HCSCC

2023-24 Annual Report Companion Document

Health and Community Services Complaints Commissioner

hcscc.sa.gov.au

Contents

Letter to the Minister

To:

The Hon. Chris Picton MP
Minister for Health and Wellbeing

The 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*.

The 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:

Assoc. Prof. Grant Davies
HCSC Commissioner
16 September 2024

Section 1

Overview

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 from 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.

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

69%	Contacts closed within 21 days
66%	Increase in community services-related inquiries
1.4%	Decrease in health-related contacts
3,662	Total contacts
2%	Increase in total contacts
3,092	Total contacts closed
8.4	Contacts closed on average per day
34	Matters moved into conciliation
38%	Increase in completed investigations
2	Interim prohibition orders issued
3	Prohibition order issued

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.

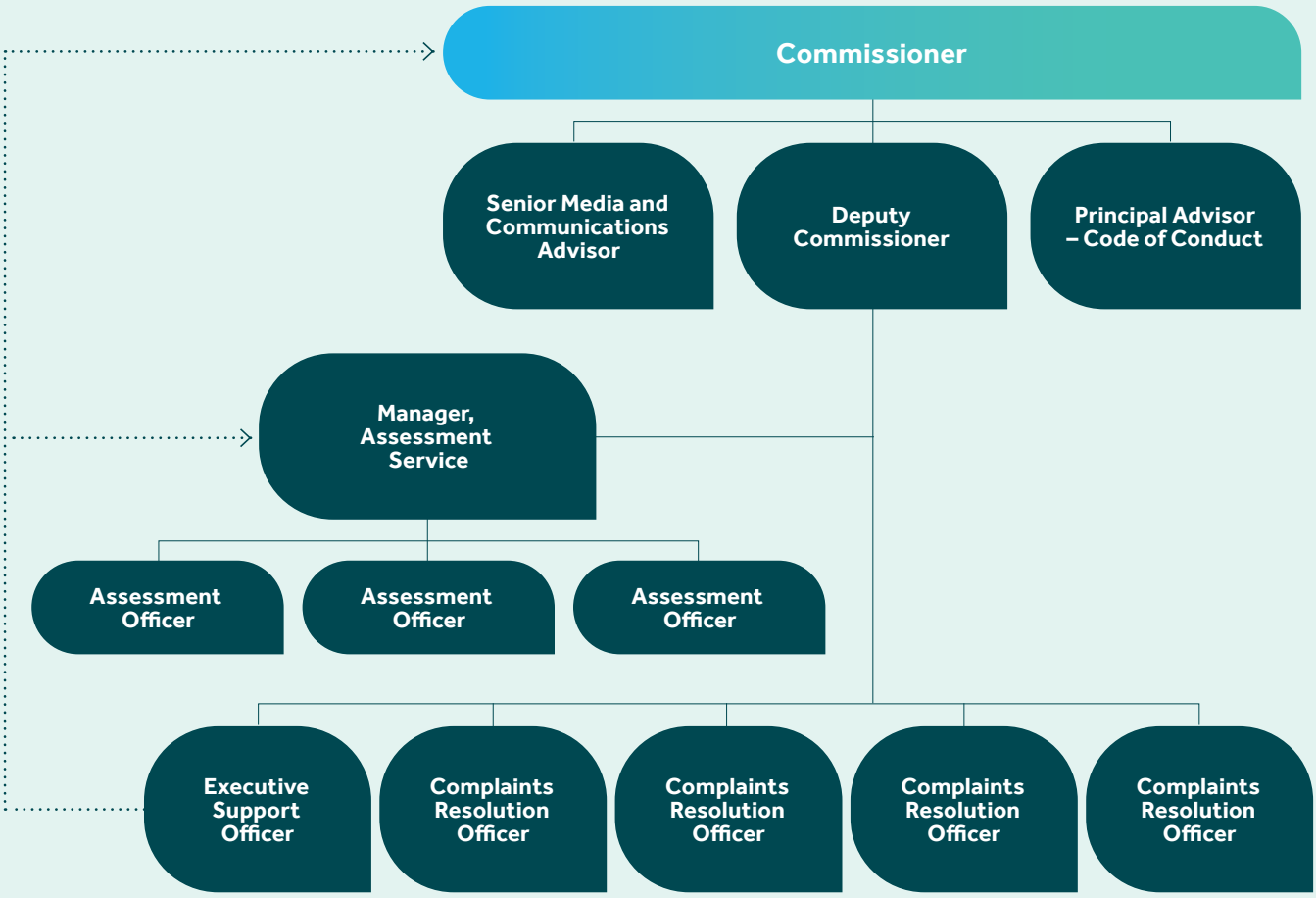
A full copy of the HCSCC's strategic plan is available at: hcscc.sa.gov.au

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.

Our organisational structure

HCSCC organisational structure on 30 June 2024.



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 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 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

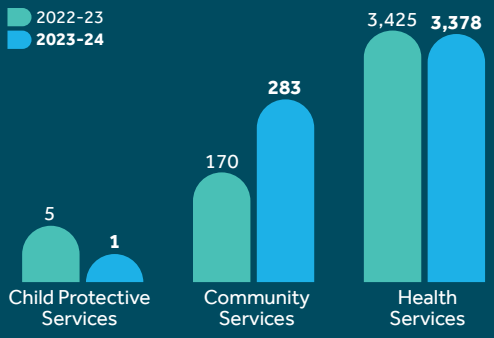
The HCSCC takes the collation of data seriously and has made significant improvements on how contacts are recorded in our records management system.

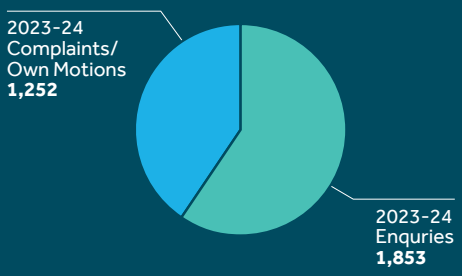
The data contained within this report is collated after the financial year ends, and represent statistics taken at a point-in-time. On occasion, these statistics can change based on multiple factors in the HCSCC's work practices like the re-opening of files, splitting files between the Australian Health 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.

Corporate performance summary

Number and type of contacts in 2023-24





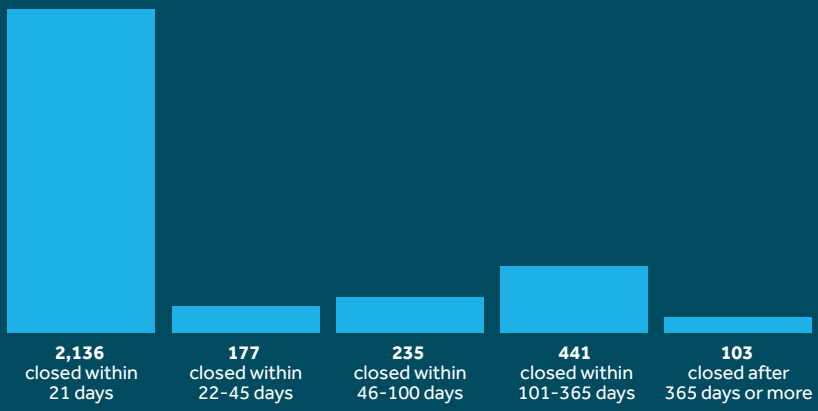
Service Provider Type	2022-23	2023-24					
	Total^	Complaints / Own Motions	Enquiries	Incoming AHPRA Notifications	Incoming Prohibition Orders	Total	Increase / Decrease
Health	3,425	1,197	1,624	514	43	3,378	-1.37%
Community Services	170	55	228	0	0	283	+66.47%
Child Protection*	5	0	1	0	0	1	-80%
Total contacts	3,600	1,252	1,853	514	43	3,662	+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

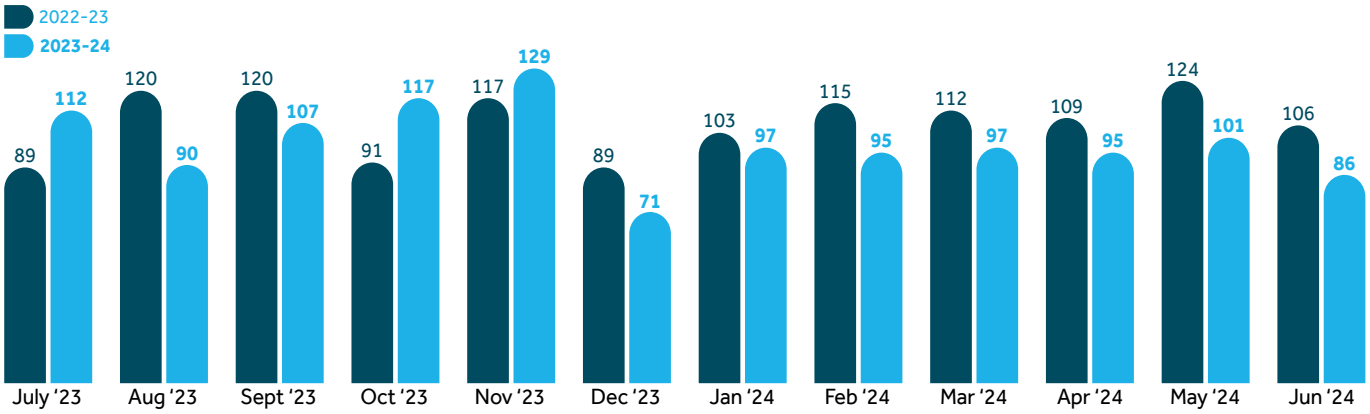
In 2023-24, 3,140 contacts were closed, of which:



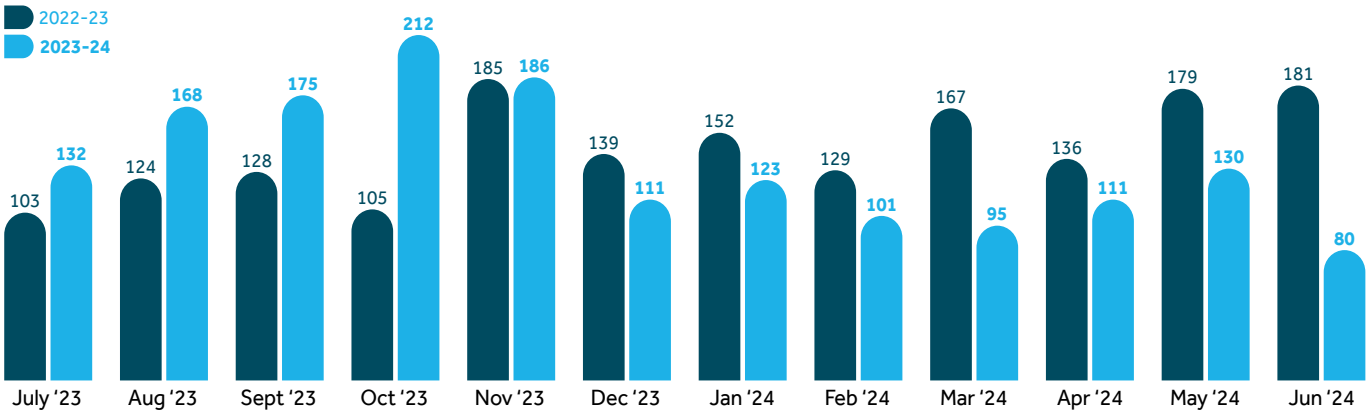
At close of business 30 June 2024, the HCSCC had 390 open contacts.

2023-24 data

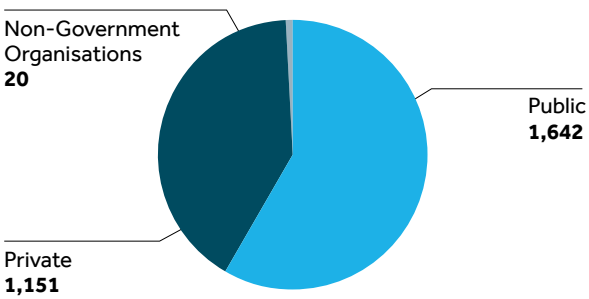
Health Services: Complaints / Own motions



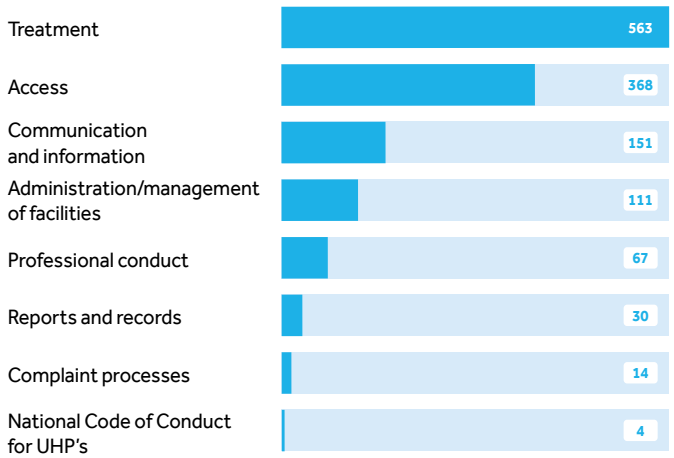
Health Services: Enquiries



Health Services: contacts by sub-category



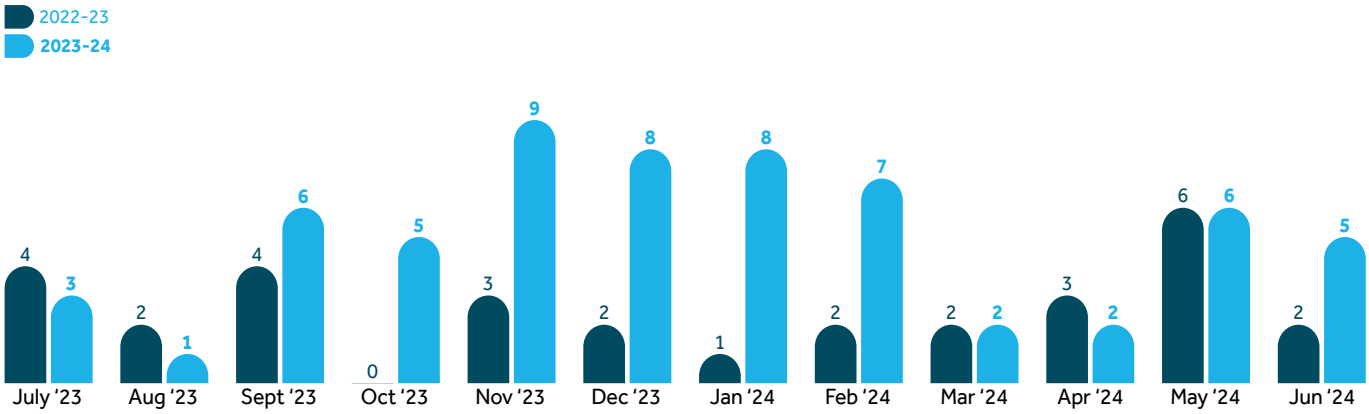
Health Services: Issues complained about



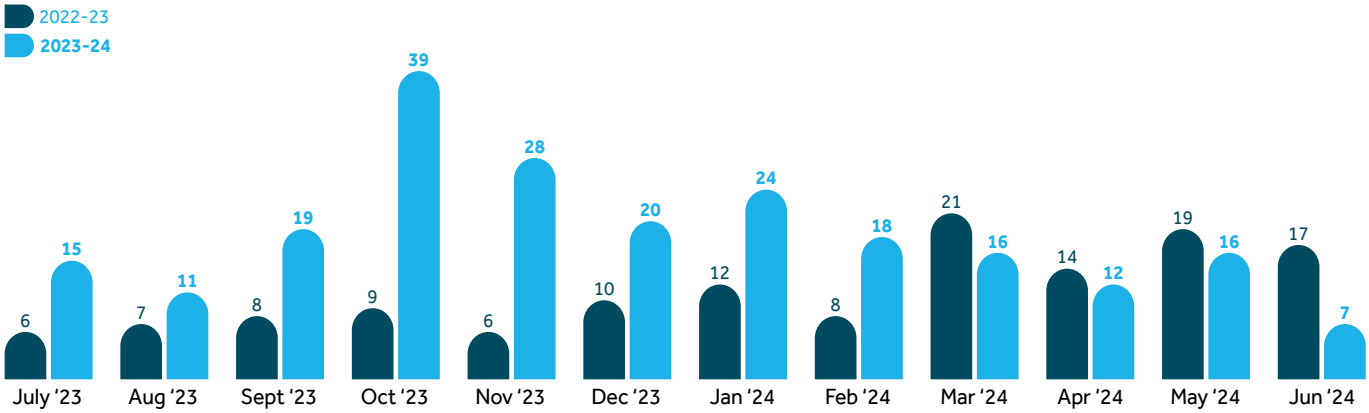
Note: a single complaint may raise more than one issue

2023-24 data *continued*

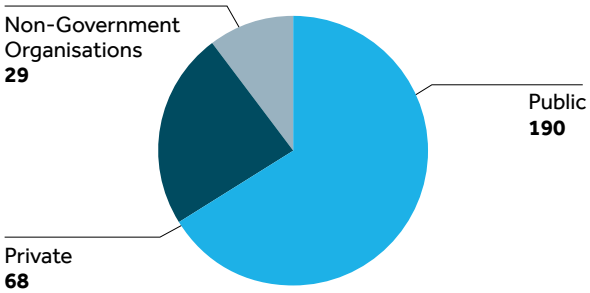
Community Services: Complaints / Own motions



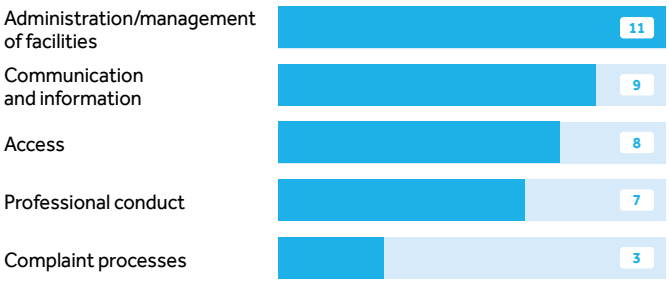
Community Services: Enquiries



Community Services: contacts by sub-category

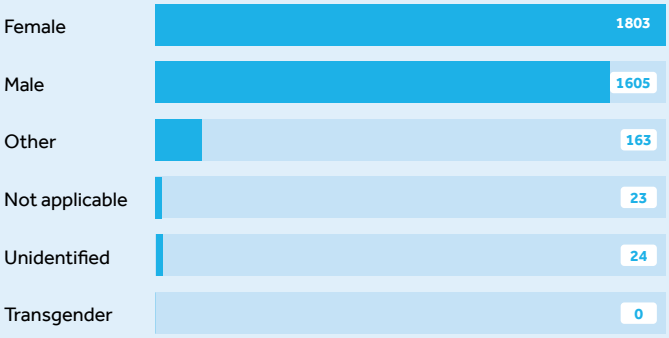


Community Services: Issues complained about



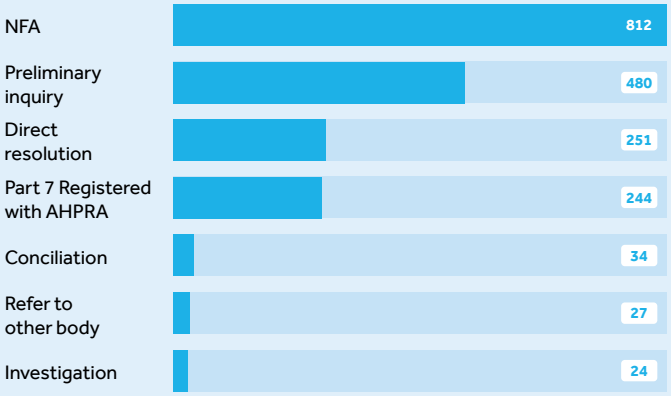
Note: a single complaint may raise more than one issue

Gender: All contacts*



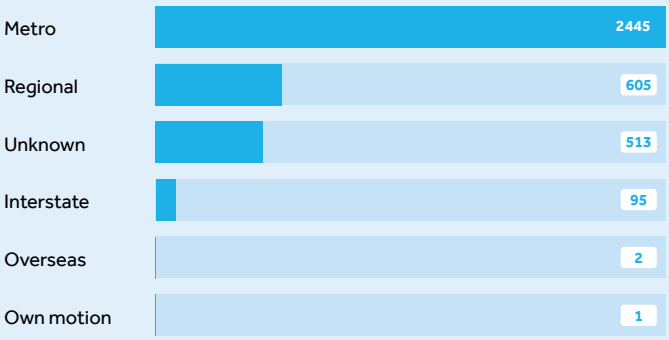
Note: 'Not applicable' are contacts from organisations, own motions and other factors that requires the contact to be identified as such.

Number of Assessment Determinations

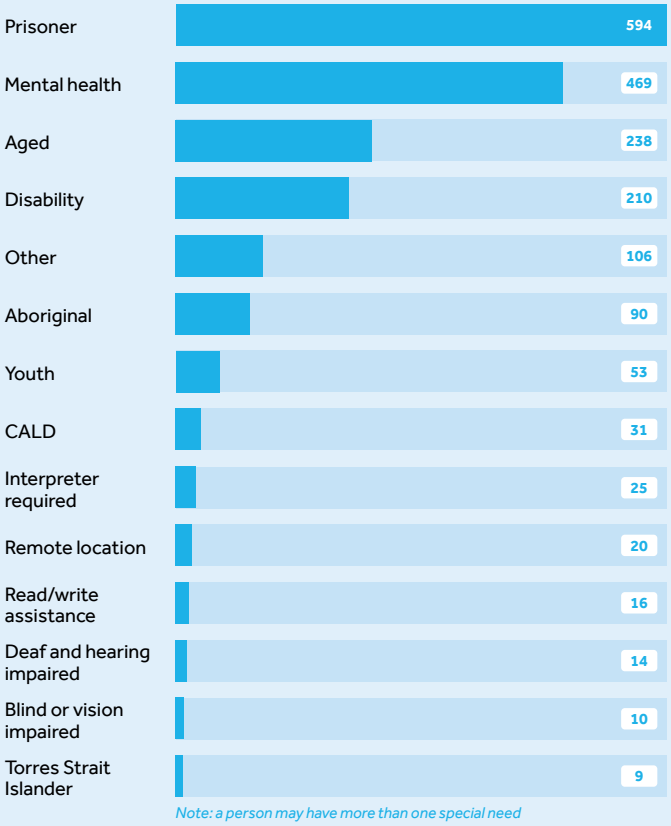


Note: a single complaint can have a number of determinations. Some determinations are made in the current financial year but the complaint is received in the previous financial year.

Location of Contacts

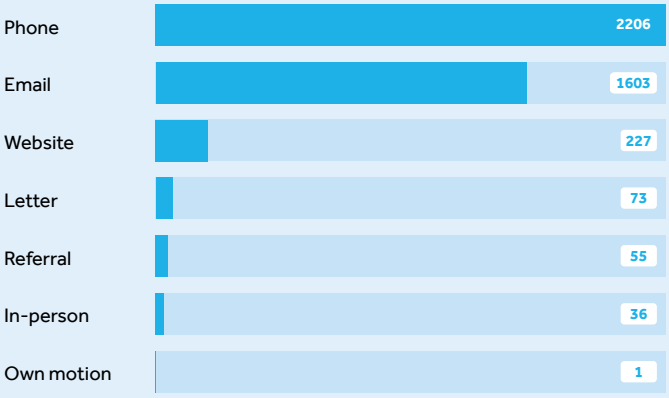


Consumers with special needs



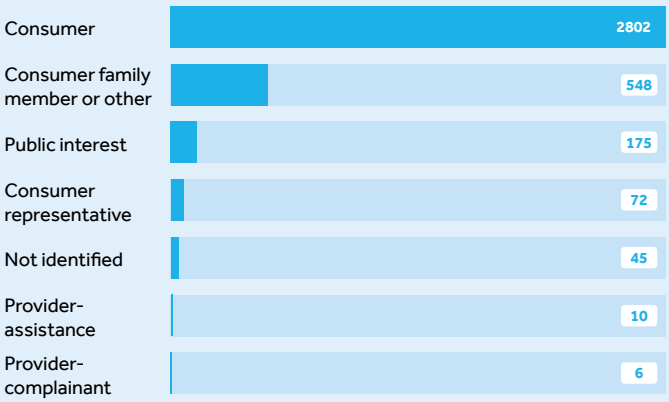
Note: a person may have more than one special need

Method of Contact

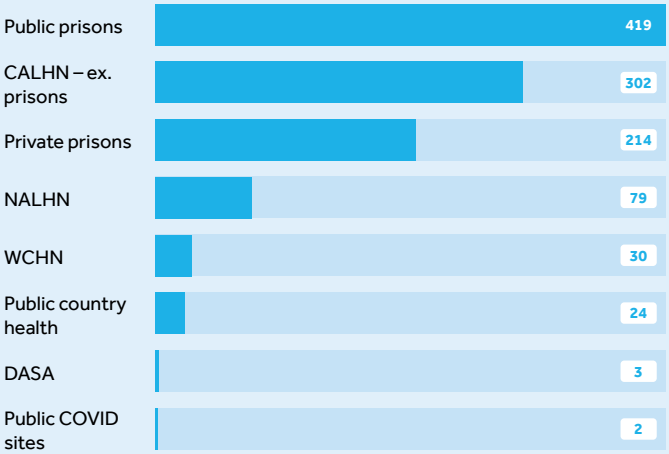


2023-24 data *continued*

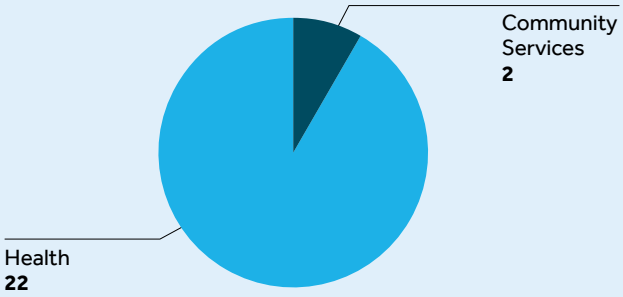
Legal role of contact person (complaints only)



Contacts about major health services



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.

Reasons for Closure of Complaints 2023-24

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 pro-vided	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	**1,213**

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

Grounds for Complaint 2023-24

Charter of Health and Community Services Rights grounds
(Refer to 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

2023-24 data *continued*

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	**3,539**

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

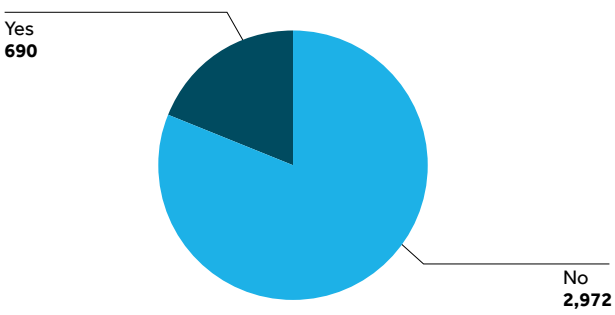
**Part of the complaint involving a registered health practitioner is referred to AHPRA and part of the complaint is dealt with by HCSCC.*

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

	Number of AHPRA complaint consultations with HCSCC	Number of AHPRA complaints referred to HCSCC	Number of AHPRA complaints split* with HCSCC	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.*

Service Provider registered with AHPRA



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	
Apology	9
Information / Explanation Provided	10
Refund / Waive Fee / Compensation	10
Resolved	11
Service Improvement	2
Unresolved	1

Section 3

Protect the health and safety of the public

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	**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.

Prohibition orders issued

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.

Section 4

Improve the quality of our services

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 fewer than 2022-23.

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
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.

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
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.

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

Teletypewriter (TTY)
133 677 or 1800 555 677 (Country SA Landline)

Email
info@hcscc.sa.gov.au

Write
PO Box 199, Rundle Mall SA 5000

Website
hcscc.sa.gov.au

LinkedIn
linkedin.com/company/sahcscc/

Facebook
@sahcscc

Twitter
@sahcscc

Visit
Ground Floor, 191 Pulteney Street
Adelaide SA 5000

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

HCSCC