



Health and Disability Services
Complaints Office

Annual Report 2012/13

Empowering
users & providers to
collaboratively
improve health &
disability services

Integrity

Accessibility

Improvement

Empowerment

Confidentiality

Responsiveness



The covering image on this year's annual report was taken by the Western Australia Association for Mental Health (WAAMH) at the Mental Health Week celebrations, held during October 2012. The image captures a balloon release ceremony held in the Murray Street Mall area in Perth Central Business District, as part of the 'Turn Blue 4 A Day' initiative, to promote World Mental Health Day on 10 October.

This report has been prepared in accordance with the Western Australian Public Sector Annual Reporting Framework as well as our Disability Access and Inclusion Plan (DAIP) and Communication Style Guidelines. It was written, designed and converted for electronic viewing using in-house staff resources.

The report is available in printable and electronic viewing formats, downloadable from our website www.hadsco.wa.gov.au. On request, this report can be made available in alternative formats to meet the needs of people with vision impairment. Such requests should be directed to mail@hadsco.wa.gov.au.

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Statement of compliance



Government of **Western Australia**
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 (HaDSCO) for the financial year ended 30 June 2013.

This report has been prepared in accordance with the following provisions:

- Auditor General Act 2006*
- Carers Recognition Act 2004*
- 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*
- 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

Linley Anne Donaldson
DIRECTOR

1 September 2013

About this report

Welcome to our 2012-13 Annual Report. In this report we take a comprehensive look at how we, the Health and Disability Service Complaints Office (HaDSCO), have contributed to the improvement of health and disability services in Western Australia over the past year.

We remain committed to being recognised as a transparent and accountable organisation and as such we want to ensure all our stakeholders, the community and the State Government are kept well informed of our operations. With this clear purpose, we designed this report to provide you with easy to read information on how we have performed over the last twelve months, for the year ended 30 June 2013.

Additionally, we wanted our report to be more outcome focused than in previous years, to better demonstrate what we have achieved. In line with this focus, our report highlights key areas of success and also identifies where extra emphasis is needed to enable us to work towards implementing system improvement and, to aid the health and disability sector overall.

We begin by looking at Our Year in Numbers, presenting a snapshot of some of our key achievements to date. Our Performance Summary provides an overview of the key outcomes achieved for our stakeholders, with a focus on what we are aiming to accomplish as we move forward.

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Section One

Office Overview

This section provides information on how we operate as an Office, our structure and the legislative environment in which we work within

Our Year in Numbers

222 engagement activities undertaken with both service users and providers as part of our focused Stakeholder Engagement Strategy

5 core values
Integrity
Accessibility
Improvement
Empowerment
Confidentiality
Responsiveness

6 Memorandums of Understanding (MOUs) established with key government agencies

We worked with health and disability service providers to identify and follow up **78** service improvements

2,654 new complaints received in 2012-13
95 % of these were closed by the end of the financial year

67% of complaints resolved by prescribed providers within 30 days

From the HaDSCO Director

It has been both a challenging and rewarding year for my Office.

As the first year in the delivery of the HaDSCO Strategic Plan 2012-15, there was a focus on measured planning to establish the foundations for the new direction of the Office. Our vision 'empowering users and providers to collaboratively improve health and disability services' was supported by five inter-related strategic goals, which were developed as a result of extensive consultation from internal and external stakeholders. Our annual report focuses on each of these five strategic goals to outline what we have achieved and where we are headed.

I am pleased to provide you with a brief overview of the progress we have made towards achieving our shared vision.

System improvement

An important role of this Office is to capture, analyse and report on patterns and trends of a systemic or system nature to support the improved delivery of health and disability services. This year a System Improvement Model was developed that enables us to identify systemic issues through the analysis of quality data and information. Next year we intend to work in collaboration with key stakeholder groups and other regulatory bodies to develop appropriate methods for sharing this information and recording potential areas for system improvement.



We continued to receive de-identified aggregated annual complaints data from a large cross-section of prescribed health service providers. The data we captured from these providers enables the Office to analyse the nature of complaints and to identify potential trends or systemic issues that need to be addressed. It was encouraging to see from the information provided, that 67 per cent of complaints were resolved by this group of providers within 30 days. In the coming year we intend to work collaboratively with this group of providers to promote best practice in complaints management, using the information we receive to promote system improvement.

Amendments to the *Disability Services Act 1993* in late June 2013 will now enable the Office to collect disability complaints data annually from prescribed disability service providers in Western Australia (WA). These changes will facilitate the analysis of complaints data from prescribed disability service providers, bringing with it greater ability to identify and respond to issues which may arise and to support improved approaches to disability service delivery.

Empowerment and education

Our new Stakeholder Engagement Strategy 2012-15 was developed this year, focusing on our second service - education and training in the prevention and resolution of complaints - as a core function of the Office. Stakeholder and community engagement is designed to maximise awareness of the Office and capitalise on opportunities to liaise with stakeholders and build networks.

As a small Office, it is essential that we use our resources innovatively to deliver an efficient and effective service. This year there has been a continued focus on developing partnerships with key government agencies and the not-for-profit sector to ensure that our vision reaches a diverse range of stakeholders.

We strengthened our relationship with the Commissioner for Children and Young People by working in partnership to develop guidelines that aim to make complaint processes more responsive to children and young people. During the year, we also formalised a working relationship with the Office of the State Coroner which will facilitate information sharing and the identification of systemic issues.

Quality complaints management

I am pleased to report that as a result of our complaints management processes, we have achieved a number of positive outcomes for both consumers and providers throughout WA. We worked with health and disability service providers to make a record number of service improvements that will aid in the improved delivery of services. In total, 65 service improvements were agreed to by service providers or recommended by our complaints teams. I commend our staff and the providers we have worked with for their continued commitment towards improving the delivery of services in 2012-13.

An investigation of a complaint was an important priority during the year with the Office successfully completing the investigation. Another complaint is being progressed through this process. Investigations provide us with the opportunity to comprehensively examine complaint issues and make service improvement recommendations.

Building staff capacity

As part of our strategic plan, we introduced our comprehensive Workforce and Diversity Plan 2013-16. This year we have actively embraced the development of a learning culture for all staff as a result of the implementation of this plan. This learning culture was fostered by the development of a Share Time and Review program to streamline our complaint processes and improve the level of service provided across the Office.

Effective resource management

Managing our resources efficiently and strategically was a key driver for the Executive Team throughout the year. The Share Time and Review program ensured that all HaDSCO staff contributed to the development of recommendations to improve resource efficiency. It was encouraging to see that staff embraced and were supportive of this program, which will continue next year.

Acknowledgements

The important work undertaken by HaDSCO is possible due to the talent and enthusiasm of my team and I would like to take this opportunity to personally acknowledge the dedication and exceptional work of all HaDSCO staff during this period of development. I look forward to working with my staff and stakeholders in the coming year to pursue potential opportunities. This will enable the ongoing development of our services by promoting system improvement through the resolution of complaints.

Linley Anne Donaldson
DIRECTOR

Who we are

The Office operates within three key business units, as outlined below.

Complaints and Systemic Improvement Unit which undertakes complaints management and resolution. The management of complaints provides the opportunity to identify a range of systemic issues across the health and disability sectors. This unit is divided into two teams, these being;

Assessment Team: provides the first point of contact for individuals wishing to lodge a complaint. In line with the *Health and Disability Services (Complaints) Act 1995*, the team provides advice, gathers relevant information, explains the resolution process and, in cases where we are unable to assist, provides information regarding services available at alternative agencies or organisations. This team will support users and providers to resolve matters when appropriate.

Complaints Management Team: is responsible for managing and resolving more complex complaints using negotiated settlement and conciliation; making service improvement recommendations; and undertaking investigations. The team liaises with all parties involved in a complaint to work towards a mutually agreeable outcome.

Strategic Services and Community Engagement Unit which provides corporate governance and business services including administration, human resources, records management, finance, statistical analysis, research, marketing, communications and stakeholder engagement. This unit plays a leading role in strengthening our capacity to liaise effectively with health and disability service providers and consumers.

Specialist Unit which comprises a Senior Legal Officer and a panel of Medical Officers, whose roles are outlined below:

Senior Legal Officer (SLO): provides strategic legal advice to our staff and ensures compliance with legislative requirements. The SLO also ensures that enabling legislation is current and works with the State Solicitor's Office and other agencies when appropriate.

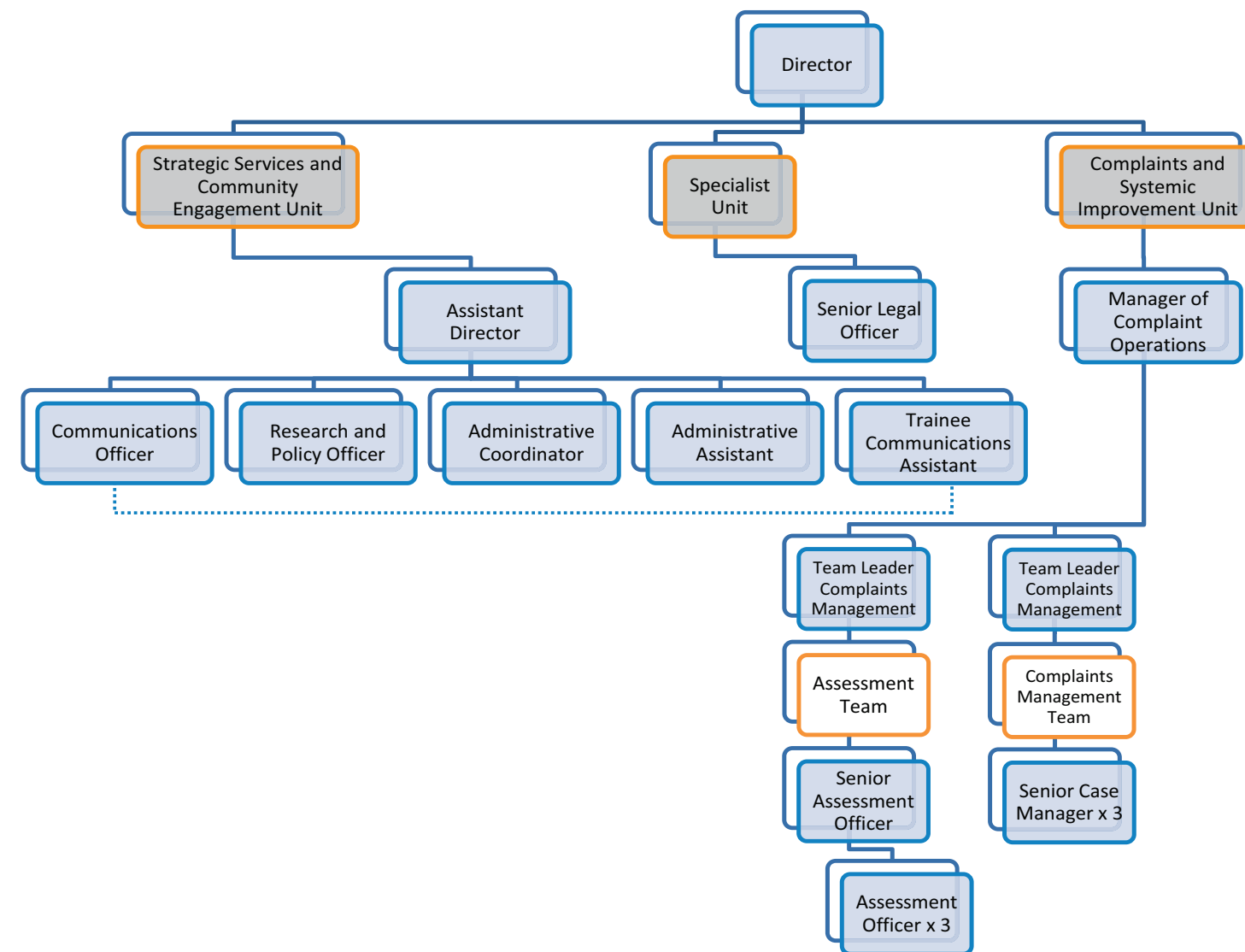
Medical Officers (MO): provide expert medical advice to our staff internally about the complex clinical issues identified in complaints, and assists with identifying recommendations for service improvements. The MO's are engaged by the Office via a service contract with Edith Cowan University.

The three business units work collaboratively, with each playing a specific role in the delivery of services and achievement of key performance indicators.

Service Level Agreements

As a small Office, we are supported by Service Level Agreements with the Health Corporate Network (HCN) and Health Information Network (HIN) of the Department of Health (DOH). The DOH provides support in the areas of human resources, procurement, business system services, and information technology.

Office structure



Our role, vision, values and functions

Our role

HaDSCO is an independent statutory authority offering an impartial resolution service for complaints relating to health and disability services in Western Australia (WA) and the Indian Ocean Territories. This service is free and available to all users and providers of health and disability services. The Office has statutory reporting functions to the Hon. Dr Kim Hames, Minister for Health.

Acting impartially and in confidence, we review and report on the causes of complaints, undertake investigations, suggest service improvements and educate service providers on effective complaint resolution. In carrying out these duties, we operate within two distinct, but inter-linked key service areas:

Service One: Assessment, Negotiated Settlement, Conciliation and Investigation of complaints.

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

Our vision

Fundamentally, everything we do centres around our vision of:

'Empowering users and providers to collaboratively improve health and disability services'

Our values

To work towards achieving our vision, which essentially outlines where we, as an organisation want to be, all the decisions and actions that form our daily functions are guided by six core values:

Integrity: acting impartially and with independence;

Accessibility: ensuring services are accessible to all;

Responsiveness: responding to the needs of stakeholders;

Confidentiality: maintaining confidentiality;

Empowerment: building capacity in complaints prevention and resolution; and

Improvement: influencing the quality and effectiveness of services.

Our functions

Our main functions under the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993* can be summarised as:

1. To manage individual complaints through Negotiated Settlement, Conciliation and Investigation.
2. To identify systemic issues and trends regarding complaints in the health and disability sectors and work collaboratively with providers to improve service delivery.

These broad functions are set out in more detail in the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993*.

Working with legislation

As an independent statutory authority, we operate under a number of legislative frameworks, as outlined below:

Health and Disability Services (Complaints) Act 1995

This Act is the primary legislation governing our operations. It sets out the legislative framework for our functions, operations and powers with respect to health services.

Part 6 of the *Disability Services Act 1993*

This Act deals with the provision of disability services generally. Part 6 deals with complaints about disability services, providing a framework for the management of disability service complaints. The Act was amended in WA Parliament in 2012 and subsequently, the revised legislation came into effect on 12 June 2013. The impact of these amendments on our complaints processes is outlined in strategic goal one, system improvement.

Other relevant legislation includes:

Carers Recognition Act 2004

This Act 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 WA Carers Charter. We are therefore able to take a complaint regarding a health or disability service provider who fails to comply with this Charter.



Health Practitioner Regulation National Law (WA) 2010

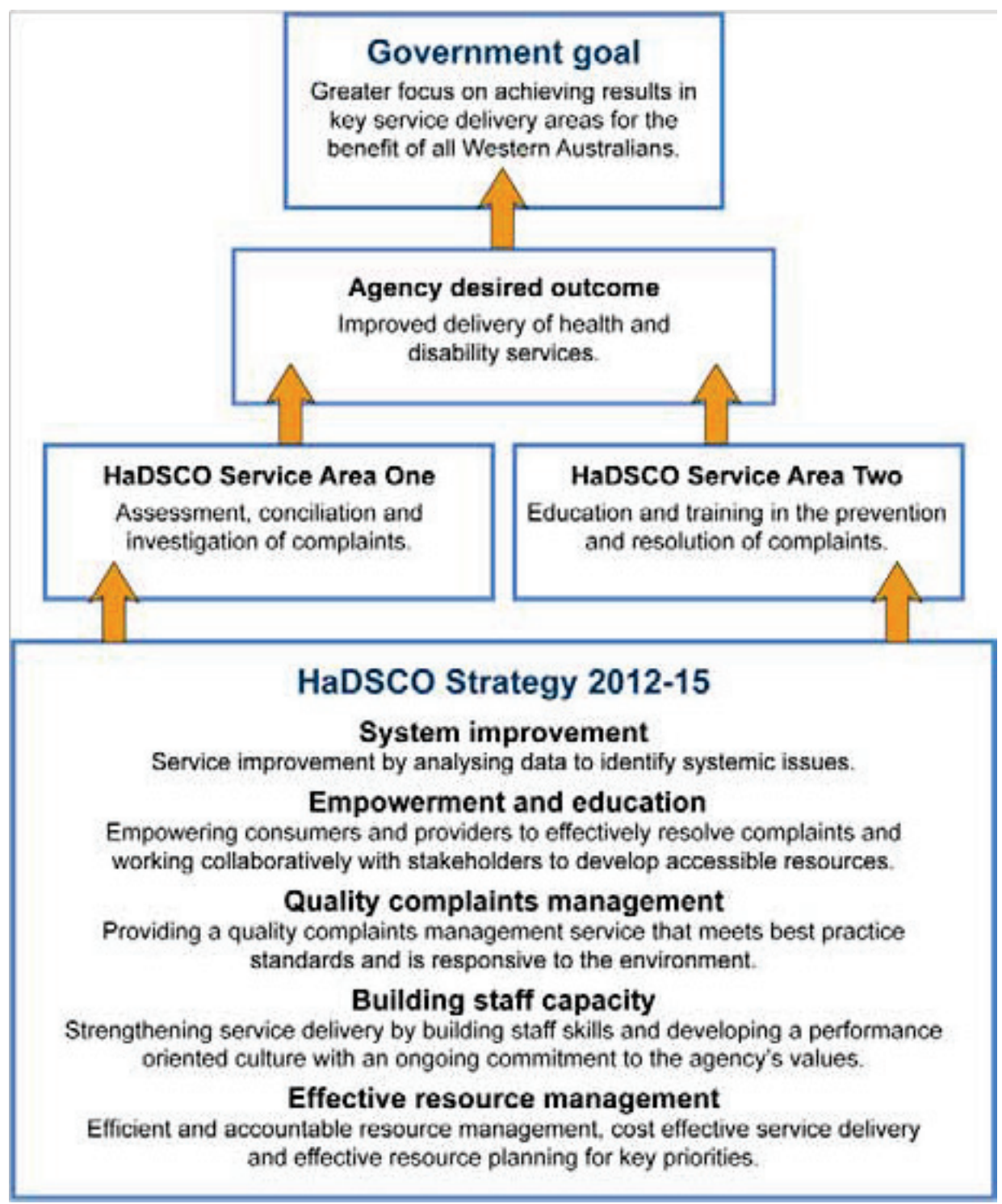
Under this legislation, we, along with the Australian Health Practitioner Regulation Agency (AHPRA) are required to notify and consult with each other about complaints received that could relate to other agencies legislative powers. A complete list of these health professionals can be viewed under [appendix one](#).

Mental Health Bill 2012

The *Mental Health Bill 2012* is being developed by the Mental Health Commission. We have been closely involved throughout the current reporting period in the development and drafting of relevant provisions within the Bill that deal with complaints about mental health services. The Office has always dealt with complaints by consumers and carers about mental health service providers under its the primary empowering legislation – the *Health and Disability Services (Complaints) Act 1995*; however, the *Mental Health Bill 2012* will expand our jurisdiction and strengthen our capacity to manage these type of complaints.

Performance Management Framework

We continue to work in partnership with both public and private health services, disability services and other key stakeholders across WA to deliver outcomes aligned to State Government goals, as shown in the figure below.



This helps ensure we are aligning our own desired outcomes with those set out in the wider health and disability sectors, allowing us to work collaboratively to deliver on the goals that matter most.

Section Two

Performance Summary

This section of the report provides an overview of the progress made and outcomes achieved over the past 12 months toward each of our five strategic goals. These goals support the achievement of our vision to 'empower users and providers to collaboratively improve health and disability services'

Strategic direction

This is the first year in the implementation of the HaDSCO Strategic Plan 2012-15. The plan was developed in 2012 after extensive consultation with key stakeholders and staff. By engaging in consultation we were able to gain a better understanding of how stakeholders view our services. It highlighted the willingness of health and disability organisations to offer feedback and their enthusiasm to further develop effective working partnerships. Additionally, it helped identify our strengths and potential areas for expansion, which has helped to shape our future direction.

Based on valued insights, the strategic plan places greater importance on building partnerships to create awareness of systemic issues, with the information we collect then being utilised to bring about service improvements. There will be more emphasis on early engagement of parties and resolution of complaints, with a focus on working with strategic partners to develop useful resources. The aim is for us to contribute and positively support the improvement of health and disability service delivery across Western Australia (WA).

As part of the planning process, we developed the HaDSCO Strategic Map 2012-15, which provides a visual representation of what we are collectively working towards. We centered the strategic map around our vision to:

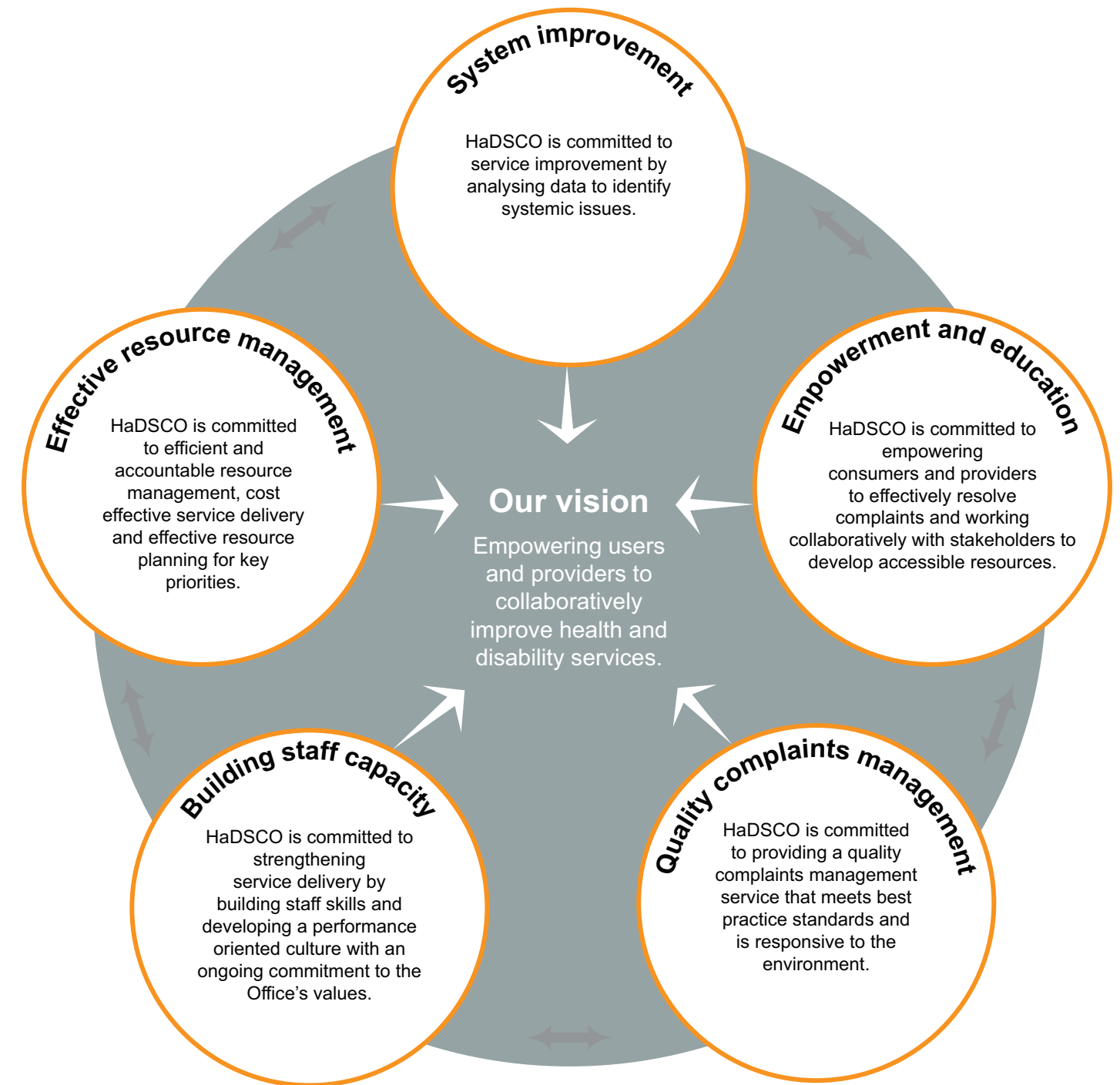
‘empower users and providers to collaboratively improve health and disability services.’

The map outlines our future direction and the five key inter-related strategic goals to be achieved by 2015.

Each goal is linked to demonstrate an integrated and consolidated direction towards achieving our overall vision. Specific initiatives have been identified for each goal and are supported by more in-depth, activity focused, annual operational plans. Staff members actively contribute to the strategic direction through their day-to-day tasks and have the opportunity to identify their individual roles in collectively achieving our strategic vision. This enables everyone within the Office to understand how their individual roles contribute to service delivery overall, and what part we each play in the process.

Our Summary of Performance provides an overview of the outcomes achieved for each of the five strategic goals over the past 12 months. The five strategic goals are represented in the strategic map over the page.

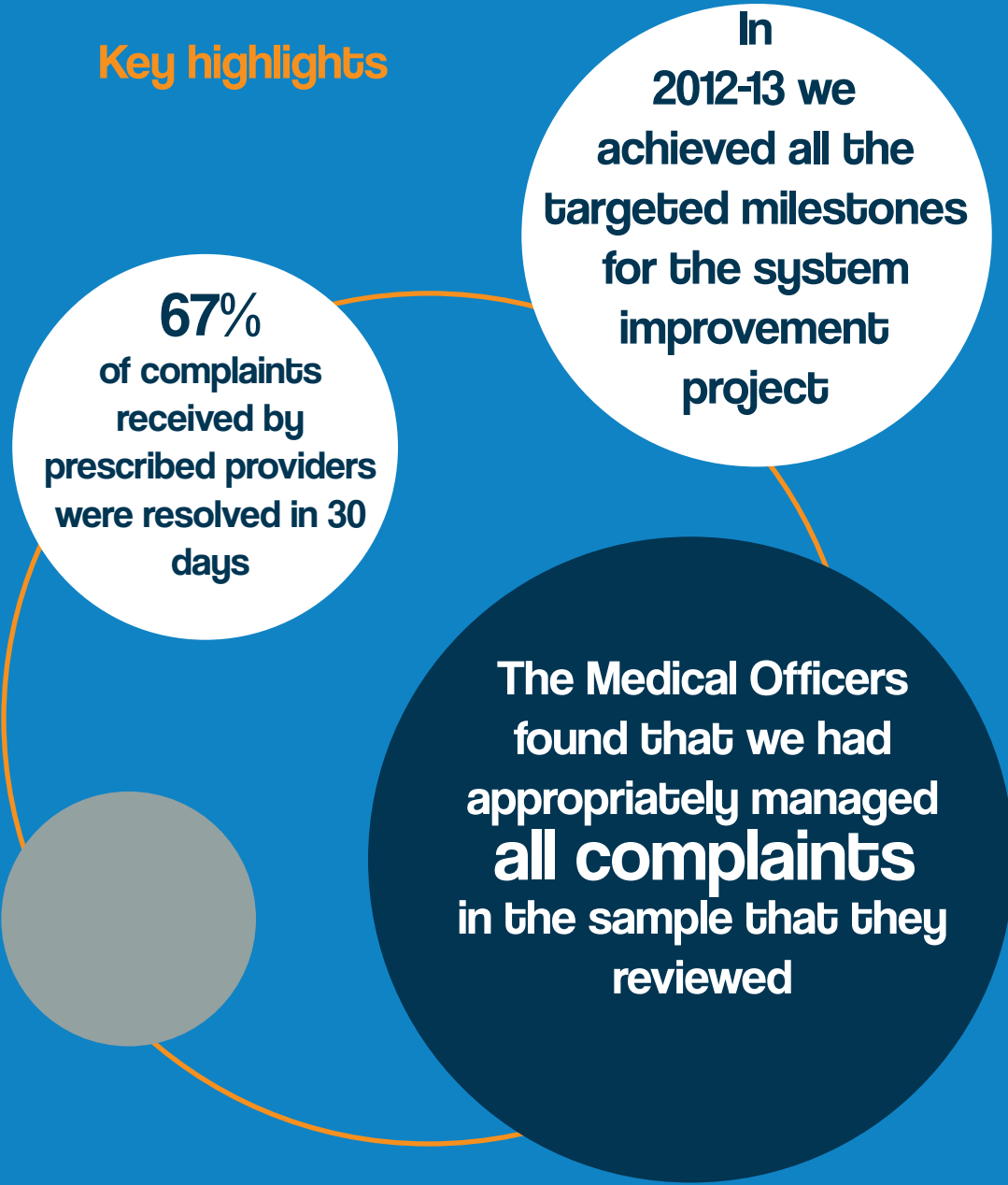
HaDSCO Strategic Map 2012-15



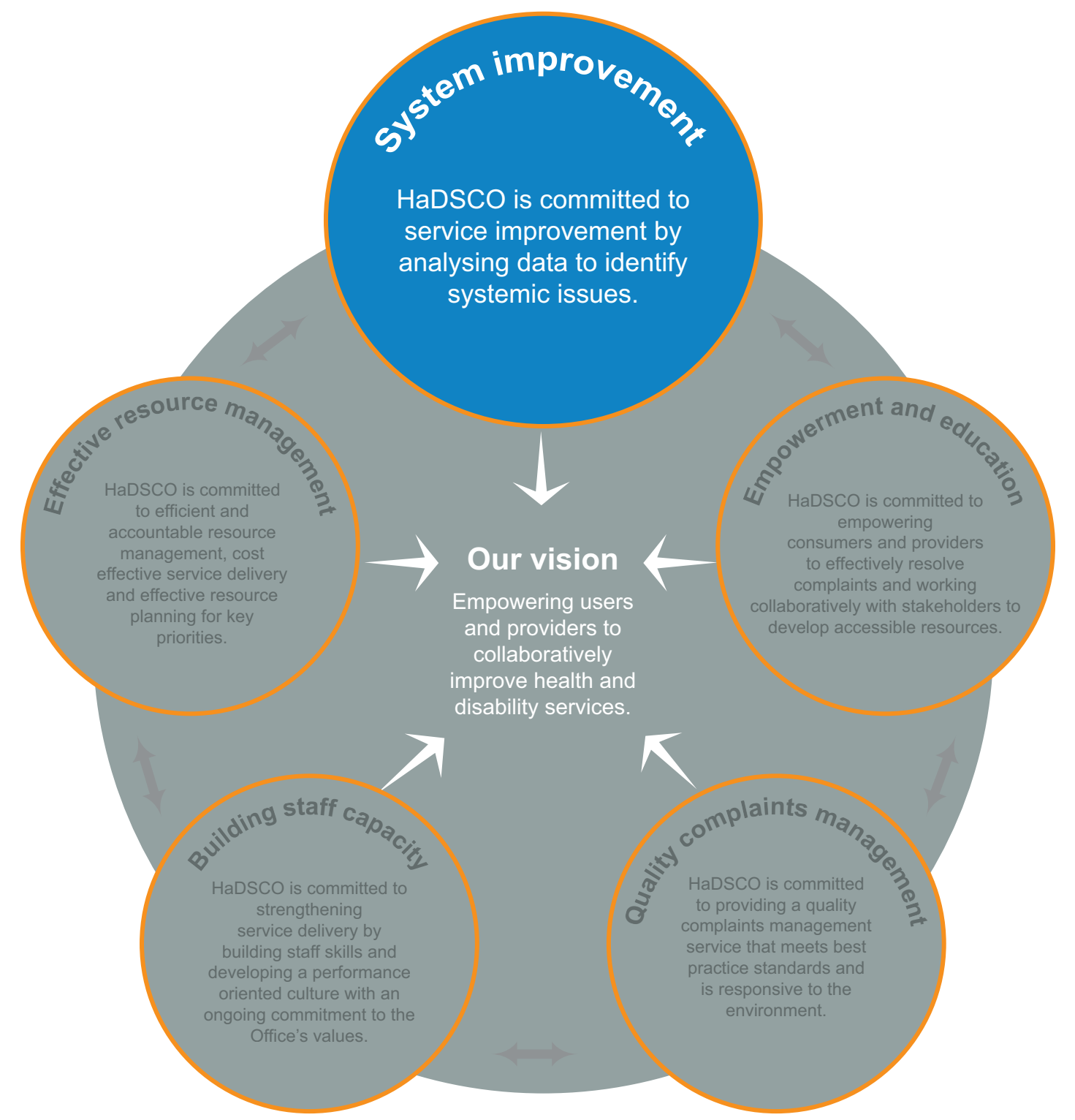
Strategic goal one System improvement

HaDSCO is committed to service improvement by analysing data to identify systemic issues

Key highlights



HaDSCO Strategic Map 2012-15 strategic goal one



Introduction

System improvement is the first of five strategic goals outlined in the HaDSCO Strategic Map 2012-15. Whilst each goal is interrelated, the key initiatives that formed part of system improvement in 2012-13 were:

- Supporting improvement: analysing the causes of complaints and making service improvement recommendations;
- Addressing systemic issues: broadening the Office’s understanding of systemic issues; developing a model to identify these issues and working collaboratively with stakeholders to address potential risks; and
- Quality data: improving the quality of complaints data that is collected and working with providers to capture, analyse and share complaints information.

The sections below explore some of the key achievements from the year that have enabled us to make good progress towards meeting our system improvement goal.

Planning was the key focus during the first year of the strategic map. We envisage that the effective planning we undertook during 2012-13 will build a solid foundation for implementation of system improvement initiatives in 2013-14.

System Improvement Model

As one of the key goals identified in our strategic map, goal one - system improvement - centres around supporting and improving health and disability services by identifying systemic issues through the analysis of quality data and information.

When reviewing our complaints data over recent years, we noted patterns in the type of issues raised by consumers and the need to systematically identify issues of a significant nature arising from complaints. Recognising these patterns and issues is vital in enabling us to work with providers and other relevant organisations to address and mitigate potential problems. This created the momentum for the development of a system improvement model.

As the basis for this model, we defined systemic health and disability issues as:

- matters of general importance for health or disability service provision; and/or
- issues with a potential for widespread or significant negative impact on the community.

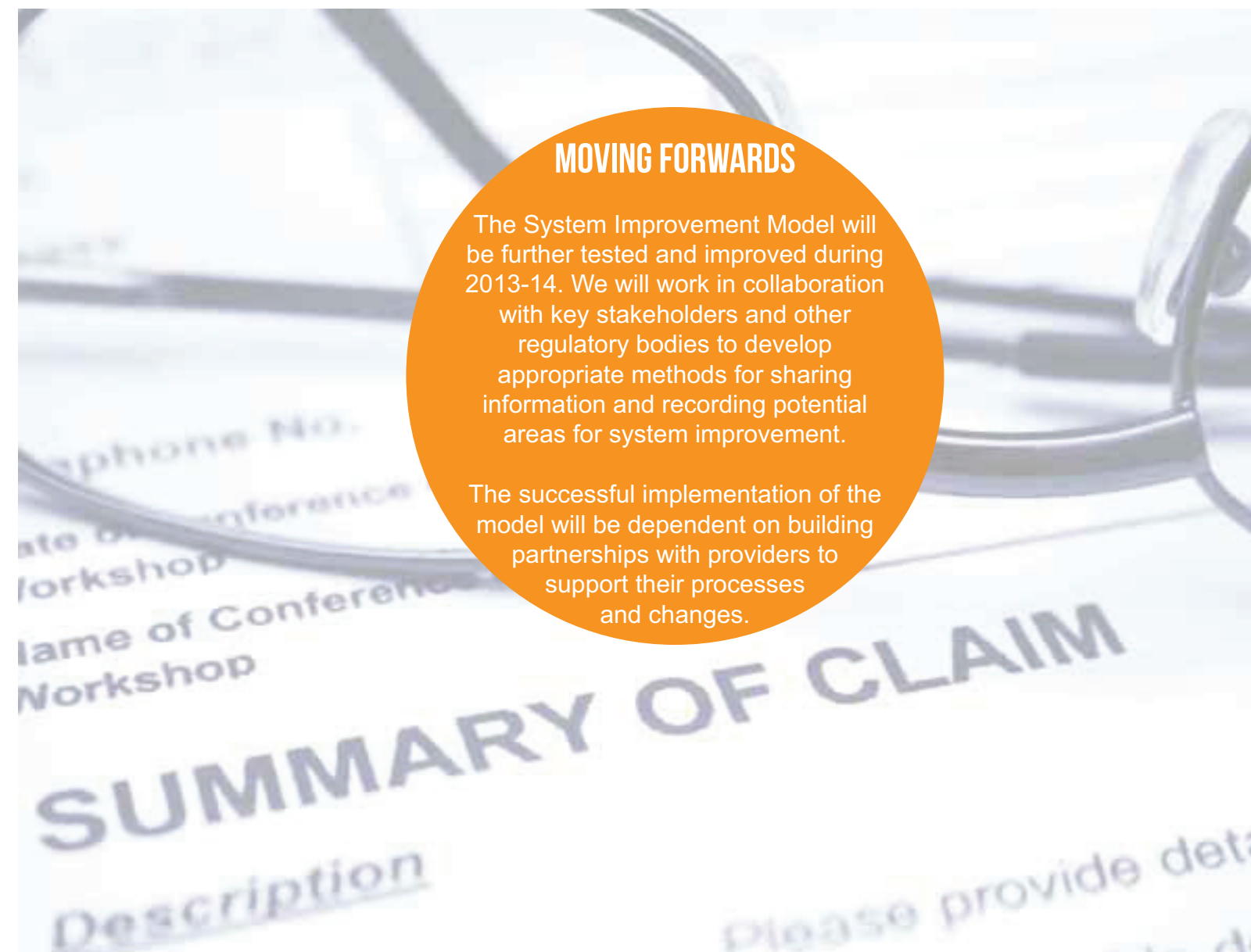
We formed an internal Systemic Issues Working Group (SIWG) to progress this project. Following research and consultation with organisations in various sectors, the group found that the Office of the Auditor General (OAG) used a model that was relevant to our focus and could be adapted to meet our operational needs.

The [SIWG](#) finalised the system improvement model in April 2013 and this provided us with the framework to identify a broad spectrum of potential systemic issues. The model provides criteria for assessing and reviewing these issues, enabling them to be objectively prioritised and actioned as appropriate.

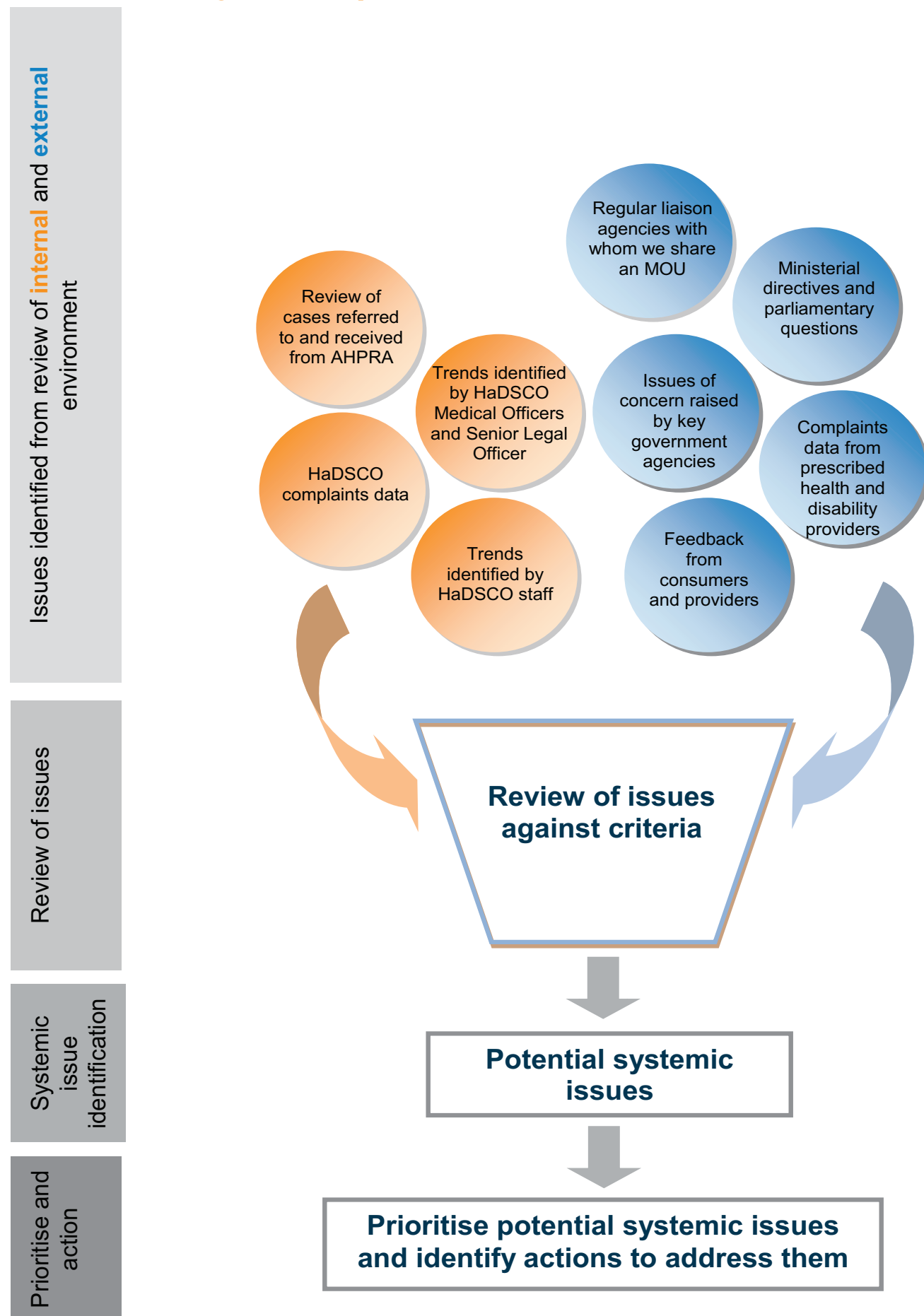
One component of this model is a System Improvement Issues Log. This can be used by all staff to log potential systemic issues and areas for system improvement. Potential systemic issues can also be identified from other sources, including:

- analysis of complaints data;
- trends observed from the Health Service Complaints Data Collection Project;
- feedback from consumers and providers;
- ministerial directives and parliamentary questions;
- issues of concern raised by key government agencies;
- review of cases referred to and received from the Australian Health Practitioner Agency (AHPRA);and
- regular liaison with agencies with whom we share a Memorandum of Understanding.

HaDSCO has achieved the targeted milestones for 2012-13 with the System Improvement Project. In 2013-14, the agency will review the information gathered to determine which issues are systemic in nature and how these will be progressed.



HaDSCO's System Improvement Model



The System Improvement Model in practice

The System Improvement Model will be used to analyse information collected from two key projects that were undertaken in 2012-13. These two projects are:

- **A Medical Perspective: How effectively do we assess complaints?**
- **Health service complaints data collection**

These projects, and how they link with the System Improvement Model, are described below.

A Medical Perspective: How effectively do we assess complaints?

We asked our independent Medical Officers to review a sample of complaints, because we were interested to know if we were progressing complaints through our resolution process appropriately, from a medical perspective. For example, were we appropriately identifying the medical issues in complaints? Were we appropriately progressing complaints through our complaint management process when they related to medical issues?

We were also interested to know if the Medical Officers could use their expert knowledge to identify any potential systemic issues by looking at trends in our complaints data.

To answer these questions, the Medical Officers conducted a comprehensive internal clinical audit in which they reviewed and analysed 165 complaints that we had closed during 2012-13.

The complaints data was reviewed on two levels. Firstly, the nature of each complaint and the complaint outcomes were reviewed. This was used to determine if we were appropriately progressing complaints through our complaints resolution process from a medical perspective. The Medical Officer found that we had appropriately managed all the complaints in the sample of complaints that were reviewed.

Secondly, the data was reviewed with the aim of identifying trends to help us recognise potential systemic issues. The Medical Officers identified a number of trends that we should monitor in the future to identify potential systemic issues. The results of the review will also be used to configure our data collection in the future to more efficiently identify these issues as they arise.

Health Service Complaints Data Collection Project

A key part of our role is to:

- review and identify the causes of complaints;
- report on complaints trends and share findings with service providers to aid system improvement;
- suggest ways of reducing or removing factors that cause complaints; and
- provide the public with information about the types of complaints that we receive.

To assist in performing this function, we collect complaint information from a group of health service providers in Western Australia (WA) that are prescribed under section 75 of the *Health and Disability Services (Complaints) Act 1995*. These providers are specified in the *Health and Disability Services (Complaints) Regulations 2010* and are listed in [appendix three](#).

As the group represents a cross-section of health providers from within WA, the complaints information submitted allows us to identify broad trends relating to:

- the types of issues raised in relation to the provision of health services;
- the timeliness of internal complaint resolution processes; and
- the outcomes achieved as a result of complaints made directly to the provider.

Did you know?

HaDSCO has been collecting health complaints data from prescribed health providers for three years. In 2010-11, 15 providers were prescribed. We now collect information from 27 providers, as specified in the *Health and Disability Services (Complaints) Regulations 2010*.

Data collection

Summarised complaint information is submitted to us at the end of each financial year via an online form. In 2012-13 we gathered feedback from this group of health service providers about the data submission process to better understand it from their perspectives. Based on this feedback, we made significant improvements to the submission process, including:

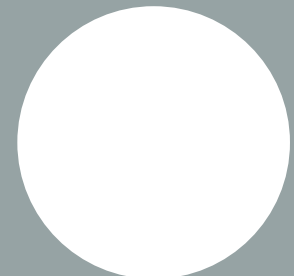
- in-built data error identification;
- the ability to record that requested information is not collected; and
- clearer data entry instructions and key term definitions.

The aim of this update was to make the data collection process faster, easier and more accurate. Feedback about the new submission process was extremely positive and we observed an improvement in the quality of data returned this financial year.

However, as the complaint databases used by this group vary considerably, providers do not necessarily collect the same information about complaints. For example, some providers do not collect demographics information about complaints received. This creates gaps in the information that we receive from prescribed providers.

MOVING FORWARDS

In 2013-14 we will work with this group of providers to share information relating to complaints data trends to aid the system improvement of health services.



How does this compare to 2011-12?

These providers received marginally fewer complaints in 2012-13 compared to 2011-12. However, a larger number of issues were identified in complaints received in 2012-13 (11,088), compared to 2011-12 (8,961). Whilst the number of issues differed, Table 1 shows that the proportion of issues recorded against each issue category remained very similar in 2011-12 and 2012-13.

Table 1: Issues identified in the complaints prescribed providers received in 2011-12 and 2012-13

Issue category	2011-12 (%)	2012-13 (%)
Quality of clinical care	30	30
Communication	19	20
Access	16	16
Rights, respect and dignity	15	16
Corporate services	7	8
Costs	7	7
Misconduct	2	2
Decision making	2	1
Grievances	1	1
Carers charter	1	1

* Figures may not add up to 100% due to rounding

This group of providers also achieved more outcomes for complainants in 2012-13 (8,031) compared to 2011-12 (6,214). Whilst a range of outcomes were achieved for complainants, the top three outcomes were:

- explanation provided to the complainant;
- apology given to the complainant; and
- complainant's concern was registered in the provider's database so the provider can monitor complaint trends.

These were the top three outcomes achieved in both 2011-12 and 2012-13.

Please note: Improvements made to the data collection process during 2012-13 may account for some of the differences observed in complaints data between 2011-12 and 2012-13. This is because the improvements have increased the clarity and accuracy of reporting.

MOVING FORWARDS

We will use the information collected through this project to:

- share complaint trends and key findings with prescribed providers;
- identify if there are any issues that are potentially systemic in nature; and
- work collaboratively with health providers to improve complaints management and service delivery.

Disability Service Provider Data Collection Project

The *Disability Services Act 1993* was amended in the WA Parliament in 2012 and the revised legislation came into effect on 12 June 2013. This had direct implications for us, as we administer Part 6 of the Act, which deals with complaints about disability service providers.

Ultimately the amended legislation will result in changes to the way we deal with complaints about disability services. Some of these changes are outlined below:

- We will be able to collect complaints data annually from prescribed disability service providers in WA.
- Consumers will be able to make a complaint if a disability service provider, including the Disability Services Commission, has allegedly failed to comply with the Disability Services Standards.
- We may refer disability service complaints to a professional registration board, if appropriate. Likewise, professional registration boards may refer disability service complaints directly to us.
- HaDSCO's Director may apply for a warrant, if necessary or appropriate, as part of the investigation of a complaint.

These changes will facilitate the analysis of complaints data from prescribed disability service providers, bringing with it greater ability to identify and respond to issues, and to improve approaches to service delivery.

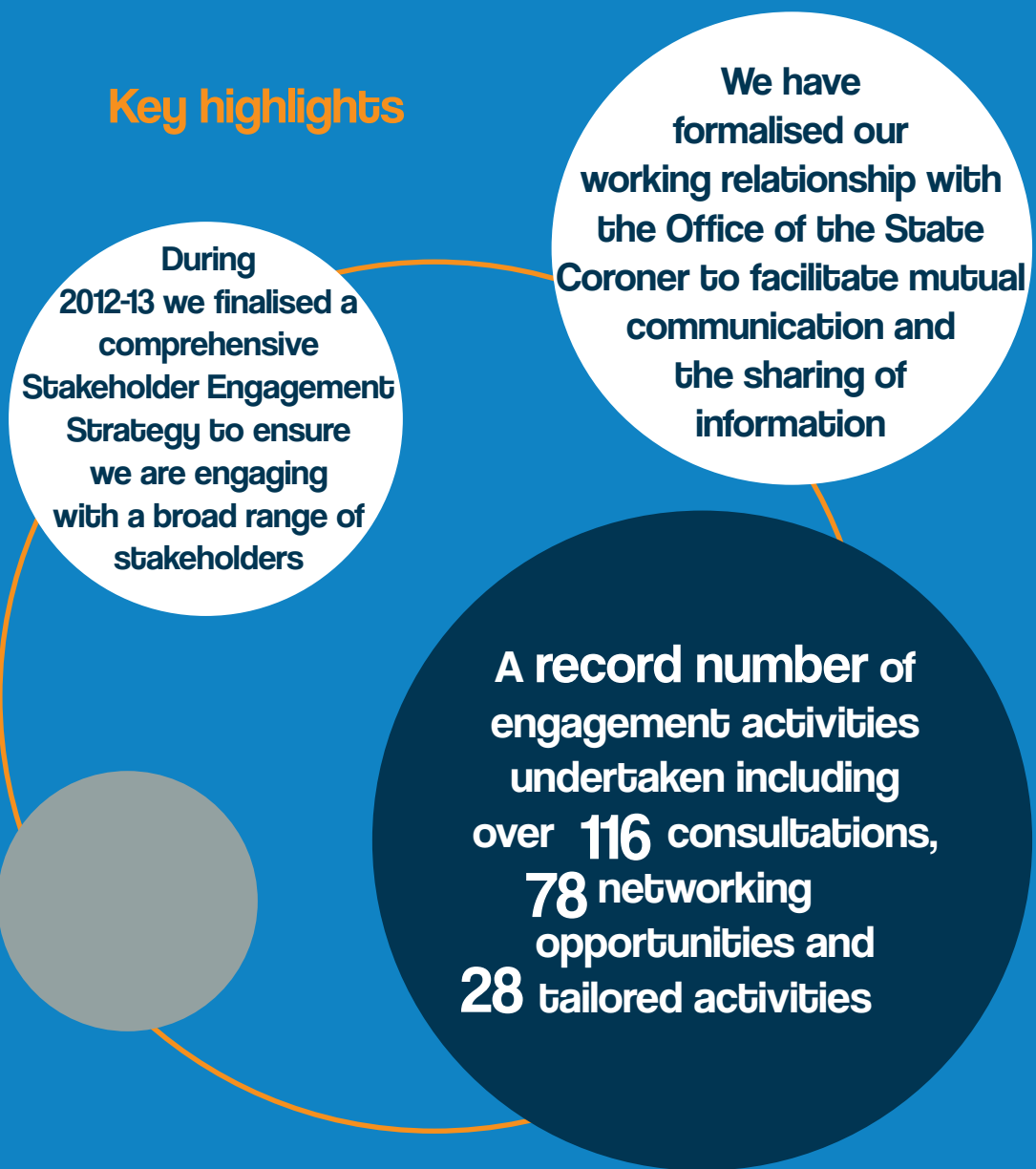
For us, the change with the biggest impact will be the annual data collection from prescribed disability service providers, as previously there was no process in place to collect this type of information. To implement this, we will engage with service providers and relevant stakeholders to discuss the best way to collect meaningful and useful data, to enable a smooth transition and ensure we meet the legal requirements of the data collection process.

The disability service complaints data will be used to report trends, identify systemic issues and make service improvement recommendations across the disability services sector. On the whole, the amendments will lead to greater consistency and efficiency in the way we are able to manage disability complaints, which is something we welcome.

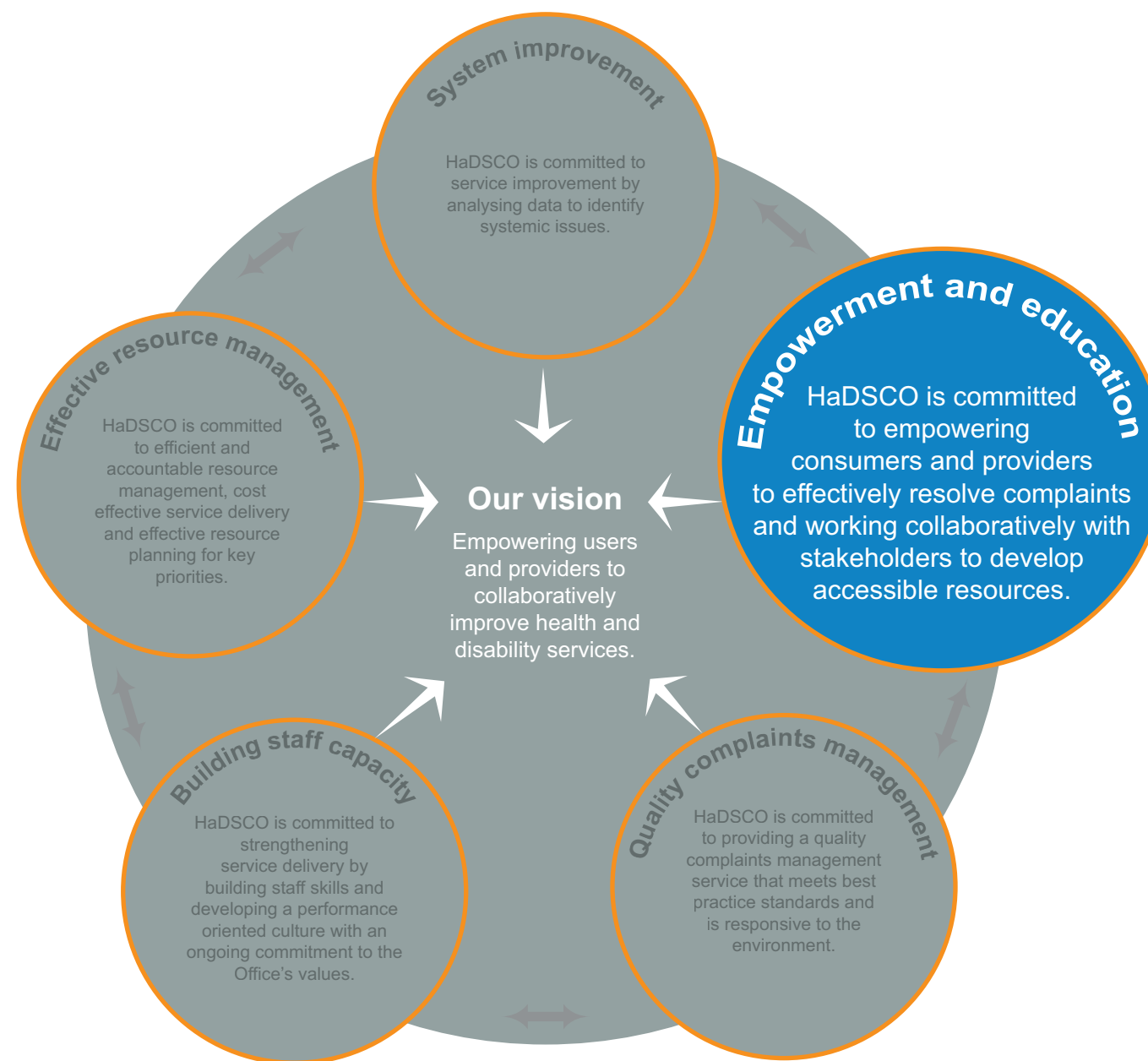
Strategic goal two Empowerment and education

HaDSCO is committed to empowering consumers and providers to effectively resolve complaints and will work collaboratively with stakeholders to develop accessible resources.

Key highlights



HaDSCO Strategic Map 2012-15 strategic goal two



Introduction

Empowerment and education is the second of five strategic goals outlined in our strategic map. The key initiatives that formed part of empowerment and education were:

- Raise awareness of HaDSCO's services;
- Develop tools to empower users and providers to effectively resolve complaints; and
- Develop partnerships with key government agencies.

The sections below explore some of the key achievements from 2012-13 that enabled us to empower users and providers in the management of complaints. We undertook significant research and planning for the development of a Stakeholder Engagement Strategy (SES) 2012-15 that encompasses strategies to be targeted for our broad stakeholder groups. The SES has established a solid foundation for the implementation of empowerment and education initiatives for 2013-14.

Stakeholder Engagement Strategy

We are committed to empowering consumers and providers to resolve complaints and aim to work collaboratively with stakeholders to develop accessible tools and resources.

The [SES](#) supports the delivery of Service Two: Education and training in the prevention and resolution of complaints. We aim to achieve this by building capacity amongst stakeholders to empower them to effectively handle complaints.

Our SES also ensures there is a customised and targeted approach to stakeholder engagement activities across the Office to enable better planned and more informed projects, programs and services.

Developed during the 2012-13 financial year the SES framework also supports the delivery of our central strategic plan. It outlines the purpose, commitment to stakeholders and techniques used to engage with stakeholders during our five levels of engagement:

- Inform
- Consult
- Involve
- Collaborate
- Empower

Specific stakeholder groups have been identified and targeted information is now available for a variety of audiences. These include service providers, consumers and government agencies.

Stakeholder Engagement Framework

	Inform	Consult	Involve	Collaborate	Empower
Purpose	To provide impartial, objective, and consistent information to raise awareness of HaDSCO services, and alternative complaint services	To obtain feedback, input and information from stakeholders	To work directly with stakeholders throughout a process to ensure that concerns and needs are consistently understood and considered	To form a collaborative relationship or partnership with a clear and shared sense of purpose involving key stakeholders focused on an agreed outcome	To enable stakeholders to actively contribute to the achievement of outcomes
Commitment to stakeholders	HaDSCO will keep you informed	HaDSCO will keep you informed, listen to, and acknowledge concerns, and provide feedback on how stakeholder input may influence an outcome	HaDSCO will work with you to ensure that your concerns are considered and, where appropriate, are reflected in relevant processes, and provide feedback on how stakeholder input may influence an outcome	HaDSCO will seek your input in formulating solutions, and incorporate your advice and recommendations into the outcomes	HaDSCO will support stakeholders by providing contemporary advice, resources and tools to empower decision making
Techniques	-Website -Newsletters -Factsheets -Brochures -Presentations -Enquiry	-Focus groups -Surveys -Meetings -Assessments	-Workshops -Forums -Complaints pathways: negotiated settlement, conciliation	-Working groups -Committees -Memorandum of Understanding -Joint Projects	-Monitoring and evaluation of techniques

Engaging with consumers

As a relatively small Office offering services to the whole of Western Australia (WA) and the Indian Ocean Territories, we strive to ensure that all members of the community have access to our services. Consumers form a key stakeholder group for this Office and as such we actively engage with them via a range of techniques.

Top Five Issues

The Complaints and Systemic Issues Unit has identified a number of common enquiries that the Assessment Team receive from consumers, on initial contact with the Office. In order to provide some preliminary information in response to these commonly raised issues, a Top Five Issues section was developed for our website.

The Top Five Issues cover the following topics:

- Payment for the access to medical records;
- Bulk Billing issues;
- Payment queries for additional services at private hospitals;
- Payment for ambulance transport; and
- Course of action if consumers do not agree with a bill.

Mental health service consumers

'Celebrate, Connect, Grow' was the inspiring theme for this year's Mental Health Week celebrations that took place during October. In conjunction with the celebrations, The West Australian newspaper published a special Mental Health Week supplement. As a key stakeholder in mental health in WA, we advertised in this special edition supplement in order to raise awareness of the Office and inform the general public about the services we offer.

HaDSCO brochures were included in the Mental Health Week promotional packs prepared by the WA Association of Mental Health for distribution during the various events.

We supported various activities, such as the 'Turn Blue 4 A Day' celebrations to promote mental health on 10 October; World Mental Health Day. Staff wore blue on the day and attended the balloon release ceremony in the Murray Street Mall area in Perth's CBD – an image captured from this event is used on the covering page of this report.

MOVING FORWARDS

Engaging with mental health service providers and consumers will be a key focus next year due to the implementation of the *Mental Health Bill 2012*. Continuing with the work set out in our [SES](#), we will look into appropriate methods for communicating with people living with mental health service users, including their families and carers.

Regional consumers

In order to raise awareness of what we do in regional areas and provide general advice on complaint management overall, we undertake various activities every year as part of the Regional Access and Awareness Program (RAAP).

Members of our Complaints and Systemic Improvement Unit visited Bunbury in March 2013. During the visit, the officers undertook various activities including complaint clinics; a meeting with peer support prisoners at Bunbury Prison; a presentation to senior operational staff from the Bunbury Regional Hospital and St John of God Private Hospital. We are continuing our efforts to partner with relevant stakeholders to improve accessibility and awareness of our services within all sectors of the community in WA.

Aboriginal consumers

We remain committed to improving accessibility to services for those facing specific challenges in reaching the Office. A targeted [SES](#) has been developed to reach out to Aboriginal communities within WA. Over the course of the year we consulted with key groups for advice and guidance on ways to ensure our communications are effective and culturally sensitive. Key activities included:

- Facilitating an Aboriginal Liaison Session in Bunbury, together with the Ombudsman WA, to provide information on our services.
- The inclusion of HaDSCO information in the Perth Aboriginal Resources Directory 2013; an online listing produced by Ruah Community Services, to help Aboriginal people to access services in Perth.
- Consulting with the Aboriginal Health Division, Department of Health for advice on the appropriate use of pictures and language within our publications for Aboriginal consumers.

MOVING FORWARDS

As a result of feedback from Aboriginal stakeholders, we are currently developing a range of tools for Aboriginal consumers to inform and educate them on how to make a complaint. These tools, including a video and a variety of factsheets, will be released late in 2013.

Diverse consumer groups

As an Office we are committed to overcoming communication and cross-cultural barriers and raising awareness of our services to culturally and linguistically diverse people. We are able to do this by providing appropriate and meaningful information to these communities. This year we delivered an awareness raising session at the Multi Cultural Resource Centre to create awareness of our services with those consumers in culturally diverse environments.

Engaging with providers

During the year we continued to build upon existing relationships already established with key provider groups. We delivered presentations to these groups, which included disability service providers, Carers WA and a range of health providers.

Health providers

We continued to work with a large cross-section of health providers within WA to collect complaints information to identify broad trends. These can relate to the types of complaint issues raised, the timeliness of internal complaint resolution processes and the outcomes these provider groups achieved for consumers. Engagement with this group of providers will be further enhanced in 2013-14.

As part of the [SES](#) we will be rolling out an online engagement tool which will be used to share data trends and best practise examples with this group of providers, in a confidential and collaborative manner.

The Office also participated in a range of meetings and presentations that assisted in raising awareness of HaDSCO's services including participating in the WA Health Conference held during November. The conference, organised by the Department of Health, was a major event in WA's health industry calendar. It offered a valuable opportunity to examine key health issues, network and share in the expertise of industry leaders.

Carers

Many carers fail to identify themselves as a carer, believing they are merely helping a family member or friend. The [SES](#) we developed for this group aims to assist these people 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. As part of our SES we will further expand our partnerships with Carers WA and carer organisations. We believe that such collaborative relationships will offer many opportunities to share information and partner on initiatives to raise awareness of our services.

During the year, we participated in a range of events that aided in raising awareness of our services to carers including:

- Presenting at the WA Carers Conference;
- Hosting an exhibition booth and presenting at the Practical Matters Forum;
- The Director addressed the Carers Advisory Council; and
- Attended the Carers WA Forum.

MOVING FORWARDS

Over the next 12 months we will be working collaboratively with the public health sector to raise awareness of our services and share information on complaint trends that will assist in the improvement of health services overall.

Engaging with government agencies

Government agencies form a key group within our [SES](#). We engage with government agencies to share complaints information and provide information to these groups to raise awareness of our services.

Memorandum of Understanding

Memorandum of Understanding (MOU) have been developed with key government agencies to facilitate collaborative and cooperative working in the resolution of complaints. A number of [MOU's](#) are established as demonstrated in the diagram below:



Over the past 12 months we have focused on developing our relationship with the Department of Corrective Services (DCS) and the Office of the State Coroner. An outline of our engagement activities is provided below:

Department of Corrective Services

The Office met with the [DCS](#) in May 2013 as part of our stakeholder engagement program. The Director of Health Services was present at the meeting and we raised concerns about a number of complaints received across all prisons in relation to the withdrawal of a specific medication. We sought advice about whether there had been a change in the prescribing policy, which may assist us in managing complaints more effectively.

The meeting provided an opportunity to discuss processes and procedures in the management of health or disability complaints. DCS raised concerns with us in relation to confidentiality of prisoner health information. We clarified the process for requesting information in relation to the management of complaints, and provided reassurance in addressing their concerns.

Office of the State Coroner

During October 2012 we formalised our working relationship with the Office of the State Coroner, by signing a formal Letter of Understanding (LoU). The LoU outlined the framework to facilitate mutual communication and the sharing of information and complaints. It has been beneficial in enabling both Offices to discuss the management of cases, preventing duplication of work and facilitating the identification of systemic issues.

Open Disclosure

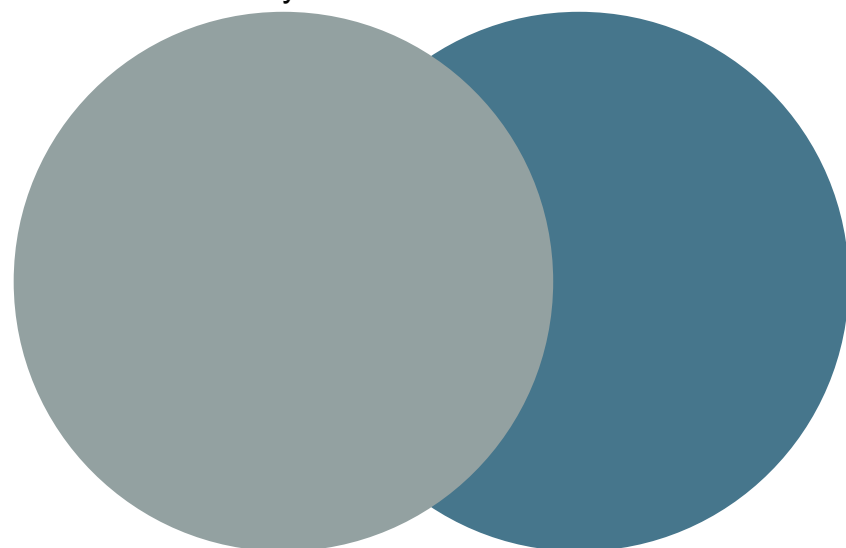
Open Disclosure refers to the open discussion between the health team and patient following an adverse event in healthcare. Both the consumer and the service provider can benefit from a well structured and open dialogue. Our experience shows that people often make complaints because they are seeking information that could have been provided through the practice of Open Disclosure.

The Office continues to promote Open Disclosure in WA Health Services. Around two years ago, HaDSCO's Director was invited to be involved in a national committee with the Commission on Safety and Quality in Health Care to review and further develop the national standards for Open Disclosure. The inter professional committee included medical and health practitioners, health management, lawyers, insurers, consumer representatives and the Australian Commission on Safety and Quality in Health Care.

The work of the committee involved an extensive review of documents and many hours spent working through the different perspectives held by numerous representatives, with groups consulted from across Australia. This resulted in the completion of the Australian Open Disclosure Framework and the inclusion of this in the current accreditation standards for health services.

Calendar of engagement activities

An overview of the tailored presentations delivered during the financial year is provided in the table over the page, presented in a month-by-month format.



A calendar snapshot of engagement activities

July	August	September
S M T W T F S	S M T W T F S	S M T W T F S
- Service Provider Orientation -to Carers WA	- Carers Conference	- Presentation to Psychology Board
- Open Disclosure Advisory Group	- Presentations delivered at Carers Conference, Council of Official Visitors & Department of Corrective Services	- Presentation to Commissioner for Children and Young People
October	November	December
S M T W T F S	S M T W T F S	S M T W T F S
- Involvement in Mental Health Week	- WA Health Conference	- Presentation at Ethnic Disability Advocacy Centre
- Presentation to Nursing and Midwifery Board	- Presentations at Mental Health Law Centre and Carers Advisory Council	
- Disability Complaints Commissioners Conference		
January	February	March
S M T W T F S	S M T W T F S	S M T W T F S
- Open Disclosure Advisory Group	- Presentation to the State Committee, National Disability Service	- Regional awareness program in Bunbury
	- Presentation to Mental Health Strategy and Leadership Unit	- Aboriginal consumer information session in Bunbury
April	May	June
S M T W T F S	S M T W T F S	S M T W T F S
- Presentation to Multi Cultural Resource Centre	- Disability Services CEO Round Table	- Presentation at Carers WA Practical Forum
- Open Disclosure Advisory Group		- Indian Ocean Territories visit

Developing educational resources

Indian Ocean Territories

We were privileged to visit Christmas Island and Cocos Keeling Island, located in the Indian Ocean Territories (IOT), to deliver a school based outreach program following the success of the Christmas Island Project 2012.

During the visit, we worked with Year 10, 11 and 12 pupils to produce educational leaflets that explain how complaints can be made about health and disability services. Students worked individually and in groups to create artwork and wording to feature in HaDSCO publications in the future.

In addition, we met with a variety of community groups to discuss and answer questions about our complaint resolution processes, as well as inform them about the health and disability services available to them on the Island. We also met with the [IOT](#) Island Administrator for a valuable overview of the significant issues impacting their areas.

This project provided us with the opportunity to engage with an otherwise hard-to-reach community and develop meaningful publications and brochures to raise awareness of our services.

Making complaints processes child friendly

The Commissioner for Children and Young People (CCYP) partnered with HaDSCO and the Equal Opportunity Commissioner to produce 'Are you Listening' – a set of guidelines for making complaints processes accessible and responsive to children and young people.

Since that time we have continued to support this initiative by being involved in the planning and delivery of a series of 'Making Complaints Processes Child Friendly' seminars to provide interested people with the opportunity to develop their skills and knowledge in this area.

We co-presented at seminars organised by [CCYP](#), showcasing in particular our well received Christmas Island Project 2012, which involved children from local schools on the Island producing artwork related to making and resolving complaints.

The presentations were well received and examples of the work carried out with the Christmas Island children were included on the Commissioner's website.



Strategic goal three

Quality complaints management

HaDSCO is committed to providing a quality complaints management service that meets best practice standards and is responsive to the environment

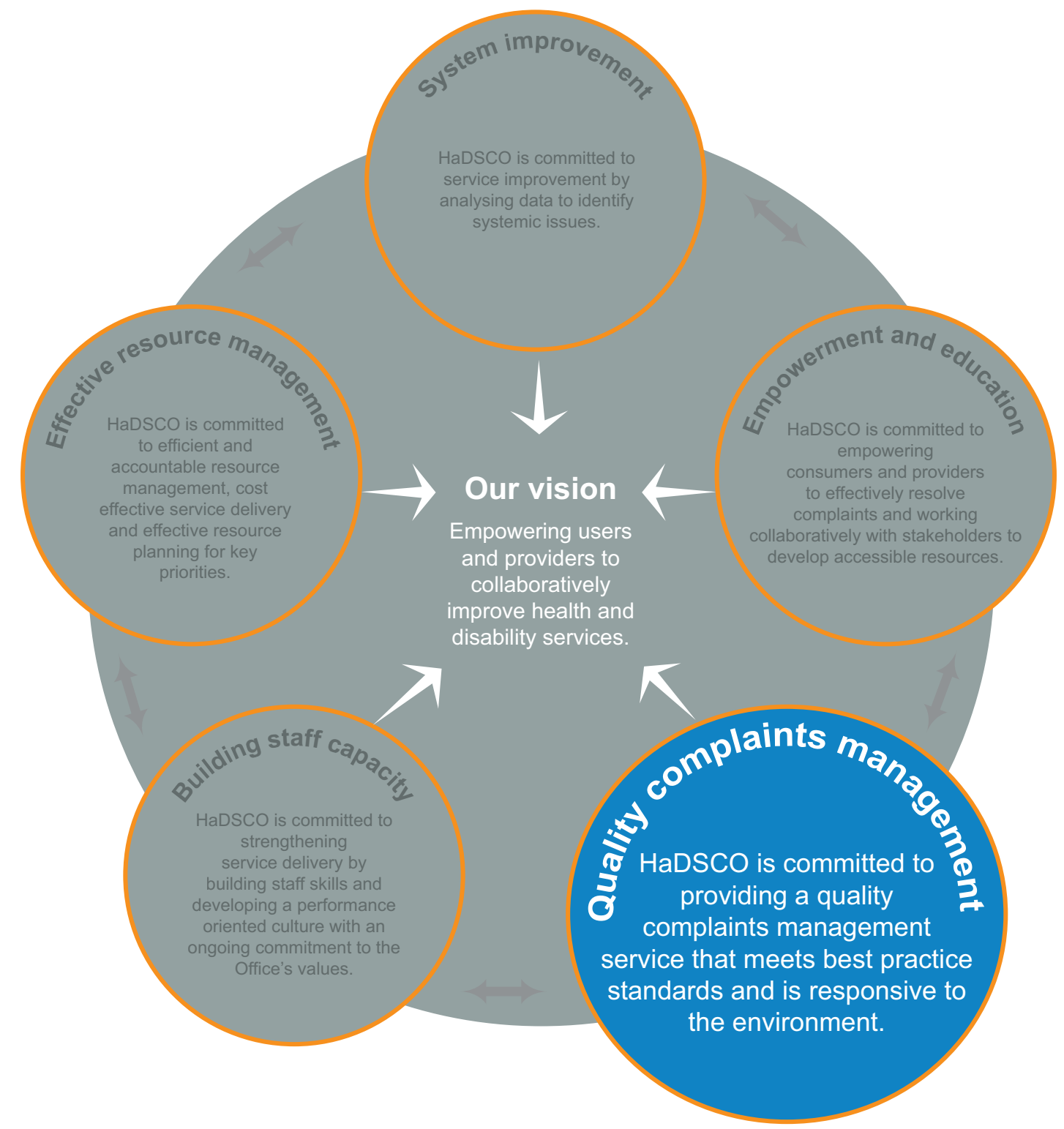
Key highlights

2,407 complaints closed in the enquiry stage

We are able to obtain **specialist medical and legal advice** to provide a more comprehensive complaint management service to consumers and providers

We worked with health and disability service providers to identify and follow up **78** service improvements

HaDSCO Strategic Map 2012-15 strategic goal three



Introduction

Goal three of the strategic map is quality complaints management. The focus of this goal is to provide a high quality, responsive complaints management service that meets best practice standards. Key initiatives that formed part of the quality complaints management goal during 2012-13 were:

- Strengthening service delivery: provide a quality complaints management service and proactively seek and action feedback from stakeholders;
- Improving complaints management models: identify, develop and implement best practice standards in complaints management;
- Understanding the operating environment: improve our understanding of health and disability sectors and adapt to the changing needs of these sectors and their consumers.

The sections below provide an overview of our complaints management process, summarise the key trends in complaints that we received and explain how we have worked collaboratively with providers to make improvements to health and disability services. We will continue to improve our internal complaints processes and make progress towards our quality complaints management goal in 2013-14.

The complaints management process

One of our primary functions is to provide a free, impartial and confidential service to assist consumers and providers to resolve complaints that relate to health and disability services in Western Australia (WA). This section provides a brief overview of our complaint management process and the positive outcomes achieved for our stakeholders during a complaint's journey, from initial enquiry to resolution. Actual case studies are used to explain each stage of the complaint resolution process and provide examples of how we support consumers and providers to resolve complaints.

Whilst we are not always able to progress all enquires that we receive, we always aim to assist people who contact us by providing advice, support and guidance. For example, we can provide information about other agencies that are able to assist with an enquiry, if we are not able to. We also encourage consumers and providers to discuss and resolve complaints between themselves, without third party involvement. However, if the consumer and provider are not able to resolve a complaint, and the issues raised fit within our legislative criteria, we may be able to assist them to reach an agreement or resolution.

Our comprehensive complaints management process enables us to handle complaints through a staged process which is described in detail over the following pages. Our complaints process includes three main stages, these being:

- Enquiry;
- Assessment; and
- Complaint resolution pathways (Negotiated Settlement, Conciliation and Investigation).

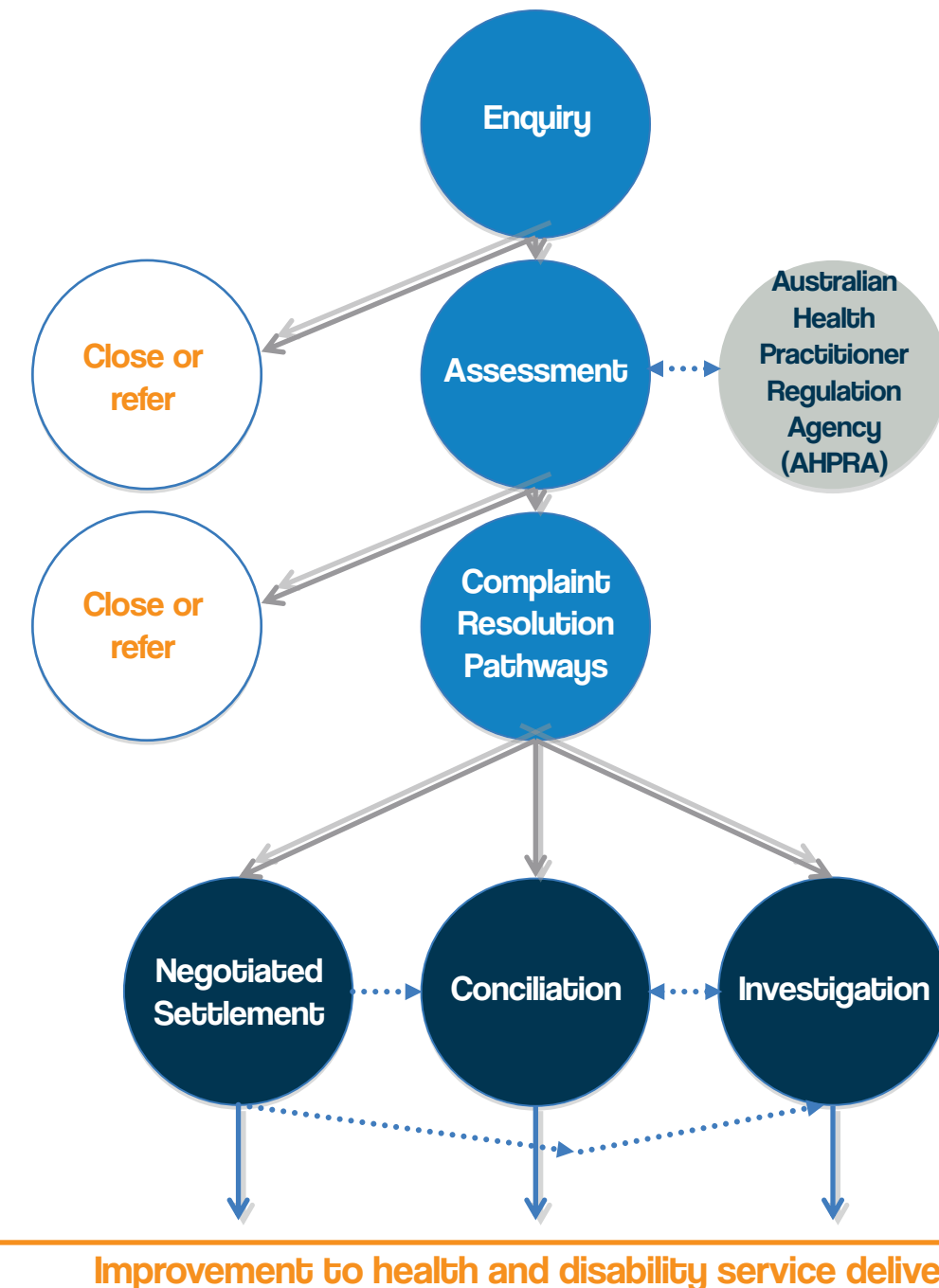
Whilst we achieve a range of outcomes for consumers and providers, this report focuses on the top three positive outcomes achieved at each stage of the complaint management process.

Did you know?

To ensure that we provide a high quality and informed service, we are able to obtain specialist medical and legal advice.

The availability of expert medical and legal advice enables us to provide a more comprehensive complaint management service to consumers and providers. This collaborative way of working also allows us to identify areas for service improvement and potential systemic issues.

HaDSCO's Complaints Management Process Map



Enquiry

What happens during Enquiry?

As the first stage in our complaint management process, our primary role is to raise awareness of our services and provide advice to complainants. We are able to:

- inform users about the most appropriate way to make a complaint to a provider;
- explain how our complaints management process works;
- inform complainants about other agencies who can provide further advice or advocacy services; and
- refer people to other, more suitable organisations, if we are not the most appropriate body to manage their complaint.

When we receive an enquiry we must first ensure that it is a matter relating to health or disability service provision. If it is, we categorise the enquiry as being Within Jurisdiction.

We are unable to progress enquiries that do not relate to health or disability service providers therefore these enquires are categorised as being Out of Jurisdiction. Whilst we cannot progress these type of enquiries, we do all that we can to point those we cannot help in the right direction, by helping them find the right organisation to assist them with their concern.

We are only able to progress Within Jurisdiction enquiries to the assessment stage when additional information has been provided in writing about the complaint, such as:

- name of the complainant;
- name of the service provider;
- reason for the complaint; and
- signed authorisation that we can assess the complaint.

Did you know?

HaDSCO has established Memorandums of Understanding (MOU) with several key government agencies which ensures that complaints are directed and exchanged appropriately. [MOUs](#) enable greater collaboration between key government agencies and help to promote inter-agency working. Please see strategic goal two, empowerment and education, for further information.

Case study

Mrs B contacted us to complain about a teeth whitening service. She claimed that it had not worked and she therefore wanted her money back. We explained that a teeth whitening service is classified as a cosmetic procedure and is therefore not within our jurisdiction. As a result, we could not progress Mrs B's complaint. However, we suggested that Mrs B contact the provider in the first instance to ask for a refund. We also provided her with the contact details for the Office of Consumer Protection who would be able to assist her to resolve the complaint, if her attempt to do so directly with the provider was unsuccessful.

2012-13 complaint trends

2,407 complaints were closed in the Enquiry stage.

The Office achieved a range of outcomes during the Enquiry stage, but we have elected to highlight the **top three positive** outcomes for complaints closed in this stage:

42% of complainants were informed about how to make a complaint and then referred back to the provider to give them the opportunity to resolve the complaint without third party intervention.

7% of complainants were provided with an advice from us or an explanation from the provider to facilitate complaint resolution.

2% of complainants were referred to [AHPRA](#) as this organisation was more suitable to deal with the complaint.

Assessment

What happens during Assessment?

Complaints must meet specific criteria before they can progress to the Assessment stage. The criteria are described in the *Health and Disability Services (Complaints) Act 1995* and the *Disability Services Act 1993*, and in practice require that the complaint:

- relates to a health or disability service provider;
- be about an incident that occurred no longer than 24 months before the date of enquiry;
- be in written form;
- includes signed authorisation that we can assess the complaint; and
- includes essential information needed to assess the case, for example the consumer's name, provider's name and date of the incident.

However in exceptional circumstances the Director has discretion to accept complaints that do not meet this criteria.

The *Health and Disability Services (Complaints) Act 1995* also requires that the complainant has made a reasonable attempt to resolve the complaint with the service provider before Assessment commences. We work with those who contact us to ensure that they have met all legal requirements, and if not, we advise them about how to do so.

Once in the Assessment stage, the complaint is reviewed to determine if it should be:

Accepted

Complaints are accepted if they have the potential to be resolved through our Negotiated Settlement, Conciliation or Investigation processes.

Closed

Complaints are closed if they are resolved between the complainant and provider during this stage or are not suitable to progress further through our processes.

Referred

Complaints are referred if there is another organisation that is better suited to resolve the complaint, for example, [AHPRA](#). More information about the [HaDSCO-AHPRA referral process](#) is included at the end of this section.

Case study

Mr R's father, Patrick, had a new pair of glasses fitted with lenses by an optometrist. However, Patrick could not see clearly using the new lenses. Mr R informed the provider about the problem but was told that his father 'would get used to them'. Mr R made a complaint to us about the provider. While the complaint was in the Assessment stage, the provider offered to correct the lenses. Mr R accepted the provider's offer and a new pair of lenses were fitted. Patrick could see clearly using the new lenses and was satisfied with the outcome. The consumer and provider were therefore able to resolve the complaint and subsequently we were able to close the complaint in the Assessment stage.

2012-13 complaint trends

148 complaints were closed in the Assessment stage.

The Office achieved a range of outcomes during the Assessment stage, but we have elected to highlight the **top three positive** outcomes for complaints closed in this stage:

14% of complainants were provided with advice from us or an explanation from the provider to facilitate complaint resolution.

9% of complainants were informed about how to make a complaint and then referred back to the provider to give the provider the opportunity to resolve the complaint without third party intervention.

7% of complainants were referred to [AHPRA](#) as this organisation was more suitable to resolve the complaint.

Did you know?

HaDSCO is required by law to notify [AHPRA](#) of complaints received involving a named registered health practitioner. AHPRA has the power to investigate complaints about registered health practitioners and take disciplinary action, where appropriate.

Similarly, AHPRA must notify us about complaints received that potentially fall within our jurisdiction – for example, complaints about the manner in which a service was provided or communication issues. Our legislation enables investigation of systemic issues that extend beyond the named registered health practitioner in the complaint.

In 2012-13, we notified AHPRA about 103 registered practitioners who were identified in complaints. Out of these, 33 complaints were referred to AHPRA for investigation and five were split with certain issues managed by AHPRA and other issues managed by HaDSCO. AHPRA notified our Office about 99 registered practitioners, out of which 19 complaints were referred to us to manage. A similar number of registered practitioners were referred between the two agencies in 2011-12.

Outcomes of complaints not referred during the notification process include the following:

- The complaint continues to be managed by the referring agency;
- The complaint is referred to another organisation; or
- The complaint may be closed if it is not suitable for either agency to progress the complaint further.

The Office has continued to develop its relationship with AHPRA to ensure the interaction is one of cooperation and timeliness. The aim of the HaDSCO–AHPRA referral process is to ensure that complaints involving registered health practitioners are managed by the most appropriate agency, in order to provide the most effective outcomes for consumers and providers.

Negotiated Settlement

What happens during Negotiated Settlement?

Negotiated Settlement is our preferred resolution process for complaints that are typically straightforward to resolve.

During Negotiated Settlement, we perform a central contact role, exchanging information between the consumer, provider and other relevant persons to assist parties to resolve their dispute.

Because complaints dealt with through this process are usually less complex, communication is often conducted via telephone or in writing, and generally does not involve a face-to-face meeting.

An example of this would be where a consumer seeks a refund of fees, and through the exchange of correspondence between the consumer and provider, we are able to resolve the complaint.

Case study

Ms A had an appointment to see a psychiatrist. When she arrived for the appointment she was asked if a trainee could observe the session. Ms A was not informed prior to the appointment that a trainee would be present and felt too intimidated to decline the request when asked on the day. The psychiatrist also failed to send Ms A’s general practitioner a copy of the psychiatrist’s report from this session.

Ms A wrote to the psychiatrist to discuss her concerns but did not receive a response. She therefore contacted us. As a result of our Negotiated Settlement process, the provider made changes to internal processes to prevent a similar situation from arising. The changes made were as follows:

- ensure that patient consent is sought prior to appointments if a trainee may be present; and
- improve efficiency with which patient reports are sent to General Practitioners.

2012-13 complaint trends

72 complaints were closed in the Negotiated Settlement stage.

The Office achieved a range of outcomes during the Negotiated Settlement stage, but we have elected to highlight the **top three positive outcomes** for complaints closed in this stage:

22% resulted in a recommendation or agreement that the provider would change a procedure, policy or practice to improve service delivery.

21% of consumers gained access to services or treatment from the provider.

18% complainants were provided with advice from us or an explanation from the provider, to facilitate complaint resolution.

Conciliation

What happens during Conciliation?

Whilst the Conciliation process is typically lengthier than Negotiated Settlement, it is preferable if the complaint is complex, if there is an ongoing relationship between parties, or the subject of the complaint is particularly emotive. Sometimes parties require our assistance because a breakdown in communication makes it difficult for them to resolve the complaint themselves.

Using our Conciliation process, we facilitate complaints resolution by assisting complainants and providers to identify their respective interests and move towards an agreed outcome. This allows parties to openly discuss aspects of the complaint and understand one another's perspectives.

In order to facilitate this, Conciliation usually takes place through face-to-face meetings; however it can be paper-based.

An example of this could be where a consumer is discharged and is unsure of the advice given in terms of follow up care. Being unable to resolve the complaint directly, we facilitate a discussion between the consumer and provider to resolve the complaint.



Case study

Mrs H sustained a back injury whilst in hospital as a result of slipping on plastic sheeting during the transition from her bed to a wheelchair. Mrs H contacted us to assist with the resolution of her complaint. Mrs H wanted an apology and for the hospital to meet the costs of x-rays and physiotherapy treatment received as a result of the injury.

During the Conciliation process the hospital apologised for any distress caused to Mrs H and offered a goodwill payment. The hospital also agreed to change the procedure for patient transfers off beds and sought Mrs H's permission to use this scenario as a case study for training hospital staff.

2012-13 complaint trends

50 complaints were closed in the Conciliation stage.

The Office achieved a range of outcomes during the Conciliation stage, but we have elected to highlight the top three positive outcomes for complaints closed in this stage:

38% of complainants were provided with an explanation from us or the provider to facilitate complaint resolution.

34% resulted in a recommendation or agreement that the provider would change a procedure, policy or practice to improve service delivery.

28% of complainants received an apology from the provider for the treatment and/or service that was provided.

Investigation

Sometimes there are issues that we, or the Minister, identify that need a more detailed review. In cases such as these we have the authority to investigate.

The *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993* provide us with the power to investigate complaints we receive about health or disability service providers. Investigations are conducted through a formal process during which we must determine if any unreasonable conduct has occurred and whether any systemic issues need to be addressed.

A complaint can be investigated if:

- the complaint is not suitable to be managed by Negotiated Settlement or Conciliation; or
- no resolution was reached through Negotiated Settlement or Conciliation and HaDSCO's Director is of the opinion that Investigation is necessary.

A complaint must be investigated if the relevant Minister is of the opinion that:

- the health or welfare of any person is, or may be, at risk and the circumstances relate to our legislation; or
- investigating the matter is in the interest of the public and of general importance.

We aim to conduct all investigations as efficiently as possible and meet natural justice requirements. This enables us to collect information relevant to the Investigation from a range of formal and informal sources, and ensures that we consider feedback from relevant parties before the investigation report is finalised or published. We are not permitted to use information gained from any Negotiated Settlement or Conciliation processes we have undertaken prior to the investigation due to confidentiality requirements. This also assists the investigator to maintain independence during the Investigation.

The investigative process is similar to the complaints resolution pathways, in that we act as an independent and impartial body. However, a number of important differences distinguish investigations from other complaint resolution processes, as shown in Table 2.

During 2012-13 we finalised one Investigation. As a result of this, five service improvement recommendations were made and have been successfully implemented by the provider. The recommendations provided an opportunity for the service provider to review and update internal policies, procedures and practices to improve service delivery.

There was one Investigation initiated in 2012-13 that is still under review. We are continuing to manage this investigation and will report on the outcomes we achieve.

Table 2: Comparison of complaints resolution and investigation processes

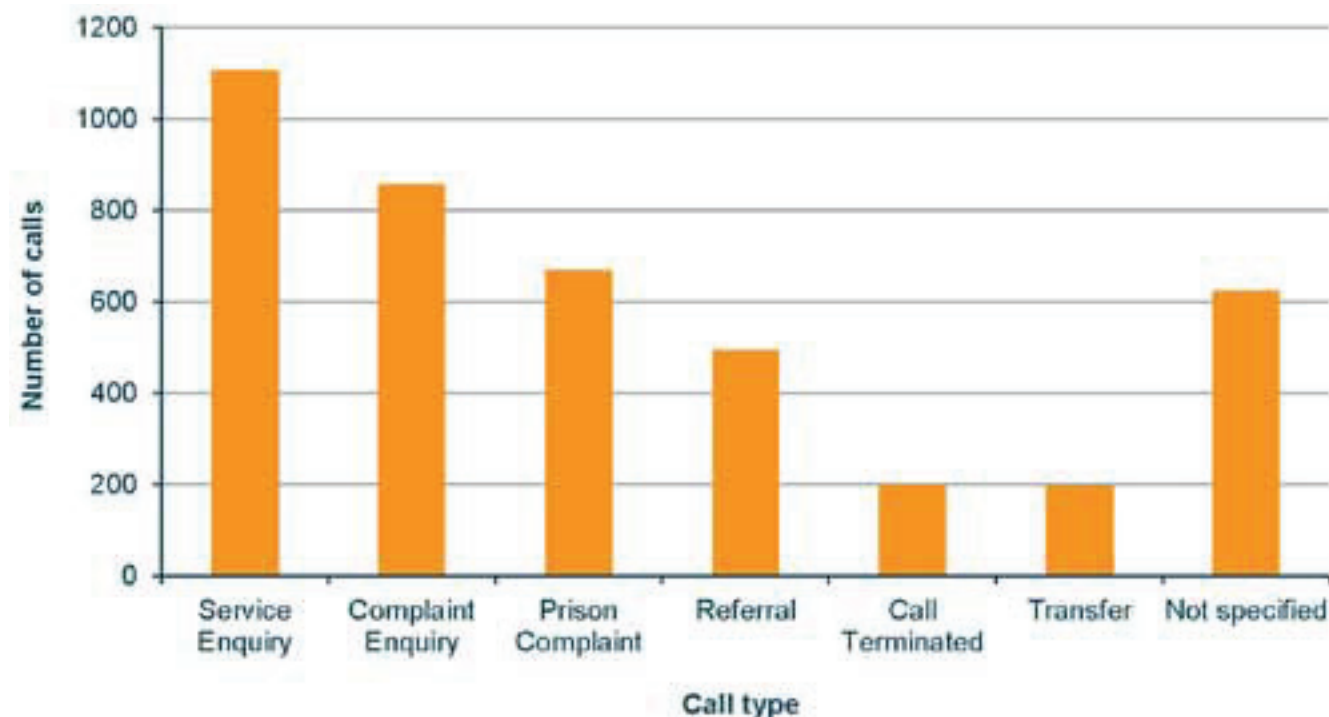
Complaints resolution process	Investigation process
Aims to assist parties to resolve a complaint	Aims to determine whether there has been any unreasonable conduct or to explore broad systemic issues which impact on service delivery
Process is less formal and usually less time consuming	Process is more formal and comprehensive
Service provider can agree to implement actions that result in service improvements and/or We can make recommendations for improvements to service delivery	We can make recommendations for remedial action and improvements to service delivery
Process is initiated by a consumer or referral agency	Process is initiated by a consumer, referral agency, third party, the Minister for Health or Minister for Disability Services
Service provider can choose whether to participate in the complaints resolution process	Service provider must participate in the investigation by answering questions or providing documents. We have powers to summon individuals or providers to cooperate

Overview of complaint trends 2012-13

Calls received

In 2012-13 we received over 4,000 calls to our complaints line. The types of calls we received are shown below in Figure 1. Calls to the complaints line are varied and range from calls about complaints that we are currently managing to calls about how to make a new complaint. Whilst the majority of contact to the Office is by telephone, we also receive correspondence from consumers and providers via a number of other mediums including mail, email, web, fax or through face-to-face visits.

Figure 1: Type of calls made to the HaDSCO complaints line, 2012-13



Most callers contacted us to make a Service Enquiry or Complaint Enquiry. The definitions of each call type are explained in Table 3 below.

Table 3: Definitions of call types

Call type	Definition
Service enquiry	Call about making a new complaint and/or about how we manage complaints
Complaint enquiry	Call about an open or closed complaint that we have previously received
Prison complaint	Call received from a prisoner who wants to make a complaint or wants to enquire about how we manage complaints
Referral	Call did not relate to health or disability service provision and was referred elsewhere, if possible
Call terminated	Call was terminated by a staff member or by the caller
Transfer	Complaint-related call that was transferred internally
Not specified	Staff member did not record the call type

Case study

Mrs L contacted us for advice about how to make a complaint. She had taken her daughter Jill to hospital because she had symptoms of vomiting, drowsiness and excessive thirst. The symptoms were misdiagnosed and Jill was sent home.

When Jill's symptoms continued to worsen Mrs L returned to the emergency department. At this stage the cause of Jill's symptoms was identified and appropriate treatment was administered.

We provided Mrs L with information about how to make a complaint to the hospital. For example, we advised her to provide, in writing, a clear summary of what happened, including relevant dates and locations. We also told Mrs L that she should wait 4-6 weeks for a response from the provider and that she could contact us again if she was not satisfied with the hospital's response to her complaint.

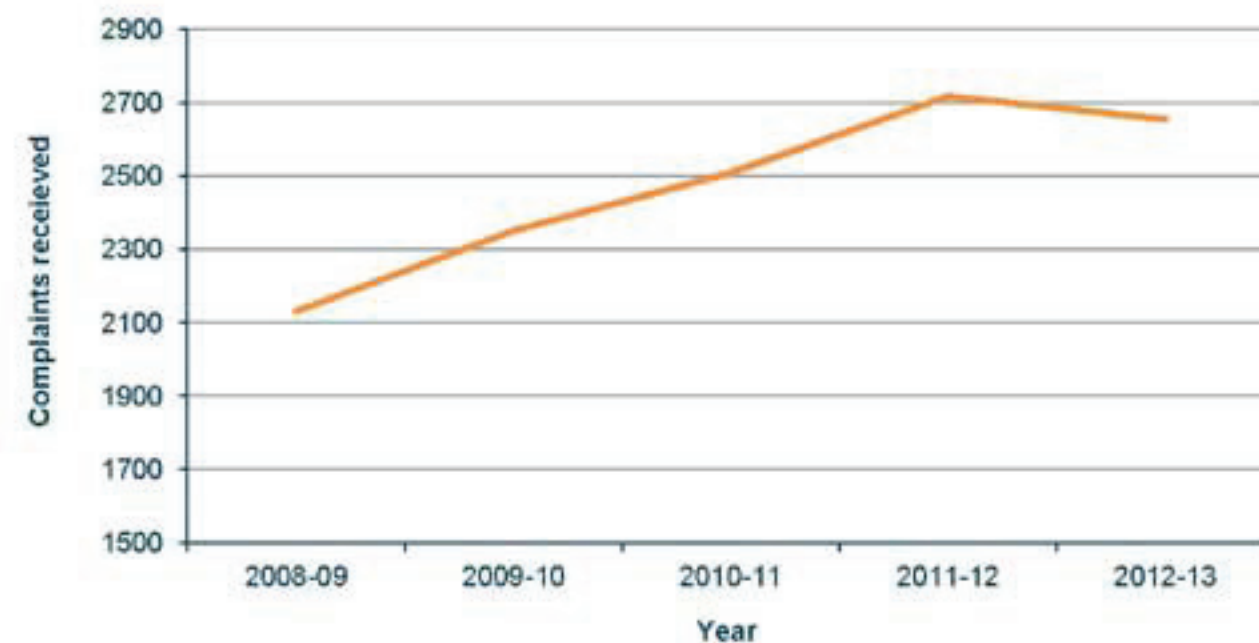
MOVING FORWARDS

To improve the quality of information captured from the complaints line, we will review the definitions of call types received in 2013-14

Complaints received and closed

We received 2,654 new complaints in 2012-13 and closed 95 per cent of these by the end of the financial year. We also closed 153 complaints in 2012-13 that were carried over from previous financial years. As shown in Figure 2, the number of complaints we received this year is marginally lower than 2011-12, but is greater than the number of complaints received in 2010-11.

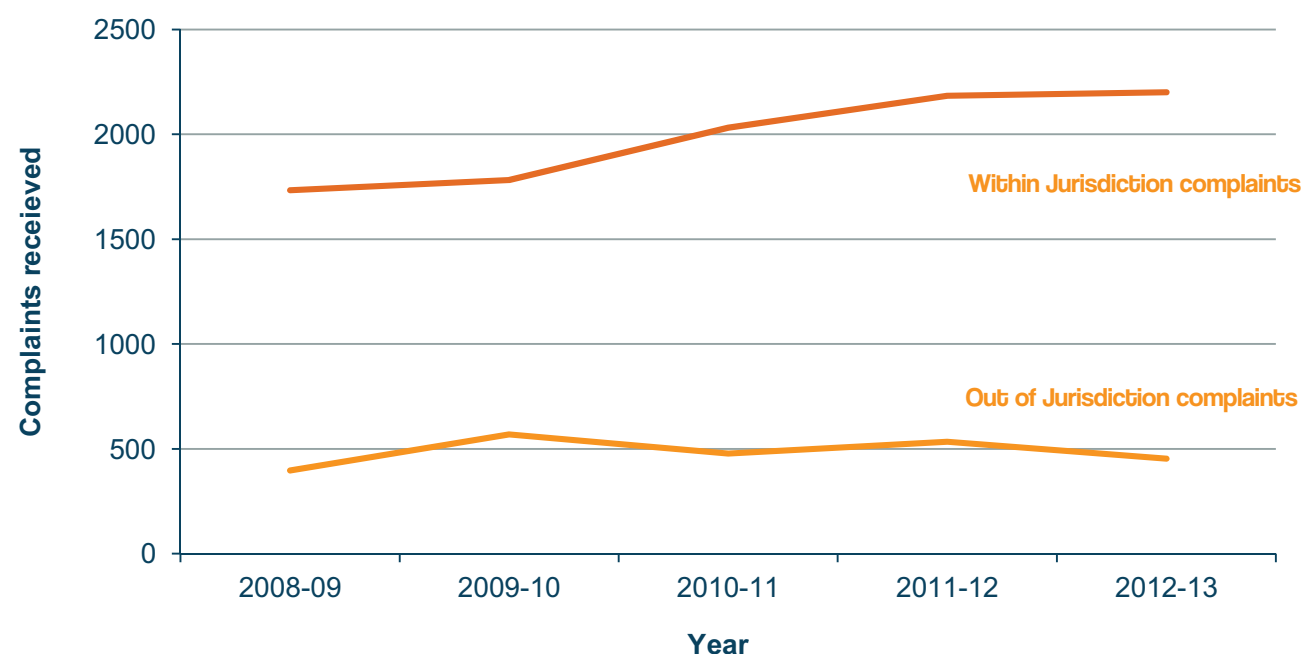
Figure 2: Complaints received, 2008-09 to 2012-13



The reduction in complaints received in 2012-13, relative to 2011-12 is primarily due to a reduction in Out of Jurisdiction complaints. These are unrelated to health or disability service provision, so we are not able to progress such complaints. Instead, we refer them to a more suitable complaint handler whenever possible and the enquiry is closed at our end. A reduction in the proportion of Out of Jurisdiction complaints is a positive outcome for us as we aim to reduce the number of complaint enquires that are unrelated to health or disability service provision.

Figure 3 compares trends in Out of Jurisdiction and Within Jurisdiction complaints. Within Jurisdiction complaints are related to health or disability service provision. Figure 3 shows that the number of Within Jurisdiction complaints increased whilst the number of 'Out of Jurisdiction' complaints decreased in 2012-13.

Figure 3: Comparison of Out of Jurisdiction complaints and Within Jurisdiction complaints received, 2008-09 to 2012-13

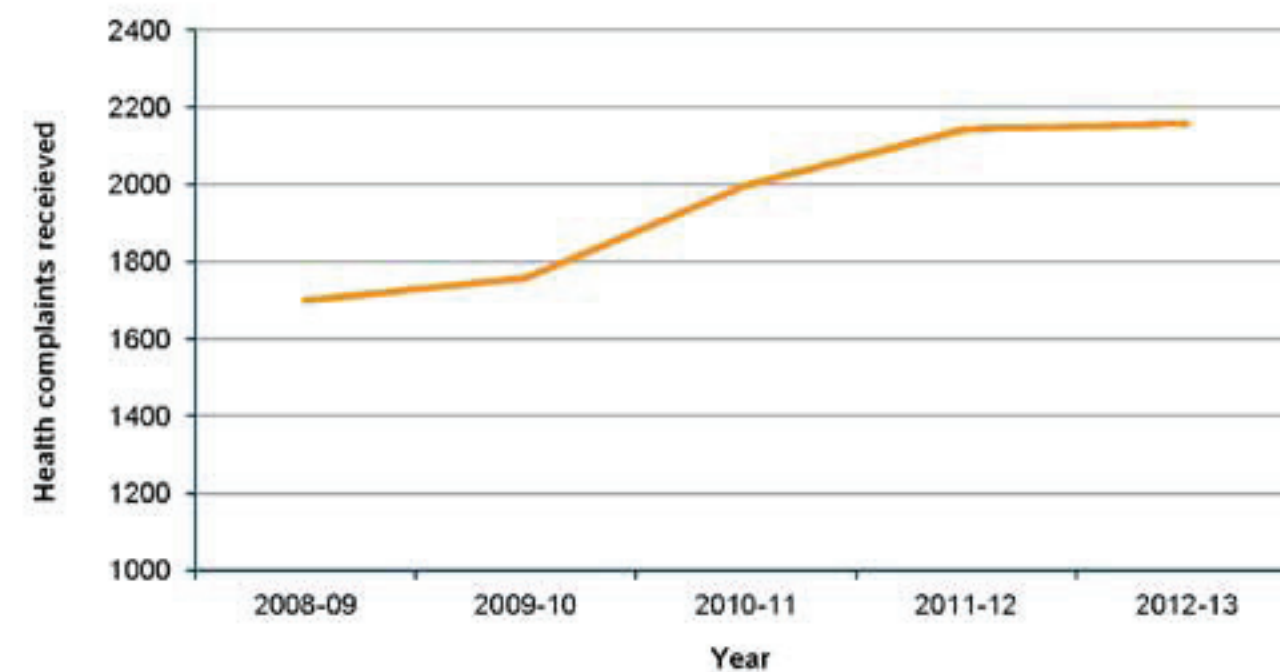


Health and disability complaints

In 2012-13 we received 2,157 complaints about health service providers, a similar result to that achieved in 2011-12. We closed 92 per cent of these complaints before the end of the financial year, as well as an additional 146 health complaints that were carried over from previous financial years. Over the five year period between 2008-09 and 2012-13, the number of health complaints received has increased by 27 per cent.

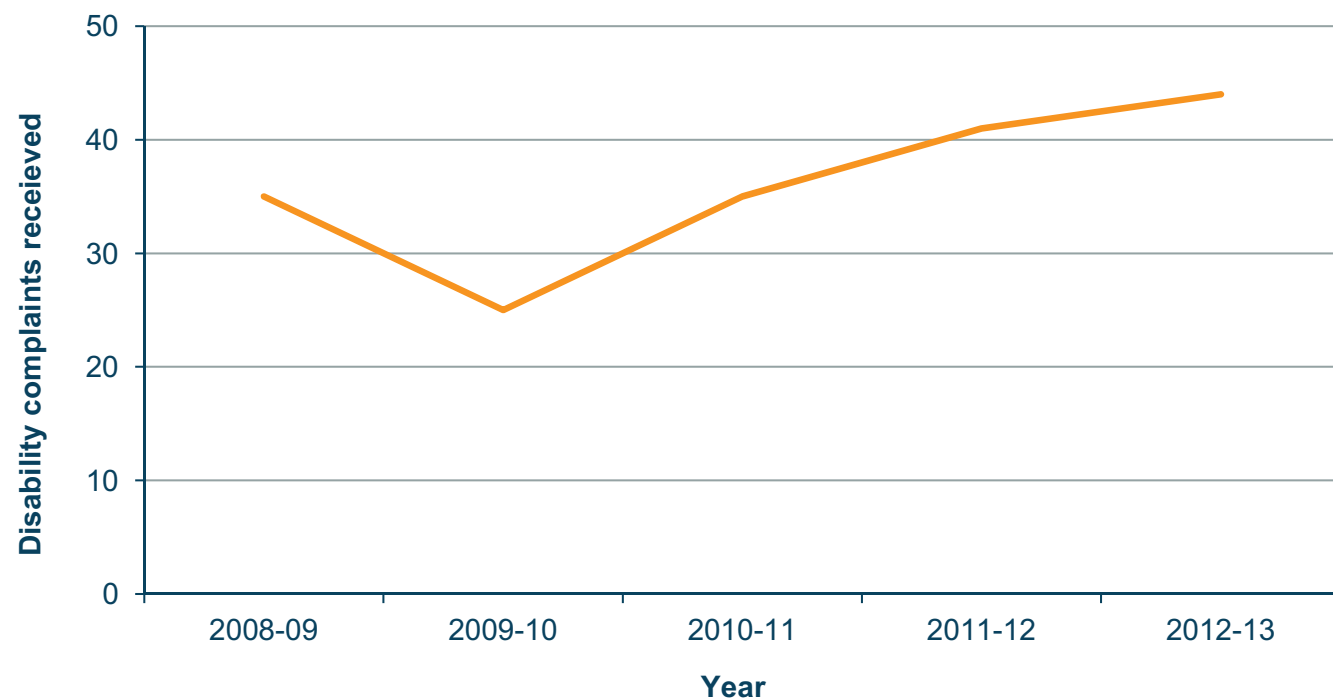
This has enabled us to assist more consumers and health providers to resolve complaints every year. Figure 4 compares the number of complaints received about health service providers over this five year period.

Figure 4: Health complaints received between 2008-09 and 2012-13



In 2012-13 we received 44 complaints about disability service providers and closed 38 of these complaints before the end of the financial year. We also closed an additional seven complaints in 2012-13 that were carried over from previous financial years. The number of complaints received about disability service providers has increased by 26 per cent over the five-year period between 2008-09 and 2012-13, as shown in Figure 5.

Figure 5: Disability complaints received between 2008-09 and 2012-13



Disability complaints account for approximately two per cent of the total number of complaints received in 2012-13. This is similar to the proportion of disability complaints recorded over the past five years.

We are actively working to build strong relationships with disability service providers, for example through the Disability Service Complaints Data Collection Project which has enabled us to collaborate with the Disability Services Commission, National Disability Service and various disability service providers. For more information about this project see strategic goal one, system improvement.

MOVING FORWARDS

Over the next 12 months we will be working collaboratively with the disability service sector to prescribe providers to participate in the Disability Service Complaints Data Collection Project. Recent changes to the *Disability Services Act 1993* have enabled us to commence work on this project which is similar to the Health Service Complaints Data Collection Project.

Issues identified in complaints received

When we receive a complaint, we work with the complainant to identify the key issues and record them in our complaints database. Any one complaint can raise a number of issues, and by recording the information we receive, we are able to monitor complaint trends year on year. Issues raised by complainants are allegations only and do not imply that the provider is at fault.

Information gathered from complaints received in 2012-13 has enabled us to identify the top three issues that complainants raised about health and disability service providers.

Top three health issues

Treatment

Consumer alleged that the health provider failed to provide quality, timely treatment that was effectively coordinated. Includes complaints where treatment resulted in unexpected negative outcomes for the consumer.

Communication and Information

Consumer alleged that the provider failed to convey information clearly, professionally and in a culturally appropriate manner. Includes complaints where the consumer alleged that the provider failed to provide an adequate amount of information.

Fees and Costs

Consumer alleged that there were problems with fees charged by the health provider.

Top three disability issues

Service Management

Consumer alleged that the provider did not adopt sound management practices to maximise outcomes for consumers.

Service Access

Consumer alleged that the provider failed to provide access to a service on the basis of relative need and available resources.

Decision Making and Choice

Consumer alleged that the provider did not provide adequate opportunities for consumers, advocates or legal guardians to participate in making decisions about service delivery.

Did you know?

We analyse information received about complaint issues in conjunction with other complaints information to monitor emerging patterns and system issues. This information that we collect about complaints provides us with a quality assurance measure as we can identify areas of concern and use this information to work with providers to make improvements to service delivery.

Working with providers

This section provides a snapshot of complaints that we received about public hospitals, prison health services, medical practitioners and practices and private dental services. Services in these areas account for the majority of enquiries and complaints that we receive each year.

The issues arising from these service sectors, identified through the complaints management process, are defined below.



Treatment

Consumer alleged that the health provider failed to provide quality, timely treatment that was effectively coordinated. Includes complaints where treatment resulted in unexpected negative outcomes for the consumer.



Communication and Information

Consumer alleged that the provider failed to convey information clearly, professionally and in a culturally appropriate manner. Includes complaints where the consumer alleged that the provider failed to provide an adequate amount of information.



Access

Consumer alleged that they experienced difficulties gaining entry to, or obtaining services from, a health provider.



Fees and costs

Consumer alleged that there were problems with fees charged by the health provider.



Medication

Consumer alleged that there were problems pertaining to the management, administration and/or prescription of medication.

Complaints often involve one or more issues, so a single complaint may raise several issues of a similar nature.

The sections that follow present information about health and disability service providers, including:

- The top three issues identified in complaints about each of these provider groups;
- Case studies to demonstrate how we work with complainants and service providers to resolve complaints; and
- The number of service improvement opportunities that were identified for each classification of providers as a result of complaints received.

Service improvements are identified during our complaints management process to assist providers to improve the delivery of health and disability services, through improvements to policy, process and practice. During 2012-13, 78 service improvements were identified and followed up, 57 of which related specifically to these four service sectors.

Did you know?

Through our complaint resolution process we made a record number of service improvement recommendations to providers in 2012-13.

MOVING FORWARDS

As part of our system improvement function we have conducted a preliminary analysis of the trends and issues being observed during our complaints resolution process. Our Senior Case Managers made a high number of service improvement recommendations to support:

- Improvement to complaints management processes;
- Improvement to the process for obtaining informed consent from patients;
- Review and development of discharge procedures; and
- Improvement of communication procedures with patients both written and verbal.

Public hospitals

Snapshot of complaint trends

The top three issues identified in complaints received about public hospitals during 2012-13 were:

1. Treatment

2 Communication and Information

3 Access

The top three issues for public hospitals, as a proportion of the total issues identified during 2012-13, can be broken down as follows:



Treatment

45%



Communication and Information

19%



Access

8%

Notably, we also received a number of complaints relating to Discharge and Transfer Arrangements and the Management of Facilities between 2009-10 and 2012-13, although these still remain outside the top three issues we identified.

Case study

Mrs R attended hospital to have a biopsy. The hospital informed Mrs R that she would be contacted within seven days so that a follow-up appointment could be scheduled with her specialist. Mrs R was not contacted to arrange this appointment with her specialist, however did receive a request for an appointment from the Oncology department. The miscommunication caused Mrs R considerable distress and confusion.

We facilitated resolution of this complaint through conciliation. During the conciliation process, the hospital apologised to Mrs R and explained the reason for the error. The hospital also agreed to review their appointment scheduling process and made changes to prevent similar scheduling issues from arising in the future.

Service improvements

Our Senior Case Managers made **45** service improvement recommendations to public hospital service providers. These service improvements have assisted public hospital service providers in the:

- Improvement of written and verbal communication procedures with patients;
- Development of complaint management procedures;
- Review of discharge planning and procedures for elderly patients; and
- Review of procedures to ensure informed consent is sought from patients.



MOVING FORWARDS

In 2013-14, we will establish consultative committees with the public health service providers. This committee will provide a platform to discuss the nature of complaints trends, share findings with service providers to aid system improvement and suggest ways of reducing and removing factors that cause complaints.

Prison health services

Snapshot of complaint trends

The top three issues identified in complaints received about prison health services in 2012-13 were:

- 1. Treatment
- 2. Access
- 3. Medication

The top three issues for prison health services, as a proportion of the total issues identified during 2012-13, can be broken down as follows:



Treatment

63%



Access

12%



Medication

12%

These issues account for over 85 per cent of the issues identified in complaints received about prison health services.

Case study

Mr G was waiting for knee reconstruction surgery. He was told by prison staff that he missed an appointment relating to his knee reconstruction surgery whilst in prison and had therefore been put to the back of the waiting list. Mr G was concerned about being placed at the back of the waitlist and was frustrated because he was not told by the prison that he had an appointment for his knee reconstruction. Mr G stated that if he had known that he had an appointment he would have attended.

We placed the complaint into negotiated settlement to facilitate a resolution. A Senior Case Manager liaised with Mr G, the prison and the hospital. The hospital agreed to send the Medical Officer at the prison a list of all of Mr G's upcoming appointments. Mr G, the prison and the hospital were satisfied that this should prevent Mr G from missing any future appointments for his knee reconstruction surgery.

System improvements

During the year, the Office engaged with the Department of Corrective Services due to a number of complaints we received about access to medication in prisons. The Office sought advice about whether there had been a change in prescribing policy that may assist us to manage complaints more effectively.



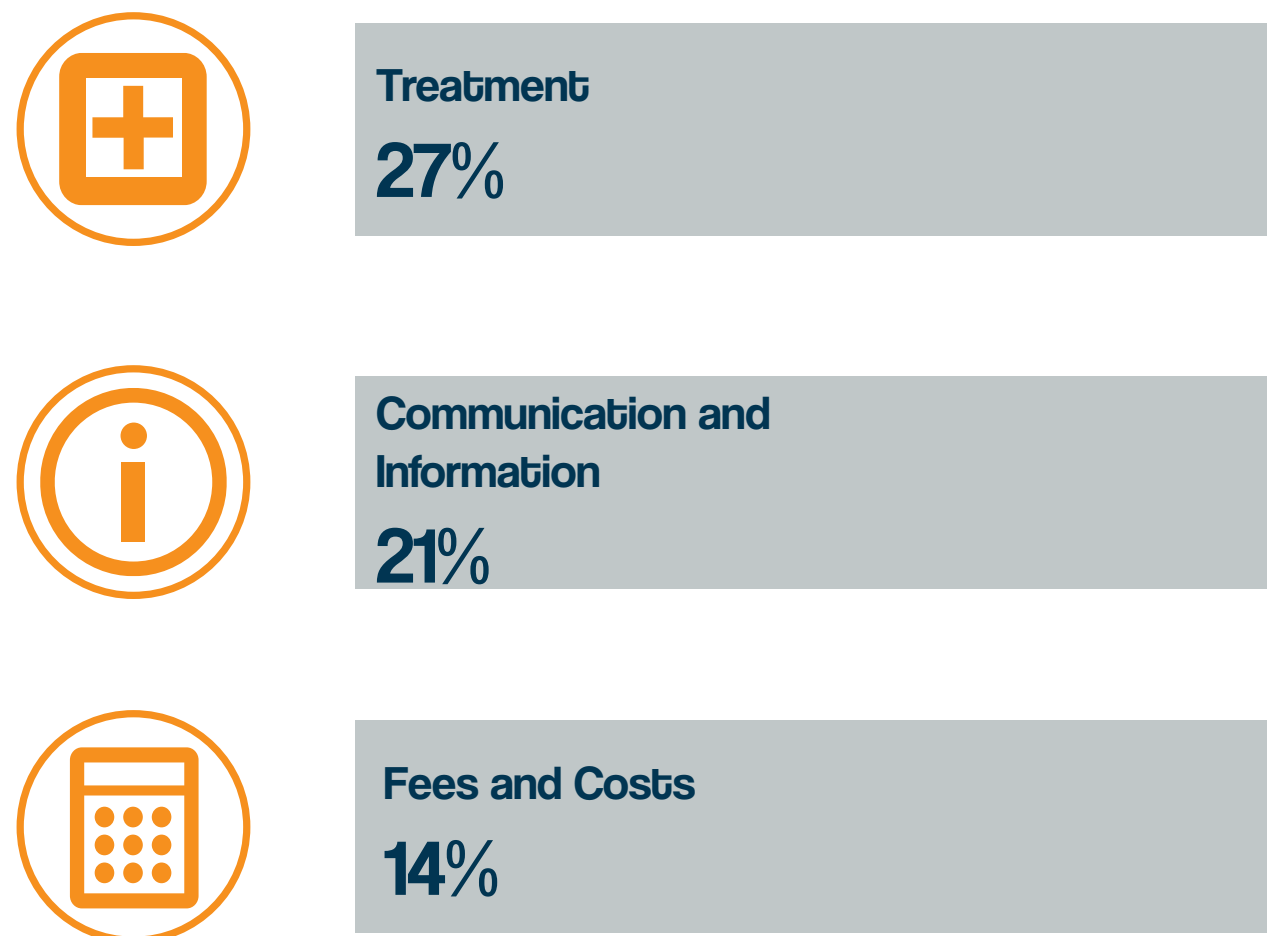
Medical practices and practitioners

Snapshot of complaint trends

The top three issues identified in complaints received about medical practices and practitioners in 2012-13 were:

1. Treatment
2. Communication and Information
3. Fees and Costs

The top three issues for medical practices and practitioners, as a proportion of the total issues identified during 2012-13, can be broken down as follows:



A relatively large number of issues were also raised about Access and Medical Records between 2009-10 and 2012-13.

Case study

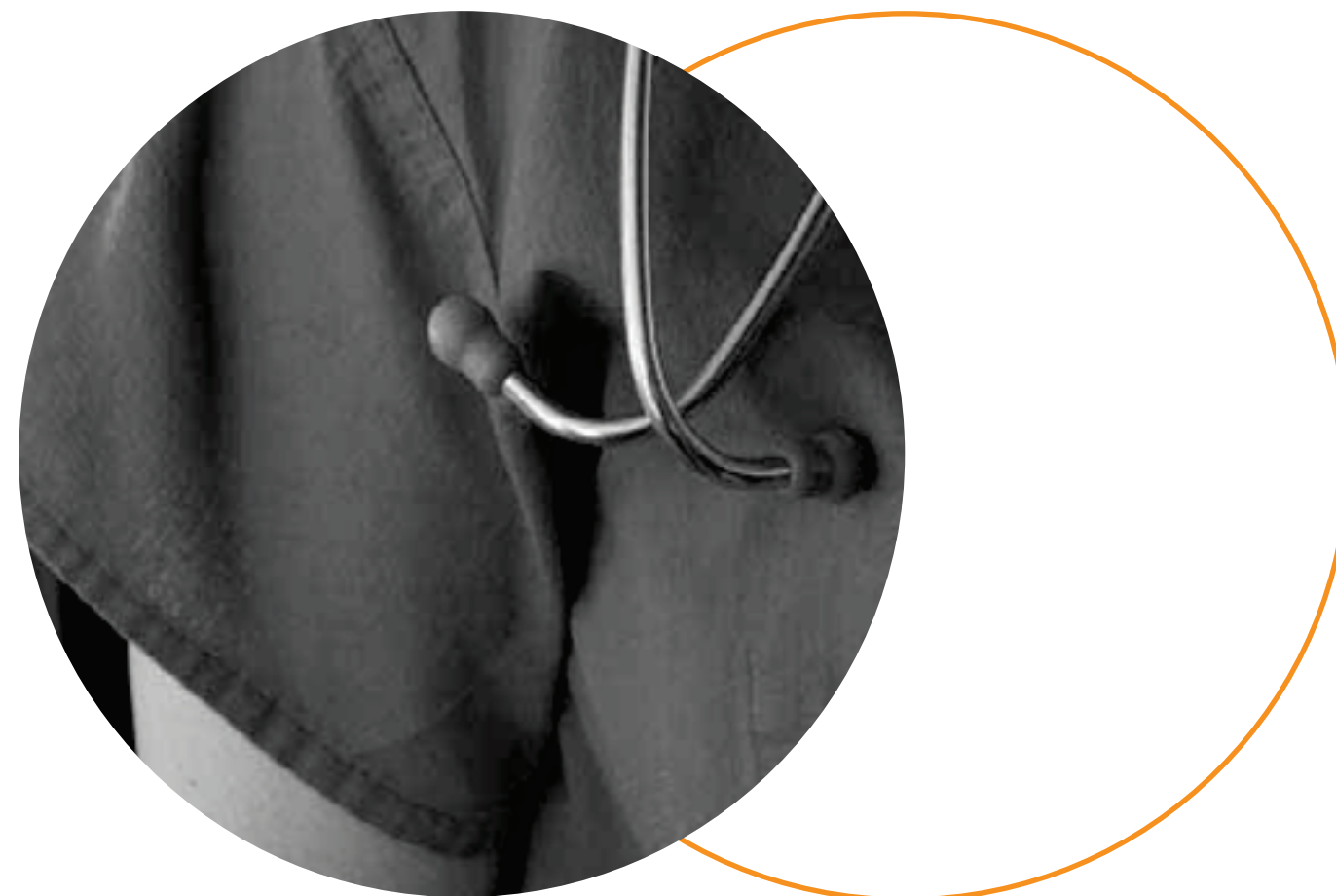
Dr M referred Mr C to see a specialist. Mr C found another specialist who had an appointment available at an earlier date. Mr C requested that Dr M amend the referral letter so that he could access the earlier appointment. Dr M charged Mr C \$80 to make the amendment. Mr C complained to the practice as he felt that the fee was too high. Mr C then contacted HaDSCO as he was unable to resolve the dispute with the provider.

HaDSCO placed the complaint into Negotiated Settlement, and as a result of this process, the provider met with staff to advise them that all patients need to be informed of fees and charges prior to their appointment. In addition, a note is now made in the patient's records when they are informed about the fees and costs that will be incurred. The provider anticipates that this will assist patients to be better informed about the costs associated with services provided by the practice.

System improvements

The Office worked with medical practices and individual practitioners, making **9** service improvements, including:

- Reviewing procedures to ensure informed consent has been sought from the patient.
- Ensuring patient information is recorded appropriately;
- Reviewing complaints management processes; and
- Improving billing practices to ensure patients are aware of fees and costs.



Private dental services

Snapshot of complaint trends

The top three issues identified in complaints received about private dental services in 2012-13 were:

Treatment

Fees and Costs

Communication and Information

The top three issues for private dental services, as a proportion of the total issues identified during 2012-13, can be broken down as follows:



Treatment

42%



Fees and Costs

26%



Communication and Information

8%

In 2012-13 we observed a larger proportion of issues outside the top three, relative to the previous three financial years. This is due, in part, to a reduction in the proportion of issues identified about Treatment and an increase in the proportion of issues identified about Grievance Processes, Professional Conduct and Medical Records.

Case study

Ms D decided to have some dental work completed. The provider informed her that Medicare would cover most of the costs under the Chronic Disease Dental Scheme. After receiving treatment, Ms D attempted to make a claim through Medicare. Ms D was informed that the scheme was now closed and she was therefore not eligible for a rebate.

Ms D was unable to resolve the complaint with the provider and contacted our Office to facilitate a resolution.

The complaint was placed into Negotiated Settlement and during this process the provider apologised to Ms D and explained the reasons why the error occurred. The provider also amended information provided to consumers about fees and costs. The amended information explains that it is the consumer's responsibility to contact Medicare prior to receiving treatment to determine if they are eligible for a rebate. The provider anticipates that this will assist consumers to be better informed about the out of pocket expenses associated with dental treatment.

System improvements

Our Senior Case Managers made **3** service improvement recommendations to improve the delivery of private dental services, including:

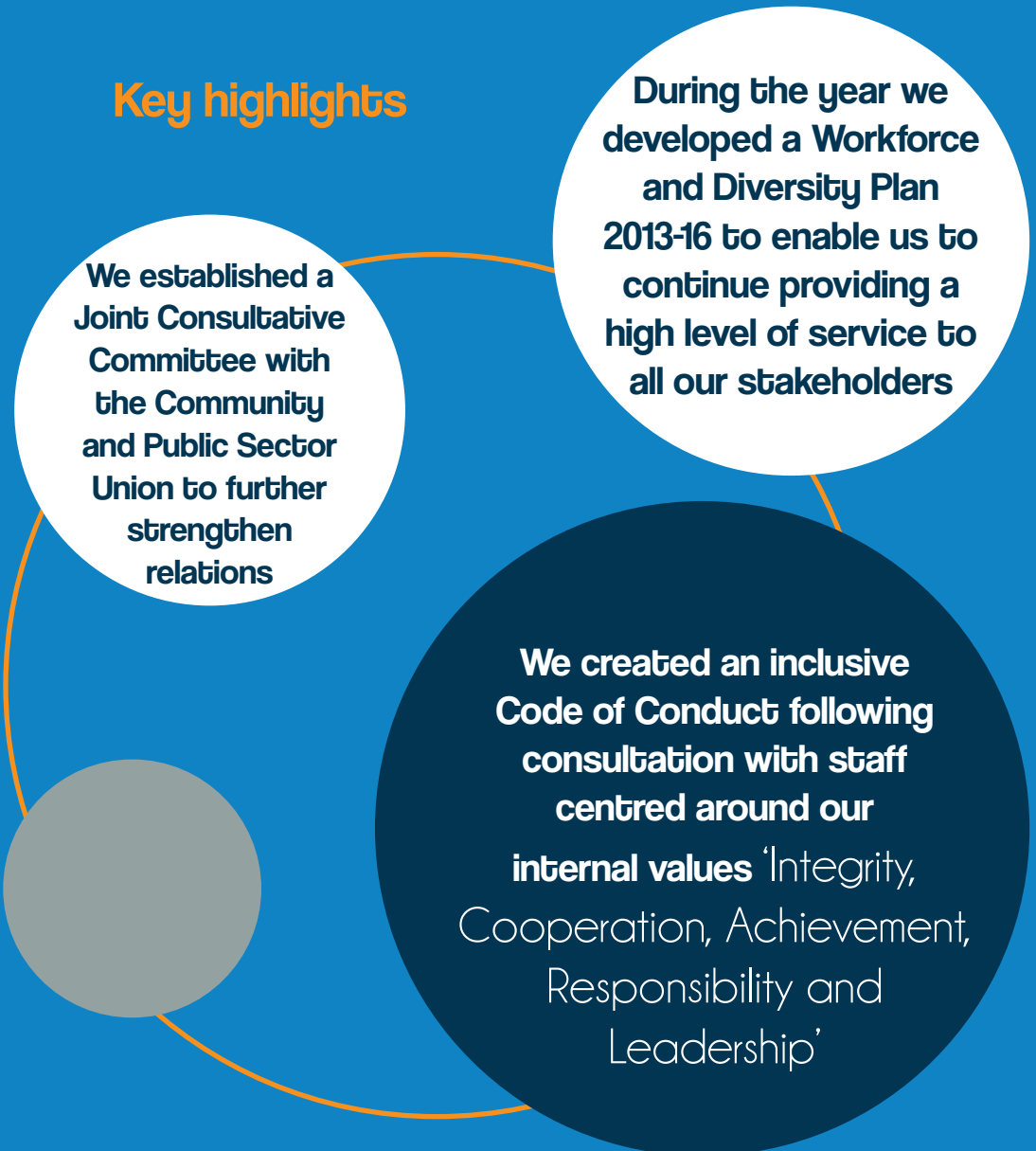
- Establishing a process to ensure that patients are informed of their responsibility to check with Medicare regarding the appropriate rebate; and
- Two recommendations to improve communication processes including the establishment of written treatment plans.



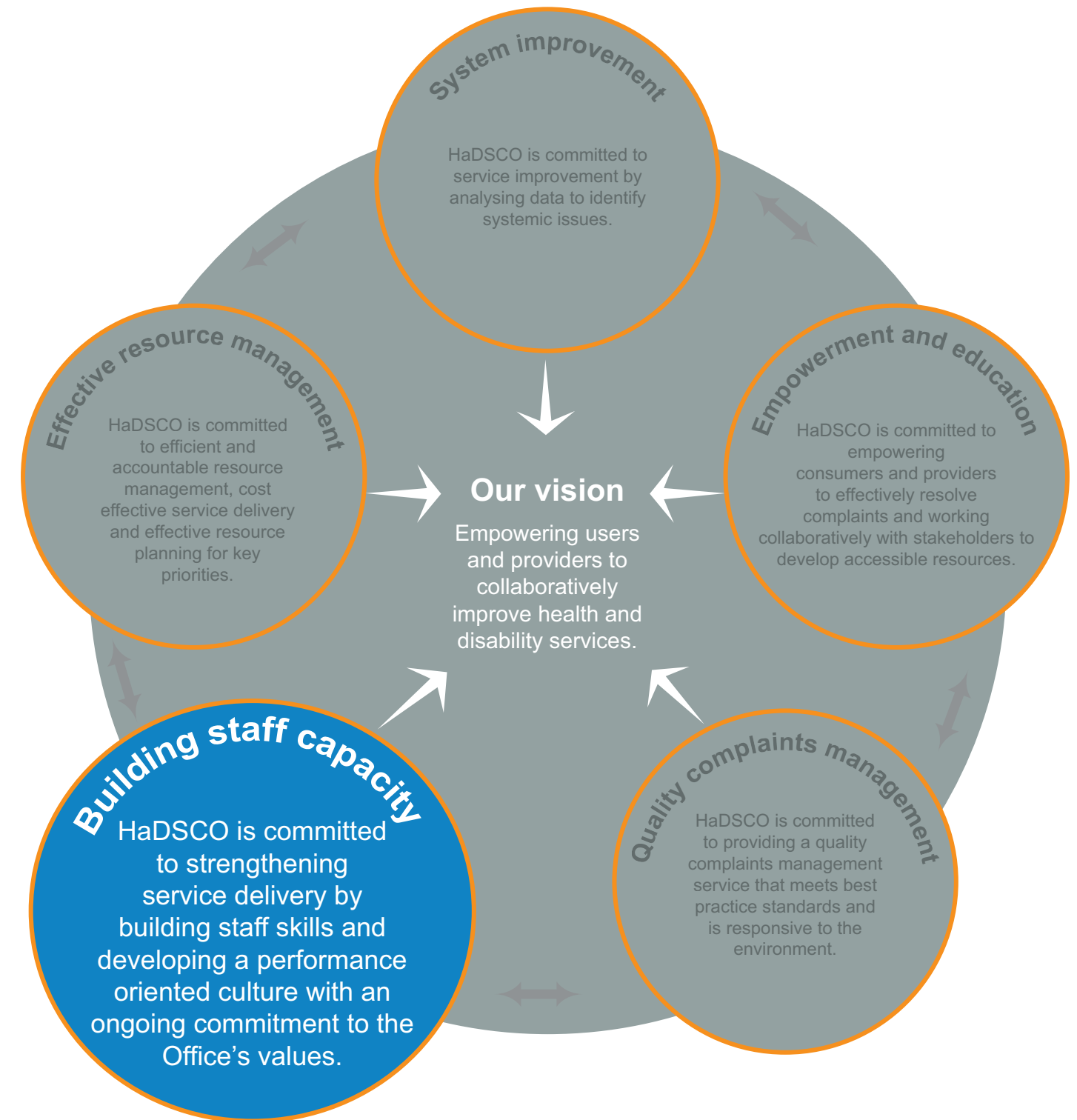
Strategic goal four Building staff capacity

HaDSCO is committed to strengthening service delivery by building staff skills and developing a performance oriented culture with an ongoing commitment to the Office's values.

Key highlights



HaDSCO Strategic Map 2012-15 strategic goal four



Introduction

Building staff capacity is the fourth goal of our strategic map. The focus of this goal is to ensure the continuous improvement of service delivery to our stakeholders and the development of a performance orientated culture.

As an Office, we remain committed to the ongoing professional development of all staff and continue to invest in the enhancement of staff skills and knowledge. We strive to provide an environment that supports our employees and encourages them to meet their own, and shared outcomes.

During the year we helped to foster a culture of learning amongst staff with the development of the Share Time and Review (ST&R) program, which focused on an internal review of several of our key processes. The aim of this program was to ultimately improve the level of service that we provide.

Workforce and Diversity Plan 2013-16

In late 2012, we commenced the development of the Workforce and Diversity Plan, utilising support from the Public Sector Commission to undertake an environmental scan. The result of this work was a Workforce and Diversity Plan 2013-16.

This comprehensive plan aligns with our overarching strategic plan, and outlines the strategies and initiatives required to attract and retain a diverse, capable, resilient, efficient and effective workforce to deliver a high level of service to stakeholders. We have developed strategies to improve:

- Development of our workforce;
- Development of a learning culture;
- Attraction and retention; and
- Information and knowledge sharing.

Information on the activities undertaken for each of these strategies is detailed over the following pages.

Development of our workforce

The following activities were undertaken during the year that assisted in the enhancement of skills to improve service delivery:

- **National conciliation standards**

The Office has taken a leadership role in the development of national conciliation standards that will support the development of a broader definition of the role undertaken by conciliators in government settings.

To date, staff have consulted with the National Alternative Disputes Resolution Advisory Council, LEADR, and similar offices to HaDSCO that carry out conciliation functions. This has resulted in a national group being formed to progress the development of national conciliation standards.

- **Negotiation skills training**

Staff members attended a workshop to enhance negotiation skills training, facilitated by the Corporate Psychology and Consulting Services. Attendees were given a comprehensive workbook with role plays and spent the day going through negotiation skills, practising techniques on one another. As an important aspect of the service we provide, the workshop provided an opportunity to look at negotiation skills in detail and see how this could be improved.

- **Cultural diversity training**

Staff members attended an interesting and informative training session on cultural diversity, conducted by the Metropolitan Migrant Resource Centre. The session provided guidance to staff on bridging cultural gaps and increasing cross-cultural interaction and communication skills. The training provided staff with insight into the context of cultural diversity and an increased awareness of some of the issues facing existing and emerging multicultural communities in WA. It highlighted the importance of understanding the different perspectives and ways of life within a diverse society and the need to develop appropriate programs and services

- **Code of Conduct**

During the year, the Office consulted with staff to develop a new Code of Conduct. To assist in the development of the new code, the Public Sector Commission delivered the Accountable and Ethical Decision Making course to engage staff into discussion for the development of the new code.

The new code is shaped by our internal values which are highlighted as 'Integrity, Cooperation, Achievement, Responsibility and Leadership' and establishes the standards of conduct that are expected from staff. The Code of Conduct is included as an integral part of the induction program for new employees and is available on our intranet.

Development of a learning culture

As part of our strategic plan, we established an internal Share Time and Review (ST&R) program to streamline our complaint processes and improve the level of service provided across the board. This program assisted in developing a learning culture that promotes and rewards a learning orientation. The feedback in relation to this program from staff has been positive; with staff commenting that they feel more motivated and engaged in the improvement of processes.

The [ST&R](#) program consists of several project groups assigned to focus and review individual topics, all linked to the strategic plan. The various topics that have been identified are assisting with reviewing our complaint management pathways to enable staff to resolve complaints more efficiently and effectively.

Five project groups were formed that focused on our ability to meet the legislative timeframes, our investigation process, our key effectiveness indicator, the budget appropriation across both services and the development of the early resolution model.

Attraction and retention

A number of retention strategies are identified in our workforce and diversity plan to further enhance our competitiveness in recruiting and retaining quality staff. The following activities were undertaken to aid in the attraction and retention of our workforce:

- **Joint Consultative Committee**

We use a variety of mechanisms to communicate and consult with staff and the Unions in relation to workplace issues that have significant consequences. These include human resource policies and change management. One such mechanism for consultation is the Joint Consultative Committee (JCC). We formed a JCC with the Union in May 2013 to engage the Community and Public Sector Union (CPSU) and our Union delegates into important discussions with the Executive into matters relating to employee wellbeing.

- **University Student Placement Program**

We encourage the development of students through the establishment of a University Student Placement Program. We were fortunate in being invited to offer placements for university students studying public health and law. In total, the Office has benefitted from the support of six placements.

- **Public Sector Traineeship Program**

Over the past two years we have supported the Public Sector Traineeship Program which provides young people with a point of entry to gain their first qualification and learn a range of public administrative skills.



MOVING FORWARDS

We have a service delivery arrangement in place with the Health Corporate Network, Department of Health, for them to provide valuable corporate services to the Office including recruitment, payroll and accounts processing. To improve our independence, we have established a project team to roll-in recruitment functions within our Strategic Services Team. This project will include the development of applicant information packages and contracts issued with our branding.



Information and knowledge sharing

We are also 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 ongoing learning and attendees use information gained to review and update policies.

We are highly focused on ensuring we are making informed decisions in the management of our work. Therefore, over the past 12 months, we have improved several internal processes and policies that support business decision making and improve our operational rigor. These include:

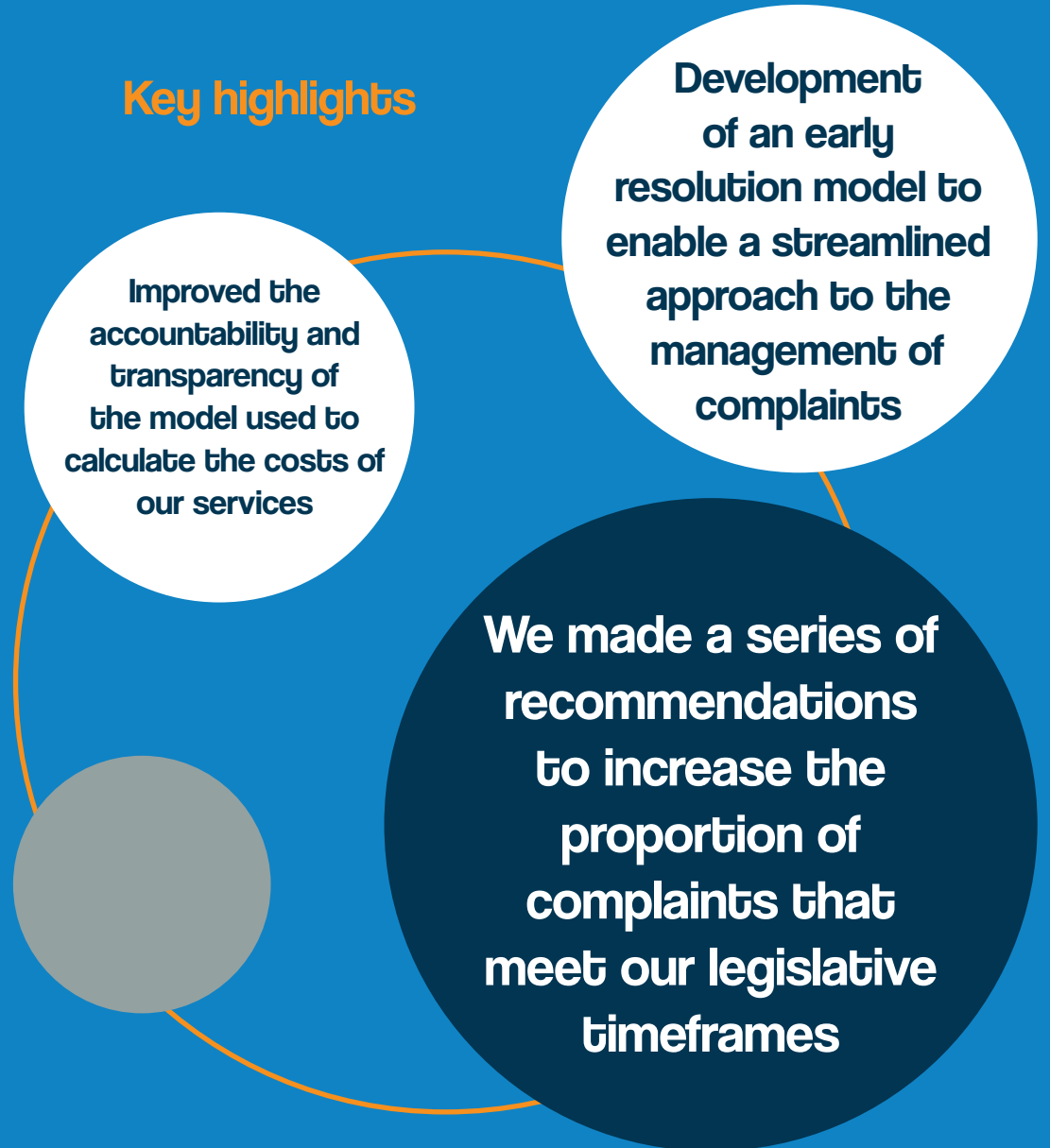
- Internal data reporting has been significantly reviewed and streamlined, providing more timely, accurate and meaningful information.
- Disability service issue categories were reviewed to ensure that they aligned with the Disability Service Standards.
- A review of our complaints management database manual has ensured that data entry processes and key concepts are defined.
- Further development of our electronic records system, [TRIM](#), which includes a library of legal and medical advice to ensure that staff are making informed decisions during the complaints management process.
- A practice standards EndNote library has been developed as a valuable resource for complaints staff in researching clinical standards in the delivery of health services.

Strategic goal five

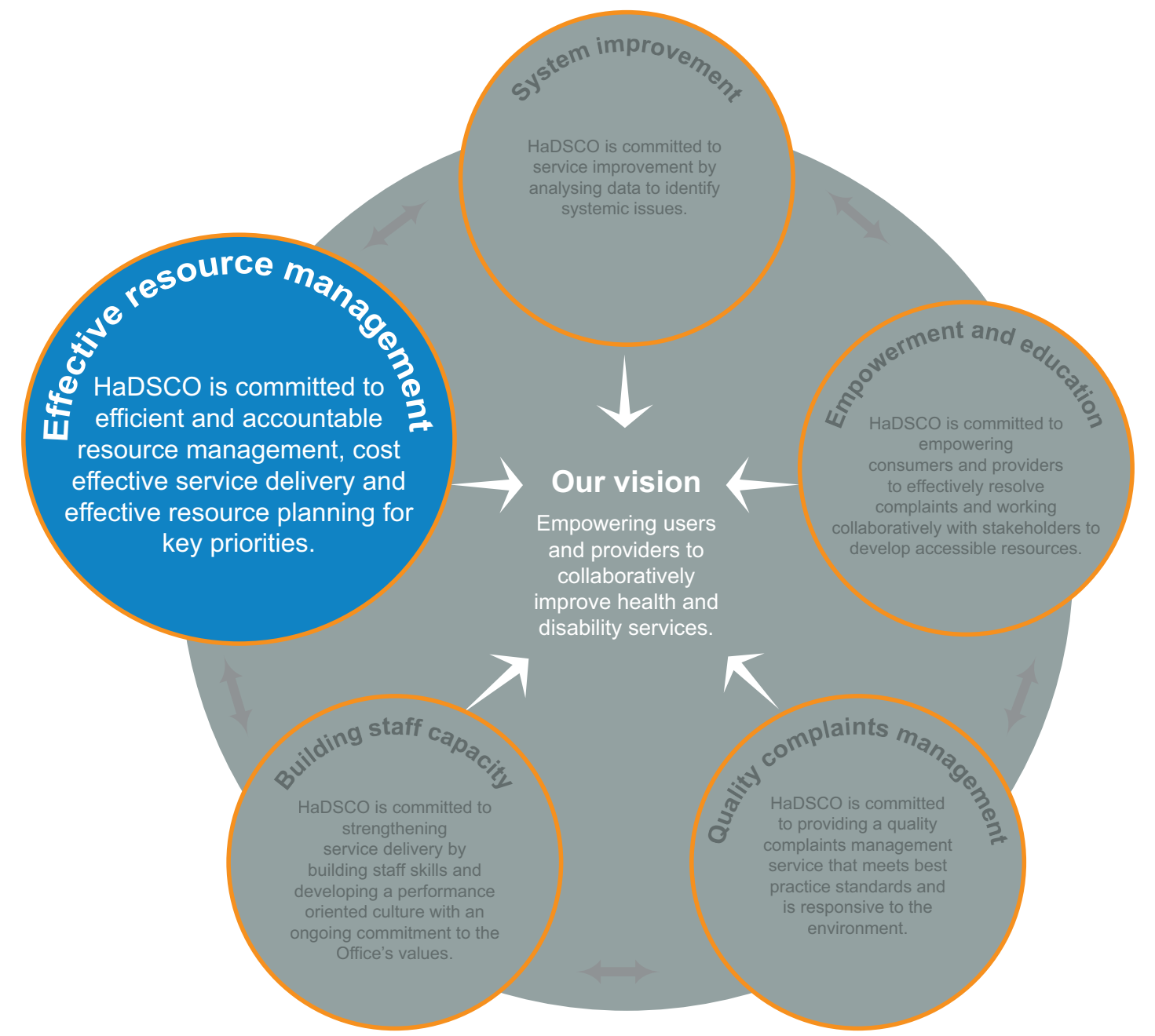
Effective resource management

HaDSCO is committed to efficient and accountable resource management, cost effective service delivery and effective resource planning for key priorities.

Key highlights



HaDSCO Strategic Map 2012-15 strategic goal five



Introduction

Effective resource management is the fifth goal of the strategic plan. This goal ensures the resources of the Office are managed in an accountable and efficient manner. To support this goal, we introduced a Share Time and Review (ST&R) program that supported continuous improvement through internal review of processes. This program assisted to streamline our complaints processes and improve the level of service provided to stakeholders.

Five project groups were formed which reviewed different components of our service delivery including a review of our legislative timeframes, early resolution, allocation of resources across our two services, process of conducting investigations and a review of our key effectiveness indicators.

Several of the groups made recommendations that will improve both the efficiency and effectiveness of our service. These recommendations will be implemented in 2013-14 and the effects will be monitored. An overview of the results for three projects is provided below.

Share Time and Review Program

Legislative Timeframes Group

The Legislative Timeframes Group worked to identify the reasons why some complaints do not meet legislative timeframes. The group consulted with all staff within the Office to gather both qualitative and quantitative information to understand where the road blocks occur during the assessment process. This included mapping the assessment which provided a visual overview of a complaints journey through our complaints management process.

Several recommendations were made that aim to increase the proportion of complaints that meet legislative timeframes:

- Development of weekly reports to monitor the progress of complaints and identify those complaints that may be at risk of exceeding timeframes;
- Identified potential improvements to the complaints procedures manuals to ensure that our staff have access to clearly documented procedures; and
- Identified gaps in staff knowledge and their understanding of processes.

MOVING FORWARDS

The recommendations made by the Legislative Timeframes Group will be implemented in early 2013-14 to ensure that we are delivering an efficient service to both consumers and providers who access our service.

Early Resolution Group

During 2012-13, we researched and developed an implementation plan for early resolution, recognising it as a contemporary best practice approach to complaints handling. A project group was assigned to review our complaints management pathways, with a focus on how processes could be improved through the use of an early resolution model.

What is early resolution?

The project group examined how complaints received by the Office are managed from the first point of contact, and ways in which complaints could be resolved in the initial enquiry phase. The group worked on identifying thresholds for accepting complaints and ways to streamline existing processes to enable complaints to be resolved more efficiently and effectively, in relation to time and resources.

Based on the project group's findings, a detailed proposal has been developed to review and restructure our complaints management processes with an emphasis on achieving early resolution of complaints. This has been identified as a priority project for 2013-14 and planning is in progress to commence the implementation. An important part of the implementation phase will involve consultation with providers for their input to support the early resolution of complaints.

Case study: early resolution

Mr P complained that he had been provided with a quote from a hospital to undergo treatment, but the actual amount they wanted him to pay was more. He received an unexpected fee for the treatment in excess of the fee he had been quoted.

He contacted us to lodge a complaint. An Assessment Officer advised him to contact the provider and first give them the opportunity to respond to the complaint. During this process, the provider acknowledged that there had been an administrative error. An apology was issued and the provider agreed to offer a large discount on Mr P's hospital account. The complainant appreciated and accepted the offer.

MOVING FORWARDS

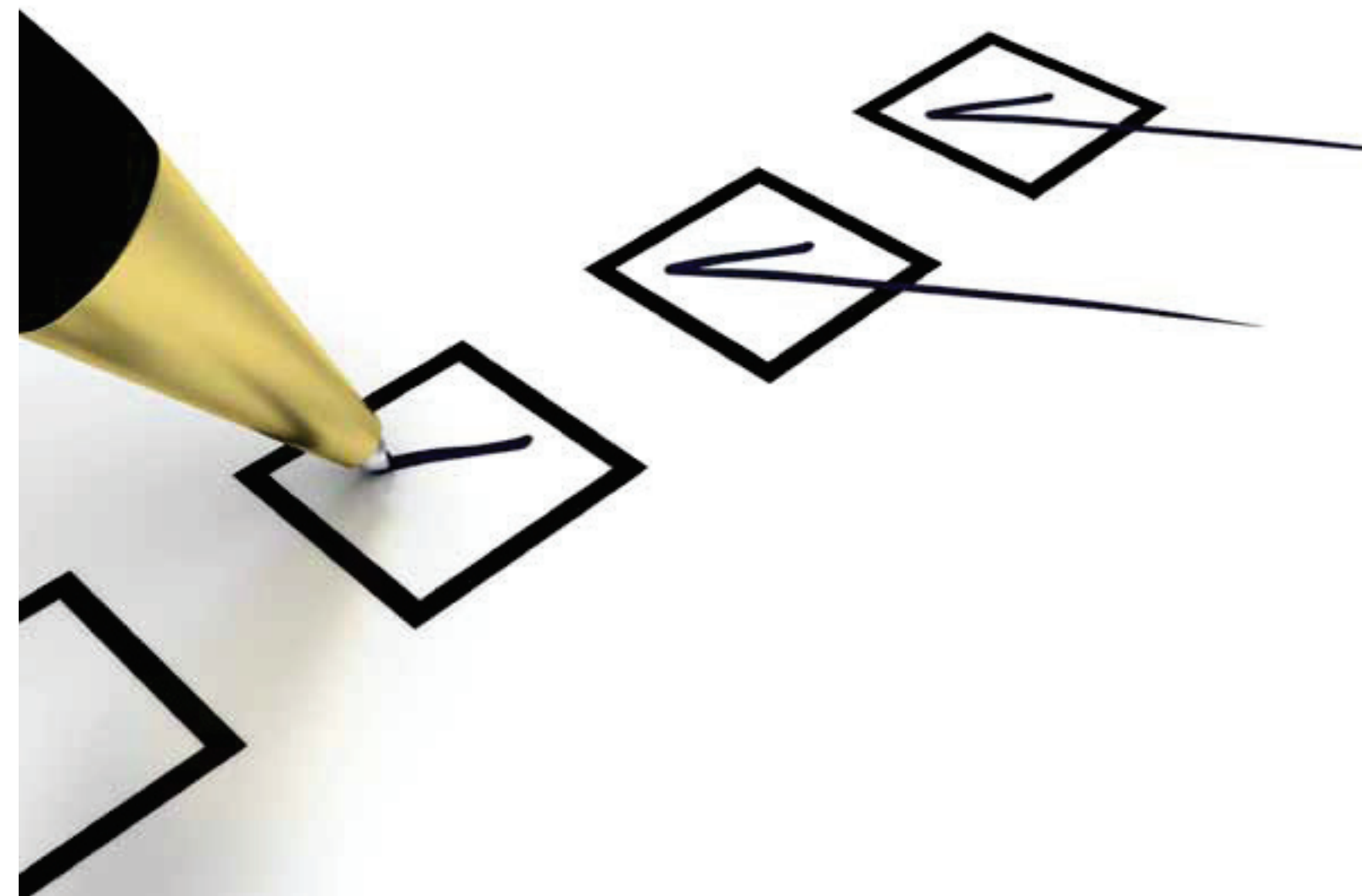
Early resolution will be implemented by late 2013. It is anticipated that the early resolution model will increase stakeholder satisfaction as a result of the Office facilitating a more proficient complaints management service to consumers and providers.

Allocation of Resources Group

This group was formed to review the way HaDSCO resources are allocated across our two services. Whilst our primary function is to provide a complaints management service to consumers and providers within WA, we recognised the need to undertake a review of how we are contributing toward the delivery of our second service – education and training in the prevention and resolution of complaints.

The purpose of this review was to understand the relationship between these services and the resources allocated, including staff roles in the delivery of Service Two. After extensive consultations with teams, this group made a series of recommendations to position the second service as a core function of the Office. These recommendations assisted in the development of a new costing model that accurately captures the allocation of resources to each service.

By undertaking this review, we greatly improved the accountability and transparency of our key efficiency indicators which report on the costs of delivering these services to our stakeholders.



Section Three

Significant Issues

This section provides an overview of the current and emerging issues that impact on service delivery including amendments to legislation, political and social changes

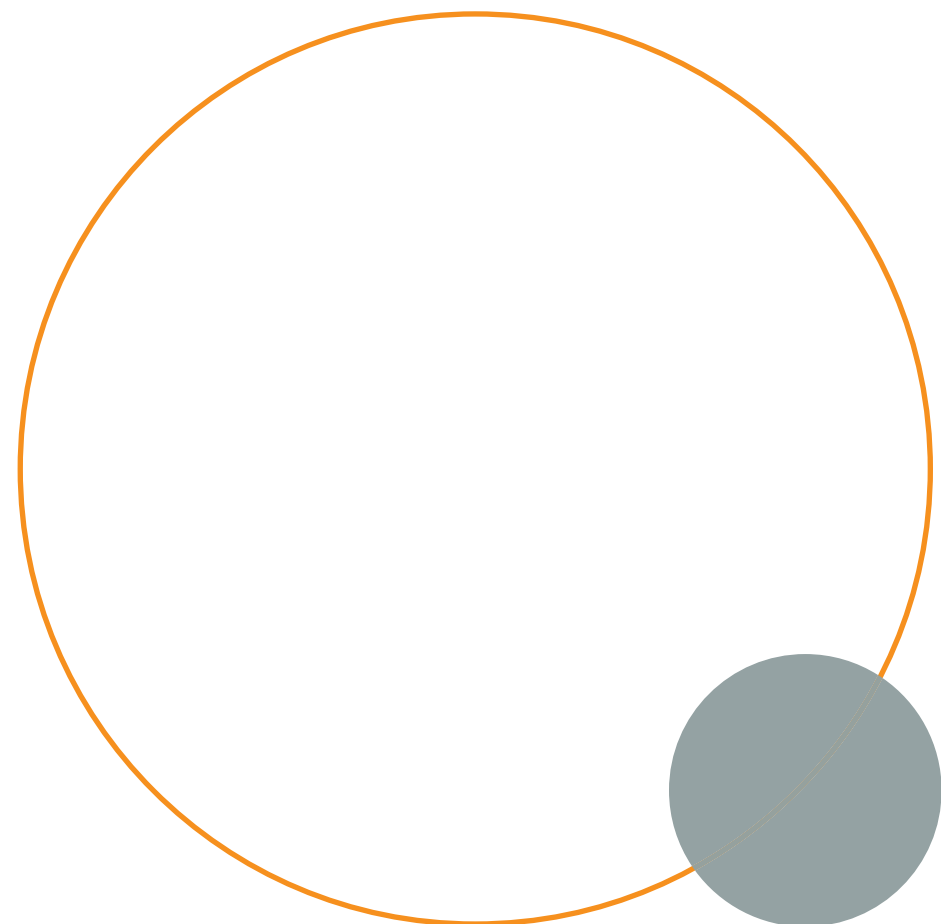
Emerging technology

We continue to access a wealth of new technology and are actively seeking to utilise new opportunities presented to us to engage with our stakeholders via these methods. For example, we continue to expand our use of software including [TRIM](#) and EndNote. These two programs provide the capabilities for us to store, search and utilise a vast amount of relevant information including advice from the HaDSCO Medical Officers Panel and Senior Legal Officer, journal articles, policies and research documents. While the use of these pre-existing technologies will continue, we will continue to seek further opportunities to improve accessibility, facilitate feedback from consumers and providers to contribute to an active online community.

As such, we plan to trial the use of electronic feedback forms in the near future and anticipate this will facilitate a responsive approach to receiving opinions about our services. We will also continue to review the appropriateness of online opportunities through online engagement platforms. In addition, we plan to review the internal Complaints Record Electronic Database (CRED) as part of the HaDSCO Strategic Plan 2012-15.

Providing access to our services

We seek to ensure our services are accessible to all Western Australians, with particular focus on Aboriginal and regional communities, through a range of strategies. These include participating in the Ombudsman Regional Awareness and Accessibility Program which provides a range of activities for both consumers and providers.



Mental Health Bill

The *Mental Health Bill 2012* is being developed by the Mental Health Commission. Whilst we have always managed complaints by consumers and carers about mental health service providers under the primary empowering legislation – the *Health and Disability Services (Complaints) Act 1995*, the *Mental Health Bill 2012* will expand our jurisdiction and strengthen our capacity to deal with these type of complaints more effectively.

Amendments to the Disability Services Act

The *Disability Services Act 1993* was amended in the Western Australian (WA) Parliament late last year and subsequently the revised legislation came into effect on 12 June 2013. This had direct implications for us, as we administer Part 6 of the Act, which deals with complaints about disability service providers. The amendments will result in changes to the way we deal with complaints about disability services including the ability to collect disability complaints data annually from prescribed disability service providers.

As previously there was no process in place to collect this type of data, this change will have the most significant impact on our Office. To implement this we will engage with service providers and relevant stakeholders to discuss the best way to collect meaningful and useful data, to enable a smooth transition to the data collection process.

National Disability Insurance Scheme

The [NDIS](#) is a generational reform which will deliver contemporary systems of disability support focused on the needs and choices of people with disability through a partnership between the State and Commonwealth Governments.

Hospital building projects

Within WA there have been significant investments in health care building projects. New state-of-the-art hospitals are planned or well underway to meet the needs of the future. The Department of Health is building a network of hospitals and health services to boost and strengthen healthcare closer to where people live.

Section Four

Disclosures and Legal Compliance

This section ensures full disclosure of financial statements and auditors opinion, key performance indicators, and legal and governance reporting requirements

Financial Statements Independent Auditor's Report



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 2013, 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 2013 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 during the year ended 30 June 2013.

Controls exercised by the Health and Disability Services Complaints Office are those policies and procedures established by the Director to ensure 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.

Director's Responsibility for Controls

The Director is responsible for maintaining an adequate system of internal control to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of public and other property, and the incurring of liabilities are in accordance with the Financial Management Act 2006 and the Treasurer's Instructions, and other relevant written law.

Auditor's Responsibility

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the controls exercised by the Health and Disability Services Complaints Office based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the adequacy of controls to ensure that the Office complies with the legislative provisions. The procedures selected depend on the auditor's judgement and include an evaluation of the design and implementation of relevant controls.

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

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 during the year ended 30 June 2013.

Report on the Key Performance Indicators

I have audited the key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2013.

The key performance indicators are the key effectiveness indicators and the key efficiency indicators that provide information on outcome achievement and service provision.

Director's Responsibility for the Key Performance Indicators

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 and for such controls as the Director determines necessary to ensure that the key performance indicators fairly represent indicated performance.

Auditor's Responsibility

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 and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the key performance indicators. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments the auditor considers internal control relevant to the Director's preparation and fair presentation of the key performance indicators in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the relevance and appropriateness of the key performance indicators for measuring the extent of outcome achievement and service provision.

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

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 2013.

Independence

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

Matters Relating to the Electronic Publication of the Audited Financial Statements and Key Performance Indicators

This auditor's report relates to the financial statements and key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2013 included on the Office's website. The Office's management is responsible for the integrity of the Office's website. This audit does not provide assurance on the integrity of the Office's website. The auditor's report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial statements and key performance indicators to confirm the information contained in this website version of the financial statements and key performance indicators.



GLEN CLARKE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
8 August 2013

Certification of Financial Statements



Government of Western Australia
Health and Disability Services Complaints Office



HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

CERTIFICATION OF FINANCIAL STATEMENTS

We 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 accounts and records to present fairly the financial transactions for the financial year ending 30 June 2013 and financial position as at 30 June 2013.

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.

Edward Lee CPA
CHIEF FINANCE OFFICER

Date: 5 August 2013

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 5 August 2013



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Statement of Comprehensive Income

Health and Disability Services Complaints Office

Statement of Comprehensive Income For the year ended 30th June 2013

	Note	2013 \$	2012 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	6	1,851,097	1,714,482
Supplies and services	7	149,396	190,048
Depreciation and amortisation expense	8	3,108	3,284
Loss on disposal of non-current assets	9	-	3,303
Repairs, maintenance and consumable equipment	10	7,515	12,623
Other expenses	11	441,614	362,418
Total cost of services		2,452,730	2,286,158
INCOME			
Revenue			
Commonwealth grants and contributions	12	26,245	25,646
Total revenue		26,245	25,646
Total income other than income from State Government		26,245	25,646
NET COST OF SERVICES		2,426,485	2,260,512
INCOME FROM STATE GOVERNMENT			
Service appropriations	13	2,426,000	2,121,000
Services received free of charge	14	75,047	78,707
Total income from State Government		2,501,047	2,199,707
SURPLUS/(DEFICIT) FOR THE PERIOD		74,562	(60,805)
OTHER COMPREHENSIVE INCOME			
		-	-
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		74,562	(60,805)

The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Statement of Financial Position

Health and Disability Services Complaints Office

Statement of Financial Position As at 30th June 2013

	Note	2013 \$	2012 \$
ASSETS			
Current Assets			
Cash and cash equivalents		715,560	572,569
Receivables	15	18,893	4,563
Other current assets	16	1,562	5,197
Total Current Assets		736,015	582,329
Non-Current Assets			
Intangible assets	17	9,324	12,432
Total Non-Current Assets		9,324	12,432
Total Assets		745,339	594,761
LIABILITIES			
Current Liabilities			
Payables	19	101,670	77,559
Provisions	20	398,527	366,051
Total Current Liabilities		500,197	443,610
Non-Current Liabilities			
Provisions	20	95,297	75,868
Total Non-Current Liabilities		95,297	75,868
Total Liabilities		595,494	519,478
NET ASSETS		149,845	75,283
EQUITY			
Accumulated surplus	21	149,845	75,283
TOTAL EQUITY		149,845	75,283

The Statement of Financial Position should be read in conjunction with the accompanying notes.

Statement of Changes in Equity

Health and Disability Services Complaints Office

Statement of Changes in Equity For the year ended 30th June 2013

	Note	2013 \$	2012 \$
BALANCE OF EQUITY AT START OF PERIOD			
		75,283	136,088
ACCUMULATED SURPLUS			
Balance at start of period	21	75,283	136,088
Surplus/(deficit) for the period		74,562	(60,605)
Balance at end of period		149,845	75,283
BALANCE OF EQUITY AT END OF PERIOD		149,845	75,283

The Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Statement of Cash Flows

Health and Disability Services Complaints Office

Statement of Cash Flows For the year ended 30th June 2013

	Note	2013 \$	2012 \$
		Inflows (Outflows)	Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations	13	2,426,000	2,121,000
Net cash provided by State Government		2,426,000	2,121,000
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(1,795,120)	(1,843,876)
Supplies, services and other payments		(501,012)	(501,521)
Receipts			
Commonwealth grants and contributions		13,123	43,789
Net cash provided by/(used in) operating activities	22	(2,283,009)	(2,101,608)
Net increase in cash and cash equivalents		142,991	19,392
Cash and cash equivalents at the beginning of the period		572,569	553,177
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	22	715,560	572,569

The Statement of Cash Flows should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

Health and Disability Services Complaints Office

Notes to the Financial Statements For the year ended 30th June 2013

Note 1 Australian Accounting Standards

General

The Authority's financial statements for the year ended 30 June 2013 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes Standards and Interpretations issued by the Australian Accounting Standards 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'. There has been no early adoption of Australian Accounting Standards that have been issued or amended (but not operative) by the Authority for the annual reporting period ended 30 June 2013.

Note 2 Summary of significant accounting policies

(a) General Statement

The Authority is a not-for-profit reporting entity that prepares general purpose financial statements 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 adopted in the preparation of the financial statements have been consistently applied throughout all periods presented unless otherwise stated.

The financial statements 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 reporting 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 fair 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 13 '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.

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

(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

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.

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:

Office equipment	10 years
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(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 lives. Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

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 has 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	5 years
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Computer software that is an integral part of the related hardware is treated as 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 and intangible assets 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. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised in profit or loss. Where a previously revalued asset is written down to recoverable amount, the loss is recognised as a revaluation decrement in other comprehensive income. 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.

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

(g) Impairment of Assets (continued)

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 15 '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 properties.

(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 15 'Receivables'.

Change to accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the Australian Taxation Office and responsibilities to make payments for GST have been assigned to the 'Department of Health'. This accounting procedure was a result of application of the grouping provisions of 'A New Tax System (Goods and Services Tax) Act 1999' whereby the Department of Health became the Nominated Group Representative (NGR) for the GST Group as from 1 July 2012. The 'Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals' (Metropolitan Health Services) was the NGR in the previous six financial years. The Health entities in the GST group 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.

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

(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 that is expected to be settled within 12 months after the end of 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 end of 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 end of the reporting period.

Long Service Leave

The liability for long service leave that is expected to be settled within 12 months after the end of 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 end of 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 end of the reporting period. Pre-conditional and 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.

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) and other fund providers administer public sector superannuation arrangements in Western Australia in accordance with legislative requirements. Eligibility criteria for membership in particular schemes for public sector employees vary according to commencement and implementation dates.

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.

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

(n) Provisions (continued)

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). From 30 March 2012, existing members of the WSS or GESBS and new employees have been able to choose their preferred superannuation fund provider. The Authority makes contributions to GESB or other fund providers on behalf of employees in compliance with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. Contributions to these accumulation schemes extinguish the Authority's liability for superannuation charges in respect of employees who are not members of the Pension Scheme or GSS.

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 attributable 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 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 11 '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), the GESB Super Scheme (GESBS), and other superannuation fund.

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

Services received free of charge or for nominal cost are recognised as income at the fair value of those services that can be reliably measured and the Authority would otherwise pay for. A corresponding expense is recognised for services received.

Services received from other State Government agencies 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 7.2%. 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.

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

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 2012 that impacted on the Authority.

Title	Operative for reporting periods beginning on/after
AASB 2011-9 Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 & 1049]	
This Standard requires to group items presented in other comprehensive income on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). There is no financial impact.	

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.

Title	Operative for reporting periods beginning on/after
AASB 9 Financial Instruments This Standard supersedes AASB 139 'Financial Instruments: Recognition and Measurement', introducing a number of changes to accounting treatments. AASB 2012-6 Amendments to Australian Accounting Standards - Mandatory Effective Date of AASB 9 and Transition Disclosures amended the mandatory application date of this Standard to 1 January 2015. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2015
AASB 10 Consolidated Financial Statements This Standard supersedes AASB 127 'Consolidated and Separate Financial Statements' and Int 112 'Consolidation – Special Purpose Entities', introducing a number of changes to accounting treatments. Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10 Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2014
AASB 11 Joint Arrangements This Standard supersedes AASB 131 'Interests in Joint Ventures', introducing a number of changes to accounting treatments. Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2014
AASB 12 Disclosure of Interests in Other Entities This Standard supersedes disclosure requirements under AASB 127 'Consolidated and Separate Financial Statements' and AASB 131 'Interests in Joint Ventures'. Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2014
AASB 13 Fair Value Measurement This Standard defines fair value, sets out a framework for measuring fair value and requires additional disclosures about fair value measurements. There is no financial impact.	1 Jan 2013
AASB 119 Employee Benefits This Standard supersedes AASB 119 'Employee Benefits', making changes to the recognition, presentation and disclosure requirements. The Authority does not have any defined benefit plans, and therefore the financial impact will be limited to the effect of discounting annual leave and long service leave liabilities that were previously measured at the undiscounted amounts.	1 Jan 2013

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Notes to the Financial Statements

For the year ended 30th June 2013

Future impact of Australian Accounting Standards not yet operative (continued)

Title	Operative for reporting periods beginning on/after
AASB 127 Separate Financial Statements This Standard supersedes AASB 127 'Consolidated and Separate Financial Statements', introducing a number of changes to accounting treatments. Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2014
AASB 128 Investments in Associates and Joint Ventures This Standard supersedes AASB 128 'Investments in Associates', introducing a number of changes to accounting treatments. Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2014
AASB 1053 Application of Tiers of Australian Accounting Standards This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements. There is no financial impact.	1 Jul 2013
AASB 1055 Budgetary Reporting This Standard specifies the nature of budgetary disclosures, the circumstances in which they are to be included in the general purpose financial statements of not-for-profit entities within the GDS. The Authority will be required to disclose additional budgetary information and explanations of major variances between actual and budgeted amounts, though there is no financial impact.	1 Jul 2014
AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements [AASB 1, 2, 3, 5, 7, 8, 101, 102, 107, 108, 110, 111, 112, 116, 117, 119, 121, 123, 124, 127, 128, 131, 133, 134, 136, 137, 138, 140, 141, 1050 & 1052 and Int 2, 4, 5, 15, 17, 127, 129 & 1052] This Standard makes amendments to Australian Accounting Standards and interpretations to introduce reduced disclosure requirements for certain types of entities. There is no financial impact.	1 Jul 2013
AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 116, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Int 2, 5, 10, 12, 19 & 127] This Standard makes consequential amendments to other Australian Accounting Standards and interpretations as a result of issuing AASB 9 in December 2010. AASB 2012-6 amended the mandatory application date of this Standard to 1 January 2015. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2015
AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 & 1054] This 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. There is no financial impact.	1 Jul 2013
AASB 2011-6 Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements [AASB 127, 128 & 131] This Standard extends the relief from consolidation, the equity method and proportionate consolidation by removing the requirement for the consolidated financial statements prepared by the ultimate or any intermediate parent entity to be IFRS compliant, provided that the parent entity, investor or venturer and the ultimate or intermediate parent entity comply with Australian Accounting Standards or Australian Accounting Standards – Reduced Disclosure Requirements. There is no financial impact.	1 Jul 2013

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

Future impact of Australian Accounting Standards not yet operative (continued)

Title	Operative for reporting periods beginning on/after
<p>AASB 2011-7 Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards [AASB 1, 2, 3, 5, 7, 101, 107, 112, 116, 121, 124, 132, 133, 136, 138, 139, 1023 & 1038 and Int 5, 9, 16 & 17]</p> <p>This Standard gives effect to consequential changes arising from the issuance of AASB 10, AASB 11, AASB 127 'Separate Financial Statements' and AASB 128 'Investments in Associates and Joint Ventures'. For not-for-profit entities it applies to annual reporting periods beginning on or after 1 January 2014. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 2011-8 Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 126, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Int 2, 4, 12, 13, 14, 17, 19, 131 & 132]</p> <p>This Standard replaces the existing definition and fair value guidance in other Australian Accounting Standards and Interpretations as the result of issuing AASB 13 in September 2011. There is no financial impact.</p>	1 Jan 2013
<p>AASB 2011-10 Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, 8, 101, 124, 134, 1049 & 2011-8 and Int 14]</p> <p>This Standard makes amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 119 'Employee Benefits' in September 2011. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 2011-11 Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements</p> <p>This Standard gives effect to Australian Accounting Standards - Reduced Disclosure Requirements for AASB 119 (September 2011). There is no financial impact.</p>	1 Jul 2013
<p>AASB 2012-1 Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements [AASB 3, 7, 13, 140 & 141]</p> <p>This Standard establishes and amends reduced disclosure requirements for additional and amended disclosures arising from AASB 13 and the consequential amendments implemented through AASB 2011-8. There is no financial impact.</p>	1 Jul 2013
<p>AASB 2012-2 Amendments to Australian Accounting Standards - Disclosures - Offsetting Financial Assets and Financial Liabilities [AASB 7 & 132]</p> <p>This Standard amends the required disclosures in AASB 7 to include information that will enable users of an entity's financial statements to evaluate the effect or potential effect of netting arrangements, including rights of set-off associated with the entity's recognised financial assets and recognised financial liabilities, on the entity's financial position. There is no financial impact.</p>	1 Jan 2013
<p>AASB 2012-3 Amendments to Australian Accounting Standards - Offsetting Financial Assets and Financial Liabilities [AASB 132]</p> <p>This Standard adds application guidance to AASB 132 to address inconsistencies identified in applying some of the offsetting criteria, including clarifying the meaning of "currently has a legally enforceable right of set-off" and that some gross settlement systems may be considered equivalent to net settlement. There is no financial impact.</p>	1 Jan 2014
<p>AASB 2012-5 Amendments to Australian Accounting Standards arising from Annual Improvements 2009-11 Cycle [AASB 1, 101, 116, 132 & 134 and Int 2]</p> <p>This Standard makes amendments to the Australian Accounting Standards and Interpretations as a consequence of the annual improvements process. There is no financial impact.</p>	1 Jan 2013
<p>AASB 2012-6 Amendments to Australian Accounting Standards - Mandatory Effective Date of AASB 9 and Transition Disclosures [AASB 9, 2009-11, 2010-7, 2011-7 & 2011-8]</p> <p>This Standard amends the mandatory effective date of AASB 9 Financial Instruments to 1 January 2015. Further amendments are also made to consequential amendments arising from AASB 9 that will now apply from 1 January 2015 and to consequential amendments arising out of the Standards that will still apply from 1 January 2013. There is no financial impact.</p>	1 Jan 2013

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

Future impact of Australian Accounting Standards not yet operative (continued)

Title	Operative for reporting periods beginning on/after
<p>AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements [AASB 7, 12, 101 & 127]</p> <p>This Standard adds to or amends the Australian Accounting Standards to provide further information regarding the differential reporting framework and the two tiers of reporting requirements for preparing general financial statement. There is no financial impact.</p>	1 Jul 2013
<p>AASB 2012-10 Amendments to Australian Accounting Standards - Transition Guidance and Other Amendments [AASB 1, 5, 7, 8, 10, 11, 12, 13, 101, 102, 108, 112, 118, 119, 127, 128, 132, 133, 134, 137, 1023, 1038, 1039, 1049 & 2011-7 and Int 12]</p> <p>This Standard makes amendments to AASB 10 and related Standards to revise the transition guidance relevant to the initial application of those Standards, and to clarify the circumstances in which adjustments to an entity's previous accounting for its involvement with other entities are required and the timing of such adjustments.</p> <p>The Standard was issued in December 2012. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 2012-11 Amendments to Australian Accounting Standards - Reduced Disclosure Requirements and Other Amendments [AASB 1, 2, 8, 10, 107, 128, 133, 134 & 2011-4]</p> <p>This Standard makes various editorial corrections to Australian Accounting Standards - Reduced Disclosure Requirements (Tier 2). These corrections ensure that the Standards reflect decisions of the AASB regarding the Tier 2 requirements.</p> <p>The Standard also extends the relief from consolidation and the equity method (in the new Consolidation and Joint Arrangement Standards) to entities complying with Australian Accounting Standards - Reduced Disclosure Requirements. There is no financial impact.</p>	1 Jul 2013

	2013	2012
	\$	\$
Note 6 Employee benefits expense		
Salaries and wages (a) (b)	1,689,479	1,557,662
Superannuation - defined contribution plans (c)	161,618	156,820
	<u>1,851,097</u>	<u>1,714,482</u>

(a) Includes the value of the fringe benefits to employees plus the fringe benefits tax component and the value of the superannuation contribution component of leave entitlements.

(b) \$5,920 has been incurred in this financial year (2012: \$20,215) for services provided for the Christmas & Cocos Islands (see note 30).

(c) Defined contribution plans include West State, Gold State and GESB Super and other eligible funds.

Employment on-costs expenses, such as workers' compensation insurance, are included at Note 11 'Other Expenses'.

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

Note 7 Supplies and services

Medical advice and consultation	74,653	55,200
Communications	30,976	40,214
Fuel, light and power	7,124	6,422
Computer services	232	1,982
Legal expenses	574	23,474
Printing and stationery	21,567	27,804
Food supplies	1,257	921
Other	13,013	34,031
	<u>149,396</u>	<u>190,048</u>

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

	2013	2012
	\$	\$
Note 8 Depreciation and amortisation expense		
<u>Depreciation</u>		
Office equipment	-	178
<u>Amortisation</u>		
Computer software	3,108	3,108
	<u>3,108</u>	<u>3,286</u>
Note 9 Loss on disposal of non-current assets		
<u>Cost of disposal of non-current assets</u>		
Plant and equipment	-	3,303
Net loss	<u>-</u>	<u>3,303</u>
Note 10 Repairs, maintenance and consumable equipment		
Repairs and maintenance	180	218
Consumable equipment	7,335	12,405
	<u>7,515</u>	<u>12,623</u>
Note 11 Other expenses		
Employment on-costs (a)	553	6,414
Staff development and transport costs	37,863	20,163
Insurance	14,521	6,483
Motor vehicle expenses	2,706	2,971
Operating lease expenses	344,069	297,308
Audit fees	21,000	20,160
Christmas and Cocos Islands (b)	8,719	5,102
Other	14,163	3,817
	<u>441,614</u>	<u>362,418</u>
 (a) Includes workers' compensation insurance. 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) \$8,719 has been incurred this financial year (2012: \$5,102) for services provided for the Christmas & Cocos Islands (see note 30).		
Note 12 Commonwealth grants and contributions		
Recoup for services provided to Christmas & Cocos Islands (a)	26,245	25,646
 (a) See note 30 for the Statement of receipts and payments.		
Note 13 Service appropriations		
Appropriation revenue received during the period:		
Service appropriations	2,426,000	2,121,000
 See note 2(d) 'Income'.		

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

	2013	2012
	\$	\$
Note 14 Services received free of charge		
Services received free of charge from other State government agencies during the period:		
State Solicitor's Office - legal service	354	23,474
Department of Finance - office accommodation fit-out	74,693	55,233
	<u>75,047</u>	<u>78,707</u>
 Services received free of charge or for nominal cost are recognised as revenue at fair value of those services that can be reliably measured and which would have been purchased if they were not donated.		
Note 15 Receivables		
Current		
Recoup due from Commonwealth Government (see notes 12 & 30)	13,122	-
Reimbursements due from employees for salary overpayments	5,771	4,563
	<u>18,893</u>	<u>4,563</u>
 The Authority does not hold any collateral as security or other credit enhancements relating to receivables.		
 See also note 2(i) 'Receivables' and note 32 'Financial Instruments'.		
Note 16 Other current assets		
Prepayments	1,562	5,197
Note 17 Intangible assets		
Computer software		
At cost	15,540	15,540
Accumulated amortisation	(6,216)	(3,108)
	<u>9,324</u>	<u>12,432</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 period	12,432	15,540
Amortisation expense	(3,108)	(3,108)
Carrying amount at end of period	<u>9,324</u>	<u>12,432</u>
Note 18 Impairment of Assets		
There were no indications of impairment to plant and equipment or intangible assets at 30 June 2013.		
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.		

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

	2013	2012
	\$	\$
Note 19 Payables		
Current		
Trade creditors	23,762	7,157
Other creditors	3,415	2,794
Accrued expenses	18,246	16,663
Accrued salaries	56,225	50,945
	<u>101,670</u>	<u>77,559</u>

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

Note 20 Provisions

Current

Employee benefits provision

Annual leave (a)	155,807	169,802
Long service leave (b)	242,720	196,249
	<u>398,527</u>	<u>366,051</u>

Non-current

Employee benefits provision

Long service leave (b)	95,297	75,868
	<u>95,297</u>	<u>75,868</u>

(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 end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	109,471	119,484
More than 12 months after the end of the reporting period	46,336	50,318
	<u>155,807</u>	<u>169,802</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 end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	48,753	49,245
More than 12 months after the end of the reporting period	289,263	222,672
	<u>338,016</u>	<u>272,117</u>

Note 21 Accumulated surplus

Balance at start of period	75,263	136,058
Result for the period	74,562	(60,805)
Balance at end of period	<u>149,845</u>	<u>75,263</u>

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

	2013	2012
	\$	\$
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	715,560	572,569
Reconciliation of net cost of services to net cash flows used in operating activities		
Net cash used in operating activities (Statement of Cash Flows)	(2,263,009)	(2,101,608)
<u>Increase/decrease in assets:</u>		
Current receivables	14,330	(13,580)
Prepayments	(3,635)	(10,098)
<u>Decrease/increase in liabilities:</u>		
Payables	(24,111)	31,084
Current provisions	(32,476)	(59,828)
Non-current provisions	(19,429)	(21,190)
<u>Non-cash items:</u>		
Depreciation and amortisation expense (note 8)	(3,108)	(3,284)
Loss from disposal of non-current assets (note 9)	-	(3,303)
Services received free of charge (note 14)	(75,047)	(78,707)
Net cost of services (Statement of Comprehensive Income)	<u>(2,426,485)</u>	<u>(2,260,512)</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.

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:

\$240,001 - \$250,000	1	-
\$270,001 - \$280,000	-	1
Total:	<u>1</u>	<u>1</u>

	\$	\$
Base remuneration and superannuation	248,882	245,189
Annual leave and long service leave accruals	(2,099)	8,386
Other benefits	16,456	16,456
The total remuneration of members of the Accountable Authority:	<u>263,239</u>	<u>270,011</u>

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	21,000	21,000
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Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2013

	2013	2012
	\$	\$
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 as liabilities, are payable as follows:		
Within 1 year	273,418	270,318
Later than 1 year, and not later than 5 years	282,987	556,405
	<u>556,405</u>	<u>826,723</u>

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 2013.

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.

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 29 Affiliated bodies

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

The Authority had no affiliated bodies during the financial year.

	2013	2012
	\$	\$
Note 30 Other statement of receipts and payments		
Commonwealth Grant - Christmas and Cocos Islands		
Balance at the start of period	329	(18,143)
Add Receipts		
Commonwealth grant	13,123	43,789
Less Payments		
Salaries and wages	(5,920)	(20,215)
Other expenses	(6,719)	(5,102)
	<u>(12,639)</u>	<u>(25,317)</u>
Balance at the end of period	<u>813</u>	<u>329</u>

Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2013

Note 31 Explanatory Statement

Significant variances between actual results for 2012 and 2013

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	2013 Actual \$	2012 Actual \$	Variance \$
Expenses				
Employee benefits expense	(a)	1,851,097	1,714,482	136,615
Supplies and services	(b)	149,396	190,048	(40,652)
Depreciation and amortisation expense		3,108	3,284	(176)
Loss on disposal of non-current assets	(c)	-	3,303	(3,303)
Repairs, maintenance and consumable equipment	(d)	7,515	12,623	(5,108)
Other expenses	(e)	441,614	362,418	79,196
Income				
Commonwealth grants and contributions		26,245	25,646	599
Service appropriations	(f)	2,426,000	2,121,000	305,000
Services received free of charge		75,047	78,707	(3,660)

(a) **Employee benefits expense**

The increase is primarily due to an escalation of salaries, the reclassification of a position and the appointment of a temporary project officer.

(b) **Supplies and services**

The reduction in the expenditure for Supplies and Services is due to the freeze on government expenditure during periods of the financial year which impacted on the Authority's ability to allocate funding for the provision of service two: education and training in the prevention of complaints, the Office received a reimbursement of approximately \$14k from Department of Health for incorrectly charged telephone data costs and a reduction in the request for legal advice from the State Solicitors Office.

(c) **Loss on disposal of non-current assets**

There was no disposal of non-current assets during the financial year.

(d) **Repairs, maintenance and consumable equipment**

The Authority finalised the computer replacement program during the financial year.

(e) **Other expenses**

The increase relates to Building Management and Works providing an amount of \$74,693 for services received free of charge in relation to fit out depreciation, increase to Riskcover insurance premiums, additional expenditure on training and development for HaDSCO employees.

(f) **Service appropriations**

The increase in the total appropriations provided to deliver services for the period was mainly due to general escalation, the appointment of an additional staff position and additional appropriation to increase capacity for the provision of service two: education and training in the prevention of complaints.

Significant variances between estimates and actual results for 2013

Significant variations between the estimates and actual results for 2013 are detailed below. Significant variations are considered to be those greater than 10% of the budget estimates.

	Note	2013 Actual \$	2013 Estimates \$	Variance \$
Operating expenses				
Employee benefits expense		1,851,097	1,820,000	31,097
Other goods and services	(a)	601,633	608,500	(7,867)
Total expenses		<u>2,452,730</u>	<u>2,428,500</u>	<u>23,230</u>
Less: Revenues		(26,245)	(26,245)	-
Net cost of services		<u>2,426,485</u>	<u>2,402,255</u>	<u>23,230</u>

(a) **Other goods and services**

The variance of expenditure for Other Goods and Services relates to the freeze on government expenditure during periods of the financial year which impacted on the Authority's ability to allocate funding for the provision of service two: education and training in the prevention of complaints.

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

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.

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:

	2013	2012
	\$	\$
<u>Financial Assets</u>		
Cash and cash equivalents	715,560	572,569
Loans and receivables	18,893	4,563
<u>Financial Liabilities</u>		
Financial liabilities measured at amortised cost	101,670	77,559

c) Financial instrument disclosures

Credit risk

The following table discloses the Authority's maximum exposure to credit risk and the ageing analysis of financial assets. The Authority's maximum exposure to credit risk at the end of the reporting period is the carrying amount of financial assets as shown below. The table discloses the ageing of financial assets that are past due but not impaired and impaired financial assets. 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.

Ageed analysis of financial assets

	Not past due and not impaired		Past due but not impaired			Impaired Financial Assets
	Carrying amount	Up to 12 months	1-2 years	2-5 years		
	\$	\$	\$	\$	\$	\$
<u>Financial Assets</u>						
2013						
Cash and cash equivalents	715,560	715,560	-	-	-	-
Receivables	18,893	18,893	-	-	-	-
	734,453	734,453	-	-	-	-
2012						
Cash and cash equivalents	572,569	572,569	-	-	-	-
Receivables	4,563	4,563	-	-	-	-
	577,132	577,132	-	-	-	-

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2013

c) Financial Instrument disclosures (continued)

Liquidity risk and interest rate exposure

The following table details the Authority's interest rate exposure and contractual maturity analysis for financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

Interest rate exposures and maturity analysis of financial assets and financial liabilities

	Weighted average effective interest rate %	Carrying amount \$	Interest rate exposure		Maturity dates
			Variable interest rate \$	Non-interest bearing \$	Up to 12 months \$
2013					
<u>Financial Assets</u>					
Cash and cash equivalents	-	715,560	-	715,560	715,560
Receivables	-	18,893	-	18,893	18,893
		734,453	-	734,453	734,453
<u>Financial Liabilities</u>					
Payables	-	101,670	-	101,670	101,670
		101,670	-	101,670	101,670
2012					
<u>Financial Assets</u>					
Cash and cash equivalents	-	572,569	-	572,569	572,569
Receivables	-	4,563	-	4,563	4,563
		577,132	-	577,132	577,132
<u>Financial Liabilities</u>					
Payables	-	77,559	-	77,559	77,559
		77,559	-	77,559	77,559

Fair values

All financial assets and liabilities recognised in the Statement of Financial Position, whether they are carried at cost or fair value, are recognised at amounts that represent a reasonable approximation of fair value unless otherwise stated in the applicable notes.

Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2013

Note 33 Schedule of income and expenses by service

	Complaints Management		Education		Total	
	2013	2012	2013	2012	2013	2012
	\$	\$	\$	\$	\$	\$
COST OF SERVICES						
Expenses						
Employee benefits expense	1,375,077	1,302,185	476,020	412,297	1,851,097	1,714,482
Supplies and services	118,946	190,048	30,450	-	149,396	190,048
Depreciation and amortisation expense	3,108	3,284	-	-	3,108	3,284
Loss on disposal of non-current assets	-	3,303	-	-	-	3,303
Repairs, maintenance and consumable equipment	5,681	12,623	1,834	-	7,515	12,623
Other expenses	357,933	328,423	83,681	33,995	441,614	362,418
Total cost of services	1,860,745	1,839,666	591,985	446,292	2,452,730	2,286,158
INCOME						
Revenue						
Commonwealth grants and contributions	26,245	25,646	-	-	26,245	25,646
Total revenue	26,245	25,646	-	-	26,245	25,646
NET COST OF SERVICES	1,834,500	1,814,220	591,985	446,292	2,426,485	2,260,512
INCOME FROM STATE GOVERNMENT						
Service appropriations	1,815,244	1,687,146	610,756	433,854	2,426,000	2,121,000
Services received free of charge	75,047	78,707	-	-	75,047	78,707
Total income from State Government	1,890,291	1,765,853	610,756	433,854	2,501,047	2,199,707
SURPLUS/(DEFICIT) FOR THE PERIOD	55,791	(48,367)	18,771	(12,438)	74,562	(60,805)

The Schedule of Income and Expenses by Service should be read in conjunction with the accompanying notes.

Estimates of Expenditure for 2013-14

The following estimates of expenditure for the year 2013-14 are prepared on an accrual accounting basis.

The estimates are required under section 40 of the *Financial Management Act 2006* and by instruction from the Department of Treasury.

The following estimates of expenditure for the 2013-14 year do not form part of the preceding audited financial statements.

Budget appropriation: \$ 2,498,000

Key Performance Indicators

Certification of Key Performance Indicators



Government of Western Australia
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 2013.

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 5 August 2013

Key effectiveness indicator

The desired outcome for HaDSCO is:

Improvement to the delivery of health and disability services

The key effectiveness indicator reports on the extent to which health and disability service providers are improving processes, practices and policies as a result of recommendations made by HaDSCO that arise from complaints.

Commencing in 2012-13, the Office established a program to review complaints processes. As a result, HaDSCO identified new opportunities to work with providers to make health and disability system improvements. The internal review will continue into the 2013-14 financial year and is expected to have a positive impact on the number of service improvement opportunities identified.

In 2012-13, 76 service improvements were progressed, comprising of:

- 65 service improvements were agreed to, or recommended in 2012-13. Of these 44 were implemented, 18 will be progressed in 2013-14, and three will not be implemented .
- 13 service improvements from 2011-12 were progressed in 2012-13. Of these, 11 were implemented, one service improvement will be progressed in 2013-14, and one will not be implemented.
- The service improvement recommendations were not implemented by providers due to a range of factors including: not having the authority to change a procedure, budget constraints and not being willing to implement the service improvement.

Examples of service improvements implemented by providers during 2012-13 are below:

- Multiple health / medical / disability providers reviewed their complaints processes.
- A hospital reviewed their procedures to ensure that patients presenting for a second time will now be seen by a senior registrar / consultant, ensuring that the patient cannot be discharged until the senior signs off.
- A disability provider developed an internal procedure, including a daily checklist for officers, for the safe transportation of clients.
- A hospital reviewed their discharge planning and procedures for elderly patients, and considered the option of arranging a pre-discharge meeting with patients and/or their family / advocate.
- Multiple dental and health providers changed their internal processes, to ensure that patients are fully assessed and issued with a treatment plan, including an estimate of costs to be borne by the patient.

The table below presents the number of service improvements that providers implemented, as a proportion of total service improvements agreed to or recommended between 2009-10 and 2012-13.

	2012-13	2011-12	2010-11	2009-10
Proportion of recommendations resulting in implementation by providers	55/78	56/69	63/70	55/62

Key efficiency indicator

The key efficiency indicator measures the overall efficiency in delivering the following services:

Service One: Assessment, Conciliation and Investigation of complaints.

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

Service One

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

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

Percentage of complaints closed within legislation timeframes

	Legislative timeframe	2012-13 Actual (%)	Target (%)	2011-12 Actual (%)	Target (%)	2010-11 Actual (%)	Target (%)	2009-10 Actual (%)	Target (%)
Preliminary assessment by Director s.34 (1)	28 days	91	90	83	90	86	90	83	85
Preliminary assessment by Director s.34 (1) (c)	56 days	72	80	73	80	74	80	74	80
Notice to provider and others s.35	14 days	86	90	90	90	95	85	80	85

A review of HaDSCO processes relating to legislative timeframe compliance was initiated in 2012-13. Recommendations will be implemented in 2013-14 which are expected to improve the efficiency indicators.

HaDSCO complaint processes rely on the provision of information from specialist services. Whilst the Office aims to efficiently deliver services, on occasion, delays can 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 to facilitate a successful resolution for parties.

Average cost per finalised complaint

	2012-13 Actual	Target	2011-12 Actual	Target	2010-11 Actual	Target	2009-10 Actual (1)
Average cost per finalised complaint	\$685	\$670	\$666	\$650	\$669	\$658	\$595

The average cost per finalised complaint remains similar to 2011-12. It is above the target for 2012-13 due to a marginal reduction in complaints closed in comparison to 2011-12, as well as wage increases.

Service Two

HaDSCO aims to both raise awareness of HaDSCO services and promote best practice of complaints management. During the year, engagement activities have included offering information in the form of online and printed brochures, providing presentations and awareness raising sessions to a broad range of stakeholders.

The table below presents the cost for the development, production and distribution of information and the cost of undertaking outreach activities between 2009-10 and 2012-13:

	2012-13 Actual	Target	2011-12 Actual	Target	2010-11 Actual	Target	2009-10 Actual (1)
Group one costs: Development, production and distribution of information	250,584	230,000	166,093	162,460	141,893	143,716	92,237
Group two costs: Presentations, awareness raising, consultations and networking	341,400	320,000	245,843	232,903	268,125	255,185	185,468

At the commencement of the 2012-13 financial year, the Office established a program to review the allocation of resources toward Service Two. The outcome of this review demonstrated that a number of positions within HaDSCO significantly contribute toward raising awareness of HaDSCO services, that assists in the prevention and resolution of complaints.

The reallocation represents a more a correct reflection of the work carried out by the Office for Service Two. This involved the restructuring of a position to manage community engagement activities, a temporary strategic project role, and an increased allocation of staff wages and operating costs to ensure a more accurate allocation of budget to Service Two.

Resulting from this review of resource allocation, during the year the Office focused on engaging with consumers and providers delivering the following:

- **28** awareness raising or presentation activities tailored to the requirements of specific stakeholder groups;
- **78** networking opportunities to build relationships with providers and consumers; and
- **116** consultations with key groups to share and exchange views, seek advice and participate in meaningful discussion.

This is the highest number of engagement activities that this Office has ever delivered. There will be a continued focus on this service in 2013-14 with the launch of online engagement tools for increased engagement with stakeholders.

Average cost per awareness raising activities

	2012-13 Actual	Target	2011-12 Actual	Target	2010-11 Actual	Target	2009-10 Actual (1)
Average cost per awareness raising activities	1,538	1,450	1,336	1,370	1,347	1,450	1,591

The increase to the average cost per awareness raising activity is due to the reallocation of resources for the provision of Service Two.

(1) Note In 2009-10 the Office had not established targets for the key efficiency indicators relating to average cost per complaint and average cost per awareness raising activities.

Ministerial directives

There were no Ministerial directives during the 2012-13 financial year.

Other financial disclosures

Pricing policies of services provided

All the services we provided were done for free of charge.

Capital works

No capital works were undertaken during 2012-13.

Employment, industrial relations and workers' compensation

As at 30 June 2013, we had 19 employees, 6 of whom were part-time staff. With the exception of the Director, all HaDSCO employees were public servants. Employee categories and numbers of staff as of 30 June 2013 are shown below:

Employee category	Number of staff 2012-13	Number of staff 2011-12
Full-time permanent	10	9
Full-time contract	3	2
Part-time permanent	4	6
Part-time contract	2	1

Governance disclosures

Senior officers

At the date of reporting, no senior officers, or firms of which senior officers are members, or entities in which senior officers have any substantial interests, had any interests in existing or proposed contracts with the Office and senior officers.

Other legal requirements

Advertising, market research, polling and direct mail

Expenditure on advertising, market research, polling and direct mail

In accordance with s175ZE of the *Electoral Act 1907* we are required to report on expenditure incurred during the financial year in relation to advertising, market research, polling, direct mail and media advertising. During this reporting period we incurred no expenditure of this nature, as shown below:

Item	Cost
Advertising	Nil
Market research	Nil
Polling	Nil
Direct mail	Nil
Media advertising	Nil

Disability Access and Inclusion Plan

The *Disability Services Act 1993* (WA) requires all State and local government authorities to develop and implement a Disability Access and Inclusion Plan (DAIP). This helps to ensure people with disabilities have the same opportunities as other people in the community to access services, facilities and information. We remain committed to ensuring that people with disabilities, their carers and families have access to our services, information and facilities by implementing strategies and initiatives identified in the [DAIP](#).

The DAIP identifies means to improve accessibility of both service delivery and employment opportunities and as such, we have committed to:

- achieving the six desired outcomes of our DAIP;
- ensuring that staff work towards the desired access and inclusion outcomes in the DAIP;
- ensuring that people with a disability, their families and carers are able to fully access our services providing them with the same opportunities, rights and responsibilities enjoyed by all others in the community; and
- consulting with people with a disability, their families and carers and where required, disability organisations to ensure that barriers to access and inclusion are addressed appropriately.

Our six desired outcomes, as outlined in the DAIP, are:

1. People with disabilities have the same opportunities as other people to access the services and events, we organise.
2. People with disabilities have the same opportunities as other people to access the buildings and facilities we use.
3. People with disabilities receive information from us in a format that will enable them to access the information as readily as other people are able to access it.

4. People with disabilities receive the same level and quality of service from our staff as other people in the community.
5. People with disabilities have the same opportunities as other people to make complaints to us.
6. People with disabilities have the same opportunities as other people to participate in any public consultation we host.

In addition, we opted to include another outcome, this being:

7. People with disabilities have the same opportunities as other people to seek employment, professional development and work experience with us.

To achieve the outcomes we set out, we progressed the following strategies during 2012-13:

- incorporated the objectives of the DAIP into our strategic and operational planning, procedures and policies;
- provided alternative formats for reports on our website, such as large print options;
- improved employee awareness of disability and access issues by promoting the DAIP on our intranet site and through the development of a Workforce and Diversity Plan 2013-16; and
- improved employee awareness of the DAIP by promoting it through the induction process.

As we move into the next financial year we will continue to work with the strategies we already have in place to ensure those with disabilities have the same level of access to our services, information and facilities, as anyone else.

Compliance with Public Sector Standards and Ethical Codes

The Office has fully complied with the Public Sector Standards in human resource management, the Western Australian Public Sector Code of Ethics and our Code of Conduct. The applications made for breach of standards review and the corresponding outcomes for the reporting period are:

Number lodged:	Nil
Number of breaches found, including details of multiple breaches per application:	Nil
Number still under review:	Nil

Good governance principles

We remain committed to good governance and continue to adhere to the Public Sector Commission's Good Governance Guide, which provides nine key governance principles. The mechanisms we have in place to address these nine principles are outlined below.

1. Government and public sector relationship

Processes exist to ensure clear communication and interaction between the Office, the Public Sector and Parliament.

Additional information on this is available within this report at:

- [Our role, vision, values and functions](#) (Section One)
- [Working with legislation](#) (Section One)

2. Management and oversight

During this reporting period we underwent significant consultation with stakeholders to obtain input for the development of the HaDSCO 2012-15 Strategic Plan. Forming part of this plan, our strategic map, which is available on our website, clearly defines our vision and the five key strategic goals that support this vision.

Additional information on this is available within this report at:

- [Strategic direction](#) (Section Two)

3. Organisational structure

The Office consists of three dynamic teams with clearly defined roles that have sufficient flexibility to support and respond to internal structural changes.

Additional information on this is available within this report at:

- [Office structure](#) (Section One)

4. Operations

The Operational Plan 2012-13 provides staff with information relating to specific activities and enables progress towards achieving organisational goals. The Operational Management Group meets quarterly to review and report on the outcomes achieved in order to maintain direction and momentum across operations.

Additional information on this is available within this report at:

- [Performance Summary](#) (Section Two)

5. Ethics and integrity

As an independent statutory authority providing an impartial resolution service, upholding high standards of ethics and integrity is fundamental to our role. During the year, we engaged with staff to develop a new Code of Conduct based on our five key internal values, these being integrity, responsibility, achievement, cooperation and leadership.

Additional information on this is available within this report at:

- [Building staff capacity](#) (Section Two, strategic goal four)

6. People

Over the past 12 months there has been a focus on reviewing and improving processes. We have worked collaboratively to foster a culture of learning and are fully engaged in the continuous improvement of service delivery. In May 2013 the Office formed a Joint Consultative Committee (JCC) with the Community and Public Sector Union. The JCC assists to create a better channel for communication between Union delegates and our own executive to discuss a range of matters relating to staff wellbeing.

Additional information on this is available within this report at:

- [Building staff capacity](#) (Section Two, strategic goal four)

7. Finance

We value accountability and efficiency and as such we ensure financial processes are consistent with applicable accounting standards. Formal structures are in place to monitor financial performance, including monthly and quarterly reporting to the Director and the Chief Financial Officer.

For 2012-13 we met all requirements of the Office of the Auditor General's financial audit which did not result in a management letter. This positive outcome reflects our commitment to continuously improving financial processes to ensure accountable and transparent management of resources.

Additional information on this is available within this report at:

- [Financial Statements](#) (Section Four)
- [Key Performance Indicators](#) (Section Four)

8. Communication

Internal policies and a style guide exist to provide direction on communication processes to ensure information is disseminated efficiently and effectively. The style guide ensures that information is communicated in a clear and consistent manner.

9. Risk management

Risk management is included in the induction process for all new staff. During the year a staff safety package was developed to ensure preventative measures are in place for key risk categories.

Recordkeeping Plans

In earlier years we had previously developed a five-year Recordkeeping Plan that was approved by the State Records Commissioner in 2009. The plan is due to be reviewed during 2013-14 and a report will be submitted to the State Records Office once this has been conducted.

This year, all staff continued to work with the online records awareness training tool, specifically to address the broader topic of records awareness training. This self-paced innovative learning tool has been completed by all employees. An important element of this training is the facility to provide reports that will identify knowledge gaps, allowing us to concentrate training in specific areas.

[TRIM](#) (our in-house electronic documents and records management system) was introduced in 2011. We are now currently in the process of integrating the TRIM system with our intranet to make this system more efficient and intuitive to use.

We now have a comprehensive instruction manual available on our intranet and training in the usage of TRIM is included as part of our general employee and graduate induction processes.

During 2012-13 we:

- fulfilled its requirements under section 28 of the *State Records Act 2000* by reviewing our Recordkeeping Plan;
- put all new permanent employees through an online records awareness training program and TRIM training; and
- continued implementation of the Recordkeeping Plan through training and induction with all staff.

Government policy requirements

Substantive equality

HaDSCO is committed to the objectives of the policy, particularly in relation to promoting sensitivity to the different needs of key stakeholders. We understand the importance of delivering accessible services to a broad range of people from culturally and linguistically diverse backgrounds.

Information on how to make a complaint is available in eight languages and this is featured on the homepage of the our website.

All of our publications are available in alternative formats and can be translated on request. Teletypewriter phone access is available to people with a hearing impairment.

Occupational Safety, Health and Injury Management

We take our commitment to providing and maintaining a safe and healthy work environment for all employees, contractors and visitors seriously. The Office engages in best practice Occupational Safety and Health (OSH) management practices required under the *Occupational Safety and Health Act 1985* including reporting, training, discussion and accountability in order to minimize workplace injuries.

Additionally, our proactive approach to injury management has seen us develop workers' compensation, injury management and return to work policies and procedures in accordance with the *Workers' Compensation and Injury Management Act 1981*. As an ongoing measure we encourage employees to identify potential risks by reporting anything they deem appropriate directly to the [OSH](#) representative.

During 2012-13, we:

- made available ergonomic assessments for employees;
- engaged the services of an Employee Assistance Program; and
- provided an annual influenza vaccination program.

The table below indicates our annual performance in relation to [OSH](#) and Injury Management.

Indicator 2012-2013	Number
Fatalities	Nil
Lost time injury/disease incidence rate	Nil
Lost time injury severity rate	Nil
Percentage of injured workers returned to work within 28 weeks	NA
Percentage of managers trained in OSH and Injury management responsibilities	25%

Appendices

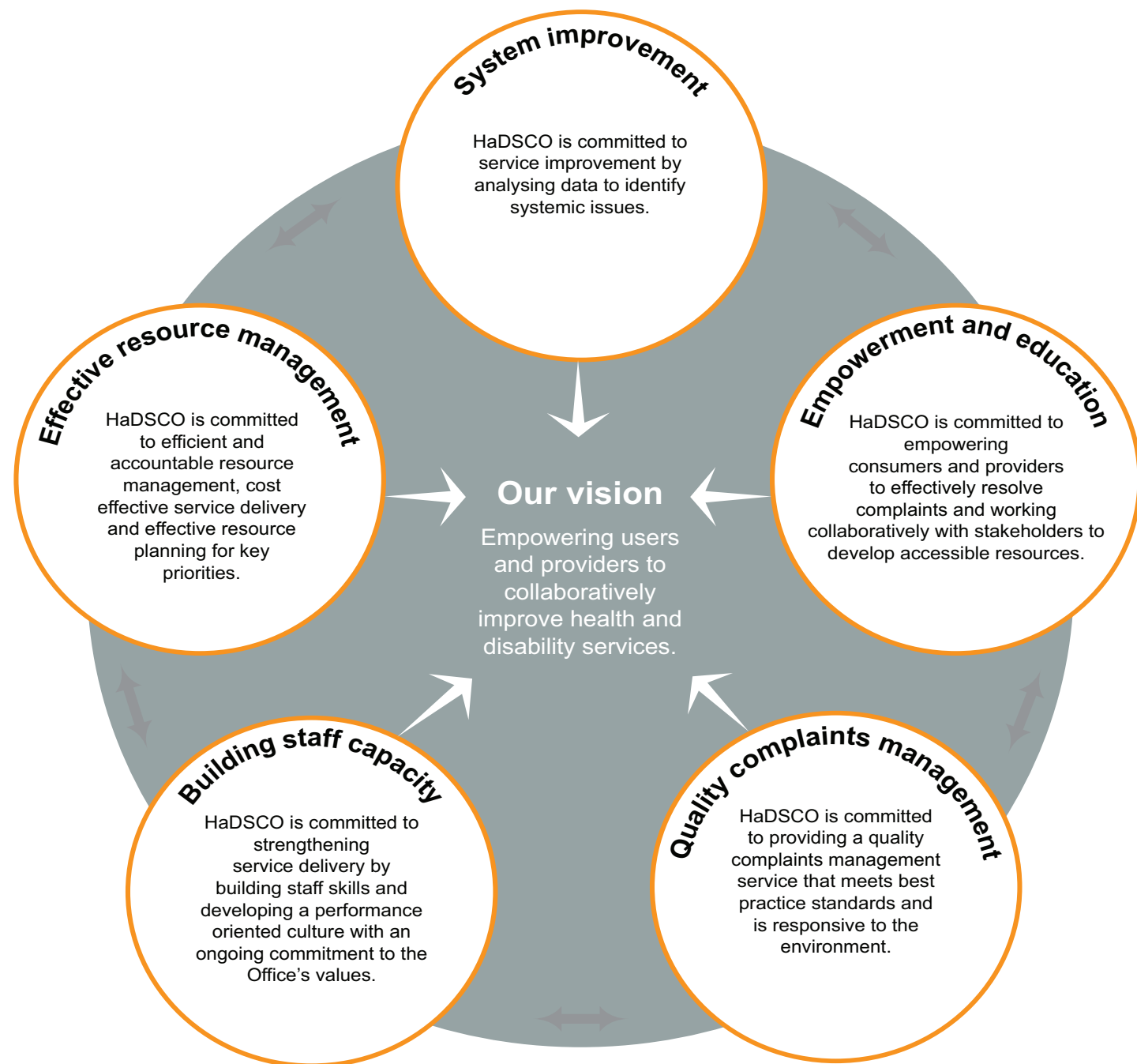
Appendix one

AHPRA register of national boards and professionals

National Board	Profession	Division
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Aboriginal and Torres Strait Islander Health Practitioner	Acupuncturist Chinese herbal medicine practitioner Chinese herbal dispenser
Chinese Medicine Board of Australia	Chiropractor	Chinese Medicine Board of Australia
Dental Board of Australia	Dental Practitioner	Dentist Dental therapist Dental hygienist Dental prosthetist Oral health therapist
Medical Board of Australia	Medical Board of Australia	
Medical Radiation Practice Board of Australia	Medical Radiation Practitioner	Diagnostic radiographer Nuclear medicine technologists Radiation therapist
Nursing and Midwifery Board of Australia	Nurse	Registered nurse (Division 1) Enrolled nurse (Division 2)
Nursing and Midwifery Board of Australia	Midwife	
Occupational Therapy Board of Australia	Occupational therapist	
Optometry Board of Australia	Optometrist	
Osteopathy Board of Australia	Osteopath	
Pharmacy Board of Australia	Pharmacist	
Physiotherapy Board of Australia	Physiotherapist	
Podiatry Board of Australia	Podiatrist	
Psychology Board of Australia	Psychologist	

Appendix two

HaDSCO Strategic Map 2012-15



Appendix three

Prescribed health service providers

Health service providers that are prescribed under section 75 of the *Health and Disability Services (Complaints) Act 1995*:

- Department of Health Western Australia (including hospitals managed by WA Country Health Service, Child and Adolescent Health Service, North Metropolitan Area Health Service and South Metropolitan Area Health Service)
- Abbotsford Private Hospital
- Albany Community Hospice
- Attadale Private Hospital
- Bethesda Hospital
- Busselton Hospice Care Incorporated
- Glengarry Private Hospital
- Hollywood Private Hospital
- Joondalup Health Campus
- The Marian Centre
- Mercy Hospital
- Mount Hospital
- Mount Lawley Private Hospital
- Ngala Family Services
- Peel Health Campus
- Perth Clinic
- South Perth Hospital
- St John of God Hospital, Bunbury
- St John of God Hospital, Geraldton
- St John of God Hospital, Murdoch
- St John of God Hospital, Subiaco
- Subiaco Private Hospital Pty Limited
- Waikiki Private Hospital
- Department of Corrective Services
- St John Ambulance Australia (Western Australia) Inc
- Royal Flying Doctors Service of Australia (Western Operations)
- Silver Chain Nursing Association Incorporated

Appendix four

Acronyms

ACCC	Australian Competition and Consumer Commission
AHPRA	Australian Health Practitioner Regulation Agency
CCYP	Commissioner for Children and Young People
CEO	Chief Executive Officer
CPSU	Community and Public Sector Union
CRED	Complaints Record Electronic Database
DAIP	Disability Access and 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
HIN	Health Information Network
IOT	Indian Ocean Territories
JCC	Joint Consultative Committee
LoU	Letter of Understanding
MO	Medical Officers
MOU	Memorandum of Understanding
NDIS	National Disability Insurance Scheme
OAG	Office of the Auditor General
OSH	Occupational Safety and Health
RAAP	Regional Access and Awareness Program
SES	Stakeholder Engagement Strategy
SIWG	Systemic Issues Working Group
SLO	Senior Legal Officer
ST&R	Share Time and Review
TRIM	Total Records Information Management
WA	Western Australia
WAAMH	Western Australia Association of Mental Health
WAPOL	Western Australia Police