Health and Community Services Complaints Commissioner South Australia

ANNUAL REPORT 2012-13

About this Report

This report records HCSCC's achievements in contributing to the improvement of the safety and quality of health and community services in South Australia during 2012-13. The report also includes information about HCSCC's statutory obligations and financial position for the year.

The report is a key accountability document and the principle way in which the Health and Community Services Complaints Commissioner reports on HCSCC activities to the Parliament and the South Australian community.

Case studies

The case studies have been included to demonstrate HCSCC services. The details of some case studies have been changed and all case studies have been de-identified to protect the privacy of HCSCC complainants and their service providers.

Making HCSCC accessible

HCSCC is committed to being accessible to South Australians who need assistance with communication and to people from culturally and linguistically diverse backgrounds. HCSCC utilises a variety of support services to enable effective communication with people and is currently developing a new website with enhanced accessibility features.

If you need assistance to access this annual report, please contact our Enquiry Service on 8226 8666 or toll free 1800 232 007 (from a Country SA landline) and HCSCC will arrange the appropriate assistance to share this report with you.

If you are deaf, or have a hearing impairment or speech impairment, contact us through the National Relay Service:

- TTY users phone 133 677 then ask for (08) 8226 8666
- Speak and Listen (speech-to-speech relay) users phone 1300 555 727 then ask for (08) 8226 8666
- Internet relay users connect to the National Relay Service (www.relayservice.com.au for details) then ask for (08) 8226 8666

Feedback

HCSCC welcomes your feedback on this annual report. Please contact HCSCC Enquiry Service on 8226 8666 or toll free 1800 232 007 (from a Country SA landline), fax 8226 8620, email info@hcscc.sa.gov.au or complete the online contact form at www.hcscc.sa.gov.au.

Commissioner's Statement

25 September 2013

The Honourable Jack Snelling MP
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Dear Minister

It is my duty and privilege to submit the annual report of the Health and Community Services Complaints Commissioner for the year ended 30 June 2013, in accordance with the requirements of Section 16(1) of the *Health and Community Services Complaints Act 2004.*

This report provides a summary of the activities and achievements for the 2012-13 financial year.

Yours sincerely

Steve Tully
Health and Community Services Complaints Commissioner

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Contents at a Glance

1. Snapshot of the HCSCC

Our challenge

To optimise our efforts in responding to complaints across HCSCC's broad jurisdiction with particular effort to support and encourage those who would otherwise be unlikely to complain.

Our vision

A complaint is an opportunity to:

- get information about what happened
- redress individual grievance and harm
- uphold the HCSCC Charter of Health and Community Services Rights
- ensure action to improve services and systems.

Our values

HCSCC is guided by the following values:

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

Our history

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

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

Our functions

Section 3 of the Act requires HCSCC:

(a) to improve the quality and safety of health and community services in South Australia through the provision of a fair and independent means for the assessment, conciliation, investigation and resolution of complaints

(b) to provide effective alternative dispute resolution mechanisms for users and providers of health or community services to resolve complaints

(c) to promote the development and application of principles and practices of the highest standard in the handling of complaints concerning health or community services

(d) to provide a scheme which can be used to monitor trends in complaints concerning health or community services

(e) to identify, investigate and report on systemic issues concerning the delivery of health or community services.

HCSCC also:

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

2. History

Some of the key milestones in HCSCC's history are listed below.

June 2013

Steve Tully appointed as Health and Community Services Complaints Commissioner for a term of seven years.

March 2013

The Code of Conduct for Unregistered Health Practitioners came into effect.

March 2013

HCSCC published public reports on individual service providers and issues of public interest.

February 2013

Since opening in October 2005, HCSCC has received 10,000 complaints.

October 2012

HCSCC published an academic paper and undertook other project work focussed on safeguarding of vulnerable people who have a disability.

July 2012

HCSCC undertook Aboriginal and Torres Strait Islander project work aimed at addressing racism and service coordination in country and remote areas.

June 2012

Action commenced with regard to the implementation of section 76 of the Act – Returns by prescribed providers and the development of a Code of Conduct for Unregistered Health Practitioners.

March 2012

Leena Sudano completed her contract as the first Health and Community Services Complaints Commissioner.

October 2011

HCSCC was awarded the *2011 South Australian Regional Award Runner Up for Project of the Year* at the IAP2 Australasian Core Values Awards. This recognised HCSCC's effort in involving public participation in the development of the HCSCC Charter of Health and Community Services Rights.

June 2011

The HCSCC Charter of Health and Community Services Rights officially came into effect.

May 2011

Statutory review recommendations that required changes to the *Health and Community Services Complaints Act 2004* came into effect in the *Health and Community Services (Miscellaneous) Amendment Act 2011.*

December 2010

Established the statutory Health and Community Services Advisory Council.

September 2010

The HCSCC Charter Consultation Report, including the proposed HCSCC Charter of Health and Community Services Rights was provided to the Minister for Health.

August 2010

HCSCC established a protocol with the Aged Care Complaints Investigations Scheme (ACCIS) about a new complaints scheme for Commonwealth funded aged care services.

July 2010

The *Health Practitioner Regulation National Law 2009* came into effect creating a single national registration and accreditation scheme for health practitioners. This created a co-regulatory role for AHPRA and HCSCC.

July 2010

Undertook public consultation on the draft *HCSCC Charter of Health and Community Services Rights*. HCSCC received a total of 148 written submissions from a range of individuals, groups and organisations.

June 2010

Secured once-off funding from SA Health to undertake a collaborative pilot project with the Council on the Ageing SA (COTA SA) and Health Consumers Alliance SA (HCA) to promote advance care planning and directives in the community.

January 2010

Enabled a Complaint Resolution Officer to work half time on progressing the recommendations of the Ever Felt Like Complaining? *Aboriginal and/or Torres Strait Islander Outreach project.*

December 2009

Publicly released the Ever Felt Like Complaining? *Aboriginal and/or Torres Strait Islander Outreach Project Report.*

December 2009

Amendments were made to the *Health and Community Services Complaints Act 2004* including enabling HCSCC to accept complaints directly from a child about a health or community service.

March 2009

Minister for Health tabled report on Independent Statutory Review of the *Health and Community Services Complaints Act.*

March 2009

Commenced the Ever Felt Like Complaining? *Aboriginal and/or Torres Strait Islander Outreach project* – to hear directly from Aboriginal and/or Torres Strait Islander people about their experiences of health and community services.

October 2008

Expanded the HCSCC Enquiry Service to two full-time Information and Assessment Officers.

July 2008

HCSCC established a Recommendations Register to monitor and report on service provider action and improvements in response to HCSCC recommendations.

June 2008

Initiated presentations to groups of community service users with special needs.

May 2008

The Minister for Health commissioned a review of the *Health and Community Services Complaints Act 2004*, as required by section 88 of the Act.

March 2008

HCSCC provided an initial submission to the SA Parliament – Social Development Committee Inquiry into Bogus, Unregistered and Deregistered Health Practitioners.

July 2007

Safer Conversations pilot project was initiated by HCSCC to provide training for nurses and midwives to improve communication in difficult clinical situations.

July 2006

Amendments were made to the *Health and Community Services Complaints Act 2004* to include child protection services in the definition of a 'community service', therefore broadening HCSCC's jurisdiction.

October 2005

HCSCC opened its doors. Leena Sudano appointed as inaugural Health and Community Services Complaints Commissioner.

3. Commissioner's Overview

Introduction

2012-13 was my first full year as the Health and Community Services Complaints Commissioner and I thank all those involved with the office's work.

Complaints and effective complaint handling are at the centre of quality and safety improvement. Every complaint provides an important source of information and in the main, complainants are seeking an explanation as to why certain things happened and are keen for the same situation not to occur again.

The full year experience has confirmed my view that people who have ongoing relationships with service providers are less likely to complain than those who have more intermittent service usage. For such people to indicate their opinions, they need to feel safe to do so and be in an environment where all rights are respected.

The office of the Health and Community Services Complaints Commissioner (HCSCC) continues to take opportunities in whatever form they come to promote individual rights in terms of the HCSCC Charter of Health and Community Services Rights.

HCSCC is a strong advocate for Supported Decision Making for people who would not otherwise be afforded the opportunities to make real choices. The model involves family, friends and the broader community; and it takes time to provide context and experience. HCSCC is committed to finding partners to take the program forward. HCSCC views Supported Decision Making processes as a valuable safeguarding strategy for vulnerable people living with disability.

During 2012-13 across the Health and Community Services field, the gaps between policy announcements and management aspirations on the one hand, and what was actually happening at service provision level on the other, have become stark. This leads to frustration and at times unrealistic expectations for the staff of service providers and for service users. HCSCC has a role to play in bringing information to public consideration in this area. HCSCC of course accepts that in any reform there has to be a lag between policy and practice but believes that transparency and information must be provided whilst change occurs, otherwise confidence and understanding will be lost. HCSCC will advance these issues further during the coming year.

During this reporting year HCSCC significantly increased the use of expert opinion providers to assist in the assessment and resolution of individual or systemic investigations. HCSCC is able to engage an appropriate independent expert to provide advice in a specific matter about what the relevant standard of practice is and to comment on whether those standards were met, including suggestions for further investigation and service improvement. HCSCC generally shares the expert's advice with the complainant and service provider.

Internal matters

HCSCC has had to attend to a number of internal matters during 2012-13 without compromising its attention to complaints and contributing to improvements in safety and quality of health and community services.

Working with reduced direct resourcing

HCSCC was given one-off funding to sustain its operations throughout the year on the understanding that it had to achieve ongoing future savings in the order of $250,000 for future years. This ongoing saving will be achieved by reducing the Commissioner's hours, reducing clerical support hours and not filling a complaint resolution officer position that became vacant during June 2013.

Redirection of resources

HCSCC identified the benefits of seeking greater contributions from experts in some cases. Often experts charge for their opinions but it is not always the case. The value of expert opinions provides qualified and independent review of case notes, treatment plans and communication of vital information which often provides a break through towards resolution when service users and service providers do not share any common ground.

Funds were found within the HCSCC budget for expert opinions.

Organisation matters

The option of migrating HCSCC with Ombudsman SA was examined in the context of the Ombudsman moving into a Public Integrity framework with the establishment of the Independent Commissioner Against Corruption (ICAC). Whilst some savings were achievable they were more than offset by other costs including potential accommodation costs. It was subsequently decided that HCSCC would stay stand alone at this time and deliver the required savings directly from its own operations.

Moving to new complaints IT platform

The short comings of the complaints database utilised by HCSCC over the past eight years has been well documented and the situation became even more pressing with advice that the storage space was fast reaching its capacity and ongoing matters around support and maintenance. Fortunately SA Health provided relief. The decision to not alter organisation arrangements and for HCSCC to remain responsible to the Minister for Health and Ageing was helpful in this regard.

HCSCC undertook the necessary work to trial using the SA Health's Safety Learning System (SLS). To provide the necessary confidentiality of HCSCC complainant and service provider information significant work was done by all parties to ensure HCSCC information was isolated and secure from all other SA Health services.

I sincerely thank all involved in the development and implementation of the trial that went live on 1 July 2013.

(Post note: The HCSCC trial in SA Health SLS highlighted the system did not meet HCSCC complaints management and statutory reporting requirements and HCSCC returned to the "old" HCSCC complaints data base by the end of July 2013. HCSCC will still need to access a customised complaint management and reporting system and work will continue in that regard throughout 2013-14.)

Staffing

The reduction of around 20% of available staff hours for HCSCC operations requires agile and adaptable personnel. HCSCC staff have fundamentally reviewed work protocols, approaches and procedures to ensure that complaints involving the greatest public interest receive the most appropriate attention and that where possible, a greater effort is directed towards early resolution. Procedural justice and fairness are not compromised in this effort.

Website redevelopment

HCSCC's current website is inadequate in its accessibility and easy to understand content. HCSCC has directed considerable effort in the redevelopment of the website and it will be launched in the first half of 2013-14.

Resources

HCSCC aims to have fully acquitted the budget savings required to start 2013-14 with a focus on a work program that is broad and strategic.

I again acknowledge the contributions, support and work of service providers, legal advisers, HCSCC staff and above all, those that have the courage to complain.

Steve Tully
Health and Community Services Complaints Commissioner

4. Highlights of 2012-13

Our aims

- to promote and protect the rights of service users
- to improve the safety and quality of health and community services in South Australia through the provision of a fair and independent means for the assessment, conciliation, investigation and resolution of complaints
- to further improve HCSCC complaint resolution processes using service improvement tools
- to help build the capacity and skill of service providers in the direct resolution of complaints
- to complete a review of all HCSCC communications, including the HCSCC website.

Our achievements

- responded to a total of 2292 complaint contacts
- finished the year with less open complaints than we started with
- closed over 88% of complaints within 21 days
- reduced the incidence of unplanned staff absences
- had a presence in various community forums and expos
- developed a working arrangement for relevant matters concerning the NDIS / Disability Care Australia
- contributed to major work being undertaken in restraint and seclusion, Patient Assistance Transport Scheme, safeguarding of vulnerable people living with disability
- implemented a plan to deliver the savings required by government whilst maintaining services
- developed a plan and content for HCSCC's refreshed website
- provided an opportunity for all service users and service providers to offer feedback
- continued to strengthen engagement with service users, carers and service providers including the non-government and private sectors.

Continuing challenges

- maximising HCSCC's contribution to safety and quality of health and community services with reduced resources
- strengthening HCSCC's public reporting about HCSCC work, encouraging people to speak up and encouraging service providers to better handle complaints.

5. Future Directions

For the year 2013-14 HCSCC anticipates directing resources to the following:

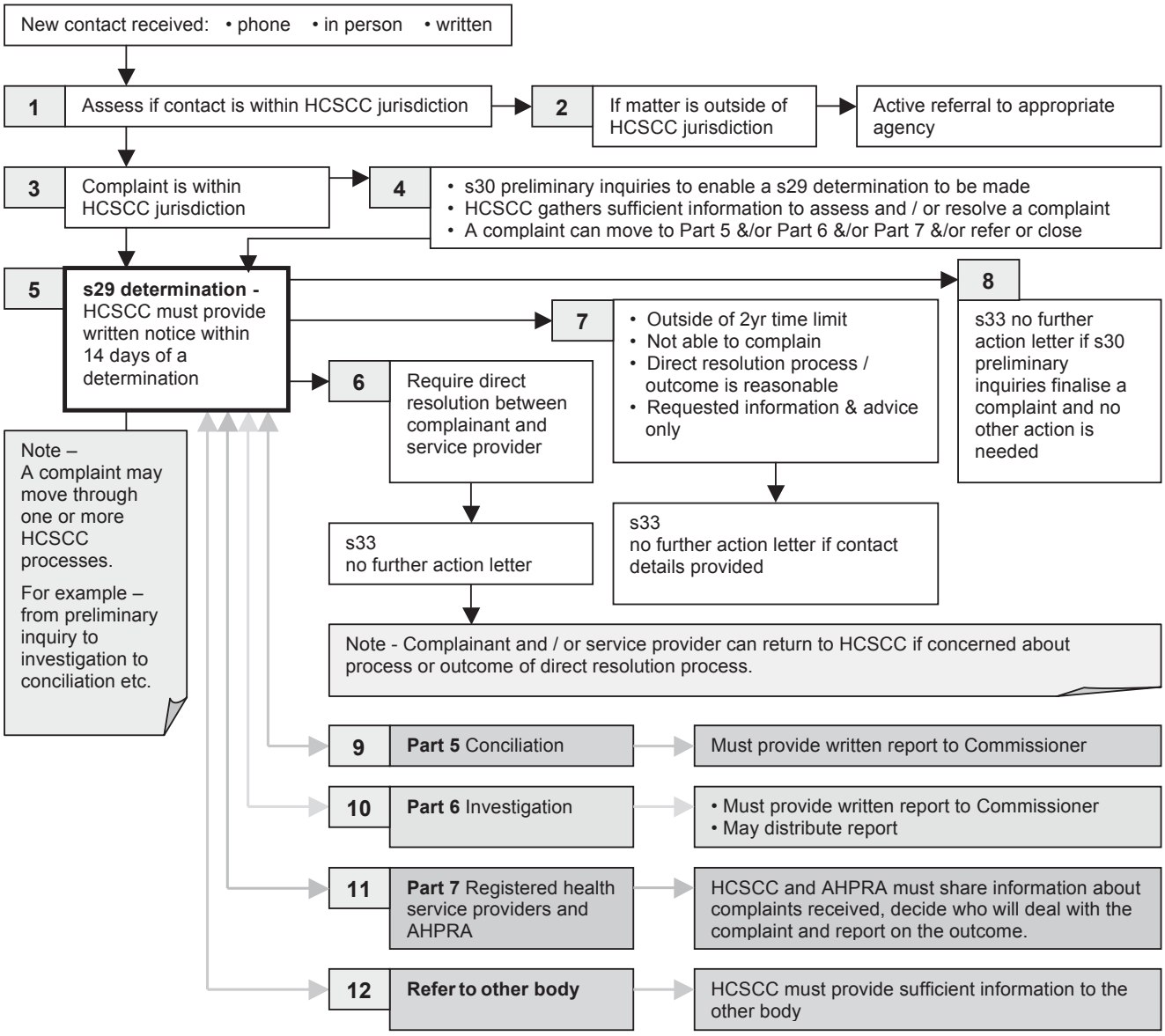
- conducting more outreach work in rural and remote South Australia with a particular emphasis in Aboriginal communities
- monitoring complaint trends in prison health, restraint and seclusion, child protection, disability services
- further work on developing a Supported Decision Making program as a major rights based safeguarding strategy for vulnerable people living with a disability
- developing a network of expert opinion providers to assist in the resolution of the more complex complaints
- developing a paper relating to the gap between expectations and actual service delivery.

6. Complaint Resolution Service

The actions of the South Australian Health and Community Services Complaints Commissioner (HCSCC) are governed by the provisions of the *Health and Community Services Complaints Act 2004 (the Act).*

In compliance with the Act, the flowchart below provides a pictorial overview of HCSCC's complaint resolution process. The following explanatory notes supplement the details of the flowchart.

Flowchart: HCSCC Complaint Resolution Process



Note:

- **Split complaints** – HCSCC can split a complaint. For example, deal with one aspect in an investigation and refer another aspect to AHPRA.
- **AHPRA** – HCSCC has a legal relationship with AHPRA.
- **Review of HCSCC actions and decisions** – 1. Parties can request reviews by the Commissioner and / or the State Ombudsman. 2. Some Part 6 investigation reports can be reviewed by the District Court.
- **HCSCC recommendations and monitoring of safety and quality improvements** – HCSCC tracks progress and outcomes of recommendations and agreed improvement strategies.
- **Withdrawal of complaints** – HCSCC can decide to investigate a complaint in the public interest if a complaint is withdrawn. Written notice of withdrawal and decision to investigate is required.
- **Annual report** – the *Health and Community Services Complaints Act 2004* requires HCSCC to report on all HCSCC complaints activities.

Flowchart Explanatory Notes – HCSCC complaint resolution process

1	Assess if the contact is within HCSCC jurisdiction (a) Is it about an SA Health, community or child protection service? (b) Is the person entitled to complain? (c) Is the person complaining about a ground under the Act?
2	If the contact does not fall within the Act it is assessed as being 'outside jurisdiction'. (a) HCSCC will explain the reasons HCSCC cannot deal with their complaint and make every attempt to refer them to the appropriate place.
3	If the contact does fall within the Act then one or more of the following actions can occur.
4	Section 30 of the Act allows HCSCC to make preliminary inquiries into a complaint in order to gather sufficient information to make a determination about what action to take. Some complaints are only dealt with in this part while others can move to investigation and/or conciliation and/or referral to another agency. HCSCC preliminary inquiries can include requiring service providers to provide written information and responses, attend meetings, review policies etc. Some complaints are closed in this section when the complaint is finalised and no further action is needed.
5	The Act requires HCSCC to make an s29 determination about how a complaint will be dealt with. The following actions can be determined: (a) s33 take no further action – such as in 4. 6. 7. and 8. (b) Pt 5 conciliation and/or – see 9. (c) Pt 6 investigation and/or – see 10. (d) refer to another agency – see 11.
	Sometimes HCSCC will assess a new complaint and decide to take no further action for the following reasons:
6	The Act requires, where it is reasonable, that people first make their complaint to the service provider before asking HCSCC to consider it. HCSCC calls this direct resolution and deals with it in two ways: 1. HCSCC will provide the complainant with detailed information about how to complain and will provide accurate information about who to complain to in the service. • Both the complainant and the service provider are able to return to HCSCC at any time. 2. HCSCC will facilitate direct resolution by sending a copy of the complaint to the service provider asking them to respond to the complainant and provide a copy of their response to HCSCC. HCSCC will review the service provider's response and assess if further action is needed. • Both the complainant and the service provider are able to return to HCSCC at any time.
7	HCSCC will not take action on a new complaint when: 1. The complaint is over two years old and the Commissioner assesses there would be no benefit in taking action. 2. The complainant provides HCSCC with information about the outcome of direct resolution with the service provider and HCSCC assesses that the response is reasonable and that there would be no benefit in taking action. 3. The complainant is not entitled to complain under the Act – e.g. they were not the service user and/or do not have the service user's authority to represent them.
8	Section 30 preliminary inquiries reveal information which allows a complaint to be finalised with no further action needed – see 4.
9	HCSCC can invite the complainant and service provider to conciliate a matter. This is a voluntary process and the issues addressed and decisions reached are private between the parties.
10	HCSCC can investigate matters arising from an individual complaint and/or systemic matters that are identified and/or as a Commissioner's own motion. Investigations can include requiring service providers to provide written information and responses, attend meetings, review policies, HCSCC seeking expert opinion etc.
11	HCSCC has a legal relationship with the Australian Health Practitioner Regulation Agency (AHPRA) in relation to individual registered health practitioners such as doctors, dentists, psychologists etc. HCSCC and AHPRA must decide which agency will deal with the complaint and share information about relevant complaints received and the outcome of those complaints.
12	Where appropriate, HCSCC can refer a complaint to relevant agencies such as the federal Aged Care Complaints Scheme, State Ombudsman etc.

6.1 Assessment (section 29 of the Act)

During 2012-13, HCSCC made a total of 2005 determinations under section 29 of the Act. A summary of the determinations are listed below:

s29 Determinations	
s29 (2) (b) investigate the complaints under Part 6	21
s29 (2) (c) deal with the complaint under Part 7	43
s29 (2) (d) refer the complaint to another person or body	24
s29 (2) (e) determine to take no further action on the complaint	1135
s29 (3) (b) referred to ACCS	5
s29 (5) direct resolution required	766
s3 (b) referred to another authority	11
Total	**2005**

Case study – Assessment outside of HCSCC's jurisdiction

Jim contacted HCSCC complaining about the actions of police. HCSCC explained that this was not within HCSCC jurisdiction. HCSCC provided him with detailed information about the appropriate agency to contact.

Case study – Initial assessment

Jamal's elderly father had been in hospital for some time following a fall in which he sustained a broken hip and then developed pneumonia. After a surgery and a lengthy period in hospital, the hospital doctors said that Jamal's father no longer needed the high care provided at the hospital and was ready to be transferred to a nursing home. Jamal and his father did not want the transfer to occur and felt it was best for him to remain in hospital indefinitely. Jamal contacted HCSCC asking for HCSCC to advocate for his father to remain in hospital on an ongoing basis. HCSCC explained to Jamal that HCSCC does not provide advocacy services and referred him to appropriate advocacy services within the community. In relation to his complaint, HCSCC suggested that Jamal tries to resolve his complaint directly with the hospital in the first instance and provided contact details for the Patient Advisor who handles complaints at the hospital.

HCSCC acknowledges that there are times when there is a disagreement between family and medical staff about a patient's readiness for discharge. Mostly these situations can be resolved by the staff at the hospital providing good information about the medical status of the patient and options for their ongoing accommodation and care.

Direct resolution

HCSCC encourages people to resolve their complaint directly with the service provider if this is reasonable. Callers to the Enquiry Service receive tailored information and advice about how to take appropriate steps to try and resolve their complaint with the service in the first instance. Each telephone call is an opportunity to build the capacity and confidence of individuals to deal with their current concerns and any future complaints without the intervention of HCSCC.

People who visit the HCSCC website looking for advice about how to deal with complaints are directed to a HCSCC brochure – Guide for Consumers and other information that outlines step-by-step guidance about how to make a complaint directly to the service.

HCSCC provides further assistance to people who need help to resolve their complaint directly. For example, if it would be unreasonable to expect the person to approach the service, if a person has tried to resolve a complaint directly but this has not worked, or if a complaint is serious enough to warrant HCSCC's consideration in the public interest. In these situations HCSCC can take action immediately, if necessary, and this often results in prompt resolution of matters.

Facilitated direct resolution

In some situations HCSCC is able to facilitate direct resolution of a complaint. For example, when a complainant has identified they have special needs that make it more difficult for them to make a complaint without HCSCC assistance. This usually involves HCSCC forwarding a copy of the complaint to the service provider with a cover letter from HCSCC explaining HCSCC's expectations in relation to the service provider's response. This has proven to be a very effective way of addressing a relatively large number of complaints that do not involve serious safety or quality issues but warrant follow up.

In general HCSCC has found that service providers are receptive to this approach and mostly provide good quality responses to the complainant.

Case study – Facilitated direct resolution

Brenton lives with schizophrenia and is under a community treatment order meaning that he is obliged to take regular medication to assist his condition. Brenton contacted HCSCC saying that he did not want to be on his medication and discussed his concern about a side-effect of hair growth on his torso where there had previously been no hair. Brenton said that he wanted to stop the medication and receive compensation for the hair growth.

HCSCC acknowledged Brenton's concerns but stated that HCSCC cannot override a community treatment order. HCSCC provided Brenton with information about lodging an appeal with the Guardianship Board if he wanted to attempt to overturn the treatment order.

In relation to Brenton's concern about the medication's side-effect, HCSCC forwarded his complaint to mental health services for a response. Mental health services took Brenton's complaint seriously and organised a second opinion in relation to his medication and a doctor examined his torso to look for the side-effect of hair growth. Mental health services wrote to Brenton explaining that the doctor could not see any hair growing on his torso and therefore there was no basis for compensation. Mental health services acknowledged that there were limited medication options for Brenton and that the ones suitable for him did have some unwanted side-effects in a small proportion of people. They reassured Brenton that they would continue to monitor him for any of the known side effects.

Brenton remained adamant that he has suffered the side-effect of hair growth on his torso but given the doctor's finding HCSCC determined to take no further action following facilitated direct resolution.

Case study – An explanation from facilitated direct resolution

Shayna complained to HCSCC that Families SA had removed her children from her care and placed her daughter and son in separate placements. Shayna was understandably distressed about the situation and wanted the children returned to her immediately or, if this was not possible, placed together. Shayna had spoken about her concerns with her local Families SA office but stated that she had "not got anywhere".

HCSCC acknowledged that it was unreasonable to expect Shayna to attempt to resolve her complaint further without assistance from HCSCC. HCSCC forwarded her complaint onto Families SA, seeking a response to her complaint. HCSCC asked for a copy of the response to be sent to HCSCC to ensure the complaint was appropriately responded to.

When the response arrived, Families SA explained that it was anticipated that Shayna's children would only be in alternative care for a short period of time and the priority was for regular contact between Shayna and her children. As Shayna lives in a regional area there were limited placements in the local area. Families SA had to decide between placing the children together a long distance from Shayna or separately close to Shayna. Families SA decided to place her children for a short time separately to ensure that every opportunity for Shayna to see her children occurred. Families SA also wanted to limit the amount of time the children would have to travel to and from school, family contact and other events in their local community.

Shayna let HCSCC know that she remained unhappy about the overall situation but understood why Families SA had made the decision to place her children separately.

Case study – Outside the 2 year time limit

Jenny contacted HCSCC about a surgery she had undergone 7 years ago. Jenny stated that the surgeon had caused long-term health problems for her. Following the surgery 7 years ago, Jenny had multiple further surgeries with different doctors with varied outcomes. HCSCC discovered that the original surgeon had retired and that there was no obvious evidence of a link between the original surgery and Jenny's ongoing health issues and therefore decided not to accept the complaint. HCSCC also consulted with the Australian Health Practitioner Regulation Authority (AHPRA) before making a decision to taking no further action on this complaint.

Case study – Refer to other body

Mika's mother recently moved into a nursing home. Mika had been interstate when the arrangements were made and when he came to visit his mother he was shocked by the conditions at the home. In particular, he felt that food preparation was unsanitary and there seemed to be inadequate staff to respond to the needs of the residents.

HCSCC does not deal with complaints about the majority of aged care services. HCSCC referred the complaint to the Commonwealth Aged Care Complaints Scheme.

6.2 Preliminary Inquiries (section 30 of the Act)

Section 30 – Preliminary Inquires is an important part of the *Health and Community Services Complaints Act 2004* and plays a significant role in the complaints process.

Although complainants and service providers are not likely to be aware of section 30, or give it a second thought, it's this section of the Act that provides HCSCC with the legislative power needed to access information about a complaint; and being informed increases the likelihood that action taken by HCSCC will be effective.

Before deciding what to do, it is sensible to find out as much as possible about the circumstances of a complaint. With section 30, HCSCC can request information about a complaint in such manner as the Commissioner thinks fit; that is by telephone, in meetings, through access to documentation, in an interview, on tape, as a statutory declaration, notes, records, photos, or in any other way.

With the power of section 30 to access information, HCSCC adds value to the complaints process for complainants and service providers and provides:

- relevant information to the parties that they may not have been aware of before
- information that promotes a shared understanding of how a complaint came about and how it might be resolved
- an independent review of the circumstances of a complaint, to get a clearer picture
- a forum for communication on the issues, with a chance for discussion, explanation and apology between the parties
- support to refer, mediate, facilitate or conciliate complaint concerns
- opportunity to provide feedback, make service improvements and improve relationships
- access to resolution of complaints.

When preliminary inquiries under section 30 provide enough information for HCSCC to take action, a section 29 determination about what action to take, completes the preliminary inquiry process.

However, it should be noted that acting within section 30, which allows HCSCC officers to request information, access documentation and facilitate informal mediation between the parties, many complaints to HCSCC are resolved without the need to take further action under any other part of the Act.

Case study 1 – Helen and the advocate

An advocate contacted HCSCC to complain that Helen had asked the advocate to attend a meeting with her but had not been allowed to bring her advocate. Helen said she had concerns about the services she was receiving from a government community service and had asked the advocate to come to a meeting with her to help sort it out. The service told her the meeting wouldn't be happening if she brought an advocate along.

HCSCC researched the government service's policies and procedures regarding advocates and found that they actively encouraged the use of advocates in meetings with their clients. HCSCC arranged a meeting with the service and the advocate to work out why the service had decided not to follow their policies about advocates.

During the meeting the senior officer representing the government community service confirmed that their policies actively encouraged the role of advocates and agreed that the service shouldn't have stopped the advocate from attending the meeting with Helen. The service provider could see why Helen and her advocate had been confused, angry and upset and apologised to both of them for the distress it had caused.

The senior officer undertook to make sure that in future all staff in the government service would positively engage with advocates. In addition the service decided to regularly circulate their policies, particularly those explaining the benefits of advocates. They also agreed to update their induction process for new staff to include information about the way the service could positively work with advocates.

HCSCC closed the complaint satisfied that although the government community service had not met the generally accepted standards, they had taken appropriate steps to resolve the complaint for Helen and her advocate and to address the broader issues and make system wide improvements.

Case study 2 – Josephine, James and the Disability Service

Josephine contacted HCSCC about the problems she was having with the community service looking after her adult son, James. James was living in supported accommodation and received government and non government disability services. Josephine said she was concerned about the management of James' medications as well as the coordination of his services and the lack of choice about the types of services provided to James.

After receiving Josephine's complaint, HCSCC wrote to the service and asked for their written response to her concerns. The HCCSCC asked the service to meet with Josephine and HCSCC to talk about the complaint and what might be done to resolve it.

At the meeting Josephine was able to talk directly to the service providers about her concerns and they were better able to understand what wasn't working well for Josephine and James. There were a number of areas that Josephine and the service agreed needed improving. The service was able to give Josephine lots of information about what services James could use in the future. Together they agreed on a plan for how Josephine and the service could talk about, and decide, what might be best for James; deciding that a key contact person from the service for Josephine would make it quicker and easier to sort things out.

HCSCC closed the complaint because the service had taken appropriate action and had reached an agreement with Josephine on how to resolve her complaint.

6.3 Reasons for Closure of Complaints

Within the Act, the Commissioner may determine at any stage to take no further action on a complaint, or to suspend action on a complaint.

During 2012-13, HCSCC made a total of 2005 determinations to close complaints.

A summary of determinations are listed below:

Reasons for closure of complaints	
Advice and information provided	261
Outside Jurisdiction	13
Part 6 – s45 Commissioner considers it appropriate	1
Part 7 – s58 Referred to registration authority	53
s33 (1) (a) not entitled to make a complaint	9
s33 (1) (b) does not disclose ground of complaint	39
s33 (1) (d) proceedings have commenced before a tribunal authority or other	14
s33 (1) (e) reasonable explanation(s) or information provided	61
s33 (1) (f) grounds should have been disclosed earlier	1
s33 (1) (h) the complainant has failed to comply with a requirement	96
s33 (1) (j) the complaint is abandoned	38
s33 (1) (j) the complaint is resolved	55
s33 (1) (k) reasonable cause – agreement to take reasonable steps to resolve complaint and/or prevent recurrence	16
s33 (1) (k) reasonable cause – differing versions of events – unable to prefer one over the other	4
s33 (1) (k) reasonable cause – other	491
s33 (1) (k) reasonable cause – s27 outside of time limit	7
s33 (1) (k) reasonable cause – s29 (2) (d) referral to another agency	30
s33 (1) (k) reasonable cause – s29 (3) referral to ACCS	5
s33 (1) (k) reasonable cause – s29 (5) attempting direct resolution	767
s33 (1) (k) reasonable cause – service provider met reasonable standards	10
s33 (1) (k) reasonable cause – service providers resources are limited and equitably provided	31
s34 (1) complaint withdrawn	3
Total	**2005**

6.4 Conciliation (Part 5 of the Act)

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

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

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

During 2012-13, HCSCC conducted a total of 4 conciliation sessions. HCSCC invited a number of service providers to participate in conciliations but offers were declined. Given that the Act requires that participation in conciliation be a voluntary process, HCSCC is unable to require agencies to comply.

In summary, HCSCC invited the parties to conciliation when there was sufficient agreement that issues needed to be addressed, and where there was reason to consider financial settlement as part of the resolution of the complaint.

The contents and outcomes of conciliations undertaken in 2012-13 are not available as this information is confidential according to section 40 of the Act.

Case study – Conciliation

Jean complained to HCSCC about residential support services that are within HCSCC jurisdiction provided to her elderly mother. Jean had been caring for Beryl at home but as her dementia deteriorated, Jean found Beryl's condition difficult to manage. Beryl became increasingly aggressive and was wandering away from home. Jean approached a residential aged care service, provided all information on mother's condition and the service agreed to accept Beryl as a resident.

After a short period into the residency, Jean became concerned about the quality of care provided by the service; particularly the staff's inability to manage Beryl's challenging behaviours and inadequate supervision with Beryl wandering away from the facility and being brought back by the police on two separate occasions. Jean submitted that the service did not provide an individualised care plan that met Beryl's specific needs and that staff did not have the skills in dementia care and management in order to provide good care.

In making her complaint Jean identified that she was seeking compensation for the service's failure to:

- meet the residential care agreement's terms and condition about the level of care that was to be provided to Beryl based on her specific needs
- meet the service's safety and quality goals
- maintain a secure facility to ensure a safe environment consistent to Beryl's care needs.

HCSCC was able to make inquiries into the allegation of substandard services because of the flexible funding arrangement between the service provider and the Commonwealth funding body.

Following the investigation into the complaint HCSCC determined in accordance with Section 85 of the *Health and Community Services Complaints Act 2004* that the service provider had not meet reasonable standards in relation to the residential care services provided to Beryl. HCSCC invited the parties to participate in a conciliation meeting and an agreement acceptable to both parties was reached.

6.5 Investigations (Part 6 of the Act)

During 2012-13, HCSCC commenced or continued work on a total of 36 investigations under Part 6 of the Act. Once HCSCC has finalised the individual complaint, a Part 6 Investigation was commenced to address the systemic issues. A summary of these investigations are outlined below, although please note that details are limited on the basis of confidentiality.

Investigations open as at 30 June 2012 – carried forward into 2012-13		
Opened	**Issues**	**Outcome**
Aug 2008	Dispensing of medication to people in prison – Systemic	Service provider reviewed current practices to identify improvements. Closed June 2013
Dec 2009	Provision of paediatric audiology services – Systemic	Service provider commissioned a number of independent reviews and audits and took reasonable action to address all recommendations made. Closed August 2012
Jun 2010	Physical health care for clients of mental health services – Systemic	Service provider detailed information provided about well defined and resourced implementation project. Closed August 2012
Mar 2011	Actions of registered health service provider – Systemic	Allegation that a GP did not adequately monitor an infection in a person with an intellectual disability leading to deterioration in their overall health. The investigation did not substantiate the allegation. Closed January 2013
Apr 2011	Systemic – Unregistered hypnotherapist – Systemic	Allegations of poor communication. Service provider subsequently retired. Closed November 2012
May 2011	Provision of palliative care services in public health services – Systemic	Service provider and Palliative Care Council SA are working on improvements within the public health sector. Closed June 2013
Aug 2011	Arising from Coroner's recommendations about pelvic organ prolapse – laparoscopic, vaginal and abdominal surgery – Systemic	Responses from various public and private organisations about their actions on the Coroner's recommendations were reasonable. Closed July 2012
Oct 2011	Unregistered home birth service provider – Systemic	Coroner's findings released June 2012. HCSCC publicly released the investigation report in October 2012. Closed November 2012
Oct 2011	Actions of registered health service provider – Systemic	HCSCC initiated conciliation and referred issues of professional conduct to the Australian Health Practitioner Regulation Agency (AHPRA). Closed December 2012

Nov 2011	Use of restraints in public health services (not mental health services) – Systemic	HCSCC received information about the Recognition and Management of Escalating Behaviour Advisory Group that has committed to address relevant issues. Closed October 2012
Jan 2012	Country patient subsidies for travel	Investigation complete. SA Health undertaking a systemic review of services. Closed June 2013
Mar 2012	Safety and quality of aged care services in public country hospitals – Systemic	HCSCC not resourced to assess if sufficient systems in place to ensure equity between aged care services in public country services to those covered by the Commonwealth's Aged Care Complaints Scheme. Closed June 2013
Jun 2012	Medication dispensing in private pharmacy – Systemic	Allegations that a pharmacist was incorrectly packing and providing medication. HCSCC investigation did not substantiate the allegations. Closed February 2013
Jun 2012	Clinical management of a patient in hospital	Independent opinion obtained. Further investigation occurring. Ongoing
Jun 2012	Quality of rehabilitation care	Independent opinion identified improvements which were implemented by service provider. Closed February 2013

Investigations commenced after 30 June 2012		
Jul 2012	Safeguarding people with disabilities – Systemic	Agency is currently developing a safeguarding policy. Ongoing
Jul 2012	Various safety and quality issues relating to an individual's hospital care including alleged use of medication to manage behaviour	Independent expert opinion obtained. Further investigation occurring. Ongoing
Aug 2012	Services to young people with eating disorders – Systemic	SA Health is introducing a new service delivery model commencing mid 2013. Closed July 2013
Sep 2012	Colloidal silver recommended as a complementary therapy by an unregistered health service provider	Service provider agreed to cease recommending colloidal silver and contacted past clients to advise of the risks and seek GP review. Closed May 2013

Sep 2012	Individual situation of restraint resulting in an alleged injury in hospital	Individual investigation completed. HCSCC subsequently determined to commence a systemic investigation. Individual investigation closed March 2013
Sep 2012	Hospital discharge planning	Service provider committed to a reasonable plan of improvements. Closed April 2013
Oct 2012	Medication error	Systemic improvements made by service provider. Closed April 2013
Oct 2012	Shackling of prisoners during public hospital admissions	New policy developed by service provider and is currently under consultation. Ongoing
Nov 2012	Inappropriate action of unregistered health provider breaching patient confidentiality	Allegation substantiated and appropriate action taken by the employer. Closed April 2013
Nov 2012	Whether service provider's (agency A) investigation process is procedurally fair	Investigation continuing. Ongoing
Nov 2012	Whether service provider's (agency B) investigation process is procedurally fair	Investigation continuing. Ongoing
Dec 2012	Conduct of individual registered health service provider	Information gathered and referred to AHPRA. Closed January 2013
Jan 2013	Actions of private service provider regarding advice about accessing children's health care services	Investigation did not substantiate allegations. Closed April 2013
Feb 2013	Issues relating to children in State based care – Systemic	Ongoing
Feb 2013	Child protection case management	Ongoing
Apr 2013	Quality of health services to vulnerable people in a small community	Currently suspended while another agency is investigating the same issues.
Apr 2013	Unregistered health service provider inappropriately using the title 'Dr'	HCSCC imposed a condition on the service provider requiring them to cease using the title 'Dr'. Due for closure.
Apr 2013	Allegation of unprofessional conduct of an unregistered health service provider	Ongoing

Apr 2013	Use of restraint in mental health settings – Systemic	Ongoing
Apr 2013	Sexual safeguarding for inpatients in mental health settings	Ongoing
May 2013	People due for discharge remaining in hospital due to a lack of disability resources – Systemic	Ongoing
May 2013	Inadequate response to a complaint	Service provider rectified situation. Closed June 2013

Case study – Part 6 Investigation

HCSCC received a complaint from the Chief Executive of SA Health about the actions of Lisa Barrett, a former registered midwife working in the area of home-birthing.

HCSCC commenced inquiries into the complaint, suspending action (as required by the *Health and Community Services Complaints Act 2004 – the Act*) while the Coroner investigated relevant matters.

The Coroner's Court found that, in three cases considered, the service provider undertook and carried out clinical tasks akin to those provided by a registered midwife.

HCSCC sought further information from the service provider regarding services that she provided, or intended to provide.

The service provider declined to respond citing section 53 of the Act.

HCSCC made a determination in the absence of a response. HCSCC determined that the provider was a health provider under the Act and was providing services that were most similar to those of a 'doula'. The provider had referred to herself as a 'birth advocate'. HCSCC used the Australian Doulas College's Code of Practice and Ethics as the basis for assessing the complaint.

HCSCC issued a public report, along with the provider's views on the report on the HCSCC website. In the report HCSCC made recommendations including that:
The service provider should immediately cease engaging in any health services that may involve the service provider directly or indirectly carrying out any of the following activities in South Australia in relation to the support of pregnant women:
1.1 giving advice about clinical or medical matters
1.2 performing clinical or medical tasks
1.3 supporting or participating in a planned medically unassisted birth; being at a home birth that is not attended to by a medical practitioner and/or a registered midwife.

For a full copy of this report go to www.hcscc.sa.gov.au

HCSCC Improvements Register

In order to improve the safety and quality of health and community services during a complaint HCSCC may:

- recommend service improvements to a service provider
- note the areas of improvement identified by a service provider in the course of a complaint
- require a service provider to report on the implementation of identified service improvements.

Examples of service improvements on the HCSCC Improvement Monitoring Register for 2012-13 are:

- a mental health service improving its assessment and management of patients with acute physical symptoms
- a hospital improving access to specialists for patients in the emergency department to improve treatment outcomes
- a disability service implementing staff training on person centred care and carer participation
- a medical clinic implementing a new system that notifies doctors if patients have had allergic reactions or interactions between their medications to better manage their ongoing care
- a hospital implementing training to ensure staff are able to work effectively with families who are dealing with dementia, guardianship, advanced care directives, grief and loss issues
- an emergency department implementing guidelines to improve assessment and management of fractures including review by senior staff and consultation with radiologists
- health staff engaging in cultural sensitivity and awareness training.

Service Evaluation

During 2012-13, service users and service providers involved in complaints were invited to provide feedback on their experiences with HCSCC. Feedback was received from 42 service users and 17 service providers. The tables below summarise their views.

Service Users

Questions 1 = Strongly Disagree 5 = Strongly Agree	1	2	3	4	5	N/A	Total
I found it easy to contact HCSCC	1	5	1	13	21	1	42
I found HCSCC staff helpful and easy to understand	1	1		14	26		42
I thought it took the right amount of time to deal with my complaint	4	4	1	16	17		42
I felt confident HCSCC would keep my personal information safe		1	5	12	23	1	42
I was kept informed and knew what to expect from HCSCC and the complaint process	3	2	2	12	23		42
I think HCSCC was fair and the final decision about my complaint was based on the information available	6	2	4	11	19		42

Service Providers

Questions 1 = Strongly Disagree 5 = Strongly Agree	1	2	3	4	5	N/A	Total
HCSCC contacted our service in a timely manner and clearly explained what the complaint was about				7	10		17
HCSCC staff have always been professional and helpful				1	16		17
We got good results when we contacted HCSCC for more information, or to get an update about the progress of the complaint			2	6	5	4	17
We felt that HCSCC did not act for either the complainant, or our service, but tried to resolve the complaint in a way that everyone agreed to				6	10	1	17
Working with HCSCC has improved our skills and increased our knowledge about dealing with complaints	1		5	7	4		17

HCSCC will continue to invite feedback and look at a range of ways to ensure that it is aware of how HCSCC services are perceived. HCSCC also notes research that surveys with low response rates are often minimally less accurate than surveys with higher response rates.

6.6 Registered Health Service Providers (Part 7 of the Act)

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

Fourteen health professions are now regulated by national boards, supported by AHPRA.

Commencing 1 July 2010, the first 10 nationally registered professions were chiropractic, dental, medical, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology. On 1 July 2012, four additional professions were registered and included in the national scheme; occupational therapy, Aboriginal and/or Torres Strait Islander health workers, Chinese medicine and medical radiation practitioners.

The role of AHPRA and the national boards is to protect the health and safety of the public by maintaining professional standards of competence and conduct. Information about AHPRA and the 14 national boards is available at www.ahpra.gov.au.

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

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

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

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

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

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

The following tables provide information about HCSCC-AHPRA consultations during 2012-13:

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	152	55	6
Dental	44	20	0
Nursing and Midwifery	9	4	0
Pharmacy	1	0	0
Chiropractic	1	0	0
Physiotherapy	4	1	1
Optometry	3	0	0
Osteopathy	0	0	0
Psychology	9	4	1
Podiatry	0	0	0
Chinese Medicine	1	1	0
Medical Radiation Practice	0	0	0
Occupational Therapy	0	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
TOTAL	**224**	**85**	**8**

*Part of the complaint involving a registered health practitioner is referred to AHPRA and part of the complaint is dealt with by HCSCC. See Case study – Splitting a complaint with AHPRA (page 33).

*Note: There may be more than one health practitioner referred to AHPRA in an individual complaint.

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	33	29	No further action following preliminary assessment
		3	No further action following investigation
		1	Did not proceed to notification
Dental	10	7	No further action following preliminary assessment
		2	No further action following investigation
		1	Caution
Nursing and Midwifery	2	1	No further action following investigation
Pharmacy	No complaints referred		No complaints referred
Chiropractic	No complaints referred		No complaints referred
Physiotherapy	0	0	No outcomes advised as at 30/06/2013
Optometry	No complaints referred		No complaints referred
Osteopathy	No complaints referred		No complaints referred
Psychology	0	0	No outcomes advised as at 30/06/2013
Podiatry	No complaints referred		No complaints referred
Chinese Medicine	0	0	No outcome advised as at 30/06/2013
Medical Radiation Practice	No complaints referred		No complaints referred
Occupational Therapy	No complaints referred		No complaints referred
Aboriginal and Torres Strait Islander Health Practice	No complaints referred		No complaints referred
TOTAL	**45**	45	

*Note: 48 ongoing investigations – no outcomes notified by AHPRA as at 30/06/2013

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	47	3
Dental	17	0
Nursing and Midwifery	5	0
Pharmacy	6	0
Chiropractic	2	0
Physiotherapy	1	0
Optometry	1	0
Osteopathy	0	0
Psychology	3	0
Podiatry	0	0
Chinese Medicine	0	0
Medical Radiation Practice	0	0
Occupational Therapy	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0
TOTAL	**82**	**3**

AHPRA outcomes and outcome of any AHPRA action taken on AHPRA complaints consulted with HCSCC

	Number of outcomes notified by AHPRA of action taken by AHPRA	AHPRA notified outcome	
Medical	35	31	No further action following preliminary assessment
		2	No further action following investigation
		2	Caution
Dental	10	9	No further action following preliminary assessment
		1	No further action following investigation
Nursing and Midwifery	3	3	No further action following preliminary assessment
Pharmacy	3	2	No further action following preliminary assessment
		1	Caution
Chiropractic	0	0	No outcomes advised as at 30/06/2013
Physiotherapy	0	0	No outcomes advised as at 30/06/2013
Optometry	1	1	No further action following preliminary assessment
Osteopathy	0	0	Nil consulted
Psychology	3	3	No further action following preliminary assessment
Podiatry	0	0	Nil consulted
Chinese Medicine	0	0	Nil consulted
Medical Radiation Practice	0	0	Nil consulted
Occupational Therapy	0	0	Nil consulted
Aboriginal and Torres Strait Islander Health Practice	0	0	Nil consulted
TOTAL	**55**	55	

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

Case study – Registered health service providers and AHPRA

Kate had been prescribed a psychiatric medication over 20 years ago and had continued to take the medication long after she saw a psychiatrist. Her GP continue to prescribe the medication over many years. Kate developed some concerning side effects including a movement disorder that involved involuntary movements of her arms and legs. This was eventually diagnosed as a known side effect of the psychiatric medication. Kate complained that it was unreasonable that her GP continued her on the psychiatric medication for so many years without a specialist review.

HCSCC referred Kate's complaint to the Australian Health Practitioner's Regulation Agency (AHPRA). AHPRA investigates complaints about the unprofessional conduct of doctors and other registered health professionals.

Case study – Splitting a complaint with AHPRA

Imran, aged 92, needed an operation and was admitted to hospital. Although the operation went well, Imran found that he had difficulty urinating after the surgery. He was discharged relatively quickly and continued to experience this problem. Imran complained that the doctor overseeing his care in hospital did not adequately assess him prior to his discharge, leaving him in pain and unsure of how to deal with his problem. Imran also complained that although he told other staff at the hospital about his problem they did not taken him seriously by attempting to assess and investigate the issue or inform more senior staff.

HCSCC sought expert medical advice that stated that problems with urination following surgery of the type Imran underwent are common in older men, usually because of an enlarged prostate. There are standard diagnostic tests and treatments that can be provided to relieve the problem. The medical expert indicated that Imran's main doctor was responsible for his overall care but that nursing staff also had responsibilities in responding to patient needs. Alongside the concerns about individual medical staff members, the expert identified some systemic issues relating to documentation and a lack of relevant policies.

HCSCC consulted with the Australian Health Practitioner Regulation Agency (AHPRA) about Imran's doctor. AHPRA indicated they would investigate the doctor and any nurses involved in Imran's care and if they substantiated the allegations, decide what to do to prevent this situation happening again. HCSCC looked into the systemic issues identified in the complaint and the hospital committed to improving documentation and created appropriate policies. Because of Imran's complaint, the hospital services were reviewed and improved for others in the future.

6.7 Review of HCSCC Actions and Decisions

If people have concerns about the actions or decisions of HCSCC, they are able to:

1. request an internal review by the Commissioner
2. complain to the State Ombudsman.

The Commissioner is legally obliged to write to every complainant when a complaint is closed.

The following information is included at the end of each of those letters.

For the reasons outlined above HCSCC has decided to take no further action under section 33 of the Health and Community Services Complaints Act 2004.

If you disagree with this decision, please write to HCSCC and explain why your complaint should be reconsidered.

Some actions and decisions of HCSCC may be reviewed by the State Ombudsman. You may wish to get advice about this from the State Ombudsman's office by:
Email from www.ombudsman.sa.gov.au
Telephone 8226 8699, toll free (country callers) 1800 182 150
Facsimile 8226 8602
Letter to PO Box 3651, Rundle Mall SA 5000

Internal Review

Cases where reviews were requested are captured in the table below:

Review open prior to 1/7/12 and closed during 2012-13	Review opened and closed during 2012-13	Review opened during 2012-13 and still open at 30/6/13
3	23	1

The 24 reviews opened in 2012-13 above represent 1.21% of all new complaints received by HCSCC in the period (total complaints being 1943).

In two cases, HCSCC decided to undertake further inquiries. In the other cases, HCSCC upheld the original decision without further inquiries.

Ombudsman review

Section 86 (c) of the Act entitles a person who has made a complaint to HCSCC to request that the State Ombudsman review HCSCC decisions and actions in regard to their complaint. At various times during the HCSCC complaint process, HCSCC advises complainants of this right of review.

The Ombudsman does not advise HCSCC in all cases if a complainant has sought a review of an HCSCC decision or action. HCSCC only becomes aware that a review has been sought if the Ombudsman requests information from HCSCC.

The Ombudsman requests information from HCSCC in order to decide if he should investigate a complaint more formally.

During 2012-13, the Ombudsman informed HCSCC of ten reviews. Two matters were already open at the commencement of the year. All were closed by 30 June 2013.

Review open prior to 1/7/12 and closed during 2012-13	Review opened and closed during 2012-13	Review opened during 2012-13 and still open at 30/6/13
2	10	0

Of the twelve matters referred to above, the Ombudsman found that HCSCC actions were reasonable in nine cases. The Ombudsman identified opportunities for improvement or made recommendations in the remaining three cases.

During the year, the Ombudsman published a report called *Putting It Right - A report on implementation of the Ombudsman's recommendations by agencies for the period 1 July 2009 to 31 March 2013*. This included reference to two complaints about HCSCC. The report shows that HCSCC accepted and implemented a total of six Ombudsman recommendations.

The recommendations related to changes to aspects of HCSCC's own internal processes as well as actions that HCSCC should take in relation to particular service providers.

6.8 Complaint Resolution Data

The following HCSCC complaint resolution data for 2012-13 fulfils HCSCC's annual statutory reporting requirements. As reported previously, the HCSCC complaints management data system, Proactive, has significant limitations. Much of the following information has been made available due to the dedication and commitment of the HCSCC staff team, some of whom were involved in extensive manual data collection and analysis.

HCSCC complaint handling performance standards include:

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

Of all new complaints received in 2012-13:

- 88.54% were closed within 21 days
- 9.91% were closed within 22-44 days
- 1.55% were open more than 45 days.

No systemic files have been open more than two years.

HCSCC was notified of 8 HCSCC decisions being reviewed by the State Ombudsman. This equates to 0.41% of the total complaints received by HCSCC.

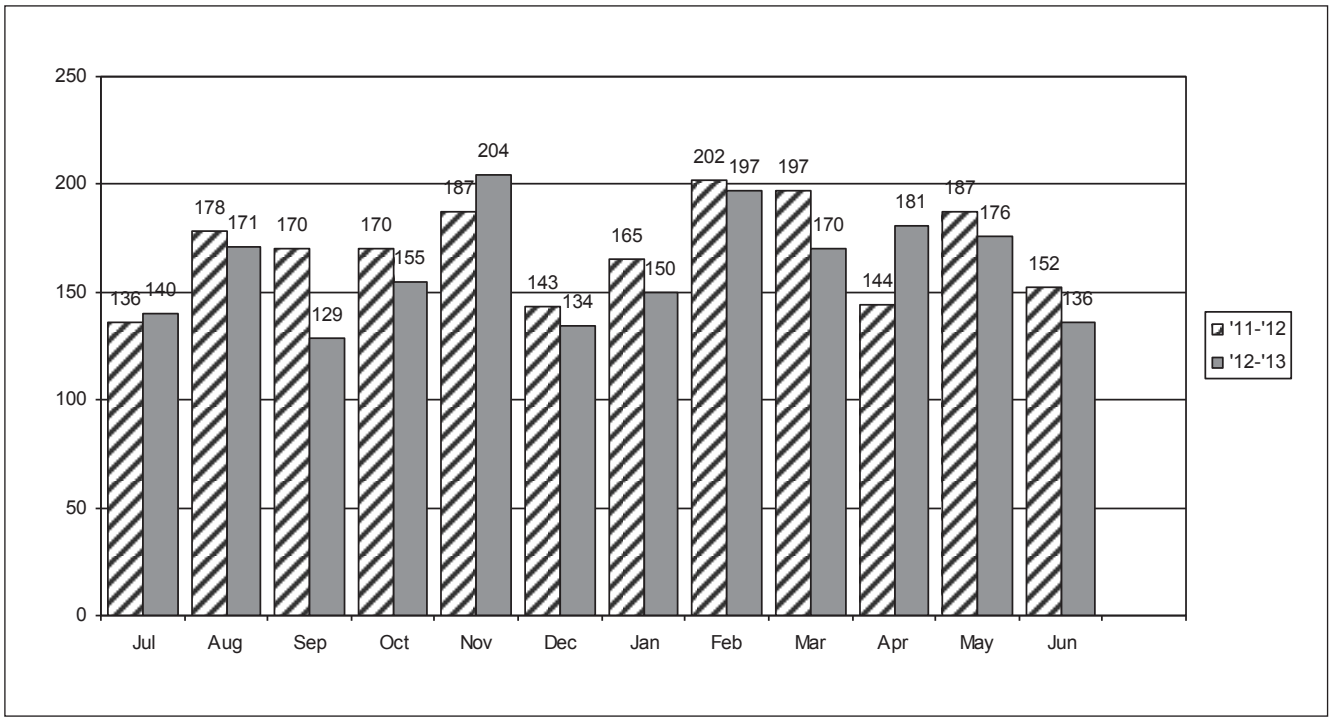
Number and type of complaint contacts

Service Provider Type	Health	Community Services	Child Protection	2012-13 Total
Public	1035	56	90	1181
Private	703	16	0	719
Non-Government Organisation	11	32	0	43
Out of Jurisdiction Contacts	0	0	0	306
Total	**1749**	**104**	**90**	**2292**

A total of 1749 complaints, equivalent to 90% of all new complaints received in 2012-13 related directly to health services.

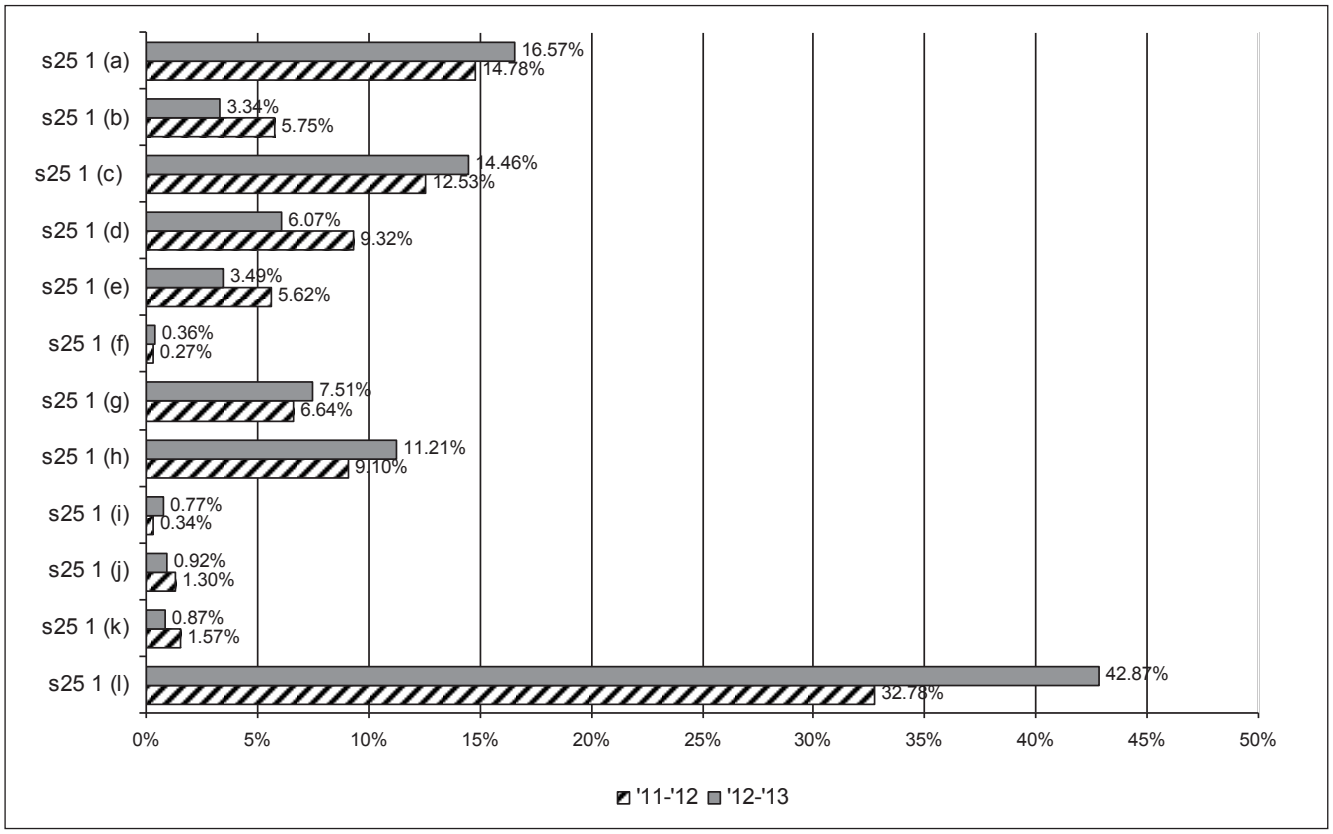
The total number of complaint contacts to HCSCC in 2012-13 increased by over 10%. The number of actual complaints was 3.5% less than 2011-12 but this was offset by a significant increase in contacts assessed as out of jurisdiction.

Complaints opened by month



Average new complaints per month: 162

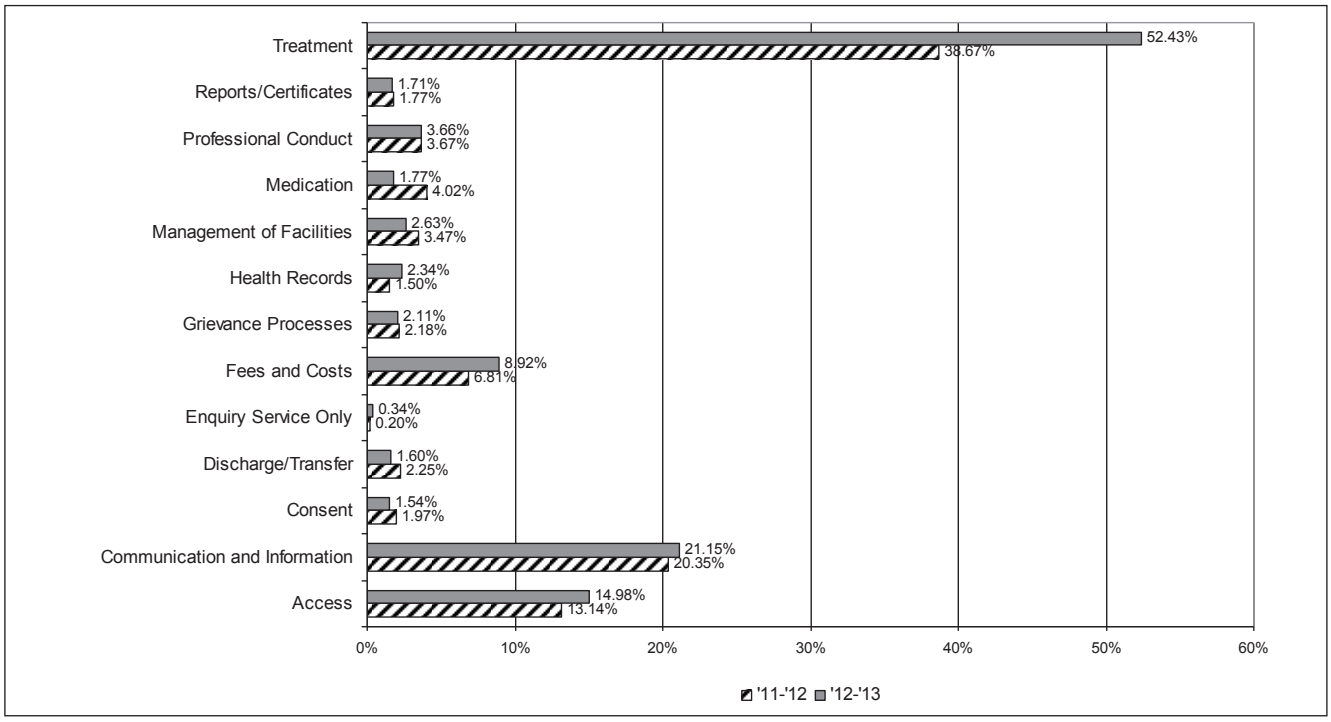
Grounds for complaint (section 25)



Note: a single complaint may raise more than one ground

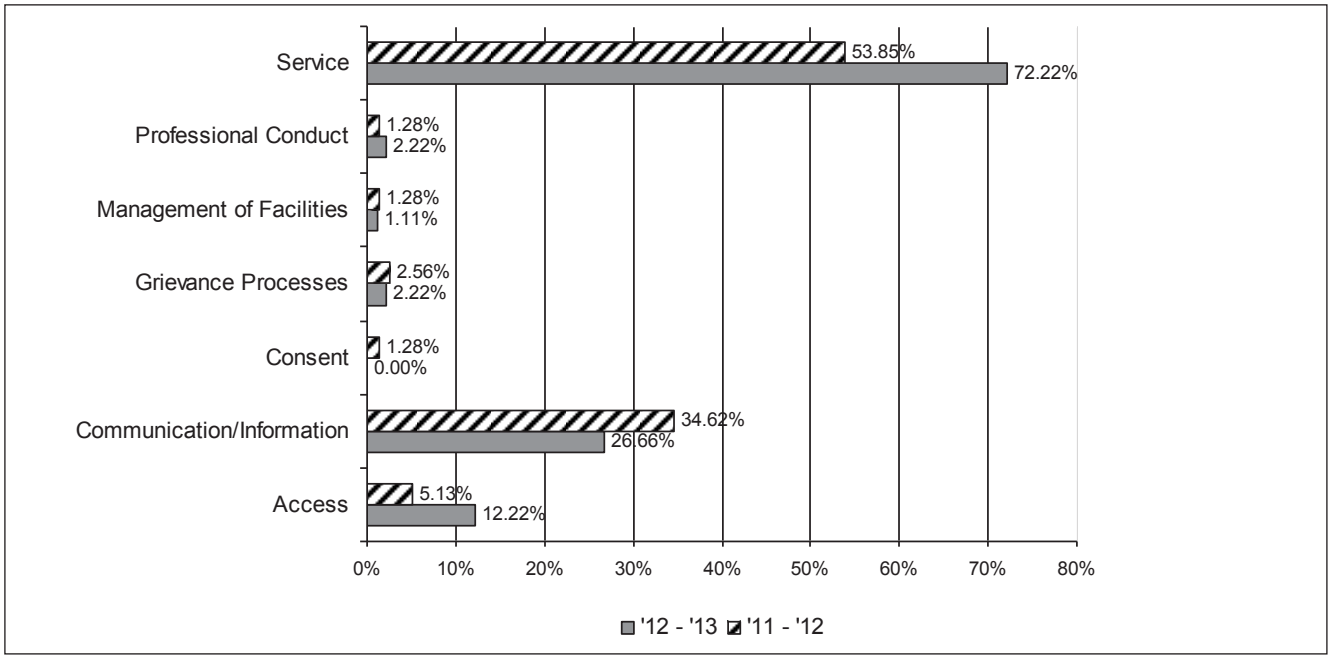
s25 1 (a) service not provided
s25 1 (b) service not necessary or inappropriate
s25 1 (c) unreasonable manner in providing service
s25 1 (d) lacked due skill
s25 1 (e) unprofessional manner
s25 1 (f) failure to respect privacy or dignity of service user
s25 1 (g) quality of information
s25 1 (h) access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

Issues complained about – Health complaints



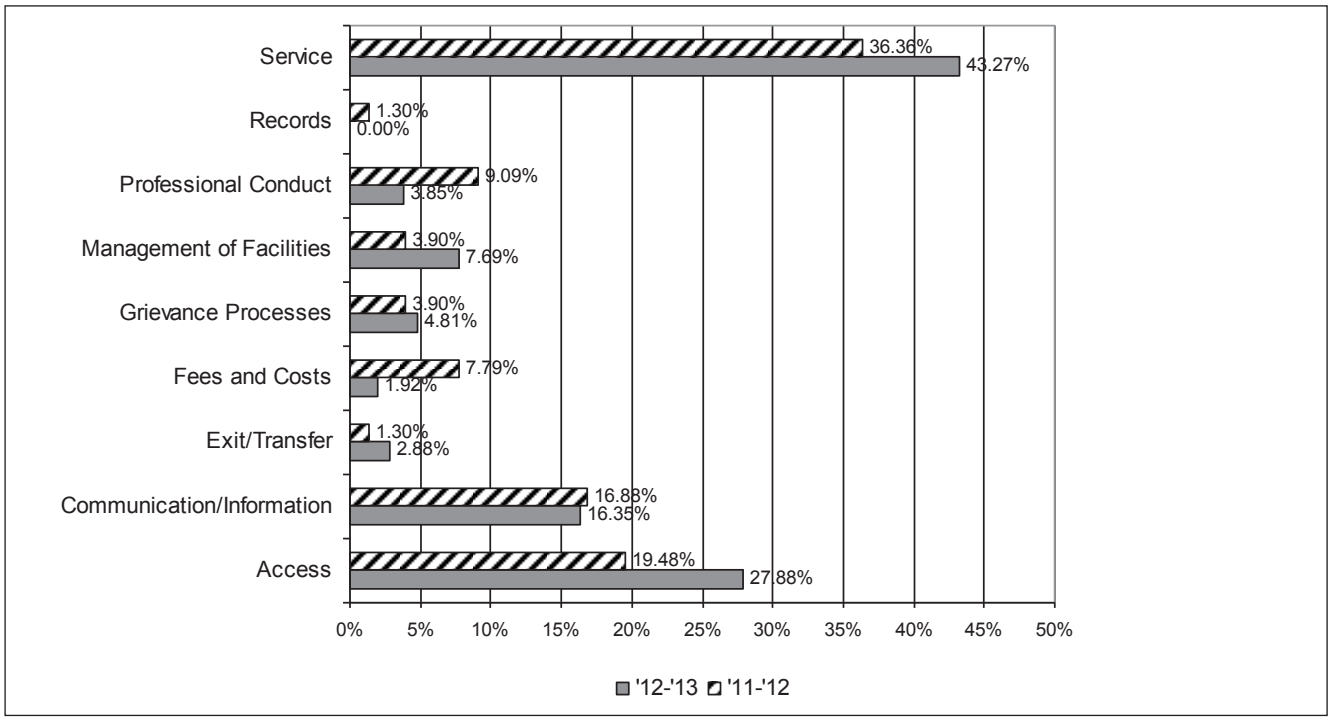
Note: a single complaint may raise more than one issue.

Issues complained about – Child protection complaints



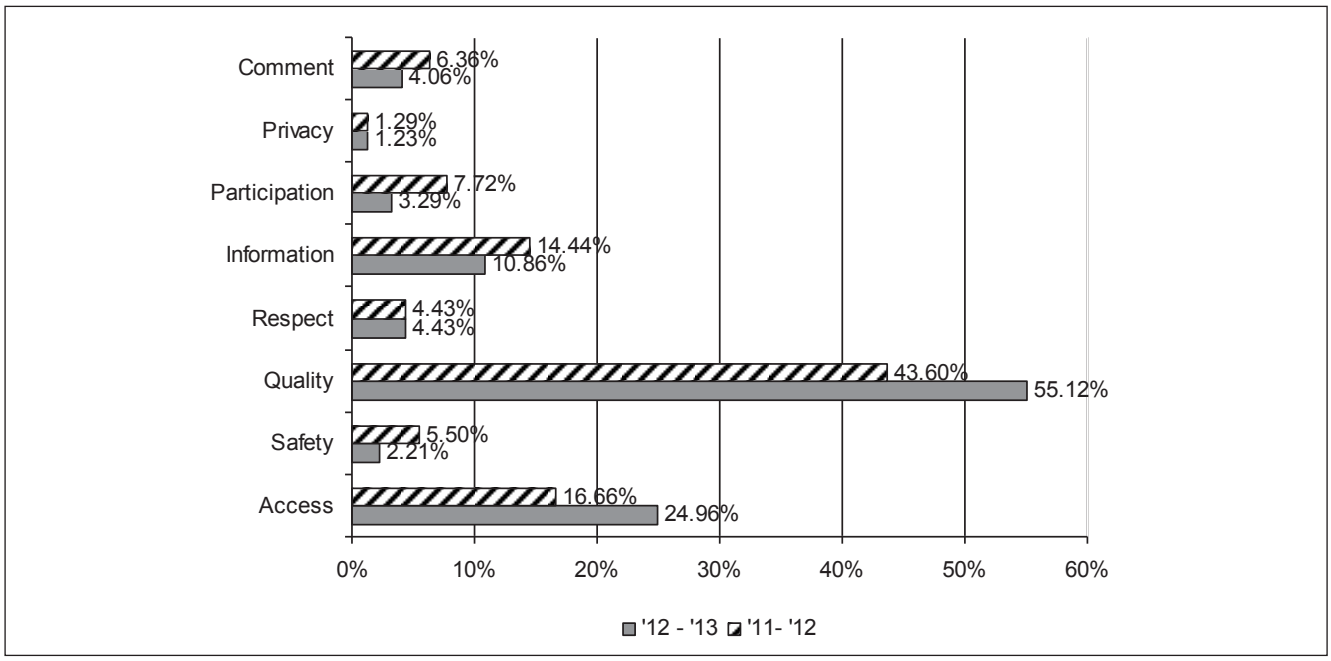
Note: a single complaint may raise more than one issue.

Issues complained about – Community service complaints



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

Complaints received aligned to the HCSCC Charter of Health and Community Services Rights



Note: a single complaint may relate be about more than one right.

HCSCC Charter of Health and Community Services Rights

The HCSCC Charter came into effect on 23 June 2011.

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

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

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

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

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

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

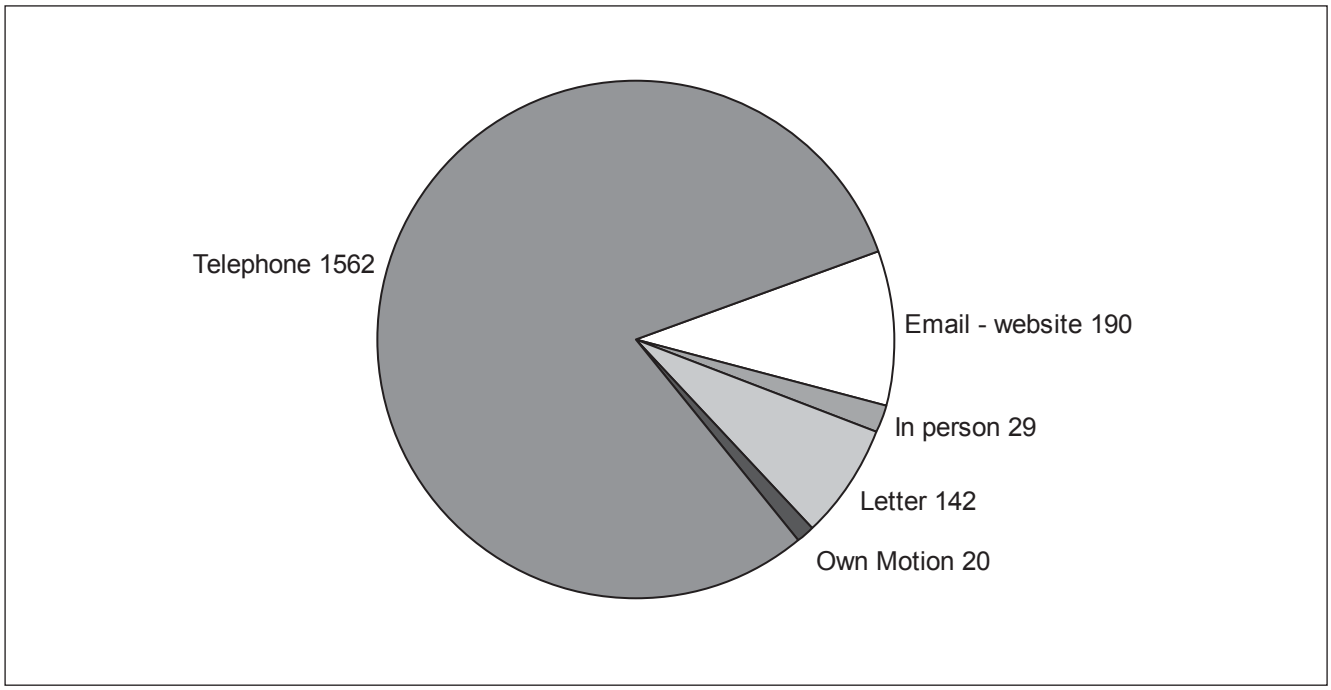
7. PRIVACY – Right to privacy and confidentiality. I have a right to have my privacy respected and my personal information kept confidential and secure. Personal information about me may not be disclosed without my consent, unless the disclosure is required to lessen or prevent a serious threat to life,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

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

Over 90% of all complaints align to three of the HCSCC Charter Rights:

- the right to quality (55.12%)
- the right to access (24.96%) and
- the right to information (10.86%).

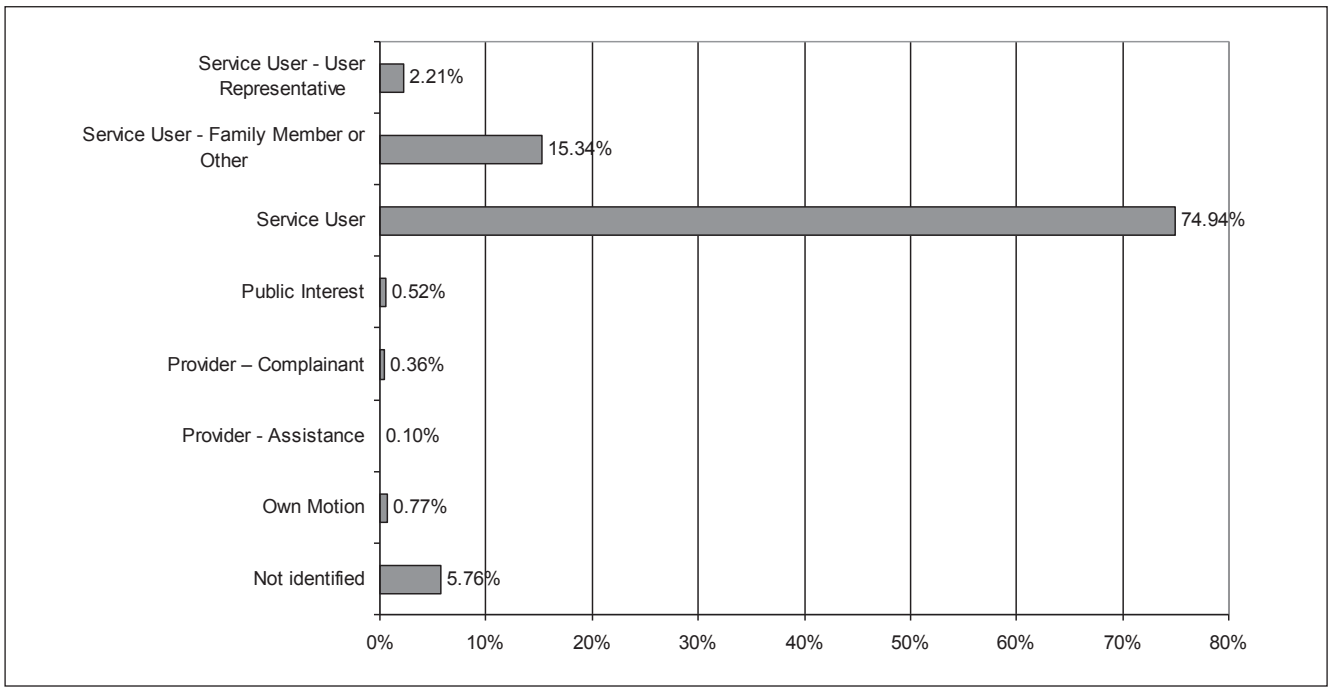
Method of contact with HCSCC



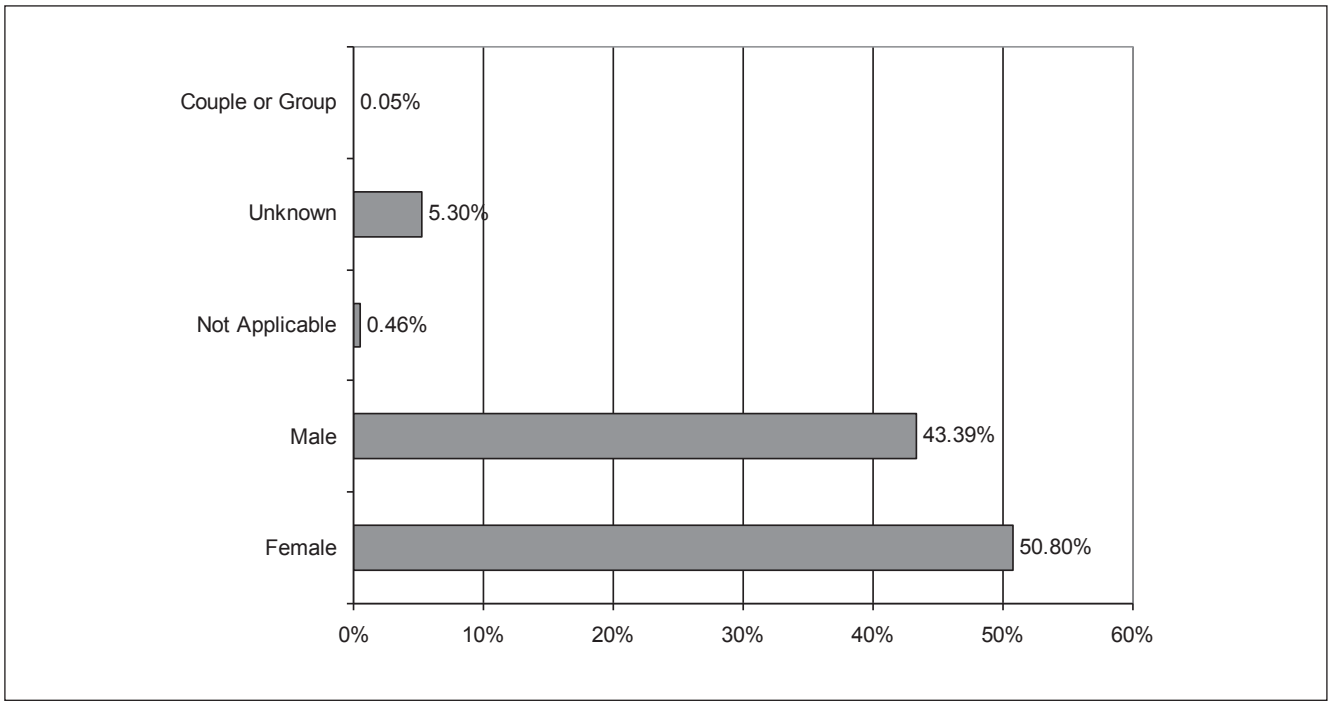
Statistics show that 80% of contacts with HCSCC regarding a complaint are made by telephone. HCSCC acknowledges that for many people telephone contact is often easily accessible and enables the immediate provision of information, advice or action.

Note this figure does not take into account those matters assessed as outside jurisdiction.

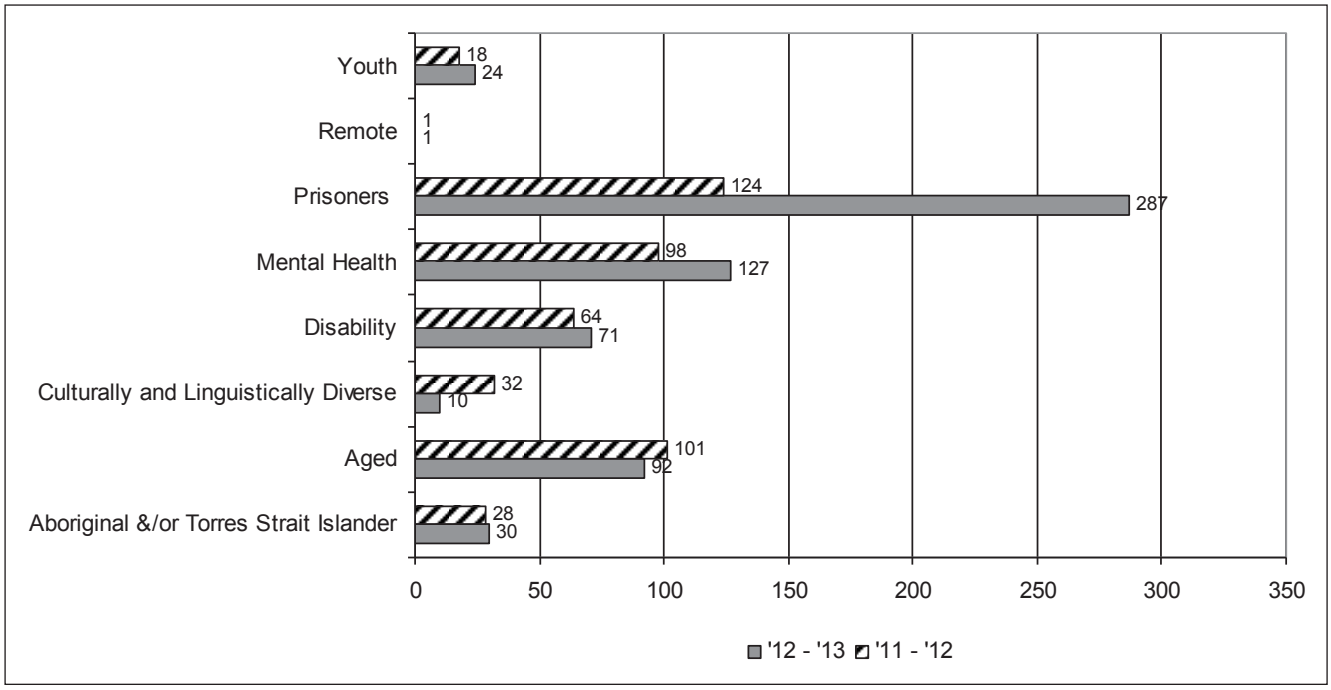
Role of contact person



Gender of contact person



Complaints from people who identify as having special needs



The Act uses the term special needs groups as "particular classes of persons who because of the classes to which they belong, may suffer disadvantage in the provision of services unless their needs are recognised".

Consumers of health services are not always comfortable with the term special needs as some consumer groups advocate that all complainants by definition have special needs.

A total of 642 special needs were identified in complaints received in 2012-13 (note: the service user may have had multiple special needs).

Complaints not finally dealt with

As of 30 June 2013, HCSCC had a total of 79 open complaint files.

As stated previously in the report HCSCC receives 162 complaints on average each month and closes more than 88% complaints within 21 days.

7. Other Functions

In addition to the HCSCC Complaint Resolution Service, the Commissioner also has a statutory obligation to promote and protect the rights of people who use health or community services and to improve the safety and quality of health and community services.

Much of this work is multi-dimensional and often involves a broad range of activities such as education and awareness raising, the development and distribution of resources, liaising with sector/consumer representatives, influencing strategic policy development, provision of specialist training in complaints resolution and undertaking community engagement activities such as outreach projects, to name but a few.

The following information provides a summary of HCSCC's supplementary actions during 2012-13.

7.1 HCSCC Charter of Health and Community Services Rights (Part 3 of the Act)

Given that the HCSCC Charter of Health and Community Services Rights (the HCSCC Charter) came into effect on 23 June 2011, HCSCC's focus continues to be meeting HCSCC's statutory obligations to provide information, education and advice about the HCSCC Charter . This is a critical task in ensuring that the HCSCC Charter becomes an important statutory lever to uphold the rights of people seeking or using health or community services in South Australia.

The Charter Champion network currently has 67 registered Champions who are integral in promoting the Charter of Health and Community Services Rights.

HCSCC Charter Champions represent a broad range of consumer groups, health and community service providers, professional groups, local government, private hospitals, multicultural groups and other peak bodies.

HCSCC held its first Charter Champion's Conference on 16 November 2012. Presentations were given by the Public Advocate, South Australian Dental Service, Health Consumers Alliance and HCSCC staff. Together with the support of our presenters, this was an important and exciting opportunity for Charter Champions to meet and to share their experiences with the Charter to date.

Charter Champions have a critical role in extending knowledge of the HCSCC Charter. It is important that the valuable Charter Champion network consolidates and grows and information and resources are key in that effort. Further work with Charter Champions will continue in 2013-14.

In addition to promoting the HCSCC Charter, section 85 of the Act requires HCSCC to take the HCSCC Charter into account when managing complaints. The Act requires HCSCC to consider several elements:

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

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

7.2 Code of Conduct for Unregistered Health Practitioners (Part 6 of the Act, Division 5)

Made under the Health and Community Services Complaints Regulations 2005.

The Code of Conduct for Unregistered Health Practitioners came into effect on 14 March 2013.

Unless exempt by the Regulations all unregistered health practitioners must display this Code of Conduct and the information for clients about how a complaint may be made to the Health and Community Services Complaints Commissioner. If an unregistered health practitioner has relevant qualifications, these qualifications must also be displayed. All of these documents must be displayed in a position and manner that makes them easily visible and accessible to a person entering the relevant premises.

This requirement to display material does not apply to the following premises:

- Premises of any hospital, whether public or private (within the meaning of the *Health Care Act 2008*).
- Premises of any health care service established or licensed under the *Health Care Act 2008*.
- Premises of any day procedure centre.
- Premises of the SA Ambulance Service Incorporated.
- Premises of an approved aged care services provider (within the meaning of the *Aged Care Act 1997* of the Commonwealth).

Schedule 2 − Code of Conduct for Unregistered Health Practitioners

1 − Preliminary

What is an unregistered health practitioner?

An unregistered health practitioner is someone who provides a health service and who doesn't have to be registered with a registration authority in order to provide his or her service.

In this schedule an unregistered health practitioner is called a health practitioner.

In this schedule a service user is called a client.

2 − Health practitioners to provide services in a safe and ethical manner

This code requires that health practitioners provide services in a safe and ethical manner. This means that the health practitioner must:

(a) Maintain a reasonable level of competence in his or her field of practice.

(b) Not provide health services that are outside his or her experience or training.

(c) Not use his or her qualifications to mislead or deceive clients about his or her competence to provide a particular treatment.

(d) Only prescribe treatment or devices that serve the needs of the client.

(e) Recognise the limitations of treatments they can provide and, where appropriate, refer clients to other competent health service providers.

(f) Recommend that a client seek additional opinions or services where appropriate.

(g) Assist a client to find other suitable health care professionals where appropriate.

(h) Encourage a client to inform his or her medical practitioner (if any) of treatment received from the health practitioner.

(i) Have a sound understanding of any adverse interaction between the therapies and treatments provided or prescribed and any other medications or treatments the client might be taking or receiving.

(j) Ensure that appropriate first aid is available if needed during a consultation.

(k) Obtain appropriate emergency assistance (such as an ambulance service) in the event of any serious misadventure or outcome during a consultation.

3 − Health practitioners diagnosed with infectious medical condition

Health practitioners who have been diagnosed with an infectious medical condition must:

(1) Ensure that any services provided do not put the client at risk.

(2) Take and follow advice from an appropriate medical practitioner regarding steps to avoid the possibility of transmission to clients.

4 − Health practitioners not to make claims to cure certain serious illnesses

(1) The health practitioner must not claim to be qualified, able or willing to cure cancer or other terminal illnesses.

(2) Health practitioners must not claim the ability to treat, alleviate or cure serious illnesses unless the claim can be substantiated.

5 − Health practitioners to take precautions for infection control

Health practitioners must take appropriate precautions for the control of infection while providing a service.

6 − Appropriate conduct in relation to treatment advice

(1) Health practitioners must not attempt to dissuade a client from seeking or continuing treatment by a registered medical practitioner.

(2) The health practitioner must accept a client's right to make an informed choice in relation to his or her own health care.

(3) Health practitioners should communicate and cooperate with colleagues and other health care practitioners and agencies in the best interests of the client.

(4) Health practitioners who have serious concerns about the treatment provided to a client by another health practitioner must refer the matter to the Health and Community Services Complaints Commissioner.

7 − Health practitioners not to practise under influence of alcohol or drugs

(1) Health practitioners must not provide services while intoxicated by alcohol or any other substance.

(2) The health practitioner on prescribed medication must obtain advice from the prescribing health practitioner on the impact that medication might have on his or her ability to practise and must not treat a client if his or her ability might be impaired.

8 − Health practitioners not to practise with certain physical or mental conditions

A health practitioner must not provide a service while physically or mentally impaired, including if he or she is impaired by addiction to alcohol or a drug, or if his or her impairment may lead to the client being harmed.

9 − Health practitioners not to financially exploit clients

Health practitioners must not:

(1) Accept a financial inducement or gift for referring a client to another health practitioner or supplier of medications or therapeutic goods or devices.

(2) Offer a financial inducement or gift in return for a referral from another health practitioner.

(3) Provide a health service or treatment to a client unless they are designed to maintain or improve the client's health or wellbeing.

10 − Health practitioners required to have clinical basis for treatments

Health practitioners must have a valid clinical basis for treating a client. Health practitioners must not diagnose or treat an illness or condition unless there is an adequate clinical basis to do so.

11 − Health practitioners not to misinform clients

(1) Health practitioners must be truthful about their qualifications, training or professional affiliations if asked by a client.

(2) Health practitioners must not make claims, either directly or in advertising or promotional material, about the efficacy of treatments or services if the claims cannot be substantiated.

12 − Health practitioners not to engage in sexual or improper personal relationship with client

Health practitioners must not engage in sexual or other close personal relationships with clients.

Before engaging in a sexual or other close personal relationship with a former client, a health practitioner must ensure that a suitable period of time has elapsed since the conclusion of his or her therapeutic relationship.

13 − Health practitioners to comply with relevant privacy laws

Health practitioners must comply with State or Commonwealth laws relating to the personal information of clients.

14 − Health practitioners to keep appropriate records

Health practitioners must maintain accurate, legible and up to date clinical records of each client consultation.

15 − Health practitioners to keep reasonable insurance

Health practitioners should ensure that his or her practice has reasonable indemnity insurance.

7.3 Health and Community Services Advisory Council (Part 8 of the Act)

The Health and Community Services Advisory Council includes a diverse membership representing people who use health and community services, health and community service providers and health practitioner registration authorities. During 2012-13 the following people were members or deputies on the Council:

Stephanie Miller Presiding Member	**Jennifer Hall** Member representing the interests of users of health services	**Ashleigh Moore** Member representing the interests of users of health services
Athena Karanastasis Member representing the interests of users of community services	**Dr David Walsh** Member representing the interests of health and community service providers	**Jennifer Hurley** Member representing the interests of health and community service providers
Josephine Bradley Member of registration authorities representing interests of the public	**Linda Starr** Member of registration authorities representing interests of the public	**Anne Megaw** Member representing the interests of users of community services
Lynette Woodforde* Member representing the interests of carers	**Jacqueline Howard*** Member with appropriate experience in relation to the quality and safety standards of health care	**Lyn English** Deputy Member representing the interests of users of health services
Lorraine Sheppard Deputy Member of registration authorities representing interests of the public	**Carolyn Donaghey*** Deputy Member representing the interests of carers	**Dr Phillip Hoyle*** Deputy Member with appropriate experience in relation to the quality and safety standards of health care
Konrad Gawlik Deputy Member representing the interests of users of community services	**Harold Stewart** Deputy Member representing the interests of health and community service providers	

The term of office for Council members marked with * is November 2014, for all other members it is June 2013.

Functions

The functions of the Health and Community Services Advisory Council are to advise the Minister and the Commissioner in relation to:

- the means of educating and informing users, providers and the public on the availability of means for making health or community service complaints or expressing grievances in relation to health or community services or their provision; and
- key strategic issues that arise in relation to the resolution of complaints made in relation to the provision of health or community services; and
- the operation of this Act; and
- any other matter on which the Minister or Commissioner requests the advice of the Council.

The Council met six times in 2012-13 and the Commissioner provided Council members with information about HCSCC's activities and work plan. The Council also provided the Commissioner with support and helpful and timely advice on strategic directions and relevant contextual information for considering significant matters.

7.4 Outreach

Aboriginal and Torres Strait Islander Community Outreach

HCSCC continues to identify key partners among Aboriginal and Torres Strait Islander services to develop, promote and raise awareness of HCSCC general services and the HCSCC Charter of Health and Community Services Rights through presentations, meetings, outreach visits and attending Aboriginal community events.

As part of the ongoing commitment in community engagement to the Aboriginal and Torres Strait Islander communities HCSCC extended outreach activities from rural and metropolitan areas into the remote regions of South Australia.

The highlight for HCSCC was the August 2012 visit to Coober Pedy and Oodnadatta to hear first hand from workers and community members regarding their concerns about local health and community services.

HCSCC took the opportunity to share information about the role and functions of HCSCC and the chance to explain what rights community members have in relation to health and community services under the *Health and Community Services Complaints Act 2004*.

HCSCC, particularly at the Commissioner's level, uses the information gained from community outreach to establish communication with relevant services providers and key community leaders, to build relationships that can address systemic concerns.

HCSCC sees the importance of continuing to work with the Aboriginal and Torres Strait Islander community members and service providers in their communities about local issues relating to the provision of health and community services.

HCSCC is committed to providing outreach to the Aboriginal and Torres Strait Islander communities and community outreach is shared between an Aboriginal Complaint and Capacity Development Officer and other skilled members of the Complaint Resolution Service.

HCSCC actively promotes its services to Aboriginal and Torres Strait Islander people through free HCSCC Speak Up posters and pamphlets, and the newly produced Aboriginal and Torres Strait Islander – Easy Read 'Know Your Rights' booklet available at www.hcscc.sa.gov.au.

HCSCC Promoting Safety and Quality in Disability Services

HCSCC remains committed to promoting the rights of people to receive safe, quality disability services from government, community and private service providers in SA. The HCSCC emphasis is on vulnerable people with disabilities.

HCSCC has published two reports on this issue:

- November 2012 – Towards safety and quality: confronting the "corruption" of care in disability services
- March 2013 – report on ongoing HCSCC investigations into the provision of the safety and quality of disability services for vulnerable people

Both reports are available at www.hcscc.sa.gov.au or contact HCSCC on 8226 8652.

HCSCC continues to be involved in the development of a range of legislative and policy initiatives aimed to improve the rights of and services provided to people with disabilities.

Some examples of this are:

- HCSCC is a member of the Community Visitors Scheme (CVS) Advisory Committee – the role of the CVS has been extended from mental health to include visits to places where people with disability live and meet.
- HCSCC is a member of the Disability Justice Plan Steering Group – aiming to respond to recommendation in the Strong Voices Report to improve access to the justice system for people with disability. A consultation paper is currently out for discussion.
- HCSCC actively engaged with the development of the Department for Communities and Social Inclusion (DCSI) Safeguarding policies that will be the reference point for government and DCSI funded non government disability services.

Rights Based Person Centred Services

HCSCC is keen to promote rights based person centred service provision and recognises the developmental work underway by Disability Services SA (DCSI) Person Centred Development Team, Minda and others.

HCSCC has offered free information and a range of free training courses to non government organisations that provide disability services. For more information contact HCSCC on 8226 8652.

Supported Decision Making Project

One project HCSCC recognised the importance of to promote the rights of people with disability was the Supported Decision Making project run in the office of the Public Advocate and funded by Julia Farr group – that project ended in November 2012.

Due to no other option being available HCSCC is intending to fund the project from its core budget until external funding can be obtained.

Disability Care Australia

HCSCC is engaged in the roll out of the National Disability Insurance Scheme (NDIS) that commenced on 1 July 2013. The scheme is now called Disability Care Australia and in SA will focus on children for the first three years.

HCSCC will be distributing information packages to all Disability Care Australia participants advising them of their complaint options and providing information about their rights to receive safe quality disability services.

HCSCC will have a formal arrangement with Disability Care Australia to ensure that complaints and issues of safety and quality are managed and addressed.

7.5 Community Engagement

The breadth and complexity of HCSCC's jurisdiction requires HCSCC to develop a broad range of networks and professional partnerships. The following information provides a brief summary of HCSCC's key initiatives for 2012-13.

Assistance to Service Providers

HCSCC's role is to assist service users, complainants and service providers to improve the safety and quality of services provided and to improve management of complaints.

A wide variety of service providers contacted HCSCC seeking assistance with issues that may never become a complaint which is dealt with by HCSCC.

HCSCC seeks to provide sufficient information or appropriate referrals to assist the service provider to manage the situation. Sometimes HCSCC identifies that formal action needs to be taken and HCSCC will either request the matter be referred or will take own motion action based on the information provided.

The following are examples of assistance service providers received from HCSCC during 2012-13 about how to:

- respond to complaints made directly to them by dissatisfied service users
- access medical records from a GP who unexpectedly closed their practice
- deal with requests from people using a service that go beyond what the service is able to offer
- respond to a vulnerable person after a family member cancelled their support services leaving the person more vulnerable
- deal with clients' family members whose behaviour towards staff is causing concern
- respond appropriately to the actions of another service provider that are negatively affecting a shared client
- provide information and advice about where to lodge complaints that are outside of HCSCC jurisdiction.

Quite commonly, HCSCC also received requests from service providers for feedback on their complaints policy and guidelines.

External Relationships

HCSCC met regularly throughout the year with a number of key stakeholders, some of which include representatives from SA Health, Health Consumers Alliance SA, Carers SA, Council on the Ageing (COTA), the Department for Communities and Social Inclusion, Disability SA, Department for Education and Child Development, Families SA, the South Australian Council of Social Services, the Public Advocate, other South Australian statutory authorities networks, interstate complaints bodies, the South Australian Parliament and Ministers of relevant portfolios.

Much of this work relates to the direct exchange of information, the progression of individual matters and/or to influence the development of strategic policy or service initiatives for the purpose of addressing identified systemic issues.

Examples of some of this work include:

- involvement in the Disability Justice Plan Committee with the Attorney-General's Department
- Principal Community Visitors Advisory Committee with SA Health
- Advance Care Directives Advisory Committee with COTA
- engagement with SA Health, Safety and Quality Unit in the development of patient surveys based on the work of the Picker Institute Europe
- safeguarding people with disabilities.

Submissions

Throughout 2012-13, HCSCC provided submissions and comment in response to a number of papers including:

- SA Health – Draft Complaint about a Health Practitioner Policy and Guideline
- National Safety and Quality Health Standards – Resources
- SA Health – Options for Regulation of Paramedics
- SA Health – Draft Restraint and Seclusion Policy (Mental Health)
- SA Health – Draft Pressure Injury Prevention and Management Policy Directive
- Department for Education and Child Development – Discussion Paper: Every Chance, Every Child
- Senate Standing Committees on Community Affairs – NDIS
- SA Health – Proposal to Protect Midwifery Practice
- ACSQHC – Draft Accreditation Workbook for Mental Health Services
- Department for Communities and Social Inclusion – Preliminary feedback about Funds Management Quality Reform paper
- SA Health – Education and Training Services Review

- Chief Psychiatrist Draft Seclusion and Restraint Standards
- Consumer Health Forum of Australia Draft Report on Informed Financial Consent
- Optometry Council of Australia and New Zealand – Draft Accreditation Standards for Postgraduate Therapeutics Courses
- SA Health Draft Policy Providing Medical Treatment to Prisoners within SA Health
- Attorney-General's Department – Disability Justice Plan
- Department of Families, Housing, Community Services and Indigenous Affairs – Proposed National Framework for Reducing the Use of Restrictive Practices in the Disability Service Sector

Communications

HCSCC promotes its activities through its newsletter, *Rights Insights* (formerly known as *Buzz*).

During 2012-13 HCSCC distributed two copies of *Rights Insights* to its registered subscribers and key stakeholders with updates about HCSCC's activities and work program.

HCSCC was promoted at diverse forums and events and information about these activities follow.

Disability and Ageing Expo – Riverland

In March 2013 HCSCC visited the Riverland to participate in the Disability and Ageing Expo at Barmera organised by Disability Information Resource Centre.

HCSCC was amongst about 40 stall holders from government, community and private sectors. HCSCC provided information about the role of HCSCC and people's rights to access safe quality services.

HCSCC also offered free information sessions to both community members and workers. Eleven workers from the Riverland area attended representing a range of health and community services. Information was provided about HCSCC's role and tips for good complaints handling.

Disability and Ageing Expo – Adelaide

In August 2012 HCSCC also attended the Adelaide Disability and Ageing Expo organised by the Disability Information Resource Centre (DIRC). Despite extreme weather conditions, approximately 7500 people braved the elements to attend. There were 89 exhibitors and 136 stalls providing information, products and services for people with a disability, the elderly, their family, friends and carers.

The event provides a great opportunity for HCSCC to meet with and promote our services to groups in the community who are traditionally more vulnerable. HCSCC's stall received a steady stream of really positive contacts with attendees as well as other service providers throughout the day.

Homelessness Expo

In October 2012 HCSCC attended the annual Homeless Connect Expo at Whitmore Square. This event is organised by Shelter SA in conjunction with the Adelaide City Council and Housing SA.

As the name suggests, it provides an opportunity for people who are homeless, or at risk of being homeless, the chance to connect with information about product and services. These include services such as housing, government assistance, legal services, health advice, employment and more.

There were 680 attendees including 150 staff and volunteers from 42 agencies with stalls representing 55 services.

One of the benefits of HCSCC's attendance at this type of event, aside from promoting our service to the public, is that it gives HCSCC the chance to network with other service providers, leading to them referring people to HCSCC.

Disability and Information Resource Centre (DIRC) – HCSCC Context Paper Launch

In November 2012 over 70 people packed DIRC rooms for HCSCC's launch of its disability project and the context paper: Towards Safety and Quality in Disability Services: Confronting the "corruption of care".

HCSCC is committed to work hard to join with others to increase opportunities for people living with disabilities, to have their voice heard and to receive respectful and safe services.

The highlight of the launch was performances by Hot Tutti – there were standing ovations, cheers and tears for the five young women with disabilities who filled our hearts, ears and minds with glorious sounds and potent images of the reality, challenges, strengths and hope in their lives.

We were also inspired by other speakers: Ian Cummins from Our Voices SA; Margie Charlesworth, Katharine Annear and Sue Gilbey from Women with Disability SA; Maria Edwards who resides at Minda and Lorna Hallahan author of HCSCC's paper.

HCSCC Presentations

During 2012-13, HCSCC staff provided a total of 10 external presentations which included:

- Hampstead Day Rehabilitation Centre
- Aids Council SA
- National Disability Services Forum
- SA Council on Safety and Quality in Healthcare
- Closing the Gap Queen Elizabeth Hospital
- Australian Private Hospitals Association SA
- Northern Carers Network
- Aboriginal Health Advisory Committee Port Pirie
- Port Adelaide TAFE
- South Australian Consumer Affairs Professionals

HCSCC Resources

During 2012-13, HCSCC distributed 12,773 consumer brochures and 1,861 provider brochures in response to requests from a wide variety of individuals and organisations. Demand for other HCSCC resources also included high levels of interest in the Speak Up brochures, Speak Up posters and HCSCC Charter of Health and Community Services Rights brochures.

In addition to the resources that are available in printed format, HCSCC also made a wide range of resources available to download directly from the HCSCC website including:

- Code of Conduct for Unregistered Health Practitioners
- HCSCC Charter Information Sheet
- 'Know Your Rights – a guide to the HCSCC Charter in South Australia' brochure
- •'Making a complaint about a health or community service as a carer' brochure
- Disability complaints brochure
- HCSCC Charter posters and bookmarks
- HCSCC Charter PowerPoint presentation and alignment slides.

Media

HCSCC did not issue any media releases in 2012-13.

Training

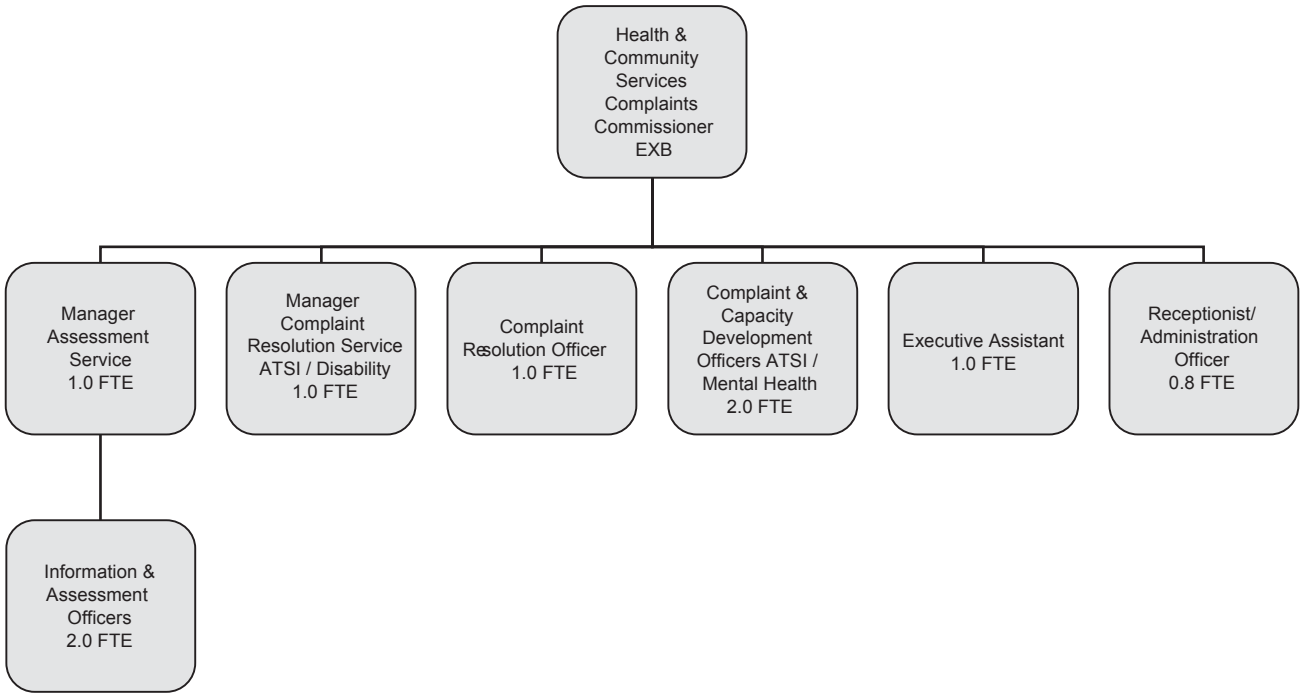
HCSCC offered the following courses to a range of government and community services in 2012-13:

- Best practice complaints handling
- Rights based services – HCSCC Charter of Health and Community Services Rights
- Dealing effectively with people who behave as unusually persistent complainants
- Crucial Conversations – how to make sure you can address difficult issues with clients and co workers.

HCSCC has a range of courses that can be tailored to meet an organisation's needs – the majority are free of charge. For more information please contact HCSCC on 8226 8652.

8. Human Resources

HCSCC organisational chart as at 30 June 2013.



Staff of the office of the HCSCC (excluding the Commissioner) are employed by the Department for Health and Ageing. Statistical reporting relating to HCSCC staff is also captured in the Department for Health and Ageing 2012-13 Annual Report.

Employee Numbers, Gender and Status

Total Number of Employees	
Persons	9
FTEs	8.65

Gender	% Persons	% FTEs
Male	22.22%	23.12%
Female	77.78%	76.88%

Number of persons during the 2012-13 financial year	
Separated from the agency	1
Recruited to the agency	1

Number of Persons as at 30 June 2013	
On Leave without Pay	0

Number of Employees by Salary Bracket

Salary bracket	Male	Female	Total
$0 – $53,199	0	0	0
$53,200 – $67,699	1	3	4
$67,700 – $86,599	1	2	3
$86,600 – $109,299	0	2	2
$109,300+	0	0	0
Total	**2**	**7**	**9**

The Health and Community Services Complaints Commissioner was initially appointed for 15 months to 31 July 2013. In June 2013 a decision was made to provide a 7 year appointment.

Status of Employees in Current Position

FTEs	Ongoing	Short-Term Contract	Long-Term Contract	Other (Casual)	Total
Male	2.00	0.00	0.00	0.00	2.00
Female	6.00	0.65	0.00	0.00	6.65
Total	**8.00**	**0.65**	**0.00**	**0.00**	**8.65**

Persons	Ongoing	Short-Term Contract	Long-Term Contract	Other (Casual)	Total
Male	2.00	0.00	0.00	0.00	2.00
Female	6.00	1.00	0.00	0.00	7.00
Total	8.00	1.00	0.00	0.00	9.00

Executives by Gender, Classification and Status

	Ongoing		Term Tenured		Term Untenured		Other (Casual)		Total			
Classification	M	F	M	F	M	F	M	F	M	%	F	%
Commissioner					1							
Total					**1**				**1**	**9.09%**		

* M = Male, F = Female

Leave Management – Average Days Leave Per Full Time Equivalent Employee

Leave type	2009-10	2010-11	2011-12	2012-13
Sick Leave	9.73	14.00	9.60	7.4
Family Carer's Leave	1.25	1.40	1.50	1.1
Miscellaneous Special Leave	0.50	2.80	1.40	1.6

Workforce Diversity – Aboriginal and/or Torres Strait Islander Employees

One staff member is Aboriginal: Ngarrindjeri-Ramindjeri; Gurindji.

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees	Target*
$0 – $53,199	0	0	0%	2%
$53,200 – $67,699	0	4	0%	2%
$67,700 – $86,599	1	3	33.33%	2%
$86,600 – $109,299	0	2	0%	2%
$109,300+	0	0	0%	2%
Total	1	9	11.11%	2%

*Target from SA Strategic Plan

Workforce diversity – Employees by Age Bracket and Gender

Age Bracket	Male	Female	Total	% of Total	2012 Workforce Benchmark*
15-19	0	0	0	0%	6.2%
20-24	0	0	0	0%	9.7%
25-29	0	0	0	0%	10.9%
30-34	0	0	0	0%	9.8%
35-39	0	2	2	22.22%	10.1%
40-44	1	1	2	22.22%	11.8%
45-49	1	0	1	11.11%	11.2%
50-54	0	2	2	22.22%	11.3%
55-59	0	0	0	0%	9.0%
60-64	0	2	2	22.22%	6.1%
65+	0	0	0	0%	3.7%
Total	**2**	**7**	**9**	**100.00%**	**100.00%**

*Source: Australian Bureau of Statistics Australian Demographic Statistics, 6291.0.55.001
Labour Force Status (ST LM8) by sex, age, state and marital status – employed – total from Feb 78 Supertable, South Australia at Feb 2013.

Workforce diversity – Cultural and Linguistic Diversity

	Male	Female	Total	% of Agency	SA Community♦
Number of employees born overseas	1	4	5	55.56%	22.1%
Number of employees who speak language(s) other than English at home	0	1	1	11.11%	14.4%

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

Workforce Diversity – Disability (According to Commonwealth DDA Definition)

Male	Female	Total	% of Agency
0	0	0	0%

Types of Disability (Where Specified)

Disability	Male	Female	Total	% of Agency
Disability requiring workplace adaptation	0	0	0	0%
Physical	0	0	0	0%
Intellectual	0	0	0	0%
Sensory	0	0	0	0%
Psychological/Psychiatric	0	0	0	0%

Voluntary Flexible Working Arrangements by Gender

	Male	Female	Total
Purchased leave	0	0	0
Flexitime	2	7	9
Compressed weeks	0	0	0
Part time	0	2	2
Job share	0	0	0
Working from home	0	0	0

Documented Review of Individual Performance Management

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

Employees with…	% Total Workforce
A review within the past 12 months	100%
A review older than 12 months	0%
No review	0%

Leadership and Management Training Expenditure

Training and Development	Total Cost	% of Total Salary Expenditure
Total training and development expenditure	$2642	0.23%
Total leadership and management development expenditure	$8250	0.72%

Accredited Training Packages by Classification

Classification	Number of accredited training packages
AS06	1
AS04	1

Work Health and Safety and Injury Management

HCSCC Work Health and Safety and Injury Management information is included in the Department for Health and Ageing Annual Report.

9. Financial Summary

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

HCSCC's funding and expenditure for 2012-13 as provided by the Department for Health and Ageing is summarised below.

Recurrent Base as at 01/07/12	**$1,322,704**
Supplementation	$294,045
Revised Annual Budget as at 30/06/2013	**$1,616,749**

Summary of Revenue and Expenditure

Total Revenue*	**$128,975**
Salaries and Wages	**$1,141,676**
Goods and Services	$341,547
Total Expenses	**$1,483,223**
Net Operating Result	**$1,354,248**
Under / (Over) Budget Result	**$262,501**

*This is an adjusted number as there is an overpayment of $175k from DECD

Account Payment Performance 2012-13

Paid by due date	Number of Accounts paid	% of Accounts Paid by Number	Value in $A of Accounts Paid	% of Accounts Paid by Value
Paid by due date	174	100%	217,604	100%
Late but <30 days	0	0%	0	0%
>30 days past due date	0	0%	0	0%
Total	**174**	**100%**	**217,604**	**100%**

Freedom of Information Statement

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

hcscc

health & community services
complaints commissioner