

OFFICIAL



Health and Community Services
Complaints Commissioner

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Complaints Commissioner

2021-22 Annual Report

Health and Community Services Complaints Commissioner

Ground Floor, 191 Pulteney Street, Adelaide

www.hcsccl.sa.gov.au

Contact phone number:	08 7117 9313
Contact email:	info@hcsccl.sa.gov.au
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2021-22 ANNUAL REPORT for the Health and Community Services Complaints Commissioner

To:

The Hon. Chris Picton MP
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 on behalf of the Health and Community Services Complaints Commissioner by:

Associate Professor Grant Davies
Health and Community Services Complaints Commissioner

Date: 30 September 2022

Signature:



From the Commissioner

Foreword

Into my fifth year as Commissioner, it is timely to reflect on what the Office of the Health and Community Services Complaints Commissioner (HCSCC) has accomplished over that time. There are two guiding principles for the work we do which have guided us over the last four years. The first principle is that we are committed to a customer service focus (and by customer we mean consumers, complainants and service providers). The second is the work we do must add public



value. If either of those principles is absent from what we are doing, we shouldn't do it. Using these principles has led us to review and streamline our policies and procedures, develop a communication strategy for greater public awareness and engagement, utilise our resources more efficiently, engage with our stakeholders more effectively and provide greater accessibility to the public of South Australia. On those metrics, we have achieved what we set out to do. I have staff committed to this work and these principles and I thank them for their continued dedication to the important work of the HCSCC.

Code related

It has certainly been a busy year administering the Code of Conduct for Certain Health Care Workers (the Code). We have issued eight prohibition orders in this financial year and, for the first time in South Australia, successfully prosecuted an alcohol and drug counsellor for repeatedly breaching our prohibition orders and the Court's conditional bond orders. Of particular interest are the number of masseurs coming to our attention and the number of COVID-19 related orders this year. As I foreshadowed in last year's Annual Report, our focus on the Code has sharpened this financial year and the subsequent attention via the media has brought our work in this area more prominence in the public arena. This is an area of our work which is critically important to ensure the health and safety of members of the South Australian public.

Increased activity and contacts

The level of activity in the HCSCC has increased substantially over the past 12 months. As the data bear out, our overall contacts have increased by approximately 44 percent and the number of files we have closed has increased by approximately 37 percent. Taken together, it points to greater efficiency and throughput in our work. It is pleasing to report that as at 30 June 2022, the HCSCC had no cases 12 months old or older. This is a remarkable achievement and one of which staff should be proud. This is notable given the restrictions all workplaces faced during the

height of the pandemic and how we had to adapt quickly to changing environments. We believe this can be attributed to an additional staff member funded by the Department for Health and Wellbeing, greater precision in data entry, promotion via our social media platforms, websites and media releases and greater accessibility. We anticipate this trend will continue as we fine tune our processes and the public has better awareness of our service.

Office Accommodation

Shortly into my first year as Commissioner, I identified the need to find office accommodation which was better suited to the work we do. I'm pleased to say we have been working with the Department for Health and Wellbeing to identify a suitable site and are working toward moving into new accommodation in late July. We think this new space will enable our office to conduct onsite training and onsite conciliations. It will also have a shop front and reception area which will increase our visibility and accessibility to the South Australian public.

Future focus

We have undertaken a revision of our Strategic Plan which will come into effect on 1 July 2022. We believe it better reflects our mission and objectives. Please visit our website for a copy. Moving into and fitting out the new office accommodation will be the focus in the first part of the year, along with maintaining our service. Once that is embedded, we will develop business plans for our customer facing services and comprehensively review how we undertake evaluation so we can assess whether we are adding public value or not in the work that we do. As part of that process, we will develop key performance indicators for our work.

The HCSCC has undergone substantial change over the last four years which positions us well to respond to the needs of the people of South Australia. Consolidating and fine tuning our work will continue, as it should. That work positions us well for whatever the future brings.



Associate Professor Grant Davies
Health and Community Services Complaints Commissioner

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Overview: about the agency

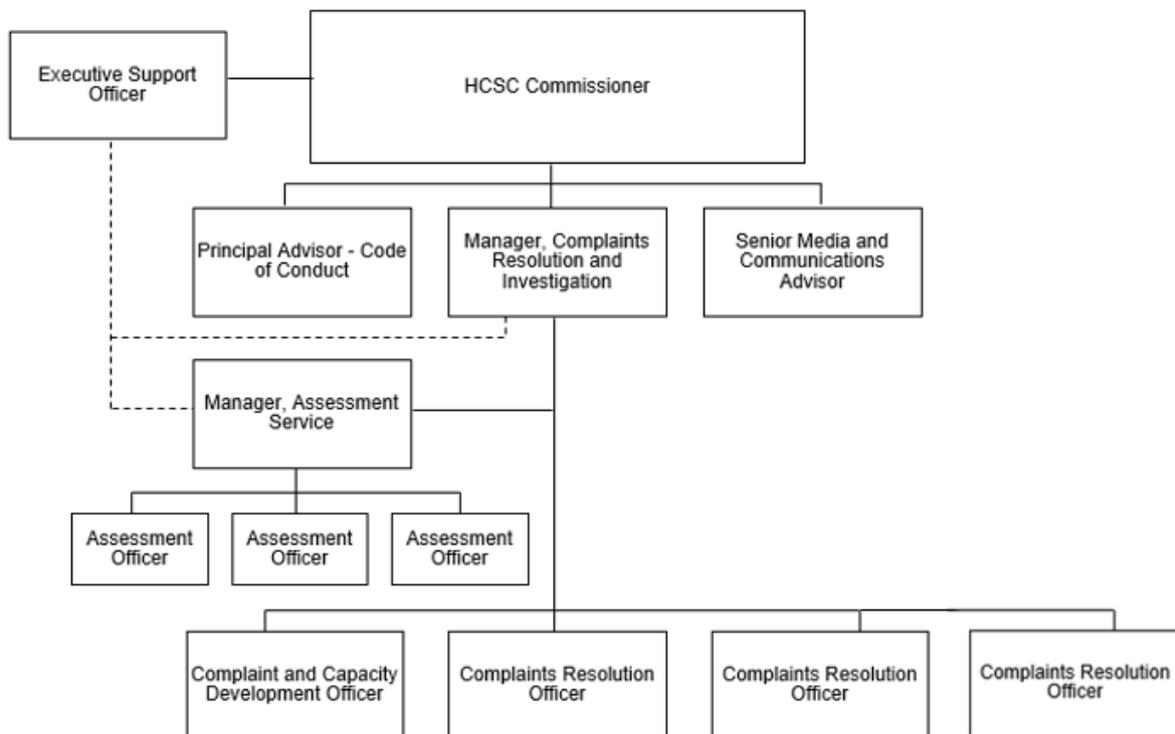
Our strategic focus

The HCSCC’s vision is for improved quality, safety and confidence in health and community services received in South Australia.

A full copy of the HCSCC’s strategic plan is available at: <https://www.hcsc.sa.gov.au/about/hcsc-2021-22-strategic-direction-2/>.

Our organisational structure

HCSCC organisational structure on 30 June 2021.



Changes to the agency

During 2021-22 the HCSCC received additional funding from the Department of Health and Wellbeing for a Complaints Resolution Officer.

Our Minister

The HCSCC is an independent, statutory office established by the *Health and Community Services Complaints Act 2004*.

The Hon. Chris Picton MP is the Minister for Health and Wellbeing.

He is the Minister to whom the administration of this Act has been committed.

The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.



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 2021-22:

- A 44 percent increase in contacts on the previous financial year.
 - 37 percent increase in health contacts.
 - 207 percent increase in community services contacts.
- 70 matters moved into conciliation. 94 conciliations completed in total.
- Six prohibition orders and two interim prohibition orders issued against:
 - [Mr John Warncken](#) – banned from health-related counselling;
 - [Mr Wayne Liebelt](#) – banned from providing health education and/or providing information related to COVID vaccination;
 - [Mr Norman Low](#) – banned from providing nutritional advice;
 - [Mr Yongan He](#) – banned from providing massage therapy services;
 - [Ms Monika Milka](#) – banned from providing health services in respect of health education and/or the provision of information relating to COVID-19 and vaccines;
 - [Ms Matilda Bawden](#) – banned from providing health education and/or providing information relating to COVID-19 and COVID-19 vaccines;
 - [Mr Peter Karamalis](#) – temporarily banned from providing alternative and detox therapies (however described) to treat cancer and cancer related symptoms; and
 - [Mr Paul Hagon](#) - temporarily banned from offering massage therapy services.
- 3905 contacts closed (an average of 10.70 a day). This is an increase of just over 37 percent. The HCSCC recently reviewed the coding of data to reflect the closure rate more accurately. Last year's closed contacts reduced to 2842.

Agency contribution to whole of Government objectives

Agency's contribution

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

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 Code of Conduct for Certain Health Care Workers	<p>The HCSCC continues to inform South Australians about the Code.</p> <p>Promote awareness of service providers' obligations under the Code to ensure expected standards of service delivery are met.</p>	<p>The HCSCC continues to promote the Code of Conduct and its importance to service providers and organisations. While public events are starting to resume, the HCSCC has not been able to attend as many this year due to COVID-19. The HCSCC used social media as its primary promotion tool for the Code.</p> <p>Refer to: www.hcsc.sa.gov.au/information-code-conduct-unregistered-health-practitioners/.</p>
A new office	<p>The HCSCC progressed its aim to move into a new office that is more accessible and appropriate to its needs.</p>	<p>Significant progress was made to this long-term goal. The Commissioner is committed to more appropriate office accommodation for the HCSCC.</p> <p>The HCSCC received confirmation during the 2021-22 Financial Year that it would relocate to 191 Pulteney Street, Adelaide.</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 2021-22

Service Provider Type	20-21 Total [^]	21-22 Complaints / Own Motions	21-22 Enquiries	21-22 Total	Increase / Decrease %
Health	2698	1316	2388	3704	+37.59
Community Services	117	40	319	359	+206.84
Child Protection*	8	0	4	4	-50.00
Total contacts	2823	1356	2711	4067	+44.07

**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 2021-22 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 2021-22

In 2021-22, 3905 contacts were closed, of which:

- 2639 were closed within 21 days (67.6%).
- 419 were closed between 22 and 45 days (10.7%).
- 389 were closed between 46 and 100 days (9.9%).
- 438 were closed between 101 and 365 days (11.2%).
- 20 were closed after 365 days or more (0.5%).

At close of business 30 June 2022, the HCSCC had 498 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	Current year 2021-22	Past year 2020-21	% 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	Current year 2021-22	Past year 2020-21	% 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**	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$79,703	\$30,269	+163.3%
Income support payments – gross (\$)	\$64,174	\$14,785	+334.0%

***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 2021-2022 are attached to this report.

Statement of Comprehensive Income	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	2020-21 Actual \$000s
Total Income	0	0	0	-1
Total Expenses	1,754	1,712	41	1,560
Net Result	-1,754	-1,712	-41	-1,561
Total Comprehensive Result	-1,754	-1,712	-41	-1,561

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 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	\$ 0

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 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
All contractors below \$10,000 each - combined	Various	\$4310.00

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

Contractors	Purpose	\$ Actual payment
Nil	Nil	Nil
	Total	\$ 0

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.](#)

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 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 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 HCSCC has received. A total picture cannot be gained without these data.

Own motion

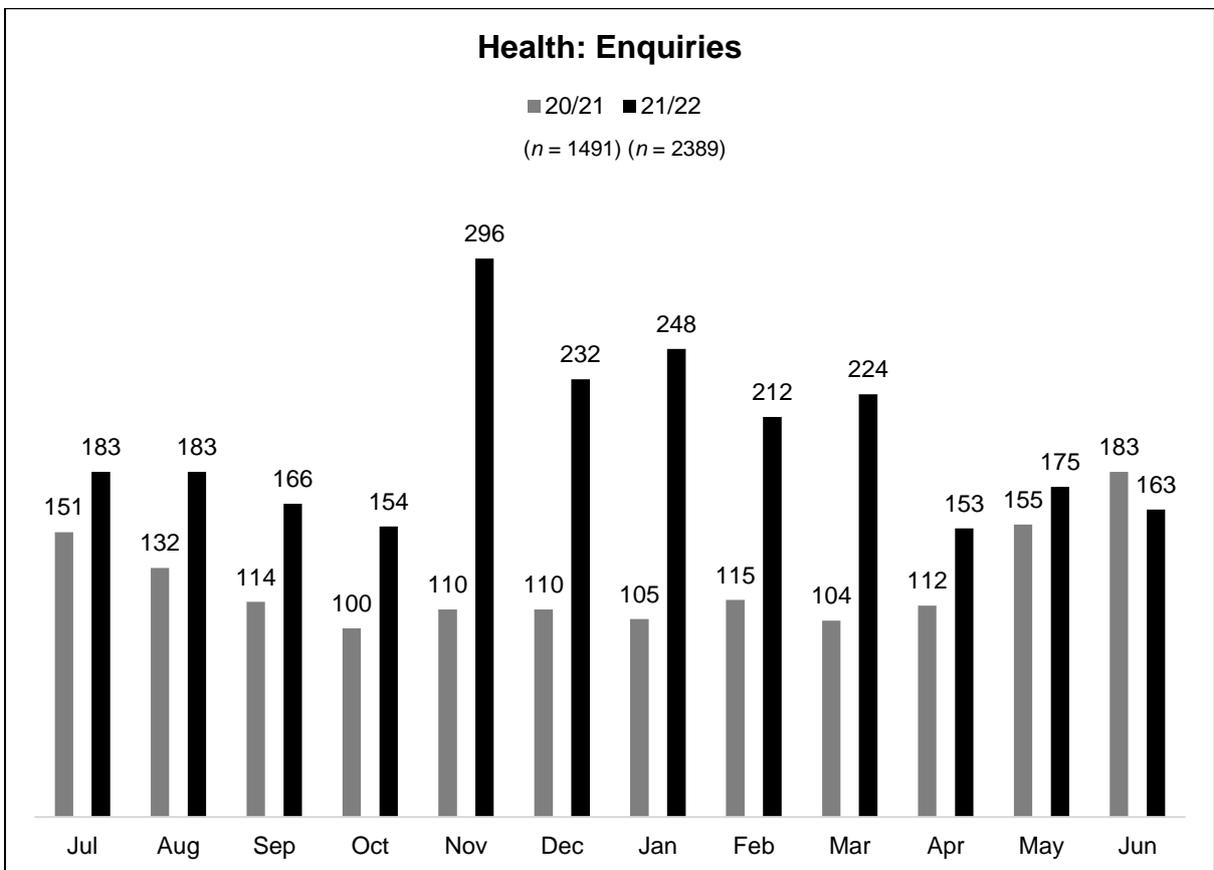
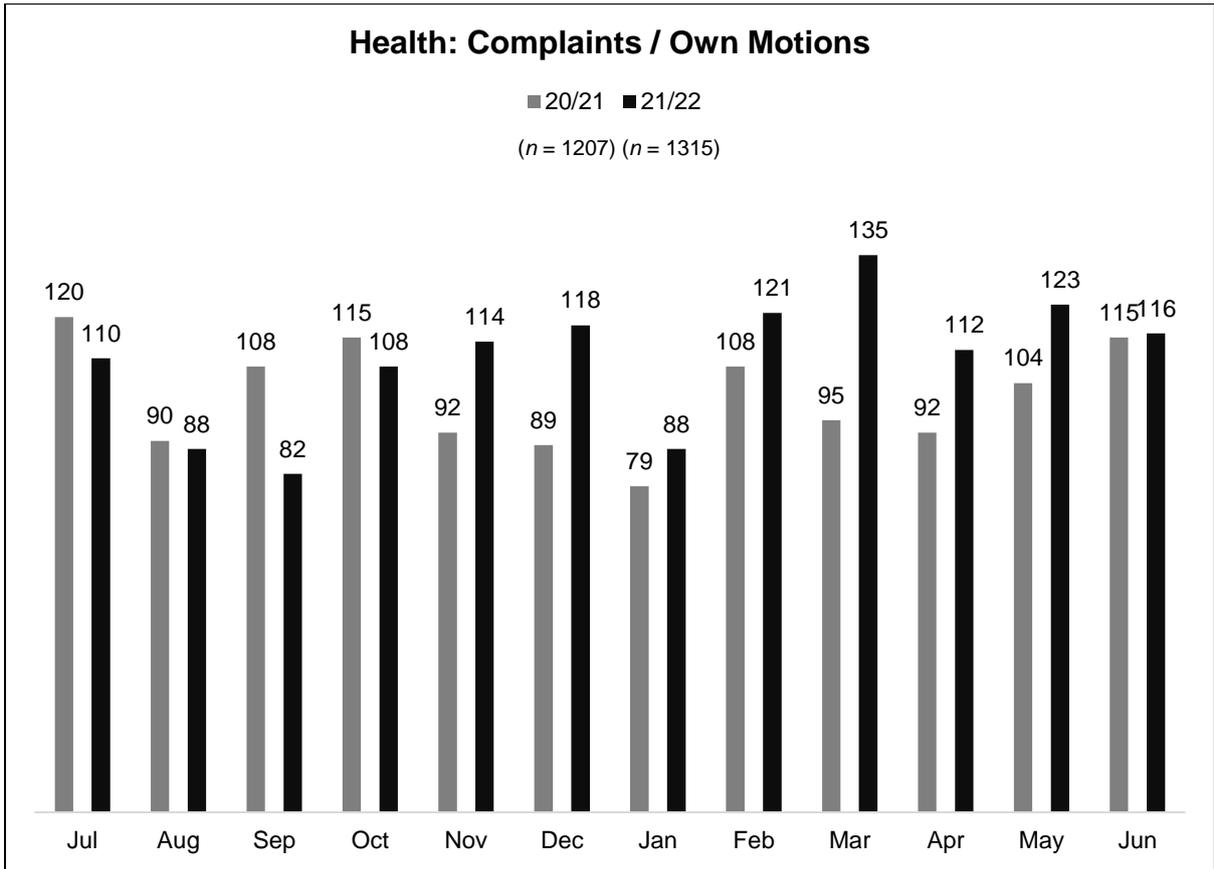
Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allow the Commissioner to inquire into, report or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner based on intelligence received may not necessarily be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

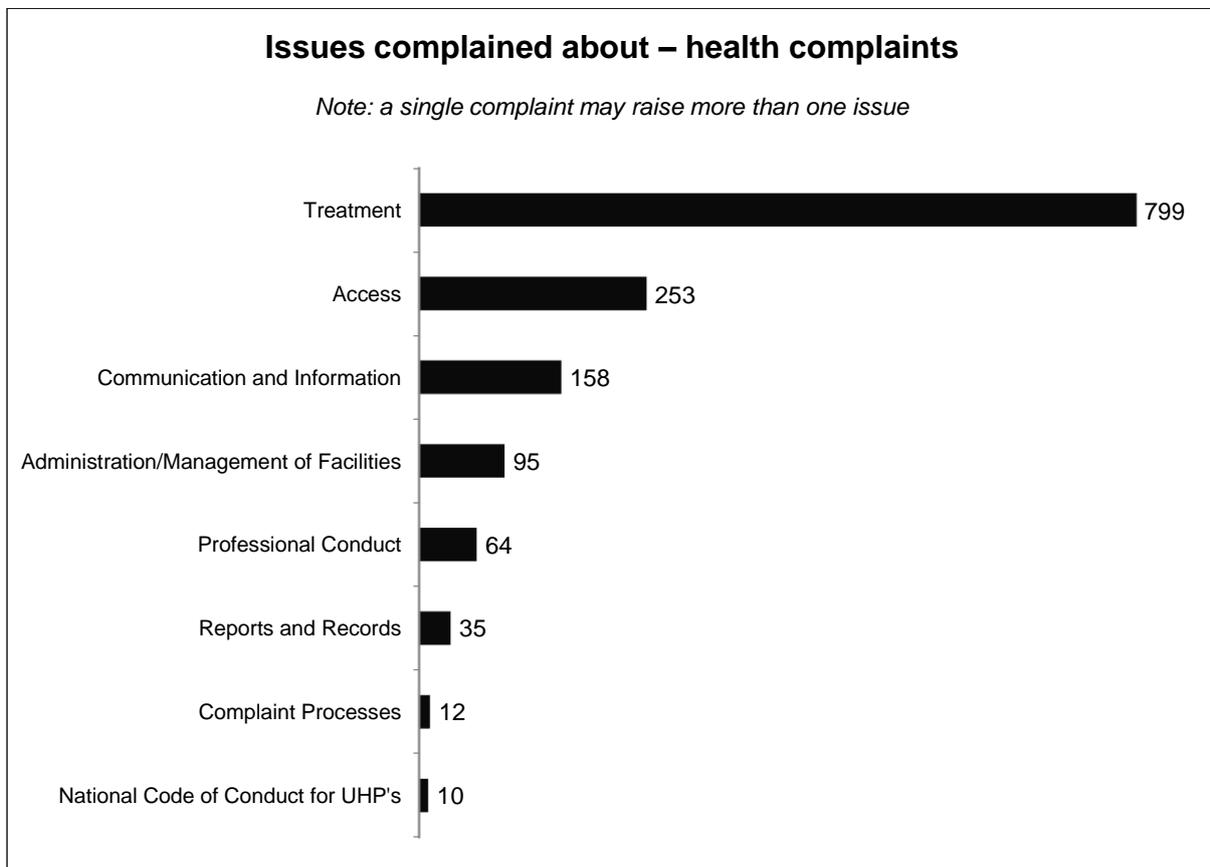
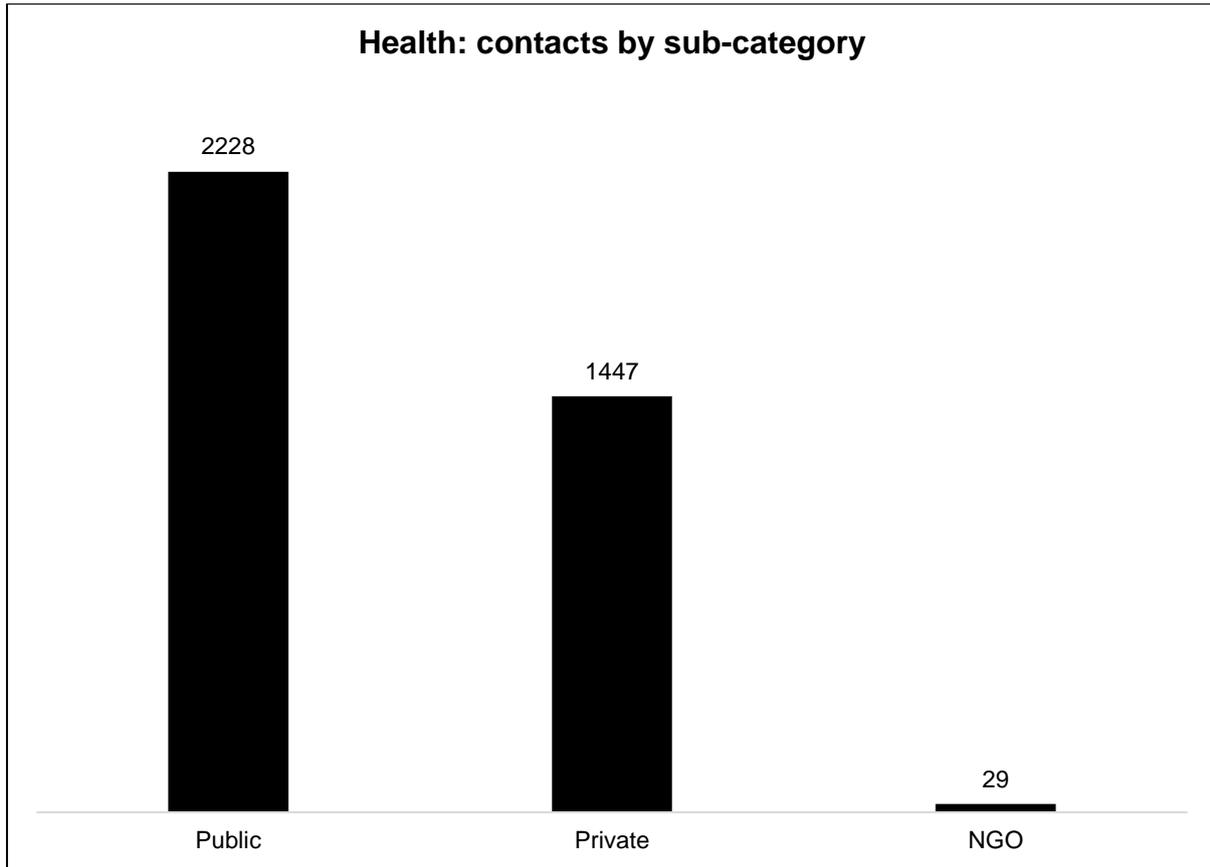
Disclaimer

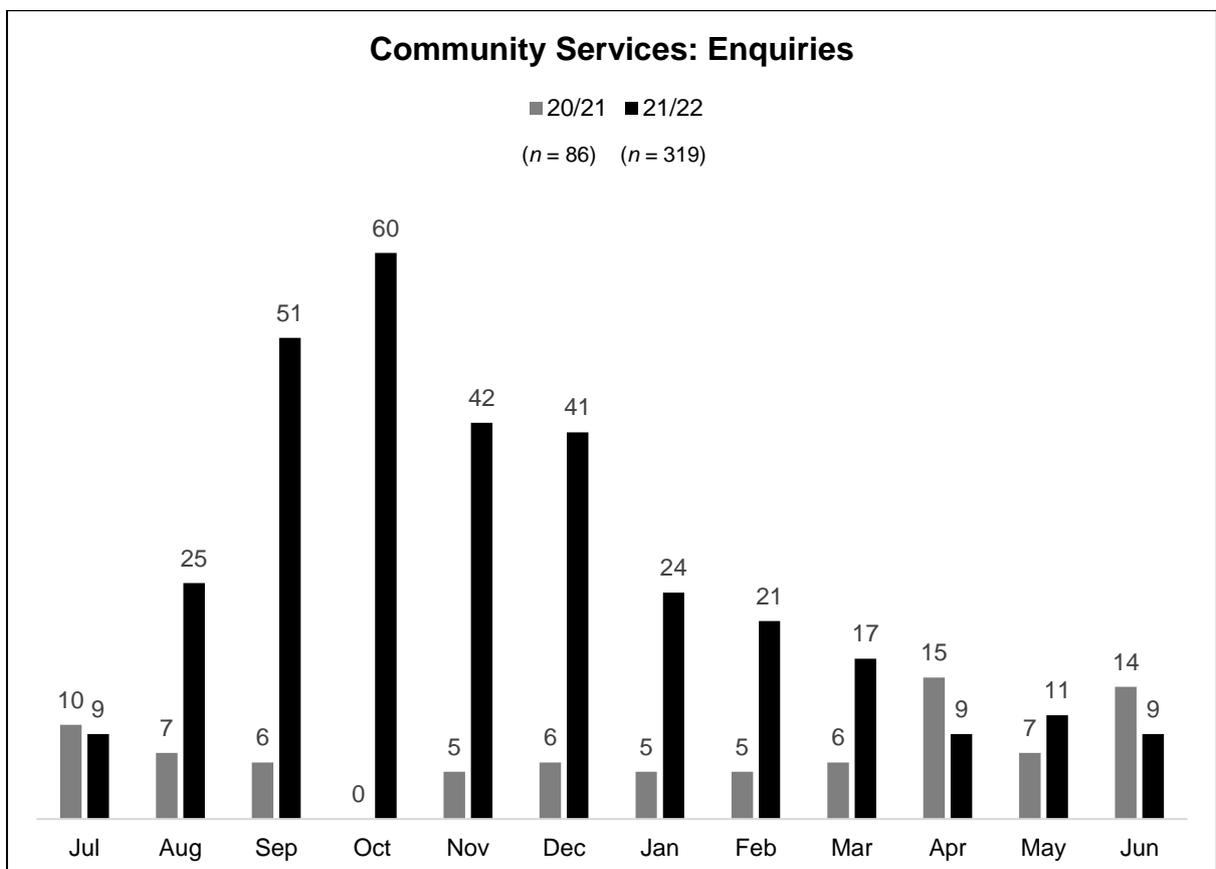
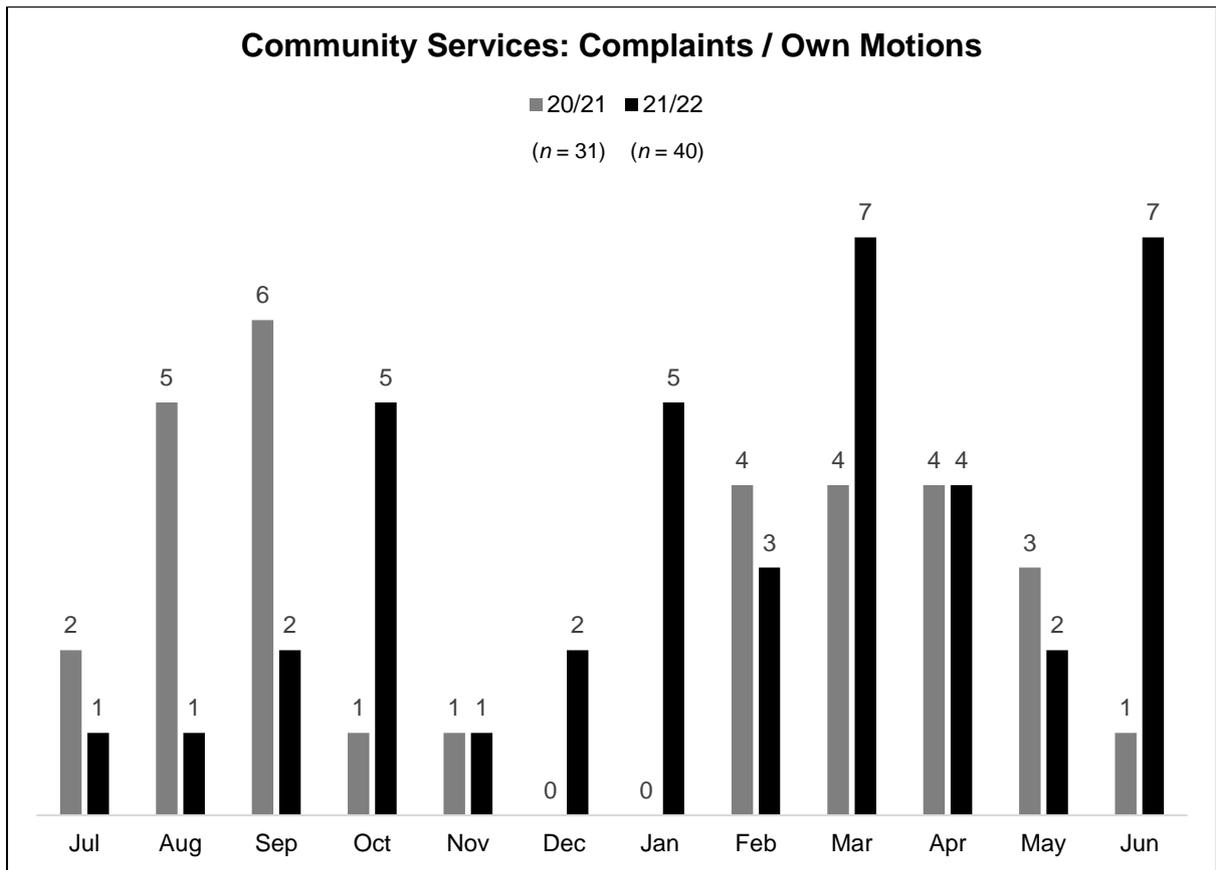
The HCSCC takes the collation of data seriously and has made significant improvements on how contacts are recorded in our records management system.

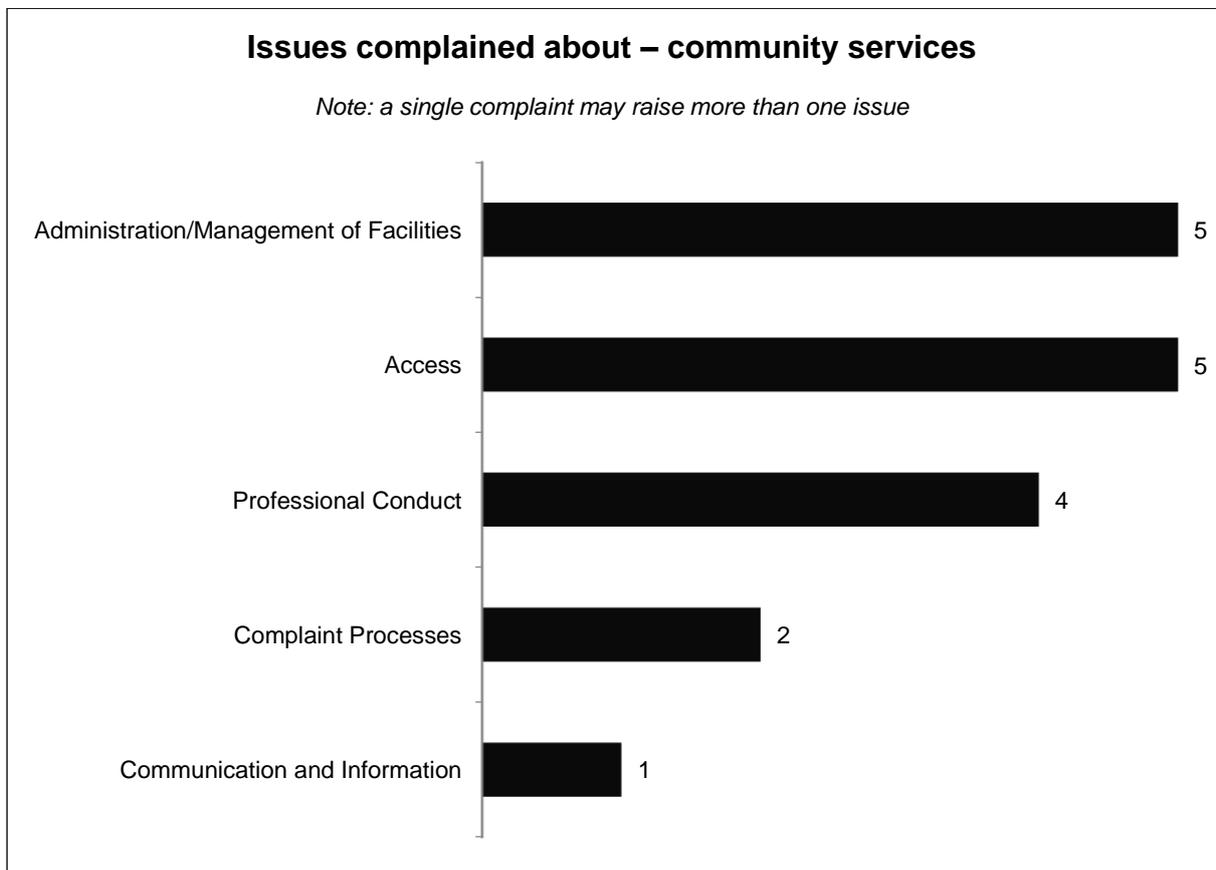
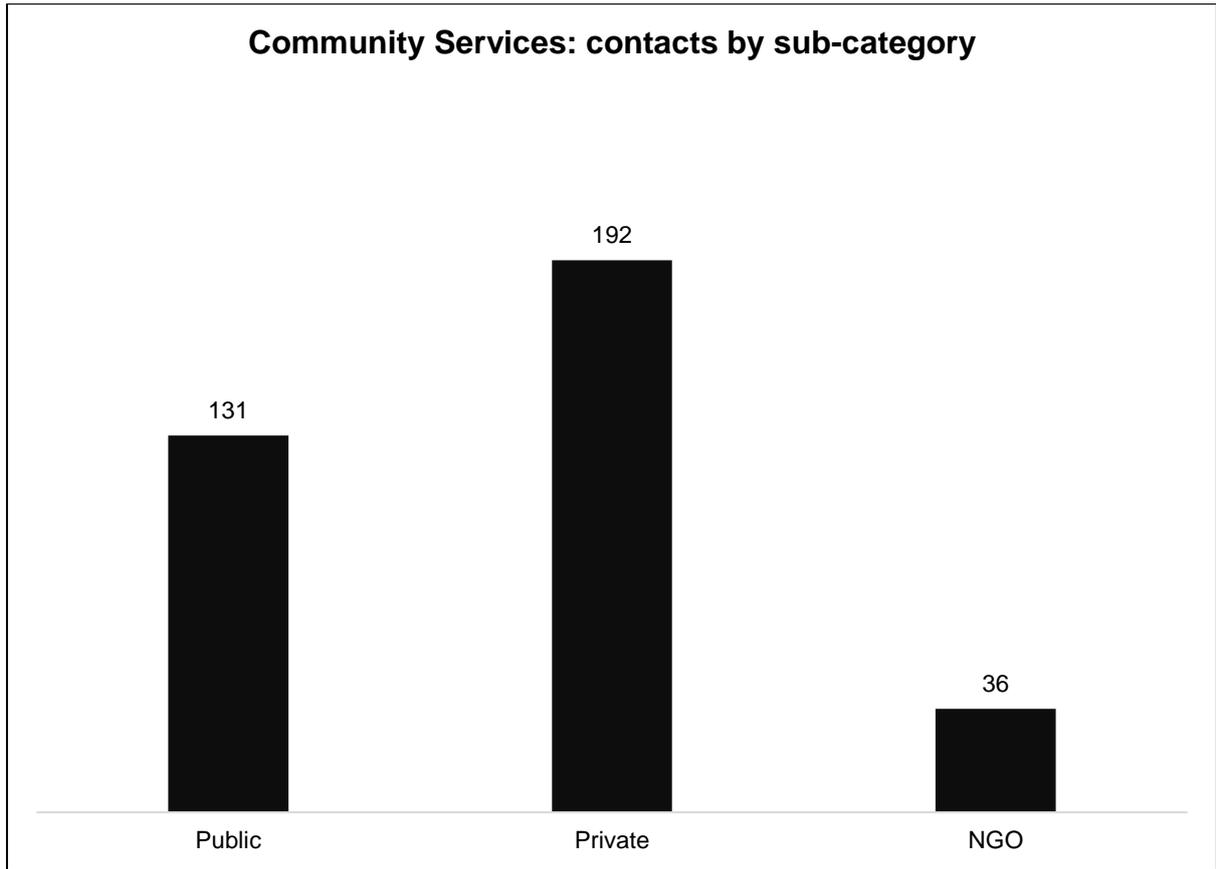
The data contained within this report are collated after the financial year ends, and represent statistics taken at a point-in-time. On occasion, these statistics can change based on multiple factors in the HCSCC's work practices like the re-opening of files, splitting files between the Australian Health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

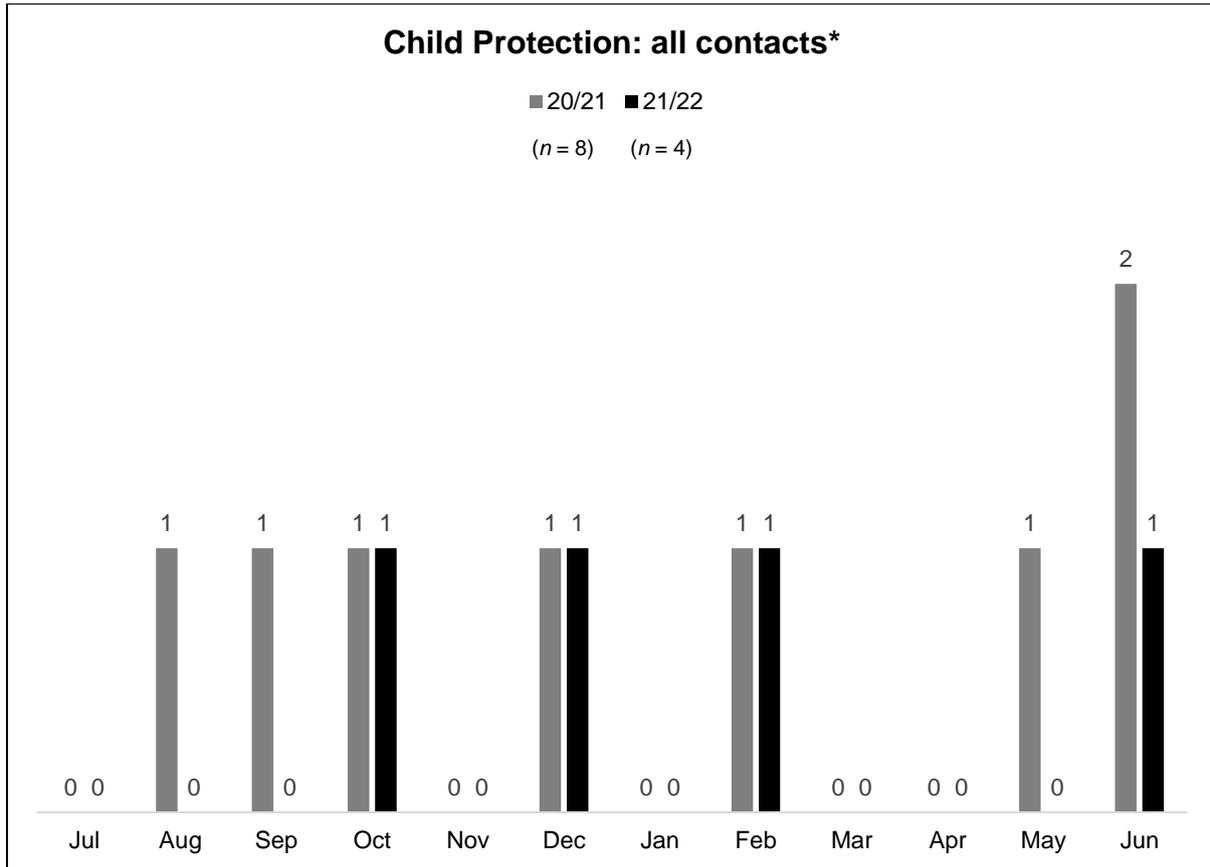
Therefore, there may be discrepancies between the statistics from one Annual Report to the next. These are not errors but rather a reflection of the changing nature of the work done by the HCSCC.



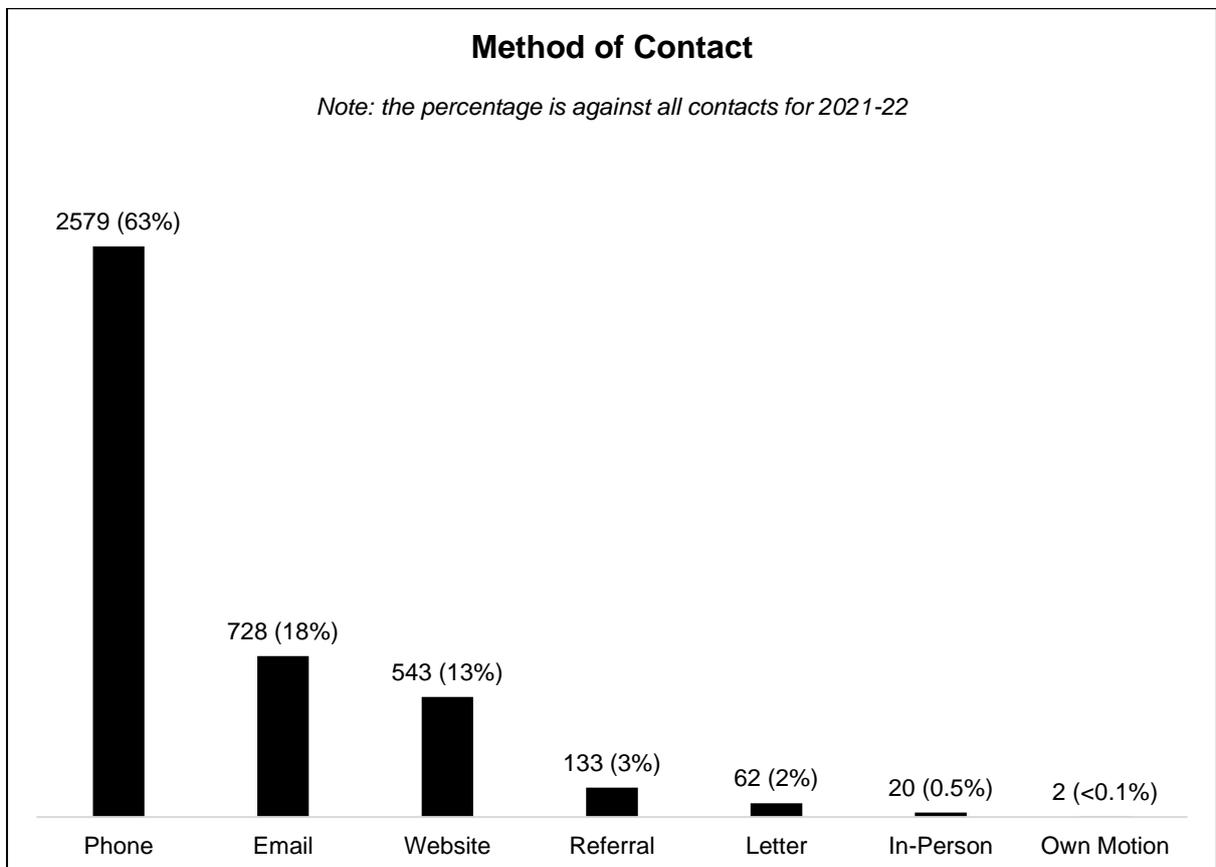
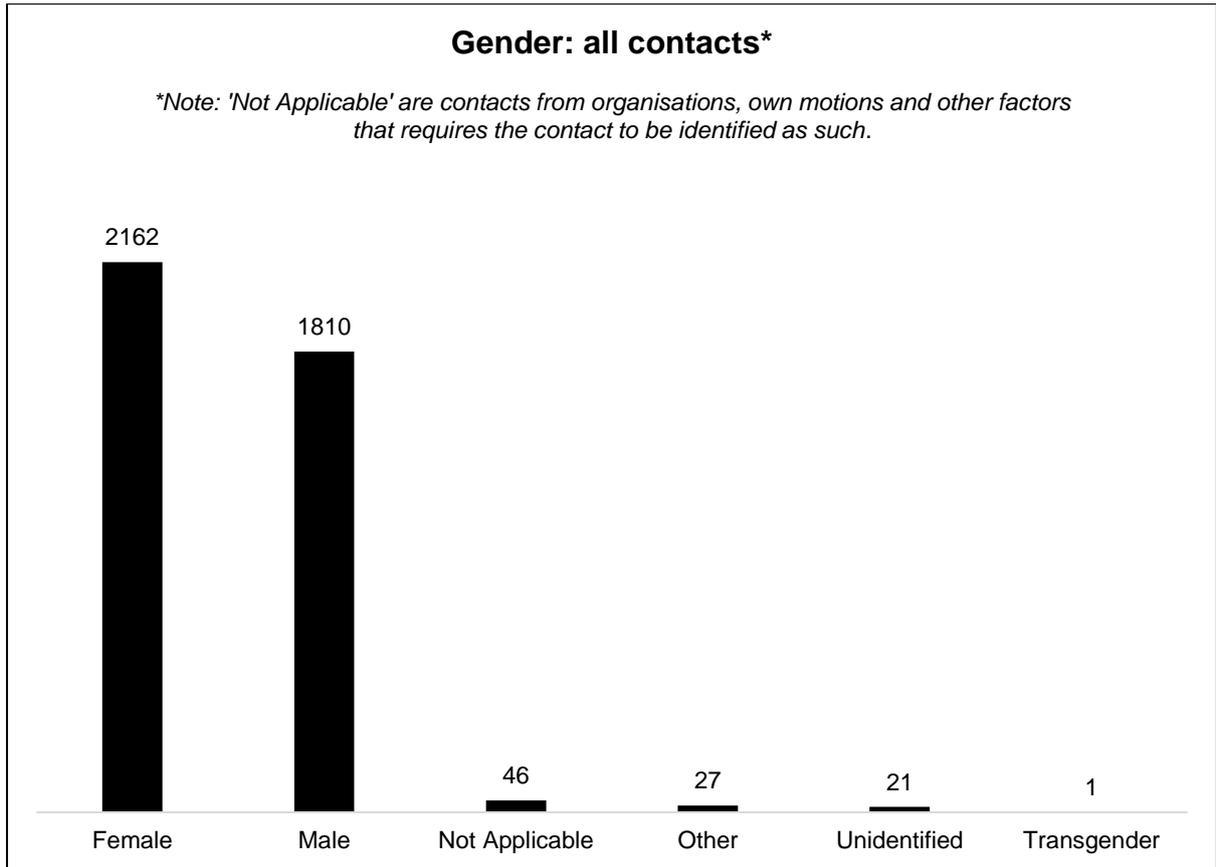


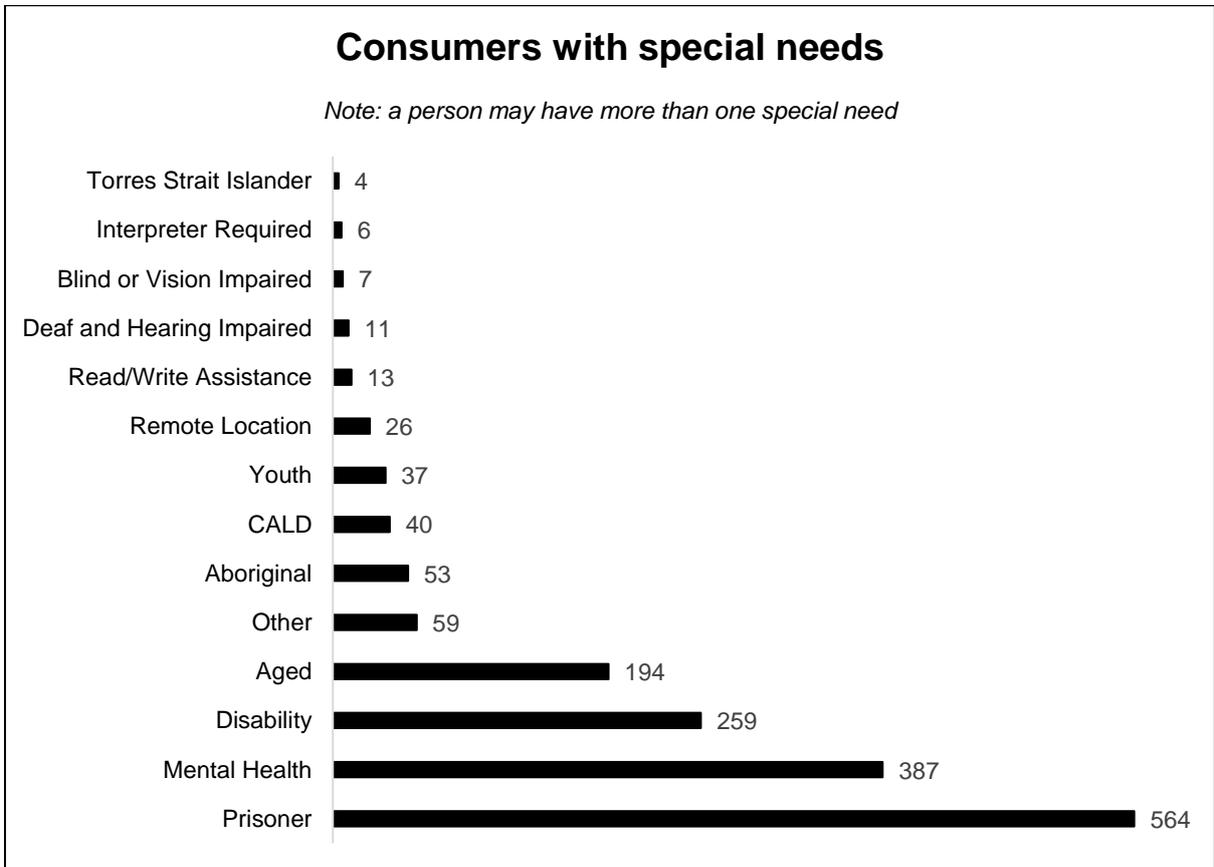
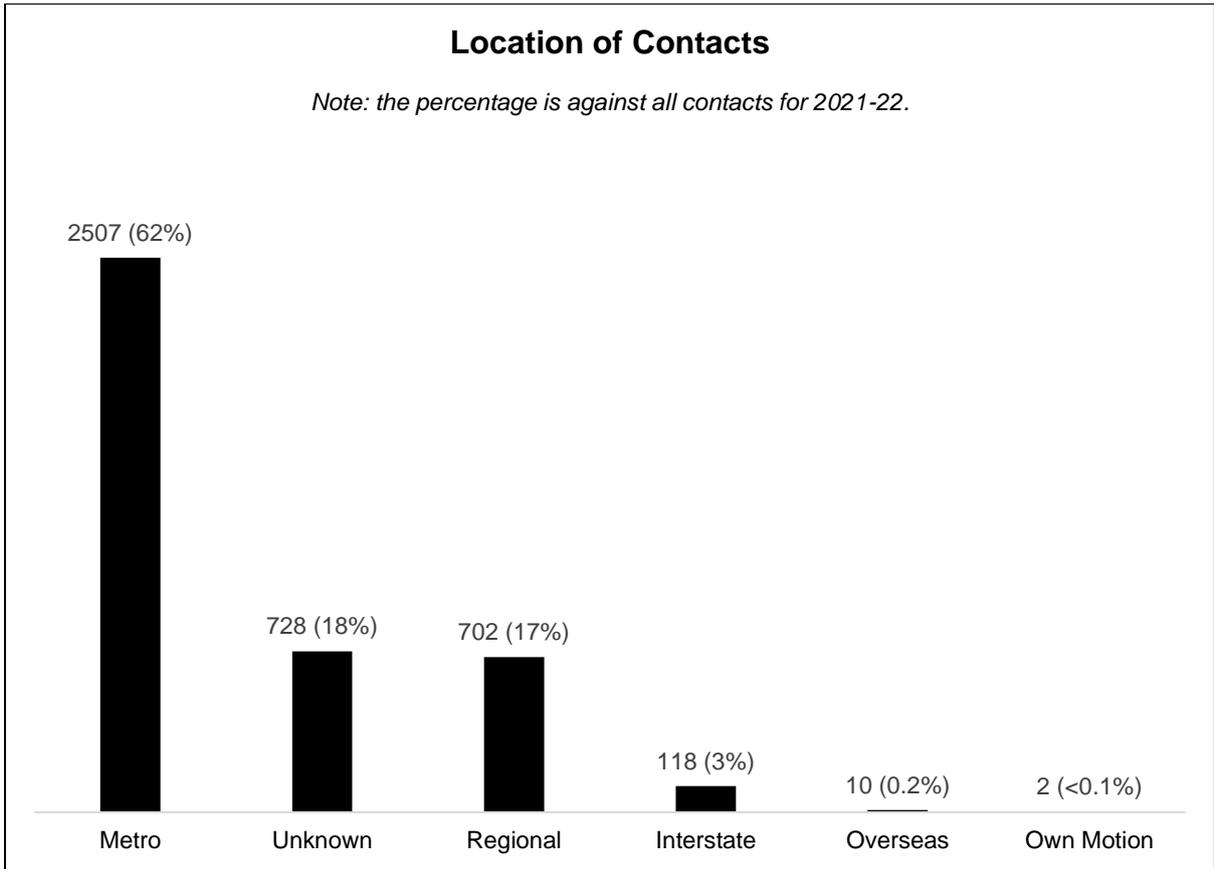


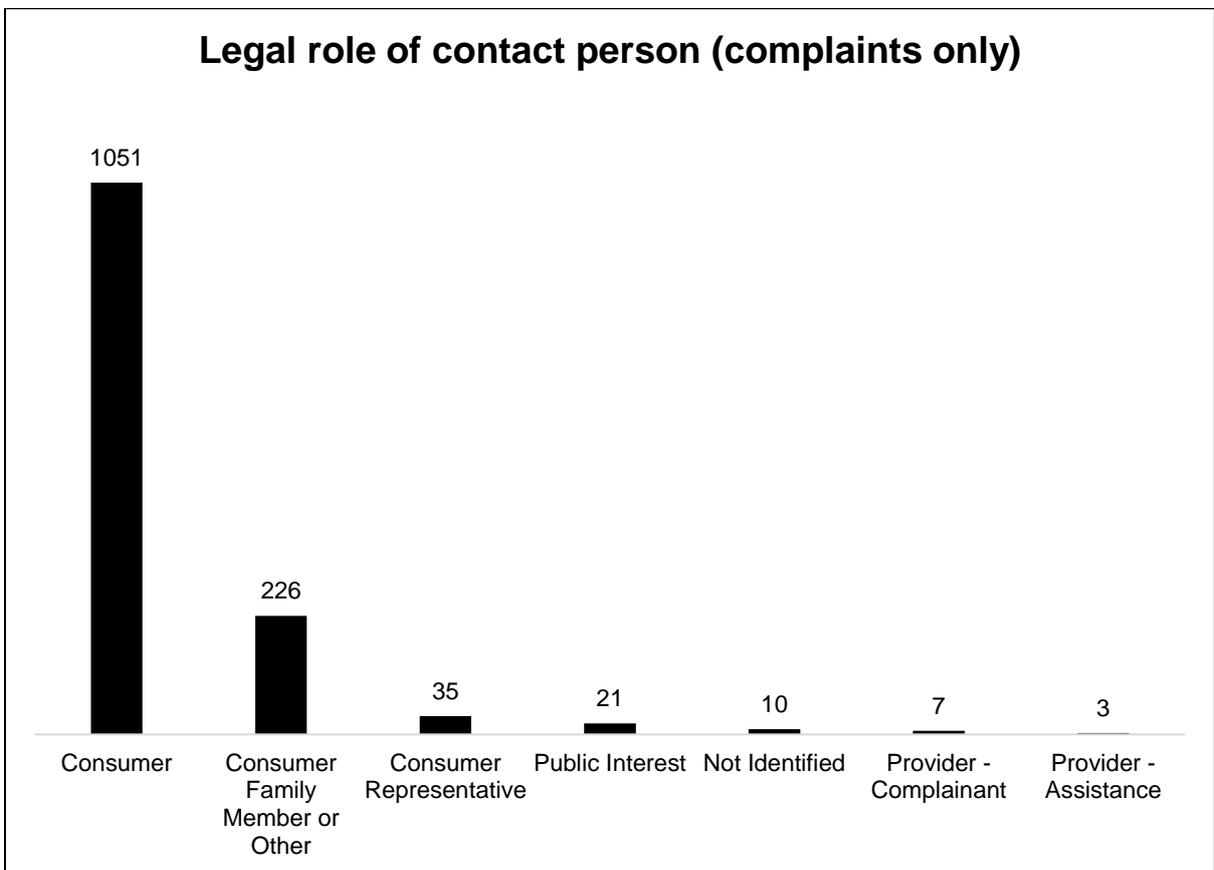
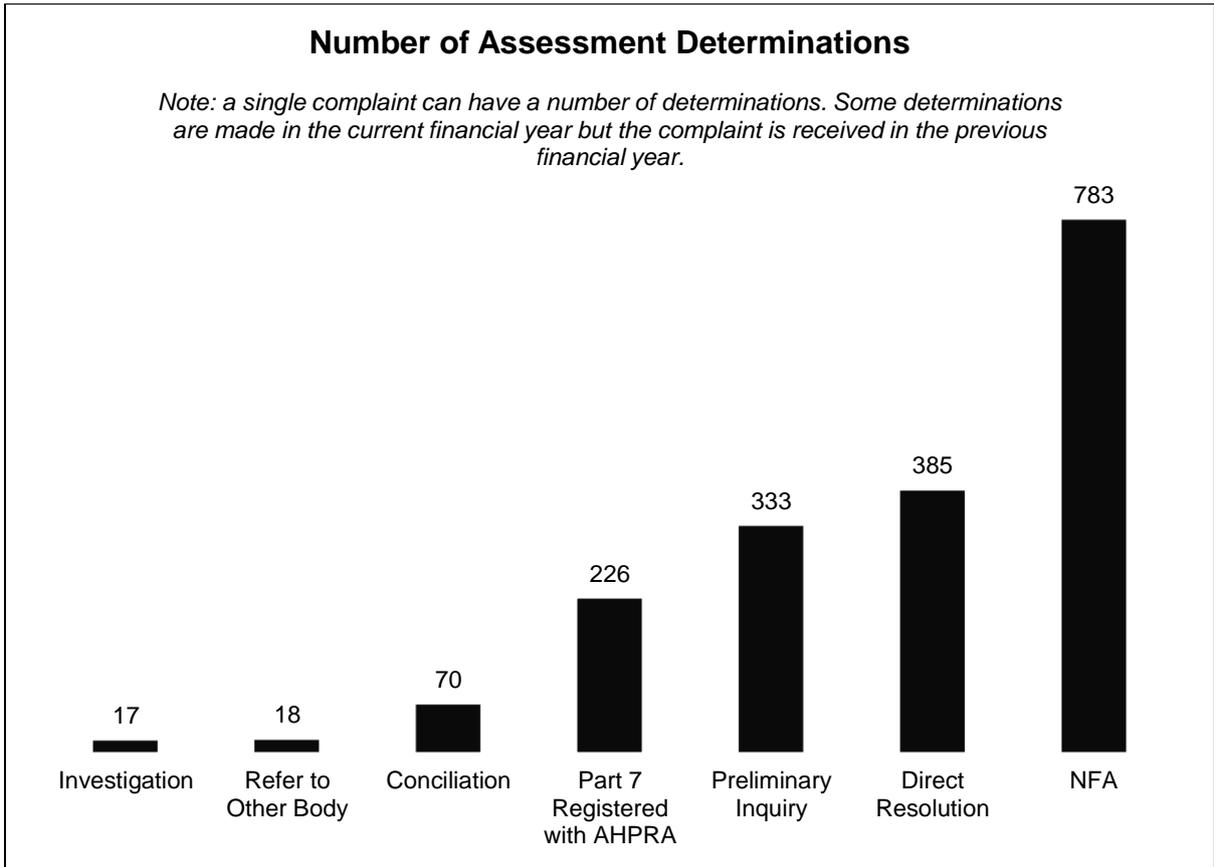




**In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received four contacts from the public about child protection matters in 2021-22 and referred all these matters to Ombudsman SA.*

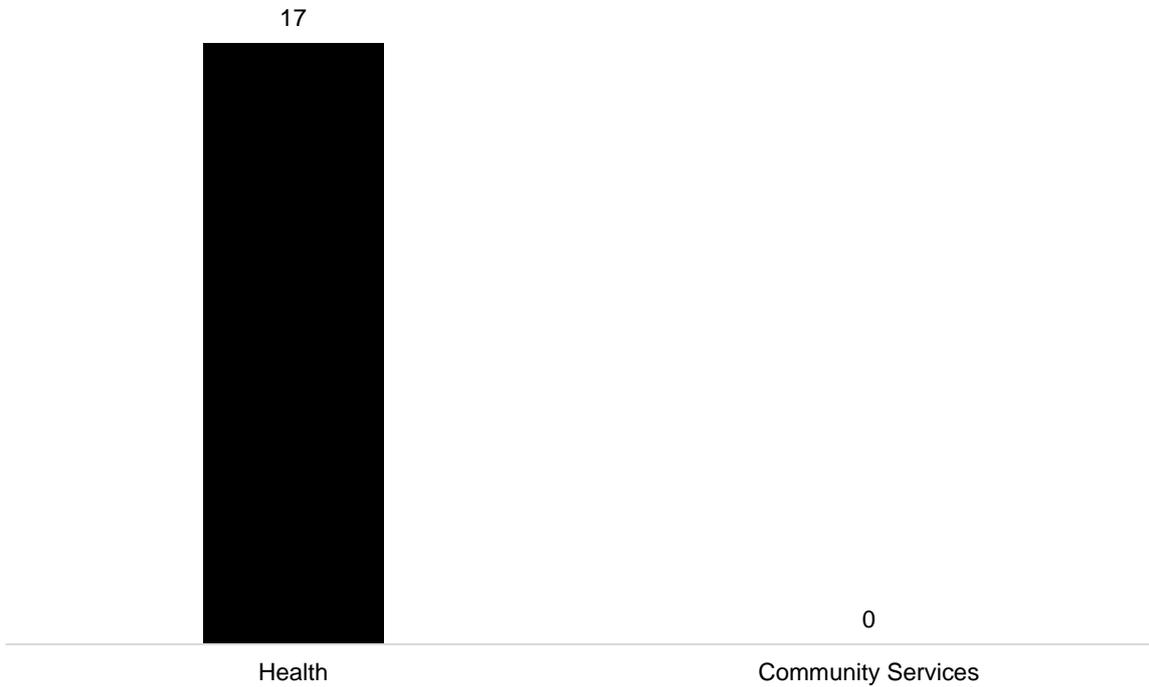






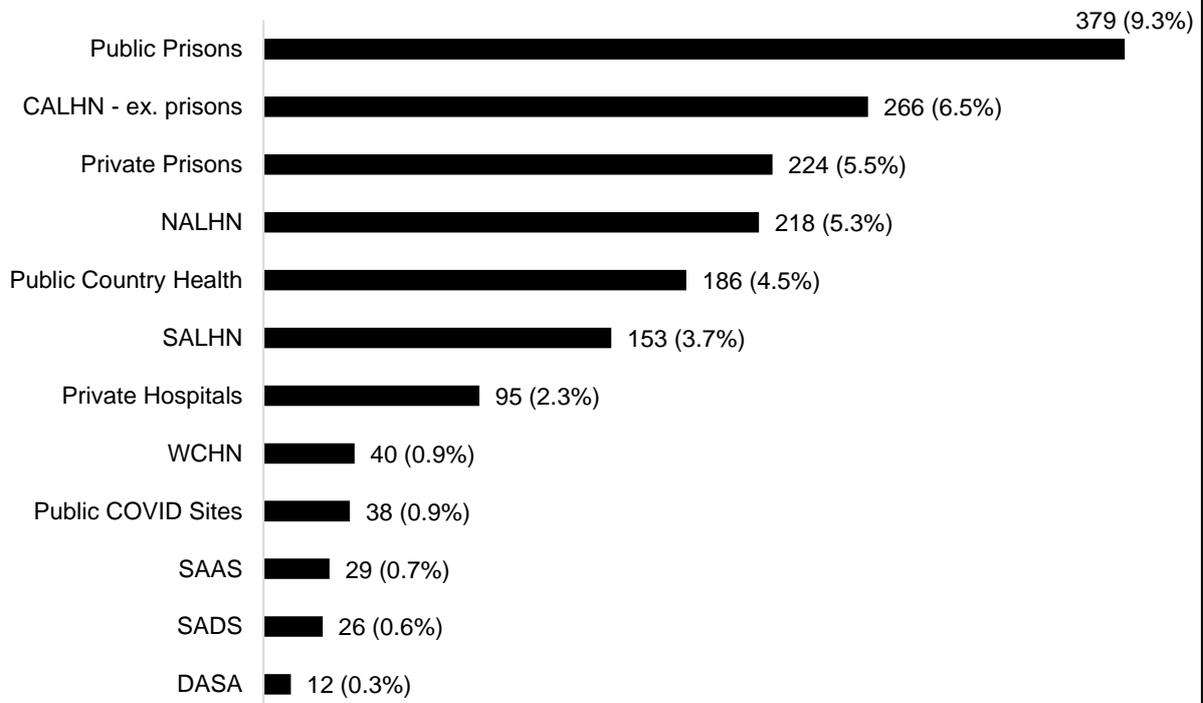
Part 6: Summary of Investigations by type of Provider

Note: this data relates to new investigations in 2021-22. The HCSCC may complete an investigation that crosses over financial years.



Contacts about major health services

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



Reasons for Closure of Complaints 2021-22

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

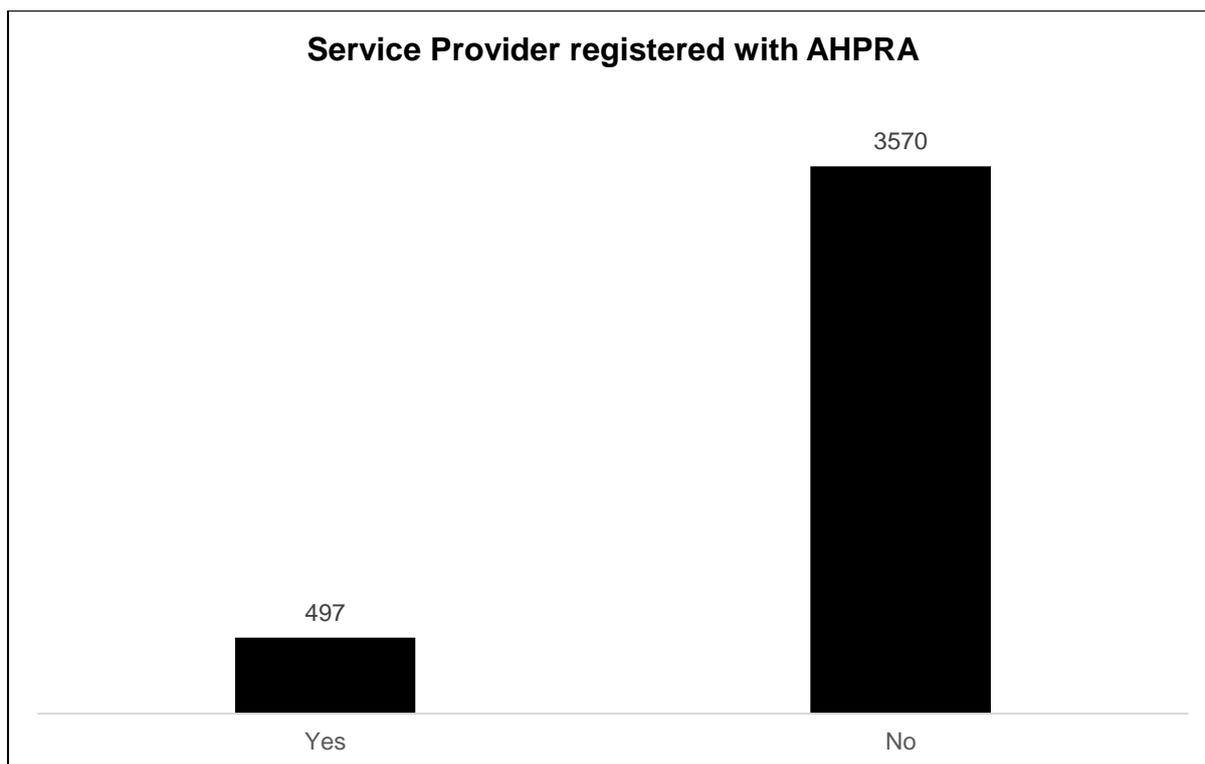
Advice and information provided	5
Outside of Jurisdiction	46
Part 6 - s54 Report	8
Part 6 - s55 Notice of Action to Provider	4
Part 6 s56C order	5
s33(1)(a) not entitled to make complaint	1
s33(1)(b) does not disclose ground of complaint	5
s33(1)(c) should be determined by legal proceedings	1
s33(1)(d) proceedings have commenced before a tribunal authority or other	5
s33(1)(e) reasonable explanation(s) or information earlier	598
s33(1)(g) complaint lacks substance	3
s33(1)(h) the complainant has failed to comply with a requirement	21
s33(1)(i) the complaint would be an abuse of the processes under the Act	3
s33(1)(j) the complaint is abandoned	39
s33(1)(j) the complaint is resolved	158
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	8
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	13
s33(1)(k) reasonable cause - other	121
s33(1)(k) reasonable cause - s27 outside of time limit	1
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	32
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	6
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	4
s33(1)(k) reasonable cause - service provider met reasonable standards	13
s33(1)(k) reasonable cause - service provider resources are limited and equitably provided	14
s33(2) complaint has been adjudicated by a court tribunal authority or other	2
s33(3)(a) suspension - court proceedings have commenced	1
s34(1) - complaint withdrawn	12
s57(2)(b) referred to registration authority	54
Suspended - pending another agency's action	2
Total	1185

Grounds for Complaint 2021-22

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

Charter of Health and Community Services Rights grounds (Refer to http://www.hcscs.sa.gov.au/about-the-hcscs-charter/)	
Charter 1 – Access	595
Charter 2 – Safety	216
Charter 3 – Quality	477
Charter 4 – Respect	192
Charter 5 – Information	271
Charter 6 – Participation	77
Charter 7 – Privacy	18
Charter 8 – Comment	0

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	50
S 25 1 (b) - service provision not necessary/inappropriate	21
S 25 1 (c) - unreasonable manner in providing service	10
S 25 1 (d) - lacked due skill	36
S 25 1 (e) - unprofessional manner	15
S 25 1 (f) - lack of privacy/dignity	3
S 25 1 (g) - quality of information	12
S 25 1 (h) - unreasonable action - lack of information/access to records	5
S 25 1 (i) - unreasonable disclosure to a third party	2
S 25 1 (j) - improper action on a complaint	0
S 25 1 (k) - inconsistent with the Charter	1
S 25 1 (l) - did not meet expected standard of service delivery	61
Total	2062



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	265	85
Dental	26	6
Nursing & Midwifery	38	12
Pharmacy	26	13
Chiropractic	2	1
Physiotherapy	4	0
Optometry	2	2
Osteopathy	0	0
Psychology	22	3
Podiatry	0	0
Chinese Medicine	3	0
Medical Radiation Practice	0	0
Occupational Therapy	3	1
Aboriginal and Torres Strait Islander Health Practice	0	0
Paramedicine (commenced December 2018)	1	0
Unregistered Health Practitioner	2	2
Systemic	1	1
Total	395	126

AHPRA investigation outcomes resulting from referral of complaints by HCSCC to AHPRA and those matters retained by AHPRA

	Number of outcomes notified by AHPRA of action taken from HCSCC complaint referrals	AHPRA notified outcome	
Medical	26	6	No further action
		6	Caution
		13	Conditions imposed
		1	Refer to Tribunal
Dental	6	3	Conditions imposed
		2	Undertaking accepted
		1	Caution
Nursing & Midwifery	15	1	Undertaking accepted
		4	Caution
		10	Conditions Imposed
Pharmacy	2	1	Caution
		1	De-registration
Chiropractic	0	0	No outcomes received as at 30.06.22
Physiotherapy	0	0	No outcomes received as at 30.06.22
Optometry	0	0	No outcomes received as at 30.06.22
Osteopathy	0	0	No outcomes received as at 30.06.22
Psychology	1	1	Conditions Imposed
Podiatry	0	0	No outcomes received as at 30.06.22
Chinese Medicine	0	0	No outcomes received as at 30.06.22
Medical Radiation Practice	0	0	No outcomes received
Occupational Therapy	0	0	No outcomes received
Aboriginal and Torres Strait Islander Health Practice	0	0	No outcomes received
Paramedicine (commenced December 2018)	0	0	No outcomes received
Total	49	49	

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	178	35	23
Dental	26	8	12
Nursing & Midwifery	35	7	1
Pharmacy	6	3	0
Chiropractic	1	1	0
Physiotherapy	1	0	1
Optometry	0	0	0
Osteopathy	0	0	0
Psychology	3	2	0
Podiatry	0	0	0
Chinese Medicine	1	0	1
Medical Radiation Practice	4	0	0
Occupational Therapy	0	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
Paramedicine (commenced December 2018)	1	0	0
Total	256	56	38

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

Contacts about Unregistered Health Care Workers 2021-22

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005.	25
Number of enquiries about Unregistered Health Care Workers	37
Number of Own Motions about Unregistered Health Care Workers	1
<i>Total contacts about Unregistered Health Care Workers</i>	63

At the end of the 2021-22 financial year, there were 11 matters about Unregistered Health Care Workers remaining open.

During the 2021-22 financial year, the HCSCC were advised of 58 prohibition orders issued in other States and Territories.

Investigation outcomes

17 new complaints received in 2021-22 were moved into investigation.

The HCSCC finalised 19 investigations during 2021-22. This is a 52.5 percent decrease on the previous 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	1
Information/Explanation Provided	1
SA Code - breach - condition order issued	1
Unresolved	1
Met Expected Standards	3
Resolved	3
SA Code - breach - prohibition order issued	6
Service Improvement	6

Conciliation outcomes

In 2021-22, 70 matters were moved into conciliation. This number does not incorporate conciliation matters opened and carried forward from the previous financial year. Of the 70 opened conciliations, 61 were finalised (87.14 percent) within the financial year. Overall, the HCSCC finalised 94 conciliations in 2021-22.

The table below outlines the outcomes of complaints that were conciliated. Please note a conciliation can have multiple outcomes.

Conciliation Outcome	Number
Abandoned	7
Apology	27
Information / Explanation Provided	63
Met Expected Standards	13
Referred to AHPRA	6
Refund / Waive Fee / Compensation	24
Resolved	116
Service Improvement	6
Suspended	1
Unresolved	6
Withdrawn	2

Reporting required under the *Carers' Recognition Act 2005*

Not applicable.

Public complaints

Number of public complaints reported

Internal Reviews conducted by the Commissioner

During 2021-22, the HCSCC received 18 requests from complainants for an internal review by the Commissioner because they were not satisfied with the outcome of their complaint.

This is 34 fewer (a 66.66 percent decrease) than 2020-21.

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
18	18	13	1	4

Reviews of HCSCC decisions by Ombudsman SA

A 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
10	7	3	9	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

Complaints

During the 2021-22 financial year, the HCSCC received four complaints about our services. Three resulted in a change of Complaints Resolution Officer citing a relationship breakdown and one was about general timeliness.

Compliance Statement

Health and Community Services Complaints Commissioner is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
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 2021-22

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.