



**GOVERNMENT OF
WESTERN AUSTRALIA**



**Health and Disability Services
Complaints Office**

2018-19

Annual Report



Supporting Improvement through complaint resolution



Statement of Compliance



Hon Roger Cook MLA
Deputy Premier; Minister for Health; Mental Health
13th Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

In accordance with section 63 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Health and Disability Services Complaints Office for the financial year ended 30 June 2019. The Annual Report has been prepared in accordance with the *Financial Management Act 2006*.

Yours sincerely

SARAH COWIE
DIRECTOR
10 September 2019

About this report

Welcome to the Health and Disability Services Complaints Office (HaDSCO) 2018-19 Annual Report. This report provides an overview of the work undertaken by the Office in the resolution of complaints about health, disability and mental health services provided in Western Australia and the Indian Ocean Territories. It also details the work undertaken in educating and training the public and service providers in the prevention and resolution of complaints.

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). It was created using in-house staff resources. The report is available in printable and electronic viewing formats to optimise accessibility and ease of navigation. It is 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 visual impairment. Requests to reproduce any content from this report should be directed to the Communications and Engagement Officer on (08) 6551 7620 or mail@hadsco.wa.gov.au. When reproduced, content must not be altered in any way and acknowledgements must be appropriately made.



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1. Office Overview

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1.3 Who we are

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1.5 Organisational Structure

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1. Office Overview

1.1 From the HaDSCO Director



It is with pleasure that I present the 2018-19 Annual Report on behalf of the Health and Disability Services Complaints Office.

This reporting period has seen a number of significant reviews and reforms in the health, disability and mental health sectors which have impacted on the environment in which the Office operates.

In April of this year the Western Australian Sustainable Health Review (SHR) published its Final Report which contained eight Enduring Strategies and 30 Recommendations which seek to drive a cultural and behavioural shift across the health system. The release of the Report provided the opportunity for the Office to review and refocus its services, with particular consideration for the Enduring Strategies of:

- Commit and collaborate to address major public health issues.
- Improve mental health issues.
- Person-centred, equitable, seamless access.
- Culture and workforce to support new models of care.

Throughout the year HaDSCO has continued to collaborate, participate and partner with stakeholders at both a State and National level to further initiatives to support improvements to health, disability and mental health services. This included invited contributions and submissions on reforms taking place in areas which impact our service delivery.

The Office submitted a reference document to the Mental Health Clinical Governance Review Panel's *Review of the Clinical Governance of Public Mental Health*. This provided the opportunity to reconfirm the role and functions the Office plays in the mental health sector. This was further enhanced by the publication in April of the Office's *Guidelines for handling complaints about mental health services*. The Guidelines were developed in accordance with the Australian and New Zealand Standard to assist service providers to develop their own complaint handling systems or enhance existing processes.

HaDSCO's role in the complaints resolution process provides a very important and useful source of information to highlight where there may be gaps in the level of care provided to an individual, as person-centred care continues to be a focus in the health, disability and mental health sectors. From one complaint, there can be redress for the individual and system changes to improve service delivery for many others. Collectively, complaints provide useful information for continuous improvement programs covering broader service delivery and

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systemic issues to ensure safe and high quality services and improve the individual's experience.

This year, the Office received the highest volume of complaints in the health, disability and mental health sectors in a five year reporting period, with a greater number of redress outcomes facilitated for individuals.

With the SHR's recommendation to build workforce capability and behaviour with a focus on system integrity, transparency and public accountability it was fitting that the Office was invited to present to university students in the allied health field. This engagement is part of the Office's efforts to educate practitioners at the earliest stages of their careers about the benefits of person-centred care and communication, and how to deal with complaints constructively and effectively.

Western Australia is due to transition to full implementation of the National Disability Insurance Scheme (NDIS) in July 2020. In 2018-19, during the transition period, there has been a 60% increase in complaint volume compared to 2017-18. The Office has a lead role through its membership of the NDIS Interface Steering Committee, established by the Department of the Premier and Cabinet, for relevant actions related to disability complaints during the transition period. This has been, and will continue to be, an important body of work undertaken by the Office for

the transition of the complaints jurisdiction to the NDIS Quality and Safeguards Commission.

HaDSCO continues to strengthen customer and stakeholder engagement, to ensure that the Office's services are designed to resolve complaints that arise in the most direct and immediate way. During 2018-19, the Office led and participated in a number of stakeholder engagement activities to continue to raise awareness of, and provide accessibility to, our services, including a visit to the Indian Ocean Territories. We also updated a number of our publications and brochures to ensure our messaging is clear, contextual and current.

In what has been another busy and productive year I would like to thank the HaDSCO staff who ensure they carry out the work of the Office in a professional, impartial, confidential and efficient manner. Staff continually produce quality outcomes for the benefit of individuals who access health, disability and mental health services.

Sarah Cowie
DIRECTOR

“From one complaint, there can be redress for the individual and system changes to improve service delivery for many others.”

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Key highlights 2018-19

Complaints

Complaints Received
2,589



188
Redress actions facilitated for individuals

34



Service improvements managed as a result of HaDSCO's involvement

Educate and train



Developed additional resources including information for young people and for Aboriginal communities about making complaints. Published *Guidelines for handling complaints about mental health services*

Undertook
201
engagement activities with stakeholders across metropolitan, regional and remote regions



Governance



Completed staff training in records management; cultural awareness; diversity; and accountable and ethical decision making

Respond to changing environments



Provided input into policy initiatives and reforms, including for the Review of the Clinical Governance of Public Mental Health Services in WA and Voluntary Assisted Dying Bill

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1.3 Who we are

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority offering an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories, covering the public, private and not-for-profit sectors.

The Office was established in 1996 and, until November 2010, HaDSCO was known as the Office of Health Review. The name was changed following amendments to the *Health and Disability Services (Complaints) Act 1995*, and the *Disability Services Act 1993*.

The functions of HaDSCO are set out in our governing legislation; the *Health and Disability Services (Complaints) Act 1995*, Part 6 of the *Disability Services Act 1993* and Part 19 of the *Mental Health Act 2014*. HaDSCO's main functions under these Acts are to:

- Deal with complaints by negotiated settlement, conciliation or investigation.
- Review and identify the causes of complaints.
- Provide advice and make recommendations for service improvement.
- Educate the community and service providers about complaint handling.
- Inquire into broader issues of health, disability and mental health care arising from complaints received.
- Work in collaboration with the community and service providers to improve health, disability and mental health services.
- Publish the work of the Office.
- Perform any other function conferred on the Director by the *Health and Disability Services (Complaints) Act 1995* or another written law.

Other key compliance legislation

Auditor General Act 2006

Electoral Act 1907

Equal Opportunity Act 1984

Financial Management Act 2006

Freedom of Information Act 1992

Health Practitioner Regulation National Law (WA) Act 2010

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

Responsible Minister

Hon Roger Cook MLA

Deputy Premier; Minister for Health; Mental Health.

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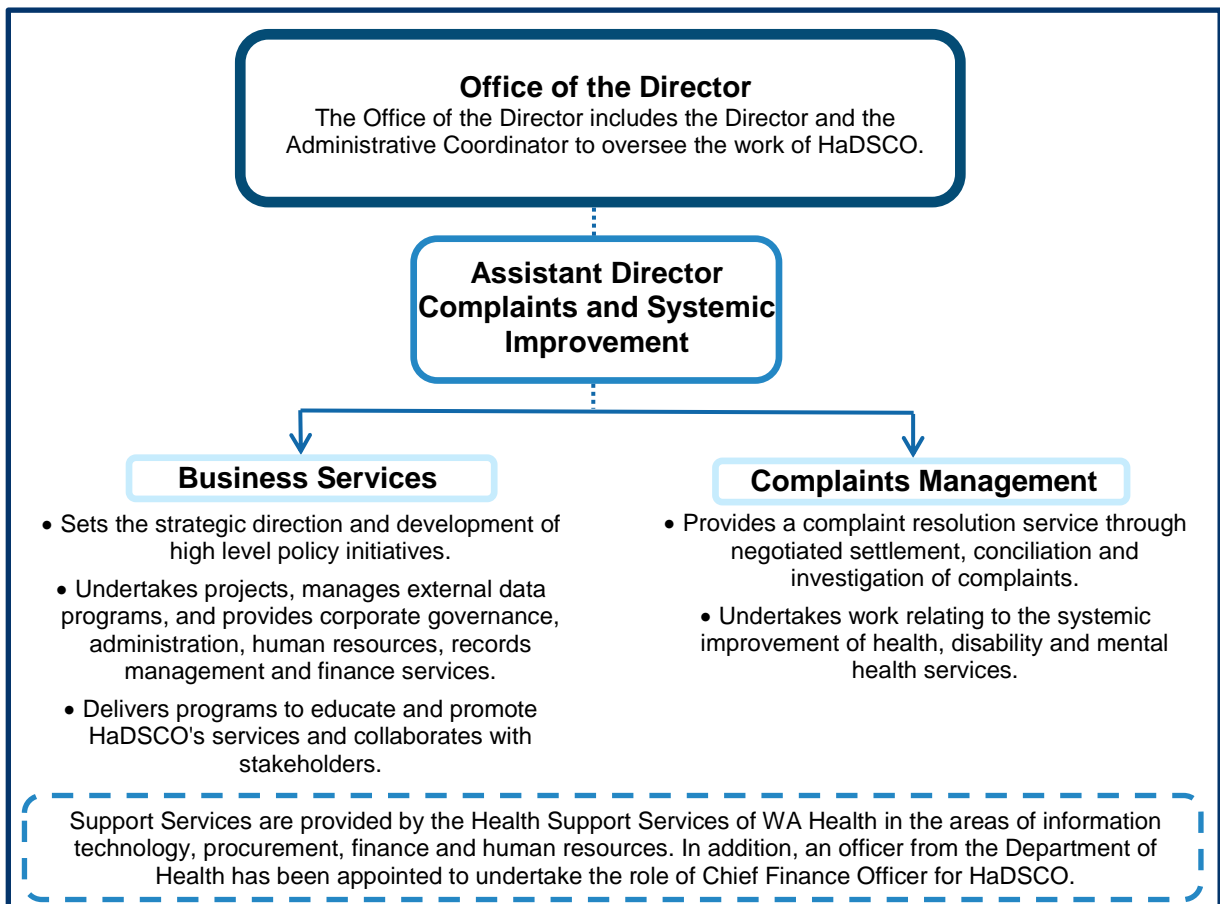
1.4 Performance Management Framework

Operates within the Performance Management Framework to achieve services and outcomes in the context of the wider Government goal of *Strong Communities: Safe communities and supported families*.

Government Goal	Agency desired outcome	HaDSCO Service	Key Effectiveness Indicator	Key Efficiency Indicator
Strong Communities: Safe communities and supported families	Improvement in the delivery of health and disability services	<ol style="list-style-type: none"> 1. Assessment, negotiated settlement, conciliation, and investigation of complaints 2. Education and training in the prevention and resolution of complaints 	Proportion of recommendations resulting in implementation by providers	<ol style="list-style-type: none"> 1.1 Percentage of complaints closed within legislation timeframes 1.2 Average cost per finalised complaint 2.1 Education and training in the prevention and resolution of complaints

1.5 Organisational Structure

HaDSCO's organisational structure as at 30 June 2019 is represented below.





1.6 Our Strategic Direction

HaDSCO's Strategic Plan 2017-21 sets out the Office's vision, mission and values, and outlines four areas of strategic focus. Throughout this Annual Report performance is aligned to these four areas.

Our Vision

Supporting improvements to health, disability and mental health services for Western Australia and the Indian Ocean Territories through complaint resolution.

Our Mission

Improvement in the delivery of health and disability services through our two 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 Values

In all our operations and relationships we value:

- **Honesty:** We act with honesty and integrity, providing an impartial complaints resolution service about health, disability and mental health services, and in providing programs to educate and train in the prevention and resolution of complaints.
- **Accountability:** We are accountable for our actions and deliver our services within a sound governance framework.
- **Dedication:** We provide our services with dedication and commitment ensuring we meet the needs of the public, Ministers, service providers and other external stakeholders.
- **Supportive:** We work together as a team and are supportive of our colleagues in the workplace.
- **Confidentiality:** We treat information received with confidentiality and comply with the provisions of our guiding legislation.
- **Objectivity:** We work in an independent Statutory Authority and undertake our work with objectivity and impartiality.

Our Strategic Focus Areas

- **Complaints (Receive, Resolve, Reform):** Manage complaints in a professional, impartial, confidential and efficient manner with quality outcomes.
- **Educate and train (Engage, Evaluate, Educate):** Inform, educate and empower the community and service providers to prevent complaints.
- **Governance (Cooperate, Comply, Communicate):** Deliver our services within a sound governance framework.
- **Respond to changing environments (Review, Respond, Redefine):** Respond appropriately to our changing environment.

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2. Office Performance



Complaints

2.1 Complaints data

2.1.1 Key Highlights - HaDSCO complaints data

2.1.2 Key Highlights - External complaints data

2.2 Our complaints management process

2.3 Overview of complaints

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Educate and Train

2.7 Key Highlights

2.8 Stakeholder Engagement Strategy

2.9 Working collaboratively and sharing expertise

2.10 Awareness and accessibility

2.11 Publications

2.12 Ministerial support

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2. Office Performance

In this section we report on the outcomes achieved under our two strategic focus areas of:

- **Complaints**, aligned to HaDSCO's Service One: Assessment, negotiated settlement, conciliation and investigation of complaints.
- **Educate and train**, aligned to HaDSCO's Service Two: Education and training in the prevention and resolution of complaints.

Complaints

The following provides an overview of our complaints management process, a breakdown of complaints received and closed, details of the outcomes achieved for individuals who made complaints and the service improvements arising from complaints.

2.1 Complaints data

We report on two sets of complaints data:

- **HaDSCO's complaints data.** This relates to the complaints data received directly by HaDSCO about health, disability and mental health service providers.
- **External complaints data.** This relates to the complaints data collected annually by HaDSCO from prescribed service providers as part of data collection programs.

Our case studies

Case studies have been included to illustrate the nature of the complaints we receive, the outcomes achieved for individuals, and the process improvements for future service delivery. Case studies have been included in this report with the permission of the person who made the complaint and the service provider involved.

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2.1.1 Key Highlights – HaDSCO complaints data

Key highlights for 2018-19 for HaDSCO's complaints data are set out below:

- The number of in jurisdiction complaints received by HaDSCO in 2018-19 was 2,349. This is the highest volume the Office has received in the previous five years and represents a 13% increase from 2014-15.
- The Office exceeded and met the forecasted targets for preliminary assessment of complaints within 28 and 56 days respectively. However, HaDSCO did not achieve the forecasted target for notification of complaints to providers (by 1%).
- The majority of the complaints received by HaDSCO related to health services (73%), followed by mental health services (14%), and disability services (4%). There was a 60% increase in disability services complaints received in comparison to 2017-18.
- Health complaints typically concerned treatment; communication and information; fees and costs; and service access. These issues have been relatively consistent over the previous three financial years.
- Health services that received the highest proportion of complaints were prison health services; general practices and practitioners; dental health services; and emergency/A&E. The proportion of complaints concerning emergency/A&E services has gradually increased over the past three years.
- Disability complaints were likely to be about issues relating to service delivery; service management; and/or service costs and financial assistance. In the past three years, complaints regarding service delivery have shown an increasing trend.
- Disability services that received the highest proportion of complaints in 2018-19 were in-home support, accommodation, therapy, and grants (funds). Over the previous three years, the proportion of complaints that related to grants (funds) has decreased.
- Complaints regarding mental health services in 2018-19 were most likely to be about the quality of clinical care; communication; and/or rights, respect and dignity. Complaints regarding decision making have steadily decreased over the previous three financial years.
- The mental health service types that received the highest proportion of complaints were psychiatrists/psychiatry; community mental health services; and prison mental health services.
- As a result of HaDSCO's complaints management process, 188 actions were taken by service providers to facilitate redress for individuals making a complaint.
- 34 service improvements were managed as a result of HaDSCO's involvement.

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2.1.2 Key Highlights – External complaints data

Key highlights for 2018-19 for external complaints data are set out below:

- 7,604 complaints were received by 25 prescribed health providers covering complaints about health and mental health services, representing a 9% increase compared to 2017-18.
- 509 complaints were received from 20 prescribed disability service providers, representing a 13% increase compared to 2017-18.
- In 2018-19, all provider types resolved at least 70% of the complaints they received within 30 days. Health and mental health service providers resolved 90% of complaints within 60 days, while disability service providers resolved 82% of complaints within 60 days.
- The issues raised in the complaints received by prescribed providers differ depending on whether the complaint concerned a health, disability, or mental health service:
 - In 2018-19, health complaints typically concerned the quality of clinical care; communication; access; and rights, respect and dignity. The complaint issues have remained stable over the past three years.
 - In 2018-19, disability complaints typically concerned staff related issues; service delivery, management and quality; and communication/relationships. Over the previous three years, complaints citing service delivery, management, and quality have displayed a decreasing trend.
 - In 2018-19, mental health complaints typically concerned the quality of clinical care; communication; and rights, respect and dignity. Over the previous three years, complaints citing communication have displayed a decreasing trend.
- The complaint outcomes commonly achieved were consistent across all service provider types over the past three years. The most common outcomes were acknowledgement of the individual's views or issues; an explanation or information about the services provided; or an apology from the provider.

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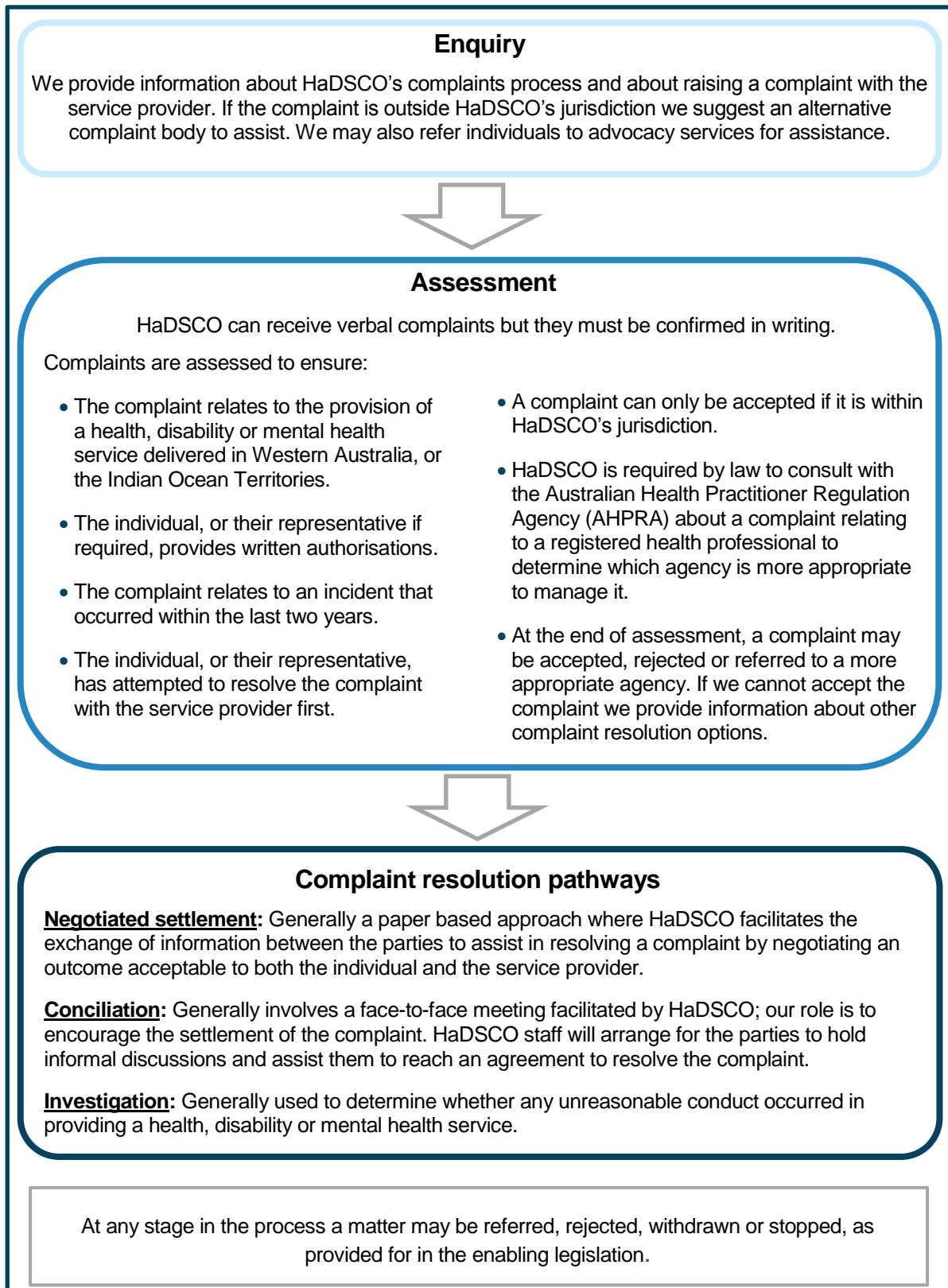
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2.2 Our complaints management process

HaDSCO takes a resolution based approach to managing complaints. The focus is to resolve complaints as informally as possible and in the most timely and efficient manner. There are three main stages in the complaints management process: enquiry; assessment; and complaint resolution including negotiated settlement, conciliation or investigation, as represented below.



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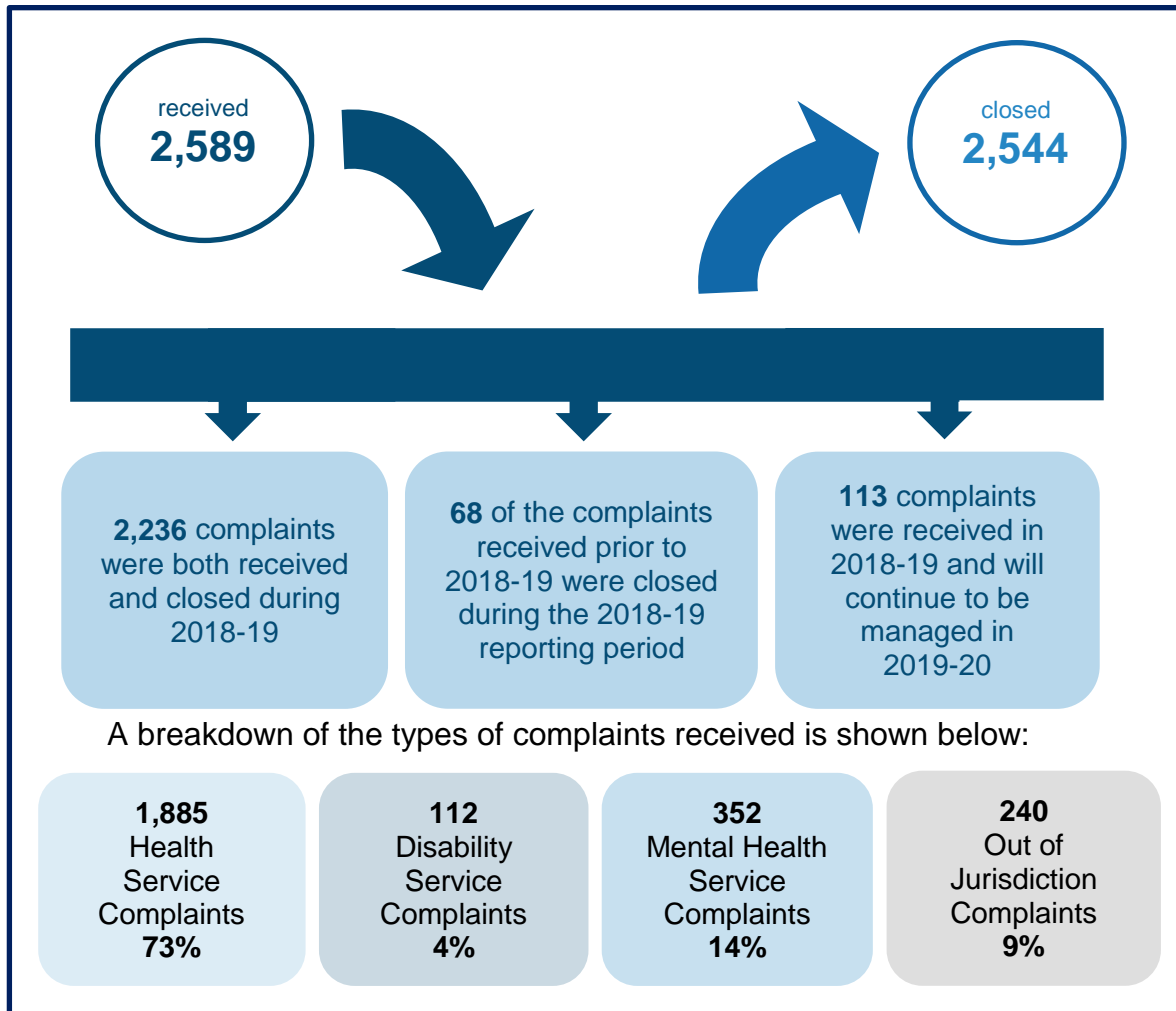
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2.3 Overview of complaints

In 2018-19, HaDSCO received **2,589** complaints and closed **2,544** complaints. The following diagram shows the breakdown of complaints received and closed.



In 2018-19, the majority of the complaints received by HaDSCO concerned health services (73% of complaints received). The Office received comparatively fewer complaints about disability and mental health services (4% and 14% of complaints received respectively).

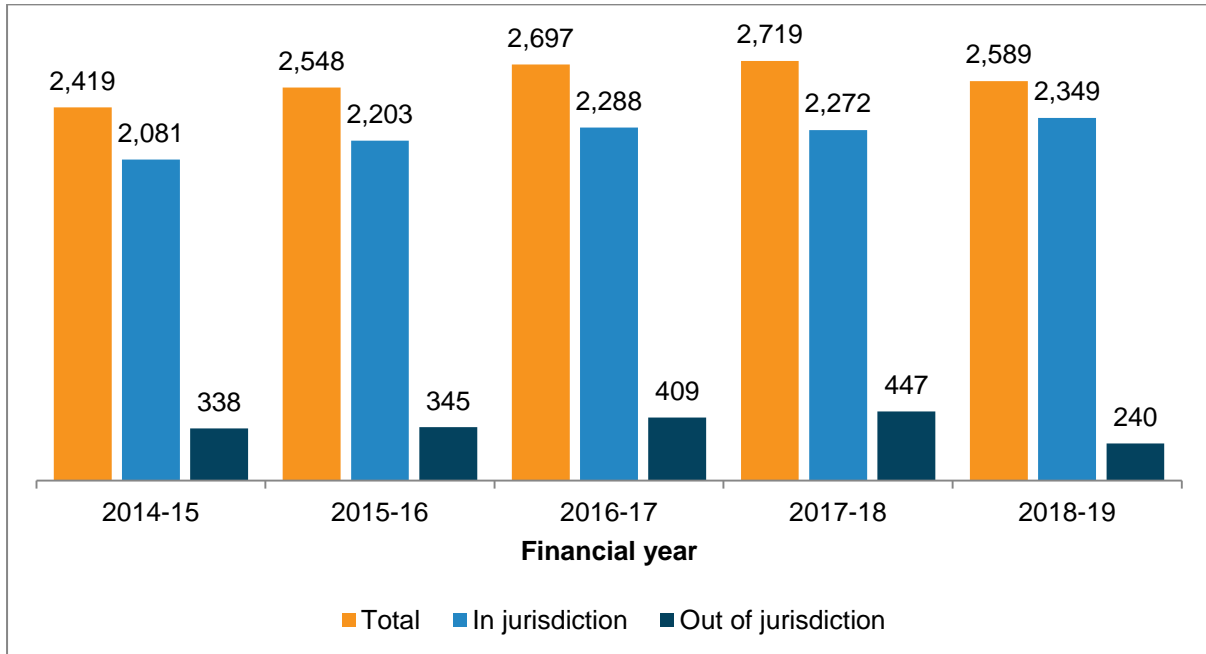
HaDSCO also receives complaints that are out of jurisdiction; these are complaints that do not relate to the provision of health, disability or mental health services in Western Australia or the Indian Ocean Territories. In these circumstances, HaDSCO staff provide information regarding an alternative agency that may assist the individual with their concerns. If required, we also provide information about the support available to assist the individual, such as advocacy or legal services.





The total number of complaints received in 2018-19 was 2,589 which represents a 7% increase relative to 2014-15, as displayed in Figure 1.

Figure 1: Complaints received between 2014-15 and 2018-19



The number of in jurisdiction complaints received in 2018-19 was 2,349. This is the highest volume the Office has received in the previous five years and represents a 13% increase from 2014-15.

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2.3.1 Awareness of HaDSCO

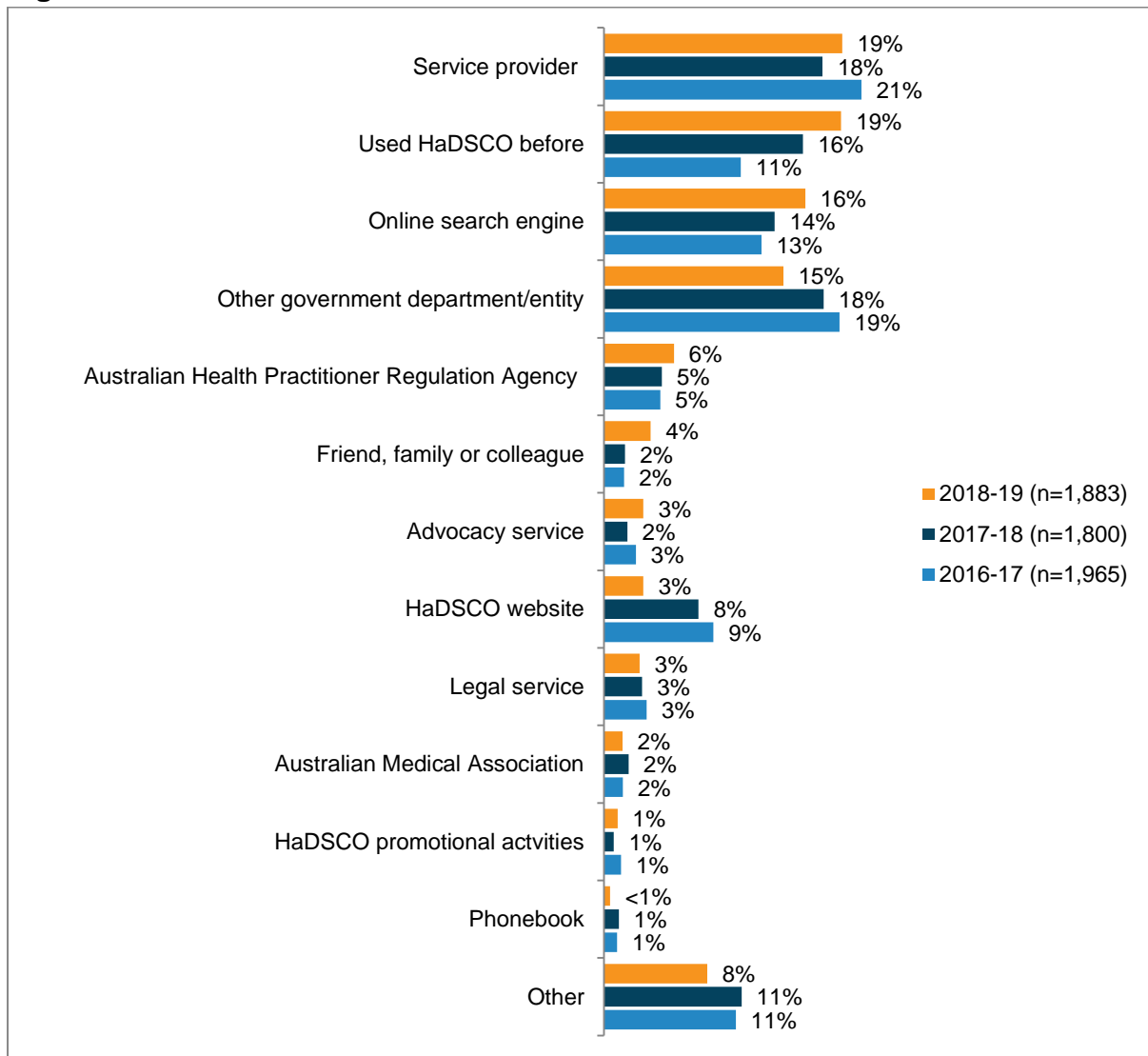
There are a number of ways that people become aware of HaDSCO, as detailed in Figure 2.

People typically become aware of HaDSCO in one of two ways:

- They are referred by a service provider, government agency, or have used our services before.
- They use an online search engine or visit our website.

Few trends are observed across the different ways individuals become aware of our Office. The largest year over year change was seen for the number of people who were familiar with our Office through using HaDSCO's services before, which increased from 11% in 2016-17 to 19% in 2018-19.

Figure 2: Awareness of HaDSCO



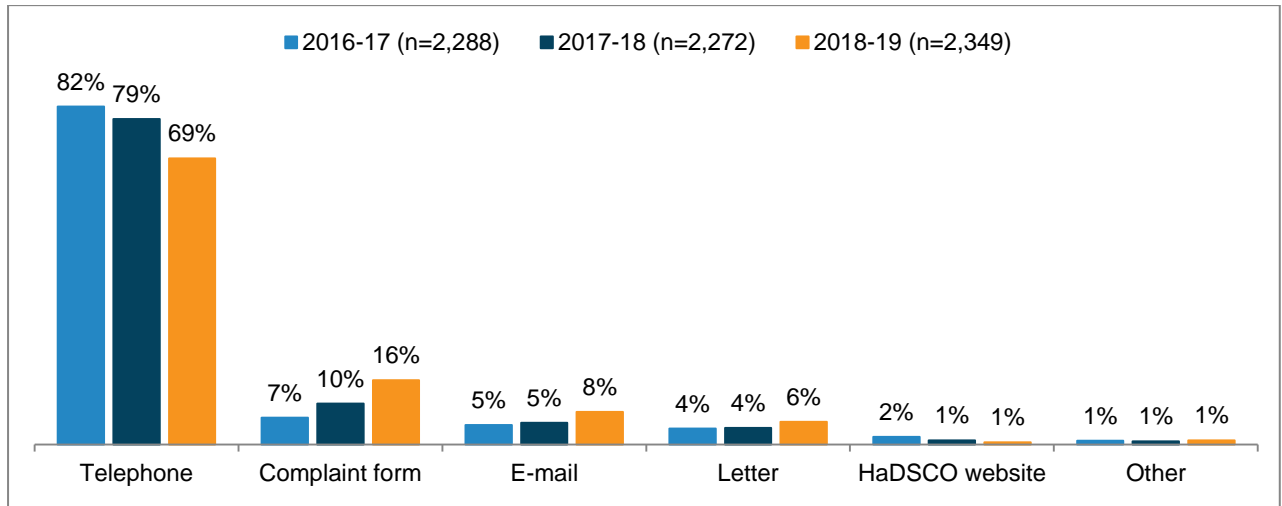


2.3.2 Contacting HaDSCO

Individuals can contact the Office in a variety of ways. Initial contact is typically either by telephone, a complaint form, email or a letter.

As shown in Figure 3, in 2018-19, most complaints were received by telephone, accounting for 69% of complaints received. Over the past three years this has been a decreasing trend, offset by a gradual increase in the proportion of complaints received via a written complaint form or email.

Figure 3: Method of contact



Totals may not sum to 100% due to rounding.

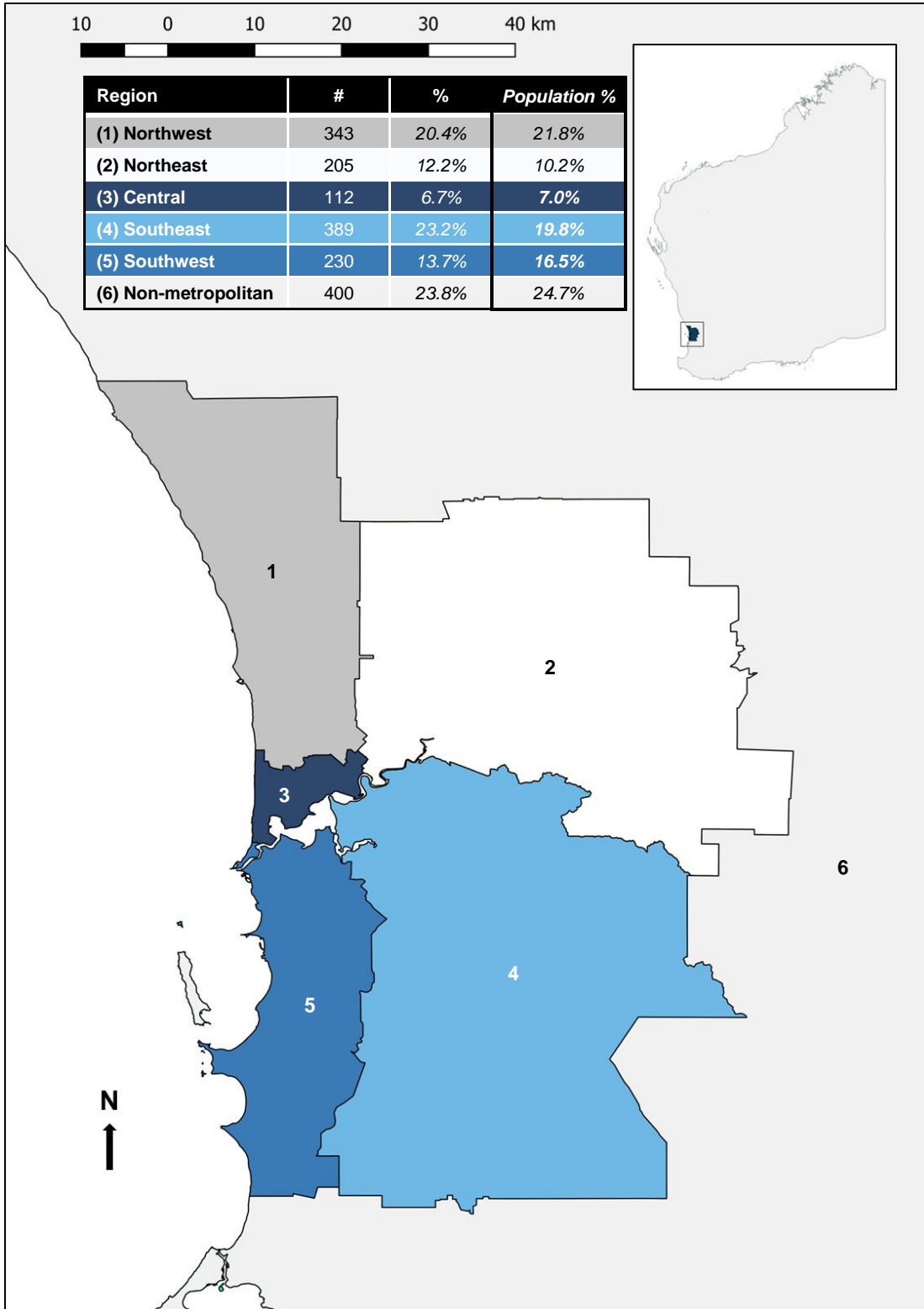
As shown in Figure 4, in 2018-19, the majority of complaints (76%) received concerned individuals living in the Perth metropolitan area, as defined by Local Government Areas, while 24% of complaints concerned individuals living in non-metropolitan areas.

Comparing the proportion of complaints received by the Office in 2018-19 to the population distribution across Western Australia¹, indicates that the various metropolitan areas and the non-metropolitan area all account for a proportion of complaints generally consistent with their proportion of the population. The only exceptions are the Southeast metro region, where complaints are marginally under-represented, and the Southwest metro region, where complaints are marginally over-represented.

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¹ As per 2017 estimated residential population (ERP) data published by the Australian Bureau of Statistics (ABS).

Figure 4: Geographic distribution of individuals receiving a service (2018-19)



In some instances, location information was not collected (n=445). Individuals in a prison or an immigration detention centre are excluded from the analysis (n=315). The metropolitan and non-metropolitan regions adapted from schedule 3 of the *Planning and Development Act 2005* and ABS Statistical Areas Level 2. Population data derived from the 2017 estimated residential population (ERP) data published by the ABS.

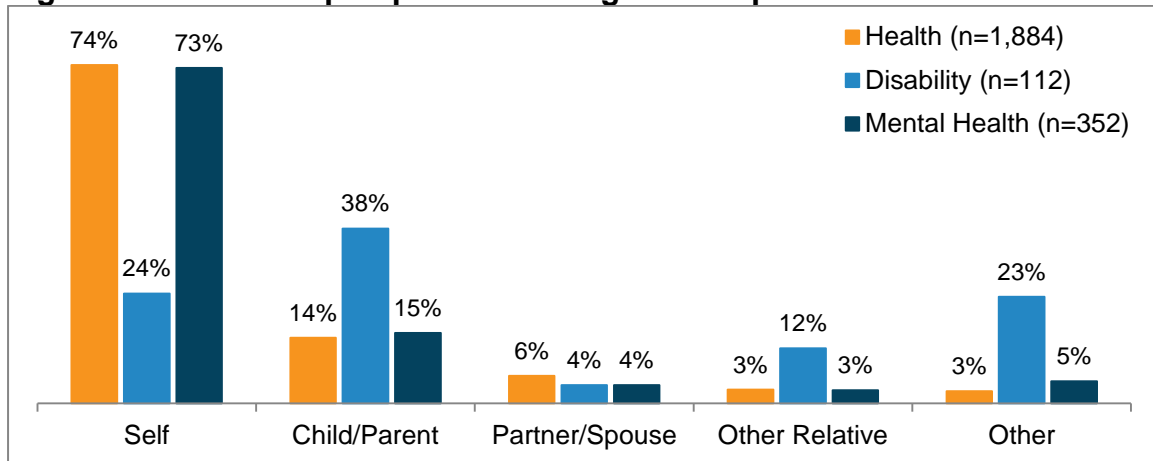




2.3.3 Individual making the complaint

The majority of complaints about a health or mental health service were made by the individual who received the service. The remaining complaints were made by a representative on behalf of the individual, which was typically a family member (as shown in Figure 5). For complaints about a disability service, the opposite is true as the majority were made by a representative on behalf of the individual, including family members and advocates.

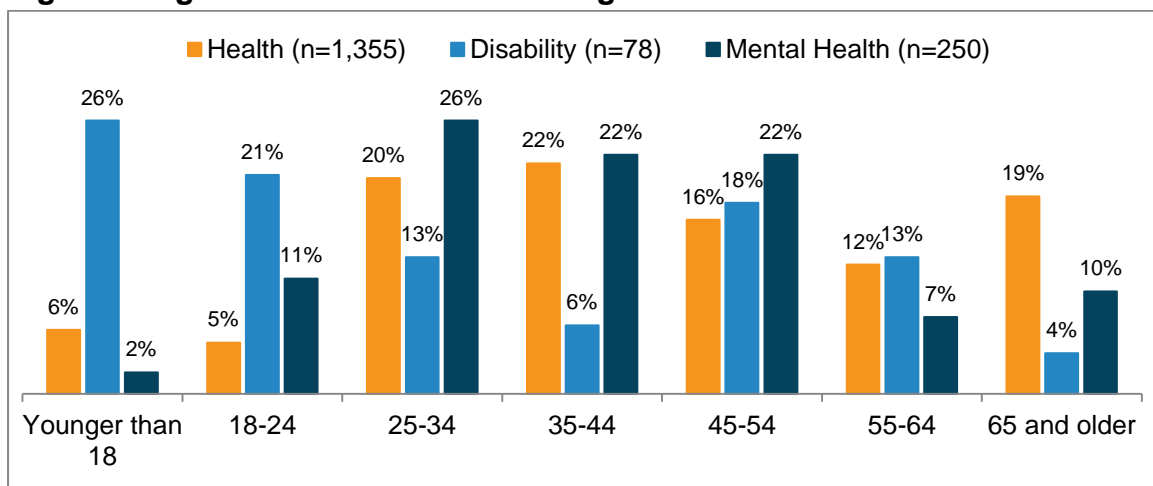
Figure 5: Relationship to person making the complaint



Complaints regarding a health service were most likely to concern services provided to individuals aged between 25 and 44, or aged 65 and older, accounting for a combined 61% of complaints (as shown in Figure 6). Complaints regarding mental health services exhibited a higher concentration in the 25 to 34 age range, with over a quarter (26%) of complaints concentrated in this age range. Both health (7%) and mental health (2%) complaints were less likely to concern services provided to children under the age of 18 years.

In contrast, complaints regarding disability services were most likely to concern services provided to an individual who is under 18 years of age (26%), or a young adult between 18 and 24 (21%).

Figure 6: Age of the individual receiving a service

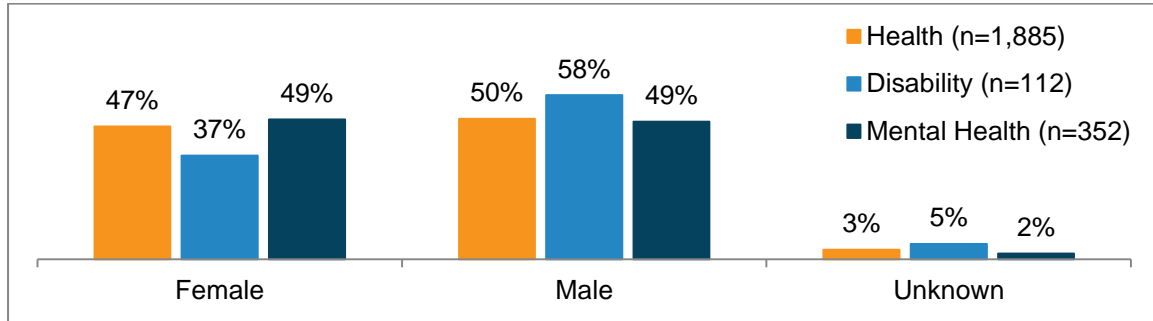


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Figure 7 details the gender breakdown of consumers across health, disability and mental health services. Complaints regarding health and mental health services were distributed relatively evenly between females and males, while complaints about disability services were slightly more likely to concern males.

Figure 7: Gender of the individual receiving a service (2018-19)



2.3.4 Time taken to resolve complaints

HaDSCO works to statutory timeframes for the management of complaints set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation. The operational target for each legislated timeframe, and the result achieved in 2018-19, can be found in section 4.4.2 of this report.

In 2018-19, HaDSCO exceeded and met the forecasted targets for preliminary assessment of complaints within 28 and 56 days respectively. However, HaDSCO did not achieve the forecasted target for notification of complaints to providers by one per cent. Closer monitoring of the notification process will occur to ensure stronger performance against this indicator.



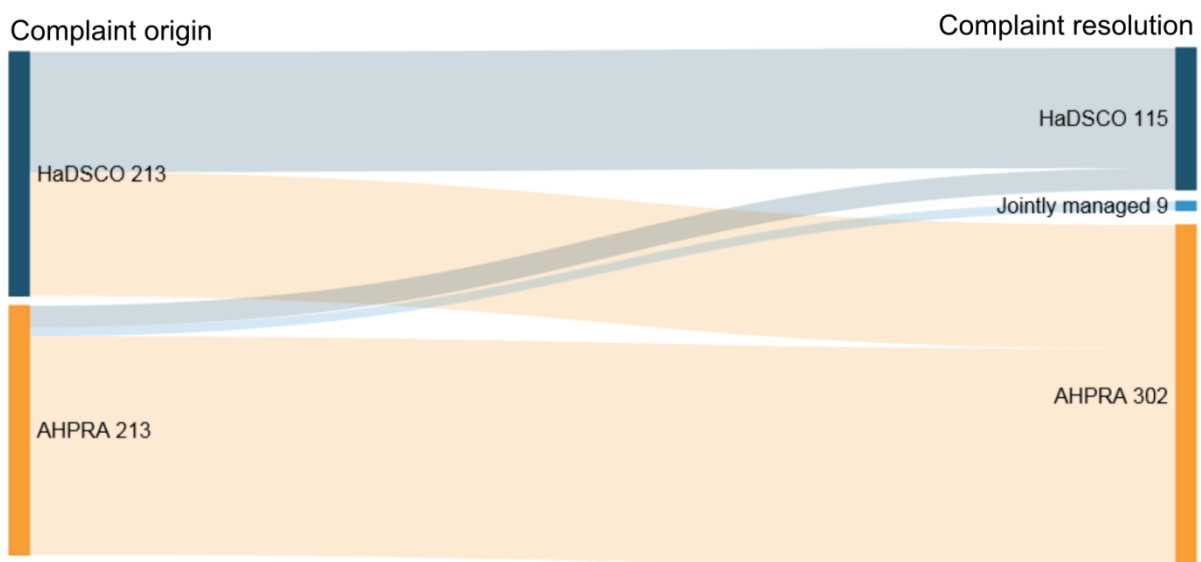


2.3.5 Consultation with AHPRA about complaints

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO, as Western Australia's Health Complaints Entity, is required to consult with the Australian Health Practitioner Regulation Agency (AHPRA) about complaints that relate to registered health professionals to determine which agency is more appropriate to manage the complaint. The AHPRA register of national boards and professionals can be found at Appendix 5.1.

In 2018-19, HaDSCO brought forward 213 complaints to discuss with AHPRA staff, while AHPRA also brought forward 213 complaints to discuss with HaDSCO staff. After reviewing the complaints, a decision was reached as to which agency would retain the complaint and seek resolution, or agreement was reached to split a complaint and have both HaDSCO and AHPRA resolve different aspects, or issues, of the complaint. Following consultation, HaDSCO passed 120 matters on to AHPRA, while AHPRA passed 22 along to HaDSCO, with a further nine complaints brought forward by AHPRA jointly managed. The result of complaints resolved by each agency is detailed in Figure 8.

Figure 8: Agency responsible for complaint resolution



2.3.6 Complaints lodged from the Indian Ocean Territories

Our services are provided to the Indian Ocean Territories (IOT) through a Service Delivery Arrangement with the Australian Government. HaDSCO received and closed three complaints in the 2018-19 financial year as part of this Arrangement. This was the same as the number of complaints closed in the 2017-18 financial year.





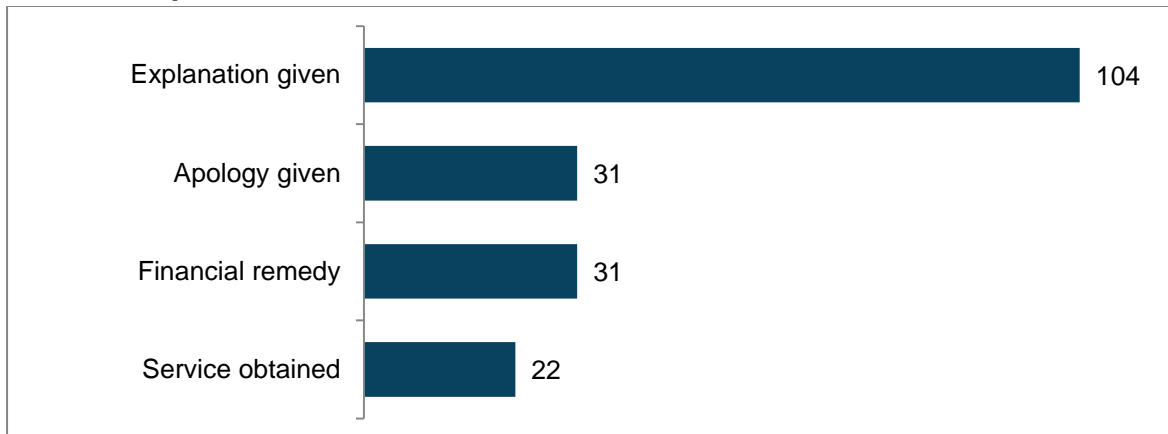
2.3.7 Outcomes achieved

HaDSCO achieves a range of outcomes for both the person who made the complaint and for improved service delivery in the health, disability and mental health sectors.

HaDSCO's complaint resolution process produced a redress outcome in 71% of the complaints closed by negotiated settlement, conciliation or investigation in 2018-19. This resulted in a total of 188 outcomes for individuals, as shown in Figure 9. This compares to a total of 163 redress outcomes in 2017-18.

The redress outcomes were: the service provider offering an explanation to the individual making the complaint; an apology given by the service provider; the service provider offering a financial remedy (i.e. refunding or waiving costs; or a goodwill payment); and a service obtained for an individual.

Figure 9: Redress outcomes resulting from complaints managed through a resolution process



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2.3.8 Service improvements

Responding to, and learning from, complaints can assist to identify service improvements in the health, disability and mental health sectors. This can improve experiences for the individual; ensure safe and high quality services; create and support workforce culture; and drive clinical performance.

HaDSCO is well positioned through its complaints resolution process to identify and manage service improvements. In the current financial year, 34 service improvement outcomes were implemented by service providers as a result of HaDSCO's process. These included facilitating improved processes for access to services; staff training and education; changes to policies and procedures; and improvements in communication with families in relation to treatment.

The following complaints made to HaDSCO, demonstrate implemented service improvements achieved through HaDSCO's involvement.

Case Study

Improvements in person-centred services by revising medication related discharge process

An individual who underwent an emergency heart procedure was prescribed the same post-operative medication they were on prior to surgery, but at a lower dosage amount and higher frequency. On discharge, they continued to take their original medication at the new frequency, which resulted in them presenting to emergency again with blood tests showing toxic levels of the medication.

The individual contacted HaDSCO, referencing failure by the hospital to explain dosage changes on discharge, and failure to identify and discard the existing medication.

As a result of HaDSCO's conciliation process, the hospital apologised for

the distress caused as a result of the drug toxicity, specifically with regards to the breakdown in communication about the altered dosage strength of the drugs.

The hospital reviewed and made changes to the discharge process, and now offers any inpatient whose medications are altered, the option to have their current supply of medications discarded before the newly prescribed medications are dispensed. Where a patient declines this option, the hospital staff clearly document this in the patient notes, and the patient is informed of the risks of accidental intake of medications that are no longer required.

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Case Study

Hospital issues apology and implements staff training and education to improve communication and the patient experience

An individual, who had presented to a hospital emergency department for persistent leg pain, contacted HaDSCO regarding the length of time between admission to the Acute Medical Unit and diagnostic testing taking place. They also raised concerns about the lack of communication and explanation about the delay and their treatment plan. The individual additionally complained about perceived excessive security force present on attempting to voluntarily leave the hospital.

As a result of HaDSCO's conciliation process, the hospital provided a detailed explanation to the individual of the reasons behind the delay in assessment, and issued an apology acknowledging that the assessment should have taken place sooner. The hospital also apologised for the unnecessary measure involving security. The case (de-identified) was utilised in training and education for hospital staff, to highlight how the situation could have been better managed.

Case Study

Hospital implements service improvement relating to fee advice

The family of an overseas visitor who presented to the emergency department of a hospital contacted HaDSCO stating that there had not been clear or sufficient communication regarding the hospital's fees. They also stated that they had requested self-discharge during the stay, to avoid fees should the individual's insurer not cover the stay, and that this option was denied to them by hospital staff.

As a result of HaDSCO's negotiated settlement process, the hospital developed an information brochure specifically for overseas visitors and patients, to be provided on admission. The brochure details what patients are to expect and what they are eligible and liable for in relation to fee payment. The brochure has been adopted across other hospitals in the region.

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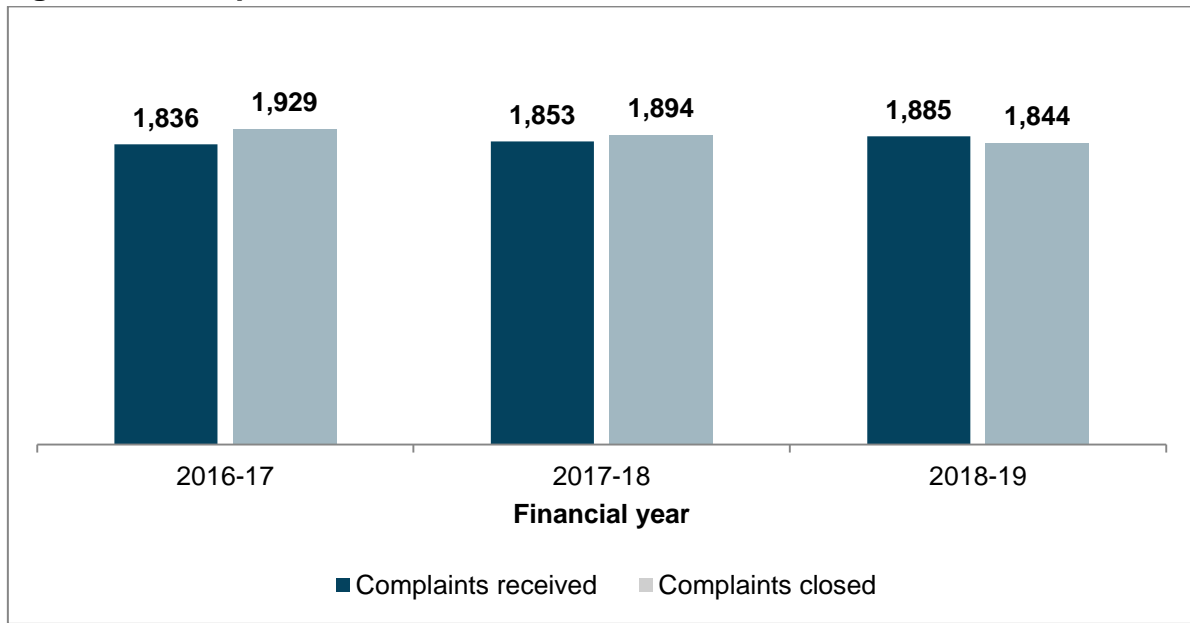


2.4 Complaints about Health Services

2.4.1 HaDSCO complaints data – Health Services

HaDSCO received 1,885 complaints about health services in the 2018-19 financial year, and closed 1,844 complaints. Figure 10 details the number of complaints about health services received and closed by HaDSCO over the past three years.

Figure 10: Complaints about health services



Case Study

General Practice issues apology and introduces procedures to safeguard patient privacy

An individual lodged a complaint with HaDSCO regarding a breach of privacy. This was as a result of their medical records being mistakenly sent by their general practitioner's receptionist to another patient of the practice.

Through HaDSCO's negotiated settlement process, the service provider gave an explanation as to why the error had occurred and issued an apology to the patient for the breach and associated

distress they experienced. The service provider also reviewed its procedures in relation to privacy, and put in place additional measures to safeguard patient information, including ceasing the recording of patient email addresses in the practice's email address book; increased use of a secured messaging service; and reviewing the disclosure message regarding receiving emails in error.

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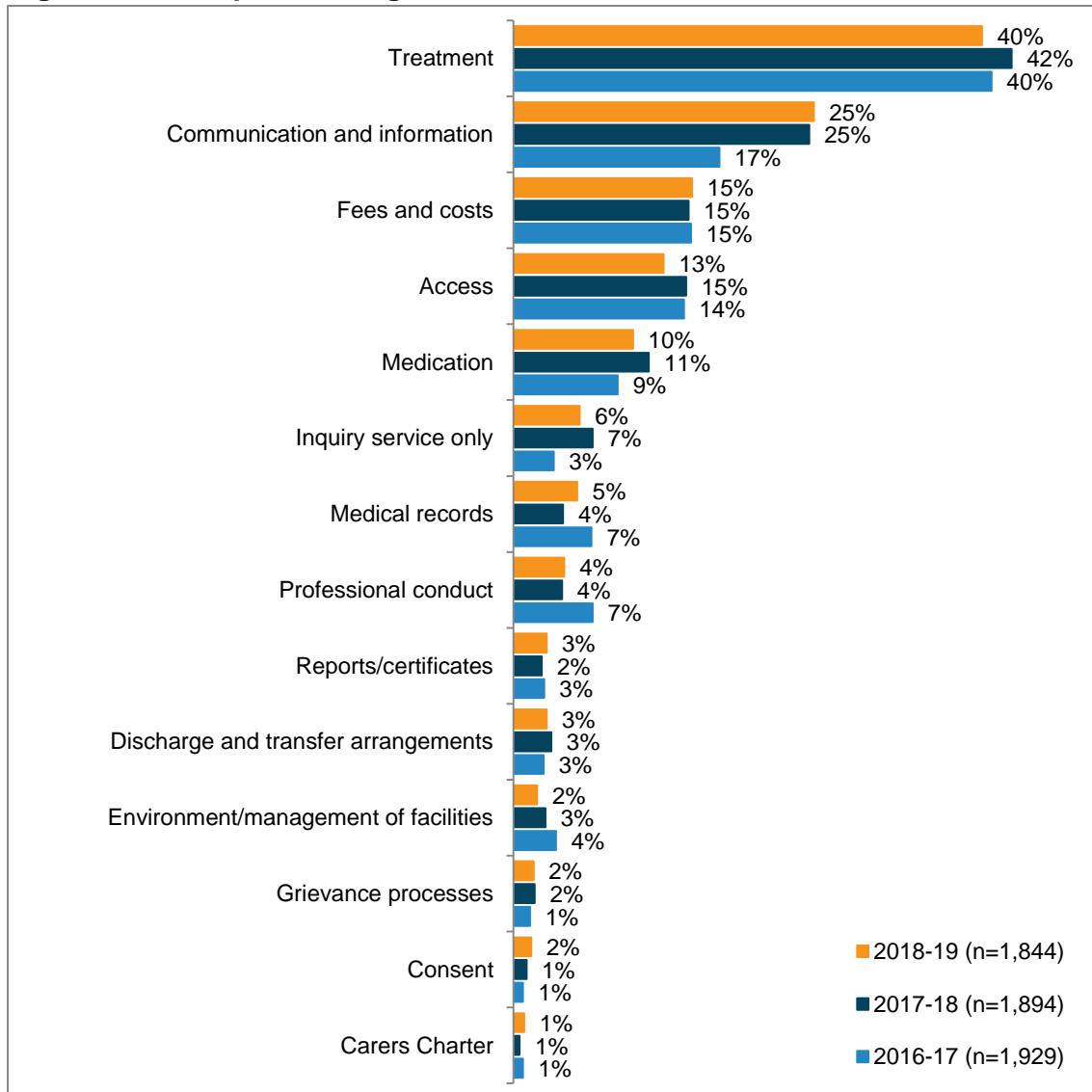
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The complaint issue categories identified in the complaints about health services closed by HaDSCO over the last three years, are shown in Figure 11. Within each complaint category, a variety of issues may be identified by the individual making the complaint.

Figure 11: Complaint categories



Percentage of all health complaints closed in the financial year. Because multiple issues can be identified per complaint, percentages will not sum 100%.

In 2018-19, the majority of complaints concerned treatment; communication and information; fees and costs; and access. Specific trends observed over the past three years were:

- Treatment continues to be the most commonly raised concern, with 40% of complaints managed by the Office in 2018-19 dealing with at least one treatment issue.
- The proportion of complaints that identified a concern with communication and information has remained consistent in 2018-19, following the increase seen in 2017-18.





- The proportion of complaints concerning fees and costs has remained consistent over the past three years at 15%.
- The proportion of complaints concerning medication has remained stable in 2018-19 at 10%.

The proportion of health complaints identifying the remaining complaint categories was generally consistent over the past three years.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 11, please refer to Appendix 5.2.

Case Study

Hospital implements service improvement regarding fee information on admission to hospital

The representative of an overseas visitor who presented to a hospital emergency department for treatment of a hand injury contacted HaDSCO stating that they had not been advised of radiology fees on admission.

As a result of HaDSCO's negotiated settlement process, the provider identified a service improvement to

prevent re-occurrence of any confusion relating to non-Medicare eligible fees. The hospital implemented a process, whereby, a signature was obtained from a patient, or their representative, on receiving the relevant information brochure, including for overseas visitors and students, which lists fees and charges.

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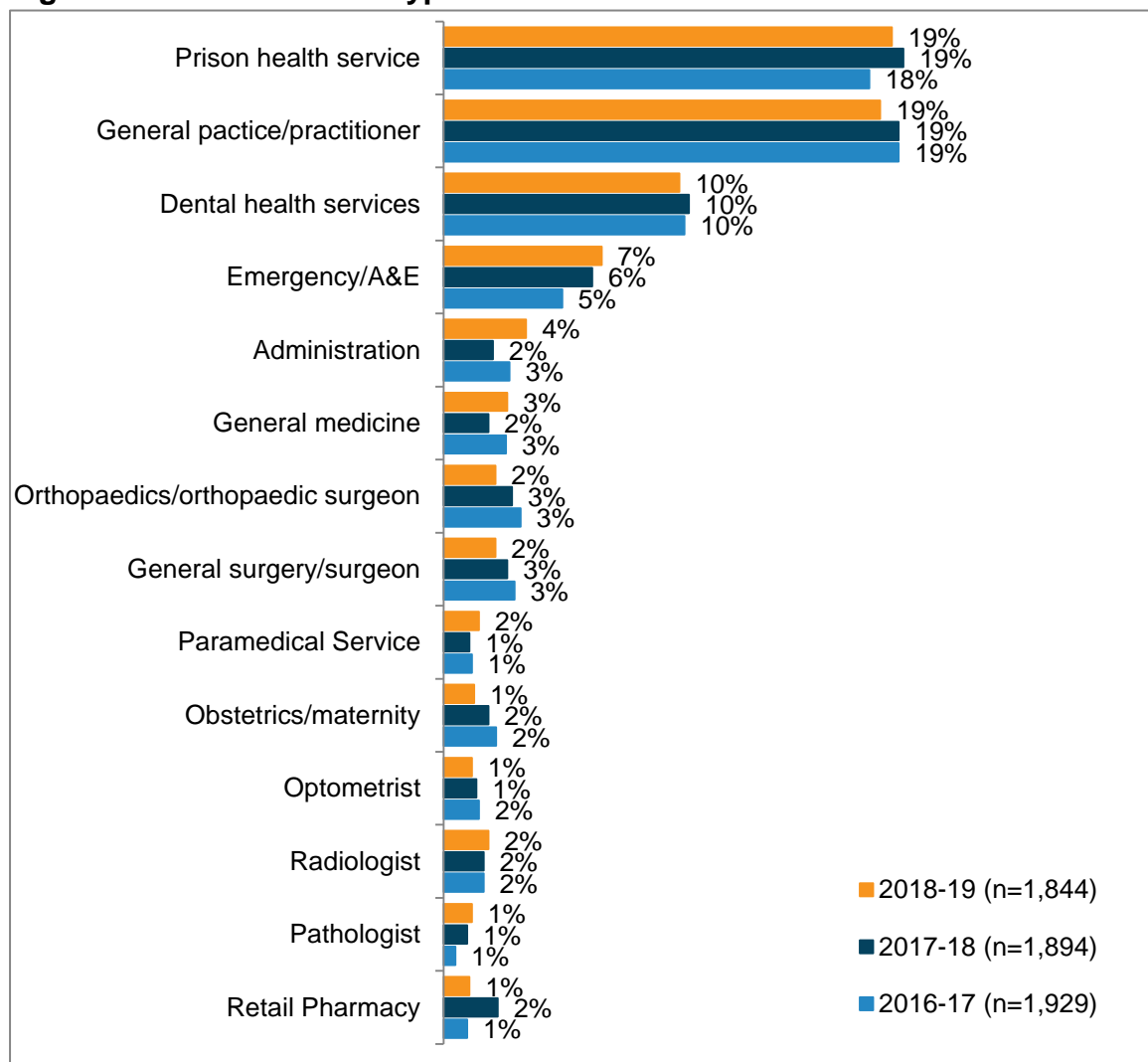


2.4.1.1 Health service types

The specific health service types identified in complaints closed by the Office are shown in Figure 12. Due to the large number of service types identified, only the most common service types are reported.

The service types that were most frequently the subject of complaints in 2018-19 were prison health services (19%), general practices and practitioners (19%), and dental health services (10%).

Figure 12: Health service types



*The data in Figure 12 will not sum to 100% as only health service types that account for more than 1% of complaints are included.

There has been minimal change in the service types identified in health complaints over the past three years, with the exception of a gradual increase in the proportion of complaints concerning emergency/A&E.

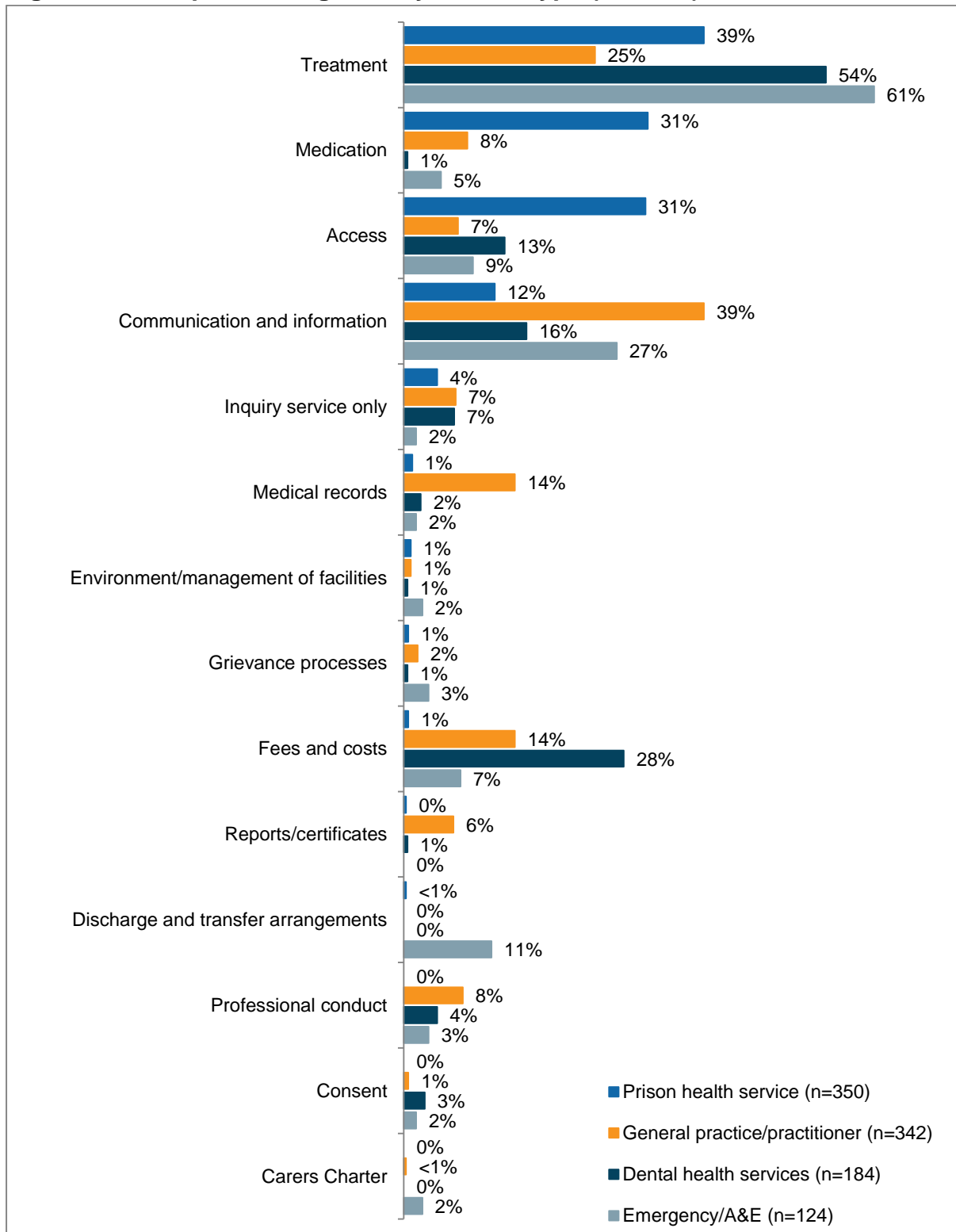
The complaint issue categories identified in health complaints vary by the service type in question. The issue categories associated with the most common health





service types (prison health service, general practice/practitioner, dental health services, and emergency/A&E) are shown in Figure 13.

Figure 13: Complaint categories by service type (2018-19)



Because multiple issues can be identified per complaint, percentages will not sum 100%.





The differences observed in the issue categories for complaints about prison health services, general practices, dentist health services, and emergency/A&E were as follows:

- Complaints about prison health services were far more likely to concern access to services; and medication.
- Complaints about general practices were far more likely to concern communication and information; and medical records.
- Complaints about dental health services were far more likely to concern treatment; and fees and costs.
- Complaints about emergency/A&E were most likely to be about treatment and were also more likely than the other service types mentioned to concern discharge and transfer arrangements.

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2.4.2 External complaints data – Health Services

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO receives complaints data from prescribed government, non-government and not-for-profit health service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the health sector, and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected from the 25 prescribed service providers. A list of the providers can be found in Appendix 5.3. The information collected includes:

- Number of complaints.
- Demographics of consumers.
- Complaint issues.
- Complaint outcomes.
- Timeliness of complaint resolution.

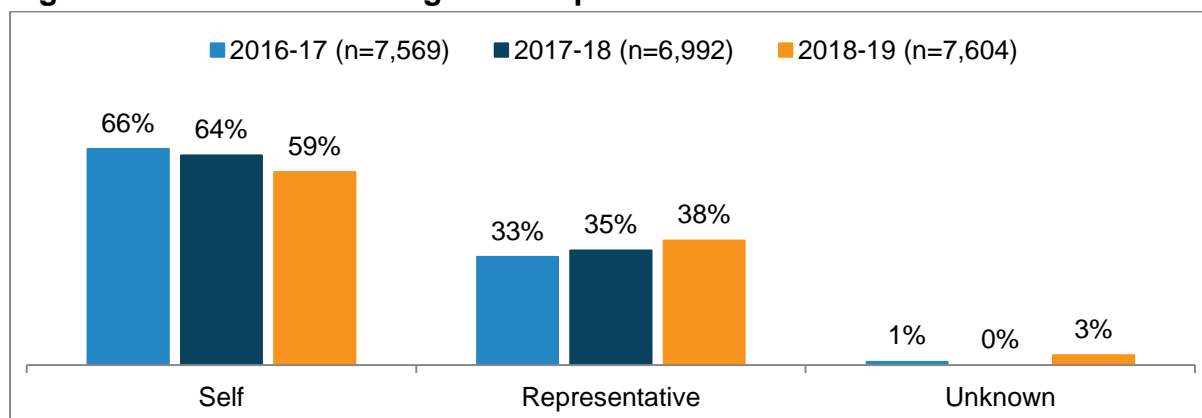
The aggregate data received by HaDSCO includes all complaints received by prescribed providers in the current financial year (2018-19). A preliminary analysis of this data is provided below.

In 2018-19, details of 7,604 complaints concerning 12,309 issues were submitted to HaDSCO by service providers. This represents a 9% increase from 2017-18 in the number of complaints received (6,992 complaints) and a 6% increase in the number of issues identified (11,667 issues in 2017-18).

2.4.2.1 Individual making the complaint

In 2018-19, the majority of complaints (59%) received directly by service providers were made by the individual who received the service (as shown in Figure 14). The proportion of complaints made by the individual who received the service has displayed a decreasing trend over the past three years.

Figure 14: Individual making the complaint

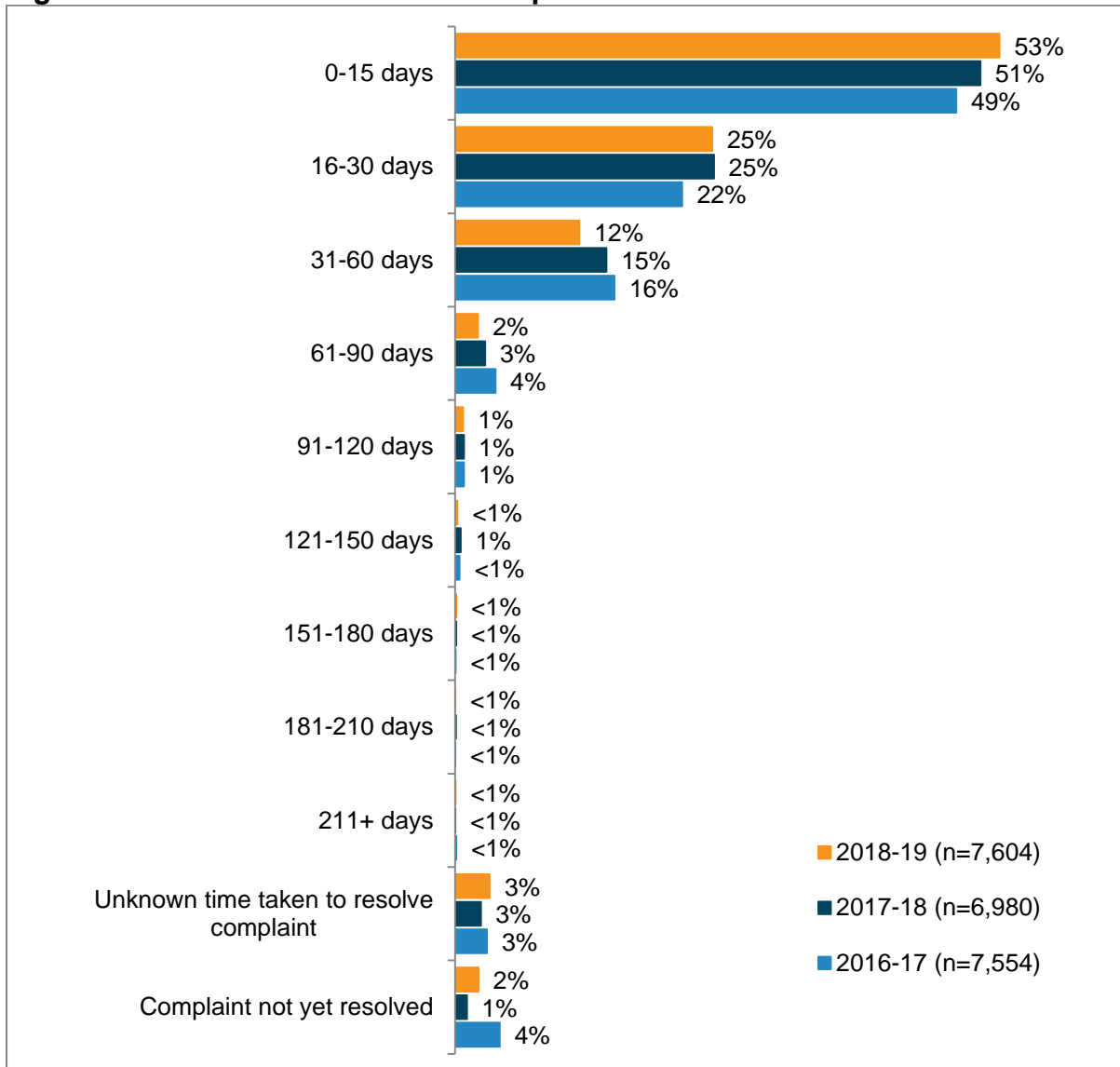




2.4.2.2 Time taken to resolve complaints

The time taken for service providers to resolve complaints over the past three years is shown in Figure 15. In 2018-19, the majority of complaints (78%) were resolved in less than 30 days.

Figure 15: Time taken to resolve complaints



Totals may not sum to 100% due to rounding. In some instances data was not recorded by health service providers.

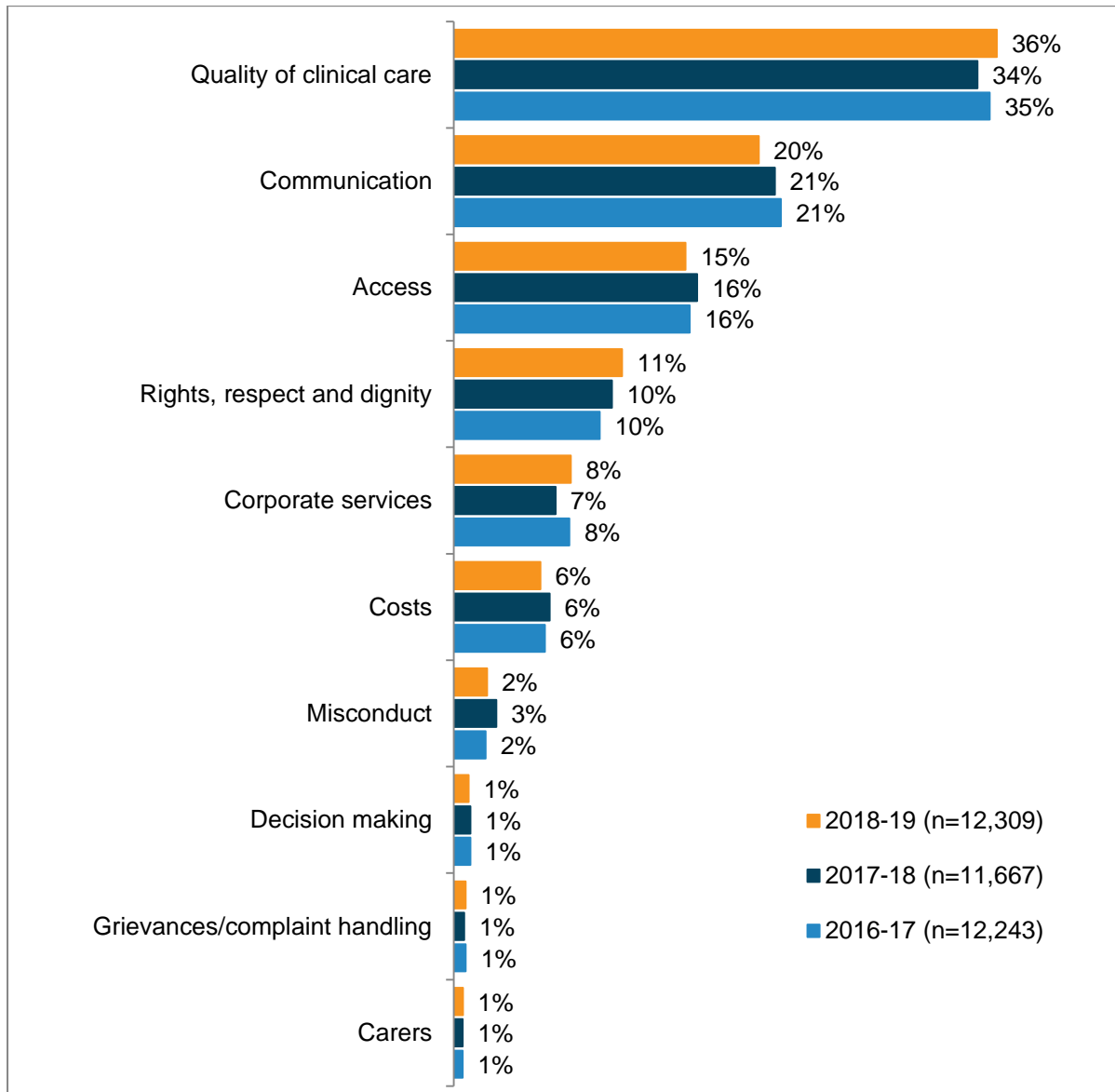




2.4.2.3 Issues identified

The issues identified in complaints received by service providers over the last three years are shown in Figure 16. In 2018-19, quality of clinical care (36%), communication (20%), and access to service (15%) remained the issues most commonly identified. There has been minimal change in the types of issues identified over the last three years.

Figure 16: Issues identified in complaints



Totals may not sum to 100% due to rounding.





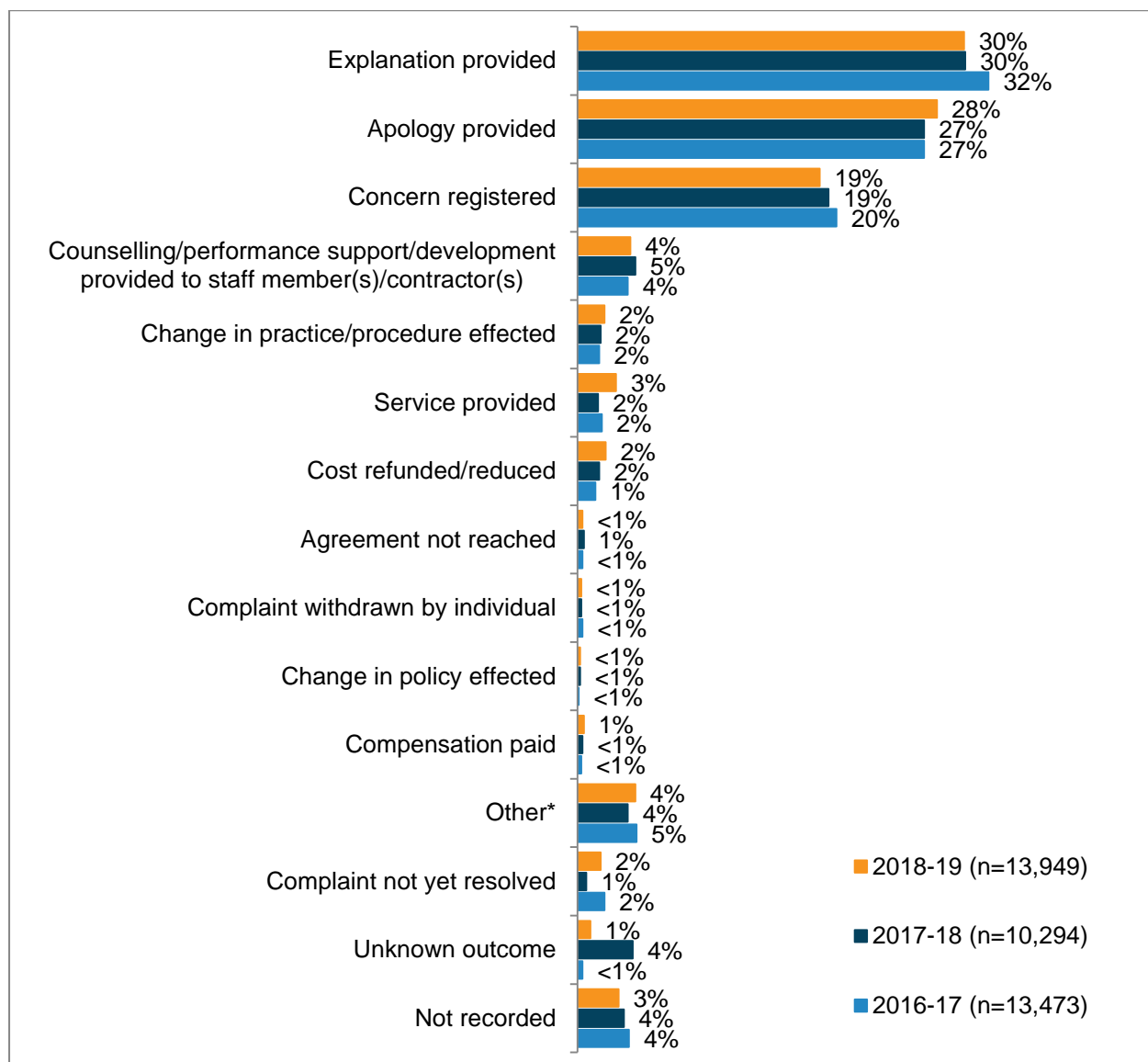
2.4.2.4 Outcomes achieved

A range of outcomes were achieved from the complaints managed by service providers. In 2018-19, the most common outcomes were providing an explanation (30%), providing an apology (28%), or concern registered (19%).

In 2018-19, there was a 36% increase in the number of outcomes achieved from 2017-18. This brought the total number of outcomes to 13,949, which is comparable to 2016-17.

The outcomes achieved in complaints received by service providers over the last three years are shown in Figure 17.

Figure 17: Outcomes achieved



*Other outcomes include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action.





2.4.2.5 Health complaints received by sector

Prescribed health service providers are classified as public, private or not-for-profit depending on the service(s) that the provider manages. The following section provides a comparison of the complaints received in the 2018-19 year by public, private and not-for-profit providers.

In 2018-19, the majority (76%) of complaints data was submitted by public providers. A summary of the number of complaints received, issues identified and the time taken to resolve complaints for each sector is shown in Table 1.

Table 1: Summary of health complaints received by sector

Public	Private	Not-for-profit
5,782 complaints	587 complaints	1,235 complaints
9,092 issues	1,126 issues	2,091 issues
Average 1.6 issues per complaint	Average 1.9 issues per complaint	Average 1.7 issues per complaint
83% of complaints resolved within 30 days*	96% of complaints resolved within 30 days*	62% of complaints resolved within 30 days*

**Statistics on complaint resolution time excludes those complaints received in 2018-19 that are yet to be resolved.*

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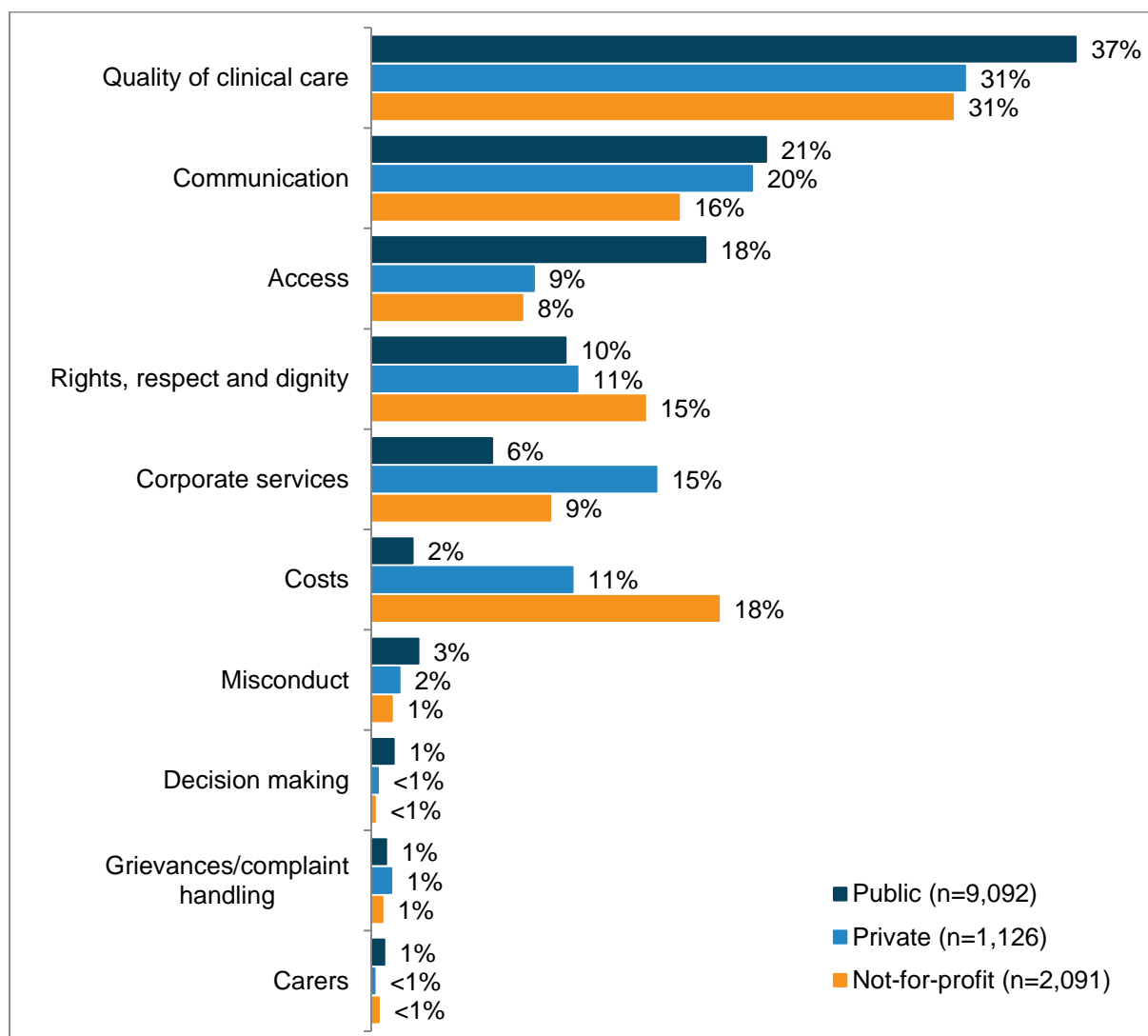


2.4.2.6 Complaint issues by sector

Quality of clinical care was the most common issue across all sectors. For both the public and private sectors, communication was the second most common complaint issue; while in the not-for-profit sector, costs was the second most common issue. The third most common issue differed across the sectors; access (18%) in the public sector; corporate services (15%) in the private sector; and communication (16%) in the not-for-profit sector.

The issues identified in complaints received by service providers in 2018-19 split by sector are shown in Figure 18.

Figure 18: Complaint issues by sector (2018-19)



Totals may not sum to 100% due to rounding.

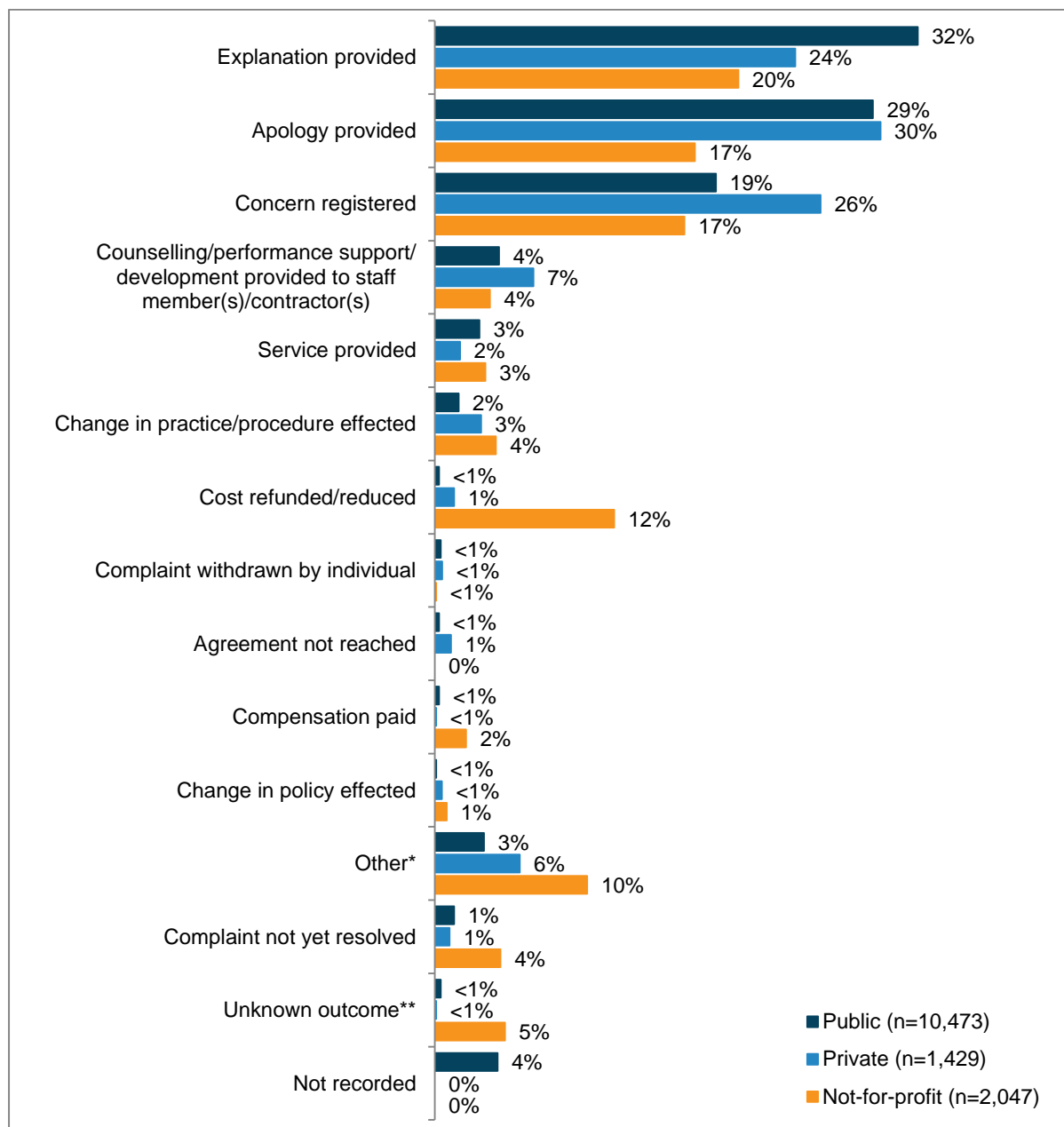




2.4.2.7 Outcomes achieved by sector

The most commonly identified outcomes across all sectors were providing an explanation; providing an apology; or concern registered. The most common outcomes for each sector were the same, however the proportion of complaints achieving a specific outcome differed across the sectors, as shown in Figure 19. The most common outcome for the public and not-for-profit sectors was explanation provided, while apology provided was the most common outcome for the private sector.

Figure 19: Outcomes achieved by sector (2018-19)



*Other outcomes include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action.

**The significant increase in unknown outcomes is attributed to a few service providers who were unable to provide outcome data for the current year.



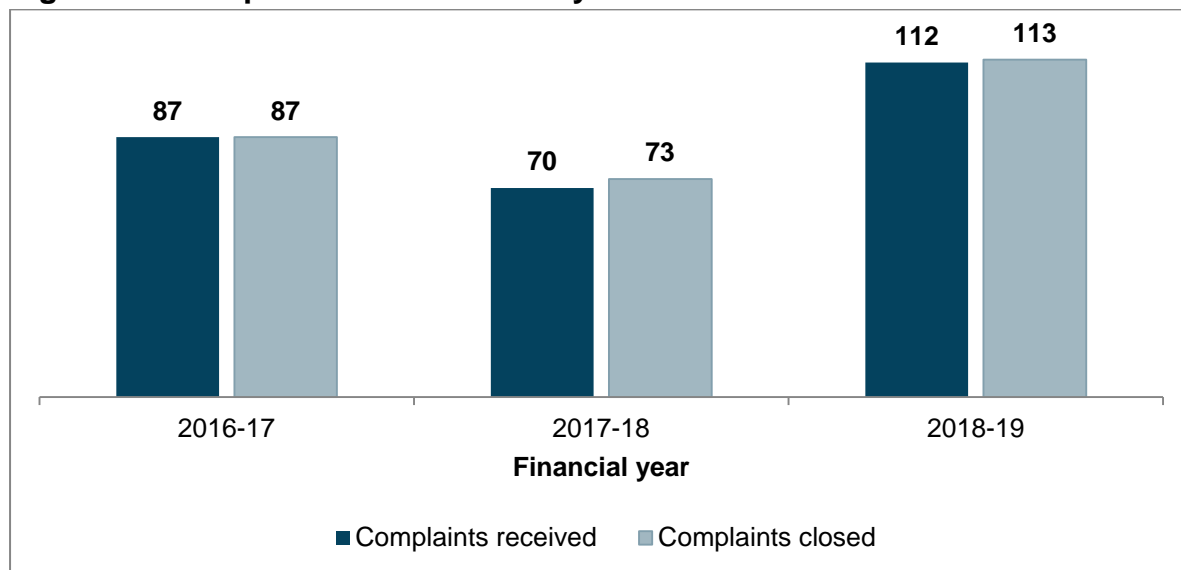


2.5 Complaints about Disability Services

2.5.1 HaDSCO complaints data – Disability Services

Figure 20 details the number of complaints about disability services received and closed by HaDSCO over the past three years. HaDSCO received 112 complaints in the 2018-19 financial year. This represents a 60% increase in complaints from 2017-18. HaDSCO closed 113 complaints in 2018-19.

Figure 20: Complaints about disability services



Case Study

Disability service provider improves fee transparency, and makes complaint process more accessible.

The carer of a person, receiving a counselling service as part of their disability plan, contacted HaDSCO about the lack of transparency in the way the fees of the service provider were structured. They also expressed concern in relation to the qualifications of counselling staff at the service, which they believed were not relevant to the service being provided.

The complaint was placed into HaDSCO's negotiated settlement process which resulted in the service

provider's 'Service Agreements' being modified to clearly explain the service model and associated fees and charges. The service provider also updated its website to make its complaints process more accessible to clients. An explanation was also provided by the service provider about the professional qualifications of its staff, which included that they met industry guidelines and were aligned with federal safeguarding requirements.

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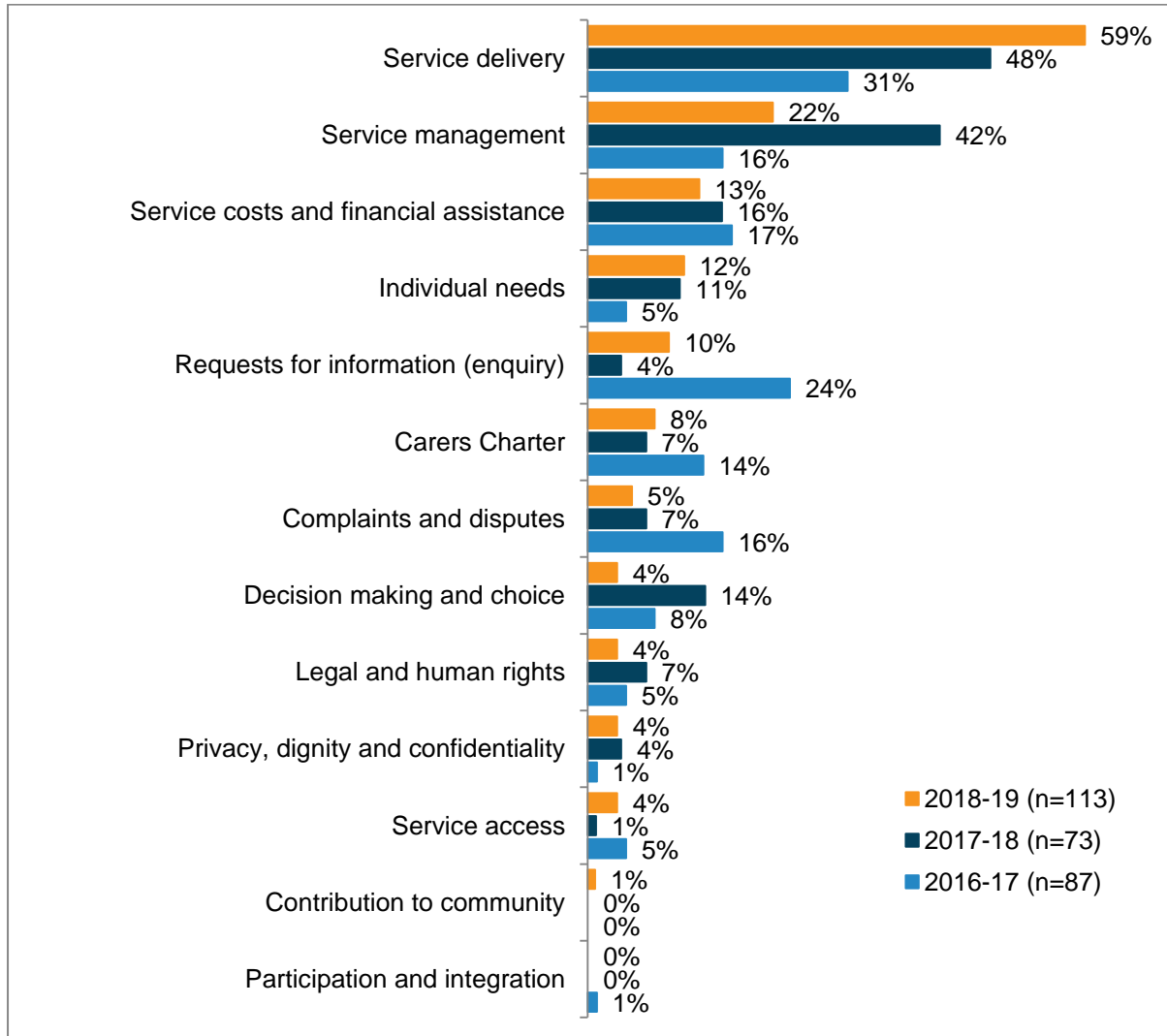
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The complaint issue categories identified in the complaints closed by HaDSCO over the last three years are shown in Figure 21. Within each complaint category, a variety of issues may be identified by the individual making the complaint.

Figure 21: Complaint issues identified



Percentage of all disability complaints closed in each financial year. Because multiple issues can be identified per complaint, percentages may not sum to 100%.

In 2018-19, the majority of complaints concerned service delivery; service management; and service costs and financial assistance. In comparison to previous years there have been a few notable changes in the issues identified:

- The proportion of complaints identifying issues with service delivery has increased from 31% in 2016-17; to 48% in 2017-18; and now 59% in 2018-19.
- The proportion of complaints identifying service management issues has decreased from 42% in 2017-18 to 22% in 2018-19.
- Complaints regarding decision making and choice have decreased from the fourth most common in 2017-18 (14%) to the eighth most common in 2018-19 (4%).
- The proportion of complaints about service costs and financial assistance has declined over each of the past three years.





For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 21, please refer to Appendix 5.4.

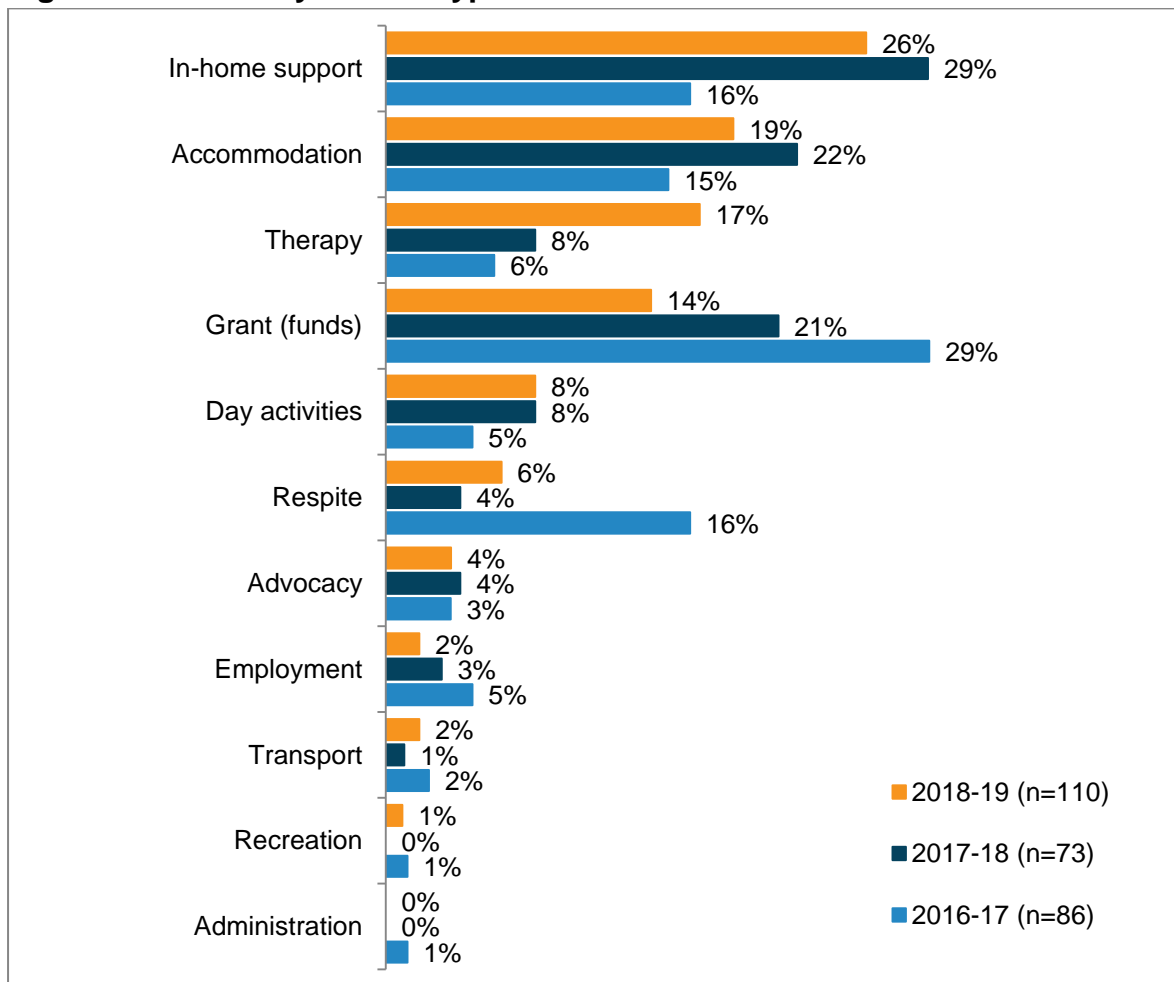
2.5.1.1 Disability service types

The specific disability service types identified in complaints closed in the last three years are shown in Figure 22.

The service types that were most frequently the subject of complaints in 2018-19 were in-home support (26%), accommodation (19%), and therapy (17%).

The proportion of complaints concerning grants or funding and employment have decreased each year since 2016-17. There has also been a notable increase in the proportion of complaints about therapy, from 8% in 2017-18 to 17% in 2018-19.

Figure 22: Disability service types



Totals may not sum to 100% due to rounding. Service type was not recorded for one complaint in 2016-17 and three complaints in 2018-19.





2.5.2 External complaints data – Disability Services

Under Section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, each year HaDSCO receives complaints data from prescribed government and non-government disability service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the disability sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

De-identified data is collected from 20 prescribed service providers. A list of the prescribed disability service providers can be found in Appendix 5.5. The information collected includes:

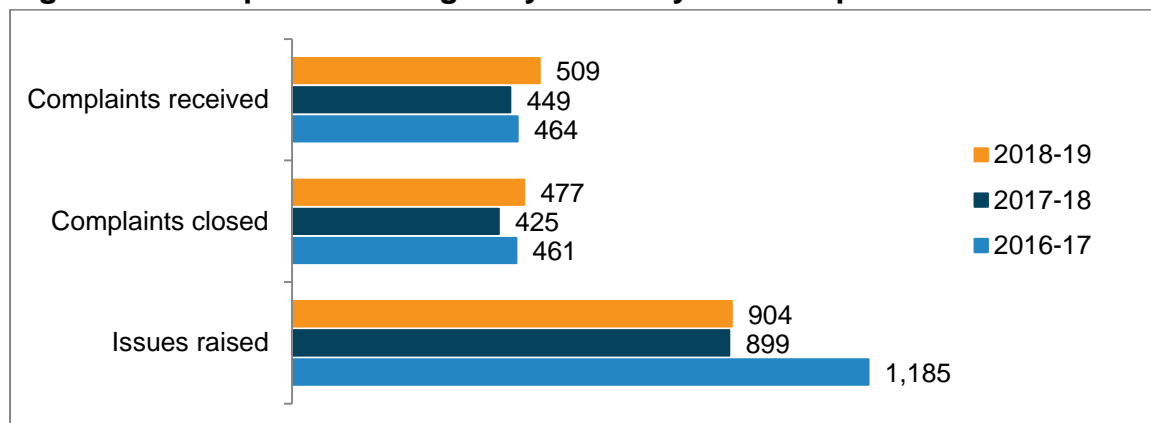
- Number of complaints.
- Demographics of consumers.
- Complaint issues.
- Complaint outcomes.
- Timeliness of complaint resolution.

Unless otherwise stated, all of the data presented in this section is based on the complaints closed by disability service providers over the past three financial years.

2.5.2.1 Complaints managed by disability service providers

In 2018-19, there were 509 complaints received from prescribed disability service providers representing a 13% increase compared to 2017-18. There was also an increase (12%) in the number of complaints closed. The total number of issues increased by less than 1% (5 issues), which resulted in the average number of issues per complaint continuing its decreasing trend (1.9 issues per complaint closed in 2018-19, compared to 2.1 issues per complaint in 2017-18, and 2.6 issues per complaint in 2016-17). The number of complaints received and closed by disability service providers can be seen in Figure 26.

Figure 26: Complaints managed by disability services providers



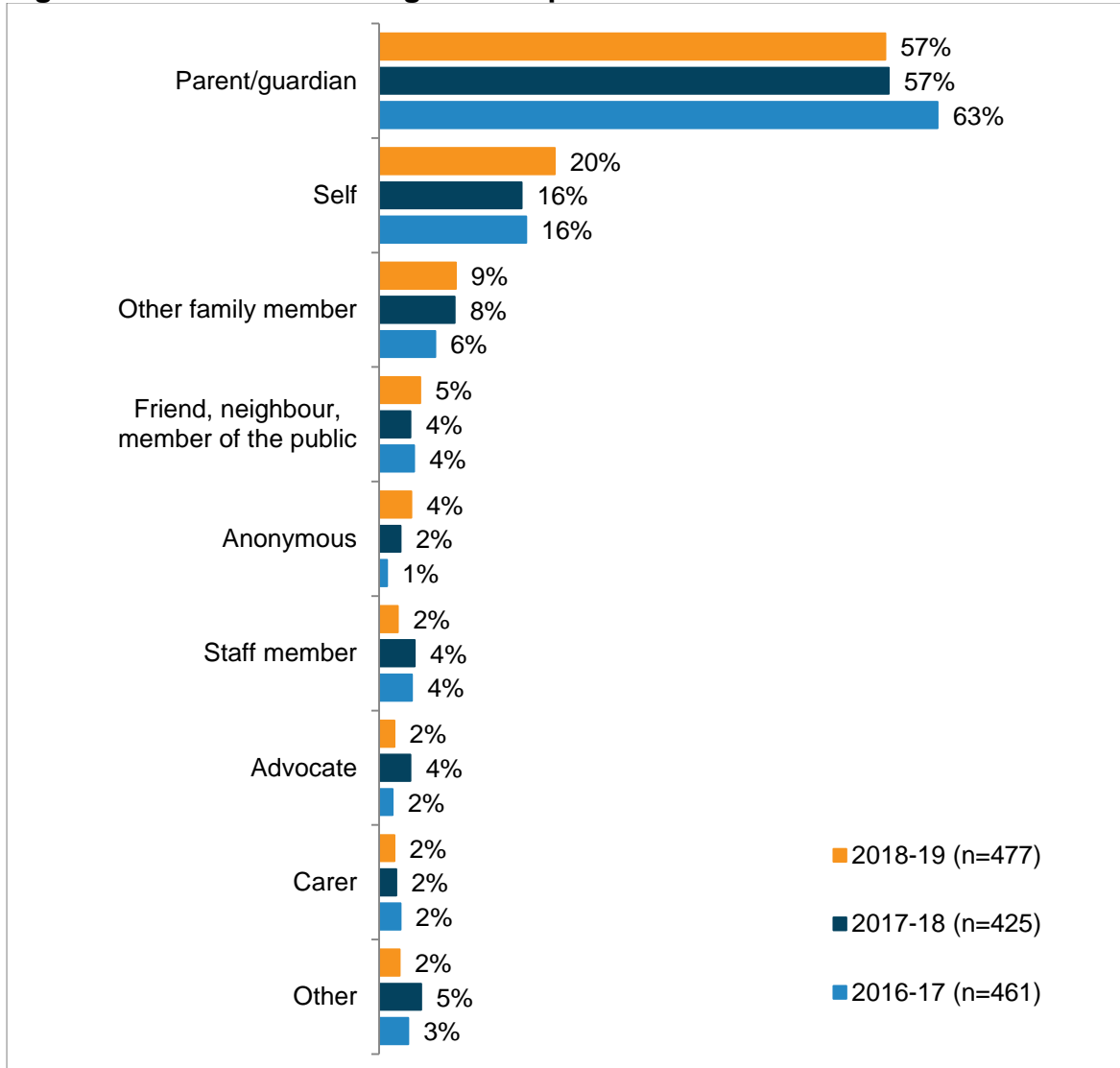


2.5.2.2 Individual making the complaint

In 2018-19, the majority of complaints (80%) received by disability service providers were made by someone acting on behalf of the individual who received the service, typically a family member or guardian, as shown in Figure 27.

There was an increase observed in the proportion of complaints made by the person receiving the service in 2018-19 (from 16% in 2017-18 to 20% in 2018-19). The proportion of complaints made by a service user's parent/guardian remained at 57%.

Figure 27: Individual making the complaint



Totals may not sum to 100%; a complaint may be made by multiple individuals.

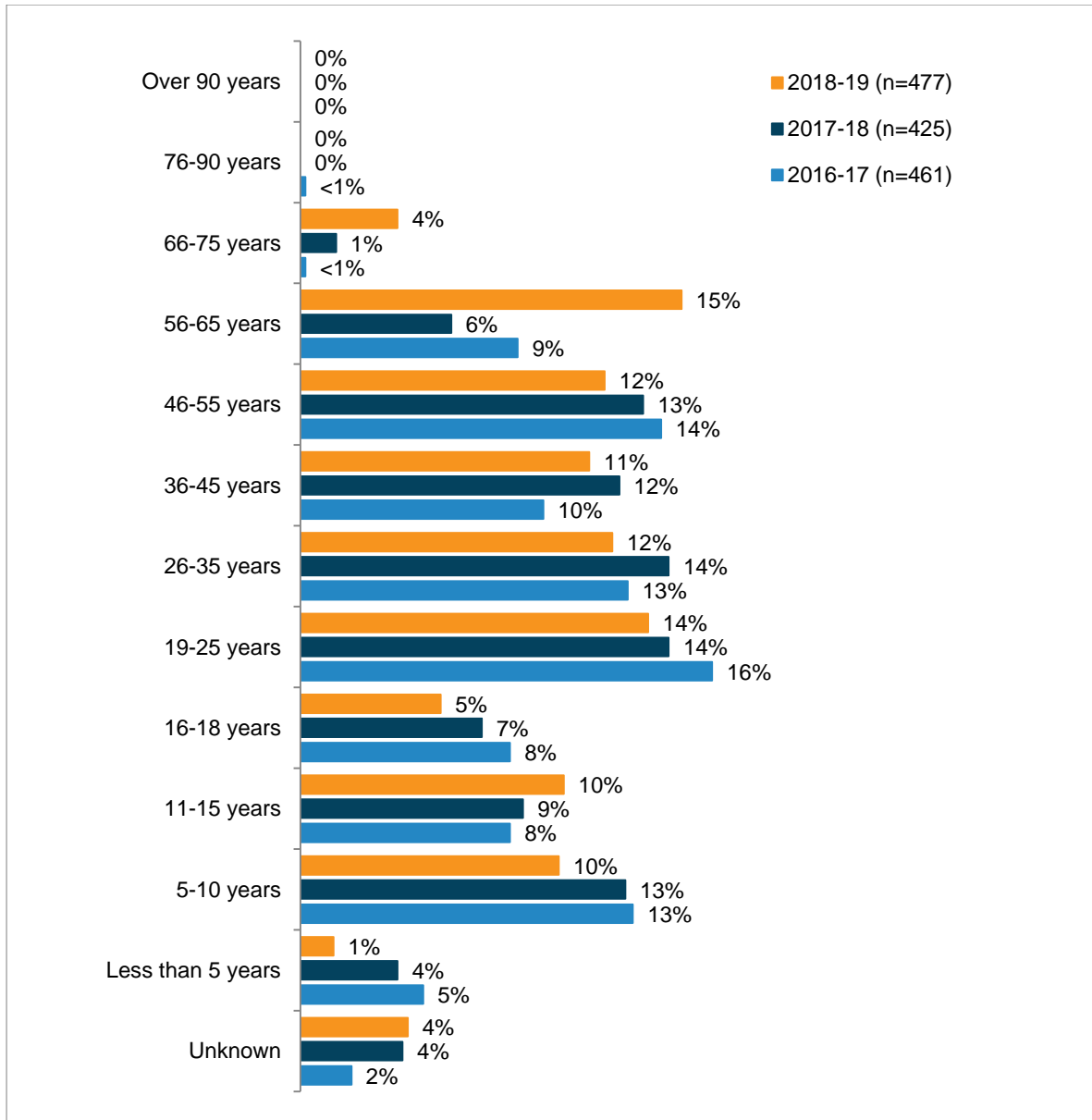




2.5.2.3 Demographics of the individual receiving the service

Complaints about disability services were most likely to concern individuals between the ages of 5 and 65, as seen in Figure 28. In 2018-19, there was a notable increase in complaints made for disability service users in the 56-65 age range (15%, an increase from 6% in 2017-18).

Figure 28: Age of the individual receiving the service



Totals may not sum to 100%; a complaint may be made by multiple individuals or anonymous data may record no age.

The characteristics of individuals who received a disability service are shown in Figure 29.

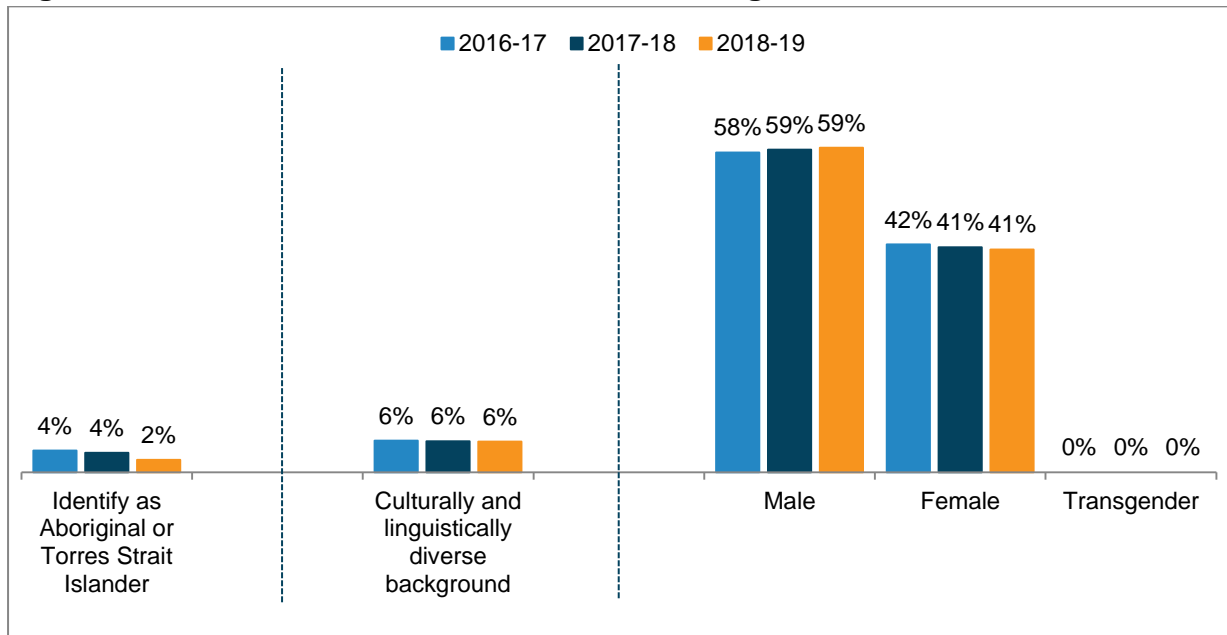
In 2018-19, the proportion of individuals who identified as Aboriginal and Torres Strait Islander decreased from 2017-18 (from 4% to 2%), while complaints regarding individuals coming from a culturally and linguistically diverse background remained





consistent. As seen in prior years, males continue to be identified more frequently in complaints than females in 2018-19.

Figure 29: Characteristics of individuals receiving a service*



Sample sizes: identify as Aboriginal or Torres Strait Islander (2016-17 n=422, 2017-18 n=364, 2018-19 n=383); culturally and linguistically diverse background (2016-17 n=360, 2017-18 n=366, 2018-19 n=373); gender (2016-17 n=440, 2017-18 n=397, 2018-19 n=450).

* Complaints that provided an 'unsure' response or did not contain demographic data have been excluded from the analysis shown in Figure 29.

2.5.2.4 Disabilities identified

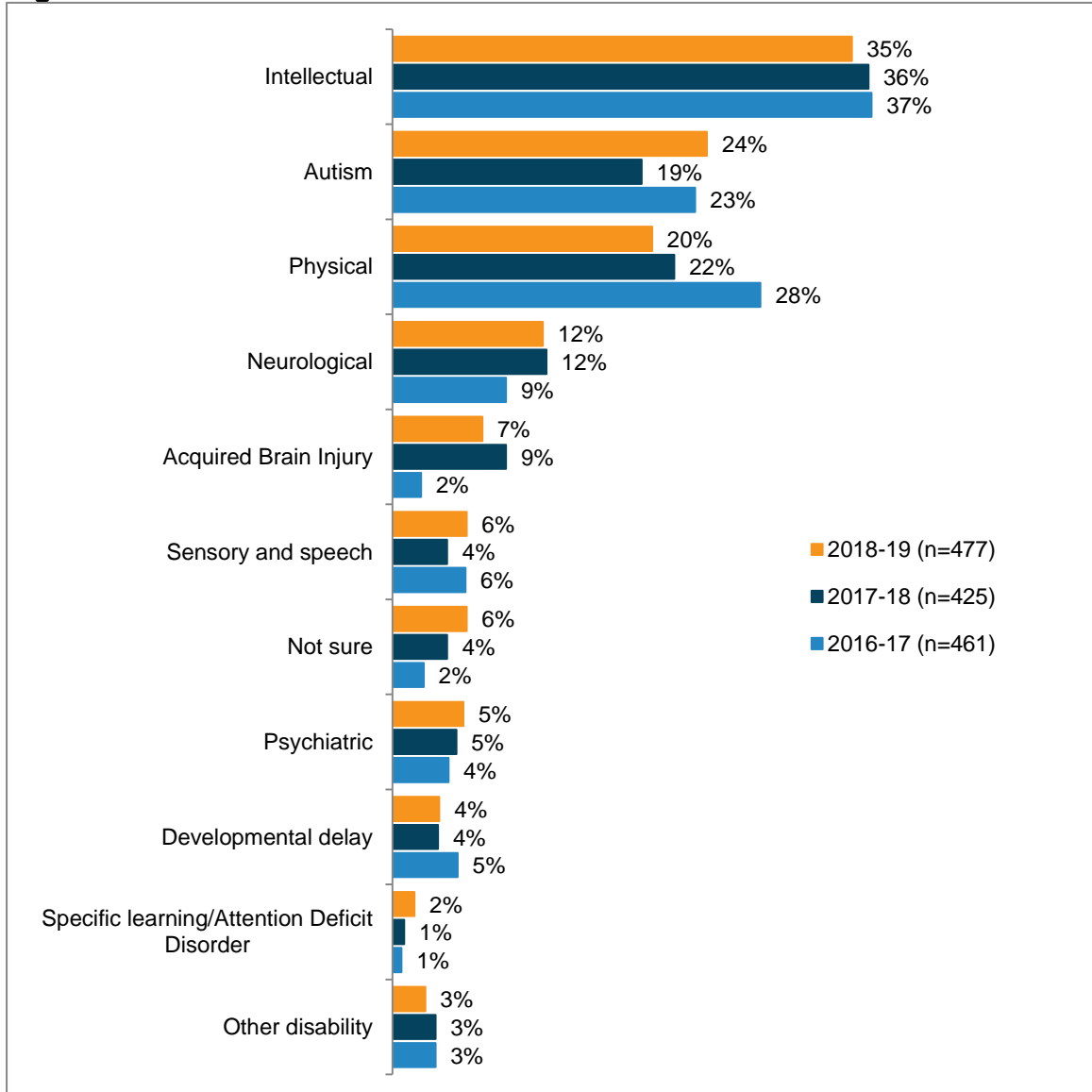
In 2018-19, the majority of complaints closed concerned individuals who had intellectual disabilities (35%), Autism spectrum disorders (24%), and/or physical disabilities (20%). The disabilities of individuals are identified are shown in Figure 30.

Over the past three years, the proportion of complaints concerning individuals with physical disabilities has shown a declining trend. The proportion of complaints concerning individuals with Autism spectrum disorders increased from 19% in 2017-18 to 24% in 2018-19.





Figure 30: Disabilities identified



Totals may not sum to 100%; a consumer may have multiple disabilities.

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2.5.2.5 National Standards cited in complaints

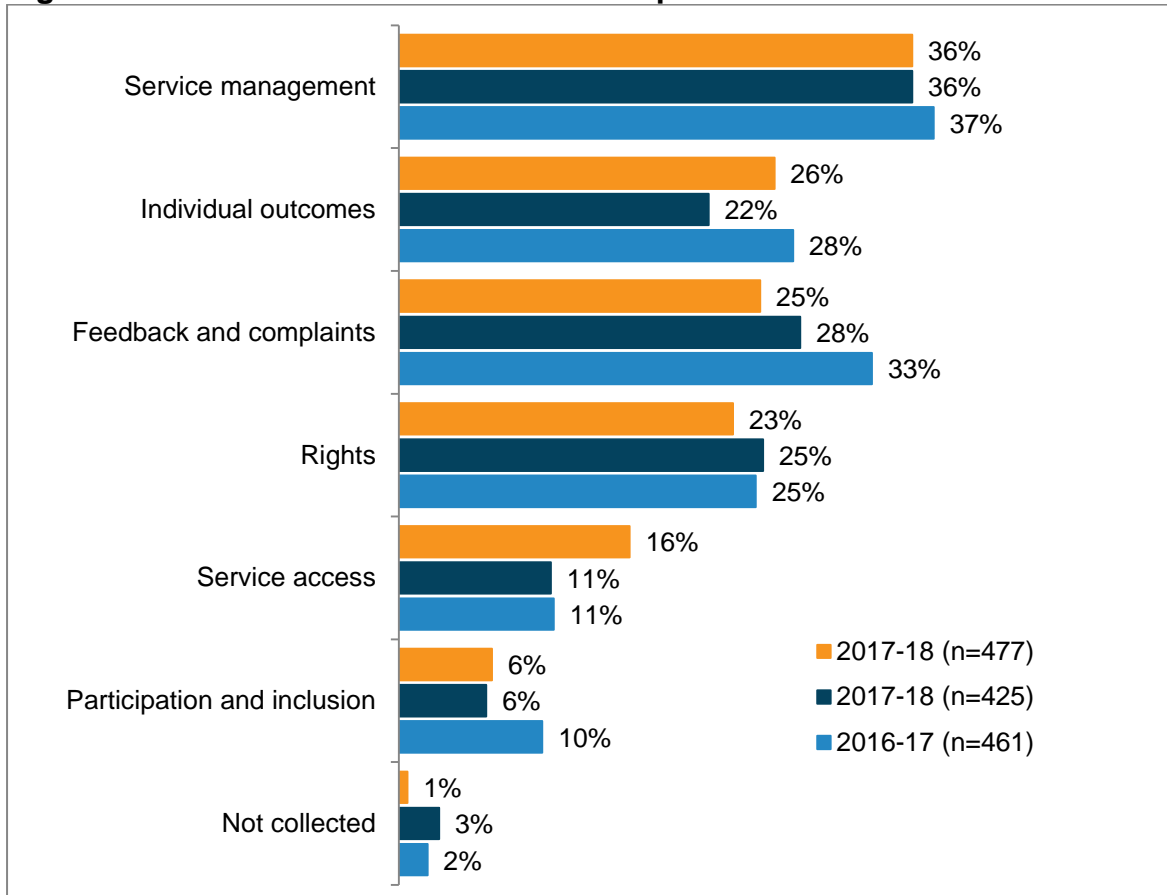
The National Standards for Disability Services (National Standards) aim to promote and drive a nationally consistent approach to improving the quality of services. The National Standards focus on rights and outcomes for people with disability.

The Australian Government revised and tested the National Standards in 2012, before they were endorsed on 18 December 2013 by the Standing Council on Disability Reform ministers from all jurisdictions. People with disability, family, friends and carers, service providers, advocacy organisations and quality bodies informed the development of the revised National Standards. There are six National Standards that apply to disability service providers: rights; participation and inclusion; individual outcomes; feedback and complaints; service access; and service management.



For complaints closed by disability service providers in 2018-19, service management (36%), individual outcomes (26%), and feedback and complaints (25%) were the National Standards most commonly cited in complaints (see Figure 31). Compared to 2017-18, the proportion of complaints citing individual outcomes and service access have increased, while the proportion of complaints regarding feedback and complaints has decreased each year since 2016-17.

Figure 31: National Standards cited in complaints



Totals may not sum to 100%; a complaint may cite multiple National Disability Standards.





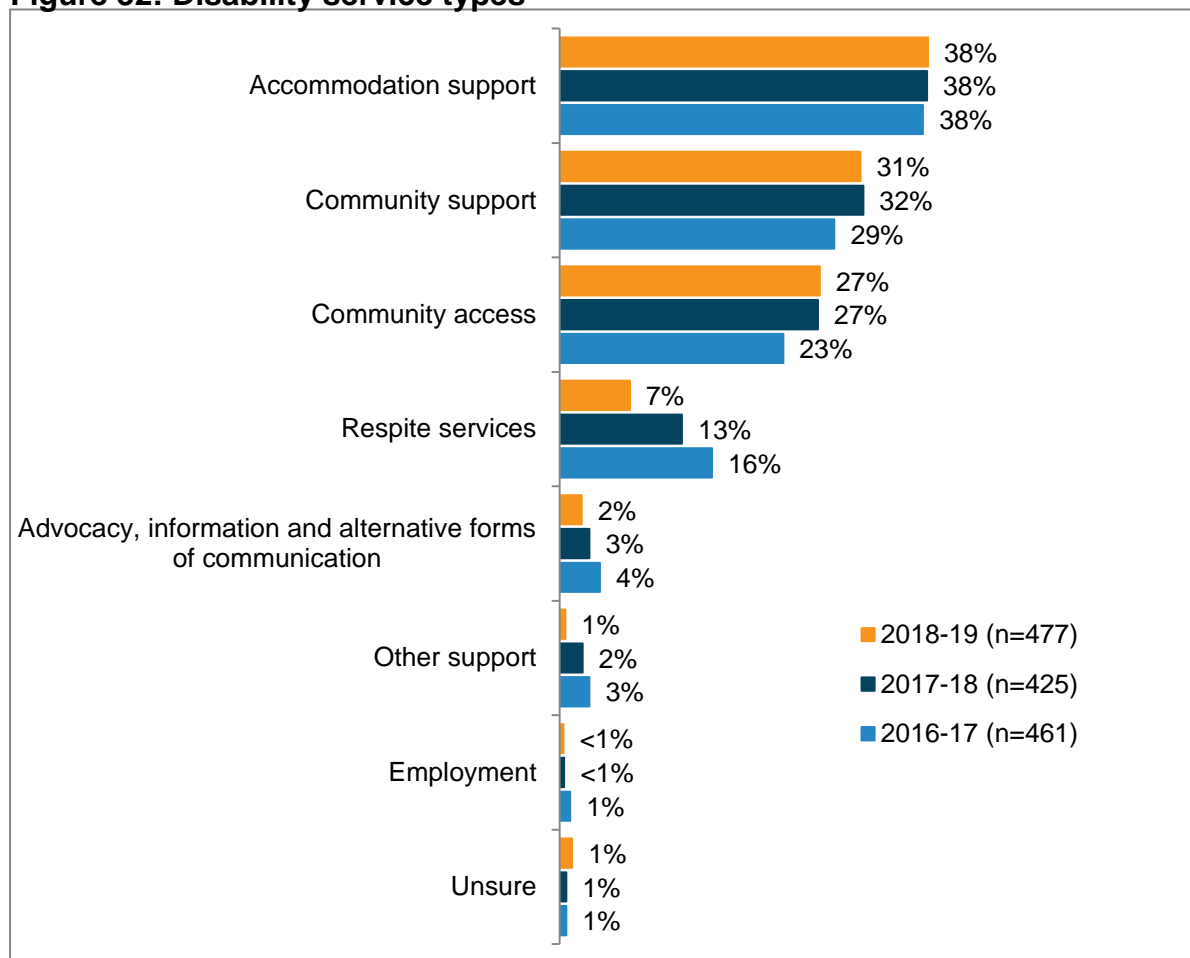
2.5.2.6 Disability service types

The specific disability service types identified in closed complaints in the past three years are shown in Figure 32.

In 2018-19, the majority of complaints concerned accommodation support (38%), community support (31%), and/or community access (27%), which remains generally consistent with prior years.

Over the past three years, a decreasing trend is seen for the number of complaints concerning respite; advocacy, information and alternative forms of communication; and other support.

Figure 32: Disability service types



Totals may not sum to 100%; a complaint may identify multiple services.



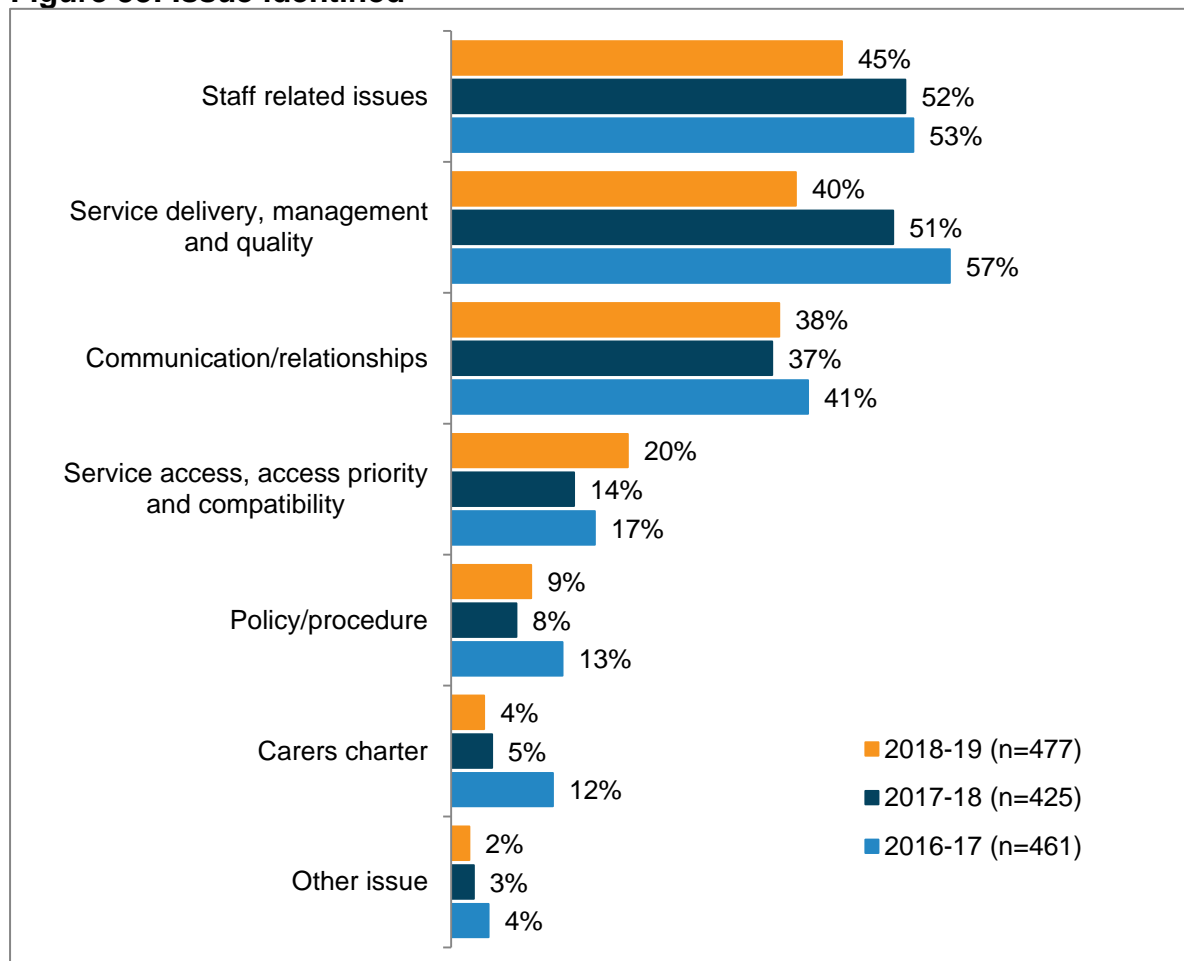


2.5.2.7 Issues identified

In 2018-19, the most common issue types identified in complaints were staff related issues (45%), service delivery (40%), and communication/relationships (38%). While the comparative proportions changed over the past three years, the most common issue types remained consistent (as shown in Figure 33).

Of particular note, the proportion of complaints citing service delivery, management and quality has shown a decreasing trend over the previous three years (from 57% in 2016-17, to 40% in 2018-19).

Figure 33: Issue identified



Totals may not sum to 100%; a complaint may identify multiple issues.



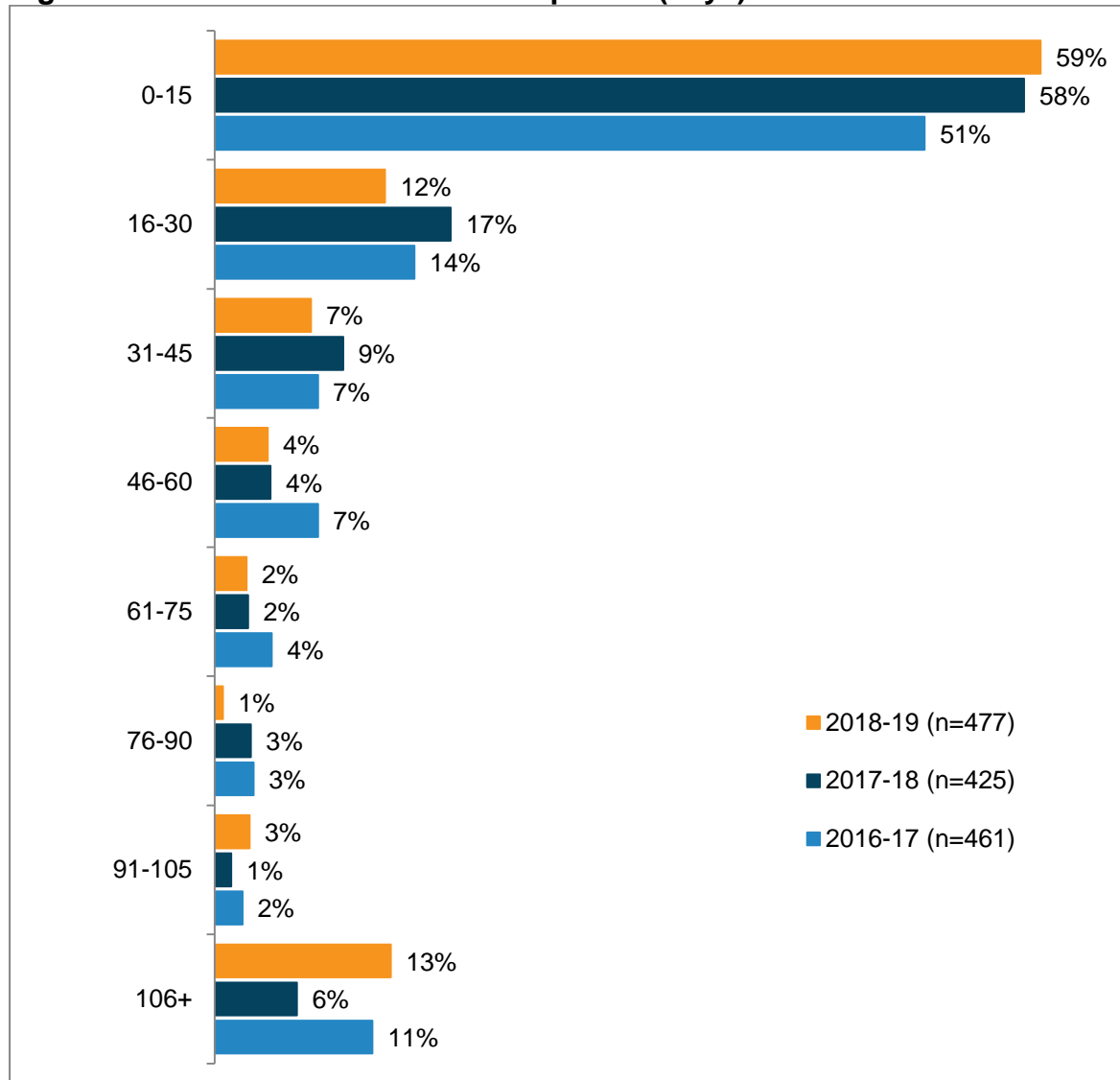


2.5.2.8 Time taken to resolve complaints

A breakdown of the time taken to resolve complaints is shown in Figure 34.

In 2018-19, the majority of complaints (71%) were resolved in 30 days.

Figure 34: Time taken to resolve complaints (days)



Totals may not sum to 100% due to rounding.





2.5.2.9 Outcomes achieved

A range of outcomes were achieved from the complaints managed by disability service providers, including multiple outcomes for some complaints. In 2018-19, 1,262 outcomes were identified from the 477 complaints resolved. These outcomes were for the individual who accessed the service, for the person that made the complaint, or both.

The most common outcomes were acknowledgement of a person's views or issues (72%), an explanation or information about services provided (57%) or an apology from the service provider (39%). These outcomes were also the most common outcomes achieved in prior years, however in 2018-19 individuals were more likely to get an explanation as opposed to an apology than in 2017-18.

Table 3: Outcomes achieved

Outcome	2016-17 (n=461)	2017-18 (n=425)	2018-19 (n=477)
Acknowledgement of person's views or issues	78%	78%	72%
Explanation or information about services provided	56%	48%	57%
Apology from the service	47%	48%	39%
Change or improvement to communication	24%	27%	23%
Change or appointment of worker / case manager / coordinator	21%	22%	19%
Performance management, disciplinary action, feedback or training for workers	13%	18%	11%
Access to an appropriate service	6%	8%	8%
Change existing support arrangements	11%	9%	7%
Review/improve/implement person's plan	7%	7%	5%
Relocation/transfer to another internal or external service	5%	6%	5%
More choices/options provided to person	5%	4%	4%
A change in policies or procedures	4%	4%	4%
Re-imburement / reduction of fees / waiver / compensation	2%	2%	3%
Change or review of decision	2%	2%	1%
The person who made a complaint was offered avenues of external appeal or review	1%	1%	0%
Other outcome	7%	8%	6%
No outcome (yet)	1%	<1%	1%

Totals may not sum to 100%; a complaint may result in multiple outcomes.



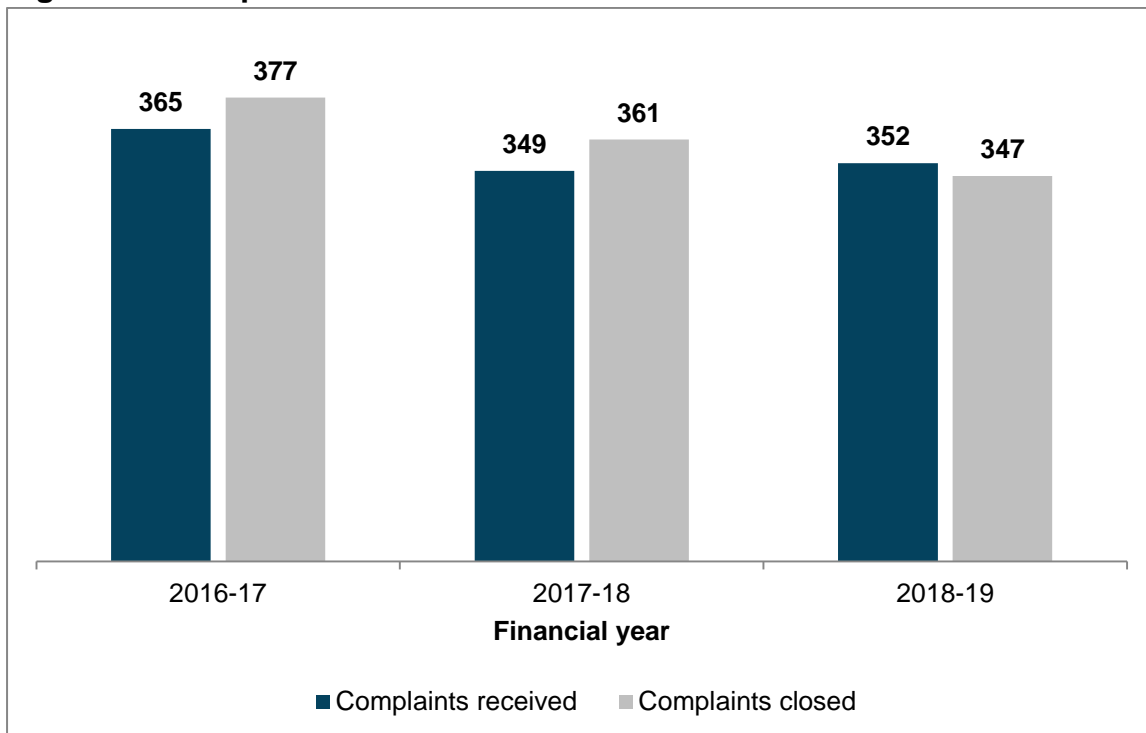


2.6 Complaints about Mental Health Services

2.6.1 HaDSCO complaints data – Mental Health Services

Figure 32 details the number of complaints about mental health services received and closed by HaDSCO over the past three years. HaDSCO received 352 complaints in the 2018-19 financial year. This is reasonably consistent with 2017-18. HaDSCO closed 347 complaints in 2018-19.

Figure 32: Complaints about mental health services



Case Study

Access to subsidised medication

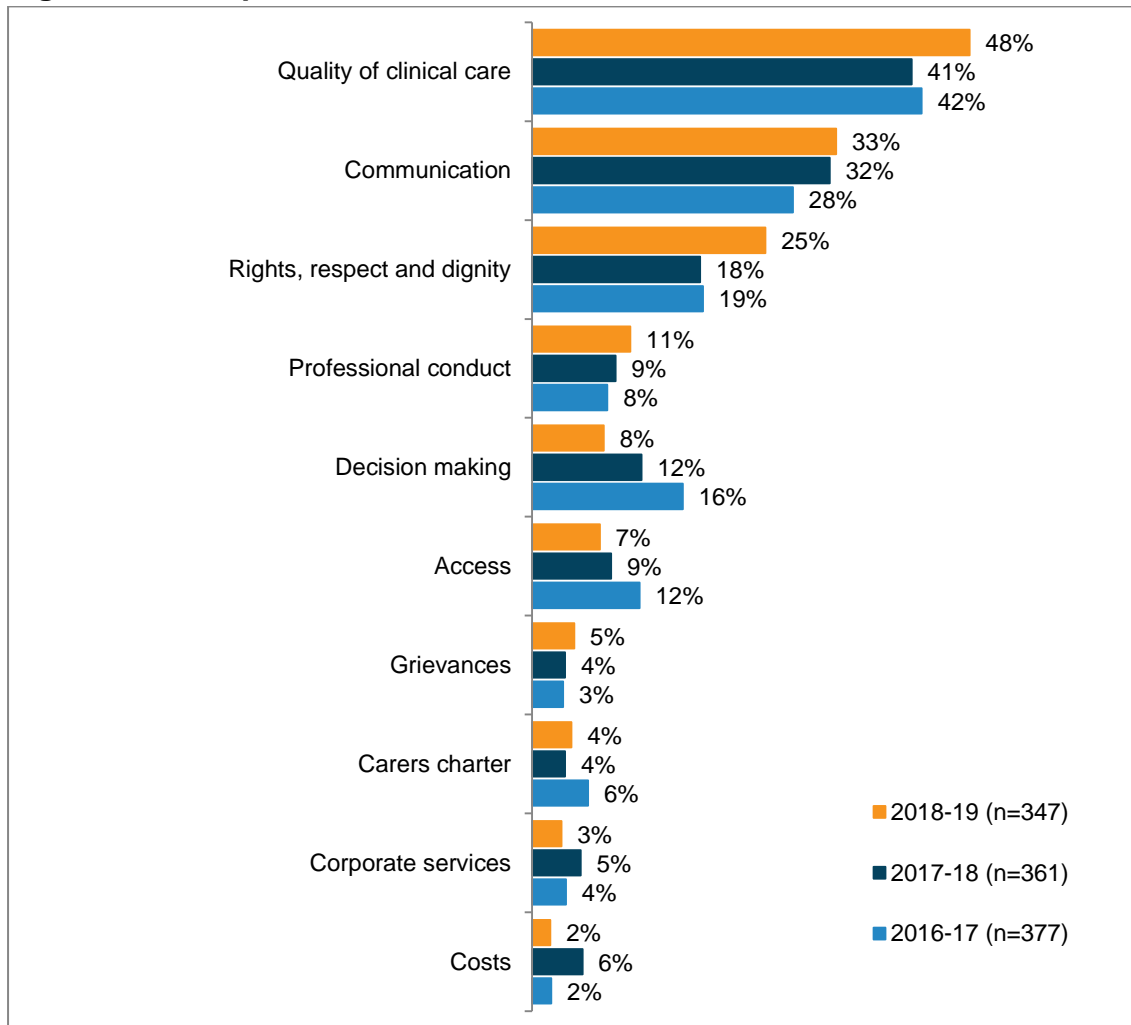
An individual contacted HaDSCO about the cessation of their access to fully subsidised medication. They advised that they had presented to their psychiatry service and were verbally informed on the day that they could no longer access their exemption voucher that enabled access to the subsidised medication. The individual wanted to know why the change had occurred and what rules had changed to prevent access to the exemption voucher.

As a result of HaDSCO's negotiated settlement process, the service provider gave an explanation about why the

cessation of the access to subsidy had occurred, and the associated changes in eligibility criteria. A service improvement was also implemented, whereby, in addition to their current practice of advising patients verbally, the service provider now sends written confirmation to patients confirming the decision in relation to their eligibility for exemption, the reasons for the decision, and what a patient should do if they are unhappy with the decision. A policy update to reflect changes in eligibility criteria was also agreed to.



Figure 33: Complaint issues identified



Percentage of all mental health complaints closed in the financial year. Because multiple issues can be identified per complaint, percentages may not sum to 100%.

In 2018-19, the majority of complaints concerned quality of clinical care; communication; and rights, respect and dignity. Specific trends observed over the past three years were:

- The proportion of complaints citing quality of clinical care increased in comparison to the previous financial year, from 41% to 48%.
- The proportion of complaints citing rights, respect and dignity increased in comparison to the previous financial year, from 18% to 25%.
- The proportion of complaints regarding decision making has decreased each of the past three years, from 16% in 2016-17 to 8% in 2018-19.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 33, please refer to Appendix 5.6.

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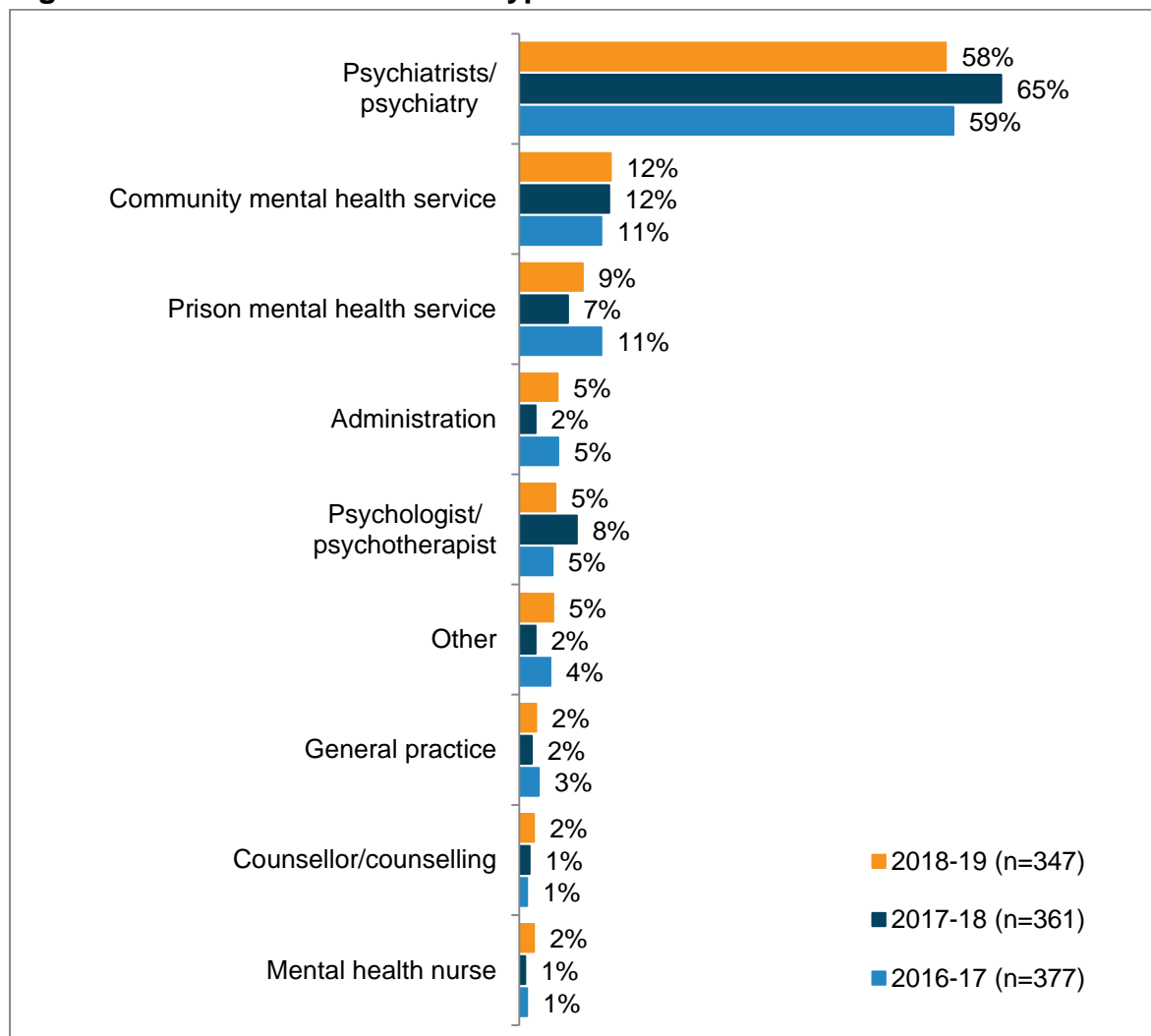
2.6.1.1 Mental health service types

The specific mental health service types identified in complaints closed by the Office over the past three years are shown in Figure 34.

The service types that were most frequently the subject of complaints in 2018-19 were psychiatrists/psychiatry (58%), community mental health services (12%), and prison mental health services (8%).

The proportion of complaints concerning psychiatrists/psychiatry has decreased in 2018-19 to 58%, which is comparable to 2016-17 following a high of 65% in 2017-18. The proportion of complaints regarding the other mental health service types remained relatively consistent.

Figure 34: Mental health service types



Totals may not sum to 100% due to rounding.





2.6.2 External complaints data – Mental Health Services

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO receives complaints data from prescribed government, non-government and not-for-profit health service providers in Western Australia. Having commenced in the 2015-16 financial year, HaDSCO receives data from a selection of public Health Service Providers² about the mental health complaints received by the providers.

The information collected by HaDSCO is used to identify systemic issues and trends across the mental health sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected. The information collected includes:

- Number of complaints.
- Demographics of consumers.
- Complaint issues.
- Complaint outcomes.
- Timeliness of complaint resolution.

The aggregate data received by HaDSCO includes all mental health complaints received by the public health service providers in 2018-19. The following preliminary analysis is based on the number of complaints received over the past three financial years.

In 2018-19, details of 516 complaints concerning 807 issues were submitted to HaDSCO. This represents a 20% increase from 2017-18 in the number of complaints received (429 complaints) and a 17% increase in the number of issues identified (690 issues).

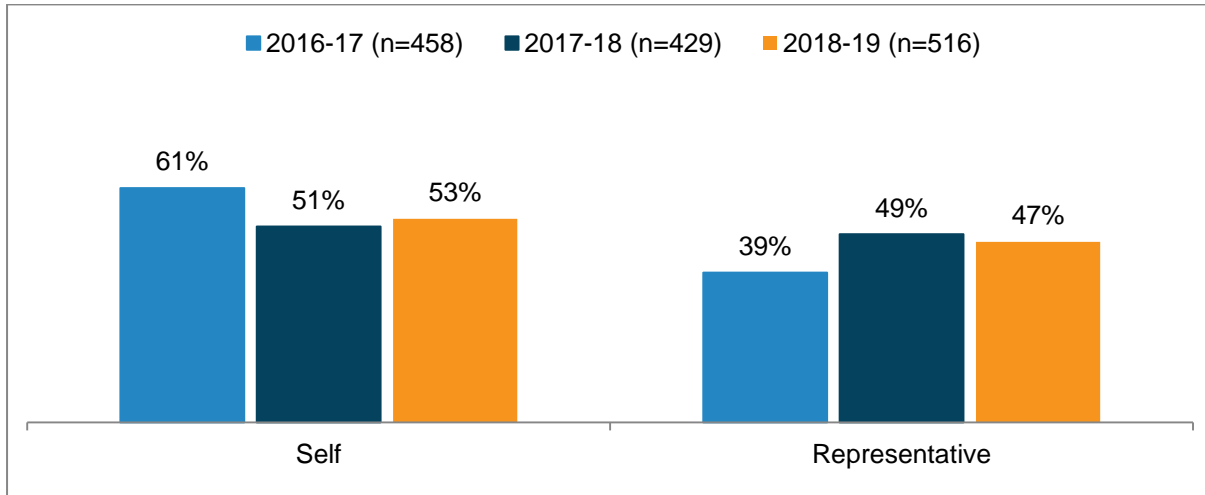
2.6.2.1 Individual making the complaint

The proportion of complaints made by the person receiving the service in 2018-19 is consistent with 2017-18; complaints received directly by public Health Service Providers were equally likely to be made by the individual who received the service or their representative (see Figure 42).

² The public Health Service Providers are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and Western Australian Country Health Service.



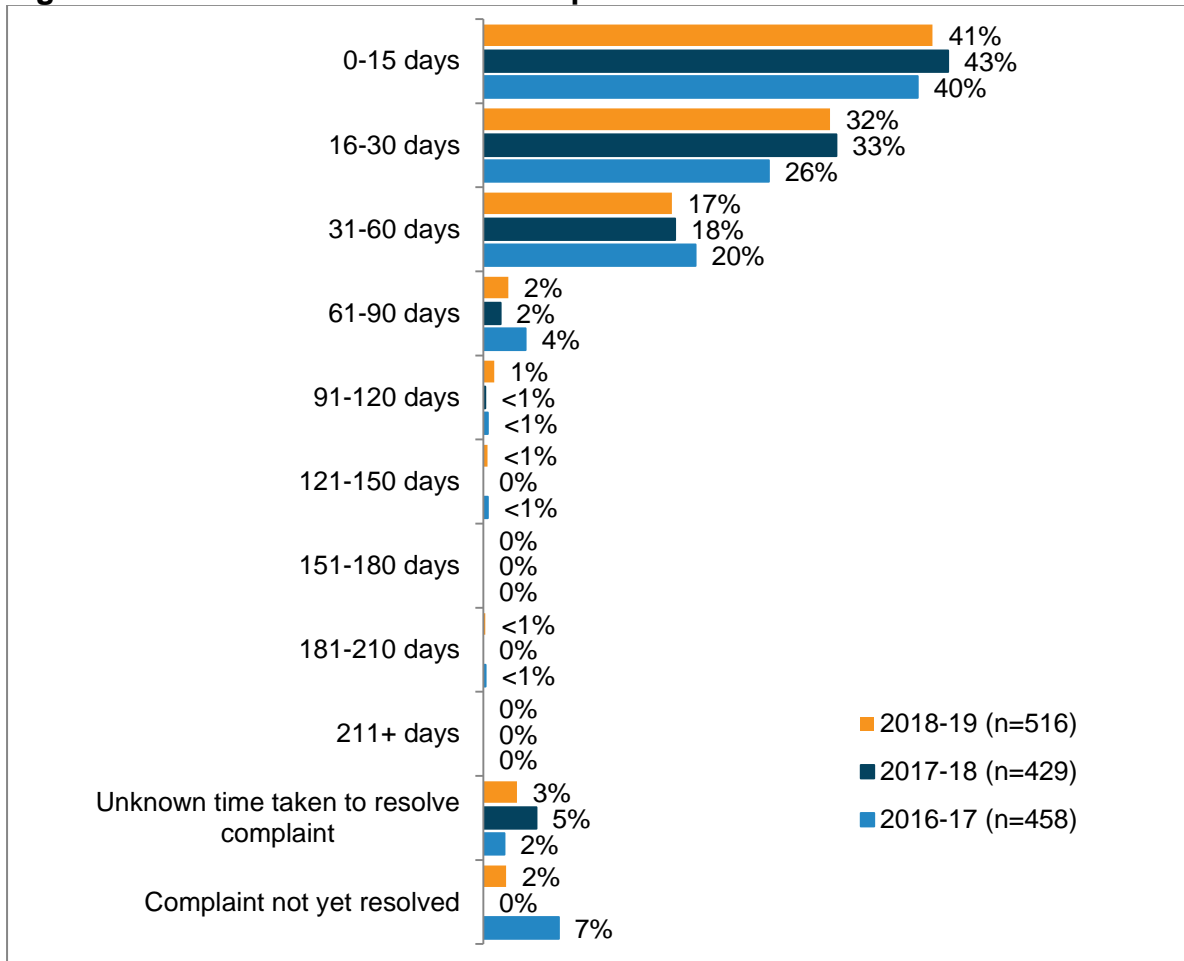
Figure 42: Individual making the complaint



2.6.2.2 Time taken to resolve complaints

The time taken for public Health Service Providers to resolve mental health complaints over the past three years is shown in Figure 43. In 2018-19, the majority of complaints (73%) received directly by public Health Service Providers were resolved in 30 days or less.

Figure 43: Time taken to resolve complaints



Totals may not sum to 100% due to rounding.



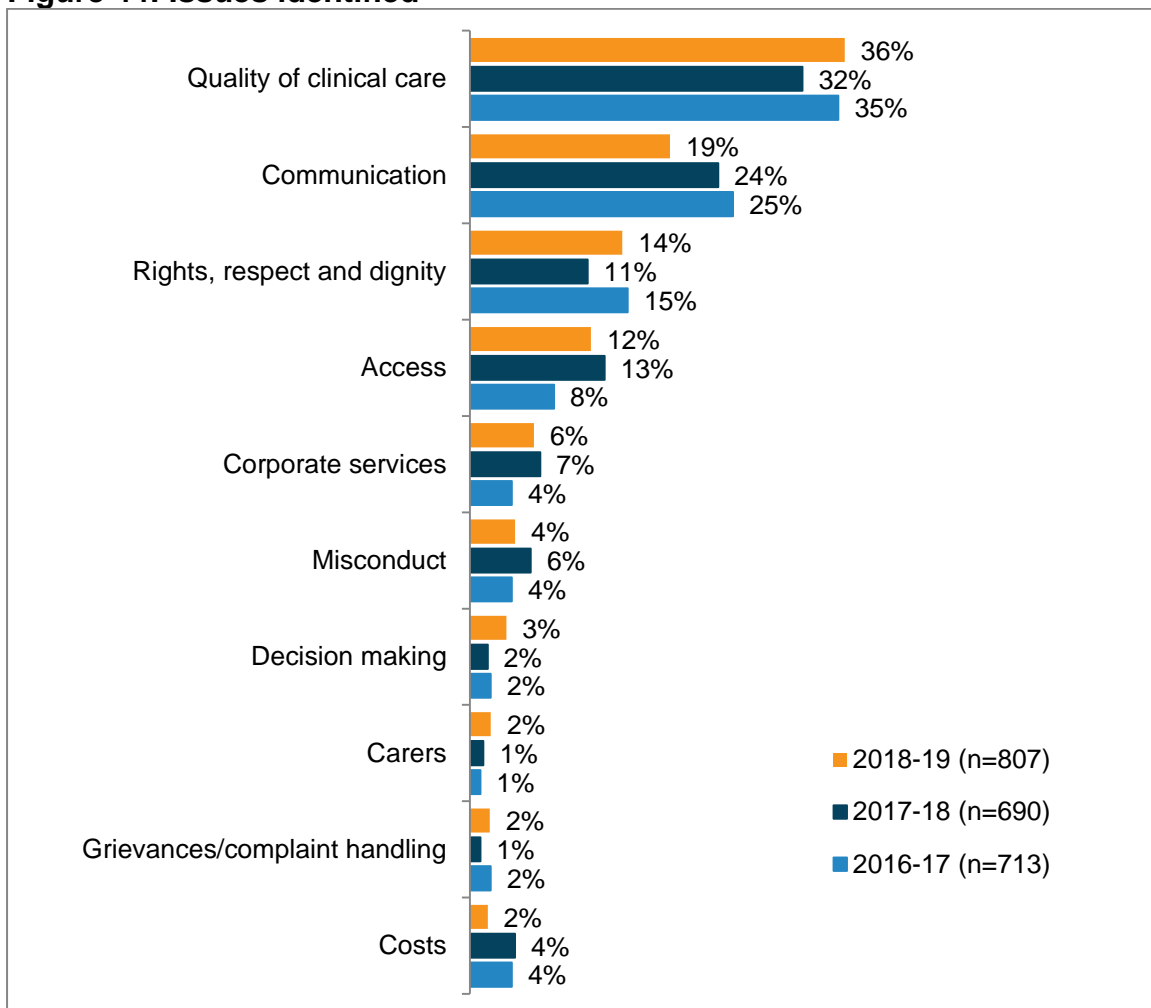


2.6.2.3 Issues identified

In 2018-19, quality of clinical care (36%), communication with patients and their representatives (19%), rights, respect and dignity (14%) and access to services (12%) were the issues most commonly identified in mental health complaints. The proportion of complaints concerning communication shows a declining trend over the past three years.

The issues identified in mental health complaints received by public Health Service Providers over the past three years are shown in Figure 44.

Figure 44: Issues identified



Totals may not sum to 100% due to rounding.



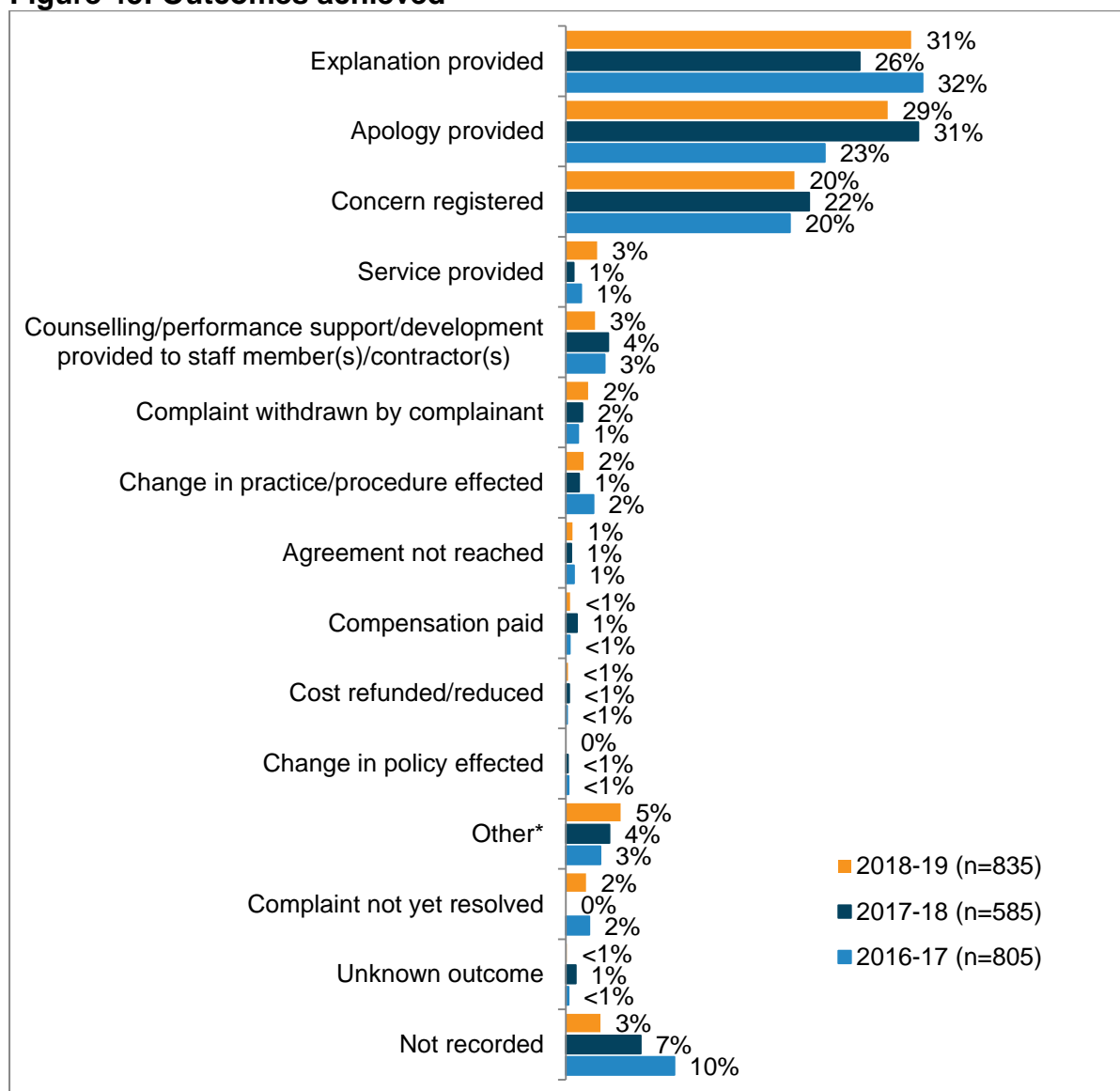


2.6.2.4 Outcomes achieved

A range of outcomes were achieved from the mental health complaints managed by public Health Service Providers. Over the past three years the three most common outcomes have remained consistent: providing an apology; providing an explanation; or concern registered (acknowledging the concerns that resulted in a complaint being made). While these remained the most common outcomes, 2018-19 saw an increase in the proportion of complaints resulting in an explanation compared to 2017-18, and a slight decrease in the proportion of complaints resulting in an apology or concern being registered.

The outcomes achieved in complaints received by mental health service providers over the past three years are shown in Figure 45.

Figure 45: Outcomes achieved



*Other outcomes include referral to another organisation. Totals may not sum to 100% due to rounding.





Educate and Train

In this section we report on the outcomes achieved under the strategic priority of educate and train, aligned to HaDSCO's Service Two: Education and training in the prevention and resolution of complaints.

We provide information about initiatives undertaken to enable the sharing of expertise, to provide awareness of, and access to, our services, and through the sharing of information with service providers and the community to ensure they are well informed.

2.7 Key Highlights

Key highlights for 2018-19 included:

- Implemented the Stakeholder Engagement Strategy January 2019 – June 2020 for the delivery of targeted stakeholder engagement programs and outreach activities to better inform, educate and empower the community and service providers.
- Delivered 201 outreach activities with key stakeholders including the delivery of 6 presentations, 45 awareness raising activities, 124 consultations and 26 networking opportunities.
- Planned and delivered metropolitan outreach, including participating in the Graylands Festival and Homeless Connect; participated in a regional outreach program to the Great Southern and Peel regions; and visited the Indian Ocean Territories of Cocos Keeling Islands and Christmas Island.
- Developed additional resources for use in HaDSCO's publications suite, including information for young people who are taking responsibility for their health and well-being for the first time and brochures and information sheets to provide practical information on the range of matters the Office can receive complaints about in the areas of health, disability, and mental health services.
- Continued to collaborate and engage with stakeholders at a National and State level to share complaints handling expertise.
- Developed and distributed resources for service providers and stakeholders including *Guidelines for handling complaints about mental health services*; Complaints Report Cards; and external data collection reports.

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2.8 Stakeholder Engagement Strategy

Each year HaDSCO undertakes a range of ongoing and tailored engagement activities with a variety of stakeholders across Western Australia. The aim is to raise awareness of HaDSCO and ensure the Office's services are accessible to all.

The Stakeholder Engagement Strategy January 2019 – June 2020 supports the delivery of both services one and two by providing a program of engagement for staff involvement, contributing directly to the Office's Key Performance Indicators. The six engagement programs identified as a focus are:

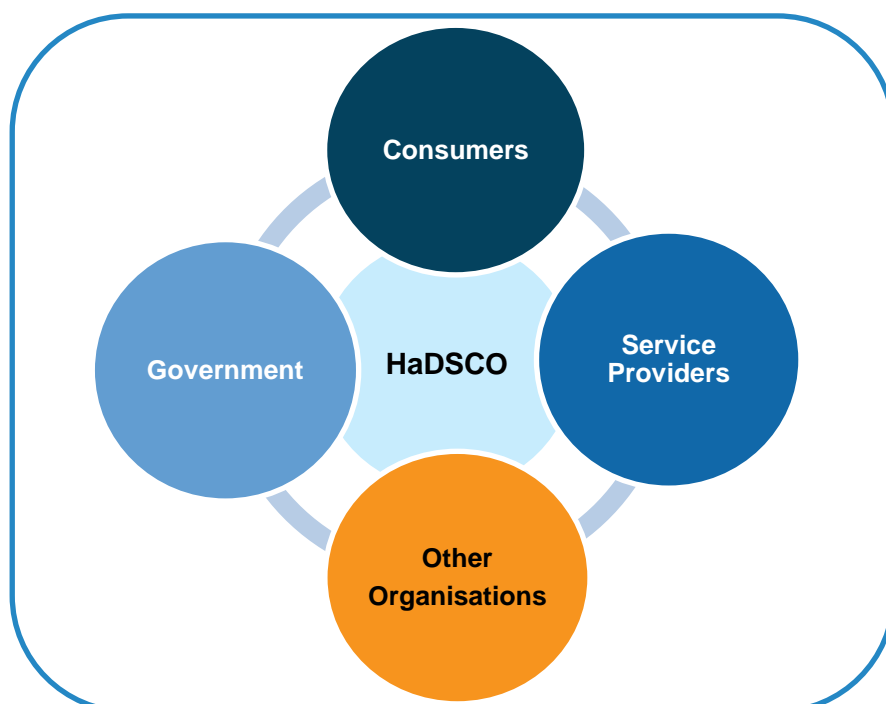
1. Communications program
2. Regional, remote and diverse communities
3. Health sector engagement
4. Disability sector engagement
5. Mental health sector engagement
6. Community engagement

Additionally, through the Service Delivery Agreement with the Australian Government, outreach with the Indian Ocean Territories remains a key focus during this period. The Australian Government, through the Department of Infrastructure, Regional Development and Cities', Territories Division, provides funding to HaDSCO to provide services to the Indian Ocean Territories.

Details of the outcomes achieved under the SES are provided below.

2.9 Working collaboratively and sharing expertise

We interact with a broad range of stakeholders, to improve the delivery of health, disability and mental health services within Western Australia and the Indian Ocean Territories. We group our stakeholders into the key categories below:





2.9.1 Consumers

Informing, educating and empowering consumers plays an important role in service improvement in the health, disability and mental health sectors. During 2018-19 HaDSCO:

- In collaboration with the North Metropolitan Health Service (Mental Health division) and the Health Consumers' Council, in October 2018 attended the Graylands Festival as part of Mental Health Week. Through this event the Office was able to directly share information about its services with consumers, their families and carers.
- Participated in Perth's Homeless Connect event in November 2018 providing an opportunity for individuals to discuss issues and lodge a complaint in person. It provided a forum to engage with otherwise hard-to-reach community members, increasing awareness and accessibility.
- Contributed, in June 2019, to a feature in The West Australian newspaper supplement *Supporting People with Disability in Western Australia*. This offered the opportunity to reach, and provide tailored information to, an audience of 350,000 readers across metropolitan and regional Western Australia, including Western Australians living with a disability.
- Undertook complaint clinics which provided individuals in regional Western Australia, including Aboriginal communities, with the opportunity to attend and discuss their complaints with staff.
- Invited people each month who accessed the Office's services to complete an online survey about their experience. Service delivery was reviewed based on the feedback and improvements implemented where necessary.

2.9.2 Service Providers

Working with service providers is critical in enabling them to prevent complaints and improve services. During 2018-19 HaDSCO:

- Provided the five public health service providers in WA Health, two private health service providers and the Department of Justice (Corrective Services) with individual Complaints Report Cards in November 2018. The information was provided to assist these providers to gain an appreciation of the complaints managed by HaDSCO that related to their services.
- Received annual complaint returns from both the 25 prescribed public, private and not-for-profit providers under section 75 of the *Health and Disability Services (Complaints) Act 1995* and the 20 government and non-government disability service providers prescribed under section 48A of the *Disability Services Act 1993*. In March 2019, these providers respectively were provided with an in-depth analysis of the complaint trends observed across the three financial years from 2015-16 to 2017-18, in the reports titled *Health Complaints Trends Report 2015-18* and *Disability Services Data Collection Report 2015-18*.
- Attended the WA Aboriginal Community Controlled Health Sector Conference in March 2019, hosted by the Aboriginal Health Council of Western Australia, on behalf of its 23 Aboriginal Community Controlled Health Services. The event provided the opportunity for HaDSCO to raise awareness of its functions and services. Attendance also ensured an increased knowledge by HaDSCO about the successes and challenges taking place in the sector.

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- Visited one metropolitan and two regional prisons operated by public and private service providers, to hold discussions with staff about complaint matters; and meet with peer support prisoners and clinical nurse managers to discuss issues relating to the provision of health services in prisons.
- Collected feedback, via a survey of organisations who interacted with the Office to resolve a complaint during the 2017-18 financial year, to help identify improvements to service delivery in the 2018-19 period. The survey was conducted in the second half of 2018, and sought feedback on the complaint resolution process.

2.9.3 Government

HaDSCO continued its engagement with both state and national government agencies through its -

- Collaboration to further initiatives to support improvements to health, disability and mental health services with the:

	<ul style="list-style-type: none"> ○ Department of Communities (Disability Services) ○ Department of Health ○ Department of Justice (Corrective Services) ○ Department of Local Government, Sport and Cultural Industries ○ Department of Mines, Industry Regulation and Safety (Consumer Protection) ○ Department of Primary Industries and Regional Development ○ Department of the Premier and Cabinet ○ Mental Health Advocacy Service ○ Mental Health Commission ○ Mental Health Tribunal ○ Murdoch University ○ Office of the Auditor General ○ Office of the Chief Psychiatrist ○ Office of the Commissioner for Children and Young People ○ Office of the Inspector of Custodial Services ○ Office of the Public Advocate ○ Ombudsman Western Australia
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	<ul style="list-style-type: none"> ○ Australian Commission on Safety and Quality in Healthcare ○ Commonwealth Ombudsman ○ Department of Infrastructure, Regional Development and Cities (Commonwealth) ○ National Disability Insurance Agency ○ National Health Complaints Commissions and Entities ○ National Disability Insurance Scheme Quality and Safeguards Commission ○ Productivity Commission
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- Participation in Working Groups and Steering Committees, including the:
 - Independent Oversight Working Group of the Royal Commission into Institutional Responses to Child Sexual Abuse
 - National Code Working Group





- National Disability Insurance Scheme Interface Steering Committee
- National Disability Insurance Scheme Interface Steering Committee – Senior Officers Group
- Australian Health Practitioner Regulation Agency and National Health Complaints Entities Joint Single Website Working Group
- Provided invited submissions and feedback on state and national reforms including:
 - Commissioner for Children and Young People’s survey on the extent to which agencies’ complaints systems are accessible and responsive to children and young people accessing services or adults acting on their behalf
 - Department of the Premier and Cabinet’s discussion paper titled An office for advocacy and accountability in Aboriginal affairs in Western Australia
 - Mental Health Clinical Governance Review Panel’s Review of the Clinical Governance of Public Mental Health Services
 - Australian Commission on Safety and Quality in Healthcare’s review of the Australian Charter of Healthcare Rights
 - Australian Health Practitioner Regulation Agency’s consultation paper on the definition of ‘cultural safety’
 - Commonwealth Ombudsman’s Implementation of the Operational Protocol to the Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT)
 - Productivity Commission’s review of the National Disability Agreement
- Partnerships with National Health and Disability Complaints Commissions and Entities on national and local policy and practice matters that impact on service delivery for complaints management. This includes attendance at meetings held twice a year. The first of these meetings for the 2018-19 year was held in South Australia in November 2018. In May of this year, HaDSCO hosted these meetings. Informative sessions were provided by presenters from the health, disability and mental health sectors which included public and private service providers, advocacy organisations, and state and national government agencies. The meetings provided the opportunity for attendees to engage in considered discussion and to share and exchange information on complaint trends and issues. The sessions were well received by the Commissioners.

2.9.4 Other Organisations

HaDSCO continues to meet with key groups to strengthen, and build upon, relationships to promote effective and efficient complaints resolution. During 2018-19 HaDSCO continued to engage with the following organisations to share and exchange information about key initiatives and areas of focus:

- Australian Association of Social Workers (WA)
- Australian Health Practitioner Regulation Agency
- Australian Medical Association (WA)
- Health Consumers Council
- Carers WA
- Linkwest
- People with Disabilities WA

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2.10 Awareness and accessibility

In 2018-19, HaDSCO continued to utilise a range of strategies to raise awareness of, and provide accessibility to, the Office by:

- Promoting the use of HaDSCO's toll free number for country callers.
- Providing access to interpreter services via the Translating and Interpreting Service.
- Promoting the use of translated brochures explaining the role of the Office in eight different language variations available via our website.
- Updating and creating new resources to assist members of the community and service providers to access HaDSCO's services.
- Updating the HaDSCO complaint form, including on the website, as a means of assisting individuals to make a complaint to the Office.
- Implementing ongoing updates to HaDSCO's website as a means of keeping stakeholders well informed.
- Providing access to the Office through email and online services including an online complaints form.
- Updating the website to include information about the National Code of Conduct for health care workers; the National Disability Insurance Scheme (NDIS); and complaints about disability services during the transition to the NDIS Quality and Safeguards Commission.

Consistent with previous years, the Office also undertook a range of outreach activities in metropolitan and regional Western Australia. This included a program of presentations, consultations, complaint clinics and meetings with key groups and individuals to meet with stakeholders in person, educate communities about the role of the Office and provide access to its services. Details are set out below.

2.10.1 Outreach

- In November 2018 and May 2019, HaDSCO participated in Regional Awareness and Accessibility Programs at the invitation of the Ombudsman Western Australian. The Programs took place in the great southern region (Albany and Katanning) and the Peel region (Mandurah and Boddington). Staff of the Energy and Water Ombudsman's office also participated in the visits. HaDSCO undertook various activities in partnership with the Ombudsman agencies including an Aboriginal Liaison session with Aboriginal services and community members and five joint agency complaint clinics.
- HaDSCO was invited by the Ombudsman Western Australian to provide a presentation as part of two Independent Agency Information Sessions for Aboriginal service providers, community groups and community members, held in May 2019. Attending the sessions provided the opportunity to partner with other independent agencies and continue to build relationships with these stakeholders to raise awareness of HaDSCO's services and functions.
- During 2018-19, HaDSCO delivered tailored presentations about how to improve the patient experience to university students in the allied health field; the role and functions of HaDSCO to both the Aboriginal Community and the Department of Mines, Industry Regulation and Safety (Consumer Protection); and information about the National Code of Conduct for health care workers in Western Australia to the Australian Association of Social Workers (WA).

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2.10.2 Indian Ocean Territories outreach

As part of a Service Delivery Arrangement with the Australian Government, HaDSCO provides a complaints management service to residents of the Indian Ocean Territories (IOT). The Australian Government, through the Department of Infrastructure, Regional Development and Cities', Territories Division, provides funding to HaDSCO to provide services to the Indian Ocean Territories.

To compliment the delivery of complaint management services, a biennial visit is undertaken to provide information on HaDSCO's complaints resolution process and raise awareness of support services provided.



Joint agency visit to the Indian Ocean Territories



The Office visited Cocos Keeling Islands from 9-12 April 2019 and Christmas Island from 12-16 April 2019 in collaboration with the Department of Mines, Industry Regulation and Safety (Consumer Protection division) and the Department of Local Government, Sport and Cultural Industries.

Undertaking a visit in a co-ordinated approach to delivering services and outreach enabled attendance to be more manageable for community members and was well received.

The purpose of the visit was to provide community members on both islands with the opportunity to meet with HaDSCO representatives in person to discuss potential issues and complaints, provide access to HaDSCO's services and raise awareness of the Office in general.

Key messages promoted by HaDSCO included:

- Raising awareness that HaDSCO's services are available to community members for complaints about health, disability and mental health services provided in Western Australia and the IOT.
- Providing explanations of complaint outcomes and systemic improvements that HaDSCO can achieve.
- Promoting HaDSCO's website and postal contact information.
- Informing of complaint lodgement requirements and that support services are available.
- Informing community members of HaDSCO's contact details whilst in the IOT and in Western Australia, and identification of key staff.
- Ensuring community members were aware that HaDSCO representatives were able to assist with completion of complaint forms, as necessary, as part of the visit.

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2.11 Publications

During 2018-19, we developed and distributed a range of resources for service providers and the community including:

2.11.1 Guidelines for handling complaints about mental health services

Managing complaints and feedback effectively in a transparent and accessible manner is essential for all health, disability and mental health service providers. Mental health service providers are required under the *Mental Health Act 2014* to implement their own complaints process for investigating any complaint made about the provision of a mental health service.

In April 2019, HaDSCO published its *Guidelines for handling complaints about mental health services* to assist service providers to develop their own complaint handling systems or enhance existing processes.

The guidelines were developed in accordance with the Australia and New Zealand Standard *AS/NZS 10002:2014 Australian/New Zealand Standard – Guidelines for complaint management in organizations*. HaDSCO sought assistance and feedback from 20 agencies and organisations in Australia and New Zealand for the development of the guidelines.

2.11.2 Information Sheets, pamphlets and brochures

The Office continued to release new, and update existing resources to assist consumers and service providers.

New resources which were developed include:

- Three updated brochures – Health, Disability and Mental Health Service Complaints; Making a complaint as a Carer; and a brochure for Aboriginal communities about making a complaint.
- Updated Information Sheets including Helpful hints for making a complaint; The complaint resolution process; Conciliation; and Negotiated settlement.
- An Information Sheet for the *Guidelines for handling complaints about mental health services*.
- A webpage, Information Sheet and poster for young people who are taking responsibility for their health and well-being for the first time which provide tips and advice for young people making complaints relating to health, disability and mental health services.
- An easy English pamphlet about HaDSCO's services.

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- New pamphlets about HaDSCO's services for the Indian Ocean Territories, translated into Chinese Simplified, Bahasa Malay and Cocos Malay.
- An updated Fact Sheet, HaDSCO at a glance.

HaDSCO distributed 1,215 brochures from a suite of publications to a range of services and organisations to ensure the community was well informed about its services.

The resources have received positive feedback. They can be accessed from our website.

2.12 Ministerial support

HaDSCO has an important role providing advice and information to the State Government through close liaison with the office of the Deputy Premier; Minister for Health; Mental Health, given our statutory reporting function.

As part of this reporting function, we responded to a range of parliamentary questions on a variety of issues and prepared briefing notes and draft replies to correspondence for specific issues as needed.

In addition, HaDSCO liaises and provides information to the Minister for Environment; Disability Services; Electoral Affairs on issues related to the disability sector where they arise.

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3. Significant Issues and Trends

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3. Significant Issues and Trends

It is important that HaDSCO is adequately placed to respond to changing environments. By working with stakeholders, HaDSCO can identify and evaluate emerging issues, position the Office to respond to change, and adapt service delivery to meet the needs of the community now and into the future.

The Western Australian Sustainable Health Review (SHR) published its Final Report in April 2019. The Final Report has eight Enduring Strategies and 30 Recommendations which seek to drive a cultural and behavioural shift across the health system.

The release of the Interim and Final reports of the SHR, provided HaDSCO with the opportunity to review and refocus its services considering the specific Enduring Strategies and associated Recommendations of:

- Commit and collaborate to address major public health issues – reduce disparities in health outcomes and access to care, especially for Aboriginal people and culturally and linguistically diverse communities.
- Improve mental health outcomes – efforts focused on improving the patient journey and greater transparency of quality, safety, patient experience and outcomes.
- Person-centred, equitable, seamless access – focusing care on the needs of the individual, ensuring preferences, needs and values guide clinical decisions, and providing care that is respectful of and responsive to them.
- Culture and workforce to support new models of care – build workforce capability and behaviour with a focus on system integrity, transparency and public accountability.

HaDSCO continued to receive and resolve complaints about disability services, including services provided through the National Disability Insurance Scheme (NDIS), during the transition period to the NDIS Quality and Safeguards Commission in July 2020.

HaDSCO continues to consult with the Department of Communities and, through its membership of the NDIS Interface Steering Committee, established by the Department of the Premier and Cabinet, will work towards:

- Transition of the complaints jurisdiction to the NDIS Quality and Safeguards Commission.
- Confirmation of ongoing complaint oversight arrangements for non NDIS participants.
- Confirmation of the future of the statutory reporting function under section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*.

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The Review of the Clinical Governance of Public Mental Health Services in Western Australia commenced in late 2018. HaDSCO met with members of the Review Panel during the consultation period and submitted a reference document. The document provided information about HaDSCO's role in contributing to the clinical governance framework for mental health services in Western Australia. Proposed initiatives were identified for future implementation. This included a project to prescribe mental health service providers to provide their external complaints data to the Director of HaDSCO each year under section 309 of the *Mental Health Act 2014*.

In December 2018, the Western Australian Government established a Ministerial Expert Panel (the Panel) to provide expert advice on the development of voluntary assisted dying legislation. The Panel released its *Ministerial Expert Panel on Voluntary Assisted Dying Discussion Paper* in March 2019. The Panel identified key questions and issues and sought input from experts and across the community. The discussion paper was part of a consultation process which took place from March to May this year.

As part of the consultation process, HaDSCO attended two Roundtable meetings convened by the Department of Health, as the lead agency on the development of the Voluntary Assisted Dying Bill. The first considered the oversight mechanisms in relation to the voluntary assisted dying process and the second focused on the disability sector, specifically on the topics of eligibility, access and safeguards.

HaDSCO is a member of the Independent Oversight Working Group (the Working Group) established by the Department of the Premier and Cabinet to address the recommendations on independent oversight of child related services as a result of the recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse. Through the Working Group, HaDSCO will contribute to policy development being led by the Department of the Premier and Cabinet, who will provide advice to Government on options for an independent oversight system.

Progressing the implementation of the *National Code of Conduct for health care workers* (National Code) in Western Australia has been a key focus for HaDSCO. Timing for the implementation of the National Code in Western Australia is dependent on legislative change.

Reform initiatives in the health, disability and mental health sectors have impacted on commencing a review of the *Health and Disability Services (Complaints) Act 1995* and Part 6 of the *Disability Services Act 1993*. The review will occur as soon as practicable.

HaDSCO will continue to implement strategies to ensure its services are accessible to all Western Australians and people in the Indian Ocean Territories. As identified in HaDSCO's Stakeholder Engagement Strategy January 2019 – June 2020 there will be a key focus in the areas of Aboriginal communities; children and young people; and culturally and linguistically diverse communities.

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4. Disclosure and Legal Compliance - Governance

4.1 Key Highlights

4.2 Financial Statements

- 4.2.1 Independent Auditor's Report
- 4.2.2 Certification of Financial Statements
- 4.2.3 Statement of Comprehensive Income
- 4.2.4 Statement of Financial Position
- 4.2.5 Statement of Changes in Equity
- 4.2.6 Statement of Cash Flows
- 4.2.7 Notes to the Financial Statements

4.3 Estimates of Expenditure S40 *Financial Management Act 2006*

4.4 Key Performance Indicators

- 4.4.1 Certification of Key Performance Indicators
- 4.4.2 Our Key Performance Indicators

4.5 Ministerial directives

4.6 Other financial disclosures

- 4.6.1 Pricing policy of services
- 4.6.2 Capital works
- 4.6.3 Employment and Industrial Relations
- 4.6.4 Purchasing cards

4.7 Governance disclosures

- 4.7.1 Shares in Statutory Authorities
- 4.7.2 Shares in subsidiary bodies
- 4.7.3 Insurance paid to indemnify directors

4.8 Other legal requirements

- 4.8.1 Advertising
- 4.8.2 Compliance with Public Sector Standards
- 4.8.3 Freedom of Information
- 4.8.4 Recordkeeping Plan
- 4.8.5 Disability Access and Inclusion Plan

4.9 Government policy requirements

- 4.9.1 Occupational Health and Safety
- 4.9.2 Substantive equality

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4. Disclosures and legal compliance

Governance

In this section we report on the outcomes achieved under the strategic priority of Governance for the Office.

We provide information about our financial statements and budget, Key Performance Indicators, financial and governance disclosures and other legal and government policy requirements.

4.1 Key Highlights

Key highlights for 2018-19 included:

- Maintained strong performance against Key Performance Indicators and operated within a strong accountable framework.
- Continued to focus on strengthening records management by reviewing and updating the Recordkeeping Policy and Recordkeeping Procedures.
- Continued to strengthen governance and accountability measures through monitoring and updating the HaDSCO Risk Register; and commencing the process of establishing an Internal Audit Committee.
- Staff completed specialised individual records management, cultural awareness, accountable and ethical decision making and diversity training.
- Progressed strategies to seek to overcome access and inclusion barriers to promote independent and fulfilling participation in the community and workplace for people with disability, their carers, and families, in-line with the *Health and Disability Services Complaints Office Disability Access and Inclusion Plan 2018-2022*.

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4.2 Financial Statements

4.2.1 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

Opinion

I have audited the financial statements of the Health and Disability Services Complaints Office which comprise the Statement of Financial Position as at 30 June 2019, the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Health and Disability Services Complaints Office for the year ended 30 June 2019 and the financial position at the end of that period. They are in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

Basis for Opinion

I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the agency in accordance with the *Auditor General Act 2006* and the relevant ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial statements. I have also fulfilled my other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibility of the Director 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, the *Financial Management Act 2006* 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.

In preparing the financial statements, the Director is responsible for assessing the agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the agency.

Auditor's Responsibility for the Audit of the Financial Statements

As required by the *Auditor General Act 2006*, my responsibility is to express an opinion on the financial statements. The objectives of my audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.



4.2.1 Independent Auditor's Report

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgment and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the agency's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Director.
- Conclude on the appropriateness of the Director's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the agency's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Director regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report on Controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Health and Disability Services Complaints Office. The controls exercised by the agency 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 (the overall control objectives).

My opinion has been formed on the basis of the matters outlined in this report.

In my opinion, in all material respects, 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 2019.

The Director's Responsibilities

The Director is responsible for designing, implementing and maintaining controls to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities are in accordance with the *Financial Management Act 2006*, the Treasurer's Instructions and other relevant written law.



4.2.1 Independent Auditor's Report

Auditor General's Responsibilities

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the suitability of the design of the controls to achieve the overall control objectives and the implementation of the controls as designed. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and the controls, necessary to achieve the overall control objectives, were implemented as designed.

An assurance engagement to report on the design and implementation of controls involves performing procedures to obtain evidence about the suitability of the design of controls to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including the assessment of the risks that controls are not suitably designed or implemented as designed. My procedures included testing the implementation of those controls that I consider necessary to achieve the overall control objectives.

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

Limitations of Controls

Because of the inherent limitations of any internal control structure it is possible that, even if the controls are suitably designed and implemented as designed, once the controls are in operation, the overall control objectives may not be achieved so that fraud, error, or noncompliance with laws and regulations may occur and not be detected. Any projection of the outcome of the evaluation of the suitability of the design of controls to future periods is subject to the risk that the controls may become unsuitable because of changes in conditions.

Report on the Key Performance Indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2019. The key performance indicators are the key effectiveness indicators and the key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators of the Health and Disability Services Complaints Office are relevant and appropriate to assist users to assess the agency's performance and fairly represent indicated performance for the year ended 30 June 2019.

The 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 internal control as the Director determines necessary to enable the preparation of key performance indicators that are free from material misstatement, whether due to fraud or error.

In preparing the key performance indicators, the Director is responsible for identifying key performance indicators that are relevant and appropriate having regard to their purpose in accordance with Treasurer's Instruction 904 *Key Performance Indicators*.

Auditor General's Responsibility

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the agency's performance and whether the key performance indicators are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.





4.2.1 Independent Auditor's Report

I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 904 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

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

My Independence and Quality Control Relating to the Reports on Controls and Key Performance Indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, and Other Assurance Engagements*, the Office of the Auditor General maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory 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 2019 included on the agency's website. The agency's management is responsible for the integrity of the agency's website. This audit does not provide assurance on the integrity of the agency'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.

SANDRA LABUSCHAGNE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
30 August 2019

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4.2.2 Certification of Financial Statements



Disclosures and Legal Compliance

Financial Statements

Certification of Financial Statements

For the reporting period ended 30 June 2019

The accompanying financial statements of 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 reporting period ended 30 June 2019 and the financial position as at 30 June 2019.

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

Pratthana Hunt
CHIEF FINANCE OFFICE

29 August 2019

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY

29 August 2019





HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

STATEMENT OF COMPREHENSIVE INCOME

as at 30 June 2019

	Notes	2019	2018
COST OF SERVICES			
Expenses			
Employee benefits expense	2.1(a)	1,836,199	2,078,987
Supplies and services	2.2	281,264	301,505
Depreciation expense	4.1.1	1,903	1,903
Other expenses	2.3	538,314	493,081
Repairs, maintenance and consumable equipment	2.4	23,586	7,343
Total cost of services		2,681,266	2,882,819
Income			
<i>Revenue</i>			
Commonwealth grants and contributions	3.2	20,329	27,642
Other revenue	3.3	1,935	3,049
Total revenue		22,264	30,691
Total income other than income from State Government		22,264	30,691
NET COST OF SERVICES		2,659,002	2,852,128
Income from State Government			
Service appropriation	3.1	2,651,000	2,871,000
Services received free of charge	3.1	265,335	292,092
Total income from State Government		2,916,335	3,163,092
SURPLUS FOR THE PERIOD		257,333	310,964
OTHER COMPREHENSIVE INCOME			
Total other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		257,333	310,964

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

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4.2.4 Statement of Financial Position



HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

STATEMENT OF FINANCIAL POSITION

as at 30 June 2019

	Notes	2019	2018
ASSETS			
Current Assets			
Cash and cash equivalents	6.1	1,248,285	916,021
Restricted cash and cash equivalents	6.1	4,284	13,923
Receivables	5.1	2,167	10,893
Other current assets	5.2	20,377	22,895
Total Current Assets		1,275,113	963,732
Non-Current Assets			
Plant and equipment	4.1	1,745	3,648
Total Non-Current Assets		1,745	3,648
TOTAL ASSETS		1,276,858	967,380
LIABILITIES			
Current Liabilities			
Payables	5.3	134,954	78,054
Employee related provisions	2.1(b)	316,842	361,998
Total Current Liabilities		451,796	440,052
Non-Current Liabilities			
Employee related provisions	2.1(b)	131,908	91,507
Total Non-Current Liabilities		131,908	91,507
TOTAL LIABILITIES		583,704	531,559
NET ASSETS		693,154	435,821
EQUITY			
Accumulated surplus		693,154	435,821
TOTAL EQUITY		693,154	435,821

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

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4.2.5 Statement of Changes in Equity

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

STATEMENT OF CHANGES IN EQUITY

as at 30 June 2019

	Notes	Accumulated surplus	Total Equity
Balance at 1 July 2017		817,857	817,857
Surplus		310,964	310,964
Total comprehensive income for the period		310,964	310,964
Transactions with owners in their capacity as owners:			
Distributions to owners		(693,000)	(693,000)
Total		(693,000)	(693,000)
Balance at 30 June 2018		435,821	435,821
Balance at 1 July 2018		435,821	435,821
Surplus		257,333	257,333
Total comprehensive income for the period		257,333	257,333
Balance at 30 June 2019		693,154	693,154

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

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4.2.6 Statement of Cash Flows

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

STATEMENT OF CASH FLOWS

as at 30 June 2019

	Notes	2019	2018
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		2,651,000	2,871,000
Distributions to owners - Return of funds to State Government		-	(693,000)
Net cash provided by State Government		2,651,000	2,178,000
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(1,806,988)	(2,063,776)
Supplies and services		(112,300)	(128,171)
Repairs, maintenance and consumable equipment		(38,714)	(7,343)
Other payments		(392,637)	(396,911)
Receipts			
Commonwealth grants and contributions		20,329	27,642
Other receipts		1,935	3,049
Net cash used in operating activities		(2,328,375)	(2,565,510)
Net increase/(decrease) in cash and cash equivalents		322,625	(387,510)
Cash and cash equivalents at the beginning of the period		929,944	1,317,454
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	6.1	1,252,569	929,944

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

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HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

1. Basis of Preparation

The Office is a WA Government entity and is controlled by the State of Western Australia, which is the ultimate parent. The Office is a not-for-profit entity (as profit is not its principal objective).

A description of the nature of its operations and its principal activities have been included in the 'Overview' which does not form part of these financial statements.

These annual financial statements were authorised for issue by the Accountable Authority of the Office on 29 August 2019.

Statement of Compliance

These general purpose financial statements are prepared in accordance with:

- 1) The Financial Management Act 2006 (**FMA**)
- 2) The Treasurer's Instructions (**TIs**)
- 3) Australian Accounting Standards (**AASs**) – Reduced Disclosure Requirements
- 4) Where appropriate, those **AAS** paragraphs applicable for not for profit entities have been applied

The *Financial Management Act 2006* and the Treasurer's Instructions take precedence over AASs. Several AASs are modified by TIs to vary application, disclosure format and wording. 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.

Basis of preparation

These financial statements are presented in Australian dollars applying the accrual basis of accounting and using the historical cost convention. Certain balances will apply a different measurement basis (such as the fair value basis). Where this is the case the different measurement basis is disclosed in the associated note.

Judgements and estimates

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements and estimates made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements and/or estimates are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances.

Contributed equity

AASB Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, to be designated by the Government (the owner) as contributions by owners (at the time of, or prior to, transfer) before such transfers can be recognised as equity contributions. Capital appropriations have been designated as contributions by owners by TI 955 *Contributions by Owners made to Wholly Owned Public Sector Entities* and have been credited directly to Contributed Equity.

The transfers of net assets to/from other agencies, other than as a result of a restructure of administrative arrangements, are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal.

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4.2.7 Notes to the Financial Statements



HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

2. Use of our funding

Expenses incurred in the delivery of services

This section provides additional information about how the Office's funding is applied and the accounting policies that are relevant for an understanding of the items recognised in the financial statements. The primary expenses incurred by the Office in achieving its objectives and the relevant notes are:

		2019	2018
Employee benefits expenses	2.1(a)	1,836,199	2,078,987
Employee benefit provisions	2.1(b)	448,750	453,505
Supplies and services	2.2	281,264	301,505
Other expenses	2.3	538,314	493,081
Repairs, maintenance and consumable equipment	2.4	23,586	7,343

2.1(a) Employee benefits expenses

	2019	2018
Wages and salaries	1,665,798	1,777,561
Termination benefits	-	124,481
Superannuation – defined contribution plans	170,401	176,945
Total employee benefits expenses	1,836,199	2,078,987

Wages and salaries: Employee expenses include all costs related to employment including wages and salaries, fringe benefits tax, and leave entitlements.

Termination benefits: Payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the Office is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

Superannuation: The amount recognised in profit or loss of the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the WSS, the GESBs, or other superannuation funds. The employer contribution paid to the Government Employees Superannuation Board (GESB) in respect of the GSS is paid back into the Consolidated Account by the GESB.

GSS (concurrent contributions) is a defined benefit scheme for the purposes of employees and whole of government reporting. It is however a defined contribution plan for Office purposes because the concurrent contributions (defined contributions) made by the Office to GESB extinguishes the Office's obligations to the related superannuation liability.

The Office does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. 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 Office to the GESB.

The 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.

2.1(b) Employee related provisions

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are delivered.

	2019	2018
Current		
<u>Employee benefits provisions</u>		
Annual leave ^(a)	172,755	156,166
Long service leave ^(b)	144,087	205,832
Total current employee related provisions	316,842	361,998



4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

Non-current

Employee benefits provision

Long service leave ^(b)	131,908	91,507
Total non-current employee related provisions	131,908	91,507
Total employee related provisions	448,750	453,505

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4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

(a) **Annual leave liabilities:** Classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. The provision for annual leave is calculated at the present value of expected payments to be made in relation to services provided by employees up to the reporting date.

(b) **Long service leave liabilities:** Unconditional long service leave provisions are classified as current liabilities as the Office 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 Office has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

The provision for long service leave is calculated at present value as the Office does not expect to wholly settle the amounts within 12 months. The present value is measured taking into account the present value of expected future payments to be made in relation to services provided by employees up to the reporting date. These payments are estimated using the remuneration rate expected to apply at the time of settlement, and 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.

Key sources of estimation uncertainty – long service leave

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.

Several estimates and assumptions are used in calculating the Office's long service leave provision. These 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.

Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

2.2 Supplies and Services

Supplies and services are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any materials held for distribution are expensed when the materials are distributed.

	2019	2018
Communications	24,547	34,940
Medical advice and consultations	1,800	530
Fuel, light and power	4,616	4,462
Computer services	125,465	142,674
Legal expenses	41,152	59,204
Printing and stationary	14,233	8,245
Food Supplies	720	800
Administration consultancies	35,804	1,046
Information Technology consultancies	19,145	35,597
Other	13,782	14,007
	281,264	301,505

2.3 Other expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations.

	2019	2018
Employment on-costs - Workers compensation insurance	14,553	13,086
Staff development and transport costs	44,585	30,381
Insurance	5,863	5,532
Motor vehicle expenses	12,833	20,441
Operating lease expense - Accommodation	331,180	319,125
Doubtful debts expense	-	4,442
Human resource consultancies	67,408	61,287
Audit fees	31,230	23,319
Accounting and financial consultancies	11,414	10,839
Other	19,248	4,629
	538,314	493,081



4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

2.4 Repairs, maintenance and consumable equipment

	2019	2018
Repairs and maintenance	-	460
Consumable equipment	23,586	6,883
	<u>23,586</u>	<u>7,343</u>

Repairs and maintenance: Repairs and maintenance costs are recognised as expenses as incurred, except where they relate to the replacement of a significant component of an asset. In that case, the costs are capitalised and depreciated.

Employee on-cost includes workers' compensation insurance. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

Doubtful debts expense was recognised as the movement in the allowance for doubtful debts. From 2018-19, expected credit losses expense is recognised as the movement in the allowances for expected credit losses. The allowance for expected credit losses of trade receivables is measured at the lifetime expected credit losses at each reporting date. The Office estimates the provision based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. Please refer to note 5.1 movement in the allowance for impairment of trade receivables.

Operating lease expense: Operating lease payments are recognised on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

Human Resource consultancies: The expenditure represents human resource consultancies provided free of charge from the Health Support Services, and external parties contracted to assist in the recruitment of staff.

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4.2.7 Notes to the Financial Statements



HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

3. Our Funding Sources

How we obtain our funding

This section provides additional information about how the Office obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by the Office and the relevant notes are:

	2019	2018
Income from state government	2,916,335	3,163,092
Commonwealth grants and contributions	20,329	27,642
Other revenue	1,935	3,049

3.1 Income from State Government

	2019	2018
<i>Appropriation received during the period:</i>		
Service appropriation ^(a)	2,651,000	2,871,000

Services received free of charge from other State government agencies during the period: ^(b)

Department of Finance - Depreciation of the leasehold fitout provided free of charge	62,436	62,616
State Solicitor's Office - legal fees	41,152	59,204
Department of Health - support services	6,050	5,007
Health Support Services - ICT, human consultancy, finance and supply services	155,697	165,265
	<u>265,335</u>	<u>292,092</u>
Total Income from State Government	<u>2,916,335</u>	<u>3,163,092</u>

(a) **Service Appropriations** are recognised as revenues at fair value in the period in which the Office gains control of the appropriated funds. The Office gains control of appropriated funds at the time those funds are deposited in the bank account or credited to the 'Amounts receivable for services' (holding account) held at Treasury. Service appropriations fund the net cost of services delivered. Appropriation revenue comprises of cash component.

(b) **Services received free of charge** or for nominal cost are recognised as revenue at fair value of the service that can be reliably measured and which would have been purchased if they were not donated. Contributions of assets or services representing contributions by owners are recognised directly to equity.

3.2 Commonwealth grants and contributions

The Office provides its services to the Indian Ocean Territories through a service delivery arrangement with the Australian Federal Government. The terms of the service delivery arrangement specified that the grant must be used to provide complaints management and complaints education services to the Christmas and Cocos Islands.

The grant has been recognised in its entirety upon receipt. The only condition applying to its use is how it can be expended. The grant is not subject to performance measures in terms of service delivery.

	2019	2018
Recurrent grant - Christmas and Cocos Islands	20,329	27,642

3.2(a) Other statement of receipts and payments - Commonwealth grant Christmas and Cocos Islands

Balance at start of period	13,923	(6,217)
<i>Add Receipts</i>		
Commonwealth grants	20,329	27,642
<i>Less Payments</i>		
Salaries and wages	(20,377)	(7,502)
Travel expenses	(7,544)	-
Promotion expenses	(2,047)	-
Balance at end of period	<u>4,284</u>	<u>13,923</u>

3.3 Other revenue

Government vehicle scheme contribution	1,935	3,049
Total Other Revenue	<u>1,935</u>	<u>3,049</u>



4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

4. Key assets

This section includes information regarding the key assets the Office utilises to gain economic benefits or provide service potential. The section sets out both the key accounting policies and financial information about the performance of these assets:

	2019	2018
Plant and equipment	1,745	3,648

4.1 Plant and equipment

1 July 2018

	Office Equipment	Total
Gross carrying amount	7,612	7,612
Accumulated depreciation	(3,964)	(3,964)
Carrying amount at the start of the year	3,648	3,648
Depreciation	(1,903)	(1,903)
Carrying amount at 30 June 2019	1,745	1,745
Gross carrying amount	7,612	7,612
Accumulated depreciation	(5,867)	(5,867)

Initial recognition

Items of plant and equipment, costing \$5,000 or more are measured initially at cost. Where an asset is acquired for no or nominal cost, the cost is valued at its fair value at the date of acquisition. 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).

Subsequent measurement

All plant and equipment are stated at historical costs less accumulated depreciation and accumulated impairment losses.

4.1.1 Depreciation and impairment

	2019	2018
Office Equipment	1,903	1,903
Total depreciation for the period	1,903	1,903

Finite useful lives

All plant and equipment 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.

Depreciation is generally calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for office equipment is 4 years.

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments should be made where appropriate.



4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

Impairment

Non-financial assets, including items of plant and equipment, are tested for impairment whenever there is an indication that the asset may be impaired. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised.

Where an asset measured at cost is written down to its recoverable amount, an impairment loss is recognised through profit or loss.

If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation, if no impairment loss had been recognised in prior years.

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 reflects the level of consumption or expiration of the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

As at 30 June 2019 there were no indications of impairment of office equipment.

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4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

5. Other assets and liabilities

This section sets out those assets and liabilities that arose from the Office's controlled operations and includes other assets utilised for economic benefits and liabilities incurred during normal operations:

	Notes	2019	2018
Receivables	5.1	2,167	10,893
Other current assets	5.2	20,377	22,895
Payables	5.3	134,954	78,054

5.1 Receivables

	2019	2018
Account Receivables	143	427
Accrued revenue	957	608
GST receivable	-	903
Paid parental leave recoverable from Commonwealth Government	-	8,364
Amounts due from employees for salary over-payments	1,067	3,801
Allowance for impairment of salary over-payments	-	(3,210)
Total current receivables	2,167	10,893

The Office does not hold any collateral or other credit enhancements as security for receivables.

Receivables are recognised at original invoice amount less any allowances for uncollectible amounts (i.e. impairment). The carrying amount of net trade receivables is equivalent to fair value as it is due for settlement within 30 days.

5.2 Other current assets

	2019	2018
Prepayments	20,377	22,895

Prepayments for the Office includes accommodation lease payments, training vouchers and consumable equipment.

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

5.3 Payables

	2019	2018
Trade payables	16,197	35,996
Other payables	41,002	3,579
Accrued expenses	40,702	11,317
Accrued salaries	37,053	27,162
Total current payables	134,954	78,054

Payables are recognised at the amounts payable when the Office 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 settlement is generally within 30 days.

Accrued expenses represent good and services received at year end, which the supplier has not provided an invoice.

Accrued salaries represent the amount due to staff but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight after the reporting period. The Office considers the carrying amount of accrued salaries to be equivalent to its fair value.



4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

6. Financing

This section sets out the material balances and disclosures associated with the financing and cashflows of the Office.

	Notes	2019	2018
Cash and cash equivalents	6.1	1,252,569	929,944
Commitments	6.2		
Non-cancellable operating lease commitments - Accommodation	6.2.1	1,112,927	1,391,159
Other expenditure commitments - Information Technology services	6.2.2	66,338	102,465

6.1 Cash and cash equivalents

	2019	2018
Cash and cash equivalents	1,248,285	916,021
Restricted cash and cash equivalents		
– Recurrent grant from Commonwealth Department of Infrastructure, Regional Development and Cities ^(a)	4,284	13,923
Balance at end of period	1,252,569	929,944

(a) Funds to service the Indian Ocean Territories - see note 3.2

For the purpose of the statement of cash flows, cash and cash equivalent (and restricted 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.

6.2 Commitments

6.2.1 Non-cancellable operating lease commitments - Accommodation

	2019	2018
Non-cancellable operating lease commitments - Accommodation		
Commitments for minimum lease payments are payable as follows:		
Within 1 year	278,232	278,232
Later than 1 year and not later than 5 years	834,695	1,112,927
	1,112,927	1,391,159

The commitment for accommodation are inclusive of GST.

Operating leases are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased properties. The Office has entered into a property lease for the 2nd floor Albert Facey House, Perth for its accommodation. The lessor retains substantially all the risks and rewards incidental to ownership of the building. Accordingly, the lease has been classified as an operating lease.

6.2.2 Other expenditure commitments

	2019	2018
Other expenditure commitments (IT services and equipment) contracted at the end of reporting period, but not recognised as liabilities, are as follows:		
Within 1 year	43,009	20,493
Later than 1 year and not later than 5 years	23,329	81,972
	66,338	102,465

The commitment for Information Technology services are inclusive of GST.





4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

7. Financial Instruments

7.1 Financial Instruments

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2019	2018
<u>Financial assets</u>		
Cash and cash equivalents	1,248,285	916,021
Restricted cash and cash equivalents	4,284	13,923
Receivables ^(a)	-	9,990
Financial assets at amortised cost ^(a)	2,167	-
Total financial assets	1,254,736	939,934
<u>Financial liabilities</u>		
Payables	134,955	78,054
Total financial liability	134,955	78,054

(a) The amount of Receivables/Financial assets at amortised cost excludes GST recoverable from the ATO (statutory receivable).

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4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

8. Other disclosures

This section includes additional material disclosures required by accounting standards or other pronouncements, for the understanding of this financial report.

	Notes
Events occurring after the end of the reporting period	8.1
Initial application of Australian Accounting Standards	8.2
Key management personnel	8.3
Related party transactions	8.4
Remuneration of auditors	8.5
Supplementary financial information	8.6
Explanatory statement	8.7

8.1 Events occurring after the end of the reporting period

There were no events occurring after the reporting date that impacted on the financial statements.

8.2 Initial application of Australian Accounting Standards

AASB 9 Financial instruments

AASB 9 Financial instruments replaces *AASB 139 Financial instruments: Recognition and Measurement* for annual reporting periods beginning on or after 1 January 2018, bringing together all three aspects of the accounting for financial instruments: classification and measurement; impairment; and hedge accounting.

Health and Disability Services Complaints Office applied AASB 9 prospectively, with an initial application date of 1 July 2018. The adoption of AASB 9 has resulted in changed in accounting policies and adjustments to the amounts recognised in the financial statements. In accordance with AASB 9.7.2.15, Health and Disability Services Complaints Office has not restated the comparative information which continues to be reported under AASB 139. Differences arising from adoption have been recognised directly in Accumulated surplus/(deficit).

The effect of adopting AASB 9 was assessed as not material and therefore no adjustment was required to be made.

(a) Classification and measurement

Under AASB 9, financial assets are subsequently measured at amortised cost, fair value through other comprehensive income (fair value through OCI) or fair value through profit or loss (fair value through the Profit and Loss). The classification is based on two criteria: the Office's business model for managing the assets; and whether the assets' contractual cash flows represent 'solely payments of principal and interest' on the principal amount outstanding.

The assessment of the Office's business model was made as of the date of initial application, 1 July 2018. The assessment of whether contractual cash flows on financial assets are solely comprised of principal and interest was made based on the facts and circumstances as at the initial recognition of the assets.

The classification and measurement requirements of AASB 9 did not have a significant impact to the Office.

- *Trade and other receivables* classified as *Receivables* as at 30 June 2018 are held to collect contractual cash flows and give rise to cash flows representing solely payments of principal and interest. These are classified and measured as Financial assets at amortised cost beginning 1 July 2018.

- The Office did not designate any financial assets as at fair value through the Profit and Loss.





4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

In summary, upon the adoption of AASB 9, the Office had the following reclassifications as at 1 July 2018:

	AASB 9 Category		Fair Value through Profit and Loss
	Amortised Cost	Fair Value through OCI	
AASB 139 Category			
Receivables			
Trade and other receivables	9,990	-	-
	9,990	-	-

(b) Impairment

The adoption of AASB 9 has fundamentally changed the Office's accounting for impairment losses for financial assets by replacing AASB 139's incurred loss approach with a forward-looking expected credit loss (ECL) approach. AASB 9 requires the Office to recognise an allowance for ECLs for all financial assets not held at fair value through the Profit and Loss.

Upon adoption of AASB 9, the effect was assessed as not material, and therefore no adjustment was required to be made.

8.3 Key management personnel

The Office has determined key management personnel to include the responsible minister and senior officers of the Office. The Office does not incur expenditures to compensate Ministers and those disclosures may be found in the *Annual Report on State Finances*.

The total fees, salaries, superannuation, non-monetary benefits and other benefits for senior officers of the Office for the reporting period are presented within the following bands:

Compensation band (\$)	2019	2018
310,001 - 320,000	-	1
300,001 - 310,000	1	-
	1	1
	2019	2018
	308,617	311,494

Total compensation of senior officers

Total compensation includes the superannuation expense incurred by the Office in respect of senior officers.

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8.4 Related party transactions

The Office is a wholly owned public sector entity that is controlled by of the State of Western Australia.

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Related parties of the Office include:

- all cabinet ministers and their close family members, and their controlled or jointly controlled entities;
- all senior officers and their close family members, and their controlled or jointly controlled entities;
- other departments and statutory authorities, including related bodies, that are included in the whole of government consolidated financial statements (i.e. wholly owned public sector entities);
- associates and joint ventures of a wholly owned public sector entity; and
- the Government Employees Superannuation Board (GESB).

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Material transactions with related parties

Outside of normal citizen type transactions with the Office, there were no related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled) entities.

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8.5 Remuneration of auditors

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

	2019	2018
Auditing the accounts, financial statements, controls, and key performance indicators	23,883	23,530



4.2.7 Notes to the Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

NOTES TO THE FINANCIAL STATEMENTS

as at 30 June 2019

8.6 Supplementary financial information

(a) Write-offs

During the financial year, \$3,211 (2018: \$3,809) was written off under the authority of:

	2019	2018
The accountable authority	3,211	3,809

(b) Losses through theft, defaults and other causes

During the financial year, there was no losses through theft, defaults and other causes.

8.7 Explanatory Statement

The Office is exempted from TI945 Explanatory Statements, which requires the reporting of significant variances between the actual results for 2019 and 2018, and estimated and actual results for 2019, as the Office's Total Cost of Services is below \$3 million for the two most recent consecutive comparative periods.

TI945 Paragraph (1)(ii)

This instruction applies to accountable authorities of:

Each general government sector agency preparing Estimates as defined in paragraphs (2)(i)(b)-(c) of this instruction (where applicable) and where their Total Cost of Services exceeds \$3 million for the two most recent consecutive comparative periods.

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4.3 Estimates of Expenditure S40 Financial Management Act 2006

As required under Section 40 of the *Financial Management Act 2006* and *Treasurer's Instruction 953* the Annual Financial Estimates for HaDSCO for the 2019-20 financial year are provided in the table below. The Deputy Premier; Minister for Health; Mental Health approved the budget estimates on 18 June 2019.

Health and Disability Services Complaints Office

Attachment A

s.40 Financial Management Act 2006 Submission Statement of Comprehensive Income

	Notes	2019/2020 Estimate \$
COST OF SERVICES		
Expenses		
Employee benefits expense	1	2,104,000
Supplies and services		384,126
Depreciation and amortisation expense		1,742
Depreciation on the right-of-use asset	2	190,000
Repairs, maintenance and consumable equipment		8,000
Other expenses		357,761
Interest on the right-of-use asset	2	24,000
Total cost of services		3,069,629
INCOME		
Revenue		
Commonwealth grants and contributions	3	16,000
Other revenue	4	4,420
Total revenue		20,420
Total income other than income from State Government		20,420
NET COST OF SERVICES		3,049,209
Income from State Government		
Service appropriation		2,546,000
Services received free of charge	5	313,209
Total Income from State Government		2,859,209
DEFICIT FOR THE PERIOD		(190,000)
TOTAL COMPREHENSIVE LOSS FOR THE PERIOD	6	(190,000)

Notes:

- In 2017, the Department of Health devolved certain finance functions to HaDSCO. Previously, this was incorporated as part of 'Supplies and services', as a fee for service arrangement was utilised for these functions, however, from the 2019-20 financial year, an officer has been employed to perform these functions. Accordingly, this now appears as part of 'Employee benefits expense'.
- Australian Accounting Standard Board (AASB) 16: Leases came into effect 1 January 2019. This new standard required a separate disclosure of the lease depreciation and interest expense.
- Commonwealth grant received in relation to programs for the Indian Ocean Territories. The agency anticipates this funding to be fully utilised. However, in the event these funds are not fully utilised in the 2018-19 financial year, carryover amounts will be treated as restricted cash as they have been provided for a specific purpose and there may be a requirement to return these funds if requested by the Commonwealth.
- Other revenue is related to funds received for the Senior Officers Vehicle Scheme.
- Resources received free of charge from Building Management and Works, State Solicitors Office and WA Health (Health Support Services, and Department of Health). Corresponding expenses appear within the 'Other expenses' and the 'Supplies and services' line items, which relate to building lease management, legal fees, finance, information technology, supply and human resources.
- The Department of Treasury has advised that accrual appropriation (non-cash) will not be provided to HaDSCO to fund the depreciation expense arising from adoption of AASB 16 Leases in the 2019-20 financial year. The Department is reviewing the funding mechanism for this item, and will advise if there is any change as part of the 2019-20 Mid-Year Review process.



s.40 Financial Management Act 2006 Submission
Statement of Financial Position

	Notes	2019/2020 Estimate \$
ASSETS		
Current Assets		
Cash and cash equivalents		1,124,097
Restricted cash and cash equivalents	1	-
Receivables	2	-
Other Current Assets		22,500
Total Current Assets		1,146,597
Non-Current Assets		
Plant and equipment	3	-
Intangible Asset	4	300,000
Right of Use Asset	5	564,000
Total Non-Current Assets		864,000
TOTAL ASSETS		2,010,597
LIABILITIES		
Current Liabilities		
Payables		118,711
Employee related provisions Current		362,000
Total Current Liabilities		480,711
Non-Current Liabilities		
Employee related provisions Non-Current		80,000
Lease Liability	5	576,000
Total Non-Current Liabilities		656,000
TOTAL LIABILITIES		1,136,711
NET ASSETS		873,886
EQUITY		
Contributed Equity	6	278,000
Accumulated surplus c/fwd from previous financial year		595,885
TOTAL EQUITY		873,885

Notes:

- Commonwealth grant received in relation to programs for the Indian Ocean Territories. The agency anticipates the funding to be fully utilised in the 2019-20 financial year.
- No receivables are forecasted, as collection of all receivables is anticipated within the 2019-20 financial year.
- The current fixed asset will be fully depreciated by 30 June 2020.
- The Expenditure Review Committee approved the utilisation of \$200,000 cash at bank and \$100,000 as an equity contribution in the 2019-20 financial year from the Consolidated Account, for the procurement of a new case management system to support the implementation of the National Code of Conduct for Health Care Workers in Western Australia.
- AASB16 Leases will become applicable for HaDSCO to apply from 1 July 2019. Lease arrangements classified as operating leases and were expensed under the old accounting standards (AASB 117) will now be treated as a right-of-use asset with a corresponding lease liability in the balance sheet.
- The total contributed equity comprises of \$100,000 relating to the new case management system to support the implementation of National Code of Conduct for Health Care Workers and \$178,000 relating to the capital contribution to the leases under the new accounting standard (AASB16: Leases).



s.40 Financial Management Act 2006 Submission
Statement of Cash Flows

	Note	2019/2020 Estimate \$
CASH FLOWS FROM STATE GOVERNMENT		
Service appropriation		2,546,000
Capital contribution from consolidated account		278,000
Net cash provided by State Government		2,824,000
CASH FLOWS FROM OPERATING ACTIVITIES		
Payments		
Employee benefits		(2,103,998)
Supplies and services and Other expenses		(435,240)
Interest payment for lease assets	1	(24,000)
Receipts		
Commonwealth grants and contributions		16,000
Other grants and contributions		-
Recoveries and other receipts		4,420
Net cash used in operating activities		(2,542,818)
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments		
Purchase of non-current assets	2	(300,000)
Receipts		
Proceeds from sale of non-current assets		-
Net cash used in investing activities		(300,000)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments		
Repayment of finance lease liability	3	(178,000)
Receipts		
Other proceeds		-
Net cash provided by/(used in) financing activities		(178,000)
Net increase/(decrease) in cash and cash equivalents		(196,818)
Cash and cash equivalents at the beginning of the period		1,320,915
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD		1,124,097

Notes:

- Australian Accounting Standard AASB16: Leases came into effect 1 January 2019. This new standard required a separate disclosure of the interest expense for the lease.
- The Expenditure Review Committee approved the utilisation of \$200,000 cash at bank and \$100,000 as an equity contribution in the 2019-20 financial year from the Consolidated Account, for a procurement of the new case management system to support the implementation of National Code of Conduct for Health Care Workers in Western Australia.
- Australian Accounting Standard AASB16 Leases will become applicable for HaDSCO to apply from 1 July 2019. Lease arrangements classified as operating leases and were expensed under the old accounting standards (AASB 117), will now be treated as a right-of-use asset with a corresponding lease liability in the balance sheet. Repayment of the lease liability will be funded by capital appropriation.

4.4 Key Performance Indicators

4.4.1 Certification of Key Performance Indicators



Health and Disability Services
Complaints Office

Health and Disability Services Complaints Office

Certification of Key Performance Indicators

For the reporting period ended 30 June 2019

I hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Health and Disability Services Complaints Office's performance and fairly represent the performance of the office for the financial year ended 30 June 2019.

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY
29 August 2019





4.4.2 Our Key Performance Indicators

Health and Disability Services Complaints Office Report on Key Performance Indicators

Government goal: Strong Communities: Safe communities and supported families.

Desired outcome: Improvement in the delivery of health and disability services.

An overview of the Health and Disability Services Complaints Office (HaDSCO) Key Performance Indicators is demonstrated in the table below:

Key Effectiveness Indicator	Services	Key Efficiency Indicators
Proportion of recommendations resulting in implementation by providers	Service One – Complaints Management: Assessment, negotiated settlement, conciliation and investigation of complaints	KPI 1.1 Percentage of complaints closed within legislation timeframes KPI 1.2 Average cost per finalised complaint
	Service Two – Education: Education and training in the prevention and resolution of complaints	KPI 2.1 Average cost per presentation, awareness raising, consultation and networking activities

Key Effectiveness Indicator

The Key Effectiveness Indicator reports on the proportion of recommendations resulting in implementation by providers. HaDSCO's key focus is to improve health, disability and mental health services. As a result of HaDSCO's complaints management processes, recommendations and agreed actions are made to service providers to improve the delivery of health, disability and mental health services.

The purpose of the Key Effectiveness Indicator is to report on the extent to which service providers are making changes to improve processes, practices and policies that arise from complaints. The table below represents the proportion of recommendations and agreed actions for service improvements implemented by service providers between 2014-15 and 2018-19.

Key Effectiveness Indicator	2014-15	2015-16	2016-17	2017-18	2018-19 Target	2018-19 Actual
Proportion of recommendations resulting in implementation by providers	64%	67%	72%	83%	72%	79%

In 2018-19, the Office exceeded the target which represents continuing performance against the desired outcome of broader systemic improvement in the provision of health, disability and mental health services.



Key Efficiency Indicators

Service One – Complaints Management: Assessment, negotiated settlement, conciliation and investigation of complaints

HaDSCO provides an impartial resolution service for complaints relating to health, disability and mental health services provided in Western Australia and the Indian Ocean Territories. HaDSCO delivers complaint management services, through assessment, negotiated settlement, conciliation and investigation of complaints.

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 complaint.

Key Efficiency Indicator 1.1: Percentage of complaints closed within legislative timeframes

In the management of complaints, HaDSCO works to statutory timeframes set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation. The table below represents the target and actual results for the legislative timeframes between 2014-15 and 2018-19:

Legislative requirement	Legislative timeframe (days)	2014-15	2015-16	2016-17	2017-18	2018-19 Target	2018-19 Actual
Preliminary assessment by Director s.34 (1)	28	100%	98%	95%	95%	95%	96%
Preliminary assessment by Director s.34 (1) (c)	56	93%	97%	90%	92%	92%	92%
Notice to provider and others s.35	14	93%	93%	95%	91%	95%	94%

In 2018-19, HaDSCO exceeded and met the forecasted targets for preliminary assessment of complaints within 28 and 56 days respectively. However, HaDSCO did not achieve the forecasted target for notification of complaints to providers by one per cent. Closer monitoring of the notification process will occur to ensure stronger performance against this indicator.

Key Efficiency Indicator 1.2: Average cost per finalised complaint

The purpose of the Key Efficiency Indicator is to demonstrate the average cost per finalised complaint. It provides information on how much each complaint costs when managed through the complaints process. HaDSCO forecasted that 2,800 complaints would be closed during the 2018-19 financial year, however, only closed 2,544, which was below the forecasted figure.

The table below demonstrates the average cost per complaint, target and actual from 2014-15 to 2018-19:

2014-15	2015-16	2016-17	2017-18	2018-19 Target	2018-19 Actual
\$694	\$740	\$594	\$741	\$690	\$713





The average cost per finalised complaint is slightly above the projected cost. This is because the number of complaints closed was lower than forecasted. The transition of new staff into the Office impacted on the time taken to resolve matters and, consequently, the numbers finalised and the average cost per complaint.

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

This service supports HaDSCO's broader role, set out in the Stakeholder Engagement Strategy for January 2019 - June 2020.

The Key Efficiency Indicator relating to the provision of this service focuses on the average cost per presentation, awareness raising, consultation and networking activities.

Group one costs: Development, production and distribution of information

The group one costs relate to the resources that contribute to the development, production and distribution of information. During the 2018-19 financial year, HaDSCO delivered a number of projects and initiatives. Examples of work that contributed to this cost included:

- Developing tailored resources for specific stakeholder groups to raise awareness of, and provide accessibility to, HaDSCO's services. This included releasing an Information Sheet and poster for young people; updated brochures about HaDSCO's services including for the Indian Ocean Territories and a new easy English pamphlet about the Office.
- Preparing and distributing Complaint Report Cards to the five public Health Service Providers in WA Health, two private health service providers and the Department of Justice.
- Releasing the *Health Complaint Trends Report 2015-18* and the *Disability Services Data Collection Report 2015-18* which provide an in-depth analysis of complaint trends observed through the data collection programs under section 75 of the *Health and Disability Services (Complaints) Act 1995* and section 48A of the *Disability Services Act 1993*.
- Publication of the *Guidelines for handling complaints about mental health services* to assist service providers to develop their own complaint handling systems or enhance existing processes.

The table below demonstrates group one costs for development, production and distribution of information from 2014-15 to 2018-19:

	2014-15	2015-16	2016-17	2017-18	2018-19
Group one costs: Development, production and distribution of information	\$327,709	\$412,419	\$358,198	\$420,282	\$431,128

The Group one cost was higher in 2018-19 as a result of an increase in the number of new resources and publications produced.

Group two costs: Presentations, awareness raising, consultations and networking

The group two costs relate to the resources that contribute to presentations, awareness raising, consultations and networking. Examples of work that contributed to this cost in 2018-19 included:

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- Planning and delivering metropolitan outreach, including participating in the Graylands Festival and Homeless Connect and participating in regional outreach to the Great Southern and Peel regions.
- Delivering tailored presentations about how to improve the patient experience to university students in the allied health field; the role and functions of HaDSCO to the Aboriginal Community; and the National Code of Conduct for health care workers to the Australian Association of Social Workers (WA).
- Visiting one metropolitan and two regional prisons to hold discussions with staff, about complaint matters, meet with peer support prisoners and clinical nurse managers to discuss issues relating to the provision of health services in prisons.
- Participating in Working Groups and Steering Committees, including the National Disability Insurance Scheme Interface Steering Committee and the Independent Oversight Working Group for the Royal Commission into Institutional Responses to Child Sexual Abuse to contribute to national reforms in the health and disability sectors.

The table below demonstrates group two costs for presentations, awareness raising, consultations and networking from 2014-15 to 2018-19:

	2014-15	2015-16	2016-17	2017-18	2018-19
Group two costs: Presentations, awareness raising, consultations and networking	\$452,323	\$618,629	\$537,297	\$405,957	\$435,119

Key Efficiency Indicator 2.1: Average cost per presentation, awareness raising, consultation and networking activities

The purpose of this Key Efficiency Indicator is to demonstrate the average cost per presentation, awareness raising, consultation and networking activities.

HaDSCO delivered 201 engagement activities (presentations, awareness raising, consultation and networking activities) during the 2018-19 financial year, which was slightly above the forecasted target of 200. The total number of activities included those undertaken during a visit to the Indian Ocean Territories. The activities included:

- 6 presentations to provide a range of general and tailored information to stakeholders.
- 45 awareness raising activities to promote HaDSCO's services, increase knowledge of effective complaints management practices and raise awareness of patterns and trends resulting from analysis of complaints data.
- 124 consultations with key groups to share and exchange views and seek advice.
- 26 networking opportunities to build relationships with providers, government agencies and consumer groups.

The table below represents the average cost per presentation, awareness raising, consultation and networking activities from 2014-15 to 2018-19:

	2014-15	2015-16	2016-17	2017-18	2018-19 Target	2018-19 Actual
Average cost per presentation, awareness raising, consultation and networking activities	\$865	\$2,361	\$2,546	\$2,553	\$3,120	\$2,165

The average cost per presentation, awareness raising, consultation and networking activities is under target demonstrating efficient and effective service delivery with a focus on delivering services in a cost effective manner.





4.5 Ministerial directives

Treasurer's Instruction 903(12) requires the disclosure of information on any ministerial directives relevant to the setting or achievement of desired outcomes or operational objectives, investment and financing activities. No ministerial directives were received during the financial year.

4.6 Other financial disclosures

4.6.1 Pricing policy of services

HaDSCO receives revenue under a Service Delivery Arrangement with the Australian Government. Under this arrangement HaDSCO handles enquiries and complaints from the Indian Ocean Territories (IOT) regarding the delivery of health, disability and mental health services.

Each year HaDSCO recoups costs from the Australian Government for any complaints received from the IOT. Cost recovery is based on the average cost per complaint published in the Annual Report. Administrative costs, travel costs to the territories by HaDSCO staff and any promotional materials are also recouped in full.

4.6.2 Capital works

No capital works were undertaken during the 2018-19 reporting year.

4.6.3 Employment and Industrial Relations

4.6.3.1 Comparative full time equivalent (FTE) allocation by category

The Office managed resourcing requirements with the constraint of a salary cap.

Category	2017-18	2018-19
Full-time (permanent)	9	12
Full-time (contract)	4	3
Part-time (permanent)	1	3
Part-time (contract)	2	-
Total	16	18

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4.6.3.2 Industrial relations

HaDSCO employees are employed under the *Public Service and Government Officers CSA General Agreement 2017*. The Director is employed under the *Salaries and Allowances Tribunal Act 1975*.

4.6.3.3 Staff development

Consistent with the Public Sector Commission aim of bringing leadership and expertise to the public sector to enhance integrity, effectiveness and efficiency, HaDSCO places an emphasis on developing staff to help improve performance and enhance capability.

In the past 12 months, employees have completed specialised individual training in addition to records management, cultural awareness, accountable and ethical decision making and diversity training. This has been complemented by a number of information sessions provided by other government agencies and service providers to increase awareness and understanding of contemporary issues and enhance complaint resolution services.

All new staff to the Public Sector completed the Public Sector Induction program to provide awareness of the Western Australian system of Government and structure of the public service.

4.6.3.4 Workers Compensation

In accordance with *Treasurer's Instruction 903 (13iic)*, the Office had the following workers compensation disclosures in the 2018-19 reporting year.

Category	2017-18	2018-19
Workers' compensation claims	1	Nil
Lost time injuries	1	Nil

4.6.4 Purchasing cards

In accordance with *Treasurer's Instruction 903 (13iv)*, there are no instances of a Western Australian Government Purchasing Card that has been used for a personal purpose for the 2018-19 reporting year.

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4.7 Governance disclosures

In accordance with *Treasurer's Instruction 903 (14(i)(ii)(iv))* a senior officer of HaDSCO is required to disclose particulars of any shares in the Statutory Authority held as a nominee or beneficially and details in in any subsidiary body of the agency held either as a nominee or beneficially or any insurance premium paid to indemnify any director.

4.7.1 Shares in Statutory Authorities

There are no shares held as a nominee or beneficially by a senior officer of HaDSCO in the 2018-19 reporting year.

4.7.2 Shares in subsidiary bodies

There are no shares in any subsidiary body of the agency held either as a nominee or beneficially by a senior officer of HaDSCO in the 2018-19 reporting year.

4.7.3 Insurance paid to indemnify directors

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

4.8 Other legal requirements

4.8.1 Advertising

In accordance with section 175ZE of the *Electoral Act 1907*, the Office is required to report on expenditure incurred during the financial year in relation to advertising, market research, polling, direct mail and media advertising.

The total expenditure for the 2018-19 reporting year was \$3,734.59 as detailed in the table below:

Class of organisation	Amount ex GST	Organisation	2018-19 Expenditure
Advertising Agencies	\$3,397.00	White Pages Directory	\$1,297.00
		West Australian	\$2,100.00
Market Research Organisations	-	-	-
Polling Organisations	-	-	-
Direct Mail Organisations	\$337.59	Campaign Monitor	\$10.35
		Survey Monkey	\$327.24
Media Advertising Agencies	-	-	-

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4.8.2 Compliance with Public Sector Standards

The senior executive understand that strong leadership, a positive organisational culture and robust governance systems are all drivers of ethical behaviour, create opportunity for improved organisational performance and public trust and confidence. The administration of the Office complies with the Public Sector Standards in Human Resource Management and the Western Australian Public Sector Code of Ethics.

Monitoring provisions also include:

- A process to ensure there are current performance management plans in place for all employees.
- A quality assurance process is undertaken prior to the final decision for recruitment, selection and appointment.
- The review and development of policies and procedures to ensure correct application in the current working environment.

A range of policies were introduced in the previous reporting year and to build upon governance and accountability measures in the 2018-19 reporting year. A Records Management Policy was introduced, and the HaDSCO Risk Register was updated to reflect the environment in which the Office operates.

In 2018-19 the Office commenced the process of establishing an Internal Audit Committee by preparing an Internal Audit Charter, Audit Committee Charter and the Strategic Audit Plan. This will provide independent assurance that the Office's risk management, governance and internal control processes are operating effectively.

The applications made for a breach of standards review and the corresponding outcomes for the reporting period are detailed in the following table:

Applications for breach of standard and corresponding outcomes for 2018-19	
Number lodged	Nil
Number of breaches found	Nil
Number still under review	Nil

4.8.3 Freedom of Information

The table below provides a summary of the applications finalised in the 2018-19 reporting year.

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Applications	2017-18	2018-19
New applications received during the year	1	-
Finalised during the year	1	-
Average time to process (days)	44	-
Outcomes	2017-18	2018-19
Full access	-	-
Edited access	1	-
Deferred access	-	-
Section 26 Access	-	-
Section 28 access	-	-
Access refused	-	-
Total decisions	1	-
Transferred to other agencies	-	-
Withdrawn	-	-
Total applications	1	-

4.8.4 Recordkeeping Plan

HaDSCO is currently transitioning to best practice records management that complies with the *State Records Act 2000*, related standards and guidelines. In accordance with the *State Records Act 2000*, an current approved Recordkeeping Plan and an approved Sector Disposal Authority (SDA) for Mental Health Records, is in place.

HaDSCO continues to develop and implement recordkeeping policies, procedures and training sessions.

- The Recordkeeping Policy 2019 was updated and endorsed by management. The policy covers records in all formats and all aspects of their management, including the roles and responsibilities of all employees.
- Recordkeeping Procedures were reviewed, updated and awaiting endorsement. The procedures address areas of improvement identified by the State Records Commission and other general records management requirements.
- As part of the recordkeeping training program, all staff completed comprehensive records management training, including the use of the records management system. There were three different training sessions conducted, which included



induction to recordkeeping, and basic and administrator levels of records management. The training was supplemented with online guides, quick reference sheets, and one-to-one training.

- Two portable barcode readers were purchased in 2018-19 to streamline file tracking and movement control, and to facilitate an audit of onsite holdings.

This enables the conduct of recordkeeping within HaDSCO to meet the legislative requirements of the State Records Act 2000 and State Records Commission Standard 2: Principle 6.

4.8.5 Disability Access and Inclusion Plan

The *Disability Services Act 1993* requires all state government departments and local governments to develop and implement a Disability Access and Inclusion Plan (DAIP). This helps to ensure people with disability have the same opportunities as other people in the community to access services, facilities and information.

Being a Statutory Authority, HaDSCO is not required to develop and implement a plan by law. However, HaDSCO considers it is important to develop and implement a DAIP that reflects our vision to empower the community and providers to collaboratively improve health, disability and mental health services, with an inclusive, highly engaged and accountable workforce.

The *Disability Services Act 1993*, *Disability Discrimination Act 1992 (Commonwealth)* and *Equal Opportunity Act 1984* are three key pieces of legislation which guide DAIP development and implementation to support the Department of Communities' vision to improve lives and move us closer to an inclusive community for all. By addressing the seven outcome requirements, HaDSCO seeks to overcome access and inclusion barriers to promote independence and fulfilling participation in the community and workplace.

The following strategies were progressed in the 2018-19 reporting year:

- The Office participated in the International Day of People with Disability event hosted by the South Metropolitan Health Service and Disability Health Network in December 2018. Involvement in the event provided the opportunity to challenge myths, improve awareness and take positive action to promote inclusion and accessibility for people with disability.
- Through HaDSCO's engagement with advocacy and peak industry groups involved in providing services to people with disability, awareness raising of the Office's services continued to be strengthened.
- HaDSCO staff completed cultural diversity training in the areas of intercultural competence, fostering inclusive cultures and understanding and addressing unconscious bias in the workplace. This training provided staff with the opportunity to reflect on inclusive environments that allow for open and respectful dialogue as a means to raise consciousness at the individual, community and organisational levels.





4.9 Government policy requirements

4.9.1 Occupational Health and Safety

In accordance with the *Public Sector Commissioner's Circular 2018/03: Code of Practice: Occupational Safety and Health in the Western Australian Public Sector*, there has been commitment from HaDSCO's Executive team to ensure the Office complies with the requirements of the *Workers Compensation and Injury Management Act 1981*.

HaDSCO's Executive team is committed to the Office providing occupational safety and health and injury management support to all workers who sustain a work or related injury or illness with a focus on safe and early return to meaningful work. Support is given to staff through workplace ergonomic assessments, an Employee Assistance Program and training opportunities.

The table below represents our annual performance in relation to the specified targets.

Indicator	2016-17 Actual	2017-18 Actual	Target	2018-19 Actual	Comment
Number of fatalities	0	0	0	0	Target achieved
Lost time injury/disease (LTI/D) incidence rate	0	1	0	0	Target achieved
Lost time injury severity rate	0	0	0	0	Target achieved
Percentage of injured workers returned to work within 13 weeks	Not applicable	Not applicable	Greater than or equal to 80%	Not applicable	Target achieved
Percentage of injured workers returned to work within 26 weeks	100%	Not applicable	Greater than or equal to 80%	Not applicable	Target achieved
Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities	75%	100%	Greater than or equal to 80%	80%	Target achieved

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4.9.2 Substantive equality

Substantive equality seeks to eliminate systemic forms of discrimination in the delivery of public sector services and to promote awareness of different needs of client groups.

In accordance with the *Equal Opportunity Act 1984* and the *Public Sector Commissioner's Circular 2015/01: Substantive Equality – Implementation of the Policy Framework (Addressing systemic discrimination in service delivery)*, we aim to make our services accessible to all people living in Western Australia and recognise that making a complaint can be particularly difficult for some people, due to cultural, linguistic and geographical challenges.

In an effort to achieve this, the Office:

- Enabled people to make enquiries through different mediums, such as over the telephone, in writing (letter or email) or in person by appointment.
- Promoted the TTY and country toll free number in publications and on the website.
- Provided access to publications on the website in different formats and languages including translated brochures and a brochure for Aboriginal communities about making a complaint.
- Continued to recognise that parts of its governing legislation can be difficult to comply with, for example the requirement that people make a reasonable attempt to resolve their complaint with the service provider before we progress the matter. Therefore, HaDSCO exercise's discretion about when this requirement should be enforced.

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5. Appendices

- 5.1 **AHPRA register of national boards and professionals**
- 5.2 **Specific complaint issue raised in a complaint about a health service**
- 5.3 **Health providers prescribed under s75 of the *Health and Disability Services (Complaints) Act 1995***
- 5.4 **Specific complaint issue raised in a complaint about a disability service**
- 5.5 **Disability providers who are prescribed under S48A of the *Disability Services Act 1993***
- 5.6 **Specific complaint issue raised in a complaint about a mental health service**

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5. Appendices

5.1 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	
Chinese Medicine Board of Australia	Chinese Medicine Practitioner	Acupuncturist Chinese herbal medicine practitioner Chinese herbal dispenser
Chiropractic Board of Australia	Chiropractor	
Dental Board of Australia	Dental Practitioner	Dentist Dental therapist Dental hygienist Dental prosthetist Oral health therapist
Medical Board of Australia	Medical Practitioner	
Medical Radiation Practice Board of Australia	Medical Radiation Practitioner	Diagnostic radiographer Nuclear medicine technologists Radiation therapist
Nursing and Midwifery Board of Australia	Midwife and Nurse	Registered nurse (Division 1) Enrolled nurse (Division 2)
Occupational Therapy Board of Australia	Occupational therapist	
Optometry Board of Australia	Optometrist	
Osteopathy Board of Australia	Osteopath	
Paramedicine Board of Australia	Paramedics	
Pharmacy Board of Australia	Pharmacist	
Physiotherapy Board of Australia	Physiotherapist	
Podiatry Board of Australia	Podiatrist	
Psychology Board of Australia	Psychologist	





5.2 Specific complaint issue raised in a complaint about a health service

The table below details the number of times a specific complaint issue³ was raised in a complaint about a health service. The individual complaint issues are grouped by overarching issue category. Within each issue category, the proportions detailed in the table will sum to 100%.

Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Treatment						
Attendance	7	0.7%	7	0.6%	6	0.6%
Coordination of treatment	109	10.4%	63	5.8%	42	4.4%
Delay in treatment	53	5.1%	38	3.5%	61	6.5%
Diagnosis	62	5.9%	110	10.1%	107	11.3%
Excessive treatment	20	1.9%	27	2.5%	12	1.3%
Experimental treatment	3	0.3%	4	0.4%	1	0.1%
Inadequate consultation	139	13.3%	130	11.9%	96	10.2%
Inadequate treatment	272	26.0%	351	32.2%	331	35.1%
Infection control	18	1.7%	20	1.8%	10	1.1%
No/inappropriate referral	24	2.3%	30	2.7%	35	3.7%
Public/private election	1	0.1%	3	0.3%	1	0.1%
Rough and painful treatment	28	2.7%	21	1.9%	36	3.8%
Unexpected treatment outcome/complications	255	24.3%	206	18.9%	143	15.1%
Withdrawal of treatment	20	1.9%	26	2.4%	20	2.1%
Wrong/inappropriate treatment	37	3.5%	55	5.0%	43	4.6%
Total	1,048	100%	1,091	100%	944	100%
Communication & information						
Attitude/Manner	215	53.9%	270	50.7%	279	51.4%
Inadequate information provided	66	16.5%	85	15.9%	92	16.9%
Incorrect/misleading information provided	70	17.5%	125	23.5%	106	19.5%
Special needs not accommodated	48	12.0%	53	9.9%	66	12.2%
Total	399	100%	533	100%	543	100%
Fees and costs						
Billing Practices	200	48.9%	181	50.6%	182	52.0%
Cost of treatment	91	22.2%	108	30.2%	71	20.3%
Financial consent	118	28.9%	69	19.3%	97	27.7%
Total	409	100%	358	100%	350	100%

³ Only complaint issues identified in health complaints closed over the past three years are included in Appendix 5.2.



Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Access						
Access to facility	5	1.7%	5	1.7%	10	4.0%
Access to subsidies	9	3.0%	7	2.3%	3	1.2%
Refusal to Admit or Treat	84	28.0%	84	28.1%	68	27.5%
Remoteness of Service	0	0.0%	3	1.0%	7	2.8%
Service Availability	132	44.0%	115	38.5%	96	38.9%
Waiting lists	70	23.3%	85	28.4%	63	25.5%
Total	300	100%	299	100%	247	100%
Medication						
Administering medication	37	20.6%	53	23.2%	30	15.6%
Dispensing medication	19	10.6%	34	14.9%	16	8.3%
Prescribing medication	116	64.4%	132	57.9%	136	70.8%
Supply/security/storage of medication	8	4.4%	9	3.9%	10	5.2%
Total	180	100%	228	100%	192	100%
Inquiry service only						
Request for information - HaDSCO	8	11.8%	23	16.5%	19	17.3%
Request for information - Complaint mechanisms	28	41.2%	46	33.1%	30	27.3%
Request for information - Health Service	27	39.7%	49	35.3%	44	40.0%
Request for information - Other	5	7.4%	19	13.7%	17	15.5%
Resources	0	0.0%	2	1.4%	0	0.0%
Total	68	100%	139	100%	110	100%
Medical records						
Access to/transfer of records	104	75.4%	55	66.3%	82	78.8%
Record keeping	23	16.7%	22	26.5%	17	16.3%
Records management	11	8.0%	6	7.2%	5	4.8%
Total	138	100%	83	100%	104	100%
Professional conduct						
Assault	3	2.2%	5	6.4%	2	2.4%
Boundary violation	3	2.2%	4	5.1%	2	2.4%
Breach of condition	0	0.0%	2	2.6%	1	1.2%
Competence	77	57.5%	41	52.6%	43	50.6%
Discriminatory conduct	20	14.9%	8	10.3%	5	5.9%
Emergency treatment not provided	0	0.0%	2	2.6%	2	2.4%
Illegal practice	1	0.7%	1	1.3%	1	1.2%
Impairment	4	3.0%	2	2.6%	2	2.4%
Inappropriate disclosure of information	19	14.2%	10	12.8%	18	21.2%
Misrepresentation of qualifications	5	3.7%	2	2.6%	4	4.7%
Sexual misconduct	2	1.5%	1	1.3%	5	5.9%
Total	134	100%	78	100%	85	100%





Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Reports / certificates						
Accuracy of report/certificate	19	33.3%	21	43.8%	26	44.8%
Cost of report/certificate	3	5.3%	3	6.3%	4	6.9%
Refusal to provide report/certificate	12	21.1%	12	25.0%	15	25.9%
Report written with inadequate / no consultation	4	7.0%	1	2.1%	4	6.9%
Timeliness of report/certificate	19	33.3%	11	22.9%	9	15.5%
Total	57	100%	48	100%	58	100%
Discharge and transfer arrangements						
Delay	8	14.8%	3	4.6%	5	8.9%
Inadequate discharge	40	74.1%	54	83.1%	42	75.0%
Mode of transport	3	5.6%	4	6.2%	3	5.4%
Patient not reviewed	3	5.6%	4	6.2%	6	10.7%
Total	54	100%	65	100%	56	100%
Environment / management of facilities						
Administrative processes	14	16.9%	10	18.9%	9	21.4%
Cleanliness/hygiene of facility	24	28.9%	13	24.5%	11	26.2%
Physical environment of facility	36	43.4%	21	39.6%	16	38.1%
Staffing and rostering	6	7.2%	6	11.3%	4	9.5%
Statutory obligations/accreditation standards not met	3	3.6%	3	5.7%	2	4.8%
Total	83	100%	53	100%	42	100%
Grievance processes						
Inadequate/no response to complaint	25	89.3%	29	80.6%	27	81.8%
Information about complaints procedures not provided	0	0.0%	4	11.1%	2	6.1%
Reprisal/retaliation as result of complaint lodged	3	10.7%	3	8.3%	4	12.1%
Total	28	100%	36	100%	33	100%
Consent						
Consent not obtained or inadequate	14	82.4%	13	54.2%	22	78.6%
Involuntary admission or treatment	0	0.0%	3	12.5%	0	0.0%
Uninformed consent	3	17.6%	8	33.3%	6	21.4%
Total	17	100%	24	100%	28	100%
Carers Charter						
Failure to consider needs of carer	5	23.8%	1	9.1%	6	25.0%
Failure to consult carer	11	52.4%	7	63.6%	10	41.7%
Failure to treat carer with respect and dignity	4	19.0%	1	9.1%	6	25.0%
Unsatisfactory complaint handling	1	4.8%	2	18.2%	2	8.3%
Total	21	100%	11	100%	24	100%

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5.3 Health providers prescribed under s75 of the *Health and Disability Services (Complaints) Act 1995*.

Prescribed entity
Abbotsford Private Hospital
Albany Community Hospice
Attadale Rehabilitation Hospital
Bethesda Hospital
Department of Justice ¹
Child and Adolescent Health Service
East Metropolitan Health Service
North Metropolitan Health Service
South Metropolitan Health Service
WA Country Health Service ²
Glengarry Private Hospital
Hollywood Private Hospital
Joondalup Health Campus
Mount Hospital
Ngala Family Services
Peel Health Campus
Perth Clinic
Royal Flying Doctor Service
Silver Chain Nursing Association Incorporated
South Perth Hospital
St John Ambulance Service
St John of God Hospital ^{3, 4}
Subiaco Private Hospital
The Marian Centre
Waikiki Private Hospital

¹ Formerly the Department of Corrective Services.

² Includes Busselton Hospice Care Incorporated.

³ Includes the following St John of God Hospitals: Bunbury, Geraldton, Mt Lawley, Murdoch, Midland (private and public) & Subiaco.

⁴ St John of God Mt Lawley Hospital was previously known as Mercy Hospital and Mount Lawley Private Hospital.

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5.4 Specific complaint issue raised in a complaint about a disability service

The table below details the number of times a specific complaint issue⁴ was raised in a complaint about a disability service. The individual complaint issues are grouped by the overarching issue category. Within each issue category, the proportions detailed in the table will sum to 100%.

Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Service Delivery						
Staff conduct	9	26.5%	11	22.4%	15	17.2%
No/inadequate service	2	5.9%	7	14.3%	14	16.1%
Service delayed	1	2.9%	2	4.1%	6	6.9%
Service eligibility	1	2.9%	0	0.0%	2	2.3%
Service reduced	3	8.8%	8	16.3%	2	2.3%
Service refused	3	8.8%	2	4.1%	3	3.4%
Treatment/care	4	11.8%	14	28.6%	17	19.5%
Service withdrawn	7	20.6%	0	0.0%	6	6.9%
Communication	4	11.8%	5	10.2%	22	25.3%
Total	34	100%	49	100%	87	100%
Service Management						
Physical environment	1	6.7%	5	13.5%	5	17.2%
Participation	0	0.0%	1	2.7%	0	0.0%
Monitoring performance	0	0.0%	3	8.1%	1	3.4%
Roles and responsibilities	2	13.3%	1	2.7%	1	3.4%
Staff competence	5	33.3%	12	32.4%	6	20.7%
Administration/record keeping	1	6.7%	1	2.7%	5	17.2%
Funding	5	33.3%	10	27.0%	6	20.7%
Coordinated service delivery	1	6.7%	4	10.8%	5	17.2%
Total	15	100%	37	100%	29	100%
Individual Needs						
Policies/procedures	2	28.6%	1	10.0%	0	0.0%
Reviewing changing needs	3	42.9%	4	40.0%	3	20.0%
Facilities and services	1	14.3%	0	0.0%	5	33.3%
Support	1	14.3%	5	50.0%	4	26.7%
Sensitivity	0	0.0%	0	0.0%	3	20.0%
Total	7	100%	10	100%	15	100%

⁴ Only complaint issues identified in disability complaints closed over the past three years are included in Appendix 5.4.



Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Service Costs and Financial Assistance						
Cost	1	6.7%	4	30.8%	9	60.0%
Financial assistance/funding	14	93.3%	9	69.2%	6	40.0%
Total	15	100%	13	100%	15	100%
Enquiry Only						
Request for information - complaint mechanisms	18	85.7%	0	0.0%	4	30.8%
Request for information - disability service	0	0.0%	1	33.3%	2	15.4%
Request for information - HaDSCO	3	14.3%	0	0.0%	6	46.2%
Resources	0	0.0%	2	66.7%	1	7.7%
Total	21	100%	3	100%	13	100.0%
Carers Charter						
Failure to consider needs of carer	2	15.4%	1	14.3%	5	45.5%
Failure to consult carer	7	53.8%	3	42.9%	2	18.2%
Failure to treat the carer with respect and dignity	3	23.1%	1	14.3%	2	18.2%
Unsatisfactory complaints handling	1	7.7%	2	28.6%	2	18.2%
Total	13	100%	7	100%	11	100%
Complaints and Disputes						
Policies and procedures	2	12.5%	0	0.0%	3	37.5%
Complaint resolution	14	87.5%	4	80.0%	5	62.5%
Privacy	0	0.0%	1	20.0%	0	0.0%
Total	16	100%	5	100%	8	100%
Privacy, dignity and confidentiality						
Policies and procedures	0	0.0%	0	0.0%	1	12.5%
Consumer information	0	0.0%	0	0.0%	3	37.5%
Consent	0	0.0%	1	33.3%	3	37.5%
Consumer rights	1	100%	2	66.7%	1	12.5%
Total	1	100%	3	100%	8	100%

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Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Decision Making and Choice						
Policies and procedures	2	22.2%	2	20.0%	1	25.0%
Informed choices	6	66.7%	4	40.0%	3	75.0%
Advocate	0	0.0%	2	20.0%	0	0.0%
Risk management	1	11.1%	2	20.0%	0	0.0%
Total	9	100%	10	100%	4	100%
Legal and Human Rights						
Policies and procedures	0	0.0%	1	20.0%	1	25.0%
Exercise rights	0	0.0%	1	20.0%	0	0.0%
Response to allegations of abuse/neglect	4	100%	3	60.0%	3	75.0%
Total	4	100%	5	100%	4	100%
Service Access						
Policies/procedures	2	50.0%	1	100%	2	50.0%
Entrance/exit criteria priority	1	25.0%	0	0.0%	1	25.0%
Appropriate referral	0	0.0%	0	0.0%	1	25.0%
Information sharing	1	25.0%	0	0.0%	0	0.0%
Total	4	100%	1	100%	4	100%
Contribution to Community						
Abilities, contribution and competence	0	0.0%	0	0.0%	1	100%
Total	0	0%	0	0%	1	100%
Participation and Integration						
Community involvement	1	100%	0	0.0%	0	0.0%
Total	1	100%	0	0%	0	0%

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5.5 Disability providers who are prescribed under S48A of the *Disability Services Act 1993*

Disability service provider	Legal Name
Ability Centre	The Cerebral Palsy Association of Western Australia Ltd
Activ	Activ Foundation Incorporated
Adventist Residential Care Nollamara	Seventh-day Adventist Aged Care (Western Australia)
Autism Association of Western Australia	Autism Association of Western Australia Inc
Avivo (previously Perth Home Care Services)	Perth Home Care Services Inc.
Baptistcare	Baptistcare Incorporated
Community Living Association	Community Living Association Inc.
Department of Communities ¹	Department of Communities
Empowering People in Communities (EPIC)	Empowering People in Communities (EPIC) Inc.
Enable Western Australia	Enable Southwest Inc.
Identitywa	Identitywa
Lady Lawley Cottage	Australian Red Cross Society (t/as Lady Lawley Cottage)
Lifestyle Solutions	Lifestyle Solutions (Aust) Ltd (Western Operations)
Mosaic Community Care	Mosaic Community Care Inc.
My Place	My Place Foundation Inc.
Nulsen	Nulsen Haven Association (Inc.)
Rocky Bay	Rocky Bay Incorporated
Senses Australia	Senses Australia
Therapy Focus	Therapy Focus Incorporated
UnitingCare West	UnitingCare West

¹ Formerly known as the Disability Services Commission.

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5.6 Specific complaint issue raised in a complaint about a mental health service

The table below details the number of times a specific complaint issue⁵ was raised in a complaint about a mental health service. The individual complaint issues are grouped by the overarching issue category. Within each issue category, the proportions detailed in the table will sum to 100%.

Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Quality of clinical care						
Inadequate assessment	41	21.5%	61	32.1%	51	26.6%
Inadequate treatment/therapy	35	18.3%	28	14.7%	28	14.6%
Poor coordination of treatment	11	5.8%	10	5.3%	12	6.3%
Failure to provide safe environment	12	6.3%	25	13.2%	14	7.3%
Pain issues	1	0.5%	2	1.1%	1	0.5%
Medication issues	54	28.3%	40	21.1%	48	25.0%
Post procedure complications	1	0.5%	1	0.5%	2	1.0%
Inadequate infection control	1	0.5%	0	0.0%	1	0.5%
Discharge or transfer arrangements	33	17.3%	20	10.5%	24	12.5%
Refusal to refer or assist to obtain a second opinion	2	1.0%	3	1.6%	11	5.7%
Total	191	100%	190	100%	192	100%
Communication						
Inadequate medical information provided	14	11.4%	6	4.4%	12	8.9%
Inadequate information about services available	8	6.5%	6	4.4%	3	2.2%
Misinformation/failure in communication (not failure to consult)	14	11.4%	14	10.3%	19	14.1%
Inadequate/inaccurate personal information in a medical records	3	2.4%	10	7.4%	5	3.7%
Inadequate written communication	2	1.6%	3	2.2%	0	0.0%
Inappropriate verbal/non-verbal communication	21	17.1%	32	23.5%	30	22.2%
Failure to listen to consumer/representative/carer/family	61	49.6%	65	47.8%	66	48.9%
Total	123	100%	136	100%	135	100%

⁵ Only complaint issues identified in mental health complaints closed over the past three years are included in Appendix 5.6.



Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Rights, respect and dignity						
Consumer rights (WA Public Patients Hospital Charter)	6	7.5%	7	9.5%	16	17.0%
Inconsiderate service/lack of courtesy	12	15.0%	8	10.8%	9	9.6%
Absence of compassion	15	18.8%	19	25.7%	36	38.3%
Failure to ensure privacy	2	2.5%	4	5.4%	5	5.3%
Breach of confidentiality	8	10.0%	3	4.1%	10	10.6%
Discrimination leading to less favourable health treatment	4	5.0%	2	2.7%	1	1.1%
Failure to fulfil Mental Health legislation requirements	19	23.8%	23	31.1%	9	9.6%
Certificate or report problem	6	7.5%	5	6.8%	5	5.3%
Denying/restricting access to personal health records	8	10.0%	3	4.1%	3	3.2%
Total	80	100%	74	100%	94	100%
Professional conduct						
Inaccuracy of records	5	15.6%	7	20.6%	12	30.0%
Illegal practices	3	9.4%	1	2.9%	3	7.5%
Physical/mental impairment of health professional	1	3.1%	0	0.0%	0	0.0%
Sexual impropriety	0	0.0%	1	2.9%	0	0.0%
Aggression/assault	8	25.0%	4	11.8%	6	15.0%
Unprofessional behaviour	15	46.9%	20	58.8%	19	47.5%
Fraud/illegal practice of financial nature	0	0.0%	1	2.9%	0	0.0%
Total	32	100%	34	100%	40	100%
Decision making						
Failure to consult and involve in decision-making process	40	49.4%	19	38.8%	6	18.2%
Choice regarding treatment as public/private patient	3	3.7%	4	8.2%	3	9.1%
Consent not informed	15	18.5%	6	12.2%	3	9.1%
Consent not obtained	11	13.6%	5	10.2%	3	9.1%
Consent invalid	12	14.8%	15	30.6%	18	54.5%
Total	81	100%	49	100%	33	100%
Access						
Delay in admission/treatment	11	22.9%	6	17.1%	1	3.6%
Waiting list delay	3	6.3%	0	0.0%	2	7.1%
Staff member or contractor unavailable	1	2.1%	2	5.7%	1	3.6%
Inadequate resources/lack of service	10	20.8%	8	22.9%	7	25.0%
Refusal to provide services	21	43.8%	19	54.3%	17	60.7%
Failure to provide advice about transport options	1	2.1%	0	0.0%	0	0.0%
Physical access/entry	1	2.1%	0	0.0%	0	0.0%
Total	48	100%	35	100%	28	100%





Complaint category and issues	2016-17		2017-18		2018-19	
	#	%	#	%	#	%
Carers Charter						
Failure to consider the needs of a carer	9	28.1%	7	38.9%	4	21.1%
Failure to consult a carer	15	46.9%	8	44.4%	7	36.8%
Failure to treat a carer with respect and dignity	4	12.5%	2	11.1%	3	15.8%
Unsatisfactory complaint handling of carer complaint	4	12.5%	1	5.6%	5	26.3%
Total	32	100%	18	100%	19	100%
Grievances						
Response to a complaint	10	71.4%	8	61.5%	14	77.8%
Retaliation/negative outcomes as a result of making a complaint	4	28.6%	5	38.5%	4	22.2%
Total	14	100.0%	13	100.0%	18	100.0%
Corporate Services						
Administrative actions of a hospital/health service	3	18.8%	6	26.1%	1	9.1%
Records management	3	18.8%	2	8.7%	2	18.2%
Catering	0	0.0%	1	4.3%	1	9.1%
Physical surroundings/environment	7	43.8%	6	26.1%	2	18.2%
Security	1	6.3%	6	26.1%	3	27.3%
Cleaning/maintenance	2	12.5%	2	8.7%	2	18.2%
Total	16	100%	23	100%	11	100%
Costs						
Inadequate information about costs	0	0.0%	8	28.6%	2	20.0%
Unsatisfactory billing process	3	27.3%	3	10.7%	1	10.0%
Amount charged	6	54.5%	13	46.4%	4	40.0%
Over-servicing	1	9.1%	1	3.6%	1	10.0%
Private health insurance and claim handling	0	0.0%	2	7.1%	0	0.0%
Lost property	0	0.0%	1	3.6%	0	0.0%
Responsibility for costs and resourcing	1	9.1%	0	0.0%	2	20.0%
Total	11	100%	28	100%	10	100%

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The Health and Disability Services Complaints Office (HaDSCO)

Complaints and enquiries line: (08) 6551 7600

Administration: (08) 6551 7620

Freecall: 1800 813 583 (free from landlines)

National Relay Service: relayservice.gov.au or 1800 555 660

Interpreter Service: tisnational.gov.au or 131 450

Email: mail@hadsco.wa.gov.au

Website: www.hadsco.wa.gov.au

Postal address: PO Box B61, Perth WA 6838

