



The Health and Disability Services Complaints Office Annual Report 2010-11



Statement of compliance



Government of **Western Australia**
The Health and Disability Services Complaints Office

HON DR KIM HAMES MLA **MINISTER FOR HEALTH**

In accordance with section 63 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Health and Disability Services Complaints Office for the financial year ended 30 June 2011. The Annual Report has been prepared in accordance with the provisions of the:

Auditor General Act 2006
Carers Recognition Act 2004
Contaminated Sites Act 2003
Disability Services Act 1993
Electoral Act 1907
Equal Opportunity Act 1984
Financial Management Act 2006
Freedom of Information Act 1992
Health and Disability Services (Complaints) Act 1995
Industrial Relations Act 1979
Minimum Conditions of Employment Act 1993
Occupational Safety and Health Act 1984
Public Sector Management Act 1994
Salaries and Allowances Act 1975
State Records Act 2000
State Supply Commission Act 1991
Government and Ministerial Annual Reporting Policies

A handwritten signature in black ink, appearing to read 'Linley Anne Donaldson'.

Linley Anne Donaldson
DIRECTOR
Date: 16 September 2011

HaDSCO at a glance

HaDSCO's mission

Supporting the improvement of health and disability service delivery through complaints resolution.

HaDSCO's role

The Health and Disability Services Complaints Office (HaDSCO) is an independent statutory authority providing an impartial resolution service for complaints relating to health or disability services provided in the State of Western Australia. This service is free and available to all users and providers of health or disability services.

Acting impartially and in confidence, HaDSCO reviews and reports on the causes of complaints, undertakes investigations, suggests service improvements and advises service providers about effective complaint resolution.

HaDSCO's values

Improvement

Making service improvement recommendations e.g. following complaint management and investigation.

Confidential

Protecting the privacy and confidentiality of clients e.g. enforcing confidentiality requirements within legislation such as section 71 of the *Health and Disability Services (Complaints) Act 1995*.

Independence

Acting independently and impartially during complaint resolution processes e.g. encouraging parties to reach mutually agreeable outcomes.

Accessibility

Ensuring services are accessible to all e.g. providing materials in a variety of languages and formats.

Education

Providing educational information e.g. undertaking presentations and supplying a number of information sheets to assist consumers and providers in complaint resolution.

Responsive

Responding to the needs of stakeholders e.g. developing the new HaDSCO website following client feedback and consultation.

About this report

The principal function of this report is to provide an outline of HaDSCO's activities and financial performance during 2010-11 to Parliament, the Minister for Health and the public. The document provides a detailed and factual representation of HaDSCO's performance over the past 12 months.

This report is prepared in accordance with the Public Sector Commission's Western Australian Public Sector Annual Reporting Framework as well as HaDSCO's Disability Access Inclusion Plan and Communication Style Guidelines.

The document was produced in line with the high standards set by best practice documents and organisations such as the Institute of Public Administration Western Australia.

This document is available in a number of formats including:

Online: Print-ready and PDF versions are available to download at hadsco.wa.gov.au. For the convenience of readers, this document is available for download as a whole document or as individual chapters. The online document is interactive and allows readers to jump to sections via shortcuts and provides links to external documents, allowing further, in-depth reading.

Hard copy: 18 hard copies of this document have been printed; this is for the purpose of reporting to Parliament and internal use only.

This report is available in alternative formats on request.

The HaDSCO Annual Report 2010-11 is structured into five sections: Preliminaries; Overview; Agency performance; Significant issues impacting on the agency; and Disclosure and legal compliance.

The report begins with an outline of HaDSCO's role and values at a glance. The Preliminaries also includes a table of contents and the Statement of Compliance.

The Overview provides readers with information on HaDSCO's operational structure, functions, activities, enabling legislation and the performance management framework. This section sets the scene for the Annual Report and includes an Executive summary from the Director.

The Agency performance section provides a realistic presentation of activities against the outcome framework. In-depth information regarding the complaints received is available within this section, including: number of complaints; how complaints are submitted and processed and complaint outcomes. This section also details the Office's key achievements.

Within the Significant issues section, HaDSCO has provided details regarding the areas of operation that have been influenced by: legislative amendments; the change of the Office's name; demographic changes to Western Australia and newly emerging technology.

The Disclosure and legal compliance section outlines the Office's financial performance, Key Performance Indicators and provides information regarding corporate governance, including Ministerial directives, codes of conduct and compliance with the *State Records Act 2000*.

Preliminaries

- i.....Statement of compliance
- ii.....HaDSCO's role and values
- iii.....About this report

Overview of the agency

- 1.....Executive summary
- 3.....Operational structure
- 7.....Organisation structure
- 8.....Roles and functions
- 9.....Activities
- 12.....Enabling legislation and powers
- 13.....Performance management framework

Agency performance

- 14.....Key achievements
 - 14.....Legislative changes
 - 16.....Service improvements
 - 18.....Memoranda of Understanding
 - 19.....Enhanced communication
 - 21.....Stakeholder engagement
 - 25.....Staff development
- 26.....Report on operations
- 54.....Section 75 data collection 2010

Significant issues impacting the agency

- 59.....Legislative amendments
- 62.....Name change
- 62.....Emerging technology
- 62.....Demographical changes in Western Australia

Disclosure and legal compliance

- 64.....Financial statements
- 70.....Notes to financial statements
- 91.....Estimates of expenditure
- 92.....Key Performance Indicators
- 98.....Ministerial directives
- 98.....Other financial disclosures
 - 98.....Pricing policies of services provided
 - 98.....Capital works
 - 98.....Employment, industrial relations and worker's compensation
- 98.....Governance disclosures
 - 98.....Shares in a statutory authority
 - 98.....Shares in subsidiary bodies
 - 98.....Interests in contracts by senior officers
 - 98.....Benefits to senior officers through contracts
 - 98.....Insurance premiums to indemnify directors
- 99.....Other legal requirements
 - 99.....Advertising
 - 99.....Disability Access Inclusion Plan
 - 102.....Public Sector Standards and Ethical Codes
 - 103.....Record Keeping Plan
- 104.....Government policy requirements
 - 104.....Employee assistance programs
 - 104.....Occupational safety, health and injury management

Appendices

- 105.....Useful links
- 106.....Acronyms
- 107.....Contact details

Executive summary



As Director, I am honoured to present the Office's first Annual Report since changing its name to the Health and Disability Services Complaints Office (HaDSCO).

Formerly known as the Office of Health Review, the change of name followed a number of legislative amendments that came into effect this year. As Director, it has been a motivating experience to guide HaDSCO's committed team through the implementation of these amendments. It has been a thrill to lead staff so enthusiastic to embrace change and enhance the functioning of the Office.

As an independent statutory authority, providing an impartial resolution service for complaints relating to health or disability services provided in the State of Western Australia, the legislative amendments have highlighted the important contribution HaDSCO makes to the improvement of health and disability services.

HaDSCO delivers a range of services and functions under my direction. The Office reviews and reports on the causes of complaints, undertakes investigations, suggests service improvements and provides a complaint resolution service for the users and providers of health and disability services. Each of these processes were subject to some level of review following the legislative changes.

2010-11 has been a year of immense change and improvement. Implementing the legislative amendments has been a key focus for the Office and the commitment of staff has been exemplary. This dedication is clearly evident as statutory services continued while new procedures were developed. Through the complaints process, a number of recommendations were made, investigations undertaken and complaints resolved.

Simultaneously, staff actively dedicated time to implementing new processes and building external relationships. In particular, HaDSCO's corporate services have become further embedded into the Office, supporting each service area in the delivery of HaDSCO's core business.

HaDSCO staff embraced opportunities to review and maintain contemporary service delivery standards, which meet national best practice. One example is the introduction of negotiated settlement as an alternative resolution method.

These substantial achievements were facilitated through consultation with consumer groups, government organisations and service providers. This allowed HaDSCO to engage and work collaboratively with stakeholders, ensure community issues were heard and services continued to be delivered in a people-focused manner.

During 2010-11, a key focus for HaDSCO was to continue supporting the improvement of health and disability services. This was delivered through the provision of a professional complaint resolution service: a service growing in demand as the number of complaints received increased by eight per cent since 2009-10.

From the complaint resolution process, HaDSCO made a number of key service improvement recommendations, focusing on both operational practices and overarching service delivery policies. The Office made 68 recommendations this financial year. It is very satisfying to report that service providers embraced these recommendations with 63 being adopted directly into services.

Another important function of the Office is providing education and training in effective complaint management for both service users and providers. HaDSCO's Communication Strategy assisted the delivery of this role and presentations were undertaken with a variety of stakeholders in both rural and metropolitan areas.

Stakeholder engagement has always been of high priority to HaDSCO and this year the Office made it a substantial focus. A number of Stakeholder Engagement Strategies were developed to target service providers, consumers, government, the media, staff, carers and Indigenous communities. These strategies enabled HaDSCO to raise awareness of the new name and capitalise on networking opportunities, while improving accessibility for under-represented and diverse groups in a culturally sensitive manner.

Overseeing such significant developments within HaDSCO has highlighted the importance of evaluation and improvement. With the introduction of the new name, HaDSCO has begun to monitor an increased demand for services and will continue to do so. HaDSCO and its staff are committed to develop a culture that allows continual improvement. During the year, the Office drew upon the expertise and experiences of others through consultation with stakeholders. This feedback was paramount in gaining valuable insight and feedback on HaDSCO processes, materials and service delivery.

The work carried out this year has put HaDSCO in a strong starting position for 2011-12. Formalised policies and practice documents will guide the Office in service delivery, allowing HaDSCO to further support improvement through complaint resolution.

I would like to take this opportunity to acknowledge the work and dedication of all HaDSCO staff during this exceptional period of development. This year has provided HaDSCO with an extraordinary opportunity to focus on the continuous development of service delivery standards.

I am very enthusiastic about the year ahead and the potential opportunities that it brings for the ongoing development of HaDSCO's services.



Anne Donaldson
Director

Operational structure

Overview

The Office operates with four key business areas: the Operational Management Group (OMG); the Assessment Team; the Complaints Management Team (CMT) and the Business Unit. These areas are supported by a Senior Legal Officer (SLO) who provides legal advice, ensures legislative requirements are adhered to and that enabling legislation is current. The SLO works with the State Solicitor's Office when appropriate.

Each function plays a specific role in the delivery of services and achievement of Key Performance Indicators. The teams work collaboratively and rely on one another for support.

The responsible Minister is The Hon. Kim Desmond Hames MLA MB BS, JP, Deputy Premier; Minister for Health; Tourism.

Service Level Agreements

As a small agency, HaDSCO is supported by Service Level Agreements with the Health Corporate Network (HCN) of the Department of Health (DOH) and a panel of medical practitioners.

DOH provides support in the areas of human resources, procurement, business system services and information and communication technology support.

The medical panel provides advice and guidance to HaDSCO staff about complex medical issues that can surround complaints.

The Operational Management Group

The OMG oversees the strategic direction and operations of the Office. The group includes representation from each team and consists of the Director, Manager Complaints Operations, Complaints Management Team Leaders and the Business Manager.

During 2010-11, the OMG led the management and implementation of legislative amendments to the Office's functions. The group also standardised practices in order to formalise and streamline activities, including:

- developing a collaborative relationship with the Australian Health Practitioner Regulation Agency (AHPRA)
- introduction of negotiated settlement as an alternative resolution method and development of subsequent policies and procedures
- production of internal policies e.g. the Internal Review Policy and Procedure, Quality Management Framework documents and Delegation Manuals.

During 2011-12, the OMG plans to further develop the leadership role of HaDSCO through the implementation of the Strategic Plan. Future objectives include formalising HaDSCO's role to assist with financial claims following adverse events and incorporating best practice management principles into the Office's processes.

Operational structure

The Assessment Team

The Assessment Team provides the first step in the HaDSCO complaint resolution service and is the first point of contact for individuals wishing to lodge a complaint. The team clarifies how HaDSCO can provide assistance and offers relevant information and tools to assist individuals to lodge a complaint.

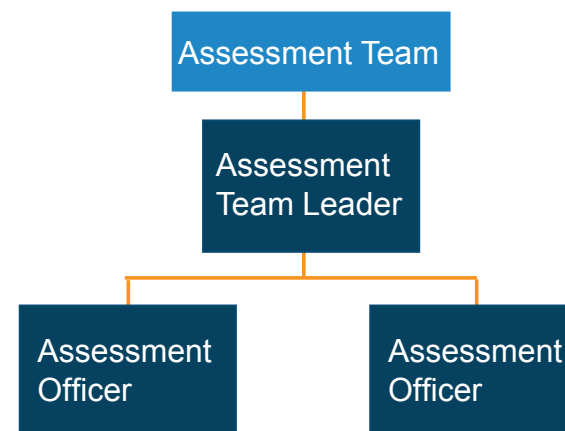
HaDSCO aims to be a central source for information regarding health and disability complaint management. In a case where HaDSCO is unable to provide assistance, the team provides information to individuals regarding the alternative services available. The team has an in-depth knowledge of other services that are available from organisations such as the Department of Commerce. Where there is a gap in knowledge, staff actively seek further information and pass on the details to individuals. Gaining this extra knowledge further improves HaDSCO's information base.

To assist the resolution of complaints, the Assessment Team gathers relevant information and creates a file to pass over to CMT for resolution via conciliation. Due to legislative amendments, the Assessment Team now also resolves relatively straight forward complaints via negotiated settlement. On average, this process resolves complaints 56 days quicker than conciliation.

During 2010-11, the Assessment Team:

- processed over 2,511 complaints, an increase of eight per cent compared with 2009-10
- undertook Lean Management training and began utilising 'Lean' principles to better facilitate the processing of complaints.

In 2011-12, the Assessment Team plans to streamline processes by further applying Lean principles: the intake process is a key area which will benefit. A review of the intake process was planned for this reporting period. However, due to staff commitment to support the thorough implementation of legislative amendments and subsequent new procedures, this review was not completed and will be undertaken during 2011-12.



Operational structure

The Complaints Management Team

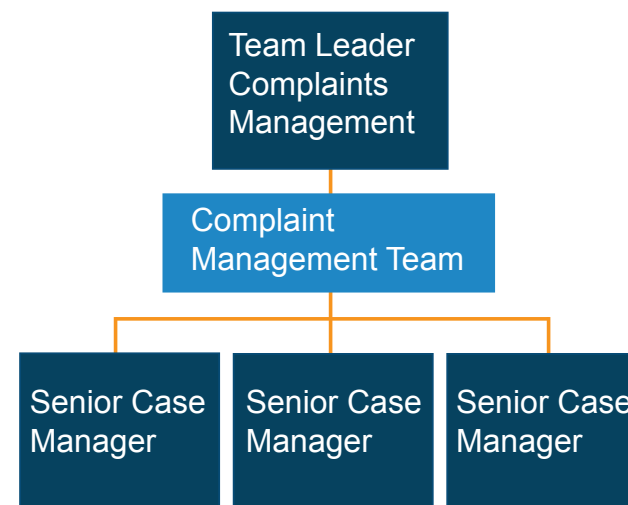
The CMT is responsible for managing and resolving the more complex complaints using negotiation and conciliation. This team also makes service improvement recommendations and undertakes investigations.

During 2010-11 CMT:

- processed over 315 complaints: almost a 10 per cent increase from 2009-10
- made 68 service improvement recommendations, an increase from 55 during 2009-10
- devoted time to the implementation of new processes following legislative amendments
- developed conciliation frameworks (facilitated by the streamlining of complaint resolution processes, including the introduction of negotiated settlement, at the assessment stage).

Typically the transition between the complaint resolution process' assessment stage and conciliation is immediate. This year saw high staff turnover in CMT. This along with staff dedication to the implementation of legislative amendments required CMT to place complaints on a waiting list. Complaints were on hold for no longer than one month and the backlog was effectively cleared thanks to the commitment of the new team members.

With new processes arising from legislative changes implemented, the CMT will continue to work collaboratively with health and disability services to support service improvements.



Operational structure

The Business Unit

The Business Unit provides corporate governance and business services within the Office including administration, human resources, records management, finance, research and communication support. The team plays a leading role in strengthening HaDSCO's capacity to effectively engage with health and disability service providers and consumers.

During 2010-11, the Business Unit developed and implemented a number of plans, policies, processes and guidelines on behalf of the OMG. These are listed below:

- Complaint data collection and analysis (under section 75 of the *Health and Disability Services (Complaints) Act 1995*)
- Communication Style Guide
- Stakeholder Engagement Strategies
- Development of intranet
- Recruitment Policy and Guidelines
- The implementation of an electronic records management system: Total Records Information Management (TRIM)
- Successful budget submissions to Department of Treasury
- Commencement of a review for a staff communication processes, which will be a focus for 2011-12.

Under the guidance of the Business Manager, the Business Unit took a strategic leadership role within HaDSCO, particularly with regards to financial forecasting and the internal management of the Office. As a result, the Business Unit's name will change to Corporate Services in 2011-12, and be led under the direction of a newly appointed Manager Corporate Services.

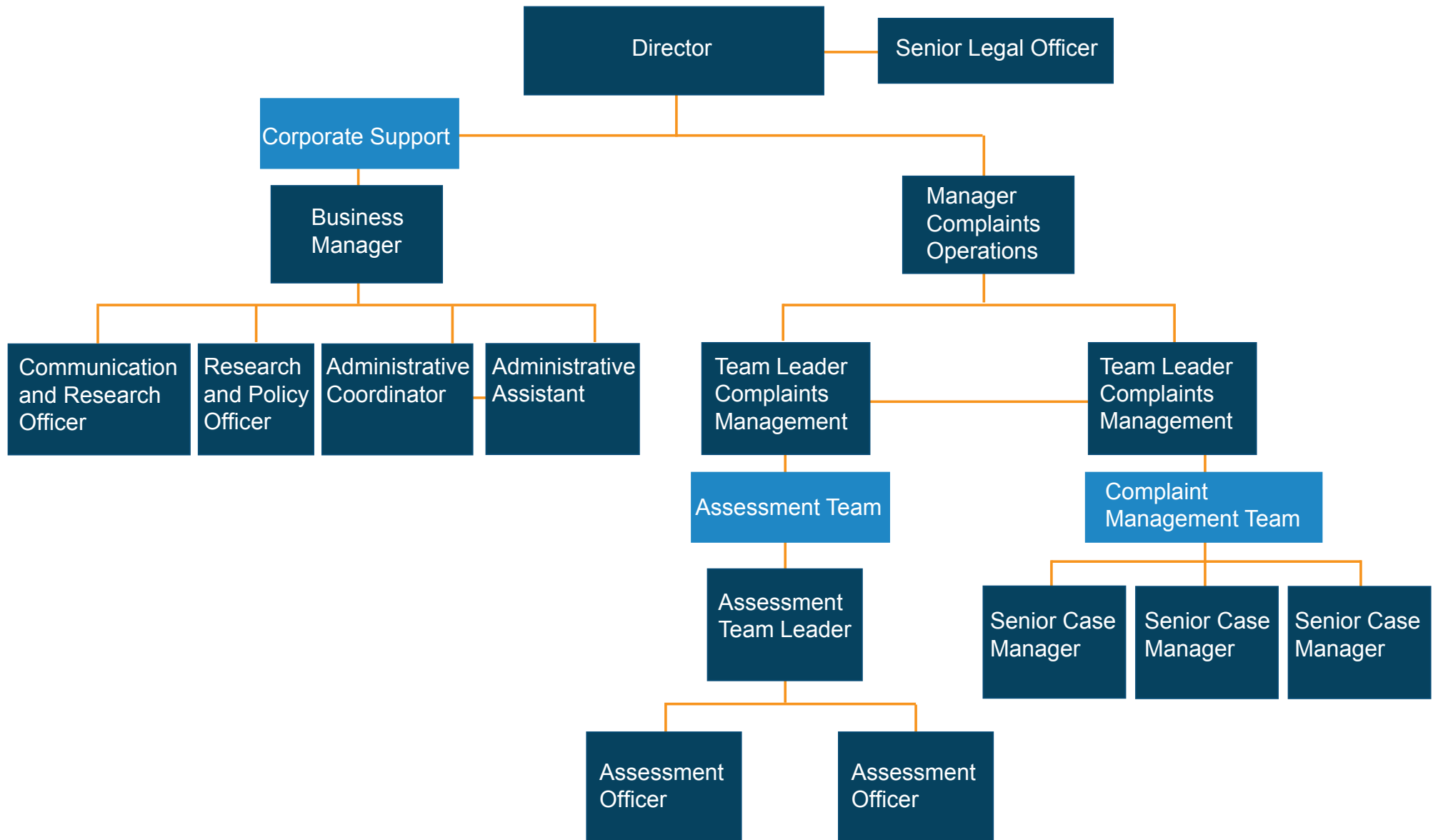
A key position in the Business Unit is the Communication and Research Officer. This role facilitates stakeholder engagement and maintains the HaDSCO corporate identity. There were difficulties in the recruitment of this position, which impacted on HaDSCO's capacity to develop educational materials and build awareness. Following successful recruitment, HaDSCO's communication activities have fast tracked and the communication function is well embedded into the delivery of HaDSCO services. Refer to the Key achievements section for further details.

Now at full capacity, the Business Unit is focusing on streamlining services and increasing accessibility. Plans for 2011-12 include increasing awareness among stakeholder groups, improving the complaint management database, rolling out an electronic record keeping system across the Office and the development of a new Performance Development System.



Overview of the agency

Organisation structure



Roles and functions

HaDSCO's role

HaDSCO is an independent statutory authority providing an impartial resolution service for complaints relating to health or disability services provided in the State of Western Australia. This service is free and available to all users and providers of health or disability services. Acting impartially and in confidence, HaDSCO reviews and reports on the causes of complaints, undertakes investigations, suggests service improvements and advises service providers about effective complaint resolution.

HaDSCO operates three key areas of work:

- An accessible and impartial service for the resolution of complaints
- Undertaking investigations
- Education and training in the prevention and resolution of complaints.

These three areas of work enable HaDSCO to identify areas for service improvement, make recommendations and encourage the continual enhancement of health and disability services provided in Western Australia.

It is important to recognise that the work of HaDSCO is multi-dimensional. While performing statutory duties, the Office balances official procedures and legislative requirements with the human elements that impact upon an individual's needs. The nature of complaints requires staff to focus on the facts presented to them while showing sensitivity to the heightened emotions of parties directly and indirectly impacted by the situation. Staff are also attentive to maintaining the confidentiality of complaints: this is paramount in protecting the interests of parties directly involved.

HaDSCO's functions

The functions of the Director are set out in the *Health and Disability Services (Complaints) Act 1995*. These functions include:

- To deal with complaints
- In collaboration with groups of providers or groups of users or both, to review and identify the causes of complaints, and to suggest ways of removing and minimising those causes and bringing them to the notice of the public
- To take steps to bring to the notice of users and providers details of complaints procedures
- To assist providers in developing and improving complaints procedures and the training of staff in handling complaints
- With the approval of the Minister, to inquire into broader issues of health care arising out of complaints received
- To publish work of the Office from time to time
- To provide advice generally on any matter relating to complaints
- To provide advice to users on the making of complaints to registration boards and other avenues available for dealing with complaints
- Any other function conferred on the Director by the Act or another written law.

Under this legislation the Director may do all things that are necessary or convenient to be done for the performance of the Director's functions.

Activities

Complaint resolution

The HaDSCO complaint resolution process is governed by the *Health and Disability Services (Complaints) Act 1995*. The service is free, impartial and confidential and encourages parties to discuss complaints and work towards mutually agreeable outcomes.

An important aspect of complaint resolution is communication between parties. HaDSCO supports early resolution by encouraging service users and providers to discuss the complaint between themselves in the first instance.

HaDSCO empowers the parties involved by providing information and educational resources. For example, online and printed information sheets offer helpful tips on how to raise and resolve complaints effectively. It is planned that further educational tools will be developed in 2011-12.

If this early resolution process does not resolve the complaint, service users may lodge a complaint with HaDSCO. The Office will facilitate an independent and impartial complaint resolution process, where appropriate.

To facilitate effective resolution, the Office utilises two processes: negotiated settlement and conciliation.

Negotiated settlement involves an exchange of information between parties via a case manager or assessment officer. This may be conducted over the telephone, by email or in writing and generally does not involve a face-to-face meeting.

During negotiated settlement it is HaDSCO's role to assist in the exchange of information and promote resolution of the complaint.

This process was introduced to the HaDSCO complaint resolution process in December 2010 and on average resolves complaints 56 days quicker than conciliation.

Conciliation is facilitated by a HaDSCO case manager. It generally involves all parties engaging voluntarily in a face-to-face meeting to discuss the complaint. This process offers both parties the opportunity to openly discuss the complaint.

From these two processes, the Office makes relevant service improvement recommendations (refer to the Key Performance Indicators section for further information regarding the recommendations made).

Both the negotiated settlement and conciliation processes are confidential. All oral and written communications aimed at resolving the issues in dispute are confidential. Any offers made or positions discussed during negotiated settlement and conciliation cannot be made public, recorded, or discussed with anyone else. Evidence of anything said or admitted during negotiated settlement is not admissible in proceedings before a court or tribunal.

Activities

Investigations

HaDSCO is one of the key independent statutory authorities able to undertake investigations into broad systemic issues related to the provision of health or disability services in Western Australia and make service improvement recommendations based on the findings.

The investigation process is governed by the *Health and Disability Services (Complaints) Act 1995* and the *Disability Services Act 1993*. This legislation provides guidelines to which HaDSCO investigations must adhere, outlining the powers of the Director and how investigations must be managed.

The legislation states the Director may undertake an investigation in the following circumstances:

- When the Minister is of the opinion that it is in the public interest or a matter of general importance relating to health
- At the direction of the Minister for Health or Minister for Disability Services
- If a complaint cannot be resolved through conciliation and warrants investigation.

During the investigation process, HaDSCO remains impartial and works collaboratively with relevant individuals or organisations to gather information: the investigator may for example, conduct interviews and view documents. Information gathered assists the investigator to identify systemic issues and make relevant service improvement recommendations.

At the completion of an investigation, each party is provided with the opportunity to respond to the findings of the investigation and make representation to the Director. If any findings of unreasonable conduct have been made, the provider must advise the Office what measures have been undertaken to comply with the recommendations made by HaDSCO.

Any recommendations made as a result of an investigation are followed up by HaDSCO.

While an investigation is being undertaken, the process is confidential. Information may only be shared in the course of duty or as allowed by the *Health and Disability Services (Complaints) Act 1995* or the *Disability Services Act 1993*.

Refer to the enabling legislation and powers section of this report for details regarding the Director's powers in relation to investigations.

Activities

Education and training

HaDSCO provides education and training in the prevention and resolution of complaints. This service is delivered through:

- the provision of quality information and reports to various organisations including the Minister for Health
- presentations and outreach to professionals e.g. service providers and lawyers
- tailored educational packages
- multi agency workshops.

Last year 57 educational presentations and consultations were undertaken. These were delivered to a variety of organisations including the Mental Health Commission, People with Disabilities WA and the Disabilities Services Commission.

Enabling legislation and powers

HaDSCO enabling legislation

As an independent statutory authority, HaDSCO operates under a number of legislative frameworks outlined below.

Health and Disability Services (Complaints) Act 1995: The primary legislation governing the operations of HaDSCO. This Act sets out the legislative framework for HaDSCO's functions, operations and powers.

Part 6 of the Disability Services Act 1993: Deals with complaints about disability services and provides a framework for the management of complaints related to disability service providers.

Other impacting legislation

Carers Recognition Act 2004: Aims to change the culture of service providers so that the impact on carers is considered when services are assessed, planned, delivered and reviewed. A key part of the Act requires service providers to comply with the Western Australian Carers Charter. HaDSCO may take a complaint regarding a health or disability service provider who fails to comply with the Act.

Health Practitioner Regulation National Law (WA) 2010: Governs the registration of health practitioners throughout Australia. Under this legislation, HaDSCO is required to consult with the Australian Health Practitioner Regulation Agency (AHPRA) when a complaint relates to a registered health professional.

Powers

Under the Director's formal powers of investigation, HaDSCO can issue a notice for the production of information and also require the attendance of a person to answer questions under oath or affirmation.

HaDSCO investigations are impartial. HaDSCO prefers to work collaboratively with relevant individuals or organisations in order to gather information. During the investigation process, the investigator may for example, conduct interviews and view documents.

In general, all parties involved cooperate with HaDSCO investigations. However, the *Health and Disability Services (Complaints) Act 1995*, provides the Director with extensive powers to, when warranted:

- summons individuals or documents
- apply for a warrant to enter a premises
- enter and inspect premises and take copies of any necessary documents.

The Director has the power to make recommendations following an investigation and follow up on the action taken by the health or disability service provider. The Director does not have the power to enforce the recommendations.

The Director can also report to Parliament on any matter arising from a complaint or on any of the functions of the Director.

Performance Management Framework

Outcome based management framework

HaDSCO works in partnership with both public and private health services, disability services and other key stakeholders across the State to deliver outcomes that are aligned to Government goals.

HaDSCO is currently developing the 2013-15 Strategic Plan. This Plan will outline of the direction in which the Office will travel over those three years. It sets goals that assist HaDSCO to move from where it is to where it wants to be.

The adjacent chart illustrates how government and agency goals are aligned with the agency-level services and its strategy.



Key achievements

Legislative changes

Following a review of the Health and Disability Services Complaints Office's (HaDSCO) enabling legislation in 2003, a number of amendment recommendations were made.

Amendments to the *Health Services (Conciliation and Review) Act 1995* (now the *Health and Disability Services (Complaints) Act 1995*) finally came into effect on 30 November 2010, introducing a number of significant improvements outlined here.

Enhanced consistency: Amendments to the *Health and Disability Services (Complaints) Act 1995* and the *Disability Services Act 1993*, introduced greater consistency and clarity between the two pieces of legislation.

Other changes include: extending the timeframe for making health service complaints from 12 to 24 months; authorising HaDSCO to recognise the representatives of a deceased person so complaints can be made on their behalf; and introducing negotiated settlement as a further dispute resolution mechanism.

Change of the Office's name: Until November 2010, HaDSCO was known as the Office of Health Review. The name was changed to portray the full spectrum of the Office's functions following amendments to the *Health and Disability Services (Complaints) Act 1995*, and the *Disability Services Act 1993*.

The new name offered HaDSCO the opportunity to promote the legislative amendments in a number of ways. A considerable amount of work was undertaken to raise awareness of the Office and update communication materials to incorporate the new name including:

- an official 'name change' launch event with representation from a variety of stakeholders
- information sessions for organisations such as the Disability Services Commission (DSC), Department of Health (DOH) and private health care providers
- the development of a new website to encompass information relating to all HaDSCO services including the complaint resolution service, investigation process and educational and training opportunities
- an update of publication materials including flyers, information sheets and newsletters
- the planning and implementation of awareness raising activities including media relations, presentations and events.

Key achievements

Legislative changes

Section 75 regulation data collection amendments: Under section 75 of the *Health and Disability Services (Complaints) Act 1995*, HaDSCO collects complaints management information from prescribed health service providers. In 2011, HaDSCO widened the scope of the collection to include a wider range of private health service providers and hospitals. These revised regulations were approved by Executive Council and published in the Government Gazette on 20 May 2011.

The newly prescribed health service providers are:

- Abbotsford Private Hospital
- Albany Community Hospice
- Busselton Hospice Care Incorporated
- Mount Lawley Private Hospital
- Ngala Family Services
- Perth Clinic
- South Perth Hospital
- Subiaco Private Hospital Pty Limited
- Royal Flyer Doctor Service of Australia (Western Operations)
- Silver Chain Nursing Association
- The Marion Centre
- Waikiki Private Hospital

Health Practitioner Regulation National Law (WA) Act 2010:

Both the Australian Health Practitioner Regulation Agency (AHPRA) and HaDSCO can receive complaints about most health service providers in Western Australia. Sometimes complaints are made to one or the other body, and sometimes both bodies receive complaints about the same health service provider regarding the same or different behaviour.

A key purpose of the *Health Practitioner Regulation National Law (WA) Act 2010* (National Law) is to avoid duplication and ensure complaints are handled by the most appropriate body and in the most timely and efficient manner. The National Law requires AHPRA and HaDSCO to consult each other about how, to what extent, and by whom, a complaint will be dealt with.

Key achievements

Service improvements

In addition to legislative amendments, HaDSCO has embraced the opportunity to improve processes and services.

Improvements led from Complaint Operations

Financial claims: HaDSCO began to formalise a process for dealing with claims for financial settlement. This augments the existing HaDSCO process of negotiated settlement, which covers claims for full or partial refunds, waiver of fees or further treatment.

With the expansion, HaDSCO will deal with specific and general claims that involve a greater range of damages. These may arise following adverse outcomes from treatment.

A model for dealing with claims, involving a greater range of damages, is being developed and trialled with private service providers and insurers.

The process is confidential and impartial, aims to achieve mutually agreeable outcomes between the parties and will provide a free and voluntary alternative option to legal action.

This project is being led by the Manager Complaints Operations and supported by a medical practitioner and university law student.

Service improvement recommendations: HaDSCO's key focus is to support the improvement of health and disability services through the complaint resolution process. This year HaDSCO identified an increased number of service improvement recommendations through the conciliation, negotiated settlement and investigation processes.

As a result of recommendations made by HaDSCO, 63 service improvements were adopted by health and disability service providers, an increase from 55 in the 2009-10 reporting period.

Negotiated settlement: Following legislative changes, the Office began to utilise negotiated settlement as a further option for complaint resolution. This process is generally carried out by the Assessment Team.

Relatively uncomplicated complaints can be resolved much quicker following the facilitation of communication between parties. Negotiated settlement assists this process and as such enables complaints to be resolved in a timely manner.

Following the implementation of negotiated settlement, complaints have been resolved at the first stage of the HaDSCO process. This has enabled complaints to be processed an average of 56 days quicker compared with conciliation.

Key achievements

Service improvements

Improvements led from Complaint Operations

Contemporary complaint management: To facilitate the streamlining of HaDSCO's complaint resolution processes, HaDSCO has committed resources to develop its understanding of complaint management frameworks.

During the discovery phase of this project, staff researched a range of frameworks surrounding assessment, mediation, negotiation and investigation. International and national research documents were considered along with theoretical perspectives and practical implementation.

The first phase concluded with the development of several models, which incorporate both contemporary best practice and HaDSCO's legislative requirements. These models were presented to staff towards the end of the financial year.

HaDSCO is currently considering which models and strategies best suit the needs of the Office and its clients. Next year will provide an opportunity to further this project and HaDSCO aims to trial new models during 2011-12.

This project was led by a Senior Case Manager and a university law student provided valuable support.

Improvements led by the Business Unit

Total Records Information Management (TRIM): At the beginning of 2010-11 a project was dedicated to the implementation of an electronic document and records management system, TRIM. By the end of June 2011, the project had resulted in the functioning of the TRIM record keeping system and the development of record keeping tools, including a new Record Keeping Plan and business classification scheme.

By utilising TRIM, HaDSCO has access to a records and document management tool that allows the Office to capture and manage records in a manner that is compliant with statutory requirements consistently and securely.

A key focus of this project was the storage of historical and current legal information held by the Office. A university law student assisted in the development of a legal database within TRIM and staff now have access to all legal advice and information on relevant legislation.

Further plans to roll out the use of the system across the Office will be actioned in 2011-12.

Key achievements

Service improvements

OAG Better Practice Agency: HaDSCO was listed by the Western Australian Auditor General as a 'better practice' agency as a result of the 2009-10 Annual Report. To qualify for this category, HaDSCO demonstrated efficient and effective financial controls and reporting. This achievement is one HaDSCO is greatly proud of as the Auditor General had recently raised the bar for their assessment of State Government agencies' achievements for better practice status.

Contract for service (expert medical opinion): During 2010-11 HaDSCO underwent a tender process to contract a panel of medical practitioners to provide expert medical advice. The role of the medical panel was to provide advice and guidance to HaDSCO staff about the complex medical issues that can surround complaints.

The contract was awarded to a team of doctors from various medical disciplines from Edith Cowan University. Considering a large proportion of complaints made to the Office concern the adequacy of clinical care patients receive, this contract requires the medical panel to provide professional advice to assessment staff and case managers on matters relating to health and disability complaints.

Memoranda of Understanding

During 2010-11, HaDSCO developed Memoranda of Understanding (MOUs) with Government departments and agencies in order to facilitate cooperative working in the resolution of complaints.

Department of Commerce, Consumer Protection: HaDSCO entered into a MOU with the Department of Commerce (DOC) regarding consumer protection issues. The MOU sets out a framework for communication, cooperation and coordination between both agencies with respect to health and disability complaints that potentially fall within the jurisdiction of both agencies. The MOU facilitates greater information sharing and referral of complaints to ensure they are handled as timely and efficiently as possible.

To facilitate implementation of the MOU, a series of mutual training workshops were provided by HaDSCO and the DOC to each other's teams.

Key achievements

Memoranda of Understanding

Australian Health Practitioner Regulation Agency: Along with other state and territory complaint agencies, HaDSCO entered into a MOU with AHPRA. The MOU serves as a guide to help manage the statutory relationship between AHPRA and complaint bodies such as HaDSCO.

In addition, HaDSCO developed a communication strategy with the Western Australian based AHPRA. This strategy outlines the processes for the exchange of information between HaDSCO and AHPRA, encouraging open communication while adhering to confidentiality requirements.

The communication strategy outlines:

- the statutory roles and the relationship between HaDSCO and AHPRA
- sections 149 and 150 of the National Law
- agreed procedures.

Enhanced communication

Communication has been a key focus this year with accessibility being the highest priority. HaDSCO's communication function undertook an in-depth review to assess the effectiveness of current communication activities, highlighting areas of success, weakness and improvement.

New website (hadsco.wa.gov.au): HaDSCO launched a new website in June 2011. The new site was developed in line with the Public Sector Commission's Website Governance Framework. HaDSCO is proud to be one of the first government agencies to adopt the standards, demonstrating a best practice website for other government agencies.

The new site is a useful information tool for those using and providing health or disability services. It not only offers concise and factual information on effective complaint management, but also outlines HaDSCO's services including its complaint resolution service and investigation process. It also includes a variety of easily downloadable resources including flyers, information sheets, complaint forms, newsletters and links to relevant legislation.

Considering HaDSCO's aim to improve accessibility, the site was developed in line with the W3C's Web Accessibility Initiative. This initiative is highly regarded as it sets the standards for web accessibility and provides a benchmark for organisations to meet. The new site was awarded level 'Triple-A' (the highest award) for meeting all the requirements for accessibility.

Key achievements

Enhanced communication

Communication standards: HaDSCO has set specific communication standards in the format of a Communication Style Guide. This Guide promotes accessibility and provides the Office with a benchmark to which all communications must reach.

The Guide was produced in consultation with stakeholders and utilises a number of best practice documents and marketing communication theories. HaDSCO has adopted both large and small scale tactics: everything from the size and style of fonts to use of colour and imagery has been considered.

The Style Guide has now been incorporated into all communication activities including:

- the website and intranet
- correspondence and emails
- leaflets and brochures
- presentations
- newsletters, media releases and editorials.

The Guide has professionalised HaDSCO's communication function and facilitated the development of a strong and contemporary corporate image for the Office. HaDSCO has already begun to benefit as interest in the Office has grown: the website is receiving increased visits and subscription to e-publications increased by over 10 per cent in one month alone.

Stakeholders are also benefitting as educational materials better meet the needs of the audience, for example, a specific leaflet for people with English as their second language has been produced. Refer to the stakeholder engagement section for further details.

Tracking and evaluation technologies: HaDSCO has begun to take advantage of online and electronic tracking and evaluation programs including:

- the linking of Google Analytics to the new HaDSCO website. This program provides the Office with statistics, which assists in the evaluation of communication materials and the website's content and structure
- a campaign monitoring service linked to HaDSCO's e-newsletters. This provides the Office with useful information when assessing the readership, circulation, subscription and quality of e-publications.

Key achievements

Stakeholder engagement

While continuing to deliver a range of stakeholder engagement activities, HaDSCO has developed a number of formal Stakeholder Engagement Strategies (SES). These strategies set out objectives, tactics and evaluation methods.

Specific stakeholder groups have been identified and targeted information is now available for a variety of audiences: these include service providers, consumers, the media, government, HaDSCO staff, carers and Indigenous Australians. A brief description of these strategies is outlined here:

Carers: Many carers fail to identify themselves as a carer, believing they are merely helping a family member or friend. This SES aims to assist carers to recognise their carer status and the legislation in place to support them.

The strategy was implemented in April 2011 and involved the development of carer resources both online and in print. A leaflet explains carer issues in brief while the website provides further information regarding the complaint resolution process.

Since developing this strategy, HaDSCO has benefitted from a number of outcomes. Over 2,000 leaflets have been distributed, links have been developed with carer organisations and educational information has been delivered via publications such as the Carers WA newsletter.

Indigenous communities: HaDSCO is committed to improving accessibility to services for those facing specific challenges reaching the Office. A SES has been developed to reach out to Indigenous communities within Western Australia.

A large research project was undertaken to establish barriers to communication and this formed the basis of the SES, ensuring communications are effective and culturally sensitive.

Information regarding HaDSCO is now available on Indigenous directories including the Australian Indigenous Health Info Net. An information pack is currently in production and will be mailed to Indigenous health centres early 2011-12.

Key achievements

Stakeholder engagement

Health and disability service providers: A generic SES was produced to target health and disability service providers. While HaDSCO continue to deliver this strategy, a targeted campaign is also planned for 2011-12.

During 2010-11, the Office undertook the following activities:

- Presentations to service providers to raise awareness of HaDSCO and provide education on complaint resolution processes
- Editorial gained within staff publications such as newsletters, updates and intranet sites
- Development of dedicated web pages to provide helpful tips on complaint management and downloadable resources including complaint form templates and information sheets
- Networking opportunities such as events were utilised. The Office held two launch events; one to launch the new name and one for the new website. External stakeholders were invited to these providing HaDSCO useful networking opportunities with organisations such as the DSC, DOH and Department of Corrective Services.

Health and disability service users: A formal SES was developed for the users of health and disability services. This SES is currently in generic form and a targeted campaign is planned for 2011-12.

During 2010-11, SES tactics included:

- dedicated web pages on hadsco.wa.gov.au. These pages supply useful tips regarding raising a complaint and downloadable resources such as flyers, information sheets and complaint forms
- leaflets produced and distributed via service providers e.g. within hospital waiting areas
- editorial gained in publications such as Carers WA newsletters.

Key to the development of this strategy was consultation with service providers. The DSC provided important feedback that guided HaDSCO in the suitable depiction of disability through imagery.

Key achievements

Stakeholder engagement

Clinical Senate: The DOH's Clinical Senate, provides a forum where collective knowledge on clinical issues is shared and decisions are made across the system to the benefit of all.

HaDSCO's Director was invited to co-sponsor the Clinical Senate titled, 'Do you see me?' with the DOH Chief Medical Officer. This Senate focused on the importance of understanding the experiences and needs of people with a disability when accessing health services.

It was evident on the day that senators openly engaged and demonstrated a great willingness to better understand the issues for people with disabilities. There was enthusiasm and a commitment to embrace the process and a genuine desire to continue the dialogue around this important issue. The informal networking during breaks was spontaneous and further demonstrated a wish of all participants to progress the recommendations made by the Senate.

Regional access and awareness programs (RAAP): HaDSCO is conscious that a number of communities face specific challenges accessing services. To improve accessibility and raise awareness of HaDSCO, the Office undertakes a number of RAAP activities in regional areas. These activities are undertaken in collaboration with the State and Commonwealth Ombudsman and the Office of the Information Commissioner.

Albany: HaDSCO visited Albany as part of RAAP in 2010. Information sessions were provided to community groups and local government staff. Members of the community were also given the opportunity to lodge individual complaints at dedicated complaints clinics.

In addition to awareness raising sessions, visits were made to agencies that HaDSCO maintains a working relationship with, including the regional hospital and the regional prison. A senior officer also gave health and disability service providers the opportunity to develop their understanding of complaints management by holding a workshop about best practice complaint management.

Key achievements

Stakeholder engagement

Indian Ocean Territories (IOTs): HaDSCO's Director took part in combined visits to the IOTs with the State and Commonwealth Ombudsman offices. The aim of the visits was to:

- improve access to the accountability and complaint resolution agencies in the Indian Ocean Territories
- provide an opportunity for the local community to speak to officers from agencies face-to-face and raise their concerns about services
- promote good administrative practice and effective complaint resolution among service providers.

Considerable work was undertaken prior to the visit to identify the specific needs of individual communities. A review of internal complaint information was undertaken and specific materials were developed.

During the visit, the Director undertook complaints clinics, meetings, information sessions and provided a vast amount of information. The HaDSCO complaint form, along with leaflets and flyers were translated into a variety of community languages and provided in electronic format, ensuring supplies could be accessed quickly and continuously.

Future projects: Current outreach activities have offered HaDSCO valuable opportunities to reach regional clients. The Office plans to enhance these activities through the development of a program that engages service users in the production of educational materials such as advertisements and leaflets. These materials will provide communities a permanent resource.

In addition: Communication materials including flyers, leaflets and information sheets were targeted to support those with English as a second language or difficulty with literacy.

Key achievements

Staff development

HaDSCO is committed to the ongoing professional development of staff and invests in the enhancement of staff skills and knowledge. During the year, both group and individual training opportunities were offered to staff.

Individual and team training

- Significant training was invested into the administrative members of the Business Unit to support the implementation of an electronic records management system
- Access database training was provided to the Business Unit and Complaints Management Team to facilitate the analysis of information within HaDSCO's complaints database
- The majority of HaDSCO's staff had access to online training including Records Awareness and Accountable and Ethical Decision Making
- Members of the Operational Management Group (OMG) attended several human resources, finance and policy forums to maintain knowledge of changes to government policy affecting the Office.

Office-wide training

Lean Management: HaDSCO staff underwent extensive training into the principles of Lean Management. As a result, a number of processes have been streamlined including the Office's complaint filing system. HaDSCO is dedicated to continuous improvement by applying the Lean principles across the Office during 2011-12.

Handling Difficult Conversations: With the nature of HaDSCO's role in complaint resolution, it is important that staff are well equipped to handle difficult conversations effectively. The training was timed to provide assessment officers and senior case managers with additional skills for implementing the new negotiated settlement process.

All staff attended two half-day training sessions covering the theories related to having 'difficult conversations'. Staff were provided with theoretical understanding of the model and tools to use when dealing with difficult conversations in the workplace.

The skills learnt can be applied to conversations across the assessment stage, and during complaint resolution. Staff commented on the usefulness of the model when preparing for difficult conversations with clients, work colleagues and in their personal lives.

Human Resource Management training: The OMG underwent Human Resources Management training to develop a new outcomes focused Performance Development System (PDS).

During the training the OMG formed a set of Office values, which define the acceptable standards that govern the behaviour of individuals within HaDSCO. These values also support the achievement of HaDSCO's goals and mission. The values will be provided to all staff and once approved will be implemented into the new PDS in 2011-12.

Report on operations

Introduction

HaDSCO operates three key service areas:

- Providing an impartial service for the resolution of complaints and undertaking investigations
- Making service improvement recommendations
- Offering education and training in the prevention and resolution of complaints.

This report on operations provides a realistic presentation of how these service areas were delivered during 2010-11. Within this section, in-depth information and relevant statistics are provided regarding the complaints HaDSCO received, investigations the Office undertook, service improvement recommendations made and presentations delivered.

Highlights

The report has identified a number of highlights from the year, outlined below:

- Negotiated settlement, a new, timely and efficient complaints resolution process was successfully incorporated
- The number of formal complaints dealt with increased by almost 10 per cent compared with 2009-10
- Ninety-five per cent of complaints, managed through conciliation meetings, resulted in full or partial agreement being reached between parties
- The number of service improvement recommendations implemented by service providers increased by 16 per cent compared with 2009-10
- HaDSCO attained corporate membership of LEADR, an Australasian not-for-profit organisation that accredits mediators under the Australian National Mediator Accreditation System and promotes alternative dispute resolution
- Legislative amendments were successfully incorporated into HaDSCO complaint management processes and procedures.

The percentages represented within tables and graphs within this report are rounded up. Due to this rounding, the sum of table components may not be equal to 100 per cent.

Report on operations

Report on HaDSCO's complaint management and resolution service

A primary function of HaDSCO is to provide an impartial resolution service for complaints relating to health or disability services provided in the State of Western Australia.

This service is delivered in three main stages: initial contact; assessment; and case management. During initial contact, HaDSCO receives preliminary enquiries via the telephone, and in writing via emails and letters. The assessment phase involves the evaluation of complaints and the Office considers the most appropriate pathways to assist in speedy resolution.

Once a complaint is accepted into the HaDSCO resolution process, the case management phase facilitates resolution through negotiation and conciliation. Complaints are placed into this final phase when they meet the criteria set out in *The Health and Disability Services (Complaints) Act 1995*. To meet this criteria, complaints must:

- be in writing
- include the name of the person who received the service (the consumer)
- include the name of the person who is making the complaint and their relationship to the consumer (if they are not the same person)
- include the date the service was received
- include details of any action taken to resolve the complaint directly with the service provider
- include signed authorisation statements allowing the Director to take action on the complaint.

The HaDSCO complaint form is designed to ensure those submitting a complaint understand the information required by the Office. The new HaDSCO website also explains what must be included in a complaint to HaDSCO, and the online complaint form was developed to enable people to provide all the information required by HaDSCO.

This section of the report provides further information regarding these three phases, including the number and nature of enquiries and complaints received.

Report on operations

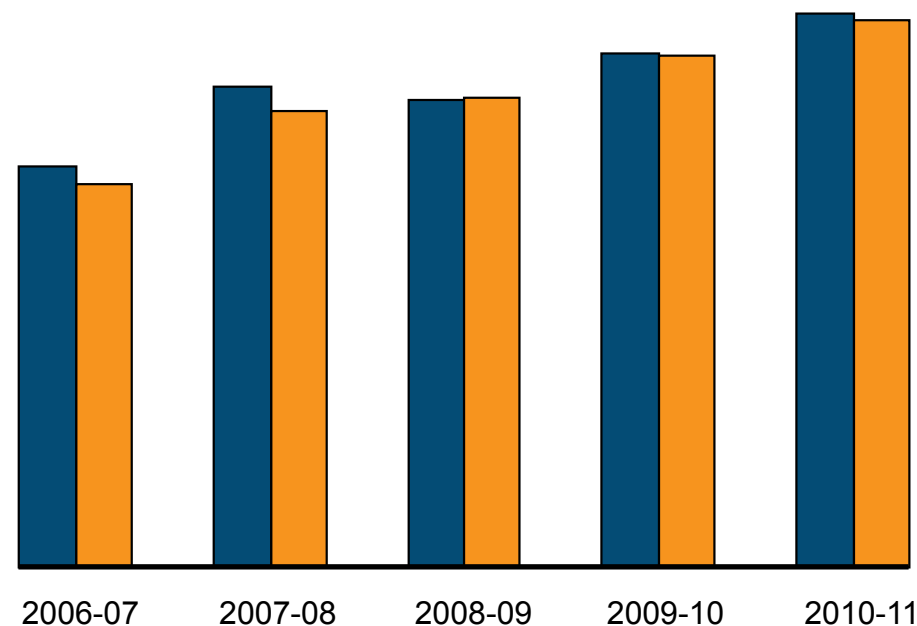
Initial contact: complaints and enquiries received

During 2010-11, HaDSCO received 2,511 complaints and enquiries; an increase of eight per cent from 2009-10.

There was also an 16 per cent reduction in the number of enquiries made to the Office about services unrelated to health or disability services. HaDSCO is monitoring this trend to confirm if this is related to the change in name and associated awareness raising initiatives.

Graph 1 provides a five year comparison of the complaints received since 2006-07. This graph refers to closed and new complaints. 'New' complaints are those that came into the Office during that year. 'Closed' complaints refer to the number of complaints that were finalised during that year. A complaint may be closed due to a number of reasons; these are explained in detail in the Assessment: pathways for complaints section of this report.

Graph 1: A five year comparison of complaints received (totals)



	2006-07	2007-08	2008-09	2009-10	2010-11
■ Closed	1837	2202	2150	2356	2538
■ New	1759	2092	2151	2349	2511

Report on operations

Initial contact: methods for complaints and enquiries submission

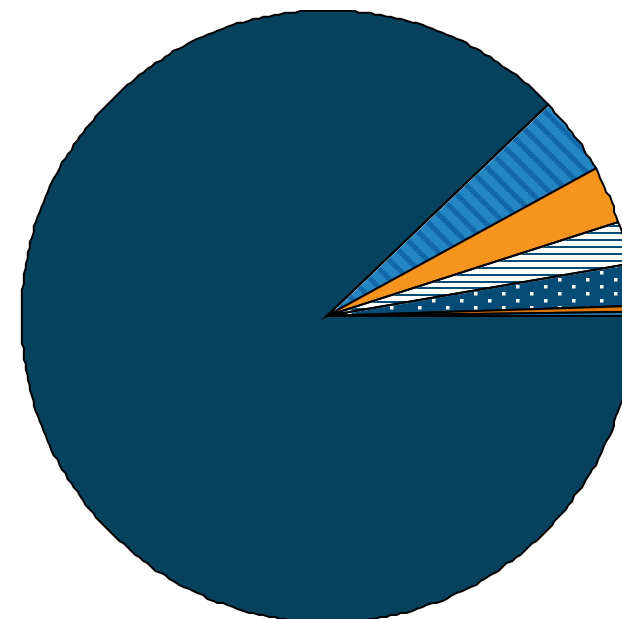
Complaints and enquiries may be made to HaDSCO using a number of methods including; online via the HaDSCO website, telephone, email, letter and complaint form.

The vast majority of initial contacts with HaDSCO were made via the telephone (88 per cent).

Often a telephone call provides a simple and efficient way to manage an enquiry. HaDSCO staff assisted over 1,000 people in this way. During a telephone call, staff provide callers with the information that they require about HaDSCO's role and processes. Callers are also informed about the legislative requirements for making a complaint to the Office.

HaDSCO also recognises that clients increasingly choose to access services online. For this reason, the new HaDSCO website offers clients a significantly improved online complaint form that can be lodged electronically or downloaded.

Graph 2: A comparison of methods for initial complaints/enquiry submission



Method	Total	%
Telephone	2207	88
Letter	102	4
Website	74	3
Complaint form	60	2
Email	56	2
AHPRA	8	0.01
Visit	4	0.01

Report on operations

Assessment: pathways for complaints

HaDSCO works within the intent of the legislation and aims to resolve complaints as promptly and informally as possible. The assessment phase involves discussion between the Assessment Team and clients to identify concerns and establish the most appropriate way forward to assist speedy resolution.

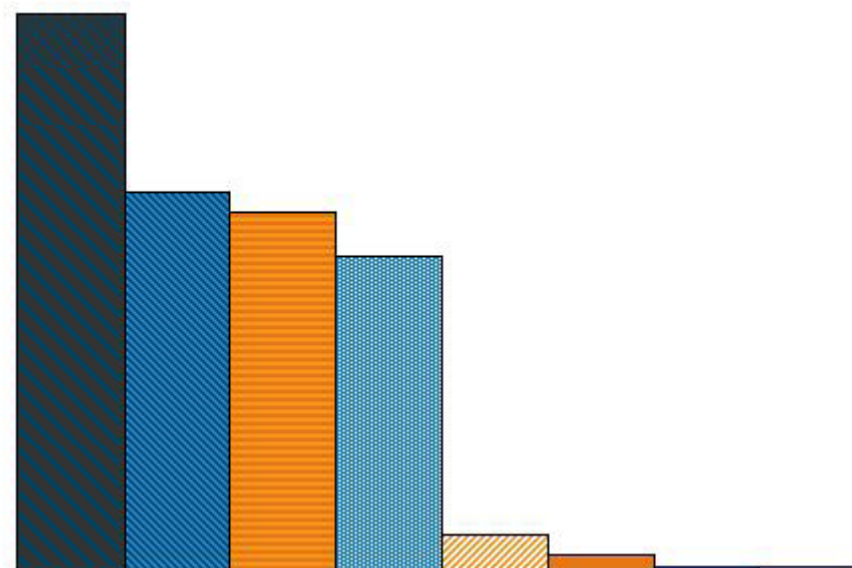
The Office has developed a number of methods for complaint management, making use of legislative frameworks and best practice standards. For example, the Office may utilise negotiated settlement or may refer complainants to an alternative, more suitable organisation or agency, in which case, the complaint file is closed.

Callers keen to progress a complaint through HaDSCO are provided with the information needed to assist them to lodge a complaint. Callers are advised about submitting a complaint in writing, sent a complaint form and relevant information sheets, and are directed to alternative sources for further information, including the HaDSCO website.

This section provides details regarding the methods adopted by HaDSCO to assist effective complaint resolution.

Closed complaints: HaDSCO closed 2,223 complaints during the assessment phase. These complaints were generally closed after the Office discussed with the complainant their concerns and provided guidance about the most appropriate method to gain resolution.

Graph 3: The way complaints were closed during the intake and assessment phase



Method	Total	%
Enquiry only	739	33
Referred to service provider	503	23
Informally referred to another body	477	22
Does not comply with the Act	419	18
Does not warrant further action	51	2
Resolved/withdrawn	21	1
Referred to another body	7	0.5
Vexatious/trivial/without substance	6	0.5

Report on operations

Complaints referred to alternative agencies: The Assessment Team has extensive knowledge about the different complaint management pathways available to consumers and offers information about the most appropriate organisation or agency to gain assistance from.

To ensure the smooth transition of matters between agencies, HaDSCO develops and maintains Memoranda of Understanding (MOU's) with agencies where consumers and matters are frequently referred, for example, the Department of Commerce.

During the year, 477 enquiries were immediately recognised as matters that could be more effectively resolved by an alternative agency and clients were referred without delay. Agencies that HaDSCO clients were directed to are shown here.

Table 1: Details of where immediate referrals are made

Immediate referrals	Total	%
Department of Health	15	3
Department of Health and Ageing	22	5
Disability Services Commission	5	1
Department of Commerce	26	5
Environment Health Officer of local shire	17	4
Medical Board	10	2
Medicare	5	1
Minister for Health, State	10	2
Ombudsman	49	10
Privacy Commissioner	22	5
Private Health Insurance Ombudsman	8	2
Other*	288	60
Total	477	100

Complaints referred to service providers: In keeping with HaDSCO's policy of assisting clients to resolve their matters in the most appropriate and timely way, HaDSCO assisted 415 clients to raise their concerns directly with service providers. It is important that service providers are given an opportunity to resolve a matter directly with their client as this often results in the quick and satisfactory resolution of complaints.

HaDSCO understands it can be difficult for consumers to approach a service provider directly, and the Office provides tips and advice to assist with the process.

HaDSCO also maintains contact with the complainant in order to identify what outcome this process achieved. Clients are encouraged and invited to re-contact HaDSCO if the matter is not resolved to their satisfaction.

**Referrals made in the 'Other' category include, but are not limited to, referrals made to: Workcover, the Federal Minister for Health, Health and Community Care, advocacy agencies and Centrelink.*

Meeting legislative requirements: A minority of complaints were closed at the assessment phase either because they:

- did not meet the requirements of the legislation (22 per cent)
- were resolved without the need for additional action (nine per cent).

There was a significant reduction in the number of complaints that did not meet the requirements of the legislation this year (419) compared with last year (520). This may in part be due to the legislative amendments that doubled the timeframe for clients to lodge a complaint regarding a health service and enabled people, who had good reason not to lodge a complaint directly to the provider, to make a complaint directly to HaDSCO in the first instance.

Complainant's choice not to progress: Clients who contact the Office may choose not to progress a complaint through the HaDSCO processes for a number of reasons. Often clients report they are satisfied that HaDSCO has recorded the matter, and can use the information in the future if required. Some clients feel the opportunity to discuss their concerns with a professional and empathetic HaDSCO staff member has been sufficient.

Complaints withdrawn by the client or suspended by HaDSCO are also considered in this category.

Case Study

Mr C contacted HaDSCO using a complaint form that is designed specifically for people who are in prison. Mr C explained he was concerned that he had seen a specialist at a public hospital and was informed that he needed surgery, but had not heard any further. As Mr C had signed the consent section of the form a member of the HaDSCO Assessment Team was able to confirm with the Hospital that Mr C was on the waitlist. HaDSCO was able to inform Mr C that for security reasons prisoners were not able to be told the dates for their surgery in advance. Mr C was also advised that HaDSCO and DOCS had discussed this matter at a recent meeting, and DOCS were looking at ways to keep prisoners better informed about their status on a public hospital waitlist.

Case management: resolution pathways

During the year, 315 complaints were placed into the case management phase and considered for negotiated settlement or conciliation. This represents an increase of almost 10 per cent compared to the previous financial year.

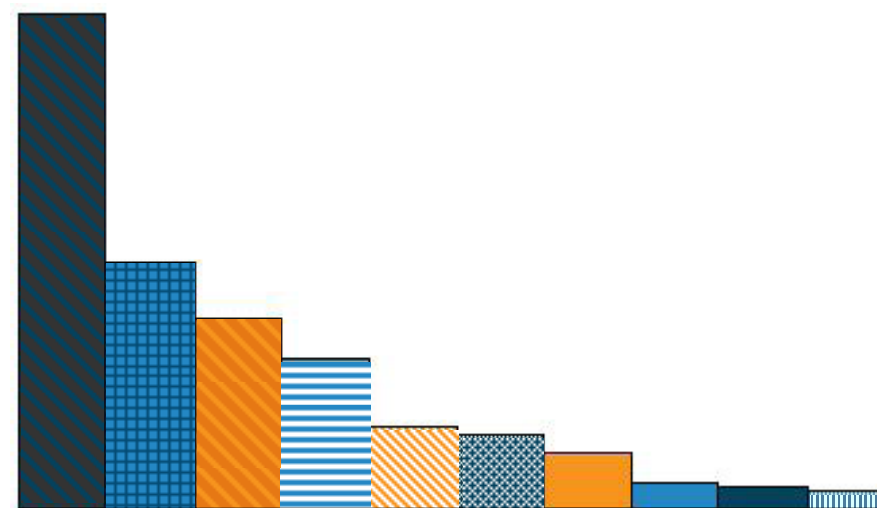
The most common pathway for complaint management was the HaDSCO conciliation process and the number of complaints managed through negotiated settlement is comparatively low. This is mainly because the negotiated settlement process was introduced in November 2010.

As with complaints in the intake and assessment phases, some complaints fell outside of the Office's jurisdiction. Others were referred to more appropriate agencies, including the Australian Health Practitioner Regulation Agency (AHPRA). Refer to the key achievement section of this report for further details regarding AHPRA.

In some cases, no further action was required by HaDSCO. This may have been because the service provider took all reasonable action to resolve the matter and the complaint raised relatively minor issues. In these cases, HaDSCO did not progress the complaint.

This section provides details regarding the pathways adopted by HaDSCO in the delivery of an effective complaint resolution service, including conciliation and negotiated settlement. It also outlines the outcomes of these processes.

Graph 4: A comparison of complaint case management pathways



Pathway	Total	%
Placed into conciliation	115	37
Does not warrant further action	57	18
Withdrawn/resolved	44	14
Placed into negotiated settlement	35	11
Referred to AHPRA or other agency	19	6
Does not comply with the Act	17	5
Referred to the service provider	13	4
Placed into investigation	6	2
Suspended	5	2
Vexatious/trivial/without substance	4	1

Case management: negotiated settlement

In November 2010, legislative amendments to both the *Health and Disability Services (Complaints) Act 1995* and *Disability Services Act 1993* came into effect that introduced new mechanisms for complaint management. As a result, HaDSCO now resolves relatively straight forward complaints via negotiated settlement. Please refer to the Activities section of this report for an outline of this process.

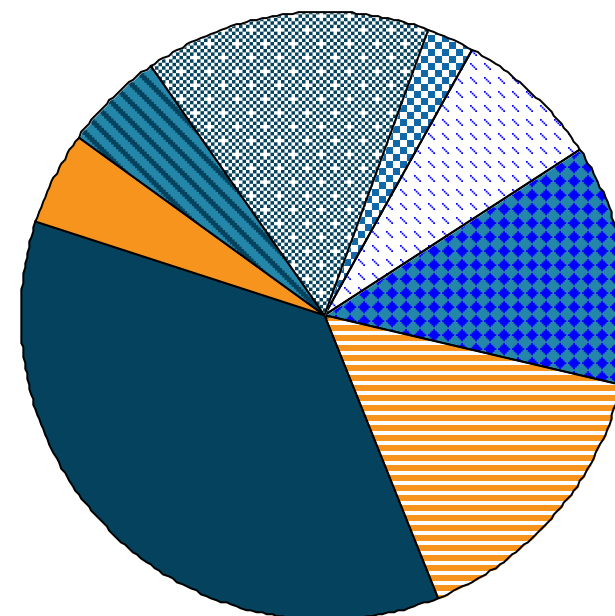
During 2010-11, HaDSCO placed 35 complaints into negotiated settlement. Of these, 60 per cent resulted in full agreement between parties.

One of the most frequent outcomes achieved was that costs were refunded. This shows that many of the complaints placed into negotiated settlement related to simple, factual matters, for example over-charging.

One of the key aims of the negotiated settlement process is to provide a fast and effective method for complaint resolution. The average time taken to finalise a complaint through negotiated settlement is 73 days, compared to 129 days for a complaint placed into conciliation. These figures support the fact that the negotiated settlement process is meeting its key aim.

Service improvements through negotiated settlement: As negotiated settlement is a relatively new process, which deals with more straight forward complaints, there is less scope to achieve service improvements. However, since 1 December 2010 this process identified two service improvements, both of which were implemented.

Graph 5: Negotiated settlement outcomes



Outcome	Total	%
Concern registered	14	36
Change in policy/procedure/practice agreed	2	5
Apology given	2	5
Agreement could not be reached	6	15
Complaint withdrawn	1	3
Service obtained	3	8
Explanation given	5	13
Costs refunded	6	15

Case management: conciliation

During 2010-11, HaDSCO placed 115 complaints into conciliation. Please refer to the Activities section of this report for an outline of the conciliation process.

HaDSCO data highlights that face-to-face meetings achieve more positive and long lasting outcomes than paper-based conciliation. Ninety-five per cent of face-to-face conciliations meetings resulted in full or partial agreement being reached, compared to 62 per cent of paper-based conciliations.

There are many possible explanations why face-to-face conciliation is more successful at reaching agreement. HaDSCO clients report that having the opportunity to speak directly about a complaint offers them an opportunity to put a human face to the matter and enables them to clearly explain their views and clarify misunderstandings immediately. In contrast, the written word can be open to interpretation, does not facilitate open discussion and does not address the client's need to be heard.

Table 2 shows the outcomes that were achieved through conciliation. The figures demonstrate that conciliation allows discussion and explanations to be given, with explanations being the most common outcome achieved through conciliation. Changes in policy and procedure, and apologies being provided were also frequently achieved.

Table 2: Conciliation outcomes

Outcomes achieved	Total	%
Explanation given	32	18
Agreement could not be reached	29	16
Change in policy/procedure/practice agreed	27	15
Apology given	19	10
Concern registered	19	10
Service obtained	14	8
Withdrawn by complainant	14	8
Costs refunded/waived	8	4
Referred to AHPRA/provider	7	4
Others	12	7
Total outcomes	181	100
Total cases	115	

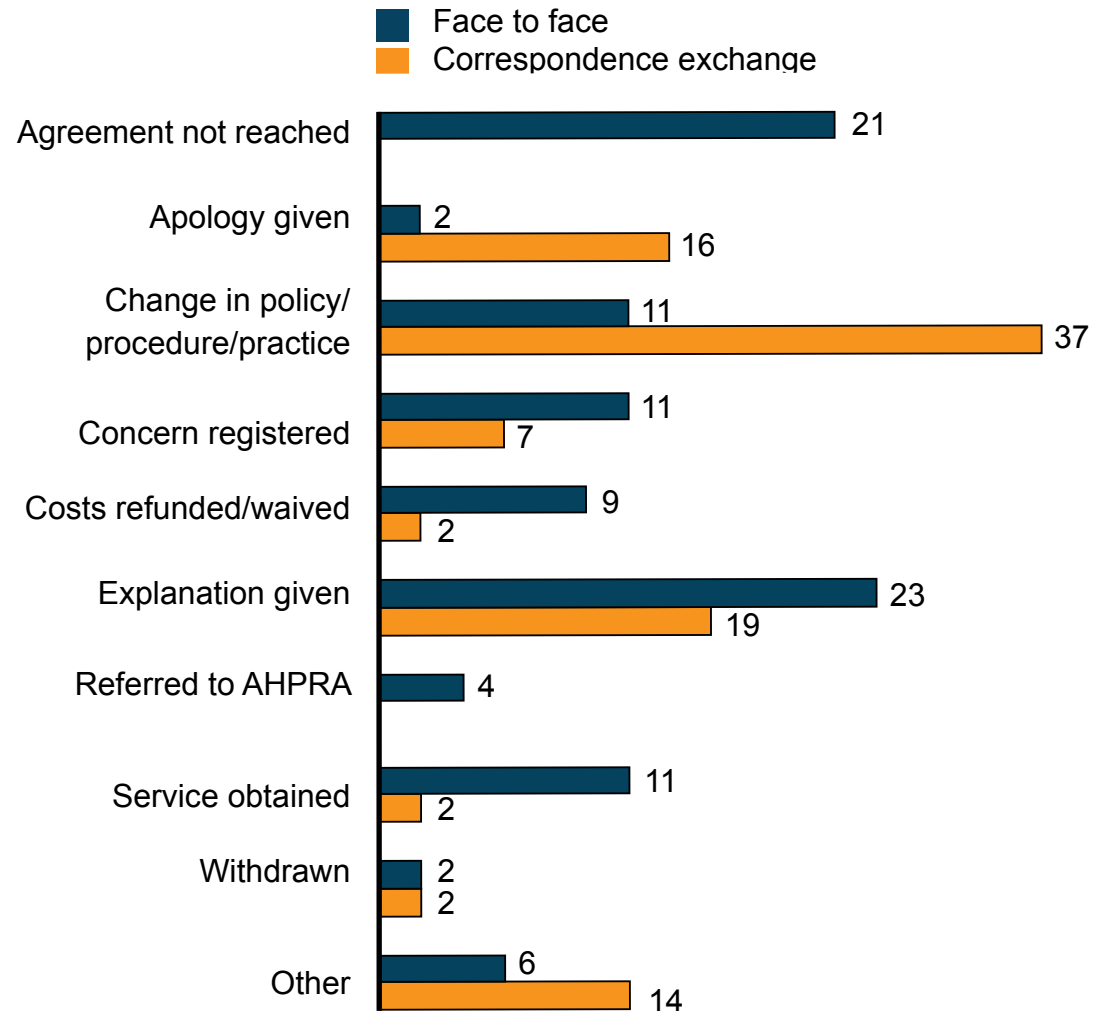
Report on operations

Service improvements through conciliation

Conciliation offers the provider the opportunity to consider any service improvements that could be made as a result of a complaint.

During 2010-11, HaDSCO made 47 service improvements as a direct result of the conciliation process. HaDSCO maintains contact with the provider to ensure the identified improvements have been made and this year 100 per cent of the recommendations were actioned.

Graph 6: Comparison of outcomes reached through paper-based and face-to-face conciliation (percentages)



Report on operations

Case management: The Australian Health Practitioner Regulation Agency (AHPRA)

The Health Practitioner Regulation National Law (WA) Act 2010 (National Law) came into effect on 30 October 2010. The National Law has had a direct impact on the HaDSCO complaints management process. Most notably, HaDSCO and AHPRA have been required to notify each other of complaints that may fall within the others jurisdiction. The aim of this process is to enable both agencies to discuss the matter and agree a pathway for the management of the complaint.

During 2010-11, HaDSCO notified AHPRA of 62 complaints that related to registered health practitioners. Following discussions regarding these complaints HaDSCO passed on 14 complaints to AHPRA that were within HaDSCO's jurisdiction. During the same period AHPRA notified HaDSCO of 10 complaints that may be within HaDSCO's jurisdiction and following discussions, four of these were passed on to HaDSCO.

There is agreement between HaDSCO and AHPRA that complaints may be referred back to HaDSCO if there are outstanding issues that require resolution. In particular HaDSCO will look into systemic issues that cannot be resolved through the AHPRA process.

Report on operations

Report on the types of providers named in complaints

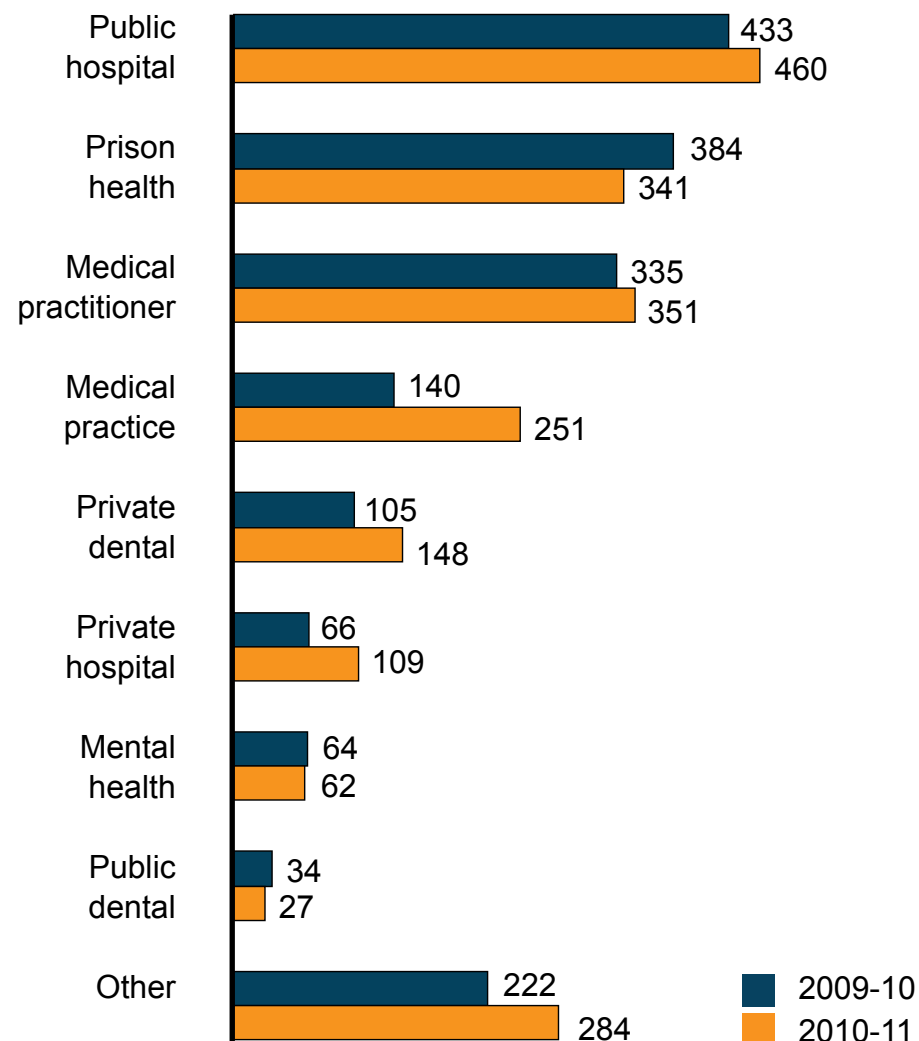
HaDSCO can take complaints regarding most health or disability service providers operating within Western Australia. This wide remit means that HaDSCO receives complaints regarding a diverse range of service providers.

This section provides details regarding the enquiries and complaints received about the service sectors. These figures do not include the 477 enquires that were immediately referred to another agency. Service sectors include:

- Public hospitals
- Prisons
- Private hospitals
- Medical practitioners and practices
- Dental services
- Mental health services.

These service sectors account for the majority of enquiries and complaints received by HaDSCO. Graph 7 provides a comparison of complaints received regarding service sectors during 2009-10 and 2010-11.

Graph 7: Comparison of complaints received regarding service sectors (totals)



Report on operations

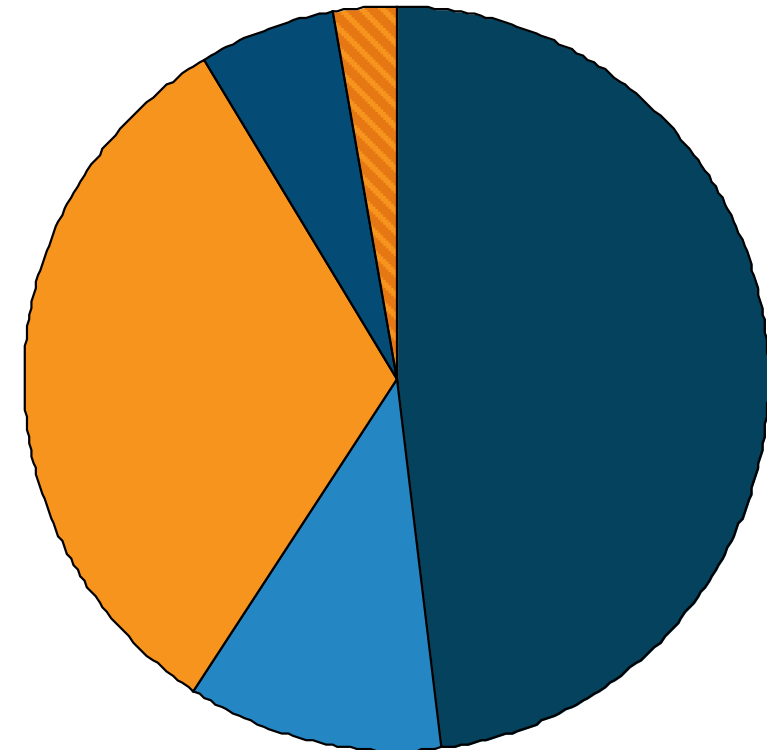
Public hospitals

There was a slight increase (six per cent) in the number of complaints made about public hospitals, with 460 complaints received in 2010-11 compared to 433 to 2009-10.

Graph 8 shows that the teaching hospitals located in the metropolitan area account for 48 per cent of the complaints regarding public hospitals. Other metropolitan hospitals were the subject of 32 per cent of complaints. Major regional hospitals, including hospitals in Albany, Bunbury, Carnarvon, Derby, Geraldton, Kalgoorlie, Narrogin, Northam and Port Hedland were the subject of 11 per cent of complaints.

When considering these figures it is important to note that Western Australian teaching hospitals see a very large number of patients every year. Sir Charles Gairdner Hospital alone saw over 420,000 patients during 2009-10. Royal Perth Hospital has one of the busiest emergency departments in Australia, with more than 64,000 presentations reported during 2009-10.

Graph 8: Public hospital complaints



Provider	Total	%
Teaching hospitals	221	48
Major regional hospitals	51	11
Other metro hospitals	149	32
Other regional hospitals	26	6
Other	13	3

Outcomes achieved for consumers

The willingness of public hospital staff to engage meaningfully in the HaDSCO conciliation process, contributed to full or partial agreement being reached in 87 per cent of the complaints finalised in conciliation. Apologies and changes in procedures and policies were some of the most frequently achieved outcomes.

Service improvements

Changes to policies and procedures agreed through conciliation led to a number of service improvements within the public hospital system, including:

- an updated process for communication amongst nursing staff regarding the provision of non-urgent maternity care in a regional hospital
- the development of an information sheet regarding the management of lacerations and wounds to assist parents to manage minor injuries at home
- a new process to ensure the accuracy of GP referrals before treatment is provided by physiotherapy staff in an outpatients setting.

Case study

A patient in a public hospital held private health insurance and opted to undergo surgery as a private patient. He made this decision after a Private Patient Liaison Officer explained to him he would not incur any out of pocket expenses if he chose to do so.

Following surgery, the patient received an account for over \$1,000 which he was surprised to receive. After raising a complaint with the hospital, the bill was reduced to \$500. Unsatisfied with this outcome, he raised a complaint with HaDSCO.

HaDSCO worked with both parties to resolve the complaint utilising the new negotiated settlement process. Following discussions, the hospital agreed to pay the account and has since implemented a procedure to ensure the situation does not reoccur.

Prison health services

A significant portion of the complaints managed by HaDSCO related to health care provided within the prison service. However, during 2010-11 there was an 11 per cent decrease in the number of complaints made regarding health care in prison (from 384 to 341).

Table 3 details how many complaints HaDSCO received from each prison and corrective facility in the state over the past two financial years. The most significant decrease was at Hakea Prison: 122 complaints during 2009-10 compared with 76 during 2010-11.

The largest increase in complaints was at Acacia Prison. In November 2010, HaDSCO staff visited Acacia prison as part of a formal inspection by the Office of the Inspector of Custodial Services. As 62 per cent of complaints were received after the visit, it is possible the subsequent increased awareness of HaDSCO is responsible, at least in part, for the increased complaint numbers.

Table 4 outlines the top five issues raised in complaints regarding prison health services. It specifically highlights treatment as the most commonly raised issue. This may include, and is not limited to, delays in treatment, inadequate treatment and inappropriate treatment. Access to treatment was the second most common complaint. This includes, and is not limited to, waiting lists, service availability and access to facilities.

Over the year HaDSCO and the Department of Corrective Services (DCS) worked collaboratively to address some of the common causes of complaints. For example, HaDSCO was invited to visit the pharmacy at Hakea to understand how medications are dispensed and transferred across the prison system following a spike in complaints related to the dispensing of medication. The visit gave HaDSCO staff greater knowledge of the prison pharmacy system, assisting staff to respond to enquiries more efficiently.

Table 3: Prison health service complaints

Prison	2009-10	2010-11
Acacia Prison	53	79
Albany Regional Prison	31	21
Bandyup Women's Prison	16	19
Banksia Hill	1	0
Boronia Prison	3	3
Broome Regional Prison	3	1
Bunbury Regional Prison	38	35
Casuarina Prison	68	62
Eastern Goldfields Prison	3	2
Greenough Prison	8	10
Hakea Prison	122	69
Karnet Prison Farm	9	4
Pardelup Prison	1	4
Prison Dental Health Services	n/a	13
Roebourne Prison	1	4
Wooroloo Prison Farm	5	15
Total	362	341

Table 4: Top five issues raised regarding prison health services

Prison new complaints issue	Total	%
Treatment	214	59
Access	82	23
Medication	41	11
Communication and information	16	4
Environment/management of facilities	10	3

**The percentage does not amount to 100 as the figures associated with the remaining issues are not provided.*

Outcomes achieved for consumers

There was a significant increase in the proportion of complaints regarding prison services that were successfully resolved. Eighty-five per cent of the complaints relating to prison health services placed into conciliation, were resolved with some agreement reached between the parties.

The nature of complaints regarding prison health services means that a large proportion of them are suited to the new negotiated settlement process. By the end of 2010-11, nine complaints regarding prison health systems had been placed into negotiated settlement, with agreement being reached in 67 per cent of these matters.

Service improvements

HaDSCO continued to work collaboratively with DCS to improve complaints management processes and health service delivery within the prison services.

Outcomes achieved include:

- establishing a cross-agency working group to look at access to dental care for people in prison
- providing training to members of the Aboriginal Visitors Scheme so they can assist inmates to make complaints to HaDSCO
- building relationships with staff in the prison medical services to ensure that urgent matters can be quickly and appropriately managed.

Case study

Mr Y was receiving regular counselling for a diagnosed mental health condition. When he was transferred to another prison he was not given access to a counsellor and he became concerned about his mental health. Mr Y attempted to raise a complaint but was not satisfied with the outcome, so he contacted HaDSCO.

Mr Y was sent a complaint form, which he completed and submitted and his complaint was placed into paper-based conciliation. Following discussions with both parties it was agreed that Mr Y would be allocated a counsellor whom he could see on a weekly basis.

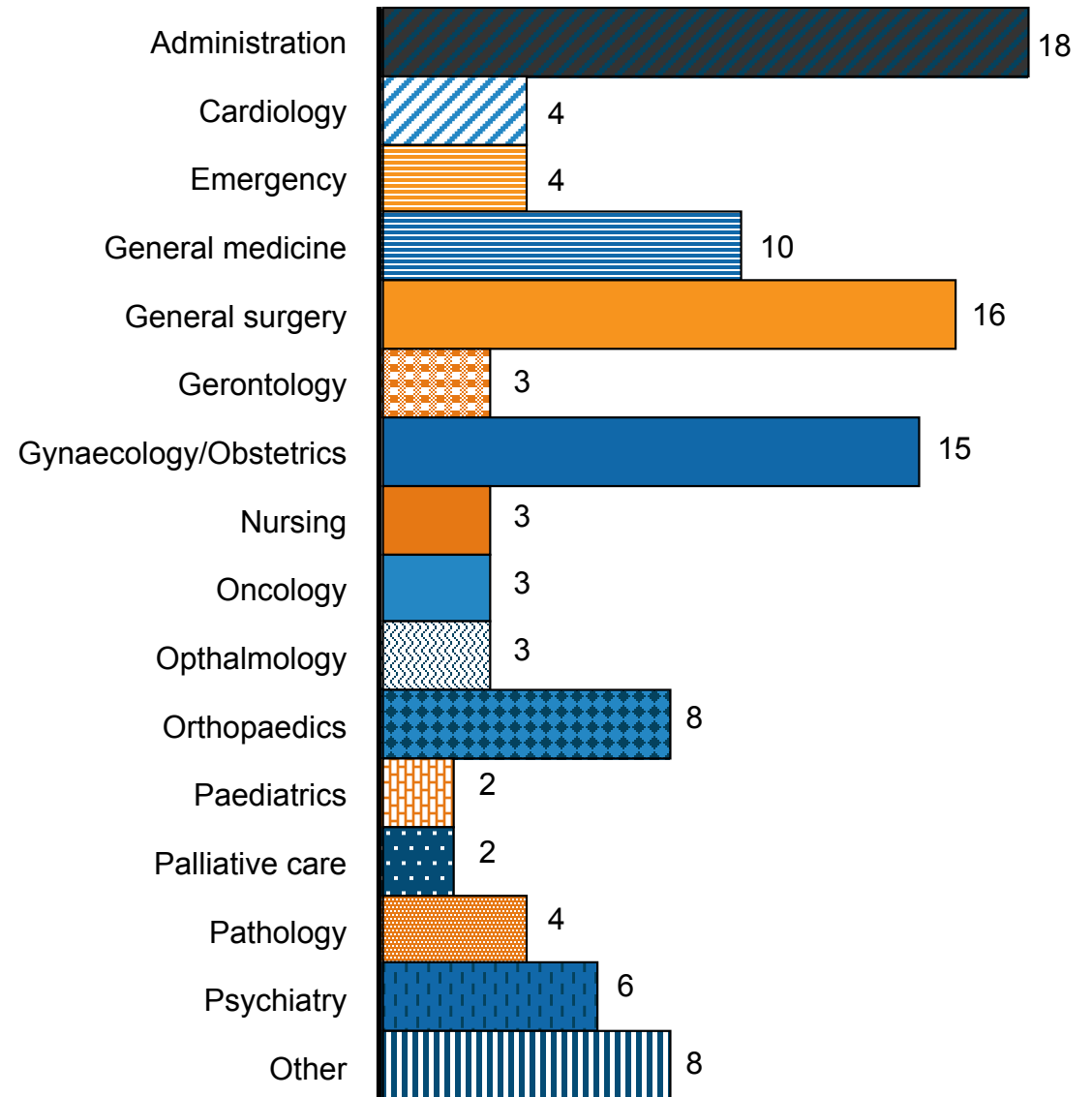
Report on operations

Private hospitals

The number of complaints HaDSCO received about private hospitals increased by 65 per cent compared with 2009-10. Graph 9 shows the areas of care within the private hospital setting that attracted the most complaints.

Most frequently complaints related to administration, specifically with regards to billing and the processing of accounts. General surgery and Obstetrics and Gynaecology also attracted a significant proportion of the complaints: this may be because a high number of admissions to private hospitals are for planned procedures, including surgery and maternity care.

Graph 9: Complaints by specialty (totals)



Outcomes for consumers

As many complaints related to billing procedures and costs, it is not surprising that a common outcome that people hoped to achieve was a refund or some kind of financial settlement. Of the complaints placed into conciliation or negotiated settlement, 50 per cent resulted in some form of financial settlement, including goodwill payments and refunds.

Service improvements

Through negotiated settlement and conciliation, HaDSCO made a number of service improvement recommendations in collaboration with private hospitals. Examples include:

- the development of a new procedure to adequately record the information provided to patients regarding costs when they attend a private emergency department
- the implementation of a new process that recognises family members may have limited capacity to retain information following the news that a relative has passed away. Now family members are offered another opportunity to come and meet with staff and discuss the information they were given immediately after the death
- the introduction of new information materials to fully inform patients about the need for them to understand their level of health fund cover for a particular procedure before consenting to that procedure.

Case study

Mr N underwent surgery at a private hospital. He was concerned that he was not given adequate post-surgical care, which delayed his recovery. He also felt that he had suffered after-effects from the anaesthetic. Mr N raised his concerns with the provider and received a written response, but he was not satisfied that it addressed his complaint so he contacted HaDSCO.

HaDSCO worked with both parties utilising the conciliation process. HaDSCO facilitated a conciliation meeting between Mr N and the hospital. This enabled parties to openly discuss the issues.

The hospital provided Mr N with details regarding the anaesthetic he had been given and their possible side effects. They also apologised for the distress. The hospital explained their post-surgical care policies and noted that staff would receive additional training in customer service. Mr N indicated that although he still felt upset by what had occurred, he accepted the information provided by the hospital and was satisfied that steps had been taken to ensure it would not happen again.

Medical practitioners and medical practices

During 2010-11, HaDSCO received 251 complaints about medical practices and 351 complaints about medical practitioners. This represents a 79 per cent rise in the number of complaints about medical practices compared with 2009-10.

The issues raised in complaints about medical practices and practitioners are presented in the Tables 5 and 6.

Table 5 shows the most common issue raised in complaints regarding medical practices related to fees and costs. The second most common issue related to medical records, specifically with regards to transferring these records to a new practice.

Table 6 shows that the most common issues raised in complaints regarding medical practitioners were treatment and communication and information. Treatment can relate to any aspect of the care and treatment provided, for example an unexpected or adverse outcome, or claim that treatment was provided without due care.

Service improvements

Many complaints regarding medical practices and medical practitioners related to the costs associated with transferring medical records from one practice to another. As a result of these complaints HaDSCO published information on this topic in HaDSCO Connect, HaDSCO's quarterly newsletter.

Table 5: Top five issues raised in complaints regarding medical practices

New complaint issues	Total	%*
Fees and costs	75	21
Medical records	72	20
Treatment	69	19
Communication and information	57	16
Access	30	8

Table 6: Top five issues raised in complaints regarding medical practitioners

New complaint issues	Total	%*
Treatment	216	40
Communication and information	98	18
Fees and costs	65	12
Professional conduct	40	7
Reports/certificates	36	7

**The percentage does not amount to 100 as the figures associated with the remaining issues are not provided.*

Report on operations

Private dental care

There was a 41 per cent increase in the number of complaints regarding private dental care compared to 2009-10. Graph 10 shows the majority of complaints related to care provided by dentists, this is because the majority of dental care is provided by dentists.

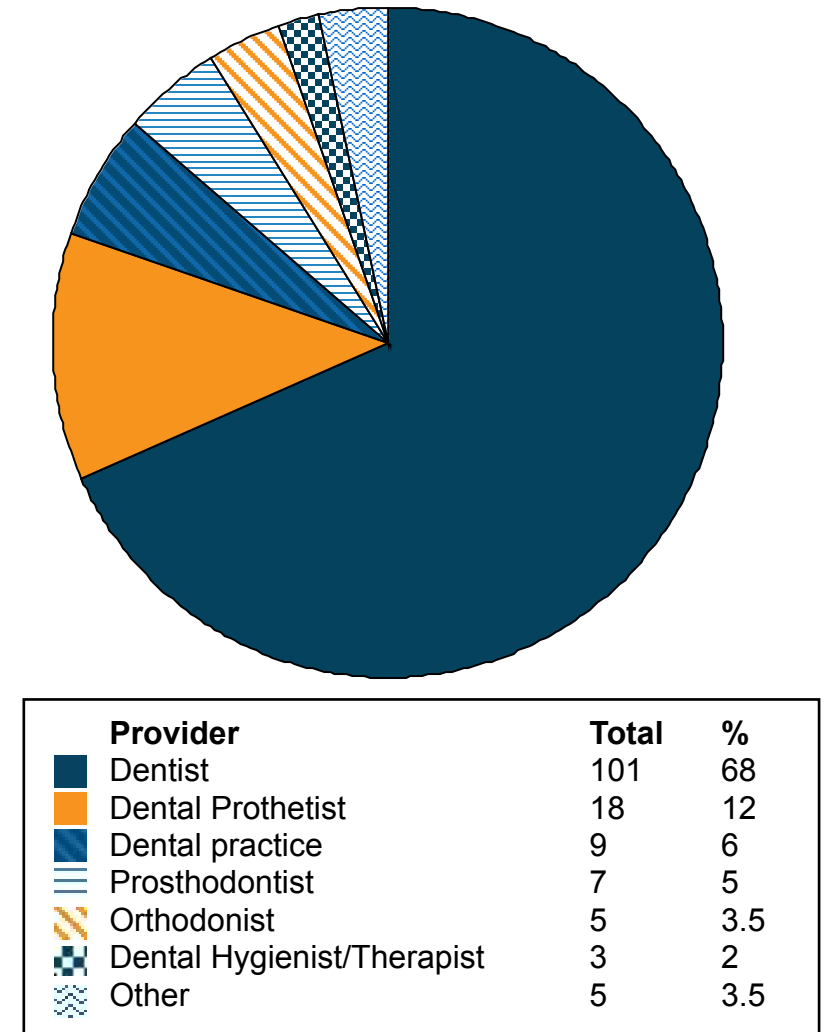
Table 7 shows the five most common issues raised in complaints about private dental care. Treatment was the most common issue raised in dental care complaints, accounting for over 56 per cent of concerns. Fees and costs were the next most significant issue.

Table 7: Top five issues raised in complaints regarding private dental care

New complaint issues	Total	%*
Treatment	113	56
Fees and costs	53	26
Communication and information	14	7
Professional conduct	6	3
Environment/management of facilities	4	2

**The percentage does not amount to 100 as the figures associated with the remaining issues are not provided.*

Graph 10: Provider types for dental complaints



Private dental care

Outcomes for consumers

Of the complaints about private dental care placed into conciliation or negotiated settlement, 60 per cent resulted in a financial outcome including the waiver of fees or a goodwill payment.

Service improvements

Informed financial consent is an important concept in the provision of any health care. In essence, informed financial consent means that a patient should be given sufficient information about the potential costs of any procedure in order to enable them to decide whether they wish to receive the procedure. Given the costs associated with dental care, informed consent is a particularly relevant issue for dentists and dental care providers. Of the complaints managed through conciliation, 50 per cent resulted in a change in procedures that improved informed financial consent for patients.

Case study

Mr D's wife had recently passed away due to undiagnosed oral cancer. Mr D felt an earlier diagnosis could have been made as Mrs D had recently visited a dental care provider with a condition that was affecting her cheeks and tongue.

Mr D lodged a complaint with HaDSCO, who processed it through the conciliation process. A conciliation meeting with both parties was held. During the meeting the provider was able to provide Mr D with detail regarding the type of cancer his wife had and explain how quickly it can develop. This gave Mr D a greater understanding of what had occurred.

Report on operations

Mental health services

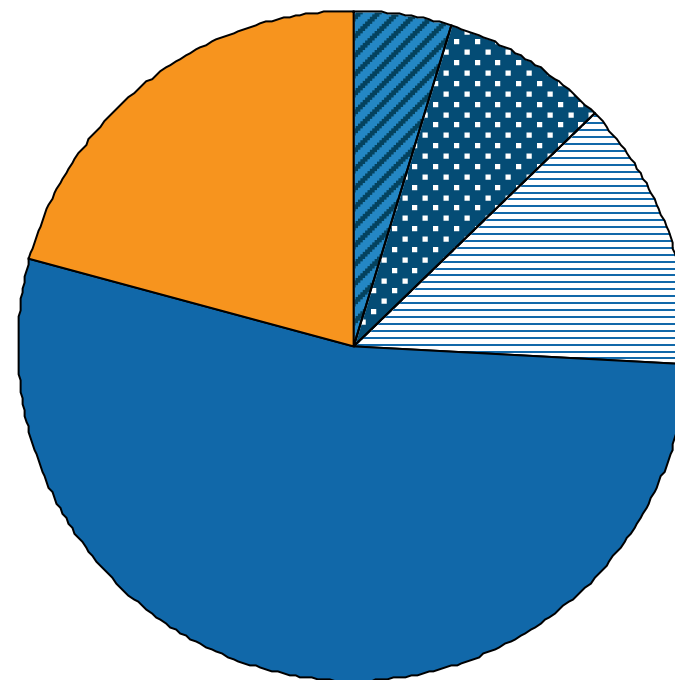
The number of complaints regarding the provision of mental health services remained relatively stable. Two less complaints were received during 2010-11 compared to 2009-10.

Of the complaints that were made about mental health services, over 66 per cent were made by the person who had received the service. The relatively high number of people who made a complaint on their own behalf shows that the HaDSCO complaints process is accessible to people with mental health conditions.

HaDSCO received complaints about both community based care and institutionally based care. Graph 11 shows the professions within the mental health sector that attracted the most complaints. In particular, the graph shows psychiatrists and psychologists accounted for 74 per cent of the complaints received.

Table 8 details the issues raised in the complaints. One in three people who made a complaint regarding mental health services cited treatment as an issue. The most common concerns regarding treatment related to allegations of inadequate treatment and wrong or inappropriate treatment: these accounted for 41 per cent of treatment related complaints.

Graph 11: Mental health service complaints



Service	Total	%
Community support worker	3	5
Counsellor	5	8
Mental Health Nurse	8	13
Psychiatrist	33	53
Psychologist	13	21

Mental health services

Table 8: Issues raised in complaints regarding mental health service providers

New complaint issues	Total	%*
Treatment	37	36
Communication and information	13	13
Reports and certificates	12	12
Fees and costs	11	11
Professional conduct	11	11

**The percentage does not amount to 100 as the figures associated with the remaining issues are not provided.*

Outcomes for consumers

Given the relatively low number of complaints received regarding mental health services, HaDSCO is concerned that there may be significant under-reporting of complaints. In order to address this issue HaDSCO is working with the newly established Mental Health Commission to further improve accessibility.

Case study

Ms T was referred to a public clinic for treatment of bi-polar disorder. When she attended the clinic she was referred on to a drug and alcohol program.

Ms T contacted HaDSCO as she felt the drug and alcohol program would not address her real concerns and was feeling very vulnerable. HaDSCO's Assessment Team contacted Ms T's GP and the GP agreed to telephone the clinic to ensure that she received appropriate treatment. Ms T was happy with this outcome and did not want to pursue a complaint against the clinic any further.

Report on operations

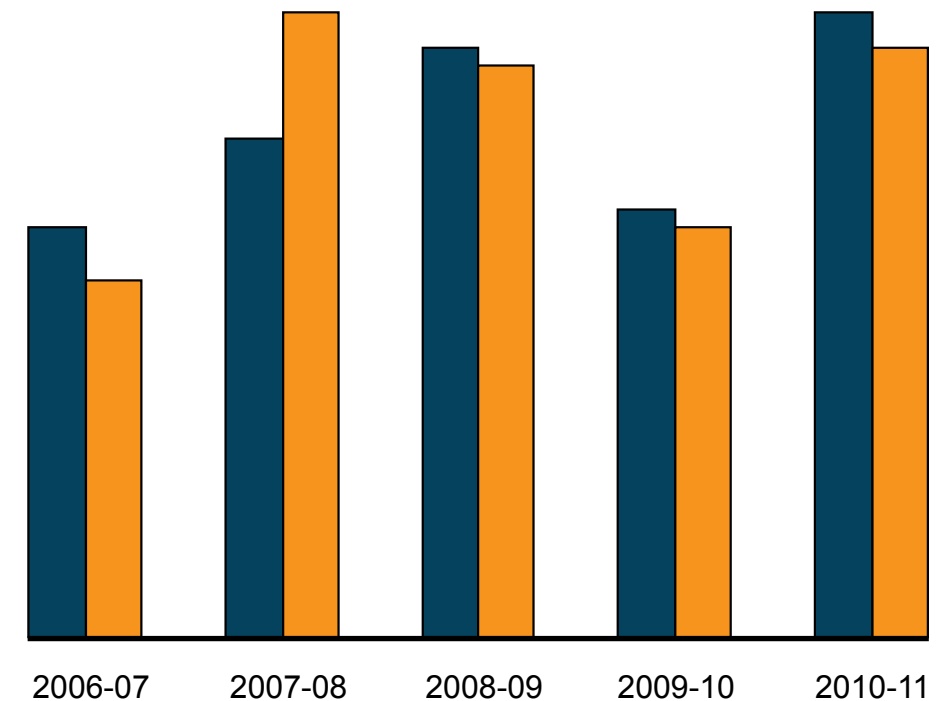
Disability services

HaDSCO manages complaints regarding disability services under Part 6 of the *Disability Services Complaints Act 1993*. The amendments to HaDSCO's enabling legislation, and consequential amendments to the *Disability Services Act 1993*, have created some important changes in relation to the management of complaints about disability services.

Possibly the most significant change has been the inclusion of 'disability' in the name of the Office. HaDSCO hopes this helps people with complaints about disability services to recognise this Office as the appropriate place to raise their concerns. In order to raise awareness of the Office HaDSCO has engaged in a series of stakeholder workshops and presentations for disability service providers, and the people who use their services and their carers. Refer to the Significant issues section of this report for further information regarding legislative amendments.

Graph 12 shows how many new complaints and enquiries HaDSCO received regarding disability services over the past five years, and how many were closed in the same period. This graph shows there was a significant increase in the number of complaints received during 2010-11 compared with 2009-10. It is interesting to note that 77 per cent of the disability services complaints were made after the Office changed its name. The increase in complaints numbers since the name change is a positive trend that HaDSCO will continue to monitor.

Graph 12: A five year comparison of disability service complaints received (totals)



	2006-07	2007-08	2008-09	2009-10	2010-11
■ Closed	20	35	32	23	33
■ New	23	28	33	24	35

Report on operations

Disability services

Table 9 shows the top five issues that were raised in complaints regarding disability services. The table shows the most frequent concern was regarding access to disability services, followed by the way that services were being managed.

Table 9: Top five issues raised in complaints regarding disability service providers

New complaint issues	Total	%*
Service access	27	44
Service management	14	23
Carers Charter	11	18
Decision making and choice	7	11
Treatment	1	2

**The percentage does not amount to 100 as the figures associated with the remaining issues are not provided.*

Service improvements

A number of service improvements were made as a result of HaDSCO complaints management. These include:

- A not-for-profit organisation reviewed the way that medications were charted to ensure charts were clear, accurate and easy for staff to read
- Staff from a large disability service provider attended risk management training
- A service provider wrote to all clients to remind them of a policy, which had been misunderstood by a client and therefore led to a complaint.

Case study

Mr J was concerned that his wife was not getting sufficient access to personal care from their disability service provider. He explained to HaDSCO that carers failed to attend their home, so he and his wife did not shower or eat properly.

The complaint was placed into conciliation and a meeting was held between parties. Mr and Mrs J had the opportunity to express their concerns and the service provider was able to explain why services were not being provided. In particular, the provider highlighted the health and safety risks present in Mr and Mrs J's home and that they could not allow staff to work in dangerous conditions. This had previously been highlighted to Mr J in a letter.

The service provider agreed to assist Mr and Mrs J to remove the risks from their home, and services would resume.

Report on the investigations undertaken

The investigations undertaken by HaDSCO are governed by the *Health and Disability Services (Complaints) Act 1995* and the *Disability Services Act 1993*. This legislation provides guidelines to which HaDSCO investigations must adhere. It explains who has the authority to request and undertake investigations, how they must be managed and the powers of the Director.

Investigations are undertaken via a formal process through which HaDSCO determines if any unreasonable conduct has occurred on the part of a service provider. Prior to the legislative amendments, HaDSCO was required to investigate a complaint about a disability service if it was not resolved by conciliation. The legislative amendments have removed this requirement. Investigations are now undertaken following review against a strict set of criteria that confirms if an investigation is warranted. Typically investigations now look into systematic issues and areas where there is a clear need for improvement.

It is the role of investigations to look into broad ranging issues, when necessary identify areas for improvement and provide recommendations which enable the continuous development of enhanced service provision. Refer to the Activities section of this report for further information on the investigation process.

During 2010-11, HaDSCO finalised five investigations and two are ongoing.

Service improvements identified through investigation

During 2010-11, 19 recommendations for service improvement were made as a result of investigations carried out by HaDSCO. The majority of these recommendations were implemented by service providers (74 per cent). HaDSCO will follow up on the remaining recommendations, however, it is acknowledged that due to the broad scope of the recommendations made by HaDSCO, implementing change can be a time-consuming process.

Some examples of the recommendations made following investigations are outlined here:

- A private hospital completes the development of a consolidated observation chart, to assist in the identification of deteriorating patients
- A medical practitioner includes additional guidelines in standing orders or medical notes to assist junior staff to identify when a review by a more senior clinician is required
- A medical practice reviews its Patient Assessment Plan, and Patient Procedure booklet, to provide a clear and current explanation of what is covered by various fees.

Report on operations

Report on the service improvements made

During 2010-11, HaDSCO made 69 recommendations. This represents an 11 per cent increase in the number of recommendations made during 2010-11 compared with 2009-10.

Table 10 shows how many recommendations were made, and how many were implemented over the last three financial years. In particular, the table shows that there was a 16 per cent increase in the number of service improvements implemented this financial year compared to the previous financial year.

Table 10: Comparison of recommendations made

Financial year	Total recommendations made	Total recommendations implemented
2008-09	45	26
2009-10	62	55
2010-11	68	63

Report on the education and training provided

As a peak complaints resolution body, HaDSCO provides education and training in the prevention and resolution of complaints. This service is delivered through:

- the provision of quality information and reports to a variety of agencies and organisations
- presentations and outreach to professionals e.g. service providers and lawyers
- tailored educational packages
- multi agency workshops.

During 2010-11, HaDSCO undertook 57 presentations that were tailored to the specific need of stakeholders. These sessions were designed to enhance participant's understanding of HaDSCO's role and services and also to provide valuable information for people managing complaints within their own organisations. The presentations were provided to a wide variety of audiences, including Indigenous community groups, organisations that represent carers within the disability sector, medical indemnity firms and health care providers.

Section 75 data collection

Introduction

A key aspect of HaDSCO's role is to report on complaint trends and issues, and to use this information in collaboration with providers to improve safety and quality in health service delivery.

To assist in performing this function, HaDSCO, under section 75 of the *Health and Disability Services (Complaints) Act 1995*, collects complaints management information from prescribed health service providers in Western Australia.

This practice allows HaDSCO to review and identify common causes of complaints across different health services in the public and private sectors and inquire into broader issues of health care, arising out of complaints received. It also assists to identify the way in which complaints are handled, providing an excellent opportunity for service providers and consumers to gain insight into how both public and private services manage complaints.

To assist with the collection of the data during 2010-11, HaDSCO undertook consultation and worked collaboratively with the prescribed service providers. During this consultation, service providers agreed that the analysis of this information could lead to positive outcomes for health care services such as:

- policy and procedure changes
- improved complaint management processes
- implementation of new systems or more resources to help improve service delivery
- identifying differences between public and private services
- assist benchmarking and to showcase best practice
- collaborative opportunities to access training programs for staff professional development.

Data collection

Thirteen health services were required to submit complaint management data to HaDSCO by the prescribed time of 31 July 2010. Compliance with the legislation is to be commended as all prescribed health services provided the information by the deadline.

Broadly speaking, the following data was collected: number of complaints; complaint issues; action or outcome in response to complaints; and the time taken to deal with the complaint.

Following receipt of the data, HaDSCO facilitated a process to collaboratively analyse the data. A working party of HaDSCO staff, seven representatives from health service providers along with a data analyst, developed a model for collaborative analysis. All health service providers who provided information were then invited to participate in the analysis.

To facilitate the expansion of this project in the future, HaDSCO widened the scope of the collection to include a wider range of private health services and hospitals. These revised regulations were approved by Executive Council and published in the Government Gazette on 20 May 2011. A full list of the newly prescribed service providers is available in the key achievements section.

Section 75 data collection

Complaint databases

Complaint databases vary sector to sector and do not all gather the same information. For example, not all have the fields to collect demographic data as part of their complaint management systems.

This process has highlighted the importance of consistency across complaint management data collection. During consultation, service providers were enthusiastic to improve the quality of data captured and HaDSCO is committed to supporting this.

Demographical data was also requested as knowledge of the complainant's age, gender, cultural background, language and location of residence would assist HaDSCO in its education and awareness raising function.

The Office is looking to implement the Public Sector Commissions Address Management Framework into HaDSCO's own internal data management processes. By doing so, HaDSCO will be able to offer the model to service providers to assist in the production and/or improvement of complaint databases.

2010-11 data collection and analysis

HaDSCO increased the number of prescribed providers from 13 in the 2009-10 financial year to 25 providers submitting complaints data during 2010-11. The newly prescribed providers were relatively smaller in size to the 2009-10 prescribed providers; therefore the complaint numbers have not increased significantly.

In total the health service providers participating in this data collection received 5,198 complaints about 9,460 issues. A person may make a complaint that contains a number of separate issues.

Whilst this is only the second year that HaDSCO has collected this data, the Office has identified some emerging trends.

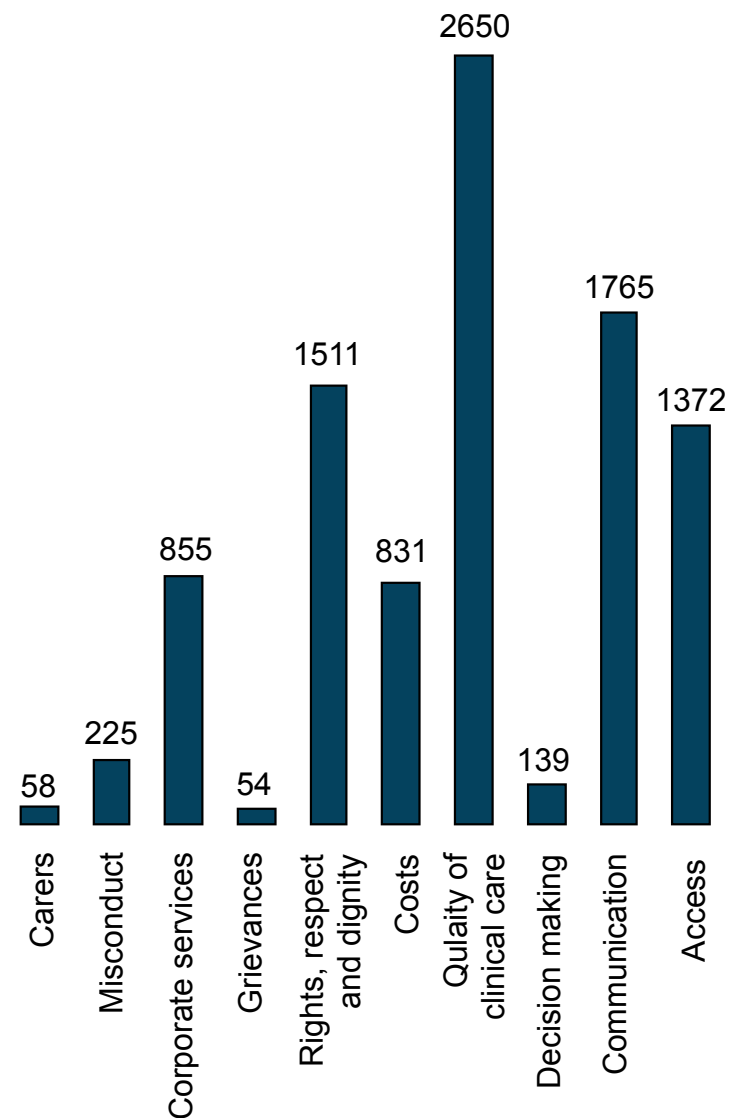
Section 75 data collection

Complaint issues

The top three complaint categories and complaint issues in these categories mirror the results collected and published within the 2009-10 Annual Report. These include:

- **Quality of clinical care:** the top three complaint issues in this category were inadequate treatment/therapy, inadequate assessment and medication
- **Communication:** the top three complaint issues in this category were inappropriate verbal or non verbal communication, misinformation or failure in communication and failure to listen to patient, client, carer or family
- **Rights, respect dignity:** the top three complaints issues in this category were inconsiderate service or lack of courtesy, absence of caring and patient rights.

Graph 13: Complaint categories



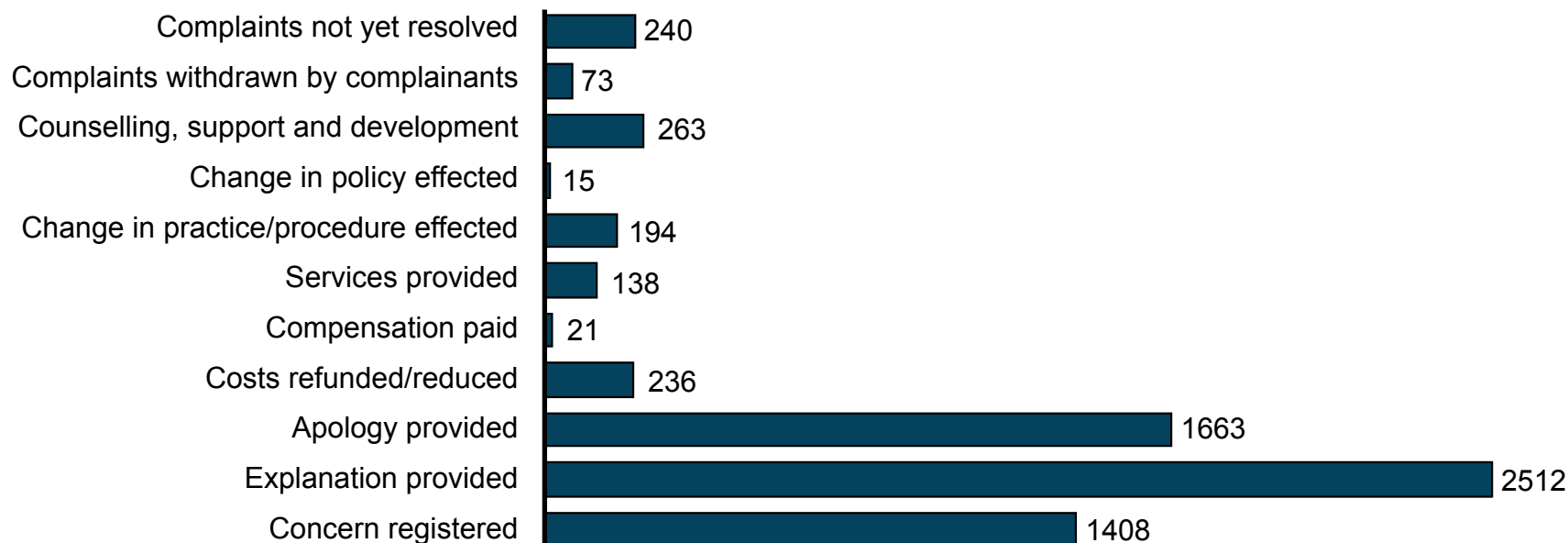
Section 75 data collection

Complaint outcomes

The results suggest that providers are effectively resolving and addressing patients concerns with only a comparatively small number of complaints yet to be resolved.

Similar to the 2009-10 complaint outcomes, providers are effectively reaching outcomes by the following means; providing an apology or explanation, and simply registering the concerns of the patients.

Graph 14: Complaint outcomes



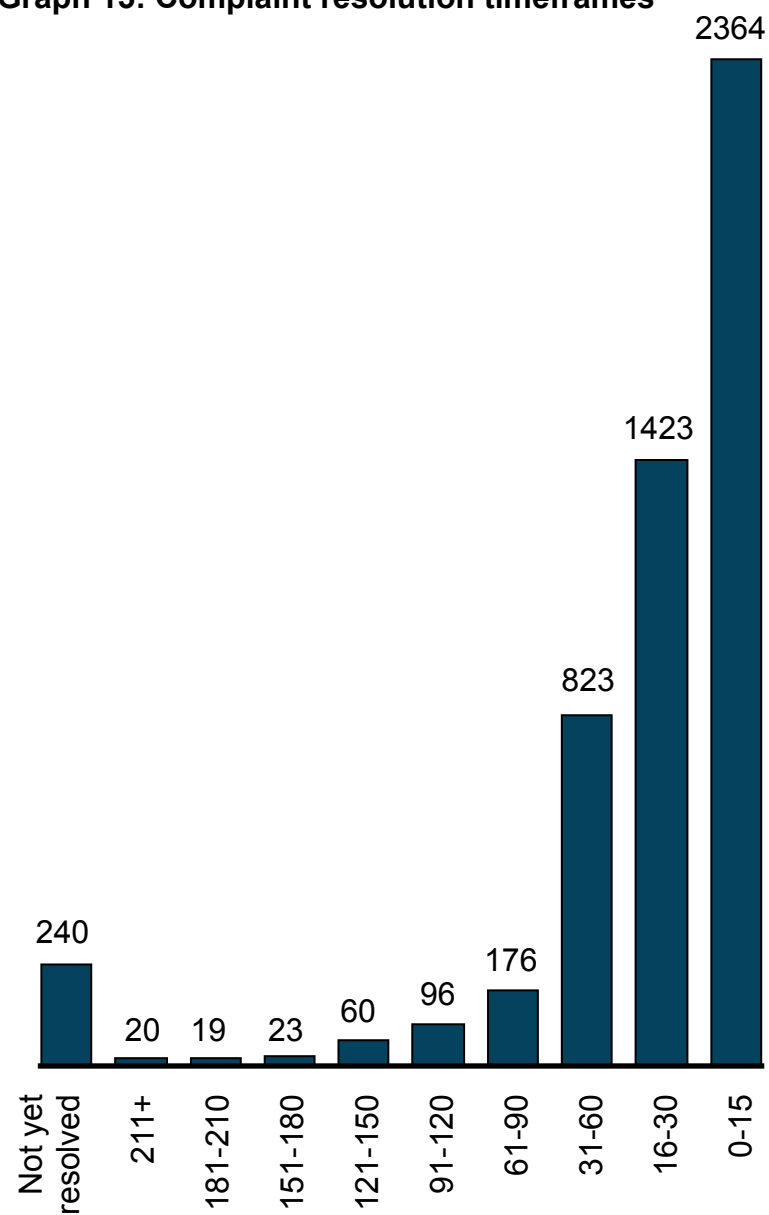
Section 75 data collection

Time taken to resolve complaints

The majority of complaints were resolved in 0-15 days, which is a positive result for the health providers.

A small number of complaints were reported in the 'not yet resolved' category. These include matters that were recently raised, still being reviewed and so not finalised by the end of the financial year.

Graph 15: Complaint resolution timeframes



Legislative amendments

The Health and Disability Services (Complaints) Act 1995

Amendments to the *Health Services (Conciliation and Review) Act 1995* were passed in Parliament on 19 August 2010 and assented to on 30 August 2010. The amendments, which came into effect on 30 November 2010, introduced a number of significant improvements to the Health and Disability Services Complaints Office's (HaDSCO) operations. Some of the key amendments include:

Title of legislation: The title of the legislation was changed to the *Health and Disability Services (Complaints) Act 1995*.

Timeframe for making complaints: Prior to the amendments, health complaints generally had to be made within 12 months of the incident being complained about. This timeframe was extended to 24 months or two years, which brings it in line with the *Disability Services Act 1993*.

Recognising representatives of deceased people: A person can now be recognised by HaDSCO as a health or disability consumer's representative in the complaints process if the consumer has died. This is an important improvement as each year HaDSCO receives a number of enquiries and complaints from family members of people who have died.

Negotiated settlement: HaDSCO introduced negotiated settlement as a further dispute resolution method to assist parties to resolve complaints. Negotiated settlement is designed for less complex complaints that may be capable of resolution without the need for face-to-face conciliation meetings. Negotiated settlement has been particularly useful in dealing with complaints by prisoners in custody.

Negotiated settlement is afforded the same confidential status and legal protection as conciliation to encourage parties to approach the process openly.

Health and disability services requested by a third party: Complainants can now allege that a provider acted unreasonably in the manner of providing the health or disability service whether or not they requested it. For instance, when an insurer requests a medical assessment as part of a worker's compensation claim and the doctor causes unnecessary pain during the assessment.

Written responses from providers: Upon receiving a complaint from a consumer, HaDSCO can now require a written response to the complaint from the provider. HaDSCO may report to Parliament the names of providers who fail to comply without good reason.

The amendments ensure that written responses by providers are given protection from subsequent use in legal proceedings.

Legislative amendments

The Health and Disability Services (Complaints) Act 1995

Consulting providers about remedial action: After conducting an investigation, if HaDSCO decides there has been unreasonable conduct on the part of a health or disability service provider, HaDSCO must now consult with the provider as to what action should be taken to remedy the matter. Further, if the proposed remedial action is likely to impact on other providers, HaDSCO must consult a group of those providers.

Prior to the amendments, HaDSCO was not required to consult providers about remedial action. The change ensures providers are able to engage with HaDSCO about the most appropriate and workable ways to improve service delivery.

As a result of the amendments, health and disability service providers must report to HaDSCO the action taken to remedy the matter. If a provider fails to report, HaDSCO is now required to advise the relevant Minister in writing of that refusal or failure. The Minister may table HaDSCO's written report in Parliament.

The Disability Services Act 1993

Several consequential amendments were made to the *Disability Services Act 1993* to ensure greater consistency between the legislative regimes governing health and disability complaints.

HaDSCO is no longer required to investigate individual complaints that were not resolved through conciliation, if it is not warranted. HaDSCO may now focus on undertaking investigations that will be of benefit to the sector.

A further ground for making a complaint about a disability service was included. A person may now lodge a fresh complaint with HaDSCO if a disability service provider, or the Disability Services Commission, acted unreasonably by not properly investigating the person's initial complaint, or by not taking proper action.

Legislative amendments

Health Practitioner Regulation National Law (WA) Act 2010

The *Health Practitioner Regulation National Law (WA) Act 2010* (National Law) came into effect on 30 October 2010. It is a national law adopted by Western Australia (WA) as part of a new national scheme for the registration and accreditation of health professionals. The State body that administers the National Law is the Australian Health Practitioner Regulation Agency (AHPRA). This organisation consists of the former profession specific registration bodies, such as the Medical Board of WA, Nurses and Midwives Board of WA and the Dental Board of WA.

The National Law contains a number of provisions that affect HaDSCO, as both bodies deal with complaints about a large number of health service providers. A number of consequential amendments were also made to the *Health and Disability Services (Complaints) Act 1995* to streamline the complaint processes under both Acts.

As consumers can lodge a complaint about most health service providers with either or both bodies, the National Law prescribes a consultation and decision-making process between HaDSCO and AHPRA to:

- enable prompt and mutual notification about the receipt of relevant complaints to each other
- consult about the future management of a complaint or notification
- determine which body should handle a complaint depending on the subject matter of the complaint and the potential outcomes
- determine whether the complaint should be split to enable both HaDSCO and AHPRA to deal with different elements of the complaint
- ensure the relevant and appropriate information required to handle a complaint can be shared by both bodies
- ensure the outcomes of complaints are communicated between both bodies.

The National Law governs the relationship between AHPRA and HaDSCO, and has required a number of meetings to implement the various provisions to ensure the highest level of coordination and efficiency.

Additional issues

Name change

Until November 2010, HaDSCO was known as the Office of Health Review. The name was changed to portray the full spectrum of the Office's functions following amendments to the *Health and Disability Services (Complaints) Act 1995*, and the *Disability Services Act 1993*.

This change is likely to impact the Office in a number of ways. Into the future, HaDSCO will monitor trends in complaint figures and the implications on the financial viability of the Office.

Emerging technology

As technology continues to progress, HaDSCO has utilised security and risk management technology. A security certificate, attached to the HaDSCO website, protects the information submitted online via e-forms e.g. Section 75 data collection form, feedback form and the online complaint form.

Demographical changes in Western Australia

The services provided by HaDSCO are free to all users and providers of health or disability services in Western Australia. HaDSCO is conscious of ensuring all members of society have access to information regarding the Office and the services available.

As a result, considerable work is being carried out to develop information that is culturally suitable. Publications have been specifically developed for a variety of community groups. The development of these publications signifies the beginning of an educational program that engages communities in the development of materials.

HaDSCO brochures have also been translated into a number of languages and are available for download on hadsco.wa.gov.au.



Auditor General

INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

Report on the Financial Statements

I have audited the accounts and financial statements of the Health and Disability Services Complaints Office.

The financial statements comprise the Statement of Financial Position as at 30 June 2011, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

Director's Responsibility for the Financial Statements

The Director is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the Treasurer's Instructions, and for such internal control as the Director determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements based on my audit. The audit was conducted in accordance with Australian Auditing Standards. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Office's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Director, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Health and Disability Services Complaints Office at 30 June 2011 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions.



Report on Controls

I have audited the controls exercised by the Health and Disability Services Complaints Office. The Director is responsible for ensuring that adequate control is maintained over the receipt, expenditure and investment of money, the acquisition and disposal of public and other property, and the incurring of liabilities in accordance with the Financial Management Act 2006 and the Treasurer's Instructions, and other relevant written law.

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the controls exercised by the Director based on my audit conducted in accordance with Australian Auditing Standards.

Opinion

In my opinion, the controls exercised by the Health and Disability Services Complaints Office are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions.

Report on the Key Performance Indicators

I have audited the key performance indicators of the Health and Disability Services Complaints Office. The Director is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions.

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the key performance indicators based on my audit conducted in accordance with Australian Auditing Standards.

Opinion

In my opinion, the key performance indicators of the Health and Disability Services Complaints Office are relevant and appropriate to assist users to assess the Office's performance and fairly represent indicated performance for the year ended 30 June 2011.

Independence

In conducting this audit, I have complied with the independence requirements of the Auditor General Act 2006 and the Australian Auditing Standards, and other relevant ethical requirements.

COLIN MURPHY
AUDITOR GENERAL
19 August 2011

Certification of financial statements



Government of **Western Australia**
The Health and Disability Services Complaints Office

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

CERTIFICATION OF FINANCIAL STATEMENTS

I hereby certify that the financial statements of the Health and Disability Services Complaints Office have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper amounts and records to present fairly the financial transactions for the financial year ending 30 June 2011 and financial position as at 30 June 2011.

At the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.

Handwritten signature of Edward Lee CPA in black ink.

Edward Lee CPA
CHIEF FINANCE OFFICER

Date: 17 August 2011

Handwritten signature of Linley Anne Donaldson in black ink.

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 17 August 2011

Financial statements

Health and Disability Services Complaints Office Statement of Comprehensive Income for the year ended 30th June 2011

	Note	2011 \$	2010 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	6	1,600,211	1,320,051
External services	7	9,465	8,248
Depreciation expense	8	1,054	1,989
Repairs, maintenance and consumable equipment	9	9,545	4,974
Other expenses	10	472,901	353,471
Total cost of services		<u>2,093,176</u>	<u>1,688,733</u>
INCOME			
Revenue			
Commonwealth grants and contributions	11	18,143	-
NET COST OF SERVICES		<u>2,075,033</u>	<u>1,688,733</u>
INCOME FROM STATE GOVERNMENT			
Service appropriations	12	1,983,000	1,933,000
Resources received free of charge	13	12,346	11,686
Total income from State Government		<u>1,995,346</u>	<u>1,944,686</u>
SURPLUS FOR THE PERIOD		<u>(79,687)</u>	<u>255,953</u>
OTHER COMPREHENSIVE INCOME			
		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		<u>(79,687)</u>	<u>255,953</u>

Financial statements

Health and Disability Services Complaints Office

Statement of Financial Position

As at 30th June 2011

	Note	2011 \$	2010 \$
ASSETS			
Current Assets			
Cash and cash equivalents		553,177	578,518
Receivables	14	18,143	25,672
Other current assets	15	15,293	49
Total Current Assets		586,613	604,239
Non-Current Assets			
Plant and equipment	16	3,479	4,533
Intangible assets	17	15,540	-
Total Non-Current Assets		19,019	4,533
Total Assets		605,632	608,772

Financial statements

Health and Disability Services Complaints Office

Statement of Financial Position

As at 30th June 2011

	Note	2011 \$	2010 \$
LIABILITIES			
Current Liabilities			
Payables	19	108,643	95,624
Provisions	20	306,223	257,226
Total Current Liabilities		414,866	352,850
Non-Current Liabilities			
Provisions	20	54,678	40,147
Total Non-Current Liabilities		54,678	40,147
Total Liabilities		469,544	392,997
NET ASSETS			
EQUITY			
Accumulated surplus	21	136,088	215,775
TOAL EQUITY		136,088	215,775

Financial statements

Health and Disability Services Complaints Office

Statement of Changes in Equity

For the year ended 30th June 2011

	Note	2011 \$	2010 \$
Balance of equity at start of period		<u>215,775</u>	<u>(40,178)</u>
ACCUMULATED SURPLUS/(DEFICIENCY)	21		
Balance at start of period		215,775	(40,178)
Surplus for period		<u>(76,687)</u>	<u>255,953</u>
Balance at end of period		<u>136,088</u>	<u>215,775</u>
Balance of equity at end of period		<u>136,088</u>	<u>215,775</u>

Financial statements

Health and Disability Services Complaints Office

Statement of Cash Flows

For the year ended 30th June 2011

	Note	2011 \$	2010 \$
		Inflows	Inflows
		(Outflows)	(Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations		1,983,000	1,933,000
Net cash provided by State Government	12	<u>1,983,000</u>	<u>1,933,000</u>
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(1,559,184)	(1,272,128)
Supplies and services		(459,289)	(374,777)
Other payments	14	-	(25,672)
Receipts			
Recoveries and other receipts	14	(25,672)	-
Net cash provided by / (used in) operating activities	22	<u>(1,992,801)</u>	<u>(1,672,577)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of non-current physical assets		(15,540)	-
Net cash provided by / (used in) investing activities		<u>(15,540)</u>	<u>-</u>
Net increase / (decrease) in cash and cash equivalents		(25,341)	260,423
Cash and cash equivalents at the beginning of the period		578,518	318,095
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	22	<u>553,177</u>	<u>578,518</u>

Note 1 Australian Accounting Standards

General

The Authority's financial statements for the year ended 30 June 2011 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes Standards and Interpretations issued by the Australian Accounting Standard Board (AASB).

The Authority has adopted any applicable new and revised Australian Accounting Standards from their operative dates.

Early adoption of standards

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 '*Application of Australian Accounting Standards and Other Pronouncements*'. No Australian Accounting Standards that have been issued or amended but not operative have been early adopted by the Authority for the annual reporting period ended 30 June 2011.

Note 2 Summary of significant accounting policies

(a) General Statement

The financial statements constitute general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

The Financial Management Act and the Treasurer's instructions are legislative provisions governing the preparation of financial statements and take precedence over the Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board.

Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

(b) Basis of Preparation

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention.

The accounting policies are presented in Australian dollars and all values are rounded to the nearest dollar (\$).

Note 3 'Judgements made by management in applying accounting policies' discloses judgements that have been made in the process of applying the Authority's accounting policies resulting in the most significant effect on amounts recognised in the financial statements.

Note 4 'Key sources of estimation uncertainty' discloses key assumptions made concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(c) Reporting Entity

The report entity comprises the Authority only.

(d) Income

Revenue recognition

Revenue is recognised and measured at the fair value of consideration received or receivable. Specific recognition criteria must be met before revenue is recognised as follows:

Service Appropriations

Service Appropriations are recognised as revenues at nominal value in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited to the bank account.

See also note 12 'Service appropriations' for further information.

Grants, donations, gifts and other non-reciprocal contributions

Revenue is recognised at fair value when the Authority obtains control over the assets comprising the contributions, usually when cash is received.

Other non-reciprocal contributions that are not contributions by owners are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

(d) Income (continued)

Gains

Realised and unrealised gains are usually recognised on a net basis. These include gains arising on the disposal of non-current assets.

(e) Plant and Equipment

Capitalisation/Expensing of assets

Items of plant and equipment costing \$5,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of plant and equipment costing less than \$5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Initial recognition and measurement

All items of plant and equipment are initially recognised at cost.

For items of plant and equipment acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

Subsequent measurement

All items of plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Depreciation

All non-current assets having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits.

In order to apply this policy, the diminishing value with a straight line switch method is utilised for plant and equipment. Under this depreciation method, the cost amounts of the assets are allocated on average on a diminishing value basis over the first half of their useful lives and a straight line basis for the second half of their useful lives.

The assets' useful lives are reviewed annually. Expected useful lives for each class of depreciable asset are:

Computer equipment	5 years
Other plant and equipment	10 years

(f) Intangible Assets

Capitalisation/Expensing of assets

Acquisitions of intangible assets costing \$5,000 or more and internally generated intangible assets costing \$5,000 or more are capitalised. The cost of utilising the assets is expensed (amortised) over their useful life. Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

All acquired and internally developed intangible assets are initially recognised at cost. For assets acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

The cost model is applied for subsequent measurement requiring the asset to be carried at cost less any accumulated amortisation and accumulated impairment losses.

Amortisation for intangible assets with finite useful lives is calculated for the period of the expected benefit (estimated useful life) on the straight line basis. All intangible assets controlled by the Authority have a finite useful life and zero residual value.

The assets' useful lives are reviewed annually. Expected useful lives for each class of intangible asset are:

Computer Software	3 years
-------------------	---------

Computer software that is an integral part of the related hardware is treated as property, plant and equipment. Computer software that is not an integral part of the related hardware is treated as an intangible asset. Software costing less than \$5,000 is expensed in the year of acquisition.

(g) Impairment of Assets

Plant and equipment are tested for any indication of impairment at the end of each reporting period. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. As the Authority is a not-for-profit entity, unless an asset has been identified as a surplus asset, the recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of asset's future economic benefits and to evaluate any impairment risk from falling replacement costs.

The recoverable amount of assets identified as surplus assets is the higher of fair value less costs to sell and the present value of future cash flows expected to be derived from the asset. Surplus assets carried at fair value have no risk of material impairment where fair value is determined by reference to market-based evidence. Where fair value is determined by reference to depreciated replacement cost, surplus assets are at risk of impairment and the recoverable amount is measured. Surplus assets at cost are tested for indications of impairment at the end of each reporting period.

See also note 18 'Impairment of assets' for the outcome of impairment reviews and testing. Refer also to note 2(I) 'Receivables' and note 14 'Receivables' for impairment of receivables.

(h) Leases

Leases of property, plant and equipment, where the Authority has substantially all of the risks and rewards of ownership, are classified as finance leases. The Authority does not have any finance leases.

Leases in which the lessor retains significantly all of the risks and rewards of ownership are classified as operating leases. Operating lease payments are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased items.

(i) Financial Instruments

In addition to cash, the Authority has two categories of financial instrument:

- Loans and receivables; and
- Financial liabilities measured at amortised cost.

Financial instruments have been disaggregated into the following classes:

Financial assets

- * Cash and cash equivalents
- * Receivables

Financial liabilities

- * Payables

Initial recognition and measurement of financial instruments is at fair value which normally equates to the transaction cost or the face value. Subsequent measurement is at amortised cost using the effective interest method.

The fair value of short-term receivables and payables is the transaction cost or the face value because there is no interest rate applicable and subsequent measurement is not required as the effect of discounting is not material.

(j) Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, cash and cash equivalent assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

(k) Accrued Salaries

Accrued salaries (see note 19 'Payables') represent the amount due to employees but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its net fair value.

(l) Receivables

Receivables are recognised at original invoice amount less an allowance for any uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written-off against the allowance account. The allowance for uncollectible amounts (doubtful debts) is raised when there is objective evidence that the Authority will not be able to collect the debts. The carrying amount is equivalent to fair value as it is due for settlement within 30 days.

See also note 2(i) 'Financial Instruments' and note 14 'Receivables'.

Change to accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the Australian Taxation Office and responsibilities to make payment for GST have been assigned to the 'Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals' (Metropolitan Health Services). This change in accounting procedure was a result of application of the grouping provisions of "A New Tax System (Goods and Service Tax) Act 1999" whereby the Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals became the representative member for Health entities as part of governments' shared services initiative. The Health entities include the Department of Health, Mental Health Commission, Metropolitan Health Services, Peel Health Service, WA Country Health Service, WA Alcohol and Drug Authority, QE II Medical Centre Trust, and Health and Disability Services Complaints Office.

(m) Payables

Payables are recognised when the Authority becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as they are generally settled within 30 days.

See also note 2(i) 'Financial instruments' and note 19 'Payables'.

(n) Provisions

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of the obligation. Provisions are reviewed at the end of each reporting period.

See also note 20 'Provisions'.

Provisions -employee benefits

All annual leave and long service leave provisions are in respect of employees' services up to the end of the reporting period.

Annual Leave

The liability for annual leave expected to be settled within 12 months after the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liability is settled.

Annual leave not expected to be settled within 12 months after the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

The provision for annual leave is classified as a current liability as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting period.

Long Service

The liability for long service leave expected to be settled within 12 months after the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liability is settled.

Long service leave not expected to be settled within 12 months after the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Unconditional long service leave provisions are classified as current liabilities as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting period. Conditional long service leave provisions are classified as non-current liabilities because the Authority has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

(n) Provisions (continued)

Sick Leave

Liabilities for sick leave are recognised when it is probable that sick leave paid in the future will be greater than the entitlement that will accrue in the future.

Past history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income for this leave as it is taken.

Superannuation

The Government Employees Superannuation Board (GESB) administers public sector superannuation arrangements in Western Australia in accordance with legislative requirements .

Eligible employees contribute to the Pension Scheme, a defined benefit pension scheme closed to new members since 1987, or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme closed to new members since 1995.

The GSS is a defined benefit scheme for the purposes of employees and whole-of-government reporting. However, it is a defined contribution plan for agency purposes because the concurrent contributions (defined contributions) made by the Authority to GESB extinguishes the Authority's obligations to the related superannuation liability.

The Authority has no liabilities under the Pension Scheme or the GSS. The liabilities for the unfunded Pension Scheme and the unfunded GSS transfer benefits attributed to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS obligations are funded by concurrent contributions made by the Authority to the GESB. The concurrently funded part of the GSS is a defined contribution scheme as these contributions extinguish all liabilities in respect of the concurrently funded GSS obligations.

Employees commencing employment prior to 16 April 2007 who were not members of either the Pension Scheme or the GSS became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 16 April 2007 became members of the GESB Super Scheme (GESBS). Both of these schemes are accumulation schemes. The Authority makes concurrent contributions to GESB on behalf of employees in compliance with the *Commonwealth Government's Superannuation Guarantee (Administration) Act 1992* . These contributions extinguish the liability for superannuation charges in respect of the WSS and GESBS Schemes.

The GESB makes all benefit payments in respect of the Pension Scheme and GSS transfer benefits, and recoups the employer's share from the Treasurer.

See also note 2(o) 'Superannuation Expense'.

Employment on-costs

Employment on-costs, including workers' compensation insurance, are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of 'Other expenses' and are not included as part of the Authority's 'Employee benefits expense'. Any related liability is included in 'Employment on-costs provision'. See also note 10 'Other expenses' and note 20 'Provisions'.

(o) Superannuation Expense

The superannuation expense in the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the West State Superannuation Scheme (WSS), and the GESB Super Scheme (GESBS).

(p) Resources Received Free of Charge or for Nominal Cost

Resources received free of charge or for nominal cost that can be reliably measured are recognised as income at fair value. Where the resource received represents a service that the Authority would otherwise pay for, a corresponding expense is recognised. Receipts of assets are recognised in the Statement of Financial Position.

Assets or services received from another State Government agency are separately disclosed under Income from State Government in the Statement of Comprehensive Income.

(q) Comparative Figures

Comparative figures are, where appropriate, reclassified to be comparable with the figures presented in the current financial year.

Note 3 Judgements made by management in applying accounting policies

The preparation of financial statements requires management to make judgements about the application of accounting policies that have a significant effect on the amounts recognised in the financial statements. The Authority evaluates these judgements regularly.

The judgements that have been made in the process of applying accounting policies that have the most significant effect on the amounts recognised in the financial statements include:

Employee benefits provision

An average turnover rate for employees has been used to calculate the non-current long service leave provision. This turnover rate is representative of the Health public authorities in general.

Note 4 Key sources of estimation uncertainty

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year:

Employee benefits provision

In estimating the non-current long service leave liabilities, employees are assumed to leave the Authority each year on account of resignation or retirement at 10.8%. This assumption was based on an analysis of the turnover rates exhibited by employees over a five years period. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Other estimations and assumptions used in calculating the Authority's long service leave provision include expected future salary rates, discount rates, employee retention rates and expected future payments. Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards effective for annual reporting periods beginning on or after 1 July 2010 that impacted on the Authority.

Title

AASB 2009-5 *Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 5, 8, 101, 107, 117, 118, 136 & 139]*

Under amendments to AASB 107, the classification of land elements of all existing leases has been reassessed to determine whether they are in the nature of operating or finance leases. As leases of land & buildings recognised in the financial statements have not been found to significantly expose the Authority to the risks/rewards attributable to control of land, no changes to accounting estimates have been included in the Financial Statements and Notes to the Financial Statements.

Under amendments to AASB 107, only expenditures that result in a recognised asset are eligible for classification as investing activities in the Statement of Cash Flows. All investing cashflows recognised in the Authority's Statement of Cash Flows relate to increases in recognised assets.

The following Australian Accounting Standards and Interpretations are not applicable to the Authority as they have no impact or do not apply to not-for-profit entities:

Interpretation 19 *Extinguishing Financial Liabilities with Equity Instruments*

AASB 2009-13 *Amendments to Australian Accounting Standards arising from Interpretation 19 [AASB1]*

AASB 2010-1 *Amendments to Australian Accounting Standards - Limited Exemption from Comparative AASB 7 Disclosures for First-time Adopters [AASB 1 & AASB 7]*

AASB 2010-3 *Amendments to Australian Accounting Standards, arising from the Annual Improvements Project [AASB 3, AASB 7, AASB 121, AASB 128, AASB 131, AASB 132 & AASB 139]*

Future impact of Australian Accounting Standards not yet operative

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 '*Application of Australian Accounting Standards and Other Pronouncements*'. Consequently, the Authority has not applied early any of the following Australian Accounting Standards that have been issued that may impact the Authority. Where applicable, the Authority plans to apply these Australian Accounting Standards from their application date.

Disclosure and legal compliance

Notes to financial statements for the year ended 30th June 2011

Note 5 Disclosure of changes in accounting policy and estimates (continued)

Title	Operative for reporting periods beginning on/after
<p>AASB 2009-11 <i>Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 & 1038 and Interpretations 10 & 12].</i></p> <p>The amendment to AASB 7 <i>Financial Instruments: Disclosures</i> requires modification to the disclosure of categories of financial assets. The Authority does not expect any financial impact when the Standard is first applied. The disclosure of categories of financial assets in the notes will change.</p>	1 Jan 2013
<p>AASB 2009-12 <i>Amendments to Australian Accounting Standards [AASBs 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 & 1031 and Interpretations 2, 4, 16, 1039 & 1052]</i></p> <p>This Standard introduces a number of terminology changes. There is no financial impact resulting from the application of this revised Standard.</p>	1 Jan 2011
<p>AASB 1053 <i>Application of Tiers of Australian Accounting Standards</i></p> <p>This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.</p> <p>The Standard does not have any financial impact on the Authority. However it may affect disclosures in the financial statements of the Authority if the reduced disclosure requirements apply. The Department of Treasury & Finance (DTF) has not yet determined the application or the potential impact of the new Standard for agencies.</p>	1 July 2013
<p>AASB 2010-2 <i>Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements</i></p> <p>This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements into these pronouncements for application by certain types of entities.</p> <p>The Standard is not expected to have any financial impact on the Authority. However this Standard may reduce some note disclosures in financial statements of the Authority. The Department of Treasury and Finance has not yet determined the application or the potential impact of the amendments to these Standards for agencies.</p>	1 July 2013
<p>AASB 2011-2 <i>Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project -Reduced Disclosure Requirements [AASB 101 & 1054]</i></p> <p>This Amending Standard removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards for reduced disclosure reporting. DTF has not yet determined the application or the potential impact of the amendments to these Standards for agencies.</p>	1 July 2011
<p>AASB 2010-5 <i>Amendments to Australian Accounting Standards [AASB 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 & 1038 and Interpretations 112, 115, 127, 132 & 1042] (October 2010)</i></p> <p>This Standard introduces a number of terminology changes as well as minor presentation changes to the Notes to the Financial Statements. There is no financial impact resulting from the application of this revised Standard.</p>	1 Jan 2011

Note 5 Disclosure of changes in accounting policy and estimates (continued)

Title	Operative for reporting periods beginning on/after
<p>AASB 2010-6 <i>Amendments to Australian Accounting Standards -Disclosures on Transfers of Financial Assets [AASB 1, AASB 7]</i></p> <p>This Standard makes amendments to Australian Accounting Standards, including introducing additional presentation and disclosure requirements for Financial Assets.</p> <p>The Standard is not expected to have any financial impact on the Authority. The Department of Treasury and Finance has not yet determined the application or the potential impact of the amendments to these Standards for agencies.</p>	1 July 2011
<p>AASB 9 <i>Financial Instruments</i></p> <p>This Standard supersedes AASB 139 Financial Instruments: Recognition and Measurement, introducing a number of changes to accounting treatments.</p> <p>The standard was reissued on 6 Decemeber 2010. The Department of Treasury and Finance has not yet determined the application or the potential impact of the Standard for agencies.</p>	1 Jan 2013
<p>AASB 2010-7 <i>Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]</i></p> <p>This Amending Standard makes consequential adjustments to other Standards as a result of issuing AASB 9 Financial Instruments in December 2010. The Department of Treasury and Finance has not yet determined the application or the potential impact of the Standard for agencies.</p>	1 Jan 2013
<p>AASB 1054 <i>Australian Additional Disclosures</i></p> <p>This Standard, in conjunction with <i>AASB 2011-1 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project</i> , removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards.</p>	1 July 2011
<p>AASB 2011-1 <i>Amendments to Australian Accounting Standards arising from the Trans-Tasman 1 July 2011 Convergence Project [AASB 1, 5, 101, 107, 108, 121, 128, 132 & 134 and Interpretations 2, 112 & 113]</i></p> <p>This Amending Standard, in conjunction with <i>AASB 1054 Australian Additional Disclosures</i> , removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards.</p>	1 July 2011

Disclosure and legal compliance

Notes to financial statements for the year ended 30th June 2011

Note 6 Employee benefits expense

Salaries and wages (a) (b)
Superannuation -defined contribution plans (c)

2011	2010
\$	\$
1,468,082	1,199,598
132,129	120,453
<u>1,600,211</u>	<u>1,320,051</u>

(a) Includes the value of the fringe benefits to the employees and superannuation contribution component for leave entitlements. The Authority did not pay any fringe benefits tax during the reporting period.

(b) \$10,328 will be recouped in the next financial year from the Commonwealth Department of Regional Transport for services provided for the Christmas & Cocos Islands (see note 30).

(c) Defined contribution plans include West State, Gold State and GESB Super Schemes (contributions paid).

Employment on-costs expenses, such as workers' compensation insurance, are included at Note 10 'Other Expenses'.

Employment on-costs liability is included at note 20 'Provisions'.

Note 7 External services

Fuel, light and power
Food supplies
Other

4,974	4,503
1,212	641
3,279	3,104
<u>9,465</u>	<u>8,248</u>

Note 8 Depreciation and amortisation expense

Depreciation
Computer equipment
Other plant and equipment

-	934
1,054	1,055
<u>1,054</u>	<u>1,989</u>

Note 9 Repairs, maintenance and consumable equipment

Repairs and maintenance
Consumable equipment

82	2,275
9,463	2,699
<u>9,545</u>	<u>4,974</u>

Disclosure and legal compliance



Notes to financial statements for the year ended 30th June 2011

Note 10 Other expenses

	2011 \$	2010 \$
Communications	42,700	34,146
Computer services	8,987	796
Employment on-costs (a)	22,602	24,788
Insurance	8,631	7,501
Legal expenses	12,346	8,021
Motor vehicle expenses	2,971	3,243
Operating lease expenses	228,406	197,412
Printing and stationery	35,509	12,216
Purchase of external services	72,302	36,224
Audit fees	19,300	18,500
Christmas and Cocos Islands (b)	7,815	-
Other	14,332	10,624
	<u>472,901</u>	<u>353,471</u>

(a) Includes staff development costs and transport costs. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 20 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

(b) \$7,815 will be recouped in the next financial year from the Commonwealth Department of Regional Transport for services provided for the Christmas & Cocos Islands (see note 30).

Note 11 Commonwealth grants and contributions

Recoup for services provided to Christmas & Cocos Islands (a)	18,143	-
(a) The funding from Commonwealth Government will be received in the 2011-12 financial year (see note 30)		

Note 12 Service appropriations

Appropriation revenue received during the year:		
Service appropriations	<u>1,983,000</u>	<u>1,933,000</u>

See note 2(d) 'Income'.

Note 13 Resources received free of charge

Resources received free of charge have been determined on the basis of estimates provided by agencies.

State Solicitor's Office -legal service	12,346	8,021
Department of Treasury and Finance -accommodation management fees	-	<u>3,665</u>
	<u>12,346</u>	<u>11,686</u>

Assets or services received free of charge or for nominal cost are recognised as revenue at fair value of the assets and/or the services that can be reliably measured and which would have been purchased if they were not donated. Contribution of assets or services in the nature of contributions by owners, are recognised direct to equity.

Disclosure and legal compliance

Notes to financial statements for the year ended 30th June 2011

Note 14 Receivables

Current

Recoup due from Commonwealth Government (see notes 11 & 30)
 Recoup due from Health Corporate Network (a)

	2011 \$	2010 \$
	18,143	-
	-	25,672
	<u>18,143</u>	<u>25,672</u>

(a) \$25,672 was an incorrect payment made to the Health Corporate Network in May 2010 due to a processing error.

The Authority does not hold any collateral as security or other credit enhancements relating to receivables.

See also note 2(l) 'Receivables' and note 32 'Financial instruments'.

Note 15 Other current assets

Prepayments

	<u>15,293</u>	<u>49</u>
--	---------------	-----------

Note 16 Plant equipment

Computer equipment

At cost
 Accumulated depreciation

	19,989	19,989
	<u>(19,989)</u>	<u>(19,989)</u>
	-	-

Other plant and equipment

At cost
 Accumulated depreciation

	25,766	25,766
	<u>(22,287)</u>	<u>(21,233)</u>
	<u>3,479</u>	<u>4,533</u>
	<u>3,479</u>	<u>4,533</u>

Total plant and equipment

Reconciliations

Reconciliations of the carrying amounts of plant and equipment at the beginning and end of the current financial year are set out below.

Computer equipment

Carrying amount at start of year
 Depreciation
 Carrying amount at end of year

	-	934
	-	<u>(934)</u>
	<u>-</u>	<u>-</u>

Other plant and equipment

Carrying amount at start of year
 Depreciation
 Carrying amount at end of year

	4,533	5,588
	<u>(1,054)</u>	<u>(1,055)</u>
	<u>3,479</u>	<u>4,533</u>

Total plant and equipment

Carrying amount at start of year
 Depreciation
 Carrying amount at end of year

	4,533	6,522
	<u>(1,054)</u>	<u>(1,989)</u>
	<u>3,479</u>	<u>4,533</u>

Disclosure and legal compliance

Notes to financial statements for the year ended 30th June 2011

Note 17 Intangible assets

Computer software

At cost

Accumulated amortisation

2011	2010
\$	\$
15,540	-
-	-
<u>15,540</u>	<u>-</u>

Reconciliation

Reconciliation of the carrying amount of intangible assets at the beginning and end of the current financial year is set out below.

Computer software

Carrying amount at start of year

Additions

Amortisation expense

Carrying amount at end of year

-	-
15,540	-
-	-
<u>15,540</u>	<u>-</u>

Note 18 Impairment of Assets

There were no indications of impairment to plant and equipment at 30 June 2011.

The Authority held no goodwill or intangible assets with indefinite useful life during the reporting period. At the end of the reporting period there were no intangible assets not yet available for use.

Note 19 Payables

Current

Trade creditors

Accrued expenses

Accrued salaries

32,912	50,945
16,143	10,150
<u>59,588</u>	<u>34,529</u>
<u>108,643</u>	<u>95,624</u>

See also note 2(m) 'Payables' and note 32 'Financial instruments'.

Note 20 Provisions

Current

Employee benefits provision

Annual leave (a)

Long service leave (b)

127,688	99,750
<u>178,535</u>	<u>157,476</u>
306,223	257,226

Non-current

Employee benefits provision

Long service leave (b)

54,678	40,147
<u>360,901</u>	<u>297,373</u>

Disclosure and legal compliance

Notes to financial statements for the year ended 30th June 2011

Note 20 Provisions (continued)

(a) Annual leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after the reporting date. Assessments indicate that actual settlement of the liabilities will occur as follows:

More than 12 months after the reporting period
Within 12 months of the end of the reporting period

	2011 \$	2010 \$
More than 12 months after the reporting period	90,878	70,321
Within 12 months of the end of the reporting period	<u>36,810</u>	<u>29,429</u>
	<u>127,688</u>	<u>99,750</u>

(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the reporting period. Assessments indicate that actual settlement of the liabilities will occur as follows:

Within 12 months of the end of the reporting period
More than 12 months after the reporting period

Within 12 months of the end of the reporting period	44,977	39,537
More than 12 months after the reporting period	<u>188,236</u>	<u>158,086</u>
	<u>233,213</u>	<u>197,623</u>

Note 21 Accumulated surplus/(deficiency)

Balance at start of year
Result for the period
Balance at end of year

Balance at start of year	215,775	(40,178)
Result for the period	<u>(79,687)</u>	<u>255,953</u>
Balance at end of year	<u>136,088</u>	<u>215,775</u>

Note 22 Notes to the Statement of Cash Flows

Reconciliation of cash

Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

Cash and cash equivalents

Cash and cash equivalents	<u>553,177</u>	<u>578,518</u>
---------------------------	----------------	----------------

Reconciliation of net cost of services to net cash flows used in operating activities

Net cash used in operating activities (Statement of Cash Flows)

Net cash used in operating activities (Statement of Cash Flows)	(1,992,801)	(1,672,577)
---	-------------	-------------

Increase/(decrease) in assets:

Current receivables
Prepayments

Current receivables	(7,529)	25,672
Prepayments	15,244	(51)

Decrease/(increase) in liabilities:

Payables
Current provisions
Non-current provisions

Payables	(13,019)	(15,490)
Current provisions	(48,997)	6,779
Non-current provisions	(14,531)	(19,391)

Non-cash items:

Depreciation expense (note 8)
Resources received free of charge (note 13)
Net cost of services (Statement of Comprehensive Income)

Depreciation expense (note 8)	(1,054)	(1,989)
Resources received free of charge (note 13)	<u>(12,346)</u>	<u>(11,686)</u>
Net cost of services (Statement of Comprehensive Income)	<u>(2,075,033)</u>	<u>(1,688,733)</u>

At the end of the reporting period, the Authority had fully drawn on all financing facilities, details of which are disclosed in the financial statements.

Disclosure and legal compliance

Notes to financial statements for the year ended 30th June 2011

Note 23 Remuneration of members of the Accountable Authority and senior officers

Remuneration of members of the Accountable Authority

The number of members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year fall within the following bands are:

\$220,000 - \$230,000
\$240,000 - \$250,000
Total:

The total remuneration of members of the Accountable Authority is:

The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the Accountable Authority.

Note 24 Remuneration of auditor

Remuneration payable to the Auditor General in respect to the audit for the current financial year is as follows:

Auditing the accounts, financial statements and performance indicators

Note 25 Commitments

Operating lease commitments:

Commitments in relation to non-cancellable leases contracted for at the end of the reporting period but not recognised in the financial statements, are payable as follows:

Within 1 year
Later than 1 year, and not later than 5 years

Operating lease commitments consist of a contractual agreement for office accommodation. The basis of which contingent operating leases payments are determined is the value for lease agreement under the contract terms and conditions at current values.

The operating lease commitments are inclusive of GST.

Other expenditure commitments:

There were no other expenditure commitments as at 30 June 2011.

Note 26 Contingent liabilities and contingent assets

At the reporting date, the Authority was not aware of any contingent liabilities or contingent assets.

Note 27 Events occurring after the end of the reporting period

No matter or circumstance has arisen since the end of the reporting period, that has significant effects on these financial statements.

2011	2010
\$	\$
-	1
1	-
<u>1</u>	<u>1</u>
\$	\$
249,364	228,883

<u>19,000</u>	<u>19,300</u>
---------------	---------------

248,560	248,560
-	<u>277,366</u>
<u>248,560</u>	<u>525,926</u>

Disclosure and legal compliance

Notes to financial statements for the year ended 30th June 2011

Note 28 Related bodies

A related body is a body which receives more than half its funding and resources from the Authority and is subject to operational control by the Authority. The Authority had no related bodies during the financial year.

Note 28 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from the Authority and is not subject to operational control by the Authority.

The Authority had no affiliated bodies during the financial year.

Note 30 Other statement of receipts and payments

Commonwealth Grant - Christmas and Cocos Islands

Balance at the start of the year

Receipts

Commonwealth grant

Payments

Salaries and wages

Other expenses

Balance at the end of the year

2011
\$

2010
\$

	-	-
	-	-
	10,328	-
	7,815	-
	18,143	-
	(18,143)	-

Note 31 Explanatory Statement

Significant variances between actual results for 2010 and 2011

Significant variations between actual results with the corresponding items of the preceding reporting period are detailed below. Significant variations are those greater than 10% or that are 4% or more of the current year's Total Cost of Services

	Note	2011 Actual \$	2010 Actual \$	Variance \$
Expenses				
Employee benefits expense	(a)	1,600,211	1,320,051	280,160
External services	(b)	9,465	8,248	1,217
Depreciation expense	(c)	1,054	1,989	(935)
Repairs, maintenance and consumable equipment	(d)	9,545	4,974	4,571
Other expenses	(e)	472,901	353,471	119,430
Income				
Commonwealth grants and contributions	(f)	18,143	-	18,143
Service appropriations		1,983,000	1,933,000	50,000
Resources received free of charge		12,346	11,686	660

(a) Employee benefits expense

During the 2010-11 financial year, the Authority employed a full complement of staff resulting in an increase in salaries and wages, superannuation expense and leave provisions. In addition, long service leave taken by employees and payout for leave entitlements for transferred employees also increased.

(b) External services

Increase in the cost of fuel, light and power and purchase of food supplies for name change function, information sessions and website launch held by the Authority.

(c) Depreciation expense

All computer equipment had been fully depreciated in previous years.

(d) Repairs, maintenance and consumable equipment

Increase reflects upgrade of office equipment, including the purchase of new colour printer, facsimile, scanner and photocopier.

(e) Other expenses

Increase reflects the following:

- The agency name change involved The development of new communication material including website, rebranding and development of new brochures, leaflets, newsletter templates, promotional items, stationery and advertising.
- Increase in occupied lease space for staff accommodation.
- Award of the Medical Practitioner Service Contract and increase in hours as per contractual arrangement.

(f) Commonwealth grants and contributions

The Authority did not recover funds from the Commonwealth Government in the 2009-10 financial year as travel to the Indian Ocean Territories was not planned for that year.

Significant variances between estimates and actual results for 2011

Significant variations between the estimates and actual results for 2011 are detailed below. Significant variations are considered to be those greater than 10% of the budget estimates.

	Note	2011 Actual \$	2011 Estimates \$	Variance \$
Operating expenses				
Employee benefits expense		1,600,211	1,534,884	65,327
Other goods and services	(a)	492,965	452,116	40,849
Total expenses		2,093,176	1,987,000	106,176
Less: Revenues	(b)	(18,143)	(23,000)	4,857
Net cost of services		2,075,033	1,964,000	111,033

(a) Other goods and services

Increase in occupied lease space for staff accommodation and increase in hours as provided in the Medical Practitioner Service Contract.

(b) Revenues

Due to operational constraints, only one staff member visited the Indian Ocean Territories rather than two staff members, as originally planned.

Note 32 Financial instruments

a) Financial risk management objectives and policies

Financial instruments held by the Authority are cash and cash equivalents, receivables and payables. The Authority has limited exposure to financial risks. The Authority's overall risk management program focuses on managing the risks identified below.

Credit risk

Credit risk arises when there is the possibility of the Authority's receivables defaulting on their contractual obligations resulting in financial loss to the Authority.

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment as shown in the table at Note 32(c) 'Financial Instrument disclosures'.

Credit risk associated with the Authority's financial assets is minimal because the debtors are predominately government bodies.

Liquidity risk

Liquidity risk arises when the Authority is unable to meet its financial obligations as they fall due. The Authority is exposed to liquidity risk through its trading in the normal course of business.

The Authority has appropriate procedures to manage cash flows including drawdowns of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Market risk

Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the Authority's income or the value of its holdings of financial instruments. The Authority does not trade in foreign currency and is not materially exposed to other price risks.

Disclosure and legal compliance

Notes to financial statements for the year ended 30th June 2011

b) Categories of financial instruments

In addition to cash, the carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2011 \$	2010 \$
<u>Financial Assets</u>		
Cash and cash equivalents	553,177	578,518
Loans and receivables	18,143	25,672
<u>Financial Liabilities</u>		
Financial liabilities measured at amortised cost	108,643	95,624

(c) Financial Instrument disclosures

Credit Risk and Interest Rate Risk Exposures

The following tables disclose the Authority's maximum exposure to credit risk, interest rate exposures and the ageing analysis of financial assets. The Authority's maximum exposure to credit risk at the end of the financial period is the carrying amount of financial assets as shown below. The table is based on information provided to senior management of the Authority.

The Authority does not hold any collateral as security or other credit enhancements relating to the financial assets it holds.

Interest rate exposures and ageing analysis of financial assets

	Weighted average effective interest rate %	Carrying amount \$	Variable interest rate \$	Interest rate exposure Non- interest bearing \$
<u>Financial Assets</u>				
2011				
Cash and cash equivalents	-	553,177	-	553,177
Receivables	-	18,143	-	18,143
		571,320	-	571,320
2010				
Cash and cash equivalents	-	578,518	-	578,518
Receivables	-	25,672	-	25,672
		604,190	-	604,190

Notes to financial statements for the year ended 30th June 2011

Liquidity Risk

The following table details the contractual maturity analysis for financial liabilities. The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities at the end of the reporting period.

Interest rate exposures and maturity analysis of financial liabilities

	Weighted average effective interest rate %	Carrying amount \$	Interest rate exposure		Maturity dates
			Variable interest rate \$	Non- interest bearing \$	Up to 3 months \$
Financial liabilities					
2011					
Payables	-	108,643	-	108,643	108,643
		<u>108,643</u>	<u>-</u>	<u>108,643</u>	<u>108,643</u>
2010					
Payables	-	95,624	-	95,624	95,624
		<u>95,624</u>	<u>-</u>	<u>95,624</u>	<u>95,624</u>

Estimates of expenditure

The following estimates of expenditure for the year 2011-2012 are prepared on an accrual accounting basis.

The estimates are required under Section 40(2) of the *Financial Management Act 2006* and by Treasury Instructions from the Department of Treasury. The following Estimates of Expenditure for the 2011-12 year do not form part of the preceding audited financial statements.

Revenue 2011-12

Revenues from Government \$2,121,000

Key Performance Indicators



Government of **Western Australia**
The Health and Disability Services Complaints Office

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

CERTIFICATION OF KEY PERFORMANCE INDICATORS

I hereby certify that the performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Health and Disability Services Complaints Office performance and fairly represent the performance of the office for the financial year ending 30 June 2011.

A handwritten signature in cursive script, reading "Linley Anne Donaldson".

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 17 August 2011

Key Performance Indicators

Introduction

The desired outcome for the Health and Disability Services Complaints Office (HaDSCO) as directed by Government is the improvement to the delivery of health and disability services. The key performance indicators focus on HaDSCO's two key service areas:

Service one: Assessment, conciliation and investigation of complaints.

Service two: Education and training in the prevention and resolution of complaints.

Key effectiveness indicator: HaDSCO recommendations

Key to achieving HaDSCO's objective of supporting improvement is the delivery of service improvement recommendations following complaint resolution and investigation. HaDSCO's key effectiveness indicator relates to the number of recommendations made and adopted by service providers.

Examples of service improvements implemented during 2010-11:

- Information from complaints was used to develop training tools for staff
- Improved procedures for communication between private consultants and hospital staff were introduced
- Creation of information materials for patients to ensure they fully understood the potential cost of procedures and their responsibilities regarding private health insurance

- Installation of an electronic system at a regional hospital enabling on-call doctors to access patient's notes from different locations
- Development of bereavement packs for family members who experience loss in hospital
- Change in policy and procedures to monitor injuries three times a day, including recording and completing incident forms for all injuries.

During 2010-11, outcomes from complaints resolved through the HaDSCO conciliation process, resulted in 68 service improvement recommendations. Sixty-one of these recommendations have been implemented by providers; five remain outstanding, which will be followed up in 2011-12. Two were not implemented by service providers.

In 2009-10, two recommendations were outstanding and carried forward to 2010-11; both were implemented within the financial year. Taking these two recommendations into account means HaDSCO dealt with 70 recommendations during 2010-11. Out of this total, 63 recommendations were agreed to and implemented by providers.

The proportion of HaDSCO recommendations, resulting in improvements in practices and agreed actions for implementation by providers, is set out here:

	2010-11	2009-10
Proportion of recommendations resulting in implementation by providers	63/70	55/62

Key Performance Indicators

Key efficiency indicators

Service one: Assessment, conciliation and investigation of complaints

HaDSCO provides an impartial resolution service for complaints relating to health or disability services provided in the State of Western Australia. This service is free and available to all users and providers of health or disability services.

Acting impartially and in confidence, HaDSCO reviews and reports on the causes of complaints, undertakes investigations, suggests service improvements and advises service providers about effectively resolving complaints.

HaDSCO's key efficiency indicator, relating to the provision of this service, focuses on the cost per finalised complaint and percentage of complaints closed within legislative timeframes.

1. Average cost per finalised complaint

During 2010-11, HaDSCO closed a total of 2,543 complaints; an increase of eight per cent from 2009-10. Due to an increase in the net cost of service, the average cost per finalised complaint increased, demonstrated below:

2010-11	2009-10
669.31	595.22

2. Percentage of complaints finalised within timeframes

HaDSCO works to strict timeframes set out within the *Health and Disability Services (Complaints) Act 1995*.

The HaDSCO complaint assessment process relies on the provision of information from external sources. Whilst the Office highlights the importance of meeting timeframes, on occasion delays outside HaDSCO's control occur.

Timeframes may be extended but HaDSCO will generally only do so when it is in the best interests of the parties involved. For example, in the more complex complaints, timeframes may be delayed in order to facilitate a successful resolution for parties.

Legislative requirement	Legislative timeframe (days)	2010-11 actual (%)	2010-11 target (%)	2009-10 actual (%)	2009-10 target (%)
Preliminary assessment by Director s.34 (1)	28	86	90	83	85
Preliminary assessment by Director s.34 (1) (c)	56	74	80	74	80
Notice to provider and others s.35	14	95	85	80	85

Key Performance Indicators

Key efficiency indicators

Service two: Education and training in prevention and resolution of complaints

As a peak complaints resolution body, HaDSCO provides education and training in the prevention and resolution of complaints. This service is delivered through:

- Provision of quality information and reports to various organisations including the Minister for Health
- Presentations and outreach to professionals e.g. service providers and lawyers
- Tailored educational packages
- Multi agency workshops.

The education/training and consultation sessions for 2010-11 can be broken down into two groups and are outlined here.

Group one: The total cost for the development, production and distribution of information

Due to the name change, a key focus for 2010-11 was the improvement and development of communication activities used by the Office. This process took place to facilitate the move to the new name, raise awareness of HaDSCO, its roles, services and promote its values.

The total cost for the development, production and distribution of information is provided in the table below:

2010-11	2009-10
141,893	92,237

There are a number of tactics utilised by HaDSCO in the delivery of information to stakeholders including:

- Website
- Leaflets
- E-newsletters
- Information sheets
- Presentation packs.

Development and production

The following communication resources were developed:

- Logo
- Website template
- Intranet template
- Information sheet template
- Report template
- Newsletter template
- Leaflet and flyer template
- Presentation sheet template
- Stationary including envelopes and letterheads.

HaDSCO now owns a variety of templates which can be utilised for multiple functions, for example, an electronic e-template can be used as an e-newsletter, invitation and media e-release. These templates can be amended to suit future requirements of HaDSCO.

Key Performance Indicators

Key efficiency indicators

Distribution

Below provides an outline of information channels, their distribution and performance.

Website: the new HaDSCO website was launched on 20 June 2011. This site has Google Analytics assigned to it as a tracking tool, which will be used by the Office to assess the relevance of each page within the site.

Leaflets: a number of new leaflets have been developed to provide relevant information to specific target groups. HaDSCO leaflets are dedicated to the users and providers of health services, the users and providers of disability services, carers, the Indigenous community and those with English as a second language or difficulty with literacy.

Leaflet	Amount distributed
Health service complaints	6033
Disability service complaints	5012
Carer complaints	2167
Total	13,212

E-newsletters: HaDSCO's e-newsletter was titled Health Review. In 2011-12 this will change to HaDSCO Connect. Health Review was distributed twice last year to a distribution list of 200. During May/June 2011, the distribution list grew by 10 per cent to 225 and a subscription campaign will begin early 2011-12. The e-newsletter will be distributed quarterly from July 2011 and is now assigned to a tracking programme, which will allow HaDSCO to identify readership and circulation levels.

Information sheets: are downloadable from hadsco.wa.gov.au and distributed by staff during day-to-day activities. The information sheets provide readers with a clear outline of HaDSCO services, processes and legislation, for example the HaDSCO conciliation process. During the year, HaDSCO information and leaflets were translated into a number of languages and are available for download on the website.

Presentation packs: are utilised by staff when undertaking education/training presentations to stakeholders. These packs include HaDSCO leaflets, information sheets, forms and other relevant information to the presentation. 250 information packs were distributed since their development in April 2011.

Key Performance Indicators

Key efficiency indicators

Group two: The total cost of presentations, consultations and networking sessions

Raising awareness about the amendments to the legislation took a key focus during the year. Under the leadership of the Director, a number of senior staff undertook several presentation and information sessions to introduce the changes to HaDSCO stakeholders.

The total cost of presentations, consultations and networking sessions is provided in the table below:

2010-11	2009-10
268,125	185,468

Examples of awareness raising activities are provided here:

- A visit to Albany facilitated a provider clinic and raised awareness of HaDSCO services
- The Director took part in combined visits to the Indian Ocean Territories with the State and Commonwealth Ombudsman offices. During this visit, the Director met with a number of service users and providers and provided a vast amount of information in a variety of community languages
- A dedicated communication strategy focused upon raising awareness of HaDSCO services amongst key groups such as carers and disability service consumers
- Senior staff facilitated information sessions on the changes to the HaDSCO legislation with key stakeholders groups including the Minister for Health, Department of Health and the Disability Services Complaints Office.

In total, HaDSCO delivered 57 presentations that were tailored to the requirements of specific community groups. These presentations aimed to raise awareness of the Office and its services to both to consumers and providers. In order to undertake these presentations HaDSCO staff engaged in 116 consultations and 26 networking sessions with various stakeholders.

The average cost per awareness raising activity is displayed below. The decrease in the cost reflects an increase in activities undertaken by HaDSCO and the focus on raising awareness following the name change.

2010-11	2009-10
1,347.36	1,591.04

Ministerial directives and disclosures

Ministerial directives

HaDSCO was directed by the Minister for Health to conduct an investigation under section 45 of the *Health and Disability Services Complaints Act 1995*. This investigation is ongoing.

Other financial disclosures

Pricing policies of services provided

HaDSCO does not charge for any of the services provided.

Capital works

No capital works were undertaken during 2010-11.

Employment, industrial relations and worker's compensation

As at 30 June 2011, HaDSCO employed 17 people, four of whom were part-time employees.

With the exception of the Director, all HaDSCO employees were public servants.

Employee category numbers of staff as at 30 June:

	2010-11	2009-10
Full-time permanent	7	8
Full-time contract	6	4
Part-time permanent	3	5
Part-time contract	1	1

Governance disclosures

Shares in a statutory authority

No senior officer holds shares in a statutory authority.

Shares in subsidiary bodies

HaDSCO does not have any subsidiary bodies.

Interests in contracts by senior officers

At the date of reporting, no senior officer had any interests in existing or proposed contracts with HaDSCO.

Benefits to senior officers through contracts

No senior officers received any benefits in the 2010-11 financial year.

Insurance premiums to indemnify directors

This is not applicable. HaDSCO does not have any directors as defined in Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*.

Other legal requirements

Other legal requirements

Advertising

In accordance with s175ZE of the *Electoral Act 1907*, HaDSCO incurred the following expenditure in advertising, market research, polling, direct mail and media advertising:

Advertising costs

	\$	Provider
Market research	0	
Polling	0	
Advertising	9,197.28	Adcorp
Direct mail	0	
Media advertising	0	
<hr/>		
Total	9,197.28	

Disability Access and Inclusion Plan and outcomes

Disability Access and Inclusion Plans (DAIP) assist public authorities to identify access and inclusion issues that prevent people with a disability from participating in the community.

HaDSCO's DAIP complies with the *Disability Services Act 1993* and ensures professional and appropriate services are provided to customers with physical, intellectual, sensory or cognitive disabilities, their carers and families.

During 2010-11, HaDSCO underwent an internal review of the Plan, resulting in a number of improvements as well as a range of achievements in each outcome, which are set out below.

Outcome one: Policy, planning and resource allocation

Goal: People with disabilities have the same opportunities as other people to access the services of, and any events organised by HaDSCO.

HaDSCO underwent an internal review of the DAIP in preparation for consultation with interested stakeholders and feedback was sought on the accessibility of HaDSCO services. This feedback will be implemented into the 2011-12 DAIP to further ensure ongoing improvement, development and compliance with this outcome.

All events arranged by HaDSCO during 2010-11 were organised at venues accessible to people with disabilities.

Other legal requirements

Disability Access and Inclusion Plan and outcomes

Outcome two: Physical accessibility

Goal: People with disabilities have the same opportunities as other people to access HaDSCO buildings and other facilities.

HaDSCO underwent extensive consultation with Building Management and Works to ensure future office accommodation meets best practice standards.

Outcome three: Accessible information

Goal: People with disabilities receive information from HaDSCO in a format that will enable them to access the information as readily as other people are able to access it.

A number of outcomes were achieved:

- All publications are available upon request in alternative formats and are reviewed regularly to ensure they are current
- HaDSCO website and online services are in accordance with W3C web content accessibility guidelines and a Triple A rating was achieved
- Documentation regarding services, facilities and customer feedback is provided in an appropriate format and using clear and concise language

- All forms and applications are available electronically and in alternative formats
- All documents carry a notation regarding availability in alternative formats
- Auslan interpreters are available on request
- Documents in Braille are available on request
- A Communication Style Guide was developed that promotes accessibility and sets writing style standards in accordance with best practice
- Publications have been translated into a variety of languages.

In 2011-12 HaDSCO will work towards developing alternative texts, including providing descriptive text containing images and charts and providing online documents with audio facilities.

Outcome four: Awareness and responsiveness

Goal: To increase the capacity of HaDSCO staff to contribute to an equal service and inclusive environment for people with a disability.

HaDSCO is committed to using internal communications via the intranet to maintain staff awareness about the needs of people with a disability. During the year, two staff attended DAIP training and during 2011-12 DAIP training will be provided to all office staff.

The staff induction program includes an overview of the DAIP ensuring all staff are committed to achieving the desired outcomes.

Other legal requirements

Disability Access and Inclusion Plan and outcomes

Outcome five

Goal: People with disabilities have the same opportunities as other people to make complaints about HaDSCO.

HaDSCO is proud to offer stakeholders the opportunity to provide feedback in a number of formats. HaDSCO's newly launched website provides an online complaint form and feedback form, which capture feedback related to complaints regarding disability access issues.

During 2010-11, HaDSCO held a training session with disability service providers to discuss the change of the Office's name and the new legislation. During the training session members of this group made suggestions for more appropriate images to be used within HaDSCO disability information. This direct feedback increased the capability of HaDSCO to address disability access issues and concerns quickly and efficiently.

Outcome six

Goal: To ensure that people with a disability have the same opportunity as other people and are encouraged to participate in public consultations.

During 2010-11, consultation was undertaken with specific disability service providers and the DAIP has recently been issued to a community reference group. Once this feedback is received and implemented in 2011-12, the DAIP will be advertised and issued in a variety of accessible formats for comment.

Other legal requirements

Public Sector Standards and Ethical Codes

In accordance with section 31(1) of the *Public Sector Management Act 1994* HaDSCO fully complied with the Public Sector Standards, the WA Code of Ethics and HaDSCO's Code of Conduct. The following was carried out during the year.

Human resources management: To ensure compliance with the Public Sector Standards in Human Resources Management, HaDSCO continued to review existing policies and procedures.

During 2010-11, a key focus for HaDSCO was the review and development of human resources policies and procedures including the development of a contemporary and outcome focused Performance Development System.

The HaDSCO Operational Management Group participated in a series of workshops to develop a set of internal values, which also integrate HaDSCO's commitment to the Public Sector Standards. In 2011-2012 HaDSCO employees will have the opportunity to review the internal values and provide feedback to the Group.

In addition, HaDSCO reviewed Job Descriptions Forms to ensure they are aligned with the agencies vision, mission and values while supporting equal employment opportunities for both existing and potential staff.

HaDSCO was invited to provide the opportunity to offer placements for university students studying public health and law. In total HaDSCO benefitted from the support of four placements.

Code of conduct and ethics: HaDSCO is committed to continually seeking opportunities for improving current practices through the review and development of policies and procedures. Information sessions form an integral part of the ongoing learning and attendees use information gained to review and update policies.

HaDSCO supports employees who show a willingness to learn new approaches and acquire new skills and knowledge. During the year training was undertaken by 50 per cent of staff in Accountability and Ethical Decision Making. The remainder of employees will have access to the training during 2011-12.

HaDSCO's organisational culture includes a commitment to effective corruption prevention. New employee's induction includes an information brochure on the Public Sector Code of Ethics and a copy of the HaDSCO Code of Conduct.

The following policies are relevant to the management of interest by all staff, including senior officers, and are subject to annual review and periodic awareness-raising throughout HaDSCO:

- HaDSCO Code of Conduct
- Western Australian Public Sector Code of Ethics
- HaDSCO Gifts, Benefits and Awards Policy
- Procurement Policy and relevant guidelines.

Other legal requirements

Record Keeping Plan

HaDSCO is committed to continuously improving record keeping practices and dedicated a project to implement and administer the requirements of the *State Records Act 2000*.

The 2010-11 Operational Plan included the Office's objective to implement an electronic document records management system: Total Records Information Management (TRIM). This objective has been achieved and TRIM is utilised by the Business Unit to capture incoming and outgoing records. There are further plans during 2011-12 to implement the use of this system across the agency as a whole.

During 2010-2011 HaDSCO:

- fulfilled its requirements under section 28 of the *State Records Act 2000* by reviewing its Record Keeping Plan
- put all new permanent employees through an online records awareness training package
- staff continued implementation of the Record Keeping Plan through training and induction.

The State Records Commission's minimum compliance requirements were met by HaDSCO in the following four areas.

The efficiency and effectiveness of HaDSCO's recordkeeping systems are evaluated not less than once every five years

Compliance audits and consultations are being undertaken across HaDSCO to improve recordkeeping practices.

With the implementation of TRIM, HaDSCO's Record Keeping Plan, Thesaurus and Retention, and Disposal Schedule is currently under review and will be provided to the State Records Office of Western Australia in 2011-12 for endorsement.

HaDSCO conducts a record keeping training program

All administration employees who form part of the Business Unit have undergone both records awareness online training and business classification scheme training. These employees also benefited from TRIM training which assisted in the implementation of the electronic records management system into the Office.

The efficiency and effectiveness of the record keeping training program is reviewed periodically

Periodical review has revealed that employees see online training as their preferred way of learning, citing records awareness training as motivating and informative.

The organisation's induction program addresses employee roles and responsibilities in regard to their compliance with the HaDSCO Record Keeping Plan

A short records training course is provided by the Business Unit to new employees as part of the induction program. This course outlines individual obligations arising from HaDSCO's Record Keeping Plan. Additional online records awareness training was completed by 50 per cent of employees and the remainder will undergo this awareness training in 2011-12.

Government policy requirements

Employee assistance programs

HaDSCO values its employees and recognises their central role in fulfilling the Office's functions and achieving objectives.

Considering the nature of complaint resolution, employees may be influenced by work-related concerns and personal problems. To ensure staff are satisfied in their positions and motivated to meet the daily challenges, it is important staff have access to appropriate assistance programs.

HaDSCO offers a confidential Employee Assistance Program, which helps staff identify and resolve problems that arise and cause anxiety.

Occupational safety, health and injury management

HaDSCO engages in best practice occupational safety and health management practices, including reporting, training, discussion and accountability in order to control workplace injuries and maintain a healthy workplace for employees, contractors and visitors.

The Office's Occupational Safety and Health (OSH) Policy and Injury Management framework is available via the staff intranet. This policy is due for review in consultation with staff members in 2011-12, and a new OSH representative will be elected.

HaDSCO takes a proactive approach to injury management and has developed workers' compensation, injury management and return to work policies and procedures in accordance with the Workers' Compensation and *Injury Management Act 1981*.

The Office also encourages employees to identify potential risks by reporting directly to the OSH representative or during staff meetings.

The table below indicates the Office's performance in relation to occupational safety, health and injury management during the year.

Indicator 2010-11

Number of fatalities	0
Lost time injury/disease incidence rate	0
Lost time injury severity rate	0
Percentage of injured workers returned to work within 28 weeks	NA
Percentage of managers trained in occupational safety, health and injury management responsibilities	25

Useful links

Websites

Health and Disability Services Complaints Office (HaDSCO) website: www.hadsco.wa.gov.au

Australian Health Practitioners Regulation Agency website: www.ahpra.gov.au

Department of Commerce website: www.commerce.wa.gov.au

Australian Competition and Consumer Commission website: www.accc.gov.au

Legislation

Health and Disability Services (Complaints) Act 1995: http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_415_homepage.html

Disability Services Act 1993: http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_267_homepage.html

Carers Recognition Act 2004: http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_114_homepage.html

Health Practitioner Regulation National Law (WA) 2010: http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_12107_homepage.html

HaDSCO education and communication materials

HaDSCO leaflets and flyers: Materials aimed to raise awareness of HaDSCO and provide complaint resolution education.

<https://www.hadsco.wa.gov.au/publications/brochures.cfm>

HaDSCO information sheets: Provide in-depth information regarding a number of processes and procedures. Topics include: How to prepare for a conciliation meeting; Tips on complaint handling and HaDSCO's investigation process.

https://www.hadsco.wa.gov.au/publications/info_sheets.cfm

HaDSCO's complaint process: An overview of HaDSCO's complaint resolution process and how to lodge a complaint with the Office.

<https://www.hadsco.wa.gov.au/complaints/index.cfm>

Annual Report (online version): Provides downloadable versions of this report.

https://www.hadsco.wa.gov.au/publications/annual_reports.cfm

Acronyms

ACCC	Australian Competition and Consumer Commission
AHPRA	Australian Health Practitioner Regulation Agency
CMT	Complaint Management Team
DAIP	Disability Access Inclusion Plan
DCS	Department of Corrective Services
DOC	Department of Commerce
DOH	Department of Health
DSC	Disability Services Commission
HaDSCO	Health and Disability Services Complaints Office
HCN	Health Corporate Network
IOT	Indian Ocean Territories
MOU	Memorandum of Understanding
OHR	Office of Health Review
OMG	Operational Management Group
OSH	Occupational Safety and Health
PDS	Performance Development System
SES	Stakeholder Engagement Strategy
SLO	State Solicitor's Office
TRIM	Total Records Information Management
WA	Western Australia

Contacts

Comments and enquiries regarding this Annual Report should be forwarded to the Editor at:

The Editor 2010-11 Annual Report
Health and Disability Services Complaints Office (HaDSCO)
PO Box B61
Perth, WA, 6838
AUSTRALIA

Phone: 08 9323 0600
Free call: 1800 813 583
Fax: 08 9221 3675
Email: mail@hadsco.wa.gov.au

Alternative formats

This annual report is available electronically on the Health and Disability Services Complaints Office website (www.hadsco.wa.gov.au).
This document is also available in alternative formats upon request.