



HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER **2018-19 Annual Report**

HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER

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ISSN: 1833-8933

Date presented to Minister: 27 September 2019

To:
The Honourable Stephen Wade MLC
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 on behalf of the Office of the Health and Community Services Complaints Commissioner by:

Associate Professor Grant Davies
Health and Community Services Complaints Commissioner

Date: 27/09/2019

Signature

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line extending to the right.

From the Commissioner

This is my first full year as Health and Community Services Complaints Commissioner and it has been a busy and productive one. I am pleased to report on the results of the year which can be characterised as ones of change and renewal.



Relationship building

Mediation and conciliation are key aspects of the HCSCC's resolution approach.

Helping parties negotiate agreed outcomes is a core skill set for health care complaints resolution. That is why, over the last year, I have met regularly with Chief Executive Officers and senior executives of Local Health Networks, senior executives of the Department for Health and Wellbeing and of the Australian Health Practitioner Regulation Agency, non-government organisations, consumer organisations and service provider organisations. If the office is perceived as being an honest broker, parties are more willing to enter into negotiations. Therefore, strong relationships with these bodies are critical, not only to assist in the work of my office but, importantly, to achieve good outcomes for complainants.

Strategic Planning and Values Development

I mentioned in last year's report that I had two overarching principles for our work. The following two questions are ones I consistently ask of me and my staff: Are we being customer service focussed? And, are we adding value? They were key questions when developing the HCSCC Strategic Plan this year. Our vision is: improved quality, safety and confidence in South Australian health and community services through excellence in complaints resolution and education. There are three fundamental domains in achieving this: We provide an accessible, fair and responsive complaints resolution service to the community; we continuously improve the quality of our services; and we share our learnings.

Awareness and Accessibility

To achieve some of this work, we developed a Communications Strategy to increase awareness of the office in the community and ensure we are as accessible as we can be. We established a solid social media presence on Twitter and Facebook which we have used effectively to highlight our work and undertake targeted promotions.

Our new website was launched on 25 March 2019. It was consumer tested and has been very well received by consumers, service providers and key stakeholders. I am very happy with the outcome we achieved with our new site and believe it better serves the purpose of our office.

We have established a quarterly newsletter to our health and community stakeholders, highlighting our work over the preceding quarter and have substantially increased our traditional media presence, which I see as an important accessibility strategy.

Processes and Data

I also foreshadowed in last year's report that I wanted to undertake a review of our complaints processes. The first step in that process was recruiting to the Manager, Complaints Resolution and Investigation position. I am delighted to welcome Mr John Herrmann to that position. John comes with a wealth of investigative, clinical and regulatory experience and has already begun the task of bringing his experience to the review. To that end, we have changed the way we assess complaints and are much quicker at determining whether we conciliate, investigate, refer or take no further action on a complaint. This year, while our complaint numbers have decreased slightly, our enquiry figures have increased. This means we are providing more advice and guidance to people calling us which may be facilitating a direct resolution with the service provider. In 2018-19, the overall number of contacts to the Office of the HCSCC rose by nearly three percent. In two years, we have experienced a 16 percent increase.

As a result of the changes to our processes, we have seen an increase in matters that are being conciliated. Conciliation is an important aspect of complaint resolution. As a direct result of more conciliation being taken this year, we have seen a decrease in the number of investigations that were conducted.

So we can track our performance adequately, I commissioned a review of the office's Resolve case management system. That task was completed by 30 June 2019 and will now enable issues, case load, internal/external review tracking and timeframe reporting to better keep us accountable for our performance.

The purpose of these changes is to improve the quality of the work of the office and, in broader terms, improve the quality and safety of health and community services in South Australia.

Legislative and Code of Conduct

In March 2019, South Australia adopted the National Code of Conduct for Health Care Workers (known in South Australia as the Code of Conduct for Certain Health Care Workers). This is a culmination of many years of hard work by Commissioners and Ministers across Australia.

There are fewer complaints about unregistered health care workers this year. It is unclear why there has been a drop in complaints but we will continue to promote the Code and ensure health care workers are aware of their responsibilities.

However, we successfully prosecuted an unregistered health care worker who was providing drug and alcohol counselling. Robert Mittiga was successfully prosecuted for three breaches of a prohibition order and breach of bond resulting in a three and a half month term of incarceration, suspended with a 12 month good behaviour

bond. This result was because of many years of work and I was delighted with outcome. It served as strong deterrent to others who are not adhering to the Code.

Changes to the *Health and Community Services Complaints Act 2004* also came into effect in March. These changes increased certain powers of the HCSCC and changed the way we refer to consumers, formerly referred to as service users. This helps place consumers as partners in the system of complaints resolution, and health care more generally.

Year Ahead

Work on the review of our processes and procedures will continue. Once those processes are as efficient and effective as the legislation allows, we will use that work to develop key performance indicators for our work and track it effectively through our Resolve case management system.

In line with our Communications Strategy and outreach and awareness work, we intend to review our logo so the office can rebrand to have a more modern, open, inviting public presence.

With the introduction of regional local health networks, I will travel and meet with regional Chief Executive Officers and Board Chairs to ensure strong relationships exist with those organisations.

We will also explore technological solutions to our enquiry line to determine whether better outcomes and more efficient service may be offered by introducing a QMaster system.

Finally, I would like to acknowledge and thank the staff of the office. This has been a very busy year and the way staff have worked collaboratively while continuing to provide a high quality service is inspirational.



Associate Professor Grant Davies
Health and Community Services Complaints Commissioner

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Overview: about the agency

Our strategic focus

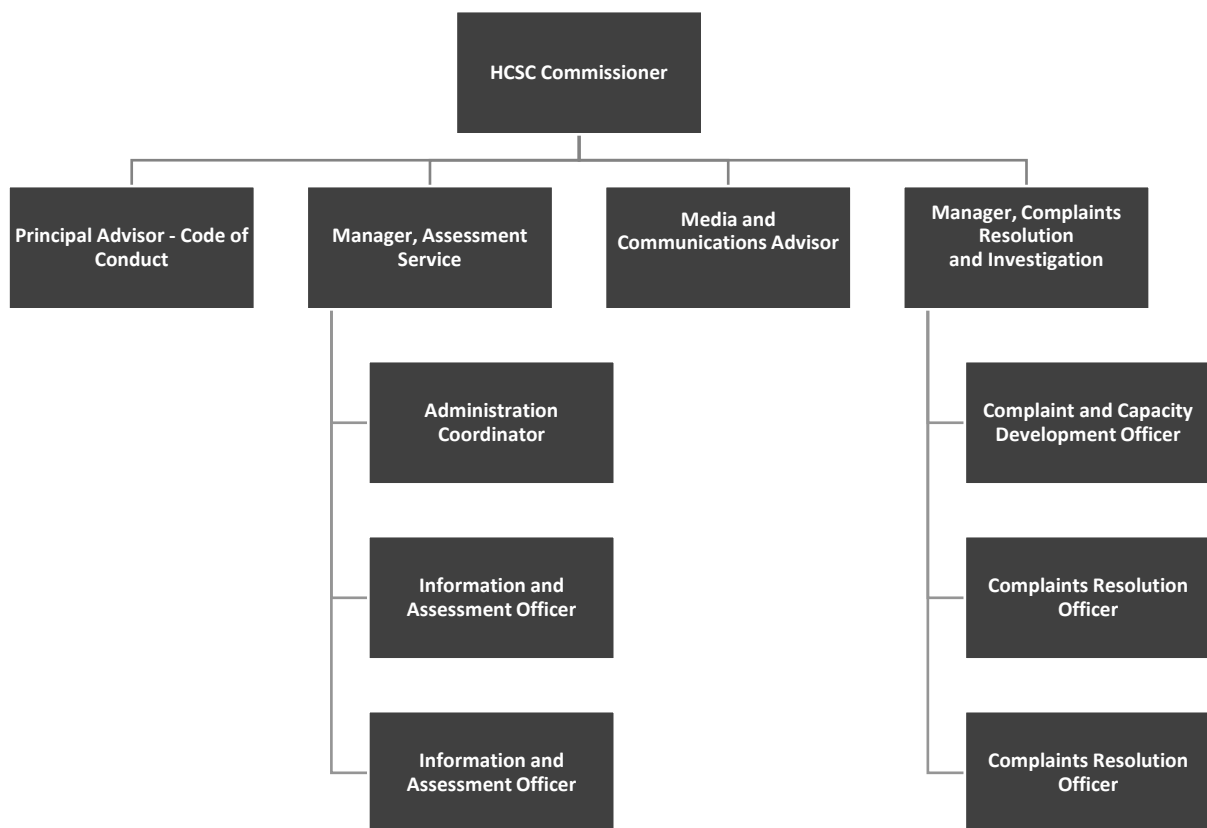
The office of the HCSCC's vision is for improved quality, safety and confidence in South Australia's health and community services through excellence in complaints resolution and education.

A full copy of the HCSCC's strategic plan is available at:

<https://www.hcsc.sa.gov.au/wp-content/uploads/2018/12/Strategic-Plan.pdf>

Our organisational structure

HCSCC Organisational Structure as at 30 June 2019.



Changes to the agency

During 2018-19 there were some changes to the HCSCC's structure and objectives as a result of internal reviews or machinery of government changes.

- The HCSCC hired a Senior Media and Communications Advisor for the first time since it was established.
- The position of *Code of Conduct – Legal Officer* was changed to *Principal Advisor - Code of Conduct* to more accurately reflect the purpose of the role.

Our Minister

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

The Honourable Stephen Wade MLC, Minister for Health and Wellbeing, is the Minister to whom the administration of this Act has been committed.

Our Executive team

Associate Professor Grant Davies was appointed as South Australia's Health and Community Services Complaints Commissioner in February 2018.

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

He moved to Melbourne in late 1999 to take up a position with the Victorian Department of Human Services undertaking similar work. He commenced work in the Office of the Federal Commissioner for Complaints in early 2001 and stayed during its change into the Federal office of the Aged Care Commissioner where he was Investigations Manager. In October 2009, he commenced in the Office of the Health Services Commissioner as Deputy Commissioner was appointed Acting Health Services Commissioner on 1 January 2013 and became Health Services Commissioner on 1 October 2014 until February 2017 when he started as Director of Projects in Safer Care Victoria.

He holds a Bachelor of Nursing (ACU), a Master of Arts (Research) (QUT) and a PhD (Melbourne) in applied ethics, and is a graduate of the Australian Institute of Company Directors.

Legislation administered by the agency

Health and Community Services Complaints Act 2004.

The agency's performance

Performance at a glance

Below is a summary of the performance of the HCSCC in 2018-19:

- 73 more total contacts (a 2.95 per cent increase).
- An increase in the amount of total health contacts but actual complaints decreased whilst enquiries increased.
- 2558 matters were closed, which is more than the total amount of new contacts received.
- Five less requests (a 22.72 per cent reduction) for an internal review.
- Changes to the way complaints are assessed providing for a quicker determination about conciliation, investigation, referral or taking no further action on a complaint.
- First successful prosecution of an unregistered health care worker.

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
Better Services	<p>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.</p> <p>To provide effective alternative dispute resolution mechanisms for consumers and providers of health or community services to resolve complaints.</p> <p>To promote the development and application of principles and practices of the highest standard in the handling of complaints concerning health or community services.</p> <p>To provide a scheme which can be used to monitor trends in complaints concerning health or community services.</p> <p>To identify, investigate and report on systemic issues concerning the delivery of health or community services.</p>

Agency specific objectives and performance

Agency objectives	Indicators	Performance
Complaints Management	<p>Complaint numbers have remained consistent.</p> <p>Service providers and consumers comply with Act, rules and regulations.</p> <p>Service evaluations indicate satisfaction with the complaints process.</p>	Complaints management monitors safety and quality standards, identifies systemic issues and contributes to ensuring that expected standards of service delivery are maintained.
Raising awareness about the HCSCC Code of Conduct for Certain Health Care Workers	<p>Complaints received about this sector have slightly decreased.</p> <p>Increasing numbers of service providers are aware of their obligations under the Code of Conduct.</p> <p>The HCSCC also conducted a small communications campaign to inform South Australian's about the Code.</p>	<p>The HCSCC continues to promote the Code of Conduct and its importance to service providers and organisations.</p> <p>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/</p>
National Code of Conduct for Health Care Workers	South Australia implemented the national code in March, 2019.	<p>The Office of the HCSCC worked with Health Complaints Commissioners across Australia to develop a coordinated approach to the National Code.</p> <p>The objective of the National Code is to improve quality and safety for consumers across Australia.</p> <p>The Code is now implemented in South Australia, which has seen increased powers for the HCSCC.</p>
Public and media engagement	Greater engagement with the public and the media about the role of the HCSCC.	The Office of the HCSCC has focussed on an increased presence in media, on social media and at events.

<p>Stakeholder engagement</p>	<p>Greater engagement with stakeholders – Government and non-government.</p>	<p>The Commissioner has focussed on visiting many sites and meeting key stakeholders in the health sector in the last reporting year.</p> <p>This was done to connect with the health sector at all levels and to engage stakeholders the Office of the HCSCC work with.</p>
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Corporate performance summary

Number and type of contacts in 2018-19*

Service Provider Type	17-18 Total	18-19 Complaints / Own Motions	18-19 Enquiries	18-19 Total	Increase / Decrease
Health	2295	1184	1257	2441	+6.36%
Community Service	116	58	36	94	-18.97%
Child Protection**	63			12	-80.95%
Total contacts	2474***			2547	+2.95%

*The HCSCC is now reporting its total contacts in a way that reflects our core work. More detailed figures are available later in this document.

**In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received 12 contacts from the public about child protection matters in 2018-19. The HCSCC referred all these matters to Ombudsman SA.

***This number varies from the reported figures in last year's Annual Report because some complaints or enquiries were re-opened in 18-19.

Resolution Data 2018-19

In 2018-19, 2558 contacts were closed, of which:

- 1982 (77.5 percent) were closed within 21 days.
- 401 (15.7 per cent) were closed between 22 and 100 days.
- 130 were (5.1 per cent) closed between 101 and 364 days.
- 45 (1.7 per cent) were closed after 365 days or more.

The number of contacts closed in 2018-19 is greater than the amount received as some matters began in previous financial years.

As at 30 June 2019, the HCSCC had 172 complaints or enquiries that remained open.

Employment opportunity programs

Program name	Performance
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	Performance
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

Program name and brief description	Performance
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

Workplace injury claims	2018-19	2017-18	% Change (+ / -)
Total new workplace injury claims	0	0	0
Fatalities	0	0	0
Seriously injured workers*	0	0	0
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	0	0	0

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

Work health and safety regulations	2018-19	2017-18	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	0	0	0
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	0	0	0

Return to work costs**	2018-19	2017-18	Change (+ / -)
Total gross workers compensation expenditure (\$)	0	0	0
Income support payments – gross (\$)	0	0	0

***before third party recovery*

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

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

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. HCSCC's financial transactions are included in the full audited financial statements of the Department for Health and Wellbeing which can be found on the SA Health Website. Refer to www.sahealth.sa.gov.au

Statement of Comprehensive Income	18-19 Budget \$000s	18-19 Actual \$000s	Variation \$000s	17-18 Actual \$000s
Expenses	1,560	1,365	195	1,237
Revenues	45	61	16	161
Net cost of providing services	1,515	1,305	210	1,077
Net Revenue from SA Government	1,515	1,515	0	1,472
Net result	0	201	-210	396

The 2018-19 under budget amount is due to positions in the office remaining vacant due to recruitment challenges.

Statement of Financial Position

The HCSCC's finances are included in the audited financial statements of the Department for Health and Wellbeing which can be found on the SA Health Website www.sahealth.sa.gov.au

Consultants disclosure

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken, and the actual payments made for the work undertaken during the financial year.

Consultancies with a contract value below \$10,000 each

Consultancies	Purpose	\$ Actual payment
Nil	Nil	\$ Nil

Consultancies with a contract value above \$10,000 each

Consultancies	Purpose	\$ Actual payment
Nil	N/A	\$ Nil

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

See also the [Consolidated Financial Report of the Department of Treasury and Finance](#) for total value of consultancy contracts across the South Australian Public Sector.

Contractors disclosure

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken, and the actual payments made for work undertaken during the financial year.

Contractors with a contract value below \$10,000

Contractors	Purpose	\$ Actual payment
Various (6)	To provide independent expert opinion on confidential complaint matters	\$ 21,450
	Total	\$ 21,450

Contractors with a contract value above \$10,000 each

Contractors	Purpose	\$ Actual payment
Hoban	Temporary labour hire	\$ 35,086
	Total	\$ 35,086

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

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

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

Other financial information

Nil to report

Other information

Nil to report

Risk management

Fraud detected in the agency

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

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

Strategies implemented to control and prevent fraud

The HCSCC is an independent statutory office of the Crown and is subject to relevant 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 previous years is available at: <https://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 *Whistleblowers Protection Act 1993*:

Nil.

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

Reporting required under any other act or regulation

Act or Regulation

Health and Community Services Complaints Act 2004

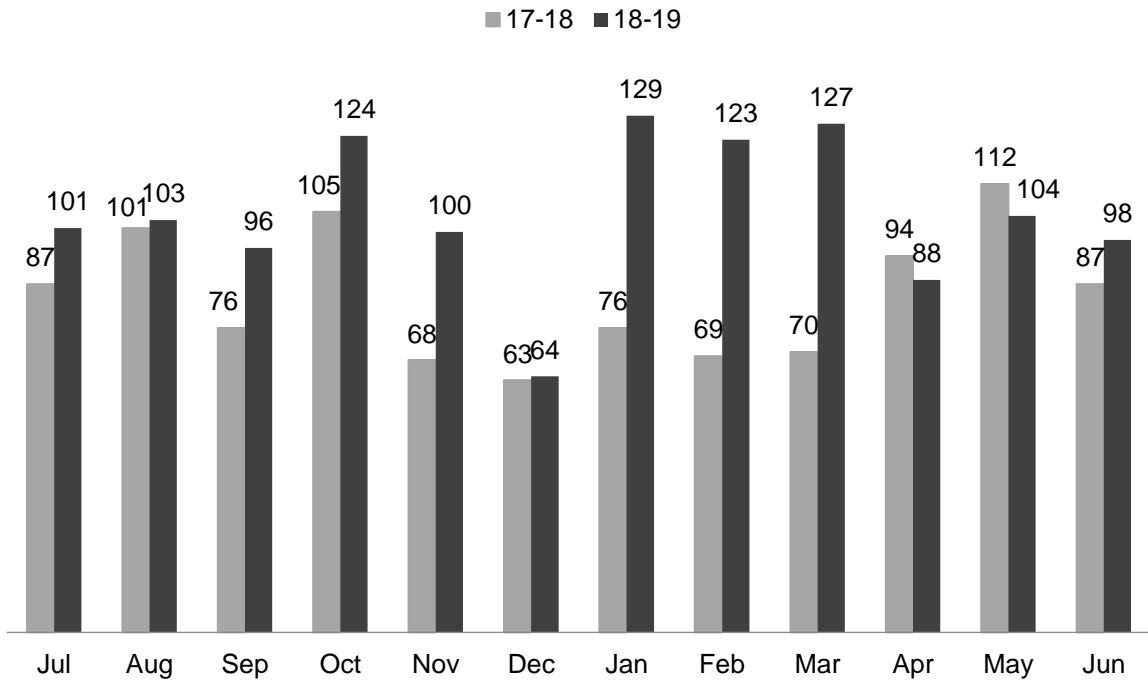
Requirement

Division 5 – Other matters

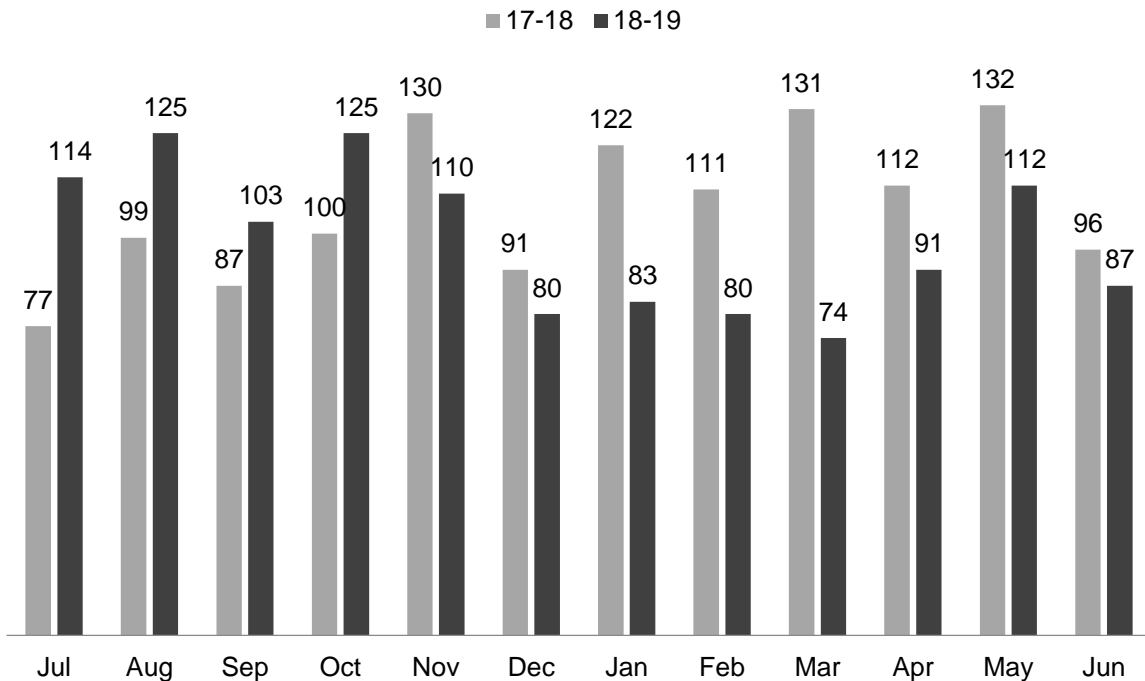
16—Annual report

- (1) 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.

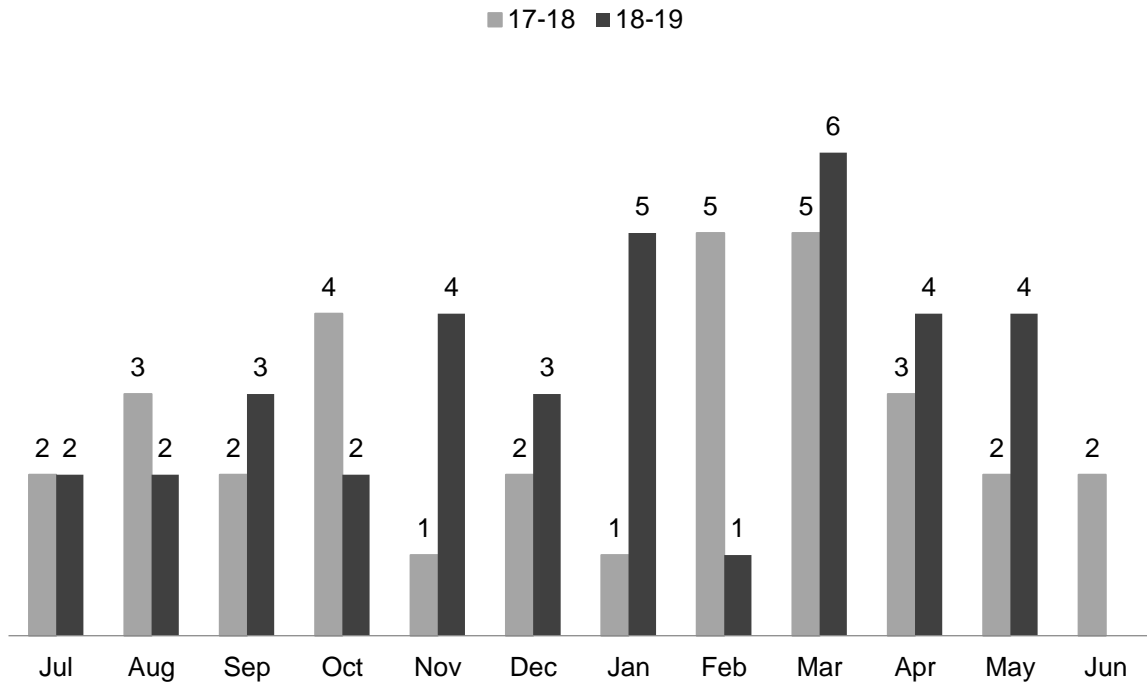
Health: Enquiries



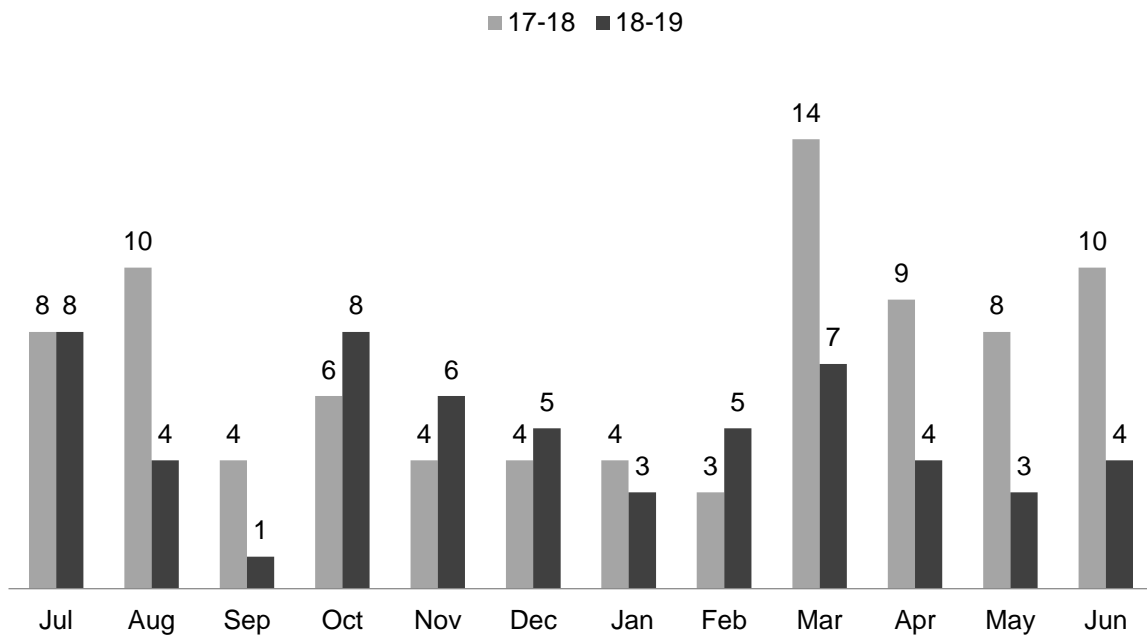
Health: Complaints / Own Motions



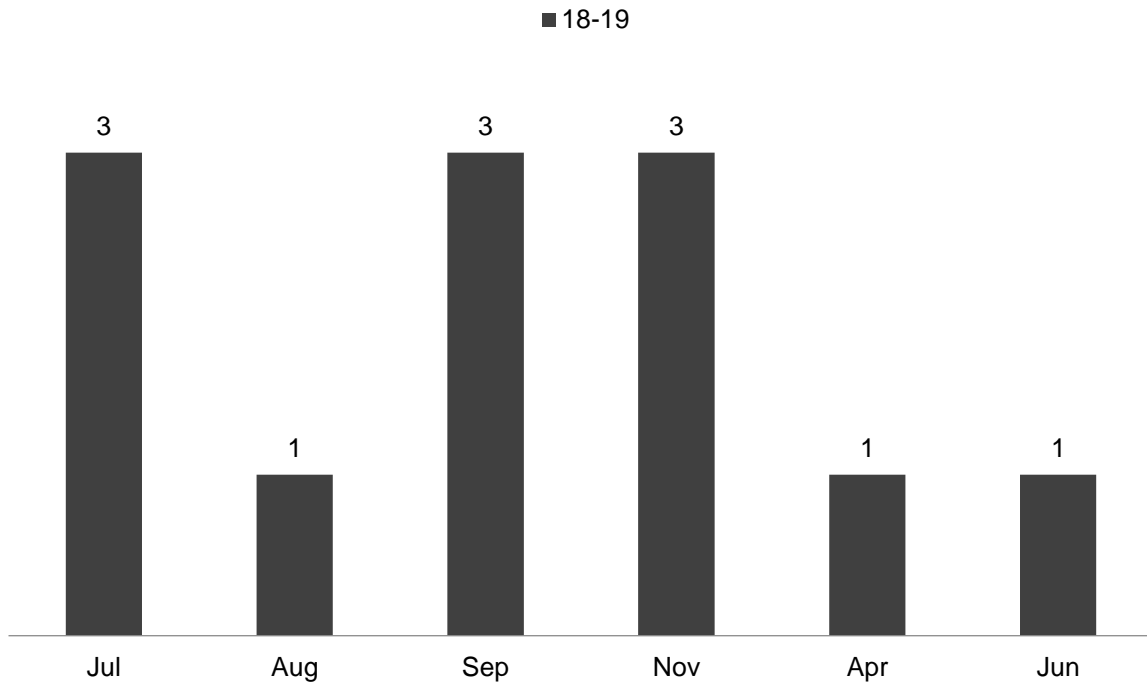
Community Services: Enquiries



Community Services: Complaints / Own Motions

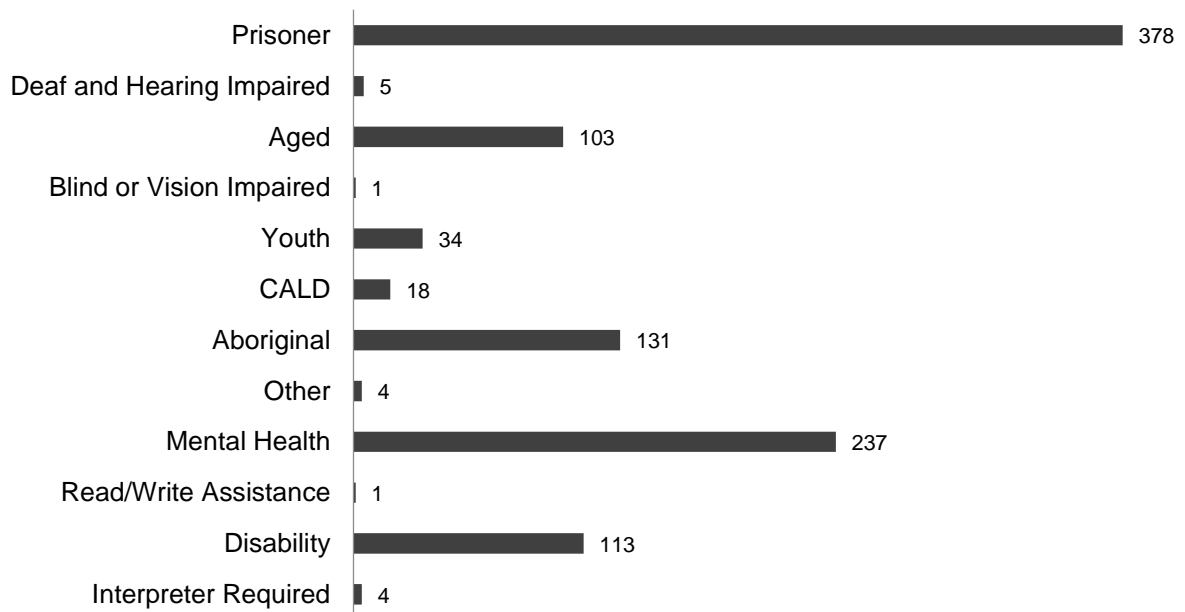


Child Protection Contacts*



**In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received 12 contacts from the public about child protection matters in 2018/19. The HCSCC referred all these matters to the Ombudsman.*

Complaints from Consumers with Special Needs



Grounds for Complaint 2018-19

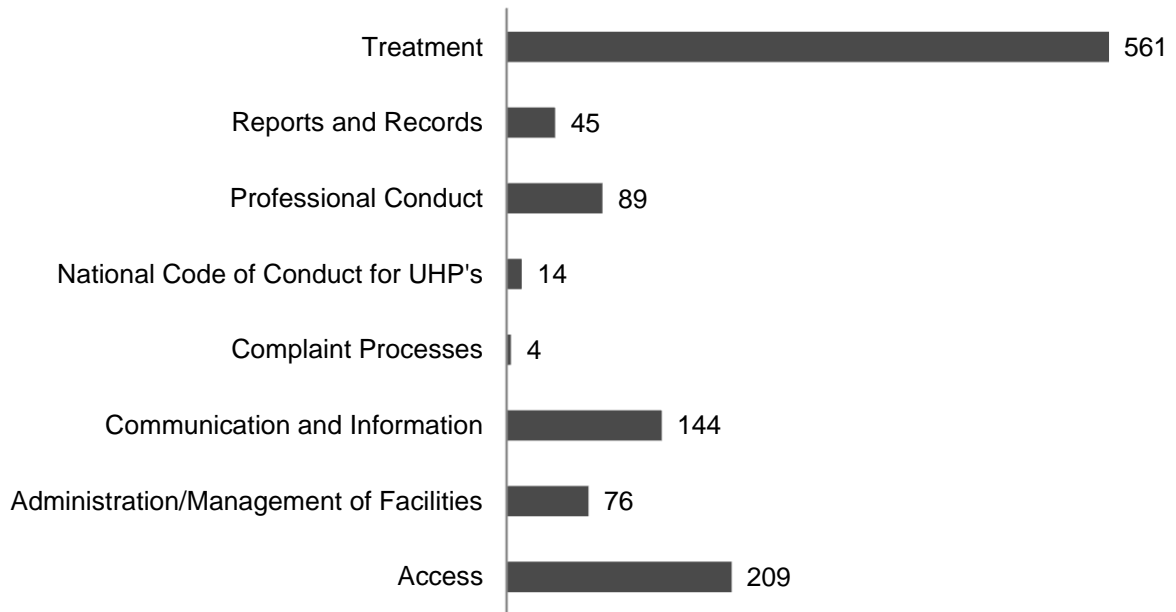
Note: a single complaint may raise more than one ground.

Charter of Health and Community Services Rights grounds (Refer to http://www.hcsc.sa.gov.au/about-the-hcsc-charter/)	
Charter 1 - Access	220
Charter 2 - Safety	10
Charter 3 - Quality	743
Charter 4 - Respect	14
Charter 5 - Information	83
Charter 6 - Participation	24
Charter 7 - Privacy	18
Charter 8 - Comment	4

Health and Community Services Complaints Act 2004 Section 25 – Grounds on which a complaint may be made	
S 25 1 (a) - service not provided or discontinued	103
S 25 1 (b) - service provision not necessary/inappropriate	25
S 25 1 (c) - unreasonable manner in providing service	80
S 25 1 (d) - lacked due skill	189
S 25 1 (e) - unprofessional manner	96
S 25 1 (f) - lack of privacy/dignity	1
S 25 1 (g) - quality of information	63
S 25 1 (h) - unreasonable action - lack of information/access to records	3
S 25 1 (i) - unreasonable disclosure to a third party	9
S 25 1 (j) - improper action on a complaint	5
S 25 1 (k) - inconsistent with the Charter	4
S 25 1 (l) - did not meet expected standard of service delivery	561
Other	90
Total	2345

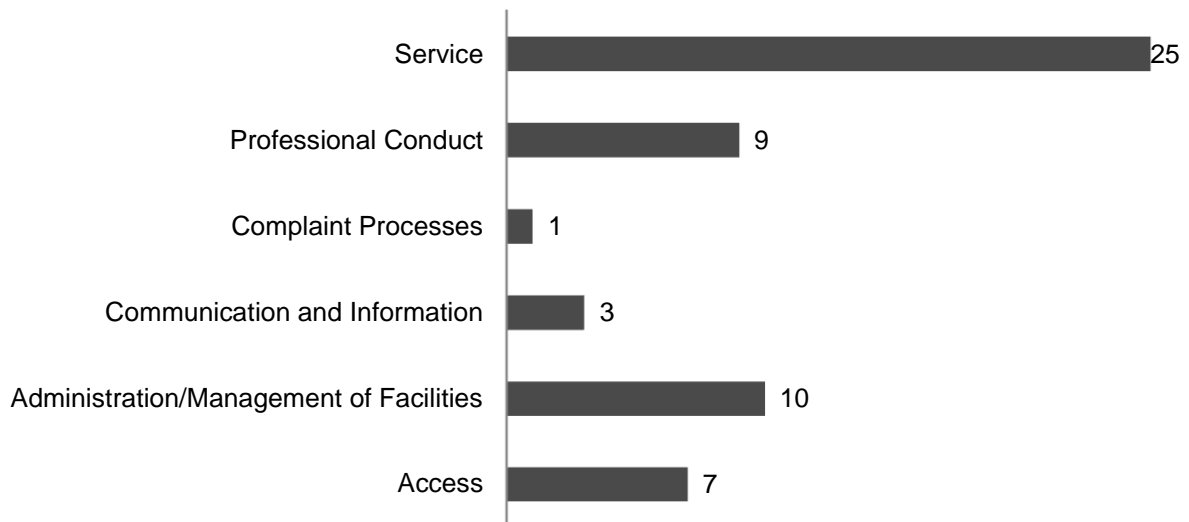
Issues complained about – Health Complaints

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

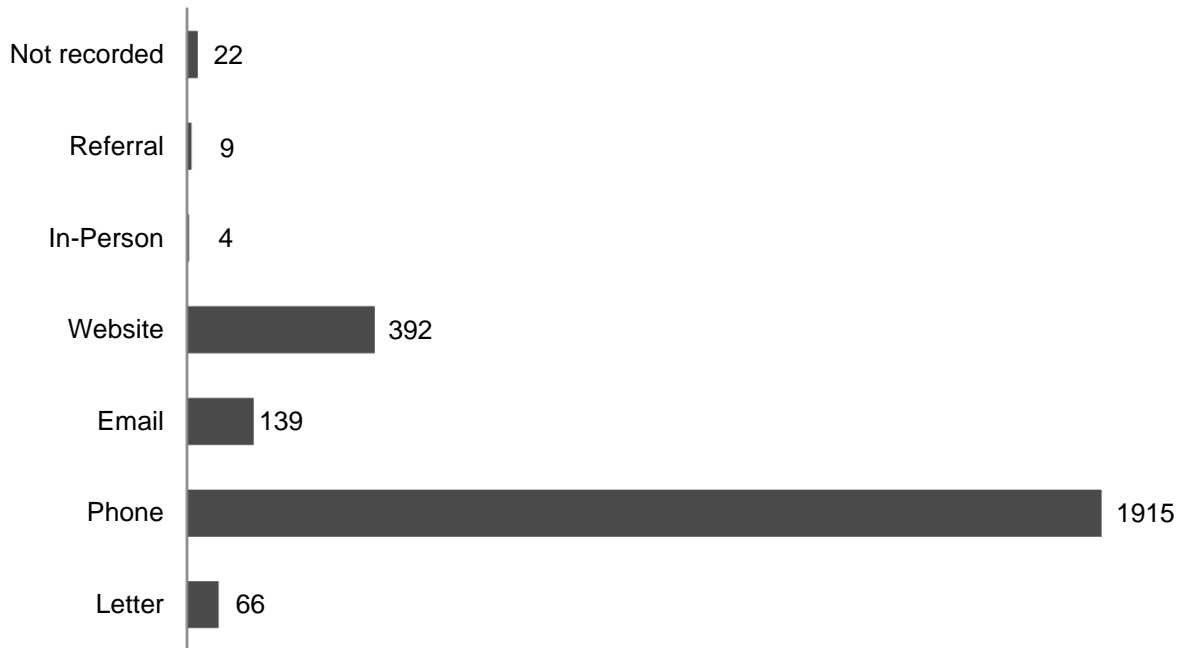


Issues complained about – Community Services

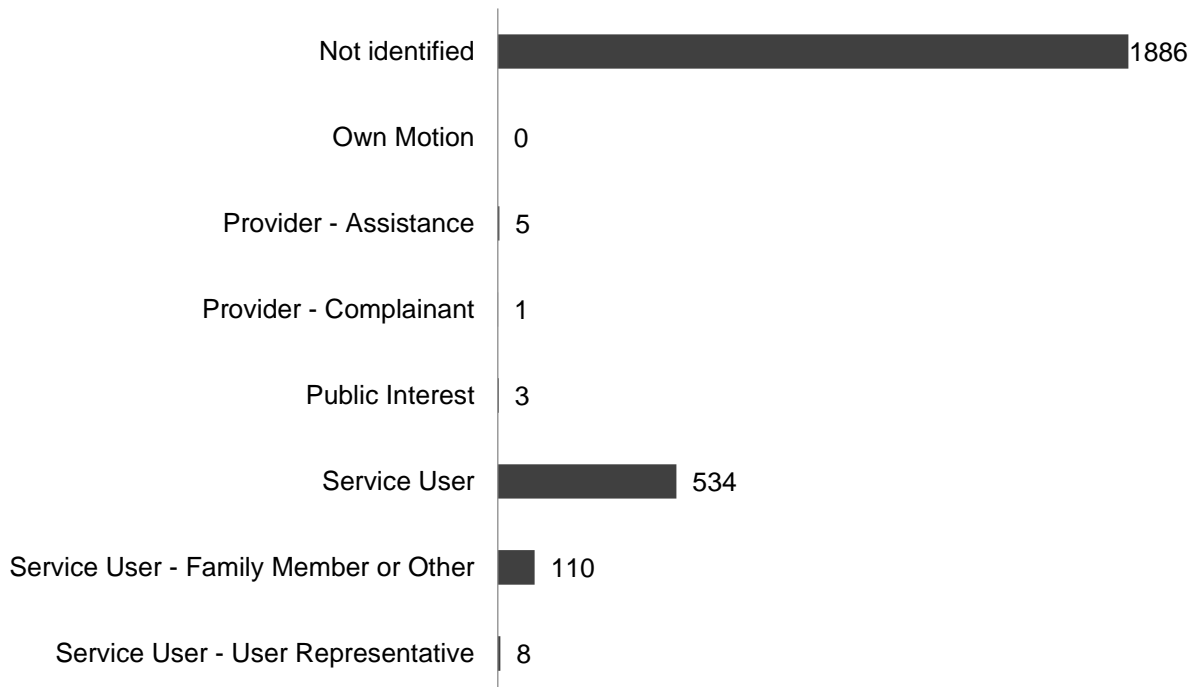
Note: a single complaint may raise more than one issue.



Method of Contact

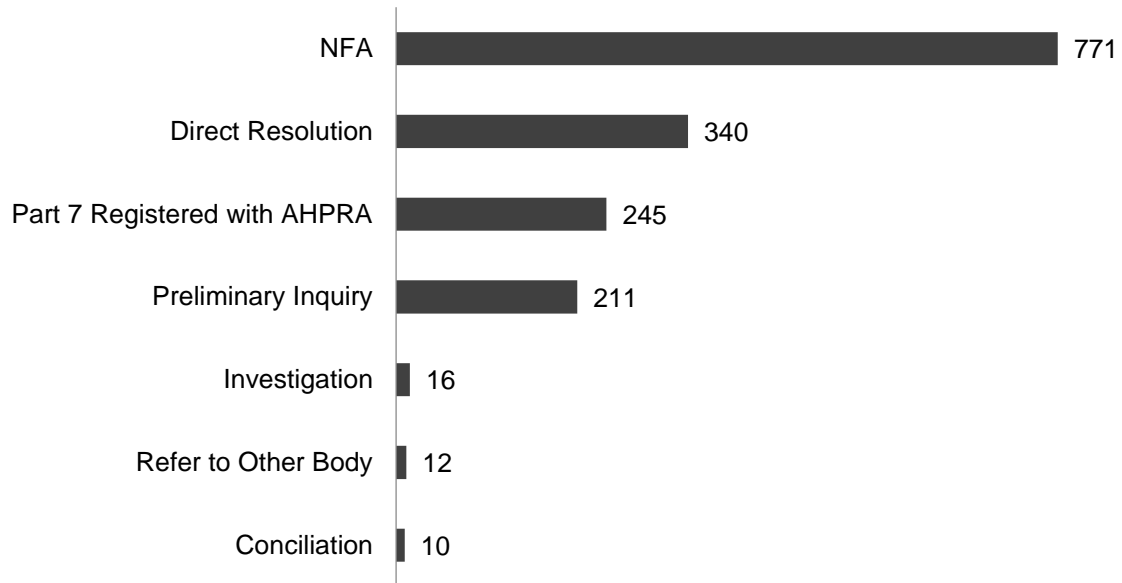


Legal role of contact person



Number of Assessment Determinations

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



Part 6 Summary of Investigations by type of provider



Conciliation outcomes

In 2018-19, 10 matters were moved into conciliation. All of them commenced in May and June 2019 and hence, there is no outcome to report.

One conciliation was completed in October 2018 (the complaint was made in an earlier financial year). The complainant received financial compensation for this matter.

Reasons for Closure of Complaints 2018-19

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

Advice and information provided	23
Outside of Jurisdiction	18
Part 6 - s54 Report	8
Part 6 s56C order	1
s33(1)(a) not entitled to make complaint	14
s33(1)(b) does not disclose ground of complaint	19
s33(1)(c) should be determined by legal proceedings	7
s33(1)(d) proceedings have commenced before a tribunal authority or other	18
s33(1)(e) reasonable explanation(s) or information earlier	169
s33(1)(g) complaint lacks substance	11
s33(1)(h) the complainant has failed to comply with a requirement	112
s33(1)(j) the complaint is abandoned	131
s33(1)(j) the complaint is resolved	87
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	52
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	2
s33(1)(k) reasonable cause - other	58
s33(1)(k) reasonable cause - s27 outside of time limit	13
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	10
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	6
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	304
s33(1)(k) reasonable cause - service provider met reasonable standards	25
s33(1)(k) reasonable cause - service provider resources are limited and equitably provided	7
s33(2) complaint has been adjudicated by a court tribunal authority or other	12
s33(3)(a) suspension - court proceedings have commenced	2
s33(3)(b) suspension - Coronial inquest has commenced	5
s34(1) - complaint withdrawn	14
s57(2)(b) referred to registration authority	118
Suspended - pending another agency's action	3
Other	2
Total	1258

Complaints about Unregistered Health Care Workers 2018-19

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005.	35
Matters concerning unregistered health practitioners that remain ongoing at 30 June 2019.	7

Reviews of HCSCC decisions by the Ombudsman

Category of complaints by subject	Number of instances
Dissatisfaction with the HCSCC complaint assessment and / or investigation processes or outcomes.	10

Nature of complaint or suggestion	
Dissatisfaction with the HCSCC complaint assessment and / or investigation processes or outcomes.	<p>In nine matters, the Ombudsman found that the HCSCC had not acted in a manner that was unreasonable, unlawful or wrong.</p> <p>One matter remains ongoing at 30 June 2019.</p>

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 2018-19.

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	207	80	17
Dental	26	11	0
Nursing & Midwifery	17	8	2
Pharmacy	0	0	0
Chiropractic	1	1	0
Physiotherapy	2	2	0
Optometry	4	2	0
Osteopathy	0	0	0
Psychology	8	3	0
Podiatry	0	0	0
Chinese Medicine	0	0	0
Medical Radiation Practice	0	0	0
Occupational Therapy	2	1	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
Paramedicine (commenced December 2018)	0	0	0
TOTAL	267	108	19

*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	48	48	No further action
Dental	7	5	No further action
		1	Cautioned
		1	Conditions imposed
Nursing & Midwifery	7	6	No further action
		1	Practitioner surrender
Pharmacy	0	0	No complaints referred
Chiropractic	1	1	No further action
Physiotherapy	2	1	No further action
		1	Cautioned
Optometry	1	1	No further action
Osteopathy	0	0	No complaints referred
Psychology	3	3	No further action
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
Aboriginal and Torres Strait Islander Health Practice	0	0	No complaints referred
Paramedicine (commenced December 2018)	0	0	No complaints referred
Total	70	70	

*Note: 57 ongoing investigations - no outcomes notified by AHPRA as at 30.6.19

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

	Number of AHPRA complaint consultations with HCSCC	Number of AHPRA complaints referred to HCSCC
Medical	188	3
Dental	16	0
Nursing & Midwifery	26	2
Pharmacy	17	0
Chiropractic	1	0
Physiotherapy	4	0
Optometry	1	0
Osteopathy	0	0
Psychology	10	0
Podiatry	1	0
Chinese Medicine	1	0
Medical Radiation Practice	0	0
Occupational Therapy	1	0
Aboriginal and Torres Strait Islander Health Practice	0	0
Paramedicine (commenced December 2018)	1	0
Unregistered Health Practitioner	0	0
Systemic	2	2
TOTAL	269	7

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	117	108	No further action
		2	Refer part of the notification to another body; Undertakings; Cautioned
		2	Conditions imposed
		1	Cautioned
		1	Accept undertakings
		3	Referred to HCSCC
Dental	4	4	No further action
Nursing & Midwifery	19	17	No further action
		1	Cautioned
		1	Referred to HCSCC
Pharmacy	8	7	No further action
		1	Cautioned
Chiropractic			No outcome as at 30.06.19
Physiotherapy	4	2	No further action
		2	Cautioned
Optometry	1	1	No further action
Osteopathy	0	0	Nil consulted
Psychology	5	4	No further action
		1	Conditions imposed
Podiatry	1	1	Cautioned
Chinese Medicine			No outcome as at 30.06.19
Medical Radiation Practice	0	0	Nil consulted
Occupational Therapy			No outcome as at 30.06.19
Aboriginal and Torres Strait Islander Health Practice	0	0	Nil consulted
Paramedicine (commenced December 2018)	1	1	No further action
TOTAL	160	160	

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

As at 30 June 2019:

- AHPRA had 0 complaints open from HCSCC referrals to AHPRA in 2012-13
- AHPRA had 1 complaint open from HCSCC referrals to AHPRA in 2013-14
- AHPRA had 0 complaints open from AHPRA complaints consulted with HCSCC in 2013-14
- AHPRA had 0 complaints open from AHPRA complaints consulted with HCSCC in 2014-15
- AHPRA had 0 complaints open from HCSCC referrals to AHPRA in 2015-16
- AHPRA had 1 complaint open from AHPRA complaints consulted with HCSCC in 2015-16
- AHPRA had 6 complaints open from AHPRA complaints consulted with HCSCC in 2016-17
- AHPRA had 1 complaint open from HCSCC referrals to AHPRA in 2016-17
- AHPRA had 4 complaints open from AHPRA complaints consulted with HCSCC in 2017-18
- AHPRA had 0 complaints open from HCSCC referrals to AHPRA in 2017-18

Reporting required under the *Carers' Recognition Act 2005*

Not applicable.

Public complaints

Number of public complaints reported

Internal Reviews conducted by the Commissioner

The Office of the HCSCC received 17 requests from complainants for an internal review by the Commissioner on the basis that they were not satisfied with the outcome of their complaint.

Of these:

- 15 decisions were confirmed, with the HCSCC taking no further action.
- One part of a complaint was re-opened but upon further enquiries, the HCSCC took no further action.
- One matter remains ongoing as at 30 June 2019.

This is five less (22.72 per cent reduction) than 2017/18.

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

Service improvements for period

The Office of the HCSCC is undertaking a review of its complaints processes. We have changed the way we assess complaints and are much quicker at determining whether to conciliate, investigate, refer or take no further action on a complaint.

Work on the review of our processes and procedures will continue. Once those processes are as efficient and effective as the legislation allows, we will develop key performance indicators and track those effectively through our Resolve case management system.

Appendix: Audited financial statements 2018-19

The HCSCC is funded from the state budget.

The 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.

The HCSCC's transactions are audited by the Auditor-General, along with those of DHW.