

OFFICIAL



Health and Community Services
Complaints Commissioner

Health and Community Services
Complaints Commissioner
2020-21 Annual Report

HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER
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OFFICIAL

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 *Health and Community Services Complaints Act 2004* and 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:

Associate Professor Grant Davies
Health and Community Services Complaints Commissioner

Date: 30 September 2021

Signature:



From the Commissioner

As you will read in this report, it has been a very busy year for the Office of the Health and Community Services Complaints Commissioner (HCSCC). Despite the challenges posed by changing health orders in the State, our overall contact numbers have increased by approximately 24 percent and our health contacts have increased by approximately 30 percent. Unsurprisingly, given staff have been working from home and telephone contact has been limited as a result, the proportion of contacts by email have increased and the proportion of telephone contacts have decreased.



Late last financial year, based on trend analysis and increasing contact numbers, the HCSCC successfully made a case for an increase in staffing which the Chief Executive of the Department for Health and Wellbeing, Dr Chris McGowan, granted. I am grateful to Dr McGowan for his ongoing support of the office. Last year, an Assessment Officer (ASO 4) position was approved and next year, a Complaints Resolution Officer (ASO 6) position will be recruited. This should well place us to respond to the needs of the South Australian community and to demands on the office by government. We received a referral from the Premier to investigate a matter which required us to seek additional, specialist support from the Department for Health and Wellbeing. With the new staff being recruited, the need to seek additional resourcing should be mitigated.

Provision of information by service providers

Since I raised last year difficulties obtaining information from service providers, there has been a marked improvement. I appreciate the effort most service providers have made to meet our timeframes for requests for information. However, there are still isolated incidents of service providers asking for extensions after the due date and, in one case, legal advice being sought about the HCSCC's legal basis for requesting the names of registered practitioners. We will continue to work constructively with service providers to ensure compliance with our legislative requests and complaints processes more generally.

Care of people with a disability in acute hospital settings

Last year I published an own motion investigation report into the care of people with a disability in acute settings. That report occurred in this reporting period and required all Local Health Networks to develop and publish Disability Access and Inclusion Plans which they have done. We continue to receive complaints about the care of people with a disability in acute settings and will monitor this quite closely over the next year.

Policy and procedures review

I indicated last year a comprehensive review of our policies and procedures was well underway. I can report that work has been completed and well embedded into our

ongoing operations. As part of that review, our suite of template letters has been reviewed for clarity, ease of reading and user friendliness for staff. There will be ongoing minor amendments to ensure clarity, readability and useability are maximised however, staff report much quicker and easier drafting of correspondence.

Flexible work arrangements

As with the previous year, the HCSCC has continued to adapt to the changing COVID-19 pandemic by enabling remote access to work systems so that productivity could be maintained. This has allowed seamless transition between the office and working from home for most staff. I anticipate the work flexibility will continue and will enable us to respond to changing health orders without a substantial loss in service to the community.

Trends for 20/21

Complaints 12 months old or older

One of the benefits of working from home for staff has been the capacity to close outstanding complaints. We have worked hard to close matters over 12 months old and, as at 30 June 2021, only four matters were over 12 months old. This is a substantial improvement from the approximately 30 matters at the start of the year. Those that remain open are either court matters or highly complex ones which are being actively managed.

Increasing special needs categories

Over the past three years, there has been an increase in the proportion of contacts identifying as having one or more special needs. The number has increased from 980 special needs categories identified in 2018/19 to 1273 in the current reporting period. Identified special needs have grown from 38.5 percent of total contacts in 2018/19 to 44.8 percent in 2020/21, an increase of 6.3 percent overall. This may also be related to better capture of data by my staff and multiple special needs for single contact being identified.

Greater proportion of email and website contacts

Since 2018/19, email and website contact has grown from 20.8 percent of total contacts to 29 percent of total contacts in this reporting period. Interestingly, even since the introduction of an editable form on the website, email contacts have steadily grown from 5.5 percent in 2018/19 to 14.7 percent this year. One explanation for this may be the restricted telephone capability the HCSCC had during work from home health orders however, further work needs to occur in understanding why contacts are using email rather than the online complaint form.

Focus on the year ahead

Once we have fit for purpose accommodation, engaging in more face-to-face conciliation would be beneficial. We will also consolidate and extend our engagement in Code of Conduct for Certain Health Care Workers (the Code) matters and promote

the Code more generally. We also intend to expand our complaints management consultancy work to provide support and guidance to service providers on good complaint management. All of this will be captured in a revamped strategic plan.

This work can only be done by a committed and engaged staff and I am grateful for their dedication and professionalism throughout the year.



Associate Professor Grant Davies
Health and Community Services Complaints Commissioner

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Overview: about the agency

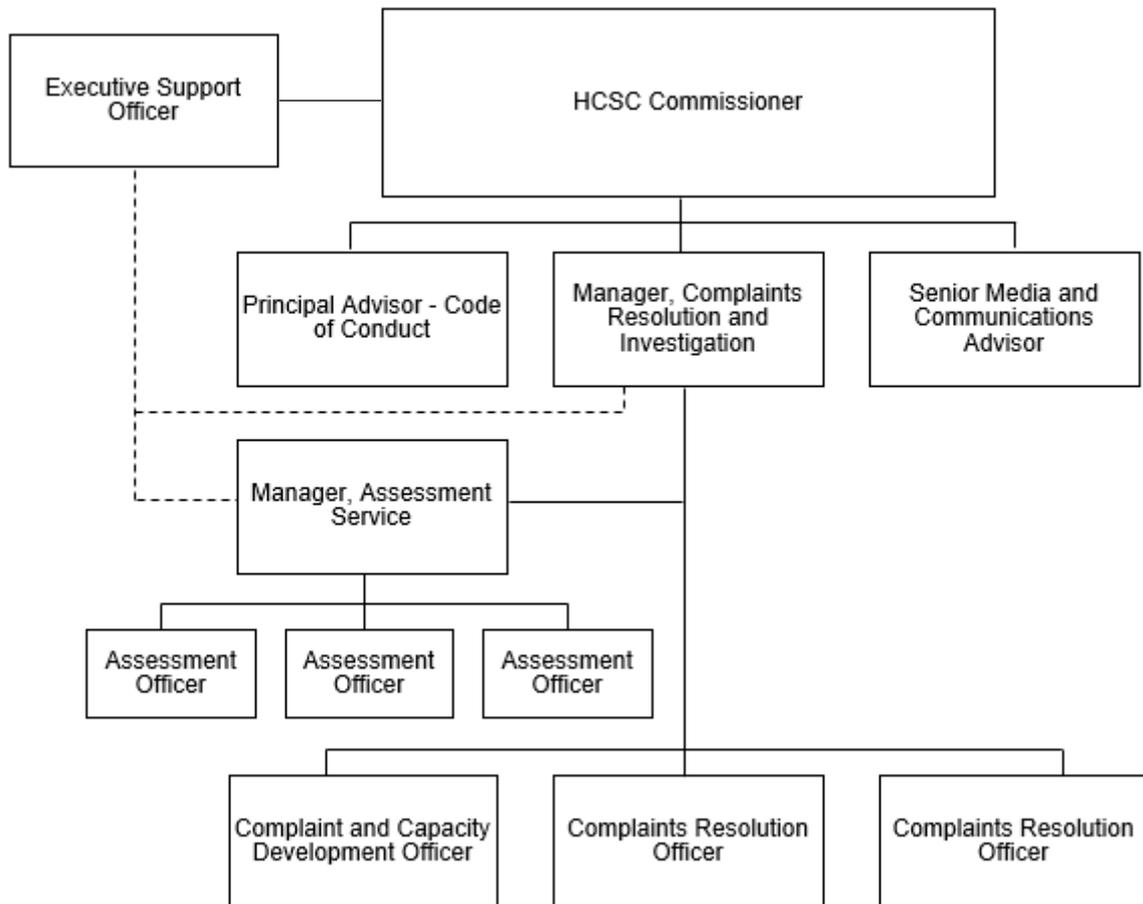
Our strategic focus

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 2021.



Changes to the agency

During 2020-21 there were no changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

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 (SA).

The agency’s performance

Performance at a glance

Below is a summary of the performance of the HCSCC in 2020-21:

- A 24 percent increase in contacts on the previous financial year.
- Slightly less than a 30 percent increase in health contacts.
- 96 matters moved into conciliation. 115 conciliations completed for the financial year.
- 48 matters were investigated in 2020-21. 27 were matters opened in 2020-21 and a total of 40 investigations were finalised.
- New logo and brand officially launched on 1 July 2020.
- Updated HCSCC collateral to coincide with the new brand and logo.
- Two prohibition orders issued against:
 - Dr John Potter – banned from assessing, diagnosing or reporting on a person’s dementia; and
 - Ms Hoai Thu Vu – banned from offering skin needling, skin penetration or invasive health services.
- A 77 percent increase in contacts about unregistered health care workers.
- 3042 contacts closed (an average of 8.33 a day).
- Total procedure and process review.

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>Contact numbers increased significantly.</p> <p>Service providers and consumers comply with Act, rules and regulations.</p>	<p>Complaints management monitors safety and quality standards, identifies systemic issues and contributes to ensuring that expected standards of service delivery are maintained.</p>
Raising awareness about the HCSCC Code of Conduct for Certain Health Care Workers	<p>Contacts received about this sector increased.</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. While unable to attend many events owing to COVID-19, the HCSCC used social media as its primary promotion tool for the Code.</p> <p>Promote awareness of service providers' obligations under the Code to ensure expected standards of service delivery are met. Refer to www.hcscclsa.gov.au/information-code-conduct-unregistered-health-practitioners/.</p>
A new brand and logo	<p>A more modern logo and brand that identifies the role of the HCSCC.</p>	<p>The new brand and logo were launched on 1 July 2020. They now more accurately reflect the role of the HCSCC. Feedback from consumers and service providers suggest the logo is well liked and better reflects the work done by the HCSCC.</p>
Public and media engagement	<p>Continued engagement with the public and the media about the role of the HCSCC.</p>	<p>The HCSCC continues to use the media and social media to communicate with the South Australian public.</p> <p>Unfortunately, due to COVID-19, the HCSCC has been unable to attend many community events which has reduced the amount of face-to-face interaction with the public.</p>
Stakeholder engagement	<p>Greater engagement with stakeholders – Government and non-government.</p>	<p>The Commissioner continued to meet with 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>

Corporate performance summary

Number and type of contacts in 2020-21

Service Provider Type	19-20 Total [^]	20-21 Complaints / Own Motions	20-21 Enquiries	20-21 Total	Increase / Decrease %
Health	2091	1217	1499	2716	+29.89
Community Services	175	30	86	116	-33.71
Child Protection*	21	1	7	8	-61.90
Total contacts	2287	1248	1592	2840	+24.18

**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 2020-21 and referred all these matters to Ombudsman SA.*

[^]Read disclaimer further in this Annual Report under the heading "Definitions to assist understanding statistics".

Resolution data 2020-21

In 2020-21, 3042 contacts were closed, of which:

- 2107 were closed within 21 days (69%).
- 256 were closed between 22 and 45 days (8%).
- 341 were closed between 46 and 100 days (11%).
- 306 were closed between 101 and 365 days (10%).
- 32 were closed after 365 days or more (1%).

It is possible for the HCSCC to close more contacts than it receives in a financial year because some contacts opened at the end of the 19-20 financial year and were closed in the 2020-21 financial year.

As at 30 June 2021, the HCSCC had 349 open contacts.

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	2020-21	2019-20	% Change (+ / -)
Total new workplace injury claims	0	1	-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	2020-21	2019-20	% 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**	2020-21	2019-20	% 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. Full audited financial statements for 2020-2021 are attached to this report.

Statement of Comprehensive Income	2020-21 Budget \$000s	2020-21 Actual \$000s	Variation \$000s	2019-20 Actual \$000s
Total Income	0	-1	1	4
Total Expenses	1,612	1,561	51	1,442
Net Result	-1,612	-1,561	-51	-1,438
Total Comprehensive Result	-1,612	-1,561	-51	-1,438

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	Nil	Nil
	Total	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
Nil	Nil	Nil

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

Contractors	Purpose	\$ Actual payment
Various	To provide independent expert opinion on confidential complaint matters	\$15,340
Hoban	Temporary Labour Hire	\$11,896
	Total	\$27,236

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 data

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. Please note 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 have 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

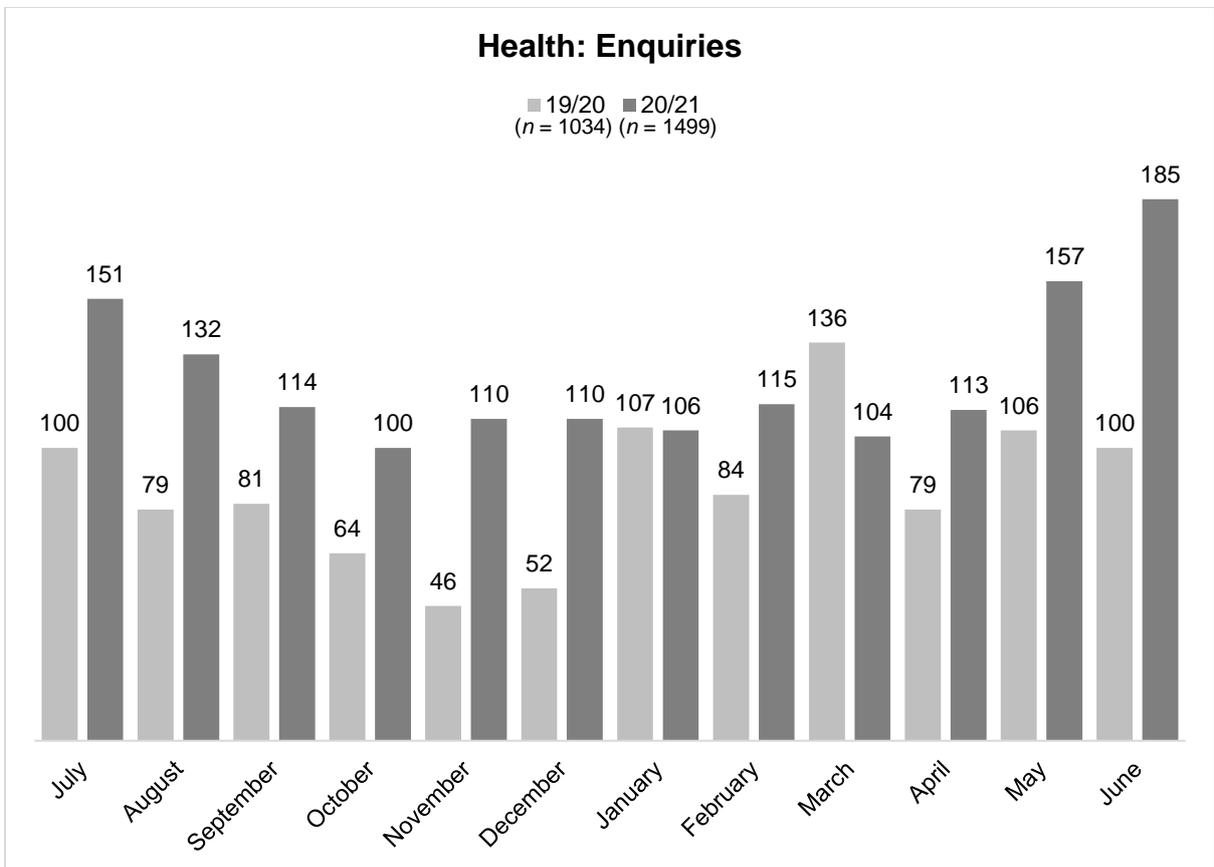
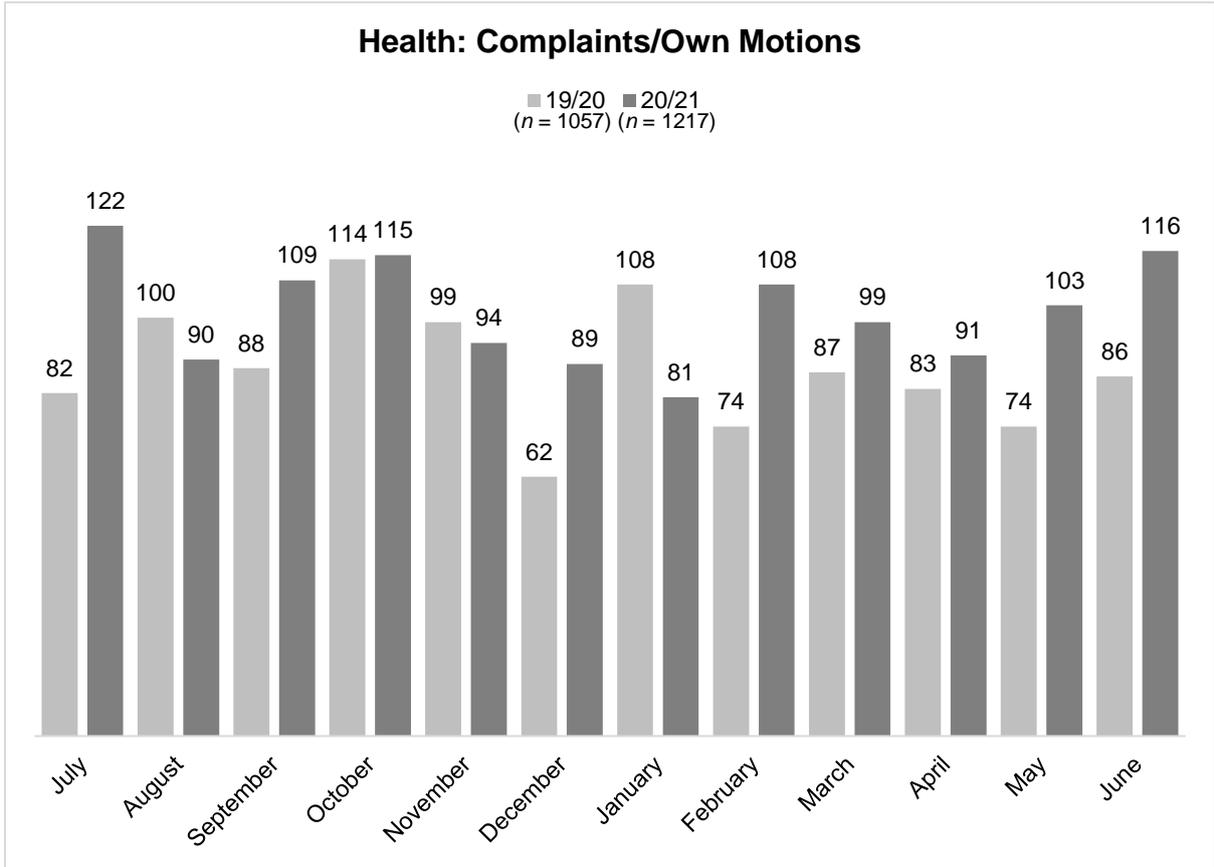
Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allow the Commissioner to inquire into, report or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner based on intelligence received may not necessarily be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

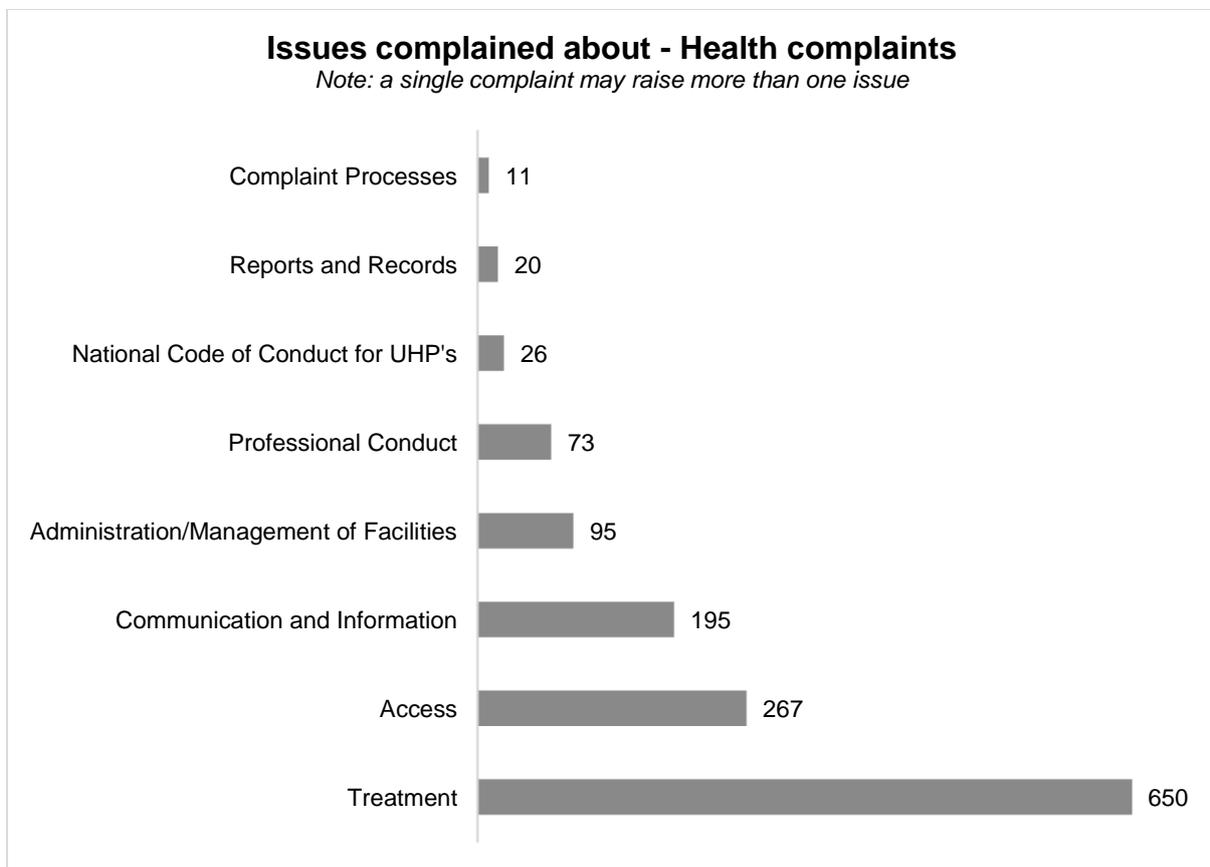
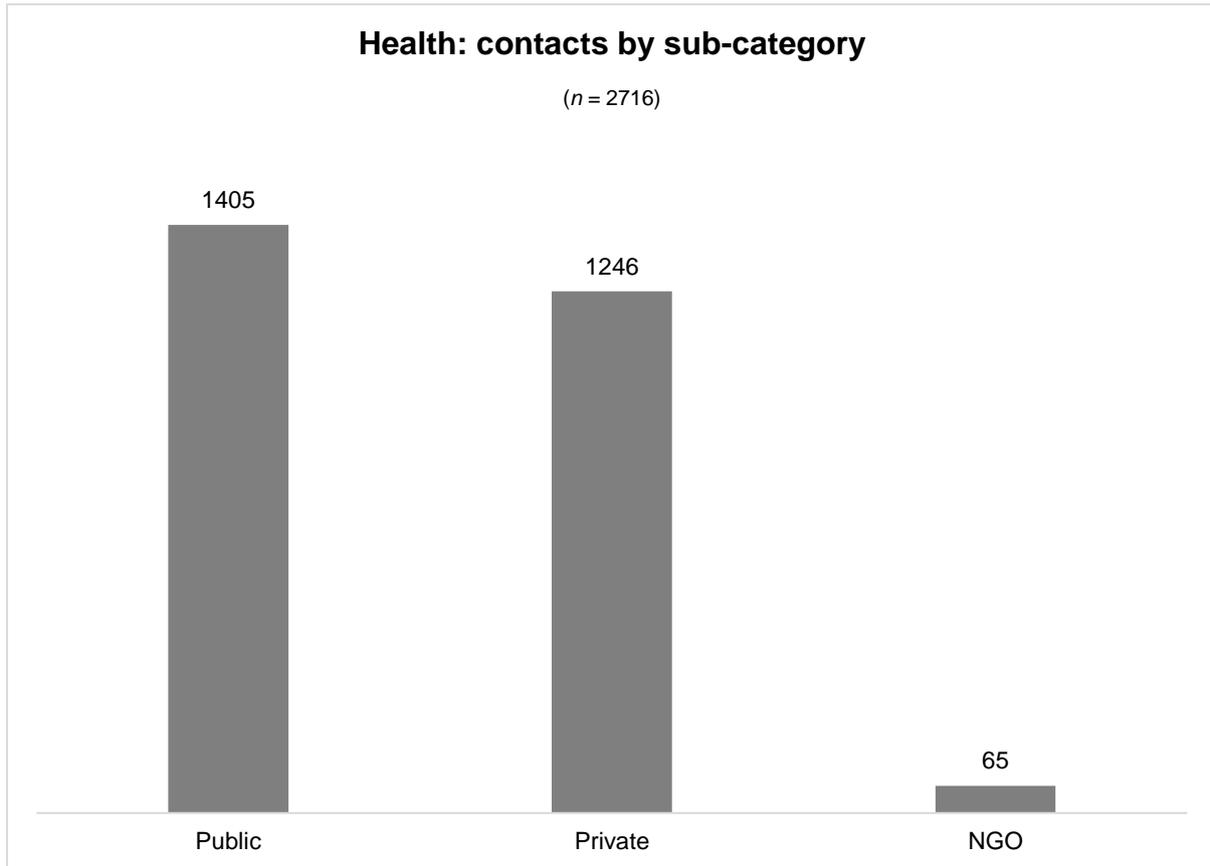
Disclaimer

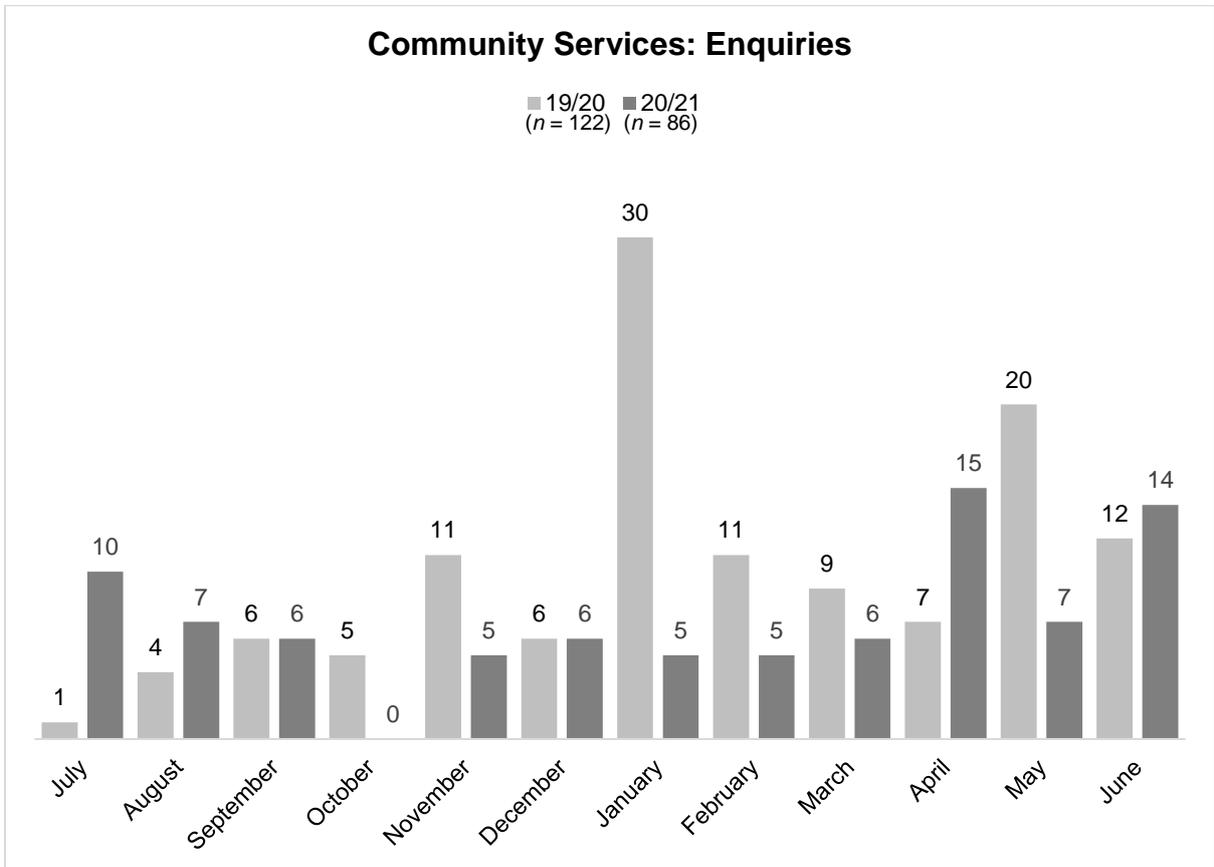
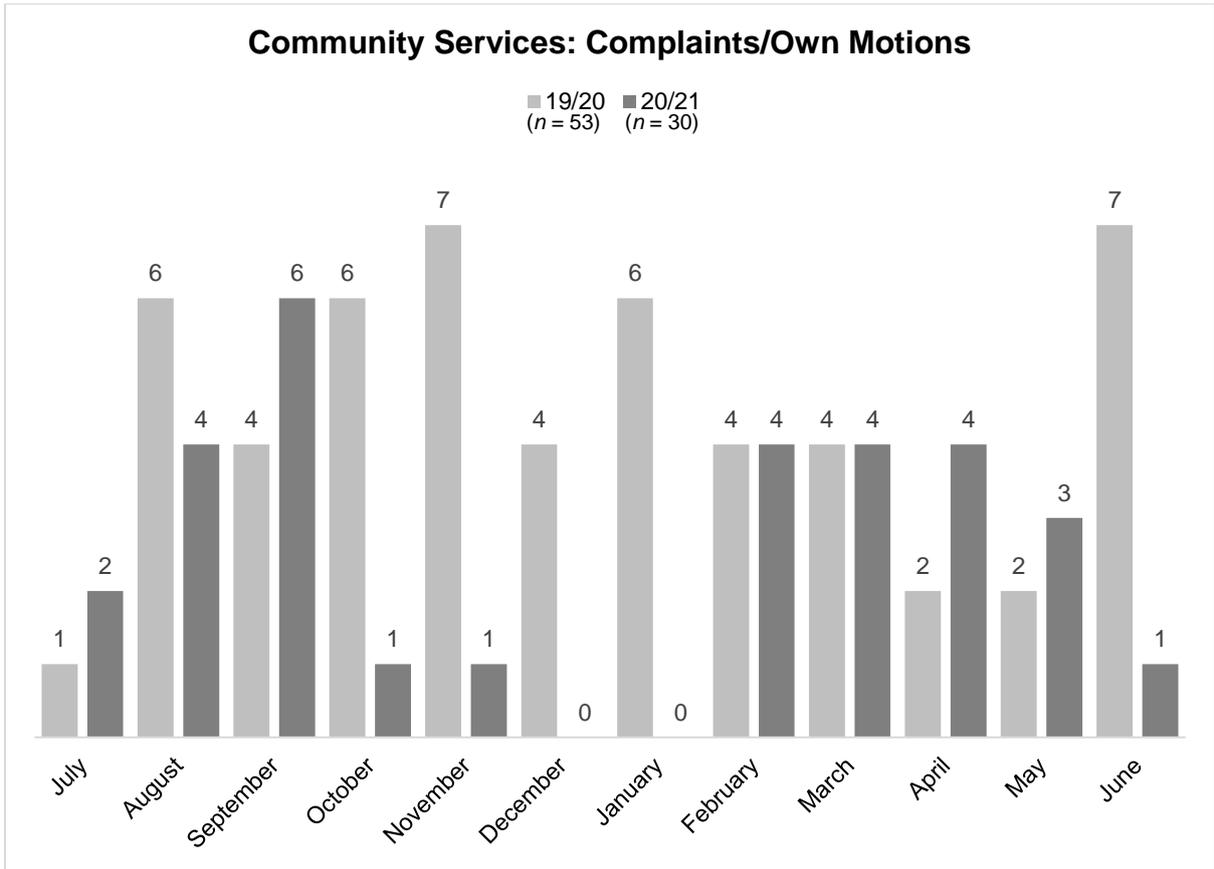
The HCSCC takes the collation of data seriously and has made significant improvements on how contacts are recorded in our records management system.

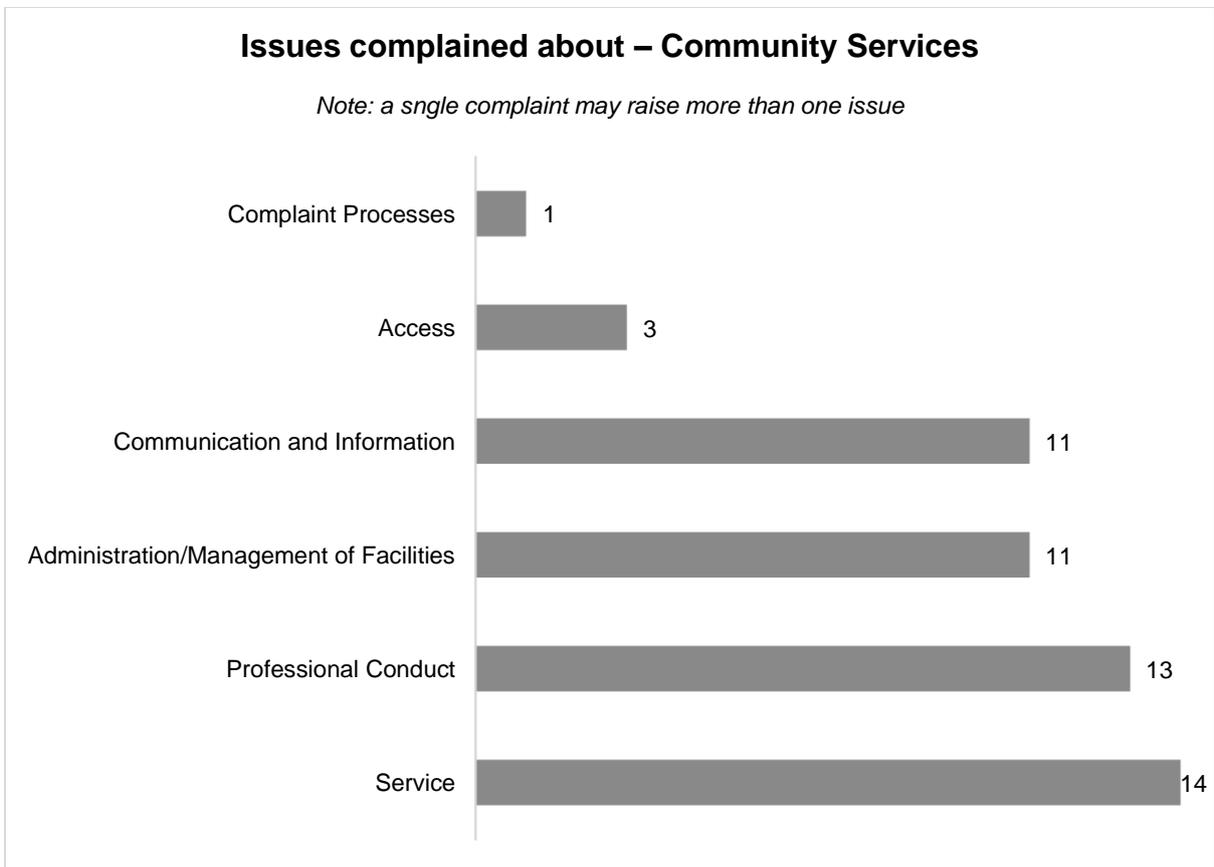
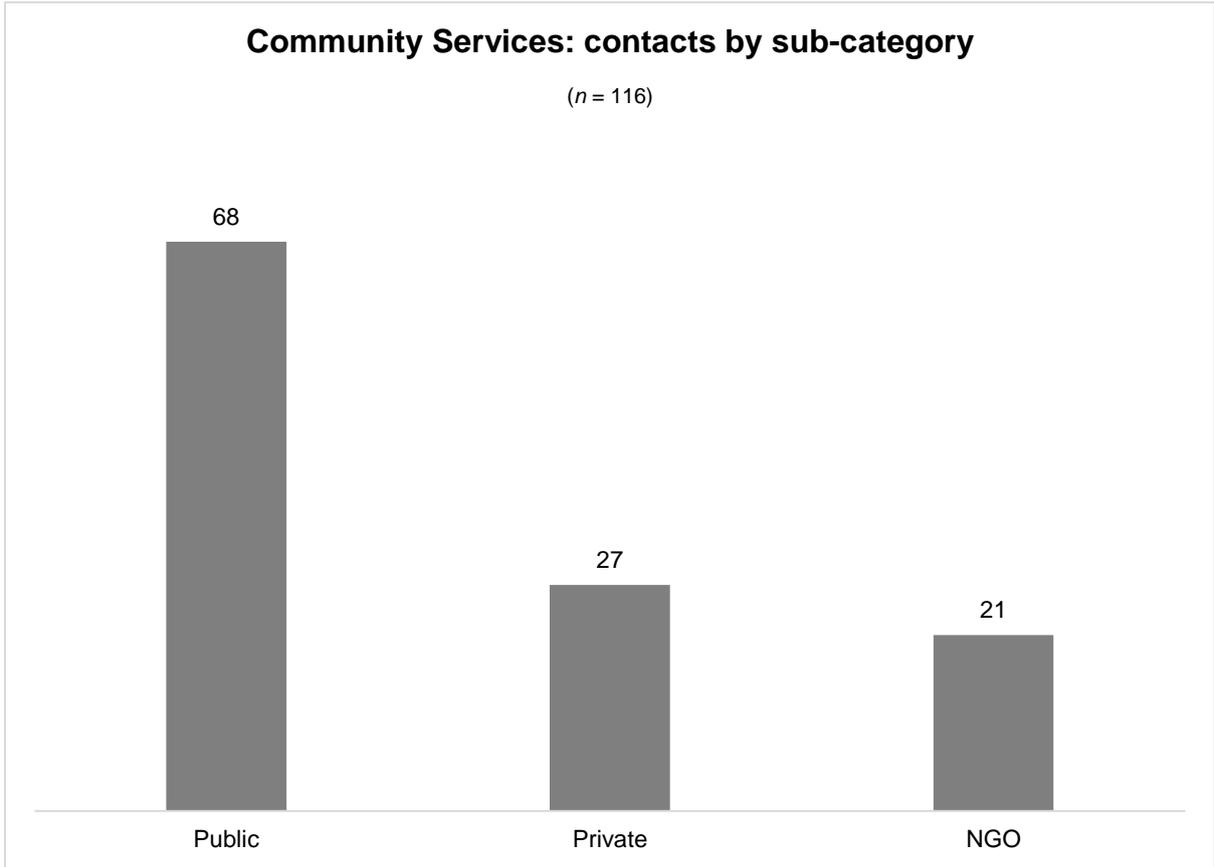
The data contained within this report are collated after the financial year ends, and represent statistics taken at a point-in-time. On occasion, these statistics can change based on multiple factors in the HCSCC's work practices like the re-opening of files, splitting files between AHPRA and the HCSCC or one complainant making multiple reflections about a variety of service providers.

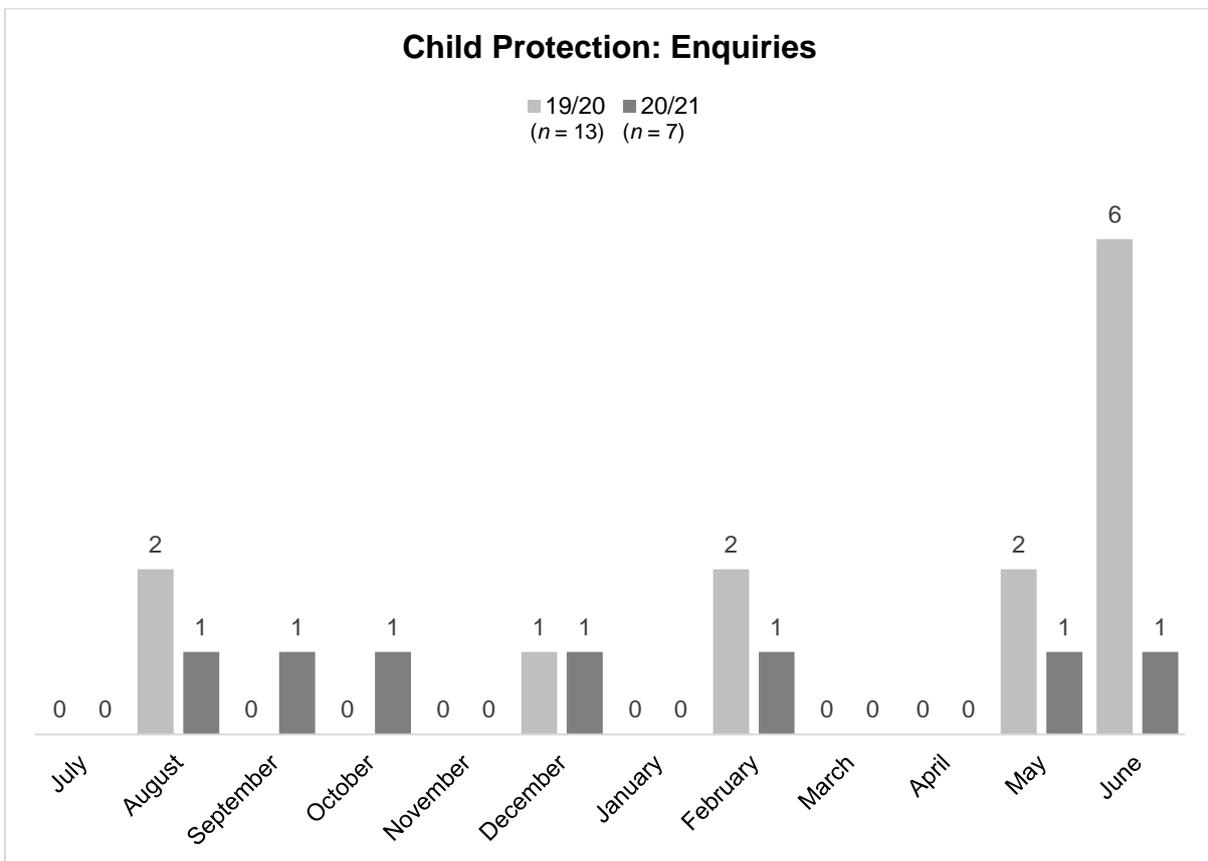
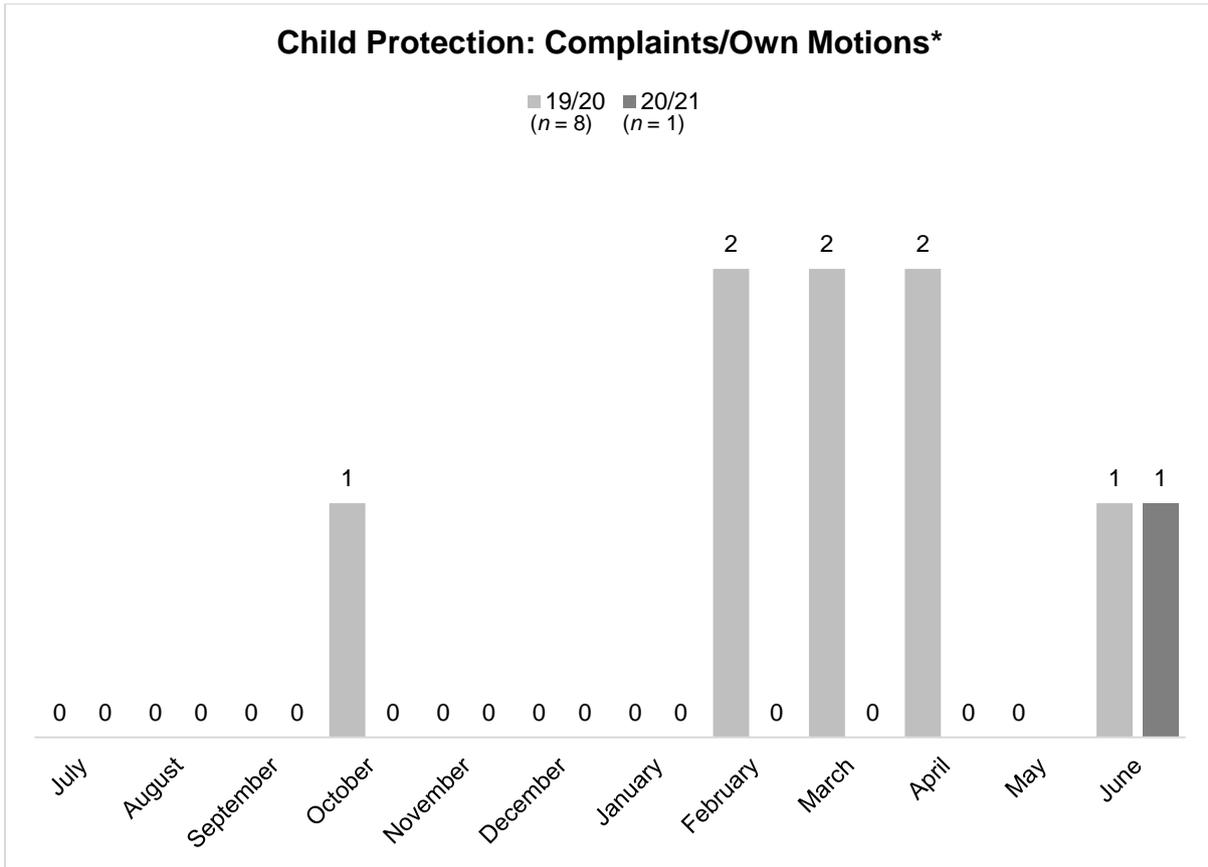
Therefore, there may be discrepancies between the statistics from one Annual Report to the next. These are not errors but rather a reflection of the changing nature of the work done by the HCSCC.



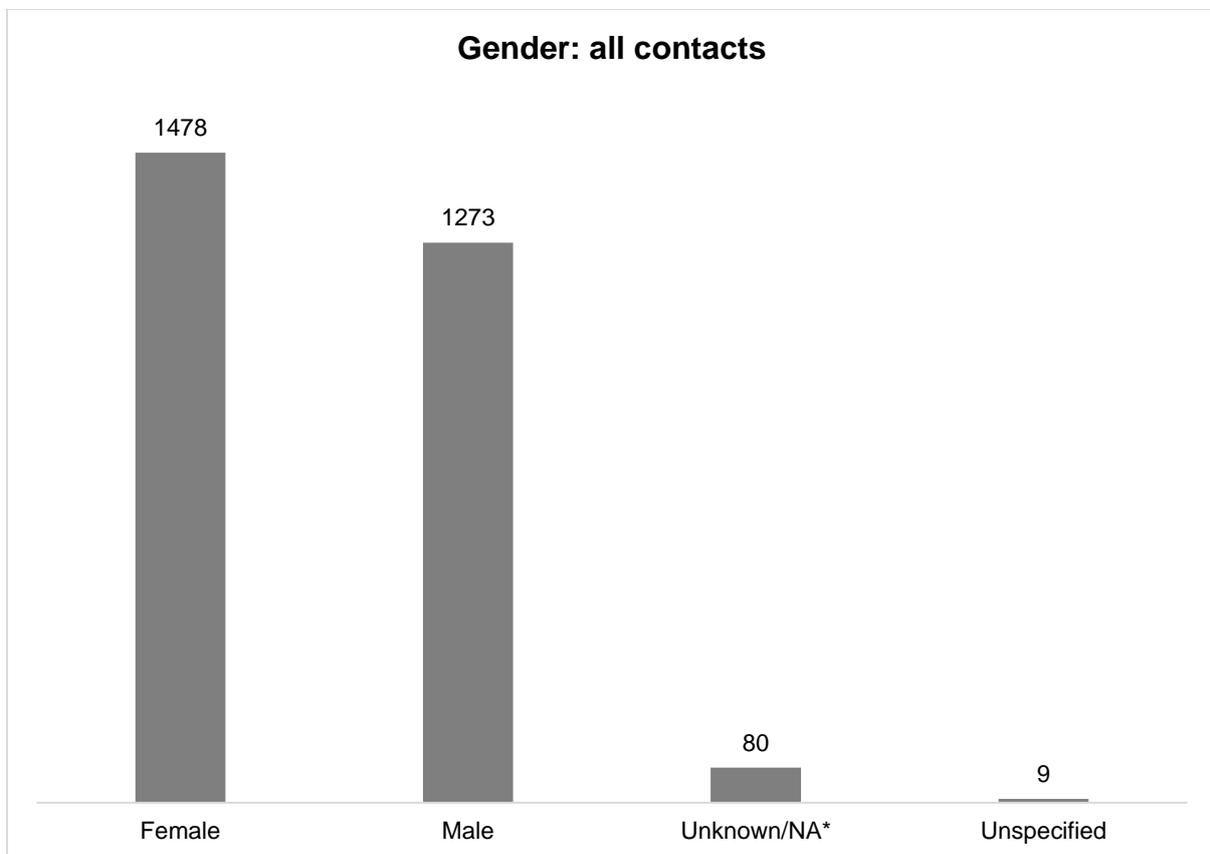
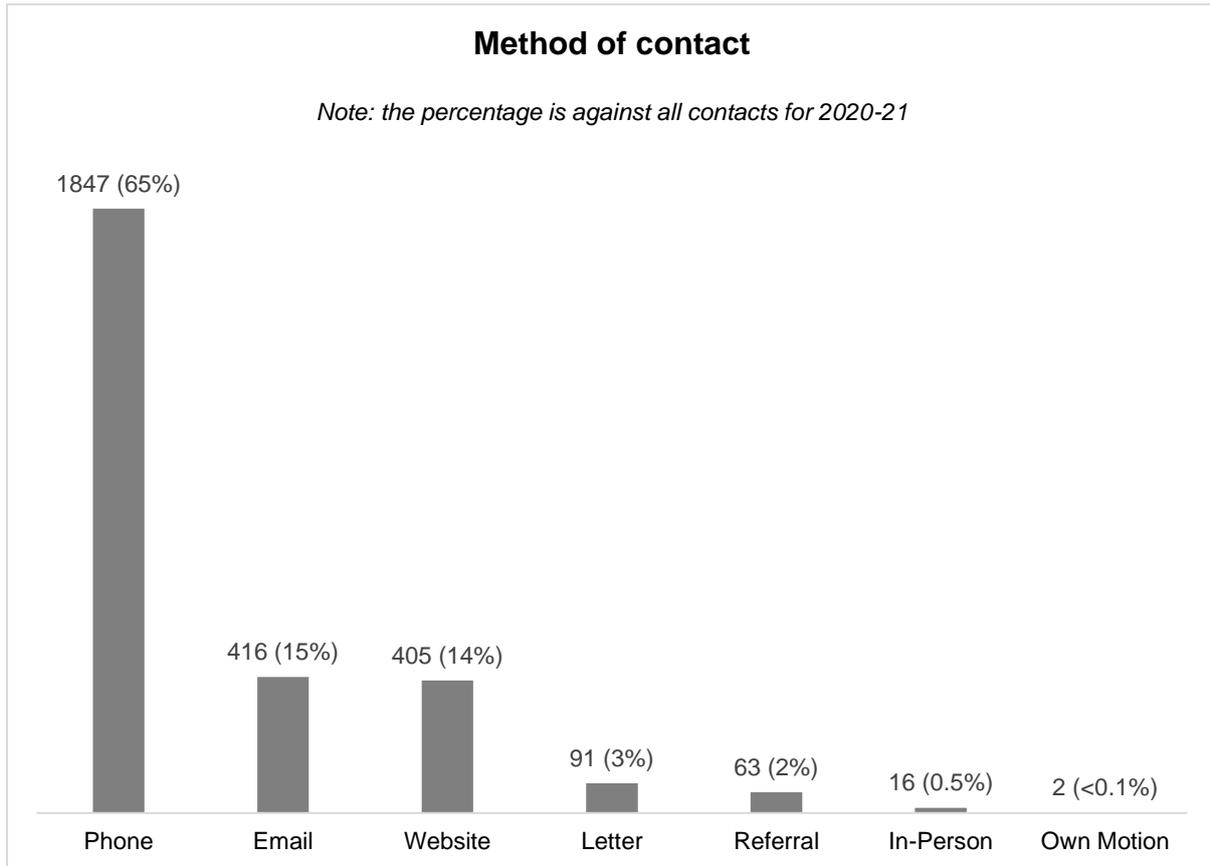








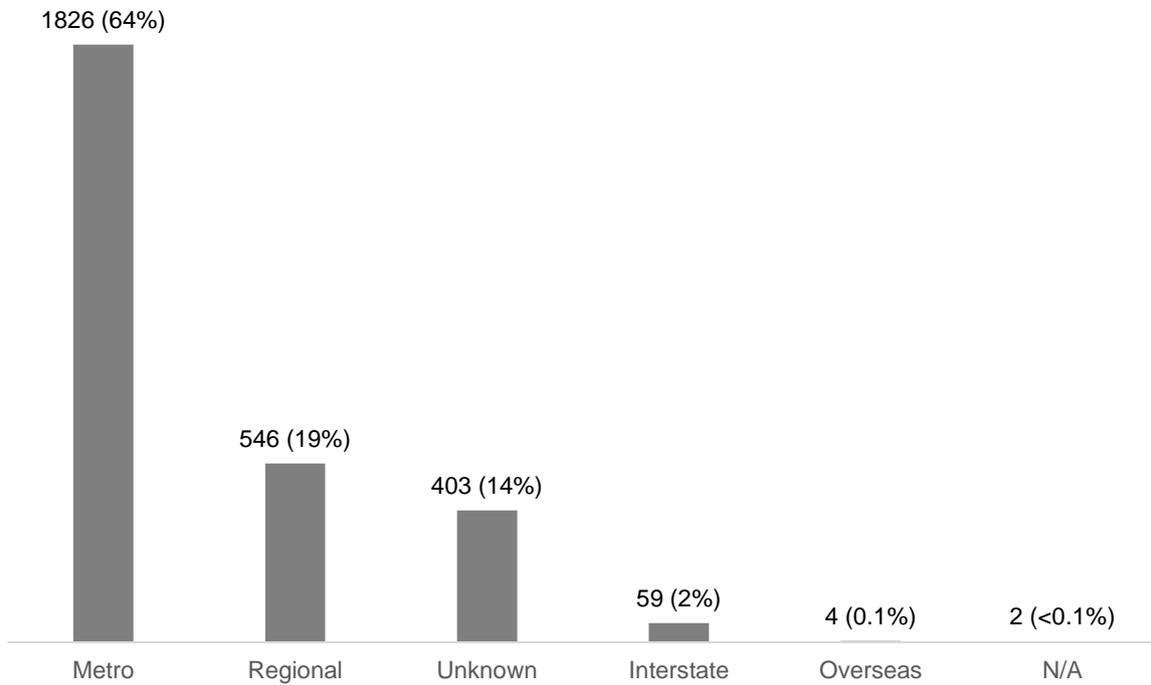
*In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received eight contacts from the public about child protection matters in 2020-21 and referred all these matters to Ombudsman SA.



*Unknow/NA: people who choose to remain anonymous, contacts from organisations, own motions and other factors that requires the contact to be identified as such.

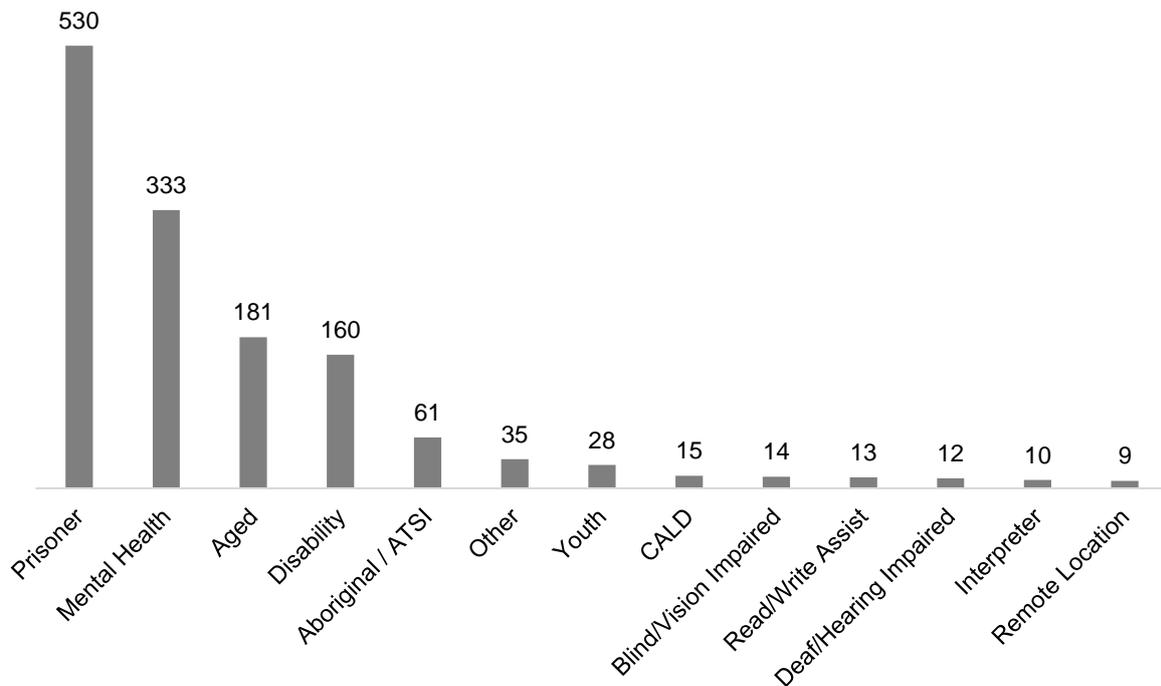
Location: all contacts

Note: the percentage is against all contacts for 2020-21



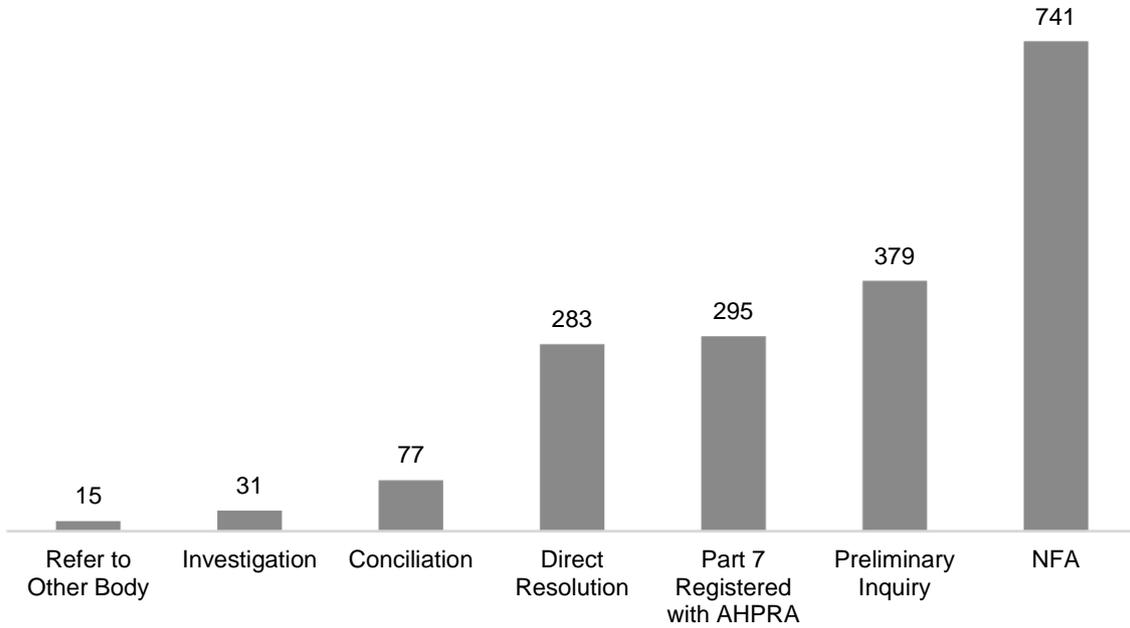
Consumers with special needs

Note: a person may have more than one special need

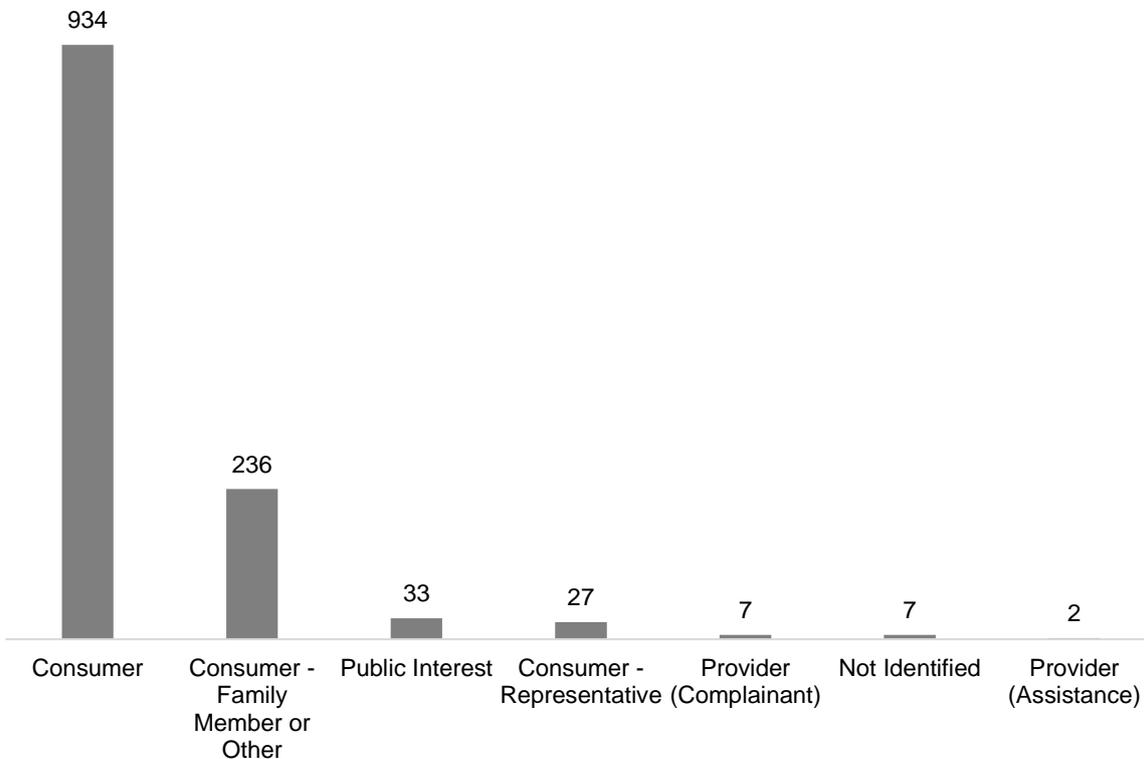


Number of Assessment Determinations

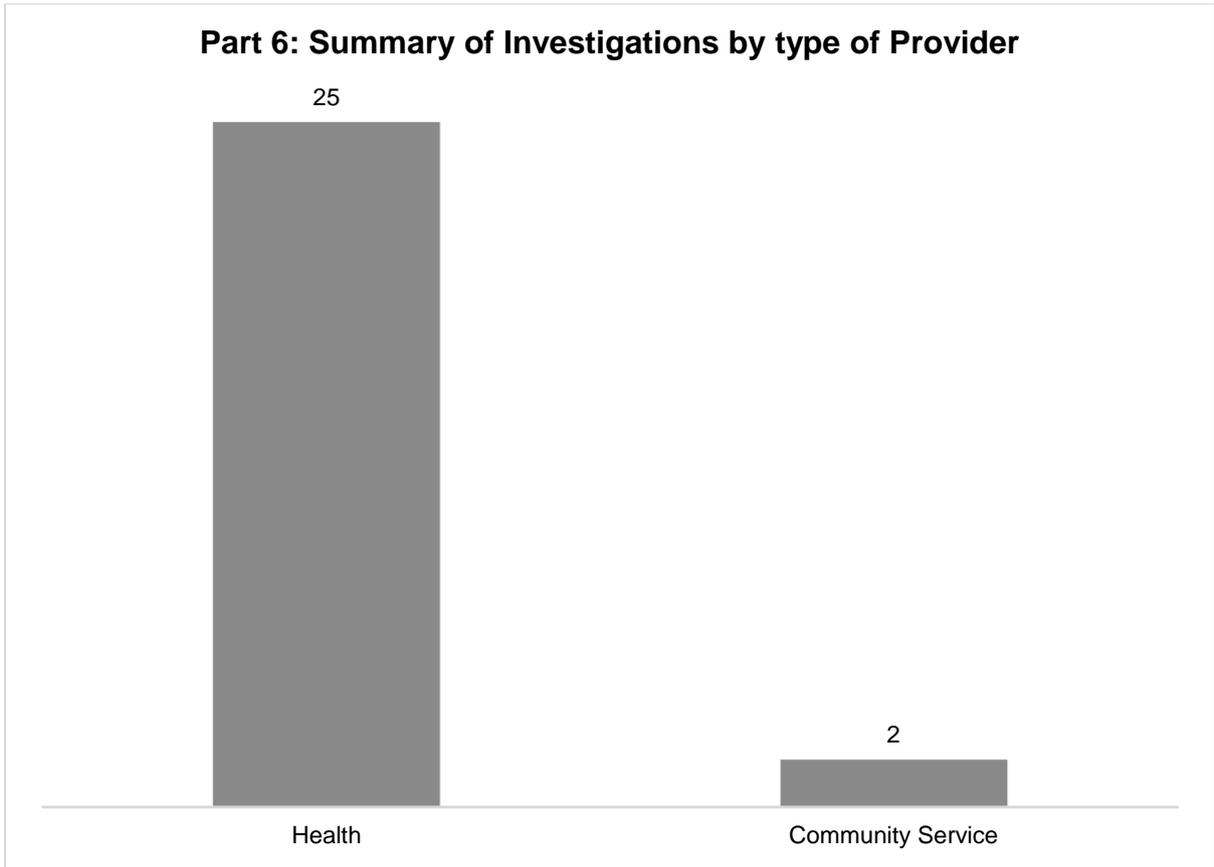
Note: a single complaint can have a number of determinations. Some determinations are made in the current financial year but the complaint is received in the previous financial year.



Legal role of contact person (complaints only)

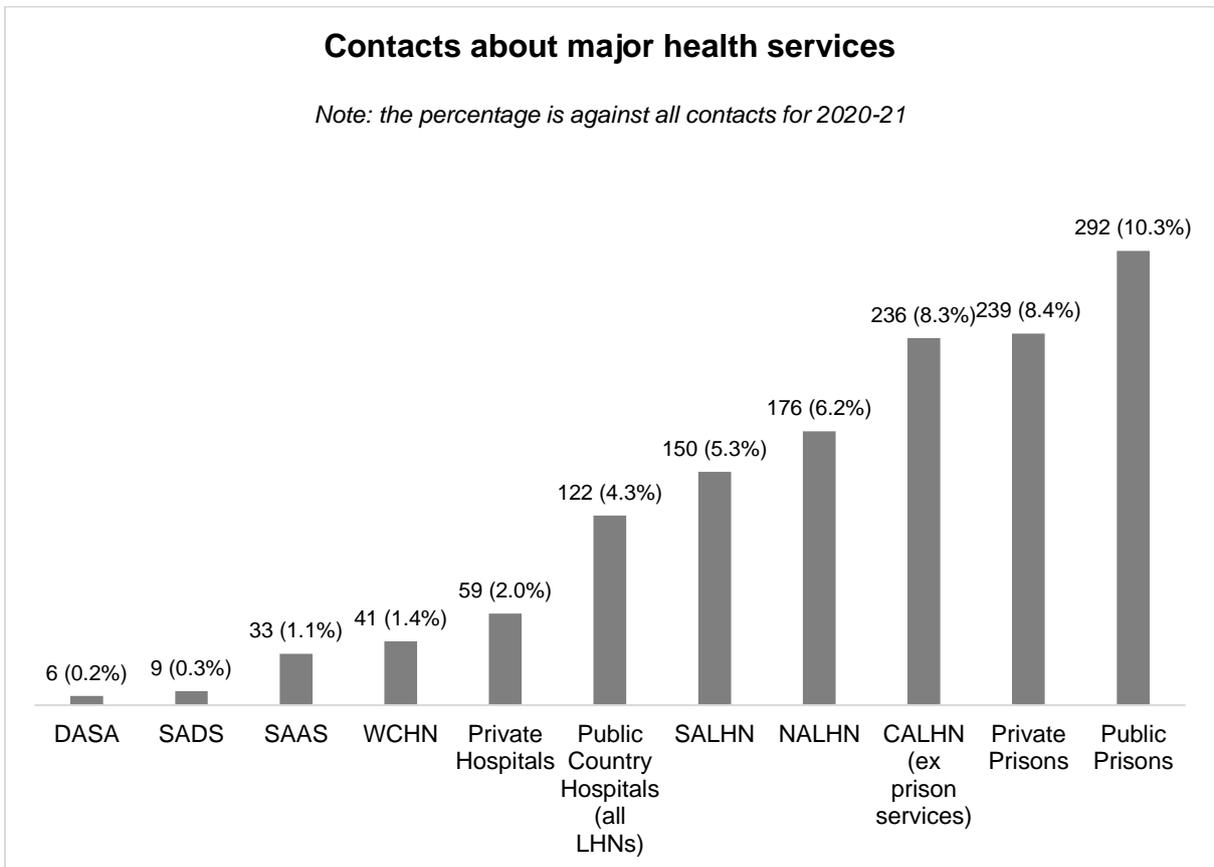


Part 6: Summary of Investigations by type of Provider



Contacts about major health services

Note: the percentage is against all contacts for 2020-21



Reasons for Closure of Complaints 2020-21

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

Advice and information provided	2
Outside of Jurisdiction	63
Part 5 s39 Conciliation may be bought to an end	1
Part 6 s54 Report	26
Part 6 s56C order	4
s33(1)(a) not entitled to make complaint	9
s33(1)(b) does not disclose ground of complaint	6
s33(1)(c) should be determined by legal proceedings	2
s33(1)(d) proceedings have commenced before a tribunal authority or other	11
s33(1)(e) reasonable explanation(s) or information earlier	637
s33(1)(f) grounds should have been disclosed earlier	2
s33(1)(g) complaint lacks substance	5
s33(1)(h) the complainant has failed to comply with a requirement	14
s33(1)(i) the complaint would be an abuse of the processes under the Act	4
s33(1)(j) the complaint is abandoned	55
s33(1)(j) the complaint is resolved	128
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	7
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	25
s33(1)(k) reasonable cause - other	80
s33(1)(k) reasonable cause - s27 outside of time limit	6
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	19
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	4
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	10
s33(1)(k) reasonable cause - service provider met reasonable standards	20
s33(1)(k) reasonable cause - service provider resources are limited and equitably provided	1
s34(1) complaint withdrawn	14
s57(2)(b) referred to registration authority	90
Other	5
Total	1250

Grounds for Complaint 2020-21

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	344
Charter 2 - Safety	75
Charter 3 - Quality	312
Charter 4 - Respect	118
Charter 5 - Information	163
Charter 6 - Participation	43
Charter 7 - Privacy	27
Charter 8 - Comment	19

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	33
S 25 1 (b) - service provision not necessary/inappropriate	60
S 25 1 (c) - unreasonable manner in providing service	62
S 25 1 (d) - lacked due skill	38
S 25 1 (e) - unprofessional manner	71
S 25 1 (f) - lack of privacy/dignity	13
S 25 1 (g) - quality of information	13
S 25 1 (h) - unreasonable action - lack of information/access to records	6
S 25 1 (i) - unreasonable disclosure to a third party	1
S 25 1 (j) - improper action on a complaint	4
S 25 1 (k) - inconsistent with the Charter	0
S 25 1 (l) - did not meet expected standard of service delivery	460
Grand Total	1862

**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	148	25
Dental	11	3
Nursing & Midwifery	22	6
Pharmacy	17	2
Chiropractic	5	0
Physiotherapy	2	1
Optometry	0	0
Osteopathy	0	0
Psychology	28	0
Podiatry	2	1
Chinese Medicine	1	0
Medical Radiation Practice	3	0
Occupational Therapy	4	0
Aboriginal and Torres Strait Islander Health Practice	0	0
Paramedicine (commenced December 2018)	2	0
Unregistered Health Practitioner	0	0
Systemic	0	3
Total	244	42

**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	63	3 No further action 2 Caution 1 Conditions imposed 57 No outcome as at 30.06.21
Dental	6	6 No outcome as at 30.06.21
Nursing & Midwifery	7	2 No further action 1 Caution 4 No outcome as at 30.06.21
Pharmacy	1	1 Caution
Chiropractic	0	0 No complaints referred
Physiotherapy	2	2 No outcome as at 30.06.21
Optometry	1	1 No outcome as at 30.06.21
Osteopathy	0	0 No complaints referred
Psychology	4	1 No further action 1 Referred to Tribunal 2 No outcome as at 30.06.21
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
Paramedicine (commenced December 2018)	0	0 No complaints referred
Total	84	84

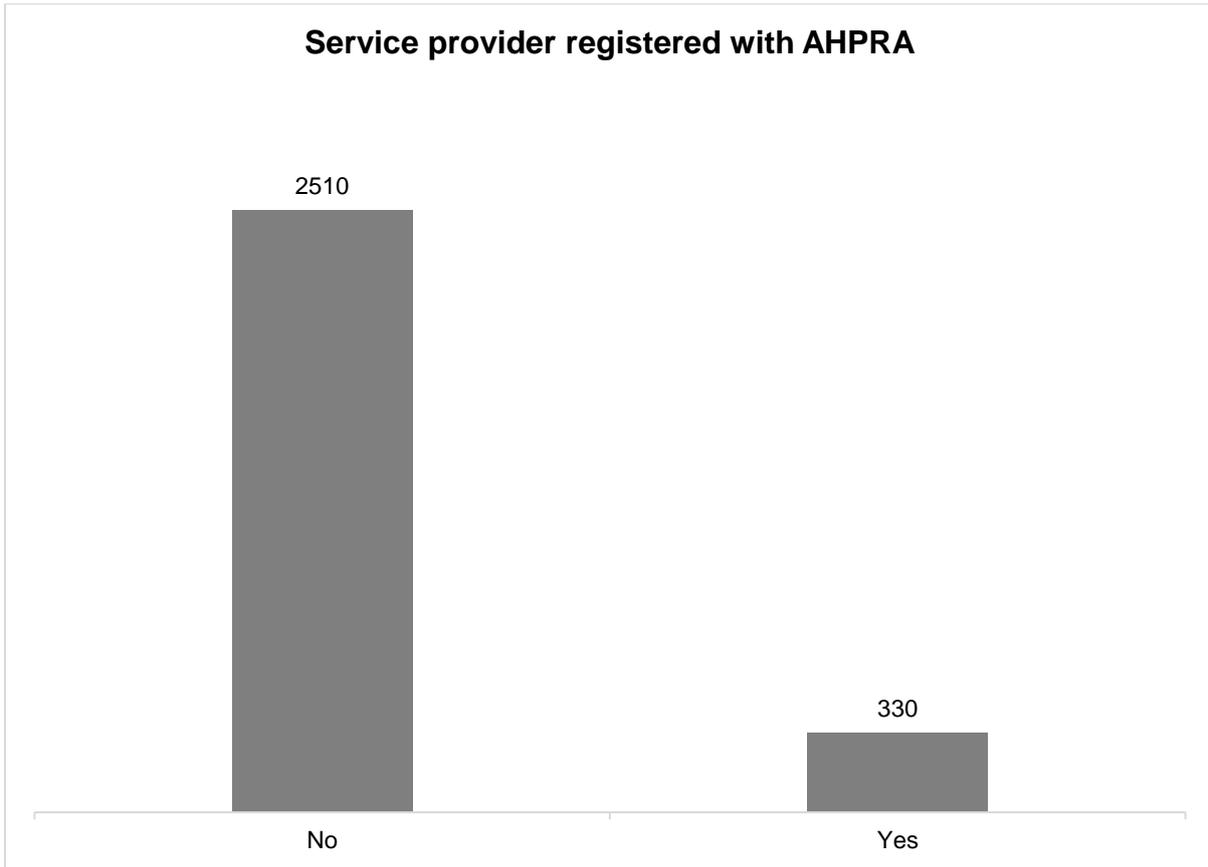
**HCSCC consultations with AHPRA and referral of complaints
to AHPRA by HCSCC**

	Number of HCSCC complaint consultations with AHPRA	Number of HCSCC complaints referred to AHPRA	Number of HCSCC complaints split* with AHPRA
Medical	243	63	10
Dental	33	6	6
Nursing & Midwifery	42	7	0
Pharmacy	10	1	1
Chiropractic	0	0	0
Physiotherapy	7	2	2
Optometry	4	1	1
Osteopathy	0	0	0
Psychology	6	4	0
Podiatry	1	0	1
Chinese Medicine	0	0	0
Medical Radiation Practice	5	0	0
Occupational Therapy	0	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
Paramedicine (commenced December 2018)	3	0	0
Total	354	84	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 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	19	8	No further action
		5	Conditions imposed
		6	Cautioned
Dental	2	2	Cautioned
Nursing & Midwifery	8	3	No further action
		3	Conditions imposed
		2	Cautioned
Pharmacy	7	3	Conditions imposed
		4	Cautioned
Chiropractic	0	0	Nil action notified
Physiotherapy	0	0	Nil action notified
Optometry	0	0	Nil action notified
Osteopathy	0	0	Nil action notified
Psychology	5	1	No further action
		3	Conditions imposed
		1	Cautioned
Podiatry	1	1	Undertaking imposed
Chinese Medicine	1	1	Conditions imposed
Medical Radiation Practice	0	0	Nil action notified
Occupational Therapy	0	0	Nil action notified
Aboriginal and Torres Strait Islander Health Practice	0	0	Nil action notified
Paramedicine (commenced December 2018)	0	0	Nil action notified
Total	43	43	



Contacts about Unregistered Health Care Workers 2020-21

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005.	32
Number of enquiries about Unregistered Health Care Workers	36
Number of Own Motions about Unregistered Health Care Workers	1
<i>Total contacts about Unregistered Health Care Workers</i>	69

At the end of the 2020/21 financial year, there were five matters about Unregistered Health Care Workers that remained open.

Investigation outcomes

In 2020-21, 27 new complaints received were moved into investigation. This number does not incorporate investigations opened and carried forward from the previous financial year or complaints received in previous financial years which were referred into investigation in 2020-21. With these two factors included, there were a total of 48 matters investigated of which 40 (83.33 percent) were concluded in the financial year.

The table below outlines the outcomes of complaints that were investigated. Please note multiple complaints can form part of one investigation and an investigation can have multiple outcomes.

Investigation Outcome	Number
Apology	3
Information/Explanation Provided	14
Legal Proceedings	1
Met Expected Standards	10
No Grounds for Complaint	1
Referred to AHPRA	1
Refund / Waive Fee / Compensation	1
SA Code - breach - condition order issued	1
SA Code - breach - prohibition order issued*	6
SA Code - breach voluntary agreement/education	1
SA Code - service improvement - voluntary agreement/education	4
Service Improvement	7
Suspended	1

**multiple complaints can form part of one investigation against a sole service provider. Therefore, this does not mean six prohibition orders were issued. For prohibition orders issued, please visit: <https://www.hcsc.sa.gov.au/code-of-conduct-for-unregistered-health-practitioners/orders-issued-under-the-code-of-conduct-for-unregistered-health-practitioners/>.*

Conciliation outcomes

In 2020-21, 96 matters were moved into conciliation. This number does not incorporate conciliation matters opened and carried forward from the previous financial year. Of the 96 opened conciliations, 66 were finalised (68.75 percent) within the financial year. Overall, the HCSCC finalised 115 conciliations in 2020-21.

The table below outlines the outcomes of complaints that were conciliated. It should be noted that a conciliation can have multiple outcomes.

Conciliation Outcome	Number
Abandoned	1
Apology	32
Direct Resolution	2
Information / Explanation Provided	78
Met Expected Standards	16
Out of Time	1
Referred to AHPRA	1
Refund / Waive Fee / Compensation	16
Resolved	29
Service Improvement	7
Service Obtained	1
Unresolved	13

Reporting required under the Carers' Recognition Act 2005

Not applicable.

Public complaints

Number of public complaints reported

Internal Reviews conducted by the Commissioner

During 2020-21, the HCSCC received 52 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 five more (a 10.64 percent increase) than 2019-20.

Total number of reviews requested	Number of reviews conducted	Number of decisions upheld	Number of decisions varied	Number of matters re-opened for further action
52	49	43	1	6

Reviews of HCSCC decisions by Ombudsman SA

Complainant can ask Ombudsman SA to review HCSCC outcomes if they are dissatisfied with HCSCC processes or there were administrative errors.

Number of Ombudsman SA contacts/queries	Number of formal requests	Number of informal information requests	Number of NFAs or no concerns	Number of concerns raised	Number awaiting finalisation following info provision
12	5	7	11	1	1

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

Service Improvements

Complainants

During the 20-21 financial year, the HCSCC received nine contacts from complainants expressing concern about the timeliness of our processes or the attitude/manner of staff with whom they were dealing. Each of these concerns were resolved by telephone or face-to-face discussion with the relevant Manager or HCSCC officer.

We also received one contact about the physical accessibility of our premises for visually impaired people and are working to implement this feedback in accordance with our Disability Action and Inclusion plan.

Compliance Statement

The Health and Community Services Complaints Commissioner is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
The Health and Community Services Complaints Commissioner has communicated the content of PC 039 and the agency’s related complaints policies and procedures to employees.	Y

Appendix: Audited financial statements 2020-21

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.