



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

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



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

Complaints data

We report on two sets of complaints data:

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

Our case studies

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

2.1. Key highlights

Key highlights for 2017-18 for HaDSCO's complaints data are set out below:

- The total number of complaints received by HaDSCO has steadily increased over the five year period from 2013-14 to 2017-18; 2,719 complaints were received in 2017-18, which represents a 12% increase relative to 2013-14.
- The Office met or exceeded the annual targets relating to the timely resolution of complaints, with the exception of the proportion of complaints where notification of acceptance was provided within 14 days (achieved 91%, instead of the targeted 95%), and the proportion of complaints in negotiated settlement that were resolved within 112 days (achieved 71%, instead of the targeted 85%).
- The issues raised in complaints about health, disability or mental health services varied:
 - Health complaints typically concerned treatment; communication and information; fees and costs; and service access. There has been a notable increase in the proportion of complaints that identified a concern with communication and information in 2017-18; the proportion increased from 17% in 2016-17 to 25% in 2017-18.
 - The proportion of disability complaints that concerned service delivery; and/or service management increased notably in 2017-18 in comparison to 2016-17. In contrast, the proportion of complaints concerning service costs and financial assistance; and/or service access have declined over the past three years.
 - Mental health complaints typically concerned the quality of clinical care; communication; rights, respect and dignity; and decision making. Of note, the proportion of mental health complaints concerning communication shows an increasing trend over the past three years, while the proportion of complaints concerning access shows a decreasing trend.
- Services that received the highest proportion of complaints were:
 - Health services: prison health services; general practices and practitioners; dental health services; and accident and emergency services. The proportion of complaints concerning prison health services shows an increasing trend over the past three years.
 - Disability services: in-home support; accommodation services; grants (funds); and therapy were the most common service types identified in 2017-18.
 - Mental health services: psychiatrists and psychiatry; community mental health services; and psychologist/psychotherapist were the most common service types identified in 2017-18.

As a result of HaDSCO's complaints management process, 163 actions were taken by service providers to facilitate redress for individuals making a complaint.

- 39 service improvements were managed as a result of HaDSCO's involvement.

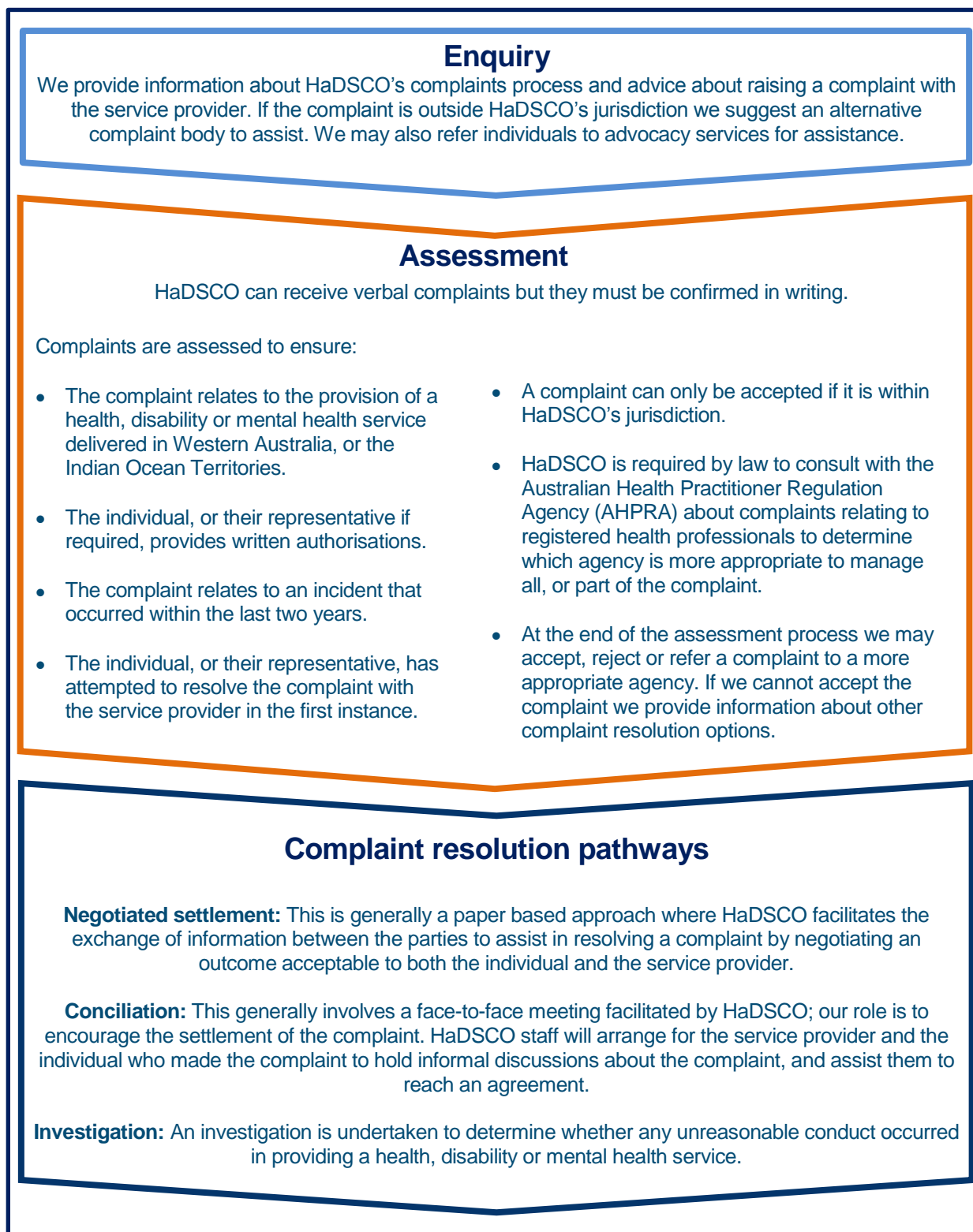
Key highlights for 2017-18 for external complaints data are set out below:

- 6,850 complaints were received by 25 prescribed health service providers covering complaints about health and mental health services, representing a 9.5% decrease compared to 2016-17.
- 449 complaints were received from 20 prescribed disability service providers, representing a 3% decrease compared to 2016-17.
- In 2017-18, all types of service providers resolved at least 70% of complaints within 30 days. Health and mental health service providers resolved at least 95% of complaints within 90 days in 2017-18, while disability service providers resolved at least 90% of complaints within 90 days in 2017-18.
- The issues raised in the complaints received by prescribed providers differ depending on whether the complaint concerned a health, disability or mental health service:
 - In 2017-18, health complaints typically concerned the quality of clinical care (34%); communication (21%); access (16%); and rights, respect and dignity (10%). The complaint issues have remained stable over the past three years, with the proportion of complaints identifying a given issue remaining largely unchanged.
 - In 2017-18, disability complaints typically concerned staff related issues (52%); service delivery (51%); and communication/relationships (37%). These complaint issues have remained the most common issues identified across the past three years.
 - In 2017-18, mental health complaints typically concerned quality of clinical care (32%); communication (24%); access (13%); and rights, respect and dignity (11%). These four issues have remained the most common issues identified over the past three years.
- The complaint outcomes commonly achieved were consistent across all service provider types over the past three years. The most common outcomes were acknowledgement of the individual's views or issues; an explanation or information about services provided; or an apology from the service.

2.2. Our complaints management process

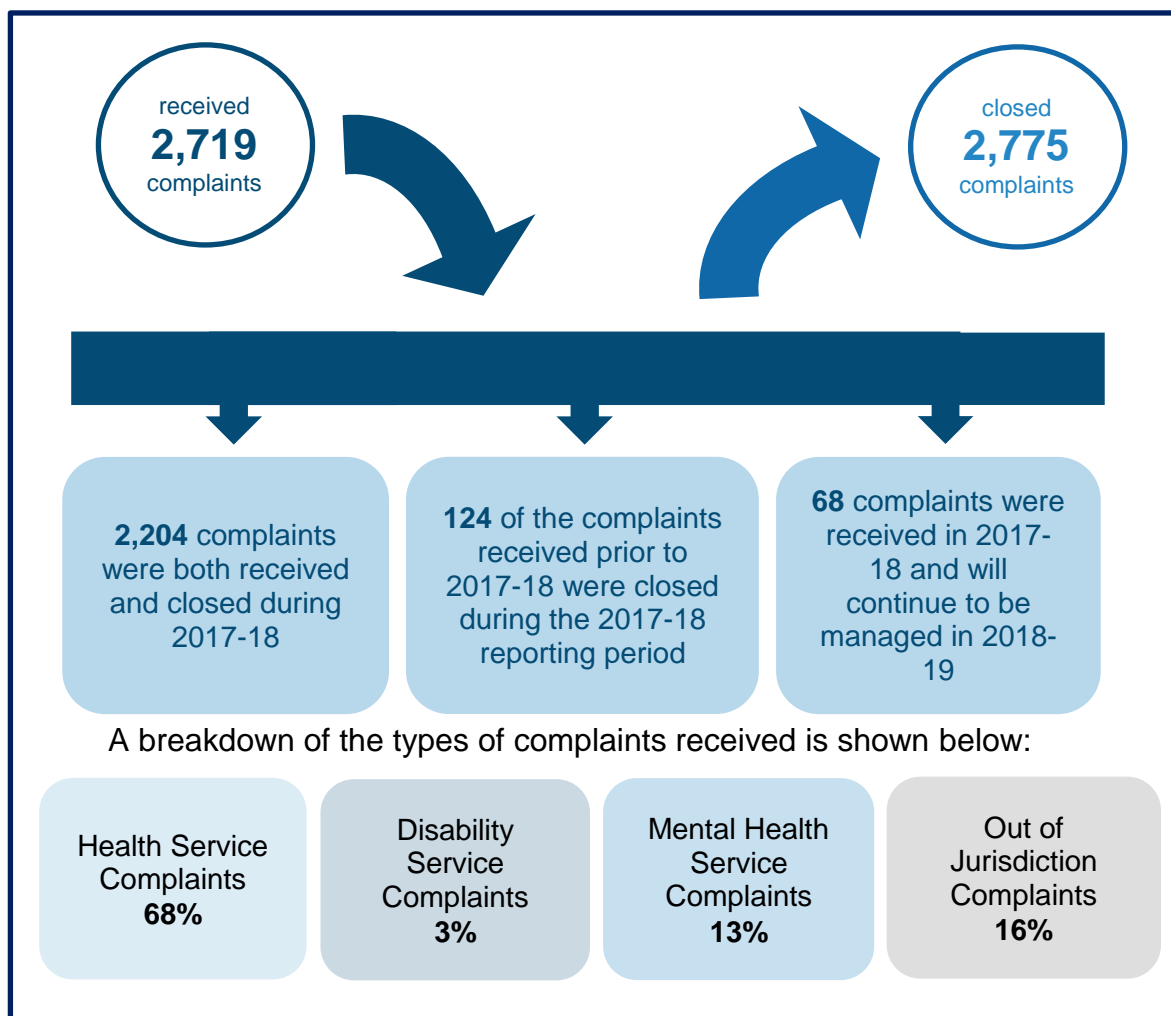
HaDSCO takes a resolution based approach to managing complaints. We aim to resolve complaints as informally as possible and in the most timely and efficient manner. There are three main stages in the complaints management process: enquiry; assessment; and complaint resolution including negotiated settlement,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

This information is represented visually below:



2.3. Overview of complaints

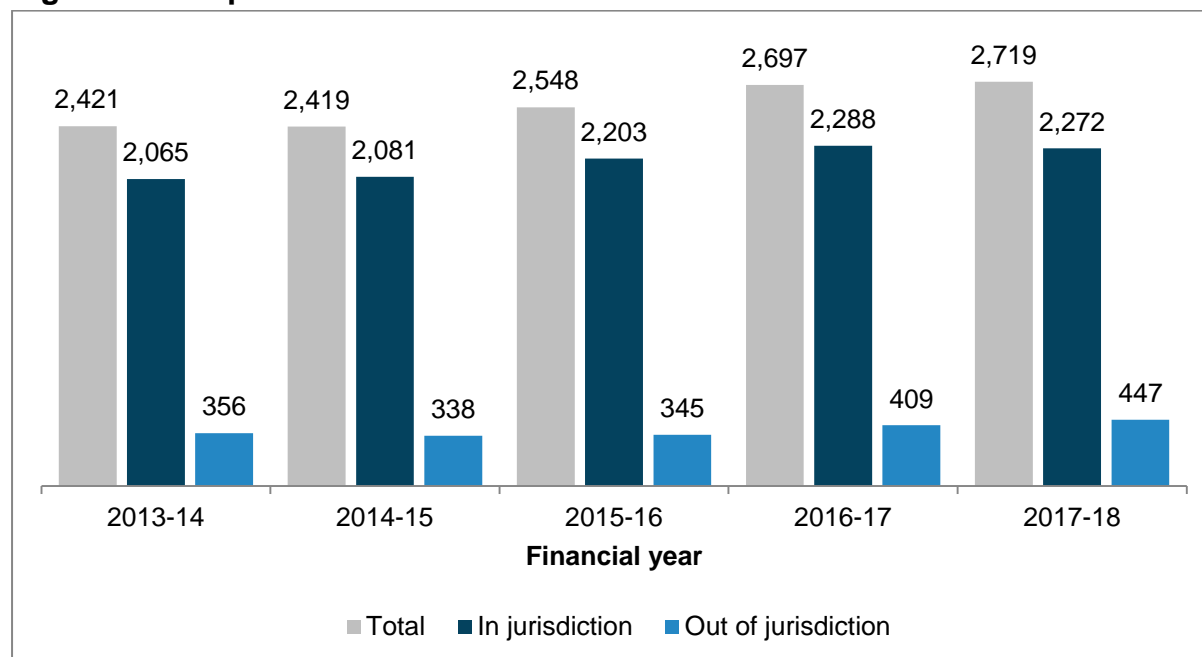
In 2017-18, HaDSCO received **2,719** complaints, and closed **2,775** complaints. The number of complaints received and closed in 2017-18 is not the same; this is because complaints are not always closed in the same year that they are received. A total of 68 complaints received in 2017-18 were still active on 30 June 2018, and will continue to be managed in 2018-19.



In 2017-18, the majority of the complaints received by HaDSCO concerned health services (68% of complaints received). The Office received comparatively fewer complaints about disability and mental health services (3% and 13% of complaints received respectively). HaDSCO also receives complaints that are out of jurisdiction; these are complaints that do not relate to the provision of health, disability or mental health services in Western Australia or the Indian Ocean Territories. Out of jurisdiction complaints accounted for 16% of all complaints received, compared to 15% in 2016-17.

The total number of complaints received by HaDSCO has steadily increased over the five year period from 2013-14 to 2017-18, as displayed in Figure 1. The total number of complaints received in 2017-18 was 2,719, which represents a 12% increase relative to 2013-14.

Figure 1: Complaints received between 2013-14 and 2017-18



Our Office classifies a proportion of complaints as out of jurisdiction (see Figure 1). In 2017-18, we received 447 complaints that were determined to be out of jurisdiction. In these circumstances, HaDSCO staff provide information regarding an alternative agency that may assist the individual with their concerns. If required, we also provide information about the supports available to assist the individual, such as advocacy or legal services.

We monitor the number of out of jurisdiction complaints which assist us to identify opportunities for stakeholder engagement to inform the community about HaDSCO's role in managing complaints about health, disability and mental health services.

Awareness of HaDSCO

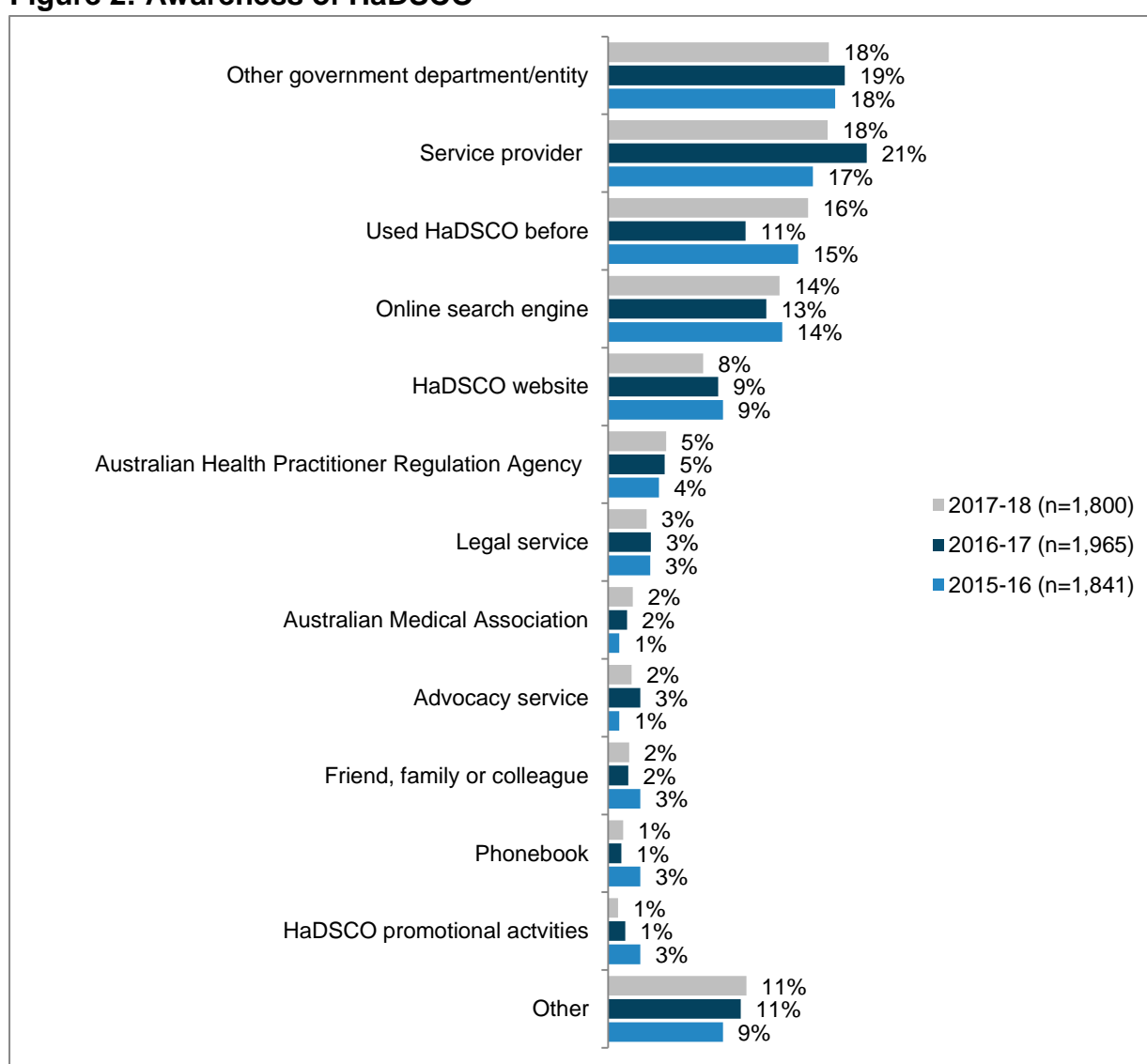
There are a number of ways that people become aware of HaDSCO, as detailed in Figure 2.

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

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

Few trends are observed across the different ways individuals become aware of our Office. The largest year over year change was seen for the number of people who were familiar with our Office through using HaDSCO's services before, which increased from 11% in 2016-17 to 16% in 2017-18.

Figure 2: Awareness of HaDSCO



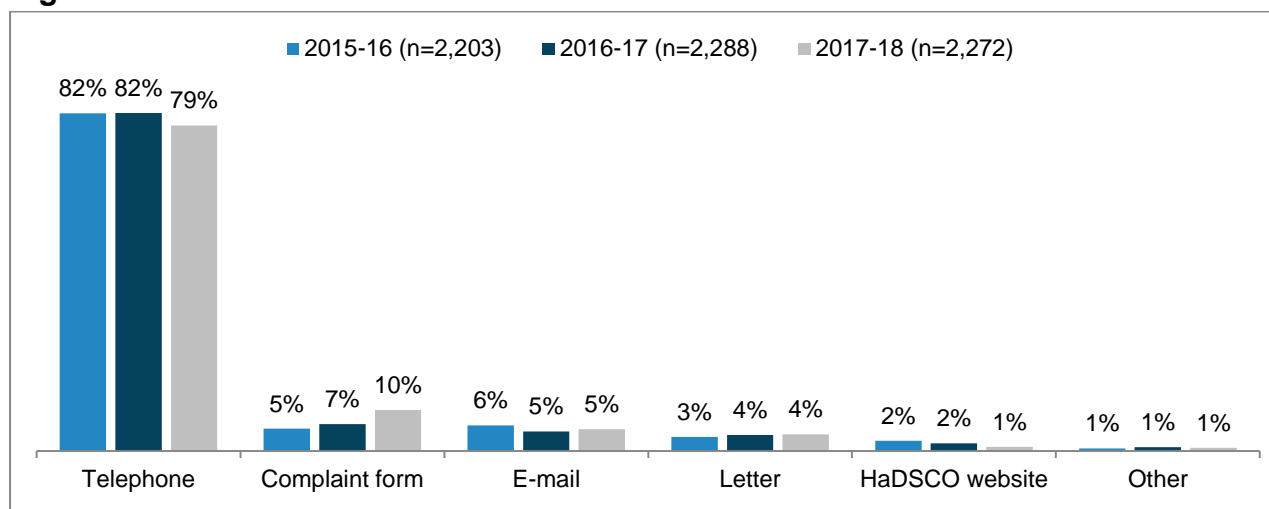
HaDSCO staff request this information from individuals who contact HaDSCO to make a complaint. In some instances, this information cannot be collected. Totals may not sum to 100% due to rounding.

Contacting HaDSCO

Individuals who want to make a complaint about a health, disability or mental health service can contact our Office in a variety of ways. Initial contact with HaDSCO is typically either by telephone, a complaint form, email or a letter.

As shown in Figure 3, in 2017-18, most complaints were received by telephone, accounting for 79% of complaints received. Over the past three years there has been a gradual increase in the proportion of complaints received via a written complaint form.

Figure 3: Method of contact



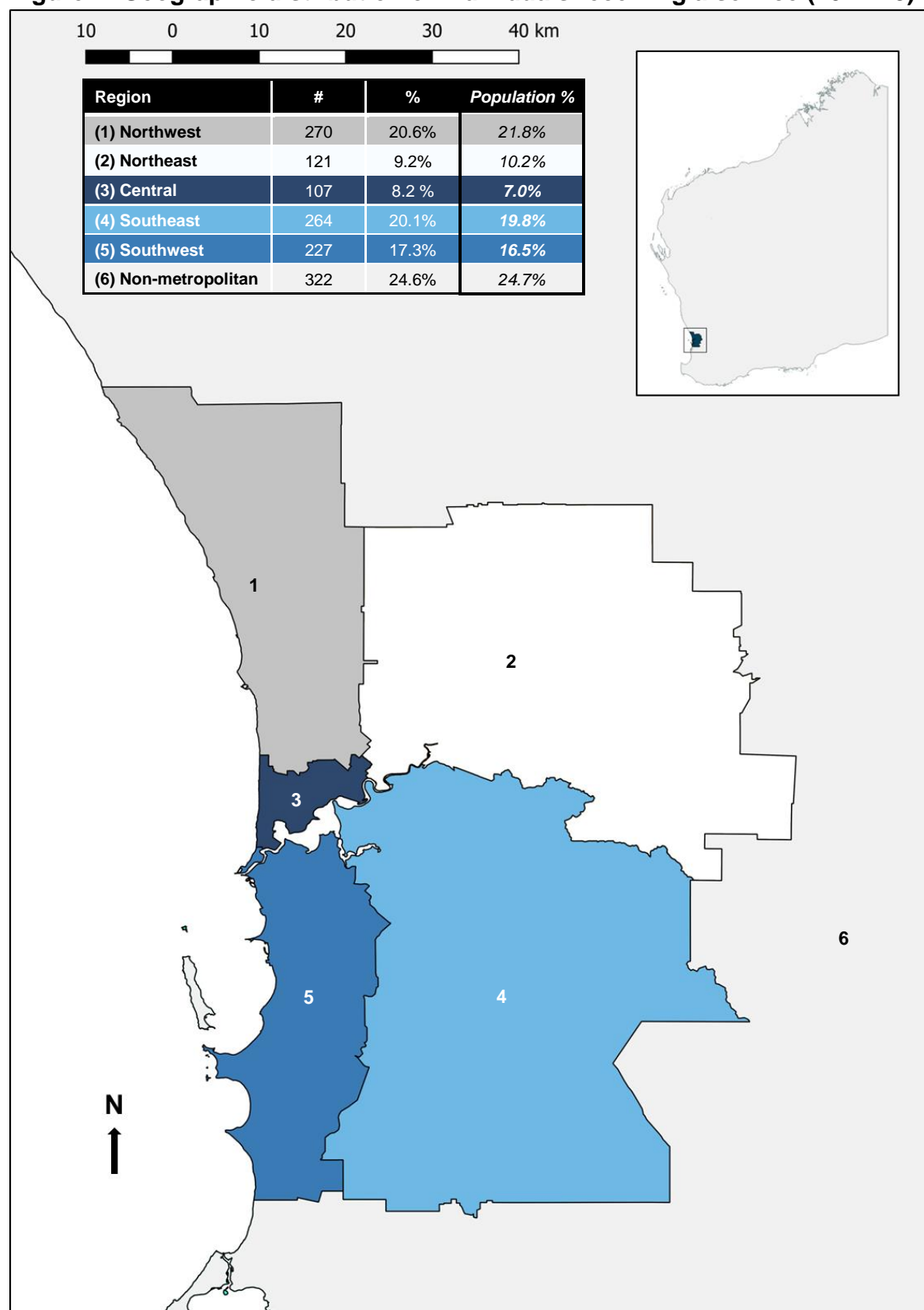
Totals may not sum to 100% due to rounding.

As shown in Figure 4, in 2017-18, the majority of complaints (75%) received concerned individuals living in the Perth metropolitan area, as defined by Local Government Areas, while 25% of complaints concerned individuals living in non-metropolitan areas.

Comparing the proportion of complaints received by the Office in 2017-18 to the population distribution across Western Australia¹ indicates that the various metropolitan areas and the non-metropolitan area all account for a proportion of complaints generally consistent with their proportion of the population.

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

Figure 4: Geographic distribution of individuals receiving a service (2017-18)



In some instances, location information was not collected (n=525). Individuals in a prison or an immigration detention centre are excluded from the analysis (n=436). The metropolitan and non-metropolitan regions adapted from schedule 3 of the Planning and Development Act 2005 and ABS Statistical Areas Level 2. Population data derived from the 2017 estimated residential population (ERP) data published by the ABS.

Time taken to resolve complaints

HaDSCO works to statutory timeframes for the management of complaints set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation. The operational target for each legislated timeframe, and the result achieved in 2017-18, are shown in Table 1.

In 2017-18, the Office met or exceeded the targets relating to preliminary assessment of complaints, and resolution of complaints in negotiated settlement. The office did not meet the target associated with notice to provider and others of acceptance of complaint; 91% of providers were notified that the Office had accepted a complaint within the 14 day legislated timeframe, below the target of 95%. This occurred due to administrative and process errors. Staff training measures have been put in place to ensure the process for complaint resolution as detailed in the *Health and Disability Services (Complaints) Act 1995* and by internal policies and procedures is adhered to at all times.

In addition, the Office did not meet the target associated with resolution of complaint by negotiated settlement where an extension of time was granted; 71% of complaints were resolved within the 112 day timeframe, below the target of 85%. This occurred for a number of complaints due to the complexity of the cases and the closure of aged cases. The internal timeframe will continue to be closely monitored.

Table 1: Time to resolve complaints – legislated timeframes or performance targets

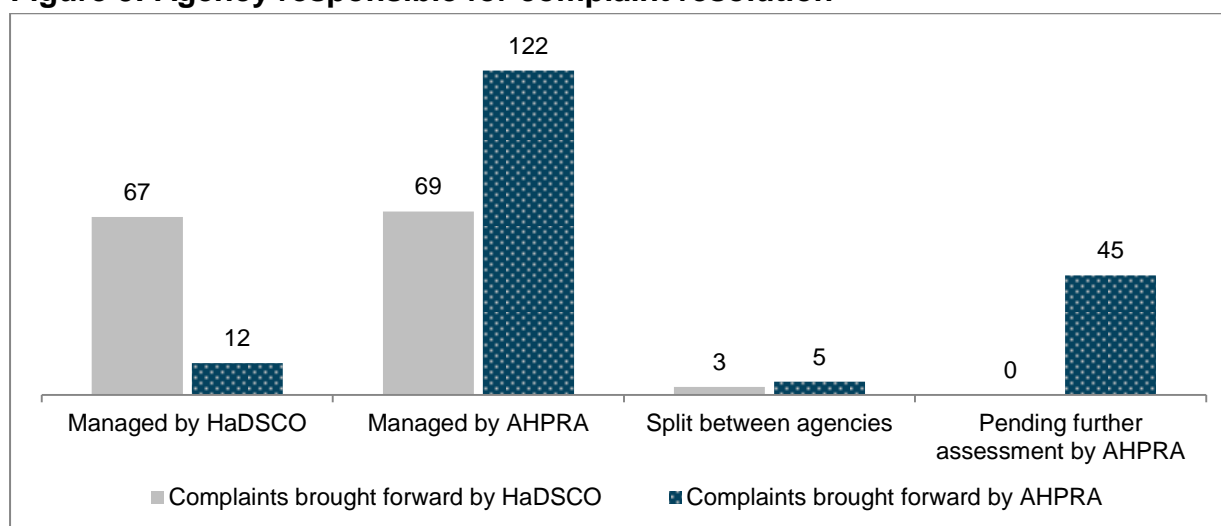
Legislative requirement	Legislative timeframe or performance target (days)	2017-18 Target	2017-18 Actual
Preliminary assessment of complaint	28	95%	95%
Preliminary assessment of complaint (with extension)	56	90%	92%
Notice to provider and others of acceptance of complaint	14	95%	91%
Resolution of complaint in Negotiated Settlement	56	80%	86%
Resolution of complaint in Negotiated Settlement (with extension)	112	85%	71%

Consultation with AHPRA about complaints

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

In 2017-18, HaDSCO brought forward 139 complaints to discuss with AHPRA staff, while AHPRA brought forward 184 complaints to discuss with HaDSCO staff. After reviewing the complaint files, a decision was reached as to which agency would retain the complaint and seek resolution, or agreement was reached to split a complaint and have both HaDSCO and AHPRA resolve different aspects, or issues, of the complaint. The number of complaints retained by each agency is detailed in Figure 5.

Figure 5: Agency responsible for complaint resolution



CASE STUDY

Redress for inadequate clinical assessment

An individual presented to a medical practitioner for assessment of redness and soreness in their eye. The practitioner undertook a clinical assessment but did not use a dye to examine the eye. Eye drops were prescribed and when the condition did not improve, the consumer consulted with another practitioner who identified a piece of steel in the

individual's eye. The individual lodged a notification with the Australian Health Practitioner Regulation Agency (AHPRA) regarding the practitioner's failure to use the dye to properly examine the eye. As the individual indicated that they sought a financial outcome, the matter was referred to HaDSCO for resolution.

HaDSCO worked with the practitioner's insurer to negotiate a suitable outcome. A financial goodwill gesture was offered and a mutually agreeable resolution was achieved.

Complaints lodged from the Indian Ocean Territories

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

The number of complaints managed by HaDSCO decreased in comparison to the 2016-17 financial year, when representatives from our Office visited the IOT and discussed a number of complaints with residents.

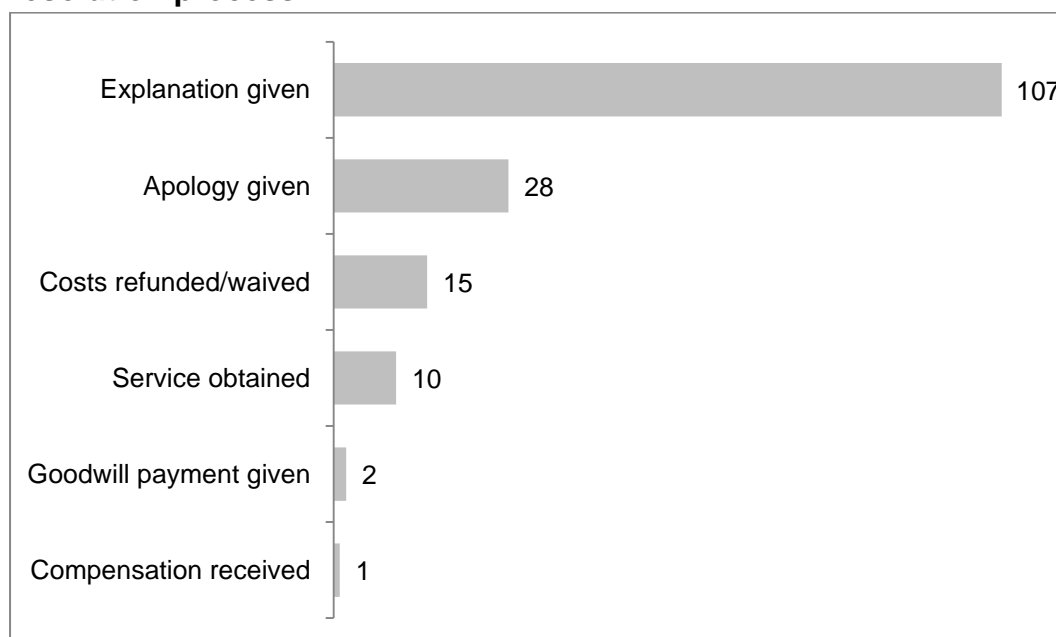
Outcomes achieved

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

HaDSCO's complaint resolution process produced a redress outcome in 77% of the complaints closed by negotiated settlement, conciliation or investigation in 2017-18. This resulted in a total of 163 outcomes for individuals, as shown in Figure 6. This compares to 62% of complaints closed by negotiated settlement, conciliation or investigation producing a redress outcome in 2016-17 (for a total of 144 redress outcomes).

The most common redress outcomes resulting from complaints managed through a resolution process were: the service provider offering an explanation to the individual making the complaint; an apology given by the service provider; the service provider refunding or waiving costs; and a service obtained for an individual.

Figure 6: Redress outcomes resulting from complaints managed through a resolution process



Service improvements

In 2017-18, **39** service improvements were managed as a result of our involvement. Examples of agreed actions implemented by service providers as a result of complaints made to HaDSCO are detailed below:

Recommendations /Agreed actions	Service improvement
Review or change in policy	Review of policy, procedure and consent forms used for dental surgery under general anaesthetic.
	Development of patient information sheets for specific clinical procedures.
	Development of a new transition policy by a disability service provider to include ongoing consultation with families.
	Development of a practice standard to achieve compliance with section 257 of the <i>Mental Health Act 2014</i> . This includes a provision that clinicians document their discussion with patients regarding reasons for the refusal to admit them as a voluntary patient; that individuals are informed of their right to lodge a complaint and informed that they may request reasons for the refusal of admission in writing.
Change in procedure	Procedure revised to ensure that appropriate information is provided to support individuals to make informed decisions about their treatment.
	Development of a quality checklist to follow up on test results.
	Development of a specific consent form which details the material risks associated with clinical procedures.
	Development of a process for documenting the regular inspection of cannula sites during the administration of intravenous iron infusions.
	Development of a procedure the efficient and coordinated management of complaints.
	Development of an information sheet to inform patients about ureteric stent procedures in a hospital.
	Process revised to enable an online feedback form to be used by patients to make a complaint without having to lodge a separate complaint form.
	Implementation of a new Pharmacy procedure for dispensing injections.

Communication	Communication protocols improved by medical practitioners regarding the termination of a professional treating relationship with patients.
	Improved communication with families to ensure that they are consulted about proposed changes to disability accommodation arrangements.
	Improved communication with carers regarding discharge arrangements from hospital to an aged care facility.
Staff education and training	Improvements made to medical record keeping practices.
	Several complaints used as de-identified case studies for the purpose of educating staff.
	Training provided to staff to improve complaint handling procedures.



CASE STUDY

Hospital improves informed consent processes for patients undergoing iron infusions

An individual contacted HaDSCO when they sustained permanent staining of the arm following an iron infusion procedure.

The complaint was initially raised with the health service provider who apologised for the complication the individual experienced. The health service provider offered ultrasound treatment, however this was declined on the basis that it was not considered to be an effective treatment option to rectify the staining.

HaDSCO reviewed the complaint and made further enquiries with the service provider. The enquiries related to the information provided to patients undergoing iron infusion procedures and action taken to improve these procedures. HaDSCO's enquiries showed that the health service

provider had documented the matter as a clinical incident and had commenced a review of its procedures. As a result of its investigation, the service provider identified several improvements to procedures and practice.

HaDSCO identified that the informed consent process could be improved to ensure that patients were adequately informed of the material risks associated with the procedure. As a result of HaDSCO's involvement the health service provider developed a specific consent form for iron infusions which details the material risks associated with the procedure; and finalised the process for documenting the regular inspection of the cannula site during the administration of an iron infusion.

This case also resulted in broader improvements whereby Medical Directors across public and private sector hospitals were advised of the issue and reminded to ensure that staff were aware of the matter and encouraged to review organisational policies.

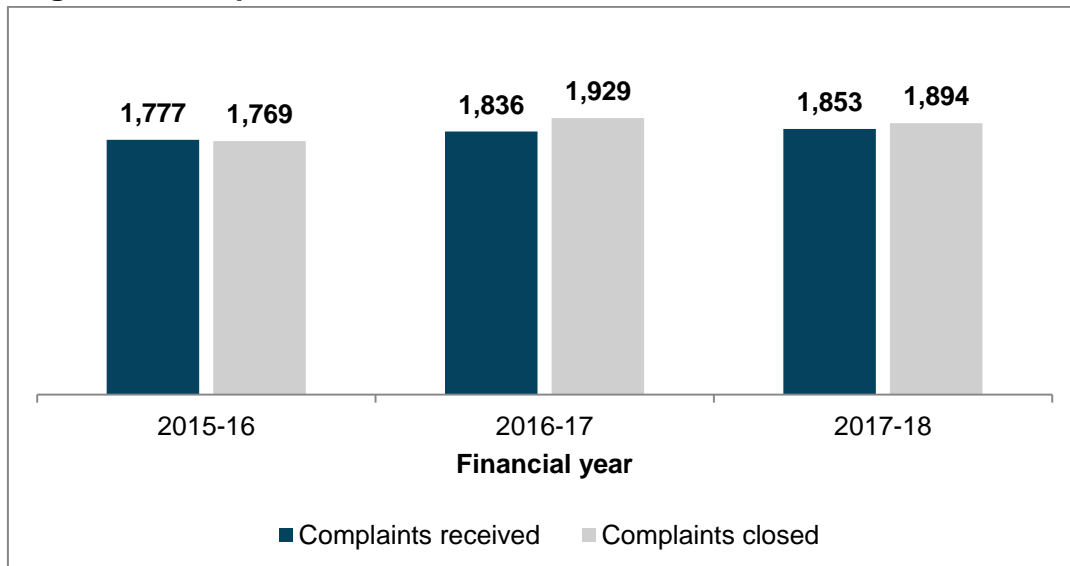
2.4. Complaints about health services

HaDSCO complaints data

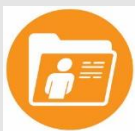
HaDSCO received 1,853 complaints about health services in the 2017-18 financial year. This represents a 1% increase compared to 2016-17. HaDSCO closed 1,894 complaints about health services in 2017-18, a 2% decrease compared to 2016-17.

Figure 7 details the number of complaints about health services received and closed by HaDSCO over the past three years. The number of complaints, both received and closed, has increased from 2015-16 to 2017-18.

Figure 7: Complaints about health services



The following section provides a more detailed breakdown of the complaints about health services closed by HaDSCO over the past three financial years.



CASE STUDY

Hospital agrees to amend their manual to clarify eligibility for Medicare benefits under the Reciprocal Health Care Agreement with New Zealand

An individual was admitted to a public hospital for treatment. They were classified as an overseas patient and was informed of the costs for accommodation and treatment. The individual's private health insurance covered part of the fees, however, the patient was left with considerable out of pocket expenses.

The individual complained to the health service provider regarding her eligibility to be covered by Medicare under the *Reciprocal Health Care Agreement* (RHCA) with New Zealand, as a permanent New Zealand resident. Relevant documentary information was given to the service provider to assess the entitlement. The relevant information included an overseas

passport with a certificate of identity. The certificate of identity indicated that the certificate expired when a person leaves New Zealand. On this basis, the health service provider declined the patient's request for the excess costs incurred to be paid by Medicare under the RHCA.

As a result of HaDSCO's involvement, the service provider agreed to submit the accounts to Medicare to test the individual's eligibility. It was determined that the individual was eligible to receive Medicare benefits under the RHCA. As a result, the health service provider changed the patient's account status from *Overseas Visitor* to *Public Reciprocal* and the outstanding invoices were adjusted to a nil balance. The service provider also extended an apology to the individual.

The health service provider agreed to amend its fees manual to clarify that New Zealand non-citizens who have permanent residency in New Zealand are entitled to Medicare benefits under the RHCA



CASE STUDY

Diagnostic health service provider discounts out of pocket expenses for failing to inform patient of the costs

An individual was referred to a diagnostic health service provider for an ultrasound. They were informed by the General Practitioner and the service provider that the ultrasound would be bulk billed. On the day of the procedure, however, the diagnostic service provider informed the individual that a private account

would be billed as they held an interim Medicare card. The individual was required to pay the full private fee. The individual contacted Medicare and was informed that the procedure should have been bulk billed. In the circumstances, however, the service provider's policy was to charge a private account for holders of interim Medicare cards.

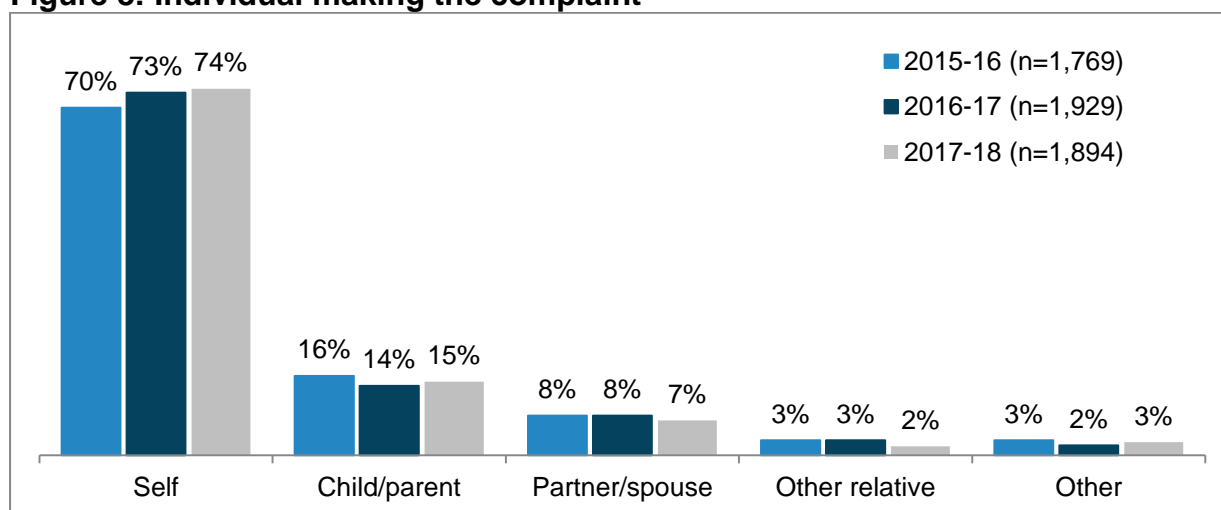
As a result of HaDSCO's involvement, the diagnostic service provider offered a fifty per cent reduction on the consumer's out of pocket fee (the difference between the Medicare and private fee) as a gesture of goodwill.

Individual making the complaint

The majority of complaints about a 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 8).

Over the past three years, there has been a gradual increase in the proportion of complaints made by the individual who received the service.

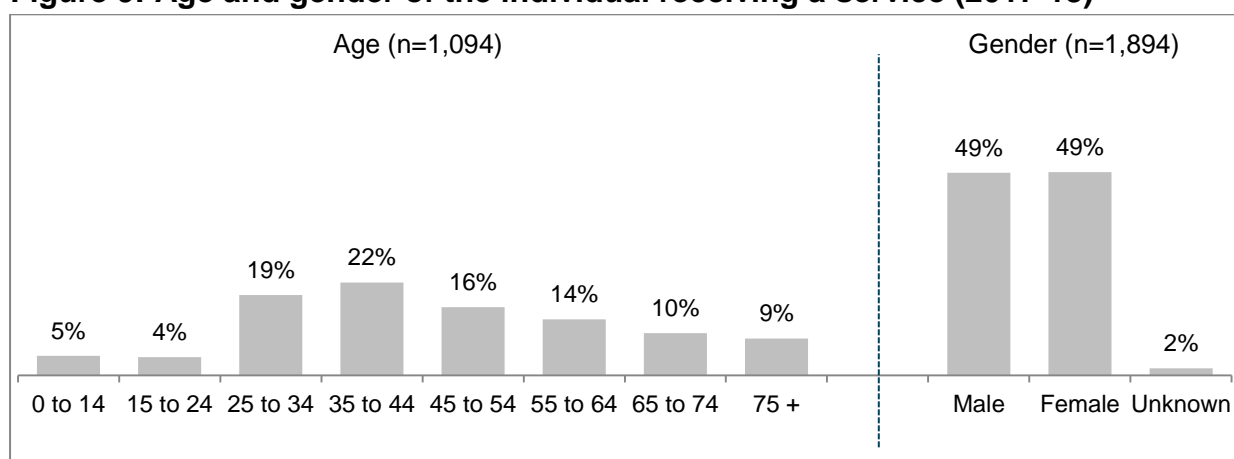
Figure 8: Individual making the complaint



Totals may not sum to 100% due to rounding.

Complaints about health services were distributed relatively equally between males and females, and were least likely to concern services provided to individuals aged under 25 years of age. Details are provided in Figure 9.

Figure 9: Age and gender of the individual receiving a service (2017-18)



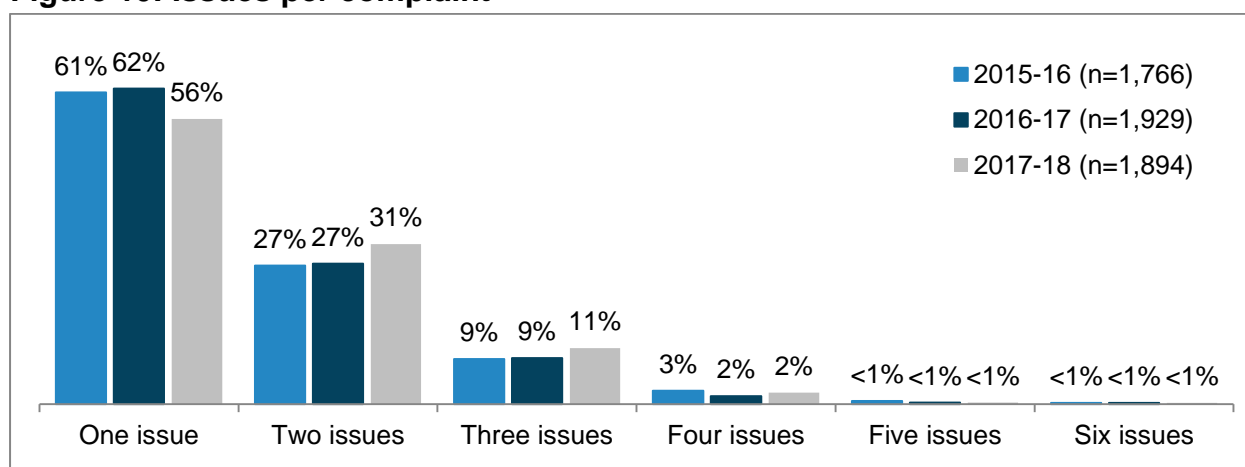
Totals may not sum to 100% due to rounding. The data in Figure 9 is provided only for complaints where demographic information about the individual receiving a service was recorded.

Issues identified

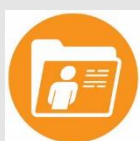
The issues associated with a complaint about a health service are determined by HaDSCO staff in discussion with the person making the complaint. Identifying the issues in the complaint provides for effective resolution and allows all parties to have an understanding of the issues raised.

More than one issue can be raised in a single complaint. Of the 1,894 complaints about health services closed by HaDSCO in 2017-18, 44% concerned multiple issues, resulting in a total of 3,046 issues being identified. As shown in Figure 10, the number of complaints identifying more than one issue has increased in 2017-18, suggesting an increase in the complexity of the complaints managed by the Office over the last 12 months.

Figure 10: Issues per complaint



Totals may not sum to 100% due to rounding. Complaint issues were not recorded for three complaints in 2015-16.



CASE STUDY

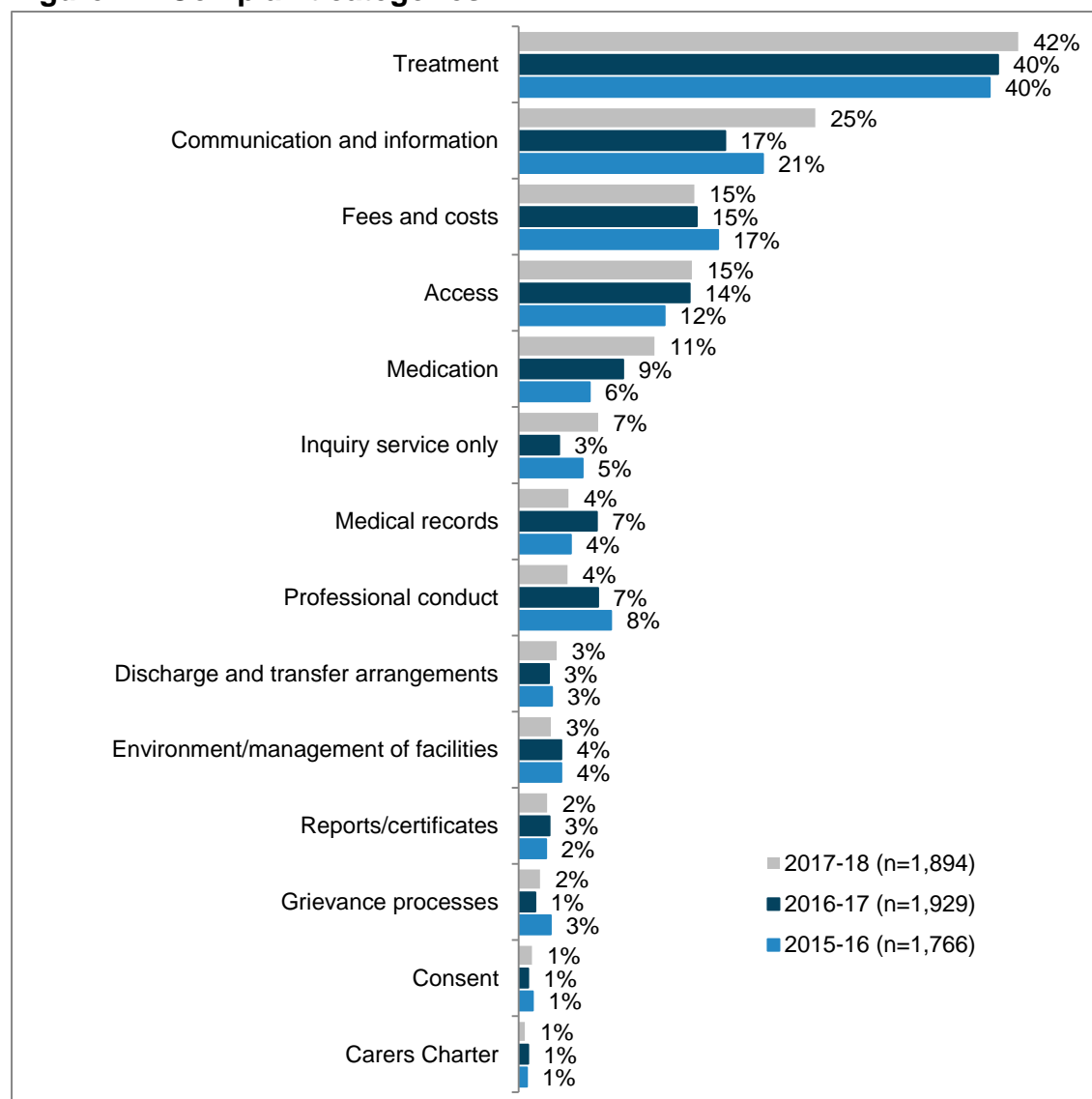
Service providers make improvements to complaints management procedures

While managing individual complaints, we often identify that complaints management procedures could be improved. Examples of dissatisfaction expressed by individuals includes a lack of response or timely response

to their complaint and that the service provider did not have a clear complaints management process in place. In these circumstances, HaDSCO works with service providers to ensure that feedback and complaints procedures are clear and easily accessible to individuals wishing to make complaints. Further, that there is a central coordination area and dedicated staff responsible for managing complaints in a timely manner.

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

Figure 11: Complaint categories²



Percentage of all health complaints closed in the financial year. Because multiple issues can be identified per complaint, percentages will not sum 100%. Complaint issues were not recorded for three complaints in 2015-16.

In 2017-18, the majority of complaints concerned treatment; communication and information; fees and costs; and access. A number of trends were observed over the past three years in relation to the complaint categories identified in health complaints:

- Treatment continues to be the most commonly raised concern, with 42% of complaints managed by the office in 2017-18 dealing with at least one treatment issue.

² The methodology used to calculate the proportion of complaints that identified a given issue category has been revised in 2017-18 and applied to historical data for 2016-17 and 2015-16.

- There has been an increase in the proportion of complaints that identified a concern with communication and information in 2017-18; the proportion increased from 17% in 2016-17 to 25% in 2017-18.
- The proportion of complaints identifying medication issues continued to increase, with 11% of complaints identifying this complaint category, compared to 9% in 2016-17 and 6% in 2015-16.
- The proportion of complaints identifying professional conduct issues continued to decrease, with 4% of complaints identifying this complaint category, compared to 7% in 2016-17 and 8% in 2015-16.

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

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



CASE STUDY

Pharmacy improves information provided to consumers regarding the appropriate storage of injectable vaccines

An individual attended the local pharmacy to purchase a vaccine in preparation for overseas travel. The individual attended the General Practitioner the following day to have the vaccine administered but was informed that the vaccine could not be used because it had been left out of the fridge for more than an hour.

The individual lodged a complaint with HaDSCO stating that he was not informed by the pharmacy staff at the

time he collected the vaccine that it needed to be refrigerated. Through HaDSCO's negotiated settlement process, the pharmacy offered a refund as a good will gesture.

The pharmacy also contacted the manufacturer regarding the safe storage of vaccines and they reviewed their ordering and dispensing process.

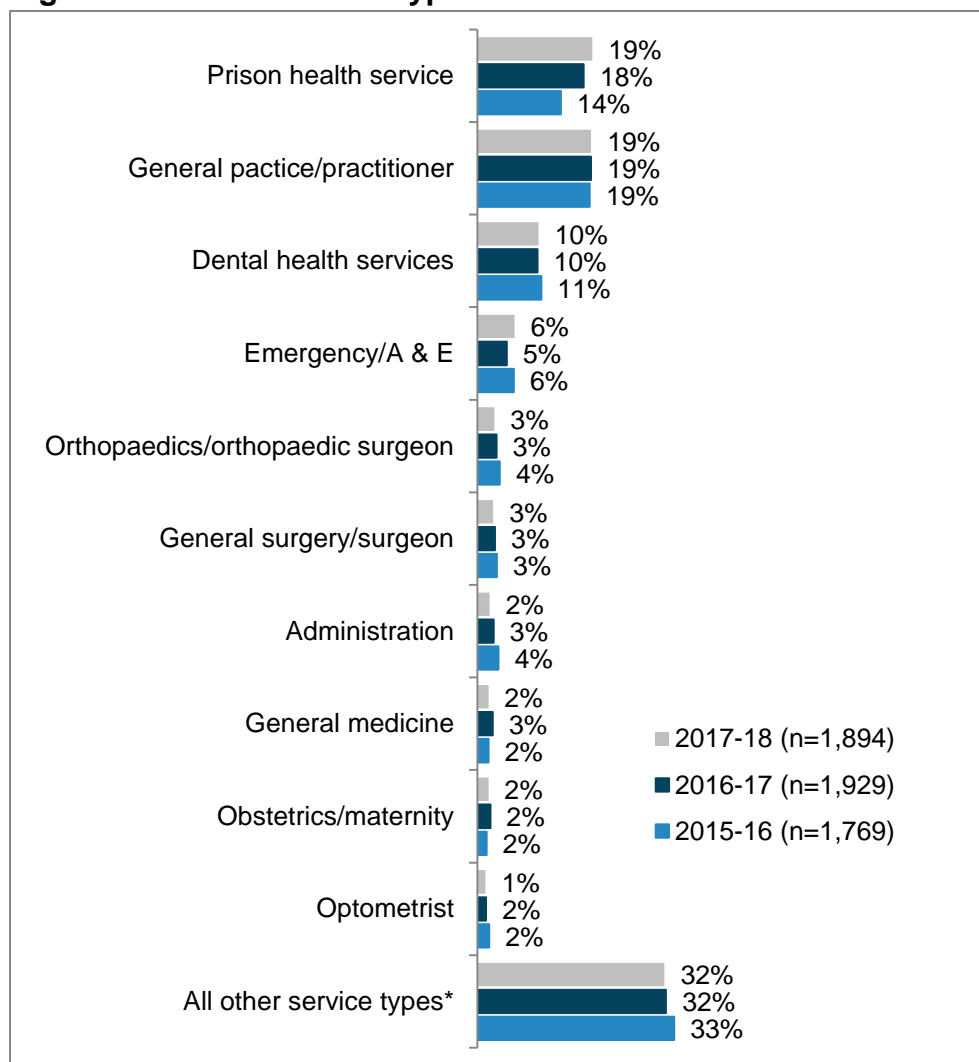
It was agreed that, in future, individuals will be informed that the vaccine should be kept refrigerated. They will also be asked if the vaccine will be administered within the hour. If not, they will be asked to bring a freezer bag or ice pack when the vaccine is collected.

Health service types

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

The service types that were most frequently the subject of complaints in 2017-18 were prison health services (19%), general practices and practitioners (19%), and dental health services (10%).

Figure 12: Health service types



Totals may not sum to 100% due to rounding.

* This category includes a wide range of service types, a number of which are associated with health services provided by hospitals and/or specialists. Examples include paramedical service, radiologist, pathologist, gastroenterology, pain management, paediatrics etc.

There has been minimal change in the service types identified in health complaints over the past three years, with the exception of a gradual increase in the number of complaints concerning prison health services.



CASE STUDY

Prison Health complaints

HaDSCO receives complaints about prison health services. Prisoners may contact HaDSCO directly, using a direct telephone service or may submit a complaint in writing.

A proportion of complaints about prison health services relate to access to medication for drug and alcohol related issues, mental health treatment, the management of chronic health conditions and external health service appointments.

In regard to complaints about medication, a number of the complaints we receive relate to an individual's access to the methadone program. In these cases, we seek explanations about the reason the prisoner has not met the eligibility criteria to participate in the program.

For complaints about access to medication for mental health issues,

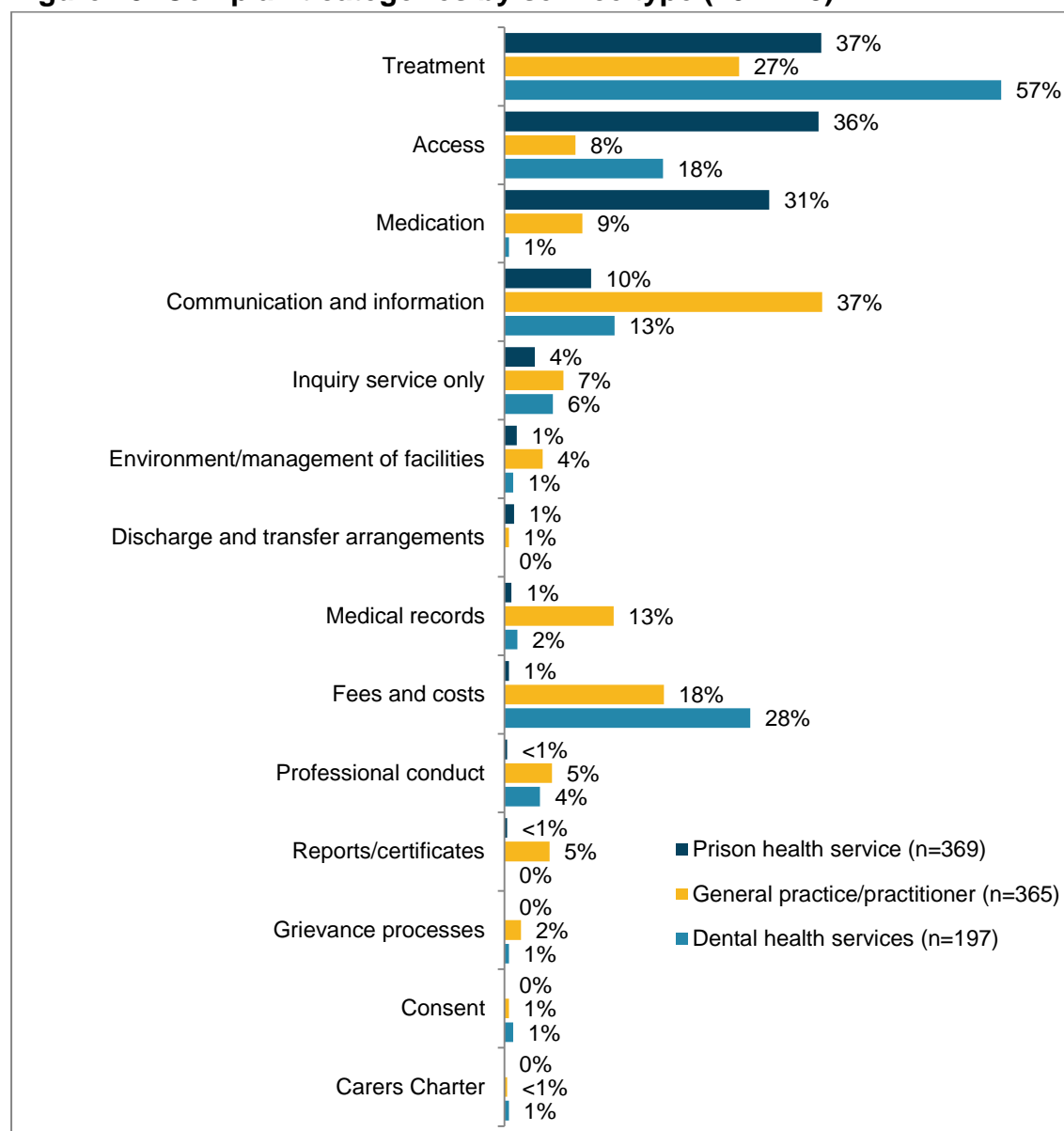
we seek confirmation that the individual has access to mental health services and that they have been medically assessed with appropriate supports in place.

A proportion of complaints also relate to access to health services when a prisoner is on remand. These cases are generally managed by contacting the Clinical Nurse Manager to seek explanations and confirm that an appointment has been made for a health assessment.

When we receive complaints that raise concerns about the management of chronic health conditions, including access to external appointments and dental treatment, HaDSCO staff contact the relevant Clinical Nurse Managers to seek updates and explanations regarding the individual's complaint. This is an efficient process to confirm that external referrals have been made and also assists to clarify information about their treatment and medications.

The complaint issue categories identified in health complaints vary by the service type in question. The issue categories associated with the most common health service types (prison health service, general practice/practitioner, dental health services) are shown in Figure 13.

Figure 13: Complaint categories by service type (2017-18)



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

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

- Complaints about prison health services were far more likely to concern access to services; and medication.
- Complaints about general practices were far more likely to concern communication and information; medical records; fees and costs; reports/certificates; and environment/management of facilities.
- Complaints about dental health services were far more likely to concern treatment; and fees and costs.

External complaints data

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO collects complaint data from prescribed government and non-government health service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the health sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

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

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

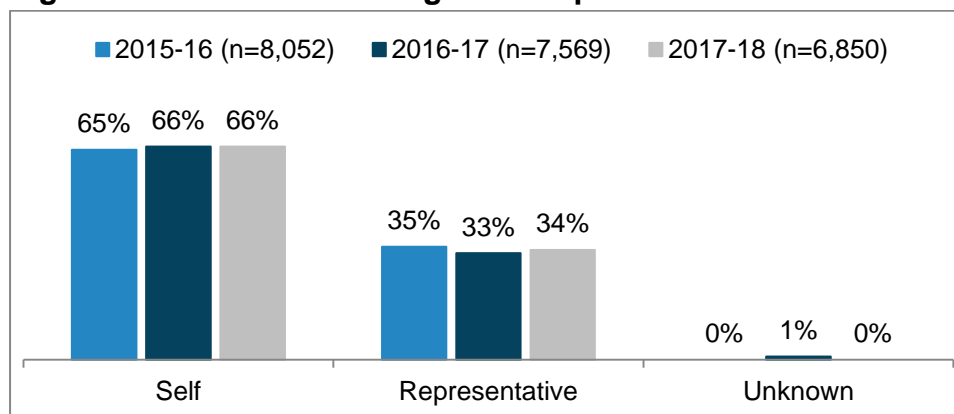
The aggregate data received by HaDSCO includes all complaints received by prescribed providers in the current financial year (2017-18). A preliminary analysis of this data is provided below.

In 2017-18, details of 6,850 complaints concerning 11,448 issues were submitted to HaDSCO by service providers. This represents a 9.5% decrease from 2016-17 in the number of complaints received (7,569 complaints) and a 6% decrease in the number of issues identified (12,243 issues in 2016-17).

Individual making the complaint

In 2017-18, the majority of complaints (66%) received directly by service providers were made by the individual who received the service (as shown in Figure 14).

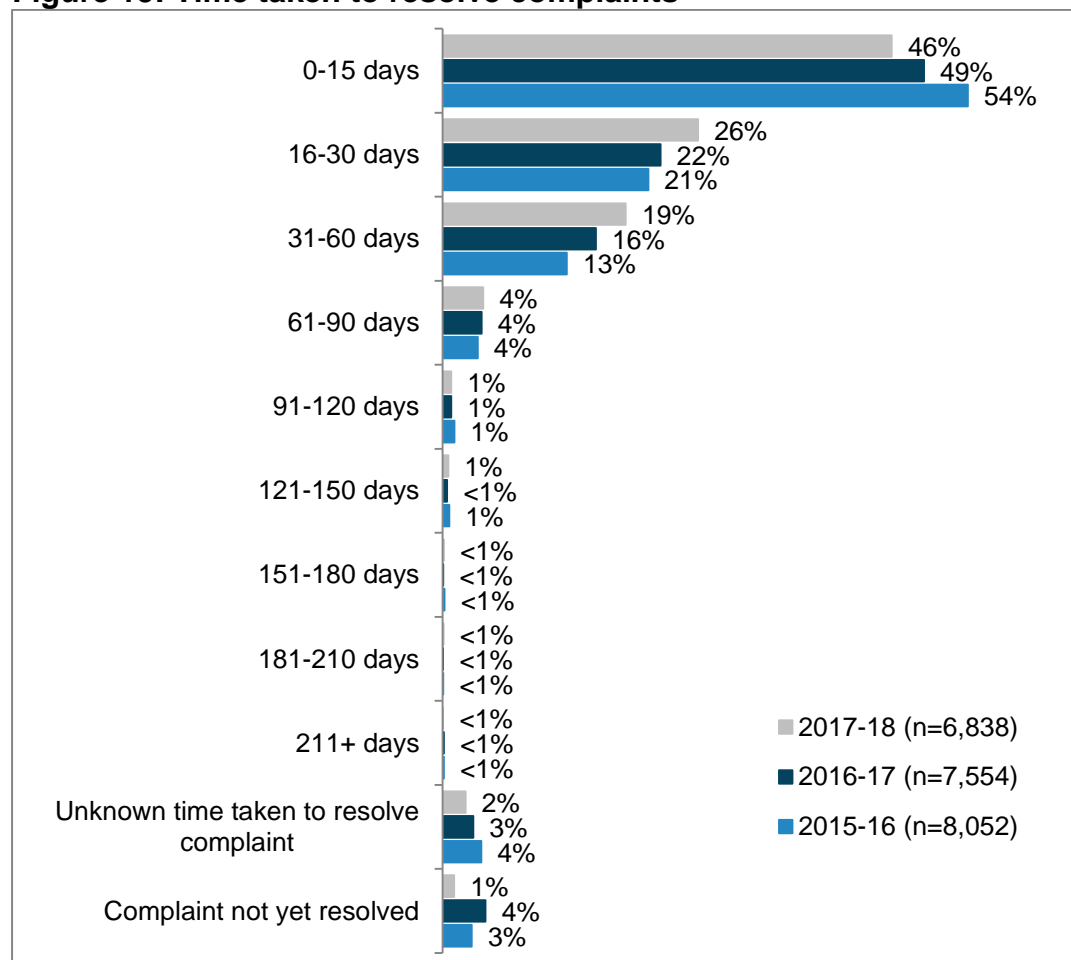
Figure 14: Individual making the complaint



Time taken to resolve complaints

The time taken for service providers to resolve complaints over the past three years is shown in Figure 15. In 2017-18, the majority of complaints (72%) received directly by health service providers were resolved in less than 30 days.

Figure 15: Time taken to resolve complaints

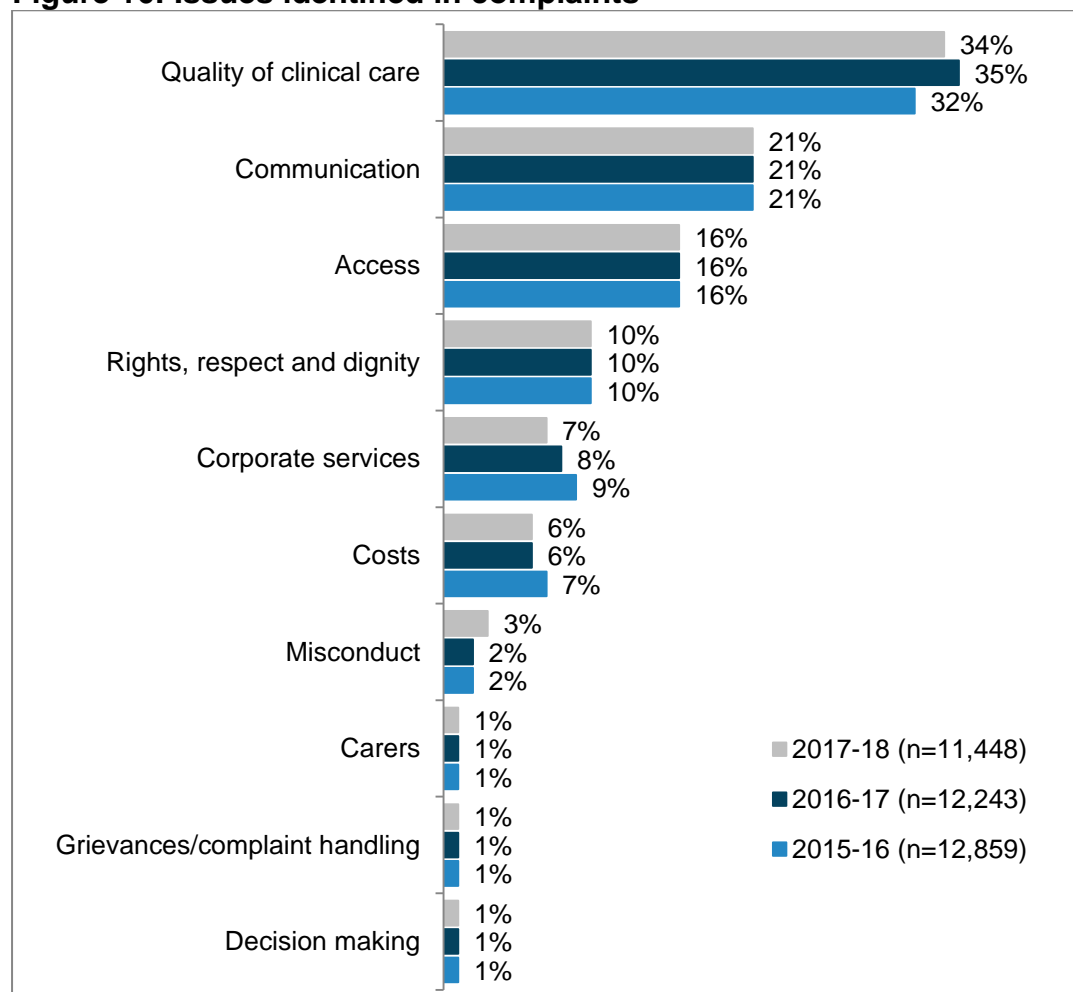


Totals may not sum to 100% due to rounding. In some instances data was not recorded by health service providers.

Issues identified

The issues identified in complaints received by service providers over the last three years are shown in Figure 16. In 2017-18, quality of clinical care (34%), communication with patients (21%), and access to service (16%) remained the issues most commonly identified in complaints. There has been minimal change in the types of issues identified in the complaints received by health service providers over the last three years.

Figure 16: Issues identified in complaints



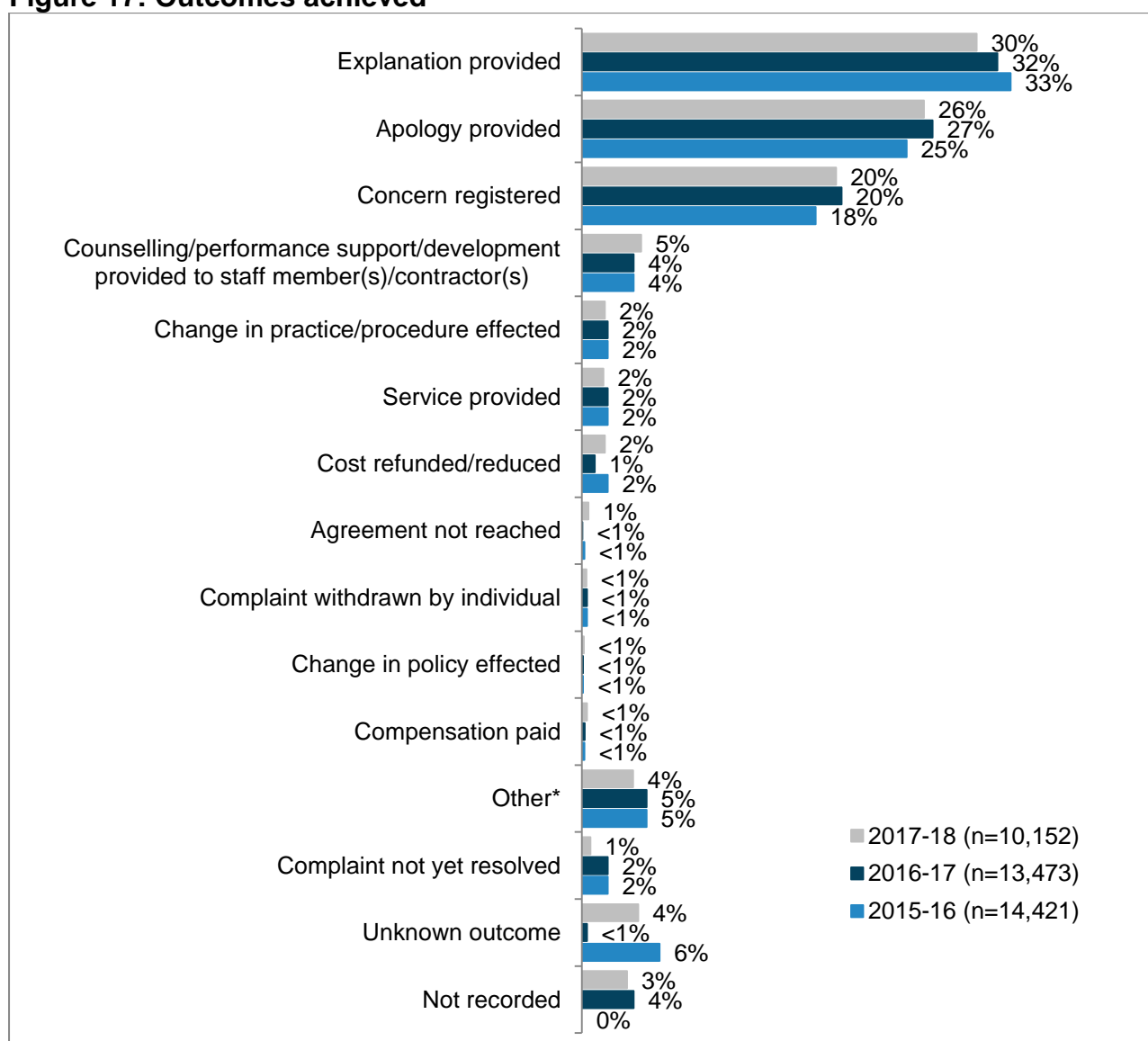
Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the complaints managed by service providers. In 2017-18, the most common outcomes were providing an explanation (30%), providing an apology (26%), or concern registered (20%). Of note, there has been a drop in the number of outcomes achieved by service providers, with a 25% decrease in 2017-18 (10,152 outcomes in 2017-18 compared to 13,473 outcomes in 2016-17). This reflects a drop from approximately 1.8 outcomes per complaint in the previous two years to just over 1.5 outcomes per complaint in 2017-18. Across the outcomes identified there has been a decreasing trend to provide an explanation to an individual making a complaint. Other outcomes have remained consistent.

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

Figure 17: Outcomes achieved



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

Health complaints received by sector

Prescribed health service providers are classified as public, private or not-for-profit depending on the service(s) that the provider manages. The following section provides a comparison of the complaints received in the 2017-18 year by public, private and not-for-profit providers.

In 2017-18, the majority (69%) of complaints data was submitted by public providers. A summary of the number of complaints received, issues identified and the time taken to resolve complaints for each sector is shown in Table 2.

Table 2: Summary of health complaints received by sector

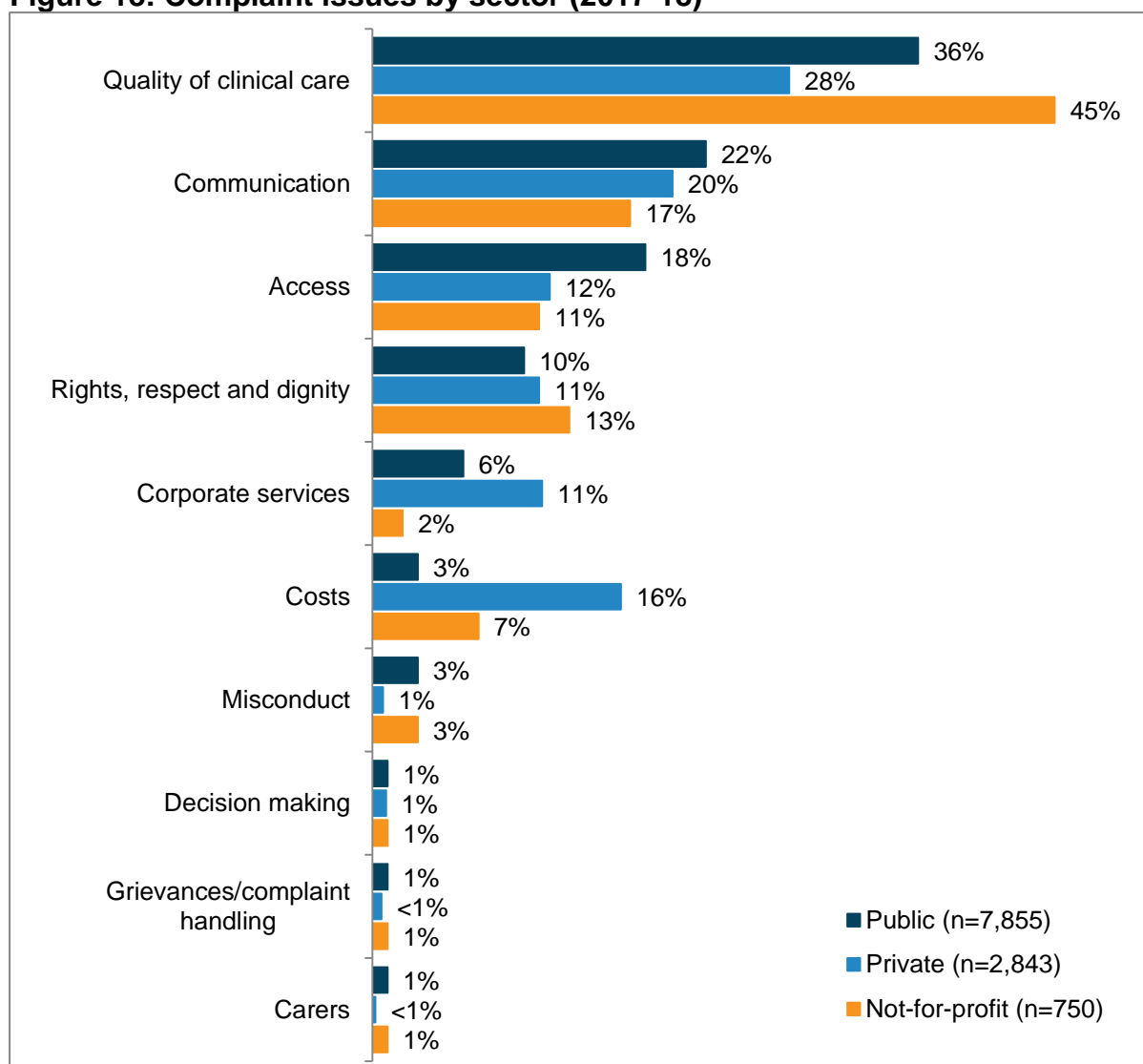
Public	Private	Not-for-profit
4,743 complaints	1,486 complaints	621 complaints
7,855 issues	2,843 issues	750 issues
Average 1.7 issues per complaint	Average 1.9 issues per complaint	Average 1.2 issues per complaint
81% of complaints resolved within 30 days	77% of complaints resolved within 30 days	55% of complaints resolved within 30 days

Complaint issues by sector

Quality of clinical care and communication were the most common issues across all sectors. The third most common issue differed across the sectors; access (18%) in the public sector; costs (16%) in the private sector; and rights, respect and dignity (13%) in the not-for-profit sector.

The issues identified in complaints received by service providers in 2017-18 split by sector are shown in Figure 18.

Figure 18: Complaint issues by sector (2017-18)

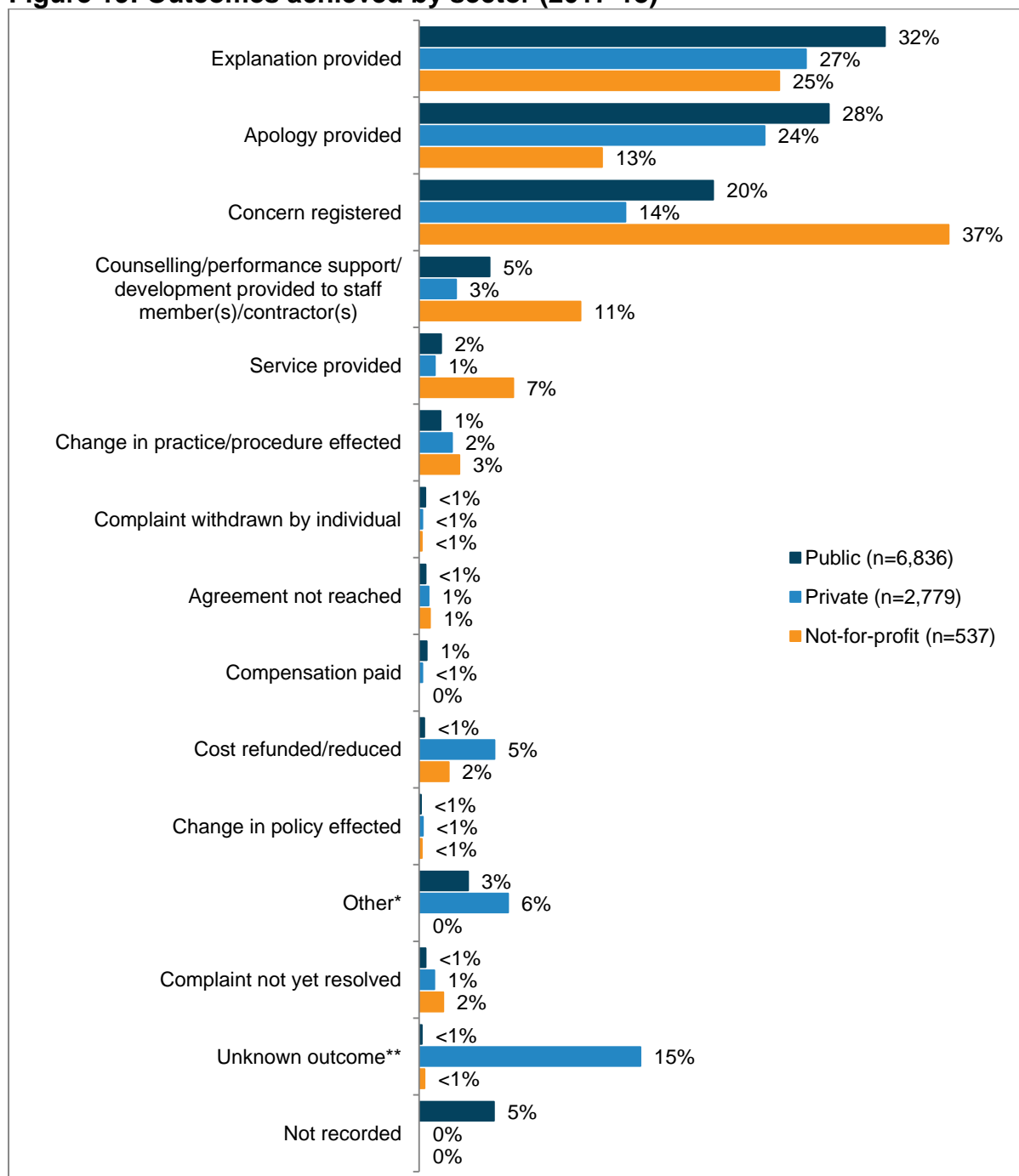


Totals may not sum to 100% due to rounding.

Outcomes achieved by sector

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

Figure 19: Outcomes achieved by sector (2017-18)



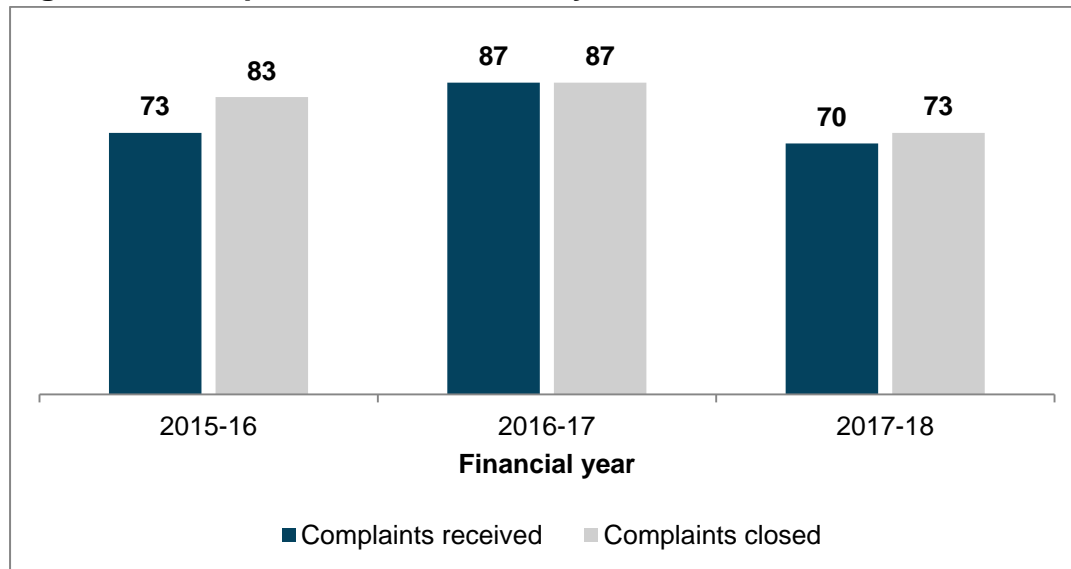
*Other outcomes include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action. ** The significant increase in unknown outcomes is attributed to a few service providers who were unable to provide outcome data for the current year.

2.5. Complaints about disability services

HaDSCO complaints data

Figure 20 details the number of complaints about disability services received and closed by HaDSCO over the past three years. HaDSCO received 70 complaints about disability services in the 2017-18 financial year. Although this represents a decrease compared to 2016-17, it is reasonably consistent the number of complaints received in 2015-16. HaDSCO closed 73 complaints about disability services in 2017-18.

Figure 20: Complaints about disability services



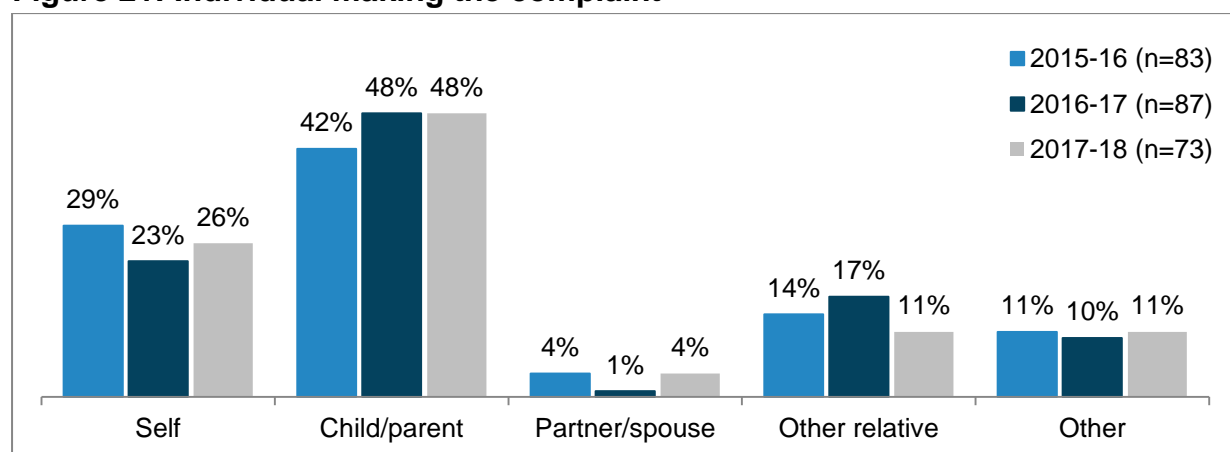
The following section provides a more detailed breakdown of the complaints about disability services closed by HaDSCO over the past three financial years.

Individual making the complaint

An individual who makes a complaint about a disability service to HaDSCO is not necessarily the individual who received the service. The majority of complaints (74% in 2017-18) were made by someone acting on behalf of the individual who received the service; typically this is a family member (as shown in Figure 21).

Over the past three years there have been variations in terms of the specific person who made a complaint, although approximately 20% to 30% of complaints were made by an individual receiving a service and approximately 70% to 80% of complaints were made on behalf of someone receiving a service.

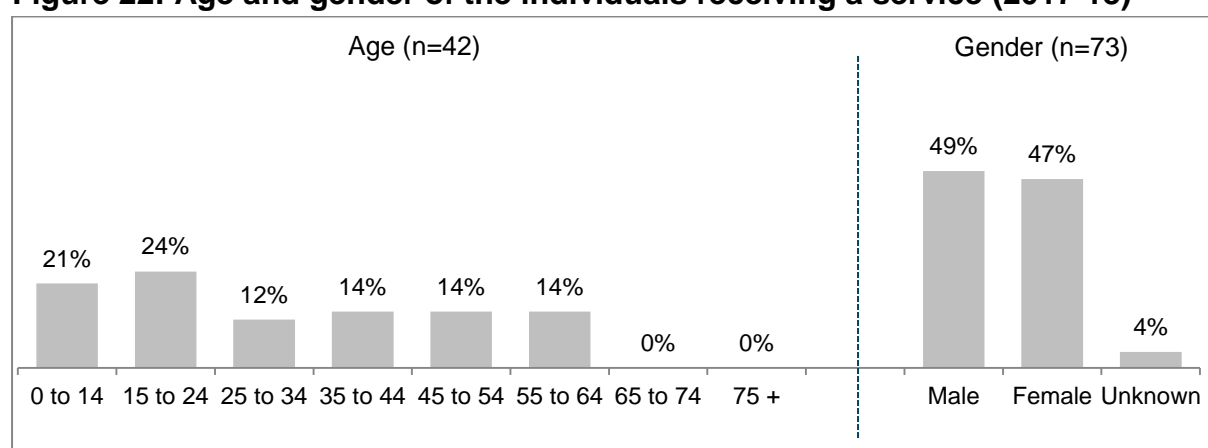
Figure 21: Individual making the complaint



Totals may not sum to 100% due to rounding.

Complaints about disability services were more likely to concern services provided to individuals under 25 years of age. No complaints concerned services provided to individuals aged over 64 years of age. Complaints were slightly more likely to be about services provided to males. Details are provided in Figure 22.

Figure 22: Age and gender of the individuals receiving a service (2017-18)



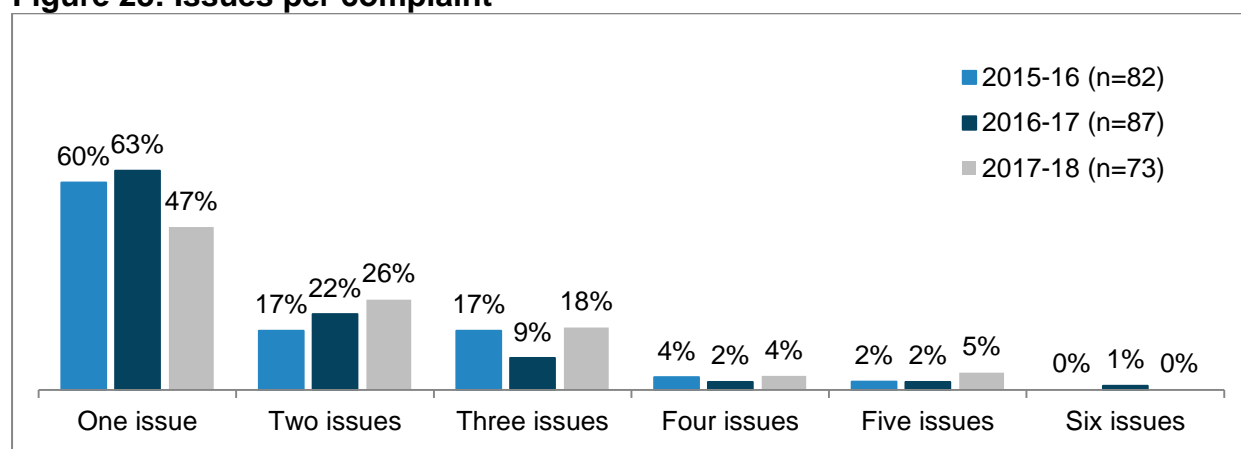
The data in Figure 22 is provided only for complaints where demographic information about the individual receiving a service was recorded. Totals may not sum to 100% due to rounding.

Issues identified

The issues associated with a complaint about a disability service are determined by HaDSCO staff in discussion with the person making the complaint. Identifying the issues in the complaint provides for effective resolution and allows all parties to have an understanding of the issues raised.

More than one issue can be raised in a single complaint. Of the 73 complaints about disability services closed by HaDSCO in 2017-18, 53% concerned multiple issues, resulting in a total of 143 issues being identified. As shown in Figure 23, the number of complaints identifying more than one issue has increased in 2017-18, suggesting an increase in the complexity of the complaints managed by the Office over the last 12 months.

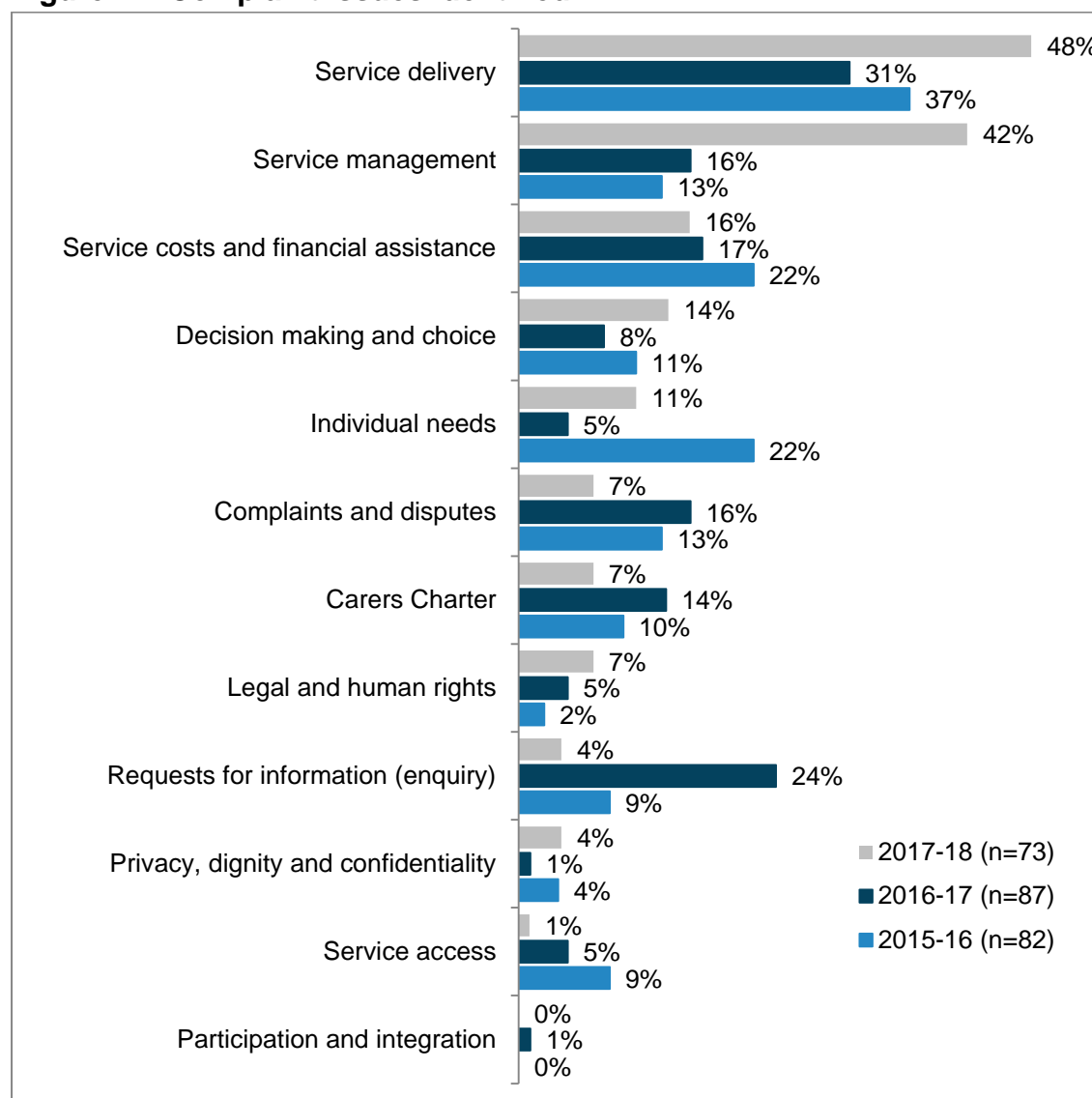
Figure 23: Issues per complaint



Totals may not sum to 100% due to rounding. Complaint issues were not recorded for one complaint in 2015-16.

The complaint issue categories identified in the disability services complaints closed by HaDSCO over the last three years are shown in Figure 24. Within each complaint category, a variety of specific issues may be identified by the individual making the complaint.

Figure 24: Complaint issues identified³



Percentage of all disability complaints closed in each financial year. Because multiple issues can be identified per complaint, percentages may not sum to 100%. Complaint issues were not recorded for one complaint in 2015-16. The complaint issue category 'Contribution to community' is excluded from Figure 24 as no complaints identified an issue in this category over the three year period.

In 2017-18, the majority of complaints about disability services concerned service delivery; service management; and service costs and financial assistance. In comparison to previous years there have been a few notable changes in the issues identified:

- The proportion of complaints identifying issues with service delivery has increased from 31% in 2016-17 to 48% in 2017-18.

³ The methodology used to calculate the proportion of complaints that identified a given issue category has been revised in 2017-18 and applied to historical data for 2016-17 and 2015-16.

- The proportion of complaints identifying service management issues has increased from 16% in 2016-17 to 42% in 2017-18.
- Requests for information about HaDSCO's services and how to make a complaint about a disability service decreased from 24% in 2016-17 to 4% in 2017-18.
- The proportion of complaints about service costs and financial assistance; and service access have declined over each of the past three years.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 24, please refer to Appendix 5.4.



CASE STUDY

An individual lodged a complaint regarding the lack of consultation about the changes in their child's accommodation arrangements. Two new residents were introduced into the care facility which had a negative impact upon their child who had resided at the facility for a number of years. The family was aggrieved that they had not been consulted about the new living arrangements.

The complaint was managed in the conciliation process which provided an opportunity for the service provider to acknowledge the family's experience and concerns. A written apology was provided to the family.

The service provider has also developed a new transition policy which includes ongoing consultation with families.

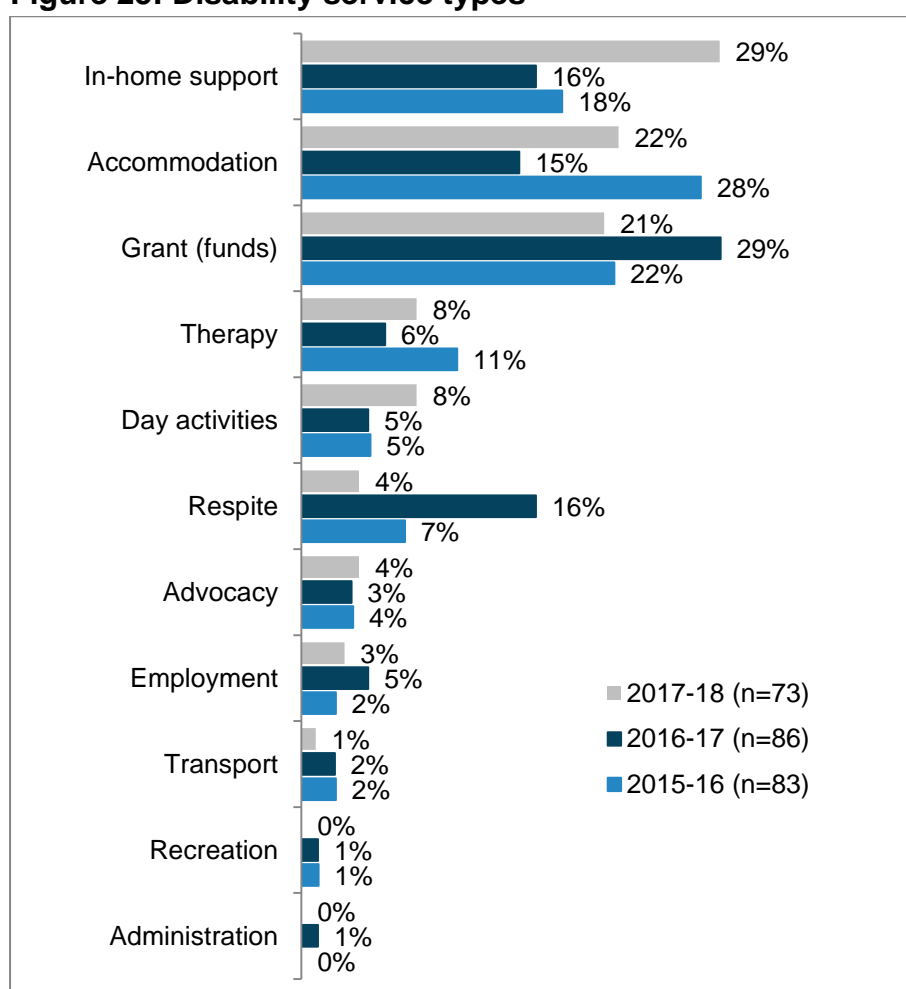
Disability service types

The specific disability service types identified in disability service complaints closed in the last three years are shown in Figure 25.

The service types that were most frequently the subject of complaints about disability services in 2017-18 related to in-home support (29%), accommodation (22%), and grants or funding (21%).

In 2017-18, the proportion of complaints concerning grants or funding; respite; and accommodation have returned to levels similar to those seen in 2015-16. There has also been a notable increase in the number of complaints about in-home support services, from 16% in 2016-17 to 29% in 2017-18.

Figure 25: Disability service types



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

External complaints data

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

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

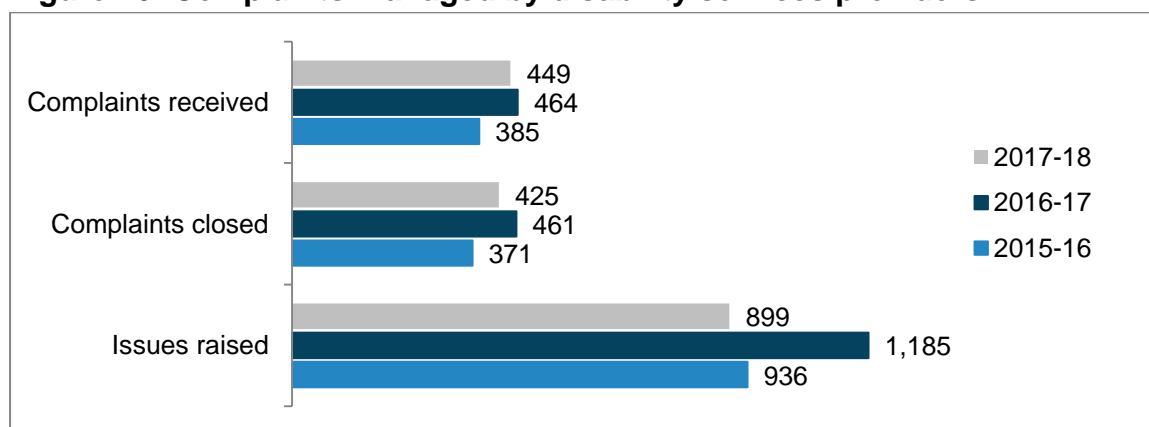
- Number of complaints.
- Demographics of consumers.
- Complaint issues.
- Complaint outcomes.
- Timeliness of complaint resolution.

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

Complaints managed by disability service providers

In 2017-18, there was a decrease (3%, 15 complaints) in the number of complaints received by prescribed disability service providers. There was also a decrease (8%, 36 complaints) in the number of complaints closed. The total number of issues also decreased, along with the average number of issues per complaint (2.1 issues per complaint closed in 2017-18, compared to 2.6 issues per complaint in 2016-17 and 2.5 issues per complaint in 2015-16). The number of complaints received and closed by disability service providers can be seen in Figure 26.

Figure 26: Complaints managed by disability services providers

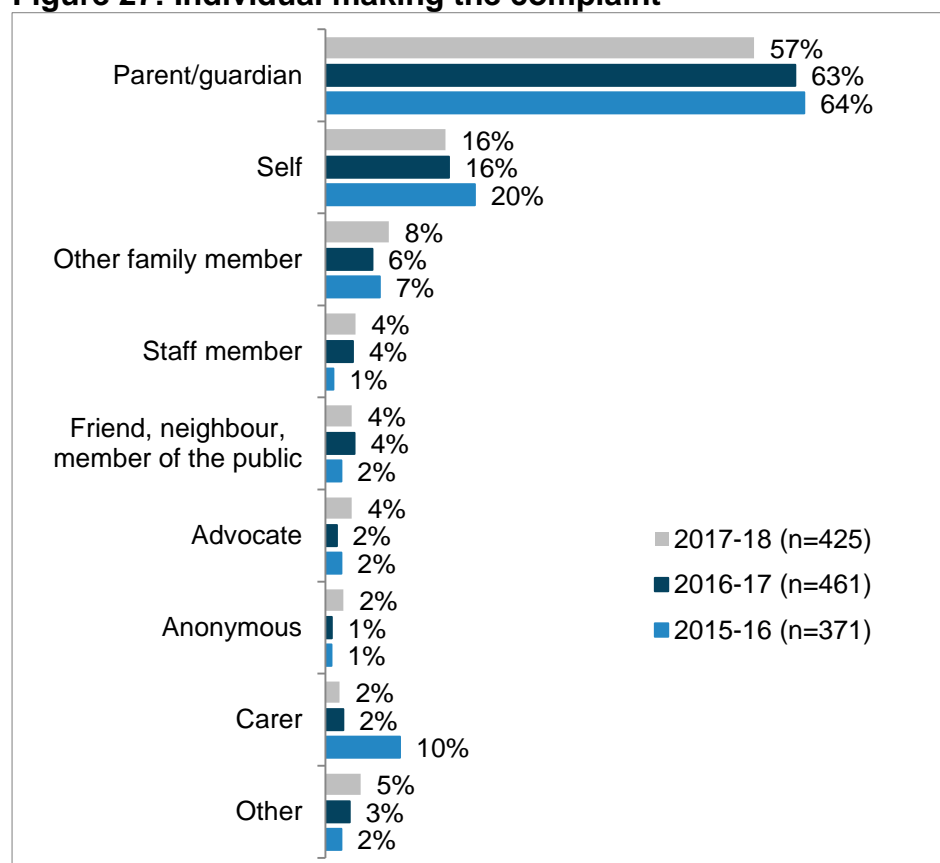


Individual making the complaint

In 2017-18, the majority of complaints (84%) received by disability service providers were made by someone acting on behalf of the individual who received the service, typically a family member or guardian, as shown in Figure 27.

There was a decrease observed in the proportion of complaints made by parents/guardians in 2017-18 (from 63% in 2016-17 to 57% in 2017-18). The proportion of complaints made by individuals in the 'Other' category has increased gradually over the past three years; other individuals making a complaint in 2017-18 included local area coordinators and staff from other organisations.

Figure 27: Individual making the complaint

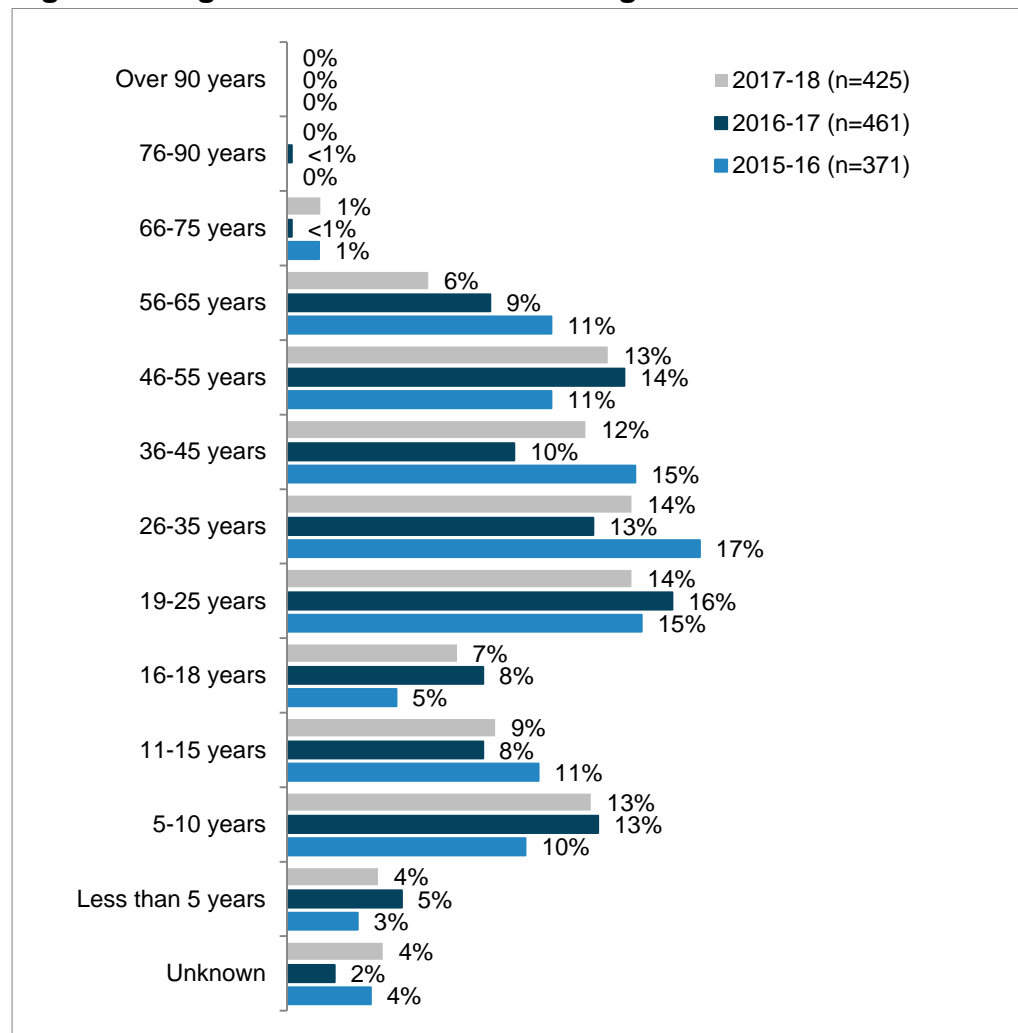


Totals may not sum to 100%; a complaint may be made by multiple individuals.

Demographics of the individual receiving the service

Complaints about disability services were most likely to concern individuals between the ages of 5 and 65, as seen in Figure 28. Few complaints about disability services concerned individuals 66 years of age and older.

Figure 28: Age of the individual receiving the service

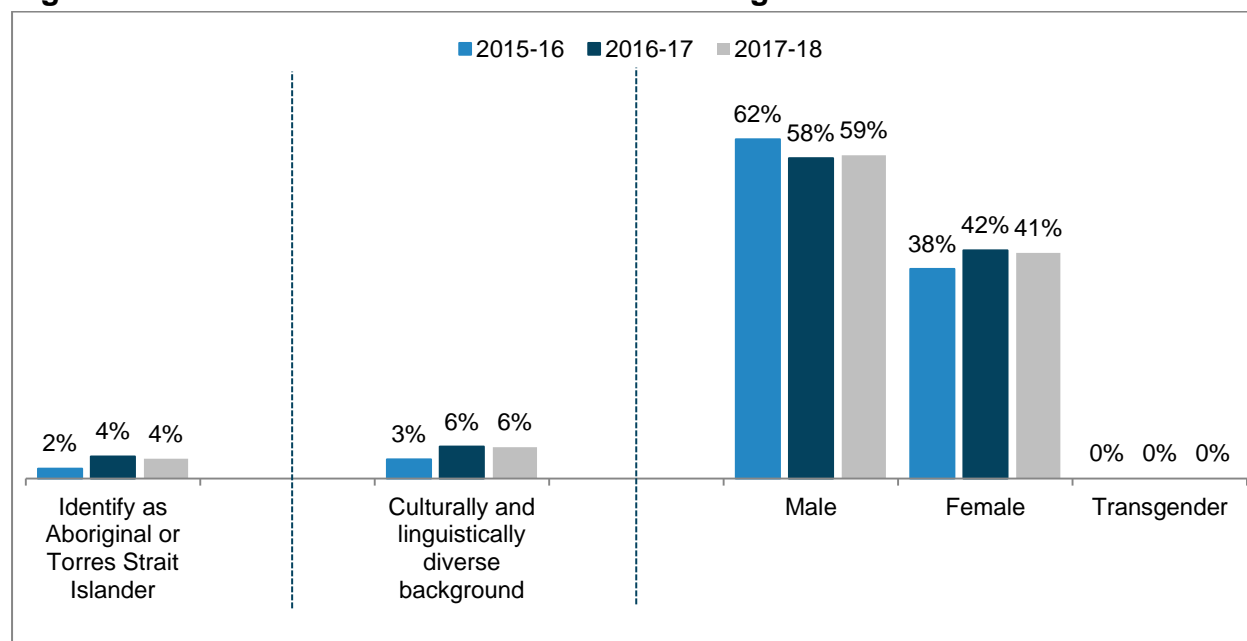


Totals may not sum to 100%; a complaint may be made by multiple individuals or anonymous data may record no age.

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

In 2017-18, the proportion of individuals who identified as Aboriginal and Torres Strait Islander and as coming from a culturally and linguistically diverse background remained consistent with 2016-17. As seen in prior years, males continue to be identified more frequently in complaints than females in 2017-18.

Figure 29: Characteristics of individuals receiving a service*



Sample sizes: identify as Aboriginal or Torres Strait Islander (2015-16 n=368, 2016-17 n=422, 2017-18 n=364); culturally and linguistically diverse background (2015-16 n=367, 2016-17 n=360, 2017-18 n=366); gender (2015-16 n=368, 2016-17 n=440, 2017-18 n=397).

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

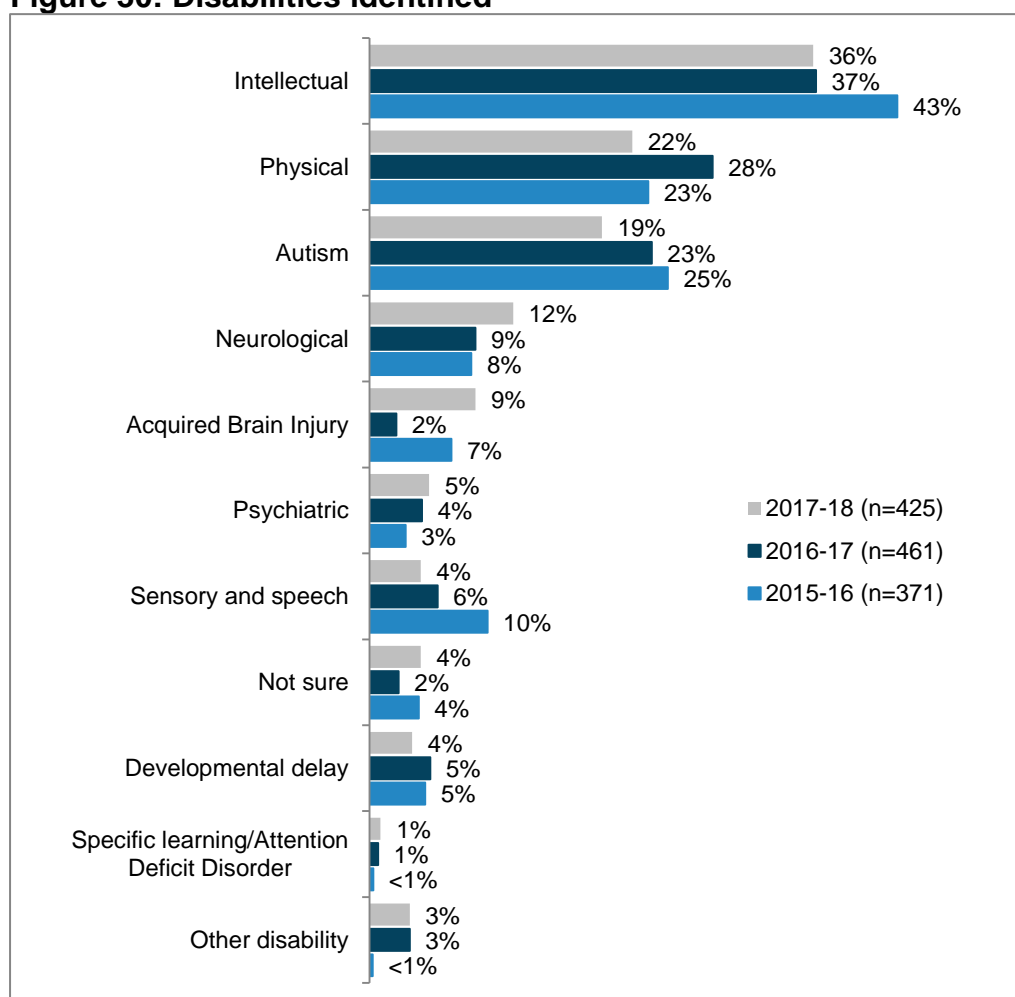
Disabilities identified

In 2017-18, the majority of complaints closed concerned individuals who had intellectual disabilities (36%), physical disabilities (22%), and/or Autism spectrum disorders (19%). The disabilities identified of individuals are shown in Figure 30.

Over the past three years, the proportion of complaints concerning individuals with Autism and/or sensory and speech disabilities shows a declining trend, while the proportion of complaints concerning individuals with neurological disabilities shows an increasing trend.

Notable year over year changes were seen for the proportion of complaints concerning individuals with physical disabilities (28% in 2016-17 compared to 22% in 2017-18) and/or acquired brain injuries (2% in 2016-17 compared to 9% in 2017-18).

Figure 30: Disabilities identified



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

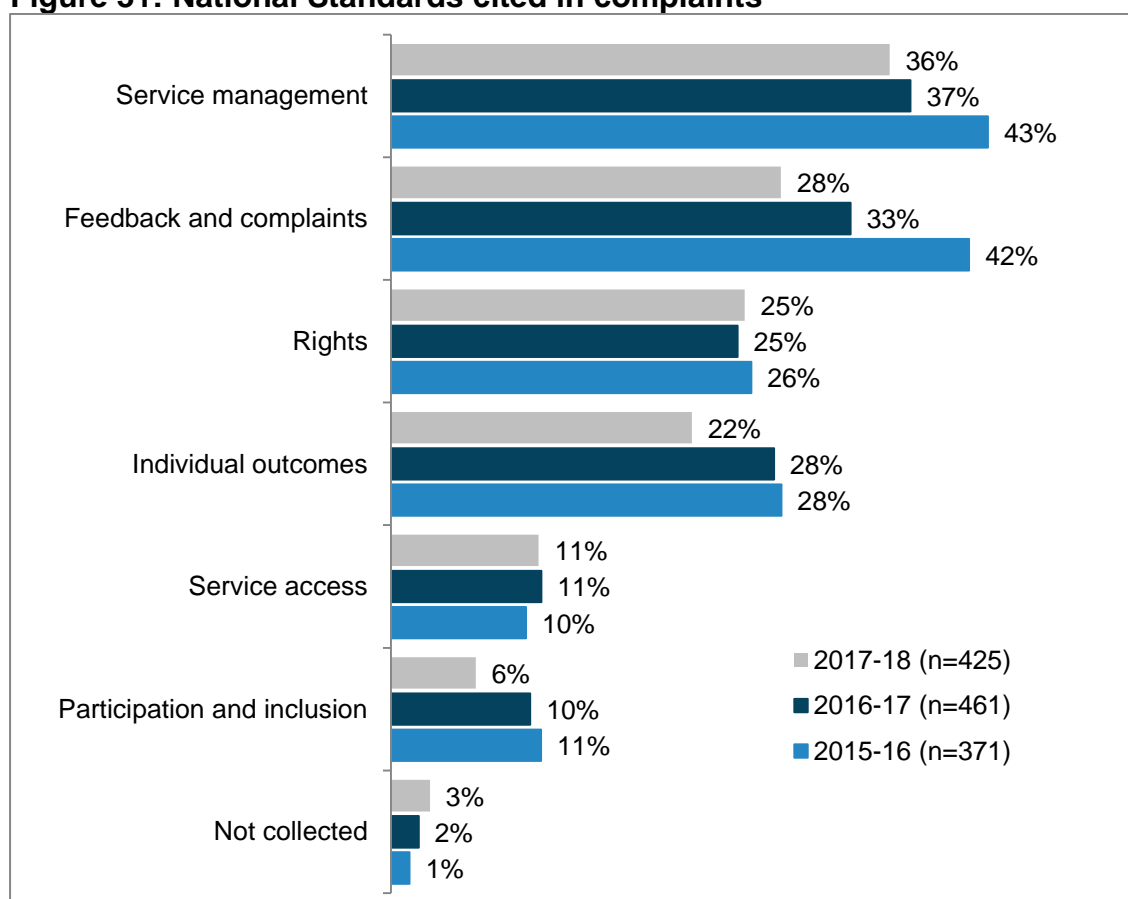
National Standards cited in complaints

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

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

For complaints closed by disability service providers in 2017-18, service management (36%), feedback and complaints (28%), and rights (25%) were the National Standards most commonly cited in complaints (see Figure 31). Compared to 2016-17, the proportion of complaints citing service management; feedback and complaints; individual outcomes; and/or participation and inclusion has declined.

Figure 31: National Standards cited in complaints



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

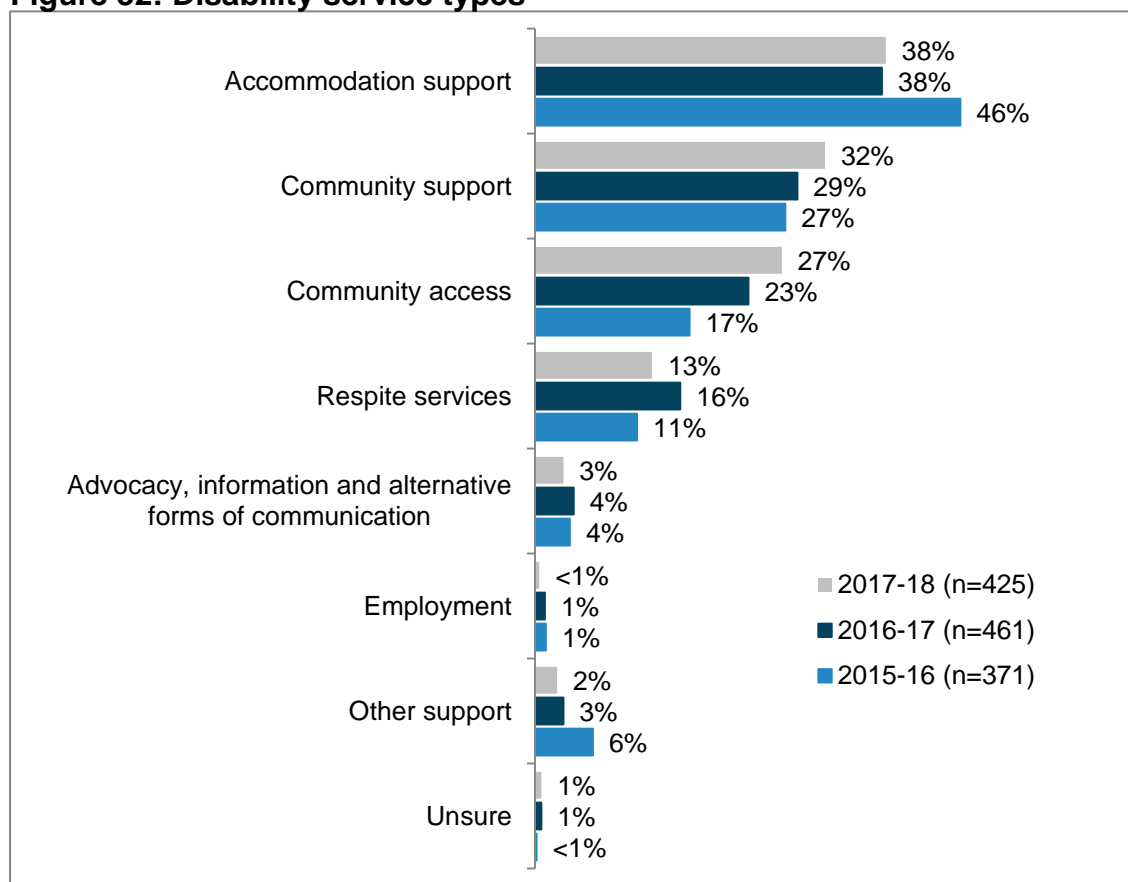
Disability service types

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

In 2017-18, the majority of complaints about disability services concerned accommodation support (38%), community support (32%) and/or community access (27%), which remains generally consistent with prior years (as shown in Figure 29).

Over the past three years, an increasing trend is seen for the number of complaints concerning community support and/or community access.

Figure 32: Disability service types

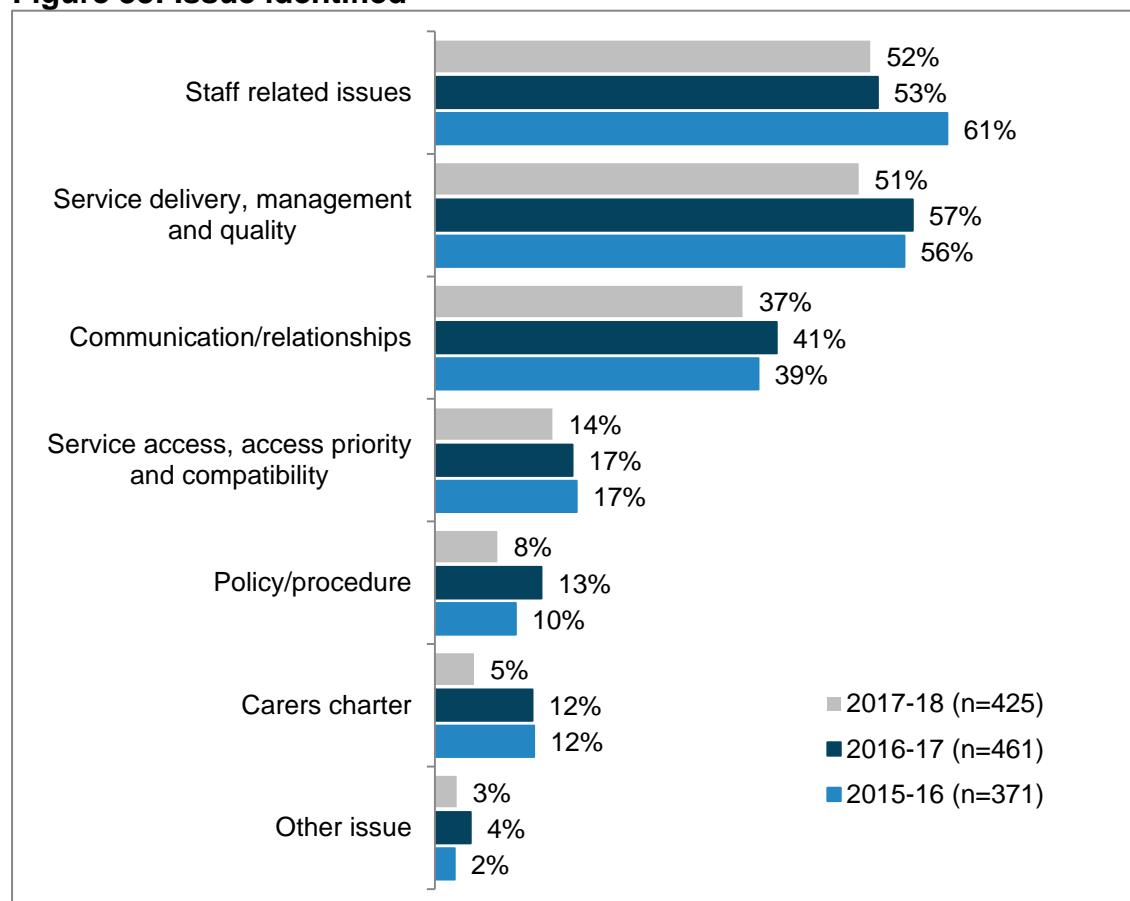


Totals may not sum to 100%; a complaint may identify multiple services.

Issues identified

In 2017-18, the most common issue types identified in complaints were staff related issues (52%), service delivery (51%), and/or communication (37%). While the comparative proportions changed over the past three years, the most common issue types remained consistent (as shown in Figure 33).

Figure 33: Issue identified



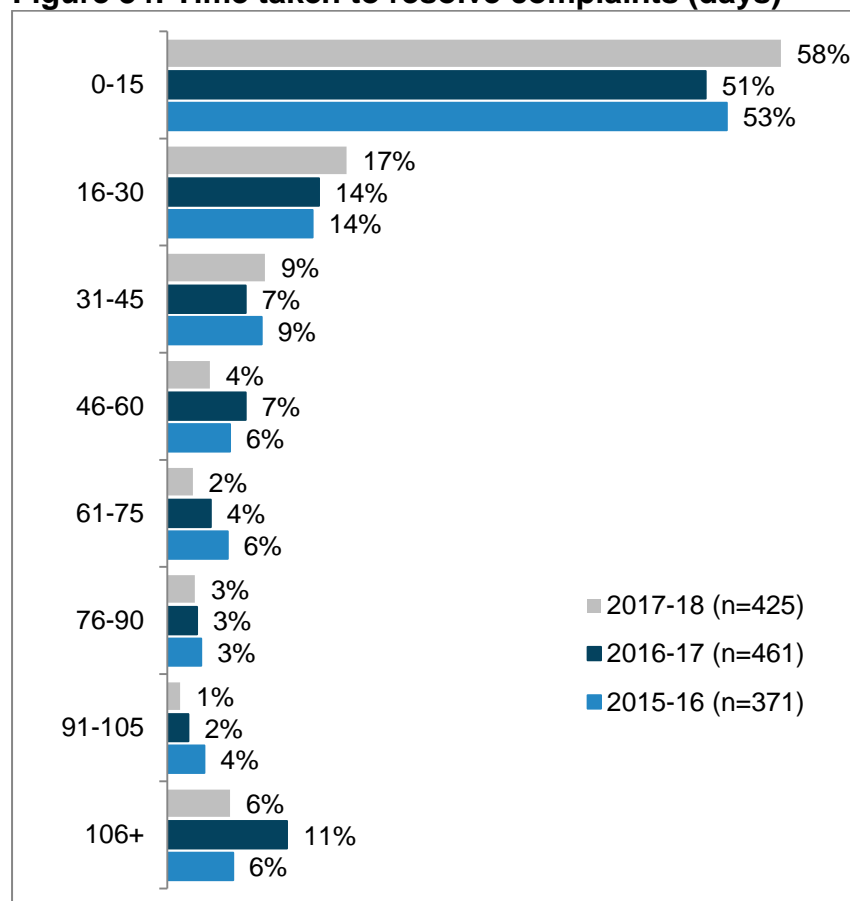
Totals may not sum to 100%; a complaint may identify multiple issues.

Time taken to resolve complaints

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

In 2017-18, the majority of complaints (75%) were resolved in 30 days; this is a notable increase over 2016-17, when 65% of complaints were resolved in 30 days.

Figure 34: Time taken to resolve complaints (days)



Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the complaints managed by disability service providers, including multiple outcomes for some complaints. In 2017-18, 1,241 outcomes were identified from the 425 complaints resolved. These outcomes were for the individual who accessed the service, for the person that made the complaint, or both.

The most common outcomes were acknowledgement of a person's views or issues (78%), an explanation or information about services provided (48%) or an apology from the service provider (48%). These outcomes were also the most common outcomes achieved in prior years.

Table 3: Outcomes achieved

Outcome	2015-16 (n=371)	2016-17 (n=461)	2017-18 (n=425)
Acknowledgement of person's views or issues	75%	78%	78%
Explanation or information about services provided	49%	56%	48%
Apology from the service	39%	47%	48%
Change or improvement to communication	30%	24%	27%
Change or appointment of worker/case manager/coordinator	24%	21%	22%
Performance management, disciplinary action, feedback or training for workers	18%	13%	18%
Change existing support arrangements	12%	11%	9%
Access to an appropriate service	4%	6%	8%
Review/improve/implement person's plan	11%	7%	7%
Relocation/transfer to another internal or external service	5%	5%	6%
More choices/options provided to person	5%	5%	4%
A change in policies or procedures	7%	4%	4%
Change or review of decision	4%	2%	2%
Re-imbursement/reduction of fees/waiver/compensation	3%	2%	2%
The person who made a complaint was offered avenues of external appeal or review	1%	1%	1%
Other outcome	2%	7%	8%
No outcome (yet)	1%	1%	<1%

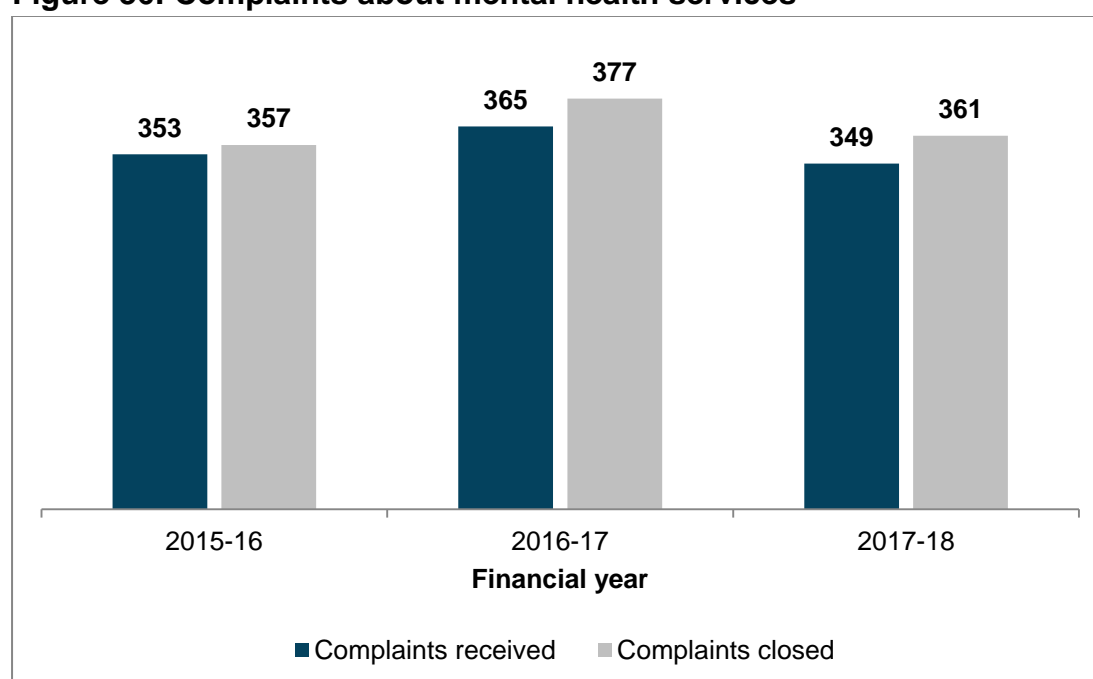
Totals may not sum to 100%; a complaint may result in multiple outcomes.

2.6. Complaints about mental health services

HaDSCO complaints data

Figure 36 details the number of complaints about mental health services received and closed by HaDSCO over the past three years. HaDSCO received 349 complaints about mental health services in the 2017-18 financial year. Although this represents a decrease compared to 2016-17, the number is reasonably consistent with 2015-16. HaDSCO closed 361 complaints about mental health services in 2017-18.

Figure 36: Complaints about mental health services

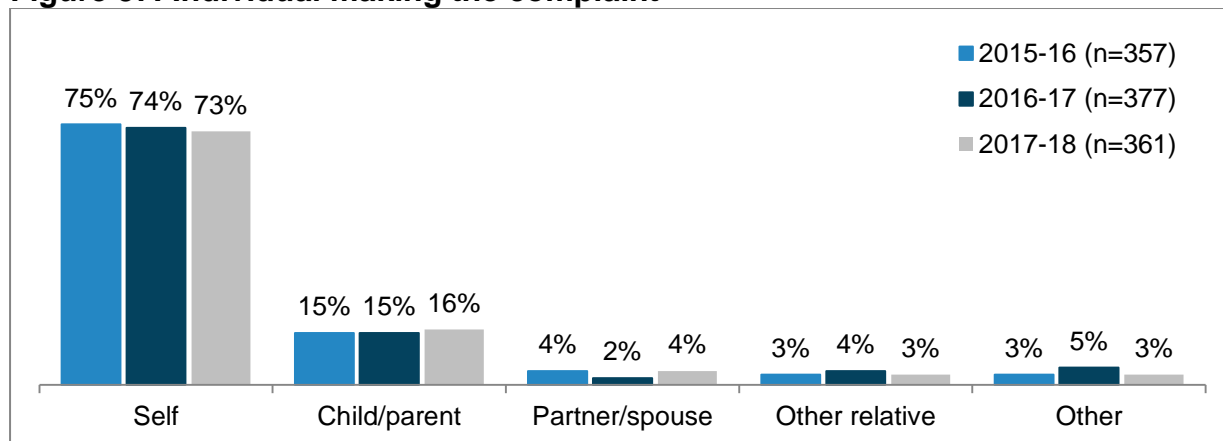


The following section provides a more detailed breakdown of the complaints about health services closed by HaDSCO over the past three financial years.

Individual making the complaint

Most complaints (73%) about a 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 seen in Figure 37). In comparison to prior years, there has been little change in terms of who made a complaint about a mental health service with our Office.

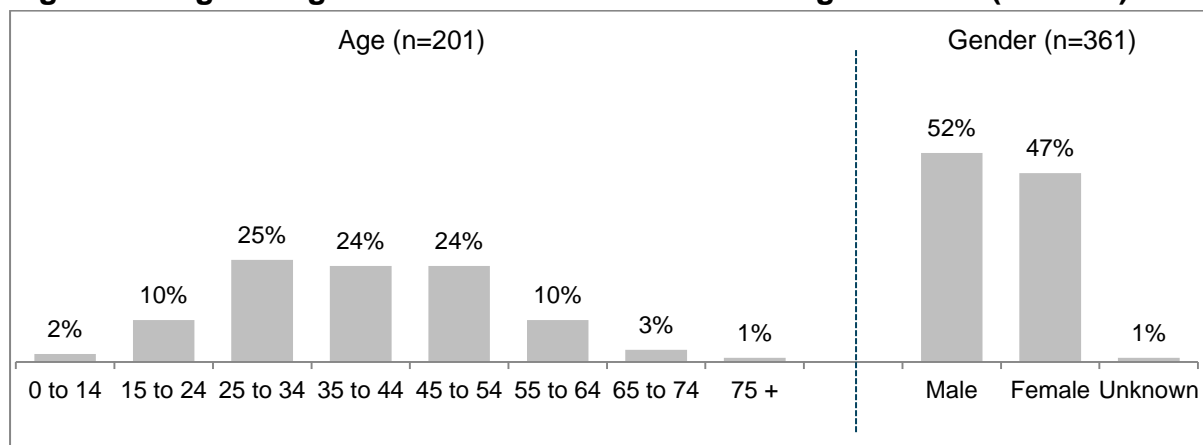
Figure 37: Individual making the complaint



Totals may not sum to 100% due to rounding.

Complaints about mental health services were more likely to concern males, and were more likely to concern services provided to individuals between the ages of 25 and 54. Details are provided in Figure 38.

Figure 38: Age and gender of the individuals receiving a service (2017-18)



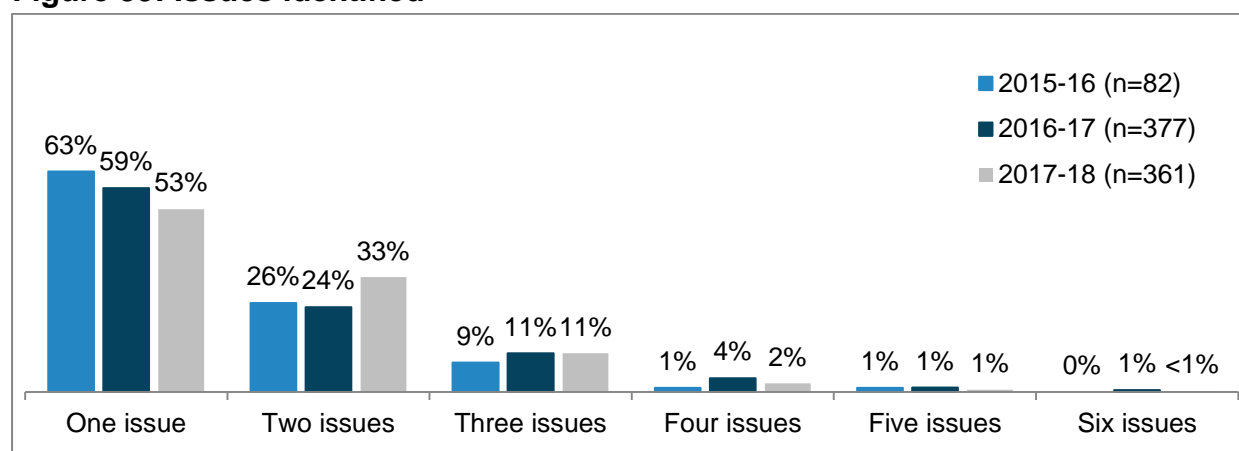
The data in Figure 38 is provided only for complaints where demographic information about the individual receiving a service was recorded.

Issues identified

The issues associated with a complaint about mental health services are determined by HaDSCO staff in discussion with the person making the complaint. Identifying the issues in the complaint provides for effective resolution and allows all parties to have an understanding of the issues raised.

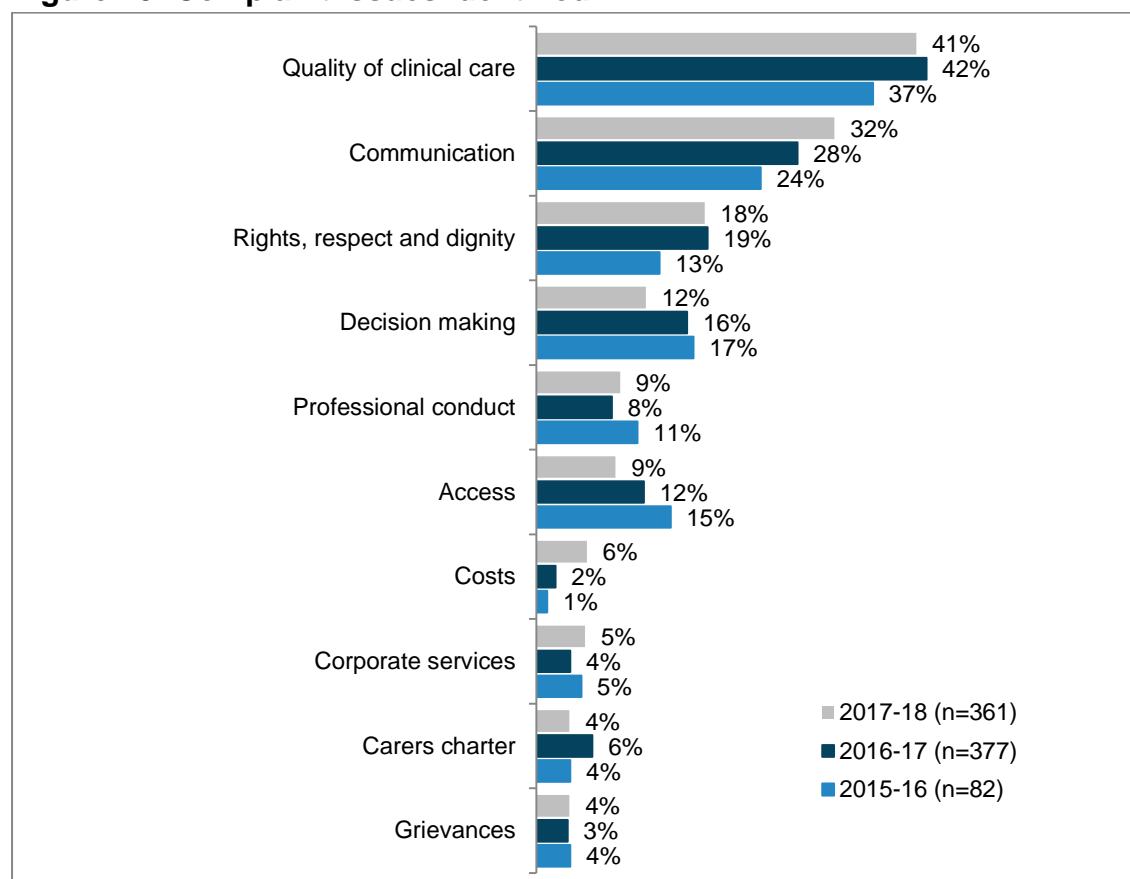
More than one issue can be raised in a single complaint. Of the 361 complaints about mental health services closed by HaDSCO in 2017-18, 47% concerned multiple issues, resulting in a total of 600 issues being identified. As shown in Figure 39, the number of complaints identifying more than one issue has increased over the past three years, suggesting an increase in the complexity of the mental health complaints managed by the Office.

Figure 39: Issues identified



The complaint issue categories identified in the complaints about mental health services closed by HaDSCO over the last three years⁴ are shown in Figure 40. Within each complaint category, a variety of specific issues may be identified by the individual making the complaint.

Figure 40: Complaint issues identified⁵



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

In 2017-18, the majority of complaints concerned quality of clinical care; communication; rights, respect and dignity; and decision making. The most common issues identified in mental health complaints were generally consistent over time, with the following exceptions:

- The proportion of mental health complaints citing a concern with communication has increased each year, from 24% in 2015-16 to 32% in 2017-18.
- The proportion of mental health complaints citing a concern with access has decreased each year, from 15% in 2015-16 to 9% in 2017-18.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 40, please refer to Appendix 5.6.

⁴ In 2015-16 HaDSCO made changes to the way issues raised in mental health complaints are categorised. This change was implemented in March 2016. As a result of this change, the data presented in Figure 37 for 2015-16 relates only to the mental health complaints closed between March 2016 and June 2016 (n=82).

⁵ The methodology used to calculate the proportion of complaints that identified a given issue category has been revised in 2017-18 and applied to historical data for 2016-17 and 2015-16.

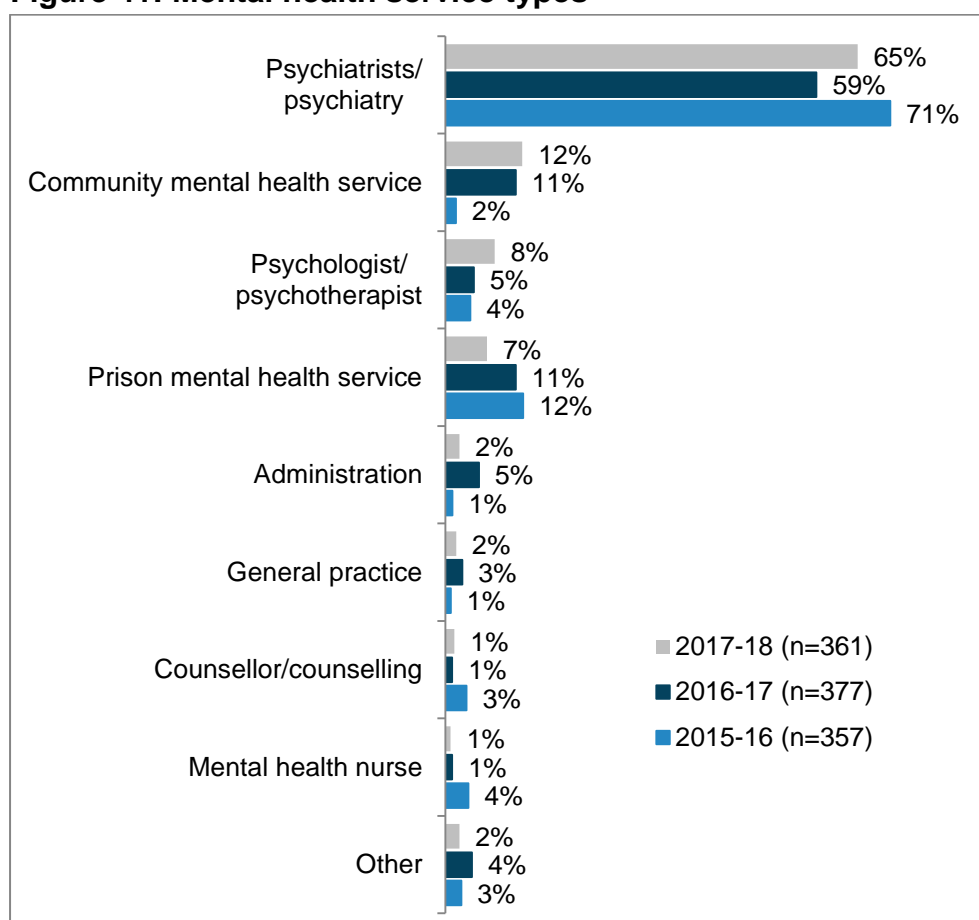
Mental health service types

The specific mental health service types identified in mental health complaints closed by the Office over the past three years are shown in Figure 41.

The service types that were most frequently the subject of complaints in 2017-18 were psychiatrists/psychiatry (65%), community mental health services (12%), and psychologist/psychotherapist (8%).

The increase in the number of complaints concerning community mental health services observed in 2016-17 has continued in 2017-18, while 2017-18 has also seen a decline in the proportion of complaints relating to prison mental health services and an increase in the number of complaints relating to psychologists and psychotherapists.

Figure 41: Mental health service types



Totals may not sum to 100% due to rounding.

External complaints data

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO collects complaint data from prescribed government and non-government health service providers in Western Australia. Having commenced in the 2015-16 financial year, HaDSCO receives data from a selection of public Health Service Providers⁶ about the mental health complaints received by the providers.

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

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

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

The aggregate data received by HaDSCO includes all mental health complaints received by the public health service providers in 2017-18. The following preliminary analysis is based on the number of complaints received over the past three financial years.

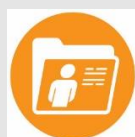
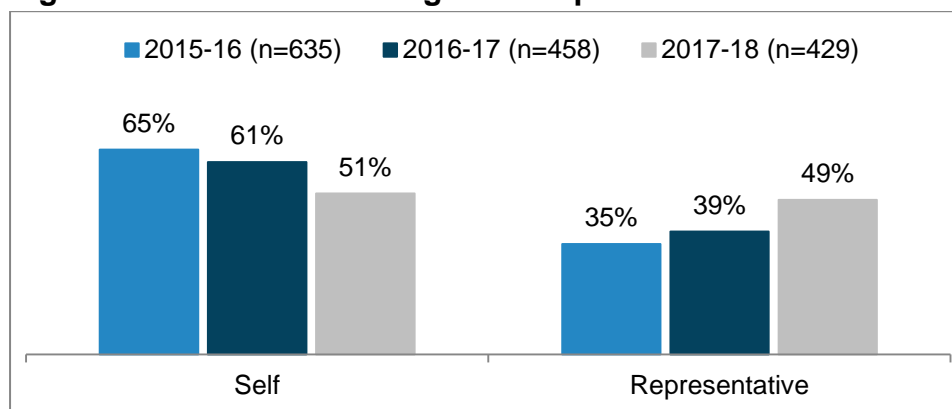
In 2017-18, details of 429 complaints concerning 690 issues were submitted to HaDSCO. This represents a 6% decrease from 2016-17 in the number of complaints received (458 complaints) and a 3% decrease in the number of issues identified (713 issues).

⁶ The public health service providers are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and Western Australian Country Health Service.

Individual making the complaint

The proportion of complaints made by the person receiving the service shows a declining trend over the past three years; in 2017-18, complaints received directly by public health service providers were equally likely to be made by the individual who received the service or their representative (see Figure 42).

Figure 42: Individual making the complaint



CASE STUDY

Charter of Mental Health Principles - Individual rights, respect and dignity

An individual was admitted to a mental health unit. They lodged a complaint with the health service provider stating that their mobile phone was taken off them at night, without the appropriate process and approval of a psychiatrist, as required under the *Mental Health Act 2014*.

The service provider responded to the complaint which included an explanation that the phone was removed for a short period of time to encourage and support sleep during the night. Further, it was stated that the phone was returned during the night.

The individual disagreed with the provider's response and lodged a complaint with HaDSCO stating that they did not consent to the phone being removed and that the phone

was not returned until mid-morning when an advocate requested that it was returned. HaDSCO facilitated a further response from the service provider addressing the individual's concerns.

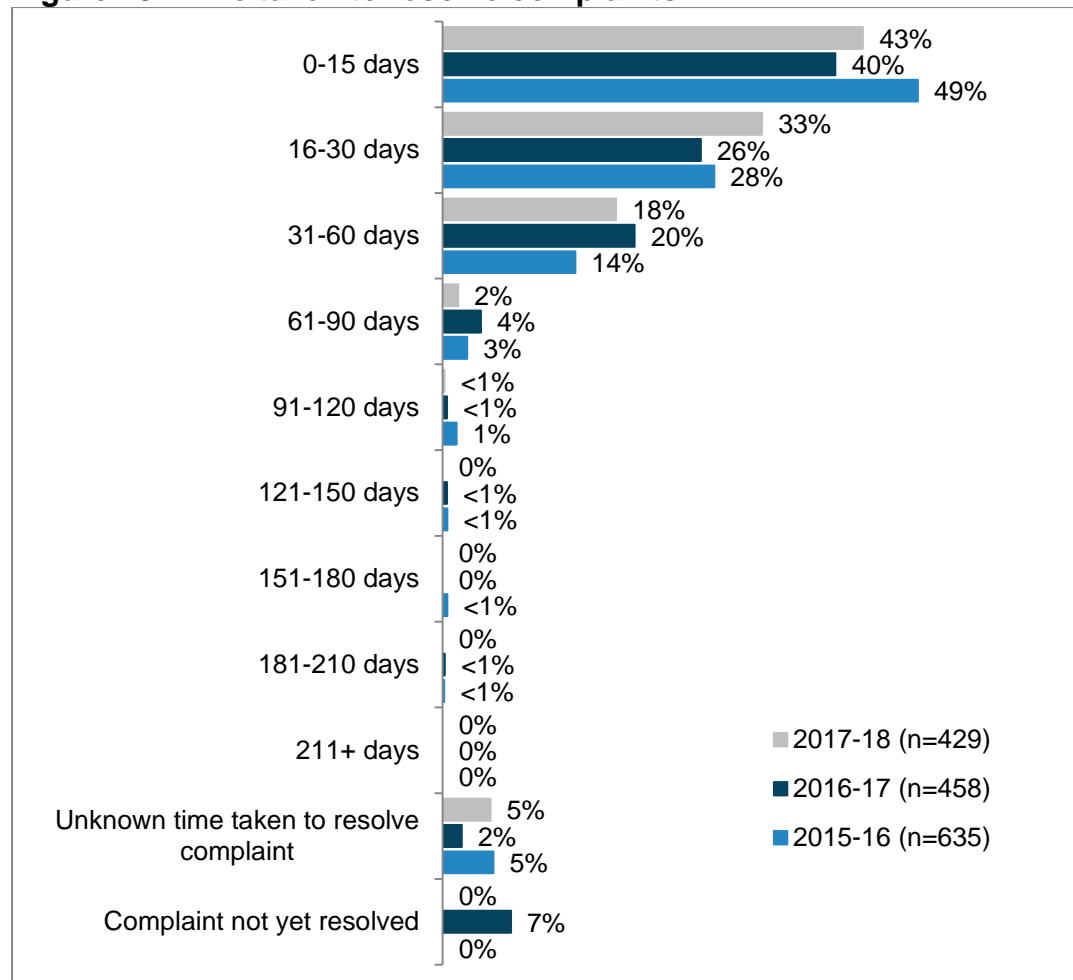
As a result of HaDSCO's involvement, the service provider acknowledged that the time that was stated in their response letter that the phone was returned to the complainant was not correct and offered an unreserved apology for the incident.

The service provider also agreed to provide further education to senior nursing staff regarding the importance of completing the relevant forms and obtaining the appropriate approval to remove patient property. Two recommendations were made to the service provider, that all staff be reminded of the importance of documenting information in the patient medical record and that the complaint would be used as a de-identified case study for staff education and training purposes.

Time taken to resolve complaints

The time taken for public health service providers to resolve mental health complaints over the past three years is shown in Figure 43. In 2017-18, the majority of complaints (76%) received directly by public health service providers were resolved in 30 days or less.

Figure 43: Time taken to resolve complaints



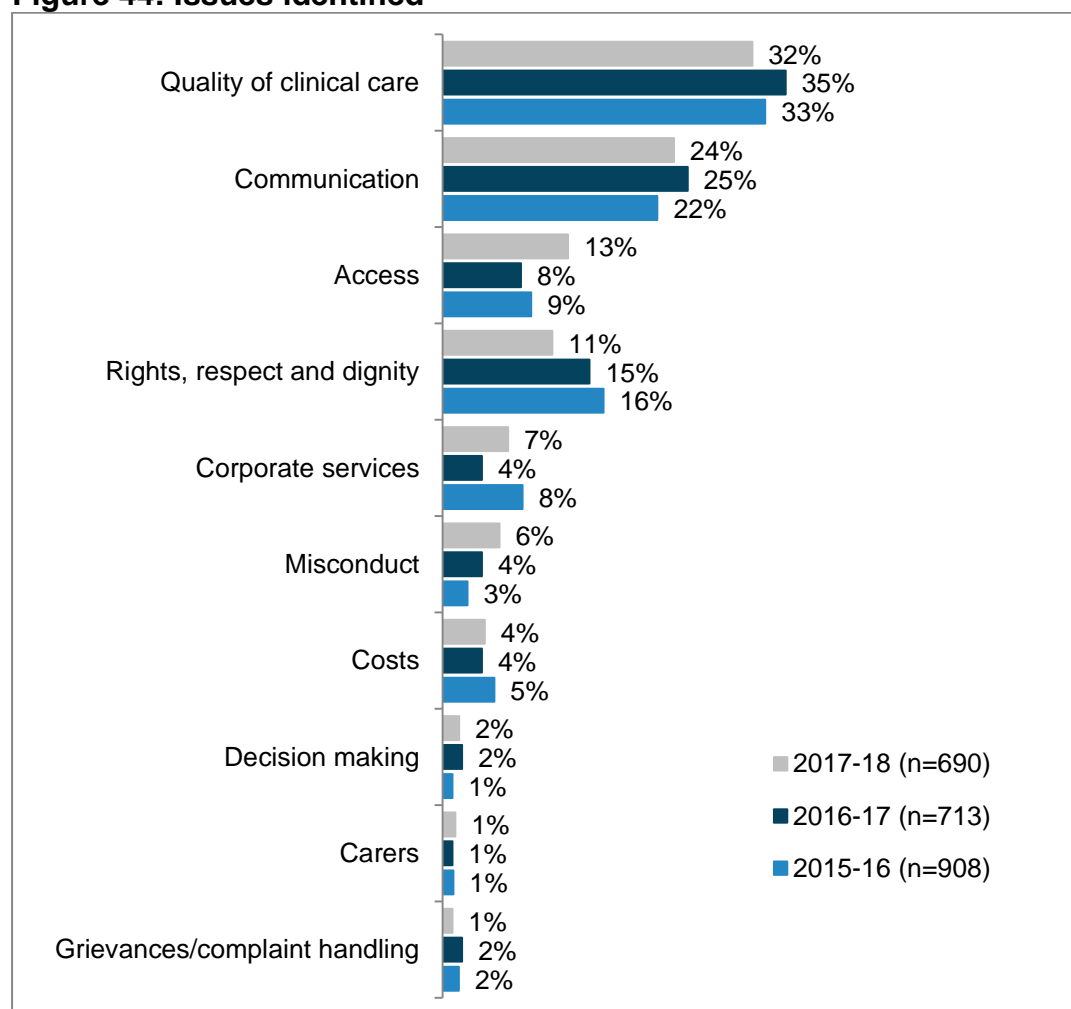
Totals may not sum to 100% due to rounding.

Issues identified

In 2017-18, quality of clinical care (32%), communication with patients and their representatives (24%), access to services (13%), and rights, respect and dignity (11%) were the issues most commonly identified in mental health complaints. The proportion of complaints concerning access increased from 8% in 2016-17 to 13% in 2017-18, while the proportion of complaints concerning rights, respect and dignity shows a declining trend over the past three years.

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

Figure 44: Issues identified



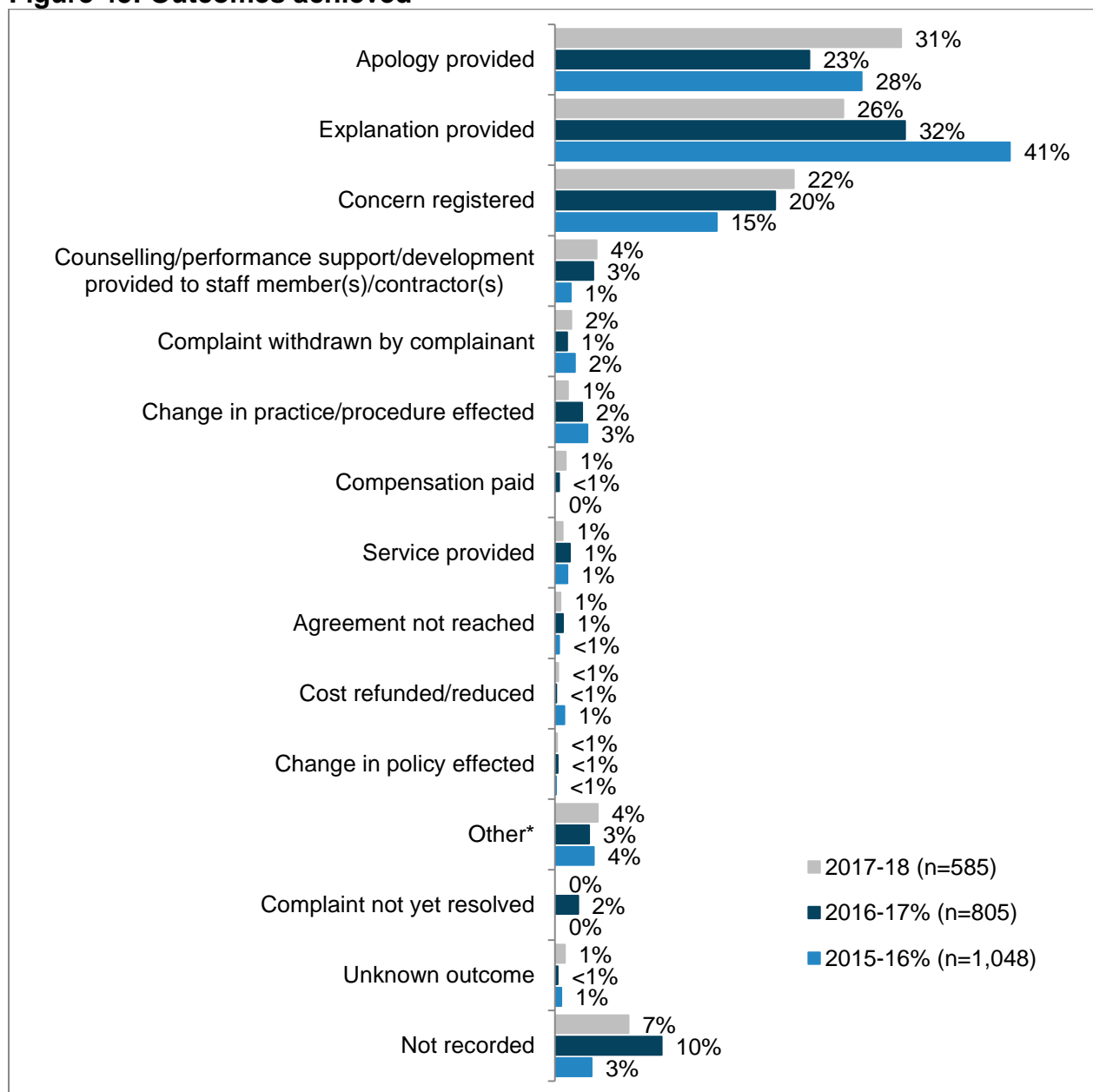
Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the mental health complaints managed by public health service providers. Over the past three years there has been no change to the three most common outcomes resulting from complaints; providing an apology; providing an explanation; or concern registered (acknowledging the concerns that resulted in a complaint being made). While these remained the most common outcomes over the past three years, there has been a declining trend in the proportion of complaints resulting in an explanation and an increasing trend in the proportion of complaints resulting in concern being registered.

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

Figure 45: Outcomes achieved



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

Educate and train

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

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

2.7. Key highlights

Key highlights for 2017-18 included:

- Acquitted the Stakeholder Engagement Strategy January 2017 – June 2018 for the delivery of targeted stakeholder engagement programs and outreach activities to better inform, educate and empower the community and service providers.
- Delivered 159 outreach activities with key stakeholders including the delivery of 13 presentations, 16 awareness raising activities, 94 consultations and 36 networking opportunities.
- Planned and delivered in a Regional Awareness and Accessibility Program in the south west of Western Australia which included an Aboriginal Liaison session with Aboriginal services and community members and five joint agency complaint clinics
- Developed additional resources for use in HaDSCO's publications suite, including information sheets to provide practical information on the range of matters the Office can receive complaints about in the areas of health, disability, mental health and prison health services.
- Continued to share complaints handling expertise with stakeholders at a national and State level.
- Developed and distributed resources for service providers and stakeholders including the *National Code of Conduct for health care workers in Western Australia – Consultation Paper December 2017*; Complaints Report Cards; and external data collection reports.

2.8. Stakeholder Engagement Strategy

Our Stakeholder Engagement Strategy (SES) January 2017 – June 2018 guides the delivery of targeted stakeholder engagement programs and outreach activities for the Office.

The SES supports the delivery of HaDSCO's Strategic Plan 2017 – 2021 and ensures effective stakeholder engagement through projects, programs and services tailored towards key groups and sectors. The SES establishes six program areas as follows:

- Communications
- Regional, remote and diverse communities
- Health sector engagement
- Disability sector engagement
- Mental health sector engagement
- Community engagement.

The SES also includes an engagement strategy for the Indian Ocean Territories which covers visits to the region, including outreach activities and development, and distribution of resources.

In delivering the SES, we undertook a broad range of outreach activities in 2017-18 including:

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

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

2.9. Working collaboratively and sharing expertise

Health

National Code of Conduct Working Group

HaDSCO continued to participate in the National Code Working Group which was established in 2016 to implement elements of the National Code of Conduct for health care workers (National Code) that require coordinated national action. The Working Group is being led by the Department of Health and Human Services (DHHS), Victoria. During 2017-18, HaDSCO staff attended seven Working Group and one Sub-Working Group meetings by teleconference with other Health Complaint Entities (HCEs) and the DHHS.

As a member, HaDSCO has been contributing to the development of a common website for a National Register of prohibition orders and to enable public access to all decisions and prohibition orders made by HCEs or tribunals in participating states and territories. The website will also contain information on the National Code, including explanatory materials and annual performance reports. The website is in the process of being finalised for launch in the 2018-19 financial year.

HaDSCO also continued to contribute to the development of a nationally consistent suite of explanatory materials to support the National Code, including some Easy English documents to explain the National Code. In addition, work is in progress to establish a common data framework for the collection and reporting of nationally consistent data on the performance of state and territory code-regulation regimes to enable a joint annual report to be provided annually to the Council of Australian Governments (COAG) Health Council.

Australian Health Practitioner Regulation Agency and the registration practitioner boards

Maintaining a strong working relationship with the Australian Health Practitioner Regulation Agency (AHPRA) and sharing expertise about roles and responsibilities for complaints is important to ensure the consultation process for complaints operates efficiently and effectively. During 2017-18, HaDSCO met with AHPRA at various times. This included consultation meetings on amendments to the *Health Practitioner Regulation National Law (WA) Amendment Act 2018* and related matters. HaDSCO continued to apply its learnings from these consultation opportunities, particularly in determining complaint jurisdiction matters.

HaDSCO gave a presentation to AHPRA staff from Western Australia and South Australia on the role and functions of HaDSCO to increase awareness about the range and nature of complaint issues managed by HaDSCO.

HaDSCO recognises key benefits in keeping informed about issues facing health practitioner regulation boards. In October 2017, staff met with the Chiropractic Board of Australia to share and exchange information about our respective roles and functions and to highlight the nature of issues raised in complaints about chiropractors to HaDSCO.

Sustainable Health Review – Quality and Value Working Group

In October 2017, HaDSCO was invited to become a member of the Sustainable Health Review (SHR) Quality and Value Working Group. This Working Group was set up to focus on opportunities and strategies to enhance and improve safety, quality and value to support the medium and long term financial sustainability of the Western Australian health system.

Over a series of six meetings and workshops between November 2017 and March 2018, the Quality and Value Working Group identified six foundations of quality, high value healthcare and identified exemplars from across the world that were presented to the SHR Panel in March 2018.

The foundations were:

1. Quality in Healthcare.
2. Optimising investments, including considerations for high value healthcare, community expectations and use of health economics data to inform investments.
3. Transparency in the system regarding quality and cost.
4. Focus on what matters to the patient; including the informed consumer, a patient's perspective on value and patient reported outcomes.
5. Contemporary funding system to support quality and value.
6. Partnerships and integration to support quality and value.

HaDSCO was pleased to have been involved as a member of the Working Group and to contribute to this significant health reform initiative and to the *Sustainable Health Review Interim Report to the Western Australian Government*.

Health Service Providers

HaDSCO continued to meet with health service providers to discuss complaint trends, systemic issues and complaints resolution best practice, to assist in improving service delivery across the sector. During 2017-18, this included engagement with the:

- South Metropolitan Health Service.
- Child and Adolescent Health Service.
- WA Country Health Service including:
 - Bunbury Hospital South West Health Campus;
 - Busselton Health Campus West Busselton; and
 - Collie Hospital.

Department of Justice – corrective services

It is important that HaDSCO's services are accessible to all those who wish to make a complaint. This includes people in Western Australian prisons. In 2017-18, 19% of complaints about health services closed by HaDSCO were about prison health services and 7% of complaints were about prison mental health services.

During 2017-18, HaDSCO undertook a number of activities to raise awareness of, and provide access to, our services for complaints about prison health services. These included giving presentations to Clinical Nurse Managers, the Nursing Group webinar and to the Department's Clinical Governance Advisory Committee.

We also contributed to the Justice Health Project which is considering potential options for the transfer of responsibility for the management and commissioning of custodial health services to the Western Australian health system. This included providing comments on potential governance options. We also participated in consumer and peer support consultation sessions held at three metropolitan prisons where we met with peer support prisoners and Clinical Nurse Managers to discuss issues relating to the provision of health services in prisons.

Office of the Inspector of Custodial Services

In October 2017, HaDSCO staff gave a presentation to the Office of the Inspector of Custodial Services Independent Visitors' Conference on the role and functions of HaDSCO and the range and nature of complaints received from people in Western Australian prisons. To coincide with the presentation, HaDSCO launched a new Information Sheet to provide practical guidance on the range of prison health

services we can receive complaints about. The presentation was well received and feedback on the Information Sheet has been positive. The Information Sheet can be viewed on HaDSCO's website. HaDSCO staff also distributed the Information Sheet when visiting three metropolitan prisons as part of the Justice Health Project.

Department of Commerce – Consumer Protection

HaDSCO meets each year with the Commissioner for Consumer Protection and staff in the Retail and Services Consumer Protection program area in the Department of Mines, Industry Regulation and Safety. This provides an opportunity to share and exchange information about areas of overlap between complaints managed under Australian Consumer Law which involves health services and those managed through HaDSCO's processes. Of particular interest in 2017-18, discussions were held about matters which are likely to be covered by the proposed new National Code of Conduct for health care workers jurisdiction. HaDSCO will continue to brief the Commissioner of Consumer Protection as work progresses to implement the National Code.

During 2017-18, Department of Mines, Industry Regulation and Safety staff gave a presentation to HaDSCO on consumer law complaints to assist in raising awareness of each-others' roles and responsibilities to ensure people who make complaints do so using the most appropriate and effective pathway.

Health Complaints Advisory Group (HCAG)

HaDSCO is an ex-officio member of the Health Complaint Advisory Group (HCAG), which is responsible for the promotion of best practice in complaint management by Western Australian Health Services. Representation at the meetings is through the patient liaison services of the major public and private hospitals that make up the Department of Health, BreastScreen WA, St John Ambulance Australia and the Health Consumers' Council. The function of HCAG is to provide advice and education by sharing and exchanging information in relation to complaints management. During 2017-18, the group covered a range of topics, including:

- Sharing strategies for collecting and reporting on compliments received across the range of health service provider organisations. HCAG recognises the value in reporting this information and to provide context to the range of consumer feedback received across the public and private health sector.
- Professional development of the members particularly in the management of unreasonable behaviours of complainants.
- Sharing complaint issues and trends, lessons learned and quality improvement initiatives.

Aged Care Complaints Commission

There are times where the Office's jurisdiction overlaps with other complaint handling bodies. In these cases, it is important that each organisation is aware of each other's roles to ensure complaints are directed to the most appropriate body. An example is health services provided in aged care facilities. HaDSCO's jurisdiction covers transitional care arrangements and the Aged Care Complaints Commissioner has jurisdiction for health services in aged care residential facilities.

To ensure both our staff are familiar with each other's jurisdiction, during 2017-18 HaDSCO staff provided a presentation to the Aged Care Complaints Commission's Western Australian and South Australian staff on the role and functions of the Office.

HaDSCO staff also received a presentation from the Aged Care Complaints Commission on its jurisdiction and functions. This helped to strengthen the relationships between our respective organisations given our sometimes overlapping roles.

Peak industry and advocacy groups

HaDSCO continues to meet with key groups to build upon, and strengthen, relationships to promote effective and efficient complaints resolution. During 2017–18, HaDSCO continued to engage with the Health Consumers' Council (HCC) to share and exchange information about key initiatives and areas of focus. HaDSCO staff also received a presentation on the HCC's 'Patient Opinion' initiative and attended events for Patient Experience week.

Where possible, HaDSCO aims to disseminate information to health consumer groups to strengthen awareness of our role. One way to achieve this is through presentations to consumer groups. In the health portfolio, HaDSCO gave a presentation to the Consumer and Community Advisory Council of the South Metropolitan Health Service in July 2017.

During 2017-18, HaDSCO staff met with the Australian Medical Association's Director Health & Community Services to discuss potential opportunities to contribute to training for medical practice managers on HaDSCO's role and functions and issues of interest for practice managers which arise in complaints, and for similar potential training for trainee or new doctors. These opportunities will be further explored in 2018-19.

National Health Commissioners' meetings

HaDSCO attended the National Health Commissioners' meetings, held twice during the year. The meetings provided opportunities for HaDSCO to share and exchange information on complaints trends and issues. This included best practice matters and discussion on evolving policy and practice issues that impact on service delivery for complaints management.

National Complaints Managers meeting

HaDSCO attended the National Complaints Managers meeting held once a year. A key focus of the meeting was sharing and exchanging information on the implementation of the National Code of Conduct for health care workers across the various jurisdictions in Australia.

Disability

Stakeholder engagement with Government departments and organisations involved in transition to NDIS

A key focus of stakeholder engagement during 2017-18 in the disability portfolio related to jurisdiction transition issues following the announcement by the Government of Western Australia that Western Australia will join the nationally delivered NDIS (National Disability Insurance Scheme). This included discussions with the Department of Communities, the National Disability Insurance Agency, and the Commonwealth Ombudsman's Office. The meetings also provided an opportunity to clarify roles and responsibilities for complaint handling in the lead up

to full roll-out of NDIS in Western Australia in 2020 and ongoing arrangements for quality and safeguarding in the meantime.

During 2017-18, HaDSCO provided a range of feedback in response to consultation by the Department of Communities on the *National Disability Insurance Scheme Amendment (Quality and Safeguarding Commission) Bill 2017*, proposed *NDIS (Complaints Management and Resolution) Rules 2018* and complaint handling guidelines, processes, and information sharing rules under the proposed legislation.

Disability Health Network

We continued to share and exchange de-identified information with the Disability Health Network (DHN) on complaints about individuals with co-occurring health and disability needs, and the complaints management framework in Western Australia. Staff in HaDSCO also received a presentation from the DHN in March 2018 about the Western Australian Disability Health Framework 2015-2025, to raise awareness of issues to consider when dealing with health complaints where an individual has a disability.

We commenced a three month trial data capture project to identify trends in complaints where people with disability present with health conditions to health service providers. The learnings from this project will be explored with the DHN in the coming financial year.

National Commissioners' meetings

HaDSCO attended the National Disability Commissioners' meetings, held twice during the year. The meetings provided opportunities for HaDSCO to share and exchange information on complaints trends and issues. This included best practice matters and discussion on evolving policy and practice matters that impact on service delivery for complaints management. The key focus of meetings in 2017-18 was jurisdiction issues associated with the roll-out of the NDIS and the establishment of the NDIS Quality and Safeguards Commission which includes a Complaints Commissioner.

Carers WA's

A representative of the Office attended the Carers WA's Annual General Meeting, and in line with the annual Carers Week events for 2017, staff from the Office attended the information display in the Central Business District.

Australian Human Rights Commission

From February to April 2018, HaDSCO staff participated in round-table consultation led by the Australian Human Rights Commission as part of its project on violence against people with disability in institutional settings. HaDSCO contributed to this project by providing details of its role and functions with regard to complaints management in the interest of ensuring quality safeguards are in place for people with disability in institutional settings.

Mental health

Consultation on the development of draft guidelines for handling complaints about mental health services

A key focus of stakeholder engagement during 2017-18 was liaising and consulting with the mental health sector on the development of draft guidelines for handling complaints about mental health services (the Guidelines).

Development of the Guidelines formed part of the Office's commitment to complete work contained in the Action Plan in the Addendum to the Mental Health Complaints Partnership Agreement (the Agreement). The Agreement was established in preparation for the enactment of the *Mental Health Act 2014* in 2015. The parties to the Agreement are HaDSCO, the Department of Health, the Mental Health Advocacy Service, the Office of the Chief Psychiatrist and the Mental Health Commission.

This work also is part of the functions of the Director under the *Mental Health Act 2014* to assist providers in developing and improving complaints procedures and the training of staff in handling complaints and aligns with service delivery in education and training for the prevention and resolution of complaints. In addition, this work is consistent with HaDSCO's strategic priority of responding to changing environments by adapting service delivery to be flexible and responsive to the needs of our stakeholders. In this case, we seek to assist our stakeholders to ensure they have a complaints procedure in place in accordance with the *Mental Health Act 2014*.

The material contained in the Guidelines, which encompasses resources and templates, aims to provide a general reference to assist service providers develop their own complaint handling systems which are effective and resolution-focused, or to enhance existing processes.

HaDSCO consulted with the partner agencies to the Agreement, stakeholders in the mental health sector, and health complaints bodies in the eastern states of Australia. Feedback on the draft Guidelines has been positive and HaDSCO will release the finalised Guidelines in 2018-19 after considering stakeholder feedback.

Western Australian Mental Health Conference and Awards

In July 2017, HaDSCO gave a presentation at the Western Australian Mental Health Conference and Awards on dealing with complaints about mental health services. To coincide with this, HaDSCO released a new Information Sheet to provide practical guidance on the range of matters we can receive complaints about. The presentation was well received and feedback on the Information Sheet has been positive. The Information Sheet can be viewed on HaDSCO's website.

Office of the Chief Psychiatrist

During 2017-18, HaDSCO staff met or liaised with staff from the Office of the Chief Psychiatrist to report on complaint trends and emerging systemic issues. These opportunities are central to strengthening the awareness of staff of both agencies of issues emerging in the mental health sector.

National Mental Health Commission

HaDSCO was pleased to have the opportunity to meet with staff from the National Mental Health Commission during their visit to Perth in February 2018. This provided an excellent opportunity to share and exchange information about our respective roles and functions and to discuss issues of common interest.

Mental Health Commission

HaDSCO maintained ongoing liaison with staff from the Mental Health Commission during 2017-18 in relation to issues of common interest and provided input into the *Post-Implementation Review of the Mental Health Act 2014*.

Peak industry and advocacy groups

Throughout 2017-18, HaDSCO continued to meet with key stakeholders in the mental health sector to build upon, and strengthen, relationships to promote effective and efficient complaints resolution.

HaDSCO also undertook stakeholder engagement with a range of peak industry and advocacy groups including Helping Minds, Consumers of Mental Health WA (Inc) (CoMHWA) and the Mental Health Advocacy Service.

In August 2017, HaDSCO gave a presentation to Helping Minds' staff on the role and functions of HaDSCO. In February 2018, HaDSCO attended the Helping Minds launch of 'Our Stories' Showreel – A collection of real stories from mental health carers and consumers which further strengthened awareness of 'lived experiences' of both people with mental health, or carers of people with mental health.

In addition, in August 2017, HaDSCO gave a presentation at the Mental Illness Fellowship of WA, Lorikeet Centre, and gave advice about raising concerns or making complaints about mental health services.

HaDSCO attended the launch of CoMHWA's M3Q (My Medicine and Me) project in December 2017. In June 2018 staff received a presentation on the project to raise awareness of the M3Q product to assist people who contact HaDSCO about mental health services and related complaints.

2.10. Awareness and accessibility

In 2017-18, we continued to utilise a range of strategies to raise awareness of, and accessibility to, our Office. We:

- Promoted the use of HaDSCO's toll free number for country callers.
- Provided access to interpreter services via the Translating and Interpreting Service.
- Promoted the use of translated brochures explaining the role of the Office in eight different language variations available via our website.
- Created four new tailored information sheets covering the nature of complaints we can receive about health, disability, mental health and prison health services to assist members of the community to access our services.
- Implemented ongoing updates to HaDSCO's website as a means to keep our stakeholders well informed.

- Provided access to the Office through email and online services including an online complaints form.
- Continued to invite consumer feedback about our complaints management process.

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

Outreach

- In November 2017, we participated in Perth's Homeless Connect event providing an opportunity for individuals to discuss issues and lodge a complaint in person and engage with otherwise hard-to-reach community members, increasing awareness and accessibility.
- In February and March 2018, HaDSCO participated in a Regional Awareness and Accessibility Program in the south west of Western Australia at the invitation of the Western Australian Ombudsman's Office. The Energy and Water Ombudsman and Commonwealth Ombudsman offices also participated in the visit. HaDSCO undertook various activities in partnership with the Ombudsman agencies including an Aboriginal Liaison session with Aboriginal services and community members and five joint agency complaint clinics.

Indian Ocean Territories outreach

As part of a Service Delivery Arrangement (SDA) with the Australian Government, HaDSCO provides a complaints management service to residents of the Indian Ocean Territories (IOT).

To compliment the delivery of complaint management services, a biennial visit is undertaken to provide information on HaDSCO's complaints resolution process and raise awareness of support services provided. The Office is scheduled to visit the IOT in 2018-19. Planning for the visit will commence in the new financial year.

2.11. Publications

During 2017-18, we developed and distributed a range of resources for service providers and the community including:

Report Cards

A number of the complaints received about health service providers concerned the five public health service providers in WA Health, two private health service providers and the Department of Justice in relation to health services provided in Western Australian prisons.

Therefore, to assist these providers to gain an appreciation of the complaints managed by HaDSCO that related to their services, in November 2017, HaDSCO

prepared and distributed for the first time individual Complaints Report Cards which provided information on complaints closed for the individual providers.

Contained within the Report Cards were details of the complaints closed, the resolution stages achieved, complaint outcome objectives, common complaint categories and complaint issues, and complaint outcomes achieved, including remedies for individuals and service improvements. Information was provided in both graphical and text formats to enable key messages to be understood easily.

HaDSCO received positive feedback from a number of the service providers on the Complaints Report Cards.

External data collection reports

As a result of the annual complaint returns provided to HaDSCO through the data collection programs under section 75 of the *Health and Disability Services (Complaints) Act 1995* and section 48A of the *Disability Services Act 1993*, HaDSCO prepared and provided the following reports to participating providers in March 2018:

- For section 75 prescribed service providers, a report titled *Health Complaint Trends Report 2014-17*. This report provided an in-depth analysis of the complaint trends observed across the three financial years from 2014-15 to 2016-17. This report builds upon HaDSCO's last Health Complaints Trends Report, published in 2014.
- For section 48A prescribed service providers, a report titled *Disability Services Data Collection Program Report 2016-17*. This report provided an in-depth analysis of the complaint trends observed across the two financial years from 2015-16 to 2016-17.

Both section 75 and 48A providers were also given the *2016-17 Health Infographic* and *2016-17 Disability Services Data Collection Program Infographic* respectively, created to provide the complaints information for 2016-17 in a visual format. The infographics included information on the number of complaints, the issues identified, the outcomes achieved, demographics of the people making the complaints and the timeliness of complaint resolution.

National Code of Conduct for health care workers in Western Australia – Consultation Paper December 2017

In December 2017, HaDSCO released its consultation paper titled *National Code of Conduct for health care workers in Western Australia – Consultation Paper December 2017*, seeking feedback from stakeholders on the proposed policy framework to implement the National Code of Conduct for health care workers in Western Australia (National Code).

The report contained information on the background to the National Code and detailed the main policy considerations for implementing it in Western Australia. Asking a total of 15 questions to invite comment on the various aspects of implementation including:

- the types of health care workers the National Code would apply to;
- managing complaints about health care workers; and
- issuing and monitoring compliance with prohibition orders.

The paper was available publically on HaDSCO's website. In addition, it was sent directly to a range of organisations and government entities, including government agencies, service providers, professional associations, education and training institutions, unions, charities, and advocacy organisations. A media statement was also issued to relevant media outlets in Western Australia to raise awareness of the consultation process.

Information Sheets

During 2017-18, HaDSCO developed four new tailored Information Sheets providing practical information on the range of matters we can receive complaints about in the areas of health, disability, mental health and prison health services. This suite of Information Sheets cover who can make a complaint; the services that can be complained about; practical examples of the range of issues under our legislation that complaints can be received about; helpful tips for making a complaint, and how to access our services.

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

Brochures and features

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

Ministerial support

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

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