



GOVERNMENT OF
WESTERN AUSTRALIA



Health and Disability Services
Complaints Office

2015-16 Annual Report

About this report

Welcome to the Health and Disability Services Complaints Office (HaDSCO) 2015-16 Annual Report. The report provides an overview of the work undertaken by the Office including how we have contributed to the improvement of health, disability and mental health services in Western Australia in this reporting year.

This report has been prepared in accordance with the Western Australian Public Sector Annual Reporting Framework, as well as our Disability Access and Inclusion Plan (DAIP). It was created using in-house staff resources.

The report is available in printable and electronic viewing formats to optimise accessibility and ease of navigation. It is downloadable from our website www.hadsco.wa.gov.au. On request, this report can be made available in alternative formats to meet the needs of people with visual impairment. Such requests should be directed to the Communications and Engagement Manager on (08) 6551 7620 or mail@hadsco.wa.gov.au

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1. Preliminaries

In this section we provide a brief introduction to our
2015-16 Annual Report.

1.1. Statement of compliance



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



HON JOHN DAY BSC BDSC MLA
MINISTER FOR HEALTH; CULTURE AND THE ARTS

In accordance with section 63 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Health and Disability Services Complaints Office (HaDSCO) for the financial year ended 30 June 2016.

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

Auditor General Act 2006
Carers Recognition Act 2004
Disability Services Act 1993
Electoral Act 1907
Equal Opportunity Act 1984
Financial Management Act 2006
Freedom of Information Act 1992
Health and Disability Services (Complaints) Act 1995
Industrial Relations Act 1979
Mental Health Act 2014
Occupational Safety and Health Act 1984
Public Sector Management Act 1994
Salaries and Allowances Act 1975
State Records Act 2000
State Supply Commission Act 1991
Government and Ministerial Annual Reporting Policies

Sarah Cowie
DIRECTOR
12 September 2016

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2. Office Overview

In this section we provide information about the role, functions and structure of the Office.

From the HaDSCO Director



It is a pleasure to present my first Annual Report as Director of the Health and Disability Services Complaints Office.

Having worked in the complaint handling profession for over 15 years, I recognise the inherent value derived from effective complaints resolution and with it, the opportunities for improvement across the health, disability and mental health sectors. Complaint handling bodies are unique in the way they can achieve outcomes for an individual and drive change for the broader community. From any given complaint we are able to make recommendations that provide far reaching benefits for others who access similar services in the future.

I am privileged to join the Office, which provides a key service to the Western Australian community, and aim to further strengthen accessibility to the Office and ensure complaints are managed in the most effective, efficient and timely manner.

During 2015-16, HaDSCO received 2,548 complaints, representing a five percent increase on 2014-15. Most notably, the largest increase was for disability services where there was an 18 percent increase on the previous year. I am pleased to report that even with the increased numbers of complaints, HaDSCO exceeded its timeliness targets for assessment of complaints. Details of outcomes for individuals who made complaints and service delivery improvements are contained in this report.

An important body of work for the Office in 2015 was associated with the introduction of the *Mental Health Act 2014* (the MH Act) which came into operation in November 2015. Under Part 19 of the MH Act, HaDSCO has responsibility to manage complaints about all public and private mental health service providers. Although the Office previously dealt with these complaints under its health complaints jurisdiction, the introduction of the MH Act has formalised the arrangement in this important area.

From the HaDSCO Director

In preparation for the MH Act, HaDSCO coordinated the establishment of a multi-agency initiative, the Mental Health Complaints Partnership Agreement, aimed at streamlining complaints processes and clarifying roles and responsibilities of the partnership organisations.

To coincide with the introduction of the MH Act, and as part of a strategy for improving operational effectiveness, we introduced new complaint categories into our complaints database. Consequently, not all figures contained in this report can be compared to previous years. We are confident this change will enable us to report more effectively moving forward.

We continued to collect complaints data from health and disability service providers across Western Australia. This information enabled us to report on broad complaint trends and issues across these sectors. In accordance with the MH Act, once prescribed in regulations, complaints data will also be provided to the Office by external public and private providers who deliver mental health services.

In the area of education and training, we continued to work collaboratively with stakeholders to ensure complaint handling processes are fit-for-purpose and reflective of community needs.

During 2015-16 we undertook a series of effective complaints handling sessions with a large service provider to help strengthen their complaints handling capacity. This series provided a valuable opportunity to share the benefits of effective complaint handling systems.

At a national level, we undertook a range of initiatives with the Australian Health Practitioner Regulation Agency to improve inter-agency management of complaints about registered health practitioners. This included measures to streamline complaints processes and ensure they are responsive for all parties; provide greater consistency in the complaints and notifications processes between jurisdictions; and increase clarity around roles and responsibilities.

We continued to use new and existing methods to engage with hard-to-reach communities, including the launch of HaDSCO's "Voice up" educational video. This finalised an outreach program undertaken with Christmas Island community members and provided a valuable resource for use throughout Culturally and Linguistically Diverse Communities in Western Australia and the Indian Ocean Territories.

We are committed to our role in dealing with complaints about disability services and continue to work with stakeholders to clarify roles and responsibilities while the trial of the National Disability Insurance Scheme (NDIS) and WA NDIS are underway in Western Australia.

I take this opportunity to pass on my thanks to my predecessor, Anne Donaldson, who made a significant contribution to the work of the Office over the last ten years. A number of the achievements in this Annual Report were accomplished under her leadership.

Finally, I would like to express my appreciation to the dedicated staff at HaDSCO for their ongoing commitment to the work of the Office.



Sarah Cowie
DIRECTOR



Our performance at a glance



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Service improvements managed as a result of HaDSCO's involvement

Formalised our role in managing mental health complaints with the implementation of the *Mental Health Act 2014*



Launched the **“Voice up”** video resource for use throughout Culturally and Linguistically Diverse Communities



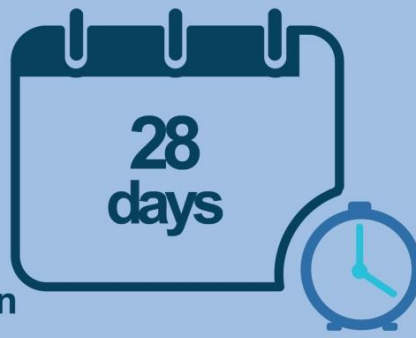
Created infographics as a means to share complaints data innovatively

Effectively managed an

18%

increase in complaints about disability services

98%
of complaints
assessed within



Launched an online
feedback survey to
access feedback
at all stages of our
process

Undertook **262**
engagement activities with
stakeholders throughout
Western Australia



Negotiated settlement and
conciliation resulted in
**apologies, monetary
refunds and
explanations**
being provided

2.3. Who we are

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority offering an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories.

HaDSCO has a statutory reporting function to the Honourable John Day BSc BDSc MLA, Minister for Health; Culture and the Arts.

Through our roles and functions with the health, disability and mental health sectors we:

- Provide a free, independent and impartial service to assist people making a complaint and service providers to resolve complaints.
- Use information about complaints to identify systemic issues and trends across these sectors.
- Work collaboratively with all parties to improve service delivery and complaints management.

2.4. Our services

We operate within two distinct, but inter-linked key service areas:

Service One: assessment, conciliation, negotiated settlement and investigation of complaints

We assist consumers and providers to resolve complaints; undertake investigations; and identify opportunities for system improvement

Service Two: education and training in the prevention and resolution of complaints

We work collaboratively with our stakeholders to share information about the causes of complaints; provide education and training in effective complaint resolution; and implement initiatives that contribute towards system improvement

2.5. Our vision

“Empowering users and providers to collaboratively improve health and disability services”

2.6. Our values

We have six core values:

- 1 **Integrity:** acting impartially and with independence
- 2 **Accessibility:** ensuring services are accessible to all
- 3 **Responsiveness:** responding to the needs of stakeholders
- 4 **Confidentiality:** maintaining confidentiality
- 5 **Improvement:** influencing the quality and effectiveness of services
- 6 **Empowerment:** building capacity in complaints resolution and prevention

2.7. Our strategic plan

Within our two service areas we have identified priority areas of work that help us to achieve our central vision. These priorities are outlined in our 2012-15 Strategic Plan and centre on the following five themes:

System improvement

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

Empowerment and education

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

Quality complaints management

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

Building staff capacity

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

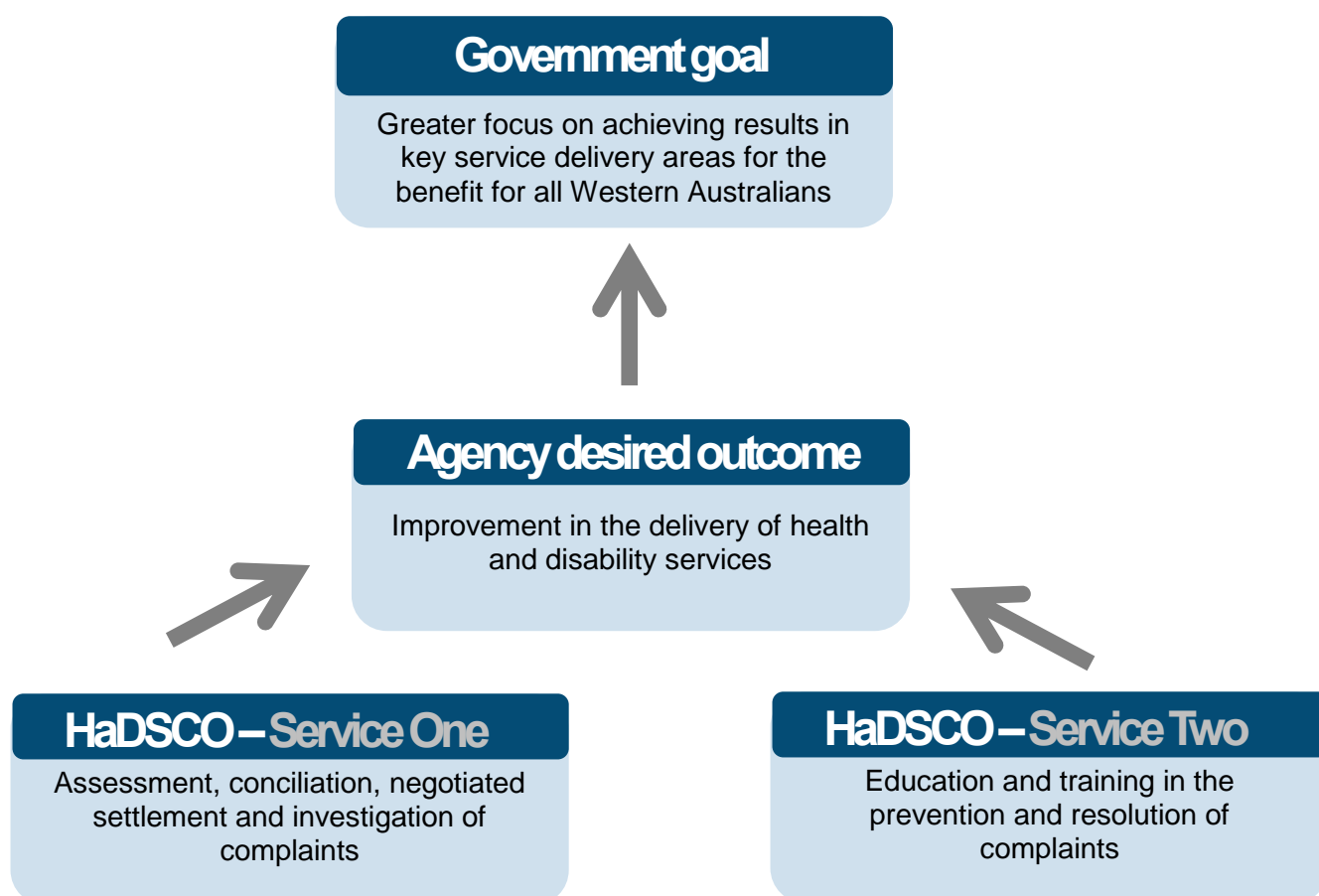
Effective resource management

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

2.8. Performance Management Framework

The diagram below provides a visual representation of how we function as an Office in the Performance Management Framework to achieve our outcomes in the context of the wider government goals.

We do this to work towards achieving the overarching Government goal – Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians.



2.9. Working with legislation

We are an independent Statutory Authority and are required to administer legislation on behalf of the Western Australian State Government. The legislation that we administer outlines our responsibilities as an Office and the process that we must follow to manage complaints. Our legislative responsibilities directly align to our desired outcome of improved health, disability and mental health service delivery.

We administer the following legislation:

Health and Disability Services (Complaints) Act 1995

This Act defines the role of our Office and how we manage complaints about health services.

Part 6 of the Disability Services Act 1993

This part of the Act defines how we manage complaints about disability services.

Part 19 of the Mental Health Act 2014

This part of the Act defines how we manage complaints about mental health services.

Our functions

Under these Acts, our main functions are to:

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

Under these Acts we are able to do all things that are necessary, or convenient to be done, in order to perform the above functions.

HaDSCO also has the legislative authority to collect complaint data from health and disability service providers in Western Australia as follows:

- Under section 75 of the *Health and Disability Services (Complaints) Act 1995*, we collect complaints data from public, private and not-for-profit health service providers in Western Australia. Currently there are 25 health service providers who are prescribed in the *Health and Disability Services (Complaints) Regulations 2010* for this purpose. We include information about the complaints data in our annual reports each year. A list of the service providers can be found in appendix 6.1.
- Under section 48A of the *Disability Services Act 1993*, we collect complaints data about government and non-government disability service providers in Western Australia who are prescribed in the *Disability Services Regulations 2004*. Currently there are 20 disability service providers who are prescribed for this purpose. We include information about the complaints data in our annual reports each year. A list of the disability service providers can be found in appendix 6.2.

Other relevant legislation

Carers Recognition Act 2004

Under this Act, service providers are required to comply with the *Western Australian Carers Charter*. HaDSCO may manage complaints about health, disability or mental health service providers that do not comply with this Charter.

Declared Places (Mentally Impaired Accused) Act 2015

Under this Act, there is provision for complaints relating to 'declared places' that have been established by the Disability Services Commission for the detention and rehabilitation of people who are 'mentally impaired accused'. HaDSCO has shared legislative responsibility in managing complaints arising from declared places.

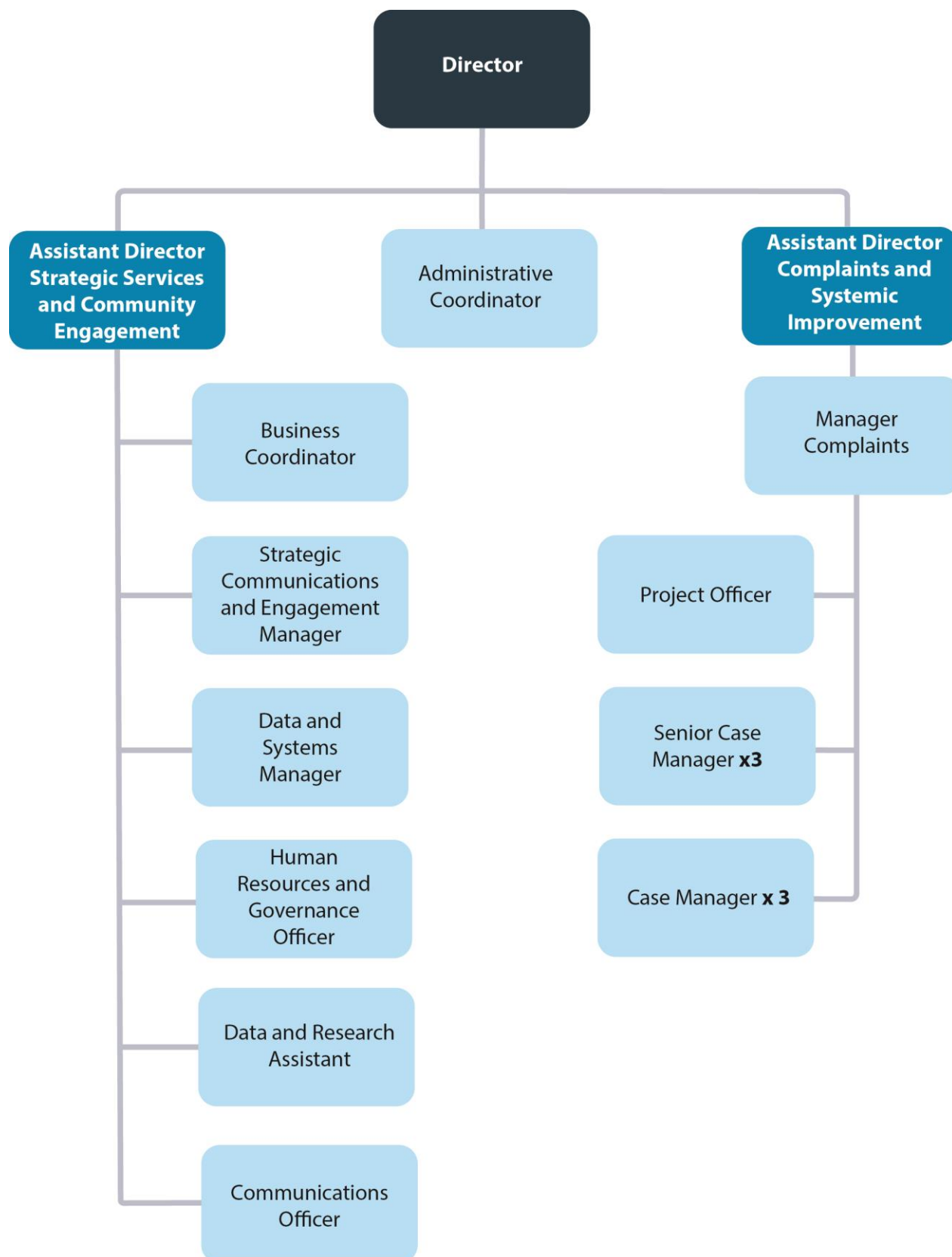
Health Practitioner Regulation National Law (WA) Act 2010

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO consults with the Australian Health Practitioner Regulation Agency (AHPRA) to manage complaints relating to the health, performance or conduct of registered health practitioners to determine which is the more appropriate agency to manage the complaint.

Sometimes, different aspects of a complaint are managed by both agencies. For example, AHPRA may investigate allegations relating to the health, performance or conduct of an individual practitioner while HaDSCO manages the broader systemic issues that may have contributed to the cause of the complaint. In addition, systemic issues identified by the national boards during their investigations may be referred to HaDSCO for further management.

A full list of the health professionals regulated by AHPRA can be found in appendix 6.3.

2.10. Organisational structure as at 30 June 2016



Corporate Executive

The Office's Corporate Executive consists of the Director, Assistant Director Complaints and Systemic Improvement and Assistant Director Strategic Services and Community Engagement. The Corporate Executive provides leadership and strategic direction, sets priorities and targets for Office performance and monitors governance and compliance with relevant legislation and policies.

The Office structure comprises three teams as detailed below:

Executive Management Team

This team comprises the Director and Administrative Coordinator and oversees the work of the Office and contributes to outcomes aligned to service one and service two.

Complaints and Systemic Improvement Team

This team is primarily focused on delivering service one – assessment, negotiated settlement, conciliation and investigation of complaints. The key functions of this team are:

- To provide a comprehensive complaint resolution service.
- To undertake work relating to the system improvement of health, disability and mental health services.

Strategic Services and Community Engagement Team

This team is primarily focused on delivering service two – education and training in the prevention and resolution of complaints, as well as providing core business services to the Office. The key functions of this team are:

- To deliver programs to educate and promote our services and collaborate with key stakeholders.
- To produce statistical analysis and research relating to complaints data.
- To provide corporate governance, administration, human resources, records management and finance services across the Office.

Support Services

HaDSCO has a medical panel contract with Edith Cowan University for the provision of expert medical advice relating to the assessment, negotiated settlement, conciliation and investigation of complaints received by HaDSCO.

Support is also provided by the Health Support Services of the Department of Health in areas of information technology, procurement, finance and human resources. In addition, an officer from the Department of Health has been appointed to undertake the role of Chief Finance Officer for HaDSCO.



3. Office Performance

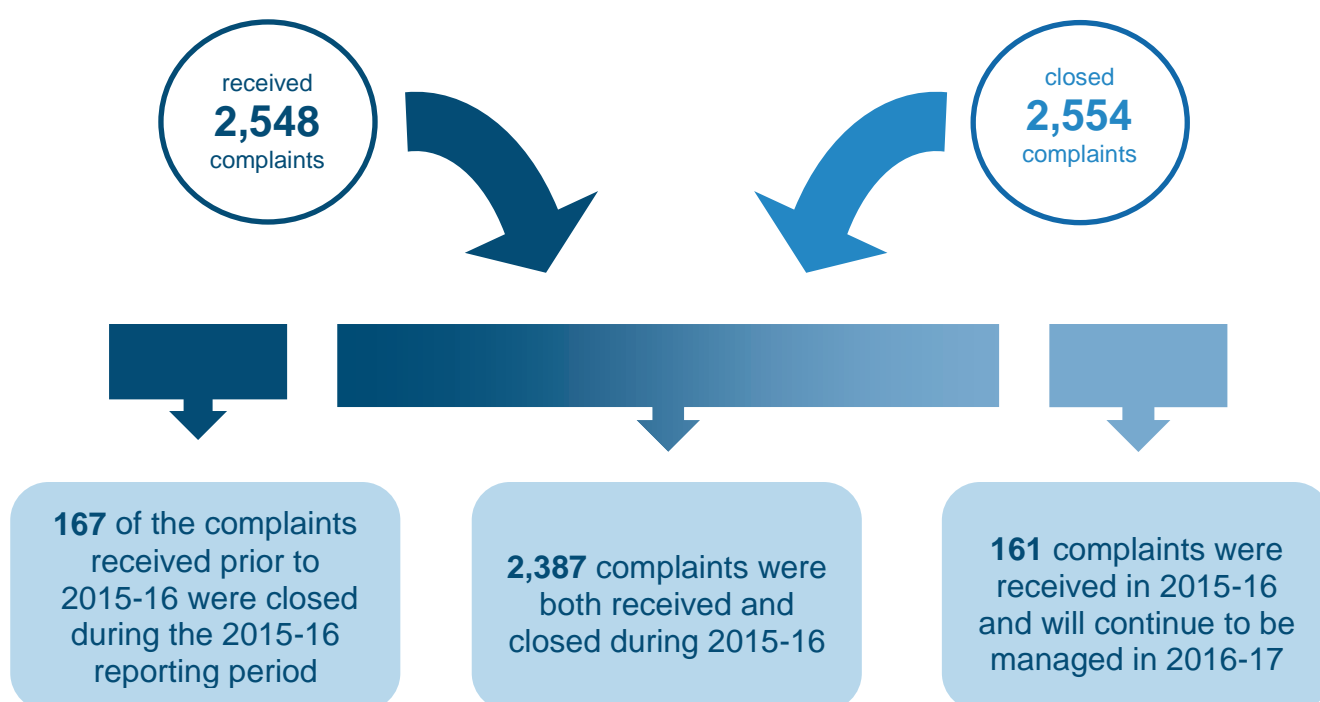
In this section we provide an overview of the work undertaken during the 2015-16 financial year, including details of projects, initiatives and achievements.

3.1. Service one – Assessment, negotiated settlement, conciliation and investigation of complaints

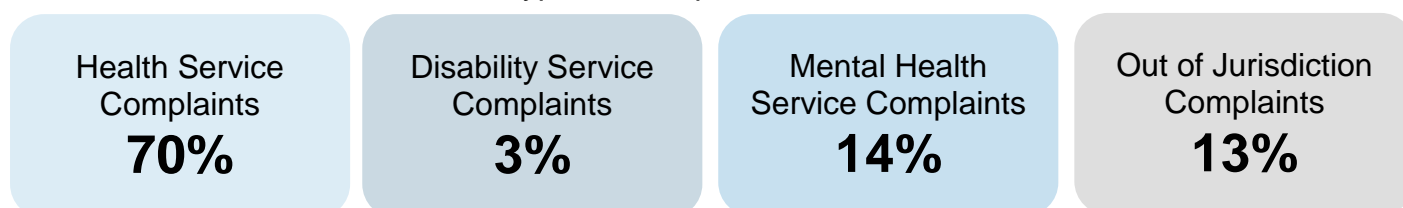
In this section we provide a breakdown of the complaints we received, an overview of our complaints management process, details of the outcomes we achieved and case study examples. Additionally, we also report on the complaint data we collect annually from external agencies.

Overview of HaDSCO complaints received and closed

In 2015-16, HaDSCO received **2,548** complaints and closed **2,554** complaints. Complaints received and closed in the same year are not the same. This is because complaints are not always closed in the same year that they are received.

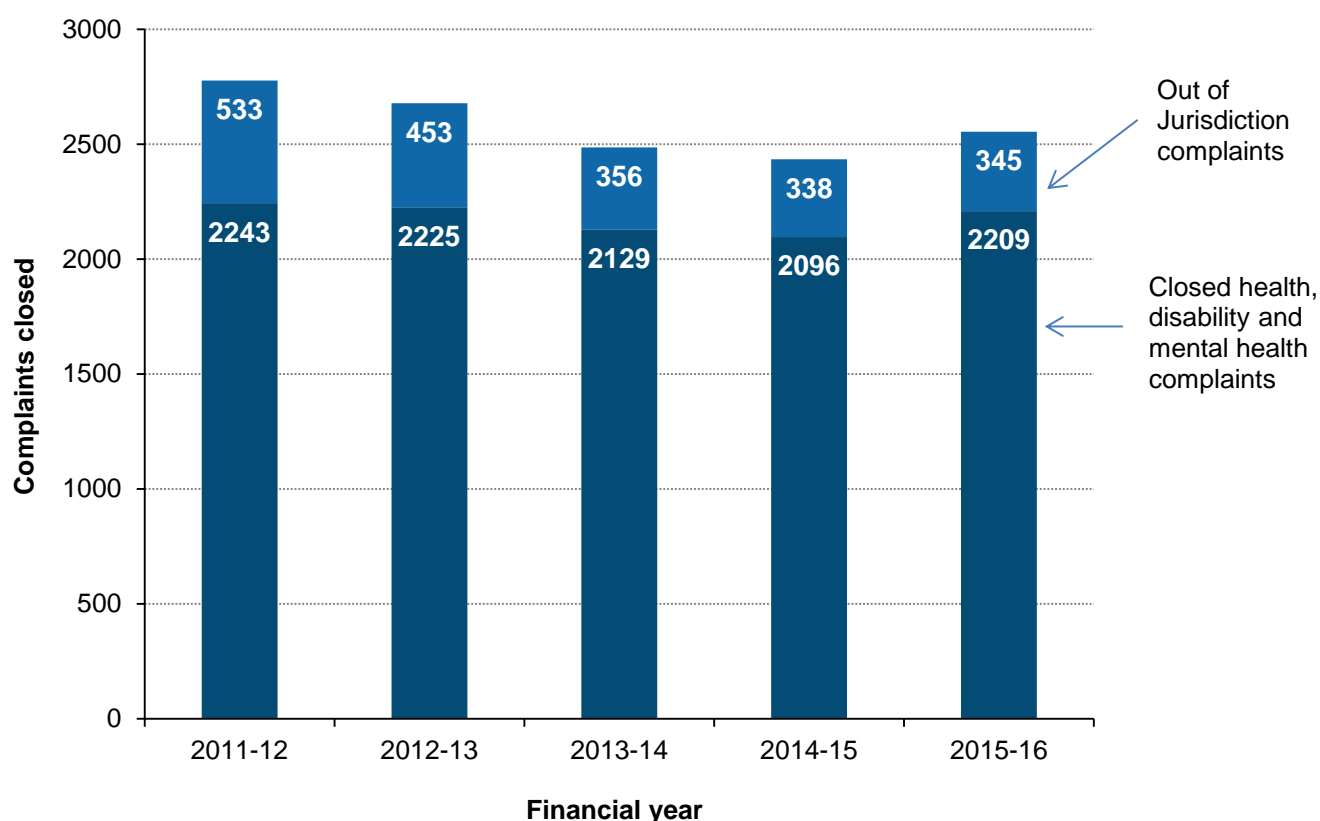


A breakdown of the types of complaints received is shown below:



The number of complaints in jurisdiction has remained relatively consistent over the last five years as displayed below. The proportion of Out of Jurisdiction complaints managed by our Office has decreased from 19 percent of closed complaints in 2011-12 to 13 percent of closed complaints in 2015-16.

Figure 1: Complaints closed between 2011-12 and 2015-16



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. During 2015-16, our Office received five complaints and closed six complaints for the IOT as part of this Arrangement.

Consultation with AHPRA about complaints

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO is required to consult with the Australian Health Practitioner Regulation Agency (AHPRA) about complaints relating to registered health professionals.

This consultation process takes place on a weekly basis to determine the more appropriate agency to manage a complaint at the earliest opportunity.

There are a number of options to manage complaints through this process:

- HaDSCO may retain the complaint and manage it through our resolution process;
- HaDSCO may refer the complaint to AHPRA in its entirety; and/or,
- The complaint may be split between both agencies so that AHPRA manages the aspect of the complaint pertaining to the health, performance or conduct of a registered practitioner and HaDSCO manages the system related issues.

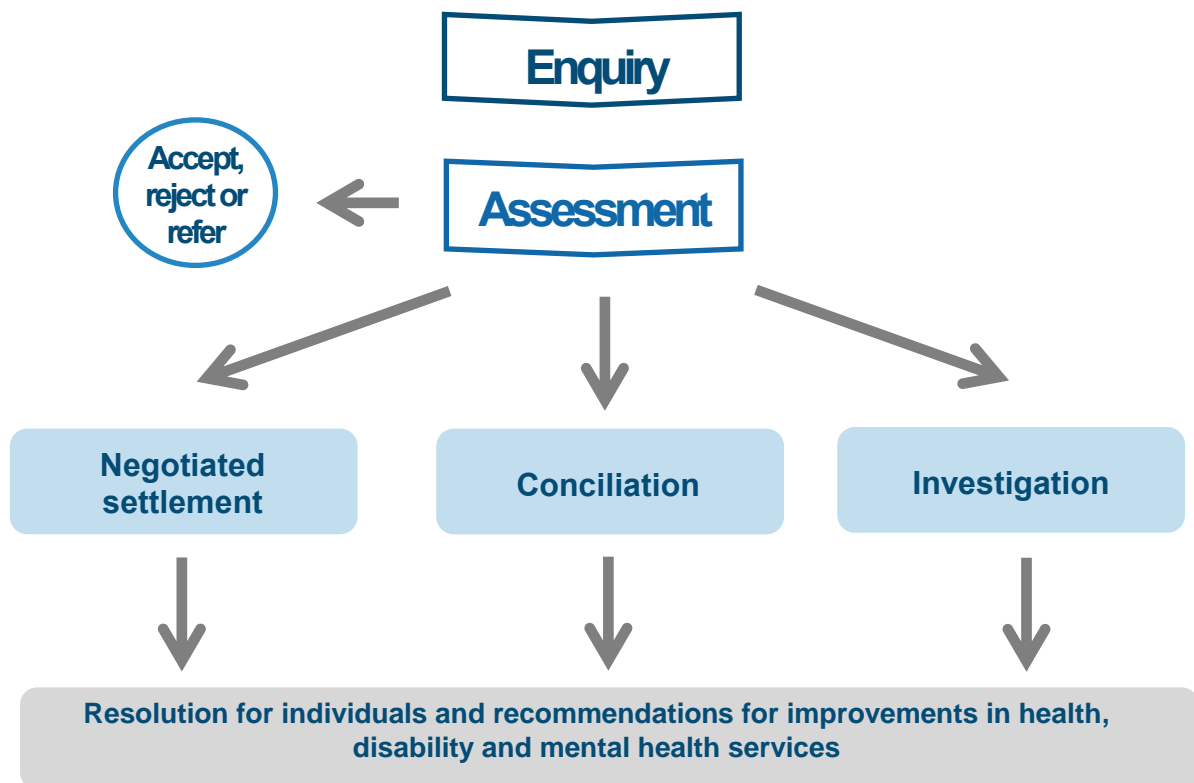
In 2015-16 HaDSCO consulted with AHPRA on 110 complaints. This resulted in:

- 54 complaints retained by HaDSCO.
- 49 complaints referred to AHPRA.
- 7 complaints were split between HaDSCO and AHPRA to ensure that all issues raised in the complaint were addressed.

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:

1. Enquiry
2. Assessment
3. Complaint resolution including negotiated settlement and conciliation or investigation



Enquiry

We provide information about HaDSCO's complaints process and provide advice about raising a complaint with the service provider. If the complaint is outside HaDSCO's jurisdiction we suggest an alternative complaint body that may be able to assist. We may also refer individuals to advocacy services for assistance.

Assessment

HaDSCO can receive verbal complaints but they must be confirmed in writing.

Complaints are assessed to ensure:

- The complaint relates to the provision of a health, disability or mental health service delivered in Western Australia.
- The individual and their representative, if required, provide their signed authorisations.
- The complaint relates to an incident that occurred within the last two years.
- The individual, or their representative, has attempted to resolve the complaint with the service provider in the first instance.
- A complaint can only be accepted if it is within HaDSCO's jurisdiction.
- HaDSCO is required by law to consult with the Australian Health Practitioner Regulation Agency (AHPRA) to determine which entity is the more appropriate agency to manage all, or part of the complaint.
- At the end of the assessment process we may accept, reject or refer a complaint to a more appropriate agency. If we cannot accept the complaint we provide information about other complaint resolution options.

Complaint resolution pathway

There are a number of factors we consider when making a decision about which complaint resolution pathway is the most appropriate to manage the complaint.

Negotiated settlement: This is generally a paper based approach where HaDSCO facilitates the exchange of information between both parties to assist in resolving a complaint by negotiating an outcome acceptable to both the individual and the service provider.

Conciliation: This generally involves a face to face meeting facilitated by HaDSCO whose role is to encourage the settlement of the complaint. HaDSCO staff will arrange for the provider and the person who made the complaint to hold informal discussions about the complaint; and assist them to reach an agreement.

Investigation: An investigation is a formal process to determine whether any unreasonable conduct occurred in providing a health, disability or mental health service.

The outcomes we achieve

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.

During 2015-16 the following outcomes were achieved for the person making the complaint.

Complaint outcomes

- ✓ Provided information about how a complaint can be raised with a service provider
- ✓ Referred individuals to appropriate agencies to resolve their complaints about health, disability and mental health services
- ✓ Referred individuals to appropriate agencies to resolve complaints that are out of HaDSCO's jurisdiction
 - ✓ Referred individuals to relevant advocacy services
- ✓ Facilitated apologies for the distress caused due to the provider's actions or communication
 - ✓ Facilitated apologies for the manner in which a service was provided
 - ✓ Facilitated explanations of treatment decisions or outcomes
- ✓ Facilitated an explanation or clarification of events leading to the complaint
- ✓ Achieved financial outcomes such as refunds, fee waivers, reimbursement of out-of-pocket payments and goodwill payments
 - ✓ Facilitated access to medical records
 - ✓ Confirmed prison medical appointments
 - ✓ Referred to a registration board

In 2015-16, **76** 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 or agreed actions	Intended service improvement
Review or change of policy	Policy amendment to accurately reflect patient obligations
	Policy change to increase patient's choice in preferred treatment options
Staff education and training	Increased awareness of the provider's complaint management processes
	Increased the involvement of carers in the patient's discharge/treatment plan as per the <i>Carers Recognition Act 2004</i>
	Aided the continuing professional development in clinical and communication skills
	Used complaints case studies as learning opportunities to reduce similar incidents from occurring in the future
Change in process	Initiated the development of a consent form confirming a patient's understanding of a care plan
	Increased the transparency of treatment options
	Improved documentation in medical records
	Improved the pressure injury risk assessment process for patients
	Implemented a system to prevent the loss of patient pathology specimens
Improved communication	Produced and displayed appropriate signage for fees
	Increased the involvement of family and carers in decision making
	Initiated improvements to informed financial consent procedures
	Improved the process by which patients are informed of test results
	Improved the process by which sensitive information is communicated to patients
	Developed signage to inform patients of the use of CCTV for security purposes

Our case studies

Case studies have been included in this report with the permission of the person who made the complaint and the provider involved. 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.

Complaints data

We report on two sets of complaints data:

HaDSCO complaints data

This includes a summary of the types of complaints about health, disability and mental health services received directly by HaDSCO

External complaints data

This includes a summary of the types of complaints received directly by health and disability service providers submitted to HaDSCO

We collect, analyse, evaluate and report on both sets of complaints to identify broad trends relating to the:

- Number of complaints received.
- Types of issues raised.
- Time taken to resolve complaints.
- Outcomes achieved by service providers for people who made complaints.
- Demographic information of people who made complaints.

HaDSCO complaints data

HaDSCO received **1,777** complaints about health services within jurisdiction in the 2015-16 financial year. In 2015-16, HaDSCO closed **1,769** complaints about health services. A breakdown of closed complaints is provided below.

Figure 2: Who made the complaint to HaDSCO?

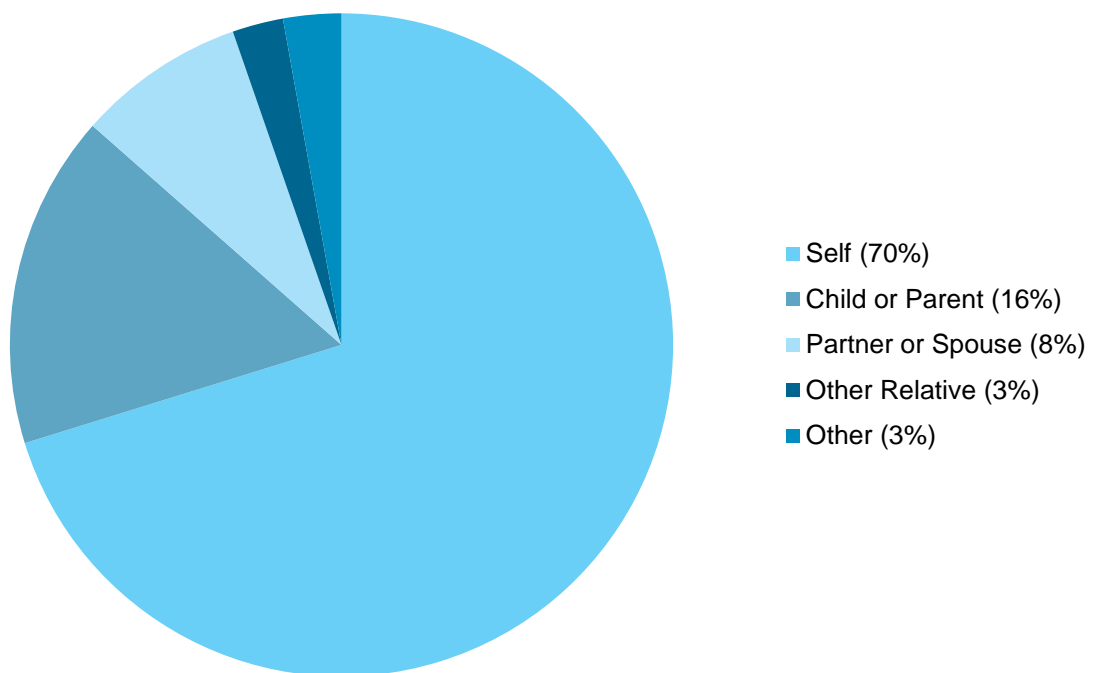
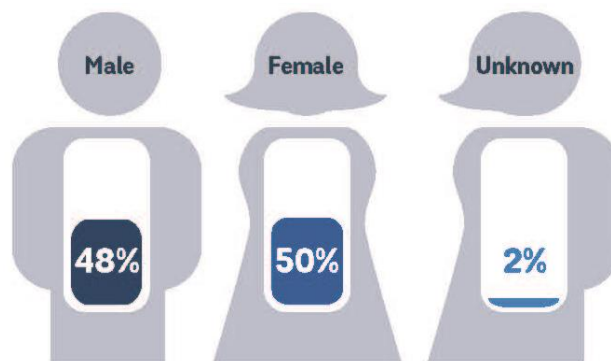


Figure 3: Gender of people who made complaints



What did people complain about?

This section describes the most frequent issue categories identified in complaints about health services. People sometimes convey more than one concern when making a complaint to HaDSCO. Approximately 39 percent of complaints about health services included more than one issue in the complaint. The complaint issues contained in this report relate to the most important issue raised by the person making the complaint.

There were **572** complaints about 'Treatment' (32%)

The majority of these complaints concerned:

- Unexpected treatment outcomes or complications: **195** complaints
- Inadequate treatment: **83** complaints
- Inadequate consultation: **74** complaints
- Coordination of treatment: **62** complaints

There were **255** complaints about 'Fees and costs' (14%)

These complaints concerned:

- Billing practices: **193** complaints
- Financial consent: **34** complaints
- Cost of treatment: **28** complaints

There were **242** complaints about 'Communication and information' (14%)

These complaints concerned:

- Attitude and manner: **159** complaints
- Inadequate information provided: **43** complaints
- Incorrect or misleading information provided: **24** complaints
- Special needs not accommodated: **16** complaints

What services did people complain about?

This section outlines the most common health services that people made a complaint about.

There were 337 complaints about general practices and practitioners (19%)

The most common issues concerned:

- Attitude and manner: **59** complaints
- Billing practices: **42** complaints
- Access to, or transfer of, records: **36** complaints

There were 251 complaints about prison health services (14%)

The most common issues concerned:

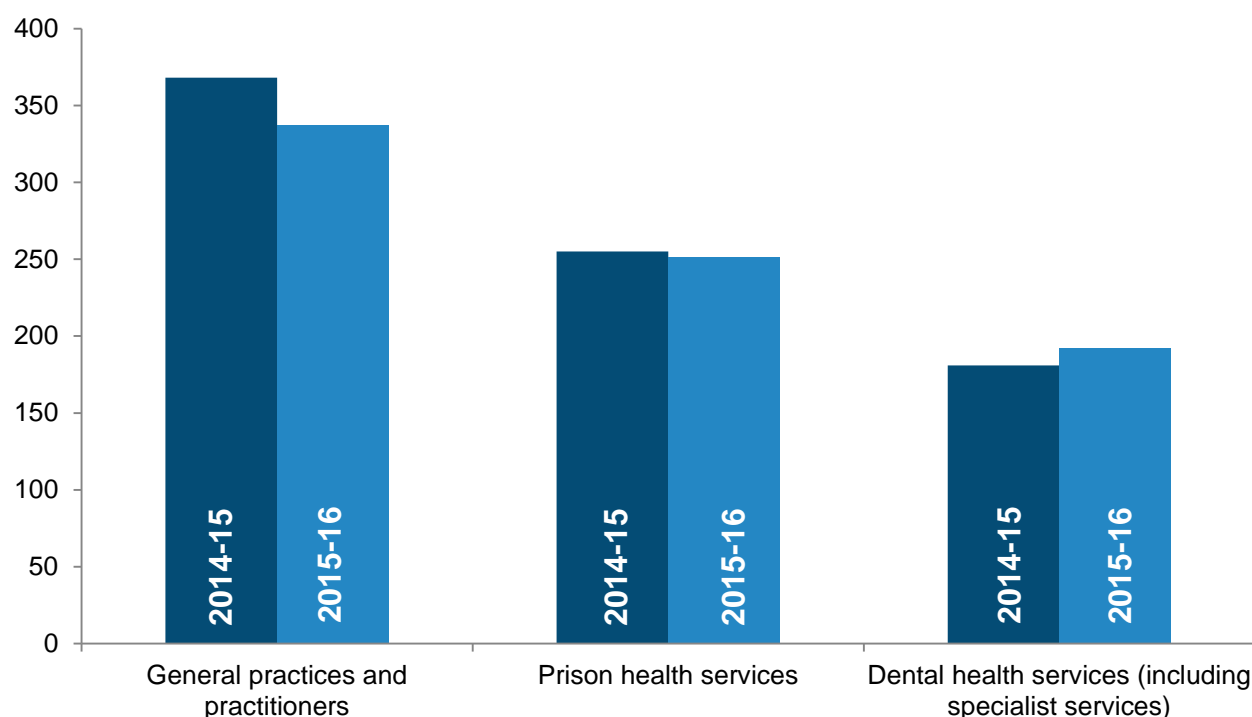
- Service availability: **33** complaints
- Refusal to admit or treat: **33** complaints
- Inadequate consultation: **31** complaints
- Prescribing medication: **24** complaints
- Inadequate treatment: **24** complaints

There were 192 complaints about dental health services (11%)

The most common issues concerned:

- Unexpected treatment outcomes or complications: **41** complaints
- Billing practices: **32** complaints
- Inadequate treatment: **15** complaints

Figure 4: Complaint numbers for provider groups most commonly raised in complaints (2014-15 and 2015-16)



HEALTH CASE STUDY

Accessing general practitioner services in transitional care

An individual was admitted to a transitional care facility, where they remained as a resident for several weeks. With the individual's consent, their partner attempted to discuss the individual's medical issues and medication; however, found that the facility's attendant general practitioner (GP) was uncommunicative and unwilling to provide information about the individual when requested.

Additionally, due to the facility's policies, the individual was not able to engage the services of their preferred family GP.

The individual and their partner complained to the facility and were informed that their concerns had been raised with the GP. However, they were dissatisfied with the response as they continued to find it difficult to work with the GP. They then lodged a complaint with HaDSCO.

As a result of HaDSCO's involvement, the provider agreed to allow the individual to engage the services of their own GP.

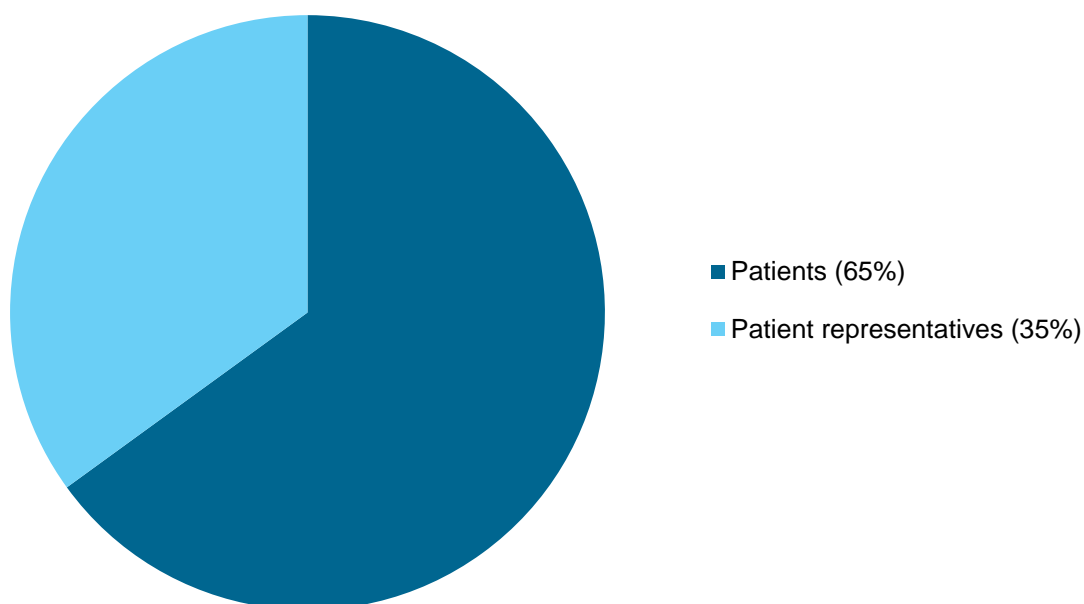
Further, as a result of HaDSCO's involvement, the facility amended its policy to offer patients more flexibility for accessing GP services, including accessing the facility's GP or a GP of their choice.

External complaints data

Each year we collect complaint information from a representative sample of public, private and not-for-profit health service providers in Western Australia.

“ In the 2015-16 financial year details of 8,052 complaints consisting of 12,859 issues were submitted to HaDSCO ”

Figure 5: Who made complaints directly to the health service provider?



What did people complain about?

- Quality of clinical care: **32%**
- Communication: **21%**
- Access: **16%**
- Rights, respect and dignity: **10%**
- Corporate services: **9%**

Time taken to resolve complaints

- **75%** of complaints were resolved within 30 days

Most common outcomes achieved

- Explanation provided: **33%**
- Apology provided: **25%**
- Concern registered: **18%**

A summary of each sector

Public	Private	Not-for-profit
5,641 complaints	2,192 complaints	219 complaints
8,656 issues	3,776 issues	427 issues
Average 1.5 issues per complaint	Average 1.7 issues per complaint	Average 1.9 issues per complaint

What did people complain about?

Public	Private	Not-for-profit
Quality of clinical care (34%)	Quality of clinical care (27%)	Quality of clinical care (36%)
Communication (22%)	Communication (21%)	Access (21%)
Access (19%)	Costs (16%)	Communication (20%)
Rights, respect and dignity (9%)	Corporate services (14%)	Rights, respect and dignity (12%)
Corporate services (8%)	Access (11%)	Costs (7%)

Time taken to resolve complaints

(The percentage of complaints resolved within 30 days)

Public	Private	Not-for-profit
75%	74%	55%

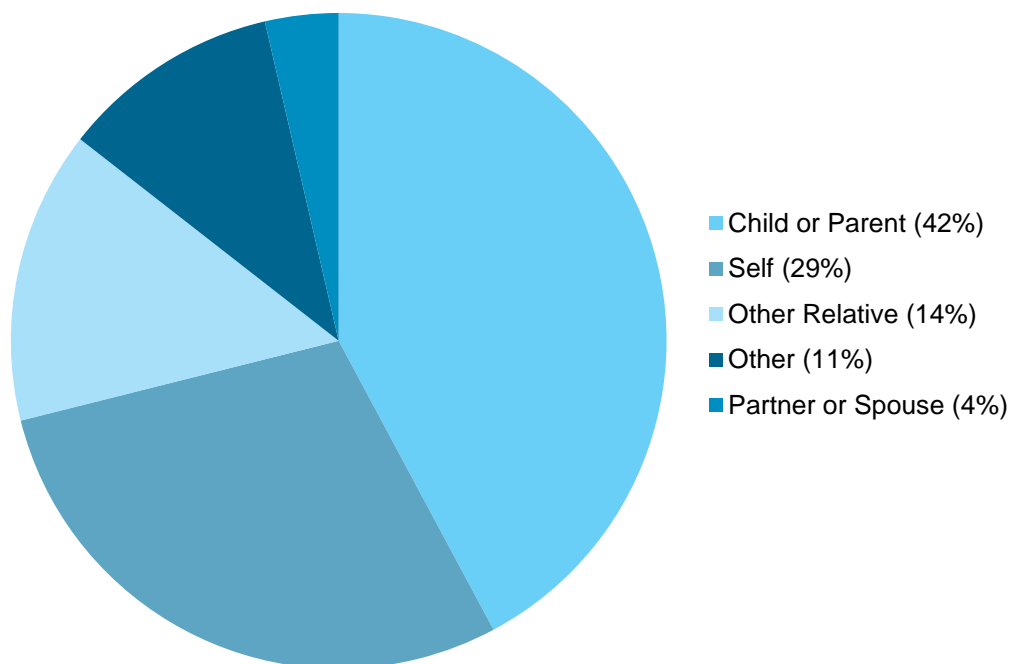
Most common outcomes achieved

Public	Private	Not-for-profit
Explanation provided (36%)	Apology provided (31%)	Concern registered (37%)
Apology provided (24%)	Explanation provided (28%)	Explanation provided (27%)
Concern registered (20%)	Concern registered (11%)	Counselling and/or performance support and development provided to staff members(s) or contractor(s) (13%)

HaDSCO complaints data

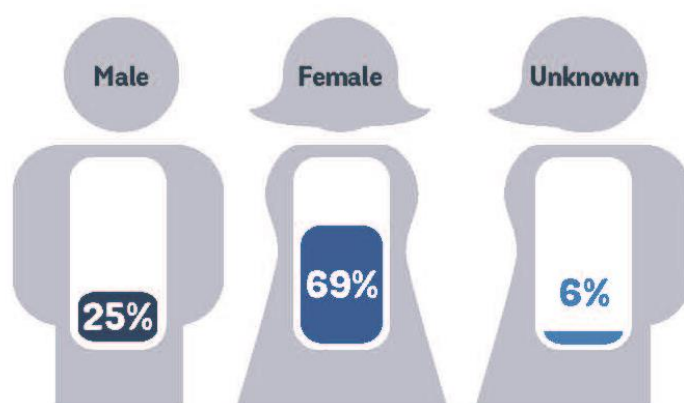
HaDSCO received **73** complaints about disability services within jurisdiction in the 2015-16 financial year. This is an 18 percent increase on the number of complaints received in 2014-15. In the same year (2015-16) HaDSCO closed **83** complaints about disability services. A breakdown of closed complaints is provided below.

Figure 6: Who made the complaint to HaDSCO?



“ Most complaints about disability services were made by someone acting on behalf of the person accessing the service ”

Figure 7: Gender of people who made complaints



What did people complain about?

This section describes the most frequent issue categories identified in complaints about disability services. People sometimes convey more than one concern when making a complaint to HaDSCO. Approximately 40 percent of complaints about disability services included more than one issue in the complaint. The complaint issues contained in this report relate to the most important issue raised by the person making the complaint.

There were 16 complaints about 'Service costs and financial assistance' (19%)

- This included complaints about unsatisfactory billing practices, excessive fees and failure to provide adequate information about costs. This also included complaints about unfair or unreasonable management of funding.

There were 15 complaints about 'Service delivery' (18%)

- This included complaints about staff conduct, communication, treatment or care and complaints about inadequate, reduced, withdrawn and delayed services.

There were 14 complaints about 'Individual needs' (17%)

- These complaints largely concerned the failure to identify or document the changing needs of the consumer, or where the provider failed to consider the appropriateness of facilities and services in meeting the needs of the consumer.

What services did people complain about?

This section outlines the most common disability services that people made a complaint about.

There were 23 complaints about 'Accommodation' (28%)

The most common issues identified in complaints about Accommodation were:

- Service costs and financial assistance: **4** complaints
- Service delivery: **4** complaints
- Service management: **3** complaints

There were 18 complaints about 'Grants or funds' (22%)

The most common issues identified in complaints about Grants or funds were:

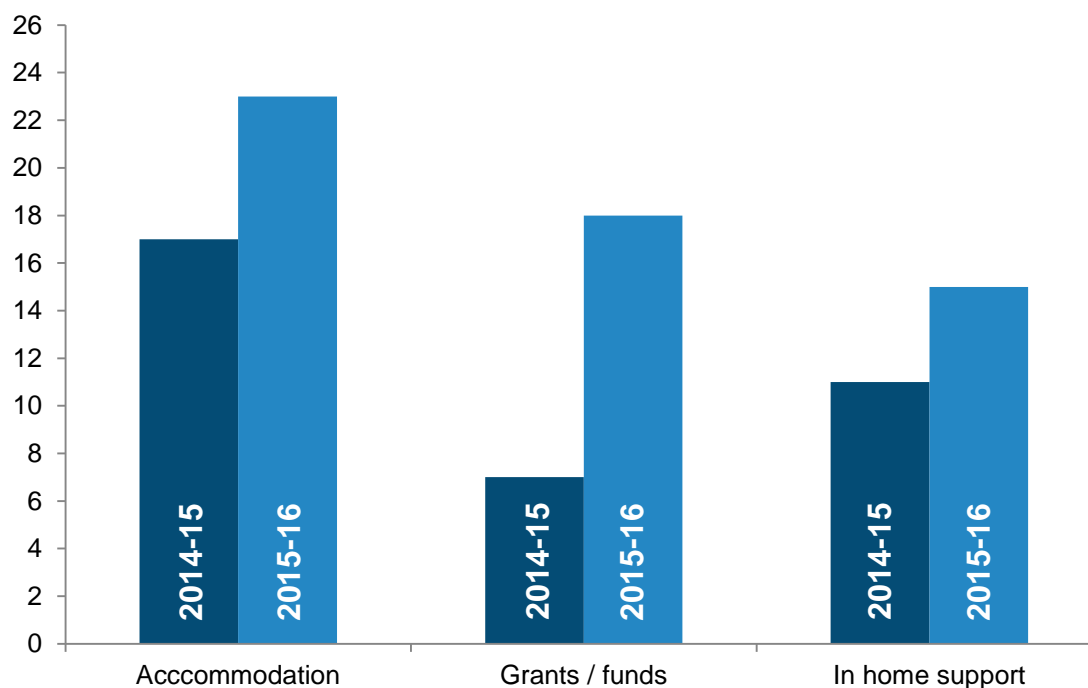
- Service costs and financial assistance: **8** complaints
- Service Access: **2** complaints

There were 15 complaints (18%) about 'In home support'

The most common issue identified in complaints about In home support was:

- Service delivery: **6** complaints

Figure 8: Complaint numbers for disability services most commonly raised in complaints (2014-15 and 2015-16)



DISABILITY CASE STUDY

Refund of fees

An individual was receiving a service from a disability service provider. After a period of hospitalisation, the individual's guardian advised the provider that the individual sought to terminate the service agreement, as they now required a higher level of care than the provider could provide. Despite being advised of the termination, the provider continued to charge the individual.

The individual's guardian contacted the service provider to inform them of the issue and to seek a full refund. However, the service provider did not respond. A complaint was then made to HaDSCO.

As a result of HaDSCO's involvement, the service provider arranged for a refund, gave a response to the individual's complaints, and acknowledged and apologised the inconvenience and distress caused.

Further, as a result of HaDSCO's involvement, the service provider explained that the non-response to the initial complaint occurred during a period of staff transition and was due to an oversight, which was unlikely to happen again.

DISABILITY CASE STUDY

Communicating changes to policies and procedures

An individual was accessing the services of a disability services provider. Following a change in management, the individual considered that there was a decline in the quality of care provided by staff, which led to a further breakdown in the working relationship between the individual and provider.

The individual met with the provider to discuss their concerns and the provider confirmed that they would amend a range of policies and procedures, as a result of their complaint.

However, due to the relationship breakdown, the individual was not confident the provider would do as agreed. They were also concerned about the welfare of other service users.

The individual sought for HaDSCO, as an independent agency, to facilitate a response from the provider that confirmed that the changes to the policies and procedures were implemented.

As a result of HaDSCO's involvement, the provider submitted a comprehensive response including a summary of the improvements that they had undertaken. HaDSCO relayed this information back to the individual who was assured that the service provider had implemented the necessary service improvements.

External complaints data

2015-16 data

Each year we collect complaint data from a representative sample of government and non-government disability service providers in Western Australia.

A snapshot of this data is included below.

“ In the 2015-16 financial year details of 416 complaints were submitted to HaDSCO ”

Figure 9: Who made complaints directly to the disability service provider?

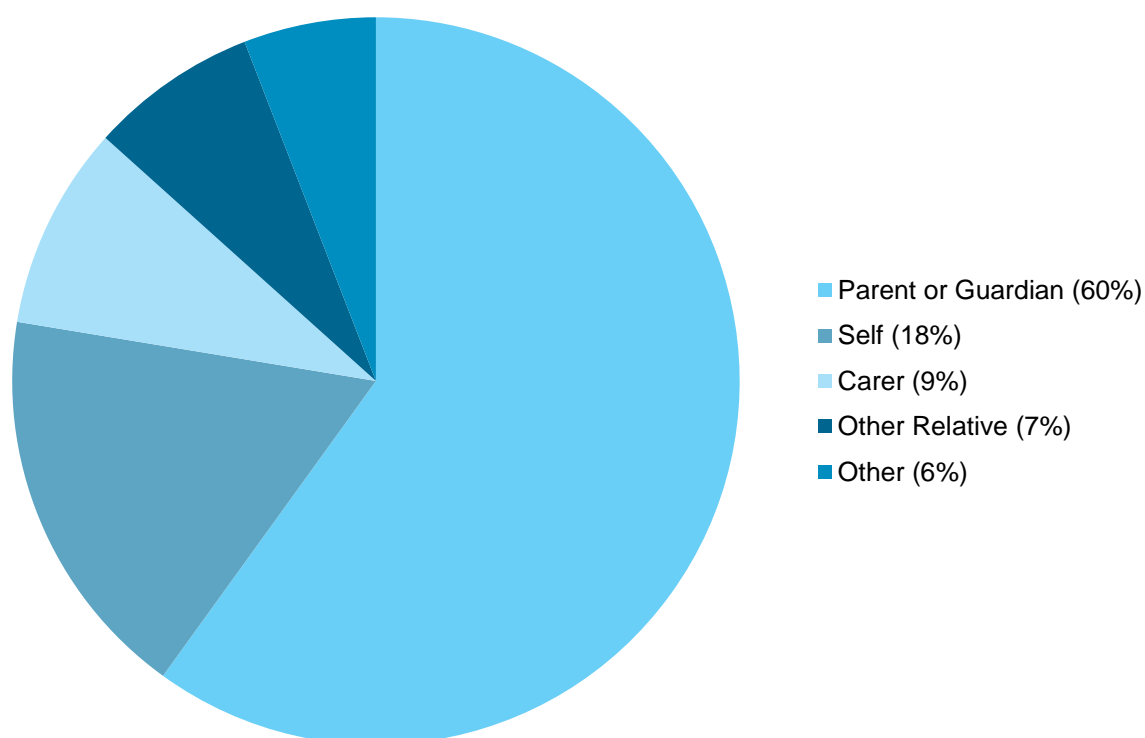


Table 1: Demographics of the person accessing the service

Identified as Aboriginal or Torres Strait Islander	2%
Not identified as Aboriginal or Torres Strait Islander	90%
Unsure	8%

Figure 10: Age of person accessing the service

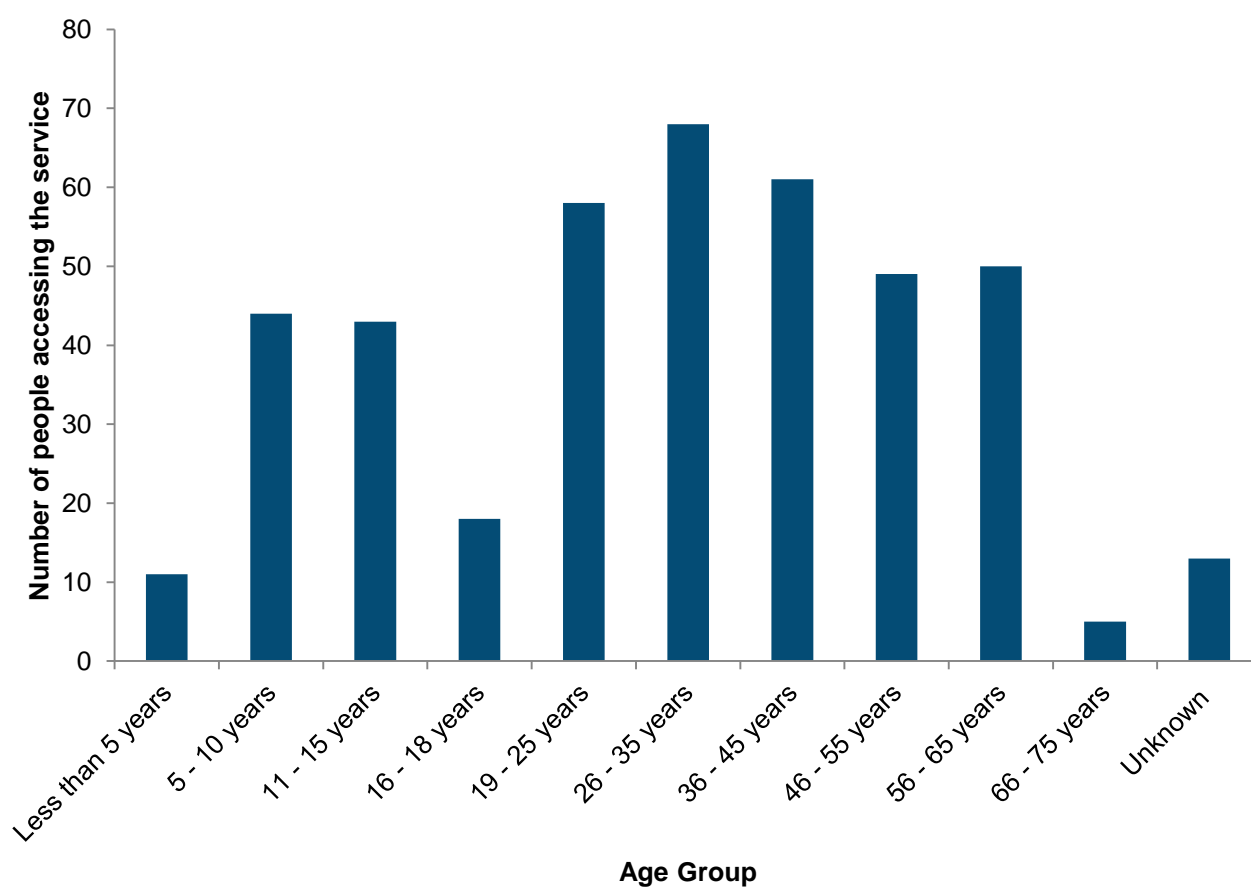


Table 2: Gender of the person making the complaint




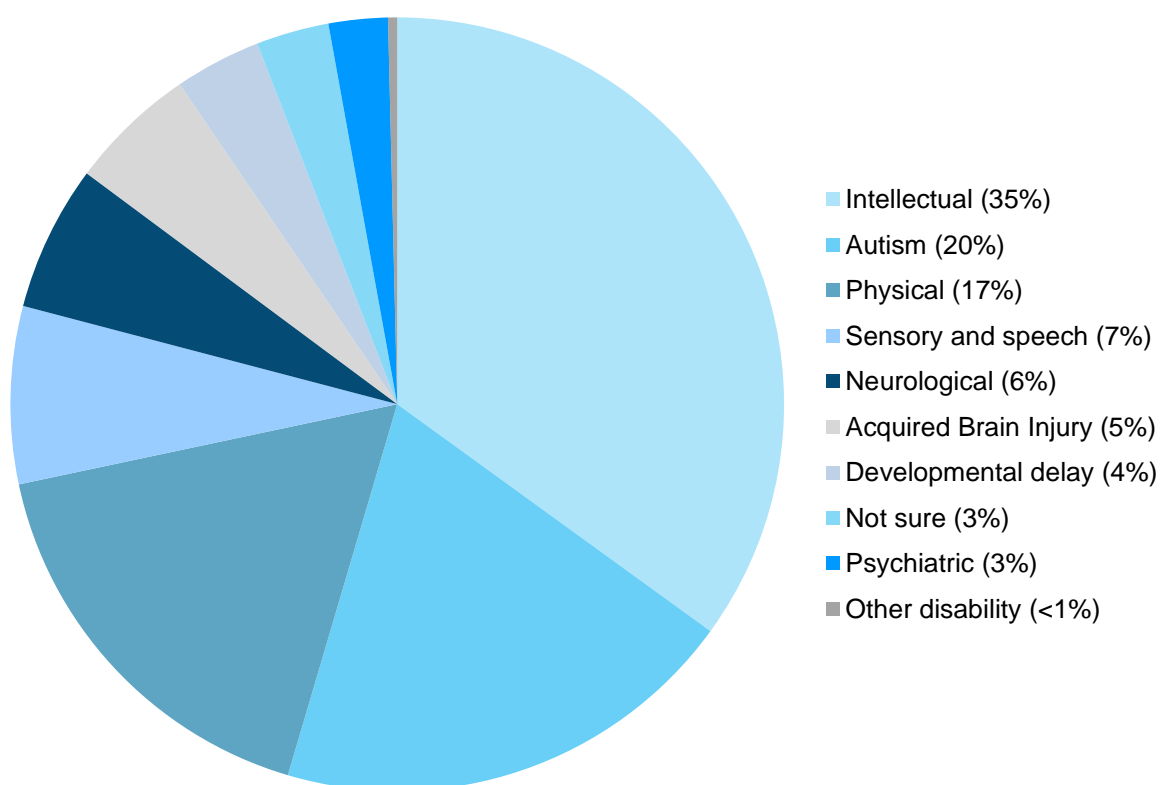
 Female	38%
 Male	61%
 Unknown	1%

Figure 11: The main disability identified in the external complaints data sample



How often were the National Disability Standards for Disability Services cited in complaints?

- Rights: **23%**
- Service management: **23%**
- Individual outcomes: **19%**
- Feedback and complaints: **18%**
- Service access: **6%**
- Participation and inclusion: **6%**
- Not collected: **5%**

What services did people complain about?

The services most frequently complained about:

- Accommodation support: identified in **46%** of complaints
- Community support: identified in **27%** of complaints
- Community access: identified in **17%** of complaints

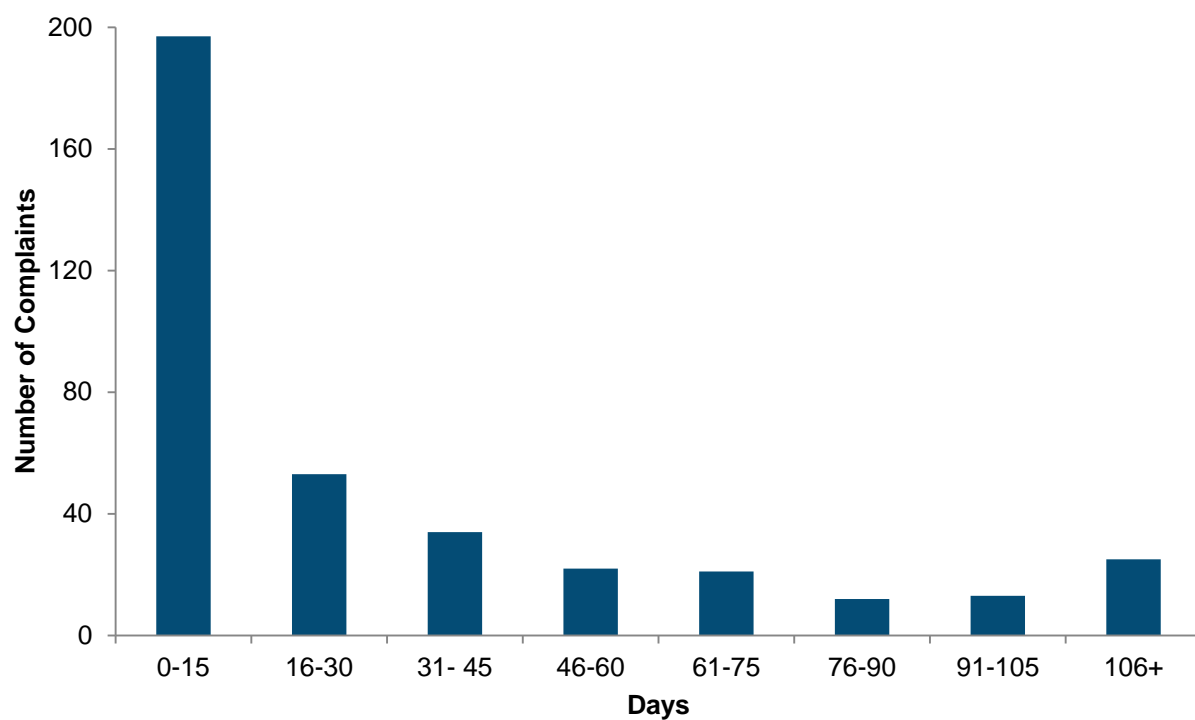
What issues were most frequently identified in complaints?

- Staff related issues: **31%**
- Service delivery, management and quality: **32%**
- Communication and relationships: **18%**
- Service access, access priority and compatibility: **8%**
- Carers Charter: **7%**
- Policy / Procedure: **4%**

The five most common outcomes achieved

- Acknowledgement - of a person's views or issues (e.g. the person felt listened to, valued, respected): **26%**
- Answers - explanation or information about services provided: **17%**
- Apology - from the service: **13%**
- Action - change or improvement to communication: **10%**
- Action - change or appointment of a worker/case manager/coordinator: **8%**

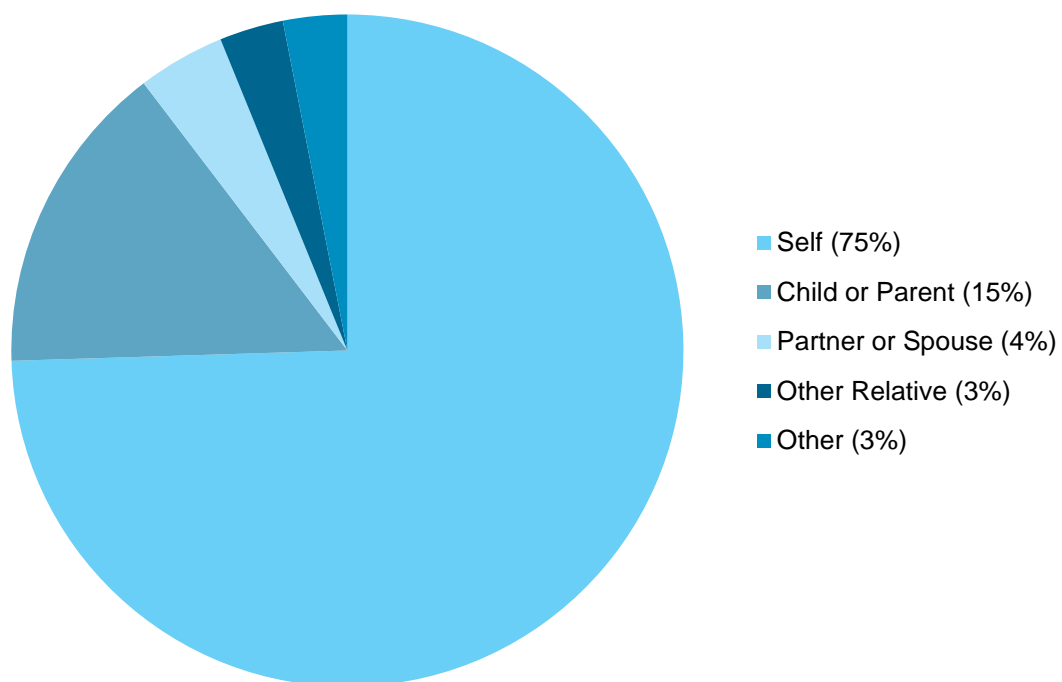
Figure 12: Time taken to resolve complaints



HaDSCO complaints data

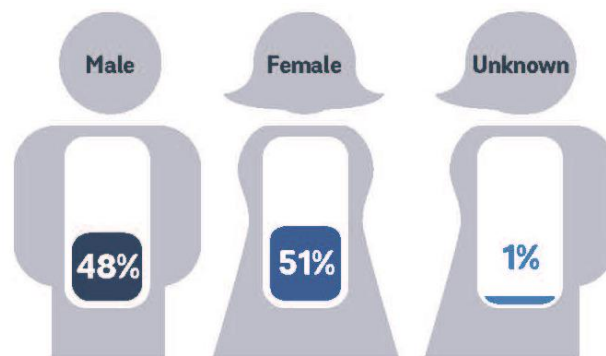
HaDSCO received **353** complaints about mental health services in the 2015-16 financial year and closed **357** complaints. A breakdown of closed complaints is provided below:

Figure 13: Who made the complaint to HaDSCO?



“ 75% of complaints about mental health services were made by the person accessing the service ”

Figure 14: Gender of people who made complaints about mental health services

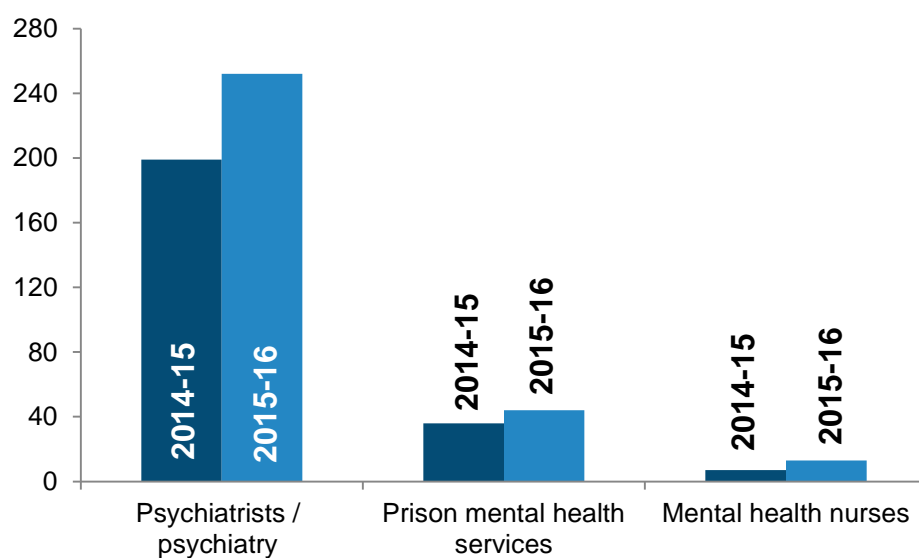


What services did people complain about?

This section outlines the most common provider groups that complaints were made about.

- **71%** of mental health service complaints (**252 complaints**) concerned Psychiatrists and psychiatry
- **12%** of mental health service complaints (**44 complaints**) concerned Prison Mental Health Services
- **4%** of mental health service complaints (**13 complaints**) concerned mental health nurses

Figure 15: Complaint numbers for provider groups most frequently raised in complaints (2014-15) and (2015-16)



What did people complain about?

This section describes the most frequent issue categories identified in complaints about mental health services. People sometimes convey more than one concern when making a complaint to HaDSCO. Approximately 34 percent of complaints about mental health services included more than one issue in the complaint. The complaint issues contained in this report relate to the most important issue raised by the person making the complaint.

In the 2015-16 year we made changes to the way we categorise issues raised in mental health complaints at HaDSCO. This change was made to improve the way we report on complaints about mental health services. As part of the implementation of the *Mental Health Act 2014*, we aligned our issue categories with that of our largest stakeholder, the Department of Health. This enabled us to more closely compare our complaints information with that of the wider sector. This change was implemented during March 2016.

The information below displays the most frequent issues identified in complaints. This has been done for the two different time periods reflecting the change in the classification of mental health complaint issue categories.

Pre March 2016

There were **81 complaints about 'Treatment' (30%)**

The majority of these complaints concerned:

- Unexpected treatment outcome or complications: **17** complaints
- Excessive treatment: **17** complaints
- Inadequate consultation: **14** complaints
- Inadequate treatment: **10** complaints

There were **38 complaints about 'Consent' (14%)**

- Almost all of these (**36** complaints) concerned involuntary admission or treatment.

There were **30 complaints about 'Communication and information' (11%)**

These complaints concerned:

- Attitude and manner: **23** complaints
- Incorrect or misleading information provided: **4** complaints

Post March 2016

There were **24 complaints about 'Quality of clinical care' (29%)**

The majority of these complaints concerned:

- Medication issues: **7** complaints
- Inadequate assessment: **6** complaints

There were **17 complaints about 'Communication' (21%)**

- Almost all of these (**12** complaints) concerned failure to listen to the consumer, representative, carer or family

There were **10 complaints about 'Decision making' (12%)**

The majority of these complaints concerned:

- Consent not informed: **4** complaints
- Failure to consult and involve in decision making: **3** complaints

MENTAL HEALTH CASE STUDY

Communication about medication arrangements

An individual had a history of mental health illness and was unresponsive to traditional drug treatment. Because of this, the individual underwent a medical treatment trial (known to have side effects) at a mental health facility. During the treatment, the individual experienced multiple side effects associated with the drug and the individual's health deteriorated further.

The individual's parent made a complaint on their behalf because following the treatment trial, the individual was not well enough to do so.

In making the complaint, the individual's parent sought to better understand the decision making process involved in commencing the treatment trial, in particular whether drug trial protocols were followed.

The parent wrote a letter of complaint to the facility, however, was not satisfied with the response and lodged a complaint to HaDSCO.

As a result of HaDSCO's involvement, the facility provided an explanation in response to the parent's complaint. The facility confirmed that the individual was made aware of the risks of the treatment, that the trial was commenced with the individual's informed consent, and that it had been conducted in accordance with accepted trial protocols in place at the time. The facility also explained that the trial was ceased when the individual developed the recognised side effects of the treatment.

MENTAL HEALTH CASE STUDY

Involving staff, patients and carers in treatment decisions

An individual, whilst participating in a program at a mental health facility, was assigned to a care coordinator. Following discharge, the individual returned to the facility with a new referral from his GP. Upon presentation, the care coordinator declined services because of the individual's recent discharge. The individual's support person made a verbal complaint about the matter. However, they did not feel the care coordinator's response was sufficient.

The support person sent a letter of complaint to the facility, but did not receive a response and then submitted a complaint to HaDSCO.

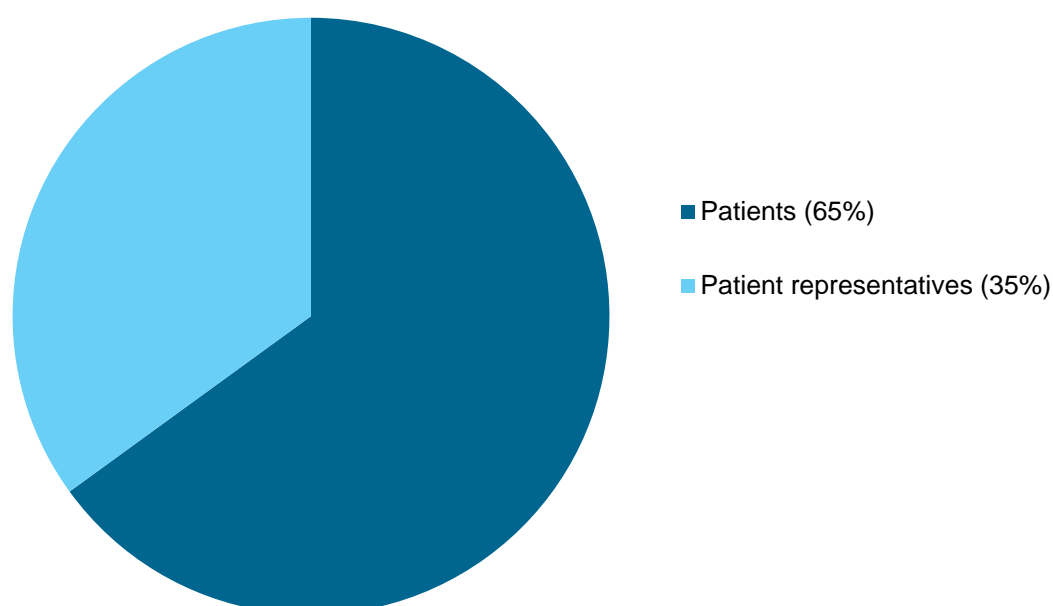
As a result of HaDSCO's involvement, the facility met with the individual and their support person and provided an apology in relation to the care coordinator's manner and attitude.

Further, as a result of HaDSCO's involvement, the facility provided training for staff on its complaints process and the importance of involving staff, patients and carers in treatment decisions.

External complaints data

In the 2015-16 year HaDSCO commenced work with public health service providers to understand how many complaints relate to mental health services, and in addition, the characteristics of these complaints. There were 635 complaints about mental health services¹. This represents 15 percent of complaints about public health service providers from which HaDSCO collects data.²

Figure 16: Who made complaints?



What did people complain about?

- Quality of Clinical Care: **33%**
- Communication: **22%**
- Rights, respect and dignity: **16%**
- Access: **9%**
- Corporate Services: **8%**

Time taken to resolve complaints

- **76%** of complaints were resolved within 30 days

Most common outcomes achieved

- Explanation provided: **41%**
- Apology provided: **28%**
- Concern registered: **15%**

¹ A mental health episode of care is defined by WA Health as "the services about which the person is lodging the feedback, and includes a) any service provided by a mental health practitioner acting in his/her capacity as a mental health practitioner; and/or b) any service provided in designated psychiatric hospitals, or in services whose primary function is to provide treatment, rehabilitation or community health support targeted towards people with a mental health disorder or psychiatric disability". Complaints about mental health services are those identified as meeting these criteria by WA Health notifiers

² This does not include complaints from Joondalup Health Campus, Peel Health Campus, St John of God Midland Public Hospital or the Department of Corrective Services.

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

In this section we provide an overview of the initiatives and projects undertaken in this service area to raise the profile of the Office, ensure our services are accessible to all Western Australians and promote effective complaints management principles.

Stakeholder Engagement Strategy

The Stakeholder Engagement Strategy (SES) outlines a commitment to deliver a series of individual engagement projects related to each of the five levels of engagement described below:

Inform

We keep stakeholders informed on our operations, updates, developments and future plans.

Consult

We keep stakeholders informed, listen to and acknowledge concerns, and provide feedback on how stakeholder input will contribute to an outcome.

Involve

We work with stakeholders to ensure that concerns are considered and, where appropriate, are reflected in relevant processes.

Collaborate

We seek stakeholders input to formulate solutions, and incorporate their advice and recommendations to achieve positive outcomes.

Empower

We support stakeholders by providing advice, resources and tools to empower their decision making.

The SES supports the delivery of our central strategic plan and ensures effective stakeholder engagement through projects, programs and services that are well planned and suitably tailored.

This also assists to highlight key stakeholder groups where an extra focus is needed, allowing us to deliver targeted and meaningful activities throughout the course of the year. This includes new and ongoing activities.

Whilst our SES covers a broad range of stakeholders and activities, we have elected to highlight areas that were of particular focus during the 2015-16 reporting period.

Understanding community perspectives

Understanding what our community members want and look to from our service is central to what we do. We recognise the importance of involving community members in our future planning and service delivery to achieve the best possible outcomes, and as such implement a variety of mechanisms to ensure we capture consumer input.

Consumer and Carer Reference Group

Created to help us better understand and integrate consumer perspectives, HaDSCO's Consumer and Carer Reference Group (CCRG) provides an essential link to those at the centre of our work.

Consisting of representatives spanning health, disability and mental health, the CCRG continued to provide input and feedback on various elements of our service delivery throughout the 2015-16 reporting period. In particular, we have been able to strengthen existing relationships, by providing ongoing opportunities for meaningful conversations around HaDSCO led projects and initiatives, as well as exploring opportunities for our involvement with external organisations, such as taking part in the Carers Western Australia Family Day and Expo held during Carers Week 2015.

A HaDSCO/Health Consumers' Council (HCC) joint learning session, hosted in October 2015 was facilitated as a result of the CCRG, with representatives from HCC included in the group. The session enabled staff members to come together and learn more about each of our respective roles in complaint management, and simulate scenarios and situations where both HaDSCO and HCC involvement would provide the best outcomes for the person raising a complaint.

This year the CCRG had a particular focus on reviewing HaDSCO's current print and online suite, as well as providing feedback and input into our online feedback survey.

Online feedback survey



During 2015-16 we launched an online feedback survey to collect information from people who have recently accessed our services.

We remain committed to providing a comprehensive complaints resolution service to people throughout Western Australia, and as such, the survey is an essential part of our ongoing improvement process.

Each month we invite people who have accessed our services to complete a short online survey about their experience with our Office. In keeping with accessibility requirements, we also provide the option to complete a paper based survey as an alternative. The survey seeks feedback from people in all stages of HaDSCO's complaints management process, enabling us to access feedback about our processes overall.

Coupled with our event feedback function, whereby we collect feedback after each stakeholder event we host, the addition of the online survey option allows us to better plan and deliver our services moving forward.

Promoting system improvements through collaboration and partnerships

The Office collaborates with the community and service providers, to review and identify the causes of complaints, and to suggest ways of removing and minimising those causes. In addition, we have a responsibility to inquire into broader issues and to provide advice to support system improvements. These legislative functions provide the basis for us to develop and implement a model that identifies system issues and, respectively, to find strategies to address them.

Mental Health Complaints Partnership Agreement

In August 2015, a new multi-agency agreement aimed at making access to mental health complaints processes easier was launched by our Office.

Created to clarify the roles and responsibilities of key government agencies in managing mental health complaints in Western Australia, the Mental Health Complaints Partnership Agreement and Addendum (the Agreement) was created in partnership with:

The Department of Health;
The Council of Official Visitors, (now the Mental Health Advocacy Service);
The Office of the Chief Psychiatrist; and
The Mental Health Commission.

The launch of the Agreement was a result of extensive public consultation, with a variety of responses received from government, non-government and private sector bodies and individuals. Feedback received highlighted themes



centred on the rights of patients, relatives, carers and nominated persons, clarification of the roles of each of the co-signatories, as well as other government agencies involved in managing complaints, and the transparency of complaint processes and review.

The Agreement, launched by the former Minister for Mental Health; Disability Services; Child Protection, Helen Morton MLC, provided an excellent opportunity to formalise our collective commitment towards developing agreed consensus around:

- each of our roles in managing mental health complaints;
- principles to guide effective complaint resolution; and
- mechanisms for state government agencies to work collaboratively to resolve complex mental health complaints, particularly where the standard process is not suitable.

To ensure that the principles of the Agreement were transferable and had direct relevance to patients, consumers, their families, carers and service providers, an Action Plan was developed. This contained six initiatives focused on improving mental health complaints management and as such all agencies have been progressing work in this area during 2015-16.

National project with the Australian Health Practitioner Regulation Agency

We continue to work with the Australian Health Practitioner Regulation Agency (AHPRA) in relation to complaints about registered health professionals. HaDSCO consults with AHPRA to determine which organisation is the most suitable to manage all, or part of the complaint.

Following the outcome of the independent review of the National Accreditation Scheme for Health Professionals, a working group was established in 2015, comprising representatives from HaDSCO, AHPRA and National Health Complaint Entities (HCE). The group considered options to streamline and achieve greater consistency in decision making processes, to ensure the effective management of complaints.

The group worked to develop a tool to assist AHPRA and HCE staff during the joint assessment of a complaint or notification, to ensure matters are considered at the earliest opportunity to promote timely resolution.

To increase clarity regarding the roles of HCEs and AHPRA, a Plain English brochure to clearly articulate respective roles is being jointly drafted. This will be ready for release in 2016-17.

Strengthening Safer Services forum

In July 2015, HaDSCO partnered with the National Disability Service (NDS) and People With disabilities Western Australia (PWdWA) to host a Strengthening Safer Services forum.

The forum brought together representatives from across the disability sector to explore and identify opportunities to strengthen, streamline and improve the communication of complaints and serious incident processes.

The session provided an excellent opportunity to share information from our disability focus group sessions conducted during 2014-15, as well as outline the future direction for improving complaints handling processes. Additionally, NDS provided an overview of current safeguarding activities, initiatives and projects being undertaken in the disability sector in Western Australia.

Individual Disability Advocacy Service forum

We continue to take part in external events to build and strengthen links with key advocacy groups. As such, in November 2015 we were invited to take part in a forum themed 'supporting each other for the best outcome', led by the Individual Disability Advocacy Service (IDAS) linked to Sussex Street Community Law Services.

At the event we presented on the perspectives of people with a disability, in terms of the barriers they face when making a complaint, using the perspectives obtained through the disability focus group series in 2014-15. The completion of the disability focus group series enabled us to create a report for use internally to help inform and shape future projects and initiatives within the scope of the disability sector.

Sharing what we have learned from complaints

By sharing our specialist complaints handling knowledge we seek to promote a healthy complaints management culture. Using our expertise spanning health, disability and mental health sectors, we aim to empower individuals accessing services from these sectors.

Influencing safety and quality improvements

We have a unique perspective on the healthcare system in Western Australia, which assists us to influence safety and quality improvements in the health, disability and mental health sectors.

During 2015-16 we engaged with hospital executives for the purpose of collaborating more closely on quality improvements. HaDSCO met with executives from four metropolitan hospitals to discuss our complaints system and provide information on complaints received by our Office about their health service. This provided an excellent opportunity to discuss issues unique to each hospital and provide specialist advice, guidance and support in effective complaints management.

Effective complaint handling sessions

One of our core functions is to assist providers in developing and improving complaints management procedures. As such, HaDSCO worked collaboratively with complaints staff at a large service provider to strengthen their capacity in complaint handling.

This work was initiated after we identified a number of complaints about the provider that were escalating to our Office. During February to April 2016 we provided education and training to the provider's complaints management staff to enable them to respond more effectively to complaints.

Health Complaint Advisory Group

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 hospitals that make up the Department of Health, BreastScreen WA, St John Ambulance 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, with guest speakers invited to present.

During 2015-16, the group covered a range of topics, including:

- The challenges of consumer liaison.
- Professional development of the members particularly in the management of difficult behaviours.
- Sharing complaint issues and trends, lessons learned and quality improvement initiatives.
- Discussion of the use of focus groups, the outcomes achieved and the benefits realised.
- The changes introduced by the *Mental Health Act 2014* which created new rights for families and carers to be more involved in decision making and treatment planning, as well as additional safeguards and advocacy services to protect the rights of people experiencing mental illness.

Conciliation Steering Committee

In June 2016, HaDSCO co-hosted a conciliation event with the Small Business Development Corporation to learn more about our respective conciliation processes. Titled 'The Challenges and Successes of Practicing Conciliation in Government Agencies', the event brought together key public sector agencies that provide conciliation services in Western Australia. The event provided a valuable opportunity to share and exchange information about each of our conciliation models, including

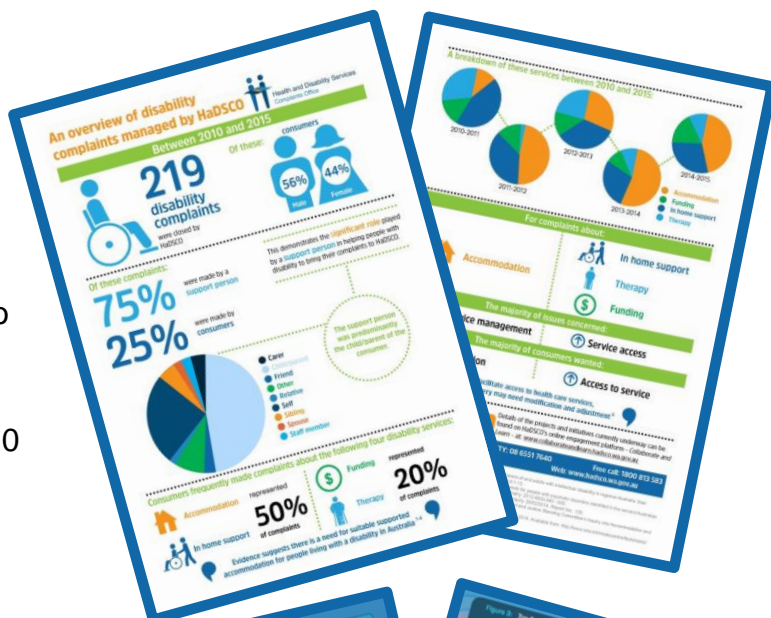
processes and outcomes, as well as the successes and challenges associated with each.

Forming part of a wider series of events, the purpose of the session was to provide a supportive space for conciliators to participate in professional development, with the potential for creating a network of peers and like-minded people. This session followed an earlier event where the Equal Opportunity Commission and WorkCover WA led an interactive discussion about contemporary issues and experiences in conciliation, which included participation by HaDSCO staff.

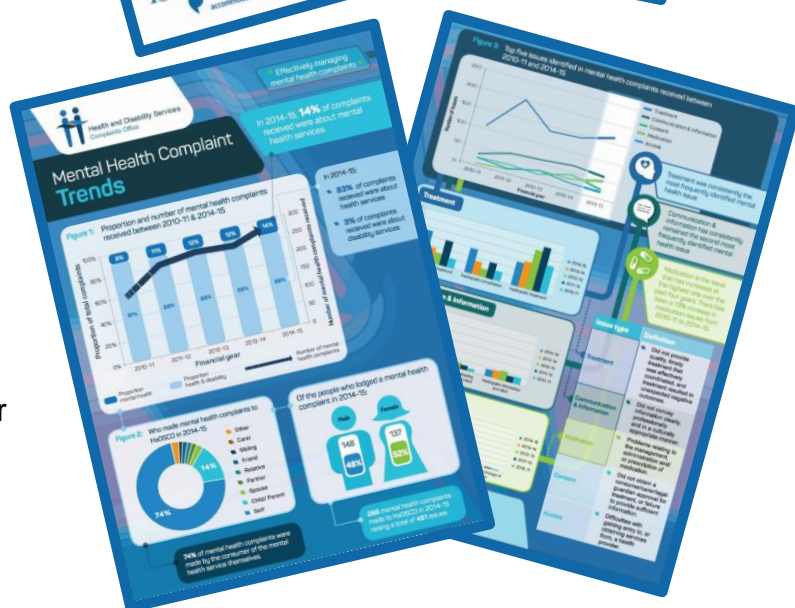
Infographics

This year we elected to use a new way of sharing the complaints information we receive, including our own and external complaints data, in the form of infographics. In creating the infographics we aimed to provide a snapshot of information, in an easy-to-read format, showcasing some of the key statistics for each period and sector. This included:

- Disability Awareness Week 2015**
 In celebration of Disability Awareness Week we created a disability complaints infographic to provide an overview of disability complaints received by our Office over a five year period – from 2010 to 2015, to share with our stakeholders.



- Mental Health Week 2015**
 Given the national focus on mental health, we created an infographic resource as a means to share the complaints information we receive, including the trends we observe through our data, and shared this with our stakeholders.



Western Australian Medication Safety Group Symposium

In September 2015 we took part in the Western Australian Medication Safety Group Symposium, led by the Department of Health.

Created as an educational day for medical practitioners, pharmacists, nurses and other health professionals with an interest in medication safety, the symposium focused on Standard 4 of the National Safety and Quality Health Service Standards – Medication Safety. In particular, there was an emphasis on patient literacy, communicating with patients and carers and continuity of medication management.

HaDSCO presented on 'Patient Literacy and Continuity of Care', using complaints data and trends. This provided an opportunity to share expertise and knowledge with other health professionals and further define our role in health complaints management, with a focus on our role in system improvement.

Keeping our stakeholders well informed

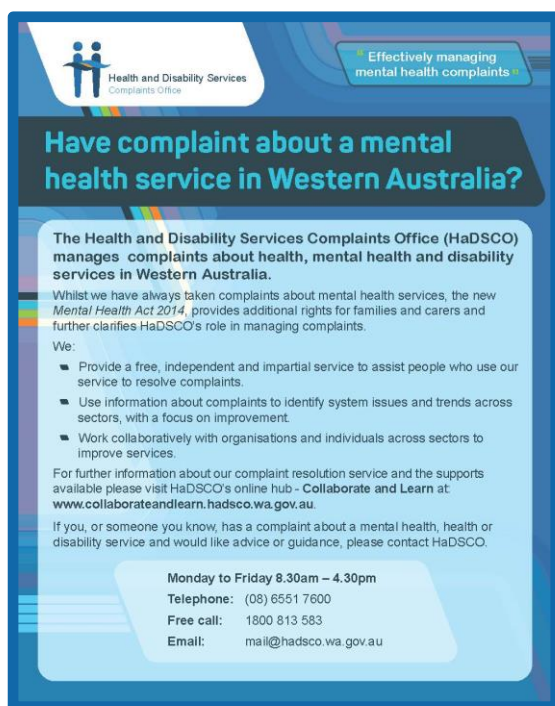
Underpinning our tailored engagement programs is the central concept of raising HaDSCO's profile. We do this by providing information about the services we offer and the initiatives we have running through a range of print and online mechanisms, as well as a range of events.

Brochures and features

During 2015-16 HaDSCO distributed 1,865 targeted brochures to a range of services and organisations throughout Western Australia. These brochures provide information about our role and services and detail the ways in which a complaint can be raised with us, including details about how to contact the Office.

We also utilised opportunities to feature in a range of publications and websites to promote awareness of HaDSCO and build interagency relationships. This included utilising meaningful and tailored media opportunities including features in *The West Australian* supplement *Supporting People with Disability in Western Australia*, reaching an audience of 633,000 readers across metropolitan and regional Western Australia, including 403,000 Western Australians living with a disability.





In preparation for the commencement of the *Mental Health Act 2014* in November 2015, we developed a range of useful resources to clarify our role in managing mental health complaints. This included a 'Making a Mental Health Complaint' information sheet, which was supported by a dedicated Mental Health Complaints page on our Collaborate and Learn platform. Here, an address book was also created to provide contact details for advocates and additional supports available to the community.

Events and conferences

Each year we plan and execute a tailored events strategy to ensure we use our resources effectively in terms of the events we attend.

This year, we attended and undertook a range of activities at a variety of events and conferences, to reach out to different stakeholder groups. This included hosting HaDSCO booths and being on hand to answer questions, providing tailored complaints presentations and including our information sheets and brochures in event satchels and associated materials. We undertook these activities at a range of events including:

- Mental Health Week 2014 'World Mental Health Day';
- West Australian Mental Health Conference 2016;
- *Mental Health Act 2014* Mental Health Commission community information events;
- Carers Western Australia Family Day and Expo; and
- Seniors Recreational Council of Western Australia 'Have a Go Day 2015'.

Online and e-newsletters

Being able to relay timely and relevant information to our stakeholders is essential. To ensure we were able to do this to the best of our ability, we continued to provide a hub of information and resources via our online engagement platform – Collaborate and Learn.

The platform enabled us to utilise a HaDSCO specific news function as well as a sector-wide 'what's new in the sector' area,

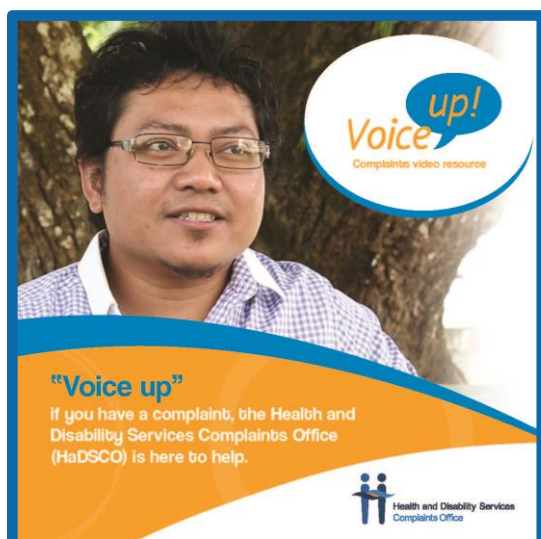


to provide information on consultations, initiatives and events taking shape across the health, disability and mental health sectors. Additionally, we continued to update the website's dedicated project pages, tailored to individual group needs, including the CCRG page, to keep stakeholders informed and provide access to key resources related to their area of interest.

We ensured our subscription list members were kept up-to-date with HaDSCO specific initiatives and updates via our e-newsletter. Titled 'HaDSCO Connect', the e-newsletter provided monthly and quarterly updates to stakeholders who had self-selected to receive this information.

Providing a service for all Western Australians

We provide our services to all Western Australians, including Aboriginal, Culturally and Linguistically Diverse (CaLD), remote and rural, which each bring their own set of challenges. Each year we tailor and plan a schedule of outreach activities and specific initiatives to engage with otherwise hard-to-reach communities.



"Voice up" video resource

As part of the Service Delivery Arrangement with the Australian Government, our services are also available to residents of the Indian Ocean Territories (IOT). We usually visit the IOT every two years to raise awareness of our services and speak to community members directly about concerns they may have about health, disability and mental health services. Whilst complaints can be made at any time by the IOT community, the visit helps us to build networks and engage with the community face-to-face about their concerns.

During 2015-16 we undertook follow-up work from our June 2015 visit, during which we enlisted the help of volunteer community members to produce a multi-language educational video resource, to provide information on the services we provide.

To support the video's release, we created a range of promotional materials to help ensure the campaign had a clear brand and could easily be identified. As such, this financial year we were able to finalise the "Voice up" video resource and

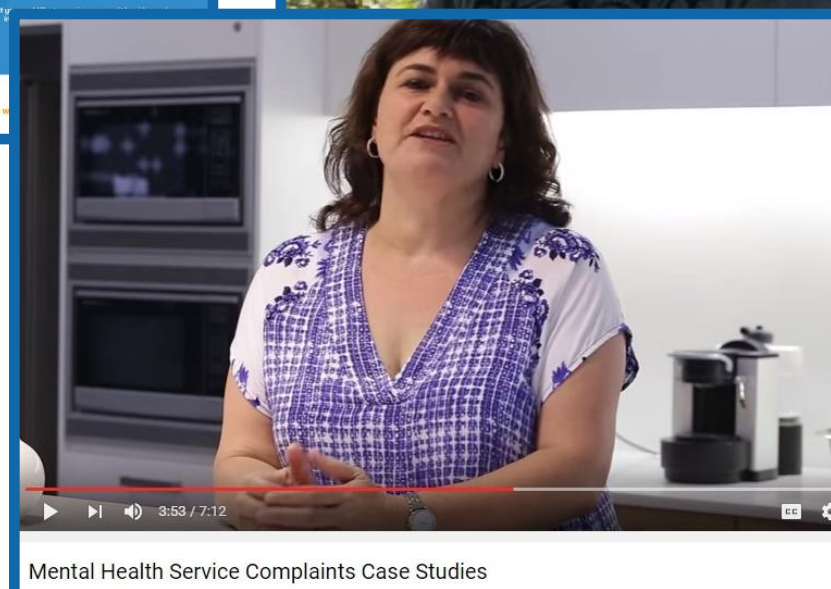
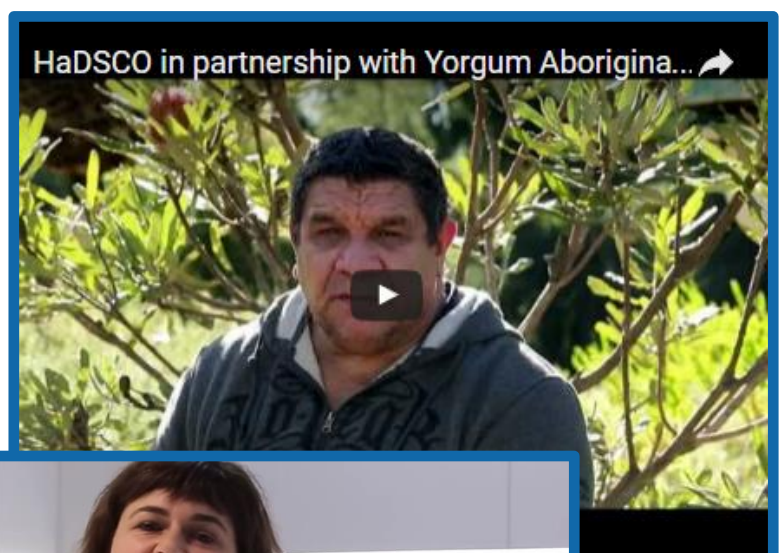


promote it widely in the IOT and throughout regional and remote Western Australia with copies provided to a variety of organisations and community centres in these areas.

Alongside this video, we continue to promote a range of resources, including print, on-line and video, to ensure our services are accessible to all Western Australians.

This year we continued to promote our range of video resources including:

- Aboriginal video resource “Speak up – Do something about it” created in partnership with Yorgum Aboriginal Corporation.
- Mental Health Service Complaints – Case Study video resource.





4. Significant issues impacting the Office

In this section we identify internal and external factors that could impact on the services we deliver.

4.1. New legislation – Mental Health Act 2014

The *Mental Health Act 2014* (the MH Act) came into operation on 30 November 2015. Under Part 19 of the MH Act, HaDSCO has responsibility to manage complaints about mental health services relating to all public, private and not-for-profit service providers. Although the Office previously dealt with complaints about mental health services under its health complaints jurisdiction, the introduction of the MH Act has formalised this arrangement in this important area.

In preparation for the introduction of the MH Act, in 2015, HaDSCO coordinated the establishment of a Mental Health Complaints Partnership Agreement and Addendum, a joint initiative between HaDSCO, the Department of Health, the Mental Health Commission, the Office of the Chief Psychiatrist and the former Council of Official Visitors (now the Mental Health Advocacy Service). This aims to streamline the complaints process for consumers and service providers, and clarify roles and responsibilities of the individual organisations. During 2015-16, HaDSCO has been working with the Partnership organisations on a range of initiatives as detailed in the Agreement.

Under the MH Act, HaDSCO is responsible for the collection of State-wide mental health complaints data from public, private and not-for-profit service providers in Western Australia. A process will be commenced to prescribe mental health service providers by regulation, for this purpose in the future.

4.2. The National Code of Conduct for health care workers

At the Council of Australian Governments Health Council meeting on 17 April 2015, the Health Ministers agreed the terms of the first National Code of Conduct for health care workers not registered with the National Registration and Accreditation Scheme for health practitioners.

Ministers agreed that, under the proposed arrangements, each state and territory would be responsible for enacting (or amending) legislation and regulations to give effect to the National Code. In Western Australia, this will see the National Code regulated by HaDSCO, which will allow for effective action to be taken against a healthcare worker who fails to comply with standards of conduct or practice.

Legislative changes will be required to give effect to the National Code in Western Australia. A policy framework is required to underpin the new powers and functions of HaDSCO under proposed legislation to implement the National Code. Preliminary work to implement the National Code commenced in 2016.

4.4. Managing complaints about registered health practitioners

An independent review of the National Accreditation Scheme for Health Professionals was concluded in 2014 and contained a number of recommendations to improve the operation of complaints and notifications processes for the National Boards, Australian Health Practitioner Regulation Agency (AHPRA), and Health Complaints Entities (HCEs) operating in each state and territory.

As a result, in February 2015 a joint national working group was established to identify areas for change in the complaint and notification processes. This included streamlining processes to ensure they are more responsive for all parties; providing greater consistency in the complaint and notification processes between jurisdictions; and providing increased clarity regarding the roles of the HCEs and AHPRA. HaDSCO has been contributing to the national working group to implement tools to streamline the complaint management and notification processes.

4.5. Managing complaints about disability services

Under Part 6 of the *Disability Services Act 1993*, HaDSCO manages complaints relating to disability service providers that are wholly or partly State-funded.

The implementation of the National Disability Insurance Scheme (NDIS) and WA National Disability Insurance Scheme is continuing in Western Australia.

In May 2015, HaDSCO made a submission on the NDIS consultation paper 'Proposal for a National Disability Insurance Scheme Quality and Safeguarding Framework' in respect of future arrangements for managing complaints about disability services; supporting HaDSCO's role to provide a statutory, independent complaints function to manage NDIS complaints. HaDSCO's role in managing complaints that arise from the trials and the outcome of the consultation will require clarification. In the meantime, HaDSCO will continue to work with key stakeholders during 2016-17 to clarify ongoing roles and responsibilities.

4.3. Review of legislation

In October 2010, amendments to the *Health and Disability Services (Complaints) Act 1995* (the Act) came into operation. The legislation requires a review of the Act, including Part 6 of the *Disability Services Act 1993*, to occur as soon as practicable after five years of operation. It is expected this review will be progressed in 2017.

4.6. New strategic plan

Work is currently underway to develop a new strategic plan, having undertaken extensive public consultation in 2015-16.

A variety of feedback mechanisms were used to gain input from HaDSCO stakeholders, including a future direction planning forum with the health, disability and mental health sectors, and the community. In addition, the former Director undertook a series of executive interviews with key leaders across the three sectors, including advocates and relevant groups who have links with the community. An online survey was used to obtain input from interested parties. The Office also reviewed the issues identified through ongoing engagement programs with key consumer groups.

The new strategic plan will be finalised during 2016-17 taking into consideration the feedback, comments and suggestions received and having regard to sector-wide initiatives.

4.7. Providing access to our services

HaDSCO seeks to ensure its services are accessible to all Western Australians. Consultation with stakeholders in regional areas has identified a growing need for HaDSCO to connect with rural and remote communities. HaDSCO will continue to work with a range of public, private and community sector agencies to achieve this.

This year HaDSCO released a video in several languages to promote its services, having identified a need for an educational tool for use in Culturally and Linguistically Diverse communities. The Office was able to launch the video in 2015-16 as a result of consultation undertaken with Christmas Island community members during the 2014-15 financial year, some of whom feature in the video.



5. Disclosures and legal compliance

In this section we ensure full disclosure of our financial statements, key performance indicators and legal and governance reporting requirements.

5.1. Financial statements

Independent Auditor's Report



Auditor General

INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

Report on the Financial Statements

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

The financial statements comprise the Statement of Financial Position as at 30 June 2016, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

Opinion

In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Health and Disability Services Complaints Office at 30 June 2016 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions.

Director's Responsibility for the Financial Statements

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

Auditor's Responsibility for the Audit of the Financial Statements

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

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

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

Report on Controls

I have audited the controls exercised by the Health and Disability Services Complaints Office during the year ended 30 June 2016.

Controls exercised by the Health and Disability Services Complaints Office are those policies and procedures established by the Director to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions.

Opinion

In my opinion, in all material respects, the controls exercised by the Health and Disability Services Complaints Office are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2016.

Director's Responsibility for Controls

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

Auditor's Responsibility for the Audit of Controls

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

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

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

Report on the Key Performance Indicators

I have audited the key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2016.

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

Opinion

In my opinion, in all material respects, the key performance indicators of the Health and Disability Services Complaints Office are relevant and appropriate to assist users to assess the Office's performance and fairly represent indicated performance for the year ended 30 June 2016.

Director's Responsibility for the Key Performance Indicators

The Director is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions and for such controls as the Director determines necessary to ensure that the key performance indicators fairly represent indicated performance.

Auditor's Responsibility for the Audit of Key Performance Indicators

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

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

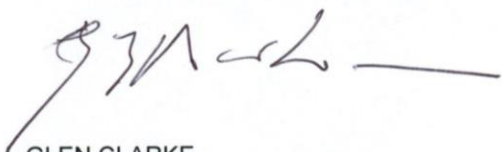
I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

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

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

This auditor's report relates to the financial statements and key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2016 included on the Office's website. The Office's management is responsible for the integrity of the Office's website. This audit does not provide assurance on the integrity of the Office's website. The auditor's report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial statements and key performance indicators to confirm the information contained in this website version of the financial statements and key performance indicators.



GLEN CLARKE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
12 August 2016

Certification of Financial Statements



Government of Western Australia
Health and Disability Services Complaints Office



HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

CERTIFICATION OF FINANCIAL STATEMENTS

I hereby certify that the financial statements of the Health and Disability Services Complaints Office have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper amounts and records to present fairly the financial transactions for the financial year ending 30 June 2016 and financial position as at 30 June 2016.

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

Prathana Hunt
CHIEF FINANCE OFFICER

10 August 2016

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY

10 August 2016



Statement of Comprehensive Income

Health and Disability Services Complaints Office

Statement of Comprehensive Income

For the year ended 30th June 2016

	Note	2016 \$	2015 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	6	2,142,307	1,885,380
Supplies and services	7	253,525	164,222
Depreciation and amortisation expense	8	3,171	3,108
Repairs, maintenance and consumable equipment	9	491	16,413
Other expenses	10	520,163	455,301
Total cost of services		2,919,657	2,524,424
INCOME			
Commonwealth grants and contributions	11a	23,243	2,802
Other grants and contributions	11b	26,364	50,000
Other revenue	12	1,335	2,220
Total revenue		50,942	55,022
Total income other than income from State Government		50,942	55,022
NET COST OF SERVICES		2,868,715	2,469,402
INCOME FROM STATE GOVERNMENT			
Service appropriations	13	2,637,000	2,564,000
Services received free of charge	14	254,852	80,876
Total income from State Government		2,891,852	2,644,876
SURPLUS FOR THE PERIOD		23,137	175,474
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		23,137	175,474

See also note 35 'Schedule of Income and Expenses by Service'.

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

Statement of Financial Position

Health and Disability Services Complaints Office

Statement of Financial Position

As at 30th June 2016

	Note	2016 \$	2015 \$
ASSETS			
Current Assets			
Cash and cash equivalents	23	841,051	1,061,527
Receivables	15	108,324	11,488
Other current assets	16	19,469	23,566
Total Current Assets		968,844	1,096,581
Non-Current Assets			
Plant and equipment	17	7,549	-
Intangible assets	18	-	3,108
Total Non-Current Assets		7,549	3,108
Total Assets		976,393	1,099,689
LIABILITIES			
Current Liabilities			
Payables	20	108,831	186,938
Provisions	21	354,772	401,560
Total Current Liabilities		463,603	588,498
Non-Current Liabilities			
Provisions	21	111,207	132,745
Total Non-Current Liabilities		111,207	132,745
Total Liabilities		574,810	721,243
NET ASSETS		401,583	378,446
EQUITY			
Accumulated surplus	22	401,583	378,446
TOTAL EQUITY		401,583	378,446

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

Statement of Changes in Equity

Health and Disability Services Complaints Office

Statement of Changes in Equity

For the year ended 30th June 2016

	Note	2016 \$	2015 \$
BALANCE OF EQUITY AT START OF PERIOD		378,446	202,972
ACCUMULATED SURPLUS	22		
Balance at start of period		378,446	202,972
Surplus for the period		23,137	175,474
Balance at end of period		401,583	378,446
BALANCE OF EQUITY AT END OF PERIOD		401,583	378,446

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

Statement of Cash Flows

Health and Disability Services Complaints Office

Statement of Cash Flows

For the year ended 30th June 2016

	Note	2016 \$ Inflows (Outflows)	2015 \$ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations	13	2,637,000	2,564,000
Net cash provided by State Government		2,637,000	2,564,000
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(2,360,266)	(1,822,416)
Supplies, services and other payments		(548,152)	(509,531)
Receipts			
Commonwealth grants and contributions		23,243	2,802
Other grants and subsidies		26,364	50,000
Recoveries and other receipts		1,335	2,220
Net cash used in operating activities	23	(2,857,476)	(2,276,925)
Net increase / (decrease) in cash and cash equivalents		(220,476)	287,075
Cash and cash equivalents at the beginning of the period		1,061,527	774,452
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	23	841,051	1,061,527

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

Notes to the Financial Statements

Health and Disability Services Complaints Office

Notes to the Financial Statements For the year ended 30th June 2016

Note 1 Australian Accounting Standards

General

The Authority's financial statements for the year ended 30 June 2016 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes Standards and Interpretations issued by the Australian Accounting Standards Board (AASB).

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

Early adoption of standards

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. There has been no early adoption of Australian Accounting Standards that have been issued or amended (but not operative) by the Authority for the annual reporting period ended 30 June 2016.

Note 2 Summary of significant accounting policies

(a) General Statement

The Authority is a not-for-profit reporting entity that prepares general purpose financial statements in accordance with Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

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

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

(b) Basis of Preparation

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

The accounting policies adopted in the preparation of the financial statements have been consistently applied throughout all periods presented unless otherwise stated.

The financial statements are presented in Australian dollars and all values are rounded to the nearest dollar.

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

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

(c) Reporting Entity

The reporting entity comprises the Authority only.

(d) Income

Revenue recognition

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

Service Appropriations

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

See also note 13 'Service appropriations' for further information.

Grants, donations, gifts and other non-reciprocal contributions

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

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

Notes to the Financial Statements

For the year ended 30th June 2016

(d) Income (continued)

Gains

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

(e) Plant and Equipment

Capitalisation/Expensing of assets

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

Initial recognition and measurement

Plant and equipment are initially recognised at cost.

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

Subsequent measurement

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

Depreciation

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

In order to apply this policy, the following methods are utilised :

- * Plant and equipment - straight line

The assets' useful life is reviewed annually. Estimated useful life for this class of depreciable asset is:

Office equipment	4 years
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(f) Intangible Assets

Capitalisation/Expensing of assets

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

Intangible assets are initially recognised at cost. For assets acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

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

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

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

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

(g) Impairment of Assets

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

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

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

See also note 19 'Impairment of assets' for the outcome of impairment reviews and testing.
Refer also to note 2(l) 'Receivables' and note 15 'Receivables' for impairment of receivables.

Notes to the Financial Statements

For the year ended 30th June 2016

(h) Leases

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

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

(i) Financial Instruments

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

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

Financial instruments have been disaggregated into the following classes:

Financial assets

- * Cash and cash equivalents
- * Receivables

Financial liabilities

- * Payables

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

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

(j) Cash and Cash Equivalents

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

(k) Accrued Salaries

Accrued salaries (see note 20 'Payables') represent the amount due to employees but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its fair value.

(l) Receivables

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

See also note 2(i) 'Financial Instruments' and note 15 'Receivables'.

Change to accounting procedure for Goods and Services Tax

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

GST for accounts payable are recognised upon the receipt of tax invoices for purchases of goods and services. Accordingly, accrued expense amounts are generally exclusive of GST.

(m) Payables

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

See also note 2(i) 'Financial instruments' and note 20 'Payables'.

Notes to the Financial Statements

For the year ended 30th June 2016

(n) Provisions

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

See also note 21 'Provisions'.

Provisions - employee benefits

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

Annual Leave

Annual leave is not expected to be settled wholly within 12 months after the end of the reporting period and is therefore considered to be 'other long-term employee benefits'. The annual leave liability is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

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

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

Long Service Leave

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

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

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

Sick Leave

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

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

Superannuation

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

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

Employees commencing employment prior to 16 April 2007 who were not members of either the Pension Scheme or the GSS became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 16 April 2007 became members of the GESB Super Scheme (GESBS). From 30 March 2012, existing members of the WSS or GESBS and new employees have been able to choose their preferred superannuation fund provider. The Authority makes contributions to GESB or other fund providers on behalf of employees in compliance with the *Commonwealth Government's Superannuation Guarantee (Administration) Act 1992*. Contributions to these accumulation schemes extinguish the Authority's liability for superannuation charges in respect of employees who are not members of the Pension Scheme or GSS.

Notes to the Financial Statements

For the year ended 30th June 2016

(n) Provisions (continued)

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

The Authority has no liabilities under the Pension Scheme or the GSS. The liabilities for the unfunded Pension Scheme and the unfunded GSS transfer benefits attributable to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS obligations are funded by concurrent contributions made by the Authority to the GESB.

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

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

Employment on-costs

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

See also note 10 'Other expenses' and note 21 'Provisions'.

(o) Superannuation Expense

Superannuation expense in the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the West State Superannuation Scheme (WSS), the GESB Super Scheme (GESBS), and other superannuation fund. The employer contribution paid to the GESB in respect of the GSS is paid back into the Consolidated Account by the GESB.

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

Services received free of charge or for nominal cost, that the Authority would otherwise purchase if not donated, are recognised as income at the fair value of the services where they can be reliably measured. A corresponding expense is recognised for services received.

Services received from other State Government agencies are separately disclosed under Income from State Government in the Statement of Comprehensive Income.

(q) Comparative Figures

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

Note 3 Judgements made by management in applying accounting policies

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

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

Employee benefits provision

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

Note 4 Key sources of estimation uncertainty

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

Employee benefits provision

In estimating the non-current long service leave liabilities, employees are assumed to leave the Authority each year on account of resignation or retirement at 7.5%. This assumption was based on an analysis of the turnover rates exhibited by employees over a five year period. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

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

Notes to the Financial Statements

For the year ended 30th June 2016

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards effective for annual reporting periods beginning on or after 1 July 2015 that impacted on the Authority.

Title	
AASB 2013-9	<p><i>Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments</i></p> <p>Part C of this Standard defers the application of AASB 9 to 1 January 2017. The application date of AASB 9 was subsequently deferred to 1 January 2018 by AASB 2014-1. The Authority has not yet determined the application or the potential impact of AASB 9.</p>
AASB 2014-8	<p><i>Amendments to Australian Accounting Standards arising from AASB 9 (December 2014) – Application of AASB 9 (December 2009) and AASB 9 (December 2010) [AASB 9 (2009 & 2010)]</i></p> <p>This Standard makes amendments to AASB 9 Financial Instruments (December 2009) and AASB 9 Financial Instruments (December 2010), arising from the issuance of AASB 9 Financial Instruments in December 2014. The Authority has not yet determined the application or the potential impact of AASB 9.</p>
AASB 2015-3	<p><i>Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality</i></p> <p>This Standard completes the withdrawal of references to AASB 1031 in all Australian Accounting Standards and Interpretations, allowing that Standard to effectively be withdrawn. There is no financial impact.</p>

Future impact of Australian Accounting Standards not yet operative

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

Title		Operative for reporting periods beginning on/after
AASB 9	<p><i>Financial Instruments</i></p> <p>This Standard supersedes AASB 139 Financial Instruments: Recognition and Measurement, introducing a number of changes to accounting treatments.</p> <p>The mandatory application date of this Standard is currently 1 January 2018 after being amended by AASB 2012-6, AASB 2013-9 and AASB 2014-1. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2018
AASB 15	<p><i>Revenue from Contracts with Customers</i></p> <p>This Standard establishes the principles that the Authority shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of revenue and cash flows arising from a contract with a customer. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2018
AASB 16	<p><i>Leases</i></p> <p>This Standard introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2019
AASB 1057	<p><i>Application of Australian Accounting Standards</i></p> <p>This Standard lists the application paragraphs for each other Standard (and Interpretation), grouped where they are the same. There is no financial impact.</p>	1 Jan 2016

Notes to the Financial Statements

For the year ended 30th June 2016

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

Future impact of Australian Accounting Standards not yet operative

Title	Operative for reporting periods beginning on/after
<p>AASB 2010-7 <i>Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)</i> [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Int 2, 5, 10, 12, 19 & 127]</p> <p>This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010.</p> <p>The mandatory application date of this Standard has been amended by AASB 2012-6 and AASB 2014-1 to 1 January 2018. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2018
<p>AASB 2014-1 <i>Amendments to Australian Accounting Standards</i></p> <p>Part E of this Standard makes amendments to AASB 9 and consequential amendments to other Standards. It has not yet been assessed by the Authority to determine the application or potential impact of the Standard</p>	1 Jan 2018
<p>AASB 2014-4 <i>Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation</i> [AASB 116 & 138]</p> <p>The adoption of this Standard has no financial impact for the Authority as depreciation and amortisation is not determined by reference to revenue generation, but by reference to consumption of future economic benefits.</p>	1 Jan 2016
<p>AASB 2014-5 <i>Amendments to Australian Accounting Standards arising from AASB 15</i></p> <p>This Standard gives effect to the consequential amendments to Australian Accounting Standards (including Interpretations) arising from the issuance of AASB 15. The mandatory application date of this Standard has been amended by AASB 2015-8 to 1 January 2018. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2018
<p>AASB 2014-7 <i>Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)</i></p> <p>This Standard gives effect to the consequential amendments to Australian Accounting Standards (including Interpretations) arising from the issuance of AASB 9 (December 2014). The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2018
<p>AASB 2015-1 <i>Amendments to Australian Accounting Standards - Annual Improvements to Australian Accounting Standards 2012-2014 Cycle</i> (AASB 1, 2, 3, 5, 7, 11, 110, 119, 121, 133, 134, 137 & 140)</p> <p>These amendments arise from the issuance of International Financial Reporting Standard Annual Improvements to IFRSs 2012-2014 Cycle in September 2014, and editorial corrections. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2016
<p>AASB 2015-2 <i>Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 101</i> (AASB 7, 101, 134 & 1049)</p> <p>This Standard amends AASB 101 to provide clarification regarding the disclosure requirements in AASB 101. Specifically, the Standard proposes narrow-focus amendments to address some of the concerns expressed about existing presentation and disclosure requirements and to ensure entities are able to use judgement when applying a Standard in determining what information to disclose in their financial statements. There is no financial impact.</p>	1 Jan 2016
<p>AASB 2015-6 <i>Amendments to Australian Accounting Standards - Extending Related Party Disclosures to Not-for-Profit Public Sector Entities</i> (AASB 10, 124 & 1049)</p> <p>The amendments extend the scope of AASB 124 to include application by not-for-profit public sector entities. Implementation guidance is included to assist application of the Standard by not-for-profit public sector entities. There is no financial impact.</p>	1 Jul 2016

Notes to the Financial Statements

For the year ended 30th June 2016

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

Future impact of Australian Accounting Standards not yet operative

Title	Operative for reporting periods beginning on/after
AASB 2015-8 <i>Amendments to Australian Accounting Standards – Effective Date of AASB 15</i>	1 Jan 2017
This Standard amends the mandatory effective date (application date) of AASB 15 Revenue from Contracts with Customers so that AASB 15 is required to be applied for annual reporting periods beginning on or after 1 January 2018 instead of 1 January 2017. The Authority has not yet determined the application or the potential impact of AASB 15.	
AASB 2016-2 <i>Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107</i>	1 Jan 2017
This Standard amends AASB 107 Statement of Cash Flows (August 2015) to require disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes. There is no financial impact.	
AASB 2016-3 <i>Amendments to Australian Accounting Standards – Clarifications to AASB 15</i>	1 Jan 2018
This Standard clarifies identifying performance obligations, principal versus agent considerations, timing of recognising revenue from granting a licence, and, provides further transitional provisions to AASB 15. The Authority has not yet determined the application or the potential impact.	

	2016	2015
	\$	\$
Note 6 Employee benefits expense		
Salaries and wages (a) (b)	1,937,204	1,716,796
Superannuation - defined contribution plans (c)	205,103	168,584
	<u>2,142,307</u>	<u>1,885,380</u>

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

(b) There were no costs incurred in this financial year (2015: \$7,443) for services provided for the Christmas & Cocos Islands (see note 31).

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

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

Note 7 Supplies and services

Medical advice and consultation	55,271	60,469
Communications	24,363	21,171
Fuel, light and power	7,102	8,118
Computer services	139,375	36,235
Legal expenses	4,629	3,596
Printing and stationery	16,547	26,775
Food supplies	2,146	3,014
Other	4,092	4,844
	<u>253,525</u>	<u>164,222</u>

Note 8 Depreciation and amortisation expense

<u>Depreciation</u>		
Office equipment	63	-
<u>Amortisation</u>		
Computer software	3,108	3,108
Total depreciation and amortisation expense	<u>3,171</u>	<u>3,108</u>

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2016

	2016	2015
	\$	\$
Note 9 Repairs, maintenance and consumable equipment		
Repairs and maintenance	446	967
Consumable equipment	45	15,446
	<u>491</u>	<u>16,413</u>

Note 10 Other expenses

Employment on-costs (a)	14,739	10,370
Staff development and transport costs	32,337	44,058
Insurance	5,204	4,790
Motor vehicle expenses	4,038	3,393
Operating lease expenses	347,667	347,560
Human resources consultancies	73,236	-
Audit fees	22,500	23,000
Accounting and financial consultancies	8,657	-
Christmas and Cocos Islands (b)	860	14,841
Other	10,925	7,289
	<u>520,163</u>	<u>455,301</u>

(a) Includes workers' compensation insurance. Any on-costs liability associated with the recognition of annual and long service leave liability is included at note 21 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

(b) See note 31 for the Statement of receipts and payments.

Note 11 Grants and contributions

a) Commonwealth grants and contributions

Funding /recoup for services provided to Christmas & Cocos Islands (a)	<u>23,243</u>	<u>2,802</u>
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(a) See note 31 for the Statement of receipts and payments.

b) Other grants and contributions

Disability Services Commission - data reporting system development	<u>26,364</u>	<u>50,000</u>
	<u>26,364</u>	<u>50,000</u>

Note 12 Other revenues

Government Vehicle Scheme Contribution	1,335	2,094
Other	-	126
	<u>1,335</u>	<u>2,220</u>

Note 13 Service appropriations

Appropriation revenue received during the period:		
Service appropriations	<u>2,637,000</u>	<u>2,564,000</u>

See note 2(d) 'Income'.

Note 14 Services received free of charge

Services received free of charge from other State government agencies during the period:

State Solicitor's Office - legal service	4,629	3,596
Department of Finance - office accommodation fit-out	77,277	77,280
Department of Health - support services	172,946	-
	<u>254,852</u>	<u>80,876</u>

Services received free of charge or for nominal cost are recognised as revenue at fair value of those services that can be reliably measured and which would have been purchased if they were not donated.

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2016

	2016	2015
	\$	\$
Note 15 Receivables		
Current		
Recoup due from Department of Health for employee salary	57,447	-
Recoup due from WorkCover WA for employee salary	38,200	-
Reimbursements due from employees for salary overpayments	5,764	5,764
GST receivable	6,913	5,724
	<u>108,324</u>	<u>11,488</u>

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

See also note 2(l) 'Receivables' and note 34 'Financial instruments'.

Note 16 Other current assets

Prepayments	19,469	23,566
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Note 17 Plant and equipment

Office equipment

At cost	7,612	-
Accumulated depreciation	(63)	-
	<u>7,549</u>	<u>-</u>

Reconciliation

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

Office equipment

Carrying amount at start of period	-	-
Additions	7,612	-
Depreciation	(63)	-
Carrying amount at end of period	<u>7,549</u>	<u>-</u>

Note 18 Intangible assets

Computer software

At cost	15,540	15,540
Accumulated amortisation	(15,540)	(12,432)
	<u>-</u>	<u>3,108</u>

Reconciliation

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

Computer software

Carrying amount at start of period	3,108	6,216
Amortisation expense	(3,108)	(3,108)
Carrying amount at end of period	<u>-</u>	<u>3,108</u>

Note 19 Impairment of Assets

There were no indications of impairment to plant and equipment and intangible assets at 30 June 2016.

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

Notes to the Financial Statements

For the year ended 30th June 2016

	2016	2015
	\$	\$
Note 20 Payables		
Current		
Trade creditors	8,056	32,766
Other creditors	2,983	2,601
Accrued expenses	77,875	77,668
Accrued salaries	19,917	73,903
	<u>108,831</u>	<u>186,938</u>
See also note 2(m) 'Payables' and note 34 'Financial instruments'.		
Note 21 Provisions		
Current		
<u>Employee benefits provision</u>		
Annual leave (a)	159,925	187,855
Long service leave (b)	194,847	213,705
	<u>354,772</u>	<u>401,560</u>
Non-current		
<u>Employee benefits provision</u>		
Long service leave (b)	111,207	132,745
	<u>465,979</u>	<u>534,305</u>
(a) Annual leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
Within 12 months of the end of the reporting period	112,274	130,751
More than 12 months after the end of the reporting period	47,651	57,104
	<u>159,925</u>	<u>187,855</u>
(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
Within 12 months of the end of the reporting period	39,171	42,495
More than 12 months after the end of the reporting period	266,883	303,955
	<u>306,054</u>	<u>346,450</u>
Note 22 Accumulated surplus		
Balance at start of period	378,446	202,972
Result for the period	23,137	175,474
Balance at end of period	<u>401,583</u>	<u>378,446</u>

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2016

	2016	2015
	\$	\$
Note 23 Notes to the Statement of Cash Flows		
Reconciliation of cash		
Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:		
Cash and cash equivalents	841,051	1,061,527
Reconciliation of net cost of services to net cash flows used in operating activities		
Net cash used in operating activities (Statement of Cash Flows)	(2,857,476)	(2,276,925)
<u>Increase/(decrease) in assets:</u>		
Current receivables	96,836	(7,211)
Other current assets	(4,097)	15,430
<u>Decrease/(increase) in liabilities:</u>		
Payables	85,719	(82,753)
Current provisions	46,788	(12,215)
Non-current provisions	21,538	(21,744)
<u>Non-cash items:</u>		
Depreciation and amortisation expense (note 8)	(3,171)	(3,108)
Services received free of charge (note 14)	(254,852)	(80,876)
Net cost of services (Statement of Comprehensive Income)	(2,868,715)	(2,469,402)

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

Note 24 Remuneration of members of the Accountable Authority

Remuneration of members of the Accountable Authority

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

\$120,001 - \$130,000	1	
\$170,001 - \$180,000	1	-
\$280,000 - \$290,000	-	1
Total:	2	1
	\$	\$
Base remuneration and superannuation	392,399	281,921
Annual leave and long service leave accruals	(87,481)	5,363
Other benefits	-	-
The total remuneration of members of the Accountable Authority:	304,918	287,284

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

Note 25 Remuneration of auditor

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

Auditing the accounts, financial statements and performance indicators	23,000	22,500
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Notes to the Financial Statements

For the year ended 30th June 2016

Note 26 Commitments	2016	2015
	\$	\$
Operating lease commitments:		
Commitments in relation to non-cancellable leases contracted for at the end of the reporting period but not recognised as liabilities, are payable as follows:		
Within 1 year	279,804	297,011
Later than 1 year, and not later than 5 years	279,804	594,022
	<u>559,608</u>	<u>891,033</u>
Operating lease commitments consist of a contractual agreement for office accommodation. The basis of which contingent operating leases payments are determined is the value for lease agreement under the contract terms and conditions at current values.		
The operating lease commitments are inclusive of GST.		
Other expenditure commitments:		
Other expenditure commitments contracted for at the reporting period but not recognised as liabilities are payable as follows:		
Later than 1 year, and not later than 5 years	19,101	37,292
	<u>19,101</u>	<u>37,292</u>
Note 27 Contingent liabilities and contingent assets		
At the reporting date, the Authority was not aware of any contingent liabilities or contingent assets.		
Note 28 Events occurring after the end of the reporting period		
No matter or circumstance has arisen since the end of the reporting period, that has significant effects on these financial statements.		
Note 29 Related bodies		
A related body is a body which receives more than half its funding and resources from the Authority and is subject to operational control by the Authority.		
The Authority had no related bodies during the financial year.		
Note 30 Affiliated bodies		
An affiliated body is a body which receives more than half its funding and resources from the Authority but is not subject to operational control by the Authority.		
The Authority had no affiliated bodies during the financial year.		
Note 31 Other statement of receipts and payments		
Commonwealth Grant - Christmas and Cocos Islands		
Balance at the start of period	<u>(6,774)</u>	12,708
<u>Add Receipts</u>		
Commonwealth grant	<u>23,243</u>	2,802
<u>Less Payments</u>		
Salaries and wages	-	(7,443)
Other expenses	<u>(860)</u>	<u>(14,841)</u>
	<u>(860)</u>	<u>(22,284)</u>
Balance at the end of period	<u>15,609</u>	<u>(6,774)</u>
Note 32 Supplementary financial information		
Losses through theft, defaults and other causes		
Losses of public money and public and other property through theft or default	-	48
	-	48

Notes to the Financial Statements

For the year ended 30th June 2016

Note 33 Explanatory Statement

Significant variances between the actual results for 2015 and 2016 and between estimated and actual results for 2016

The Authority is exempt from TI 945 Explanatory Statement as their Total Cost of Services is below \$3 million for the two most recent consecutive comparative periods.

TI 945 paragraph (1)(ii)

Each general government sector agency required to prepare Annual Estimates as defined in paragraph (2)(i)(b) through paragraph (2)(i)(d) of this instruction (where applicable) and where their Total Cost of Services exceeds \$3 million for the two most recent consecutive comparative periods.

Notes to the Financial Statements

For the year ended 30th June 2016

Note 34 Financial instruments**a) Financial risk management objectives and policies**

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

Credit risk

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

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment as shown in the table at Note 34(c) 'Financial Instrument disclosures'.

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

Liquidity risk

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

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

Market risk

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

b) Categories of financial instruments

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

	2016 \$	2015 \$
<u>Financial Assets</u>		
Cash and cash equivalents	841,051	1,061,527
Loans and receivables (a)	101,411	5,764
<u>Financial Liabilities</u>		
Payables	108,831	186,938

(a) The amount of loans and receivables excludes GST recoverable from ATO (statutory receivable).

c) Financial Instrument disclosuresCredit risk

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

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

Ageed analysis of financial assets

	Carrying amount	Not past due and not impaired	Past due but not impaired				Impaired Financial Assets
			Up to 12 months	1-2 years	2-5 years	More than 5 years	
	\$	\$	\$	\$	\$	\$	\$
Financial Assets							
2016							
Cash and cash equivalents	841,051	841,051	-	-	-	-	-
Receivables (a)	101,411	95,647	-	378	2,929	2,457	-
	942,462	936,698	-	378	2,929	2,457	-
2015							
Cash and cash equivalents	1,061,527	1,061,527	-	-	-	-	-
Receivables (a)	5,764	428	204	1,137	1,792	2,203	-
	1,067,291	1,061,955	204	1,137	1,792	2,203	-

(a) The amount of receivables excludes the GST recoverable from ATO (statutory receivable)

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2016

c) Financial Instrument disclosures (continued)

Liquidity risk and interest rate exposure

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

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

			Interest rate exposure	Maturity dates
	<u>Weighted average effective interest rate</u>	<u>Carrying amount</u>	<u>Non- interest bearing</u>	<u>Up to 12 months</u>
	%	\$	\$	\$
2016				
<u>Financial Assets</u>				
Cash and cash equivalents	-	841,051	841,051	841,051
Receivables (a)	-	101,411	101,411	101,411
		<u>942,462</u>	<u>942,462</u>	<u>942,462</u>
<u>Financial Liabilities</u>				
Payables	-	108,831	108,831	108,831
		<u>108,831</u>	<u>108,831</u>	<u>108,831</u>
2015				
<u>Financial Assets</u>				
Cash and cash equivalents	-	1,061,527	1,061,527	1,061,527
Receivables (a)	-	5,764	5,764	5,764
		<u>1,067,291</u>	<u>1,067,291</u>	<u>1,067,291</u>
<u>Financial Liabilities</u>				
Payables	-	186,938	186,938	186,938
		<u>186,938</u>	<u>186,938</u>	<u>186,938</u>

(a) The amount of receivables excludes the GST recoverable from ATO (statutory receivable)

Fair values

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

Health and Disability Services Complaints Office

Notes to the Financial Statements

For the year ended 30th June 2016

Note 35 Schedule of income and expenses by service

	Complaints Management		Education		Total	
	2016	2015	2016	2015	2016	2015
	\$	\$	\$	\$	\$	\$
COST OF SERVICES						
Expenses						
Employee benefits expense	1,371,077	1,284,644	771,230	600,736	2,142,307	1,885,380
Supplies and services	182,284	138,061	71,241	26,161	253,525	164,222
Depreciation and amortisation expense	2,029	3,108	1,142	-	3,171	3,108
Repairs, maintenance and consumable equipment	314	11,470	177	4,943	491	16,413
Other expenses	332,905	307,108	187,258	148,193	520,163	455,301
Total cost of services	1,888,609	1,744,391	1,031,048	780,033	2,919,657	2,524,424
INCOME						
Revenue						
Commonwealth grants and contributions	23,243	2,802	-	-	23,243	2,802
Other grants and contributions	26,364	50,000	-	-	26,364	50,000
Other revenue	1,335	2,220	-	-	1,335	2,220
Total revenue	50,942	55,022	-	-	50,942	55,022
NET COST OF SERVICES	1,837,667	1,689,369	1,031,048	780,033	2,868,715	2,469,402
INCOME FROM STATE GOVERNMENT						
Service appropriations	1,714,050	1,726,661	922,950	837,339	2,637,000	2,564,000
Services received free of charge	165,654	80,876	89,198	-	254,852	80,876
Total income from State Government	1,879,704	1,807,537	1,012,148	837,339	2,891,852	2,644,876
SURPLUS FOR THE PERIOD	42,037	118,168	(18,900)	57,306	23,137	175,474

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

5.2. Estimates of expenditure S40 Financial Management Act 2006

As required under Section 40 of the *Financial Management Act 2006* and Treasurer's Instruction 953 the Annual Financial Estimates for HaDSCO for the 2016-17 financial year are provided in the table below. The Hon. John Day BSc BDSc MLA, Minister for Health; Culture and the Arts approved the budget estimates on 11 July 2016.

Health and Disability Services Complaints Office S40 Financial Management Act 2006 Submission Statement of Comprehensive Income

	Notes	2016/2017 Estimate \$
COST OF SERVICES		
Expenses		
Employee benefits expense		2,041,861
Supplies and services		348,933
Amortisation expense	1	-
Depreciation expense		1,903
Repairs, maintenance and consumable equipment		8,963
Other expenses		586,875
Total cost of services		2,988,535
INCOME		
Revenue		
Commonwealth grants and contributions	2	16,917
Other grants and contributions		30,000
Other revenue	3	2,832
Total revenue		49,749
Total income other than income from State Government		49,749
NET COST OF SERVICES		2,938,786
Income from State Government		
Service appropriation		2,701,000
Services received free of charge	4	257,014
Total income from State Government		2,958,014
SURPLUS FOR THE PERIOD		19,228
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		19,228

Notes:

1. No amortisation expense has been estimated for FY2016/17 as the computer software will be fully amortised by the end of FY2015/16.
2. Commonwealth grant received in relation to programs for the Indian Ocean Territories. The agency does not anticipate this funding to be fully utilised in FY2016/17 and it is likely that some of these funds will be carried forward into the next financial year. Carryover amounts will be treated as restricted cash as they have been provided for a specific purpose and there may be a requirement to return these funds if requested by the Commonwealth.
3. Other revenue is related to funds received for the Senior Officers Vehicle Scheme. It is unclear at this time if there will be another vehicle added to the scheme, and therefore, only an estimate for one (1) vehicle has been considered for the purposes of these estimates.
4. Resources received free of charge from Building Management and Works, State Solicitors Office and WA Health. Corresponding expenses appear within the 'Other expense' and the 'Supplies and services' line items, which relate to building lease management, legal fees, finance, information technology, supply and human resources.

Health and Disability Services Complaints Office
S40 Financial Management Act 2006 Submission
Statement of Financial Position

	Notes	2016/2017 Estimate \$
ASSETS		
Current Assets		
Cash and cash equivalents		1,024,687
Restricted cash and cash equivalents	1	16,917
Receivables		19,817
Other current assets		17,365
Total Current Assets		1,078,786
Non-Current Assets		
Plant and equipment	2	5,709
Intangible assets		-
Total Non-Current Assets		5,709
Total Assets		1,084,495
LIABILITIES		
Current Liabilities		
Payables		151,887
Provisions		287,583
Total Current Liabilities		439,470
Non-Current Liabilities		
Provisions		126,625
Total Non-Current Liabilities		126,625
Total Liabilities		566,095
NET ASSETS		518,400
EQUITY		
Accumulated surplus		518,400
TOTAL EQUITY		518,400

Notes:

1. Commonwealth grant received in relation to programs for the Indian Ocean Territories. The agency does not anticipate this funding to be fully utilised in FY2016/17 and it is likely that some of these funds will be carried forward into the next financial year. Carryover amounts will be treated as restricted cash as there may be a requirement to return these funds if requested by the Commonwealth.
2. Property, plant and equipment relates to the photocopier machine purchased at the end of FY2015/16.

**Health and Disability Services Complaints Office
S40 Financial Management Act 2006 Submission
Statement of Cash Flows**

	2016/2017 Estimate \$
CASH FLOWS FROM STATE GOVERNMENT	
Service appropriation	2,701,000
Net cash provided by State Government	<u>2,701,000</u>
CASH FLOWS FROM OPERATING ACTIVITIES	
Payments	
Employee benefits	(1,917,041)
Supplies and services	(620,703)
Receipts	
Commonwealth grants and contributions	16,917
Other grants and contributions	30,000
Recoveries and other receipts	2,832
Net cash provided by/(used in) operating activities	<u>(2,487,995)</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Payments	
Purchase of non-current assets	(7,612)
Receipts	
Proceeds from sale of non-current assets	-
Net cash provided by/(used in) investing activities	<u>(7,612)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
Payments	
Repayment of finance lease liability	-
Net cash provided by / (used in) financing activities	<u>-</u>
Net increase/(decrease) in cash and cash equivalents	205,393
Cash and cash equivalent at the beginning of the period	836,211
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	<u><u>1,041,604</u></u>

5.3. Key Performance Indicators

Certification of Key Performance Indicators



Government of Western Australia
Health and Disability Services Complaints Office



HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

CERTIFICATION OF KEY PERFORMANCE INDICATORS

I hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Health and Disability Services Complaints Office performance and fairly represent the performance of the office for the financial year ending 30 June 2016.

Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY

10 August 2016



Our Key Performance Indicators

Health and Disability Services Complaints Office Report on Key Performance Indicators

Government goal: Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians.

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

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

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

Key Effectiveness Indicator

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

The purpose of the Key Effectiveness Indicator is to report on the extent to which service providers are making changes to improve processes, practices and policies as a result of recommendations and agreed actions made by HaDSCO that arise from complaints.

The table below represents the number of service improvements that providers implemented, as a proportion of total service improvements agreed to, or recommended, between 2011-12 and 2015-16:

2011-12	2012-13	2013-14	2014-15	2015-16
56/69	55/78	64/90	55/86	51/76

Key Efficiency Indicators

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

HaDSCO provides an impartial resolution service for complaints relating to health, disability and mental health services provided in Western Australia. This service is provided free of charge and is available to all users and providers. HaDSCO delivers complaint management services, through assessment, negotiated settlement, conciliation and investigation of complaints.

The Key Efficiency Indicator relating to the provision of this service focuses on the percentage of complaints closed within legislative timeframes and the average cost per finalised complaint.

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

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

The table below represents the target and actual results for the legislative timeframes between 2011-12 and 2015-16:

Legislative requirement	Legislative timeframe (days)	2011-12	2012-13	2013-14	2014-15	2015-16 Target	2015-16 Actual
Preliminary assessment by Director s.34 (1)	28	83%	91%	92%	100%	95%	98%
Preliminary assessment by Director s.34 (1) (c)	56	73%	72%	86%	93%	85%	97%
Notice to provider and others s.35	14	90%	86%	89%	93%	95%	93%

HaDSCO continues to implement strategies to ensure the timely, efficient and effective management of complaints building on changes implemented in 2014-15 which are now firmly embedded into the complaints process.

Ninety seven percent of complaints were assessed within 56 days, which exceeded the target of eighty five percent. This is an improvement on the previous year and reflects ongoing improvements in the timeliness of the assessment of complaints, and demonstrates HaDSCO's commitment to providing a responsive and efficient complaints management service.

Key Efficiency Indicator 1.2: Average cost per finalised complaint

The purpose of the Key Efficiency Indicator is to demonstrate the average cost per finalised complaint. It provides information on how much each complaint costs when managed through the complaints process. HaDSCO forecasted that 2,455 complaints would be managed during the 2015-16 financial year. However, HaDSCO managed 2,554 complaints, which was four percent above the forecasted figure.

The table below demonstrates the average cost per complaint, target and actual from 2011-12 to 2015-16:

2011-12	2012-13	2013-14	2014-15	2015-16 Target	2015-16 Actual
\$666	\$685	\$731	\$694	\$743	\$740

There has been a marginal increase in the cost per complaint in 2015-16 as a result of the allocation of resources to manage fluctuations in complaint numbers at various times during the year, including for the management of complaints about mental health services following the introduction of the *Mental Health Act 2014* on 30 November 2015.

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

This service supports HaDSCO's broader role, which includes:

- Collaborating with groups to review and identify the causes of complaints and suggesting ways to minimise those causes.
- Assisting providers to improve complaints management procedures and to educate their staff to effectively manage complaints.
- Sharing information and reporting on the work of HaDSCO to specific stakeholders and the public in general.

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

Group one costs: Development, production and distribution of information

The group one costs relate to the resources that contribute to the development, production and distribution of information. During the 2015-16 financial year, HaDSCO delivered a number of projects and initiatives. Examples of work that contributed to this cost included:

- Releasing a series of infographics, as a means to innovatively share key health and disability complaint data trends across these sectors.
- Creating a mental health information sheet to support the implementation of the *Mental Health Act 2014* to outline HaDSCO's role in managing mental health complaints.
- Continuing to update HaDSCO's online engagement site – Collaborate and Learn – through news items, case studies and resources, to provide users with tools to effectively manage complaints and promote system improvements.

The table below demonstrates group one costs for development, production and distribution of information from 2011-12 to 2015-16:

	2011-12	2012-13	2013-14	2014-15	2015-16
Group one costs: Development, production and distribution of information	\$166,093	\$250,584	\$282,183	\$327,709	\$412,419

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

The group two costs relate to the resources that contribute to presentations, awareness raising, consultations and networking. During the 2015-16 financial year examples of work that contributed to this cost included:

- Hosting a conciliation learning event with the Small Business Development Corporation to learn more about our respective conciliation processes.
- Continuing to host HaDSCO's Consumer and Carer Reference Group (CCRG) comprising representatives from the health, disability and mental health sectors, to gain consumer feedback and perspectives on a range of initiatives and projects.
- Launching the Mental Health Complaints Partnership Agreement; an initiative between key state government agencies involved in managing complaints about mental health services.
- Delivering a presentation at the 2016 Mental Health Conference titled 'An overview of mental health complaints in WA' to share information on complaint trends and raise awareness of the role of HaDSCO.

The table below demonstrates group two costs for presentations, awareness raising, consultations and networking from 2011-12 to 2015-16:

	2011-12	2012-13	2013-14	2014-15	2015-16
Group two costs: Presentations, awareness raising, consultations and networking	\$245,843	\$341,400	\$430,679	\$452,323	\$618,629

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

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

HaDSCO forecasted that 500 engagement activities (presentations, awareness raising activities, consultation and networking activities) would be delivered during the 2015-16 financial year. However, 262 were delivered during this period. This estimate had been based on the activities undertaken during 2014-15, when a record number of 523 engagement activities were delivered. However, the 2014-15 year was recognised as an exception and the number of activities in 2015-16 is more reflective of previous years.

The 262 activities included:

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

The table below represents the average cost per presentation, awareness raising, consultation and networking activities from 2011-12 to 2015-16:

	2011-12	2012-13	2013-14	2014-15	2015-16 Target	2015-16 Actual
Average cost per presentation, awareness raising, consultation and networking activities	\$1,336	\$1,538	\$1,544	\$865	\$927	\$2,361

The average cost per presentation, awareness raising, consultation and networking activities is higher compared to the target and prior year due to higher employee benefits expense, computer and support services provided by shared service provider, and the over-estimate and reduction of the engagement activities during the year.

5.4. Ministerial directives

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

5.5. Other financial disclosures

Pricing policy of services

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

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

Capital works

No capital works were undertaken during the 2015-16 reporting year.

Employment and Industrial Relations

Comparative full time equivalent (FTE) allocation by category

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

Category	2014-15	2015-16
Full-time (permanent)	7	9
Full-time (contract)	6	6
Part-time (permanent)	2	2
Part-time (contract)	1	
Total	16	17

Industrial relations

The majority of HaDSCO employees are employed under the Public Service and Government Officers General Agreement 2014. The Director is employed under the *Salaries and Allowances Tribunal Act 1975*.

Staff development

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

In the past twelve months, employees have completed specialised training in cultural awareness, compassion fatigue and occupational safety and health.

Leadership expertise has been enhanced by employee participation in the Foundations of Government Human Resources program (Public Sector Commission), Women in Leadership program (Australian Institute of Management) and the Executive Master of Public Administration program (Australia and New Zealand School of Government).

Workers Compensation

In accordance with Treasurer's Instruction 903 (13iic), the Office had the following workers compensation disclosures in the 2015-16 reporting year.

Category	2014-15	2015-16
Workers' compensation claims	0	0
Lost time injuries	0	0

Purchasing cards

In accordance with Treasurer's Instruction 903 (13iv), there are no instances of a Western Australian Government Purchasing Card that has been used for a personal purpose for the 2015-16 reporting year.

5.6. Governance disclosures

In accordance with Treasurer's Instruction 903 (14(i)(ii)(iii)(iv)) senior officers of the Health and Disability Services Complaints Office are required to disclose particulars, other than normal contracts of employment of service, any shares or interest in any existing or proposed contract which a senior officer, or a firm of which a senior officer is a member, or an entity which a senior officer has a substantial financial interest, has made with the Office or any subsidiary body, related body or affiliated body of the Office.

Shares in Statutory Authorities

There are no shares held as a nominee or beneficially by a senior officer of the Health and Disability Services Complaints Office in the 2015-16 reporting year.

Shares in subsidiary bodies

There are no shares in any subsidiary body of the agency held either as a nominee or beneficially by a senior officer in the Health and Disability Services Complaints Office in the 2015-16 reporting year.

Interests in contracts by senior officers

There have been no declarations of an interest in any existing or proposed contracts by senior officers in contract and procurement matters at the time of reporting.

Benefits to senior officers through contracts

No senior officers of the Health and Disability Services Complaints Office have received any benefits through contracts in the 2015-16 reporting year.

5.7. Other legal requirements

Insurance paid to indemnify directors

The Health and Disability Services Complaints Office does not have any directors as defined by Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*.

Advertising

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

The total expenditure for the 2015-16 reporting year was \$6,968 as detailed in the table below.

Item	Cost
Advertising agencies <ul style="list-style-type: none"> Adcorp Australia Limited WA Association for Mental Health David Broadway Photographer 	\$6,248
Market research organisations	Nil
Polling organisations	Nil
Direct mail organisations	\$697
Media advertising organisations	\$23

Compliance with Public Sector Standards

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

This is underpinned by policy and procedure relating to the Standards, regular professional development for staff about the Standards and inclusion of the related policies as a topic in the induction process.

At the request of the Office, the Public Sector Commission peer reviewed the Code of Conduct in the 2015-16 reporting year and provided feedback and comments for consideration. The Office is committed to undertaking a full review in the coming reporting year to ensure that all business requirements are encompassed and reflective of the current operating environment.

Monitoring provisions also include:

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

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

Applications for breach of standard and corresponding outcomes for 2015-16	
Number lodged	0
Number of breaches found	0
Number still under review	0

Freedom of information procedures and access arrangements

Freedom of information statement

The *Freedom of Information Act 1992* (the FOI Act) was established to enhance public participation in government and increase the accountability of State and local governments.

In creating a right of public access to government documents, the FOI Act requires agencies to make available details about the kind of documents it holds and provide information as to how they can be accessed.

Along with enabling the public to understand how government and its agencies operate, the FOI Act also allows people to obtain and seek amendment to personal information about themselves if the information held on the public record is inaccurate, incomplete, out of date or misleading.

In accordance with the FOI Act, the Health and Disability Services Complaints Office (HaDSCO) aims to make information available to the public promptly and at the least possible cost.

Health and Disability Services Complaints Office

HaDSCO is an independent Statutory Authority offering an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories. Our vision is to empower users and providers to collaboratively improve health and disability services.

The Office is required to administer legislation on behalf of the State Government. Legislation administered outlines the responsibilities and processes required to manage complaints.

HaDSCO administers the following legislation:

- *Health and Disability Services (Complaints) Act 1995*
- Part 6 of the *Disability Services Act 1993*
- Part 19 of the *Mental Health Act 2014*

Under this legislation, HaDSCO's main functions are to:

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

In accordance with the legislation, the Office is able to do all things that are necessary, or convenient to be done, in order to perform these functions.

Freedom of Information applications

The FOI Act recognises two kinds of requests for information, personal and non-personal information.

Clause 1, Schedule 2 of the FOI Act defines personal information as 'information or an opinion, whether true or not, and whether recorded in a material form, or not, about an individual whether living or dead'. This includes, but is not limited to, information from which the identity of an individual is apparent or can reasonably be ascertained.

Non-personal information relates to information concerning people other than the FOI access applicant. This also includes, but is not limited to, information, opinions, contact details or genetic information.

Application submission

In accordance with s.12 of the FOI Act applications must:

- be in writing;
- provide enough information so that the requested document can be identified;
- provide an Australian address to which notices can be sent; and
- be lodged at the agency together with the application fee (if required).

Applications by post or by email can be made as follows:

By post:
FOI Coordinator
PO Box B61
PERTH, WA 6838

By email:
FOI Coordinator
mail@hadsco.wa.gov.au

In accordance with s.13 of the FOI Act an acknowledgement letter will be forwarded to the applicant notifying them of the 45 day deadline in which their application will be processed.

Fees and charges

In accordance with s.16(1)(d) of the FOI Act, no fee or charge is payable for access to, or amendment of personal information. However, under s.12(1)(e) a fee is payable for FOI applications which request access to non-personal information.

The following table details the fees and charges applicable under the FOI Act.

Charge Description	Fee Payable
Application fee	\$30.00
Time taken dealing with the application	\$30.00 per hour
Access time supervised by staff	\$30.00 per hour
Photocopying relevant documents	\$30.00 per hour for staff time, plus 20c per copy
Staff time in transcribing information from a tape or other device	\$30.00 per hour
Duplicating a tape, film or computer information	Actual cost
Delivery, packaging and postage	Actual cost

Processing FOI applications

The FOI Coordinator is responsible for the management of all requests received and liaises with the applicant and stakeholders to process the application in accordance with the FOI Act.

When a decision has been made, the applicant will receive a Notice of Decision which outlines the rationale for the decision in accordance with s.30 of the FOI Act. The Notice of Decision will advise the manner in which access has been provided. The levels of access are:

- Full access
- Partial access (edited format)
- Refused access

Decision review

If the applicant is dissatisfied with a FOI decision made, an application for an internal review of the decision may be made. Internal review applications should be made in writing within 30 calendar days of receiving the Notice of Decision. HaDSCO will respond within 15 days of receiving the internal review request.

If the applicant is still not satisfied after the internal review is completed, a written complaint may be lodged to the Information Commissioner for an external review. In certain instances, questions of law that arise in the course of dealing with an FOI complaint may be referred to the Supreme Court.

Please note that no fees or charges are applicable for internal or external reviews.

Documents held by the Office

Records of the Office are arranged using activities based classification and include information about the following functions and activities:

- Service One: Assessment, negotiated settlement, conciliation and investigation of complaints; and
- Service Two: Education and training in the prevention and resolution of complaints.

There is some information that is freely available to the public. Broad categories of documents including the range indicated below are available to the public and can be accessed through the Office website at www.hadSCO.wa.gov.au

- Annual Reports
- Brochures on various topics
- Forms
- Information sheets on various topics
- Videos
- Reports on particular issues and emerging trends
- Strategic Plan
- Translated brochures and documents

If you are seeking access to a specific document which cannot be located online, please contact the FOI Coordinator on (08) 6551 7620 with your request, prior to lodging an FOI application.

How to Amend Your Personal Information

An application can be made to the FOI Coordinator to request a correction or amendment to any document/s which contain personal information. Applications must be made in writing and clearly demonstrate how or why the record/s are inaccurate, incomplete, out-of-date or misleading.

Details as to the amendment to be made must be specified in the application, within the options set out in the FOI Act.

If the Office decides to amend personal information, this will usually be done by amending the record or adding a further note to the record.

Similar to an FOI application, HaDSCO will inform the applicant of the decision and reasoning, via a Notice of Decision. The FOI Act also provides applicants with the right to appeal an amendment decision via the internal and external review process outlined in the decision review section.

The Office of the Information Commissioner can be contacted at the following address:

Office of the Information Commissioner

Albert Facey House
469 Wellington Street
PERTH WA 6000
Tel: (08) 6551 7888
Toll Free: 1800 621 244 (Western Australia only)
Fax: (08) 6551 7889

info@foi.wa.gov.au
www.foi.wa.gov.au

The table below provides a summary of the applications finalised in the 2015-16 reporting year.

Applications	2014-15	2015-16
New applications received during the year	4	1
Finalised during the year	4	1
Average time to process (days)	57	19
Outcomes	2014-15	2015-16
Full access	1	0
Edited access	3	1
Deferred access	0	0
Section 26 Access	0	0
Section 28 access	0	0
Access refused	0	0
Total Decisions	4	1
Transferred to other agencies	0	0
Withdrawn	0	0
Total applications	4	1

Record keeping plans

During the 2014-15 reporting year, the Office worked with the State Records Commission (the Commission) to review the record keeping processes and establish a Record Keeping Plan which was approved by the Commission in the 2015-16 reporting year.

The approval of the plan demonstrates progress towards better practice and compliance with minimum requirements and the draft Record Management Policy and Procedures will be adopted in the 2016-17 financial year.

Disability access and inclusion plan

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

We remain committed to ensuring that people with disability, their carers and families have access to our services, information and facilities by implementing strategies and initiatives identified in the plan.

The seven desired outcomes that we want to achieve are:

1. People with disability have the same opportunities as other people to access the services and events that we organise.
2. People with disability have the same opportunities as other people to access the buildings and facilities that we use.
3. People with disability receive information from us in a format that will enable them to access the information as readily as other people are able to access it.
4. People with disability receive the same level and quality of service from our staff as other people in the community.
5. People with disability have the same opportunities as other people to make complaints to us.
6. People with disability have the same opportunities as other people to participate in any public consultation we host.
7. People with disability have the same opportunities as other people to seek employment, professional development and work experience with us.

The following strategies were progressed in the 2015-16 reporting period:

- Incorporated the objectives of the DAIP into the 2015-16 operational plan and other policies and procedures.

- Continued to host the Consumer and Carer Reference Group (CCRG), which includes participants who represent health, disability and mental health sectors.
- Promoted the DAIP during the induction process for new staff.

5.8. Government policy requirements

Occupational Safety and Health

In accordance with the *Public Sector Commissioner's Circular 2012/05: Code of Practice: Occupational Safety and Health in the Western Australian Public Sector*, the Office complies with the requirements of the *Occupational Safety and Health Act 1994*, the *Workers Compensation and Injury Management Act 1981* and the *Code of Practice: Occupational Safety and Health in the Western Australian Public Sector*.

We take our commitment to providing and maintaining a safe and healthy work environment for all employees, contractors and visitors very seriously. We engage in best practice Occupational Safety and Health management practices required under the *Occupational Safety and Health Act 1994*, including reporting, training, discussion and accountability in order to minimise workplace injuries.

Additionally, our pro-active approach to injury management has seen us commence a review of the current workers' compensation, injury management and return to work policies, in accordance with the *Workers Compensation and Injury Management Act 1981*.

As an on-going measure, we encourage employees to identify potential risks and report these to the Occupational Safety and Health representative.

During this reporting year the Office:

- Provided ergonomic assessments for employees.
- Engaged the services of an Employee Assistance Program.
- Continued Occupational Safety and Health Committee meetings and established terms of reference.
- Reviewed and developed the suite of policies.
- Continued with the annual influenza vaccination program.
- Supported employees to undertake Fire Warden training.
- Continued to apply the Incident Report form and Hazard checklist.

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

Indicator	2013-14 Actual	2014-15 Actual	2015-16 Target	Comment
Number of fatalities	0	0	0	Target achieved
Lost time injury/disease (LTI/D) incidence rate	0.52%	9.52%	0	Target achieved
Lost time injury severity rate	0	0	0	Target achieved
Percentage of injured workers returned to work within 13 weeks	100%	100%	Greater than or equal to 80%	Target exceeded
Percentage of injured workers returned to work within 26 weeks	100%	100%	Greater than or equal to 80%	Target exceeded
Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities	75%	75%	Greater than or equal to 80%	Target achieved

Risk management

The Office commenced a review of the *Risk Management Policy and Plan* in the previous financial year. The draft policy and plan detail controls that have been identified for significant risks and any action required is assigned to a relevant member of management. It is expected that the policy and plan will be ratified by the Corporate Executive in the 2016-17 reporting year.

Substantive equality

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

In accordance with the *Equal Opportunity Act 1984* and the Public Sector Commissioner's Circular 2015/01: Substantive Equality (Implementation of the Policy Framework (Addressing systemic discrimination in service delivery)), the Health and

Disability Services Complaints Office aims to make our services accessible to all people living in Western Australia and recognise that making a complaint can be particularly difficult for some people, due to cultural, linguistic and geographical challenges.

In an effort to achieve this, the Office:

- Enabled people to make enquiries to our Office through different mediums, such as over the phone, in writing (letter or email) or in person by appointment.
- Continued with an ongoing commitment to the Consumer and Carer Reference Group, including Culturally and Linguistically Diverse (CaLD) advocates from the Ethnic and Disability Advocacy Centre, to ensure we are responsive to the needs of the wider CaLD community.
- Finalised a multi-language “Voice up” video resource, created with volunteer community members from Christmas Island, and distributed to migrant and community resource centres throughout regional and remote Western Australia.
- Translated advertisements to feature in ‘The Islander’ a Christmas Island community newsletter, to make community members aware of the “Voice up” video.
- Promoted our TTY and country toll free number in our publications and on our website.
- Provided access to our publications in different formats and languages.
- Recognised that parts of our governing legislation can be difficult to comply with: for example the requirement that people must attempt to resolve their complaint with the service provider before contacting us. We therefore exercise discretion about when this requirement should be enforced.

Workforce and diversity plan

The HaDSCO *Workforce and Diversity Plan 2013-16* provides a strong workforce planning framework to support the achievement of the goals in the strategy.

HaDSCO aims to attract, develop and retain a skilled and valued workforce with a culture that supports high quality, responsive and efficient service; and to treat people professionally, courteously and with appropriate sensitivity.



6. Appendices

In this section we provide the relevant appendices as referenced through the report.

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

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

¹ Includes Busselton Hospice Care Incorporated.

² Includes the following St John of God Hospitals: Bunbury, Geraldton, Mt Lawley, Murdoch, Midland & Subiaco.

³ St John of God Mt Lawley Hospital was previously known as Mercy Hospital and Mount Lawley Private Hospital.

⁴ St John of God Hospital Midland opened on 24 November 2015 and provided HaDSCO with complaints data from 24 November 2015 – 30 June 2016.

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

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

6.3. AHPRA register of national boards and professionals

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



The Health and Disability Services Complaints Office (HaDSCO)

Mailing address

PO Box B61, Perth WA 6838

Facsimile

(08) 6551 7630

Telephone

Administration: (08) 6551 7620

Complaints and enquiries: (08) 6551 7600

Country free call: 1800 813 583

TTY: (08) 6551 7640 (for people with voice or hearing impairment)

Email

mail@hadsco.wa.gov.au

Website

www.hadsco.wa.gov.au