

OFFICIAL



Health and Community Services
Complaints Commissioner

HEALTH AND COMMUNITY SERVICES
COMPLAINTS COMMISSIONER
2022-23 Annual Report

**HEALTH AND COMMUNITY SERVICES COMPLAINTS
COMMISSIONER**

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Date presented to Minister: 29 September 2023

OFFICIAL

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 *(insert relevant acts and regulations)* 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: 29 September 2023 Signature

From the Commissioner

Foreword

It has been another busy year with some notable achievements at the Office of the Health and Community Services Complaints Commissioner (HCSCC). I am privileged to have been appointed for a second three-year term.



New accommodation

We have moved into fit for purpose accommodation at 191 Pulteney Street Adelaide on the ground floor. This enables us to be more accessible to the community through a reception and breakout interview room which caters for in person complainants. The new accommodation provides for a large conference room able to be partitioned into two smaller rooms. Both rooms can be used as presentation spaces, conciliation rooms or breakout areas. The conference room is also video conferencing capable when parties cannot be present. We intend to utilise this space to provide seminars to service providers and consumers once we have capacity to do so.

During the year, we reviewed the HCSCC's strategic plan (which is displayed prominently in the new accommodation) and, for the first time, organisational values which complement the public service values and code of ethics. This process provided greater focus and clarity on our core work and how we can best support the community. These documents are publicly available on our website at: www.hcsc.sa.gov.au.

Complaint numbers

The number of contacts to the HCSCC has fallen this year for the first time in my tenure as Commissioner. During COVID, these numbers rose sharply and substantially. This flattening of contact growth appears to be consistent with the picture emerging in other jurisdictions post-COVID. While numbers may have decreased, the complexity of the matters we are managing has not. Seriousness and complexity are rising substantially requiring more detailed management via preliminary inquiry, conciliation and investigation. We continue to investigate unregistered health care workers for breaches of the Code of Conduct for Certain Health Care Workers and prohibit workers who represent a risk to the safety of the public. Overall, the number of investigations conducted by the HCSCC has risen.

Staff

As always, I am grateful to the staff of the HCSCC for their dedication and customer service focus. The information we receive can be confronting and the complainants we speak with can be grieving, emotional and at a loss. For these reasons, the

HCSCC implemented a staff supervision process involving trauma consultants to help staff manage these challenging situations. Nevertheless, compassion fatigue remains a concern. There has been significant staffing change over the course of the past year which has presented challenges to a specialist complaints body like the HCSCC. We will continue to look at ways of supporting staff through flexible work arrangements and organisational support.

I look forward to consolidating operations in the new accommodation and the HCSCC continuing to add public value in the coming year.

A handwritten signature in black ink, consisting of a large, stylized loop at the top and a long, horizontal stroke extending to the left and right.

Associate Professor Grant Davies

Health and Community Services Complaints Commissioner

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Overview: about the agency

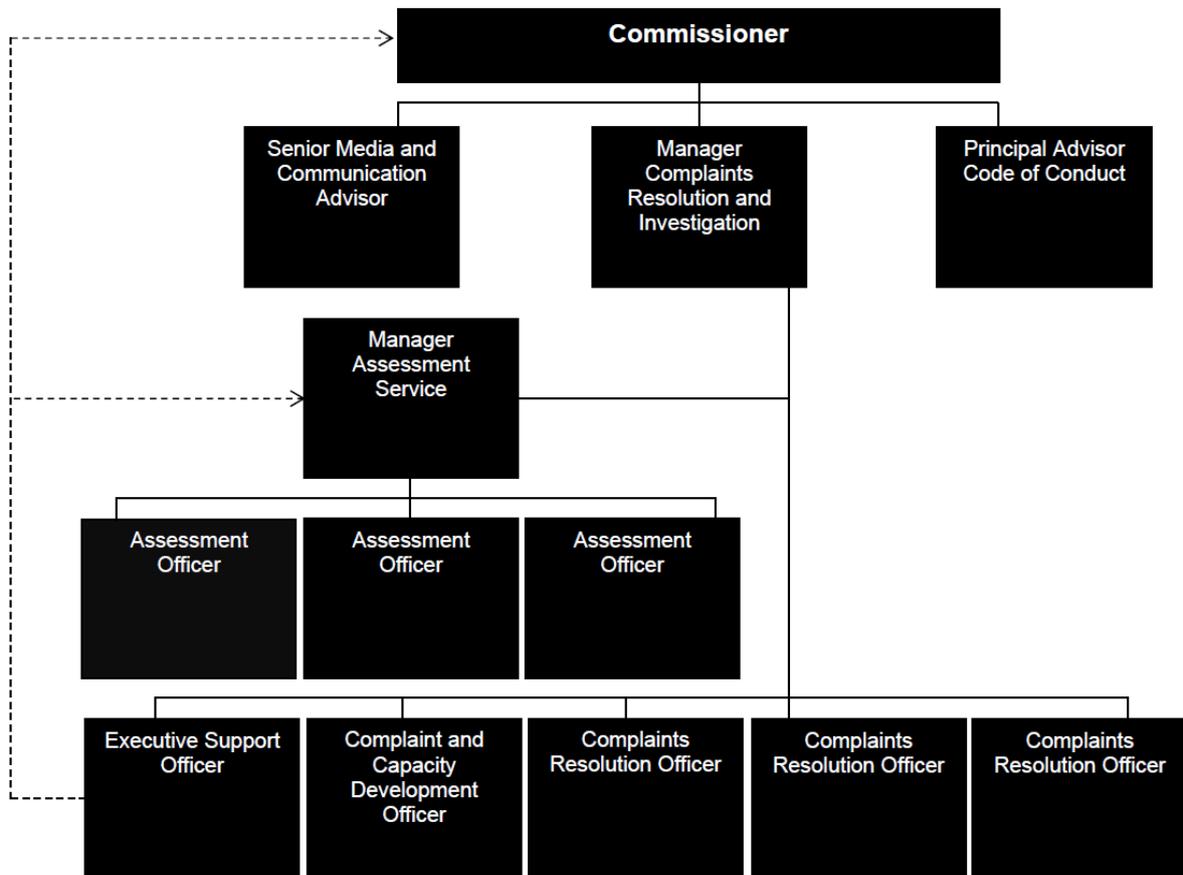
Our strategic focus

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: www.hcsc.sa.gov.au

Our organisational structure

HCSS organisational structure on 30 June 2023:



Changes to the agency

During 2022-23 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 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 Health and Community Services Complaints Commissioner 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 began working 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 Masters 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 2022-23:

- Health-related contacts remained relatively stable compared to the previous financial year with a small decrease of just over seven percent.
- The number of investigations undertaken almost doubled from 17 to 33 - a 94 per cent rise - reflecting the increase in seriousness and complexity of the issues being managed.
- This was also reflected in the rise of preliminary inquiries from 333 to 521 – a 56 per cent increase.
- Five interim prohibition orders and one prohibition order were issued. These included:
 - [Mr Mario De Ieso](#) - temporarily banned from providing dental services from his home;
 - [Mr Peter Karamalis](#) - banned from providing alternative detox therapies to treat cancer and cancer-related symptoms;
 - [Mr Adrian Mangini](#) – temporarily banned from providing neural linguistic programming, counselling, mental therapeutic services, hypnogram, yoga, reiki, massage and mediation services.
 - [Mr Jason Hagon](#)- temporarily banned from offering massage therapy services.

3128 contacts were closed (an average of 8.5 a day). Overall, there was greater parity among the number of contacts received from females and males.

Agency specific objectives and performance

Agency objectives	Indicators	Performance
Complaints Management	<p>Contact numbers decreased slightly.</p> <p>Service providers and consumers comply with the Act, rules and regulations.</p>	<p>Complaints management monitors safety and quality standards, identifies systemic issues and contributes to ensuring 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 delivery are met.</p>	<p>The HCSCC continues to promote the Code of Conduct and its importance to service providers and organisations. The Commissioner and his staff attended a number of public and community events, including a disability exhibition and the Feast festival.</p> <p>Refer to: www.hcsc.sa.gov.au/information-code-conduct-unregistered-health-practitioners/.</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>The Commissioner provided presentations and lectures to a broad range of community groups.</p>
A new office	<p>The HCSCC moved into a new office that is more accessible and appropriate to its needs.</p>	<p>The HCSCC has now relocated to 191 Pultney Street. The new office features more space, breakout areas, and video conferencing technology to better serve community needs.</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 past reporting year.</p> <p>This enabled him to connect with the health sector at all levels and to engage with relevant stakeholders.</p>

Corporate performance summary

Number and type of contacts in 2022-23

Service Provider Type	21-22 Total [^]	22-23 Complaints/ Own Motions	22-23 Enquiries	22-23 Incoming AHPRA Notifications	22-23 Incoming Prohibition Orders	22-23 Total	Increase/ Decrease %
Health	3685	1306	1741	305	73	3425	- 7.33
Community Services	356	31	139	0	0	170	-52.23
Child Protection *	4	1	4	0	0	5	+25
Total contacts	4045	1338	1884	305	73	3600	-10.95

**In 2022-23, the HCSCC began collating incoming AHPRA and Prohibition Order notifications for the first time.*

**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 2022-23

In 2022-23, 3140 contacts were closed, of which:

- 2040 were closed within 21 days (64.9%).
- 265 were closed between 22 and 45 days (8.4%).
- 227 were closed between 46 and 100 days (7.2%).
- 596 were closed between 101 and 365 days (18.9%).
- 12 were closed after 365 days or more (0.4%).

At close of business 30 June 2023, the HCSCC had 351 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 2022-23	Past year 2021-22	% 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	Current year 2022-23	Past year 2021-22	% 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 2022-23	Past year 2021-22	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$58,038	\$79,703	-27.2%
Income support payments – gross (\$)	\$27,415	\$64,174	-57.3%

***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 2022-2023 are attached to this report.

Statement of Comprehensive Income	2022-23 Budget \$000s	2022-23 Actual \$000s	Variation \$000s	2021-22 Actual \$000s
Total Income	0	0	0	0
Total Expenses	1,867	1,633	234	1,712
Net Result	1,867	1,633	234	1,712
Total Comprehensive Result	1,867	1,633	234	1,712

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	\$ 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 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	\$0

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

Contractors	Purpose	\$ Actual payment
Nil	Nil	\$0
	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

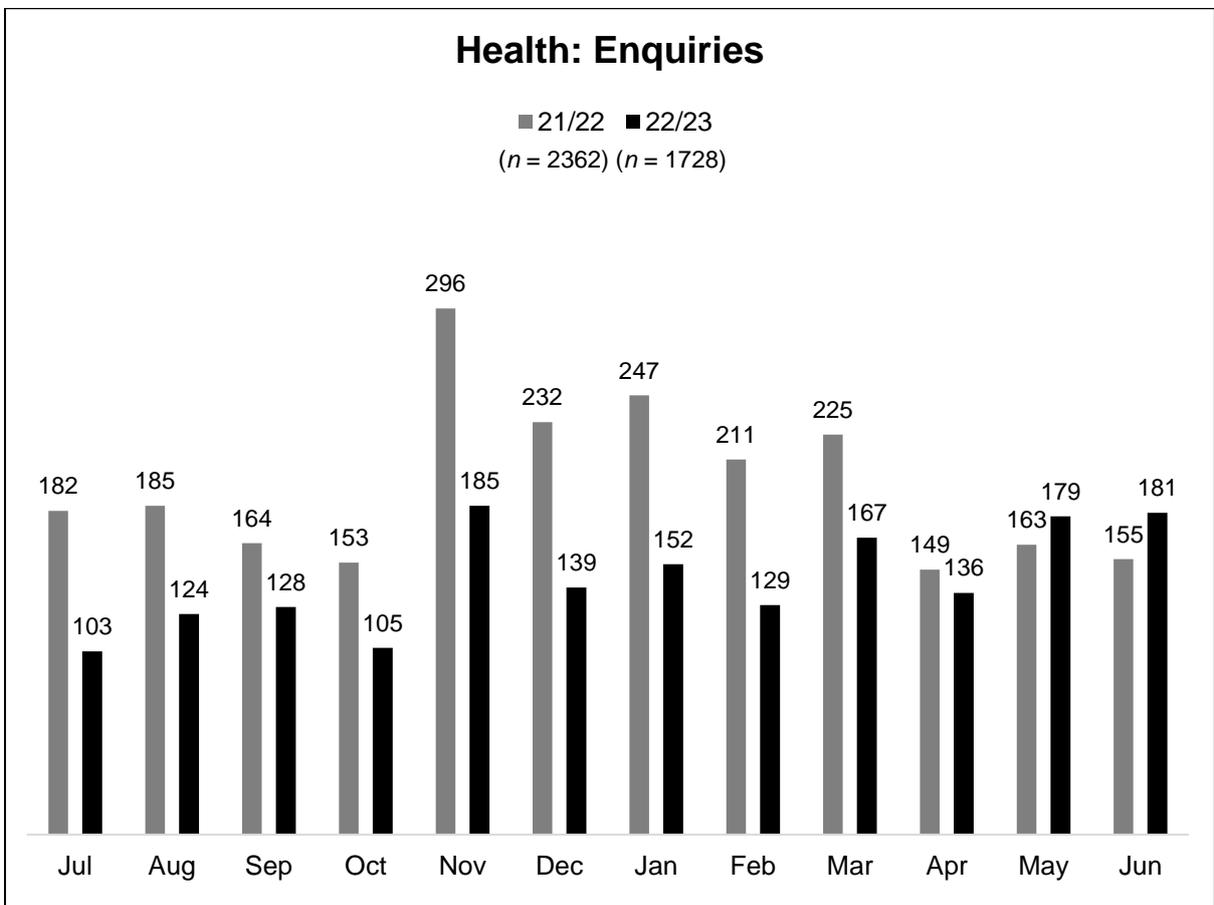
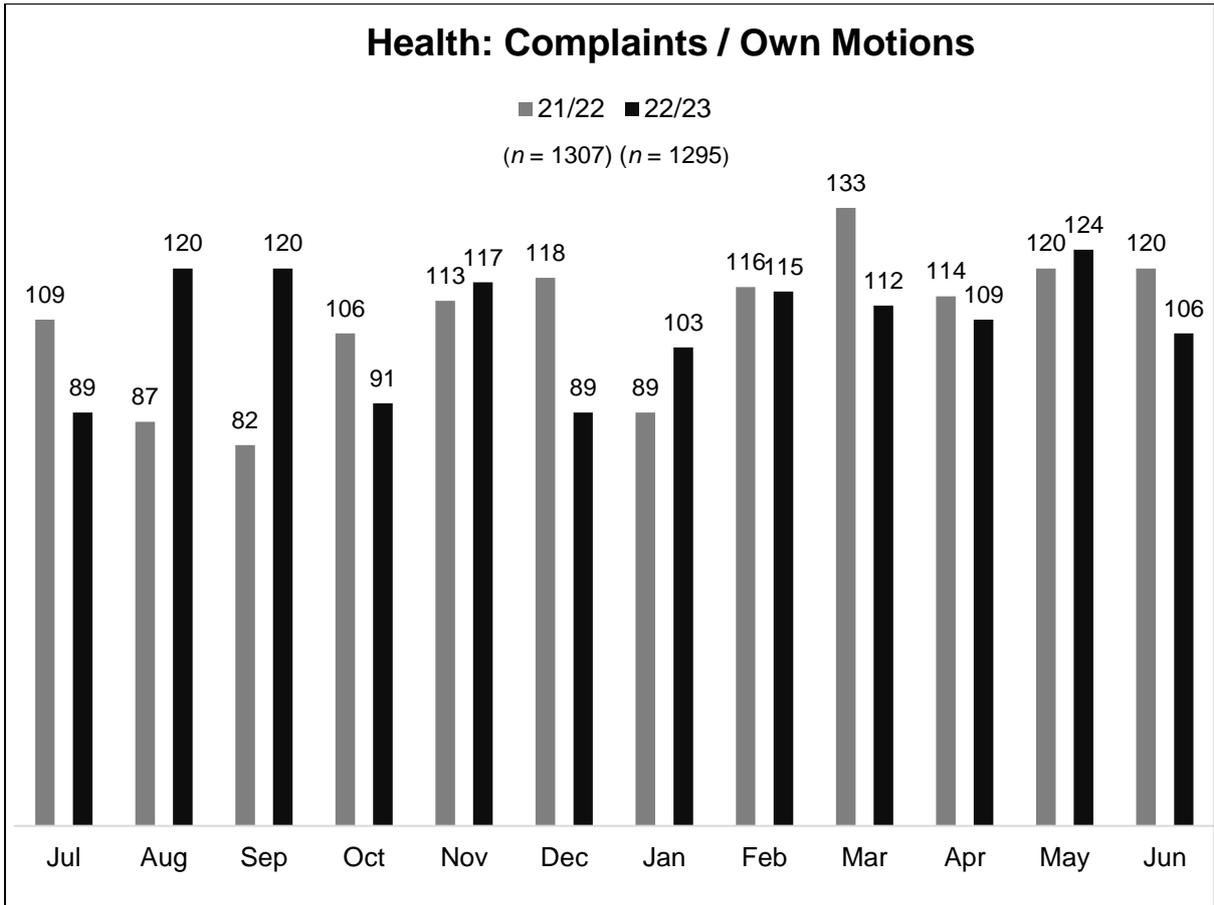
Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allow the Commissioner to inquire into, report or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner based on intelligence received may not necessarily be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

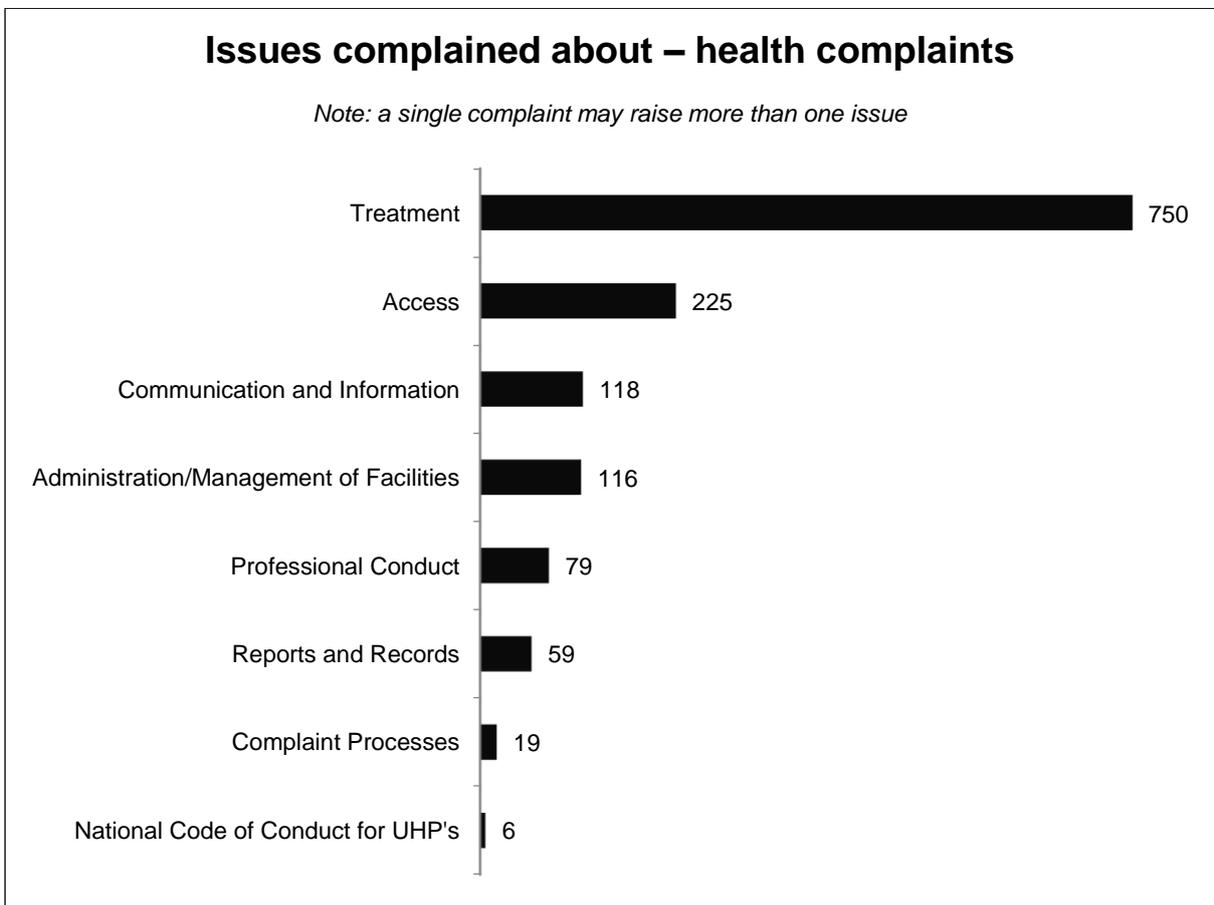
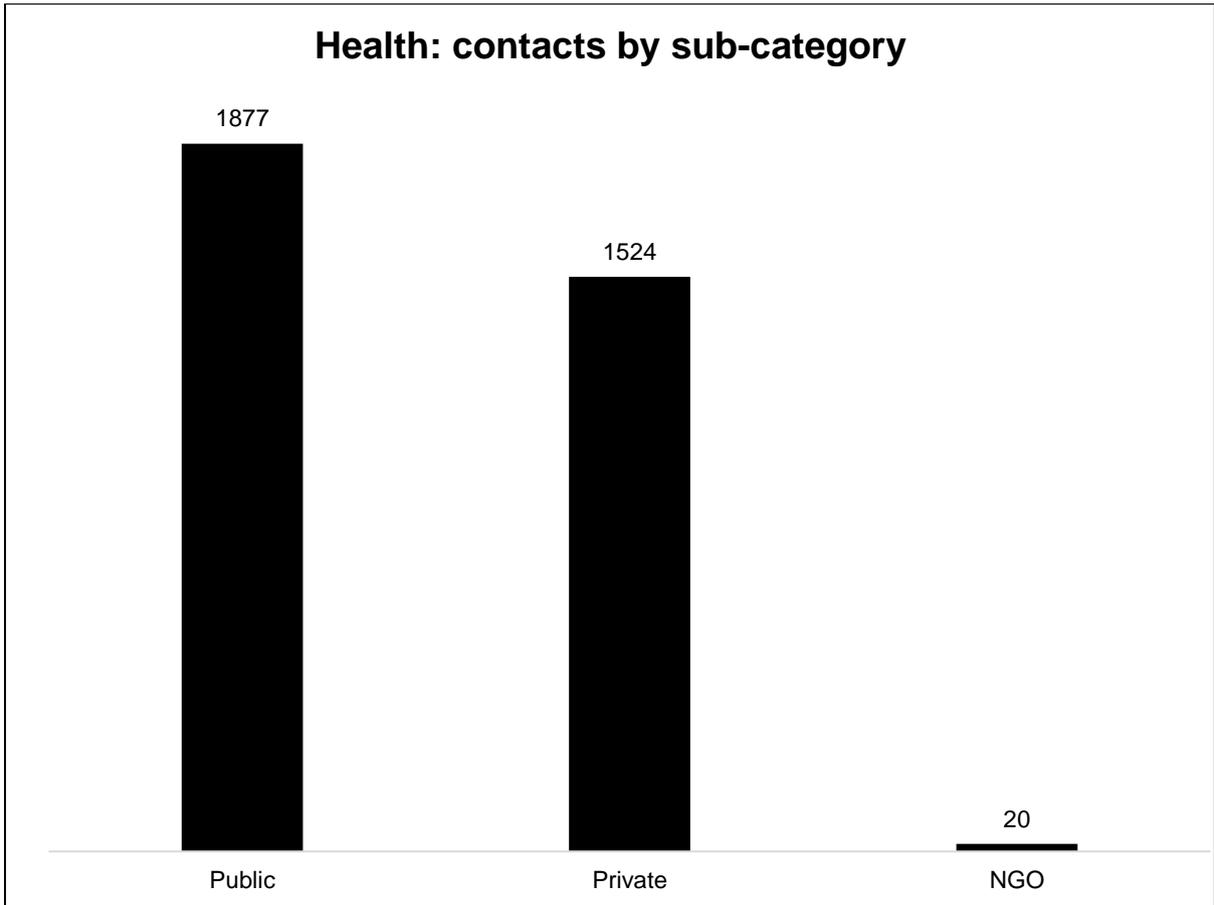
Disclaimer

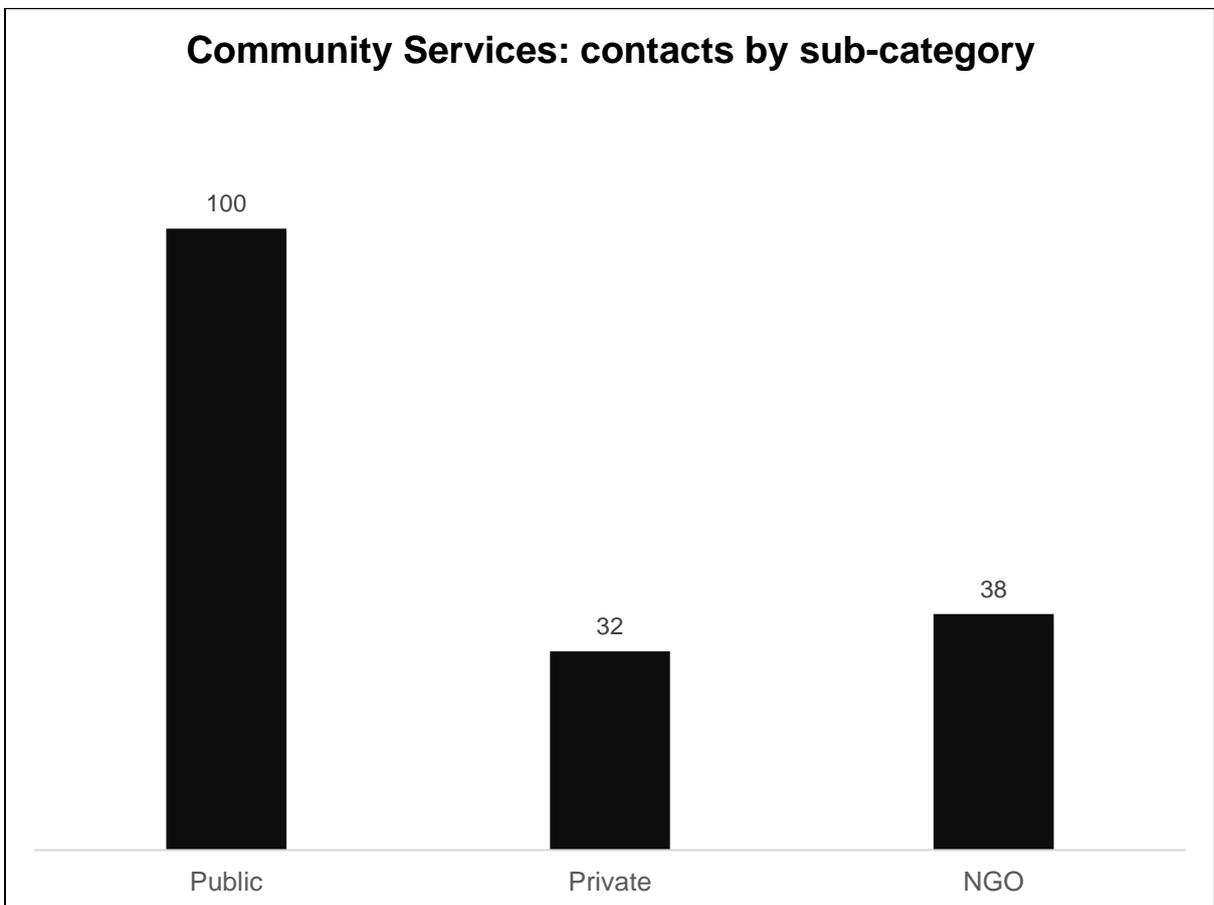
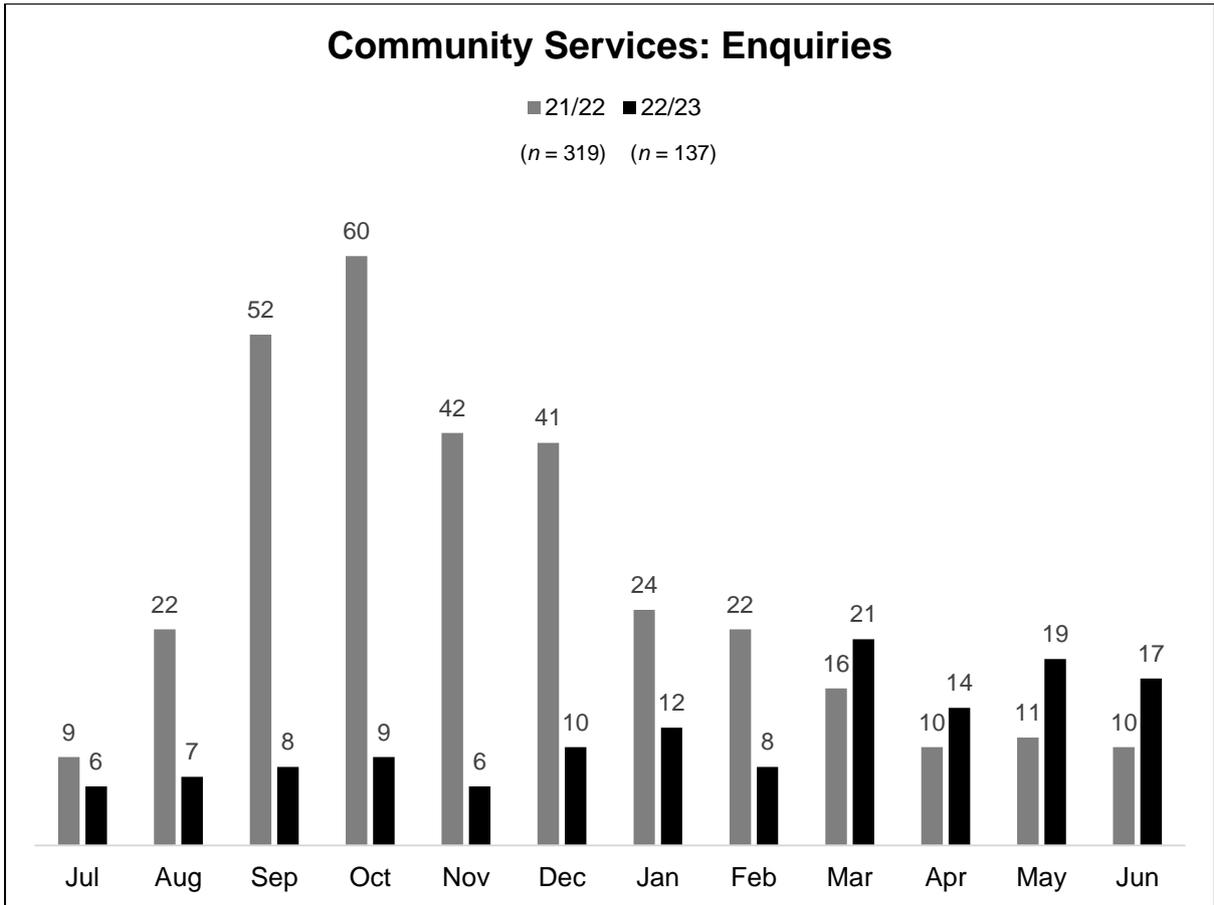
The HCSCC takes the collation of data seriously and has made significant improvements on how contacts are recorded in our records management system.

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.

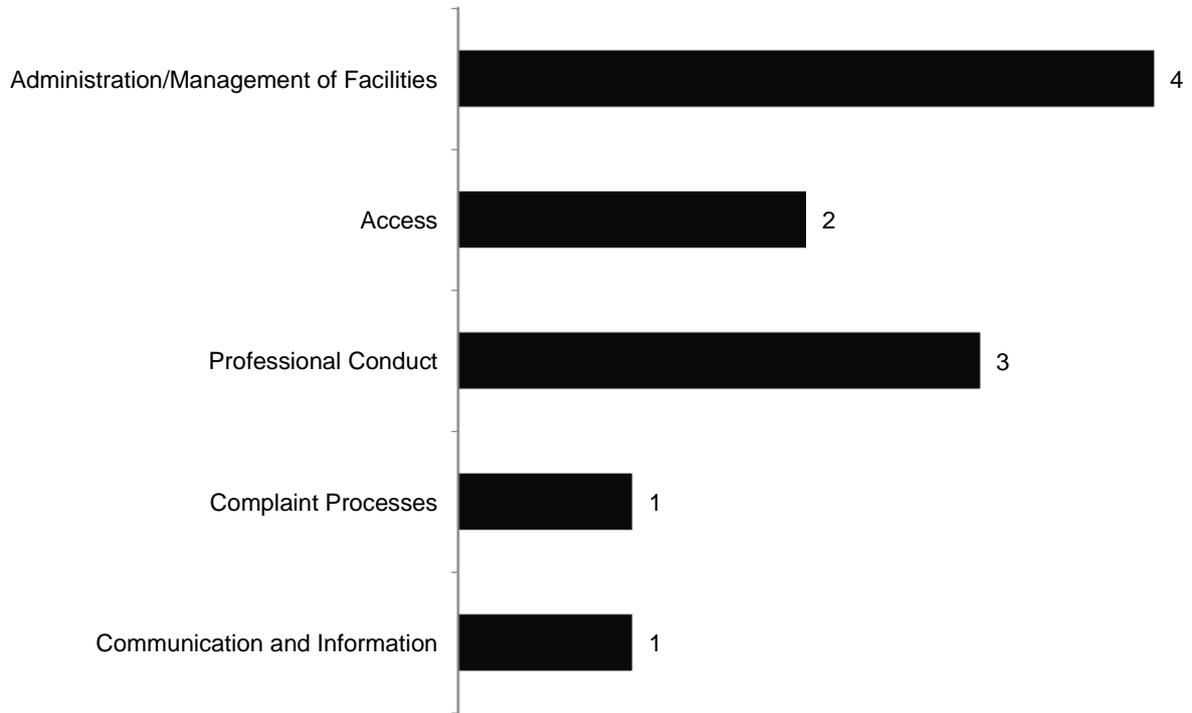


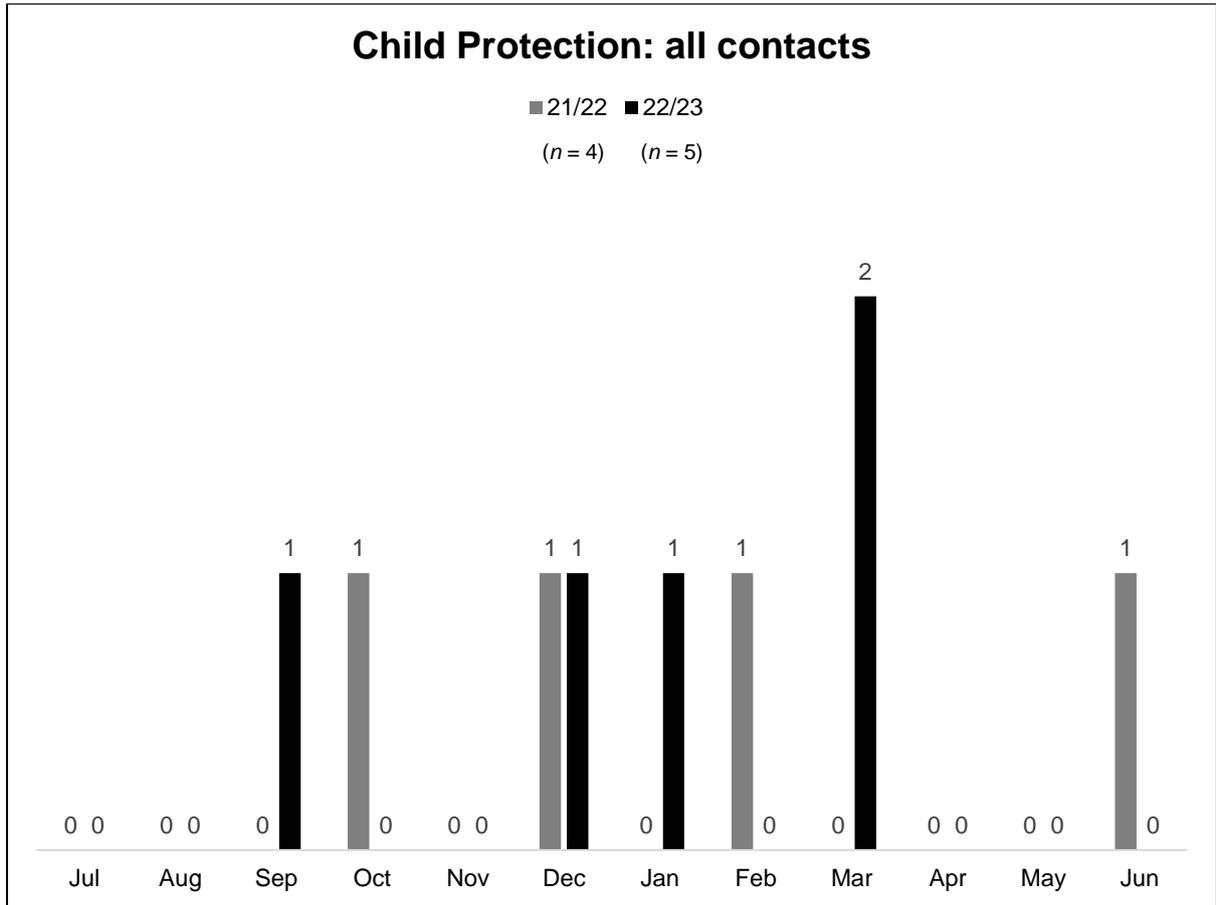


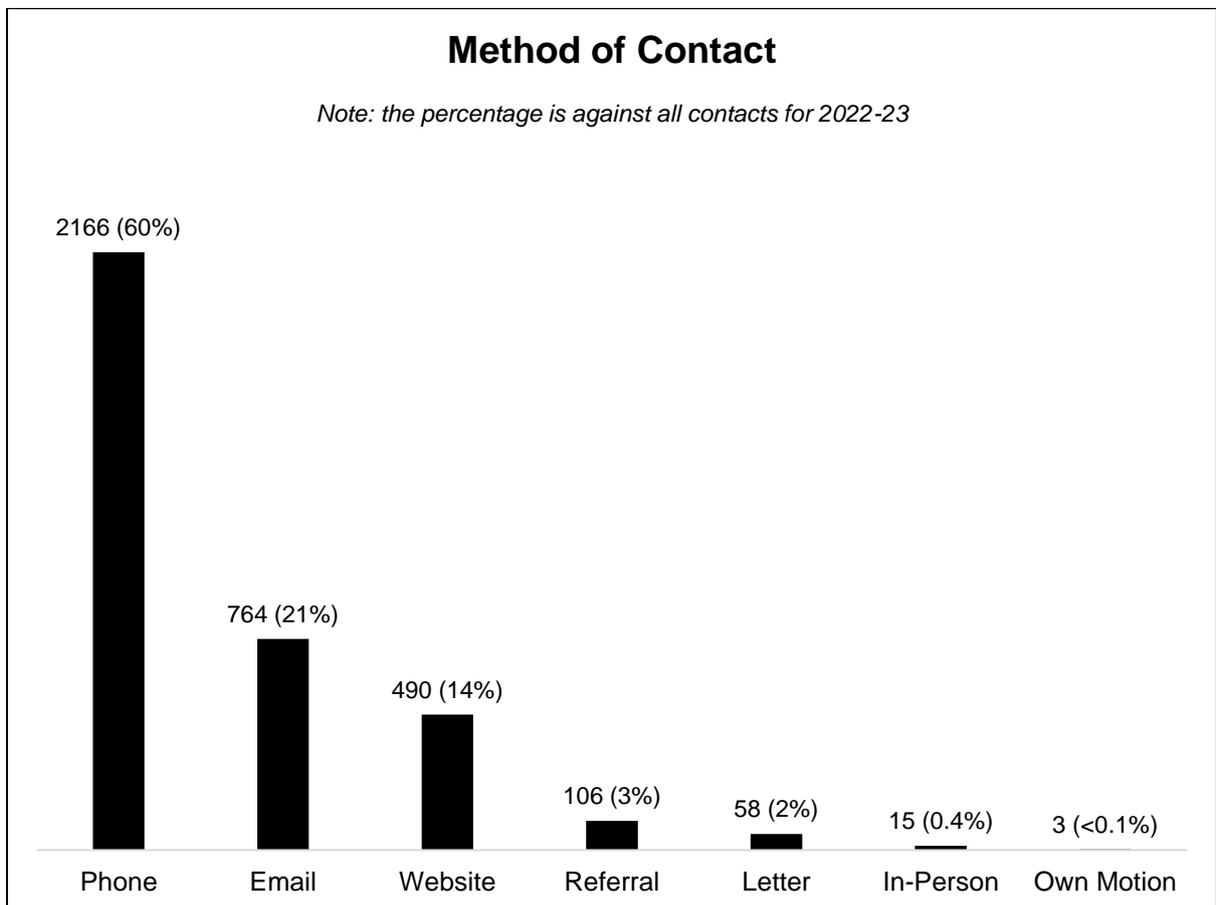
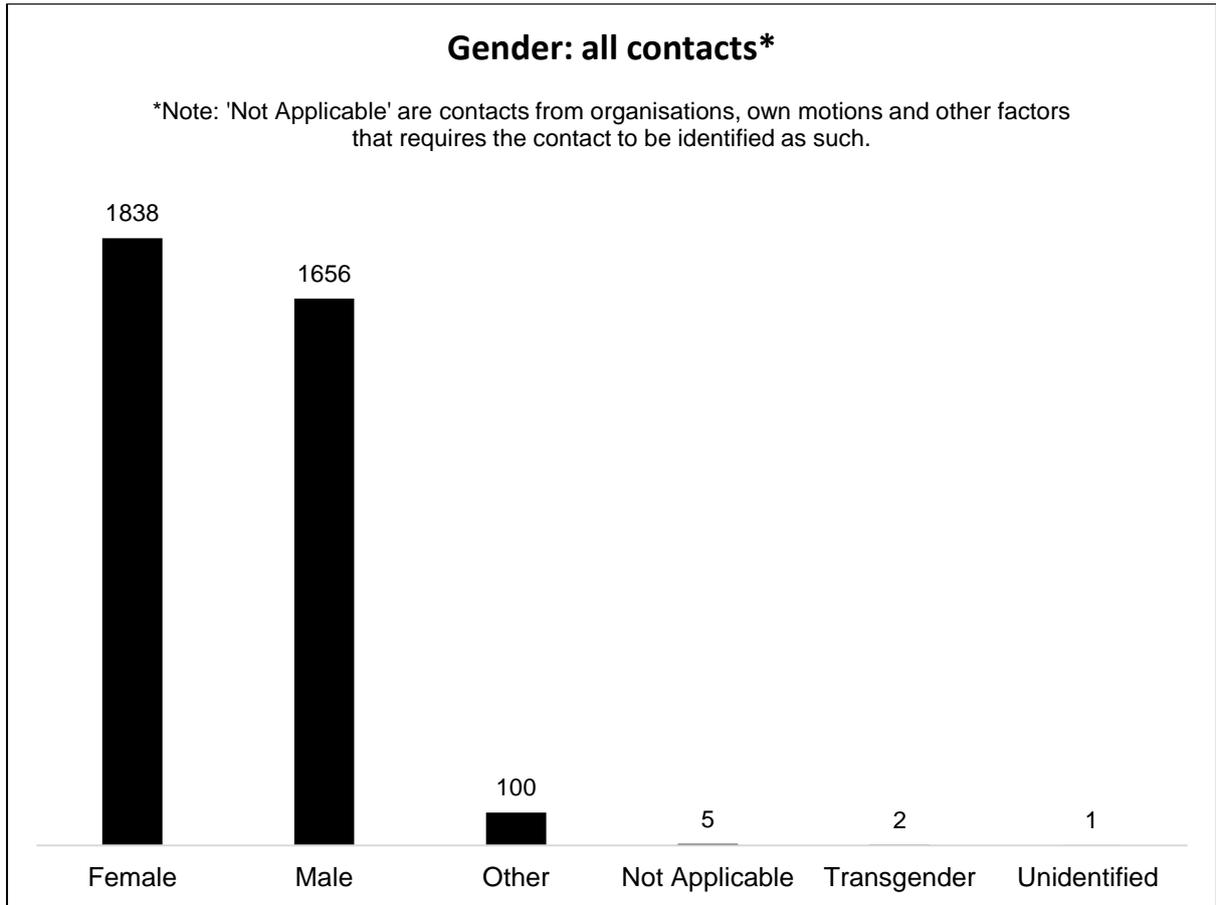


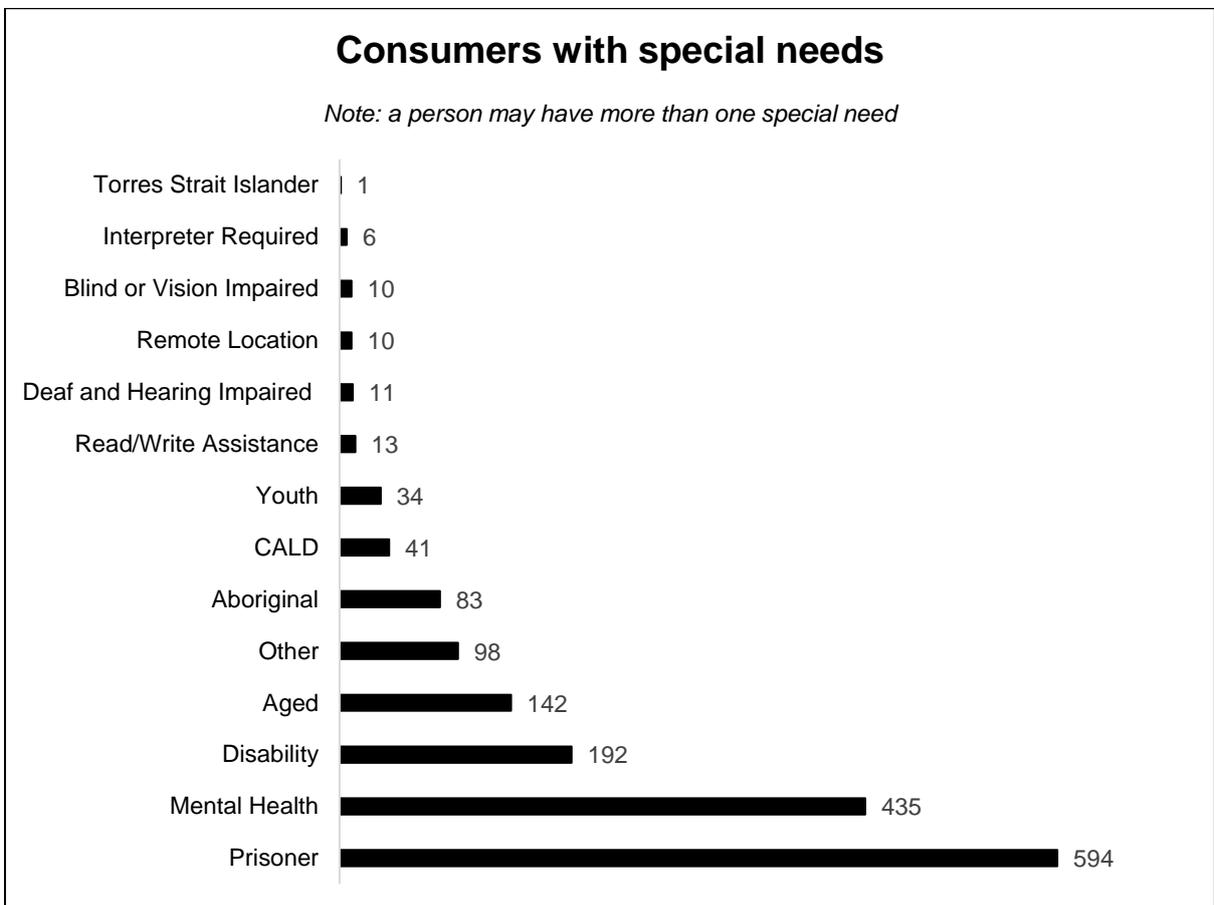
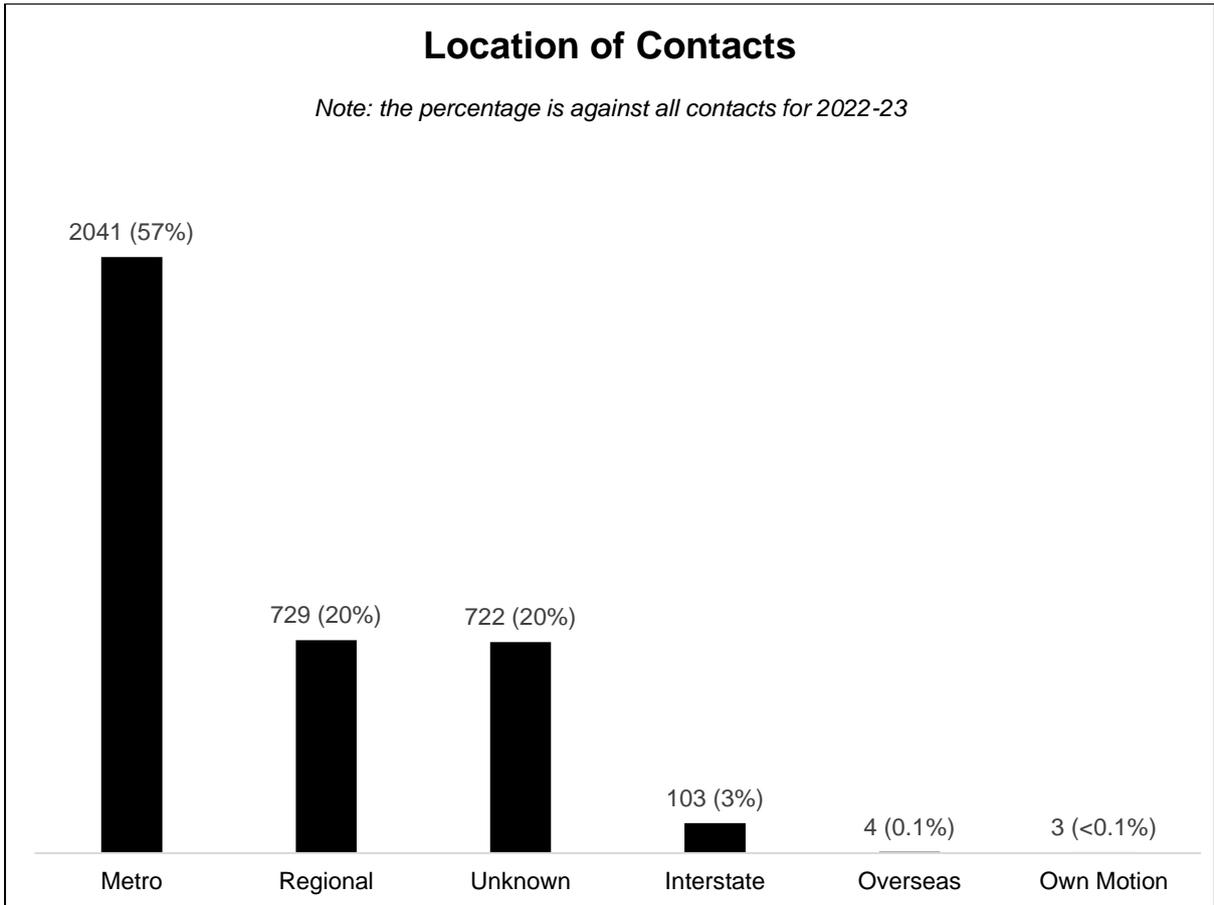
Issues Complained about – Community Services

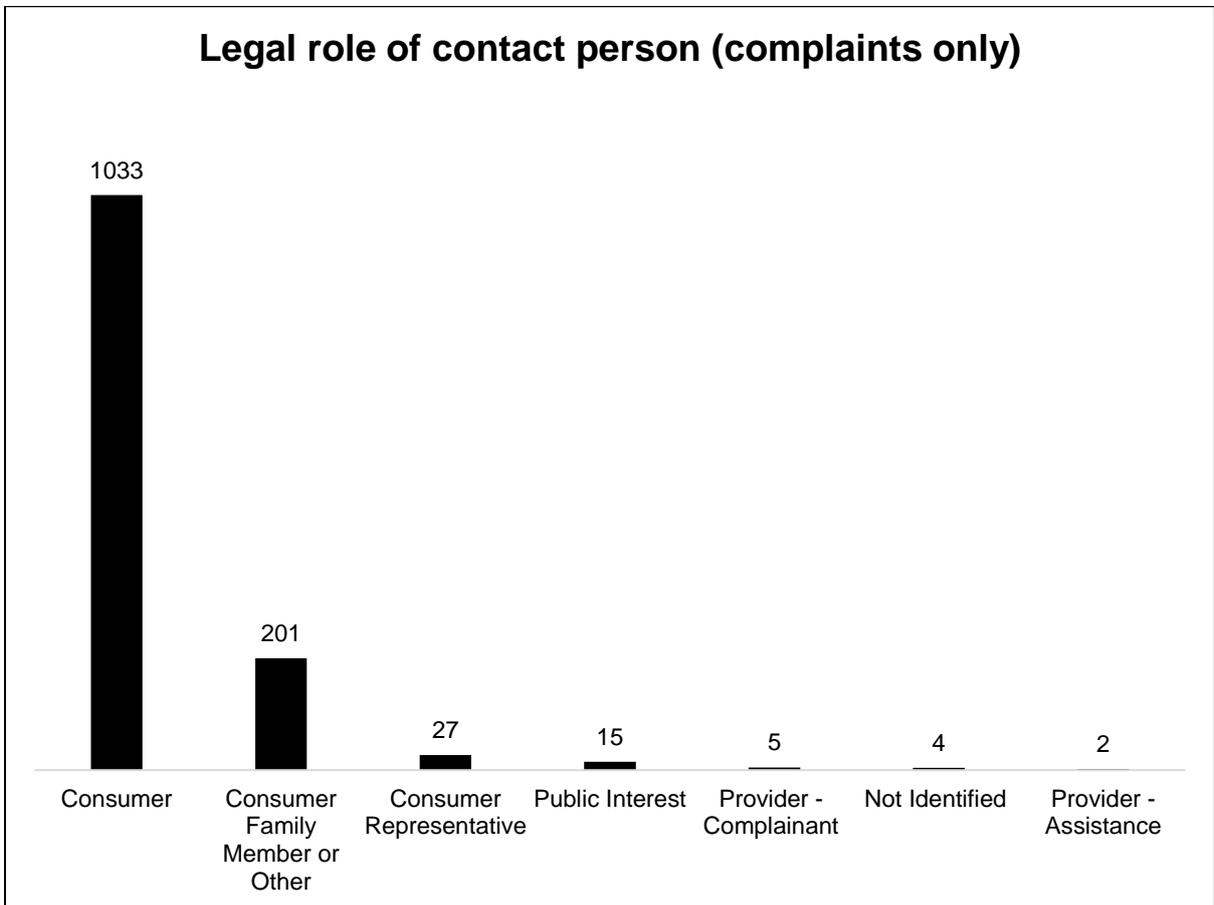
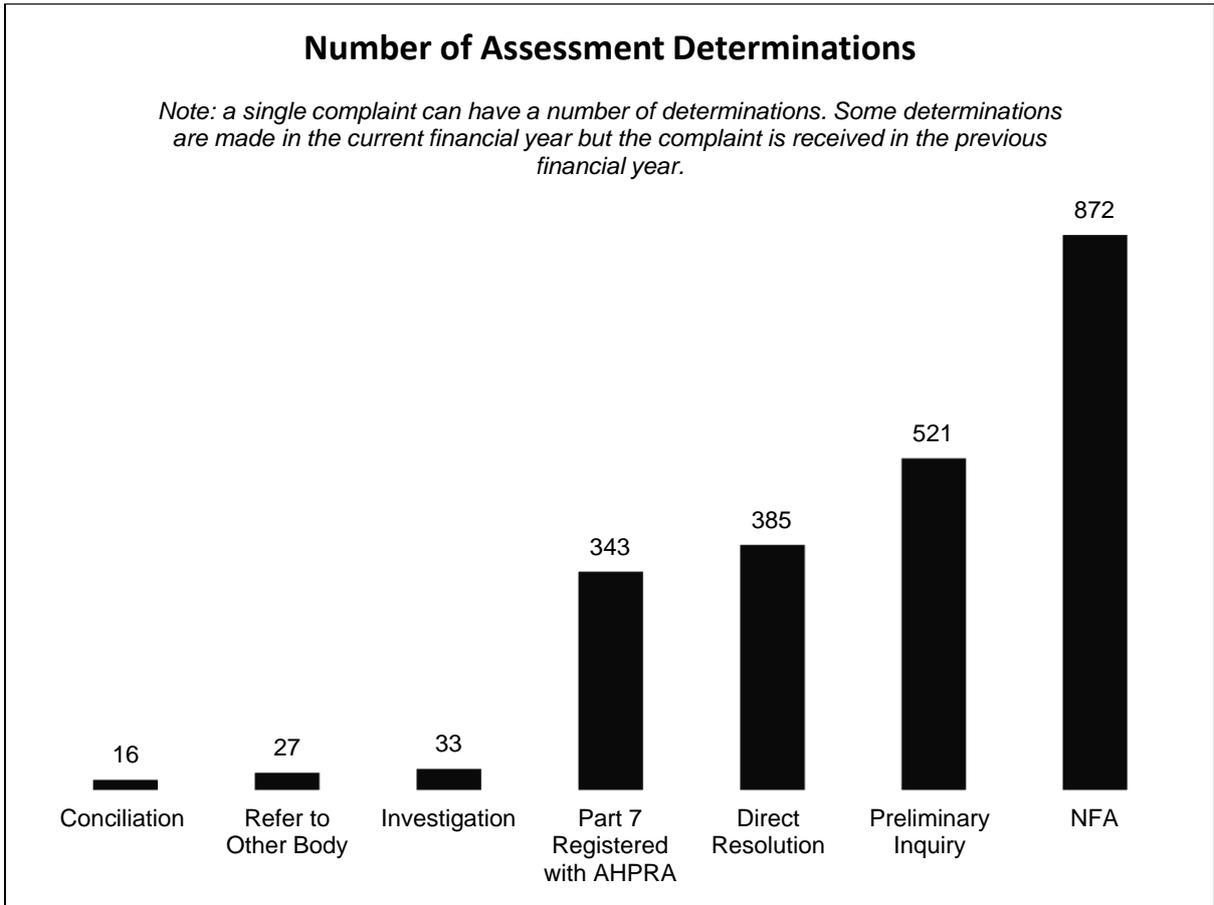
Note: a single complaint may raise more than one issue





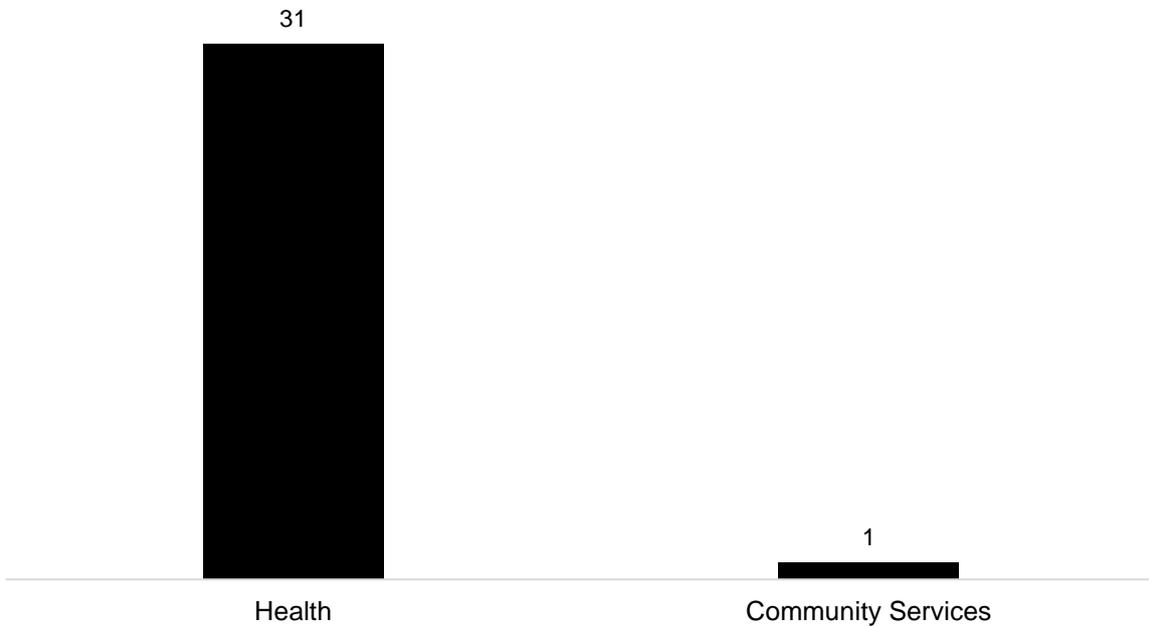






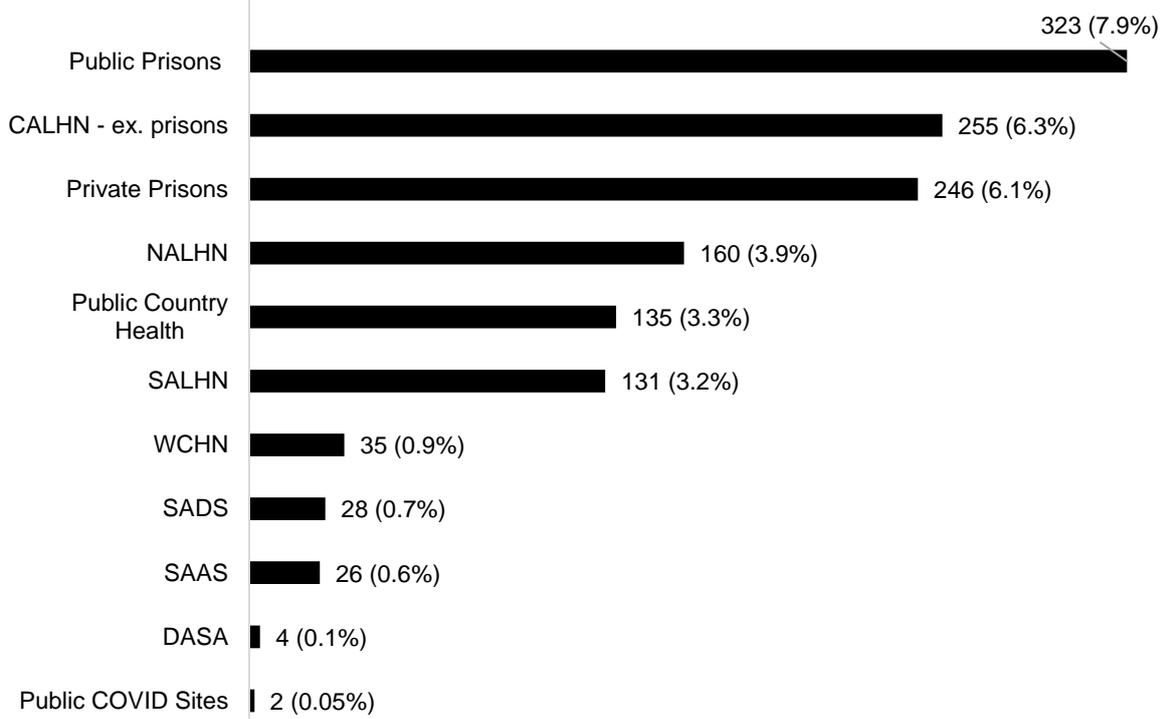
Part 6: Summary of Investigations by type of Provider

Note: this data relates to new investigations in 2022-23. The HCSCC may complete an investigation that crosses over financial years.



Contacts about major health services

Note: the percentage is against all contacts for 2021-22



Reasons for Closure of Complaints 2022-23

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

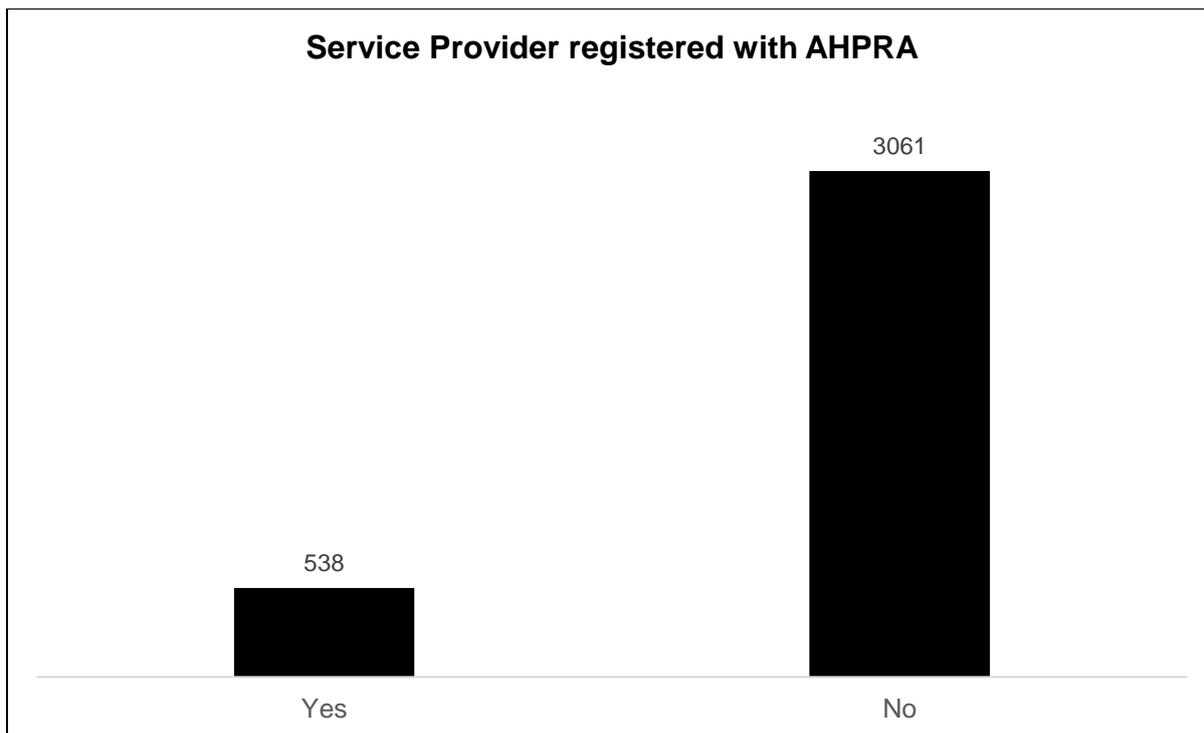
Advice and information provided	1
Outside of Jurisdiction	58
Part 6 - s54 Report	5
Part 6 - s55 Notice of Action to Provider	4
Part 6 - s56B order	1
Part 6 s56C order	2
s33(1)(b) does not disclose ground of complaint	13
s33(1)(c) should be determined by legal proceedings	3
s33(1)(d) proceedings have commenced before a tribunal authority or other	13
s33(1)(e) reasonable explanation(s) or information earlier	683
s33(1)(g) complaint lacks substance	3
s33(1)(h) the complainant has failed to comply with a requirement	5
s33(1)(i) the complaint would be an abuse of the processes under the Act	3
s33(1)(j) the complaint is abandoned	33
s33(1)(j) the complaint is resolved	148
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	12
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	23
s33(1)(k) reasonable cause - other	147
s33(1)(k) reasonable cause - s27 outside of time limit	10
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	55
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	7
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	10
s33(1)(k) reasonable cause - service provider met reasonable standards	5
s33(1)(k) reasonable cause - service provider resources are limited and equitably provided	1
s33(2) complaint has been adjudicated by a court tribunal authority or other	5
s34(1) - complaint withdrawn	18
s57(2)(b) referred to registration authority	43
Total	1311

Grounds for Complaint 2022-23

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	546
Charter 2 – Safety	395
Charter 3 – Quality	544
Charter 4 – Respect	120
Charter 5 – Information	199
Charter 6 – Participation	25
Charter 7 – Privacy	20
Charter 8 – Comment	2

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	37
S 25 1 (b) - service provision not necessary/inappropriate	11
S 25 1 (c) - unreasonable manner in providing service	30
S 25 1 (d) - lacked due skill	7
S 25 1 (e) - unprofessional manner	22
S 25 1 (f) - lack of privacy/dignity	0
S 25 1 (g) - quality of information	8
S 25 1 (h) - unreasonable action - lack of information/access to records	5
S 25 1 (i) - unreasonable disclosure to a third party	0
S 25 1 (j) - improper action on a complaint	2
S 25 1 (k) - inconsistent with the Charter	1
S 25 1 (l) - did not meet expected standard of service delivery	123
Total	1898



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	228	31
Dental	11	2
Nursing & Midwifery	22	1
Pharmacy	15	1
Chiropractic	4	0
Physiotherapy	3	0
Optometry	0	0
Osteopathy	0	0
Psychology	15	0
Podiatry	1	0
Chinese Medicine	2	0
Medical Radiation Practice	0	1
Occupational Therapy	1	0
Aboriginal and Torres Strait Islander Health Practice	1	0
Paramedicine (commenced December 2018)	2	0
Unregistered Health Practitioner	0	2
Systemic	0	0
Total	305	38

**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	250	69	19
Dental	33	2	7
Nursing & Midwifery	41	9	3
Pharmacy	5	1	0
Chiropractic	0	0	0
Physiotherapy	1	0	0
Optometry	0	0	0
Osteopathy	0	0	0
Psychology	7	7	0
Podiatry	0	0	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)	5	2	0
Total	342	90	29

**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.	28
Number of enquiries about Unregistered Health Care Workers	35
Number of Own Motions about Unregistered Health Care Workers	2
<i>Total contacts about Unregistered Health Care Workers</i>	65

At the end of the 2021-22 financial year, there were 13 matters about Unregistered Health Care Workers remaining open.

During the 2021-22 financial year, the HCSCC were advised of 73 prohibition orders issued in other States and Territories.

Investigation outcomes

33 new complaints received in 2022-23 were moved into investigation.

The HCSCC finalised 13 investigations during 2022-23. This is a 44.3 percent decrease on the previous financial year.

Conciliation outcomes

In 2022-23, 16 matters were moved into conciliation. This number does not incorporate conciliation matters opened and carried forward from the previous financial year. Of the 16 opened conciliations, 11 were finalised (68.75 percent) within the financial year. Overall, the HCSCC finalised 21 conciliations in 2022-23.

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

Conciliation Outcome	Number
Apology	15
Information / Explanation Provided	16
Met Expected Standards	4
Referred to AHPRA	2
Refund / Waive Fee / Compensation	9
Resolved	19
Service Improvement	6
Unresolved	1
Withdrawn	1

Reporting required under the *Carers' Recognition Act 2005*

Not applicable.

Public complaints

Number of public complaints reported

Internal Reviews conducted by the Commissioner

During 2022-23, the HCSCC received 31 requests from complainants for an internal review by the Commissioner because they were not satisfied with the outcome of their complaint.

This is 13 more than 2021-22.

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
31	31	30	2	6

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
12	5	7	12	0	0

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 2022-23 financial year, the HCSCC received eight complaints about our services. Two resulted in a change of Complaints Resolution Officer citing a relationship breakdown and six were about general timeliness associated with staffing limitations.

Appendix: Audited financial statements 2022-23

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.