



HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER **2017-18 Annual Report**

HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER

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2017-18 ANNUAL REPORT for the HEALTH AND COMMUNITY SERVICES COMPLAINTS
COMMISSIONER

To:

Hon Stephen Wade

Minister for Health and Wellbeing

This annual report is to be 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.

Submitted by:

Dr Grant Davies

Health and Community Services Complaints Commissioner



Signature

30/09/2018

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.
- Promote and uphold the statutory Health and Community Services Complaints Commissioner's (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 consumers, 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 consumers 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
Facilitate improvements in safety and quality in health and community services by working with consumers and providers to ensure complaints are managed well.	Engaging communities and clinicians for better health Better patient record management

Key strategy	SA Government objective
Collaborate with relevant bodies to ensure appropriate quality and safeguarding practices for the National Disability Insurance Scheme (NDIS).	Engaging communities and clinicians for better health Improved older persons' mental health care Protecting vulnerable adults
Provide a complaint service for families concerned about child protection measures by dealing with individual and systemic complaints to improve processes, systems and information (until December 2017).	Stability in foster care Addressing domestic violence Protecting our children

Agency programs and initiatives and their effectiveness and efficiency

Program name	Indicators of performance/effectiveness/efficiency	Outcome for South Australia
NDIS Safeguarding	Stakeholder feedback states that HCSCC contributions are significant and come from a unique perspective.	The NDIS is still transitional and the 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 have remained consistent with reduced resources. Service providers and consumers 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.
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.	The 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 http://www.hcsc.sa.gov.au/information-code-conduct-unregistered-health-practitioners/

Program name	Indicators of performance/effectiveness/efficiency	Outcome for South Australia
Complaints Management - National Code of Conduct for unregistered health workers	Work continues towards an expected completion date in 2018.	The 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 consumers across Australia.
Expert Review	The HCSCC has contributed to the establishment of principles that determine whether reasonable standards of service provision have been met in the child protection sector.	Transfer of the child protection jurisdiction transferred to the Ombudsman in December 2017.
Less Silence More Safety project	In the second and final year of this project, complaints from people living with a disability increased by 24% in the reporting year and requests for resources 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. Involved the development of resources for service users that strategically align with the HCSCC Charter of Rights principles. Refer to www.hcsccl.sa.gov.au/less-silence-more-safety-project/

Legislation administered by the agency

Health and Community Services Complaints Act 2004

Organisation of the agency

The report should reflect the structure of the agency as at 30 June 2018, prior to the MoG changes effective 1 July 2018. List key divisions

<http://www.hcsccl.sa.gov.au/hcsccl-organisation/>

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

None.

Employment opportunity programs

Program name	Result of the program
HCSCC staff participate in the Department for Health and Wellbeing employment opportunity programs.	The Department for Health and Wellbeing Annual Report on the SA Health Website highlights key programs available to staff. Refer to www.sahealth.sa.gov.au

Agency performance management and development systems

Performance management and development system	Assessment of effectiveness and efficiency
HCSCC staff participate in the Department for Health and Wellbeing performance management and development system programs.	The Department for Health and Wellbeing Annual Report on the SA Health Website highlights key programs available to staff. Refer to www.sahealth.sa.gov.au

Work health, safety and return to work programs of the agency and their effectiveness

Program name and brief description	Effectiveness
HCSCC staff participate in the Department for Health and Wellbeing work health, safety and return to work programs.	The Department for Health and Wellbeing Annual Report on the SA Health Website highlights key programs available to staff. Refer to www.sahealth.sa.gov.au
HCSCC staff participate in the Department for Health and Wellbeing mental health programs.	The Department for Health and Wellbeing Annual Report on the SA Health Website highlights key programs available to staff. Refer to www.sahealth.sa.gov.au

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/health-and-community-services-complaints-commissioner-hcsc>

Work health and safety and return to work performance

	2017-18	2016-17	% Change (+ / -)
Workplace injury claims			
Total new workplace injury claims	0	0	Choose an item.
Fatalities	0	0	Choose an item.
Seriously injured workers*	0	0	Choose an item.
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	0	0	Choose an item.
Work health and safety regulation			
Number of notifiable incidents (<i>WHS Act 2012, Part 3</i>)	0	0	Choose an item.
Number of provisional improvement, improvement and prohibition notices (<i>WHS Act 2012 Sections 90, 191 and 195</i>)	0	0	Choose an item.
Return to work costs**			
Total gross workers compensation expenditure (\$)	0	0	Choose an item.
Income support payments – gross (\$)	0	0	Choose an item.

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

**before third party recovery

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/health-and-community-services-complaints-commissioner-hcsc>

Fraud detected in the agency

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

Strategies implemented to control and prevent fraud

The 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 Wellbeing which identifies the actions to be undertaken in the event of a conflict of interest. All declared conflicts of interest are recorded on the HCSCC Conflict of Interest Register and reported to the Minister for Health.

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/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: <https://data.sa.gov.au/data/organization/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: <https://data.sa.gov.au/data/organization/health-and-community-services-complaints-commissioner-hcsc>

The [Office of the Commissioner for Public Sector Employment](#) 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
Consultancies below \$10,000 each		
Business name	Purpose	\$0
Consultancies above \$10,000 each		
Business name	Purpose	\$0
Total all consultancies		\$0

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/health-and-community-services-complaints-commissioner-hcsc>

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.

Contractors

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

Contractor	Purpose	Value
Hoban	Temporary labour hire	\$10,723
Fifteen independent health and community services experts	To provide independent expert opinion on confidential complaint matters	\$62,477

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/health-and-community-services-complaints-commissioner-hcsc>

The details of all South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website [here](#).

The website also provides details of Across government contracts [here](#).

Financial performance of the agency

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2017-18 are attached to this report.

The HCSCC's operations stayed within budget, finishing the financial year with an underspend of \$395,731. A summary of the HCSCC's funding and expenditure for 2017-18 appears in the appendix of 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 Foreword

Over the past year, the office of the Health and Community Services Complaints Commissioner (HCSCC) has seen substantial change including the transfer of child protection complaints in December 2017 to the South Australian Ombudsman's office, preparing for the introduction of the National Disability Insurance Scheme in South Australia and my appointment as Health and Community Services Complaints Commissioner in late February. I would like to thank Mr Steve Tully, the previous Commissioner, for the work he has done for the majority of this reporting year and his handover to me. The staff of the office have also been very generous in supporting me through the transition, not only into a new role, but into a new state. I am grateful to them for their support.

Financial year activity

This year has seen an overall increase in complaint contacts of approximately 14.5% (317). Breaking that down, we saw a 16% (184) increase in health complaint contacts, a 24% (16) increase in community services complaint contacts and a decrease in child protection complaints contacts of 39% (21). The number of complaint closures during the year increased almost 24% (278). The Deputy Commissioner, Ms Sandy Edwards, retired in late 2017 and that position remained vacant for the remainder of the financial year. Given the substantial changes experienced during the year, staff have worked hard to maintain service standards.

Unregistered Health Practitioners

We have seen growth in complaints about unregistered health practitioners from 43 in 2016-17 to 55 in this financial year (23%). With the introduction of the national code of conduct for health care workers being implemented across the country, and the corresponding publicity this will attract, I anticipate that number increasing in the next financial year.

Disability

South Australia is due to transition to full implementation of the NDIS on 1 July 2018. There is some delay in full transition and, as more people are assessed and receive packages through the NDIS process, a clearer picture is emerging of some of the challenges people face with the transition. This may account for the 24% increase in community service contacts we have received. What is clear is that the HCSCC's involvement will continue in the disability complaints space for some time to come. Much work will flow from our relationship with the new NDIS Quality and Safeguards Commission as it becomes better embedded. Because the full transition has been delayed, those eligible consumers not yet assessed will still be covered by this office and those not eligible will remain covered. We will continue to liaise with relevant organisation and state bodies to ensure the transition is as seamless as possible.

Establishing relationships

During the first few months of my tenure as Commissioner, I have tried to visit as many health services and meet as many disability service providers as possible. I am keen to get a sense of how services work in South Australia as well as ensuring those leading the services know who I am so we can establish good working relationships. I am struck by the diversity of the South Australian system and have an appreciation that solid, productive and effective relationships are critical to it working effectively. I will continue visiting and talking to people throughout the next year to further this important work.

Promoting the HCSCC

It has become apparent in speaking with people on my travels in the state that the office has further work to do in promoting itself to the sector. In the coming year, we will develop a communications strategy which outlines how we might better ensure we are easily accessible and known by the South Australian community so that we can better serve them. This may include newsletters published on our website, reviewing our brochures and fact sheets and reviewing the website.

Reviewing our processes

I want to ensure the processes we use in the HCSCC are as efficient and effective as we can be. There are two overriding principles which underpin this approach; are we being customer focussed and are we adding value? When I say customer focussed, I mean consumers, their carers and service providers. I will also ensure we are using our authorising legislation, the *Health and Community Services Complaints Act 2004* (the Act) as fully as we can. The Act provides significant capacity to assist individuals and affect the system as a whole and we should ensure we work within those structures to achieve positive outcomes for consumers and service providers.

I am delighted to have been given the opportunity to serve as the Commissioner for South Australia. I am energised and excited for what lies ahead in the health and community service sectors and how we can affect positive change for all South Australians.



Dr Grant Davies
Health and Community Services Complaints Commissioner

Complaint Resolution Data 2017-18

Of all new complaints received in 2017-18:

- 81% were closed within 21 days
- 16% were closed within 100 days
- 2% were closed within 1 year
- 1% were open for 1 year or more

The HCSCC was notified of six decisions being reviewed by the State Ombudsman. This equates to 0.02% of the complaints received by HCSCC.

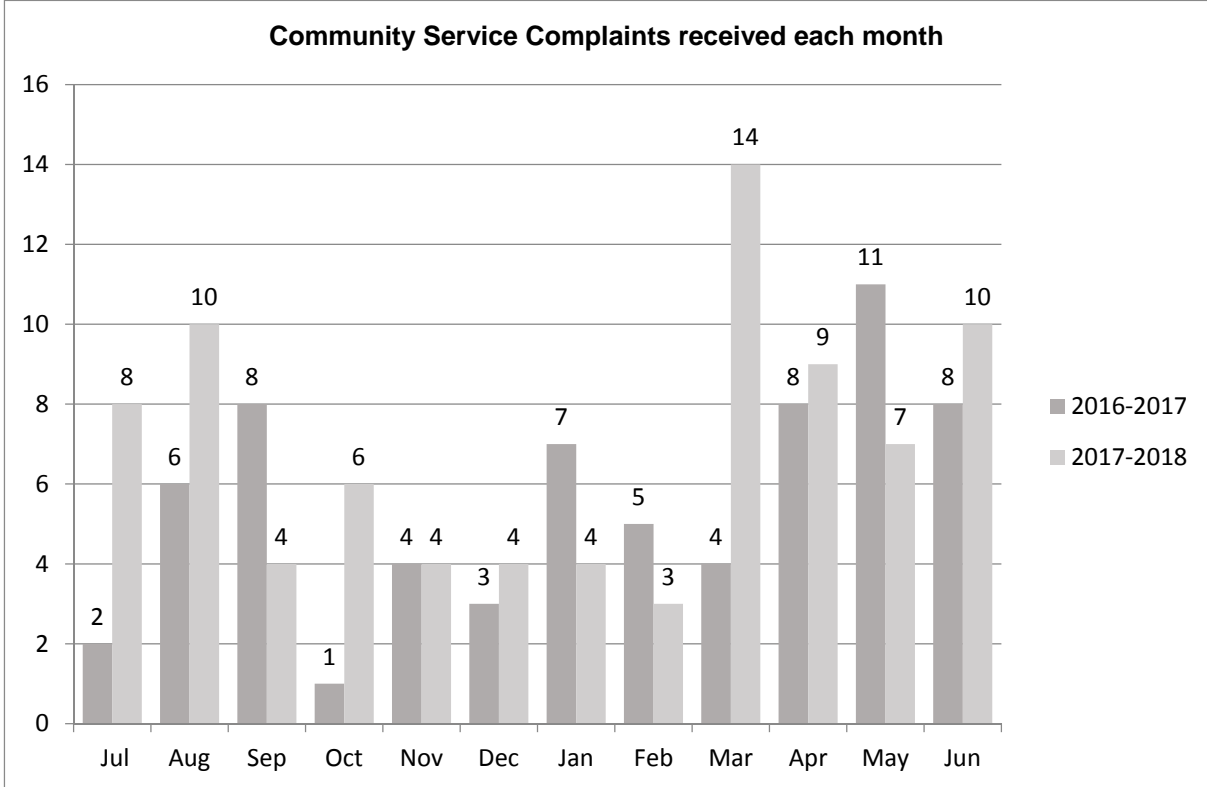
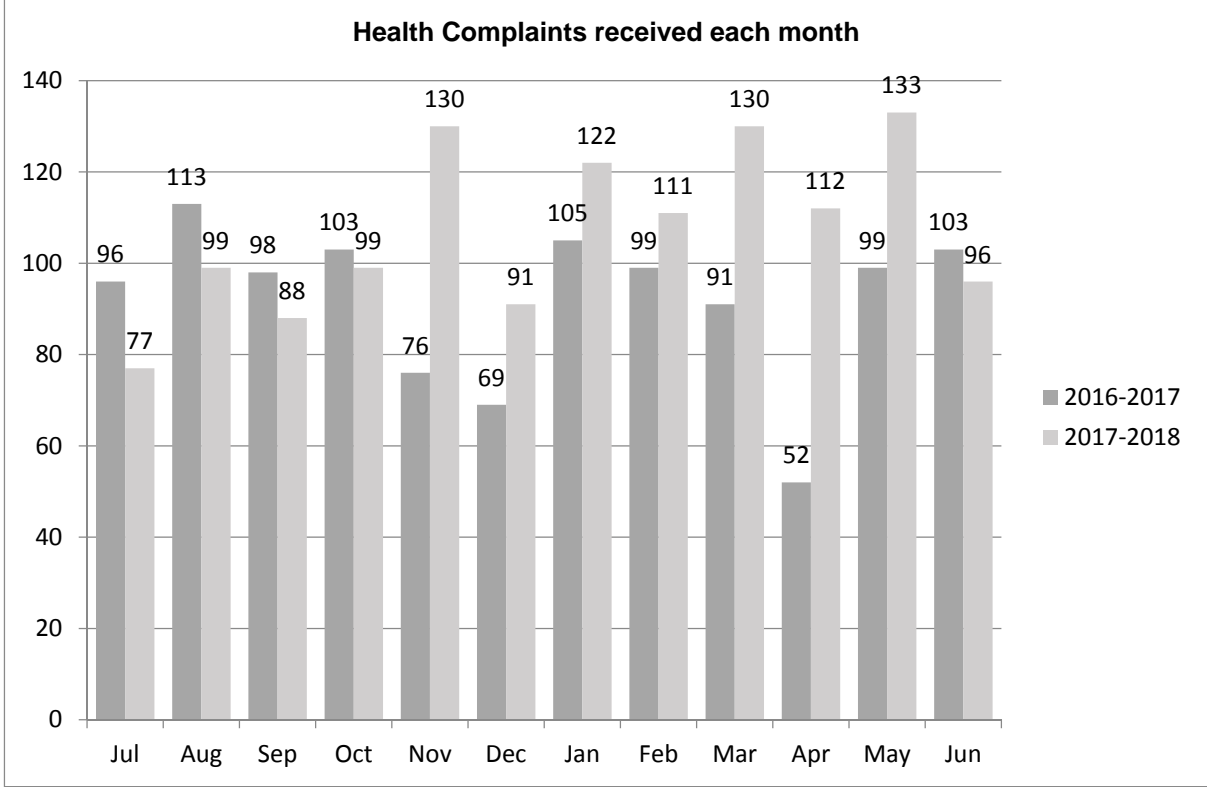
Number and type of complaint contacts

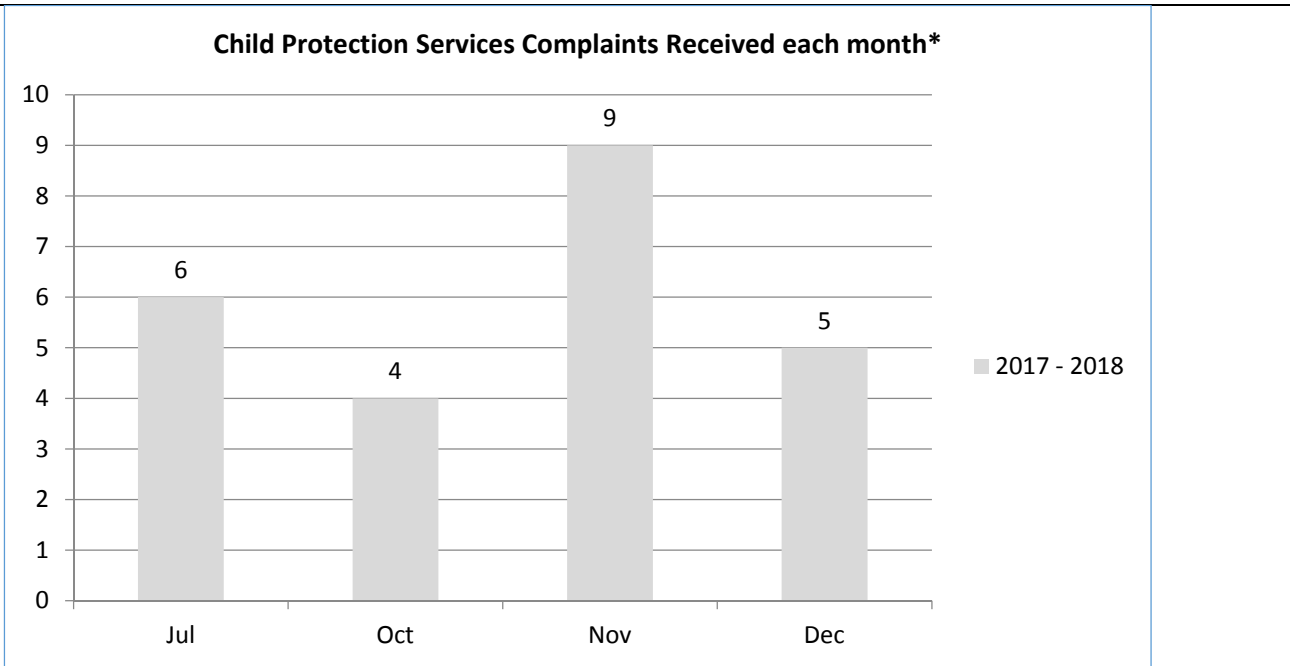
Service Provider Type	Public	Private	Non-government organisation	2017-18 Total	2016-17 Total	Increase / Decrease
Health	729	538	21	1288	1104	16%
Community Service	17	18	48	83	67	23%
Child Protection	24	-	-	24*	53	-54%*
Sub total	770	556	69	1395	1224	13%
Other complaint contacts – all services providers				877	798	
Out of jurisdiction contacts				232	165	40%
Total contacts				2504	2187	14%

* Note: A jurisdictional change in December 2017 meant that the HCSCC is now required to refer any complaints about Child Protection to Ombudsman SA. These complaints are now included under Other complaint contacts – all service providers in the above table.

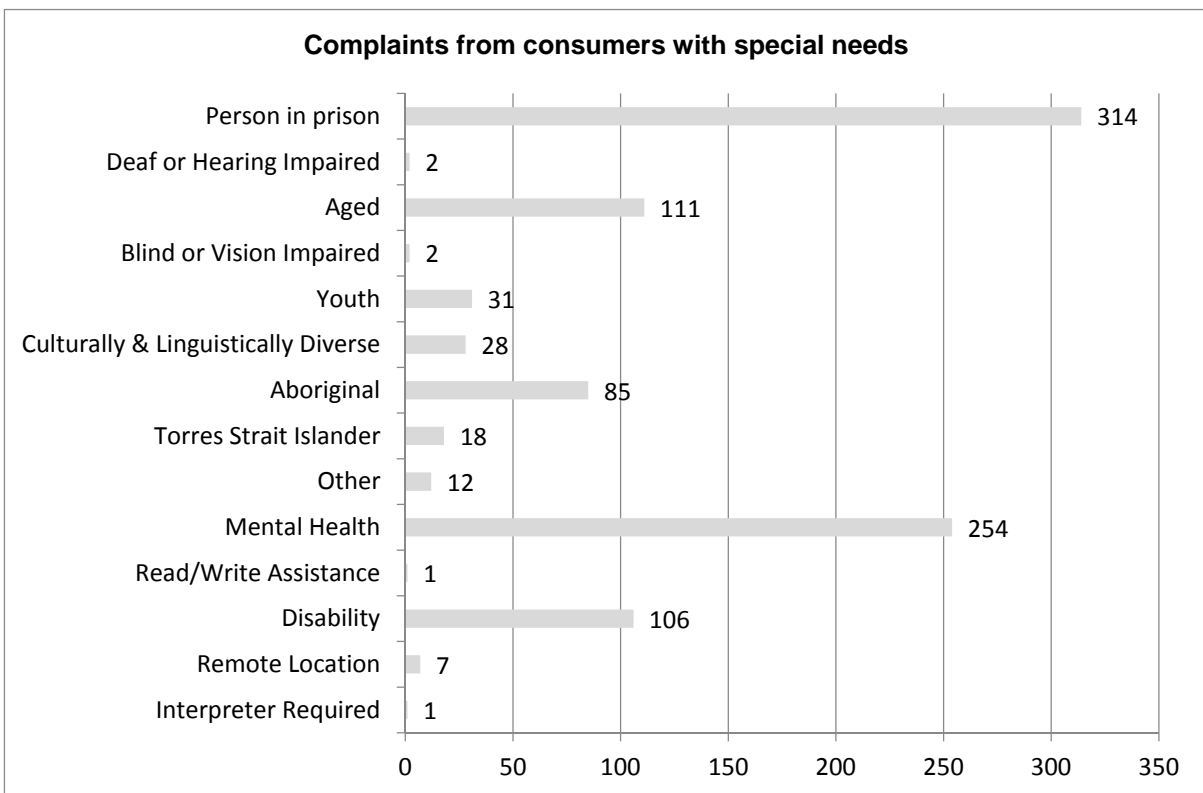
Complaints not finally dealt with

As at 30 June 2018, HCSCC had a total of 132 open complaint files, this compares with 118 open complaint files at 30 June 2017.





*In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. Therefore, the HCSCC's data only covers the period from July to December 2017.

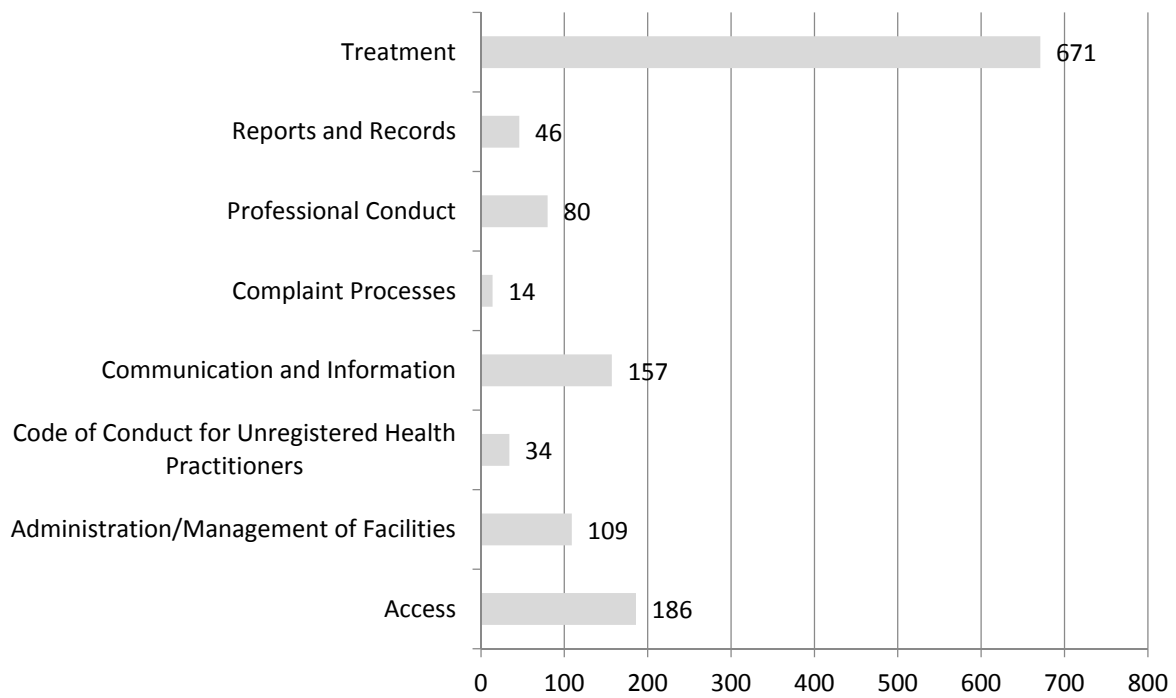


Grounds for complaint

Charter of Health and Community Services Rights grounds Refer to http://www.hcsc.sa.gov.au/about-the-hcsc-charter/	2017-18
Charter 1 - Access	221
Charter 2 - Safety	16
Charter 3 - Quality	922
Charter 4 - Respect	26
Charter 5 - Information	107
Charter 6 - Participation	50
Charter 7 - Privacy	16
Charter 8 - Comment	12
<i>Health and Community Services Complaints Act 2004</i>	
Section 25 – Grounds on which a complaint may be made	
S 25 1 (a) - service not provided or discontinued	102
S 25 1 (b) - service provision not necessary/inappropriate	25
S 25 1 (c) - unreasonable manner in providing service	94
S 25 1 (d) - lacked due skill	209
S 25 1 (e) - unprofessional manner	111
S 25 1 (f) - lack of privacy/dignity	9
S 25 1 (g) - quality of information	61
S 25 1 (h) - unreasonable action - lack of information/access to records	5
S 25 1 (i) - unreasonable disclosure to a third party	7
S 25 1 (j) - improper action on a complaint	14
S 25 1 (k) - inconsistent with the Charter	13
S 25 1 (l) - did not meet expected standard of service delivery	716
Other	107
Grand Total	2843

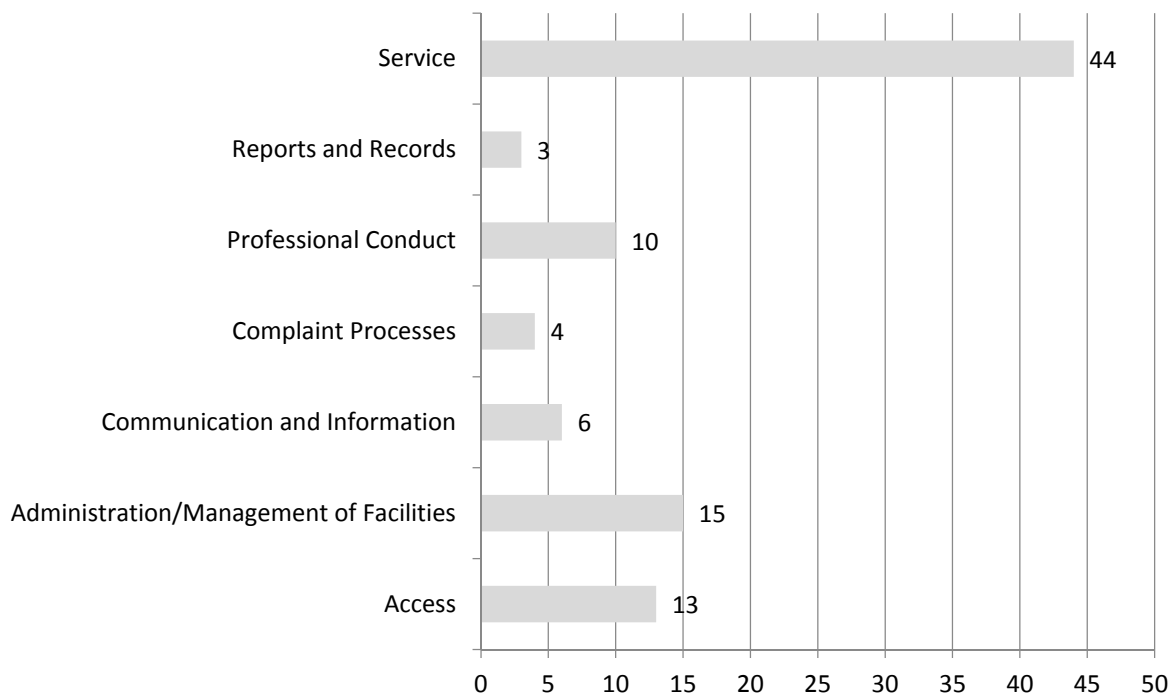
Note: a single complaint may raise more than one ground.

Issues complained about – Health complaints*



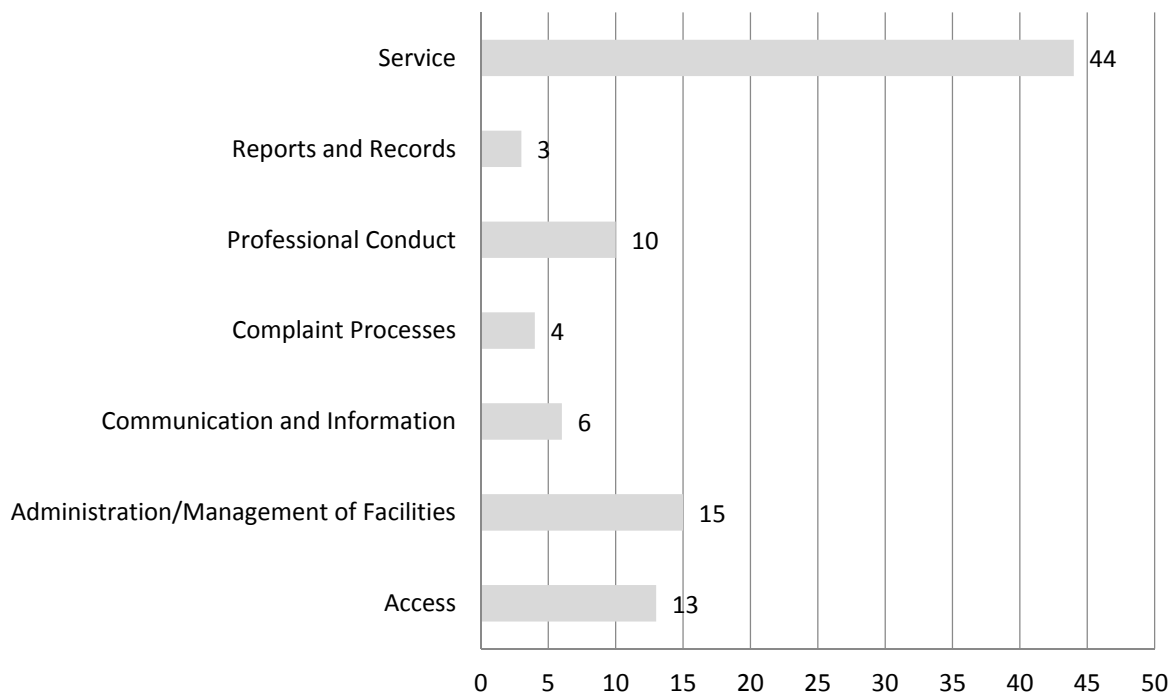
*Note: a single complaint may raise more than one issue.

Issues complained about – Community Service complaints*



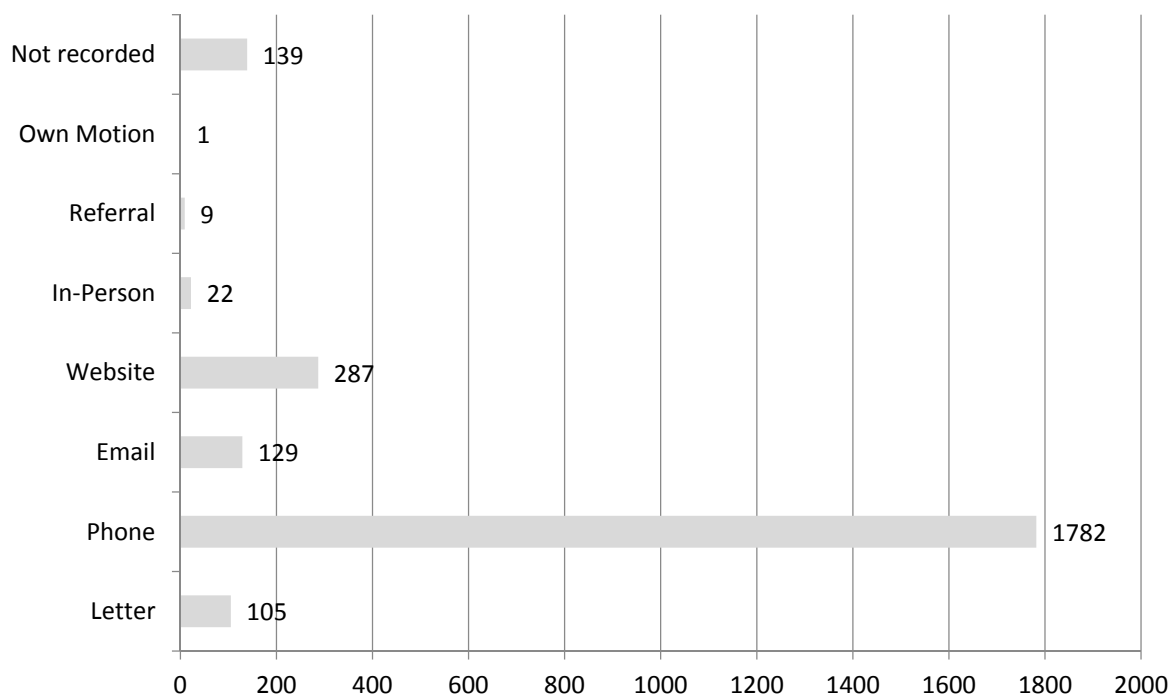
*Note: a single complaint may raise more than one issue.

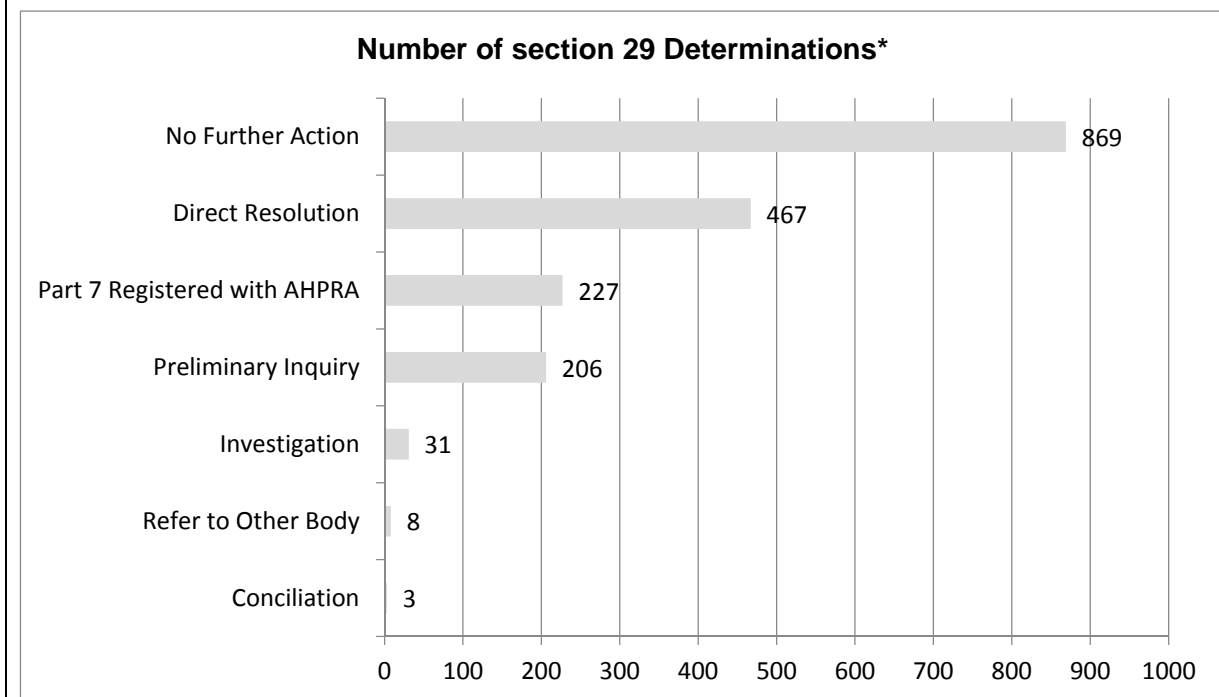
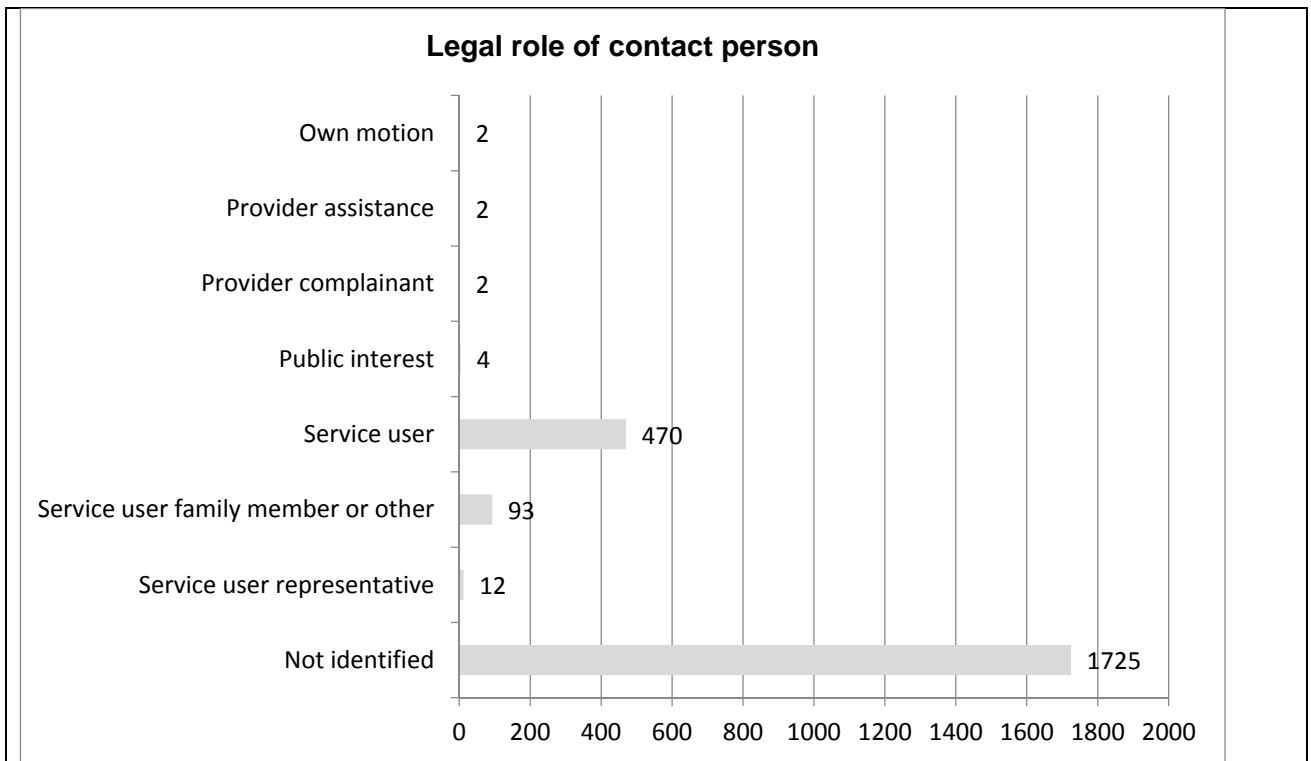
Issues complained about – Child protection complaints*



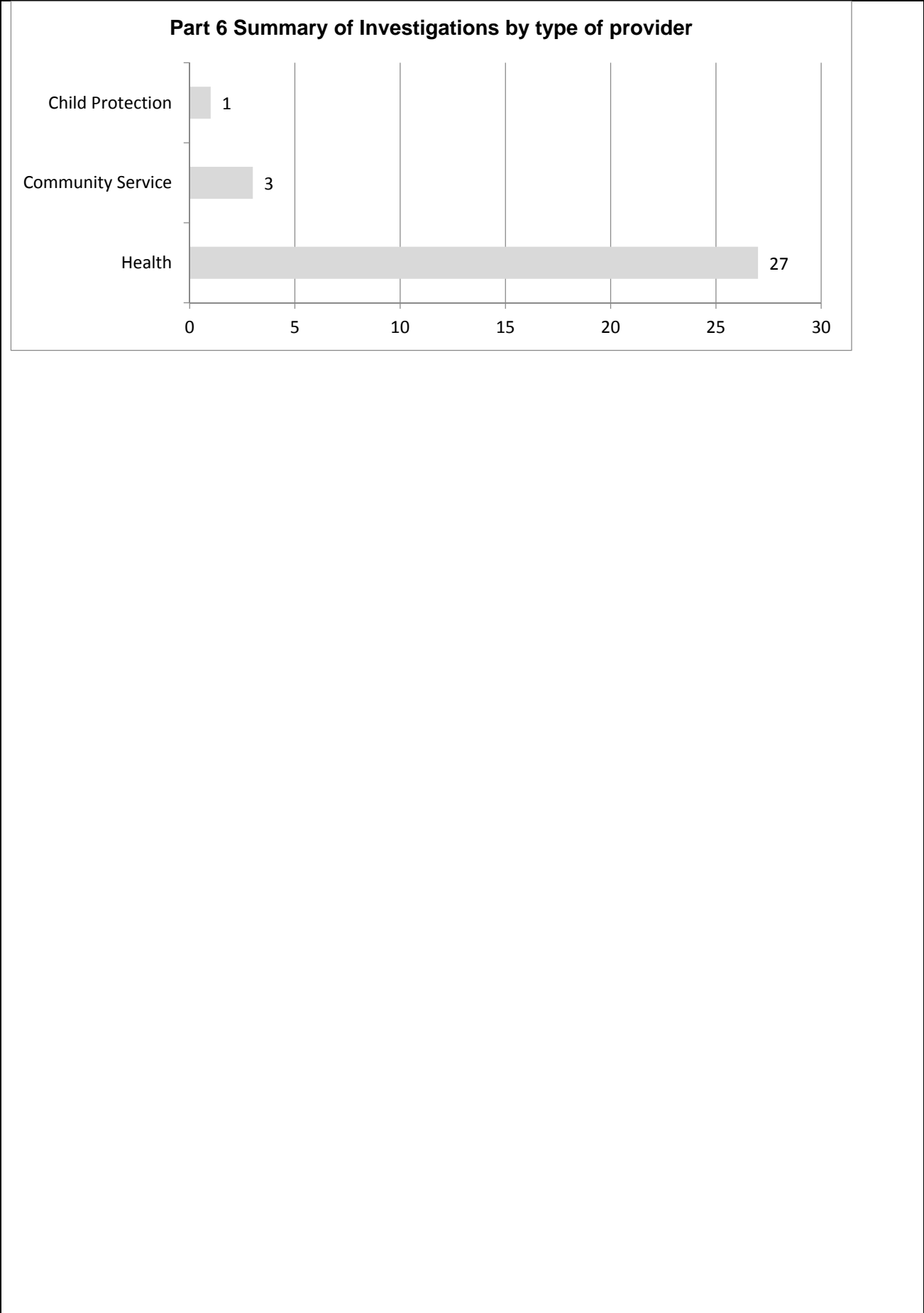
*Note: a single complaint may raise more than one issue.

Method of Contact





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



Reasons for Closure of Complaints 2017-18

Advice and information provided	6
Outside of Jurisdiction	20
Part 6 – s54 Report	6
Part 6 – s55 Notice of Action to Provider	2
Part 6 – s56C order	1
s33(1)(a) not entitled to make complaint	7
s33(1)(b) does not disclose ground of complaint	23
s33(1)(c) should be determined by legal proceedings	2
s33(1)(d) proceedings have commenced before a tribunal authority or other	28
s33(1)(e) reasonable explanation(s) or information provided	155
s33(1)(g) complaint lacks substance	8
s33(1)(h) the complainant has failed to comply with a requirement	251
s33(1)(j) the complaint is abandoned	28
s33(1)(j) the complaint is resolved	71
s33(1)(k) reasonable cause – agreement to take reasonable steps to resolve complaint and/or prevent recurrence	41
s33(1)(k) reasonable cause – differing versions of events – unable to prefer one over the other	7
s33(1)(k) reasonable cause – individual complaint raises issues best dealt with as a systemic matter	4
s33(1)(k) reasonable cause – other	186
s33(1)(k) reasonable cause – s27 outside of time limit	5
s33(1)(k) reasonable cause – s29(2)(d) referral to another agency	11
s33(1)(k) reasonable cause – s29(3) referral to ACCC	2
s33(1)(k) reasonable cause – s29(5) attempting direction resolution	427
s33(1)(k) reasonable cause – service provider met reasonable standards	24
s33(1)(k) reasonable cause – service providers resources are limited and equitably provided	11
s33(2) complaint has been adjudicated by a court, tribunal, authority or other	9
s33(3)(a) suspension – court proceedings have commenced	1
s33(3)(b) suspension – Coronial inquest has commenced	1
s34(1) – complaint withdrawn	7
S57(2)(b) – referred to registration authority	100
Suspended – pending another agency’s action	3
TOTAL	1447

Complaints about unregistered health practitioners

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005	55
Matters concerning unregistered health practitioners that remain ongoing at 30 June 2018	14

Conciliation outcomes

Three conciliations were commenced in 2017-18, of these:

- One matter was resolved with financial compensation.
- One matter was resolved by a commitment from the service provider to negotiate a financial settlement to both parties satisfaction.
- One matter remains ongoing.

Reviews of HCSCC decisions

28 decisions to take no further action on complaints were reviewed by the Health and Community Services Complaints Commissioner and / or Ombudsman SA during 2017-18, following requests by complainants.

Internal Reviews conducted by the Commissioner

22 complaint decisions were reviewed at the request of complainants. Of these:

- 18 complaint decisions were confirmed, with the HCSCC taking no further action.
- Three complaints were re-opened for further enquiries to be made.
- One complaint was referred to the Australian Health Practitioner Regulation Agency.

The six reviews conducted by Ombudsman SA are summarised in Section C of this report.

Registered Health Service Providers (Part 7 of the Act)

The following tables provide information about the HCSCC / Australian Health Practitioner Regulation Agency (AHPRA) consultations during 2017-18.

The HCSCC consultations with AHPRA and referral of complaints to AHPRA by the HCSCC

	Number of HCSCC complaint consultations with AHPRA	Number of HCSCC complaints referred to AHPRA	Number of HCSCC complaints split* with AHPRA
Medical	186	77	7
Dental	23	5	1
Nursing & Midwifery	27	3	7
Pharmacy	2	2	0
Chiropractic	0	0	0
Physiotherapy	3	0	0
Optometry	0	0	0
Osteopathy	0	0	0
Psychology	3	3	0
Podiatry	1	0	0
Chinese Medicine	0	0	0
Medical Radiation Practice	0	0	0
Occupational Therapy	1	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
TOTAL	246	90	15

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

AHPRA investigation outcomes resulting from referral of complaints by the HCSCC to AHPRA

	Number of outcomes notified by AHPRA of action taken from HCSCC complaint referrals	AHPRA notified outcome *	
Medical	63	45	No further action following assessment
		10	No further action following investigation
		3	Caution following assessment
		1	Caution following investigation
		1	Caution and condition imposed following assessment
		1	Conditions imposed following assessment
		1	Accept undertakings following investigation
		1	No grounds for notification
Dental	2	1	Conditions imposed following investigation
		1	No further action following investigation
Nursing & Midwifery	6	4	No further action following assessment
		2	No further action following investigation
Pharmacy	1	1	No further action following investigation
Chiropractic	0	0	No complaints referred
Physiotherapy	0	0	No complaints referred
Optometry	0	0	No complaints referred
Osteopathy	0	0	No complaints referred
Psychology	1	1	No further action following assessment
Podiatry	0	0	No complaints referred
Chinese Medicine	0	0	No complaints referred
Medical Radiation Practice	0	0	No complaints referred
Occupational Therapy	0	0	No complaints referred
Aboriginal and Torres Strait Islander Health Practice	0	0	No complaints referred
Total	73	73	

*Note: 32 ongoing investigations - no outcomes notified by AHPRA as at 30.6.18

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

	Number of AHPRA complaint consultations with HCSCC	Number of AHPRA complaints referred to HCSCC
Medical	176	3
Dental	27	0
Nursing & Midwifery	21	0
Pharmacy	12	0
Chiropractic	2	0
Physiotherapy	4	0
Optometry	3	0
Osteopathy	0	0
Psychology	11	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
Unregistered Health Practitioner	3	3
Systemic	9	9
TOTAL	268	15

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

	Number of outcomes notified by AHPRA of action taken by AHPRA	AHPRA notified outcome	
Medical	142	117	No further action following assessment
		16	No further action following investigation
		2	Caution following assessment
		2	Caution and accepted undertaking following investigation
		2	Caution following investigation
		1	Conditions imposed
		1	Insufficient particulars – unable to identify practitioner
		1	No grounds for notification
Dental	15	8	No further action following assessment
		1	Conditions imposed following assessment
		3	Conditions imposed following investigation
		1	Caution and conditions imposed following assessment. Refer part of notification to another body
		2	Accept undertaking
Nursing & Midwifery	16	7	No further action following assessment
		5	No further action following investigation
		1	Caution following investigation
		1	Caution and accept undertakings following investigation
		1	Referred to another body
		1	Unable to identify practitioner
Pharmacy	8	7	No further action following assessment
		1	Caution following assessment
Chiropractic	1	1	No further action following assessment
Physiotherapy	3	2	No further action following assessment
		1	Caution
Optometry	3	2	No further action following assessment
		1	Caution and accept undertakings following assessment
Osteopathy	0	0	Nil consulted
Psychology	6	5	No further action following assessment
		1	Caution and conditions imposed
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	194	194	

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

Reporting required under the *Carers' Recognition Act 2005*

The *Carers' Recognition Act 2005* is deemed applicable for the following: Department of Human Services, Department for Education, Department for Health and Wellbeing, 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 the Health and Community Services Complaints Commissioner	
Category of complaints by subject	Number of instances
Dissatisfaction with the HCSCC complaint assessment and / or investigation processes or outcomes.	6

Data for the past five years is available at: <https://data.sa.gov.au/data/organization/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 the HCSCC complaint assessment and / or investigation processes or outcomes.	In five matters, the Ombudsman found that the HCSCC had not acted in a manner that was unreasonable, unlawful or wrong. One matter remains ongoing at 30 June 2018.

Appendix: Audited financial statements 2017-18

HCSCC is funded from the state budget. HCSCC's financial transactions are included in the audited financial statements of the Department for Health and Wellbeing (DHW) Annual Report which can be found on the SA Health Website. Refer to www.sahealth.sa.gov.au. HCSCC's transactions are audited by the Auditor-General, along with those of DHW.

HCSCC's funding and expenditure for 2017-18, as provided by the DHW, is summarised below.

HCSCC – Summary of Revenue and Expenditure	
Revised net budget as at 30/6/18	\$1 472 429
Total Revenue	\$160 784
Salaries and Wages	\$949 537
Goods and Services	\$287 945
Total Expenses	\$1 237 482
Net Operating Result	\$1 076 698
Under / (Over) Budget Result	\$395 731

Note: The under budget result is due to a delay in recruitment for a management level position and the earlier than expected end to project work within the agency.