HEALTH CARE
COMPLAINTS
COMMISSION

Annual Report 2013-14

Health Care Complaints Commission

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Disclaimer – Rounding of statistical figures

As percentages have been rounded, there may be discrepancies between the totals and the sums of the component items. Published percentages are calculated prior to rounding, and therefore there may be some discrepancy between these percentages and those that are calculated from rounded figures.

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01 Letter of submission

HEALTH CARE COMPLAINTS COMMISSION

The Hon. Jillian Skinner, MP
Minister for Health
Minister for Medical Research
52 Martin Place
SYDNEY NSW 2000

Dear Minister

Report of activities for the year ended 30 June 2014

I am pleased to provide the Annual Report and financial statements of the Health Care Complaints Commission and the Health Care Complaints Commission Staff Agency for the financial year ended 30 June 2014 for presentation to the NSW Parliament.

The report has been prepared and produced in accordance with the provisions of the *Annual Reports (Statutory Bodies) Act 1984*, the *Public Finance and Audit Act 1983* and the *Health Care Complaints Act 1993*.

Yours faithfully

Kieran Pehm
Commissioner

02 About the Commission

Aims and objectives

The Commission was established by the *Health Care Complaints Act* as an independent body to protect the health and safety of the public by dealing with complaints about health service providers in NSW, including:

- registered health practitioners, such as medical practitioners, nurses and dental practitioners
- unregistered health practitioners, such as naturopaths, massage therapists and alternative health care providers
- health organisations, such as public and private hospitals, and medical centres.

The Commission:

- responds to inquiries from health consumers
- assesses complaints about health service providers
- assists in the resolution of complaints
- investigates complaints that raise serious issues of public health or safety
- takes action in relation to unregistered health practitioners
- prosecutes serious complaints against registered health practitioners.

The Commission also informs the public and its stakeholders about its work.

Guiding principles

The *Health Care Complaints Act* provides a set of principles that require the Commission to:

- be accountable
- be open and transparent in its decision making
- maintain an acceptable balance between the rights and interests of clients and health service providers
- be effective in protecting the public from harm
- strive to improve efficiency
- be flexible and responsive.

These principles are reflected in the Commission's Code of Conduct and Code of Practice, both of which are available on the Commission's website.

Code of Practice

The Commission's Code of Practice summarises what the public can expect from the Commission when it deals with complaints.

The Code of Practice is available on the Commission's website.

Stakeholders

The Commission's diverse stakeholders fall into three broad categories.

The first category, health consumers and the community, includes:

- patients, their families and carers
- health consumer bodies – many of whom are represented on the Commission's Consumer Consultative Committee
- the diverse communities of NSW.

The second category, health service providers, includes:

- registered and unregistered health practitioners
- health professional councils and registration bodies
- colleges and associations
- health organisations, such as hospitals
- universities and other health education providers.

The third category, NSW government stakeholders, includes:

- the Parliament and its Committee on the Commission
- the Minister and Assistant Minister for Health
- the Ministry of Health
- Local Health Districts
- the Clinical Excellence Commission
- other public sector agencies.

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03 Commissioner's foreword

This will be my final annual report and it is appropriate to reflect on my time as Commissioner of the Health Care Complaints Commission since July 2005.

In 2013 the *Health Care Complaints Act* was amended, following a recommendation of the Joint Parliamentary Committee on the Health Care Complaints Commission, to require the Commission to ensure that: *'an acceptable balance is to be maintained between protecting the rights and interests of clients and health service providers.'*

Clients, or patients, or their families, can have unrealistic expectations of health service providers. All too often, their faith in health services is unconditional, bolstered by provider and media promotion of cures 'just around the corner' for chronic and incurable conditions. When treatment is ineffective, or results in aggravation of the patient's condition, the violation of trust experienced by the patient is profound.

While the success of health service providers in treating illness is considerable, it is not limitless. Errors happen, treatments fail, complications occur and patients are adversely affected by the intervention of health service providers. Faced with the pain and demands of patients for relief, providers offer an ever increasing range of investigations and treatments, which may prolong life, but may adversely affect its quality. The role of family can further complicate relationships.

The Commission works in the highly contentious space between patient expectations and provider responses. Although there has been significant work by providers in offering more 'patient centred' care, the gap between the two remains considerable.

In addition to the often complex nature of complaints, the volume continues to increase. From 2005-06 to 2013-14, complaint numbers increased by 57.7%.

While some complaints appear to be a clear breach of expected standards, such as sexual misconduct or drug abuse, most are more complex, involving treatment decisions and unexpected outcomes, complicated by communication issues between patient and provider in highly charged emotional situations.

Over the years, the Commission has developed and improved its procedures to try to properly understand the complaint and what the complainant wants; test the complainant's expectations against what can reasonably be expected; obtain the provider's response and relevant evidence and ascertain whether the complaint raises significant issues of public health or safety that require more intensive investigation and potential sanction against a provider. It is important to keep in mind that the Commission's role is not to punish providers, but to protect the broader health and safety of the public.

As the Commission's assessment of complaints has improved, the proportion of complaints assessed for formal investigation has decreased, while the proportion of those investigated which end up being prosecuted has increased. Overwhelmingly, however, complaints concern unmet patient expectations which are rarely amenable to resolution by the time the patient has reached the stage where they feel compelled to make a complaint.

While patient expectations can be unrealistic, providers continue to struggle in responding appropriately to complaints, or reasonably explaining why expectations cannot be met.

New South Wales was, for a long time, unique among Australian jurisdictions in developing a co-regulatory system to address complaints about registered health practitioners. The independent Health Care Complaints Commission maintains a complex balance of power with the relevant health professional bodies (medical, dental etc.) in managing complaints. In addition, NSW was the first jurisdiction to implement a Code of Conduct for unregistered health practitioners setting minimum standards that, if breached, can be sanctioned by the Commission.

Queensland has recently joined NSW in creating an independent Health Ombudsman with significant responsibilities in regulating the conduct of health practitioners. The system that prevails in the rest of the country is under review amid pressure from patient groups that it is not sufficiently responsive to patient concerns.

As is being recognised by health service providers, health services in all their aspects need to be more responsive to the patient perspective and recognise the central role that patients must have in their own treatment. Consequently, the regulation of health service providers, will also inevitably move from self regulation towards a system that balances patient perspectives with the rights of health service providers.

I am pleased that NSW has been in the forefront of this progress and trust that it will continue to be. I also take this opportunity to again thank Commission staff for their enormous contribution to the Commission's work.

Kieran Pehm
Commissioner

04 Executive summary

The 2013-14 year marked the sixth consecutive year in which the Commission has received an increasing number of complaints.

Assessing complaints

In 2013-14, the Commission received 10,187 inquiries and 4,767 written complaints. While the number of written complaints that were received increased by 4.7% on the previous year, the number of inquiries to the Commission decreased by 6.8% in the same period.

The Commission assessed 4,742 complaints in 2013-14, 94.2% of which were assessed within the statutory 60-day period. This compares to 94.5% of assessments being finalised in 2012-13 and 88.1% in 2011-12. On average, new complaints were assessed within 38 days in 2013-14, compared to an average of 40 days in the previous year. Overall, the assessment branch of the Commission managed the increasing number of incoming complaints without compromising on timeliness or thoroughness of the assessment of complaints.

The work of the branch throughout the year is detailed in Chapter 10 – Assessing complaints.

Resolving complaints

The Resolution Service went through a difficult period in 2013-14 with long-term and very experienced staff members leaving the Commission including the retirement of its Manager in June 2013. The process of recruiting, training and supervising several new staff members while searching for a suitable new Manager of the Service has had a negative impact on the timeliness of the resolution work.

From the end of the 2013-14 year, the Director of Assessments and Resolutions has temporarily taken over the operational management of the branch with the aim of restoring the timeliness of the resolution of complaints and providing guidance to newer staff members in dealing with their workloads and issues that arise, while the branch undergoes a thorough review of its structure and work practices. The Commission anticipates that performance will improve in the 2014-15 year.

More information on the performance and work of the Resolution Service can be found in Chapter 11 – Resolving complaints.

Investigating complaints

The Commission finalised 226 investigations in 2013-14 compared to 201 in the year before. Timeliness of the investigation work improved with 95.1% of investigations finalised within 12 months, compared to 89.6% in the previous year, taking into account the periods where investigations were paused pending coronial or criminal proceedings. Investigations were finalised on average within 209 days in 2013-14, improving on the average timeframe of 244 days in 2012-13. More information on the work and performance of the Division can be found in Chapter 12 – Investigating complaints.

Prosecuting complaints

The Commission referred 110 investigations to its Legal Division, an increase of 29.4% on the previous year. In the same period, the Director of Proceedings made 98 determinations in relation to whether or not to prosecute a complaint. 67 of these determinations recommended prosecution before the NSW Civil and Administrative Tribunal and 17 before a Professional Standards Committee. In 14 complaints, the Director of Proceedings determined not to prosecute the practitioner.

The Legal Division finalised 71 matters, and there was one additional matter where a disciplinary body made its findings, but did not make protective orders within the year. The number of finalised matters is lower than in the previous year, which is attributed to the lower number referred to the Legal Division in the year before, as well as the start of the NSW Civil and Administrative Tribunal in January 2014. The number of legal matters is expected to rise in the 2014-15 year. More information can be found in Chapter 13 – Prosecuting complaints.

Legal change

During the year, there were no changes to the *Health Care Complaints Act*.

The Commission contributed to the national consultation to develop a National Code of Conduct for health workers to widen and replace the existing NSW Code of Conduct for unregistered health practitioners. It is anticipated that a final proposal of a nationally applicable Code will be presented to the Health Ministers of the States and Territories during the 2014-15 year.

A summary of legal changes that had an impact on the Commission's working environment is included in Chapter 14 – Governance.

Financial summary

The Commission's net result was a deficit of $16,000 which was $156,000 higher than budgeted. The result was primarily due to higher than budget employee-related expenditure.

The full financial statements for both the Health Care Complaints Commission and the Health Care Complaints Commission Staff Agency are included in Chapter 15 of this report.

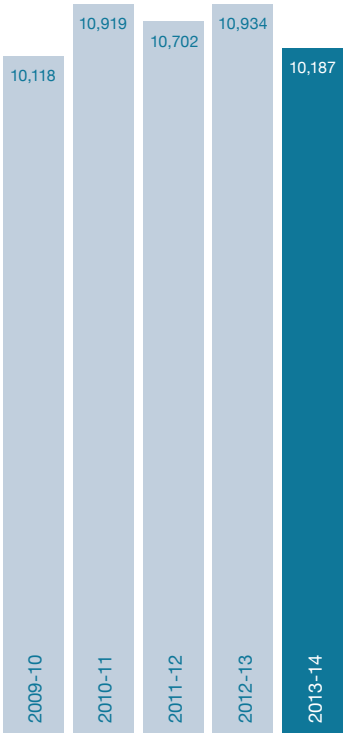
Corporate goals

The Commission's performance, measured against its corporate goals for 2013-14, is summarised in Appendix B and throughout this report:

- Comprehensive and responsive complaints handling – Chapters 10 and 11
- Investigating serious complaints – Chapter 12
- Prosecuting serious complaints – Chapter 13
- Being accountable – Chapter 6
- Continuously improving the Commission – Chapter 15.

The Commission's key complaints data over the last five years is summarised on the following pages.

Executive summary



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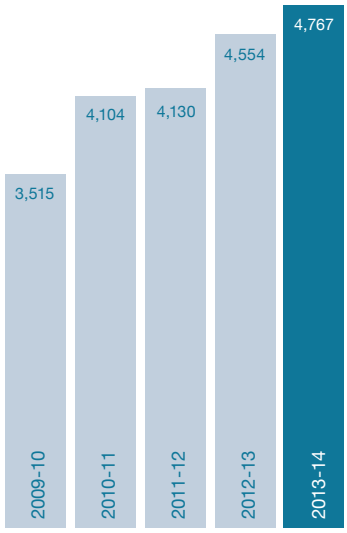

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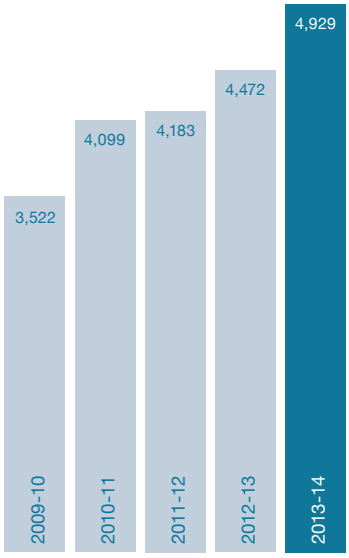


Counted by provider identified in complaint

Inquiries

People can contact the Commission's Inquiry Service for a confidential discussion about whether to make a complaint.

Staff of the Inquiry Service can advise people how they may resolve their concerns directly with the relevant health service provider, or can assist them to put their concerns in writing.

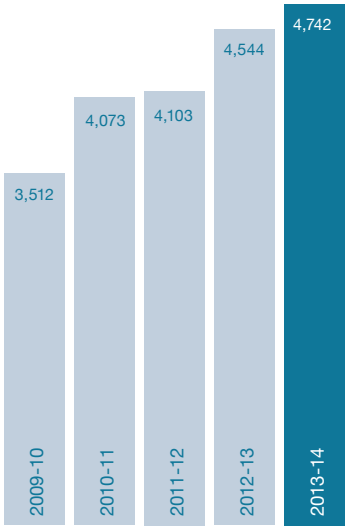
In 2013-14, the Commission received 10,187 inquiries, 6.8% less than in the previous year. The Commission attributes the change to people increasingly using the information provided on its website.

Written complaints

In 2013-14, the Commission again experienced an increase in complaints. During the year, 4,767 written complaints were received which is a 4.7% increase in the number of written complaints compared to last year. The Commission attributes the continuing increase in complaints to more awareness about complaint avenues among patients and mandatory reporting among health providers.

Complaints finalised

In 2013-14, the Commission finalised 4,929 complaints, which is an increase of 10.2% on last year and reflects the higher number of incoming complaints to the Commission. The Commission was able to manage the influx of complaints without compromising on timeliness and quality of its complaint management.



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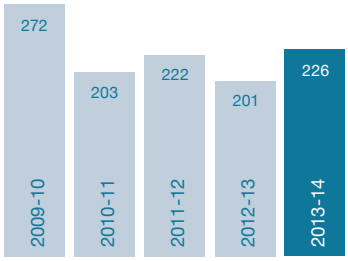

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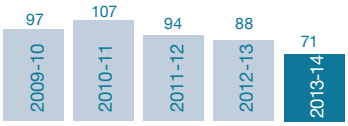


Counted by matter

Assessments finalised

The Commission assessed 4,742 complaints in 2013-14 keeping up with the number of incoming complaints.

94.2% of complaints were assessed within the statutory 60-day period in 2013-14, compared to 94.5% in the previous year. The average days taken to assess a complaint decreased from 40 days last year to 38 days in 2013-14.

Investigations finalised

In 2013-14, 206 complaints raised serious issues and were referred to the Investigations Division, which is a similar number compared to the previous year when 209 complaints were referred for investigation. During the reporting year, 226 investigations were finalised, compared to 201 finalised the year before. The Commission improved the timeliness of its investigations, with 95.1% being completed within one year, compared to 89.6% in the previous year.

During the year, the Commission issued public warnings about unsafe health services following investigation of nine complaints about health organisations.

Legal matters finalised

The Legal Division finalised 71 matters in 2013-14. The overall success rate of prosecutions before Professional Standards Committees and Tribunals was 94.3%. There was one additional matter where the Tribunal made its finding, but, as at 30 June 2014, the appropriate protective orders were yet to be determined. The decrease in the number of prosecutions finalised is attributed to a smaller number of complaints referred to the Director of Proceedings in the past year as well as fewer matters being completed in the second half of the reporting year due to the introduction of the NSW Civil and Administrative Tribunal (NCAT) and associated temporary delay in the hearing of matters.

In 2013-14, the registration of 21 health practitioners was cancelled. In addition, two practitioners were suspended from practising. A further 27 practitioners were reprimanded, cautioned and/or had conditions on their registration. Two of these practitioners also had a fine imposed.

05 The Commission in review

The 2013-14 year marks the 10-year anniversary of a reorientation of the Commission, and this section reviews the last decade of the Commission's complaint-handling and significant changes during that period in managing complaints.

Changes in complaint-handling practices of the Health Care Complaints Commission

A decade ago – 2003 – was the start of a reorientation of the Health Care Complaints Commission. The appointment of the former Commissioner was terminated by the then Minister for Health, the Hon Morris Iemma MP, due to a lack of confidence in the Commission's handling of complaints about the Macarthur Health Service, particularly relating to patient care at Camden and Campbelltown Hospitals. An interim Commissioner was appointed to re-focus the Commission on investigating individual cases of poor care and treatment and eliminate an enormous backlog of investigations. The then Minister also requested a legislative review of the *Health Care Complaints Act*, and Bret Walker, SC was appointed to conduct an independent inquiry to investigate allegations of unsafe treatment or inadequate care at Camden and Campbelltown hospitals.[1]

The 2004-05 year saw a complete restructure of the Commission and its management team to improve the Commission's efficiency and accountability in handling complaints. The current Commissioner, Mr Kieran Pehm, was appointed on 29 June 2005. A new assessment process was introduced in which incoming complaints were more thoroughly assessed to determine whether they reached the threshold for investigation set out in s23 of the *Health Care Complaints Act*. In addition, the Investigation Division concentrated on clearing the backlog of investigations from previous years. Due to a special grant to the Commission, a separate investigation team was set up to deal with investigations arising from Camden and Campbelltown hospitals.[2]

The following year, 2005-06, showed the results of the restructure and refocusing of the Commission with the number of complaints being referred for investigation falling compared to previous years.[3] Due to the more thorough process established in assessing complaints upfront, the average time taken to assess complaints increased[4], while investigation times were reduced[5].

In addition, the position of the Director of Proceedings was created. The Director of Proceedings, who is independent of the Commissioner, determines whether or not to prosecute registered health practitioners before disciplinary bodies. The position was established to add an additional level of independence to the serious decision of whether or not to prosecute a registered practitioner. Changes to the *Health Care Complaints Act* prescribed certain criteria for the Director of Proceedings to take into account when deciding whether or not to prosecute a matter.

The following analysis illustrates the Commission's complaint-handling practices over the period from 2005-06 to 2013-14.

Complaints trends 2005-06 to 2013-14

In this nine year period, the number of complaints received by the Commission increased by 57.7%, from 3,023 in 2005-06 to 4,767 in 2013-14. Despite the influx of complaints, the Commission continuously improved its timeliness in assessing complaints, from 55.6% of complaints assessed within the mandated timeframe of 60 days in 2005-06 to 94.2% of complaints assessed within the same timeframe in 2013-14, when it took 38 days on average to assess a complaint.

In conjunction with this improvement in timeliness, the assessment process has also become more thorough and in most cases now includes seeking clarification from the person who made the complaint, obtaining a response from the health service provider, obtaining medical records and seeking the opinion of a medical or nursing advisor to identify any significant concerns about the care and treatment of a patient or the professional conduct of a practitioner. Changes to the *Health Care Complaints Act* in 2009 gave the Commission the power to require relevant information during the assessment of complaints to better inform its decisions, a power the Commission previously only had during the investigation stage.

Each complaint is individually assessed on its merits. The proportion of complaints finalised after assessment has increased over the past 10 years and the proportion of complaints assessed

[1] See Health Care Complaints Commission (2003). Annual Report 2003-04, pp. 6-7.
[2] See Health Care Complaints Commission (2004). Annual Report 2003-04, pp. 4-7.
[3] See Health Care Complaints Commission (2005). Annual Report 2005-06, p. 119.
[4] See Health Care Complaints Commission (2005). Annual Report 2005-06, p. 128.
[5] See Health Care Complaints Commission (2005). Annual Report 2005-06, p. 45.

for investigation has decreased. This is due to the more thorough assessment of complaints based on improved information gathered during the assessment phase. A complaint is only discontinued after a sound analysis of relevant evidence and assessment of whether or not it raises a significant issue of public health or safety, or is not amenable to resolution between the parties.

Decreasing proportion of complaints formally investigated

Although the proportion of complaints assessed for investigation has decreased since 2005-06, the proportion of investigations referred for consideration of prosecution of individual practitioners has increased. In 2005-06, 19.1% of the 346 investigations of individual practitioners finalised, or 66 complaints, were referred to the Commission's Director of Proceedings. In 2011-12, 62.1% of the 211 investigations into individual practitioners, or 131 complaints, were referred to the Director of Proceedings to consider prosecution. In 2013-14, the Commission finalised 212 investigations into individual health practitioners, with 51.9% (110) being referred to the Director of Proceedings.

Apart from the improvement in the quality of assessments resulting in better identification of significant issues for investigation, other factors have also contributed to the fall in the number and proportion of complaints investigated by the Commission over the years. In 2005-06, 61 complaints about public hospitals were assessed for investigation. In 2013-14, that number fell to four. The reason for this is the implementation of more effective internal investigation procedures (namely Root Cause Analysis investigations) by public health organisations in response to significant patient safety incidents. When a complaint is received and the relevant hospital has already sufficiently investigated the incident and taken adequate action to prevent recurrence, the Commission does not re-investigate it. However, the Commission may refer such complaints to its Resolution Service to assist the complainants to get access to relevant information and explanations.

The decrease in investigations of public hospitals is reflected in a fall in the number of investigations into health organisations finalised each year, from 92 in 2005-06 to 14 in 2013-14.

Again, investigation outcomes over the period show better targeting of matters for investigation. In 2005-06, 54.3% of investigations finalised into health organisations resulted in comments or recommendations to the health organisation. Since 2009-10, the average for this outcome has been 90.4%.

Administrative factors have also contributed to the lower proportion of complaints investigated. The Commission has exercised increased care in eliminating duplication in the counting of complaints. This includes recommending the passage of a legislative amendment in 2013, resulting in section 150D (4A) of the *Health Practitioner Regulation National Law (NSW)*, which removed the legislative requirement that the Commission investigate all matters where the relevant council had exercised its powers to suspend or place conditions on a practitioner, even when the matter was already under investigation by the Commission.

Similarly, when the National Registration Scheme was introduced in July 2010, it required mandatory notifications by practitioners and employers of serious misconduct by or impairment of practitioners, often resulting in multiple notifications about the same matter. Rather than investigate each of these complaints, the Commission now investigates one and discontinues the others.

Mandatory notifications have also contributed to a significant increase in the number of complaints about registered health practitioner impairment – from 35 in 2005-06 to 160 in 2012-13 and 218 in 2013-14. The majority of these complaints are referred to the relevant health professional council to address through their existing impairment programs and assist the practitioner to practise safely.

Fewer requests for review of assessment decisions

Anyone who makes a complaint has the right to request a review of the Commission's assessment decision, except where the complaint has been referred for investigation. The number of requests for review of an assessment decision has fallen from 11.6% of all complaints assessed in 2005-06 to 6.7% in 2013-14. This reflects the Commission's more rigorous assessment process, with better decision-making and improved communication with the parties involved in complaints.

Timeliness of investigations

Nine years ago the Commission faced a significant backlog of investigations. The 2005-06 Annual Report showed that only 61.6% of investigations were completed within 12 months. In 2013-14, 95.1% of investigations were finalised within 12 months. The Commission has continuously improved its timeliness

over the past nine years: while an investigation took 352 days on average in 2005-06, this time decreased to an average of 287 days in 2013-14. Taking into account periods when investigations were paused due to ongoing coronial or police investigations that were relevant, the average time taken to investigate a complaint in 2013-14 was 209 days.

Results of investigations

While the number of investigations completed has decreased over the nine-year period, timeliness has improved significantly and investigations now more commonly result in action being taken against health organisations and practitioners.

In 2005-06, 54.3% of investigations into health organisations resulted in the Commission making comments or recommendations for safety and quality improvements to the relevant hospital or facility. In 2013-14, all investigations (100.0%) found evidence that supported the Commission making comments or recommendations, or issuing a public warning.

The proportion of complaints about health practitioners referred to the Commission's Director of Proceedings increased significantly, from 19.1% in 2005-06 to an average of 56.5% over the past five years. The proportion of investigations resulting in no further action against health practitioners decreased significantly, from 42.5% in 2005-06 to an average of 13.8% over the past five years.

Over the past few years, the Commission has been confronted more often with registered practitioners removing themselves from the National Register of Health Practitioners while under investigation. In these circumstances, the Commission has since 2012-13, terminated its investigation and provided relevant information to the Australian Health Practitioner Regulation Agency (AHPRA), the agency responsible for advising the national boards that decide about applications for re-registration of health practitioners. The Commission considers that as long as the practitioner is not registered, there is no risk to public health and safety and therefore limited public interest in pursuing an investigation. Even if such practitioner were to be prosecuted before a disciplinary body, the most serious outcome would be the cancellation of the practitioner's registration.

Eleven investigations were finalised in this manner in 2012-13 and nine in 2013-14.

Reviews of investigations

Anyone who makes a complaint has the right to request a review of the investigation outcome, except for cases where the practitioner has been referred to the Director of Proceedings. The rate of review requests has fallen from 5.5% of all investigations finalised in 2005-06 to 2.2% in 2013-14.

Prosecutions

The Commission's Director of Proceedings may decide not to pursue a prosecution where the practitioner has removed their name from the register, among other reasons. The number of matters where the Director of Proceedings decided not to prosecute has also increased in recent years, mainly due to practitioners taking themselves off the register.

The number of prosecutions finalised by the Commission has remained broadly consistent over the years with an average of 90 per year.

The lower numbers of disciplinary matters finalised in 2013-14 (71) can partly be attributed to the commencement of the Civil and Administrative Tribunal of NSW (NCAT) on 1 January 2014. It appears that a number of matters that would normally have been referred to, or set down for hearing before the individual health tribunals were paused, pending the commencement of NCAT. This resulted in fewer matters being finalised before Tribunals in the period January to March 2014 than in the previous year.

Summary

Overall, the Commission's handling of complaints since 2005-06 has seen the refinement of a more thorough early assessment of complaints, resulting in improved decision-making. Consequently, the proportion of complaints referred for investigation has decreased. This has also resulted in improved timeliness of investigations and a higher proportion of investigations resulting in disciplinary outcomes.

The Commission considers that its current strategy for dealing with complaints safeguards against significant risks to public health and safety, fulfilling its role and functions as set out in the *Health Care Complaints Act* while offering a timely service to the public.

Since July 2014, the Commission has been trialling an early resolution service as part of its assessment process to assist people to resolve their complaints where the complaint does not raise any issues warranting investigation or referral to a health professional council, but where experienced Resolution Officers may be able to help facilitate a fast resolution of the complainant's concerns. More information is included in Chapter 11 – Resolving complaints.

06 Outreach and accountability

Performance in 2013-14

CORPORATE GOAL

'to promote complaint resolution services to people across NSW'

97 presentations

The Commission's staff gave 97 presentations and workshops to community and health professional groups across NSW (2012-13: 59) (target 60). The focus was on health consumers from non-English speaking backgrounds, Aboriginal health workers, and relevant Local Health District and Specialty Network staff.

CORPORATE GOAL

'to report publicly about the work of the Commission' and 'being accountable'

Annual Report on time and fully compliant

The Commission's Annual Report for 2012-13 was tabled in both houses of Parliament on 21 November 2013. It was fully compliant with the Treasury's annual report checklist.

Audited financial statements

Unqualified audit certificates for the financial statements of both the Health Care Complaints Commission and the Health Care Complaints Commission Staff Agency were received on 22 September 2014.

6,966 items of information material distributed

The Commission distributed information material on request, during its outreach presentations and as fact sheets to parties to a complaint during the complaint process. In total, it distributed 6,966 items (2012-13: 5,485) to health service providers, consumers or other organisations (target: 20,000). In the past two years, the Commission has increasingly relied on its website to provide information to its stakeholders. The increased use of the Commission's website, underpinning this strategy, is reflected in the numbers below.

Almost seven million website hits

The number of visitors to the Commission's website increased by 73.3% to 319,006 visitors compared to 184,045 in the year before. In 2013-14, the Commission recorded 1,035,541 page views (2012-13: 894,561) and 6,852,491 hits (2012-13: 6,808,569) on its website, exceeding its increased target of 150,000 visitors and 6,000,000 hits.

100% compliant with requirement to publish disciplinary decisions

The Commission published 67 media releases, 59 of which related to decisions of disciplinary bodies, as required under its legislation. An additional eight media releases issued during the year related to public statements or warnings that the Commission made.

CORPORATE GOAL

'to provide timely, accurate and relevant reporting to the Minister and the Parliamentary Committee'

Responsive reporting on performance

The Commission provided quarterly reports on its complaint-handling performance to the Minister for Health and the Joint Parliamentary Committee on the Health Care Complaints Commission.

Response to Minister within five days on average

The Commission provided 33 responses to correspondence received by the Minister during the year and 97.0% were provided within 14 days (target 90%). On average, the requested information was provided within 5.4 days. In the previous year, 51 responses were provided, on average within 5.1 days, and 96.1% were provided within 14 days.

Timely responses to Joint Parliamentary Committee

The Commission provided four written responses and submissions to the Joint Parliamentary Committee on the Health Care Complaints Commission, all within the requested timeframe. The Commissioner appeared at one public hearing before the Committee.

Outreach and accountability

To gain and maintain the confidence of the public and the Commission's stakeholders, it is important that the Commission raises awareness about its role, functions, and the services it provides.

The strategies it employs to do so have changed in recent years. Using its limited resources to provide dedicated outreach activities, in 2013-14 the Commission focused its outreach activities on consumers from non-English speaking backgrounds, including new migrants; Aboriginal health workers and health workers in the public health care system.

The Commission has also shifted its strategy to provide more direct and targeted presentations to explain its role, functions and limits, and give the opportunity to respond to questions in individual cases and scenarios. In 2013-14, the Commission's staff presented on 97 occasions to consumers and health provider groups. These included training sessions for expert advisers who assist the Commission's investigations of health service providers and who may be called as expert witnesses in disciplinary proceedings. The Commission also continued its series of webinars for health providers covering a range of relevant topics. The webinars have been promoted to health practitioners through the Local Health Districts, Specialty Networks, professional colleges and the Health Education and Training Institute (HETI).

The Commission provided 24 articles and reports to health professional and health consumer bodies, and the media. This included the Commissioner's column for the 'Australian Doctor', a publication widely read by general practitioners.

The Commission also published 67 media releases, of which 59 related to decisions of disciplinary bodies, as required under its legislation. An additional eight related to public warnings and statements the Commission issued. During the year, the Commission implemented an email subscription service to its media releases. Subscribers are now automatically notified of each new media release.

To provide more general information about the Commission, it has increasingly relied on its website, in line with the preferences of actual and potential clients. Since 2012-13, the majority of complaints to the Commission have been received by email or its online complaint form.

The Commission has only distributed printed information material, including brochures and posters, where it received a request, to ensure that the printed information is being used by stakeholders. This has resulted in a decrease in the amount of printed material sent out over the past two years. The Commission distributed information material on request, during its outreach presentations and also provided fact sheets to parties to a complaint during the complaint process. In total, it distributed 6,966 items to health service providers, consumers or other organisations in 2013-14.

Being accessible

On its website, the Commission offers information about its services and how to access these. During the year, the Commission improved the accessibility of translated material by linking directly to translated resources from the relevant English page and vice versa. For example, the complaint form is available in 20 community languages.

Translated information is also available through the website of the NSW Multicultural Health Communication Service and has been reviewed during the year to ensure it is up to date.

When dealing with inquiries and complaints, bi-lingual Commission staff can assist clients in their native language. The Commission also regularly uses telephone, oral and written interpreter services in a broad range of languages.

The Commission's information film, 'What happens with health care complaints', is available in the Australian sign language AUSLAN, as well as with Arabic and Chinese subtitles.

People with a hearing impairment can contact the Commission using the TTY number (02) 9219 7555 or through the National Relay Service on 133 677.

People with an intellectual disability and people with low literacy levels have access to a simple, illustrated fact sheet about how to make a complaint.

Working together

A particular focus of the Commission's outreach activities continues to be its relationships with the Local Health Districts. The Director of Assessment and Resolution visited staff at the Local Health Districts and Specialty Networks during the year and delivered workshops on responsive complaint handling.

When dealing with complaints, the Commission also regularly consults with the various professional councils, registration bodies, the Ministry of Health and the Local Health Districts.

After an investigation, where the Commission had made recommendations to a health organisation to improve systems, it also provided a copy of these to the Clinical Excellence Commission to support its work on systemic improvement.

The Commission continued its engagement in the Health Literacy Network together with its partner organisations, including the Clinical Excellence Commission, the Australian Commission on Quality and Safety in Health Care and the University of Sydney's School of Public Health.

The Commission continues to work closely with other health complaints bodies. In 2013-14, the Commissioner attended two meetings of the Australian and New Zealand health complaints commissioners in November 2013 in Hobart and in April 2014 in Perth.

The Director of Assessment and Resolution also regularly meets with his counterparts to discuss best practice approaches to operational complaint-handling. The Director attended two such meetings during the year, in Perth and Darwin.

The Commissioner has been involved in the development of a National Code for health workers that is modeled on the current Code of Conduct for unregistered health practitioners in NSW. The Commissioner also provided advice for the setting up the new Queensland Health Ombudsman's Office.

Being responsive

Understanding the concerns of health consumers and health service providers is very important for the Commission. It regularly reviews comments from people who lodged a complaint as well as health service providers who were involved in a complaint, about their experience with the Commission's services. The Commission uses this feedback to train its staff. The results of its satisfaction surveys are included in Chapter 10 – Assessing complaints and Chapter 11 – Resolving complaints.

In addition, the Commission's quarterly Consumer Consultative Committee provides health consumer organisations with the opportunity to raise current issues and provide valuable feedback on the Commission's work. In 2013-14, member organisations were:

- Aboriginal Health and Medical Research Council
- Alzheimers Australia NSW
- Association for the Wellbeing of Children in Healthcare
- Carers NSW Inc
- Community Restorative Centre NSW
- Council on the Ageing (NSW)
- Ethnic Communities Council
- Health Consumers NSW
- Health Consumers of Rural and Remote Australia Inc
- Mental Health Coordinating Council
- NSW Council of Social Services (NCOSS)
- NSW Consumer Advisory Group – Mental Health Inc
- NSW Council for Intellectual Disability
- People with Disability Australia Inc
- Positive Life NSW
- Women's Health NSW
- Youth Action & Policy Association NSW.

Research projects

The Commission continued its support of a five-part research project comparing complaint-handling in NSW to other Australian jurisdictions. This project is run by the University of Sydney in cooperation with the Commission, the Australian Health Practitioner Regulation Agency, the national boards and the NSW Health Professional Councils Authority.

In addition, the Commission provides ad-hoc advice and statistical data to smaller research projects depending on a cost-benefit-analysis.

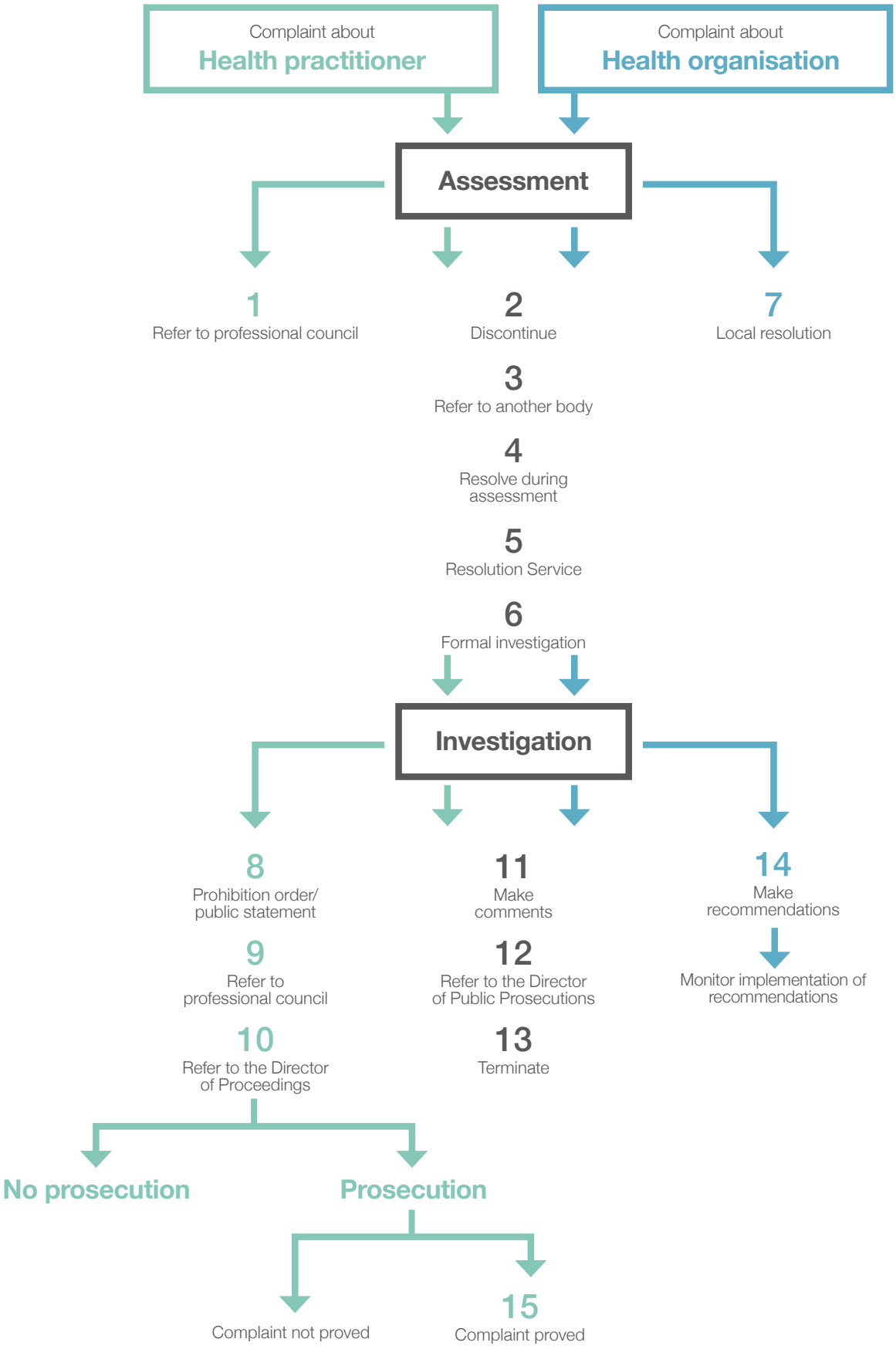
The year ahead

In 2014-15 the Commission will continue its involvement in the research project comparing the NSW complaint handling-system to other Australian jurisdictions.

The Commission will also continue its series of webinars for health practitioners and expand its library of audiovisual resources on its website.

The Commission will run a 12-month campaign with INFO-MED Australia making its two key brochures available in waiting rooms of general practices, private hospitals and other facilities reaching 3,800 general practitioners, 1,412 practice nurses and being accessible to 1,640,000 million patients per month.

07 Complaint process



The Commission deals with complaints about both individual health practitioners and health organisations.

Complaints about individual practitioners can be about registered practitioners, such as medical practitioners, nurses and dental practitioners, or unregistered health practitioners, such as naturopaths, massage therapists or other alternative health service providers. The Commission usually does not deal with complaints about staff at health organisations who do not provide health services, such as receptionists, technicians or personal assistants to health practitioners.

All complaints are assessed to decide the most appropriate way to deal with the issues raised in the complaint.

The Commission may ask the health service provider to respond to the complaint. Where clinical issues are involved, the Commission may obtain health records and seek advice from internal medical or nursing advisers.

Where the complaint is about a registered practitioner, the Commission must consult with the relevant professional council about the most appropriate outcome.

The possible outcomes of the assessment are:

1

The Commission can **refer** a complaint about a registered practitioner to the relevant **professional council** to consider taking action such as counselling, performance assessment or action regarding impairment.

2

The Commission can **discontinue** dealing with a complaint for many reasons – for example, the time that has passed since the incident makes it difficult to obtain relevant evidence.

3

In some cases, the Commission can refer the complaint **to another body** that is more suitable to deal with the issues of concern. For example, a complaint about conditions in a nursing home can be referred to the Commonwealth Department of Health and Ageing's Aged Care Complaints Scheme.

4

Complaints may be **resolved during the assessment process**, where the person who made the complaint is satisfied with the information and explanation that the health service provider gives in their response to the complaint, or where the Commission's Assessment Officer is able to negotiate a resolution to the complaint.

5

Complaints can also be referred to the Commission's **Resolution Service**. A Resolution Officer can assist the parties to resolve any outstanding issues. In some cases, an independent conciliator facilitates a meeting.

6

The Commission **formally investigates** complaints that raise a significant issue of public health or safety, or, if substantiated, would provide grounds for disciplinary action against a registered health practitioner.

7

Some complaints about a public health organisation that do not raise serious issues of public health and safety can be referred back to the organisation to try to **resolve the matter locally** with the complainant, if the organisation agrees to this.

Where the Commission has investigated a complaint, it may:

8

Issue a prohibition order and/or public statement.
A prohibition order can ban or limit an unregistered health practitioner from providing any or some health services. The practitioner must advise potential clients of any limitations imposed before treating them. A breach of the order is a criminal offence. The Commission usually makes a public statement about prohibition orders it issues on its website.

Complaint process

9

Refer the complaint to a professional council to take action, including assessing the registered practitioner's performance or health, or counselling them about their conduct.

10

Refer the complaint about a registered practitioner to the Director of Proceedings who independently determines whether or not the practitioner should be prosecuted before a disciplinary body. When making this determination, the Director of Proceedings must consider the protection of the health and safety of the public; the seriousness of the alleged conduct; the likelihood of proving the alleged conduct; and any submissions by the practitioner.

If the Director of Proceedings decides not to prosecute a matter, it is usually referred back to the Commissioner to consider other appropriate action.

Complaints about unsatisfactory professional conduct of nurses, midwives or medical practitioners will usually be prosecuted before a Professional Standards Committee, while complaints about professional misconduct will be prosecuted before the NSW Civil and Administrative Tribunal, which also hears complaints about all other registered health professions.

11

Make comments. The Commission makes comments to registered health practitioners where there has been poor care or treatment, but not to an extent that would justify prosecution.

Comments can also be made to an unregistered health practitioner where there has been a breach of the Code of Conduct for unregistered health practitioners, but there is no risk to public health or safety.

Comments to a health organisation are made in cases where the health care provided was inadequate, but the organisation has already taken measures to prevent a similar occurrence in the future.

12

Refer the matter to the **Director of Public Prosecutions** to consider criminal charges.

13

Terminate the complaint (take no further action) where the investigation has found no or insufficient evidence of inappropriate conduct, care or treatment.

14

Make recommendations to a health organisation where there has been poor health service delivery and systemic improvements should be made. The Commission also provides its recommendations to the Director-General of the Ministry of Health and the Clinical Excellence Commission, to inform their work in improving health services.

The Commission monitors whether its recommendations to a health organisation have been implemented. If the Commission is not satisfied with the implementation, it may, ultimately, make a special report to Parliament.

The Commission can also issue a public warning where it has found a treatment or health service to be unsafe.

Where a registered health practitioner has been prosecuted:

15

A Professional Standards Committee or Tribunal that finds a complaint **proven** can reprimand, fine and/or impose conditions on the practitioner. Only a Tribunal can suspend or cancel the registration of a practitioner. The Tribunal may also issue a prohibition order that bans or limits the practitioner from practising in another area of health service – for example, a psychiatrist whose registration is cancelled can be banned from working as a counsellor.

08 Trends in complaints

The following section outlines trends in complaints received by the Commission over the past five years, as well as any trends in the way the Commission has dealt with certain types of complaints.

It is important to note that the Commission's data is not a comprehensive indicator of the overall standard of health care delivery in NSW. Often, complaints are addressed by the relevant health service provider directly, without the Commission being involved. The number of complaints to the Commission is relatively small considering the volume of services provided. The trends outlined in this section are limited to complaints received and dealt with by the Commission.

The Commission classifies complaints according to the issues that are raised by the person who makes the complaint; the type of health service provider complained about; and the type of health service the complaint relates to. Information about the issues, provider and service area, as well as information about how the Commission dealt with the complaint, is used to identify any trends in complaints and complaint-handling. This information is also used by the Commission to provide feedback to health service providers to improve service delivery.

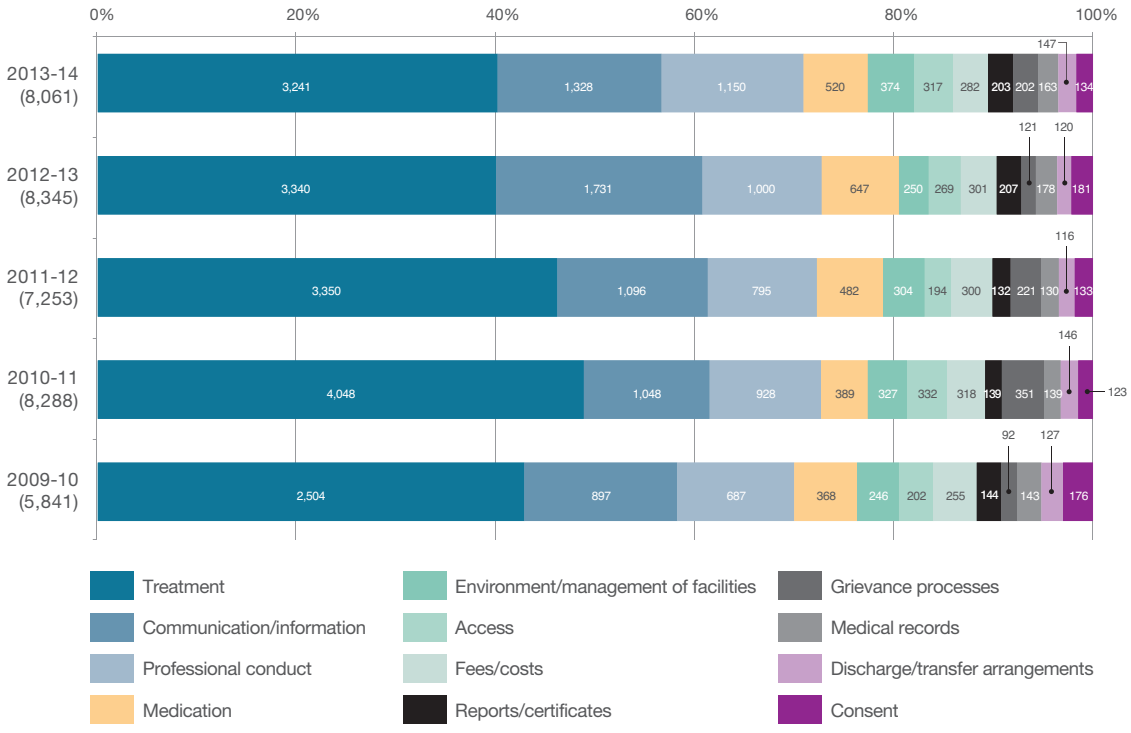
The Commission receives complaints about both individual health practitioners and health organisations. Some complaints involve a number of practitioners and organisations and sometimes a range of issues are raised in a single complaint. The relevant counting method is indicated underneath the graphs in the following section, with *counted by provider* indicating that each complaint about a unique health service provider is counted, and *counted by issue* indicating that each individual issue has been considered.

Issues raised in complaints

Chart 8.1 shows the issues raised in complaints over the last five years. In 2013-14, the Commission received 4,767 complaints raising 8,061 issues – an average of 1.7 issues per complaint, slightly less than the two previous years when on average 1.8 issues were raised per complaint.

In 2013-14, the three most common issue categories were treatment (40.2%), communication (16.5%), and the professional conduct of the health service provider (14.3%). Compared to the previous year, the proportion of treatment issues remained on a similar level

Chart 8.1 – Issues raised in all complaints received 2009-10 to 2013-14



Counted by issues raised in complaint

Trends in complaints

(2012-13: 40.0%), while there was a fall in communication-related issues (2012-13: 20.7%) and a small increase in professional conduct-related issues (2012-13: 12.0%).

In the treatment category, the most common issues were inadequate treatment (37.3%; 2012-13: 55.3%), diagnosis (11.9%; 2012-13: 11.0%) and delay in treatment (10.3%; 2012-13: 5.9%). Other common treatment-related issues were unexpected outcomes or complications (8.9%; 2012-13: 7.9%), wrong or inappropriate treatment (6.7%; 2012-13: 1.7%), inadequate care (5.9%; 2012-13: 5.5%), inadequate or inappropriate consultation (4.8%; 2012-13: 4.6%) and rough or painful treatment (4.6%; 2012-13: 1.8%). Other treatment-related issues accounted for 9.5%.

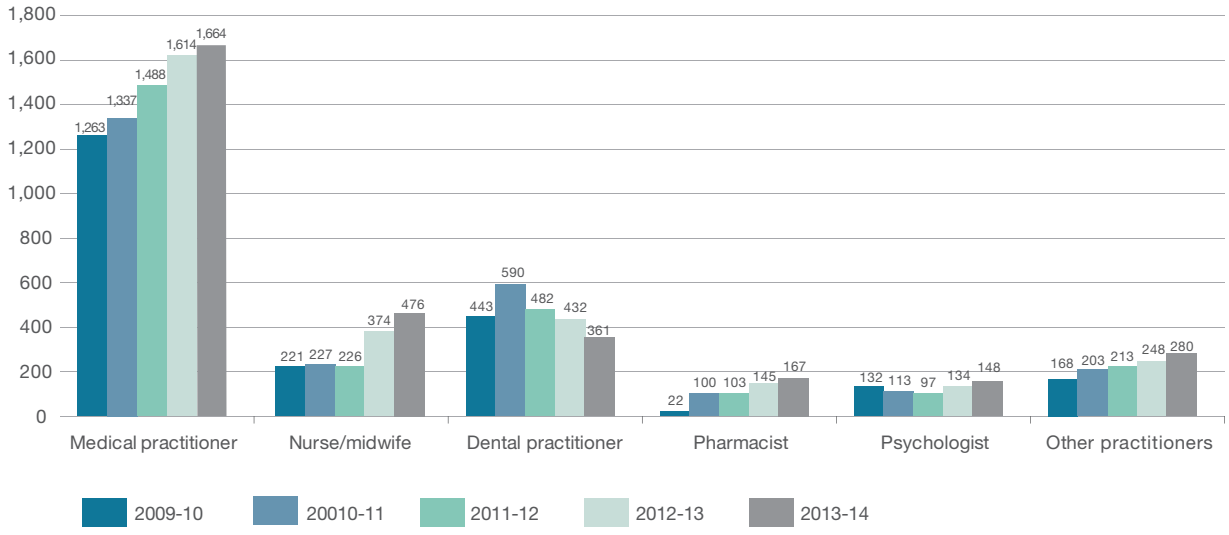
Almost two thirds of communication and information related issues (62.9%; 2012-13: 58.5%) concerned the attitude and manner of the health practitioner. Other issues in this category related to inadequate (19.2%; 2012-13: 18.3%) or incorrect (16.2%; 2012-13: 22.0%) information provided by the health service provider. In a small number of cases (1.7%; 2012-13: 1.2%), the complaint was about the lack of accommodation of special needs of a patient.

Within the third most common category of issues – professional conduct – most complaints related to alleged illegal practices (21.6%; 2012-13: 13.5%), a practitioner possibly suffering from an impairment (19.0%; 2012-13: 16.0%), the practitioner's competence (11.0%; 2012-13: 14.7%). Breach of professional guidelines by a health practitioner constituted 9.1% (2012-13: 11.5%) of professional conduct issues, followed by inappropriate disclosure of patient information (8.9%; 2012-13: 8.1%) and sexual misconduct (8.8%; 2012-13: 9.6%). A detailed breakdown of all issues in complaints received in 2013-14 is included in Table 17.2 in Appendix B of this report.

Complaints about health practitioners

Chart 8.2 shows the number of complaints about individual health practitioners received by the Commission in the past five years. For a more detailed breakdown by profession, please refer to Table 17.3 in Appendix B of this report.

Chart 8.2 – Complaints received about health practitioners 2009-10 to 2013-14



Counted by provider identified in complaint

In 2013-14, the Commission received 3,096 complaints about individual health practitioners, 5.1% more than in the previous year.

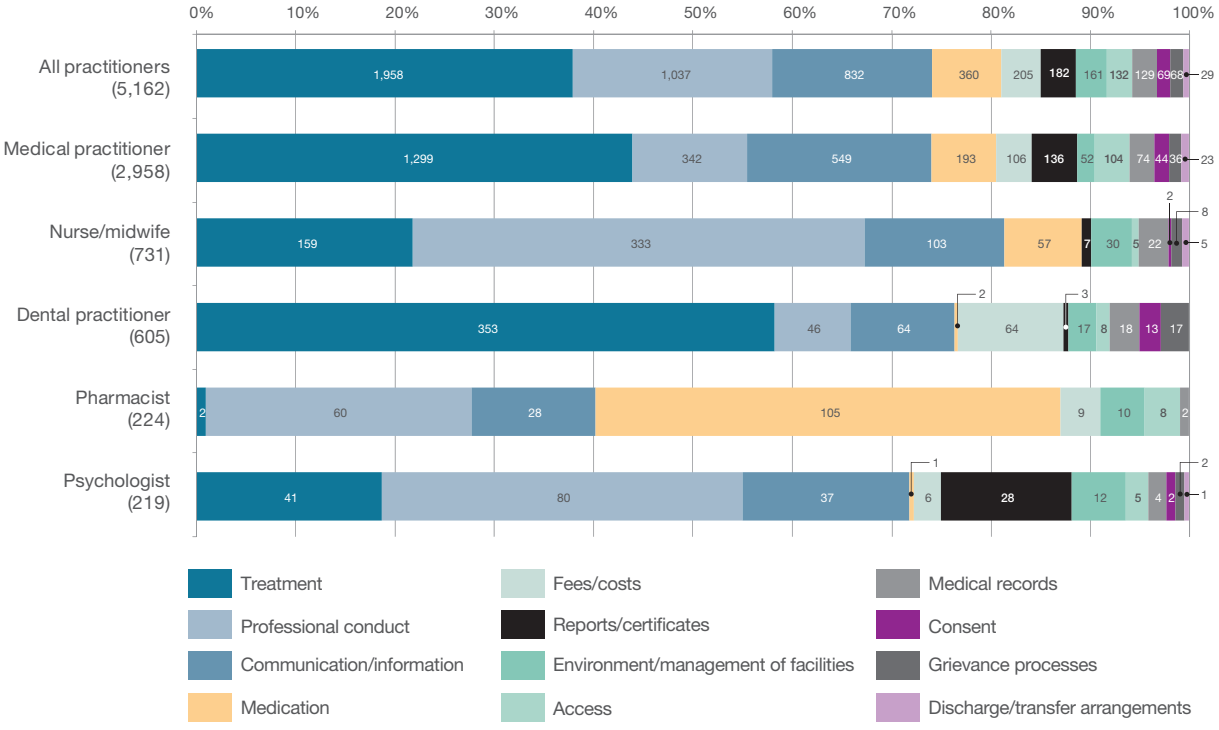
Medical practitioners, nurses and midwives, dental practitioners, pharmacists and psychologists were the health professions most commonly complained about. Complaints about these professions accounted for 91.0% of all complaints about individual practitioners in 2013-14.

Complaints about medical practitioners remain the most common. In 2013-14, the Commission received 1,664 complaints about medical practitioners, a 3.1% increase on the 1,614 received in the previous year. Complaints about medical practitioners made up 53.7% of all complaints about health practitioners in 2013-14.

In 2013-14, complaints about medical practitioners most commonly related to general medicine (37.3%; 2012-13: 43.7%), surgery (11.5%; 2012-13: 13.2%), psychiatry (6.3%; 2012-13: 4.0%), emergency medicine (4.3%; 2012-13: 2.4%), medico-legal services (4.3%; 2012-13: 5.0%), and mental health care (4.0%; 2012-13: 4.5%). Complaints about these areas accounted for 67.7% (2012-13: 72.9%) of all complaints about medical practitioners during the year. The high proportion of general medicine related complaints is a reflection of the number of patient-practitioner interactions in the primary health care sector. Surgery attracts complaints when there are complications or poor outcomes that can have a great impact on the patient's life. A more detailed breakdown of complaints about medical practitioners by service area over a five year period is included in Table 17.4 in Appendix B of this report.

In 2013-14, the Commission received 476 complaints about nurses and midwives, a significant increase of 27.3% from the year before and more than double the number received in each of the three previous years. The Commission mainly attributes this increase to the number of mandatory notifications about nurses and midwives made to the Australian Health Practitioner Regulation Agency, which are referred to the Commission and dealt with as complaints.

Chart 8.3 – Issues raised in complaints received about medical practitioners, nurses and midwives, dental practitioners, pharmacists and psychologists 2013-14



Counted by issues raised in complaint

Trends in complaints

The Commission received 361 complaints about dental practitioners during the year, continuing the trend of falling complaint numbers for this profession. The Commission attributes this fall in complaint numbers to the end of the Medicare dental scheme in late 2012 that was designed to give people with chronic illness access to government funded dental treatment.

The Commission received 167 complaints about pharmacists in 2013-14, a 15.2% increase from the previous year. In addition, 148 complaints about psychologists were received during the year, 10.4% more than in 2012-13.

Issues raised about health practitioners

Chart 8.3 sets out the types of issues raised in complaints about medical practitioners, nurses and midwives, dental practitioners, psychologists and pharmacists, compared to all practitioners in 2013-14.

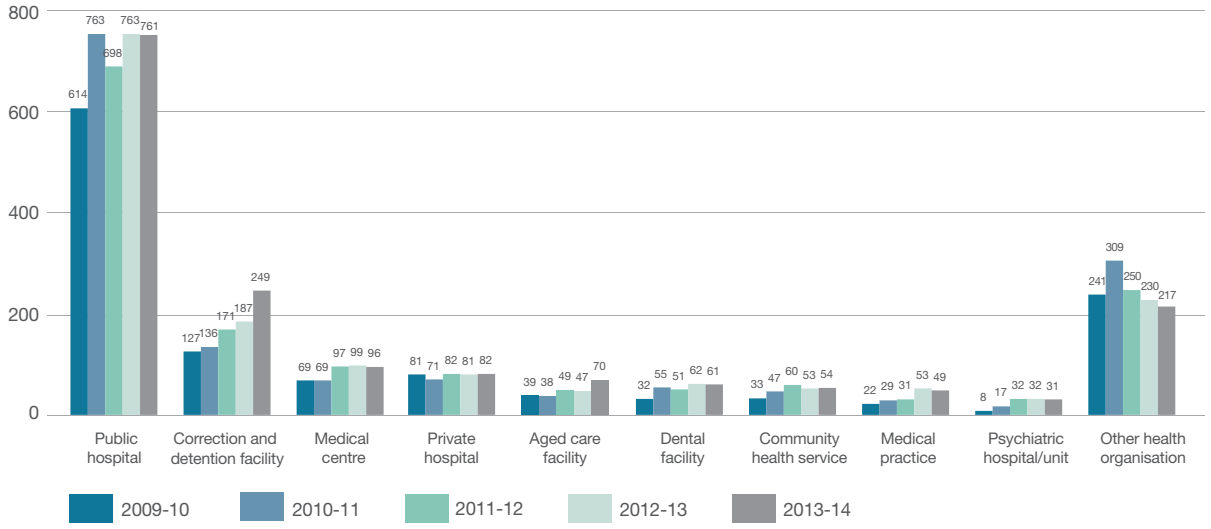
As in the year before, treatment issues were more prominent in complaints about dental practitioners (58.3%, 2012-13: 56.0%) and medical practitioners (43.9%, 2012-13: 42.8%) compared to other practitioners. The proportion of treatment-related complaints about nurses and midwives remained relatively low (21.8%, 2012-13: 20.9%), which may be attributable to the predominantly caring rather than treating nature of nurses' interaction with patients. Nurses and midwives attracted a high proportion of complaints about professional conduct (45.6%, 2012-13: 50.5%), including complaints relating to impairment, competence, or illegal practice.

Communication issues were common in complaints across all professions. Medication-related issues contributed to almost half of complaints about pharmacists (46.9%).

Complaints about health organisations

Chart 8.4 shows the number of complaints received about health organisations over the past five years. In 2013-14, the Commission received 1,670 complaints about

Chart 8.4 – Complaints received about health organisations 2009-10 to 2013-14



Counted by provider identified in complaint

health organisations, a 3.9% increase on the previous year.

Although complaints about public hospitals constitute the biggest group of complaints about health organisations, their number has remained stable in the past two years. Complaints about public hospitals most commonly related to emergency medicine (26.2%, 2012-13: 27.1%), surgery (12.1%, 2012-13: 16.0%) and mental health care (10.1%, 2012-13: 14.5%). Emergency medicine and surgery are health services associated with high risk, where complications and unexpected treatment outcomes can be more prevalent. Involuntary admissions to public mental health facilities are also commonly the subject of complaints by patients or their families and carers.

The number of complaints about medical centres and private hospitals has remained stable over the past three years. There has been a continued increase in the number of complaints about correction and detention facilities.

A five-year breakdown of complaints about other types of health organisations can be found in Table 17.8 in Appendix B of this report.

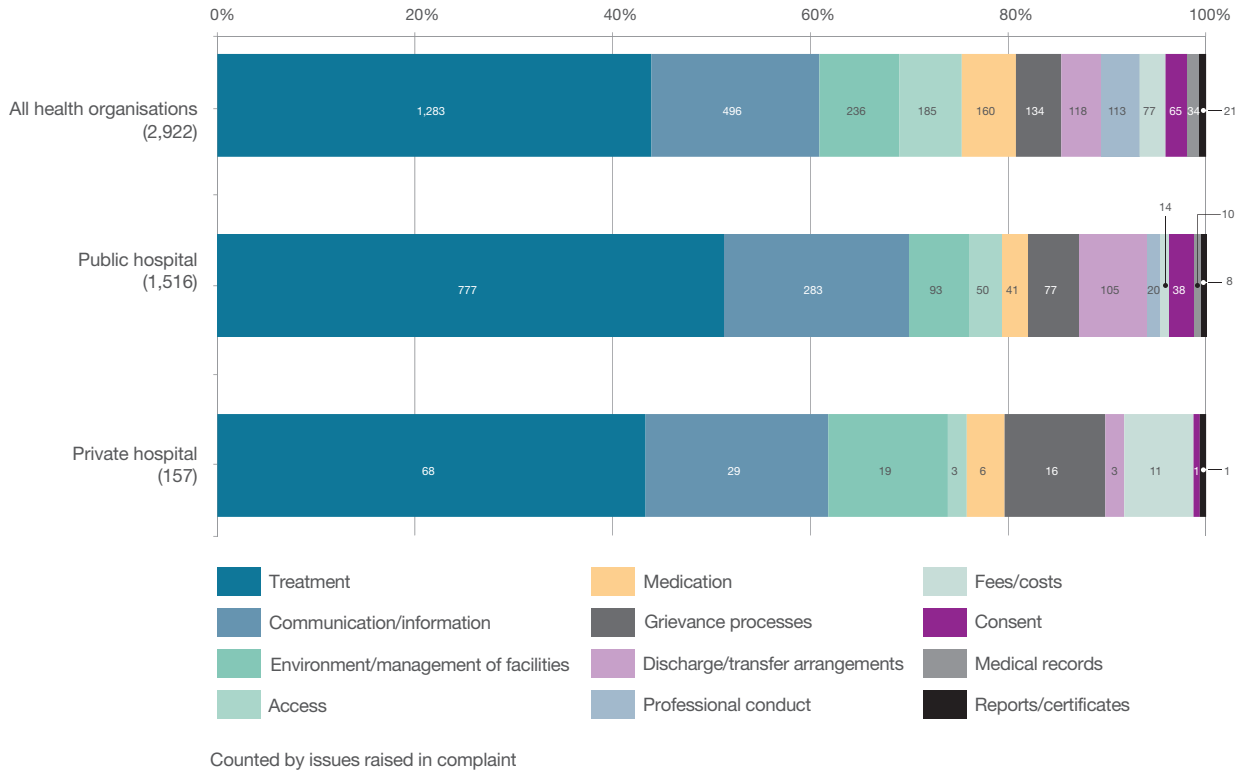
Issues raised in complaints about hospitals

Chart 8.5 shows a breakdown of the issues raised in complaints about public and private hospitals compared to all health organisations in 2013-14.

As in the previous year, issues relating to treatment accounted for over half of the complaints about public hospitals (51.3%, 2012-13: 50.3%) and 43.3% (2012-13: 43.1%) of all complaints about private hospitals.

The proportion of communication and information related issues was comparable in complaints about public hospitals (18.7%, 2012-13: 23.6%) and private hospitals (18.5%, 2012-13: 21.3%). In 2013-14, as in 2012-13, complaints about the environment and management of the facility were more common for private hospitals (12.1%, 2012-13: 8.1%) than public hospitals (6.1%, 2012-13: 4.0%), which may be attributable to private patients having higher expectations.

Chart 8.5 – Issues raised in complaints received about public and private hospitals 2013-14



Counted by issues raised in complaint

Trends in complaints

Complaints by service area

Chart 8.6 shows the issues raised in complaints by the area in which the health service was provided.

Treatment issues were most prevalent overall and were particularly common in complaints about emergency medicine (60.3%, 2012-13: 54.7%), dentistry (55.6%, 2012-13: 54.5%), surgery (55.2%, 2012-13: 51.2%) and obstetrics (51.7%, 2012-13: 58.3%).

Communication issues constituted the second largest group of complaint issues and were most common in complaints relating to obstetric services (27.3%, 2012-13: 26.0%) and mental health care (20.6%, 2012-13: 18.8%).

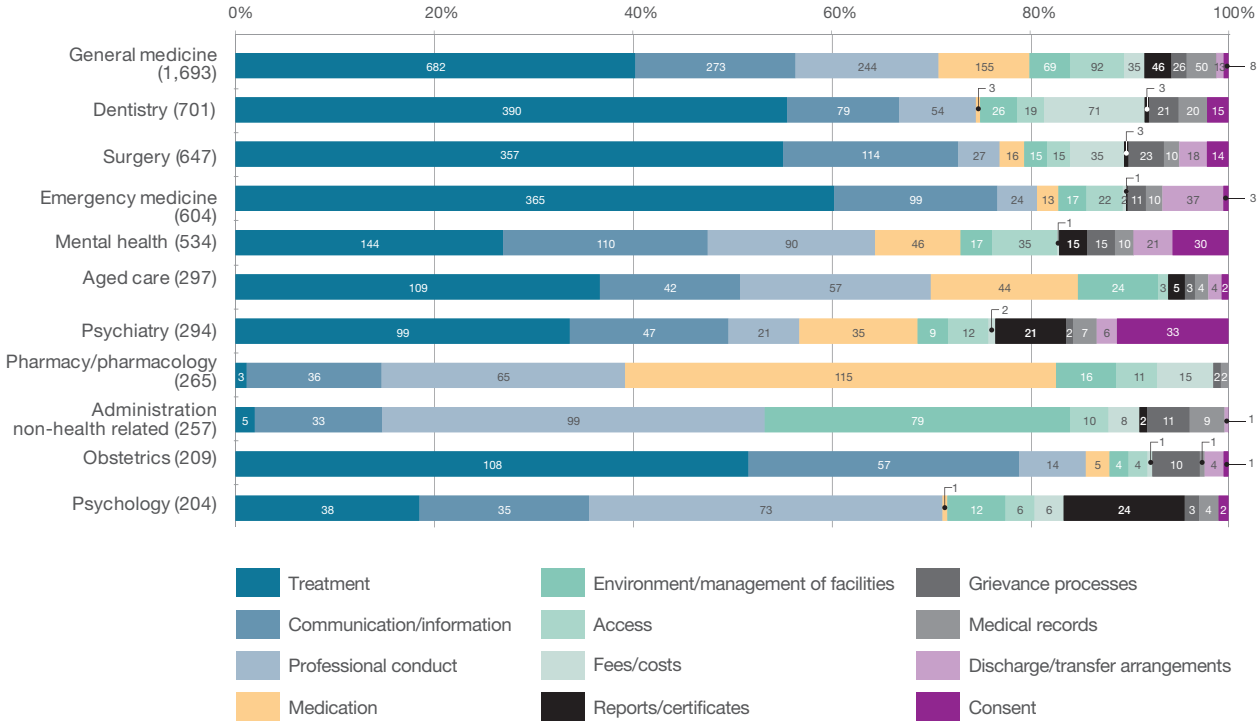
In 2013-14, professional conduct issues were most commonly raised in complaints about psychology services (35.6%, 2012-13: 31.6%) and pharmacy-related complaints (24.5%, 2012-13: 23.9%). The high proportion of complaints about the professional conduct of psychologists reflects the fact that these practitioners are often involved as expert witnesses in family law, workers compensation, and other highly contentious legal proceedings, where the parties are in dispute.

How the Commission dealt with complaints

When the Commission receives a written complaint, the complaint must be assessed. If the complaint contains sufficient information, the Commission may make its assessment without further inquiries. Where more information is required, the Commission will seek a response from the relevant health service provider, and obtain internal medical or nursing advice about clinical issues.

The aim of the assessment is to determine whether a complaint raises serious issues of public health and safety warranting investigation. Where this is not the case, the Commission has a variety of other options available to address the issues raised in the complaint.

Chart 8.6 – Issues raised in complaints received by most common service area 2013-14



Counted by issues raised in complaint

Outcome of assessment by service area

Chart 8.7 looks at the outcome of the assessment of complaints in 2013-14 by the type of health service that was provided.

In 2013-14, the majority of complaints about psychiatric services (70.8%), dental services (59.2%) and general medicine services (57.3%) were discontinued. In the psychiatry area, a large number of complaints concern compulsory treatment under the *Mental Health Act*, for which there are alternative means of redress before the Mental Health Tribunal. In the dental area, costs are a significant issue and poor treatment outcomes can be due to poor general dental health and hygiene rather than the conduct of the dental practitioner.

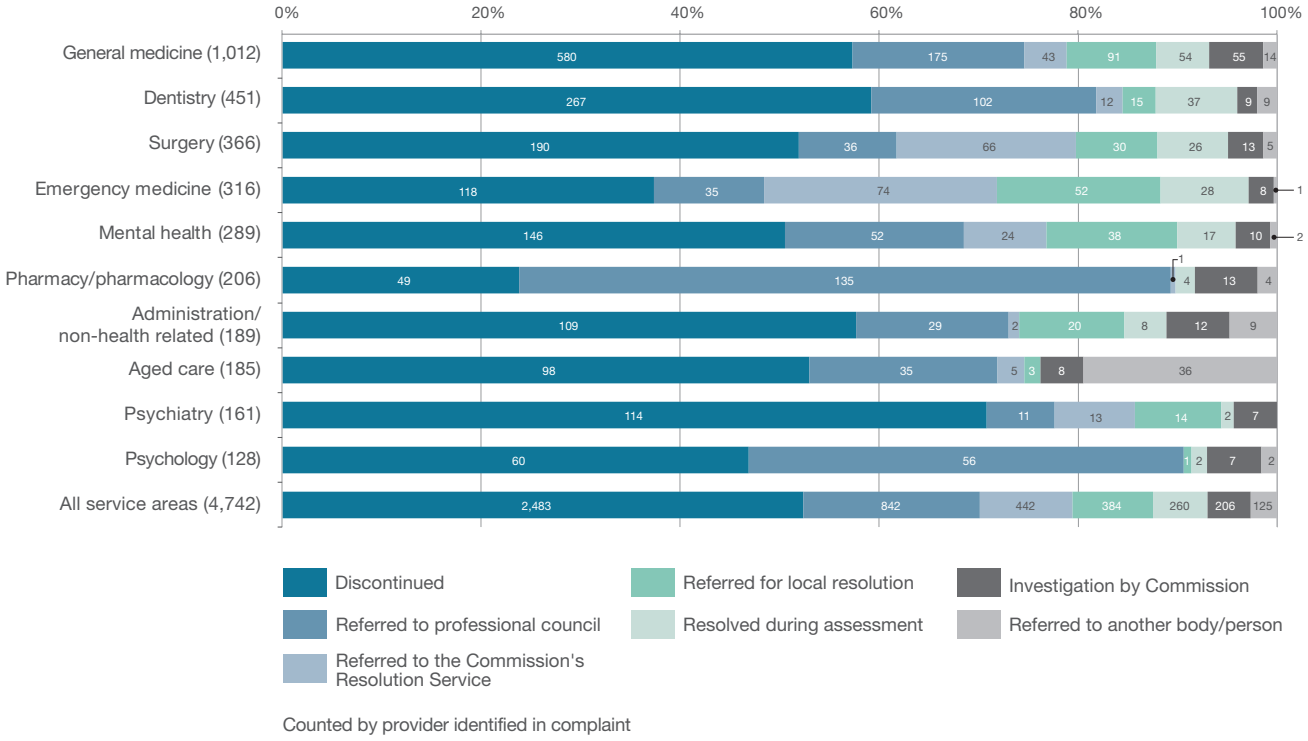
Complaints relating to pharmacy (65.5%) and psychology (43.8%) services were often referred to the relevant professional council for appropriate action. The Pharmacy Council actively investigates the causes of dispensing errors and inspects pharmacies.

The Commission referred a significant proportion of complaints about obstetrics (40.9%), emergency medicine (23.4%) and surgery (18.0%) to its Resolution Service.

The Resolution Service can assist people who made a complaint to obtain information and answers from health service providers about what happened in their treatment and care.

More information about the outcome of the assessment of complaints by the area of health service provided can be found in Table 17.15 in Appendix B of this report.

Chart 8.7 – Outcome of assessment of complaints by most common service area 2013-14



Counted by provider identified in complaint

Outcome of assessment by type of health service provider

Chart 8.8 below sets out how the Commission dealt with complaints in 2013-14 by the type of health service provider.

In 2013-14, as in the years before, medical practitioners were the most commonly complained about type of health service provider. In the past two years, the majority of complaints about medical practitioners were either discontinued (65.9%, 2012-13: 57.2%) or referred to the Medical Council of NSW for appropriate action (16.1%, 2012-13: 20.4%).

Over one third of complaints about public (34.1%, 2012-13: 48.6%) and private hospitals (34.2%, 2012-13: 41.7%) were referred to the Commission's Resolution Service.

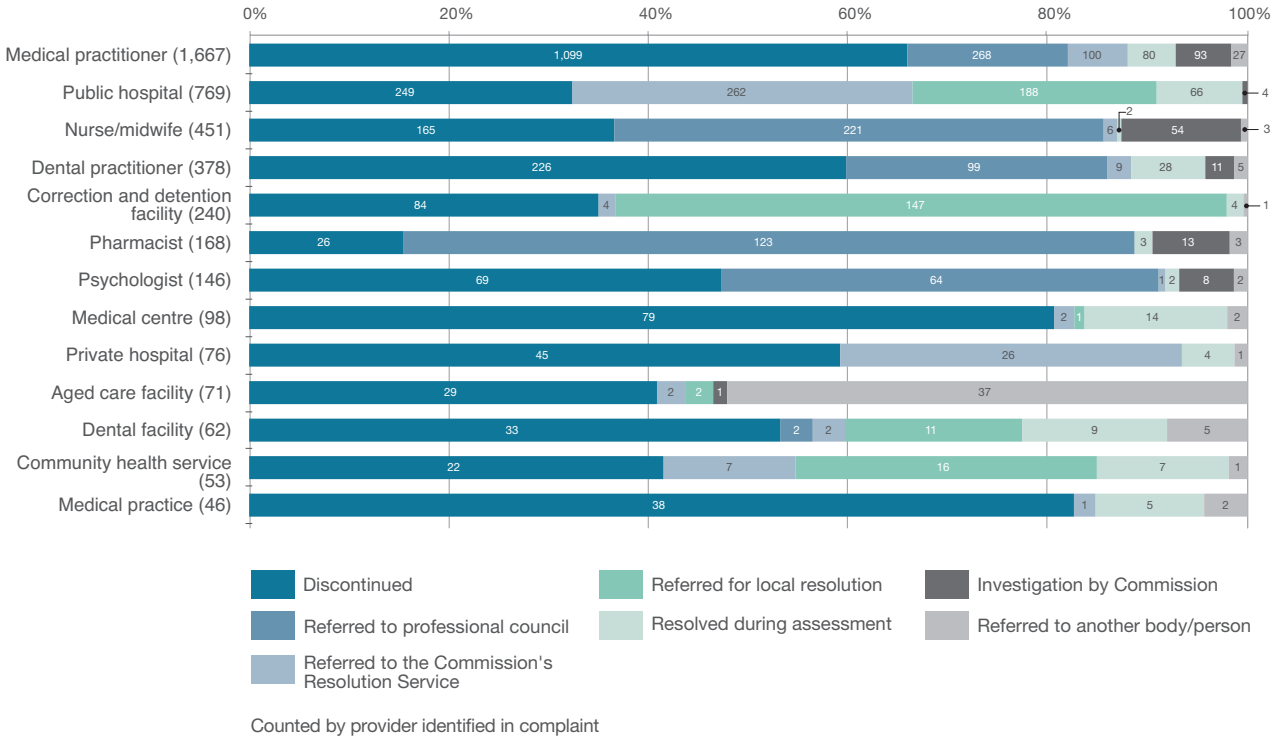
The Resolution Service can assist people to resolve concerns about their care and treatment directly with the hospital involved, and help to restore people's confidence in their local health service.

A high proportion of complaints about correction and detention facilities (61.3%, 2012-13: 58.3%) were referred back for local resolution to Justice Health, the provider of health services in most of these facilities. Local resolution can be a fast and appropriate way to address complaints that do not raise serious issues of public health and safety but still need to be resolved. Local resolution is not available for complaints about private health service providers.

Commission staff were often able to resolve complaints about dental facilities (14.5%, 2012-13: 14.3%) or medical centres (14.3%, 2012-13: 8.2%). Often these complaints involved a dispute about fees and costs associated with treatment that could be clarified with the assistance of the officer.

The highest proportion of complaints referred for investigation by the Commission related to nurses and midwives (32.7%, 2012-13: 11.5%) with many of these arising from mandatory notifications made by employers.

Chart 8.8 – Outcome of assessment of complaints by type of health service provider 2013-14



Counted by provider identified in complaint

Assessment outcomes by type of issue raised

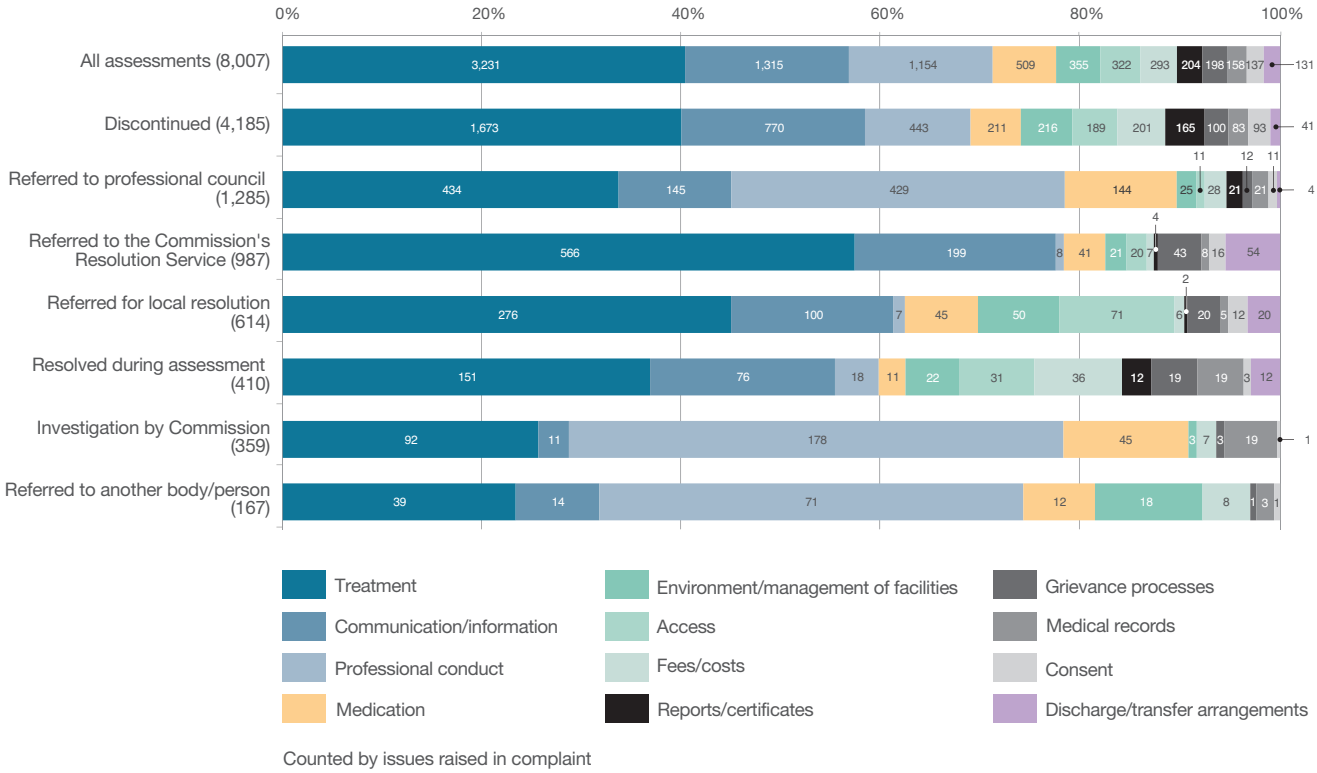
Chart 8.9 summarises all assessment decisions made by the Commission in 2013-14 by the type of issue raised in the complaint.

As in the year before, of the complaints referred to the Commission's Resolution Service most related to the treatment provided to a patient (57.3%, 2012-13: 58.3%). Patients and their families often do not fully understand the reasons for the outcome of a particular treatment, and further information and explanation can help them resolve their concerns.

Issues relating to the professional conduct of a health practitioner were most prominent in complaints that were referred for formal investigation (49.6%, 2012-13: 49.8%), referred to another body (42.5%, 2012-13: 47.0%) or to the relevant professional council (33.4%, 2012-13: 26.8%). Where a complaint raises significant issues of public health and safety, or where there appears to be evidence of gross negligence or a significant departure from relevant professional standards, the Commission investigates the complaint. Where the issues do not reach this threshold, which is set out in s23 of the *Health Care Complaints Act*, the complaint is often referred to the relevant professional council to take appropriate action.

Complaints about communication issues were most suitable for resolution; by referral to the Commission's Resolution Service (20.2%, 2012-13: 21.3%); being resolved during the assessment process (18.5%, 2012-13: 27.5%) or by referral back to the relevant public health organisation to trying to locally resolve the issues raised (16.3%, 2012-13: 20.2%). Often, complaints about communication are based on a lack of understanding, or a misunderstanding, on the part of the patient or their family about the health service they received.

Chart 8.9 – Outcomes of assessment of complaints by issues raised 2013-14



Counted by issues raised in complaint

Investigation outcomes by type of issues raised

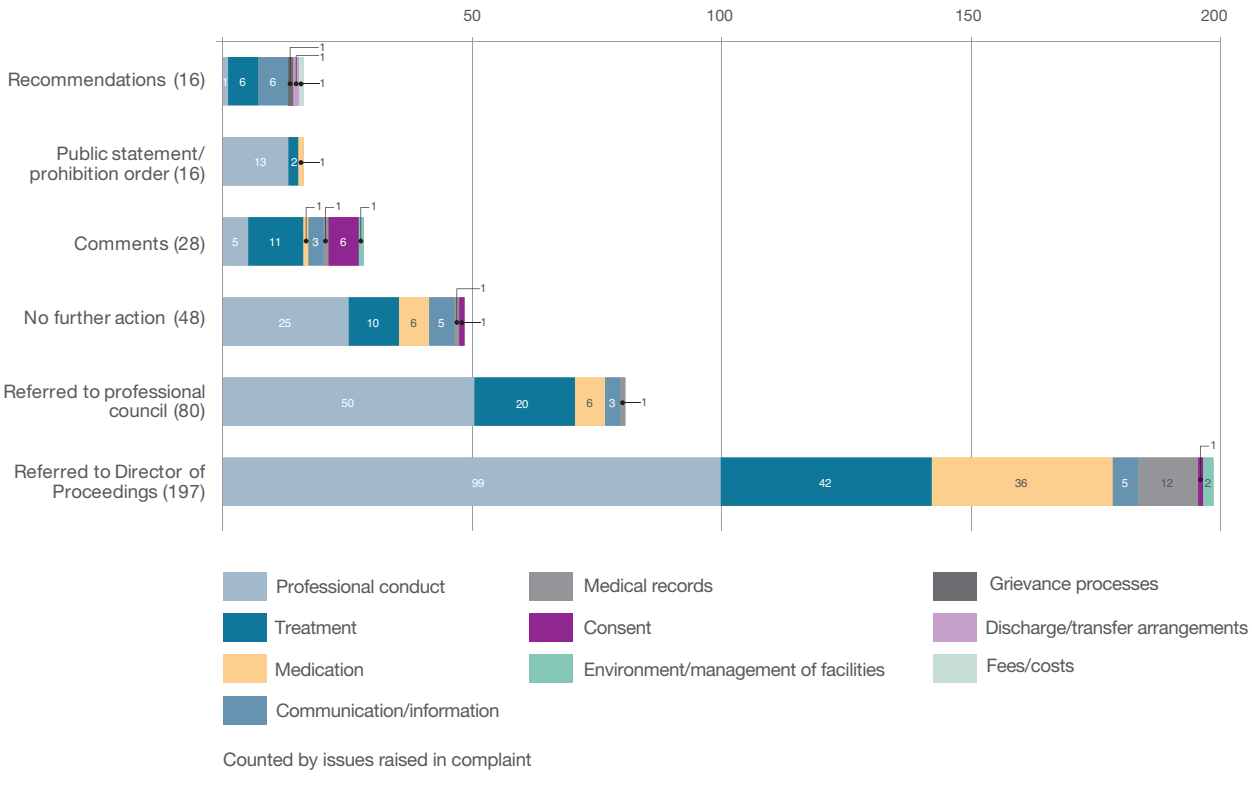
Chart 8.10 details the outcomes of investigations in 2013-14 by the type of issue raised in complaints.

Investigations referred to the Director of Proceedings to consider prosecution most commonly concerned the professional conduct of a practitioner (50.3%, 2012-13: 46.9%). Examples include sexual misconduct, breach of practice conditions, and prescribing medication without proper authority or therapeutic basis. The latter also explains the relatively high proportion of medication issues referred to the Director of Proceedings.

Almost two thirds of the complaints referred to a professional council following investigation by the Commission related to the professional conduct of a practitioner (62.5%; 2012-13: 35.2%). A growing number of practitioners voluntarily take their name off the register of health practitioners during the investigation process. In such cases, the risk to public health and safety has been removed and the Commission does not prosecute the practitioner, even though there may be evidence of unsatisfactory professional conduct or professional misconduct. However, the Commission ensures that relevant evidence is sent to the Australian Health Practitioner Regulation Agency to be put before the relevant national board in case the practitioner attempts to renew their registration in the future.

For more information about the outcome of investigations by the type of health service provider, please refer to Table 17.26 in Appendix B of this report.

Chart 8.10 – Outcome of investigation by issue category 2013-14



Counted by issues raised in complaint

09 Inquiry Service

The Commission's website provides extensive information for people who seek information about making a complaint and want to find out about the Commission's role and how it handles complaints.

People who do not have access to the website or prefer speaking to someone to get advice can contact the Commission's Inquiry Service which is available 9am - 5pm, Monday to Friday. They can also attend the Commission's office during business hours and speak to an Inquiry Officer in person. All inquiries are answered by experienced staff.

The Inquiry Officer can discuss with them how they may be able to resolve their concerns directly with the relevant health service provider. Alternatively, the Inquiry Officer may sometimes contact the health service provider to facilitate contact between the caller and the service. Where appropriate, people may be referred to other agencies and organisations that can better address their concerns.

If people wish to make a complaint, the Inquiry Officer will tell them how to do so. If people have difficulty in writing their complaint, they can request assistance and an officer can help them to put their complaint in writing. If the complaint requires urgent attention, staff will draft the complaint over the phone and refer it for an immediate assessment.

Performance

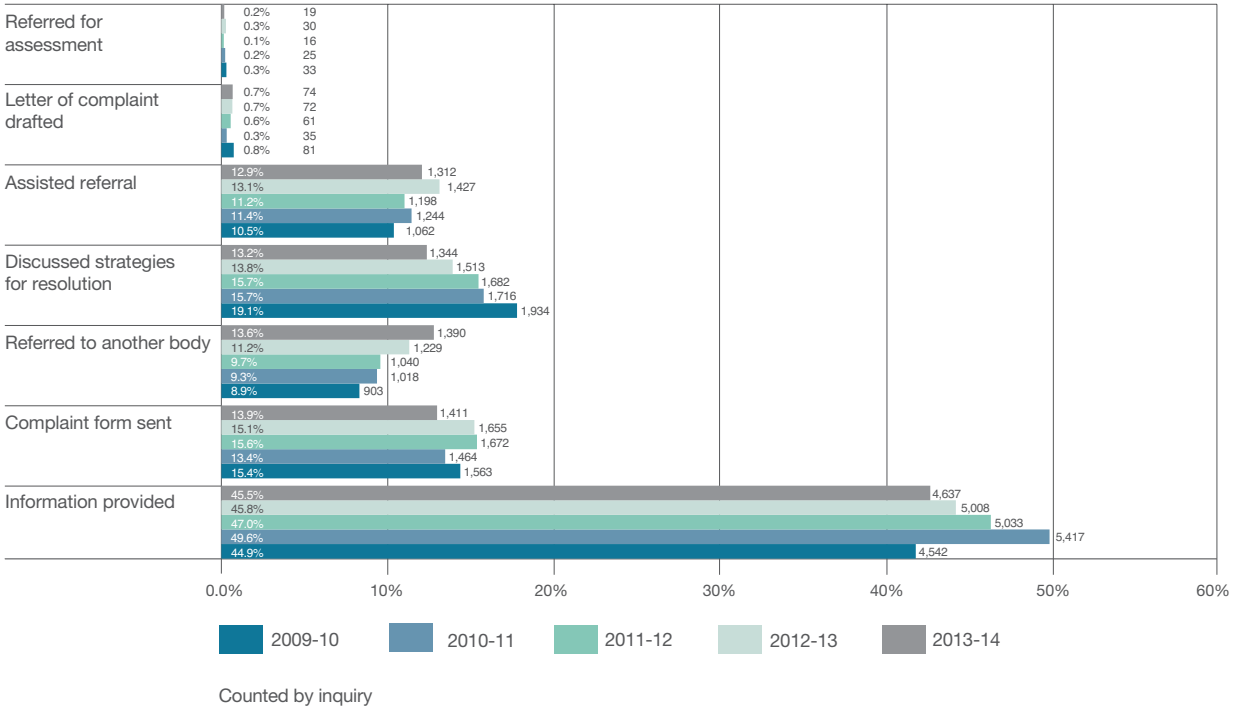
In 2013-14, the Commission received 10,187 inquiries, 6.8% less than in the previous year. The Commission attributes this to an increased preference of people to obtain information from its website. The number of inquiries received over the past five years is shown in Chart 4.1 in Chapter 4 – Executive summary of this report.

Outcomes

Chart 9.1 summarises how the Commission dealt with inquiries over a five-year period. In 2013-14, the Inquiry Service:

- responded to 4,637 inquiries (45.5%) by providing relevant information
- sent out 1,411 complaint forms (13.9%)
- referred 1,390 inquiries (13.6%) to a more suitable body
- discussed with 1,344 people (13.2%) strategies to resolve the issues directly with the health service provider
- assisted 1,312 people (12.9%) by contacting a more relevant body to deal with their concerns and providing the contact details of the relevant staff member to the inquirer
- assisted 74 people to write their complaint (0.7%)
- in 19 urgent cases (0.2%) drafted a complaint over the phone and referred it for immediate assessment.

Chart 9.1 – Outcome of inquiries 2009-10 to 2013-14



Case studies

Getting access to dental care

A woman called the Commission's inquiry line explaining that she required dental treatment. The closest public dental clinic was approximately 45 minutes away by car and she had a number of medical conditions that made it very hard for her to travel this distance. The woman said that the public clinic had offered to provide her with a voucher which would enable her to have treatment at a private dental clinic closer to home. However, the receptionist at the public clinic had informed her that she would need to attend the clinic in person to pick up the voucher. The woman asked if the Commission could assist her to resolve the matter, as the receptionist was unwilling to post the voucher to her.

The Commission's Inquiry Officer contacted the public clinic and discussed the matter with the manager of the facility. The manager had not understood that the woman would have such difficulties attending the clinic in person. As a result of the call, the manager arranged for the treatment voucher to be sent directly to the private dentist and called the woman to advise her of this. The woman was satisfied that her concerns had been resolved.

Missing follow up

The Commission received a call from an inmate at a correctional centre who had undergone surgery for cancer. Five weeks later, he had not had any update about the success of the surgery or the pathology results. He had recently been sent back to the hospital for more tests but did not know why or what was happening. The man was very anxious.

The Commission's Inquiry Officer contacted Justice Health which is responsible for the health care provided to inmates. Justice Health found that the hospital discharge documents did not provide any specific follow up information. Justice Health then tried to contact the surgeon and access the medical records to get more information.

It seemed that over the Christmas period, the surgeon had been on leave and Justice Health staff had not sat down with the inmate to talk him through what was happening and what to expect in future. As a result of the call, a senior clinician met with the man and explained to him what had happened and what he could expect in terms of managing his condition.

10 Assessing complaints

Performance in 2013-14

CORPORATE GOAL OF
'efficient and timely processing, assessment and resolution of complaints and review processes'

94.2% of complaints assessed within 60 days

The Commission received 4,767 complaints during the year and assessed 4,742 in the same period; a significant increase in the number compared to the previous year when 4,554 complaints were received and 4,544 assessed. In 2013-14, 94.2% of complaints were assessed within the 60-day statutory timeframe. On average, complaints were assessed within 38 days. Where a complaint was not assessed within the statutory timeframe, an extension was approved by the Commissioner in 98.6% of cases (target 100%). In comparison, in 2012-13, 94.5% of complaints were assessed within the 60-day timeframe, in an average of 40 days (statutory timeframe - target 100%).

Review requested in relation to 6.7% of assessment decisions

320 requests for review of the Commission's assessment decision were received, which represents 6.7% of all assessments finalised during the year. This compares favourably to 2012-13, when 389 such requests were received, accounting for 8.6% of all assessments finalised (target <10%).

71.8% of reviews completed within six weeks

71.8% of reviews of an assessment decision were completed within six weeks, compared to last year, when 83.5% of reviews were finalised within that timeframe (target 90%).

99.0% of decision letters sent within 14 days

When the Commission has finalised its assessment, all parties are informed in writing about the outcome and reasons for the decision. During the year, 99.0% of decision letters were sent within 14 days of the decision being made, compared to the previous year when 99.4% of letters were sent within this timeframe (statutory timeframe - target 100%).

Assessment file audits satisfactory and on time

The Commission undertakes a 7-day automatic audit to assess the set up of the file, followed by a second audit at 21 days after the complaint has been received to check the progress of the file. In 2013-14, 91.7% of the 7-days audits showed a satisfactory result, compared to 96.4% in 2012-13. In relation to the 21-day audits, 98.6% (2012-13: 93.4%) were completed on time and 96.7% (2012-13: 96.8%) showed satisfactory progress of the complaint (target 90%).

In 2013-14, the Commission received 4,767 complaints, an increase of 4.7% on the previous year.

Some complaints contain sufficient information for the Commission to make its assessment decision. In other cases, the Commission may seek a response from the relevant health service provider or obtain other relevant information to properly assess the complaint. Health service providers are given 21 days to respond to a complaint. This gives the Commission more time to analyse the information it receives back from the health service providers in greater depth and to complete the assessment in a shorter timeframe.

Performance

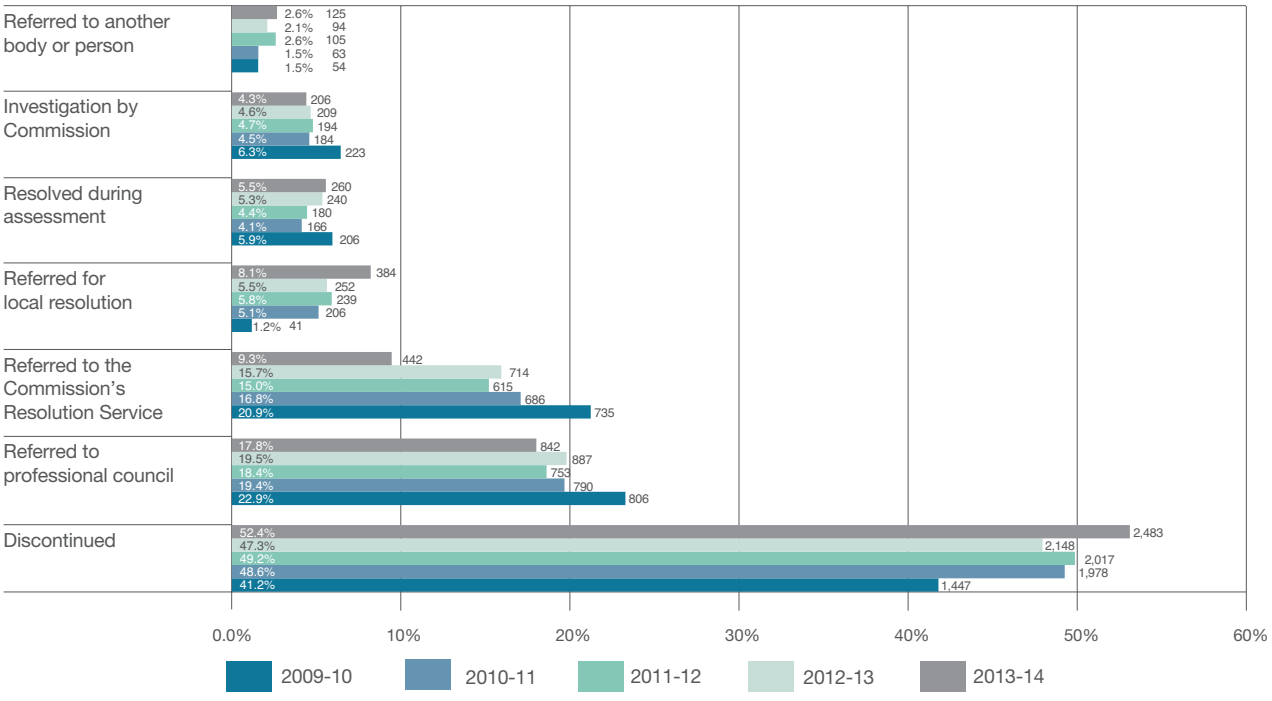
Chart 10.1 shows the Commission's assessment decisions over the past five years.

In 2013-14, the Commission assessed 4,742 complaints:

- 2,483 (52.4%) were discontinued at the end of the assessment process
- 842 (17.8%) were referred to the relevant professional council to take appropriate action regarding a registered health practitioner
- 442 (9.3%) were referred to the Commission's Resolution Service
- 384 (8.1%) were referred to the relevant public health organisations to try to resolve the complaint locally
- 260 (5.5%) were successfully resolved during the assessment process
- 206 (4.3%) were referred for formal investigation by the Commission
- 125 (2.6%) were referred to another more appropriate body for their management.

Compared to previous years, the Commission discontinued more complaints after assessment. The rate of complaints being referred to its Resolution Service decreased while the proportion of complaints being sent to the public health organisation to directly resolve the complaint with the complainant increased, as did the proportion of complaints the Commission was able to resolve during the assessment process.

Chart 10.1 – Outcome of assessment of complaints 2009-10 to 2013-14



Counted by provider identified in complaint

Timeliness

In 2013-15, 94.2% of complaints were assessed within the 60-day statutory timeframe. On average, complaints were assessed within 38 days. This compares to 94.5% of complaints being assessed within 60 days in 2012-13, on average within 40 days.

When the Commission has completed the assessment of a complaint, all parties are informed in writing about the outcome and reasons for the decision. In 2013-14, 99.0% of decision letters were sent within 14 days of the decision being made. This is comparable to the previous year when 99.4% of letters were sent within this statutory timeframe.

Review of assessment decisions

People who make a complaint can request a review of the Commission's assessment decision except when the complaint is being investigated.

In 2013-14, 320 requests for a review of the assessment decision were received, which represents 6.7% of all assessments finalised during the year. This compares favourably to the previous year when 389 such requests were received accounting for 8.6% of all assessments finalised. A contributing factor to this result was the greater focus on communication with people who made a complaint and more detailed explanations for the Commission's assessment decisions.

The Commission finalised 305 reviews in 2013-14. In 279 cases (91.5%), the original assessment decision was confirmed. In 26 cases (8.5%), the initial decision was changed as result of the review.

71.8% of reviews of an assessment decision were completed within six weeks, compared to last year, when 83.5% of reviews were finalised within that timeframe. Reviews are handled by Commission Resolution Officers to ensure independence from the Assessment Officers. The decrease in timeliness reflects the general performance of the Resolution branch (see Chapter 11 – Resolving complaints).

Feedback

Following the assessment of a complaint, the Commission surveys people who made a complaint and health service providers. These surveys are intended to assist the Commission to improve its assessment procedures and better meet client needs.

In 2013-14, 13.1% of complainants and 14.4% of health service providers who were sent a survey responded to the Commission.

Responses

Overall, 74.2% of people who made a complaint and responded to the survey were satisfied with their interaction with the Assessment Officer. This compares to 73.7% in the previous year. The survey also gave the opportunity to provide further comments. One person who had made a complaint stated that *'the whole complaint from the beginning to the end was handled so well – I wish I hadn't waited so long to report it'.*

Overall, 87.1% of health service providers who responded to the survey were satisfied with the Commission's service. This compares to last year's results, when 87.6% reported that they were satisfied with their interaction with the Commission.

In addition, the Commission separately surveyed relevant complaint-handling staff at the Local Health Districts and Speciality Networks, with whom the Commission has a great number of interactions during the year. Overall, 16 of the 17 Local Health Districts and Speciality Networks responded to the survey, with 48 individual answers being recorded. The overall satisfaction rate was 93.2%, which is an improvement on the previous year, when 87.8% of respondents were satisfied with their interaction with the Commission in relation to the handling of complaints. The survey also provided an opportunity to further comment on the Commission. Some comments related to the Commission's webinar series, which was rated a very useful resource for staff in the public health care sector. Several comments related to the option of the Commission referring complaints back to the relevant health service for local resolution, which was overwhelmingly welcomed by the Districts and Networks.

One respondent commented that *'I have always found the Commission to be responsive and helpful and willing to assist with contentious and difficult issues including the provision of sound advice as to options available to the organisations and complainants',* while another comment was that *'the process works well as it is - no obvious need for improvement'*.

Assessing complaints

Significant developments

Implementing changes

The Joint Parliamentary Committee on the Health Care Complaints Commission provided feedback to the Commission stemming from its Inquiry into Health Care Complaints and Complaint Handling in NSW. It had found that there was a perception that all complaints were treated the same and underwent the same process during their assessment. Responding to the feedback, the process for the management of new complaints was reviewed and redesigned.

As a result, Assessment Officers were given greater ownership of their caseload and were required to tailor an assessment plan to each individual complaint outlining what actions should be taken. Each assessment plan is reviewed and approved by the Team Leaders.

When creating the individual assessment plan, staff also determine in consultation with their Team Leader whether, considering the tone of the complaint, the subject matter, risks involved and the outcome of the incident, a specific communication strategy is required. The communication strategy is a flexible tool, and the strategy is being adapted throughout the process to suit the needs of the complainant.

During the year, the Commission also improved its data entry procedures into its case management database – Casemate – to increase efficiency, reduce errors and make effective use of available resources. This included the standardising of assessment sheets with barcodes that allows the automation of outcomes and dates to be linked in Casemate. In addition, the Commission also implemented naming conventions for regularly used documents, which allows for automation in sending multiple documents via email to the professional councils.

The above changes and improved monitoring and analysis of the timeliness of handling complaints contributed to the consistent overall performance amid increasing workload.

Training

All new staff completed an in-service six-week orientation program and were assigned a 'buddy' Assessment Officer to provide additional support. New assessment staff were also trained in how to respond to inquiries to the Commission's Inquiry Service.

Staff of the assessment branch participated in a number of training courses to support them to become more skilled and efficient in their work.

Relevant staff attended external training in:

- Taking statements
- Equal Employment Opportunity
- Managing unsatisfactory performance.

In addition, staff received internal training to improve knowledge and understanding of the Commission's investigation and prosecution functions. This training used case studies to clarify and discuss emerging topics.

The year ahead

The changes that were made to the set up of complaints and data entry will continue to be monitored, evaluated and improved, as required.

The Commission will begin to work towards a paperless filing system, which will include the use of software and technology in relation to agendas and editing of correspondence.

Regular in-service training for staff will aim to improve knowledge and skills in dealing with complaints and emerging issues.

As of 1 July 2014, the Commission has allocated three Resolution Officers to the Assessment Team in the role of Early Resolution Officers. The aim will be to address the proportion of complaints that would be discontinued with a view to attempting an early resolution of such complaints by speaking with both parties and negotiating an outcome that would be acceptable to both sides. Early resolution will only be attempted in cases where the Commission determined that there are no significant issues of public health or safety. It is anticipated that this will result in a drop of complaints being discontinued and an increase in the number of complaints that can be resolved during the assessment process.

The Assessment Manager and Team Leaders will continue to work with staff to improve the quality and clarity of letters advising the parties to a complaint of the Commission's decision and its reasons.

In addition, more focus will be placed on engaging with both parties to a complaint to better tailor communication strategies and achieve better results for the parties involved in a complaint.

Case study

The Commission received a complaint from a member of the public who was concerned with the use of testimonial advertising on the websites of five medical practitioners. The Commission confirmed that testimonials from former patients were indeed used on the websites of all five medical practitioners, in breach with relevant legislation. The National Law explicitly prohibits the use of testimonials in advertising, regardless of their truth or accuracy.

The Assessment Officer contacted each of the five medical practitioners to explain the requirements of the National Law and all five practitioners agreed to remove the testimonials after being advised that their use was prohibited. The Assessment Officer advised the complainant that the testimonials had been removed and that the medical practitioners now understood their responsibilities. The complainant considered the matter successfully resolved.

11 Resolving complaints

Performance in 2013-14

CORPORATE GOAL OF
‘efficient and timely processing, assessment and resolution of complaints and review processes’

Resolution Officer contacts parties within 14 days in 87.1% of resolutions referred

In 87.1% of resolution processes, the resolution officer contacted the parties within 14 days of that complaint being referred to the Resolution Service. This is a new performance measure introduced in 2013-14 (target 90%).

52.0% of resolution processes completed within four months

52.0% of resolution and conciliation processes were completed within four months of being referred to the Resolution Service. This is a decrease from the 64.5% in the previous year (target 70%).

78.6% of complaints resolved

78.6% (2012-13: 87.0%) of complaints that proceeded to resolution and conciliation were fully or partially resolved (target 80%).

85.9% of clients satisfied

Overall, 85.9% of complaint resolution/conciliation clients were satisfied with the service, a similar proportion as in the previous year, when 87.6% of clients were satisfied (target 80%).

The Resolution Service went through a difficult period in 2013-14 with long-term and very experienced staff members leaving the Commission coinciding with the retirement of its manager in June 2013.

The process of recruiting, training and supervising several new staff members while searching for a suitable new Manager of the Service has taken a toll on the timeliness of the resolution work, which is reflected in the drop in key performance indicators.

In the second half of the year, the Director of Assessments and Resolutions became more involved in the operational management of the branch with the view of restoring the timeliness of the resolution of complaints and providing guidance to newer staff members in dealing with their workloads.

The Director of Assessments and Resolutions, in conjunction with staff, will undertake a comprehensive review of the service. The Commission anticipates that performance will improve in the 2014-15 year.

How resolution works

Where the Commission's assessment finds no significant issues of public health and safety, but there are some outstanding issues that need to be addressed, complaints are suitable for referral to the Resolution Service.

Resolution is voluntary. A Resolution Officer will encourage all parties to be involved, and if they agree, the officer helps them to find ways of resolving the complaint.

Each case is unique. The nature of the complaint and what the parties expect influence resolution strategies. The officer develops a management plan specific to the case and sets an appropriate timeframe.

If the parties wish to meet, the Resolution Officer organises a meeting, proposes an agenda, assists both sides in preparing for the meeting and follows up on any action that was agreed.

In some cases, the parties prefer an external facilitator or the confidentiality provided by a formal conciliation process. In such circumstances, the Resolution Officer refers the complaint for conciliation, where an independent external conciliator facilitates a conciliation meeting. To encourage open discussion during the conciliation, anything said during the meeting and any document prepared for conciliation cannot be used in legal proceedings, except where both parties consent.

If the parties do not wish to meet, the Resolution Officer explores other avenues to resolve the issues and can act as an intermediary and obtain responses from the health provider and discuss them with the person who made the complaint.

Possible outcomes

There are a number of outcomes of resolution or conciliation processes, including an apology, an explanation of why something happened, or an acknowledgement that a mistake occurred. Sometimes the health service provider offers to review their current practice and take steps to improve it. The Resolution Officer can follow up on agreements reached between the parties, or monitor system or policy changes.

At the end of a successful conciliation, any agreements that are made are documented in writing.

Performance

In 2013-14, 442 (9.3%) complaints were assessed for referral to the Resolution Service, compared to 714 (15.7%) in the previous year. During the year, 11 complaints were referred for conciliation.

The decrease in the number of complaints being referred to the Resolution Service was partly to accommodate a high level of training and supervision of a number of new staff members during the year. To balance the reduced numbers being referred to the Resolution Service, the Commission increased its resolution of complaints during the assessment process and referred more complaints that were suitable to the public health facility to attempt a direct resolution with the person who made the complaint. Since 2012, the Commission has provided workshops in complaint resolution to relevant staff of the Local Health Districts and Speciality Networks.

In 2013-14, the Resolution Service finalised 619 resolution processes, including 11 through formal conciliation. This compares to 654 resolution processes, including 18 conciliations completed in the previous year.

Resolving complaints

Outcomes

Chart 11.1 shows the outcomes of resolution processes over five years. In 2013-14, in 165 complaints (26.7%), one of the parties did not consent to participate in a resolution process. Of the remaining 454 complaints, 357 (78.6%) were resolved.

In 2013-14, 97 (21.4%) complaints were not resolved because the parties disagreed on what actually occurred, the complainant's expectations could not be met, or the options for resolution offered by one side were not acceptable to the other.

The detailed outcomes of resolution processes can be found in Tables 16.20 and 16.21 in Appendix B of this report.

Timeliness

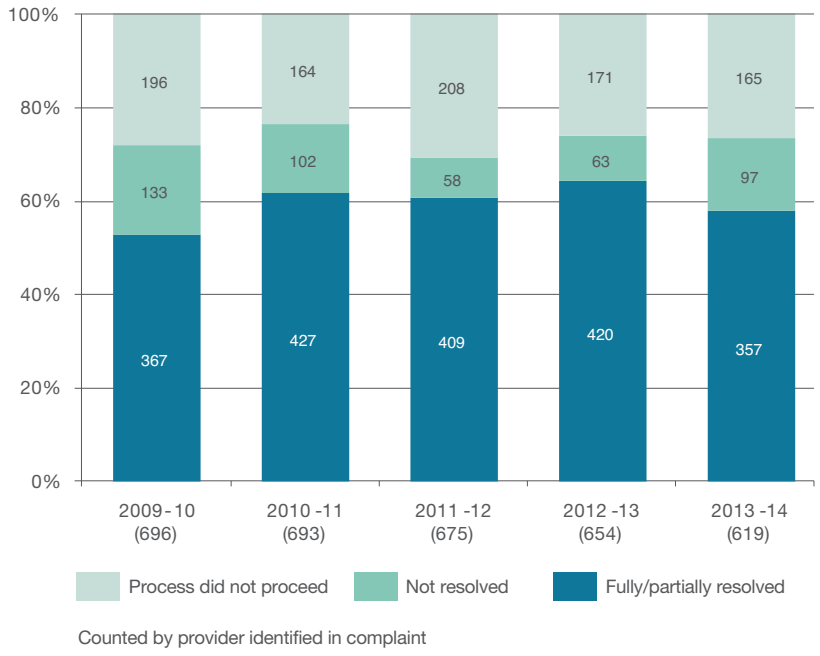
Staff turnover in the Resolution Service and the associated recruitment, training and level of supervision required caused disruption to the branch, which resulted in the increased time it took to complete resolution processes during the year.

In 2013-14, it took 151 days on average to finalise a resolution process, compared to 114 days the year before. 27.5% of complaints were completed within two months (2012-13: 38.1%), 52.0% within four months (2012-13: 64.5%) and 67.7% within six months (2012-13: 81.3%). The 200 resolution cases (32.3%, 2012-13: 18.7%) that took more than six months were delayed for various reasons, including issues with the management of the resolution; the complexity of the issues; the time taken by the parties to decide when or how to proceed; and due to illness or bereavement.

Monitoring agreements

For the past five years, the Commission has recorded and monitored voluntary agreements by a health service provider to change their systems, practices and policies, or provide further staff training and education. Over that period, a total of 497 agreements to improve health service delivery were made, including 71 made in the 2013-14 year. As at 30 June 2014, 473 or 95.2% of these agreements have been implemented. A small number (9 or 1.8%) have not been implemented, while 15 agreements (3.0%) are still being monitored.

Chart 11.1 – Outcome of resolution processes 2009-10 to 2013-14



Counted by provider identified in complaint

Feedback

The Resolution Service seeks feedback from complainants and providers with whom there has been significant contact during the resolution or conciliation process. A satisfaction survey is posted with the Commission's closure letters. The Commission uses the feedback to improve its procedures and service to clients.

The response rate to the survey was 22.9% for people who lodged a complaint and 30.5% for health service providers.

Responses

Overall, 79.9% of complainants and 90.2% of health service providers were satisfied with their interaction with the Resolution Officer during the resolution or conciliation process. This compares to the year before when 78.2% of complainants and 92.9% of health service providers were satisfied with their interaction with the Commission during these processes.

Clients also had the opportunity to comment on the service they received from the Commission. One parent who had made a complaint regarding the mental health care their son had received wrote an email to the Resolution Officer stating *'our son (…) had an awful health experience that was compounded by system failures (…) and were exacerbated by a lack of responsible forward thinking by most individuals in regard to mental health, which sadly is common and with far reaching effects that could have been adverted. Thank you for your help (…) in drilling down into events to understand what had happened in this case. (…) Fortunately, amazing changes have occurred seeing (all) parties work together (…). Sometimes it is too hard legally to say a simple sorry these days when an unnecessary road had been followed, but these positive acts show the contrition we appealed for throughout an entire year to enable our son to have his future restored.'*

Significant developments

In December 2013, the panel of conciliators appointed by the Minister for Health was renewed for a three-year term.

Staff movements

As outlined above, the Resolution Service underwent a period of change in the 2013-14 year with a number of experienced staff members leaving the Commission, including the Manager of the Resolution Service who retired.

Training

Resolution Officers attend monthly team meetings where issues are discussed, information and best practice is shared and external speakers are invited. In 2013-14, staff attended presentations by the Health Practitioner Council Authority in relation to how the professional councils deal with complaints referred to it by the Commission, a presentation by Fair Trading about their jurisdiction and complaint-handling, and visited a correctional institution to gain a better understanding of the local structures and processes.

Three permanently employed Resolution Officers completed the training required to seek national accreditation as a mediator. This finalises the Commission's three year project to bring all permanently employed Resolution Officers to the skill level required to be eligible for national accreditation.

The year ahead

In July 2014, the Director of Assessments and Resolution took on the role of directly managing the Resolution Service. A thorough review of the Resolution branch is being conducted covering structure, operations, management of resolution processes and supervision of staff.

Case study

Complaint prompts clear guidance

A man made a complaint to the Commission about the treatment provided to his late wife, who died from cancer. He was concerned that staff did not contact her treating oncologist when his wife attended the emergency department of a hospital with a 'cancer treatment folder' given to her when she had previously been diagnosed with cancer.

Four weeks later, the recurrence of her cancer was diagnosed. Unfortunately, surgery was not an option at that time, although it might have been if the cancer had been diagnosed earlier, and the woman died.

The Commission assessed the complaint to be referred to its Resolution Service. The Resolution Officer arranged a meeting between the hospital and the woman's family. At the meeting, the hospital agreed that the oncologist should have been called when the woman presented to the emergency department. The hospital acknowledged that there had been no clear guidelines for staff about when to call the oncologist if a cancer patient presented to the emergency department.

The hospital discussed the issue with the medical and oncology directors across the Local Health District and as a result of the complaint, the 'cancer patient form and folder' were changed to clearly state that the oncologist must always be called when a cancer patient presents to an emergency department.

The woman's family was grateful for the opportunity to meet with the hospital and to be assured that the hospital changed their process, educated their staff and ultimately reduced the risk for other patients having to experience a similar situation.

Improving mental health care

A man suffering from Bipolar Disorder had traumatic experiences when attempting to seek help at the local hospital. On one occasion, that later became the subject of a complaint to the Commission, the man told his family that he wished to go to hospital for treatment. The patient's family tried to contact the Mental Health Access Line to seek help and later brought him to the local hospital's emergency department early in the morning. The patient was seen by a doctor. After about four hours at the emergency department, the patient and family were informed that a mental health professional would not be available until 8.30am to review the patient.

By 10am, the man still had not been seen or assessed by a mental health professional and was becoming more agitated and anxious. He left the hospital without being seen or further assessed. The mental health service did not follow up with him despite the patient being known to them.

The Commission referred the complaint to its Resolution Service where a Resolution Officer facilitated a meeting between the patient's family and the Manager of Mental Health Services.

The manager acknowledged that this should not have happened and advised of several changes made to the mental health service as a result of the complaint, including the introduction of weekly assessments to review presentations of people with a mental health condition to the emergency department to develop different and better ways of helping them. At the meeting, the mental health service agreed to develop a management plan for the patient, arranged for a further assessment by a psychiatrist and allocated a case manager. The mental health service wrote to the patient and apologised for what he had experienced and acknowledged the difficulties he had encountered.

The family was grateful for the meeting and believed it had been positive in terms of acknowledging what had happened and improving the situation for the patient should he need assistance in the future.

12 Investigating complaints

Performance in 2013-14

CORPORATE GOAL

‘to ensure a best practice approach for the conduct of all investigations’

95.1% of investigations finalised within 12 months

The Investigations Division finalised 226 investigations during the year, compared with 201 investigations finalised in 2012-13. The Investigations Division closed 95.1% of its investigations within 12 months, on average within 209 days. This is an improvement on last year, when 89.6% of investigations were finalised within 12 months, on average within 244 days (target 90%).

99.1% of investigation plans completed on time

99.1% of investigations starting in 2013-14 had an investigation plan completed within 14 days of the complaint being referred to the division, compared to last year when all investigations had a plan in place within that timeframe (target 100%).

92.7% of investigations reviewed on time and 99.0% showed satisfactory progress

Investigations are reviewed regularly to monitor the progress and quality of the Commission’s investigation. 92.7% of these reviews were completed on time and 99.0% of reviews completed during the year showed satisfactory progress. This is comparable to the previous year, when 92.5% were reviewed on time and 99.2% were found to have satisfactory progress (target 80%).

2.2% of all investigation outcomes reviewed

The Commission received five requests for a review of an investigation outcome. This represented 2.2% of all investigations finalised during the year (target <5%, 2012-13: 2.5%). Five reviews were finalised and all confirmed the original decision.

92.7% of investigations satisfactory for prosecution

In 2013-14, 110 complaints about health practitioners were referred to the Director of Proceedings to consider prosecution before a disciplinary body, an increase from last year when 85 complaints were referred. The Director of Proceedings was satisfied with the evidence in 92.7% of investigations referred (2012-13: 90.6%), and did not request further information (target 90%).

81.4% of briefs of evidence prepared within 28 days

In 2013-14, 81.4% of investigations that were referred to the Director of Proceedings to consider taking disciplinary action had the accompanying brief of evidence prepared within 28 days of the investigation being completed. This is an improvement from 2012-13, when 72.9% of briefs of evidence were completed within this timeframe (target 80%).

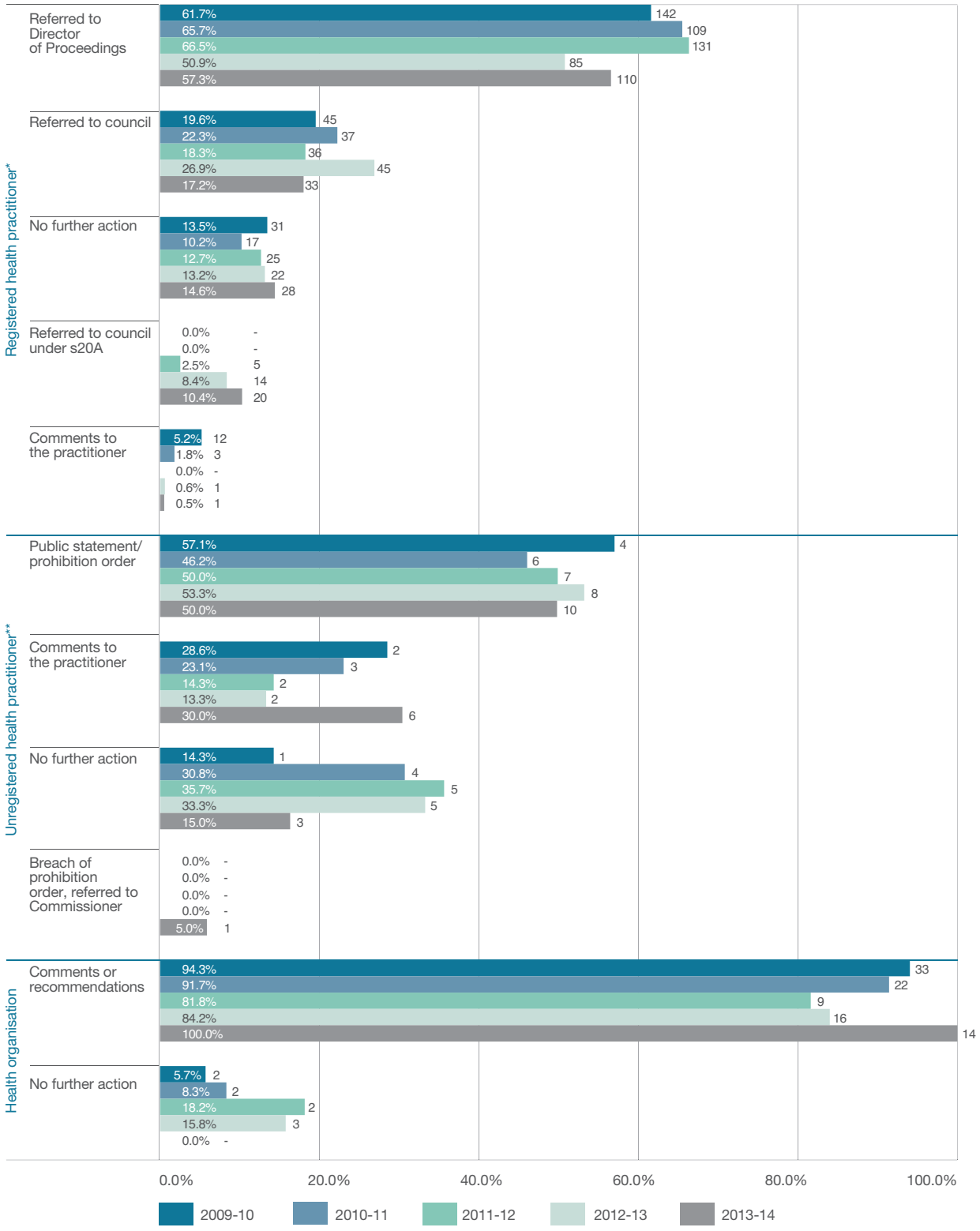
CORPORATE GOAL

‘to improve health care systems through recommendations arising from investigations’

93.8% of recommendations implemented

Of the 32 recommendations that the Commission made to health organisations in 2012-13, 93.8% had been implemented as at 30 June 2014. This compares to 100% of recommendations implemented in the previous year (target 90%).

Chart 12.1 – Outcome of investigations 2009-10 to 2013-14



Counted by provider identified in complaint

* Includes registered and previously registered health practitioners without prohibition order made.

** Includes unregistered and previously registered health practitioners with prohibition order made.

If, after assessing a complaint, the Commission finds that it raises a significant issue of public health or safety; there remain significant questions about the care and treatment of a patient; or the allegations, if proven, could justify disciplinary action against an individual practitioner, the complaint must be investigated.

Performance

In 2013-14, the Investigations Division finalised 226 investigations, an increase from 201 in the previous year. Of these investigations, 212 (93.8%) related to health practitioners, and 14 (6.2%) to health organisations.

Outcomes

Registered health practitioners

Of the 192 investigations into registered and previously registered health practitioners who were not subject to a prohibition order in 2013-14, 110 (57.3%) were referred to the Director of Proceedings to consider prosecution before a disciplinary body. This compares to 85 (50.9%) for the year before. The Commission referred over one quarter of investigations about registered and previously registered practitioners (53 / 27.6%) to the relevant professional council for further appropriate action. This is a drop from last year, when 59 complaints (35.3%) were referred to a council. In some cases, where it was clearly evident that the alleged misconduct either did not meet the threshold for disciplinary proceedings or other reasons had negated any threat to public health or safety, the complaint was re-assessed during the course of the investigation and referred to the relevant health professional council to consider taking appropriate further action. This included nine investigations where the practitioner had taken their name off the national register of health practitioners. Re-assessing complaints is in accordance with the Commission's obligation under its legislation to keep under review its assessment of a complaint, including during an investigation.

In 28 cases (14.6%), the investigation of a registered or previously registered practitioner found no or insufficient evidence of wrongdoing and was finalised without any further action being taken. One investigation (0.5%) resulted in the Commission making comments to the practitioner.

Unregistered health practitioners

Practitioners who are not required to be registered cannot be prosecuted before a disciplinary body. However, the Commission has the power to issue a public statement and/or make a prohibition order where its investigation finds that a practitioner has breached the Code of Conduct for unregistered health practitioners and the practitioner poses a risk to public health or safety.

A prohibition order may ban a health practitioner from providing any, or certain specific health services. In 2013-14, 10 investigations (50.0%) resulted in the Commission issuing a public statement and/or making a prohibition order. This includes three investigations where the practitioner had previously been registered. In another six investigations (30.0%), comments were made to the practitioner about how they could improve the treatment and care they provide in the future. Three investigations (15.0%) were completed with no further action being taken. There was one case (5.0%), in which a practitioner had breached a prohibition order previously imposed by the Commission. The Commission prosecuted this practitioner before the Local Court and the practitioner was convicted. He was ordered to enter into a Good Behaviour Bond for a period of two years and was fined $12,000.

Health organisations

In 2013-14, the Commission finalised 14 investigations into health organisations, and made comments and recommendations to improve the quality of future care and treatment of patients in all these cases. This compares to 19 investigations finalised in the previous year.

Nine of the investigations completed in 2013-14 that related to two different health organisations prompted the Commission to issue public warnings under section 94A (1) of the *Health Care Complaints Act,* the details of which are available on the Commission's website.

In respect of Elderlink Consolidated Services (also known as Elderlink, ECS or ECNSW), a private organisation which provided dental services to residents at a number of residential Aged care facilities in Sydney between July 2011 and November 2011, the Commission's investigation found that 66 residents of four aged care facilities received dental treatment at their first consultation, including filing down their teeth in preparation for crowns and/or bridgework, in contravention of agreed protocols between Elderlink and the facilities. Forty nine residents who received this invasive and irreversible treatment were deemed incapable of providing informed consent due to dementia or other cognitive impairment. The Commission's public warning urged people to exercise caution and diligence when dealing with Elderlink Consolidated Services in its provision of dental services to aged care facilities.

In relation to the Australian Vaccination-Skeptics Network, Inc (AVN) formerly known as Australian Vaccination Network Inc, the Commission's investigation

found that this organisation does not provide reliable information in relation to certain vaccines and vaccinations more generally.

The Commission found that AVN's dissemination of misleading, misrepresented and incorrect information about vaccination engenders fear and alarm and is likely to detrimentally affect the clinical management or care of people who follow its advice. In its public warning, the Commission urged people to exercise general caution when using AVN's website or Facebook page to research vaccination, and to consult other reliable sources, including speaking to a medical practitioner, in order to make an informed decision.

Implementation of recommendations

The Commission monitors the implementation of its recommendations to health organisations and reports on the outcomes in the year after they were made, to allow sufficient time to capture all action that was taken. In 2012-13, the Commission made 32 recommendations as a result of 10 investigations. As at 30 June 2014, 30 (93.8%) of these recommendations had been implemented by the relevant health organisation, and the Commission was still monitoring the remaining two (6.3%) recommendations.

In 2013-14, the Commission made 26 recommendations arising from seven investigations into health organisations. As at 30 June 2014, five of those recommendations (19.2%) had already been implemented. The Commission continues to monitor the implementation of the remaining 21 (80.8%) recommendations.

Since July 2005, the Commission has made 518 recommendations as a result of 205 investigations into health services. In total, 482 (93.1%) of these recommendations had been implemented as at 30 June 2014. Thirteen recommendations (2.5%) were not implemented, and the Commission agreed that no further action was required.

Another 23 recommendations (4.4%) are still to be implemented.

Auditing recommendations to health services

The Commission continued its audits of public hospitals to check ongoing compliance with recommendations that the Commission had previously made. In 2013-14, two audits were undertaken. These showed that the health services had continued to comply with recommendations previously made. It was also evident that the health services had built upon the Commission's recommendations and broadened their activities in order to improve health services.

Timeliness

The Commission finalised 95.1% of its investigations within 12 months. On average, it took 209 days to complete an investigation. This is an improvement on last year, when 89.6% of investigations were finalised within 12 months, on average within 244 days.

Requests for review

In 2013-14, the Commission received five requests for review of an investigation outcome, which represented 2.2% of all investigations finalised (2012-13: 2.5%). In the same period, the Commission finalised five reviews, all of which confirmed the original outcome.

Staff development

In 2013-14, a number of Investigation Officers attended an auditor training course arranged by the Clinical Excellence Commission.

All investigation staff attended a leadership seminar run by Charles Sturt University and a one day workshop delivered by the Australian Government Solicitor that focused on taking statements from witnesses and other parties involved in a complaint.

The year ahead

The Commission will continue its program of auditing ongoing compliance with the recommendations it has made to public hospitals. In addition, staff will be offered workshops focusing on interviewing techniques.

Case study

Misappropriating drugs from patients

The Commission investigated Mr Nicholas Macdonald, an anaesthetic technician, in relation to allegations that he had misappropriated and self-administered the anaesthetic drug Propofol while working at a hospital and day surgery clinic. Since 1995, Mr Macdonald had worked under the supervision of anaesthetists in operating theatres in both the public and private health systems.

The investigation found that during a shift at the hospital in August 2013 Mr Macdonald had taken an ampoule of Propofol 200mg, a syringe and needle and during his tea break self-administered the drug in a toilet cubicle. He was discovered in a semi-conscious state by other staff who then called the police. He was evasive in his explanations for his disoriented state and for the presence of the empty Propofol ampoule, syringe and needle near where he had been found. He was told to leave the hospital grounds.

Just over a month later, Mr Macdonald was rostered to work a morning shift at a day surgery clinic. At the beginning of the shift he was given the anaesthetic drugs for all 10 patients on the operating list. These included two boxes, each containing five ampoules of Propofol. Theatre staff noticed that Mr Macdonald had gone missing for about 10 minutes between the second and third patient on the list, after which he was observed to stumble back into theatre, looking disoriented. He walked into the wrong cubicle to get the next patient for surgery and dropped the patient notes when told he had the wrong patient. He seemed to have poor balance and appeared flustered. It was later discovered that Mr Macdonald had been in the staff toilet while absent from theatre and, on searching one of the cubicles, staff recovered two Propofol ampoules, one half empty, a drawing up needle and a syringe from the sanitary bin.

Mr Macdonald denied taking Propofol ampoules from the hospital or day surgery or using the drug while at work. He failed to attend any of the interviews arranged by his agency once it was informed of the allegations and his employment was terminated. Mr Macdonald failed to attend the Commission for an interview but denied both incidents, claiming that his reputation had been unfairly tarnished.

The Commission was satisfied that Mr Macdonald had breached the Code of Conduct for unregistered health practitioners and posed a risk to public health and safety. It also found that Mr Macdonald may be an impaired practitioner in that he had abused the drug Propofol when it was not prescribed for him and his use of it detrimentally affected his ability to practise safely as an anaesthetic technician. There was no evidence before the Commission that Mr Macdonald acknowledged his abuse of the medication, had sought assistance, or would refrain from similar conduct in future.

The Commission made a prohibition order, banning Mr Macdonald permanently from practising as an anaesthetic technician, in either a paid or voluntary capacity, or working in any other position where he has unsupervised access to drugs or medication. The Commission's order is available on its website.

Inappropriate use of restricted drugs for cosmetic purposes

The Commission investigated a complaint that a registered nurse, Ms Rosalie Piper, had been supplied with cosmetic injectable substances (Schedule 4 drugs, S4) to administer to patients without a prescription or supervision by a medical practitioner.

According to relevant protocols published by the Australasian Society of Cosmetic Medicine, any patient receiving an S4 drug should initially be assessed by a medical practitioner and an appropriate medical record and management plan should be created.

The Commission's investigation found that Ms Piper had an arrangement with a medical practitioner to purchase Botox and dermal fillers and administer them to patients at a doctor's clinic and a beauty salon. The relevant patient records showed no evidence that the doctor had assessed the patient, compiled a management plan, or given specific administration orders.

The Commission prosecuted Ms Piper before the NSW Civil and Administrative Tribunal which found unsatisfactory professional conduct and professional misconduct. The Tribunal reprimanded Ms Piper, suspended her for three months, ordered that she only administer cosmetic injections under strict supervision following assessment and appropriate prescribing by a medical practitioner.

13 Prosecuting complaints

Performance in 2013-14

CORPORATE GOAL OF
'independent and timely prosecutions'

85.8% of determinations on time

The Director of Proceedings considered 85.8% (2012-13: 86.0%) of complaints referred to her within three months to determine whether or not to prosecute the complaint before a disciplinary body. Noting that determinations may have been paused to await further relevant evidence, 90.3% of complaints were considered within the three month period (target 80%).

80.4% of matters referred within 30 days

The Director of Proceedings referred 80.4% of matters for prosecution within 30 days of consulting with the relevant professional council. This is a significant improvement on the year before when 62.7% of matters were referred within this timeframe (target 80%).

CORPORATE GOAL OF
'professional and competent prosecutions of serious complaints in the public interest'

94.3% success rate in prosecutions

94.3% of matters prosecuted by the Commission that were heard and finalised before Tribunals or a Professional Standards Committee were found proven. This compares to 95.7% in the previous year (target 90%).

94.3% compliance with deadlines

The Commission complied with court and tribunal timeframes in 94.3% of cases.
This compares to 86.2% in the previous year (target 80%).

70.4% of bills of cost prepared on time

70.4% of bills of legal costs were prepared internally or sent to a cost consultant for assessment within 120 days (target 75%). This performance indicator was introduced in 2012-13 when 74.6% of bills of cost were prepared within the set timeframe.

Monthly reports on legal cost recovery

Monthly reports on the recovery of legal costs were provided to the executive (target: quarterly reporting).

In 2013-14, 110 complaints about health practitioners were referred to the Director of Proceedings to determine whether or not to prosecute them before a disciplinary body.

This compares to 85 complaints referred in 2012-13.

Performance

Once a complaint is referred to the Director of Proceedings, she considers whether or not to prosecute and, if so, in which forum.

Determinations to prosecute

During the year, the Director of Proceedings made 98 determinations regarding whether to prosecute a health practitioner before a disciplinary body. 85.8% of these were considered within three months of the complaint being referred to the Legal Division. Taking into consideration the period during which determinations may have been paused to await further relevant evidence, 90.3% of complaints were considered within the three month period.

In 14 complaints relating to 10 practitioners, the Director of Proceedings decided not to prosecute the health practitioner. The reasons for this included that the practitioner was no longer registered and was not considered to pose a risk to the health or safety of the public, or that there were no reasonable prospects of a successful prosecution.

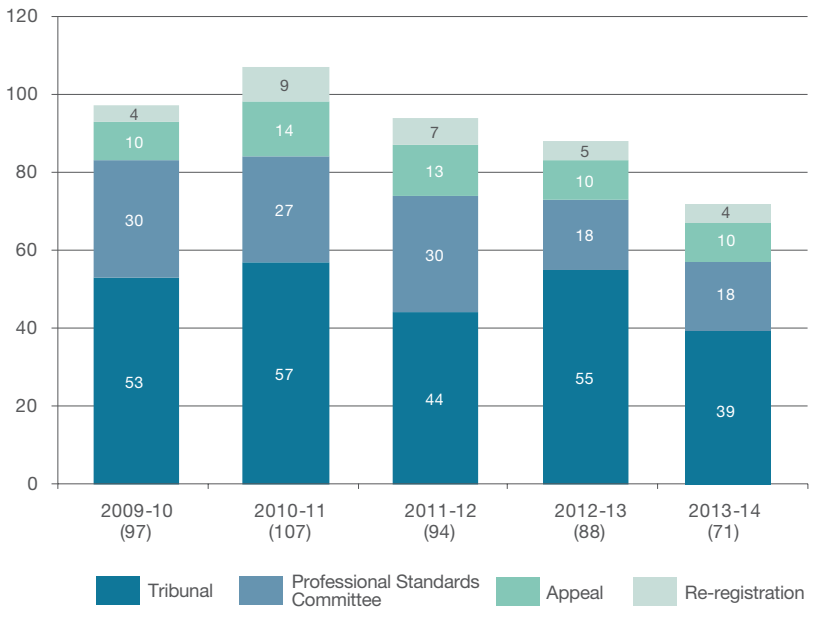
Legal proceedings

In 2013-14, the Commission's Legal Division finalised 71 matters. A matter may include multiple complaints against the same health practitioner. As shown in Chart 13.1, the 71 matters finalised included 39 matters before Tribunals, 18 matters before a Professional Standards Committee, 10 appeals and other applications, and four review and re-registration applications. The outcomes of these matters are detailed in Table 13.1.

In one further matter, the disciplinary body found the practitioner's conduct proven but protective orders are yet to be made. Details of this matter are summarised in Table 13.2.

Of all matters that were heard and finalised before Tribunals or a Professional Standards Committee, 94.3% were found proved compared to 95.7% in 2012-13.

Chart 13.1 – Legal matters finalised 2009-10 to 2013-14*



Counted by matter
* Excludes matters where the Director of Proceedings determined not to prosecute, or where the disciplinary body made findings but no protective orders as at 30 June 2014

Prosecuting complaints

Table 13.1 - Outcome of disciplinary matters finalised 2013-14

Professional Standards Committee		**No.**
Medical Professional Standards Committee	reprimand and conditions	10
	reprimand	1
	caution and conditions	1
	caution	1
	conditions	1
	not proved	2
Nursing and Midwifery Professional Standards Committee	reprimand and conditions	2
Total Professional Standards Committee		**18**
Tribunal		
Dental Tribunal	registration cancelled	1
Medical Tribunal	registration cancelled	3
	caution, reprimand, suspension and conditions	1
	reprimand, conditions and fine	2
	reprimand, conditions	1
	reprimand	1
	conditions	1
	dismissed	1
	withdrawn	2
NSW Civil and Administrative Tribunal (Dental practitioners)	registration cancelled	1
NSW Civil and Administrative Tribunal (Medical practitioners)	registration cancelled	4
	reprimand and conditions	1
	conditions	1
	withdrawn and dismissed	1
NSW Civil and Administrative Tribunal (Nurses and midwives)	registration cancelled	3
	suspension and conditions	1
NSW Civil and Administrative Tribunal (Pharmacists)	withdrawn	1
Nursing and Midwifery Tribunal	registration cancelled	7
	registration cancelled and reprimand	1
Psychology Tribunal	registration cancelled	1
	reprimand and conditions	1
Physiotherapy Tribunal	reprimand and conditions	1
Pharmacy Tribunal	reprimand and conditions	1
	conditions	1
Total Tribunal		**39**
Appeal/application		
Administrative Decisions Tribunal	application by practitioner - application dismissed	1
Court of Appeal	application by practitioner - application dismissed	1
	appeal by Commission - appeal allowed, decision varied	1
Federal Magistrates Court	application by practitioner - application dismissed	1
Local Court	application by Commission - application upheld	1
NSW Civil and Administrative Tribunal	application by practitioner - application dismissed	2
	application by practitioner - application actioned	1
Nursing and Midwifery Tribunal	application by practitioner - application actioned	1
Supreme Court	application by practitioner - application actioned	1
Total appeal		**10**
Re-registration		
NSW Civil and Administrative Tribunal	withdrawn	1
Nursing and Midwifery Tribunal	application dismissed	1
	conditions on registration removed	1
	re-registered with conditions	1
Total Re-registration		**4**
Grand total		**71**

Counted by matter

* Excludes matters where the Director of Proceedings determined not to prosecute, or where the disciplinary body made findings but no protective orders as at 30 June 2014.

Table 13.2 - Disciplinary matters proven as at 30 June 2014 and awaiting protective orders

Forum	Outcome	No.
NSW Civil and Administrative Tribunal	Professional misconduct - proved	1
Total matters awaiting protective orders		**1**

Counted by matter

Significant developments

Fewer matters

There has been a decrease in the number of legal matters finalised, from 88 matters in 2012-13 to 71 matters in 2013-14. This decrease can be attributed in part to the lower number of investigations referred in 2012-13 as well as the commencement of the Civil and Administrative Tribunal of NSW (NCAT) on 1 January 2014. It appears that a number of matters that would normally have been referred to, or set down for hearing before the individual health tribunals were paused, pending the commencement of NCAT. This resulted in much fewer matters being finalised before tribunals in the period January to March 2014, compared to the same period the year before.

Commencement of NCAT

NCAT started operating on 1 January 2014 providing a single gateway for specialist tribunal services in NSW. The former individual health tribunals in which the Commission prosecuted matters, including the Medical Tribunal and the Nursing and Midwifery Tribunal have been incorporated into the Health Practitioner Division List of the Occupational Division of NCAT.

These matters are governed by the provisions of the *Civil and Administrative Tribunal Act (NSW)* and the *Health Practitioner Regulation National Law (NSW)*.

The commencement of NCAT has resulted in a number of procedural changes, including new forms and processes. This in turn has required ongoing review and updating of the various templates used by the Legal Division. The merger of the various tribunals into one has resulted in fewer templates with standardised documentation across all matters relating to health practitioners, some of which can be accessed directly from the NCAT website.

NCAT has also issued a number of procedural directions and there have been ongoing changes to the rules. The changes to the Legal Division's procedures manual were deferred until the NCAT forms and procedures are more fully developed. The review of the procedures manual will be a priority for 2014-15.

Staff development

As part of staff performance reviews, development and training needs are regularly reviewed.

All Legal Officers undertake mandatory legal education to maintain their practising certificate. This covers a range of areas including ethics, professional responsibility, practice management, professional skills, equal employment opportunity, evidence, costs and administrative law.

During the year, new staff attended training in equal employment opportunity.

The year ahead

As noted above, the procedures manual will be reviewed in 2014-15.

It is anticipated that, in keeping with NCAT's objective to provide accessible and affordable justice, the use of technology will increase and the case management system developed in the former Consumer Trader and Tenancy Tribunal will be adopted. Ultimately, this will allow parties before NCAT to lodge and serve documents electronically. In some matters, the Commission has already been required to provide the tribunal with an electronic copy of documents, in addition to hard copies. It then becomes easier and cheaper for NCAT to provide tribunal members with relevant material prior to the hearing.

In response to this new requirement, the Legal Division has started to develop procedures for scanning large amounts of documentary material and to produce electronic copies of the briefs of evidence that are tendered at the hearing. This work will continue in the year ahead, and will also involve interaction with the other divisions in the Commission to ensure uniformity in the scanning and naming of documents to avoid any duplication. Over time, it is expected that this will lead to a significant reduction in the amount of documents held, transported and stored by the Commission.

Case study

Crossing professional boundaries

The Commission prosecuted Dr Joachim Fluhrer, a general practitioner, before a Medical Professional Standards Committee (the Committee) following a complaint that he had entered into a financial loan agreement with a patient. Dr Fluhrer was a director and shareholder of a company known as YourHealth Group (YourHealth), for which he provided services as a general practitioner.

A female patient consulted Dr Fluhrer on about nine occasions between 2003 and 2007, with her husband attending six consultations with her.

Dr Fluhrer had been friends and sailing partners with the patient's husband from the early 1990s until around 2007. During the period that the woman was consulting Dr Fluhrer, she and her husband also saw Dr Fluhrer on a social basis. In 2006, the patient and her husband decided to lend YourHealth $110,000 from their personal superannuation fund. Subsequently, YourHealth went into liquidation and the loan was not fully repaid.

The Commission alleged that Dr Fluhrer, on behalf of YourHealth, a company in which he had a significant interest, inappropriately sought and entered into a loan agreement with the patient and her husband, failed to terminate the doctor-patient-relationship with the woman and signed the loan agreement while she was still his patient. In doing so, it was alleged that Dr Fluhrer behaved unethically and breached the former NSW Medical Board's Code of Professional Conduct.

The husband gave evidence at the inquiry that before giving the loan to YourHealth, he had discussed it with his wife and that their discussion revolved around the friendship with Dr Fluhrer and his trusted relationship as a doctor. The husband said before the Committee, *'We relied on the fact that he was a doctor and we felt we could trust him'*. His wife gave similar evidence.

Dr Fluhrer denied asking the husband and wife for a loan, although he acknowledged that he had asked the husband if he knew of anyone who might be interested in investing in YourHealth and that 'anyone' would include him. He stated that he had accepted the loan from the woman and her husband's superannuation fund on behalf of Your Health but that he was not part of any financial negotiations. Dr Fluhrer agreed that he signed the loan agreement on behalf of YourHealth.

The Committee found that the woman and her husband were credible witnesses. However, the Committee had difficulty in accepting Dr Fluhrer as a frank and candid witness and found that his *'evidence, particularly in relation to financial matters, could not be given significant weight'*. The Committee found that Dr Fluhrer had gone to the couple's home and had asked them for a loan. It found that both the friendship and the doctor-patient relationship facilitated the loan.

The Committee accepted that in *'many circumstances, the very fact of a doctor asking a patient for money can amount to putting pressure on the patient'*. In this instance the Committee found that Dr Fluhrer's conduct in relation to the loan was significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience. It found that by entering into a financial arrangement with a patient he had breached the applicable Code of Professional Conduct and failed to maintain appropriate boundaries. Dr Fluhrer's conduct was found to be both improper and unethical. He was found guilty of unsatisfactory professional conduct.

The Committee ordered that Dr Fluhrer be reprimanded in the strongest possible terms and that he undertake a course on medical ethics.

14 Consumer response, privacy and government information

Consumer response

The Commission receives complaints and feedback from consumers about the complaint process or the outcome of their complaint. The Commission tries to respond to dissatisfaction that is expressed by consumers or health service providers when it is raised in an attempt to resolve the problem as quickly as possible. Where such resolution is successful, no formal complaint is recorded.

The *Health Care Complaints Act* entitles complainants to a review of Commission decisions in relation to the assessment and investigation of complaints. The outcomes of such reviews are reported in Chapters 10 and 12 of this report.

The Commission also sends client satisfaction surveys to the parties to complaints after the assessment and resolution process have been completed. The feedback from those surveys is reported in Chapters 10 and 11 under the heading 'Feedback'.

Complaints about the Commission

In 2013-14, the Commission received four formal complaints about its staff, concerning their contact with people who made a complaint and the management of their complaints. All were investigated by the Commissioner. The complaints did not result in any disciplinary action against staff.

Complaints to the Ombudsman

The NSW Ombudsman advised that in 2013-14, it received 21 complaints about the Commission. This compares to 23 received in the previous year.

Complaints to the Ombudsman generally related to alleged failures to respond to people, decisions made by the Commission and the quality of the Commission's correspondence and/or advice.

None of the 21 complaints required formal investigation. 18 (85.7%) were declined immediately. Three were declined after the NSW Ombudsman made preliminary inquiries with the Commission.

In addition to the 21 complaints in 2013-14, the Ombudsman recorded 47 inquiries about the Commission.

Request to access and amend private information

In 2013-14, the Commission received a request from a complainant to access and amend private health information held by the Commission.

As the Commission's complaint related information is deemed to be excluded information under the *Government Information (Public Access) Act 2009*, and as it could not ensure the accuracy of the information, the Commission did not consent to the request.

Privacy Management Plan

During the year, the Commission issued a summary of its Privacy Management Plan on its website in English and 20 community languages.

The Commission also made several amendments to its Code of Conduct, which is also available on its website, to clarify how to implement the provisions of the Privacy Management Plan and in relation to staff's appropriate use of social media.

Public interest disclosures

The *Public Interest Disclosures Act* requires the Commission to report public interest disclosures made to it.

As required by Premier's Memorandum M2013-13, the Commission reports that in 2013-14:

1. No public officials made public interest disclosures in performing their day to day functions.
2. No public interest disclosures were made that are not covered by the above that were made under a statutory or other legal obligation.
3. No other public interest disclosures were made.

The Commission has a public interest disclosure policy that encourages and guides staff to report potential wrongdoing.

Government information

The Commission has a range of information on its website that people can openly access. During the year, the Commission reviewed and updated its publicly available information. More details can be found in Chapter 6 - Outreach and accountability.

In relation to its complaint-handling functions, the Commission is exempt from the *Government Information (Public Access) Act* (GIPA).

During the year, the Commission received 8 applications for the release of documents under the *Government Information (Public Access) Act.* All of these were applications for documents that related to the Commission's complaint-handling functions and were therefore invalid applications. The following tables summarise the applications received in 2013-14 as required under the *Government Information (Public Access) Act.*

Consumer response, privacy and government information

Table 14.1 - Number of applications by type of applicant and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media	–	–	–	–	–	–	–	–
Members of Parliament	–	–	–	–	–	–	–	–
Private sector business	–	–	–	–	–	–	–	–
Not for profit organisations or community groups	–	–	–	–	–	–	–	–
Members of the public (application by legal representative)	–	–	–	–	–	–	–	–
Members of the public (other)	–	–	–	–	–	–	–	–

Table 14.2 - Number of applications by type of application and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications	–	–	–	–	–	–	–	–
Access applications (other than personal information applications)	–	–	–	–	–	–	–	–
Access applications that are partly personal information applications and partly other	–	–	–	–	–	–	–	–

Table 14.3 - Invalid applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	–
Application is for excluded information of the agency (section 43 of the Act)	8
Application contravenes restraint order (section 110 of the Act)	–
Total number of invalid applications received	**8**
Invalid applications that subsequently became valid applications	–

Table 14.4 - Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to Act

	Number of times consideration used
Overriding secrecy laws	–
Cabinet information	–
Executive Council information	–
Contempt	–
Legal professional privilege	–
Excluded information	–
Documents affecting law enforcement and public safety	–
Transport safety	–
Adoption	–
Care and protection of children	–
Ministerial code of conduct	–
Aboriginal and environmental heritage	–

Table 14.5 - Other public interest considerations against disclosure: matters listed in table to section 14 of Act

	Number of occasions when application not successful
Responsible and effective government	–
Law enforcement and security	–
Individual rights, judicial processes and natural justice	–
Business interests of agencies and other persons	–
Environment, culture, economy and general matters	–
Secrecy provisions	–
Exempt documents under interstate Freedom of Information legislation	–

Consumer response, privacy and government information

Table 14.6 - Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	–
Decided after 35 days (by agreement with applicant)	–
Not decided within time (deemed refusal)	–
Total	**–**

Table 14.7 - Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	Decision varied	Decision upheld	Total
Internal review	–	–	–
Review by Information Commissioner*	–	1	1
Internal review following recommendation under section 93 of Act	–	–	–
Review by Administrative Decisions Tribunal	–	–	–
Total	**–**	**–**	**1**

* The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table 14.8 - Applications for review under Part 5 of the Act (by type of applicant)

	Number of applications or review
Applications by access applicants	1
Applications by persons to whom information the subject of access application relates	–

15 Organisation and governance

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Performance in 2013-14

CORPORATE GOAL

‘to continue to develop as a learning organisation that embraces a culture of continuous improvement, sharing of knowledge and promotes a productive, safe and satisfying workplace’

Staff training

Annual staff performance reviews are an opportunity to identify training needs to enhance staff skills and capabilities. In 2013-14, on average, each full time equivalent staff member attended two days of training (2012-13: 3.8 days) (target >=2 days).

Up to date reporting

The Commission continues to develop and report on its Work Health and Safety, workplace diversity, Multicultural Plan and Disability Action Plans. All of these plans were updated during the year.

Staff regularly updated

The Commission holds monthly staff meetings where the Commissioner and divisional directors inform staff about recent developments and significant changes that have an impact on the Commission’s work. In 2013-14, 11 staff meetings were held.

All key information on intranet

All relevant corporate documents were distributed to staff and/or placed on the Commission’s intranet site (target 100%).

CORPORATE GOAL

‘to monitor performance, to ensure work quality, organisational development, good governance and effective resource management’

Internal meeting to schedule

Internal management meetings were held according to schedule, including fortnightly meetings of the Executive Management Group, monthly staff and Investigations Review Group meetings, and quarterly meetings of the Information and Communications Technology Steering Committee, Audit and Risk Committee, Workplace Consultative Committee and Work Health and Safety Committee.

Information security compliance

The Commission fully complied with the information security standard ISO 27001:2005 (target 100%).

Internal planning on time

All corporate and divisional plans were delivered according to the planning cycle.

Regular management reviews

The Executive Management Group reviews and discusses financial statements and staffing reports on a monthly basis. The Senior Executive were also provided with quarterly reports on the Commission’s performance.

Staff performance reviewed

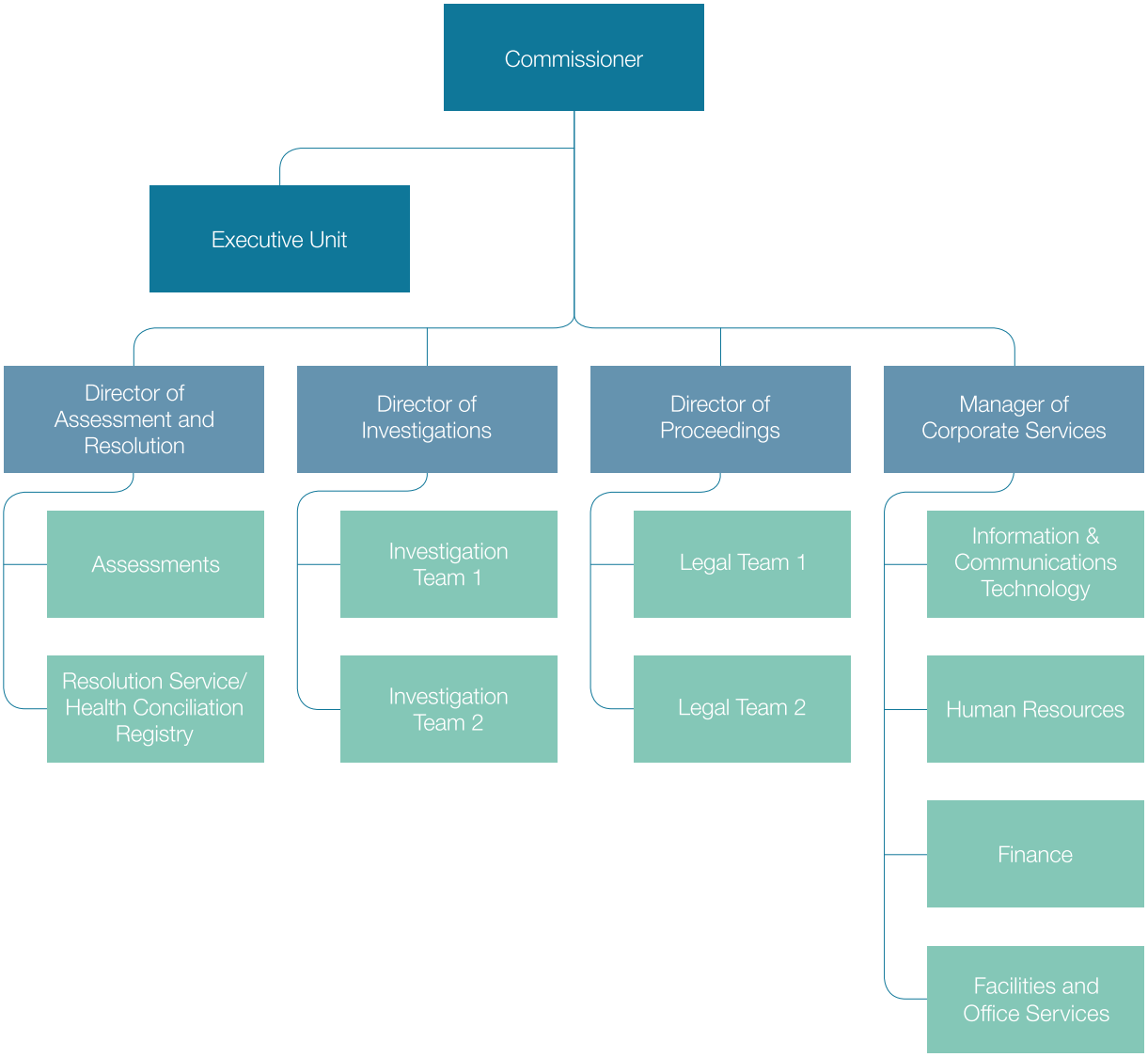
All staff have performance agreements in place that are regularly reviewed (target 100%).

98.7% of staff rated competent

98.7% of staff were considered competent or better at their last annual performance review (target 90%).

Organisation and governance

Chart 15.1 – Organisational structure



Corporate structure

As shown on the organisational chart, the Commission has three operational divisions headed by a director, an executive unit and a corporate services unit.
The Commissioner, Mr Kieran Pehm, was appointed on 28 June 2010 for a second five-year term.

Personnel services are provided by the Health Care Complaints Commission Staff Agency which is a division of the Government Service that was established under the *Public Sector Employment and Management Act*. Separate financial statements for both entities are included in Chapter 15.

Senior Executive Service

In 2013-14, the Commission had four Senior Executive positions:

- Commissioner, Senior Executive Band 3 – Kieran Pehm, Bachelor of Arts (BA) and Bachelor of Laws (LLB), Master of Laws (LLM)
- Director of Proceedings, Senior Executive Band 1 – Karen Mobbs, Bachelor of Arts (BA) and Bachelor of Laws (LLB)
- Director of Investigations, Senior Executive Band 1 – Tony Kofkin, Bachelor of Arts (BA), former Detective Chief Inspector at Kent Police (UK)
- Director of Assessment and Resolution, Senior Executive Band 1 – Ian Thurgood, Certificate in Orthopaedic Nursing, Certificate of General Nursing, accredited mediator.

Table 15.1 - Senior Executive Service as at 30 June

Band	2013		2014	
	Female	Male	Female	Male
Band 3 (Commissioner)	–	1	–	1
Band 1 (Directors)	1	2	1	2
Totals	1	3	1	3
	4		4	

Table 15.2 - Remuneration of Senior Executive as at 30 June

Band	Range $	Average renumeration	
		2013	2014
Band 3 (Commissioner)	$299,751-$299,751	$292,451	$299,751
Band 1 (Directors)	$195,600-$209,800	$197,633	$205,067

10.6% of the Commission's employee related expenditure in 2013-14 was related to senior executives, compared with 10.9% in 2012-13.

Commission staff

The Commission employed a total of 83 staff as at 30 June 2014. This included 62 permanent staff, 13 temporary staff, and four staff in SES contract positions. The majority of Commission employees (62) are working full-time, with 13 employed part-time.

Table 15.3 - Staff numbers by employment category 2010 -11 to 2013-14 (as at 30 June)

Employment basis	2011	2012	2013	2014
Permanent full-time	46	48	50	54
Permanent part-time	9	9	7	8
Temporary full-time	17	15	14	8
Temporary part-time	2	8	8	5
Contract - SES	3	4	4	4
Contract - non SES	–	–	–	–
Training positions	–	–	–	–
Retained staff	–	–	–	–
Casual	–	–	3	4
Total	**77**	**84**	**86**	**83**
Subtotals				
Permanent	55	57	57	62
Temporary	19	23	22	13
Contract	3	4	4	4
Full-time	66	67	64	62
Part-time	11	17	15	13

During the year, two staff members were seconded to the Commission: one from the Workers Compensation Dust Diseases Board and one from the Director of Public Prosecutions. One of the Commission's staff members was on secondment to the NSW Department of Education and Training and another staff member was on secondment to the Workers Compensation Commission.

Table 15.4 shows the average full-time equivalent staffing levels for the last four years. The Commission's average number of full-time equivalent employees (FTE) during 2013-14 was 74.3, a decrease of 1.9 FTE from the previous year, which was mainly the result of efficiency savings.

Table 15.4 - Average full-time equivalent staffing 2010-11 to 2013-14

2010-11	2011-12	2012-13	2013-14
72.8	70.8	76.2	74.3

Organisation and governance

Staff attrition

In 2013-14, six staff members resigned, five transferred to other agencies, two staff members were seconded to other agencies, two staff members retired and five temporary contracts ceased.

Conditions of employment and movement in salaries and allowances

Commission staff, including members of the Senior Executive Service, are appointed under the *Government Sector Employment Act 2013*.

Staff employed under the Crown Employees (Public Service Conditions of Employment) Award 2009 received a 2.27% increase in salary and related allowances on 1 July 2013.

The Commission employs medical and nursing advisers under the Crown Employees (Health Care Complaints Commission, Medical Advisers) Award. From 1 October 2013, these employees received a 2.27% annual increase under the current award.

The Commissioner and directors are members of the Senior Executive Service. The Statutory and Other Offices Remuneration Tribunal determined a performance-based increase of 2.27% annually for these officers starting on 1 October 2013.

Personnel policies and practices

Conditions of employment are principally set by the *Government Sector Employment Act 2013* and, for the majority of staff, by the Crown Employees (Public Service Conditions of Employment) Award 2009. Employees' conditions and entitlements are managed in accordance with the guidelines set by the NSW Department of Premier and Cabinet Personnel Handbook, the policies and directions of the Public Service Commission of NSW and the Commission's own workplace agreement and internal policies.

The Commission has a number of policies and procedures regarding conditions of employment, as well as polices on equal employment opportunity, work health and safety, security issues, and other operational requirements. In 2013-14, ten human resources related policies were reviewed and updated. These included the Commission's leave policies, Use of Private Motor Vehicle Policy and the Performance Management Policy. All policies were approved by both the Workers Consultative Committee and the Senior Executive and are available on the Commission's intranet.

The Commission also amended its Code of Conduct to include specific guidance to staff in relation to protecting the privacy of clients as well as the appropriate use of social media.

Staff development

Commission staff are encouraged to participate in learning and development activities, such as attending seminars and conferences, performing higher duties, and undertaking internal and external training courses.

In 2013-14, staff attended a total of 150 days of training in the areas of information technology, organisational development, risk management and technical skills. On average, each full time equivalent staff member attended two days of training during the period.

The Commission also offers study and examination leave to staff to encourage them to enhance their skills. In 2013-14, one staff member had access to study leave.

Performance management

Each staff member has a performance agreement that includes individual targets derived from the Commission's corporate and business plans. These performance agreements also include a learning and development plan designed to help staff to enhance their competencies and assist them in performing their duties. Performance plans and training needs are reviewed annually. In 2013-14, 98.7% of staff were rated fully competent or better.

Governance

People matter survey

The second sector-wide 'People Matter' NSW Public Sector Employee Survey was open to public sector employees from 5 May to 30 May 2014.

The survey is run every two years and is an opportunity for all NSW public sector employees to provide feedback about their workplace and to help improve the public sector as a workplace.

The results of the 2014 People Matter survey will be reported in next year's annual report.

Staff wellbeing

The Commission supports staff wellbeing with a range of activities.

Grievance Officer

The Commission has appointed a Grievance Officer who is trained to provide staff with confidential information and support to address any work-related issues they may have. Issues may relate to discrimination, harassment, bullying or other workplace concerns.

Employee assistance program

The Commission has an established Employee Assistance Program and has engaged OPTUM to provide free confidential and professional counselling in relation to any work-related or personal concerns of an employee or their immediate family members. Two staff members sought counselling in 2013-14.

Flexible work arrangements

The Commission offers flexible work arrangements to allow its employees to balance their work with other commitments, including caring for children or elderly parents. In 2013-14, thirteen staff had flexible work arrangements, including part-time work and working from home.

Staying healthy

Staff participated in on-site pilates and WeightWatchers classes at their own expense. Since these initiatives started in June 2012, the average number of sick days per employee per year decreased from 4.5 days in 2012 to 3.8 days in 2013 and 3.4 days in 2014 respectively.

Every year, the Commission offers free influenza vaccinations for staff. Twenty two employees chose to have the vaccination in 2011-12, 28 in 2012-13 and 30 in 2013-14.

Charitable work

In June 2013, the Work Place Giving program was introduced that allows staff to make donations to nominated charities from their pre-taxable salary. Staff nominated ten charities of their choice to donate to.

In addition, the Commission gives staff the opportunity to raise funds for charitable projects in their own time. Staff participated in the Cancer Council Biggest Morning Tea and each year a Christmas fund raiser collects donations for a charity of choice.

Industrial relations and the Workplace Consultative Committee

The divisional directors, nominated staff and the Public Service Association of NSW meet quarterly at the Workplace Consultative Committee to discuss issues relating to the conditions of employment and entitlements of staff, including recruitment, training, Work Health and Safety (WHS) matters, and any new policies.

The Commission has a workplace agreement that provides for flexible working hours and conditions, and sets out dispute settlement procedures and avenues for consultation, if issues arise.

There were no industrial disputes involving the Commission in 2013-14.

Multicultural Policies and Services Program

The Commission recognises and upholds the NSW Government's principles of multiculturalism, as defined in the *Community Relations Commission and Principles of Multiculturalism Act*, in relation to staff and clients from culturally and linguistically diverse backgrounds. The Commission has a Multicultural Policies and Services Plan in place.

Key achievements

The Commission's key information resources are available in 20 languages on its website and as well as through the NSW Multicultural Health Communication Service since 2010. In 2013-14,

- the Commission improved the navigation to translated resources on its website and also added direct links to the relevant English information for easier referencing
- based on the 2011 Census data for languages spoken at home in NSW, the Commission also reviewed the selection of languages in which it offers information to reflect the most commonly spoken language groups in the community
- the Commission translated a summary of its Privacy Management Plan into 20 community languages, which is available on its website
- two additional staff members passed their Community Language Allowance Scheme (CLAS) exams, which brings the total number of CLAS approved staff at the Commission to four who can provide interpreting services as and when required.

The Commission regularly uses interpreters to assist clients throughout the complaint process. All interpreters are accredited and are engaged through the Community Relations Commission of NSW, or NSW Multicultural Health.

In the past two years, the Commission has focussed its outreach activities on selected stakeholder groups, including people from non-English speaking and culturally diverse backgrounds. Staff of the Commission presented to a range of community groups with the assistance of interpreters. The Commission also added Chinese and Arabic subtitles to its information film 'What happens with health care complaints' and promoted the resource widely in Chinese and Arabic speaking media as well as to the Local Health Districts and Speciality Networks.

Another focus of the Commission's outreach activities has been Aboriginal health workers who play a pivotal part in providing appropriate services to patients from Aboriginal backgrounds. The Commission ran workshops with Aboriginal health staff in the public health system.

A key forum for the Commission to regularly receive feedback on its actions and any issues, including from people from culturally or linguistically diverse backgrounds, is its quarterly Consumer Consultative Committee. For more information about the Committee, please refer to Chapter 6 – Outreach and accountability.

Workplace diversity program

The Commission's Equal Employment Opportunity Management Plan, Disability Action Plan and Multicultural Policies and Services Program guide the Commission in meeting workplace diversity benchmarks set by the NSW government.

Staff training in workplace diversity aims to provide an accessible workplace for staff and visitors. Diversity training is mandatory for all employees to ensure that they understand the Commission's Code of Conduct, its policies on workplace diversity and anti-discrimination, and how to prevent bullying and harassment.

The Commission remains committed to reviewing its policies and initiatives to achieve the aims of its workplace diversity program. The Commission has a five year Workforce Diversity Plan for 2014-19. The plan reflects the Commission's commitment to workplace diversity and to achieving the three key outcomes under Part 9A of the *Anti-Discrimination Act*:

- a diverse and skilled workforce
- a workplace culture displaying fair practices and behaviour
- improved employment access and participation for diverse worker groups.

The Commission has strategies to achieve these and the government targets of a diverse workforce. Tables 15.4 and 15.5 show trends in the representation and distribution of relevant staff groups from 2011-12 to 2013-14.

Table 15.5 - Trends in work diversity representation 2011-12 to 2013-14

	Benchmark or target	% of Total Staff 2012	2013	2014
Women	60%	76.2	76.4	77.8
Aboriginal people & Torres Strait Islanders	2.6%	1.2	1.1	1.3
People whose first language was not English	19%	8.6	9.3	11.4
People with a disability	N/A	7.4	5.7	6.3
People with a disability requiring work–related adjustment	1.5%	3.7	2.3	2.5

Table 15.6 - Trends in workforce diversity distribution 2011-12 to 2013-14

	Benchmark or target	Distribution Index* 2012	2013	2014
Women	100	88	92	n/a**
Aboriginal people & Torres Strait Islanders	100	n/a**	n/a**	n/a**
People whose first language was not English	100	n/a**	n/a**	n/a**
People with a disability	100	n/a**	n/a**	n/a**
People with a disability requiring work–related adjustment	100	n/a**	n/a**	n/a**

* *A Distribution Index of 100 indicates that the centre of the distribution of the workforce diversity group across salary levels is equivalent to that of other staff. Values less than 100 mean that the group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the group is less concentrated at lower salary levels.*

** *The Distribution Index is not calculated where a workforce diversity group numbers are less than 20.*

Workforce diversity outcomes 2010-11 to 2013-14

The Commission continues to employ a significant proportion of female staff. In 2013-14, 72.4% of its staff were women, which significantly exceeded the Government target of 60%. Over the three year reporting period, one of the four Senior Executive positions was occupied by a female staff member and women occupied 66% of middle management positions in 2013-14.

Despite the Commission's targeted recruitment advertising in indigenous publications and through indigenous organisations, the number of Aboriginal staff remained static over the past three years.

In 2013-14, the Commission designed a dedicated 6-week internship program aimed at attracting recent law graduates with an Aboriginal background to become familiar with the work of the Commission. Direct recruitment via the law schools of NSW universities was unsuccessful. The Commission then applied for a grant under the Elsa Dixon Aboriginal Employment Program to be able to offer a paid internship. The outcome of this application is still outstanding.

Over the last three years the Commission has undertaken a number of strategies, including:

- providing workforce diversity training for new staff as well as refresher training for managers. 52 staff members received refresher training in 2011-12, 22 staff members received the training in 2012-13 and five new staff attended Equal Employment Opportunity training in 2013-14
- providing merit selection training for staff participating in recruitment panels
- ensuring all staff have equal access to training opportunities
- continuing to offer staff a range of flexible work options such a part-time work, flexible work hours and working from home
- offering higher duties and temporary employment opportunities to encourage staff development
- utilising the Work Health and Safety as well as the Workplace Consultative Committees as forums to discuss workplace diversity related issues.
- encouraging female employees to attend the UN Women's International Day breakfast. In 2011-12 the Commission had eight attendees. In 2012-13, there were nine attendees and in 2013-14 the Commission hosted a table and sent 12 attendees.

The year ahead:

The Health Care Complaints Commission will continue its strategies to develop the Commission as a diverse work place which is free of discrimination and reflective of the NSW community.

Disability Action Plan

The Commission has in place a Disability Action Plan for 2014-19. The plan is intended to ensure an accessible workplace and services to people with disabilities and, where possible, to eliminate discriminatory practices. The Commission's online induction program includes a section on disability and equitable access. Other strategies employed by the Commission to meet the objectives in its Disability Action plan include:

- undertaking workplace assessments to identify potential issues for staff with disabilities
- offering workplace adjustments to support staff with disabilities
- engaging an external provider to prepare and coordinate return to-work plans for staff with temporary disabilities and/or work-related injuries
- purchasing ergonomic equipment to assist staff in workplace adjustment.

Work Health and Safety (WHS)

The Commission has a Work Health and Safety Plan to ensure a safe and secure environment for staff and clients. Measures taken included:

- assessing the ergonomics of staff workstations for all new starters and offering an ergonomic assessment to any staff member requesting one. Workstations for new staff are reviewed within three days of commencing work.
- an accredited rehabilitation provider assessing six individual workplaces in response to requests for sit-to-stand desks. This resulted in five officers receiving such desks.
- an accredited rehabilitation provider conducting one home ergonomic assessment for an officer who requested working from home for a period of time.

The Commission also:

- updated and renamed the Occupational Health and Safety Plan to reflect the changes in the Work Health and Safety Plan
- engaged an external auditor (Deloitte) to undertake a Work Health and Safety Gap Analysis. Six 'important' risks and six 'minor' risks were identified and addressed on completion of the audit
- conducted a training session for seven members of staff on the *Work Health and Safety Act 2011*
- held Work Health and Safety Officer training for each divisional director
- trained a new Work Health and Safety Committee member
- trained a new Return to Work Coordinator
- conducted quarterly workplace inspections to identify and assess potential and/or actual hazards
- conducted an assessment on toner dust emissions on photocopiers used frequently by staff with no Work Health and Safety issues found
- continued online Work Health and Safety training for new staff
- provided manual handling training for 15 staff members.

As mentioned before, the Commission offers free influenza vaccinations to staff every year. Twenty two employees chose to have the vaccination in 2011-12, 28 in 2012-13 and 30 in 2013-14.

The WHS Committee meets quarterly to review WHS policies and practices, to facilitate the resolution of safety issues, and assists in mitigating reported hazards.

Table 15.7 - Work health and safety incidents, injuries and claims 2012-13 and 2013-14

	2011-12	2012-13	2013-14
Number of new claims	6	8	1
Number of workers compensation claims accepted	4	1	1
Fall, trip, slip outside workplace	3	1	1
Work practice / set up related	-	-	-
Total injuries	6	8	1

Legislative change

Last year, the Commission reported on several amendments to the *Health Care Complaints Act* that came into force on 14 May 2013, including the extension of the scope of complaints the Commission may investigate to now cover complaints concerning a health service which affects, 'or is likely to affect', the clinical management or care of an individual client. This meant that complaints could be made about a health service even though they did not concern the treatment of specific patients or clients but where the treatment of clients generally is likely to be affected by the practice of the health service. The Commission used the extended scope during 2013-14, for example by investigating the Australian Vaccination-skeptics Network, Inc. ('AVN'), formerly known as Australian Vaccination Network. As a result of that investigation, the Commission issued a public warning.

Another amendment to the legislation gave the Commission the power to initiate its own complaints in serious matters. The Commission used this power increasingly during 2013-14.

During the year, the Commission contributed to the national consultation to develop a National Code of Conduct for health workers to widen and replace the existing NSW Code of Conduct for unregistered health practitioners. It is anticipated that a final proposal of the National Code will be presented to the Health Ministers of the States and Territories during 2014-15.

As noted in Chapter 13 – Prosecuting complaints, the NSW Civil and Administrative Tribunal (NCAT) commenced on 1 January 2014. The *Civil and Administrative Tribunal Act* sets out provisions relating to the establishment, powers and procedures of NCAT. The Act contains a number of schedules which provide for the composition and functions of each of the divisions of NCAT. Schedule 5 relates to the Occupational Division, and Division 3 of Schedule 5 relates specifically to health practitioners.

The *Civil and Administrative Tribunal Act* has a number of objectives, including to *'enable the Tribunal to resolve the real issues in proceedings, justly, quickly, cheaply and with as little formality as possible'.* Division 3 of Schedule 5 ensures however that NCAT, when exercising its functions in health practitioner matters is under a duty to observe the objectives and principles referred to in the *Health Practitioner Regulation National Law (NSW)*, including that *'the protection of the health and safety of the public must be the paramount consideration'*.

Division 3 of Schedule 5 also ensures that the constitution of the NCAT panels hearing health practitioner matters remains unchanged and continues to be governed by the *Health Practitioner Regulation National Law (NSW)*. Whilst there were a number of consequential amendments, the *Health Practitioner Regulation National Law (NSW)* and the *Health Care Complaints Act* remain in place and are largely unchanged.

Information and Communications Technology (ICT)

The Information and Communications Technology (ICT) Strategic Plan 2011–14 outlined relevant emerging technologies that offered the potential to improve the Commission's operational efficiency.

Actions taken under this plan in 2013-14 are detailed below.

ICT infrastructure upgrade project

The Commission reviewed its ICT infrastructure and developed a plan to adopt emerging technologies to improve operational efficiency. A business case requesting funding of $753,100 over the 2012-13 and 2013-14 financial years was submitted to the Ministry of Health and subsequently approved.

The infrastructure upgrade project started in July 2012 and by June 2014, all ICT-related computers and networking equipment, associated software, network cabling and multifunction copiers were purchased. The Commission also adopted modern mobile communication technologies including smartphones and tablet devices. The project will be completed in 2014-15 with the rollout of the new desktop infrastructure.

Implementation of a Digital Information Security Policy

In 2013-14, the Commission implemented a Digital Information Security Policy (DISP), to meet the NSW Government's digital information security requirements for the public sector. This included the implementation of a new information security classification scheme, aligned with guidelines issued by the Department of Finance and Services. A number of business processes were subsequently amended and updated, and a staff awareness and training program undertaken to ensure the new security classifications are being used correctly.

Digital Information Security Annual Attestation Statement for the 2013-14 Financial Year for the Health Care Complaints Commission

I, Kieran Pehm, Commissioner am of the opinion that the Health Care Complaints Commission had an Information Security Management System in place during the financial year being reported on consistent with the Core Requirements set out in the *Digital Information Security Policy for the NSW Public Sector*.

I am of the opinion that the security controls in place to mitigate identified risks to the digital information and digital information systems of the Health Care Complaints Commission are adequate for the foreseeable future.

I am of the opinion that all Public Sector Agencies, or part thereof, under the control of the Health Care Complaints Commission with a risk profile sufficient to warrant an independent Information Security Management System have developed an Information Security Management System in accordance with the Core Requirements of the *Digital Information Security Policy for the NSW Public Sector*.

I am of the opinion that, where necessary in accordance with the *Digital Information Security Policy for the NSW Public Sector*, certified compliance with *AS/NZS ISO/IEC 27001 Information technology - Security techniques - Information security management systems - Requirements* had been maintained by all or part of the Health Care Complaints Commission and all or part of any Public Sector Agencies under its control.

- 1 SEP 2014

Enhancements to the case management system

A number of enhancements to the Commission's case management system (Casemate) were made during the financial year, including:

- the implementation of a major version update
- improved system stability and performance
- improved system functionality meeting divisional requirements
- improved reporting functionality.

Enhancements to the document management system

A number of enhancements to the Commission's document management system (TRIM) were made, including:

- the implementation of a major version update
- the ability to seamlessly import scanned documents.

Records management

In 2013-14, the Commission undertook a number of records-related projects, including:

- completing a review of its Functional Retention and Disposal Authority and adopting a strategy to deal with files based on their identified retention and disposal lifecycle
- identifying and preparing records for future transfer to the state archives
- digitalising approximately 15,000 paper-based case files, which significantly reduced offsite storage costs of paper files
- implementing a new mail registration system
- improving records filing procedures and practices in a move towards an electronic records environment.

Internet website enhancements

A number of enhancements were implemented during this period, as part of the ongoing improvement of the Commission's website, including:

- progressive changes to ensure compliance with the WCAG 2.0 AA accessibility Standard by 31 December 2014 as required by the Premiers Circular C2012-08.
- ongoing improvement to the online complaint form.

Intranet website enhancements

During the year, the Commission started a comprehensive review and update of its intranet site in consultation with a reference group consisting of staff throughout the Commission. The project was paused from April 2014 due to the departure of a manager co-leading the project team. A new manager has been recruited and the project is anticipated to resume in the 2014-15 year.

ISO27001 Standard for Information Security

In January 2008, the Commission achieved accreditation to the ISO27001:2005 Standard for Information Security. The Commission has actively operated and maintained its Information Security Management System since then. It has taken steps to maintain its accreditation, including reviewing and updating relevant policies and procedures, and arranging regular internal and independent external audits. An independent annual external audit was successfully completed in October 2013.

The year ahead

The Commission will focus on the rollout of a new desktop infrastructure, a new office productivity suite, enhancements to its case management and document management systems, as well as updates and improvements to its Intranet and Internet websites.

Waste reduction and purchasing policy (WRAPP)

The Commission reports on progress under WRAPP every three years.

Reducing generation of waste

In the past three years, the Commission continued to decrease its reliance on paper records by adopting digital information and records management practices. This has resulted in improved corporate governance, business processes, efficiency and reduced costs. Electronic communication, scanning of records, double-sided printing where possible and the utilisation of the Internet and Intranet have each reduced paper consumption.

Resource recovery

The Commission maintained its recycling practices for all printer and copier toner cartridges. It is estimated that 14 tonnes of printed paper waste were sent for recycling during the last three years. All other paper waste is recycled through the building's recycling program. Recycling bins are also provided for aluminium cans and glass bottles.

Organisation and governance

Risk management and insurance activities

The Commission reviewed its business risks as part of the corporate planning process. The Commission's risk register and risk policy were subsequently amended to reflect revised assessment, evaluation and treatment of risks.

The Commission also reviewed its Business Continuity Plans, including the Information and Communications Technology Business and Management Disaster Recovery Plans and Crisis Management Plan. Desktop testing was conducted to address potential issues.

The NSW Treasury Managed Fund provides the Commission's insurance cover for workers compensation, motor vehicles, public liability, property and other items. Workers compensation insurance is provided by QBE Ltd, and GIO General Ltd provides insurance for the remaining categories.

Workers compensation premiums decreased by $3,750 from the previous year and the remaining insurance categories increased by $4,015.

Audit Committee and internal audit

The Audit and Risk Committee oversees business risks and governance issues such as financial practices and internal management controls, including internal audits.

The internal auditors conducted a review of the management of legal proceedings to determine the adequacy and effectiveness of the controls in place to manage the risks associated with the legal prosecution process. As a consequence of the audit, the legal procedures manual was amended to improve management of cases and the recovery of costs. The auditors also conducted a follow up review into financial close and financial management, including the month end accounting processes to finalise accounts. The audit did not make significant recommendations due to the recommendations arising from the previous review having been implemented.

Consultants

In 2013-14, the Commission engaged health practitioners to provide clinical advice on health care complaints on 249 occasions at a total cost of $167,215.

Credit card certification

The Commissioner certifies that there were no irregularities in the use of corporate credit cards. This certification has been made in accordance with the Department of Premier and Cabinet's Memoranda and Treasurer's directions.

Internal Audit and Risk Management Statement for the 2013-2014 Financial Year for the Health Care Complaints Commission

I, Kieran Pehm, Commissioner of the Health Care Complaints Commission (HCCC), am of the opinion that the HCCC has internal audit and risk management processes in place that are, in all material respects, compliant with the core requirements set out in Treasury Circular NSW TC 09/08 *Internal Audit and Risk Management Policy*.

I am of the opinion that the Audit and Risk Committee for the HCCC is constituted and operates in accordance with the independence and governance requirements of Treasury Circular NSW TC 09-08.

The Chair and Members of the Audit and Risk Committee are:

- Independent Chair- Mr Raymond Petty (appointed from 1 September 2012 to 31 August 2015)
- Independent Member- Ms Claudia Bels (appointed from 1 February 2013 to 31 January 2016)
- Non Independent Member- Mr Ian Thurgood, Director Assessments and Resolutions

I declare that this internal Audit and Risk Management Attestation is made on behalf of the following controlled entity:

Health Care Complaints Commission Staff Agency

These processes provide a level of assurance that enables the senior management of the HCCC to understand, manage and satisfactorily control risk exposures.

Kieran Pehm
Commissioner
Health Care Complaints Commission

28 JUL 2014

16 Finance

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Preamble

The Commission's Net Result before capital was a deficit of $16,000 which was $156,000 higher than budgeted. The result was primarily due to higher than budget employee related expenditure.

PAYMENT PERFORMANCE INDICATORS

Aged analysis at end of each quarter 2013-14

Quarter	Current (i.e.) within due date $'000	Less than 30 days overdue $'000	Between 30 and 60 days overdue $'000	Between 60 and 90 days overdue $'000	More than 90 days overdue $'000
All suppliers					
September	1,232	44	–	–	–
December	1,241	42	–	–	–
March	1,207	25	–	–	–
June	1,613	30	–	–	–
Small business suppliers					
September	30	–	–	–	–
December	46	–	–	–	–
March	18	4	–	–	–
June	65	–	–	–	–

Table 15.2 - Accounts due or paid within each quarter 2013-14

Measure	September	December	March	June
All suppliers				
Number of accounts due for payment	715	609	658	707
Number of accounts paid on time	688	581	628	671
Actual percentage of accounts due for payment	98.1%	97.9%	96%	96.5%
Dollar amount of accounts due for payment	1,275,776	1,281,742	1,231,346	1,642,338
Dollar amount of accounts paid on time	1,232,002	1,240,504	1,206,565	1,612,672
Actual percentage of accounts paid on time (based on $)	96.56%	96.7%	97.9%	98.1%
Number of payments for interest on overdue accounts	–	–	–	–
Interest paid on overdue accounts	–	–	–	–
Small business suppliers				
Number of accounts due for payment	24	28	19	28
Number of accounts paid on time	24	28	18	28
Actual percentage of accounts due for payment	100%	100%	95%	100%
Dollar amount of accounts due for payment	30,385	46,320	22,079	64,685
Dollar amount of accounts paid on time	30,385	46,320	17,956	64,685
Actual percentage of accounts paid on time (based on $)	100%	100%	81.3%	100%
Number of payments for interest on overdue accounts	–	–	–	–
Interest paid on overdue accounts	–	–	–	–

The Commission did not make any interest payments for late payment of accounts. Where there were delays in the payment of accounts, the reasons can be attributed to inaccuracies/incompleteness of the original invoices and/or minor disputes requiring the adjustment of invoice details prior to eventual payment.

All small business number of accounts were paid on time during the reporting period.

INDEPENDENT AUDITOR'S REPORT

Health Care Complaints Commission

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Health Care Complaints Commission (the Commission), which comprise the statement of financial position as at 30 June 2014, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information of the Commission and the consolidated entity. The consolidated entity comprises the Commission and the entities it controlled at the year's end or from time to time during the financial year.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Commission and the consolidated entity as at 30 June 2014, and of their financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

My opinion should be read in conjunction with the rest of this report.

The Commissioner's Responsibility for the Financial Statements

The Commissioner is responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Commissioner determines is necessary to enable the preparation of the financial statements that give a true and fair view and that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Commissioner, as well as evaluating the overall presentation of the financial statements.

Level 15, 1 Margaret Street, Sydney NSW 2000 | GPO Box 12, Sydney NSW 2001 | **t** 02 9275 7101 | **f** 02 9275 7179 | **e** mail@audit.nsw.gov.au | **audit.nsw.gov.au**

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

My opinion does *not* provide assurance:

- about the future viability of the Commission or consolidated entity
- that they have carried out their activities effectively, efficiently and economically
- about the effectiveness of internal control
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information, that may have been hyperlinked to/from the financial statements.

Independence

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their role by the possibility of losing clients or income.

Steven Martin
Assistant Auditor-General

22 September 2014
SYDNEY

Health Care Complaints Commission

Statement by Commissioner

In accordance with section 41C (1B) of the *Public Finance and Audit Act* 1983 ("the Act"), I state that:

(a) the accompanying financial statements in respect of the year ended 30 June 2014 have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Act, and Regulation 2010, and the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer under section 9(2) of the Act

(b) the financial statements exhibit a true and fair view of the financial position and financial performance of the Health Care Complaints Commission

(c) there are no circumstances that would render any particulars included in the financial statements to be misleading or inaccurate.

Kieran Pehm
Commissioner

Start of audited financial statement

Statement of comprehensive income for the year ended 30 June 2014

		Parent		Consolidated		
		Actual 2014	Actual 2013	Actual 2014	Budget 2014	Actual 2013
	Notes	$'000	$'000	$'000	$'000	$'000
Expenses excluding losses						
Operating expenses						
Employee related	2(a)	–	–	8,665	8,441	8,154
Personnel services	2(a)	8,665	8,154	–	–	–
Other operating expenses	2(b)	3,282	3,286	3,282	3,269	3,286
Depreciation and amortisation	2(c)	229	240	229	233	240
Total expenses excluding losses		**12,176**	**11,680**	**12,176**	**11,943**	**11,680**
Revenue						
Interest revenue	3(a)	28	42	28	25	42
Grants and contributions	3(b)	11,427	11,458	11,427	11,427	11,458
Acceptance by the Crown Entity of employee benefits and other liabilities	3(c)	197	58	197	216	58
Other revenue	3(d)	508	612	508	415	612
Total revenue		**12,160**	**12,170**	**12,160**	**12,083**	**12,170**
Net result		**(16)**	**490**	**(16)**	**140**	**490**
Other comprehensive income		**–**	**–**	**–**	**–**	**–**
Total other comprehensive income		**–**	**–**	**–**	**–**	**–**
TOTAL COMPREHENSIVE INCOME		**(16)**	**490**	**(16)**	**140**	**490**

The accompanying notes form part of these financial statements.

Statement of financial position as at 30 June 2014

		Parent		Consolidated		
	Notes	Actual 2014 $'000	Actual 2013 $'000	Actual 2014 $'000	Budget 2014 $'000	Actual 2013 $'000
ASSETS						
Current assets						
Cash and cash equivalents	5	725	731	725	888	731
Receivables	6	422	388	422	216	388
Total current assets		**1,147**	**1,119**	**1,147**	**1,104**	**1,119**
Non-current assets						
Property, plant and equipment	7					
Leasehold improvements		88	110	88	52	110
Plant and equipment		468	355	468	584	355
Total property, plant and equipment		**556**	**465**	**556**	**636**	**465**
Intangible assets	8	86	129	86	48	129
Total non-current assets		**641**	**594**	**641**	**684**	**594**
Total assets		**1,788**	**1,713**	**1,788**	**1,788**	**1,713**
LIABILITIES						
Current liabilities						
Payables	9	279	282	279	461	282
Provisions	10	848	768	848	785	768
Total current liabilities		**1,127**	**1,050**	**1,127**	**1,246**	**1,050**
Non-current liabilities						
Provisions	10	11	11	11	11	11
Other		263	249	263	237	249
Total non-current liabilities		**274**	**260**	**274**	**248**	**260**
Total liabilities		**1,401**	**1,310**	**1,401**	**1,494**	**1,310**
Net assets		**387**	**403**	**387**	**294**	**403**
EQUITY						
Accumulated funds		387	403	387	294	403
Total equity		**387**	**403**	**387**	**294**	**403**

The accompanying notes form part of these financial statements.

Statement of changes in equity for the year ended 30 June 2014

		Parent		Consolidated	
	Notes	Accumulated Funds $'000	Total $'000	Accumulated Funds $'000	Total $'000
Balance at 1 July 2013		**(403)**	**(403)**	**(403)**	**(403)**
Net result for the year		(16)	(16)	(16)	(16)
Other comprehensive income		–	–	–	–
Total other comprehensive income		–	–	–	–
Total comprehensive income for the year		(16)	(16)	(16)	(16)
Balance at 30 June 2014		**387**	**387**	**387**	**387**
Balance at 1 July 2012		**(87)**	**(87)**	**(87)**	**(87)**
Net result for the year		490	490	490	490
Other comprehensive income		–	–	–	–
Total other comprehensive income		–	–	–	–
Total comprehensive income for the year		490	490	490	490
Balance at 30 June 2013		**403**	**403**	**403**	**403**

Statement of cash flows for the year ended 30 June 2014

	Notes	Parent Actual 2014 $'000	Parent Actual 2013 $'000	Consolidated Actual 2014 $'000	Consolidated Budget 2014 $'000	Consolidated Actual 2013 $'000
Cash flows from operating activities						
Payments						
Employee related		–	–	(8,348)	(8,246)	(7,860)
Personnel services		(8,348)	(7,860)	–	–	–
Other		(3,651)	(4,026)	(3,651)	(3,568)	(4,026)
Total payments		**(11,999)**	**(11,886)**	**(11,999)**	**(11,814)**	**(11,886**
Receipts						
Interest received		36	47	36	25	47
GST		–	94	–	–	94
Grants and contributions	3(c)	11,427	11,458	11,427	11,427	11,458
Legal cost recoveries		492	601	492	568	601
Other		313	–	313	146	–
Total receipts		**12,268**	**12,200**	**12,268**	**12,166**	**12,200**
Net cash flows from operating activities		**269**	**314**	**269**	**352**	**314**
Cash flows from investing activities						
Proceeds from sale of plant and equipment		–	–	–	–	–
Purchases of plant and equipment		(271)	(429)	(271)	(278)	(429)
Other		(4)	–	(4)	–	–
Net cash flows from investing activities		**(275)**	**(429)**	**(275)**	**(278)**	**(429)**
Net increase/(decrease) in cash		**(6)**	**(115)**	**(6)**	**74**	**(115)**
Opening cash and cash equivalents		731	846	731	814	846
Closing cash and cash equivalents	5	**725**	**731**	**725**	**888**	**731**

The accompanying notes form part of these financial statements.

Notes to and forming part of the financial statements for the year ended 30 June 2013

1. Summary of significant accounting policies

(a) Reporting entity

The Health Care Complaints Commission is a NSW Government statutory body, responsible for protecting the health and safety of the public by dealing with complaints about the professional conduct of a health practitioner of a health service which affects, or is likely to affect, the clinical management or care of an individual client.

The HCCC is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units. The reporting entity is consolidated as part of NSW Total State Sector Accounts.

The HCCC, as a reporting entity, comprises all the entities under its control, namely the Health Care Complaints Commission and the Health Care Complaints Commission Staff Agency.

In the process of preparing the consolidated financial statements for the economic entity consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

The HCCC was established as a body corporate under Section 75 of the *Health Care Complaints Act* and is a separate reporting entity under Schedule 2 of the *Public Finance and Audit Act*, outside the control of the NSW Ministry of Health.

These consolidated financial statements for the year ended 30 June 2014 have been authorised for issue by the Commissioner on 19 September 2014.

(b) Basis of preparation

The HCCC's financial statements are general purpose financial statements which have been prepared on an accruals basis and in accordance with:

- applicable Australian Accounting Standards (which include Australian Accounting Interpretations)
- the requirements of the *Public Finance and Audit Act 1983* and Audit Regulation 2010 and
- the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer.

Plant and equipment are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention.

Judgement, key assumptions and estimations that management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(c) Insurance

The HCCC's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government entities. The expense (premium) is determined by the fund manager based on past claim experience.

(d) Accounting for the Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that:

- the amount of GST incurred by the HCCC as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense, and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the statement of cash flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

Notes to and forming part of the financial statements for the year ended 30 June 2014

1. Summary of significant accounting policies (continued)

(e) Income recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of income are discussed below.

(i) Grants and contributions

Grants and contributions from other bodies (including grants from the NSW Ministry of Health) are generally recognised as income when the HCCC obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

(ii) Rendering of services

Revenue is recognised when the service is provided.

(ii) Interest revenue

Interest revenue is recognised using the effective interest method as set out in AASB139 *Financial Instruments: Recognition and Measurement*.

(iv) Legal cost recoveries

Legal costs awarded in favour of the HCCC arising from the prosecution of health practitioners, are recognised as revenue when agreement is reached with the respondent on settlement of the amount of legal cost recovered.

(f) Assets

(i) Acquisitions of assets

Assets acquired are initially recognised at cost. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, that is deferred payment amount, is effectively discounted at an asset-specific rate.

(ii) Capitalisation thresholds

Property, plant and equipment and intangible assets costing $5,000 and above individually (or forming part of a network costing more than $5,000) are capitalised.

(iii) Revaluation of property, plant and equipment

Physical non-current assets are valued in accordance with the 'Valuation of Physical Non-Current Assets at Fair Value' Policy and Guidelines Paper (TPP 14-1). This policy adopts fair value in accordance with AASB 13 Fair Value Measurement, AASB 116 Property, Plant and Equipment and AASB 140 Investment Property

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and take into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

The HCCC holds non-specialised assets with short useful lives and these are measured at depreciated historical cost as a surrogate for fair value.

Notes to and forming part of the financial statements for the year ended 30 June 2014

1. Summary of significant accounting policies (continued)

(iv) Impairment of property, plant and equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 Impairment of Assets is unlikely to arise. As property, plant and equipment is carried at fair value, impairment can only arise in the rare circumstances where the costs of disposal are material. Specifically, impairment is unlikely for not-for-profit entities given that AASB 136 modifies the recoverable amount test for non-cash generating assets of not-for-profit entities to the higher of fair value less costs of disposal and depreciated replacement cost, where depreciated replacement cost is also fair value.

(v) Depreciation of property, plant and equipment

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the HCCC.

All material identifiable components of assets are depreciated separately over their useful lives.

The useful life of the various categories of non-current assets is as follows:

Asset category	Gross value measurement basis	Depreciation method	Depreciation life in years 2013-14	Depreciation life in years 2012-13
Computer hardware	Purchase price	Straight line	4	4
Computer software	Purchase price	Straight line	4	4
Plant and equipment	Purchase price	Straight line	5	5
Leasehold improvements	Purchase price	Straight line	5	5

Leasehold improvement assets are amortised at the lesser of five years or the lease term.

(vi) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

(vii) Leased assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor does not transfer substantially all the risks and benefits. The HCCC does not have any finance leases.

Operating lease payments are charged to the statement of comprehensive income in the periods in which they are incurred.

(viii) Intangible assets

The HCCC recognises intangible assets only if it is probable that future economic benefits will flow to the HCCC and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. The useful lives of intangible assets are assessed to be finite.

Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the HCCC's intangible assets, the assets are carried at cost less any accumulated amortisation. The HCCC's intangible assets, computer software, are amortised using the straight-line method over a period of four years.

Intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity with no cash generating units, the HCCC is effectively exempted from impairment testing (refer to paragraph (f)(iv)).

(ix) Receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are recognised in the net result for the year when impaired, de-recognised or through the amortisation process. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Notes to and forming part of the financial statements for the year ended 30 June 2014

1. Summary of significant accounting policies (continued)

(x) Impairment of financial assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the net result for the year. Any reversals of impairment losses are reversed through the net result for the year, where there is objective evidence.

Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

(xi) De-recognition of financial assets and financial liabilities

A financial asset is de-recognised when the contractual rights to the cash flows from the financial assets expire or if the HCCC transfers the financial asset:

- where substantially all the risks and rewards have been transferred; or
- where HCCC has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the HCCC has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the HCCC's continuing involvement in the asset. A financial liability is de-recognised when the obligation specified in the contract is discharged or cancelled or expires.

(g) Liabilities

(i) Payables

These amounts represent liabilities for goods and services provided to the HCCC and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(ii) Employee benefits and other provisions

(a) Salaries and wages, annual leave, sick leave and on-costs

Salaries and wages (including non-monetary benefits), and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts based on the amounts of the benefits.

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted).

Actuarial advice obtained by Treasury has confirmed that the use of a nominal approach plus the annual leave on annual leave liability (using 1+7.9% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability.

The Commission has assessed the actuarial advice based on the entity's circumstances and has determined that the effect of discounting is immaterial to annual leave.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of payroll tax, workers compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

(b) Long service leave and superannuation

The HCCC's liabilities for long service leave and defined benefit superannuation are assumed by the Crown Entity. The HCCC accounts for the liability as having been extinguished; resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of employee benefits and other liabilities'.

Notes to and forming part of the financial statements for the year ended 30 June 2014

1. Summary of significant accounting policies (continued)

Long service leave is measured at present value in accordance with AASB 119 Employee Benefits. This is based on the application of the certain factors (specified in NSWTC 14-04) to employees with five or more years of service using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

(c) Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax.

(iii) Other provisions

The HCCC has a present legal obligation to make good its current accommodation premises when the current lease agreement terminates on the 30 June 2015. This liability was recognised for the first time in the 2011-12 financial year as the lease – make good provision (Note 10). This is because it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

As the effect of the time value of money is material, provisions are discounted at 5.5%, (2013: 5.5%) which is a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability.

(h) Fair value hierarchy

A number of the entity's accounting policies and disclosures require the measurement of fair value, for both financial and non-financial assets and liabilities.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs.

Under AASB 13, the entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 - quoted prices in active markets for identical assets/liabilities that the entity can access at the measurement date.
- Level 2 - inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 - inputs that are not based on observable market data (unobservable inputs).

The HCCC recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

As disclosed in Note 1(f)(iii), the HCCC holds non-specialised assets with short useful lives and these are measured at depreciated historical cost as a surrogate for fair value. Consequently there are no further disclosures made in relation to the AASB 13 fair value hierarchy.

(i) Equity and reserves

Accumulated funds

The category 'Accumulated funds' includes all current and prior period retained funds

(j) Budgeted amounts

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period, as adjusted for section 24 of the *Public Finance and Audit Act* where there has been a transfer of functions between departments. Other amendments made to the budget are not reflected in the budgeted amounts.

Notes to and forming part of the financial statements for the year ended 30 June 2014

1. Summary of significant accounting policies (continued)

(k) Comparative information

Except where an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements.

(l) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in 2013-14

The accounting policies applied in 2013-14 are consistent with those of the previous financial year except as a result of the following new or revised Australian Accounting Standards that have been applied for the first time in 2013-14. The impact of these standards in the period of initial application are immaterial.

AASB 13 and NSW TP-14-01 regarding fair value measurement.

AASB 119 regarding measurement of annual leave concerning discounting of long term benefits.

AASB 1053 regarding the reduced disclosure regime.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless Treasury determines otherwise.

The following new Australian Accounting Standards have not been applied and are not yet effective. The possible impact of these Standards in the period of initial application includes:

AASB 9 and AASB 2010-7, Financial Instruments have mandatory application from 1 July 2015 and comprise changes to improve and simplify the approach for classification and measurement of financial assets.

AASB 2012-6 is an update of AASB 9 for amendments to other accounting standards. The change is not expected to materially impact the financial statements.

AASB 10, 11, 12, 127 and 128 apply to Not-for-profit entities and addresses joint arrangements, investment in joint ventures and separate financial statements and consolidated financial statements.

AASB 1031, 1055 addresses materiality and budgetary reporting.

AASB 2012-3 is in relation to the offsetting of financial assets and liabilities.

AASB 2013-3 amends AASB 136 with regards to the recoverable amount disclosures for non-financial assets.

AASB 2013-8 provides Australian Implementation Guidance for Not-for-Profit entities - Control and Structured Entities.

AASB 2013-9 provides the Conceptual Framework, Materiality and Financial Instruments (Parts B and C).

Notes to and forming part of the financial statements for the year ended 30 June 2014

2. Expenses including losses

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
(a) Employee related expenses				
Salaries and wages (including annual leave)	–	–	7,363	7,103
Superannuation - defined benefits plans	–	–	82	87
Superannuation - defined contributions plans	–	–	566	499
Long service leave	–	–	111	(33)
Workers' compensation insurance	–	–	96	56
Payroll tax and fringe benefits tax	–	–	447	442
Personnel services	8,665	8,154	–	–
	8,665	**8,154**	**8,665**	**8,154**

* Employee related expenses capitalised in Note 7 - Property, plant and equipment and Note 8 - Intangible Assets, and therefore excluded from the above.Salaries and wages (including annual leave)

(b) Other operating expenses include the following:				
Auditors remuneration				
- audit of the financial statements	18	18	18	18
Consultancy	15	15	15	15
Equipment and plant	46	25	46	25
Fees for services rendered	453	459	453	459
Fees - legal witness	73	84	73	84
Fees - peer review reports	159	175	159	175
Fees - translators	21	12	21	12
Insurance	20	14	20	14
Legal fees and adverse costs	840	828	839	828
Maintenance*	–	–	–	–
Operating lease rental expense - minimum lease payments	942	942	942	942
Printing	16	21	16	21
Stores	177	146	177	146
Telephone, postal and internet	142	129	142	129
Training	39	64	39	64
Transcript fees	45	60	45	60
Travelling	63	51	63	51
Other operating expenses	213	243	213	243
	3,282	**3,286**	**3,282**	**3,286**

* Reconciliation - Total maintenance				
Maintenance expense - contracted labour and other (non-employee related), as above	–	–	–	–
Employee related maintenance expense included in Note 2(a)	–	–	–	–
Total maintenance expenses included in Note 2(a) + 2(b)	**–**	**–**	**–**	**–**

Notes to and forming part of the financial statements for the year ended 30 June 2014

2. Expenses including losses (continued)

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
(c) Depreciation and amortisation expense				
Depreciation				
Leasehold improvements	104	62	104	62
Computer equipment	51	82	51	82
Plant equipment	26	21	26	21
Total depreciation	**181**	**165**	**181**	**165**
Amortisation - Intangible assets	48	75	48	75
Total depreciation and amortisation	**229**	**240**	**229**	**240**

3. Revenue

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
(a) Interest revenue	**28**	**42**	**28**	**42**
(b) Grants and contributions				
Recurrent - (NSW Ministry of Health)	11,149	10,983	11,149	10,983
Capital - (NSW Ministry of Health)	278	475	278	475
	11,427	**11,458**	**11,427**	**11,458**
(c) Acceptance by the Crown Entity of employee benefits and other liabilities				
The following liabilities and/or expenses have been assumed by the Crown Entity:				
Superannuation - defined benefit	82	87	82	87
Long service leave	111	(34)	111	(34)
Payroll tax	4	5	4	5
	197	**58**	**197**	**58**
(d) Other revenue				
Legal cost recoveries	492	601	492	601
Other	16	11	16	11
	508	**612**	**508**	**612**

Notes to and forming part of the financial statements for the year ended 30 June 2014

4. Service group of the Health Care Complaints Commission

Complaints handling

The HCCC has one service group - complaint handling. This service group covers the processing, assessment and management of health care complaints, which can be dealt with through assisted resolution, facilitated conciliation or referral for investigation. Serious cases of inappropriate health care, are investigated and prosecuted, and recommendations made to health organisations to address systemic health care issues.

5. Current assets - cash and cash equivalents

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
Cash at bank and on hand	**725**	**731**	**725**	**731**
For the purpose of the statement of cash flows, cash and cash equivalents include cash at bankand cash on hand. Cash and cash equivalent assets recognised in the statement of financial position are reconciled at the end of the financial year to the statement of cash flows as follows:				
Cash and cash equivalents (per statement of financial position)	725	731	725	731
Closing cash and cash equivalents (per statement of cash flows)	**725**	**731**	**725**	**731**

Refer to Note 16 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

6. Current assets - receivables

Legal cost recoveries	240	216	240	216
Prepayment	73	30	73	30
GST Receivables	87	110	87	110
Other	26	32	26	32
Less allowance for impairment	(3)	-	(3)	-
	423	**388**	**423**	**388**
Movement in the allowance for impairment				
Balance at 1 July 2013	–	–	–	–
Amounts written off during the year	–	–	–	–
Amounts recovered during the year	–	–	–	–
Increase/(decrease) in allowance recognised in profit or loss	3	–	3	–
Balance at 30 June 2014	**3**	**–**	**3**	**–**

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired, are disclosed in Note 16.

Notes to and forming part of the financial statements for the year ended 30 June 2014

7. Non-current assets - plant and equipment

	Consolidated and parent				
	Leasehold improvements $'000	Computer equipment $'000	Plant and equipment $'000	Work in progress $'000	Total $'000
At 30 June 2013 - fair value					
Gross carrying amount	882	771	283	75	2,011
Accumulated depreciation and impairment	(772)	(600)	(174)	–	(1,546)
Net carrying amount	**110**	**171**	**109**	**75**	**465**
At 30 June 2014 - fair value					
Gross carrying amount	963	512	235	227	1,937
Accumulated depreciation and impairment	(876)	(353)	(153)	–	(1,382)
Net carrying amount	**87**	**159**	**82**	**227**	**555**

Reconciliation

A reconciliation of the carrying amount of plant and equipment at the beginning and end of the current reporting period is set out below:

	Consolidated and parent				
	Leasehold improvements $'000	Computer equipment $'000	Plant and equipment $'000	Work in progress $'000	Total $'000
Year ended 30 June 2014					
Net carrying amount at start of year	110	171	109	75	465
Additions	81	39		227	347
Disposals	–	–	–	–	–
Transfers to/(from) other asset classes	–	–	–	(75)	(75)
Depreciation expense	(103)	(51)	(27)	–	(181)
Net carrying amount at end of year	**88**	**159**	**82**	**227**	**556**
At 1 July 2012 - fair value					
Gross carrying amount	882	602	172	11	1,667
Accumulated depreciation and impairment	(710)	(518)	(154)	–	(1,382)
Net carrying amount	**172**	**84**	**18**	**11**	**285**
At 30 June 2013 - fair value					
Gross carrying amount	882	771	283	75	2,011
Accumulated depreciation and impairment	(772)	(600)	(174)	–	(1,546)
Net carrying amount	**110**	**171**	**109**	**75**	**465**

Notes to and forming part of the financial statements for the year ended 30 June 2014

7. Non-current assets - plant and equipment (continued)

Reconciliation

A reconciliation of the carrying amount of plant and equipment at the beginning and end of the prior reporting period is set out below:

	Consolidated and parent				
	Leasehold improvements $'000	Computer equipment $'000	Plant and equipment $'000	Work in progress $'000	Total $'000
Year ended 30 June 2013					
Net carrying amount at start of year	172	84	18	11	285
Additions	–	169	99	77	345
Transfers to/(from) other asset classes	–	–	13	(13)	–
Depreciation expense	(62)	(82)	(21)	–	(165)
Net carrying amount at end of year	**110**	**171**	**109**	**75**	**465**

8. Intangible assets - computer software

	Consolidated and parent
	Software $'000
At 1 July 2013	
Cost (gross carrying amount)	965
Accumulated amortisation and impairment	(836)
Net carrying amount	**129**
At 30 June 2014	
Cost (gross carrying amount)	966
Accumulated amortisation and impairment	(880)
Net carrying amount	**86**
Year ended 30 June 2014	
Net carrying amount at start of year	129
Additions	5
Amortisation (recognised in 'depreciation and amortisation')	(48)
Net carrying amount at end of year	**86**
At 1 July 2012	
Cost (gross carrying amount)	880
Accumulated amortisation and impairment	(761)
Net carrying amount	**119**

Notes to and forming part of the financial statements for the year ended 30 June 2014

8. Intangible assets - computer software (continued)

	Consolidated and parent
	Software $'000
At 30 June 2013	
Cost (gross carrying amount)	965
Accumulated amortisation and impairment	(836)
Net carrying amount	**129**
Year ended 30 June 2013	
Net carrying amount at start of year	119
Additions	86
Amortisation (recognised in 'depreciation and amortisation')	(75)
Net carrying amount at end of year	**129**

9. Current liabilities - payables

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
Accrued salaries, wages and on costs	–	–	209	161
Payable for personnel services	209	161	–	–
Creditors	19	–	19	–
GST payable	–	–	–	–
Accrued expenses	50	121	50	121
	278	**282**	**278**	**282**

Details regarding credit risk, liquidity risk and market risk are disclosed in Note 16.

10. Current/non-current liabilities - provisions

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
Employee benefits and related on-costs - current				
Annual leave expected to be settled in the next 12 months is $561,000				
Annual leave	–	–	573	507
Payroll tax on annual leave	–	–	27	25
Payroll tax on long service leave	–	–	84	82
Long service leave on–costs	–	–	130	119
Annual leave on–costs	–	–	34	35
Provision for personnel services	848	768	–	–
Total current provisions	**848**	**768**	**848**	**768**

Notes to and forming part of the financial statements for the year ended 30 June 2014

10. Current/non-current liabilities - provisions (continued)

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
Employee benefit and related on-costs - non-current				
Payroll tax on long service leave	–	–	11	11
Long service leave on–costs	–	–	–	–
Provision for personnel services	11	11	–	–
Total	**11**	**11**	**11**	**11**
Other provisions – non–current				
Lease – make good provision	263	249	263	249
Total non–current provisions	**274**	**260**	**274**	**260**
Aggregate employee benefits and related on costs				
Provisions – current	–	–	848	768
Provisions – non–current	–	–	11	11
Provision for personnel services – current	848	768	–	–
Provision for personnel services – non–current	11	11	–	–
Accrued salaries, wages and on–costs (Note 9)	–	–	209	161
Payable for personnel services	209	161	–	–
	1,068	**940**	**1,068**	**940**

11. Commitments for expenditure

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
(a) Capital commitments				
Aggregate other expenditure for the acquisition of ICT Infrastructure Upgrade hardware contracted for at balance date and not provided for:				
Not later than one year	–	53	–	53
Later than one year and not later than five years	–	–	–	–
Later than five years	–	–	–	–
Total (including GST)	**–**	**53**	**–**	**53**

Total capital commitments included input tax credits of $nil (2012-13: $4,818)

Notes to and forming part of the financial statements for the year ended 30 June 2014

11. Commitments for expenditure (continued)

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
(b) Operating Lease Commitments				
Future non-cancellable operating lease rentals not provided for and payable:				
Not later than one year	925	1,110	925	1,110
Later than one year and not later than five years	15	1,001	15	1,001
Later than five years	–	–	–	–
Total (including GST)	**940**	**2,111**	**940**	**2,111**

Total commitments above included input tax credits of $85,442.26 (2012-13: $191,887) that are expected to be recovered from the Australian Taxation Office. Total commitments include the HCCC's premises lease at Levels 12 and 13, 323 Castlereagh Street, Sydney. The lease terminates on the 30 April 2015 and lease conditions included a market rent review on 1 May 2014.

12. Contingent assets

There are legal costs awarded in favour of the HCCC arising from prosecution of serious cases of complaints of health care where the respondents have been found to be guilty of unsatisfactory professional conduct and/or professional misconduct. The amounts are subject to negotiation and determination and total $1,316,006 (2012-13: $1,305,411).

13. Contingent liabilities

Adverse costs awarded against the HCCC, across a range of cases, and are estimated to be $Nil at 30 June 2014 (2012-13: $nil).

The HCCC has contingent liabilities estimated at $213,200 representing potential legal expenses for which the Crown Solicitor is acting on behalf of the HCCC as at 30 June 2014 (2013: $268,100). Approximately $173,000 will be reimbursed by the Treasury Managed Fund if the liabilities are realised.

14. Budget review

Net result

The HCCC's unfavourable net result of $16,000 is lower than budget net result by $156,000. This variance is primarily due to higher than budget employee related expenditure.

Assets and Liabilities

The HCCC continued its ICT Infrastructure upgrade during 2013-14 with a capital expenditure outlay of approximately $278,000. Cash decreased by $163,000 and receivable assets increased by $206,000 compared to budget. Payables decreased by $182,000 and provisions increased slightly as compared to its budget levels.

Cash flows

Closing cash balance is slightly lower than budgeted due to higher revenue than anticipated and lower expenditure than budget.

15. Reconciliation of cash flows from operating activities to net result

	Parent		Consolidated	
	2014 $'000	2013 $'000	2014 $'000	2013 $'000
Net cash used on operating activities	269	314	269	314
Depreciation	(229)	(240)	(229)	(240)
Decrease/(increase) in provisions	(93)	36	(93)	36
Increase/(decrease) in receivables and other assets	34	174	34	174
Decrease/(increase) in creditors	3	206	3	206
Net result	**(16)**	**490**	**(16)**	**490**

Notes to and forming part of the financial statements for the year ended 30 June 2014

16. Financial instruments

The HCCC's principal financial instruments are outlined below. These financial instruments arise directly from the HCCC's operations or are required to finance the HCCC's operations. The HCCC does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The HCCC's main risks arising from financial instruments are outlined below, together with the HCCC's objectives, policies and processes for measuring and managing risks. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Commissioner has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the HCCC, to set risk limits and controls and to monitor risks.

From time to time, compliance with policies is reviewed by the Audit and Risk Committee.

(a) Financial instrument categories

			Parent		Consolidated	
	Note	Category	2014 $'000 Carrying Amount	2013 $'000 Carrying Amount	2014 $'000 Carrying Amount	2013 $'000 Carrying Amount
Financial assets						
Class:						
Cash and cash equivalents	5	N/A	725	731	725	731
Receivables[1]	6	Receivables at amortised cost	265	248	265	248
Financial liabilities						
Class:						
Payables[2]	9	Financial liabilities measured at amortised cost	81	121	81	121

Notes

1. Excludes statutory receivables and prepayments (not within scope of AASB 7).
2. Excludes statutory payables and unearned revenue (not within scope of AASB 7).

(b) Credit risk

Credit risk arises when there is the possibility of the HCCC's debtors defaulting on their contractual obligations, resulting in a financial loss to the HCCC. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the HCCC, including cash and receivables. No collateral is held by the HCCC. The HCCC has not granted any financial guarantees.

Cash

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (Tcorp) 11 am unofficial cash rate adjusted for a management fee to Treasury. The average interest rate during the period was 2.44%. The average rate for the year ended 2012-13 was 4.23%.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors. Sales are made on 30 day terms.

The HCCC is not exposed to concentrations of credit risk to trade debtors as they are mainly other government departments. Based on past experience, debtors that are not past due (2014: $nil; 2013:$nil) and not less than 12 months past due 2014: $nil; (2013: $nil) are not considered impaired.

Notes to and forming part of the financial statements for the year ended 30 June 2014

Receivables - other debtors

Debtors (legal cost recoveries) which are currently past due (2014: $124,756; 2013: $55,408) represent 100% of the total debtors overdue. These debtors comprise debts arising from tribunal ordered costs against health care practitioners. All of the debts reported in the financial statements are being settled by agreed regular instalments and are not considered to be impaired.

	Parent		Consolidated	
	Past due but not impaired [1,2] $'000	Considered impaired [1,2] $'000	Past due but not impaired [1,2] $'000	Considered impaired [1,2] $'000
2014				
< 3 months overdue	5	–	5	–
3 months – 6 months overdue	–	–	–	–
> 6 months overdue	120	–	120	–
2013				
< 3 months overdue	10	–	10	–
3 months – 6 months overdue	20	–	20	–
> 6 months overdue	25	–	25	–

Notes

1. Each column in the table reports 'gross receivables'.
2. The ageing analysis excludes statutory receivables, as these are not within the scope of AASB7 and excludes receivables that are not past due and not impaired. Therefore, the 'total' will not reconcile to the receivables total recognised in the statement of financial position.

(c) Liquidity risk

Liquidity risk is the risk that the HCCC will be unable to meet its payment obligations when they fall due. The HCCC continuously manages risk through monitoring future cash flows to ensure adequate holding of liquid assets. During the current and prior years, there were no defaults on any loans payable.

No assets have been pledged as collateral. The HCCC's exposure to liquidity risk is deemed insignificant based on prior periods' data and other current assessment of risk.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in TC11/12. For small business suppliers, where terms are not specified, payment is made not later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically, unless an existing contract specifies otherwise. For payments to other suppliers, the Manager Corporate Services may authorise the automatic payment of simple interest to the supplier.

(d) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The HCCC has no exposure to market risk as it does not have borrowings or investments. The HCCC has no exposure to foreign currency risk and does not enter into commodity contracts.

Interest rate risk

Exposure to interest rate risk arises primarily through the HCCC's interest bearing liabilities. The HCCC does not have any interest bearing liabilities.

(e) Fair value compared to carrying amount

Financial instruments are generally recognised at cost. The amortised cost of financial instruments recognised in the statement of financial position approximates the fair value, because of the short term nature of many of the financial instruments.

17. Events after the reporting period

There were no after reporting period events.

End of audited financial statement

INDEPENDENT AUDITOR'S REPORT

Health Care Complaints Commission Staff Agency

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Health Care Complaints Commission Staff Agency (the Agency), which comprise the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Agency as at 30 June 2014, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

My opinion should be read in conjunction with the rest of this report.

The Commissioner's Responsibility for the Financial Statements

The Commissioner is responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Commissioner determines is necessary to enable the preparation of financial statements that give a true and fair view and that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Agency's preparation of the financial statements that give a true and fair view in order to design audit procedures appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Commissioner, as well as evaluating the overall presentation of the financial statements.

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

My opinion does *not* provide assurance:

- about the future viability of the Agency
- that it has carried out its activities effectively, efficiently and economically
- about the effectiveness of its internal control
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about other information which may have been hyperlinked to/from the financial statements.

Independence

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies, but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by the possibility of losing clients or income.

Steven Martin
Assistant Auditor-General

22 September 2014
SYDNEY

Health Care Complaints Commission Staff Agency

Statement by Commissioner

In accordance with section 41C(1B) of the *Public Finance and Audit Act 1983* ("the Act"), I state that:

(a) the accompanying financial statements in respect of the year ended 30 June 2014 have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Act, and Regulation 2010, and the Treasurer's Directions

(b) the financial statements exhibit a true and fair view of the financial position and financial performance of the Health Care Complaints Commission Staff Agency

(c) there are no circumstances that would render any particulars included in the financial statements to be misleading or inaccurate.

Kieran Pehm
Commissioner

Start of audited financial statement

Statement of comprehensive income for the year ended 30 June 2014

	Notes	Actual 2014 $'000	Actual 2013 $'000
Expenses excluding losses			
Operating expenses			
Employee related	2	8,665	8,154
Total expenses excluding losses		**8,665**	**8,154**
Revenue			
Personnel services	3	8,665	8,154
Total revenue		**8,665**	**8,154**
Net result		**–**	**–**
Other comprehensive income		**–**	**–**
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**–**	**–**

The accompanying notes form part of these financial statements.

Statement of financial position as at 30 June 2014

	Notes	Actual 2014 $'000	Actual 2013 $'000
ASSETS			
Current assets			
Receivables	4	1,057	929
Total current assets		**1,057**	**929**
Non-current assets			
Receivables	4	11	11
Total non-current assets		**11**	**11**
Total assets		**1,068**	**940**
LIABILITIES			
Current liabilities			
Payables	5	209	161
Provisions	6	848	768
Total current liabilities		**1,057**	**929**
Non-current liabilities			
Provisions	6	11	11
Total non-current liabilities		**11**	**11**
Total liabilities		**1,068**	**940**
Net assets		**–**	**–**
Accumulated funds		–	–
Total equity		**–**	**–**

The accompanying notes form part of these financial statements.

Statement of cash flows for the year ended 30 June 2014

	Notes	Actual 2014 $'000	Actual 2013 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee related		–	–
Personnel services		–	–
Other		–	–
Total payments		**–**	**–**
Receipts			
Sale of goods and services		–	–
Interest received		–	–
GST		–	–
Grants and contributions		–	–
Legal cost recoveries		–	–
Other		–	–
Total receipts		**–**	**–**
NET CASH FLOWS FROM OPERATING ACTIVITIES		**–**	**–**
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		–	–
Purchase of plant and equipment		–	–
NET CASH FLOWS FROM INVESTING ACTIVITIES		**–**	**–**
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		**–**	**–**
Opening cash and cash equivalents		–	–
CLOSING CASH AND CASH EQUIVALENTS		**–**	**–**

The accompanying notes form part of these financial statements.

Statement of changes in equity for the year ended 30 June 2014

	Parent	
	Accumulated funds $'000	Total $'000
Balance at 1 July 2013	–	–
Net result for the year	–	–
Total other comprehensive income		
Total comprehensive income for the year	**–**	**–**
Balance at 30 June 2014	**–**	**–**
Balance at 1 July 2012	–	–
Net result for the year	–	–
Total other comprehensive income		
Total comprehensive income for the year	**–**	**–**
Balance at 30 June 2013	**–**	**–**

Notes to and forming part of the financial statements for the year ended 30 June 2014

1. Summary of significant accounting policies

(a) Reporting entity

The Health Care Complaints Commission Staff Agency (the Agency) is a division of the Government Service, established pursuant to Part 3 of Schedule 1 to the *Government Sector Employment Act 2013*. It is a not-for-profit entity as profit is not its principal objective. It is consolidated as part of the NSW State Sector Accounts.

The Agency's objective is to provide personnel services to the Health Care Complaints Commission.

The financial statements for the year ended 30 June 2014 are consolidated into the Health Care Complaints Commission's financial statements and have been authorised for issue by the Commissioner on 19 September 2014.

(b) Basis of preparation

The Agency's financial statements are general purpose financial statements which have been prepared on an accruals basis and in accordance with:

- applicable Australian Accounting Standards (which include Australian Accounting Interpretations), and
- the requirements of the *Public Finance and Audit Act 1983* and Regulation 2010.

Judgement, key assumptions and estimations that management have made are disclosed in the relevant notes to the financial statements.

The financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(c) Statement of compliance

The consolidated and parent entity financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

(d) Insurance

The Agency 's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government agencies. The expense (premium) is determined by the fund manager based on past claim experience.

(e) Income recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Revenue from rendering of personnel services is recognised when the service is provided and only to the extent that the associated recoverable expenses are recognised.

(f) Assets

Receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Short term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(g) Liabilities

(i) Employee benefits and other provisions

(a) Salaries and wages, sick leave and on-costs

Salaries and wages (including non-monetary benefits), and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts based on the amounts of the benefits. Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted).

Actuarial advice obtained by Treasury has confirmed that the use of a nominal approach plus the annual leave on annual leave liability (using 1+7.9% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability.

Notes to and forming part of the financial statements for the year ended 30 June 2014

1. Summary of significant accounting policies (continued)

The Agency has assessed the actuarial advice based on the entity's circumstances and has determined that the effect of discounting is immaterial to annual leave. Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the future benefits accrued in the future.

The outstanding amounts of payroll tax, workers compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

(b) Long service leave and superannuation

The Agency's liabilities for long service leave and defined benefit superannuation are assumed by the Crown Entity. The Agency accounts for the liability as having been extinguished, resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of employee benefits and other liabilities".

Long service leave is measured at present value in accordance with AASB 119 Employee Benefits. This is based on the application of certain factors (specified in NSWTC 14/04) to employees with five or more years of service, using current rates of pay. These factors were determined based on an actuarial review to approximate present value. The superannuation expense for the financial year is determined by using the formula specified in the Treasurers' Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

(ii) Payables

These amounts represent liabilities for accrued wages, salaries and related on costs (such as payroll tax, fringe benefits tax and workers compensation insurance) where there is certainty as to the amount and timing of settlement.

(h) Comparative information

Except where an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements.

(i) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in 2013-14

The accounting policies applied in 2013-14 are consistent with those of the previous financial year except as a result of the following new or revised Australian Accounting Standards that have been applied for the first time in 2013-14. The impact of these standards in the period of initial application are immaterial.
AASB 13 and NSW TP-14-01 regarding fair value measurement.
AASB 119 regarding measurement of annual leave concerning discounting of long term benefits.
AASB 1053 regarding the reduced disclosure regime.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless Treasury determines otherwise.

The following new Australian Accounting Standards have not been applied and are not yet effective. The possible impact of these Standards in the period of initial application includes:

AASB 9 and AASB 2010-7, Financial Instruments have mandatory application from 1 July 2015 and comprise changes to improve and simplify the approach for classification and measurement of financial assets.

AASB 2012-6 is an update of AASB 9 for amendments to other accounting standards. The change is not expected to materially impact the financial statements.

AASB 10, 11, 12, 127 and 128 apply to Not-for-profit entities and addresses joint arrangements, investment in joint ventures and separate financial statements and consolidated financial statements.

AASB 1031, 1055 addresses materiality and budgetary reporting.

AASB 2012-3 is in relation to the offsetting of financial assets and liabilities.

AASB 2013-3 amends AASB 136 with regards to the recoverable amount disclosures for non-financial assets.

AASB 2013-8 provides Australian Implementation Guidance for Not-for-Profit entities - Control and Structured Entities.

AASB 2013-9 provides the Conceptual Framework, Materiality and Financial Instruments (Parts B and C).

Notes to and forming part of the financial statements for the year ended 30 June 2014

2. Expenses excluding losses

	2014 $'000	2013 $'000
Employee related expenses		
Salaries and wages (including annual leave)	7,363	7,103
Superannuation - defined benefits plans	82	87
Superannuation - defined contributions plans	566	499
Long service leave	111	(33)
Workers' compensation Insurance	96	56
Payroll tax and fringe benefits tax	447	442
	8,665	**8,154**

3. Revenue

	2014 $'000	2013 $'000
Rendering of personnel services	**8,665**	**8,154**

4. Current/non-current assets - receivables

	2014 $'000	2013 $'000
Personnel services - current	1,057	929
Personnel services - non-current	11	11
	1,068	**940**

5. Current liabilities - payables

	2014 $'000	2013 $'000
Accrued salaries, wages and on costs	**209**	**161**

6. Current/non-current liabilities - provisions

	2014 $'000	2013 $'000
CURRENT		
Employee benefit and related on-costs		
Annual leave	573	507
Payroll tax on annual leave	27	25
Payroll tax on long service leave	84	82
Long service leave on-costs	130	119
Annual leave on-costs	34	35
Total	**848**	**768**
Aggregate employee benefits and related on costs		
Provisions - current	848	768
Provisions - non-current		
Payroll tax on long service leave	4	4
Long service leave on-costs	7	7
Accrued salaries, wages and on-costs	209	161
Total	**1,068**	**940**

Notes to and forming part of the financial statements for the year ended 30 June 2014

7. Contingent liabilities and contingent assets

The Agency has no contingent liabilities or contingent assets as at 30 June 2014 (2013 - $nil).

8. Financial instruments

The Agency's principal financial instruments are outlined below. These financial instruments arise directly from the Agency's operations or are required to finance the Agency's operations. The Agency does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Agency's main risks arising from financial instruments are outlined below, together with the Agency's objectives, policies and processes for measuring and managing risks. Further quantitative and qualitative disclosures are included throughout this financial report.

The Commissioner has responsibility for the establishment and oversight of a risk management framework in the Agency whilst the Manager Corporate Services has responsibility for the implementation of risk management policy across the Agency. Risk management policies are established to identify and analyse the risks faced by the Agency, to set risk limits and controls and to monitor risks. From time to time, compliance with policies is reviewed by the Audit and Risk Committee.

(a) Financial instrument categories

	Notes	Category	2014 $'000 Carrying amount	2013 $'000 Carrying amount
Financial assets				
Receivables[1]	4	Receivables	1,068	940
Financial liabilities				
Payables[2]	5	Financial liabilities measured at amortised cost	209	161

Notes

1. Excludes statutory receivables and prepayment (not within scope of AASB 7)
2. Excludes statutory payables and unearned revenue (not within scope of AASB 7)

(b) Credit risk

Credit risk arises when there is the possibility of the Agency's debtors defaulting on their contractual obligations, resulting in a financial loss to the Agency. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Agency, including cash and receivables. No collateral is held by the Agency. The Agency has not granted any financial guarantees.

Receivables - debtors

All receivables are for personnel services receivable and are recognised as amounts receivable at balance date. Review of the collectability of debtors is not required as the only debtor is the HCCC.

The Agency is exposed to concentrations of credit risk to a single debtor, but as the HCCC is the Agency's single debtor this exposure is not considered material. Based on past experience, debtors that are not past due (2014: $1,068,000; 2013: $940,000) and not less than 12 months past due (2014: $nil; 2013: $nil) are not considered impaired.

Notes to and forming part of the financial statements for the year ended 30 June 2014

8. Financial instruments (continued)

(c) Liquidity risk

Liquidity risk is the risk that the Agency will be unable to meet its payment obligations when they fall due. The Agency continuously manages risk through monitoring future cash flows to ensure adequate holding of liquid assets.

During the current and prior years, there were no defaults on any loans payable. No assets have been pledged as collateral. The Agency's exposure to liquidity risk is deemed insignificant based on prior periods' data and other current assessment of risk.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in TC11/12. For small business suppliers, where terms are not specified, payment is made no later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically, unless an existing contract specifies otherwise. For payments to other suppliers, the Manager Corporate Services may authorise the automatic payment of simple interest to the supplier.

(d) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The Agency has no exposure to market risk as it does not have borrowings or investments. The Agency has no exposure to foreign currency risk and does not enter into commodity contracts.

(e) Fair value compared to carrying amount

Financial instruments are generally recognised at cost. The amortised cost of financial instruments recognised in the statement of financial position approximates the fair value, because of the short term nature of many of the financial instruments.

9. Commitments

The Agency did not have any expenditure commitments as at 30 June 2014 (2013: $nil).

10. Events after the reporting period

There were no events after the reporting period.

End of audited financial statements.

17 Appendices

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Appendices

Appendix A - Complaint statistics

Table 17.1 - Complaints received by issue category 2009-12 to 2013-14

	2009-10		2010-11		2011-12		2012-13		**2013-14**	
Issue category	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Treatment	2,504	42.9%	4,048	48.8%	3,350	46.2%	3,340	40.0%	**3,241**	**40.2%**
Communication/information	897	15.4%	1,048	12.6%	1,096	15.1%	1,731	20.7%	**1,328**	**16.5%**
Professional conduct	687	11.8%	928	11.2%	795	11.0%	1,000	12.0%	**1,150**	**14.3%**
Medication	368	6.3%	389	4.7%	482	6.6%	647	7.8%	**520**	**6.5%**
Environment/management of facilities	246	4.2%	327	3.9%	304	4.2%	250	3.0%	**374**	**4.6%**
Access	202	3.5%	332	4.0%	194	2.7%	269	3.2%	**317**	**3.9%**
Fees/costs	255	4.4%	318	3.8%	300	4.1%	301	3.6%	**282**	**3.5%**
Reports/certificates	144	2.5%	139	1.7%	132	1.8%	207	2.5%	**203**	**2.5%**
Grievance processes	92	1.6%	351	4.2%	221	3.0%	121	1.4%	**202**	**2.5%**
Medical records	143	2.4%	139	1.7%	130	1.8%	178	2.1%	**163**	**2.0%**
Discharge/transfer arrangements	127	2.2%	146	1.8%	116	1.6%	120	1.4%	**147**	**1.8%**
Consent	176	3.0%	123	1.5%	133	1.8%	181	2.2%	**134**	**1.7%**
Total	**5,841**	**100.0%**	**8,288**	**100.0%**	**7,253**	**100.0%**	**8,345**	**100.0%**	**8,061**	**100.0%**

Counted by issues raised in complaint

Table 17.2 - Breakdown of complaints received 2013-14

Issue category	Issue name	No.	%
Treatment	Inadequate treatment	1,210	15.0%
	Diagnosis	385	4.8%
	Delay in treatment	334	4.1%
	Unexpected treatment outcome/complications	290	3.6%
	Wrong/inappropriate treatment	218	2.7%
	Inadequate care	191	2.4%
	Inadequate/inappropriate consultation	155	1.9%
	Rough and painful treatment	150	1.9%
	Coordination of treatment/results follow-up	73	0.9%
	Inadequate prosthetic equipment	54	0.7%
	Excessive treatment	47	0.6%
	Withdrawal of treatment	45	0.6%
	No/inappropriate referral	45	0.6%
	Infection control	33	0.4%
	Attendance	5	0.1%
	Public/private election	4	0.0%
	Experimental treatment	2	0.0%
Treatment total		**3,241**	**40.2%**
Communication/information	Attitude/manner	835	10.4%
	Inadequate information provided	255	3.2%
	Incorrect/misleading information provided	215	2.7%
	Special needs not accommodated	23	0.3%
Communication/information total		**1,328**	**16.5%**
Professional conduct	Illegal practice	248	3.1%
	Impairment	218	2.7%
	Competence	127	1.6%
	Breach of guideline/law	105	1.3%
	Inappropriate disclosure of information	102	1.3%
	Sexual misconduct	101	1.3%
	Boundary violation	68	0.8%
	Assault	56	0.7%
	Misrepresentation of qualifications	48	0.6%
	Breach of condition	37	0.5%
	Financial fraud	17	0.2%
	Discriminatory conduct	14	0.2%
	Annual declaration not lodged/incomplete/wrong or misleading	6	0.1%
	Emergency treatment not provided	3	0.0%
Professional conduct total		**1,150**	**14.3%**

Table continued on next page

Table 17.2 - Breakdown of complaints received 2013-14 (continued)

Issue category	Issue name	No.	%
Medication	Prescribing medication	281	3.5%
	Dispensing medication	120	1.5%
	Administering medication	107	1.3%
	Supply/security/storage of medication	12	0.1%
Medication total		**520**	**6.5%**
Environment/management of facilities	Administrative processes	252	3.1%
	Cleanliness/hygiene of facility	52	0.6%
	Physical environment of facility	51	0.6%
	Staffing and rostering	17	0.2%
	Statutory obligations/accreditation standards not met	2	0.0%
Environment/management of facilities total		**374**	**4.6%**
Access	Refusal to admit or treat	248	3.1%
	Waiting lists	38	0.5%
	Service availability	25	0.3%
	Access to facility	5	0.1%
	Access to subsidies	1	0.0%
Access total		**317**	**3.9%**
Fees/costs	Billing practices	233	2.9%
	Financial consent	26	0.3%
	Cost of treatment	23	0.3%
Fees/costs total		**282**	**3.5%**
Reports/certificates	Accuracy of report/certificate	167	2.1%
	Refusal to provide report/certificate	24	0.3%
	Timeliness of report/certificate	7	0.1%
	Report written with inadequate or no consultation	3	0.0%
	Cost of report/certificate	2	0.0%
Reports/certificates total		**203**	**2.5%**
Grievance processes	Inadequate/no response to complaint	194	2.4%
	Reprisal/retaliation as result of complaint lodged	7	0.1%
	Information about complaints procedures not provided	1	0.0%
Grievance processes total		**202**	**2.5%**
Medical records	Access to/transfer of records	82	1.0%
	Record keeping	79	1.0%
	Records management	2	0.0%
Medical records total		**163**	**2.0%**
Discharge/transfer arrangements	Inadequate discharge	133	1.6%
	Delay	8	0.1%
	Mode of transport	3	0.0%
	Patient not reviewed	3	0.0%
Discharge/transfer arrangements total		**147**	**1.8%**
Consent	Involuntary admission or treatment	63	0.8%
	Consent not obtained or inadequate	61	0.8%
	Uniformed consent	10	0.1%
Consent total		**134**	**1.7%**
Grand total		**8,061**	**100.0%**

Counted by issues raised in complaint

Table 17.3 - Complaints received about health care practitioners 2009-10 to 2013-14

		2009-10		2010-11		2011-12		2012-13		**2013-14**	
	Health practitioner	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Registered health practitioner	Medical practitioner	1,263	56.2%	1,337	52.0%	1,488	57.0%	1,614	54.8%	**1,664**	**53.8%**
	Nurse/midwife	221	9.8%	227	8.8%	226	8.7%	374	12.7%	**476**	**15.4%**
	Dental practitioner	443	19.7%	590	23.0%	482	18.5%	432	14.7%	**361**	**11.6%**
	Pharmacist	22	1.0%	100	3.9%	103	3.9%	145	4.9%	**167**	**5.4%**
	Psychologist	132	5.9%	113	4.4%	97	3.7%	134	4.5%	**148**	**4.8%**
	Chiropractor	24	1.1%	26	1.0%	27	1.0%	20	0.7%	**26**	**0.8%**
	Physiotherapist	23	1.0%	20	0.8%	19	0.7%	22	0.7%	**26**	**0.8%**
	Optometrist	15	0.7%	21	0.8%	27	1.0%	12	0.4%	**24**	**0.8%**
	Medical radiation practitioner**	2	0.1%	2	0.1%	2	0.1%	4	0.1%	**14**	**0.5%**
	Podiatrist	14	0.6%	10	0.4%	16	0.6%	12	0.4%	**12**	**0.4%**
	Occupational therapist*	3	0.1%	3	0.1%	4	0.2%	7	0.2%	**10**	**0.3%**
	Chinese medicine practitioner***	4	0.2%	-	0.0%	6	0.2%	15	0.5%	**5**	**0.2%**
	Osteopath	3	0.1%	5	0.2%	8	0.3%	6	0.2%	**4**	**0.1%**
Total registered health practitioners		**2,169**	**96.4%**	**2,454**	**95.5%**	**2,505**	**96.0%**	**2,797**	**94.9%**	2,937	94.9%
Previously registered health practitioner	Medical practitioner	2	0.1%	6	0.2%	8	0.3%	8	0.3%	**9**	**0.3%**
	Nurse/midwife	-	0.0%	-	0.0%	-	0.0%	3	0.1%	**4**	**0.1%**
	Dental practitioner	1	0.0%	-	0.0%	-	0.0%	3	0.1%	**2**	**0.1%**
	Psychologist	-	0.0%	-	0.0%	-	0.0%	3	0.1%	**1**	**0.0%**
	Pharmacist	-	0.0%	-	0.0%	-	0.0%	3	0.1%	**-**	**0.0%**
	Podiatrist	-	0.0%	1	0.0%	-	0.0%	-	0.0%	**-**	**0.0%**
Total previously registered health practitioners		**3**	**0.1%**	**7**	**0.3%**	**8**	**0.3%**	**20**	**0.7%**	16	0.5%
Unregistered health practitioner	Assistant in nursing	2	0.1%	14	0.5%	9	0.3%	21	0.7%	**23**	**0.7%**
	Student practitioners	-	0.0%	-	0.0%	3	0.1%	4	0.1%	**18**	**0.6%**
	Counsellor/ therapist	6	0.3%	8	0.3%	10	0.4%	9	0.3%	**14**	**0.5%**
	Alternative health provider	6	0.3%	19	0.7%	12	0.5%	19	0.6%	**11**	**0.4%**
	Social worker	8	0.4%	12	0.5%	11	0.4%	9	0.3%	**11**	**0.4%**
	Administration/ clerical staff	16	0.7%	13	0.5%	12	0.5%	24	0.8%	**10**	**0.3%**
	Massage therapist	8	0.4%	6	0.2%	3	0.1%	6	0.2%	**10**	**0.3%**
	Cosmetic therapist	-	0.0%	1	0.0%	4	0.2%	3	0.1%	**4**	**0.1%**
	Dental technician	10	0.4%	8	0.3%	1	0.0%	4	0.1%	**4**	**0.1%**
	Naturopath	3	0.1%	1	0.0%	1	0.0%	6	0.2%	**4**	**0.1%**
	Dietitian/ nutritionist	2	0.1%	-	0.0%	1	0.0%	1	0.0%	**3**	**0.1%**
	Psychotherapist	2	0.1%	4	0.2%	2	0.1%	3	0.1%	**3**	**0.1%**
	Kinesiologist	-	0.0%	-	0.0%	-	0.0%	-	0.0%	**2**	**0.1%**

Table continued on next page

Table 17.3 - Complaints received about health care practitioners 2009-10 to 2013-14 (continued)

		2009-10		2010-11		2011-12		2012-13		**2013-14**	
	Health practitioner	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
	Residential care worker	1	0.0%	5	0.2%	6	0.2%	2	0.1%	**2**	**0.1%**
	Speech therapist	-	0.0%	-	0.0%	2	0.1%	2	0.1%	**2**	**0.1%**
	Ambulance personnel	-	0.0%	1	0.0%	-	0.0%	1	0.0%	**1**	**0.0%**
	Doula	-	0.0%	-	0.0%	1	0.0%	-	0.0%	**1**	**0.0%**
	Audiologist	-	0.0%	1	0.0%	1	0.0%	-	0.0%	**-**	**0.0%**
	Herbalist	-	0.0%	2	0.1%	-	0.0%	-	0.0%	**-**	**0.0%**
	Homeopath	1	0.0%	-	0.0%	-	0.0%	1	0.0%	**-**	**0.0%**
	Hypnotherapist	1	0.0%	3	0.1%	-	0.0%	2	0.1%	**-**	**0.0%**
	Optical dispenser	3	0.1%	-	0.0%	-	0.0%	1	0.0%	**-**	**0.0%**
	Reflexologist	1	0.0%	-	0.0%	-	0.0%	-	0.0%	**-**	**0.0%**
Total unregistered health practitioners		**71**	**3.2%**	**99**	**3.9%**	**79**	**3.0%**	**118**	**4.0%**	**125**	**4.0%**
Unknown health practitioner		6	0.3%	10	0.4%	17	0.7%	12	0.4%	**18**	**0.6%**
Grand total		**2,249**	**100.0%**	**2,570**	**100.0%**	**2,609**	**100.0%**	**2,947**	**100.0%**	**3,096**	**100.0%**

Counted by provider identified in complaint
* Occupational therapist registered from 1 July 2012
** Medical radiation practitioner registered from 1 July 2012
*** Chinese medical practitioner registered from 1 July 2012

Table 17.4 - Complaints received about medical practitioners by service area 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		**2013-14**	
Service Area	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
General medicine	559	44.3%	662	49.5%	622	41.8%	706	43.7%	**621**	**37.3%**
Surgery	153	12.1%	163	12.2%	217	14.6%	213	13.2%	**192**	**11.5%**
Psychiatry	46	3.6%	57	4.3%	85	5.7%	65	4.0%	**104**	**6.3%**
Other service area	52	4.1%	50	3.7%	43	2.9%	57	3.5%	**83**	**5.0%**
Emergency medicine	72	5.7%	51	3.8%	56	3.8%	38	2.4%	**71**	**4.3%**
Medico-legal	58	4.6%	59	4.4%	74	5.0%	81	5.0%	**71**	**4.3%**
Mental health	49	3.9%	18	1.3%	42	2.8%	73	4.5%	**67**	**4.0%**
Non-health related/administration	27	2.1%	5	0.4%	12	0.8%	22	1.4%	**44**	**2.6%**
Dermatology	25	2.0%	20	1.5%	28	1.9%	23	1.4%	**41**	**2.5%**
Paediatric medicine	16	1.3%	25	1.9%	22	1.5%	33	2.0%	**36**	**2.2%**
Obstetrics	47	3.7%	27	2.0%	36	2.4%	35	2.2%	**33**	**2.0%**
Ophthalmology	9	0.7%	24	1.8%	28	1.9%	26	1.6%	**32**	**1.9%**
Anaesthesia	15	1.2%	20	1.5%	23	1.5%	32	2.0%	**30**	**1.8%**
Gynaecology	22	1.7%	28	2.1%	29	1.9%	35	2.2%	**28**	**1.7%**
Cardiology	17	1.3%	12	0.9%	18	1.2%	18	1.1%	**27**	**1.6%**
Neurology	10	0.8%	9	0.7%	17	1.1%	18	1.1%	**27**	**1.6%**
Radiology	14	1.1%	16	1.2%	15	1.0%	11	0.7%	**23**	**1.4%**
Cosmetic services	18	1.4%	17	1.3%	43	2.9%	19	1.2%	**22**	**1.3%**
Gastroenterology	10	0.8%	21	1.6%	25	1.7%	22	1.4%	**21**	**1.3%**
Drug and alcohol	13	1.0%	7	0.5%	8	0.5%	21	1.3%	**19**	**1.1%**
Oncology	5	0.4%	5	0.4%	12	0.8%	22	1.4%	**19**	**1.1%**
Aged care	17	1.3%	17	1.3%	14	0.9%	29	1.8%	**18**	**1.1%**
Geriatrics/gerontology	5	0.4%	15	1.1%	7	0.5%	4	0.2%	**15**	**0.9%**
Immunology	-	0.0%	1	0.1%	6	0.4%	7	0.4%	**10**	**0.6%**
Respiratory/thoraric medicine	4	0.3%	8	0.6%	6	0.4%	4	0.2%	**10**	**0.6%**
Total	**1,263**	**100%**	**1,337**	**100%**	**1,488**	**100%**	**1,614**	**100%**	**1,664**	**100%**

Counted by provider identified in complaint

Appendices

Table 17.5 - Complaints received about registered and previously registered health practitioners by issue category 2013-14

	Registered health practitioner														Total	
Issue category	Medical practitioner	Nurse or midwife	Dental practitioner	Pharmacist	Psychologist	Physiotherapist	Chiropractor	Optometrist	Podiatrist	Medical radiation practitioner	Occupational therapist	Osteopath	Chinese medicine practitioner	Aboriginal/Torres Strait Islander health practitioner	No.	%
Treatment	1,299	159	353	2	41	21	15	17	6	7	1	-	-	-	**1,918**	**38.8%**
Professional conduct	342	333	46	60	80	12	18	1	6	9	10	5	4	-	**926**	**18.7%**
Communication/information	549	103	64	28	37	2	4	4	3	1	1	2	1	-	**799**	**16.1%**
Medication	193	57	2	105	1	-	-	-	-	-	-	-	-	-	**358**	**7.2%**
Fees/costs	106	-	64	9	6	4	4	7	2	-	-	-	1	-	**203**	**4.1%**
Reports/certificates	136	7	3	-	28	2	1	1	-	-	-	-	-	-	**178**	**3.6%**
Access	104	5	8	8	5	-	-	-	-	-	-	-	-	-	**130**	**2.6%**
Environment/management of facilities	52	30	17	10	12	2	2	1	2	-	-	-	-	-	**128**	**2.6%**
Medical records	74	22	18	2	4	5	1	-	-	-	-	-	-	-	**126**	**2.5%**
Consent	44	2	13	-	2	1	2	2	1	-	-	-	-	-	**67**	**1.4%**
Grievance processes	36	8	17	-	2	-	1	-	1	-	1		-	-	**66**	**1.3%**
Discharge/transfer arrangements	23	5	-	-	1	-	-	-	-	-	-	-	-	-	**29**	**0.6%**
Total	**2,958**	**731**	**605**	**224**	**219**	**49**	**48**	**33**	**21**	**17**	**13**	**7**	**6**	**-**	4,931	**99.6%**
	Previously registered health practitioners															
Professional conduct	6	4	1	-	2	-	-	-	-	-	-	-	-	-	**13**	**0.3%**
Treatment	3	1	-	-	-	-	-	-	-	-	-	-	-	-	**4**	**0.1%**
Reports/certificates	1	-	-	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
Medication	1	-	-	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
Medical records		-	1	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
Total	**11**	**5**	**2**	**-**	**2**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	20	**0.4%**
Grand total	**2,969**	**736**	**607**	**224**	**221**	**49**	**48**	**33**	**21**	**17**	**13**	**7**	**6**	**-**	4,951	**100.0%**
No. of practitioners with NSW as principal place of practice as at 30.6.2014*	31,269	100,440	6,361	8,769	10,575	7,578	1,619	1,632	1,076	4,812	4,592	529	1,737	36	**181,025**	

Counted by issues raised in complaint
*Data provided by Australian Health Practitioner Registration Agency

Table 17.6 - Complaints received about unregistered and unknown health practitioners by issue category 2013-14

	Unregistered and unknown health practitioner																				
Issue category	Assistant in nursing	Student practitioner	Counsellor/therapist Other/unknown practitioner	Alternative health provider	Social worker	Massage therapist Administration/ clerical staff	Cosmetic therapist	Dietitian/nutritionist	Naturopath	Residential care worker	Dental technician	Psychotherapist	Speech pathologist	Doula	Natural therapist	Kinesiologist Ambulance personnel	**No.**	**%**
Professional conduct	17	20	8	10	10	6	9	2	4	1	3	3	2	-	-	1	-	2	-	**98**	**52.1%**
Communication/information	4	-	5	3	1	3	-	7	1	2	1	2	-	3	1	-	-	-	-	**33**	**17.6%**
Treatment	9	1	3	3	4	1	3	-	-	2	-	-	2	1	-	2	2	-	-	**33**	**17.6%**
Environment/management of facilities	-	-	1	1	2	2	-	1	-	-	1	-	-	-	-	-	1	-	1	**10**	**5.3%**
Reports/certificates	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	-	-	-	**3**	**1.6%**
Access	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	**2**	**1.1%**
Consent	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	**2**	**1.1%**
Fees/costs	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**2**	**1.1%**
Grievance processes	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	**2**	**1.1%**
Medical records	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	**2**	**1.1%**
Medication	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	**1**	**0.5%**
Total	**30**	**21**	**19**	**19**	**17**	**14**	**13**	**12**	**6**	**6**	**5**	**5**	**4**	**4**	**4**	**3**	**3**	**2**	**1**	**188**	**100.0%**

Counted by issues raised in complaint

Appendices

Table 17.7 - Complaints received about health organisations 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		**2013-14**	
Health organisation	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Public hospital	614	48.5%	763	49.7%	698	45.9%	763	47.5%	**761**	**45.6%**
Correction and detention facility	127	10.0%	136	8.9%	171	11.2%	187	11.6%	**249**	**14.9%**
Medical centre	69	5.5%	69	4.5%	97	6.4%	99	6.2%	**96**	**5.7%**
Private hospital	81	6.4%	71	4.6%	82	5.4%	81	5.0%	**82**	**4.9%**
Aged care facility	39	3.1%	38	2.5%	49	3.2%	47	2.9%	**70**	**4.2%**
Dental facility	32	2.5%	55	3.6%	51	3.4%	62	3.9%	**61**	**3.7%**
Community health service	33	2.6%	47	3.1%	60	3.9%	53	3.3%	**54**	**3.2%**
Medical practice	22	1.7%	29	1.9%	31	2.0%	53	3.3%	**49**	**2.9%**
Psychiatric hospital/unit	8	0.6%	17	1.1%	32	2.1%	32	2.0%	**31**	**1.9%**
Radiology facility	27	2.1%	21	1.4%	28	1.8%	37	2.3%	**31**	**1.9%**
Pharmacy	53	4.2%	62	4.0%	60	3.9%	61	3.8%	**28**	**1.7%**
Ambulance service	30	2.4%	36	2.3%	21	1.4%	28	1.7%	**27**	**1.6%**
Alternative health service	12	0.9%	22	1.4%	9	0.6%	15	0.9%	**26**	**1.6%**
Local Health District/Speciality Network	37	2.9%	30	2.0%	23	1.5%	18	1.1%	**20**	**1.2%**
Pathology centre/lab	16	1.3%	22	1.4%	17	1.1%	20	1.2%	**18**	**1.1%**
Day procedure centre	7	0.6%	9	0.6%	6	0.4%	8	0.5%	**15**	**0.9%**
Drug and alcohol service	6	0.5%	10	0.7%	5	0.3%	6	0.4%	**6**	**0.4%**
Physiotherapy facility	4	0.3%	5	0.3%	1	0.1%	1	0.1%	**6**	**0.4%**
Psychology facility	-	0.0%	2	0.1%	2	0.1%	1	0.1%	**6**	**0.4%**
Supported accommodation services	4	0.3%	7	0.5%	3	0.2%	2	0.1%	**6**	**0.4%**
Government department	5	0.4%	23	1.5%	23	1.5%	5	0.3%	**5**	**0.3%**
Other/unknown health organisation	14	1.1%	26	1.7%	21	1.4%	9	0.6%	**5**	**0.3%**
Multi-purpose service	3	0.2%	1	0.1%	1	0.1%	4	0.2%	**4**	**0.2%**
Optometrist facility	4	0.3%	6	0.4%	5	0.3%	-	0.0%	**4**	**0.2%**
Osteopathy facility	-	0.0%	-	0.0%	-	0.0%	-	0.0%	**3**	**0.2%**
Podiatry practice	-	0.0%	-	0.0%	3	0.2%	1	0.1%	**2**	**0.1%**
Rehabilitation facility	5	0.4%	2	0.1%	2	0.1%	2	0.1%	**2**	**0.1%**
Aboriginal health centre	4	0.3%	2	0.1%	9	0.6%	7	0.4%	**1**	**0.1%**
Chiropractic facility	1	0.1%	7	0.5%	-	0.0%	2	0.1%	**1**	**0.1%**
Sexual assault service	-	0.0%	-	0.0%	-	0.0%	1	0.1%	**1**	**0.1%**
Blood bank	1	0.1%	2	0.1%	1	0.1%	1	0.1%	**-**	**0.0%**
Boarding house	-	0.0%	-	0.0%	-	0.0%	1	0.1%	**-**	**0.0%**
Health fund	7	0.6%	14	0.9%	8	0.5%	-	0.0%	**-**	**0.0%**
Nursing agency	1	0.1%	-	0.0%	2	0.1%	-	0.0%	**-**	**0.0%**
Total	**1,266**	**100.0%**	**1,534**	**100.0%**	**1,521**	**100.0%**	**1,607**	**100.0%**	**1,670**	**100.0%**

Counted by provider identified in complaint

Table 17.8 - Complaints received about public hospitals by service area 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		**2013-14**	
Service area	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Emergency medicine	192	31.3%	206	27.0%	174	24.9%	207	27.1%	**200**	**26.3%**
Surgery	102	16.6%	92	12.1%	134	19.2%	122	16.0%	**92**	**12.1%**
Mental health	90	14.7%	84	11.0%	66	9.5%	111	14.5%	**77**	**10.1%**
General medicine	32	5.2%	87	11.4%	57	8.2%	49	6.4%	**71**	**9.3%**
Obstetrics	53	8.6%	64	8.4%	33	4.7%	52	6.8%	**52**	**6.8%**
Geriatrics/gerontology	6	1.0%	16	2.1%	9	1.3%	4	0.5%	**31**	**4.1%**
Psychiatry	2	0.3%	9	1.2%	5	0.7%	4	0.5%	**29**	**3.8%**
Non-health related/administration	16	2.6%	20	2.6%	28	4.0%	21	2.7%	**27**	**3.5%**
Paediatric medicine/early childhood	9	1.5%	32	4.2%	15	2.1%	15	2.0%	**25**	**3.3%**
Cardiology	9	1.5%	17	2.2%	17	2.4%	13	1.7%	**18**	**2.4%**
Palliative care	9	1.5%	14	1.8%	20	2.9%	9	1.2%	**16**	**2.1%**
Oncology	3	0.5%	14	1.8%	11	1.6%	19	2.5%	**14**	**1.8%**
Midwifery	4	0.7%	7	0.9%	14	2.0%	10	1.3%	**13**	**1.7%**
Gastroenterology	1	0.2%	11	1.4%	12	1.7%	10	1.3%	**10**	**1.3%**
Neurology	10	1.6%	8	1.0%	9	1.3%	14	1.8%	**10**	**1.3%**
Gynaecology	2	0.3%	9	1.2%	13	1.9%	15	2.0%	**8**	**1.1%**
Rehabilitation medicine	7	1.1%	13	1.7%	6	0.9%	4	0.5%	**8**	**1.1%**
Renal medicine	4	0.7%	4	0.5%	6	0.9%	4	0.5%	**8**	**1.1%**
Other service area	63	10.3%	56	7.3%	69	9.9%	80	10.5%	**54**	**7.1%**
Total	**614**	**100%**	**763**	**100%**	**698**	**100%**	**763**	**100%**	**761**	**100%**

Counted by provider identified in complaint

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Table 17.9 - Complaints received about public hospitals by Local Health District in 2011-12 to 2013-14

	2011-12		2012-13		2013-14		2013-14		
Local Health District	No.	%	No.	%	No.	%	Number of emergency department attendances	Number of discharges from hospital	Number of outpatient services
Central Coast	33	4.7%	41	5.4%	49	6.4%	116,812	80,549	932,704
Hunter New England	107	15.3%	110	14.4%	105	13.8%	392,738	217,890	2,734,934
Western Sydney	58	8.3%	77	10.1%	85	11.2%	165,762	174,573	1,810,994
South Western Sydney	83	11.9%	84	11.0%	76	10.0%	249,770	213,450	2,063,779
Northern Sydney	57	8.2%	55	7.2%	63	8.3%	192,564	136,796	1,472,258
Sydney	43	6.2%	48	6.3%	58	7.6%	159,880	154,490	1,984,861
South Eastern Sydney	61	8.7%	64	8.4%	57	7.5%	209,044	170,385	3,055,583
Illawarra Shoalhaven	31	4.4%	41	5.4%	51	6.7%	144,687	92,803	1,164,251
Nepean Blue Mountains	44	6.3%	38	5.0%	37	4.9%	114,670	83,813	746,685
Northern NSW	35	5.0%	36	4.7%	34	4.5%	185,944	104,330	741,406
Western NSW	41	5.9%	38	5.0%	33	4.3%	215,313	79,550	1,198,376
Murrumbidgee	31	4.4%	27	3.5%	29	3.8%	134,504	70,946	870,635
St Vincent's Health Network	11	1.6%	19	2.5%	23	3.0%	46,436	43,432	520,629
Mid North Coast	22	3.2%	34	4.5%	18	2.4%	106,976	70,394	455,290
Southern NSW	17	2.4%	34	4.5%	18	2.4%	101,548	50,989	582,639
Sydney Children's Hospital Network	12	1.7%	11	1.4%	14	1.8%	92,431	50,704	826,514
Far West	6	0.9%	3	0.4%	6	0.8%	27,223	7,927	124,424
Unknown public hospital	1	0.1%	-	0.0%	5	0.7%	n/a	n/a	n/a
Outside of NSW	5	0.7%	3	0.4%	-	0.0%	n/a	n/a	n/a
Total	**698**	**100.0%**	**763**	**100.0%**	**761**	**100.0%**	**2,656,302**	**1,803,021**	**21,285,962**

Counted by provider identified in complaint
Excludes psychiatric hospitals/units

Table 17.10 - Issues raised in all complaints received about health organisations by organisation type 2013-14

		Issue category												Total	
	Health organisation type	Treatment	Communication/ information	Environment/management of facilities	Access	Medication	Grievance processes	Discharge/transfer arrangements	Professional conduct	Fees/costs	Consent	Medical records	Reports/certificates	No.	%
Public	Hospital	777	283	93	50	41	77	105	20	14	38	10	8	**1,516**	**51.9%**
	Correction and detention facility	182	20	8	60	62	2	-	-	-	6	2	3	**345**	**11.8%**
	Community health service	26	20	7	9	5	3	3	5	-	6	1	2	**87**	**3.0%**
	Psychiatric hospital/unit	16	9	2	4	6	-	-	1	-	6	1	1	**46**	**1.6%**
	Dental facility	19	10	3	6	1	1	-	-	1	-	-	-	**41**	**1.4%**
	Ambulance service	11	11	3	5	-	1	2	3	1	-	-	-	**37**	**1.3%**
	Local Health District	5	3	6	4	1	1	1	3	1	2	-	-	**27**	**0.9%**
	Aged care facility	2	3	2	1	-	-	-	2	-	-	-	-	**10**	**0.3%**
	Drug and alcohol service	1	3	-	4	1	-	-	-	-	-	-	-	**9**	**0.3%**
	Multi purpose service	6	1	-	-	-	1	-	-	-	-	-	-	**8**	**0.3%**
	Supported accommodation services	2	2	1	-	-	-	2	-	-	-	-	-	**7**	**0.2%**
	Government department	1	1	3	1	-	-	-	-	-	-	-	-	**6**	**0.2%**
	Medical centre	-	2	-	1	-	-	-	-	-	-	-	-	**3**	**0.1%**
	Rehabilitation facility	-	1	1	-	-	-	-	1	-	-	-	-	**3**	**0.1%**
	Medical practice	-	-	-	-	-	-	-	-	1	-	-	-	**1**	**0.0%**
	Psychology facility	-	1	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
	Radiology facility	-	1	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
	Sexual assault service	-	-	-	1	-	-	-	-	-	-	-	-	**1**	**0.0%**
Public health organisation total		**1,048**	**371**	**129**	**146**	**117**	**86**	**113**	**35**	**18**	**58**	**14**	**14**	**2,149**	**73.5%**
Private	Hospital	68	29	19	3	6	16	3	-	11	1	-	1	**157**	**5.4%**
	Medical centre	22	19	30	15	5	8	-	13	9	-	12	1	**134**	**4.6%**
	Aged care facility	55	16	13	1	16	2	1	3	-	1	1	-	**109**	**3.7%**
	Medical practice	22	12	9	6	2	2	-	17	6	1	3	-	**80**	**2.7%**
	Dental facility	11	4	7	2	-	3	-	8	8	2	2	-	**47**	**1.6%**
	Radiology facility	9	10	5	3	-	6	-	3	4	1	-	5	**46**	**1.6%**
	Alternative health service	7	18	4	-	1	-	-	8	1	1	1	-	**41**	**1.4%**
	Pharmacy	1	7	4	3	9	1	-	5	6	-	-	-	**36**	**1.2%**
	Pathology centres/labs	8	3	7	-	-	3	-	-	7	-	-	-	**28**	**1.0%**
	Day procedure centre	10	2	-	-	-	1	-	7	-	-	-	-	**20**	**0.7%**
	Correction and detention facility	9	2	-	4	2	-	-		-	-	-	-	**17**	**0.6%**
	Psychology facility	3	1	3	-	-	1	-	1	-	-	-	-	**9**	**0.3%**
	Physiotherapy facility	1	-	1	-	-	1	-	2	2	-	1	-	**8**	**0.3%**
	Osteopathy facility	2	-	1	-	-	2	-	2	-	-	-	-	**7**	**0.2%**
	Psychiatric hospital/unit	1	1	1	1	-	-	1	1	1	-	-	-	**7**	**0.2%**
	Optometrist facility	-	-	1	-	-	-	-	1	4	-	-	-	**6**	**0.2%**
	Supported accommodation services	2	-	-	1	1	-	-	2	-	-	-	-	**6**	**0.2%**
	Other/unknown health organisation	2	1	2	-	-	-	-	-	-	-	-	-	**5**	**0.2%**
	Drug and alcohol service	1	-	-	-	1	-	-	1	-	-	-	-	**3**	**0.1%**
	Community health service	-	-	-	-	-	1	-	1	-	-	-	-	**2**	**0.1%**
	Podiatry practice	-	-	-	-	-	-	-	2	-	-	-	-	**2**	**0.1%**
	Aboriginal health centre	1	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
	Chiropractic facility	-	-	-	-	-	-	-	1	-	-	-	-	**1**	**0.0%**
	Rehabilitation facility	-	-	-	-	-	1	-	-	-	-	-	-	**1**	**0.0%**
Private health organisation total		**235**	**125**	**107**	**39**	**43**	**48**	**5**	**78**	**59**	**7**	**20**	**7**	**773**	**26.5%**
Grand total		**1,283**	**496**	**236**	**185**	**160**	**134**	**118**	**113**	**77**	**65**	**34**	**21**	**2,922**	**100.0%**

Counted by issues raised in complaint

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Table 17.11 - Issues raised in all complaints received by service area 2013-14

	Issue category												Total	
Service area	Treatment	Communication/ information	Professional conduct	Medication	Environment/management of facilities	Access	Fees/costs	Reports/certificates	Grievance processes	Medical records	Discharge/transfer arrangements	Consent	No.	%
General medicine	682	273	244	155	69	92	35	46	26	50	13	8	**1,693**	**21.0%**
Dentistry	390	79	54	3	26	19	71	3	21	20	-	15	**701**	**8.7%**
Surgery	357	114	27	16	15	15	35	3	23	10	18	14	**647**	**8.0%**
Emergency medicine	365	99	24	13	17	22	2	1	11	10	37	3	**604**	**7.5%**
Mental health	144	110	90	46	17	35	1	15	15	10	21	30	**534**	**6.6%**
Aged care	109	42	57	44	24	3	-	5	3	4	4	2	**297**	**3.7%**
Psychiatry	99	47	21	35	9	12	2	21	2	7	6	33	**294**	**3.6%**
Pharmacy/pharmacology	3	36	65	115	16	11	15	-	2	2	-	-	**265**	**3.3%**
Administration/non-health related	5	33	99	-	79	10	8	2	11	9	1	-	**257**	**3.2%**
Obstetrics	108	57	14	5	4	4	1	-	10	1	4	1	**209**	**2.6%**
Psychology	38	35	73	1	12	6	6	24	3	4	-	2	**205**	**2.5%**
Cosmetic services	32	10	90	9	1	2	4	-	3	3	-	2	**156**	**1.9%**
Paediatric medicine/early childhood	71	25	13	7	5	6	3	1	1	4	6	2	**144**	**1.8%**
Drug and alcohol	26	9	35	24	3	23	1	2	-	-	2	-	**125**	**1.6%**
Medico-legal	33	37	7	-	2	1	3	38	-	3	-	1	**125**	**1.6%**
Cardiology	78	18	5	2	2	2	3	3	6	1	2	2	**124**	**1.5%**
Radiology	31	18	11	-	5	4	7	9	6	2	-	1	**94**	**1.2%**
Dermatology	58	17	4	-	-	3	6	1	3	1	-	-	**93**	**1.2%**
Oncology	38	18	8	5	3	5	4	-	8	1	1	2	**93**	**1.2%**
Geriatrics/gerontology	42	18	3	2	3	-	1	5	9	1	3	2	**89**	**1.1%**
Neurology	41	17	5	4	1	2	5	1	3	1	6	3	**89**	**1.1%**
Ophthalmology	49	14	2	-	3	2	6	2	3	2	1	-	**84**	**1.0%**
Gynaecology	43	15	11	-	1	2	4	-	-	1	2	3	**82**	**1.0%**
Gastroenterology	38	14	4	4	3	4	4	1	3	1	3	-	**79**	**1.0%**
Midwifery	35	15	14	-	3	-	-	-	-	1	-	-	**68**	**0.8%**
Physiotherapy	23	4	17	-	4	1	6	2	1	6	-	1	**65**	**0.8%**
Palliative care	27	14	1	5	1	2	-	1	3	1	3	-	**58**	**0.7%**
Rehabilitation medicine	20	11	8	2	6	-	1	1	3	-	3	1	**56**	**0.7%**
Anaesthesia	27	3	10	3	-	2	8	-	1	-	-	1	**55**	**0.7%**
Pain management	26	8	2	7	-	7	-	-	1	-	-	-	**51**	**0.6%**
Chiropractice	13	4	17	-	1	-	4	1	1	1	-	2	**44**	**0.5%**
Pathology	15	6	-	-	9	-	6	2	4	-	1	-	**43**	**0.5%**
Optometry	20	4	3	-	2	1	10	1	-	-	-	1	**42**	**0.5%**
Alternative health	9	7	19	-	4	-	1	1	-	-	-	-	**41**	**0.5%**
Respiratory/thoraric medicine	14	10	2	5	1	-	1	3	1	-	3	-	**40**	**0.5%**
Counselling	7	13	12	-	1	-	1	-	-	-	-	-	**34**	**0.4%**
Immunology	11	4	4	3	1	1	4	1	-	1	1	-	**31**	**0.4%**

Table continued on next page

Table 17.11 - Issues raised in all complaints received by service area 2013-14 (continued)

	Issue category												Total	
Service area	Treatment	Communication/ information	Professional conduct	Medication	Environment/ management of facilities	Access	Fees/costs	Reports/certificates	Grievance processes	Medical records	Discharge/transfer arrangements	Consent	No.	%
Ambulance Service	7	10	4	-	-	5	1	-	1	-	2	-	**30**	**0.4%**
Reproductive medicine	5	9	3	1	3	1	4	-	1	1	-	-	**28**	**0.3%**
Podiatry	7	3	8	-	2	1	2	-	1	-	-	1	**25**	**0.3%**
Renal medicine	11	4	-	1	-	1	-	-	3	-	2	-	**22**	**0.3%**
Endocrinology	11	4	3	-	1	-	-	-	2	-	-	-	**21**	**0.3%**
Haematology	14	4	-	1	-	2	-	-	-	-	-	-	**21**	**0.3%**
Other service area	4	1	9	-	3	-	1	-	-	1	1	-	**20**	**0.2%**
Intensive care	8	6	1	1	2	-	-	-	1	-	-	-	**19**	**0.2%**
Massage therapy	5	-	8	-	2	-	1	-	-	1	-	-	**17**	**0.2%**
Osteopathy	4	2	9	-	1	-	-	-	1	-	-	-	**17**	**0.2%**
Radiography	5	2	3	-	-	1	1	2	1	-	-	-	**15**	**0.2%**
Nutrition and dietetics	2	4	4	-	1	-	-	-	2	-	-	-	**13**	**0.2%**
Rheumatology	5	4	1	-	1	-	-	2	-	-	-	-	**13**	**0.2%**
Infectious diseases	6	3	-	-	-	-	1	1	-	-	1	-	**12**	**0.1%**
Occupational therapy	2	1	6	-	-	-	-	-	1	-	-	-	**10**	**0.1%**
Developmental disability	4	-	3	-	-	-	1	-	-	-	-	-	**8**	**0.1%**
Acupuncture	1	2	1	-	-	2	1	-	-	-	-	-	**7**	**0.1%**
Occupational health	2	2	3	-	-	-	-	-	-	-	-	-	**7**	**0.1%**
Personal care	1	1	-	-	4	1	-	-	-	-	-	-	**7**	**0.1%**
Health education/information	-	3	3	-	-	-	-	-	-	-	-	-	**6**	**0.1%**
Nephrology	2	1	2	-	-	-	-	-	-	-	-	-	**5**	**0.1%**
Sexual assault service	2	-	-	-	-	2	-	-	1	-	-	-	**5**	**0.1%**
Sleep medicine	2	1	-	-	-	1	-	-	-	1	-	-	**5**	**0.1%**
Psychotherapy	1	1	2	-	-	-	-	-	-	-	-	-	**4**	**0.0%**
Speech therapy	-	1	-	-	-	-	-	2	-	-	-	1	**4**	**0.0%**
Psychogeriatrics	1	1	-	1	-	-	-	-	-	-	-	-	**3**	**0.0%**
Autopsy	1	-	-	-	-	-	-	-	-	1	-	-	**2**	**0.0%**
Family planning	-	-	-	-	-	1	-	-	-	-	-	-	**1**	**0.0%**
Forensic pathology	-	-	1	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
Hypnotherapy	-	-	-	-	1	-	-	-	-	-	-	-	**1**	**0.0%**
Prosthetics and orthotics	1	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
Sport medicine	-	-	1	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
Total	**3,241**	**1,328**	**1,150**	**520**	**374**	**317**	**282**	**203**	**202**	**163**	**147**	**134**	**8,061**	**100.0%**

Counted by issues raised in complaint

Appendices

Table 17.12 - Source of complaints 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13 *		**2013-14***	
Source	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Consumer	1,479	48.8%	1,863	52.7%	1,999	56.2%	2,403	67.6%	**2,289**	**57.1%**
Family or friend	560	18.5%	722	20.4%	737	20.7%	800	22.5%	**969**	**24.2%**
Health care provider	35	1.2%	74	2.1%	55	1.5%	194	5.5%	**301**	**7.5%**
Unknown/other source (including members of the public)	5	0.2%	21	0.6%	14	0.4%	22	0.6%	**143**	**3.6%**
Professional council	841	27.7%	711	20.1%	646	18.2%	112	3.2%	**127**	**3.2%**
Government department	30	1.0%	43	1.2%	23	0.6%	49	1.4%	**66**	**1.6%**
Department of Health (State and Commonwealth)	25	0.8%	25	0.7%	20	0.6%	135	3.8%	**56**	**1.4%**
Consumer organisation/advocate/carer	-	0.0%	8	0.2%	21	0.6%	18	0.5%	**32**	**0.8%**
College	-	0.0%	10	0.3%	2	0.1%	4	0.1%	**9**	**0.2%**
Legal representative	20	0.7%	30	0.8%	16	0.5%	27	0.8%	**8**	**0.2%**
Court	3	0.1%	5	0.1%	8	0.2%	12	0.3%	**6**	**0.1%**
Member of Parliament/Minister	33	1.1%	19	0.5%	14	0.4%	6	0.2%	**2**	**0.0%**
Professional association	-	0.0%	4	0.1%	-	0.0%	6	0.2%	**-**	**0.0%**
Total	**2,752**	**100.0%**	**3,031**	**100.0%**	**3,535**	**100.0%**	**3,555**	**100.0%**	**4,008**	**100.0%**

Counted by complainant

* The Commission reviewed its categorisation of case sources in 2012-13 which resulted in data from 2012-13 onwards not being directly comparable with prior years

Table 17.13 - Outcome of assessment of complaints 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		**2013-14**	
Assessment decision	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Discontinued	1,447	41.2%	1,978	48.6%	2,017	49.2%	2,148	47.3%	**2,483**	**52.4%**
Referred to professional council	806	22.9%	790	19.4%	753	18.4%	887	19.5%	**842**	**17.8%**
Referred to the Commission's Resolution Service*	735	20.9%	686	16.8%	615	15.0%	714	15.7%	**442**	**9.3%**
Referred for local resolution	41	1.2%	206	5.1%	239	5.8%	252	5.5%	**384**	**8.1%**
Resolved during assessment	206	5.9%	166	4.1%	180	4.4%	240	5.3%	**260**	**5.5%**
Investigation by Commission	223	6.3%	184	4.5%	194	4.7%	209	4.6%	**206**	**4.3%**
Referred to another body or person	54	1.5%	63	1.5%	105	2.6%	94	2.1%	**125**	**2.6%**
Total	**3,512**	**100.0%**	**4,073**	**100.0%**	**4,103**	**100.0%**	**4,544**	**100.0%**	**4,742**	**100.0%**

Counted by provider identified in complaint

* Prior to July 2010, the two resolution options of assisted resolution and conciliation were reported separately. Due to the restructure of the Resolution Section, complaints are now referred to the Resolution Service and a decision is made as part of the resolution process whether assisted resolution or conciliation is the more appropriate form of trying to resolve the complaint.

Table 17.14 - Outcome of assessment of complaints by issues identified in complaint 2013-14

		Outcome							Total	
Issue category	Issue name	Discontinued	Referred to professional council	Referred to the Commission's Resolution Service	Referred for local resolution	Resolved during assessment	Investigation by Commission	Referred to another body/ person	No.	%
Treatment	Inadequate treatment	621	186	255	82	56	52	20	**1,272**	**15.9%**
	Diagnosis	202	54	65	13	18	6	-	**358**	**4.5%**
	Delay in treatment	124	12	55	108	25	-	1	**325**	**4.1%**
	Unexpected treatment outcome/complications	168	49	62	7	9	17	-	**312**	**3.9%**
	Wrong/inappropriate treatment	122	34	28	7	6	3	4	**204**	**2.5%**
	Inadequate care	52	17	56	29	9	6	11	**180**	**2.2%**
	Inadequate/inappropriate consultation	121	19	5	1	8	3	-	**157**	**2.0%**
	Rough and painful treatment	87	19	14	6	6	2	1	**135**	**1.7%**
	Coordination of treatment/results follow-up	31	9	17	10	4	-	-	**71**	**0.9%**
	Inadequate prosthetic equipment	34	11	-	3	6	-	-	**54**	**0.7%**
	Excessive treatment	34	9	3	1	-	-	2	**49**	**0.6%**
	No/inappropriate referral	32	4	-	-	1	2	-	**39**	**0.5%**
	Infection control	22	6	3	1	-	1	-	**33**	**0.4%**
	Withdrawal of treatment	16	4	3	6	2	-	-	**31**	**0.4%**
	Public/private election	5	-	-	-	1	-	-	**6**	**0.1%**
	Attendance	2	1	-	2	-	-	-	**5**	**0.1%**
Treatment total		**1,673**	**434**	**566**	**276**	**151**	**92**	**39**	3,231	40.4%
Communication/ information	Attitude/manner	513	102	84	58	53	8	5	**823**	**10.3%**
	Inadequate information provided	119	14	67	27	9	1	3	**240**	**3.0%**
	Incorrect/misleading information provided	132	27	41	9	14	2	6	**231**	**2.9%**
	Special needs not accommodated	6	2	7	6	-	-	-	**21**	**0.3%**
Communication/information total		**770**	**145**	**199**	**100**	**76**	**11**	**14**	1,315	16.4%
Professional conduct	Illegal practice	111	56	-	-	3	32	28	**230**	**2.9%**
	Impairment	27	148	-	1	1	29	6	**212**	**2.6%**
	Competence	30	77	3	-	1	25	5	**141**	**1.8%**
	Breach of guideline/law	51	34	-	-	4	14	11	**114**	**1.4%**
	Sexual misconduct	42	23	-	-	-	40	1	**106**	**1.3%**
	Inappropriate disclosure of information	67	25	2	5	5	-	-	**104**	**1.3%**
	Boundary violation	24	19	-	-	1	17	1	**62**	**0.8%**
	Assault	33	13	2	1	2	5	-	**56**	**0.7%**
	Misrepresentation of qualifications	25	7	-	-	-	1	16	**49**	**0.6%**
	Breach of condition	11	13	-	-	-	12	1	**37**	**0.5%**
	Financial fraud	10	6	-	-	-	2	1	**19**	**0.2%**
	Discriminatory conduct	10	3	1	-	1	-	-	**15**	**0.2%**
	Annual declaration not lodged/incomplete/wrong or misleading	2	2	-	-	-	1	1	**6**	**0.1%**
	Emergency treatment not provided	-	2	-	-	-	-	-	**2**	**0.0%**
	Scientific fraud	-	1	-	-	-	-	-	**1**	**0.0%**
Professional conduct total		**443**	**429**	**8**	**7**	**18**	**178**	**71**	1,154	14.4%

Table continued on next page

Table 17.14 - Outcome of assessment of complaints by issues identified in complaint 2013-14 (continued)

		Outcome							Total	
Issue category	Issue name	Discontinued	Referred to professional council	Referred to the Commission's Resolution Service	Referred for local resolution	Resolved during assessment	Investigation by Commission	Referred to another body/ person	No.	%
Medication	Prescribing medication	148	36	25	31	5	28	4	**277**	**3.5%**
	Dispensing medication	23	74	3	6	1	9	3	**119**	**1.5%**
	Administering medication	38	27	13	8	5	3	5	**99**	**1.2%**
	Supply/security/storage of medication	2	7	-	-	-	5	-	**14**	**0.2%**
Medication total		**211**	**144**	**41**	**45**	**11**	**45**	**12**	**509**	**6.4%**
Environment/ management of facilities	Administrative processes	154	20	7	30	16	2	8	**237**	**3.0%**
	Cleanliness/hygiene of facility	31	4	6	8	2	-	3	**54**	**0.7%**
	Physical environment of facility	18	-	5	12	4	-	5	**44**	**0.5%**
	Staffing and rostering	12	-	3	-	-	1	2	**18**	**0.2%**
	Statutory obligations/accreditation standards not met	1	1	-	-	-	-	-	**2**	**0.0%**
Environment/management of facilities total		**216**	**25**	**21**	**50**	**22**	**3**	**18**	**355**	**4.4%**
Access	Refusal to admit or treat	165	11	10	43	19	-	-	**248**	**3.1%**
	Waiting lists	12	-	5	15	9	-	-	**41**	**0.5%**
	Service availability	8	-	5	10	3	-	-	**26**	**0.3%**
	Access to facility	3	-	-	3	-	-	-	**6**	**0.1%**
	Access to subsidies	1	-	-		-	-	-	**1**	**0.0%**
Access total		**189**	**11**	**20**	**71**	**31**	**-**	**-**	**322**	**4.0%**
Fees/costs	Billing practices	171	25	6	5	25	7	8	**247**	**3.1%**
	Financial consent	15	2	1	-	6	-	-	**24**	**0.3%**
	Cost of treatment	15	1	-	1	5	-	-	**22**	**0.3%**
Fees/costs total		**201**	**28**	**7**	**6**	**36**	**7**	**8**	**293**	**3.7%**
Reports/certificates	Accuracy of report/certificate	137	18	4	1	5	-	-	**165**	**2.1%**
	Refusal to provide report/certificate	18	2	-	1	5	-	-	**26**	**0.3%**
	Timeliness of report/certificate	3	1	-	-	2	-	-	**6**	**0.1%**
	Report written with inadequate or no consultation	5	-	-	-	-	-	-	**5**	**0.1%**
	Cost of report/certificate	2	-	-	-	-	-	-	**2**	**0.0%**
Reports/certificates total		**165**	**21**	**4**	**2**	**12**	**-**	**-**	**204**	**2.5%**

Table continued on next page

Table 17.14 - Outcome of assessment of complaints by issues identified in complaint 2013-14 (continued)

		Outcome							Total	
Issue category	Issue name	Discontinued	Referred to professional council	Referred to the Commission's Resolution Service	Referred for local resolution	Resolved during assessment	Investigation by Commission	Referred to another body/ person	No.	%
Grievance processes	Inadequate/no response to complaint	93	12	42	19	17	3	1	**187**	**2.3%**
	Reprisal/retaliation as result of complaint lodged	7	-	1	-	-	-	-	**8**	**0.1%**
	Information about complaints procedures not provided	-	-	-	1	2	-	-	**3**	**0.0%**
Grievance processes total		**100**	**12**	**43**	**20**	**19**	**3**	**1**	**198**	**2.5%**
Medical records	Access to/transfer of records	49	4	5	3	17	1	-	**79**	**1.0%**
	Record keeping	32	17	3	2	1	18	3	**76**	**0.9%**
	Records management	2	-	-	-	1	-	-	**3**	**0.0%**
Medical records total		**83**	**21**	**8**	**5**	**19**	**19**	**3**	**158**	**2.0%**
Consent	Consent not obtained or inadequate	47	10	7	-	3	1	1	**69**	**0.9%**
	Involuntary admission or treatment	38	-	5	12	-	-	-	**55**	**0.7%**
	Uninformed consent	8	1	4	-	-	-	-	**13**	**0.2%**
Consent total		**93**	**11**	**16**	**12**	**3**	**1**	**1**	**137**	**1.7%**
Discharge/transfer arrangements	Inadequate discharge	38	4	47	19	9	-	-	**117**	**1.5%**
	Delay	2	-	4	-	1	-	-	**7**	**0.1%**
	Mode of transport	-	-	3	-	1	-	-	4	**0.0%**
	Patient not reviewed	1	-	-	1	1	-	-	**3**	**0.0%**
Discharge/transfer arrangements total		**41**	**4**	**54**	**20**	**12**	**-**	**-**	**131**	**1.6%**
Grand total		**4,185**	**1,285**	**987**	**614**	**410**	**359**	**167**	**8,007**	**100.0%**

Counted by issues raised in complaint

Appendices

Table 17.15 - Outcome of assessment of complaints by service area 2013-14

	Outcome							Total	
Service area	Discontinued	Referred to professional council	Referred to Commission's Resolution Service	Referred for local resolution	Resolved during assessment	Investigation by Commission	Referred to another body	No.	%
General medicine	580	175	43	91	54	55	14	**1,012**	**21.3%**
Dentistry	267	102	12	15	37	9	9	**451**	**9.5%**
Surgery	190	36	66	30	26	13	5	**366**	**7.7%**
Emergency medicine	118	35	74	52	28	8	1	**316**	**6.7%**
Mental health	146	52	24	38	17	10	2	**289**	**6.1%**
Pharmacy/pharmacology	49	135	1	-	4	13	4	**206**	**4.3%**
Administration/non-health related	109	29	2	20	8	12	9	**189**	**4.0%**
Aged care	98	35	5	3	-	8	36	**185**	**3.9%**
Psychiatry	114	11	13	14	2	7	-	**161**	**3.4%**
Psychology	60	56	-	1	2	7	2	**128**	**2.7%**
Obstetrics	38	6	45	9	8	3	1	**110**	**2.3%**
Cosmetic services	66	6	-	1	2	12	4	**91**	**1.9%**
Medico-legal	67	20	-	1	2	-	-	**90**	**1.9%**
Drug and alcohol	31	18	1	29	1	4	4	**88**	**1.9%**
Paediatric medicine/early childhood	35	12	17	6	4	6	-	**80**	**1.7%**
Radiology	46	6	2	1	7	-	1	**63**	**1.3%**
Cardiology	24	8	16	2	2	5	-	**57**	**1.2%**
Dermatology	33	10	5	2	-	-	-	**50**	**1.1%**
Ophthalmology	27	4	7	1	4	-	2	**45**	**0.9%**
Gynaecology	23	5	8	2	3	2	-	**43**	**0.9%**
Geriatrics/gerontology	20	1	14	2	3	1	1	**42**	**0.9%**
Anaesthesia	17	8	6	-	1	6	1	**39**	**0.8%**
Neurology	23	2	8	1	4	-	-	**38**	**0.8%**
Physiotherapy	19	9	-	-	2	3	5	**38**	**0.8%**
Midwifery	11	10	5	4	1	6	-	**37**	**0.8%**
Pain management	15	-	1	18	-	-	-	**34**	**0.7%**
Oncology	18	1	8	4	-	2	-	**33**	**0.7%**
Gastroenterology	14	3	10	4	1	-	-	**32**	**0.7%**
Alternative health	21	4	-	-	1	2	2	**30**	**0.6%**
Optometry	16	4	2	3	4	-	1	**30**	**0.6%**
Rehabilitation medicine	19	3	4	1	1	-	1	**29**	**0.6%**
Chiropractice	10	8	1	-	1	2	4	**26**	**0.5%**
Counselling	16	4	1	1	2	1	1	**26**	**0.5%**
Pathology	18	1	1	2	3	-	-	**25**	**0.5%**
Palliative care	4	2	15	3	-	-	-	**24**	**0.5%**
Ambulance Service	9	-	1	6	5	1	-	**22**	**0.5%**

Table continued on next page

Table 17.15 - Outcome of assessment of complaints by service area 2013-14 (continued)

	Outcome							Total	
Service area	Discontinued	Referred to professional council	Referred to Commission's Resolution Service	Referred for local resolution	Resolved during assessment	Investigation by Commission	Referred to another body	No.	%
Immunology	11	-	2	1	4	1	-	**19**	**0.4%**
Podiatry	7	3	1	1	2	-	2	**16**	**0.3%**
Reproductive medicine	9	-	1	1	1	-	4	**16**	**0.3%**
Respiratory/thoraric medicine	6	-	4	2	4	-	-	**16**	**0.3%**
Massage therapy	9	-	-	-	-	3	2	**14**	**0.3%**
Endocrinology	3	3	2	1	1	-	-	**10**	**0.2%**
Radiography	5	1	2	-	2	-	-	**10**	**0.2%**
Renal medicine	2	-	3	4	1	-	-	**10**	**0.2%**
Haematology	5	-	4	-	-	-	-	**9**	**0.2%**
Intensive care	1	2	3	1	1	1	-	**9**	**0.2%**
Occupational therapy	5	4	-	-	-	-	-	**9**	**0.2%**
Infectious diseases	2	2	1	-	2	-	1	**8**	**0.2%**
Nutrition and dietetics	5	1	-	1	-	-	-	**7**	**0.1%**
Osteopathy	3	1	-	-	-	2	1	**7**	**0.1%**
Acupuncture	2	1	-	1	1	-	1	**6**	**0.1%**
Rheumatology	5	-	-	1	-	-	-	**6**	**0.1%**
Sleep medicine	3	-	-	1	1	-	-	**5**	**0.1%**
Developmental disability	3	-	-	-	-	-	1	**4**	**0.1%**
Health education/information	3	-	-	-	-	-	1	**4**	**0.1%**
Nephrology	3	1	-	-	-	-	-	**4**	**0.1%**
Occupational health	3	1	-	-	-	-	-	**4**	**0.1%**
Psychotherapy	3	1	-	-	-	-	-	**4**	**0.1%**
Personal care	1	-	1	-	-	-	1	**3**	**0.1%**
Family planning	2	-	-	-	-	-	-	**2**	**0.0%**
Other service area	2	-	-	-	-	-	-	**2**	**0.0%**
Prosthetics and orthotics	1	-	-	1	-	-	-	**2**	**0.0%**
Sexual assault service	1	-	-	1	-	-	-	**2**	**0.0%**
Speech therapy	2	-	-	-	-	-	-	**2**	**0.0%**
Autopsy	1	-	-	-	-	-	-	**1**	**0.0%**
Forensic pathology	1	-	-	-	-	-	-	**1**	**0.0%**
Hypnotherapy	1	-	-	-	-	-	-	**1**	**0.0%**
Natural therapy	1	-	-	-	-	-	-	**1**	**0.0%**
Psychogeriatrics	1	-	-	-	-	-	-	**1**	**0.0%**
Sport medicine	-	-	-	-	-	-	1	**1**	**0.0%**
Traditional Chinese medicine	-	-	-	-	-	1	-	**1**	**0.0%**
Total	**2,483**	**842**	**442**	**384**	**260**	**206**	**125**	**4,742**	**100.0%**

Counted by provider identified in complaint

Table 17.16 - Outcome of assessment of complaints by type of health service provider 2013-14

Health organisation

	Outcome							Total	
Health service provider type	Discontinued	Referred to council	Referred to Commission's Resolution Service	Referred for local resolution	Resolved during assessment	Investigation by Commission	Referred to another body	No.	%
Public hospital	249	-	262	188	66	4	-	769	16.2%
Correction and detention facility	84	-	4	147	4	-	1	240	5.1%
Medical centre	79	-	2	1	14	-	2	98	2.1%
Private hospital	45	-	26	-	4	-	1	76	1.6%
Aged care facility	29	-	2	2	-	1	37	71	1.5%
Dental facility	33	2	2	11	9	-	5	62	1.3%
Community health service	22	-	7	16	7	-	1	53	1.1%
Medical practice	38	-	1	-	5	-	2	46	1.0%
Psychiatric hospital/unit	25	-	4	4	2	-	-	35	0.7%
Pharmacy	18	11	-	-	1	-	1	31	0.7%
Radiology facility	22	-	-	-	8	-	1	31	0.7%
Ambulance service	11	-	3	6	5	-	-	25	0.5%
Alternative health practice	19	-	-	-	-	-	3	22	0.5%
Local Health District/ Speciality Network	8	-	4	7	-	-	1	20	0.4%
Pathology centres/labs	13	-	1	1	3	-	-	18	0.4%
Day procedure centre	12	-	-	-	2	-	1	15	0.3%
Drug and alcohol service	4	-	-	1	1	-	-	6	0.1%
Other/unknown health organisation	5	-	1	-	-	-	-	6	0.1%
Physiotherapy facility	3	-	-	-	-	-	3	6	0.1%
Supported accommodation services	4	-	2	-	-	-	-	6	0.1%
Government department	2	-	1	-	-	-	2	5	0.1%
Psychology facility	5	-	-	-	-	-	-	5	0.1%
Multi purpose service	2	-	1	-	-	1	-	4	0.1%
Optometrist facility	2	-	-	-	1	-	-	3	0.1%
Osteopathy facility	2	-	-	-	-	-	1	3	0.1%
Chiropractic facility	-	-	-	-	-	-	2	2	0.0%
Podiatry practice	-	-	-	-	-	-	2	2	0.0%
Rehabilitation facility	2	-	-	-	-	-	-	2	0.0%
Sexual assault service	1	-	-	-	-	-	-	1	0.0%
Health organisation total	**739**	**13**	**323**	**384**	**132**	**6**	**66**	**1,663**	**35.1%**

Table continued on next page

Table 17.16 - Outcome of assessment of complaints by type of health service provider 2013-14 (continued)

	Outcome							Total	
Health service provider type	Discontinued	Referred to council	Referred to Commission's Resolution Service	Referred for local resolution	Resolved during assessment	Investigation by Commission	Referred to another body	No.	%
Medical practitioner	1,099	268	100	-	80	93	27	1,667	35.2%
Nurse or midwife	165	221	6	-	2	54	3	451	9.5%
Dental practitioner	226	99	9	-	28	11	5	378	8.0%
Pharmacist	26	123	-	-	3	13	3	168	3.5%
Psychologist	69	64	1	-	2	8	2	146	3.1%
Chiropractor	11	9	1	-	2	3	2	28	0.6%
Physiotherapist	14	8	-	-	2	2	1	27	0.6%
Assistant in nursing	21	-	-	-	1	4	-	26	0.5%
Optometrist	14	4	2	-	3	-	-	23	0.5%
Other/unknown health practitioner	13	-	-	-	-	2	2	17	0.4%
Student practitioner	1	14	-	-	-	-	-	15	0.3%
Counsellor/therapist	9	-	-	-	1	1	2	13	0.3%
Alternative health provider	11	-	-	-	-	1		12	0.3%
Medical radiation practitioner	7	5	-	-	-	-	-	12	0.3%
Podiatrist	7	3	-	-	2	-	-	12	0.3%
Administration/clerical staff	7	-	-	-	1	-	2	10	0.2%
Massage therapist	3	-	-	-	-	4	3	10	0.2%
Occupational therapist	6	4	-	-	-	-	-	10	0.2%
Chinese medicine practitioner	1	5	-	-	1	1	1	9	0.2%
Social worker	7	-	-	-	-	1	1	9	0.2%
Osteopath	2	2	-	-	-	1	1	6	0.1%
Naturopath	4	-	-	-	-	1	-	5	0.1%
Cosmetic therapist	2	-	-	-	-	-	2	4	0.1%
Dental technician	4	-	-	-	-	-	-	4	0.1%
Psychotherapist	4	-	-	-	-	-	-	4	0.1%
Dietitian/nutritionist	3	-	-	-	-	-	-	3	0.1%
Residential care worker	3	-	-	-	-	-	-	3	0.1%
Kinesiologist	-	-	-	-	-	-	2	2	0.0%
Speech pathologist	2	-	-	-	-	-	-	2	0.0%
Ambulance personnel	1	-	-	-	-	-	-	1	0.0%
Doula	1	-	-	-	-	-	-	**1**	**0.0%**
Natural therapist	1	-	-	-	-	-	-	**1**	**0.0%**
Health practitioner total	**1,744**	**829**	**119**	**-**	**128**	**200**	**59**	**3,079**	**64.9%**
Grand total	**2,483**	**842**	**442**	**384**	**260**	**206**	**125**	**4,742**	**100.0%**

Counted by provider identified in complaint

Health practitioner

Appendices

Table 17.17 - Time taken to assess complaints 2009-10 to 2013-14

	2009-10	2010-11	2011-12	2012-13	**2013-14**
Percentage of complaints assessed within 60 days	82.3%	84.6%	88.1%	94.5%	**94.2%**
Average days to assess complaints	46	43	43	40	**38**

Counted by provider identified in complaint

Table 17.18 - Requests for review of assessment decision 2009-10 to 2013-14

	2009-10	2010-11	2011-12	2012-13	**2013-14**
	No.	No.	No.	No.	**No.**
Requests for review of assessment decision	278	305	292	389	**320**
Percentage of all assessments finalised	7.9%	7.5%	7.1%	8.6%	**6.7%**

Counted by provider identified in complaint

Table 17.19 - Outcome of reviews of assessment decision 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		**2013-14**	
Review result	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Original assessment decision confirmed	252	94.4%	281	93.7%	267	88.7%	344	93.2%	**279**	**91.5%**
Assessment decision varied	15	5.6%	19	6.3%	34	11.3%	25	6.8%	**26**	**8.5%**
Total	**267**	**100.0%**	**300**	**100.0%**	**301**	**100.0%**	**369**	**100.0%**	**305**	**100.0%**

Counted by provider identified in complaint

Table 17.20 - Outcome of assisted resolutions 2009-10 to 2013-14

			2009-10		2010-11		2011-12		2012-13		**2013-14**	
Outcome			No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Resolution did proceed	Resolved	Resolved	216	39.1%	262	40.4%	239	36.6%	283	44.5%	**223**	**36.7%**
		Partially resolved	119	21.5%	143	22.0%	152	23.3%	123	19.3%	**127**	**20.9%**
	Not resolved	Not resolved	99	17.9%	88	13.6%	54	8.3%	59	9.3%	**94**	**15.5%**
Resolution did proceed total			**434**	**78.5%**	**493**	**76.0%**	**445**	**68.1%**	**465**	**73.1%**	**444**	**73.0%**
Resolution did not proceed total			**119**	**21.5%**	**156**	**24.0%**	**208**	**31.9%**	**171**	**26.9%**	**164**	**27.0%**
Grand total			**553**	**100.0%**	**649**	**100.0%**	**653**	**100.0%**	**636**	**100.0%**	**608**	**100.0%**

Counted by provider identified in complaint

Table 17.21 - Outcome of conciliations 2009-10 to 2013-14

			2009-10		2010-11		2011-12		2012-13		2013-14	
Outcome		Reason	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Conciliation process did proceed	Resolved	Agreement reached	26	18.2%	21	47.7%	18	81.8%	14	77.8%	**7**	**63.6%**
		Complaint resolved with the assistance of the Registry	6	4.2%	1	2.3%	-	0.0%	-	0.0%	**-**	**0.0%**
	Not resolved	Consent withdrawn	20	14.0%	4	9.1%	2	9.1%	4	22.2%	**-**	**0.0%**
		The conciliation was helpful in clarifying concerns	8	5.6%	10	22.7%	-	0.0%	-	0.0%	**1**	**9.1%**
		No agreement reached	6	4.2%	-	0.0%	2	9.1%	-	0.0%	**2**	**18.2%**
Conciliation process did proceed total			**66**	**46.2%**	**36**	**81.8%**	**22**	**100.0%**	**18**	**100.0%**	**10**	**90.9%**
Conciliation process did not proceed total			**77**	**53.8%**	**8**	**18.2%**	**-**	**0.0%**	**-**	**0.0%**	**1**	**9.1%**
Grand total			**143**	**100.0%**	**44**	**100.0%**	**22**	**100.0%**	**18**	**100.0%**	**11**	**100.0%**

Counted by provider identified in complaint

Table 17.22 - Time taken to complete resolution processes 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		2013-14	
Time taken to complete	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
0-1 month	145	20.8%	143	20.6%	143	21.2%	116	17.7%	**83**	**13.4%**
1-2 months	168	24.1%	149	21.5%	123	18.2%	133	20.3%	**87**	**14.1%**
2-3 months	118	17.0%	103	14.9%	122	18.1%	96	14.7%	**74**	**12.0%**
3-4 months	85	12.2%	66	9.5%	83	12.3%	77	11.8%	**78**	**12.6%**
4-5 months	48	6.9%	59	8.5%	52	7.7%	62	9.5%	**45**	**7.3%**
5-6 months	45	6.5%	41	5.9%	50	7.4%	48	7.3%	**52**	**8.4%**
6-7 months	32	4.6%	32	4.6%	28	4.1%	34	5.2%	**41**	**6.6%**
7-8 months	14	2.0%	36	5.2%	21	3.1%	25	3.8%	**34**	**5.5%**
8-9 months	9	1.3%	19	2.7%	21	3.1%	18	2.8%	**31**	**5.0%**
9-10 months	13	1.9%	9	1.3%	7	1.0%	12	1.8%	**27**	**4.4%**
10-11 months	3	0.4%	6	0.9%	11	1.6%	10	1.5%	**21**	**3.4%**
11-12 months	3	0.4%	7	1.0%	4	0.6%	6	0.9%	**18**	**2.9%**
>12 months	12	1.7%	23	3.3%	10	1.5%	17	2.6%	**28**	**4.5%**
Total	**695**	**100.0%**	**693**	**100.0%**	**675**	**100.0%**	**654**	**100.0%**	**619**	**100.0%**

Counted by provider identified in complaint

Appendices

Table 17.23 - Outcome of investigations 2009-10 to 2013-14

		2009-10		2010-11		2011-12		2012-13		2013-14	
Investigation outcome		No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Registered health practitioner	Referred to Director of Proceedings	138	61.6%	106	67.1%	131	66.8%	85	51.2%	**109**	**57.7%**
	Referred to council	45	20.1%	36	22.8%	36	18.4%	45	27.1%	**32**	**16.9%**
	No further action	29	12.9%	13	8.2%	24	12.2%	22	13.3%	**27**	**14.3%**
	Referred to council under s20A	-	0.0%	-	0.0%	5	2.6%	13	7.8%	**20**	**10.6%**
	Make comments to the practitioner	12	5.4%	3	1.9%	-	0.0%	1	0.6%	**1**	**0.5%**
Registered health practitioner total		**224**	**100.0%**	**158**	**100.0%**	**196**	**100.0%**	**166**	**100.0%**	189	100.0%
Previously registered health practitioner	Public statement / prohibition order	-	0.0%	-	0.0%	-	0.0%	-	0.0%	**3**	**50.0%**
	No further action	2	33.3%	4	50.0%	1	100.0%	-	0.0%	**1**	**16.7%**
	Referred to council	2	33.3%	4	50.0%	1	100.0%	-	0.0%	**1**	**16.7%**
	Referred to Director of Proceedings	4	66.7%	3	37.5%	-	0.0%	-	0.0%	**1**	**16.7%**
	Referred to council under s20A	-	0.0%	-	0.0%	-	0.0%	1	100.0%	**-**	**0.0%**
Previously registered health practitioner total		**6**	**100.0%**	**8**	**100.0%**	**1**	**100.0%**	**1**	**100.0%**	6	100.0%
Unregistered health practitioner	Public statement / prohibition order	4	57.1%	6	46.2%	7	50.0%	8	53.3%	**7**	**41.2%**
	Comments to the practitioner	2	28.6%	3	23.1%	2	14.3%	2	13.3%	**6**	**35.3%**
	No further action	1	14.3%	4	30.8%	5	35.7%	5	33.3%	**3**	**17.6%**
	Breach of prohibition order, referred to Commissioner	-	0.0%	-	0.0%	-	0.0%	-	0.0%	**1**	**5.9%**
Unregistered health practitioner total		**7**	**100.0%**	**13**	**100.0%**	**14**	**100.0%**	**15**	**100.0%**	17	100.0%
Health organisation	Comments or recommendations	33	94.3%	22	91.7%	9	81.8%	16	84.2%	**14**	**100.0%**
	No further action	2	5.7%	2	8.3%	2	18.2%	3	15.8%	**-**	**0.0%**
Health organisation total		**35**	**100.0%**	**24**	**100.0%**	**11**	**100.0%**	**19**	**100.0%**	14	100.0%
Grand total		**272**	**100.0%**	**203**	**100.0%**	**222**	**100.0%**	**201**	**100.0%**	226	100.0%

Counted by provider identified in complaint

* In nine of these cases the Commissioner also issued a public warning about unsafe health services.

Table 17.24 - Investigations into health organisations and health practitioners finalised 2009-10 to 2013-14

		2009-10		2010-11		2011-12		2012-13		2013-14	
	Health service provider	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Registered health practitioner	Medical practitioner	144	60.8%	93	52.0%	123	58.3%	91	50.0%	**112**	**52.8%**
	Nurse/midwife	53	22.4%	37	20.7%	47	22.3%	30	16.5%	**50**	**23.6%**
	Dental practitioner	3	1.3%	4	2.2%	6	2.8%	21	11.5%	**8**	**3.8%**
	Psychologist	3	1.3%	7	3.9%	5	2.4%	3	1.6%	**6**	**2.8%**
	Osteopath	-	0.0%	-	0.0%	1	0.5%	7	3.8%	**5**	**2.4%**
	Chiropractor	6	2.5%	7	3.9%	3	1.4%	2	1.1%	**3**	**1.4%**
	Pharmacist	11	4.6%	5	2.8%	9	4.3%	8	4.4%	**3**	**1.4%**
	Chinese medicine practitioner	1	0.4%	1	0.6%	1	0.5%	1	0.5%	**1**	**0.5%**
	Physiotherapist	3	1.3%	3	1.7%	-	0.0%	-	0.0%	**1**	**0.5%**
	Podiatrist	-	0.0%	2	1.1%	1	0.5%	3	1.6%	**-**	**0.0%**
Registered health practitioner total		**224**	**94.5%**	**159**	**88.8%**	**196**	**92.9%**	**166**	**91.2%**	189	89.2%
Previously registered health practitioner	Nurse/midwife	-	0.0%	-	0.0%	-	0.0%	1	0.5%	**5**	**2.4%**
	Pharmacist	-	0.0%	-	0.0%	-	0.0%	-	0.0%	**1**	**0.5%**
	Medical practitioner	6	2.5%	7	3.9%	1	0.5%	-	0.0%	**-**	**0.0%**
	Optometrist	-	0.0%	1	0.6%	-	0.0%	-	0.0%	**-**	**0.0%**
Previously registered health practitioner total		**6**	**2.5%**	**8**	**4.5%**	**1**	**0.5%**	**1**	**0.5%**	6	2.8%
Unregistered health practitioner	Assistant in nursing	-	0.0%	2	1.1%	3	1.4%	6	3.3%	**6**	**2.8%**
	Massage therapist	1	0.4%	2	1.1%	1	0.5%	4	2.2%	**5**	**2.4%**
	Naturopath	-	0.0%	1	0.6%	2	0.9%	-	0.0%	**2**	**0.9%**
	Other/unknown health practitioner	-	0.0%	-	0.0%	-	0.0%	-	0.0%	**2**	**0.9%**
	Psychotherapist	1	0.4%	1	0.6%	-	0.0%	-	0.0%	**2**	**0.9%**
	Administration/clerical staff	1	0.4%	2	1.1%	3	1.4%	-	0.0%	**-**	**0.0%**
	Alternative health provider	1	0.4%	2	1.1%	2	0.9%	2	1.1%	**-**	**0.0%**
	Dental technician	2	0.8%	1	0.6%	1	0.5%	1	0.5%	**-**	**0.0%**
	Hypnotherapist	-	0.0%	-	0.0%	1	0.5%	-	0.0%	**-**	**0.0%**
	Natural therapist	1	0.4%	-	0.0%	-	0.0%	-	0.0%	**-**	**0.0%**
	Residential care worker	-	0.0%	1	0.6%	1	0.5%	2	1.1%	**-**	**0.0%**
Unregistered health practitioner total		**7**	**3.0%**	**12**	**6.7%**	**14**	**6.6%**	**15**	**8.2%**	17	8.0%
Health practitioner total		**237**	**100.0%**	**179**	**100.0%**	**211**	**100.0%**	**182**	**100.0%**	212	100.0%

Table continued on next page

Table 17.24 - Investigations into health organisations and health practitioners finalised 2009-10 to 2013-14 (continued)

		2009-10		2010-11		2011-12		2012-13		2013-14	
	Health service provider	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Health organisation	Aged care facility	1	2.9%	-	0.0%	-	0.0%	-	0.0%	**6**	**42.9%**
	Public hospital	30	85.7%	20	83.3%	8	72.7%	11	57.9%	**4**	**28.6%**
	Alternative health centre	-	0.0%	-	0.0%	-	0.0%	-	0.0%	**3**	**21.4%**
	Other health organisation	-	0.0%	-	0.0%	2	18.2%	-	0.0%	**1**	**7.1%**
	Dental facility	-	0.0%	-	0.0%	-	0.0%	4	21.1%	**-**	**0.0%**
	Drug and alcohol service	-	0.0%	1	4.2%	-	0.0%	2	10.5%	**-**	**0.0%**
	Private hospital	2	5.7%	-	0.0%	1	9.1%	2	10.5%	**-**	**0.0%**
	Local Health District	2	5.7%	-	0.0%	-	0.0%	-	0.0%	**-**	**0.0%**
	College/association	-	0.0%	2	8.3%	-	0.0%	-	0.0%	**-**	**0.0%**
	Medical practice	-	0.0%	1	4.2%	-	0.0%	-	0.0%	**-**	**0.0%**
Health organisation total		**35**	**100.0%**	**24**	**100.0%**	**11**	**100.0%**	**19**	**100.0%**	14	100.0%
Grand total		**272**	**100.0%**	**203**	**100.0%**	**222**	**100.0%**	**201**	**100.0%**	226	100.0%

Counted by provider identified in complaint

Table 17.25 - Investigations finalised by issue category 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		2013-14	
	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Professional conduct	163	33.1%	159	43.4%	208	56.8%	138	39.3%	**193**	**50.1%**
Treatment	196	39.8%	131	35.8%	106	29.0%	136	38.7%	**91**	**23.6%**
Medication	53	10.8%	32	8.7%	26	7.1%	24	6.8%	**50**	**13.0%**
Communication/information	39	7.9%	15	4.1%	7	1.9%	13	3.7%	**22**	**5.7%**
Medical records	13	2.6%	10	2.7%	5	1.4%	10	2.8%	**15**	**3.9%**
Consent	7	1.4%	3	0.8%	1	0.3%	19	5.4%	**8**	**2.1%**
Environment/management of facilities	5	1.0%	5	1.4%	3	0.8%	5	1.4%	**3**	**0.8%**
Discharge/transfer arrangements	11	2.2%	4	1.1%	4	1.1%	2	0.6%	**1**	**0.3%**
Fees/costs	2	0.4%	4	1.1%	4	1.1%	1	0.3%	**1**	**0.3%**
Grievance processes	3	0.6%	-	0.0%	-	0.0%	2	0.6%	**1**	**0.3%**
Access	-	0.0%	-	0.0%	1	0.3%	1	0.3%	**-**	**0.0%**
Reports/certificates	1	0.2%	3	0.8%	1	0.3%	-	0.0%	**-**	**0.0%**
Total	**493**	**100.0%**	**366**	**100.0%**	**366**	**100.0%**	**351**	**100.0%**	385	100.0%

Counted by issues raised in complaint

Table 17.26 - Outcome of investigations finalised by profession and organisation type 2013-14

	Registered health practitioner									Total	
Outcome	Medical practitioner	Nurse/midwife	Dental practitioner	Psychologist	Osteopath	Chiropractor	Pharmacist	Chinese medicine practitioner	Physiotherapist	No.	%
Referred to Director of Proceedings	66	26	4	5	5	1	2	-	-	**109**	**57.7%**
Referred to council	19	7	3	1	-	1	-	1	-	**32**	**16.9%**
No further action	17	7	1	-	-	1	1	-	-	**27**	**14.3%**
Referred to council under s20A	9	10	-	-	-	-	-	-	1	**20**	**10.6%**
Make comments to the practitioner	1	-	-	-	-	-	-	-	-	**1**	**0.5%**
Total registered health practitioner	**112**	**50**	**8**	**6**	**5**	**3**	**3**	**1**	**1**	**189**	**100.0%**

	Previously registered health practitioner			
Outcome	Nurse/midwife	Pharmacist	No.	%
Public statement / prohibition order	3	-	**3**	**50.0%**
No further action	1	-	**1**	**16.7%**
Referred to Director of Proceedings	-	1	**1**	**16.7%**
Referred to council	1	-	**1**	**16.7%**
Total previously registered health practitioner	**5**	**1**	**6**	**100.0%**

	Unregistered health practitioner						
Outcome	Assistant in nursing	Massage therapist	Other health practitioner	Psychotherapist	Naturopath	No.	%
Public statement / prohibition order	2	1	2	2	-	**7**	**41.2%**
Make comments to the practitioner	1	4	-	-	1	**6**	**35.3%**
No further action	3	-	-	-	-	**3**	**17.6%**
Breach of prohibition order, referred to Commissioner	-	-	-	-	1	**1**	**5.9%**
Total unregistered health practitioner	**6**	**5**	**2**	**2**	**2**	**17**	**100.0%**

	Health organisation				
Outcome	Aged care facility	Public hospital	Other health organisation	Men's health clinic	No.	%
Recommendations	-	3	3	1	**7**	**50.0%**
Comments	6	1	-	-	**7**	**50.0%**
Total health organisation	**6**	**4**	**3**	**1**	**14**	**100.0%**

Counted by provider identified in complaint

Appendices

Table 17.27 - Request for review of investigation decision 2009-10 to 2013-14

	2009-10	2010-11	2011-12	2012-13	**2013-14**
Request for review of investigation decision	2	3	4	5	**5**
Percentage of all investigations finalised	0.7%	1.5%	1.8%	2.5%	**2.2%**

Counted by provider identified in complaint

Table 17.28 - Outcome of reviews of investigation decision 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		**2013-14**	
Outcome	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Original investigation decision confirmed	2	100.0%	3	75.0%	2	66.7%	6	100.0%	**5**	**100.0%**
Re-opened for investigation	-	0.0%	1	25.0%	1	33.3%	-	0.0%	**-**	**0.0%**
Total	**2**	**100.0%**	**4**	**100.0%**	**3**	**100.0%**	**6**	**100.0%**	5	100.0%

Counted by provider identified in complaint

Table 17.29 - Time taken to complete investigations* 2009-10 to 2013-14

	2009-10		2010-11		2011-12		2012-13		**2013-14**	
Time taken	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
0-1 months	1	0.4%	-	0.0%	2	0.9%	2	1.0%	**6**	**2.7%**
1-2 months	1	0.4%	3	1.5%	6	2.7%	11	5.5%	**5**	**2.2%**
2-3 months	4	1.5%	7	3.4%	20	9.0%	8	4.0%	**16**	**7.1%**
3-4 months	18	6.6%	6	3.0%	22	9.9%	10	5.0%	**27**	**11.9%**
4-5 months	26	9.6%	6	3.0%	17	7.7%	19	9.5%	**22**	**9.7%**
5-6 months	20	7.4%	23	11.3%	23	10.4%	13	6.5%	**26**	**11.5%**
6-7 months	30	11.0%	24	11.8%	19	8.6%	16	8.0%	**18**	**8.0%**
7-8 months	28	10.3%	24	11.8%	32	14.4%	24	11.9%	**22**	**9.7%**
8-9 months	27	9.9%	20	9.9%	22	9.9%	21	10.4%	**24**	**10.6%**
9-10 months	34	12.5%	30	14.8%	11	5.0%	22	10.9%	**14**	**6.2%**
10-11 months	19	7.0%	19	9.4%	12	5.4%	19	9.5%	**17**	**7.5%**
11-12 months	23	8.5%	21	10.3%	16	7.2%	15	7.5%	**18**	**8.0%**
12-18 months	36	13.2%	16	7.9%	19	8.6%	14	7.0%	**10**	**4.4%**
18-24 months	4	1.5%	4	2.0%	1	0.5%	7	3.5%	**1**	**0.4%**
24-30 months	1	0.4%	-	0.0%	-	0.0%	-	0.0%	**-**	**0.0%**
Total	**272**	**100.0%**	**203**	**100.0%**	**222**	**100.0%**	**201**	**100.0%**	226	100.0%
Average days	**263**		**260**		**222**		**244**		209	

Counted by provider identified in complaint
* Excludes time when investigation was paused

Table 17.30 - Legal matters finalised 2009-10 to 2013-14

		2009-10		2010-11		2011-12		2012-13		2013-14	
		No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Tribunal	Proved	46	47.4%	50	46.7%	39	41.5%	53	60.2%	**34**	**47.9%**
	Withdrawn	-	0.0%	-	0.0%	4	4.3%	2	2.3%	**4**	**5.6%**
	Not proved	7	7.2%	7	6.5%	1	1.1%	-	0.0%	**1**	**1.4%**
	Total	**53**	**54.6%**	**57**	**53.3%**	**44**	**46.8%**	**55**	**62.5%**	**39**	**54.9%**
Professional Standards Committee	Proved	21	21.6%	21	19.6%	25	26.6%	13	14.8%	**16**	**22.5%**
	Not proved	9	9.3%	6	5.6%	3	3.2%	3	3.4%	**2**	**2.8%**
	Withdrawn	-	0.0%	-	0.0%	-	0.0%	2	2.3%	**-**	**0.0%**
	Terminated and referred to Tribunal	-	0.0%	-	0.0%	2	2.1%	-	0.0%	**-**	**0.0%**
	Total	**30**	**30.9%**	**27**	**25.2%**	**30**	**31.9%**	**18**	**20.5%**	**18**	**25.4%**
Appeal/application		**10**	**10.3%**	**14**	**13.1%**	**13**	**13.8%**	**10**	**11.4%**	**10**	**14.1%**
Re-registration		**4**	**4.1%**	**9**	**8.4%**	**7**	**7.4%**	**5**	**5.7%**	**4**	**5.6%**
Total		**97**	**100.0%**	**107**	**100.0%**	**94**	**100.0%**	**88**	**100.0%**	**71**	**100.0%**

Counted by matter

Table 17.31 - Open complaints as at 30 June

	2009-10		2010-11		2011-12		2012-13		2013-14	
Open process	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Assessment	566	46.3%	611	48.5%	609	49.5%	667	51.4%	**685**	**58.7%**
Legal processes	233	19.1%	227	18.0%	257	20.9%	160	12.3%	**169**	**14.5%**
Investigation	184	15.0%	170	13.5%	148	12.0%	161	12.4%	**149**	**12.8%**
Resolution process	169	13.8%	202	16.0%	172	14.0%	250	19.3%	**96**	**8.2%**
Review of assessment	35	2.9%	36	2.9%	25	2.0%	37	2.9%	**50**	**4.3%**
Brief preparation	5	0.4%	11	0.9%	14	1.1%	17	1.3%	**13**	**1.1%**
Conciliation	30	2.5%	4	0.3%	4	0.3%	5	0.4%	**5**	**0.4%**
Review of investigation	1	0.1%	-	0.0%	1	0.1%	-	0.0%	**-**	**0.0%**
Total	**1,223**	**100.0%**	**1,261**	**100.0%**	**1,230**	**100.0%**	**1,297**	**100.0%**	**1,167**	**100.0%**

Counted by provider identified in complaint

Appendices

APPENDIX B

Summary of results in relation to key performance indicators

Number	Description	Target	Result 2013-14	Status
GOAL 1.	**COMPREHENSIVE AND RESPONSIVE COMPLAINT HANDLING**			
1.1.1.1	Percentage of complaints assessed within 60 days (using HCCC Assessment Date)	100	94.2	NOT-MET
1.1.1.2	Percentage of complaints not assessed within 60 days where an extension approved	100	98.6	MET
1.1.1.3	Request for reviews of assessment decision as a percentage of assessments finalised	<= 10	6.7	MET
1.1.1.4	Percentage of reviews completed within six weeks	>= 90	71.8	NOT-MET
1.1.1.5	Percentage of 'Reason for Decision Letters' completed within 14 days.	100	99.0	NOT-MET
1.1.2.1	Percentage of 7 day file audits rated satisfactory	>= 90	91.7	NOT-MET
1.1.2.2	Percentage of 21 day audits completed on-time	>= 90	98.6	MET
1.1.2.3	Percentage of 21 day file audits rated satisfactory	>= 90	96.7	MET
1.1.3.1	Percentage of resolution processes where the Resolution Officer has contacted the parties within 14 days of the complaint being referred to the Resolution Service	>= 90	87.1	NOT-MET
1.1.3.2	Percentage of resolutions/conciliations completed within four months	>= 70	52.0	NOT-MET
1.1.3.3	Percentage of complaints that proceeded to resolution/conciliation that were resolved or partially resolved	>= 80	78.6	NOT-MET
1.1.3.4	Percentage of complaint resolution/conciliation clients satisfied with service	>= 80	85.9	MET
GOAL 2.	**INVESTIGATE SERIOUS COMPLAINTS**			
2.1.1.1	Percentage of investigations finalised within twelve months	>= 90	95.1	MET
2.1.1.2	Percentage of investigations with investigation plans in place within 14 days (using plan due in period)	100	99.1	NOT-MET
2.1.2.1	Percentage of file reviews completed on time	>= 90	92.7	MET
2.1.2.2	Percentage of satisfactory reviews during the investigations process	>=90	99.0	MET
2.1.2.3	Percentage of investigations with a request for review	<= 5	2.2	MET
2.1.3.1	Percentage of investigations referred to the Director of Proceedings that were not referred back for further information	>= 90	92.7	MET
2.1.3.2	Percentage of investigations referred to Director of Proceedings that had the accompanying brief of evidence prepared within 28 days	>= 80	81.4	MET
2.2.1.1	Percentage of recommendations made during the previous reporting year that are implemented	>= 90	93.8	MET
GOAL 3.	**PROSECUTE SERIOUS COMPLAINTS**			
3.1.1.1	Percentage of complaints considered by Director of Proceedings within three months of referral	>= 80	85.8	MET
3.1.1.2	Percentage of matters referred for prosecution within 30 days of consultation with professional council	>= 80	80.4	MET
3.2.1.1	Success rate of disciplinary matters heard and finalised before Tribunal and Professional Standards Committees	>= 90	94.3	MET
3.2.2.2	Percentage of compliance with timeframes imposed by Professional Standards Committees, Tribunals and Courts	>= 80	94.3	MET
3.2.3.1	Percentage of bill of costs prepared or sent to cost consultants for assessment within 120 days	>= 75	70.4	NOT-MET
3.2.3.2	Quarterly Reporting on recovery of legal costs to Executive	100	100.0	MET

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APPENDIX B

Summary of results in relation to key performance indicators (continued)

Number	Description	Target	Result 2013-14	Status
GOAL 4.	**ACCOUNTABILITY**			
4.1.1.1	Reports provided to the Minister and JPC on a quarterly basis	100	100.0	MET
4.1.2.1	Responses to Ministerials submitted within 14 days	>= 90	97.0	MET
4.1.2.2	Responses and submissions to JPC within requested timeframes	100	100.0	MET
4.2.1.1	Annual Report prepared and provided to Minister and Treasurer by required due date	100	100.0	MET
4.2.1.2	Clean audit certificate for prior annual financial statements achieved for annual financial statements	100	100.0	MET
4.2.1.3	Percentage of compliance with Treasury Annual Report checklist	100	100.0	MET
4.3.1.1	Number of publications distributed	20,000	6966	NOT-MET
4.3.1.2	Number of website visitors	>= 150,000	319,006	MET
4.3.1.3	Number of website hits	>= 6,000,000	6,852,491	MET
4.3.1.4.	Number of presentations	>= 60	97	MET
4.3.1.5	Publically reported decisions compliant with obligations under legislation	100	100	MET
GOAL 5.	**OUR ORGANISATION**			
5.1.1.1	Average number of external training/ staff development days per FTE	>=2	2	MET
5.1.2.1	Development and reporting of WHS, EEO, Multicultural Plan, and Disability Action Plans comply with relevant agency timeframes	100	100.0	MET
5.1.3.1	Monthly general staff briefings on events, outcomes, activities, changes, significant organisational changes etc.	100	91.7	NOT-MET
5.1.3.2	Percentage of key corporate documents distributed to all staff and/or included on the intranet	100	100.0	MET
5.2.1.1	Regular meetings held to monitor performance	100	100.0	MET
5.2.2.1	Compliance with information security standard ISO 27001 – 2005	100	100.0	MET
5.2.3.1	Complete planning processes for corporate and divisional levels according to the Commission's Corporate Governance Framework Document	100	100.0	MET
5.2.4.1	Monthly financial management and staffing reports showing performance against budget.	100	100.0	MET
5.2.4.2	Quarterly reports to Executive on complaint handling performance against KPIs	100	100.0	MET
5.2.5.1	Percentage of performance agreements developed and reviewed for staff	100	100.0	MET
5.2.5.2	Percentage of staff rated competent or better at performance review	95	98.7	MET

Appendices

APPENDIX C

List of expert advisors

The Commission would like to thank its expert advisers listed below who assist the Commission in its investigation of serious complaints about health service providers. The Commissson would also like to thank those experts who provided telephone advice throughout the year that helped clarifying clinical issues during the assessment of the complaint.

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Prof Jonathan Robert Carter
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Liability management performance	The Commission does not have debts greater than $20m.	
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HEALTH CARE COMPLAINTS COMMISSION

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