



2021-22 ANNUAL REPORT COMPANION DOCUMENT



Health and Community
Services Complaints
Commissioner

hcsc.sa.gov.au



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OVERVIEW





FOREWORD

Into my fifth year as Commissioner, it is timely to reflect on what the Office of the Health and Community Services Complaints Commissioner (HCSCC) has accomplished over that time.

There are two guiding principles for the work we do which have guided us over the last four years. The first principle is that we are committed to a customer service focus (and by customer we mean consumers, complainants and service providers). The second is the work we do must add public value. If either of those principles is absent from what we are doing, we shouldn't do it.

Using these principles has led us to review and streamline our policies and procedures, develop a communication strategy for greater public awareness and engagement, utilise our resources more efficiently, engage with our stakeholders more effectively and provide greater accessibility to the public of South Australia.

On those metrics, we have achieved what we set out to do. I have staff committed to this work and these principles and I thank them for their continued dedication to the important work of the HCSCC.

CODE RELATED

It has certainly been a busy year administering the Code of Conduct for Certain Health Care Workers (the Code). We have issued eight prohibition orders in this financial year and, for the first time in South Australia, successfully prosecuted an alcohol and drug counsellor for repeatedly breaching our prohibition orders and the Court's conditional bond orders. Of particular interest are the number of masseurs coming to our attention and the number of COVID-19 related orders this year.

As I foreshadowed in last year's Annual Report, our focus on the Code has sharpened this financial year and the subsequent attention via the media has brought our work in this area more prominence in the public arena. This is an area of our work which is critically important to ensure the health and safety of members of the South Australian public.

INCREASED ACTIVITY AND CONTACTS

The level of activity in the HCSCC has increased substantially over the past 12 months. As the data bear out, our overall contacts have increased by approximately 44 percent and the number of files we have closed has increased by approximately 37 percent.

Taken together, it points to greater efficiency and throughput in our work. It is pleasing to report that as at 30 June 2022, the HCSCC had no cases 12 months old or older. This is a remarkable achievement and one of which staff should be proud. This is notable given the restrictions all workplaces faced during the height of the pandemic and how we had to adapt quickly to changing environments.

We believe this can be attributed to an additional staff member funded by the Department for Health and Wellbeing, greater precision in data entry, promotion via our social media platforms, websites and media releases and greater accessibility. We anticipate this trend will continue as we fine tune our processes and the public has better awareness of our service.

OFFICE ACCOMMODATION

Shortly into my first year as Commissioner, I identified the need to find office accommodation which was better suited to the work we do. I'm pleased to say we have been working with the Department for Health and Wellbeing to identify a suitable site and are working toward moving into new accommodation in late July.

We think this new space will enable our office to conduct onsite training and onsite conciliations. It will also have a shop front and reception area which will increase our visibility and accessibility to the South Australian public.

FUTURE FOCUS

We have undertaken a revision of our Strategic Plan which will come into effect on 1 July 2022. We believe it better reflects our mission and objectives. Please visit our website for a copy.

Moving into and fitting out the new office accommodation will be the focus in the first part of the year, along with maintaining our service. Once that is embedded, we will develop business plans for our customer facing services and comprehensively review how we undertake evaluation so we can assess whether we are adding public value or not in the work that we do. As part of that process, we will develop key performance indicators for our work.

The HCSCC has undergone substantial change over the last four years which positions us well to respond to the needs of the people of South Australia. Consolidating and fine tuning our work will continue, as it should.

That work positions us well for whatever the future brings.



Assoc. Prof. Grant Davies
HCSC Commissioner

CASE STUDY

The HCSCC received a complaint from a consumer about their experience at a COVID-19 testing station. The consumer explained that the manner in which the nasal swab was conducted was painful. The consumer was required to take regular tests for work purposes.

The HCSCC sought information about the consumer's experience from the service provider. On being made aware of the complaint, the service provider contacted the consumer directly to discuss their experience.

The service provider offered an apology and informed the consumer that people who were conducting the tests had been re-educated. The consumer was satisfied with this outcome and the matter was resolved.

OUR VISION

Improved quality, safety and confidence in health and community services received in South Australia.

We will provide an accessible, fair and responsive complaints resolution service to consumers, service providers and the people of South Australia.

We will protect the health and safety of the public.

We will continuously improve the quality of our services.

We will actively engage with community.

PERFORMANCE AT A GLANCE

4,067
Total contacts

44%
Increase in
contacts

3,905
Total contacts
closed

10.7
Contacts closed
on average per
day

67.6%
Contacts closed
within 21 days

37%
Increase in
health contacts

207%
Increase in
community
services contacts

70
Matters moved
into conciliation

94
Completed
conciliations

6
Prohibition
orders issued

OVERVIEW: ABOUT THE AGENCY

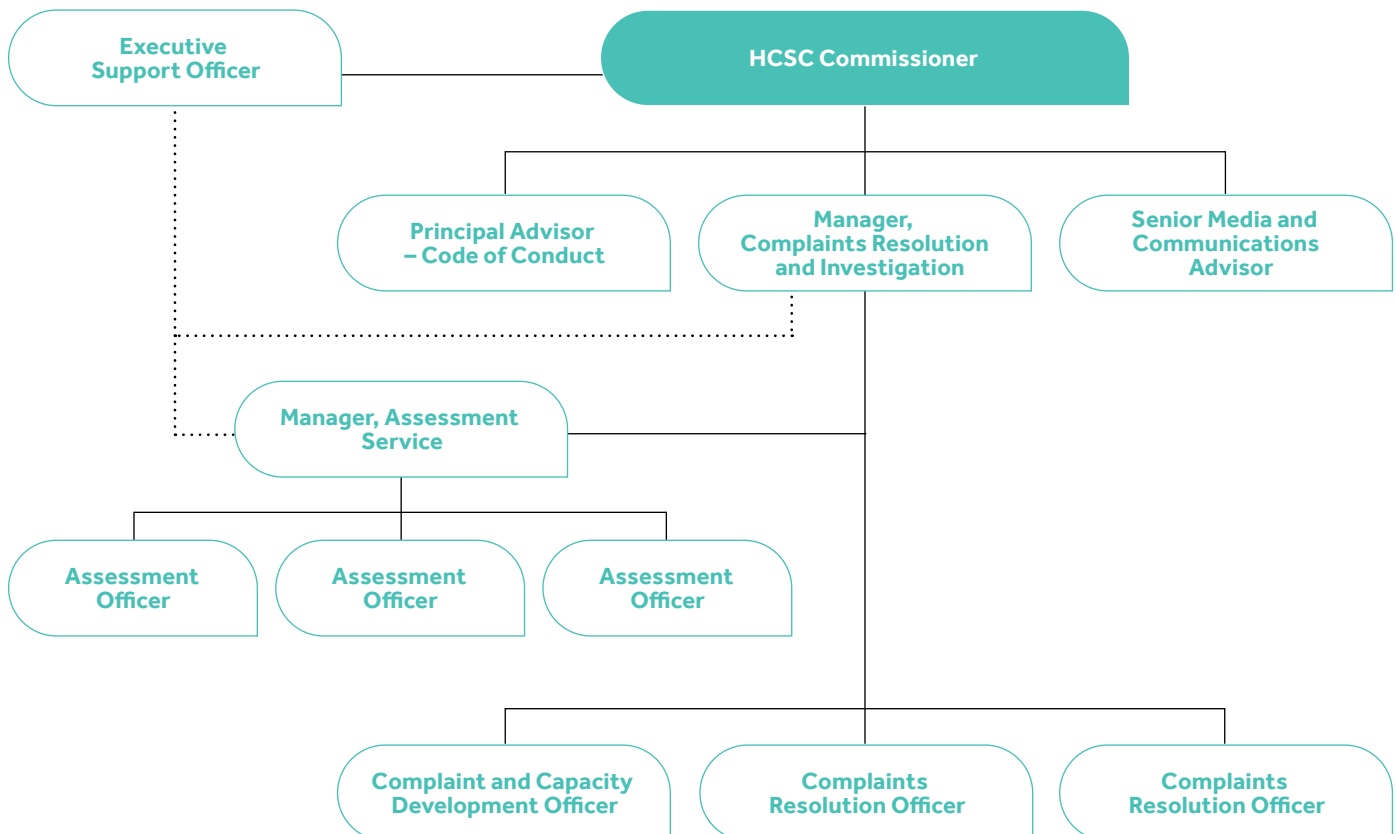
OUR STRATEGIC FOCUS

The HCSCC's vision is for improved quality, safety and confidence in health and community services received in South Australia.

A full copy of the HCSCC's strategic plan is available at:
hcsc.sa.gov.au/about/hcsc-strategic-direction-2/

OUR ORGANISATIONAL STRUCTURE

HCSCC organisational structure on 30 June 2021.



CHANGES TO THE AGENCY

During 2021-22 the HCSCC received additional funding from the Department for Health and Wellbeing for a Complaints Resolution Officer.

OUR MINISTER

The HCSCC is an independent, statutory office established by the *Health and Community Services Complaints Act 2004*.

The Hon. Chris Picton MP is the Minister for Health and Wellbeing and is the Minister to whom the administration of this Act has been committed. The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.

OUR EXECUTIVE TEAM

Associate Professor Grant Davies was appointed as South Australia's HCSCC in February 2018.

He began his career as a registered nurse in general and radiation oncology settings and in acute palliative care units. In the mid-1990s he assisted in the development of Queensland's palliative care policies, Queensland's health outcomes and the impacts of newly emerging guardianship legislation.

He moved to Melbourne in late 1999 to take up a position with the Victorian Department of Human Services undertaking similar work. He commenced work in the Office of the Federal Commissioner for Complaints in early 2001 and stayed during its change into the Federal office of the Aged Care Commissioner where he was Investigations Manager.

In October 2009, he started in the Office of the Health Services Commissioner as Deputy Commissioner; was appointed Acting Health Services Commissioner on 1 January 2013 and became Health Services Commissioner on 1 October 2014 until February 2017 when he started as Director of Projects in Safer Care Victoria.

He joined the Research Centre for Palliative Care, Death and Dying (RePaDD) at Flinders University in 2019. He holds a Bachelor of Nursing (ACU), a Master of Arts (Research) (QUT) and a PhD (Melbourne) in applied ethics and is a graduate of the Australian Institute of Company Directors.

LEGISLATION ADMINISTERED BY THE AGENCY

Health and Community Services Complaints Act 2004.

CASE STUDY

The HCSCC received correspondence from a consumer held on an inpatient treatment order. The correspondence detailed a history of complex trauma the consumer felt was impacting their current treatment and identified being fearful of having male treating staff.

The HCSCC gathered information from other services the consumer had accessed which we shared with the health service.

As a result, the health service was able to work with the consumer to structure treatment in a more accessible and psychologically safe manner.

••• Section 2

ACCESSIBLE, FAIR AND RESPONSIVE COMPLAINTS SERVICE



DEFINITIONS TO ASSIST UNDERSTANDING STATISTICS

COMPLAINT

A contact that satisfies section 25 of the Act. An assessment of the complaint is made in accordance with section 29 subsection (1) of the Act. Please note a complaint can be closed without any further action under the reasons provided in section 33 of the Act.

A complaint may be managed by conciliation, investigation or own motion investigation.

ENQUIRY

A contact from the public (which could be via email, phone or correspondence) which may be seeking information, or providing information but that does not lead to a formal complaint or the person decides not to proceed with a complaint. Enquiry data have been included in the data set in order to fully demonstrate how many contacts this Office has received. A total picture cannot be gained without these data.

OWN MOTION

Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allows the Commissioner to inquire into, report or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner based on intelligence received may not necessarily be a formal complaint.

DISCLAIMER

The HCSCC takes the collation of data seriously and has made significant improvements on how contacts are recorded in our records management system.

The data contained within this report are collated after the financial year ends, and represent statistics taken at a point-in-time. On occasion, these statistics can change based on multiple factors in the HCSCC's work practices like the re-opening of files, splitting files between AHPRA and the HCSCC or one complainant making multiple reflections about a variety of service providers.

Therefore, there may be discrepancies between the statistics from one Annual Report to the next. These are not errors but rather a reflection of the changing nature of the work done by the HCSCC.

CASE STUDY

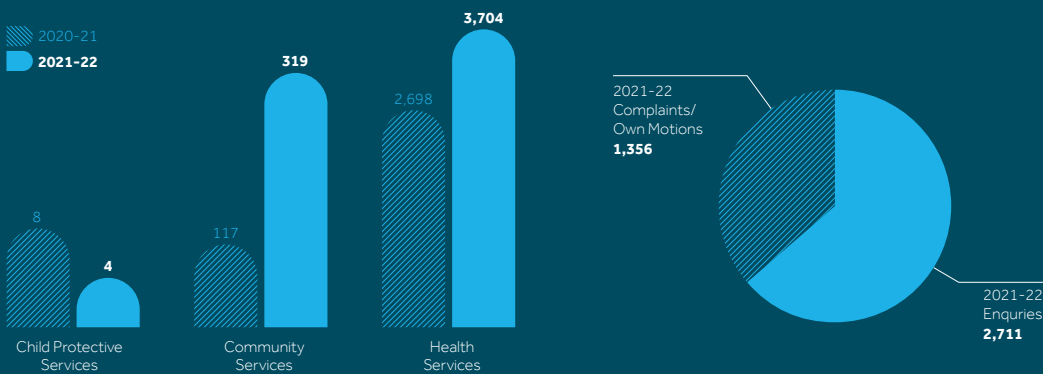
The HCSCC received a complaint from a consumer about inappropriate comments made by an SA Covid Info Line Operator.

The recording of the call was retrieved, and their version of events was substantiated.

The complainant received a written apology and changes were made to training and education processes for phone operators.

CORPORATE PERFORMANCE SUMMARY

NUMBER AND TYPE OF CONTACTS IN 2021-22



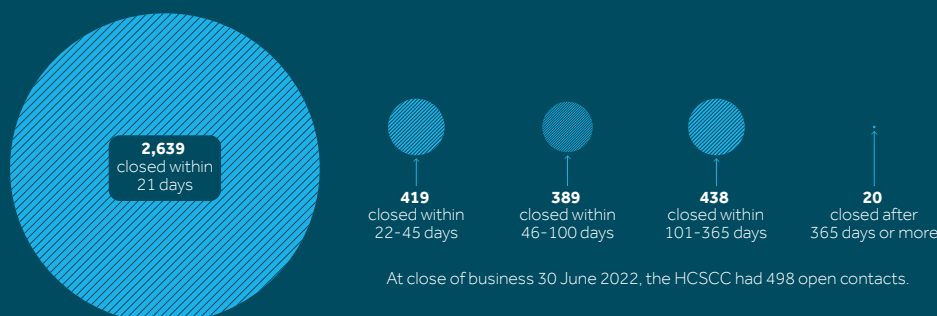
Service Provider Type	2020-21 Total*	Complaints / Own Motions	Enquiries	Total	Increase / Decrease (%)
Health	2,698	1,316	2,388	3,704	+37.59
Community Services	117	40	319	359	+206.84
Child Protection†	8	0	4	4	-50.00
Total contacts	2,823	1,356	2,711	4,067	+44.07

*In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received eight contacts from the public about child protection matters in 2021-22 and referred all these matters to Ombudsman SA.

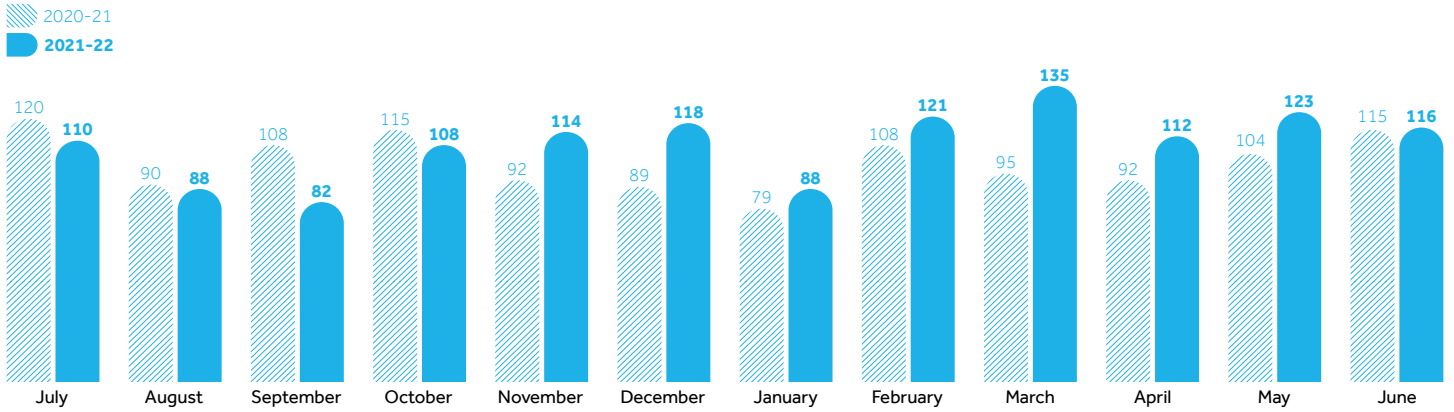
†Read disclaimer further in this Annual Report under the heading "Definitions to assist understanding statistics".

RESOLUTION DATA 2021-22

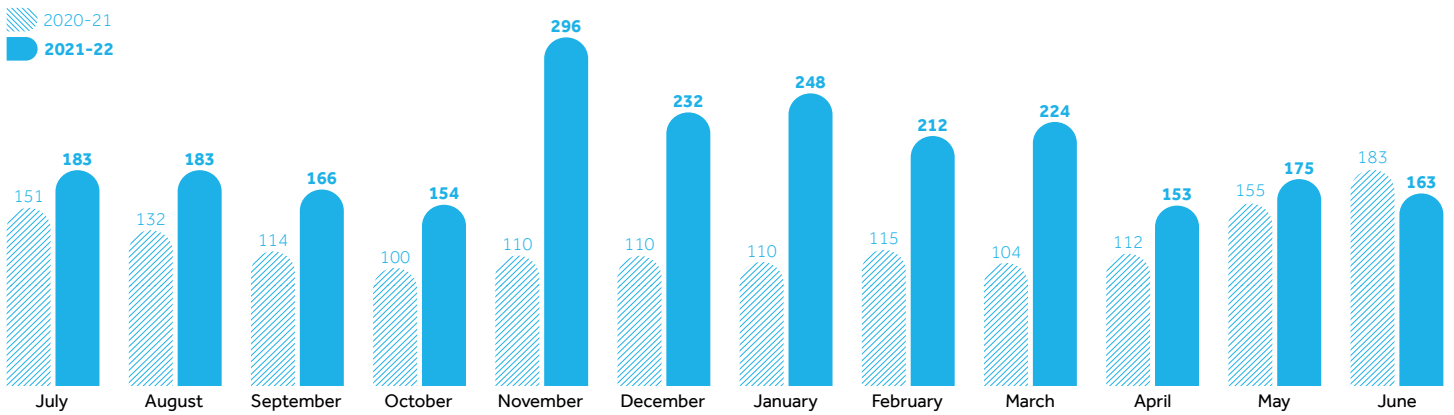
In 2021-22, 3,905 contacts were closed, of which:



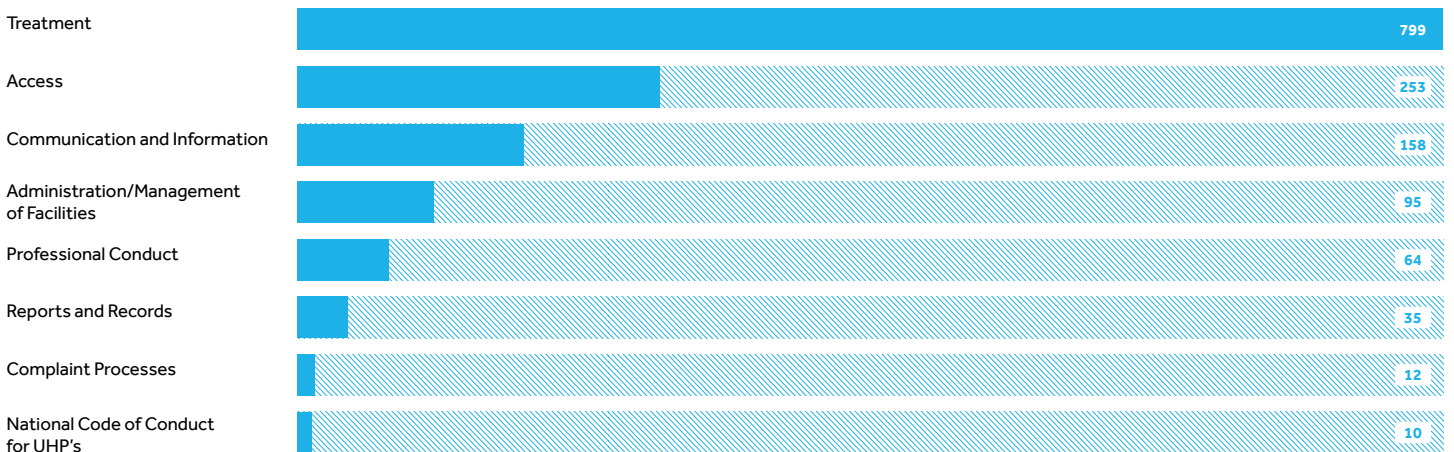
HEALTH SERVICES: COMPLAINTS / OWN MOTIONS



HEALTH SERVICES: ENQUIRIES



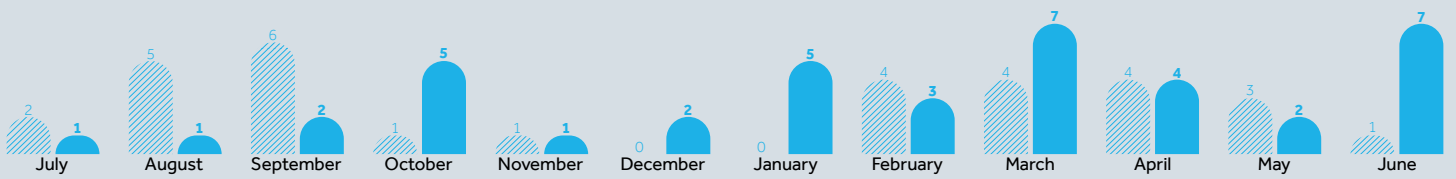
HEALTH SERVICES: ISSUES COMPLAINED ABOUT



Note: a single complaint may raise more than one issue

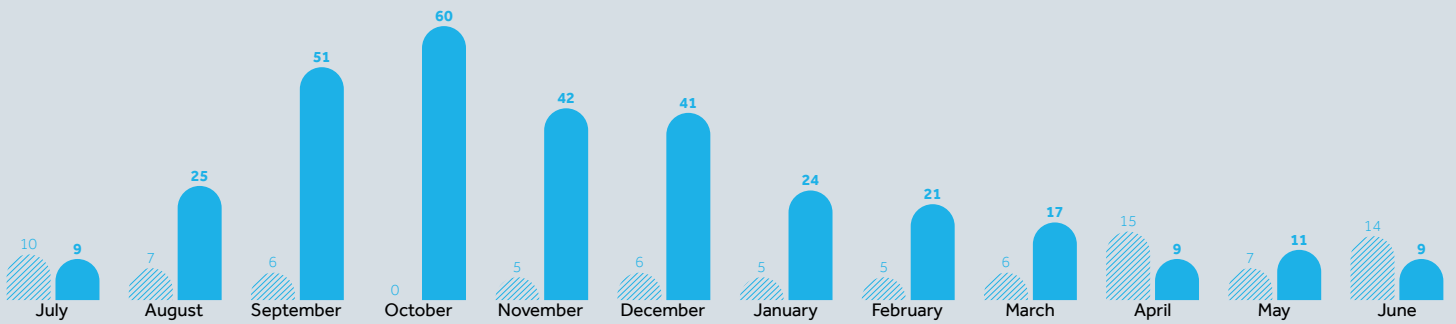
COMMUNITY SERVICES: COMPLAINTS / OWN MOTIONS

2020-21
2021-22

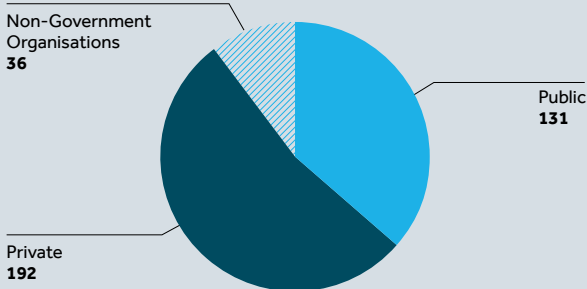


COMMUNITY SERVICES: ENQUIRIES

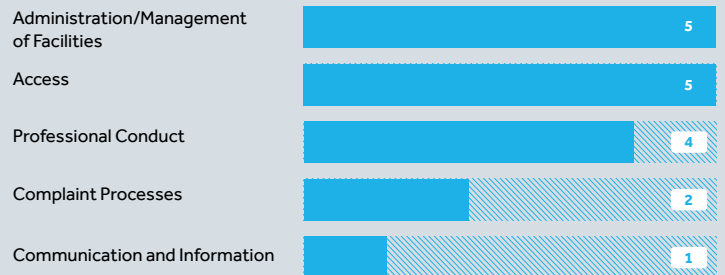
2020-21
2021-22



COMMUNITY SERVICES: CONTACTS BY SUB-CATEGORY



COMMUNITY SERVICES: ISSUES COMPLAINED ABOUT



Note: a single complaint may raise more than one issue

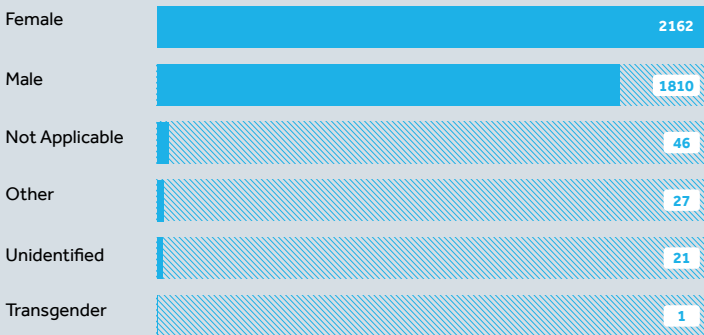
CHILD PROTECTION SERVICES: ALL CONTACTS*

2020-21
 2021-22



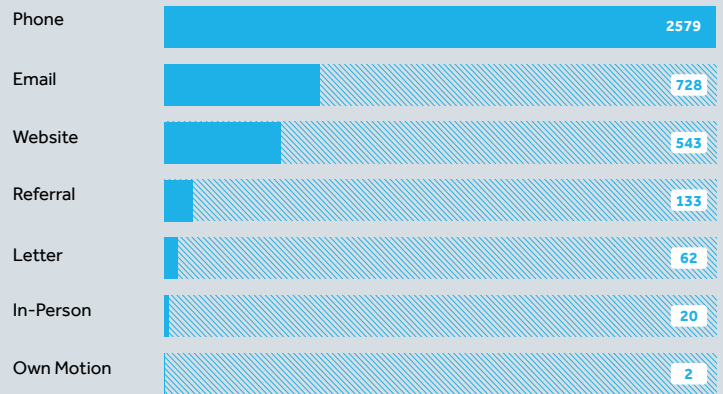
*In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received four contacts from the public about child protection matters in 2021-22 and referred all these matters to Ombudsman SA.

GENDER: ALL CONTACTS*

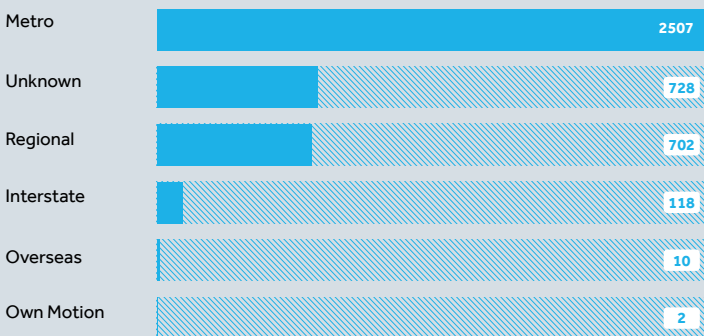


Note: 'Not Applicable' are contacts from organisations, own motions and other factors that requires the contact to be identified as such.

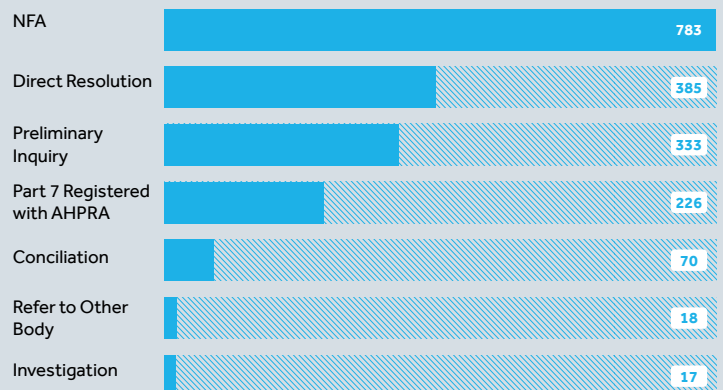
METHOD OF CONTACT



LOCATION OF CONTACTS

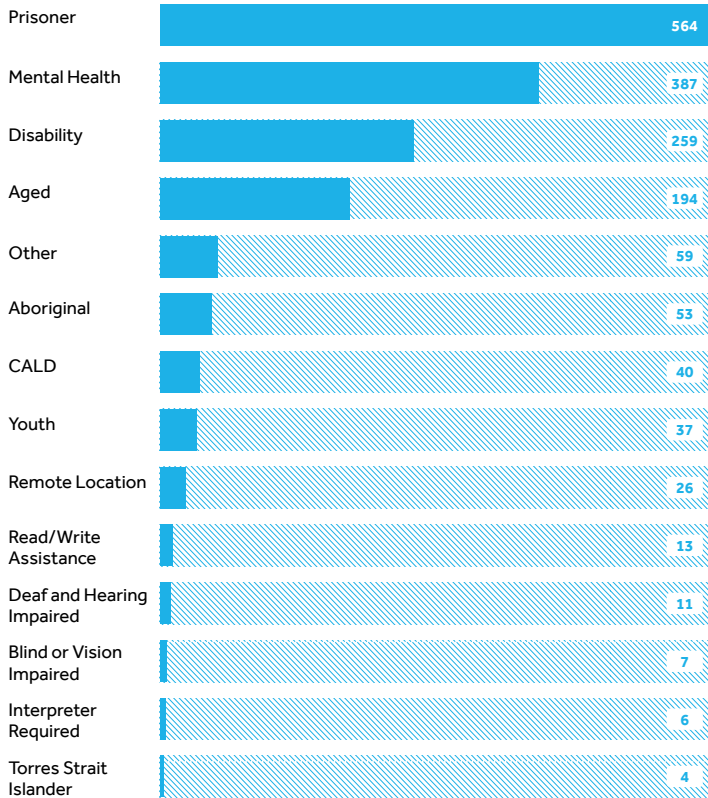


NUMBER OF ASSESSMENT DETERMINATIONS



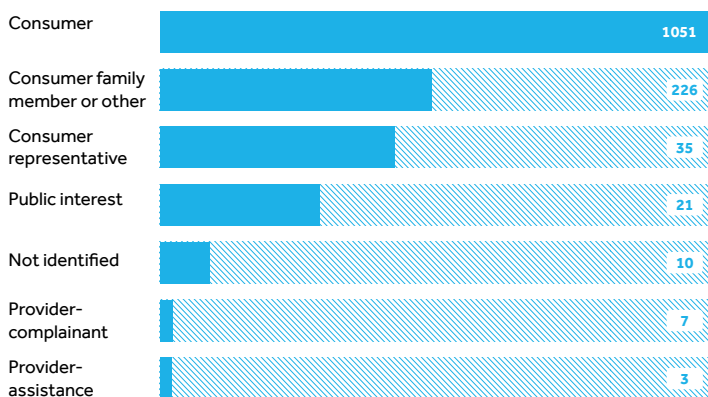
Note: a single complaint can have a number of determinations. Some determinations are made in the current financial year but the complaint is received in the previous financial year.

CONSUMERS WITH SPECIAL NEEDS

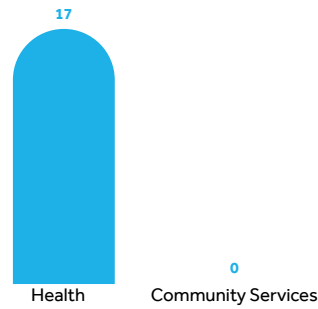


Note: a person may have more than one special need

LEGAL ROLE OF CONTACT PERSON (COMPLAINTS ONLY)

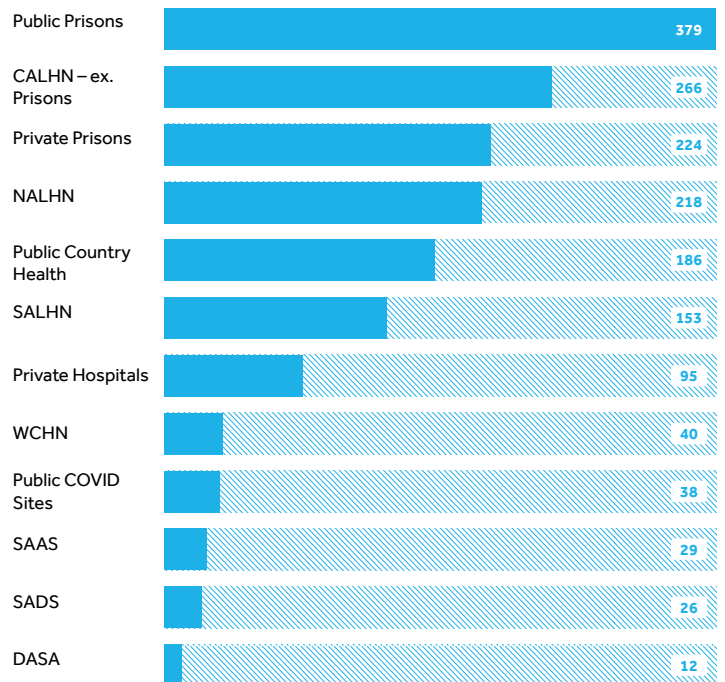


PART 6: SUMMARY OF INVESTIGATIONS BY TYPE OF PROVIDER



Note: this data relates to new investigations in 2021-22. The HCSCC may complete an investigation that crosses over financial years.

CONTACTS ABOUT MAJOR HEALTH SERVICES



REASONS FOR CLOSURE OF COMPLAINTS 2021-22

Advice and information provided	5
Outside of Jurisdiction	46
Part 6 - s54 Report	8
Part 6 - s55 Notice of Action to Provider	4
Part 6 s56C order	5
s33(1)(a) not entitled to make complaint	1
s33(1)(b) does not disclose ground of complaint	5
s33(1)(c) should be determined by legal proceedings	1
s33(1)(d) proceedings have commenced before a tribunal authority or other	5
s33(1)(e) reasonable explanation(s) or information earlier	598
s33(1)(g) complaint lacks substance	3
s33(1)(h) the complainant has failed to comply with a requirement	21
s33(1)(i) the complaint would be an abuse of the processes under the Act	3
s33(1)(j) the complaint is abandoned	39
s33(1)(j) the complaint is resolved	158
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	8
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	13
s33(1)(k) reasonable cause - other	121
s33(1)(k) reasonable cause - s27 outside of time limit	1
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	32
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	6
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	4
s33(1)(k) reasonable cause - service provider met reasonable standards	13
s33(1)(k) reasonable cause - service provider resources are limited and equitably provided	14
s33(2) complaint has been adjudicated by a court tribunal authority or other	2
s33(3)(a) suspension - court proceedings have commenced	1
s34(1) - complaint withdrawn	12
s57(2)(b) referred to registration authority	54
Suspended - pending another agency's action	2
Total	1,185

Note: This includes complaints that were opened in previous financial years

GROUNDS FOR COMPLAINT 2020-21

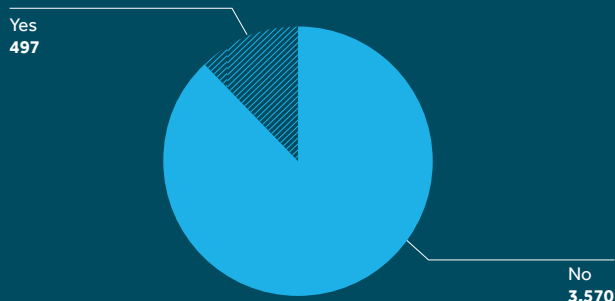
Charter of Health and Community Services Rights grounds
(Refer to hcscc.sa.gov.au/about-the-hcscc-charter/)

Charter 1 – Access	595
Charter 2 – Safety	216
Charter 3 – Quality	477
Charter 4 – Respect	192
Charter 5 – Information	271
Charter 6 – Participation	77
Charter 7 – Privacy	18
Charter 8 – Comment	0

Health and Community Services Complaints Act 2004
Section 25 – Grounds on which a complaint may be made

S 25 1 (a) - service not provided or discontinued	50
S 25 1 (b) - service provision not necessary/inappropriate	21
S 25 1 (c) - unreasonable manner in providing service	10
S 25 1 (d) - lacked due skill	36
S 25 1 (e) - unprofessional manner	15
S 25 1 (f) - lack of privacy/dignity	3
S 25 1 (g) - quality of information	12
S 25 1 (h) - unreasonable action - lack of information/access to records	5
S 25 1 (i) - unreasonable disclosure to a third party	2
S 25 1 (j) - improper action on a complaint	0
S 25 1 (k) - inconsistent with the Charter	1
S 25 1 (l) - did not meet expected standard of service delivery	61
Total	2,062

SERVICE PROVIDER REGISTERED WITH AHPRA



CASE STUDY

Not every conciliation is done face-to-face.

The HCSCC received a complaint from a consumer about being charged a fee for cancelling an appointment with their service provider.

The service provider's website stated that 48 hours' notice was required to avoid a fee. The consumer had tried to contact the service provider before that but, as it was a weekend, the service was closed.

A conciliation took place by email, which saw the consumer receive a refund and the service provider update its website to say "two business days" rather than 48 hours.

AHPRA CONSULTATIONS WITH HCSCC AND REFERRAL OF COMPLAINTS FROM AHPRA TO HCSCC

	Number of AHPRA complaint consultations with HCSCC	Number of AHPRA complaints referred to HCSCC
Medical	265	85
Dental	26	6
Nursing & Midwifery	38	12
Pharmacy	26	13
Chiropractic	2	1
Physiotherapy	4	0
Optometry	2	2
Osteopathy	0	0
Psychology	22	3
Podiatry	0	0
Chinese Medicine	3	0
Medical Radiation Practice	0	0
Occupational Therapy	3	1
Aboriginal and Torres Strait Islander Health Practice	0	0
Paramedicine (commenced December 2018)	1	0
Unregistered Health Practitioner	2	2
Systemic	1	1
Total	395	126

CASE STUDY

We received a complaint from a prisoner who needed to see a podiatrist for a pre-existing condition.

The prisoner alleged they had waited a long time for their appointment.

Upon request from the HCSCC, the situation was reviewed by the correctional facility and an

appointment was made. Recently, the complaint had to be re-opened as the prisoner had still not seen a podiatrist. The HCSCC again sought clarification from the facility.

The HCSCC was informed that following the re-opening of the complaint, the prisoner had been seen and their issue resolved.

AHPRA INVESTIGATION OUTCOMES RESULTING FROM REFERRAL OF COMPLAINTS BY HCSCC TO AHPRA

	Number of outcomes notified by AHPRA of action taken from HCSCC complaint referrals	AHPRA notified outcome	
Medical	26	6	No further action
		6	Caution
		13	Conditions imposed
		1	Refer to Tribunal
Dental	6	3	Conditions imposed
		2	Undertaking accepted
		1	Caution
Nursing & Midwifery	15	1	Undertaking accepted
		4	Caution
		10	Conditions imposed
Pharmacy	2	1	Caution
		1	De-registration
Chiropractic	0	0	No outcomes received as at 30.06.22
Physiotherapy	0	0	No outcomes received as at 30.06.22
Optometry	0	0	No outcomes received as at 30.06.22
Osteopathy	0	0	No outcomes received as at 30.06.22
Psychology	1	1	Conditions imposed
Podiatry	0	0	No outcomes received as at 30.06.22
Chinese Medicine	0	0	No outcomes received as at 30.06.22
Medical Radiation Practice	0	0	No outcomes received as at 30.06.22
Occupational Therapy	0	0	No outcomes received as at 30.06.22
Aboriginal and Torres Strait Islander Health Practice	0	0	No outcomes received as at 30.06.22
Paramedicine (commenced December 2018)	0	0	No outcomes received as at 30.06.22
Total	49	49	

HCSCC CONSULTATIONS WITH AHPRA AND REFERRAL OF COMPLAINTS TO AHPRA BY HCSCC

	Number of HCSCC complaint consultations with AHPRA	Number of HCSCC complaints referred to AHPRA	Number of HCSCC complaints split* with AHPRA
Medical	178	35	23
Dental	26	8	12
Nursing & Midwifery	35	7	1
Pharmacy	6	3	0
Chiropractic	1	1	0
Physiotherapy	1	0	1
Optometry	0	0	0
Osteopathy	0	0	0
Psychology	3	2	0
Podiatry	0	0	0
Chinese Medicine	1	0	1
Medical Radiation Practice	4	0	0
Occupational Therapy	0	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
Paramedicine (commenced December 2018)	1	0	0
Total	256	56	38

*Part of the complaint involving a registered health practitioner is referred to AHPRA and part of the complaint is dealt with by HCSCC.

INVESTIGATION OUTCOMES

17 new complaints received in 2021-22 were moved into investigation.

The HCSCC finalised 19 investigations during 2021-22. This is a 52.5 percent decrease on the previous financial year.

The table below outlines the outcomes of complaints that were investigated. Please note multiple complaints can form part of one investigation and an investigation can have multiple outcomes.

Investigation Outcome	
Apology	1
Information/Explanation Provided	1
SA Code - breach - condition order issued	1
Unresolved	1
Met Expected Standards	3
Resolved	3
SA Code - breach - prohibition order issued	6
Service Improvement	6

CONCILIATION OUTCOMES

In 2021-22, 70 matters were moved into conciliation. This number does not incorporate conciliation matters opened and carried forward from the previous financial year. Of the 70 opened conciliations, 61 were finalised (87.14 percent) within the financial year. Overall, the HCSCC finalised 94 conciliations in 2021-22.

The table below outlines the outcomes of complaints that were conciliated. Please note a conciliation can have multiple outcomes.

Conciliation Outcome	
Abandoned	7
Apology	27
Information / Explanation Provided	63
Met Expected Standards	13
Referred to AHPRA	6
Refund / Waive Fee / Compensation	24
Resolved	116
Service Improvement	6
Suspended	1
Unresolved	6
Withdrawn	2

CASE STUDY

The HCSCC received a complaint from a member of the public about the treatment and care of their brother who had since died.

The HCSCC enquired whether the parents – as next of kin – would provide authority for the complaint to proceed. The parents said they would not, and the complaint could not proceed.

The HCSCC still provided advice to the complainant about how to raise concerns with the service providers. This is an example of how correct authority is required when lodging a complaint and how the HCSCC can suggest solutions when concerns raised can't progress.



CONTACTS ABOUT UNREGISTERED HEALTH CARE WORKERS 2021-22

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005.	178
Number of enquiries about Unregistered Health Care Workers	26
Number of Own Motions about Unregistered Health Care Workers	35
Total	63

At the end of the 2021-22 financial year, there were 11 matters about Unregistered Health Care Workers remaining open.

During the 2021-22 financial year, the HCSCC were advised of 58 prohibition orders issued in other States and Territories.

PROHIBITION ORDERS ISSUED

Six prohibition orders and two interim prohibition orders issued against:

- [Mr John Warncken](#) – banned from health-related counselling;
- [Mr Wayne Liebelt](#) – banned from providing health education and/or providing information related to COVID vaccination;
- [Mr Norman Low](#) – banned from providing nutritional advice;
- [Mr Yongan He](#) – banned from providing massage therapy services;
- [Ms Monika Milka](#) – banned from providing health services in respect of health education and/or the provision of information relating to COVID-19 and vaccines;
- [Ms Matilda Bawden](#) – banned from providing health education and/or providing information relating to COVID-19 and COVID-19 vaccines;
- [Mr Peter Karamalis](#) – temporarily banned from providing alternative and detox therapies (however described) to treat cancer and cancer related symptoms; and
- [Mr Paul Hagon](#) – temporarily banned from offering massage therapy services.



CASE STUDY

The HCSCC received a complaint from a consumer about being transported to a facility while sedated.

The consumer alleged they were unaware of the reasons for their transfer.

The HCSCC requested the complaint be handled through a process called facilitated direct resolution (FDR). This allows the consumer and service provider to resolve the complaint, but the HCSCC is informed of the outcomes.

Following FDR, the consumer remained dissatisfied and the HCSCC decided to conciliate the complaint. Both the consumer and service provider were satisfied with the outcome of the conciliation.

This is an example of how the HCSCC can use a variety of methods to resolve a complaint.

••• Section 4

ACTIVELY ENGAGE WITH THE COMMUNITY



COMMUNITY EVENTS, FORUMS AND PRESENTATIONS

Unfortunately, due to the COVID-19 pandemic, the HCSCC was only able to attend two community events in the financial year: the Disability, Ageing and Lifestyle Expo and Feast's Picnic in the Park.

The Commissioner spoke at several community forums, including:

- The Multicultural Communities Council of SA's Ageing Well in CALD Communities
- Russian community information session at the MOD Museum.

Also, Associate Professor Grant Davies presented to several stakeholders about the HCSCC, including:

- the University of Adelaide;
- the Research Centre for Palliative Care, Death, and Dying (Flinders University); and
- the Office of the Public Advocate.

We are hopeful to return to more community events in the next financial year as restrictions continue to ease. Should you be interested in having the HCSCC attend an event, please [email us](#).

WEBSITE

UNIQUE VISITS

69,353

Total visits 1 July 2021 – 30 June 2022

5,779

Average visits per month

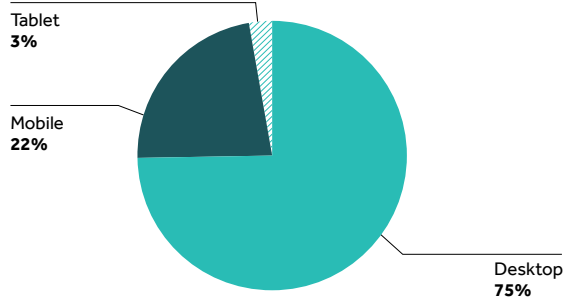
1,333

Average visits per week

190

Average visits per day

HOW DO PEOPLE ACCESS OUR WEBSITE?



HCSCC staff at Feast's Picnic in the Park.

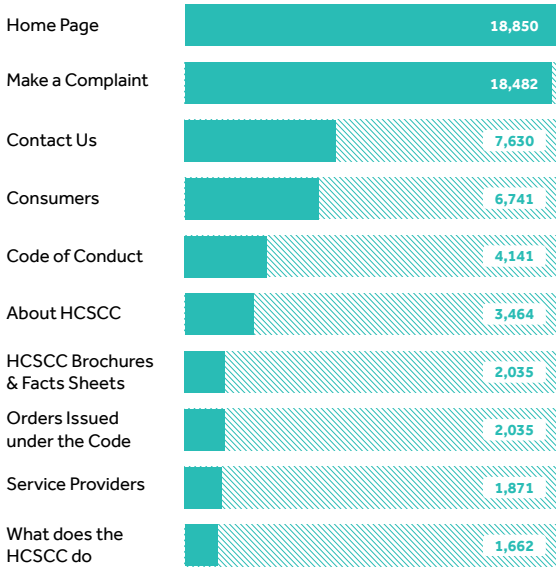


Associate Professor Grant Davies speaking to members of the Russian community of South Australia.



Associate Professor Grant Davies presenting at the MCCSA Ageing Well in CALD Communities.

TOP 10 VISITED PAGES

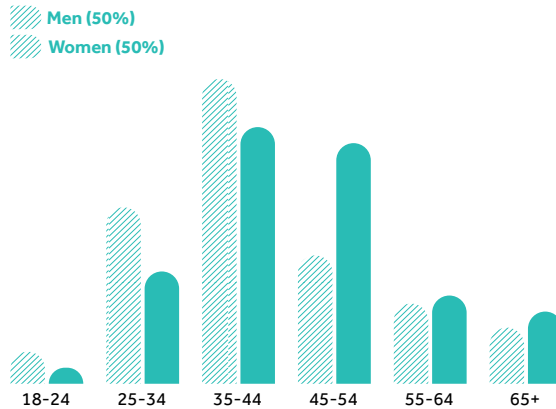


MEDIA AND SOCIAL MEDIA

The HCSCC's social media platforms continue to grow. There was a steady increase in followers and reach across all the platforms the HCSCC uses.

The HCSCC also experiences increased visibility across all mainstream media outlets, including a record number of TV stories about a variety of investigations conducted and orders issued by the HCSCC.

FACEBOOK AUDIENCE GENDER PROFILE



Associate Professor Grant Davies during one of his regular interviews on Radio Italia Uno.



Associate Professor Grant Davies speaks to Channel 9 News Adelaide about a prohibition order (image reproduced with permission from Channel 9).

••• Section 5

IMPROVE THE QUALITY OF OUR SERVICES



PUBLIC COMPLAINTS

NUMBER OF PUBLIC COMPLAINTS REPORTED

Internal Reviews conducted by the Commissioner

During 2021-22, the HCSCC received 18 requests from complainants for an internal review by the Commissioner because they were not satisfied with the outcome of their complaint.

This is 34 fewer (a 66.66 percent decrease) than 2020-21.

Total no. of reviews requested	No. of reviews conducted	No. of decisions upheld	No. of decisions varied	No. of matters re-opened for further action
18	18	13	1	4

REVIEWS OF HCSCC DECISIONS BY OMBUDSMAN SA

A complainant can ask Ombudsman SA to review HCSCC outcomes if they are dissatisfied with HCSCC processes or there were administrative errors.

No. of Ombudsman SA contacts/queries	No. of formal requests	No. of informal information requests	No. of NFAs or no concerns	No. of concerns raised	No. awaiting finalisation following info provision
10	7	3	9	1	1

SERVICE IMPROVEMENTS

COMPLAINTS

During the 2021-22 financial year, the HCSCC received four complaints about our services. Three resulted in a change of Complaints Resolution Officer citing a relationship breakdown and one was about general timeliness.



CASE STUDY


The HCSCC receives contacts about a variety of different matters.


Recently, some prisoners contacted the HCSCC about a change of policy within their prison about lactose free milk. Prisoners were now required to purchase lactose free milk.

The HCSCC made enquiries on behalf of the prisoners, and we learnt lactose free milk was available without charge for prisoners who chose a lactose free diet. Those who preferred, for example, soy or almond milk would need to buy it.


This is an example of how the HCSCC can make enquiries on behalf of consumers and provide them with more information to explain a change of policy or clarify a misunderstanding.



 **Call**
(08) 7117 9313 or 1800 232 007 (Country SA Landline)

 **Teletypewriter (TTY)**
133 677 or 1800 555 677 (Country SA Landline)

 **Email**
info@hcscc.sa.gov.au


 **Write**
PO Box 199, Rundle Mall SA 5000


 **Website**
hcscc.sa.gov.au

 **LinkedIn**
linkedin.com/company/sahcscc/

 **Facebook**
@sahcscc

 **Twitter**
@sahcscc

 **Visit**
Ground Floor, 191 Pulteney Street
Adelaide SA 5000

 **Opening Hours**
Monday-Friday: 9am to 5pm
Saturday and Sunday: Closed
