



**GOVERNMENT OF
WESTERN AUSTRALIA**



**Health and Disability Services
Complaints Office**

2020–2021 Annual Report

Supporting improvement through complaint resolution



Statement of compliance



GOVERNMENT OF
WESTERN AUSTRALIA



Health and Disability Services
Complaints Office

Hon Roger Cook MLA
Minister for 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 2021. The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

Yours sincerely



SARAH COWIE
DIRECTOR
3 September 2021

About this report

This report has been prepared in accordance with the Annual Reporting Guidelines 2020-21, as well as the 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 can also be downloaded from the website at www.hadsco.wa.gov.au.

On request, this report can be made available in alternative formats to meet the needs of people with disability. Requests to reproduce any content from this report should be directed to the Communications and Engagement Officer on (08) 6551 7611 or by email at mail@hadsco.wa.gov.au. When reproduced, content must not be altered in any way and acknowledgements must be appropriately made.



HOLISTIC PERSPICACITY – Djarliny Designs

Reflecting a desire to communicate its commitment to being an accessible and culturally capable service, the Health and Disability Services Complaints Office commissioned this work from local Aboriginal artist Djarliny Designs to incorporate into information and communication materials for Aboriginal communities in Western Australia.

The artwork represents community, trust, effective communication and wellness. Titled *Holistic Perspicacity* it encompasses the following description:

When challenges are shared within a trusted environment, we improve our understanding and gain the necessary tools to allow a positive solution to be found in the collective experience of many people.

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Welcome to the Health and Disability Services Complaints Office 2020-21 Annual Report

This Annual Report provides an overview of the work undertaken by the Health and Disability Services Complaints Office in the resolution of complaints about health, disability and mental health services provided in Western Australia and the Indian Ocean Territories.

The report also details the work undertaken in educating and training in the prevention and resolution of complaints, together with the audited financial statements, details of the Office's performance against key performance indicators, significant issues impacting on the Office and disclosures and legal compliance.

The sections of this Annual Report are structured around the four strategic goals: complaints; educate and train; respond to changing environments; and governance.

Section 1 Office Overview of the report includes the performance management framework, legislation, organisational structure and strategic goals.

Section 2 Office Performance provides information on complaints managed by the Office over the financial year. The educate and train information reflects on the work carried out under our Stakeholder Engagement Strategy to promote the prevention and resolution of complaints.

Section 3 Significant Issues and Trends includes details about the significant issues and trends impacting the Office.

Section 4 Governance includes the Financial Statements and Reports for the 2020-21 financial year, together with the key performance indicators and other legal requirements.

Further information about our services can be found at www.hadsc0.wa.gov.au.

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**Picture: Albert Facey House looking towards Yagan Square
HaDSCO offices are on Level 2, Albert Facey House, 469 Wellington Street, Perth**



Office Overview

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1 Office Overview

1.1 From the Director

Reflecting on the last 12 months, there have been many noteworthy achievements which individually and collectively contribute to improving health, disability and mental health services. We have maintained strong performance and adapted service delivery to maintain business continuity during the COVID-19 environment. Staff have demonstrated resilience and remained highly focused on being responsive to the needs of all our stakeholders.



Of particular note, a record number of complaints were received, with complaints about mental health services increasing by 41% compared with the previous reporting year. There was also an increase in redress outcomes for individuals who bring their complaints, with 323 obtained.

Complaints can generate longer term benefits through system improvements. This year, 75 service improvements were implemented. This represents a 42% increase from last year. I appreciate the willingness of service providers to participate in the resolution process to identify redress and system improvements in the interest of improving the patient experience and providing support for people with disability.

In terms of COVID-19 matters, we have continued to play an important role this year by enabling members of the community to raise concerns during the pandemic. Infection control, access to services and COVID-19 testing continue to be key concerns raised. Complaints are also now being received about the vaccination process.

Overall, the Office maintained strong performance against key performance indicators. All indicators were exceeded for the complaint resolution function. Similarly, good performance outcomes were achieved in the education and training function. There were 200 stakeholder engagement activities and 28 reports or documents produced.

Two key policy drivers in the health and disability sectors influenced our focus. These were the successful transition of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission and planning for the new complaints jurisdiction for the voluntary assisted dying process. For both, the Office developed and delivered a range of tailored and targeted engagement initiatives to ensure stakeholders were informed about these key complaint reforms.

I was delighted to be invited to give a presentation at the Palliative Care WA Summit on our important role managing complaints about end of life and palliative care. We released an information sheet at the summit titled *Learning from complaints about end of life and palliative care*. We also resolved complaints concerning end of life care, with staff receiving feedback that we assist with the healing process after the death of a loved one.

Building on work from the last reporting year, we continued to develop and present education and training focusing on strengthening workforce capability. This year we collaborated with the University of Notre Dame Australia to develop a program of presentations and lectures for nursing and midwifery students and graduate mental health nurses. The aim is to educate practitioners at the earliest stages of their careers by highlighting improvements made to health and mental health services in response to complaints, and to promote the benefits for patient-centred care.

We continued to focus on ensuring our services are accessible. Our updated website brought services and information together in one searchable, accessible and mobile friendly format. In conjunction with this, a new case management system was implemented that enables an individual to lodge a complaint directly into the system through the website, resulting in a streamlined process. The new system also improves efficiency, functionality and provides enhanced capability to share de-identified data. This will assist service providers to learn from complaints, to identify opportunities for service improvement, and to drive strategy for the provision of patient-centred health care and support for people with disability.

At the centre of everything that we do is our dedicated staff. I thank them for their support. I also thank our stakeholders. Together, we all recognise the value of improving services through complaint resolution.



SARAH COWIE
DIRECTOR

1.2 Key highlights 2020-21

Key Highlights 2020-21

Complaints

2,806 Complaints received



323

Redress actions facilitated for individuals

75



Service improvements implemented

Educate and Train



Website updated to improve accessibility



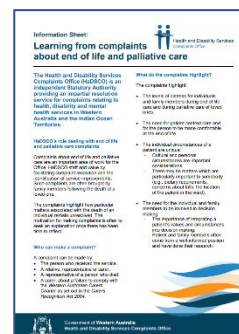
Delivered **200** outreach activities with stakeholders across the metropolitan, regional and remote areas

Respond to changing environments



Contributed to health, disability and mental health reforms at a State and National level

Developed an information sheet titled 'Learning from complaints about end of life and palliative care'



Developed a new case management system to improve resolution efficiency

Governance

1.3 Who we are

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

The Office was established in 1996 and, until November 2010, 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*.

Functions

The functions of the Office are set out in the 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*. The 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 services 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:

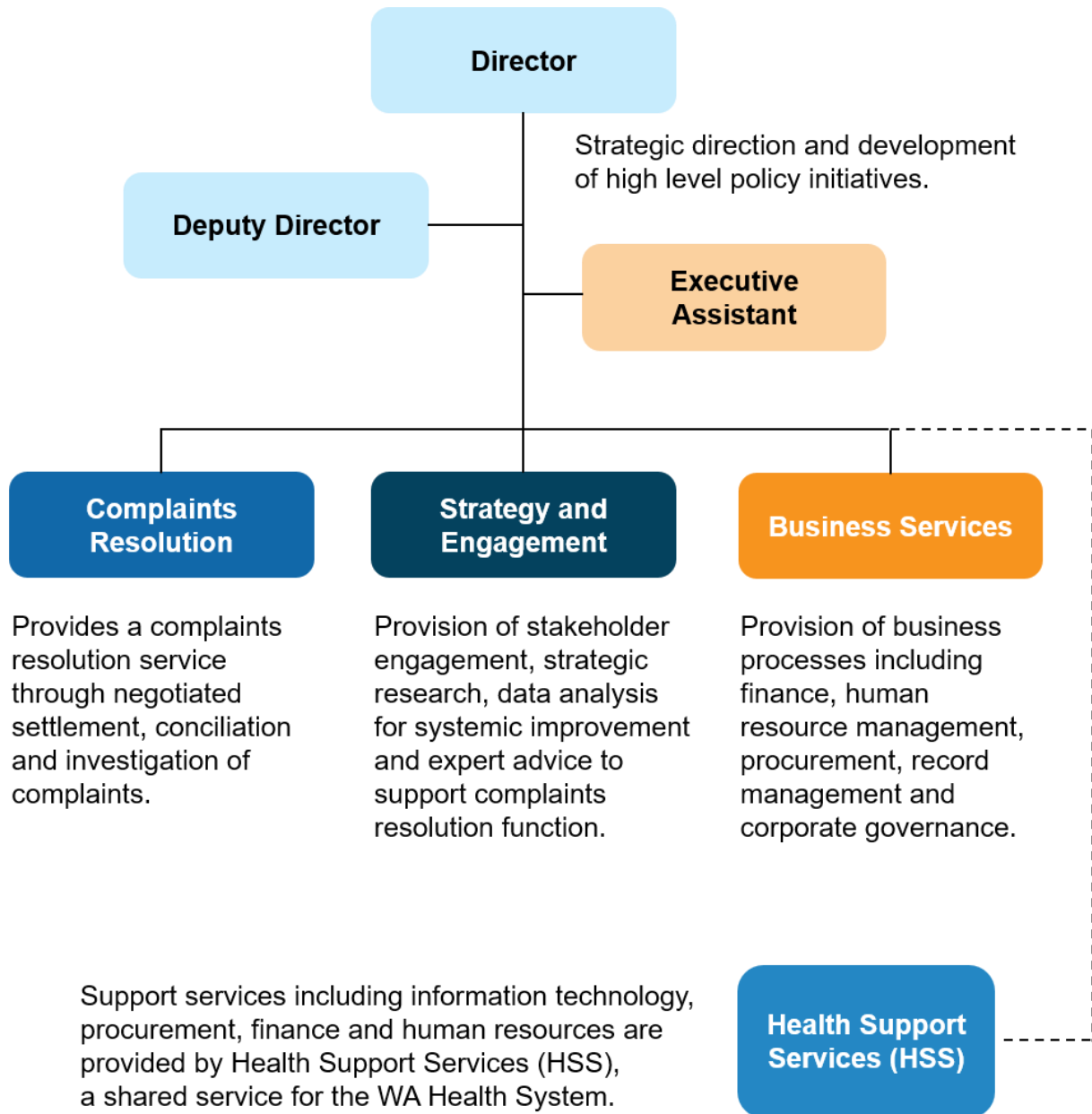
Auditor General Act 2006
Electoral Act 1907
Equal Opportunity Act 1984
Financial Management Act 2006
Freedom of Information Act 1992
Health Practitioner Regulation National Law (WA) Act 2010
Industrial Relations Act 1979
Occupational Safety and Health Act 1984
Public Sector Management Act 1994
Salaries and Allowances Act 1975
State Records Act 2000
State Supply Commission Act 1991

Responsible Minister

Hon Roger Cook MLA
Minister for Health



1.4 Organisational structure



1.5 Performance management framework

The Health and Disability Services Complaints Office operates within the following Performance Management Framework to achieve services and outcomes in the context of the wider Government Goal: Strong Communities; Safe Communities and Supported Families.

Government Goal Strong communities: Safe communities and supported families			
Outcome	Services	Key Effectiveness Indicator	Key Efficiency Indicator
Improvement in the delivery of health and disability services.	Service One Assessment, negotiated settlement, conciliation and investigation of complaints.	Proportion of service improvements resulting in implementation by providers.	1.1 Percentage of complaints assessed within legislation time frames.
			1.2 Average cost per finalised complaint.
	Service Two Education and training in the prevention and resolution of complaints.		2.1 Average cost per development, production and distribution of information.
			2.2 Average cost per presentation, awareness raising, consultation and networking activities.

1.6 Strategic direction

The Strategic Plan 2017-21 sets out the Office's Vision, Mission and Values (see below). The plan also sets out four strategic areas: Complaints, Educate and Train, Respond to Changing Environments and Governance (see opposite page).

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:

<p>Service One</p> <p>Assessment, negotiated settlement, conciliation and investigation of complaints.</p>	<p>Service Two</p> <p>Education and training in the prevention and resolution of complaints.</p>
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Our Values

- **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.

Complaints: Receive, Resolve, Reform

Manage complaints in a professional, impartial, confidential and efficient manner with quality outcomes.

- We ensure our services are accessible to all individuals who wish to make complaints about services provided by the health, mental health and disability sectors.
- We provide an impartial, efficient and high-quality complaints service to resolve individual complaints through complaint assessment, negotiated settlement, conciliation and investigation.
- We work with the relevant parties to facilitate redress where appropriate and to identify systemic improvement.

Educate and Train: Engage, Evaluate, Educate

Inform, educate and empower the community and service providers to prevent complaints.

- We contribute towards keeping communities well informed about complaints resolution processes across the health, mental health and disability sectors.
- We monitor and evaluate systemic trends in our complaints to inform opportunities for improvement, including through engagement and education.
- We provide guidance to service providers to assist in the development of appropriate internal complaints management systems that are fit for purpose.

Respond to Changing Environments: Review, Respond, Redefine

Respond appropriately to our changing environment.

- We work with internal and external stakeholders to identify and evaluate emerging issues.
- We embrace and manage change in a work environment that is flexible and innovative in service design.
- We adapt our service delivery to meet the changing needs of stakeholders.

Governance: Cooperate, Comply, Communicate

Deliver our services within a sound governance framework

- We operate in accordance with high level ethical principles, abide by all public sector requirements and are respected for our integrity.
- We attract, develop and retain a skilled workforce with a culture which supports teamwork, professionalism, impartiality and responsiveness.
- We demonstrate our accountability to stakeholders by providing access to the principles, policies and procedures that govern our operations, and detail our commitment to them.

SCO

you can complain about

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used to provide a service

denied or restricted access to records

We usually ca sometimes v complaints t to find some

How to r

Write i

Ask

service provider may have acted unreasonably if they charged too

provided a service in a way that was upsetting

Information Sheet:

Making a complaint – tips and advice



Health and Disability Services Complaints Office



Health and Disability Services Complaints Office

As a young person you have a responsibility for your own health and well-being. It's a big deal. Visit us for more information. Like doctors, nurses, physiotherapists and other health professionals, you can complain if you think you've been treated in a way that you don't like.

You should be treated with respect and consideration and your views should be taken into account. You should be able to complain if you think you've been treated in a way that you don't like.

Who is HaDSCO

The Health and Disability Services Complaints Office (HaDSCO) is an independent Authority offering a free service for complaints relating to health services in the Indian Ocean region.

Our services are available to anyone who uses health services.

What to do

You should complain if you think you've been treated in a way that you don't like. If they don't work for you, you're not happy, or you have a reason why, you should complain directly to them.

We will listen to your views and help fix the problem if you find something wrong.

Being responsible for your own well-being doesn't mean you have to manage it all yourself. If something is wrong with the quality of service you receive for your health, disability and mental health, call HaDSCO.

Making complaints about health, disability and mental health services as a caregiver

Supporting improvement through complaint resolution

Health, disability and mental health service complaints

Supporting improvement through complaint resolution

Supporting improvement through

hadsco.wa

Office Performance

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2 Office Performance

Complaints

2.1 Introduction

Contributing to the improvement of health, disability and mental health services underpins everything we do. We recognise that complaints provide a valuable opportunity to identify improvements that assist a service provider to improve services for the wider community benefit.

By sharing our specialist complaint handling knowledge, we seek to contribute to sector development by focusing on workforce development and the delivery of improved complaint management services.

In this reporting year, there were 75 service improvements implemented, representing a 42% increase from the previous reporting year. The Office has worked collaboratively with service providers to support a range of service improvements that focus on enhancing the patient experience and person-centred care. Importantly, a number of these improvements were used as education and training to strengthen workforce capability.

These service improvements included:

Clinical improvements

- Updated processes for monitoring of clinical procedures.
- Improved procedures for reporting and sharing radiological results.
- Enhanced clinical processes for patient swabs and associated arrangements for collection procedures.
- Improved arrangements for COVID-19 testing as part of access to medical services.
- Improved vaccination procedures.
- Reviewed and updated patient intake and triaging procedures.

Discharge and transfer arrangements

- Improved patient discharge arrangements.
- Development of a targeted strategy to improve patient handover and seamless transfer of care processes.
- Improved patient flow arrangements between hospitals.
- Review of Exit Policy to ensure consistency with the Disability Service Standards.
- Review of NDIS plans and negotiation processes to finalise service agreements.



Communication

- Implementation of updated arrangements for carers to be involved in decision making.
- Reviewed and updated communication arrangements for appointment rescheduling.
- Improved communication about patient surgery arrangements.
- Strengthened communication arrangements for emergency contact protocols.
- Improved communication arrangements for prescription or treatment delays.
- Reviewed and updated dissemination of information about policies for missed appointments.
- Improved information about hospital booking protocols.
- Updated information about processes for accessing services and medication.
- Improved communication arrangements for patient referrals.
- Updated information for overseas visitors and students accessing health services.
- Improved communication arrangements for scheduling therapy services for clients.



Billing arrangements

- Improved procedures for transfer of medical records.
- Improved invoicing arrangements and updated procedures for managing billing disputes.
- Implementation of streamlined procedures for medical cost quotations and disclosure of costs.



Education and training

- Use of de-identified case studies for staff development and training purposes.
- Improved workforce capability arrangements to cover clinical staff absences.
- Updated induction and ongoing training for medication administration and associated record keeping.
- Staff training covering communication arrangements for managing patients who represent a COVID-19 risk.

2.2 Case studies

Case studies have been included in this section to illustrate the nature of the complaints received, the outcomes achieved for individuals and the service improvements for future service delivery. This information has been included with the permission of the individual who made the complaint and the service provider involved.

These case studies are a further demonstration that from one complaint, there can be redress for the individual and systemic change to improve service delivery.

Clinical Improvement

The investigation of this complaint highlighted the complexity of coordinating the care of older individuals, who have a range of comorbidities, social and health care needs, in the acute mental health environment, and transitioning them to aged care.

The Office received a complaint in relation to the medical overview of a cancerous skin lesion during an elderly individual's four-week admission to a mental health unit. The needs of the individual were complex and there were several presenting health issues that were managed during the admission; however, it was the medical management of a cancerous skin lesion which gave rise to the complaint. The family reported that they had raised concerns about the skin lesion to medical and nursing staff during the admission. These concerns were not documented in the medical records and the skin lesion was not properly examined or treated during the admission.

The individual was discharged on a Transitional Care Program to an aged care facility. A biopsy of the skin lesion was performed approximately one month after discharge from hospital. An aggressive basal cell carcinoma was identified that required extensive surgical treatment.

The Office found that the provision of care focused on the primary reasons for the admission, the investigation of multiple issues that arose during the admission and providing support to the patient and their family in complex circumstances. The service provider implemented an overall person-centred approach to the individual's care, involving a multidisciplinary team. However, in respect of the skin lesion there was limited documentation in the medical record to demonstrate that it was properly examined.

As a result of the investigation, recommendations for improvement were made. In implementing the recommendations, the service provider has put in place a range of policies that improve the physical health care of mental health patients, and which strengthen the documentation of physical health assessments on admission and throughout the patient journey.

The service provider also commissioned a project to develop a targeted strategy to improve the handover and seamless transfer of care processes across the Mental Health Division, consistent with best practice standards. To support medical and nursing staff education and training, a de-identified case study based on the complaint was developed for ongoing staff development.

Clinical Improvement

An individual residing in a regional town raised concerns about the care and treatment provided to her baby who had been unwell for five days. The complaint concerned the requirement for her baby to have a COVID-19 test when two previous tests had been requested and were negative. Additionally, the only option for the mother and baby was to wait outside the clinic in the heat until a doctor could attend. The mother was concerned that the health of her baby would be affected by waiting in the heat. The Office facilitated a response from the service provider and requested an explanation regarding its COVID-19 protocols and how the provider managed the risk of restricted access for patients.

As a result of the complaint resolution process, the service provider gave an explanation on its triage process and COVID-19 protocols. The provider also reviewed its protocols and implemented changes to the triage process. Triage is now conducted in an air-conditioned clinical room that has been repurposed to become the new testing and waiting room.

On a subsequent visit to the clinic, the individual reported a positive experience; noting the triage process and access to health care services for her baby had improved.



Discharge and transfer

An individual being transferred from a private to a co-located public hospital was admitted through the emergency department (ED) rather than a direct-to-ward transfer. The individual experienced a lengthy delay in the ED while waiting to be admitted to the ward, which caused additional pain and discomfort. A family member expressed concern about the hospital transfer process.

As a result of the complaint resolution process, the service provider acknowledged that the transfer to the ED was not necessary and provided a formal apology to the individual. The service provider also reviewed and refined the patient flow process to enable the coordination of a seamless transfer. The service providers have collaborated to strengthen the clinical governance between the two hospitals.

Communication

The Office received a complaint about the provision of disability services. The complaint concerned a breakdown in communication. This resulted in the family of an individual not being informed that they had finished work early or that their shifts had changed. The result of this situation was that the individual travelled home unaccompanied.

The service provider was asked to provide a response about the current communication processes and whether this could be revised to improve the individual's safety.

As a result of the complaint resolution process, the service provider re-established Employee Assistance Planning meetings to facilitate improved communication between the parties. A communication strategy was developed with the family that included an emergency contact list and arrangements to ensure that the individual was appropriately supported if work roster patterns changed so that they were accompanied at all times.



Communication

A parent raised concerns about the fees associated with the provision of disability services and support for their child. They considered that the discussions and negotiations to finalise a service agreement were confusing and that some of the pricing information was not correct.

As a result of our involvement, the service provider simplified its processes to minimise confusion whilst balancing the benefits of continuity of support for the child.

The service provider also developed process maps to clearly explain the steps in the service agreement process. The service provider acknowledged that some of the pricing information was incorrect and apologised for this error and offered to waive a portion of the fees.

Billing arrangements

An overseas student studying in Australia required a specialist medical appointment. As a result of the COVID-19 pandemic, the student was referred for a telehealth consultation at a major metropolitan hospital. Approximately six months after the consultation, the student received an invoice for \$310.00, which was initially sent to an incorrect address. The individual was not informed of the cost of the telehealth service prior to the consultation and found that the private health fund did not cover these consultations.

We facilitated an explanation from the service provider about invoicing for telehealth consultations, which included their policy on consent and non-resident students.

As a result of the complaints resolution process, the provider undertook a review of the telehealth invoicing process, and the charges for non-resident students. The service provider apologised to the student and waived the \$310.00 fee. As a result of the review, the service provider implemented a new policy for the communication of telehealth fees prior to consultations.



Billing

An individual attended a preferred medical practice to continue workers compensation injury management treatment post-attendance at an emergency department. The individual was not informed of the costs associated with the management of workers compensation cases. The individual experienced poor customer service from the reception staff and the relationship deteriorated to the extent that he wished to transfer his care to another medical practice.

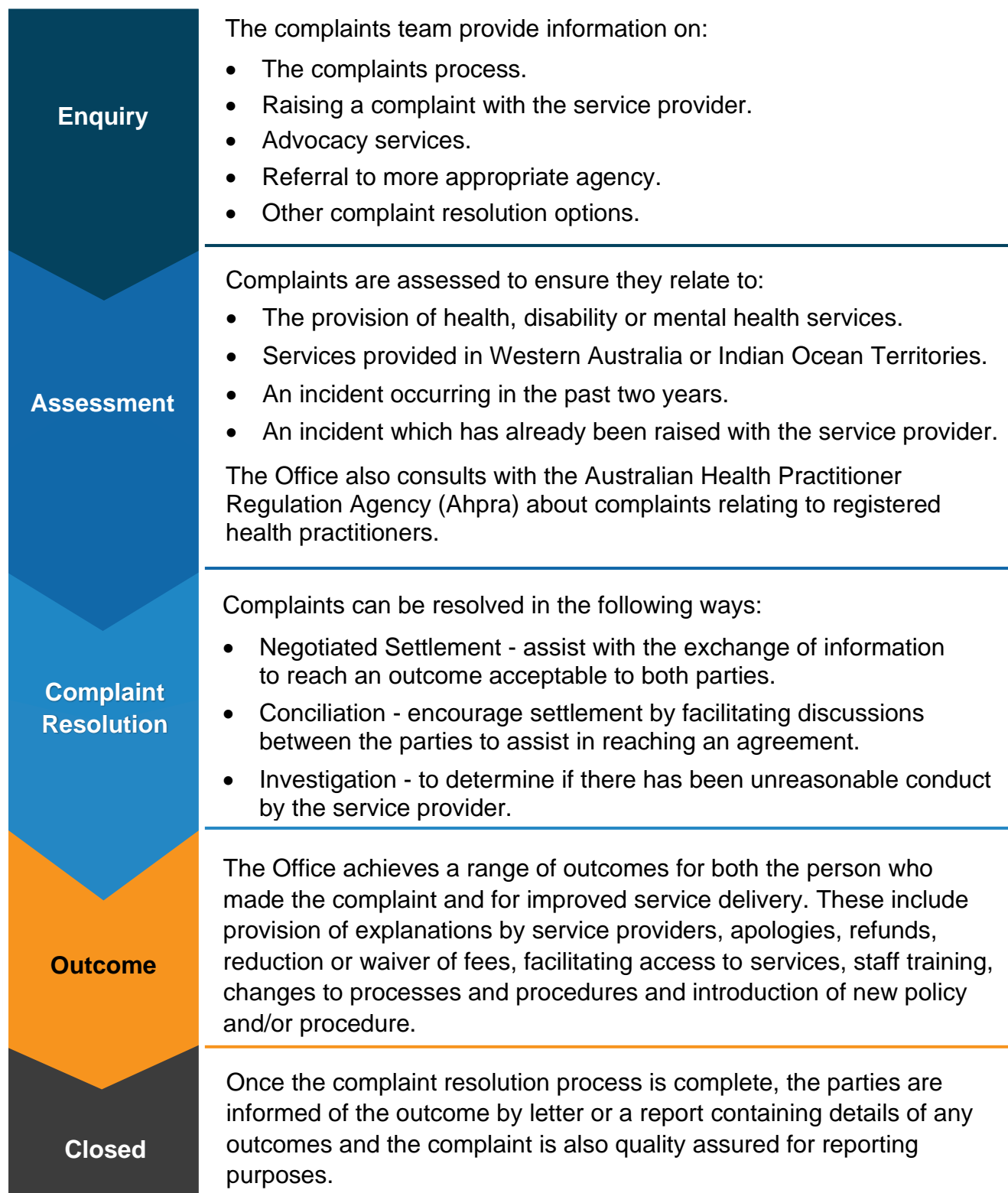
We facilitated an explanation from the service provider regarding the charges related to the consultation. The Office negotiated the transfer of medical records, including the documents relating to workers compensation from the existing medical practice to a new medical practice.

As a result of the complaint resolution process, the service provider transferred the medicals records without charge as a gesture of good will.

2.3 Complaints resolution process

The Office 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, resulting in quality outcomes.

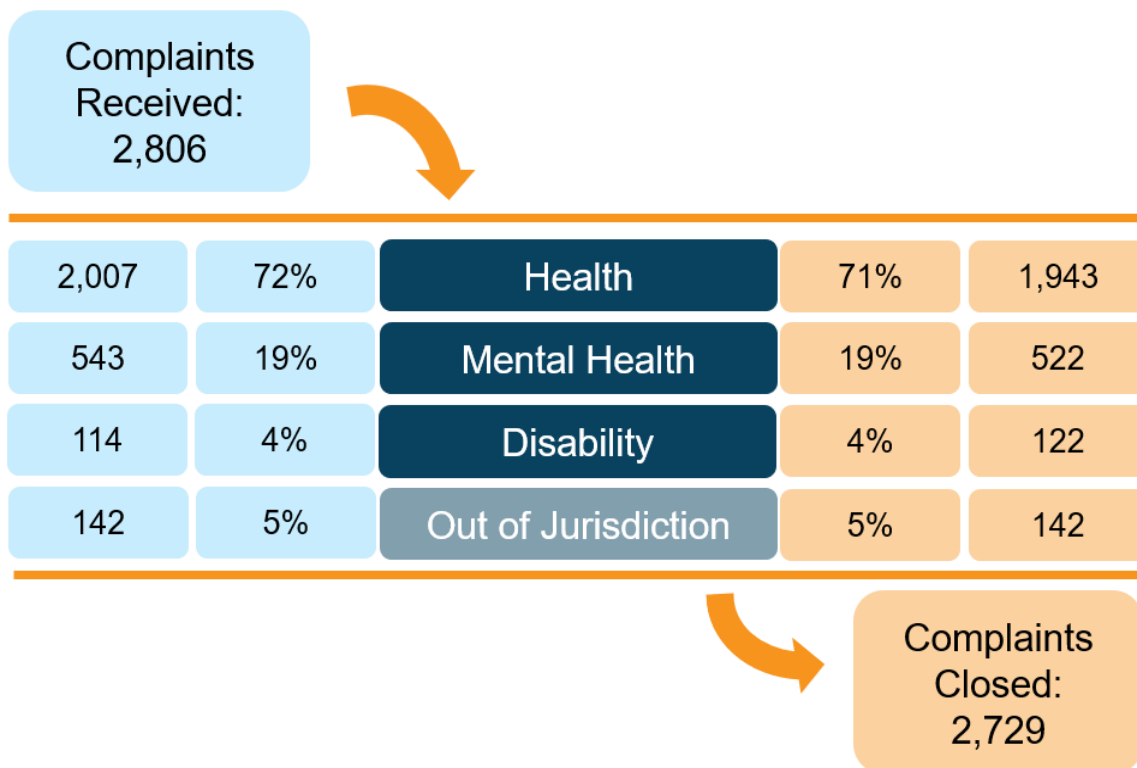
The stages in the complaints resolution process are represented below.



2.4 Overview of complaints

The primary function of the Office is to provide an accessible and impartial service for the resolution of health, mental health and disability complaints. In this section, information is provided on the number and type of enquiries and complaints received and how complaints are resolved.

In the 2020-21 reporting year, the Office received 2,806 complaints and closed 2,792 complaints. The following diagram details the breakdown of complaints received and closed.



The number of complaints received and closed in the same year are not the same. This is because complaints are not always closed in the same year they are received. For 2020-21:

- 2,628 complaints were received and closed.
- 101 were received prior to 1 July 2020 and were closed in 2020-21.
- 178 complaints were received that will continue to be managed in the 2021-22 reporting year.

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

Complaint data methodology

During the 2020-21 reporting year, the Office transitioned to a new case management system. This provided a unique opportunity to review and map an improved data capture methodology.

One of the primary changes made was to complaint categorisation for health issues. This change brought health issues into line with both our mental health issue categories, and those of our largest stakeholder, the Department of Health. This will enable more effective comparison of complaint issues between the Office and the Department of Health.

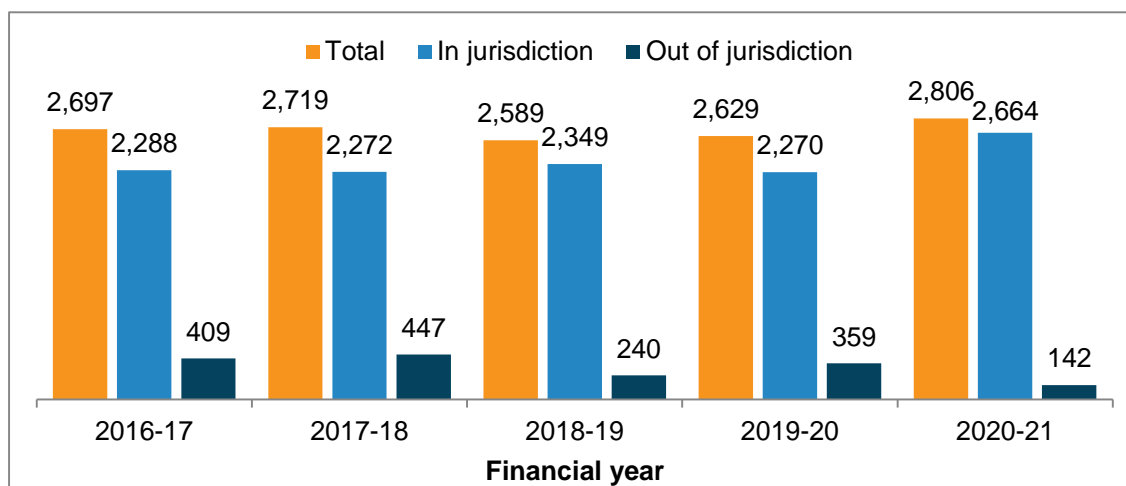
As part of the mapping process undertaken, two years of historical health issue data were reclassified into the current format and have been included in this report for comparative purposes. It is important to note, however, that due to the new issue categories being more extensive, some of the new definitions do not have an historical equivalent.

The second major change that we implemented was to separate service type into two distinct categories: provider type and provider speciality. This allows greater detail in analysing trends as they arise, particularly in the hospital system. As this is a new categorisation, historical data is not available.

Complaint trends

Figure 1 shows the trend in complaints received over the reporting years of 2016-17 to 2020-21. In the 2020-21 reporting year, a record number of complaints were received. In addition, there was an overall 7% increase in complaints received compared with the previous reporting year and a 17% increase in complaints that are in-jurisdiction.

Figure 1: Complaints received



Awareness of the Health and Disability Services Complaints Office

There are a number of ways that individuals become aware of our services. Generally, it is one of two ways:

- An online search engine is used.
- Direct referral by a service provider or a government agency.

We also receive a number of complaints from individuals who have used our services previously.

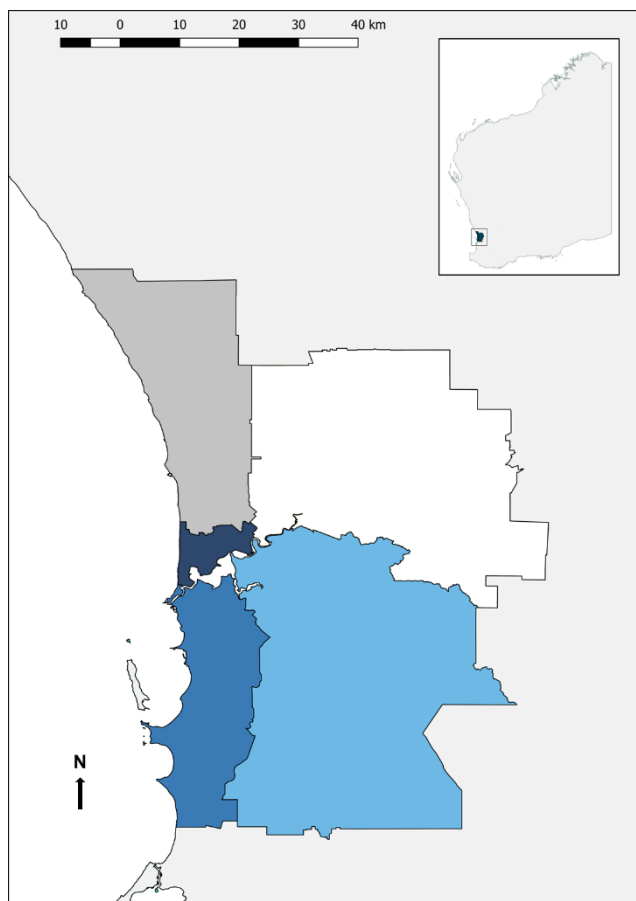
In October 2020 the Office updated its website, www.hadscow.wa.gov.au, to bring services and information together in one searchable, accessible and mobile friendly place to increase awareness and accessibility to the Office. As part of this process, the website was migrated to the www.WA.gov.au format.

Geographical data

As shown in Figure 2 on page 28, in the 2020-21 reporting year, most complaints received concerned individuals living in the metropolitan area (as defined by local government areas), totalling 77%. Approximately 23% of complaints concerned individuals living in non-metropolitan areas.

The percentage of complaints from each region broadly reflects the regions' population percentage based on the population distribution across Western Australia.

Figure 2: Geographic distribution



Key

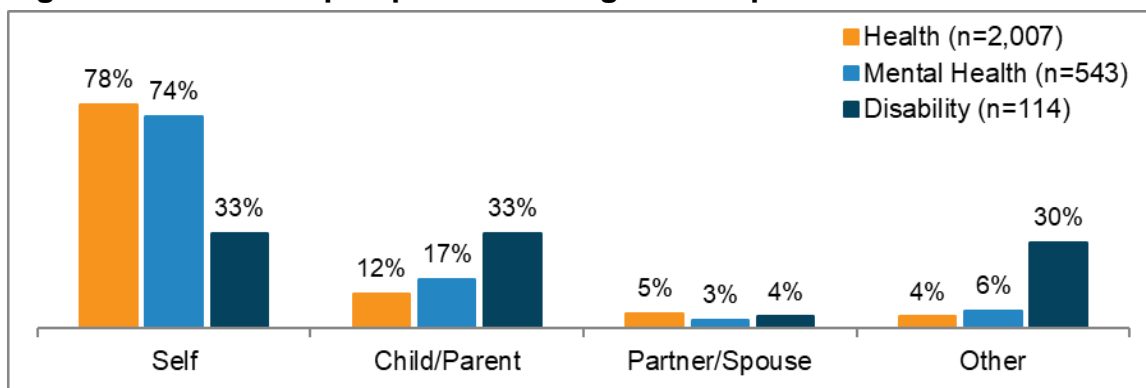
Region	#	%	Population %
(1) Northwest	286	23%	22%
(2) Northeast	118	10%	10%
(3) Central	89	7%	7%
(4) Southeast	236	19%	20%
(5) Southwest	211	17%	17%
(6) Non-metropolitan	288	23%	24%

In some instances, location information was not collected (n=1021). Individuals in a prison or an immigration detention centre are excluded from the analysis (n=415). 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 estimated resident population (ERP) data released by the ABS, 30 March 2021.

Individual making the complaint

Most complaints concerning 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 3. For complaints concerning 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. Representatives categorised as 'other' can include extended family members, advocates and/or unpaid carers.

Figure 3: Relationship to person making the complaint



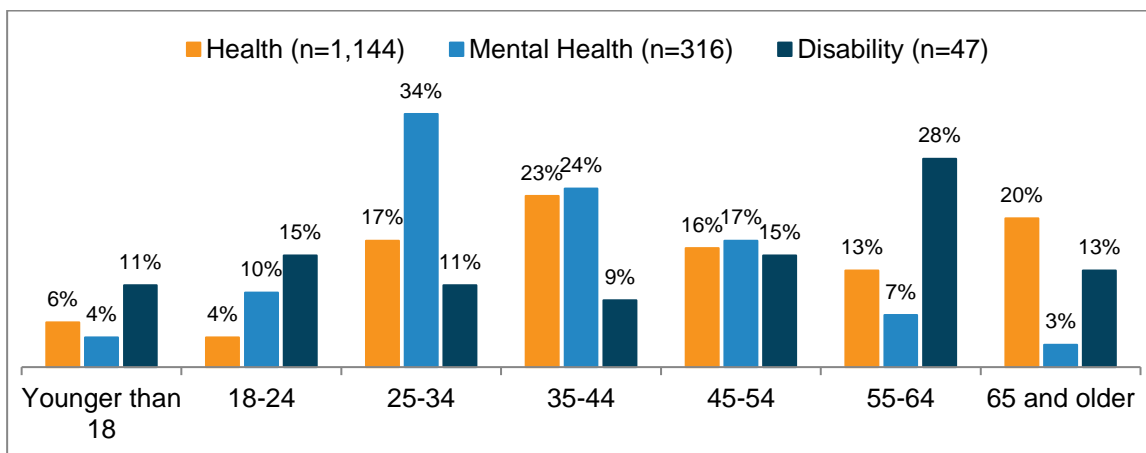
Totals may not sum to 100% due to rounding.

Complaints concerning a health service were most likely to relate to a service provided to an individual in the 35 to 44 age cohort, and 65+ age cohort, as shown in Figure 4.

Complaints concerning mental health services are greatest in the 25 to 34 age cohort (34%). This is 10% higher than the second most common age cohort of 35 to 44 at 24%.

For disability services, complaints were most likely to concern services provided to an individual in the 55 to 64 age cohort (29%). Complaints concerning disability services in the 65 and older age cohort showed the most change from the previous reporting year, increasing from 1% in 2019-20 to 13% in 2020-21.

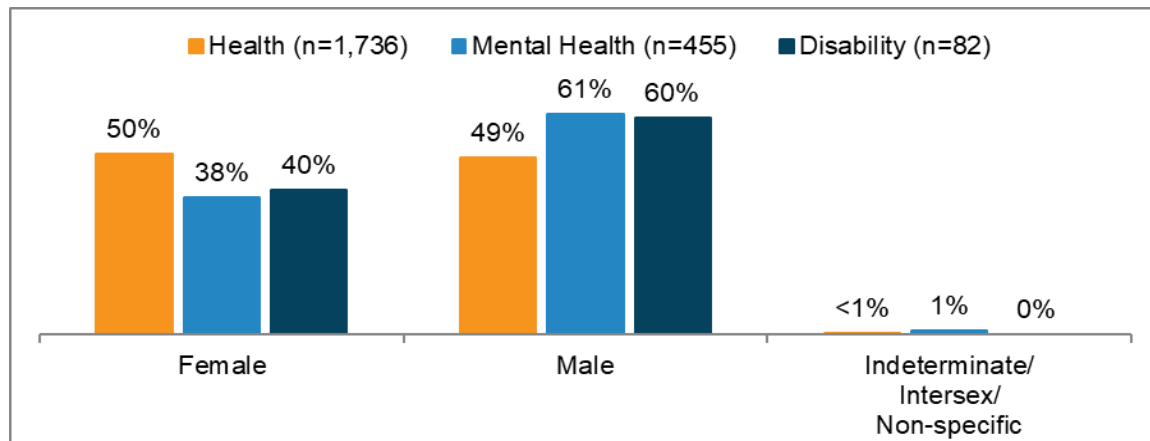
Figure 4: Age of the individual receiving a service



Totals may not sum to 100% due to rounding.

Figure 5 details the gender category for individuals lodging complaints across health, disability and mental health services in the 2020-21 reporting year. This shows that complaints regarding mental health and disability services were more likely to concern males, while health complaints were relatively even between male and female.

Figure 5: Gender of the individual receiving a service

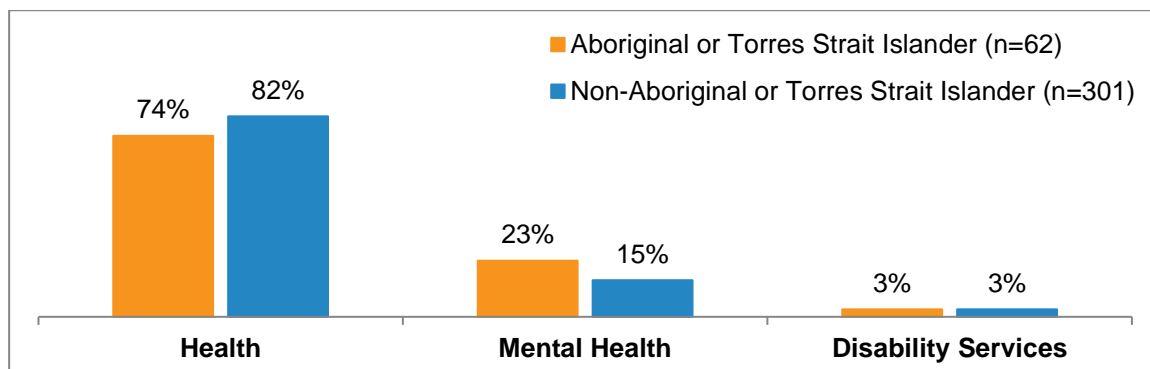


Totals may not sum to 100% due to rounding.

As shown in Figure 6:

- Complaints about health services were more likely to be received from non-Aboriginal or Torres Strait Islanders.
- Complaints about mental health services were more likely to be received from Aboriginal or Torres Strait Islanders.
- Complaints about disability services were proportionally equal for the two demographic groups

Figure 6: Complaints made by Aboriginal or Torres Strait Islanders



Australian Health Practitioner Regulation Agency complaints

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, the Office is required to consult with the Australian Health Practitioner Regulation Agency (Ahpra) about complaints that relate to registered health practitioners. This consultation determines which agency should manage the complaint. The Ahpra register of national boards and practitioners can be found at Appendix 5.5. In the 2020-21 reporting year, we consulted on 252 complaints.

Complaints lodged from the Indian Ocean Territories

The Office provides services to the Indian Ocean Territories through a service delivery arrangement with the Australian Government. In accordance with this agreement, we received and closed 15 complaints in the 2020-21 reporting year. This was an increase from the previous period and is a direct result of an outreach visit during the year.

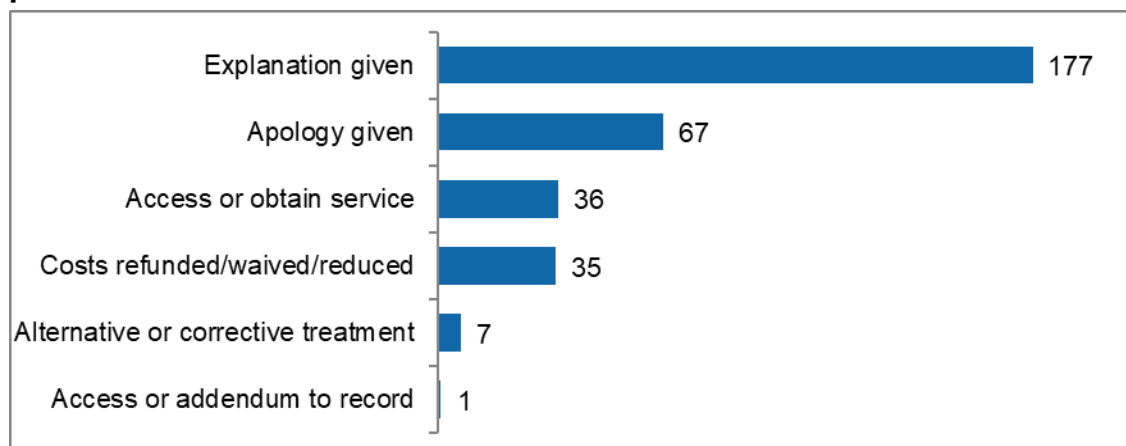
Outcomes achieved

The Office achieves a range of outcomes for the individual who made the complaint.

For complaints closed in a resolution process, 68% resulted in redress. There was a total of 323 outcomes for individuals, as shown in Figure 7. By comparison, there were 297 redress outcomes achieved in the previous reporting year, which equates to a 9% increase.

These outcomes demonstrate the benefit of the service provided and represent a positive resolution for the individuals concerned.

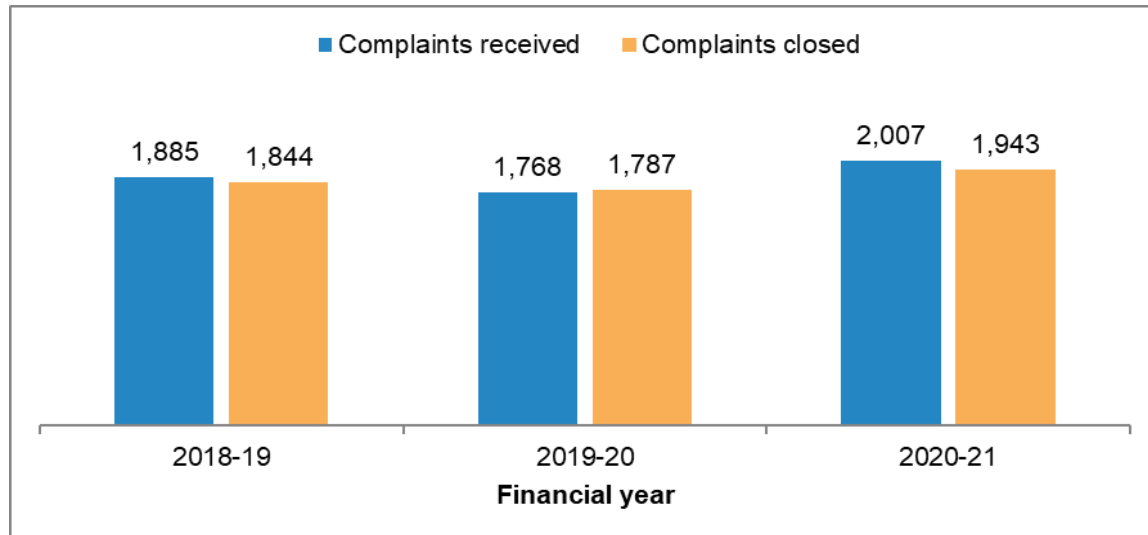
Figure 7: Redress resulting from complaints managed through a resolution process



2.5 Complaints about health services

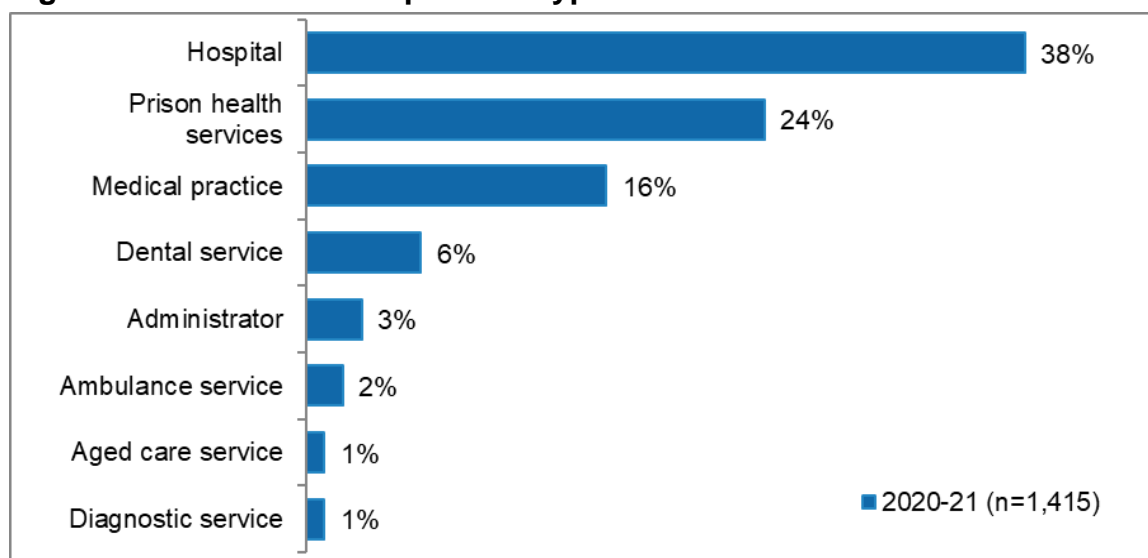
The Office received 2,007 complaints about health services in the 2020-21 reporting year and closed 1,943 complaints. This is the highest number of health complaints (both received and closed) the Office has recorded since the 2011-12 reporting year. Figure 8 details the number of complaints about health services received and closed over the past three years.

Figure 8: Complaints about health services over the last three years



For health complaints closed in the 2020-21 reporting year, 38% concerned services provided in hospitals, followed by 24% for prison health services and 16% concerned services received at a medical practice. The provider types most commonly cited in health complaints are shown in Figure 9.

Figure 9: Common health provider types

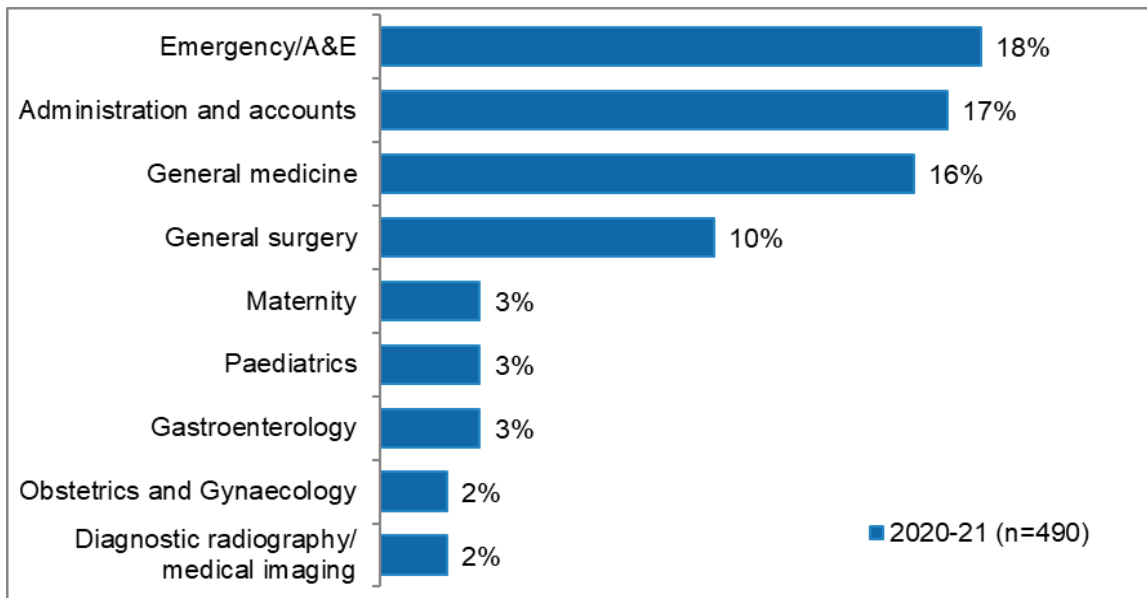


Percentages will not sum to 100% as only health service types that account for more than 1% of complaints are included.

As shown in Figure 10, for complaints about services received in hospitals in the 2020-21 reporting year:

- 18% related to emergency/A&E.
- 17% related to administration and accounts.
- 16% related to general medicine.

Figure 10: Common hospital-based health specialities



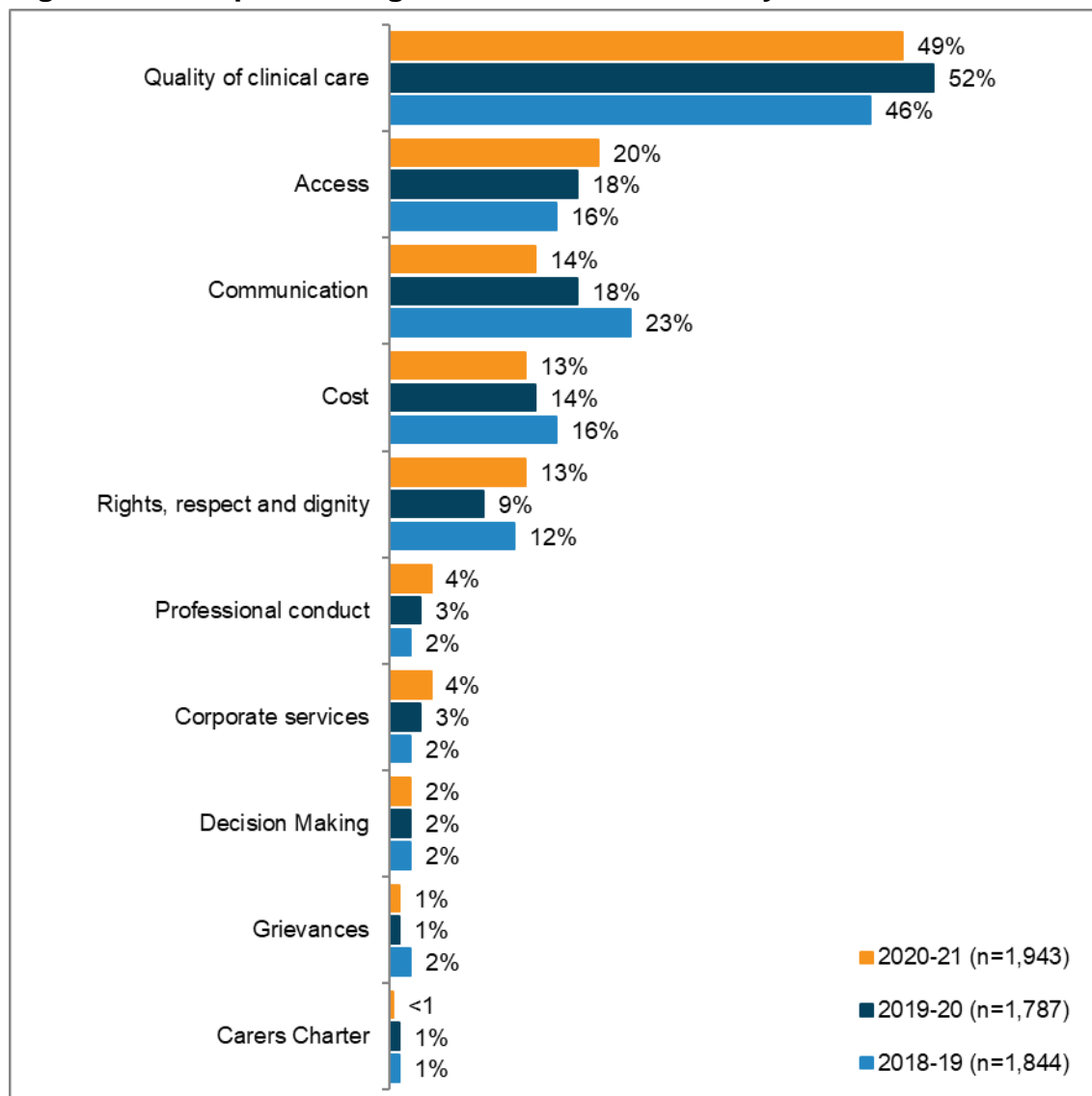
Percentages will not sum to 100% as only health service types that account for more than 1% of complaints are included.

Figure 11 shows the categories of health care complaints that were closed in the last three years. Within each complaint category, a variety of issues may be identified by the individual making the complaint.

In the 2020-21 reporting year, most complaints concerned quality of clinical care, access, communication and costs. Specific trends observed include:

- Quality of clinical care continues to be the most frequently raised concern, cited in almost half (49%) of health complaints closed. This is the third consecutive year that quality of clinical care has been the most common issue.
- Issues relating to access to health services have sequentially increased in each of the past three reporting years, from 16% to 20%.
- The proportion of complaints about communication and cost have decreased in each of the past three reporting years.

Figure 11: Complaint categories over the last three years



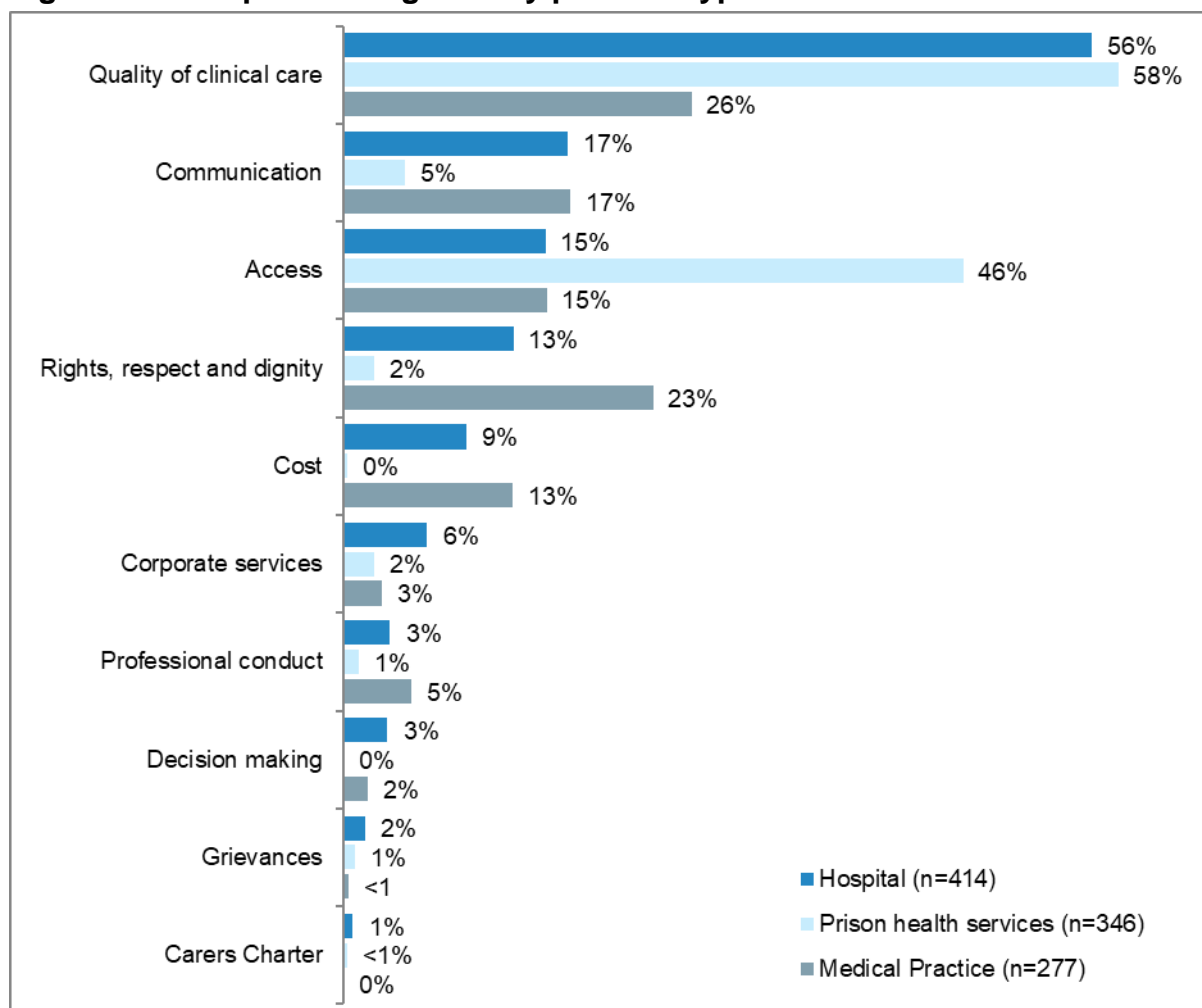
Percentages will not sum to 100% as multiple issues can be identified per complaint.

The health complaint categories associated with the three most common service provider types (hospital, prison health services and medical practice) are shown in Figure 12.

Specific trends observed in the 2020-21 reporting year include:

- Complaints about quality of clinical care are more likely to relate to a hospital service (56%) or prison health service (58%) than a medical practice (26%).
- Complaints about prison health services are more likely to relate to access (46%) than hospital or medical practice complaints (15%). This has contributed to the increase in complaints citing access as an issue noted in Figure 11.
- Rights, respect and dignity is an issue category more likely to occur in a complaint about a medical practice. In these instances, the complaint is likely to concern medical records or certificates and/or an alleged lack of courtesy.

Figure 12: Complaint categories by provider type

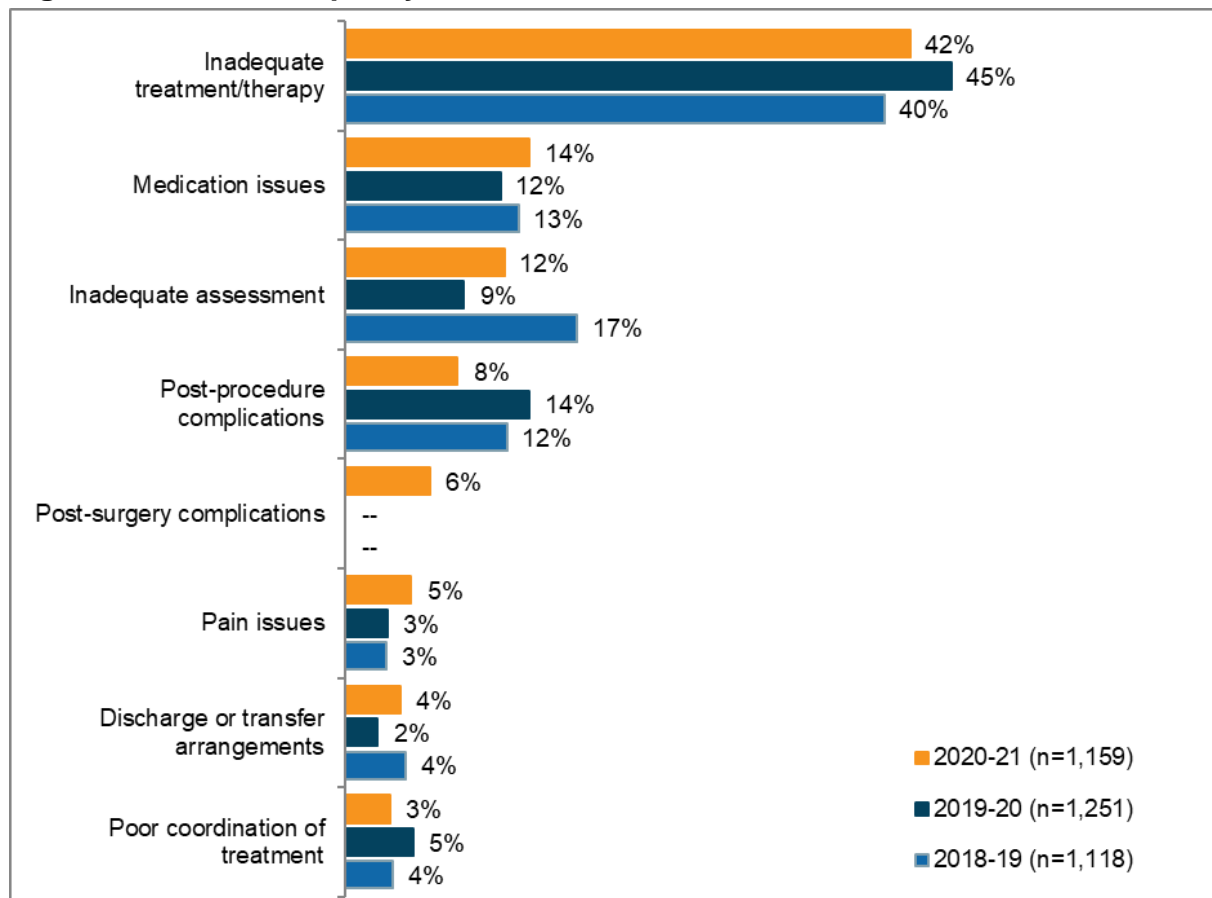


Percentages will not sum to 100% as multiple issues can be identified per complaint.

As detailed in Figure 11 and Figure 12, quality of clinical care is the most common complaint category. Figure 13 details the most common issues in the quality of clinical care category.

In the 2020-21 reporting year, inadequate treatment/therapy remained the most common issue in this category (42%). This is followed by medication issues (14%) and inadequate assessment (12%).

Figure 13: Common quality of clinical care sub-issues



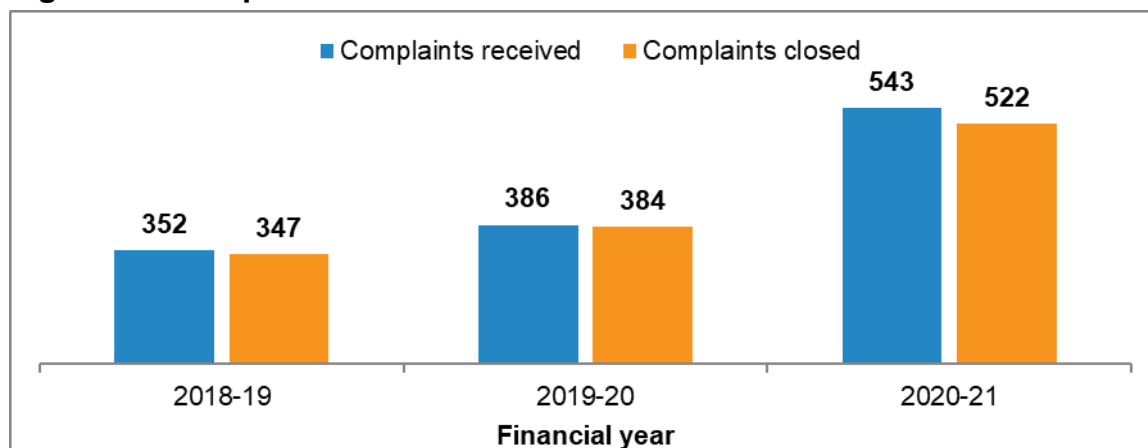
Percentages will not sum to 100% as only sub-issues that account for at least 5% of the quality of clinical care total are included.

2.6 Complaints about mental health services

The Office received 543 complaints about mental health services in the 2020-21 reporting year and closed 522 complaints. This represents a 41% increase compared to the previous reporting year.

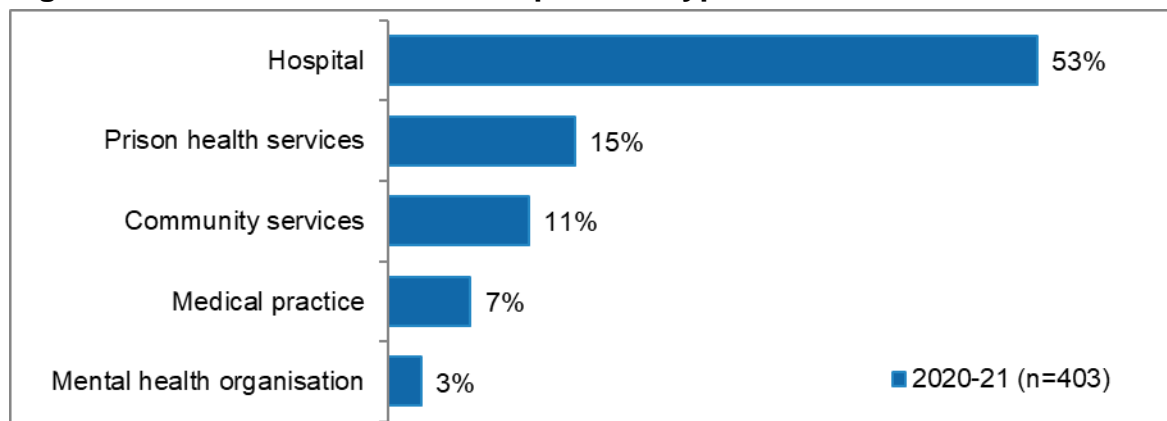
Figure 14 details the number of complaints about mental health services received and closed in the past three reporting years.

Figure 14: Complaints about mental health services



In the 2020-21 reporting year, most mental health complaints that we closed concerned services provided in hospitals (53%). This was followed by prison health services (15%) and community mental health services (11%). The common mental health service provider types are shown in Figure 15.

Figure 15: Common mental health provider types

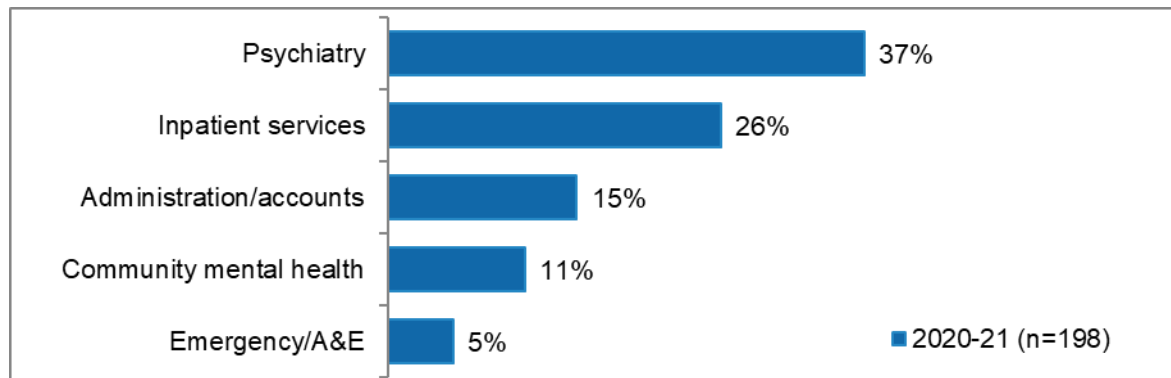


Percentages will not sum to 100% as only the top five provider types are included.

As shown in Figure 16, for complaints about mental health services received in a hospital in the 2020-21 reporting year:

- 37% concerned psychiatry services.
- 26% concerned inpatient services.
- 15% concerned administration or accounts.

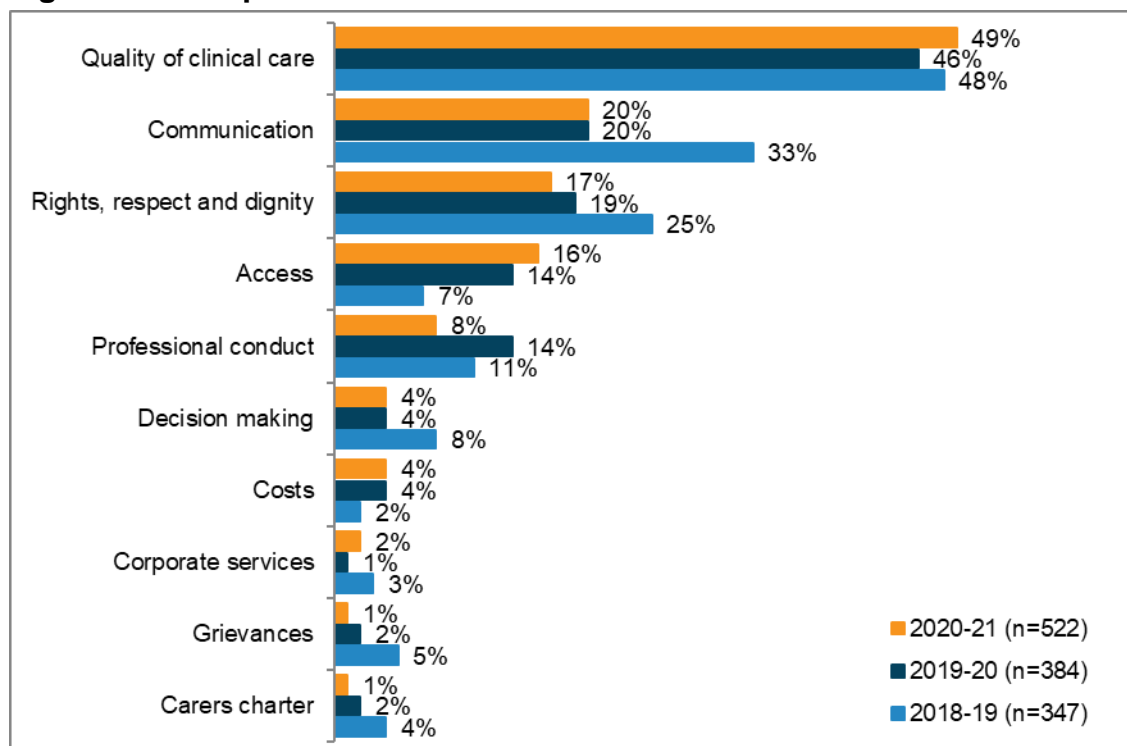
Figure 16: Complaints about hospital-based mental health services



Percentages will not sum to 100% as only the top five provider types are included.

The complaint issue categories identified over the last three reporting years are shown in Figure 17. Within each complaint category, a variety of issues may be cited by the individual making the complaint.

Figure 17: Complaint issues identified



Percentages may not sum to 100% as multiple issues can be identified per complaint.

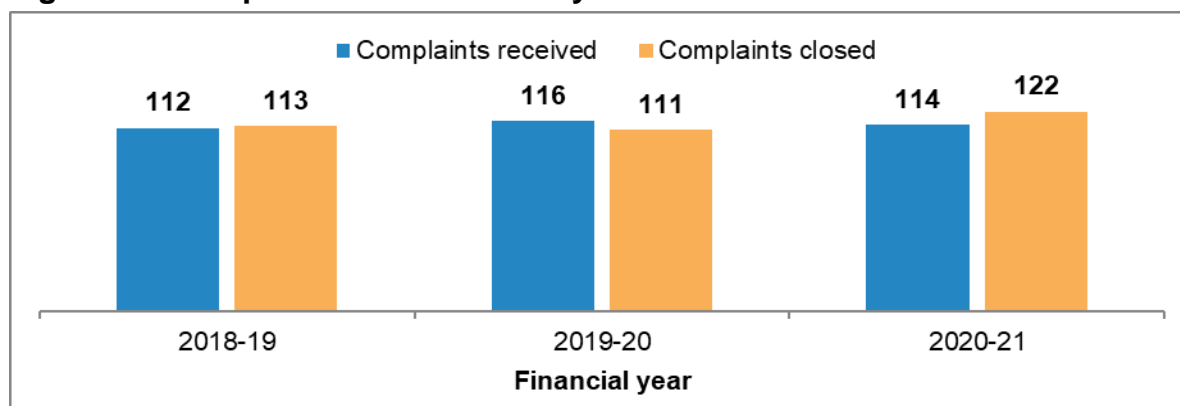
In the 2020-21 reporting year, most complaints were about quality of clinical care, followed by communication and rights, respect and dignity. Specific trends observed include:

- Quality of clinical care continues to be the most commonly cited issue (49%).
- The proportion of complaints about rights, respect and dignity has decreased from 25% to 17% in the three reporting years.
- The proportion of complaints about access to mental health services has increased from 7% to 16% in the three reporting years.

2.7 Complaints about disability services

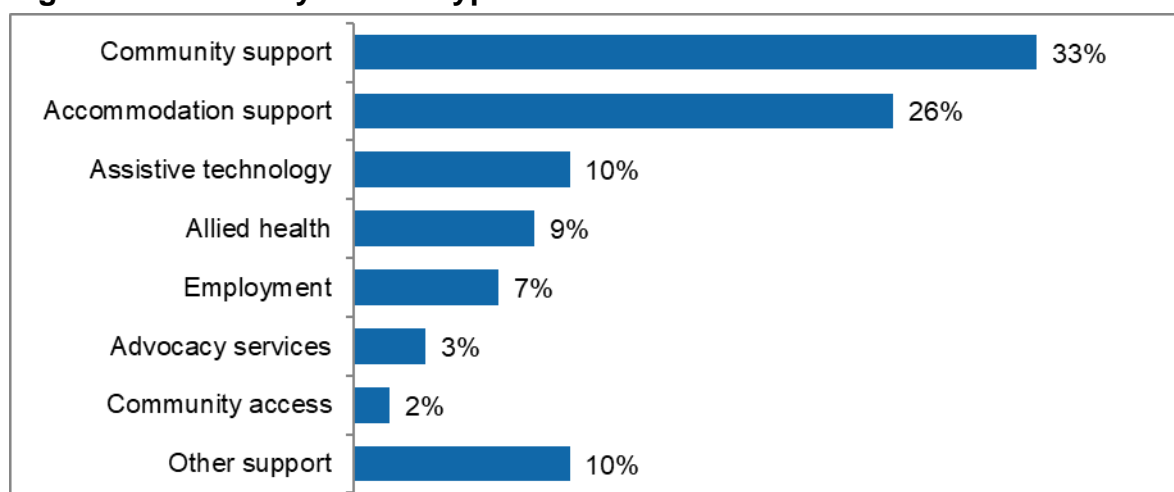
The Office received 114 complaints about disability services in the 2020-21 reporting year and closed 122 complaints. Figure 18 details the number of complaints received and closed over the past three years.

Figure 18: Complaints about disability services



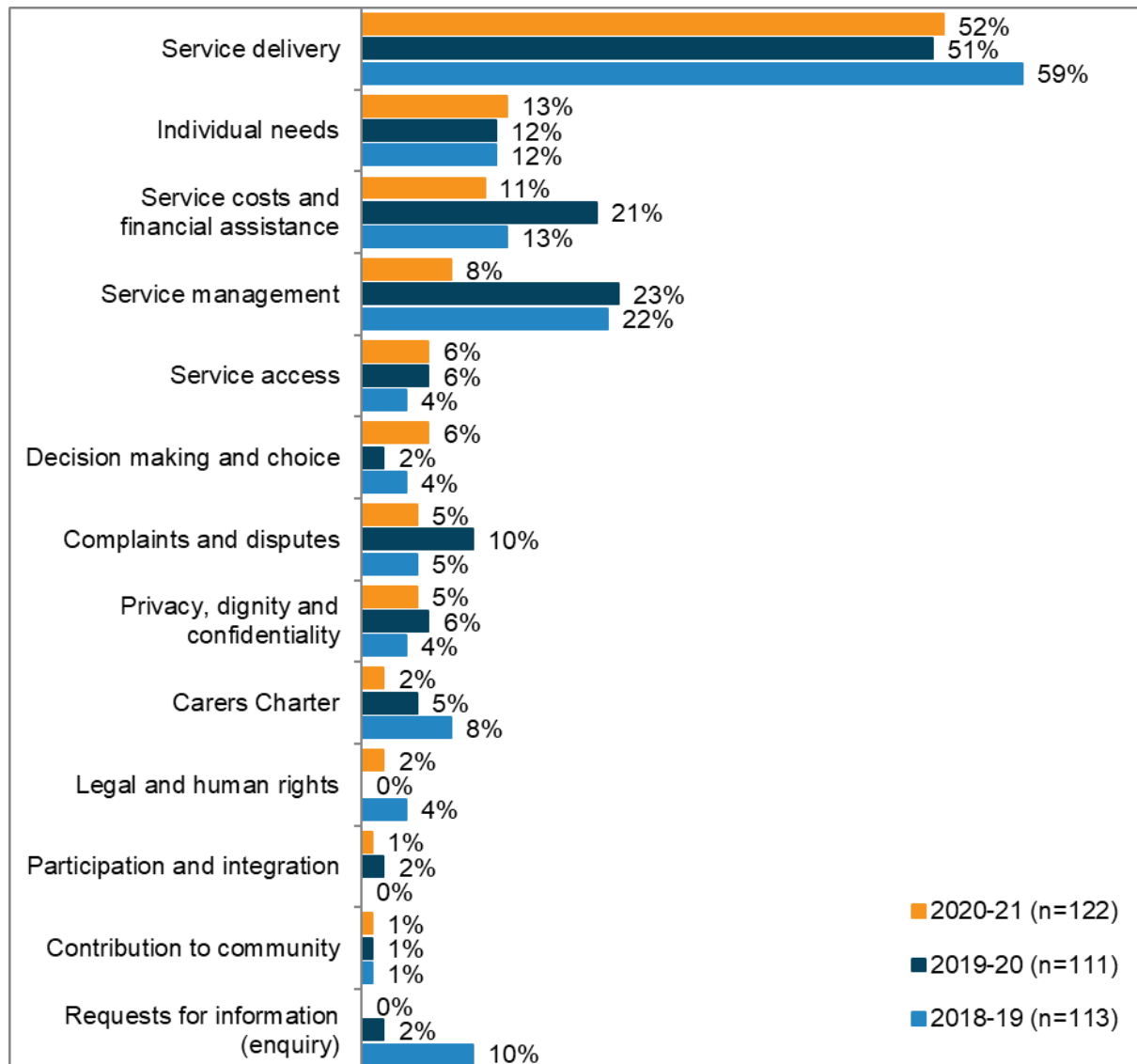
The specific disability service types identified in the complaints we closed in the 2020-21 reporting year are shown in Figure 19. The service types that were most frequently cited were community support (33%), accommodation support (26%) and assistive technology (10%).

Figure 19: Disability service types



The complaint issue categories identified in the complaints that were closed over the last three years are shown in Figure 20. Within each complaint category, a variety of issues may be cited by the individual making the complaint.

Figure 20: Issues identified in complaints that were closed over the last three years



Percentages may not sum to 100% as multiple issues can be identified per complaint.

Specific trends observed include:

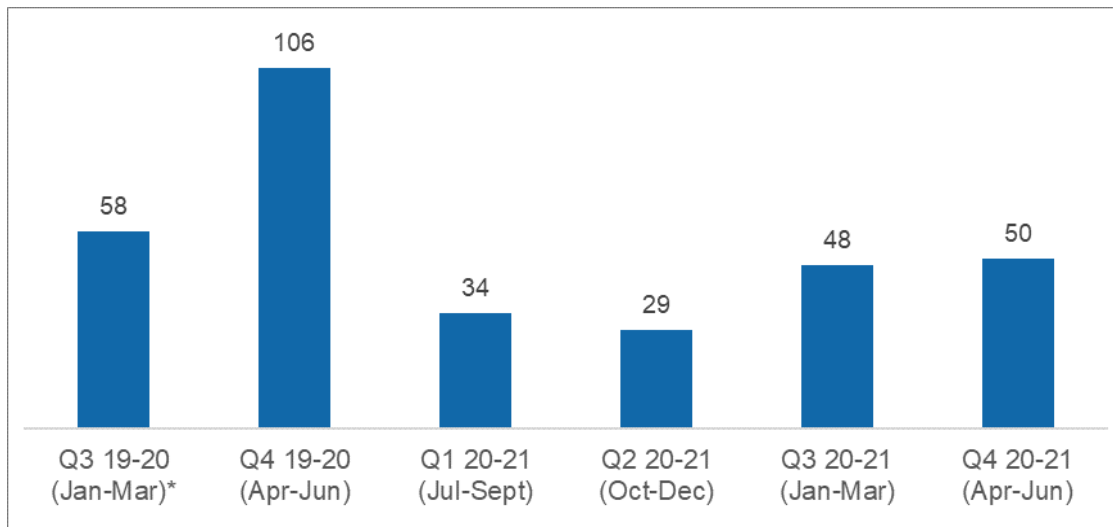
- Service delivery continues to be the most commonly cited issue, identified in over half of all disability service complaints closed in the past three reporting years.
- The proportion of complaints about service management issues declined significantly, from 23% to 8% this reporting year.
- The proportion of complaints about service costs and financial assistance decreased from 21% to 11% this reporting year. This is more comparable with the 13% identified in the 2018-19 reporting year.

2.8 Complaints about COVID-19 matters

In the 2020-21 reporting year, 161 complaints were received relating to COVID-19 matters, accounting for 6% of the complaint total. This was slightly less than the 164 complaints received in the previous reporting year.

The volume of complaints relating to COVID-19 received is detailed in Figure 21. This data is broken down by quarter within the past two reporting years.

Figure 21: COVID-19 complaint volume



The Office received the first complaint relating to COVID-19 on 26 February 2020.

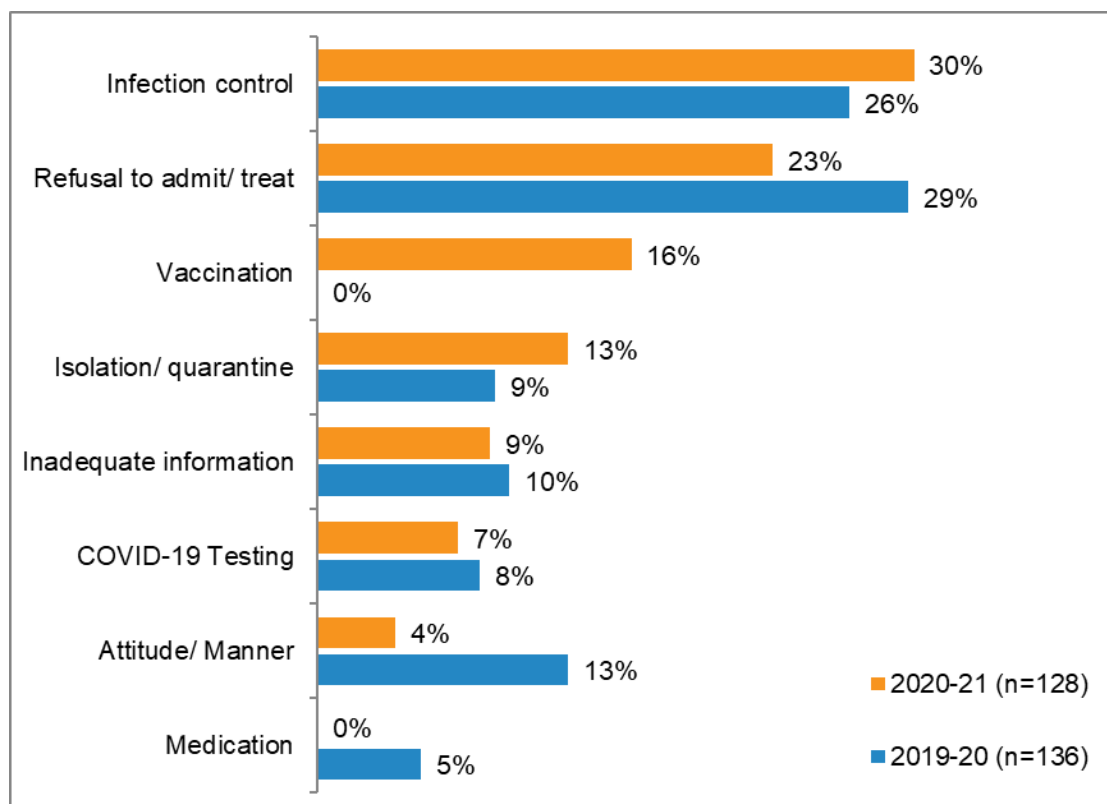
The complaints received fall into one of two categories. Complaints about the provision of a health, mental health or disability service are classified as in-jurisdiction and the rest are classified as out of jurisdiction. Examples include state and international travel restrictions, retail trading conditions and/or infection control measures in public spaces.

Of the 161 complaints received in this reporting year:

- 77% concerned health services.
- 4% concerned mental health services.
- 1% concerned disability services.
- 17% were classified as out of jurisdiction.

Figure 22 outlines the issues cited with the in-jurisdiction complaints for the past two reporting years.

Figure 22: COVID-19 complaint issues identified



Totals may not sum to 100% due to rounding.

In this reporting year, infection control was the most commonly cited complaint issue (30%). This represents an increase of 4% from last reporting year where it was the second most common (26%). Complaints about infection control typically related to the availability of personal protection equipment or social distancing practices in health facilities.

Complaints about refusal to admit or treat accounted for 23% of all issues raised; this figure is 6% lower than the previous reporting year where it was the most frequently cited issue (29%). Examples include elective surgery delays, eligibility to receive a COVID-19 test and refusal to provide services based on COVID-19 symptoms.

The third most common issue in this reporting year related to COVID-19 vaccination (16%). The first vaccination complaint was received in March 2021, and across the four-month period to the end of June 2021, a total of 20 were received, making it the most common issue in that time period. Vaccination complaints were likely to concern vaccine eligibility, vaccine availability and/or service coordination.

Educate and Train

2.9 Introduction

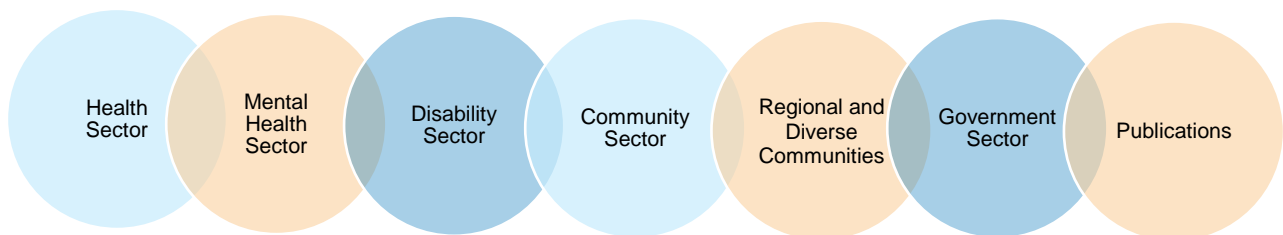
Service improvement and education is a key focus for the Health and Disability Services Complaints Office. Alongside the provision of a comprehensive complaint resolution service, we also work to provide our service providers with the tools, resources and knowledge needed to collaboratively improve health, disability and mental health services.

We also empower community members to feel confident in resolving their complaints. Additionally, we perform an essential educational function by providing information about good principles for complaints handling, details as to our role in complaints management and the outcomes we can achieve.

We recognise that complaints provide an opportunity to improve services and, through focusing on the individual and systemic issues that give rise to complaints, we can assist to bring about positive change. We believe that through education and training we can help to prevent the same issues occurring again in the future, and ensure services are effective, safe and consistent for all Western Australians.

To achieve this, we undertake a range of tailored engagement activities with a variety of stakeholders across Western Australia and the Indian Ocean Territories. The Australian Government, through the Department of Infrastructure, Transport, Regional Development and Communications, provides funding to the Office to deliver services to the Indian Ocean Territories.

We promote our services, make them accessible to all and ensure we are responsive to community needs in accordance with our Stakeholder Engagement Strategy. The strategy contains seven program areas as indicated below:



2.10 Health sector

Australian Health Practitioner Regulation Agency

The Office has a strong working relationship with the Australian Health Practitioner Regulation Agency (Ahpra). Under the *Health Practitioner Regulation National Law (WA) Act 2010*, we are required to consult with Ahpra about complaints that relate to the health, performance or conduct of registered health practitioners to determine which agency is best placed to manage the complaint.

This effective working relationship is vital to the exchange of information through the consultation process and ensures the process operates efficiently and effectively.

In the 2020-21 reporting period, the Office attended a range of meetings and stakeholder engagement events with Ahpra including the Ahpra and National Boards National Registration and Accreditation Scheme (NRAS) combined meeting.

At the invitation of the Western Australian Chief Medical Officer, the Office provided a submission to the NRAS Review Implementation Project Secretariat on the *Health Practitioner Regulation National Law Amendment Bill 2021*. The submission focused on the interface between Ahpra and our Office in relation to interim prohibition orders, particularly in the context of the National Code of Conduct for health care workers (once implemented in Western Australia). Interim prohibition orders that will be issued under the National Law will complement the National Code regime, further strengthening the protections for public health and safety.

Department of Health – Patient Safety and Clinical Quality Directorate

The Office is committed to contributing to systems which assist to drive safety and quality in health care. Complaints data can assist to identify key themes and trends and potential indicators of safety and quality risks. An effective complaints handling system is one mechanism which can drive safety and quality improvements.

In this reporting year, the Patient Safety and Clinical Quality Directorate in the Department of Health invited us to participate in discussions about complaints as indicators of the patient experience. This work had a number of benefits including contribution to wider conversations about complaint trends across the public health sector. Patient evaluation of health services data highlighted where the Office will need to focus further work to raise awareness of its services with the community.



Education and training

Delivering complaint handling training and supporting providers to learn from complaints is a key strategic priority. This priority also complements the Sustainable Health Review recommendation focusing on workforce capability.

The Office collaborated with the University of Notre Dame Australia to develop a program of presentations for nursing and midwifery students. The program focus is related to:

- the complaint management services of the Office and its interface with the Australian Health Practitioner Regulation Agency;
- common issues that give rise to complaints about nursing and midwifery services; and
- the benefits of patient-centred care and communication.

The aim of the program is to educate practitioners at the earliest stages of their careers with the use of de-identified case studies to highlight improvements made to health services as a result of complaints.

Complaint handling training was also provided to staff at one of the public health service providers. The aim of the training was to improve awareness of the scope and function of the Office, provide an overview of the principles for complaint administration and strategies for managing individuals who raise complaints.

National Code of Conduct for health care workers

State and Territory Health Ministers agreed to the terms of the first National Code of Conduct for health care workers (National Code) in 2015. The National Code contains 17 clauses, which set minimum standards of practice for healthcare workers not registered under the National Registration Accreditation Scheme, or who provide services unrelated to their registration, or who are student or volunteer health care workers. Among other things, the National Code requires that health care workers:

- Provide services in a safe and ethical manner, including not providing health care of a type outside of their experience or training or services they are not qualified to provide.
- Not make claims to cure certain illnesses.
- Not financially exploit clients.
- Not engage in sexual misconduct or improper personal relationships with a client.

Professions that will be captured by the National Code include, but are not limited to, massage therapists, dieticians, speech pathologists, counsellors and other types of allied, alternative and community health services.

Following implementation in Western Australia, the Office will be responsible for managing complaints about health care workers who have allegedly breached a provision of the National Code.

The Director will be able to issue prohibition orders for Code breaches, that will require a health care worker to cease practice, or place conditions on their practice, where their conduct presents a serious risk to public health and safety.

Progressing the implementation of the National Code of Conduct in Western Australia continues to be a key focus for the Office. The preparation for drafting of amendments to the *Health and Disability Services (Complaints) Act 1995* to provide for the National Code and its implementation in Western Australia through regulation is progressing.

At the invitation of the New South Wales Health Care Complaints Commission, the Office became a member of the National Council of Unregistered Health Practitioners. Membership of the Council includes the health complaints entities across Australia and the Australian Health Practitioner Regulation Agency. The purpose of the Council is to provide a community of best practice in Australia in relation to the regulation of unregistered health practitioners. The inaugural meeting was held in May 2021.

Palliative care and the implementation of the Voluntary Assisted Dying Act 2019

In recognition of the enduring strategy in the Sustainable Health Review relating to a dignified end of life, a key area of focus in the reporting year was engagement with the palliative care sector and working with the Department of Health supporting the implementation of the *Voluntary Assisted Dying Act 2019*.

In the lead up to implementation, the Office raised awareness by presenting at the Palliative Care WA Summit and engaged with nurse practitioners who work in end of life care to gain a broader appreciation of issues faced by the workforce. We also participated in the consultation process for revisions to the WA Advance Health Directive.

Office staff met with the Chairperson of the Voluntary Assisted Dying Implementation Leadership Team and worked closely with the project team at the Department of Health to ensure the effective implementation of the new complaint jurisdiction associated with this health reform. This work is assisting with establishing pathways for the referral of complaints between the Voluntary Assisted Dying Board and the Office, as well as with the Australian Health Practitioner Regulation Agency. This work has also focused on our interface with the statewide Pharmacy and proposed Care Navigator services.

To build internal capacity, all staff participated in a number of webinars covering preparation for voluntary assisted dying and our project team contributed to the development of fact sheets, released by the Department of Health, to raise awareness of our role in managing complaints about the voluntary assisted dying process.

Prison health services

It is important that services are accessible to all those who wish to make a complaint. This includes people in Western Australian prisons. Of the total number of complaints closed in the 2020-21 reporting year, 18% of health complaints and 12% of mental health complaints were about prison health services.

During the year, Office staff visited a regional facility to meet with the Superintendent, senior staff and clinical nurse managers to discuss complaints about prison health services. The visit also included discussions with peer support prisoners and prisoners from the Pre-Release Unit.

The Office also met with the Commissioner, Corrective Services to discuss complaint trends and themes in the interests of identifying improvements across the prison health system.

As part of the ongoing commitment to improving accessibility, the Office revised its Prison Complaint Form which was approved by the Commissioner, Corrective Services in June 2021.

2.11 Mental health sector

Education and training

A key initiative introduced in this reporting year was the provision of training to graduate mental health nurses at the University of Notre Dame Australia. The purpose of this initiative is to educate practitioners at the earliest stage of their career about the learnings from complaints, which highlight the benefits of patient-centred care and communication

Building upon this, the Office hosted an information exhibit at the Mental Health Services Learning Network Virtual Conference in February 2021. The conference, which was attended by a range of clinicians, representatives from public and private providers, as well as people with lived experience, consumers, carers and academics, provided an excellent opportunity to engage broadly with the sector.

These opportunities provide benefits through education and training, and information sharing about services.

Office of the Chief Psychiatrist

The Office met with the Chief Psychiatrist and staff on a range of occasions regarding complaint trends and matters of shared interest. A report covering mental health complaints was presented to the Chief Psychiatrist which helped identify trends and outcomes in complaints, together with information about consumer demographics.

Mental Health Advocacy Service

During the year, the Office engaged with the Mental Health Advocacy Service (MHAS) to exchange information about strategic priorities and to highlight the issues that give rise to complaints. To support organisational learning for both agencies and to consolidate the capacity of Office staff to manage complaints received from involuntary patients, the MHAS gave a presentation on its role and functions.

Mental Health Commission

The Office met with staff from the Mental Health Commission to share information about mental health service complaints and the key trends and themes observed. By invitation, staff participated in the Commission's Mental Health, Alcohol and Other Drug – System Leadership Forum. We also provided an update on the status of a recommendation made as a result of the post-implementation review of the *Mental Health Act 2014* (the Act) as it relates to the work of the Office. This provided an opportunity to reflect on the delivery of significant outcomes in strengthening the promotion of complaints resolution processes under the Act.

Mental Health Tribunal

There are occasions when issues raised in complaints are more appropriately handled by the Mental Health Tribunal. To raise awareness of each agency's roles and responsibilities, presentations were provided to staff in both agencies. This working relationship is important for the benefit of mental health service consumers in the community.

Western Australian Association for Mental Health

The Office engaged with the Western Australian Association for Mental Health to exchange information about our mental health jurisdiction and to inform the association about complaint trends and themes.

Staff from the Office attended the CARE Hub launch in February 2021. This is an online communication hub specifically for people with an interest in community mental health practice. The Hub provides regular information about events and activities across the mental health sector in Western Australia.

A filmed interview with a staff member from the Complaints Resolution team to inform and educate the community about our role in complaints management was cancelled as a result of a COVID-19 lockdown. The interview will be re-scheduled in the next reporting year and will focus on the complaints resolution process, including the outcomes that can be achieved for individuals and the broader community as a result of a complaint.

2.12 Disability sector

National Disability Insurance Scheme complaints jurisdiction

A key focus throughout the reporting year was supporting the transition of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission (NDIS Commission).

While the complaints jurisdiction has now been transitioned, the Office has an ongoing role in dealing with pre-transition matters and will also continue to deal with complaints about State-funded and non-NDIS services.

The following outcomes were achieved to support a successful transition of the complaint jurisdiction:

- Transition arrangements were communicated to members of the community and service providers by correspondence and through website updates.
- Regular meetings occurred with key stakeholders that included the Department of Communities, the NDIS Commission and National Disability Services Western Australia (NDS).
- Resources were updated and distributed through a range of mediums.
- The Office contributed to the development of NDIS Commission publications.
- Presentations were given by the Director pre and post transition to the NDS Quality and Safeguarding Community of Practice and the NDS Quality and Safeguarding Forum.

National Disability Insurance Scheme Interface Steering Committee

The Office is a member of the National Disability Insurance Scheme Interface Steering Committee (NISC). The NISC was established by the Department of the Premier and Cabinet to ensure a coordinated and consistent whole-of-government approach to supporting Western Australians with disability.

The NISC continues to function as a key forum for Western Australian agencies to share information and consolidate input into national policy processes related to the NDIS. The Director contributes to the NISC through work plan responsibilities and membership. This remains particularly important post transition to ensure a coordinated approach across government agencies.

People with Disabilities WA inaugural state conference

At the invitation of the Executive Director of People with Disabilities WA (PWdWA), the Director attended the opening ceremony of the PWdWA inaugural state conference. PWdWA is the peak body and key advocacy service for Western Australians with a disability. Attendance at the opening ceremony provided an excellent opportunity to network with key stakeholders from the disability sector.

2.13 Community engagement

Carers WA

During the reporting year, the Director gave a tailored presentation to Carers WA to outline our role and functions. Information was provided about how carers can help individuals to make a complaint and how carers can complain on their own behalf where they consider that a service provider has not complied with the Carers Charter, the Disability Service Standards or the Mental Health Care Principles. The presentation was well received and provided the opportunity for the development of an understanding of complaint resolution services.

Health Consumers' Council

The Office engages with the Health Consumers' Council to exchange information about strategic priorities and complaints trends and themes. This regularly occurred throughout the reporting year.

Mental Health Matters 2

The Director participated as a panel member in Mental Health Matters 2 training in Family/Carer rights in Treatment, Support and Discharge planning. This provided an excellent opportunity to raise awareness of the services provided by the Office and the outcomes achieved through complaint resolution.

Seniors Expo

The Office hosted an information and education exhibit at the annual Have a Go Day, a LiveLighter Event, in partnership with the Consumer Protection Division of the Department of Mines, Industry Regulation and Safety. Have a Go Day is hosted by the Seniors Recreation Council of Western Australia and is their largest single event, with more than 16,000 participants. Participation in this event provided an opportunity to directly engage with the over 55 age cohort and to provide information about services to stakeholders who access health, disability and mental health services.

2.14 Regional and diverse communities

Aboriginal community

The Office attended the Western Australian Aboriginal Community Controlled Health Sector Conference to promote awareness by managing an information and education exhibit. This enabled outreach to a number of health practitioners who deliver services to Aboriginal people across Western Australia.

Following the conference, a tailored presentation was given to the Chief Executive Officer Network of the Aboriginal Health Council of Western Australia. Feedback indicated that the presentation and discussions were both informative and productive.

Culturally and linguistically diverse community

Ishar Multicultural Women's Health Services provides a range of holistic services to women from diverse cultural backgrounds. Office staff attended a seminar hosted by Ishar, *Let's talk Culture: CaLD Women's Mental Health Across the Lifespan*. The seminar focused on cultural issues that can prevent women from accessing services.

The Ethnic Disability Advocacy Centre (EDAC) is the peak advocacy organisation in Western Australia and aims to safeguard the rights of ethnic people with disability and their families. We attended meetings that focused on projects and services that provide support for multicultural people with disabilities to access services. EDAC was consulted in the development of our Arabic translated information brochure. This complemented the suite of translated brochures and provided the opportunity to increase awareness and accessibility of our services.

Regional visits

In the reporting year, the Office connected with the regional Western Australian community through stakeholder engagement and outreach activities and events.

- **Agricultural Shows**

In collaboration with the Consumer Protection Division of the Department of Mines, Industry Regulation and Safety, the Office participated in the delivery of outreach activities by attending regional agricultural shows in Narrogin and Wagin. The information and education exhibit provided the community with the opportunity to meet staff and receive information on the role and functions of the Office.

In addition to the event, staff met with a range of stakeholders including the Narrogin Regional Hospital, Southern Wheatbelt Primary Health Service, Narrogin and District Senior Citizens Centre, dental and pharmacy services and Accessibility which provides services and support to people with disability.

- **Bunbury**

The Office visited Bunbury Regional Hospital and met with the Consumer Engagement Manager responsible for handling complaints. The visit provided an opportunity to exchange information about complaint trends and to provide information on the role and functions of the Office.

- **Wheatbelt**

The Office participated in the Regional Awareness and Accessibility Program visit to Northam and Merredin with the Commonwealth Ombudsman, Equal Opportunity Commission and Ombudsman Western Australia.

The purpose of the visit was to promote awareness of and provide accessibility to our respective services. There was a range of community engagement activities completed in partnership with these agencies. These included presentations at a community information session in Northam and an information session for Aboriginal people in Merredin.

The visit also presented an excellent opportunity to engage with key stakeholders, such as the WA Country Health Service in Northam, the Wheatbelt Mental Health Service, community health and mental health services and legal advocacy services, to exchange information about complaint handling and complaint trends. Informational material was also provided to the Bilya Koort Boodja.

Three complaint clinics were held which provided an opportunity to directly engage with members of the community and to provide information. The community information sessions were well received and were generally well attended by key individuals within the community. The information sessions presented an excellent opportunity to raise awareness of, and provide access to, our services among senior members of the Aboriginal community in the Wheatbelt. The joint agency approach was well received by community members and stakeholders.

- **Pilbara**

Office staff presented at the Independent Agency Forum for Service Providers in the Pilbara in collaboration with Ombudsman Western Australia, the Corruption and Crime Commission, the Equal Opportunity Commission and the Commonwealth Ombudsman.

This was the first regional visit that has been conducted through a virtual platform. Feedback from the community indicated that the forum assisted in raising awareness of our services and how to access them. The information provided during the presentation will assist community organisations to refer their clients into the future.

Indian Ocean Territories

As part of a service delivery arrangement with the Australian Government, we undertook a visit to the Indian Ocean Territories (IOT).

The visit was in collaboration with the Consumer Protection Division of the Department of Mines, Industry Regulation and Safety, the Equal Opportunity Commission and Ombudsman Western Australia.

The purpose of the visit was to provide community members on Christmas and Cocos (Keeling) Islands with the opportunity to meet Office staff, and to raise awareness of the Office in general. The visit presented an excellent opportunity for community members to discuss emerging issues and complaints with our staff.

The key messages included:

- Complaint resolution services about health, disability and mental health services provided in Western Australia and the IOT are available to community members.
- The type of complaints that the Office can manage, explanations of outcomes and systemic improvements that can be achieved.
- Contact details, including our website, telephone enquiry service and postal contact information.
- Information on the requirements and the support available for complaint lodgement.
- Ensuring that community members knew that Office staff were able to assist with completion of complaint forms, as necessary, as part of the visit.

2.15 Government sector

Accountability agencies

The Office is a member of the Accountability Agencies Collaborative Forum. By working together through the forum, the agencies consider opportunities for collaborative approaches to common areas of shared work interest. There is also a focus on enhancing awareness of, and access to, accountability agency services for Aboriginal Western Australians, including opportunities to work collectively to listen to, collaborate with, and work for Aboriginal Western Australians.

Collocated with a number of accountability agencies in Albert Facey House, we also undertake joint initiatives such as regional visits and the sharing of expertise in areas of common interest. In this reporting period, the agencies featured in an article in the Law Society's *Brief* magazine. The article provided an insight into the role of the agencies overall. For the Office, information was provided about our history and how, through our role and functions, we contribute to improving health, disability and mental health services in Western Australia.

Commissioner for Consumer Protection

During the year, the Office met with the Commissioner for Consumer Protection, Department of Mines, Industry Regulation and Safety, to exchange information about areas of overlap between complaints managed under the Australian Consumer Law which involve health, disability and mental health services. The Office also collaborated with staff in the Consumer Protection Division for joint outreach and community engagement initiatives.

Equal Opportunity Commission

The collocation of the Equal Opportunity Commission in Albert Facey House from June 2020 has provided a number of opportunities to work more closely with this key accountability agency, including for areas of overlap in jurisdiction. This includes attending regional visits together. Staff also attended a Human Rights Day event hosted by the Equal Opportunity Commissioner in the reporting period. The Office participated in the 'speed mentoring' event for International Women's Day which involved mentoring for young women.

Health Complaints Commissioners (Australia and New Zealand)

The Director of the Office is a member of the Health Complaints Commissioners group across Australia and New Zealand. Each year the Commissioners meet to exchange information about strategic and operational matters and emerging health reforms which influence the delivery of quality complaints systems.

Meetings in the reporting year focused on responding to emerging health policy issues during the pandemic and the monitoring of complaints about COVID-19 matters. They also provided the opportunity to exchange information about responsive and agile work practices to ensure ongoing business continuity.

The Director of the Office is also a member of the Disability Complaints Commissioners group across Australia and New Zealand. There were no formal meetings of the group in the reporting year. As most Disability Complaints Commissioners are also members of the Health Complaints Commissioners group, the Director raised issues with Disability Commissioners at the Health Complaints Commissioners meetings.

Independent Oversight Working Group for the Royal Commission into Institutional Responses to Child Sexual Abuse

The Office is a member of the Independent Oversight Working Group for the Royal Commission into Institutional Responses to Child Sexual Abuse, established by the Department of the Premier and Cabinet to support implementation of the Royal Commission's recommendations for independent oversight of child related services. Staff continued to contribute to working group initiatives during the reporting year.

Ministerial support

The Office has a role in providing advice and information to the State Government through liaison with the Office of the Minister for Health in line with the statutory reporting function. As part of this reporting function, the Office responded to a range of parliamentary questions on a variety of issues and prepared briefing notes and drafted replies to correspondence for specific issues as required. In addition, the Office liaises and provides information to the Minister for Disability Services on issues related to the disability sector and the Minister for Mental Health on issues related to the mental health sector where they arise.

Policy reform

In the reporting year, the Office contributed by invitation to a number of national and state policy reform initiatives. These included providing feedback to:

- The Commonwealth Department of Health on the Aged Care Worker Regulation Scheme Consultation Paper as part of the consultation process.
- The Department of Communities during its consultation process on establishing an office of disability.
- The Australian Commission on Safety and Quality in Health Care on the draft National Safety and Quality Health Service Standards Guide for Community Health Services.

Western Australian Steering Group for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

The Office is a member of the Western Australian Steering Group for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The Steering Group was established to support the Western Australian Government's interface with the Disability Royal Commission and enable information sharing and collaboration across State Government agencies.

2.16 Publications

The Service Two key effectiveness indicator was reviewed in the 2019-20 reporting year as part of the review of the Outcome Based Management (OBM) structure with changes implemented in 2020-21. During the 2020-21 reporting year, 28 publications were developed for the community, service providers and key stakeholder groups. In addition, the website was updated, including more streamlined access to publications.

Information sheets about end of life and palliative care and learning from complaints about mental health were published and distributed. The Office wrote feature articles for the *Have a Go News* and content for disability and mental health lift outs in *The West Australian* and *Countryman* newspapers and the Linkwest newsletter.

Report card program

The Office places a strong focus on engaging with key health service providers. Each year, the Office produces individual Report Cards for the five public health service providers, two private service providers and the Department of Justice to assist them to gain an appreciation of the complaints managed by the Office that relate to their health and mental health services. A summary Report Card covering all five public health service providers in WA Health is also provided to the Director General of the Department of Health, and the individual health service providers.

The reports provide a framework for meetings with chief executives and staff of the individual providers. The Office uses feedback to drive enhancements each year. The program has been of value to service providers. The sharing of the complaints data through the program is one approach the Office takes to contributing to the enduring strategy in the Sustainable Health Review of using data to drive improvements in safety and quality in the provision of health care.

Health and Disability Complaints Data Collection Programs

In accordance with section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, and section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, annual complaint statistics are provided from prescribed public, private, not-for-profit and non-government health and disability service providers in Western Australia.

Following analysis of complaints data, the Office released the *Health Complaints Trends Report 2015-16 to 2019-20* and the *Disability Services Data Collection Report 2016-17 to 2019-20*. The reports were provided to service providers and the Ministers for Health and Disability. The reports can assist service providers to identify systemic issues and trends to drive strategy for the provision of patient-centred health care and support for people with disability. Both were published on the Office website.

Siapakah kami

Pejabat Aduan Perkhidmatan Kesihatan dan Kelainan Upaya (HaDSCO) menangani aduan tentang perkhidmatan kesihatan, kelainan upaya dan kesihatan mental di Australia Barat dan Wilayah Lautan Hindi. Perkhidmatan kami adalah percuma dan terbuka untuk semua orang.

Kadangkala, pesakit dengan perkhidmatan Lazimnya, bercakap perkhidmatan menyelesaikan

Jika r
seles

Kami ak
bercak
perkhir
aduan

Anda boleh membuat aduan tentang siapa

Apa yang boleh anda adukan

Kami boleh menguruskan aduan tentang perkhidmatan kesihatan, kelainan upaya dan kesihatan mental. Kami juga dapat membantu anda dengan aduan tentang perkhidmatan kesihatan, kelainan upaya dan kesihatan mental.

Health, disability and mental health complaints

Supporting improved complaint resolution

Penyokong penyelesaian

Hỗ trợ cải thiện quyết khiếu nại

Membuat aduan tentang kesihatan, kelainan upaya dan kesihatan mental

Khiếu nại về y tế, khuyết tật, sức khỏe tâm thần

بالتحسين من خلال
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Complaints Office





Significant Issues and Trends

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3 Significant Issues and Trends

3.1 Introduction

Each year there are a range of significant issues and trends which affect the services provided. It is important that the Office is positioned to respond to these issues to ensure services are fit-for-purpose, responsive and accessible. The Office also contributes to strategic policy initiatives and reform programs which bring positive changes to service delivery; ongoing improvements in the health, disability and mental health sectors mean better outcomes for individuals.

3.2 Significant issues and trends

Responding to policy initiatives and reform programs

The Office continues to contribute to health, disability and mental health reforms at a State and national level. In 2020-21, the focus in particular was on disability reform, implementation of the *Voluntary Assisted Dying Act 2019*, and the National Code of Conduct for health care workers.

Disability reform

The Office successfully transitioned the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission. To ensure a successful transition occurred, a range of targeted and tailored strategies were implemented to ensure stakeholders and the community were informed of transition issues. The Office has an ongoing role in dealing with complaints about historical matters and for State-funded and non-NDIS services.

Implementation of the Voluntary Assisted Dying Act 2019

During the reporting year, a strong focus was placed on implementing strategies for the voluntary assisted dying complaint jurisdiction which commences on 1 July 2021 when the *Voluntary Assisted Dying Act 2019* comes into operation. The project work included developing and strengthening relationships with the Voluntary Assisted Dying Implementation Project Steering Committee, the Department of Health and the Australian Health Practitioner Regulation Agency as well as stakeholders involved with end of life and palliative care.

National Code of Conduct for health care workers

Progressing the implementation of the National Code of Conduct for health care workers (National Code) in Western Australia continues to be a key focus. The preparation for drafting of amendments to the *Health and Disability Services (Complaints) Act 1995* to provide for the National Code and its implementation in Western Australia through regulation is progressing. Under this new jurisdiction, the Office will receive complaints and conduct own initiative investigations for alleged breaches of the Code provisions. As implementation will require legislative change, timing for this new jurisdiction to come into operation is not currently known.

Continuous improvement programs

In the 2020-21 reporting year, the Office received the highest volume of complaints since commencing operation. In addition, complaints about mental health services increased by 41% compared to the previous reporting year. This increase comes at a time of increasing complexity of matters requiring consideration.

To assist with business development, a new case management system was implemented in the 2020-21 reporting year. The system will meet business and data requirements now and into the future. System design will also strengthen data integrity and the capability to share de-identified data more broadly. This improved functionality will allow the Office to contribute to sector reforms which are supported by the identification of systemic issues which arise in complaints.

Access to services

A stakeholder engagement strategy that details priority focus areas is developed annually. This ensures that we identify and evaluate emerging issues and adapt service delivery to meet the changing needs of all stakeholders. During the reporting year, priorities included outreach to Aboriginal, regional and remote, and culturally and linguistically diverse communities. Working in partnership with the Department of Communities and the National Disability Insurance Scheme Quality and Safeguards Commission, we used various mediums to inform the community about issues associated with the transition of the complaint jurisdiction.

To support accessibility to services overall, the website was updated to bring information about our services together in one searchable and mobile friendly format.

Governance and accountability

The Office continues to implement strategies to strengthen governance, accountability and transparency in line with the intent of the Strategic Plan. In the 2020-21 reporting year, the Office was established as a Budget Paper 2 agency and an updated Outcomes Based Management framework was implemented to provide stronger accountability and performance measure.



Health and Disability Services
Complaints Office



Health and Disability Services
Complaints Office

Health and Disability Services
Complaints Office

Government Goal
Strong communities: safe communities and supported families

Key Effectiveness Indicators

Services

Outcome

Service



Our Values:

- **Honesty:** We act with honesty and integrity, provide resolution service about health, disability and mental programs to educate and train in the prevention and sound governance framework.
- **Accountability:** We are accountable for our actions and meet the needs of the public, Ministers, service providers and stakeholders.
- **Dedication:** We provide our services with dedication and confidentiality.
- **Supportive:** We work together as a team and are supportive of our workplace.
- **Confidentiality:** We treat information received with confidentiality and confidentiality provisions of our guiding legislation.
- **Objectivity:** We work in an independent, impartial manner 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 governance framework.
- **Respond to changing environments (Review, Respond, Redefine):** Deliver our services within governance framework.

2.4 Generic template descriptors

- The following descriptors are used in publications about HaDSCO.
- "The Health and Disability Services Complaints Office is an impartial resolution authority offering an impartial resolution service to the people of Western Australia, Northern Territory and South Australia. Our services are about health, disability and mental health."
- "HaDSCO acts as a resolution authority for people with health, disability and mental health issues."

Disclosures and Legal Compliance

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4 Disclosures and Legal Compliance

4.1 Financial statements

Independent Auditor's Report



Auditor General

INDEPENDENT AUDITOR'S OPINION

2021

Health and Disability Services Complaints Office

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Health and Disability Services Complaints Office (agency) which comprise:

- the Statement of Financial Position at 30 June 2021, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended
- 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 2021 and the financial position at the end of that period
- 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 & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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.

Responsibilities of the Director for the financial statements

The Director is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions
- such internal control as it 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 entity's ability to continue as a going concern
- disclosing, as applicable, matters related to going concern
- 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 responsibilities 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. 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.

A further description of my responsibilities for the audit of the financial statements is located on the Auditing and Assurance Standards Board website. This description forms part of my auditor's report and can be found [at https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf](https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf).

Report on the audit of 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 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 2021.

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.

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 were implemented as designed.

An assurance engagement involves performing procedures to obtain evidence about the suitability of the controls design to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including an 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 in operation, the overall control objectives may not be achieved so that fraud, error or non-compliance 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 audit of 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 2021. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and 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 2021.

The Director's responsibilities 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 responsibilities

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 entity'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. 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.

Other information

The Director of the agency is responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2021, but not the financial statements, key performance indicators and my auditor's report.

My opinions do not cover the other information and, accordingly, I do not express any form of assurance conclusion thereon.

Matters relating to the electronic publication of the audited financial statements and key performance indicators

This auditor's report relates to the financial statements, controls and key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2021 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, controls 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, controls or key performance indicators. If users of the financial statements, controls and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version of the financial statements, controls and key performance indicators.



Jordan Langford-Smith
Senior Director Financial Audit
Delegate of the Auditor General for Western Australia
Perth, Western Australia
12 August 2021

Certification of Financial Statements



Disclosures and Legal Compliance

Financial Statements

Certification of Financial Statements For the reporting period ended 30 June 2021

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 2021 and the financial position as at 30 June 2021.

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 OFFICER
5 August 2021



Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY
5 August 2021



Statement of Comprehensive Income

For the year ended 30 June 2021

	Notes	2021	2020
COST OF SERVICES			
Expenses			
Employee benefits expense	2.1(a)	2,205,735	2,181,410
Supplies and services	2.2	433,264	361,839
Depreciation and amortisation expense	4.1.1 4.2.1 4.3	44,543	9,660
Finance costs	6.2	321	406
Accommodation expenses	2.3	335,649	323,905
Other expenses	2.4	126,195	129,025
Total cost of services		3,145,707	3,006,245
Income			
Commonwealth grants	3.2	37,921	11,716
Other income	3.3	2,487	2,721
Total income		40,408	14,437
NET COST OF SERVICES		3,105,299	2,991,808
Income from State Government			
Service appropriation	3.1	2,884,000	2,715,000
Resources received	3.1	261,000	193,213
Total income from State Government		3,145,000	2,908,213
SURPLUS/(DEFICIT) FOR THE PERIOD		39,701	(83,595)
OTHER COMPREHENSIVE INCOME			
Total other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME / (LOSS) FOR THE PERIOD		39,701	(83,595)

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



Statement of Financial Position

As at 30 June 2021

	Notes	2021	2020
ASSETS			
Current Assets			
Cash and cash equivalents	6.3	838,206	1,066,310
Restricted cash and cash equivalents	3.2 & 6.3	22,821	6,768
Receivables	5.1	14,220	3,903
Other current assets	5.3	22,241	44,843
Total cost of services		897,488	1,121,824
Non-Current Assets			
Restricted cash and cash equivalents	6.3	33,000	-
Amounts receivable for services	5.2	53,000	-
Plant and equipment	4.1	7,234	-
Intangibles	4.2	409,418	337,783
Right of use assets	4.3	765	14,068
Total Non-Current Assets		503,417	351,851
TOTAL ASSETS		1,400,905	1,473,675
LIABILITIES			
Payables	5.4	165,207	165,784
Lease liabilities	6.1	781	4,968
Employee related provisions	2.1(b)	418,801	375,965
Total Current Liabilities		584,789	546,717
Non-Current Liabilities			
Lease liabilities	6.1	-	9,272
Employee related provisions	2.1(b)	21,642	167,913
Total Non-Current Liabilities		21,642	177,185
TOTAL LIABILITIES		606,431	723,902
NET ASSETS		794,474	749,773
EQUITY			
Contributed equity		112,000	107,000
Accumulated surplus / (deficit)		682,474	642,773
TOTAL EQUITY		794,474	749,773

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



Statement of Changes in Equity

For the year ended 30 June 2021

	Notes	Contributed Equity	Accumulated Surplus	Total Equity
Balance at 1 July 2019		-	693,154	693,154
Correction of prior period errors		-	33,214	33,214
Restated balance at 1 July 2019		-	726,368	726,368
Deficit		-	(83,595)	(83,595)
Total comprehensive loss for the period		-	(83,595)	(83,595)
<i>Transactions with owners in their capacity as owners:</i>				
Capital appropriations	8.6	107,000	-	107,000
Balance at 30 June 2020		107,000	642,773	749,773
Balance at 1 July 2020		107,000	642,773	749,773
Surplus		-	39,701	39,701
Total comprehensive income for the period		-	39,701	39,701
<i>Transactions with owners in their capacity as owners:</i>				
Capital appropriations	8.6	5,000	-	5,000
Balance at 30 June 2021		112,000	682,474	794,474

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

Statement of Cash Flows

For the year ended 30 June 2021

	Notes	2021	2020
Cash flows from State Government			
Service appropriation		2,831,000	2,717,000
Capital appropriation		5,000	107,000
Net cash provided by State Government		2,836,000	2,824,000
<i>Utilised as follows:</i>			
Cash flows from operating activities			
Payments			
Employee benefits		(2,276,450)	(2,081,404)
Supplies and services		(283,963)	(181,866)
Finance costs		(321)	(406)
Accommodation		(261,580)	(272,811)
Other payments		(120,072)	(136,843)
Receipts			
Commonwealth grants		37,921	11,715
Other receipts		2,282	2,721
Net cash used in operating activities		(2,902,183)	(2,658,894)
Cash flows from investing activities			
Payments			
Purchase of non-current assets		(106,060)	(337,783)
Net cash used in investing activities		(106,060)	(337,783)
Cash flows from financing activities			
Payments			
Principal elements of lease payments		(6,808)	(6,814)
Net cash used in financing activities		(6,808)	(6,814)
Net increase/(decrease) in cash and cash equivalents		(179,051)	(179,491)
Cash and cash equivalents at the beginning of the period		1,073,078	1,252,569
Cash and cash equivalents at the end of the period	6.3	894,027	1,073,078

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

Summary of Consolidated Account Appropriations

For the year ended 30 June 2021

	2021 Budget Estimate	2021 Actual	2021 Variance
Delivery of Services			
Net amount appropriated to deliver services	2,578,000	2,578,000	-
Section 25 Transfer of service appropriation	-	70,000	70,000
Amounts Authorised by Other Statutes			
- <i>Salaries and Allowances Act 1975</i>	236,000	236,000	-
Total appropriation provided to deliver services	2,814,000	2,884,000	70,000
Grand Total	2,814,000	2,884,000	70,000

\$70,000 was transferred from the Department of Health to assist with the implementation of complaints management in relation to the *Assisted Voluntary Dying Act 2019*.

No further supplementary funding was received by the Office.

Notes to the Financial Statements

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 the operations and the 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 5 August 2021.

Statement of compliance

These general purpose financial statements are prepared in accordance with:

- 1) The Financial Management Act 2006 (**FMA**)
- 2) 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 FMA and TIs 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

The 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 the 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.

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:

	Notes	2021	2020
Employee benefits expenses	2.1(a)	2,205,735	2,181,410
Employee related provisions	2.1(b)	440,443	543,878
Supplies and services	2.2	433,264	361,839
Accommodation expenses	2.3	335,649	323,905
Other expenses	2.4	126,195	129,025

2.1(a) Employee benefits expenses

	2021	2020
Employee benefits	2,010,519	1,985,019
Superannuation – defined contribution plans	195,216	196,391
Total employee benefits expenses	2,205,735	2,181,410
Add: AASB 16 Non-monetary benefits	6,611	8,321
Less: Employee contributions	(82)	(2,721)
Net employee benefits	2,212,264	2,187,010

Employee Benefits: include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave, and non-monetary benefits (such as medical care, housing, cars and free or subsidised goods or services) for employees.

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.

AASB 16 Non-monetary benefits: Non-monetary employee benefits, that are employee expenses, relate to the provision of vehicle benefits and are measured at the cost incurred by the Office.

Employee Contributions: contributions made to the Office by employees towards employee benefits that have been provided by the Office. This includes both AASB-16 and non-AASB 16 employee contributions.

2.1(b) Employee related provisions

	2021	2020
<u>Current</u>		
Employee benefits provisions		
Annual leave	202,420	211,403
Long service leave	216,381	164,562
Total current employee related provisions	418,801	375,965
<u>Non-current</u>		
Employee benefits provisions		
Long service leave	21,642	167,913
Total non-current employee related provisions	21,642	167,913
Total employee related provisions	440,443	543,878

Provision is made for benefits accruing to employees in respect of 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.

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.

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 an 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(a)

	2021	2020
Communications	40,171	46,015
Consultants and contractors	98,438	83,861
Consumables	26,328	64,533
IT Software and licences	58,203	11,842
Resources received – ICT support	103,328	50,644
Resources received – Finance	13,702	12,744
Resources received – HR support	16,436	41,933
Resources received – Supply chain	693	-
Resources received – Legal	52,374	25,276
Travel	23,591	24,991
Total supplies and services expenses	433,264	361,839

(a) Accounts have been remapped to refine current reporting to the Treasury Model Statements.

Supplies and services expenses 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.

2.3 Accommodation expenses^(a)

	2021	2020
Rental	256,967	255,984
Resources received – office fit-out and leasing	74,467	62,616
Electricity	4,215	5,305
Total accommodation expenses	335,649	323,905

^(a) Accounts have been remapped to refine current reporting to the Treasury Model Statements.

Rental expenses include variable lease payments, recognised in the period in which the event or condition that triggers those payments occurs.

2.4 Other expenses^(a)

	2021	2020
Administration	1,798	1,716
Equipment repairs and maintenance	701	1,337
Buildings and infrastructure maintenance	380	4,905
Advertising and promotion expenses	17,555	16,251
Other staffing costs	33,592	37,819
Insurance	25,790	19,324
Motor vehicle expenses	5,011	3,621
Audit fees	37,700	37,799
Other	3,668	6,253
Total other expenses	126,195	129,025

^(a) Accounts have been remapped to refine current reporting to the Treasury Model Statements.

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

Building and infrastructure maintenance and equipment 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.

Other staffing costs represent staff training, the employee assistance program and provision of staff amenities.

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:

	Notes	2021	2020
Income from State Government	3.1	3,145,000	2,908,213
Commonwealth grants	3.2	37,921	11,716
Other income	3.3	2,487	2,721

3.1 Income from State Government

	2021	2020
Appropriation received during the period:		
- Service appropriation	2,884,000	2,715,000
Total appropriation received	2,884,000	2,715,000
Resources received from other public sector entries during the period:		
Department of Finance – Office fit-out costs and leasing	74,467	62,616
State Solicitors Office – Legal support	52,374	25,276
Department of Health – Finance support	8,224	6,553
Health Support Services – ICT, Finance and HR support	125,935	98,768
Total resources received	261,000	193,213
Total Income from State Government	3,145,000	2,908,213

Service Appropriations are recognised as income at the fair value of consideration received 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.

Resources received from other public sector entities are recognised as income (and assets or expenses) equivalent to the fair value of the assets, or the fair value of those services that can be reliably determined and which would have been purchased if not donated.

3.2 Commonwealth grants

	2021	2020
Recurrent grant - Christmas and Cocos (Keeling) Islands	37,921	11,716
	37,921	11,716

Recurrent grants are recognised as income when the grants are receivable. The Office has a service delivery arrangement with the Department of Infrastructure, Transport, Regional Development and Communications to provide its services to the Indian Ocean Territories.

	2021	2020
<u>Statement of receipts and payments:</u>		
Balance at start of period	6,768	4,283
<u>Add Receipts:</u>		
Commonwealth grants	37,921	11,716
<u>Less Payments:</u>		
Salaries and wages	(8,545)	(5,662)
Travel expenses	(8,077)	(3,519)
Complaints resolution	(4,378)	-
Promotion expenses	(868)	(50)
Balance at end of period	22,821	6,768

3.2 Other income

		2021	2020
Employee contributions	2.1 (a)	82	2,721
Other receipts		2,405	-
		2,487	2,721

4. Key assets

Assets the Office utilises for economic benefit or service potential

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:

	Notes	2021	2020
Plant and equipment	4.1	7,234	-
Intangibles	4.2	409,418	337,783
Right of use assets	4.3	765	14,068

4.1 Plant and equipment

Year ended 30 June 2021	Equipment	Total
1 July 2020		
Gross carrying amount	7,612	7,612
Accumulated depreciation	(7,612)	(7,612)
Carrying amount at start of period	-	-
Additions	8,268	8,268
Depreciation	(1,034)	(1,034)
Carrying amount at 30 June 2021	7,234	7,234
Gross carrying amount	15,880	15,880
Accumulated depreciation	(8,646)	(8,646)

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).

4.1.1 Depreciation and impairment charge for the period

	Notes	2021	2020
Depreciation	4.1	1,034	1,745
Total depreciation for the period		1,034	1,745

As at 30 June 2021, there were no indications of impairment to plant and equipment.

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 the different asset classes for current and prior years are included below:

- Office Equipment - 5 years

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

Impairment

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.

Where a previously revalued asset is written down to its recoverable amount, the loss is recognised as a revaluation decrement through other comprehensive income.

As the Office is a not-for-profit agency, the recoverable amount of regularly revalued specialised assets is anticipated to be materially the same as fair value.

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

4.2 Intangible assets

Year ended 30 June 2021	Computer Software	Works in Progress	Total
1 July 2020			
Gross carrying amount	-	337,783	337,783
Accumulated depreciation	-	-	-
Carrying amount at start of period	-	337,783	337,783
Additions	-	108,855	108,855
Transfers from Works in Progress	446,638	(446,638)	
Amortisation expense	(37,220)	-	(37,220)
Carrying amount at 30 June 2021	409,418	-	409,418
Gross carrying amount	446,638	-	446,638
Accumulated depreciation	(37,220)	-	(37,220)

Initial recognition

Intangible assets are initially recognised at cost. For assets acquired at significantly less than fair value, the cost is their fair value at the date of acquisition. An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all the following are demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- an intention to complete the intangible asset, and use or sell it;
- the ability to use or sell the intangible asset;
- the intangible asset will generate probable future economic benefit;
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Acquisitions of intangible assets costing \$5,000 or more and internally generated intangible assets at a minimum of \$5,000 that comply with the recognition criteria as per AASB 138.57 (as noted above) are capitalised. Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

Costs incurred in the research phase of a project are immediately expensed.

Subsequent measurement

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

4.2.1 Amortisation and impairment charge for the period

	Notes	2021	2020
Computer software	4.2	37,220	-
Total amortisation for the period		37,220	-

As at 30 June 2021, there were no indications of impairment to intangibles.

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

Amortisation of finite life intangible assets is calculated on a straight-line basis at rates that allocate the asset's value over its estimated useful life. All intangible assets controlled by the Office have a finite useful life and zero residual value. Estimated useful lives are reviewed annually.

The estimated useful lives for intangible assets are:

- Case Management System - 10 years

Impairment of intangible assets

Intangible assets with indefinite useful lives are tested for impairment annually or when an indication of impairment is identified.

The policy in connection with testing for impairment is outlined in note 4.1.1 Depreciation and impairment charge for the period.

4.3 Right of use assets

	2021	2020
Vehicles	765	14,068
Net carrying amount	765	14,068

Initial recognition

Right-of-use assets are measured at cost including the following:

- the amount of the initial measurement of lease liability;
- any lease payments made at or before the commencement date less any lease incentives received;
- any initial direct costs; and
- restoration costs, including dismantling and removing the underlying asset.

Subsequent Measurement

The cost model is applied for subsequent measurement of right-of-use assets, requiring the asset to be carried at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of lease liability.

Depreciation and impairment of right-of-use assets

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the underlying assets.

Right-of-use assets are tested for impairment when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in note 4.1.1.

The following amounts relating to leases have been recognised in the Statement of Comprehensive Income:

	2021	2020
Vehicles	6,290	7,915
Total right-of-use asset depreciation	6,290	7,915
Lease interest expense	321	406
Residual gain on return of vehicle	205	-

The total cash outflow for leases in 2021 was \$7,129 (2020: \$7,220).

The Office has leases for vehicles.

The Office has also entered into a Memorandum of Understanding Agreements (MOU) with the Department of Finance for the leasing of office accommodation. These are not recognised under AASB 16 because of substitution rights held by the Department of Finance and are accounted for as an expense as incurred.

The Office recognises leases as right-of-use assets and associated lease liabilities in the Statement of Financial Position.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in note 6.1 Lease liabilities.

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	2021	2020
Receivables	5.1	14,220	3,903
Amounts receivable for services	5.2	53,000	-
Other assets	5.3	22,241	44,843
Payables	5.4	165,207	165,784

5.1 Receivables

	2021	2020
<u>Current</u>		
Accrued revenue	12,044	1,061
GST receivable	2,176	2,842
Total current receivables	14,220	3,903

5.2 Amounts receivable for services (Holding Account)

	2021	2020
Non-Current	53,000	-
Balance at end of period	53,000	-

Amounts receivable for services represent the non-cash component of service appropriations. It is restricted in that it can only be used for asset replacement.

Amounts receivable for services are considered not impaired (i.e. there is no expected credit loss of the Holding Account).

5.3 Other current assets

	2021	2020
Prepayments	22,241	44,843
Total current	22,241	44,843

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.

5.4 Payables

	2021	2020
Trade payables	22,225	54,115
Other payables	3,781	2,850
Accrued expenses	65,691	45,403
Accrued salaries	73,510	63,416
Balance at end of period	165,207	165,784

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.

6. Financing

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

	Notes	2021	2020
Lease liabilities	6.1	781	14,240
Finance costs	6.2	321	406
Cash and cash equivalents	6.3	894,027	1,073,078

6.1 Lease Liabilities

	2021	2020
Current	781	4,968
Non-current	-	9,272
	781	14,240

Initial measurement

The Office measures a lease liability, at the commencement date, at the present value of the lease payments that are not paid at that date. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the Office uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by the Office as part of the present value calculation of lease liability include:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date;
- amounts expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options (where these are reasonably certain to be exercised);
- payments for penalties for terminating a lease, where the lease term reflects the Office exercising an option to terminate the lease.

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Periods covered by extension or termination options are only included in the lease term by the Office if the lease is reasonably certain to be extended (or not terminated).

Variable lease payments, not included in the measurement of lease liability, that are dependent on sales, are recognised by the Office in profit or loss in the period in which the condition that triggers those payments occurs.

This section should be read in conjunction with note 4.3 Right-of-use assets.

Subsequent measurement

Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

6.2 Finance costs

	2021	2020
Lease interest expense	321	406
Finance costs expensed	321	406

'Finance cost' relates to the interest component of lease liability repayments.

6.3 Cash and cash equivalents

	2021	2020
Cash and cash equivalents	838,206	1,066,310
Restricted cash and cash equivalents	55,821	6,768
Balance at end of period	894,027	1,073,078

Restricted cash and cash equivalents

Current

Indian Ocean Territories	22,821	6,768
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Non-current

Accrued salaries suspense account ^(a)	33,000	-
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^(a) Funds held in the suspense account for the purpose of meeting the 27th pay in a reporting period that occurs every 11th year. This account is classified as non-current for ten out of 11 years.

The accrued salaries suspense account consists of amounts paid annually, from agency appropriations for salaries expense, into a Treasury suspense account to meet the additional cash outflow for employee salary payments in reporting periods with 27 pay days instead of the normal 26. No interest is received on this account.

For the purpose of the statement of cash flows, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand that is readily convertible to a known amount of cash and which is subject to insignificant risk of changes in value.

7. Financial instruments and contingencies

This note sets out the key risk management policies and measurement techniques of the Office.

	Notes
Financial instruments	7.1
Contingent assets and liabilities	7.2

7.1 Financial instruments

	2021	2020
<u>Financial assets</u>		
Cash and cash equivalents	894,027	1,073,078
Financial assets at amortised cost ^(a)	12,044	1,061
Total financial assets	906,071	1,074,139
<u>Financial liabilities</u>		
Financial liabilities at amortised cost	165,988	180,024
Total financial liability	165,988	180,024

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

7.2 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position but are disclosed and, if quantifiable, are measured as an estimate.

The Office does not have any contingent assets or liabilities to disclose at the end of the reporting period.

8. Other disclosures

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

	Notes
Events occurring after the end of the reporting period	8.1
Correction of prior period errors	8.2
Key management personnel	8.3
Related party transactions	8.4
Remuneration of auditors	8.5
Equity	8.6
Supplementary financial information	8.7
Explanatory Statement	8.8

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 Correction of prior period errors

The following table represents a summary of prior period errors that have been corrected in the current year's financial statements.

2019-20 prior period errors	Restated	Reported	Variance
Accumulated surplus / (deficit)	(726,368)	(693,154)	33,214
Employee benefits expense	2,181,410	2,177,788	(3,622)
Supplies and services	361,839	355,775	(6,064)
Accommodation expenses	323,905	359,347	35,442
Other expenses	129,025	122,729	(6,296)
Intangibles	337,783	348,872	11,089
Other current assets	44,843	23,481	(21,362)
Receivables	3,903	8,064	4,161
Payables	(165,784)	(212,346)	(46,562)

The prior period errors predominantly relate to accruals, particularly around timing of posting of manual accrual journals with the processing of system accruals. As a result, the Office has strengthened its processes around accruals.

8.3 Key management personnel

The Office has determined key management personnel to include cabinet ministers 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 (\$)	2021	2020
50,001 – 60,000	1	
130,001 – 140,000	1	
300,001 – 310,000	1	
310,001 - 320,000		1
	2021	2020
Total compensation of senior officers	499,230	316,314

Total compensation includes the superannuation expense incurred by the Office in respect of senior officers. Senior officers in 2020-21 are the Director and Deputy Director. The Deputy Director position was formed in the 2019-20 reporting period and was occupied from the 1 July 2020. Consistent with similar sized agencies, the Deputy Director position is considered a senior officer position for the reporting period.

8.4 Related party transactions

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

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 agencies 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).

Material transactions with related parties

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

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:

	2021	2020
Auditing the accounts, financial statements, controls, and key performance indicators	24,400	25,883

8.6 Equity

	2021	2020
<u>Contributed equity</u>		
Balance at start of period	107,000	-
<i>Contributions by owners</i>		
Capital appropriation	5,000	107,000
Total contributions by owners	112,000	107,000
Balance at end of period	112,000	107,000

8.7 Supplementary financial information

(a) Write-offs

During the financial year, the Accountable Authority wrote off \$188.28 in relation to a salary overpayment deemed unrecoverable (2020: nil).

(b) Losses through theft, defaults and other causes

During the financial year there were no losses through theft, defaults and other causes (2020: nil).

(c) Gifts of public property

During the financial year, there were no gifts of public property (2020: nil).

8.8 Explanatory Statement

The Office is exempted from TI 945 Explanatory Statements, which requires the reporting of significant variances between the actual results for 2021 and 2020, and estimated and actual results for 2021, as the Office's Total Cost of Services is below \$10 million for the two most recent consecutive comparative periods.

4.2 Key performance indicators

Certification of Key Performance Indicators



Health and Disability Services Complaints Office

Certification of Key Performance Indicators

For the reporting period ended 30 June 2021

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 2021.



Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY
5 August 2021



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 key performance indicators is shown in the table below:

Key Effectiveness Indicator	Services	Key Efficiency Indicators
Proportion of service improvements resulting in implementation by service providers.	Service One – Complaints Management: Assessment, negotiated settlement, conciliation and investigation of complaints.	KPI 1.1 Percentage of complaints assessed 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 development, production and distribution of information. KPI 2.2 Average cost per presentation, awareness raising, consultation and networking activities.

Key effectiveness indicator

The key focus of the Office is to improve health, disability and mental health services. As a result of the complaints management processes, service improvements are identified and recommended to service providers.

The key effectiveness indicator was reviewed in 2020-21 as part of the Office's review of its Outcome Based Management (OBM) structure. This resulted in a wording update in recognition that service improvements are facilitated not only through recommendations arising from investigations, as they can also occur through a range of other processes including the negotiated settlement and conciliation processes.

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 as a result of complaints. The table below shows the 2020-2021 target, and actual results of the proportion of service improvements made by service providers each year from 2016-17 to 2020-21.

Key Effectiveness Indicator	2016-17	2017-18	2018-19	2019-20	2020-21 Target	2020-21 Actual
Proportion of service improvements resulting in implementation by service providers.	72%	83%	79%	80%	80%	83%

In 2020-21, the Office continued to achieve its 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

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

The key efficiency indicators relating to the provision of this service focus on the percentage of complaints assessed within legislated timeframes, and the average cost per finalised complaint.

Key efficiency indicator 1.1: Percentage of complaints assessed within legislation timeframes

In the management of complaints, the Office works to statutory timeframes set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation.

This key efficiency indicator was also subject to a wording update in the 2020-21 reporting period. The word ‘closed’ within legislated timeframes was updated to ‘assessed’ to better reflect that the legislated timeframes relate to the assessment of closed complaints. The key efficiency indicator has also been refined to consolidate all legislation timeframes as prescribed by s.34 (1) and s.35 of the *Health and Disability Services (Complaints) Act 1995* into a single key efficiency indicator.

The table below shows the 2020-21 target and 2016-17 to 2020-21 actual results for the percentage of complaints assessed within legislation timeframes.

Key Efficiency Indicator	2016-17	2017-18	2018-19	2019-20	2020-21 Target	2020-21 Actual
Percentage of complaints assessed within legislation timeframes.	93%	94%	94%	96%	94%	98%

In 2020-21, the Office exceeded the forecasted target. The result was due to a refined focus on monitoring complaints managed against timeframes and a further allocation of staffing resources to the Complaints Resolution team.

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. The table below shows the 2020-21 target and 2016-17 to 2020-21 actual results for the average cost per finalised complaint. The 2019-20 actual has been restated to reflect the correction of prior period errors as presented in note 8.2 of the 2020-21 financial statements.

Key Efficiency Indicator	2016-17	2017-18	2018-19	2019-20	2020-21 Target	2020-21 Actual
Average cost per finalised complaint.	\$594	\$741	\$713	\$781	\$760	\$769

The Office forecasted that 2,634 complaints would be closed during the financial year. This target was exceeded in the 2020-21 financial year, with 2,729 complaints closed. The average cost per finalised complaint for 2020-21 is higher than forecasted as a result of a further refined cost allocation model being undertaken in 2020-21 that better aligned expenditure to the delivery of services, and the allocation of amortisation costs for the Office's new Case Management System to Service One.

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

This service supports the broader role of the Office as set out in the Stakeholder Engagement Strategy for June 2020 - June 2021.

Key efficiency indicator 2.1: Average cost per development, production and distribution of information

Historically, the Office presented in its annual reports the total cost of the development, production and distribution of information. This information has been replaced for the 2020-21 reporting period by an additional key efficiency indicator, which presents the information as an average cost per development, production and distribution of information. The new indicator formalises current practices, is more contemporary and was approved as part of the Office's review of its Outcome Based Management Structure. The table below shows the 2020-21 target, 2020-21 actual and recasts the 2016-17 to 2019-20 costs of development, production and distribution of information as an average cost of development, production and distribution of information.

Key Efficiency Indicator	2016-17	2017-18	2018-19	2019-20	2020-21 Target	2020-21 Actual
Average cost per development, production and distribution of information.	\$25,586	\$26,268	\$17,964	\$17,679	\$20,249	\$18,126

During the 2020-21 financial year, the Office produced 28 reports and publications for key stakeholder groups, exceeding the 2020-21 target of 27 reports and publications. Examples of work that contributed to this cost included:

- Preparing and distributing Report Cards to public and private health service providers in Western Australia and the Department of Justice (Corrective Services).
- Translation of existing brochures into additional languages.
- Releasing the *Health Complaints Trends Report 2015-16 to 2019-20* and the *Disability Services Data Collection Report 2016-17 to 2019-20*.
- Preparation of the information sheets, *Learning from complaints about end of life and palliative care*, and *Learning from complaints about mental health*.

The 2020-21 actual result for average cost per development, production and distribution of information is lower than forecasted as a result of a reprioritisation of resources into the Complaints Resolution team during the reporting period to support the management of complaints, and a further refined cost allocation model being undertaken in 2020-21 that better aligned expenditure to the delivery of services.

Key efficiency indicator 2.2: 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. The table below shows the 2020-21 target and 2016-17 to 2020-21 actual results for the average cost per presentation, awareness raising, consultation and networking activities. The 2019-20 actual has been restated to reflect the correction of prior period errors as presented in note 8.2 of the 2020-21 financial statements.

Key Efficiency Indicator	2016-17	2017-18	2018-19	2019-20	2020-21 Target	2020-21 Actual
Average cost per presentation, awareness raising, consultation and networking activities.	\$2,546	\$2,553	\$2,154	\$2,334	\$2,574	\$2,695

During the 2020-21 financial year, the Office met its target of delivering 200 engagement activities (presentation, awareness raising, consultation and networking activities).

The activities completed in the 2020-21 financial year included:

- 13 presentations to provide a range of general and tailored information to stakeholders, including the Palliative Care Summit 2020, graduate mental health nursing students and the National Disability Services Quality and Safeguarding Forum.
- 43 awareness raising activities to promote complaint services, increase knowledge of effective complaints management practices and raise awareness of patterns and trends resulting from analysis of complaints data.
- 126 consultations with key groups to share and exchange views and seek advice.
- 18 networking opportunities to build relationships with providers, government agencies and consumer groups.

The 2020-21 actual result for average cost per presentation, awareness raising, consultation and networking activities is slightly higher than forecasted due to a further refined cost allocation model being undertaken in 2020-21 that better aligned expenditure to the delivery of services.

4.3 Ministerial directives

No ministerial directives were received during the financial year.

4.4 Other financial disclosures

Pricing policies of services provided

The Office receives revenue through a service delivery arrangement with the Australian Government. Under this arrangement, the Office handles enquiries and complaints from the Indian Ocean Territories (IOT) regarding the delivery of health, disability and mental health services.

Each year the cost is recouped from the Australian Government for any complaints received from the IOT. Cost recovery is based on an allocation of annual overhead costs per complaint closed. Administrative costs, travel costs to the territories and staff salary during the period of travel and any promotional materials are recouped in full.

Capital works

During the 2020-21 reporting year, the Office completed work on a new case management system which came into operation on 24 September 2021, at a cost of \$446,638. The new system provides improved functionality and will support the effective implementation of the new complaint resolution jurisdiction for the *Voluntary Assisted Dying Act 2019* from 1 July 2021 and the planned introduction of the National Code of Conduct for health care workers.

Employment and industrial relations

Employment of staff

The Office managed resourcing requirements within the Department of Treasury approved salary cap during the 2020-21 reporting year. As at 30 June 2021, there were 20 staff directly employed by the Office. This includes contract staff providing short term expertise and backfill arrangements for extended leave periods. The following table provides a breakdown of the categories of employment for staff directly employed in the 2019-20 and 2020-21 reporting years.

Category	2020-21	2019-20
Full-time (permanent)	13.0	11.0
Full-time (secondment/contract)	2.0	9.0
Part-time (permanent)	3.0	3.0
Part-time (contract)	2.0	1.0
Total	20.0	24.0

Staffing policies

The Office has a suite of corporate policies and procedures in relation to the employment, training and retention of staff. In the reporting period, the Office implemented an Integrity Fraud and Corruption Control Policy. The remaining suite will be reviewed in the 2021-22 reporting year.

Staff development

The Office places a strong emphasis on developing staff to help improve performance and enhance capability in the pursuit of service excellence. Increasing our workforce diversification has been an element for all selection and appointment decisions made in the previous reporting years and more recently to achieve the intent of the targets for diversity groups.

Performance management plans are in place for all staff and three key meetings occur throughout the calendar year for the purpose of planning, review and evaluation. Planning coincides with the development of the yearly Operational Plan and includes discussion about leave planning and development needs. This assists with the alignment of performance outcomes with deliverables and management of leave over peak periods.

Externally, staff development is facilitated through specialised programs and internally through staff forums.

During the reporting year, training was provided to staff on the new case management system, the electronic records management system (TRIM) and Accountable and Ethical Decision Making.

Staff in the Complaints Resolution team completed the Certificate IV in Government Investigations and course work at the University of Western Australia for qualification as an Accredited Mediator, to increase the professionalism of the complaint resolution function.

Monthly forums assist staff to develop and maintain awareness of the sectors that relate to service delivery. During the 2020-21 reporting year, presentations were delivered by the Mental Health Advocacy Service, the Australian Health Practitioner Regulation Agency, the Department of Health, the Mental Health Tribunal and the Department of Communities. The Office greatly appreciates the continued support of these agencies.

Industrial relations

Staff are employed under the *CSA Public Service and Government Officers General Agreement 2019*. The Director is employed under the *Salaries and Allowances Act 1975*.

Workers compensation claims

The Office had the following workers compensation disclosures in 2020-21:

Category	2020-21	2019-20
Workers compensation claims	Nil	Nil
Lost time injuries	Nil	Nil

Occupational safety, health and injury management

Management is committed to ensuring compliance with the requirements of the *Workers' Compensation and Injury Management Act 1981*. The Office develops return-to-work plans for workers who sustain a work-related injury or illness. Ergonomic assessments are provided, and an employee assistance program is in place.

The table below provides quantitative data on our occupational safety, health and injury management performance for the 2020-21 reporting period in support of the Australian Work Health and Safety Strategy 2012-2022.

Indicator	2018-19	2019-20	2020-21	Target	Comments
Number of fatalities	0	0	0	0	Targets achieved
Lost time injury and disease incidence rate	0	0	0	0 or 10% incidence reduction	
Lost time injury and severity rate	0	0	0	0 or 10% incidence reduction	
Percentage of injured workers returned to work (i) within 13 weeks	Not applicable	Not applicable	Not applicable	Greater than or equal to 80%	
Percentage of injured workers returned to work (ii) within 26 weeks	Not applicable	Not applicable	Not applicable	Greater than or equal to 80%	
Percentage of managers trained in occupational safety, health and injury management responsibilities, including refresher training within three years.	80%	83%	60%	Greater than or equal to 80%	

4.5 Governance disclosures

Shares in statutory authority

Senior officers hold no shares in statutory authorities for the current reporting period.

Shares in subsidiary bodies

The Office has no subsidiary bodies, and consequently, senior officers hold no shares in subsidiary bodies.

Insurance to indemnify directors

The Office does not hold any insurance for directors as defined by Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*. Pursuant to sections 69 and 70 of the Office's enabling legislation, the *Health and Disability Services Complaints Act 1995*, the Director and all staff of the Office are indemnified in relation to all actions performed in the function of the Act.

Complaints management

A key function of the role of the Director is to assist providers in developing and improving complaints procedures and the training of staff in handling complaints. The Office uses complaints and other stakeholder feedback as valuable input into our continuous improvement process and acknowledges that individuals have a right to complain about our services or operations. Such complaints also assist to identify actual or potential problems.

Complaints this reporting year were received via phone, correspondence and email. In addition to this, compliments and feedback are routinely provided as part of the monthly customer service survey and annual service provider feedback surveys.

Service access and accessibility is acted upon immediately and general complaints and feedback are reported quarterly to the Corporate Executive meeting where continuous improvement is discussed and implemented.

Complaints specifically received about our complaint resolution service trigger an internal review process. The review is undertaken by a senior officer who has had no involvement in the decision-making process for the complaint.

In the reporting period the Office received seven requests for internal review about the quality of service provided and decisions made under legislative provision. All requests were thoroughly reviewed and the individual advised of the outcome. Where identified, general and specific process improvements were applied.

4.6 Other legal requirements

Act of grace payments

The Office made no act of grace payments during the 2020-21 reporting period.

Corporate credit cards

The Office adopts the Financial Management Manual through the Department of Health, pursuant to Treasurer's Instruction 701 Financial Management Manual. The Financial Management Manual documents the policies and procedures in relation to credit cards. The use of a corporate credit card for personal use is strictly prohibited. There were no instances of an Office credit card being used for a personal purpose during the 2020-21 reporting period.

Advertising, market research, polling and direct mail

In accordance with the requirements of section 175ZE of the *Electoral Act 1907*, the following expenditures were incurred by the Office as shown in the table below.

Class of Organisation	Amount ex GST	Organisation	2020-21 Expenditure
Advertising Agencies	\$9,526.56	White Pages Directory	\$995.50
		<i>The West Australian</i>	\$7,363.64
		Seek	\$455.18
		Initiative Media	\$712.24
Market Research Organisations	-	-	-
Polling Organisations	-	-	-
Direct Mail Organisations	\$299.97	Survey Monkey	\$299.97
Media Advertising Agencies	-	-	-

Compliance with public sector standards and ethical codes

All staff members are expected to abide by the Western Australian Public Sector Code of Ethics and the Office Code of Conduct. The reporting of suspected or actual wrongdoing by public sector employees contributes to the integrity of the Office and the public sector.

There have been no alleged breaches of Public Sector Standards or evidence of non-compliance with ethical codes in the 2020-21 reporting year.

Record keeping plans

In accordance with the *State Records Act 2000*, a current approved Record Keeping Plan and an approved Sector Disposal Authority is in place.

The Office continues to maintain record keeping policy, processes and training for all staff. During the 2019-20 reporting period, a records management system functional review was carried out with implementation of the review recommendations now commenced. A review of the Office's current Record Keeping Plan was submitted to the State Records Office on 10 March 2021, with a planned revised Record Keeping Plan to be submitted to the State Records Office on 31 December 2021.

This enables the conduct of record keeping in the Office to meet the legislative requirements of the *State Records Act 2000* and State Records Commission Standard 2: Principle 6.

4.7 Government policy requirements

Risk management and internal audit

The Office recognises that the management of risk is an integral part of good governance practice. Risk is managed through a framework which is actively monitored with periodic reports to the Corporate Executive. Compliance with the requirements is mandatory to enhance governance, strategic and business planning processes to optimise operations.

An Internal Audit Committee was established in the previous reporting year and has met twice this reporting year. In line with the Strategic Audit Plan two external audits were undertaken to provide assurance in the transfer of data to the new case management system and to review risk for information security.

Board and committee remuneration

The Office is required to report on the individual and aggregate costs of remunerating members of its Internal Audit Committee as defined in the Premier's Circular 2019/07: State Government boards and committees. Members of government boards and committees who are government employees are ineligible for remuneration and the remuneration is listed as zero.

Internal Audit Committee

Position	Chair	Member	Member
Member	James Cottrill	Jodie Wallace	Darian Ferguson
Type of Remuneration	Hourly rate	Not applicable	Not applicable
Membership period	3 years	3 years	3 years
Term of Appointment	Sessional	Sessional	Sessional
Sitting Fees	\$220.00 per hour	Not applicable	Not applicable
Actual Remuneration	\$1,265.00	Not applicable	Not applicable

WA Multicultural Policy Framework

The Office ensures that information is translated into a range of languages and available through different mediums. Consultation with a range of community groups is undertaken as part of the strategy and engagement function to contribute towards keeping them well informed about our complaints resolution processes, and to monitor and evaluate systemic trends in complaints management.

Interpreter services are provided by the Office for all aspects of service to ensure that all Western Australians have equitable access and support (where required) through the Complaint Resolution service.

Cultural days of significance are routinely celebrated by the Office. Work is progressing with the development of a Multicultural Plan in line with the WA Multicultural Policy Framework.

Substantive equality

In accordance with the *Equal Opportunity Act 1984* and the Public Sector Commissioner's Circular 2015/01: Implementation of the policy framework for substantive equality, the Office aims to make services accessible to all people living in Western Australia and recognises that making a complaint can be particularly difficult for some people, due to cultural, linguistic and geographical challenges.

In an effort to achieve equality of access, the Office continued to:

- Enable people to make enquiries to the Office through a range of mediums, such as over the telephone, in writing (letter or email) or in person. Translation services are offered for any community member requiring assistance.
- Promote the TTY and country toll free number in publications and on the website.
- Provide translated information about our services in several languages including Arabic, Bahasa Malay, Simplified Chinese, Cocos Malay, Italian and Vietnamese.
- Recognise that parts of the legislation administered may be difficult to comply with, for example, the requirement that people make a reasonable attempt to resolve their complaint with the service provider before the Office progresses the matter. Acting under delegation, staff therefore exercise discretion under the guiding legislation to provide assistance where necessary.

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.

The Office values the importance of the benefits of a DAIP and the current plan reflects the vision to empower the community and service providers to collaboratively improve health, disability and mental health services, with an inclusive, highly engaged and accountable workforce.



Health and Disability Services
Complaints Office

Appendices

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5 Appendices

5.1 Australian Health Practitioner Regulation Agency National Boards

The 15 national boards of the Australian Health Practitioner Regulation Agency (Ahpra) are:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Paramedicine Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia.

5.2 Health services – complaint issues

The table below details the number of times a specific Tier 2 complaint issue was raised in a closed complaint about a health service over the past three years. The Tier 2 complaint issues are grouped by their overarching Tier 1 issue category. Historical data is not available for certain Tier 2 issues as there was no corresponding sub-issue in the former complaints system. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Inadequate assessment	203	17%	120	9%	137	12%
Inadequate treatment/therapy	443	40%	568	45%	486	42%
Poor coordination of treatment	42	4%	71	5%	39	3%
Failure to provide safe environment	2	0%	0	0%	13	1%
Pain issues	36	3%	43	3%	57	5%
Medication issues	152	13%	157	12%	159	14%
Post-surgery complications	--	--	--	--	73	6%
Post-procedure complications	143	12%	187	14%	97	8%
Inadequate infection control	10	1%	44	3%	20	2%
Patient's test results not followed up	--	--	--	--	17	1%
Discharge or transfer arrangements	53	4%	33	2%	48	4%
Refusal to refer or assist to obtain a second opinion	35	3%	31	2%	13	1%
Total	1,180	100%	1,364	100%	1,159	100%

Access	#	%	#	%	#	%
Delay in admission/treatment	61	20%	110	32%	132	32%
Waiting list delay	63	21%	37	11%	57	14%
Staff member or contractor unavailable	6	2%	6	2%	14	3%
Inadequate resources/lack of service	96	31%	63	18%	49	12%
Refusal to provide services	68	22%	105	30%	149	36%
Failure to provide advice about transport options	3	1%	4	1%	6	1%
Physical access/entry	10	3%	22	6%	3	1%
Total	307	100%	347	100%	410	100%

Complaint category and issues	2018-19		2019-20		2020-21	
Costs	#	%	#	%	#	%
Inadequate information about costs	97	27%	29	10%	64	21%
Unsatisfactory billing process	182	50%	157	54%	74	25%
Amount charged	71	20%	84	29%	119	39%
Over-servicing	12	3%	22	8%	11	4%
Private health insurance	--	--	--	--	19	6%
Lost property	--	--	--	--	3	1%
Responsibility for costs and resourcing	--	--	--	--	12	4%
Total	362	100%	292	100%	302	100%

Communication	#	%	#	%	#	%
Inadequate medical information provided	92	19%	110	31%	52	18%
Inadequate information about services available	--	--	--	--	40	14%
Misinformation/failure in communication (not failure to consult)	106	22%	62	17%	58	20%
Inadequate/inaccurate personal information in a medical record	0	0%	0	0%	4	1%
Inadequate written communication	--	--	--	--	4	1%
Inappropriate verbal/non-verbal communication	279	58%	188	52%	81	28%
Failure to listen to consumer/representative	--	--	--	--	48	17%
Total	477	100%	360	100%	287	100%

Rights, respect and dignity	#	%	#	%	#	%
Consumer rights (WA Public Patients Hospital Charter)	2	1%	3	2%	1	0%
Inconsiderate service/lack of courtesy	--	--	--	--	91	36%
Absence of compassion	--	--	--	--	25	10%
Failure to ensure privacy	0	0%	0	0%	3	1%
Breach of confidentiality	18	8%	21	13%	31	12%
Discrimination leading to less favourable health treatment	5	2%	8	5%	8	3%
Translating and interpreting services problems	66	30%	21	13%	2	1%
Certificate or report problem	50	22%	57	34%	33	13%
Denying/restricting access to personal health records	82	37%	58	35%	59	23%
Total	223	100%	168	100%	253	100%

Complaint category and issues	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Inaccuracy of records	17	59%	15	31%	16	18%
Illegal practices	0	0%	9	18%	8	9%
Physical/mental impairment of health professional	2	7%	2	4%	9	10%
Sexual misconduct	7	24%	7	14%	10	11%
Aggression/assault	2	7%	13	27%	5	6%
Unprofessional behaviour	--	--	--	--	38	43%
Fraud/illegal practice of financial nature	1	3%	3	6%	2	2%
Total	29	100%	49	100%	88	100%

Corporate services	#	%	#	%	#	%
Administrative actions of a hospital/health service	9	22%	6	10%	21	28%
Records management	5	12%	14	23%	20	27%
Catering	--	--	--	--	15	20%
Physical surroundings/environment	16	39%	25	42%	9	12%
Security	--	--	--	--	3	4%
Cleaning/maintenance	11	27%	15	25%	7	9%
Total	41	100%	60	100%	75	100%

Decision-making	#	%	#	%	#	%
Failure to consult and involve in decision-making process	22	73%	26	79%	12	38%
Choice regarding treatment as public/private patient	1	3%	0	0%	2	6%
Consent not informed	6	20%	5	15%	5	16%
Consent not obtained	1	3%	2	6%	13	41%
Total	30	100%	33	100%	32	100%

Grievances	#	%	#	%	#	%
Response to a complaint	27	87%	22	96%	13	65%
Retaliation/negative outcomes as a result of making a complaint	4	13%	1	4%	7	35%
Total	31	100%	23	100%	20	100%

Complaint category and issues	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Failure to consider the needs of a carer	6	25%	6	30%	1	13%
Failure to consult a carer	10	42%	7	35%	4	50%
Failure to treat a carer with respect and dignity	6	25%	3	15%	1	13%
Unsatisfactory complaint handling of carer complaint	2	8%	4	20%	2	25%
Total	24	100%	20	100%	8	100%

5.3 Mental health services – complaint issues

The table below details the number of times a specific Tier 2 complaint issue was raised in a closed complaint about a mental health service over the past three years. The Tier 2 complaint issues are grouped by their overarching Tier 1 issue category. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Inadequate assessment	51	27%	41	17%	70	23%
Inadequate treatment/therapy	28	15%	64	27%	106	35%
Poor coordination of treatment	12	6%	17	7%	5	2%
Failure to provide safe environment	14	7%	16	7%	7	2%
Pain issues	1	1%	1	<1%	4	1%
Medication issues	48	25%	58	25%	60	20%
Post procedure complications	2	1%	1	<1%	2	1%
Patient test results not followed up	0	0%	1	<1%	1	<1%
Inadequate infection control	1	1%	0	0%	1	<1%
Discharge or transfer arrangements	24	13%	29	12%	37	12%
Refusal to refer or assist to obtain a second opinion	11	6%	7	3%	6	2%
Total	192	100%	235	100%	299	100%

Communication	#	%	#	%	#	%
Inadequate medical information provided	12	9%	9	10%	11	10%
Inadequate information about services available	3	2%	6	7%	20	18%
Misinformation/failure in communication (not failure to consult)	19	14%	12	13%	11	10%
Inadequate/inaccurate personal information in a medical records	5	4%	11	12%	9	8%
Inadequate written communication	0	0%	5	6%	9	8%
Inappropriate verbal/non-verbal communication	30	22%	17	19%	16	14%
Failure to listen to consumer/representative/carer/family	66	49%	29	33%	37	33%
Total	135	100%	89	100%	113	100%

Complaint category and issues	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Consumer rights (WA Public Patients Hospital Charter)	16	17%	2	3%	6	6%
Inconsiderate service/lack of courtesy	9	10%	10	13%	28	29%
Absence of compassion	36	38%	5	6%	17	17%
Failure to ensure privacy	5	5%	4	5%	5	5%
Breach of confidentiality	10	11%	16	21%	15	15%
Discrimination leading to less favourable health treatment	1	1%	6	8%	1	1%
Failure to fulfil Mental Health legislation requirements	9	10%	10	13%	12	12%
Certificate or report problem	5	5%	11	14%	5	5%
Denying/restricting access to personal health records	3	3%	14	18%	9	9%
Total	94	100%	78	100%	98	100%

Access	#	%	#	%	#	%
Delay in admission/treatment	1	4%	18	30%	12	14%
Waiting list delay	2	7%	2	3%	3	3%
Staff member or contractor unavailable	1	4%	2	3%	4	5%
Inadequate resources/lack of service	7	25%	15	25%	23	26%
Refusal to provide services	17	61%	22	36%	44	51%
Failure to provide advice about transport options	0	0%	0	0%	0	0%
Physical access/entry	0	0%	2	3%	1	1%
Total	28	100%	61	100%	87	100%

Professional conduct	#	%	#	%	#	%
Inaccuracy of records	12	30%	6	10%	11	27%
Illegal practices	3	8%	6	10%	1	2%
Sexual impropriety	0	0%	2	3%	0	0%
Sexual misconduct	0	0%	3	5%	0	0%
Aggression/assault	6	15%	10	17%	6	15%
Unprofessional behaviour	19	48%	30	52%	23	56%
Fraud/illegal practice of financial nature	0	0%	1	2%	0	0%
Total	40	100%	58	100%	41	100%

Complaint category and issues	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Grievances						
Response to a complaint	14	78%	7	88%	3	43%
Retaliation/negative outcomes as a result of making a complaint	4	22%	1	13%	4	57%
Total	18	100%	8	100%	7	100%

5.4 Disability services – complaint issues

The table below details the number of times a specific Tier 2 complaint issue was raised in a closed complaint about a disability service over the past three years. The Tier 2 complaint issues are grouped by their overarching Tier 1 issue category. Due to rounding, percentages may not sum to 100%.

Complaint category and issues	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Service delivery						
Communication	22	25%	16	19%	16	20%
Staff conduct	15	17%	17	20%	13	16%
No/inadequate service	14	16%	24	28%	23	29%
Service delayed	6	7%	6	7%	3	4%
Service eligibility	2	2%	0	0%	1	1%
Service reduced	2	2%	5	6%	1	1%
Service refused	3	3%	4	5%	2	3%
Treatment/care	17	20%	12	14%	17	21%
Service withdrawn	6	7%	2	2%	4	5%
Total	87	100%	86	100%	80	100%

Individual needs	#	%	#	%	#	%
	Reviewing changing needs	3	20%	3	21%	2
Facilities and services	5	33%	5	36%	7	44%
Support	4	27%	5	36%	7	44%
Sensitivity	3	20%	1	7%	0	0%
Total	15	100%	14	100%	16	100%

Complaint category and issues	2018-19		2019-20		2020-21	
Service costs and financial assistance	#	%	#	%	#	%
Cost	9	60%	14	58%	13	93%
Financial assistance/funding	6	40%	10	42%	1	7%
Total	15	100%	24	100%	14	100%

Service management	#	%	#	%	#	%
Police clearances	0	0%	1	3%	0	0%
Physical environment	5	17%	2	7%	3	27%
Participation	0	0%	2	7%	1	9%
Monitoring performance	1	3%	1	3%	0	0%
Roles and responsibilities	1	3%	1	3%	1	9%
Staff competence	6	21%	5	17%	3	27%
Administration/record keeping	5	17%	3	10%	2	18%
Funding	6	21%	8	28%	1	9%
Co-ordinated service delivery	5	17%	6	21%	0	0%
Total	29	100%	29	100%	11	100%

Service access	#	%	#	%	#	%
Policies and procedures	2	50%	1	13%	3	38%
Entrance/exit criteria priority	1	25%	1	13%	1	13%
Appropriate referral	1	25%	3	38%	3	38%
Information sharing	0	0%	3	38%	1	13%
Total	4	100%	8	100%	8	100%

Privacy, dignity and confidentiality	#	%	#	%	#	%
Policies and procedures	1	13%	1	10%	1	17%
Consumer information	3	38%	3	30%	1	17%
Consent	3	38%	4	40%	3	50%
Consumer rights	1	13%	2	20%	1	17%
Total	8	100%	10	100%	6	100%

Complaint category and issues	2018-19		2019-20		2020-21	
Decision-making and choice	#	%	#	%	#	%
Policies and procedures	1	25%	0	0%	1	17%
Informed choices	3	75%	1	50%	4	67%
Advocate	0	0%	1	50%	0	0%
Risk management	0	0%	0	0%	2	33%
Total	4	100%	2	100%	6	100%

Complaints and disputes	#	%	#	%	#	%
Policies and procedures	3	38%	1	9%	1	17%
Complaint resolution	5	63%	9	82%	5	83%
Privacy	0	0%	1	9%	0	0%
Total	8	100%	11	100%	6	100%

Carers Charter	#	%	#	%	#	%
Failure to consider needs of carer	5	46%	2	22%	0	0%
Failure to consult carer	2	18%	4	44%	2	67%
Failure to treat the carer with respect and dignity	2	18%	1	11%	0	0%
Unsatisfactory complaints handling	2	18%	2	22%	1	33%
Total	11	100%	9	100%	3	100%

Legal and human rights	#	%	#	%	#	%
Policies and procedures	1	25%	0	0%	0	0%
Exercise rights	0	0%	0	0%	1	33%
Response to allegations of abuse/neglect	3	75%	0	0%	2	67%
Total	4	100%	0	0%	3	100%

Contribution to community	#	%	#	%	#	%
Policies and procedures	0	0%	0	0%	1	100%
Abilities, contribution and competence	1	100%	1	100%	0	0%
Total	1	100%	1	100%	1	100%

Complaint category and issues	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Participation and integration	0	0%	1	50%	0	0%
Policies and procedures	0	0%	1	50%	1	100%
Community involvement	0	0%	1	50%	1	100%
Total	0	0%	2	100%	1	100%

Enquiry only	2018-19		2019-20		2020-21	
	#	%	#	%	#	%
Request for information – complaint mechanisms	4	31%	0	0%	0	0%
Request for information – disability service	2	15%	2	100%	0	0%
Request for information	6	46%	0	0%	0	0%
Resources	1	8%	0	0%	0	0%
Total	13	100%	2	100%	0	0%

5.5 COVID-19 complaint definitions

COVID-19 Issue Type	Definition
Attitude/manner	Provider's manner is rude, discourteous, negative, lacks sensitivity, or is patronising or overbearing in public or private health, disability and mental health services.
COVID-19 testing	Provider fails to notify the individual of their COVID-19 test results in a reasonable time frame. Provider unreasonably chooses not to test an individual who believes that they may have COVID-19 in public or private health, disability and mental health services.
Inadequate information	Provided with inaccurate/wrong information, confusing/conflicting information, or delayed information about COVID-19 from public or private health, disability and mental health services.
Infection control	Non-adherence to standard infection control measures by a practitioner of public or private health, disability and mental health services. ¹ Non-adherence to social distancing requirements in public or private health, disability and mental health services, for example waiting rooms. Availability, provision and prescription of personal protective equipment within public or private health, disability and mental health services.
Isolation/quarantine	Complaints pertaining to isolation or quarantine requirements in public or private health, disability and mental health services.
Medication	Access to medication, reluctance to provide medication and the provider having limited stock due to COVID-19.
Refusal to admit/treat	Refusal to admit an individual or refusal to treat/accept an individual due to COVID-19 by a practitioner of public or private health, disability and mental health services. Complaints pertaining to the inability to conduct, refusal or quality of services within telehealth appointments with the individual. Individual's elective surgery has been delayed or cancelled.
Vaccination	Complaints relating to: Vaccine availability, vaccine type (e.g. Pfizer–BioNTech or AstraZeneca), vaccination order/roll out, mandatory vaccinations, vaccination booking processes and/or vaccination cost.

¹ Australian Guidelines for the Prevention and Control of Infection in Healthcare, Canberra: National Health and Medical Research Council (2019), p.18



We acknowledge artist Djarliny for use of her artwork *Holistic Perspicacity* in our communications materials.

The original artwork is on display in the Health and Disability Services Complaints Office, Perth, WA.



Health and Disability Services
Complaints Office

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Administration: (08) 6551 7620

Freecall: 1800 813 583 (free from landlines)

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

Interpreter Service: tisonational.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

Supporting improvement through complaint resolution

The Health and Disability Services Complaints Office acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia.

It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to the Aboriginal communities of today.