



# **Health and Community Services Complaints Commissioner 2016-17 Annual Report**

Health and Community Services  
Complaints Commissioner

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To:

Hon Peter Malinauskas MLC

Minister for Health

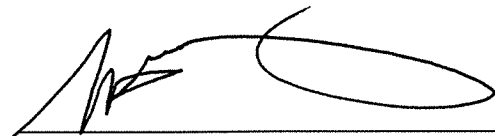
Minister for Mental Health and Substance Abuse

This annual report is presented to Parliament to meet the statutory reporting requirements of *s16 (1) of the Health and Community Services Complaints Act 2004* and meets the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

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

Steve Tully

Health and Community Services Complaints Commissioner



Signature

30 September 2017

Date

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## **Section A: Reporting required under the Public Sector Act 2009, the Public Sector Regulations 2010 and the Public Finance and Audit Act 1987**

### **Agency purpose or role**

- To provide free information and assistance to resolve complaints and address systemic issues about public, private and non-government health and community services, including disability and child protection services.
- Promote and uphold the statutory HCSCC Charter of Health and Community Services Rights.
- Conduct outreach with people who have special needs and their advocates to support and encourage those who would otherwise be unlikely to complain.
- Provide training and advice to improve service users, complainants and service providers' capacity, to raise and resolve complaints locally by direct resolution.
- Promote and uphold the statutory HCSCC Code of Conduct for Unregistered Health Practitioners.

### **Objectives**

- 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.
- To provide effective alternative dispute resolution mechanisms for users and providers of health or community services to resolve complaints.
- To promote the development and application of principles and practices of the highest standard in the handling of complaints concerning health or community services.
- To provide a scheme which can be used to monitor trends in complaints concerning health or community services.
- To identify, investigate and report on systemic issues concerning the delivery of health or community services.

## Key strategies and their relationship to SA Government objectives

Key strategy	SA Government objective
Contribute to quality and safeguarding for National Disability Insurance Scheme (NDIS) participants by collaborating with relevant enquiry groups and Commonwealth agencies.	Safe communities, healthy neighbourhoods T25 Support for people with a disability
Assist improvements in quality and safety in health and community services by working with service users and providers to ensure that complaints are comprehensively managed.	Safe communities, healthy neighbourhoods T78 Healthy South Australians, T84 Health service standard
Provide a complaint service for families concerned about child protection measures by dealing with individual and systemic complaints to improve processes, systems and information provision.	Every chance for every child T12 Early childhood
To improve the lives of people living with disability by conducting innovative programs involving supported decision making and speaking up against rights denial.	Safe communities, healthy neighbourhoods T25 Support for people with a disability

## Agency programs and initiatives and their effectiveness and efficiency

Program name	Indicators of performance/effectiveness/efficiency	Comments
NDIS Safeguarding	Stakeholder feedback states that HCSCC contributions are significant and come from a unique perspective.	The NDIS is still transitional and HCSCC has dedicated resources to participate in forums and to respond to Commonwealth consultation processes around initiatives and rules to ensure the best outcomes for service users.
Complaints Management	Complaint numbers remain consistent with reduced resources.  Service providers and users comply with Act rules and regulations.  Service evaluations indicate satisfaction with the complaints process.	Complaints management monitors safety and quality standards, identifies systemic issues and contributes to ensuring that expected standards of service delivery are maintained.

Program name	Indicators of performance/effectiveness/efficiency	Comments
Complaints Management - Raising awareness about the HCSCC Code of Conduct for Unregistered Health Practitioners (SA)	Complaints received about this sector have increased.  Increasing numbers of service providers are aware of their obligations under the Code of Conduct.	HCSCC has undertaken extensive promotion to service providers and organisations about the Code of Conduct.  Promote awareness of service providers' obligations under the Code to ensure expected standards of service delivery are met. Refer to <a href="http://www.hcsc.sa.gov.au/information-code-conduct-unregistered-health-practitioners/">http://www.hcsc.sa.gov.au/information-code-conduct-unregistered-health-practitioners/</a>
Complaints Management - National Code of Conduct for unregistered health workers	Work continues towards an expected completion date in 2018.	HCSCC has worked with Health Complaints Commissioners across Australia to develop a coordinated approach to the National Code.  The objective of the National Code is to improve quality and safety for service users across Australia.
Expert Review	HCSCC has contributed to the establishment of principles that determine whether reasonable standards of service provision have been met in the child protection sector.	Resources are allocated to complex child protection complaints that require expert analysis.  Expert analysis has been provided to bodies such as Royal Commissions and has informed subsequent recommendations.
Less Silence More Safety project	This project is now in stage 2; stage 1 has been well received.  Complaints from people living with a disability increased by 9% in the reporting year and requests for resources have also increased.	A rights based action project, informing and supporting people living with disability and their loved ones about their rights as provided for in the HCSCC Charter of Rights.  Involves the development of resources for service users that strategically align with the HCSCC Charter of Rights principles. Refer to <a href="http://www.hcsc.sa.gov.au/less-silence-more-safety-project/">www.hcsc.sa.gov.au/less-silence-more-safety-project/</a>

### Legislation administered by the agency

Health and Community Services Complaints Act 2004

**Organisation of the agency**

Hyperlink to organisation chart: <http://www.hcsc.sa.gov.au/hcsc-organisation/>

**Other agencies related to this agency (within the Minister's area/s of responsibility)**

None.

**Employment opportunity programs**

<b>Program name</b>	<b>Result of the program</b>
HCSCC staff participate in the Department for Health and Ageing employment opportunity programs.	The Department for Health and Ageing Annual Report on the SA Health Website highlights key programs available to staff. Refer to <a href="http://www.sahealth.sa.gov.au">www.sahealth.sa.gov.au</a>

**Agency performance management and development systems**

<b>Performance management and development system</b>	<b>Assessment of effectiveness and efficiency</b>
HCSCC staff participate in the Department for Health and Ageing performance management and development system programs.	The Department for Health and Ageing Annual Report on the SA Health Website highlights key programs available to staff. Refer to <a href="http://www.sahealth.sa.gov.au">www.sahealth.sa.gov.au</a>

**Occupational health, safety and rehabilitation programs of the agency and their effectiveness**

<b>Occupational health, safety and rehabilitation programs</b>	<b>Effectiveness</b>
HCSCC staff participate in the Department for Health and Ageing occupational health, safety and rehabilitation programs.	The Department for Health and Ageing Annual Report on the SA Health Website highlights key programs available to staff. Refer to <a href="http://www.sahealth.sa.gov.au">www.sahealth.sa.gov.au</a>

## Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil to report	0

## Strategies implemented to control and prevent fraud

HCSCC is an independent statutory office of the Crown and is subject to relevant Department of Treasury and Finance Treasurer's Instructions. HCSCC staff are employed by the Department for Health and Ageing which identifies the actions to be undertaken in the event of a conflict of interest. All declared conflicts of interest are recorded on the HCSCC Conflict of Interest Register and reported to the Minister for Health.

Data for the past five years is available at: [data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc](http://data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc)

## Whistle-blowers' disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Whistle-blowers' Protection Act 1993* 0

Data for the past five years is available at: [data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc](http://data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc)

## Executive employment in the agency

Executive classification	Number of executives
Statutory appointment (EXEC0A)	1

Data for the past five years is available at: [data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc](http://data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc)

For further information, the [Office for the Public Sector](#) has a [data dashboard](#) for further information on the breakdown of executive gender, salary and tenure by agency.



## Consultants

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken and the total cost of the work undertaken.

Consultants	Purpose	Value
All consultancies below \$10,000 each	Nil to report	\$0
<b>Consultancies above \$10,000 each</b>		
Business name	Nil to report	\$0
<b>Total all consultancies</b>		<b>\$0</b>

Data for the past five years is available at: [data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc](http://data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc)

See also <https://www.tenders.sa.gov.au/tenders/index.do> for a list of all external consultancies, including nature of work and value. See also the Consolidated Financial Report of the Department of Treasury and Finance <http://treasury.sa.gov.au/> for total value of consultancy contracts across the SA Public Sector.

## Financial performance of the agency

HCSCC's operations stayed generally within budget, finishing the financial year with a small overspend of approximately \$7,101. A full audited financial statement for 2016-17 is attached to this report.

## Other financial information

Nil to report

## Other information requested by the Minister(s) or other significant issues affecting the agency or reporting pertaining to independent functions

Nil to report

## Section B: Reporting required under any other act or regulation

### Name and date of act or regulation

#### Health and Community Services Complaints Act 2004

Part 2 –

Division 5 – Other matters

16 – Annual Report

The Commissioner must, on or before 30 September in every year, forward a report to the Minister on the work of the Commissioner under this Act during the financial year ending on the preceding 30 June.

(1a) Without limiting matters that may be included in a report of the Commissioner under subsection (1), each report—

(a) must include the following information relating to the relevant financial year:

- (i) the number, type and sources of complaints made;
  - (ii) a summary of all assessments and determinations made under section 29 in relation to a complaint;
  - (iii) a summary of all determinations under section 33 to take no further action in relation to a complaint;
  - (iv) if a complaint was referred for conciliation—the outcome of the conciliation;
  - (v) if a complaint was dealt with under Part 7—the outcome of any action taken by a registration authority;
  - (vi) a summary of all investigations conducted by the Commissioner under Part 6, including the outcomes of those investigations;
  - (vii) a summary of the time taken for complaints to be dealt with under the Act;
  - (viii) a summary of all complaints not finally dealt with by the Commissioner;
- and

(b) may include the following information relating to the relevant financial year:

- (i) such information relating to complaints (other than that required to be included under paragraph (a)) as the Commissioner thinks fit;
- (ii) any report made to the Minister under section 54;
- (iii) if a complaint was dealt with under Part 7—a summary of any advice, notification or information provided to the Commissioner in relation to the complaint by a registration authority.

(1b) Matters included in a report under subsection (1)—

- (a) are to be reported, as far as practicable, according to professional groupings (as determined by the Commissioner); and
- (b) must not identify a person who has made a complaint, a person in relation to whom a complaint has been made or a person who has been subject to an investigation under this Act, unless the identity of the person has already been lawfully made public.

## **Commissioner's Report by Steve Tully**

Major transition remained a consistent consideration for health and community services sectors in South Australia with the Transforming Health program, movement to the full roll-out of the National Disability Insurance Scheme (NDIS) and reforms to child protection services.

All services are currently conducting change processes basically within the envelope of existing resources whilst needing to keep existing services fully operational. This challenge in public sector environments, with the raft of policies, procedures and agreements, requires skills, determination and energy that is not always well recognised and often somewhat unfairly criticised.

As Commissioner, the focus has to be on acknowledging the demands on service providers in identifying areas for service improvement in not only safety and quality, but also access and equity for consumers who can find new pathways to their services difficult to navigate.

### **Health**

In the environment of change it is all the more important to involve consumers at all levels of service and program change, particularly communities that are at risk of giving up in frustration on trying to access what they need.

The introduction of revised standards from the Australian Commission on Safety and Quality in Health Care (with a revised accreditation regime), coupled with the HCSCC *Charter of Health and Community Services Rights* are important reference points for both consumers and providers. The introduction of customised care plans, particularly for consumers with multiple and complex needs, will require consumer engagement and help to streamline complaint processes as there will be an agreed plan as the major point of reference.

### **Child Protection**

The SA Child Protection Systems Royal Commission provided a clear identification of issues and solutions. Complaints around Child Protection have been a jurisdictional area for the holders of the Offices of Ombudsman and Health and Community Services Complaints Commissioner.

Both Offices worked cooperatively and arrangements will be formalised in legislation next year. The number of complaints received by both the Department for Child Protection (DCP) and the two statutory offices is relatively small. This however is not consistent with calls to the Child Abuse Report Line which are not treated as complaints but as notifications for DCP to assess. The Ombudsman will be the prime reference point for complaints when new legislation comes into operation and this is consistent with the Ombudsman's greater powers and authorities.

### **Disability**

The number of individuals receiving support from the NDIS will double from traditionally auspiced disability services administered by the State at full roll-out, planned for 1 July 2018.

Catering for such an increase within challenging time frames does carry risks and HCSCC has contributed to a range of state and national based forums aimed at providing the necessary and required safeguarding strategies for the transition and the longer term. Significant movement in safeguarding strategies has occurred over the past three years. The Office stresses the importance of safeguards not impeding client rights to a better life.

The major challenge of providing a support workforce with the required values and skills has been recognised and there will no doubt be many issues around the price set for services. Whilst the number of service providers is increasing it is suspected that most are not active given the price determined for services. The level and number of services for clients living with psychosocial support needs has been delayed but will require ongoing attention as will the development of models for advocacy. The recognition that the NDIS will not resolve all issues for the disability sector is also now receiving greater attention in relation to a range of services including health, education, transport, recreation, sport and legal services, to name a few.

Consumer involvement and engagement is a vital component and it is hoped that the level of involvement will rapidly escalate.

### **Complaints**

Complaint numbers remain consistent; the number, nature and comparative statistics are available in this report.

### **Projects**

The Office has maintained its commitment to major projects which aim to provide either resources not currently available or focus on priorities that have been identified. Work on racism in public health, prison health services, mental health services and disability have been progressed throughout the year.

This report provides a link to HCSCC's website for information on the work undertaken on the Less Silence More Safety project.

The Office will adopt a score card approach to the other projects. The score card will be developed to assess service quality and improvements from both a service provider and consumer perspective. It is telling that the consumer perspective requires the most effort in development. Score cards for providers will feature elements that are identified by experts in the field as necessary for the provision of reasonable services. The consumer score cards will provide the means for service users to rate their experiences.

The Office is also planning for an increase in complaints in regard to the National Code of Conduct for unregistered health workers. The office, through the State's own Code of Conduct for Unregistered Health Practitioners, already receives a significant number of complaints, but a national focus on health practitioners whose areas of work are not covered by the national regulator, Australian Health Practitioners Regulation Agency (AHPRA), will encourage further complaint activity.

Finally, on a personal note, following unexpected health issues, this will be my last annual report. I acknowledge the work of the staff in the Office, the assistance of the Crown Solicitor's Office and the many groups of providers, consumers and other government bodies committed to improving the safety and quality of services along with improved access and equity.

## Complaint Resolution Data

The following HCSCC complaint resolution data for 2016-17 fulfils HCSCC's annual statutory reporting requirements.

Of all new complaints received in 2016-17:

- 77% were closed within 21 days
- 18% were closed within 100 days
- 4% were closed within 1 year
- 1% were open for 1 year or more

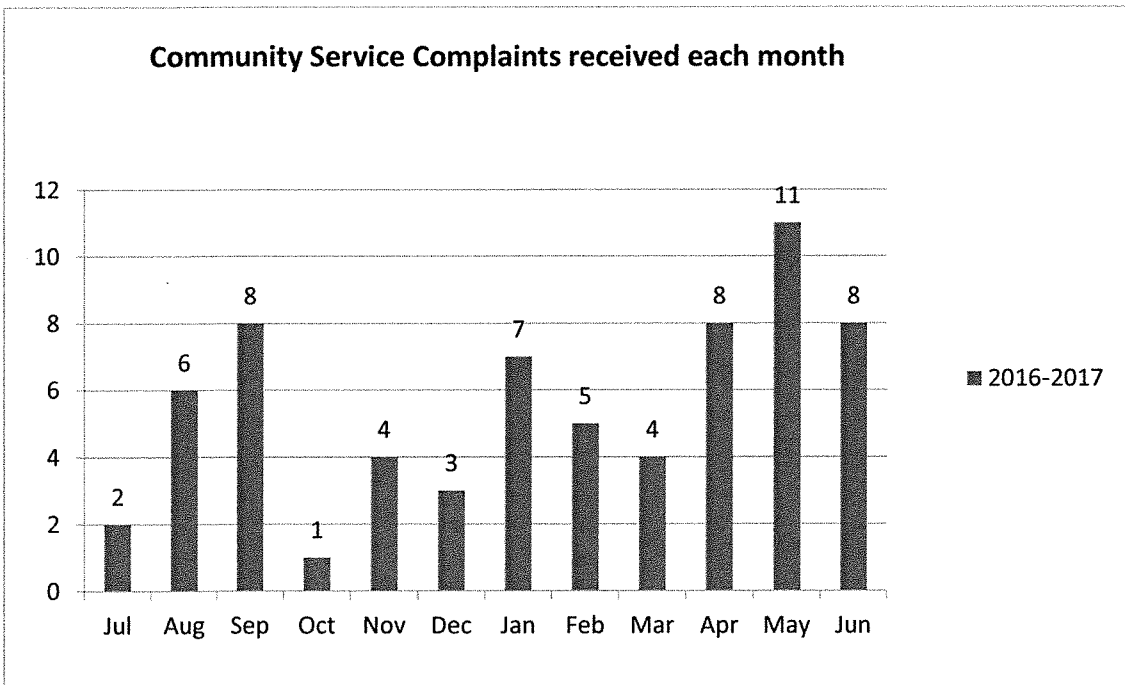
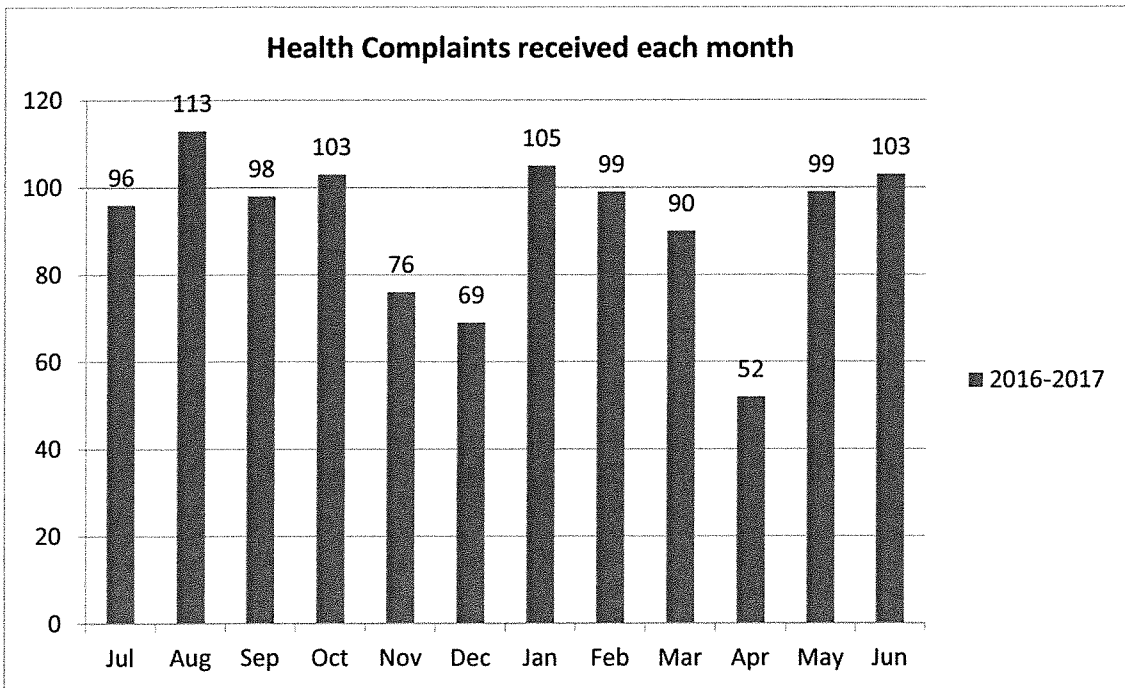
HCSCC was notified of 14 HCSCC decisions being reviewed by the State Ombudsman. This equates to 0.01% of the total complaints received by HCSCC.

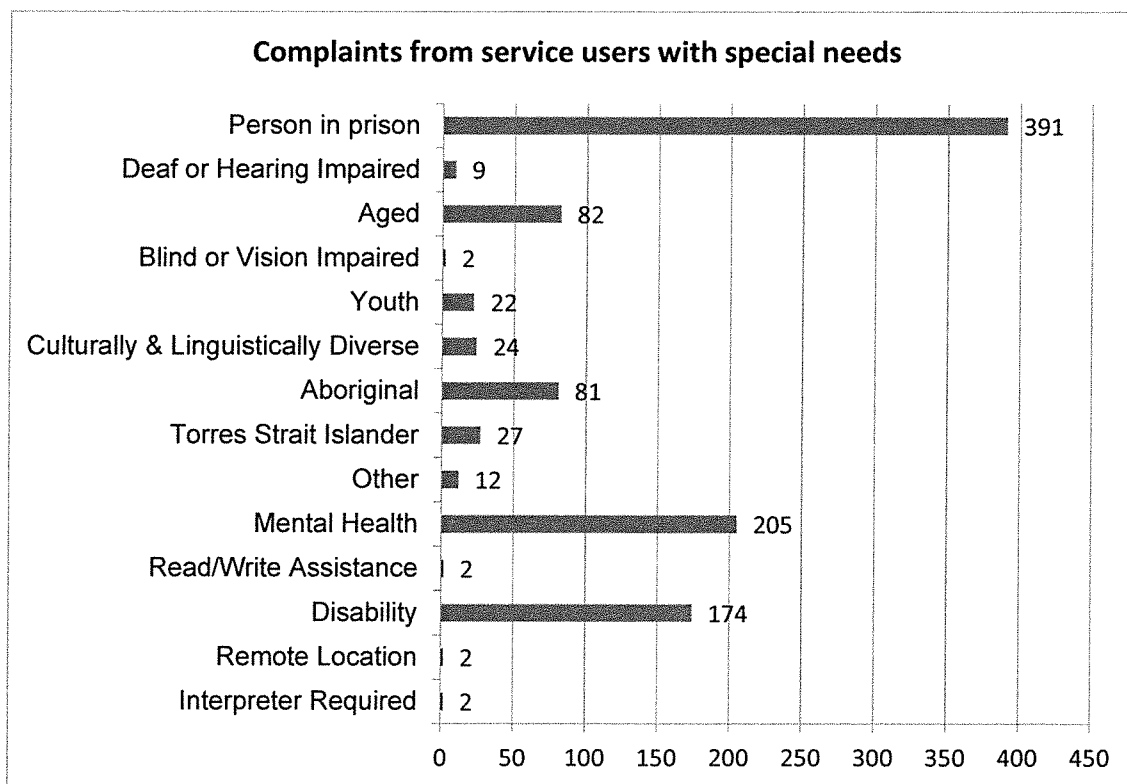
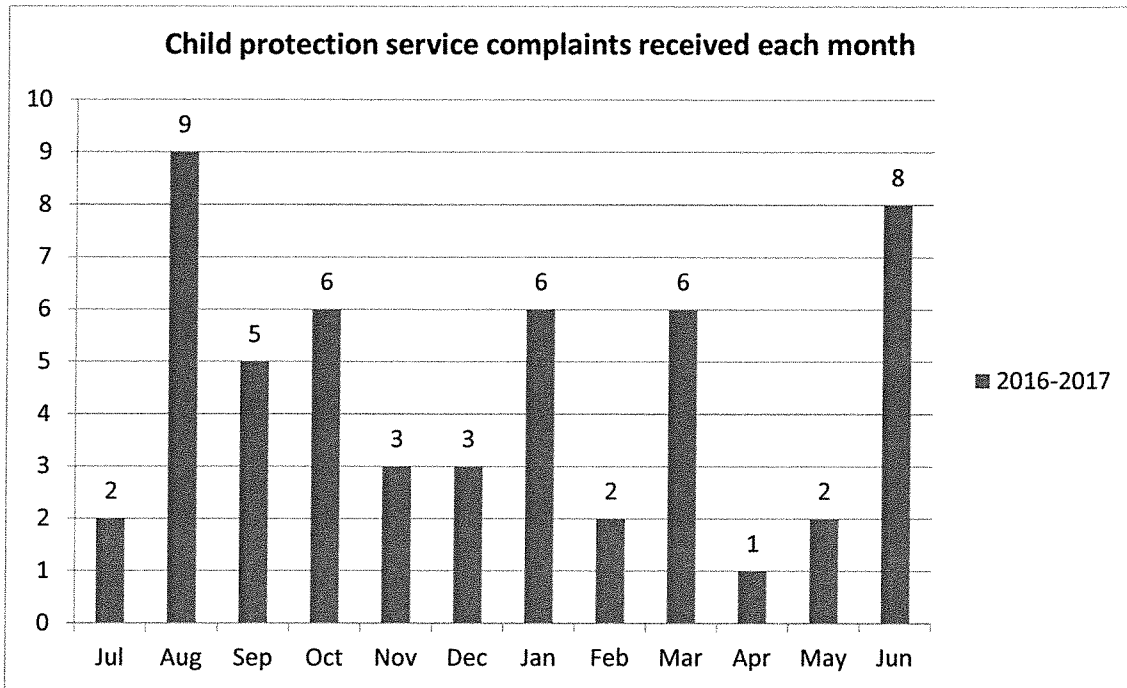
## Number and type of complaint contacts

Service Provider Type	Health	Community Services	Child Protection	2016-17 Total
Public	656	21	53	730
Private	438	11	-	449
Non-government organisation	10	35	-	45
<b>Sub total</b>	<b>1104</b>	<b>67</b>	<b>53</b>	<b>1224</b>
Other complaint contacts – all service providers				<b>798</b>
<b>Total complaint contacts</b>				<b>2022</b>
Out of jurisdiction contacts				<b>165</b>
<b>Total contacts</b>				<b>2187</b>

## Complaints not finally dealt with

As at 30 June 2017, HCSCC had a total of 118 open complaint files, this compares with 128 open complaint files at 30 June 2016.



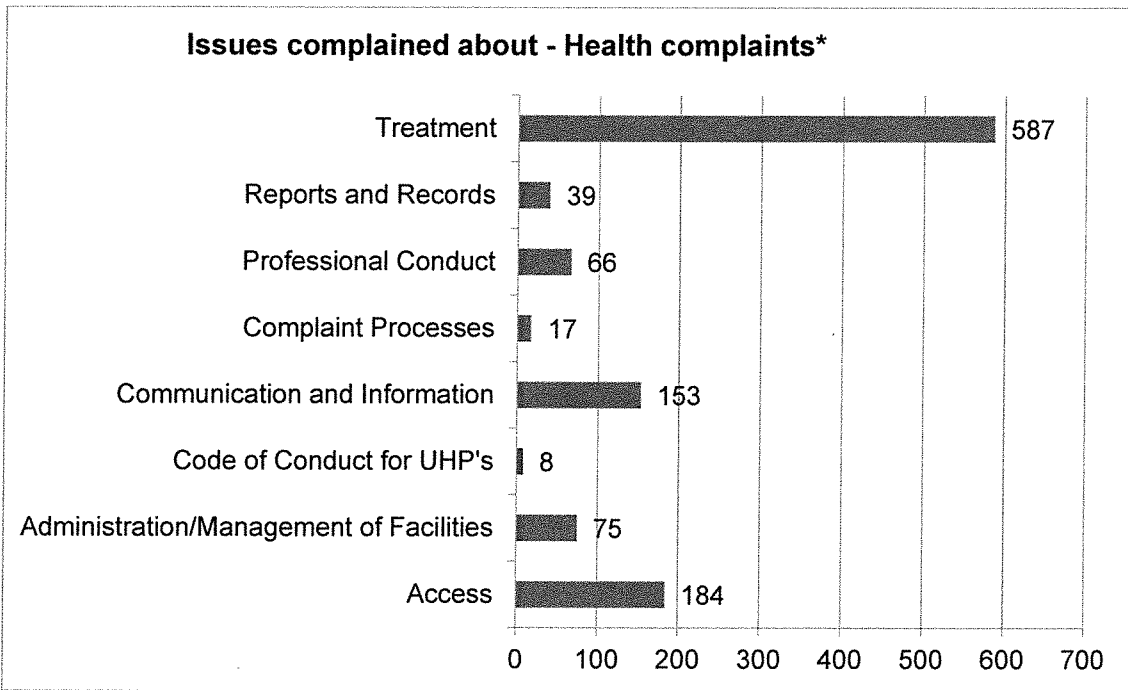


**Grounds for complaint**

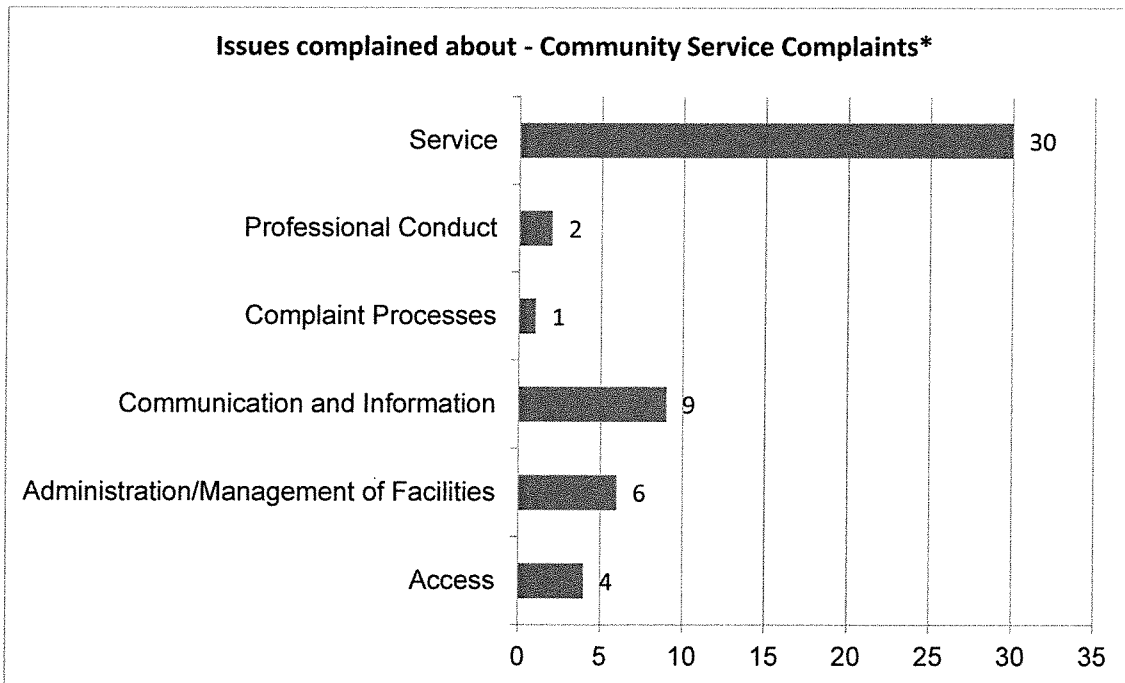
<b>Charter of Health and Community Services Rights grounds</b> Refer to <a href="http://www.hcsc.sa.gov.au/about-the-hcsc-charter/">http://www.hcsc.sa.gov.au/about-the-hcsc-charter/</a>	<b>2016-2017</b>
Charter 1 - Access	211
Charter 2 - Safety	24
Charter 3 - Quality	837
Charter 4 - Respect	36
Charter 5 - Information	82
Charter 6 - Participation	62
Charter 7 - Privacy	15
Charter 8 - Comment	11
<b>Health and Community Services Complaints Act 2004 Section 25 grounds</b>	
S 25 1 (a) - service not provided or discontinued	94
S 25 1 (b) - service provision not necessary/inappropriate	22
S 25 1 (c) - unreasonable manner in providing service	50
S 25 1 (d) - lacked due skill	131
S 25 1 (e) - unprofessional manner	94
S 25 1 (f) - lack of privacy/dignity	7
S 25 1 (g) - quality of information	54
S 25 1 (h) - unreasonable action - lack of information/access to records	7
S 25 1 (i) - unreasonable disclosure to a third party	6
S 25 1 (j) - improper action on a complaint	14
S 25 1 (k) - inconsistent with the HCSCC Charter of Rights	14
S 25 1 (l) - did not meet expected standard of service delivery	704
Other	36
<b>TOTAL</b>	<b>2511</b>

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

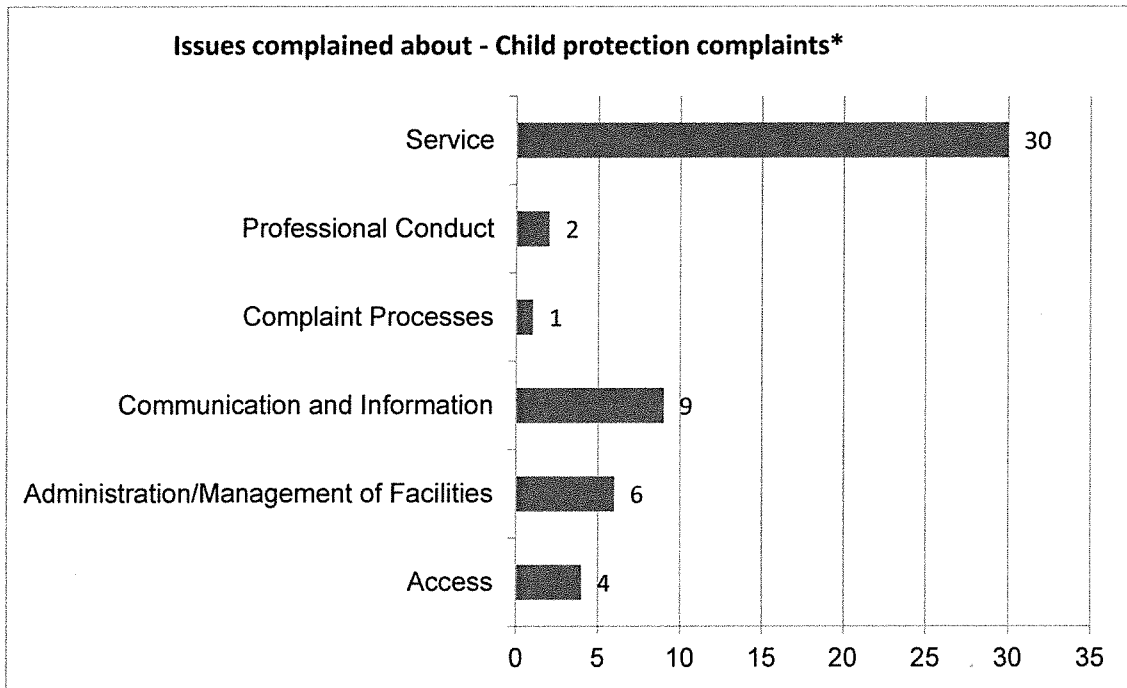




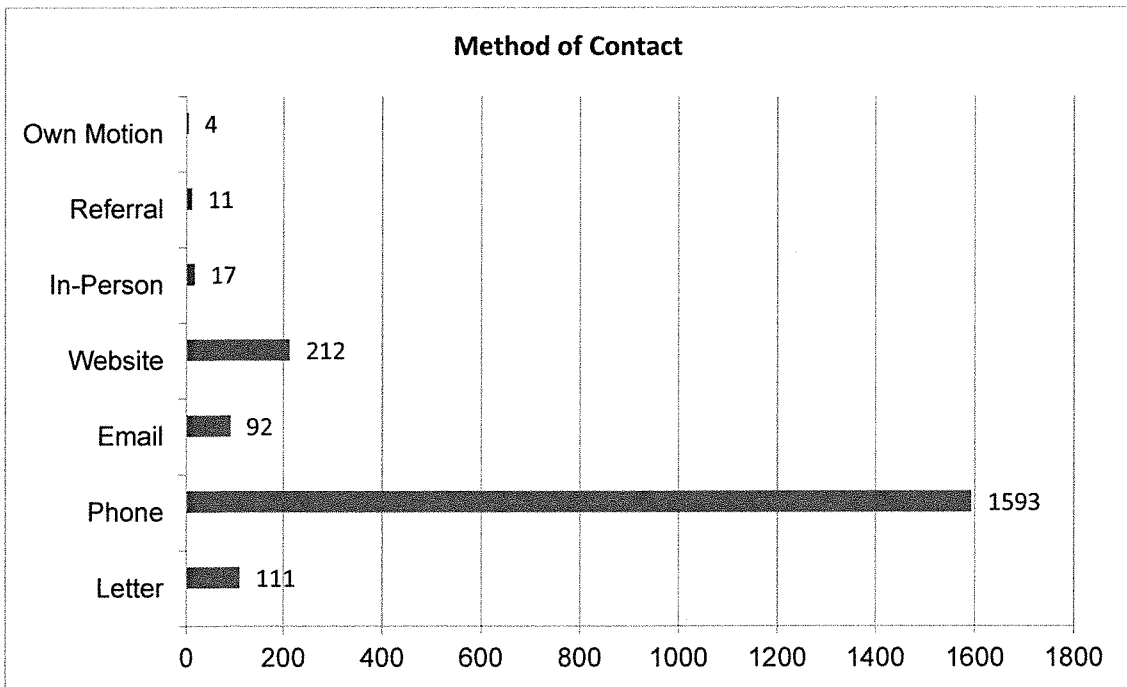
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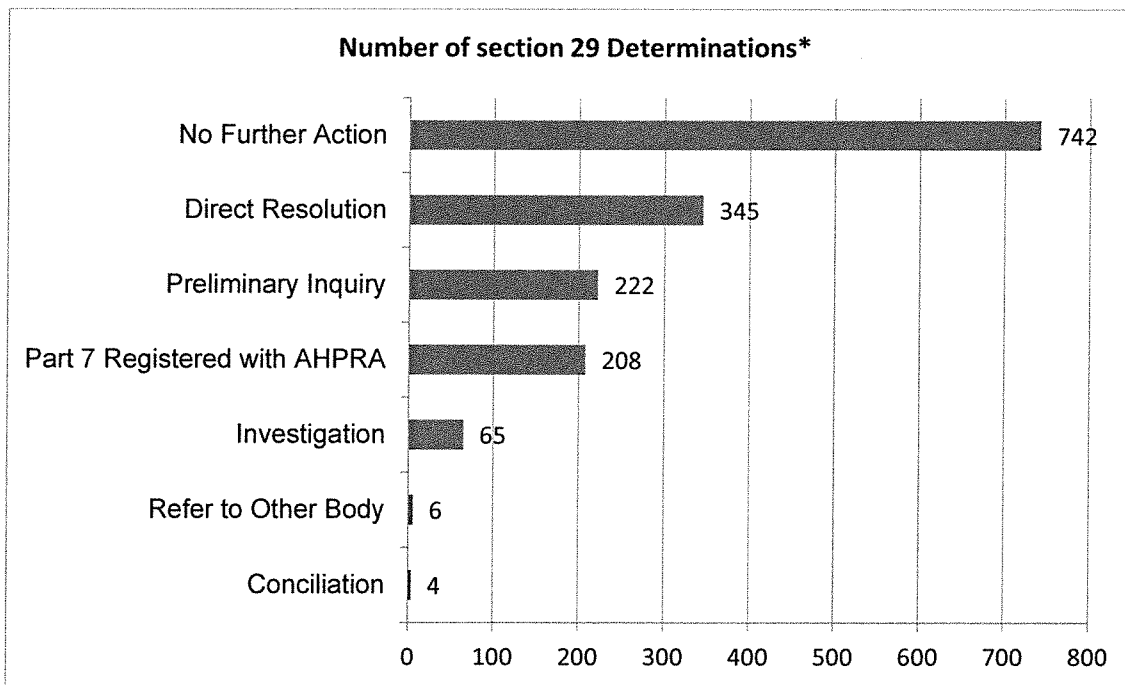
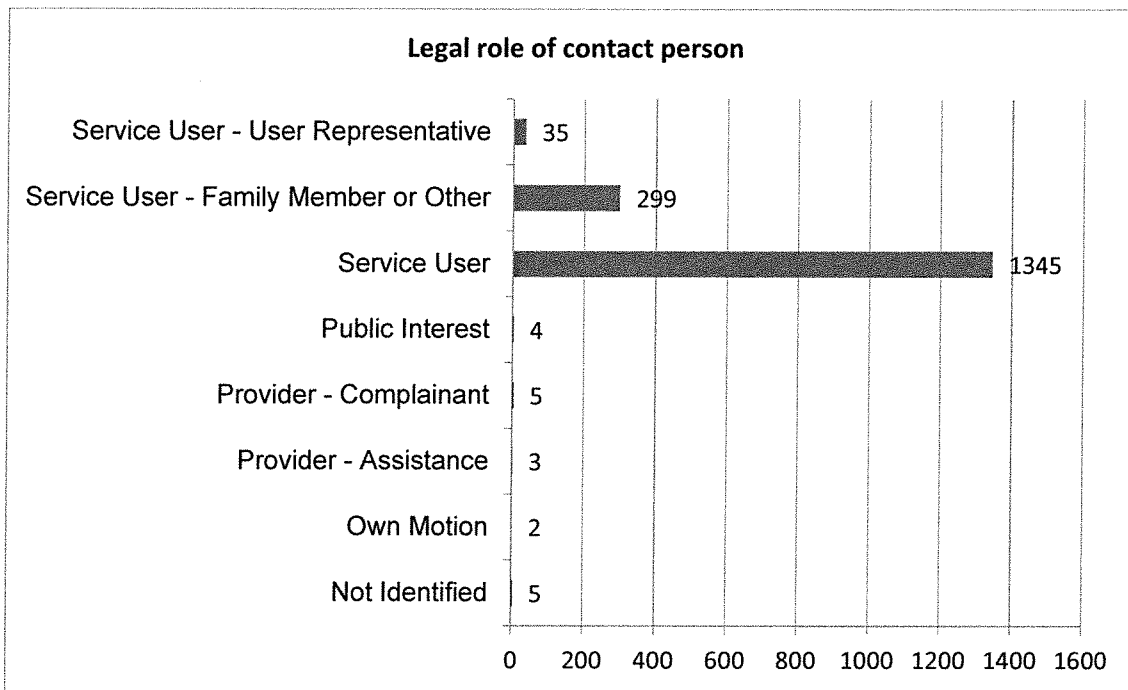


\*Note: a single complaint may raise more than one issue.

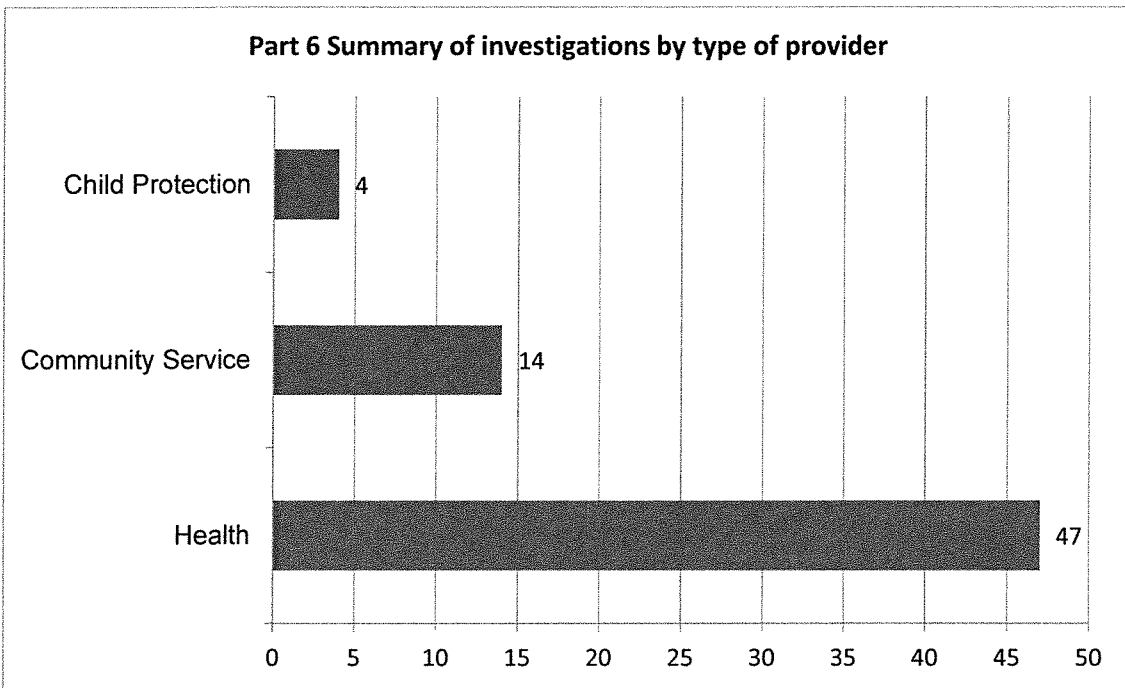


\*Note: a single complaint may raise more than one issue.





*Note: A single complaint can have a number of determinations.*



## Reasons for Closure of Complaints

Advice and information provided	20
Outside of Jurisdiction	6
Part 6 - s54 Report	7
Part 6 - s55 Notice of Action to Provider	1
Part 6 s56C order	1
s33(1)(a) not entitled to make complaint	4
s33(1)(b) does not disclose ground of complaint	5
s33(1)(c) should be determined by legal proceedings	1
s33(1)(d) proceedings have commenced before a tribunal authority or other	16
s33(1)(e) reasonable explanation(s) or information earlier	133
s33(1)(f) grounds should have been disclosed earlier	1
s33(1)(g) complaint lacks substance	3
s33(1)(h) the complainant has failed to comply with a requirement	230
s33(1)(j) the complaint is abandoned	12
s33(1)(j) the complaint is resolved	61
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	36
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	6
s33(1)(k) reasonable cause - individual complaint raises issues best dealt with as a systemic matter	7
s33(1)(k) reasonable cause - other	149
s33(1)(k) reasonable cause - s27 outside of time limit	6
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	6
s33(1)(k) reasonable cause - s29(3) referral to ACCS	2
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	299
s33(1)(k) reasonable cause - service provider met reasonable standards	22
s33(1)(k) reasonable cause - service provider resources are limited and equitable provided	9
s33(2) complaint has been adjudicated by a court tribunal authority or other	6
s33(3)(b) suspension - Coronial inquest has commenced	2
s34(1) - complaint withdrawn	7
s57(2)(b) referred to registration authority	100
Suspended - pending another agency's action	11
<b>TOTAL</b>	<b>1169</b>

Note: During 2016-17 HCSCC made a total of 1169 formal determinations (1275 in 2015-16) from 2187 contacts (2186 in 2015-16). Formal determinations are not required for matters clearly out of jurisdiction, matters seeking detailed information or matters which a complainant decides to take up directly with a service provider. All such matters are recorded.

**Complaints about unregistered health practitioners**

Number of complaints made and assessed under S33 (1) Health and Community Services Complaints Act 2004	<b>35</b>
Number of complaints made and assessed under Schedule 2, Health and Community Services Complaints Act Regulations 2005	<b>43</b>
<b>TOTAL</b>	<b>78*</b>

*\*Note: 7 matters concerning unregistered health practitioners remain open as at 30.6.2017.*

**Conciliation outcomes**

Two matters were settled under confidential, formal conciliation provisions and both were settled with financial compensation from service providers.

**Internal review of HCSCC decisions**

If people have concerns about the actions or decisions of HCSCC, either during, or on conclusion, of their complaint, they are able to:

- Request an internal review by the Commissioner
- Complain to the State Ombudsman (refer to Section C of this report)
- Seek a review in Court if the complaint is related to a Code of Conduct for Unregistered Health Practitioner's order.

The total number of complaint decisions reviewed by the Commissioner during 2016-17 was 22. Three matters remain open at 30 June 2017.

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

The following tables provide information about HCSCC / Australian Health Practitioners Regulation Agency (AHPRA) consultations during 2016-17.

	Number of HCSCC complaint consultations with AHPRA	Number of HCSCC complaints referred to AHPRA	Number of HCSCC complaints split* with AHPRA
Medical	173	62	20
Dental	16	8	3
Nursing & Midwifery	8	2	2
Pharmacy	0	0	0
Chiropractic	0	0	0
Physiotherapy	3	1	0
Optometry	0	0	0
Osteopathy	0	0	0
Psychology	7	4	0
Podiatry	0	0	0
Chinese Medicine	1	0	0
Medical Radiation Practice	0	0	0
Occupational Therapy	1	1	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
<b>TOTAL</b>	<b>209</b>	<b>78</b>	<b>25</b>

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

The totals and profile of complaint matters are consistent with previous years. The number of split complaints has, however, doubled from the previous year.

### 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	59	40	No further action following assessment
		18	No further action following investigation
		1	Caution following investigation
Dental	9	6	No further action following assessment
		1	No further action following investigation
		1	Caution following investigation
		1	No further action and Conditions imposed
Nursing & Midwifery	4	2	No further action following assessment
		2	No further action following investigation
Pharmacy	0	0	No complaints referred
Chiropractic	0	0	No complaints referred
Physiotherapy	0	0	No outcome advised as at 30.6.17
Optometry	0	0	No complaints referred
Osteopathy	0	0	No complaints referred
Psychology	0	0	No outcomes advised as at 30.6.17
Podiatry	0	0	No complaints referred
Chinese Medicine	0	0	No complaints referred
Medical Radiation Practice	0	0	No complaints referred
Occupational Therapy	1	1	No further action following assessment
Aboriginal and Torres Strait Islander Health Practice	0	0	No complaints referred
<b>Total</b>	<b>73</b>	<b>73</b>	

\*Note: 30 ongoing investigations - no outcomes notified by AHPRA as at 30.6.17

The number of outcomes notified by AHPRA last year was 43.



**AHPRA consultations with HCSCC and referral of complaints from AHPRA to HCSCC**

	<b>Number of AHPRA complaint consultations with HCSCC</b>	<b>Number of AHPRA complaints referred to HCSCC</b>
Medical	104	1
Dental	17	3
Nursing & Midwifery	19	0
Pharmacy	7	0
Chiropractic	4	0
Physiotherapy	3	0
Optometry	3	0
Osteopathy	1	0
Psychology	10	0
Podiatry	2	0
Chinese Medicine	0	0
Medical Radiation Practice	0	0
Occupational Therapy	2	0
Aboriginal and Torres Strait Islander Health Practice	0	0
Unregistered Health Practitioner	3	3
Systemic	6	6
<b>TOTAL</b>	<b>181</b>	<b>13</b>

For year ending 30 June 2016, the totals were 126 and 17 respectively.

### 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	81	61	No further action following assessment
		12	No further action following investigation
		3	Caution following assessment
		1	Caution following investigation
		1	Caution and Conditions imposed
		1	Undertakings accepted
		1	Undertakings accepted following Health and Performance Assessment
		1	Insufficient particulars – no grounds for notification
Dental	15	11	No further action following assessment
		1	No further action following investigation
		1	Conditions imposed following assessment
		1	Conditions imposed following investigation
		1	Caution and Conditions imposed
Nursing & Midwifery	16	10	No further action following assessment
		3	No further action following investigation
		2	Caution following investigation
		1	Insufficient particulars – no grounds for notification
Pharmacy	4	4	No further action following assessment
Chiropractic	0	0	No outcomes advised as at 30.6.17
Physiotherapy	2	2	No further action following assessment
Optometry	2	1	No further action following investigation
		1	No further action – no ground for notification
Osteopathy	1	1	No further action following assessment
Psychology	6	4	No further action following assessment
		1	No further action following investigation
		1	Caution
Podiatry	2	2	No further action following investigation
Chinese Medicine	0	0	Nil consulted
Medical Radiation Practice	0	0	Nil consulted
Occupational Therapy	2	2	No further action following assessment
Aboriginal and Torres Strait Islander Health Practice	0	0	Nil consulted
<b>TOTAL</b>	<b>131</b>	<b>131</b>	

See notes overleaf.

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

As at 30.6.17 AHPRA had 1 complaint open from HCSCC referrals to AHPRA in 2012-13

As at 30.6.17 AHPRA had 3 complaints open from HCSCC referrals to AHPRA in 2013-14

As at 30.6.17 AHPRA had 3 complaints open from AHPRA complaints consulted with HCSCC in 2013-14

As at 30.6.17 AHPRA had 1 complaint open from AHPRA complaints consulted with HCSCC in 2014-15

As at 30.6.17 AHPRA had 2 complaints open from HCSCC referrals to AHPRA in 2015-16

As at 30.6.17 AHPRA had 7 complaints open from AHPRA complaints consulted with HCSCC in 2015-16

The total has more than doubled compared to year ending 30 June 2016.

### **Reporting required under the *Carers' Recognition Act 2005***

The *Carers' Recognition Act* is deemed applicable for the following: Department for Communities and Social Inclusion, Department for Education and Child Development, Department for Health and Ageing, Department of State Development, Department of Planning, Transport and Infrastructure, South Australia Police and TAFE SA.

*Section 7: Compliance or non-compliance with section 6 of the Carers Recognition Act 2005 and (b) if a person or body provides relevant services under a contract with the organisation (other than a contract of employment), that person's or body's compliance or non-compliance with section 6.*

Not applicable.

## Section C: Reporting of public complaints as requested by the Ombudsman

### Summary of complaints by subject

Public complaints received by Health and Community Services Complaints Commissioner	
Category of complaints by subject	Number of instances
Dissatisfaction with HCSCC complaint assessment and /or investigation processes or outcomes.	14

Data for the past five years is available at: [data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc](http://data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc)

### Complaint outcomes

Nature of complaint or suggestion	Services improved or changes as a result of complaints or consumer suggestions
Dissatisfaction with HCSCC complaint assessment and /or investigation processes or outcomes.	In 12 matters, the Ombudsman found that HCSCC had not acted in a manner that was unreasonable, unlawful or wrong. Two matters remain open at 30 June 2017.

**Appendix: Audited financial statements 2016-17**

<b>Revised net budget as at 1 July 2016</b> (includes Crown Solicitor's Office budget of \$79 000)	<b>\$1 452,359</b>
<b>Total Revenue</b>	<b>\$137,350</b>
<b>Salaries and Wages</b>	<b>\$998,820</b>
Goods and Services	\$597.990
<b>Total Expenses</b>	<b>\$1 596,810</b>
<b>Net Operating Result</b>	<b>\$1,459,460</b>
<b>Under / (Over) Budget Result</b>	<b>(\$7,101)</b>



**Steve Tully**  
Health and Community Services Complaints Commissioner

