



GOVERNMENT OF
WESTERN AUSTRALIA

Health and Disability Services
Complaints Office

ANNUAL REPORT

2022-23



Health and Disability Services
Complaints Office



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



GOVERNMENT OF
WESTERN AUSTRALIA



Health and Disability Services
Complaints Office

**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 2023. The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

Yours sincerely

**SARAH COWIE
DIRECTOR**

14 September 2023

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About this Report

This annual report is intended to inform our stakeholders of the operational, financial, and service performance of the Health and Disability Services Complaints Office (HaDSCO) 2022–23 financial year.

It also provides information about the services delivered to Western Australia and the Indian Ocean Territories (IOT) throughout the past 12 months, and highlights the achievements, trends and the challenges that have faced the organisation, and the opportunities that are forecasted for the future.

This report has been prepared in accordance with the Western Australian State Government Annual Reporting Guidelines 2022–23, 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.

HaDSCO is proud to provide accessible and culturally capable services.

HaDSCO's annual report is available as a PDF download from www.hadsco.wa.gov.au, and is available in alternative formats upon request.

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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

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Overview

HaDSCO is responsible to the Honourable Amber-Jade Sanderson MLA: Minister for Health; Mental Health.

1.1 Highlights



1.2 Director's message

I am pleased to present the 2022–23 Annual Report on behalf of the Health and Disability Services Complaints Office.

The key areas of focus for the Office in the 2022-23 year have been leading and contributing to reform and repositioning the services we deliver. This covers both legislative and health policy reforms and reviewing our service delivery to ensure it meets the needs of our stakeholders and the community going forward. With strong performance across all areas of business, we are well positioned to provide quality, accessible and responsive complaints management services.

Legislative and policy reform

We have led the implementation of the Code of Conduct for certain health care workers (Code of Conduct) which will deliver a State Government election commitment and a recommendation of the former Council of Australian Governments Health Council.

This new function will significantly expand our operations and reinforces our focus on protecting public health and safety. It also addresses a regulatory gap for unregistered

practitioners in circumstances where their conduct or performance falls below the expected standards and places people at risk of harm.

We commenced the statutory review of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993*. The review has been broadened in scope as a result of the Education and Health Standing Committee's *Report of the Inquiry into the Esther Foundation and unregulated private health facilities*.

As part of delivering our complaints jurisdiction associated with the end-of-life choice under the *Voluntary Assisted Dying Act 2019*, we completed our first investigation under this new function. The learnings from our enquiries are contained in a case study in this Annual Report.

Repositioning

We released our new Strategic Plan 2023-27 in March 2023. We identified a new vision which positions us as the leading expert in providing quality, accessible and responsive



complaint management services to influence improvements in the health, disability, and mental health sectors. This goes to the heart of what we do. Release of the new plan aligns with preparations for implementation of our new Code of Conduct function.

Our complaint handling services continue to result in quality outcomes with redress for individuals when something has gone wrong, and service improvements which provide system changes for many others who access services. Our Annual Report features a range of case studies which highlight the outcomes we achieved. Complaint numbers have returned

to pre-pandemic levels as complaints about COVID-19 matters have declined.

Through our education and training function we continued to share our expertise with stakeholders to support capacity building through collaborative efforts. We released a range of publications and complaints data reports. We also met with Chief Executives of health services and health service board members and gave a range of presentations and lectures.

Our community outreach included visits to the regions and the IOT. We focussed on reaching our diverse communities. This included engagement with the LGBTQTIA+ community, with Aboriginal health providers and community, and members of the CaLD (Culturally and Linguistically Diverse) community. We had a strong focus on carers and collaborated with key stakeholders to further raise awareness of our role for both carers and care recipients. We will continue to build on past engagements this year.

Our Business Services Team continued to provide excellent support across the Office and delivered services within a strong governance

framework. For the second year in a row, we were recognised by the Auditor General as a top 20 best practice small entity for timeliness and quality of financial reporting and controls. We also received a Bronze Award in the W.S. Lonnie Awards for excellence and accountability in annual reporting for agencies with less than 100 full time employees. Our Business Services Team released an integrity framework and a new Disability, Access and Inclusion Plan.

The year ahead

2023-24 will provide new opportunities including through our new Code of Conduct function. We will continue to focus on ensuring our services are accessible and continue to influence improvements in the health, disability and mental health sectors and facilitate remedies through our complaints role. In delivering our education and training function, we will continue to share the learnings from our complaints to influence patient-centred, high quality, safe care. The statutory review will provide the opportunity to contemporise the health and disability complaints legislation and influence our future direction.

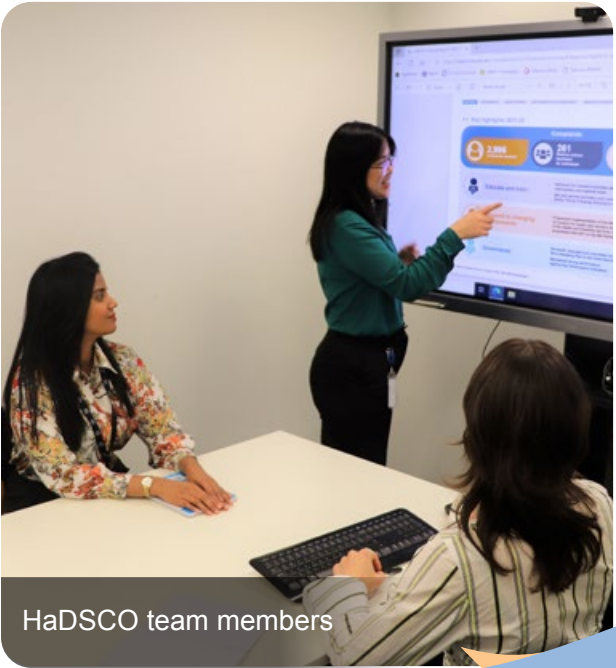
Central to our achievements are the staff who are dedicated to serving the Western Australian community through the work of the Office. As we move into the new financial year, I would like to thank our team who work tirelessly to produce quality outcomes. This Annual Report illustrates our significant achievements and milestones through our service delivery and contributions to reform initiatives. These achievements also highlight a sense of teamwork, resilience, and engagement, and we look forward to continuing our support of the health, mental health, and disability sectors through contemporary complaint resolution.

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

Sarah Cowie
Director

1.3 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 (outside of NDIS) in Western Australia and the IOT*.



Our service provision includes 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 IOT.

HaDSCO 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 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 Office are set out in various governing legislation, including but not limited to:

- *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 and make recommendations for service improvement.
- Educate the community and service providers about complaint handling.
- Inquire into broader issues of health, disability and mental health care arising from complaints received.
- Work in collaboration with the community and service providers to improve health, disability, and mental health services.
- Publish the work of the Office.
- Perform any other function conferred on the Director by the HaDSC Act or another written law.

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



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.



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

Website

www.hadsco.wa.gov.au



Email

enquiries@hadsco.wa.gov.au



Postal Address

PO Box B61,
Perth WA 6838

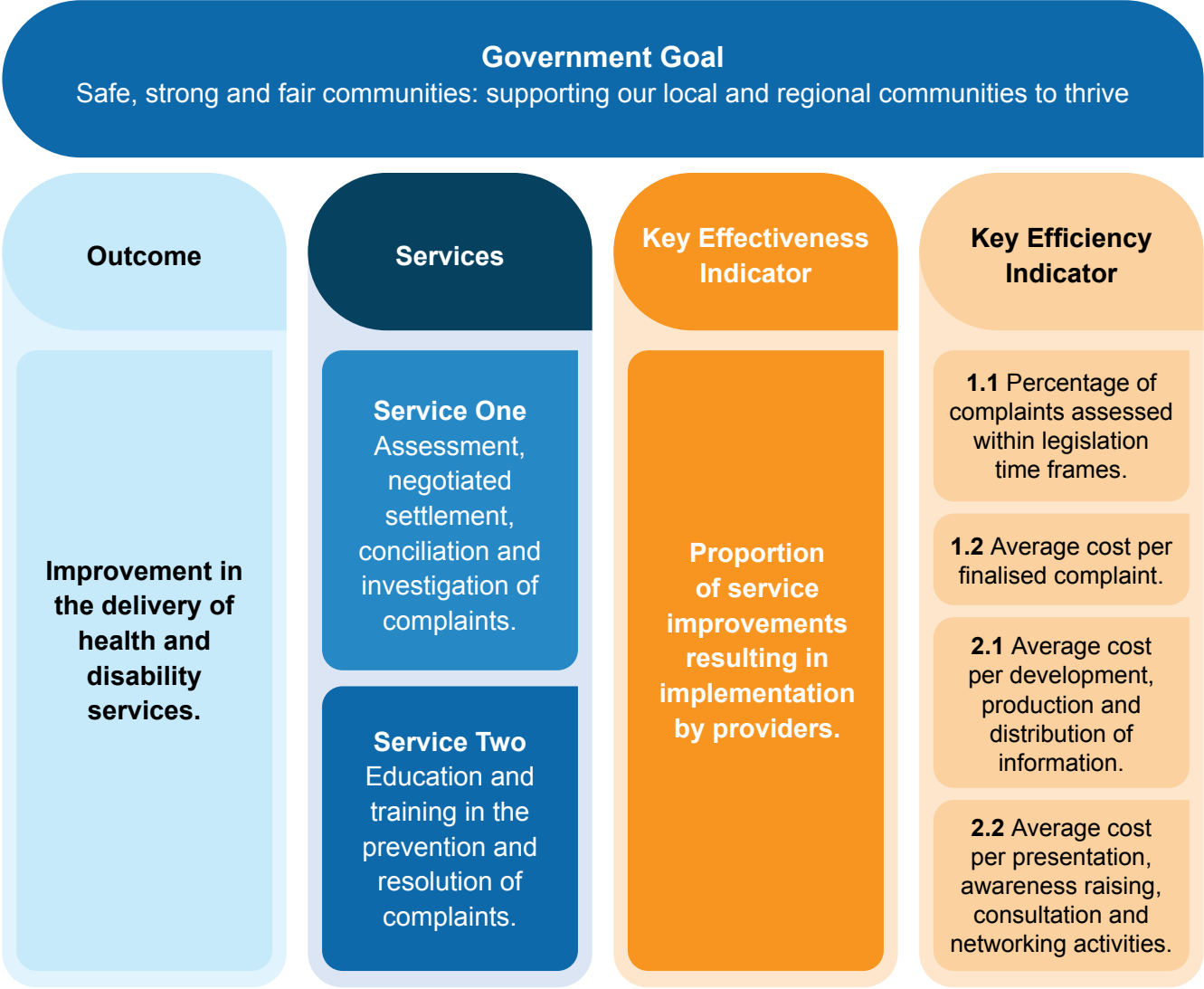


Service Charter

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



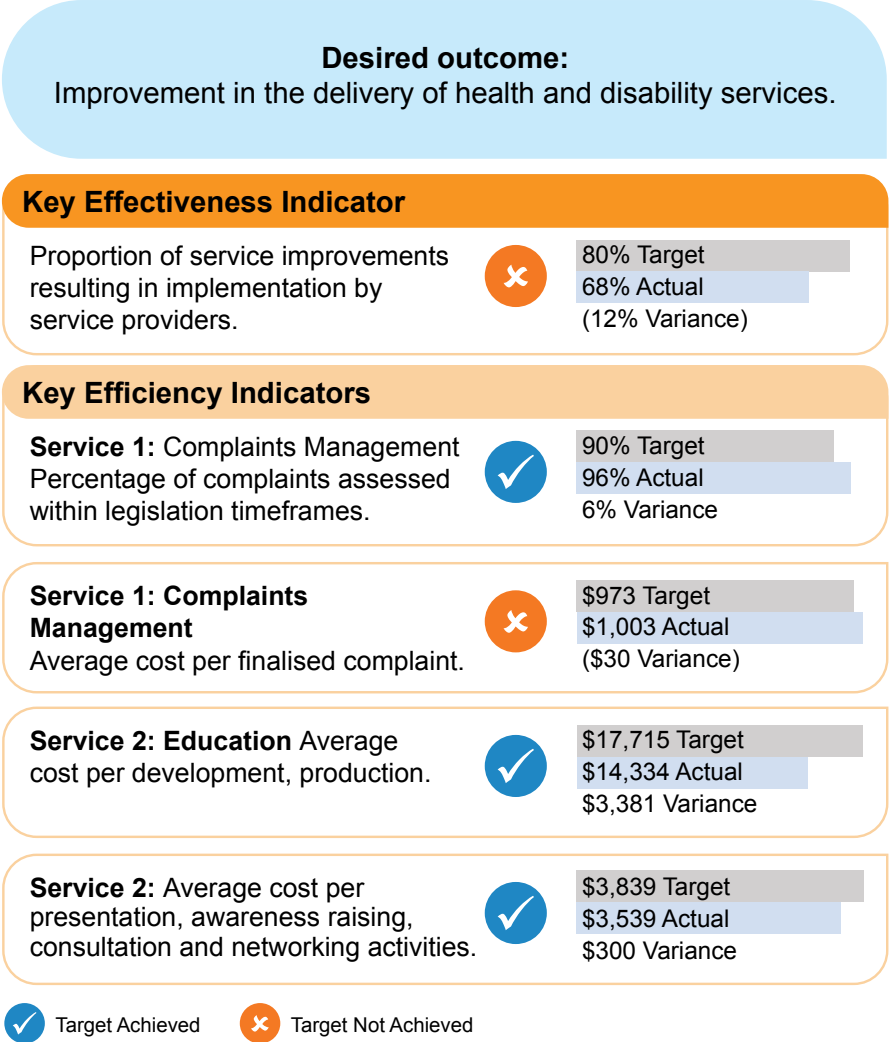
1.4 Performance summary



Performance management framework

The 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 2022-23. Further information is provided in the [Key Performance Indicators section](#) of this report.



1.5 Strategic direction – our new strategic plan



GOVERNMENT OF
WESTERN AUSTRALIA

Health and Disability Services Complaints Office

STRATEGIC PLAN 2023-27

Our Vision

To be the leading expert in providing quality, accessible and responsive complaint management services to influence improvements in the health, disability and mental health sectors.

Our Mission

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

- Service One: Assessment, negotiated settlement, conciliation and investigation of complaints.
- Service Two: Education and training in the prevention and resolution of complaints.

Our Values

Service Accountable Fair Effective Responsive




Health and Disability Services
Complaints Office

Our Strategic Plan 2023-27 outlines key priorities under two service areas.

It provides a guide that informs operational and business plans, and sets five areas of strategic focus:

- 1 Complaints.
- 2 Educate and train.
- 3 Governance.
- 4 Respond to changing environments.
- 5 People.




Complaints

Receive, Resolve, Reform

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

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




Educate and Train

Engage, Evaluate, Educate

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

- We contribute towards keeping communities well informed about complaints resolution processes.
- We develop strategies to engage with diverse and vulnerable communities.
- We strive for increased collaboration with stakeholders, including key advocacy groups, associations and university groups.
- We use data collection, analysis and reporting to inform and guide our services.




Governance

Cooperate, Comply, Communicate

Deliver our services within a sound governance framework

- We operate in accordance with high level ethical principles, abide by all public sector requirements and are respected for our integrity.
- We demonstrate our accountability to stakeholders by providing access to the principles, policies and procedures that govern our operations, and detail our commitment to them.
- We have the tools, technology and ICT infrastructure to be efficient and accountable.
- We enable and empower our staff through clear and effective policies, processes and delegation of authority.




Respond to changing environments

Review, Respond, Redefine

Respond appropriately to our changing environments

- We work with internal and external stakeholders to identify and evaluate emerging issues.
- We adapt our service delivery to meet the changing needs of stakeholders.
- We understand that success requires transformation, digitisation and innovative technology and purposeful data to continue to adapt.



People

Culture, Capacity, Care

Attract, develop and support a skilled workforce

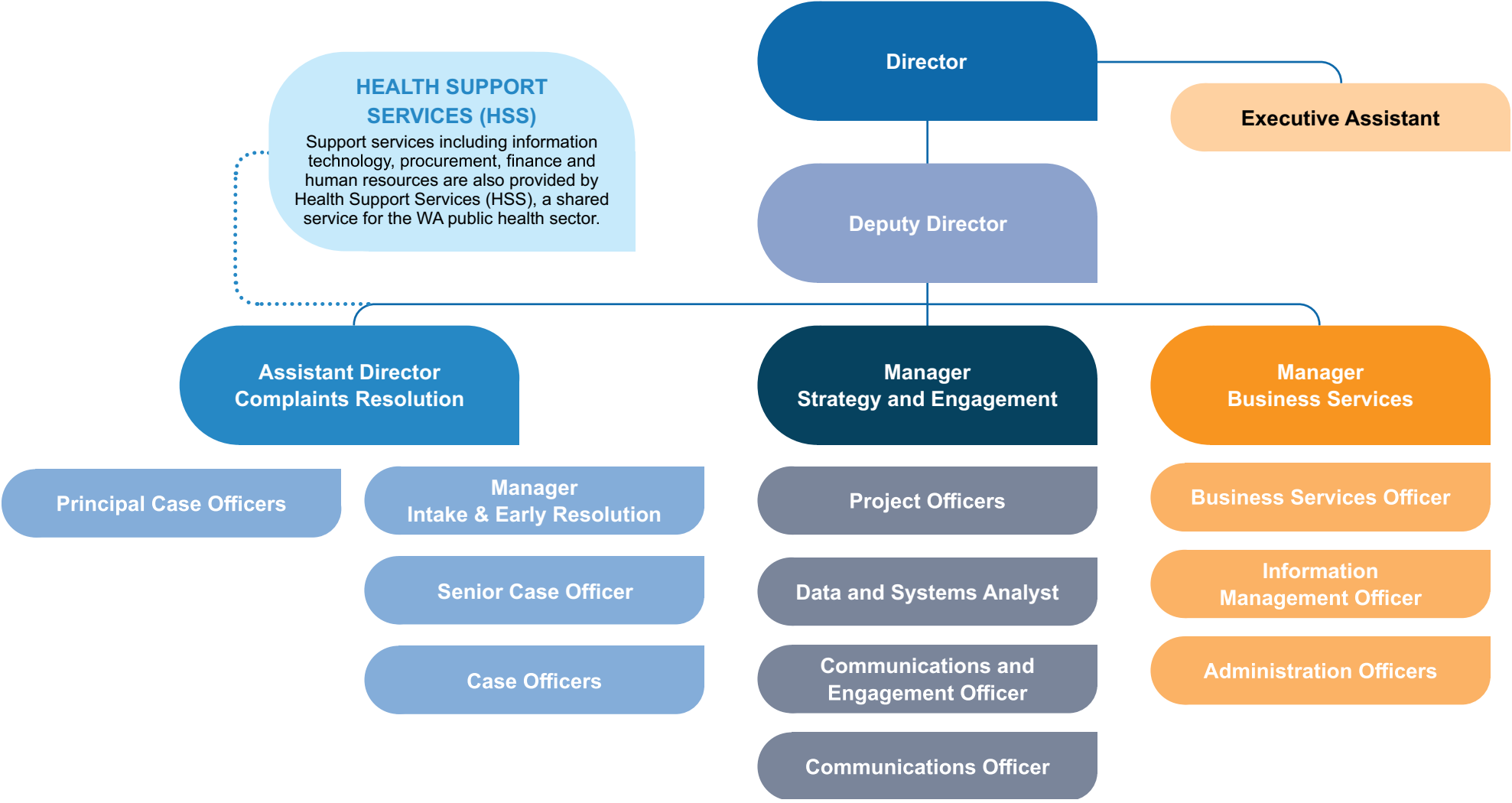
- We create a safe and inclusive workplace that embraces diversity and supports the wellbeing of our people.
- We identify and address key workforce issues and recognise the challenges staff face managing complaints.
- We build trust and confidence through developing and maintaining meaningful relationships.



The HaDSCO team during National Reconciliation Week

1.6 Organisational structure

As of 30 June 2023



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PERFORMANCE

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Service One: Complaints

The primary function of the Office is to provide an accessible, impartial, and confidential service for the resolution of health, mental health, and disability complaints (not covered by the NDIS). In this section, we provide information about complaint statistics, trends, and outcomes.

Complaints overview

Enquiry	Assessment	Complaint Resolution	Outcome	Closed
<p>The complaint team provide information on:</p> <ul style="list-style-type: none"> The complaint process. Raising a complaint with the service provider. Advocacy services. Referral to a more appropriate agency. Other complaint resolution options. 	<p>Complaints are assessed to ensure they relate to:</p> <ul style="list-style-type: none"> The provision of health, disability or mental health services. Services provided in Western Australia and the IOT. An incident occurring in the past two years. An incident which has already been raised with the service provider. <p>In some circumstances where the person making the complaint has not tried to resolve the matter directly with the provider, a facilitated referral for early resolution of the matter may be initiated.</p> <p>The Office also consults with the Australian Health Practitioner Regulation Agency (Ahpra) about complaints relating to registered health practitioners.</p>	<p>Complaints can be resolved in the following ways:</p> <ul style="list-style-type: none"> Negotiated Settlement - assist with the exchange of information to reach an outcome acceptable to both parties. Conciliation - encourages settlement by facilitating discussions between the parties to assist in reaching an agreement. Investigation - to determine if there has been unreasonable conduct by the service provider. 	<p>The Office achieves a range of outcomes for both the person who made the complaint and for improved service delivery.</p> <p>These include provision of explanations by service providers, apologies, refunds, reduction or waiver of fees, facilitating access to services, staff training, changes to processes and procedures and introduction of new policies and/or procedures.</p>	<p>Once the complaint resolution process is complete, the parties are informed of the outcome by letter or a report containing details of any outcome and the complaint is also quality assured for reporting purposes.</p>

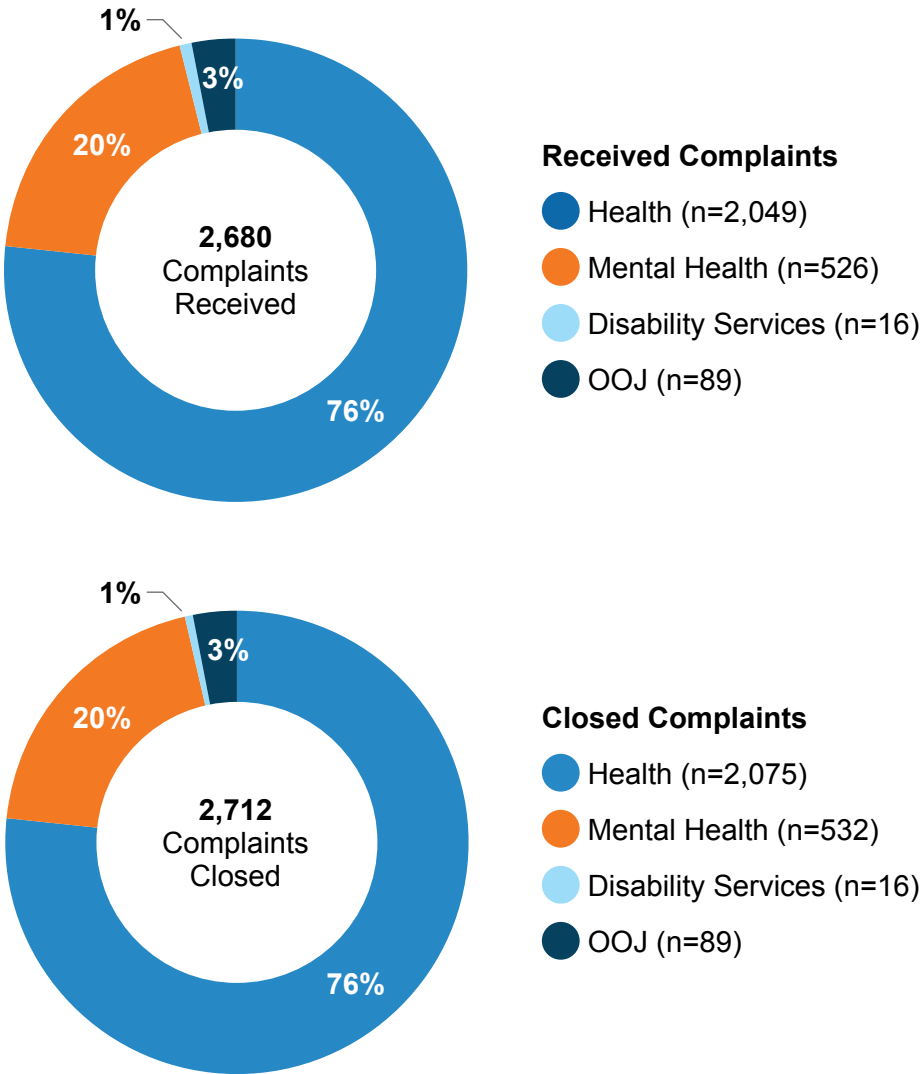
2.1 Overview of complaints

The Office provides a fair and impartial resolution service for health, mental health and disability complaints, accessible by all members of the community. In this section, information is provided on the number and type of complaints received and how complaints were resolved.

In the reporting year, the Office received 2,680 and closed 2,712 complaints. Figure 1 details the breakdown of these complaints.

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:

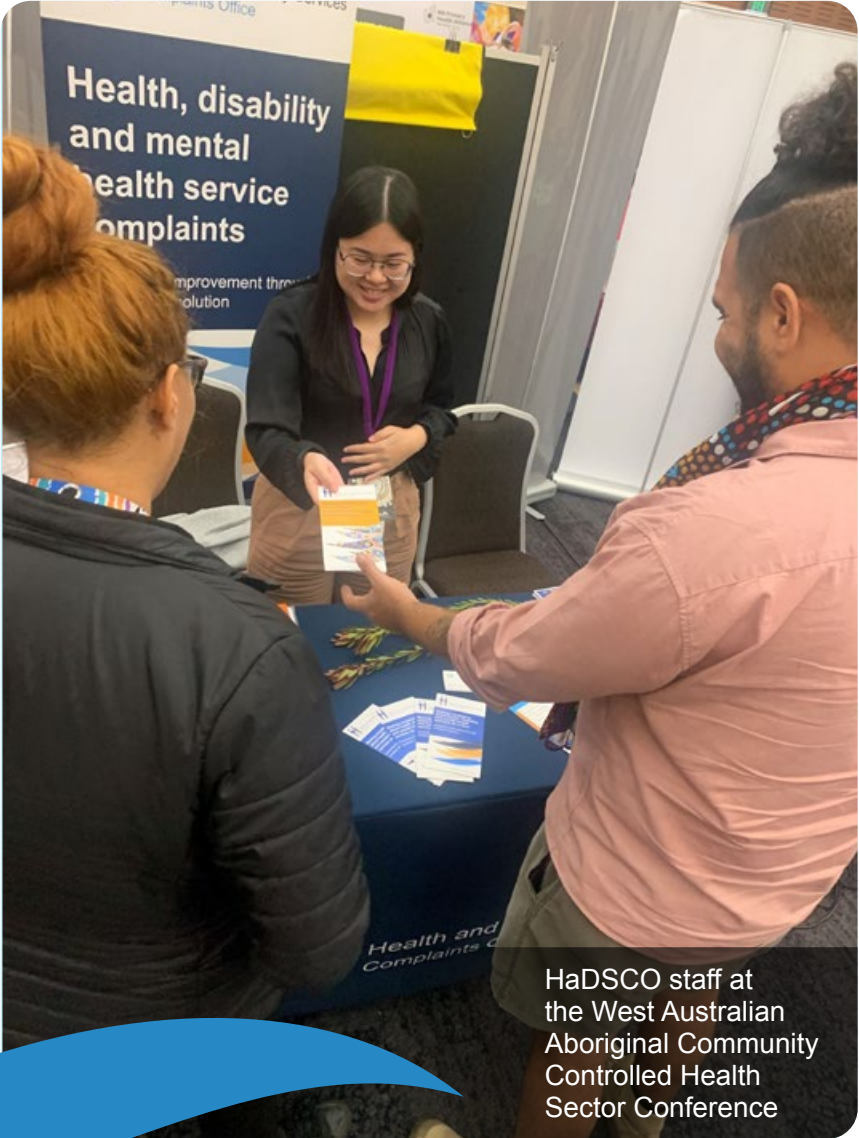
- 2,585 complaints were received and closed in 2022-23.
- 127 were received prior to 1 July 2022 and were closed in 2022-23.
- 95 complaints were received that will continue to be managed in the 2023-24 reporting year.



	Received Complaints	Proportion (%)	Closed Complaints	Proportion (%)
Health	2,049	76%	2,075	76%
Mental Health	526	20%	532	20%
Disability Services	16	1%	16	1%
OOJ	89	3%	89	3%
Total	2,680	100%	2,712	100%

While most complaints received by the Office concerned health, mental health and disability services, there was a small number received that were out of jurisdiction. In these circumstances, staff may either refer the complaint to the appropriate agency or provide information about an alternative agency that may assist the individual with their concerns. If appropriate, staff also provide information about the support services available to assist the individual, such as advocacy or legal services.

The Office also receives complaints about registered health practitioners. In these cases, the Office is required to consult with Ahpra in accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*. This consultation determines which agency should manage the complaint. The Ahpra register of national boards and practitioners can be found at Appendix 7.1. In the 2022-23 reporting year, we consulted on 352 complaints.



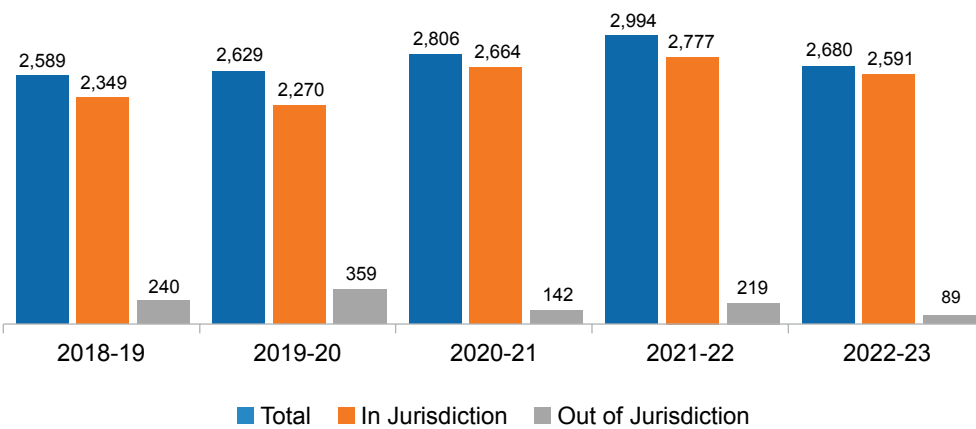
HaDSCO staff at the West Australian Aboriginal Community Controlled Health Sector Conference

2.2 Complaint trends

This section contains information on complaints trends over the last five years.

Figure 2 details the complaints received annually from 2018-19 to 2022-23. While there has been a decrease in the number of complaints received this reporting year, 2020-21 and 2021-22 saw temporary increases in complaint volume due to the COVID-19 pandemic. Complaint volume has returned to pre-pandemic levels in 2022-23 due to the significant decline in complaints relating to COVID-19. This reporting year has also seen a decline in out of jurisdiction complaints; 97% of the complaints received in 2022-23 were in jurisdiction, the highest proportion across any reporting year.

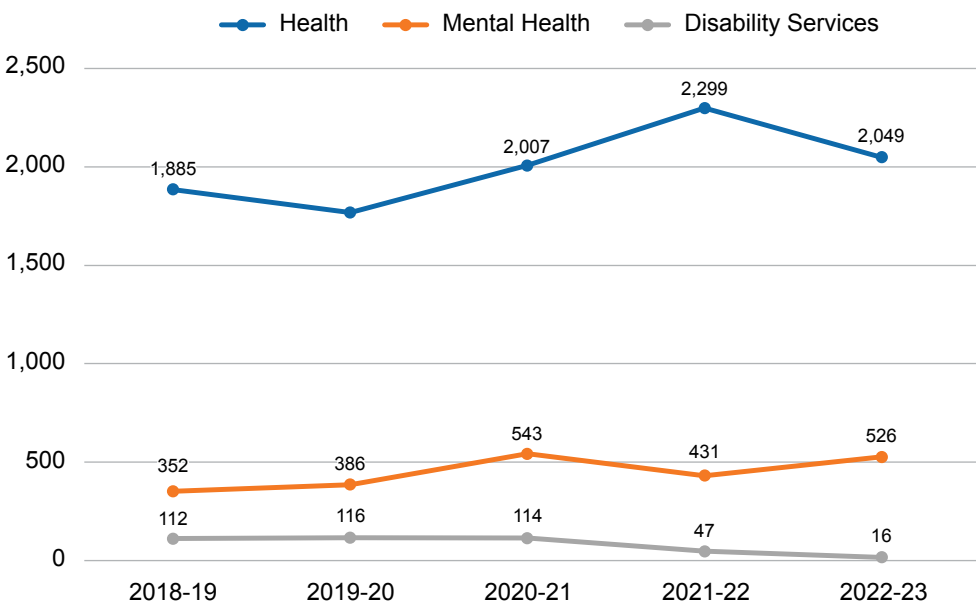
Figure 2: Complaints received



Complaints received by complaint type

Figure 3 shows the complaints that relate to health, mental health and disability services over the reporting years 2018-19 to 2022-23. Complaints about health services have decreased in comparison to the previous year, attributable to the decline in complaints about COVID-19. Complaints about mental health services have increased compared to the prior year, returning to the volume seen in 2020-21. Complaints about disability services have continued to decrease in 2022-23 following the transition of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission in 2020-21.

Figure 3: Complaints by complaint type

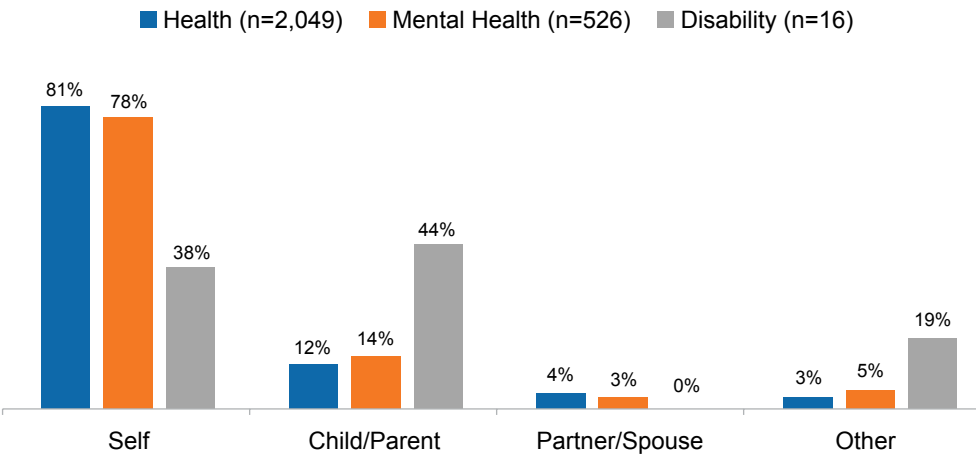


2.3 Consumer demographics

Individual making the complaint

Most complaints concerning a health, mental health or disability service were made by the individual who received the service, followed by a representative on their behalf, which was typically a family member, as shown in Figure 4. Representatives categorised as ‘other’ can include extended family members, advocates and/or unpaid carers.

Figure 4: Relationship to person making the complaint



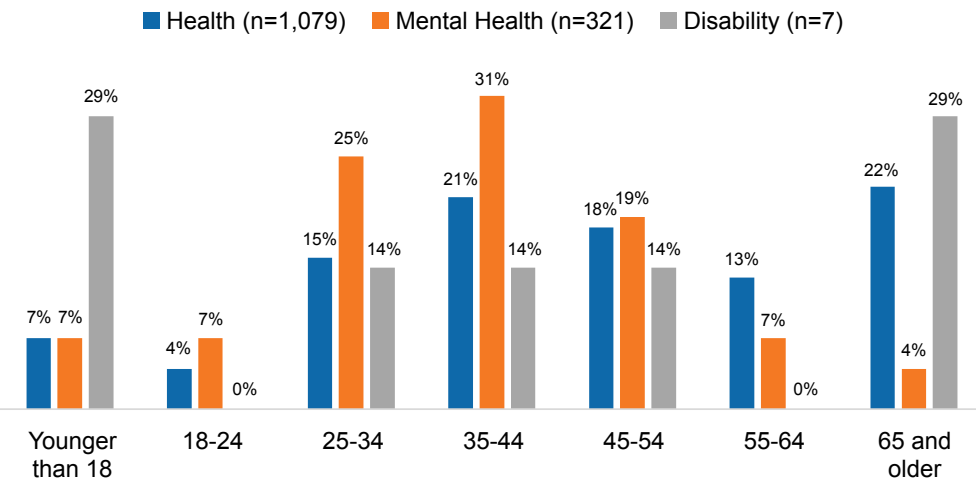
Totals may not sum to 100% due to rounding.

Complaints concerning a health service were most likely to relate to a service provided to an individual in the 65 and over cohort (22%) or the 35 to 44 age cohort (21%), as shown in Figure 5.

Complaints concerning mental health services were greatest in the 35 to 44 age cohort (31%) followed by the 25 to 34 cohort (25%).

For disability services, complaints were most likely to concern services provided to an individual in the 65 and over cohort (29%) and younger than 18 cohort (29%).

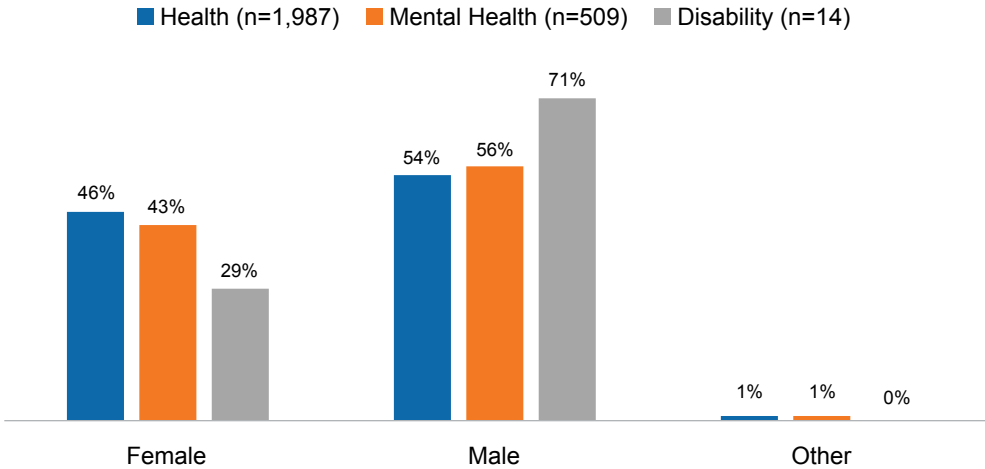
Figure 5: Age of the individual receiving a service



Totals may not sum to 100% due to rounding.

Figure 6 details the gender category for individuals lodging complaints across health, mental health and disability services in the 2022-23 reporting year. In the previous reporting year, the gender of individuals receiving a health service was comparatively equal between females and males for health, mental health and disability services. However, for this reporting year there were more males who lodged a complaint about a health or mental health service they received compared to other gender identities.

Figure 6: Gender of the individual receiving a service



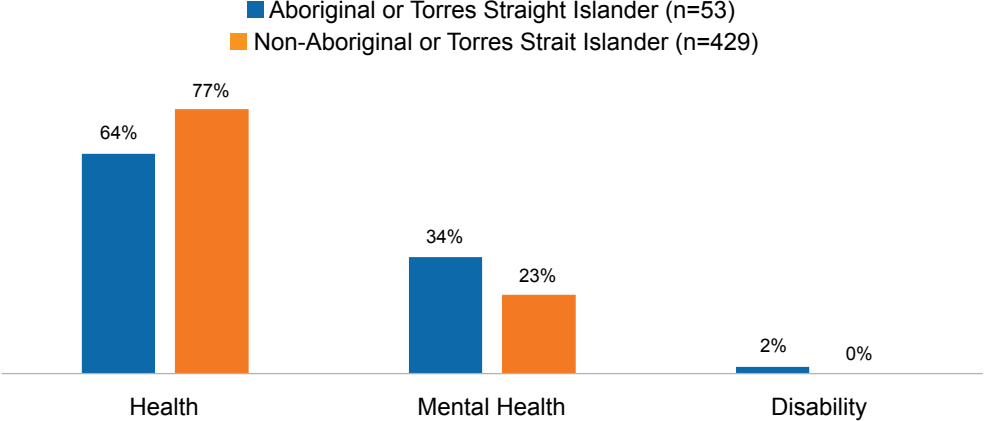
Totals may not sum to 100% due to rounding.

Of the 2,591 in jurisdiction complaints received, 53 were lodged by Aboriginal or Torres Strait Islander people, 429 by non-Aboriginal or Torres Strait Islander people and a further 2,109 in which no identification was given.

The 53 complaints received that identify as Aboriginal or Torres Strait Islander represents 2% of the in-jurisdiction complaints.

Figure 7 illustrates the proportion of complaints that relate to a health, mental health or disability service for Aboriginal or Torres Strait Islander and non-Aboriginal or Torres Strait Islander people, where an identification was known.

Figure 7: Complaints made by Aboriginal or Torres Strait Islanders



Totals may not sum to 100% due to rounding.

Complaints lodged from immigration detention centres

The Office receives complaints from detainees concerning the provision of health services in immigration detention centres located in Western Australia and the IOT. The Office is able to effectively manage complaints relating to immigration detention centres through a letter of understanding with the Commonwealth Ombudsman. In the current reporting year, the Office received 8 complaints in relation to health services provided at immigration detention centres.

Complaints lodged from the IOT

The Office provides services to the IOT through a service delivery arrangement with the Australian Government. In 2022-23, the Office closed 1 complaint that was received from the IOT in 2021-22. There were no complaints received from the IOT this reporting year.

2.4 Outcomes achieved

The Office achieves a varied range of redress outcomes for the complainant and improved service delivery that benefits the wider community who access health, mental health and disability services.

The redress outcomes may 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 policies and procedures; improvement in carer engagement, communication, recordkeeping and administration practices.

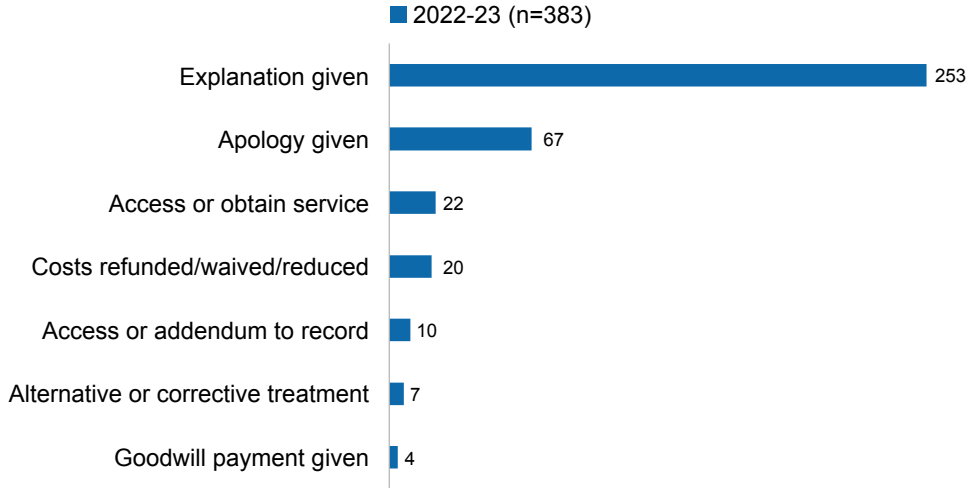
Outcomes for individuals

Through the complaints resolution process, the Office achieved a redress outcome for 72% of complaints closed this reporting year. There was a total of 383 redress outcomes for individuals, as shown in Figure 8.

The most common redress outcomes were: the service provider providing an explanation to the issues raised by the individual, an apology being provided by the service provider to the individual, the individual gaining access to a service and financial reimbursement.

These outcomes demonstrate the positive impact of our complaints resolution for the individuals concerned.

Figure 8: 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-centered health care.

In this reporting year, the Office made 39 recommendations for service improvements in various areas.

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

The service improvements included:

Clinical and medication improvements



- Change to vaccine administration process around the use and identification of expired vaccinations to avoid out of date vaccinations being administered to consumers.
- Update of Medication Administration and Adverse Drug Reaction Policy to specify that medicinal products include non-pharmacologically active excipients.
- Improved practices around the verification of medication contained in regular medication packs before being dispensed to consumers.
- Improved practices in regard to medication reconciliation and prescribing for young people, including communication with care givers around medication choice, and for transition of patients across services.
- Improved practices for palliative care patients around adequate supplies of pain relief medication, equipment and supplies for long weekends and holiday periods, and for out of hours contact information.
- Improved oversight and screening of prescription medication dispensing processes to avoid errors in supply to consumers.
- Development of an IV Iron infusion information sheet which is also used as a teaching tool.

Communication improvements



- Improved practices and procedures relating to voluntary assisted dying (VAD) communication, particularly in the lead up to a first request being made and to ensure that goals and desires are clearly understood and documented.
- Updates to website patient admission guidelines and formulation of a patient information booklet to inform of admission requirements.
- Quality Improvement document implemented by a social work team to strengthen carer engagement, including when and how communication will be facilitated between carers, medical staff and social workers.

Education and training



- Enhanced staff education surrounding the VAD procedures, and use of reflective learnings as a de-identified case study.
- Education to staff around goals for patient care discussions.
- Training in complaints management including management of conflicts of interest.

- Staff development in health records management processes.
- Staff training in regard to palliative care requirements and family engagement.
- Staff advanced training on the use and input of data in a new pharmaceutical management system to ensure accurate dispensing of medications.
- Additional customer service training to administration staff when dealing with patients with COVID-19/respiratory symptoms.
- Enhanced staff education regarding venipuncture procedures including collection and provision of after-care advice following the procedure.
- Training of staff in regard to the updated Medication Administration and Adverse Drug Reaction Policy to minimise adverse reactions to medicinal products including non-pharmacologically active excipients.
- Staff training in regard to patient billing arrangements including bulk billing eligibility.
- Improved education to inpatient staff regarding communication in the context of a chaperone policy as it relates to patients in a hospital setting.
- Improved education and training in regard to sexual safety for clinical services for the LGBTQIA+ community.

Administration practice improvement and record keeping



- Improvements to record keeping for maintaining Goals of patient care.
- Development of patient contact information sheet for at home palliative care consumers for health service emergency contact arrangements.
- Implementation of Emergency Cards for residential patients, which is readily available for emergency situations after hours. This includes personal details, next of kin, current medications, dose, and any medical conditions.
- Use of videoconferencing options with local health services to provide more timely assistance with equipment issues for patients.
- Introduction of a new standard operating procedure for employer/third party medical payments, covering payment timeframes and release of medical information.
- Changes to invoicing practice to include Location Specific Provider Number (LSPN) on all invoices, not just ones relating to procedures eligible for a Medicare rebate, to minimise delays in the process of claiming rebates.

Provider initiated outcomes from facilitated referral of complaints



Through a facilitated referral process, the Office works collaboratively with both providers and consumers to ensure complaints are highlighted to the provider at the earliest opportunity, during HaDSCO's complaint assessment process. This enables linkages between the consumer and provider to achieve desired outcomes and improve provider performance, often resulting in positive dialogue and outcomes.

In this reporting year there were 82 facilitated referrals achieving 115 outcomes for consumers. Those outcomes largely included apologies, explanations and refunds. In addition, there were also training recommendations and changes in policy and procedures.

The provider-initiated redress outcomes included:

- 53 explanations regarding services.
- 46 apologies.
- 2 refunds.

Service improvements included:

- 9 training opportunities.
- Improvements in communication with families.
- Review of orientation information and education for ED staff covering Nasal Gastric Tube insertion in children.
- Reviewing scope of practice to improve care coordination, addressing staff shortages and improving administration procedures to respond to incoming telephone calls.
- Improved procedures around medical test sample handling and security to ensure samples are not lost.

2.5 Complaints about health services

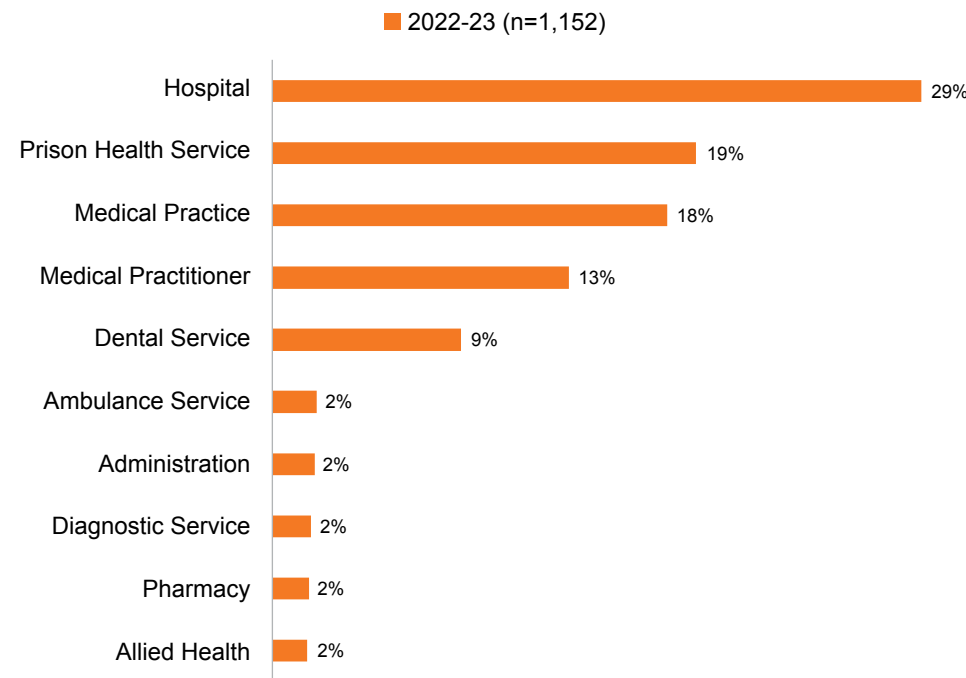
In the 2022-23 reporting year, the Office received 2,049 complaints and closed 2,075 complaints about health services. Figure 9 details the number of complaints about health services received and closed over the past three years.

Figure 9: Complaints about health services over the last three years



For health complaints closed in the 2022-23 reporting year, 29% concerned services provided in hospitals, followed by 19% provided by prison health services and 18% provided in medical practices. The provider types most commonly cited in health complaints are shown in Figure 10.

Figure 10: Common health provider types

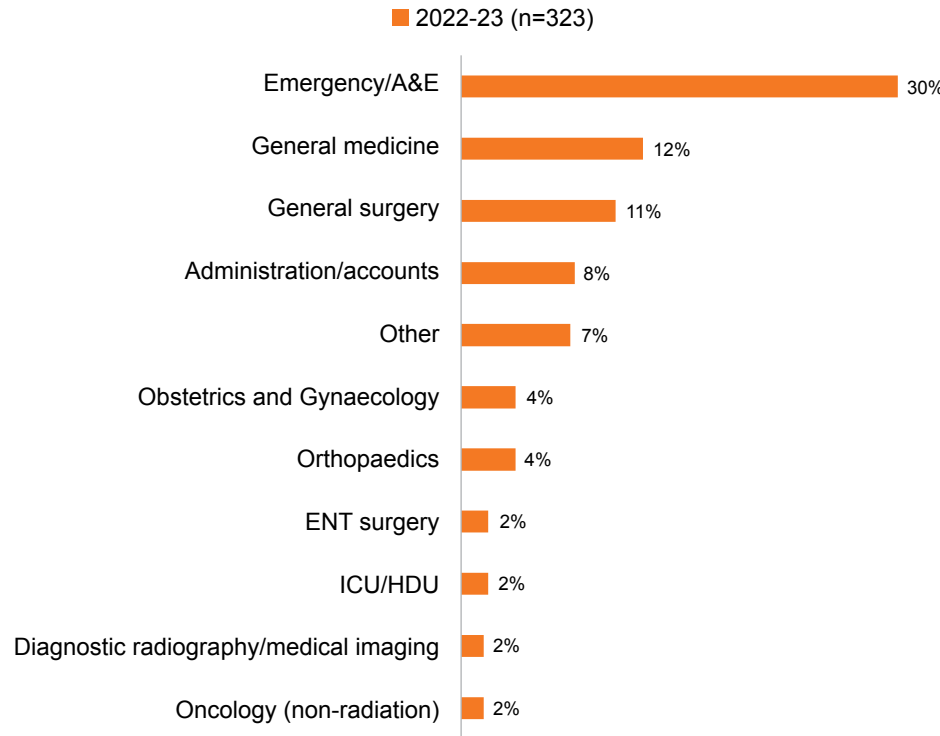


Percentages will not sum to 100% as only health service types that account for 2% or more of complaints are included

As shown in Figure 11, for complaints about services received in hospitals in the 2022-23 reporting year:

- 30% related to emergency/A&E.
- 12% related to general medicine.
- 11% related to general surgery.

Figure 11: Common hospital-based health specialities



Percentages will not sum to 100% as only health service types that account for 2% or more of complaints are included.

Feedback from health consumers

“Once again, thank you for your efforts and assistance with this - so comforting to have someone who listened to our concerns!”

Amanda

“I am very grateful. It has been an immensely stressful time for our family, and it is a great relief to now be able to move forward from this. Many thanks”

Judith

“I want to thank you again for all your help, I never thought we would get to this point, and it wouldn’t have happened without you - It means so much to me and my family”

Rebecca

Figure 12 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.

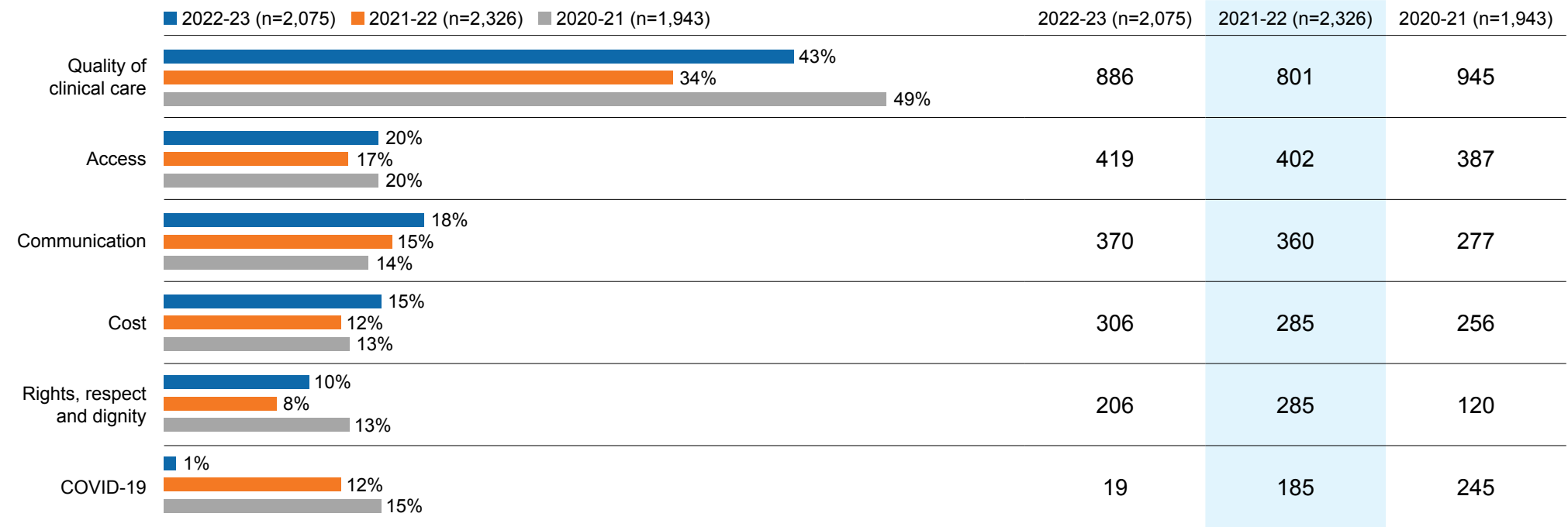
In the 2022-23 reporting year, most complaints concerned quality of clinical care, access, communication and costs. Specific trends observed include:

- Quality of clinical care continues to be the most frequently raised concern, cited in 43% of closed complaints in this reporting year. This

category saw an increase compared to 2021-22 as a result of the volume of complaints concerning COVID-19 declining significantly.

- The second most reported issue was access, cited in 20% of complaints. The volume of complaints (n=419) citing this issue has steadily increased for the third consecutive year.
- The proportion of complaints about communication increased by a small margin in 2022-23, with the volume of complaints citing communication increasing by 10 compared to the prior reporting year.

Figure 12: 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 13.

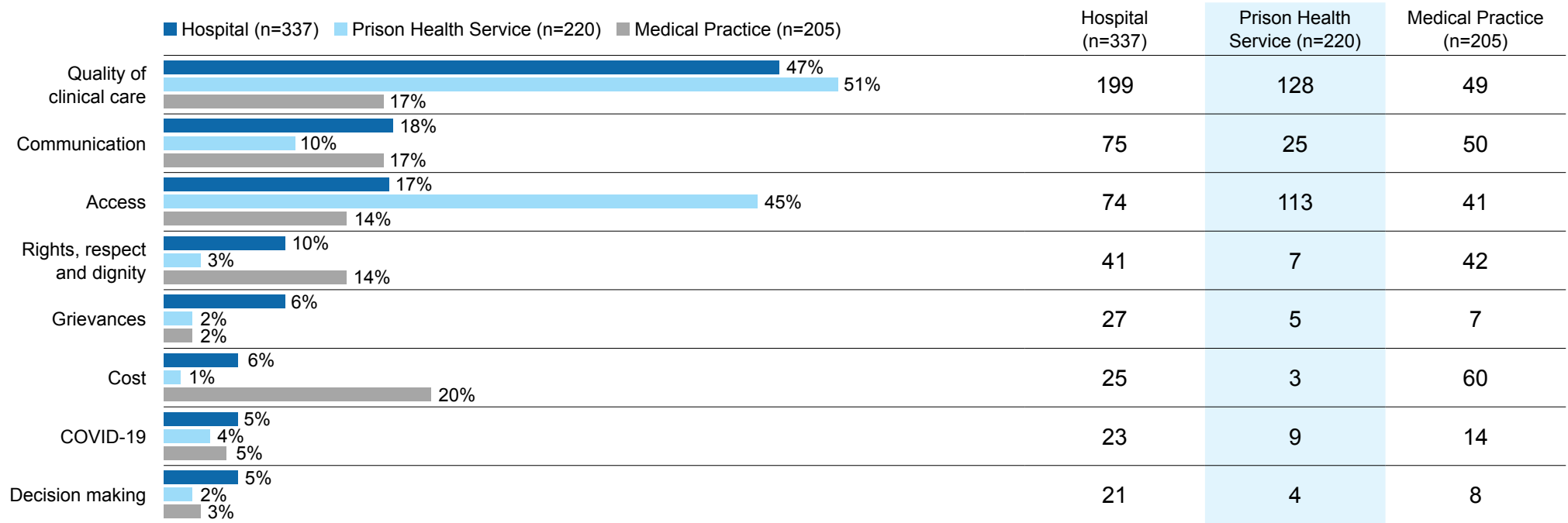
Specific trends observed in the 2022-23 reporting year include:

- Complaints about quality of clinical care are more likely to relate to a prison health service (51%) or hospital service (47%) than a medical practice (17%).
- Complaints regarding communication are more likely to relate to a hospital service (18%) or medical practice (17%) than a prison health

service (10%).

- Complaints about access are more likely to relate to a prison health service (45%) than a hospital service (17%) or medical practice (14%).
- Complaints about rights, respect and dignity are more likely to concern services provided in a medical practice (14%) than a hospital (10%) or prison (3%).
- Complaints regarding cost issues are more likely to relate to a service provided in a medical practice (20%) than a hospital service (6%) or prison (1%).

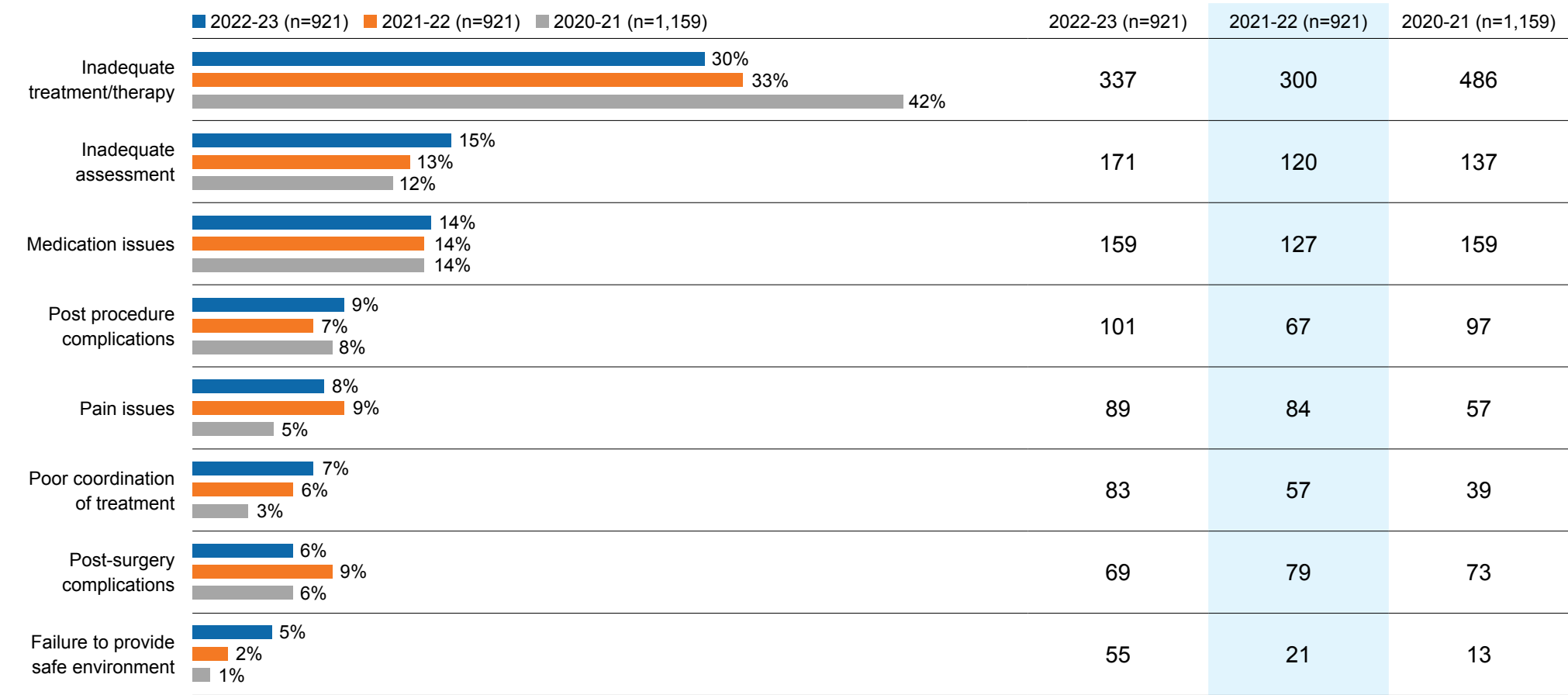
Figure 13: Complaint categories by provider type



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 hospital-based complaints with a recorded provider specialty.

As detailed in Figure 12 and Figure 13, quality of clinical care is the most common complaint category. Figure 14 details the most common sub-issues in the quality of clinical care category.

Figure 14: Common quality of clinical care sub-issues



Percentages will not sum to 100% as only sub-issues that account for at least 5% of the quality of clinical care total are included.

In the 2022-23 reporting year, inadequate treatment/therapy remained the most common issue in this category (30%), but also decreased for the third consecutive year. This is followed by inadequate assessment (15%) and medication issues (14%).

2.6 Complaints about mental health services

In the 2022-23 financial year, the Office received 526 complaints about mental health services and closed 532 complaints. This is an increase in the volume of complaints about mental health compared to 2021-22.

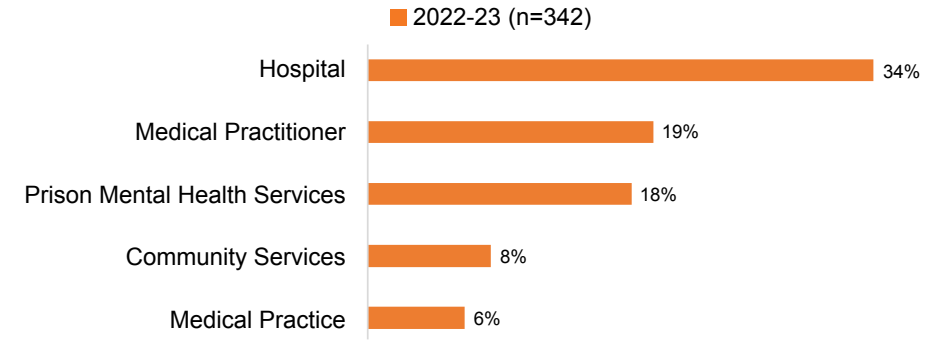
Figure 15 details the number of complaints about mental health services received and closed in the past three reporting years.

Figure 15: Complaints about mental health services



The complaints relating to mental health that we closed this reporting year were often regarding services provided in hospitals (34%), followed by individual medical practitioners (19%) and prison mental health services (18%). The common mental health service provider types are shown in Figure 16.

Figure 16: Common mental health provider types

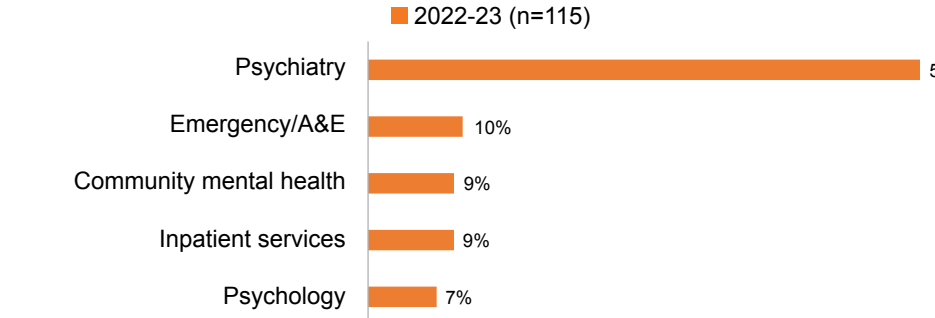


Percentages will not sum to 100% as only the top five provider types are included.

As shown in Figure 17, for complaints about mental health services received in a hospital in the 2022-23 reporting year:

- 56% concerned psychiatry services, which is a 12 percentage point increase compared to the previous reporting year.
- 10% concerned emergency/A&E services.
- 9% concerned community mental health services, a 13 percentage point decrease compared to the previous reporting year.

Figure 17: Complaints about hospital-based mental health services



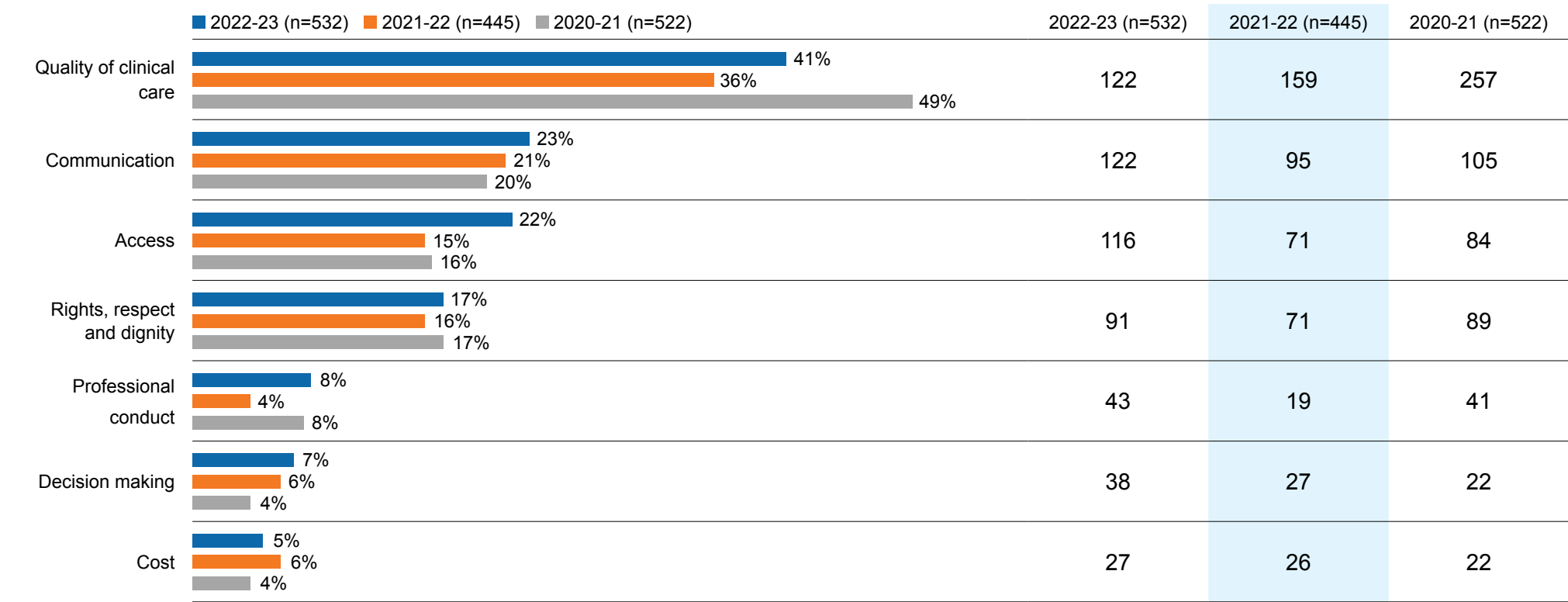
Percentages will not sum to 100% as only the top five provider types are included.

The complaint issue categories identified over the last three reporting years are shown in Figure 18. Within each complaint category, a variety of issues may be cited by the individual making the complaint.

In the 2022-23 reporting year, most mental health complaints were about quality of clinical care, followed by communication and access. Specific trends observed include:

- Quality of clinical care continues to be the most cited issue (41%) in

Figure 18: 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.

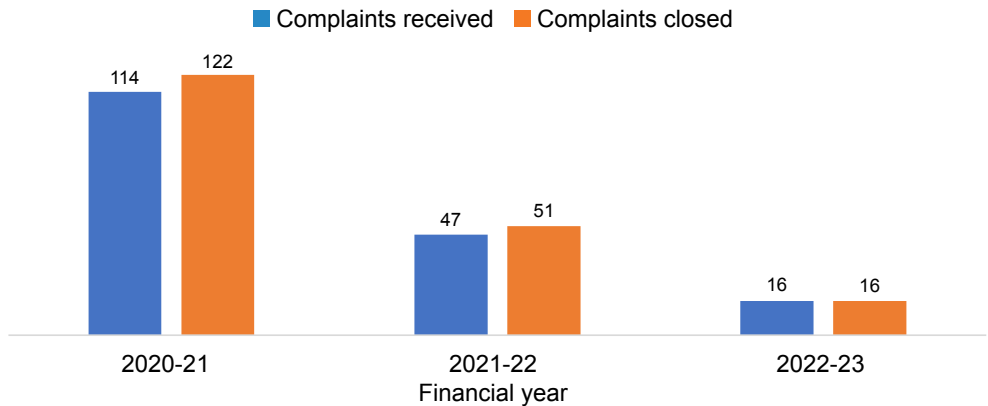
2022-23, with an increase compared to 2021-22.

- Communication continues to be the second most reported issue in mental health complaints at 23%.
- The third most commonly reported issue is access, cited in 22% of mental health complaints with an increase compared to the previous two reporting years.
- The proportion of complaints about rights, respect and dignity (17%) remains consistent over the last three reporting years.

2.7 Complaints about disability services

The Office continues to play an ongoing role in relation to the disability sector by handling complaints that relate to state based and non-NDIS services. The Office received and closed 16 complaints about disability services in the 2022-23 reporting year. There is a continuous decline in the number of complaints received regarding disability services as a result of the transfer of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguard Commission. Figure 19 details the number of complaints received and closed over the past three years.

Figure 19: Complaints about disability services



The most common issues highlighted by the complaints received in the last three years relate to individual needs not met, service costs and financial assistance, privacy, dignity and confidentiality and the way the services were delivered.

2.8 Case studies

The following case studies demonstrate our collaborative efforts and achievements.

They provide important, reflective learnings that demonstrate HaDSCO's role in supporting health improvements for the Western Australian public, through joint efforts within the sector.

We thank all participants in these case studies and acknowledge the incidents described may have been distressing for the complainants and the service providers, particularly when death was involved.



Case Study - Addressing telehealth service quality



Background

A parent contacted us to discuss their experience in attempting to access a health care service on behalf of their child.

They suspected that their child demonstrated tonsillitis symptoms, which they explained to the health care provider's staff. The staff advised that since the symptoms also presented as flu-like, they would have to organise a telehealth appointment as opposed to an in-person consultation.

The parent was concerned with this arrangement as they did not feel that it would allow the health care provider to accurately assess their child's health. They explained this to the health care provider's staff who advised that their policy would not allow in-person visits for clients who demonstrate flu-like symptoms.

When they attended the telehealth appointment, they were then informed that they would have to schedule an in-person appointment to receive an accurate assessment. The parent contacted the health care provider's staff to express their

dissatisfaction regarding the process and were advised to locate a different health care provider before being placed on hold indefinitely.

The parent was keen to identify a resolution and contacted HaDSCO to discuss their options.

What did we do?

The HaDSCO Complaints Team contacted the service provider who was willing to engage in the complaint resolution process. An officer from the team then agreed to facilitate a Negotiated Settlement process that allowed the parent to resolve their concerns with the health care provider.

The process allows a HaDSCO team member to encourage and support both parties to reach an agreement though complaints resolution procedures.

The complaint resolution process provided the service provider with an opportunity to review their telehealth process, and customer service.

What was the outcome?

The service provider manager expressed that they were grateful that the situation was brought to their attention, advising it was an opportunity to grow and learn. Although the staff had followed their required protocols, they had not provided the high-quality customer service expected by their management team.

The manager apologised to the parent for their experience and advised that staff would engage in additional customer service training. They also explained their infection control requirements, and why these steps are important protection measures to avoid the spread of infectious diseases.

Case Study - Improving clinical communication



Background

A carer was visiting a health provider who was managing their relative's end-of-life care. As the patient's health deteriorated the service provider had agreed to let the carer know if their family member passed while they were away from the facility.

When the carer visited their relative, they found that their relative had passed which caused them distress as they had not been notified. When they enquired about this, the health care provider was initially unsure how the carer had not been contacted.

The carer contacted us and advised they were distressed and unsatisfied with the explanation from the health care provider.

What did we do?

A HaDSCO case officer considered that a conciliation process may provide a satisfactory outcome for the carer.

The conciliation process involves a face-to-face meeting facilitated by HaDSCO. A Complaints Officer encourages an outcome

through informal discussions and encourages the parties to resolve the complaint collectively. The conciliation process assists the parties to identify ways to reach an agreement in a non-legal environment.

The service provider and carer both agreed to meet and discuss the issue, and it resulted in a frank but respectful exchange.

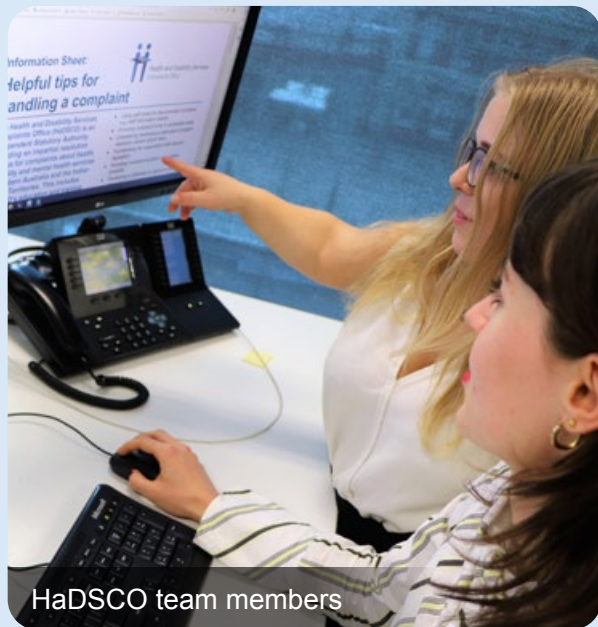
What was the outcome?

As a result of HaDSCO's role in the conciliation process, the carer was able to further explain to the service provider the distress caused through the communication breakdown.

The service provider's representative advised that the staff involved were devastated about what had occurred, and the incident would be used as a case study to prevent similar instances from re-occurring, in particular around palliative care requirements and family engagement.

The service provider also agreed that their process had not been observed and

acknowledged their role in not informing the carer about information relating to their relative. They apologised unreservedly and committed to exploring ways to ensure the situation would not repeat with other health consumers in their care.



HaDSCO team members

Case Study - Investigating bulk billing and provider fees



Background

A patient with a Pensioner Card contacted us to explain that they believed they had incurred incorrect fees from a health care provider.

The provider had changed their payment policy to a mixed billing system that included some exceptions, for clients like pensioners and infants. This meant that, while most clients would be subject to a fee for a consultation, certain clients could still access bulk billing.

The patient had accessed a service that they thought would be bulk billed but were informed after the service that they were required to pay the consultation fee.

The health care provider had displayed signage which advised that clients with Pension Cards qualified for bulk billing but, when the patient disputed their fee, the staff advised they were unable to provide a refund.

The patient attempted to discuss their concerns with the provider, but the provider maintained that they had been correctly charged for the service they received.

What did we do?

The HaDSCO Complaints Team reviewed the case and determined that a resolution could be achieved through the Negotiated Settlement process. A team representative liaised between the health care provider and the patient to determine the cause of the miscommunication and supported both parties to reach an agreement.

Our enquiries with the health care provider about their billing arrangements showed that in this case the patient had been incorrectly charged.

What was the outcome?

The health care provider acknowledged that their staff required more policy training, particularly on client payments and bulk billing eligibility. The staff completed their training and felt confident that they now have an improved understanding of the policy.

The provider offered an apology and a refund for the patient who was satisfied that their situation had been resolved.



Case Study - Working with Department of Justice



Background

A person in custody at a correctional facility contacted HaDSCO to advise that they had a health concern which had not been addressed by the Prison Health Service Provider.

Procedures are in place to ensure that health care treatment is available for people in custody, and in this way the system aligns with health care in the wider community.

The person advised that they raised their health concern with medical staff at the Prison Health Centre, but they felt that it was not addressed. They also explained that their health concern was further impacted due to other underlying health concerns they had previously reported.

They described the situation to our Complaints Team who agreed that a negotiated settlement process could provide an explanation for the person in custody.

What did we do?

A HaDSCO case officer worked with the person to engage with the Department of Justice as part of the negotiated settlement process.

The process demonstrated that the Department of Justice team was concerned about the person's mental health as it may have been preventing them from accessing treatments. The team noted that the person had difficulty attending previously offered appointments and treatments due to an inability to engage with them.

At the time of the complaint, the patient's medical interventions were impacted by an acute mental health episode.

What was the outcome?

As a result of HaDSCO and the Department of Justice's collaboration, the person's medical record was reviewed, and their issues were addressed.

HaDSCO's engagement led to the person's health concerns being noted for attention and assessment as soon as their condition allowed for safer treatment options. Medical appointments were booked in anticipation of the person's recovery with assessments to be conducted as soon as the patient's mental health could be stabilised.

The result was achieved through the collaborative efforts of HaDSCO with the Department of Justice and reflected the strong working relationship between the agencies.

Case Study - Working with advocacy agencies



Background

An advocacy group contacted HaDSCO to advise that they had a client who was concerned about medical treatment they had received. The client was seeking treatment for a range of complex mental health issues and required support from an advocacy group.

Advocacy groups can act on behalf of a client when the person requires extra support to access services, communicate their needs and understand what their role is within their treatment plan.

The advocacy group advised that the health care provider placed their client on a form of injectable medical treatment, and this form of administration left their client feeling concerned. The client was distressed about the medical treatment as they felt it could cause them further harm, and possibly cause their progress to regress.

The client discussed this with the health care provider, but they did not feel like their concerns were heard. They requested that their medical records reflect their feedback on

the medical treatment be taken into account for future treatment plans. The situation could not be resolved so the client with the support of the advocacy group contacted HaDSCO for assistance.

What did we do?

HaDSCO agreed to independently engage in a negotiated settlement process with the advocacy group, their client, and the health care provider.

The Complaints Team identified that the client required an explanation of the health care provider's medical treatment plan.

What was the outcome?

The advocacy group and the client received an explanation from the health care provider on the rationale for the medical treatment that was provided, and the health service provider apologised for the distress felt by the patient. They were also able to explain the processes they had in place to support patient safety, including updating medical records that helped to inform future health care decisions.

Sarah Cowie and members of the Carers Advisory Council



Case Study - Updating protocols for medication expiry dates



Background

A parent contacted HaDSCO to advise they had recently sought treatment for their infant as they were concerned about medication and a service they received. They were informed at the emergency department of a local hospital that their infant had an infection that required medication.

They collected the medication from a separate health service provider after leaving the hospital and administered the dosage however they reported that their infant's recovery was unexpectedly slow. After reviewing the medication, the parent discovered that it had expired before it was purchased. They contacted the health care provider who told them that the expiration date may impact the medication's strength, and if they returned the product, it could be replaced with medication that was still in date.

The parent was unhappy with their experience and was keen to ensure that other people did not experience the same situation. They contacted HaDSCO to enquire about their resolution options.

What did we do?

HaDSCO reviewed the case and decided that a Negotiated Settlement approach could provide both a solution and an opportunity for the supplier to review their processes for dispensing medication.

The Negotiated Settlement option allows us to assist both parties share information and encourage a resolution. The process is confidential, and the material discussed during the process is not admissible in courts or tribunals.

A HaDSCO case officer liaised between the health care provider and the parent so they could discuss the incident and agree to a resolution. The parent was provided an opportunity to detail their concerns, and the health care provider was able to engage and explore how they could improve their protocols.

What was the outcome?

The supplier acknowledged that their processes required changes in order to ensure the situation did not repeat. They implemented new protocols that required staff to monitor medication expiration dates as they unpacked stock and included updated education for staff to reinforce proper dispensing protocols.

Additionally, the health care provider advised that they had invested in a robotic dispensing system to improve stock rotation and minimise expired stock waste.

This led to the complaint being resolved as the parent was satisfied with the outcome and the health care provider improved their service delivery model.

Case Study - Responding to communication around end of life choices



Background

Respectful communication is central to understanding a patient's goals at all stages of their journey. This is particularly important when end of life choices are available for individuals. These choices can be complex, but they support a patient's decision to eliminate suffering when their options are exhausted and align with strategies in the Sustainable Health Review.

In July 2021, with the introduction of VAD in Western Australia, HaDSCO became responsible for managing complaints associated with this end-of-life choice. Through our complaints role we contribute to strengthening processes and procedures for individuals who choose to access VAD.

This year as part of an investigation into a complaint relating to VAD, we had an opportunity to highlight some learnings about communication, particularly around how people engage in the VAD process.

We received the complaint from a family member of a patient with a terminal illness. The family member advised that their parent had made several requests for information on accessing VAD and felt that they did not receive adequate responses. They also claimed that the provider delayed responding to requests for information about VAD, which they felt resulted in their parent's prolonged pain.

What did we do?

A complaints officer investigated the case by reviewing records, interviewing family members, clinicians, and relevant agencies. The officer determined that the period leading up to someone making a first request to access VAD is a very important stage in a patient's journey and requires clear communication for a thorough understanding of the patient's wishes, values and preferences when delivering end of life care.

The officer also recognised that the VAD process was relatively new at the time of the patient's admission and that training is ongoing for this new patient pathway.

During our inquiries, we noted that the provider implemented a service improvement through the development and introduction of a flowchart that outlines the process for referring patients and/or their families to an End-of-Life Care Coordinator for end-of-life or VAD discussions.

What was the outcome?

Our investigation highlighted some important learnings. We made recommendations to strengthen communication with patients and family members, and for service providers to ensure their goals of patient care accurately reflect a patient's wishes and preferences. We recommended that these goals should be reviewed and updated based on changes to a patient's medical condition, and that clear and precise written communication and record keeping is kept. We also recommended that the reflective learnings from the investigation be used as a deidentified case study for training purposes.

Service Two: Educate and Train

2.9 Engagement and outreach

A key part of our role is to educate and train in the prevention and resolution of complaints. We use the learnings from complaints to drive improvements in health, mental health and disability services. We support service providers by providing tools, resources, and knowledge that they can use to improve their services. We share complaints data to drive system changes. We promote the benefits of complaint resolution to the community, raising awareness of our services through outreach.

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 2022 – June 2023 are set out in the following pages.

The past financial year has seen HaDSCO focus on strengthening sector, government, and community relationships. We've maintained connections with a range of stakeholders, formed new relations and most importantly, conducted outreach with communities throughout Western Australia and the IOT.

Engagement with the health, mental health and disability sectors

HaDSCO has continued with strong engagement across the health, mental health, and disability sectors. Engagement within the Government sector has included regular discussions with departments across WA Health, including Safety and Quality, Integrity and Ethics, and special projects. Meetings were also held with the Department of Justice (prison health services) to collaborate on cases, and work together to address complaints. We undertook a visit to a regional prison where we engaged with health centre staff and highlighted the benefits of our complaint resolution role.

We presented at multiple engagement opportunities with Health Service Providers to promote and discuss the work on the reports that HaDSCO produces, featuring both data collected by HaDSCO and from the service providers around numbers and complaint themes.

Meetings have been held at senior levels with the Chief Executives and/or boards of the public health service providers and St John of God Health Care, as well as the Mental Health Commission around complaint themes, the upcoming Code of Conduct, and other areas of mutual interest. A presentation on the Code of Conduct was made to the Chief Health Professionals Forum. We met with the VAD Board Secretariat Unit to discuss HaDSCO's role in this area. The Director attended the Health Commissioners meetings where current trends in health complaints across Australia are discussed and guest speakers present on emerging strategic health reforms that impact on our services.

Under the *Health Practitioner Regulation National Law (WA) Act 2010*, 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. We worked closely with Ahpra beyond the regulation and maintained strong working relationships. At the invitation of Ahpra, we contributed to a range of consultation processes including those relating to cosmetic surgery, use of new powers for release of public statements (warnings), a draft data strategy and guidelines for telehealth consultations.

“Ahpra congratulates HaDSCO on the development of the Code of Conduct and their continued commitment to regulatory excellence. Over the past 12 months, Ahpra and HaDSCO have focused on reducing complaint timeframes and strengthening engagement with key partners. It is a pleasure to work with the HaDSCO team to improve the safety and wellbeing of people seeking health care in WA.”

Ms Jodie Holbrook, WA State Manager of Ahpra.

We identified opportunities to increase our engagement within the mental health sector and commenced work on the Mental Health Complaints Data Collection Program under s309 of the *Mental Health Act 2014*. Discussions with the Mental Health Commission and Office of the Chief Psychiatrist have strengthened links and highlighted avenues to collaborate. HaDSCO attended workshops as part of the statutory review of the *Mental Health Act 2014*.

HaDSCO maintains engagement with the disability sector via meetings with the NDIS Quality and Safeguards Commission regarding complaints management, and attendance at

the Disability Deputies Group, and we acknowledge our shifting role in this space with the introduction of the NDIS. HaDSCO also met with the Office of Disability and Department of Communities staff as part of the Disability legislation reform project.

We have had several meetings with the Aged Care Quality and Safety Commission to collaborate, improve how we work together and positively impact the consumer experience.

HaDSCO took a lead role in re-establishing and hosting the initial Health Complaints Advisory Group meeting, connecting health complaints staff of WA services together for networking and education.

We also continued our membership as part of the Accountability Agencies Collaborative Forum which provides opportunities to collaborate with similar independent statutory bodies on areas of shared work interest.

We provided advice and support to the State Government through liaison with the Minister for Health; Mental Health. As part of this reporting function, we responded to a range of parliamentary questions, briefing notes and drafted replies on specific issues.



HaDSCO's Executive Team

The Code of Conduct

HaDSCO has been promoting the upcoming implementation of the Code of Conduct – new legislation that is set to increase our scope.

The Code of Conduct sets minimum standards of practice for health care workers who are not registered under the National Registration Accreditation Scheme (NRAS), or who provide services unrelated to their registration, or who are student or volunteer health care workers. The Code of Conduct contains 17 clauses which set out the manner in which health care workers should undertake their practice.

The Code of Conduct does not restrict entry into practice but allows for action to be taken against a health care worker who fails to comply with the proper standards as provided for in the code. This includes issuing prohibition orders to cease practice or placing conditions on a health care worker's practice where their conduct presents a serious risk to public health and safety.

Outreach regarding the Code of Conduct has occurred with multiple agencies, including the Western Australia Police Force, Department of Health, Department of Mines, Industry Regulation and Safety (Consumer Protection Division), the State Administrative Tribunal and the State Solicitor's Office.

Our outreach efforts – community engagement

Regional visits, including to the East and West Pilbara and participation in the Wagin Woolorama and a webinar for regional communities highlighted the importance of remote connectivity and provided insights into the unique health challenges that can be compounded by geographic distance. As part of a service delivery arrangement with the Australian Government, engagement with IOT communities on Cocos and Christmas Islands helped to build knowledge and awareness of HaDSCO services via interface with local health services, both public and private.

We have been focusing on ways to strengthen bonds with the community through advocacy bodies and have created strong links with the Health Consumers' Council via a shared presentation and morning tea, and Carers WA via regular meetings.

HaDSCO held an exhibit at the WA Aboriginal Community Controlled Health Sector Conference, the primary audience of this was staff who provide services to Aboriginal communities, which led to a presentation with Synapse Australia's Brain Injury Organisation. We attended the Women's Health Week event hosted by Ishar Multicultural Women's Health Services to meet with CaLD consumers and health service providers.

HaDSCO also attended Pride Fairday to promote services amongst the LGBTQIA+ community and attended the Seniors Day event to engage with older people, retirees, and other members of the aged community.



HaDSCO and the Health Consumers' Council

Education

Working closely with industry, advocacy groups and the community allows us to educate stakeholders on our role in the health industry, and how we can collaborate to benchmark outcomes and achieve continuous improvement.

These educational themes were central to HaDSCO presentations at the Carers WA conference, the Fiona Stanley, and Fremantle Hospital Group Consumer Advisory Council and at the Carers Participation in Health Forum to increase awareness of HaDSCO services.

Training was provided to graduate mental health nurses as part of the University of Notre Dame Australia mental health graduate program, and to Law Students at Murdoch University. The

tertiary stakeholder engagement gave us a platform to converse directly with students and demonstrated the value in liaising with future health care workers.

Education sessions were delivered as part of collaborative state government efforts with local communities in the IOT and the Pilbara. This helped us connect with remote communities, and demonstrated the value of working closely with other support services such as the Equal Opportunity Commission, the Office of the Information Commissioner WA, the Department of Communities, the Western Australian Ombudsman and the Department of Mines, Industry Regulation and Safety (Consumer Protection).

Publications

Multiple publications have been produced and public submissions were made to Ahpra as part of its national law reform initiatives and consultations on policy changes; the Department of Communities as part of Reforming the WA Disability Legislation; and the Australian Commission on Safety and Quality in Health Care regarding radiology complaints.

10 Report cards were produced for the major Health Service Providers, large private hospitals and for mental health complaints, detailing complaints received by HaDSCO regarding their services.

The Health Services Complaints Trends Report prepared as part of the Health Services Data Collection Program under section 75 of the *Health and Disability Services (Complaints) Act 1995* was produced and published via the website.

Educational documents are available to provide information and education to consumers and providers of health services within WA. The suite is comprised of 36 publications including brochures, factsheets and the Annual Report with content including how to make a complaint, information for health service providers, disability service providers, mental health service providers, and most recently the Code

of Conduct for certain health care workers. New Code of Conduct information has been developed for use in the new financial year. An information sheet titled “Learning from complaints involving carers” was released as part of HaDSCO’s presentation to the Carers Conference.

The public information contains versions that are aimed specifically for Aboriginal communities, and translated brochures in Arabic, Bahasa Malay, Chinese (Mandarin), Cocos Malay, Italian and Vietnamese. All our material is available in other languages on request.

Feedback from our education partners

“A huge thank you for taking the time to come and talk to this class. They made it known to me that they were extremely appreciative of you all taking the time to come and share your experience with them – without you all, it would be a very dull time for them! I will be very interested to read their reflection pieces in the exam, as I learned how doing this unit really makes them think about their future lives as practitioners.”

Prof Lisa Young
School of Law
Murdoch University

I would like to acknowledge the contribution HaDSCO makes to the Mental Health Graduate Nurses Program at Notre Dame University (Fremantle) as part of preparing newly qualified nurses to work in the Mental Health field. The lectures provide a valuable learning opportunity to this group of nurses twice a year.”

Phil Daplyn RN MN
Nursing & Midwifery
Faculty of Medicine, Nursing and Midwifery & Health Sciences

3

ISSUES & TRENDS

PAGE

3.1 Significant issues and trends

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3.1 Significant issues and trends

Each year the Office identifies the emerging issues and trends that will have an impact on our service delivery. The significant issues facing the Office over the past 12 months are discussed below.

Regulatory reform to protect community health and safety

Regulatory reform remains a priority for the Office; we have been preparing for an expanded regulatory role following the implementation of the Code of Conduct for certain health care workers. Over the past year we have prioritised strengthening our working relationships with other regulatory bodies and service providers to promote awareness of the Code of Conduct and ensure that appropriate action is taken as quickly as possible to prevent unregistered health care workers from providing services that are unsafe or unethical.

Review of the Office's principal legislation

The Education and Health Standing Committee's *Report of the Inquiry into the Esther Foundation and unregulated private health facilities* highlighted the need for regulation to

be responsive to evolving models of service delivery, as well as the harm that can occur for consumers when there is a lack of oversight. The review of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993* has commenced and provides a timely opportunity for our Office to consider whether our role and functions meet the current needs of the community. The Office also welcomes the opportunity to work with our stakeholders to determine the most effective way to protect public health and safety, particularly in relation to services where there has been minimal oversight to date.

Provision of quality, independent complaint resolution services

Over the past 12 months, commencing the review of our principal legislation, as well as the reviews that are already underway for Western Australia's mental health and disability legislation, has led to consideration of possible changes to the Office's service delivery model to ensure our services are accessible, timely and meet consumer expectations. Through our annual stakeholder engagement strategy, the Office had a renewed focus on the promotion of our services to improve awareness of our role in the health, mental health and disability sectors.

With respect to the complaints managed by our Office, the past year saw a return to pre-COVID complaint volume. This enabled us to focus on other strategic priorities. We commenced work on a Mental Health Complaints Data Collection Program, with the pilot to occur in the 2023-24 financial year. The implementation of this data collection program, in accordance with section 309 of the *Mental Health Act 2014*, will provide an effective means for mental health service providers to learn from complaints and identify opportunities for service improvement.

The past year also saw the Office remain committed to continuously improving the complaints data that is shared each year with providers of health services, ensuring that there is awareness across the sector of the issues that result in consumers making complaints, and to encourage continuous improvement in the delivery of patient-centred care.

4

DISCLOSURES AND LEGAL COMPLIANCE

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4.1 Disclosures and legal compliance

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

4.2 Other disclosures

Ministerial Directives

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

Pricing Policy

The Office maintains a service delivery arrangement with the Australian Government for services provided to the IOT regarding the delivery of health, disability, and mental health service complaints.

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

Capital works

There were no capital works undertaken during the reporting year.

Staffing profile

The Office managed staff resources within the Department of Treasury approved salary cap during the reporting year.

As of 30 June 2023, there were 26 staff directly employed by the Office.

The following table provides a breakdown of the categories of employment for staff directly employed in 2021-22 and 2022-23.

	2022-23	2021-22
Full-time (Permanent)	13	11
Full-time (Secondment / Contract)	8	7
Part-time (Permanent)	4	3
Part-time (Secondment / Contract)	1	
Total	26	21

Industrial relations

All staff are employed under the *Public Sector CSA Agreement 2022*.

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

Workers' Compensation

The Office did not receive any workers compensation claims during the reporting year.

Shares in subsidiary bodies

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

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 uses corporate purchasing cards where it provides administrative efficiencies, and a staff member's function warrants their use. Purchasing cards are not to be used for personal purposes. Should personal expenditure be incurred a card holder is required to inform the Accountable Authority within five working days and refund the total amount.

There were no instances of a purchasing card being utilised for personal purposes during the reporting year.

Freedom of Information

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

Requests for information access may be made through a Freedom of Information application. This involves lodging a written request via email or post containing enough detail for the application to be processed.

All requests for information can be granted, partially granted, or may be refused in accordance with the *Freedom of Information Act 1992*. In the reporting year two applications for information were received. The two applications were refused as the requested documents were exempt from release.

Expenditure on Advertising

Expenditure	Organisation	Amount	Total
Advertising agencies	CLARITY CORPORATE COMMUNICATIONS PTY LTD	\$7,808	\$7,808
Market research organisations	-	-	-
Polling organisations	-	-	-
Direct mail organisations	-	-	-
Media advertising organisations	INITIATIVE MEDIA AUSTRALIA PTY LTD	\$5,618	\$5,618
Total		\$13,426	\$13,426

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).

In 2023 HaDSCO released a new DAIP, covering 2023-27. Our DAIP outlines our commitment to promoting disability inclusion in all aspects of our work, from the services we provide to the physical spaces we occupy. HaDSCO recognises the importance of creating an environment where all individuals can access our services with dignity and without barriers.

HaDSCO adopts the social model of disability. This model shifts the definition of impairment away from the person to the social environment, including barriers which may hinder equitable participation. HaDSCO is committed to furthering the principles and objectives of the *Disability Services Act 1993* by addressing the seven outcomes of the DAIP.

- Access to services and events
- Access to building and facilities
- Access to information
- Quality of service
- Complaint opportunities
- Public consultation opportunities
- Employment opportunities

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

Key achievements under these banners:

- We aim to provide an accessible service by offering various way in which a complaint can be lodged, and provide assistance for a complainant to do this if needed.
- There has been increased focus on ensuring our publications are accessible and have an easy English version
- Our Office accommodation, building and facilities provide access for individuals with disability which are sign posted.
- Staff with lived experience hosted a morning tea and education session for staff on International Day of People with Disability in December 2022.

Access to services and events	Access to buildings and facilities	Access to information	Quality of service	Complaint opportunities	Public consultation opportunities	Employment opportunities
<p>People with disability have the same opportunities as other people to access the services of, and any events organised by, the Office.</p> <ul style="list-style-type: none"> Effectively communicate the range of information, services and supports available to people with disability. Ensure HaDSCO policies and procedures consider needs of people with disability and carers. Advise users of HaDSCO about accessibility options when accessing our services. 	<p>People with disability have the same opportunities as other people to access the buildings and other facilities of the Office.</p> <ul style="list-style-type: none"> Advise users of HaDSCO about accessibility options when accessing our services. Ensure signage identifying accessible areas within HaDSCO's office space are displayed. 	<p>People with disability can access information from the Office as readily as other people.</p> <ul style="list-style-type: none"> Provide materials in alternative formats upon request. Incorporate easy read principles in HaDSCO's printed materials. 	<p>People with disability receive the same level and quality of services from staff of the Office as other people.</p> <ul style="list-style-type: none"> Improve understanding of disability, access and inclusion among HaDSCO's staff. Strengthen staff's skills in communicating with people with disability. Review systems used to identify people with disability. 	<p>People with disability have the same opportunities as other people to make complaints to the Office.</p> <ul style="list-style-type: none"> Ensure all complaint and feedback mechanisms are accessible. Increase awareness of complaint and feedback mechanisms for people with disability and their carers. Monitor complaints and feedback provided by people with disability and carers, and report on outcomes or changes. 	<p>People with disability have the same opportunities as other people to participate in any public consultation held by the Office.</p> <ul style="list-style-type: none"> Engage people with disability and carers in HaDSCO's consultation processes. 	<p>People with disability have the same opportunities as other people to obtain and maintain employment with the Office.</p> <ul style="list-style-type: none"> Review recruitment processes to ensure they are inclusive and accessible for people with disability. Strengthen support provided to HaDSCO staff with a disability. Foster a workplace culture that is inclusive and welcoming for people with disability. Monitor workforce statistics regarding employment and retention of people with disability within HaDSCO to inform action.

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 expected standard of professionalism and behaviour. During the reporting year the Office released its Strategic Plan 2023-27. Through this process the Office Values were updated. The Code was revised to reflect contemporary Public Sector guidance.

The Code reflects the high standards of conduct expected by the Office and our commitment to ethics and integrity. A copy is provided to all employees, and a requirement for compliance is through the induction process.

The Code and values not only define expected behaviour 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 of the Corporate Executive. This year, there were no non-compliances with policy.

Conflicts of Interest

We manage potential and actual conflicts of interest in compliance with the policy provision 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 First Aid officer and Deputy First Aid officer positions were held by staff who have completed the relevant first aid training.

The table below provides quantitative data on our occupational safety, health, and injury management performance for the year.

Indicator	2020-21	2021-22	2022-23	Target
Number of fatalities	0	0	0	0
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 returned to work (i) within 13 weeks	Not applicable	Not applicable	Not applicable	Greater than or equal to 80%
Percentage of injured workers returned 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 refresher training within three years.	60%	80%	67%	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	2022/23 period of membership	2022/23 gross remuneration
Chair	Mr. James Cottrill (Stantons)	12 months	\$1,100

WA Multicultural Policy Framework

In February 2020, the Western Australian Multicultural Policy Framework (WAMPF) 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 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 acts 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.

Progress on actions is monitored by the Corporate Executive. Actions completed within this financial year include:

Policy priority 1- Harmonious and inclusive communities

Action	Timeframe	Status	Outcome Achieved
Identify staff to become inclusion champions across the agency	December 22	Ongoing	The Deputy Director has taken on the role for 2023 and is coordinating the calendar of inclusion workplace events.
Participate in key multicultural events in both a social and work capacity	June 25	Ongoing	HaDSCO hosted a Reconciliation Week breakfast; we had a staff member host a morning tea where they provided food from their country of origin.
Survey staff for culturally and linguistically diverse backgrounds	June 23	Complete/ongoing	All staff are surveyed for this information on commencement and this information is reviewed via the Quarterly Entity Profile.

Policy priority 2- Culturally responsive policies, programs, and services

Action	Timeframe	Status	Outcome Achieved
Increase cultural competency skills of staff through delivery of relevant training programs and education.	June 23	Ongoing	Cultural awareness training included in induction package for all new staff.
Engagement with the CaLD community	June 23	Ongoing	Community forums were held in the IOT to create an opportunity for listening to the needs of the community and provide education on HaDSCO’s services.

Policy priority 3- Economic, social, cultural, civil, and political participation

Action	Timeframe	Status	Outcome Achieved
Participate in the WAMPF Interagency Network	June 22-25	Ongoing	HaDSCO has sent representatives to the meetings held in the 2022-23 financial year who have enjoyed the opportunity to share and learn with other attendees.

Substantive Equality

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

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 Multicultural Plan and newly developed Disability Access and Inclusion Plan.

4.7 Our people

We employ 26 people, which equates to 24.1 full time equivalent (FTE) employees. The attrition rate was 38% during the year, an improvement from 53% in 2021-22.

In total, 10 recruitment processes were finalised during the reporting year for new employees.

Two significant appointments to senior leadership positions were finalised this reporting year in the role of Deputy Director and the newly established Assistant Director Complaints Resolution position.

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

During the reporting year the Office engaged a new Employee Assistance Program (EAP) provider. The program is available to support our staff through the access to confidential independent counselling, advice, and support with a range of issues that may be impacting their personal or work life.

During the year, the EAP service provided a mental health stocktake session with all staff from the Office.

Wellness

During the year, a number of staff wellbeing initiatives were provided to staff including access to a massage service in the Office and annual flu vaccination program.

The Black Dog Institute was engaged to provide the session Mental Health is Everybody's Business, aiming to encourage staff to seek assistance if it is required.

A staff member initiated the participation in this year's HBF Run for a Reason as an office. The event included members of the senior leadership team and staff across the Office participating in the 4km, 12km and half-marathon distances.

A new Flexible Working Arrangements Policy was endorsed during the reporting year including provisions for home-based work. Flexible working arrangements support staff balance work and non-work commitments, and are encouraged where they are mutually beneficial. The introduction of more flexible working options is seen as a key strategy in the attraction and retention of staff.

Staff development

As part of our commitment to fostering an environment of continued professional learning, we offered numerous opportunities for staff engagement throughout the year.

Staff members attended a range of learning and development events. These included Acknowledging Country education provided by the Health Consumers' Council and Complaints Data training provided by the Society of Consumer Affairs Professionals.

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

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

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 part time Information Management Officer was appointed to progress identified areas of improvement within the RKP submitted to the State Records Office in June 2022.

Business Services staff undertook EDRMS administrator training during the reporting year and all staff were provided with records refresher training or induction upon starting with the Office.

4.9 Corporate governance

Risk management

The Office has an obligation to identify and manage all risks consistent with the Treasurer's Instruction 825: Risk Management and Security (TI 825).

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 TI 825. In August 2022 the Office implemented its 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. Also ensuring 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 March 2023, the complaints process was reviewed. The audit objective was to assess the effectiveness of the complaint resolution process compared with *AS 10002:2022 Guidelines for complaints management in organizations*. The audit saw a considerable improvement in processes from the previous complaints management audit conducted in 2019.

In June 2023, 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 audit saw an improved outcome from previous audits with two low risk recommendations being made.

The audit results are reported to the Corporate Executive 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.

The Office was acknowledged as one of the 2021-22 best practice entities for timeliness and quality of financial reporting controls in the Auditor General's Financial Audit Results – State Government 2021-22 report.

Managing complaints and Feedback

Complaints handling

In the reporting year, the Office received one feedback form and ten requests for internal review regarding complaint resolution services. Feedback can be provided via the website, by telephone, in writing or by email.

The concerns raised were predominantly around staff management of the complaint or dissatisfaction with the decision and/or outcome. Internal reviews were undertaken by a senior officer who has not been 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 satisfied with the outcome of our internal review.

Public Interest Disclosures

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 the Office has a designated PID Officer. The Officer participated in a Public Sector Commission facilitated session: Navigating the Public Interest Disclosure Act.

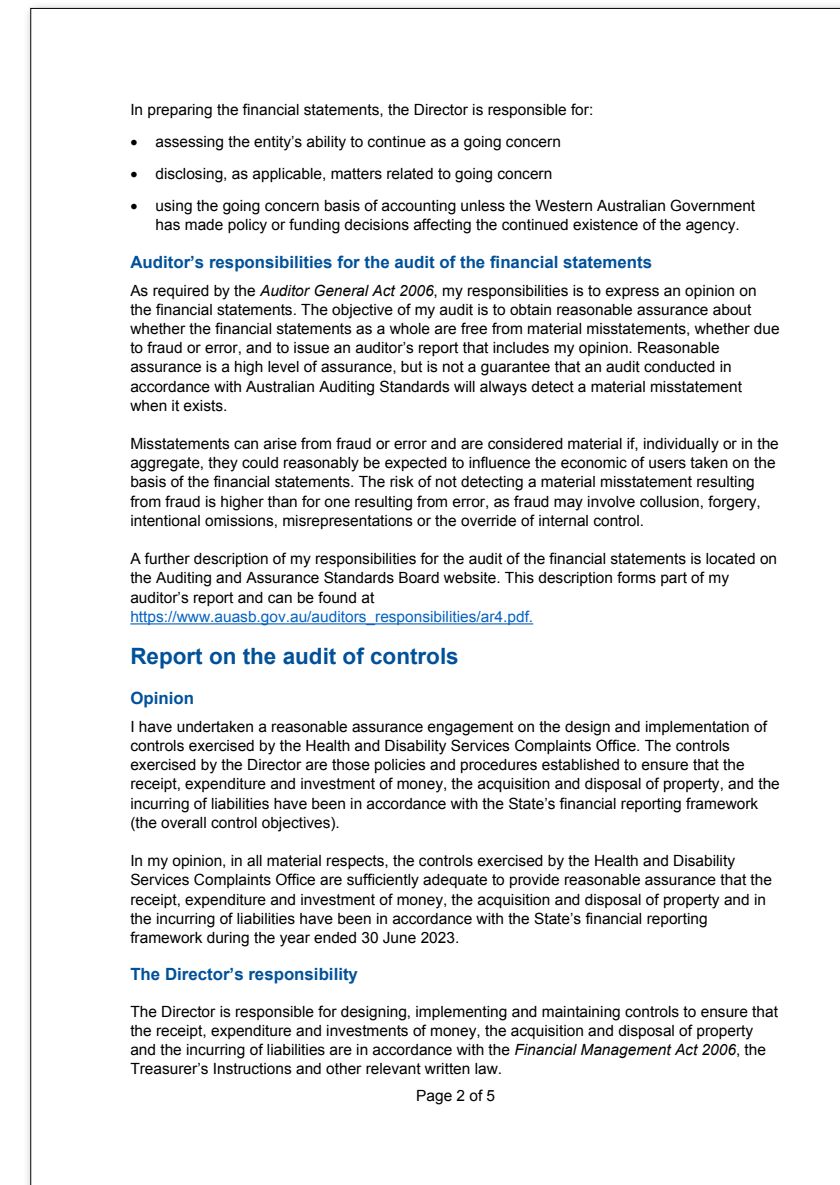
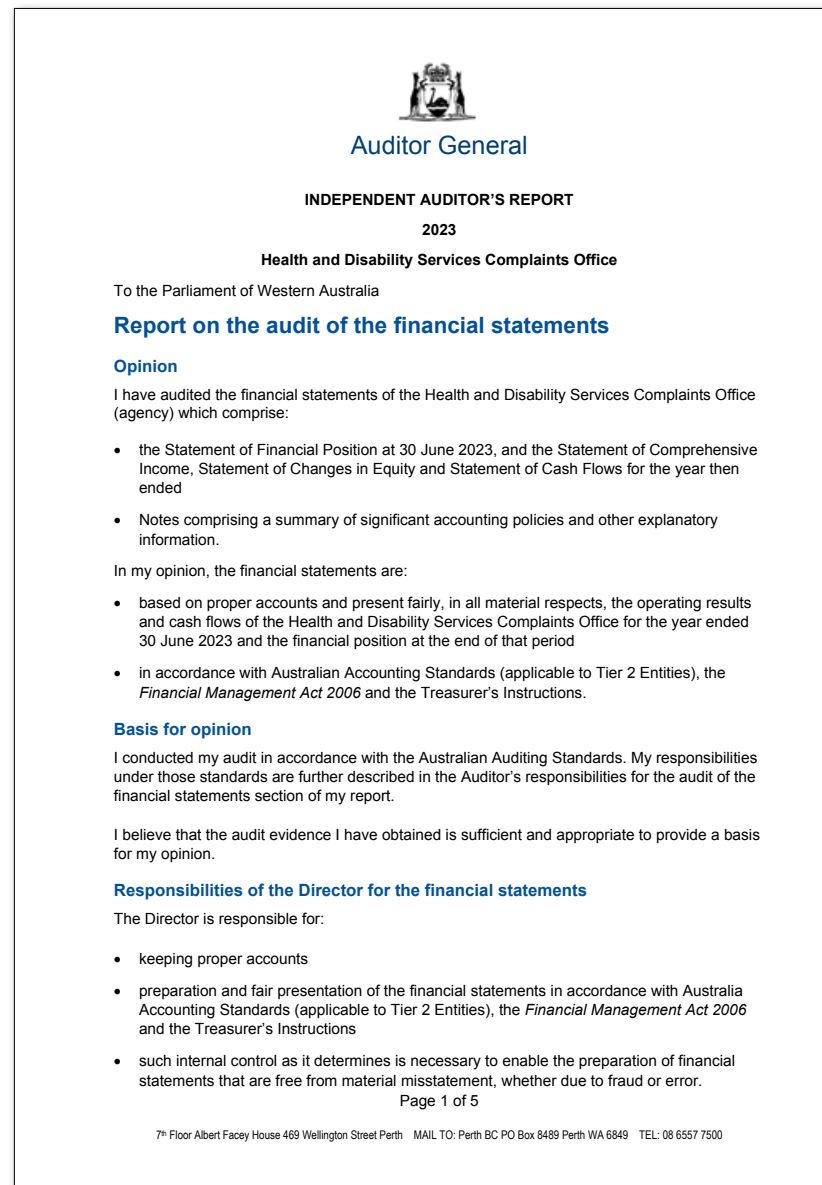
There were no PID disclosures this year.



5 FINANCIAL STATEMENTS

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5.1 Independent Auditor's Report



Auditor General's responsibilities

As required by the *Auditor General Act 2006*, my responsibilities 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 Engagement 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 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 design.

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 objective.

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 controls.

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 2023. 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 assess the agency's performance and fairly represent indicated performance for the year ended 30 June 2023.

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

In preparing the key performance indicators, the Director is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instructions 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 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 management 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 ASQM 1 Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements*, the Office of the Auditor General maintains a comprehensive system of quality management including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

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 2023, but not the financial statements, key performance indicators and my auditor's report.

My opinions on the financial statements, controls and key performance indicators do not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, controls and key performance indicators, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and key performance indicators or my 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.



Matters relating to the electronic publication of the audited financial statements and key performance indicators

The 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 2023 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
4 August 2023

5.2 Certification of financial statements




Certification of financial statements


For the reporting period ended 30 June 2023

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 2023 and the financial position as at 30 June 2023.

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.



KIERAN BEARD
CHIEF FINANCIAL OFFICER
3 August 2023



SARAH COWIE
DIRECTOR
ACCOUNTABLE AUTHORITY
3 August 2023

5.3 Statement of comprehensive income For the year ended on 30 June 2023

	Notes	2023	2022
Cost of services			
Expenses			
Employee benefits expenses	2.1(a)	2,939,881	2,294,742
Supplies and services	2.2	433,843	415,161
Depreciation and amortisation expenses	4.1, 4.2, & 4.3	54,449	51,646
Finance costs	6.2	1,889	211
Accommodation expenses	2.2	284,583	318,719
Other expenses	2.2	134,980	110,017
Total cost of services		3,849,625	3,190,496
Income			
Commonwealth grants	3.2	11,006	16,911
Other income	3.3	1,419	1,514
Total income		12,425	18,425
Net cost of services		3,837,200	3,172,071
Income from State Government			
Service appropriation	3.1	4,055,000	2,984,000
Resources received	3.1	170,389	257,240
Total income from State Government		4,225,389	3,241,240
Surplus for the period		388,189	69,169
Other comprehensive income			
Total other comprehensive income		-	-
Total comprehensive income for the period		388,189	69,169

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

5.4 Statement of financial position As at 30 June 2023

	Notes	2023	2022		Notes	2023	2022
Assets				Liabilities			
Current assets				Current liabilities			
Cash and cash equivalents	6.3	1,324,772	817,625	Payables	5.4	151,025	143,161
Restricted cash and cash equivalents	6.3	12,166	35,854	Lease liabilities	6.1	7,476	6,975
Receivables	5.1	2,723	68,937	Employee related provisions	2.1(b)	470,125	413,771
Other assets	5.3	46,390	14,751	Total current liabilities		628,626	563,907
Total current assets		1,386,051	937,167	Non-current liabilities			
Non-current assets				Lease liabilities	6.1	15,862	23,339
Restricted cash and cash equivalents	6.3	43,000	43,000	Employee related provisions	2.1(b)	27,433	30,430
Amounts receivable for services	5.2	157,000	105,000	Total non-current liabilities		43,295	53,769
Plant and equipment	4.1	3,100	5,167	Total liabilities		671,921	617,676
Intangible assets	4.2	320,090	364,754	Net assets		1,259,832	867,643
Right-of-use assets	4.3	22,512	30,231	Equity			
Total non-current assets		545,702	548,152	Contributed equity		120,000	116,000
Total assets		1,931,753	1,485,319	Accumulated surplus		1,139,832	751,643
				Total equity		1,259,832	867,643

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

5.5 Statement of changes in equity For the year ended on 30 June 2023

	Contributed equity	Accumulated surplus	Total equity
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
Balance at 30 June 2022	116,000	751,643	867,643
Balance At 1 July 2022	116,000	751,643	867,643
Surplus	-	388,189	388,189
Total comprehensive income for the period	-	388,189	388,189
<i>Transactions with owners in their capacity as owners:</i>			
Capital appropriations	4,000	-	4,000
Total	4,000	388,189	392,189
Balance at 30 June 2023	120,000	1,139,832	1,259,832

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

5.6 Statement of cash flows For the year ended on 30 June 2023

Notes	2023	2022
Cash flows from the State Government		
Service appropriation	4,003,000	2,932,000
Capital appropriation	4,000	4,000
Net cash provided by State Government	4,007,000	2,936,000
<i>Utilised as follows:</i>		
Cash flows from operating activities		
Payments		
Employee benefits	(2,807,308)	(2,350,508)
Supplies and services	(296,116)	(214,688)
Finance costs	(1,750)	(213)
Accommodation	(272,613)	(265,642)
Other payments	(151,804)	(104,444)
Receipts		
Commonwealth grants and contributions	11,006	16,911
Other receipts	1,419	1,514
Net cash used in operating activities	(3,517,166)	(2,917,070)

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

5.7 Notes to the financial statements For the year ended on 30 June 2023

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 3 August 2023.

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

	2023	2022
Employee benefits	2,664,506	2,087,700
Termination benefits	-	1,230
Superannuation - defined contribution plans	275,375	205,812
Employee benefits expenses	2,939,881	2,294,742
Add: AASB 16 Non-monetary benefits	9,607	5,125
Less: Employee contributions	-	-
Total employee benefits provided	2,949,488	2,299,867

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

	2023	2022
Current		
Employee benefits provisions		
Annual leave	229,458	211,526
Long service leave	240,667	202,245
Total current employee related provisions	470,125	413,771
Non-current		
Employee benefits provisions		
Long service leave	27,433	30,430
Total non-current employee related provisions	27,433	30,430
Total employee related provisions	497,558	444,201

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 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

	2023	2022
Supplies and services		
Communications	36,381	39,976
Consultants and contractors	106,848	60,285
Consumables	23,105	24,756
IT Software and licences	70,813	68,555
Resources received – ICT support	102,223	121,291
Resources received – Finance	4,908	45,741
Resources received – HR support	20,391	16,937
Resources received – Supply chain	289	526
Resources received – Legal	28,227	17,378
Travel	40,658	19,716
Total supplies and services expenses	433,843	415,161
Accomodation expenses		
Office rental	265,568	261,181
Resources received - office fit-out and leasing	13,145	53,230
Electricity	5,870	4,308
Total accomodation expenses	284,583	318,719

	2023	2022
Other expenses		
Administration	1,886	1,702
Equipment repairs and maintenance	-	1,518
Buildings and infrastructure maintenance	3,804	101
Advertising and promotion expenses	18,580	1,357
Other staffing costs	42,347	39,779
Insurance	22,003	22,957
Motor vehicle expenses	2,642	1,986
Audit fees	38,227	35,340
Resources received - Medical Supplies	1,206	2,138
Other	4,285	3,139
Total other expenses	134,980	110,017
Total other expenditure	853,406	843,897

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

	2023	2022
Appropriation received during the period:		
Service appropriation	4,055,000	2,984,000
Total appropriation received	4,055,000	2,984,000
Resources received from other public sector entities during the period:		
Department of Finance - office fit-out costs	13,145	53,230
State Solicitor's Office - legal service	28,227	17,378
Department of Health - Finance Support	-	41,227
Health Support Services - ICT, Finance and HR service	129,017	145,405
Total resources received	170,389	257,240
Total income from State Government	4,225,389	3,241,240

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 2023

	2023 Budget	2023 Supplementary funding	2023 Revised budget	2023 Actual	2023 Variance
<u>Delivery of Services</u>					
Item 57 Net amount appropriated to deliver services	3,684,000	131,000	3,815,000	3,815,000	-
<u>Amount Authorised by Other Statutes</u>					
- Salaries and Allowances Act 1975	240,000	-	240,000	240,000	-
<u>Capital</u>					
Item 126 Capital Appropriation	4,000	-	4,000	4,000	-
Total appropriations provided to deliver services	3,928,000	131,000	4,059,000	4,059,000	-
Total consolidated account appropriations	3,928,000	131,000	4,059,000	4,059,000	-

3.2 Commonwealth grants

	2023	2022
Recurrent grant - Christmas and Cocos (Keeling) Islands	11,006	16,911
Total Commonwealth grants	11,006	16,911

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

	2023	2022
Other income	1,419	1,514
Total other income	1,419	1,514

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 2023	Office Equipment	Total
1 July 2022		
Gross carrying amount	15,880	15,880
Accumulated depreciation	(10,713)	(10,713)
Carrying amount at start of period	5,167	5,167
Additions	-	-
Depreciation	(2,067)	(2,067)
Carrying amount at end of period	3,100	3,100
Gross carrying amount	15,880	15,880
Accumulated depreciation	(12,780)	(12,780)

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 2023	Computer Software	Total
1 July 2022		
Gross carrying amount	446,638	446,638
Accumulated amortisation	(81,884)	(81,884)
Carrying amount at start of period	364,754	364,754
Additions	-	-
Amortisation expense	(44,664)	(44,664)
Carrying amount at end of period	320,090	320,090

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 2023 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 2023	Vehicles	Total
At 1 July 2022		
Gross carrying amount	30,874	30,874
Accumulated depreciation	(643)	(643)
Carry amount at beginning of period	30,231	30,231
Additions	-	-
Depreciation	(7,718)	(7,718)
Net carrying amount as at end of period	22,512	22,512

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

	2023	2022
<u>Current</u>		
Accrued revenue	305	66,354
GST receivable	2,418	2,583
Total receivables at end of period	2,723	68,937

5.2 Amounts receivable for services (Holding Account)

	2023	2022
Non-current	157,000	105,000
Total Amounts receivable for services at end of period	157,000	105,000

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 Receivables

	2023	2022
<u>Current</u>		
Prepayments	46,390	14,751
Total other assets at end of period	46,390	14,751

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

	2023	2022
<u>Current</u>		
Trade payables	1,585	7,393
Other payables	3,390	2,793
Accrued expenses	31,712	48,690
Accrued salaries	114,338	84,285
Total payables at end of period	151,025	143,161

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

	2023	2022
Not later than one year	7,476	6,975
Later than one year and not later than five years	15,862	23,339
Later than five years	-	-
	23,338	30,314
<u>Current</u>	7,476	6,975
Non-current	15,862	23,339
Total lease liability at end of period	23,338	30,314

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

	2023	2022
Lease expenses recognised in the Statement of Comprehensive income		
Lease interest expense	1,889	211
Expenses relating to variable lease payments not included in lease liabilities	11	7
Total Lease Expense	1,900	218

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

	2023	2022
Interest Expense		
Interest expense on lease liabilities	1,889	211
Total interest expense	1,889	211

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

6.3 Cash and cash equivalents

	2023	2022
Cash and cash equivalents	1,324,772	817,625
Restricted cash and cash equivalents	55,166	78,854
Balance at end of period	1,379,938	896,479

Restricted cash and cash equivalents	2023	2022
Current		
Grant ^(a)	12,166	35,854
Non-current		
Accrued salaries suspense account ^(b)	43,000	43,000
Balance at end of period	55,166	78,854

^(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:

	2023	2022
Financial assets		
Cash and cash equivalents	1,379,938	896,479
Financial assets at amortised cost ^(a)	305	66,354
Total financial assets	1,380,243	962,833
Financial liabilities		
Financial liabilities at amortised cost	174,364	173,475
Total financial liabilities	174,364	173,475

^(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
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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 (\$)	2023	2022
300,001 - 350,000	1	-
250,001 - 300,000	-	1
150,001 - 200,000	-	1
50,001 - 100,000	4	1
	2023	2022
Total compensation of senior officers	642,187	573,561

The number of key management personnel this year is higher due to staff movements.

8.3 The number of key management personnel this year is higher due to staff movements.

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

	2023	2022
Balance at start of period	35,854	22,821
Receipts		
Commonwealth grant	11,006	16,911
Payments		
Delivery of Health and Disability Complaints Services	(34,694)	(3,878)
Balance at end of period	12,166	35,854

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:

	2023	2022
Auditing the account, financial statements, controls, and key performance indicators	30,000	24,200

8.8 Supplementary financial information

(a) Write-offs

During the financial year, \$716 (2022: Nil) was written off the Office's books under the authority of:

	2023	2022
The accountable authority	716	-
	716	-

Note. 9 Explanatory Statements

This section explains variations in the financial performance of the Office.

	Notes
Explanatory statements	9.1

9.1.1 Statement of comprehensive income variances

All variances between annual estimates (original budget) and actual results for 2023, and between the actual results for 2023 and 2022 are shown below. Narratives are provided for key major variances which vary more than 10% from their comparative and that the variation is more than 1% of the following variance analyses for the:

1. Estimate and actual results for the current year

- Total Cost of Services of the estimate for the Statement of comprehensive income and Statement of cash flows (i.e. 1% of \$4,211,000); and
- Total Assets of the estimate for the Statement of financial position (i.e. 1% of \$1,386,000).

2. Actual results for the current year and the prior year actual:

- Total Cost of Services for the previous year for the Statements of comprehensive income and Statement of cash flows (i.e. 1% of \$3,190,496); and
- Total Assets for the previous year for the Statement of financial position (i.e. 1% of \$1,485,319).

Significant variances between estimated and actual for 2023

- (a) Supplies and services are lower than estimate due to the timing of consultancy expenditure in relation to the Statutory Review.
- (b) Accommodation expenses are lower than estimate due to reduced resources received free of charge from Department of Finance relating to office fit-out depreciation.
- (c) Resourced received free of charge is lower than estimate due to reduced resources received from Department of Finance relating to office fit-out.

Significant variances between actual for 2022 and 2023

- (d) The increase in employee benefits expenses is mainly due to increase in staffing costs to support the implementation of the National Code of Conduct for health care workers (the National Code), as well as increased salaries and one-off cost of living payment under the public sector wages policy.
- (e) The increase in service appropriation is mainly due to additional funding for the implementation of the National Code and the Statutory Review.
- (f) The decrease in resources received is mainly due to lower resource received free of charge from the Department of Finance relating to office fit-out.
- (g) The decrease in accommodation expenses is mainly due to reduced resources received from Department of Finance relating to office fit-out.

	Variance note	Estimate 2023	Actual 2023	Actual 2022	Variance between actual and estimate	Variance between actual results for 2023 and 2022
Cost of services						
Expenses						
Employee benefits expenses	(d)	3,068,000	2,939,881	2,294,742	(128,119)	645,139
Supplies and services	(a)	593,000	433,843	415,161	(159,157)	18,681
Depreciation and amortisation expenses		52,000	54,449	51,646	2,449	2,804
Finance costs		1,000	1,889	211	889	1,677
Accommodation expenses	(b) (g)	328,000	284,583	318,719	(43,417)	(34,136)
Other expenses		169,000	134,980	110,017	(34,020)	24,963
Total cost of services		4,211,000	3,849,625	3,190,496	(361,376)	659,128
Income						
Commonwealth grants		30,000	11,006	16,911	(18,994)	(5,905)
Other income		-	1,419	1,514	1,419	(95)
Total income		30,000	12,425	18,425	(17,575)	(6,000)
Net cost of services		4,181,000	3,837,200	3,172,071	(343,800)	665,128
Income from State Government						
Service appropriation	(e)	3,924,000	4,055,000	2,984,000	131,000	1,071,000
Resources received	(c) (f)	257,000	170,389	257,240	(86,611)	(86,851)
Total income from State Government		4,181,000	4,225,389	3,241,240	44,389	984,149
Surplus for the period		-	388,189	69w,169	388,189	319,020

9.1.2 Statement of financial position variances

Variance note	Estimate 2023	Actual 2023	Actual 2022	Variance between actual and estimate	Variance between actual results for 2023 and 2022
Assets					
Current assets					
Cash and cash equivalents	765,000	1,324,772	817,625	559,772	507,147
Restricted cash and cash equivalents	23,000	12,166	35,854	(10,834)	(23,688)
Amounts receivable for services	10,000	-	-	(10,000)	-
Receivables	14,000	2,723	68,937	(11,277)	(66,214)
Other assets (a) (b)	22,000	46,390	14,751	24,390	31,639
Total current assets	834,000	1,386,051	937,167	552,051	448,884
Non-current assets					
Restricted cash and cash equivalents	33,000	43,000	43,000	10,000	-
Amounts receivable for services	149,000	157,000	105,000	8,000	52,000
Plant and equipment	7,000	3,100	5,167	(3,900)	(2,067)
Intangible Assets (c)	347,000	320,090	364,754	(26,910)	(44,664)
Right-of-use assets	16,000	22,512	30,231	6,512	(7,719)
Total non-current assets	552,000	545,702	548,152	(6,298)	(2,450)
Total assets	1,386,000	1,931,753	1,485,319	545,753	446,434

Variance note	Estimate 2023	Actual 2023	Actual 2022	Variance between actual and estimate	Variance between actual results for 2023 and 2022
Liabilities					
Current liabilities					
Payables	88,000	151,025	143,161	63,025	7,864
Lease liabilities	5,000	7,476	6,975	2,476	501
Employee related provisions (d)	490,000	470,125	413,771	(19,875)	56,354
Total current liabilities	583,000	628,626	563,907	45,626	64,719
Non-current liabilities					
Lease liabilities	12,000	15,862	23,339	3,862	(7,477)
Employee related provisions	22,000	27,433	30,430	5,433	(2,997)
Total non-current liabilities	34,000	43,295	53,769	9,295	(10,474)
Total liabilities	617,000	671,921	617,676	54,921	54,245
Net assets	769,000	1,259,832	867,643	490,832	392,189
Equity					
Contributed equity	120,000	120,000	116,000	-	4,000
Accumulated surplus	649,000	1,139,832	751,643	490,832	388,189
Total equity	769,000	1,259,832	867,643	490,832	392,189

Significant variances between estimated and actual for 2023

(a) Other assets are higher than estimate mainly due to prepayments for the year, specifically the prepayment of the 2023-24 Riskcover insurance.

Significant variances between actual for 2022 and 2023

- (b) The increase in other assets is mainly due to prepayments for the year, specifically the prepayment of the 2023-24 Riskcover insurance.
- (c) The decrease in intangible assets is due to the amortisation expense for the year.
- (d) The increase in current employee related provisions is mainly due to increased nominal value of long service leave entitlements as the leave becomes unconditional at reporting date.

9.1.3 Statement of cash flows variances

	Variance note	Estimate 2023	Actual 2023	Actual 2022	Variance between actual and estimate	Variance between actual results for 2023 and 2022
Cash flows from the State Government						
Service appropriation	(b)	3,871,000	4,003,000	2,932,000	132,000	1,071,000
Capital appropriation		4,000	4,000	4,000	-	-
Net cash provided by State Government		3,875,000	4,007,000	2,936,000	132,000	1,071,000
<i>Utilised as follows:</i>						
Cash flows from operating activities						
Payments						
Employee benefits	(c)	(3,068,000)	(2,807,308)	(2,350,508)	260,692	(456,800)
Supplies and services	(a) (d)	(397,000)	(296,116)	(214,688)	100,884	(81,429)
Finance costs		(1,000)	(1,750)	(213)	(750)	(1,537)
Accommodation		(267,000)	(272,613)	(265,642)	(5,613)	(6,971)
Other Payments	(e)	(169,000)	(151,804)	(104,444)	17,197	(47,359)
Receipts						
Commonwealth grants and contributions		30,000	11,006	16,911	(18,994)	(5,905)
Other receipts		-	1,419	1,514	1,419	(95)
Net cash used in operating activities		(3,872,000)	(3,517,166)	(2,917,070)	354,835	(600,095)
Cash flows from investing activities						
Payments						
Payments for purchase of non-current assets		-	-	(11,239)	-	11,239
Net cash used in investing activities		-	-	(11,239)	-	11,239

	Variance note	Estimate 2023	Actual 2023	Actual 2022	Variance between actual and estimate	Variance between actual results for 2023 and 2022
Cash flows from financing activities						
Payments						
Payments for principal element of lease		(9,000)	(6,375)	(5,239)	2,625	(1,136)
Net cash used in financing activities		(9,000)	(6,375)	(5,239)	2,625	(1,136)
Net increase / (decrease) in cash and cash equivalents		(6,000)	483,460	2,452	489,459	481,007
Cash and cash equivalents at the beginning of the period		827,000	896,479	894,027	69,479	2,452
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD		821,000	1,379,938	896,479	558,938	483,459

Significant variances between estimated and actual for 2023

(a) Supplies and services - see explanation in variance note (a) for the Statement of Comprehensive Income.

Significant variances between actual for 2022 and 2023

- (b) Service appropriation - see explanation in variance note (e) for the Statement of Comprehensive Income.
- (c) Employee benefits - see explanation in variance note (d) for the Statement of Comprehensive Income.
- (d) The increase in supplies and services is mainly due to increased payments for human resource consultancies and design consultancies this year.
- (e) The increase in other payments is mainly due to the timing of payment for the Riskcover insurance, and increased payments for promotional and advertising costs this year.

6

KEY PERFORMANCE INDICATORS

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6.1 Certification of Key Performance Indicators



Health and Disability Services
Complaints Office

Health and Disability Services Complaints Office

Certification of Key Performance Indicators For the reporting period ended 30 June 2023

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 2023.

SARAH COWIE
DIRECTOR
ACCOUNTABLE AUTHORITY

3 August 2023

6.2 Our Key Performance Indicators

Health and Disability Services Complaints Office Report on Key Performance Indicators



Government goal:

Safe, Strong and Fair Communities:
Supporting our local and regional
communities to thrive.

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 – Complaint 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 indicator is considered met when the service provider confirms that they have implemented the recommendation. The following table shows the 2022-23 target, and actual results of the proportion of service improvements made by service providers each year from 2018-19 to 2022-23.

Key Effectiveness Indicator	2018-19	2019-20	2020-21	2021-22	2022-23 Target	2022-23 Actual
Proportion of service improvements resulting in implementation by service providers.	79%	80%	83%	85%	80%	68%

In 2022-23, 39 service improvements were identified, of which 16 were in May and June; the majority of these could not be implemented prior to the end of the financial year and as a result, the target for the key effectiveness indicator was not met. The service improvements that were not implemented in 2022-23 will be carried over to 2023-24.

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 focus 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 2022-23 target and 2018-19 to 2022-23 actual results for the percentage of complaints assessed within legislation timeframes.

Key Efficiency Indicator	2018-19	2019-20	2020-21	2021-22	2022-23 Target	2022-23 Actual
Percentage of complaints assessed within legislation timeframes.	94%	96%	98%	92%	90%	96%

In 2022-23, the Office exceeded its target due to the 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 2022-23 target and 2018-19 to 2022-23 actual results.

Key Efficiency Indicator	2018-19	2019-20	2020-21	2021-22	2022-23 Target	2022-23 Actual
Average cost per finalised complaint.	\$713	\$781	\$769	\$753	\$973	\$1,003

The average cost per finalised complaint for 2022-23 is slightly higher than the target, and is mainly attributed to lower closed complaints than targeted. The Office forecasted that 2,994 complaints would be closed during the financial year. The closed complaints actual result was 2,712. Complaints regarding COVID-19 issues declined significantly during the period, which contributed to the lower than forecasted complaint numbers.

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.

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

The table below shows the 2022-23 target and the 2018-19 to 2022-23 actual results for the average cost of development, production and distribution of information.

Key Efficiency Indicator	2018-19	2019-20	2020-21	2021-22	2022-23 Target	2022-23 Actual
Average cost per development, production and distribution of information.	\$17,964	\$17,679	\$18,126	\$14,761	\$17,715	\$14,334

The 2022-23 actual result is lower than the target mainly due to lower actual costs. Employee related costs were less than anticipated and changes in the scope and timing of the Statutory Review resulted in lower than anticipated service and contract expenditure.

During 2022-23, the Office produced 28 reports and publications for key stakeholder groups, which is slightly below the 2022-23 target of 30 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 2017-18 to 2021-22*.

- Releasing Information Sheets on implementation of the National Code of Conduct for health care workers and learning from complaints involving carers.
- Preparing submissions on a range of policy reform initiatives including to the Department of Communities on reforming Western Australia disability legislation and to the Australian Health Practitioner Regulation Agency relating to cosmetic surgery and other regulatory registration standards, codes, guidelines and procedures.

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 2022-23 target and 2018-19 to 2022-23 actual results.

Key Efficiency Indicator	2018-19	2019-20	2020-21	2021-22	2022-23 Target	2022-23 Actual
Average cost per presentation, awareness raising, consultation and networking activities.	\$2,154	\$2,334	\$2,695	\$3,297	\$3,839	\$3,539

The 2022-23 actual result is below the target as the number of engagement activities during the year was higher than anticipated. Costs incurred to support this function during the year were lower than expected primarily due to changes in the scope and timing of the Statutory Review. In 2022-23, the Office delivered 206 stakeholder engagement activities (presentation, awareness raising, consultation and networking activities). This was above the target of 200 engagement activities.

The engagement activities completed in 2022-23 included:

- 16 presentations to stakeholders including the Carers WA Conference, Murdoch University Law Students, Mental Health Graduate Nursing Students, Fiona Stanley

Hospital Consumer Advisory Council and the Carers Participation in Health Forum.

- 26 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.
- 150 consultations with key groups to share and exchange views and seek advice, particularly in relation to the National Code of Conduct for health care workers.
- 14 networking opportunities to build relationships with providers, government agencies and consumer groups.

7

APPENDICES

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7.1 Ahpra National Boards

The 15 national boards of 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 Tier 2 complaint issue was raised in a closed complaint about a health service over the past three years. The Tier 2 complaint issues are grouped by their overarching Tier 1 issue category. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2020-21		2021-22		2022-23	
Quality of clinical care	#	%	#	%	#	%
Inadequate treatment/therapy	486	42%	300	32%	338	30%
Inadequate assessment	137	12%	120	13%	171	15%
Medication issues	159	14%	128	14%	159	14%
Post procedure complications	97	8%	67	7%	101	9%
Pain issues	57	5%	84	9%	89	8%
Poor coordination of treatment	39	3%	58	6%	83	7%
Post-surgery complications	73	6%	79	9%	69	6%
Failure to provide safe environment	13	1%	22	2%	55	5%
Discharge or transfer arrangements	48	4%	28	3%	29	3%
Inadequate infection control	20	2%	6	1%	12	1%
Refusal to refer or assist to obtain a second opinion	13	1%	19	2%	5	<1%
Patient's test results not followed up	17	1%	13	1%	5	<1%
Total	1,159	100%	924	100%	1,116	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Access	#	%	#	%	#	%
Delay in admission/treatment	132	32%	157	37%	169	38%
Refusal to provide services	149	36%	136	32%	121	27%
Inadequate resources/lack of service	49	12%	55	13%	106	24%
Waiting list delay	57	14%	41	10%	37	8%
Physical access/entry	3	1%	11	3%	4	1%
Failure to provide advice about transport options	6	1%	5	1%	3	1%
Staff member or contractor unavailable	14	3%	13	3%	2	<1%
Parking issues	--	--	1	<1%	--	--
Total	410	100%	419	100%	442	100%

Communication	#	%	#	%	#	%
Misinformation/failure in communication (not failure to consult)	58	20%	58	15%	125	31%
Failure to listen to consumer/representative/carer/family	48	17%	128	34%	86	21%
Inadequate medical information provided	52	18%	60	16%	65	16%
Inappropriate verbal/non-verbal communication	81	28%	95	25%	61	15%
Inadequate information about services available	40	14%	14	4%	36	9%
Inadequate/inaccurate personal information in a medical record	4	1%	14	4%	24	6%
Inadequate written communication	4	1%	11	3%	9	2%
Total	287	100%	380	100%	406	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Costs	#	%	#	%	#	%
Amount charged	119	39%	145	48%	155	46%
Unsatisfactory billing process	74	25%	25	8%	83	25%
Inadequate information about costs	64	21%	67	22%	56	17%
Responsibility for costs and resourcing	12	4%	30	10%	16	5%
Private health insurance	19	6%	19	6%	15	4%
Over-servicing	11	4%	11	4%	8	2%
Lost property	3	1%	5	2%	3	1%
Total	302	100%	302	100%	336	100%

Rights, respect and dignity	#	%	#	%	#	%
Inconsiderate service/lack of courtesy	91	36%	70	36%	80	37%
Denying/restricting access to personal health records	59	23%	32	16%	43	20%
Absence of compassion	25	10%	31	16%	38	18%
Certificate or report problem	33	13%	15	8%	19	9%
Breach of confidentiality	31	12%	17	9%	13	6%
Discrimination leading to less favourable health treatment	8	3%	8	4%	11	5%
Failure to ensure privacy	3	1%	11	6%	9	4%
Consumer rights (WA Public Patients Hospital Charter)	1	<1%	8	4%	2	1%
Translating and interpreting services problems	2	1%	5	3%	--	--
Total	253	100%	197	100%	215	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Professional conduct	#	%	#	%	#	%
Unprofessional behaviour	38	43%	60	60%	65	70%
Inaccuracy of records	16	18%	9	9%	7	8%
Illegal practices	8	9%	4	4%	7	8%
Aggression/assault	5	6%	12	12%	4	4%
Fraud/illegal practice of financial nature	2	2%	4	4%	4	4%
Sexual impropriety	--	--	5	5%	2	2%
Sexual misconduct	10	11%	4	4%	2	2%
Physical/mental impairment of health professional	9	10%	2	2%	2	2%
Total	88	100%	100	100%	93	100%

Decision making	#	%	#	%	#	%
Failure to consult and involve in decision-making process	12	38%	29	59%	64	77%
Consent not obtained	13	41%	7	14%	10	12%
Consent not informed	5	16%	6	12%	5	6%
Choice regarding treatment as public/private patient	2	6%	6	12%	4	5%
Consent invalid	--	--	1	2%	--	--
Total	32	100%	49	100%	83	100%

Grievances	#	%	#	%	#	%
Response to a complaint	13	65%	18	64%	72	90%
Retaliation/negative outcomes as a result of making a complaint	7	35%	10	36%	8	10%
Total	20	100%	28	100%	80	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Corporate services	#	%	#	%	#	%
Records management	20	27%	26	42%	18	43%
Administrative actions of a hospital/health service	21	28%	15	24%	14	33%
Physical surroundings/environment	9	12%	9	15%	8	19%
Cleaning/maintenance	7	9%	3	5%	2	5%
Catering	15	20%	6	10%	--	--
Security	3	4%	3	5%	--	--
Total	75	100%	62	100%	42	100%

Carers Charter	#	%	#	%	#	%
Failure to consult a carer	4	50%	4	50%	5	56%
Failure to treat a carer with respect and dignity	1	13%	2	25%	3	33%
Failure to consider the needs of a carer	1	13%	1	13%	1	11%
Unsatisfactory complaint handling of carer complaint	2	25%	1	13%	--	--
Total	8	100%	8	100%	9	100%

7.3 Mental health services – complaint issues

The table below details the number of times a specific Tier 2 complaint issue was raised in a closed complaint about a mental health service over the past three years. The Tier 2 complaint issues are grouped by their overarching Tier 1 issue category. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2020-21		2021-22		2022-23	
Quality of clinical care	#	%	#	%	#	%
Inadequate treatment/therapy	106	35%	52	28%	88	33%
Medication issues	60	20%	53	29%	75	28%
Inadequate assessment	70	23%	37	20%	40	15%
Poor coordination of treatment	5	2%	7	4%	24	9%
Discharge or transfer arrangements	37	12%	12	6%	18	7%
Failure to provide safe environment	7	2%	15	8%	17	6%
Refusal to refer or assist to obtain a second opinion	6	2%	6	3%	5	2%
Pain issues	4	1%	3	2%	2	1%
Inadequate infection control	1	<1%	--	--	1	<1%
Post procedure complications	2	1%	--	--	--	--
Patient’s test results not followed up	1	<1%	--	--	--	--
Total	299	100%	185	100%	270	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Communication	#	%	#	%	#	%
Misinformation/failure in communication (not failure to consult)	11	10%	18	18%	41	29%
Failure to listen to consumer/representative/carer/family	37	33%	37	37%	33	24%
Inappropriate verbal/non-verbal communication	16	14%	20	20%	23	16%
Inadequate medical information provided	11	10%	9	9%	17	12%
Inadequate/inaccurate personal information in a medical record	9	8%	5	5%	9	6%
Inadequate information about services available	20	18%	4	4%	9	6%
Inadequate written communication	9	8%	7	7%	8	6%
Total	113	100%	100	100%	140	100%

Access	#	%	#	%	#	%
Refusal to provide services	44	51%	35	47%	49	40%
Inadequate resources/lack of service	23	26%	14	19%	32	26%
Delay in admission/treatment	12	14%	18	24%	30	25%
Waiting list delay	3	3%	3	4%	8	7%
Staff member or contractor unavailable	4	5%	4	5%	2	2%
Physical access/entry	1	1%	--	--	1	1%
Total	87	100%	74	100%	122	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Rights, respect and dignity	#	%	#	%	#	%
Inconsiderate service/lack of courtesy	28	29%	21	27%	24	25%
Absence of compassion	17	17%	12	16%	16	17%
Denying/restricting access to personal health records	9	9%	5	6%	13	14%
Failure to fulfil Mental Health legislation requirements	12	12%	14	18%	12	13%
Breach of confidentiality	15	15%	10	13%	11	12%
Certificate or report problem	5	5%	6	8%	9	9%
Discrimination leading to less favourable health treatment	1	1%	2	3%	5	5%
Consumer rights (WA Public Patients Hospital Charter)	6	6%	2	3%	4	4%
Failure to ensure privacy	5	5%	5	6%	1	1%
Total	98	100%	77	100%	95	100%

Professional conduct	#	%	#	%	#	%
Unprofessional behaviour	23	56%	10	50%	27	61%
Inaccuracy of records	11	27%	5	25%	8	18%
Aggression/assault	6	15%	2	10%	6	14%
Illegal practices	1	2%	1	5%	2	5%
Sexual misconduct	--	--	1	5%	1	2%
Sexual impropriety	--	--	1	5%	--	--
Total	41	100%	20	100%	44	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Decision making	#	%	#	%	#	%
Failure to consult and involve in decision-making process	12	50%	18	67%	29	74%
Consent not obtained	6	25%	3	11%	8	21%
Choice regarding treatment as public/private patient	1	4%	4	15%	1	3%
Consent not informed	1	4%	--	--	1	3%
Consent invalid	4	17%	2	7%	--	--
Total	24	100%	27	100%	39	100%
Costs	#	%	#	%	#	%
Amount charged	8	33%	15	54%	15	50%
Inadequate information about costs	7	29%	5	18%	7	23%
Unsatisfactory billing process	7	29%	2	7%	4	13%
Responsibility for costs and resourcing	2	8%	4	14%	2	7%
Lost property	--	--	1	4%	1	3%
Private health insurance and claim handling	--	--	--	--	1	3%
Over-servicing	--	--	1	4%	--	--
Total	24	100%	28	100%	30	100%
Grievances	#	%	#	%	#	%
Response to a complaint	3	43%	5	83%	14	82%
Retaliation/negative outcomes as a result of making a complaint	4	57%	1	17%	3	18%
Total	7	100%	6	100%	17	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Corporate services	#	%	#	%	#	%
Records management	3	21%	2	33%	4	33%
Administrative actions of a hospital/health service	6	43%	1	17%	3	25%
Physical surroundings/environment	1	7%	2	33%	2	17%
Security	--	--	--	--	2	17%
Catering	--	--	1	17%	1	8%
Cleaning/maintenance	4	29%	--	--	--	--
Total	14	100%	6	100%	12	100%
Carers Charter	#	%	#	%	#	%
Failure to consult a carer	7	78%	3	60%	5	63%
Failure to consider the needs of a carer	--	--	2	40%	1	13%
Failure to treat a carer with respect and dignity	2	22%	--	--	1	13%
Unsatisfactory complaint handling of carer complaint	--	--	--	--	1	13%
Total	9	100%	5	100%	8	100%

7.4 Disability services – complaint issues

The table below details the number of times a specific Tier 2 complaint issue was raised in a closed complaint about a disability service over the past three years. The Tier 2 complaint issues are grouped by their overarching Tier 1 issue category. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2020-21		2021-22		2022-23	
Individual needs	#	%	#	%	#	%
Support	7	44%	2	33%	3	75%
Policies/procedures	--	--	1	17%	1	25%
Facilities and services	7	44%	1	17%	--	--
Reviewing changing needs	2	13%	1	17%	--	--
Sensitivity	--	--	1	17%	--	--
Total	16	100%	6	100%	4	100%

Service costs and financial assistance	#	%	#	%	#	%
Financial assistance/funding	1	7%	5	42%	2	67%
Cost	13	93%	7	58%	1	33%
Total	14	100%	12	100%	3	100%

Privacy, dignity and confidentiality	#	%	#	%	#	%
Consent	3	50%	--	--	2	67%
Policies and procedures	1	17%	--	--	1	33%
Consumer rights	1	17%	1	100%	--	--
Consumer information	1	17%	--	--	--	--
Total	6	100%	1	100%	3	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Service delivery	#	%	#	%	#	%
No/inadequate service	23	29%	4	31%	1	50%
Service delayed	3	4%	1	8%	1	50%
Staff conduct	13	16%	3	23%	--	--
Communication	16	20%	2	15%	--	--
Treatment/care	17	21%	1	8%	--	--
Service withdrawn	4	5%	1	8%	--	--
Service refused	2	3%	1	8%	--	--
Service eligibility	1	1%	--	--	--	--
Service reduced	1	1%	--	--	--	--
Total	80	100%	13	100%	2	100%

Service access	#	%	#	%	#	%
Appropriate referral	3	38%	2	50%	2	100%
Entrance/exit criteria priority	1	13%	2	50%	--	--
Policies and procedures	3	38%	--	--	--	--
Information sharing	1	13%	--	--	--	--
Total	8	100%	4	100%	2	100%

Complaint category and issues	2020-21		2021-22		2022-23	
Service management	#	%	#	%	#	%
Roles and responsibilities	1	9%	--	--	1	100%
Physical environment	3	27%	2	33%	--	--
Administration/record keeping	2	18%	2	33%	--	--
Funding	1	9%	1	17%	--	--
Coordinated service delivery	--	--	1	17%	--	--
Staff competence	3	27%	--	--	--	--
Participation	1	9%	--	--	--	--
Total	11	100%	6	100%	1	100%
Decision making and choice	#	%	#	%	#	%
Informed choices	4	67%	1	33%	--	--
Risk management	2	33%	1	33%	--	--
Policies and procedures	1	17%	1	33%	--	--
Total	6	100%	3	100%	--	--
Complaints and disputes	#	%	#	%	#	%
Policies and procedures	1	17%	2	100%	--	--
Complaint resolution	5	83%	--	--	--	--
Total	6	100%	2	100%	--	--
Legal and human rights	#	%	#	%	#	%
Response to allegations of abuse/neglect	2	67%	1	50%	--	--
Policies and procedures	--	--	1	50%	--	--
Exercise rights	1	33%	--	--	--	--
Total	3	100%	2	100%	--	--

Complaint category and issues	2020-21		2021-22		2022-23	
Carers Charter	#	%	#	%	#	%
Failure to consult carer	2	67%	--	--	--	--
Unsatisfactory complaints handling	1	33%	--	--	--	--
Total	3	100%	--	--	--	--
Contribution to community	#	%	#	%	#	%
Policies and procedures	1	100%	--	--	--	--
Total	1	100%	--	--	--	--
Participation and integration	#	%	#	%	#	%
Community involvement	1	100%	--	--	--	--
Total	1	100%	--	--	--	--



Health and Disability Services
Complaints Office

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