hcscc
health & community services
complaints commissioner

Annual Report 2005-2006

15 September 2006

The Honorable John Hill MP
Minister for Health
CitiCentre Building
11 Hindmarsh Square
ADELAIDE SA 5000

Dear Minister

In accordance with the requirements of Section 16(1) of the *Health and Community Services Complaints Act 2004* I have pleasure in presenting the first Annual Report of the Health and Community Services Complaints Commissioner.

Yours faithfully

Leena Sudano
Health and Community Services Complaints Commissioner

Annual Report 2005 – 2006
Health and Community Services
Complaints Commissioner
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From the commissioner

The substantial proclamation of the *Health and Community Services Complaints Act 2004* on 3 October 2005 laid the foundation for a new approach to the resolution of complaints.

The focus of this approach is to improve the safety and quality of health and community services in South Australia.

Skilled, committed people work hard to provide good services, but we must and can do better to make services more accessible, safer and better – especially for those in greatest need.

In 2005 a complaint can be characterised by the following:

- feelings of grief, resentment and not uncommonly, anger
- the need for information and explanation – What happened? Why did it happen?
- a desire to blame someone, to find fault
- a loss of trust in the service provider.

For many people this toxic cocktail is also compounded by:

- a fear of recrimination and powerlessness leading to under voicing – at best only 5% of people speak up about an incident
- a lack of information about how to complain
- a sense of futility – there's no point, it won't do any good, nothing will change
- defensiveness, closed ranks, delays and getting the run around from service providers.

Overwhelmingly the motivation to complain is to try to make sure the same thing doesn't happen again to someone else. As well as ensuring that an individual grievance is addressed, this means that hcscc must hold service providers to account for action to reduce the likelihood of recurrence. Where the causes of the incident extend beyond the individual service user, or service provider, hcscc can make recommendations and influence effective responses to address systemic problems.

The courage and persistence of service users, their carers and advocates to speak up is welcome, it is a necessary spur for service improvement. Likewise the commitment and goodwill of the majority of service providers to listen, to provide information, to apologise and to give undertakings about action they will take to reduce the likelihood of recurrence is also welcome and necessary. Without it those aggrieved remain harmed and the opportunity to make services safer and better for all of us is missed.

hcscc vision

My vision is that by 2012 – the end of my first contract – a complaint will be seen as an opportunity to:

- participate, inform and learn
- apologise
- redress grievance and harm
- reduce costs
- improve safety and quality
- hold to account
- act to prevent recurrence
- restore confidence and trust in services.

I look forward to sharing our progress towards the hcscc vision.

Leena Sudano
Health and Community Services Complaints Commissioner

First year highlights

The hcscc website – www.hcscc.sa.gov.au – was the first major step towards providing information and advice to service users and service providers. A colourful logo and the hcscc brand were also created to give hcscc resources and publications a distinctive appearance.

Spreading the word
hcscc online resources developed in year one included:
- the *Health and Community Services Complaints Act 2004*
- step-by-step guidance to make and respond to a complaint
- information about hcscc service standards
- *Buzz* e-newsletter
- best practice complaints handling guidelines
- useful links.

Two brochures, *a guide for consumers* and *a guide for providers* were also made available to assist people to resolve complaints directly.

The inaugural hcscc website also included online and downloadable complaint and speaker request forms. A direct email link from the website was also established.

A total of 74 external presentations were delivered by the Commissioner and experienced hcscc staff.

Four media releases were distributed and information about hcscc services was included in:
- the *White Pages*
- links on the websites of service providers and peak bodies
- newsletters across the health and community services sector.

Building a team
With a diverse range of skills, the hcscc complaint resolution team includes experience in the private and public sectors, volunteer groups and organisations assisting people with disabilities. This experience includes community development, consumer protection, emergency support, equal opportunity, community housing, health care, law, mediation, conciliation, nursing, management, child protection, research and training.

Complaint Resolution Officers:
- provided an impartial complaint resolution service
- built capacity among service users, carers and service providers to resolve complaints directly
- developed the hcscc complaint management model based on interstate experience and local feedback.

The hcscc complaint resolution team was complemented by:
- a project officer, communications
- an office manager
- an administrative assistant.

Establishing good relationships
An informal network of consumer and carer advocates and representatives were consulted to create the hcscc website. Regular contact and briefings with the Health Consumers Alliance and Carers SA established a foundation for collaboration to improve health and community services.

The goodwill and cooperation of service providers and their peak bodies has also been crucial to success in resolving complaints.

The legal relationship between the Commissioner and the 10 registration authorities responsible for regulation of registered health service providers is set out in Part 7 of the *Health and Community Services Complaints Act 2004*. The 10 registration authorities regulate the practice of chiropractors, dentists, doctors, nurses, occupational therapists, optometrists, pharmacists, physiotherapists, psychologists and podiatrists.

hcscc worked with the registration authorities to develop clear guidelines for discussion, referral and follow-up of complaints about registered service providers.

"Love the approach of hcscc – wish all statutory bodies were the same."
Service provider

Registration authorities review the professional conduct, competence or fitness to practice, of an individual registered health service provider while hcscc's role extends to issues that go beyond these aspects of individual conduct.

hcscc and the registration authorities worked together to share information and to identify issues that concerned more than one individual registered health service provider.

hcscc also established good relationships with executive and senior staff in most major public and private health services. Complaint Resolution Officers worked closely with patient and consumer advisers to resolve many individual complaints.

Meeting special needs

Section 9(2) of the *Health and Community Services Complaints Act 2004* requires hcscc to take into account the needs of people who may have special needs in making a complaint.

hcscc's special needs priorities for 2005-2008 are people from Aboriginal and Torres Strait Islander backgrounds and people with a serious mental illness. Additional outreach activities were undertaken by hcscc to promote these priorities.

hcscc started building relationships with advocacy and other organisations that promote the interests of people with special needs. These relationships provided a foundation for collaboration to improve the knowledge of people with special needs about hcscc and their access to hcscc assistance.

The hcscc website provides information about interpreter services in 12 languages. Telephone access is available for deaf, hearing or speech impaired people through the National Relay Service. The hcscc website was also designed to be compatible with adaptive technology for people with a visual impairment.

Complaint Resolution Officers assisted people who had difficulty reading and writing to make complaints. The hcscc office facilities were improved to meet the needs of people with a physical disability, and for the care of small children. This included an accessible toilet, wider doorways and an infant change table.

Contact by people from identified special needs groups

Case Study - Better client handover from a regional mental health service

Mathew is an Aboriginal man who lives in a rural area. A local community mental health service had been providing him with support for depression and anxiety. Mathew was doing well.

Mathew's usual worker was unable to continue supporting him and arranged with the supervisor for a change of worker. The second worker then went on extended sick leave.

Mathew wasn't allocated another worker, and received no support from the mental health service for 3 months, despite requests from both Mathew and his GP. Mathew struggled with his mental health during this time, particularly with suicidal thoughts. hcscc agreed that Mathew needed additional assistance to resolve his complaint.

Following separate meetings with both Mathew and the mental health service hcscc facilitated a meeting between Mathew and the service manager to try to resolve the problem. Mathew's GP supported him throughout this process.

At the meeting Mathew was able to explain how the lack of service had affected him, and what he would like to happen. The mental health service acknowledged his feelings, apologised for their mistake and offered 4 different options to continue supporting him.

Mathew's complaint uncovered systemic issues with the service provider's practice concerning the re-allocation of workers.

As a result of the complaint the service developed a comprehensive policy and procedures to ensure that clients were not left without a worker during a changeover. This included a staff communication strategy, improved grievance procedures and a review process.

NOTE: Name changed to protect privacy

Preparing for child protection complaints

In November 2005, hcscc secured funding to establish a service for child protection complaints, to commence in July 2006.

In preparation for the new service, a Complaint Resolution Officer was appointed and work commenced on establishing links with major child protection service providers, peak bodies, support groups and advocacy bodies.

Bi-monthly meetings were held with the Commission of Inquiry (Children in State Care) and the Guardian for Children and Young People to identify areas of overlap in jurisdiction and establish procedures for information sharing and referral of complaints.

In May 2006 a child protection complaints team was formed.

Planning for the future

The 2005-06 financial year was hcscc's foundation year.

hcscc's early complaints handling experience and relationships with a broad cross section of players have provided a basis from which to start a 2 year plan, which will be finalised early in 2006-07. The plan will take into account the complex environment in which hcscc operates and will set hcscc priorities for 2006-08.

A focus of hcscc's future work with service providers, and consumer and carer advocacy groups, will be to develop and improve complaints handling procedures and to encourage access by service users.

To establish a baseline, and to identify the main gaps in public health service complaints handling, hcscc negotiated the inclusion of a complaints handling audit in the 2005-06 Health Service Agreement between the Department of Health and all public health services.

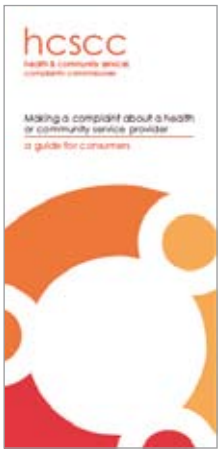
This required all regional public health services to:

- complete a self assessment of their complaints management system against the *Better Practice Guidelines on Complaints Management for Health Care Services* using the self assessment tool in the *Complaints Management Handbook for Health Care Services*
- identify priorities for improvement during 2006-07
- present the self assessment audit report and the priorities identified for improvement during 2006-07 to their Consumer and Carer Advisory Group, or equivalent
- provide their report, including improvement priorities, to the Department by 31 May 2006.

The regional health services were advised that their reports would be reviewed by hcscc as a basis for feedback and collaboration to meet the 2006-07 improvement priorities. This work will be incorporated into the hcscc 2006-08 plan.

South Australia is the first jurisdiction to systematically review public health service complaints handling against the national *Better Practice Guidelines on Complaints Management for Health Care Services*.

"The complaint has made us realise we need a coordinated approach to make things better."
Service provider



Above: *BUZZ* newsletter and *Making a complaint about a health or cummunity service provider – a guide for consumers.*

Improving health and community services through complaints

The *Health and Community Services Complaints Act 2004* was substantially proclaimed on 3 October 2005.

Role of the Health and Community Services Complaints Commissioner
Section 3 sets out the hcscc aims:
a) to improve the quality and safety of health and community services in South Australia through the provision of a fair and independent means for the assessment, conciliation, investigation and resolution of complaints; and
b) to provide effective alternative dispute resolution mechanisms for users and providers of health or community services to resolve complaints; and
c) to promote the development and application of principles and practices of the highest standard in the handling of complaints concerning health or community services; and
d) to provide a scheme that can be used to monitor trends in complaints concerning health or community services; and
e) to identify, investigate and report on systemic issues concerning the delivery of health or community services.

The Commissioner is an independent statutory officer who helps people – service users, their families and carers, and service providers – resolve complaints about health and community services. This includes public, private and non-government services. hcscc encourages direct resolution in the first instance and provides assistance when a direct approach to the service provider is either unreasonable or has not succeeded.

"Our director appreciated discussing with hcscc how to provide good services to the client and still set boundaries about behaviours."
Service provider

Functions and powers of the Commissioner
Section 9 of the *Health and Community Services Complaints Act 2004* sets out the Commissioner's functions and powers.

(1) The Commissioner has the following functions:
(a) to prepare and regularly review the Charter of Health and Community Services Rights under Part 3; and
(b) to identify and review issues arising out of complaints and to make recommendations for improving health and community services and preserving and increasing the rights of people who use those services; and
(c) to review and identify the cause of complaints and to –
(i) recommend ways to remove, resolve or minimise those causes; and
(ii) detect and review trends in the delivery of health or community services; and
(d) to provide information, education and advice in relation to –
(i) the Charter; and
(ii) health and community service rights and responsibilities; and
(iii) procedures for resolving complaints; and
(iv) other matters (if any) determined to be appropriate by the Commissioner; and
(e) to receive, assess and resolve complaints; and
(f) to encourage and assist health and community service users to resolve complaints directly with health and community service providers; and
(g) to assist health and community service providers to develop or improve procedures to resolve complaints; and
(h) to inquire into and report on any matter relating to health or community services on the Commissioner's own motion or at the request of the Minister; and
(i) to advise, and report to, the Minister on any matter relating to health or community services or the administration or operation of this Act; and
(j) to provide information, advice and reports to registration authorities and to work with registration authorities to develop or improve procedures relating to the assessment and investigation of complaints and grievances; and
(k) to maintain links with –
(i) health and community service providers; and
(ii) organisations that have an interest in the provision of health or community services; and
(iii) organisations that represent the interests of the users of health or community services; and

(l) to consult and cooperate with other agencies and authorities that are involved in protecting interests and rights of members of the community in the area of the provision of health or community services, including –
(i) the State Ombudsman; and
(ii) the Human Rights and Equal Opportunity Commission of the Commonwealth; and
(m) to perform other functions conferred on the Commissioner by or under this or any other Act.

(2) The Commissioner must, in providing information and advice, and in the assessment and consideration of any complaint, take into account, to such extent as may be appropriate, the position of persons within special needs groups.

(3) For the purposes of subsection (2), *special needs groups* are particular classes of persons who, because of the nature of the classes to which they belong, may suffer disadvantage in the provision of services unless their needs are recognised.

(4) The Commissioner must, in acting under this Act, give particular attention to the position of volunteers and to their value in providing health and community services within the community and should not unnecessarily involve them in proceedings under this Act.

Case Study – Managing risks of acting on suicidal thoughts

Zoe, a young adult, was admitted to a metropolitan hospital after inflicting self harm. Zoe told staff members she would take action to end her life if discharged. After one day in hospital Zoe was discharged. Zoe tried to hang herself near the hospital grounds. Zoe was returned to the hospital for emergency medical attention and was then transferred to another hospital for intensive medical care.

Zoe and her parents complained that hospital staff failed to provide Zoe with effective assessment and treatment and that Zoe's discharge after one day was wrong.

The complaint raised systemic issues about the assessment, treatment and discharge of people who have attempted, or are at risk of self-harm, and the assessment, treatment and follow-up of people diagnosed with a borderline personality disorder.

The hospital's internal investigation found that the approach to providing care to people with a borderline personality disorder inhibited the ability to manage patients individually. This had resulted in Zoe's acute risk being understated and led to her early discharge.

As a result of this complaint, the hospital has developed guidelines for the management of people with a borderline personality disorder in crisis.

hcscc is monitoring similar issues state wide.

Resolution of Zoe's individual complaint is still progressing.

NOTE: Name changed to protect privacy

Complain to make a difference, to give feedback, and make services safer and better for everyone.

hcscc service standards

hcscc has service standards that set out what people can expect of hcscc, as well as what is expected of them.

hcscc's commitments include:
- treating people with courtesy
- ensuring that hcscc services, facilities and resources are accessible
- seeking permission to obtain any necessary information
- working cooperatively with all parties to explore options to resolve issues
- providing advice to all parties that is independent, impartial and honest
- following up all telephone messages within 2 working days of receipt
- trying to finalise complaints accepted by hcscc within 6 weeks and, where this is not possible, keeping all parties informed about progress
- respecting people's right to privacy
- giving reasons for decisions and recommendations.

People contacting hcscc are expected to:
- treat us with courtesy
- be honest in their dealings with us
- provide us with information when requested to help us deal with the issue
- keep us informed of any developments that have a bearing on their complaint.

Case Study – Dealing with unusually persistent complainants

Anton, aged 74, complained to hcscc about numerous concerns he had with his local GP. This included the GP's manner towards him and a diagnosis of depression which Anton believed was incorrect.

In response to inquiries made by hcscc, the GP provided information which indicated Anton had repeatedly behaved in an unacceptable manner at the surgery. The GP was assisted by hcscc to respond to Anton's complaints in a prompt, appropriate manner.

Anton contacted hcscc expressing his outrage at this response and demanding that hcscc staff be disciplined for providing incorrect advice to the GP. The Commissioner responded to the complainant stating she would take no further action. Subsequently Anton contacted hcscc numerous times making different demands.

The Commissioner confirmed her decision in writing and advised Anton of his right to seek a review by the State Ombudsman.

He was also advised that the Commissioner would not respond to any further contact about the same matter.

Based on Anton's persistent and unreasonable behaviour hcscc identified him as an unusually persistent complainant. Anton will be managed according to the Commissioner's guidelines for unusually persistent complainants. While no further response will be made to his current complaint, any new matter complained about by Anton will be received and dealt with in a fair and appropriate manner.

NOTE: Name changed to protect privacy

"Thank you so much for returning my call – I've been around in circles. If I can't get any where, I will get back to you again. At least you return my calls."
Service provider

Complaints handling

hcscc complaints handling processes were developed using *Australian Standard, Complaints Handling, AS 4269 – 1995.*

Australian standards for complaints handling

In April 2006 the new *Australian Standard, Customer Satisfaction – Guidelines for complaints handling in organisations, AS ISO 10002 – 2006* came into operation. The new requirements of *AS ISO 10002 – 2006* alongside the statutory requirements of the *Health and Community Services Complaints Act 2004* will be considered as part of the hcscc planning process for the next 2 years.

Overview of Complaint Resolution Service

hcscc provides a complaint resolution service to assist service users and service providers to resolve complaints. Section 29(5) of the *Health and Community Services Complaints Act 2004* requires a person to take reasonable steps to resolve their concerns with the service provider before making a complaint to hcscc. Service users are encouraged to try to resolve their complaint with the service provider directly.

In circumstances where it is unreasonable to expect the service user to approach the service provider directly or where an attempt at direct resolution has been unsuccessful, hcscc may become involved to help the service user and the service provider resolve the complaint.

hcscc's involvement can vary from assisting a service user to put their complaint in writing to the service provider through to mediation or conciliation. In assessing a complaint, hcscc makes preliminary inquiries under Section 30 of the *Health and Community Services Complaints Act 2004* as a basis for the Commissioner's decision about what action, if any, will be taken.

Service users and service providers can use hcscc's complaint resolution service through the hcscc Enquiry Service by phone, mail, fax or email.

Country callers can call toll free by phoning 1800 232 007.

Complaints received by service type

Information/advice provided	96
Assisted to attempt direct resolution	119
Type of assistance unspecified	258
Proceeded to preliminary enquiry	251
Conciliation conducted	1
Proceeded to investigation	2
Matter outside jurisdiction	321
Total	1048
Files open at 30 June 2006	117

NOTE: Data recorded for the period October 2005 – June 2006

Most matters falling outside jurisdiction did not involve a health or community service provider within the terms of Section 4 of the *Health and Community Services Complaints Act 2004*, or were outside the 2 year time limit set out in Section 27.

Service use by non-metropolitan residents

Non metro area single contact	43
Complaints received	20
Total	63

NOTE: Data only recorded for the 6 month period January – June 2006

Public health services were the services most commonly represented in complaints received January-June 2006.

Service provider types involved in complaints

Aged care	14
Community services	27
Health – public	167
Health – private	53
Health – non-government organisation	4
Registered health service provider	74
Unregistered provider	3

NOTES: Data only recorded for the 6 month period January – June 2006. A complaint may involve more than one service provider

The most common issue complained about was treatment, followed by access to services and professional conduct.

Issues complained about

Access	66
Communication	35
Consent	6
Privacy/discrimination	10
Professional conduct	39
Treatment	160
Unable to resolve with service provider	6
Other	17

NOTES: Data only recorded for the 6 month period January – June 2006. A complaint may involve more than one issue

Reasonable and appropriate – a summary

In considering the response of a service provider to the allegations raised by a complaint, Section 85 of the *Health and Community Services Complaints Act 2004* requires the Commissioner to consider a range of factors to determine whether or not the action, or inaction, of the service provider has been reasonable and appropriate in the circumstances.

The Commissioner must take into account the Charter principles set out under Section 22 of the Act, including the right of a service user to:

- effective participation and an active role
- have their individual background and requirements taken into account
- access records
- access a complaints process.

The Commissioner holds service providers to account for meeting the generally accepted standard expected of a service provider in the circumstances being complained about.

The Commissioner must also take into account the resources available to provider.

Determining what is reasonable and appropriate is a major challenge. A wide range of standards exists in health services. These include: statutory standards, national standards, evidence-based practice guidelines, various accreditation standards, as well as Departmental, professional association and local policies and guidelines. In other areas, standards don't exist or are not formalised, especially among non-government service providers. hcscc has started the process of developing a robust approach to systematically identifying standards to ensure a more consistent means of determining whether standards have been met.

Outcomes

Section 11(1) of the *Health and Community Services Complaints Act 2004* requires the Commissioner to act independently, impartially and in the public interest in resolving complaints. This responsibility influences the outcome of a complaint, which must be fair to both the service user and the service provider and address any issue of significant public safety, interest or importance.

People making complaints to hcscc want a variety of outcomes. Information or an explanation from a service provider was the most common outcome sought, followed by assistance to resolve the complaint directly with a service provider and changes to policy or practice.

Description of outcomes sought

Direct resolution with service provider	117
Concerns acknowledged	62
Information and explanation	156
Apology	60
Access services	61
Change of practice/policy	71
Other	35

NOTES: Data only recorded for the 6 month period January – June 2006. A complainant may seek more than one outcome.

While the Commissioner took into account the outcomes sought by a complainant, resolution often involved a range of actions to respond to the specific issue raised in the complaint, restore the complainant's confidence in the service provider and address any wider systems issues to reduce the likelihood of the problem recurring.

Finalised complaints – outcomes achieved

Information and explanation	123
Apology	10
Change of practice/policy	14
Access to service	12
Fairness/confidence and trust restored	10
Withdrawn	11
Abandoned	20
Other proceedings commenced	5

NOTES: Data only recorded for the 6 month period January – June 2006. A complaint may involve more than one outcome.

"If only the service providers had spent 10% of the time listening as well as you, I could have sorted it out with them." Service user

Case Study – Working together to make services safer

Veronica, in her mid teens with a long history of diabetes, presented to a metropolitan hospital twice within six months.

On the first occasion Veronica was administered the wrong dose of insulin with serious consequences. On the second occasion, when a registered nurse was about to administer the wrong dose of insulin, Veronica noticed the dose was 10 times higher than usual.

Veronica and her mother complained that the hospital had failed to provide adequate care and had put Veronica at serious risk. The hospital's initial response to the complaint was inadequate.

Veronica's complaint raised issues about:

- standards for emergency department and in-patient management of young people with diabetes
- standards for administering medication, particularly insulin
- responding to complaints involving medication errors and near misses.

hcscc facilitated meetings to address concerns about what had happened and to improve Veronica's confidence to continue using the hospital's services. Senior staff provided Veronica and her mother with explanations and an apology. The hospital implemented procedures to ensure consultation with Veronica and her parents about the correct dose of insulin.

Veronica and her mother were satisfied that the hospital took action to address Veronica's concerns and to ensure that others would not experience the same mistakes. Training and improved procedures for the management of young people with diabetes, including safe medication administration, were implemented.

hcscc has also used this complaint to obtain information about applicable standards for medication administration and for taking action to prevent the recurrence of medication errors.

NOTE: Name changed to protect privacy

At any stage in the process of assessing a complaint, the Commissioner may decide to take no further action based on the grounds set out in the Section 33 of the *Health and Community Services Complaints Act 2004*. This may occur for a variety of reasons including the resolution of the complaint, referral to another body, the absence of a substantive issue or a finding that the service provider has met the relevant standards in providing the service and handling the complaint.

Section 33 grounds for taking no further action

33(1)(a)	not entitled to make a complaint	5
33(1)(b)	does not disclose ground	22
33(1)(c)	should be determined by legal proceedings	3
33(1)(d)	proceedings have commenced before another body	2
33(1)(e)	given reasonable explanation or information	104
33(1)(f)	should have disclosed ground at earlier time	2
33(1)(g)	complaint lacks substance, is unnecessary	6
33(1)(h)	failed to comply with requirement	5
33(1)(i)	proceeding would be an abuse under this Act	0
33(1)(j)	complaint resolved or abandoned	32
33(1)(k)	other reasonable cause that justifies discontinuance or suspension	13

NOTE: Data recorded for the 9 month period October 2005 – June 2006

hcscc provides written reasons for the Commissioner's decision to take no further action on a complaint. Information about the right to seek a review of such a decision by the State Ombudsman is also included, along with the Ombudsman's contact details.

Action by service providers to prevent recurrence

In response to complaints raised through hcscc, service providers took action to address individual concerns and, in many instances, changed policies and procedures to minimise the likelihood of recurrence.

Examples of service provider undertakings to prevent recurrence included the following:

- review of at risk pregnancy assessments and information
- new complaints policy
- new brochure about services to better inform service users
- updated brochure to include better information for service users about procedures
- support for service user so she doesn't have to attend hospital alone
- improved system for dealing with complaints—appointed designated complaints handler (manager was removed during this complaint)
- change of policy to assess on case by case basis
- review of rosters to meet service user needs
- inclusion of service user on consultative committee
- improved service user communication process.

Measuring hcscc performance

Performance measures have been adopted by hcscc to provide timely and responsive complaint resolution services.

These performance measures require:

- acknowledgement of all complaints within 2 working days of receipt
- a named staff member to follow up within 10 working days to discuss options and next steps
- resolution of complaints within 6 weeks or, where this is not possible, keeping all parties informed about progress.

hcscc aims to meet these performance measures for 80% of all complaints.

Performance measures

Performance measure	Measure met	Measure not met	Target	Actual
Acknowledgment within 2 working days	143	30	80%	83%
Follow-up within 10 working days	143	30	80%	83%

NOTE: Data recorded for the 9 month period October 2005 – June 2006

Number of calendar days file open	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-100	100+
Number of files	32	12	15	9	25	19	7	6	12	36

NOTE: Data recorded for the 9 month period October 2005 – June 2006

Complaints that were not finalised within 6 weeks were characterised by one or more of the following factors:

- grief and bereavement
- multiple service providers involved in the circumstances leading up to the incident complained about
- reportable deaths under the *Coroners Act 2003*
- acting on suicidal thoughts or taking action to end life
- incidents assessed by a public health service provider using the Department of Health's *Safety Assessment Code* and rated as being an extreme or high risk incident
- delays due to complainants, for example, illness, travel or seeking legal advice
- delays due to service providers, for example, records are unavailable or incomplete
- the Commissioner makes a determination to link two or more similar complaints together
- conciliation is planned whereby the service user and service provider, with hcscc assistance, identify the disputed issues, develop options, consider alternatives and endeavour to reach an agreement.

hcscc aims to keep everyone informed about the progress of a complaint that takes longer than 6 weeks to resolve.

Measuring satisfaction

As a first step towards ongoing service improvement, hcscc piloted a service evaluation asking for feedback about hcscc services.

Service users whose complaint had been finalised in May or June 2006 were invited to take part in the service evaluation.

One hundred and twenty people were sent a survey form containing 20 questions. Respondents were asked to use a scale of 1-5 to indicate whether they agreed or disagreed with statements about hcscc services. Of the 120 peoplecontacted, 40 (33%) returned completed survey forms.

The pilot service evaluation showed that the majority of people who responded found hcscc services to be:
- easy to access
- helpful at the first contact
- courteous
- delivered within stated timeframes.

Areas of hcscc service identified for improvement were:
- keeping people informed about progress
- the wording of letters
- communication about outcomes.

Matters transferred from the State Ombudsman
The State Ombudsman transferred 20 files to hcscc on 4 October 2005.

Services excluded by regulations
Public housing is a key area of community services excluded by regulation from the scope of hcscc. Public housing complaints about services provided by the SA Housing Trust, the SA Aboriginal Housing Authority, the SA Community Housing Authority or a housing co-op or association under SA Cooperative and Community Housing Act 1991 are excluded if the grievance can be dealt with by the following:
- the Residential Tenancies Tribunal
- the Department for Families and Communities Public Housing Appeal Unit
- an appeal authority under Part 11 *South Australian Cooperative and Community Housing Act 1991.*

Part 7 Relationships with registration authorities
The Commissioner has established information sharing and referral protocols with each of the 10 health professional registration authorities. The protocols exist to ensure that complaints are dealt with by the appropriate body.

Registration authorities generally deal with complaints about the competence or professional conduct of an individual registered health service provider that may give rise to disciplinary proceedings against the provider. Registration authorities refer complaints of a less serious nature, and those that extend beyond an individual health service provider's conduct, to hcscc.

The Health and Community Services Complaints Act 2004 allows the Commissioner to split complaints. If a complaint is split, the Commissioner considers systemic aspects of a complaint in which an individual registered health service provider is named. The relevant registration authority considers the complaint about the individual registered health service provider.

Complaints referred to registration authorities

Medical Board	17
Dental Board	2
Nurses Board	4
Pharmacy Board	1
Psychological Board	1
Other Boards	1
Total	26

NOTE: Data recorded for the 9 month period October 2005 – June 2006

"The service should have been around a lot sooner, thank you for listening. Initially I thought you were all bureaucratic bastards but not now."
Service user

Protocols and arrangements

For service users, knowing where to go to complain, and who does what, can make pursuing a serious complaint feel like a maze.

Dealing with inquiries from several agencies and offices about the same incident is also confusing for service providers and wastes resources by duplicating effort.

hcscc addressed these difficulties by establishing good working relationships with other complaints handlers and investigation agencies. hcscc also promoted the development of information and referral protocols with other complaints handlers, agencies and offices.

The Coroner and the State Ombudsman declined an initial request from hcscc to develop a protocol. In the absence of protocols, hcscc provided introductory briefings about the *Health and Community Services Complaints Act 2004* to key staff in their offices.

Protocols were completed, or substantially progressed during 2005-06, between hcscc and the following agencies:

- Department of Health
- Department for Families and Communities
- Central Northern Adelaide Health Service – Prison Health Service
- Aged Care Complaints Resolution Scheme
- 10 registration authorities.

In addition, hcscc started informal discussions with the Minister for Health, state MP electorate officers and public health service patient advisers about protocol development to assist with the exchange of information and referral between hcscc, SA Ministerial offices, SA state MPs and public health services.

hcscc also provided introductory briefings to the Equal Opportunity Commission and the Legal Services Commission and established contact officers for information exchange and referrals.

Ministerial relationships

Introductory briefings about the hcscc, advice and reports were provided to the Ministers – Health, Mental Health and Substance Abuse, and Families and Communities during the reporting period. The commitment of Ministers Hill, Gago and Weatherill to better using complaints to improve the safety and quality of health and community services has been welcome.

Links with service providers and representative organisations

To promote awareness of the new legislation, and to establish effective working relationships, hcscc provided introductory briefings about the *Health and Community Services Complaints Act 2004* to a wide range of peak organisations – public, private and non government – across health, community and child protection services.

Examples include:

- Department of Health Portfolio Executive
- Department for Families and Communities senior managers forum
- Central Northern Adelaide Health Service senior managers forum
- Children Youth and Women's Health Service Executive
- Southern Adelaide Health Service Executive
- SA Country Health Executive
- Prison Health Services Clinical Nurse Consultants
- SA Dental Service Executive
- Drug and Alcohol Services SA Executive
- Repatriation General Hospital
- SA Treatment Monitoring Committee – Veteran's Health
- Julia Farr Services Executive
- Home and Community Care – Northern and Southern collaboratives
- SA Council for Social Services Policy Council
- Youth Affairs Council
- Council on the Ageing
- Aged Rights Advocacy Service and Seniors Information Service
- Housing Council Community Sector
- Health Consumers Alliance
- Consumers Association of SA
- Carers SA
- Aboriginal Health Council of SA
- Mental Health Coalition of SA
- Hepatitis C Council of SA
- Community Accommodation and Respite Agency
- Australian Nursing Federation SA Branch
- SA Nursing and Midwifery Summit
- DOH Combined Directors of Nursing Forum
- Australian Dental Association SA Branch
- Australian Medical Association SA Branch
- SA Divisions of General Practice
- Australian College of Health Service Executives SA Branch

- Aged and Community Services SA and NT
- SA Hospitals Safety and Quality Council
- Gay and Lesbian Health Ministerial Advisory Council
- SA Private Health Forum
- Adelaide Community Health Care Alliance
- Royal District Nursing Service
- Service Excellence Forum.

A complete list of presentations provided by hcscc is set out at Appendix A.

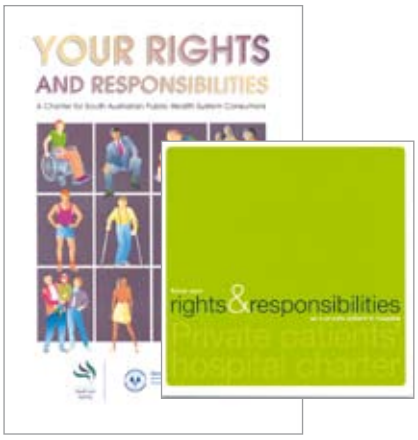
Part 3 Charter of Health and Community Services Rights
One of hcscc's responsibilities is to develop a Charter of Health and Community Service Rights.

The Charter principles are set out in Section 22 of the *Health and Community Services Complaints Act 2004.*

These principles include the entitlement of a person to:
- participate effectively in decisions about their health and welfare
- take an active role in health care decisions about health or community services being provided to them
- be provided with appropriate health and community services that take into account their background and any requirements relevant to ensuring they receive such services
- have access to a complaints procedure
- reasonable access to records about their health or other personal information.

Due to resource constraints the development of the statutory Charter has not yet started.

In the meantime, documents available from service providers and on the hcscc website, provide guidance about service user rights and responsibilities:



- as a consumer of public health services – *Your rights and responsibilities – a charter for SA public health system consumers*
- as a private patient in a public or private hospital – *Private patients' hospital charter.*

Part 6 Investigations
Two investigations were commenced in 2005-06.

In September 2005, the former Minister for Health, Lea Stevens, referred the circumstances surrounding the death of Mr Darcy Smith to the Commissioner, under Section 43(1)(a) of the *Health and Community Services Complaints Act 2004.*

Mr Smith's care and treatment involved at least 4 different service providers, private and public. The findings and recommendations arising from this investigation will be reported in 2006-07.

In June 2006, the Commissioner determined to investigate the circumstances surrounding the death of an adult, in a sub regional country hospital, under Section 43(1)(b) of the *Health and Community Services Complaints Act 2004.* The findings and recommendations arising from this investigation will also be reported in 2006-07.

Issues

Dental complaints
It is only since the operation of the *Health and Community Services Complaints Act 2004* that private dental service providers have been included in the scope of complaint legislation in South Australia. Prior to this the only avenue available to service users, if the provider was a member of the Australian Dental Association South Australia (ADASA), was to complain to ADASA.

hcscc is working with the ADASA, the South Australian Dental Service and the Dental Board of South Australia, to produce an information sheet about resolving dental service complaints.

Since January 2006, hcscc has received 10 complaints about private dental service providers, only one of which was not a member of the ADASA.

Complaints about Dental Services

Private dental service – dentist	10
Public dental service – dentist	15
Total	25

NOTE: Data only recorded for the 6 month period January – June 2006

"It's good we got our point of view across, they might think twice next time the same thing happens."
Service user

Case Study – Developing a better special needs focus in providing services
Kyle is autistic and has an intellectual disability. He has limited communication and can be aggressive. In February 2006 Kyle needed some dental work done under general anaesthetic. He was booked into a metropolitan hospital for treatment which was scheduled to take place at 3pm.

Kyle's father complained to the hospital that 3pm was too late in the day because the restrictions on food and drink before the anaesthetic would increase his son's aggressive behaviour and create problems for carers.The hospital advised that, due to the theatre rosters, appointments for people with disabilities could only be offered in the afternoon.

A meeting involving hcscc, the patient adviser, the head of dental services, the disability nurse, the risk manager, disability services representatives, Kyle, his parents and carers was held to discuss the problem.

As a result of this meeting, the hospital agreed to review the issue of afternoon appointments for people with disabilities and to change theatre rosters if necessary. Pre-operative and post-operative plans were put in place to manage Kyle's behaviour in hospital, with support from his carers and disability services staff.

Consultation involving Kyle's father and other disability representatives is occurring on an ongoing basis to improve the hospital's services for people with disabilities.

NOTE: Name changed to protect privacy

Complaints involving suicide
In March 2006 the Commissioner clustered 4 complaints about death by suicide and 2 complaints about serious attempted suicides. The focus of this work was to identify what went wrong, why it went wrong and what action needed to be taken to minimise recurrence in each instance. Any common issues will be used as a basis for findings and recommendations directed to system-wide improvements.

The outcome of this work will be reported in 2006-07.

"I thank you very much for your advice, it's all much clearer now."
Service user

Services and assistance

Enquiry Service
The hcscc Enquiry Service helps service users, their representatives and service providers who have concerns about health or community services.

The Enquiry Service offers information and advice about complaints including guidance on how hcscc can assist people within the scope of the *Health and Community Services Complaints Act 2004.*

When hcscc cannot deal with a matter, every effort is made to refer the person to another appropriate service. During the reporting period, the Enquiry Service has received numerous phone calls about contaminated food. These complaints were outside the Commissioner's jurisdiction and callers were referred to the relevant local council for assistance. As a result of frequent calls about food handling, information was posted on the hcscc website and included in *BUZZ* to direct people to services that can help them with food complaints.

Even when a complaint is within jurisdiction, Section 29(5) of the *Health and Community Services Complaints Act 2004* requires the Commissioner to be satisfied that reasonable steps have been taken by the person to resolve the matter directly with the service provider before hcscc takes any action.

When a person has agreed to attempt direct resolution with the service provider, hcscc will follow up after 30 days to check on progress and see whether further assistance is needed.

If an attempt at direct resolution with a service provider has been unsuccessful, or it is not reasonable to expect a person to try, for example, where the person has special needs, hcscc will gather information to decide what action should be taken.

Once a decision has been made, the Commissioner will inform the person and provide advice on any further action to be taken.

The hcscc Enquiry Service operates Monday to Thursday, from 10am to 4pm and is accessible by:

- Telephone 8226 8666, toll free (SA country callers) 1800 232 007
- Email from www.hcscc.sa.gov.au
- Facsimile 8226 8620
- Letter to PO Box 199, Rundle Mall, Adelaide 5000

Information and resources

hcscc produces information and resources for service users, carers and service providers in simple language that is easy to understand.

In February 2006, 2 brochures were released – *a guide for consumers and a guide for providers. A guide for consumers* offers advice to service users on how to resolve complaints directly with a service provider and includes information about when to contact hcscc. *A guide for providers* gives service providers an overview of how to handle complaints and how hcscc may become involved.

The hcscc website, launched in October 2005, is a major source of information, education and advice for service users and service providers. People wanting assistance with a complaint are encouraged in the first instance to refer to the online resources to help them attempt direct resolution before contacting hcscc.

The website sets out information about the Commissioner's role, step-by-step information about how to make or respond to a complaint and the hcscc service standards. A 'what's new' section contains updates for service users and providers.

Website resources include better practice guidelines, links to other useful sites and the *Health and Community Services Complaints Act 2004.* Web users can lodge complaints online and contact hcscc by email.

During the reporting period there were over 3,700 visits to the website.

hcscc produces a regular newsletter, *BUZZ* to keep people informed about the services, staff, priorities and activities. As at 30 June 2006 *BUZZ* had an electronic subscription base of 900 individuals and organisations.

Assistance to service providers

hcscc has a key role in assisting service providers to develop or improve procedures to resolve complaints.

During the reporting period a few service providers received information, education, advice and training about best practice complaints handling.

In addition to using the resources on the website, service providers can contact the hcscc office for advice and guidance about a particular complaint or complaints handling generally.

A training package about dealing with unusually persistent complainants was piloted to assist complaints handlers. Training was delivered to Ministerial staff to support them in managing such complaints. Similar training will be offered more widely in 2006-07 and other training in complaints handling is also planned.

hcscc regularly responds to requests to speak to a range of health and community service organisations. This has proved to be a very successful way of delivering information about the new legislation and the role of the Commissioner. These forums also offer an opportunity to emphasise the Commissioner's focus on improving safety and quality in health and community services through better use of complaints and feedback. Seventy four presentations were delivered between October 2005 and June 2006.

hcscc has provided speakers to government, non-government and community services, community groups, special needs groups and other interested organisations. Presentations have included general information about hcscc and addressed specific topics based on the requirements of a particular interest group. Speaker request forms can be completed online or downloaded from the website and forwarded to hcscc.

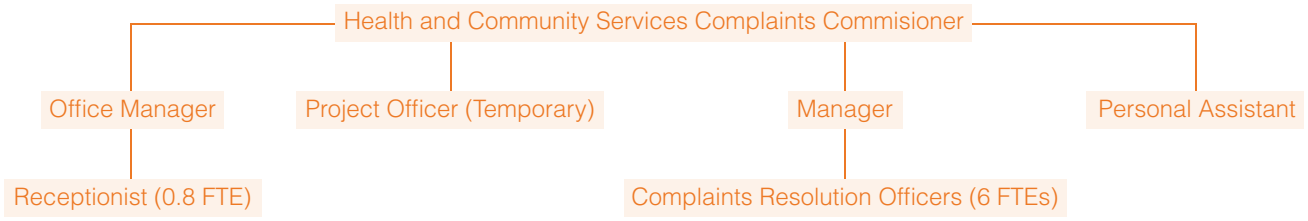
Contact from service providers seeking hcscc assistance

Assistance with a specific service user complaint	6
Assistance with complaint resolution policy and procedures	3

NOTE: Data only recorded for the 6 month period January – June 2006

"Thanks for your help. I will see how we go and call back if I need to. You have been really helpful."
Service provider

Organisation chart
30 June 2006



The Health and Community Services Complaints Commissioner is appointed under Part 2 of the *Health and Community Services Complaints Act 2004.*

The Commissioner is a statutory officer independent of the legislative and executive arms of government.

The Commissioner reports to Parliament by way of an annual report tabled by the Minister for Health.

Freedom of information statement
Under the *Freedom of Information (Exempt Agency) Regulations 1993* the Commissioner is exempt from the provisions of the *Freedom of Information Act 1991.*

hcscc follows the Department of Health, Code of Fair Information Practice as far as possible. In response to a request from hcscc, the Department developed a Code of Fair Information Practice Information Sheet No.10 *Responding to requests for information from hcscc* to assist public health services to respond appropriately to hcscc requests for information, for example medical records.

Human Resources

Employment
The office of the Commissioner opened to the public on Tuesday 4 October 2005 with 4 staff representing the equivalent of 3.8 full time employees.

Extensive recruitment occurred during 2005-06 to build hcscc to 12 staff representing the equivalent of 11.6 full time employees.

This year 11 employees were recruited to hcscc and one employee left.

All vacancies were advertised through the Notice of Vacancies. Of 11 vacancies, 3 were also advertised outside the public sector in the external press due to the level of the positions and/or the positions being specialised in nature.

Number of positions by salary bracket

Salary Bracket	Male	Female	Total
$0 - $40,399	0	0	0
$44,000 - $54,999	0	4	4
$55,000 - $67,999	0	7	7
$68,000 - $88,999	0	1	1
Total	0	12	12

The Commissioner holds an Executive B position on an untenured 7 year contract, with a right to further appointment for another 7 year term.

Status of employees in current position by FTE

FTE	Ongoing	Short-Term Contract	Long-Term Contract	Other (Casual)	Total
Male	0	0	0	0	0
Female	9	2.6	0	0	11.6
Total	9	2.6	0	0	11.6

Status of employees in current position by number of persons

Persons	Ongoing Contract	Short-Term (Casual)	Long-Term	Other	Total
Male	0	0	0	0	0
Female	9	3	0	0	12
Total	9	3	0	0	12

Leave management

Average time taken by leave type

Average days leave taken per full time equivalent employee

Sick Leave	Family Carer's Leave	Special Leave with Pay
6.6	0.2	0.5

Profile of workforce
All members of the Commissioner's staff are female and none are Aboriginal.

Age profile of staff

Age Bracket	Male	Female	Total	% of Total	Workforce Benchmark
15-19					7.9
20-24					10.7
25-29					9.8
30-34		2	2	16.7	10.5
35-39		4	4	33.3	11.4
40-44		2	2	16.7	12.4
45-49		3	3	25	12.4
50-54		1	1	8.3	10.9
55-59					8.3
60-64					4.4
65+					1.3
Total	0	12	12	100.0	100.0

NOTE: Benchmark as at January 2006 from Australian Bureau of Statistics Supertable LM8

Voluntary flexible working arrangements

The Commissioner supports voluntary flexible working arrangements to assist staff in balancing work and family life.

Employees using voluntary flexible working arrangements

Type of arrangement	Number of employees
Purchased leave	0
Flexi-time	12
Compressed weeks	1
Part-time	3

NOTE: The part-time figure reflects the inclusion of short term (but formally approved) reduction to part-time hours

Training and Development

Training attended during 2005-06 included:

- Breaking the deadlock – issue exploration (Lawyers Engaged in Alternative Dispute Resolution)
- Lean thinking (Flinders Medical Centre, Redesigning Care Program)
- Project scoping and planning (University of South Australia)
- Mediation and conciliation refresher (Dispute Management Centre)
- Privacy and confidentiality of health records (Department of Health)
- Service Excellence Framework (Department of Health and Department for Families and Communities)
- Root Cause Analysis – Safety Improvement (Department of Health)
- ProActive, Access and CISA databases (various providers)
- Records management (State Records).

During the reporting period, 3 hcscc Complaint Resolution Officers also attained mediator accreditation from Lawyers Engaged in Alternative Dispute Resolution.

Percentage of training expenditure by salary range, including Commissioner and staff

Salary Bracket	Amount	% of Training Expenditure
$0 - $40,399		
$44,000 - $54,999	$1,498	4.3%
$55,000 - $67,999	$ 26,100	74.9%
$68,000 - $88,999	$663	1.8%
$89,000+	$ 6,620	19.0%
Total	$34,881	100%

Funding and expenditure

The Health and Community Services Complaints Commissioner's financial transactions are included in the operating account of the Department of Health.

As such the transactions of the Commissioner are audited by the Auditor-General along with those of the Department of Health. The Commissioner is funded from the State budget and receives some external funding.

A summary of 2005-06 funding and expenditure is provided below.

Sources of funding

Department of Health	$827,000
Department for Families and Communities	$205,000
State Ombudsman's Office	$190,000
Office of the Guardian for Children and Young People (contribution to reception fit out)	$28,500
Recovery of some fit out costs from building lessor	$20,900
Total	$1,271,400

Summary of expenditure

Item	Budget	Actual	Variation
Salaries and Wages	$650,304	$623,049	$27,255
Goods and Services	$621,096	$458,584	$162,512
Total	$1,271,400	$1,081,633	$189,767

Appendix A – list of presentations

July 2005
- SACOSS Policy Council
- SACOSS Poverty – 'It's Closer than you think' Conference

August 2005
- ANF SA Annual Delegates Conference
- Mental Health Coalition of SA
- SEF Project Officers and Supported Accommodation Providers
- LMHS –Grand Round
- ADA SA Risk Management Seminar

September 2005
- ACHSE – Emerging Leaders Forum
- DOH Portfolio Executive
- RAH – Medical Administration Registrars
- WCH Grand Round
- Department for Families and Communities – 'Big Group'

October 2005
- Housing Council Community Sector Electorate and MLC Offices briefings – Parliament House
- FUSA – Bachelor of Health Science 3rd Year Students
- SA Hospitals – Safety and Quality Council
- Carers SA Conference
- SA Dental Service – Education Day

November 2005
- Service Excellence Forum – Dept of Health and Dept Families and Communities
- Helping Hand Community Services Team
- Aged and Community Services SA and NT
- The Office of the SA Ombudsman
- SA Private Health Forum
- SA Country Health Executive
- Health Consumers Alliance Management Committee
- SA Nursing and Midwifery Summit
- Medical Board of SA

December 2005
- ACHA Forum

February 2006
- ARAS and Seniors Information Service
- SA Health System Performance and Accountability Seminar – Department of Health
- CAFWA
- Clinical Risk Managers – major public hospitals
- Combined DONs forum
- Hepatitis C Council of SA
- HRM for Middle Nurse Managers Conference
- Infection Control Update Day FUSA
- Mental Health Care Improvement Initiative
- RDNS Strategic Management Group
- Registration Board investigations staff – Medical, Nurses and Dental
- South Australian Treatment Monitoring Committee (SATMOC) – Veteran's Affairs

March 2006
- Board Presentations – Chiropractors, Occupational Therapists, Psychological and Podiatry
- Aged Care Complaints Resolution Scheme
- Carer's Respite Scheme – Department Health and Ageing (Cth)
- CNAHS Senior Management
- EOC – Enquiry Officers
- Julia Farr Services
- HACC Northern Collaborative Project
- Pharmacy Board of SA
- Pharmacy graduates
- RCA Workshop
- RDNS Clinical Leadership Group

April 2006
- Australian Institute of Administrative Law
- CARA
- Cosmetic Surgeons Conference (ACCS CPSA and AAFPS)
- Children, Youth and Women's Health Service (CYWHS) Executive
- Drug and Alcohol Services SA
- FUSA Health
- Women's Information Service

May 2006
- National Respite for Carers Program – SA
- CYFS Managers Forum
- Brain Injury Network SA
- Law Society of SA
- Port Adelaide TAFE Enrolled Nurse Students
- RAH Consumer Advisory Council
- SA Alternative Dispute Resolution Association (SADRA)

June 2006
- DOH Medico Legal Conference
- FUSA Law/Commerce Students
- Legal Services Commission of South Australia
- Australian College of Health Service Executives (SA) Branch
- Social Inclusion Board – Mental Health Reference
- Gay and Lesbian Health Ministerial Advisory Council
- Ashford Hospital
- Repatriation Hospital Daw Park – Grand Round

Improving the information we provide

hcscc wants its Annual Report to be useful and informative.
To help us achieve this we would appreciate your feedback.

Please complete this form and fax to 8226 8620 or send to:

hcscc
PO Box 199
Rundle Mall, Adelaide
SA 5000

What did you like about this Annual Report?

What do you think could be improved next year?

Any other comments?

Thank you

Annual Report 2005 – 2006
Health and Community Services
Complaints Commissioner
www.hcscc.sa.gov.au

HCSCC Identification 2005/2006
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Complaints Commissioner
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