



# 2022-23 Annual Report Companion Document

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SECTION 1

# Overview



# 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.

## Strategic Plan

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: [hcscc.sa.gov.au](https://hcscc.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-19.

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.



**Assoc. Prof. Grant Davies**  
HCSC Commissioner

## Our vision

Improved quality, safety  
and confidence in  
health and community  
services received in  
South Australia.

# Performance at a glance

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**64.9%**

Contacts closed within 21 days

**56%**

Increase in preliminary inquiries

**94%**

Increase in investigations undertaken

---

**3,600**

Total contacts

**11%**

Decrease in contacts

**3,128**

Total contacts closed

**8.5**

Contacts closed on average per day

---

**16**

Matters moved into conciliation

**69%**

Completed conciliations

**5**

Interim prohibition orders issued

**1**

Prohibition order issued



# Overview: About the agency

## Our strategic focus

We will provide an accessible, fair and responsive complaints resolution service to consumers, service providers and the people of South Australia.

We will continuously improve the quality of our services.

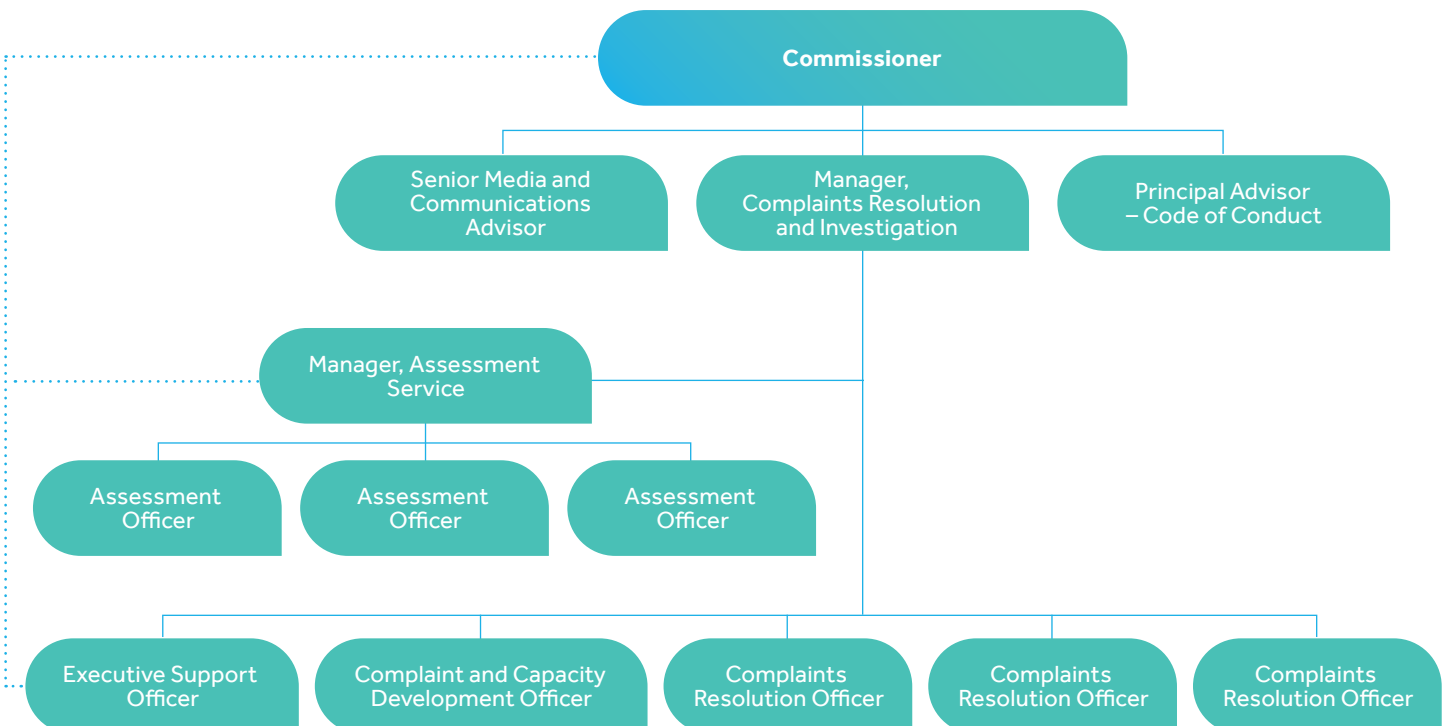
We will protect the health and safety of the public.

We will actively engage with community.

A full copy of the HCSCC's strategic plan is available at: [hcscc.sa.gov.au](https://hcscc.sa.gov.au)

## Our organisational structure

HCSCC 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.*



SECTION 2

# Accessible, fair and responsive complaints service





# Definitions to assist understanding statistics

## Complaint

A contact that satisfies section 25 of the Act. An assessment of the complaint is made in accordance with section 29 subsection (1) of the Act. 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

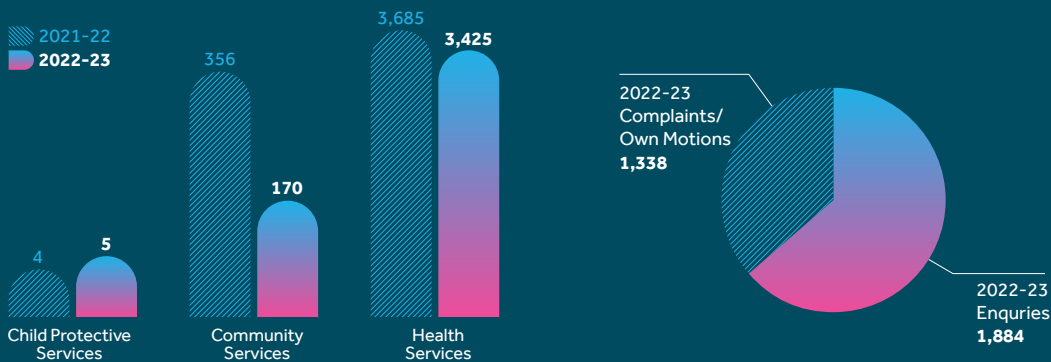
The HCSCC takes the collation of data seriously and has made significant improvements on how contacts are recorded in our records management system.

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.

# Corporate performance summary

## Number and type of contacts in 2022-23



Service Provider Type	2021-22		2022-23			Total	Increase / Decrease (%)
	Total <sup>*</sup>	Complaints / Own Motions	Enquiries	Incoming AHPRA Notifications	Incoming Prohibition Orders		
Health	3,685	1,306	1,741	305	73	3,425	- 7.33
Community Services	356	31	139	-	-	170	-52.23
Child Protection <sup>*</sup>	4	1	4	-	-	5	+25
<b>Total contacts</b>	<b>4,045</b>	<b>1,338</b>	<b>1,884</b>	<b>305</b>	<b>73</b>	<b>3,600</b>	<b>-10.95</b>

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

<sup>\*</sup>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.

<sup>^</sup>Read disclaimer further in this Annual Report under the heading "Definitions to assist understanding statistics".

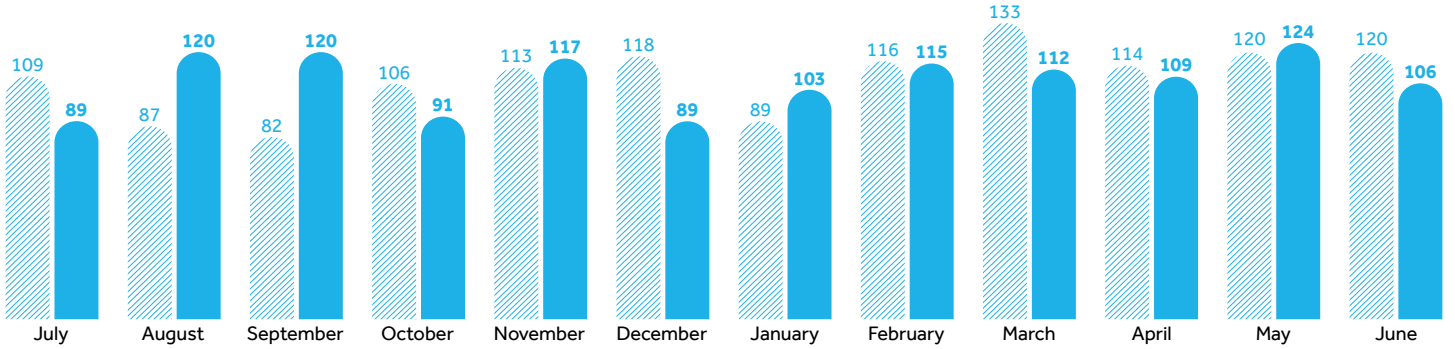
## Resolution data 2022-23

In 2022-23, 3,140 contacts were closed, of which:



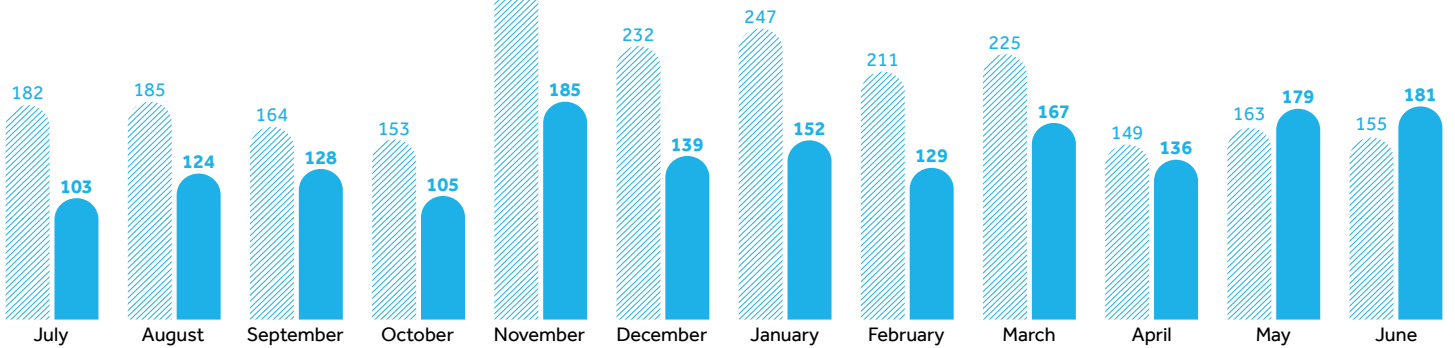
### Health Services: Complaints / Own motions

2021-22  
2022-23

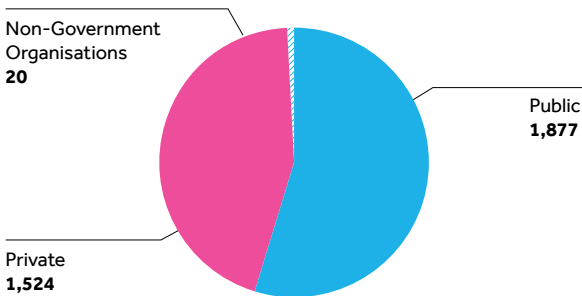


### Health Services: Enquiries

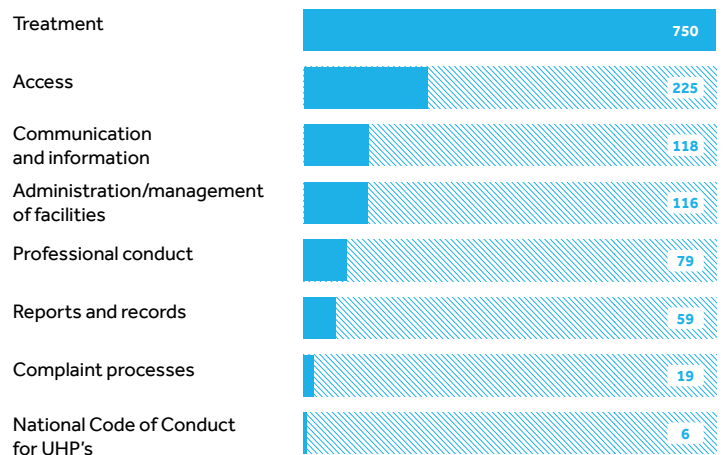
2021-22  
2022-23



### Health Services: contacts by sub-category



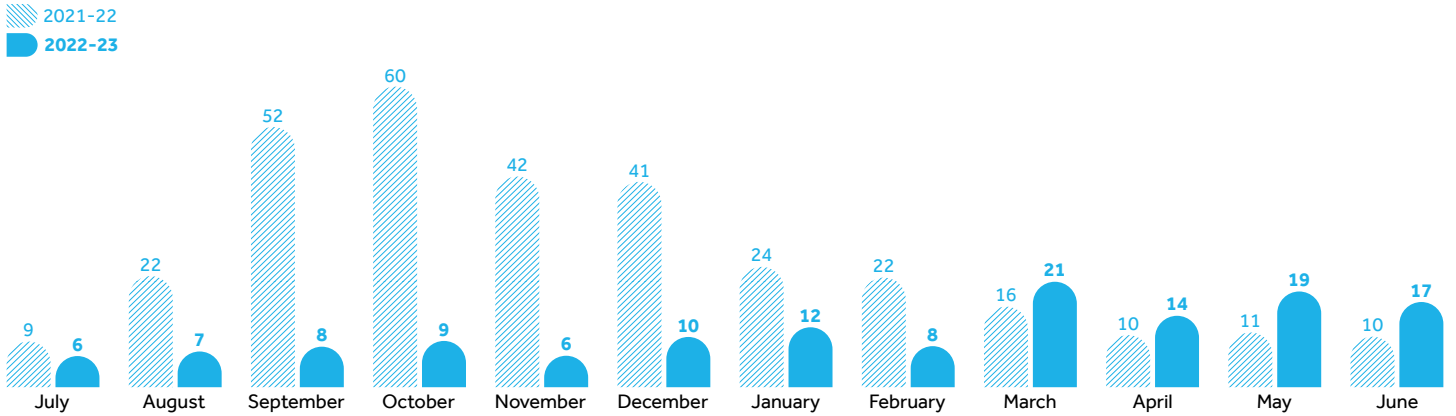
### Health Services: Issues complained about



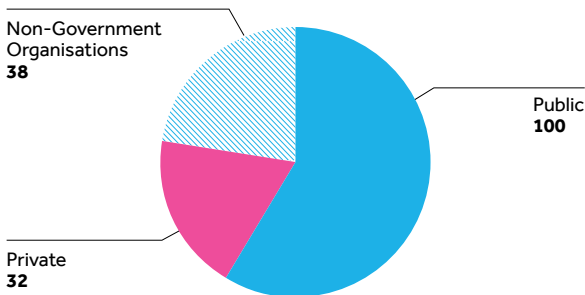
Note: a single complaint may raise more than one issue



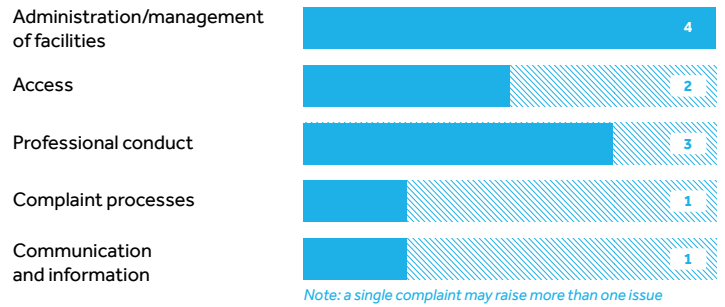
### Community Services: Enquiries



### Community Services: contacts by sub-category

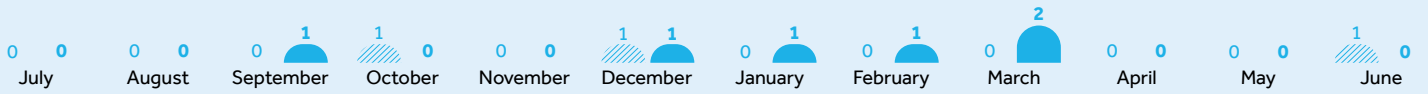


### Community Services: Issues complained about

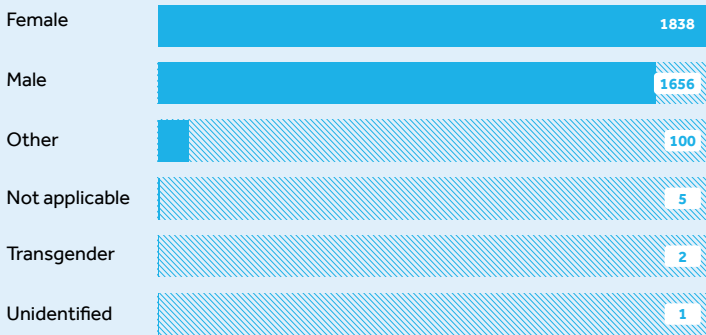


### Child Protection Services: All Contacts\*

2021-22  
2022-23

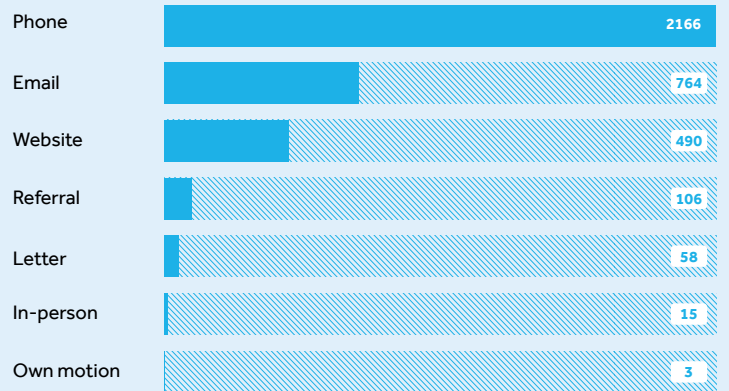


### Gender: All contacts\*

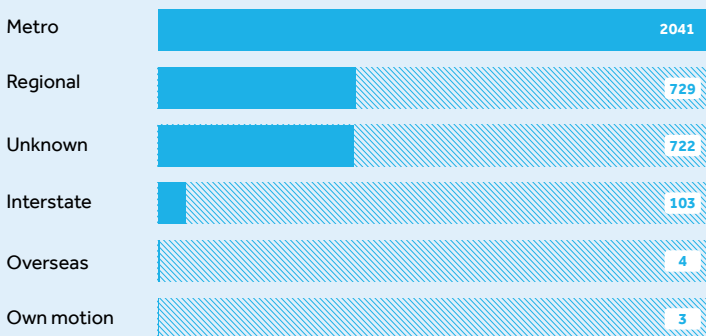


*Note: 'Not applicable' are contacts from organisations, own motions and other factors that requires the contact to be identified as such.*

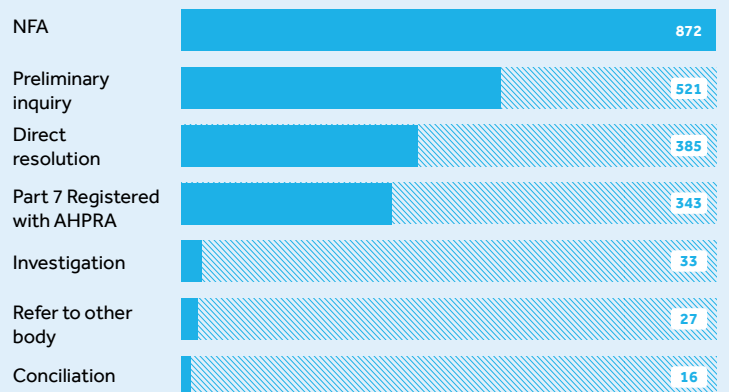
### Method of Contact



### Location of Contacts

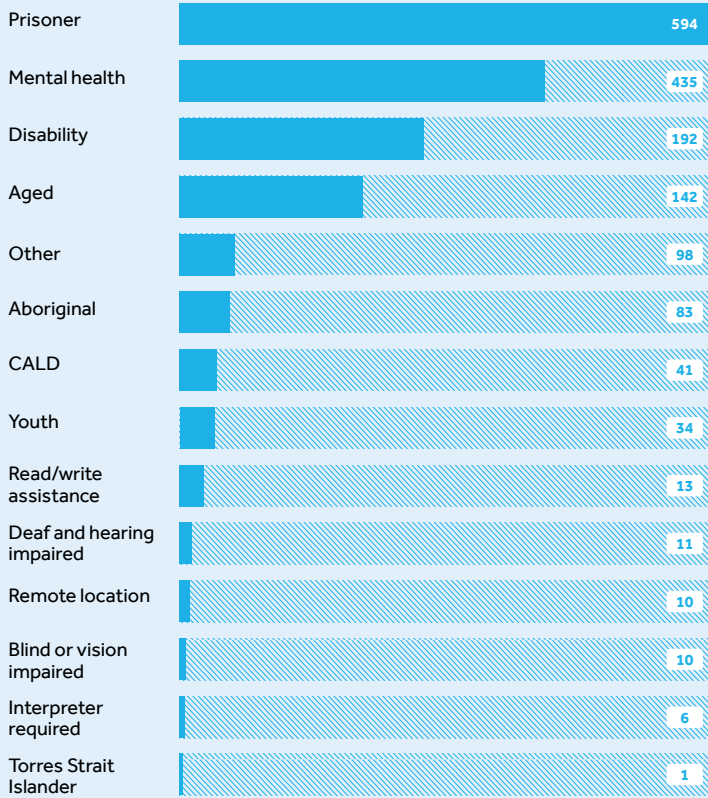


### Number of Assessment Determinations

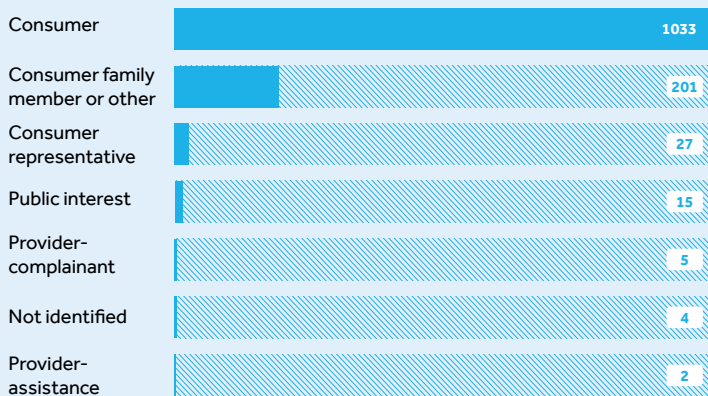


*Note: a single complaint can have a number of determinations. Some determinations are made in the current financial year but the complaint is received in the previous financial year.*

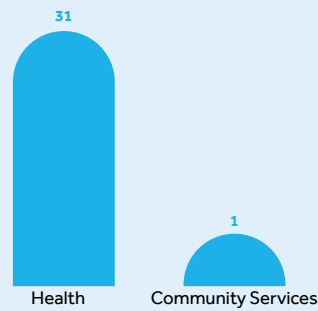
### Consumers with special needs



### Legal role of contact person (complaints only)

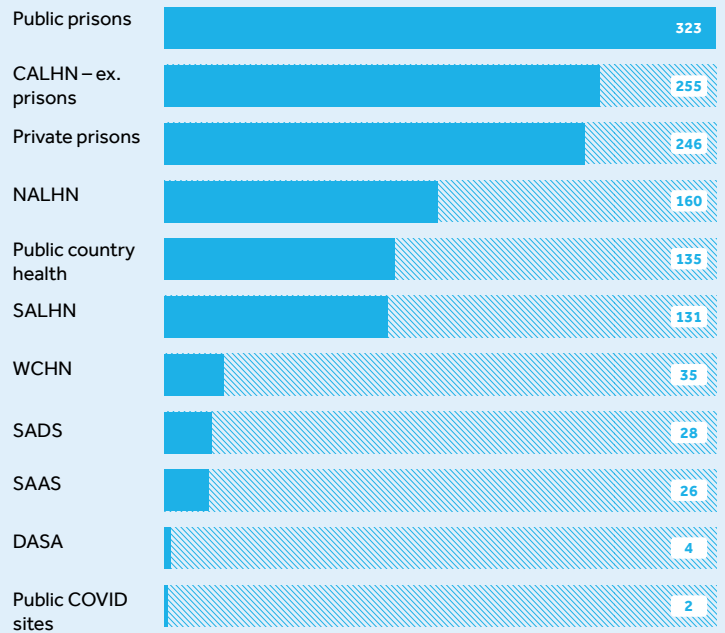


### Part 6: Summary of Investigations by type of Provider



*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



### Reasons for Closure of Complaints 2022-23

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
s57(2)(b) referred to registration authority	1311
Suspended - pending another agency's action	2
<b>Total</b>	<b>1,185</b>

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

## Grounds for Complaint 2022-23

Charter of Health and Community Services Rights grounds  
(Refer to [hcsc.sa.gov.au/about-the-hcsc-charter/](https://hcsc.sa.gov.au/about-the-hcsc-charter/))

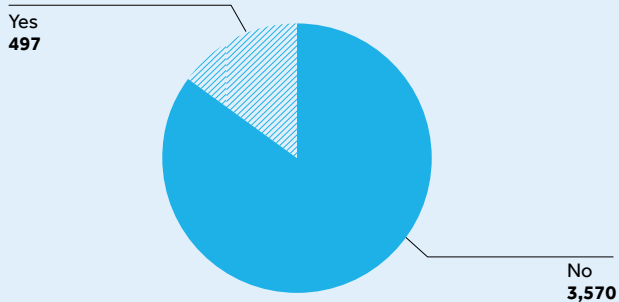
Charter 1 – Access	546
Charter 2 – Safety	395
Charter 3 – Quality	544
Charter 4 – Respect	120
Charter 5 – Information	199
Charter 6 – Participation	25
Charter 7 – Privacy	20
Charter 8 – Comment	2

### *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
<b>Total</b>	<b>1,898</b>

## Service Provider registered with AHPRA



### 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
<b>Total</b>	<b>305</b>	<b>38</b>

### 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
<b>Total</b>	<b>342</b>	<b>90</b>	<b>29</b>

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

### 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.

<b>Conciliation Outcome</b>	
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

SECTION 3

# Protect the health and safety of the public



### Contacts about Unregistered Health Care Workers 2022-23

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
<b>Total</b>	<b>65</b>

At the end of the 2022-23 financial year, there were 13 matters about Unregistered Health Care Workers remaining open.

During the 2022-23 financial year, the HCSCC were advised of 73 prohibition orders issued in other States and Territories.

### Prohibition orders issued

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, hypnogy, yoga, reiki, massage and mediation services.
- [Mr Jason Hagon](#) – temporarily banned from offering massage therapy services.

SECTION 4

# Actively engage with the community



## COMMUNITY EVENTS, FORUMS AND PRESENTATIONS

Following the lifting of COVID-19 restrictions, the Health and Community Services Complaints Commissioner actively participated in community events, conferences and other official meetings to provide expert advice and raise community awareness about the Office.

These included the:

- SA Voluntary Assisted Dying Implementation Conference
- Disability, Ageing and Lifestyle Expo
- National Health Complaints Commissioners' Meetings
- SA Health Awards Ceremony
- Feast's Picnic in the Park
- University of Adelaide Transition to Internship Program
- The Australian Commission on Safety and Quality in Health Care's Partnering with Consumers, and Open Disclosure Advisory Group Meetings
- Stakeholder Engagement Workshop to inform curriculum design for Palliative and Supportive Care Courses
- Combined Statutory Authority Group and Rights Protection Group Meeting; and

In addition, among other outreach activities, staff provided presentations to UniSA psychology students and the Governor's Leadership Foundation, and travelled to Mount Gambier to address the Limestone Coast Local Health Network's executive and liaison team.

To enquire about the HCSCC's availability to attend an event, please email:

[info@hcscc.sa.gov.au](mailto:info@hcscc.sa.gov.au)

## WEBSITE

### Unique Visits

**60,670**

Total visits 1 July 2021 – 30 June 2022

**5,055**

Average visits per month

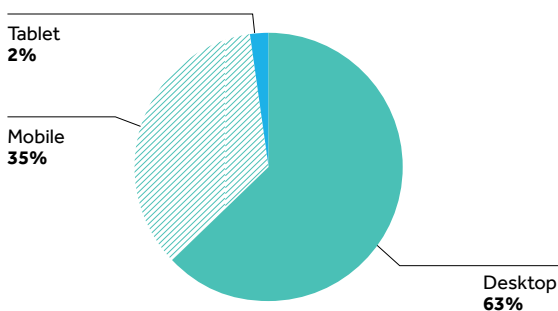
**1,166**

Average visits per week

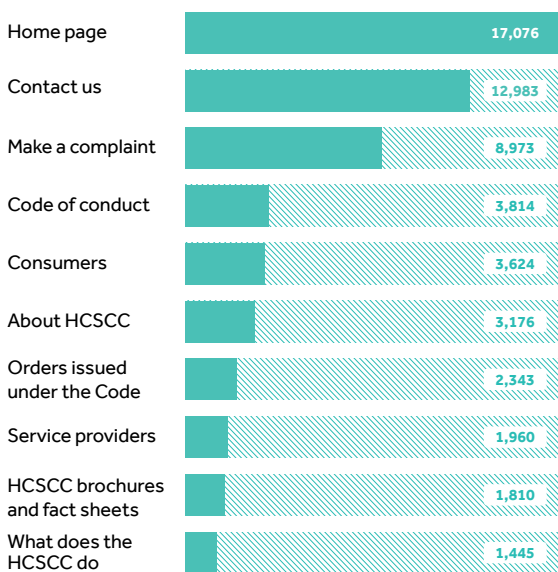
**166**

Average visits per day

### How do people access our website?



### Top 10 Visited Pages





## TRADITIONAL AND SOCIAL MEDIA

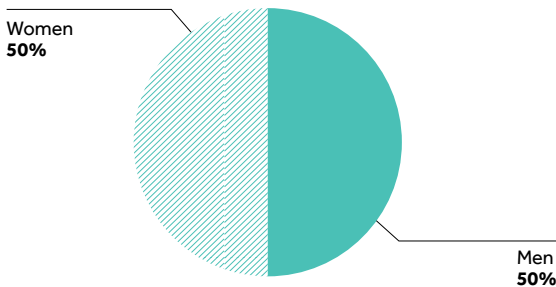
The HCSCC’s social media presence was maintained across three platforms – Facebook, X and LinkedIn – with highlights including an increase in Facebook page impressions and engagement rates.

Throughout the year, the HCSCC made a number of public announcements about large and complex investigations and the issuing of orders to protect the health and safety of the community, attracting coverage in mainstream media outlets.



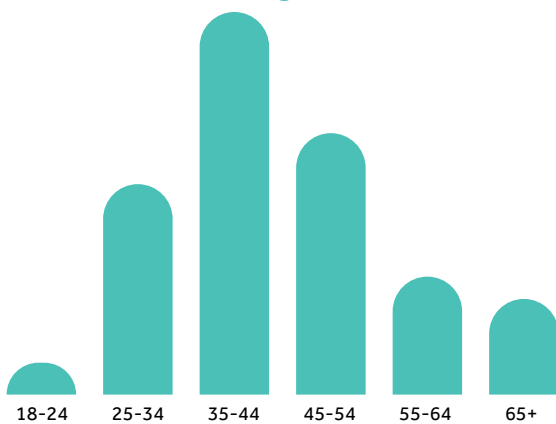
Associate Professor Grant Davies speaks to Channel 9 Adelaide about a prohibition order (image reproduced with Channel 9’s permission).

### Facebook Audience Gender Profile



Facebook, X and LinkedIn social media posts issued by the HCSCC to inform the community about their rights, and reinforce to health and community service providers their obligations to consumers.

### Facebook Audience Age Profile



HCSCC staff at the Disability, Ageing and Lifestyle Expo as part of outreach activities to raise awareness about the role of the Office.



## SECTION 5

# Improve the quality of our services

## 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 are 13 more than 2021-22.

Total no. of reviews requested	No. of reviews conducted	No. of decisions upheld	No. of decisions varied	No. 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.

No. of Ombudsman SA contacts/queries	No. of formal requests	No. of informal information requests	No. of NFAs or no concerns	No. of concerns raised	No. 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.

**Call**

(08) 7117 9313  
or 1800 232 007 (Country SA Landline)

**Teletypewriter (TTY)**

133 677 or 1800 555 677 (Country SA Landline)

**Email**

[info@hcscs.sa.gov.au](mailto:info@hcscs.sa.gov.au)

**Write**

PO Box 199, Rundle Mall SA 5000

**Website**

[hcscs.sa.gov.au](http://hcscs.sa.gov.au)

**LinkedIn**

[linkedin.com/company/sahcscs/](https://linkedin.com/company/sahcscs/)

**Facebook**

[@sahcscs](https://facebook.com/sahcscs)

**Twitter**

[@sahcscs](https://twitter.com/sahcscs)

**Visit**

Ground Floor, 191 Pulteney Street  
Adelaide SA 5000

**Opening Hours**

Monday-Friday: 9am to 5pm  
Saturday and Sunday: Closed

