



# 3. Office Performance

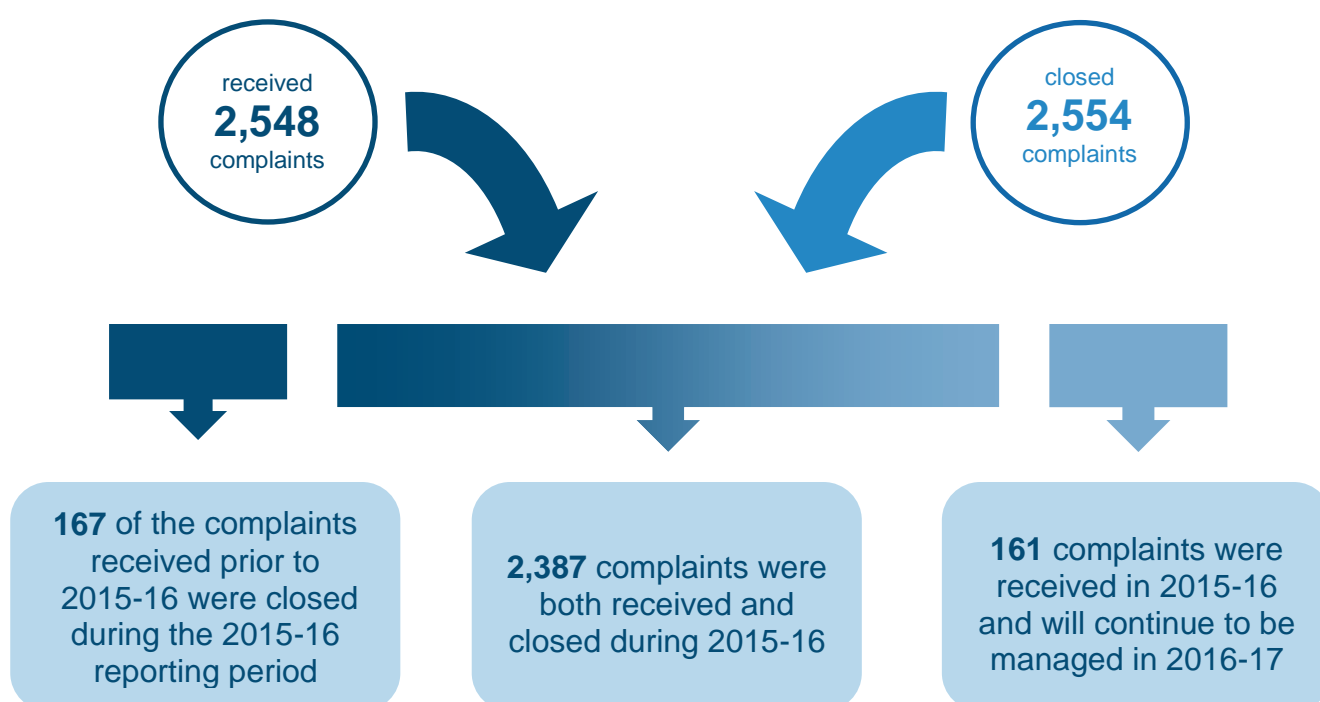
In this section we provide an overview of the work undertaken during the 2015-16 financial year, including details of projects, initiatives and achievements.

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

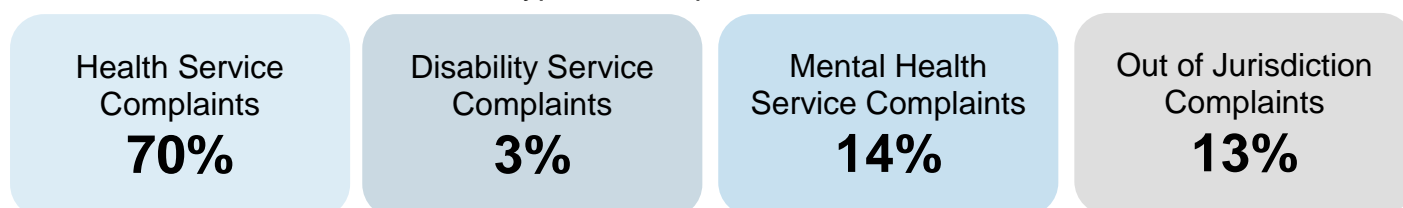
In this section we provide a breakdown of the complaints we received, an overview of our complaints management process, details of the outcomes we achieved and case study examples. Additionally, we also report on the complaint data we collect annually from external agencies.

#### 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.

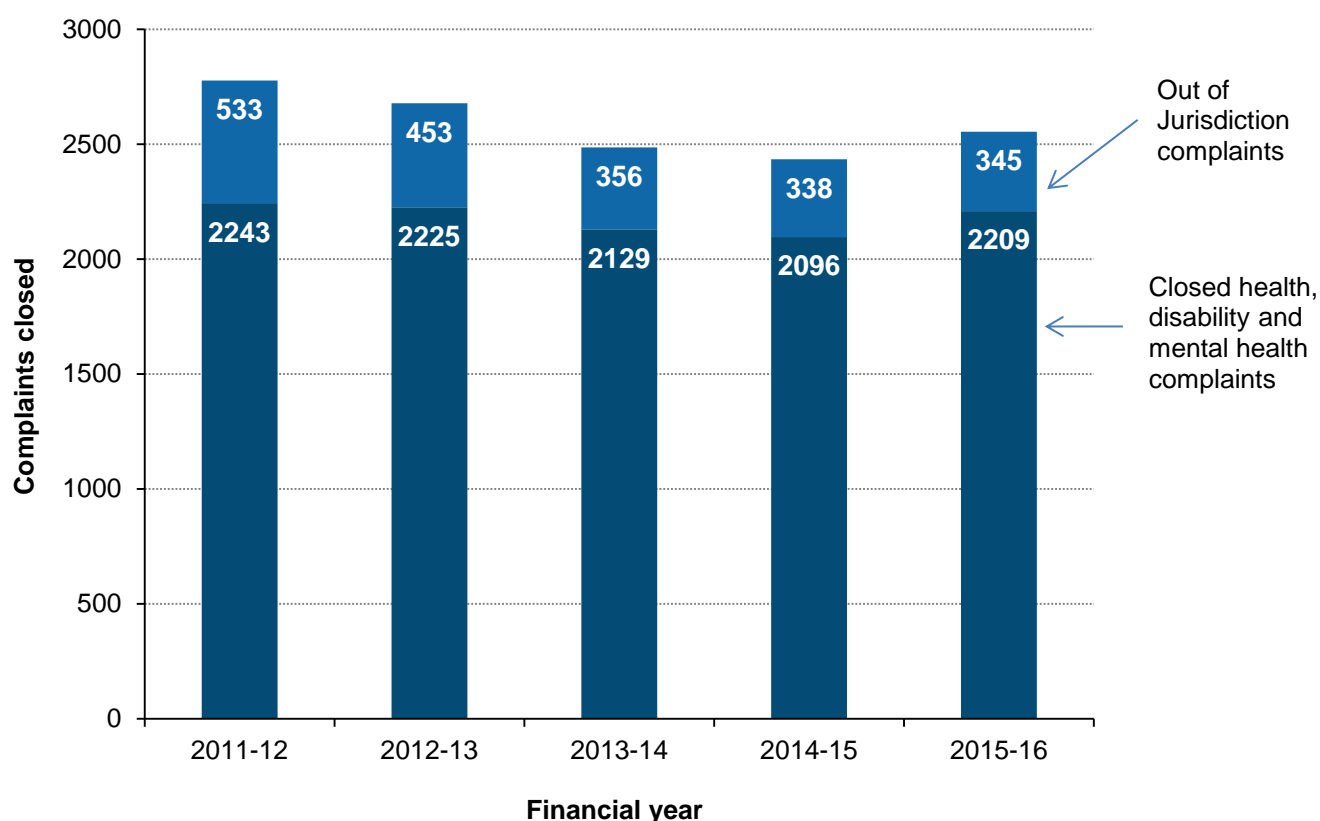


A breakdown of the types of complaints received is shown below:



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.

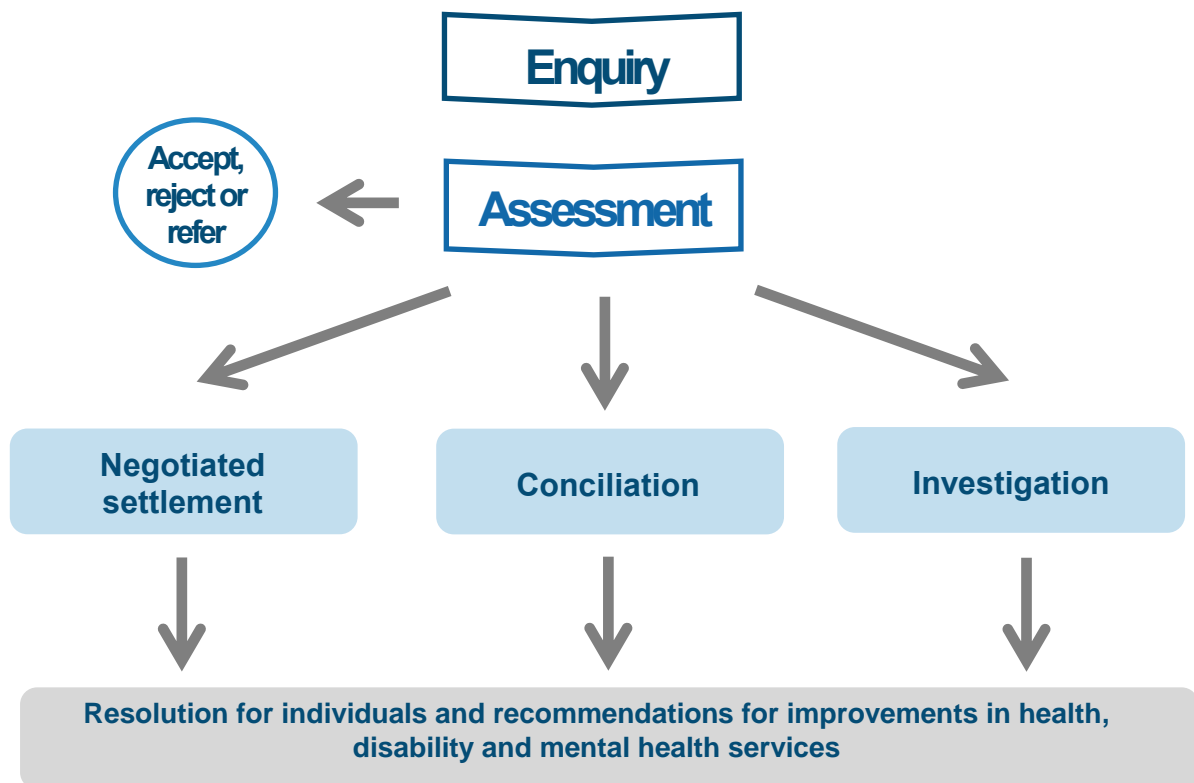
In 2015-16 HaDSCO consulted with AHPRA on 110 complaints. This resulted in:

- 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
<b>Review or change of policy</b>	Policy amendment to accurately reflect patient obligations
	Policy change to increase patient's choice in preferred treatment options
<b>Staff education and training</b>	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
<b>Change in process</b>	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
<b>Improved communication</b>	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:

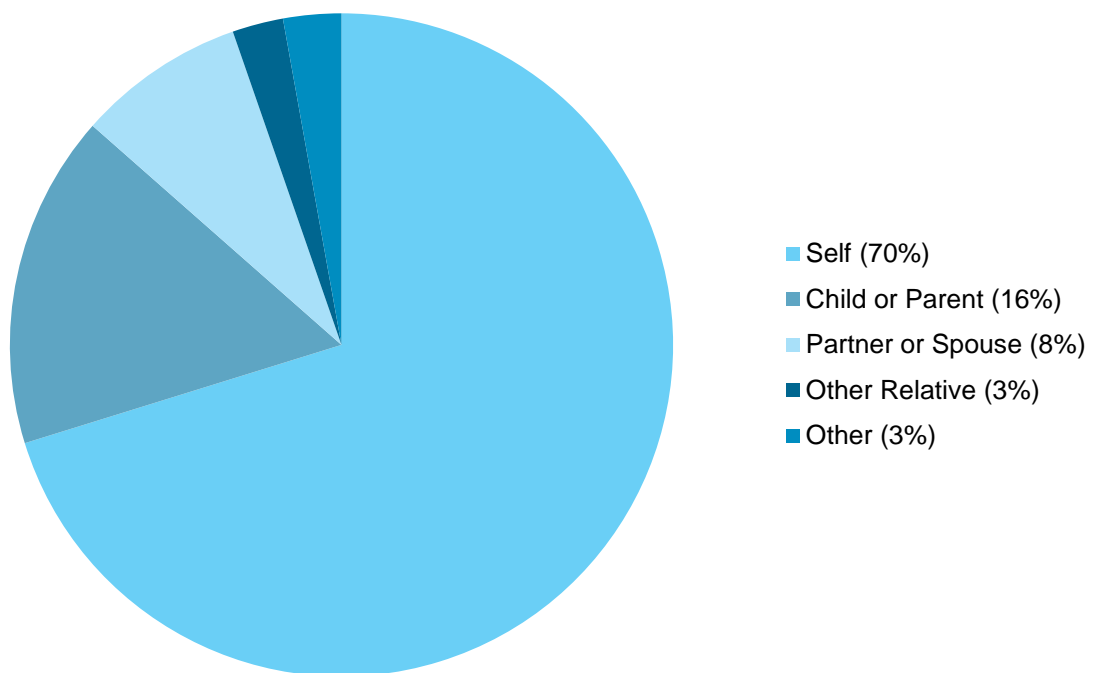
- Number of complaints received.
- Types of issues raised.
- Time taken to resolve complaints.
- Outcomes achieved by service providers for people who made complaints.
- Demographic information of people who made complaints.



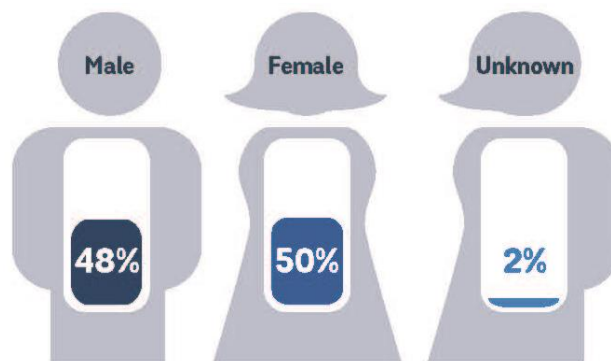
## HaDSCO complaints data

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:

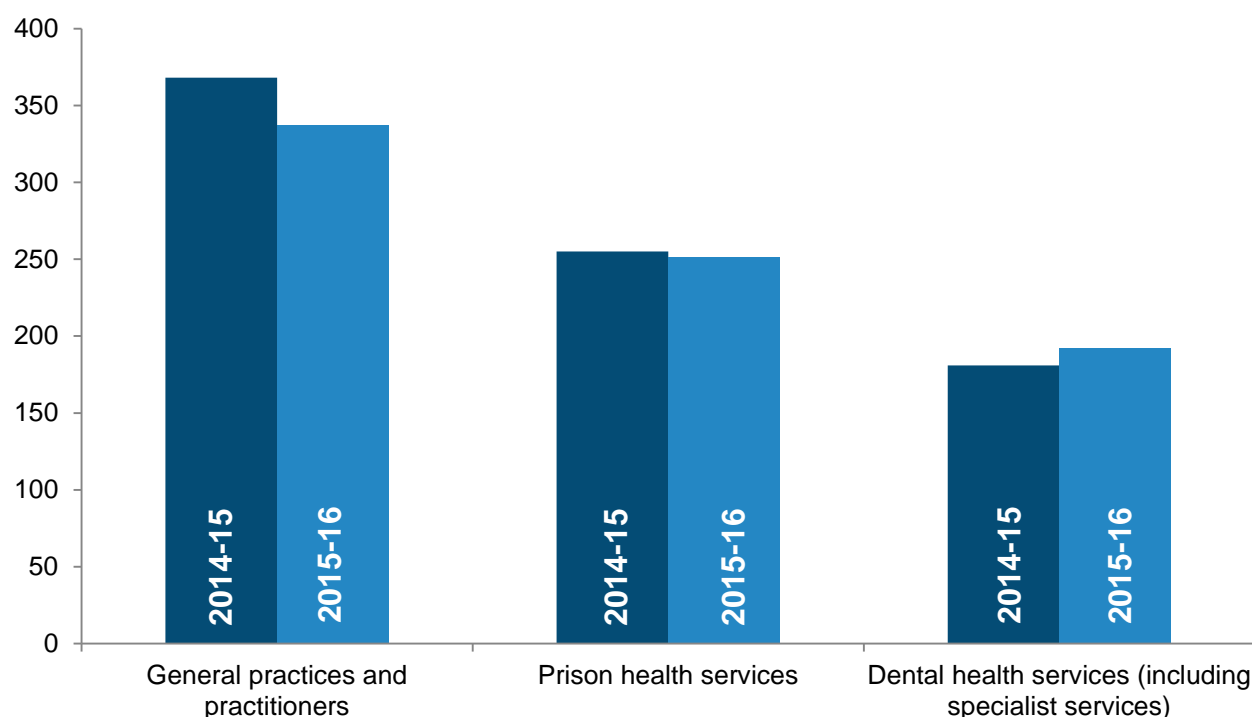
- Service availability: **33** complaints
- Refusal to admit or treat: **33** complaints
- Inadequate consultation: **31** complaints
- Prescribing medication: **24** complaints
- Inadequate treatment: **24** complaints

### **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.

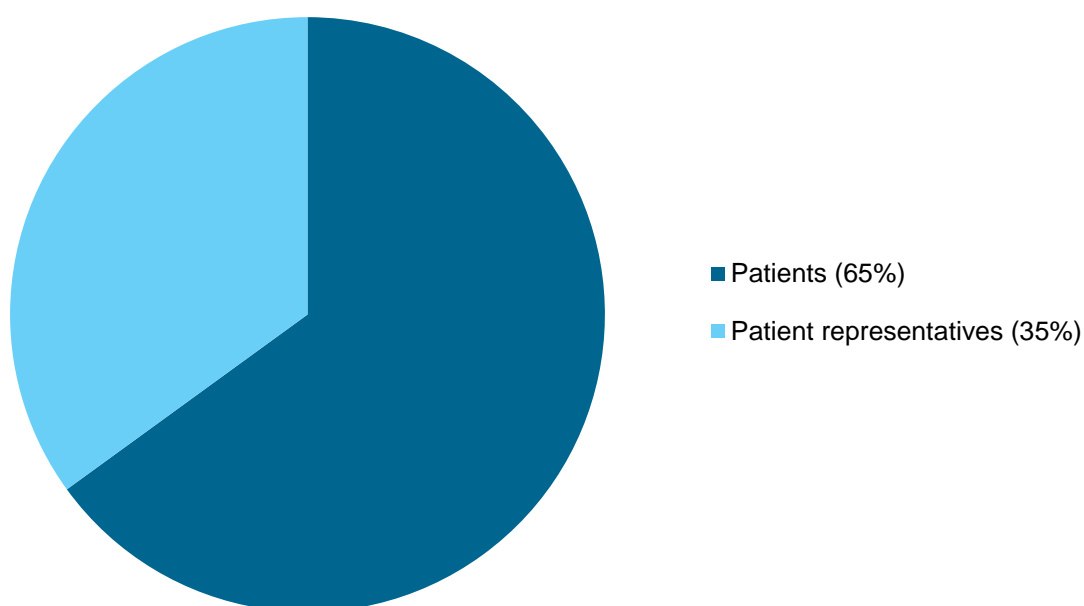
Further, as a result of HaDSCO's involvement, the facility amended its policy to offer patients more flexibility for accessing GP services, including accessing the facility's GP or a GP of their choice.

## 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
<b>5,641</b> complaints	<b>2,192</b> complaints	<b>219</b> complaints
<b>8,656</b> issues	<b>3,776</b> issues	<b>427</b> issues
Average <b>1.5</b> issues per complaint	Average <b>1.7</b> issues per complaint	Average <b>1.9</b> issues per complaint

## What did people complain about?

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

## Time taken to resolve complaints

(The percentage of complaints resolved within 30 days)

Public	Private	Not-for-profit
<b>75%</b>	<b>74%</b>	<b>55%</b>

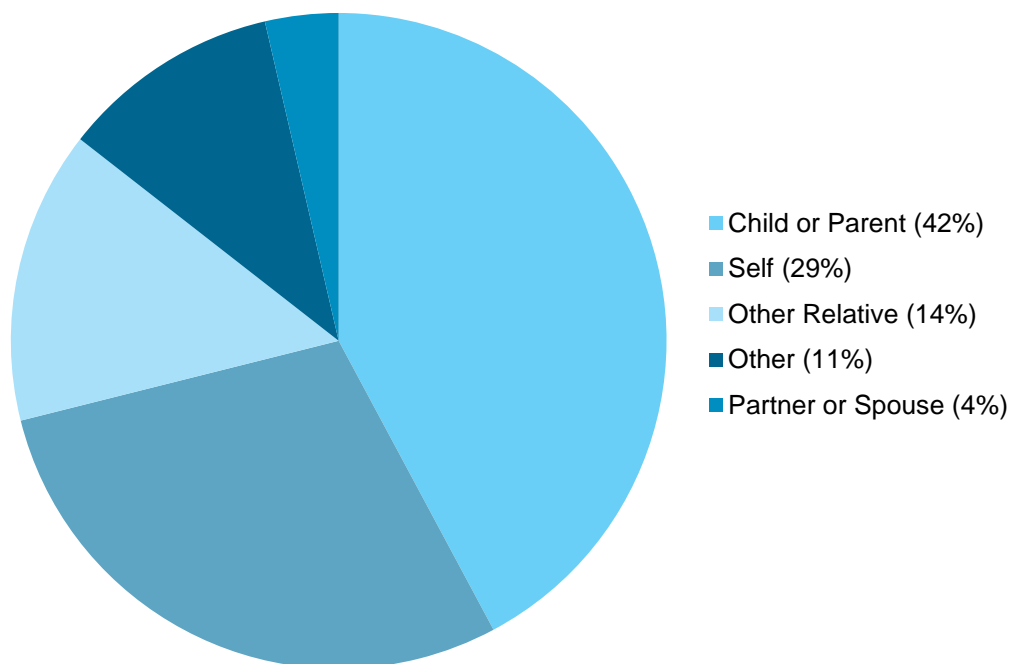
## Most common outcomes achieved

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

### HaDSCO complaints data

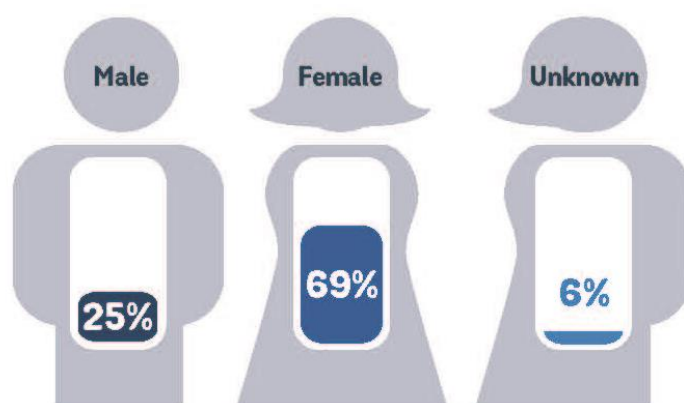
HaDSCO received **73** complaints about disability services within jurisdiction in the 2015-16 financial year. This is an 18 percent increase on the number of complaints received in 2014-15. In the same year (2015-16) HaDSCO closed **83** complaints about disability services. A breakdown of closed complaints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

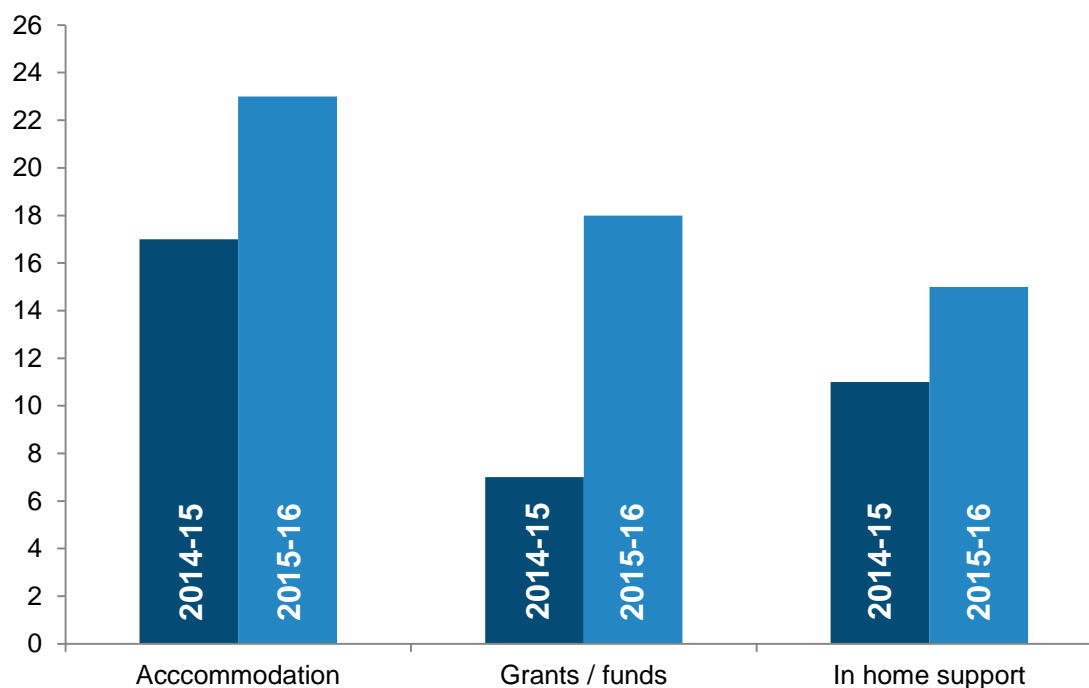
- Service costs and financial assistance: **8** complaints
- Service Access: **2** complaints

### 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

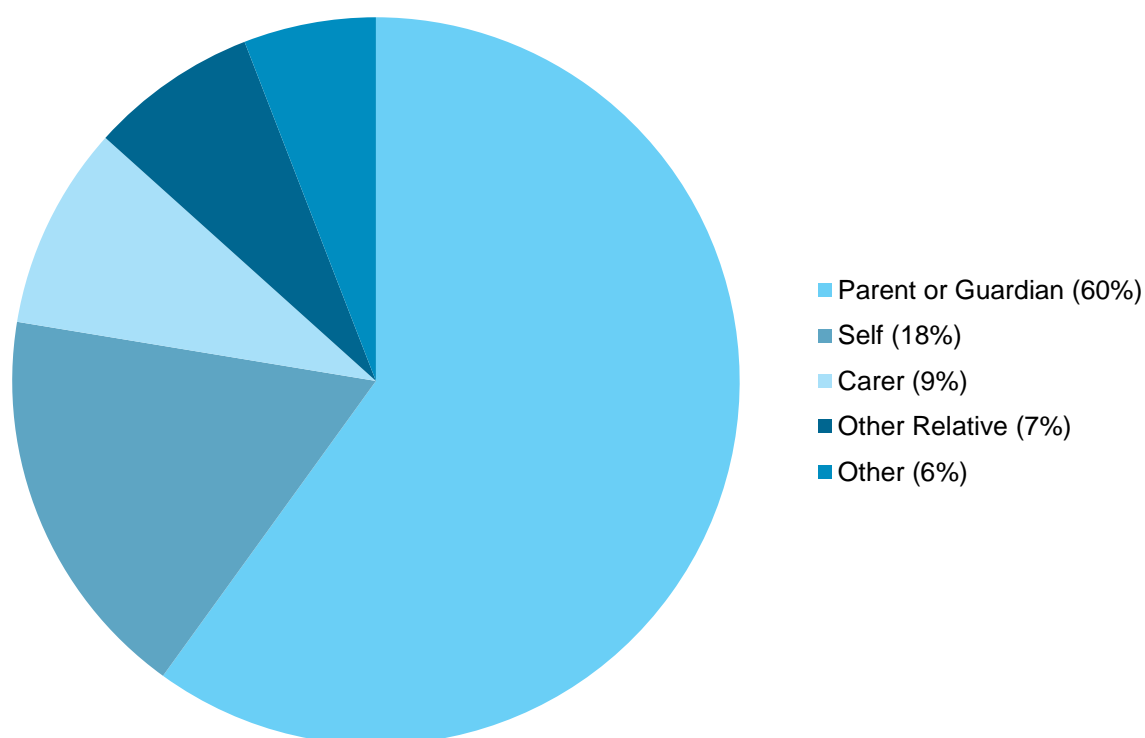
### 2015-16 data

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 ”**

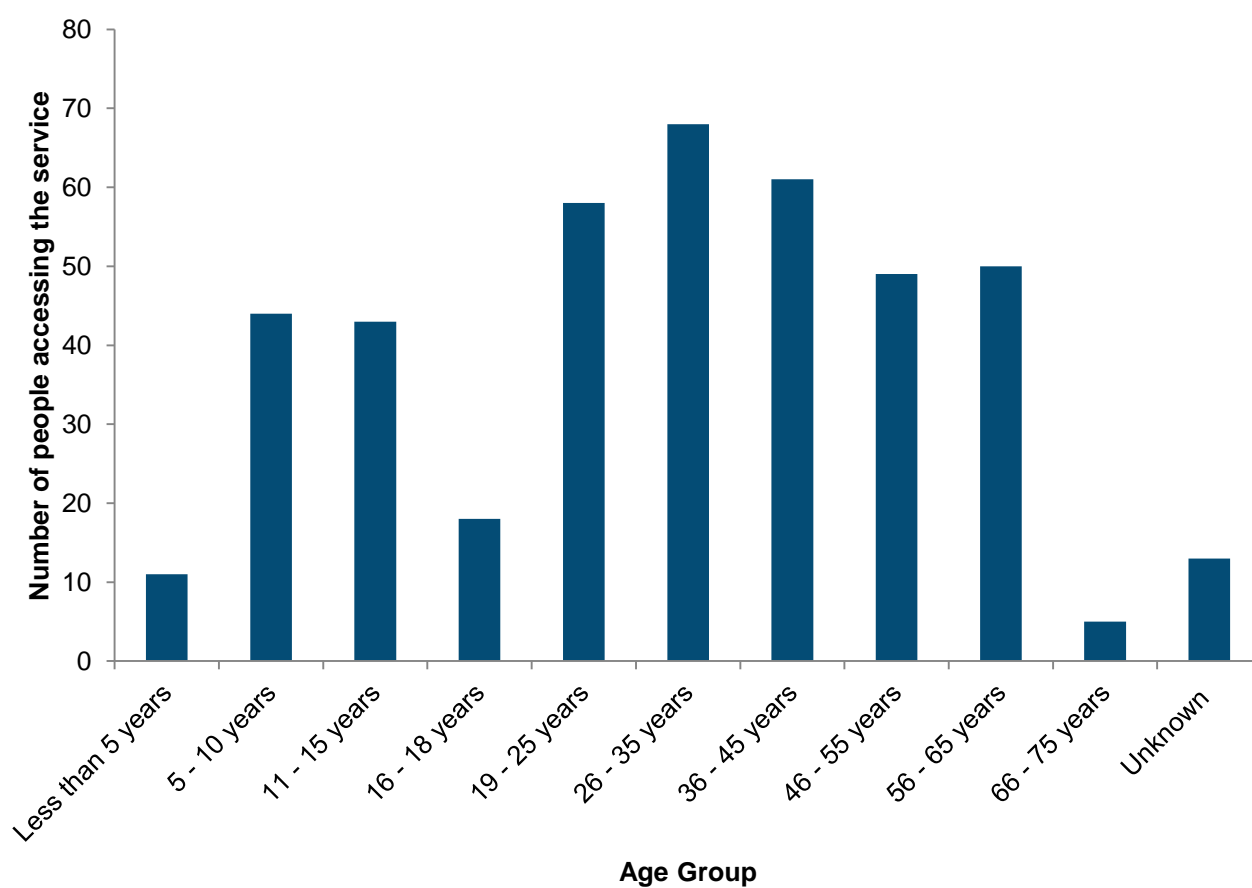
Figure 9: Who made complaints directly to the disability service provider?






**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%

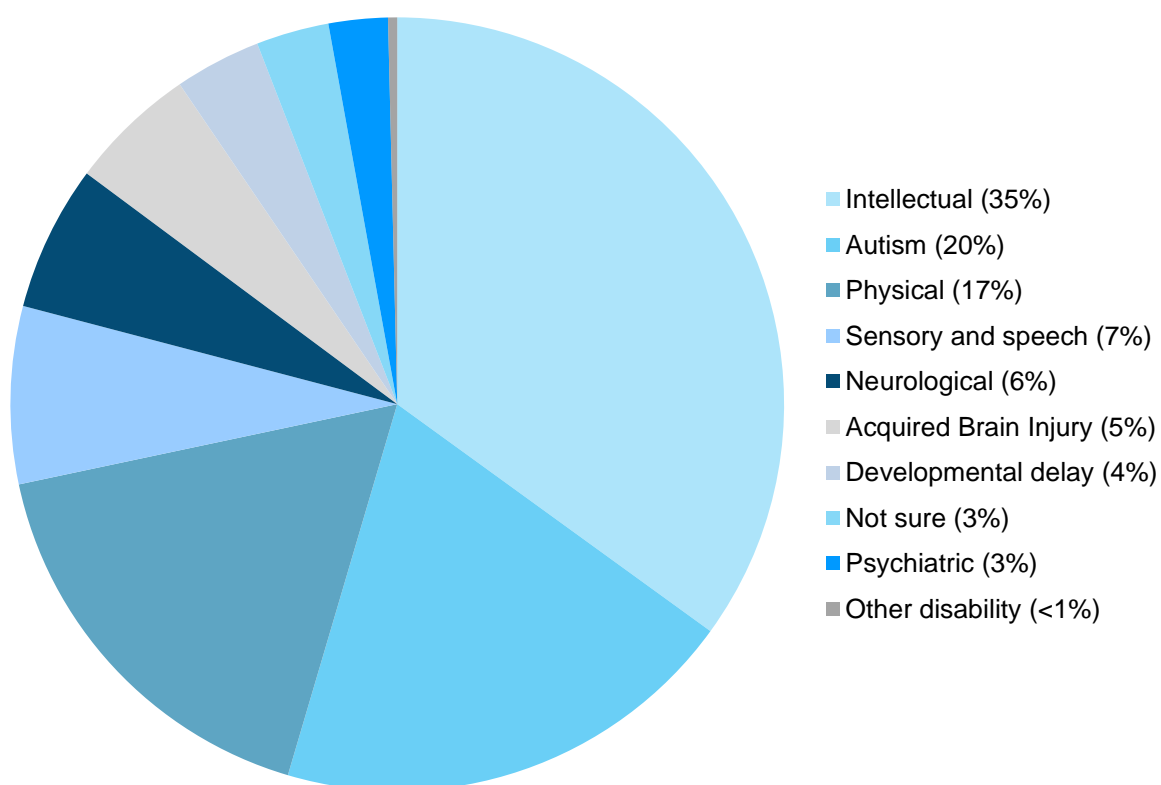
**Figure 10: Age of person accessing the service**



**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

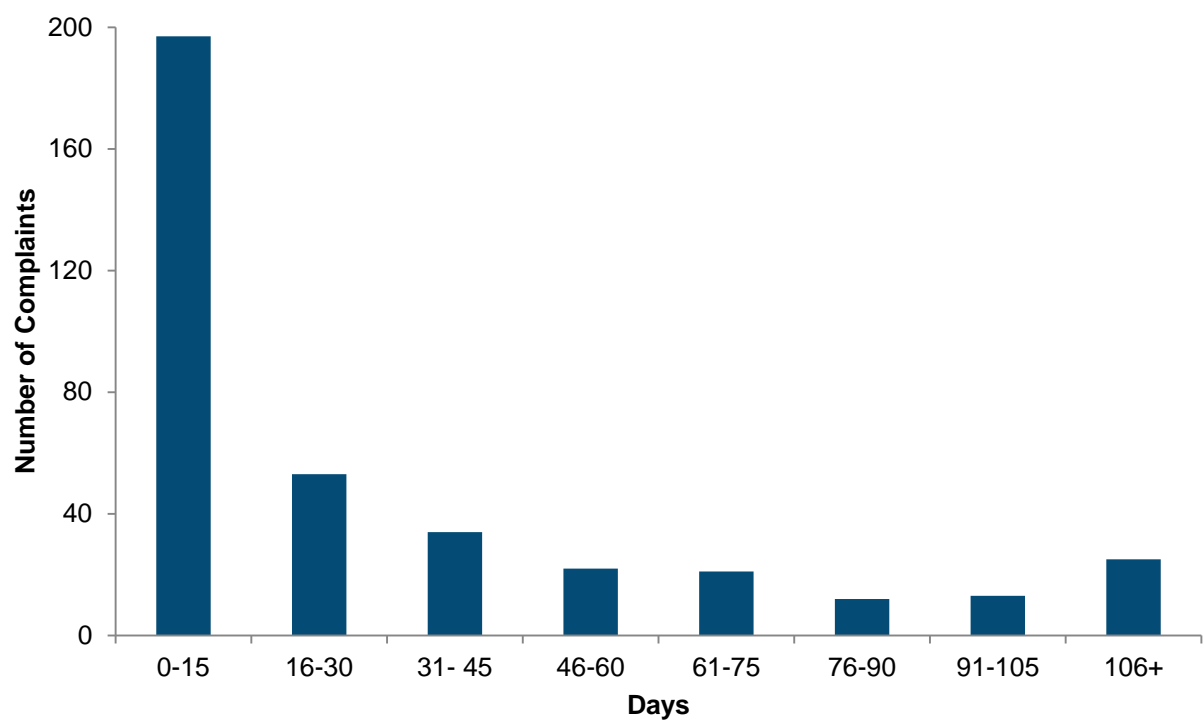
### What issues were most frequently identified in complaints?

- 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%**

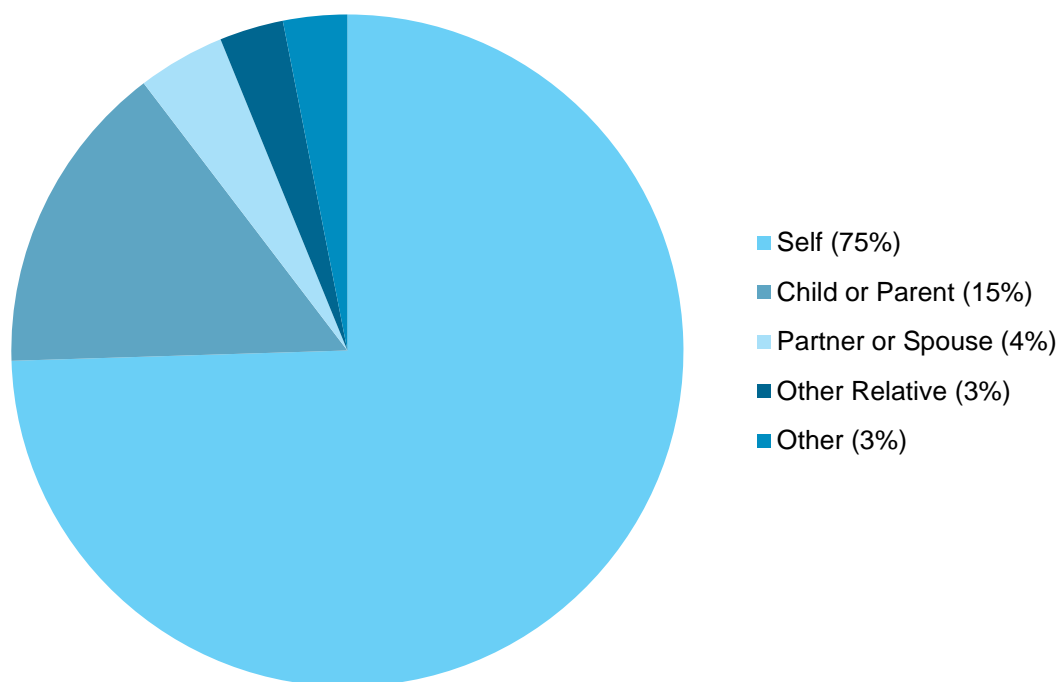
**Figure 12: Time taken to resolve complaints**



### 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:

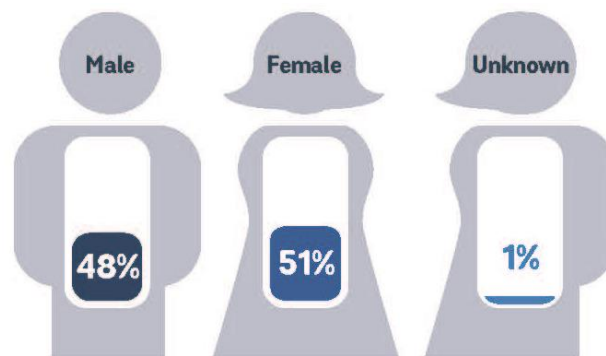
**Figure 13: Who made the complaint to HaDSCO?**



**“ 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**

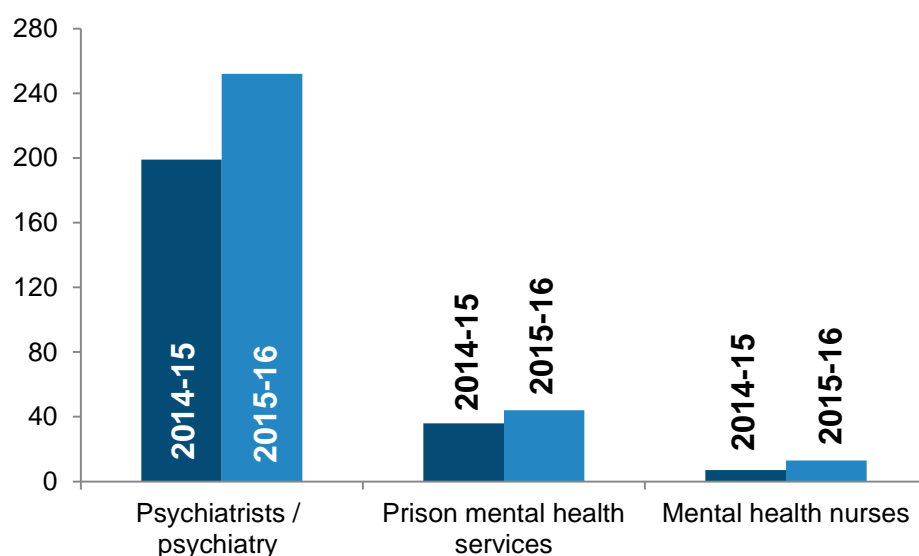


### What services did people complain about?

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.

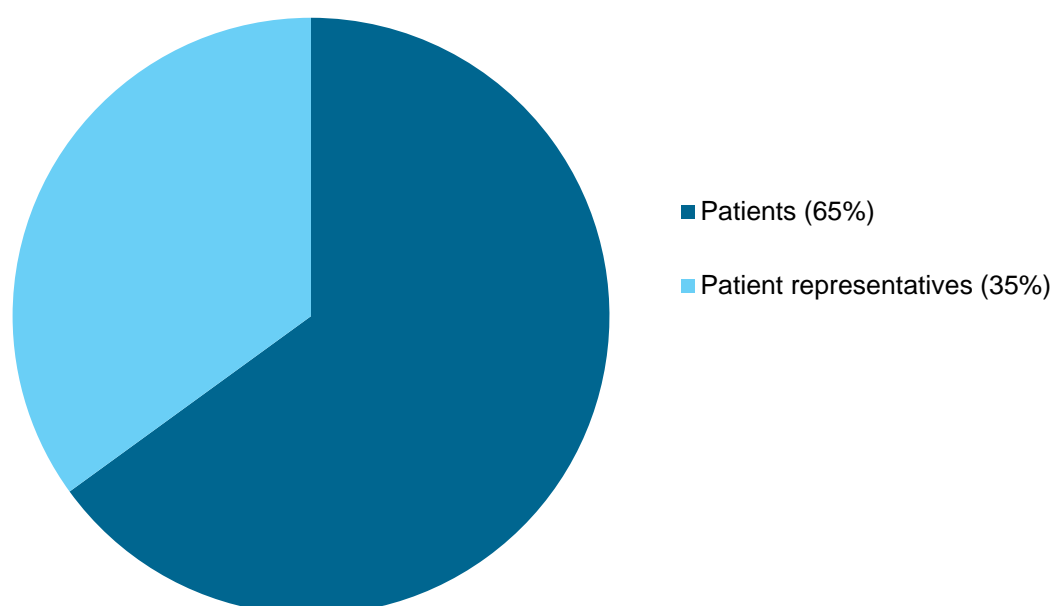
As a result of HaDSCO's involvement, the facility met with the individual and their support person and provided an apology in relation to the care coordinator's manner and attitude.

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 services<sup>1</sup>. This represents 15 percent of complaints about public health service providers from which HaDSCO collects data.<sup>2</sup>

**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%**

<sup>1</sup> 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

<sup>2</sup> 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

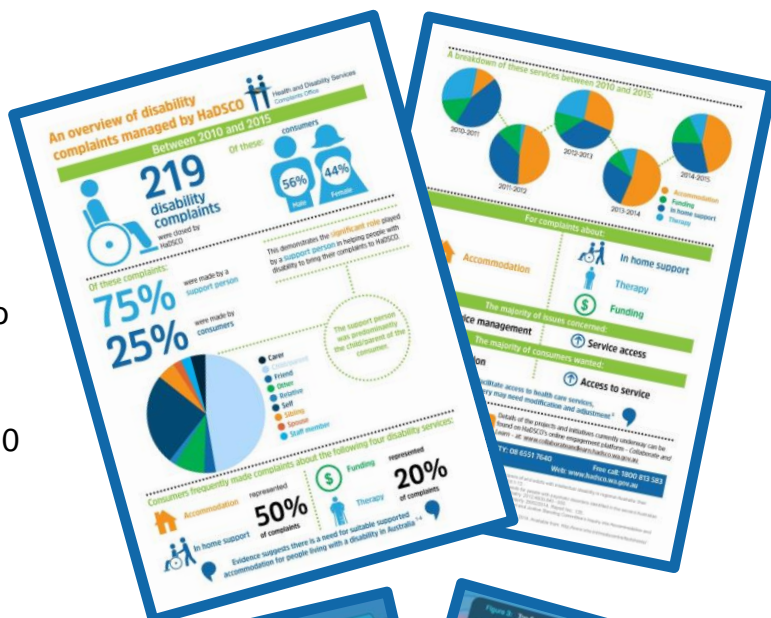
processes and outcomes, as well as the successes and challenges associated with each.

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.

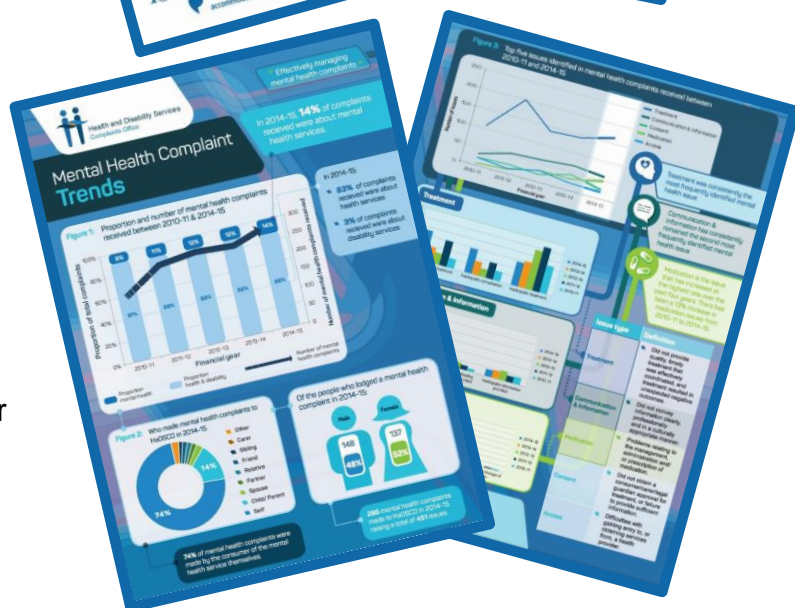
## Infographics

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

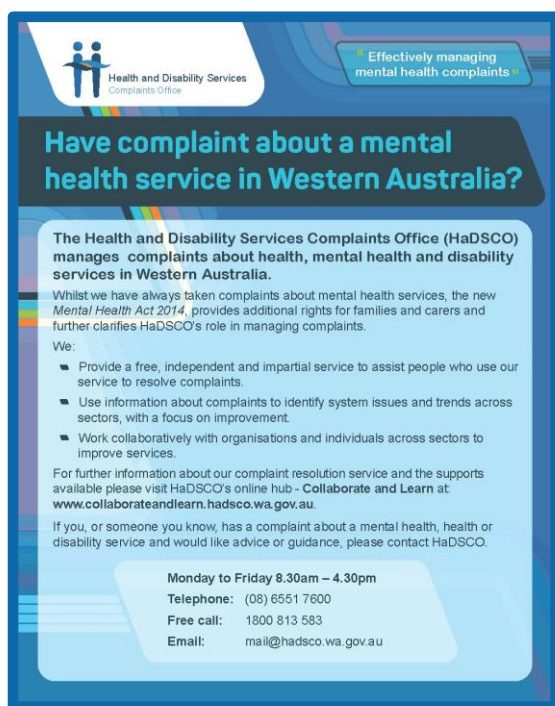
Underpinning our tailored engagement programs is the central concept of raising HaDSCO's profile. We do this by providing information about the services we offer and the initiatives we have running through a range of print and online mechanisms, as well as a range of events.

## 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,

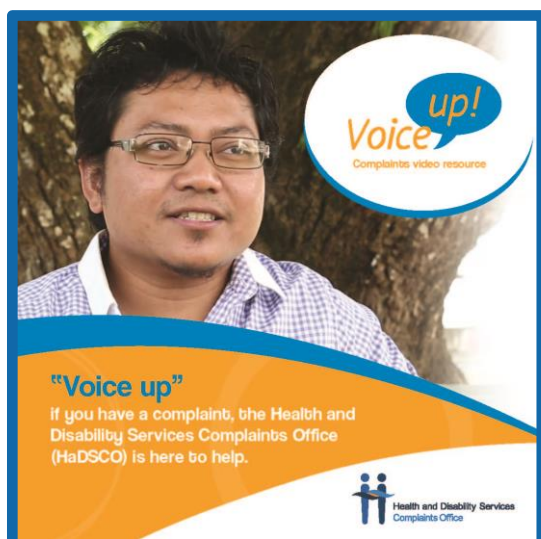


to provide information on consultations, initiatives and events taking shape across the health, disability and mental health sectors. Additionally, we continued to update the website's dedicated project pages, tailored to individual group needs, including the CCRG page, to keep stakeholders informed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

