Annual Report 2010-11

Health and Community Services

Complaints Commissioner

HCSCC Identification

2010-11

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Hon John Hill MP
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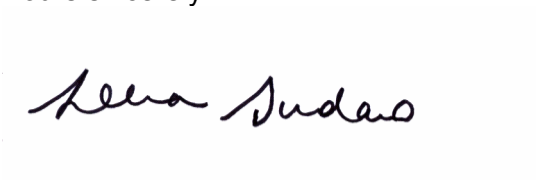
Dear Minister

Health and Community Services Complaints Commissioner
Sixth Annual Report 2010-11

In accordance with the requirements of section 16 (1) of the *Health and Community Services Complaints Act 2004* I am pleased to provide you with my 2010-11 Annual Report.

Yours sincerely



Leena Sudano
Health and Community Services Complaints Commissioner

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1. ABOUT HCSCC

The office of the Health and Community Services Complaints Commissioner, HCSCC, is an independent statutory office established by the *Health and Community Services Complaints Act 2004* (the Act). HCSCC opened on 4 October 2005.

HCSCC provides free information and assistance to resolve complaints about public, private and non-government health and community services, including disability and child protection services. HCSCC encourages direct resolution with the service provider first. HCSCC may assist when direct resolution with the service provider would be unreasonable or has not succeeded.

HCSCC also:

- promotes and upholds the statutory HCSCC Charter of Health and Community Services Rights
- investigates serious complaints about issues of public interest or safety
- conducts outreach with people who have special needs and their advocates
- provides training to improve the capacity to raise and resolve complaints locally.

Section 3 of the Act requires HCSCC:

(a) to improve the quality and safety of health and community services in South Australia through the provision of a fair and independent means for the assessment, conciliation, investigation and resolution of complaints
(b) to provide effective alternative dispute resolution mechanisms for users and providers of health or community services to resolve complaints
(c) to promote the development and application of principles and practices of the highest standard in the handling of complaints concerning health or community services
(d) to provide a scheme which can be used to monitor trends in complaints concerning health or community services
(e) to identify, investigate and report on systemic issues concerning the delivery of health or community services.

HCSCC has a statutory relationship with 10 national health practitioner registration boards, through the Australian Health Practitioner Regulation Agency (AHPRA). HCSCC also maintains links with diverse health and community service providers and organisations representing the interests of service users and carers, including people with special needs.

HCSCC Vision

A complaint is an opportunity to:

- get information about what happened
- redress individual grievance and harm
- uphold the HCSCC Charter of Health and Community Services Rights
- ensure action is taken to minimise serious harm happening again.

HCSCC Values

HCSCC is guided by the following values:

- independence and impartiality
- integrity and professionalism
- accessibility
- a rights based and public interest focus to our work
- excellence in customer service
- responsiveness to criticism about our performance.

2. THE HEALTH AND COMMUNITY SERVICES ADVISORY COUNCIL

The inaugural Health and Community Services Advisory Council (H&CSA Council) met three times after its first meeting on 23 December 2010. The H&CSA Council includes a diverse membership representing people who use health and community services, health and community service providers and health practitioner registration authorities.

In its first six months, the H&CSA Council focused on understanding HCSCC's wide reaching responsibilities under the Act and the relationships with other legislation.

The H&CSA Council was briefed about the experience of the New Zealand (NZ) Health and Disability Commissioner with the implementation of the NZ Code of Health and Disability Services Consumers' Rights, now in its 15th year.

The H&CSA Council recognises and appreciates the breadth, depth and high quality of HCSCC's work. The H&CSA Council notes HCSCC's work to:

- foster a learning not lynching approach to complaints resolution
- ensure that complaints lead to improvements in the safety and quality of health and community services in South Australia
- develop and promote the HCSCC Charter of Health and Community Services Rights
- establish outreach and capacity building projects among a variety of special needs groups, in particular Aboriginal and Torres Strait Islander communities, people living with a disability and people living with an enduring mental illness
- establish constructive relationships with a wide range of stakeholders, including AHPRA
- publicise HCSCC's work, including through HCSCC *Buzz* e-newsletters
- facilitate a strategic approach to systemic issues with service providers and among counterpart health, disability and community services complaints offices in other states and territories.

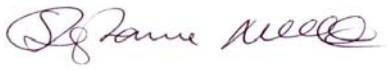
The H&CSA Council acknowledges the valuable foundation established during HCSCC's first six years of operation.

The H&CSA Council looks forward to advising the Minister for Health and Mental Health and Substance Abuse and the Commissioner, over the next year, about three key priorities:

1. the promotion, implementation and monitoring of the HCSCC Charter of Health and Community Services Rights

2. the development and implementation of an effective complaints database to enable the Commissioner to record and report complaints effectively

3. the continuation of the Commissioner's invaluable work with special needs groups, an activity that ensures that the most vulnerable in our community have a voice and are afforded some protection from unsafe and poor quality services.



Stephanie Miller
Presiding Member, Health and Community Services Advisory Council

3. COMMISSIONER'S FOREWORD

2010-11 was a year of significant progress and HCSCC's establishment under the Act has now been substantially completed.

Since opening on 4 October 2005 HCSCC has achieved:

- a reputation for good practice complaints resolution having dealt with more than 6500 complaints
- growing appreciation among service providers that many complaints are principled protests about how things are and how they ought to be, an impetus for improvement, rather than minor moans [1]
- growing enquiries and complaints by, and on behalf of, people vulnerable to having their rights overlooked or breached, including people with disabilities
- constructive relationships with major stakeholders representing service users, family carers and diverse service providers, including partnerships to address systemic issues arising from complaints to HCSCC
- successful systematic special needs outreach, in particular to Aboriginal people and adults with a mental illness
- the development of the statutory Charter of Health and Community Services Rights
- the establishment of the statutory Health and Community Services Advisory Council
- growing demand from service providers for HCSCC training in complex communication skills and managing unreasonably persistent complainant behaviour
- growing demand from diverse groups for HCSCC presentations and resources
- growing contacts from the media for HCSCC comment
- constructive relationships with counterpart statutory complaints bodies' interstate and in New Zealand, and among other statutory rights protection bodies in South Australia.

These achievements have been realised through the skilful work of HCSCC staff and with the collaboration of major stakeholders representing service users, family carers and diverse service providers.

They are all the more remarkable because they have been achieved while HCSCC has been in establishment phase, against a background of resource constraints, two reviews and continuing uncertainty about funding beyond 30 June 2012.

These achievements provide a sound foundation for the next phase of HCSCC's development.

HCSCC looks forward to working with others to bring the HCSCC Charter of Health and Community Services Rights to life, particular for those South Australians at greatest risk of having their rights overlooked or breached.

HCSCC looks forward to strengthening public reporting - the statistics and the stories - about our work to spur more people to speak up and better complaints handling by service providers.

The year ahead

In 2011-12 HCSCC aims to:

- further improve HCSCC complaint resolution processes using service improvement tools (section 3(c))
- establish a new complaints management database to improve the management and reporting of HCSCC complaints (section 3(d))
- improve reporting about the impact and outcomes of HCSCC work beyond individual complaints (sections 3(e) and 9(1)(b)-(c))

[1] Complaint - from minor moans to principled protests, Julian Baggini, Profile Books, UK, 2010

- secure ongoing funding to increase systematic outreach to people with special needs, their carers and advocates (section 9(2)-(3))
- expand fee-for-service training in complaints management to service providers to improve complaints handling at the point of service (sections 3 (c) and 9(1)(g))
- promote and uphold the HCSCC Charter of Health and Community Services Rights (Part 3)
- use new powers to strengthen the management of HCSCC complaints about unregistered health practitioners
- complete a review of all HCSCC communications, including the HCSCC website
- continue to strengthen engagement with service users, carers and service providers, including in the non government and private sectors (section 9(1)(k))
- further promote understanding about the HCSCC and AHPRA statutory relationship for complaints and notifications about individual nationally registered health practitioners (section 9(1)(j) and Part 7).

4. SIXTH YEAR HIGHLIGHTS

4.1 From ever felt like complaining? to Speak Up - HCSCC Aboriginal and Torres Strait Islander outreach

From July 2010 half of Complaint Resolution Officer Christine Egan's time was allocated to complaint resolution and capacity building with Aboriginal communities.

This was in addition to work with the Commissioner to progress recommendations from the *Ever Felt Like Complaining*? project 2009-10, and with the Senior Project Officer, to engage Aboriginal communities and services in the HCSCC Charter of Health and Community Services Rights (HCSCC Charter) consultation process.

Aboriginal people represented 2% of participants in the HCSCC Charter consultation process (South Australian population share 1.7%).

HCSCC's commitment to this work was further strengthened, with Christine's appointment to a newly established Complaint and Capacity Development Officer position, on a permanent ongoing basis.

Highlights this year included:

- commissioning Aboriginal artists to illustrate and design the Speak Up products: a pamphlet, with a tear off business card; A3 and A4 posters and an HCSCC Charter banner
- distributing 6689 Speak up pamphlets and 1774 posters
- distributing the HCSCC *Buzz* e-newsletter March 2011 with Speak up stories to over 900 people, plus an additional 638 downloads from the HCSCC website
- increased enquiries, facilitated complaint resolution and complaint referrals to HCSCC
- increased HCSCC complaints in 2010-11: 41 (2009 -10: 23)
- increased website visits and 636 downloads of the *Ever Felt Like Complaining*? report
- extensive publicity about *Ever Felt Like Complaining*? and Speak Up activities through a variety of Aboriginal and non Aboriginal media - radio, print and newsletters
- more than 50 external presentations attended by more than 500 participants, including Aboriginal controlled and mainstream services, leaders and staff
- partnerships to build capacity to Speak up locally in services and communities
- six people from Aboriginal services expressed an interest in becoming an HCSCC Charter Champion.

Speak Up progress reports and resources are available at www.hcscc.sa.gov.au.

4.2 The Act

4.2.1 Part 3 The Charter of Health and Community Services Rights

Part 3 of the Act requires HCSCC to:

- develop a draft Charter of Health and Community Services Rights (HCSCC Charter)
- consult with interested persons to obtain a wide range of views and to
- provide a draft HCSCC Charter to the South Australian Minister for Health for approval.

After initial project planning, a draft Charter was developed drawing on the section 22 Charter principles, research, HCSCC complaints experience and the HCSCC Charter Project Reference Group.

The draft HCSCC Charter was included in a discussion paper that was widely distributed for public consultation between 1 July and 27 August 2010. A detailed analysis of the

148 submissions received was undertaken. A revised HCSCC Charter and recommendations were considered and further revised by the HCSCC Charter Project Reference Group.

The HCSCC Charter consultation report, including the proposed HCSCC Charter, was provided to the Minister for Health on 30 September 2010.

A summary of the HCSCC Charter Consultation Report was widely distributed in the October 2010 HCSCC *Buzz* e-newsletter (Appendix 2.) It was also published with the full HCSCC Charter Consultation Report and the consultation submissions on the HCSCC website.

To undertake preliminary work to meet HCSCC's diverse obligations under the Act, including providing information, education and advice about the HCSCC Charter [2], the Senior Project Officer's contract was extended until October 2011.

In February 2011 HCSCC started the development and promotion of an HCSCC Charter Champions Network.

HCSCC Charter Champions will:

- play a key role in the successful promotion of the HCSCC Charter
- be part of a network to build awareness about HCSCC Charter principles and rights within their group, work unit or agency
- work within their group, work unit or agency to bring the HCSCC Charter principles and rights to life.

Some HCSCC Charter Champions will also promote complaint resolution taking into account the HCSCC Charter principles and rights.

HCSCC Charter Champions will have a strong commitment to upholding the rights of service users. They will also recognise that people seeking or receiving care, and people providing care, need to work together to ensure safe, high quality services and the best possible outcomes.

HCSCC Charter Champion expressions of interest were received from over 100 people, representing a broad range of consumer groups, health and community service providers, professional groups, local government, private hospitals, multicultural groups and other peak bodies.

The first edition of the HCSCC Charter Champions network e-bulletin included stories about why people had registered as an HCSCC Charter Champion and resources to assist them in their role. Information about the growing HCSCC Charter Champions network and resources is available at www.hcscc.sa.gov.au.

In addition to promoting the HCSCC Charter, HCSCC is also required to take the HCSCC Charter into account when managing complaints.

When managing a complaint, the Act [3] requires HCSCC to determine if a service provider's action or inaction was reasonable in the circumstances complained about or under investigation.

[2] Section 9(1)(d)(i) of the Act
[3] Section 85

The Act requires HCSCC to consider several elements:

- the HCSCC Charter
- the generally accepted standard of service delivery expected of the service provider
- the resources reasonably available to the service provider and
- anything else the Commissioner thinks is relevant.

Once enacted, the HCSCC Charter will become an important statutory lever to uphold the rights of people seeking or using services within HCSCC's jurisdiction.

The Minister for Health tabled the HCSCC Charter in the Parliament on 8 March 2011. The HCSCC Charter came into effect on 23 June 2011.

The development of the HCSCC Charter completed a central plank of the Act. The conversion of the Senior Project Officer position to permanent from August 2011 will enable continuing work to bring the HCSCC Charter to life.

4.2.2 Section 88 statutory review recommendations - progress

The statutory review recommendations that required changes to the Act were included in the Health and Community Services (Miscellaneous) Amendment Bill 2010 tabled in the Parliament on 27 October 2010.

Most of these changes came into effect on 19 May 2011 under the *Health and Community Services (Miscellaneous) Amendment Act 2011*.

On 7 March 2011 the Hon. Robert Brokenshire MP moved the following amendment to section 16 Annual Report:
(1a) Without limiting matters that may be included in a report of the Commissioner under subsection (1), each report
(a) must include the following information relating to the relevant financial year:
(i) the number, type and sources of complaints made;
(ii) a summary of all assessments and determinations made under section 29 in relation to a complaint;
(iii) a summary of all determinations under section 33 to take no further action in relation to a complaint;
(iv) if a complaint was referred for conciliation - the outcome of the conciliation;
(v) if a complaint was dealt with under Part 7- the outcome of any action taken by a registration authority;
(vi) a summary of all investigations conducted by the Commissioner under Part 6, including the outcomes of those investigations;
(vii) a summary of the time taken for complaints to be dealt with under the Act;
(viii) a summary of all complaints not finally dealt with by the Commissioner; and
(b) may include the following information relating to the relevant financial year:
(i) such information relating to complaints (other than that required to be included under paragraph (a)) as the Commissioner thinks fit;
(ii) any report made to the Minister under section 54;
(iii) if a complaint was dealt with under Part 7- a summary of any advice, notification or information provided to the Commissioner in relation to the complaint by a registration authority.
(1b) Matters included in a report under subsection (1) -
(a) are to be reported, as far as practicable, according to professional groupings (as determined by the Commissioner); and
(b) must not identify a person who has made a complaint, a person in relation to whom a complaint has been made or a person who has been subject to an investigation under this Act, unless the identity of the person has already been lawfully made public.

This amendment was supported by the Parliament on 8 March 2011 and will take effect from 1 July 2011.

HCSCC's capacity to comply with these extensive reporting requirements will be dependent on funding to acquire a new complaints management database.

Further changes to the Act will come into effect after SA Health has completed consultations about the Code(s) of Practice for unregistered health practitioners in 2011-12.

The outstanding statutory review recommendations requiring action are:

- Recommendation 2b. That the Government consider the establishment of a consumer advocacy scheme as a mechanism to support the access of consumers, families and carers (not currently covered by existing schemes in the aged, disability and mental health sectors) to complaint services.
- Recommendation 3. That the Government consider the establishment of a Community Visitor Scheme in line with those operating in other States.
- Recommendation 10. That the Government promote all of its complaint resolution services, commencing at the point of service delivery of Government and Government-funded health and community services. These campaigns should highlight the importance of resolving complaints where and when they arise, utilising in the first instance complaint resolution mechanisms available at the service delivery level.
- Recommendation 12. That the HCSCC introduces a regular training schedule with service providers to build their capability to resolve complaints, improve their complaint handling processes and outline their obligations to the HCSCC in the investigation of complaints.

4.2.3 Operational review

The section 88 statutory review also recommended [4] that an operational review be undertaken to assist in determining core funding to enable HCSCC to meet its obligations under the Act. The SA Health commissioned operational review was undertaken between February and May 2010.

The operational review report was provided to HCSCC on 25 May 2010. During winter 2010 HCSCC undertook preliminary work in response to the operational review findings and recommendations.

HCSCC's response to the operational review recommendations was discussed with the Minister for Health on 12 October 2010 and 24 January 2011. The Minister tabled the operational review report, and the government's response, in the Parliament on 8 February 2011.

HCSCC's response to the operational review was published, with an HCSCC fact sheet and media release, on 3 March 2011.

Progress in response to the operational review recommendations is set out in Appendix 3.

[4] Recommendation 32

Further work in response to the operational review recommendations stalled due to:

- key staff absences between August 2010 and March 2011
- uncertainty arising from the state budget announcement on 16 September 2010 to reduce HCSCC's budget by 21-29% from 1 July 2011
- the Minister for Health's proposal to integrate HCSCC with the Ombudsman.

4.2.4 Part 7 HCSCC and AHPRA

On 1 July 2010 major changes to the regulation of registered health practitioners came into effect with the commencement of a new national agency, the Australia Health Practitioner Regulation Agency (AHPRA). AHPRA is governed by the *Health Practitioner Regulation National Law Act 2009* (the national law).

AHPRA is responsible for the registration, accreditation and notifications about individual nationally registered health practitioners in Australia. AHPRA acts on behalf of the 10 national registration boards. Information about AHPRA and the 10 national registration boards is available at www.ahpra.gov.au.

Part 7 of the Act requires HCSCC to consult with the relevant registration authority about complaints involving a registered health practitioner. Before 1 July 2010, HCSCC consulted separately with each of the 10 South Australian registration boards. Since 1 July 2010 HCSCC has consulted with AHPRA about complaints involving individual nationally registered health practitioners working in South Australia.

Part 8 of the national law requires AHPRA and HCSCC to notify each other as soon as practicable, and to consult each other about the management of any matter they receive concerning the health, performance or conduct of an individual nationally registered health practitioner.

HCSCC and AHPRA established new processes and systems to meet the new legal requirements. Along with counterparts in each state and territory, HCSCC and AHPRA developed a written document that describes their legal obligations to each other and how they will meet them. This document, a Memorandum of Understanding, is available at www.hcscc.sa.gov.au.

Since 1 July 2010 HCSCC and AHPRA have exchanged information about notifications and complaints and met fortnightly to consult about their management.

Quarterly reports about the new arrangements between HCSCC and AHPRA to deal with complaints and notifications about individual nationally registered health professionals were published on the HCSCC website. These reports are available at www.hcscc.sa.gov.au. AHPRA and most other health complaints entities have yet to publish reports about these activities.

Summary statistics and case studies about the first year of the HCSCC - AHPRA consultations and referrals are included in the Complaint Resolution Section of this report.

From 1 July 2012 four additional groups will become nationally registered: occupational therapists, Chinese medicine, medical radiation and Aboriginal and Torres Strait Islander health practitioners. As these practitioners currently fall within HCSCC's scope, it is anticipated that the statutory relationship between HCSCC and AHPRA will be extended to include them.

4.3 Parliament of South Australia Committees

4.3.1 Social Development Committee Inquiry 30th Report Bogus, Unregistered and Deregistered Health Practitioners - progress

On 31 July 2010 HCSCC provided a third progress report to the Social Development Committee (SDC) about complaints involving unregistered health practitioners and work to implement the SDC Inquiry report recommendations linked to HCSCC. HCSCC appeared before the SDC on 13 September 2010 to respond to questions about this report.

Changes to the Act, similar to those applying in NSW to regulate unregistered health practitioners, were passed by the Parliament on 19 May 2011. These changes will take effect through regulations to the Act, after SA Health has completed consultations about a Code of Conduct for unregistered health practitioners in 2011-12.

HCSCC will provide a final report to the SDC once these changes come into effect.

This year HCSCC also:

- made a submission about accreditation and registration standards for naturopathy and herbal medicine, in January 2011 and
- responded to the Royal Australian College of General Practitioners and Australian Medical Association draft guidelines about integrating complementary medicine into medical practice, in March 2011.

The first round consultation about national regulation of bogus and unregistered health practitioners was conducted on behalf of the Australian Health Ministers' Council between February and April 2011. HCSCC participated in the South Australian national consultation forum on 25 March 2011. The next step in the national approach is anticipated in 2011-12.

4.3.2 Economic and Finance Committee

HCSCC provided a fifth annual submission and appeared before the Economic and Finance Committee on 3 December 2010. HCSCC reiterated issues raised in previous submissions and appearances about HCSCC funding.

HCSCC also highlighted difficulties reconciling the following:

- budget pressures due to outstanding recommendations arising from the section 88 review of the Act, in particular acquiring a new complaints database and providing an external complaints training program
- HCSCC's statutory obligation to promote the HCSCC Charter once endorsed by the Parliament
- the operational review finding, supported by the government, that HCSCC's funding base of $ 1.25m was adequate
- an increased workload since 1 July 2010 due to the new national law to manage complaints about nationally registered health practitioners between HCSCC and AHPRA
- imminent amendments to the Act likely to further increase HCSCC's workload, including measures to enable HCSCC to deal more effectively with complaints about bogus and unregistered health practitioners
- uncertainty due to the 16 September 2010 state budget announcement to reduce HCSCC's budget by 15-29% from 1 July 2011.

4.4 *Mental Health Act 2009* and Community Visitors Scheme

The new *Mental Health Act 2009* (the MH Act) did not have any direct impact on HCSCC complaints during 2010-11.

HCSCC participated in activities to establish the Community Visitors Scheme (CVS), including the selection of the Principal Community Visitor and contributed to the induction training for the first volunteer Community Visitors appointed under the MH Act.

The CVS started on 10 June 2011 and will be an important safeguard for people with a mental illness. Based on interstate schemes, the CVS has the potential to nip problems with standards of care in the bud and to prevent them escalating into complaints. In 2011-12 HCSCC will develop a Memorandum of Understanding with the CVS to clarify the roles and functions of each party, referral processes and any other issues.

4.5 Advanced Care Planning and Directives

In June 2010, HCSCC secured $ 70 000 once-off funding from SA Health for a collaborative pilot project, in conjunction with the Council for the Ageing SA (COTA SA) and the Health Consumers Alliance SA (HCA), to promote advanced care planning and directives in the community.

The pilot project, managed by COTA SA, builds on work started by the Central Northern Adelaide Health Service - The Queen Elizabeth Hospital - Western Adelaide General Practice Network's Respecting Patient Choices in the Community project.

The project has developed and piloted the delivery of a peer education module to enable selected COTA SA Peer Educators to provide information to people over 65 years of age, their carers and advocates about:

- advanced care planning and directives for end of life care
- their rights and how to realise them for advanced care planning and directives for end of life care
- how to speak up if their advanced care plan or directive for end of life care is not respected.

HCSCC contributed to the Peer Educator training sessions and has been a member of the Advanced Care Advisory Committee supporting the pilot project. The pilot will be evaluated and the results will be released in 2011-12.

4.6 Serious Complaints and Vulnerable Clients - non government organisation contracted services

HCSCC was unable to progress negotiations with the Department for Families and Communities (DFC), SA Health and the South Australian Council of Social Service (SACOSS), the peak body representing the majority of the non government organisations (NGOs), to strengthen complaint handling for vulnerable clients through the common NGO contract.

5. COMPLAINT RESOLUTION SERVICE

5.1 Enquiry Service

From 1 June 2011 to 30 June 2011, a period of 21 working days, the Enquiry Service manually recorded the telephone calls dealt with by two Information and Assessment Officers.

During this period the Enquiry Service dealt with 488 telephone calls, an average of 23 calls each working day, comprised of:

Snapshot of Enquiry Service Calls			
	June 2011	**June 2010**	**% increase**
New calls	274	181	51%
Follow up calls	214	162	32%
Average calls per day	23	16	43%

5.2 Direct resolution

HCSCC encourages people to resolve their complaint directly with the service provider. Callers to the Enquiry Service receive information and advice about how they may be able to resolve their complaint by bringing their concerns to the attention of the service provider.

A *guide for consumers* HCSCC brochure and information on the HCSCC website also provide step-by-step guidance about how to make a complaint directly to the service.

Further assistance is provided to people who need help to resolve their complaint directly. For example, if it would be unreasonable to expect the person to approach the service, if a person had tried to resolve a complaint directly but this had not worked, or if a complaint is serious enough to warrant HCSCC's consideration in the public interest.

5.3 Facilitated direct resolution

Many larger government agencies including public hospitals, the South Australian Dental Service and Families SA, have designated consumer advisors. In most private and non-government services, the head of the service usually designates a specific staff member to deal with complaints. HCSCC regularly refers people directly to these staff to facilitate a complaint being followed up directly by the service.

5.4 HCSCC complaints - performance standards

HCSCC complaint handling performance standards include:

- 80% closed within 26 weeks
- 95% closed within one year
- no files open more than two years
- <1% of complaints reviewed by the Ombudsman.

Of all new complaints received in 2010-11:

- 70.4% were closed within 21 days
- 24.7% were closed within 22-44 days
- 4.9% were open more than 45 days.

Seven systemic files have been open more than two years and 1.94% of complaints were reviewed by the Ombudsman.

5.5 HCSCC complaints - data

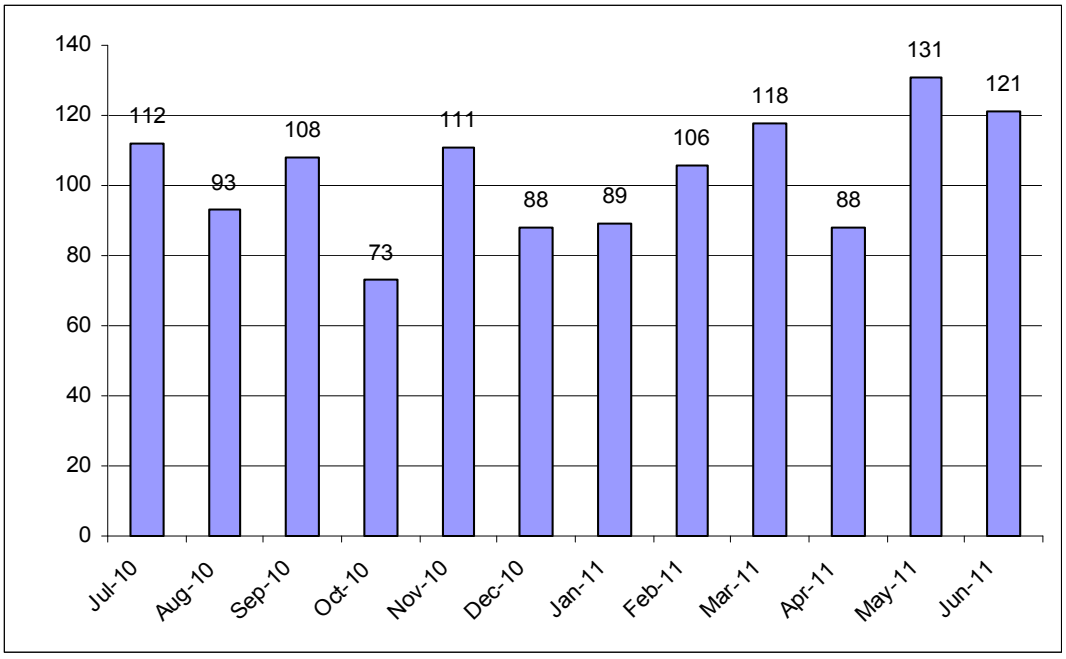
As reported in previous annual reports, the HCSCC complaints management system, Proactive, is outdated and inadequate for internal management and external reporting.

The SA Health commissioned operational review was completed in May 2010. The operational review findings included that:

- the quality of data within HCSCC is poor and incomplete impacting on the HCSCC's ability to effectively report, monitor trends and make informed decisions, and
- the current HCSCC complaints IT system is inadequate, outdated and ineffective.

The complaint resolution service data below is the best available given the current system, but should be regarded as incomplete. HCSCC will continue to negotiate for funding and/or access to a new complaints management database in 2011-12.

Table 1 - Complaints opened by month

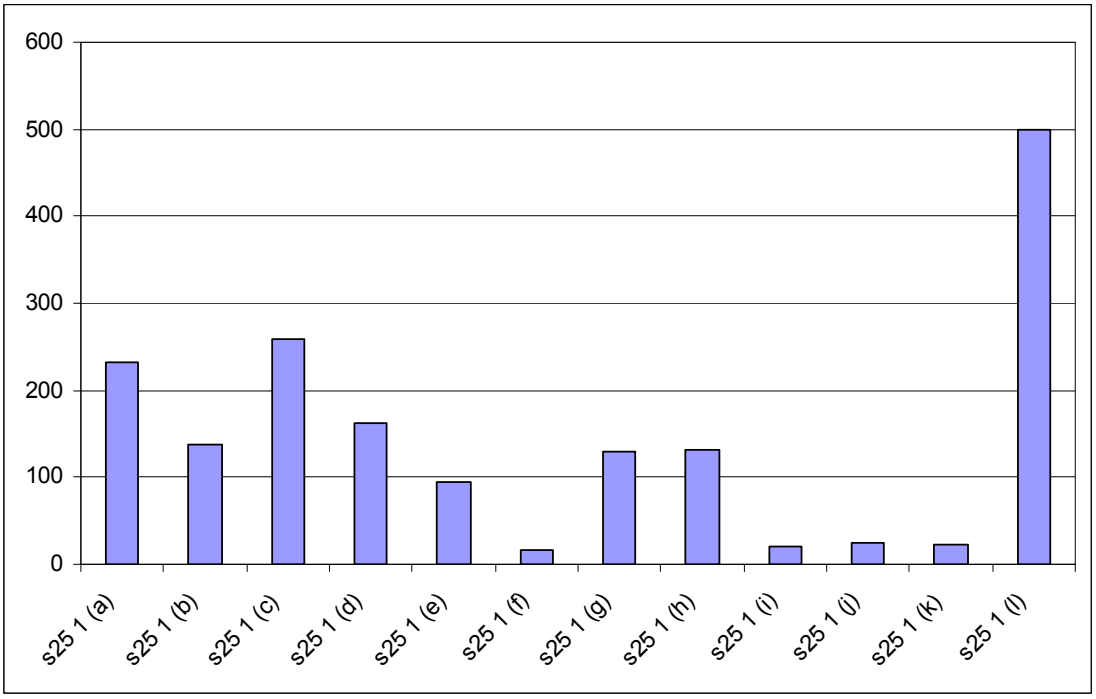


Average new complaints per month: 103 (2009-10: 90)
Total new complaints: 1238 (2009-10: 1090)

Average new complaints received each month represented an 14.4% increase compared to average complaints received each month in 2009-10.

Total new complaints received this year represented a 13.5% increase compared to total complaints received in 2009-10.

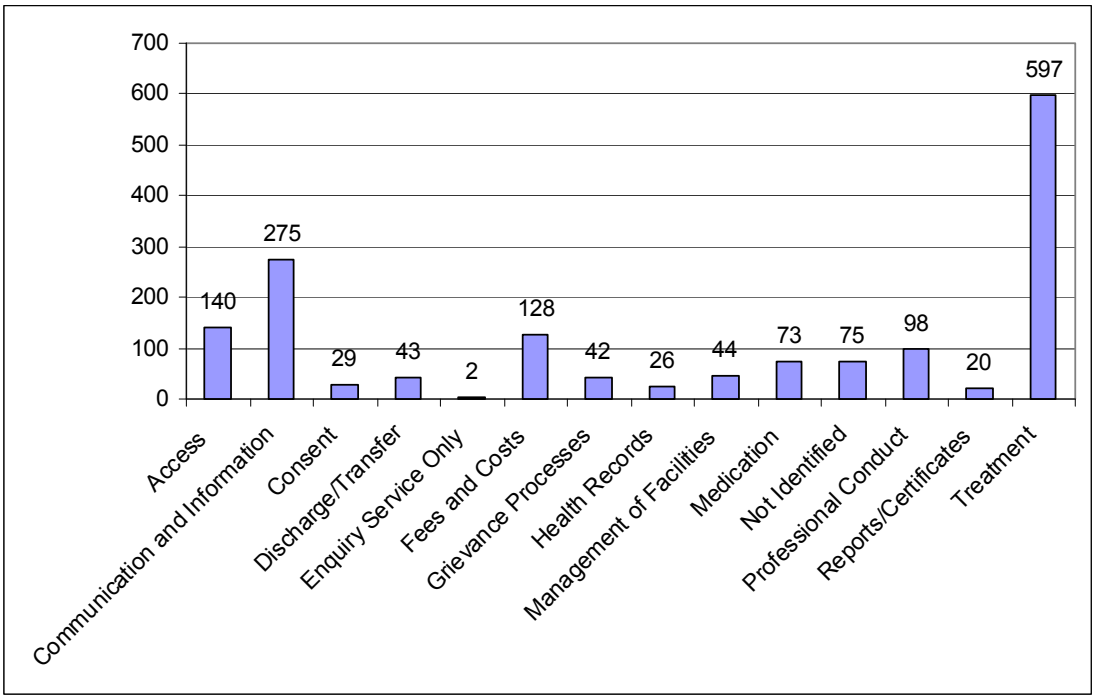
Table 2 - Grounds for complaint - section 25



Note: a single complaint may raise more than one ground:

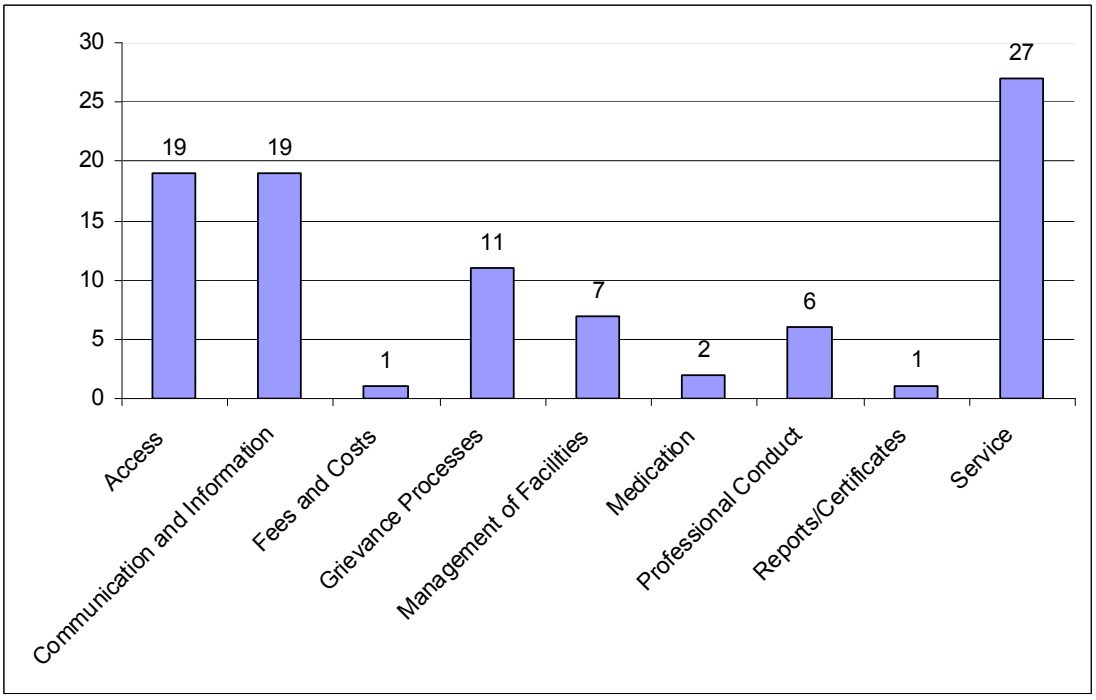
s25 1 (a) service not provided
s25 1 (b) service not necessary or inappropriate
s25 1 (c) unreasonable manner in providing service
s25 1 (d) lacked due skill
s25 1 (e) unprofessional manner
s25 1 (f) failure to respect privacy or dignity of service user
s25 1 (g) quality of information
s25 1 (h) access to records denied or information from records not provided
s25 1 (i) unreasonable disclosure of information
s25 1 (j) action on complaint not taken by provider
s25 1 (k) acted in a manner inconsistent with the Charter
s25 1 (l) didn't meet expected standard of service delivery.

Table 3 - Issues complained about - health



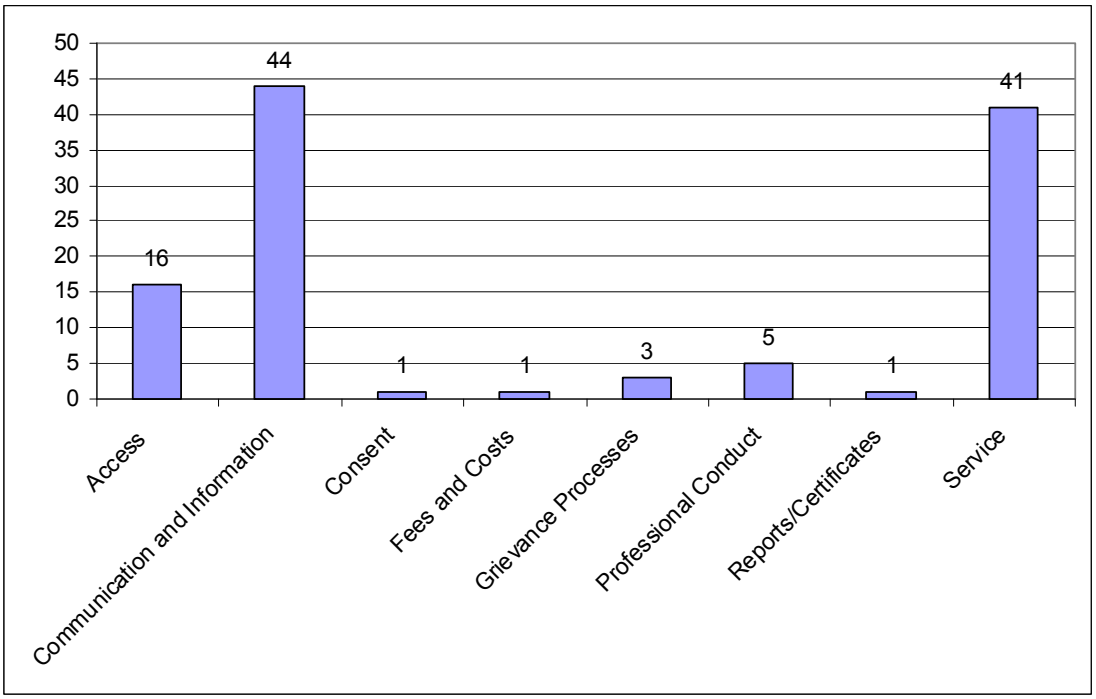
Note: a single complaint may raise more than one issue.

Table 4 - Issues complained about - community services



Note: a single complaint may raise more than one issue.

Table 5 - Issues complained about - child protection



Note: a single complaint may raise more than one issue.

Table 6 - Mode of contact with HCSCC

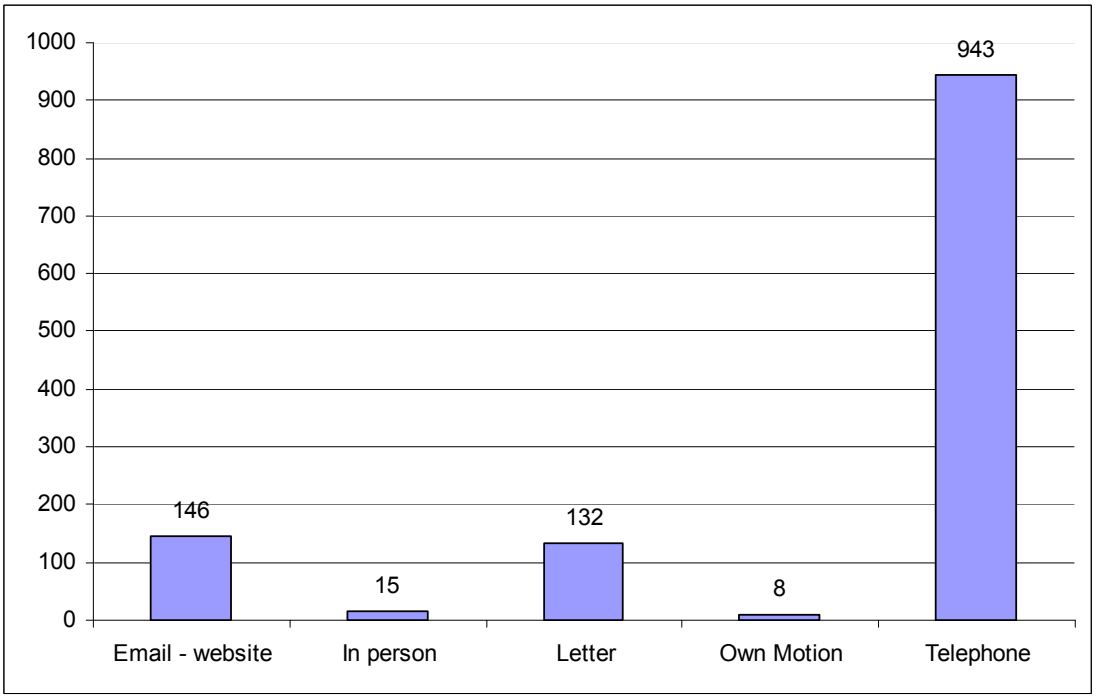
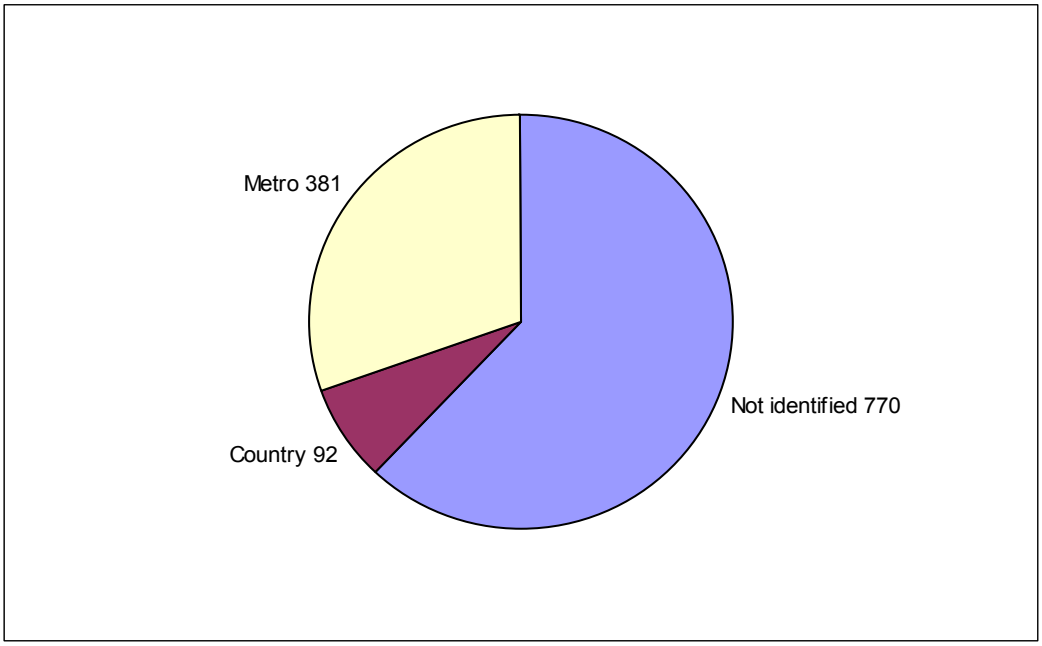


Table 7 - Location of service provider



Note: a complaint may involve more than one service provider.

Table 8 - Residential location of person making complaint

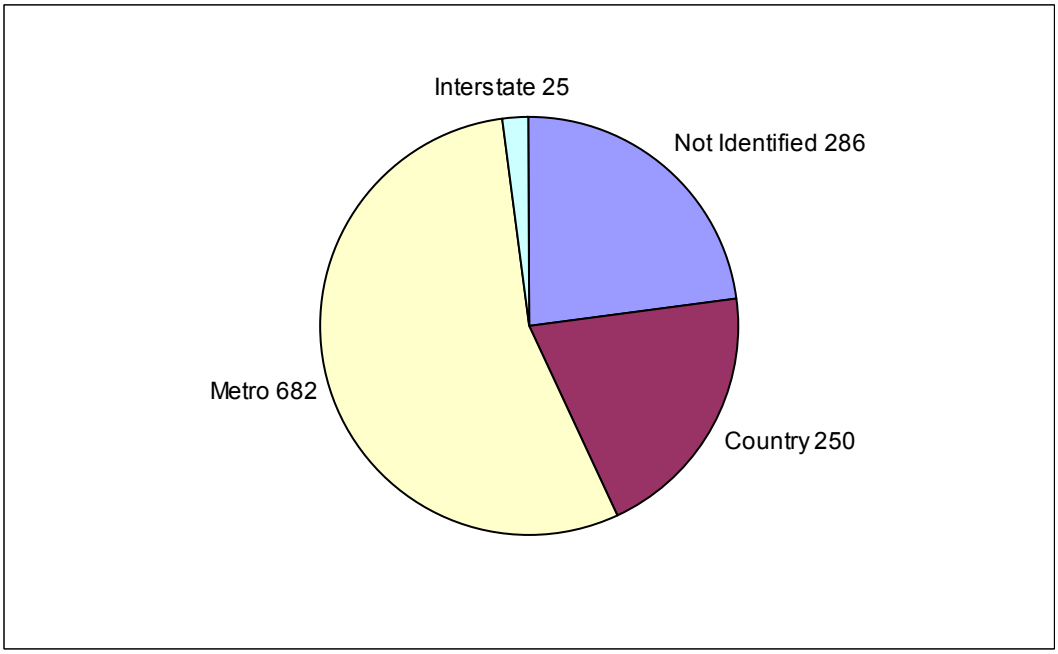


Table 9 - Role of contact person

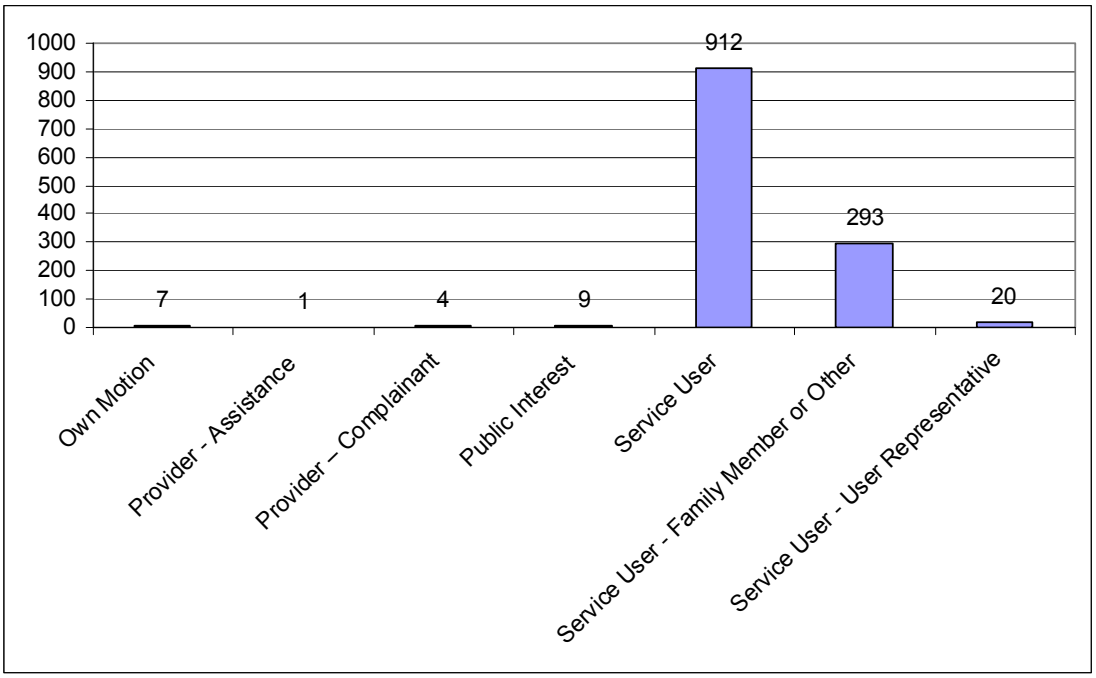
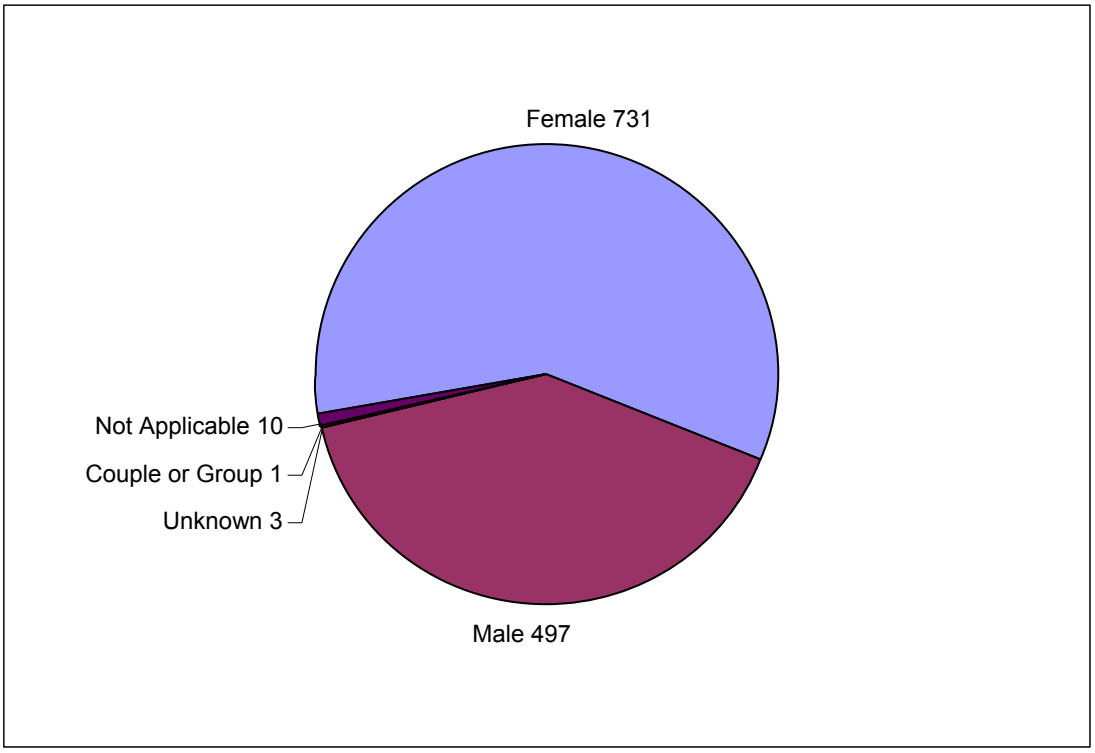
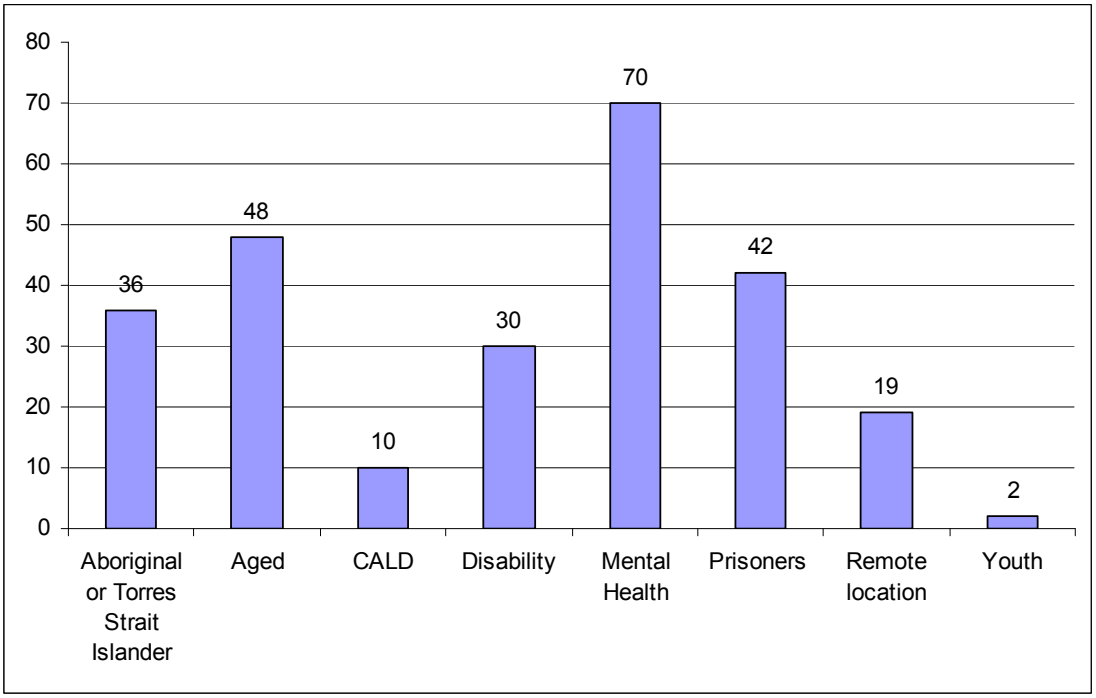


Table 10 - Gender of contact person



Female = 59%
Male = 40%

Table 11 - Complaints from people with special needs



Note: A total of 257 people, equivalent to 21% of total complaints received in 2010-11, were identified as having special needs. Special needs designation is under reported.

5.6 Speak Up complaints - Aboriginal and Torres Strait Islander people

Before a complaint can be accepted, HCSCC must be satisfied that the complainant has taken reasonable steps to try to resolve their complaint with the service provider first.

For Aboriginal and Torres Strait Islander people this may be difficult because they fear what might happen if they speak up.

When this happens, HCSCC helps Aboriginal and Torres Strait Islander people, their families and carers, in mainstream and Aboriginal community controlled services, to resolve their complaint through facilitated direct resolution. During facilitated direct resolution, HCSCC makes contact with the service to inform them about a complaint. This step may be enough to bridge the gap so that people can then resolve their complaint directly with the service.

Sometimes a further step is needed and HCSCC may invite the parties to participate in mediation to see if the issues can be resolved. The mediation process, sometimes through several meetings, identifies the issues in dispute between the parties and seeks to develop options to reach an agreement.

For mediation to be effective and sensitive to the needs of Aboriginal and Torres Strait Islander complainants, HCSCC ensures that the process is culturally appropriate by adapting and following the basic principles:

- plain English communication style
- flexible, informal and respectful approach
- addressing power imbalance, or any perception of power imbalance
- the HCSCC mediator does not take sides and
- exploring ways to help the parties resolve the complaint.

5.7 Mental health outreach and complaints

Between April and June 2011, HCSCC started systematic outreach in metropolitan Adelaide to adults with mental illness, their family carers, advocates and service providers. Drawing on HCSCC's success in establishing Aboriginal outreach, half of Matthew Dempsey's role as a Complaint and Capacity Development Officer was designated for mental health outreach.

Some early trends were noted in HCSCC's mental health complaints, based on manual data collection.

About one third of service users with a mental illness were supported to complain to HCSCC by a family carer, advocate, family member or friend.

Services complained about included:

- hospitals - 30%
- individual health practitioners - 30%
- community mental health teams -17%
- non government services - 7.7%
- child protection services - 6.6%.

Issues complained about included:

- use of restraint and seclusion
- personal boundary violations - physical and sexual
- access to or exclusion from services
- safeguards for vulnerable people, balanced with dignity of risk and choice
- family carers as complainants on behalf of service users and/or family carer issues
- health services unrelated to mental illness
- access to drugs of dependence.

HCSCC Charter rights Quality, Safety, Respect and Access and the HCSCC Charter guiding principles Decision Making Capacity, Authority and Partnership arose most frequently in mental health complaints.

One of the challenges for HCSCC mental health complaints management is dealing with the behaviours of some complainants that may be a symptom of their illness.

Recurring themes arising during outreach sessions have included:

- people fear retribution if they raise concerns, based on perceived risk and previous experience of retribution
- people do not know what complaint options are available to them
- a lack of awareness of HCSCC and HCSCC's role
- a general lack of faith in services, including complaints handling, due to long-term illness, previous practices and historical factors
- people reported having their concerns discounted or minimised as being part of their illness - 'it's all in your mind'.

Reports about HCSCC's mental health outreach work are available at www.hcscc.sa.gov.au.

5.8 HCSCC complaints - case studies

Joanne - hospital admission and cultural identity

HCSCC participated in an Aboriginal and Torres Strait Islander community event. Joanne talked to Leena at the HCSCC information stall about the treatment she and her daughter had received at the emergency department of a metropolitan public hospital a year before.

Joanne said that the admission officer had asked her and her daughter inappropriate questions about their Aboriginal heritage. She believed the questions were not part of the usual information collected about a patient's background. Joanne found questions about her and her daughter's skin colour and physical features intrusive, inappropriate and racist.

She found this very distressing at a time when she was worried about her daughter's medical condition. She also said that her requests to see the hospital's Aboriginal Liaison Officer were unsuccessful.

After her daughter's discharge, Joanne wrote to the hospital about her complaint. Joanne told HCSCC that she was dissatisfied with the hospital's response.

HCSCC made preliminary inquires. The hospital said that Joanne's complaint had been taken seriously and steps had been taken to make sure all staff in the emergency department would attend cultural awareness training by the end of the year. The hospital also said that the admission officer had been spoken to about inappropriate questioning and would attend the training. The hospital offered to have senior staff meet with Joanne to discuss any other concerns that may impact on her trust and confidence to use the service again.

HCSCC sent the hospital's response to Joanne. Joanne told HCSCC that she did not want a meeting with senior staff and that she was satisfied that Aboriginal and Torres Strait Islander Cultural Awareness training for hospital staff had started.

Jessie - aged care facility and a safe, quality service

HCSCC received a complaint from Jessie, an older traditional Aboriginal woman living in an Aboriginal controlled aged care facility. Jessie complained that the staff failed to provide her and other residents with adequate care. She claimed that the services she received were poor and this resulted in her health and personal hygiene, including dental care needs, not being managed properly.

Jessie said she has limited mobility and incontinence because of her medical condition.
She claimed that staff would often leave her over night in a wet bed with the bed rails up.

Jessie also said that in addition to poor medical and personal care, the facility did not provide a safe and comfortable environment, particularly for female residents. Jessie said that she was subjected to bullying by another resident (female) and had witnessed a sexual assault by a male resident on a female resident with dementia, who, in Jessie's words, could not speak up for herself. Jessie said no action was taken by the manager to address her allegations of bullying and sexual assault.

HCSCC started preliminary inquiries by writing to the facility detailing Jessie's allegations.
Due to the seriousness of the allegations, HCSCC also requested an early meeting with the senior management to establish communication, to discuss HCSCC's role in the complaint and to seek information about immediate protection against bullying and sexual assault in place for vulnerable residents.

The facility told HCSCC that the manager named in Jessie's complaint was no longer employed, that many of the issues related to him and that the service was undertaking a full review of their operations. It was agreed that the facility would provide a written response together with a copy of the operational review for HCSCC's assessment.

The facility's written response did not address adequately the issues raised in the complaint. HCSCC requested a second meeting with senior management to discuss the outstanding matters. The complaint was subsequently resolved with the facility agreeing to develop and implement clear policies and procedures that addressed all the issues Jessie had raised.

Jessie told HCSCC that 'she now gets good care since HCSCC has been involved with issues'.

Heather - information, participation and cultural respect

HCSCC received a complaint about services provided to Heather, a traditional Aboriginal woman. Heather had been transferred from a remote medical service to a large metropolitan hospital for specialist assessment and treatment. Heather had complex medical conditions and little English. Heather needed an interpreter but this was delayed. This meant Heather's ability to be informed and to actively participate in her health care was not good enough. A family friend complained to HCSCC for Heather.

Before talking to HCSCC, Heather's friend had complained to the hospital but was not happy with their response and how long they took to provide it.

HCSCC asked a senior doctor to review the complaint and Heather's care to give HCSCC a full report, including about what would be done to stop this happening again to Heather and to other traditional Aboriginal people who needed the hospital's care.

The senior doctor's report:

- was clear and detailed
- put Heather's needs first
- apologised for the gaps in cultural safety
- explained what would be done to stop the gaps happening again.

While Heather's medical care was right, the hospital had not paid enough attention to cultural issues. As a result Heather, her husband and their families did not understand what had happened to Heather and what her future needs would be.

By speaking up, Heather's complaint led to improvements for her future care and for the care of other traditional people by the hospital.

Helena and Dave - direct resolution with a community service

Helena rang HCSCC to complain about a non government community service provider. Helena's partner, Dave, an aboriginal man, is a member of the stolen generations. Helena and Dave's only income is Centrelink benefits. The community service had been providing home help to support Dave due to his many physical and mental health problems. Dave had been receiving gardening help, cleaning help and taxi vouchers to get him to appointments.

Helena complained that the case manager had been patronising towards them, offering unwanted advice about budgeting and not listening to what they said. There had also been a misunderstanding with the cleaner and the cleaner had left. The service had not arranged another cleaner.

Helena herself had health difficulties. The loss of the cleaner meant this work fell to Helena, who was already struggling to cope with looking after Dave and their two children. Helena had written a letter to the service on Dave's behalf but was unhappy with the answer. She felt that their complaint had been dismissed in favour of the case manager's version of events and that they had not been listened to. Helena said that she would be willing to attend a meeting with the service to talk about the issues.

HCSCC contacted the service and explained HCSCC's role. The manager was new to the job and was not aware of Helena's complaint. He said that the case manager was a valued and trusted employee but he would sit down with Helena and Dave, listen to what they had to say and try to work towards a solution.

Helena and Dave were advised they could return to HCSCC if this didn't fix the problem.

Stephanie - hospital care and the needs of a person with a disability

Stephanie is blind and needs to attend a dialysis clinic regularly. She is often admitted to hospital for treatment. After having a number of problems in hospital, Stephanie made a complaint to the hospital's complaints officer. The complaints officer was able to fix the problems but each time she was admitted to hospital the same problems would happen again. Stephanie made a complaint to HCSCC because she didn't want the same problems to keep happening every time she went to hospital.

Stephanie complained that most of the hospital staff looking after her assumed that she could see and that this was causing many practical problems. Sometimes she missed meals or medication because they were left on her tray and taken away again before she was aware they were there. She also complained that at times she missed bits of information about her treatment. For example, staff would point to something they were talking about rather than saying the word, or would refer to something in her notes that she couldn't read.

Stephanie said that staff were very good at providing her medical care and treatment but she found it very hard when there were lots of small day to day problems because staff didn't notice that she was blind.

Stephanie had notices placed around her bed and in her medical notes asking people to be aware that she could not see and to adapt their services to meet her needs. More often than not, these notices were ignored.

HCSCC contacted the hospital and explained the problems that Stephanie had experienced. HCSCC said that Stephanie was keen for a written care plan to be developed so that when needed, she and everyone else, could use it. HCSCC asked the hospital staff to work with Stephanie to write a care plan to let staff know how best to meet her needs.

The hospital acted quickly as they could see that a care plan would help Stephanie and the staff looking after her. With Stephanie's help they developed a written care plan and started using it the next time Stephanie was admitted to hospital.

Stephanie was very happy with the results and told HCSCC that the care plan was working well. When she felt that people were not aware of her needs, she was able to talk to them about her care plan. Stephanie said that she was pleased that the care plan covered staff other than her medical team. It had helped to sort out problems with catering and cleaning staff as well.

When the hospital realised what a big difference this kind of care plan had made for Stephanie, they decided to trial similar care plans with other patients. Stephanie's complaint not only sorted out her concerns about going to hospital, it has helped other patients to have a better hospital experience.

Kerry and Carmen - medication in a group home

Carmen complained to HCSCC about services provided to her adult daughter, Kerry, in a group home run by a non-government organisation. Kerry had just moved into the group home, an anxious time for both her and Carmen. Carmen, although relieved to have assistance to support Kerry, was also nervous about the move.

A medication error occurred. Care workers overlooked giving Kerry her anti-seizure medication. Kerry had a seizure later that day. Carmen complained that the organisation had breached its duty of care to Kerry.

HCSCC wrote to and met with the provider to seek a response and also discussed the matter with the government funding body. The provider acknowledged that an error had occurred but was able to demonstrate to HCSCC that appropriate action had been taken.

In response the service provider:

- retrained their staff
- attempted to gradually reintroduce Kerry to the service
- offered mediation to attempt to restore Carmen's trust and confidence in the service
- reviewed their policies and procedures.

Carmen and Kerry decided not to return to the service and Kerry continues to live at home with her family. HCSCC found that the service provider had not met the expected standards in medication management, but was satisfied with the measures taken in response to the initial error.

Joe and Max - disability and child protection

Joe, foster carer of Max, a teenager with severe and multiple disabilities, complained to HCSCC about the actions of child protection services. Joe was concerned that child protection services had not been active in pursuing a possible legal claim that was relevant to Max's disabilities.

Joe had tried repeatedly to seek help to progress this issue. Despite this, little progress was made and Joe felt that child protection services were deliberately stalling to avoid having to deal with it.

HCSCC sought a response from the service provider and they acknowledged shortcomings in their response. The service provider committed to pursuing the issue and agreed to provide regular reports to HCSCC.

With HCSCC's involvement the service provider made progress and kept Joe and HCSCC informed. Eventually things progressed to the point where there appeared to be no further benefit in HCSCC remaining involved. Joe was satisfied that appropriate action had been taken and he was confident about how the issue would be managed in future.

HCSCC also requested information from the service provider about more general systems. The service provider advised HCSCC that improvements had been made. The changes would ensure that children involved in child protection services would be routinely assessed to see whether there are any legal issues about their background that need to be pursued.

Julie and Daniel - personal care in a hospital and the role of carers

Daniel has secondary multiple sclerosis and Julie is his guardian and carer. Julie contacted HCSCC to make a complaint about the quality of the services provided to Daniel during his stay in a public hospital. She also complained about her own experience as a carer during the admission.

Julie reported that the personal care was poor. For example, Daniel wasn't regularly moved to a seated position, but was left lying in bed for an extended period of time. Julie also said that the nursing staff were rude to her, ordering her to assist them with Daniel's care needs and were hostile when she questioned the lack of care. Nursing staff would regularly ask questions of her, instead of seeking Daniel's input.

HCSCC were advised that Julie had first complained during Daniel's hospital stay. Julie felt that the response she received was rude and dismissive. After this, Julie made a formal complaint and awaited a response. Some three months later, Julie received a response from the hospital. Dissatisfied, Julie requested a meeting with the general manager to discuss her complaint further. HCSCC assessed the provider's written response as a reasonable explanation to Julie's complaint, as well as an apology for her experience.

HCSCC noted that as Daniel was likely to have future hospital admissions, supported by Julie, it was important that Julie's trust in the hospital be re-established. In response to HCSCC's request, the hospital arranged for Julie to meet with the Director of Nursing. Julie accepted the offer to participate in the meeting.

The meeting included Julie, the Director of Nursing, the hospital's Patient Advisor and an HCSCC representative. During the meeting hospital staff:

- apologised to Julie for her experience
- explained hospital processes and action taken in response to her complaint
- offered to work with Julie to further improve services
- developed a plan for Daniel's future admissions which included a partnership approach between Daniel, Julie and the treating team.

Julie thanked hospital staff for acknowledging her experience and said she finally felt believed and that her complaint had been resolved.

Melissa - hospital care and mediation

Daniel rang HCSCC to complain about his friend Melissa's recent treatment in a hospital mental health unit. Daniel said that Melissa was concerned because during her hospital stay she had lost a personal item which was important to her. Melissa also had concerns about the:

- manner in which she was treated by some of the staff
- limited range of activities that were available to help aid recovery.

Daniel said that they had tried to resolve the issues with the hospital during Melissa's treatment but they were not satisfied with the response.

HCSCC arranged a meeting between Melissa and the hospital. Melissa was encouraged to bring a support person, so Daniel also attended the meeting. HCSCC attended the meeting as an independent observer.

At the meeting Melissa talked about her experience, asked questions and felt heard.
The hospital offered to compensate Melissa for the loss of her personal item. The hospital also agreed to speak with the staff about their manner towards Melissa and how this made her feel.

The hospital explained to Melissa that their service was primarily designed for short-term acute care and for funding reasons, there was a limited range of occupational therapy supplies provided. The hospital said it would consider some of Melissa's suggestions about low cost activities that could be offered.

Melissa was satisfied with the outcome. HCSCC found that the hospital's response to the complaint was reasonable and took no further action.

5.9 Conciliation

Conciliation is an opportunity for complainants and service providers to talk to each other about a complaint and how they might resolve it. With the assistance of an HCSCC conciliator, in a confidential environment, the parties are supported to communicate frankly about their concerns.

The conciliation process is often the first chance that the complainants and service providers have to understand the circumstances that led to a complaint. If they can develop a shared understanding of the complaint issues, they are on their way to reaching an agreed outcome.

In many cases the outcomes reached through conciliation provide an individual with a satisfactory resolution to their complaint and service improvements that improve the safety and quality of services for others too.

HCSCC invited a number of parties to participate in a formal conciliation under Part 5 of the Act. Conciliation is a voluntary process under the Act and only four complaints started the conciliation process. Of these four complaints, three were finalised and the fourth has a conciliation conference scheduled in August 2011.

Informal mediation of complaints under section 30 reduces the number of complaints that progress to conciliation. HCSCC will continue to promote conciliation as an effective way to try to resolve complaints.

Jason - conciliating a complaint about poor communication between service providers

Jason complained that his community mental health team had mismanaged his Community Treatment Order (CTO). Jason said that the team had not followed their own policies because they failed to tell his GP they were giving him medication under his CTO. This meant Jason received a double dose - a dose from his GP and another dose from the community mental health team. Jason believed that doubling up on his medication had caused him to put on weight and develop diabetes.

HCSCC wrote to the community mental health team and Jason's GP about his complaint. The mental health team agreed that they had not followed their own policies by not talking to Jason's GP. Jason's GP didn't know the community mental health team were also giving Jason medication.

HCSCC decided that the community mental health team had not met the generally accepted standard because they had not followed their policy. HCSCC invited Jason and the service to participate in conciliation.

The conciliation process gave Jason a chance to talk to the community mental health team about the impact of the overdose on him and his family. He was also seeking reassurance that the service had improved and the same thing would not happen to anyone else.

The service agreed that Jason's treatment had not been managed well. The service assured Jason that the dose of medication that he had received was within a safe range and apologised for not looking after him better.

The service explained to Jason the action they had taken to improve things and prevent the same thing happening again. Jason and the service agreed on a financial settlement and Jason's complaint was resolved.

5.10 Investigations

During 2010-11, HCSCC worked on 13 Part 6 Investigations.

Twelve arose from systemic issues identified in individual complaints initially dealt with as preliminary inquiries under section 30. Once HCSCC had finalised the individual complaint, a Part 6 Investigation was commenced to address the systemic issues. One investigation was undertaken as an own motion investigation as a result of HCSCC identifying systemic concerns in a hospital.

Investigations undertaken included the following issues:

- medical management of frail aged in emergency departments
- use of *Code Blacks* including chemical and physical restraint in general hospitals
- end of life care planning
- open disclosure after a patient safety incident
- best practice pressure ulcer prevention and management
- best practice services in country areas for people who present after an alleged sexual assault
- mental heath services taking into account the physical health needs of clients
- insulin management of people admitted to hospital
- access to rehabilitation services for aged people in country areas.

5.11 HCSCC and AHPRA

On 1 July 2010 a new national agency, the Australian Health Practitioner Regulation Agency (AHPRA) commenced operation to support the implementation of the National Registration and Accreditation Scheme under a new national law, the *Health Practitioner Regulation National Law 2010* (the national law).

Ten health professions are now regulated by national boards, supported by AHPRA.
The 10 nationally registered professions are chiropractic, dental, medical, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology.

Occupational Therapists continued to be regulated by the Occupational Therapy Board of South Australia. They will be included in the national scheme from 1 July 2012, with Aboriginal and Torres Strait Islander health, Chinese medicine and medical radiation practitioners.

The role of AHPRA and the national boards is to protect the health and safety of the public by maintaining professional standards of competence and conduct. Information about AHPRA and the 10 national boards is available at www.ahpra.gov.au.

In South Australia, AHPRA replaced nine separate state registration boards, markedly changing HCSCC's statutory obligations and arrangements for dealing with complaints involving the nine nationally registered health practitioner groups.

Part 8 of the national law requires AHPRA and HCSCC to notify each other as soon as practicable, and to consult each other about the management of any matter they receive concerning the health, performance or conduct of an individual nationally registered health practitioner, including a student health practitioner.

A Memorandum of Understanding (MOU) was developed between AHPRA and, except in NSW, all the state/territory Health Complaints Entities (HCE's).

The MOU represents the agreement between AHPRA and the HCE's to achieve timeliness and consistency about:

1) notifying each other about the receipt of complaints and notifications
2) consulting about the future management of a complaint or notification and
3) sharing information.

The MOU describes the legal obligations of HCSCC and AHPRA to one another and how HCSCC and AHPRA will meet them. The MOU is available at www.hcscc.sa.gov.au

HCSCC and AHPRA meet fortnightly to exchange information and consult about the management of notifications and complaints involving individual nationally registered health practitioners.

In this first year of the new scheme, HCSCC and AHPRA in South Australia collected information and published quarterly reports that were widely distributed, including on the HCSCC website. The following tables provide information about HCSCC - AHPRA consultations during 2010-11.

Table 1 - Number of HCSCC to AHPRA and AHPRA to HCSCC notifications and consultations

Board	Number of HCSCC consultations/notifications with AHPRA 1/7/10 - 30/6/11	Number of AHPRA notifications advised to HCSCC and received by AHPRA 1/7/10 - 30/6/11 (undergoing AHPRA preliminary assessment)
Chiropractic	2	8
Dental	51	58
Medical	162	183
Nursing & Midwifery	13	67
Optometry	2	5
Osteopathy	0	1
Pharmacy	4	16
Physiotherapy	7	3
Podiatry	0	5
Psychology	5	12
TOTAL	**246**	**358**

Table 2 - HCSCC proposed action before AHPRA consultation

Board	HCSCC consult with AHPRA	HCSCC commence s30 Preliminary Inquiries	HCSCC commence s29 Direct Resolution	HCSCC split complaint or take no further action
Chiropractic	0	0	2	0
Dental	14	13	21	3
Medical	76	34	41	11
Nursing & Midwifery	6	3	1	3
Optometry	2	0	0	0
Osteopathy	0	0	0	0
Pharmacy	2	1	0	1
Physiotherapy	5	1	0	1
Podiatry	0	0	0	0
Psychology	0	0	5	0
TOTAL	**105**	**52**	**70**	**19**

Table 3 - HCSCC and AHPRA agreed action after consultation

Board	HCSCC refer to AHPRA	HCSCC commence s30 Preliminary Inquiries	HCSCC commence s29 Direct Resolution	HCSCC split complaint or take no further action
Chiropractic	0	0	2	0
Dental	10	13	20	8
Medical	45	42	40	35
Nursing & Midwifery	0	3	1	9
Optometry	1	0	0	1
Osteopathy	0	0	0	0
Pharmacy	0	3	0	1
Physiotherapy	1	4	0	2
Podiatry	0	0	0	0
Psychology	0	0	4	1
TOTAL	**57**	**65**	**67**	**57**

There were no disagreements between HCSCC and AHPRA about action to be taken.

Table 4 - Number of referrals HCSCC to AHPRA and AHPRA to HCSCC

Board	Number of referrals by HCSCC to AHPRA 1/7/10 - 30/6/11	Number of referrals by AHPRA to HCSCC 1/7/10 - 30/6/11
Chiropractic	0	0
Dental	10	5
Medical	45	11
Nursing & Midwifery	0	3
Optometry	1	0
Osteopathy	0	0
Pharmacy	0	0
Physiotherapy	1	0
Podiatry	0	0
Psychology	0	1
TOTAL	**57**	**20**

Table 5 - Number of AHPRA complaints open before 1 July 2010 - consultations with HCSCC (legacy matters from the former SA registration boards)

Board	Number of AHPRA consultations/ notifications with HCSCC that were open before 1/7/10
Chiropractic	0
Dental	0
Medical	37
Nursing & Midwifery	11
Optometry	2
Osteopathy	0
Pharmacy	0
Physiotherapy	0
Podiatry	0
Psychology	1
TOTAL	**51**

Table 6 - Number of referrals AHPRA to HCSCC not within the scope of the national law or not about an individual nationally registered health practitioner

Board	Number of referrals AHPRA to HCSCC for assessment 1 September 2010 - 30 June 2011
Chiropractic	0
Dental	3
Medical	8
Optometry	2
Psychology	1
TOTAL	**14**

Outcomes following referral of a complaint or notification are discussed as matters are finalised.

5.12 HCSCC - AHPRA case studies

Complaint to HCSCC - consult AHPRA - refer to AHPRA for investigation - dentist and doctor

Lara wrote to HCSCC to complain about a dentist and her general practitioner (GP) who she said had failed to provide her with adequate dental and medical treatment. Lara had a roughly filed filling which had rubbed her tongue causing an abscess. Her GP advised her to use a salt water mouth wash. Lara was later diagnosed with cancer of the tongue. A check of HCSCC's data base did not find any other complaints about the dentist or doctor involved. HCSCC consulted AHPRA. HCSCC and AHPRA agreed to refer the complaint to AHPRA for investigation. HCSCC awaits the outcome of AHPRA's investigation.

Complaint to HCSCC - consult AHPRA - refer to AHPRA for investigation - doctor

Sarah was a shift worker with depression who had difficulty sleeping. Her regular GP had prescribed sleeping tablets. Sarah felt unwell with a sore throat, earache and mouth ulcers. She tried to see her regular GP but was unable to, so she saw another GP in the same practice. Sarah had heard bad reports about this GP's manner but decided to see the GP because she was feeling so unwell. After her consultation, Sarah wrote to HCSCC to complain that the GP had been rude and dismissive towards her. A check of HCSCC's data base did not find any other complaints about the doctor. HCSCC consulted AHPRA. AHPRA advised that this GP had a history of complaints. HCSCC and AHPRA agreed to refer the complaint to AHPRA for investigation. AHPRA subsequently advised HCSCC that the doctor had been cautioned about his conduct and had been required to attend communication improvement training.

Complaint to HCSCC - consult AHPRA - HCSCC preliminary inquiries - pharmacist

Peter complained to HCSCC that a pharmacist had dispensed the wrong medication for his pregnant wife. He was concerned that had he not checked the medication himself on the internet, his wife may have taken the medication and had an adverse reaction. A check of HCSCC's data base did not find any other complaints about the pharmacist. HCSCC consulted AHPRA. HCSCC and AHPRA agreed that HCSCC would make preliminary inquiries to ask the pharmacist what had happened. HCSCC also sought an independent expert opinion. HCSCC was satisfied that the medication dispensed, although not the medication prescribed, would have been safe for Peter's pregnant wife had she taken it. The pharmacist identified human error as the cause of the incident, undertook a complete review of dispensing in the pharmacy and made improvements. HCSCC was satisfied that no further action was required. HCSCC advised AHPRA of the outcome.

Complaint to HCSCC - HCSCC preliminary inquiries - consult AHPRA - AHPRA investigation - doctor

Paula complained to HCSCC about poor treatment from a GP during her check up after giving birth by Caesarean section. Paula was concerned that the GP did not adequately assess or examine her and her baby. She was also upset that the GP had charged her excessively for services which she said she had not received. HCSCC commenced preliminary inquiries. Due to substantiated concerns about the GP's performance, HCSCC consulted AHPRA. HCSCC and AHPRA agreed that AHPRA would investigate the doctor's performance. HCSCC awaits the outcome of AHPRA's investigation.

Complaint to HCSCC - consult AHPRA - HCSCC investigate systemic issue - AHPRA investigate individual practitioner - doctor

Nancy complained to HCSCC that although she had enduring power of guardianship of her husband, Keith, she was not kept informed about his treatment while he was in hospital. She had also been stopped from taking Keith home, when he had asked to go home. Nancy found the doctor's attitude and manner rude and dismissive. She also said that the doctor had made inappropriate attempts to have Nancy's guardianship revoked. HCSCC consulted AHPRA. HCSCC and AHPRA agreed that the complaint would be split. HCSCC would deal with the systemic issues raised about guardianship and AHPRA would investigate the doctor's attitude, manner and conduct. During inquiries into the guardianship procedures at the hospital, HCSCC identified that there were differing understandings among staff about caring for patients under guardianship. The hospital recommended that training sessions be provided to staff educate them about guardianship and mental capacity assessment. The training would also improve staff awareness of the circumstances for patients and their legal guardians while in hospital. HCSCC awaits the outcome of AHPRA's investigation.

5.13 Improvement monitoring register

One of HCSCC's statutory objectives is to improve the safety and quality of health and community services through complaint resolution.

HCSCC assists service users and service providers to identify ways of improving services arising from complaints. The improvements may be specific to an individual to ensure that they get a better service in the future. The improvements may also be needed because many people are affected by a shortcoming and would benefit from improvements.

As a result of a complaint to HCSCC, a service provider will often identify what improvements need to be made for an individual or by changes to policies and practices.

Communicating the improvements to the person who made the complaint is an essential component of effective complaint resolution. Many people come to HCSCC saying they don't want others to go through what happened to them. Seeing the changes made to a service as a result of their complaint is essential for many people to move on with their lives.

If the service provider is not able to identify the improvements that are needed, HCSCC may seek independent advice about what the best practice is for the issue in question. HCSCC then makes recommendations to the service provider based on this advice. Most service providers engage positively with HCSCC to work towards service improvement.

As well as identifying the improvements needed, HCSCC asks service providers to report on the progress and completion of the planned improvement activities. Some service improvements occur over an extended period of time due to other priorities and lack of resources.

Some examples of systemic service improvements that HCSCC has monitored during the year included:

- prison health - improved process for prisoners awaiting clinic appointments to maintain their privacy and dignity
- unregistered service provider - agreement to practice within applicable professional standards and code
- public hospitals
    - review of insulin use and update throughout services
    - working group to improve the care of the elderly in acute care settings, including toolkit development
    - review and update of patient record confidentiality procedures
    - audit of patient record keeping in emergency departments
    - staff education about falls assessment and recording falls on the incident management system
    - action to improve communication and complaints management in a paediatrics department
    - policy development to ensure appropriate use of mobile phone cameras in clinical settings and consent to clinical photography
- locum GP practice - review of processes regarding documentation, legally appointed guardians and complaints handling to improve these areas of administration and practice
- private laboratory - improvement to procedure for obtaining consent for blood specimens
- private medical practice - updated complaints handling policy
- disability services - review and update of policies and procedures associated with major home modifications to facilitate in home care
- private pharmacist - improved procedure to prevent dispensing errors and complaints handling procedure
- public paediatric dental clinic - strategies to reduce waiting times
- country health services:
    - improved policy, procedures and training for the care of sexual assault victims
    - staff education about the needs of the elderly in the emergency department, history taking, improvements to documentation, consent, discharge processes, assessment and planning
- home care community service provider - improved staff training in medication management and complaints handling.

5.14 Ombudsman reviews

Section 86 (c) of the Act entitles a person who has made a complaint to HCSCC to request that the Ombudsman reviews the HCSCC decision and action on their complaint. HCSCC advises complainants of this right at various times during the HCSCC complaint process.

The Ombudsman does not advise HCSCC if a complainant has sought a review of an HCSCC decision or action. HCSCC only becomes aware that a review has been sought if the Ombudsman requests information from HCSCC. Information requested by the Ombudsman may include an informal overview of an HCSCC decision, a copy of an entire HCSCC complaint file or an interview with HCSCC staff.

This year the Ombudsman informed HCSCC that seven requests for review had been received. The Ombudsman advised HCSCC that four of the seven complaints had been closed with the Ombudsman finding that HCSCC's decision was not unlawful, unreasonable or wrong, under the *Ombudsman Act 1972*.

The Ombudsman found that for one of the complaints, the Commissioner had properly considered all aspects of the complaint. However in the Ombudsman's view, the Commissioner had made a technical administrative error by not communicating her findings to the complainant

more clearly. Of the two remaining requests, one did not proceed due to the death of the complainant and HCSCC awaits the Ombudsman's findings about the remaining review.

5.15 Service improvement

The Commissioner arranged a one day training workshop in February 2011 for several South Australian statutory authorities to learn *Lean Thinking* skills for service improvement. The HCSCC Complaint Resolution Service (CRS) team participated in the workshop.

Since February 2011, the CRS has used *Lean Thinking* tools to map and review the main HCSCC Enquiry Service processes and has developed an improvement action plan.

CRS achievements using *Lean Thinking* include:

- streamlined processes and communication between HCSCC and AHPRA to meet the respective statutory obligations when managing notifications and complaints about individual nationally registered health practitioners
- an assessment conference pilot project, informed by emerging practice in other statutory complaints agencies, to identify complaints that could benefit from early face to face meetings facilitated by HCSCC, as an alternative to formal exchanges of letters, during the early phase of HCSCC section 30 preliminary inquiries
- improved CRS template letters to meet statutory obligations and reduce administrative tasks
- revised CRS assessment criteria for the allocation and management of new complaints to ensure that priority is given to complaints involving:
    - people with special needs
    - a risk to a person's access, or continuing access to a service
    - an alleged serious infringement of the HCSCC Charter
    - a public interest issue.

CRS will continue to use *Lean Thinking* to review and improve HCSCC's complaint management processes.

5.16 Service evaluation

5.16.1 Complainant survey feedback

HCSCC seeks feedback from a sample of complainants using a service evaluation survey. In response to 60 survey forms sent to complainants, 22 responses (36%) were received.

Of the responses received:

- 82% found HCSCC staff courteous and reported that they were treated fairly
- 68% were satisfied with how HCSCC dealt with their complaint
- 72% would recommend HCSCC to their family and friends.

In response to the question 'In the end, did you get what you needed?'

- 45% responded yes
- 14% responded partly
- 36% responded no
- 5% did not respond.

There were 82% of respondents who were satisfied with the accessibility of HCSCC's service and the staff who provided the service.

Two thirds of respondents were satisfied with the time it took for HCSCC to address their complaint. HCSCC strives to meet key performance indicators set about acknowledging

all complaints received (within 3 working days) and initial assessment to determine next steps (within 15 working days).

A significant increase in complaints this year resulted in a longer waiting time until a complaint was allocated to a complaint resolution officer. Many of the respondents commented that they felt HCSCC could improve by having more staff to handle complaints.

5.16.2 Complainant comments

Respondents were also asked to comment about their expectations of HCSCC and how HCSCC could improve. Some of the responses were:

'I wanted to have my complaint and feelings made known to the doctor, which the HCSCC did. I wanted the doctor to respond, which he did.'

'I expected HCSCC to investigate the complaint, inform us along the way and to be fair. Our worker was very helpful and always returned our calls.'

'I expected to be listened to and treated fairly and for the most that could be done to be achieved.'

'I had hoped my problems would be completely solved but that was not possible. However, it led to a solution I worked out myself.'

5.16.3 Service provider feedback

No service provider evaluations were undertaken during 2010-11, however, many service providers commented favourably about HCSCC's role and work. Examples included:

'Working with HCSCC has been a good experience with a focus on systemic improvement, it's been a great help' - Medical Manager public health service.

'HCSCC neutrality is very important and HCSCC's processes support this.' - Senior specialist medical clinician.

'As a result of dealing with HCSCC, on a number of complaints, we have implemented improvements to policies, procedures, systems and our complaints handling, it's been a constructive and cooperative relationship.' - Chief Executive Officer, major service provider

I informed HCSCC about the poor management of an alleged sexual assault of a client and HCSCC's work on the individual and the systemic issues made a big difference. The work HCSCC does is invaluable to safeguard vulnerable people.' - Disability support worker.

'Another great *Buzz* which shows the importance of the work you do. The stories are great and capture why HCSCC is so important and well and truly "value for money!" Yours is such an important role in getting system change.' - Senior manager, community health service.

5.17 HCSCC assistance to service providers

HCSCC is contacted informally by a range of service providers seeking assistance with issues they are facing in providing services or complaints resolution.

In 2010-11 the majority of requests for HCSCC assistance from service providers concerned:

5.17.1 Managing unreasonable behaviour by a service user

Service providers sought assistance to manage situations where:

- the service provider believed a service user was being unreasonable in their behaviour towards staff or their expectations of services that should be provided to them
- the service provider was having difficulty with a service user who was not satisfied about the outcome of the service provider's complaints process.

In providing assistance to service providers HCSCC addresses:

- procedural fairness
- safety for clients and staff
- reasonable complaints processes
- reasonable limit setting on complainants
- information about training HCSCC can provide about managing unreasonable complainant behaviour
- review options if it is not possible to resolve a complaint, including referral to HCSCC.

5.17.2 Jurisdictional questions

Service providers sought clarification about whether HCSCC had jurisdiction over particular matters and sought information about HCSCC processes and possible remedies.

If HCSCC does not have jurisdiction, HCSCC refers the provider to the most appropriate organisation, such as the Ombudsman or the Aged Care Complaints Investigation Scheme.

5.17.3 Complaints policy and practice

Service providers sought information and resources about best practice complaints management.

To help build the capacity of service providers to handle complaints more effectively, HCSCC obtained permission from the Victorian Disability Services Commissioner to establish direct website links to their good practice resources: a series of *Complaints Culture Surveys*, a *Good Practice Guide* and a *Self Audit Tool*.

These tools will assist service providers, particularly disability service providers to:

- identify the extent to which people feel comfortable to provide feedback
- self assess the extent to which their current processes, systems and culture promotes a positive environment for good quality complaints management and to
- identify opportunities for service improvement.

5.17.4 Reports about other service providers

Service providers approached HCSCC with concerns about the practice of other service providers, for example in situations where multiple organisations are providing services to the same service user. HCSCC encourages providers to report concerns, especially where their concerns involve people at risk of harm or otherwise having their rights abused.

5.17.5 Managing and reporting alleged assaults - physical and sexual

HCSCC was contacted by providers about allegations, or suspicions of abuse, involving service users within services and in domestic settings.

HCSCC ensured that proper internal and external reporting processes had been commenced, that support was provided to the clients and their carers, that actions had been taken to prevent recurrence and that an appropriate investigation was underway with plans to report the progress and outcome to HCSCC.

For matters outside HCSCC's jurisdiction, HCSCC encouraged providers to notify the relevant authorities, including South Australia Police and the Office of the Public Advocate.

5.17.6 Service user eligibility to complain to HCSCC

This included situations where a service user may not have been satisfied with the outcome of a complaint they had made direct to the service, or where interested parties, such as lawyers or advocates, were seeking information on behalf of a client.

6. EXTERNAL RELATIONSHIPS AND COMMUNICATION

6.1 Health Consumers Alliance SA

HCSCC met four times with the Health Consumers Alliance SA (HCA) Executive Director, Stephanie Miller.

HCSCC also contributed presentations to three HCA public events:

- Whose health is it anyway? Forum, September 2010
- Complaints about registered health practitioners - HCSCC and AHPRA, October 2010
- HCA annual conference, April 2011.

HCSCC contributions to the HCA quarterly newsletter this year focussed on:

- the development of the HCSCC Charter and HCSCC Charter Champions network
- HCSCC outreach projects - Aboriginal and Torres Strait Islander and Mental Health.

6.2 Carers SA

HCSCC met four times with the Carers SA Chief Executive Officer, Rosemary Warmington. HCSCC was promoted throughout Carers SA networks, including at stalls, events and through Carers SA general and mental health newsletters.

Carers SA commented 'HCSCC has made a real difference in resolving serious complaints faced by carers, who before its establishment had no real avenue for redress that offered them formal safeguards. Since HCSCC's establishment there has been rising confidence among family carers to use HCSCC to have their complaints addressed. This confidence has come about because they can have their complaints addressed without fear of retribution.'

6.3 SA Health

6.3.1 SA Health - Chief Executive Liaison Committee

HCSCC met twice with the former SA Health Chief Executive, Dr Tony Sherbon and once with the current Chief Executive, David Swan.

Issues raised by HCSCC included:

- action arising from the section 88 review recommendations, including Act amendments, the consumer advocacy scheme and the community visitors scheme
- complaints management and reporting by non government organisations contracted by SA Health to provide services, particularly complaints about abuse
- the extension of the SA Health directive about sexual assault to contracted non government organisations
- assessment, treatment and care of older people in hospital, including advanced care planning and directives
- HCSCC Aboriginal outreach project, Aboriginal cultural respect in SA Health services and Aboriginal patient experience reporting
- health literacy
- the SA Health commissioned operational review of HCSCC
- SA Health consumer complaints reporting.

6.3.2 SA Health - Safety and Quality Unit

HCSCC met three times with the Executive Director Public Health and Clinical Coordination, Dr Stephen Christley and the Director, Safety and Quality, Michele McKinnon.

The systemic issues discussed included:

- review of SA Health consent policy and practice
- SA Health implementation of the open disclosure standard
- SA Health pressure area prevention and management guidelines
- SA Health services complaints management and reporting
- guidelines to manage concerns and complaints about clinicians
- HCSCC Charter
- SA Health patient identification guidelines
- SA Health consumer advisor network
- SA Health patient experience surveys - findings, reporting and action plans
- health literacy
- assessment, treatment and care of people with mental and physical co-morbidities.

6.3.3 SA Health - Mental Health Unit

HCSCC met once with the Chief Psychiatrist, Dr Margaret Honeyman and the Director, Mental Health Operations, Derek Wright to monitor the progress of the Stepping Up mental health reforms and to deal with serious, recurrent or emerging issues arising from HCSCC complaints about mental health services.

Systemic issues discussed included:

- *Mental Health Act 2009* implementation, including the community visitor scheme, clinician code of practice, statement of rights, information sharing guidelines and access to advocates
- restraint and seclusion - practice and reporting
- mental health safety and quality plan
- physical health assessment and treatment for people with mental illness
- suicide prevention plan development
- safeguarding people with mental illness from abuse
- HCSCC Charter.

6.3.4 SA Health - Country Health SA

In November 2010 HCSCC held an introductory meeting with the new Country Health SA (CHSA) Chief Executive Officer, Belinda Moyes. The systemic issues discussed included:

- CHSA governance, including reporting action taken in response to complaints and improvements arising from complaints
- HCSCC Aboriginal outreach project and CHSA recording and reporting of Aboriginal complaints
- CHSA Aboriginal engagement plan
- HCSCC Charter.

6.4 Department for Families and Communities

6.4.1 Department for Families and Communities - Chief Executive

HCSCC met once with the Department for Families and Communities (DFC) Chief Executive, Joslene Mazel.

Systemic issues discussed included:

- progress with the implementation of DFC complaints management: policy, practice, reporting and action to minimise recurrence, in particular serious complaints involving clients in disability services

- complaints management and reporting by non government organisations contracted by DFC to provide services, particularly complaints about abuse
- progress with the Commonwealth State and Territory Disability Services Funding Agreement and state funding to increase disability services
- HCSCC Aboriginal outreach project
- DFC Special Investigations Unit revised procedures for the management of care concerns
- safeguarding vulnerable clients from sexual and physical abuse, particularly people with a disability.

6.4.2 Department for Families and Communities - Families SA

HCSCC did not meet with the Executive Director, Families SA this year. HCSCC completed a survey in response to the Families SA Directions in Alternative Care paper.

6.4.3 Department for Families and Communities - Disability SA/Community and Home Care Support SA

HCSCC met once with the Executive Director, Disability SA, Lynn Young. HCSCC subsequently met once with the Executive Director, Disability, Ageing and Carers, Dr David Caudrey and Executive Director, Disability and Domiciliary Care Services, Lynn Young, after the departmental restructure in January 2011.

Issues discussed included:

- progress with improving safeguarding of vulnerable adult clients in services operated or funded by the department - sexual and physical safety - policy, monitoring, training, reporting, incident and complaints review, action to improve after incidents and complaints
- strengthening complaints handling within departmental services
- improving complaints reporting, including reporting serious complaints involving vulnerable adults to HCSCC as agreed
- good practice complaints handing guidelines and resources produced by the Victorian Disability Services Commissioner.

6.5 Minister for Health and Minister for Mental Health and Substance Abuse

HCSCC met twice with Minister John Hill. The issues discussed included:

- a continuing trend in increased numbers and complexity of complaints made by people with a disability about health, disability and other community services
- the impact of lack of advocacy services and a community visitors scheme on the capacity of vulnerable people to raise and resolve complaints directly with service providers
- delayed discharge of people with a disability from hospital due to lack of funding for disability services
- HCSCC Aboriginal outreach project
- HCSCC - AHPRA statutory arrangements
- HCSCC - COTA SA - HCA pilot project to promote advanced care planning and directives in the community
- progress with Act amendments, including to regulate unregistered health practitioners
- progress with the HCSCC Charter and the Health and Community Services Advisory Council
- the operational review of HCSCC
- the state budget announcement to reduce HCSCC funding by 15-29% from 1 July 2011.

6.6 Minister for Families and Communities and Minister for Disability

HCSCC met twice with Minister Jennifer Rankine. Issues discussed included:

- DFC complaints management policy, practice, reporting and action to minimise recurrence, in particular serious complaints involving adults with disabilities
- complaints management and reporting by non government organisations contracted by DFC to provide services, particularly complaints about abuse
- funding to increase disability services
- HCSCC Aboriginal outreach project
- DFC Special Investigations Unit procedures for the management of care concerns
- Victorian Ombudsman 2009 investigation report - DFC response to similar systemic issues arising in Families SA complaints escalated to HCSCC
- response to the Guardian for Children and Young People's report about improving the appropriate and safe use of physical restraint
- safeguarding vulnerable clients from sexual and physical abuse, particularly people with a disability, including progress with the Ministerial Disability Advisory Council work on this issue
- state budget announcement - DFC withdrawal of 15-29% of HCSCC's funding from 1 July 2011.

6.7 Parliament of South Australia members

This year HCSCC met with several Parliament of South Australia members (MPs), in particular about the HCSCC - AHPRA statutory relationship and/or to secure their support for the HCSCC Charter, and other issues as outlined below:

- Dignity for Disability: Hon Kelly Vincent MLC - HCSCC disability complaints and outreach, safeguarding people with disabilities from abuse, the National Disability Strategy and HCSCC's submission in response to draft National Disability Insurance Scheme report
- Liberal Party: Hon Vicki Chapman MLA, Hon Duncan McFetridge MLA and Hon David Ridgway MLC
- Greens SA: Hon Tammy Franks MLC
- Family First Party: Hon Robert Brokenshire MLC.

HCSCC also distributed information about the HCSCC Charter and every HCSCC *Buzz* e-newsletter to all MPs. MPs infrequently referred complaints directly to HCSCC.

Once the 2010-11 Act amendments come into effect, HCSCC will brief MPs and their staff, highlighting in particular HCSCC's statutory role in relation to the HCSCC Charter.

6.8 The Public Advocate

HCSCC met three times with the Public Advocate, Dr John Brayley. The issues discussed included:

- safeguarding vulnerable adults from sexual and physical abuse
- *Mental Health Act 2009* Community Visitor scheme
- disability reforms
- HCSCC Charter
- an HCSCC - Office of the Public Advocate protocol for information sharing and referral of matters between the respective jurisdictions.

6.9 Australian Commission for Safety and Quality in Healthcare

HCSCC engagement with the Australian Commission for Safety and Quality in Healthcare (ACSQHC) included the following issues:

- ACSQHC Draft National Safety and Quality Health Service Standards
- ACSQHC Patient Safety in Primary Health Care Discussion paper
- including patient experience in the national health performance indicators
- Australian Charter of Healthcare Rights
- HCSCC Charter.

6.10 Australasian Health Complaints Commissioners'

HCSCC participated in two meetings of the Australasian Health Complaints Commissioners' (AHCCs) in October 2010 and May 2011.

Issues discussed by the AHCCs included:

- national regulation of unregistered health practitioners
- complaints management with AHPRA, including data and research about health practitioners with multiple complaints
- privacy and access to personal health information
- Australian Bureau of Statistics Patient Experience Survey
- health passport pilot for people with disabilities in New Zealand
- health system access for people with disabilities
- National Disability Insurance Scheme
- Memorandum of Understanding between Australian Competition and Consumer Commission and AHCCs
- AHPRA Office of the National Practitioner Ombudsman and Privacy Commission.

6.11 Private Health Service Providers

Arising from HCSCC's submission to the Royal College of General Practitioners (RACGP) about the draft 4th edition Standards for General Practices (the Standards), RACGP agreed to collaborate with AHCCs to develop a fact sheet.

The aim of the fact sheet was to support the requirements in the 4th edition of the Standards for practice information for patients and patient feedback. The fact sheet: Managing Patient Feedback, including complaints and contact details for AHCCs, was published on the RACGP website www.racgp.org.au in February 2011.

This year HCSCC met with the following largely private sector service providers: the Australian Medical Association SA Branch; St Andrews Hospital Chief Executive Officer; the Australian Private Hospitals Association SA Branch Executive; the ACHA group hospitals; the Calvary group hospitals; General Practice SA, Adelaide Northern Division of General Practice and the RACGP SA Branch.

6.12 Others

6.12.1 Victorian Disability Services Commissioner

HCSCC continued to network with the Victorian Disability Services Commissioner (VDSC). HCSCC also participated in a VDSC research project about statutory conciliation, in particular approaches to enable the participation of people with a disability in conciliation to resolve their complaints.

6.12.2 Disability Complaints Commissioners

In May 2011 HCSCC participated in the first national meeting with counterpart statutory disability complaints commissioners (DCCs) from all jurisdictions except Queensland, which does not have an independent statutory disability complaints office.

Issues discussed by the DCCs included:

- National Disability Insurance Scheme, including the complaints framework
- questions for potential inclusion in 2012 ABS survey of disabilities, ageing and carers
- disability service provider reports about complaints and action to minimise their recurrence, based on VDSC approach
- disability complaints management training for service providers and DCC staff

The DCCs agreed to meet twice each year.

6.12.3 Ministerial Disability Advisory Council

HCSCC provided further information to the Ministerial Disability Advisory Council (MDAC) to assist their work to improve safeguards for people with a disability from physical and sexual abuse.

6.12.4 South Australian Council of Social Service

HCSCC met with South Australian Council of Social Service (SACOSS) Executive Director, Ross Womersley and SACOSS Senior Policy, Advocacy and Community Engagement Officer, Catherine Earl.

Issues discussed included:

- HCSCC Charter
- non government organisation contracted services - DFC and SA Health master contract and service agreements safeguarding vulnerable clients and serious complaints
- joint HCSCC - SACOSS NGO sector capacity building workshops contingent on the operational review outcome
- HCSCC Aboriginal outreach project.

6.13 South Australian Statutory Agencies Network

This year HCSCC joined a network with diverse South Australian statutory authorities with rights protection responsibilities, including complaints management. Most of these agencies are under the auspice of the Attorney General's Department. The network aims to share good practice and to collaborate in promoting their respective services to the public, for example: a Law Week public information stall in May 2011.

6.14 Media

HCSCC issued media releases and/or responded to media contacts about the following issues:

- HCSCC's 5th annual report
- unregistered health practitioners
- unregistered counsellors
- medical complaints and medico-legal claims
- an anti vaccination network and website
- suicide statistics public reporting
- GP appointments
- child protection complaints
- the operational review of HCSCC
- HCSCC Aboriginal outreach project
- HCSCC Charter
- HCSCC Braille business card
- disability complaints
- safeguarding people with disabilities from abuse.

HCSCC also featured in articles and promotional information in a range of national and South Australian publications for example: DLA Phillips Fox Health Alert weekly e-newsletter, Synergy national journal about multicultural mental health, COTA SA Clubs Bulletin and the SA Country Women's Association journal, Country Woman.

6.15 Demand for HCSCC resources and training

HCSCCC distributed 23095 consumer brochures and 3947 provider brochures in response to requests from a wide variety of individuals and organisations.

HCSCC also provided the following training workshops:

1. Dealing effectively with people who behave as unusually persistent complainants to
   - Country Health SA - Yorke and Lower North Health Services and
   - DFC Disability and Domiciliary Care services - eastern metropolitan teams; western metropolitan and regional teams.

Evaluation summary: a highly valued course that directly related to managing complaints.

Participant comments:
'I learned practical ways to quickly identify people who behave in this way, validates gut response'.
'I hadn't really thought much about these complaints in a systematic way before'.
'Useful to hear examples of work, it fills in gaps in my knowledge'.
'Reaffirmed current knowledge and gave me new insights'.

2. HCSCC Safer Conversations (licensed as Crucial Conversations™) provided to the HCA health consumer peer workers.

Evaluation summary: very valuable and relevant to assist peer workers to have difficult conversations and advocate for vulnerable service users.

Participant comments:
'I have more knowledge but need more practice and I am gaining more confidence'.
'I can't wait to put it into action'.
'A useful course for building confidence and providing guidance and strategies'.
'A very practical course, easy to follow, logical steps'.

HCSCC promoted the Enquiry Service at diverse forums and events including: Aged Rights Advocacy Service Elder Abuse Day Conference, Riverland Disability and Ageing Expo, Carers Week, Mental Health Week, NAIDOC Week, National Ethnic Disability Alliance, Law Week and SA Close the Gap Expo.

There was a 10% increase in HCSCC website visits compared to 2009-10.

The most popular documents downloaded from the website were:
- ACSQHC Better Practice Guidelines Complaints Handbook
- HCSCC Charter of Rights Discussion Paper
- HCSCC Annual Report 2009-10
- Ever Felt Like Complaining? project report
- *Buzz* Newsletters - HCSCC Charter consultation October 2010, Annual report summary November 2010, Disability February 2011, Aboriginal March 2011 and Mental health June 2011
- MOU between AHPRA and Health Complaints Entities October 2010
- Speak up - Aboriginal and Torres Strait Islander complaints pamphlet

- HCSCC Charter Champion Flyer and Expression of Interest form
- HCSCC Charter of Rights information sheet.

6.16 HCSCC external presentations

This year HCSCC provided the following external presentations:

- SACOSS Policy Council
- Domiciliary Care SA
- Disability SA - Complaints Management and Conflict
- SA Health Older People's Clinical Network - Care of Older People in Acute Settings Working Group
- Disability SA - Nurse Education
- Aboriginal Health Council of SA - Aboriginal Health Workers Forum
- Country Health SA - Middle Managers' Forum
- SA Young Aboriginal Women's Committee
- SA Health Close the Gap Managers
- Carers SA - Aboriginal Partnership Group
- University of South Australia - 3rd year Social Work students
- South Australian Self Management Alliance
- Low Income Support Group
- University of Adelaide - 6th year medical students
- HCA - annual conference
- Children's Centres Team meeting
- Children's Centres Leader's Day
- Hepatitis C Council of SA
- NGO Peaks Forum
- Flinders University of South Australia - School of Nursing and Midwifery - Infection Control course
- City of Tea Tree Gully - Aboriginal Home and Community Care Program
- Families SA - Salisbury District Centre
- Equal Opportunity Commission SA
- Adelaide Health Service - Executive
- Adelaide Health Service - Southern Area Executive
- Adelaide Health Service - Northern Area Executive
- FAHSCIA
- Mental Health Coalition of SA
- Country Health SA - Maitland Hospital
- SA Aboriginal Health Partnership Group
- GP Plus - Morphett Vale
- Council on the Ageing SA - Peer Educator Network Group
- SA Government Senior Officers Group on Aboriginal Affairs
- SA Health Close the Gap network Expo.

These external presentations were in addition to numerous external presentations about:

- the HCSCC Charter
- HCSCC's Speak Up Aboriginal outreach project
- HCSCC's mental health outreach project.

6.17 HCSCC submissions

This year HCSCC provided submissions and comment in response to the following:

- Consultation draft report on Cosmetic Surgery
- DFC - Disability Services - draft Making an Application to ASSIST
- DFC - Office for Carers - Review of the Informal Relative Caregiver's Statutory Declaration

- DFC - Families SA - Directions for alternative care
- Productivity Commission National Disability Insurance Scheme Draft Report
- ACSQHC National Safety and Quality Health Service Standards
- ACSQHC Patient Safety in Primary Care Discussion Paper
- Human Rights in Closed Environments ARC funded project, Monash University
- Accreditation and registration standards for naturopathy and herbal medicine
- SA Health Directive - Reporting of alleged sexual assault in SA Health
- Victorian Disability Services Commission, Deputy Commissioner doctoral research on statutory conciliation
- RACGP AMA Draft Best Practice guidelines integrating complementary medicine into medical practice
- Study to develop APGAR score for complaints prone doctors, University of Melbourne
- Federal Minister for Mental Health - share your thoughts about mental health reform consultation
- SA Social Inclusion Board - Disability Inquiry - Legislation and Rights Enforcement Panel.

7. FUNDING AND EXPENDITURE

HCSCC is funded from the state budget. HCSCC financial transactions are included in the financial statements of SA Health. HCSCC transactions are audited by the Auditor-General, along with those of SA Health.

A summary of 2010-11 funding and expenditure is provided below.

Recurrent base as at 1/7/10	$1 310 321
HCSCC Charter of Health & Community Services Rights Project Officer	$22 700
Long Service Leave Budget	$23 500
Health & Community Services Advisory Council	$ 30 500
Revised annual budget as at 30/6/11	**$1 387 021**

Summary of revenue and expenditure

Accommodation cost recovery	$(12 699)
Total revenue	**$(12 699)**

Salaries & wages	$1 190 193
Goods & services	$217 680
Total expenses	**$1 407 873**
Net operating result	**($1 395 174)**
Under/(over) budget	**$(8 153)**

Account payment performance 2010-11

1 December 2010 - 30 June 2011 (ORACLE)

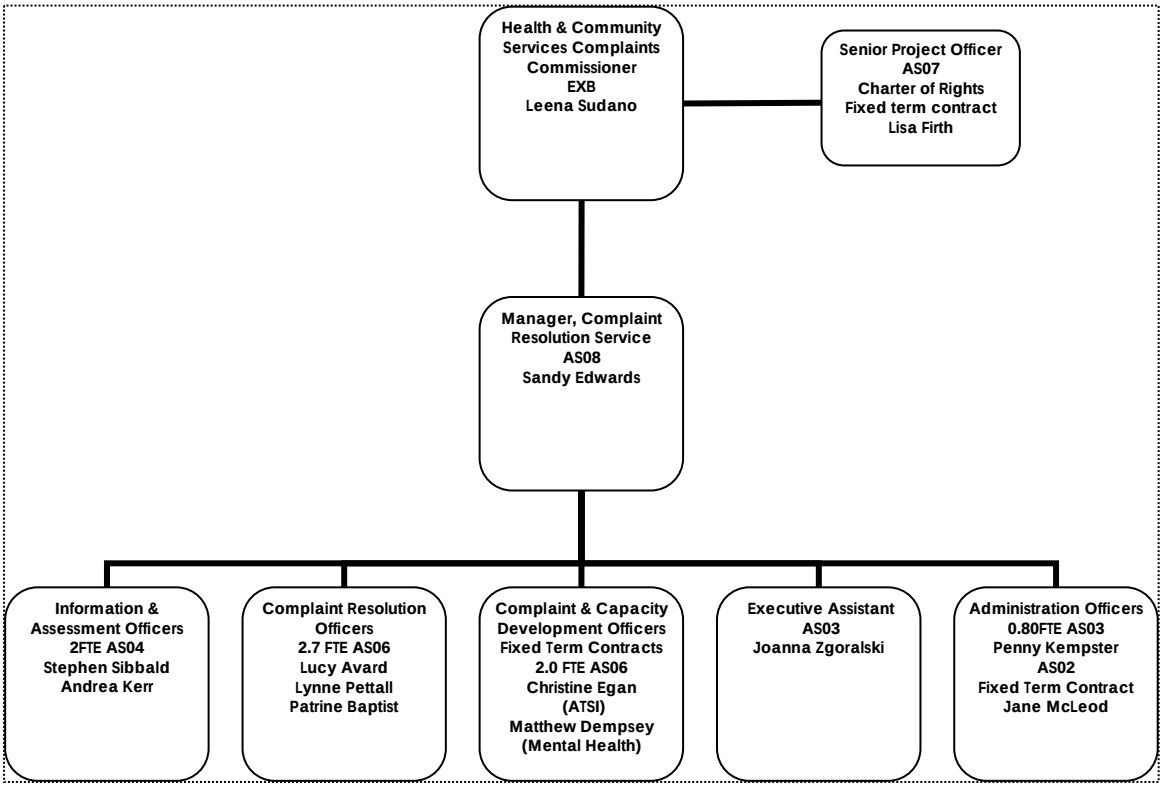
Paid by due date	No. of accounts paid	% of accounts paid by number	Value in $A of accounts paid	% of Accounts paid (by value)
Paid by due date	125	75%	$ 79 966.17	80%
Late but < 30 days	28	17%	$ 18 742.09	19%
> 30 days past due date	14	8%	$ 895.13	1%
Total	**167**	**100%**	**$ 99,603.39**	**100%**

1 July 2010 - 30 November 2010 (MASTERPIECE)

Paid by due date	No. of accounts paid	% of accounts paid by number	Value in $A of accounts paid	% of Accounts paid (by value)
Paid by due date	223	79%	$ 82 698.06	80%
Late but < 30 days	43	15%	$ 18 279.45	18%
> 30 days due date	18	6%	$ 2 469.98	2%
Total	**284**	**100%**	**$ 103,447.49**	**100%**

8. HUMAN RESOURCES

HCSCC organisational chart



Employment

During 2010-11, one person left HCSCC and one was recruited. The vacancy was advertised through the SA Government Notice of Vacancies.

Employee numbers, gender and status

Total number of employees		
Persons	13	
FTEs	12.09	
Gender	**% Persons**	**% FTEs**
Male	15%	17%
Female	85%	83%
Number of persons during the 2010-11 financial year		
Separated from the agency		1
Recruited to the agency		1
Number of Persons as at 30 June 2011		**13**
Leave without Pay		0

Number of employees by salary bracket

Salary Bracket	Male	Female	Total
$0 - $50 399		2	2
$50 400 - $64 099	1	3	4
$64 100 - $82 099	1	4	4
$82 100 - $103 599		2	2
$103 600+		1	1
Total	**2**	**11**	**13**

The Health and Community Services Complaints Commissioner is appointed on an untenured 7 year contract until 31 March 2012.

Status of employees in current position by FTE

FTE	Ongoing	Short-Term Contract	Long-Term Contract	Other (Casual)	Total
Male	1.00	0	1	0	2.00
Female	6.20	1.89	2	0	10.09
Total	**7.20**	**1.89**	**3**	**0**	**12.09**

Status of employees in current position by persons

Persons	Ongoing	Short-Term Contract	Long-Term Contract	Other (Casual)	Total
Male	1	0	1	0	2
Female	7	2	2	0	11
Total	**8**	**2**	**3**	**0**	**13**

Number of Executives by Status in Current Position, Gender and Classification

	Ongoing		Term Tenured		Term Untenured		Other (Casual)		M %	F%
Classification	M	F	M	F	M	F	M	F		
				1						7.69
Total				**1**						**7.69**

Leave management

Average days leave per full time equivalent employee

Leave type	2007-08	2008-09	2009-10	2010-11
Sick	7.25	8.06	9.73	*14.00
Family / Carers	1.91	2.19	1.25	1.40
Miscellaneous Special	0.96	1.14	0.50	**2.80

* Note: One employee on extended sick leave accounted for 42% of sick leave.
** Note: One employee on extended cultural leave accounted for 43% of Miscellaneous Special Leave.

Workforce Diversity

HCSCC has 10 female and two male staff. One staff member is Aboriginal: Ngarrindjeri-Ramindjeri; Gurindji.

Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees	Target #
$0 - $50,399		2		2%
$50,400 - $64,099		4		2%
$64,100 - $82,099	1	3	7.69	2%
$82,100 - $103,599		2		2%
$103,600 +		1		2%
Total	**1**	**12**	**7.69**	

Target from SA Strategic Plan.

Number of employees by age bracket and gender

Age Bracket	Male	Female	Total	% of Total	2010 Workforce Benchmark*
15-19					6.1
20-24					10.6
25-29					10.5
30-34		1	1	8	9.4
35-39		1	1	8	11.2
40-44	2	3	5	37	11.1
45-49		0	0	0	12.2
50-54		3	3	23	11.0
55-59		2	2	16	9.2
60-64		1	1	8	6.0
65+					2.9
Total	**2**	**11**	**13**	**100%**	**100**

**Source: Australian Bureau of Statistics Australian Demographic Statistics, 6291.0.55.001 Labour Force Status (ST LM8) by sex, age, state and marital status—employed—total from Feb78 Supertable, South Australia at May 2010*

Cultural and linguistic diversity

	Male	Female	Total	% Agency	SA
Number of employees born overseas	1	6	7	53%	20.3%
Number of employees who speak language(s) other than English at home	0	1	1	7%	16.6%

Benchmarks from ABS Publication Basic Community Profile (SA) Cat No. 2001.0, 2006 census.

Disability

Number of employees with ongoing disabilities requiring workplace adaptation			
Male	**Female**	**Total**	**% of Agency**
0	0	0	0%

Voluntary Flexible Working Arrangements

	Male	Female	Total
Purchased Leave			
Flexitime	2	10	12
Compressed Weeks			
Part-time		2	2
Job Share			
Working from Home			

Performance Development

HCSCC uses the SA Health Performance Development and Review Policy and resources to review performance and development for all permanent staff.

Documented review of individual performance management

Employees with….	%Total Workforce
A review within the last 12 months	75%
A review older than 12 months	10%
No review	15%

Leadership and Management Development

Training Expenditure

Training and Development	Total Cost	% of Total Salary Expenditure
Total training and development expenditure	$10 185	0.86%
Total leadership and management development expenditure	$4 073	0.34%

Accredited training packages by classification

Classification	Number of accredited training packages
Nil	Nil

Occupational health, safety and injury management

HCSCC occupational health, safety and injury management information is included in the SA Health Annual Report.

9. FREEDOM OF INFORMATION STATEMENT

Under the *Freedom of Information (Exempt Agency) Regulations 1993*, the Commissioner is exempt from the provisions of the *Freedom of Information Act 1991*. HCSCC follows the SA Health Code of Fair Information Practice as far as possible.

APPENDIX 1: THE HEALTH AND COMMUNITY SERVICES ADVISORY COUNCIL

Board member appointment period

The current members were appointed by the Minister for Health in June 2010 and have been appointed for three years.

Functions of Council under the Act - section 69

(1) The functions of the Council are to advise the Minister and the Commissioner in relation to:
   (a) the means of educating and informing users, providers and the public on the availability of means for making health or community service complaints or expressing grievances in relation to health or community services or their provision; and
   (b) key strategic issues that arise in relation to the resolution of complaints made in relation to the provision of health or community services; and
   (c) the operation of this Act; and
   (d) any other matter on which the Minister or Commissioner requests the advice of the Council.

Reports to:

- Minister for Health
- Minister for Families and Communities.

Membership 2010-11

Stephanie Miller Presiding Member	Jennifer Hall Member representing the interests of users of health services	Ashleigh Moore Member representing the interests of health service users
Athena Karanastasis Member representing the interests of users of community services	Dr David Walsh Member representing the interests of health & community service providers	Jennifer Hurley Member representing the interests of health & community service providers
Josephine Bradley Member of registration authorities representing interests of the public	Linda Starr Member of registration authorities representing interests of the public	Anne Megaw Member representing the interests of users of community services
Lynn English Deputy Member representing the interests of health service users	Marlene Nicholas Deputy Member representing the interests of users of community services	Jackie Howard Deputy Member representing the interests of health & community service providers
Lorraine Sheppard Deputy Member of registration authorities representing interests of the public		

APPENDIX 2: HCSCC *BUZZ* E-NEWSLETTER OCTOBER 2010

The Charter of Health and Community Services Rights - Summary of the Consultation Report

Background

The office of the Health and Community Services Complaints Commissioner in South Australia (HCSCC) is an independent statutory office established by the Health and Community Services Complaints Act 2004 (the H&CSC Act) to:

- promote and protect the rights of people who use health or community services;
- help patients, consumers or clients - service users, their families and carers, and service providers - to resolve complaints about health or community services, when a direct approach is either unreasonable, or has not worked; and to
- improve the safety and quality of health and community services.

Part 3 of the H&CSC Act requires the Health and Community Services Complaints Commissioner (the Commissioner) to:

- develop a draft HCSCC Charter of Health and Community Services Rights (the draft HCSCC Charter);
- consult with interested persons to obtain a wide range of views; and to
- provide the draft HCSCC Charter to the South Australian Minister for Health for approval.

Once HCSCC has accepted a complaint, section 85 of the H&CSC Act requires the Commissioner to assess and decide if a service provider's action or inaction was reasonable in the circumstances. Section 85 requires the Commissioner to consider several elements:

- the HCSCC Charter and principles;
- the generally accepted standard of service delivery expected of the service provider;
- the resources reasonably available to the service provider; and
- anything else the Commissioner thinks is relevant.

Planning

Before developing the draft Charter, HCSCC reviewed the content of relevant local, national and international charters and codes. HCSCC considered the content, and in some instances, lessons learned from the consultation process related to the:

- Charter for Consumers of the South Australian Public Health System;
- Australian Charter of Healthcare Rights;
- proposed Queensland Code of Health Rights and Responsibilities;
- Northern Territory Code of Health and Community Rights and Responsibilities;
- Tasmanian Charter of Health Rights and Responsibilities; and the
- New Zealand Code of Health and Disability Services Consumers' Rights.

The review also identified several other key reference documents including relevant legislation, codes of conduct for nationally registered health professionals, accreditation requirements, industry service standards, quality improvement systems, community consultation processes about consumer rights and a range of strategic plans, sector reforms and policy frameworks.

Due to the complexity and diversity of HCSCC's extensive jurisdiction, HCSCC also identified key stakeholder groups, the main service providers and strategic documents, across public, private and non-government health and community services. Based on this work, HCSCC was able to develop an extensive stakeholder contact list.

A project definition was developed and approved by a Project Reference Group comprised of the Commissioner, Leena Sudano; the Executive Director, Health Consumers Alliance SA, Stephanie Miller; the Director Safety and Quality, SA Health, Michele McKinnon; the Executive

Director, South Australian Council of Social Service (SACOSS), Ross Womersley and the HCSCC Senior Project Officer, Lisa Firth.

Throughout the planning and development phase, considerable effort was placed on further expanding the comprehensive stakeholder contact list. HCSCC aimed to engage directly with as many consumer groups, carer groups, health and community service providers, peak bodies, non-government organisations, professional organisations and government departments as possible, while also encouraging individuals and organisations to further promote the HCSCC Charter consultation process among their own networks.

Section 22 of the H&CSC Act requires the Commissioner to have regard to a number of key principles that state that a person should be entitled to:

- participate effectively in decisions about services;
- take an active role;
- be provided with appropriate services, taking into account their background;
- have reasonable access to their records;
- confidentiality;
- have access to a complaints process; and
- that professional and non-professional providers should be given consideration and recognition for their contribution.

The draft HCSCC Charter was developed based on the H&CSC Act, research, expertise of HCSCC staff and the Project Reference Group. The draft HCSCC Charter included five guiding principles and eight individual rights. The draft HCSCC Charter was included in a discussion paper for public consultation.

Consultation

The consultation period was from 1 July 2010 until 27 August 2010.

Throughout the term of the project, HCSCC identified a total of 439 stakeholders which included consumer groups, carer groups, health and community service providers, peak bodies, non-government organisations, professional organisations and government departments.

A discussion paper was developed to provide background information about HCSCC, the legislative requirements, the application of the HCSCC Charter, a draft Charter and a feedback form which outlined the consultation questions. Feedback and written submissions were invited from any individual, group or organisation that wished to comment on the draft HCSCC Charter and address the consultation questions.

The discussion paper was distributed by email on 1 July 2010 to 423 identified stakeholders. All stakeholders were encouraged to distribute and further promote the consultation process among their own networks.

A total of 54 letters inviting feedback were also sent to key government staff and peak bodies. Regular updates about the project and all related documents were available for download from the HCSCC website.

Feedback was invited by:

- completing the feedback form and returning it by post, email or facsimile;
- completing the feedback form on-line using Survey Monkey;
- lodging a formal submission and returning it by post, email or facsimile; or by
- requesting and attending a discussion session.

Additional steps were taken to reach and facilitate feedback from a range of special needs groups, including people from Aboriginal and Torres Strait Islander backgrounds, people with a first language other than English and people with a disability.

Throughout the consultation period, HCSCC actively promoted the opportunity to learn more about the draft Charter by offering a range of presentations and/or a discussion session, before feedback was provided.

Ongoing promotion of the Charter consultation occurred directly to identified stakeholders and on the HCSCC website.

The Charter consultation was promoted in a number of health and community service publications, in addition to an HCSCC media release.

All submissions and comments received during the consultation period were logged, collated and analysed.

A subsequent draft report was provided to the Project Reference Group. The Project Reference Group explored the issues and comments raised in the submissions. The outcome of the Project Reference Group discussions resulted in the recommendations and the proposed HCSCC Charter of Health and Community Services Rights.

Results

HCSCC received a strong response with a total of 148 written submissions received from a range of individuals, groups and organisations.

A total of 109 submissions were received from individuals and 39 group or organisational responses.

Submissions were received from a broad range of locations, with a total of 94 responses (64%) from within Adelaide City/Suburbs. Other identified regions included Outer Adelaide, Country and Interstate.

HCSCC was particularly pleased that a total of 308 people attended one of 30 presentation and/or discussion sessions held during July and August, 16 of which took place in country South Australia.

Support

The submissions demonstrated a high level of support for the promotion and protection of the rights of service users. Overall 90% of respondents supported the draft HCSCC Charter. Suggestions were also made to improve the draft Charter and to promote its effective use.

In summary, submissions supported the emphasis in the draft HCSCC Charter on:

- access to services, particularly in non metropolitan areas for people with special needs;
- safety and quality, including openness and improvement when standards are not met;
- respect, including for carers, family members and people who provide services;
- effective communication based on information sharing and partnership between service users, carers and service providers;
- supporting and assisting people with impaired capacity to make, or to be actively involved in, decisions about their care, treatment and services;
- recognition of the importance of safeguarding, support and advocacy, in particular to enable people with special needs to enjoy their HCSCC Charter rights;
- privacy and confidentiality, while ensuring the legitimate role of carers, family members and safety are not compromised; and

- recognition of the benefits of effective complaint handling by service providers to improve services and to maintain trust and confidence.

Concern

Concern was expressed by a significant minority of respondents about several issues including:

- potential for confusion due to different charters and codes;
- purpose of the guiding principles;
- recognition that service users have responsibilities too;
- recognition of the rights of service providers to respect and a safe working environment; and
- implementation in practice, including the need for resources to promote and uphold the rights set out in the HCSCC Charter, particularly among people with special needs.

Revised HCSCC Charter

A detailed analysis of the submissions received and a revised HCSCC Charter, drawing on the submissions, was initially reviewed with Ron Paterson, the former New Zealand Health and Disability Commissioner. HCSCC drew on his extensive experience developing, applying and reviewing the New Zealand Code of Health and Disability Consumers' Rights.

Subsequent drafts of the analysis, the HCSCC Charter and the recommendations were considered and revised further by the Project Reference Group. The Project Reference Group endorsed the HCSCC Consultation Report.

Proposed HCSCC Charter

For easy reference, the proposed HCSCC Charter of Health and Community Services Rights is set out on the following pages.

Charter of Health & Community Services Rights – the Next Steps

The HCSCC Charter Consultation Report, including the proposed HCSCC Charter of Health and Community Services Rights was provided to the South Australian Minister for Health on 30 September 2010.

A full copy of the **HCSCC Charter Consultation Report** is available for download from **www.hcscc.sa.gov.au** - HCSCC Charter of Rights.

HCSCC now awaits the Minister's response and information about when the HCSCC Charter of Health and Community Services Rights will be tabled in the South Australian Parliament. Unless amended, the HCSCC Charter of Health and Community Services Rights will come into operation 14 sitting days after being tabled.

Updates about the progress of the HCSCC Charter of Health and Community Services Rights will continue to be available on the HCSCC website.

About HCSCC

The office of the Health and Community Services Complaints Commissioner in South Australia, HCSCC, is an independent statutory body established by the Health and Community Services Complaints Act 2004 (the H&CSC Act) to:

- promote and protect the rights of people who use health or community services;
- help patients, consumers or clients - service users, their families and carers, and service providers – to resolve complaints about health or community services, including child protection services, when a direct approach is either unreasonable, or has not succeeded; and to
- improve the safety and quality of health and community services.

About the HCSCC Charter

Part 3 of the H&CSC Act provides for a Charter of Health and Community Services Rights (the HCSCC Charter). The HCSCC Charter was developed following consultation with service users, carers and health and community service providers in 2010. The HCSCC Charter substantially incorporates the Australian Charter of Healthcare Rights 2008.

The HCSCC Charter sets out the rights of adults, young people and children who use most health and community services in South Australia, and to the family members, carers and nominees who act on behalf of service users. Health and community services within HCSCC's scope include a wide range of health, community, disability and child protection services in the public, private and non-government sectors. When a complaint is made to HCSCC, the Commissioner will use the Charter as one measure to help to determine whether a health or community service provider has acted reasonably in the specific circumstances.

The HCSCC Charter has five guiding principles relevant to all eight HCSCC Charter rights.

Guiding Principles

DIVERSITY: South Australian society is made up of people with different cultures, needs, values and ways of life and this is to be recognised and respected.

DECISION MAKING CAPACITY: Some people may have impaired capacity to make decisions due to illness, injury, disability or development. Impaired capacity may be temporary or permanent, partial or complete. If a person has impaired decision making capacity the service provider should enable supported decision making. If a person has impaired decision making capacity the service provider must involve or seek the consent of a substitute decision maker, including a carer. Individuals with impaired decision making capacity must not be disadvantaged in the provision of health or community services.

PARTNERSHIP: A genuine partnership between service users, carers and providers promotes safe, high quality services and the best possible outcomes. This requires sharing relevant information and treating each other with respect.

PROVIDER CONTRIBUTION: Providers of health and community services are recognised for their contribution to the healthcare, well-being and welfare of individuals.

AUTHORITY: Some rights can be affected when legal orders or processes are in place.

My Rights and What This Means

1. ACCESS - Right to access health and community services.

I have a right to access health and community services that meet my identified needs.

2. SAFETY - Right to be safe from abuse.

I have a right to be safe from abuse, or the risk of abuse, and to have my legal and human rights respected and upheld. I have a right to receive services free from discrimination and harassment.

3. QUALITY - Right to high quality services.

I have a right to receive safe, reliable, coordinated services that are appropriate to my needs and provided with care, skill and competence. Services I receive should comply with legal, professional, ethical and other relevant standards. Any incidents involving me are managed openly to ensure improvements.

4. RESPECT - Right to be treated with respect.

I have a right to be treated with courtesy, dignity and respect. I have a right to receive services that respect my culture, beliefs, values and personal characteristics.

5. INFORMATION - Right to be informed.

I have a right to open, clear and timely communication about services, treatment, options and costs in a way that I can understand. When needed, I have the right to a competent professional interpreter.

6. PARTICIPATION - Right to actively participate.

I have a right to be fully involved in decisions and choices about services planned and received. I have a right to support and advocacy so I can participate. I have a right to seek advice or information from other sources. I have a right to give, withhold or withdraw my consent at anytime.

7. PRIVACY - Right to privacy and confidentiality.

I have a right to have my privacy respected and my personal information kept confidential and secure. Personal information about me may not be disclosed without my consent, unless the disclosure is required to lessen or prevent a serious threat to life, wellbeing, or safety or is required by law. I have a right to request and gain access to my records, unless there is legal restriction in place. I can nominate person/s with whom information can be shared.

8. COMMENT - Right to comment and / or complain.

I have a right to be listened to and to comment on, or make a complaint about services sought or provided to me. I have a right to have my complaint dealt with properly and promptly, and without retribution as a result of having made a complaint. I have a right to a representative of my choice to support and advocate for me when making a complaint. My feedback and complaints are managed openly to ensure improvements.

HCSCC wishes to thank everyone who facilitated or participated in the consultation process. The submissions received provided a rich source of information to enable detailed analysis and review of the draft HCSCC Charter.

Updates about the progress of the HCSCC Charter of Health and Community Services Rights will continue to be available at www.hcscc.sa.gov.au

APPENDIX 3: ZED OPERATIONAL REVIEW RECOMMENDATIONS MAY 2010 - HCSCC RESPONSE AND PROGRESS 2010-11

Zed recommendations	HCSCC response and progress
1. Maintain existing level of funding for HCSCC	HCSCC rejected this recommendation. HCSCC continued to work to attract project based funding for specific initiatives, including special needs outreach, however no additional funding was secured.
2. Redesign the structure to address functional gaps	On receipt of the Zed operational review report in May 2010, HCSCC recommenced a review of roles, responsibilities, tasks and functions started in 2009, in anticipation of: • the Act amendments, including the proposed Code and powers to deal with unregistered service providers • 1 July 2010 commencement of the *Health Practitioner Regulation National Law Act* 2009 • the Part 3 Charter of Health and Community Services Rights (HCSCC Charter) • the Part 8 Health and Community Services Advisory Council • the 2010-12 work plan. Key staff absences August 2010-March 2011 and the state budget savings initiative proposal announced 16 September 2010 stalled the completion of this review and forward planning. Recruitment to a Complaint Resolution Officer position was deferred to extend the contract of the Senior Policy Officer, HCSCC Charter until 30 September 2011, to utilise her project and business management skills to address many of the operational review recommendations. This work included: • detailed preparation for the enactment and promotion of the HCSCC Charter • detailed planning for systematic disability outreach, including mental health • an external communications review • the development of a training and capacity building program on a fee for service basis. HCSCC rejected the Zed recommended approach to seeking expert opinions. HCSCC has an informal arrangement with several Health Complaints Entities (HCEs) with clinical staff, or who employ clinicians on a sessional basis, to provide independent opinions. These HCEs provide this service to HCSCC free of charge. HCSCC also obtains independent opinions when necessary, however hourly rates for such opinions range from $200-450 an hour. Typically an independent opinion with a written report costs $1500-1800. HCSCC's budget for independent opinions, $5000 a year, constrains the number of paid opinions that can be obtained. The Commissioner is a former registered nurse and midwife and the AHPRA SA Director of Notifications is a former

	medical practitioner and public hospital administrator. This combined experience is drawn on extensively during all steps in the HCSCC - AHPRA consultation and referral process. During the period of the operational review and subsequently HCSCC continued to investigate options to replace the complaints management IT system, including Resolve and the SA Health DATIX system. The state budget savings initiative proposal announced 16 September 2010 stalled this work and forward planning.
3. Redistribute resource effort to priority functional areas	Refer to HCSCC's response at 2. above.
4. Replace existing HCSCC complaints IT system	Refer to HCSCC's response at 2. above.
5. Increase accessibility of HCSCC services	Since May 2010 the HCSCC Enquiry Service has been provided Monday to Friday 9am to 5pm. Two Information and Assessment Officers provide this service to minimise the use of message bank, however use of message bank is unavoidable. All contacts are returned within 2 working days, the majority on the same day. In anticipation of the Act amendments and the HCSCC Charter two key activities were planned in spring 2010: • lean process improvement workshop • improvement workshops facilitated by the former NZ Deputy Health and Disability Commissioner, Rae Lamb, based on NZ experience with a statutory Code of Health and Disability Consumer's Rights. These were deferred due to: • delays with the Act amendments • awaiting the Minister for Health's response to the HCSCC Charter after 30 September 2010 • the state budget savings initiative announced 16 September 2010 • key staff absences and • the relocation of Rae Lamb to Australia, to the position of Aged Care Commissioner in January 2011. The lean process improvement workshop took place on 25 February 2011 and the workshops facilitated by Rae Lamb took place on 12-13 April 2011. Improved work flow and skills utilisation were achieved in the Enquiry Service, the complaint allocation process and with complaints management. Planning towards improvements with participative

	resolution methods, the engagement of expert clinicians and service providers in resolution and service evaluation were also commenced.
6. Develop a formal communication plan	Refer to HCSCC response at 2. above. A formal communication plan was completed. Several new communication initiatives were undertaken, including an Aboriginal Speak Up poster and pamphlet with a detachable business card with HCSCC contact details; three special issues of *Buzz* e-newsletter: disability, Aboriginal and mental health; a Braille HCSCC business card and the development of the HCSCC Charter Champions network. Substantial planning was completed towards an HCSCC website upgrade, including improved accessibility functions. The timetable for completion of substantial elements of the plan is linked to the outcome of website upgrade consultation and the coming into force of the Act amendments associated with the new section 16 annual report requirements, the section 76 service provider reports to HCSCC, the Code of Conduct for health practitioners who are not nationally registered and associated HCSCC powers.
7. Establish formal success criteria for HCSCC	HCSCC started a review of key performance indicators and potential success criteria in spring 2010. This included a review based on: • discussions with other health complaints entities (HCEs) • review of HCE 2009-10 annual reports • discussions with other statutory complaints agencies • review of 2009-10 annual reports of other statutory complaints agencies • review of HCSCC service evaluation - complainant and service provider feedback. Key staff absences and the state budget savings initiative proposal stalled the completion of this work.
8. Establish formal staffing strategy	Key staff absences and the state budget savings initiative proposal stalled the completion of this work.
9. Implement formal planning processes	Key staff absences and the state budget savings initiative proposal stalled the completion of this work.
10. Develop a transition plan	Key staff absences and the state budget savings initiative proposal stalled the completion of this work.