitioner into the future. Acting independently through our Alternative Dispute Resolution process, our staff are skilled in

rebuilding relationships which are critical to the success of patient-centred care or support for people with disability. This has been a measure of our success for over 25 years.

Complaint trends

This year we received the highest number of complaints since the start of our operations in 1996. Complaint numbers continue to increase, rising from 671 in the first year of operation to 2,996 in 2021-22.

Looking back at the issues that give rise to complaints, the underlying causes have remained relatively constant over the years, with the quality of treatment and care, communication, access to services, and costs continuing to be identified. The challenge into the future is to ensure adequate capacity and capability to manage emerging issues in complaints.

In 1996, no one would have imagined that we would be living through a pandemic today and dealing with complaints about associated vaccination issues, which has been a key theme in our COVID-19 health complaints

this year. We may not also have anticipated that voluntary assisted dying would be available to Western Australians. With the implementation of the *Voluntary Assisted Dying Act 2019*, we now provide a complaints process for people who wish to access this service and for their carers. The complaints mechanism is one of the safeguards in place for this important piece of legislation.

Carers today also play an important role in decision making for health, disability and mental health care for those they support. A complaints mechanism exists where carers believe a service provider has failed to comply with the Western Australian Carers Charter. The involvement of carers is one of the themes in our case studies in this Annual Report.

Measuring our success

For 25 years, we have suggested redress for individuals where something goes wrong as well as service improvements to minimise the same happening for others. We pass on our thanks to all who have participated in our processes for over 25 years, to the individuals who make complaints and to service providers for their willingness to contribute to restorative action for individuals and for the service

improvements put in place as a result of complaints. One measure of our success is the high number of complaints which are used by service providers as de-identified case studies to educate and train their staff. This helps to develop workforce capability now and into the future.

Balanced with our complaints role, for 25 years we have provided education and training on complaint handling and learning from complaints to strengthen workforce capability in the health, disability and mental health sectors. We also dedicate time to ensuring the community is aware of our services and how to make a complaint.

Looking to the future

The Health and Disability Services (Complaints) Amendment Bill 2021 to implement the National Code of Conduct for health care workers in Western Australia is currently before Parliament. The National Code will be a new function for the Office. The Amendment Bill has a strong focus on protecting those using unregulated health practitioners' services. It will address an existing regulatory gap in relation to health care workers who are not registered under the National Registration and

Accreditation Scheme such as counsellors, dietitians, doulas, massage therapists, naturopaths, and other types of allied, alternative and community health services.

Our staff

At the heart of all the significant achievements over the last 25 years are the dedicated staff of the Office, both past and present, who have contributed to improving health, disability and mental health services through complaint resolution and education and training. They have always been supported by excellent business services and administrative teams without whom we could not provide our services. My thanks to all current and former staff and previous Directors of the Office who have been part of our significant 25 year history.



Sarah Cowie
Director

1.3 25-year timeline

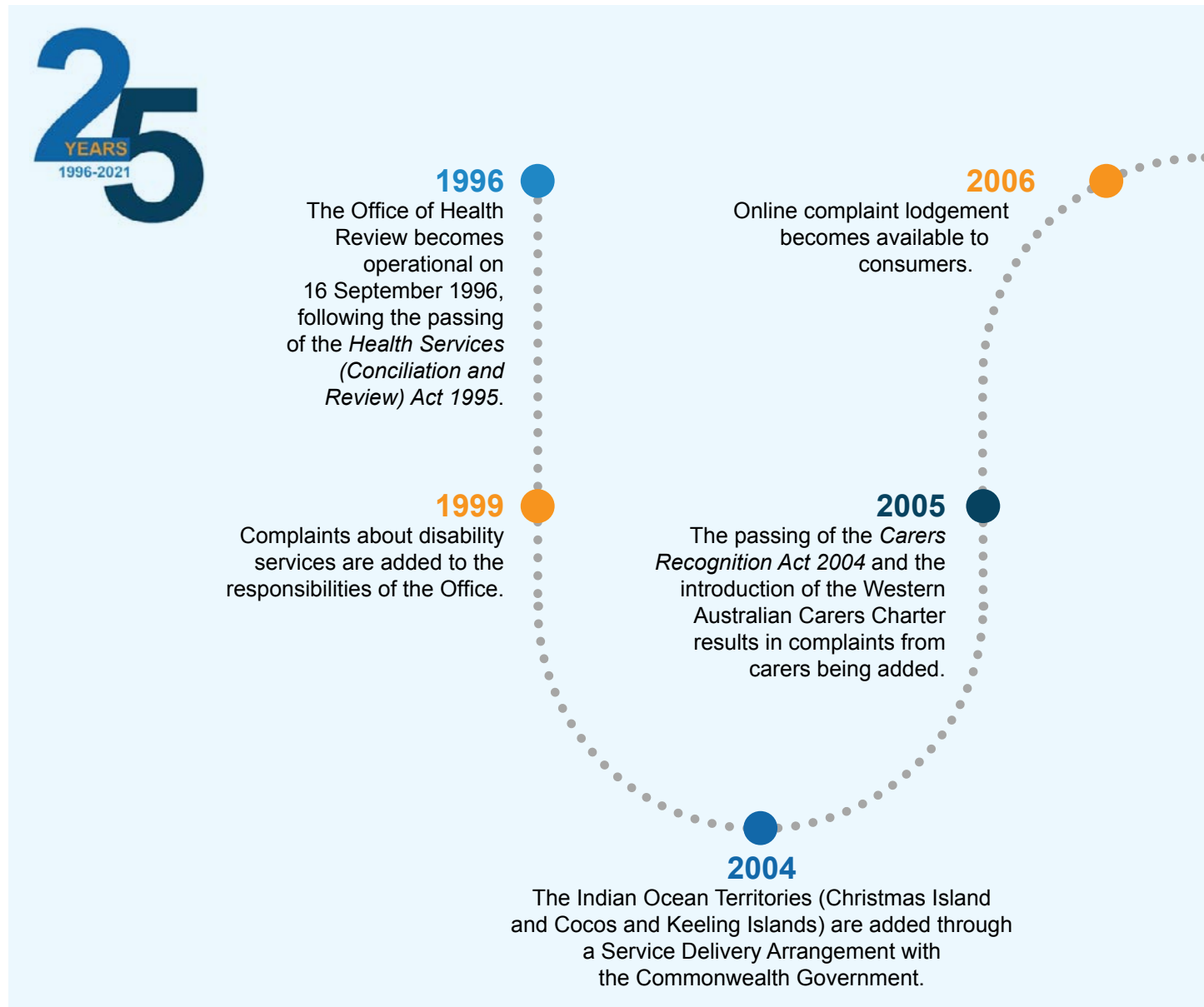
Improving health, disability and mental health services through complaint resolution since 1996

For 25 years, HaDSCO has been providing a complaints handling service for the healthcare sector in Western Australia.

In total, more than 50,000 complaints relating to healthcare have been received since operations began in 1996, resulting in over 1,200 service improvements to health, mental health and disability services.

Formerly known as the Office of Health Review, the first year of operation comprised of a team of 13 people and received a total of 671 complaints. Today HaDSCO operates with a team of 21 staff, receiving over 2,900 complaints a year.

To the right is a timeline of significant milestones that have occurred over the 25-year history.



2010

The Office of Health Review renamed the Health and Disability Services Complaints Office (HaDSCO).

2010

New arrangements are implemented between HaDSCO and Ahpra (Australian Health Practitioner Regulation Agency) for the management of complaints concerning registered health practitioners.

2010

Program commences to collect health complaints data from prescribed public, private and not-for-profit health service providers, including prison health services.

2015

With the implementation of the *Mental Health Act 2014*, HaDSCO takes on the management of complaints relating to public and private mental health service providers.

2015

Program commences to collect complaint data from prescribed disability service providers.

2017

Annual Report Cards are introduced, detailing the [de-identified] complaints managed by HaDSCO that relate to each major public, private and prison health service provider.

2019

Arrangements formalised with the Commonwealth Ombudsman for HaDSCO to manage complaints about health and mental health services in immigration detention centres.

2020

COVID-19 complaints protocol is established in relation to health, mental health and disability service delivery.

2021

Complaints about the voluntary assisted dying process are added to HaDSCO's jurisdiction with the implementation of the *Voluntary Assisted Dying Act 2019*.

2021

The Health and Disability Services (Complaints) Amendment Bill 2021 is introduced to the WA Parliament and includes implementation of a National Code of Conduct for health care workers, with HaDSCO to manage complaints about unregistered health care workers covered by the National Code.

Over **50,000** complaints received since 16 September 1996.

Over **1,200** service improvements have resulted through the work of the Office.

Over **1,100** redress outcomes achieved over the past five years.

1.4 About us

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



Service provision covers the public, private and not-for-profit sectors, prison health services, and health and mental health services in immigration detention centres in Western Australia and the Indian Ocean Territories.

Originally known as the Office of Health Review, the agency was established under the landmark legislation of the *Health Services (Conciliation and Review) Act 1995* (the Act) which recognised the importance of all parties being involved in the complaint resolution process.

The Act also recognised the important role of complaints in helping to identify deficiencies in health delivery systems and for improvements and changes to be made as a result.

The functions of the agency are set out in various governing legislation, including but not limited to:

- 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*.

The main functions under these Acts are to:

- Deal with complaints by negotiated settlement, conciliation or investigation.
- Review and identify the causes of complaints.
- Provide advice to health service providers 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 services 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.

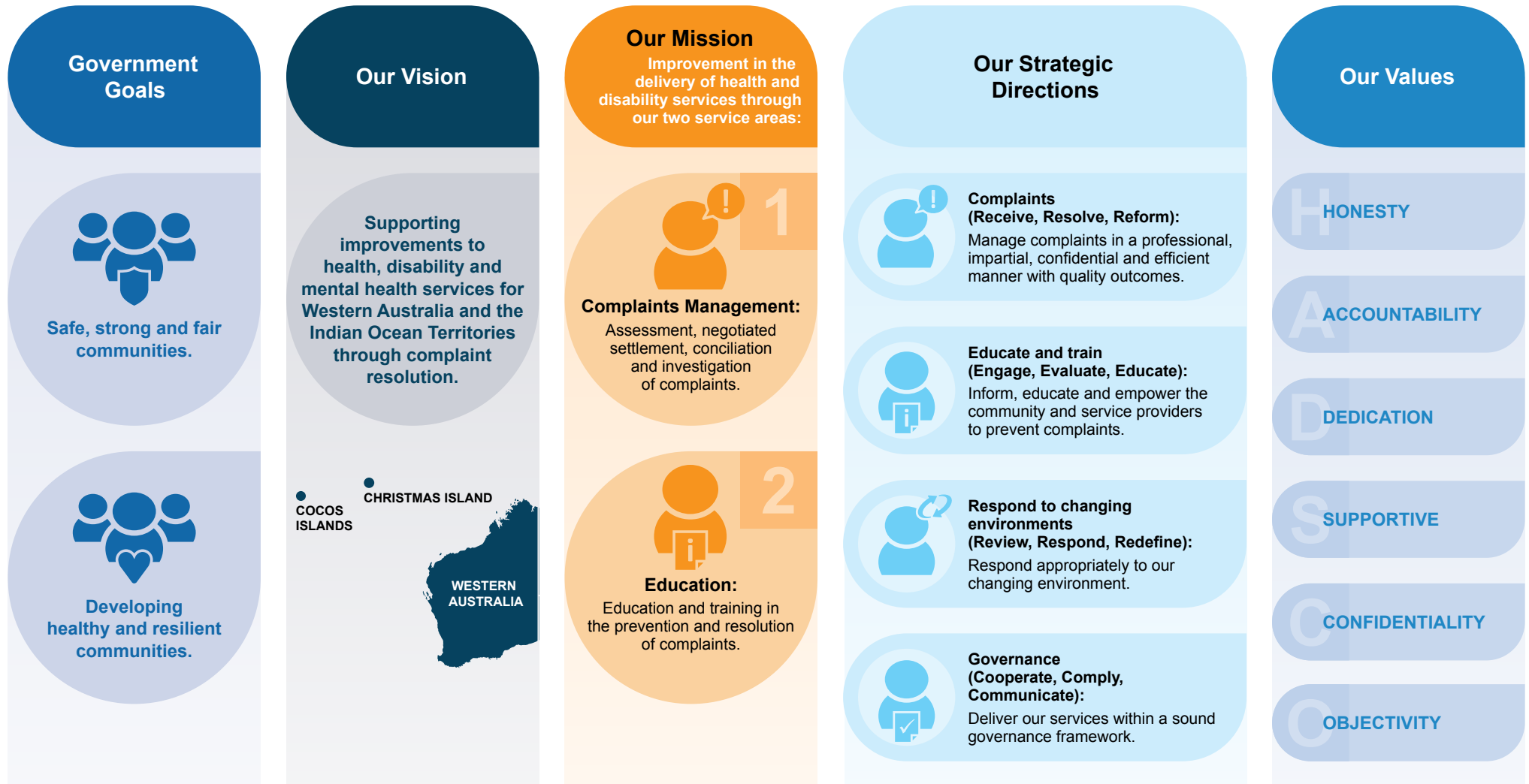
**Services provided by HaDSCO in the Indian Ocean Territories are delivered in partnership with the Australian Government, through Commonwealth funding support.*



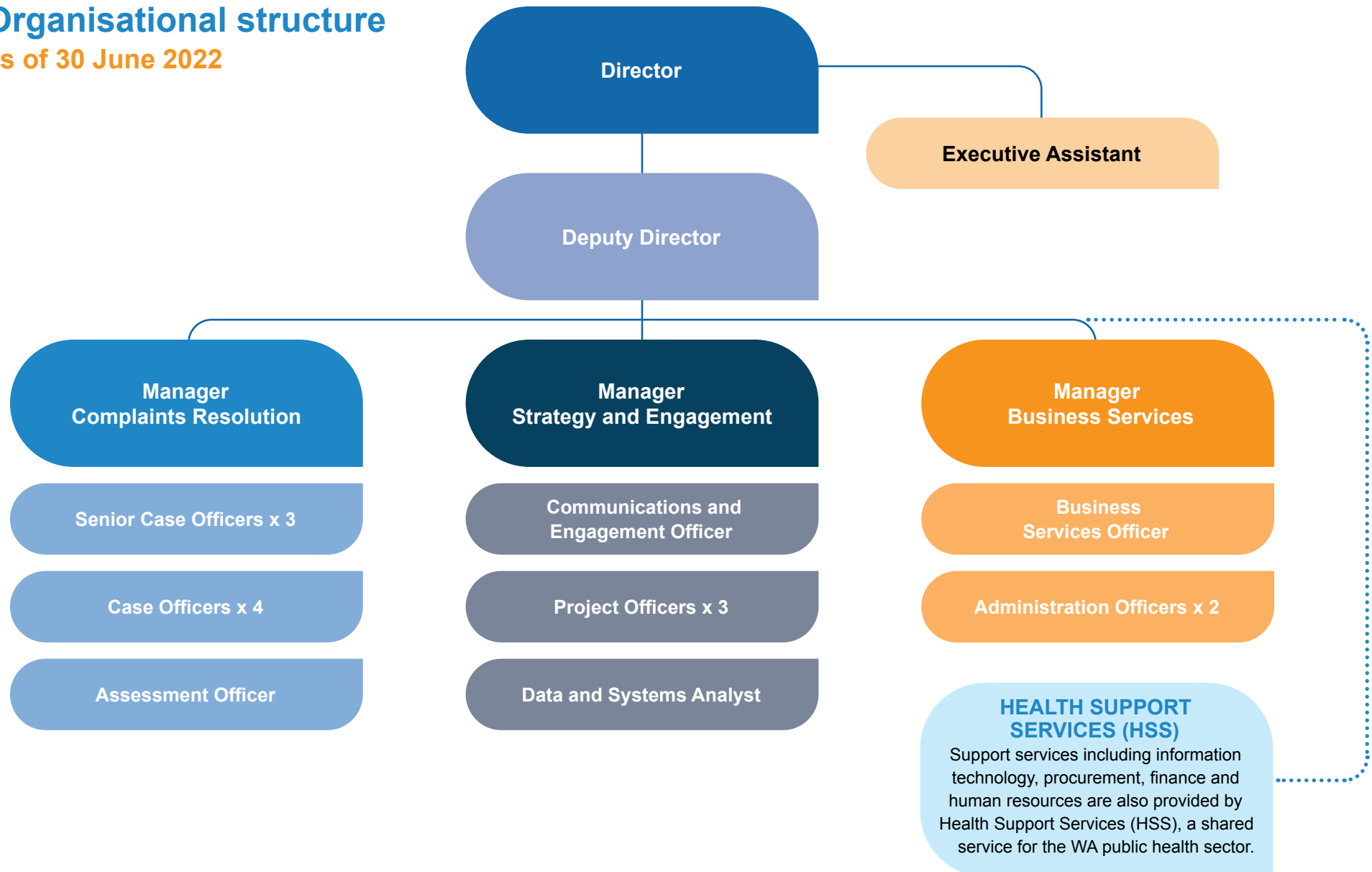
Australian Government

Department of Infrastructure, Transport,
Regional Development, Communications and the Arts

1.5 Strategic directions

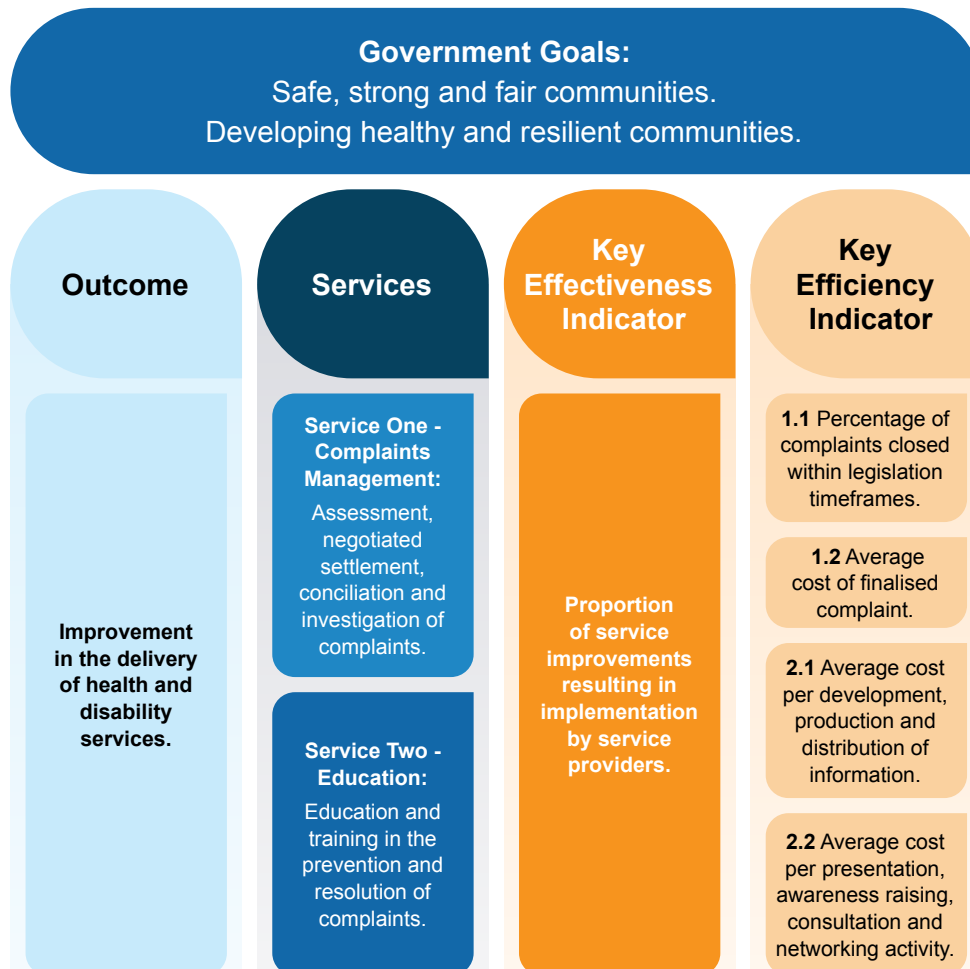


1.6 Organisational structure as of 30 June 2022



1.7 Summary of performance

The Health and Disability Services Complaints Office operates within the following Performance Management Framework to achieve services and outcomes in the context of the wider Government goals.



The following table summarises how we performed against each of our Key Performance Indicators in 2021-22. Further information is provided in the Key Performance Indicators section of this report.

Desired outcome: Improvement in the delivery of health and disability services.		
Key effectiveness indicator		
Proportion of service improvements resulting in implementation by service providers.	✓	80% Target 85% Actual 5% Variance
Key efficiency indicators		
Service 1: Complaints Management Percentage of complaints assessed within legislation timeframes.	✓	90% Target 92% Actual 2% Variance
Service 1: Complaints Management Average cost per finalised complaint.	✓	\$853 Target \$753 Actual \$100 Variance
Service 2: Education Average cost per development, production and distribution of information.	✓	\$17,313 Target \$14,671 Actual \$2,642 Variance
Service 2: Education Average cost per presentation, awareness raising, consultation and networking activities.	✓	\$3,513 Target \$3,297 Actual \$216 Variance

✓ Target Achieved

2

PERFORMANCE



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2.6 Complaints about health services	36	2.15 Mental health sector engagement	57
2.7 Complaints about mental health services	41	2.16 Disability sector engagement	57
2.8 Complaints about disability services	44	2.17 Government sector engagement	58
2.9 Complaints about COVID-19 matters	46	2.18 Community engagement	60

PHOTO: HaDSCO directors, past & present: (L-R) Anne Donaldson, Trevor Pope, Sarah Cowie, Stephen Psaila-Savona.

Part 1 - Complaints

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

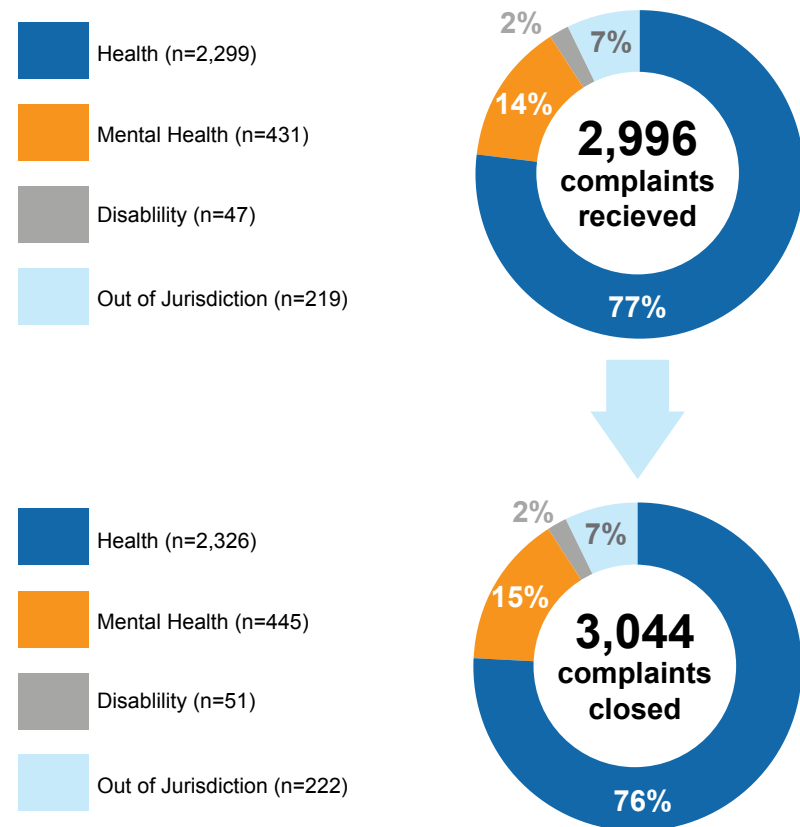
2.1 Overview of complaints

In the reporting year, the Office received 2,996 complaints and closed 3,044 complaints. This is the largest volume of both received and closed complaints that the Office has managed in 25 years of operation. Figure 1 details the breakdown of complaints received and closed.

The number of complaints received and closed in the same year are not equal. This is because complaints are not always closed in the same year they are received. For this reporting year:

- 2,628 complaints were received and closed in 2021-22.
- 178 were received prior to 1 July 2021 and were closed in 2021-22.
- 118 complaints were received that will continue to be managed in the 2022-23 reporting year.

Figure 1: Overview of complaints



While most complaints received concerned health, disability and mental health services, the Office also received complaints that are out of jurisdiction; these are complaints that do not relate to the provision of these services in Western Australia or the Indian Ocean Territories. In these circumstances, staff provide information about an alternative agency that may assist the individual with their concerns. Staff also provide information about the support available to assist the individual, such as advocacy or legal services.

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, the Office is required to consult with the Australian Health Practitioner Regulation Agency (Ahpra) about complaints that relate to registered health practitioners. This consultation determines which agency should manage the complaint. The Ahpra register of national boards and practitioners can be found in the Appendix. In the 2021-22 reporting year, we consulted on 412 complaints.

Sarah Cowie (Director, HaDSCO) and Richard Smirk (Clinical Advisor Pharmacy, Australia Health Practitioner Regulation Agency) at HaDSCO's 25-year event.



“Ahpra continues to have a strong regulatory relationship with HaDSCO, who have demonstrated commitment to excellence in very challenging times to ensure the safety of West Australians seeking health care.”

**Jodie Holbrook
– WA State Manager,
Ahpra.**

Complaints overview

WHAT can complaints be about?



Health services:

Ambulance services, chiropractors, dentists, hospitals, medical practitioners, nurses and midwives, occupational therapists, optometrists, pharmacists, prison health services, psychologists, screening, immunisation, voluntary assisted dying services and social workers in a health setting.



Disability services:

Accommodation, in-home support, respite services, therapy services, day activities, recreation and leisure services and advocacy services.



Mental health services:

Community mental health services, mental health nurses, public and private hospitals, private psychiatric hostels, psychiatrists, psychologists and counsellors.

WHO can make a complaint?

A complaint may be made by:

- the person who received the service or their representative;
- a representative of a person who died;
- a carer in their own capacity for an alleged failure by a service provider to comply with the Carers Charter.

HaDSCO generally cannot deal with complaints when:

- they are more than two years old;
- the issues have already been determined by a court or registration board.

HOW can a complaint be made?



Complaints can be lodged via:

- Online portal
- Email
- Post

Assistance with lodging complaints can also be requested via phone.

Interpreter services are available.

Website

www.hadsco.wa.gov.au



Email

enquiries@hadsco.wa.gov.au



Postal Address

PO Box B61,
Perth WA 6838



Telephone

Complaints & Enquiries: (08) 6551 7600
Fax: (08) 6551 7630
Free from Landlines: 1800 813 583
National Relay Service: 1800 555 660
Interpreter: 131 450

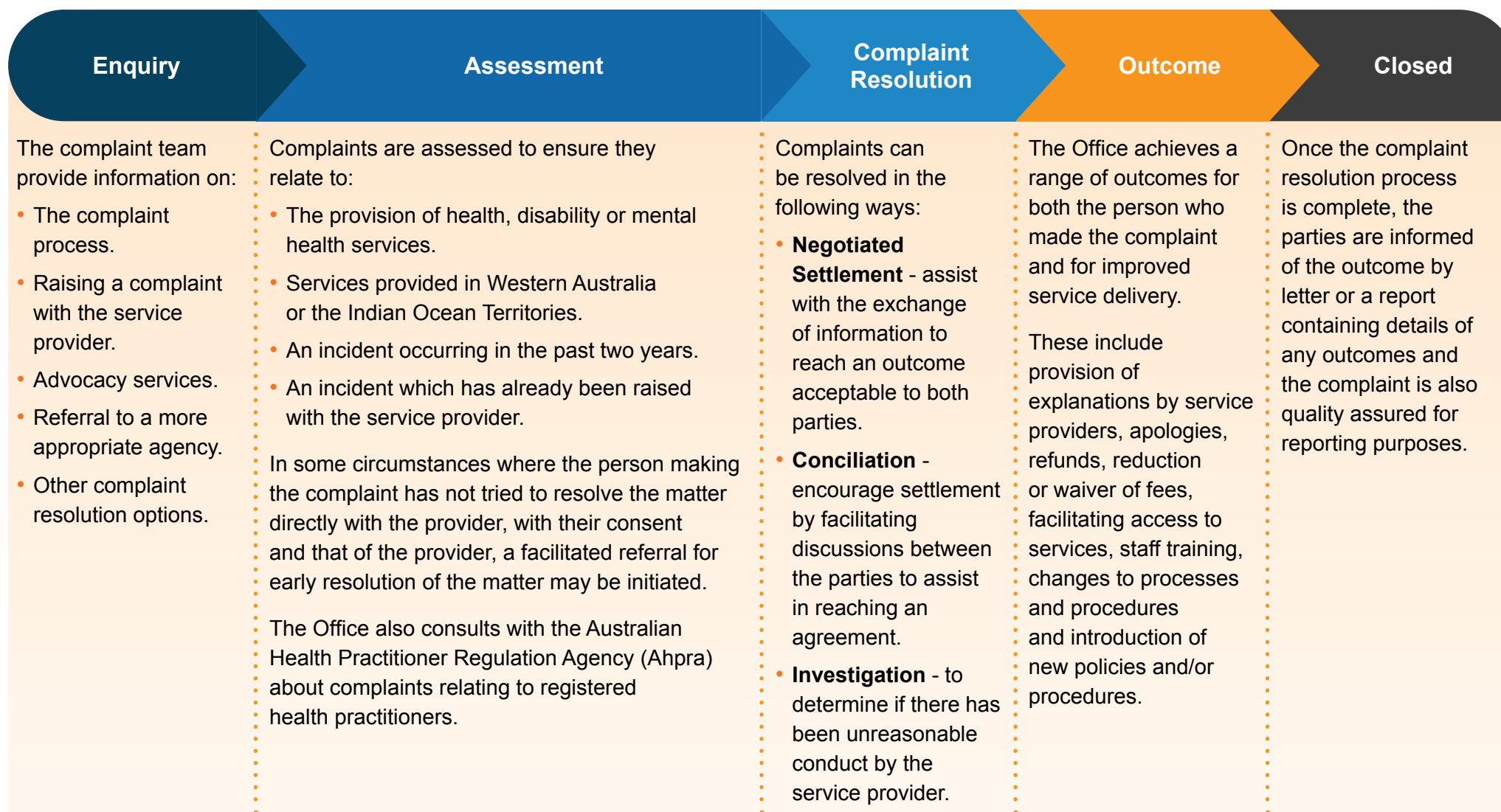
Service Charter

Our Service Charter describes what you can expect from HaDSCO when you make a complaint.



Complaint management process

The stages in the complaints management and resolution process are represented below.



2.2 Complaint trends

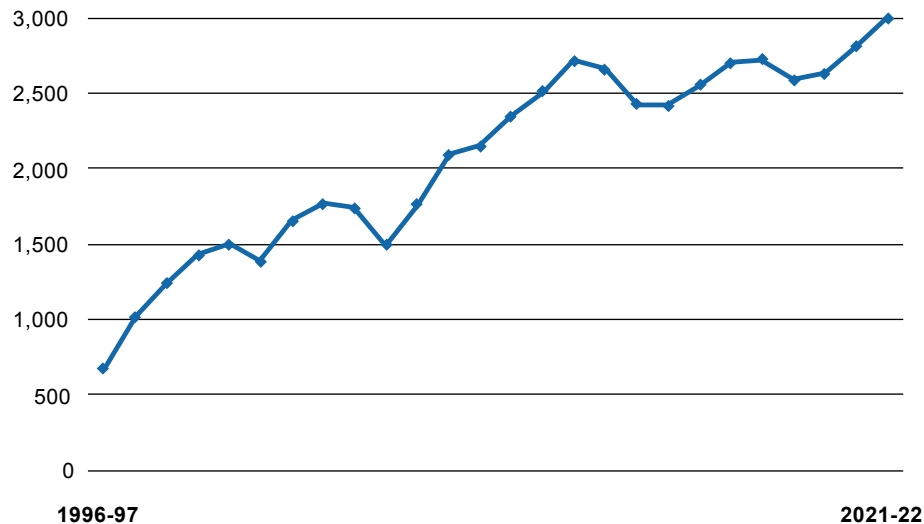
Introduction

This section contains information on complaint trends since the Office commenced operation in 1996 and also over the last five years.

Complaints received since 1996-97

The 2021-22 year marked the 25th anniversary of the Health and Disability Services Complaints Office which began operations on 16 September 1996. Figure 2 shows the volume of complaints the Office has received each year since operations commenced and demonstrates an increasing trend in the number of complaints received.

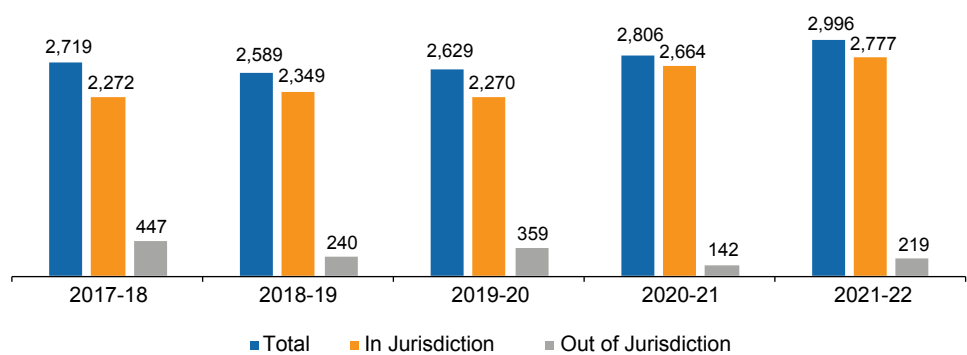
Figure 2: Complaints received annually from 1996-97 to 2021-22



Complaints received over 5-year period

Figure 3 shows the trend in complaints received over the reporting years of 2017-18 to 2021-22. The Office received a record number of complaints for the second straight financial year. There was an overall 7% increase in complaints received compared with the previous reporting year and a 4% increase in complaints that were in-jurisdiction.

Figure 3: Complaints received

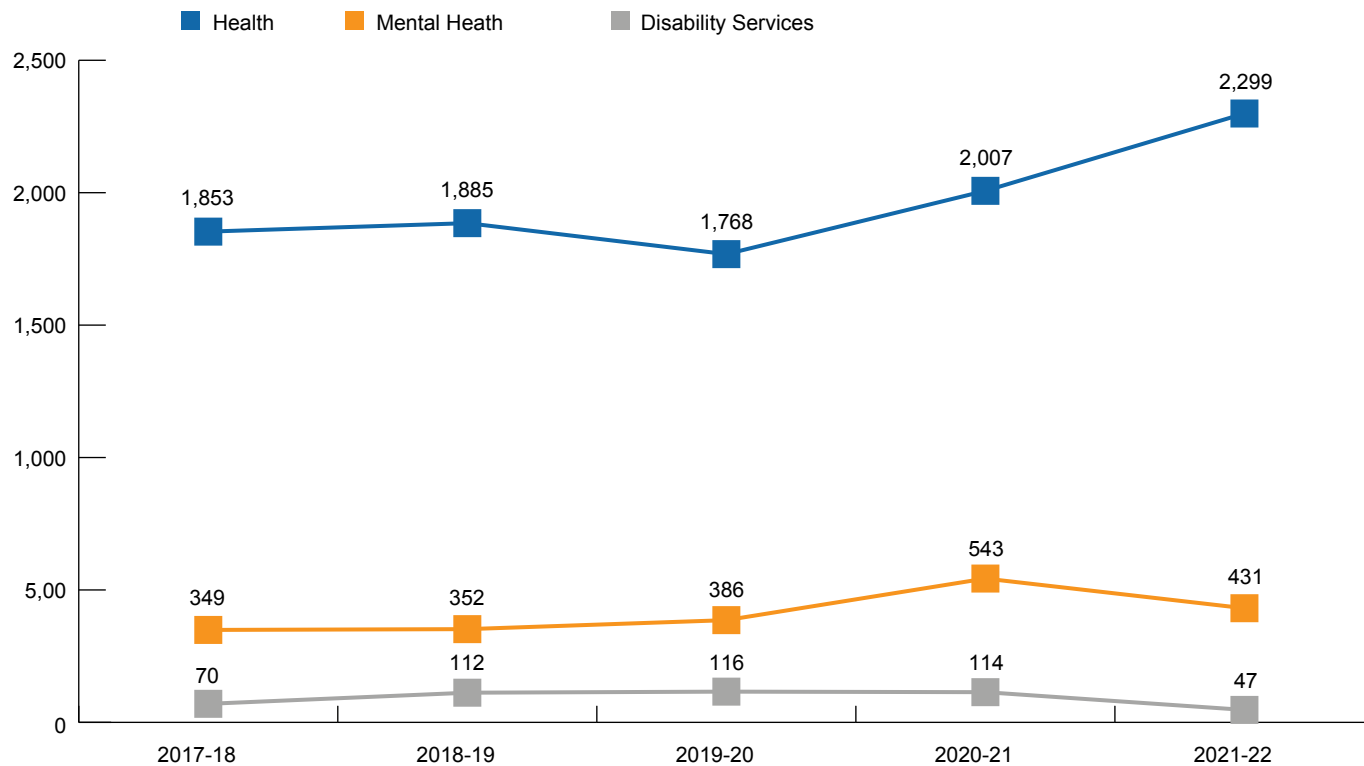


Complaints received by complaint type

Figure 4 shows the complaints that relate to health, mental health and disability services over the reporting years 2017-18 to 2021-22. Of note, complaints about health services have generally shown an increasing trend. Complaints about mental health services have also increased

with the largest volume received in 2020-21. Complaints about disability services have decreased in 2021-22 following the transition of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission in 2020-21.

Figure 4: Complaints received by complaint type



2.3 Consumer demographics

Geographical data

As shown in Figure 5, in the 2021-22 reporting year 76% of complaints received concerned individuals living in the metropolitan area (as defined by local government areas). Approximately 24% of complaints received concerned individuals living in non-metropolitan areas. The percentage of complaints from each region broadly reflects the region's population percentage based on the population distribution across Western Australia.

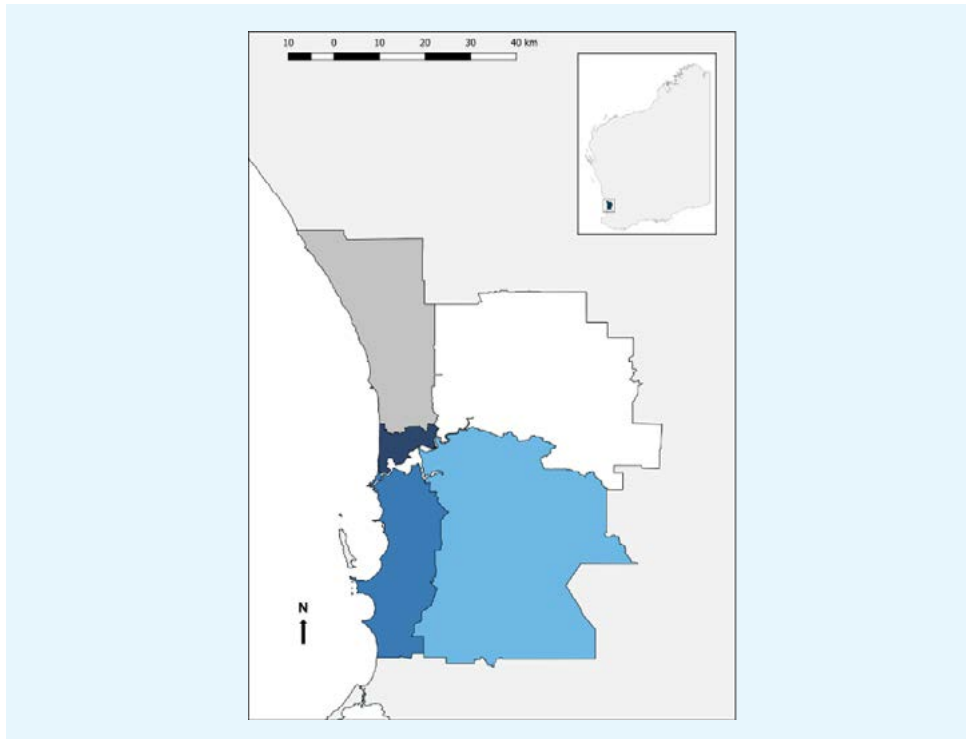


Figure 5: Geographic distribution

Region	#	%	Population %
(1) Northwest	391	22%	22%
(2) Northeast	184	10%	10%
(3) Central	145	8%	7%
(4) Southeast	310	18%	20%
(5) Southwest	311	18%	17%
(6) Non-metropolitan	420	24%	24%

In some instances, location information was not collected (n=635). Individuals in a prison or an immigration detention centre are excluded from the analysis (n=381). 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 estimated resident population (ERP) data released by the ABS, 29 March 2022.

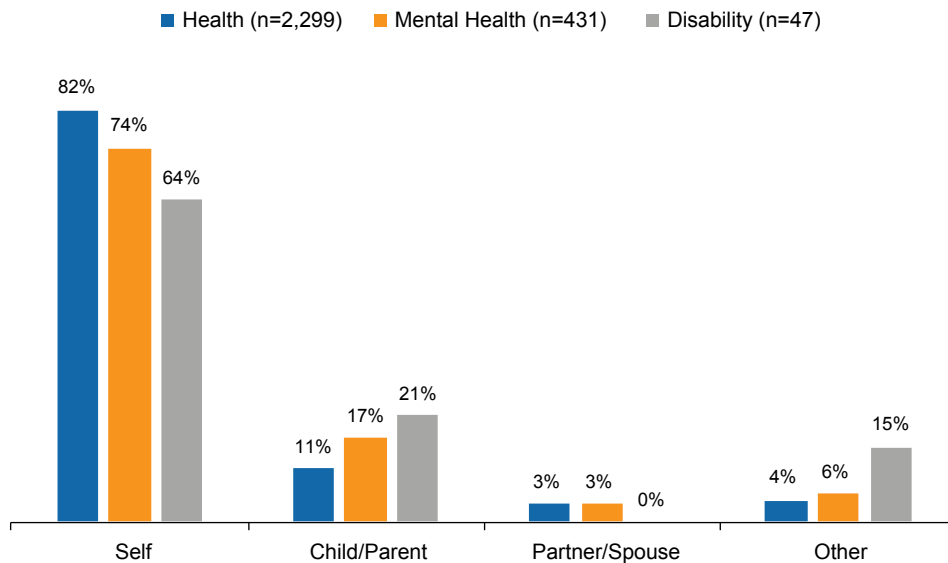
Complaints lodged from the Indian Ocean Territories

The Office provides services to the Indian Ocean Territories through a service delivery arrangement with the Australian Government. In accordance with this arrangement, we received and closed 3 complaints in the 2021-22 reporting year. This is a reduction in complaints from Indian Ocean Territories compared to 2020-21, which may in part be because the Office was unable to attend a planned outreach visit this reporting year because of COVID-19 restrictions.

Individual making the complaint

Most complaints concerning a health, mental health or disability service were made by the individual who received the service. The remaining complaints were made by a representative on behalf of the individual, which was typically a family member, as shown in Figure 6. Representatives categorised as 'other' can include extended family members, advocates and/or unpaid carers.

Figure 6: Relationship to person making the complaint



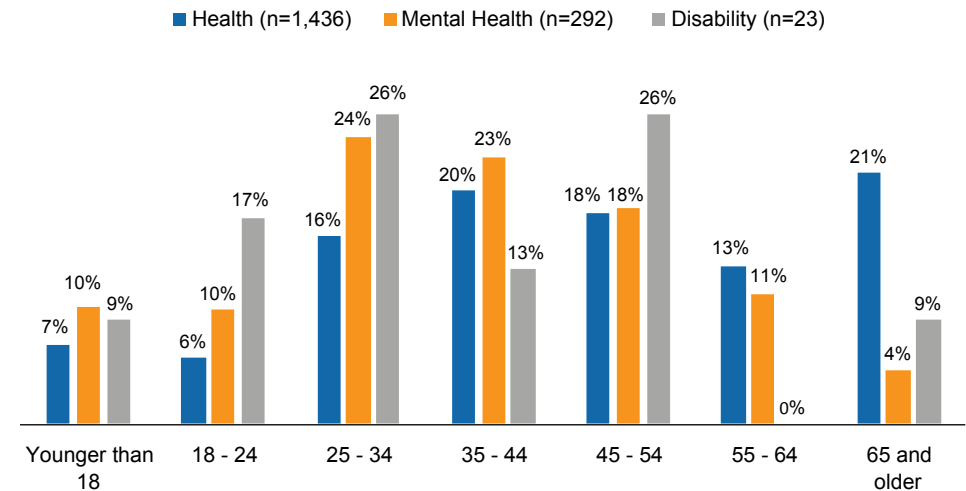
Totals may not sum to 100% due to rounding.

Complaints concerning a health service were most likely to relate to a service provided to an individual in the 65 and over cohort (21%) or the 35 to 44 age cohort (20%), as shown in Figure 7.

Complaints concerning mental health services were greatest in the 25 to 34 age cohort (24%) or the 35 to 44 cohort (23%).

For disability services, complaints were most likely to concern services provided to an individual in the 25 to 34 age cohort (26%) or the 45 to 54 age cohort (26%).

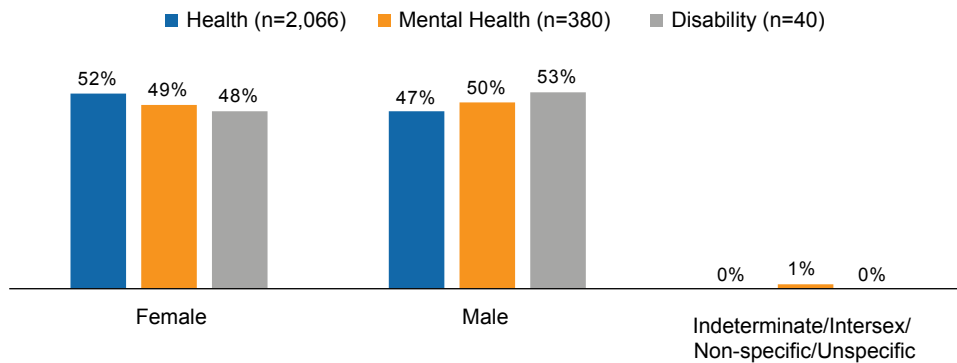
Figure 7: Age of the individual receiving a service



Totals may not sum to 100% due to rounding.

Figure 8 details the gender category for individuals lodging complaints across health, disability and mental health services in the 2021-22 reporting year. The gender of individuals receiving a health service was comparatively equal between females and males this year for health, mental health and disability services.

Figure 8: Gender of the individual receiving a service



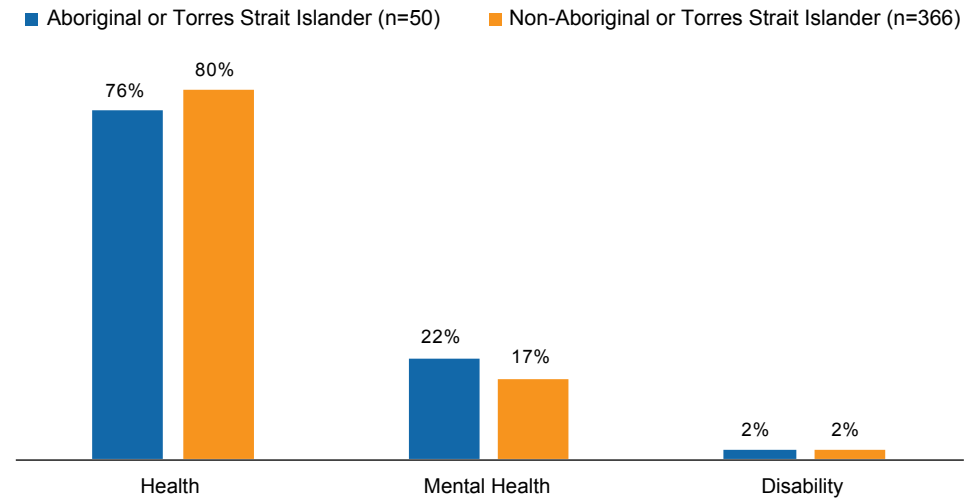
Totals may not sum to 100% due to rounding.

Figure 9 illustrates the proportion of complaints that relate to a health, mental health or disability service for Aboriginal or Torres Strait Islanders and Non-Aboriginal or Torres Strait Islanders, where an identification was known. This shows that these two cohorts lodged complaints about health, mental health and disability services in comparable proportions in 2021-22.

Of the 2,777 in-jurisdiction complaints received, a total of 50 were lodged by individuals who identified as Aboriginal or Torres Strait Islander, 366 who identified as Non-Aboriginal or Torres Strait Islander and a further 2,361 in which no identification was given.

The 50 complaints received that identify as Aboriginal or Torres Strait Islander represents 2.1% of our 2,777 in jurisdiction complaints.

Figure 9: Complaints made by Aboriginal or Torres Strait Islanders



Complaints lodged from immigration detention centres

The Office, through a letter of understanding with the Commonwealth Ombudsman, facilitates the efficient management of complaints from detainees in immigration detention concerning the provision of health services in immigration detention centers located in Western Australia and the Indian Ocean Territories. In the reporting year we received a total of 12 complaints.

2.4 Outcomes achieved

The Office achieves a range of outcomes for the individual who made the complaint and for improved service delivery.

For the person making the complaint, the outcomes are referred to as redress for the individual and include provision of explanations and apologies by service providers; cost refunds or reductions, waiver of fees or goodwill payments; providing corrective treatment; facilitating access to services; and providing access or addendums to records.

Service improvements include the provision of staff training; clinical improvements; medication management and dispensing improvements; changes to processes and procedures; improvements to complaint handling systems and record keeping; introduction of new policies; and improvements in communication.

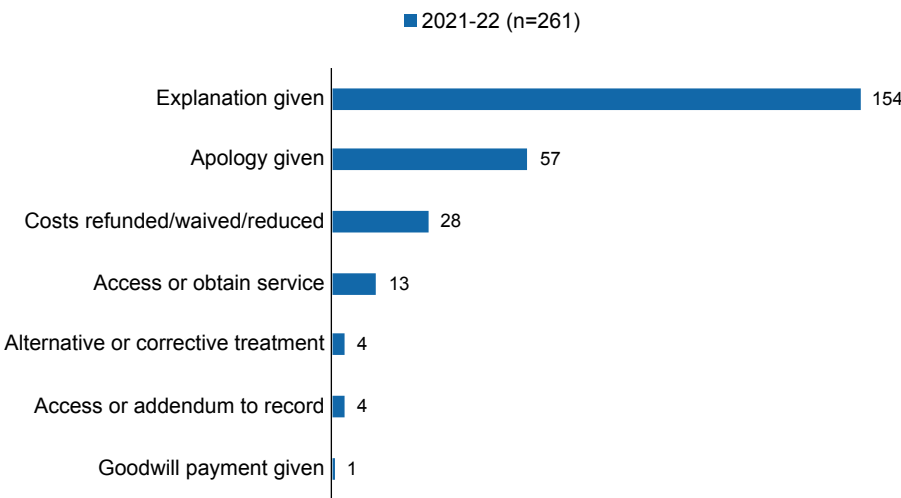
While redress provides a benefit to the person that made the complaint, service improvements benefit the wider community who access health, mental health and disability services.

Outcomes for individuals

For complaints closed in a resolution process, 69% resulted in redress. There was a total of 261 outcomes achieved for individuals, as shown in Figure 10.

These outcomes demonstrate the benefit of the service provided and represent a positive resolution for the individuals concerned.

Figure 10: Redress resulting from complaints managed through a resolution process



Outcomes for improving services

Contributing to the improvement of health, disability and mental health services underpins everything we do. We recognise that complaints provide a valuable opportunity to identify improvements that assist a service provider to improve services for the wider community benefit. Service improvements add value by contributing to improvements in safety and quality and patient-centred health care.

In this reporting year, a total of 60 service improvements were implemented.

The Office has worked collaboratively with service providers to support a range of the service improvements. Importantly, a number of complaints were used as de-identified case studies for education and training purposes to strengthen workforce capability.

The service improvements included:

Clinical improvements



- Improved guidance in administering COVID-19 vaccines to children with special needs.
- Enhanced monitoring of patients in ED waiting rooms through the allocation of additional resourcing.
- Improved protocols for escalating the care of obstetric patients when pre-existing conditions required a management plan for pregnancy and ongoing care.
- Enhanced protocol to ensure informed consent is obtained from patients prior to an iron infusion.
- Enhanced process for physical assessments of trauma in ED.
- Improved chaperoning guidelines for obstetric/gynaecological patients.
- Improved practice for ensuring patient confidentiality and privacy during medical procedures.
- Improved practice in administering IV calcium replacement therapy in paediatric patients which includes more frequent observations of the patient and monitoring of the intravenous cannular site.

Medication improvements



- Improved pharmaceutical dispensing protocol to ensure supply of essential diabetes monitoring devices.
- Improved practice for the management of patient medications during admission and discharge.
- Implementation of a pharmaceutical scanning process that checks prescription, medication and dosage for improved medication dispensing accuracy.
- Improved hospital medication management procedures to identify and remove medication close to expiry dates.

Communication improvements



- Improved communication with patients to enable informed decision making about treatment options.
- Improved written communication with patients and their referring doctor regarding the patient's treatment management plan.
- Development and implementation of an information sheet for patients preparing for surgery.
- Updated website to inform patients how to access information under the *Mental Health Act 2014*.
- Improved communication resulting from staff education about the importance of keeping patients and family informed of any surgery delays whilst a patient is fasting in preparation for surgery.

Education and training



- Enhanced staff education surrounding eligibility for COVID-19 vaccinations.
- Improved staff education surrounding carer engagement.
- Staff training in the correct administration of medication protocol.
- Improved staff training on patient orientation upon hospital admission.
- Improved staff education surrounding the importance of good customer service skills.
- Updated information provided to staff to ensure patients are adequately screened for oral cancer.
- Improved staff education about the importance of accurate and complete record keeping.
- Improved staff training to assess IV cannula sites prior to intra-hospital patient transfer.
- Family experience shared with treating practitioner as an opportunity for learning.
- Use of de-identified case study highlighting the importance of engaging interpreters and communicating with the family of CaLD patients.
- Improved staff training on complaints management.
- Emphasised the importance of clear communication and documentation to ensure better patient outcomes in staff training.
- Staff educated about consumer's rights in being able to access information in accordance with the *Mental Health Act 2014*.
- Use of de-identified case studies to highlight the risk of falls for patients with cognitive deterioration.
- Improved staff training on customer service skills and providing information to consumers on accessing services.
- Emphasised the importance of listening and documenting the concerns of consumers and their representatives in staff education and training.
- Improved awareness by practitioners of managing workplace stress and how this can impact on a patient's experience.
- Staff training to increase awareness of patient privacy and steps required within the clinic to ensure compliance.

Consumer and carer participation



- Consumer participation in health service provider consumer and carer advisory committees.
- Consumer representative involvement in the training and education of hospital-based staff regarding patient discharge planning.

Administration practice improvements



- Implemented new form into existing process for alerting staff when a patient requires a carer to be present at consultation.
- Improved process for tracking patient data regarding biopsies and the communication of pathology results.
- Transitioned to an electronic database to manage patient data and follow up appointment reminders.
- Improved process for reporting patient injuries incurred during a hospital admission to inform or alert management.
- Implemented a procedure for the escalation of complaints/incidents to the executive team when it involves any level of harm to a patient.
- Review of a privacy and confidentiality policy to ensure staff are aware of the need for compliance.
- Implemented streamlined procedures for medical cost quotations and disclosure of costs.

2.5 Case studies

The case studies following highlight the outcomes we achieved as a result of our complaint services. Outcomes include redress actions for the individual who made the complaint as well as system improvements implemented which is of benefit to the community more broadly.

Case study - Pain medication and informed consent for CaLD patients



Background

A complaint was received from family members/primary carers who were concerned for the patient's need of an interpreter whilst receiving clinical care and treatment in hospital. The carers reported that the hospital failed to provide the patient with either an in-person or telephone service interpreter during times when the family members were not available to act as the interpreting service for the patient, and that as a result, there was a lack of patient consent and understanding of the change in pain medication being administered to the patient in the family members' absence.

The family members/carers also felt that it was unreasonable that they were not consulted about the change in pain medication before it was administered to the family member despite instructions given that they were available to be contacted at any time and for any reason concerning their family member's care.

Concerns were also raised about the dosage and type of new medication being administered, with the carers stating that it had such a sedative effect on their family member that they were unrousable when next visited by them.

Upon requesting and being granted access to the patient's medical records, the carers raised further queries about the clinical care and treatment the (now deceased) family member received, particularly as the records showed that the hospital staff were unable to administer the patient's regular medication due to the patient being in a heavily sedated state as a result of the new medication.

What did we do?

A conciliation conference was facilitated between the parties to gain further insight into the patient's clinical management plan prior to their passing and for the family members to have an opportunity to express their concerns which they felt had been inadequately addressed by the health service provider's complaints handling processes.

Outcomes

As a result of the conciliation process, a written formal apology was given to the family for the distress caused. The following service improvements were also implemented by the health service provider:

- The provider's Pain Management Policy to be reviewed on a national level to include consideration of patients who do not speak English or for whom English is not their first language.
- The provider undertook to improve access to interpreter services via use of the Telephone Interpreting Service.
- The complaint to be used as a de-identified case study for staff training and education to highlight instances when an interpreter should be used, and how to better manage complaints, including having a meeting with the family.

Case study - Dental implant surgery



Background

An individual underwent periodontal surgery for the fitting of a dental implant which had been manufactured specifically for the individual's mouth. After less than one year, the implant's crown had become loose and subsequently detached. The individual went back to the periodontist who diagnosed a defect in the implant's abutment, causing the crown to get loose, and referred the consumer to a specialist prosthodontist for removal, refit and reattachment of the crown, with costs paid by the consumer. The prosthodontist also confirmed that the original crown was faulty and may require a remake into the future.

The consumer then attempted to seek replacement of the faulty implant from the manufacturer directly, on the advice of the dental provider, but was given the 'run around' and told by the manufacturer to take the issue up with the dental service provider.

The consumer subsequently lodged a complaint with HaDSCO, seeking reimbursement of out-of-pocket costs incurred to fix and reinstate the crown, as well as coverage for any future costs that may be involved in the making and fitting of a new, defect-free crown should the existing crown fail again.

What did we do?

We managed the complaints process between the consumer and the periodontist who had supplied the original service to the consumer.

Outcomes

The periodontist apologised to the consumer for the problems that had occurred and as a sign of goodwill, offered to reimburse the out-of-pocket costs involved for both the initial fitting of the implant and subsequent re-fitting and repair by the prosthodontist. This reimbursement of costs was offered despite both the periodontist and prosthodontist acknowledging that the fault of the implant's abutment and crown had originated with the manufacturer.

In regard to the individual seeking a confirmation of costs to be reimbursed should the existing crown fail again, the consumer accepted the dental provider's response that if this should happen, it would be at the consumer's cost due to the fault originating with the manufacturer of the implant.

Case study - Age appropriate mental health facilities

Background

A complaint was received regarding the mental health care and treatment received by an individual who had experienced an involuntary inpatient admission for treatment of an eating disorder.

The individual, who was aged 18 at the time of admission, raised several concerns about their placement on an adult secure ward facility and requested transfer to the less restrictive open ward in which they had been placed for previous admissions and which they regarded as being a more therapeutic environment for their recovery.

The individual was advised by the treating team that a transfer to the open ward would not be possible due to bed shortages. A further request to be waitlisted for a bed on the open ward was also allegedly not acted upon. A request to transfer to the Youth Unit (for ages 16 to 24) with another mental health service provider also failed to take place despite the individual experiencing increasing

levels of distress while placed on the secure adult ward.

During their stay on the adult secure ward, the individual experienced increasing concerns for their physical and sexual safety due to the aggressive, unpredictable and at times inappropriate behaviour of some of the other patients on the ward. This included being persistently followed and approached by a co-patient who also attempted to enter the individual's room, including kicking at the door.

Concerns were also raised about the clinical care they received for treatment of their eating disorder. The individual felt that they were unable to contribute to the development of their Treatment, Support and Discharge Plan (TSDP) as required under the *Mental Health Act 2014* and claimed that they were not provided with copies of their TSDP nor given regular updates to the plan.

What did we do?

In consultation with all parties involved, we arranged for a conciliation conference to be held, with the complainant seeking several outcomes, including:

- Policy improvement on the care and treatment of involuntary patients with eating disorders.
- Further explanation of certain clinical treatments used.
- Further explanation of the processes involved in requesting to transfer to other mental health wards and/or other providers' specialised facilities such as the Youth Unit.
- An apology for dismissing the individual's experience of feeling physically and sexually unsafe whilst in admission.
- Request to add personal preferences of care should the individual be admitted involuntarily again.

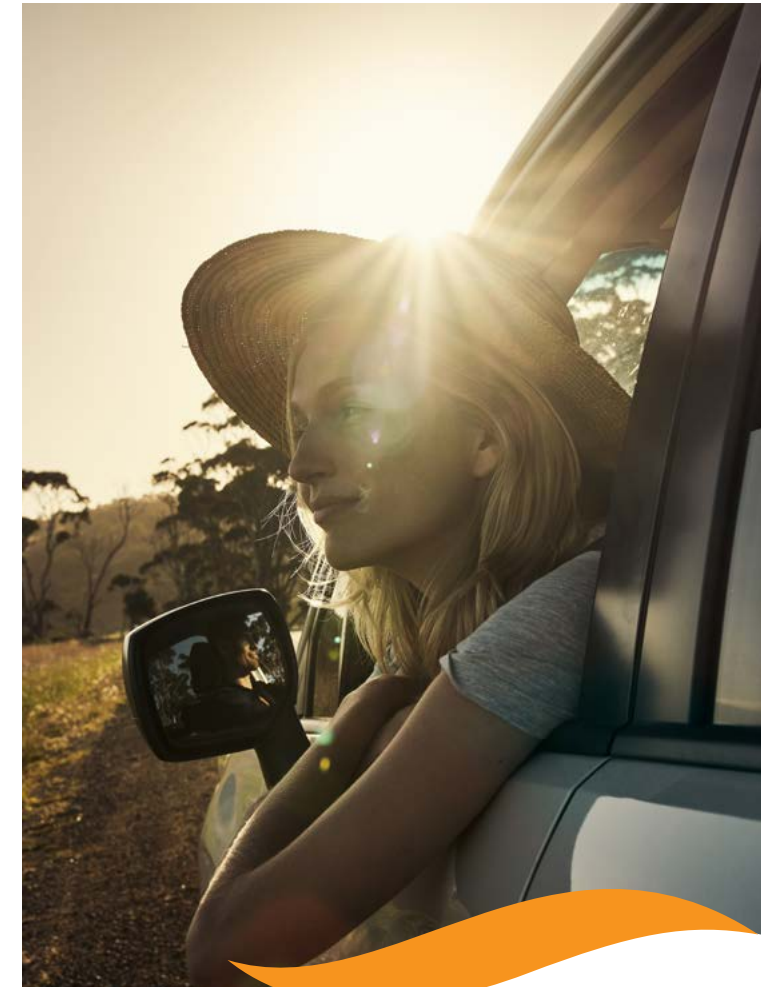


Due to the number and complexity of concerns raised, a second conciliation conference was then arranged.

Outcomes

Outcomes of the two conciliation meetings included:

- Staff awareness raising of the Youth Unit facility, with training to be conducted on the handling of transfer request processes to the Youth Unit.
- Addendum to individual's discharge summary and management plan to be added, giving the individual the opportunity to state personal preferences of treating team, case manager and private and public services to be utilised should they be involuntarily admitted again.
- The individual's preference to not be treated by a certain medical practitioner to be included within their personal preference statement and attached with their patient records.
- Use of the individual's experience to form a "lessons learnt" case study for staff training purposes.
- Apology given at both conciliation meetings for the distress caused to the individual.
- Updates given about recent changes to the provider's outreach mental health service to involuntary patients, which now involves an authorised mental health practitioner conducting outreach visits daily, for the purpose of assisting involuntary patients with any ongoing concerns.



Case study - Iron infusions and communication of risk



Background

An intravenous iron infusion is a common remedy for people seeking to correct low iron levels. However, it is not without risks, such as the possibility of staining at the site of infusion caused by leaking into the surrounding tissues, which in some cases can be permanent. It is therefore important that such risks be communicated clearly to the consumer and that consent be gained to clarify the consumer's understanding and acceptance of risk, which in this case did not happen.

What did we do?

The consumer lodged a complaint with us seeking a change in the provider's protocols regarding communication of risks involved in the administering of iron infusions. The individual also requested financial redress from the provider for costs associated with removing the staining via a series of laser skin treatments.

Outcomes

Through the complaint resolution process, both the redress and service improvement outcomes were achieved, with the provider revising iron infusion procedures to ensure the patient is well-informed of the risks of permanent staining and that patient consent has been gained prior to treatment.



Case study - Specialised needs of patients with dementia



Background

A family member acting as the patient's primary carer lodged a complaint concerning the standard of care their family member, who was suffering from dementia, experienced while in hospital.

Of concern was the communication regarding some aspects of the patient's care.

One example given was that the patient was asked directly about their level of pain using a pain score assessment of 0 to 10, however the family member considered this inappropriate as the patient was unable to accurately answer because of their dementia. The family member also felt that their input as a carer was disregarded concerning the patient's experience of pain.

The family member also expressed concern that the hospital-provided carer was removed without discussion with the family member/patient's primary carer prior to the decision being made.

What did we do?

During our complaints process, the provider was asked to give a written response to the multiple concerns raised, and to provide evidence of procedures in place relating to the recognition of carer input and staff awareness of the specialised needs of dementia patients.

Outcomes

The provider responded with a detailed explanation and apology and made several service improvements as a result, which included:

- Raising staff awareness of the importance of the Clinical Nurse Specialist role for the Cognitive Impairment Service, and for ward referrals to be made to this role when support is needed for patients with dementia and other cognition impaired conditions and their families.
- Formal acknowledgement of the role that carers play in being able to interpret their family member's behaviours and other nonverbal clues that may indicate discomfort or pain.
- Implementation of the use of alternative pain tools such as the Abbey Pain Scale which has been designed specifically for cognitively impaired patients or patients who cannot verbalise, relying instead on observational cues of the patient's body language and other behavioural changes.
- Introduction of a Cognitive Support Plan document to be filled in by the carer and/or the patient, to assist the hospital in providing an environment that is conducive to the patient's psychological wellbeing and physical care needs.

Case study - Telehealth and Medicare rebates



Background

An individual requested a telehealth appointment with a GP at a medical centre as they were following State public health orders and isolating at the time due to being a close contact of a family member testing positive for COVID-19.

The individual was informed by the medical centre that they would be charged a full consultation fee and that there was no claim to a Medicare rebate for the telehealth consult. The reason given for this was because the patient had not attended the clinic in person within the last 12 months. The individual undertook the telehealth consult and provided payment but later conducted their own investigation into the provision of Medicare rebates for telehealth consultations for people who were in isolation because of a State public health order.

It was subsequently found that this situation was classified as an exemption to the Medicare rebate rules for telehealth consults that required the person to have attended the clinic in person within the last 12 months. The individual contacted the medical centre requesting a refund but was informed they would have to contact Medicare directly. The individual then lodged a complaint with our Office.

What did we do?

As the individual had not made a formal complaint with the provider, we offered to assist with a facilitated referral of the complaint to the provider, requesting that the provider correspond with the individual directly and to provide us with information pertaining to the provider's response to the complaint. Should the individual not be satisfied with the response received from the provider, we would then undertake further processes to manage the complaint handling and resolution.

Outcomes

As a result of the complaint resolution process, the service provider acknowledged that they had overlooked the Medicare exemption, which allowed an individual to be billed through Medicare due to the individual being in mandated isolation. The provider offered an apology to the individual and amended the invoice for the consultation which allowed the individual to claim the Medicare rebate.

Case study - Cognitive deterioration and falls risk



Background

A family member/primary carer was concerned that their partner was at risk of a fall whilst recovering from a series of strokes in the medical palliative care ward and communicated this to the ward staff. The patient was subsequently deemed a falls risk by the care staff and advised not to get out of bed without the assistance of nursing staff. Bed rails were also put up on the patient's bed and a mobility and transfer assessment conducted.

However, an unwitnessed fall occurred the following day resulting in the patient undergoing a series of head injury scans and further monitoring. The patient's condition post-fall then deteriorated to such an extent that the patient passed away ten days later, leaving the carer to question if the fall had contributed to this outcome.

Despite an internal investigation into the patient's fall being conducted by the hospital two days after the fall occurring, a complaint

was subsequently lodged with our Office by the carer, with concerns that strategies to mitigate the patient's falls risk remained inadequate and that the patient's cognitive impairment and balance issues arising from the stroke prior to their fall had not been properly considered.

Another concern was the lack of clarity as to whether falls alarms were made available on the ward at the time of the patient's admission.

What did we do?

A conciliation process was facilitated, providing the family member with the opportunity to seek further clarity and express their ongoing concerns. A commitment was also sought by the family member that the circumstances of the patient's fall would be used as a case study for staff training and development purposes.

Outcomes

The provider gave more detailed information regarding the circumstances of the fall, noting

that not all required care and safety measures had been carried out as per the policy and procedures, such as the use of falls alarms and falls mats which had not been utilised in this patient's case.

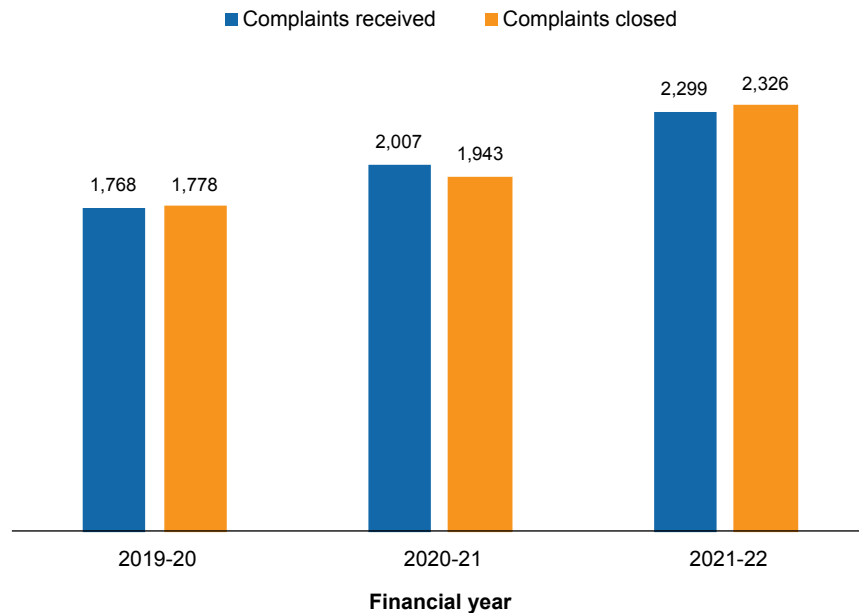
An explanation and apology were given to the family member, as well as an agreement by the provider for the patient's experience to be used as a de-identified case study for education and training purposes of all staff across the hospital. The provider also stated that several systemic improvements had since been implemented as a result of this patient's case study, which included:

- Review and revision of the provider's Carer's Policy, in particular the allowance for hospital-based night carers to be allocated if next of kin are not available.
- Bed rails not to be used in cases of cognitive impairment as they may pose a further hazard to the patient.
- Beds to be adjusted to the lowest level.
- Ward rounding to be increased from nightly to hourly.
- Provide updated information about risks of falling and care planning in partnership with the patient and the carer.

2.6 Complaints about health services

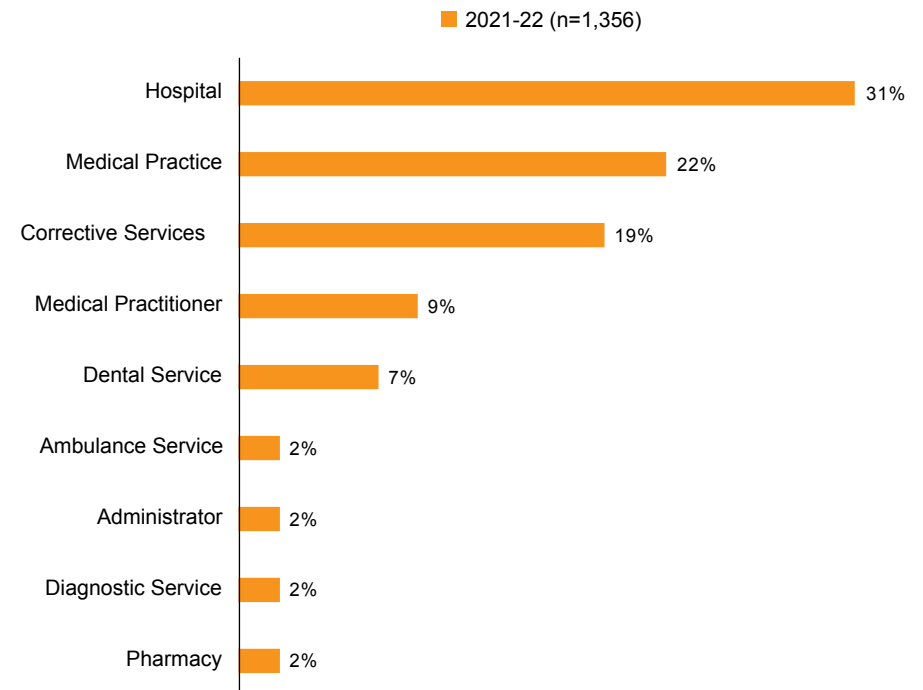
In the 2021-22 reporting year the Office received 2,299 complaints and closed 2,326 complaints about health services. This is the highest number of health complaints (both received and closed) the Office has ever recorded. Figure 11 details the number of complaints about health services received and closed over the past three years.

Figure 11: Complaints about health services over the last three years



For health complaints closed in the 2021-22 reporting year, 31% concerned services provided in hospitals, followed by 22% provided in medical practices and 19% provided by correctional services. The provider types most cited in health complaints are shown in Figure 12.

Figure 12: Common health provider types

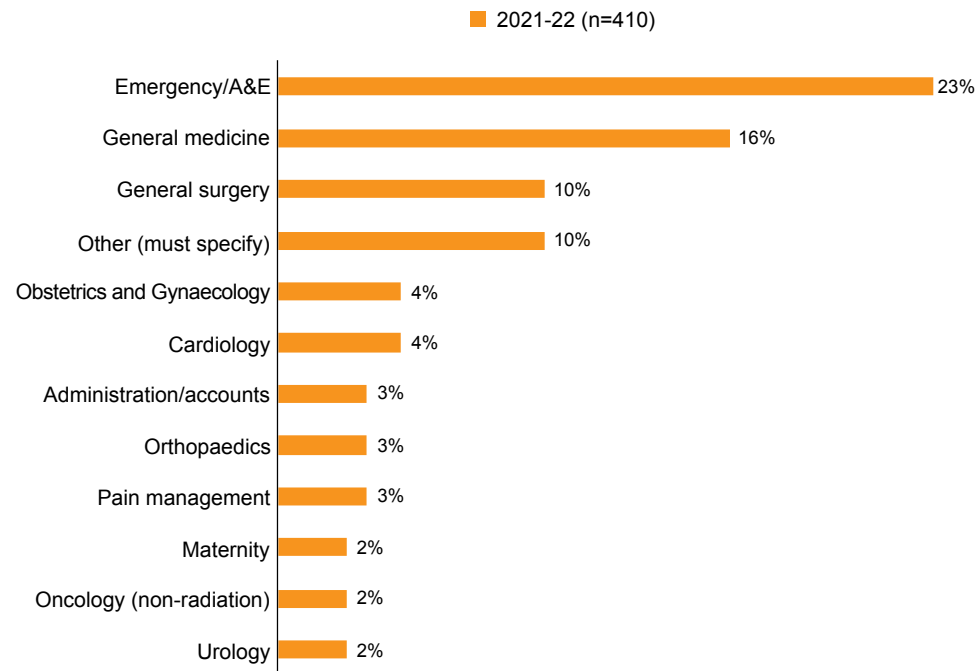


Percentages will not sum 100% as only health service types that account for 2% or more of complaints are included. Note that provider type is not recorded in all complaints, (n=) indicates the number of closed complaints with a recorded provider type.

As shown in Figure 13, for complaints about services received in hospitals in the 2021-22 reporting year:

- 23% related to emergency/A&E.
- 16% related to general medicine.
- 10% related to general surgery.

Figure 13: Common hospital-based health specialties



Percentages will not sum 100% as only health service types that account for 2% or more of complaints are included. In the above, (n=) indicates the number of closed hospital-based complaints with a recorded provider specialty.



“I am delighted with the outcome and am very thankful for your help and support during the process.”

- consumer

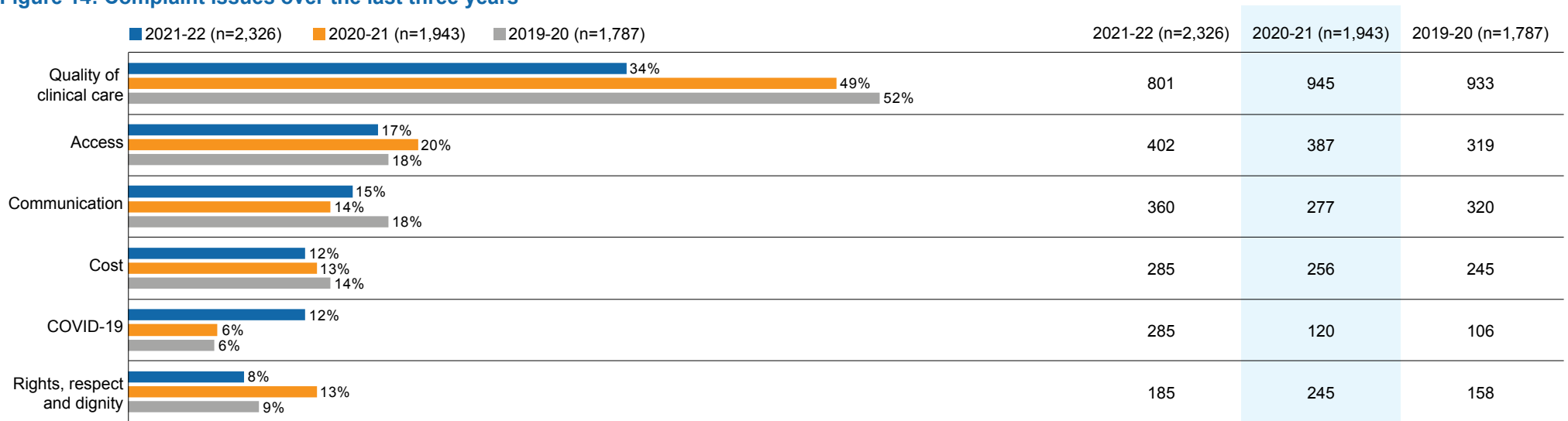
Figure 14 shows the most common issue categories for health care complaints that were closed in the last three years. Within each complaint category, a variety of issues may be identified by the individual making the complaint.

In the 2021-22 reporting year, most complaints concerned quality of clinical care, access, communication, costs and COVID-19. Specific trends observed include:

- Quality of clinical care continues to be the most frequently raised concern, cited in 34% of closed complaints in this reporting year. However, this category did see a large decrease compared to 2020-21 (49%) and 2019-20 (52%).

- The second most reported issue in 2021-22 was access, cited in 17% of complaints. While proportionally this was a reduction compared to 2020-21, the volume of complaints (n=402) citing this issue increased for the third consecutive year.
- The proportion of complaints about communication increased by only 1% in 2021-22, but the volume of complaints citing communication increased by 83 to a total of 360.
- The largest increase in both proportion and volume of complaint issues was seen in complaints concerning COVID-19. The volume of complaints citing COVID-19 issues increased from 120 in 2020-21, up to 285 in 2021-22. The proportion of complaints citing a COVID-19 issue increased from 6% in 2020-21, up to 12% in 2021-22.

Figure 14: Complaint issues over the last three years



Percentages will not sum 100% as multiple issues can be identified per complaint. Only categories that were reported in 5% or more of complaints are included. In the above, (n=) indicates the number of closed hospital-based complaints with a recorded provider specialty.

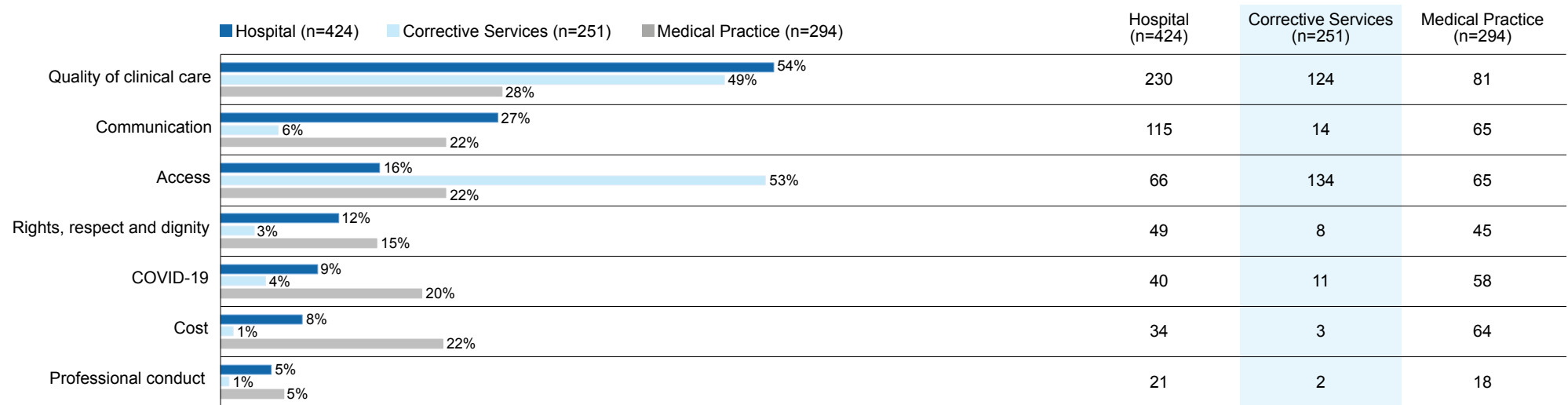
The health complaint categories associated with the three most common service provider types (hospital, prison health services and medical practice) are shown in Figure 15.

Specific trends observed in the 2021-22 reporting year include:

- Complaints about quality of clinical care are more likely to relate to a hospital service (54%) or prison health service (49%) than a medical practice (28%).
- Complaints about access are more likely to relate to a prison health service (53%) than a medical practice (22%) or hospital service (16%).
- Complaints regarding communication are more likely to relate to a hospital service (27%) or medical practice (22%) than a prison health service (6%).

- Complaints regarding cost issues are more likely to relate to a service provided in a medical practice (22%) than a hospital service (8%) or prison (1%).
- Complaints about rights, respect and dignity are more likely to concern services provided in a medical practice (15%) than a hospital (12%) or prison (3%).
- Similarly, complaints regarding COVID-19 issues are more likely to relate to a service in a medical practice (20%) than a hospital service (9%) or prison health service (4%).

Figure 15: Complaint categories by provider type

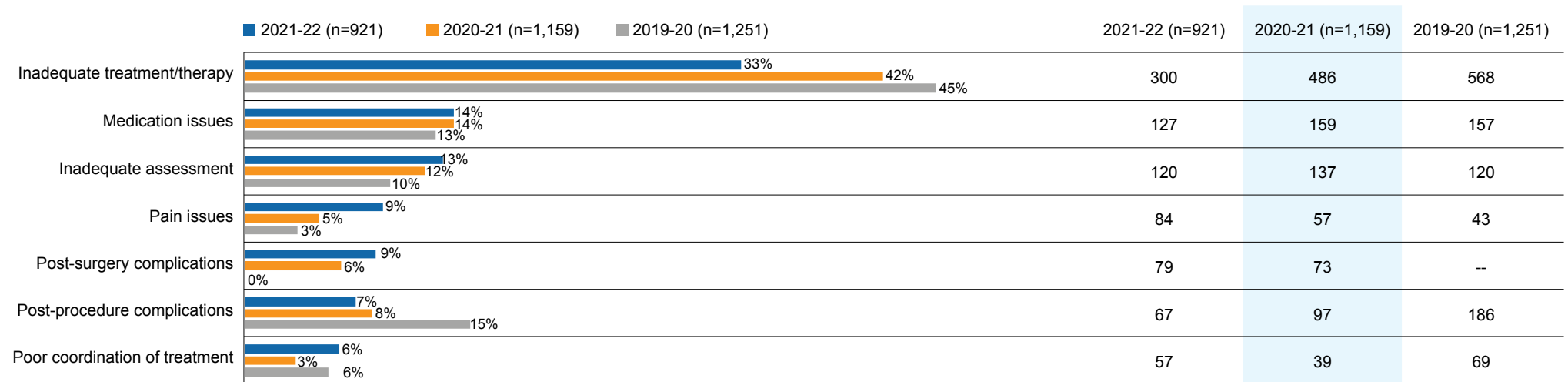


Percentages will not sum 100% as multiple issues can be identified per complaint. Only categories that were reported in 5% or more of complaints are included. In the above, (n=) indicates the number of closed health complaints citing a hospital service.

As detailed in Figure 15 and Figure 16, quality of clinical care is the most common complaint category. Figure 16 details the most common sub-issues in the quality of clinical care category.

In the 2021-22 reporting year, inadequate treatment/therapy remained the most common issue in this category (33%), but also decreased for the third consecutive year. This is followed by medication issues (14%) and inadequate assessment (13%).

Figure 16: Common quality of clinical care sub-issues



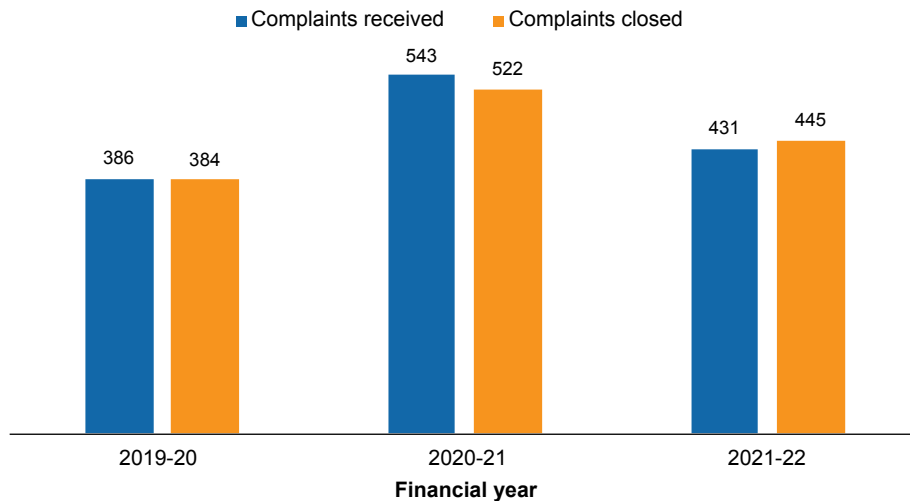
Percentages will not sum 100% as only sub-issues that account for at least 5% of the quality of clinical care total are included.
In the above, (n=) indicates the number of closed health complaints citing a hospital service.

2.7 Complaints about mental health services

The Office received 431 complaints about mental health services in the 2021-22 reporting year and closed 445 complaints. This is a reduction in the volume of complaints about mental health compared to 2020-21 in which 543 complaints were received and 522 complaints were closed, however it is higher than the 2019-20 totals of 386 received and 384 closed.

Figure 17 details the number of complaints about mental health services received and closed in the past three reporting years.

Figure 17: Complaints about mental health services

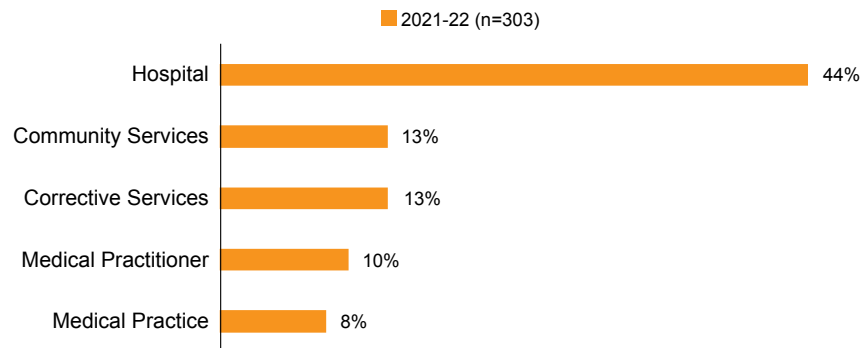


**“Thank you again for
your help and support in
resolving my complaint.
You were a bright light in
a very dark tunnel.”**

- consumer

In the 2021-22 reporting year, most mental health complaints that we closed concerned services provided in hospitals (44%). This was followed by community mental health services (13%) and prison health services (13%). The common mental health service provider types are shown in Figure 18.

Figure 18: Common mental health provider types

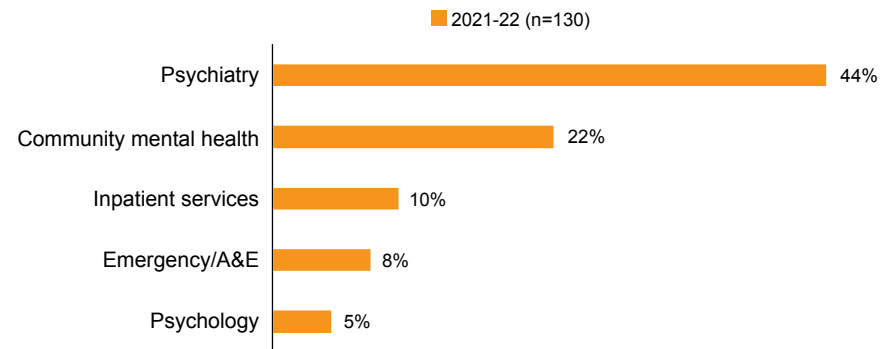


*Percentages will not sum to 100% as only the top five provider types are included.
Note that provider type is not recorded in all complaints, (n=) indicates the number of closed complaints with a recorded provider type.*

As shown in Figure 19, for complaints about mental health services received in a hospital in the 2021-22 reporting year:

- 44% concerned psychiatry services.
- 22% concerned community mental health services, such as outpatient clinics.
- 10% concerned inpatient services.

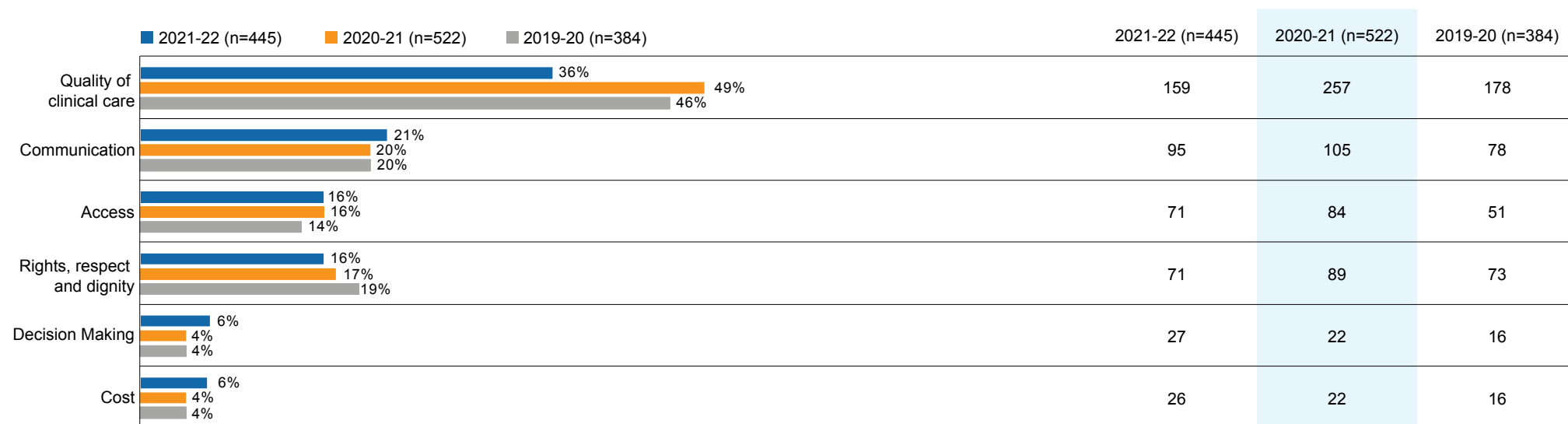
Figure 19: Complaints about hospital-based mental health services



*Percentages will not sum to 100% as only the top five provider types are included.
Note that provider type is not recorded in all complaints, (n=) indicates the number of closed complaints with a recorded provider type.*

The complaint issue categories identified over the last three reporting years are shown in Figure 20. Within each complaint category, a variety of issues may be cited by the individual making the complaint.

Figure 20: Complaint issues over the last three years



In the 2021-22 reporting year, most mental health complaints were about quality of clinical care, followed by communication, access, and rights, respect and dignity.

Specific trends observed include:

- Quality of clinical care continues to be the most cited issue (36%) in 2021-22, despite a drop of 98 in the number of complaints citing this issue compared to 2020-21.
- Communication continues to be the second most reported issue in mental health complaints at 21%.

- The equal third most reported issue is access, cited in 16% of mental health complaints.
- The proportion of complaints about rights, respect and dignity (16%) continues to decrease year on year.

2.8 Complaints about disability services

The Office received 47 complaints about disability services in the 2020-21 reporting year and closed 51 complaints. This represents a 59% decrease in complaints received about disability services and a 58% decrease in complaints closed compared to 2020-21. Figure 21 details the number of complaints received and closed over the past three years.

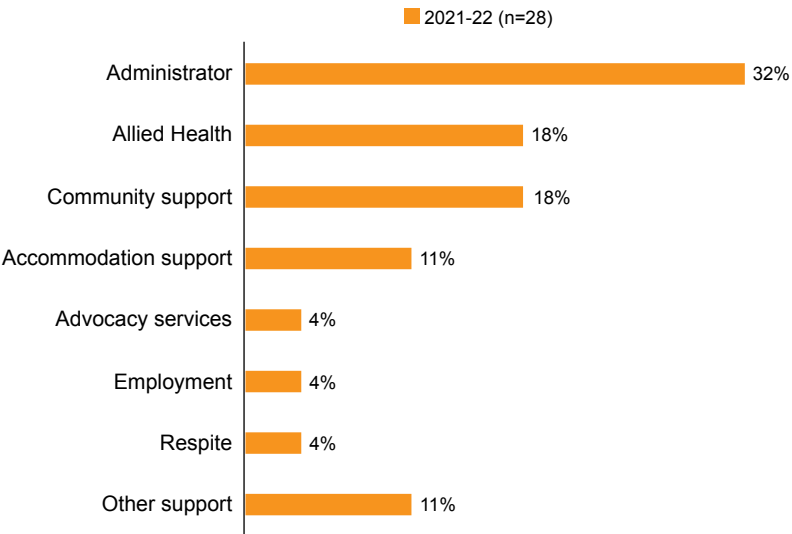
The decline in the number of complaints received by the Office is the result of the transfer of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission in 2020-21.

Figure 21: Complaints about disability services



The specific disability service types identified in the complaints we closed in the 2020-21 reporting year are shown in Figure 22. The service types that were most frequently cited were administrator (32%), allied health (18%) and community support services (18%).

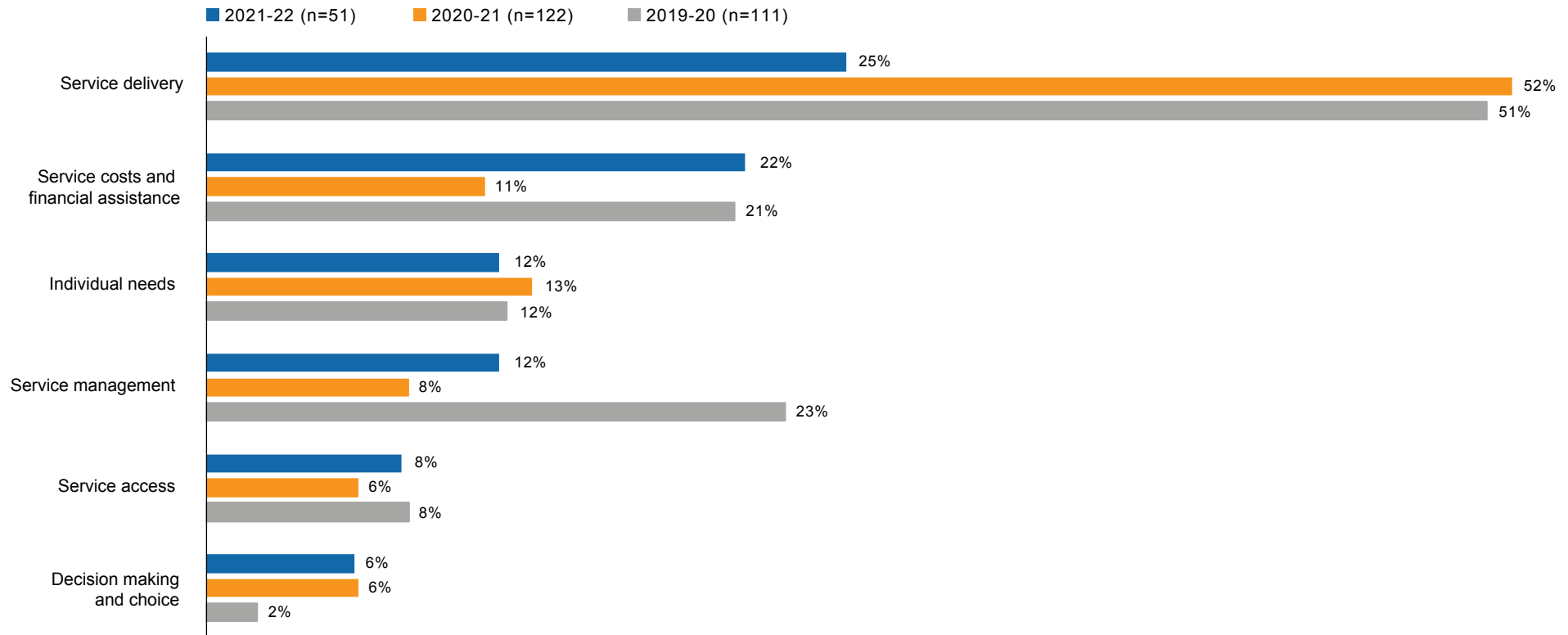
Figure 22: Disability service types



Totals may not sum to 100% due to rounding. Note that provider type is not recorded in all complaints, (n=) indicates the number of closed complaints with a recorded provider type.

The complaint issue categories identified in the complaints that were closed over the last three years are shown in Figure 23. Within each complaint category, a variety of issues may be cited by the individual making the complaint.

Figure 23: Complaint issues over the last three years



Percentages will not sum to 100% as multiple issues can be identified per complaint. Only categories that were reported in 5% or more of complaints are included.

Observations include:

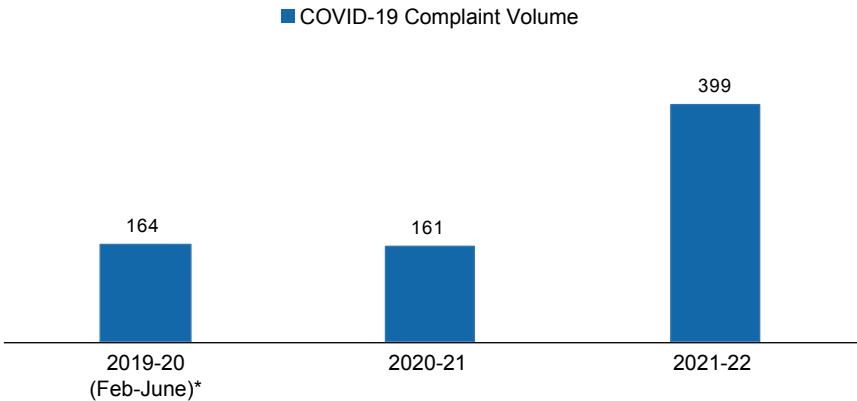
- Service delivery continues to be the most cited issue, identified in a quarter of all complaints about disability services.
- Service costs and financial assistance (22%), individual needs (12%) and service management (12%) are the next most reported categories in 2021-22.

2.9 Complaints about COVID-19 matters

In the 2021-22 reporting year, 399 complaints were received relating to COVID-19 matters, accounting for 13% of all complaints. This is an increase of 238 complaints over the total of 161 complaints received in 2020-21, which represents an increase of 148% for the period.

The volume of complaints relating to COVID-19 received is detailed in Figure 24.

Figure 24: COVID-19 complaint volume



**The Office received the first complaint relating to COVID-19 on 26 February 2020.*

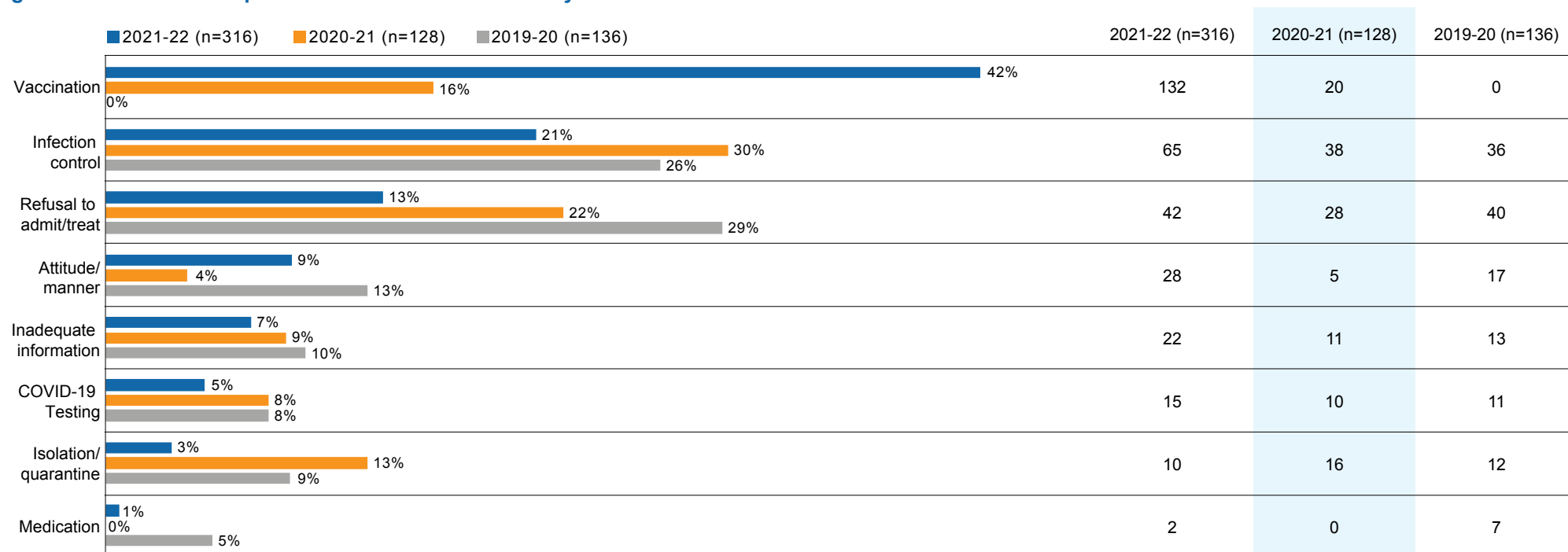
The COVID-19 complaints received fall into one of two categories. Complaints about the provision of a health, mental health or disability service are classified as in-jurisdiction and the rest are classified as out of jurisdiction. Examples of out of jurisdiction complaints include state and international travel restrictions, retail trading conditions and/or infection control measures in public spaces.

Of the 399 complaints received in this reporting year:

- 74% concerned health services
- 4% concerned mental health services
- 1% concerned disability services
- 21% were classified as out of jurisdiction.

Figure 25 outlines the issues cited with the in-jurisdiction complaints for the past three reporting years.

Figure 25: COVID-19 complaint issues over the last three years



Totals may not sum to 100% due to rounding. In the above, (n=) indicates the total number of COVID-19 issues reported in received complaints.

In this reporting year, vaccination was the most cited complaint issue (42%). This represents an increase of 26% from last reporting year where it was the third most common issue (16%). Complaints about vaccination typically related to vaccination mandates and exemptions, or the coordination of services around vaccinations.

Complaints concerning infection control accounted for 21% of all complaint issues raised. This is a 9% decrease in proportion compared to 2020-21 despite being reported in 27 more complaints than the previous year.

Complaints about refusal to admit or treat accounted for 13% of all issues raised; this figure is 9% lower than the previous reporting year. Examples include refusal to provide services based on COVID-19 symptoms, elective surgery delays and eligibility to receive a COVID-19 test.

Part 2 – Educate and Train

2.10 Introduction

Service improvement and education has been a key focus of our Office for over 25 years.

We recognise that complaints provide an opportunity to improve services. By focusing on individual and systemic issues that give rise to complaints, we can assist to bring about positive change which assists in strengthening the health system.

We support service providers with tools, resources and knowledge needed to collaboratively improve services and complaint handling capacity. Additionally, we perform an educational function by providing information about good principles for complaint handling, details about our role in complaints management and the outcomes we achieve.

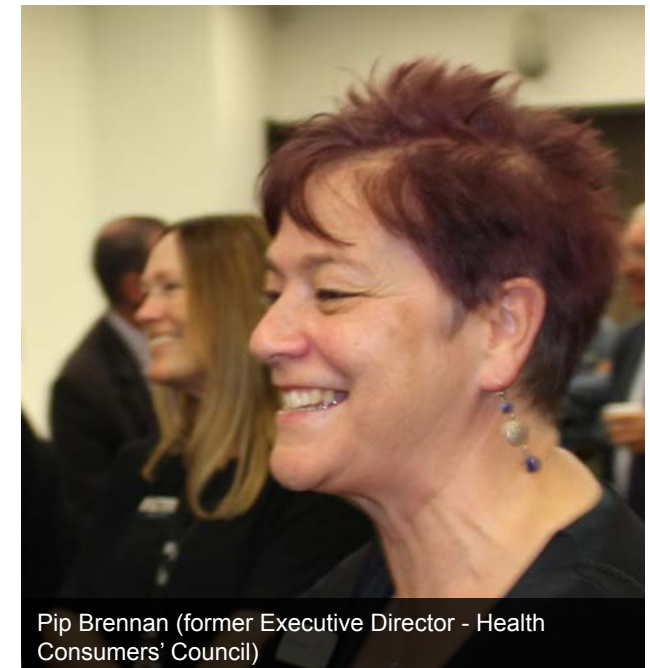
Community members are also empowered to feel confident in resolving their complaints through the provision of engagement and enquiry line services.

Each year we develop a Stakeholder Engagement Strategy to guide interactions with the health, disability and mental health sectors, peak industry groups, and the community. The strategies identify opportunities for collaborative approaches to engagement, including with other accountability agencies, to achieve operating efficiencies.

The outcomes and achievements under the Stakeholder Engagement Strategy July 2021 – June 2022 are set out in the following pages.



(L-R) Carolyn Peel (Health Support Services),
Debra Carrier (HaDSCO)



Pip Brennan (former Executive Director - Health
Consumers' Council)



2.11 Celebrating 25 years

To mark the occasion of 25 years in operation, an event was held at our office premises in Albert Facey House which was attended by health service providers from government and non-government sectors, along with representatives from health consumer advocacy and peak industry groups, other government statutory authorities, former Directors and staff.

The event was opened by a Welcome to Country by Whadjuk Wardandi Noongar man, Mr Shaun Nannup who shared his ability to inspire and foster greater connection by bringing attention to our shared humanity and common ground.



Photo montage top left going in clockwise direction:

(L-R) Hon. Roger Cook MLA (former Minister for Health) and Sarah Cowie (Director – HaDSCO).

Trevor Pope (inaugural Director).

(L-R) Adjunct Associate Professor Robyn Collins (Board Chair, South Metropolitan Health Service), Erica John (former Manager Strategy & Engagement - HaDSCO).

(L-R) Wendy Rose (CEO – KIN Disability Advocacy), Lisa Hook (Individual Advocacy Service Manager - People with Disabilities WA).

The Hon. Roger Cook MLA (former Minister for Health), the inaugural Director, Mr Trevor Pope and the current Director, Ms Sarah Cowie gave speeches at the event.

This important milestone was also formally acknowledged in the Parliament of Western Australia by the former Minister for Health.

“It is through the courage of people who are willing to share their personal circumstance, and service providers who embrace the resolution process, that we are able to identify redress opportunities and make system improvements.”

- The Hon. Roger Cook MLA (former Minister for Health).



(L-R) Shane Jaffar (Manager, Indian Ocean Territories - Department of the Premier and Cabinet), Gary Newcombe (WA Commissioner for Consumer Protection), Erica John (former Manager Strategy & Engagement - HaDSCO).



(L-R) Caroline Spencer (Auditor General – Office of the Auditor General), David Robinson (Director Operations - Corruption and Crime Commission), Marion Hailes-MacDonald (Director – WA Office of Disability).

2.12 Education and training

Delivering complaint handling training and supporting providers to learn from complaints is a strategic priority. This complements our commitment to strengthening the health, disability and mental health sectors now and the workforce of the future.

This reporting year we focused on educating practitioners about the learnings from complaints, highlighting the benefits of patient-centred care and communication at the earliest stages of their careers. We continued to deliver training to graduate mental health nurses at the University of Notre Dame Australia and to nurses working in the private health sector. Complementary to this, a presentation on our conciliation process was given to law students at Murdoch University as part of their course content for Dispute Resolution and Mediation.

A presentation was also delivered by the Director at the Society of Consumer Affairs Professionals (SOCAP) Virtual Conference. A focus of the presentation was our role in maintaining and delivering an accessible, responsive and efficient complaints service for individuals who had become more vulnerable during the pandemic and our role dealing with complaints about COVID-19 health issues.

As part of implementing our new jurisdiction relating to voluntary assisted dying, a presentation was delivered to the Statewide Care Navigator Service and Statewide Pharmacy Service who play an important role in the voluntary assisted dying process. This included information on our role and functions in this new jurisdiction and to highlight how these services can inform those accessing voluntary assisted dying, or their carers, about the ability to lodge complaints with our Office.

With the transition of the disability complaints jurisdiction being completed in 2020-21, we gave a presentation to the Council of Regional Disability Services on HaDSCO's role and functions and the transition arrangements.

We continued to build on our relationship with the Mental Illness Fellowship of Western Australia by delivering several presentations at the MIFWA Lorigkeit Centre. In collaboration with the Ombudsman WA, we presented three times and received complaint enquiries from mental health consumers as a result. We also shared our mental health training resources with staff at the Lorigkeit Centre, such as our Guidelines for Handling Complaints about Mental Health Services which includes numerous templates that can be used by service providers for their own purposes.

2.13 Publications

During the reporting year, 25 publications were developed for the community, service providers and key stakeholder groups. To coincide with our 25th Anniversary, we also developed and released an information sheet: *Improving health, disability and mental health services through complaint resolution since 1996*.

Report card program

Each year, we produce individual Report Cards for a range of stakeholders routinely and by request. The sharing of data through this program is one of our approaches to use data to drive improvements in safety and quality in the provision of health care.

Health and Disability Complaints Data Collection Programs

In accordance with section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, and section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, annual complaint statistics were provided from prescribed public, private, not-for-profit and non-government health and disability service providers in Western Australia.

Following analysis of complaints data, we released the *Health Complaints Trends Report 2016-17 to 2020-21* and the *Disability Services Data Collection Report 2015-16 to 2020-21*.

These were forwarded to service providers and the Ministers for Health and Disability. The reports can assist service providers to identify systemic issues and trends to drive strategy for the provision of patient-centred health care and support for people with disability. Both were published on the Office website.

With the transition of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission, the Disability Services Data Collection Program has been discontinued. This follows consultation with the disability sector peak industry group, National Disability Services Western Australia and the Department of Communities. Approval was received from the Ministers for Health and Disability and an amendment was made to the *Disability Services Regulations 2004* in October 2021 to formalise the discontinuation of the program.

Community resources



Our Services - brochure

Also available in

- Easy English
- Arabic
- Bashasa Malay
- Chinese (Simplified)
- Cocos Malay
- Italian
- Vietnamese

Making complaints as a carer - brochure

How to make a complaint about a registered practitioner (joint HaDSCO/Ahpra) - brochure



Information sheets

- Helpful tips for making a complaint
- Do you need help with a complaint? – Easy English
- Do you have a complaint about a disability service?
- Do you have a complaint about a mental health service?
- Do you have a complaint about a health service?
- Cosmetic treatment complaints
- The complaints resolution process
- Making a complaint – tips and advice for young people



Other publications and submissions

By invitation, we contributed to several national and state policy reform initiatives. Of note were the following:

- The Mental Health Commission's statutory review of the *Mental Health Act 2014*, as part of the consultation process.
- The review on the use of the title 'surgeon' by medical practitioners being undertaken by the Department of Health in Victoria, at the request of Australian Health Ministers.
- The independent review on the regulation of health practitioners in cosmetic surgery being conducted by the Australian Health Practitioner Regulation Agency and the Medical Board of Australia.
- The Law Reform Commission of Western Australia's discussion paper for the review of the *Equal Opportunity Act 1984 (WA)*.

- The Legislative Council Standing Committee on Public Administration's inquiry into the delivery of Ambulance Services in Western Australia.
- The Legislative Assembly Education and Health Standing Committee's inquiry into the Esther Foundation and unregulated private health facilities.

Service Provider resources



Information sheets

- Helpful tips for handling a complaint
- The complaints resolution process – Various
- Attending a Conciliation meeting as a service provider
- Complaints about disability services
- Disability service complaints data collection
- Learning from complaints about end of life care and palliative care
- Guidelines for handling complaints about mental health services
- Learning from complaints about mental health services



Data Trend Reports

- Disability services data collection report
- Health complaints trends report
- Industry annual report cards



Education and Training Resources

- **Mental Health Complaint Guidelines**
Contains templates that can be used by service providers for their own purposes:

- Mental Health Complaints Flowchart
- Complaints Handling and Compliments Policy and Procedure
- Complaints and Compliments support statement
- Complaints and Tri-fold brochure
- Complaints and Compliments Form
- Letter acknowledging a complaint
- Communication Skills
- Challenging complainant conduct
- Early resolution form
- Letter confirming a complaint has been completed
- Individual complaint tracker form
- Organisational complaints register
- Plan for continuous improvement.

2.14 Health sector engagement

Australian Health Practitioner Regulation Agency

We have a strong working relationship with the Australian Health Practitioner Regulation Agency (Ahpra). Under the *Health Practitioner Regulation National Law (WA) Act 2010* (National Law), we are required to consult with Ahpra about complaints that relate to the health, performance or conduct of registered health practitioners to determine which agency is best placed to manage the complaint.

In 2021-22 the Office also provided input on the Ahpra joint project with the Australian Commission on Safety and Quality in Health Care on consumer complaints.

Patient Safety and Clinical Quality Directorate – Department of Health

We continued to engage with the Patient Safety and Clinical Quality Directorate in the Department of Health and attended its Quality Surveillance Group meetings. This work had a number of benefits including contributing to wider conversations about complaint trends across the public health sector and identification of key themes and indicators of safety and quality risks. An effective complaints handling system is one mechanism which can drive safety and quality improvements. Complaints can be indicators of the patient experience and the use of complaints data can assist to improve the patient experience for many.

National Code of Conduct for health care workers

A significant amount of work has been undertaken for the implementation of the National Code of Conduct for health care workers (National Code) which will be a new function for our Office. Implementation is a State Government election commitment.

The National Code is a statutory code of conduct that sets minimum standards of practice for health care workers who are not registered under the National Registration and Accreditation Scheme (NRAS), or who provide services unrelated to their registration, or who are student or volunteer health care workers. The NRAS covers 16 practitioner groups (professions) who are regulated by 15 National Boards.

Under the National Code, there are 17 clauses which set out the manner by which health care workers should undertake their practice.

The Health and Disability Services (Complaints) Amendment Bill 2021 was introduced to the Western Australian Parliament in November 2021 and passed through the Legislative Assembly in May 2022. It was introduced into the Legislative Council on 18 May 2022 and, as required, was referred to the Standing Committee on Uniform Legislation and Statutes Review for consideration.

After the Amendment Bill and associated regulations are passed, we will be able to:

- Investigate complaints about alleged National Code breaches;
- Initiate 'own initiative' investigations into possible National Code breaches;
- Issue Interim Prohibition Orders (IPOs) to allow for an investigation into a health care worker's conduct to be completed in cases where a risk to public safety has been identified;
- Issue Prohibition Orders (POs) where continued practice represents a serious risk to public health and safety;
- Determine conditions on practice in a Prohibition Order; and
- Monitor compliance with IPOs and POs and take action for breaches.

We worked with Parliamentary Counsel's Office for the drafting of the Amendment Bill and received advice and support from the Department of Health's Legal and Legislative Services team. Ongoing liaison was undertaken with staff in the Health Minister's office and briefings were provided to Members of Parliament where requested.

A range of consultation meetings and sessions were undertaken to both inform and educate stakeholders to support implementation. Of note this reporting year, is our on-going participation at the Unregistered Practitioners Information Sharing Forum which involves our interstate counterparts.

Voluntary Assisted Dying services

The Voluntary Assisted Dying process came into operation this reporting year. To ensure strong stakeholder relationships were established, the Director met with the Voluntary Assisted Dying Board. Liaison continues with the Department of Health on implementation issues as they arise and for the provision of information to the community on our role and scope in the process.

Prison health services

Of the total number of complaints closed in the reporting year, a considerable volume of both health and mental health complaints concerned prison health services.

During this reporting period we visited three regional and one metropolitan facility to discuss complaint management processes. We also developed a new complaint form for Banksia Hill Detention Centre as a result of consultations.

2.15 Mental health sector engagement

During the year, we met with and/or participated in forums with the Mental Health Advocate, Office of the Chief Psychiatrist and the Mental Health Commission.

Highlights included:

- Engaging with staff of the Mental Health Commission's One Stop Shop project and establishing a referral process to the Alcohol Drug and Mental Health Support line for any callers to HaDSCO who may require counselling support or who may be seeking advice about mental illness or alcohol and other drug issues.
- Participating in the Office of the Chief Psychiatrist's symposium on clinical pathways for forensic mental health patients and the Mental Health Commission's Mental Health, Alcohol and Other Drugs Forum.
- Engaging with the Mental Health Commission regarding the statutory review of the *Mental Health Act 2014* given our role dealing with complaints under Part 19 of the Act.

Engagement with these key stakeholders provides valuable opportunities to strengthen awareness of current issues in the sector and the challenges and circumstances which might give rise to complaints. Participation in these forums also enables us to contribute to broader mental health policy reforms taking place in Western Australia.

2.16 Disability sector engagement

While the transfer of the complaint jurisdiction to the national model of service has been completed, this reporting year we continued to engage with the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission (NDIS Commission) and the Department of Communities to finalise some post transition matters. Of note, an Information Disclosure Schedule was established with the NDIS Commission covering the redirection and referral of complaints.

Locally, an amendment was made to the *Disability Services Regulations 2004* to discontinue the Disability Services Data Collection Program under section 48A of the *Disability Services Act 1993* and to formalise

the exclusion of complaints about NDIS providers from our jurisdiction under the *Disability Services Act 1993*.

We will continue to have an on-going role dealing with pre-transition matters and complaints about State-funded and non-NDIS services and more importantly, people with disability will still require our services when issues arise in accessing state-based health and mental health services.

National Disability Insurance Scheme Interface Steering Committee

The Director is a member of the National Disability Insurance Scheme Interface Steering Committee (NISC). The NISC was established by the Department of the Premier and Cabinet to ensure a coordinated and consistent whole-of-government approach to supporting Western Australians with disability. As a member of NISC, we have provided input into national policy processes related to the NDIS. This remains particularly important post transition to ensure a coordinated approach across government agencies.

2.17 Government sector engagement

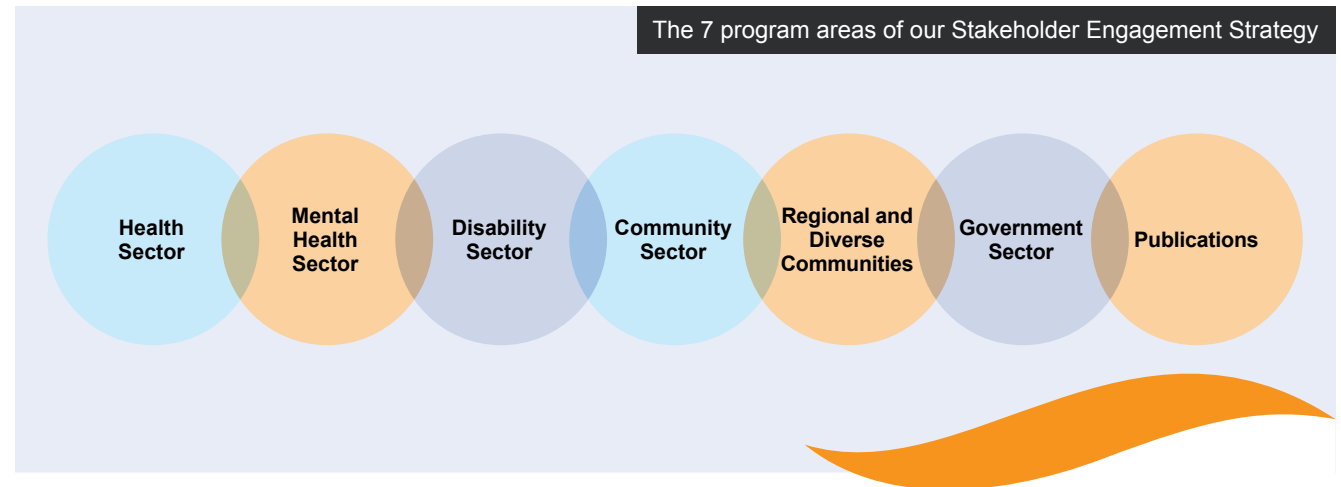
Carers Advisory Council

The Director and staff met with the Chairperson of the Carers Advisory Council to discuss the nature and volume of complaints that HaDSCO receives from carers. A body of work is planned in the next reporting year to raise awareness of our services for carers who can represent individuals in complaints to our Office and who can also make a complaint in their own right where they consider a service provider has failed to comply with the Carers Charter.

Health Complaints Commissioners (Australia and New Zealand)

The Director is a member of the Health Complaints Commissioners group across Australia and New Zealand. Each year the Commissioners meet to exchange information about strategic and operational matters and emerging health reforms which influence the delivery of quality complaints systems.

Meetings in the reporting year focused on the review and refinement of the structures and processes for operational and strategic



collaboration between the health complaints jurisdictions and the Australian Health Practitioner Regulation Agency (Ahpra).

The Commissioners were also consulted by Ahpra and the Australian Commission on Safety and Quality in Health Care on their Consumer Complaints Project. Updates from the National Disability Insurance Scheme Quality and Safeguards Commissioner and the Aged Care Quality and Safety Commissioner were also received at the June 2022 meeting providing opportunities to strengthen relationships with these safeguarding jurisdictions.

Accountability agencies

We are a member of the Accountability Agencies Collaborative Forum which was implemented in 2019 to enhance collaboration and co-operation among its members and the sharing of best practice. The Director is Chairperson for the forum this calendar year and the Deputy Director is chairing the Senior Officers Group, implemented to support the progression of work priorities in stakeholder engagement and employee learning and development.

Ministerial support

We have a role in providing advice and information to the State Government through liaison with the Minister for Health and Mental Health, in line with the 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 drafted replies to correspondence for specific issues as required. In addition, we liaise with, and provide information to, the Minister for Disability Services on issues related to the disability sector where they arise.

Office of Multicultural Interests

As part of ensuring our services are accessible to all members of the community and the empowerment of these groups to raise complaints about health, disability and mental health services, we participated in the Western Australian Multicultural Policy Framework interagency network organised by the Office of Multicultural Interests in the Department of Local Government, Sport and Cultural Industries. This network is designed for government agencies to share their

achievements and future opportunities in working towards engaging with the multicultural communities of Western Australia and creating a diverse workforce.

OPCAT Advisory Group

The Director is a member of the OPCAT (Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment) Advisory Group. The Advisory Group has been established by the offices of the Inspector of Custodial Services and the Western Australian Ombudsman to provide expert advice and guidance regarding their functions and responsibilities under OPCAT. The Inspector of Custodial Services is the Chairperson of the Advisory Group which held its inaugural meeting this reporting year.

2.18 Community engagement

Community engagement activities were undertaken throughout the year in metropolitan and regional areas of Western Australia. Our event celebrating 25 years was also an opportunity for us to connect and strengthen working relationships with some of our key stakeholders from the community and advocacy sectors.

NAIDOC week celebrations at Meerlinga Children and Community Foundation – Beechboro branch.



We engaged with Carers WA and Palliative Care WA as priorities in line with the Stakeholder Engagement Strategy, as well as a range of Aboriginal and regional health service providers and consumers on our visits to the Kimberley region of Western Australia. Other regional visits included the Dowerin Machinery Field Days. We also attended a community-based pre-NAIDOC Week event this year at the Beechboro centre of the Meerlinga Children and Community Foundation.

Culturally and linguistically diverse communities

Participating in key multicultural events, engaging with the CaLD community and building partnerships with CaLD community agencies have been identified as priority actions in HaDSCO's 2022-25 Multicultural Plan and as a focus in our Stakeholder Engagement Strategy.

Continuing our engagement with multicultural communities, we exhibited our community information brochures at the Multicultural Communities Council of Western Australia's

mental health-based seminar and mini-expo titled Multicultural Mental Health: In the era of COVID-19.

Throughout the year we also attended KIN Disability Advocacy's CaLD and Disability Interagency meetings in which projects and services are shared that provide support for multicultural people with disability.

Kimberley Regional Visits

In collaboration with other state government and accountability agencies, we visited the west and east Kimberley region where we provided community members with the opportunity to meet with a representative in person to discuss potential issues, enquiries and complaints, in addition to raising awareness of our function in general for regional and Aboriginal Western Australians.

East Kimberley

A comprehensive schedule of outreach activities was planned and delivered for the east Kimberley towns of Kununurra, Wyndham, Warmun and Halls Creek, with the majority delivered in partnership with other government agencies. In total we participated in 15 outreach activities. Nine complaint enquiries were also received during the visits.

Community and government organisations visited included:

- Wyndham Work Camp (alternative corrective service)
- Ngnowar Aerwah Aboriginal Corporation (Wyndham)
- Shire of Wyndham-East Kimberley (Wyndham and Kununurra offices)
- East Kimberley Jobs Pathways (Halls Creek)
- Halls Creek Community Resource Centre
- Kununurra Neighbourhood House
- Kununurra Waringari Aboriginal Corporation.

Health service providers visited included:

- Warmun Health Clinic – operated by the WA Country Health Service
- Yura Yungi Aboriginal Medical Services (Halls Creek)
- Halls Creek Hospital
- Kununurra Regional Hospital.

Aboriginal community information sessions were also held in Warmun, Halls Creek and Kununurra, and a community radio interview was carried out in Halls Creek (PKK Radio).

West Kimberley

For the West Kimberley region, we visited the towns of Broome, Derby and Fitzroy Crossing and participated in 29 outreach activities, including 10 community organisation visits; 2 prison visits; 2 complaint clinics; 2 information sessions; 8 service provider visits; 2 presentations and 3 community radio interviews.

Community and government organisations visited included:

- Shire of Broome
- Broome Community Drop-In Clinic
- Broome Community Resource Centre
- Broome CIRCLE
- Centacare Kimberley (Broome)
- Broome Regional Prison
- West Kimberley Regional Prison (Derby)
- Winun Ngari Aboriginal Corporation (Derby)
- Fitzroy Valley Community Resource Centre
- Kimberley Aboriginal Law and Culture Centre (Fitzroy Crossing)

Visit to Winun Ngari Aboriginal Corporation (WNAC) located in Derby, the largest community development provider for remote Aboriginal communities in the West Kimberley.



- Marninwarntikura Women's Resource Centre (Fitzroy Crossing)
- Marra Worra Aboriginal Corporation (Fitzroy Crossing)
- Yanunijarra Aboriginal Corporation (Fitzroy Crossing)
- Child and Parent Centre – Fitzroy Valley.

Health service providers visited included:

- Broome Health Campus
- Kimberley Mental Health Unit (Mabu Liyan)
- Kimberley Aboriginal Medical Service
- Broome Regional Aboriginal Medical Service
- BOAB Health (Broome)

- Nindilingarri Cultural Health Service (Fitzroy Crossing)
- Fitzroy Crossing Hospital
- Fitzroy Crossing Renal Health Centre.

Aboriginal community information sessions were also held in Broome and Fitzroy Crossing and community radio interviews were carried out in Broome (Goolari Media), Derby (Larrkadi Media) and Fitzroy Crossing (Wangki Media).

Indian Ocean Territories

As part of a service delivery arrangement with the Australian Government, the Office continues to provide a complaints service to the Indian Ocean Territories (IOT). Due to COVID-19 restrictions during the year, staff were unable to personally visit the IOT, however a collaborative visit with the Equal Opportunity Commission and Consumer Protection Division in the Department of Mines, Industry Regulation and Safety is being planned for November 2022.

Website communication

Our website attracted 14,264 users in the reporting year, with new users accounting for 14,000 of the total number. A total of 717 complaints were received via our website complaint lodgment portal, which amounts to just under a quarter of the total complaint volume in the reporting year.

A total of 1,694 users downloaded publications or forms and 3,167 downloads occurred during this period. Website pages attracting the most views were the home page, followed by the complaint form, contact us page and information relating to making a complaint.

3

ISSUES AND TRENDS

PAGE

3.1 Significant issues and trends

64

“Responding to our changing environments is key to ensuring efficient and effective service delivery into the future.”

SARAH COWIE, DIRECTOR SINCE 2016

PHOTO: On the road to Fitzroy Crossing- 2021 regional awareness and accessibility program.

3.1 Significant issues and trends

Taking a risk-based approach, each year we identify and evaluate emerging issues which impact on service delivery. This enables us to review and introduce controls to ensure services are fit for purpose, responsive and accessible.

Responding to policy initiatives and reform programs

Contribution to health, disability and mental health reforms at a state and national level occurred throughout the reporting year. A particular focus was on the implementation of the new jurisdiction for the voluntary assisted dying process; work to progress the National Code of Conduct for health care workers; and disability reform.

In the closing of the year, ministerial support was received to commence the statutory review of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993*. The review provides the opportunity for the legislation to be assessed for currency and to ensure it remains contemporary and fit for purpose into the future.

Complaint trends and building capability to respond

Through complaint management services, staff achieve redress for individuals and service improvements which bring positive change for the sectors. A common driver for an individual in lodging a complaint is to achieve system changes to avoid similar outcomes for others. We play a critical role through the system improvement function to respond to concerns of this nature. On-going improvements in the sectors mean better outcomes for individuals.

The number of complaints received continued to increase this reporting year. This comes at a time of increasing complexity of matters requiring consideration. Matters involving deceased consumers, post procedure complications, medication dispensing issues, child health and fertility programs, access to mental health and disability services are some examples of complaints received involving highly complex issues and distressing subject matter. Those who bring complaints also require a greater level of engagement, support and empathy which impacts on the workforce.

Staff attended vicarious trauma training and received advice from Lifeline WA to strengthen their capacity in dealing with complex and sensitive subject areas in the reporting year. However, factors that give rise to workplace stressors have consequential effects on productivity, service quality and impact on staff wellbeing.

To build capacity and increase resilience, the Office has committed to expand on services already provided by the Employee Assistance Program and develop a comprehensive wellness program.

In terms of the COVID-19 pandemic, on-going monitoring of business continuity measures have ensured services remain accessible and meet the needs of the community. There has been minimal impact on service delivery and good performance has been maintained.

Monitoring has continued for complaints concerning COVID-19 health, disability and mental health matters, with complaints citing vaccination issues being the most common during the reporting year.

4

DISCLOSURES AND LEGAL COMPLIANCE

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“We have found that a resolution that is acceptable to both parties can leave all of those involved with a new sense of empowerment.”

ANNE DONALDSON, FORMER DIRECTOR 2005-15

PHOTO: HaDSCO staff recognised for 10 years and over of service to the public sector: (L-R) Vanessa Pepe (Senior Case Officer), Amanda Blaker (Senior Case Officer), Patricia Goh (Administration Officer).

In this section we provide information about our governance disclosures and other legal and government policy requirements.

4.1 Key highlights for the reporting year included:



Maintained strong performance against Key Performance Indicators.



Released our first three-year Multicultural Plan in December 2021.



Progressed the development of an Integrity Framework that will guide how we practice, manage and account for integrity.



Undertook a review of the existing Recordkeeping Plan (RKP) and submitted an amended RKP to the State Records Office in June 2022.

4.2 Other disclosures

Ministerial directives

We did not receive any ministerial directives in the reporting year.

Pricing policies

The Office receives revenue through a service delivery arrangement with the Australian Government. Under this arrangement, we handle enquiries and complaints from the Indian Ocean Territories (IOT) regarding the delivery of health, disability and mental health services.

Each year the cost is recouped from the Australian Government for any complaints received from the IOT. Cost recovery is based on an allocation of annual overhead costs per complaint closed. Administrative costs, travel costs to the territories and staff salary during the period of travel and any promotional materials are recouped in full.

Capital works

There were no major capital works during the reporting year.

Staff profile

The Office managed resourcing requirements within the Department of Treasury approved salary cap during the reporting year.

As at 30 June 2022, there were 21 staff directly employed by the Office. This includes contract staff providing short term expertise and backfill arrangements for extended leave periods. The following table provides a breakdown of the categories of employment for staff directly employed in the 2020-21 and 2021-22 reporting years.

	2021-22	2020-21
Full-time (permanent)	11	13
Full-time (secondment/contract)	7	2
Part-time (permanent)	3	3
Part-time (contract)	0	2
Total	21	20

Industrial relations

All staff are employed under the *Public Sector CSA Agreement 2021*.

The salary of the Director is determined by the Salaries and Allowances Tribunal, as established by the *Salaries and Allowances Act 1975*.

Workers' Compensation

We continually seek improvements to provide staff with a safe and healthy workplace that is free of work-related injuries and disease. There were no workers compensation claims received in the reporting year.

Shares in statutory authority

Senior officers held no shares in the statutory authority for the current reporting year.

Shares in subsidiary bodies

The Office has no subsidiary bodies, and consequently, senior officers hold no shares in subsidiary bodies.

Insurance Policy

The Office does not hold any insurance for directors as defined by Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*. Pursuant to sections 69 and 70 of the Office's enabling legislation, the *Health and Disability Services (Complaints) Act 1995*, the Director and all staff are indemnified in relation to all actions performed in the function of the Act.

4.3 Other legal requirements

Act of grace payments

No act of grace payments were made in the reporting year.

Unauthorised use of corporate credit cards

The Office adopts the Financial Management Manual through the Department of Health, pursuant to Treasurer's Instruction 701 Financial Management Manual. The Financial Management Manual documents the policy and procedure in relation to credit cards.

Staff are issued with corporate credit cards, that are only to be used in accordance with policy and procedure.

The use of a corporate credit card for personal use is strictly prohibited. There were no instances of a credit card being used for a personal purpose during the reporting year.

Freedom of Information

The *Freedom of Information Act 1992 (WA)* gives all Western Australians the right to access information held by the Office.

Access to information can be made through a Freedom of Information (FOI) application that involves the lodgment of a written request, which must provide enough detail to enable the application to be processed, including contact details and an Australian address for correspondence.

In the reporting year, three (3) applications were made.

Expenditure on advertising

The *Electoral Act 1907* requires the disclosure of certain categories of expenditure. Details of the organisations contracted and the amount paid in the last year are summarised below:

- **Advertising agencies** - None
- **Market research organisations** - None
- **Polling organisations** - None
- **Direct mail organisations** - None
- **Media advertising organisations** -
The Islander (Christmas Island)
The Atoll (Cocos and Keeling Islands.) - \$155.

4.4 Disability access and inclusion

The *Disability Services Act 1993* requires all State Government agencies to develop and implement a Disability Access and Inclusion Plan (DAIP).

Our DAIP covers the period of 2018 - 2022 and aims to ensure that all individuals have equal rights to access the information, services and facilities we provide.

A major part of our role is to provide leadership in the delivery of health, disability and mental health services, via effective communication as well as the improvement of these services through complaint resolution.

Our DAIP is available on our website and alternative formats on request.

The strategies within the DAIP are categorised into outcome areas to help ensure that barriers in each are minimised to encourage equal access and inclusion. These include:

- Complaints
- Buildings and facilities
- Services and events.

Complaints

Individuals can access our complaint handling services by lodging a complaint in various ways including by post, email and online. The online option is available through our website, which meets the website accessibility requirements set out in the Accessibility and Inclusivity Standard under the Western Australia Whole of Government Digital Services Policy.

We recognise that making a complaint can be particularly difficult for some people, due to cultural, linguistic and geographical challenges.

To achieve equality of access, we continued to:

- Offer translation services for community members requiring assistance
- Promote the TTY text telephone and country toll free number in publications and on our website
- Provide translated information about our services in several languages including Arabic, Bahasa Malay, Chinese (Simplified), Cocos Malay, Italian and Vietnamese.

Buildings and facilities

Office accommodation, building and facilities provide access for individuals with disability, including lifts and walkways that accommodate wheelchairs and accessible and ambulant conveniences.

Services and events

We have adopted the Department of Communities' Creating Accessible Events Checklist when planning public consultations and events. We aim to ensure that venues where public consultations are held are physically accessible for people with disability.

4.5 Public sector standards and ethical codes

All staff members are expected to abide by the Western Australian Public Sector Code of Ethics and the Code of Conduct. The reporting of suspected or actual wrongdoing by public sector employees contributes to the integrity of the Office and the public sector.

There were no alleged breaches of Public Sector Standards or evidence of non compliance with ethical codes in the reporting year.

Ethical and responsible behaviour

Our values, together with the Code of Conduct (the Code), guide our expected standards of professionalism and behaviour.

The Code continues to reflect the high standards of conduct expected and its commitment to ethics and integrity. A copy is provided to all employees, and a requirement for compliance is emphasised through the induction process.

The Code and values not only define expected behavior for the way we undertake our business and interact with each other, they also guide how we relate to our customers and the community within which we work.

Gifts and Benefits

We maintain a gifts and benefits policy, which sets out requirements for responding to offers of gifts, benefits and/or hospitality.

A register is maintained by business services with oversight from the Corporate Executive. This year, there were no incidences of non-compliance with policy.

Conflicts of Interest

We manage potential and actual conflicts of interest in compliance with our internal policy to ensure that all decisions are made in the best interests of staff and stakeholders.

A register is maintained by business services with oversight by the Corporate Executive.

4.6 Government policy requirements

Compliance with Occupational safety, health and injury management reporting

Management is committed to ensuring compliance with the requirements of the *Workers' Compensation and Injury Management Act 1981*. We work to ensure our staff have a safe and healthy workplace, and one that is free from work-related injuries and disease.

During the year a First Aid officer and deputy First Aid officer were appointed, both of whom completed the required training.

Four of our managers completed the Occupational Safety and Health (OSH) training course for managers during the year.

The table below provides quantitative data on our occupational safety, health and injury management performance for the year in support of the Australian Work Health and Safety Strategy 2012-2022.

Indicator	2019-20	2020-21	2021-22	Target	Comments
Number of fatalities	0	0	0	0	Targets achieved
Lost time injury and disease incidence rate	0	0	0	0 or 10% incidence reduction	
Lost time injury and severity rate	0	0	0	0 or 10% incidence reduction	
Percentage of injured workers re-turned to work (i) within 13 weeks	Not applicable	Not applicable	Not applicable	Greater than or equal to 80%	
Percentage of injured workers re-turned to work (ii) within 26 weeks	Not applicable	Not applicable	Not applicable	Greater than or equal to 80%	
Percentage of managers trained in occupational safety, health and injury management responsibilities, including re-fresher training within three years.	83%	60%	80%	Greater than or equal to 80%	

Audit committee remuneration

The Office is required to report on the costs of remunerating members of its internal audit committee as defined in the Premier's Circular 2021/18: State Government Boards and Committees.

Position title	Member name	2021/22 period of membership	2021/22 gross remuneration
Chair	Mr James Cottrill (Stantons)	12 months	\$1,100

WA Multicultural Policy Framework

In February 2020, the Western Australian Multicultural Policy Framework was endorsed by Cabinet. This framework provides a guide to multicultural policy priorities for public sector agencies.

The Office released our first three-year Multicultural Plan (the Plan) in December 2021.

The Plan is in line with the State Government's vision for an inclusive and harmonious community, culturally responsive policies, programs and services and improved economic, social, cultural and civic participation.

The three-year plan will act as a guide for the Office in providing a complaint handling service which is accessible to Culturally and Linguistically Diverse (CaLD) groups within the community.

The Plan is supported by an implementation strategy. Progress on actions will be monitored by the Corporate Executive. Actions completed during the year include:

Policy priority 1 - Harmonious and inclusive communities

Action	Timeframe	Status	Outcomes Achieved
Identify opportunities to inform the development of the Office's Multicultural Plan.	June 2022	Complete	A staff workshop was held in October 2021 to develop the Office's Multicultural Plan.
Participate in key multicultural events in both a social and work capacity.	June 2022	Ongoing	Key multicultural events were identified, and a calendar of events was developed in March 2022.
Inclusion of the CaLD community (providers and consumers) as an area of focus in the HaDSCO Stakeholder Engagement Strategy and Strategic Plan including covering: <ul style="list-style-type: none"> • Engaging with the CaLD community. • Engaging with CaLD service providers. • Engaging with interpreters. 	June 2022	Ongoing	We exhibited at the Multicultural Communities Council of Western Australia (MCCWA) mental health-based seminar and mini-expo titled <i>Multicultural Mental Health</i> . Throughout the year we attended KIN's CaLD and Disability Interagency meetings in which projects and services are shared that provide support for multicultural people with disability.
Participate in the WA Multicultural Policy Framework (WAMPF) interagency Network.	June 2022	Ongoing	We continued to participate in this network throughout 2022.

Policy priority 2 - Culturally responsive policies, programs and services

Action	Timeframe	Status	Outcomes Achieved
Arrange for CaLD groups to present at our internal staff forum program as part of the multicultural events calendar.	June 2022	In Progress	CaLD groups were invited to present at our staff forum.

Policy priority 3 - Economic, social, cultural, civic and political participation.

Action	Timeframe	Status	Outcomes Achieved
Amend email footers to align with our commitment to a diverse workforce.	June 2022	Completed	Acknowledgment of Country corporate email footer implemented in April 2022.

Substantive equality and diversity

The Policy Framework for Substantive Equality (the Policy Framework) supports the Government's objective of equality of opportunity for all Western Australians.

The Office is not listed in the schedule of departments, as per Public Sector Commissioner's Circular 2015-01 Implementation of the Policy Framework for Substantive Equality.

Although we are not required to report on this initiative, the Office aims to achieve equality of access and make services accessible to all people living in Western Australia. Actions to assist individuals access our services due to cultural, linguistic and geographic challenges are contained in the Office's Disability Access and Inclusion Plan and newly developed Multicultural Plan.

4.7 Our people

We employ 21 people, which equates to 19.2 full time equivalent (FTE) employees. The total number of people employed remained steady in the reporting year. The attrition rate this year was 39%.

In total, 11 recruitment events were completed in the reporting year, including new employees, contractors and secondments.

A significant appointment in senior leadership was finalised this reporting year to the Manager Business Services with the appointment of the Office's first internal Chief Finance Officer.

Staff were engaged throughout the year for their input into key processes of the Office. Feedback was sought as part of the development of the Multicultural Plan and a recordkeeping survey was undertaken to assist in the development of the revised Recordkeeping Plan. Workshops with staff were held in June to consider and develop new values as part of the development of the strategic plan.

Performance development

The Office aims to have performance management plans in place for all staff and three key meetings to occur throughout the calendar year for planning, review and evaluation.

Planning coincides with the development of the yearly business plan and includes discussion about leave planning and development needs. This assists with the alignment of performance outcomes with deliverables and management of leave over peak periods.

Employee assistance program

We have a program available to support our staff. Services offered include independent counselling, advice and support for a full range of life issues.

Wellness

During the year staff were offered a range of wellness initiatives including annual flu vaccinations, ergonomic assessments and rapid antigen tests.

A workshop on communication and peer support strategies was held in May where staff learned about personality types and shared peer support ideas.

Following a staff survey conducted in mid-2021 and several recommendations made on organisational development, management has progressed work to expand on the services already provided to support staff and develop a more comprehensive wellness program.

The program is intended to be administered and managed in-house. Staff consultation, to ensure the wellness initiatives are fit for purpose, occurred in May.

Staff Development

As part of our commitment to fostering a learning environment, we offered numerous learning and development opportunities during the year.

Throughout the reporting year workshops and information sessions were presented by external speakers or our own experienced team members on a range of topics.

Workshop topics included administration law and the progression and impact of the National Code of Conduct for health care workers (unregistered health practitioners) which will be a new function for the Office.

Staff forums were organised to assist the development of staff and help maintain an awareness of the sectors that relate to service delivery. During the reporting year presentations were delivered by the Sexual Assault Resource Centre (SARC), Carers WA, Lifeline WA, St John Ambulance and the Royal Flying Doctor Service. The Office greatly appreciates the continued support of these agencies.

Health and safety training undertaken during the year included first aid training for first aid officers and workplace health and safety training for managers.

Cultural awareness training was completed by all staff during the year in accordance with Commissioner's Instruction 29: Aboriginal and Torres Strait Islander Cultural Awareness Training.

Cyber security training was completed by all staff during the year in line with the objectives of the WA health digital strategy, focusing on strengthening cyber resilience within the WA health system.

During the year, a manager completed the Company Directors Course at the Australian Institute of Company Directors, a manager

completed the Policy in Practice course run by the Institute of Public Administration Australia (IPAA), two case officers completed a mediation training course with the University of Western Australia and a staff member undertook a Certificate IV in Government Investigations with Public Sector Training.

4.8 Records management

We are committed to information management practices that are of a professional standard and comply with the *State Records Act 2000* and the State Records Commission Standards.

All staff are responsible for ensuring that they are aware of, and comply with, our records management policies and procedures. Staff awareness of their roles and responsibilities is included in our induction program.

Our Recordkeeping Plan (RKP) is our primary means of providing evidence of compliance with relevant legislation and implementation of best practice relating to records management.

Our RKP sets out which records are to be created and how these are to be kept. It also provides an accurate reflection of our records management program, including information

regarding our Electronic Document and Records Management System (EDRMS), disposal arrangements, policies, practices and processes.

During the reporting year, a review of the existing RKP was undertaken and an amended RKP was submitted to the State Records Office in June 2022.

As part of the process an online records management staff survey was developed and delivered. Based on the results of the survey, an online staff Records Management induction/refresher was also developed.

A new Records Management Disaster Recovery Plan (the Plan) was developed that includes procedures to promptly respond to situations immediately threatening our vital records. The Plan identifies resources and strategies for recovery that help reduce the likelihood of a disaster, and the amount of damage that can occur. By following the procedures in this Plan, we can anticipate a high recovery rate for records and information, and subsequently ensure business continuity.

4.9 Corporate governance

Risk management

The Office has an obligation to identify and manage all risks consistent with:

- Public Sector Commissioner's Circular 2015-03: Risk Management and Business Continuity Management; and
- Treasurer's Instruction 825: Risk Management and Security.

The Office recognises that the management of risk is integral to good planning and governance. Risk is managed through a policy and framework which is actively monitored with periodic reports to the Corporate Executive and Audit Committee.

Risk reviews are undertaken to understand the level of risk embedded within processes and activities, ensure significant risks are prioritised and identified and critical controls are identified and assessed. For higher level risks or where existing controls are deemed inadequate, treatment actions are identified to reduce and manage risks.

Fraud and corruption are managed as business risks in accordance with Treasurer's Instruction 825. During the year new integrity risks were identified and added to the risk register as part of the process of developing an Integrity Framework.

Auditing Systems and Processes

Audit Committee

The Audit Committee (the Committee) is comprised of three independent members, and the Director and Chief Finance Officer as non-voting guests. The Committee is chaired by Mr James Cottrill, Principal, Internal Audit, IT Audit and Risk Consulting (Stantons).

The Committee oversees the scope, quality and outcome of both internal and external audits. It also monitors actions taken by management to resolve issues and recommendations raised in the audits.

The Committee met twice this year.

Internal Audit

Our internal audit program assesses risk and provides assurance around our controls, enabling better governance and a greater opportunity to achieve our objectives. It also ensures that we are meeting our legislative and corporate obligations.

Audits are performed in accordance with a rolling strategic audit plan and approved annual internal audit plan. In line with this, two audits were undertaken during the year.

In September 2021, information security was reviewed. The audit objective was to ensure that there was adequate information security including digital and hardcopy information, access controls, data backup and recovery, change management, and business continuity.

In December 2021, an audit of financial management was completed. The overall audit objective was to assess the effectiveness of controls over the financial management functions and legislative compliance.

The scope included compliance and controls over the financial processes and reporting, including purchasing cards, compliance with government policies, key financial controls including Inter-Office Transfer (IOT) expenditure, portable and attractive assets, payroll and risk of overpayments.

The audit results are reported to the Corporate Executive Committee and the Audit Committee and include recommendations regarding improvements and the adequacy of controls.

External Audit

In compliance with the *Health and Disability Services (Complaints) Act 1995*, we are required to have our annual financial report audited by the Auditor General.

Managing Complaints and Feedback

Complaints handling

In the reporting year, the Office received 13 complaints regarding complaint resolution services. Complaints were received by telephone, in writing and by email.

The concerns raised were predominantly around staff management of the complaint or dissatisfaction with the decision and/or outcome. Most complaints received triggered an internal review, undertaken by a senior officer who was not involved in the decision-making process of the original complaint.

Our response timeframe for external complaints is 28 days, and applicants can submit a request for an external review with the Western Australian Ombudsman if they are not happy with the outcome of our internal review.

Public Interest Disclosure

The *Public Interest Disclosure Act 2003* (PID Act) covers improper or unlawful conduct, mismanagement of public resources or an action involving a significant public health or safety risk by a government officer or officers.

The PID Act provides protections for the person making the disclosure in addition to rights to be informed of progress relating to any investigation.

A Public Interest Disclosure policy is maintained and a designated PID Officer has been trained to receive and confidentially manage disclosures of actual or suspected wrongdoing. There were no public interest disclosures this year.

5

FINANCIAL STATEMENTS

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“An enormous amount of work is done each year towards improving health and disability services.”

EAMON RYAN, FORMER DIRECTOR 2002-05

5.1 Certification of financial statements



Certification of Financial Statements

For the reporting period ended 30 June 2022

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 reporting period ended 30 June 2022 and the financial position as at 30 June 2022.

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

A handwritten signature in blue ink, appearing to read "Joseph Smith".

Joseph Smith
CHIEF FINANCE OFFICER
8 August 2022

A handwritten signature in blue ink, appearing to read "Sarah Cowie".

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY
8 August 2022

5.2 Auditor General's opinion



Auditor General

INDEPENDENT AUDITOR'S REPORT 2022

Health and Disability Services Complaints Office

To the Parliament of Western Australia

Report on the audit of the financial statements

I have audited the financial statements of the Health and Disability Services Complaints Office (agency) which comprise:

- the Statement of Financial Position at 30 June 2022, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended
- 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 2022 and the financial position at the end of that period
- in accordance with Australian Accounting Standards (applicable to Tier 2 Entities), 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 believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other information

The Director is responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2022, but not the financial statements and my auditor's report.

My opinion on the financial statements does not cover the other information and, accordingly, I do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I did not receive the other information prior to the date of this auditor's report. When I do receive it, I will read it and if I conclude that there is a material misstatement in this information, I am required to communicate the matter to those charged with governance and request them to correct the misstated information. If the misstated information is not corrected, I may need to retract this auditor's report and re-issue an amended report

Responsibilities of the Director for the financial statements

The Director is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (applicable to Tier 2 Entities), the *Financial Management Act 2006* and the Treasurer's Instructions
- such internal control as it 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 entity's ability to continue as a going concern
- disclosing, as applicable, matters related to going concern
- using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the agency.

Auditor's responsibilities 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. 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.

A further description of my responsibilities for the audit of the financial statements is located on the Auditing and Assurance Standards Board website. This description forms part of my auditor's report and can be found at https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf.

Report on the audit of 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 Director are those policies and procedures established 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).

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 2022.

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 were implemented as designed.

An assurance engagement involves performing procedures to obtain evidence about the suitability of the controls design to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including an 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 in operation, the overall control objectives may not be achieved so that fraud, error or non-compliance 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 audit of 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 2022. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and 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 access the agency's performance and fairly represent indicated performance for the year ended 30 June 2022.

The Director's responsibilities 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 agency 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 responsibilities

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 entity'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 report on financial statements, 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 2022 included in the annual report on the agency's website. The agency's management is responsible for the integrity of the agency's website. This audit does not provide assurance on the integrity of the agency's website. The auditor's report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from the annual report. 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 contact the entity to confirm the information contained in the website version.



Jordan Langford-Smith
Senior Director Financial Audit
Delegate of the Auditor General for Western Australia
Perth, Western Australia
9 August 2022

5.3 Statement of comprehensive income for the year ended on 30 June 2022

	Notes	2022	2021
Cost of services			
Expenses			
Employee benefits expenses	2.1(a)	2,294,742	2,205,735
Supplies and services	2.2	415,161	433,264
Depreciation and amortisation expenses	4.1, 4.2, & 4.3	51,646	44,543
Finance costs	6.2	211	321
Accommodation expenses	2.2	318,719	335,649
Other expenses	2.2	110,017	126,195
Total cost of services		3,190,496	3,145,707
Income			
Commonwealth grants	3.2	16,911	37,921
Other income	3.3	1,514	2,487
Total income		18,425	40,408
Net cost of services		3,172,071	3,105,299
Income from State Government			
Service appropriation	3.1	2,984,000	2,884,000
Resources received	3.1	257,240	261,000
Total income from State Government		3,241,240	3,145,000
Surplus for the period		69,169	39,701
Other comprehensive income			
Total other comprehensive income		-	-
Total comprehensive income for the period		69,169	39,701

The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

5.4 Statement of financial position As at 30 June 2022

	Notes	2022	2021
Assets			
Current assets			
Cash and cash equivalents	6.3	817,625	838,206
Restricted cash and cash equivalents	6.3	35,854	22,821
Receivables	5.1	68,937	14,220
Other assets	5.3	14,751	22,241
Total current assets		937,167	897,488
Non-current assets			
Restricted cash and cash equivalents	6.3	43,000	33,000
Amounts receivable for services	5.2	105,000	53,000
Plant and equipment	4.1	5,167	7,234
Intangibles	4.2	364,754	409,418
Right-of-use assets	4.3	30,231	765
Total non-current assets		548,152	503,417
Total assets		1,485,319	1,400,905

	Notes	2022	2021
Liabilities			
Current liabilities			
Payables	5.4	143,161	165,207
Lease liabilities	6.1	6,975	781
Employee related provisions	2.1(b)	413,771	418,801
Total current liabilities		563,907	584,789
Non-current liabilities			
Lease liabilities	6.1	23,339	-
Employee related provisions	2.1(b)	30,430	21,642
Total non-current liabilities		53,769	21,642
Total liabilities		617,676	606,431
Net assets		867,643	794,474
Equity			
Contributed equity		116,000	112,000
Accumulated surplus		751,643	682,474
Total equity		867,643	794,474

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

5.5 Statement of changes in equity for the year ended on 30 June 2022

	Contributed equity	Accumulated surplus	Total equity
Balance At 1 July 2020	107,000	642,773	749,773
Surplus	-	39,701	39,701
Total comprehensive income for the period	-	39,701	39,701
<i>Transactions with owners in their capacity as owners:</i>			
Capital appropriations	5,000	-	5,000
Balance at 30 June 2021	112,000	682,474	794,474
Balance At 1 July 2021	112,000	682,474	794,474
Surplus	-	69,169	69,169
Total comprehensive income for the period	-	69,169	69,169
<i>Transactions with owners in their capacity as owners:</i>			
Capital appropriations	4,000	-	4,000
Total	4,000	69,169	4,000
Balance at 30 June 2022	116,000	751,643	867,643

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

5.6 Statement of cash flows for the year ended on 30 June 2022

Notes	2022	2021
Cash flows from the State Government		
Service appropriation	2,932,000	2,831,000
Capital appropriation	4,000	5,000
Net cash provided by State Government	2,936,000	2,836,000
<i>Utilised as follows:</i>		
Cash flows from operating activities		
Payments		
Employee benefits	(2,350,508)	(2,276,450)
Supplies and services	(214,688)	(283,963)
Finance costs	(213)	(321)
Accommodation	(265,642)	(261,580)
Other Payments	(104,444)	(120,072)
Receipts		
Commonwealth grants and contributions	16,911	37,921
Other receipts	1,514	2,282
Net cash used in operating activities	(2,917,070)	(2,902,183)

Notes	2022	2021
Cash flows from investing activities		
Payments		
Payments for purchase of non-current assets	(11,239)	(106,060)
Net cash used in investing activities	(11,239)	(106,060)
Cash flows from financing activities		
Payments		
Payments for principal element of lease	(5,239)	(6,808)
Net cash used in financing activities	(5,239)	(6,808)
Net increase / (decrease) in cash and cash equivalents	2,452	(179,051)
Cash and cash equivalents at the beginning of the period	894,027	1,073,078
Cash and cash equivalents at the end of the period	896,479	894,027

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

5.7 Notes to the financial statements for the year ended on 30 June 2022

Note 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).

A description of the nature of its operations and its principal activities have been included in the 'Overview' which does not form part of these financial statements.

These annual financial statements were authorised for issue by the Accountable Authority of the Office on 8 August 2022.

Statement of compliance

These general purpose financial statements are prepared in accordance with:

- 1) the *Financial Management Act 2006* (**FMA**)
- 2) Treasurer's instructions (**TIs**)
- 3) Australian Accounting Standards (**AASs**) – Simplified Disclosures
- 4) where appropriate, those **AAS** paragraphs applicable for not-for-profit entities have been applied.

The FMA and TIs take precedence over AASs. Several AASs are modified by the TIs to vary application, disclosure format and wording. Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

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.

Contributed equity

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 restructure of administrative arrangements, as designated as contributions by owners (at the time of, or prior to, transfer) 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.

Comparative information

Except when an AAS permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements. AASB 1060 provides relief from presenting comparatives for:

- Property, Plant and Equipment reconciliations;
- Intangible Asset reconciliations; and
- Right of Use Asset reconciliations.

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 disclosed in the notes where amounts affected by those judgements and/or 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.

Note 2. 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 for 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
Employee benefits expenses	2.1(a)
Employee related provisions	2.1(b)
Other Expenditure	2.2

2.1(a) Employee benefits expenses

	2022	2021
Employee benefits	2,087,700	2,010,519
Termination benefits	1,230	-
Superannuation - defined contribution plans	205,812	195,216
Employee benefits expenses	2,294,742	2,205,735
Add: AASB 16 Non-monetary benefits	5,125	6,611
Less: Employee contributions	-	(82)
Total employee benefits provided	2,299,867	2,212,264

Employee benefits include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave, and non-monetary benefits recognised under accounting standards other than AASB 16 (such as medical care, housing, cars and free or subsidised goods or services) for employees.

Superannuation is the amount recognised in profit or loss of the Statement of comprehensive income comprises employer contributions paid to the GSS (concurrent contributions), the WSS, other GESB schemes or other superannuation funds.

AASB 16 non-monetary benefits are non-monetary employee benefits, predominantly relating to the provision of vehicle and housing benefits that are recognised under AASB 16 and are excluded from the Employee benefits expenses.

Employee contributions are contributions made to the Office by employees towards employee benefits that have been provided by the Office. This includes both AASB 16 and non AASB 16 employee contributions.

2.1(b) Employee related provisions

	2022	2021
Current		
<u>Employee benefits provisions</u>		
Annual leave	211,526	202,420
Long service leave	202,245	216,381
Total current employee related provisions	413,771	418,801
Non-current		
<u>Employee benefits provisions</u>		
Long service leave	30,430	21,642
Total non-current employee related provisions	30,430	21,642
Total employee related provisions	444,201	440,443

Provision is made for benefits accruing to employees in respect of 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.

Annual leave liabilities are classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period.

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

Long service leave liabilities are unconditional long service leave provisions that 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.

The provision for long service leave is calculated at present value as the Office does not expect to wholly settle the amounts within 12 months. The present value is measured taking into account the present value of expected future payments to be made in relation to 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.

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 expenses.

2.2 Other Expenditure

	2022	2021
Supplies and services		
Communications	39,976	40,171
Consultants and contractors	60,285	98,438
Consumables	24,756	26,328
IT Software and licences	68,555	58,203
Resources received – ICT support	121,291	103,328
Resources received – Finance	45,741	13,702
Resources received – HR support	16,937	16,436
Resources received – Supply chain	526	693
Resources received – Legal	17,378	52,374
Travel	19,716	23,591
Total supplies and services expenses	415,161	433,264
Accommodation expenses		
Office rental	261,181	256,967
Resources received - office fit-out and leasing	53,230	74,467
Electricity	4,308	4,215
Total accommodation expenses	318,719	335,649

	2022	2021
Other expenses		
Administration	1,702	1,798
Equipment repairs and maintenance	1,518	701
Buildings and infrastructure maintenance	101	380
Advertising and promotion expenses	1,357	17,555
Other staffing costs	39,779	33,591
Insurance	22,957	25,790
Motor vehicle expenses	1,986	5,011
Audit fees	35,340	37,700
Resources received - Medical Supplies	2,138	-
Other	3,139	3,668
Total other expenses	110,017	126,195
Total other expenditure	843,897	895,107

Supplies and services expenses are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any materials held for distribution are expensed when the materials are distributed.

Office rental is expensed as incurred as Memorandum of Understanding Agreements between the Office and the Department of Finance for the leasing of office accommodation contain significant substitution rights.

Building and infrastructure maintenance and equipment repairs and maintenance costs are recognised as expenses as incurred, except where they relate to the replacement of a significant component of an asset. In that case, the costs are capitalised and depreciated.

Other staffing costs represent staff training, the employee assistance program and provision of staff amenities.

Note 3. 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
Income from State Government	3.1
Commonwealth grants	3.2
Other income	3.3

3.1 Income from State Government

	2022	2021
Appropriation received during the period:		
Service appropriation	2,984,000	2,884,000
Total appropriation received	2,984,000	2,884,000
Resources received from other public sector entities during the period:		
Department of Finance - office fit-out costs	53,230	74,467
State Solicitor's Office - legal service	17,378	52,374
Department of Health - Finance Support	41,227	8,224
Health Support Services		
- ICT, Finance and HR service	145,405	125,935
Total resources received	257,240	261,000
Total income from State Government	3,241,240	3,145,000

Service Appropriations are recognised as income at the fair value of consideration received in the period in which the Office gains control of the appropriated funds. The Office gains control of the appropriated funds at the time those funds are deposited in the bank account or credited to the holding account held at Treasury.

Resources received from other public sector entities is recognised as income equivalent to the fair value of assets received, or the fair value of services received that can be reliably determined and which would have been purchased if not donated.

Summary of consolidated account appropriations

For the year ended 30 June 2022

	2022 Budget	2022 Supplementary funding	2022 Revised budget	2022 Actual	2022 Variance
<u>Delivery of Services</u>					
Item 57 Net amount appropriated to deliver services	2,735,000	11,000	2,746,000	2,746,000	-
<u>Amount Authorised by Other Statutes</u>					
- Salaries and Allowances Act 1975	238,000	-	238,000	238,000	-
<u>Capital</u>					
Item 126 Capital Appropriation	4,000	-	4,000	4,000	-
Total appropriations provided to deliver services	2,977,000	11,000	2,988,000	2,988,000	-
Total consolidated account appropriations	2,977,000	11,000	2,988,000	2,988,000	-

3.2 Commonwealth grants

	2022	2021
Recurrent grant - Christmas and Cocos (Keeling) Islands	16,911	37,921
Total Commonwealth grants	16,911	37,921

Recurrent grants are recognised as income when the grants are receivable. The Office has a service delivery arrangement with the Department of Infrastructure, Transport, Regional Development, Communications and the Arts to provide its services to the Indian Ocean Territories.

3.3 Other income

	2022	2021
Other income	1,514	2,487
Total other income	1,514	2,487

Note 4. Key Assets

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

	Notes
Plant and equipment	4.1
Intangible assets	4.2
Right-of-use assets	4.3

4.1 Plant and equipment

Year ended 30 June 2022	Office Equipment	Total
1 July 2021		
Gross carrying amount	15,880	15,880
Accumulated depreciation	(8,646)	(8,646)
Carrying amount at start of period	7,234	7,234
Additions	-	-
Depreciation	2,067	2,067
Carrying amount at 30 June 2022	5,167	5,167
Gross carrying amount	15,880	15,880
Accumulated depreciation	(10,713)	(10,713)

Initial Recognition

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

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 plant and equipment for current and prior years are included below:

- Office Equipment - 5 years

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments are made where appropriate.

Impairment

Non-financial assets, including items 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 and 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.

4.2 Intangible assets

Year ended 30 June 2022	Computer Software	Total
1 July 2021		
Gross carrying amount	446,638	446,638
Accumulated amortisation	(37,220)	(37,220)
Carrying amount at start of period	409,418	409,418
Additions	-	-
Amortisation expense	(44,664)	(44,664)
Carrying amount at 30 June 2022	364,754	364,754

Initial recognition

Intangible assets are initially recognised at cost. For assets acquired at significantly less than fair value, the cost is their fair value at the date of acquisition.

Acquisitions of intangible assets costing \$5,000 or more and internally generated intangible assets costing \$5,000 or more that comply with the recognition criteria of AASB 138 Intangible Assets are capitalised.

Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

- (a) the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- (b) an intention to complete the intangible asset, and use or sell it;
- (c) the ability to use or sell the intangible asset;
- (d) the intangible asset will generate probable future economic benefit;
- (e) the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- (f) the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Costs incurred in the research phase of a project are immediately expensed.

Subsequent measurement

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

Useful lives

Amortisation of finite life intangible assets is calculated on a straight line basis at rates that allocate the asset's value over its estimated useful life. All intangible assets controlled by the Office have a finite useful life and zero residual value. Estimated useful lives are reviewed annually.

The estimated useful lives for intangible asset are:

- Software (Case Management System) - 10 years

Impairment of intangible assets

Intangible assets with indefinite useful lives are tested for impairment annually or when an indication of impairment is identified. As at 30 June 2022 there were no indications of impairment to intangible assets.

The policy in connection with testing for impairment is outlined in note 4.1.

4.3 Right-of-use assets

Year ended 30 June 2022	Vehicles	Total
At 1 July 2021		
Gross carrying amount	7,951	7,951
Accumulated depreciation	(7,186)	(7,186)
Carry amount at beginning of period	765	765
Additions	34,381	34,381
Depreciation	(4,915)	(4,915)
Net carrying amount as at end of period	30,231	30,231

Initial Recognition

At the commencement date of the lease, the Office recognises right-of-use assets and a corresponding lease liability for most leases. The right-of-use assets are measured at cost comprising of:

- the amount of the initial measurement of lease liability;
- any lease payments made at or before the commencement date less any lease incentives received;
- any initial direct costs, and
- restoration costs, including dismantling and removing the underlying asset.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in note 6.1.

Subsequent measurement

The cost model is applied for subsequent measurement of right-of-use assets, requiring the asset to be carried at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of lease liability.

Depreciation and impairment of right-of-use assets

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the underlying assets.

If ownership of the leased asset transfers to the Office at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

Right-of-use assets are tested for impairment when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in note 4.1.

Note 5. 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
Receivables	5.1
Amounts receivable for services	5.2
Other assets	5.3
Payables	5.4

5.1 Receivables

	2022	2021
<u>Current</u>		
Accrued revenue	66,354	12,044
GST receivable	2,583	2,176
Total receivables at end of period	68,937	14,220

5.2 Amounts receivable for services (Holding Account)

	2022	2021
Non-current	105,000	53,000
Total Amounts receivable for services at end of period	105,000	53,000

Amounts receivable for services represent the non-cash component of service appropriations. It is restricted in that it can only be used for asset replacement.

Amounts receivable for services are considered not impaired (i.e. there is no expected credit loss of the holding accounts).

5.3 Other assets

	2022	2021
<u>Current</u>		
Prepayments	14,751	22,241
Total other assets at end of period	14,751	22,241

Prepayments 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.

5.4 Payables

	2022	2021
<u>Current</u>		
Trade payables	7,393	22,225
Other payables	2,793	3,781
Accrued expenses	48,690	65,692
Accrued salaries	84,285	73,510
Total payables at end of period	143,161	165,207

Payables are recognised at the amounts payable when the Office becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as settlement for the Office is generally within 20 days.

Accrued expenses represent goods and services received prior to year end that are yet to be invoiced.

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.

Note 6. Financing

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

	Notes
Lease liabilities	6.1
Finance costs	6.2
Cash and cash equivalents	6.3

6.1 Lease liabilities

	2022	2021
Not later than one year	6,975	781
Later than one year and not later than five years	23,339	-
Later than five years	-	-
	30,314	781
Current	6,975	781
Non-current	23,339	-
Total lease liability at end of period	30,314	781

Initial Measurement

At the commencement date of the lease, the entity recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the Office uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by the Office as part of the present value calculation of lease liability include:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date;
- amounts expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options (where these are reasonably certain to be exercised);
- payments for penalties for terminating a lease, where the lease term reflects the Office exercising an option to terminate the lease;
- periods covered by extension or termination options are only included in the lease term by the Office if the lease is reasonably certain to be extended (or not terminated).

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Variable lease payments, not included in the measurement of lease liability, that are dependent on sales an index or a rate are recognised by the Office in profit or loss in the period in which the condition that triggers those payment occurs.

Subsequent measurement

Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

This section should be read in conjunction with note 4.3.

	2022	2021
Lease expenses recognised in the Statement of Comprehensive income		
Lease interest expense	211	321
Expenses relating to variable lease payments not included in lease liabilities	7	-
Total Lease Expense	218	321

Variable lease payments that are not included in the measurement of the lease liability recognised in the period in which the event or condition that triggers those payments occurs.

6.2 Finance costs

	2022	2021
Interest Expense		
Interest expense on lease liabilities	211	321
Total interest expense	211	321

Finance costs relate to the interest component of lease liability repayments.

6.3 Cash and cash equivalents

	2022	2021
Cash and cash equivalents	817,625	838,206
Restricted cash and cash equivalents	78,854	55,821
Balance at end of period	896,479	894,027

Restricted cash and cash equivalents	2022	2021
Current		
Grant ^(a)	35,854	22,821
Non-current		
Accrued salaries suspense account ^(b)	43,000	33,000
Balance at end of period	78,854	55,821

^(a) Funds held for the provision of services to Indian Ocean Territories.

^(b) Funds held in the suspense account for the purpose of meeting the 27th pay in a reporting period that occurs every 11th year. This account is classified as non-current for 10 out of 11 years.

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

The accrued salaries suspense account consists of amounts paid annually, from Office appropriations for salaries expense, into a Treasury suspense account to meet the additional cash outflow for employee salary payments in reporting periods with 27 pay days instead of the normal 26. No interest is received on this account.

Note 7. Financial instruments and contingencies

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

	Notes
Financial instruments	7.1
Contingent assets and liabilities	7.2

7.1 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:

	2022	2021
<u>Financial assets</u>		
Cash and cash equivalents	896,479	894,027
Financial assets at amortised cost ^(a)	66,354	12,044
Total financial assets	962,833	906,071
<u>Financial liabilities</u>		
Financial liabilities at amortised cost	173,475	165,988
Total financial liabilities	173,475	165,988

^(a) The amount of financial assets at amortised cost excludes GST recoverable from the ATO (statutory receivable).

Measurement

All financial assets and liabilities are carried without subsequent remeasurement.

7.2 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 the best estimate.

The Office does not have any contingent assets or liabilities to disclose at the end of the reporting period.

Note 8. 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	8.1
Key management personnel	8.2
Related party transactions	8.3
Related bodies	8.4
Affiliated bodies	8.5
Indian Ocean Territories	8.6
Remuneration of auditors	8.7
Supplementary financial information	8.8
Explanatory statement	8.9

8.1 Events occurring after the end of the reporting period

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

8.2 Key management personnel

The Office has determined key management personnel to include cabinet ministers and senior officers of the Office. The Office does not incur expenditures to compensate Ministers and those disclosures may be found in the Annual Report on State Finances.

The total fees, salaries, superannuation, non-monetary benefits and other benefits for senior officers of the Office for the reporting period are presented within the following bands:

Compensation Band (\$)	2022	2021
300,001 - 310,000	-	1
290,001 - 300,000	1	-
190,001 - 200,000	1	-
130,001 - 140,000	-	1
70,001 - 80,000	1	-
50,001 - 60,000	-	1
	2022	2021
Total compensation of senior officers	573,561	499,230

8.3 Related party transactions

The Office is a wholly owned public sector entity that is controlled by of the State of Western Australia.

Related parties of the Office include:

- all Cabinet 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 agencies and statutory authorities, including related bodies, that are included in the whole of government consolidated financial statements (i.e. wholly-owned public sector entities);
- associates and joint ventures of a wholly-owned public sector entity; and
- the Government Employees Superannuation Board (GESB).

Material transactions with related parties

Outside of normal citizen type transactions with the Office, there were no other related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled) entities.

8.4 Related bodies

The Office has no related bodies.

8.5 Affiliated bodies

The Office has no affiliated bodies.

8.6 Indian Ocean Territories

	2022	2021
Balance at start of period	22,821	6,768
Receipts		
Commonwealth grant	16,911	37,921
Payments		
Delivery of Health and Disability Complaints Services	(3,878)	(21,868)
Balance at end of period	35,854	22,821

8.7 Remuneration of auditors

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

	2022	2021
Auditing the account, financial statements, controls, and key performance indicators	24,400	28,390

8.8 Supplementary financial information

(a) Write-offs

During the financial year, \$0 (2021: \$188) was written off the Office's books under the authority of:

	2022	2021
The accountable authority	-	188
	-	188

8.9 Explanatory Statement

The Office is exempted from TI 945 Explanatory Statements, which requires the reporting of significant variances between the actual results for 2022 and 2021, and estimated and actual results for 2022, as the Office's Total Cost of Services is below \$10 million for the two most recent consecutive comparative periods.

6

KEY PERFORMANCE INDICATORS

PAGE

6.1 Certification of key performance indicators

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6.2 Audited key performance indicators

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*“We are not here to take sides with consumers
against providers, or with patients against doctors and hospitals...
We exist in order to make the health system better.”*

DAVID KERSLAKE, FORMER DIRECTOR 1997-2002

6.1 Certification of key performance indicators



Health and Disability Services Complaints Office

Certification of Key Performance Indicators For the reporting period ended 30 June 2022

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 2022.

A handwritten signature in blue ink that reads "Sarah Cowie".

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY
8 August 2022

6.2 Audited key performance indicators

Health and Disability Services Complaints Office Report on Key Performance Indicators



Government goal:
Safe, Strong and Fair Communities:
Developing healthy and resilient
communities.

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

An overview of the Health and Disability Services Complaints Office key performance indicators is shown in the table below:

Key Effectiveness Indicator	Services	Key Efficiency Indicators
Proportion of service improvements resulting in implementation by service providers.	Service One – Complaints Management: Assessment, negotiated settlement, conciliation and investigation of complaints.	KPI 1.1 Percentage of complaints assessed 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 development, production and distribution of information. KPI 2.2 Average cost per presentation, awareness raising, consultation and networking activities.

Key effectiveness indicator

The key focus of the Office is to improve health, disability and mental health services. As a result of the complaints management processes, service improvements are identified and recommended to service providers.

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 complaints. The table to the right shows the 2021-22 target, and actual results of the proportion of service improvements made by service providers each year from 2017-18 to 2021-22.

Key Effectiveness Indicator	2017-18	2018-19	2019-20	2020-21	2021-22 Target	2021-22 Actual
Proportion of service improvements resulting in implementation by service providers.	83%	79%	80%	83%	80%	85%

In 2021-22, the Office exceeded its target and achieved strong performance against the desired outcome of broader systemic improvement in the provision of health, disability and mental health services.

Key efficiency indicators

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

The Office provides an impartial resolution service for complaints relating to health, disability and mental health services provided in Western Australia and the Indian Ocean Territories. The Office delivers complaint management services, through assessment, negotiated settlement, conciliation and investigation of complaints.

The key efficiency indicators relating to the provision of this service focuses on the percentage of complaints assessed within legislated timeframes, and the average cost per finalised complaint.

Key efficiency indicator 1.1: Percentage of complaints assessed within legislation timeframes

In the management of complaints, the Office works to statutory timeframes set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation.

The table below shows the 2021-22 target and 2017-18 to 2021-22 actual results for the percentage of complaints assessed within legislation timeframes.

Key Efficiency Indicator	2017-18	2018-19	2019-20	2020-21	2021-22 Target	2021-22 Actual
Percentage of complaints assessed within legislation timeframes.	94%	94%	96%	98%	90%	92%

In 2021-22, the Office exceeded the target. The result was due to continued focus on monitoring complaints managed against legislated timeframes.

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. The table below shows the 2021-22 target and 2017-18 to 2021-22 actual results.

Key Efficiency Indicator	2017-18	2018-19	2019-20	2020-21	2021-22 Target	2021-22 Actual
Average cost per finalised complaint.	\$741	\$713	\$781	\$769	\$853	\$753

The average cost per finalised complaint for 2021-22 is less than the target by \$100 mainly as a result of increased complaint volumes closed compared to budgeted. The Office forecasted that 2,700 complaints would be closed during the financial year. This target was exceeded in the 2021-22 financial year with 3,044 complaints closed. The increase in complaints closed is the result of a focus on closing aged cases.

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

The Office is responsible for collaborating with stakeholders to review and identify the causes of complaints and suggesting ways to minimise those causes. The Office assists and educates providers to improve complaints management procedures and shares information about the Office's work with specific stakeholders and the public in general.

Key efficiency indicator 2.1: Average cost per development, production and distribution of information

The table below shows the 2021-22 target and the 2017-18 to 2021-22 actual results for the average cost of development, production and distribution of information.

Key Efficiency Indicator	2017-18	2018-19	2019-20	2020-21	2021-22 Target	2021-22 Actual
Average cost per development, production and distribution of information.	\$26,268	\$17,964	\$17,679	\$18,126	\$17,313	\$14,671

The 2021-22 actual result is lower than the target mainly due to a higher number of reports and publications produced than anticipated.

During the 2021-22 financial year, the Office produced 25 reports and publications for key stakeholder groups, exceeding the 2021-22 target of 20 reports and publications. Examples of work that contributed to this cost included:

- Preparing and distributing Report Cards to public and private health service providers in

Western Australia and the Department of Justice (Corrective Services).

- Preparing and distributing a Report Card on mental health complaints.
- Releasing the *Health Complaints Trends Report 2016-17 to 2020-21* and the *Disability Services Data Collection Report 2015-16 to 2020-21*.
- Releasing an Information Sheet on the history of the Office to coincide with the 25th Anniversary in September 2021.

Key efficiency indicator 2.2: 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. The table below shows the 2021-22 target and 2017-18 to 2021-22 actual results.

Key Efficiency Indicator	2017-18	2018-19	2019-20	2020-21	2021-22 Target	2021-22 Actual
Average cost per presentation, awareness raising, consultation and networking activities.	\$2,553	\$2,154	\$2,334	\$2,695	\$3,513	\$3,297

The 2021-22 actual result is below the target due to decreased engagement activities and reduced costs incurred to support this function during the year.

In the 2021-22 financial year, the Office delivered 161 stakeholder engagement activities (presentation, awareness raising, consultation and networking activities). This was slightly below the target of 170 engagement activities due to postponements and cancellations of events and activities associated with COVID-19 restrictions. The decreased activities also contributed to reduced costs incurred to support this function at various times in the reporting period.

The engagement activities completed in the 2021-22 financial year included:

- 11 presentations to a range of stakeholders including the Society of Consumer Affairs Professionals Virtual Conference, the Council of Regional Disability Services, graduate mental health nursing students and law students, the Statewide Care Navigator Service and Statewide Pharmacy Service.
- 49 awareness raising activities to promote complaint services, increase knowledge of effective complaints management practices and raise awareness of patterns and trends resulting from analysis of complaints data.
- 84 consultations with key groups to share and exchange views and seek advice.
- 17 networking opportunities to build relationships with providers, government agencies and consumer groups.

7

APPENDICES

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“From one complaint, there can be redress for the individual and system changes to improve service delivery for many others.”

SARAH COWIE, DIRECTOR SINCE 2016



PHOTO: Patricia Goh & Kate Colley (administration officers - HaDSCO)

7.1 Australian Health Practitioner Regulation Agency National Boards

The 15 national boards of the Australian Health Practitioner Regulation Agency (Ahpra) are:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Paramedicine Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia.

7.2 Health services – complaint issues

The table below details the number of times a specific complaint issue was raised in a closed complaint about a health service over the past three years. The complaint issues are grouped by their overarching issue category. Historical data is not available for certain issues as there was no corresponding issue category in the former complaints classification system. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2019-20		2020-21		2021-22	
Quality of clinical care	#	%	#	%	#	%
Inadequate assessment	120	9%	137	12%	120	13%
Inadequate treatment/therapy	568	45%	486	42%	300	32%
Poor coordination of treatment	71	5%	39	3%	58	6%
Failure to provide safe environment	0	0%	13	1%	22	2%
Pain issues	43	3%	57	5%	84	9%
Medication issues	157	12%	159	14%	128	14%
Post-surgery complications	--	--	73	6%	79	9%
Post procedure complications	187	14%	97	8%	67	7%
Inadequate infection control	44	3%	20	2%	6	1%
Patient's test results not followed up	--	--	17	1%	13	1%
Discharge or transfer arrangements	33	2%	48	4%	28	3%
Refusal to refer or assist to obtain a second opinion	31	2%	13	1%	19	2%
Total	1,364	100%	1,159	100%	924	100%

Complaint category and issues	2019-20		2020-21		2021-22	
Communication	#	%	#	%	#	%
Inadequate medical information provided	110	31%	52	18%	60	16%
Inadequate information about services available	--	--	40	14%	14	4%
Misinformation/failure in communication (not failure to consult)	62	17%	58	20%	58	15%
Inadequate/inaccurate personal information in medical records	0	0%	4	1%	14	4%
Inadequate written communication	--	--	4	1%	11	3%
Inappropriate verbal/non-verbal communication	188	52%	81	28%	95	25%
Failure to listen to consumer/representative/carer/family	--	--	48	17%	128	34%
Total	360	100%	287	100%	380	100%

Rights, respect and dignity	#	%	#	%	#	%
Consumer rights (WA Public Patients Hospital Charter)	3	2%	1	0%	8	4%
Inconsiderate service/lack of courtesy	--	--	91	36%	70	35%
Absence of compassion	--	--	25	10%	31	16%
Failure to ensure privacy	0	0%	3	1%	11	6%
Breach of confidentiality	21	13%	31	12%	17	9%
Discrimination leading to less favourable health treatment	8	5%	8	3%	8	4%
Failure to fulfil Mental Health legislation requirements	--	--	--	--	1	1%
Translating and interpreting services problems	21	13%	2	1%	5	3%
Certificate or report problem	57	34%	33	13%	15	8%
Denying/restricting access to personal health records	58	35%	59	23%	32	16%
Total	168	100%	253	100%	198	100%

Complaint category and issues	2019-20		2020-21		2021-22	
Professional conduct	#	%	#	%	#	%
Inaccuracy of records	15	31%	16	18%	9	9%
Illegal practices	9	18%	8	9%	4	4%
Physical/mental impairment of health professional	2	4%	9	10%	2	2%
Sexual impropriety	--	--	--	--	5	5%
Sexual misconduct	7	14%	10	11%	4	4%
Aggression/assault	13	27%	5	6%	12	12%
Unprofessional behaviour	--	--	38	43%	60	60%
Fraud/illegal practice of financial nature	3	6%	2	2%	4	4%
Total	49	100%	88	100%	100	100%
Decision making	#	%	#	%	#	%
Failure to consult and involve in decision-making process	26	79%	12	38%	29	59%
Choice regarding treatment as public/private patient	0	0%	2	6%	6	12%
Consent not informed	5	15%	5	16%	6	12%
Consent not obtained	2	6%	13	41%	7	14%
Consent invalid	--	--	--	--	1	2%
Total	33	100%	32	100%	49	100%
Access	#	%	#	%	#	%
Delay in admission/treatment	110	32%	132	32%	157	37%
Waiting list delay	37	11%	57	14%	41	10%
Staff member or contractor unavailable	6	2%	14	3%	13	3%
Inadequate resources/lack of service	63	18%	49	12%	55	13%
Refusal to provide services	105	30%	149	36%	136	32%
Failure to provide advice about transport options	4	1%	6	1%	5	1%
Physical access/entry	22	6%	3	1%	11	3%
Parking issues					1	0%
Total	347	100%	410	100%	419	100%

Complaint category and issues	2019-20		2020-21		2021-22	
Carers Charter	#	%	#	%	#	%
Failure to consider the needs of a carer	6	30%	1	13%	1	13%
Failure to consult a carer	7	35%	4	50%	4	50%
Failure to treat a carer with respect and dignity	3	15%	1	13%	2	25%
Unsatisfactory complaint handling of carer complaint	4	20%	2	25%	1	13%
Total	20	100%	8	100%	8	100%
Grievances	#	%	#	%	#	%
Response to a complaint	22	96%	13	65%	18	64%
Retaliation/negative outcomes as a result of making a complaint	1	4%	7	35%	10	36%
Total	23	100%	20	100%	28	100%
Corporate Services	#	%	#	%	#	%
Administrative actions of a hospital/health service	6	10%	21	28%	15	24%
Records management	14	23%	20	27%	26	42%
Catering	--	--	15	20%	6	10%
Physical surroundings/environment	25	42%	9	12%	9	15%
Security	--	--	3	4%	3	5%
Cleaning/maintenance	15	25%	7	9%	3	5%
Total	60	100%	75	100%	62	100%
Costs	#	%	#	%	#	%
Inadequate information about costs	29	10%	64	21%	67	22%
Unsatisfactory billing process	157	54%	74	25%	25	8%
Amount charged	84	29%	119	39%	145	48%
Over-servicing	22	8%	11	4%	11	4%
Private health insurance	--	--	19	6%	19	6%
Lost property	--	--	3	1%	5	2%
Responsibility for costs and resourcing	--	--	12	4%	30	10%
Total	292	100%	302	100%	302	100%

7.3 Mental health services – complaint issues

The table below details the number of times a specific complaint issue was raised in a closed complaint about a mental health service over the past three years. The complaint issues are grouped by their overarching issue category. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2019-20		2020-21		2021-22	
Quality of clinical care	#	%	#	%	#	%
Inadequate assessment	41	17%	70	23%	37	20%
Inadequate treatment/therapy	64	27%	106	35%	52	28%
Poor coordination of treatment	17	7%	5	2%	7	4%
Failure to provide safe environment	16	7%	7	2%	15	8%
Pain issues	1	<1%	4	1%	3	2%
Medication issues	58	25%	60	20%	53	29%
Post procedure complications	1	<1%	2	1%	0	0%
Patient test results not followed up	1	<1%	1	<1%	0	0%
Inadequate infection control	0	0%	1	<1%	0	0%
Discharge or transfer arrangements	29	12%	37	12%	12	6%
Refusal to refer or assist to obtain a second opinion	7	3%	6	2%	6	3%
Total	235	100%	299	100%	185	100%

Communication	#	%	#	%	#	%
Inadequate medical information provided	9	10%	11	10%	9	9%
Inadequate information about services available	6	7%	20	18%	4	4%
Misinformation/failure in communication (not failure to consult)	12	13%	11	10%	18	18%
Inadequate/inaccurate personal information in medical records	11	12%	9	8%	5	5%
Inadequate written communication	5	6%	9	8%	7	7%
Inappropriate verbal/non-verbal communication	17	19%	16	14%	20	20%
Failure to listen to consumer/representative/carers/family	29	33%	37	33%	37	37%
Total	89	100%	113	100%	100	100%

Complaint category and issues	2019-20		2020-21		2021-22	
Rights, respect and dignity	#	%	#	%	#	%
Consumer rights (WA Public Patients Hospital Charter)	2	3%	6	6%	2	3%
Inconsiderate service/lack of courtesy	10	13%	28	29%	21	27%
Absence of compassion	5	6%	17	17%	12	16%
Failure to ensure privacy	4	5%	5	5%	5	6%
Breach of confidentiality	16	21%	15	15%	10	13%
Discrimination leading to less favourable health treatment	6	8%	1	1%	2	3%
Failure to fulfil Mental Health legislation requirements	10	13%	12	12%	14	18%
Certificate or report problem	11	14%	5	5%	6	8%
Denying/restricting access to personal health records	14	18%	9	9%	5	6%
Total	78	100%	98	100%	77	100%

Professional conduct	#	%	#	%	#	%
Inaccuracy of records	6	10%	11	27%	5	25%
Illegal practices	6	10%	1	2%	1	5%
Sexual impropriety	2	3%	0	0%	1	5%
Sexual misconduct	3	5%	0	0%	1	5%
Aggression/assault	10	17%	6	15%	2	10%
Unprofessional behaviour	30	52%	23	56%	10	50%
Fraud/illegal practice of financial nature	1	2%	0	0%	0	0%
Total	58	100%	41	100%	20	100%

Complaint category and issues	2019-20		2020-21		2021-22	
Decision making	#	%	#	%	#	%
Failure to consult and involve in decision-making process	13	76%	12	50%	18	67%
Choice regarding treatment as public/private patient	0	0%	1	4%	4	15%
Consent not informed	1	6%	1	4%	0	0%
Consent not obtained	2	12%	6	25%	3	11%
Consent invalid	1	6%	4	17%	2	7%
Total	17	100%	24	100%	27	100%
Access	#	%	#	%	#	%
Delay in admission/treatment	18	30%	12	14%	18	24%
Waiting list delay	2	3%	3	3%	3	4%
Staff member or contractor unavailable	2	3%	4	5%	4	5%
Inadequate resources/lack of service	15	25%	23	26%	14	19%
Refusal to provide services	22	36%	44	51%	35	47%
Failure to provide advice about transport options	0	0%	0	0%	0	0%
Physical access/entry	2	3%	1	1%	0	0%
Total	61	100%	87	100%	74	100%
Carers Charter	#	%	#	%	#	%
Failure to consider the needs of a carer	2	20%	0	0%	2	40%
Failure to consult a carer	3	30%	7	78%	3	60%
Failure to treat a carer with respect and dignity	3	30%	2	22%	0	0%
Unsatisfactory complaint handling of carer complaint	2	20%	0	0%	0	0%
Total	10	100%	9	100%	5	100%

Complaint category and issues	2019-20		2020-21		2021-22	
Grievances	#	%	#	%	#	%
Response to a complaint	7	88%	3	43%	5	83%
Retaliation/negative outcomes as a result of making a complaint	1	13%	4	57%	1	17%
Total	8	100%	7	100%	6	100%
Corporate Services	#	%	#	%	#	%
Administrative actions of a hospital/health service	0	0%	6	43%	1	17%
Records management	1	20%	3	21%	2	33%
Catering	0	0%	0	0%	1	17%
Physical surroundings/environment	0	0%	1	7%	2	33%
Security	4	80%	0	0%	0	0%
Cleaning/maintenance	0	0%	4	29%	0	0%
Total	5	100%	14	100%	6	100%
Costs	#	%	#	%	#	%
Inadequate information about costs	4	20%	7	29%	5	18%
Unsatisfactory billing process	6	30%	7	29%	2	7%
Amount charged	8	40%	8	33%	15	54%
Over-servicing	1	5%	0	0%	1	4%
Lost property	1	5%	0	0%	1	4%
Responsibility for costs and resourcing	0	0%	2	8%	4	14%
Total	20	100%	24	100%	28	100%

7.4 Disability services – complaint issues

The table below details the number of times a specific complaint issue was raised in a closed complaint about a disability service over the past three years. The complaint issues are grouped by their overarching issue category. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2019-20		2020-21		2021-22	
Service Delivery	#	%	#	%	#	%
Communication	16	19%	16	20%	2	15%
Staff conduct	17	20%	13	16%	3	23%
No/inadequate service	24	28%	23	29%	4	31%
Service delayed	6	7%	3	4%	1	8%
Service eligibility	0	0%	1	1%	0	0%
Service reduced	5	6%	1	1%	0	0%
Service refused	4	5%	2	3%	1	8%
Treatment/care	12	14%	17	21%	1	8%
Service withdrawn	2	2%	4	5%	1	8%
Total	86	100%	80	100%	13	100%

Service Management	#	%	#	%	#	%
Police clearances	1	3%	0	0%	0	0%
Physical environment	2	7%	3	27%	2	33%
Participation	2	7%	1	9%	0	0%
Monitoring performance	1	3%	0	0%	0	0%
Roles and responsibilities	1	3%	1	9%	0	0%
Staff competence	5	17%	3	27%	0	0%
Administration/record keeping	3	10%	2	18%	2	33%
Funding	8	28%	1	9%	1	17%
Coordinated service delivery	6	21%	0	0%	1	17%
Total	29	100%	11	100%	6	100%

Complaint category and issues	2019-20		2020-21		2021-22	
Individual Needs	#	%	#	%	#	%
Reviewing changing needs	3	21%	2	13%	1	17%
Facilities and services	5	36%	7	44%	1	17%
Support	5	36%	7	44%	2	33%
Sensitivity	1	7%	0	0%	1	17%
Policies/procedures	0	0%	0	0%	1	17%
Total	14	100%	16	100%	6	100%

Service Costs and Financial Assistance	#	%	#	%	#	%
Cost	14	58%	13	93%	7	58%
Financial assistance/funding	10	42%	1	7%	5	42%
Total	24	100%	14	100%	12	100%

Enquiry Only	#	%	#	%	#	%
Request for information - complaint mechanisms	0	0%	0	0%	0	0%
Request for information - disability service	2	100%	0	0%	0	0%
Request for information - HaDSCO	0	0%	0	0%	0	0%
Resources	0	0%	0	0%	0	0%
Total	2	100%	0	0%	0	0%

Carers Charter	#	%	#	%	#	%
Failure to consider needs of carer	2	22%	0	0%	0	0%
Failure to consult carer	4	44%	2	67%	0	0%
Failure to treat the carer with respect and dignity	1	11%	0	0%	0	0%
Unsatisfactory complaints handling	2	22%	1	33%	0	0%
Total	9	100%	3	100%	0	0%

Complaint category and issues	2019-20		2020-21		2021-22	
Complaints and Disputes	#	%	#	%	#	%
Policies and procedures	1	9%	1	17%	2	100%
Complaint resolution	9	82%	5	83%	0	0%
Privacy	1	9%	0	0%	0	0%
Total	11	100%	6	100%	2	100%
Privacy, dignity and confidentiality	#	%	#	%	#	%
Policies and procedures	1	10%	1	17%	0	0%
Consumer information	3	30%	1	17%	0	0%
Consent	4	40%	3	50%	0	0%
Consumer rights	2	20%	1	17%	1	100%
Total	10	100%	6	100%	1	100%
Decision Making and Choice	#	%	#	%	#	%
Policies and procedures	0	0%	1	17%	1	33%
Informed choices	1	50%	4	67%	1	33%
Advocate	1	50%	0	0%	0	0%
Risk management	0	0%	2	33%	1	33%
Total	2	100%	6	100%	3	100%
Legal and Human Rights	#	%	#	%	#	%
Policies and procedures	0	0%	0	0%	1	50%
Exercise rights	0	0%	1	33%	0	0%
Response to allegations of abuse/neglect	0	0%	2	67%	1	50%
Total	0	0%	3	100%	2	100%

Complaint category and issues	2019-20		2020-21		2021-22	
Service Access	#	%	#	%	#	%
Policies and procedures	1	13%	3	38%	0	0%
Entrance/exit criteria priority	1	13%	1	13%	2	50%
Appropriate referral	3	38%	3	38%	2	50%
Information sharing	3	38%	1	13%	0	0%
Total	8	100%	8	100%	4	100%
Contribution to Community	#	%	#	%	#	%
Policies and procedures	0	0%	1	100%	0	0%
Abilities, contribution and competence	1	100%	0	0%	0	0%
Total	1	100%	1	100%	0	0%
Participation and Integration	#	%	#	%	#	%
Policies and procedures	1	50%	0	0%	0	0%
Community involvement	1	50%	1	100%	0	0%
Total	2	100%	1	100%	0	0%

The decline in the number of complaints received by the Office is the result of the transfer of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission in 2020-21.



Health and Disability Services
Complaints Office

Albert Facey House, 469 Wellington Street,
Perth WA 6000