



HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER

2019-20 Annual Report

HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER
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To:

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

This annual report will 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 Health and Community Services Complaints Commissioner by:

Associate Professor Grant Davies
Health and Community Services Complaints Commissioner

Date: 30 September 2020

Signature

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From the Commissioner

As the Greek philosopher Heraclitus said, “Change is the only constant in life” and it has certainly felt that way this year. Nobody could have anticipated the profound change Coronavirus would bring to the way we live or the way we work. The Health and Community Services Complaints Commissioner (HCSCC), like many other workplaces, had to adapt quickly to people working from home while also meeting our legislative obligations. The staff adapted incredibly well to new ways of working and supporting each other in that work. I am deeply thankful for their commitment and professionalism over this challenging time and the hard work they have done over the last year.



Public awareness

There are some aspects of our work that haven't been impacted by Coronavirus and our social media presence is one of them. Again this year we have promoted the work of the office, highlighted the importance of complaints management and alerted the public to prohibition orders under the Code of Conduct for Certain Health Care Workers. The distribution list of our quarterly newsletter continues to grow and assists us showcasing the work of the office. Prior to the Coronavirus pandemic, we attended expos and fair days promoting our work and giving away collateral. All of these activities increase public awareness of the HCSCC. On 1 July 2020, we launched a new brand and logo to better reflect the work we do. That branding is reflected in the look and layout of our annual report companion document.

Policy and procedure

Over the year, we have done a substantial amount of work to better align how we manage complaints with both the intent and the structure of the *Health and Community Services Complaints Act 2004* (SA) (the Act). As the data in this annual report show, this has resulted in quicker management through our Assessment Service, substantially more conciliations and investigations, more internal reviews with more of those being upheld, and a greater closure rate for complaints within 12 months which increased by one percent (approximately 250 files). The Assessment Service policies and procedures have been comprehensively reviewed and finalised and the remaining policy and procedures are being systematically worked through. This will establish a solid foundation for our work. To assist consumers and service providers to understand our processes, we have developed a series of fact sheets explaining them. We will continue to develop these fact sheets as the need arises to ensure all parties to a complaint understand the work we do and why we do it.

Code of Conduct for Certain Health Care Workers (the Code)

It has been another busy year of managing complaints under the Code. In addition to seeking undertakings from unregistered health care workers to comply with the Code, we also have the power to issue prohibition orders both on an interim basis

and permanently. Interim prohibition orders are used if an investigation has been commenced and I have a reasonable belief the health service or person has breached the Code or has committed a prescribed offence and it is necessary to protect the health or safety of members of the public. We have used this approach during the year but few have resulted in permanent prohibition orders. We have issued two permanent prohibition orders this year. Of particular note is the prohibition of Two Wolves – One Body from providing Kambô (a toxic frog secretion) and Sananga (derived from a plant) services. We will continue to utilise the most appropriate regulatory response to ensure the health and safety of the South Australian community.

Trends for 2019-2020

HCSCC's requests for information from service providers.

During the process of resolving the complaints we receive, we seek information, sometimes substantial amounts, from service providers. This may include clinical notes, policies, procedures and the names of health practitioners. We ask for this information in a reasonable timeframe with the capacity to grant extensions where the request is extensive or warranted for other grounds. Importantly, we are exempt from the Freedom of Information Act and there are strict penalties should I, or my staff, disclose information inappropriately. Therefore, providing information to the HCSCC is safe and the parties can be assured it will not be disclosed unless in accordance with our legislation.

Over the course of the last twelve months, there have been many instances where service providers have asked for multiple extensions and then not provided the information by the due date, ignored requests by my staff for updates as to the status of the response when it is overdue, sought extensions after the due response date, or refused to provide the names of registered health practitioners when sought by the HCSCC.

This type of behaviour cannot continue. We are authorised by the parliament to perform an important function in the health and community services system. Engaging with my office in ways that are unconcerned with timeframes or cavalier about requests, shows a disregard to complainants and consumers who have been aggrieved and interferes with the intent of the office and the role it plays.

I understand service providers are incredibly busy and are even more so as a result of the Coronavirus pandemic. We all have a part to play in ensuring quality and safety in the health and community services systems. It is in the interest of all the parties there are not delays in finalising complaints and the HCSCC's role includes managing the exchange of information between the parties in a timely way. I will be monitoring this particular issue very closely over the next 12 months.

Conciliation

Because we are making decisions in line with our legislation, we are making the assessment into conciliation much more readily. That has shown a large increase in the number of conciliations we are conducting this financial year. That has meant

service providers have received many more requests to participate in our conciliation processes. We ask both parties to sign confidentiality agreements because conciliation is a privileged process. That means, with one or two exceptions, nothing disclosed in that process may be used outside it. This has caused some confusion for service providers who are not used to the HCSCC formalising conciliation in such a way. Conciliation, at its heart, is designed to restore relationships. This is a particularly useful resolution tool where the consumer has an ongoing relationship with the service provider and enables the parties some control over the outcome. This is not the case in investigation where the HCSCC gathers the information, assesses it and makes findings and recommendations.

The HCSCC's role in complaints resolution

There is also a belief by some service provider representatives the HCSCC will 'take over' a complaint which is too difficult or complex on the basis this is in the best interests of the complainant or consumer. We are always available to give advice to service providers about how to manage a particularly challenging complaint but we will not take it over. In the same vein, some service providers believe we advocate for complainants and are not impartial. Our role is to facilitate the complainant and the service provider to arrive at a satisfactory resolution to the complaint.

Care of people with a disability in acute hospital settings

In late July 2020, we published a public statement about an investigation into the care of people with a disability in acute settings. While the timeframe of this investigation covers 2015-2017, we are continuing to receive complaints from people with a disability who have found engaging with acute services difficult and not meeting their individual needs. As the presentations to acute services of people with a disability increase, we are likely to receive more of these types of complaints.

Mental health Emergency Department presentations

Another trend this year is the care of people with a mental illness in acute hospital emergency departments. This is consistent with the findings by the Chief Psychiatrist who has gazetted orders for improvement. With the particular stressors of the Coronavirus, the presentation of people with mental illness to emergency departments is likely to increase rather than decrease.

Focus for the coming year

Looking ahead, the main focus for the office will be to embed the reformed processes and procedures to build on the efficiencies we have already realised. This focus, informed by three touch stone principles around having a customer service focus, adding public value and having reliable data, will enable the HCSCC to fulfil its legislative obligations and potential.

In line with being a more accessible organisation, I am in discussions to move from our current location to one which is more accessible and fit for purpose of the HCSCC. This will assist us better serving the public and an ideal opportunity to showcase our branding.

As always, we will continue to establish functional working relationships with the health and community services sectors which, in turn, is likely to lead to better outcomes for consumers.

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Associate Professor Grant Davies
Health and Community Services Complaints Commissioner

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Overview: about the agency

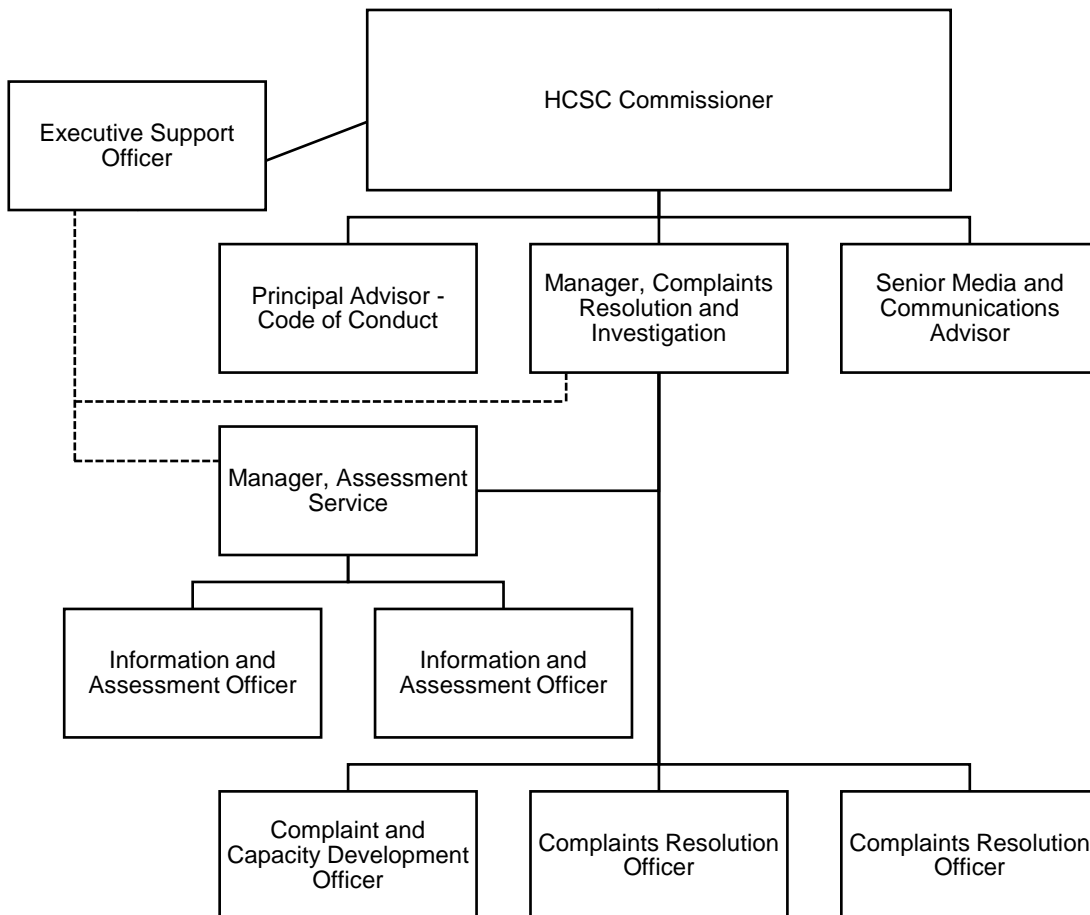
Our strategic focus

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

Our organisational structure

HCSCC Organisational Structure as at 30 June 2020.



Changes to the agency

During 2019-20 there were minor changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

- The position of *Administration Coordinator* was changed to *Executive Support Officer* (ESO) to better reflect that role. The ESO now reports to the Commissioner and indirectly to the Manager, Assessment Service and the Manager, Complaints Resolution and Investigation.
- The Manager, Assessment Service now reports to the Manager, Complaints Resolution and Investigation.

Our Minister

The 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 HCSCC in February 2018.

He began 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 started 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 joined the Research Centre for Palliative Care, Death and Dying (RePaDD) at Flinders University in 2019. 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 2019-20:

- A 10 percent reduction in overall contacts. This can be attributed to the way in which the HCSCC managed changed working arrangements during the height of South Australia's Coronavirus pandemic. Trends prior to, and immediately after the changed work arrangements, indicated the HCSCC was on track for an increase in contacts.
- An increase in the amount of community services contacts.
- A large increase in the amount of conciliations, in line with our new work practices.
- Fewer complaints open for a year or more.
- The HCSCC worked on the development of a new logo and brand, which has modernised the agency and reflects our role in the South Australia community. The new brand was launched on 1 July 2020 (2020-21 Financial Year).
- Issued a prohibition order against Kambô practitioners. Kambô is the practice of using the poisonous skin secretion of a frog called *Phyllomedusa bicolor*, which is found in the Amazon basin, for cleansing rituals.
- Banned a health practitioner from distributing capsulated bitter sweet almonds following assertions made about their efficacy in fighting cancer.

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 reduced slightly, primarily related to the HCSCC's Coronavirus management.</p> <p>Service providers and consumers comply with Act, rules and regulations.</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 continues to inform South Australians 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 www.hcsc.sa.gov.au/information-code-conduct-unregistered-health-practitioners/.</p>
A new brand and logo	A more modern logo and brand that identifies the role of the HCSCC.	<p>The HCSCC made significant steps towards a new logo and brand in 2019-20.</p> <p>It was launched on 1 July 2020 (2020-21 Financial Year).</p> <p>The new brand and logo has been received well by consumers and service providers.</p> <p>It reflects the importance of communication between the HCSCC, consumers and service providers.</p>
Public and media engagement	Greater engagement with the public and the media about the role of the HCSCC.	The HCSCC has focussed on an increased presence in media, on social media and at events, though in the latter part of 2019-20, the HCSCC could no longer attend events due to Coronavirus.

Stakeholder engagement	Greater engagement with stakeholders – Government and non-government.	<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 HCSCC work with.</p>
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Corporate performance summary

Number and type of contacts in 2019-20

Service Provider Type	18-19 Total	19-20 Complaints / Own Motions	19-20 Enquiries	19-20 Total	Increase / Decrease
Health	2441	1082	1030	2112	-13.48
Community Services	94	53	125	178	89.36
Child Protection*	12	4	4	8	-33.33
Total contacts	2547	1139	1159	2298	-9.78

*In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received eight contacts from the public about child protection matters in 2019-20. The HCSCC referred all these matters to Ombudsman SA.

Resolution data 2019-20

In 2019-20, 2008 contacts were closed, of which:

- 1187 were closed within 21 days (59.11 percent).
- 161 were closed between 22 and 45 days (8.02 percent).
- 263 were closed between 46 and 100 days (13.10 percent).
- 381 were closed between 101 and 365 days (18.97 percent).
- 16 were closed after 365 days or more (0.80 percent).

As at 30 June 2020, the HCSCC had 376 contacts 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	2019-20	2018-19	% Change (+ / -)
Total new workplace injury claims	1	0	+100
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	2019-20	2018-19	% 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**	2019-20	2018-19	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.

The HCSCC's full audited financial statements for 2019-20 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.

Statement of Comprehensive Income	2019-20 Budget \$000s	2019-20 Actual \$000s	Variation \$000s	2018-19 Actual \$000s
Total Income	0	4	-4	61
Total Expenses	1,548	1,442	106	1,365
Net Result	-1,548	-1,438	-110	-1,304
Total Comprehensive Result	-1,548	-1,438	-110	-1,304

Statement of Financial Position

The HCSCC's finances are included in the audited financial statement 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 (2)	To provide independent expert opinion on confidential complaint matters	\$5,800

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

Contractors	Purpose	\$ Actual payment
Hoban	Temporary Labour Hire	\$ 15,713
	Total	\$ 15,713

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
None 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>

Public interest disclosure

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

Nil.

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

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

Reporting required under any other act or regulation

Act or Regulation: *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.

Definitions to assist understanding statistics

Complaint

A contact that satisfies section 25 of the Act. An assessment of the complaint is made in accordance with section 29 subsection (1) of the Act. It should be noted that a complaint can be closed without any further action under the reasons provided in section 33 of the Act.

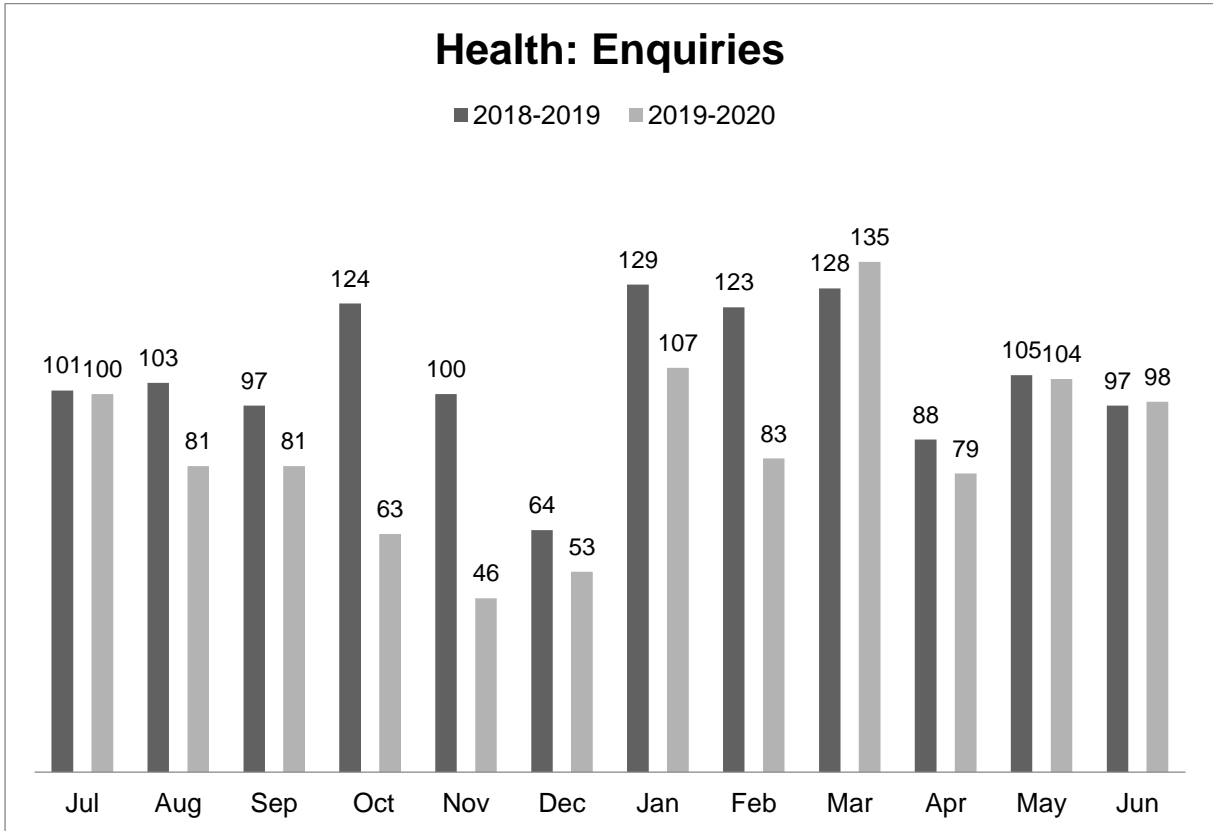
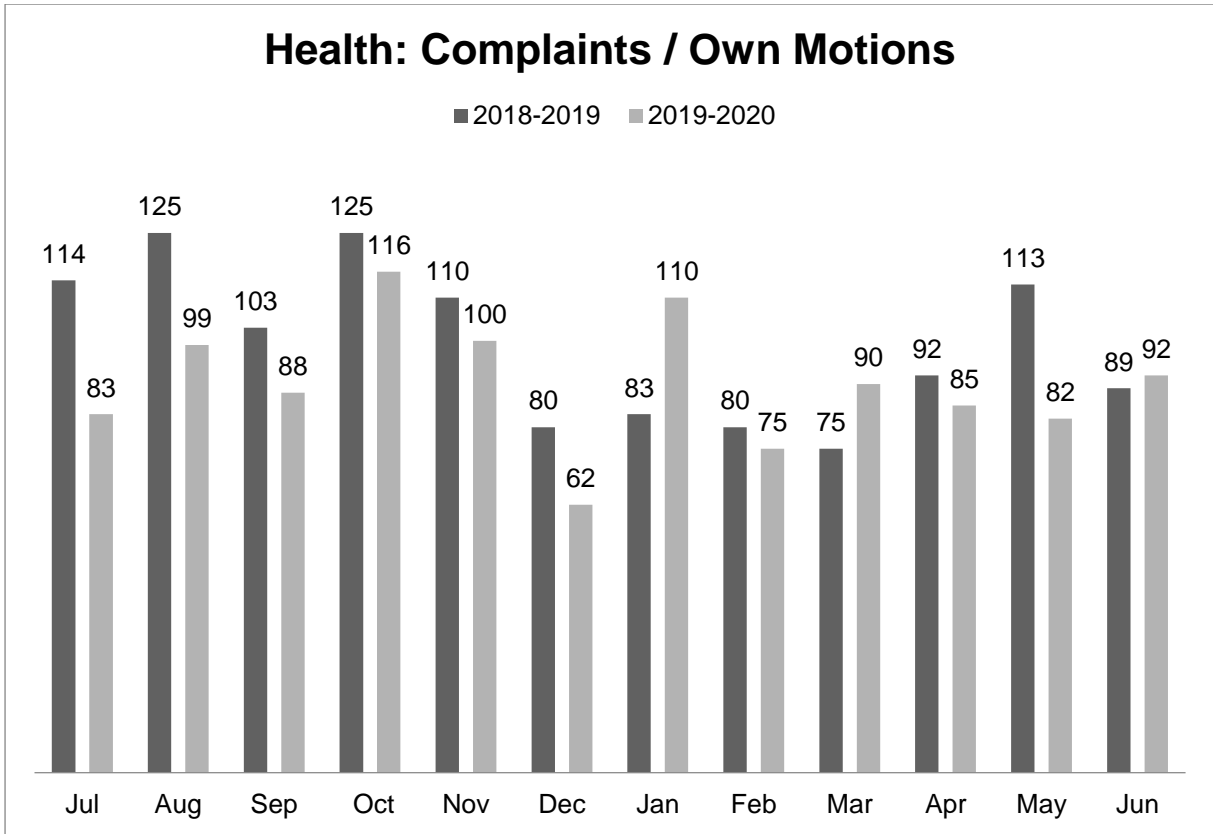
A complaint may be managed by conciliation, investigation or own motion investigation.

Enquiry

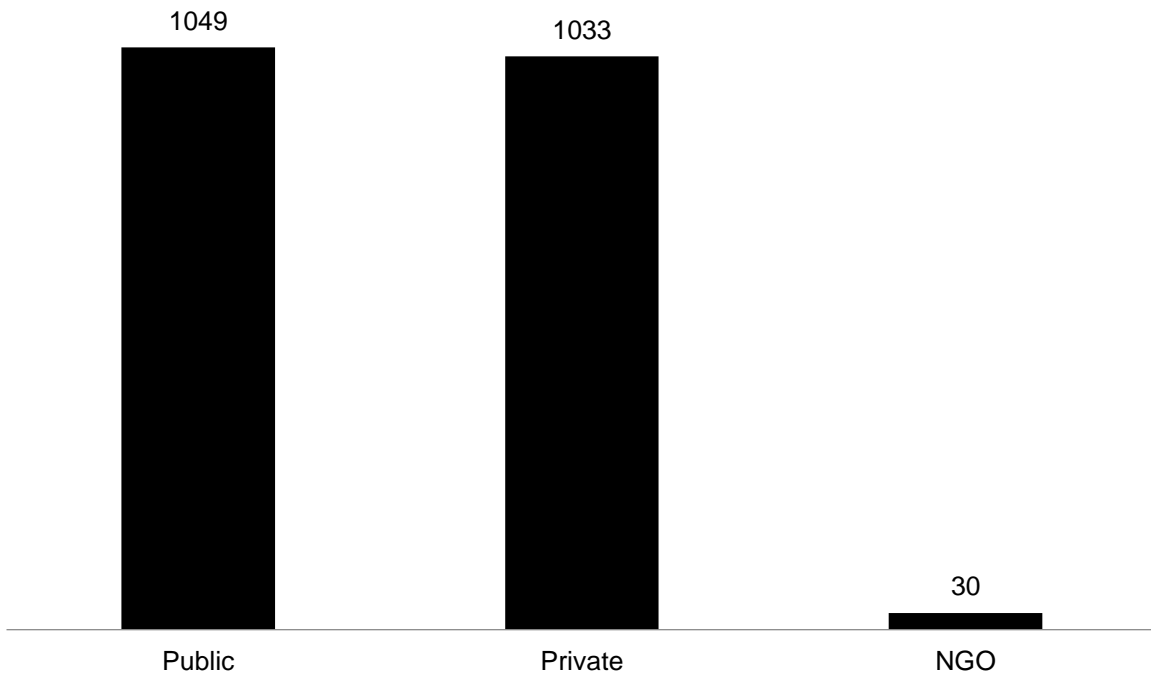
A contact from the public (which could be via email, phone or correspondence) which may be seeking information, or providing information but that does not lead to a formal complaint or the person decides not to proceed with a complaint. Enquiry data has been included in the data set in order to fully demonstrate how many contacts this Office has received. A total picture cannot be gained without these data.

Own motion

Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allows the Commissioner to inquire into, report or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner on the basis of intelligence received which may not necessarily be a complaint.

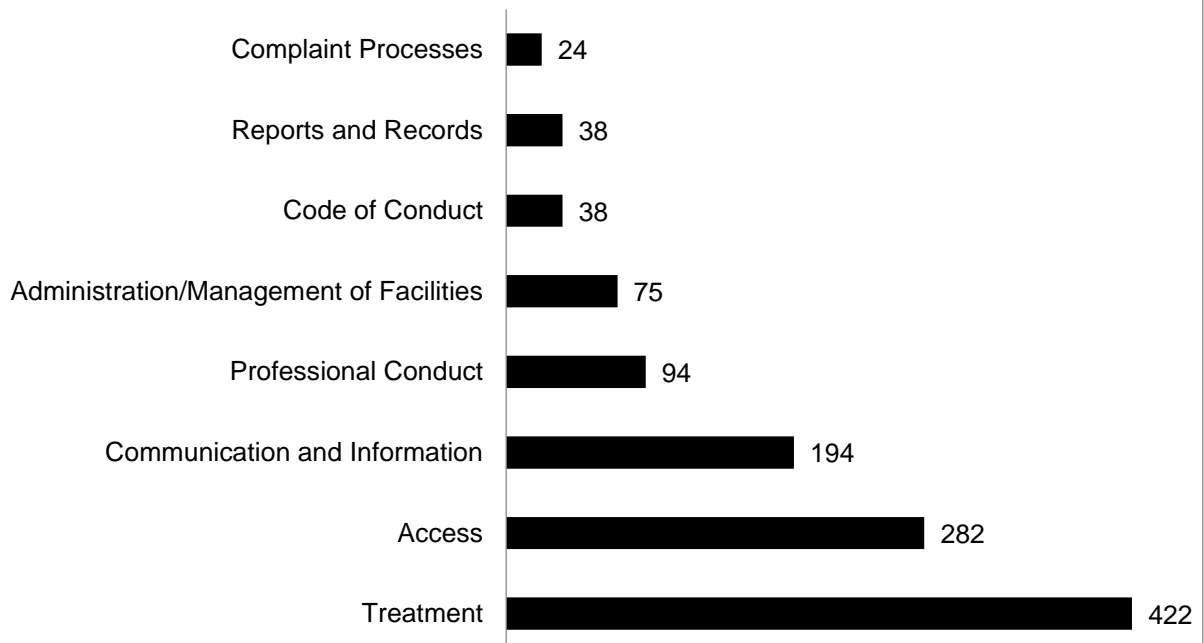


Health Contacts by sub-category 19-20

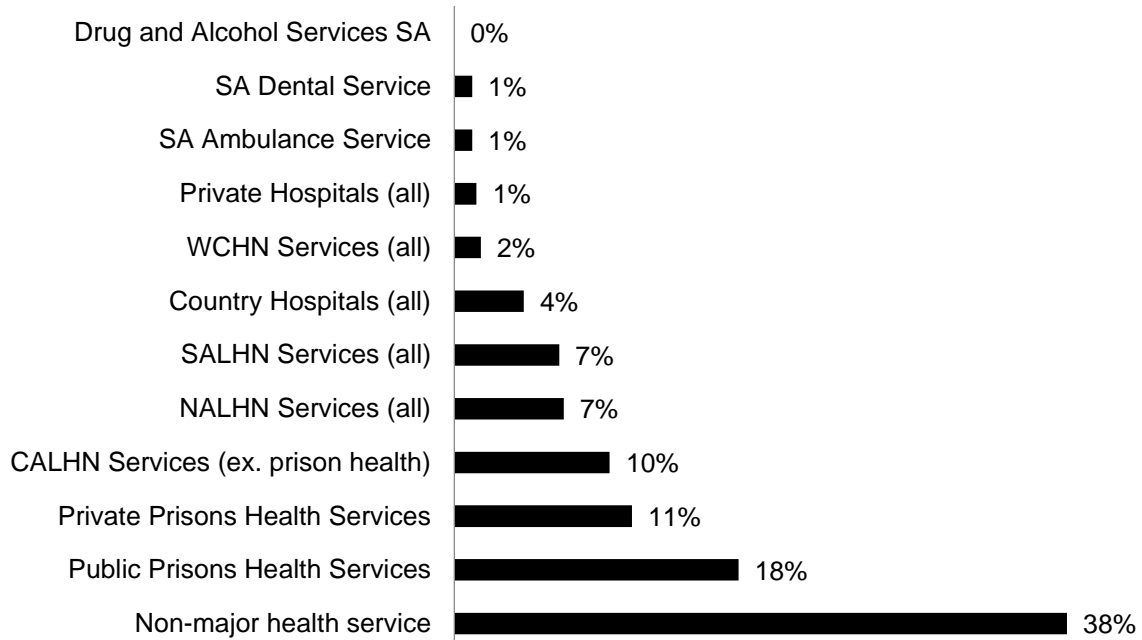


Issues complained about – Health Complaints

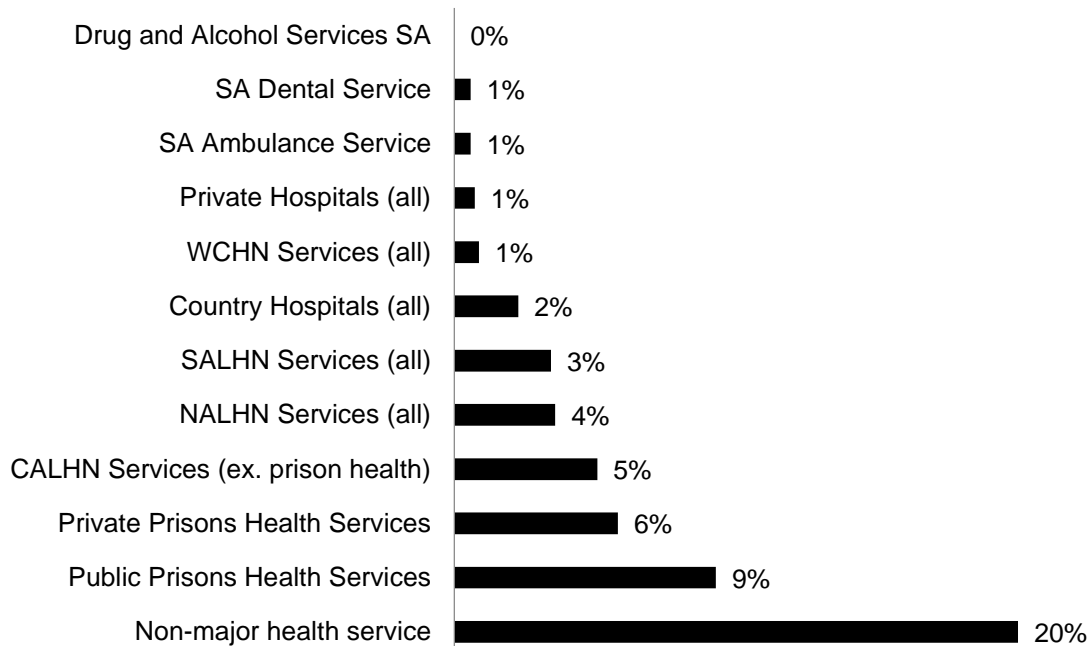
Note: a single complaint may raise more than one issue.

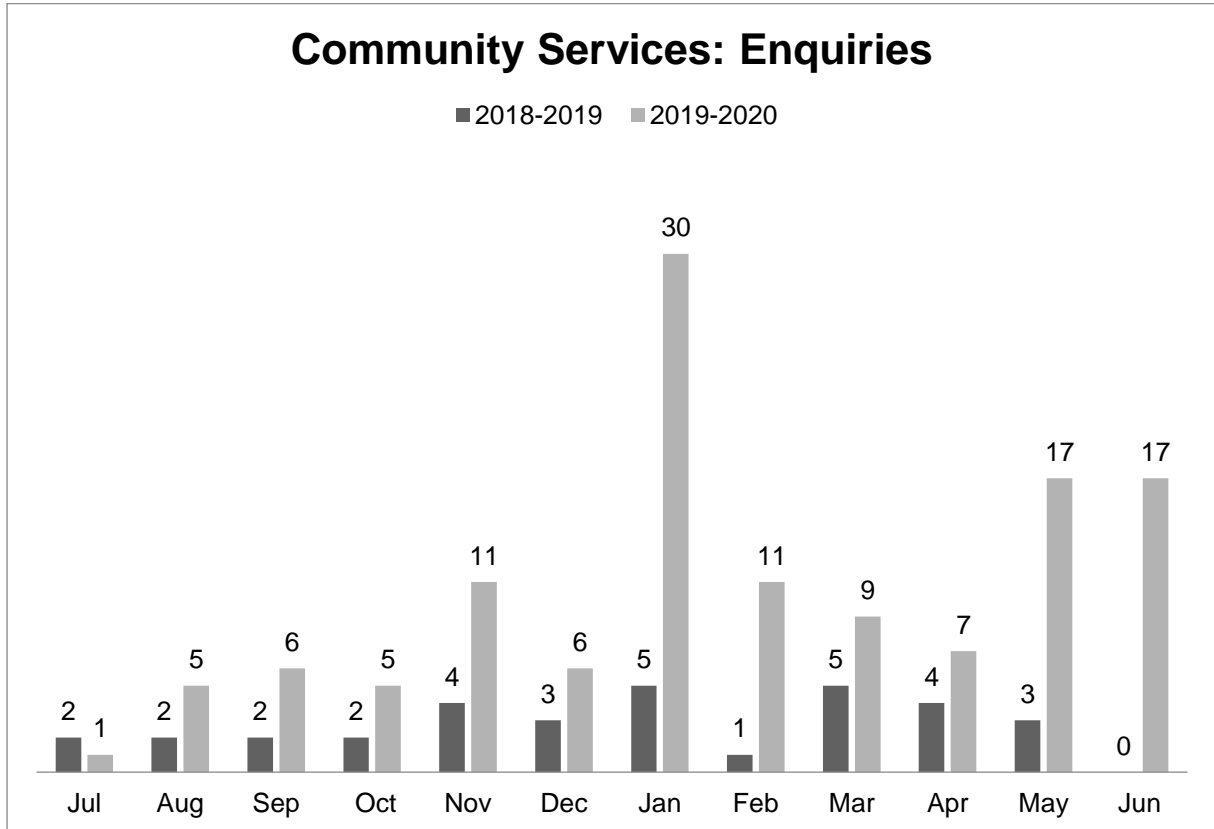
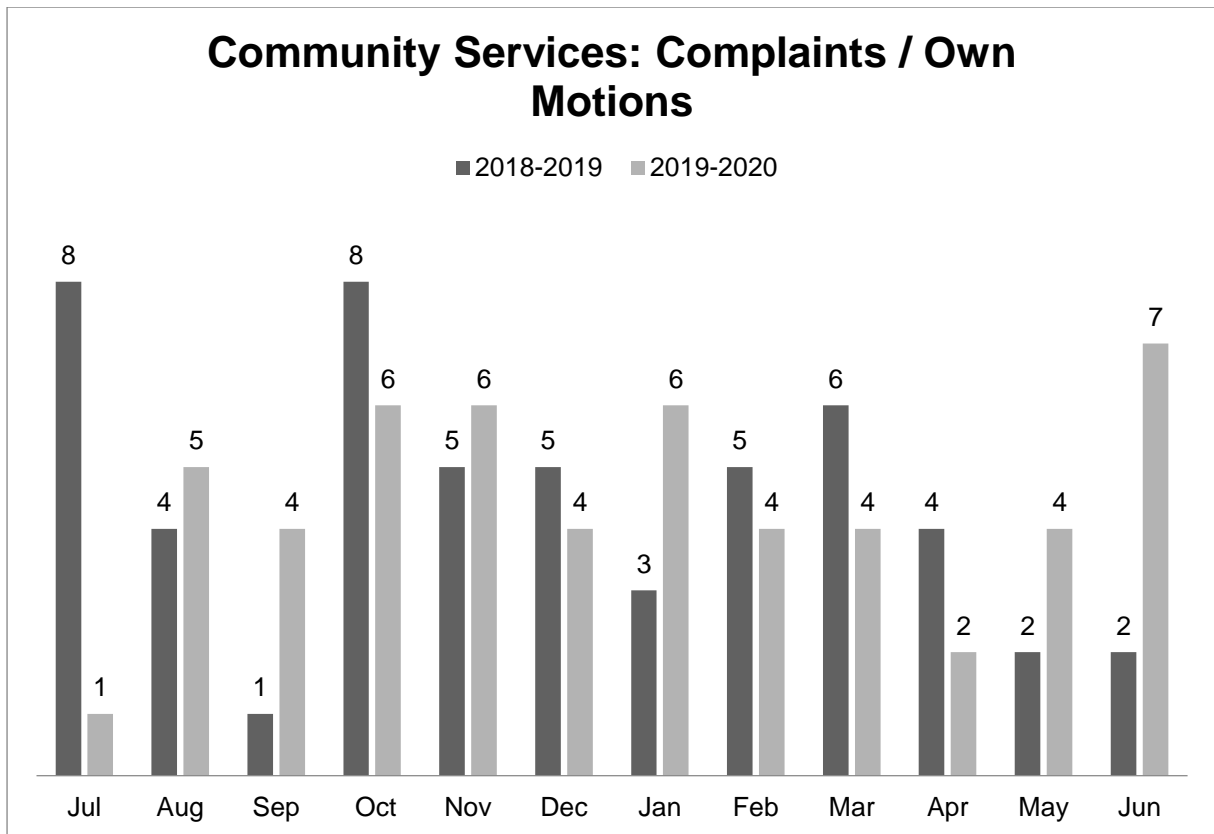


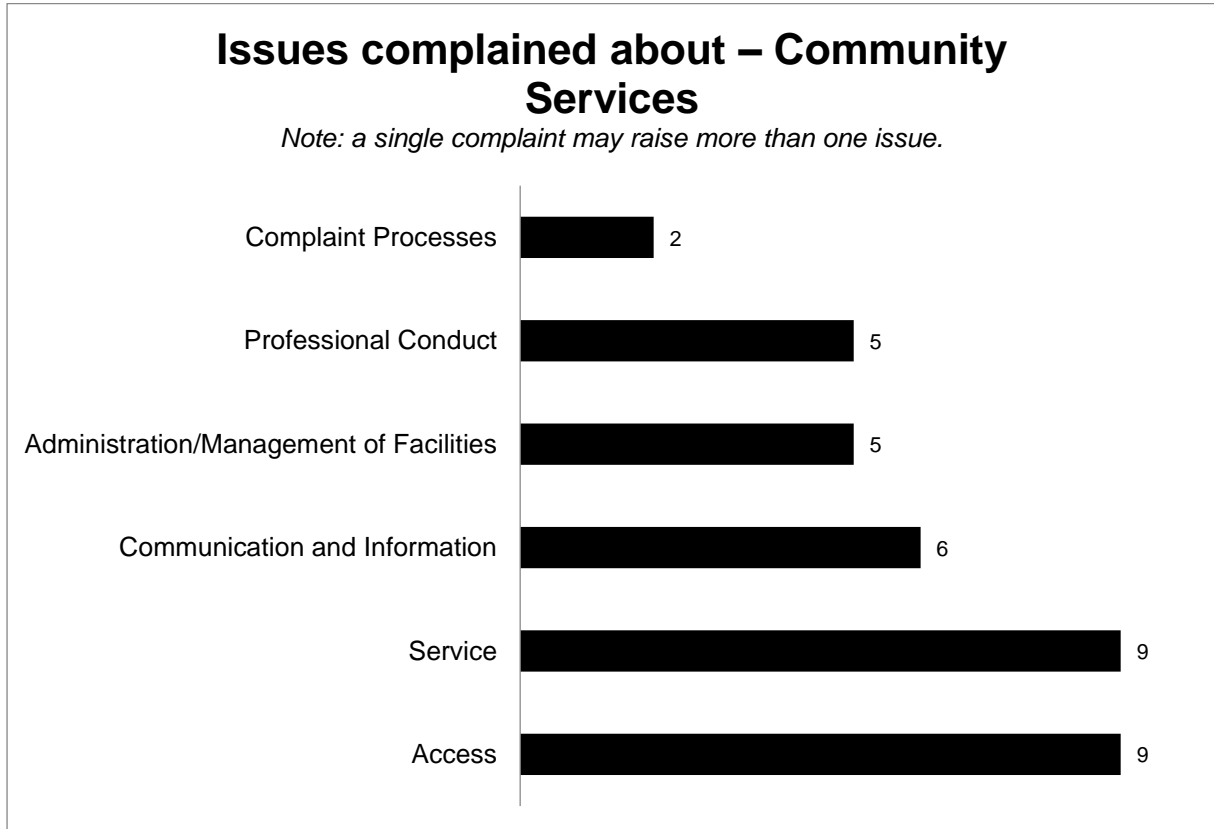
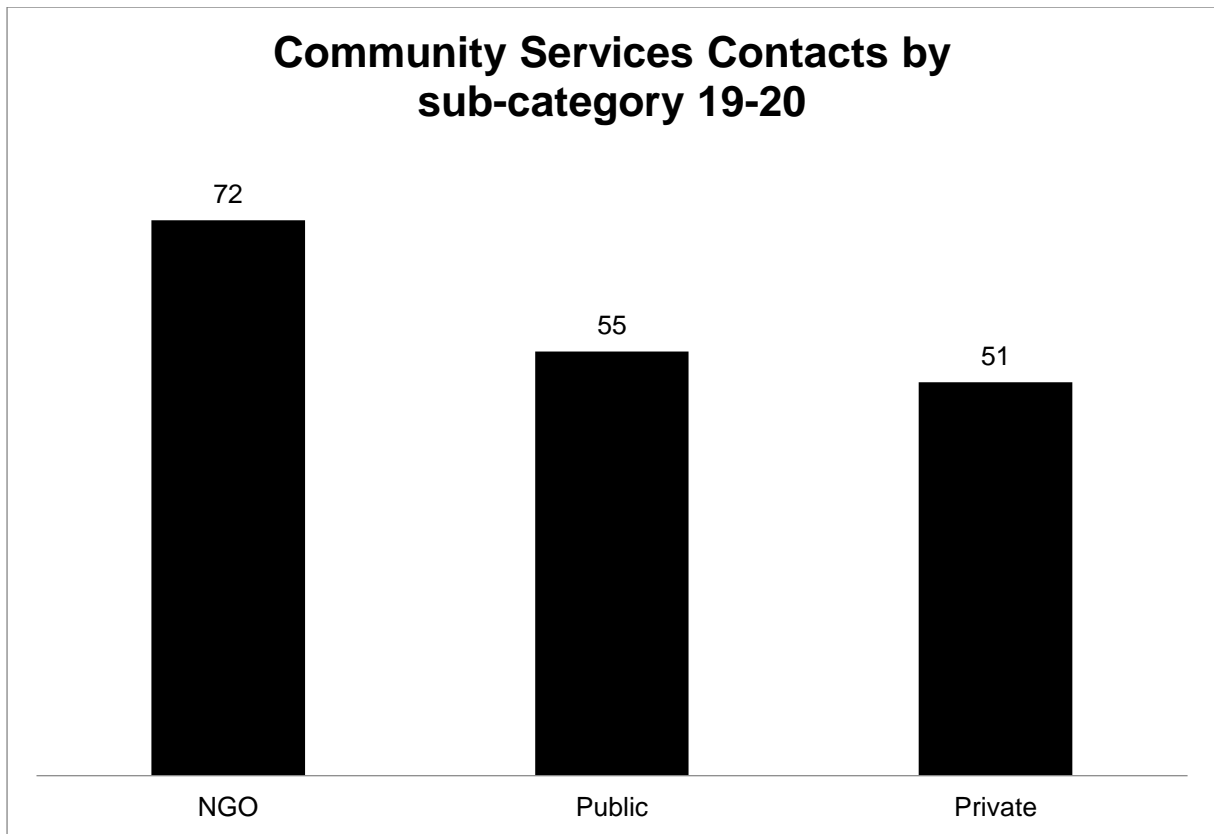
Percentage of health complaints by major health services (all health complaints)

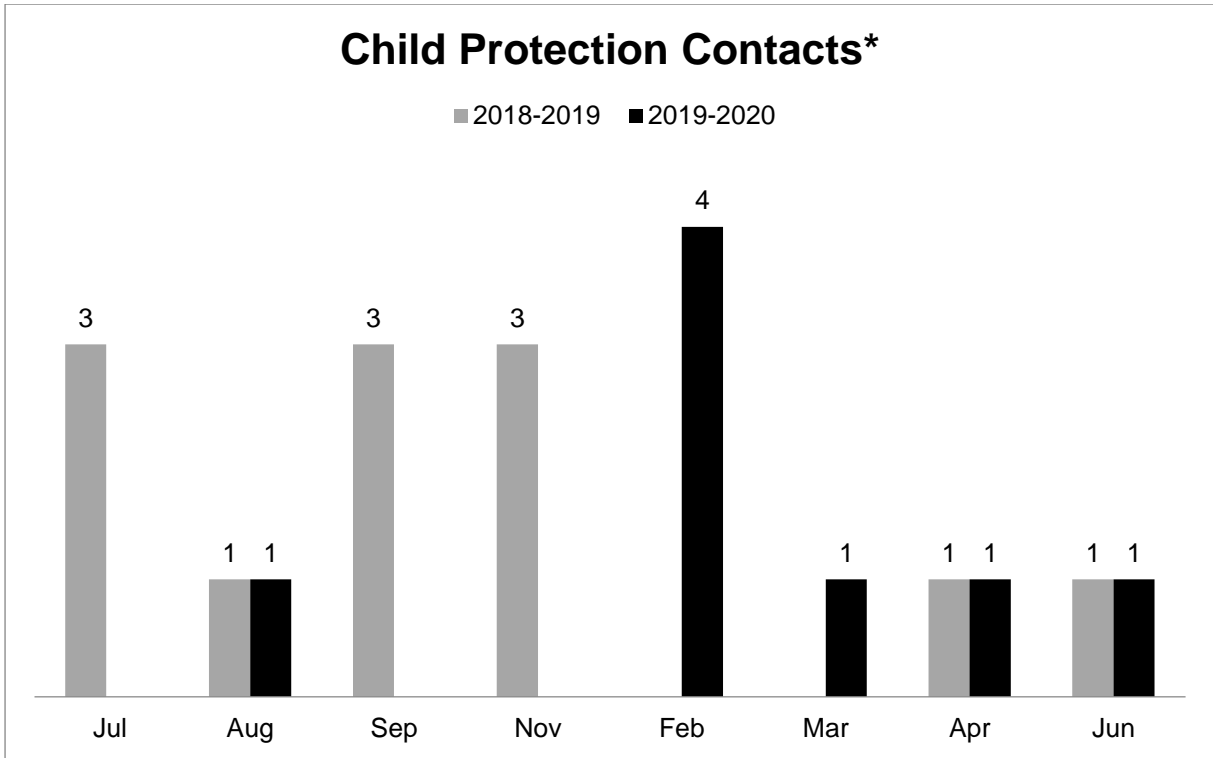


Percentage of health complaints by major health services (all health contacts)

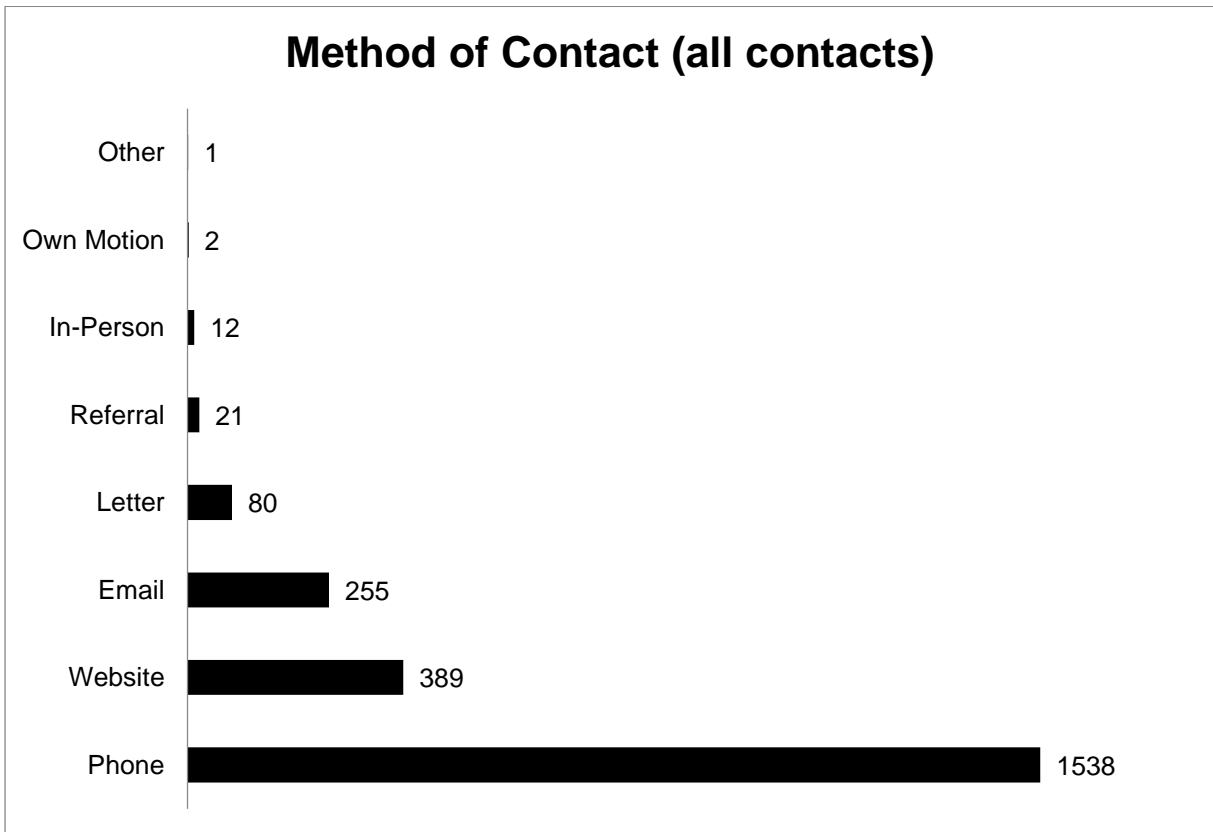


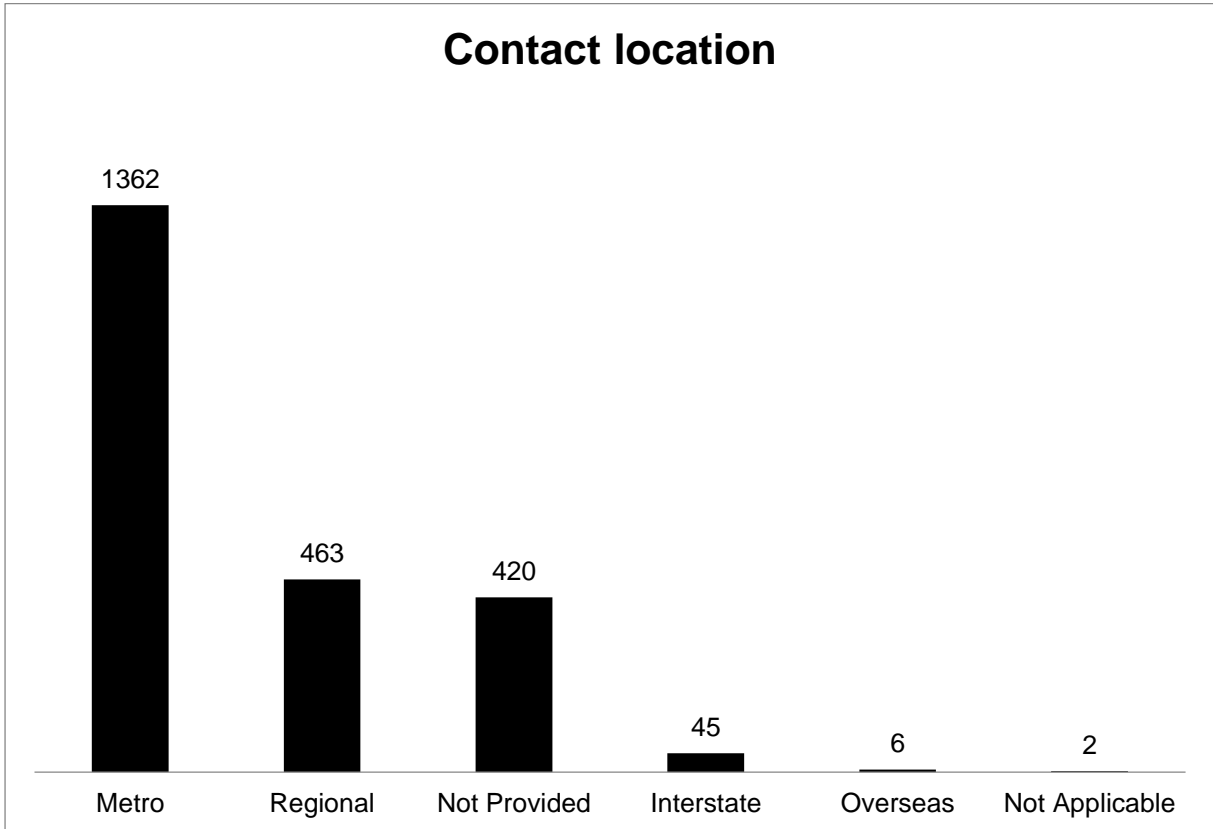
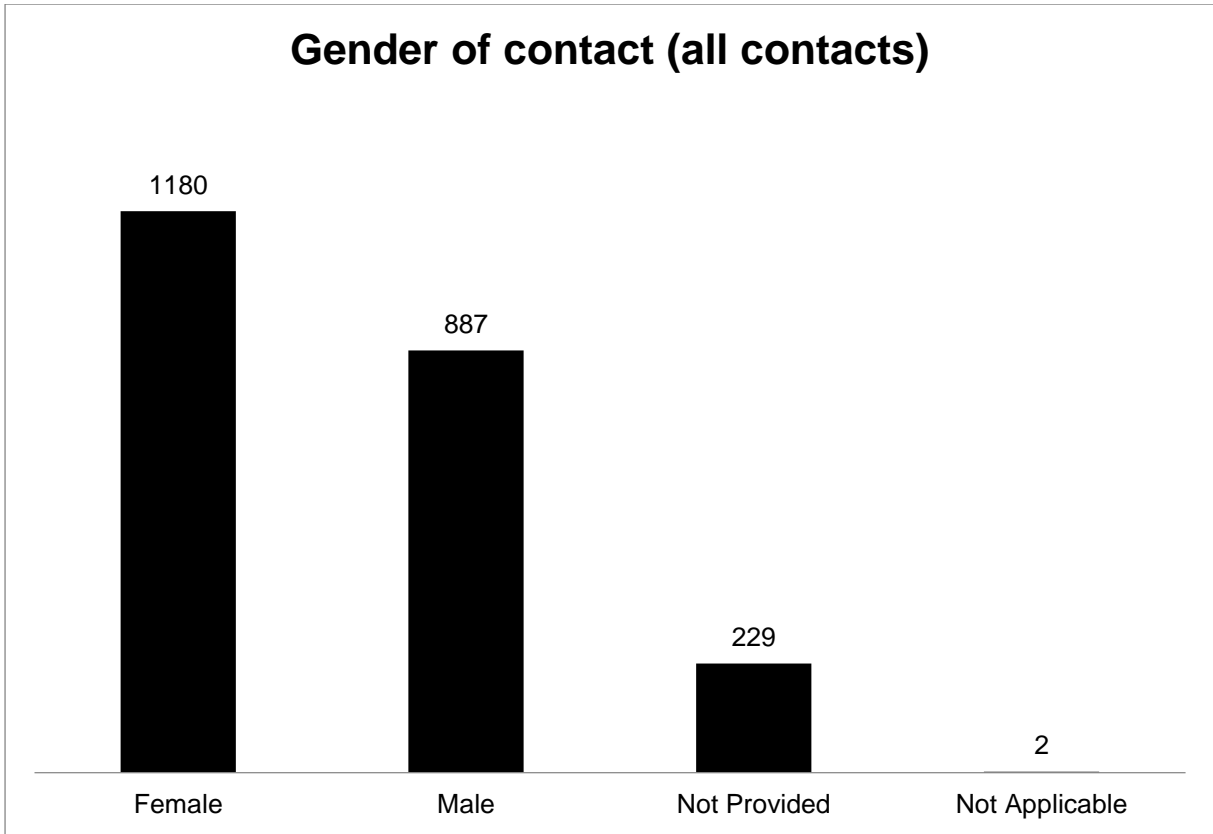




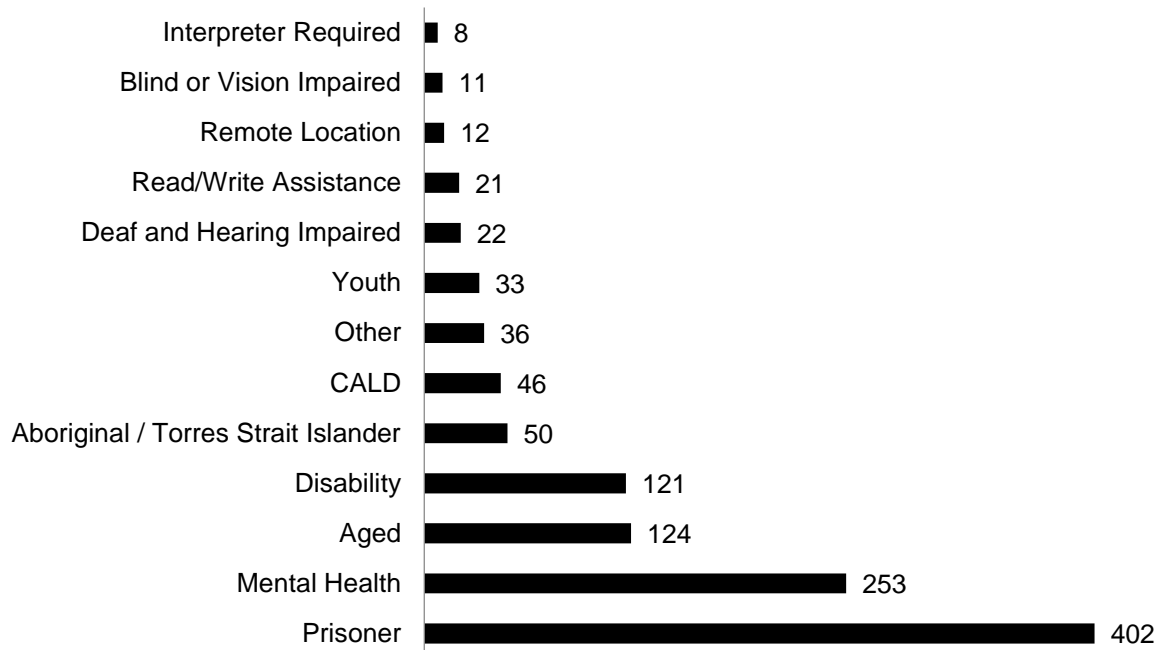


*In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received eight contacts from the public about child protection matters in 2019-20. The HCSCC referred all these matters to Ombudsman SA.



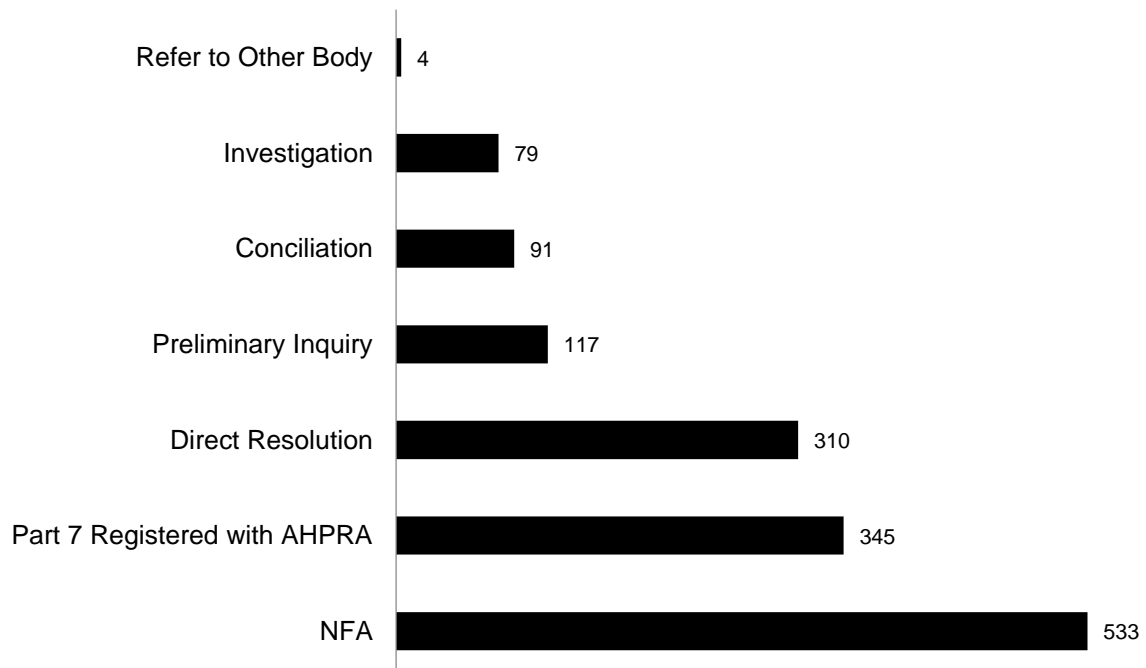


Complaints from consumers with special needs (all contacts)

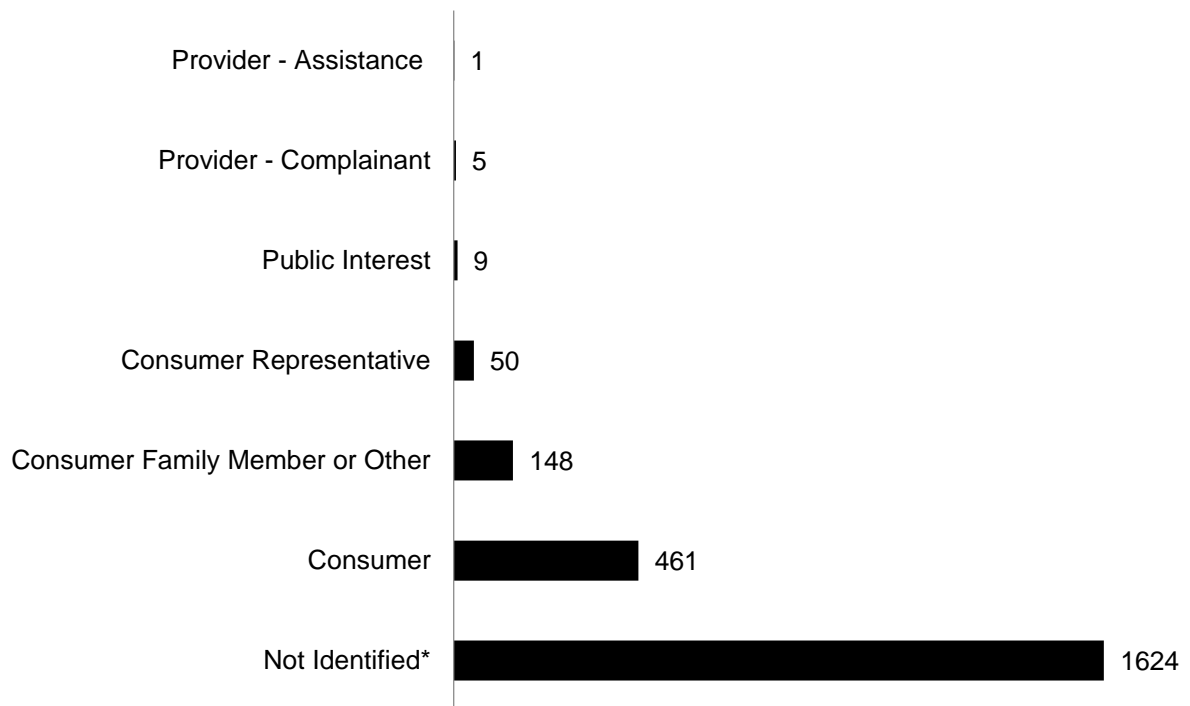


Number of Assessment Determinations

Note: a single complaint can have a number of determinations

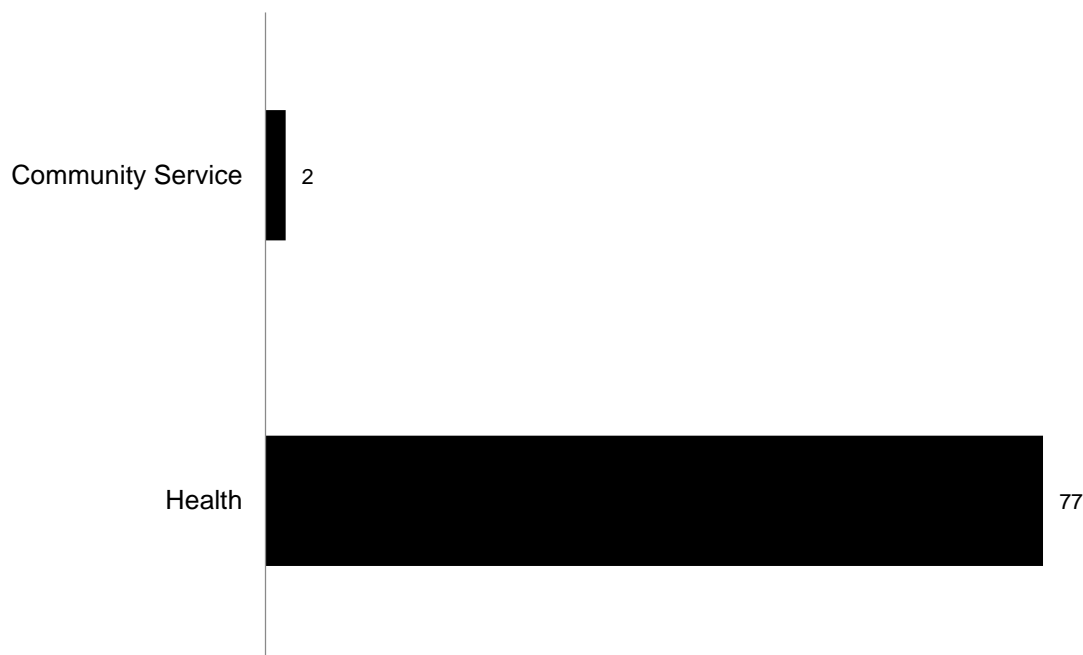


Legal role of contact person (all contacts)



**This field is not compulsory and marked if it is not obvious what legal role the complainant has to the consumer.*

Part 6 Summary of Investigations by type of provider



Reasons for Closure of Complaints 2019-20

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

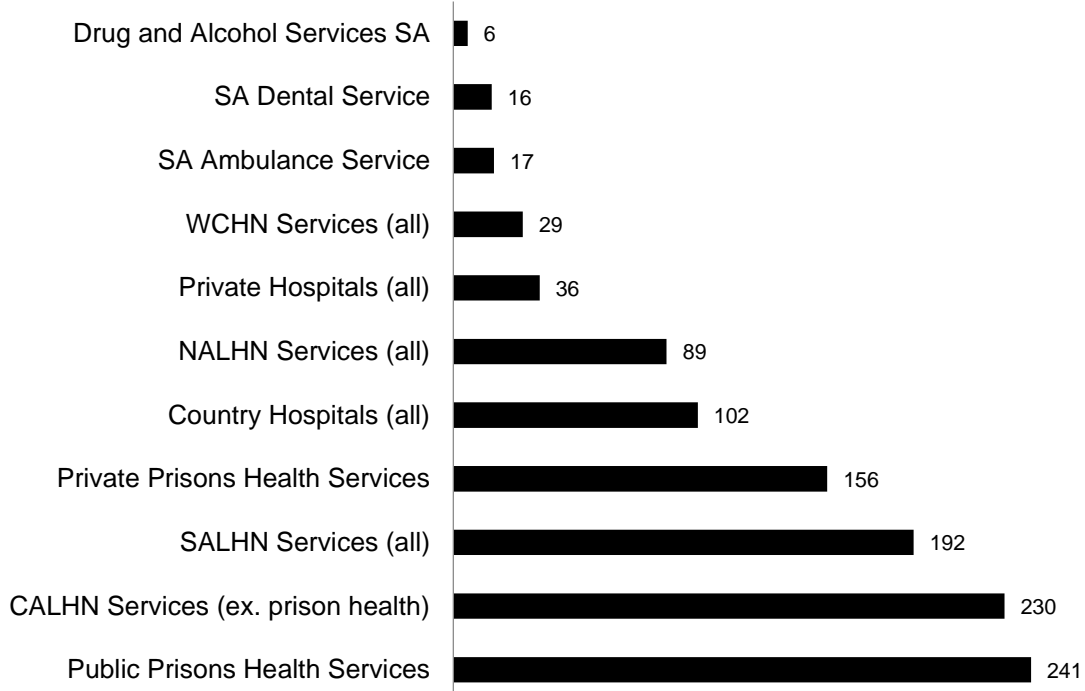
Advice and information provided	8
Outside of Jurisdiction	42
Part 5 - s39 Conciliation may be brought to an end	2
Part 6 - s54 Report	4
Part 6 - s55 Notice of Action to Provider	2
Part 6 s56C order	2
s33(1)(a) not entitled to make complaint	4
s33(1)(b) does not disclose ground of complaint	3
s33(1)(c) should be determined by legal proceedings	6
s33(1)(d) proceedings have commenced before a tribunal authority or other	13
s33(1)(e) reasonable explanation(s) or information earlier	256
s33(1)(g) complaint lacks substance	8
s33(1)(h) the complainant has failed to comply with a requirement	30
s33(1)(i) the complaint would be an abuse of the processes under the Act	3
s33(1)(j) the complaint is abandoned	106
s33(1)(j) the complaint is resolved	165
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	9
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	5
s33(1)(k) reasonable cause - individual complaint raises issues best dealt with as a systemic matter	4
s33(1)(k) reasonable cause - other	43
s33(1)(k) reasonable cause - s27 outside of time limit	7
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	22
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	2
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	42
s33(1)(k) reasonable cause - service provider met reasonable standards	88
s33(3)(b) suspension - Coronial inquest has commenced	3
s34(1) - complaint withdrawn	15
s57(2)(b) referred to registration authority	101
Other	2
Total	997

Grounds for Complaint 2019-20

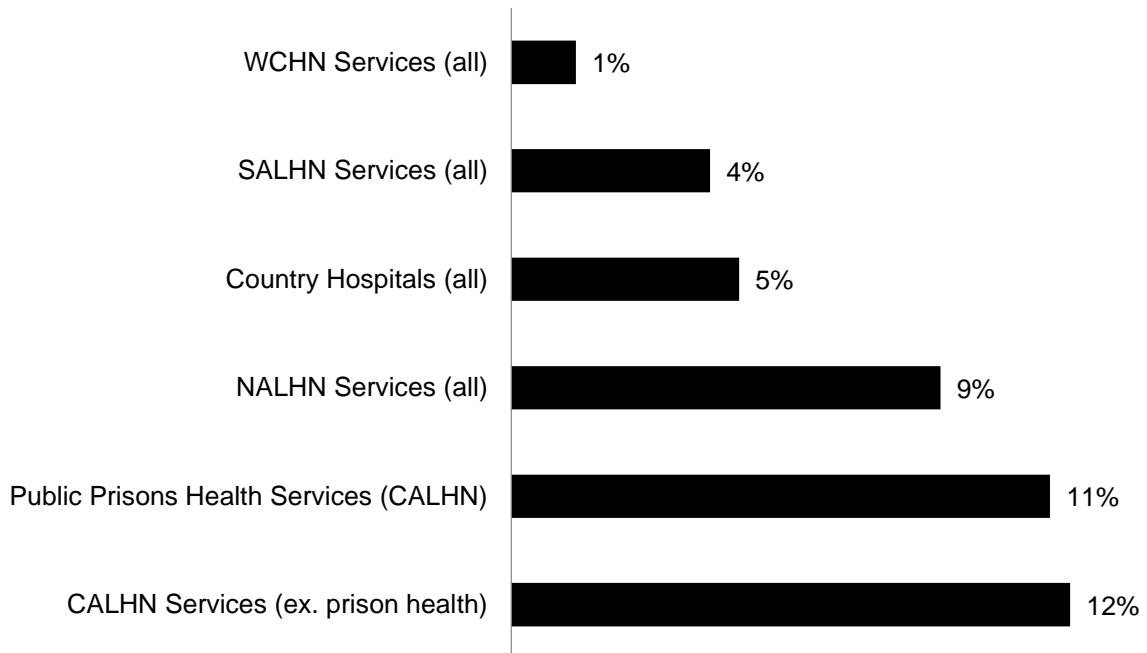
Note: a single complaint may raise more than one ground.

Charter of Health and Community Services Rights grounds (Refer to http://www.hcsc.sa.gov.au/about-the-hcsc-charter/)	
Charter 1 - Access	345
Charter 2 - Safety	64
Charter 3 - Quality	223
Charter 4 - Respect	89
Charter 5 - Information	152
Charter 6 - Participation	17
Charter 7 - Privacy	32
Charter 8 - Comment	5
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	56
S 25 1 (b) - service provision not necessary/inappropriate	194
S 25 1 (c) - unreasonable manner in providing service	50
S 25 1 (d) - lacked due skill	65
S 25 1 (e) - unprofessional manner	133
S 25 1 (f) - lack of privacy/dignity	17
S 25 1 (g) - quality of information	48
S 25 1 (h) - unreasonable action - lack of information/access to records	12
S 25 1 (i) - unreasonable disclosure to a third party	3
S 25 1 (j) - improper action on a complaint	7
S 25 1 (k) - inconsistent with the Charter	6
S 25 1 (l) - did not meet expected standard of service delivery	317
Other	15
Grand Total	1850

Contacts about major health services



The percentage by public hospital services of contacts in health.



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 2019-20.

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

	Number of HCSCC complaint consultations with AHPRA	Number of HCSCC complaints referred to AHPRA	Number of HCSCC complaints split* with AHPRA
Medical	220	76	14
Dental	33	6	7
Nursing & Midwifery	39	12	1
Pharmacy	6	4	0
Chiropractic	1	1	0
Physiotherapy	4	1	0
Optometry	0	0	0
Osteopathy	0	0	0
Psychology	12	5	0
Podiatry	5	1	0
Chinese Medicine	0	0	0
Medical Radiation Practice	0	0	0
Occupational Therapy	0	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
Paramedicine (commenced December 2018)	1	1	0
Total	319	107	21

*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 HCSCC to AHPRA**

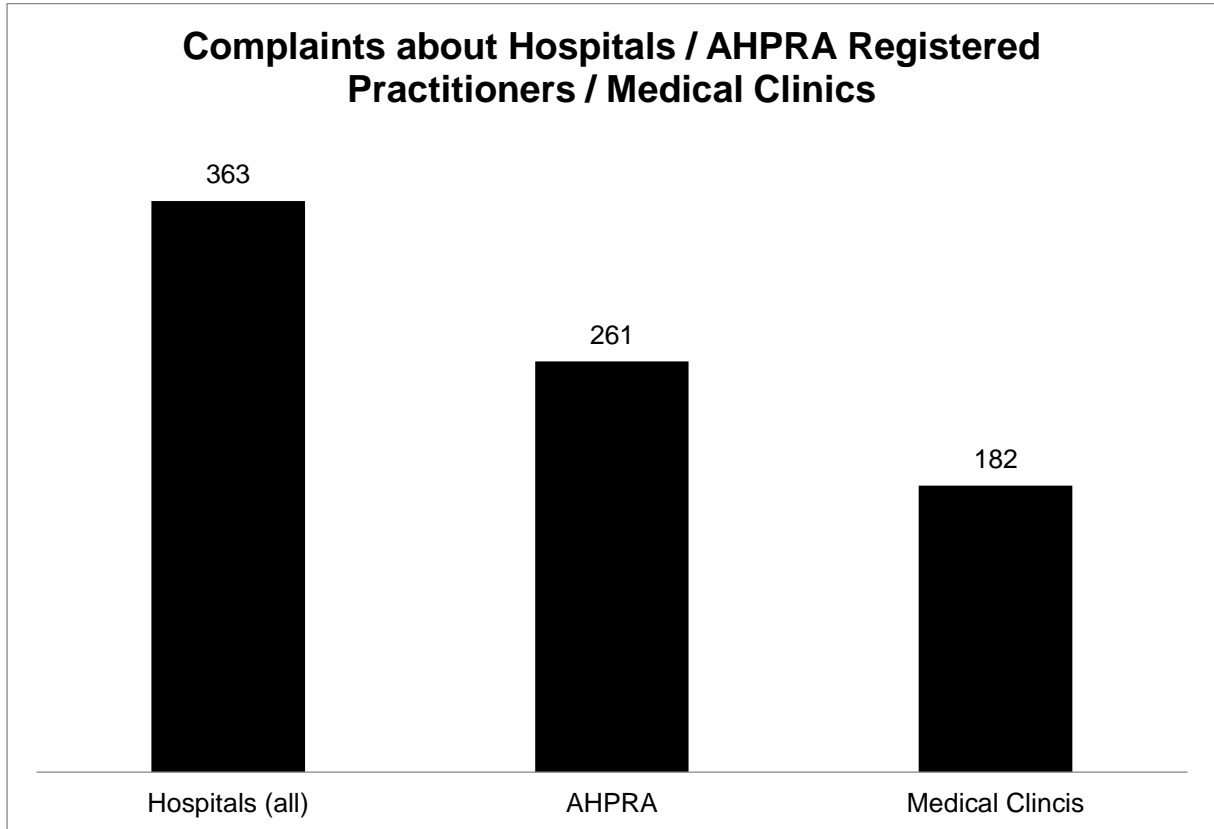
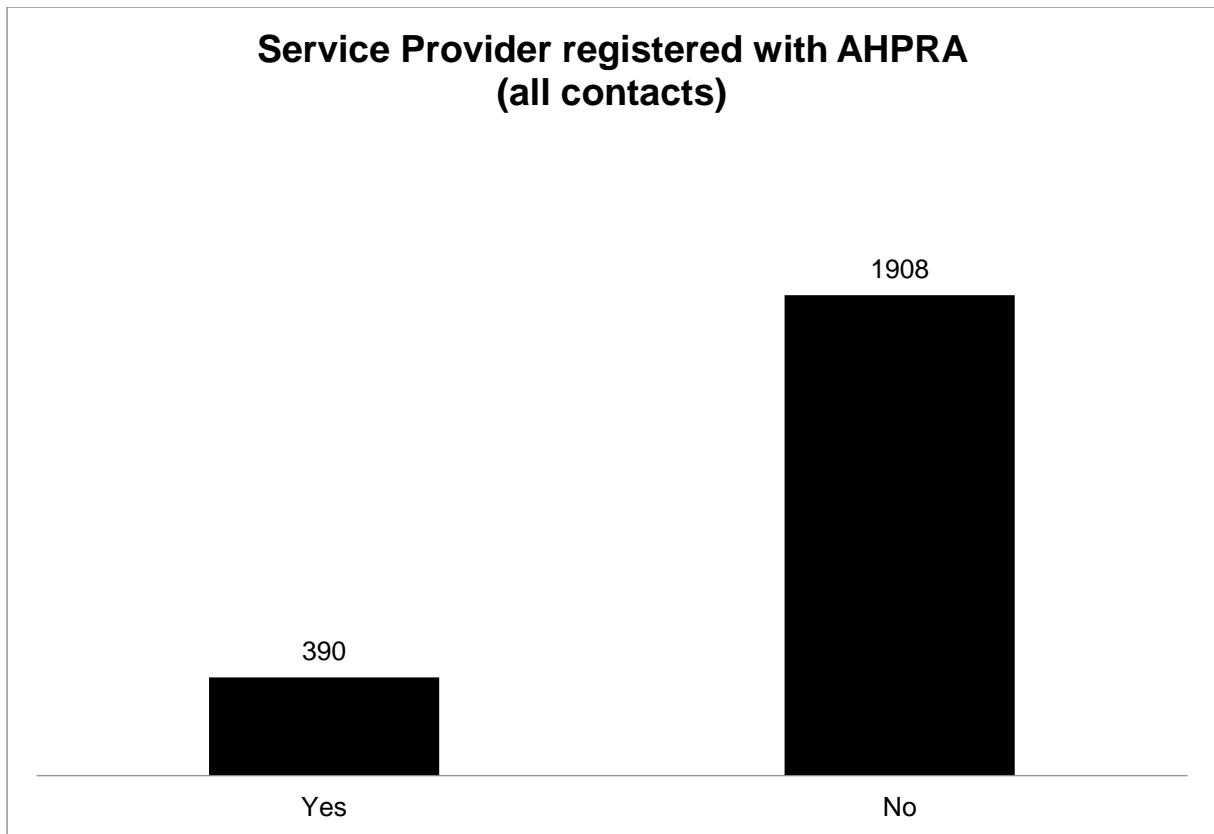
	Number of outcomes notified by AHPRA of action taken from HCSCC complaint referrals	AHPRA notified outcome *	
Medical	76	44	No further Action
Dental	6	2	No further action
		4	No outcome as at 30.06.20
Nursing & Midwifery	12	2	No further action
		10	No outcome as at 30.06.20
Pharmacy	4	4	No outcome as at 30.06.20
Chiropractic	1	1	Caution
Physiotherapy	1	1	No further action
Optometry	0	0	No complaints referred
Osteopathy	0	0	No complaints referred
Psychology	5	5	No further action
Podiatry	1	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
Paramedicine (commenced December 2018)	1	0	No complaints referred
Total	70	70	

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

	Number of AHPRA complaint consultations with HCSCC	Number of AHPRA complaints referred to HCSCC
Medical	137	1
Dental	10	0
Nursing & Midwifery	16	0
Pharmacy	0	0
Chiropractic	0	0
Physiotherapy	0	0
Optometry	1	0
Osteopathy	0	0
Psychology	10	1
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
Paramedicine (commenced December 2018)	1	0
Unregistered Health Practitioner	0	0
Systemic	0	1
Total	175	3

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

	Number of outcomes notified by AHPRA of action taken by AHPRA		AHPRA notified outcome
Medical	137	131	No further action
		3	Conditions imposed
		3	No Ground
Dental	10	8	No further action
		1	Cautioned
		1	Conditions imposed
Nursing & Midwifery	16	14	No further action
		1	No grounds
		1	Caution
Pharmacy	0	0	Nil Consulted
Chiropractic	0	0	Nil Consulted
Physiotherapy	0	0	Nil Consulted
Optometry	1	1	No further action
Osteopathy	0	0	Nil consulted
Psychology	10	9	No further action
		1	Cautioned
Podiatry	0	0	Nil Consulted
Chinese Medicine	0	0	Nil Consulted
Medical Radiation Practice	0	0	Nil consulted
Occupational Therapy	0		Nil Consulted
Aboriginal and Torres Strait Islander Health Practice	0	0	Nil consulted
Paramedicine (commenced December 2018)	1	1	No further action
TOTAL	175	175	



Contacts about Unregistered Health Care Workers 2019-20

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005.	31
Number of enquiries about Unregistered Health Care Workers	12
Number of Own Motions about Unregistered Health Care Workers	2
Total contacts about Unregistered Health Care Workers	45

At the end of the 2019/20 Financial Year, there were 12 matters about Unregistered Health Care Workers that remained open

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.	21

Conciliation outcomes

In 2019-20, 110 matters were moved into conciliation and 72 of them were finalised (65.45 percent).

Due to a change in our procedures to align our services with our legislation, matters moved into conciliation increased from 10 in 2018-19 to 110 in 2019-20.

Reporting required under the *Carers' Recognition Act 2005*

Not applicable.

Public complaints

Number of public complaints reported

Internal Reviews conducted by the Commissioner

During 2019-20, the HCSCC received 47 requests from complainants for an internal review by the Commissioner on the basis that they were not satisfied with the outcome of their complaint.

This is 30 more (a 176.45 percent increase) than 2018-19 and reflects better informing complainants of their right to an internal review.

10 matters remain ongoing as at 30 June 2019.

Of the remaining 37 matters:

- 31 decisions were confirmed, with the HCSCC taking no further action.
- Six matters were either reviewed in full or partially.

The HCSCC also received one email complaint from a member of the public about a lack of support from the HCSCC to casual nurses who lost their jobs due to Coronavirus. This is an industrial relations issue and was therefore out-of-jurisdiction for the HCSCC. This was communicated to the complainant.

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

Service Improvements resulting from complaints or consumer suggestions over 2019-20

The HCSCC made the following improvements after receiving feedback from consumers, service providers and stakeholders.

Website

The HCSCC made it easier to navigate to our brochures and fact sheets by including a direct link on our home page.

Similarly, a link was also added to allow easier access to orders that have been issued under the Code of Conduct for Certain Health Care Workers.

We also improved the grey scale version of our website by underlining hyperlinks and making them more visible.

Brochures and fact sheets

The HCSCC made changes to the design and content of our brochures based on feedback we had received during the year. This included changes to the information

contained in the brochures, their layout and colours scheme. This was further enhanced once the new logo and brand was launched on 1 July, 2020 (2020-21).

We also created and distributed new facts sheets to help consumers, service providers and the public in general about different parts of the HCSCC's role.

Further feedback was received about the quality of the HCSCC's easy-read collateral. We aim to update these in the 2020-21.

Also, we aim to completely revamp our translated brochures as well as providing these brochures in more languages.

Appendix: Audited financial statements 2019-20

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.