



Health and Community Services
Complaints Commissioner

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**Government
of South Australia**

The Office of the Health and Community Services Complaints Commissioner (HCSCC)

2025-26 Annual Report

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Health and Community Services Complaints Commissioner – 2025-26 Annual Report



Health and Community Services Complaints Commissioner

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29 September 2026



To:

**The Hon Blair Boyer MP,
Minister for Health and Wellbeing**

This annual report will be presented to Parliament to meet the statutory reporting requirements of the *Health and Community Services Complaints Act 2004* (SA) and the requirements of Premier and Cabinet Circular PC013 Annual Reporting.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER by:

**Dr Lynne Coulson Barr OAM
Health and Community Services Complaints Commissioner**

Date: 29 September 2026

Signature:



Acknowledgement of Country

The Health and Community Services Complaints Commissioner (HCSCC) acknowledges and respects Aboriginal peoples as the First Peoples and Nations of South Australia and the Traditional Owners and Custodians of the lands on which HCSCC operates across South Australia.

We pay our respects to Elders past and present and recognise the enduring connection of Aboriginal peoples to this land, its waterways and community.

As an organisation committed to care, dignity and wellbeing, we acknowledge the strength, resilience and leadership of Aboriginal peoples and are committed to working in ways that support healing, inclusion and self-determination.



From the Commissioner

Foreword

It is my pleasure to present the annual report of the Health and Community Services Complaints Commissioner (HCSCC) for the 2025–26 financial year.

I commenced my role as the Commissioner on 18 February 2026. This report includes the performance and operations of the HCSCC under the leadership of the Interim Commissioner, Ms Debbie Martin, until the commencement of my term.

I acknowledge and thank Ms Martin for her significant work and achievements as Interim Commissioner and for providing me with a warm welcome and supportive handover to this important role.

I am pleased to have the opportunity to bring my experiences and knowledge from similar roles in other jurisdictions and to build on positive work that was undertaken over the past year.

Complaints are a vital window into people's experiences of health and community services. The HCSCC plays a key role in promoting effective complaint resolution and improving the quality and safety of services through the insights and actions arising from complaints.

The HCSCC also works to protect public health and safety by addressing risks that may be posed by unregistered health practitioners/workers. At the heart of the HCSCC's work with consumers, services and other stakeholders is the shared goal of achieving improved outcomes and resolutions for individuals, as well as improvements at service and system levels.

The year in review

2025-26 was a year of resetting operations and positive realignment for the work of the HCSCC. At the time of the Interim Commissioner's appointment, the HCSCC had experienced a period of significant staff turnover and vacancies and was operating with outdated technologies and systems. These factors had led to a significant backlog of complaints, and concerns about the timeliness and performance of the HCSCC's functions.

Under the Interim Commissioner's leadership, the office was restored to full staffing, and a range of strategies were successfully implemented to rebuild internal



operations and capabilities, address risks and significantly reduce the backlog of complaints. During this period, the HCSCC worked hard to restore timeliness and confidence in complaints processes, while acknowledging the challenges for consumers, complainants and service providers in responding to aged matters. I reiterate the sincere apologies that were provided to those who were impacted by the delays caused by the backlog of complaints and the aging of matters.

In order to progress the volume of matters, practices were adjusted to increase the use of 'facilitated direct resolution' processes in the assessment of complaints and reduce the use of preliminary inquiries to service providers. This meant that more complaints were managed through working with service providers to provide direct responses to complainants, with the aim of achieving more timely outcomes. These changes are reflected in the complaint trends and data provided in this report.

Following the substantial reduction of the complaint backlog, my focus since commencing as Commissioner has been on further enhancing practices and strengthening capabilities, with the aim of optimising the opportunities for resolution, and leveraging the insights from complaints to drive service and system improvements. This developmental work will continue into the year ahead, alongside the program of sector engagements and education, community outreach and collaboration with key partner agencies. This renewed program of sector engagement commenced in late 2025, promoting awareness of the role of the HCSCC, education on effective approaches to complaints, and access for priority consumer groups. To support these goals, a new website and online complaint form were also launched in December 2025, significantly improving digital accessibility and information available to the community.

Complaint trends

The HCSCC received a similar number of contacts in 2025-26, with 3,208 complaints and enquiries compared to 3,190 in 2024-25.

Enquiries remained broadly consistent, decreasing slightly from 1,936 in 2024-25 to 1,916 in 2025-26. Complaints and own motion matters increased modestly from 1,254 to 1,292 over the same period.

The HCSCC commenced 2025-26 with a significant backlog of 696 open cases and, as a result, dealt with a record number of complaints during the reporting period. A record 1,652 section 29 assessment determinations were made during 2025-26, representing a 47.3% increase from 1,121 determinations in 2024-25. The majority of assessments were conducted through the 'facilitated direct resolution' process.



The number of complaints referred to conciliation and investigation also increased, with a total of 47 matters referred to conciliation during 2025-26 compared to 11 in 2024-25, and 27 matters referred to investigation during 2025-26 compared to 11 in 2024-25.

Overall, the HCSCC finalised 3,754 matters over 2025-26 compared to 3,032 in 2024-25. These numbers reflect the HCSCC's achievements in addressing the challenges of the increased volume and complexity of complaints and adapting processes to meet these needs.

In addition, the HCSCC continued to address identified risks posed by unregistered health practitioners/workers, issuing 8 interim prohibition orders (IPOs) to a total of 4 unregistered health practitioners/workers, compared to 2 IPOs in 2024-25.

The data tables at the end of this report outline the range of activities and types of issues raised in complaints over the past year.

Looking ahead

The HCSCC is now well positioned to further develop its practices and elevate the impact of its work. In the year ahead, we will focus on strengthening operational effectiveness, enhancing accessibility and responsiveness, and increasing awareness of the HCSCC's role in protecting rights, quality and safety across health and community services. This will include targeted strategies to promote access for priority consumer groups, including in rural and regional areas and in community service sectors.

We will continue to increase education and engagement activities with the sector, to build capability on effective complaints management and to use data and insights from complaints to drive safety and quality improvements. A key focus will also be stakeholder engagement to inform the development of a new Strategic Plan and the future review of the Charter of Health and Community Services Rights (the Charter).

I wish to acknowledge and thank the Ministers and Departmental officers for their keen interest in the work of the HCSCC and the opportunities to maximise the HCSCC's contributions to addressing safety and quality issues across the service system.

Finally, I would like to thank all staff and stakeholders of the HCSCC for the warm welcome and support that I have received since my commencement. The HCSCC staff demonstrated significant commitment, dedication and skill to achieve the significant improvements over the past year. I also acknowledge and thank the many



people who have raised their concerns about their experiences or identified public safety risks that have enabled the HCSCC to work with services to address these issues.

I look forward to continuing to work with stakeholders across the health and community sectors on the shared vision of improved quality, safety and confidence in health and community services received in South Australia.

Dr Lynne Coulson Barr OAM
Health and Community Services Complaints Commissioner



Contents

Overview: about the agency	12
Our strategic focus	12
Functions, objectives and deliverables	13
Our organisational structure	14
Changes to the agency	15
Our Ministers	15
Our executive team	16
Role of the Commissioner	16
Legislation administered by the agency	17
The agency's performance	18
Performance at a glance	18
Agency specific objectives and performance	19
Employment opportunity programs	22
Agency performance management and development systems	22
Work health, safety and return to work programs	23
Executive employment in the agency	24
Financial performance	25
Financial performance at a glance	25
Consultants disclosure	25
Contractors disclosure	25
Risk management	26
Fraud detected in the agency	26
Strategies implemented to control and prevent fraud	26
Public interest disclosure	26
Reporting required under any other Act or regulation	27
Public complaints	28
Internal reviews conducted by the Commissioner	28
External reviews of HCSCC decisions by Ombudsman SA	29
Compliance statement	30
Reporting required under the Health and Community Services Complaints Act 2004 (SA) Annual Report requirements	31
Definitions to assist understanding data	31
Data disclaimer & methodology	32
Data quality & reconciliation	32



(i) Number, type and sources of complaints	33
Total contacts, enquiries and complaints.....	33
Month by month comparison	35
Health services: complaints and own motions.....	35
Health services: enquiries	35
Community services: complaints and own motions.....	36
Community services: enquiries	36
Health services complaints profile	37
Health services: contacts, public vs private sector	37
Health services: issues complained about	38
Contacts about major health services	39
Community services complaints profile	40
Community services: contacts, public vs private sector	40
Community services: issues complained about.....	41
Complainant characteristics.....	42
Gender of complainants	42
Priority consumer groups	43
Initial method of contact	44
Location of contact.....	45
Source of complaints.....	46
Charter of Health and Community Services Rights	47
Grounds for Complaint (under the Charter).....	47
Section 25 of the Health and Community Services Complaints Act 2004 (SA)	48
Grounds for Complaint (under Section 25 of the Act).....	48
(ii) Summary of all assessments and determinations made under section 29 in relation to a complaint.....	49
Facilitated direct resolution	50
Preliminary inquiry	50
Section 29 determinations	51
Interpretation of complaint determinations and outcomes	52
(iii) Summary of all determinations under section 33 to take no further action in relation to a complaint.....	53
Reasons for closure of complaints 2025-26	53
Enquiries closure reason.....	53



Section 33 determinations.....	54
(iv) If a complaint was referred for conciliation—the outcome of the conciliation	56
Outcomes of formal conciliations.....	57
Outcomes of matters referred to conciliation that did not proceed to formal conciliation.....	57
(v) If a complaint was dealt with under Part 7 – the outcome of any action taken by a registration authority	58
Contacts involving registered health practitioners.....	58
HCSCC consultations with Ahpra	59
Outcome of notifications received by HCSCC and referred to Ahpra	59
Ahpra consultations with HCSCC	60
Contacts about unregistered health care workers 2025-26	60
(vi) A summary of all investigations conducted by the Commissioner under Part 6, including the outcomes of those investigations	61
Summary of investigations by provider type	62
(vii) A summary of time taken for complaints to be dealt with	63
(viii) A summary of all complaints not finally dealt with by the Commissioner	64



Overview: about the agency

Our strategic focus

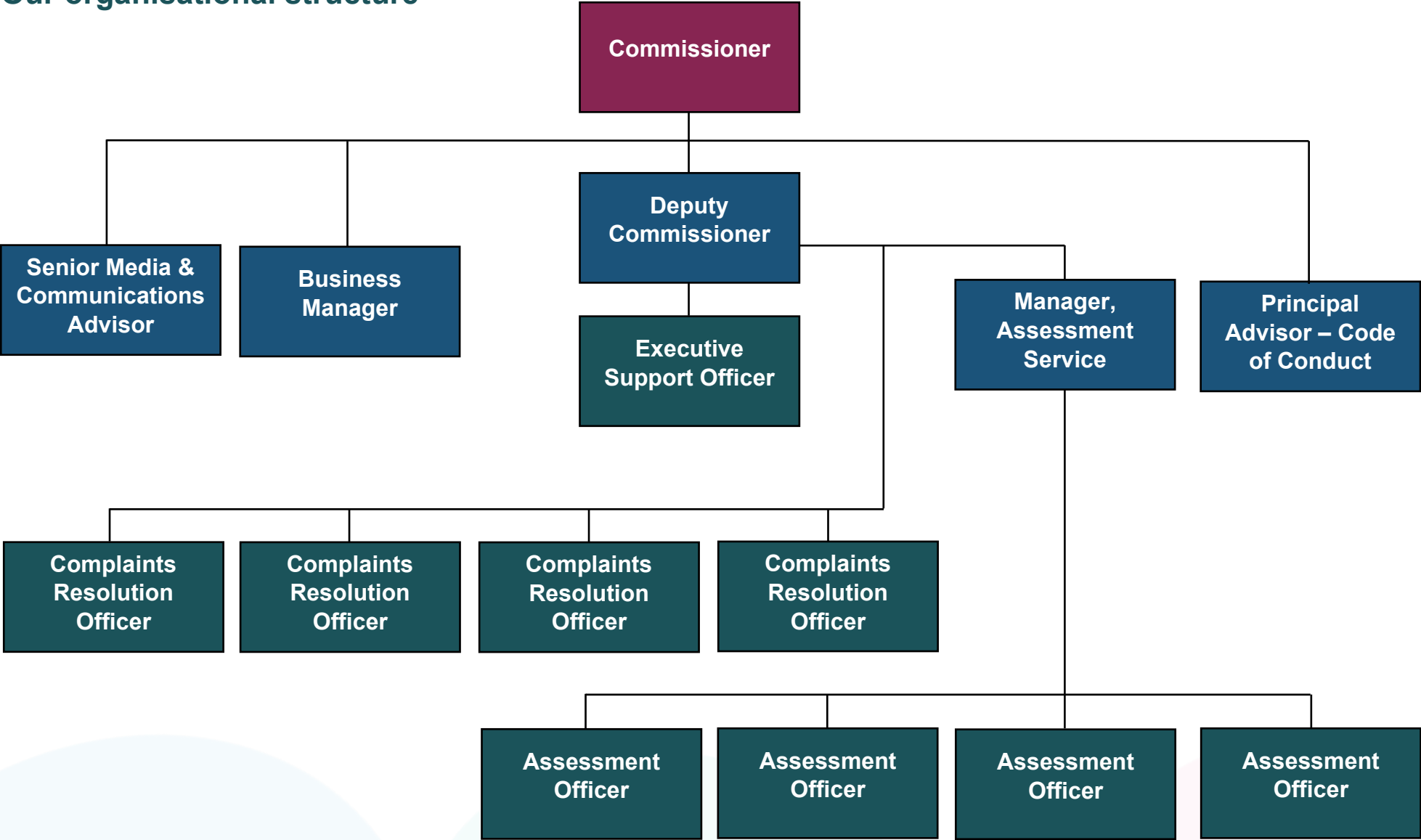
Purpose	The purpose of the Health and Community Services Complaints Commissioner (HCSCC) is set out in the objects and provisions of the <i>Health and Community Services Complaints Act 2004</i> (SA) (the Act). The HCSCC promotes the quality, safety and accountability of health and community services in South Australia through the fair, independent and impartial resolution of complaints. The HCSCC provides accessible pathways for consumers, carers and service providers to raise and resolve concerns, supports the protection of consumer rights, and contributes to service improvement through complaint handling, education, engagement and systemic review. Through its work, the HCSCC helps identify emerging safety and quality issues, promotes best practice in complaints management, and supports public confidence in health and community services.
Vision	The HCSCC works to achieve the following vision through its Strategic Plan 2022-2027: • 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: Strategic Plan and Reports HCSCC.
Values	The HCSCC's work is underpinned by the following values: • Customer Service Focus • Impartiality • Collaboration • Respect • Excellence



Functions, objectives and deliverables	Under the Act the Commissioner is responsible for: Complaints resolution • Receiving, assessing and resolving complaints about health and community services. • Providing independent dispute resolution through assessment, conciliation and investigation processes. • Encouraging and assisting consumers and providers to resolve complaints directly where appropriate. Rights, information and education • Maintaining and reviewing the Charter of Health and Community Services Rights. • Providing information, education and advice about consumer rights and responsibilities, complaint processes and related matters. • Supporting service providers to develop and improve complaint handling practices. System improvement and public safety • Identifying issues, trends and causes arising from complaints. • Making recommendations to improve the quality and safety of health and community services. • Investigating and reporting on significant systemic issues, public safety concerns and matters of public interest. • Making interim and permanent prohibition orders to address risks posed by unregistered health practitioners who may be operating in breach of the <i>Code of Conduct for Certain Health Workers</i> (the Code). • Monitoring complaint trends and using complaint information to inform service improvement. Collaboration and stakeholder engagement • Maintaining relationships with consumers, community organisations, service providers and professional bodies. • Consulting and cooperating with government agencies, registration authorities and other oversight bodies to protect the rights and interests of consumers. • Advising the Minister on matters relating to health and community services and the administration of the Act.
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Our organisational structure





Changes to the agency

The HCSCC's operations were strengthened in 2025-26 through the approval of two temporary positions:

- a new Business Manager role to provide operational leadership and systems support; and
- an additional Assessment Officer role to assist in meeting complaint management demands.

Our Ministers

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

The Hon Blair Boyer MP is the Minister for Health and Wellbeing, the Minister to whom the administration of the *Health and Community Services Complaints Act 2004 (SA)* has been committed. The Minister for Health and Wellbeing has responsibility for health, wellbeing, mental health, substance abuse and suicide prevention matters. The Hon Chris Picton MP served as Minister for Health and Wellbeing until 25 March 2026.



Image of Hon Blair Boyer MP,
Minister for Health and Wellbeing



Image of Hon Chris Picton MP, Former
Minister for Health and Wellbeing

While the administration of the Act is committed to the Minister for Health and Wellbeing, the HCSCC's jurisdiction extends to complaints about community services. The HCSCC therefore acknowledges the role of the Minister of Human Services who has responsibility for services which fall within the definition of community services.



The Hon Katrine Hildyard MP is Minister for Human Services, Minister for Seniors and Ageing Well, and Minister for Women. The Hon Nat Cook MP served as Minister for Human Services until 25 March 2026.

Our executive team

Ms Debbie Martin was appointed as Interim Commissioner from 30 June 2025 and served for eight months before providing a handover to the current Commissioner, Dr Lynne Coulson Barr OAM, who commenced in February 2026.



Image of Dr Lynne Coulson Barr OAM



Image of Ms Debbie Martin

Role of the Commissioner

The Health and Community Services Complaints Commissioner is an independent statutory officer responsible for receiving, assessing and resolving complaints about health and community services in South Australia.

The Commissioner protects consumer rights through the Charter of Health and Community Services Rights, provides information and advice, and delivers fair and effective complaint resolution.

The Commissioner identifies issues arising from complaints, monitors trends, and makes recommendations to improve the quality, safety and accessibility of services.

The role also includes working with consumers, providers, regulators, government and community organisations to improve complaints management, address systemic issues and promote awareness of consumer rights and responsibilities.



The Commissioner may inquire into matters of public interest, advise the Minister and contribute to policy development, while acting independently, impartially and in the public interest.

Dr Coulson Barr's background, qualifications and credentials for the role of Commissioner can be found on the HCSCC website: [Meet the Commissioner | HCSCC](#).

Legislation administered by the agency

- *Health and Community Services Complaints Act 2004 (SA) (the Act).*



The agency's performance

Performance at a glance

Below is a summary of the key performance data and highlights of the HCSCC's work in 2025-26:

- The overall number of contacts received by the HCSCC remained consistent with previous years, with 3,208 contacts received in 2025-26, compared with 3,190 in 2024-25.
- The proportion of complaints and own motions matters to enquiries also remained stable, with 1,292 new complaints and own motion matters received in 2025-26, compared with 1,254 in 2024-25.
- The HCSCC commenced 2025-26 with a significant backlog of 696 open cases, resulting in a record number of complaints being managed during the reporting period.
- A record 3,754 matters were finalised during 2025-26, representing an increase of 24.1% compared with 3,023 matters finalised in 2024-25. This increase reflects targeted strategies implemented to reduce the complaint backlog and improve the timely resolution of matters.
- A record 1,652 assessment determinations were made under section 29 of the Act, an increase of 531 determinations (47.3%) from 1,121 section 29 determinations in 2024-25.
- 47 matters were referred or managed through conciliation processes, compared with 25 matters in 2024-25.
- 27 matters were referred or managed through investigation processes, compared with 16 matters in 2024-25.
- These outcomes reflect the HCSCC's focus on reducing the complaint backlog and strengthening practices to promote the timely triaging and resolution of complaints.
- Eight Interim Prohibition Orders (IPOs) were issued to four unregistered health practitioners or workers for alleged breaches of the *Code of Conduct for Certain Health Care Workers*, compared with two IPOs in 2024-25.
- Health Services matters continued to represent the majority of the HCSCC's work, accounting for 93.3% of all contacts received during 2025-26.
- Community Services matters accounted for 3.0% of total contacts, down from 3.9% in 2024-25. This decrease was partly attributable to improved data classification and the separate reporting of 'Other' matters.
- The most common issues raised in complaints continued to relate to treatment and access to services, consistent with previous years.



- The HCSCC participated in six sector expos and events to promote awareness of the Commission's role and engage with priority consumer groups.
- Seven education sessions were delivered to service providers and peak bodies on topics including effective complaint management and the *Code of Conduct for Certain Health Care Workers*.
- The HCSCC also contributed complaint-based insights to four consultations and submissions, including the *Mental Health and Wellbeing Bill* and consultations relating to standards and risks in specific service settings.

Agency specific objectives and performance

Note: Objectives from the Strategic Plan, 2022 – 2027

1. Provide an accessible, fair and responsive complaints resolution service to consumers, service providers and people of South Australia.

Over 2025-26 the HCSCC undertook a range of actions and initiatives to support this objective, including:

- Implemented a range of strategies to restore timeliness and responsiveness of complaints processes, through reduction of backlog of complaints
- Worked with services to promote direct resolution and responses to complaints through increased use of 'facilitated direct resolution' processes
- Introduced regular meetings with nominated Local Health Networks to track responses and themes in complaints, and identify opportunities for resolution and process improvements
- Worked with Prison Health SA to develop systems and processes to support direct and early resolution of complaints by people in custody raising their concerns to Nurse Unit Managers in the first instance
- Implemented a new phone system with enhanced functions for managing phone rosters and tracking calls
- Commenced a program of engagements and communications to increase awareness and accessibility of the HCSCC's complaints resolution service to priority consumer groups and communities across South Australia
- A new website and online complaint form were launched in December 2025 to improve digital accessibility and information available to the community
- Policies, practices and systems were reviewed to enhance complaints processes, with a focus on fairness, responsiveness and alignment with legislative objectives
- Invested in specialist training for staff, including accredited mediation.



2. Protect the health and safety of the public

The HCSCC's objective of protecting the health and safety requires action to promote awareness of the [Code of Conduct for Certain Health Care Workers](#) (the Code), and taking appropriate actions to address identified risks. Over 2025-26 the HCSCC undertook a range of actions and initiatives to support this objective, including:

- A calendar of education sessions with unregistered provider peak bodies to educate providers about best practices in complaint management, and responsibilities under the Code. Presentations included:
 - Massage and Myotherapy Australia
 - Australian Counselling Association
 - Association of Massage Therapists
 - Psychotherapy and Counselling Federation of Australia
- Maintaining close working relations with other regulatory and statutory bodies such as the NDIS Quality and Safeguards Commission to share information on relevant actions and potential risks
- Taking action in relation to assessed risks posed by unregistered health practitioners/workers, issuing eight interim prohibition orders and assessing issues identified in 31 new enquiries and complaints received about unregistered health practitioners/workers in 2025-26.

3. Actively engage with the community

Consistent with the Commissioner's functions under the *Health and Community Services Complaints Act 2004* (SA) (the Act), HCSCC staff engaged with community organisations and consumers to promote awareness of health and community service rights, complaint resolution pathways and the Charter of Health and Community Services Rights (the Charter).

Emphasis was placed on priority consumer groups who may experience disadvantage or barriers in accessing services.

During the year, HCSCC staff participated in six events and expos:

- *FEAST Picnic in the Park* - providing information to members of the LGBTIQ+ community about health care rights and complaint pathways.
- *SA Prison Health Service Health Expos* - at the Adelaide Women's Prison and at Yatala Prison, raising awareness among people in custodial settings about their rights when receiving health services.
- *Disability and Ageing Lifestyle Expo (Mount Gambier)* - engaging with older people, people with disability, carers and service providers.
- *Closing the Gap Day* - promoting awareness of health care rights and access to complaints processes among First Nations communities.
- *Salisbury Community Health Expo* - providing information about the role of the HCSCC and options for resolving concerns about health and community services.



The HCSCC also commenced a program of education sessions for service providers on the HCSCC's role and effective complaints management. Presentations included:

- Calvary Health Care
- SA Health Prison Service Nursing Directors
- Riverland Mallee Coorong Local Health Network

Since commencing as Commissioner, I commenced a program of engagements, meeting with over 33 individuals, services and groups. These meetings focused on establishing strong connections and a shared understanding of priority issues of concern, together with opportunities to improve the responsiveness of complaints processes and the quality and safety of services.

4. Continuously improve the quality of our services

During 2025-26, the HCSCC implemented an Operational Plan to support strategic objectives and enhance operational effectiveness.

A range of actions and initiatives were implemented including:

- Strengthening consumer and provider engagement through feedback mechanisms and improved communications
- Enhancing responsiveness through new workflows and technology supported the HCSCC's case management system
- Improving organisational capability through staff training, induction, wellbeing initiatives and team development programs. These included education sessions with stakeholder and referral organisations, including:
 - Coroner's Court
 - Ombudsman SA
 - Consumer and Business Services
 - Office of Chief Psychiatrist
 - Office of Public Advocate and Community Visitor's Scheme
 - NDIS Quality and Safeguards Commission
- Launching a new website for increased accessibility and readability
- Establishing a technology working group to identify technology enabled opportunities to improve operations.



Employment opportunity programs

Employment opportunity programs	Details
HCSCC staff have the opportunity to participate in the Department for Health and Wellbeing (DHW) employment opportunity programs, and programs offered by the Office of the Commissioner for Public Sector Employment (OCPSE).	Programs are detailed in the webpages linked below: • The agency's performance (DHW 2024-25 Annual Report) SA Health • OCPSE Annual Report 2024-25.html Office of the Commissioner for Public Sector Employment

Agency performance management and development systems

Performance management and development system	Details
HCSCC staff performance is reviewed and developed through the DHW performance management and development system process.	DHW performance review and development process details can be found in the link below. • Performance Review and Development Policy SA Health

As of 30 June 2026, all Performance Review and Development requirements were up to date.



Work health, safety and return to work programs

Work, health, safety and return to work programs	Details
When required, HCSCC staff have the opportunity to benefit from the relevant Department for Health and Wellbeing work health, safety and return to work programs.	Programs are detailed in the webpage linked below: The agency's performance (DHW 2024-25 Annual Report) SA Health

Workplace injury claims	2025-26	2024-25	% Change (+ / -)
Total new workplace injury claims	0	2	-100.0%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	0.00	252.63	-100.0%

**number of claimants assessed during the reporting period as having a whole person impairment of 30% or more under the Return to Work Act 2014 (Part 2 Division 5)*

Return to work costs**	2025-26	2024-25	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$124,203	\$248,743	-50.1%
Income support payments – gross (\$)	\$91,146	\$183,617	-50.4%

***before third party recovery*



Work health and safety regulations	2025-26	2024-25	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	0	0	0.0%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	0	0	0.0%

Data for previous years is available at: [2025-26, Annual Report data, Health and Community Services Complaints Commissioner - Dataset - data.sa.gov.au](#)

Executive employment in the agency

Executive classification	Number of executives
Statutory appointment (EXEC0A)	1

Data for previous years is available at: [2025-26, Annual Report data, Health and Community Services Complaints Commissioner - Dataset - data.sa.gov.au](#)

The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.



Financial performance

Financial performance at a glance

Statement of comprehensive income	2025-26 Budget \$000s	2025-26 Actual \$000s	Variation \$000s	Past year 2024-25 Actual \$000s
Total income	0	0	0	0
Total expenses	2,368	2,453	-85	1,898
Net result	2,368	2,453	0	1,898
Total comprehensive result	2,368	2,453	-85	1,898

The budget variance in 2025-26 was due to additional expenditure required for upgrades of systems and staffing to meet operational needs during this period.

The HCSCC's financial transactions are consolidated in the audited financial statements of the Department for Health and Wellbeing (DHW) Annual Report.

Consultants disclosure

Nothing to report.

Contractors disclosure

Nothing to report.



Risk management

Fraud detected in the agency

Category/nature of fraud	Number of instances
None to report	0

Note: Fraud reported includes actual and reasonably suspected incidents of fraud.

Strategies implemented to control and prevent fraud

The HCSCC is an independent statutory office of the Crown and is subject to relevant Treasurer's Instructions.

HCSCC staff are employed by the Department for Health and Wellbeing which identifies the actions to be undertaken in the event of a conflict of interest.

All declared conflicts of interest are recorded on the HCSCC Conflict of Interest Register and reported to the Minister for Health and Wellbeing.

Data for previous years is available at: [2025-26, Annual Report data, Health and Community Services Complaints Commissioner - Dataset - data.sa.gov.au](#)

Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the Public Interest Disclosure Act 2018:

- Nil

Data for previous years is available at: [2025-26, Annual Report data, Health and Community Services Complaints Commissioner - Dataset - data.sa.gov.au](#)

Note: Disclosure of public interest information was previously reported under the Whistleblowers Protection Act 1993 and repealed by the Public Interest Disclosure Act 2018 on 1/7/2019.



Reporting required under any other Act or regulation

Act or Regulation	Requirement
<i>Carers Recognition Act 2005</i>	The HCSCC is not required to comply with section 6 of the Act in the reporting period.
<i>Climate Change and Greenhouse Emissions Reduction Act 2007</i>	The HCSCC is not required to monitor or report on implementation in the reporting period.



Public complaints

Internal reviews conducted by the Commissioner

During the 2025-26 financial year, the HCSCC received 91 requests from complainants for an internal review of the decision to take no further action on their complaint. Most internal review requests related to concerns about administrative processes and the outcomes of complaints.

This increase was largely attributable to the significant staffing shortages experienced by the HCSCC during the 2023-24 and 2024-25 reporting periods, which impacted processing timeframes and resulted in delays across a number of matters.

During 2025-26, the HCSCC finalised a substantial backlog of complaints that had accumulated during these workforce shortages. As a large number of complainants received outcomes within a relatively short period, there was a corresponding increase in requests for internal review.

As a result, the number of internal review requests rose substantially from 14 in 2024-25 and 26 in 2023-24 to 91 in 2025-26.

The HCSCC has since addressed its workforce challenges and is now fully staffed. This positions the Office to improve service delivery, reduce processing delay and minimise the accumulation of complaint backlogs in future reporting periods.

Outcome	Number
Number of Internal review requests received	91
Number of Internal Review requests reviewed and declined	73
Number of Internal Reviews conducted	10
Number of Decisions upheld	5
Number of files reopened for further action	4
Number of incomplete reviews as of 30 June 2026	8



External reviews of HCSCC decisions by Ombudsman SA

A complainant may seek a review by Ombudsman SA if they are dissatisfied with the HCSCC's handling of their complaint or consider that an administrative error has affected the process or outcome.

During 2025-26, the HCSCC received 12 contacts from Ombudsman SA. As some matters involved multiple issues, the number of complaint themes exceeded the total number of contacts.

In all 12 matters, Ombudsman SA determined that no further action was warranted. No findings, recommendations or concerns were identified in relation to the HCSCC's handling of these matters.

Complaint category	Sub-category	Examples	Number
Communication	Communication Quality	Inadequate, delayed or absent communication with customer	2
Service Delivery	Process	Delay in processing a complaint, concerns about timeliness of complaint management	4
Service Delivery	Outcome of Complaint	Dissatisfaction with outcome of a complaint	4
Service Delivery	Assessment Process	Out of Time Complaint	1
Service Delivery	Review Process	Dissatisfaction that Internal Review wasn't accepted	2
Service Delivery	Conciliation	Dissatisfaction that conciliation did not occur	1

Data for previous years is available at: [2025-26, Annual Report data, Health and Community Services Complaints Commissioner - Dataset - data.sa.gov.au](https://data.sa.gov.au/dataset/2025-26-annual-report-data-health-and-community-services-complaints-commissioner)



Compliance statement

The Office of the Health and Community Complaints Commissioner is compliant with Premier and Cabinet Circular 039 (PC039) Complaint Management in the South Australian Public Sector	Yes
The Office of the Health and Community Complaints Commissioner has communicated the content of PC039 and the agency's related complaints policies and procedures to employees	Yes



Reporting required under the Health and Community Services Complaints Act 2004 (SA) Annual Report requirements

Section 16 of the Act requires the Commissioner provide the following information on the work of the HCSCC over the reporting period:

- (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
- (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
- (vii) a summary of time taken for complaints to be dealt with
- (viii) a summary of all complaints not finally dealt with by the Commissioner.

The data in this report has therefore been provided under these headings for ease of reference.

Definitions to assist understanding data

- *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, which can include actions to resolve the complaint through processes under section 30 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 also 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 complaint, or the person decides not to proceed with a complaint. Enquiry data has been included in the data set to fully demonstrate how many contacts this HCSCC has received. A total picture cannot be gained without this data.



- *Own motion*

Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allow 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 complaint received from a consumer.

Data disclaimer & methodology

The data presented in this report was collated following the end of the 2025-26 reporting period and represents information available at a point in time. Given the dynamic nature of complaint and enquiry records, reported figures may change as matters progress, supplementary information is received, records are reclassified, or cases are reopened. Furthermore, where multiple contacts relate to the same matter, records may be consolidated.

This report encompasses new complaints and enquiries received during the 2025–26 reporting period, as well as actions taken on all active, closed, or carried-forward matters within this period. Due to historical reporting limitations, a formal reconciliation of complaints carried forward from 2024–25 is not included.

Data quality & reconciliation

The HCSCC is committed to data integrity and has implemented ongoing improvements to its case management recording and reporting systems.

During preparation of the 2025-26 Annual Report, historical complaint and enquiry data were reviewed and reconciled against current records and reporting practices. This review identified some differences from figures published in the 2024-25 Annual Report arising from data amendments, record updates and refinements to classification methodology. These amendments include the variations in total figures for numbers of contacts and types of complaints reported in 2024-25.

Health complaint figures were substantially consistent with those previously reported, with only minor variances identified. More significant variations within Community Services data were primarily attributable to enquiries and complaints that are now recorded separately within the ‘Other’ category.

The ‘Other’ category includes complaints relating to services or matters outside the Commissioner's jurisdiction, including shopping centres, education services, public spaces, aged care facilities and National Disability Insurance Scheme (NDIS) services.



These adjustments do not indicate a material shift in actual complaint volumes. Instead, they reflect enhanced data quality, stricter classification and improved reporting methodology. The figures presented herein constitute the most accurate representation of complaints and enquiries managed during the reporting period.

(i) Number, type and sources of complaints

Total contacts, enquiries and complaints

Total contacts	2024-25	2025-26	Change
Complaints and Own Motions	1,254	1,292	+3.0%
Enquiries	1,936	1,916	-1.0%
Total	3,190	3,208	+0.6%

The HCSCC received a total of 3,208 contacts during 2025-26, comprising 1,292 complaints and own motions and 1,916 enquiries.

Compared with 2024-25, total contacts increased by 18 contacts (0.6%), from 3,190 to 3,208. This increase was driven by a rise in complaints and own motions, which increased by 3.0% (38 matters). In contrast, enquiries decreased by 1.0% (20 matters) compared with the previous year.

Health services	2024-25	2025-26	Change
Complaints and Own Motions	1,215	1,254	+3.2%
Enquiries	1,785	1,739	-2.6%
Total	3,000	2,993	-0.2%

The HCSCC received 2,993 contacts relating to Health Services during 2025-26, comprising 1,254 complaints and own motions and 1,739 enquiries. Compared with 2024-25, total Health Services contacts decreased by seven contacts (0.2%), from 3,000 to 2,993.

While complaints and own motions increased by 3.2% (39 matters), enquiries decreased by 2.6% (46 matters) compared with the previous year. Overall, Health Services contacts remained broadly consistent with the previous reporting period.



Community services	2024-25	2025-26	Change
Complaints and Own Motions	26	19	-26.9%
Enquiries	97	78	-19.6%
Total	123	97	-21.1%

The HCSCC received 97 contacts relating to community services during 2025-26, comprising 19 complaints and own motions and 78 enquiries. Compared with 2024-25, total community services recorded contacts decreased by 26 contacts (21.1%), from 123 to 97. These decreases are primarily attributable to corrections in recording practices and the introduction of the category of 'Other' type of service.

The decrease was evident across both contact types, with complaints and own motions decreasing by 26.9% and enquiries decreasing by 19.6% compared with the previous year.

Child Protection*

Child Protection matters remained low during 2025-26, with eight contacts received compared with six in 2024-25. This included one complaint and own motion matter and seven enquiries.

** In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services.*

Other*

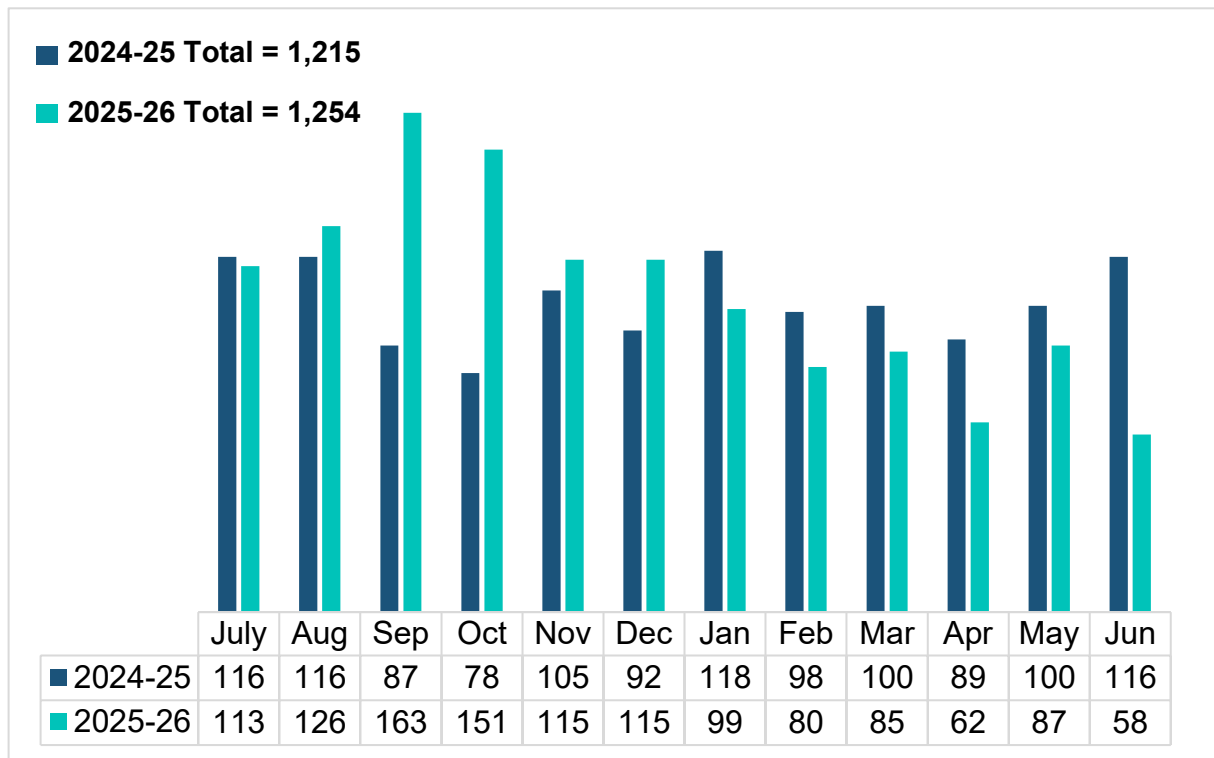
Contacts classified as Other increased from 61 in 2024-25 to 110 in 2025-26. This increase was driven by enquiries, which rose from 12 to 92 contacts. In contrast, complaints and own motion matters decreased from 49 to 18 contacts.

** Refer to the Data Quality and Reconciliation section for further information. Variations in Community Services data compared with previous years are primarily attributable to enquiries and complaints that are now recorded separately within the 'Other' category.*

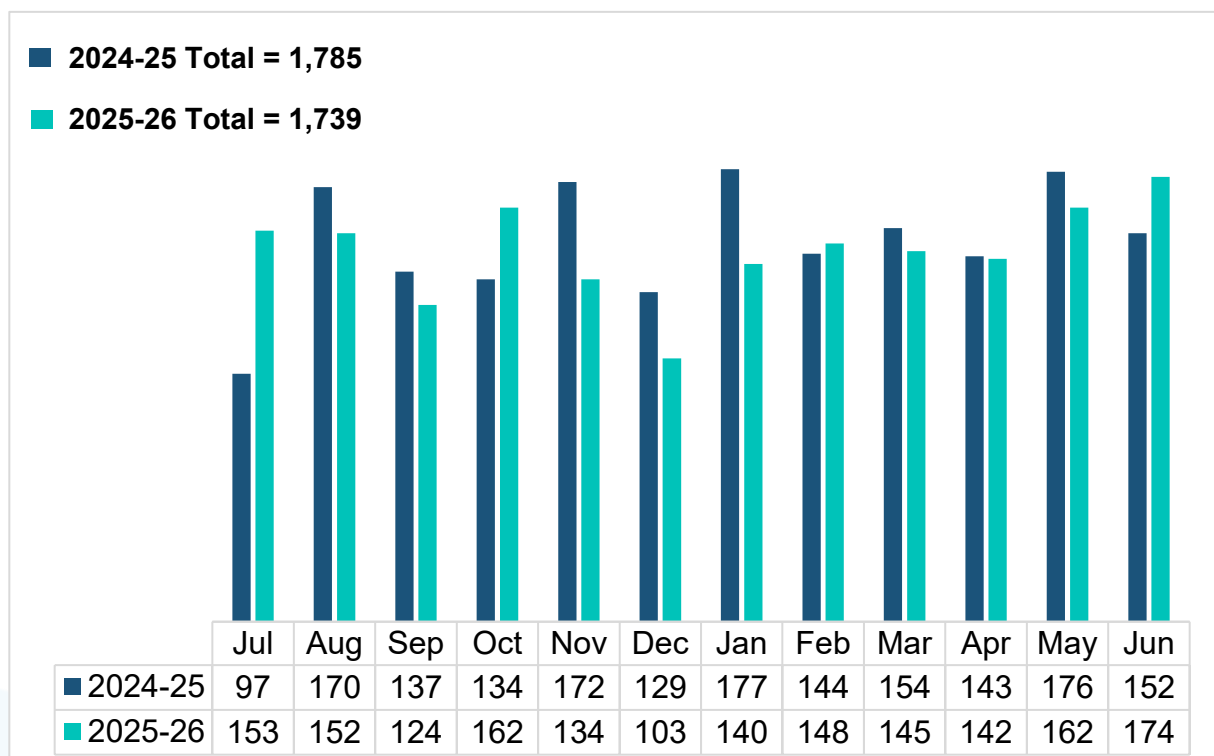


Month by month comparison

Health services: complaints and own motions

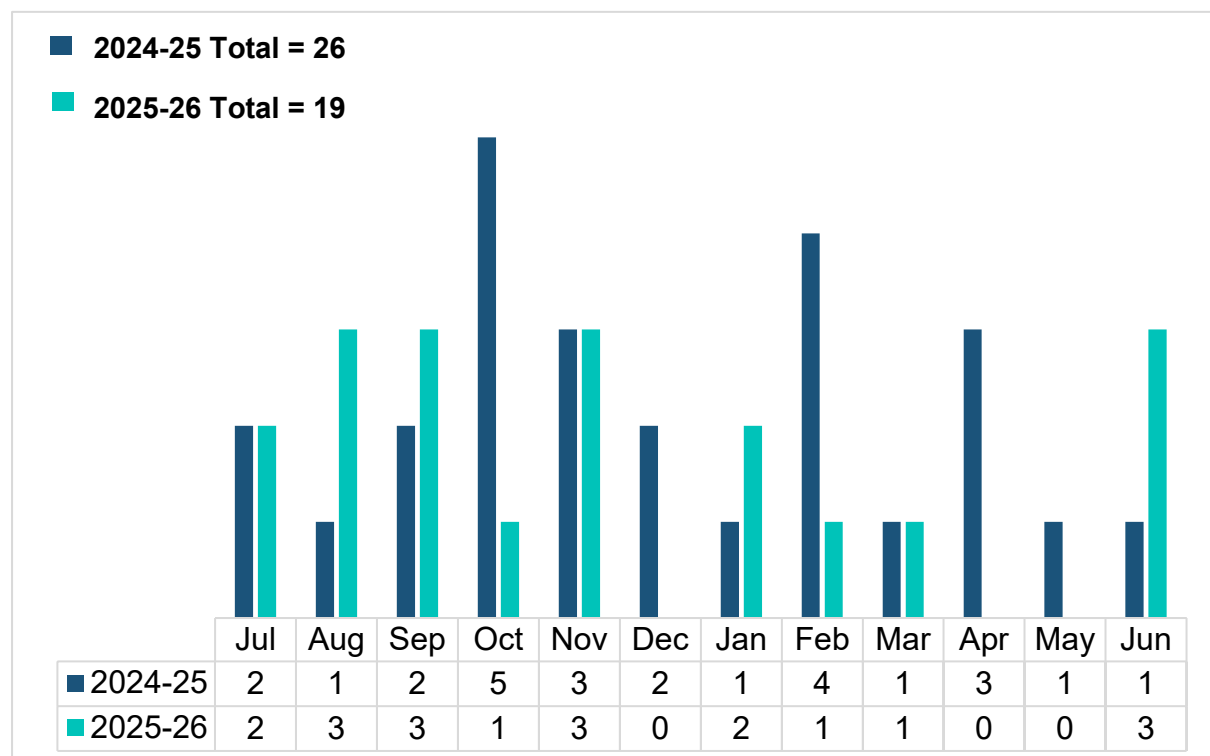


Health services: enquiries

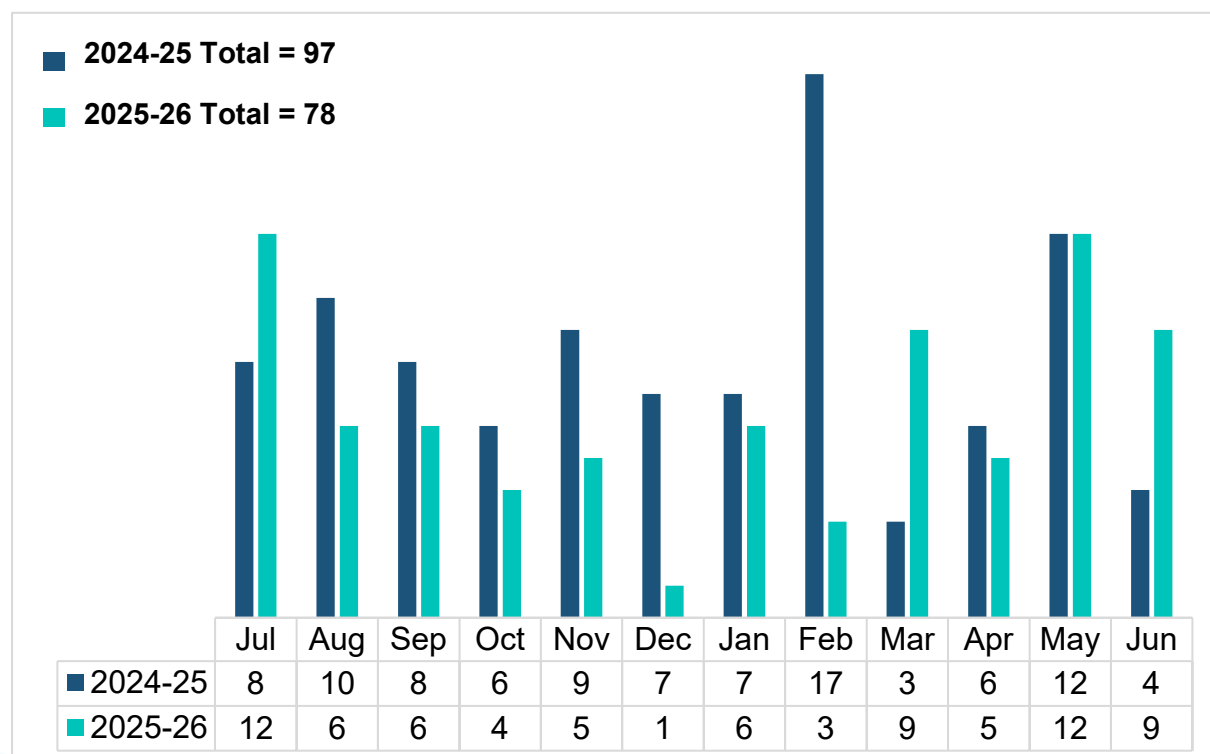




Community services: complaints and own motions



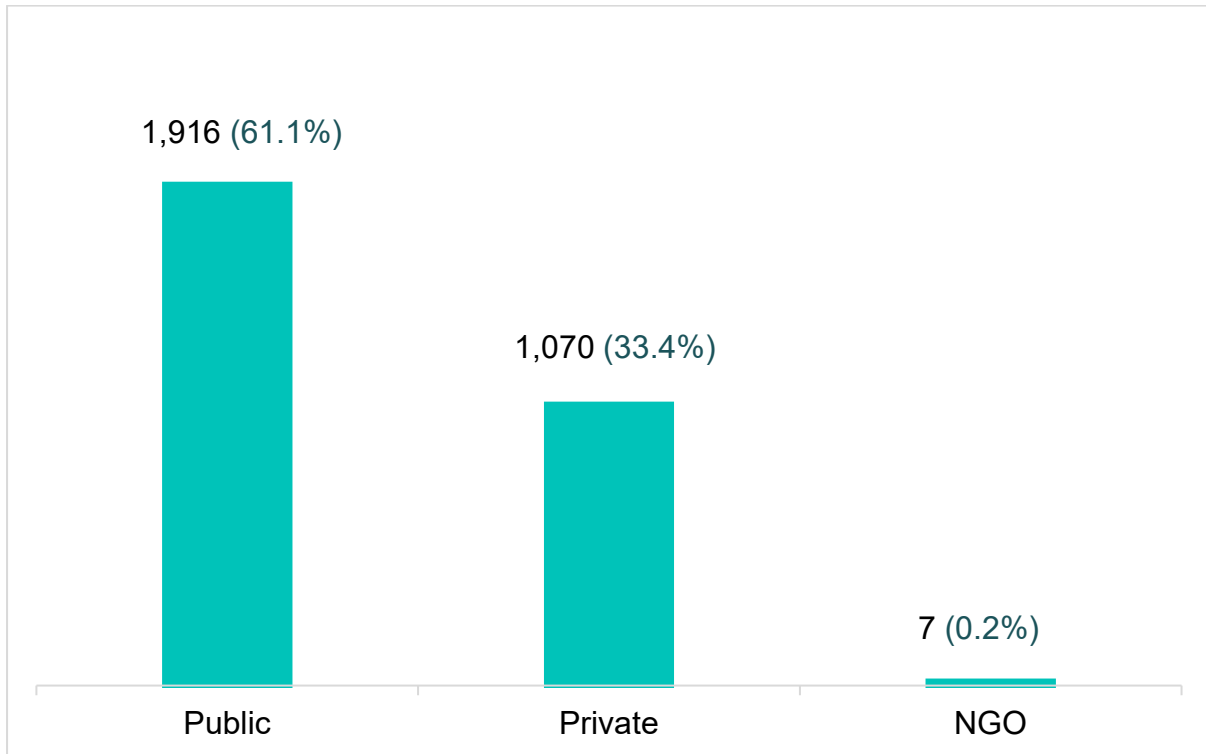
Community services: enquiries





Health services complaints profile

Health services: contacts, public vs private sector

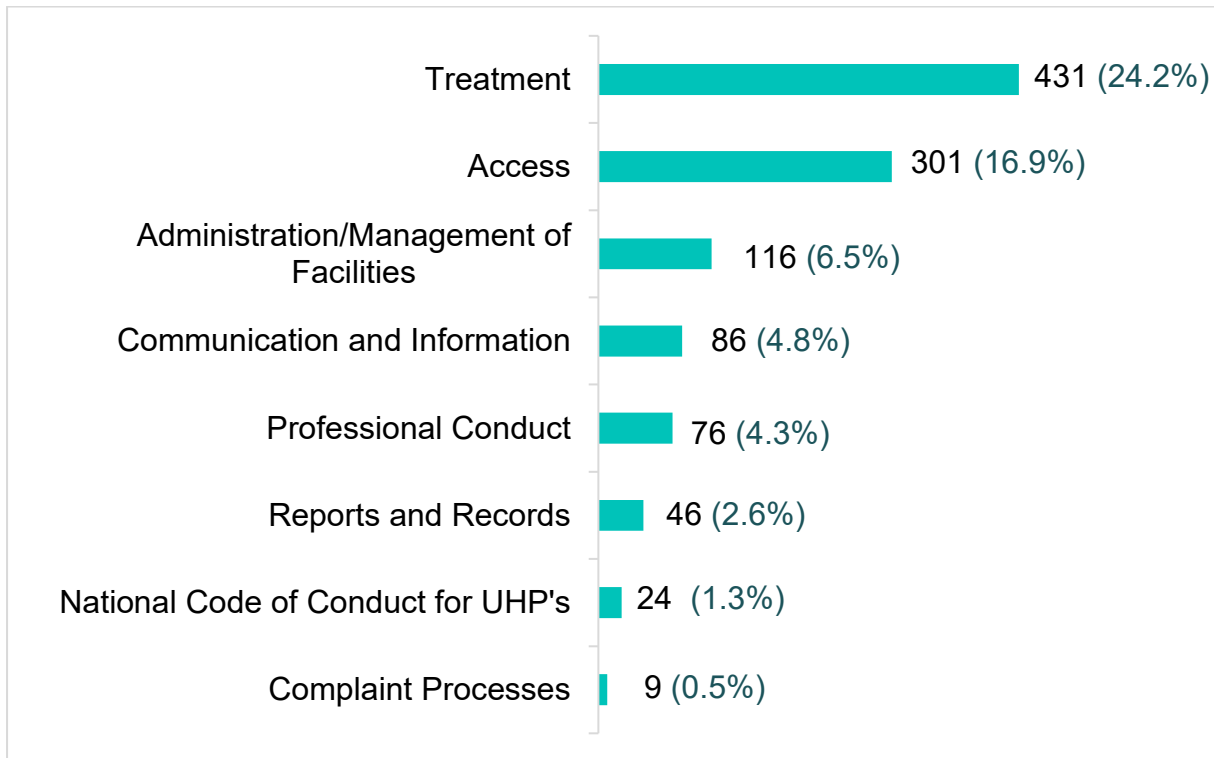


Health Services matters accounted for 2,993 of the HCSCC's 3,208 total contacts (93.3%) during 2025-26.

Of these, 1,916 contacts related to the public health sector, 1,070 to the private health sector, and seven to non-government organisations.



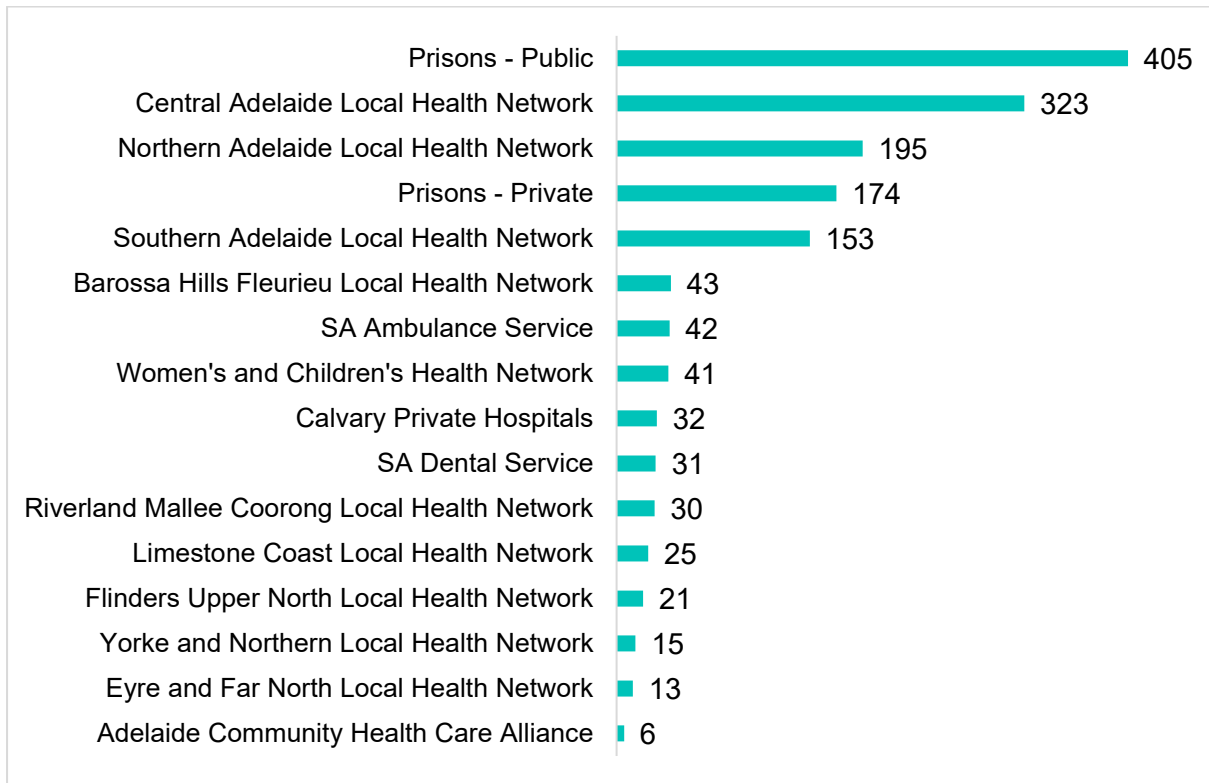
Health services: issues complained about



Note: This chart relates to Health Services complaints only. Percentages are calculated using the total number of complaints closed across all jurisdictions (1,780) and are provided for comparative purposes only. As a complaint may involve multiple issues, percentages will not total 100%. Some complaints closed during the 2025-26 reporting period, may have been received in previous reporting periods.



Contacts about major health services



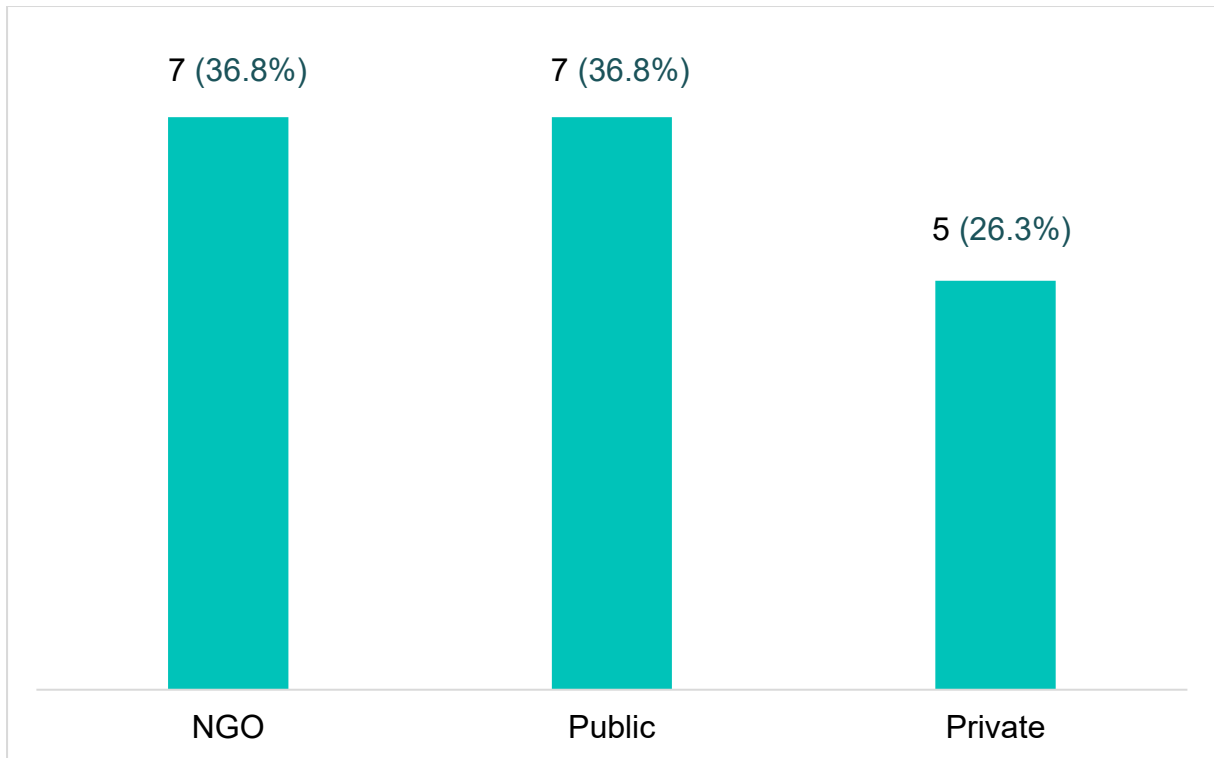
Contacts relating to selected major health service providers were concentrated among a small number of providers. Public Prisons accounted for the highest number of contacts (405), followed by the Central Adelaide Local Health Network (323), Northern Adelaide Local Health Network (195), Private Prisons (174) and the Southern Adelaide Local Health Network (153). Together, these five providers accounted for the majority of contacts received about major health service providers during 2025-26.

Note: Percentages have not been calculated, as the data relates only to selected major health service providers and is not intended to represent the distribution of all health complaints received by the HCSCC. The data excludes complaints relating to general practitioners, private medical practices and other health service providers.



Community services complaints profile

Community services: contacts, public vs private sector

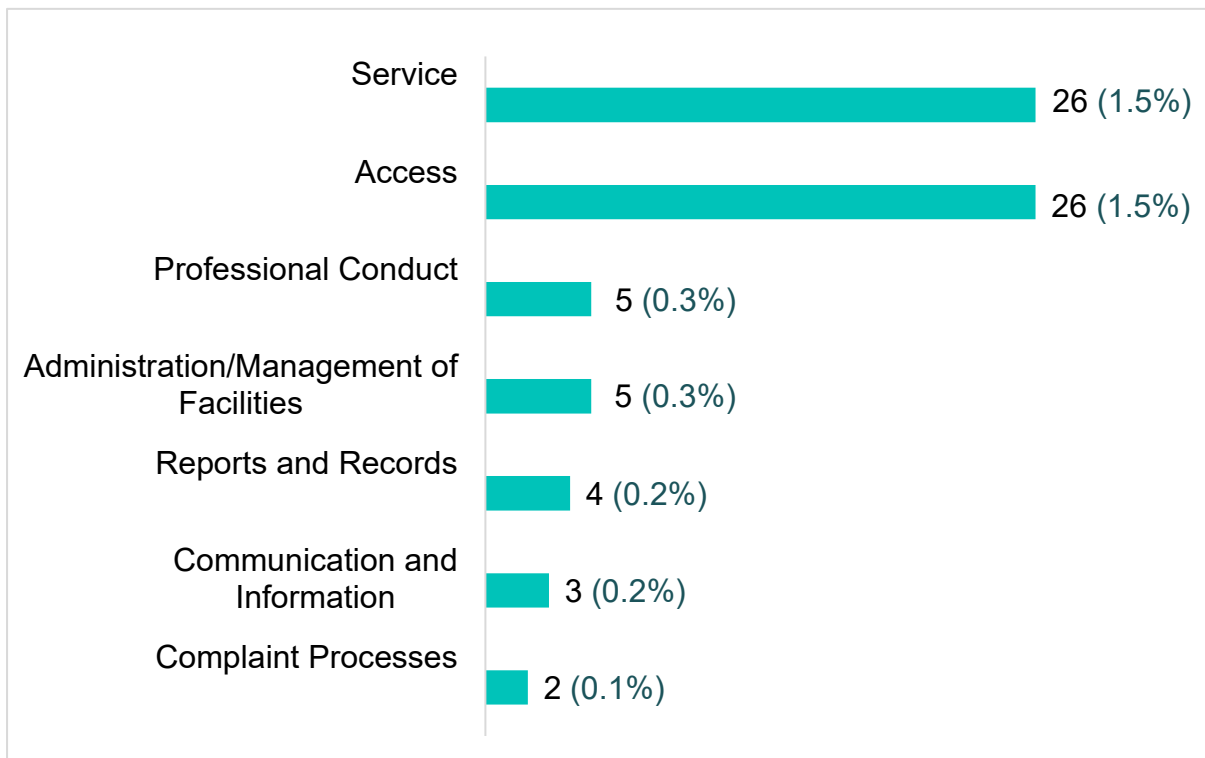


Community Services matters accounted for 19 of the HCSCC's 3,208 total contacts (0.6%) during 2025-26.

Of these, seven contacts related to the public community services sector, seven to non-government organisations, and five to the private community services sector.



Community services: issues complained about

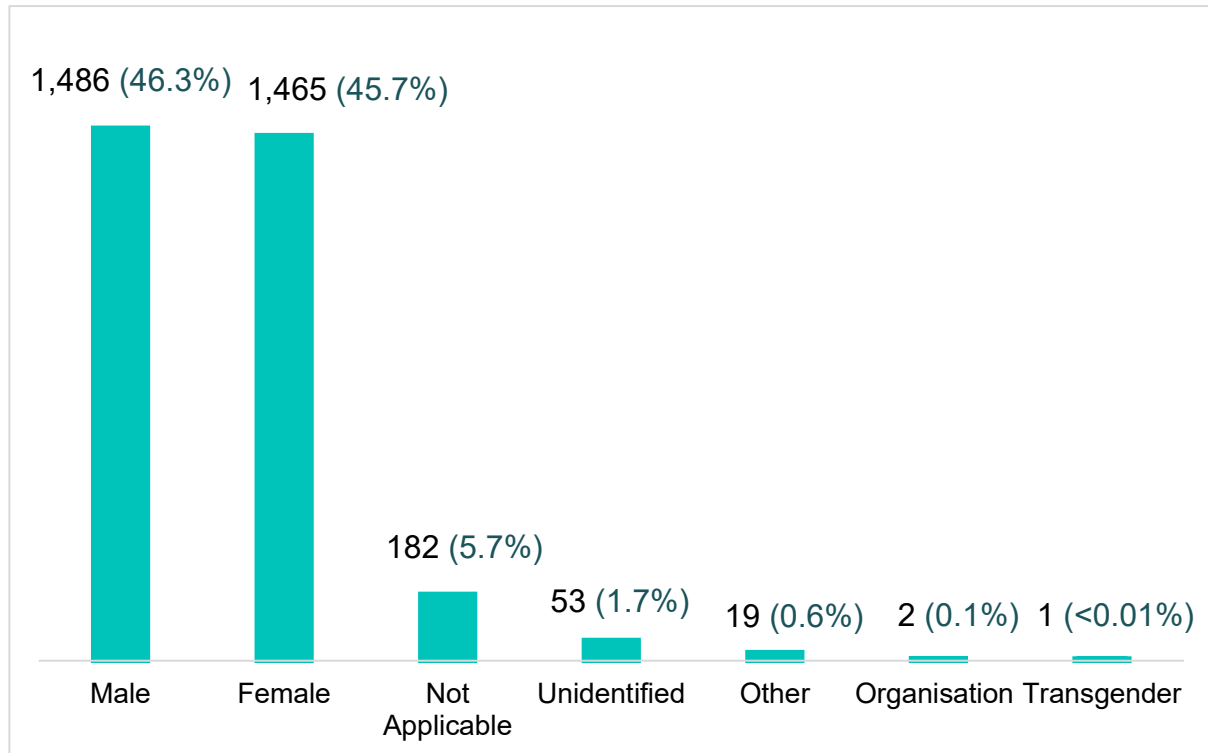


Note: This chart relates to Community Services complaints only. Percentages are calculated using the total number of complaints closed across all jurisdictions (1,780) and are provided for comparative purposes only. As a complaint may involve multiple issues, percentages will not total 100%. Some complaints closed during the 2025-26 reporting period, may have been received in previous reporting periods.



Complainant characteristics

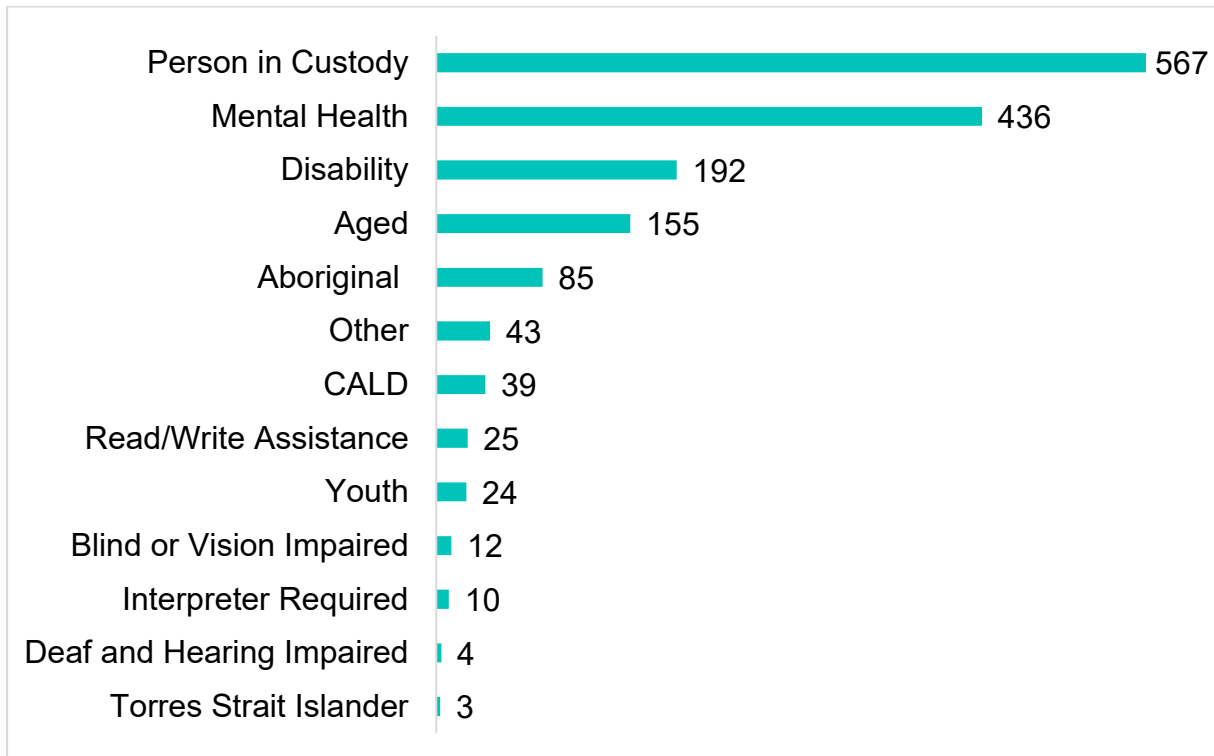
Gender of complainants



The gender profile of contacts remained broadly balanced during 2025-26, with males accounting for 46.3% of contacts and females 45.7%. This was broadly consistent with 2024-25, when female contacts slightly exceeded male contacts.



Priority consumer groups



The recorded contacts involving Priority Consumer Groups decreased during 2025-26. This however may be attributed to recording practices, rather than actual numbers of contacts from these consumer groups. The accuracy of this data collection will be an area of attention for the year ahead.

The largest groups continued to be people in custody (567 contacts), people with mental health needs (436), people with disability (192) and aged persons (155).

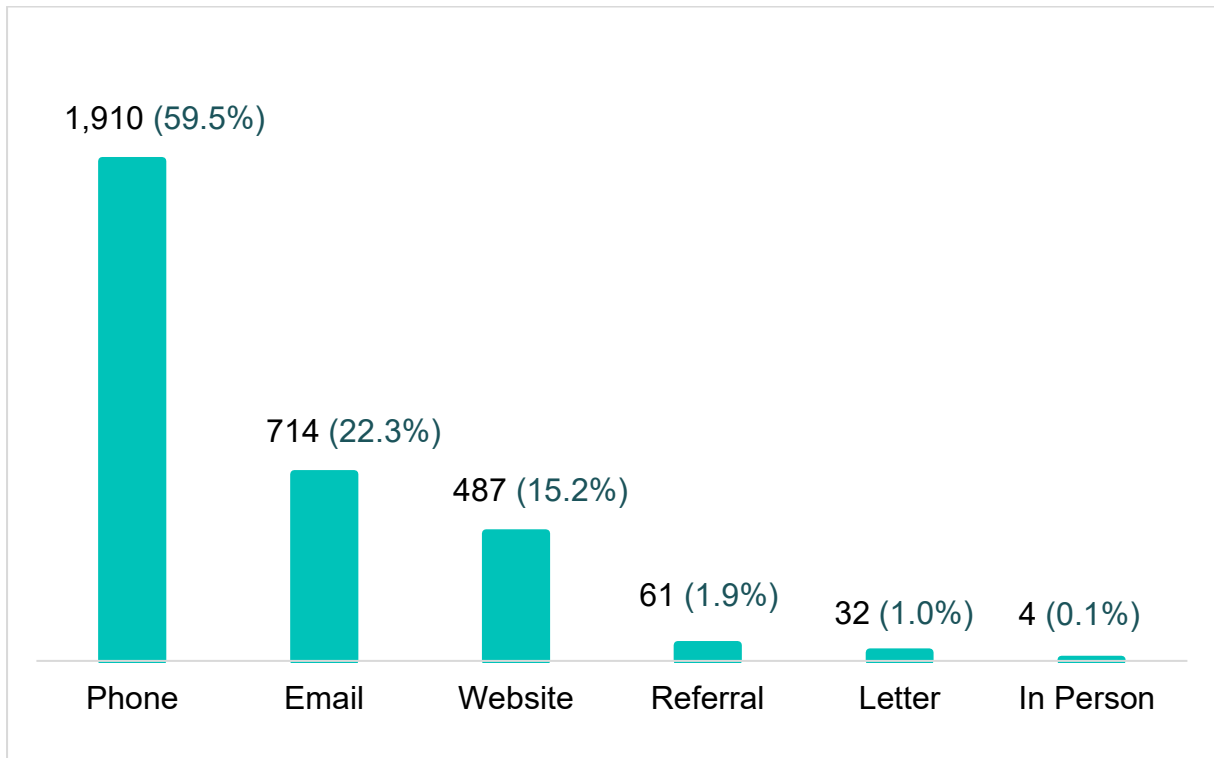
The most notable reduction was in contacts from people in custody, which decreased from 722 contacts in 2024-25 to 567 contacts in 2025-26, a reduction of 155 contacts (21.5%). This decrease is attributable to processes introduced by the Interim Commissioner in conjunction with Prison Health SA, which encourage prisoners and people in custody to raise concerns directly with Nurse Unit Managers at their respective facilities. These changes were implemented to promote the early identification, response and resolution of complaints at the local level.

A person may be identified as belonging to more than one priority consumer group.

Note: The HCSCC has previously reported on Consumers with Special Needs. Following amendments to section 9 of the Health and Community Services Complaints Act 2004 (SA), this term is now referred to as Priority Consumer Groups



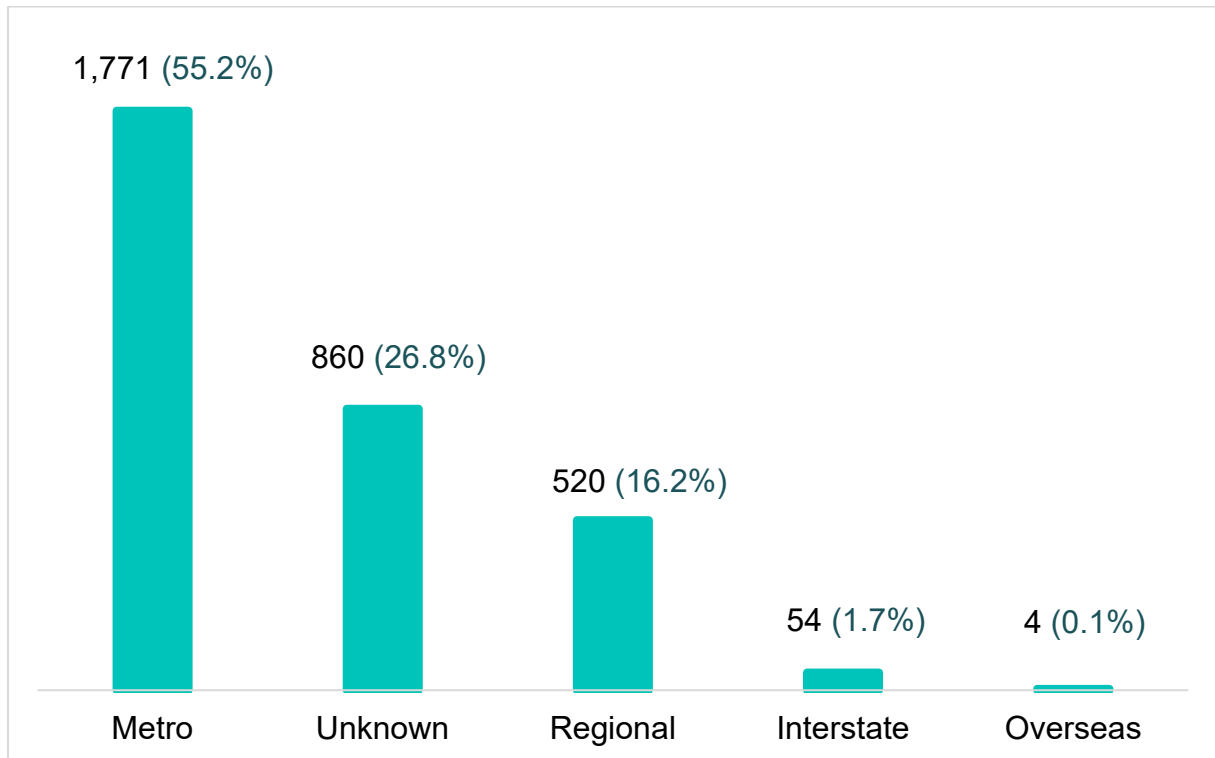
Initial method of contact



Telephone remained the most common method of contact in 2025-26, followed by email and website submissions. Compared with 2024-25, website submissions increased significantly, while telephone and email contacts decreased. This may be explained by the launch of the updated website and online complaint form.



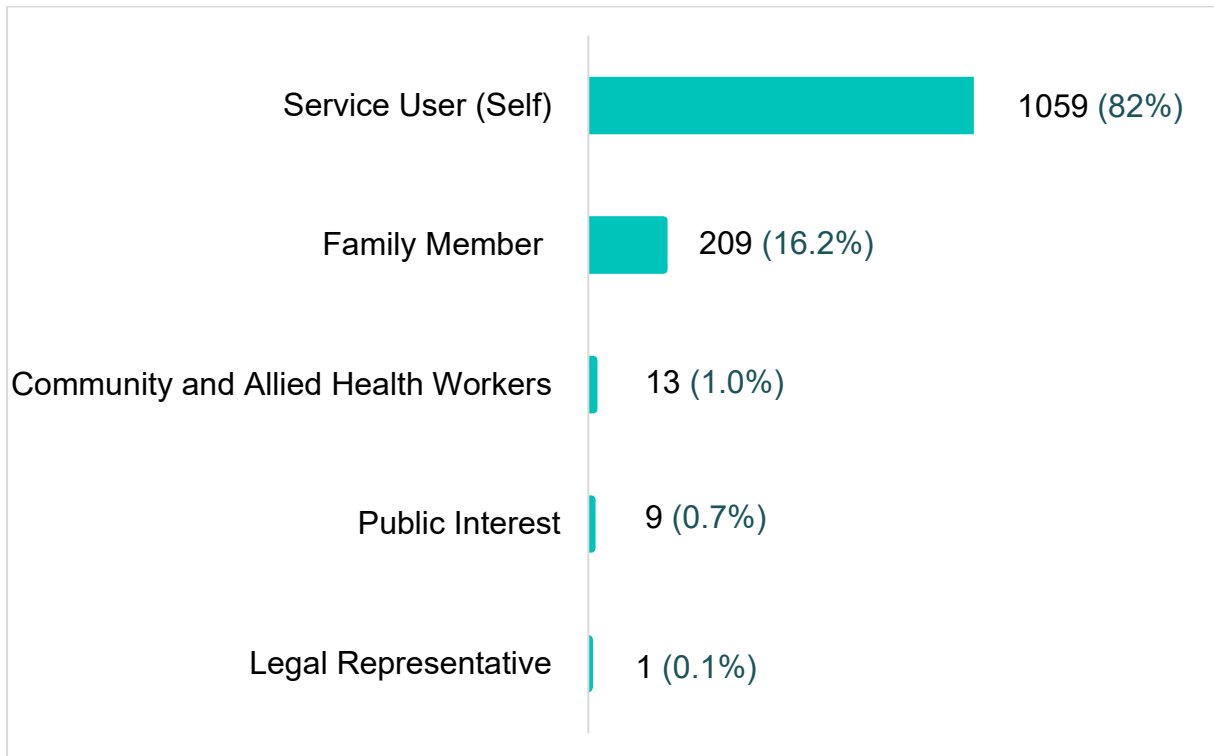
Location of contact



The location profile of contacts remained broadly unchanged during 2025-26, with most contacts originating from metropolitan South Australia, followed by regional areas. Contacts with an unknown location decreased compared with 2024-25, while interstate and overseas contacts remained low.



Source of complaints



The majority of complaints were made by service user or consumer, with 1,059 contacts recorded in complaints to the HCSCC. Family members also played an important role in raising concerns on behalf of service users, accounting for 209 contacts relating to complaints. A small number of contacts were made by community and allied health workers, members of the public, and legal representatives seeking to raise complaints on behalf of others.

Note: Community and Allied Health Workers include disability support workers, social workers, mental health workers, and other allied health professionals. Data relates to complaints only and excludes enquiries and own motion matters.



Charter of Health and Community Services Rights

The HCSCC *Charter of Health and Community Services Rights* (the Charter) sets out the rights of all people who use health and community services in South Australia, including families, carers and nominees who act on behalf of a person seeking or using a service. It applies across a range of health and community services in the public, private and non-government sectors. A complaint may be made to the HCSCC on the grounds that a health or community service provider has acted in a manner that is inconsistent with the Charter. Issues of consistency with the Charter may also be identified during an assessment of a complaint.

Grounds for Complaint (under the Charter)	Number
Charter 1 - Access	729
Charter 2 - Safety	253
Charter 3 - Quality	592
Charter 4 - Respect	168
Charter 5 - Information	411
Charter 6 - Participation	30
Charter 7 - Privacy	25
Charter 8 - Comment	2
Total	2210

Note: A single complaint may raise multiple grounds of complaint under the Charter.



Section 25 of the Health and Community Services Complaints Act 2004 (SA)

Under Section 25 of the *Health and Community Services Complaints Act 2004 (SA)*, a complaint may only be made on specific legislative grounds relating to the provision, appropriateness, or standard of health and community services. These grounds include consistency with the Charter as outlined in the previous table.

Grounds for Complaint (under Section 25 of the Act)	Number
S 25 1 (a) - service not provided or discontinued	173
S 25 1 (b) - service provision not necessary/inappropriate	38
S 25 1 (c) - unreasonable manner in providing service	97
S 25 1 (d) - lacked due skill	68
S 25 1 (e) - unprofessional manner	88
S 25 1 (f) - lack of privacy/dignity	10
S 25 1 (g) - quality of information	56
S 25 1 (h) - unreasonable action - lack of information/access to records	47
S 25 1 (i) - unreasonable disclosure to a third party	3
S 25 1 (j) - improper action on a complaint	12
S 25 1 (k) - inconsistent with the Charter	5
S 25 1 (l) - did not meet expected standard of service delivery	220
Total	817



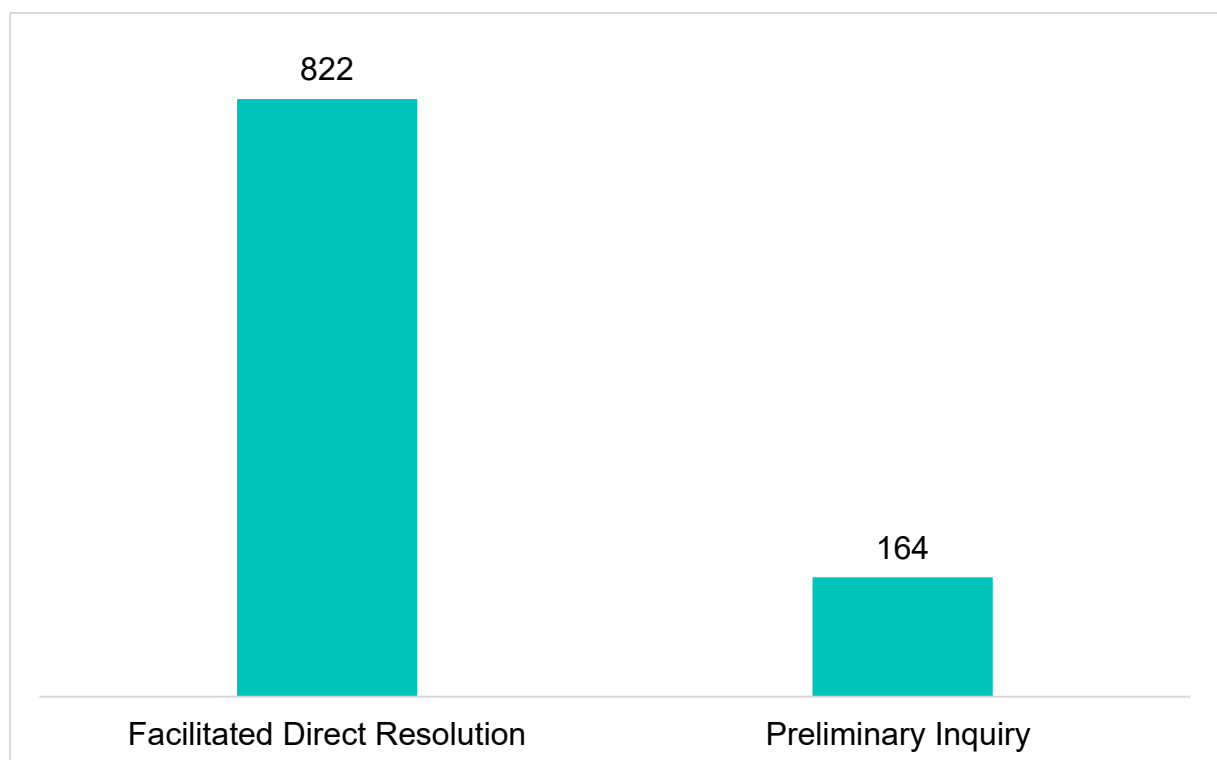
(ii) Summary of all assessments and determinations made under section 29 in relation to a complaint

Section 29 of the Act sets out the requirements for assessing complaints and determining the appropriate action to be taken.

Section 30 of the Act empowers the Commissioner to undertake preliminary inquiries and informal mediation before making a determination under section 29.

During 2025-26, 986 matters progressed through a section 30 process prior to determination under section 29. This comprised 164 matters requiring a preliminary inquiry and 822 matters assessed as suitable for 'facilitated direct resolution'.

The graph below summarises these matters.





Facilitated direct resolution

Of the 822 matters assessed as suitable for ‘facilitated direct resolution’ (FDR), using the provisions for ‘informal mediation’ under section 30 of the Act:

- 711 (86.5%) were resolved through the FDR process and subsequently determined as requiring no further action.
- 111 (13.5%) remained active as of 30 June 2026.

Preliminary inquiry

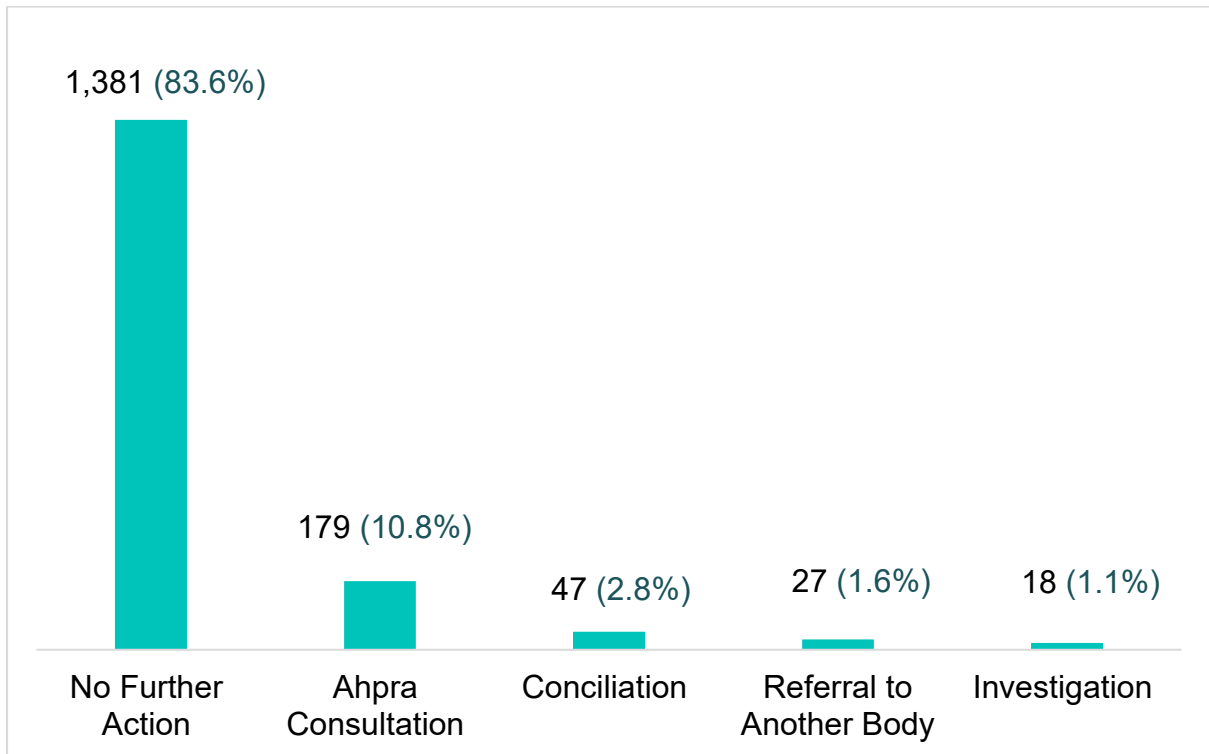
Of the 164 matters requiring a preliminary inquiry under section 30 of the Act prior to a determination being made under section 29:

- 106 (64.6%) were finalised during the preliminary inquiry process and subsequently determined as requiring no further action.
- 40 (24.4%) remained active as of 30 June 2026.
- 8 (4.9%) progressed to facilitated direct resolution.
- 6 (3.7%) progressed to conciliation.
- 3 (1.8%) progressed to investigation.
- 1 (0.6%) progressed to consultation with the Australian Health Practitioner Regulation Agency (Ahpra).



Section 29 determinations

A record 1,652 section 29 assessment determinations were made during 2025-26, representing a 47.3% increase from 1,121 determinations in 2024-25.



The majority of determinations (1,381; 83.6%) resulted in No Further Action, reflecting matters that were resolved through facilitated direct resolution, addressed during preliminary inquiry, or where sufficient information was obtained to resolve the issues raised. A further 179 determinations (10.8%) involved consultation with Ahpra, while 47 matters (2.8%) were assessed as suitable for conciliation. Additionally, 27 matters (1.6%) were referred to another body, and 18 matters (1.1%) progressed to investigation.



Interpretation of complaint determinations and outcomes

A change in practice was introduced during 2025-26 to increase the use of 'facilitated direct resolution processes. This approach was implemented to address complaint volumes and backlogs while supporting more timely outcomes for consumers and service providers. As a result, the number of preliminary inquiries undertaken with service providers as part of the assessment process was reduced.

Following either a facilitated direct resolution process or a preliminary inquiry, the Commission may determine under section 29 of the Act to take no further action in relation to a complaint.

A decision to take no further action may occur where a complaint has been resolved, satisfactory information or explanations have been provided by the service provider, or where other circumstances indicate that no further intervention is warranted.

Importantly, a no further action determination should not be interpreted as an absence of outcomes or as an indication that concerns raised were not addressed.

In many cases, matters are resolved through the assessment process itself, including facilitated direct resolution, engagement with service providers, or the provision of information to complainants.



(iii) Summary of all determinations under section 33 to take no further action in relation to a complaint

Reasons for closure of complaints 2025-26

During 2025-26, the HCSCC closed a total of 3,754 matters, including 1,780 complaints and 1,974 enquiries. This reflects the HCSCC's continued focus on the timely resolution of concerns through information provision, direct resolution processes and formal complaint management mechanisms.

Of the 1,974 enquiries closed during 2025-26, 61.5% were resolved through the provision of information, 20.0% were outside the HCSCC's jurisdiction, and 18.5% required direct resolution by the relevant service provider.

Enquiries closure reason	Number	Percentage %
Information Provided	1,214	61.5%
Out of Jurisdiction	394	20.0%
Direct Resolution Required	366	18.5%
Total enquiries closed	1,974	100.0%

Of the 1,780 complaints closed during 2025-26, the most common outcome was closure under section 33(1)(e) of the Act where a reasonable explanation or information had been provided, including actions by the service provider to respond to the complaint (834 complaints; 46.9%). A further 342 complaints (19.2%) were closed because the complaint had been resolved, while 115 complaints (6.5%) were closed on the basis that the complainant was attempting direct resolution with the service provider.

This means that approximately 78.7% of all complaint closures were attributable to the above four reasons. Complaints determined to be outside the HCSCC's jurisdiction accounted for 109 closures (6.1%).



Section 33 determinations	Number
s33(1)(e) reasonable explanation(s) or information earlier	834
s33(1)(j) the complaint is resolved	342
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	115
Out of Jurisdiction	109
s33(1)(j) the complaint is abandoned	74
s33(1)(k) reasonable cause - other	64
s57(2)(b) referred to registration authority	31
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	28
s33(1)(g) complaint lacks substance	26
Advice and information provided	26
s34(1) - complaint withdrawn	19
s33(1)(k) reasonable cause - s27 outside of time limit	18
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	15
Part 5 - s39 Conciliation may be brought to an end	15
s33(1)(d) proceedings have commenced before a tribunal authority or other	13
s33(1)(k) reasonable cause - service provider met reasonable standards	10
s33(1)(a) not entitled to make complaint	7
s33(1)(c) should be determined by legal proceedings	7
s33(1)(h) the complainant has failed to comply with a requirement	7
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	4
s33(2) complaint has been adjudicated by a court tribunal authority or other	4
s33(1)(b) does not disclose ground of complaint	3
s33(3)(a) suspension - court proceedings have commenced	2
s33(1)(f) grounds should have been disclosed earlier	1
s33(1)(i) the complaint would be an abuse of the processes under the Act	1
s33(1)(k) reasonable cause - individual complaint raises issues best dealt with as a systemic matter	1
s33(1)(k) reasonable cause - service provider resources are limited and equitably provided	1



s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	1
Part 6 - s54 Report	1
Suspended - pending another agency's action	1
Total	1,780



(iv) If a complaint was referred for conciliation—the outcome of the conciliation

During the 2025-26 financial year, 47 matters were referred for conciliation. In addition, four matters carried over from previous reporting periods remained active during the year, comprising one matter from 2023-24 and three matters from 2024-25.

Accordingly, a total of 51 matters were managed during the 2025-26 financial year. Of the 51 matters managed during the reporting period, 24 proceeded to formal conciliation.

Conciliation is a voluntary and confidential process that requires both parties to agree to participate and to sign a confidentiality agreement. While complaints may be assessed under Section 29 of the Act as suitable for referral to a conciliator, not all progress to the stage where the parties agree to participate and execute confidentiality agreements. Only matters that proceed in this way are categorised as formal conciliations.

A further 27 matters were referred for conciliation but did not proceed to a formal conciliation process. These matters were resolved prior to conciliation, discontinued, abandoned, determined to be outside jurisdiction or otherwise addressed through dispute resolution processes.



Outcomes of formal conciliations

Outcome	Number
Information/Explanation Provided	9
Unresolved	4
Refund/Waive Fee/Compensation	3
Resolved	2
Service Improvement	2
Abandoned	1
Apology	1
Direct Resolution	1
Withdrawn	1
Total	24

Outcomes of matters referred to conciliation that did not proceed to formal conciliation

Referred to conciliation outcomes	Number
Information/Explanation Provided	10
Resolved	7
Outside Jurisdiction	3
Unresolved/Did not proceed	3
Abandoned	2
Apology	2
Service Improvement	2
Direct Resolution	1
Legal Proceedings Should Determine	1
Total	31

Note: A conciliation may result in more than one outcome.



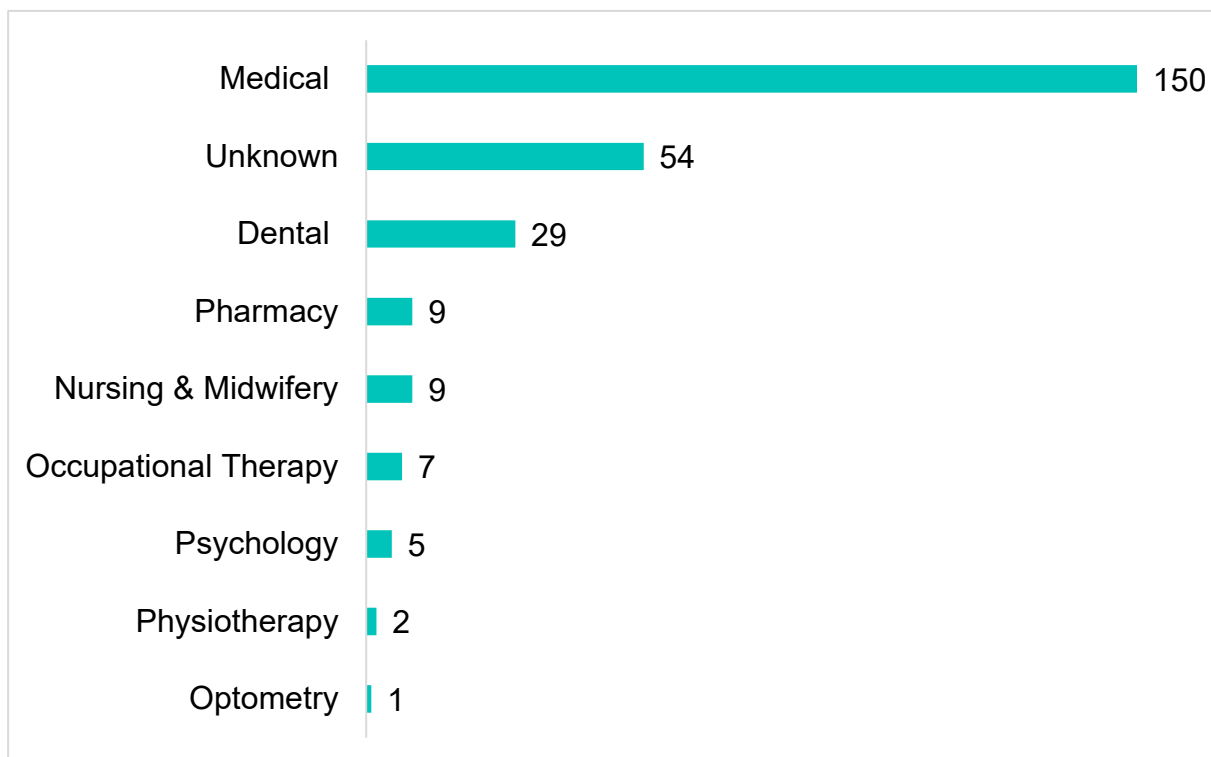
(v) If a complaint was dealt with under Part 7 – the outcome of any action taken by a registration authority

The Australian Health Practitioner Agency (Ahpra) is the national organisation and registration authority that works in partnership with 15 National Boards to register and regulate health practitioners across Australia.

Part 7 of the Act provides for consultations and referrals of matters involving registered health practitioners between the HCSCC and Ahpra.

The graph below shows the number of enquiries, complaints and own motion matters received by the HCSCC during 2025-26 where a registered health practitioner was identified. Not all matters involving a registered health practitioner raise concerns about performance, conduct or impairment that would warrant consultation with or referral to Ahpra. A total of 266 contacts involved a registered health practitioner.

Contacts involving registered health practitioners





HCSCC consultations with Ahpra

During the 2025-26 financial year, the HCSCC consulted with Ahpra under Part 7 of the Act on 179 occasions. The table below outlines the outcome of these consultations.

Type	Matters
Matters referred to Ahpra	35
Matters split with Ahpra *	21
Matters retained by HCSCC	123
Total consultations	179

** For jointly managed (split) complaints, the component of the complaint involving a registered health practitioner is referred to Ahpra, while the remaining aspects of the complaint are managed by HCSCC.*

Outcome of notifications received by HCSCC and referred to Ahpra

Of the matters for which an outcome was received from Ahpra during 2025-26, two resulted in conditions being imposed on a practitioner and 52 resulted in no further action being taken.

Note: The outcome information provided by Ahpra for matters referred by the HCSCC was limited to the categories shown below and did not include a breakdown by practitioner type, unlike in previous reporting periods. Some matters finalised by Ahpra and reported to the HCSCC during 2025-26 were referred in previous financial years.

Outcome	Referred to Ahpra	Split with Ahpra	Total
Impose conditions	1	1	2
No further action	34	18	52
Total	35	19	54



Ahpra consultations with HCSCC

During the 2025-26 financial year, Ahpra consulted with HCSCC on 429 occasions. The table below outlines the outcome of these consultations.

Type	Complaints
Ahpra complaints referred to HCSCC	73
Ahpra complaints retained by Ahpra	358
Total	429

Contacts about unregistered health care workers 2025-26

In the 2025-26 financial year the HCSCC received a total of 31 contacts about unregistered health care workers.

The HCSCC regulates unregistered health care workers through the Code of Conduct for Certain Health Care Workers under the *Health and Community Services Complaints Regulations 2019*.

Matter type	Total
Complaints about unregistered health care workers	16
Enquiries about unregistered health care workers	14
Own Motions about unregistered health care workers	1

Complaint closure reason	Total
Out of Jurisdiction	1
Section 33 (1) (k) reasonable cause to suspend or discontinue dealing	2
Section 57 (2) (b) referred to registration authority	1

On 30 June 2026, 14 matters relating to unregistered health care workers remained open, comprising 13 complaints and 1 own motion matter.



(vi) A summary of all investigations conducted by the Commissioner under Part 6, including the outcomes of those investigations

During the 2025-26 financial year, a total of 27 matters were managed for investigation.

Of these, 10 matters for which an investigation had already commenced were carried over from previous reporting periods and remained active during 2025-26. These comprised 4 matters received in 2023-24 and 6 matters received in 2024-25.

During 2025-26, a further 18 matters were assessed as suitable for investigation. Of these, 10 complaints were received in 2024-25 and 8 in 2025-26. One matter was an Own Motion investigation.

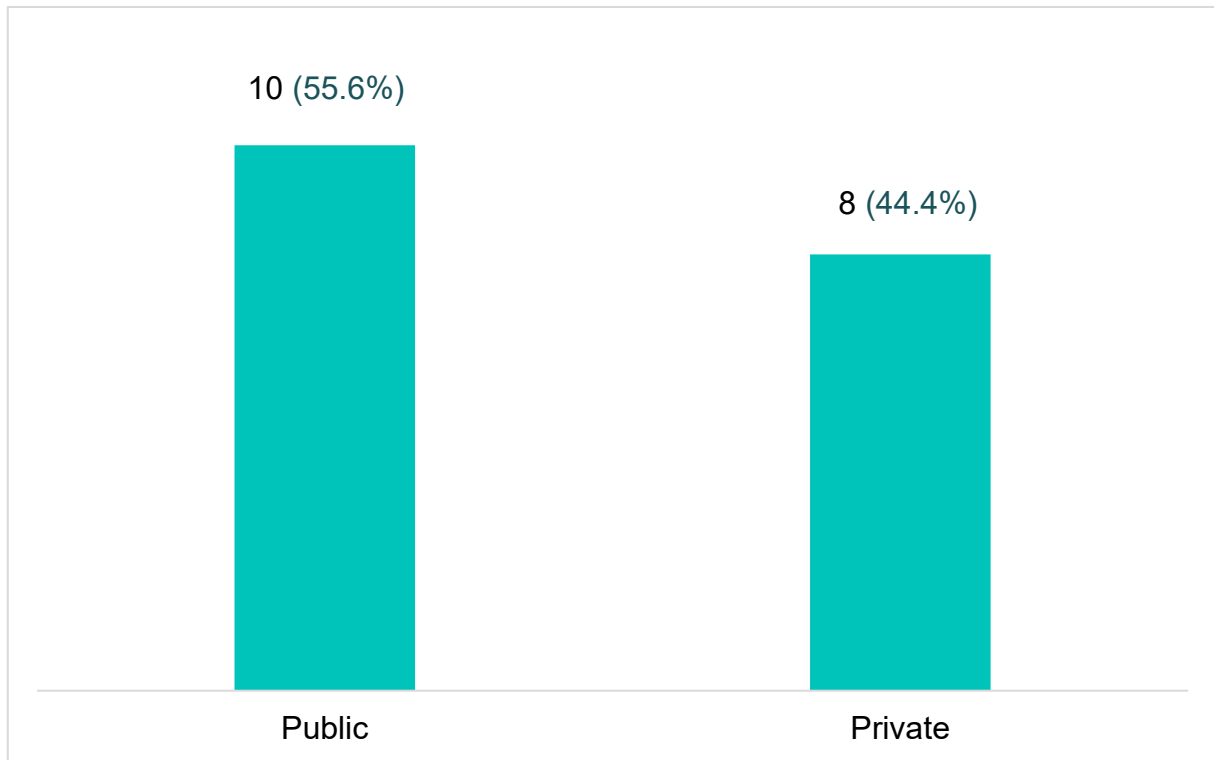
Public Hospital Services accounted for the majority of matters assessed as suitable for investigation, representing 10 of the 18 matters (55.6%). Allied Health Services accounted for 3 matters (16.7%), while Complementary Health Services accounted for 2 matters (11.1%). Counselling Services, Disability Services and General Practice each accounted for 1 matter (5.6%).

One investigation was finalised during the reporting period. The complaint had been received in 2024-25. The investigation identified opportunities to strengthen governance arrangements and improve transparency within the service provider's record management processes.

During the 2025-26 reporting period, a total of 8 Interim Prohibition Orders (IPOs) were issued to 4 service providers. One service provider received 3 IPOs, 2 service providers each received 2 IPOs, and 1 service provider received a single IPO.



Summary of investigations by provider type



Note: Percentages relate to new investigations commenced in 2025-26 (18 matters).



(vii) A summary of time taken for complaints to be dealt with

During the reporting period, 3,754 matters were finalised, comprising 1,974 enquiries and 1,780 complaints.

Overall, 2,323 matters (61.9%) were closed within 21 days.

The majority of enquiries were resolved and finalised within 21 days, 1,886 enquiries (95.5%).

The time taken to deal with complaints ranged from 437 complaints (24.6%) being finalised within 21 days through early resolution and assessment processes, to 342 complaints (19.2%) taking more than one year to conclude.

The longer timeframes for some complaints reflect the complexity of matters addressed by the HCSCC, including complaints that required preliminary inquiries, conciliation, investigation or other formal resolution processes. In some cases, timeframes may be extended due to circumstances of the complainant or due to other processes relating to the subject matter of the complaint, such as criminal proceedings or coronial investigations.

Closed within... (number of days)	Enquiries	Complaints	Total
0-21	1,886	437	2,323
22-45	33	262	295
46-100	11	300	311
101-365	37	439	476
Greater than 366	7	342	349
Total	1,974	1,780	3,754



(viii) A summary of all complaints not finally dealt with by the Commissioner

At the conclusion of the 2025-26 reporting period, the HCSCC had 294 open matters.

Of these:

- 57 matters were awaiting determination under section 29(1) of the Act,
- 19 were allocated for conciliation,
- 28 were allocated for investigation.

This contrasts to 696 open matters open with the HCSCC on 30 June 2025.



OFFICIAL

Health and Community Services Complaints Commissioner – 2025-26 Annual Report



Health and Community Services Complaints Commissioner

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