

2.

Office performance

In this section we provide an overview of the work undertaken during the 2016-17 financial year, including details of projects, initiatives and achievements.

Complaints

Receive, Resolve, Reform
Manage complaints in a professional, impartial, confidential and efficient manner with quality outcomes

In this section we report on the outcomes achieved under the strategic priority of complaints, aligned to HaDSCO's Service One: Assessment, negotiated settlement, conciliation and investigation of complaints.

We provide an overview of our complaints management process, a breakdown of complaints received and closed, and details of the outcomes achieved for individuals who made complaints to HaDSCO and in relation to service improvements arising from complaints.

Complaints data

We report on two sets of complaints data:

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

Our case studies

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

2.1. Key highlights

Key highlights for 2016-17 for HaDSCO's complaints data are set out below:

- 2,697 complaints were received, which represented a 6% increase in 2016-17 compared to 2015-16. The increase was across all sectors: complaints about health services increased by 3%, disability services by 19% and mental services by 3%. Complaints have been increasing steadily over the last three years.
- The Office met or exceeded all of the annual targets relating to the timely resolution of complaints, with the exception of the proportion of complaints assessed within 28 days (achieving 91%, instead of the targeted 95%).
- The issues raised in complaints for health, disability or mental health services varied, but remained consistent for each sector compared to 2015-16:
 - Health complaints typically concerned the quality, coordination or outcome of treatment (54%), fees and costs (21%), communication between the service provider and the individual (21%) and service access or availability (16%).
 - Disability complaints typically concerned service delivery (failure to provide a service and/or the quality of service delivery) (39%), complaints and disputes between the service provider and individual (18%), and service costs and financial assistance (17%).
 - Mental health complaints typically concerned the quality of clinical care provided (51%), communication between the service provider and individual (or their representative) (33%), decision making (concerning consent and consultation) (21%), rights, respect and dignity of the individual (21%), and issues related to service access or availability (13%).
- Services that received the highest proportion of complaints were:
 - Health services: general practices and practitioners (19%), prison health services (18%), dental health services (10%), and accident and emergency services (5%).
 - Disability services: grants (funds) (29%), respite (16%), in-home support (16%), and accommodation services (15%).
 - Mental health services: psychiatrists and psychiatry (59%), prison mental health services (11%) and community mental health services (11%).
- 144 actions were taken by service providers to facilitate redress for individuals making a complaint, as a result of HaDSCO's complaints management process.
- 42 service improvements were managed as a result of HaDSCO's involvement.
- The Office commenced a Complaint Handling Continuous Improvement Program in March 2017 to provide more efficient and effective management of complaints.

Key highlights for 2016-17 for external complaints data are set out below:

- 7,569 complaints were received by 25 prescribed health service providers covering complaints about health and mental health services, representing a 6% decrease compared to 2015-16.
- 464 complaints were received from 20 prescribed disability service providers, representing a 21% increase compared to 2015-16.
- All types of service providers addressed more than 65% of complaints within 30 days. Health and mental health service providers typically resolved more than 90% of complaints within 90 days, and disability service providers resolved more than 85% of complaints within 90 days.
- The issues raised in the complaints received by prescribed providers differ depending on whether the complaint concerned a health, disability or mental health service:
 - Health complaints typically concerned the quality of clinical care (35%), service access/availability (16%), and issues related to communication between the service provider and the individual (21%).
 - Disability complaints typically concerned service delivery (57%), staff issues (53%), and communication between the service provider and individual (or their representative) (41%).
 - Mental health complaints typically concerned quality of clinical care (35%), communication between the service provider and individual (or their representative) (25%), rights, respect and dignity of the individual (15%), and issues related to service access/availability (8%).

These issues are generally consistent between 2016-17 and 2015-16 for all service provider types.

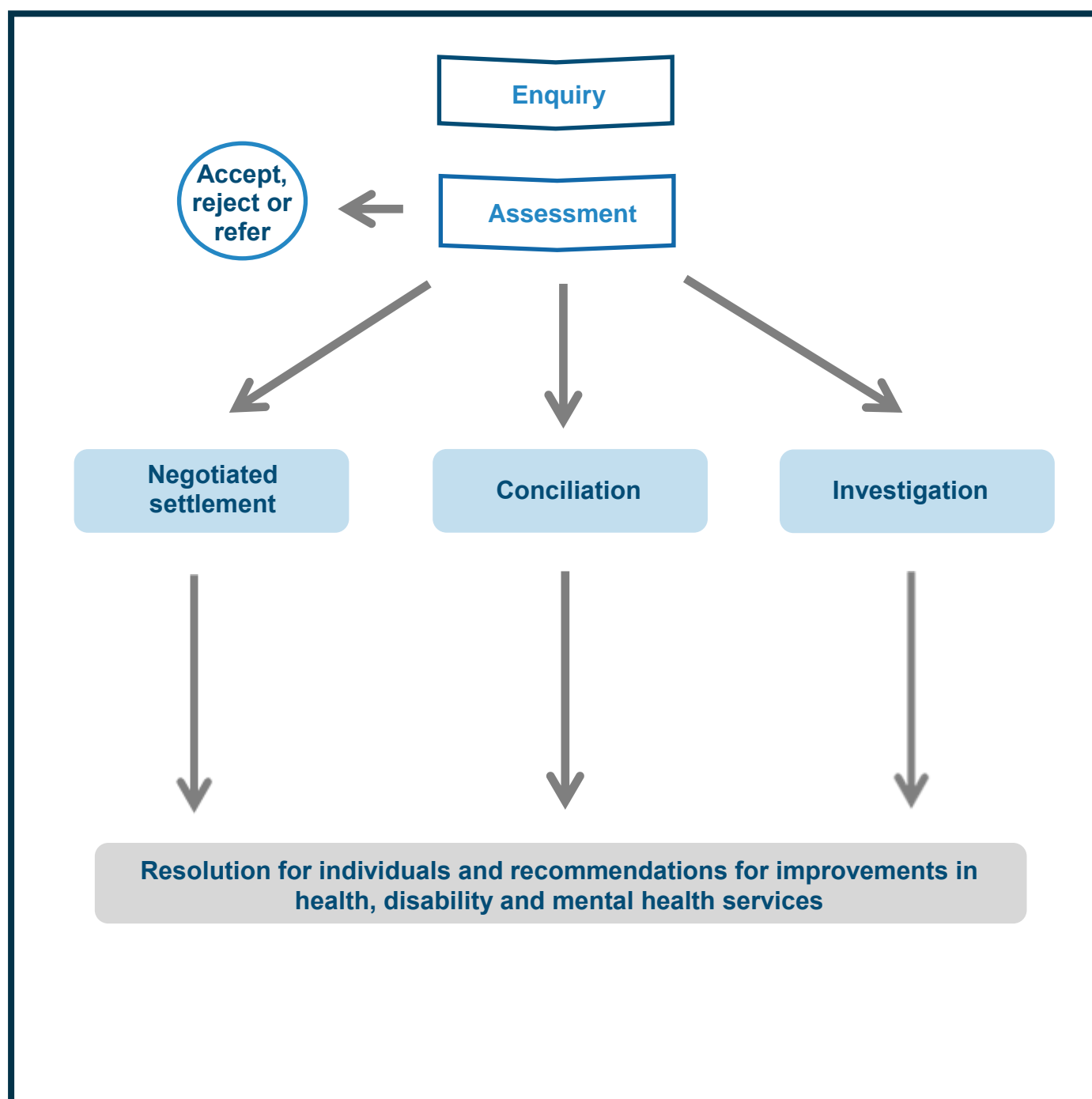
- The outcomes of complaints are consistent across all service provider types. The most common outcomes were:
 - Acknowledgement of the individual's views or issues; health (20%), disability (78%) and mental health (20%).
 - An explanation or information about services provided; health (32%), disability (56%) and mental health (32%).
 - An apology from the service; health (27%), disability (47%) and mental health (23%).

2.2. Our complaints management process

HaDSCO takes a resolution based approach to managing complaints. We aim to resolve complaints as informally as possible and in the most timely and efficient manner. There are three main stages in the complaints management process:

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

This information is represented visually below:



Enquiry

We provide information about HaDSCO's complaints process and 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, or the Indian Ocean Territories.
- The individual, or their representative if required, provide their written 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) about complaints relating to registered health professionals to determine which agency is more appropriate 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.

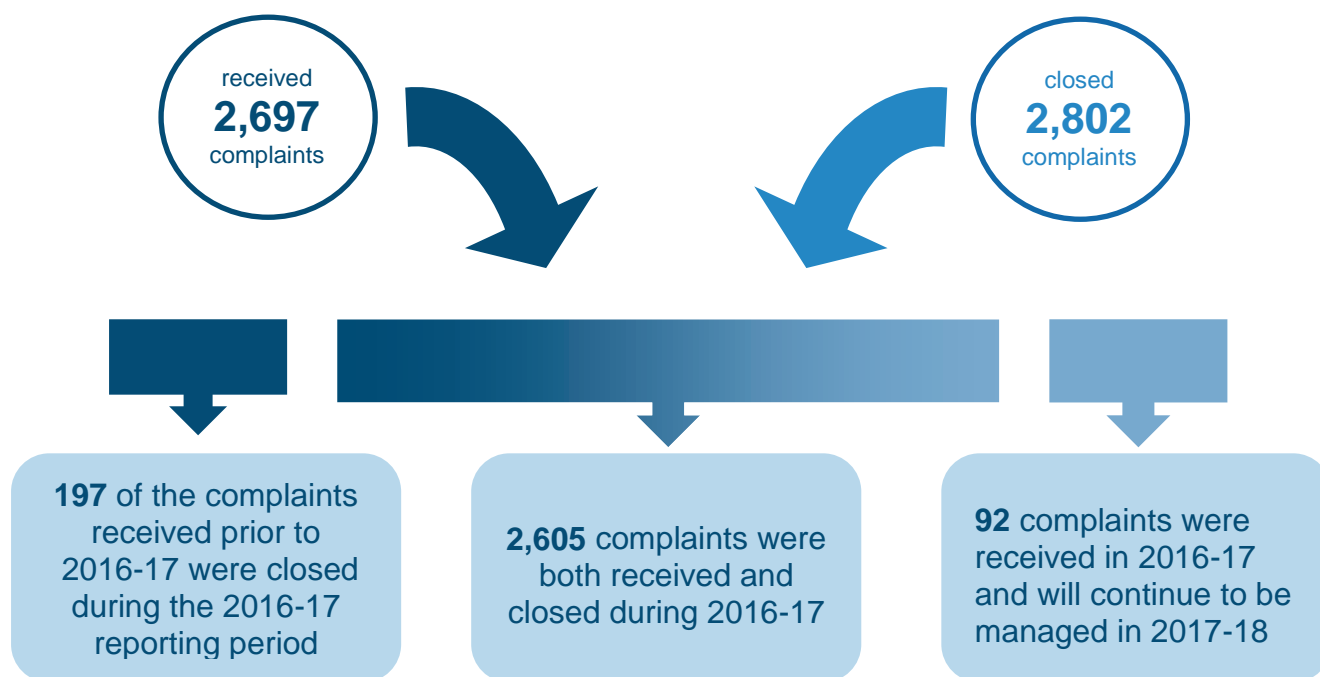
Negotiated settlement: This is generally a paper based approach where HaDSCO facilitates the exchange of information between the parties to assist in resolving a complaint by negotiating an outcome acceptable to both the individual and the service provider.

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

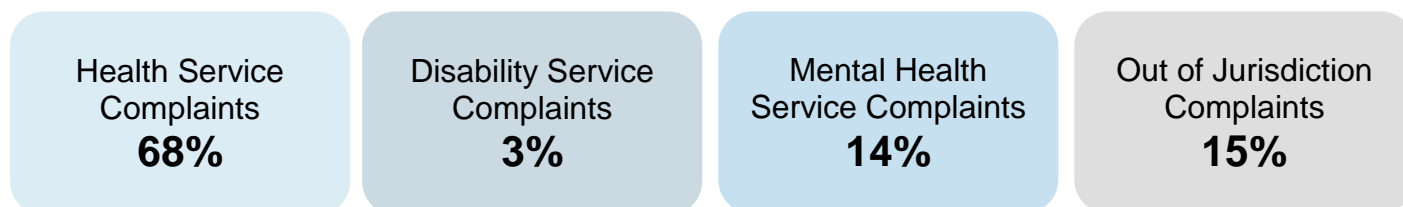
Investigation: An investigation is undertaken to determine whether any unreasonable conduct occurred in providing a health, disability or mental health service.

2.3. Overview of complaints

In 2016-17, HaDSCO received **2,697** complaints, and closed **2,802** complaints. The number of complaints received and closed in 2016-17 is not the same; this is because complaints are not always closed in the same year that they are received. A total of 92 complaints received in 2016-17 are still active, and will continue to be managed in 2017-18.



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

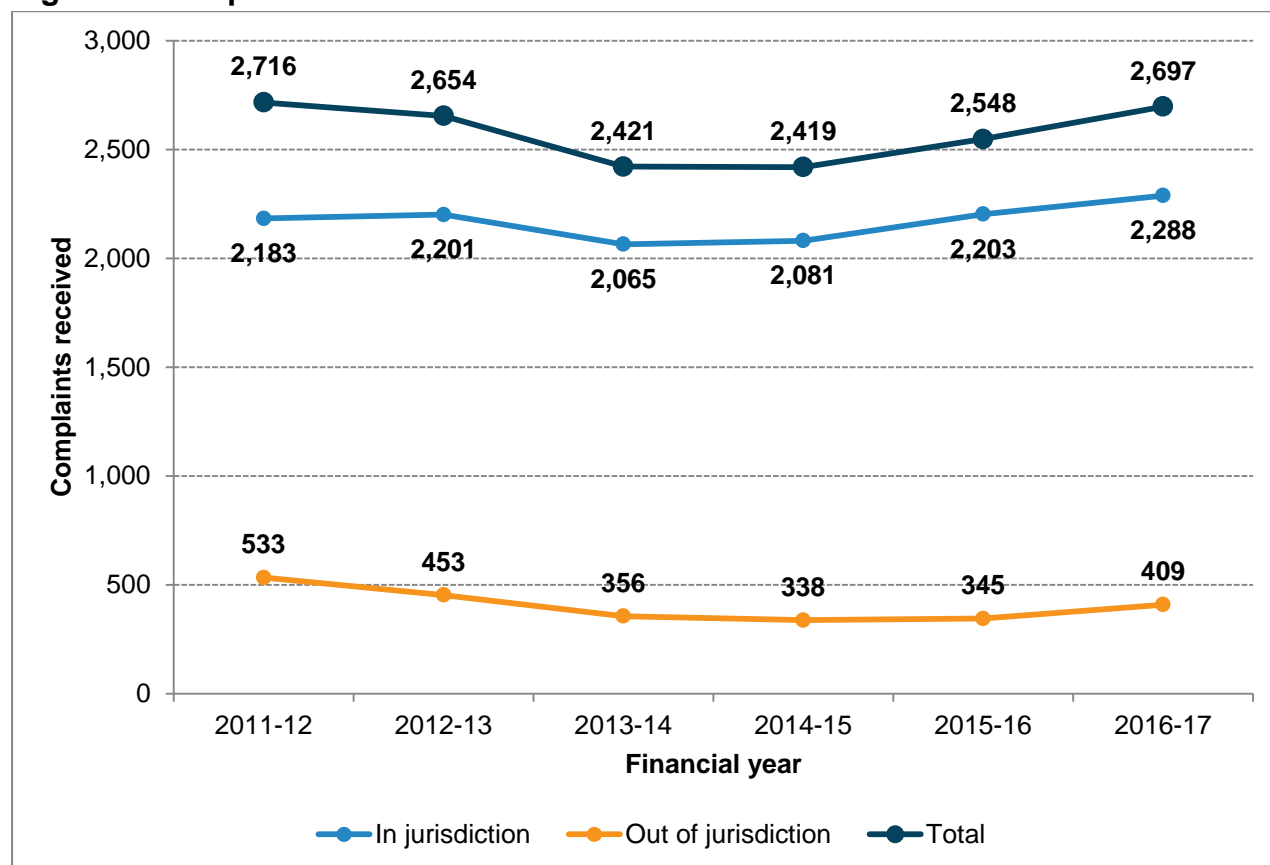


HaDSCO manages complaints about health, disability and mental health services, covering the public, private or not-for-profit sectors.

In 2016-17, the majority of the complaints received by HaDSCO concerned health services (68% of complaints received). The Office received comparatively fewer complaints about disability and mental health services (3% and 14% of complaints received respectively). HaDSCO also receives complaints that are out of jurisdiction; these are complaints that do not relate to the provision of health, disability or mental health services in Western Australia or the Indian Ocean Territories. Out of jurisdiction complaints received accounted for 15% compared to 13% in 2015-16.

The number of in jurisdiction complaints received by HaDSCO has increased steadily since 2014-15, as displayed in Figure 1. The total number of in jurisdiction complaints received in 2016-17 increased by 4% compared to 2015-16. Increases in the number of in jurisdiction complaints received were observed across all sectors: health complaints increased by 3%, disability complaints increased 19%, and mental health complaints increased 3%, compared to 2015-16.

Figure 1: Complaints received between 2011-12 and 2016-17



Contacting HaDSCO

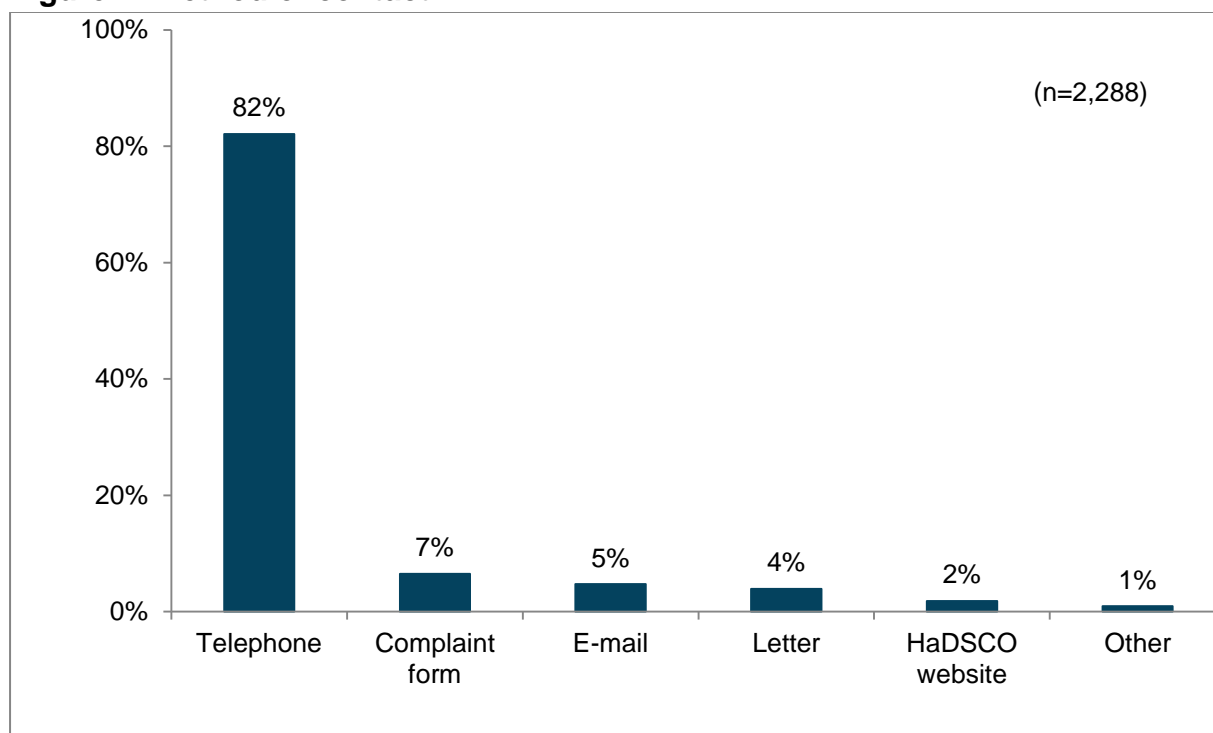
Individuals who want to make a complaint about a health, disability or mental health service can contact our Office in a variety of ways. Initial contact with HaDSCO is typically either by telephone, a formal complaint form, email or a letter.

As shown in Figure 2, in 2016-17, most complaints were received by telephone, accounting for 82% of complaints received.

Complaints received by telephone provide an opportunity for HaDSCO staff to discuss the nature of the complaint and avenues for resolution. This may include providing information to assist the individual to take the complaint back to the service provider in the first instance, as this is often the most efficient way to resolve the complaint. If this does not resolve the matter, we advise them to contact our Office again for further assistance.

Additionally, if there is a more appropriate agency to manage the complaint we will refer the individual to that agency. If required, we also provide information about the supports available to assist the individual with lodging a complaint, such as advocacy services.

Figure 2: Method of contact



Totals may not sum to 100% due to rounding. In some instances, the method of contact information was not collected.

Awareness of HaDSCO

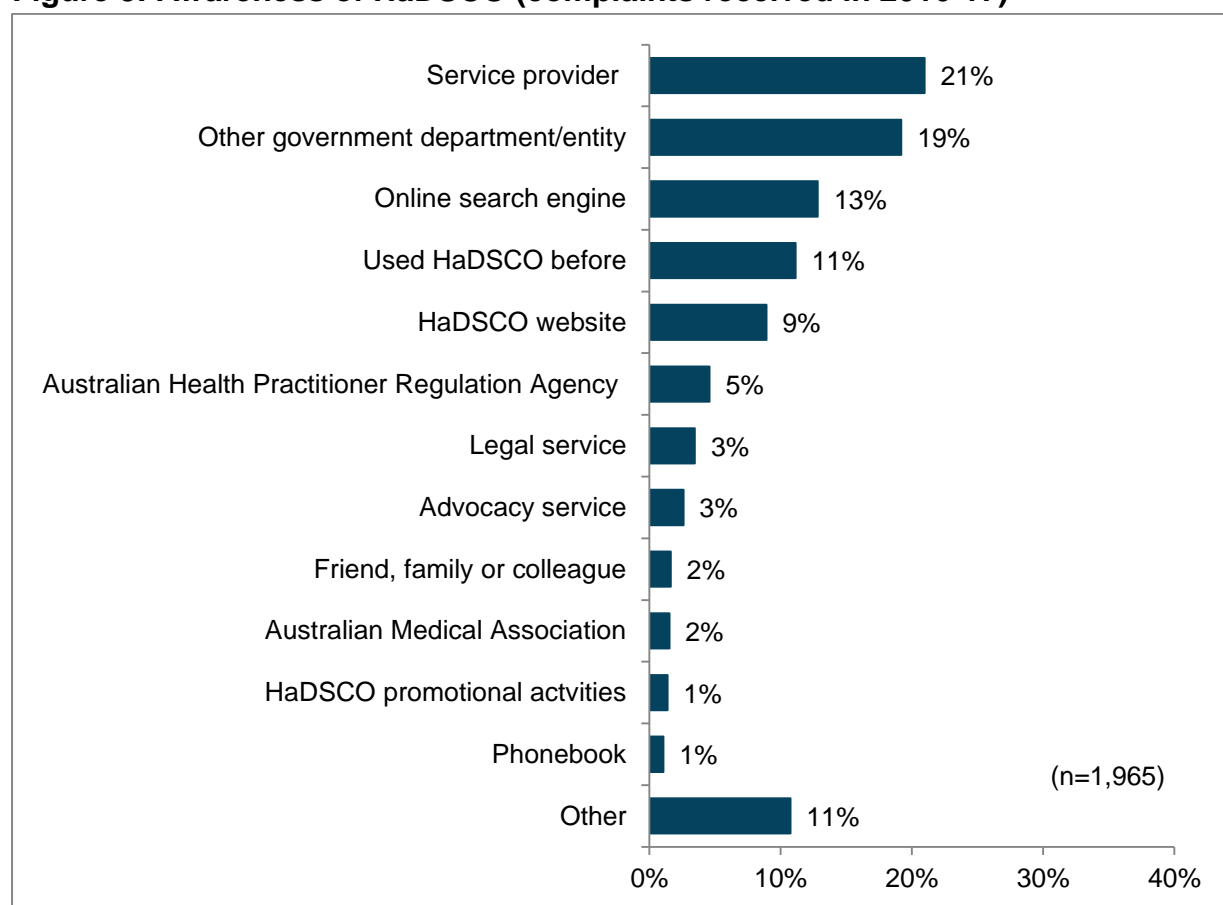
There are a number of ways that people become aware of HaDSCO, as detailed in Figure 3 below.

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

- They are referred by a service provider, government agency, or other organisation.
- They use an online search engine or visit our website.

A number of people (11%) were familiar with our Office as they had accessed our services previously.

Figure 3: Awareness of HaDSCO (complaints received in 2016-17)



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

Time taken to resolve complaints

The timely resolution of complaints continues to be a primary area of focus for the Office. Commencing in early 2017, a Complaint Handling Continuous Improvement Program was launched to improve the efficiency and effectiveness of the Office's complaint handling process. Initiatives in support of the Complaint Handling Continuous Improvement Program will continue throughout 2017-18.

In addition to the focus on timely complaint resolution under the Complaint Handling Continuous Improvement Program, HaDSCO works to statutory timeframes for the management of complaints set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation. The operational target for each legislated timeframe, and the result achieved in 2016-17, are shown in Table 1.

In 2016-17, the Office met or exceeded all targets relating to the timely resolution of complaints, with the exception of the proportion of complaints that were assessed within 28 days.

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

Legislative requirement	Legislative timeframe or performance target (days)	2016-17 Target	2016-17 Actual
Preliminary assessment of complaint	28	95%	91%
Preliminary assessment of complaint (with extension)	56	90%	92%
Notice to provider and others of acceptance of complaint	14	95%	96%
Resolution of complaint in Negotiated Settlement	56	80%	90%
Resolution of complaint in Negotiated Settlement (with extension)	112	85%	88%

Complaints lodged from the Indian Ocean Territories

Our services are provided to the Indian Ocean Territories (IOT) through a Service Delivery Arrangement with the Australian Government. HaDSCO received and closed twelve complaints in the 2016-17 financial year as part of this Arrangement. Five of these complaints were received by HaDSCO representatives during this year's visit to the IOT. Included in this number are two complaints, which after preliminary assessment, were determined to be out of HaDSCO's jurisdiction and were referred to more appropriate agencies.

The number of complaints managed by HaDSCO increased in comparison to the 2015-16 financial year, when our Office received five complaints and closed six complaints from the IOT.

Consultation with AHPRA about complaints

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO, as Western Australia's Health Complaints Entity, is required to notify the Australian Health Practitioner Regulation Agency (AHPRA) about complaints that relate to registered health professionals to determine which is the more appropriate agency to manage the complaint.

In 2016-17, HaDSCO consulted with AHPRA on 79 complaints. This resulted in:

- 45 complaints being retained by HaDSCO
- 31 complaints being referred to AHPRA
- 3 complaints being split between HaDSCO and AHPRA to ensure that all complaint issues were addressed.

In the same period AHPRA consulted with HaDSCO on 190 complaints. This resulted in:

- 25 complaints being referred to HaDSCO
- 156 complaints being retained by AHPRA
- 9 complaints being split between HaDSCO and AHPRA to ensure that all complaint issues were addressed.

HaDSCO's complaint numbers are generally lower than AHPRA's as a single HaDSCO complaint can identify multiple service providers. In these cases AHPRA would address each provider as a separate complaint.

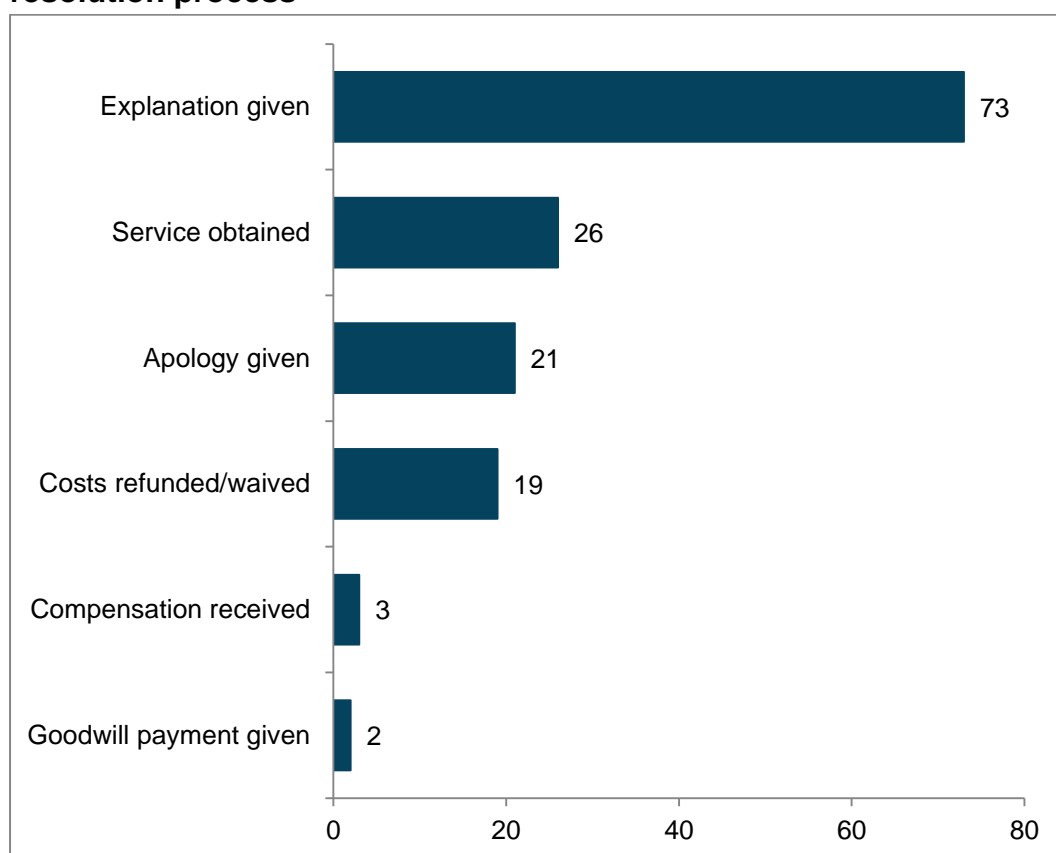
Outcomes achieved

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

HaDSCO's complaint resolution process produced a redress outcome in 62% of the complaints closed by negotiated settlement, conciliation or investigation in 2016-17. This resulted in a total of 144 outcomes for individuals as shown in Figure 4 below.

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

Figure 4: Redress outcomes resulting from complaints managed through a resolution process



In 2016-17, **42** 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	Review of fee cancellation policy to ensure that individuals are informed of fees that apply where medical procedures are cancelled within one week of scheduled date.
	Amendments to a disability service provider's Service Agreement covering communication with families about support worker arrangements.
Staff education and training	Training for staff on complaint resolution procedures.
	Education of staff on the <i>Mental Health Act 2014</i> .
	Training for nursing staff on procedures for the care of wounds to prevent infections.
	Use of complaints as de-identified case studies for staff training to improve in areas identified in complaints.
Change in process	Improved processes around pressure care injuries covering patient records and clinical handover.
	Improved processes for receiving feedback from carers on patient care.
	Review of the process for the distribution of carers packs to relevant parties involved in an individual's care during their hospital stay.
	Implementation of a process for more timely responses to complaints.
	Change in pathology collection process in a GP medical centre including providing for female doctors to undertake pathology collection when requested.
	Review of service provider's complaints management process to ensure greater transparency.
	Improved process for infection control for day surgery admissions covering the admissions suite and patient administration.
	Improved process for documentation of discussions between staff and individuals accessing the service about medical procedure fees.
Communication	Improved communication covering informed financial consent.
	Arrangements made for ongoing communication during an individual's transition to altered disability accommodation arrangements.
	Facilitated ongoing liaison between carer and service provider through carer's participation in the provider's carers focus group and forum.
	Improved communication with individuals about the reasons for undertaking particular medical tests.

Respond to changing environments

Review, Respond, Redefine

Respond appropriately to our changing environments

Complaint Handling Continuous Improvement Program 2017

It is important that we continue to deliver our complaint handling services in an efficient and effective manner, that service delivery approaches are flexible and responsive and that they meet the needs of our stakeholders.

Consistent with our strategic priority of responding to changing environments in our Strategic Plan 2017-2021, in March 2017, HaDSCO commenced a Complaint Handling Continuous Improvement Program (the Program) which aims to strengthen the role and capacity of HaDSCO in the management of complaints. This work builds on continuous improvement programs previously delivered by the Office.

The Program aims to ensure a 'fit for purpose', outcomes focused approach to service delivery, with a strong emphasis on timeliness of complaint resolution and achieving quality outcomes that provide for remedies for service users and systemic improvements where appropriate. The Program also aligns with HaDSCO's strategic direction to manage complaints in a professional, impartial, confidential and efficient manner, with quality outcomes.

Under the Program, a number of strategies have been developed and implemented which provide for strengthened systems and procedures in the intake and triaging of complaints, improvements in work flow processes, more consistent use of complaint resolution tools available to staff, improved data integrity, strengthened record keeping, and overall improvement in performance.

A key component of the Program has been the elimination of aged cases under an Aged Case Strategy. Since 1 March 2017 to 30 June 2017, there has been a significant reduction in the number of cases over 112 days from 34 to 11, representing a 68% decrease in aged cases.

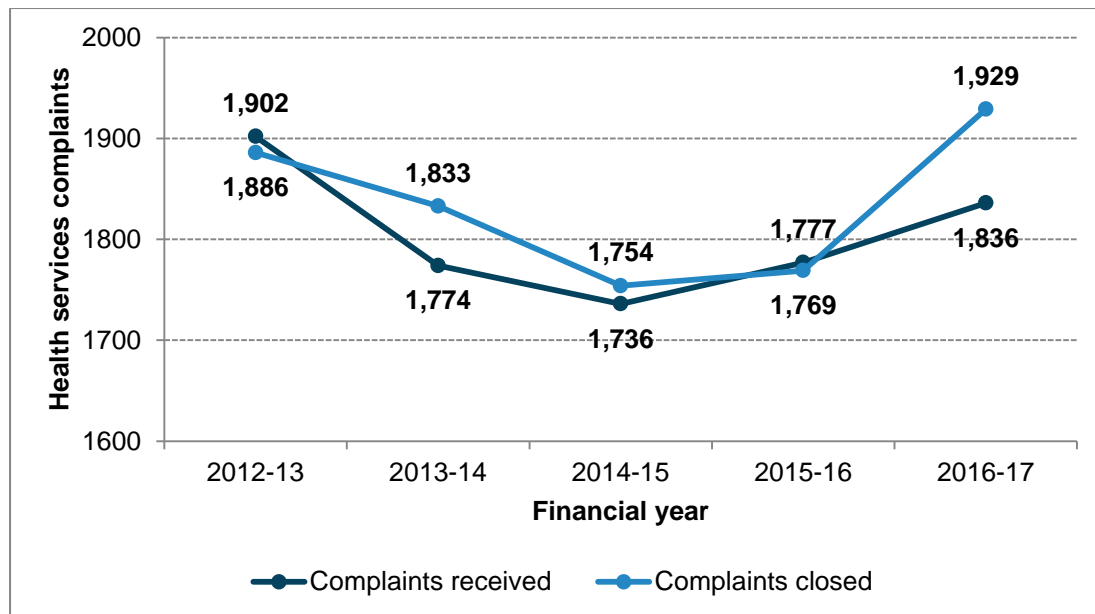
2.4. Complaints about health services

HaDSCO complaints data

HaDSCO received 1,836 complaints about health services in the 2016-17 financial year. This represents a 3% increase compared to 2015-16. HaDSCO closed 1,929 complaints about health services in 2016-17, a 9% increase compared to 2015-16.

Figure 5 below details the number of complaints about health services received and closed by HaDSCO since 2012-13¹. The number of complaints, both received and closed, has increased each year since 2014-15.

Figure 5: Complaints about health services received and closed between 2012-13 and 2016-17



The following section provides a more detailed breakdown of the complaints about health services closed by HaDSCO in 2016-17. Where possible, data for 2015-16 has been included for comparison. Certain information is not available for 2015-16 and is therefore not included. The Office is currently in the process of improving its data collection and reporting capabilities.

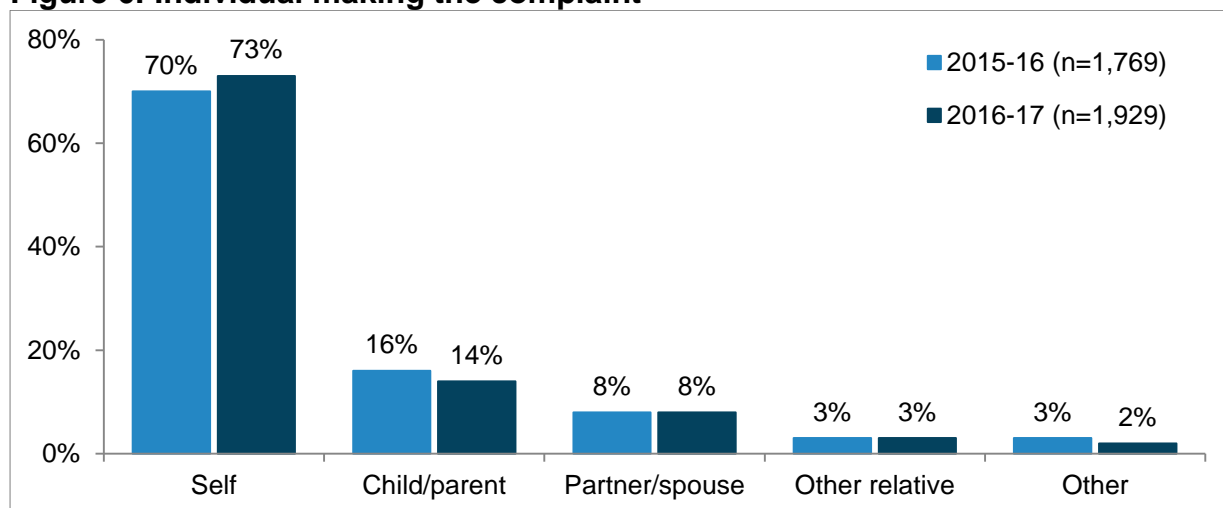
¹ Historical data may not match figures provided in previous Annual Reports, due to a small number of complaints being re-opened in later financial years.

Individual making the complaint

Most complaints (73%) about a health service were made by the individual who received the service. The remaining complaints were made by a representative on behalf of the individual, which was typically a family member (as shown in Figure 6).

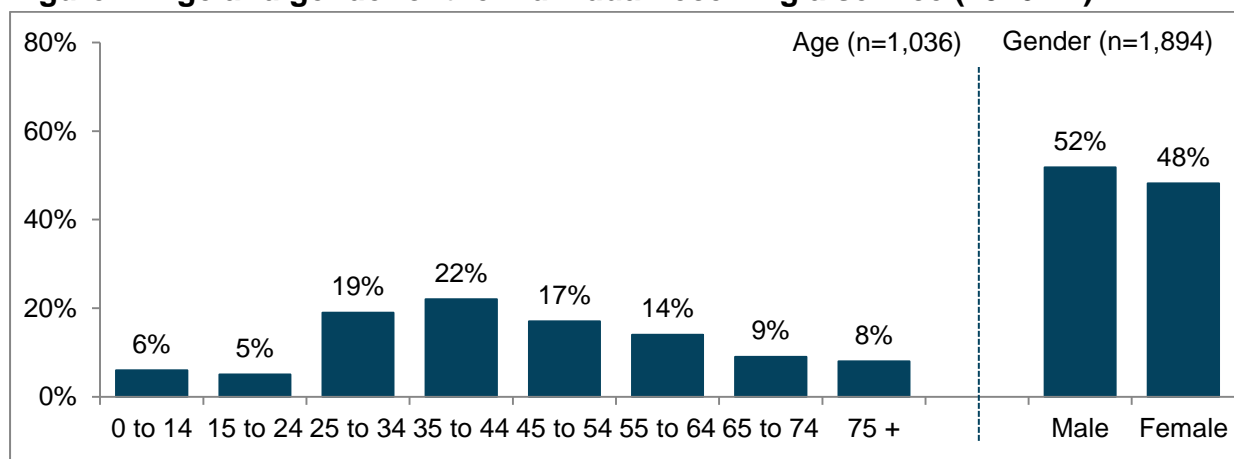
In comparison to 2015-16, there has been little change in terms of who made a complaint about a health service with our Office.

Figure 6: Individual making the complaint



Complaints about health services were distributed relatively equally between males and females, and were least likely to concern services provided to individuals aged under 25 years of age. Details are provided in Figure 7 below.

Figure 7: Age and gender of the individual receiving a service (2016-17)



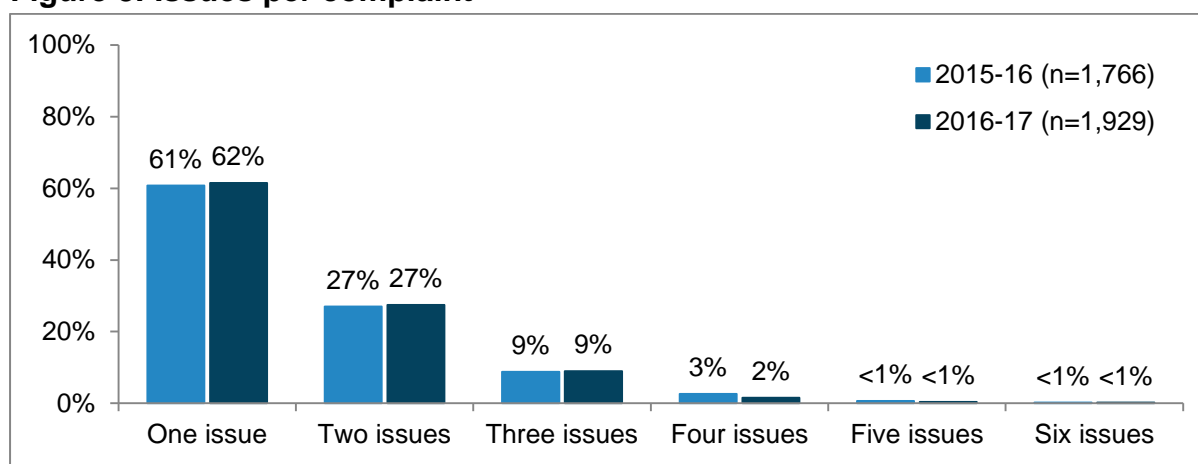
The data in Figure 7 above is provided only for complaints where demographic information about the individual receiving a service was recorded.

Issues identified

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

More than one issue can be raised in a single complaint. Of the 1,929 complaints about health services closed by HaDSCO in 2016-17, 38% concerned multiple issues, resulting in a total of 2,938 issues being identified. As shown in Figure 8, the number of issues identified in each complaint remained relatively similar over the last two years; in 2015-16 each complaint identified 1.6 issues and in 2016-17, 1.5 issues were identified in each complaint.

Figure 8: Issues per complaint



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

CASE STUDY



Hospital improves record keeping practices for discussions relating to fees for overseas patients

An individual contacted HaDSCO following an unsuccessful attempt to resolve a billing issue with a hospital for treatment provided to a relative visiting from overseas who became ill. Their relative was not eligible for treatment under the public health care system and indicated they were not

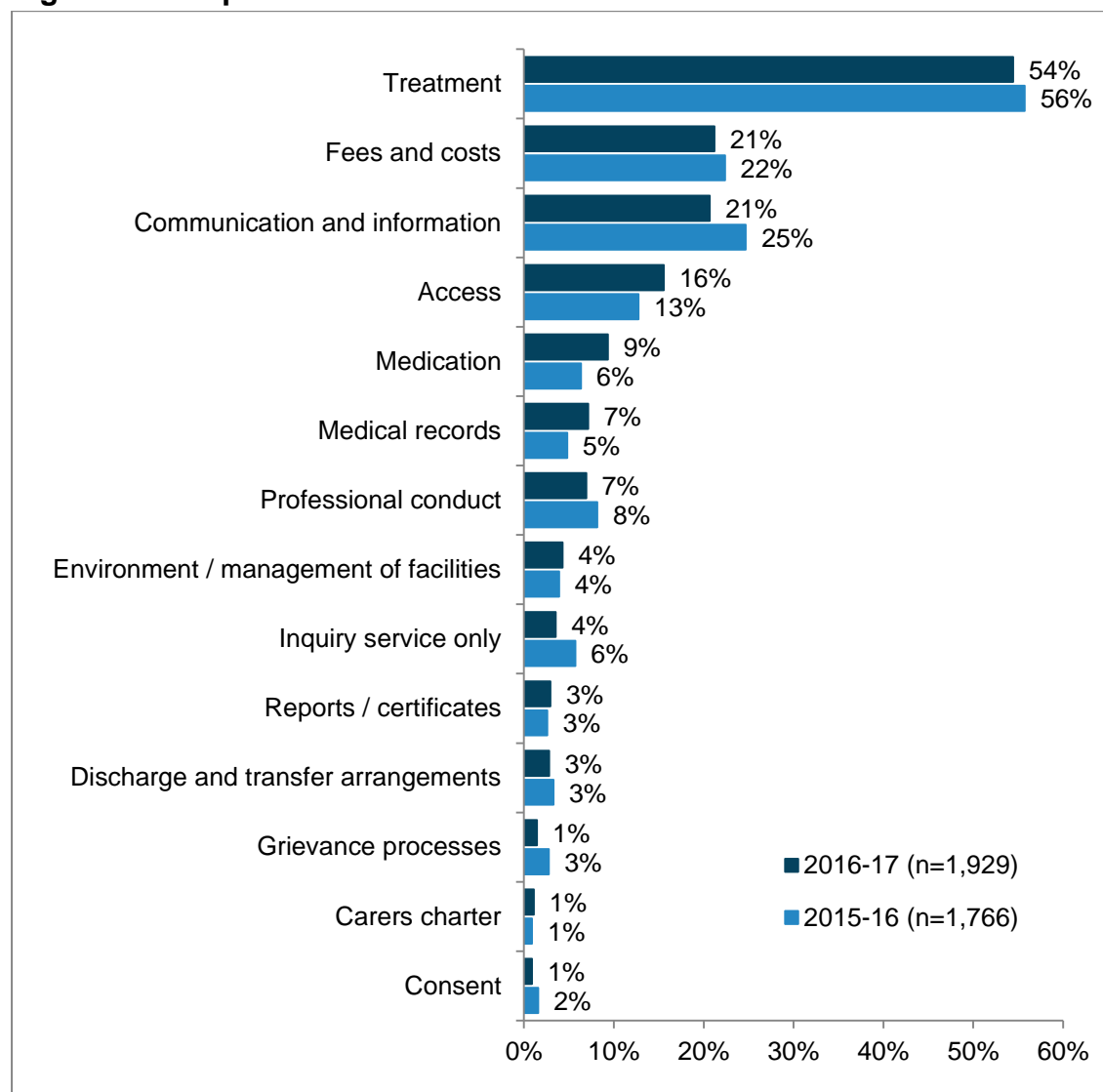
informed of the costs prior to the treatment being provided. During HaDSCO's enquiries, the hospital provided a signed admission form which indicated that the relative would be charged hospital and medical fees applicable to ineligible parties (overseas visitors).

As a result of HaDSCO's involvement, the hospital implemented a process to include more detailed notes of discussions between staff and patients about fees where patients are not eligible for care under the public health system.

The types of issues identified in complaints about health services closed by HaDSCO in 2016-17 and 2015-16 are shown in Figure 9.

The majority of complaints concerned treatment, fees and costs, access, and communication and information. The most common issues identified in these complaints were consistent with those in 2015-16.

Figure 9: Complaint issues identified



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

Examples of the specific concerns associated with the most common complaint issues raised in 2016-17 are listed in Table 2.

Table 2: Concerns associated with the most common complaint issues

Issue type	Concern
Treatment (54%)*	Coordination of treatment: uncertainty about who is managing the individual; no one taking overall responsibility for the individual; conflicting decisions; or poor communication between service providers about treatment or care.
	Inadequate consultation: length of time or location for the consultation was inadequate, or the service provider performed an examination which did not appear to be related to the condition the individual presented with.
	Inadequate treatment: treatment is incomplete or insufficient.
	Unexpected treatment outcome/complications: where treatment results in an adverse outcome for the individual; or results in complications for the individual.
Fees and costs (21%)*	Billing practices: fee or account is too high (including unnecessary provision of services); unfair/unsatisfactory billing practices include insufficient or wrong information on bill; extra fees for services normally included in a global fee; unreasonable penalties for late payment.
	Cost of treatment: treatment discontinued because of cost.
	Financial consent: information about costs was not offered prior to treatment or the information was partial, misleading or incorrect.
Communication and information (21%)*	Attitude/manner: service provider's manner was rude; discourteous; negative; lacked sensitivity; or was patronising or overbearing.
	Inadequate information provided: information was inadequate; incomprehensible; difficult to understand due to jargon, or other barriers; or was incomplete or was not provided.
	Incorrect/misleading information provided: information was wrong; incorrect; misleading; or conflicting.
Access (16%)*	Refusal to admit or treat: refusal by an organisation or service provider to accept an individual as a client; or refusal to provide a service where a service is available.
	Service availability: service or resources non-existent or insufficient for the individual's requirements.
	Waiting lists: unreasonable wait for elective surgery, other treatment or service; or further postponement after a date was set.

*Because multiple issues can be identified per complaint percentages may not sum to 100%.

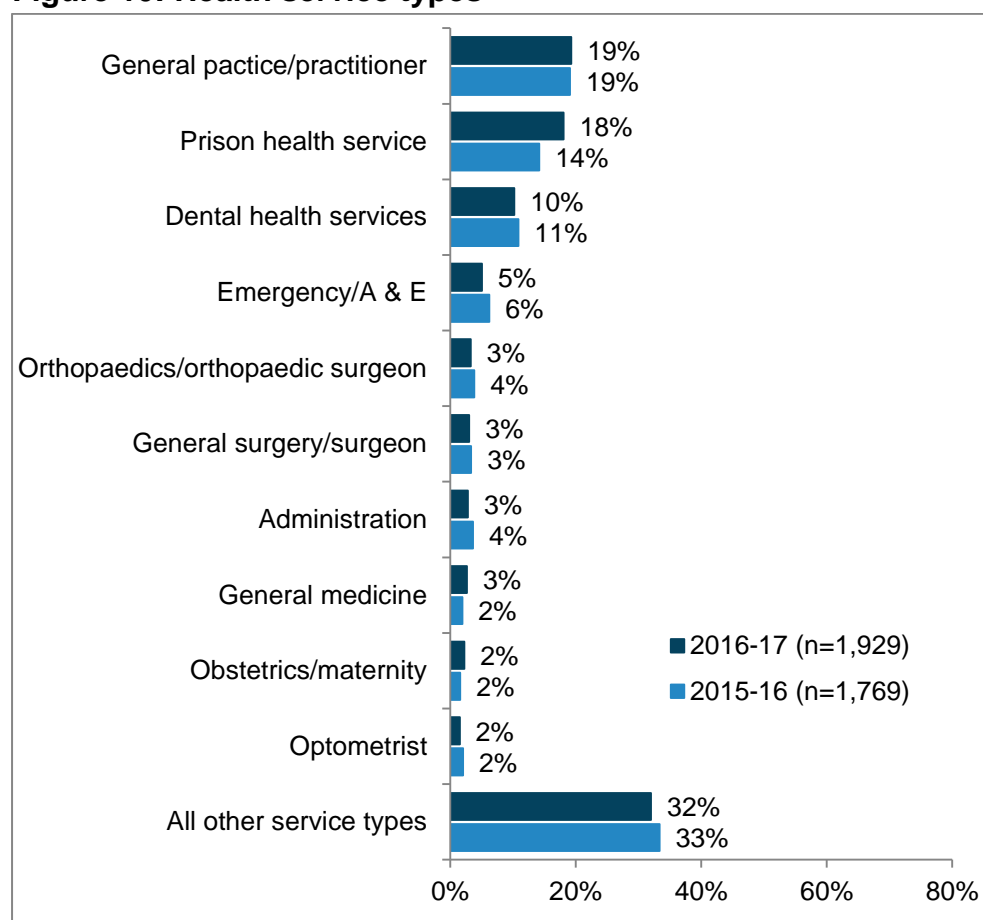
Health service types

The specific health service types identified in closed complaints in 2016-17 and 2015-16 are shown in Figure 10. Due to the large number of service types identified, only the most common service types are reported in Figure 10.

The service types that were most frequently the subject of complaints in 2016-17 were general practices and practitioners (19%), prison health services (18%), and dental health services (10%).

There was little change in the service types identified in complaints in 2016-17 and 2015-16, with the exception of a moderate increase in the number of complaints concerning prison health services seen in 2016-17.

Figure 10: Health service types



CASE STUDY



HaDSCO conciliation results in apology and service improvements

An individual contacted HaDSCO after receiving a response to their complaint to a hospital about their post-operative care relating to pressure injury management following a hip replacement operation. The individual was seeking a further explanation from the hospital.

HaDSCO conciliated a meeting between the individual and the hospital during which the hospital acknowledged the individual's concerns about their pressure injury care and apologised to them.

Further, the hospital provided information about pressure injury management strategies underway which they said would assist in managing similar situations in the future. These strategies related to improved processes for pressure care injury management and education for nursing staff and improved clinical documentation and handover.

The hospital also indicated it would use this complaint as a de-identified case study for the ongoing education of nursing staff.

CASE STUDY



Refund of gap fee by service provider

An individual contacted HaDSCO advising that they had undergone a medical procedure and had not been informed about a gap fee associated with the anaesthesia component of the procedure. They indicated they had telephoned the anaesthesia service provider for an explanation, however, they said they had not received one. The individual was seeking an

explanation about the costs involved and a refund of the gap fee.

HaDSCO contacted the service provider who informed that they were not aware of the complaint and requested the opportunity to investigate and resolve the matter. This showed that there was no record of a quote preoperatively for the anaesthetic, which the provider informed was a rare occurrence. As a result, the service provider agreed to refund the gap fee to the individual.

Respond to changing environments

Review, Respond, Redefine

Respond appropriately to our changing environments

The National Code of Conduct for health care workers

At the Council of Australian Governments (COAG) Health Council meeting on 17 April 2015, health ministers agreed to the terms of the first National Code of Conduct for health care workers. The purpose of the National Code is to protect the public by setting minimum standards of conduct and practice for all public and private health care workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, or who provide services unrelated to their registration. Professions that will be captured by the National Code include, amongst others, massage therapists, dieticians, speech pathologists, counsellors and naturopaths.

The National Code contains 17 clauses which set out the manner in which health care workers should undertake their practice. It provides a 'negative licensing regime' that does not restrict entry to practice; however, it allows effective action to be taken against a health care worker who fails to comply with the proper standards as provided for under the National Code. This action includes the issuing of a prohibition order to cease practicing or placing conditions on a health care worker's practice.

Currently, HaDSCO manages complaints using an Alternative Dispute Resolution approach. The National Code jurisdiction will provide the Director with new powers to issue prohibition orders to health care workers where their continued practice presents a serious risk to public health and safety, to monitor compliance with any orders, and to initiate prosecution action where necessary.

Ministers agreed that each State and Territory would be responsible for enacting (or amending) legislation to give effect to the National Code. The Health Complaints Entities (HCEs) in each State (HaDSCO in Western Australia) are to be responsible for receiving complaints relating to health care workers. Given that legislative changes are required to give effect to the National Code in Western Australia, HaDSCO is developing a policy framework to present to the Deputy Premier; Minister for Health; Mental Health, to underpin the new National Code jurisdiction in our State.

HaDSCO staff are also contributing to the implementation of elements of the National Code that require coordinated national action. This is occurring through participation on the National Code Working Group which is led by the Department of Health and Human Services, Victoria. Among other things, this includes contributing to the first annual performance report on the National Code, to be presented to the COAG Health Council in 2017.

External complaints data

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

Only de-identified data is collected from the 25 prescribed service providers. A list of the prescribed health service providers can be found in Appendix 5.1. The information collected includes:

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

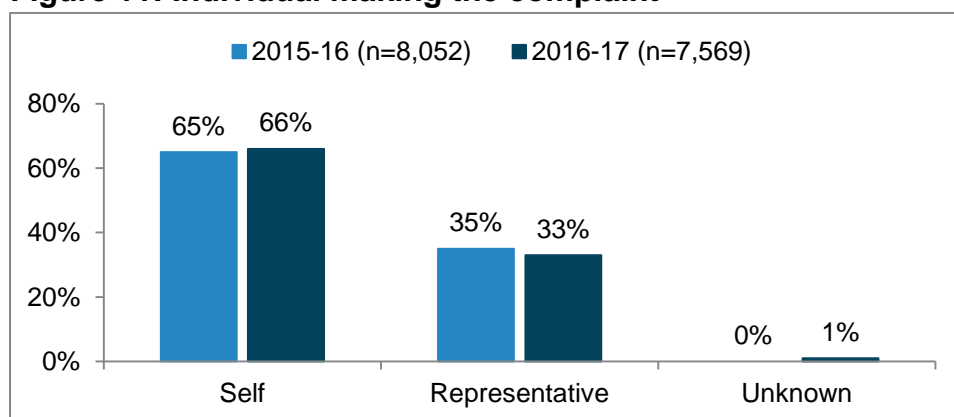
The aggregate data received by HaDSCO includes all complaints received by prescribed providers in the current financial year (2016-17). A preliminary analysis of this data is provided below.

In 2016-17, details of 7,569 complaints concerning 12,243 issues were submitted to HaDSCO by health service providers. This represents a 6% decrease in the number of complaints received in 2015-16 (8,052 complaints) and a 5% decrease in the number of issues identified (12,859 issues in 2015-16).

Individual making the complaint

In 2016-17, the majority of complaints (66%) received directly by health service providers were made by the individual who received the service (as shown in Figure 11).

Figure 11: Individual making the complaint

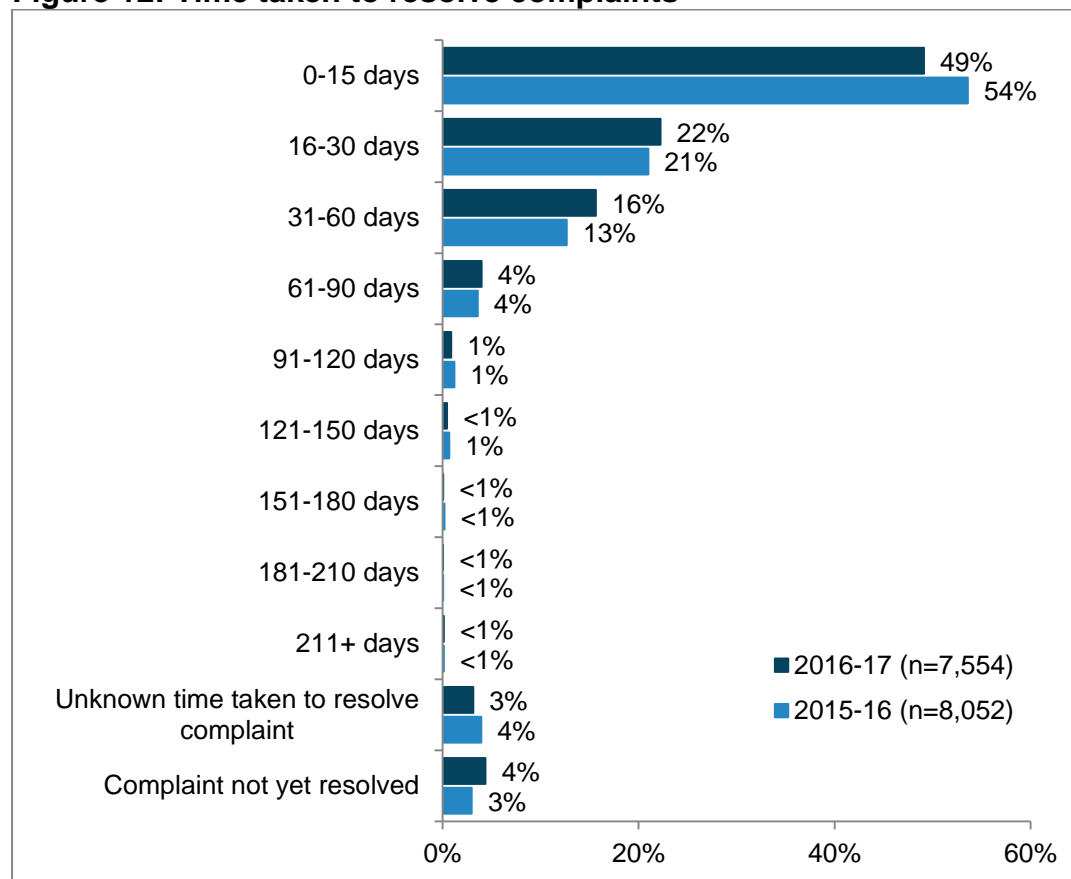


Time taken to resolve complaints

The time taken for health service providers to resolve complaints in 2016-17 and 2015-16 are shown in Figure 12.

In 2016-17, the majority of complaints (71%) received directly by health service providers were resolved in less than 30 days.

Figure 12: Time taken to resolve complaints



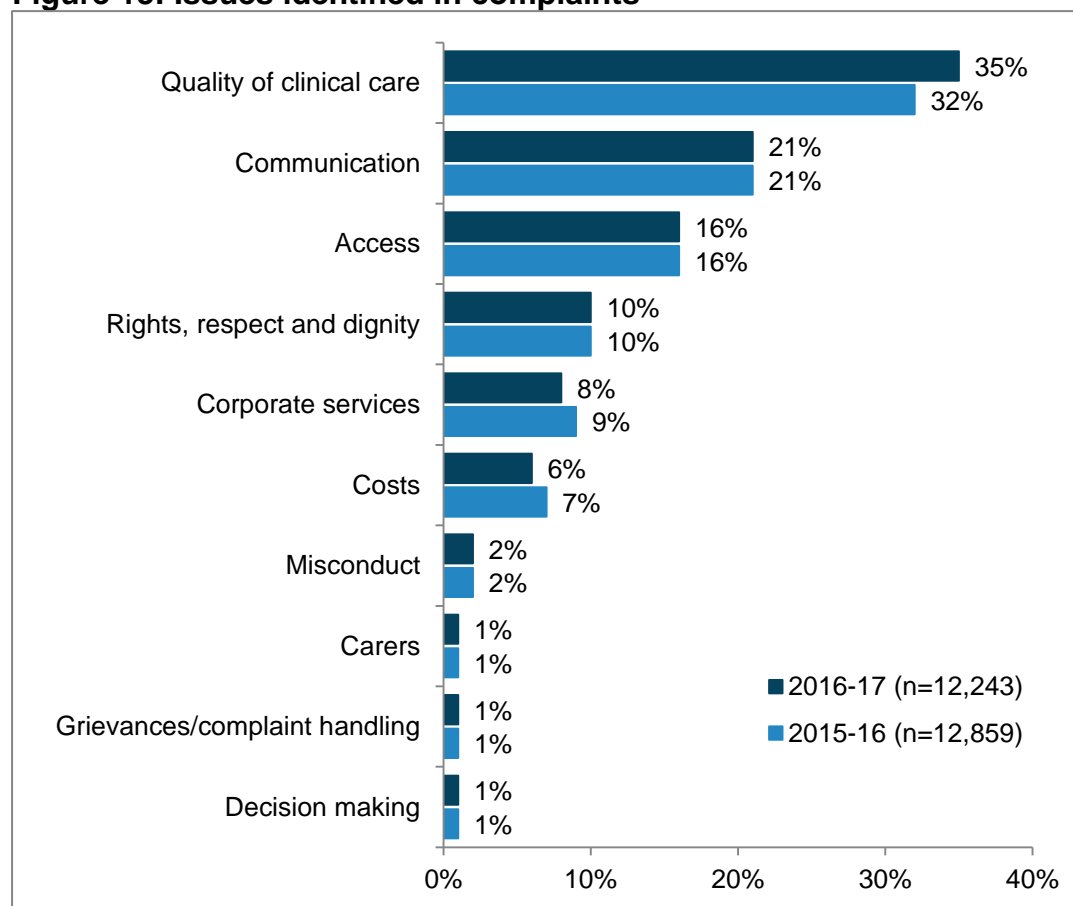
Totals may not sum to 100% due to rounding. In some instances data was not recorded by health service providers.

Issues identified

There has been little change in the types of issues identified in the complaints received by health service providers in 2016-17 compared to 2015-16. Quality of clinical care (35%), communication with patients (21%), and access to service (16%) remained the issues most commonly identified in complaints.

The issues identified in complaints received by health service providers in 2016-17 and 2015-16 are shown in Figure 13.

Figure 13: Issues identified in complaints



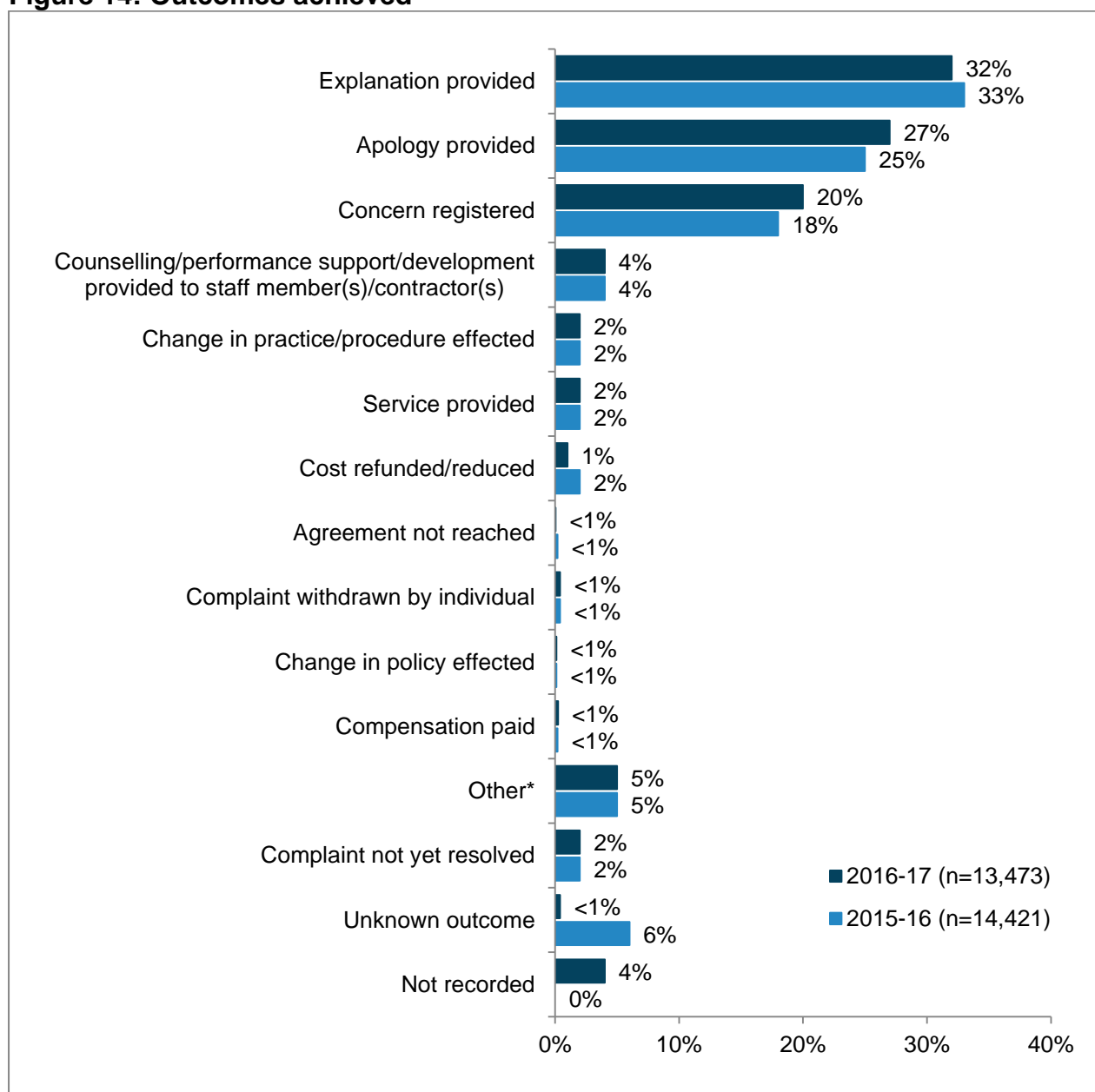
Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the complaints managed by health service providers. The most common outcomes were providing an explanation (32%), providing an apology (27%), or acknowledging the concerns that resulted in a complaint being made (20%). Of note, 4% of complaints resulted in development of staff and contractors in the form of counselling or performance support, and 2% resulted in a health service provider changing their practice(s) or procedure(s).

The outcomes achieved in complaints received by health service providers in 2016-17 and 2015-16 are shown in Figure 14.

Figure 14: Outcomes achieved



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

Health complaints received by sector

Prescribed health service providers are classified as public, private or not-for-profit depending on the service(s) that the provider manages. The following section provides a comparison of the complaints received in the 2016-17 by public, private and not-for-profit providers.

In 2016-17, the majority (74%) of complaints data was submitted by public providers. A summary of the number of complaints received, issues identified and the time taken to resolve complaints for each sector is shown in Table 3.

Table 3: Summary of health complaints received by sector

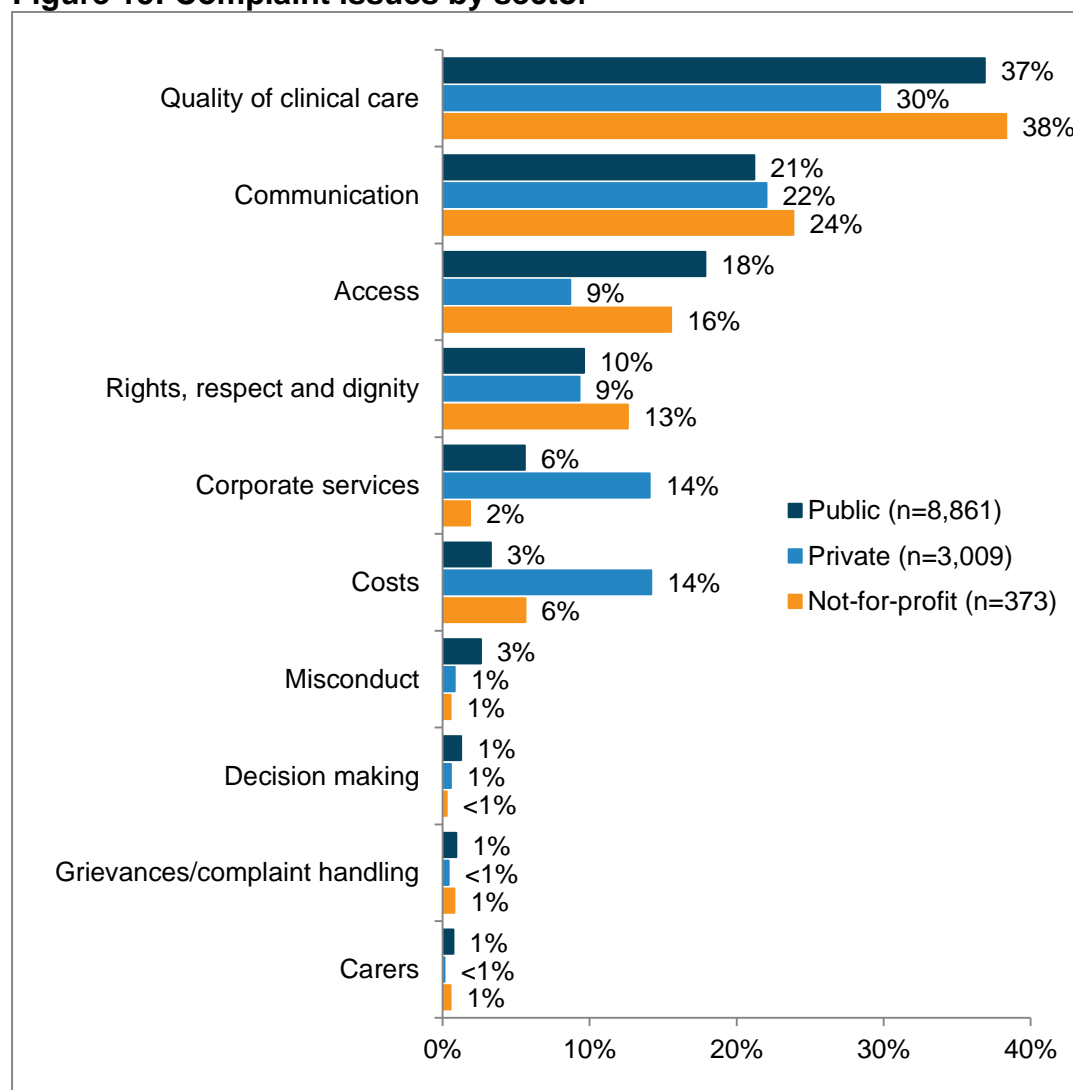
Public	Private	Not-for-profit
5,616 complaints	1,698 complaints	255 complaints
8,861 issues	3,009 issues	373 issues
Average 1.6 issues per complaint	Average 1.8 issues per complaint	Average 1.5 issues per complaint
71% of complaints resolved within 30 days	74% of complaints resolved within 30 days	56% of complaints resolved within 30 days

Complaint issues by sector

Quality of clinical care and communication were the most common issues across all sectors. The third most common issue differed, with access remaining the most common issue for the public and not-for-profit sectors, while costs and corporate services were equally represented in the private sector as the third and fourth most common complaint issues identified.

The issues identified in complaints received by health service providers in 2016-17 split by sector are shown in Figure 15.

Figure 15: Complaint issues by sector

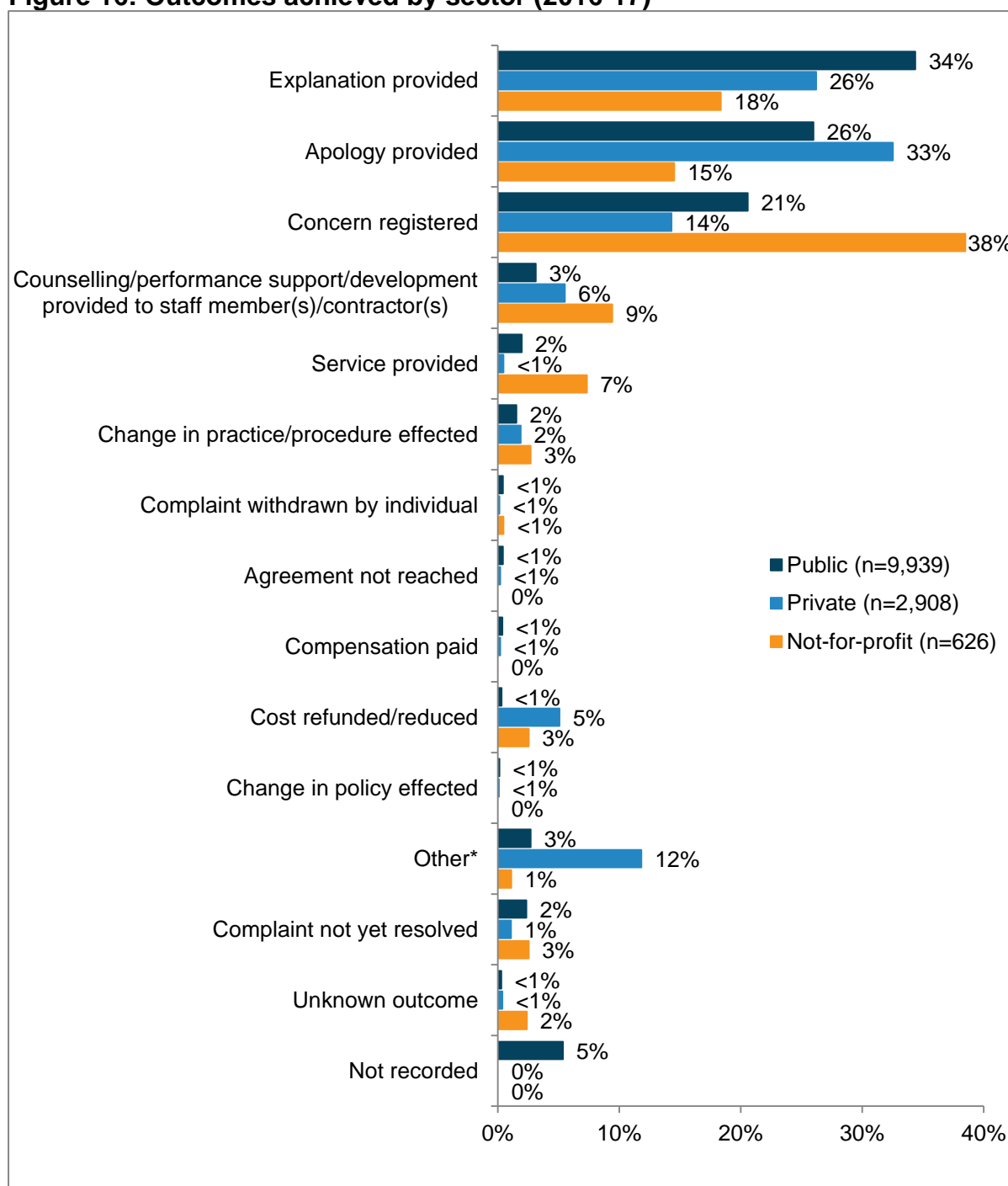


Totals may not sum to 100% due to rounding.

Outcome achieved by sector

The most common outcomes across all sectors were providing an explanation, providing an apology, or acknowledging the concerns that resulted in a complaint being made. The most common outcomes for each sector were the same; however the breakdown across the sectors differed, as shown in Figure 16. The most common outcome for the public sector was explanation provided, for the private sector it was apology provided and for the not-for-profit sector it was concern registered.

Figure 16: Outcomes achieved by sector (2016-17)



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

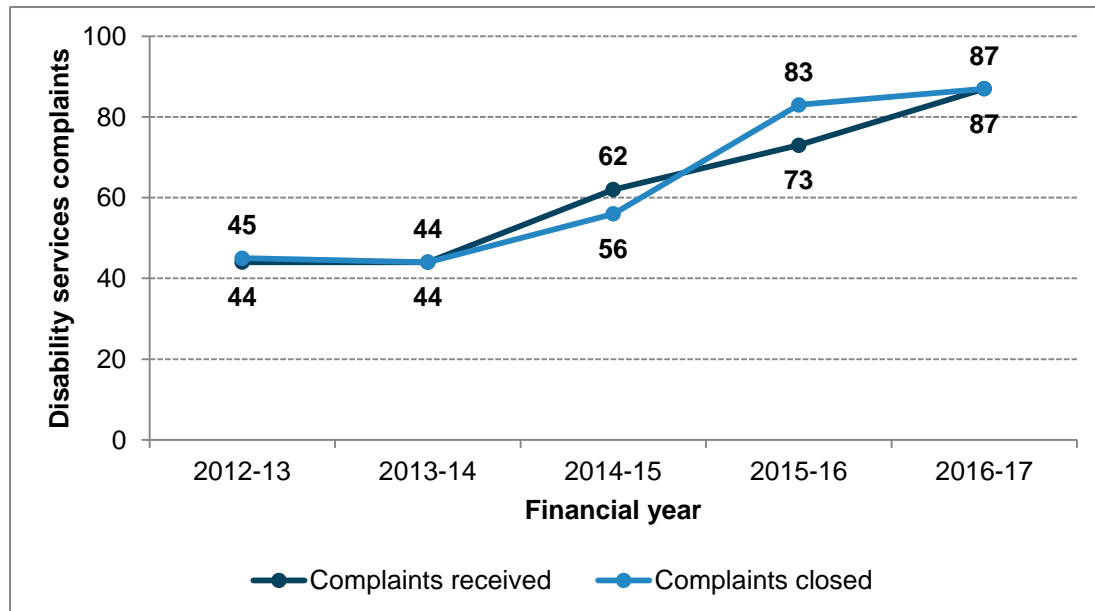
2.5. Complaints about disability services

HaDSCO complaints data

HaDSCO received and closed 87 complaints about disability services in the 2016-17 financial year. This represents a 19% increase in the number of complaints received and a 5% increase in the number of complaints closed compared to 2015-16.

Figure 17 below details the number of complaints about disability services received and closed by HaDSCO since 2012-13. The number of complaints, both received and closed, has increased each year since 2013-14.

Figure 17: Complaints about disability services received and closed between 2012-13 and 2016-17



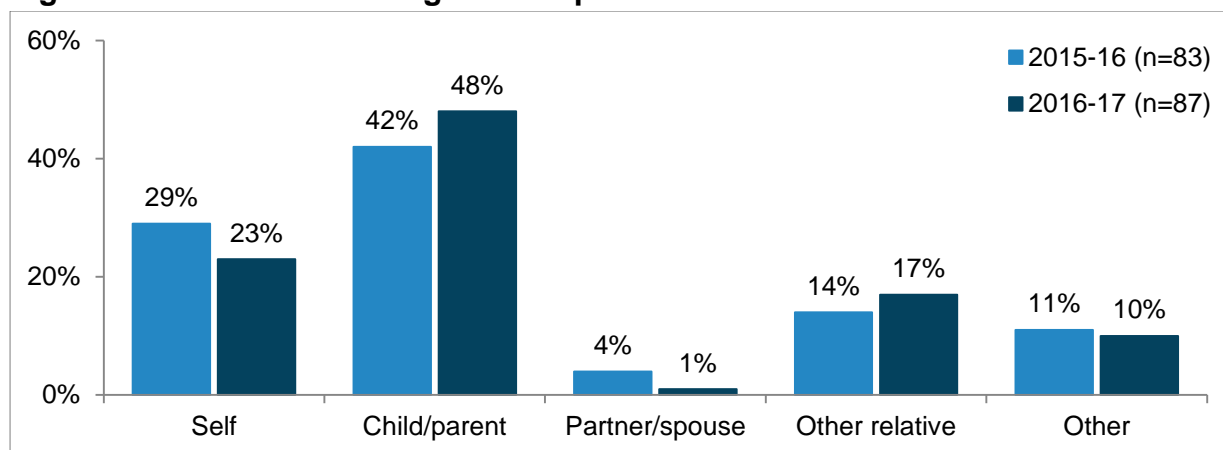
The following section provides a more detailed breakdown of the complaints about disability services closed by HaDSCO in 2016-17. Where possible, data for 2015-16 has been included for comparison. Certain information is not available for 2015-16 and is therefore not included. The Office is currently in the process of improving its data collection and reporting capabilities.

Individual making the complaint

An individual who makes a complaint about a disability service to HaDSCO is not necessarily the individual who received the service. The majority of complaints (77% in 2016-17) were made by someone acting on behalf of the individual who received the service; typically this is a family member (as shown in Figure 18).

In comparison to 2015-16, there have been some changes in terms of who makes a complaint. The number of individuals who contacted HaDSCO on their own behalf decreased and the number of complaints made by a representative such as a child, parent or other relative increased.

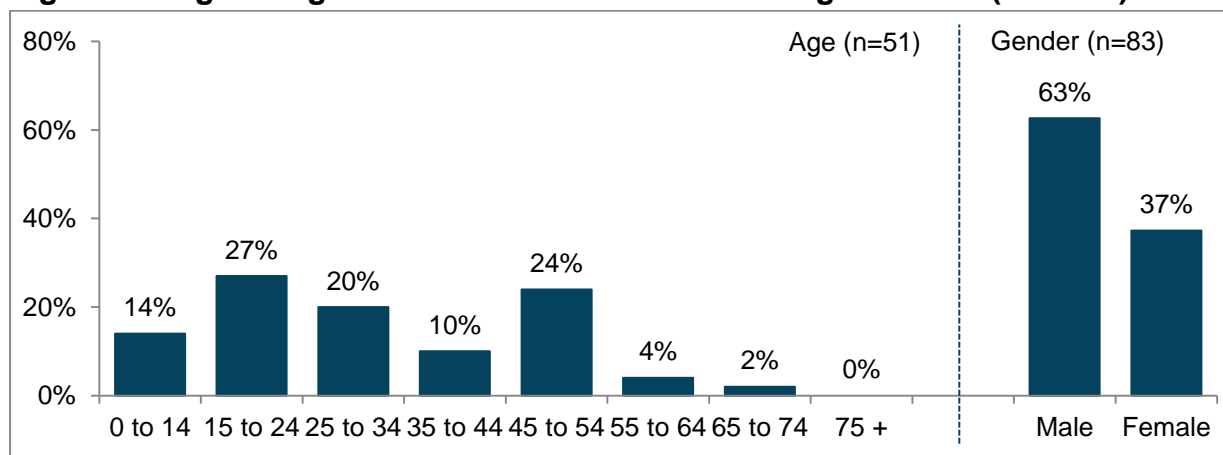
Figure 18: Individual making the complaint



Totals may not sum to 100% due to rounding.

Complaints about disability services were more likely to concern services provided to males, between the ages of 15 and 34, and 45 to 54. Details are provided in Figure 19 below.

Figure 19: Age and gender of the individuals receiving a service (2016-17)



The data in Figure 19 above is provided only for complaints where demographic information about the individual receiving a service was recorded. Totals may not sum to 100% due to rounding.

CASE STUDY



Disability service provider acknowledges concerns about changes to accommodation arrangements and assists with transition

The parents of a young adult contacted HaDSCO after receiving a response to their complaint that they were not consulted about changes to the child's accommodation arrangements. The young adult was living in a share house with another person and a decision was made to accommodate an additional person in the house. The parents were seeking for the accommodation arrangements to remain unchanged.

HaDSCO conciliated a meeting between the parties during which the

parents' concerns were acknowledged. While the decision to place the additional person in the house remained, the parents sought to ensure that procedures were put in place to assist the young adult with the new arrangements, including the transition involved. They also wished to be better informed in the future about such changes.

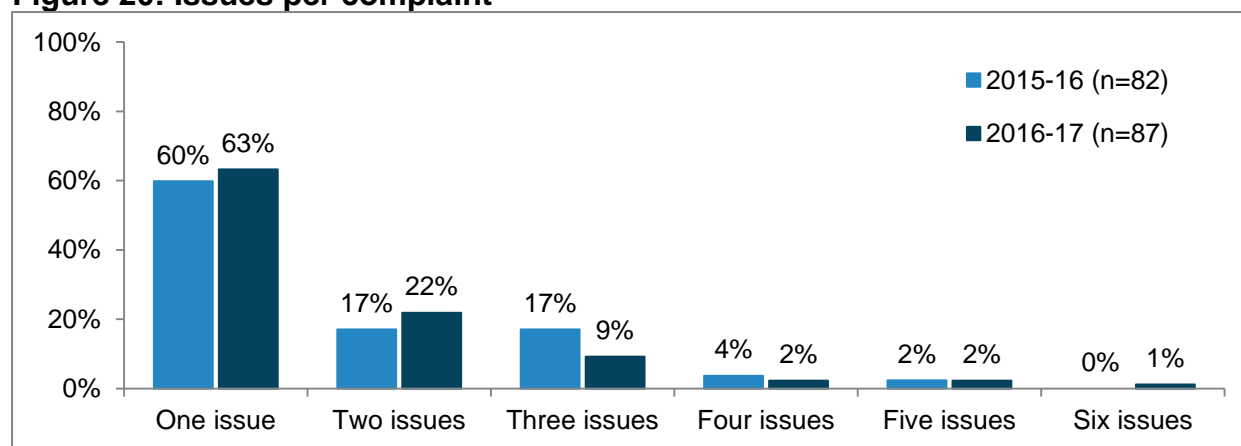
As a result of HaDSCO's involvement, the service provider agreed to regularly liaise with the parents and to support the young adult in the new accommodation arrangements, with an evaluation after a trial period. The service provider acknowledged there was a preference for the previous arrangements and agreed to consider whether they could be replicated elsewhere for the young adult in the future.

Issues identified

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

More than one issue can be raised in a single complaint. Of the 87 complaints about disability services closed by HaDSCO in 2016-17, 36% concerned multiple issues, resulting in a total of 141 issues being identified. As shown in Figure 20, the number of issues identified in each complaint remained relatively similar over the last two years; in 2015-16 each complaint identified 1.7 issues and in 2016-17, 1.6 issues were identified in each complaint

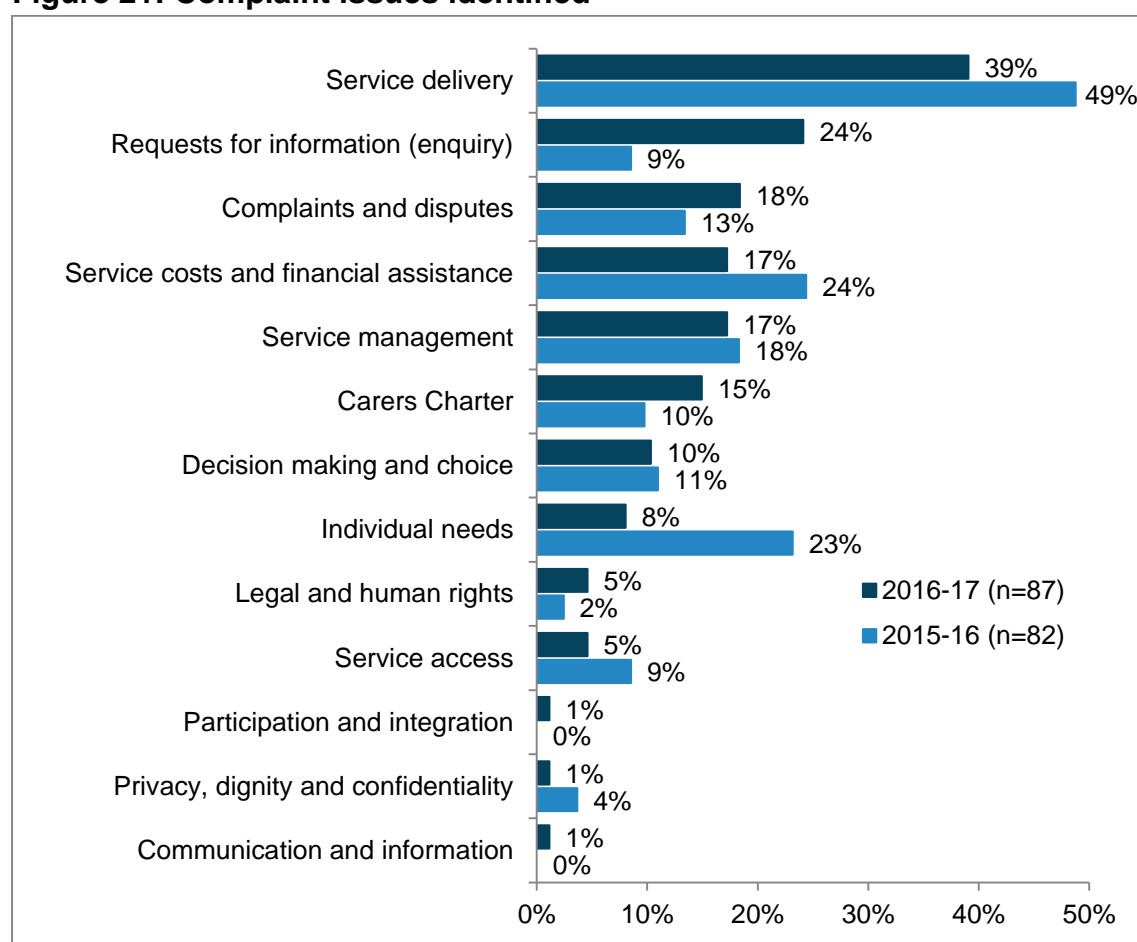
Figure 20: Issues per complaint



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

The types of issues identified in complaints about disability services closed by HaDSCO in 2016-17 and 2015-16 are shown in Figure 21.

Figure 21: Complaint issues identified



Percentage of all disability complaints closed in the 2016-17 financial year. Because multiple issues can be identified per complaint, percentages may not sum to 100%. Complaint issues were not recorded for one complaint in 2015-16.

The majority of complaints about disability services concerned service delivery, requests for information (enquiries) and disputes (between an individual and a

service provider). In comparison to the previous financial year, there was a decrease in the number of complaints concerning individual needs and an increase in the number of requests for information (enquiries) in 2016-17.

Examples of the specific concerns associated with the most common complaint issues raised in 2016-17 are listed in Table 4.

Table 4: Concerns associated with the most common complaint issues

Issue type	Concern
Service delivery (39%)*	Staff conduct: staff conduct or behaviour inappropriate, offensive, unprofessional or discriminatory.
	No/inadequate service: the service provider did not keep an appointment with the individual; or the service was insufficient, non-existent or had inadequate resources (resources include staff, facilities, equipment, money or other assets).
	Service reduced: existing service reduced (e.g. shorter service opening hours).
	Service withdrawn: removal of a service; or denying the provision of additional treatment or services perceived to be of benefit.
	Service refused: refusal to accept an individual as a client; or refusal to provide a service where a service is available.
	Communication: service provider did not communicate with the individual accessing the service, legal guardian, carer and/or advocate in a clear and culturally appropriate manner.
Requests for information (enquiry) (24%)*	Request for information – HaDSCO: requests for information about role and processes.
	Request for information – external complaint mechanisms: requests for information/advice about how to complain directly with a service provider; or a request for information about which organisation would be best suited to manage the complaint.
Complaints and disputes (18%)*	Policies and procedures: service provider failed to develop or make available written policies/procedures about how to resolve complaints from an individual who received the service, advocate or legal guardian.
	Complaint resolution: service provider failed to resolve issues that the individual who received the service, advocate or legal guardian was dissatisfied about; and/or failed to provide information about relevant complaint and dispute resolution processes available in the community.
Service costs and financial assistance (17%)*	Financial assistance/funding: funding policy was administered unfairly or unreasonably which resulted in applications for financial assistance for disability service access/provision being refused.
	Cost: unsatisfactory billing practices, excessive fees, failure to provide service for fee, or failure to provide adequate information about costs.

* Because multiple issues can be identified per complaint percentages may not sum to 100%.

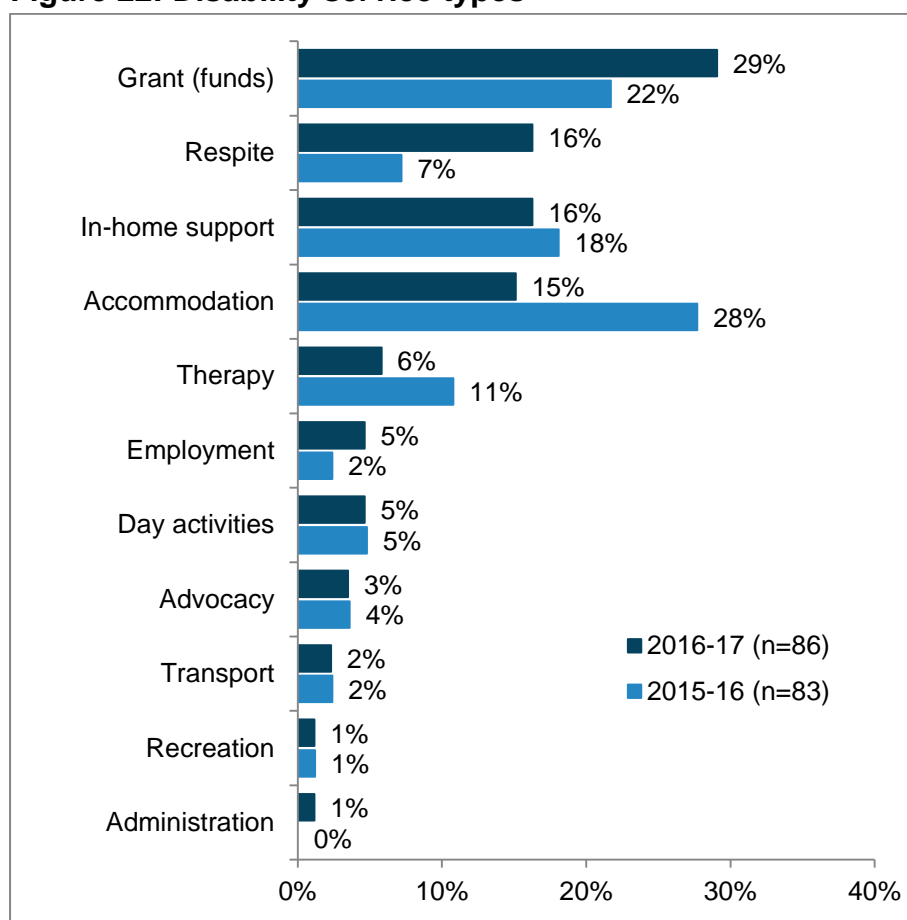
Disability service types

The specific disability service types identified in closed complaints in 2016-17 and 2015-16 are shown in Figure 22.

The service types that were most frequently the subject of complaints in 2016-17 related to funding (29%), respite services (16%), in-home support services (16%), and accommodation services (15%).

There was a change in the types of services identified in complaints when comparing 2016-17 to 2015-16. In 2016-17, there was an increase in the number of complaints concerning grants or funding, and respite, whilst there was a decrease in the number of complaints relating to accommodation and therapy services.

Figure 22: Disability service types



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

Respond to changing environments

Review, Respond, Redefine

Respond appropriately to our changing environments

Managing complaints about disability services

On 31 January 2017, the Australian Government and the former Western Australian Government signed a Bilateral Agreement for the roll-out of the NDIS in Western Australia. The Government is currently reviewing arrangements for the NDIS in Western Australia and a decision about the delivery model for the NDIS is yet to be determined.

In December 2016, the Disability Reform Council released the *National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework* which, among other things, provides for the management of complaints. In addition, the *National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017* (the Bill) establishes an independent national Commission to protect and prevent people with disability from experiencing harm arising from poor quality or unsafe supports or services under the NDIS. One of the functions of the Commission will be the management and resolution of complaints which will be the responsibility of a Complaints Commissioner.

During 2016-17, the Disability Services Commission (DSC) consulted with HaDSCO regarding the management of complaints and associated transition issues under the roll-out of NDIS in Western Australia. This included consultation on the draft Bill and associated draft complaints handling rules. HaDSCO provided comments to the DSC to assist in providing feedback to the Australian Government Department of Social Services on this important piece of legislation.

HaDSCO is continuing to seek clarification about jurisdiction issues. During the transition to full scheme NDIS, Western Australia's existing disability quality and safeguarding arrangements continue to operate. As such, HaDSCO is continuing to manage complaints in accordance with the *Disability Services Act 1993* and consistent with existing practices. HaDSCO remains committed to working with stakeholders to ensure the efficient and effective transition to new arrangements.

External complaints data

Under Section 48A of the *Disability Services Act 1993* and the *Disability Services Amendment Regulations 2015*, each year HaDSCO collects complaint data from prescribed government and non-government disability service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the disability sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

De-identified data is collected from 20 prescribed service providers. A list of the prescribed disability service providers can be found in Appendix 5.2. The information collected includes:

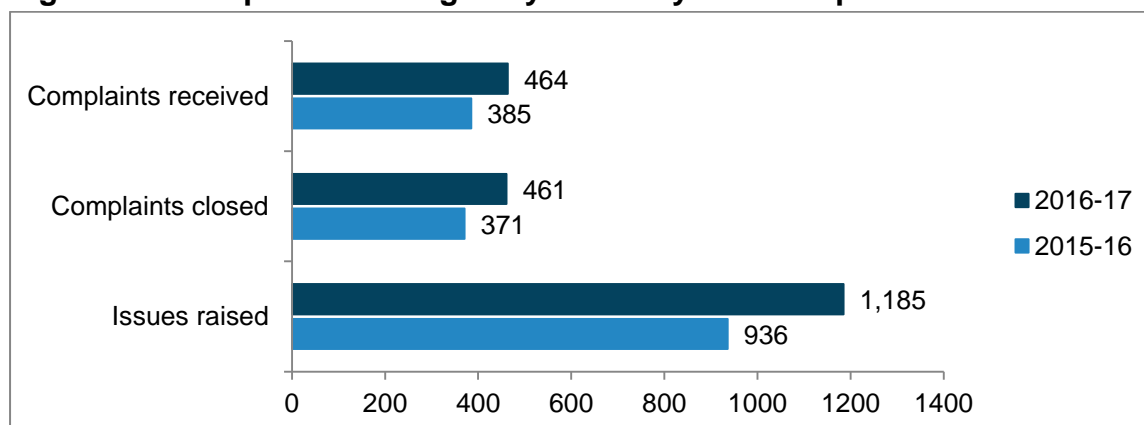
- Number of complaints
- Demographics of consumers
- Complaint issues
- Complaint outcomes
- Timeliness of complaint resolution.

Unless otherwise stated, all of the data presented in this section is based on the complaints closed by disability service providers during the specified financial year (2016-17 or 2015-16). This is a change in the methodology used for reporting external complaints data in the annual reports produced by this Office. As a result, the data presented for 2015-16 will not match the figures provided in the 2015-16 HaDSCO Annual Report. A preliminary analysis of this data is provided below.

Complaints managed by disability service providers

In 2016-17, there was an increase (21%, 79 complaints) in the number of complaints received by prescribed disability service providers. There was also an increase (24%, 90 complaints) in the number of complaints closed. The total number of issues raised also increased, along with the average number of issues per complaint (2.6 issues per complaint closed in 2016-17, compared to 2.5 issues per complaint in 2015-16). The number of complaints received and closed by disability service providers can be seen in Figure 23.

Figure 23: Complaints managed by disability services providers



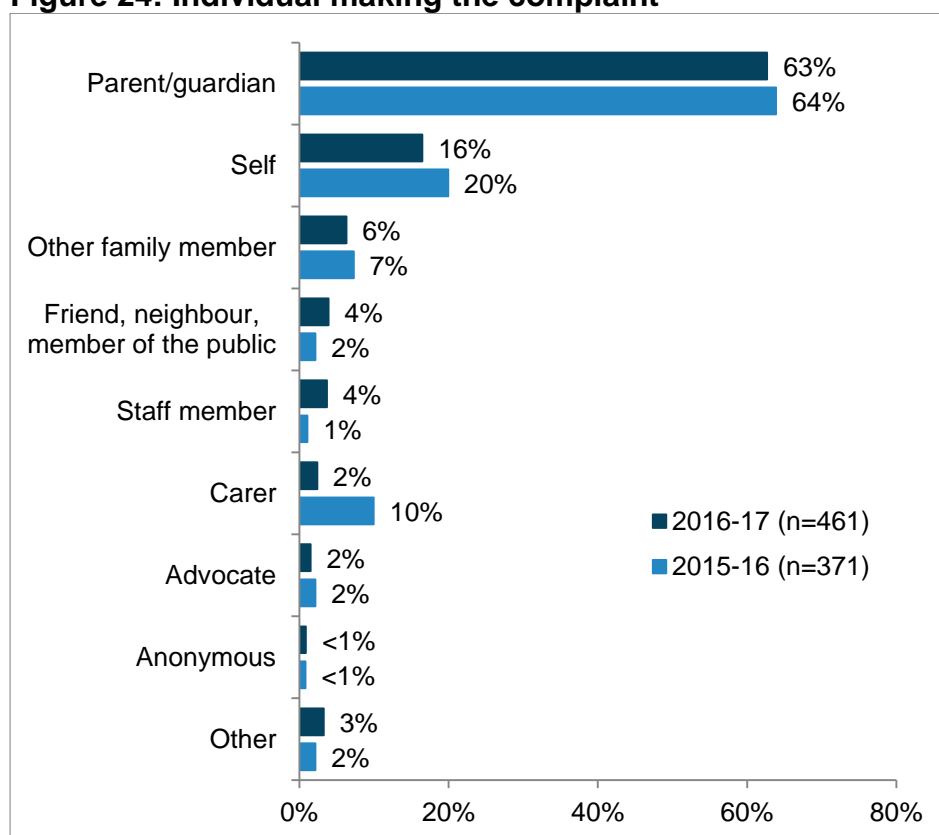
Individual making the complaint

In 2016-17, the majority of complaints (84%) received by disability service providers were made by someone acting on behalf of the individual who received the service, typically a family member or guardian, as shown in Figure 24.

In comparison to 2015-16, there was a decrease in the number of individuals who made a complaint on their own behalf, or had a carer make a complaint on their behalf.

In comparison, there were small increases in the proportion of complaints made by staff members, friends and members of the public on behalf of the individual who received the service.

Figure 24: Individual making the complaint

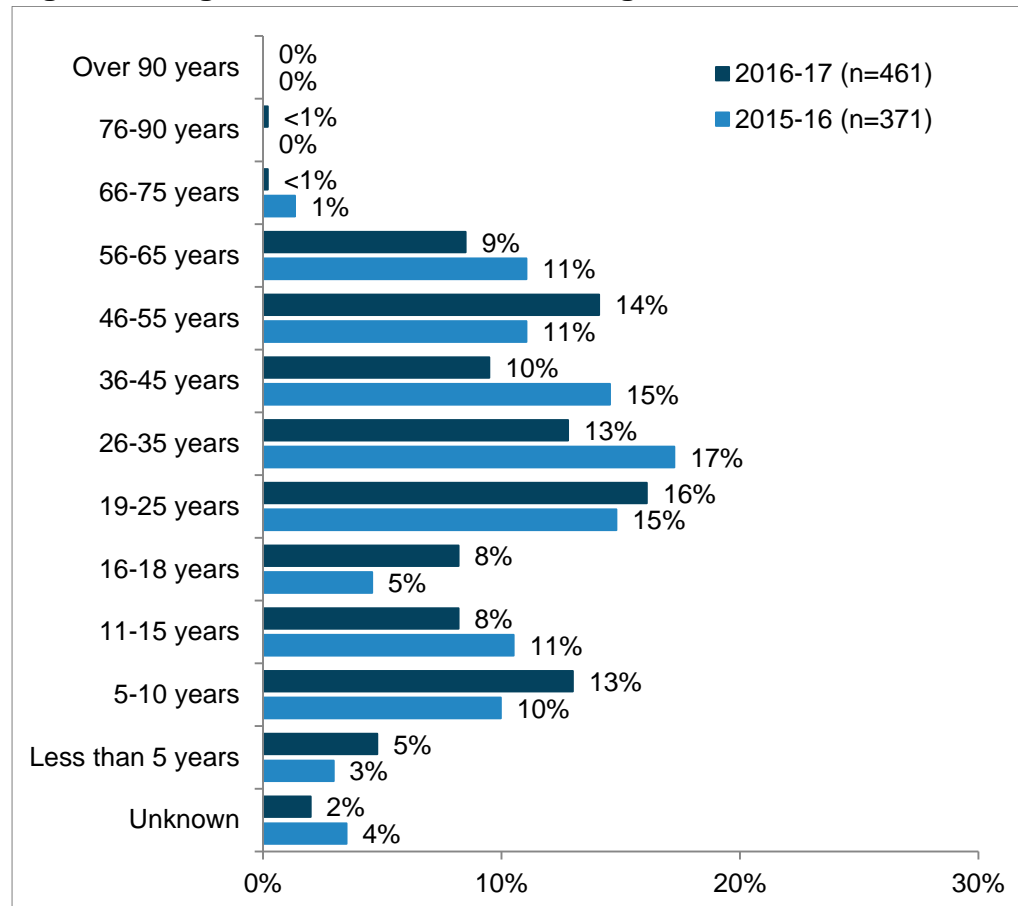


Totals may not sum to 100%; a complaint may be made by multiple individuals.

Demographics of the individual receiving the service

Complaints about disability services were most likely to concern individuals between the ages of 5 and 65, as seen in Figure 25. Few complaints about disability services concerned individuals 66 years of age and older.

Figure 25: Age of the individual receiving the service

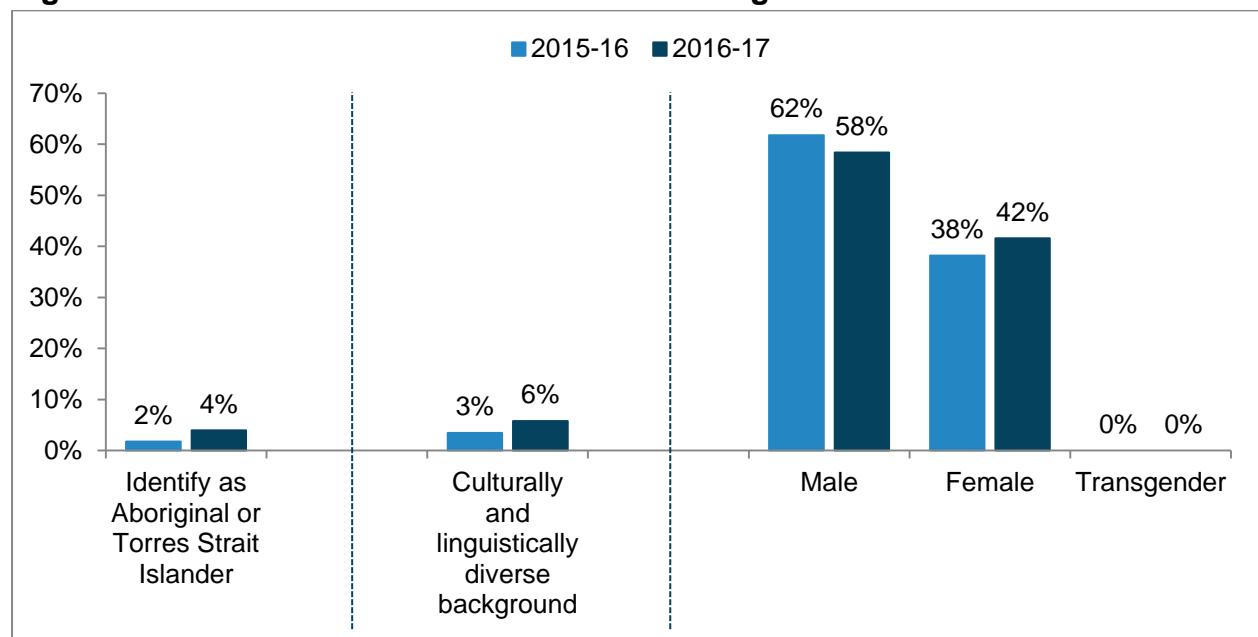


Totals may not sum to 100%; a complaint may be made by multiple individuals or anonymous data may record no age.

The characteristics of individuals who received a disability service are shown in Figure 26.

In 2016-17, there was an increase in the number of individuals who identified as Aboriginal and Torres Strait Islander and as coming from a culturally and linguistically diverse background. Males were identified more frequently in complaints than females, though there was a small change in the relative proportions of males and females identified compared to 2015-16.

Figure 26: Characteristics of individuals receiving a service*

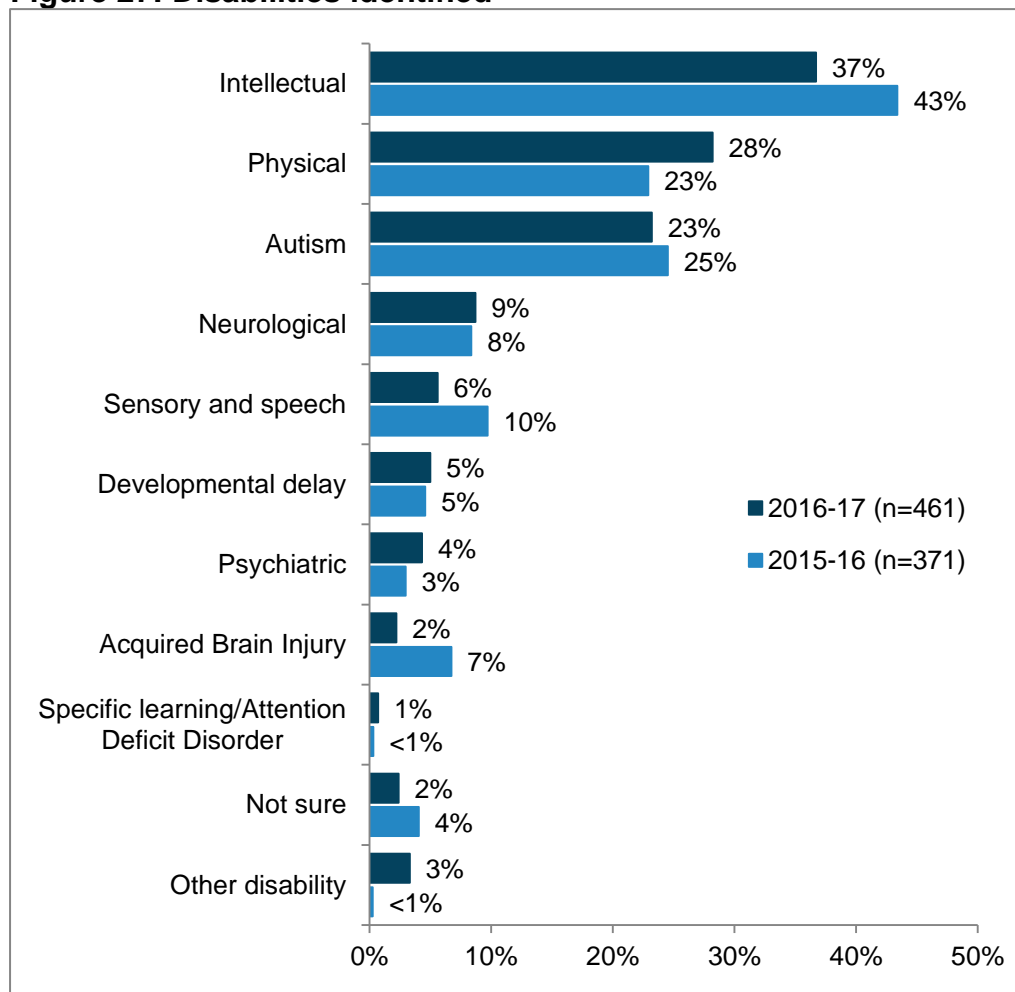


Sample sizes: identify as Aboriginal or Torres Strait Islander (2015-16 n=368, 2016-17 n=422); culturally and linguistically diverse background (2015-16 n=367, 2016-17 n=360); gender (2015-16 n=368, 2016-17 n=440). *Complaints that provided an 'unsure' response or did not contain demographic data have been excluded from the analysis shown in Figure 26.

Disabilities identified

In 2016-17, the majority of complaints closed concerned individuals who had intellectual (37%) and/or physical disabilities (28%). Autism spectrum disorders were the third most commonly identified disability. This is a change from 2015-16 when Autism spectrum disorders were identified more commonly than physical disabilities (as shown in Figure 27). In 2016-17, there was also a decrease in the number of complaints concerning individuals with acquired brain injuries or sensory and speech disabilities.

Figure 27: Disabilities identified



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

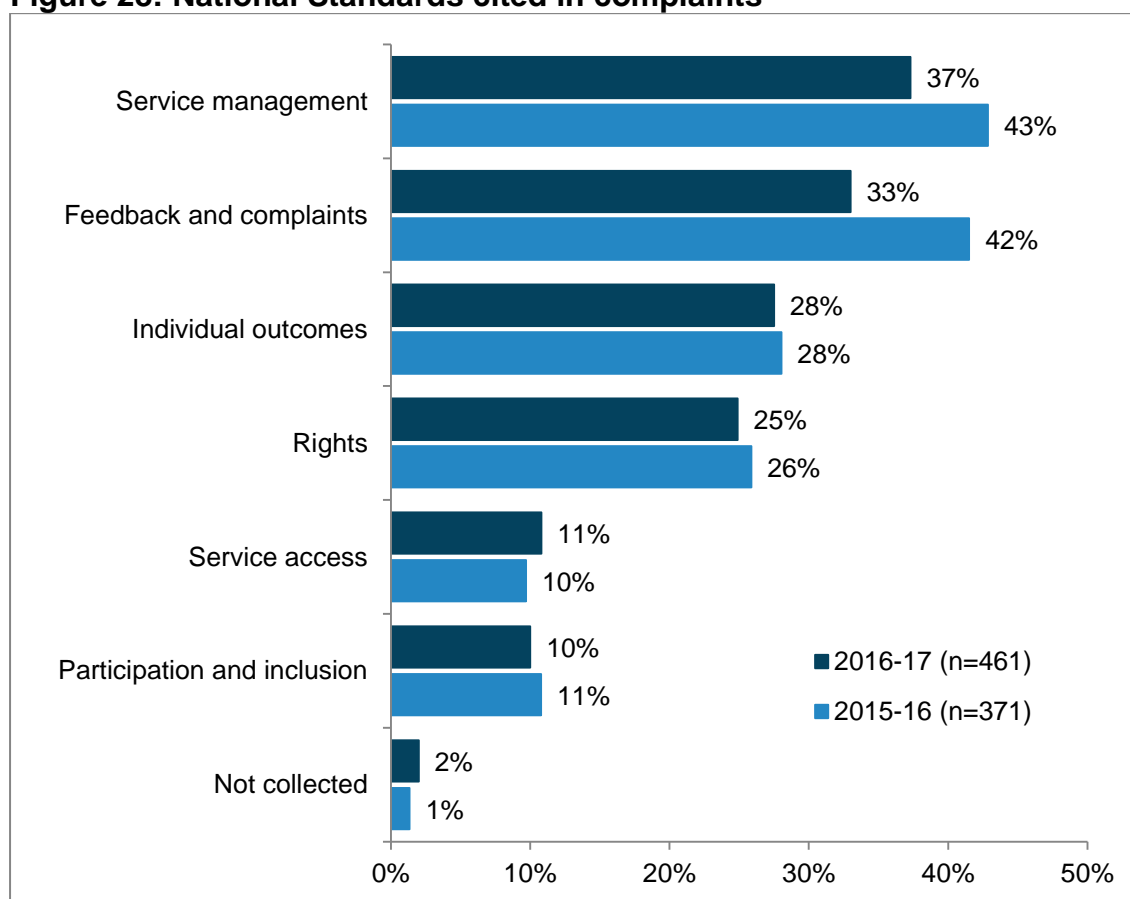
National Standards cited in complaints

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

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

For complaints closed by disability service providers in 2016-17, service management (37%), feedback and complaints (33%), and individual outcomes (28%) were the National Standards most commonly cited in complaints, which remains consistent with 2015-16 (see Figure 28).

Figure 28: National Standards cited in complaints



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

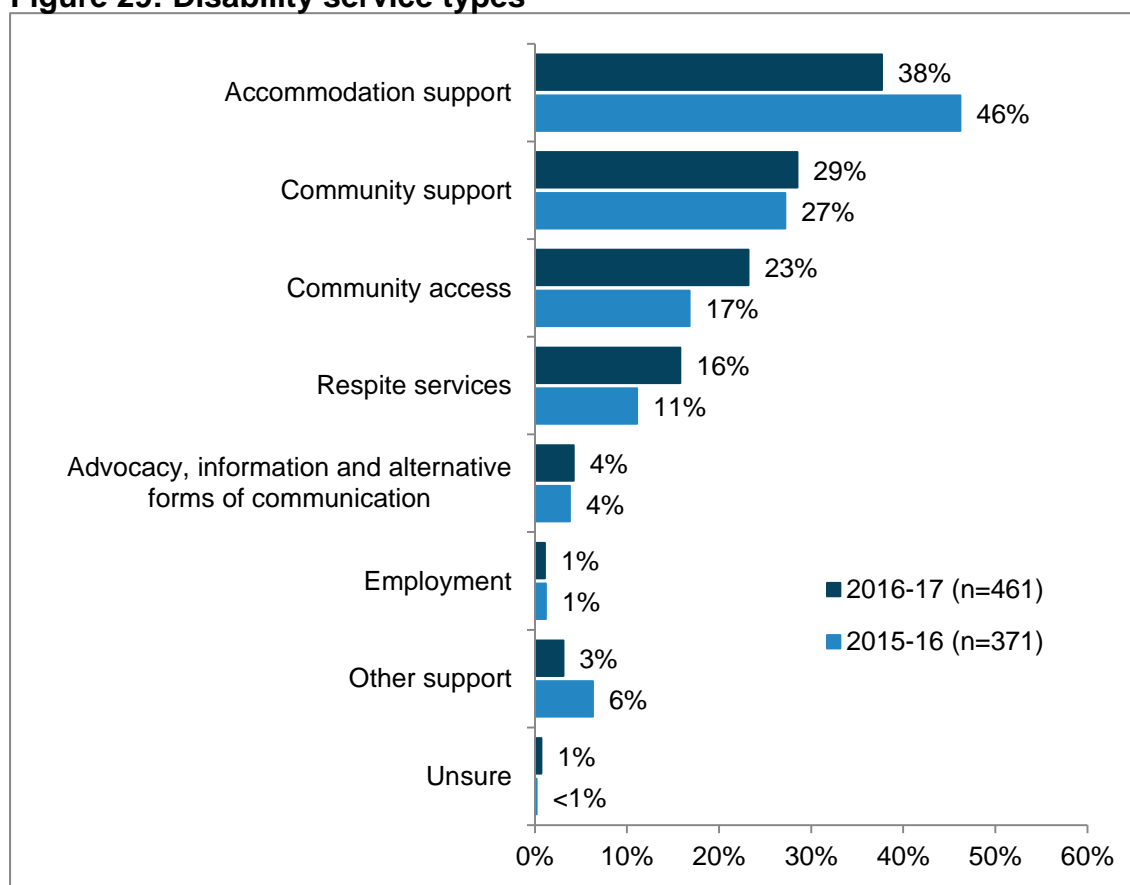
Disability service types

The specific disability service types identified in closed complaints in 2016-17 and 2015-16 are shown in Figure 29.

In 2016-17, the majority of complaints about disability services concerned either accommodation support (38%), community support (29%) or community access (23%), which remains consistent with 2015-16 (as shown in Figure 29).

However, in comparison to 2015-16, there was an increase in the number of complaints concerning community support, community access and respite services in 2016-17, and a decrease in accommodation support.

Figure 29: Disability service types



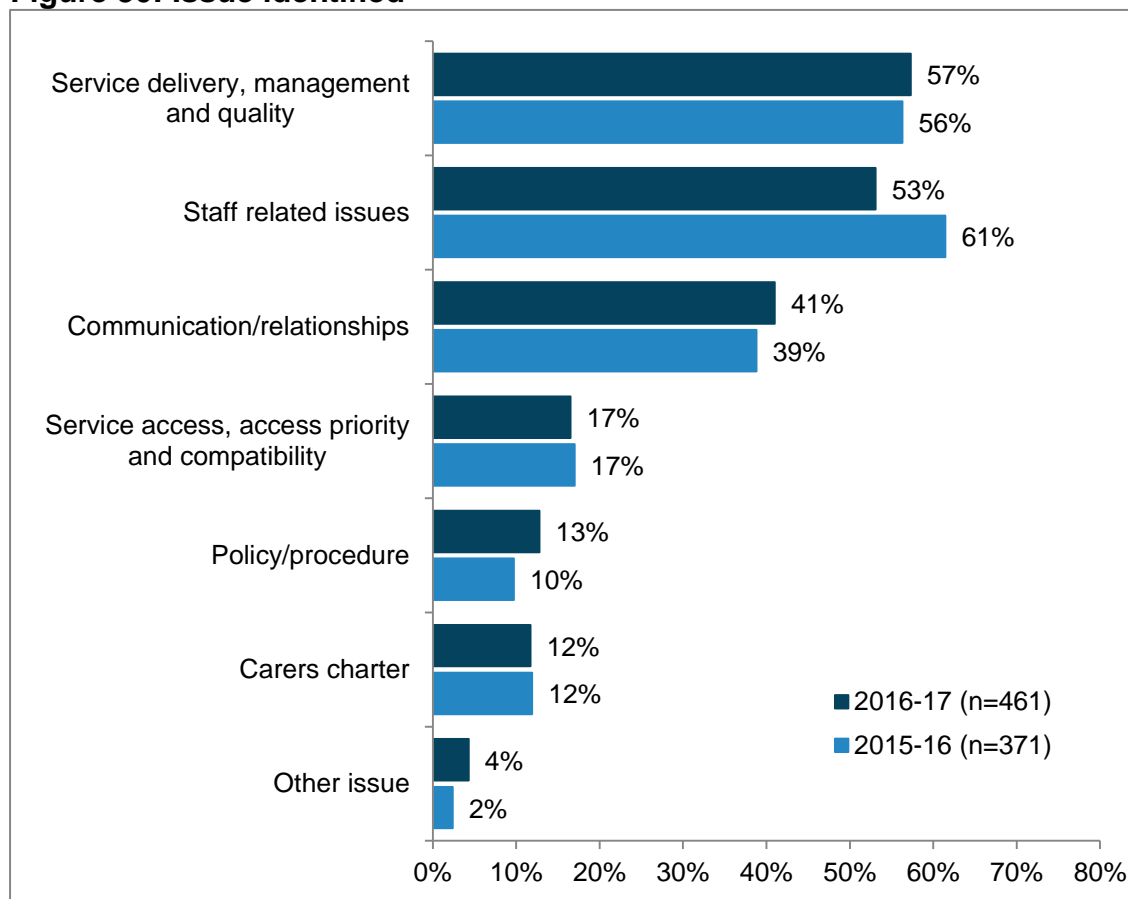
Totals may not sum to 100%; a complaint may identify multiple services.

Issues identified

In 2016-17, the most common issue types identified in complaints were service delivery (57%), staff issues (53%) or communication (41%). While the comparative proportions changed between 2016-17 and 2015-16, the most common issue types remained consistent (as shown in Figure 30).

In 2016-17, there was an increase in the number of complaints concerning communication/relationships, and policies and procedures, and a decrease in the number of complaints relating to staff.

Figure 30: Issue identified

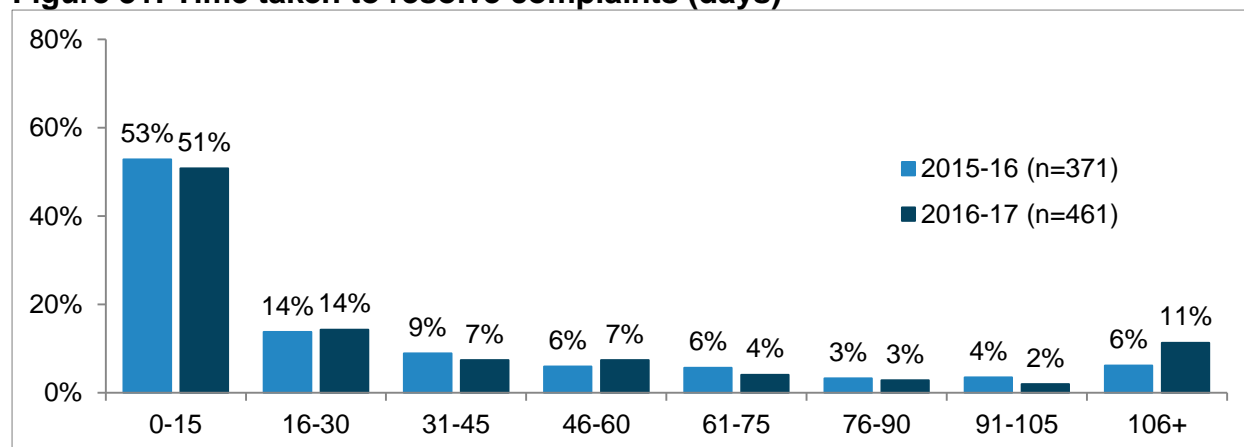


Totals may not sum to 100%; a complaint may identify multiple issues.

Time taken to resolve complaints

In 2016-17, the majority of complaints (65%) were resolved in 30 days. A breakdown of the time taken to resolve complaints is shown in Figure 31.

Figure 31: Time taken to resolve complaints (days)



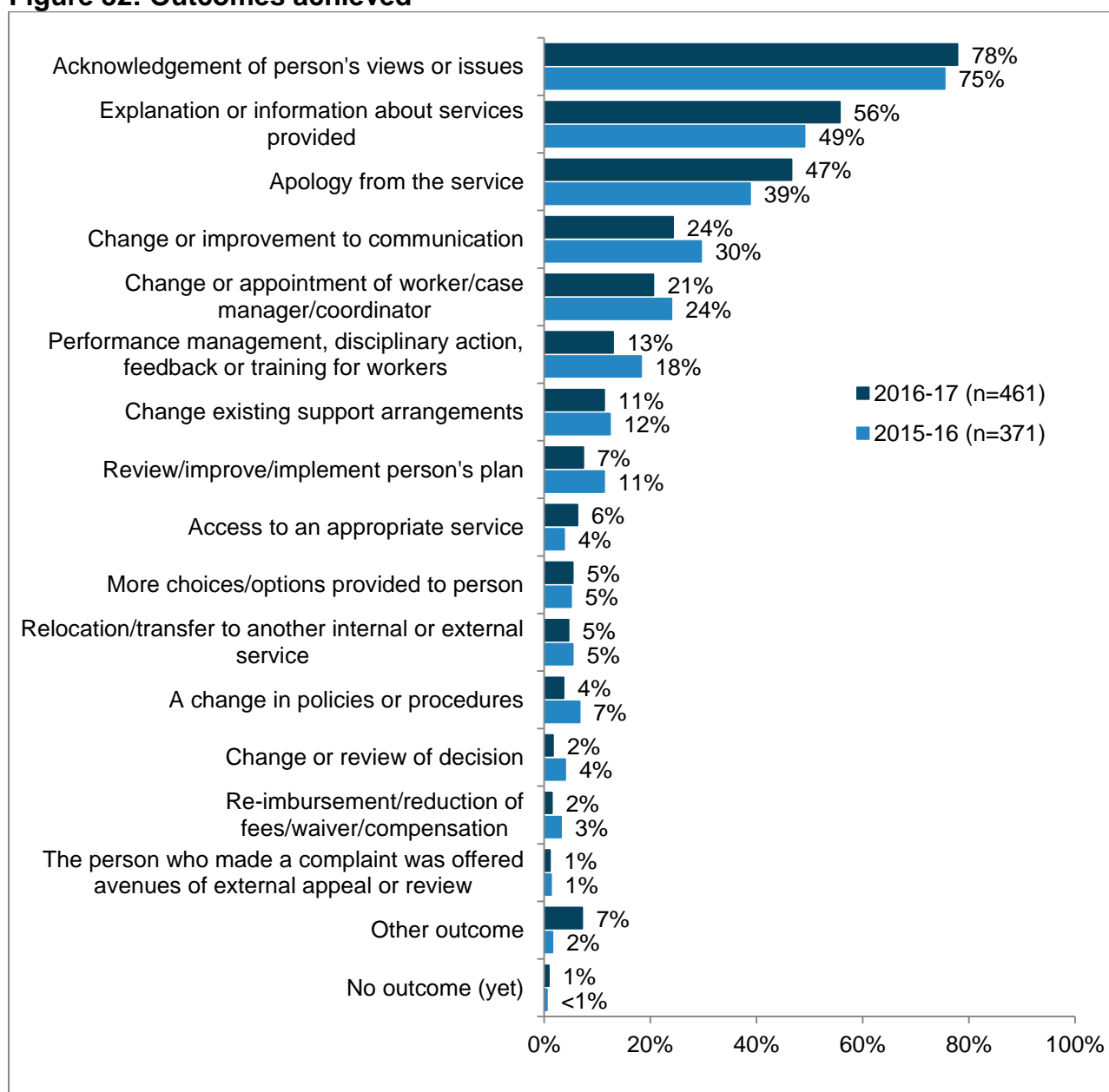
Totals may not sum to 100% due to rounding.

Outcomes achieved

A range of outcomes were achieved from the complaints managed by disability service providers, including multiple outcomes for some complaints. In 2016-17, 1,333 outcomes were identified from the 461 complaints resolved. These outcomes were for the individual who accessed the service, for the person that made the complaint, or both.

The most common outcomes were acknowledgement of a person's views or issues (78%), an explanation or information about services provided (56%) or an apology from the service (47%). These outcomes were also the most common outcomes achieved in 2015-16 and have all increased in frequency in the last year (see Figure 32).

Figure 32: Outcomes achieved



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

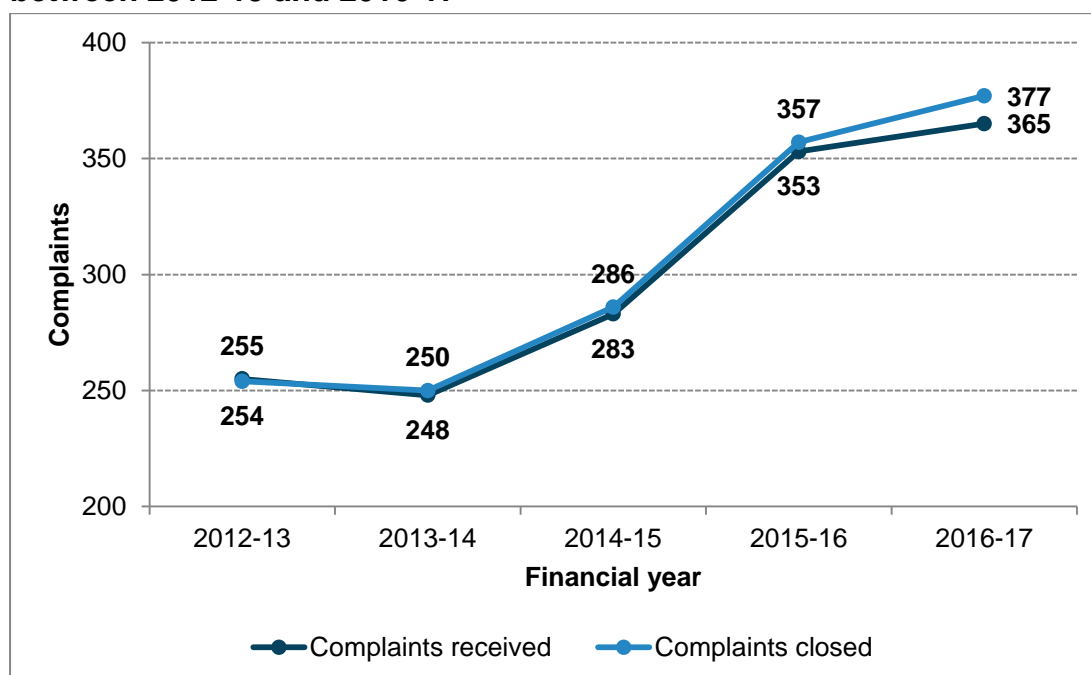
2.6. Complaints about mental health services

HaDSCO complaints data

HaDSCO received 365 complaints about mental health services in the 2016-17 financial year. This represents a 3% increase compared to 2015-16. HaDSCO closed 377 complaints about mental health services in 2016-17, a 6% increase compared to 2015-16.

The number of complaints about mental health services received and closed by HaDSCO since 2012-13 can be seen in Figure 33. The number of complaints, both received and closed, has increased each year since 2013-14.

Figure 33: Complaints about mental health services received and closed between 2012-13 and 2016-17

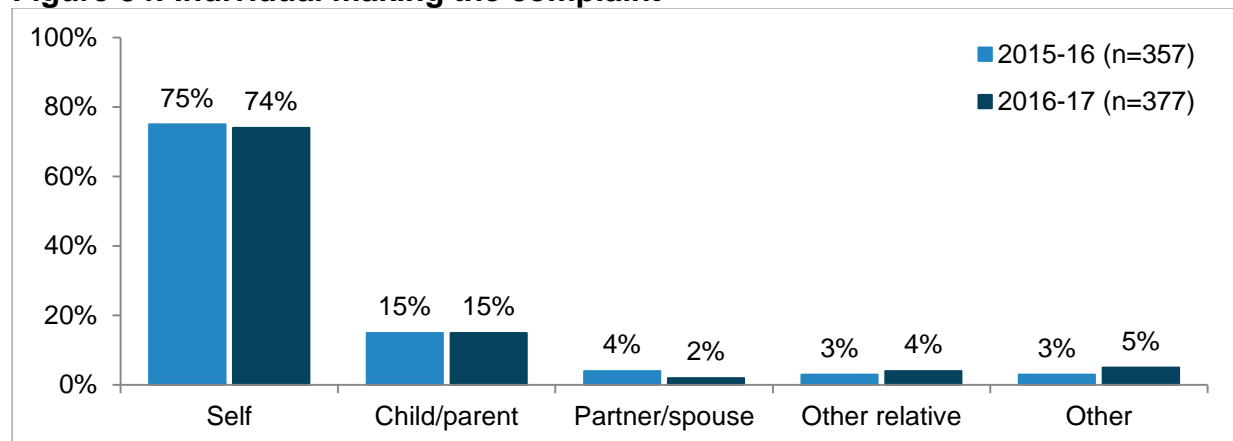


The following section provides a more detailed breakdown of the complaints about mental health services closed by HaDSCO in 2016-17. Where possible, data for 2015-16 has been included for comparison. Certain information is not available for 2015-16 and is therefore not included. The Office is currently in the process of improving its data collection and reporting capabilities.

Individual making the complaint

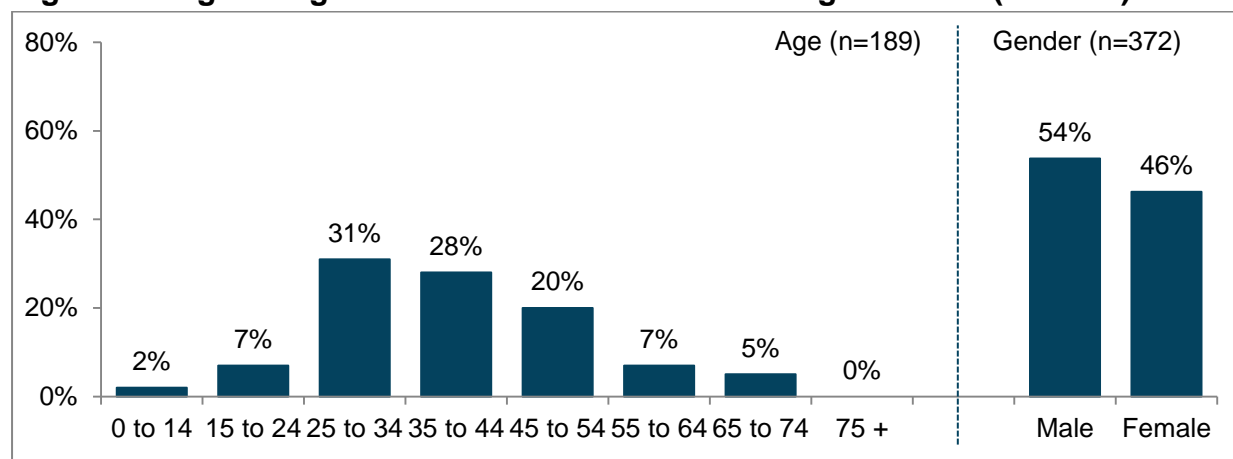
Most complaints (74%) about a mental health service were made by the individual who received the service. The remaining complaints were made by a representative on behalf of the individual, which was typically a family member (as seen in Figure 34). In comparison to 2015-16, there has been little change in terms of who made a complaint about a mental health service with our Office.

Figure 34: Individual making the complaint



Complaints about mental health services were more likely to concern services provided to males, between the ages of 25 and 54. Details are provided in Figure 35 below.

Figure 35: Age and gender of the individuals receiving a service (2016-17)



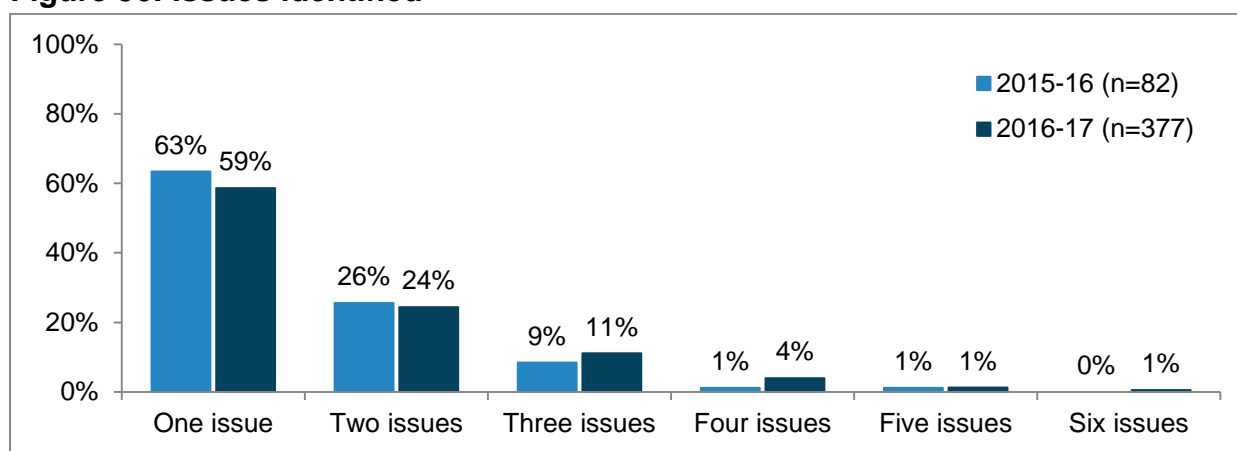
The data in Figure 35 above is provided only for complaints where demographic information about the individual receiving a service was recorded.

Issues identified

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

More than one issue can be raised in a single complaint. Of the 377 complaints about mental health services closed by HaDSCO in 2016-17, 41% concerned multiple issues, resulting in a total of 628 issues being identified. As shown in Figure 36, the number of issues identified in each complaint remained relatively similar over the last two years: in 2015-16, each complaint identified 1.5 issues and in 2016-17, 1.7 issues were identified in each complaint.

Figure 36: Issues identified



CASE STUDY

Hospital acknowledges role of long-term carer and personal support person



An individual contacted HaDSCO after receiving a response from a hospital to their complaint about not being informed that their partner, an involuntary patient, had changed their personal support person to a relative with whom they rarely had contact.

The individual indicated that this resulted in them not being included in ongoing communications with the hospital about their partner's care. The individual informed the hospital that they had been their partner's long-term carer and personal support person. HaDSCO conciliated a meeting between the parties during which the individual's concerns

were discussed and acknowledged by the hospital.

As a result of HaDSCO's involvement, the hospital undertook to further educate staff about the *Mental Health Act 2014* in regards to the nomination of a carer or support person. The hospital also implemented processes for communication with long-term carers and support people, and reviewed the process for the distribution of carers packs to relevant parties involved in a patient's care during their hospital stay.

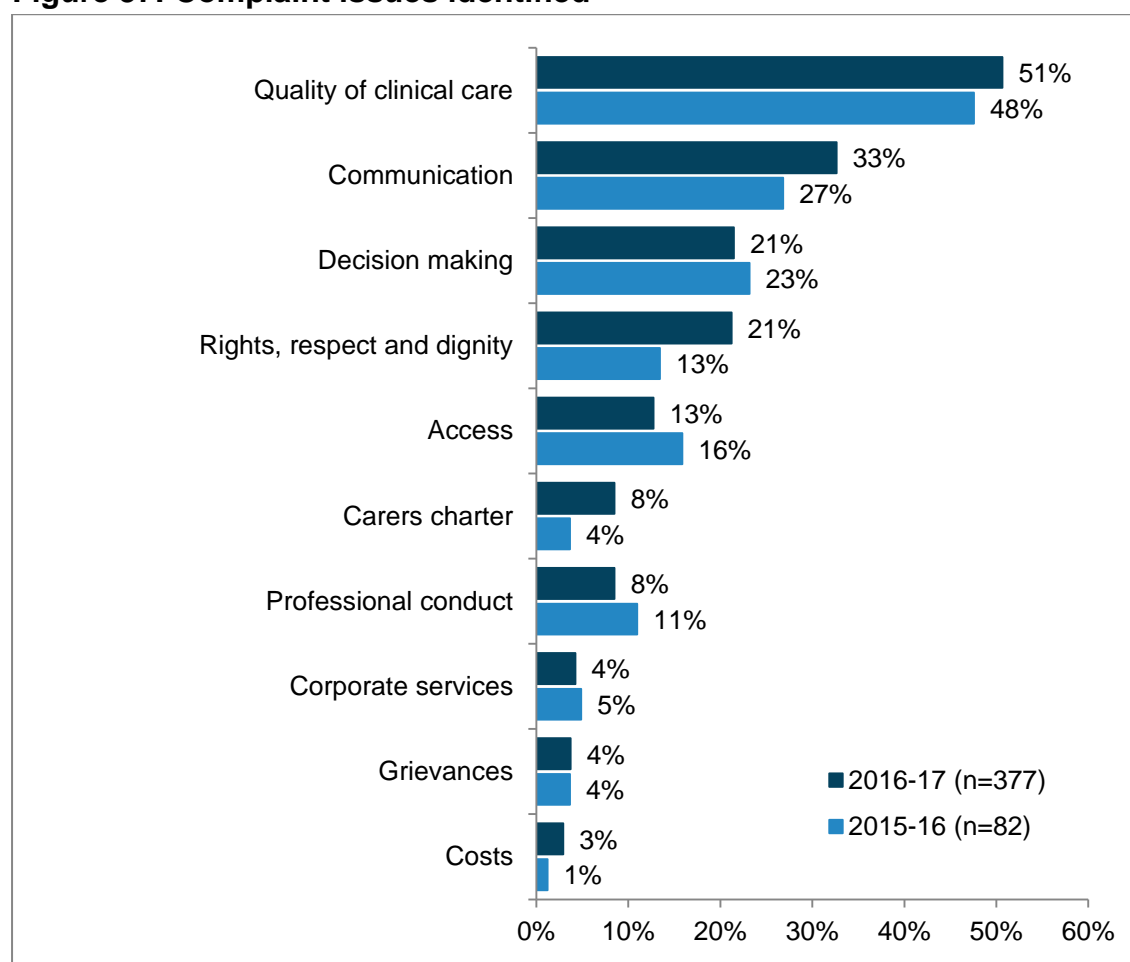
The hospital informed that it would use the complaint as a de-identified case study for training purposes to highlight this type of situation.

Following the complaint, the hospital invited the individual to participate in a carer's forum and to become a member of its carer's focus group.

The types of issues identified in complaints about mental health services closed by HaDSCO in 2016-17 and 2015-16² are shown in Figure 37.

The majority of complaints concerned quality of clinical care, communication, decision making, rights, respect and dignity, and access. The most common issues identified in these complaints were consistent with those in 2015-16, with the exception of access, which was identified more frequently than rights, respect and dignity in 2015-16.

Figure 37: Complaint issues identified



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

² In 2015-16 HaDSCO made changes to the way issues raised in mental health complaints are categorised. This change was implemented in March 2016. As a result of this change, the data presented in Figure 37 for 2015-16 relates only to the mental health complaints closed between March 2016 and June 2016 (n=82).

Examples of the specific concerns associated with the most common complaint issues raised in 2016-17 are listed in Table 5.

Table 5: Concerns associated with the most common complaint issues

Issue type	Concern
Quality of clinical care (51%)*	Inadequate assessment: condition or injury was overlooked or wrongly identified; delay in assessment of new symptoms; inadequate level of diagnosis; inadequate medical history taken; inadequate investigation of symptoms.
	Inadequate treatment/therapy: negligent treatment; inexperience for complexity of the procedure; failure/delay to provide emergency treatment; inadequate level of observation.
	Medication issues: prescribing or dispensing error (prescription/person/dose/site/time/route); medication prescribed despite documented allergy.
	Discharge or transfer arrangements: premature discharge; unsuitable/delayed discharge/transfer; inadequate discharge planning; lack of continuity of care/follow-up.
Communication (33%)*	Misinformation/failure in communication (not failure to consult): provided inaccurate/wrong information; provided confusing/conflicting information; delay in receiving information.
	Inappropriate verbal/non-verbal communication: careless comments or person speaking beyond their authority; inappropriate demeanour/non-verbal communication; failure to listen to consumer/representative/carer/family.
Decision making (21%)*	Failure to consult and involve in decision-making process: failure to consult and involve individuals and their representatives in decision-making process.
	Consent not obtained: additional treatment/procedure provided or medication administration.
	Consent invalid: not voluntary; did not cover procedure performed; given by person without legal capacity to consent; consent older than three months without further discussion/review; withdrawn and not acknowledged or acted upon.
Rights, respect and dignity (21%)*	Inconsiderate service/lack of courtesy: lack of politeness/kindness shown to the individual, including, but not limited to, ignoring the individual or acting in a negative, patronising or overbearing manner.
	Absence of compassion: service provider acted unreasonably in the manner of providing a mental health service.
	Breach of confidentiality: provision of information to third party without consent; communication and/or handling of medical records.
	Failure to fulfil mental health legislation requirements: service provider failed to comply with Charter of Mental Health Care Principles.
	Denying/restricting access to personal health records: service provider acted unreasonably by delaying, denying, restricting access to records kept by the service provider.
Access (13%)*	Delay in admission/treatment: at the point of service, waiting time for diagnostic testing or treatment excessive for the individual.
	Inadequate resources/lack of service: service provider had inadequate human resources/equipment/facilities.
	Refusal to provide services (admit or treat): service provider unreasonably refused to admit, or refused to treat/accept, an individual.

*Percentage of all mental health complaints closed in the 2016-17 financial year. Because multiple issues can be identified per complaint percentages may not sum to 100%.

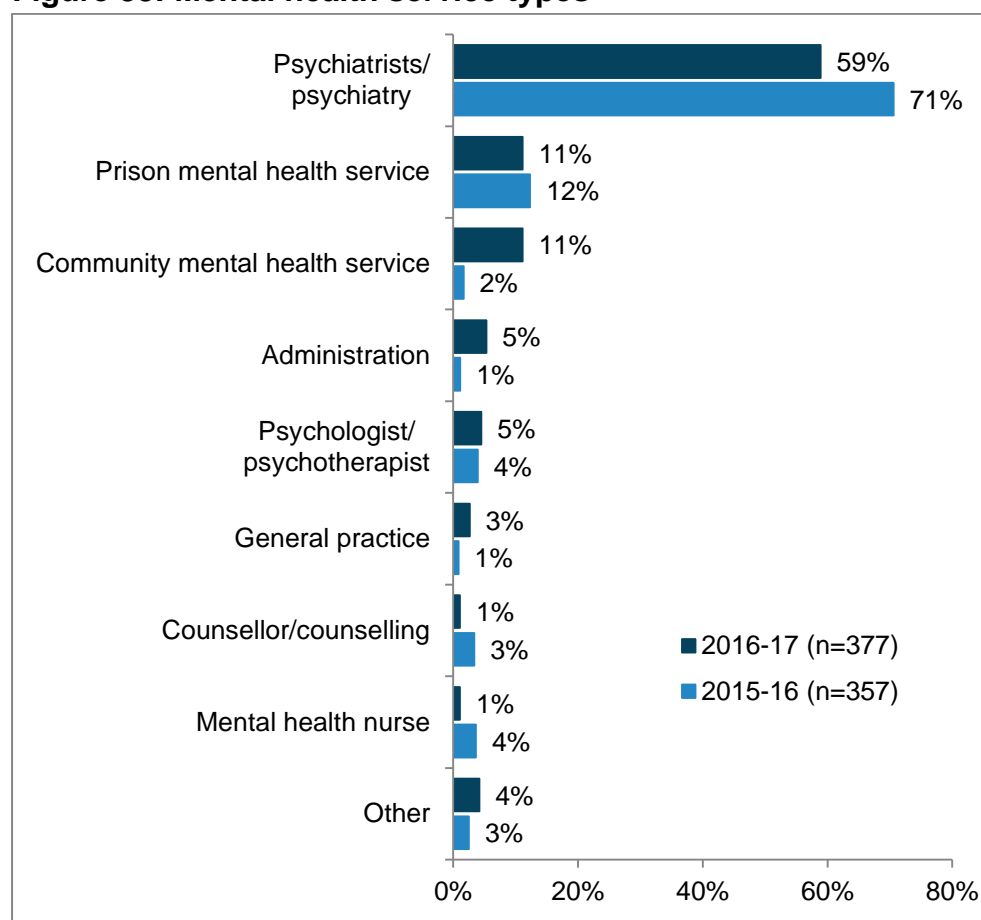
Mental health service types

The specific mental health service types identified in closed complaints in 2016-17 and 2015-16 are shown in Figure 38.

The service types that were most frequently the subject of complaints in 2016-17 were psychiatrists and psychiatry (59%), prison mental health services (11%), and community mental health services (11%).

There was a change in the service types identified in complaints when comparing 2016-17 to 2015-16. In 2016-17, there was an increase in the number of complaints concerning community mental health services, and a decrease in the number of complaints relating to psychiatrists and psychiatry.

Figure 38: Mental health service types



Totals may not sum to 100% due to rounding.

Respond to changing environments

Review, Respond, Redefine

Respond appropriately to our changing environments

Managing complaints about mental health services

The *Mental Health Act 2014* (the MH Act) came into operation on 30 November 2015. Part 19 of the Act provides that HaDSCO is the complaints body to receive complaints from individuals about mental health service providers.

In 2015, in preparation for the enactment of the MH Act, HaDSCO coordinated the establishment of a Mental Health Complaints Partnership Agreement (the Agreement). The Agreement outlines a set of principles to improve the effective resolution of complaints about mental health services. The parties to the Agreement are HaDSCO, the Department of Health, the Mental Health Advocacy Service, the Office of the Chief Psychiatrist and the Mental Health Commission.

The purpose of the Agreement is to:

- Clarify the respective roles and inter-relationships of key government agencies that are involved in managing complaints.
- Outline principles to guide effective complaint resolution.
- Develop a mechanism for State Government agencies to work collaboratively to resolve complex mental health complaints.

The Agreement was complemented by an Addendum, which had a 12 month term. The Addendum aimed to ensure that the principles of the Agreement transferred into relevant and meaningful operational initiatives for individuals, carers and service providers. An important part of the Addendum was an Action Plan to 'operationalise' the Partnership Agreement.

Although the term of the Addendum expired in August 2016, HaDSCO has continued to progress a number of initiatives identified in the Action Plan. This work is consistent with HaDSCO's strategic priority of responding to changing environments and adapting service delivery to be flexible and responsive to the needs of our stakeholders.

We continue to refine and streamline our complaints process to ensure complaints about mental health services are managed in an efficient and effective manner under the MH Act. Additionally, the promotion of a 'fast-dial' telephone system set up between the Office of the Chief Psychiatrist and HaDSCO now enables the direct transfer of matters that are more appropriate for HaDSCO to handle.

External complaints data

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO collects complaint data from prescribed government and non-government health service providers in Western Australia. Having commenced in the 2015-16 financial year, HaDSCO receives data from a selection of public Health Service Providers³ about the mental health complaints received by the providers.

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

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

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

The aggregate data received by HaDSCO includes all mental health complaints received by the public Health Service Providers in 2016-17. The following preliminary analysis is based on the number of complaints received in the 2016-17 financial year.

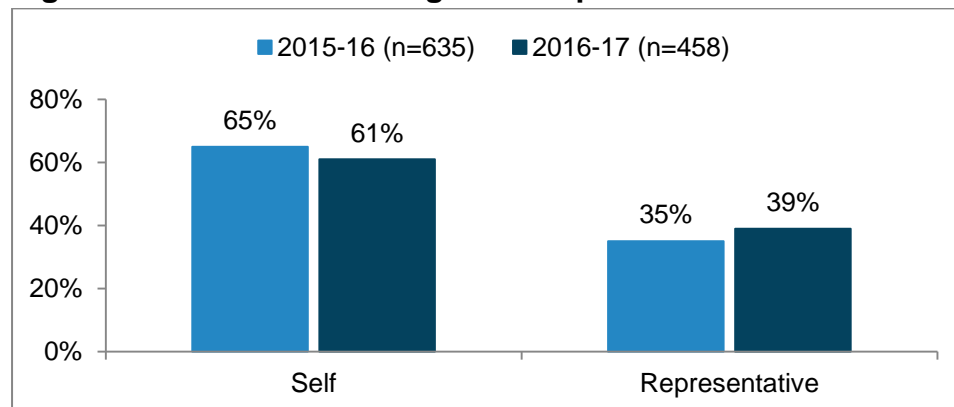
In 2016-17, details of 458 complaints concerning 713 issues were submitted to HaDSCO. This represents a 28% decrease from 2015-16 in the number of complaints received (635 complaints) and a 21% decrease in the number of issues identified (908 issues).

³ The public health service providers are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and Western Australian Country Health Service.

Individual making the complaint

In 2016-17, the majority of complaints (61%) received directly by public health service providers were made by the individual who received the service (see Figure 39).

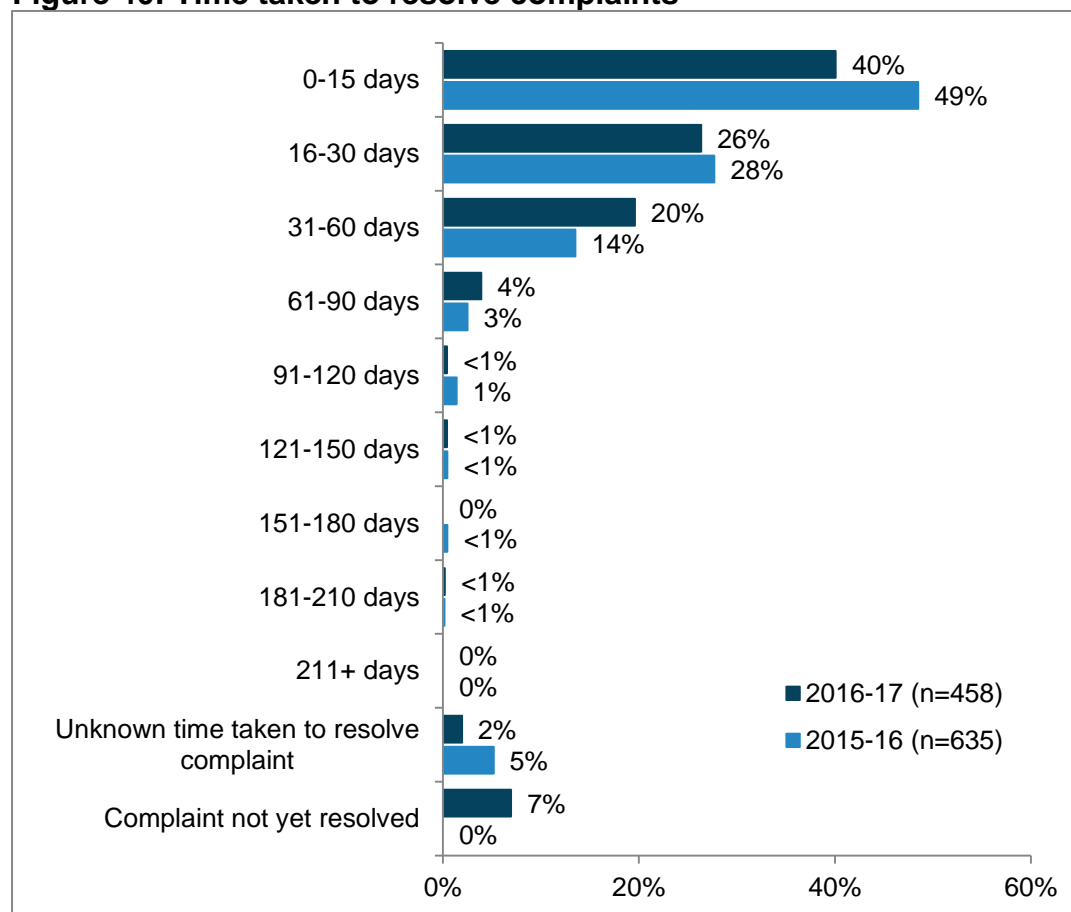
Figure 39: Individual making the complaint



Time taken to resolve complaints

The time taken for public health service providers to resolve complaints in 2016-17 and 2015-16 is shown in Figure 40. In 2016-17, the majority of complaints (66%) received directly by public health service providers were resolved in 30 days or less.

Figure 40: Time taken to resolve complaints

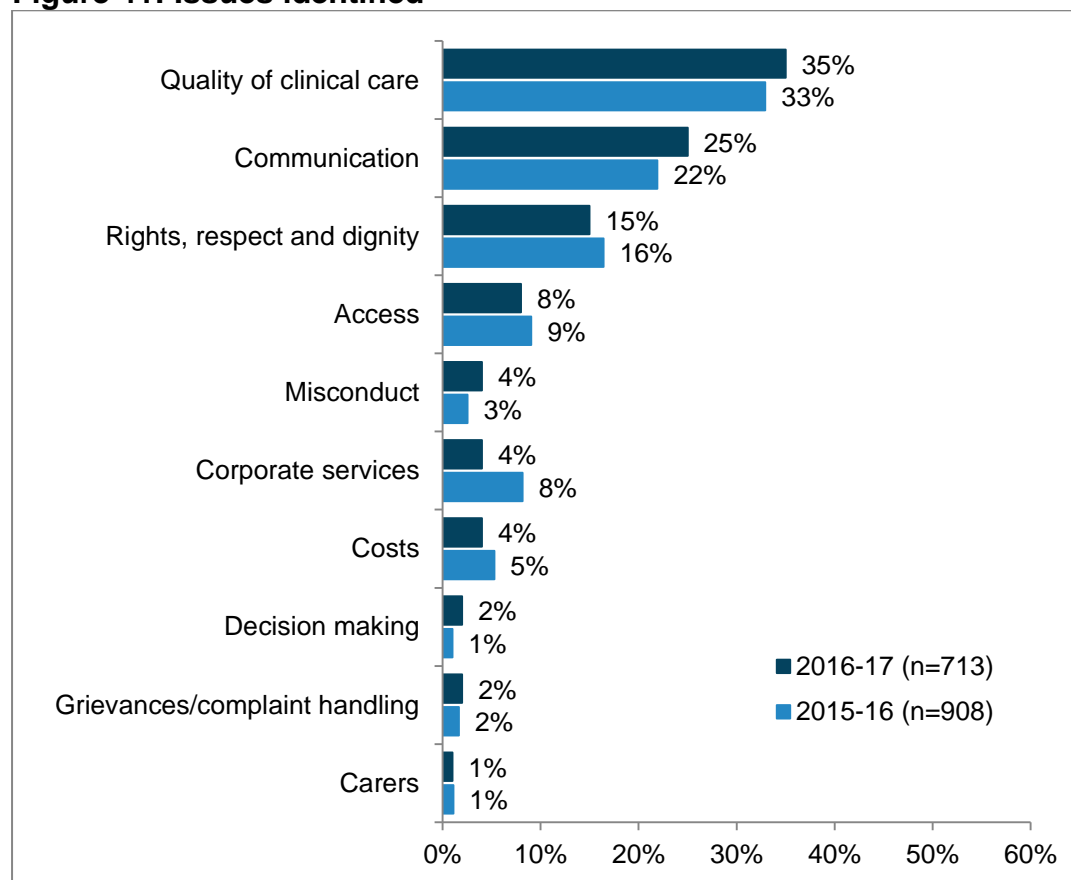


Issues identified

There has been no change in the most common types of issues identified in mental health complaints received by public health service providers in 2016-17 compared to 2015-16. Quality of clinical care (35%), communication with patients and their representatives (25%), rights, respect and dignity (15%), and access to services (8%) remained the issues most commonly identified in complaints. The proportion of complaints concerning these issues remained consistent between 2016-17 and 2015-16.

The issues identified in mental health complaints received by public health service providers in 2016-17 and 2015-16 are shown in Figure 41.

Figure 41: Issues identified



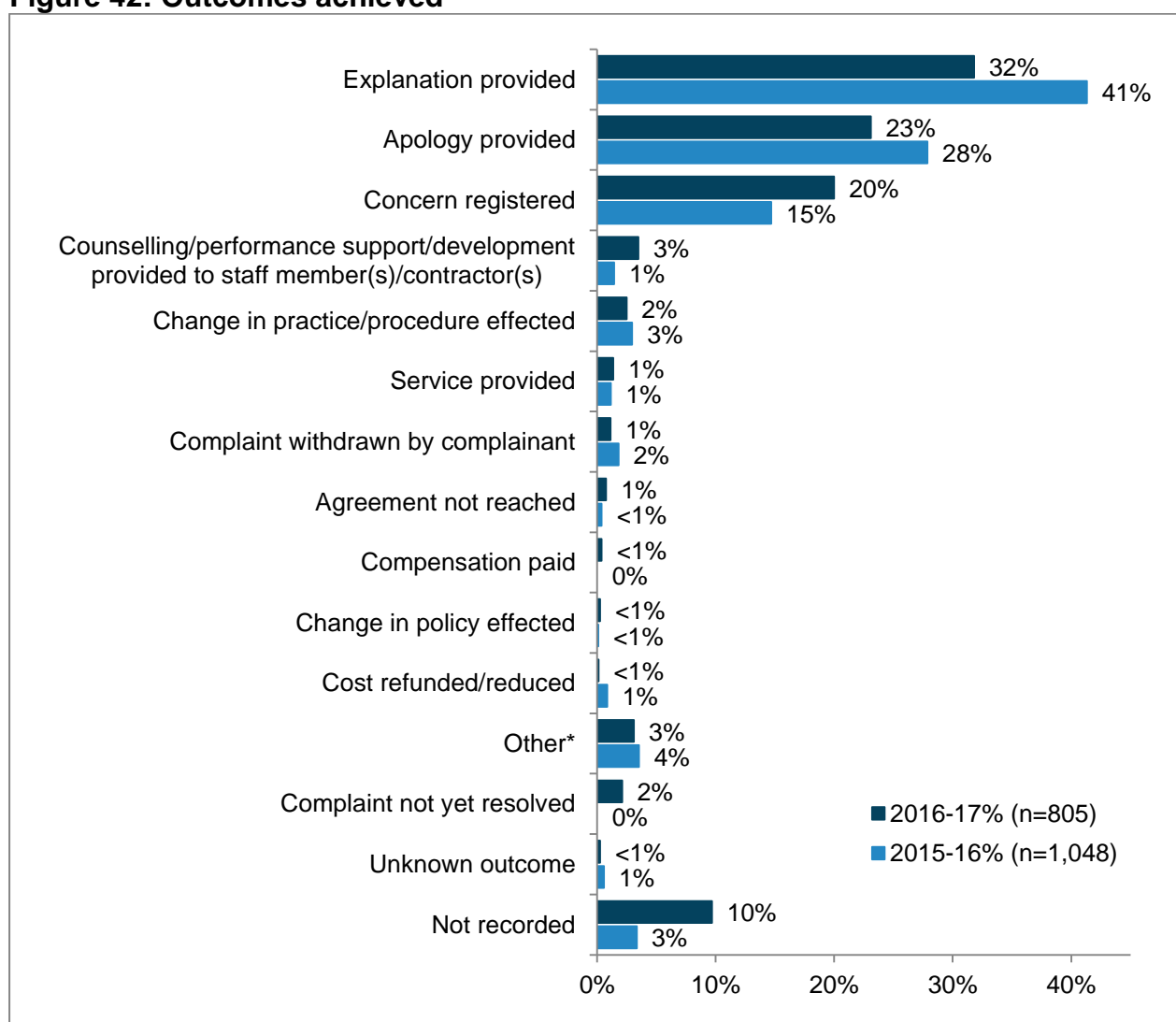
Outcomes achieved

A range of outcomes were achieved from the mental health complaints managed by public health service providers. There was no change in the most common outcomes achieved for 2016-17 and 2015-16. Providing an explanation, providing an apology, or acknowledging the concerns that resulted in a complaint being made remained the most common outcomes. While these remained the most common outcomes over the past two years, there was a decline in the proportion of complaints resulting in an explanation or apology from the public health service provider in 2016-17.

Of note, 3% of complaints resulted in development of staff and contractors in the form of counselling or performance support, and 2% of complaints resulted in the public health service provider changing their practice(s) or procedure(s) in 2016-17.

The outcomes achieved in complaints received by mental health service providers in 2016-17 and 2015-16 are shown in Figure 42.

Figure 42: Outcomes achieved



*Other outcomes include referral to another organisation.

Educate and train

Engage, Evaluate, Educate
Inform, educate and empower the
community and service providers to
prevent complaints

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

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

2.7. Key highlights

Key highlights for 2016-17 included:

- Developed and implemented a new Stakeholder Engagement Strategy for the delivery of targeted stakeholder engagement programs and outreach activities to better inform, educate and empower the community and service providers.
- Delivered 211 outreach activities with key stakeholders including the delivery of 13 presentations, 61 awareness raising activities, 120 consultations and 17 networking opportunities.
- Planned and delivered outreach for regional and remote communities, including visits to the Wheatbelt, Gascoyne and South West regions and the Indian Ocean Territories to raise awareness of, and access to, HaDSCO through engagement and education.
- Developed additional resources for use in HaDSCO's publications suite, including an information sheet for the Aboriginal community and joint HaDSCO/AHPRA brochure, and distributed these to stakeholders throughout Western Australia.
- Continued to share complaints handling expertise with stakeholders at a national and State level.

2.8. Stakeholder Engagement Strategy

A new Stakeholder Engagement Strategy (SES) January 2017-June 2018 was implemented during the 2016-17 year, to guide the delivery of targeted stakeholder engagement programs and outreach activities for the Office.

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

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

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

In delivering the SES, we undertook a broad range of outreach activities in 2016-17 including:

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

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

2.9. Sharing expertise

We shared our expertise with stakeholders in 2016-17 through key engagement activities as set out in the table below:

Stakeholder	Activity
National Code Working Group	As a member of the National Code Working Group, led by the Department of Health and Human Services (DHHS), Victoria, HaDSCO has been contributing to delivery of outcomes that require coordinated national action for the implementation of the National Code of Conduct for Health Care Workers (National Code). During 2016-17, HaDSCO staff attended six Working Group and six Sub-Working Group meetings by teleconference with other Health Complaint Entities (HCEs) and the DHHS.

Stakeholder	Activity
	<p>As a member, HaDSCO contributed to the development of a standard taxonomy of complaints and service types for National Code complaints; the development of a common web portal for a national register of prohibition orders issued by HCEs across Australia; and the establishment of a common framework for the collection and reporting of data for annual performance reporting to health ministers.</p> <p>HaDSCO also contributed to the development of a nationally consistent suite of explanatory materials to support the National Code, which included hosting a consultation forum with the DHHS and HaDSCO's Consumer and Carer Reference Group in February 2017 to seek input on information to be included in the explanatory materials.</p>
National Commissioners' meetings	<p>HaDSCO attended the National Health and Disability Commissioners' meetings, held twice during the year. The meetings provided opportunities for HaDSCO to share and exchange information on complaints trends and issues. This included best practice matters and discussion on evolving policy and practice matters that impact on service delivery for complaints management.</p>
Australian Health Practitioner Regulation Agency	<p>Maintaining a strong working relationship with the Australian Health Practitioner Regulation Agency (AHPRA) and sharing expertise about roles and responsibilities for complaints is important to ensure the consultation process for complaints operates efficiently and effectively. During 2016-17, HaDSCO met with AHPRA at regular intervals. This included consultation forums about the <i>Health Practitioner Regulation National Law Amendment Law 2017</i> and the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions. HaDSCO applied learnings from these forums particularly in determining complaint jurisdiction matters.</p> <p>In December 2016, HaDSCO and AHPRA released a joint plain English brochure, developed to clarify the roles and responsibilities of each body in managing complaints about registered health professionals. The brochure was an outcome of work undertaken by the AHPRA Working Group, established following the release of the Report on the Independent Review of the National Registration and Accreditation Scheme for Health Professions (December 2014), which contained a recommendation that covered improving responsiveness to consumers in complaints and notifications processes. In advance of its release, the brochure was presented to the former Minister for Health, the Hon John Day MLA in November 2016 at Parliament House and to the former Minister for Mental Health, the Hon Andrea Mitchell MLA at a separate meeting during</p>

Stakeholder	Activity
	November. The brochure was well received by members of the community and service providers.
National Disability Service Individual Safeguarding and Complaints forums	<p>In August and September 2016, HaDSCO participated in the National Disability Service Individual Safeguarding and Complaints forums, to raise awareness of our role in managing complaints about disability services.</p> <p>Held in both metropolitan and regional locations, HaDSCO featured on a panel along with a range of sector representatives, where we clarified our role in managing complaints about disability services and shared our expertise in the management of complaints aligned to national complaint standards.</p>
Disability Health Network	In November 2016, HaDSCO provided a presentation on the role and functions of HaDSCO to the Disability Health Network, including providing information on complaints about individuals with co-occurring health and disability needs, and the complaints management framework in Western Australia.
Nursing and Midwifery Board	In February 2017 the Office provided a presentation on the role and functions of HaDSCO to the Nursing and Midwifery Board, including providing information on complaint statistics, complaint outcomes, and the complaints management framework in Western Australia.
Department of Corrective Services	<p>It is important that HaDSCO's services are accessible to all those who wish to make complaints. This includes people in Western Australian prisons.</p> <p>During 2016-17, HaDSCO reviewed and streamlined its services for the management of complaints for people in prisons following a request from the Department of Corrective Services. The new arrangements introduced in December 2016 provide for the resolution of prisoner health complaints at the local level in the prison and within the shortest possible time. The new approach has worked efficiently and effectively, by enabling prisoners to have their matter dealt with quickly; providing benefits to the prison, particularly the health centre; and by making the prison aware of feedback on service delivery. In addition, HaDSCO staff have the benefit of dealing directly with prison health staff that are often best placed to provide information relating to a complaint, enabling the matter to be resolved quickly.</p> <p>Additionally, at the request of the Department, a Report on Complaints Managed by the Health and Disability Services Complaints Office about Western Australian Prisons (Public and Private) from 2013-14 to 2015-16 was prepared. The Report provides statistical information on complaints managed by HaDSCO over a three year period and across the prison system.</p>

Stakeholder	Activity
	It was produced to assist the Department to gain a greater understanding of the issues raised, and the trends observed, in complaints about the provision of health services in prisons. The Report was well received by the Department and has assisted HaDSCO to identify education and training opportunities for Departmental staff dealing with prison health complaints. This work will be progressed in 2017-18.
Mental Health Complaints Partnership Agreement	During 2016-17, the Office continued to work with all parties of the Mental Health Complaints Partnership Agreement (the Agreement), launched in August 2015, to improve the effective resolution of complaints about mental health services. This included consultation with the Department of Health, the Mental Health Advocacy Service, the Office of the Chief Psychiatrist and the Mental Health Commission to progress a number of initiatives identified in the Action Plan, included in an addendum to the Agreement. A meeting of member agencies was held to acquit the Action Plan, and to identify actions arising from the Plan that are being operationalised by HaDSCO.
Health service providers data collection information session	In response to the WA Health Reform Program 2015–2020 and the implementation of the <i>Health Services Act 2016</i> , in May 2017, the Office briefed the five new Health Service Providers on the health data collection process for prescribed providers under section 75 of the <i>Health and Disability Services (Complaints) Act 1995</i> . The session provided an opportunity to clarify the process for the submission of complaints data and reporting requirements as part of this process.
Disability service providers data collection briefing session	In June 2017, HaDSCO hosted a briefing session to support prescribed disability service providers in submitting their complaints data for 2016-17 under section 48A of the <i>Disability Services Act 1993</i> . HaDSCO representatives worked with attendees to provide an overview of the data collection process, invite input into the reporting that is shared with disability service providers following collection and analyses of data, and have any questions answered.
Joint learning sessions with the Health Consumers' Council	<p>In June 2017, HaDSCO facilitated a joint learning session with the Health Consumers' Council and complaints staff at HaDSCO to learn more about each of our respective roles in managing complaints about health services.</p> <p>The session provided an opportunity to explore ways to support people to bring their complaints to HaDSCO.</p>
Consumer and Carer Reference Group	The Consumer and Carer Reference Group (CCRG), established in 2014, provides consumer and carer perspectives on a range of HaDSCO services and functions. With members covering the

Stakeholder	Activity
	health, disability and mental health sectors, including individual consumer and organisational representatives, the CCRG forms an important mechanism by which the Office can provide community members with the opportunity to have their say in how services are best delivered to the community. The CCRG met at regular intervals during 2016-17.
Meetings with State Government agencies	HaDSCO continues to meet with State Government agencies which have involvement with the health, disability and mental health sectors. During 2016-17, this included: <ul style="list-style-type: none"> • Department of Health • Disability Services Commission • Mental Health Commission • Office of the Chief Psychiatrist • Mental Health Advocacy Service • Department of Corrective Services • Department of Commerce – Consumer Protection.
Meetings with hospitals	HaDSCO continues to meet with health service providers to discuss complaint trends, systemic issues and complaints resolution best practice, to assist in improving service delivery across the sector. During 2016-17, this included: <ul style="list-style-type: none"> • Fiona Stanley Hospital • Princess Margaret Hospital • St John of God Health Care • Carnarvon Hospital • Northam Hospital.
Meetings with peak industry groups and advocacy agencies	HaDSCO continues to meet with key groups to build upon, and strengthen, relationships to promote effective and efficient complaints resolution. During 2016-17, HaDSCO met with the following: <ul style="list-style-type: none"> • Health Consumers' Council • HelpingMinds • NAATI Advisory Council • Disability Health Network.
Delegates visit from the Ombudsman of the Republik of Indonesia	At the invitation of the Western Australian Ombudsman's Office, HaDSCO met with Indonesian delegates from the Office of the Ombudsman of the Republik of Indonesia, to share and exchange information about the role and functions of our respective offices.

2.10. Awareness and accessibility

In 2016-17, we continued to utilise a range of strategies to raise awareness of, and accessibility to, our Office. We:

- Promoted the use of HaDSCO's toll free number for country callers.

- Provided access to interpreter services via the Translating and Interpreting Service.
- Promoted the use of translated brochures explaining the role of the Office in eight different language variations available via our website.
- Created a tailored information sheet to assist Aboriginal community members to access our services.
- Implemented ongoing updates to HaDSCO's website as a means to keep our stakeholders well informed.
- Provided access to the Office through email and online services including an online complaints form.
- Continued to invite consumer feedback about our complaints management process, post assessment, through the consumer feedback process.

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

Metropolitan outreach

- In November 2016, we participated in Perth's Homeless Connect event providing an opportunity for individuals to discuss issues and lodge a complaint in person and engage with otherwise hard-to-reach community members, increasing awareness and accessibility.
- During 2016-17, we attended a range of forums and meetings which included the Health Consumers' Council Patient Experience Week, the Aboriginal Family Law Service Ochre Ribbon Day, the Office of the Chief Psychiatrist Consumer and Carer Forum and the National Disability Service Understanding Abuse and Staying Safe Workshop.

Regional outreach

- **Wheatbelt region**

During 2016-17, HaDSCO visited the Western Australia Wheatbelt region on two occasions. In August 2016, we met with health service representatives from Northam Hospital to raise awareness of the Office.

In November 2016, HaDSCO presented to over 60 delegates at the annual Wheatbelt District Health Advisory Council and Consumers Forum held in Northam, which included representatives from the Aboriginal Health Advisory Group, Mental Health Consumer Group and Local Health Advisory Groups. The forum provided a valuable opportunity to provide information about our services, alongside more specific complaints data and trends observed for the Western Australian Country Health Service in the Wheatbelt area. During the visit we also engaged with a number of community and legal organisations, to help build and strengthen networks through the region.

- **Gascoyne region**

In June 2017, HaDSCO participated in a Regional Access and Awareness Program in Carnarvon at the invitation of the Western Australian Ombudsman's

Office. The Energy and Water Ombudsman and Commonwealth Ombudsman offices also participated in the visit. HaDSCO undertook various activities in partnership with the Ombudsman agencies including an Aboriginal Liaison session with Aboriginal services and community members and two joint agency complaint clinics. HaDSCO also met with a range of stakeholders from the health, disability and mental health sectors, including Carnarvon Hospital, advocacy and support agencies, and local area coordinators at the Disability Services Commission.

Indian Ocean Territories outreach

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

To compliment the delivery of complaint management services, a biennial visit is undertaken to provide information on HaDSCO's complaints resolution process and raise awareness of support services provided. Details of the visit undertaken in 2016-17 are provided below:

Joint agency visit to the Indian Ocean Territories

In May 2017, HaDSCO partnered with the Equal Opportunity Commission to undertake a visit to both Cocos (Keeling) Island and Christmas Island, and also with the Working with Children Screening Unit, Department for Child Protection, for the Christmas Island component of the visit.

Undertaking this coordinated approach to delivering services and outreach was well received. The format enabled participants to talk through issues in a supportive environment with colleagues or community leaders.

Key messages promoted by HaDSCO included:

- Service availability to community members for complaints about health, disability and mental health services provided in the State of Western Australia and the IOT.
- Provision of information and explanations of complaint outcomes and systemic improvement that HaDSCO can achieve through the resolution process.
- Promotion of the various mediums to contact HaDSCO, key contacts and support services available.
- Provision of information to community members in a variety of formats, including translated brochures in Malay, Chinese and Indonesian.
- Promotion of the 'Voice up' educational video resource, created with volunteer community members from Christmas Island during the June 2015 visit.
- Ensuring community members were aware that HaDSCO representatives were able to assist with completion of complaint forms, as and if required, as part of the visit.

A range of tasks and actions post visit has enabled HaDSCO to further strengthen links with community members and service providers and increase the awareness of, and accessibility to, our services.

2.11. Publications

During 2016-17, we developed and distributed a range of resources for service providers and the community including:

Infographics

This year we continued to share complaint data and trends with the community and service providers through a range of infographics. The infographics were created to provide complaint information in a visual format using information collected through both our own, and health and disability sector wide complaints management processes. They included:

- *'Understanding disability complaints in Western Australia'* infographic released during Disability Awareness Week (27 November to 3 December 2016). The infographic provided a snapshot of the disability complaints trends observed through our data, over a five year period between 2011-12 and 2015-16.
- *Disability Data Collection Program* infographic summarised the complaints data collected from disability service providers for 2015-16. This infographic was shared with prescribed government and non-government disability service providers.
- *Health Data Collection Program* infographic captured complaints data collected from health service providers for 2015-16. This infographic was shared with prescribed private, public and not-for-profit health service providers.

To support the roll out of the infographics for both the Health and Disability Data Collection Programs, individual information sheets were also created for each prescribed provider, to provide a snapshot of how their organisation compared with trends across the sector.

Brochures and features

We distributed 2,701 brochures from our publications suite to a range of services and organisations to ensure the community was well informed about HaDSCO's services. This included the addition of an information sheet for the Aboriginal community to our publications suite. We also utilised opportunities to provide information on our services in *The West Australian's* sector specific publications, *Supporting People with Disability in Western Australia* and *International Day of People with Disability*, reaching readers across metropolitan and regional Western Australia.

Ministerial support

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

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