Health and Community Services
Complaints Commissioner

The Office of the HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER

2023-24 Annual Report

Ground Floor, 191 Pulteney Street, Adelaide SA 5000
PO Box 199, Rundle Mall SA 5000
www.hcscc.sa.gov.au

Contact phone number:	+61 8 7117 9313
Contact email:	info@hcscc.sa.gov.au
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Date presented to Minister:	29 September 2024

To:

The Hon. Chris Picton MP

Minister for Health and Wellbeing

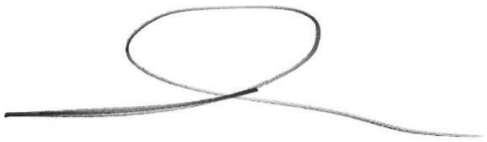
This annual report will be presented to Parliament to meet the statutory reporting requirements of section 16 of the *Health and Community Services Complaints Act 2004* (SA) and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

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 2024 Signature

From the Commissioner

Foreword

As I reflect on the last 12 months, particularly around the normalisation of the response to the COVID-19 pandemic, the continuing effect on the health system is particularly stark.

Complaint trends

While the number of contacts being received remains relatively constant this year, the number of older files is larger, the conciliations and investigations commenced during the year are fewer. This is related to critical staff shortages because of secondments and ill health and an inability to backfill quickly due to the specialist nature of the work. Pleasingly, the number of in-person complaints has doubled which shows the establishment of a shop front for the office has enabled better access to our services.

Seriousness, complexity, and compassion

One of the most notable reflections is the increasing complexity of the complaints we are managing. This is highlighted in the types of complaints we are investigating. Investigations occur where there are serious or systemic issues outlined as part of the complaint. The resourcing burden to conduct investigations, as distinct from conciliations, is high and requires specialist and technical skill sets. It is a process that enables the Office of the Health and Community Services Complaints Commissioner (HCSCC) to exercise powers of information production, the capacity to interview witnesses, to make findings, recommendations, and notices to report on progress toward meeting those recommendations. We do not exercise those powers lightly or in an ill-considered way. As a result of the increasing complexity and seriousness of the complaints, we have asked for detailed and specific information. On occasion, health services have resisted providing that information which has prompted a reminder to them of the requirement to provide the information and the potential penalties for non-compliance. We have, on occasion, sought to interview individual staff to gather the information necessary to conduct the investigation. Understandably, this has created anxiety for the individual staff involved. This could have been avoided had the required information been provided in the first instance.

Another reflection closely related to this is a more obvious lack of compassion in the system. We have seen more complaints where basic nursing care has been lacking. For example, we have managed complaints where severe, necrotic pressure injuries were a feature. This is an artifact of a system under pressure. As workload increases in clinical settings, the focus becomes increasingly on the tasks needed to be performed which may come at the expense of compassion for the consumer.

Responses to our enquiries often rely on clinical input to teams coordinating the response to our request such as consumer liaison services. The HCSCC has noted an increase in requests for extension to provide requested information to our office in all our complaints resolution processes. At times, these requests are sought after

the HCSCC follows up on an overdue response. This is frustrating both for the HCSCC and for complainants seeking information and an explanation. We continue to work with services to provide information in a timely and efficient manner.

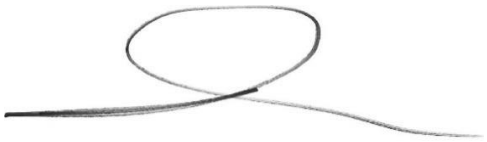
Code of Conduct for Certain Health Care Workers and SACAT

Complaints about unregistered health care workers continue to be an important part of the public protection role of the office. During the last year we have received 10 complaints about unregistered health service providers, issued 2 interim prohibition orders (IPO), 3 prohibition orders (PO) and two voluntary undertakings. Those orders are appealable to the South Australia Civil and Administrative Tribunal (SACAT). This year, we have had 2 appeals to SACAT in relation to orders we have made. Those processes are still underway, and we are being well supported by the Crown Solicitor's Office.

Staffing and resourcing

On the back of some staff turnover, I commissioned a cultural check from an organisational psychologist in December. The process involved interviewing current staff individually in a private and confidential setting. While that process uncovered some interpersonal conflicts, the main driver for dissatisfaction among staff was resourcing. Considering that, and with the support of Workforce Services in the Department for Health and Wellbeing, we successfully reclassified Assessment Officers from ASO4 to ASO5, established an Assessment Officer pool to enable quick filling of vacant positions and sought additional funding for an Assessment Officer and Business Services Manager position. In addition to these steps, we implemented 'QMaster', a call centre management program, to better allocate and manage incoming calls. We continue to ensure procedures are as efficient as they can be and that they meet legislative requirements.

As always, I remain grateful to the staff of the HCSCC for their continued skill and dedication to improving the quality, safety and confidence in the health and community services received in South Australia.



Associate Professor Grant Davies

Health and Community Services Complaints Commissioner

Contents

Overview: about the agency

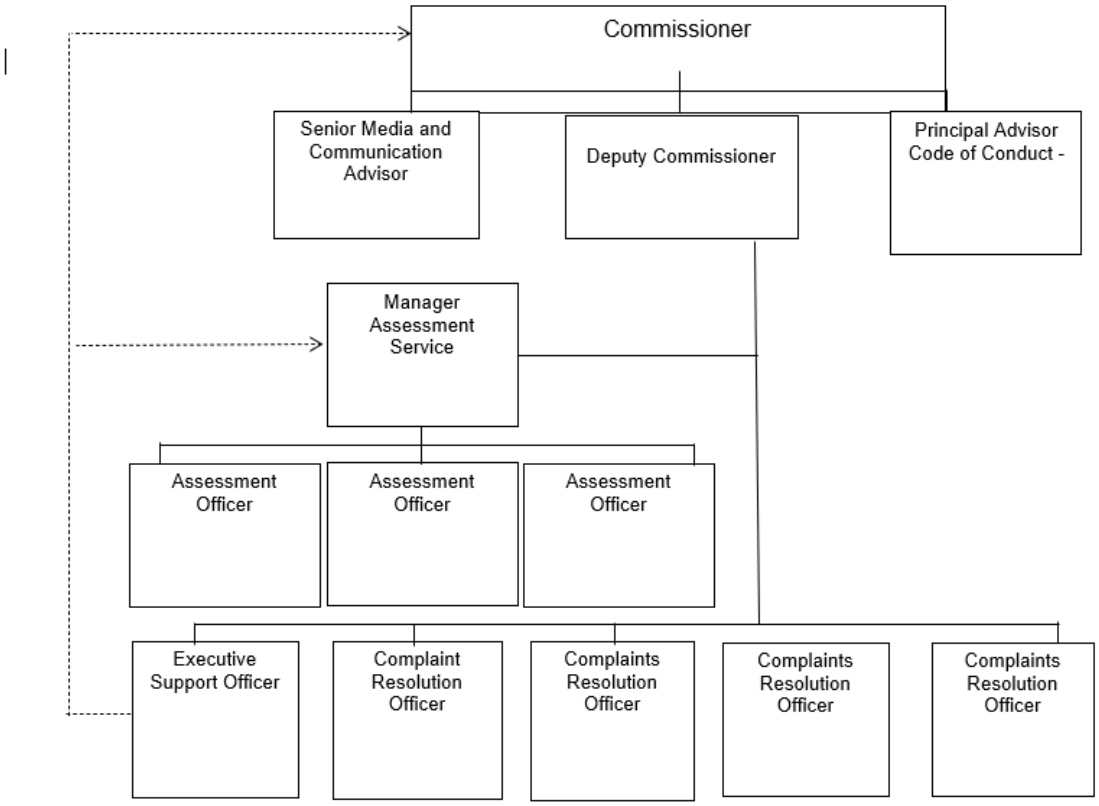
Our strategic focus

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.hcscc.sa.gov.au

Our organisational structure

HCSS organisational structure on 30 June 2024:



Changes to the agency

During 2023-24 there were no changes to the agency's structure and objectives because of internal reviews or machinery of government changes.

Executive

Hon. Chris Picton MP

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.

Grant 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 and 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.

Associate Professor Davies joined the Research Centre for Palliative Care, Death and Dying (RePaDD) at Flinders University in 2019.

Grant holds a Bachelor of Nursing (ACU), a Master of Arts (Research) (QUT) and a PhD (Melbourne) in applied ethics.

Legislation administered by the agency

Health and Community Services Complaints Act (SA) 2004.

The agency's performance

Performance Overview 2023-24:

Below is a summary of the performance of the HCSCC in 2023-24:

- Health-related contacts remained relatively stable compared to the previous financial year with a small decrease of just over one percent.
- There were 18 investigations closed in the financial year which is an increase of 38.46 percent.
- The overall number conciliation and investigation numbers are down this year. This is a result of a decrease in complaint throughput related to critical staffing shortages.
- Two interim prohibition orders and three prohibition orders were issued. These included:
  - Norm Low - banned from providing nutrition services;
  - Mr Lyndon Kemp - temporarily banned from providing massage services;
  - Mr Adrian Mangini – banned from providing health services.

  3092 contacts were closed (an average of 8.4 a day). Overall, there was also an increase of contacts from people with special needs, including disability.

Agency specific objectives and performance

Agency objectives	Indicators	Performance
Complaints Management	Contact numbers increased slightly. Service providers and consumers comply with the Act, rules and regulations.	Complaints management monitors safety and quality standards, identifies systemic issues and contributes to ensuring expected standards of service delivery are maintained.
Raising awareness about the Code of Conduct for Certain Health Care Workers	The HCSCC continues to inform South Australians about the Code. Promotes awareness of service providers' obligations under the Code to ensure expected standards of delivery are met.	The HCSCC continues to promote the Code of Conduct and its importance to service providers and organisations. The Commissioner and his staff attended several public and community events, including a disability exhibition and the Feast festival. Refer to: www.hcscc.sa.gov.au/information-code-conduct-unregistered-health-practitioners/.
Public and media engagement	Continued engagement with the public and the media about the role of the HCSCC.	The HCSCC continues to use the media and social media to communicate with the South Australian public. The Commissioner provided presentations and lectures to a broad range of community groups.
The office location	The HCSCC has recently moved into a new office that is more accessible and appropriate to its needs.	The HCSCC is relocated to 191 Pulteney Street. The office features more space, breakout areas, and video conferencing technology to better serve community needs.
Stakeholder engagement	Greater engagement with stakeholders – government and non-government	The Commissioner continued to meet with key stakeholders in the health sector in the past reporting year. This enabled him to connect with the health sector at all levels and to engage with relevant stakeholders.

Corporate performance summary

Number and type of contacts in 2023-24

Service Provider Type	22-23 Total^	23-24 Complaints/ Own Motions	23-24 Enquiries	23-24 Incoming AHPRA Notifications	23-24 Incoming Prohibition Orders	23-24 Total	Increase Decrease %
Health	3425	1197	1624	514	43	3378	-1.37%
Community Services	170	55	228	0	0	283	+66.47%
Child Protection*	5	0	1	0	0	1	-80%
Total contacts	3600	1252	1853	514	43	3662	+1.72%

**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 2023-24

In 2023-24, 3092 contacts were closed, of which:

- 2136 were closed between 0 and 21 days (69%)
- 177 were closed between 22 and 45 days (5.7%)
- 235 were closed between 46 and 100 days (7.6%)
- 441 were closed between 101 and 365 days (14%)
- 103 were closed after 365 days or more (3%)

At close of business 30 June 2024, the HCSCC had 390 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 2023-24	Past year 2022-23	% Change (+ / -)
Total new workplace injury claims	1	0	
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 2023-24	Past year 2022-23	% Change (+ / -)
Number of notifiable incidents (*Work Health and Safety Act 2012, Part 3)*	0	0	0%
Number of provisional improvement, improvement and prohibition notices (*Work Health and Safety Act 2012 Sections 90, 191 and 195*)	0	0	0%

Return to work costs**	2023-24	2022-23	% Change (+ / -)
Total gross workers compensation expenditure ($)	$27,126	$58,038	-53.3%
Income support payments – gross ($)	$7,682	$27,415	-72.0%

***before third-party recovery*

**number of claimants assessed during the reporting period as having a whole person impairment meeting the relevant threshold under the Return to Work Act 2014 (Part 2 Division 5)*

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

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-hcscc.

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 2023-2024 are attached to this report.

Statement of Comprehensive Income	2023-24 Budget $000s	2023-24 Actual $000s	Variation $000s	2022-23 Actual $000s
Total Income	0	0	0	0
Total Expenses	1,911	1,758	153	1,633
Net Result	**1,911**	**1,758**	**153**	**1,633**
Total Comprehensive Result	**1,911**	**1,758**	**153**	**1,633**

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

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-hcscc

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 exclude GST	$Actual Payment Include GST
Aktis Performance Management	Review and develop RD	$1,530	$1,683

Contractors with a contract value above $10,000

Contractors	Purpose	$ Actual payment
Nil	Nil	Nil

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

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

Risk and audit at a glance

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-hcscc

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-hcscc

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 has been included in the data set to fully demonstrate how many contacts this HCSCC has received. A total picture cannot be gained without this data.

Own motion

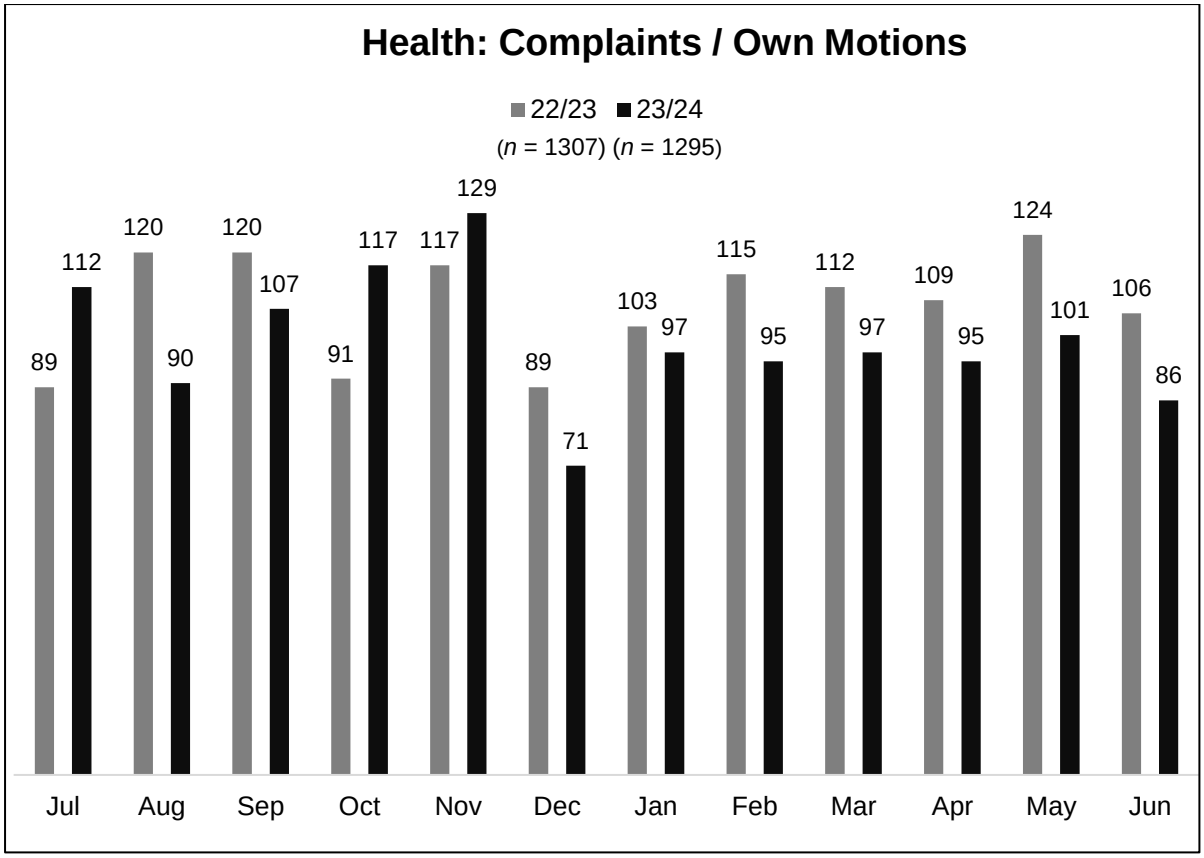
Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allow the Commissioner to inquire into, report or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner based on intelligence received may not necessarily be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


Health: Complaints / Own Motions
22/23
23/24
(n = 1307) (n = 1295)
89
112
120
90
120
107
91
117
117
129
89
71
103
97
115
95
112
97
109
95
124
101
106
86
Jul
Aug
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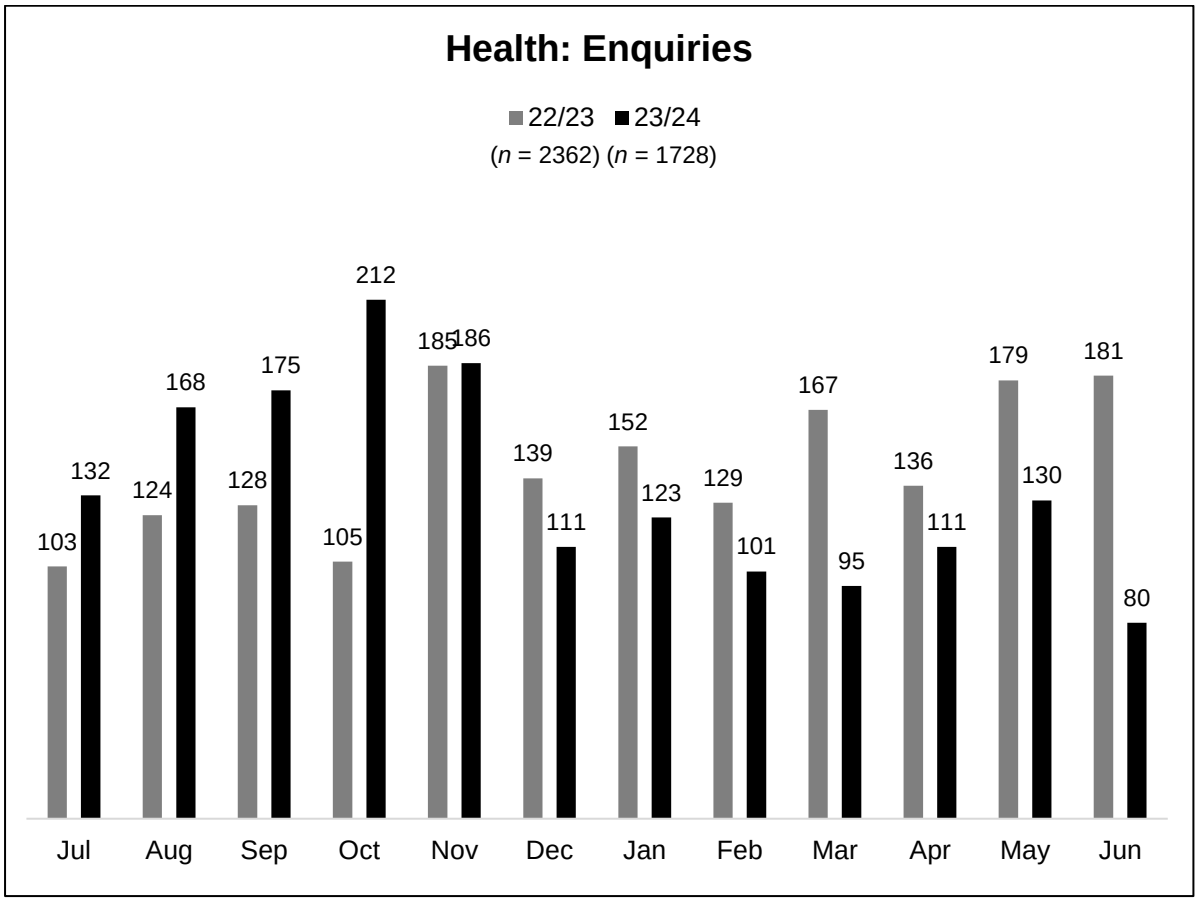
May
Jun


Health: Enquiries
22/23
23/24
(n = 2362) (n = 1728)
103
132
124
168
128
175
105
212
185
186
139
111
152
123
129
101
167
95
136
111
179
130
181
80
Jul
Aug
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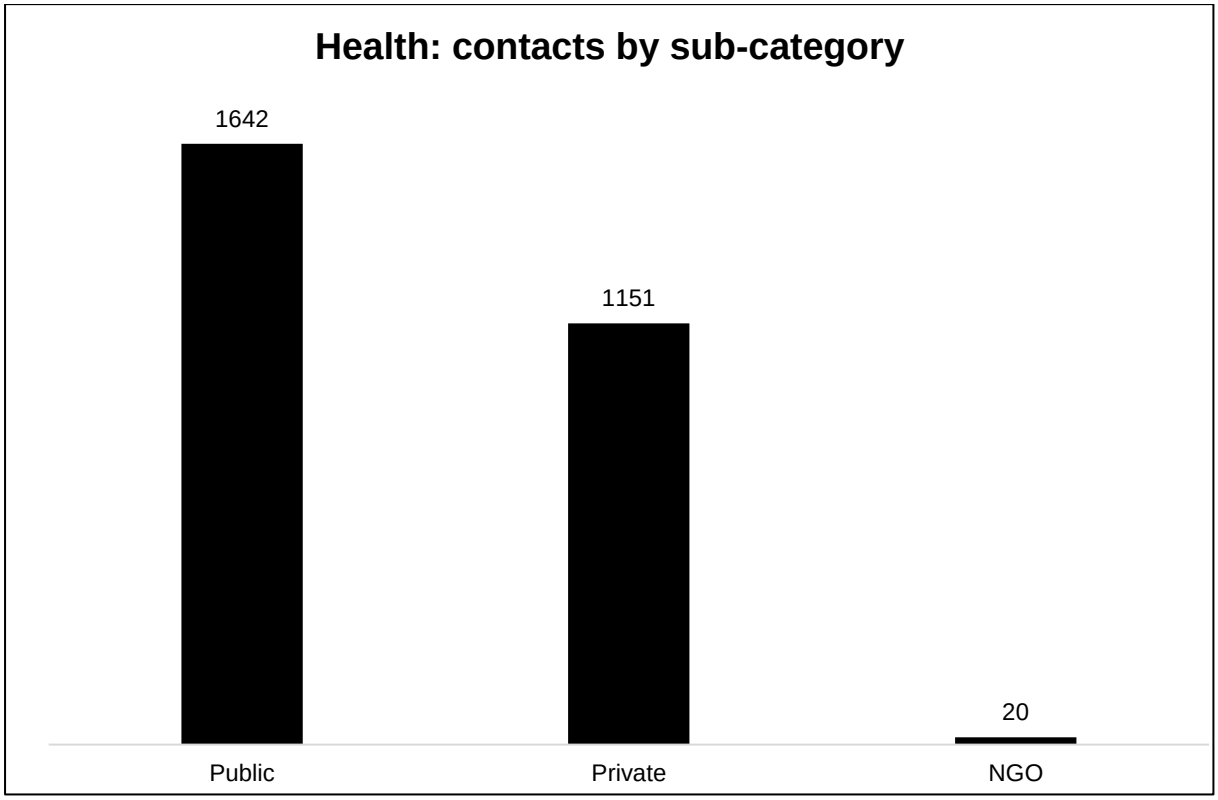
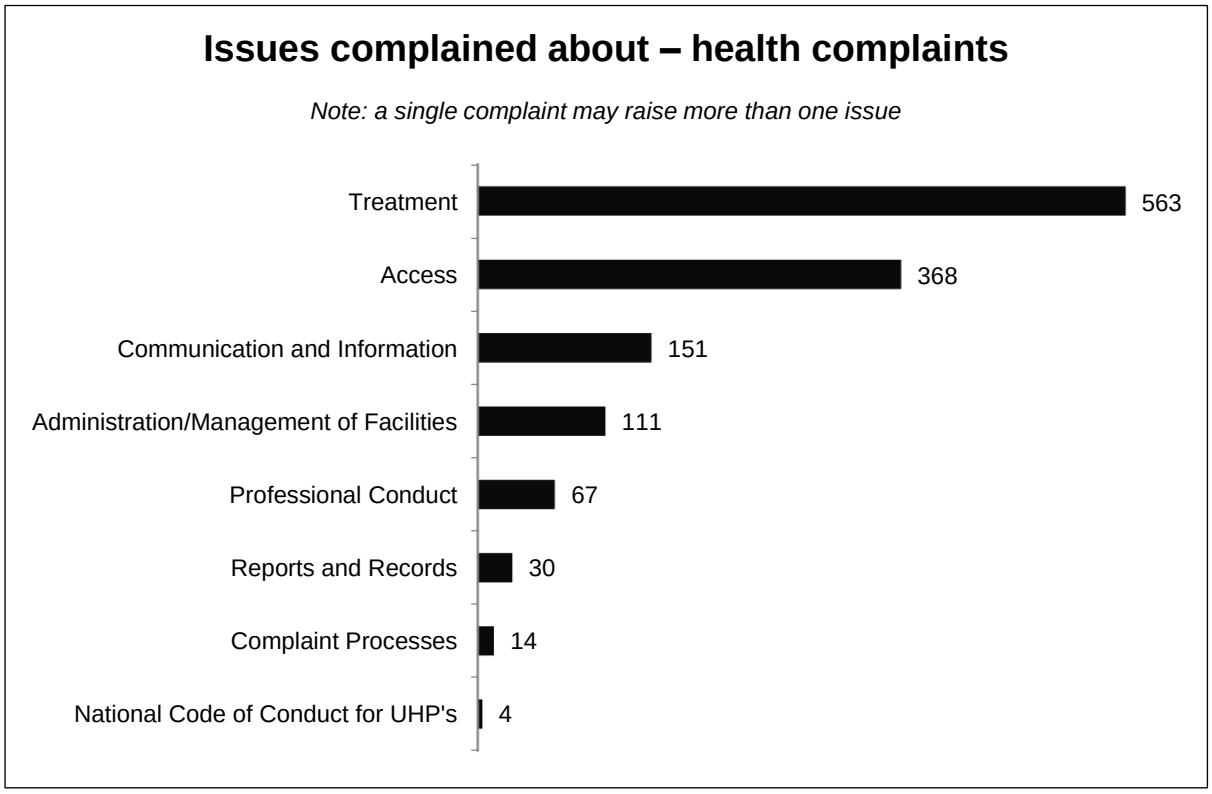
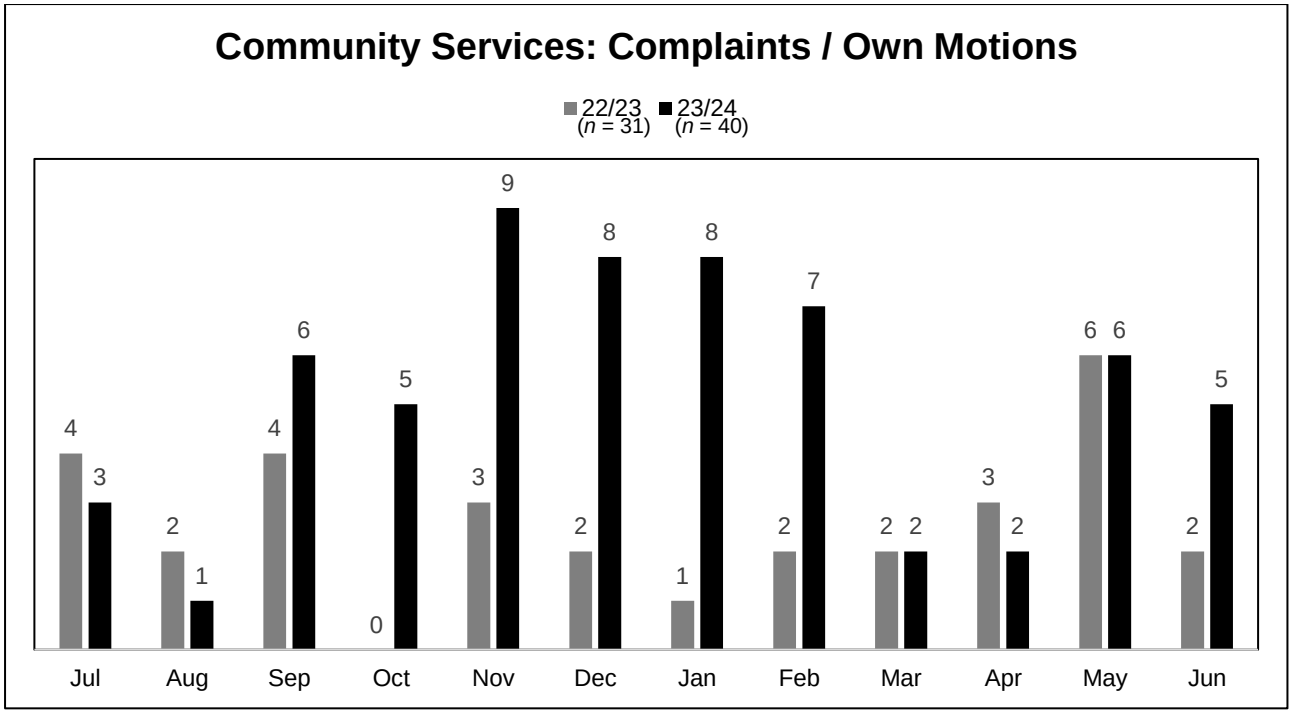
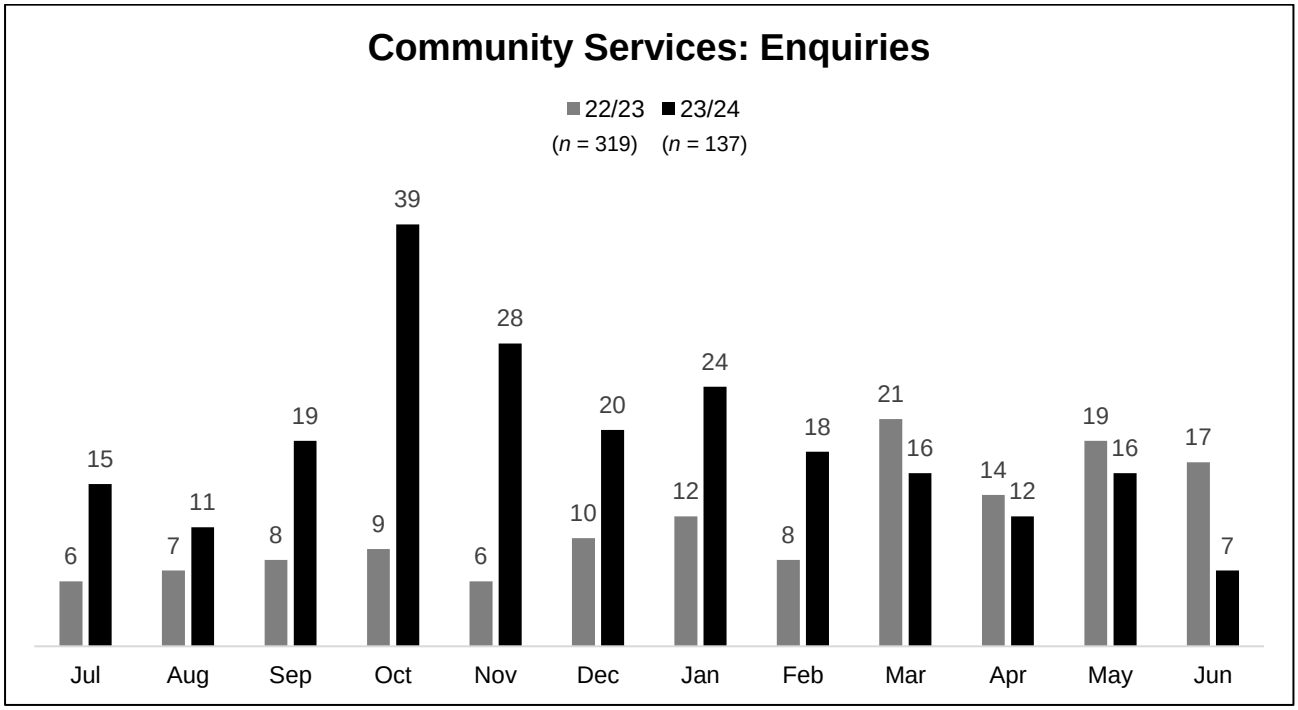
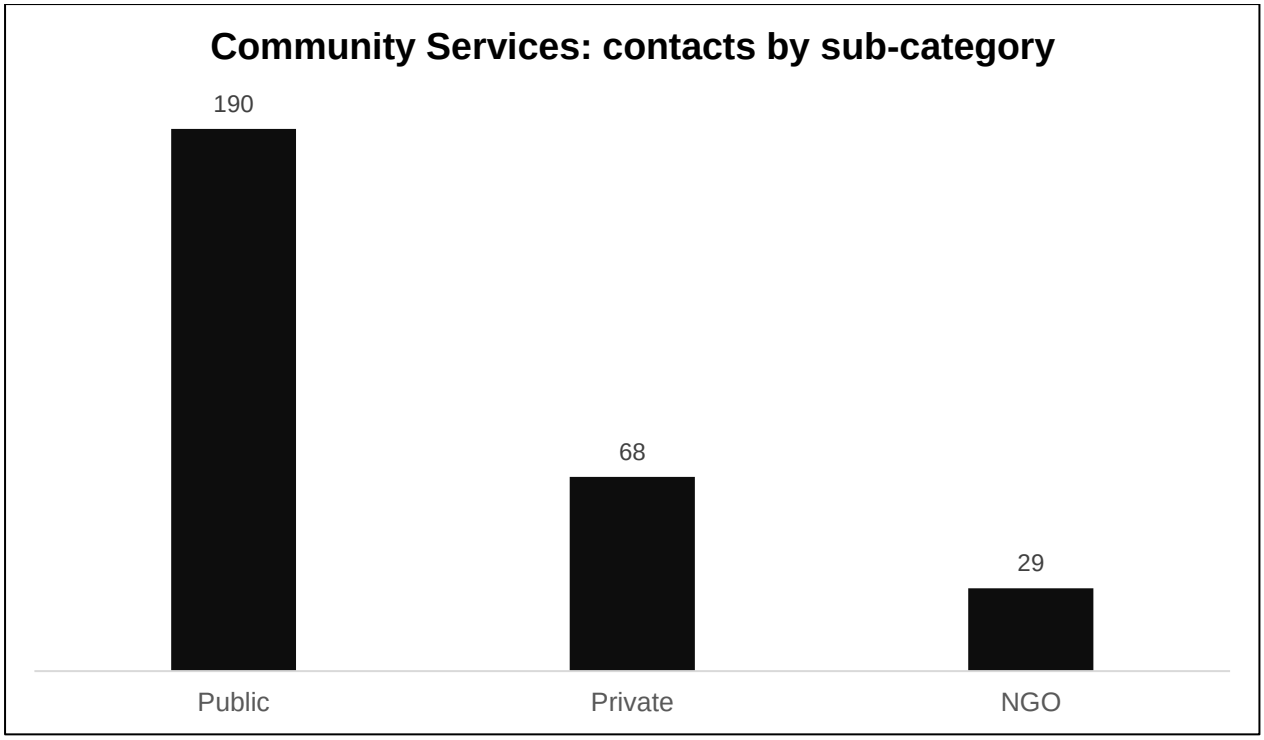
Mar
Apr
May
Jun

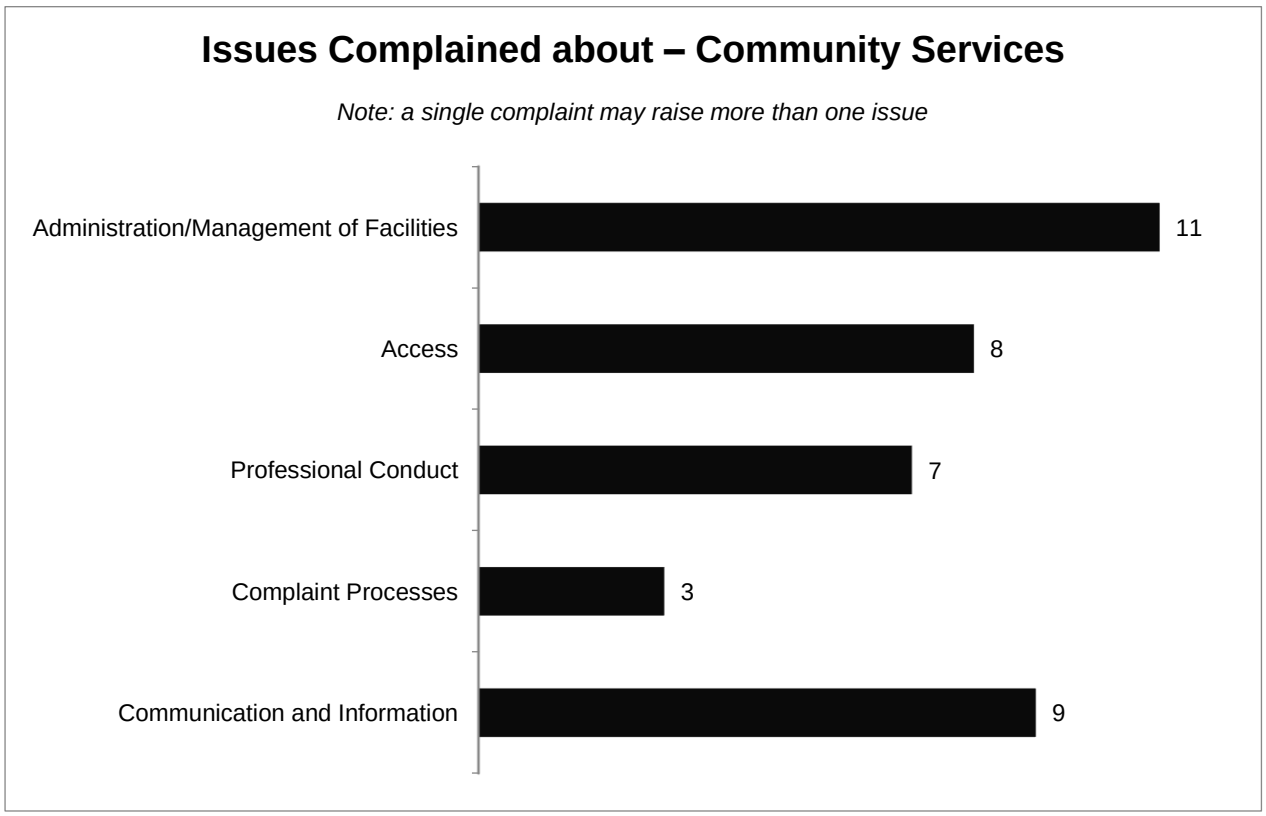

Health: contacts by sub-category
1642
1151
20
Public
Private
NGO

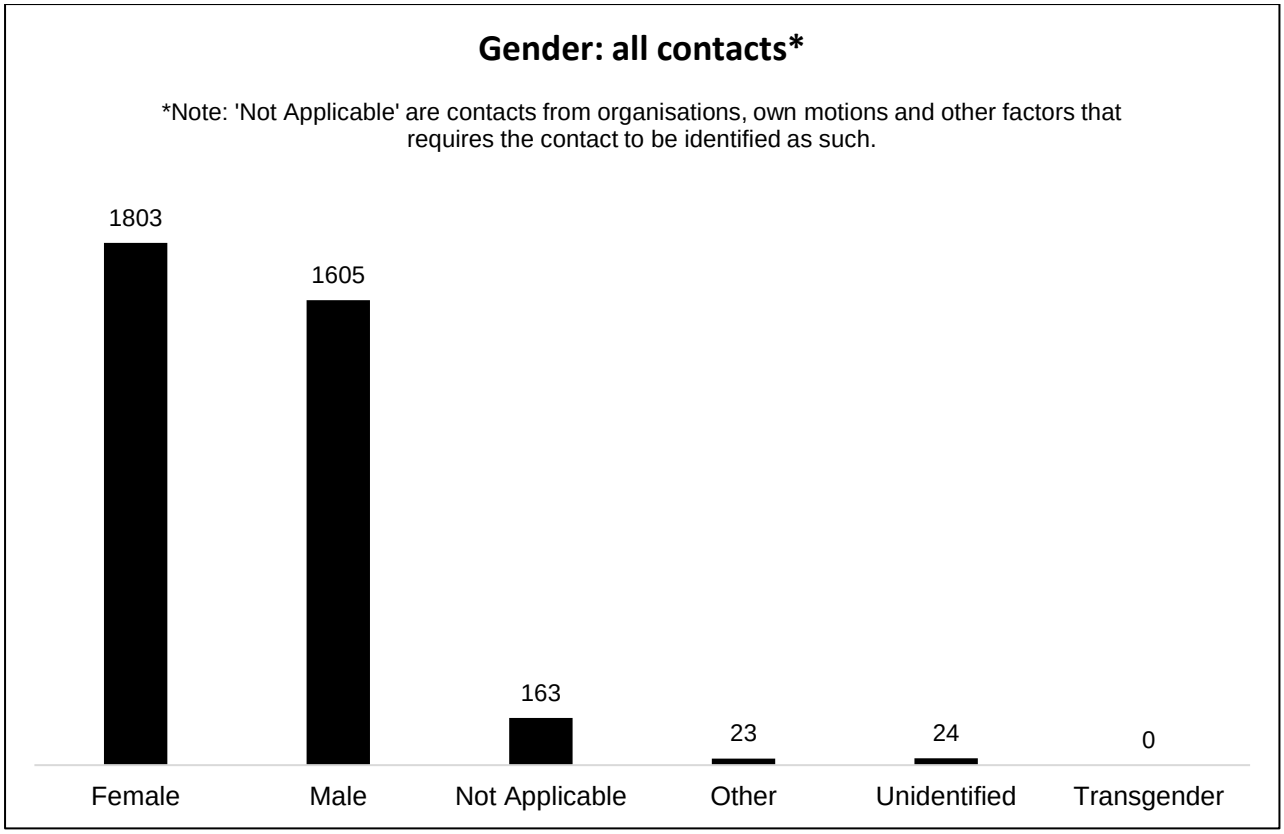

Issues complained about – health complaints
Note: a single complaint may raise more than one issue
Treatment
563
Access
368
Communication and Information
151
Administration/Management of Facilities
111
Professional Conduct
67
Reports and Records
30
Complaint Processes
14
National Code of Conduct for UHP's
4

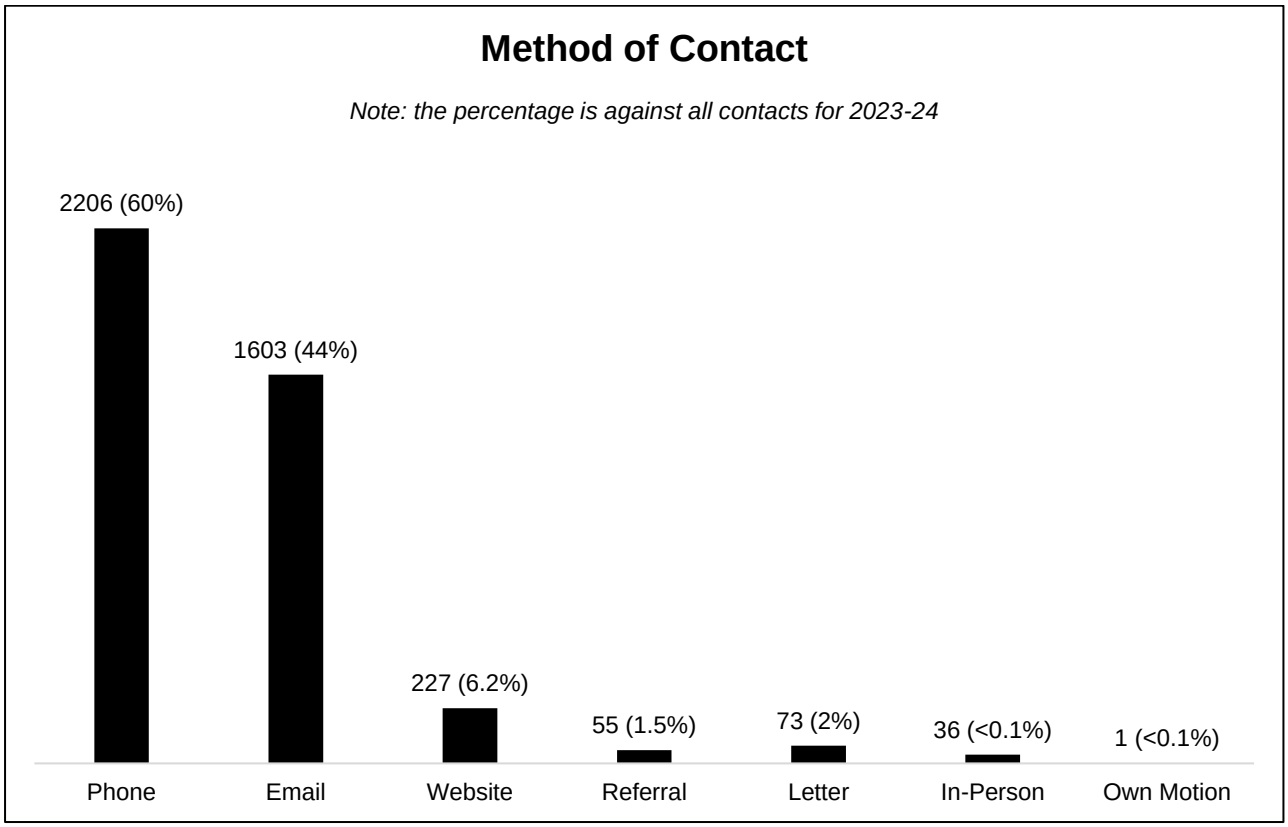

Community Services: Complaints / Own Motions
22/23 (n = 31)
23/24 (n = 40)
Jul 4 3
Aug 2 1
Sep 4 6
Oct 0 5
Nov 3 9
Dec 2 8
Jan 1 8
Feb 2 7
Mar 2 2
Apr 3 2
May 6 6
Jun 2 5


Community Services: Enquiries
22/23 (n = 319)
23/24 (n = 137)
Jul 6 15
Aug 7 11
Sep 8 19
Oct 9 39
Nov 6 28
Dec 10 20
Jan 12 24
Feb 8 18
Mar 21 16
Apr 14 12
May 19 16
Jun 17 7


Community Services: contacts by sub-category
190
68
29
Public
Private
NGO

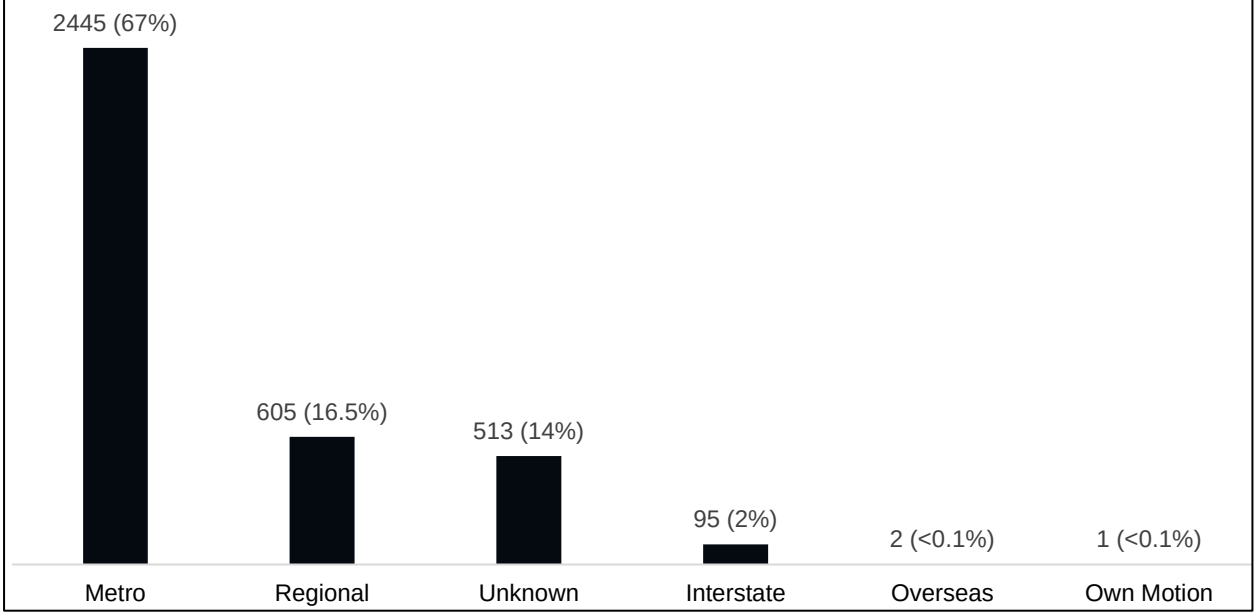

Issues Complained about – Community Services
Note: a single complaint may raise more than one issue
Administration/Management of Facilities
11
Access
8
Professional Conduct
7
Complaint Processes
3
Communication and Information
9


Gender: all contacts*
*Note: 'Not Applicable' are contacts from organisations, own motions and other factors that requires the contact to be identified as such.
1803
1605
163
23
24
0
Female
Male
Not Applicable
Other
Unidentified
Transgender


Method of Contact
Note: the percentage is against all contacts for 2023-24
2206 (60%)
1603 (44%)
227 (6.2%)
55 (1.5%)
73 (2%)
36 (<0.1%)
1 (<0.1%)
Phone
Email
Website
Referral
Letter
In-Person
Own Motion

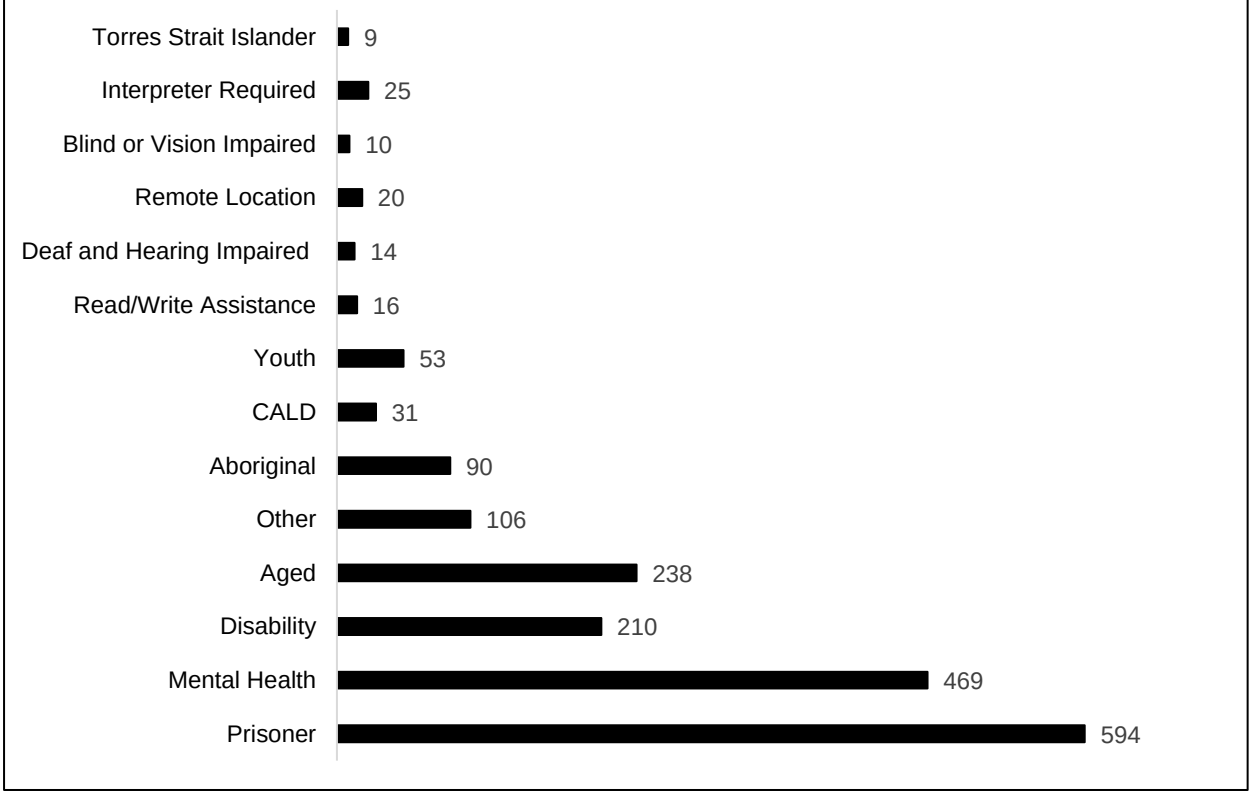
Location of Contacts

Note: the percentage is against all contacts for 2023-24



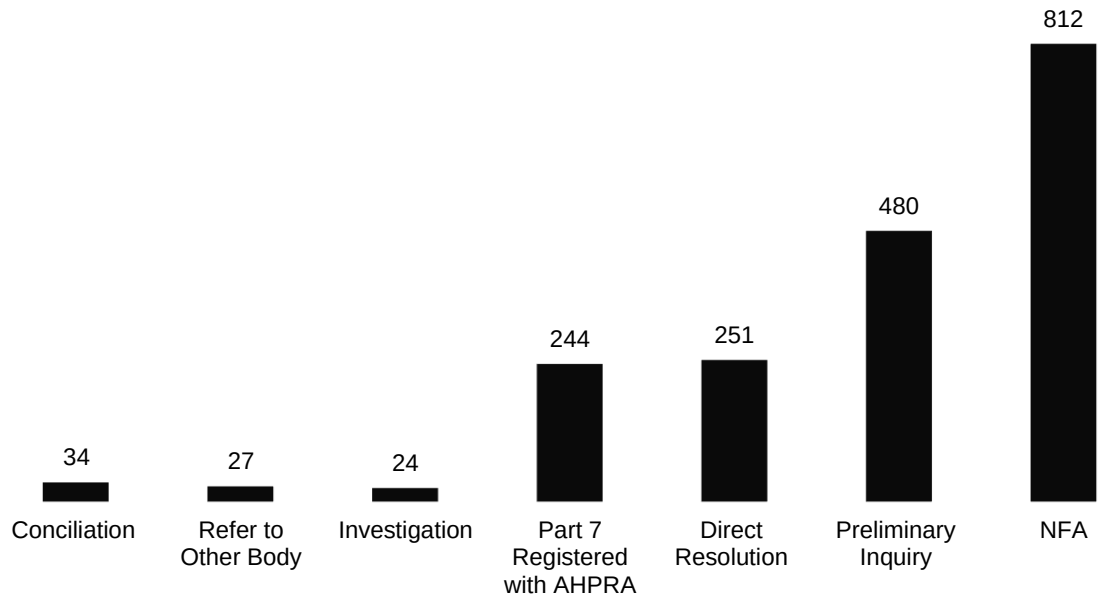
Consumers with special needs

Note: a person may have more than one special need

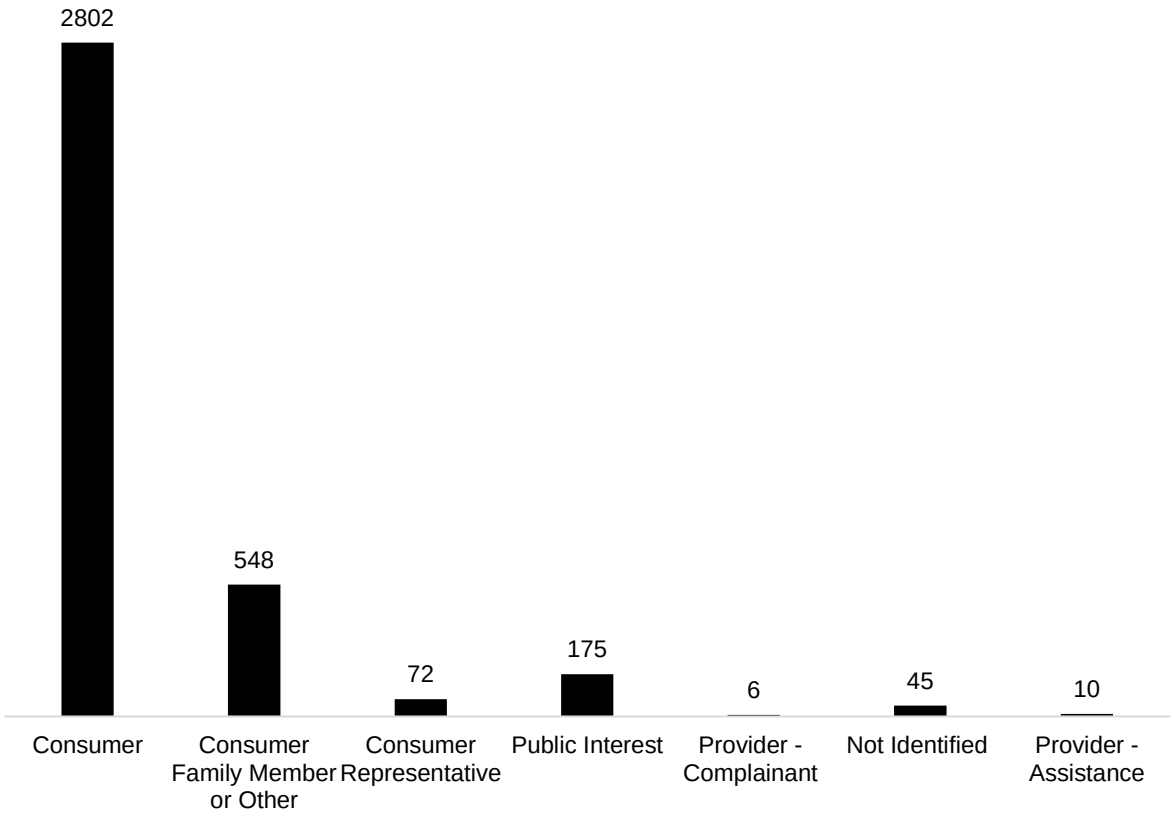


Number of Assessment Determinations

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

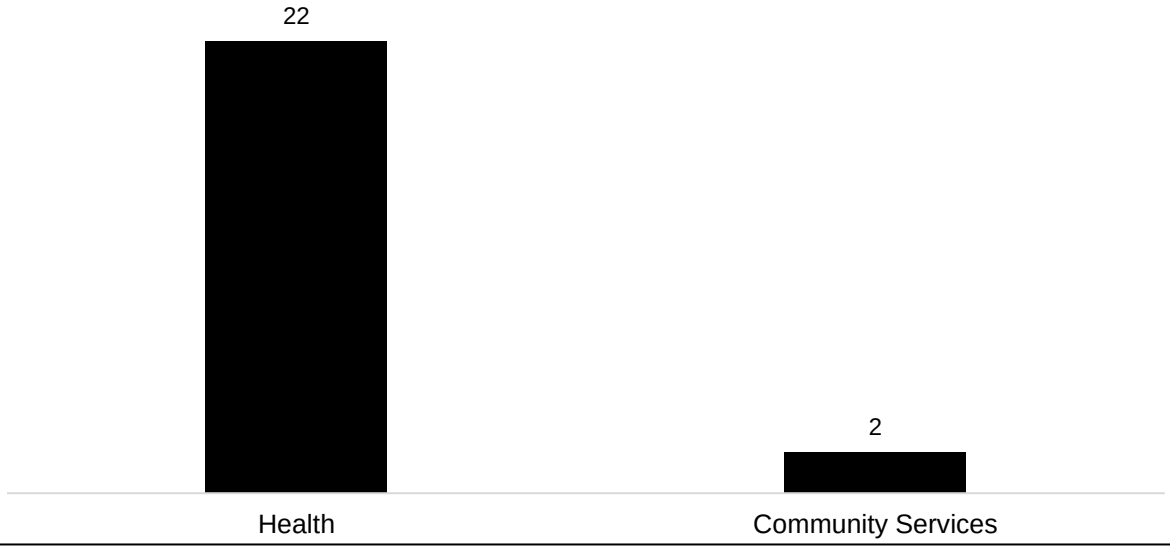


Legal role of contact person (complaints only)



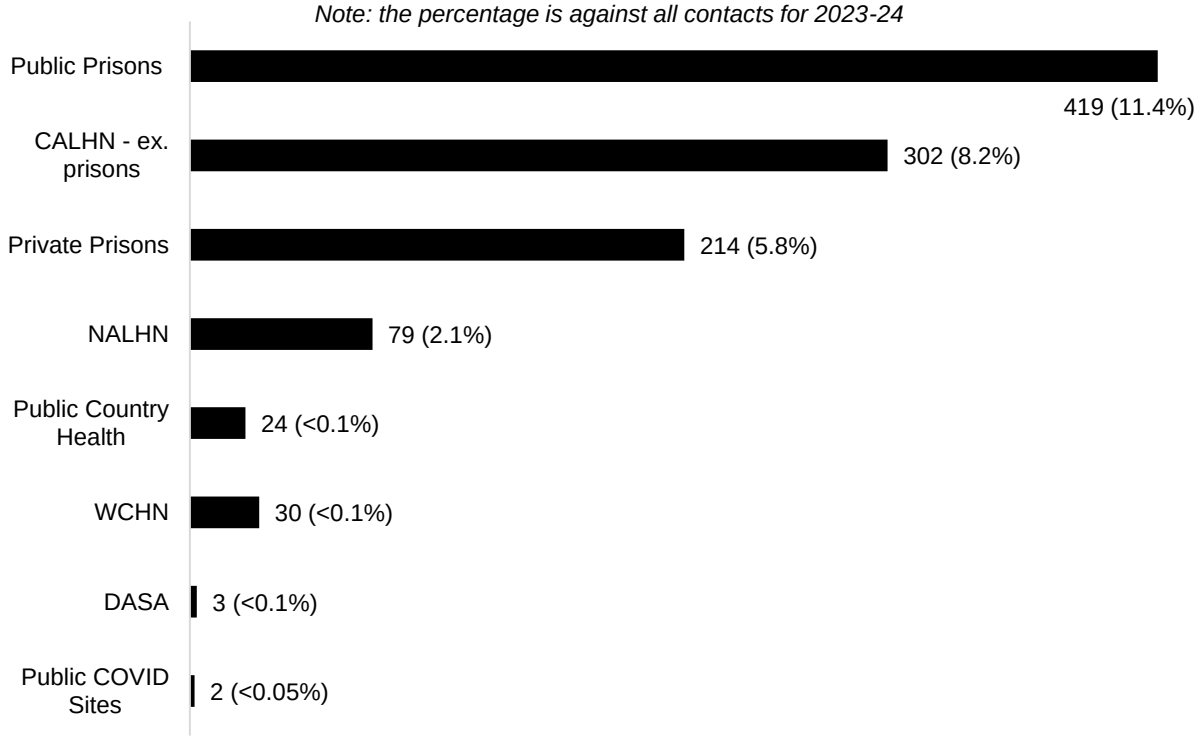
Part 6: Summary of Investigations by type of Provider

Note: this data relates to new investigations in 2023-24. The HCSCC may complete an investigation that crosses over financial years.



Contacts about major health services

Note: the percentage is against all contacts for 2023-24



Reasons for Closure of Complaints 2023-24

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

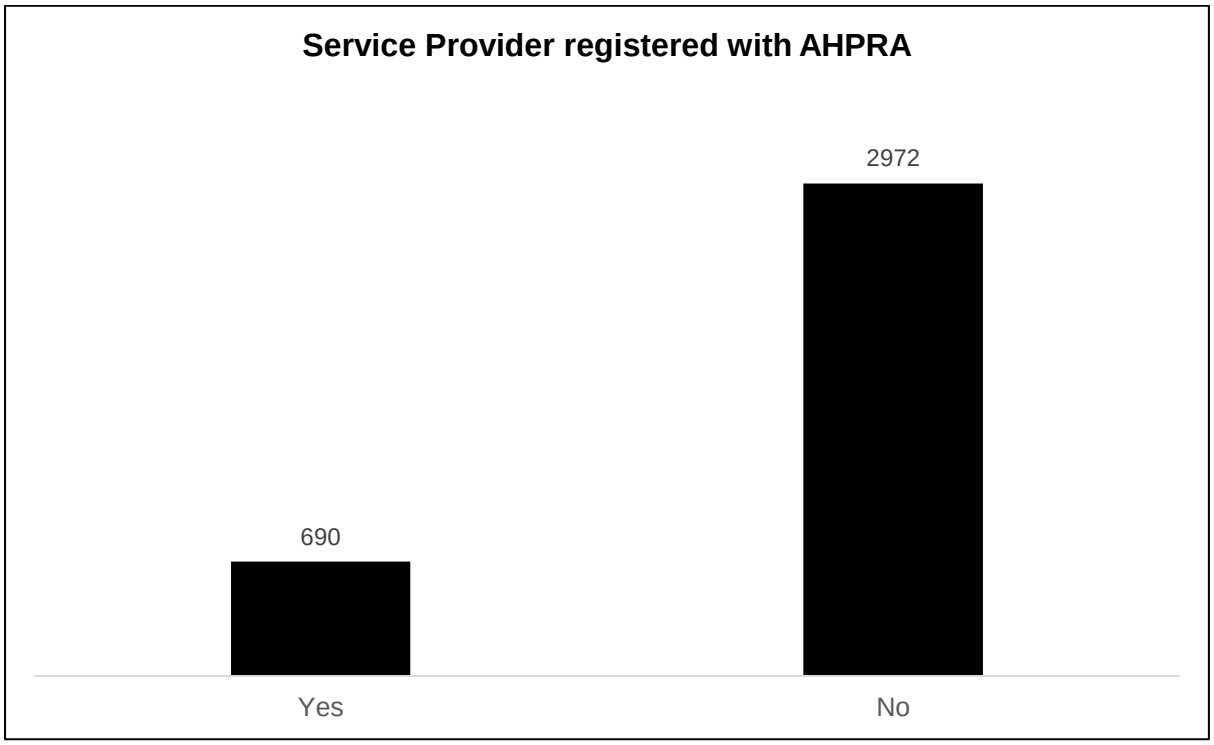
Advice and information provided	9
Outside of Jurisdiction	37
Part 6 - s54 Report	8
Part 6 - s55 Notice of Action to Provider	3
Part 6 - s56B order	2
Part 6 s56C order	16
s33(1)(b) does not disclose ground of complaint	6
s33(1)(c) should be determined by legal proceedings	14
s33(1)(d) proceedings have commenced before a tribunal authority or other	552
s33(1)(e) reasonable explanation(s) or information earlier	3
s33(1)(g) complaint lacks substance	14
s33(1)(h) the complainant has failed to comply with a requirement	2
s33(1)(i) the complaint would be an abuse of the processes under the Act	19
s33(1)(j) the complaint is abandoned	142
s33(1)(j) the complaint is resolved	76
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	28
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	1
s33(1)(k) reasonable cause - other	133
s33(1)(k) reasonable cause - s27 outside of time limit	5
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	31
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	3
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	5
s33(1)(k) reasonable cause - service provider met reasonable standards	16
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	13
s34(1) - complaint withdrawn	65
s57(2)(b) referred to registration authority	9
Total	**1213**

Grounds for Complaint 2023-24

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

Charter of Health and Community Services Rights grounds (Refer to http://www.hcscc.sa.gov.au/about-the-hcscc-charter/)	
Charter 1 – Access	629
Charter 2 – Safety	207
Charter 3 – Quality	533
Charter 4 – Respect	87
Charter 5 – Information	301
Charter 6 – Participation	19
Charter 7 – Privacy	23
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	386
S 25 1 (b) - service provision not necessary/inappropriate	106
S 25 1 (c) - unreasonable manner in providing service	100
S 25 1 (d) - lacked due skill	137
S 25 1 (e) - unprofessional manner	18
S 25 1 (f) - lack of privacy/dignity	114
S 25 1 (g) - quality of information	131
S 25 1 (h) - unreasonable action - lack of information/access to records	7
S 25 1 (i) - unreasonable disclosure to a third party	9
S 25 1 (j) - improper action on a complaint	9
S 25 1 (k) - inconsistent with the Charter	440
S 25 1 (l) - did not meet expected standard of service delivery	54
Total	**3539**



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

	Number of HCSCC complaint consultations with AHPRA	Number of HCSCC complaints referred to AHPRA	Number of HCSCC complaints split* with AHPRA	Number of HCSCC complaints retained by HCSCC
Total	207	62	23	97

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

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

	Number of AHPRA complaint consultations with HCSCC	Number of AHPRA complaints referred to HCSCC	Number of AHPRA complaints split* with AHPRA	Number of AHPRA complaints retained by AHPRA
Total	537	82	8	440

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

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

	Number of outcomes notified by AHPRA of action taken from HCSCC complaint referrals	AHPRA notified outcome	
Medical		19	No further action
		10	Caution
		17	Conditions imposed
		3	Refer to Tribunal
		1	No further action
		1	Undertaking not to practice
Dental		7	No further action
		3	Conditions imposed
		1	Caution
Nursing & Midwifery		2	No further action
		5	Caution
		8	Conditions Imposed
		2	Refer to Tribunal
Pharmacy		3	Caution
Chiropractic		1	Caution
		1	No further action
		1	Conditions Imposed
Physiotherapy			No outcomes received as at 30.06.24
Optometry			No outcomes received as at 30.06.24
Osteopathy			No outcomes received as at 30.06.24
Psychology		1	No further action
		1	Caution
Podiatry		1	Conditions imposed
Chinese Medicine			No outcomes received as at 30.06.24
Medical Radiation Practice			No outcomes received as at 30.06.24
Occupational Therapy		1	No further action
Aboriginal and Torres Strait Islander Health Practice			No outcomes received as at 30.06.24
Paramedicine (commenced December 2018)			No outcomes received as at 30.06.24
Total		**89**	

Contacts about Unregistered Health Care Workers 2023-24

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005.	10
Number of enquiries about Unregistered Health Care Workers	5
Number of Own Motions about Unregistered Health Care Workers	1
Total contacts about Unregistered Health Care Workers	16

At the end of the 2023-24 financial year, there were 9 matters about Unregistered Health Care Workers remaining open.

During the 2023-24 financial year, the HCSCC were advised of 43 prohibition orders issued in other States and Territories.

Investigation outcomes

24 new complaints received in 2023-24 were moved into investigation.

The HCSCC finalised 18 investigations during 2023-24. This is a 38.46 percent increase on the previous financial year.

Conciliation outcomes

In 2023-24, 34 matters were moved into conciliation. This number does not incorporate conciliation matters opened and carried forward from the previous financial year. Of the 34 opened conciliations, 14 were finalised (41.17 percent) within the financial year. Overall, the HCSCC finalised 19 conciliations in 2023-24.

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

Conciliation Outcome	**Number**
Apology	9
Information / Explanation Provided	10
Refund / Waive Fee / Compensation	10
Resolved	11
Service Improvement	2
Unresolved	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 2023-24, the HCSCC received 26 requests from complainants for an internal review by the Commissioner because they were not satisfied with the outcome of their complaint.

This is 5 less than 2022-23.

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
26	26	25	1	1

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
9	6	3	9	0	0

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

Service Improvements

Complaints

During the 2023-24 fiscal year, the HCSCC received thirteen complaints about our services.

Two resulted in a change of Complaints Resolution Officer citing a relationship breakdown and 6 were about general timeliness associated with staffing limitations.

Appendix: Audited financial statements 2023-24

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.