



GOVERNMENT OF  
WESTERN AUSTRALIA



Health and Disability Services  
Complaints Office

# ANNUAL REPORT

## 2023-24



Health and Disability Services  
Complaints Office



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



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 2024. This Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

Yours sincerely

**SARAH COWIE  
DIRECTOR**

17 September 2024

## Contact details



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



**Email:**  
mail@hadsco.wa.gov.au



**Post:**  
PO Box B61  
Perth WA 6838



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



**Website:**  
www.hadsco.wa.gov.au

## About this report

This Annual Report informs our customers, community and stakeholders of the operational, strategic, financial, and service performance of the Health and Disability Services Complaints Office (HaDSCO) during the 2023-24 financial year.

It also includes highlights and information about our complaint resolution services delivered to Western Australian and Indian Ocean Territories communities throughout the financial year, achievements and lessons learned, and trends and comments about our challenges and opportunities.

This report has been prepared in accordance with the Western Australian State Government Annual Reporting Guidelines 2023-24, 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.

Our Annual Report is available as a PDF download from [www.hadsco.wa.gov.au](http://www.hadsco.wa.gov.au), and is available in alternative formats upon request.



# CONTENTS

<b>1. OVERVIEW</b>	<b>4</b>
1.1 Highlights	5
1.2 Director's message	6
1.3 About us	8
1.4 Performance summary	10
1.5 Strategic direction	11
1.6 Organisational structure	13
<b>2. PERFORMANCE</b>	<b>14</b>
2.1 Overview of complaints	16
2.2 Complaint trends	18
2.3 Consumer demographics	20
2.4 Outcomes achieved	22
2.5 Complaints about health services	26
2.6 Complaints about mental health services	31
2.7 Complaints under the Code of Conduct for certain health care workers (Code of Conduct)	33
2.8 Complaints about disability services	34
2.9 Case studies	34
2.10 Engagement and outreach	41

<b>3. ISSUES &amp; TRENDS</b>	<b>48</b>
3.1 Significant issues and trends	49
<b>4. DISCLOSURES &amp; LEGAL COMPLIANCE</b>	<b>52</b>
4.1 Disclosures and legal compliance	53
4.2 Other disclosures	53
4.3 Other legal requirements	54
4.4 Disability access and inclusion	55
4.5 Public sector standards and ethical codes	56
4.6 Government policy requirements	57
4.7 Our people	60
4.8 Records management	61
4.9 Corporate governance	61
<b>5. FINANCIAL STATEMENTS</b>	<b>64</b>
5.1 Independent Auditor's Report	65
5.2 Certification of financial statements	68
5.3 Statement of comprehensive income	69
5.4 Statement of financial position	70
5.5 Statement of changes in equity	71
5.6 Statement of cash flows	72
5.7 Notes to the financial statements	73

<b>6. KEY PERFORMANCE INDICATORS</b>	<b>94</b>
6.1 Certification of Key Performance Indicators	95
6.2 Our Key Performance Indicators	95
<b>7. APPENDICES</b>	<b>100</b>
7.1 Ahpra National Boards	101
7.2 Health services – complaint issues	102
7.3 Mental health services – complaint issues	107
7.4 Disability services – complaint issues	112

**Acknowledgment**

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. It represents community, trust, 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

	PAGE
1.1 Highlights	5
1.2 Director's message	6
1.3 About us	8
1.4 Performance summary	10
1.5 Strategic direction	11
1.6 Organisational structure	13

## Overview

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

### 1.1 Highlights

#### Complaints:

**2,892** Complaints received



**2,806** Complaints closed



**367** Redress actions facilitated



**71** Service improvements implemented



**159** Outreach activities



**40** New publications created



#### Key relationships

Collaborated with a number of organisations and State Government departments as part of our stakeholder engagement and in strengthening accessibility to our complaint services.



#### Governance

Acknowledged in the Auditor General's *State Government 2022-23 – Financial Audit Results Report* as a best practice top 20 small entity for the third consecutive year for timeliness and quality of financial reporting and controls.

Implemented our new complaint function, the Code of Conduct for certain health care workers and issued an interim prohibition order and a prohibition order.



## 1.2 Director's message

**Everyone has a right to safe and ethical health care and to be treated with respect and dignity. This is a key principle that sits behind the services we deliver.**

More than ever, this year, this principle has been at the forefront of what we do as part of implementing our new function, the Code of Conduct for certain health care workers (Code of Conduct). The Code of Conduct became effective in July 2023, following significant legislative amendments. It protects public health and safety by placing requirements on unregistered practitioners for the first time, addressing a regulatory gap that previously existed.

Under the new law, unregistered health care workers must meet minimum standards of practice. Extensive engagement about the Code of Conduct was achieved through various channels. This enabled HaDSCO not only to connect with the community and explain how health consumers are now protected, but also to support providers so they could develop an understanding on what is required to meet the new Code requirements.

In a first for Western Australia, we issued a prohibition order, and have included the details in a case study in this Annual Report.

Our complaint function is an important safeguard in ensuring the provision of safe and ethical health care. Issues around communication, rights, respect and dignity often occur in complaints about the quality of care provided.

This financial year we saw an increase in complaints. Our staff received 2,892 complaints, an increase of 8% compared to 2022-23. The efforts of our complaints team led to 367 redress actions taken by service providers which facilitated redress for individuals who made a complaint. These resolutions included receiving explanations; apologies; financial remedies; access or addendums to records; and access to health services. The case studies throughout this report highlight some of these.

There were 71 service improvements implemented by service providers from our complaint outcomes. These included new or updated administrative policies, updated clinical procedures, improvements in consumer and carer participation, and in communication, recordkeeping as well as staff education and training. This number is significantly



higher than last financial year and reinforces the value of the complaints function to drive systemic change in the health sector. Service providers showed a strong willingness to engage with our complaints process and recognised the contribution our services make in the delivery of high-quality health care.

Ensuring a client and customer focus is central to providing an empathetic complaints service. This has been a strong focus this year and we have implemented strategies to strengthen our customer approach.

This reporting year provided HaDSCO with further opportunities to connect with stakeholders across the health sector. Our work alongside

the Australian Health Practitioner Regulation Agency (Ahpra) demonstrates the importance of working in partnership to identify clear pathways for making a health complaint, and we maintained our engagement with Carers WA through workshops, discussions and shared values.

An area of focus has been promoting access to our services for youth and young people. We developed a youth engagement plan to enable us to better connect with young Western Australians and provide them with the knowledge and tools they need as they take responsibility for their healthcare.

This financial year, we have been very active in community outreach attending multiple community expos and events, often in conjunction with Ahpra and/or the Equal Opportunity Commission. We have travelled to the Indian Ocean Territories, Carnarvon, Esperance and the Mid-West.

Looking forward, we will progress the statutory review of our guiding legislation following the commencement of this important body of work this financial year. So far, this process has allowed us to explore what the community is telling us it would like to see from us into the future, how we can further strengthen engagement with health care stakeholders, and to identify new ways we can support the

Western Australian and the Indian Ocean Territory communities through complaint resolution.

This review commenced with a public survey that invited everyone in Western Australia and the Indian Ocean Territories to provide their feedback on health services. We learned through the public survey how important having an effective health care complaints service is for the community. The public sentiment that complaints resolution is vital to providing a robust health sector was overwhelmingly strong.

Next year, our review will continue its important work, consulting with service providers and other government agencies, before a report will be prepared on the outcomes.

At the forefront of everything we do is our staff. We have placed a strong focus on supporting our staff working within a complex environment. In particular, our complaints staff are exposed to highly sensitive and personal stories in the complaints they listen to and receive. To strengthen the capacity of staff we have focussed on training and peer support.

Strong governance is vital to the delivery of our functions. Our Business Services team continues to provide support to ensure we operate within a strong accountability framework. For the third

year in a row, we were recognised by the Auditor General as a best practice small entity for timeliness and quality of financial reporting and controls. During the year, the team implemented a new telephone system which has further streamlined our customer service.

Our contribution to ensuring the provision of safe and ethical care is recognised by all staff and sits behind the values we established in 2023. That is SAFER which stands for Service, Accountable, Fair, Effective, Responsive. These values are reinforced across all services we deliver.

As we reflect on our achievements this year, we celebrate the positive outcomes we have facilitated for the health sector and consumers, acknowledge lessons learned, and look forward to continuing our efforts into the new financial year.

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 and impartial Statutory Authority that provides resolution services for complaints about health, mental health, and disability services (outside of the National Disability Insurance Scheme) in Western Australia and the Indian Ocean Territories\*.



Our service reach includes the public, private and not-for-profit sectors, prison health services, and health services in immigration detention centres in Western Australia and the Indian Ocean Territories.

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 participants in the complaint resolution process and encourage communication between consumers and service providers.

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

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

- *Health and Disability Services (Complaints) Act 1995.*
- Part 6 of the *Disability Services Act 1993.*
- Part 19 of the *Mental Health Act 2014.*

The main functions under these Acts are to:

- Manage complaints by negotiated settlement, conciliation, or investigation.
- Review and identify the causes of complaints.
- Provide advice and recommendations for service improvements.
- Educate the community and service providers about complaints management.
- Explore broader issues of health, disability and mental health care which arise from complaints.
- Work in collaboration with the community and service providers to improve health, disability, and mental health services.
- Publish the work of the Office.
- Issue interim prohibition orders and prohibition orders.
- Perform any other function conferred on the Director by our guiding legislation or any other written law.

*\*Services provided by HaDSCO in the Indian Ocean Territories 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  
Free from landlines: 1800 813 583  
National Relay Service: 1800 555 660  
Interpreter: 131 450

##### Website

[www.hadsco.wa.gov.au](http://www.hadsco.wa.gov.au)



##### Email

[mail@hadsco.wa.gov.au](mailto:mail@hadsco.wa.gov.au)



##### Postal address

PO Box B61  
Perth WA 6838



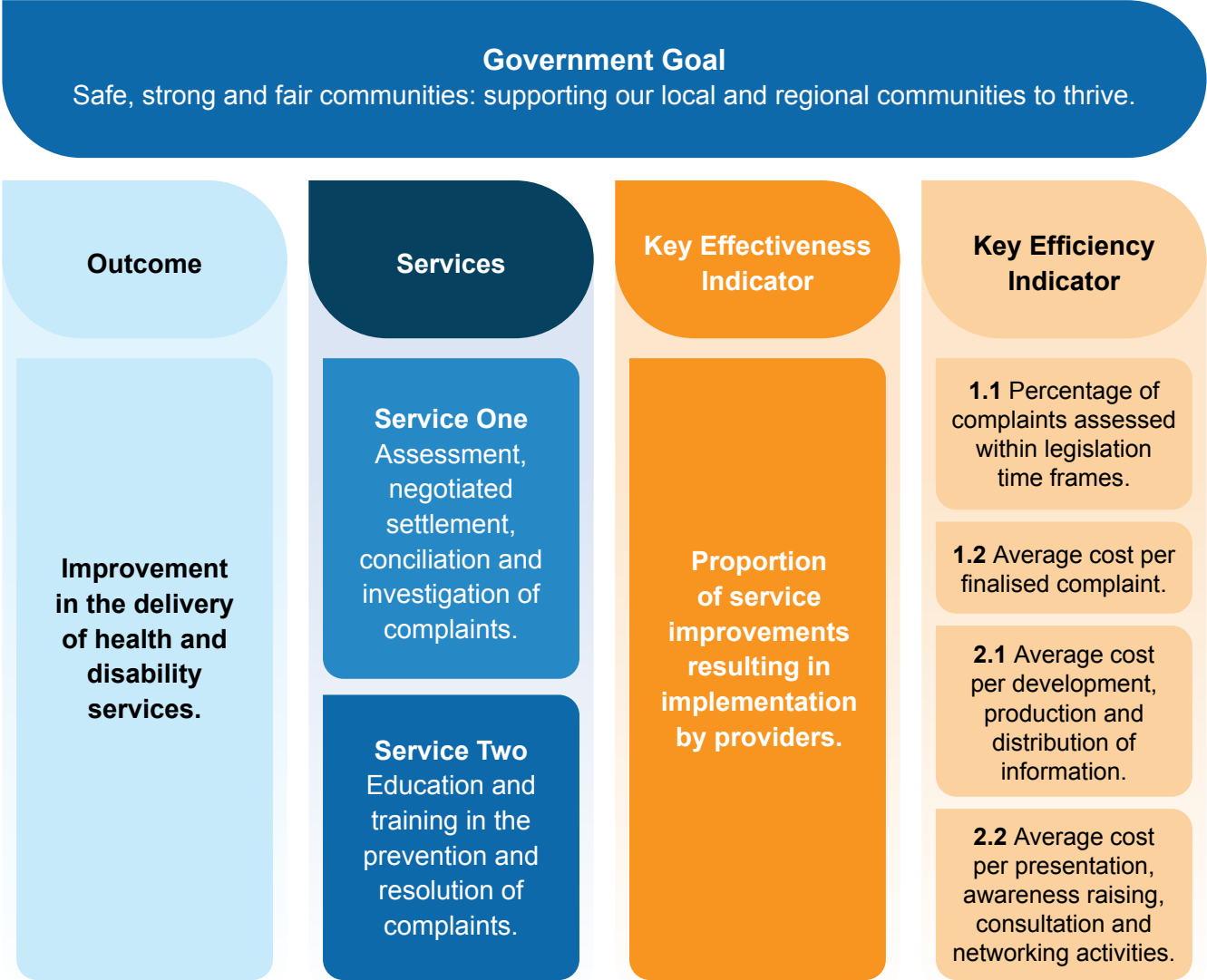
##### Service charter

Our service charter describes what you can expect from HaDSCO when you make a complaint.





1.4 Performance summary



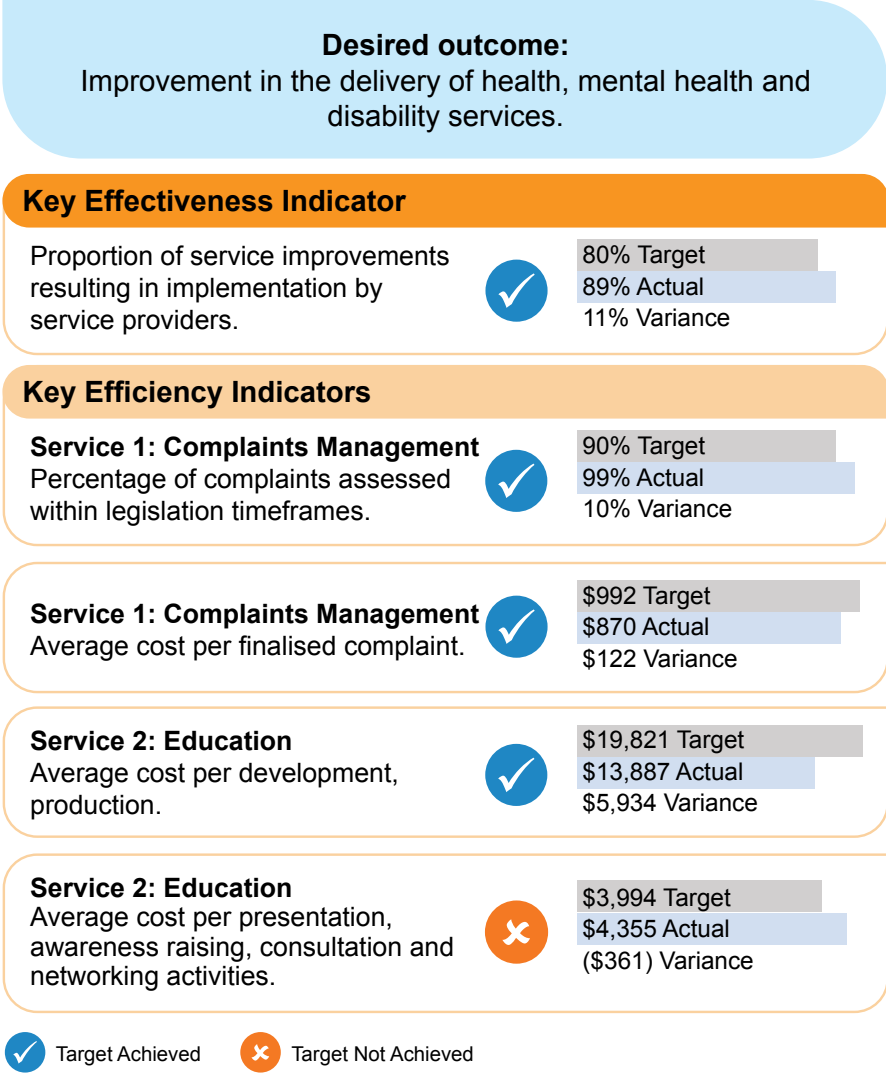
Performance management framework

We operate within this performance management framework to achieve services and outcomes in the context of wider Government goals.

1.5 Strategic direction

Our Strategic Plan 2023-27 sets out our Vision, Mission and Values. The Strategic Plan also sets our five strategic areas: Complaints, Educate and Train, Governance, Respond to Changing Environments and People.







# 2 PERFORMANCE

	PAGE		
<b>Service One: Complaints</b>	<b>15</b>	<b>Service Two: Educate and Train</b>	<b>41</b>
2.1 Overview of complaints	16	2.10 Engagement and outreach	41
2.2 Complaint trends	18		
2.3 Consumer demographics	20		
2.4 Outcomes achieved	22		
2.5 Complaints about health services	26		
2.6 Complaints about mental health services	31		
2.7 Complaints under the Code of Conduct for certain health care workers (Code of Conduct)	33		
2.8 Complaints about disability services	34		
2.9 Case studies	34		

## Service One: Complaints

Our primary function 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, complaint statistics, trends, and outcomes.

### Complaints overview

Enquiry	Assessment	Complaint Resolution	Outcome
<p>We provide information on:</p> <ul style="list-style-type: none"><li>The complaint process.</li><li>Raising a complaint with the service provider.</li><li>Advocacy services.</li><li>Referral to a more appropriate agency.</li><li>Other complaint resolution options.</li></ul>	<p>We assess complaints to ensure they relate to:</p> <ul style="list-style-type: none"><li>A health, disability or mental health service.</li><li>A service provided in Western Australia or the Indian Ocean Territories.</li><li>An issue occurring in the past two years.</li><li>An issue which has already been raised with the service provider.</li></ul> <p>A facilitated referral for early resolution may be initiated in circumstances where the person making the complaint has not tried to resolve the matter directly with the provider.</p> <p>We also consult with the Australian Health Practitioner Regulation Agency (Ahpra) about complaints relating to registered health practitioners.</p>	<p>We resolve complaints through:</p> <ul style="list-style-type: none"><li><b>Negotiated settlement</b> We assist with the exchange of information to reach an outcome acceptable to both parties.</li><li><b>Conciliation</b> We encourage settlement by facilitating discussions between the parties to assist in reaching an agreement.</li><li><b>Investigation</b> We determine if there has been any unreasonable conduct by the service provider.</li></ul>	<p>We achieve outcomes for the person who made the complaint, and for improved service delivery.</p> <p>These include provision of explanations, apologies, refunds, reduction or waiver of fees, access to services, staff training, changes to processes and procedures, and introduction of new policies or procedures.</p> <p>For Code of Conduct complaints, we may issue a prohibition order to prevent an unregistered health care worker from practicing.</p> <p>Once the complaint resolution process is complete, we inform the parties of the outcome.</p>

Complaints

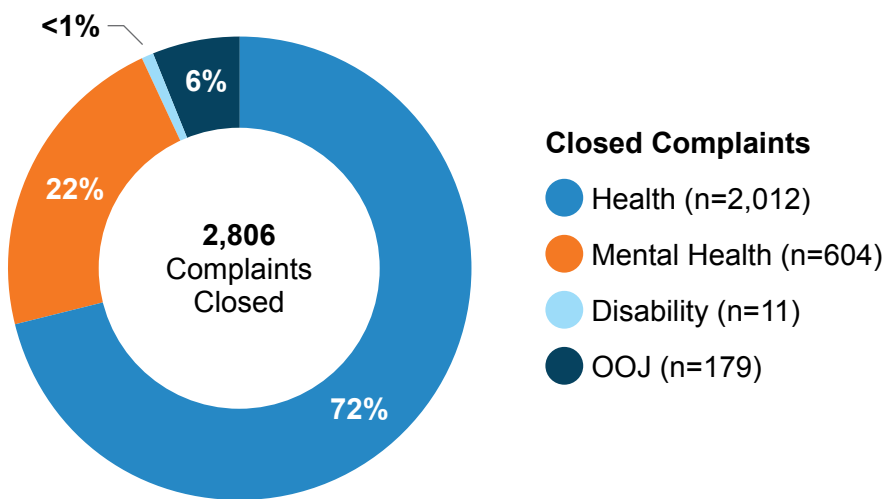
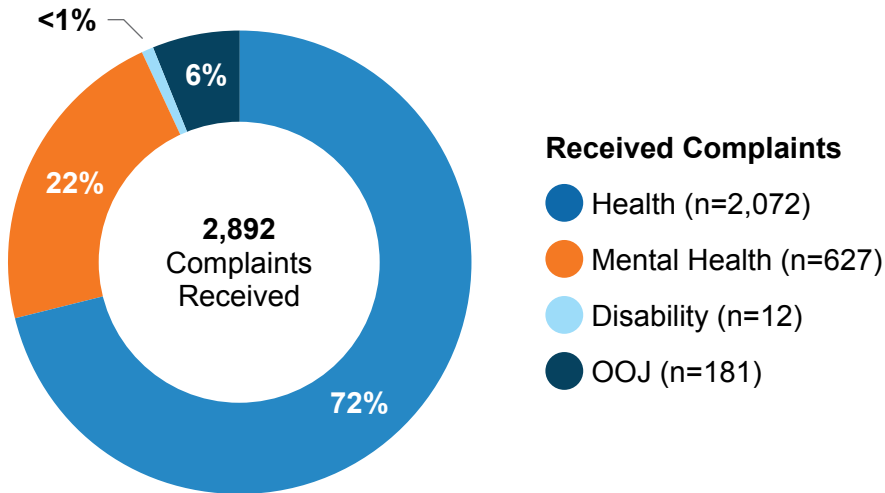
2.1 Overview of complaints

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 2,892 and closed 2,806 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:

- 2,711 complaints were received and closed in 2023-24.
- 95 complaints were received prior to 1 July 2023 and were closed in 2023-24.
- 181 complaints were received that will continue to be managed in the 2024-25 reporting year.
- Within the total number, 22 complaints were received under the Code of Conduct for certain health care workers. Of these, 3 were related to mental health services and the remaining 19 were related to health services.



	Received Complaints	Proportion (%)	Closed Complaints	Proportion (%)
Health	2,072	72%	2,012	72%
Mental Health	627	22%	604	22%
Disability Services	12	<1%	11	<1%
OOJ	181	6%	179	6%
Total	2,892	100%	2,806	100%

While most complaints received 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.

We also receive complaints about registered health practitioners. In these cases, we 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 2023-24 reporting year, we consulted on 263 complaints.

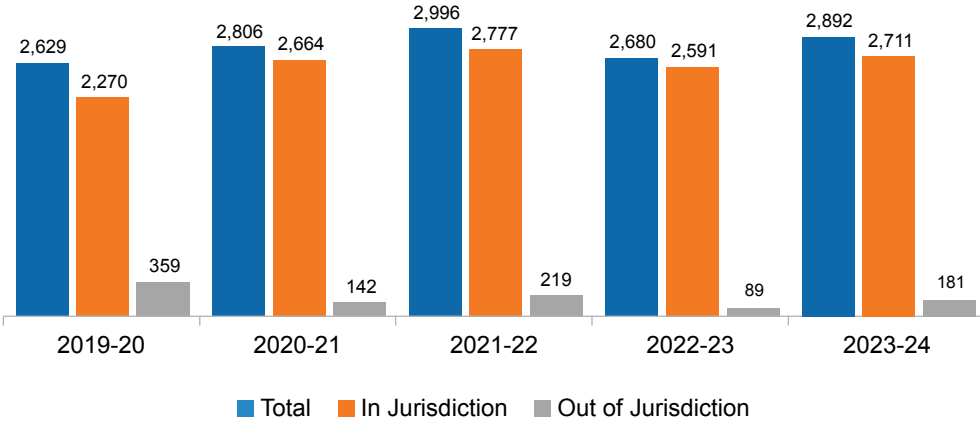




2.2 Complaint trends

This section contains information on complaint trends over the last five years. Figure 2 details the complaints received annually from 2019-20 to 2023-24. This reporting year saw an increase in the number of complaints received compared to the last reporting year.

Figure 2: Complaints received



Feedback from health consumers

I want to thank you for your help, it has made a difference having someone to talk to about this.

Annette

[My family] and I were very pleased with the outcome, and [we're] very thankful for your support and help in letting us have our say, and listening to us.

Dave

I would like to provide some feedback about [your staff] and their level of expertise when dealing with organisations. I have found [them to be] professional, informative, and able to educate me on the HaDSCO process.

Sandy

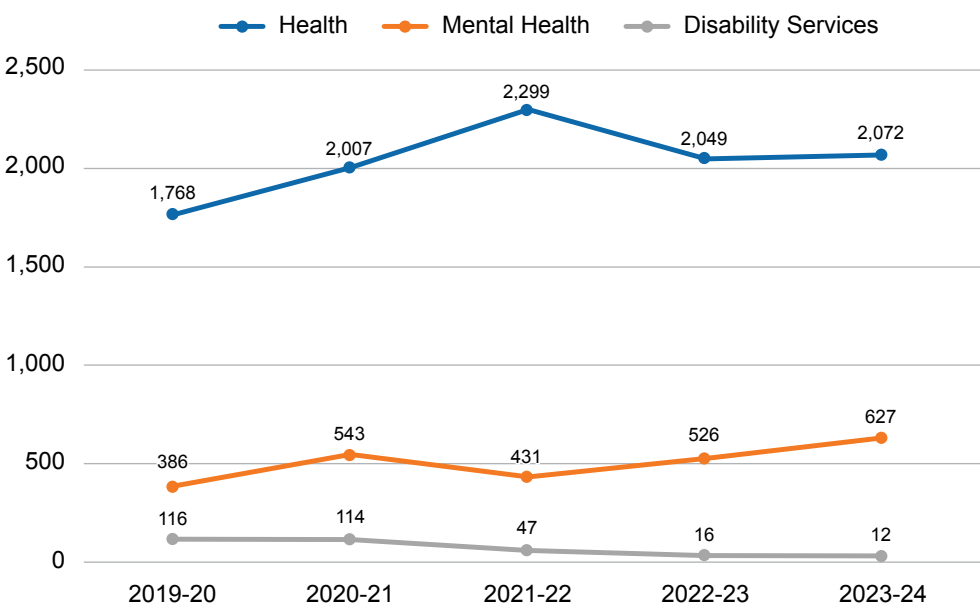
HaDSCO were very helpful with my case. They organised a conciliation with the service provider and allowed for support through this process. Special thanks to the case officers.

Jan

Complaints received by complaint type

Figure 3 shows the complaints that relate to health, mental health and disability services over the reporting years 2019-20 to 2023-24. Complaints about health services saw a small increase. Complaints about mental health services have increased compared to the prior year, which is attributable primarily to an increase in complaints regarding hospitals, prison mental health services and medical practitioners. Complaints about disability services have continued to decrease in 2023-24 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

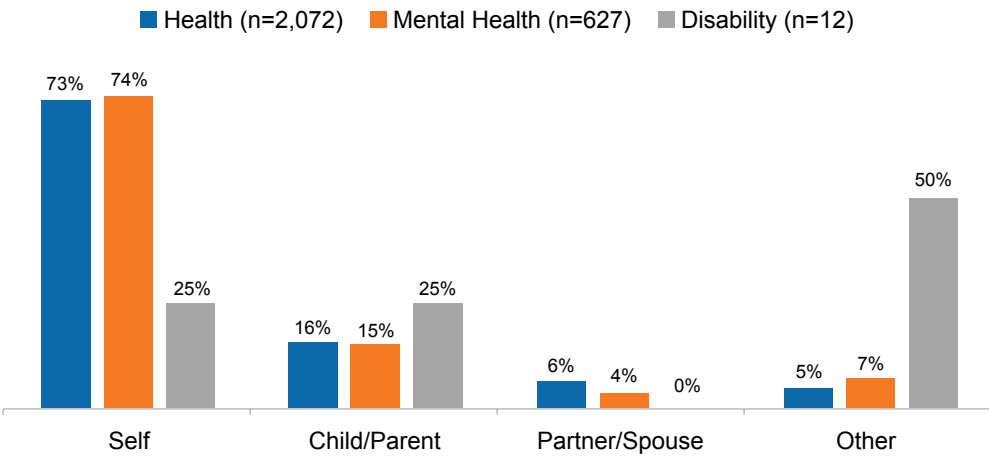


2.3 Consumer demographics

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, who 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



Complaints concerning a health service were most likely to relate to a service provided to an individual in the 65 and over cohort (24%) as shown in Figure 5.

Complaints concerning mental health services were greatest in the 35 to 44 age range (34%) followed by the 25 to 34 cohort (25%). For disability services, complaints were most likely to concern services provided to an individual in the 45 to 54 (38%) and 55 to 64 cohort (25%).

Figure 5: Age of the individual receiving a service

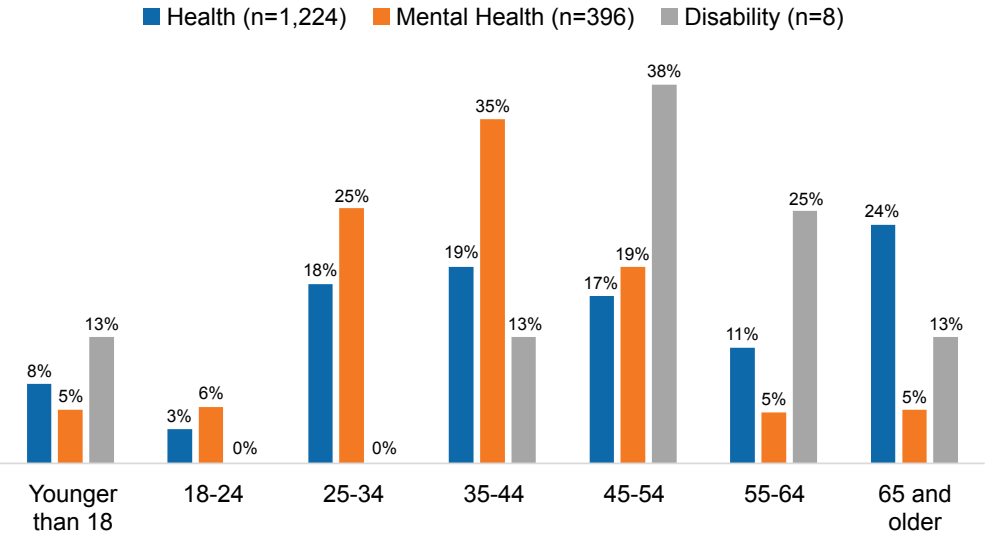


Figure 6: Gender of the individual receiving a service

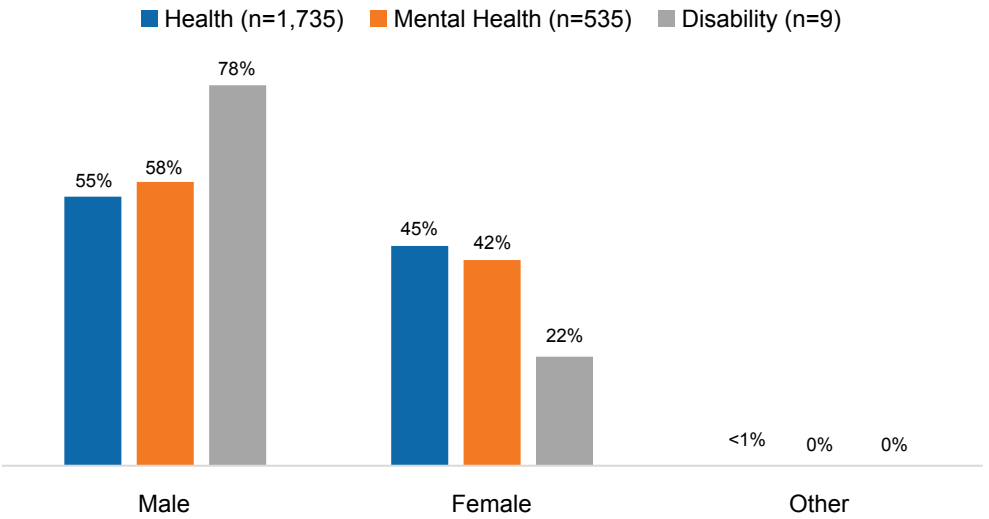
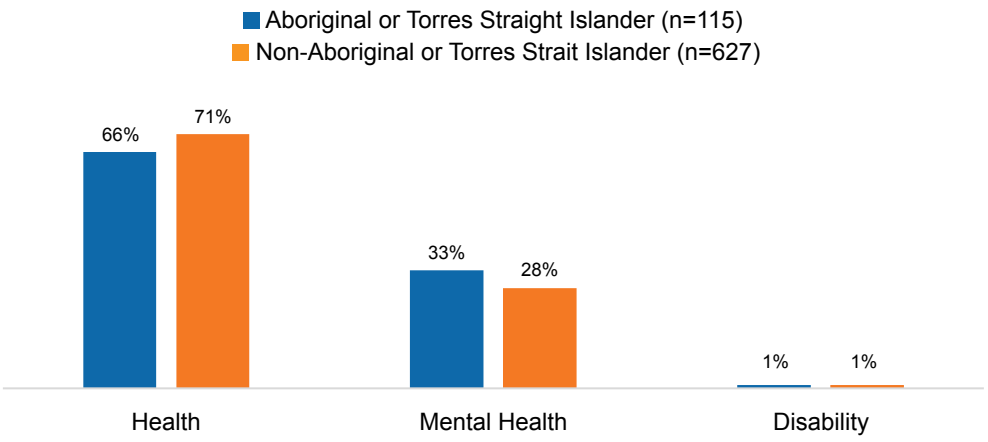


Figure 6 details the gender category for individuals lodging complaints across health, mental health and disability services. For the 2023-24 reporting year, there was a greater proportion of males who received a health, mental health or disability service than females.

Figure 7: Complaints made by Aboriginal or Torres Strait Islanders



Information not recorded for 1,969 complaints.

Of the 2,711 in-jurisdiction complaints received, 115 were lodged by Aboriginal or Torres Strait Islander people, 627 by non-Aboriginal or Torres Strait Islander people. The 115 complaints, where individuals identified as Aboriginal or Torres Strait Islander, represents 4% 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.

It is important to note that self-identification is voluntary, and this may impact the accuracy of this result.

Complaints lodged from immigration detention centres

We respond to complaints from detainees concerning the provision of health services in immigration detention centres located in Western Australia and the Indian Ocean Territories. We manage these complaints through a letter of understanding with the Commonwealth Ombudsman. In the current reporting year, we received four complaints about health services provided at immigration detention centres.

Complaints lodged from the Indian Ocean Territories

We provide services to the Indian Ocean Territories through a service delivery arrangement with the Australian Government. In 2023-24, the Office responded to three complaints received this reporting year.





## 2.4 Outcomes achieved

This year, we achieved a variety of redress outcomes for complainants and service improvements which benefit the wider community who access health, mental health and disability services.

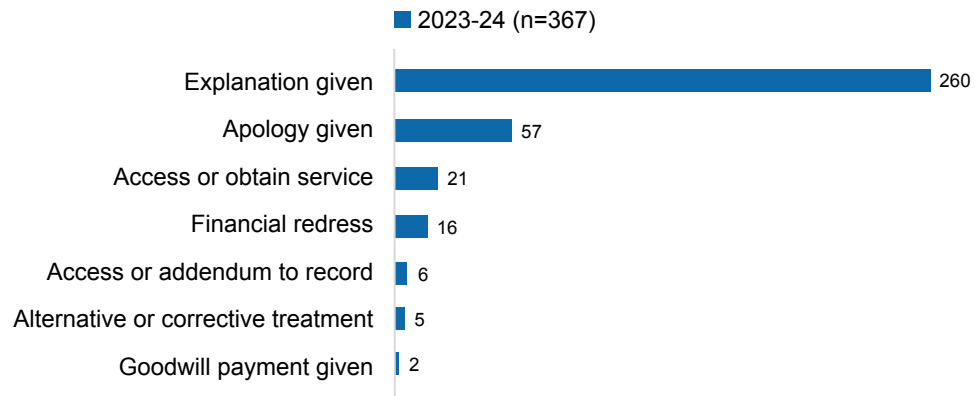
Redress outcomes can include provision of explanations and apologies by service providers; cost refunds or reductions, waiver of fees or goodwill payments; providing corrective treatment; facilitating access to services; and providing access or addendums to health records.

Service delivery improvements can include the provision of staff training; clinical improvements; changes to policies and procedures; improvements in consumer and carer participation, communication, recordkeeping and administration practices.



### Outcomes for individuals

**Figure 8: Redress resulting from complaints managed through a resolution process**



Through our complaint resolution process, we achieved a redress outcome for 78% of complaints closed this reporting year. There was a total of 367 redress outcomes for individuals, as shown in Figure 8. The most common redress outcomes were explanations, apologies, access to services, and financial redress. These outcomes demonstrate the positive impact of our complaint resolution service for the individuals concerned.

### Outcomes for improving services

Contributing to the improvement of health, disability and mental health services underpins everything we do. We recognise that complaints provide a valuable opportunity to identify improvements that assist a service provider to improve services for the wider community benefit.

Service improvements add value by contributing to improvements in safety and quality and patient-centred health care. In this reporting year, there were 71 service improvements implemented, including:

#### Clinical improvements



- Update to peripherally inserted central catheter (PICC) procedure to include information about the frequency of when to flush the PICC when used mainly for blood sampling, with updated information to be communicated to staff for system improvement purposes.
- Changes to hospital emergency department criteria for patients presenting with suspected spinal injuries with no neurological deficit.
- Improved mouth care options for palliative care patients to provide greater levels of comfort for individuals nearing the end of life.
- Improvements to a quality assurance process when administering vaccinations with practice-wide training provided to staff.
- Diagnostic results management procedure updated to include specific KPIs for specimen collection timeframes.
- Improvements to hospital discharge process including reassessment in instances where there has been a delay in discharge and deconditioning in patients.
- Establishment of a newly created ward-based Clinical Nurse Specialist (CNS) role to improve ward support for complex wound dressings and discharge planning.

#### Communication improvements



- Improved communication at hospital admission to inform patients about the patient wristband identification process.
- Improvements for displaying signage in a patient's room to indicate that they are vision or hearing impaired to ensure staff are aware of the patient's additional needs.
- Development of new website to improve accessibility of information for patients and streamline their incoming communications for patients requesting scripts, certificates, and letters, with use of preloaded templates.
- Health practitioner's website updated to include a section for consumer feedback and complaints.
- Signage installed to inform about out of pocket expenses when accessing radiology services during inpatient admissions.

## Education and training



- Recordkeeping training covering accuracy of information to be included in patient records.
- Staff training covering clinical escalation processes to ensure concerns are actioned in a timely manner.
- Education provided to clinical staff on the use of oxygen therapy.
- Use of complaint as a de-identified case study covering signs of respiratory infection, antibiotic allergy and deterioration of patients.
- Staff training for managing patients under the *Mental Health Act 2014*, including patient referrals, communication arrangements and documentation.
- Presentation of case to Morbidity and Mortality Committee to highlight lessons learnt in administering anaesthetic to patients with a high risk of neurapraxia or pressure injuries to minimise potential related injuries.
- Education to staff about the importance of empathetic and compassionate communication with family members following a patient's death.

- Training on dispensing prescription medications to minimise risk of dispensing errors.
- Staff education provided on compassionate, holistic end-of-life care.
- Refresher training on the Goals of Patient Care policy and procedure focusing on ensuring communication with a guardian that is timely and inclusive of carers and family members.
- Telephone training for managing difficult conversations with patients.
- Peer review discussions through both Cardiothoracic department and Morbidity and Mortality meetings on communication with patients, families and carers regarding long stay patients, hospital discharge processes, and management of complex wounds post discharge.
- Staff reminded of the importance of communication with families at hospital presentations around patient assessment, including medication reviews and care provided.

## Administration practice improvement and record keeping



- Improvements in records management to ensure all staff, including allied health staff, are entering a patient's vital sign observations into the patient's record.
- Review of recordkeeping requirements for patient documentation to ensure records are adequately maintained and securely retained.
- Revisions to the Change of Episode of Care Form to confirm that the patient, family or carer has been informed of a change in patient care status and the associated fees.
- Improved process to ensure relevant legal documents such as Advanced Health Directives are transferred with a patient's file from an aged care facility to a hospital, with training arranged to remind staff.
- New billing process for follow-up ophthalmology medical procedures for non-eligible public health patients.
- Development of a triage referral form for patients transferring to another facility for Tertiary level care.
- Implementation of an improved Nursing Care Plan for recording patient observations and requirements, with training provided to staff on its use.

- Poster developed to promote the availability of a chaperone or assistant for medical appointments.
- Implementation of an improved process when archiving and tracking changes to clinical policies to ensure most up to date policy information is available.
- Updates to SMS appointment notifications to remind patients that a valid referral is required to ensure prospective patients are aware of this obligation before attending an appointment.

## Consumer and carer participation



- Review process to prepare Treatment Support and Discharge Plans to provide opportunities for family members and carers to be involved in their preparation.
- Consumer and carer participation to identify suitable locations within a hospital to promote clinical escalation pathways, with associated posters relocated based on the consumer and carer feedback.
- Changes to discharge process to include consideration of the carer's needs.

## Provider initiated outcomes from facilitated referral of complaints



Through a facilitated referral process, our team collaborates with providers and consumers to ensure complaints are highlighted to the provider at the earliest opportunity, as part of our complaint assessment process.

A facilitated referral is initiated when a complaint is closed in assessment and forwarded by our team to the provider for response. This generally occurs when there are insufficient grounds for us to accept the complaint into resolution and the complainant's circumstances impact their ability to independently lodge a complaint with the provider. The facilitated referral process enables linkages between the consumer and provider to achieve desired outcomes and improve provider performance.

In this reporting year there were 39 facilitated referrals, achieving 62 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 outcomes included:

- 22 explanations.
- 20 apologies.
- 9 training and education opportunities.
- 6 changes to policy.
- 4 refunds.

Service improvements included:

- Reviewing information available to patients about end-of-life care options.
- Education to nursing staff on how to source stoma supplies on weekends.
- Improvements to communication with patients during mental health presentations.
- Review of patient intake process to ensure guardian information is correct and recorded on intake forms.
- Complaints shared with staff to learn from patient's experience to assist them to better meet the needs of the community.
- Education to staff on the importance of Goals of Patient Care discussions and related documentation.
- Retrospective review of patient's case through quality assurance process to enable lessons learnt to be implemented and shared with staff.

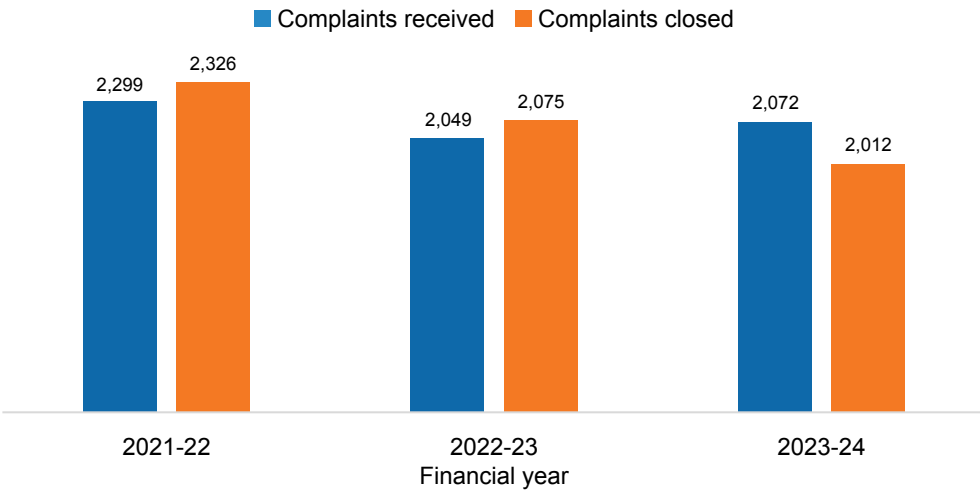


## 2.5 Complaints about health services

In the 2023-24 reporting year, we received 2,072 complaints and closed 2,012 complaints about health services.

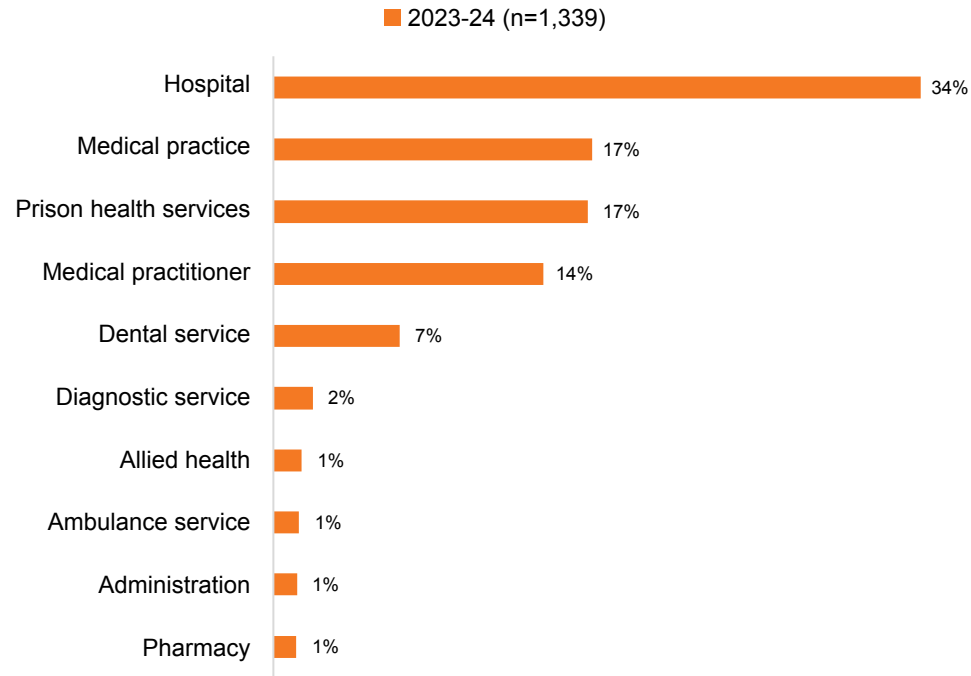
Figure 9 details the number of complaints about health services received and closed over the past three years.

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



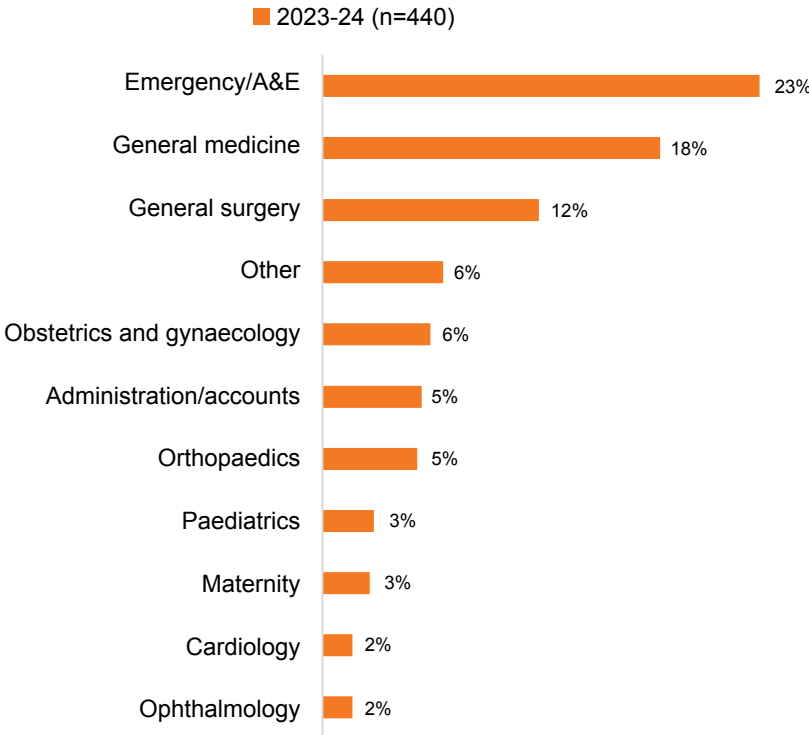
For health complaints closed in the 2023-24 reporting year, 34% concerned services provided in hospitals, followed by 17% provided in medical practices and 17% also provided by prison health services. The provider types most commonly cited in health complaints are shown in Figure 10.

**Figure 10: Common health provider types**



Percentages will not sum to 100% as only top 10 health service types are included.

**Figure 11: Common hospital-based health specialties**



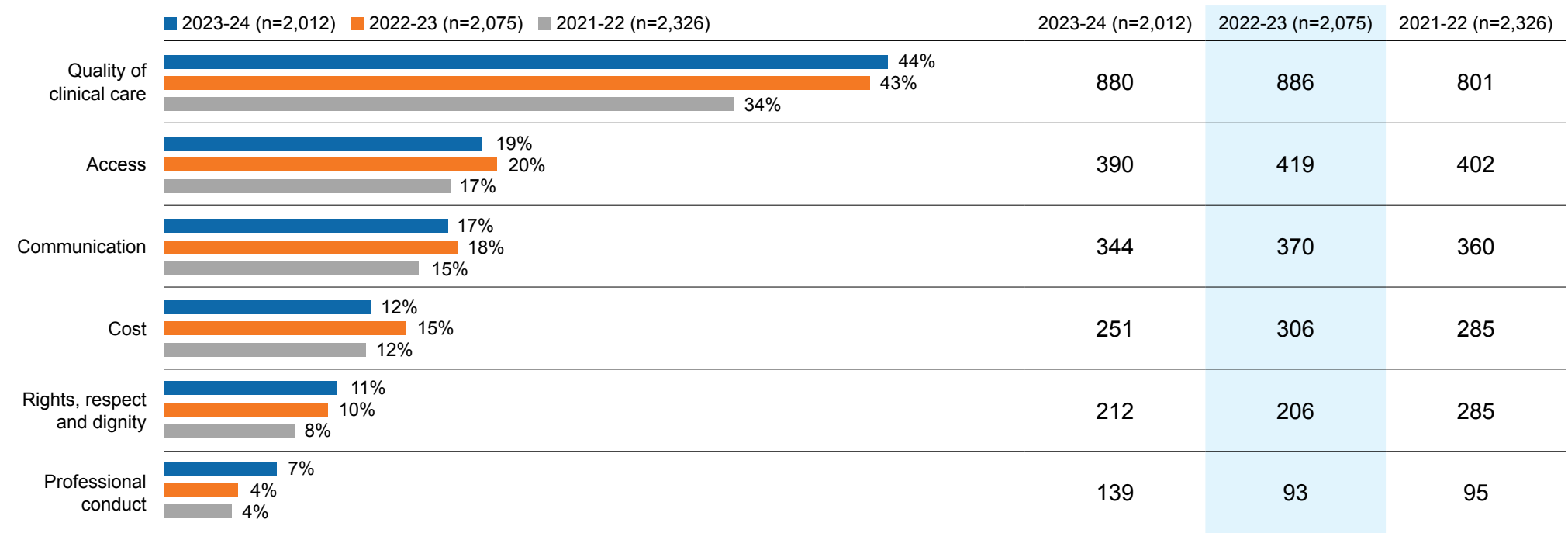
Percentages will not sum to 100% as only health service types that account for 2% or more of complaints are included.

As shown in Figure 11, for complaints about services received in hospitals in the 2023-24 reporting year:

- 23% related to emergency/A&E.
- 18% related to general medicine.
- 12% related to general surgery.



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.

Figure 12 shows the most common issue categories for health 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 2023-24 reporting year, most complaints concerned quality of clinical care, access and communication.

Specific trends observed include:

- Quality of clinical care continues to be the most frequently raised concern, cited in 44% of closed complaints in this reporting year.

- The volume of complaints citing this issue (n=880) was lower than in 2022-23 (n=886), however it was higher than in 2021-22 (n=801).
- The second most reported issue was access, cited in 19% of complaints. The volume of complaints citing this issue (n=390) was however lower compared with both 2022-23 (n=419) and 2021-22 (n=402).
- The third most reported issue was communication, cited in 17% of complaints (n=344).

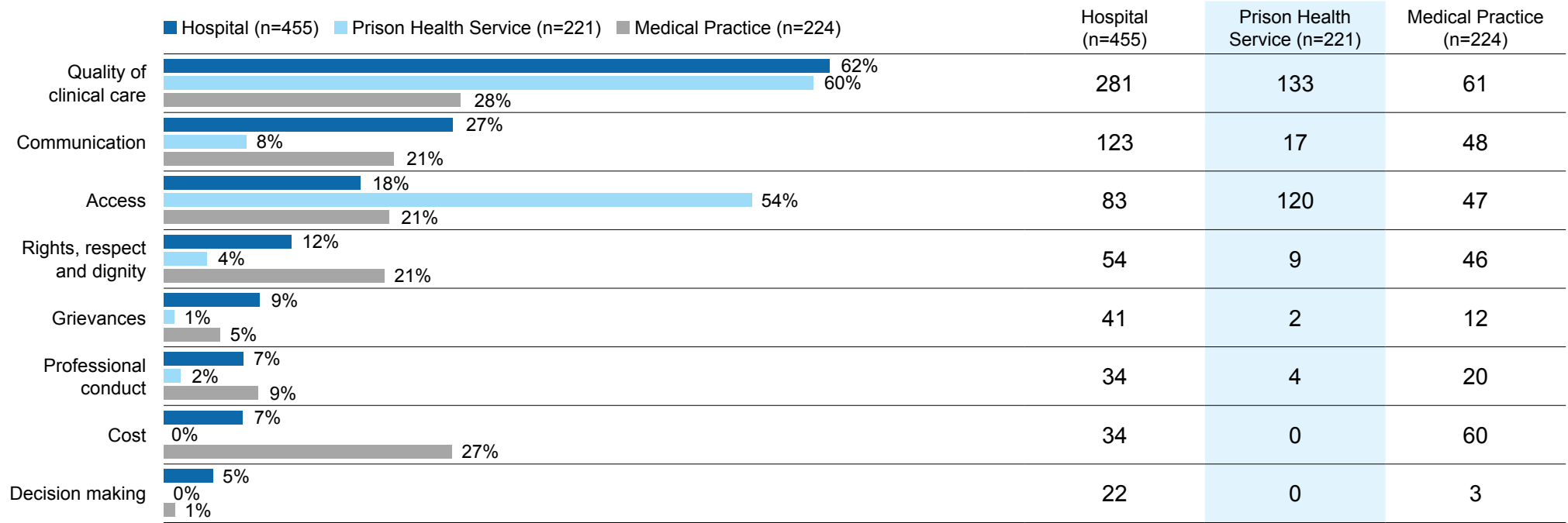
The health complaint categories associated with the three most common service provider types (hospital, medical practice and prison health services) are shown in Figure 13.

Specific trends observed in the 2023-24 reporting year include:

- Complaints about quality of clinical care are more likely to relate to a hospital service (62%) or prison health service (60%) than a medical practice (28%).
- Complaints regarding communication are more likely to relate to a hospital service (27%) or medical practice (21%) than a prison health service (8%).

- Complaints about access are more likely to relate to a prison health service (54%) than a medical practice (21%) or a hospital service (18%).
- Complaints about rights, respect and dignity are more likely to concern services provided in a medical practice (21%) than a hospital (12%) or prison (4%).
- Complaints regarding cost issues are more likely to relate to a service provided in a medical practice (27%) than a hospital service (7%), with no complaints about costs relating to prison health services.

Figure 13: Complaint categories by provider type

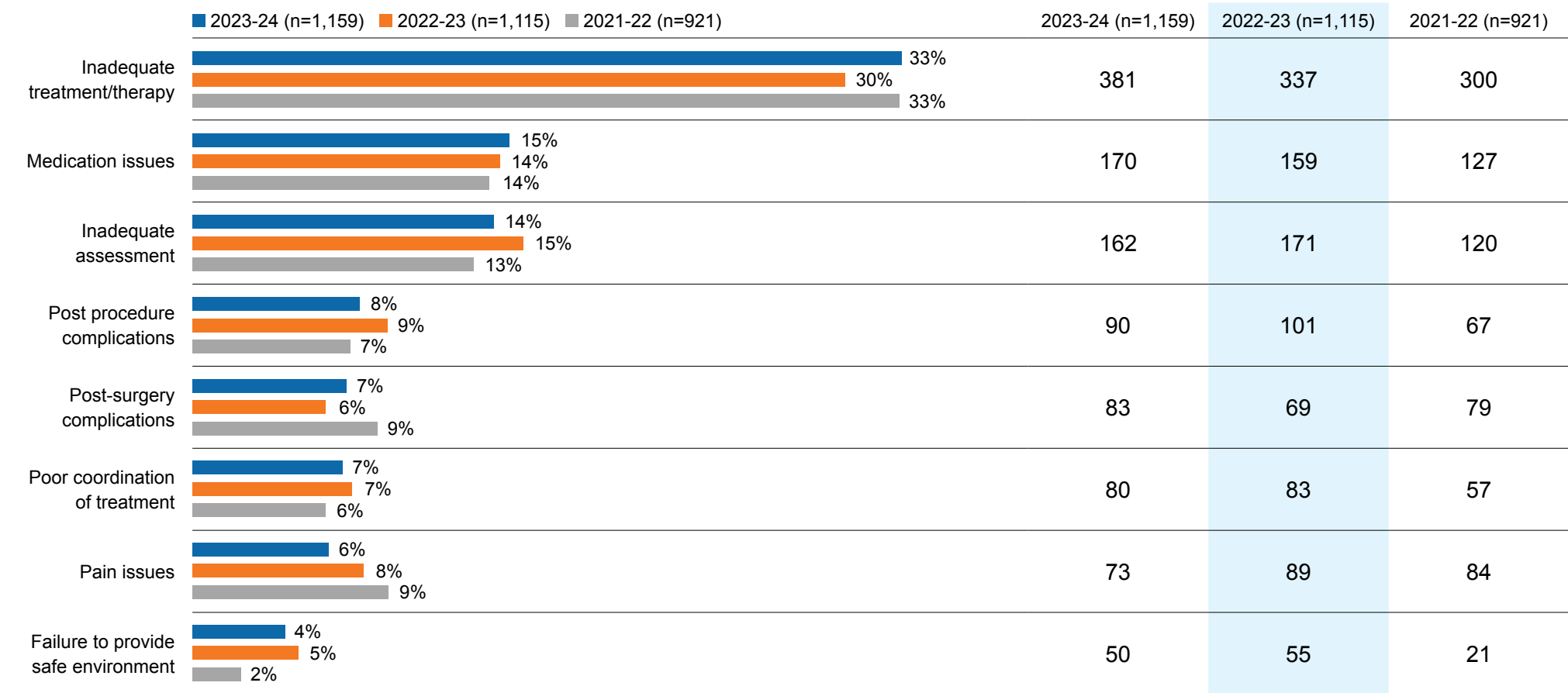


Percentages will not sum 100% as multiple issues can be identified per complaint. Only categories that were reported in 5% or more of complaints are included.



As detailed in Figures 12 and 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.

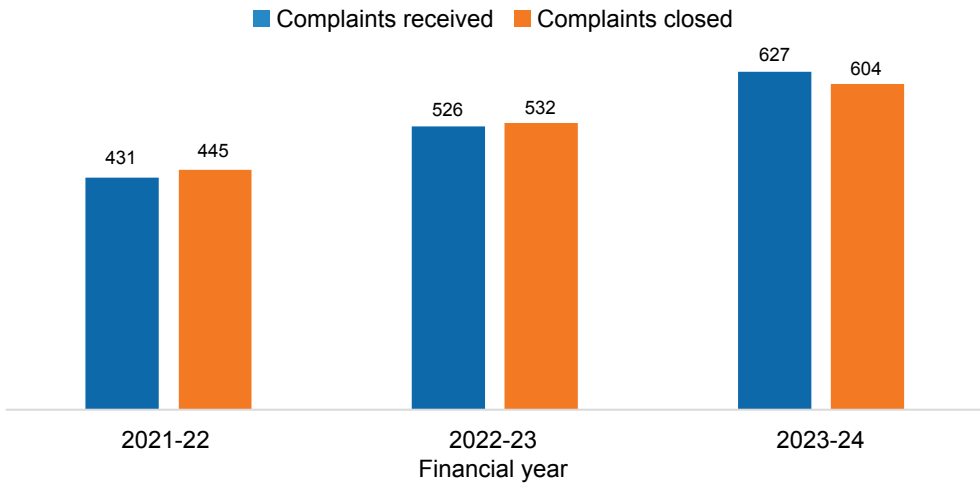
In the 2023-24 reporting year, inadequate treatment/therapy remained the most common issue in this category (33%). This is followed by medication issues (15%) and inadequate assessment (14%).

## 2.6 Complaints about mental health services

In the 2023-24 financial year, we received 627 complaints about mental health services and closed 604 complaints. There was a 19 percent increase in the volume of complaints received about mental health services compared to 2022-23 (526 to 627).

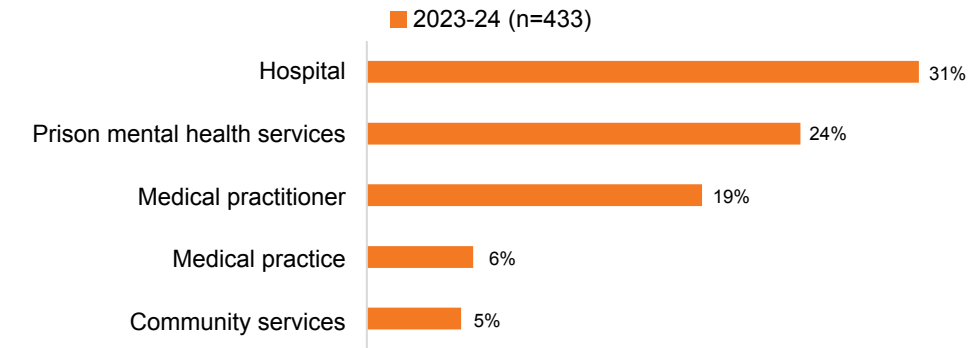
Figure 15 details the number of complaints about mental health services received and closed in the past three reporting years.

**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 (31%), followed by prison mental health services (24%) and individual medical practitioners (19%). The common mental health service provider types are shown in Figure 16.

**Figure 16: Common mental health provider types**

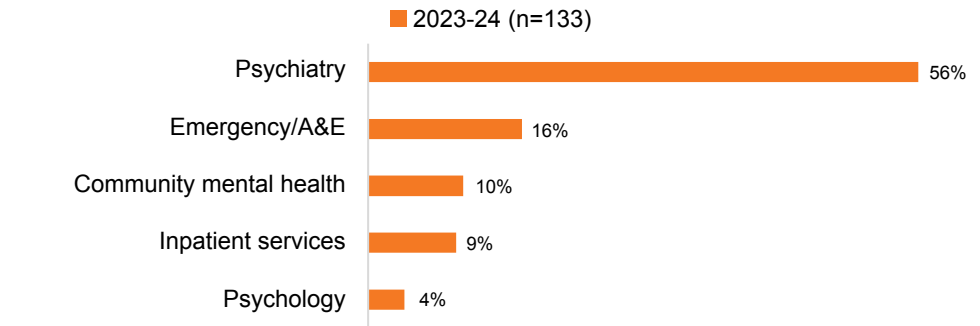


Percentages will not sum to 100% as only the top five provider types are included.

As shown in Figure 17, for complaints about mental health services received in a hospital in the 2023-24 reporting year:

- 56% concerned psychiatry services.
- 16% concerned emergency/A&E services.
- 10% concerned community mental health services.

**Figure 17: Complaints about hospital-based mental health services**



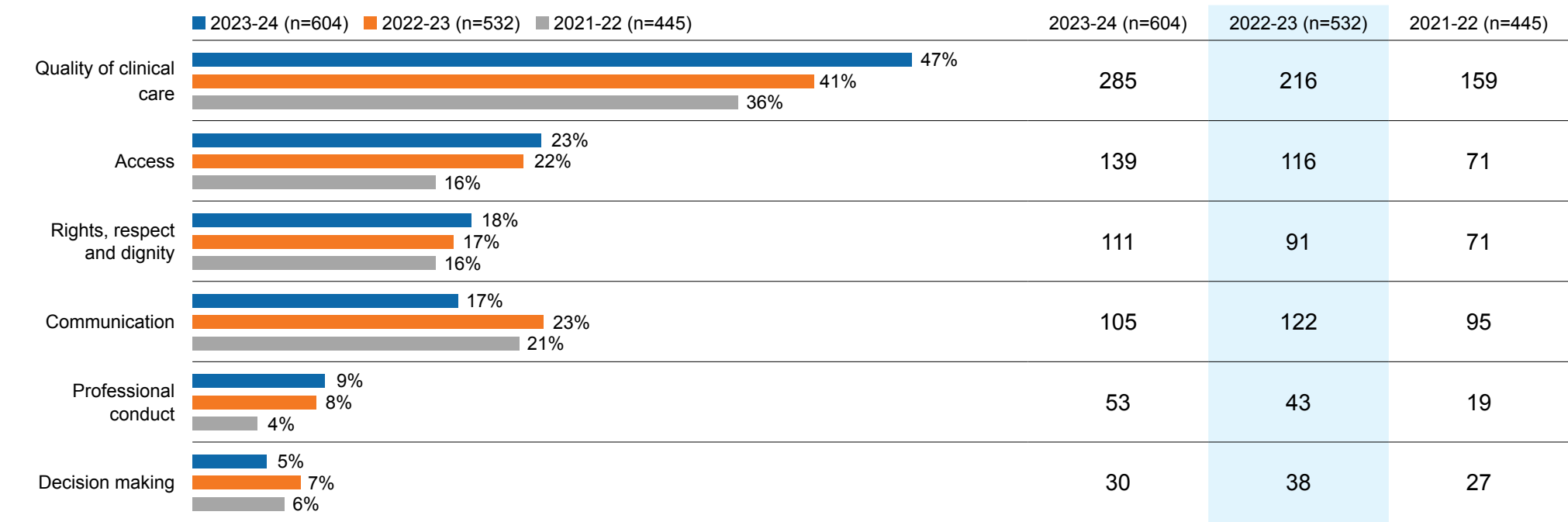
Percentages will not sum to 100% as only the top five provider types are included.

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 2023-24 reporting year, most mental health complaints were about quality of clinical care, followed by access, and rights, respect and dignity. Specific trends observed include:

- Quality of clinical care continues to be the most cited issue (47%) in 2023-24 and shows an increasing trend from 2021-22 (n=159) to 2023-24 (n=285).

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.

- The second most commonly reported issue is access, cited in 23% of mental health complaints with an increase compared to the previous two reporting years.
- The proportion of complaints about rights, respect and dignity is the third most reported issue, which has also shown an increasing trend from 2021-22 (n=71) to 2023-24 (n=111).
- Complaints about communication issues decreased from 122 (23%) in 2022-23 to 105 (17%) in 2023-24.

## 2.7 Complaints under the Code of Conduct for certain health care workers (Code of Conduct)

Since coming into operation on 27 July 2023, this financial year marks the first time we received complaints under the Code of Conduct. This year, we received 22 complaints about a broad range of specialties including massage, naturopathy, social work, counselling, audiology and doula services.

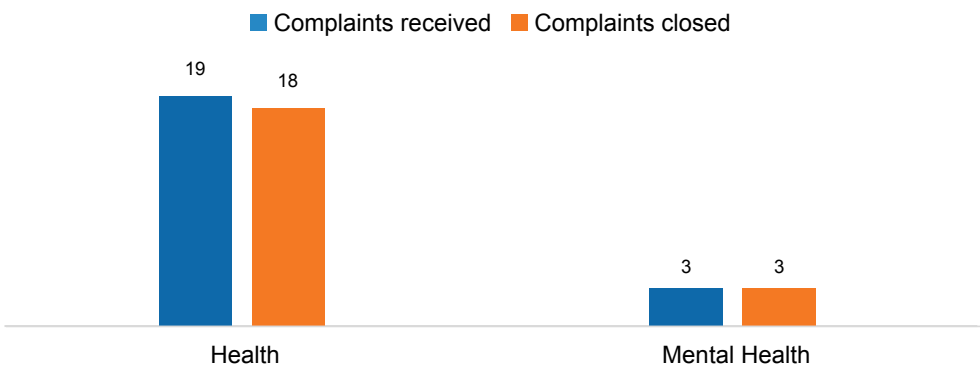
Complaints received under the Code of Conduct jurisdiction fall into two categories, health and mental health. The figures presented in this section are also contained in the data presented in the health and mental health sections of this annual report.

Complaints under the Code of Conduct can be made by any person, not just the patient or consumer of the service. Most complaints came from the person receiving the service (14), with the remaining eight coming from others.

On assessment, three complaints were suitable to progress to a resolution pathway. Of these, one resulted in the issuing of a prohibition order. This order prohibits the health care worker from being able to provide any health service in Western Australia or in other states with similar Codes of Conduct.

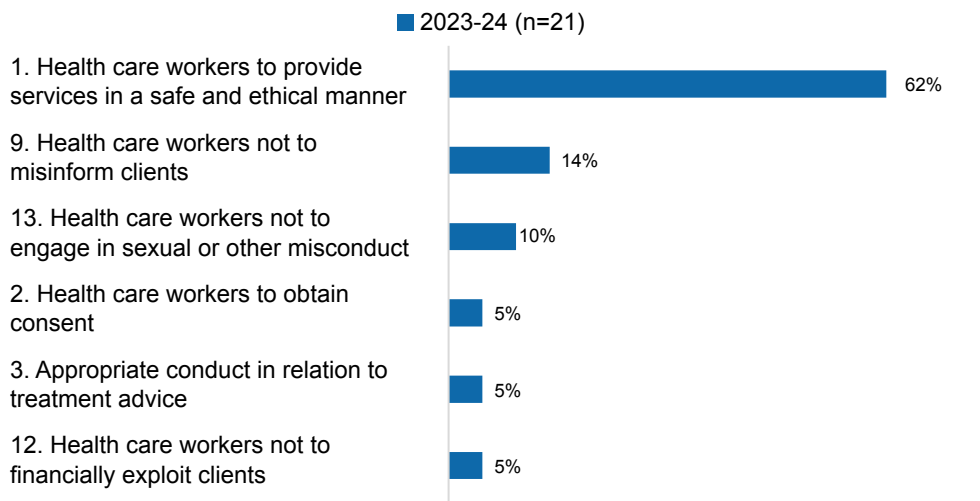
Figure 19 shows the breakdown of Code of Conduct complaints for health and mental health services. There were 19 complaints received about health services and 3 about mental health services.

Figure 19: Code of Conduct complaints



The Code of Conduct contains 17 clauses which set out the way in which health care workers should perform their practice. Figure 20 shows the specific clauses that were identified in the closed complaints relating to the Code of Conduct.

Figure 20: Code of Conduct issues



Percentages will not sum to 100% as multiple issues can be identified per complaint.

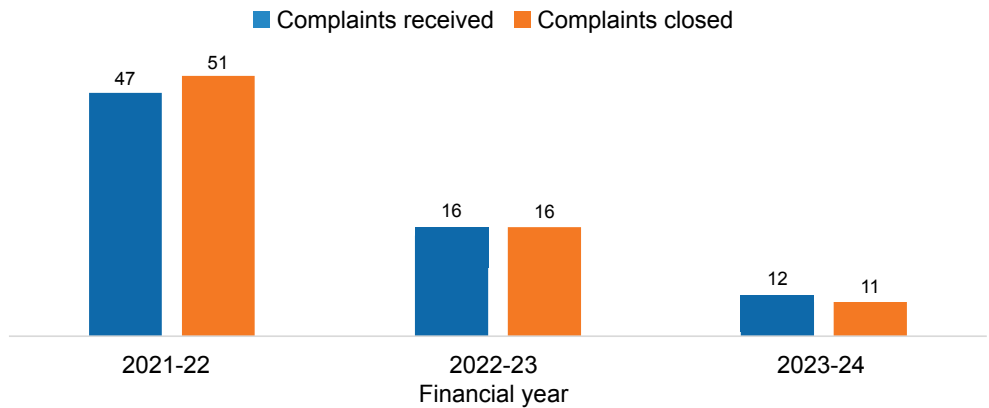


## 2.8 Complaints about disability services

We play an important role in the disability sector by handling complaints that relate to Western Australian services not covered by the National Disability Insurance Scheme (NDIS).

This year, we received 12 complaints and closed 11 in relation to disability services. There is a continuous decline in the number of complaints because of the transfer of the NDIS complaints jurisdiction to the NDIS Quality and Safeguards Commission. Figure 21 details the number of complaints received and closed over the past three years.

**Figure 21: 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.

## 2.9 Case studies

The following case studies demonstrate our collaborative efforts and achievements.

They provide important, reflective learnings that demonstrate our 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.

### Case study – physical rehabilitation and the carer voice



#### Background

A patient received physical rehabilitation following an operation on their knee. The operation was successful, and the patient's health had improved because of the treatment. Their rehabilitation was not successful, and their carer, a family member, contacted us to discuss their concerns.

The carer advised that pain relief was not readily available for the patient, and this led to considerable discomfort. They also explained that the medication prescribed for their family member made them excessively drowsy, agitated and short of breath. The carer was concerned that the patient's mood seemed very different from their usual self.

Although the patient's condition continued to deteriorate, the treating health care facility recommended that the patient continue rehabilitation treatment. They only agreed to conduct tests on the patient once the carer advised them they would remove the patient from their care, and to a different health provider.

The tests indicated that the patient had pneumonia and was not fit for further rehabilitation. Although the patient was admitted to a different health care facility and treated for pneumonia, the patient's condition continued to deteriorate, and they did not make a recovery.

#### What did we do?

Our complaints team reviewed the information that was provided by the carer. The carer had several queries about the quality of care including the medication provided, the type of pain relief that was available, and why their assessment was not considered, when they advised that the patient's declining health was causing them a concern.

We suggested that a conciliation process would allow both parties to meet so the carer could discuss their concerns and the service provider could directly engage and respond.

Our staff mediated the discussion, and remaining impartial throughout, to ensure all parties felt heard and understood.

#### What was the outcome?

Our conciliation process uncovered some key learnings for the service provider, including how they could use physical identifiers on patients to monitor their health. They also acknowledged the importance of highlighting a system that enabled patients and carers to raise concerns about a patient's altered health.

The facility management advised they had also identified opportunities for staff training, including life support training, and patient recordkeeping.

## Case study – prohibition order



### Background

A person contacted us to advise they had received a massage service from a provider, which caused them a great deal of discomfort as they felt that the massage therapist had behaved inappropriately.

Under the Code of Conduct for certain health care workers massage therapists, amongst other care providers, are required to provide services that are free from financial, physical and sexual harm.

### What did we do?

We used the information from the complainant, and with the complainant's consent, then liaised with Western Australia Police Force to further support the investigation.

Given the high-risk nature of the claim, our Director Sarah Cowie issued an interim prohibition order on the massage therapist to prevent them from providing any health service while they were under investigation.

This acted as a community safeguard against further unethical behaviour.

### What was the outcome?

We placed a prohibition order on the massage therapist, permanently preventing the person from providing a massage service in Western Australia and other states where the Code of Conduct is in place (including South Australia, Victoria, New South Wales, the Australian Capital Territory and Queensland). A breach of the prohibition order can result in a fine of up to \$30,000.



## Case study – mental health care



### Background

A member of the public contacted us to discuss concerns about the mental health care their family member had received. This family member was exhibiting signs of diminished mental health and had expressed suicidal ideation. They were deeply concerned about their family member's mental health as they were suffering from several challenging factors in their life that were compounded by their diminished capacity for resilience and self-care. They accompanied their family member to a health care facility to seek treatment.

Their family member was assessed by a team, and following an assessment they were allowed to leave. The patient's family member however had advised staff that they still felt that the person was at risk of suicide or self-harm, and this information should be considered as part of their assessment.

The person explained to the team that their family member had a history of suicide attempts and felt it would be more appropriate for them to remain at the health care facility

so they could be kept safely for observation. The facility team determined that based on their assessment this would not be required and discharged the family member. However, within 24 hours of being discharged the family member died by suicide.

### What did we do?

A complaints officer reviewed the information that was provided and agreed that we could impartially conciliate. The officer learned that although 24-hour medical care was recommended for the family member, no arrangements were made to organise immediate care for the patient. They were also informed by the person who bought their family member to the facility that staff did not demonstrate a level of empathy and care.

We contacted the mental health care provider who agreed to engage in a conciliation process with the complainant. They advised that they were aware of that patient's outcome, and as a result the team was deeply impacted. We suggested to both parties that the conciliation process could provide a platform for the two

groups to communicate and discuss how they could reach a resolution.

### What was the outcome?

Our conciliation process uncovered important learnings for the facility. Although a treatment plan was being developed for the patient, it was not allocated the priority level that it required for appropriate care. Additionally, staff noted that they should have placed greater consideration to the family member's perspective as a carer, who understood the history of the patient. The facility was given an opportunity to apologise, acknowledge service improvements, for example, linking family members to external support services and reviewing their service coordination and communication. The complainant was satisfied that they had been given an opportunity to provide their feedback on the quality of mental health care and could continue to process their grief knowing they had been heard.



## Case study – access to medication



### Background

A member of the community contacted us to discuss concerns about the mental health care their family member had received. They had been appointed as medical guardian of their family member and the treatment team was required to engage with the guardian to obtain consent prior to making medical decisions.

They advised us that the service provider would not consider a type of medication to treat their family member's mental health condition, although they felt it would be a good option for them to consider. The family member advised that although the medication had a minor adverse side effect it was also the only type that had a positive impact on the patient's mental health. They suggested that with regular monitoring the medication could be safely and effectively administered.

The medication was trialled on the patient and proved to work, but it was then stopped without explanation or discussion with the

guardian, which caused a decline in the patient's mental health condition. The family member advised us that the patient was at the facility on a voluntary basis. However, instead of being accommodated in a general area, they were kept in a locked section of the facility, and not provided with the medication the medical guardian believed was successful for their treatment despite being agreeable to taking it.

### What did we do?

We reviewed the information provided and agreed that the health care provider should be invited to submit a formal response to the medical guardian's concerns, with both parties agreeing to enter the negotiated settlement process.

The health care provider reviewed the treatment provided and identified areas that required improvement. For example, the patient's medical guardian should have been

consulted as part of the patient's individual care plan, as they had intimate knowledge of the patient and would be able to provide valuable insight into which medication types may be effective for them.

### What was the outcome?

Our negotiated settlement process was instrumental in helping the service provider to identify and review their policy and procedures. They commenced a project to improve their treatment support by providing opportunities for family members and carers to help to develop individual care plans for their loved ones. They also acknowledged the important role family members play in their patients' care and were grateful for our support.

## Case study – challenging excessive fees



### Background

A person took their family member to a health facility for day surgery. Following their arrival at the location the patient was admitted, the operation was successfully performed, and they were discharged. The person settled their family member's bill, and they were informed that the patient would require a follow up appointment to ensure that they were not experiencing any complications.

The person took their family member back to the facility during their recovery, and the patient was seen by a health care worker for a brief time, and they left the facility. After they left, they received an invoice for the same amount as their initial surgery. They assumed this was a duplication and did not pay the amount. However, the facility advised that the second invoice was a separate fee.

The facility explained that the second visit to their premises was treated as a separate admission that incurred a new set of fees that must be paid. The person who took their family

member to the health facility was surprised as the second appointment was completed in fifteen minutes and did not require the same level of service as the initial surgery.

### What did we do?

We reviewed the information provided and recommended that the matter progress to negotiated settlement. We discussed the matter with the complainant who advised that they did not want the second fee waived, rather reduced to an appropriate amount, and an explanation to outline why it was issued.

The negotiated settlement process allowed us to impartially engage with and support both parties to encourage a mutually agreeable resolution. The complainant and health facility agreed to engage in the process, which allowed a confidential arrangement that could not be used in court proceedings.

### What was the outcome?

Our review highlighted some important learnings for the health facility. They acknowledged that their outpatient processing service required review, as it did not include an outpatient option that would have significantly reduced the complainant's second invoice.

The facility management advised they were exploring outpatient options that would eliminate this issue in the future, and they waived the complainant's second invoice.

## Case study – access to emergency care



### Background

A person took their partner to an emergency facility after they had a fall and hit their head. They were concerned that the fall may have caused a cerebral or spinal injury and were very keen for them to be examined as soon as possible. When the person arrived at the location with their partner, a health care worker asked if the person's partner had been drinking. They confirmed that their partner had consumed alcohol with their meal and were quickly advised that their partner must attend a different emergency facility, despite the person's non-disruptive demeanour and quiet disposition. This made the person anxious as they were concerned that the extra travel time would prolong their partner's access to care, and potentially cause further injury. They knew that if the fall had caused some damage, then their partner should be examined as soon as possible.

They felt that the reason for staff's request to visit a different emergency facility was not explained, and it was unreasonable as their

partner had been compliant, was not being disruptive nor acting violently.

They contacted us after conducting an internet search to find out who could assist them with their complaint. They had previously provided feedback to the health care provider but were left unsatisfied with the response.

### What did we do?

We reviewed the information and advised that we could assist them through the negotiated settlement process. The health care provider was also contacted and agreed to engage in the process. They provided their account and assessment of the incident.

The complaints officer explained to the health care provider that refusing to examine the patient caused their partner concern, as they were unsure if their partner had a head or spinal injury that may be exacerbated by travelling further to a different emergency facility.

The health care provider was also able to provide further details about their reasoning for not conducting an examination. They

explained that the decision to turn them away was not based on the patient's alcohol consumption, but rather the patient's suspected injury was excluded from their service provision.

### What was the outcome?

Our team's examination of the case highlighted some important learnings for the health facility. They reviewed their exclusion criteria and agreed that patients who arrived at their facility with certain types of injuries could be assessed and safely managed. If patients could not be managed, they further agreed that following a baseline examination they would discuss appropriate transport options for patients, so they could safely travel to an alternative facility. This triage process would also include a referral form, so the alternate facility was made aware of the patient's condition. The service provider also made assurances through the senior management team that improvements would swiftly be made to their triage process so that incidents of this nature would not occur again.

## Service Two: Educate and Train

By engaging with our consumers and the health, mental health and disability sectors, we are working to improve complaint resolution and contribute to the improvement of complaint management services in the future. The learning from complaints resolution is built into feedback that is provided back to health, mental health and disability services to inform their service improvements.

Each reporting year we develop a Stakeholder Engagement Strategy (SES) to guide our activities with the health, disability and mental health sectors, peak industry groups, and the community. The strategy outlines the communication and engagement priorities for the reporting year, stakeholders who should

be included, and it connects to a schedule of activities and resources. This allows for all engagement outcomes to be evaluated, and ensures they are connected to our broader objectives.

The outcomes and achievements under the SES 2023-24 are presented in the following pages. The reporting year has seen HaDSCO focus on strengthening community relationships, particularly with youth groups, senior members of the community and remote communities, and informing the public about the Code of Conduct for Certain health care workers (Code of Conduct).



## 2.10 Engagement and outreach

### The community

HaDSCO values our relationships with stakeholders and with the promotion of the Code of Conduct, this has been a particularly busy year. Events across Perth were sought out as opportunities to engage communities. We attended the Perth Disability Connection Expo, Let's Connect Armadale Expo, PrideFEST Fairday, Stall in the Mall events and NAIDOC week celebrations which provided ideal locations to meet people and share information about HaDSCO's services. HaDSCO participated in regional outreach programs to locations including Esperance, Carnarvon, Geraldton, and the Indian Ocean Territories. This outreach enabled us to meet with a range of people in different communities.

As youth groups were identified as a target audience in our Stakeholder Engagement Strategy, effort was focused this financial year towards engagement with audiences in the 15-25 year old age bracket. The team created print and digital resources, and distributed them throughout the state. Additionally, youth-based



activations such as Youth Week were joined to maximise the team's reach.

This engagement was intended to ensure that young people felt supported to provide their feedback on health services. A postcard and short video were developed and released to advise youth audiences that they have a right to safe and ethical health care. The resources were developed in response to the team identifying that only a small number of complaints are received from young people, and anecdotal evidence collected from outreach suggesting that they did have concerns to raise, particularly around access to mental health services, and may need some support to provide feedback.

We extended our engagement with youth-based stakeholders, including high schools, and collaborated with the Department of Communities' Strategic Team on a Ministerial recommendation. The collaboration led to us agreeing to contribute to the Department of Communities' four-year Youth Action Plan.

Older adult groups were also prioritised, with the team attending Have a Go Day at Burswood Park and Rockingham. Seniors' groups on Cocos (Keeling) Islands and Christmas Island were also engaged through workshops and information sessions.

Harmony Week provided an opportunity to engage with culturally diverse background

communities, and we used a display at Mirrabooka and Belmont to engage with local groups. Code of Conduct resources were created, and translations were made readily available in Arabic and Simplified Chinese.

Of the complaints closed in the reporting year, a considerable number concerned prison health services. We visited one regional and one metropolitan facility to discuss complaint management processes. Our engagement with both health services staff and prisoners provided an excellent opportunity to raise awareness of our role.

With the review of our statutory legislation consumers were given an opportunity to provide direct feedback to us on the services we deliver and improvements they would like to see. We contacted people and consumer groups by email and interview. This feedback was used to inform our review paper and we have been able to incorporate practical changes to our practice and operations as a direct result of this engagement.



Armadale Let's Connect Expo 2024

## The health, mental health and disability sectors

Engagement with providers and agencies within the health, mental health and disability sectors this year fell into three main categories: educating and information sharing regarding the Code of Conduct and statutory review; maintaining and strengthening existing connections; and forging new connections.

Multiple presentations and meetings were held regarding the Code of Conduct, including senior level meetings with the Office of the Chief Medical Officer and the Department of Health. These also presented the opportunity to learn about ongoing health policy reforms. We presented to the Australian Counselling Association and Ruah Community Services. We also met with staff from the Office of the Chief Psychiatrist, Mental Health Commission, Mental Health Advocacy Service and Consumers of Mental Health WA to discuss how we can best meet the needs of persons experiencing difficulties with their mental health. Staff also attended talks with the Office of Multicultural Interests to discuss how to support diverse communities in accessing health complaint management systems. We met with the Health Consumers Council WA and Carers WA to discuss the needs of users of their services.

Quality and safety in the provision of health care is central to the work that we do. Meetings with the Office of Patient Safety and Clinical Quality in the Department of Health and the Australian Commission on Safety and Quality in Health Care continued to foster our engagement with these key stakeholders throughout the reporting year.

We continued to liaise with the Voluntary Assisted Dying Board secretariat and made a submission on the review of the *Voluntary Assisted Dying Act 2019* based on the lessons learnt from the complaints we have managed since this complaints function came into operation in 2021.

As part of our youth engagement, we attended an event arranged by the Commissioner for Children and Young People, Jacqueline McGowan-Jones, on the launch of the Commissioner's Report Hearing from trans and gender diverse young people in Western Australia.

We continued our membership of the Disability Deputies Group and Interagency Working Group, which are convened by the Department of Communities, as well as the Western Australian Executive Steering Committee which is convened by the National Disability Insurance Agency.

We provided feedback on the implementation of recommendations arising from the Royal

Commission into Violence, Abuse, Neglect and Exploitation of People with Disability where they relate to complaint management systems. We also continued to engage with staff in the Department of Communities about the interface of the Disability Reform Project relating to disability legislation and the statutory review underway of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993*.



Australian Medical Association WA and HaDSCO 2023



The Director is a member of the Health Complaints Commissioners group across Australia and New Zealand. Each year the Commissioners meet to exchange information about strategic and operational matters and emerging health reforms which influence the delivery of quality complaint systems. Meetings this year focused on provision of health services to Aboriginal people, safety and quality in health and aged care, and the emergence of Artificial Intelligence in diagnostic settings. Updates on cosmetic surgery and other reforms were also provided by Ahpra. Staff well-being was a strong focus recognising the ongoing need to support complaint teams who are often exposed



Perth Disability Connection Expo 2023

to matters which involve highly sensitive and complex health outcomes.

As a member of the Accountability Agencies Collaborative Forum, there were a range of opportunities to share and exchange information about issues which impact on small accountability agencies. Guest speakers from the Public Sector Commission informed on new strategies being embedded in the sector including the agency capability review program and the new leadership expectations framework. Consequently, the Office is rolling out a program of updating job description forms to incorporate the new expected behaviours for all positions to support staff to be successful in their roles and to strengthen the Office's capability to be high performing. As a small statutory office, the Director participated in a study being undertaken by the Australia and New Zealand School of Government (ANZSOG) of small statutory agencies.

**Australian Health Practitioner Regulation Agency**

We have maintained our close working relationship with the Australian Health Practitioner Regulation Agency (Aphra), working with them on complaint resolution outcomes, and as part of community engagement. Several engagement initiatives were undertaken collaboratively, including meetings with the

State Coroner, the President of the Australian Medical Association (WA) and St John WA. This engagement was crucial to ensure key stakeholders were receiving current and accurate information on the Code of Conduct for certain health care workers, and to inform about strategic initiatives which arise from complaints and notifications to Ahpra.

Joint presentations were given including for consumer protection staff from the Department of Energy, Mines, Industry Regulation and Safety on cosmetic surgery reforms and the Code of Conduct.

We made a submission to Ahpra in response to the targeted consultation on how Ahpra and the National Boards propose to use the new power to issue interim prohibition orders noting the interface with HaDSCO's new Code of Conduct function. Working collaboratively with Ahpra, we updated the joint brochure which sets out our roles and functions. This has been a useful resource which was first introduced in 2016.

To foster the relationship between our offices Ahpra hosted a morning tea for all staff. We conducted several joint outreach initiatives including the Perth Disability Connection Expo, Let's Connect Armadale Expo and Have a Go Days.

We also joined Ahpra and many other agencies in signing the Interprofessional Collaborative

Statement of Intent to support achievement of effective and coordinated team-based care for health care consumers.

**Publications**

Stakeholder engagement was also achieved through print and digital publications during the reporting year. We were invited to contribute to the Australian Medical Association's monthly WA publication *Medicus*, and Down Syndrome WA's member newsletter. The *West Australian* newspaper was utilised to promote awareness about the Code of Conduct for certain health care workers, and for general engagement. Where possible, QR coding was used on published information to support tracking and evaluation.

We produced Health Complaint Summary Reports for each of the five public Health Service Providers and the two private health providers detailing complaints received by us regarding their services. A mental health complaint summary report was also produced as well as report on complaints about Emergency Departments in public hospitals. These reports were well received and provided opportunities to meet and discuss complaint trends with Board chairpersons, Chief Executives and health practitioners.

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. All providers who contributed to the program were provided with copies of the report.

Educational documents are available to provide information and education to consumers and providers of health services within Western Australia. This year new resources include the updated Code of Conduct brochure in Mandarin, Malay and Arabic, and the new Code of Conduct video aimed at service providers. A new simplified HaDSCO brochure was also created for use. A Disability Services information sheet, was also prepared specifically for use at the 2023 Perth Disability Connection Expo to inform the public about who is best placed to assist them, depending on the nature of their health service complaint.

Information was published during the reporting year through various formats. We introduced a regular e-newsletter to share information about the Office. A video was created and shared as a means of sharing information about service provider responsibilities on the Code of Conduct, and a youth-oriented video was created and socialised with youth groups, advocacy agencies, local governments and schools. We produced items in different formats such as

postcards and promotional material to assist with sharing information about our service.

In the interests of strengthening the sector, we were able to use data to prepare reports for Ahpra public submissions relating to cosmetic surgery, Ahpra powers to issue interim prohibition orders and for the public review of the *Voluntary Assisted Dying Act 2019*.

To promote the Code of Conduct for certain health care workers, we conducted a targeted communications strategy using funds provided for this purpose. Printed items included advertising in *The West Australian* newspaper, and an information sheet and a new brochure distributed by mail and promoted via GP practices and pharmacies. We also promoted the launch of the Code via social media, updated website content, an e-newsletter and the WA Health, Health Happenings – Healthpoint intranet news page.

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 briefing notes and drafted replies on specific issues.





## Feedback from our stakeholders

HaDSCO's presentation on the new Code of Conduct for Certain Healthcare Workers was insightful and necessary in enhancing the Office of the Chief Psychiatrist's understanding of the new framework and how it has been implemented. The HaDSCO team were thorough and informative, explaining the rationale behind the new Code, its implications for healthcare workers and its impact on the broader health system in WA.

Dr Emma Crampin, Deputy Chief Psychiatrist WA

The HaDSCO team visited our regional Ruah Community Services site and presented on the Code of Conduct for certain health care workers. It was a small group and many of the staff had a limited understanding about HaDSCO and their processes.

We were so grateful for the time and for including regional visits into the agenda.

Alicia Roche, Service Lead - Mental Health & Wellness  
Ruah Community Services

The youth resources created by HaDSCO are very useful. They encourage children and young people to provide feedback and complain when they do not receive appropriate health services.

Jacqueline McGowan-Jones  
Commissioner for Children and Young People WA

# 3

## ISSUES & TRENDS

### 3.1 Significant issues and trends

PAGE

49

### 3.1 Significant issues and trends

Each year, we identify the emerging issues and trends that will impact our service delivery on an annual basis. The following work programs have had a significant impact on the operations of the Office in 2023-24.

#### Statutory review of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993*

We are progressing the statutory review of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993* (the review). A review committee has been formed to provide advice on the methodology for the review. Critical to its success and ultimately the improvement of our complaint resolution services, is consultation with our stakeholders. During the year we asked consumers to tell us about their experience using our services; this was done via a survey and in-depth interviews. The survey was promoted on our website, on social media, and through community organisations and service providers. We also distributed paper surveys in the prison system to collect feedback on our services and how they can be improved.

Through this process consumers let us know that:

- They want their complaints to be taken seriously and be appropriately investigated.
- They expect support to be provided both to make a complaint and during the resolution of their complaint.
- They want their complaints to lead to meaningful changes in the way services are delivered so that their experiences are not repeated.
- There were also calls for us to have the necessary powers to enforce action against service providers and to make participation in the complaint resolution process by both parties compulsory.

We value this feedback and have already implemented some practical changes to our procedures.

The consumer feedback has also been used to prepare a public consultation paper that will give all our stakeholders an opportunity to provide in-depth feedback on the effectiveness and operation of our principal legislation, and what changes need to be made to the way we resolve complaints to reflect the current expectations of the community.

We aim to release the public consultation paper in the second half of 2024 and will use the input from our stakeholders to identify improvements to our complaint resolution services and the legislative changes that are needed to implement them.





Ruah Community Services and HaDSCO in Geraldton 2024

## Introduction of the Code of Conduct for certain health care workers

The Code of Conduct for certain health care workers (Code of Conduct) was implemented on 27 July 2023. We are responsible for administering the Code of Conduct and ensuring that health services provided by unregistered practitioners are safe and ethical.

We issued our first prohibition order for a breach of the Code of Conduct in March 2024. We will continue to promote awareness of the Code of Conduct through a variety of stakeholder outreach activities, as well as ongoing collaboration with agencies that have regulatory responsibilities to protect public health and safety.

## Providing high quality complaint resolution services and education to support service improvement

While the aforementioned programs are focused on improving our service delivery and ensuring we offer a contemporary and accessible service, the past 12 months has seen us undertake a wide range of community outreach activities with the aim of raising awareness about the value of complaints as a way to encourage patient-centred care and ensure accountability for service providers.

Work has also progressed on a pilot program for the collection of complaints data from mental health service providers. The data collected through the pilot program will encourage the use of complaints by service providers as an effective mechanism to identify and implement service improvement.



International Women's Day Stall in the Mall 2024



# 4

## DISCLOSURES AND LEGAL COMPLIANCE

	PAGE
4.1 Disclosures and legal compliance	53
4.2 Other disclosures	53
4.3 Other legal requirements	54
4.4 Disability access and inclusion	55
4.5 Public sector standards and ethical codes	56
4.6 Government policy requirements	57
4.7 Our people	60
4.8 Records management	61
4.9 Corporate governance	61

### 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 during this reporting year.

#### Pricing policy

We maintain a service delivery arrangement with the Australian Government for services provided to the Indian Ocean Territories (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

During the reporting year, we capitalised improvements to the Complaints Management System ‘Resolve’. The system has been operational since 2021.

The improvements totalled \$23,608. This enhancement was required to facilitate changes in operational requirements due to the introduction of our new complaint function, the Code of Conduct. The upgraded software enables us to better serve our stakeholders, ensuring accuracy and reliability in managing our cases.

### Staffing profile

We managed staff resources within the Department of Treasury approved salary cap during the reporting year and continue to operate in a difficult employment market.

As of 30 June 2024, we employed 20 staff. The following table provides a breakdown of the categories of employment for staff directly employed in 2022-23 and 2023-24.

	2023-24	2022-23
Full-time (Permanent)	13	13
Full-time (Secondment / Contract)	2	8
Part-time (Permanent)	5	4
Part-time (Secondment / Contract)	0	1
Total	20	26

### 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

We 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

We do 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

We use 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 three applications for information were received. Two applications were refused as the requested documents were exempt from release. One application was partially granted.

An application that was made in the prior financial year regarding access to documents was granted following an external review by the Office of the Information Commissioner.

Expenditure on advertising

Expenditure	Organisation	Amount	Total
Market research organisations	Painted Dog Research	\$13,500	\$13,500
Direct mail organisations	eNudge	\$187	\$187
Media advertising organisations	Initiative Media Australia	\$47,400	\$54,365
	Meta	\$6,965	-
Total		\$68,052	\$68,052

In 2023-24, the Office received funding of \$45,000 specifically for the promotion and education regarding the Code of Conduct function.

4.4 Disability access and inclusion

Our Disability Access and Inclusion Plan outlines our commitment to promoting disability inclusion in all aspects of our work, from the services we provide to the physical spaces we occupy. We recognise the importance of creating an environment where all individuals can access our services with dignity and without barriers.

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

Key achievements are outlined below:

Complaints

Individuals can access our complaint handling services by lodging a complaint in various ways including by post, email and online. The online option is available through our website, which meets the website accessibility requirements set out in the Accessibility and Inclusivity Standard under the Western Australia Whole of Government Digital Services Policy. We recognise that making a complaint can be particularly difficult for some people, due to cultural, linguistic and geographical challenges. To achieve equality of access, we continued to:

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

Building and facilities

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

Employment

We have reviewed our recruitment processes and updated our advertising and job description forms to ensure inclusive language is used and support is offered to make the process accessible.



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 our Code of Conduct (the Code), guide the expected standard of professionalism and behaviour. During the previous reporting year, the Office released its Strategic Plan 2023-27. In 2023-24, the Office continued to work toward achieving the strategic outcomes and using the framework the strategy provides to inform how we deliver our services.

The Code was revised to reflect contemporary Public Sector guidance. Training was held to update staff on the current expectations of the Code. Following this, the new Code of Conduct was circulated for staff to familiarise themselves and sign to confirm acceptance.

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.

We introduced a guide to Professional Behaviour Standards based on defined above and below the line behaviours. This was shared with staff and is on display in our Office.

Gifts and benefits

Effectively managing the risks associated with gifts, benefits or hospitality is essential to maintain public trust and give confidence that decisions are being made fairly and impartially.

During the reporting year, we reviewed our Gifts, Benefits and Hospitality 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 reporting year, there were no instances of non-compliance.

Conflicts of interest

We are committed to ensuring that we manage an actual, potential or perceived conflict of interest in compliance with our policy to ensure that all decisions are made in the best interests of staff and stakeholders. A register is maintained by Business Services with oversight by the Corporate Executive.

During the year, we reviewed and updated our Conflicts of Interest Policy and Procedure and our Secondary Employment Policy and Procedure. These updates provide stronger governance around areas of risk associated with conflicts of interest which can arise between the performance of public duty and private or personal interests. We also reminded staff about conflicts of interest in the lead up to International Anti-Corruption Day in December 2023, following the release of the Public Sector Commission's thematic review on managing conflicts of interest.

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.



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

Indicator	2021-22	2022-23	2023-24	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.	80%	67%	100%	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	2023-24 period of membership	2023-24 gross remuneration
Chair	Mr. James Cottrill (Stantons)	12 months	\$1,200

### 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.

Our Multicultural Plan is for 2022-2025 and 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.

Our three-year plan acts as a guide in providing a complaint handling service which is accessible to Culturally and Linguistically Diverse groups within the community.

Progress on actions is monitored by the Corporate Executive. This reporting year is the final year of the current plan.

Actions completed within this financial year include:

### Policy priority 1 - Harmonious and inclusive communities

Action	Timeframe	Status	Outcome Achieved
Increase diversity within the workforce	June 2024	Ongoing	We reviewed our recruitment advertisements and updated the diversity statements.
Participate in key multicultural events in both a social and work capacity	June 2025	Ongoing	We have hosted multiple events across the Office where staff have shared food and stories from their culture including a Mid Autumn festival and a Sri Lankan morning tea.

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

Action	Timeframe	Status	Outcome Achieved
Increase accessibility for the CaLD community.	June 2024	Complete	We updated our brochures in three languages.
Increase accessibility for the CaLD community	June 2024	Complete	CaLD communities were invited to participate in our legislative review process.

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

Action	Timeframe	Status	Outcome Achieved
Participate in the WAMPF Interagency Network	June 2022- June 2025	Ongoing	The Deputy Director has attended all of the meetings offered this financial year.

### 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 are contained in the Office’s Multicultural Plan and Disability Access and Inclusion Plan.

## 4.7 Our people

We employ 20 people, which equates to 18.5 full time equivalent employees. The Office increased the percentage of staff employed on a permanent basis during the year to 90%, an increase from 65% in the prior period.

### Performance development

Our Office aims to have performance development plans in place for all staff. Meetings are held annually and supported by regular supervision, peer support and team meetings. Staff are encouraged to identify their learning and support needs, and work with their manager to ensure these are met through training, development opportunities or mentoring.

### Employee Assistance Program

During this reporting year, we maintained the same Employee Assistance Program provider as the previous year. 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.

### Wellness

We are committed to supporting the wellness of our staff. This year, we invited the Black Dog Institute to conduct a comprehensive workshop focused on building resilience to workplace stress, adapting to change, working smarter, and fostering healthy relationships. The workshop received positive feedback and underscored our commitment to supporting the mental health and resilience of our employees.

Staff also continued to benefit from the Flexible Working Arrangements Policy that was endorsed in the previous reporting year. Flexible working arrangements support staff to 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. This has been further facilitated by the transition to an internet-based telephone system along with staggered upgrades to laptops for all staff.

In 2024, we conducted a comprehensive staff survey aimed at identifying areas for improvement and enhancing overall employee satisfaction. The survey saw a participation rate of 95% of employees. The analysis resulted in an overall satisfaction rate of 63% across all category statements. The survey gave us an opportunity to identify areas of concern for

our staff. Moving forward, we are committed to addressing feedback and implementing targeted initiatives to foster a more supportive and productive work environment. This survey is part of our ongoing efforts to ensure that employee voices are heard and valued, contributing to the continuous improvement of our workplace culture and operational effectiveness.

### Staff development

Throughout the reporting year, we prioritised training and development to ensure staff are equipped with the skills and knowledge they require to perform their roles safely and effectively. Employees from various departments participated in numerous professional development programs in the areas of writing skills, leadership, cultural awareness and stakeholder engagement.

Our front-line service delivery team enhanced their skills through training sessions focused on management of complex and challenging complaints. We had a specialist presentation by a current Mental Health Practitioner regarding tips for working with complainants with mental health conditions. Employees from our complaints team have successfully completed the Certificate IV in Government-Investigations and training in conciliation. These certifications and trainings have enhanced the team's capacity to handle complex complaints

and conduct thorough investigations in line with public sector standards.

During this year, we had the privilege of hosting Living Proud at our staff forum, where they promoted the wellbeing of the LGBTIQ+ community in Western Australia. Their presentation focused on inclusive practices and raising awareness about the unique issues and experiences LGBTIQ+ individuals face when accessing healthcare. This insightful session was instrumental in enhancing our understanding and commitment to inclusivity, ensuring that we are better equipped to support and serve all members of our diverse community.

Training undertaken by our leadership team has led to enhancing leadership skills and governance knowledge. This expertise will contribute significantly to our organisation's leadership and governance practices, ensuring we uphold the highest standards of accountability and strategic oversight. This included Work Health and Safety training, reinforcing our commitment to providing a safe workplace. Several of our executives participated in further leadership and governance training and our Business Services Manager is participating in the first intake of the Chief Financial Officer training offered by the Public Sector Commission.

## 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 is our primary means of providing evidence of compliance with relevant legislation and implementation of best practice relating to records management.

### Workforce inclusiveness

Our agency is committed to a diverse and inclusive workplace.

As part of the most recent WA Public Sector Census, our staff were asked about their diversity, whether they had shared this with our agency and, if not, the reason for not sharing. The confidence of staff to give voice to their identities, workplace experiences and concerns is an indication of the level of workplace trust, psychological safety and inclusion. As a small agency our results were interpreted slightly differently to not identify specific staff members.

Our results showed that some staff did not feel comfortable sharing their diversity information.

Having analysed the results and insights provided, we have identified actions to improve diversity and inclusion in the year ahead including implementing an updated Equal Employment Opportunity Management Plan, and reviewing our documentation, both internal and external, to ensure it includes inclusive language.

## 4.9 Corporate governance

### Risk management

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

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

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



treatment actions are identified to reduce and manage risks.

Fraud and corruption are managed as business risks in accordance with Treasurer's Instruction 825.

## 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 meets twice a 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, three audits were undertaken. This included information security, financial management and work health and safety and human resources.

The audit results were reported to the Corporate Executive and the Audit Committee and include recommendations regarding improvements. The Office is in the process of implementing these.

During the financial year a procurement process was undertaken to engage a firm for internal audit services. The process has been finalised with the preferred respondent being provided a three-year initial appointment. The Office recognises the work undertaken by our previous auditor.

### External audit

In compliance with the *Health and Disability Services Complaints Act 1995*, *Financial Management Act 2006* and the *Auditor General Act 2006*, the Office is required to have our financial statements and key performance indicators audited by the Auditor General.

The Office was pleased to be acknowledged in the Office of the *Auditor General's State Government 2022-23 – Financial Audit Results Report* as a best practice top 20 small entity for the third consecutive year. This recognises the

Office's performance in the following criteria: a clear opinion on the financial statements; the lack of control weaknesses raised in management letters; audit readiness; quality of financial statements and key performance indicators; management resolution of accounting standard and presentation issues; and the availability of key staff during the audit process.

## Managing complaints and feedback

### Complaints handling

In the reporting year, the Office implemented a new feedback system whereby the feedback option is available via our website, and all letters from our Office advising of complaint closure include a link to provide feedback. Feedback can also be provided by telephone, in writing or by email.

We received 7 feedback forms and 5 requests for internal review regarding complaint resolution services.

Our response timeframe for internal reviews 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.

## 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.




The HaDSCO and Ahpra team 2023

# 5

# FINANCIAL STATEMENTS

	PAGE
5.1 Independent Auditor's Report	65
5.2 Certification of financial statements	68
5.3 Statement of comprehensive income	69
5.4 Statement of financial position	70
5.5 Statement of changes in equity	71
5.6 Statement of cash flows	72
5.7 Notes to the financial statements	73

## 5.1 Independent Auditor's Report



Auditor General

INDEPENDENT AUDITOR'S REPORT  
2024

Health and Disability Services Complaints Office

To the Parliament of Western Australia

**Report on the audit of the financial statements**

**Opinion**

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

- the statement of financial position as at 30 June 2024, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended
- notes comprising a summary of material accounting policies and other explanatory information.-----

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Health and Disability Services Complaints Office for the year ended 30 June 2024 and the financial position as at the end of that period
- in accordance with Australian Accounting Standards (applicable to Tier 2 Entities), the *Financial Management Act 2006* and the Treasurer's Instructions.

**Basis for opinion**

I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my report.

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

**Responsibilities of the Director for the financial statements**

The Director is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (applicable to Tier 2 Entities), the *Financial Management Act 2006* and the Treasurer's Instructions
- such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Page 1 of 5

7<sup>th</sup> Floor Albert Facey House 469 Wellington Street Perth MAIL TO: Perth BC PO Box 8489 Perth WA 6849 TEL: 08 6557 7500

In preparing the financial statements, the Director is responsible for:

- assessing the entity's ability to continue as a going concern
- disclosing, as applicable, matters related to going concern
- using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the Agency.

**Auditor's responsibilities for the audit of the financial statements**

As required by the *Auditor General Act 2006*, my responsibility is to express an opinion on the financial statements. The objectives of my audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

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

**Report on the audit of controls**

**Opinion**

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Health and Disability Services Complaints Office. The controls exercised by the Health and Disability Services Complaints Office are those policies and procedures established to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with the State's financial reporting framework (the overall control objectives).

In my opinion, in all material respects, the controls exercised by the Health and Disability Services Complaints Office are sufficiently adequate to provide reasonable assurance that the controls within the system were suitably designed to achieve the overall control objectives identified as at 30 June 2024, and the controls were implemented as designed as at 30 June 2024.

**The Director's responsibilities**

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

Page 2 of 5



Auditor General's responsibilities

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

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

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

Limitations of controls

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

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2024 reported in accordance with *Financial Management Act 2006* and the Treasurer's Instructions (legislative requirements). 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 report of the Health and Disability Services Complaints Office for the year ended 30 June 2024 is in accordance with the legislative requirements, and is relevant and appropriate to assist users to assess the Agency's performance and fairly represent indicated performance for the year ended 30 June 2024.

Page 3 of 5

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 Instruction 904 Key Performance Indicators.

Auditor General's responsibilities

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the entity's performance and whether the key performance indicators are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 Assurance Engagements Other than Audits or Reviews of Historical Financial Information issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

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

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

My independence and quality 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.

Page 4 of 5

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 2024, 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

This auditor's report relates to the financial statements and key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2024 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  
2 August 2024

Page 5 of 5

5.2 Certification of financial statements



**Certification of financial statements**  
**For the reporting period ended 30 June 2024**

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 2024 and the financial position as at 30 June 2024.

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**  
2 August 2024



**SARAH COWIE**  
**DIRECTOR**  
**ACCOUNTABLE AUTHORITY**  
2 August 2024

5.3 Statement of comprehensive income For the year ended on 30 June 2024

	Notes	2024	2023
<b>Cost of services</b>			
<b>Expenses</b>			
Employee benefits expenses	2.1(a)	2,700,745	2,939,881
Supplies and services	2.2	415,714	433,843
Depreciation and amortisation expenses	4.1, 4.2, & 4.3	57,503	54,449
Finance costs	6.2	1,388	1,889
Accommodation expenses	2.2	282,651	284,583
Other expenses	2.2	230,836	134,980
<b>Total cost of services</b>		<b>3,688,837</b>	<b>3,849,625</b>
<b>Income</b>			
Commonwealth grants	3.2	39,758	11,006
Other income		-	1,419
<b>Total income</b>		<b>39,758</b>	<b>12,425</b>
<b>Net cost of services</b>		<b>3,649,079</b>	<b>3,837,200</b>
<b>Income from State Government</b>			
Service appropriation	3.1	3,971,000	4,055,000
Resources received	3.1	128,566	170,389
<b>Total income from State Government</b>		<b>4,099,566</b>	<b>4,225,389</b>
<b>Surplus for the period</b>		<b>450,487</b>	<b>388,189</b>
<b>Other comprehensive income</b>			
<b>Total other comprehensive income</b>		<b>-</b>	<b>-</b>
<b>Total comprehensive income for the period</b>		<b>450,487</b>	<b>388,189</b>

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



5.4 Statement of financial position As at 30 June 2024

	Notes	2024	2023		Notes	2024	2023
<b>Assets</b>				<b>Liabilities</b>			
<b>Current assets</b>				<b>Current liabilities</b>			
Cash and cash equivalents	6.3	1,816,243	1,324,772	Payables	5.4	131,341	151,025
Restricted cash and cash equivalents	6.3	28,145	12,166	Lease liabilities	6.1	8,013	7,476
Receivables	5.1	1,697	2,723	Employee related provisions	2.1(b)	468,275	470,125
Other assets	5.3	23,286	46,390	<b>Total current liabilities</b>		<b>607,629</b>	<b>628,626</b>
<b>Total current assets</b>		<b>1,869,371</b>	<b>1,386,051</b>	<b>Non-current liabilities</b>			
<b>Non-current assets</b>				Lease liabilities	6.1	7,850	15,862
Receivables	5.1	43,000	43,000	Employee related provisions	2.1(b)	101,380	27,433
Amounts receivable for services	5.2	207,000	157,000	<b>Total non-current liabilities</b>		<b>109,230</b>	<b>43,295</b>
Plant and equipment	4.1	1,033	3,100	<b>Total liabilities</b>		<b>716,859</b>	<b>671,921</b>
Intangible assets	4.2	295,980	320,090	<b>Net assets</b>		<b>1,714,319</b>	<b>1,259,832</b>
Right-of-use assets	4.3	14,794	22,512	<b>Equity</b>			
<b>Total non-current assets</b>		<b>561,807</b>	<b>545,702</b>	Contributed equity		124,000	120,000
<b>Total assets</b>		<b>2,431,178</b>	<b>1,931,753</b>	Accumulated surplus		1,590,319	1,139,832
				<b>Total equity</b>		<b>1,714,319</b>	<b>1,259,832</b>

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

5.5 Statement of changes in equity For the year ended on 30 June 2024

	Contributed equity	Accumulated surplus	Total equity
<b>Balance At 1 July 2022</b>	<b>116,000</b>	<b>751,643</b>	<b>867,643</b>
<b>Surplus</b>	-	388,189	388,189
<b>Total comprehensive income for the period</b>	-	<b>388,189</b>	<b>388,189</b>
<i>Transactions with owners in their capacity as owners:</i>			
Capital appropriations	4,000	-	4,000
<b>Total</b>	<b>4,000</b>	<b>388,189</b>	<b>392,189</b>
<b>Balance at 30 June 2023</b>	<b>120,000</b>	<b>1,139,832</b>	<b>1,259,832</b>
<b>Balance At 1 July 2023</b>	120,000	1,139,832	1,259,832
<b>Surplus</b>	-	450,487	450,487
<b>Total comprehensive income for the period</b>	-	<b>450,487</b>	<b>450,487</b>
<i>Transactions with owners in their capacity as owners:</i>			
Capital appropriations	4,000	-	4,000
<b>Total</b>	<b>4,000</b>	<b>450,487</b>	<b>454,487</b>
<b>Balance at 30 June 2024</b>	<b>124,000</b>	<b>1,590,319</b>	<b>1,714,319</b>

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

5.6 Statement of cash flows For the year ended on 30 June 2024

Notes	2024	2023
<b>Cash flows from the State Government</b>		
Service appropriation	3,921,000	4,003,000
Capital appropriation	4,000	4,000
<b>Net cash provided by State Government</b>	<b>3,925,000</b>	<b>4,007,000</b>
<i>Utilised as follows:</i>		
<b>Cash flows from operating activities</b>		
<b>Payments</b>		
Employee benefits	(2,629,347)	(2,807,308)
Supplies and services	(304,063)	(296,116)
Finance costs	(1,260)	(1,750)
Accommodation	(286,995)	(272,613)
Other payments	(204,431)	(151,803)
<b>Receipts</b>		
Commonwealth grants and contributions	39,758	11,006
Other receipts	-	1,419
<b>Net cash used in operating activities</b>	<b>(3,386,338)</b>	<b>(3,517,166)</b>

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

5.7 Notes to the financial statements For the year ended on 30 June 2024

Note 1. Basis of preparation

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

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 2 August 2024.

Statement of compliance

The financial statements constitute general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, the Framework, Statement of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by Treasurer’s instructions. Several of these are modified by Treasurer’s Instructions to vary application, disclosure, format and wording.

The *Financial Management Act 2006* and Treasurer’s instructions are legislative provisions governing the preparation of financial statements and take precedence over Australian Accounting Standards, the Framework, Statement of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board. Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

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

	2024	2023
Employee benefits	2,433,600	2,664,506
Termination benefits	-	-
Superannuation - defined contribution plans	267,145	275,375
<b>Employee benefits expenses</b>	<b>2,700,745</b>	<b>2,939,881</b>
Add: AASB 16 Non-monetary benefits	9,106	9,607
Less: Employee contributions	-	-
<b>Total employee benefits provided</b>	<b>2,709,851</b>	<b>2,949,488</b>

**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.

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

**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

	2024	2023
<b>Current</b>		
<u>Employee benefits provisions</u>		
Annual leave	251,525	229,458
Long service leave	216,750	240,667
<b>Total current employee related provisions</b>	<b>468,275</b>	<b>470,125</b>
<b>Non-current</b>		
<u>Employee benefits provisions</u>		
Long service leave	101,380	27,433
<b>Total non-current employee related provisions</b>	<b>101,380</b>	<b>27,433</b>
<b>Total employee related provisions</b>	<b>569,655</b>	<b>497,558</b>

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.

**Employment on-costs** involve settlements of annual and long service leave liabilities which gives rise to the payment of employment on-costs including workers’ compensation insurance. The provision is the present value of expected future payments.

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

	2024	2023
<b>Supplies and services</b>		
Communications	25,786	36,381
Consultants and contractors	117,217	106,848
Consumables	60,821	23,105
IT Software and licences	75,356	70,813
Resources received – ICT support	69,839	102,223
Resources received – Finance	4,239	4,908
Resources received – HR support	16,797	20,391
Resources received – Supply chain	263	289
Resources received – Legal	24,100	28,227
Travel	21,296	40,658
<b>Total supplies and services expenses</b>	<b>415,714</b>	<b>433,843</b>
<b>Accomodation expenses</b>		
Office rental	263,973	265,568
Resources received - office fit-out and leasing	13,328	13,145
Electricity	5,350	5,870
<b>Total accomodation expenses</b>	<b>282,651</b>	<b>284,583</b>

	2024	2023
<b>Other expenses</b>		
Administration	3,746	1,886
Equipment repairs and maintenance	1,184	-
Buildings and infrastructure maintenance	15,216	3,804
Advertising and promotion expenses	72,480	18,580
Other staffing costs	55,017	42,347
Insurance	23,199	22,003
Motor vehicle expenses	2,459	2,642
Audit fees	50,820	38,227
Resources received - Medical Supplies	-	1,206
Other	6,715	4,285
<b>Total other expenses</b>	<b>230,836</b>	<b>134,980</b>
<b>Total other expenditure</b>	<b>929,201</b>	<b>853,406</b>

**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

3.1 Income from State Government

	2024	2023
<b>Appropriation received during the period:</b>		
Service appropriation	3,971,000	4,055,000
<b>Total appropriation received</b>	<b>3,971,000</b>	<b>4,055,000</b>
Resources received from other public sector entities during the period:		
Department of Finance - office fit-out costs	13,328	13,145
State Solicitor’s Office - legal service	24,100	28,227
Health Support Services - ICT, Finance and HR service	91,138	129,017
<b>Total resources received</b>	<b>128,566</b>	<b>170,389</b>
<b>Total income from State Government</b>	<b>4,099,566</b>	<b>4,225,389</b>

**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 2024

	2024 Budget	2024 Additional funding	2024 Revised budget	2024 Actual	2024 Variance
<u>Delivery of Services</u>					
Item 56 Net amount appropriated to deliver services	3,706,000		3,706,000	3,632,000	(74,000)
<u>Amount Authorised by Other Statutes</u>					
- Salaries and Allowances Act 1975	242,000	97,000	339,000	339,000	-
<b>Total appropriations provided to deliver services</b>	<b>3,948,000</b>	<b>97,000</b>	<b>4,045,000</b>	<b>3,971,000</b>	<b>(74,000)</b>
<u>Capital</u>					
Item 131 Capital Appropriation	4,000	-	4,000	4,000	-
<b>Total consolidated account appropriations</b>	<b>3,952,000</b>	<b>97,000</b>	<b>4,049,000</b>	<b>3,975,000</b>	<b>(74,000)</b>

3.2 Commonwealth grants

	2024	2023
Recurrent grant - Christmas and Cocos (Keeling) Islands	39,758	11,006
<b>Total Commonwealth grants</b>	<b>39,758</b>	<b>11,006</b>

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.

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 2024	Office Equipment	Total
1 July 2023		
Gross carrying amount	15,880	15,880
Accumulated depreciation	(12,780)	(12,780)
<b>Carrying amount at start of period</b>	<b>3,100</b>	<b>3,100</b>
Additions	-	-
Depreciation	(2,067)	(2,067)
<b>Carrying amount at end of period</b>	<b>1,033</b>	<b>1,033</b>
Gross carrying amount	15,880	15,880
Accumulated depreciation	(14,847)	(14,847)

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.

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 2024	Computer Software	Total
1 July 2023		
Gross carrying amount	446,638	446,638
Accumulated amortisation	(126,548)	(126,548)
Carrying amount at start of period	320,090	320,090
Additions	23,608	23,608
Amortisation expense	(47,718)	(47,718)
Carrying amount at end of period	295,980	295,980

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 2024 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 2024	Vehicles	Total
At 1 July 2023		
Gross carrying amount	30,874	30,874
Accumulated depreciation	(8,362)	(8,362)
Carry amount at beginning of period	22,512	22,512
Additions	-	-
Depreciation	(7,718)	(7,718)
Net carrying amount as at end of period	14,794	14,794

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

	2024	2023
<u>Current</u>		
Accrued revenue	1,554	305
GST receivable	143	2,418
<b>Total current</b>	<b>1,697</b>	<b>2,723</b>
<u>Non-current</u>		
Accrued salaries account <sup>(a)</sup>	43,000	43,000
<b>Total non-current</b>	<b>43,000</b>	<b>43,000</b>
<b>Total receivables at end of period</b>	<b>44,697</b>	<b>45,723</b>

<sup>(a)</sup> Funds transferred to Treasury for the purpose of meeting the 27th pay in a reporting period that generally occurs every 11 year. This account is classified as non-current except for the year before the 27th pay year.

Accrued salaries account contains amounts paid annually into the Treasurer’s special purpose account. It is restricted for meeting 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.

The account has been reclassified from ‘Cash and cash equivalents’ to ‘Receivables’ as it is considered that funds in the account are not cash but a right to receive the cash in future.

5.2 Amounts receivable for services (Holding Account)

	2024	2023
Non-current	207,000	157,000
<b>Total Amounts receivable for services at end of period</b>	<b>207,000</b>	<b>157,000</b>

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

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

5.3 Other assets

	2024	2023
<u>Current</u>		
Prepayments	23,286	46,390
<b>Total other assets at end of period</b>	<b>23,286</b>	<b>46,390</b>

**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

	2024	2023
<u>Current</u>		
Trade payables	-	1,585
Other payables	3,002	3,390
Accrued expenses	30,645	31,712
Accrued salaries	97,694	114,338
<b>Total payables at end of period</b>	<b>131,341</b>	<b>151,025</b>

**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

	2024	2023
Not later than one year	8,013	7,476
Later than one year and not later than five years	7,850	15,862
Later than five years	-	-
	<b>15,863</b>	<b>23,338</b>
Current	8,013	7,476
Non-current	7,850	15,862
<b>Total lease liability at end of period</b>	<b>15,863</b>	<b>23,338</b>

Initial Measurement

At the commencement date of the lease, the Office 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

	2024	2023
<b>Lease expenses recognised in the Statement of Comprehensive income</b>		
Lease interest expense	1,388	1,889
Expenses relating to variable lease payments not included in lease liabilities	12	11
<b>Total Lease Expense</b>	<b>1,400</b>	<b>1,900</b>

**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

	2024	2023
<b>Interest Expense</b>		
Interest expense on lease liabilities	1,388	1,889
<b>Total interest expense</b>	<b>1,388</b>	<b>1,889</b>

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

6.3 Cash and cash equivalents

	2024	2023
Cash and cash equivalents	1,816,243	1,324,772
Restricted cash and cash equivalents	28,145	12,166
<b>Balance at end of period</b>	<b>1,844,388</b>	<b>1,336,938</b>
<b>Restricted cash and cash equivalents</b>	<b>2024</b>	<b>2023</b>
<b>Current</b>		
Grant <sup>(a)</sup>	28,145	12,166

<sup>(a)</sup> Funds held for the provision of services to Indian Ocean Territories.

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.

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:

	2024	2023
<b>Financial assets</b>		
Cash and cash equivalents	1,844,388	1,336,938
Financial assets at amortised cost <sup>(a)</sup>	44,554	43,305
<b>Total financial assets</b>	<b>1,888,942</b>	<b>1,380,243</b>
<b>Financial liabilities</b>		
Financial liabilities at amortised cost	147,204	174,364
<b>Total financial liabilities</b>	<b>147,204</b>	<b>174,364</b>

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

Measurement

All financial assets and liabilities are carried without subsequent remeasurement.

7.2 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position but are disclosed and, if quantifiable, are measured at the best estimate.

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

Note. 8 Other disclosures

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

	Notes
Events occurring after the end of the reporting period	8.1
Key management personnel	8.2
Related party transactions	8.3
Related bodies	8.4
Affiliated bodies	8.5
Indian Ocean Territories	8.6
Remuneration of auditors	8.7
Supplementary financial information	8.8

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 (\$)	2024	2023
300,001 - 350,000	1	1
200,001 - 250,000	1	-
150,001 - 200,000	1	-
50,001 - 100,000	-	4

	2024	2023
Total compensation of senior officers	672,699	642,187

The higher number of key management personnel in 2023 was due to staff movements during the year. All key management personnel held their positions for the full year in 2024.

8.3 Related party transactions

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

Related parties of the Office include:

- all Cabinet ministers and their close family members, and their controlled or jointly controlled entities;
- all senior officers and their close family members, and their controlled or jointly controlled entities;
- other agencies and statutory authorities, including related bodies, that are included in the whole of government consolidated financial statements (i.e. wholly-owned public sector entities);
- associates and joint ventures of a wholly-owned public sector entity; and
- the Government Employees Superannuation Board (GESB).

Material transactions with related parties

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

8.4 Related bodies

The Office has no related bodies.

8.5 Affiliated bodies

The Office has no affiliated bodies.

8.6 Indian Ocean Territories

	2024	2023
Balance at start of period	12,166	35,854
Receipts		
Commonwealth grant	39,758	11,006
Payments		
Delivery of Health and Disability Complaints Services	(23,779)	(34,694)
Balance at end of period	28,145	12,166

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:

	2024	2023
Auditing the account, financial statements, controls, and key performance indicators	33,000	30,000

8.8 Supplementary financial information

(a) Write-offs

During the financial year, \$305 (2023: \$716) was written off the Office’s books under the authority of:

	2024	2023
The accountable authority	305	716
	305	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 2024, and between the actual results for 2024 and 2023 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 \$4,224,000); and
- Total Assets of the estimate for the Statement of financial position (i.e. 1% of \$1,430,000).

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 \$3,849,624); and
- Total Assets for the previous year for the Statement of financial position (i.e. 1% of \$1,931,753).

Significant variances between estimated and actual for 2024

- (a) Employee Benefits expenses are lower than estimate due to vacancy within the organisational structure during the year.
- (b) Supplies and Services are lower than estimate due to lower resources received free of charge from Health Support Services and the State Solicitors Office.
- (c) Accomodation expenses are lower than estimate due to reduced resources received free of charge from Deparment of Finance relating to office fit-out.
- (d) See explanation in variance note (b) and (c)

Significant variances between actual for 2023 and 2024

- (e) The increase in other expenses is due to advertising and promotional expenses predominately for the implementation of the Code of Conduct for certain health care workers, other staffing costs including training, building and infrastructure maintainece and audit fees.

	Variance note	Estimate 2024	Actual 2024	Actual 2023	Variance between actual and estimate	Variance between actual results for 2024 and 2023
<b>Cost of services</b>						
<b>Expenses</b>						
Employee benefits expenses	(a)	3,110,500	2,700,745	2,939,881	(409,755)	(239,136)
Supplies and services	(b)	521,300	415,714	433,843	(105,586)	(18,129)
Depreciation and amortisation expenses		58,000	57,503	54,449	(497)	3,054
Finance costs		2,000	1,388	1,889	(612)	(501)
Accommodation expenses	(c)	329,000	282,651	284,583	(46,349)	(1,932)
Other expenses	(e)	203,200	230,836	134,980	27,636	95,856
<b>Total cost of services</b>		<b>4,224,000</b>	<b>3,688,837</b>	<b>3,849,625</b>	<b>(535,163)</b>	<b>(160,788)</b>
<b>Income</b>						
Commonwealth grants		16,000	39,758	11,006	23,758	28,752
Other income		-	-	1,419	-	(1,419)
<b>Total income</b>		<b>16,000</b>	<b>39,758</b>	<b>12,425</b>	<b>23,758</b>	<b>27,333</b>
<b>Net cost of services</b>		<b>4,208,000</b>	<b>3,649,079</b>	<b>3,837,200</b>	<b>(558,921)</b>	<b>(188,121)</b>
<b>Income from State Government</b>						
Service appropriation		3,948,000	3,971,000	4,055,000	23,000	(84,000)
Resources received	(d)	257,000	128,566	170,389	(128,434)	(41,823)
<b>Total income from State Government</b>		<b>4,205,000</b>	<b>4,099,566</b>	<b>4,225,389</b>	<b>(105,434)</b>	<b>(125,823)</b>
<b>Surplus/(Deficit) for the period</b>		<b>(3,000)</b>	<b>450,487</b>	<b>388,189</b>	<b>453,487</b>	<b>62,298</b>



9.1.2 Statement of financial position variances

Variance note	Estimate 2024	Actual 2024	Actual 2023	Variance between actual and estimate	Variance between actual results for 2024 and 2023
<b>Assets</b>					
<b>Current assets</b>					
Cash and cash equivalents	749,000	1,816,243	1,324,772	1,067,243	491,471
Restricted cash and cash equivalents	36,000	28,145	12,166	(7,855)	15,979
Amounts receivable for services	6,000	-	-	(6,000)	-
Receivables	69,000	1,697	2,723	(67,303)	(1,026)
Other assets (c)	15,000	23,286	46,390	8,286	(23,104)
<b>Total current assets</b>	<b>875,000</b>	<b>1,869,371</b>	<b>1,386,051</b>	<b>994,371</b>	<b>483,320</b>
<b>Non-current assets</b>					
Receivables	43,000	43,000	43,000	-	-
Amounts receivable for services	202,000	207,000	157,000	5,000	50,000
Plant and equipment	5,000	1,033	3,100	(3,967)	(2,067)
Intangible Assets	291,000	295,980	320,090	4,980	(24,110)
Right-of-use assets	14,000	14,794	22,512	794	(7,718)
<b>Total non-current assets</b>	<b>555,000</b>	<b>561,807</b>	<b>545,702</b>	<b>6,807</b>	<b>16,105</b>
<b>Total assets</b>	<b>1,430,000</b>	<b>2,431,178</b>	<b>1,931,753</b>	<b>1,001,178</b>	<b>499,425</b>

Variance note	Estimate 2024	Actual 2024	Actual 2023	Variance between actual and estimate	Variance between actual results for 2024 and 2023
<b>Liabilities</b>					
<b>Current liabilities</b>					
Payables	138,000	131,341	151,025	(6,659)	(19,684)
Lease liabilities	9,000	8,013	7,476	(987)	537
Employee related provisions (a)	414,000	468,275	470,125	54,275	(1,850)
<b>Total current liabilities</b>	<b>561,000</b>	<b>607,629</b>	<b>628,626</b>	<b>46,629</b>	<b>(20,997)</b>
<b>Non-current liabilities</b>					
Lease liabilities	5,000	7,850	15,862	2,850	(8,012)
Employee related provisions (b) (d)	31,000	101,380	27,433	70,380	73,947
<b>Total non-current liabilities</b>	<b>36,000</b>	<b>109,230</b>	<b>43,295</b>	<b>73,230</b>	<b>65,935</b>
<b>Total liabilities</b>	<b>597,000</b>	<b>716,859</b>	<b>671,921</b>	<b>119,859</b>	<b>44,938</b>
<b>Net assets</b>	<b>833,000</b>	<b>1,714,319</b>	<b>1,259,832</b>	<b>881,319</b>	<b>454,487</b>
<b>Equity</b>					
Contributed equity	124,000	124,000	120,000	-	4,000
Accumulated surplus	709,000	1,590,319	1,139,832	881,319	450,487
<b>Total equity</b>	<b>833,000</b>	<b>1,714,319</b>	<b>1,259,832</b>	<b>881,319</b>	<b>454,487</b>

Significant variances between estimated and actual for 2024

- (a) The current employee related provisions are higher than estimate mainly due to increased nominal value of annual leave.
- (b) The non-current employee related provisions are higher than estimate due to longer average tenure of staff and revised assumptions in the calculation of the balance.

Significant variances between actual for 2023 and 2024

- (c) Other assets have decrease from the prior year mainly due to prepayments, specifically the timing of the 2024-25 Riskcover Insurance payment.
- (d) The non-current employee related provisions have increased from prior year due to longer average tenure of staff and revised assumptions in the calculation of the balance.

9.1.3 Statement of cash flows variances

Variance note	Estimate 2024	Actual 2024	Actual 2023	Variance between actual and estimate	Variance between actual results for 2024 and 2023
<b>Cash flows from the State Government</b>					
Service appropriation	3,898,000	3,921,000	4,003,000	23,000	(82,000)
Capital appropriation	4,000	4,000	4,000	-	-
<b>Net cash provided by State Government</b>	<b>3,902,000</b>	<b>3,925,000</b>	<b>4,007,000</b>	<b>23,000</b>	<b>(82,000)</b>
<i>Utilised as follows:</i>					
<b>Cash flows from operating activities</b>					
<b>Payments</b>					
Employee benefits (a)	(3,110,500)	(2,629,347)	(2,807,308)	481,153	177,961
Supplies and services	(334,300)	(304,063)	(296,116)	30,237	(7,947)
Finance costs	(2,000)	(1,260)	(1,750)	740	490
Accommodation	(267,500)	(286,995)	(272,613)	(19,495)	(14,382)
Other Payments (b)	(196,700)	(204,431)	(151,803)	(7,731)	(52,628)
<b>Receipts</b>					
Commonwealth grants and contributions	16,000	39,758	11,006	23,758	28,752
Other receipts	-	-	1,419	-	(1,419)
<b>Net cash used in operating activities</b>	<b>(3,895,000)</b>	<b>(3,386,338)</b>	<b>(3,517,165)</b>	<b>508,662</b>	<b>130,827</b>
<b>Cash flows from investing activities</b>					
<b>Payments</b>					
Payments for purchase of non-current assets	-	(23,608)	-	(23,608)	(23,608)
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(23,608)</b>	<b>-</b>	<b>(23,608)</b>	<b>(23,608)</b>

Variance note	Estimate 2024	Actual 2024	Actual 2023	Variance between actual and estimate	Variance between actual results for 2024 and 2023
<b>Cash flows from financing activities</b>					
<b>Payments</b>					
Payments for principal element of lease	(8,000)	(7,604)	(6,375)	396	(1,229)
<b>Net cash used in financing activities</b>	<b>(8,000)</b>	<b>(7,604)</b>	<b>(6,375)</b>	<b>396</b>	<b>(1,229)</b>
Net increase / (decrease) in cash and cash equivalents	(1,000)	507,450	483,460	508,450	23,990
Cash and cash equivalents at the beginning of the period	829,000	1,336,938	853,478	507,938	483,460
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD</b>	<b>828,000</b>	<b>1,844,388</b>	<b>1,336,938</b>	<b>1,016,388</b>	<b>507,450</b>

Significant variances between estimated and actual for 2024

(a) Employee benefits - see explanation in variance note (a) for the Statement of Comprehensive Income.

Significant variances between actual for 2023 and 2024

(b) Other payments - see explanation in variance note (e) for the Statement of Comprehensive Income.



# 6

## KEY PERFORMANCE INDICATORS

	PAGE
6.1 Certification of Key Performance Indicators	95
6.2 Our Key Performance Indicators	95

### 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 2024

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 2024.

**SARAH COWIE**  
**DIRECTOR**  
**ACCOUNTABLE AUTHORITY**

2 August 2024

### 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.	<b>Service One – Complaints Management:</b> Assessment, negotiated settlement, conciliation and investigation of complaints.	<b>KPI 1.1</b> Percentage of complaints assessed within legislation timeframes.
		<b>KPI 1.2</b> Average cost per finalised complaint.
	<b>Service Two – Education:</b> Education and training in the prevention and resolution of complaints.	<b>KPI 2.1</b> Average cost per development, production and distribution of information.
		<b>KPI 2.2</b> 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 table below shows the 2023-24 target, and actual results of the proportion of service improvements made by service providers each year from 2019-20 to 2023-24.

Key Effectiveness Indicator	2019-20	2020-21	2021-22	2022-23	2023-24 Target	2023-24 Actual
Proportion of service improvements resulting in implementation by service providers.	80%	83%	85%	68%	80%	89%

In 2023-24, the Office exceeded its target and achieved strong performance against the desired outcome of broader systemic improvement in the provision of health, disability and mental health services. There were 71 service improvements implemented.

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 2023-24 target and 2019-20 to 2023-24 actual results for the percentage of complaints assessed within legislation timeframes.

Key Efficiency Indicator	2019-20	2020-21	2021-22	2022-23	2023-24 Target	2023-24 Actual
Percentage of complaints assessed within legislation timeframes.	96%	98%	92%	96%	90%	99%

In 2023-24, 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 2023-24 target and 2019-20 to 2023-24 actual results.

Key Efficiency Indicator	2019-20	2020-21	2021-22	2022-23	2023-24 Target	2023-24 Actual
Average cost per finalised complaint.	\$781	\$769	\$753	\$1,003	\$992	\$870

The average cost per finalised complaint for 2023-24 is below the target, and is mainly attributed to lower employee benefits expense. The Office forecasted that 2,954 complaints would be closed during the financial year. The closed complaints actual result was 2,806.



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 2023-24 target and the 2019-20 to 2023-24 actual results for the average cost of development, production and distribution of information.

Key Efficiency Indicator	2019-20	2020-21	2021-22	2022-23	2023-24 Target	2023-24 Actual
Average cost per development, production and distribution of information.	\$17,679	\$18,126	\$14,761	\$14,334	\$19,821	\$13,887

During 2023-24, the Office produced 40 reports and publications for key stakeholder groups which was 15 more than forecasted. This resulted in a lower actual cost per publication. Examples of work that contributed to this cost included:

- Preparing and distributing a range of reports including Complaint Summary Reports to public and private health service providers, a Report Card on mental health complaints and the *Health Complaints Trends Report 2019-20 to 2022-23*.
- Releasing a range of information inline with the Office’s Communications Strategy for the implementation of the Code of Conduct for certain health care workers (Code of Conduct). This included brochures, factsheets, advertisements, digital media, web content and posters.
- Releasing a consumer survey and prison survey for the Statutory Review of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993*.
- Distributing information through printed media including *The West Australian*, the Australian Medical Association’s monthly WA publication *Medicus*, and Down Syndrome WA’s member newsletter.
- Creating and distributing a youth-oriented video with youth groups, advocacy agencies, local governments and schools.
- Preparing submissions on a range of policy reform initiatives including the Australian Health Practitioner Regulation Agency relating to its use of new powers to issue interim prohibition orders.

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 2023-24 target and 2019-20 to 2023-24 actual results.

Key Efficiency Indicator	2019-20	2020-21	2021-22	2022-23	2023-24 Target	2023-24 Actual
Average cost per presentation, awareness raising, consultation and networking activities.	\$2,334	\$2,695	\$3,297	\$3,539	\$3,994	\$4,355

The 2023-24 actual result is above the target as the number of engagement activities undertaken was lower than forecast. In 2023-24, the Office delivered 159 stakeholder engagement activities (presentation, awareness raising, consultation and networking activities). This was below the target of 200 as there was a greater focus on developing and releasing publications associated with the implementation of the Code of Conduct and the Statutory Review.

The engagement activities completed in 2023-24 included:

- 5 presentations to stakeholders for the Code of Conduct.
- 28 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.
- 100 consultations with key groups to share and exchange views and seek advice, particularly in relation to the Code of Conduct and the Statutory Review.
- 26 networking opportunities to build relationships with providers, government agencies and consumer groups.

# 7

## APPENDICES

	PAGE
7.1 Ahpra National Boards	101
7.2 Health services – complaint issues	102
7.3 Mental health services – complaint issues	107
7.4 Disability services – complaint issues	112

### 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	2021-22		2022-23		2023-24	
Quality of clinical care	#	%	#	%	#	%
Inadequate treatment/therapy	300	32%	338	30%	381	33%
Medication issues	128	14%	159	14%	170	15%
Inadequate assessment	120	13%	171	15%	162	14%
Post procedure complications	67	7%	101	9%	90	8%
Post-surgery complications	79	9%	69	6%	83	7%
Poor coordination of treatment	58	6%	83	7%	80	7%
Pain issues	84	9%	89	8%	73	6%
Failure to provide safe environment	22	2%	55	5%	50	4%
Discharge or transfer arrangements	28	3%	29	3%	37	3%
Patient's test results not followed up	13	1%	5	<1%	18	2%
Inadequate infection control	6	1%	12	1%	9	1%
Refusal to refer or assist to obtain a second opinion	19	2%	5	<1%	6	1%
<b>Total</b>	<b>924</b>	<b>100%</b>	<b>1,116</b>	<b>100%</b>	<b>1,159</b>	<b>100%</b>

Complaint category and issues	2021-22		2022-23		2023-24	
Access	#	%	#	%	#	%
Delay in admission/treatment	157	37%	169	38%	148	35%
Refusal to provide services	136	32%	121	27%	144	34%
Inadequate resources/lack of service	55	13%	106	24%	79	19%
Waiting list delay	41	10%	37	8%	41	10%
Staff member or contractor unavailable	13	3%	2	<1%	5	1%
Physical access/entry	11	3%	4	1%	3	1%
Parking issues	1	<1%	--	--	2	<1%
Failure to provide advice about transport options	5	1%	3	1%	1	<1%
<b>Total</b>	<b>419</b>	<b>100%</b>	<b>442</b>	<b>100%</b>	<b>423</b>	<b>100%</b>

Communication	#	%	#	%	#	%
Failure to listen to consumer/representative/carer/family	128	34%	86	21%	143	37%
Misinformation/failure in communication (not failure to consult)	58	15%	125	31%	63	16%
Inadequate medical information provided	60	16%	65	16%	63	16%
Inappropriate verbal/non-verbal communication	95	25%	61	15%	60	15%
Inadequate information about services available	14	4%	36	9%	32	8%
Inadequate/inaccurate personal information in a medical records	14	4%	24	6%	23	6%
Inadequate written communication	11	3%	9	2%	7	2%
<b>Total</b>	<b>380</b>	<b>100%</b>	<b>406</b>	<b>100%</b>	<b>391</b>	<b>100%</b>

Complaint category and issues	2021-22		2022-23		2023-24	
Costs	#	%	#	%	#	%
Amount charged	145	48%	155	46%	110	41%
Unsatisfactory billing process	25	8%	83	25%	68	25%
Inadequate information about costs	67	22%	56	17%	54	20%
Responsibility for costs and resourcing	30	10%	16	5%	17	6%
Over-servicing	11	4%	8	2%	13	5%
Private health insurance	19	6%	15	4%	6	2%
Lost property	5	2%	3	1%	2	1%
<b>Total</b>	<b>302</b>	<b>100%</b>	<b>336</b>	<b>100%</b>	<b>270</b>	<b>100%</b>

Rights, respect and dignity	#	%	#	%	#	%
Inconsiderate service/lack of courtesy	70	36%	80	37%	94	40%
Absence of compassion	31	16%	38	18%	35	15%
Denying/restricting access to personal health records	32	16%	43	20%	29	12%
Breach of confidentiality	17	9%	13	6%	20	9%
Certificate or report problem	15	8%	19	9%	19	8%
Failure to ensure privacy	11	6%	9	4%	14	6%
Consumer rights (WA Public Patients Hospital Charter)	8	4%	2	1%	11	5%
Discrimination leading to less favourable health treatment	8	4%	11	5%	10	4%
Translating and interpreting services problems	5	3%	--	--	1	<1%
<b>Total</b>	<b>197</b>	<b>100%</b>	<b>215</b>	<b>100%</b>	<b>233</b>	<b>100%</b>

Complaint category and issues	2021-22		2022-23		2023-24	
Professional conduct	#	%	#	%	#	%
Unprofessional behaviour	60	60%	65	70%	111	76%
Aggression/assault	12	12%	4	4%	11	8%
Inaccuracy of records	9	9%	7	8%	10	7%
Illegal practices	4	4%	7	8%	7	5%
Fraud/illegal practice of financial nature	4	4%	4	4%	3	2%
Sexual impropriety	5	5%	2	2%	3	2%
Sexual misconduct	4	4%	2	2%	1	1%
Physical/mental impairment of health professional	2	2%	2	2%	--	--
<b>Total</b>	<b>100</b>	<b>100%</b>	<b>93</b>	<b>100%</b>	<b>146</b>	<b>100%</b>

Grievances	#	%	#	%	#	%
Response to a complaint	18	64%	72	90%	83	97%
Retaliation/negative outcomes as a result of making a complaint	10	36%	8	10%	3	3%
<b>Total</b>	<b>28</b>	<b>100%</b>	<b>80</b>	<b>100%</b>	<b>86</b>	<b>100%</b>

Corporate services	#	%	#	%	#	%
Administrative actions of a hospital/health service	15	24%	14	33%	22	38%
Records management	26	42%	18	43%	20	34%
Cleaning/maintenance	3	5%	2	5%	7	12%
Security	3	5%	--	--	4	7%
Physical surroundings/environment	9	15%	8	19%	3	5%
Catering	6	10%	--	--	2	3%
<b>Total</b>	<b>62</b>	<b>100%</b>	<b>42</b>	<b>100%</b>	<b>58</b>	<b>100%</b>



Complaint category and issues	2021-22		2022-23		2023-24	
Decision making	#	%	#	%	#	%
Failure to consult and involve in decision-making process	29	59%	64	77%	22	50%
Consent not informed	6	12%	5	6%	12	27%
Consent not obtained	7	14%	10	12%	6	14%
Choice regarding treatment as public/private patient	6	12%	4	5%	2	5%
Consent invalid	1	2%	--	--	2	5%
<b>Total</b>	<b>49</b>	<b>100%</b>	<b>83</b>	<b>100%</b>	<b>44</b>	<b>100%</b>

Carers Charter	#	%	#	%	#	%
Failure to consult a carer	4	50%	5	56%	4	40%
Failure to consider the needs of a carer	1	13%	1	11%	4	40%
Failure to treat a carer with respect and dignity	2	25%	3	33%	2	20%
Unsatisfactory complaint handling of carer complaint	1	13%	--	--	--	--
<b>Total</b>	<b>8</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>10</b>	<b>100%</b>

### 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	2021-22		2022-23		2023-24	
Quality of clinical care	#	%	#	%	#	%
Inadequate treatment/therapy	52	19%	88	33%	107	30%
Medication issues	53	20%	75	28%	107	30%
Inadequate assessment	37	14%	40	15%	63	18%
Discharge or transfer arrangements	12	4%	18	7%	28	8%
Poor coordination of treatment	7	3%	24	9%	24	7%
Failure to provide safe environment	15	6%	17	6%	20	6%
Refusal to refer or assist to obtain a second opinion	6	2%	5	2%	5	1%
Pain issues	3	1%	2	1%	2	1%
Inadequate infection control	--	--	1	<1%	1	<1%
Patient's test results not followed up	--	--	--	--	1	<1%
<b>Total</b>	<b>299</b>	<b>100%</b>	<b>270</b>	<b>100%</b>	<b>358</b>	<b>100%</b>

Access	#	%	#	%	#	%
Refusal to provide services	35	29%	49	40%	71	47%
Inadequate resources/lack of service	14	11%	32	26%	33	22%
Delay in admission/treatment	18	15%	30	25%	32	21%
Staff member or contractor unavailable	4	3%	2	2%	7	5%
Waiting list delay	3	2%	8	7%	6	4%
Physical access/entry	--	--	1	1%	1	1%
<b>Total</b>	<b>87</b>	<b>100%</b>	<b>122</b>	<b>100%</b>	<b>150</b>	<b>100%</b>

Complaint category and issues	2021-22		2022-23		2023-24	
Rights, respect and dignity	#	%	#	%	#	%
Inconsiderate service/lack of courtesy	21	22%	24	25%	25	20%
Failure to fulfil Mental Health legislation requirements	14	15%	12	13%	25	20%
Absence of compassion	12	13%	16	17%	23	18%
Certificate or report problem	6	6%	9	9%	15	12%
Consumer rights (WA Public Patients Hospital Charter)	2	2%	4	4%	12	10%
Denying/restricting access to personal health records	5	5%	13	14%	8	6%
Breach of confidentiality	10	11%	11	12%	8	6%
Discrimination leading to less favourable health treatment	2	2%	5	5%	7	6%
Failure to ensure privacy	5	5%	1	1%	3	2%
<b>Total</b>	<b>98</b>	<b>100%</b>	<b>95</b>	<b>100%</b>	<b>126</b>	<b>100%</b>

Communication	#	%	#	%	#	%
Failure to listen to consumer/representative/carer/family	37	26%	33	24%	46	38%
Inappropriate verbal/non-verbal communication	20	14%	23	16%	26	22%
Misinformation/failure in communication (not failure to consult)	18	13%	41	29%	21	18%
Inadequate medical information provided	9	6%	17	12%	10	8%
Inadequate/inaccurate personal information in a medical records	5	4%	9	6%	8	7%
Inadequate information about services available	4	3%	9	6%	6	5%
Inadequate written communication	7	5%	8	6%	3	3%
<b>Total</b>	<b>113</b>	<b>100%</b>	<b>140</b>	<b>100%</b>	<b>120</b>	<b>100%</b>

Complaint category and issues	2021-22		2022-23		2023-24	
Professional conduct	#	%	#	%	#	%
Unprofessional behaviour	10	50%	27	61%	42	75%
Inaccuracy of records	5	25%	8	18%	5	9%
Aggression/assault	2	10%	6	14%	3	5%
Illegal practices	1	5%	2	5%	3	5%
Sexual misconduct	1	5%	1	2%	1	2%
Sexual impropriety	1	5%	--	--	1	2%
Fraud/illegal practice of financial nature	--	--	--	--	1	2%
<b>Total</b>	<b>41</b>	<b>100%</b>	<b>44</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Decision making	#	%	#	%	#	%
Failure to consult and involve in decision-making process	18	67%	29	74%	22	71%
Consent not obtained	3	11%	8	21%	5	16%
Consent invalid	2	7%	--	--	3	10%
Consent not informed	--	--	1	3%	1	3%
Choice regarding treatment as public/private patient	4	15%	1	3%	--	--
<b>Total</b>	<b>24</b>	<b>100%</b>	<b>39</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

Complaint category and issues	2021-22		2022-23		2023-24	
Costs	#	%	#	%	#	%
Amount charged	15	50%	15	50%	12	48%
Unsatisfactory billing process	2	7%	4	13%	9	36%
Inadequate information about costs	5	17%	7	23%	2	8%
Lost property	1	3%	1	3%	1	4%
Over-servicing	1	3%	--	--	1	4%
Responsibility for costs and resourcing	4	13%	2	7%	--	--
Private health insurance and claim handling	--	--	1	3%	--	--
Total	24	100%	30	100%	25	100%

Grievances	#	%	#	%	#	%
Response to a complaint	5	83%	14	82%	15	94%
Retaliation/negative outcomes as a result of making a complaint	1	17%	3	18%	1	6%
Total	7	100%	6	100%	16	100%

Corporate services	#	%	#	%	#	%
Records management	2	33%	4	33%	3	33%
Administrative actions of a hospital/health service	1	17%	3	25%	3	33%
Physical surroundings/environment	2	33%	2	17%	2	22%
Catering	1	17%	1	8%	1	11%
Security	--	--	2	17%	--	--
Total	14	100%	12	100%	9	100%

Complaint category and issues	2021-22		2022-23		2023-24	
Carers Charter	#	%	#	%	#	%
Failure to consider the needs of a carer	2	40%	1	13%	1	100%
Failure to consult a carer	3	60%	5	63%	--	--
Failure to treat a carer with respect and dignity	--	--	1	13%	--	--
Unsatisfactory complaint handling of carer complaint	--	--	1	13%	--	--
Total	9	100%	5	100%	1	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	2021-22		2022-23		2023-24	
Individual needs	#	%	#	%	#	%
Support	2	33%	3	75%	3	75%
Facilities and services	1	17%	--	--	1	25%
Policies/procedures	1	17%	1	25%	--	--
Reviewing changing needs	1	17%	--	--	--	--
Sensitivity	1	17%	--	--	--	--
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>4</b>	<b>100%</b>

Service costs and financial assistance	#	%	#	%	#	%
Financial assistance/funding	5	42%	2	67%	2	50%
Cost	7	58%	1	33%	2	50%
<b>Total</b>	<b>12</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>4</b>	<b>100%</b>

Service delivery	#	%	#	%	#	%
Communication	2	15%	--	--	2	50%
No/inadequate service	4	31%	1	50%	1	25%
Treatment/care	1	8%	--	--	1	25%
Service delayed	1	8%	1	50%	--	--
Staff conduct	3	23%	--	--	--	--
Service refused	1	8%	--	--	--	--
Service withdrawn	1	8%	--	--	--	--
<b>Total</b>	<b>13</b>	<b>100%</b>	<b>2</b>	<b>100%</b>	<b>4</b>	<b>100%</b>

Complaint category and issues	2021-22		2022-23		2023-24	
Service management	#	%	#	%	#	%
Staff competence	--	--	--	--	2	100%
Roles and responsibilities	--	--	1	100%	--	--
Administration/record keeping	2	33%	--	--	--	--
Physical environment	2	33%	--	--	--	--
Coordinated service delivery	1	17%	--	--	--	--
Funding	1	17%	--	--	--	--
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>1</b>	<b>100%</b>	<b>2</b>	<b>100%</b>

Complaints and disputes	#	%	#	%	#	%
Complaint resolution	--	--	--	--	2	100%
Policies and procedures	2	100%	--	--	--	--
<b>Total</b>	<b>2</b>	<b>100%</b>	<b>--</b>	<b>--</b>	<b>2</b>	<b>100%</b>

Carers Charter	#	%	#	%	#	%
Failure to consult carer	--	--	--	--	2	100%
<b>Total</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>2</b>	<b>100%</b>

Privacy, dignity and confidentiality	#	%	#	%	#	%
Consumer rights	1	100%	--	--	1	100%
Consent	--	--	2	67%	--	--
Policies and procedures	--	--	1	33%	--	--
<b>Total</b>	<b>1</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>1</b>	<b>100%</b>

Complaint category and issues	2021-22		2022-23		2023-24	
Service access	#	%	#	%	#	%
Appropriate referral	2	50%	2	100%	--	--
Entrance/exit criteria priority	2	50%	--	--	--	--
Total	4	100%	2	100%	--	--

Decision making and choice	#	%	#	%	#	%
Informed choices	1	33%	--	--	--	--
Policies and procedures	1	33%	--	--	--	--
Risk management	1	33%	--	--	--	--
Total	3	100%	--	--	--	--

Legal and human rights	#	%	#	%	#	%
Policies and procedures	1	50%	--	--	--	--
Response to allegations of abuse/neglect	1	50%	--	--	--	--
Total	2	100%	--	--	--	--



Health and Disability Services  
Complaints Office

Albert Facey House, 469 Wellington Street,  
Perth WA 6000