Health Care Complaints Commission

ANNUAL REPORT 2014-15

HEALTH CARE COMPLAINTS COMMISSION

protecting public health and safety

CONTACT THE COMMISSION

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Sydney NSW 2000

Business hours
Monday – Friday
9.00am – 5.00pm

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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
52 Martin Place
SYDNEY NSW 2000

Dear Minister

Report of activities for the year ended 30 June 2015

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 2015 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

Karen Mobbs
Acting 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.

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

Having completed the maximum 10 year period, Mr Kieran Pehm finished his term as Commissioner of the Health Care Complaints Commission on 26 June 2015 and I was appointed as Acting Commissioner from that date.

At the time of his appointment on 29 June 2005, the Commission was undergoing a period of substantial change and reorganisation following the Special Commission of Inquiry into the Campbelltown and Camden Hospitals and Mr Pehm oversaw the appointment of a completely new Executive Team. Throughout his term significant changes were made to the structures and procedures of each of the Commission's divisions and new corporate goals and performance measures were introduced and regularly reviewed and updated.

Mr Pehm took the opportunity in the 2013-14 Annual Report to provide a review of the Commission's complaint handling and the significant changes that had taken place in the previous decade. Mr Pehm is to be commended for his role in leading the Health Care Complaints Commission throughout this period and for reorienting it as a professional and transparent organisation in the forefront of health complaint agencies. The Commission will continue to strive for further improvement and innovation.

Over the past five years, complaints about health service providers have increased by 28.3% from 4,104 to 5,266 complaints. In the last year of that period, the growth was 10.5% and it is anticipated that complaints will continue to grow. Due to additional funding in the next financial year, the Commission will be able to increase staff numbers across the Commission to deal with this increased complaint volume.

In an effort to reduce the number of complaints being discontinued at the assessment stage, the Commission trialled the Early Resolution Project over a 12 month period in the Assessment Division. The aim of the Project was to attempt an early resolution of those complaints that did not involve significant issues of public health and safety and which would otherwise be discontinued. Officers employed a variety of techniques to achieve a successful resolution of the complaint and as a result, the number of complaints resolved during assessment more than doubled from 262 complaints to 662. The rate of complaints discontinued dropped from 52.4% of complaints to 46.7% during the trial period. As a result the initiative will be continued.

The Commission continues to liaise with health complaint agencies throughout Australia and continued its contribution to the consultation in regards to a national Code of Conduct for health care workers. This new Code of Conduct will not apply to NSW but is modelled on the Code of Conduct for unregistered health practitioners that was first introduced in NSW in 2008. The NSW Code has been expanded since that time and allows the Commission to investigate and take action against a range of unregistered health practitioners who breach the Code. The Commission is also participating in the statutory review of the Health Practitioner Regulation National Law (NSW) to consider the need for legislative amendments to the parts of the Law that apply specifically to NSW.

As Acting Commissioner I have gained a new perspective on the judgment, sensitivity and discretion exercised by staff throughout the Commission. I take this opportunity to thank all Commission staff for their dedication and ongoing efforts and for their genuine commitment to the protection of the health and safety of the public.

Karen Mobbs
Acting Commissioner

04 EXECUTIVE SUMMARY

The 2014-15 year marked the seventh consecutive year in which the Commission has received an increasing number of complaints.

Assessing complaints

In 2014-15, the Commission received 10,390 inquiries and 5,266 written complaints. The number of written complaints that were received increased by 10.5% on the previous year. Also, the number of inquiries to the Commission increased by 2.0% in the same period.

The Commission assessed 5,002 complaints in 2014-15, 92.7% of which were assessed within the statutory 60-day period. This compares to 94.2% of assessments being finalised in 2013-14 and 94.5% in 2012-13. On average, new complaints were assessed within 40 days in 2014-15, compared to an average of 38 days in the previous year and an average of 40 days for 2012-13. Overall, the Assessment Division managed the considerable increase in the number of incoming complaints without adversely affecting timeliness or compromising on the thoroughness of the assessment of complaints.

The work of the Division throughout the year is detailed in Chapter 9 – Assessing complaints.

Resolving complaints

From the end of the 2013-14 year, the Director of Assessment and Resolution temporarily took over the operational management of the Division following the departure of key team members and the manager 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 arose.

As part of the review, areas for improvement were identified, processes changed, clear key performance indicators were put in place and the timeliness of completion of resolution matters improved.

The Commission's Resolution Service finalised 419 complaints in 2014-15. 36.8% of complaints were finalised within two months of referral compared with 27.5% in the previous year and 87.4% were finalised within six months compared with 67.7% in 2013-14. Of the complaints where the resolution process proceeded, 80.4% were fully or partially resolved.

More information on the performance and work of the Resolution Service can be found in Chapter 10 – Resolving complaints.

Investigating complaints

The Commission finalised 194 investigations in 2014-15 compared to 226 in the year before. Timeliness of the investigation work improved with 96.4% of investigations finalised within 12 months, compared to 95.1% in the previous year, taking into account the periods where investigations were paused pending coronial or criminal proceedings. Investigations were finalised on average within 230 days in 2014-15 compared with 209 days for 2013-14.

More information on the work and performance of the Division can be found in Chapter 11 – Investigating complaints.

Prosecuting complaints

The Commission referred 93 investigations to its Legal Division compared with 110 in the previous year. This is a decrease of 15.5%. In the same period, the Director of Proceedings made 98 determinations in relation to whether or not to prosecute a complaint. Fifty six of these determinations recommended prosecution before the NSW Civil and Administrative Tribunal (NCAT) and 32 before a Professional Standards Committee. In 10 complaints, the Director of Proceedings determined not to prosecute the practitioner.

The Legal Division finalised 82 matters which is a 15.5% increase on the previous year. There were six additional matters where a disciplinary body made its findings, but did not make protective orders within the year.

More information can be found in Chapter 12 – Prosecuting complaints.

Royal Commission into Institutional Responses to Child Sexual Abuse

The Commission participated in Case Study 27 into Health Care Providers. The Commission produced documents and the previous Commissioner, Mr Kieran Pehm gave evidence at the public hearing. The Commission has made submissions and will await the Royal Commission's report.

Legal change

During the year, minor amendments were made to the *Health Care Complaints Act*.

The Commission continued to contribute to the national consultation to develop a national Code of Conduct for health care workers modelled on the current Code of Conduct for unregistered health practitioners in NSW. The Federal, State and Territory Health Ministers have agreed to a National Code of Conduct and code regulation regime. The Commission will continue to follow these developments and provide input as appropriate.

The Commission also contributed to the Joint Parliamentary Committee's Inquiry into The Promotion of False or Misleading Health-Related Information or Practices. The Commission provided submissions and a response to the eight recommendations made by the Committee.

A summary of legal changes that had an impact on the Commission's working environment is included in Chapter 13 – Organisation & Governance.

Financial summary

The Commission's Net Result was a deficit of $111,000 which was $84,000 lower than budgeted. The result was primarily due to higher than budgeted legal cost recoveries.

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.

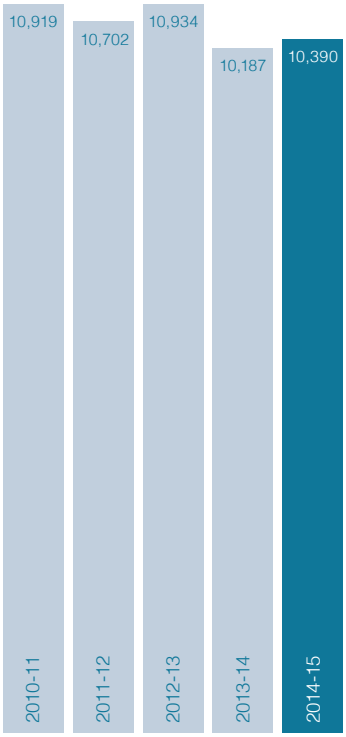
Corporate goals

The Commission's performance, measured against its corporate goals for 2014-15, is summarised in Appendix B and throughout this report:

- Comprehensive and responsive complaints handling – Chapters 9 and 10
- Investigating serious complaints – Chapter 11
- Prosecuting serious complaints – Chapter 12
- Outreach and Accountability – Chapter 5
- Continuously improving the Commission – Chapter 14.

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

EXECUTIVE SUMMARY



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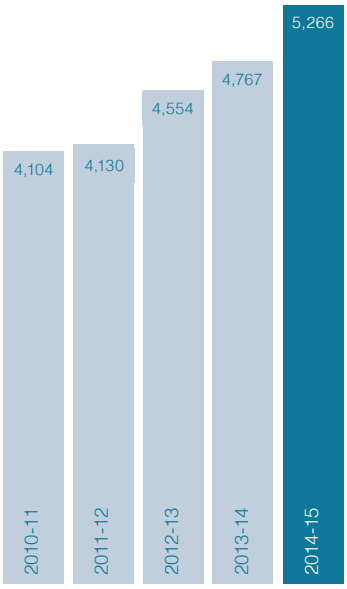

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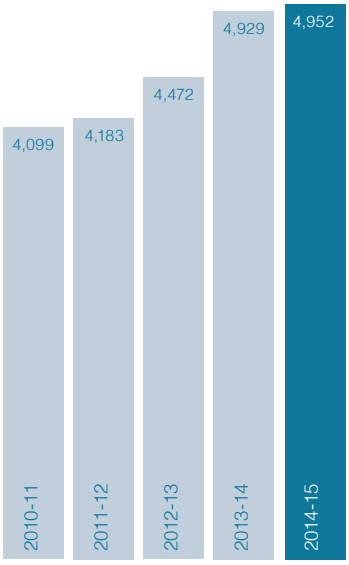


Counted by provider identified in complaint

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.

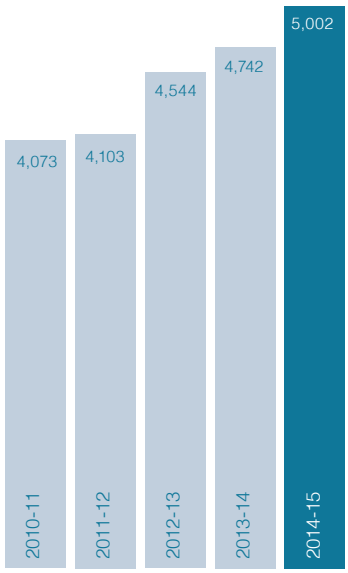
In 2014-15, the Commission received 10,390 inquiries, 2.0% more than the previous year.

Written complaints

In 2014-15, the Commission again experienced an increase in complaints. During the year, 5,266 written complaints were received which is a 10.5% 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 2014-15, the Commission finalised 4,952 complaints, which is an increase of 0.5% on last year and reflects the higher number of incoming complaints to the Commission.



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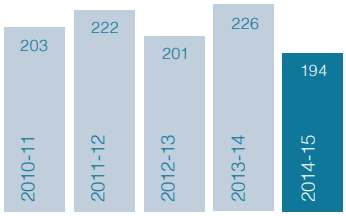
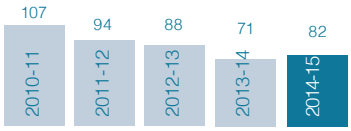


Counted by provider identified in complaint



Counted by matter

Assessments finalised

The Commission assessed 5,002 complaints in 2014-15 keeping up with the number of incoming complaints.

92.7% of complaints were assessed within the statutory 60-day period in 2014-15, compared to 94.2% in the previous year. The average days taken to assess a complaint increased from 38 days last year to 40 days in 2014-15. The Commission attributes this increase in average time taken to assess complaints to the significant increase in number of complaints received in the year.

Investigations finalised

In 2014-15, 250 complaints raised serious issues and were referred to the Investigations Division, which is a much greater number compared to the previous year when 206 complaints were referred for investigation. During the reporting year, 194 investigations were finalised, compared to 226 the year before.

The Commission improved the timeliness of its investigations, with 96.4% being completed within one year, compared to 95.1% in the previous year.

Legal matters finalised

The Legal Division finalised 82 matters in 2014-15. The overall success rate of prosecutions before Professional Standards Committees and NCAT was 98.2%.

There were six additional matters where NCAT made its findings, but, as at 30 June 2015, the appropriate protective orders were yet to be determined.

The increase in the number of prosecutions finalised is attributed to an increase in the number of complaints referred to the Legal Division in the previous year.

In 2014-15, the registration of 15 health practitioners was cancelled. In addition, five health practitioners were disqualified. Thirty health practitioners were reprimanded, cautioned and/or had conditions placed on their registration. A further four health practitioners were suspended and had conditions placed on their registration.

05 OUTREACH AND ACCOUNTABILITY

PERFORMANCE IN 2014-15

CORPORATE GOAL

'to promote and publicly report about the work of the Commission'

Annual Report on time and fully compliant

The Commission's Annual Report for 2013-14 was tabled in both houses of Parliament on 20 November 2014. 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 21 September 2015.

4,385 publications 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 4,385 items (2013-14: 6,996) to health service providers, consumers or other organisations (target: 5,000). In recent years, the Commission has increasingly relied on its website to provide information to its stakeholders. As a result, in 2015-16 the Commission will not be reporting in relation to publications distributed.

69 presentations

The Commission's staff gave 69 presentations and workshops to community and health professional groups across NSW (2013-14: 97) (target 60). The focus this year was on Aboriginal health workers, Local Health District and Specialty Network staff and TAFE and university students studying to become health practitioners.

Almost 13 million website hits

The number of visitors to the Commission's website increased by 17.4% to 374,552 visitors compared to 319,006 in the year before. In 2014-15, the Commission recorded 947,786 page views (2013-14: 1,035,541) and 12,709,890 hits (2013-14: 6,852,491) on its website, exceeding its increased target of 250,000 visitors and 7,000,000 hits.

100% compliant with requirement to publish disciplinary decisions

The Commission published 62 media releases relating to decisions of disciplinary bodies, as required under its legislation. An additional four 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 Joint Parliamentary Committee'

Responsive quarterly reporting on performance

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

Responses to Minister within 10.6 days on average

The Commission provided 44 responses to correspondence received by the Minister during the year and 81.8% were provided within 14 days (target 90%). On average, the requested information was provided within 10.6 days. The Commission took longer to respond to Ministerials in 2015 for two reasons. First, the NSW State election caused several Ministerial processes to be placed on hold until the close of the caretaker period. Second, the timelines have differed between Ministers. The Commission will give consideration to whether the 14 day corporate goal should be amended.

Timely responses to Joint Parliamentary Committee

The Joint Parliamentary Committee's annual review did not occur due to the timing of the State election and is expected to take place in the new financial year. The Committee held an inquiry into The Promotion of False or Misleading Health-related Information or Practices. The Commissioner appeared at a public hearing before the Committee and provided a draft response to the eight recommendations made by the Committee.

For the Commission to carry out its operations effectively, it must have the confidence of the public and its stakeholders and must keep them informed. The Commission achieves this in a variety of ways.

Raising awareness

Commission staff gave 69 presentations in 2014-15 to health service providers and community groups in NSW. The presentations focussed on the Commission's role, functions and the services it provides together with discussing case studies and providing opportunities for staff to respond to questions.

Of particular note, the Commission continued its outreach program with Aboriginal health services in rural NSW. Commission staff travelled to towns such as Bourke, Walgett and Lightning Ridge and, in addition to raising awareness about the Commission's role and services, provided guidance on developing robust complaints mechanisms at the local level.

The Commission also presented to health practitioner students at TAFE and universities in NSW. This is part of the Commission's efforts to educate practitioners at the earliest stages of their careers about their mandatory reporting obligations and how to deal with complaints appropriately.

Commission staff presented to community groups, particularly from non-English speaking backgrounds and attended a number of expos and symposiums.

The Commission continued its 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 16 articles and reports to health professional and health consumer bodies, and the media.

The Commission also published 62 media releases which related to decisions of disciplinary bodies, as required under its legislation. An additional four related to public warnings and statements the Commission issued. These releases are published on the Commission's home page and subscribers to its media release mailing list are automatically notified of each new media release.

The Commission distributed information material including brochures and posters, on request and during its outreach presentations and also provided fact sheets to parties to a complaint during the complaint process.

The primary source of information for public and stakeholders however is the Commission's website.

Being accessible

On its website, the Commission offers information about its services and how to access these. The Commission also provides translated resources for the public to access. For example, the complaint form and key information fact sheets are available in 20 community languages.

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.

OUTREACH AND ACCOUNTABILITY

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 has made recommendations to a health organisation to improve systems, it also provides a copy of these to the Clinical Excellence Commission to support its work on systemic improvement.

The Commission continued its engagement with stakeholders by attending conferences and hosting joint presentations with other key health care policy and complaints handling organisations such as the Health Literacy Network, the Clinical Excellence Commission, the Australian Commission on Quality and Safety in Health Care, the University of Sydney's School of Public Health, the Medical Council of NSW and the Ministry of Health.

The previous Commissioner, Mr Kieran Pehm, continued his involvement in the development of a National Code of Conduct for health care workers that is modelled on the current Code of Conduct for unregistered health practitioners in NSW. The Federal, State and Territory Health Ministers have agreed to a National Code of Conduct and code regulation regime. The Commission will continue to follow these developments and provide input as appropriate.

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 9 – Assessing complaints and Chapter 10 – Resolving complaints.

In addition, the Commission's Consumer Consultative Committee provides health consumer organisations with the opportunity to raise current issues and provide valuable feedback on the Commission's work. In 2014-15, member organisations were:

- Aboriginal Health and Medical Research Council
- Alzheimers Australia NSW
- Association for the Wellbeing of Children in Healthcare
- Carers NSW Inc
- Combined Pensioners and Superannuants Association
- 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
- Yfoundations

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 continues to provide ad-hoc advice and statistical data to smaller research projects depending on a cost-benefit analysis.

INFO-MED Australia Campaign

The Commission ran 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 and being accessible to an estimated 1.56 million patients per month.

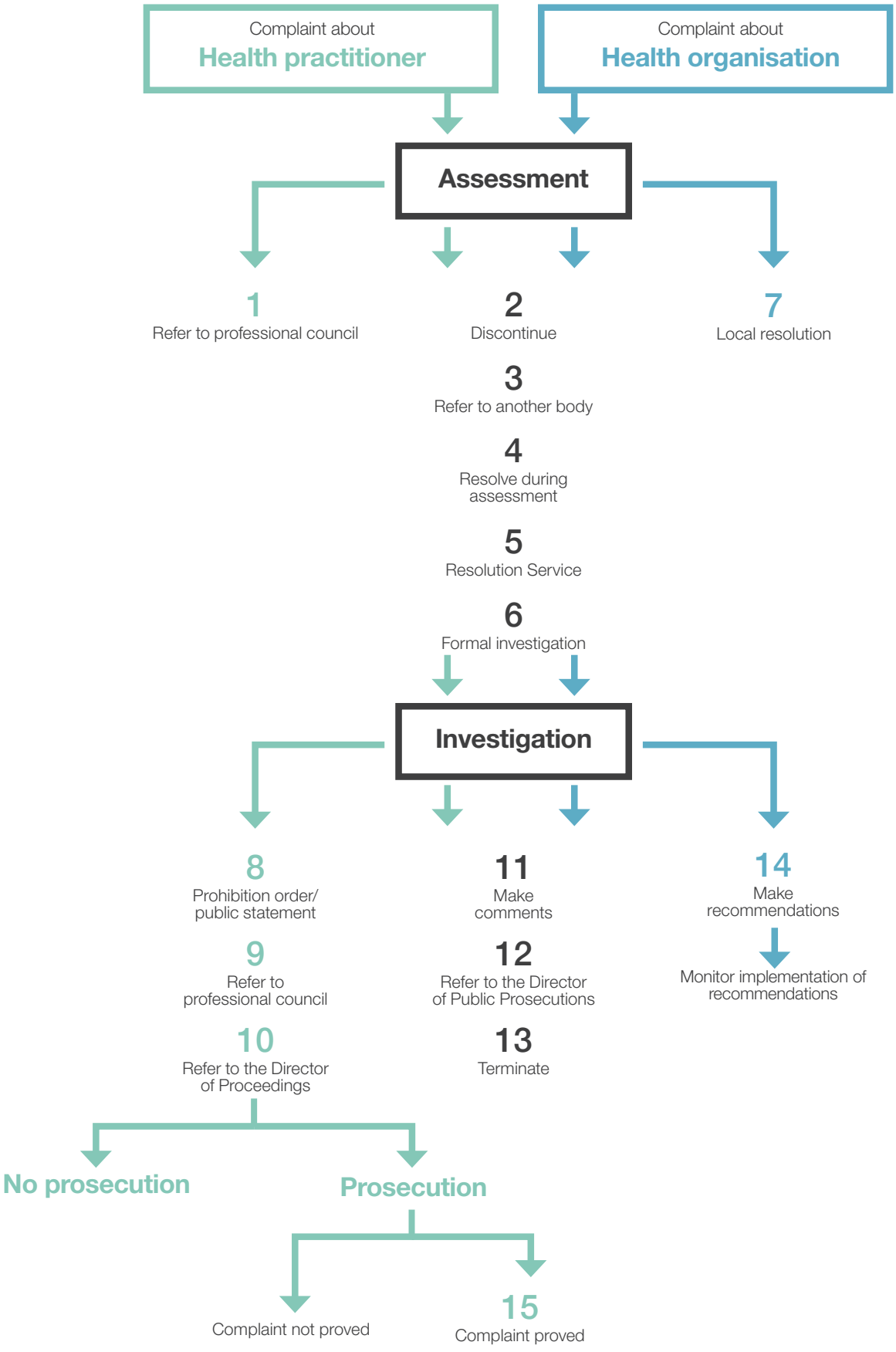
The year ahead

In 2015-16 the Commission will continue its involvement in the research project comparing the NSW complaint handling-system to other Australian jurisdictions.

The Commission will continue to follow developments with the National Code of Conduct and provide input as appropriate.

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

06 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 Social Services' 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

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.

7

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.

Where the Commission has investigated a complaint, it may:

8

Issue a prohibition order, public statement and/or public warning. 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.

9

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

Professional councils, other than the Medical Council and the Nursing and Midwifery Council, are able to deal with complaints by way of an inquiry at a meeting of the council. If an inquiry takes place, the council has a range of powers available to it.

10

Refer the complaint about a registered health practitioner to the Director of Proceedings who independently determines whether or not the registered health 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 may be 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. More serious complaints including complaints of professional misconduct will be prosecuted before NCAT, which hears complaints about 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

When a Professional Standards Committee or NCAT finds a complaint **proven**, it can reprimand, fine and/or impose conditions on the practitioner. Only NCAT can suspend or cancel the registration of a practitioner. NCAT 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.

07 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 being used by the Commission to provide feedback to health service providers to improve service delivery.

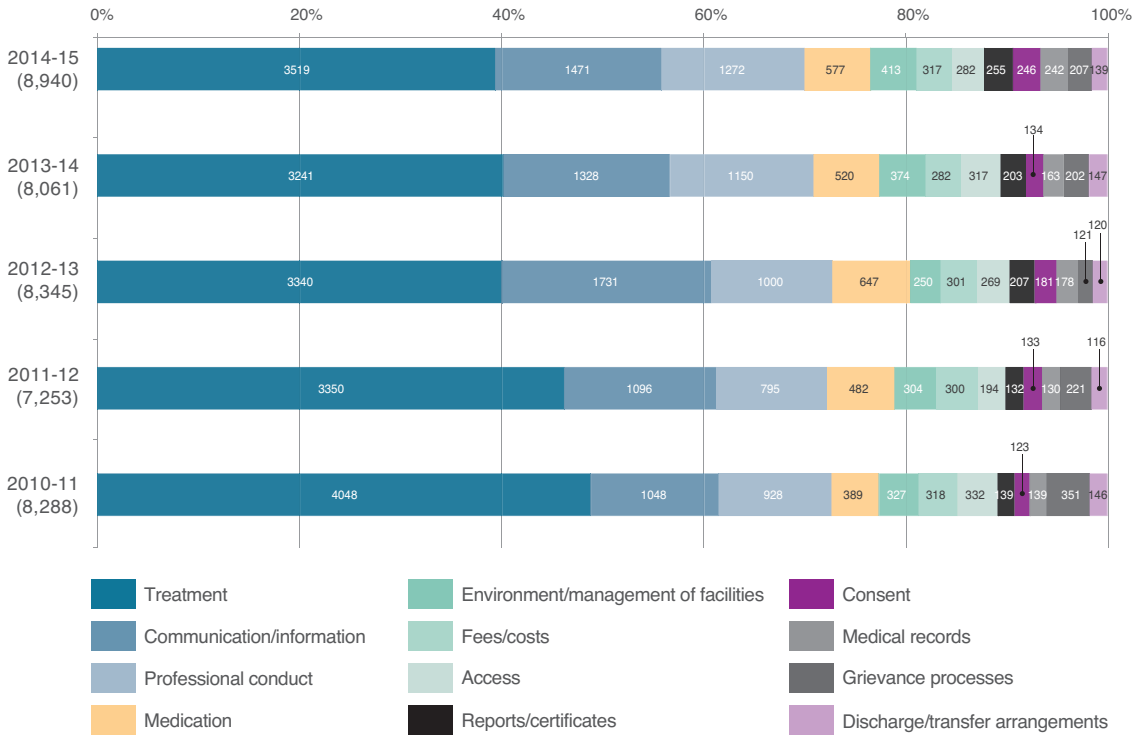
The Commission receives complaints about both individual health practitioners and health organisations. Some complaints involve a number of practitioners and organisations and sometimes a range of issues are raised in a single complaint. The relevant counting method is indicated underneath the graphs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

Issues raised in complaints

Chart 7.1 shows the issues raised in complaints over the last five years. In 2014-15, the Commission received 5,266 complaints raising 8,940 issues – an average of 1.7 issues per complaint which is the same average for the previous year.

In 2014-15, the three most common issue categories were treatment (39.4%), communication (16.5%), and the professional conduct of the health service provider (14.2%). The proportions for these common issues were similar to the previous year: treatment (2013-14: 40.2%); communication-related issues

Chart 7.1 – Issues raised in all complaints received 2010-11 to 2014-15



Counted by issues raised in complaint

(2013-14: 16.5%); and professional conduct-related issues (2013-14: 14.3%).

In the treatment category, the most common issues were inadequate treatment (33.9%; 2013-14: 37.4%), diagnosis (11.9%; 2013-14: 11.9%) and unexpected outcome or complications (11.8%; 2013-14: 8.9%). Other common treatment related issues were inadequate care (9.5%; 2013-14: 5.9%), delay in treatment (7.0%; 2013-14: 10.3%), wrong or inappropriate treatment (6.5%; 2013-14: 6.7%), inadequate or inappropriate consultation (5.7%; 2013-14: 4.8%) and rough or painful treatment (3.2%; 2013-14: 4.6%). Other treatment related issues accounted for 10.5%.

More than half of communication and information related issues (53.2%; 2013-14: 62.9%) concerned the attitude and manner of the health practitioner. Other issues in this category related to inadequate (32.1%; 2013-14: 19.2%) or incorrect (13.3%; 2013-14: 16.2%) information provided by the health service provider. In a small number of cases (1.5%; 2013-14: 1.7%), the complaint was about the lack of accommodation of special needs of a patient.

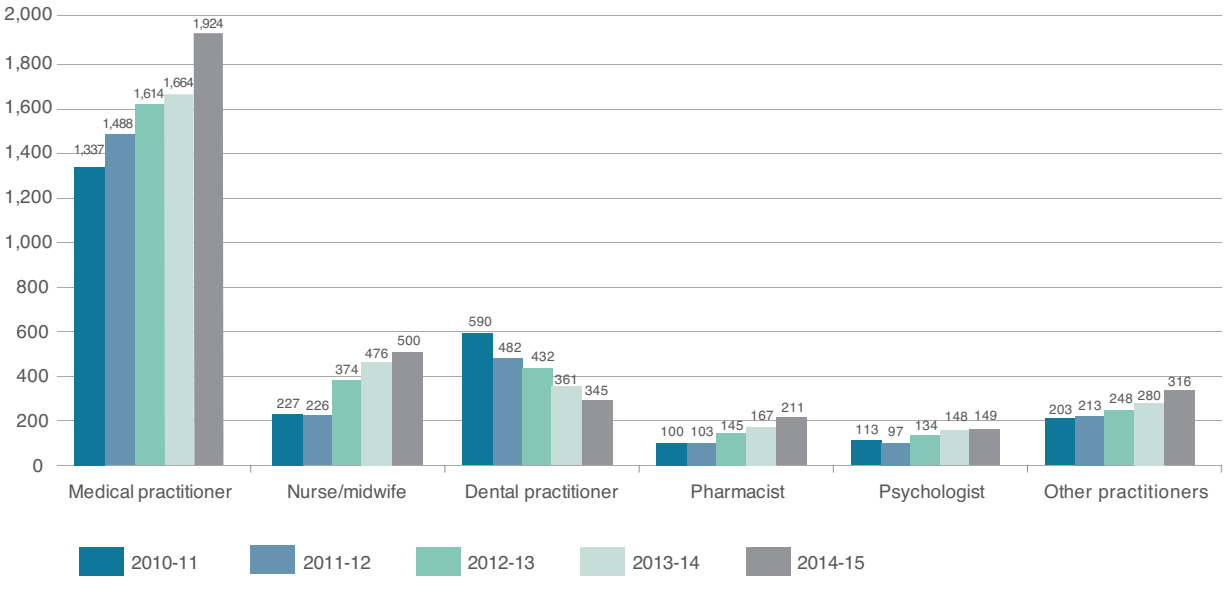
Within the third most common category of issues – professional conduct – most complaints related to alleged illegal practices (21.3%; 2013-14: 21.6%), a practitioner possibly suffering from an impairment (20.2%; 2013-14: 19.0%) or the practitioner's competence (16.0%; 2013-14: 11.0%). Sexual misconduct constituted 8.6% (2013-14: 8.8%), breach of professional guidelines by a health practitioner constituted 8.4% (2013-14: 9.1%), followed by inappropriate disclosure of patient information (6.1%; 2013-14: 8.9%). A detailed breakdown of all issues in complaints received in 2014-15 is included in Table 16.2 in Appendix A of this report.

Complaints about health practitioners

Chart 7.2 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 16.3 in Appendix A of this report.

In 2014-15, the Commission received 3,445 complaints about individual health practitioners, 11.3% more

Chart 7.2 – Complaints received about health practitioners 2010-11 to 2014-15



Counted by provider identified in complaint

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 90.8% of all complaints about individual practitioners in 2014-15.

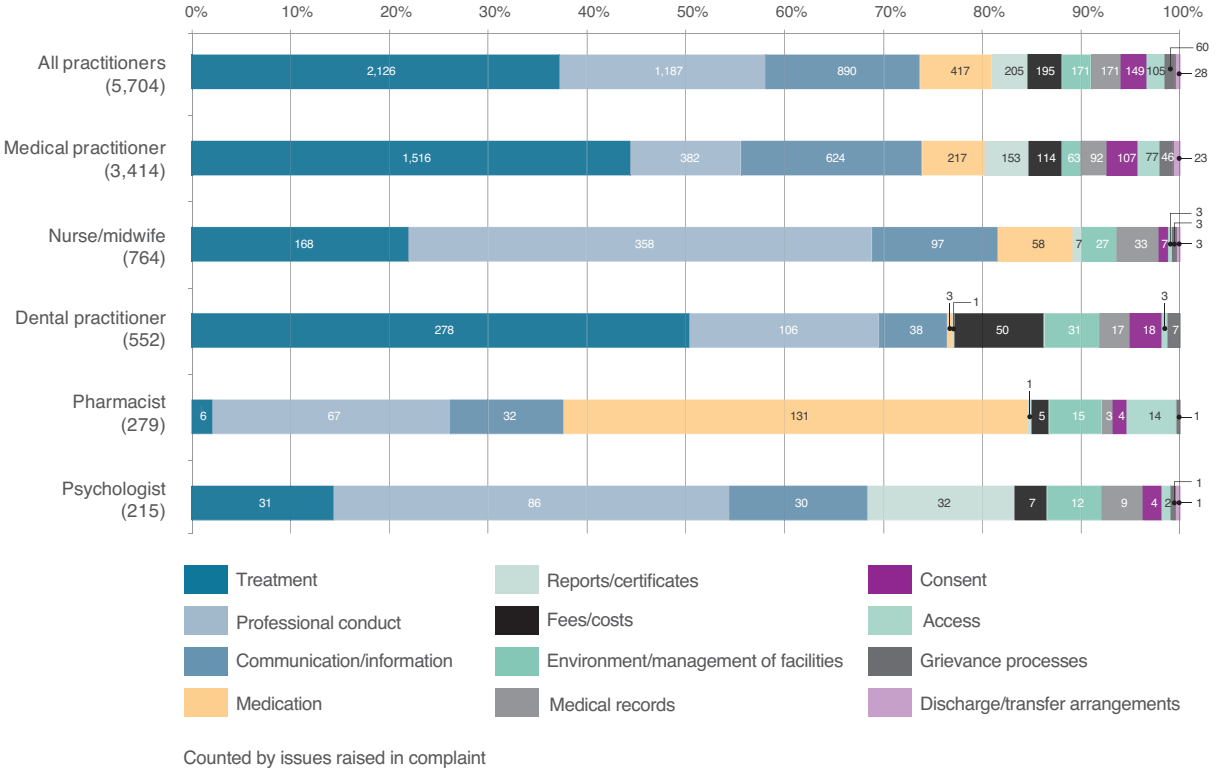
Complaints about medical practitioners continue to be the most common. In 2014-15, the Commission received 1,924 complaints about medical practitioners, a 15.6% increase on the 1,664 received in the previous year. Complaints about medical practitioners made up 55.8% of all complaints about health practitioners in 2014-15.

In 2014-15, complaints about medical practitioners most commonly related to general medicine (36.3%; 2013-14: 37.3%), surgery (14.1%; 2013-14: 11.5%), psychiatry (5.2%; 2013-14: 6.2%), mental health care (3.7%; 2013-14: 4.0%), medico-legal services (3.6%; 2013-14: 4.3%) and emergency medicine (3.0%; 2013-14: 4.3%). Complaints about these areas accounted for 66.0% (2013-14: 67.6%) 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 16.4 in Appendix A of this report.

In 2014-15, the Commission received 500 complaints about nurses and midwives, an increase of 5.0% from the year before and a 33.7% increase from 2012-13. 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.

The Commission received 345 complaints about dental practitioners during the year compared to 361 for the previous year, continuing the trend of falling complaint numbers for this profession.

Chart 7.3 – Issues raised in complaints received about medical practitioners, nurses and midwives, dental practitioners, psychologists and pharmacists 2014-15



Counted by issues raised in complaint

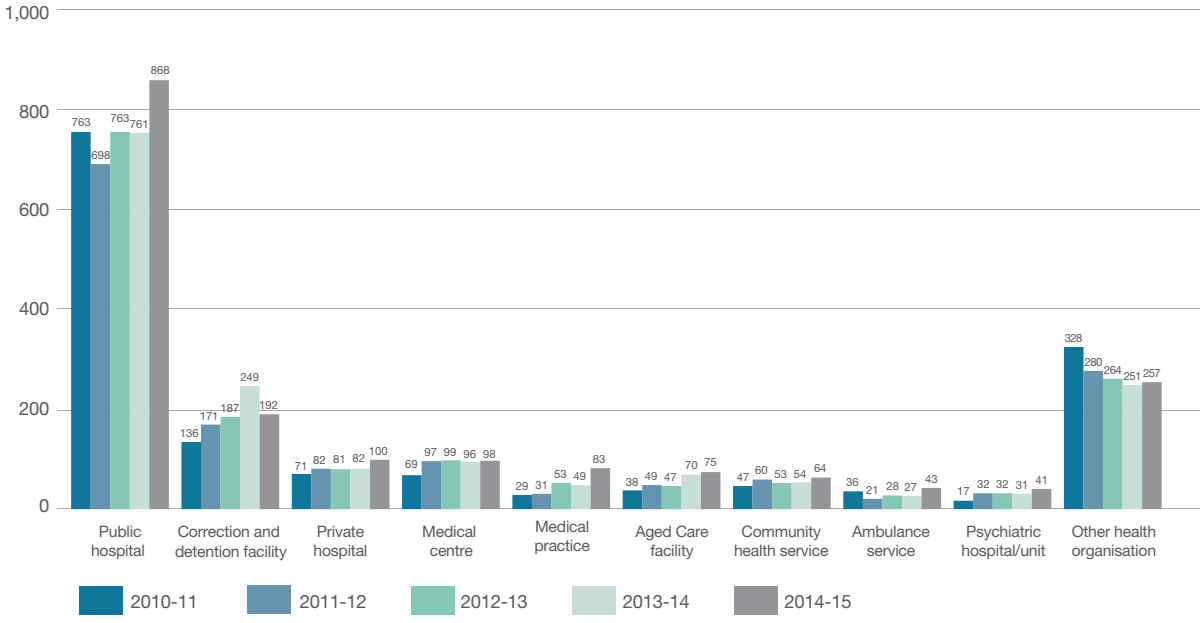
The Commission received 211 complaints about pharmacists in 2014-15, a 26.3% increase from the previous year and a 45.5% increase from 2012-13. The Commission has been working with the Pharmacy Council of NSW in recent years to identify specific pharmacists involved in complaints about pharmacies which may account in part for the increase in complaints about pharmacists. The Commission also received 149 complaints about psychologists during the year, which is a 0.7% increase from 2013-14.

Issues raised about health practitioners

Chart 7.3 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 2014-15.

As in the previous two years, treatment issues were more prominent in complaints about dental practitioners (50.4%, 2013-14: 58.2%) and medical practitioners (44.4%, 2013-14: 43.9%). The proportion of treatment-related complaints about nurses and midwives remained relatively low (22.0%, 2013-14: 21.8%), which may be attributable to the caring rather than treating nature of nurses' interaction with patients. Nurses and midwives attracted a high proportion of complaints about professional conduct (46.9%; 2013-14: 45.6%), including complaints relating to impairment, competence, or illegal practice. The proportion of complaints about professional conduct for psychologists was also high (40.0%; 2013-14: 36.2%). Medication-related issues contributed to almost half of complaints about pharmacists (47.0%). Communication issues were common in complaints across all professions.

Chart 7.4 – Complaints received about health organisations 2010-11 to 2014-15



Counted by provider identified in complaint

Complaints about health organisations

Chart 7.4 shows the number of complaints received about health organisations over the past five years.

In 2014-15, the Commission received 1,821 complaints about health organisations, a 9.0% increase on the previous year.

Complaints about public hospitals continue to constitute the biggest group of complaints about health organisations. In 2014-15, 868 complaints were made about public hospitals which is a 14.1% increase from 2013-14. Complaints about public hospitals most commonly related to emergency medicine (20.4%, 2013-14: 26.3%), surgery (15.2%, 2013-14: 12.1%) and mental health care (10.3%, 2013-14: 10.1%).

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 has remained stable over the past four years and the number of complaints about medical practices has increased by 60% in 2014-15. Medical practices are generally solo practices with one medical practitioner whereas medical centres have a number of practitioners employed. The Commission does not know the reason for the increase in complaints about medical practices however it will continue to monitor the trend in the next financial year.

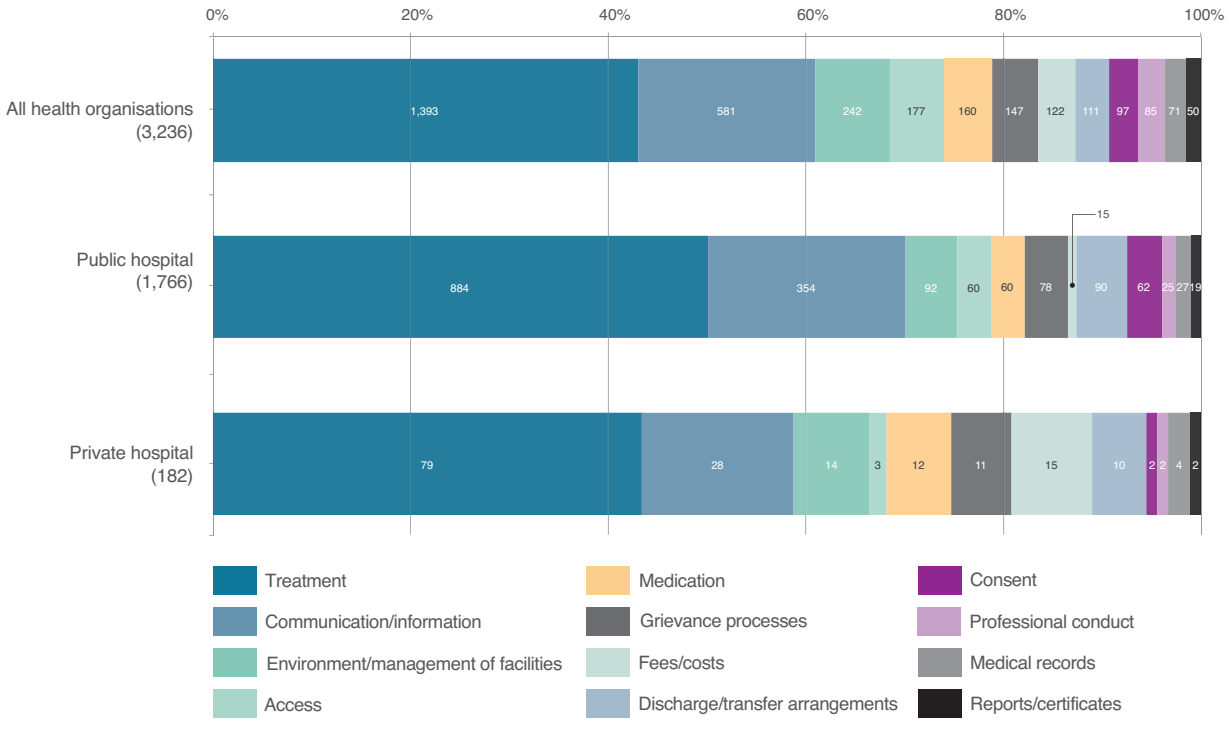
While the number of complaints about private hospitals was stable for three years, the figure has increased by 22% in 2014-15.

There has been a decrease in the number of complaints about correction and detention facilities.

Complaints about ambulance services have increased by 59.3%. The Commission and NSW Ambulance are monitoring the increase.

A five-year breakdown of complaints about other types of health organisations can be found in Table 16.7 in Appendix A of this report.

Chart 7.5 – Issues raised in complaints received about public and private hospitals 2014-15



Counted by issues raised in complaint

Issues raised in complaints about hospitals

Chart 7.5 shows a breakdown of the issues raised in complaints about public and private hospitals compared to all health organisations in 2014-15.

As in the previous year, issues relating to treatment accounted for over half of the complaints about public hospitals (50.1%, 2013-14: 51.3%) and 43.4% (2013-14: 43.3%) of all complaints about private hospitals.

Communication and information-related issues were the second most common issue in both public and private hospitals. Communication and information-related issues accounted for 20.0% (2013-14: 18.7%) of complaints about public hospitals and 15.4% for private hospitals (2013-14: 18.5%). In 2014-15, complaints about the environment and management of the facility accounted for 7.7% of complaints about private hospitals (2013-14: 12.1%) and 5.2% for public hospitals (2013-14: 6.1%).

Complaints by service area

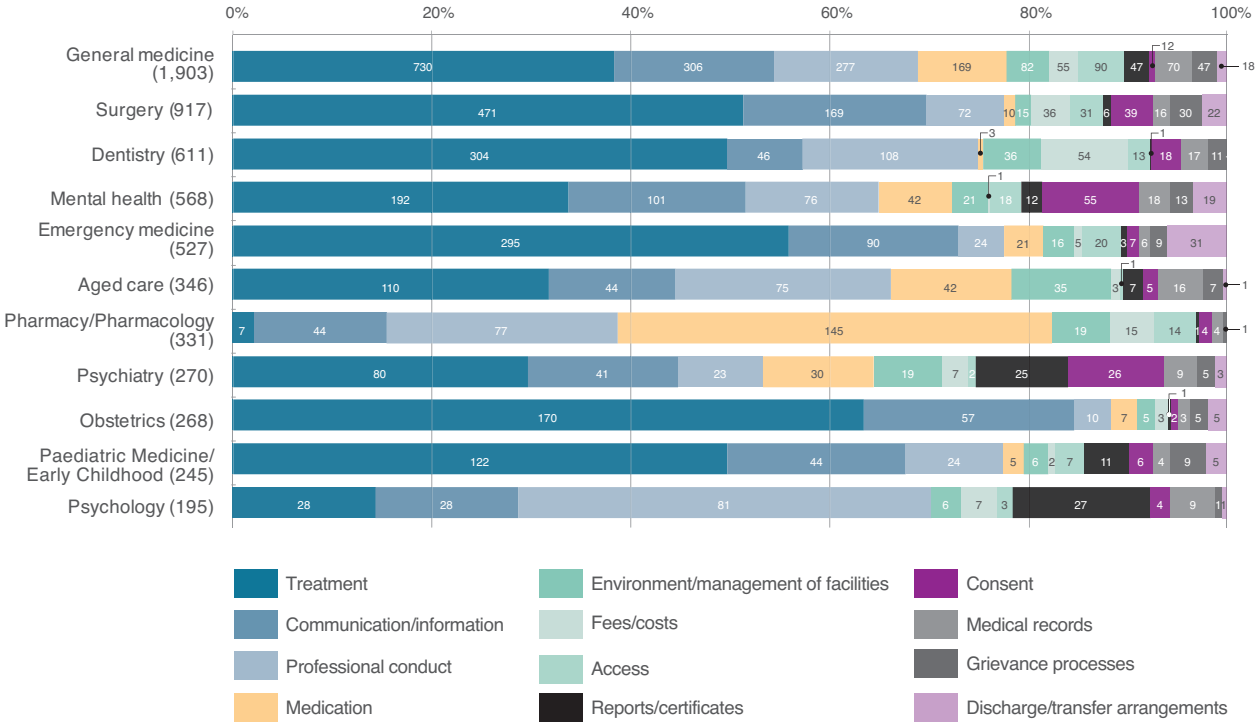
Chart 7.6 shows the issues raised in complaints by the area in which the health service was provided.

Treatment issues were most prevalent overall and were particularly common in complaints about obstetrics (63.4%, 2013-14: 51.7%), emergency medicine (56.0%, 2013-14: 60.3%), surgery (51.4%, 2013-14: 55.2%), dentistry (49.8%, 2013-14: 55.6%) and paediatric medicine/early childhood (49.8%, 2013-14: 49.3%).

Communication issues constituted the second largest group of complaint issues and were most common in complaints relating to obstetric services (21.3%, 2013-14: 27.3%) and surgery (18.4%, 2013-14: 17.6%).

In 2014-15, professional conduct issues were most commonly raised in complaints about psychology services (41.5%, 2013-14: 35.8%) and pharmacy related complaints (23.3%, 2013-14: 24.5%). 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.

Chart 7.6 – Issues raised in complaints received by most common service area 2014-15



Counted by issues raised in complaint

How the Commission deals 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.

Outcome of assessment by service area

Chart 7.7 looks at the outcome of the assessment of complaints in 2014-15 by the type of health service that was provided.

In 2014-15, the majority of complaints about psychiatric services (71.3%), administration/non health related (56.1%), and mental health (55.6%) were discontinued.

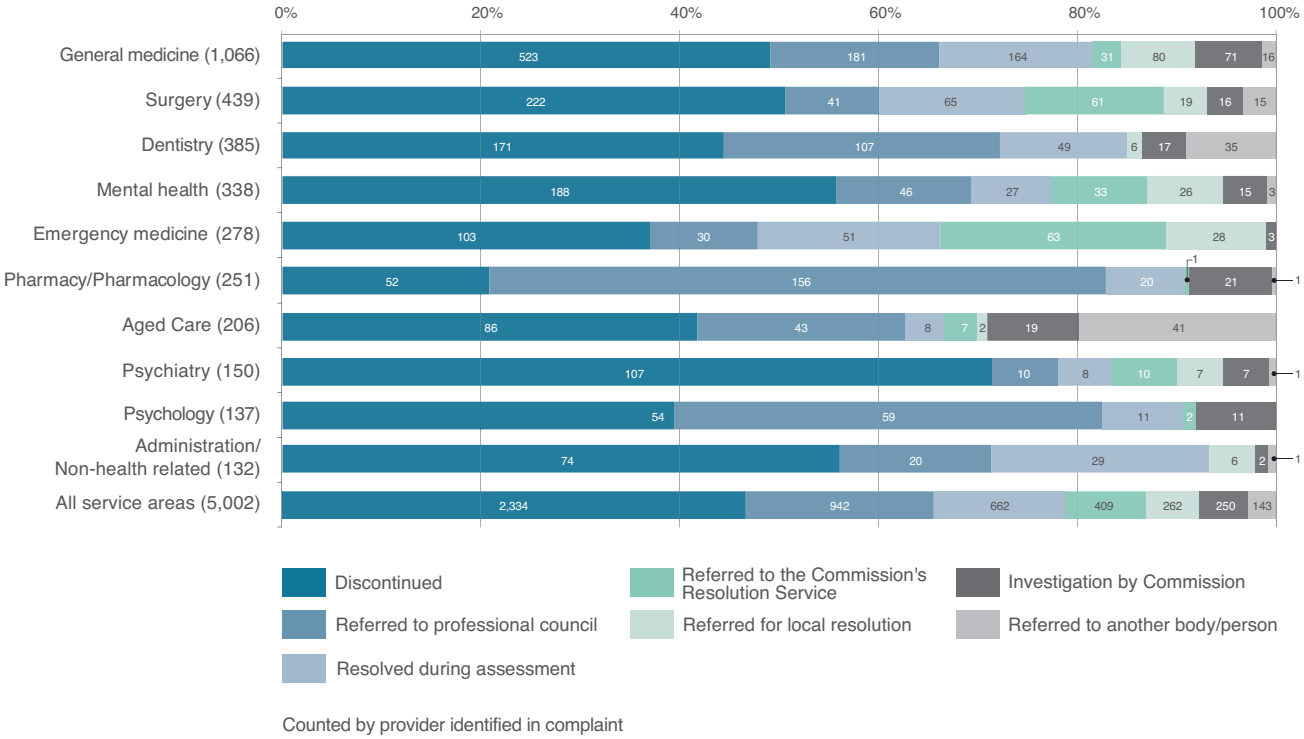
In the psychiatry and mental health area, a large number of complaints concern compulsory treatment under the *Mental Health Act,* for which there are alternative means of redress before the Mental Health Review Tribunal.

The service area of mental health tends to relate to institutional type care and psychiatric services tends to relate to community based care. While many of these complaints have been discontinued, the Commission does seek to review the care and treatment provided under that compulsory order to determine whether it meets acceptable standards.

Complaints relating to pharmacy (62.2%) and psychology (43.1%) 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 (33.0%), emergency medicine (22.7%) and surgery (13.9%) to its Resolution Service.

Chart 7.7 – Outcome of assessment of complaints by most common service area 2014-15



Counted by provider identified in complaint

The Resolution Service can assist people who make 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 16.15 in Appendix A of this report.

Outcome of assessment by type of health service provider

Chart 7.8 below sets out how the Commission dealt with complaints in 2014-15 by the type of health service provider.

In 2014-15, as in the years before, medical practitioners were the most commonly complained about type of health service provider. In 2014-15, the majority of complaints about medical practitioners were either discontinued (61.5%, 2013-14: 65.9%) or referred to the Medical Council of NSW for appropriate action (14.9%, 2013-14: 16.1%).

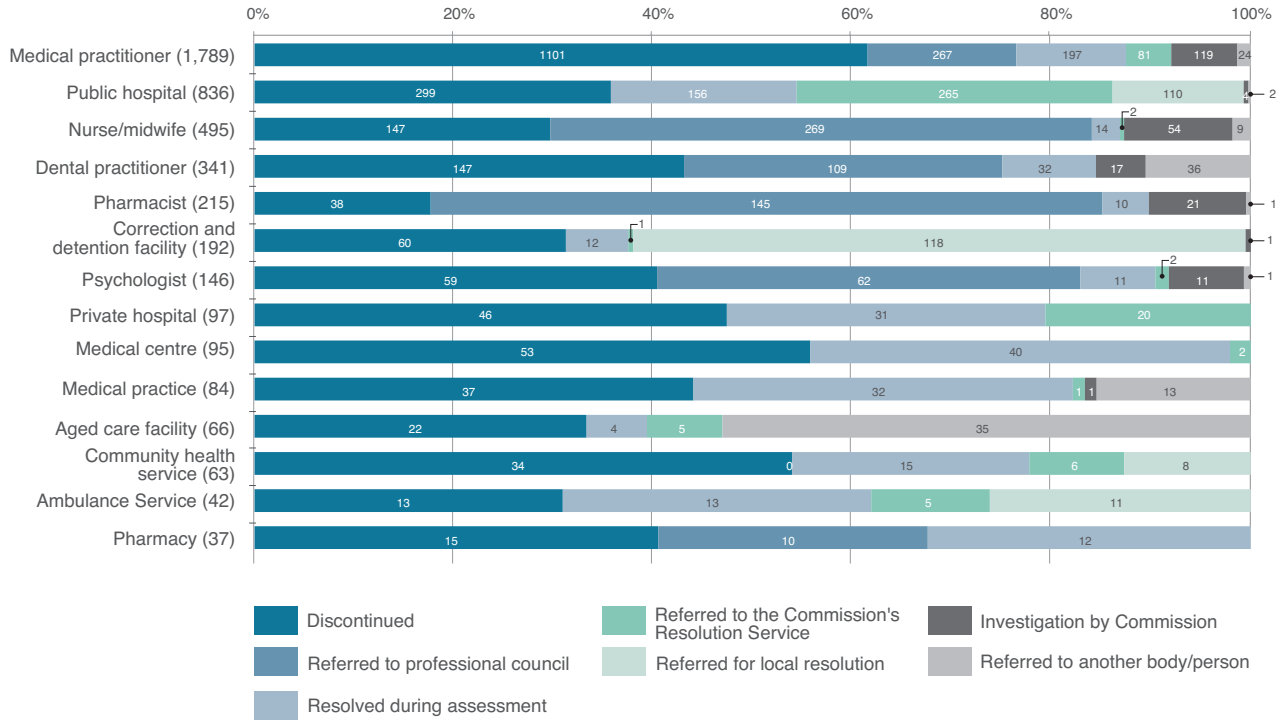
About a third of complaints about public hospitals (31.7%, 2013-14: 34.1%) were referred to the Commission's Resolution Service. The Resolution Service can assist people to resolve concerns about their care and treatment directly with the hospital involved, and help to restore people's confidence in their local health service.

A high proportion of complaints about correction and detention facilities (61.5%, 2013-14: 61.3%) 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 medical centres (42.1%) or medical practices (38.1%). 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 (as a percentage of the total complaints for that profession) referred for investigation by the Commission related to nurses and midwives (10.9%) and pharmacists (9.8%).

Chart 7.8 – Outcome of assessment of complaints by type of health service provider 2014-15



Counted by provider identified in complaint

Assessment outcomes by type of issue raised

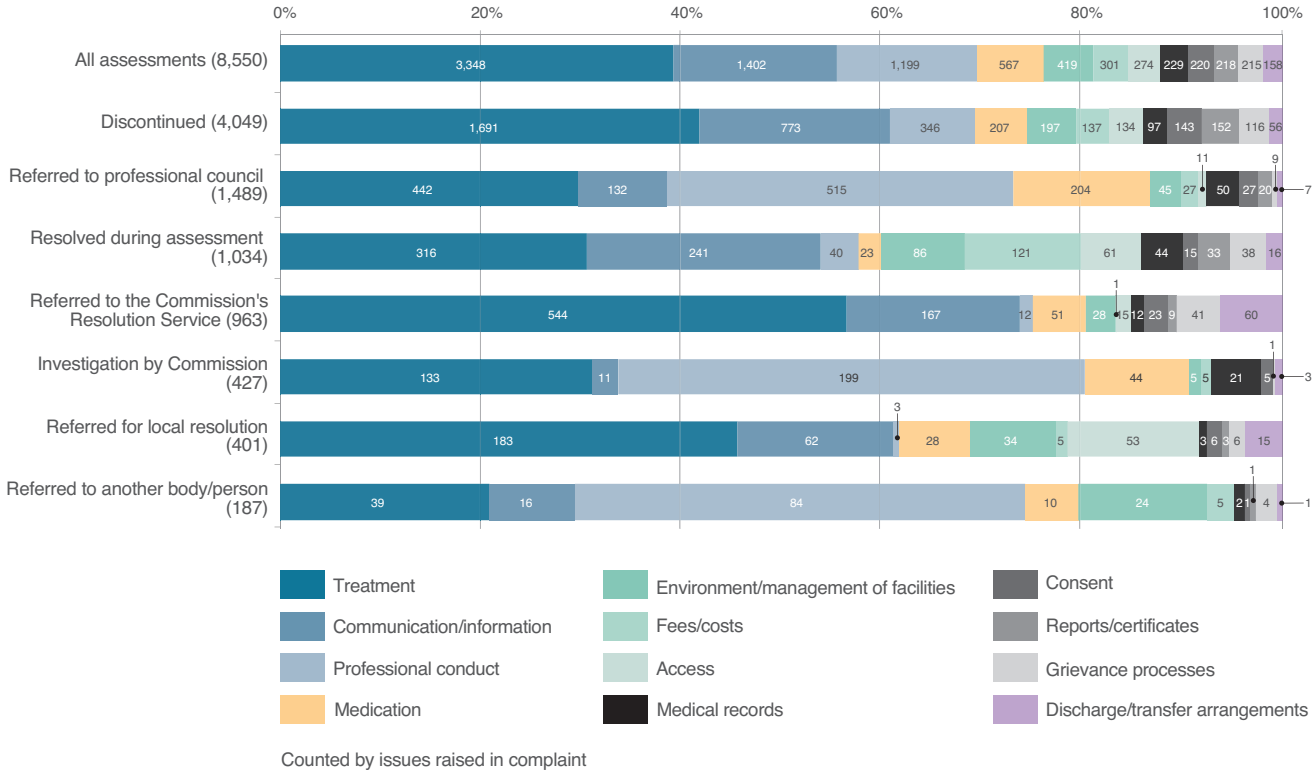
Chart 7.9 summarises all assessment decisions made by the Commission in 2014-15 by the type of issue raised in the complaint.

As in the two previous years, of the complaints referred to the Commission's Resolution Service most related to the treatment provided to a patient (56.5%, 2013-14: 57.3%). Patients and their families often do not fully understand the reasons or 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 (46.6%, 2013-14: 49.6%), referred to another body (44.9%, 2013-14: 42.5%) or to the relevant professional council (34.6%, 2013-14: 33.4%). 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 continue to be suitable for resolution; by referral to the Commission's Resolution Service (17.3%, 2013-14: 20.2%); being resolved during the assessment process (23.3%, 2013-14: 18.5%) or by referral back to the relevant public health organisation to try to locally resolve the issues raised (15.5%, 2013-14: 16.3%). 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, or the time taken by the health practitioner to explain the treatment.

Chart 7.9 – Outcomes of assessment of complaints by issues raised 2014-15



Counted by issues raised in complaint

Investigation outcomes by type of issues raised

Chart 7.10 details the outcomes of investigations in 2014-15 by the type of issue raised in complaints.

The majority of investigations referred to the Director of Proceedings to consider prosecution during the last three years (50.9%, 2013-14: 50.3%) most commonly concerned the professional conduct of a practitioner. Examples include sexual misconduct, breach of practice conditions, and prescribing medication without proper authority or therapeutic basis.

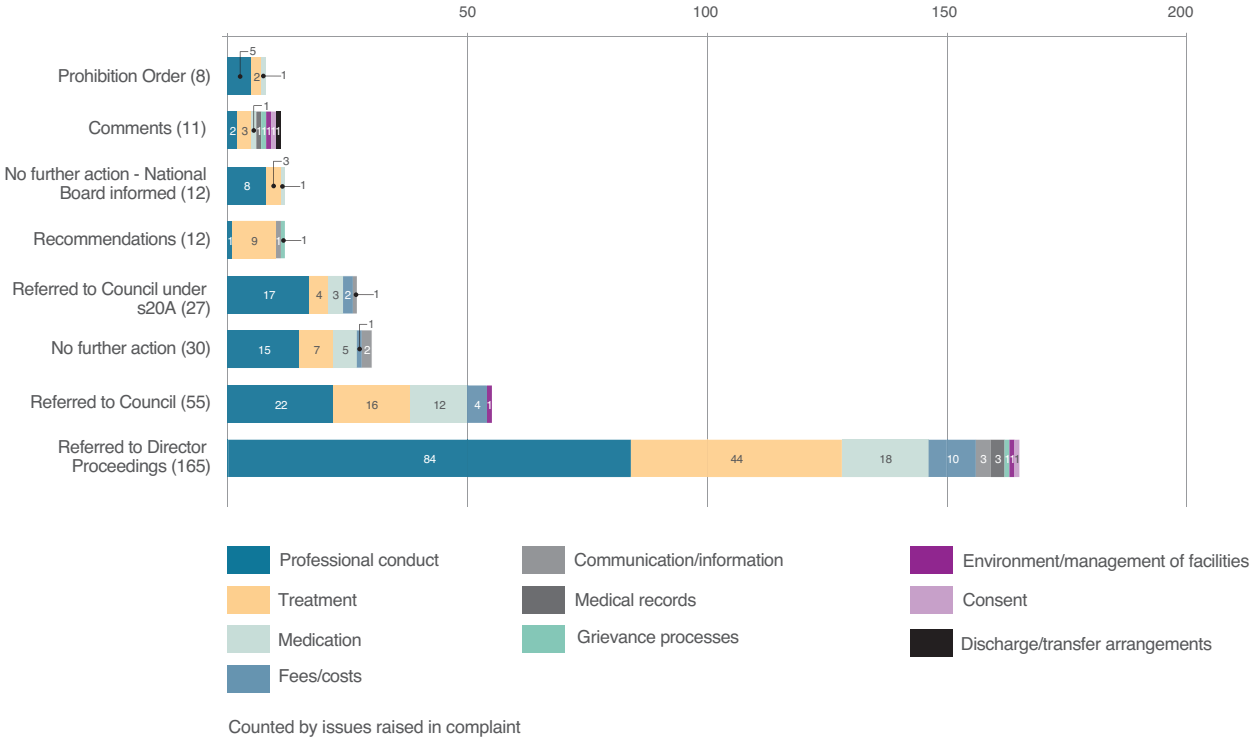
40.0% (2013-14: 62.5%) of complaints referred to a professional council following investigation by the Commission related to the professional conduct of a practitioner.

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 may have been removed and the Commission may decide not to prosecute the practitioner, even though there may be evidence of unsatisfactory professional conduct or professional misconduct.

However, in these instances the Commission ensures that relevant evidence is sent to the Australian Health Practitoner 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 16.26 in Appendix A of this report.

Chart 7.10 – Outcome of investigation by issue category 2014-15



Counted by issues raised in complaint

08 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

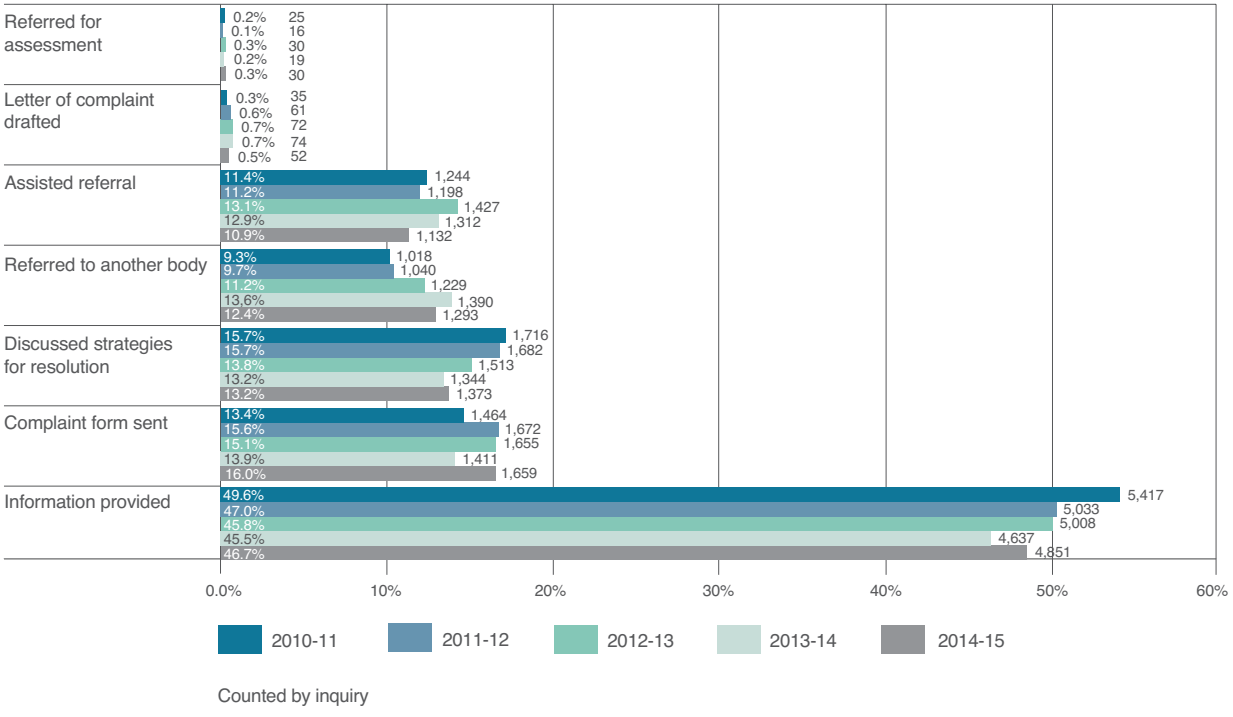
In 2014-15, the Commission received 10,390 inquiries, 2.0% more than in the previous year. The number of inquiries received over the past five years is shown in Chapter 4 – Executive summary of this report.

Outcomes

Chart 8.1 summarises how the Commission dealt with inquiries over a five-year period. In 2014-15, the Inquiry Service:

- responded to 4,851 inquiries (46.7%) by providing relevant information
- sent out 1,659 complaint forms (16.0%)
- discussed with 1,373 people (13.2%) strategies to resolve the issues directly with the health service provider
- referred 1,293 inquiries (12.4%) to a more suitable body
- assisted 1,132 people (10.9%) 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 52 people to write their complaint (0.5%)
- in 30 urgent cases (0.3%) drafted a complaint over the phone and referred it for immediate assessment.

Chart 8.1 – Outcome of inquiries 2010-11 to 2014-15



CASE STUDIES

Access to health care service

The Commission received a call from an inmate who reported that he was having difficulty reading and that he was experiencing headaches. The inmate stated that he had been wearing glasses since the age of four and that he did not have a pair available to him despite having made a number of requests to see the optometrist since being taken into custody in 2013.

The inmate asked the Inquiry Officer to contact Justice Heath to pass on his concerns. Two days later, the Inquiry Officer received confirmation from Justice Health that inmates who had been on waiting lists the longest were normally given priority however it could not be explained why the caller had not been seen.

Justice Health then notified the optometrist who added the inmate to the next weekly clinic. The inmate was provided with non-prescription glasses until he was seen.

Providing information and discussing strategies

The caller's daughter had suffered from depression since a serious motor vehicle collision in 2008. The treating doctor prescribed risperidone and the caller and daughter were concerned that the side effect of increased weight gain was impacting the daughter's mental health. The caller was seeking advice about alternatives to risperidone. He was also concerned the treating doctor was not listening to their concerns and was failing to monitor and manage the side effects.

The Inquiry Officer discussed the role of the Commission with the caller as well as the procedure for making a complaint and strategies for resolving concerns with the treating doctor directly.

Additionally, the Commission provided the caller with an information sheet about cardiometabolic care for youth being treated with psychoactive medications to assist him to discuss the issue with the doctor.

The caller was also posted a complaint form in the event he was unable to resolve his concerns directly with the treating doctor.

09 ASSESSING COMPLAINTS

PERFORMANCE IN 2014-15

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

92.7% of complaints assessed within 60 days

The Commission received 5,266 complaints during the year and assessed 5,002 in the same period; a significant increase in the number compared to the previous year when 4,767 complaints were received and 4,742 were assessed. In 2014-15, 92.7% of complaints were assessed within the 60-day statutory timeframe. On average, complaints were assessed within 40 days. Where a complaint was not assessed within the statutory timeframe, an extension was approved by the Commissioner in 95.9% of cases (target 100%). In comparison, in 2013-14, 94.2% of complaints were assessed within the 60-day timeframe, in an average of 38 days (statutory timeframe - target 100%).

5.5% of complaints assessed were subject to a request for a review

274 requests for review of the Commission's assessment decision were received, which represents 5.5% of all assessments finalised during the year. This compares favourably to 2013-14, when 320 such requests were received, accounting for 6.7% of all assessments finalised (target <10%).

65.6% of reviews completed within six weeks

65.6% of reviews of an assessment decision were completed within six weeks, compared to last year, when 71.8% of reviews were finalised within that timeframe (target 90%).

97.7% 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, 97.7% of decision letters were sent within 14 days of the decision being made, compared to the previous year when 99.0% of letters were sent within this timeframe (statutory timeframe - target 100%).

94.0% of complaints acknowledged within 7 days of receipt

When the Commission receives a complaint, it sends out an acknowledgement letter to the complainant confirming receipt within 7 days. During the year, 94.0% of complaints were acknowledged within 7 days of receipt (target 90%). This is a new corporate goal for the Commission.

90.8% of file audits returned a satisfactory result

Following receipt of a complaint, the Commission carries out several audits in relation to the management of the assessment file. 90.8% of audits of the overall management of assessment files returned a satisfactory result (target 90%). This is a new corporate goal for the Commission.

In 2014-15, the Commission received 5,266 complaints, an increase of 10.5% 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 time frame.

Performance

Chart 9.1 shows the Commission's assessment decisions over the past five years.

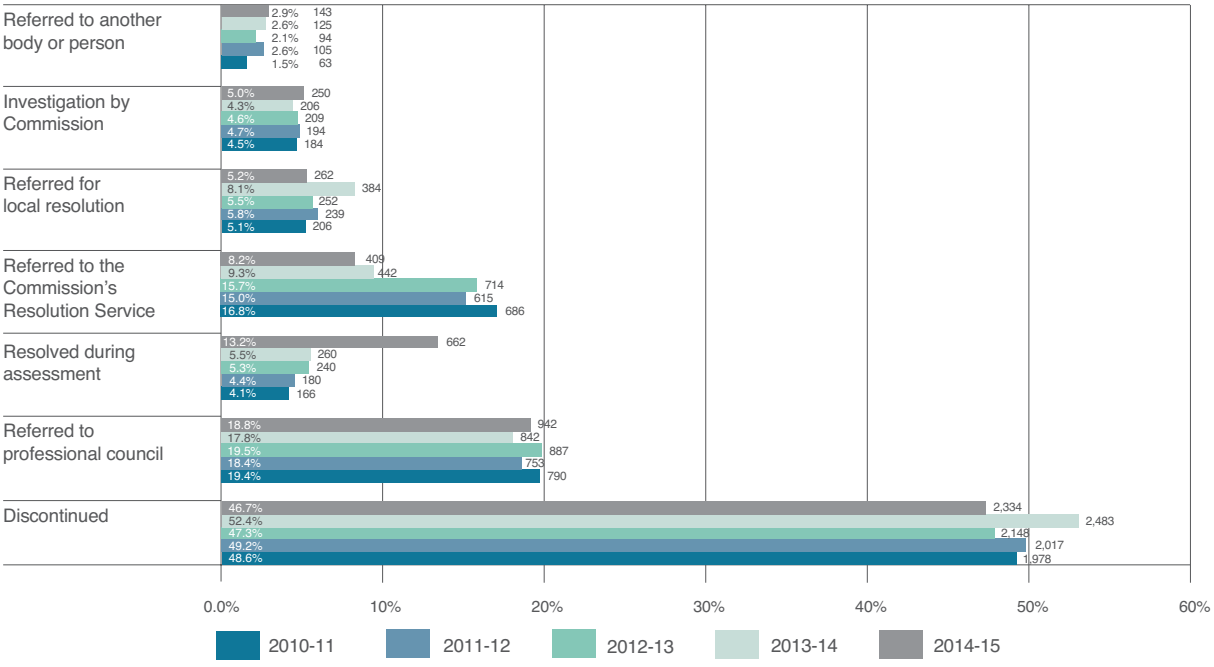
In 2014-15, the Commission assessed 5,002 complaints:

- 2,334 (46.7%) were discontinued at the end of the assessment process
- 942 (18.8%) were referred to the relevant professional council to take appropriate action regarding a registered health practitioner
- 409 (8.2%) were referred to the Commission's Resolution Service
- 262 (5.2%) were referred to the relevant public health organisations to try to resolve the complaint locally
- 662 (13.2%) were successfully resolved during the assessment process
- 250 (5.0%) were referred for formal investigation by the Commission
- 143 (2.9%) were referred to another more appropriate body for their management.

Compared to previous years, the Commission discontinued fewer complaints after assessment and the proportion of complaints that were resolved during the assessment process increased significantly. This is attributed to the Early Resolution Project. The rate of complaints being referred to the Resolution Service and the proportion of complaints being sent to the public health organisation to directly resolve the complaint with the complainant decreased.

There has also been an increase in the number of complaints referred for investigation.

Chart 9.1 – Outcome of assessment of complaints 2010-11 to 2014-15



Counted by provider identified in complaint

ASSESSING COMPLAINTS

Timeliness

In 2014-15, 92.7% of complaints were assessed within the 60-day statutory timeframe. On average, complaints were assessed within 40 days. This compares to 94.2% of complaints being assessed within 60 days in 2013-14, on average within 38 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 2014-15, 97.7% of decision letters were sent within 14 days of the decision being made. This is a slight decrease from the previous year when 99.0% 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 in circumstances when the complaint is being investigated.

In 2014-15, 274 requests for a review of the assessment decision were received, which represents 5.5% of all assessments finalised during the year. This compares favourably to the previous year when 320 such requests were received accounting for 6.7% 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 bolstered by plain English training for staff.

The Commission finalised 276 reviews in 2014-15. In 255 cases (92.4%), the original assessment decision was confirmed. In 21 cases (7.6%), the initial decision was changed as a result of the review.

65.6% of reviews of an assessment decision were completed within six weeks, compared to last year, when 71.8% of reviews were finalised within that timeframe. Reviews are handled by Commission Resolution Officers to ensure independence from the Assessment Officers.

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 2014-15, 10.4% of complainants and 12.1% of health service providers who were sent a survey responded to the Commission.

Responses

Overall, 87.6% of people who made a complaint and responded to the survey were satisfied with their interaction with the Assessment Officer. This compares to 74.2% in the previous year. The survey also gave the opportunity to provide further comments. One person who had made a complaint commented that *"I was extremely impressed and grateful with the way the matter was handled, with how quickly it was addressed and very happy with the way my issue was raised and looked after. [The Assessment Officer] and the entire Commission were fantastic. I have already told so many people how much you have been helping me and really compliment you all 11 out of 10."*

Overall, 71.0% of health service providers who responded to the survey were satisfied with the Commission's service. This compares to last year's results, when 87.1% 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, 15 of the 20 Local Health Districts and Speciality Networks responded to the survey, with 38 individual answers being recorded. The overall satisfaction rate was 95.9%, which is an improvement on the previous year, when 93.2% 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. In particular, several comments related to the Commission's Early Resolution Project, which was viewed as a positive initiative.

One respondent stated that *"All HCCC officers I have been in contact with have been extremely polite, professional, friendly, supportive and overall very helpful. I am very grateful to the HCCC for making the assessment and resolution process as pleasant as possible for both staff and the patients and families involved."*

Significant developments

Early Resolution

From 1 July 2014, the Commission re-allocated three Resolution Officers to the Assessment Division in the role of Early Resolution Officer. The aim was to address those complaints that would otherwise be discontinued, with a view to attempting an early resolution of the complaints by speaking with both parties and negotiating an outcome that would be acceptable to both sides. Early resolution was only to be attempted in cases where the Commission determined that there were no significant issues for public health or safety.

In 2013-14, the Commission successfully resolved 260 complaints during the assessment process, which equated to 5.5% of complaints received for the year. After 12 months of the Early Resolution Project operating, the Commission successfully resolved 662 (13.2%) complaints during the assessment process. As a result, the Commission was able to reduce the number of matters discontinued from 52.4% in 2013-14 to 46.7% in the reporting period.

The Early Resolution Project has proved to be a success for the Commission and it will continue with the initiative. It is intended to rotate Assessment staff periodically as Early Resolution Officers.

Training

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

Assessment staff participated in a number of external training courses to increase their skills and efficiency and attended courses in plain English writing, managing difficult people as well as job application and interview skills under the new Public Sector employment framework.

In addition, staff received internal training to improve their knowledge and understanding of the Commission's governing legislation and the broader legislative framework the Commission operates within.

Future training will focus on resilience training which will provide staff with the skills and strategies to deal with distressed and emotional people. Resilience training will be mandatory and will take place on a regular basis.

Assessment Plans

During the reporting period, 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 and whether a specific communication strategy was required. Each Assessment Plan is reviewed and approved by the Team Leader. Staff were encouraged to consider the most appropriate way of dealing with complaints and the way in which they interact with both parties.

Decision Letters

During 2014-15, greater focus was directed to the clarity of the Commission's decision letters through internal training and arranging for staff to attend a tailor made two day course on plain English writing skills. Staff focused on using appropriate language, drafting outgoing letters which are easier to understand, displaying appropriate levels of empathy and the covering of relevant issues.

This is thought to have contributed to a reduction in the review rate from 6.7% in 2013-14 to 5.5% in the reporting period.

The year ahead

The Commission experienced a significant increase in the number of complaints received and has consistently experienced growth in complaint numbers each year. From 1 July 2015, the Commission will be increasing staff numbers in the Assessment Division which should assist in reducing Assessment Officer caseloads and allow more time to be devoted to improving the levels of customer service being provided.

The increase in staff has also necessitated a restructure and a third team will be created in the Assessment Division. This will allow improved management of team numbers and also allow team members to receive more mentoring and support from their Team Leaders and Managers.

The Commission is a step closer towards a paperless filing system, which has included the use of software and technology in relation to agendas. The Commission's IT department is working with the Assessment Division to incorporate the use of electronic signatures to improve efficiency and reduce the need for printing, photocopying and scanning of documents.

CASE STUDY

A man complained that his wife did not receive adequate care and was provided with incorrect information from the clinic regarding the use of pessaries and as a result her IVF attempt failed. The health provider offered a discount for the second attempt, however, the complainant wanted to receive the next IVF treatment for free.

The provider advised that the complainant's wife underwent an IVF cycle over the Christmas period and that she stopped her progesterone treatment at the wrong time in the cycle and that it was highly likely that this contributed to the unsuccessful outcome. The provider accepted that the complainant and his wife were very concerned that they had been given the wrong advice by the clinic about stopping the progesterone pessaries.

As a result of the complaint, the provider investigated the matter but was unable to ascertain the advice the wife was given. Accordingly, given the circumstances and as a way of acknowledging the distress that the couple had endured, the provider was prepared to provide a further cycle of IVF treatment with no out of pocket expenses to the couple.

The Assessment Officer telephoned the complainant and explained the offer. The complainant confirmed that the offer of a free IVF cycle did resolve the complaint for them. However, it was requested that the treatment be conducted at another location. He also advised that his wife's Medicare card had expired and there was difficulty in re-applying for it. The complainant hoped that this would not affect the offer made.

The Assessment Officer contacted the provider and suggested that the issues of which facility the treatment was to be conducted at and the Medicare card could be amicably discussed and worked out between the parties themselves. Both parties indicated their agreement and satisfaction with the outcome and considered the matter resolved.

10 RESOLVING COMPLAINTS

PERFORMANCE IN 2014-15

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

Resolution Officer contacts parties within 14 days in 96.0% of resolutions referred

In 96.0% of resolution processes, the resolution officer contacted the parties within 14 days of that complaint being referred to the Resolution Service (target 90%).

73.7% of resolution processes completed within four months

73.7% of resolution and conciliation processes were completed within four months of being referred to the Resolution Service. This is an increase from 52.0% in the previous year (target 70%).

80.4% of complaints resolved

80.4% (2013-14: 78.6%) of complaints that proceeded to resolution and conciliation were fully or partially resolved (target 80%).

91.7% of clients satisfied

Overall, 91.7% of complaint resolution/conciliation clients were satisfied with the service. This is an increase on the previous year where 85.9% of clients were satisfied (target 80%).

As reported in the Commission's Annual Report 2013-14, the Resolution Service underwent a review of its structure and processes. This review was completed in 2014-15.

From the end of the 2013-14 year, the Director of Assessment and Resolution temporarily took 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.

As part of the review, areas for improvement were identified, processes changed, clear key performance indicators were put in place and the timeliness of completion of resolution matters was improved.

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, and 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 the 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 potential 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 2014-15, 409 (8.2%) complaints were referred to the Resolution Service, compared with 442 (9.3%) in the previous year. The reduction in the number of complaints referred for Resolution is a result of the greater focus on the resolution of complaints during the assessment process and the improved dispute resolution skills of Assessment Officers.

In the reporting period, the Resolution Service finalised 419 resolution processes including 13 through formal conciliation. This compares to 619 resolution processes including 11 conciliations completed in the previous year. This reduction in the number of processes finalised reflects the reduced number of complaints referred to the Commission's Resolution Service.

Outcomes

Chart 10.1 shows the outcome of resolution processes over the past five years. Resolution is a voluntary process. In 2014-15, 133 complaints did not proceed largely because one or both of the parties did not consent. Of the remaining 286 complaints, 230 (80.4%) were resolved.

In 2014-15, 56 (19.6%) complaints were not resolved for a variety of reasons including because the parties were not able to reach an agreement regarding the facts, the parties were not able to negotiate in a constructive manner and/or one or both parties withdrew from the meeting or process.

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

Timeliness

During the year work flow was reviewed and a number of changes were made to ensure more timely management of the resolution process.

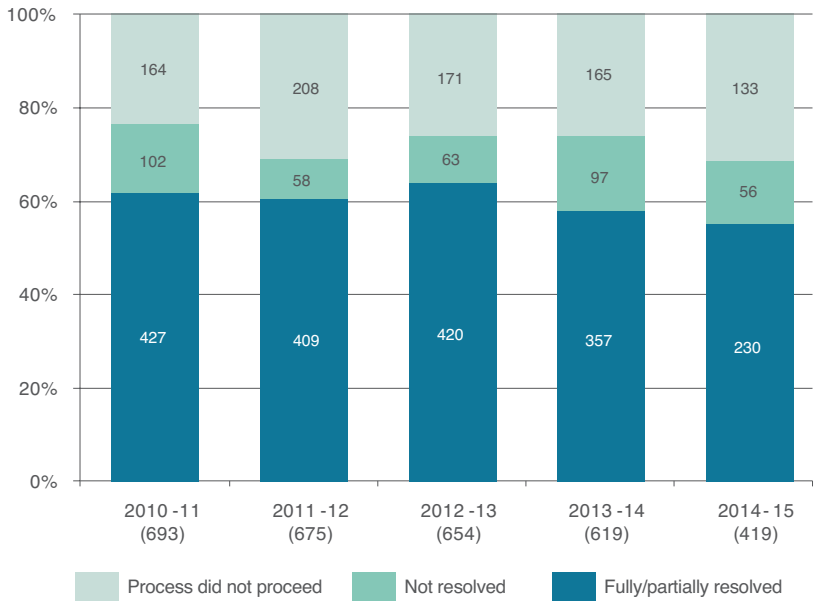
In 2014-15, it took 101 days on average to finalise a resolution process, compared to 151 days the year before. 36.8% of complaints were completed within two months (2013-14: 27.5%), 73.5% within four months (2013-14: 52.0%) and 87.4% within six months (2013-14: 67.7%). The 53 resolution cases (2013-14: 200) that took more than six months due to various reasons such as; the complexity of the issues, the time taken by the parties to decide when or how to proceed and delays due to illness or bereavement.

Monitoring agreements

In 2014-15, the Resolution Service put in place 24 monitoring processes compared with 71 in the previous year.

The monitoring processes is used to monitor the implementation of quality improvements within a health service that have been identified through the resolution of a complaint. The number of monitoring process has declined sharply over the 2014-15 year compared to previous years. This decline is in part attributed to the decreased number of complaints referred to the Resolution Service and in part because greater emphasis was placed on developing the resolution skills of new staff and implementing new processes and structures within the Service.

Chart 10.1 – Outcome of resolution processes 2010-11 to 2014-15



Counted by provider identified in complaint

During the forthcoming year greater emphasis will be placed on the monitoring process.

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 40.6% for people who lodged a complaint and 24.4% for health service providers.

Responses

Overall, 97.1% of complainants and 82.5% 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 79.9% of complainants and 90.2% 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 health care provider commented *"I was very pleased with the way the Resolution Officer handled this case. I think by working together with the complainant we have achieved a very good result."* In relation to a different complaint, a complainant commented *"I would like to express my further gratitude for the assistance provided by [the Resolution Officer] throughout the complaints process. My case was especially emotionally difficult because it involved my terminally ill mother who passed away before the case was opened. [The Resolution Officer] made this process easier to go through and she brings a human side that I needed to help me move on from this case."*

Significant developments

The reporting period has focused on reviewing the Division's processes and key performance indicators and implementing reforms.

Staff movements

The staffing levels in the Resolution Service has been stable over the past year. Three Resolution Officers were transferred to the Early Resolution Project. These three positions have now been reallocated to the Assessment team.

Training

Resolution Officers attend monthly team meetings where issues are discussed, information and best practice is shared and external speakers are invited. In 2014-15, staff attended presentations by the NSW Ombudsman's Office regarding the National Disability Insurance Scheme and Justice Health regarding changes to the methadone policy. Staff also attended resilience training workshops.

The year ahead

In the year ahead the changes to the Resolution work flow process in the Commission's complaint database will be finalised. Each of the Manuals used in the Resolution Service will be reviewed and updated to reflect the new work practices.

CASE STUDY

A complaint was made to the Commission that involved a critical communication breakdown between emergency department staff at a hospital and a family in the context of a traumatic resuscitation of a young Aboriginal woman who did not survive.

The family complained about the hospital staff's poor management of the situation, their insensitive communication with the family and lack of cultural awareness regarding grief and grieving in Aboriginal culture.

The matter was referred to the Resolution Service, an issues paper was developed with the family and a second response provided by the hospital, who also offered to meet. A resolution meeting was arranged, and with the assistance of the hospital's Aboriginal Liaison Officer a face to face meeting was arranged with key hospital staff. As well as providing a heartfelt apology to the family, a number of practical strategies were developed to try and prevent similar occurrences in future.

In particular, the hospital undertook to develop guidelines for understanding Aboriginal cultural issues around death, dying and grief and a strategy to identify key people or decision makers in large Aboriginal families.

The complaint was resolved.

CASE STUDY

A woman complained to the Commission about the treatment provided to her elderly mother at a Sydney hospital. The complaint concerned a number of aspects of the mother's care including the hospital staff's failure to label a cannula in the Emergency Department which remained in place for 72 hours and was the suspected source of an infection and her mother's recollection that a catheter line was inserted, removed, relocated and two stitches inserted all without a local anaesthetic.

The complainant also stated that she was provided with incorrect information about an appointment, causing further delays and distress for her mother.

The resolution meeting was attended by the Head of the Emergency Department, the Deputy Head of Intensive Care and the complainant. The complainant's mother was not well enough to attend. Both health practitioners commenced the meeting by offering sincere apologies to the complainant.

The complainant was provided with an explanation for the cannula labelling oversight. The complainant was advised that staff receive ongoing education regarding the guidelines in relation to cannulas and the importance of proper documentation. The complainant was also advised that the hospital had decided to trial a new system in relation to cannulas whereby staff are encouraged to ask, after a 24 hour period, whether the cannula is necessary and if not, they are encouraged to remove it.

It was acknowledged that extended treatment delays had a particular impact on very elderly patients. The complainant proposed solutions however the hospital was at the time in the process of developing systems designed to address delays for all patients.

While the medical records referred to the use of local anaesthetic, the complainant raised concerns that staff may have become complacent regarding the procedure and documenting it. As a result the hospital initiated a random audit which included talking to past patients. The hospital provided the complainant with copies of new training materials, demonstrating the efforts that have been made to ensure that the relevant staff were aware of their reporting obligations and assured the complainant that the staff member concerned had been counselled about his responsibilities.

One of the health practitioners offered to call the complainant's mother to apologise in person. However the complainant said that it was not necessary, that she accepted the apology and considered the matter to be resolved.

11 INVESTIGATING COMPLAINTS

PERFORMANCE IN 2014-15

CORPORATE GOAL

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

96.4% of investigations finalised within 12 months

The Investigations Division finalised 194 investigations during the year, compared with 226 investigations finalised in 2013-14. The Investigations Division closed 96.4% of its investigations within 12 months, on average within 230 days. This compares with 95.1% of investigations finalised within 12 months in 2013-14, on average within 209 days (target 90%).

100% of investigation plans completed on time

100% of investigations starting in 2014-15 had an investigation plan completed within 14 days of the complaint being referred to the division, compared to last year when 99.1% of investigations had a plan in place within that timeframe (target 100%).

86.9% of investigations reviewed on time and 96.6% showed satisfactory progress

Investigations are reviewed regularly to monitor their progress and quality. 86.9% of these reviews were completed on time and 96.6% of reviews completed during the year showed satisfactory progress. In the previous year, 92.7% were reviewed on time and 99.0% were found to be progressing satisfactorily (target 90%).

1.0% of all investigation outcomes reviewed

The Commission received two requests for a review of an investigation outcome. This represented 1.0% of all investigations finalised during the year (target <5%, 2013-14: 2.2%). One review was finalised and confirmed the original decision.

93.5% of investigations satisfactory for prosecution

In 2014-15, 93 complaints about health practitioners were referred to the Director of Proceedings to consider prosecution before a disciplinary body, a decrease from 110 complaints last year. The Director of Proceedings was satisfied with the evidence in 93.5% of investigations (2013-14: 92.7%), and did not request further information (target 90%).

76.3% of briefs of evidence prepared within 28 days

In 2014-15, 76.3% of the investigations referred to the Director of Proceedings to consider taking disciplinary action had the accompanying brief of evidence prepared within 28 days of completion. In 2013-14, 81.4% of briefs of evidence were completed within this timeframe (target 80%).

CORPORATE GOAL

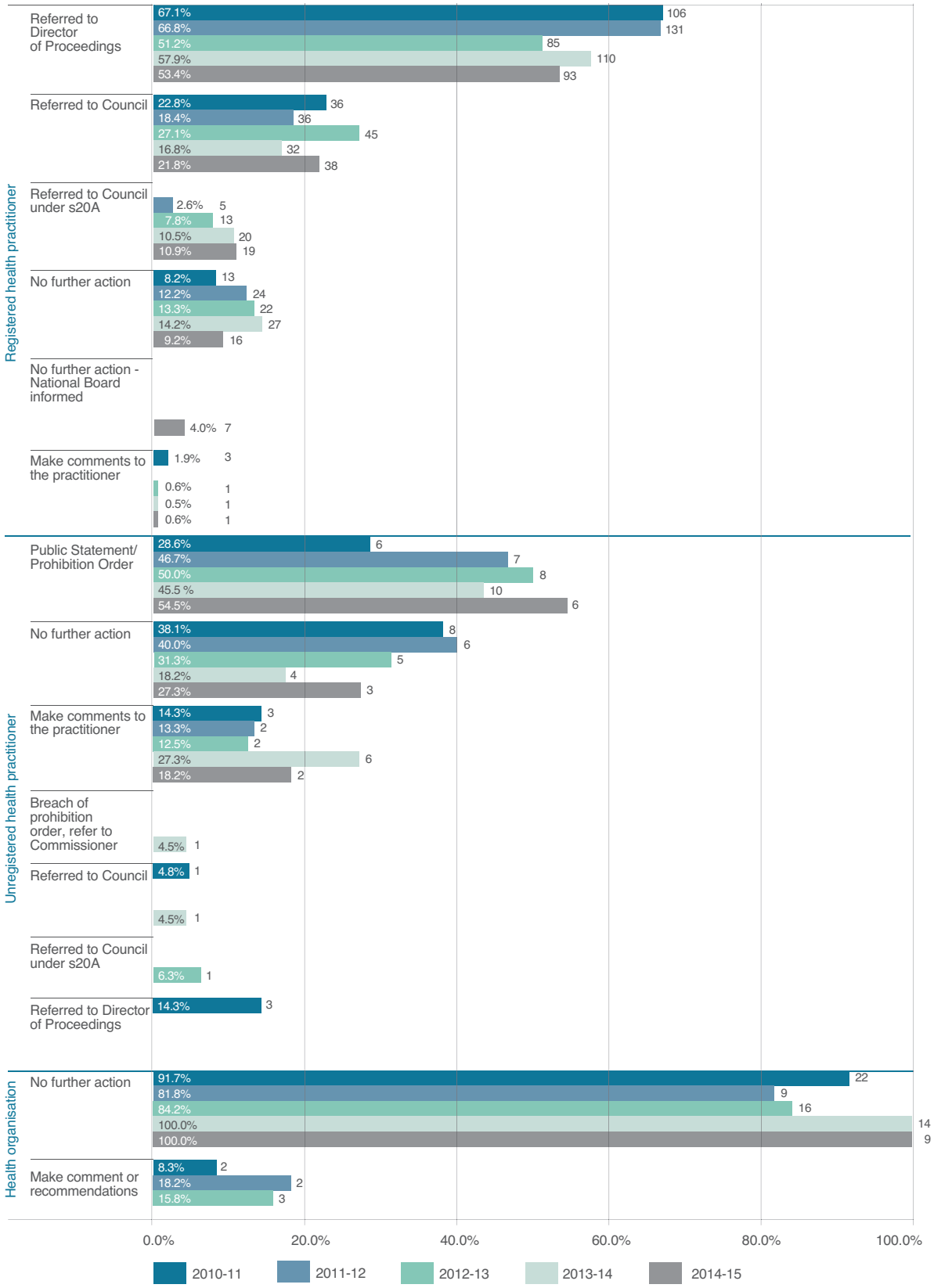
'to support improvements to patient care in health care delivery through recommendations arising from investigations'

41.7% of recommendations implemented

Of the 12 recommendations made to health organisations by the Commission in 2013-14, five (41.7%) had been implemented as at 30 June 2015. This compares to 93.8% of recommendations implemented in the previous year (target 90%). The other seven recommendations related to the Commission's investigation of a health service. The health service subsequently changed its name and the Commission has issued a public warning in respect of the health service under s94A(1) of the *Health Care Complaints Act* and the implementation of these recommendations is no longer relevant.

INVESTIGATING COMPLAINTS

Chart 11.1 – Outcome of investigations 2010-11 to 2014-15



*The figures for 2013-14 have been updated as the Commission formerly reported previously registered practitioners separately. Outcomes of complaints about previously registered practitioners are now incorporated into figures for unregistered practitioners. Investigations closed by reason of a provider removing his or her name from the register and referred to a Council or National Board continue to be reported in the registered health practitioner category.

If, after assessing a complaint, the Commission finds that it raises a significant issue of public health or safety; there remain serious 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 2014-15, the Investigations Division finalised 194 investigations, a decrease from 226 in the previous year. Of these investigations, 185 (95.4%) related to health practitioners, and nine (4.6%) to health organisations. This decrease in investigations finalised can be attributed to a significant increase in investigations allocated to the Division compared to the previous year, together with a decrease in capacity due to various staff movements.

Outcomes

Health practitioners

Of the 174 investigations into registered health practitioners in 2014-15, 93 (53.4%) were referred to the Director of Proceedings to consider prosecution before a disciplinary body. This compares to 110 (57.9%) for the year before.

The Commission referred 57 investigations about registered practitioners (32.8%) to the relevant professional council for further appropriate action. This is an increase on the previous year, when 52 complaints (27.4%) were referred to a council.

In some cases, where it was clearly evident that the alleged misconduct did not meet the threshold for disciplinary proceedings, 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 five 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 statutory obligation to keep under review its assessment of every complaint, including during an investigation.

The Commission has changed the way it reports investigations closed by reason of a provider removing his or her name from the national register, which is becoming more common. At the start of the financial year, the Commission was referring these practitioners to the relevant health professional council under section 20A of the Act, for their information and onward referral to the relevant national board in the event that the practitioner attempted to re-register. During the reporting period, the Commission introduced a system whereby the national board is informed directly by the Commission. This change alters the outcome of the investigation, from a referral to the Council under section 20A of the Act to a termination of the investigation under section 39(1)(e) of the Act.

In total, during the reporting period, seven investigations were terminated because the practitioner was no longer registered and the national board was informed.

In 16 cases (9.2%), the investigation of a registered practitioner found no or insufficient evidence of wrongdoing and was finalised without any further action being taken. One investigation (0.6%) resulted in the Commission making comments to the practitioner.

Unregistered health practitioners

Practitioners who are not required to be registered under the Health Practitioner Regulation National Law cannot be prosecuted before a disciplinary body such as NCAT. 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 poses a risk to the health or safety of members of the public.

A prohibition order may ban a health practitioner from providing any, or certain specific health services. In 2014-15, six investigations of unregistered practitioners (54.5%) resulted in the Commission issuing a public statement and/or making a prohibition order. Three investigations (27.3%) were completed with no further action being taken. In another two investigations (18.2%), comments were made to the practitioner about how they could improve their care and treatment of patients.

Health organisations

In 2014-15, the Commission finalised nine 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 14 investigations that resulted in comments and recommendations during the previous year.

There has been a decline in the number of investigations into health organisations. This is due to a number of factors including that public health organisations routinely investigate serious incidents through Root Cause Analysis. Organisations also engage in open disclosure with patients and/or their support persons following a patient safety incident. Where a Root Cause Analysis has recommended appropriate systemic improvements and there is no evidence of individual misconduct, the complaint regarding the organisation is generally referred to the Commission's Resolution Service, where parties are provided

with an opportunity to obtain further information and a thorough explanation about the outcome of the hospital's internal investigation.

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 taken. In 2013-14, the Commission made 12 recommendations arising from seven investigations. As at 30 June 2015, five (41.7%) of these recommendations had been implemented by the relevant health organisation.

Seven recommendations (58.3%) related to the Commission's investigation of a health service. As already noted, the implementation of these recommendations was superseded by the issuing of a public warning under section 94A(1) of the *Health Care Complaints Act* and the subsequent renaming of the health service.

In 2014-15, the Commission made 24 recommendations arising from four investigations into health organisations. As at 30 June 2015, four of those recommendations (16.7%) had already been implemented. The Commission continues to monitor the implementation of the remaining 20 recommendations (83.3%).

Auditing recommendations to health services

The Commission continued its audits of public hospitals to check ongoing compliance with previous recommendations. In 2014-15, two audits were undertaken. These showed that the health services had continued to comply with recommendations previously made by the Commission. 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 96.4% of its investigations within 12 months. On average, it took 230 days to complete an investigation. This compares to 95.1% of investigations finalised within 12 months in 2013-14, on average within 209 days.

Requests for review

In 2014-15, the Commission received two requests for review of an investigation outcome, which represented 1.0% of all investigations finalised (2013-14: 2.2%). In the same period, the Commission finalised one review, which confirmed the original outcome.

Staff development

In 2014-15, a number of Investigation Officers attended the 10th National Investigations Symposium in Sydney. This was a two day conference which enabled staff to hear about best practice in complaint handling and investigation, from distinguished international and national keynote speakers.

The year ahead

The Commission will continue its program of auditing ongoing compliance with the recommendations it has made to public hospitals and Investigation Officers will assist in conducting these audits.

Training in dealing with vulnerable complainants and subjects who have been the victims of child and/or adult abuse will also be delivered to the Division.

CASE STUDY

The Commission investigated conduct engaged in by Mr Robert Jarvis during a lunchtime meditation class he conducted in April 2013 at the Wellness Centre in Wollongong, a holistic health and prevention centre he owned and managed.

It was alleged by the young female complainant, who was the only person in attendance at the meditation class on that occasion, that Mr Jarvis asked during the session whether he could put his hands on her neck, to which she reluctantly consented. He then moved behind her, pressed his groin against her upper back and neck, swayed from side to side, placed his hands around her neck as if to choke her and asked her "are you scared, are you frightened now?"

At the time of the class in question, Mr Jarvis was subject to a prohibition order imposed by the Commission in August 2011, prohibiting him from providing any health service for a period of three years as a consequence of a substantiated complaint that he had touched a female client inappropriately and had asked her inappropriate questions in the course of practising as a naturopath.

The Commission brought proceedings against Mr Jarvis in the Local Court for breach of the prohibition order. During these proceedings, the Commission successfully argued that the meditation class he conducted in April 2013 constituted a health service in that Mr Jarvis had provided the client with advice as to the health benefits of meditation, including stress management, and advice concerning vitamins, nutrition and general well-being. In June 2014, Mr Jarvis pleaded guilty and was convicted of contravening the prohibition order and failing to notify the client that he was subject to the prohibition order, both being offences under the *Public Health Act*. He was placed on a good behaviour bond and ordered to pay a fine.

The Commission's investigation of Mr Jarvis' conduct during the meditation class found that Mr Jarvis had provided a health service in an unsafe and unethical manner, in breach of the Code of Conduct for unregistered health practitioners. The investigation found that Mr Jarvis acted unethically when he decided to proceed to conduct a meditation session with a much younger female client, even though she would be the only person in the class, and took no action to ensure that she felt comfortable for the session to proceed in the circumstances. The Commission found Mr Jarvis' conduct particularly unethical in view of the prohibition order to which he was subject and his disciplinary history – which also included having his registration cancelled by the Chiropractors and Osteopaths Tribunal in 1993 for sexual relationships with female clients.

The investigation found that Mr Jarvis had asked to put his hands on the client without obtaining her informed consent to do so, in that he did not explain to her what his touch would entail, that it would be for an extended period of time and that this meditation "technique" was experimental insofar as he did not know what her reaction to his touch might be. The Commission found that Mr Jarvis' contact with the client elicited a reaction of fear and disquiet, in significant contrast to the benefits of meditation advertised by the Wellness Centre and espoused to the client by Mr Jarvis himself. It found that it was inexcusable for Mr Jarvis to continue making physical contact with the client in circumstances where he would have been able to see that she was frightened by what he was doing to her and that his conduct in this regard was unsafe and caused harm. The investigation found that in allowing his body at the level of his groin to come in contact with the client's upper back and neck as he swayed from side to side, Mr Jarvis engaged in physical contact with a young female that was gratuitous, opportunistic and inappropriate, and added to her distress.

The Commission found that Mr Jarvis poses a risk to the health or safety of members of the public and noted that, despite his extensive disciplinary history, he displayed a serious lack of insight and remained unable to take responsibility for ensuring the maintenance of safe therapeutic boundaries and trust between health practitioner and client. The Commission imposed a permanent prohibition order prohibiting Mr Jarvis from providing any health services on a paid or voluntary basis, where the provision of such services involves contact with clients in either a group or individual setting.

12 PROSECUTING COMPLAINTS

PERFORMANCE IN 2014-15

CORPORATE GOAL OF
'independent and timely prosecutions'

90.5% of determinations on time

The Director of Proceedings considered 90.5% (2013-2014: 85.8%) of complaints referred within three months to determine whether or not to prosecute the complaint before a disciplinary body (target 80%)

84.7% of matters referred within 30 days

The Director of Proceedings referred 84.7% of matters for prosecution within 30 days of consulting with the relevant professional council. This is an improvement from last year where 80.4% of matters were referred within 30 days (target 80%).

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

98.2% success rate in prosecutions

98.2% of matters prosecuted by the Commission that were heard and finalised before NCAT or a Professional Standards Committee were found proven. This compares to 94.3% in the previous year (target 90%).

96.2% compliance with deadlines

The Commission complied with court and disciplinary body time frames in 96.2% of cases. This compares to 94.3% in the previous year (target 80%).

76.5% of bills of cost prepared on time

76.5% of bills of legal costs were prepared internally or sent to a cost consultant for assessment within 120 days of a costs order in favour of the Commission being made. This is an improvement on 70.4% in the previous year (target 75%)

Monthly reports on legal cost recovery

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

In 2014-15, 93 complaints were referred to the Director of Proceedings to determine whether or not to prosecute them before a disciplinary body.

This compares to 110 complaints referred in 2013-14. There has been some fluctuation in the number of complaints referred to the Director of Proceedings from the Investigation Division over the last three years. The Commission will continue to monitor this in 2015-16.

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. 90.5% of these were considered within three months of the complaint being referred to the Legal Division.

In 10 complaints relating to nine 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.

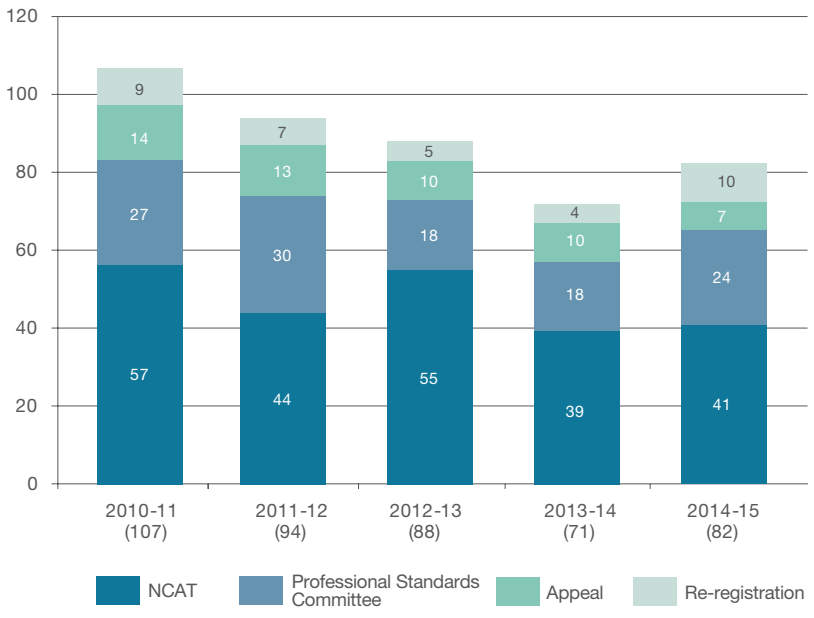
Legal proceedings

In 2014-15, the Commission's Legal Division finalised 82 matters. A matter may include multiple complaints against the same health practitioner. As shown in Chart 12.1, the 82 matters finalised included 41 matters before NCAT, 24 matters before a Professional Standards Committee, seven appeals and other applications, and 10 review and re-registration applications. The outcomes of these matters are detailed in Table 12.1.

In six further matters, the disciplinary body found the Commission's complaint proven but protective orders are yet to be made. Details of these are summarised in Table 12.2.

Of all matters that were heard and finalised before NCAT or a Professional Standards Committee, 98.2% were found proved compared to 94.3% in 2013-14.

Chart 12.1 – Legal matters finalised 2010-11 to 2014-15*



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 2015

PROSECUTING COMPLAINTS

Table 12.1 - Outcome of disciplinary matters finalised 2014-15

Professional Standards Committee		No.
Medical Professional Standards Committee	reprimand and conditions	11
	reprimand	1
	caution and conditions	1
	not proved	1
	withdrawn and dismissed	1
	terminated and referred to Tribunal	1
Nursing and Midwifery Professional Standards Committee	reprimand and conditions	2
	reprimand	2
	caution and conditions	3
	withdrawn	1
Total Professional Standards Committee		**24**
NSW Civil and Administrative Tribunal		
NSW Civil and Administrative Tribunal - Dental	reprimand and conditions	2
NSW Civil and Administrative Tribunal - Medical	registration cancelled	6
	disqualified	2
	suspension and conditions	3
	reprimand and conditions	5
	conditions	1
	withdrawn	4
	dismissed	1
NSW Civil and Administrative Tribunal – Nursing and Midwifery	registration cancelled	5
	disqualified	1
	reprimand and conditions	1
	withdrawn and dismissed	1
	withdrawn	1
NSW Civil and Administrative Tribunal - Pharmacy	registration cancelled	2
	conditions	1
NSW Civil and Administrative Tribunal - Psychology	registration cancelled	2
	disqualified	2
	suspension and conditions	1
Total Tribunal		**41**
Appeals/applications		
Court of Appeal	application by practitioner - application dismissed	1
NSW Civil and Administrative Tribunal	application by practitioner - application withdrawn	1
	application by practitioner - application actioned	1
Supreme Court	application by practitioner - application dismissed	1
	application by practitioner - appeal dismissed	1
	application by practitioner - application withdrawn	1
	application by practitioner - appeal allowed and decision varied	1
Total appeals		**7**
Re-registration		
NSW Civil and Administrative Tribunal - Nursing and Midwifery	registered with conditions	2
	withdrawn	1
	dismissed	2
NSW Civil and Administrative Tribunal - Psychology	registered with conditions	1
	withdrawn	1
	dismissed	1
NSW Civil and Administrative Tribunal - Physiotherapy	dismissed	1
NSW Civil and Administrative Tribunal - Chiropractic	withdrawn	1
Total Re-registrations		**10**
Grand total		**82**

Counted by matter

Table 12.2 - Disciplinary matters proven and awaiting protective orders as at 30 June 2015

Forum	Finding	No.
NSW Civil and Administrative Tribunal	professional misconduct - proved	6
Total matters awaiting protective orders		**6**

Counted by matter

Significant developments

More cases finalised

The number of cases finalised has increased from 71 matters in 2013-14 to 82 in 2014-15. This is a result of an increase in number of investigations referred in 2013-14 to the Legal Division. There were a higher number of Professional Standards Committee matters and re-registration applications.

New South Wales Civil and Administrative Tribunal (NCAT)

The Commission has been involved with assisting NCAT develop its practices, procedures and operations in delivering Tribunal services for matters in the Health Practitioner List. The Commission was consulted and provided submissions in relation to practice and procedure and is represented by the Director of Proceedings on the NCAT Liaison Group which is chaired by the President and meets bi-annually. The Legal Division also participates in periodic Occupational Division user group forums chaired by the Divisional Deputy President.

Statutory review

The Commission is participating in the statutory review of the Health Practitioner Regulation National Law (NSW) (the National Law) conducted by the NSW Ministry of Health to consider the need for legislative amendments to the provisions of the National Law that apply specifically to NSW. The Commission attended meetings and provided submissions to the Ministry, along with other stakeholders from the health professional disciplinary field, with a view to identifying areas for possible legislative amendment.

The Commission also made submissions to the Ministry in relation to an issue arising from the decision of the NSW Court of Appeal in *Health Care Complaints Commission v Dr Annette Do* [2014] NSWCA 307 (further detail below). The judgment in September 2014 highlighted a gap in the National Law concerning the position of health practitioners who were not currently registered at the time NCAT was imposing disciplinary orders. In such cases, NCAT imposes a disqualification order for a period of time preventing unregistered practitioners from applying for re-registration.

Practitioners who are registered at the time that disciplinary orders are imposed have their registration cancelled rather than disqualified. They must then make an application for reinstatement, usually to NCAT and NCAT must conduct an inquiry to decide whether the health practitioner should be reinstated.

The Court in *Do* identified some possible doubt as to whether disqualified practitioners were in fact required to make reinstatement applications to NCAT or could apply to the national board which is not required to conduct an inquiry.

The Commission provided further input into the process of legislative amendment to clarify and rectify the position so that both cancelled and disqualified practitioners must apply for reinstatement and an inquiry held. These amendments to the National Law commenced in December 2014.

Royal Commission into Institutional Responses to Child Sexual Abuse - Case Study 27

The Legal Division provided assistance and support to the Commission in its response to the Royal Commission's investigation of the Commission's handling of complaints against John Rolleston, a deregistered medical practitioner. Submissions have been made and it is expected the Royal Commission will publish a report of their findings. A number of previous Commissioners appeared as witnesses before the Royal Commission, including Mr Kieran Pehm.

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, practice management, equal employment opportunity, evidence, costs and administrative law.

During the year, new staff attended training in equal employment opportunity and the use of plain English.

The year ahead

The Commission will continue to be involved in the statutory review of the NSW provisions of the National Law and in the ongoing liaison with NCAT.

As a result of a recent recruitment process, two new legal officers have been appointed, one permanent and one as a temporary six month appointment.

Resilience training is planned for legal staff in November 2015.

CASE STUDY

Crossing professional boundaries

***Health Care Complaints Commission v Dr Annette Dao Quynh Do* [2014] NSWCA 307**

In 2013 the Commission prosecuted Dr Annette Do, a general practitioner, before the former Medical Tribunal of NSW. The prosecution related to Dr Do's treatment of a patient with whom she was in a de-facto relationship. Dr Do inappropriately prescribed medication for the patient, including morphine, pethidine and other injectable pain relief, psychotropic medications and various other medications.

The patient died in 2008 from an overdose of medications that Dr Do had prescribed.

On 29 April 2013, the Tribunal found both unsatisfactory professional conduct and professional misconduct proven (*HCCC v Dr Annette Dao Quynh Do* [2013] NSWMT 7) and on 2 August 2013 the Tribunal handed down its decision regarding protective orders (*HCCC v Dr Annette Dao Quynh Do (No 3)* [2013] NSWMT 16). Dr Do was not registered at the time of the hearing.

The Tribunal ordered that Dr Do's registration be subject to conditions, if and when she became registered.

Appeal to the Court of Appeal

The Commission appealed the Medical Tribunal's decision to the NSW Court of Appeal. The Commission's principal ground for appeal included whether the Tribunal had given proper consideration to its objective of protecting the health and safety of the public.

On 4 September 2014, the Court of Appeal handed down its decision and upheld the Commission's appeal. The Court of Appeal ordered that:

- The orders of the Medical Tribunal be set aside.
- Had Dr Do been registered on 2 August 2013 the Court would have cancelled her registration.
- Dr Do is disqualified from being registered as a medical practitioner for a period of 18 months commencing on 2 August 2013.

The Court held, as a matter of principle, that

> *The objective of protecting the health and safety of the public is not confined to protecting the patients of a particular practitioner from the continuing risk of his or her misconduct, but includes protecting the public from similar misconduct of other practitioners and upholding public confidence in the medical profession. That objective is achieved, where appropriate by cancelling the registration of practitioners who are not competent or otherwise not fit to practise. Denouncing misconduct acts as both a specific and general deterrent and maintains public confidence in the profession.*

The Court's orders were made on the basis that the Tribunal did not give proper consideration to that objective and the public interest in having the respondent's conduct denounced as unacceptable.

13 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 9 and 10 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 9 and 10 under the heading 'Feedback'.

Complaints about the Commission

In 2014-15, the Commission was notified of five formal complaints about its staff. Three were made by parties to a complaint about their contact with staff and the management of their complaints. Two were made by a Commission employee. Four of these complaints were investigated by the Commissioner and one complaint was investigated externally by the public agency that received the complaint. The complaints did not result in any disciplinary action against staff.

Complaints to the Ombudsman

The NSW Ombudsman advised that in 2014-15, it received 21 complaints about the Commission. This is the same number of complaints as the previous year.

Complaints to the Ombudsman generally related to alleged failures to respond to people and other delay, decisions made by the Commission and disputes over expert judgment.

None of the 21 complaints required formal investigation and 14 were declined immediately. Six were declined after the NSW Ombudsman made preliminary inquiries with the Commission and one was resolved after preliminary enquiries were made.

In addition to the 21 complaints in 2014-15, the Ombudsman recorded 27 inquiries about the Commission.

Privacy Management Plan

The Commission's Privacy Management Plan is available on its website.

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 2013-13, the Commission reports that in 2014-15:

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.

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 six 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 2014-15 as required under the *Government Information (Public Access) Act*.

Table 13.1 - 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 13.2 - 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 13.3 - 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)	6
Application contravenes restraint order (section 110 of the Act)	–
Total number of invalid applications received	**6**
Invalid applications that subsequently became valid applications	–

Table 13.4 - 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 13.5 - 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	–

Table 13.6 - 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 13.7 - 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 NSW Civil and Administrative Tribunal	–	1	1
Total	**–**	**2**	**2**

* 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 13.8 - Applications for review under Part 5 of the Act (by type of applicant)

	Number of applications or review
Applications by access applicants	2
Applications by persons to whom information the subject of access application relates	–

14 ORGANISATION AND GOVERNANCE

TABLE OF CONTENTS

PERFORMANCE IN 2014-15

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 2014-15, on average, each full time equivalent staff member attended 2.15 days of training (target >=2 days).

Up to date reporting

The Commission continues to develop and report on its Work Health and Safety, Workforce diversity, Multicultural Plan and Disability Action Plans. The Workforce Diversity Plan was updated this 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 2014-15, 12 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.

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 Communication 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 was also provided with quarterly reports on the Commission's performance.

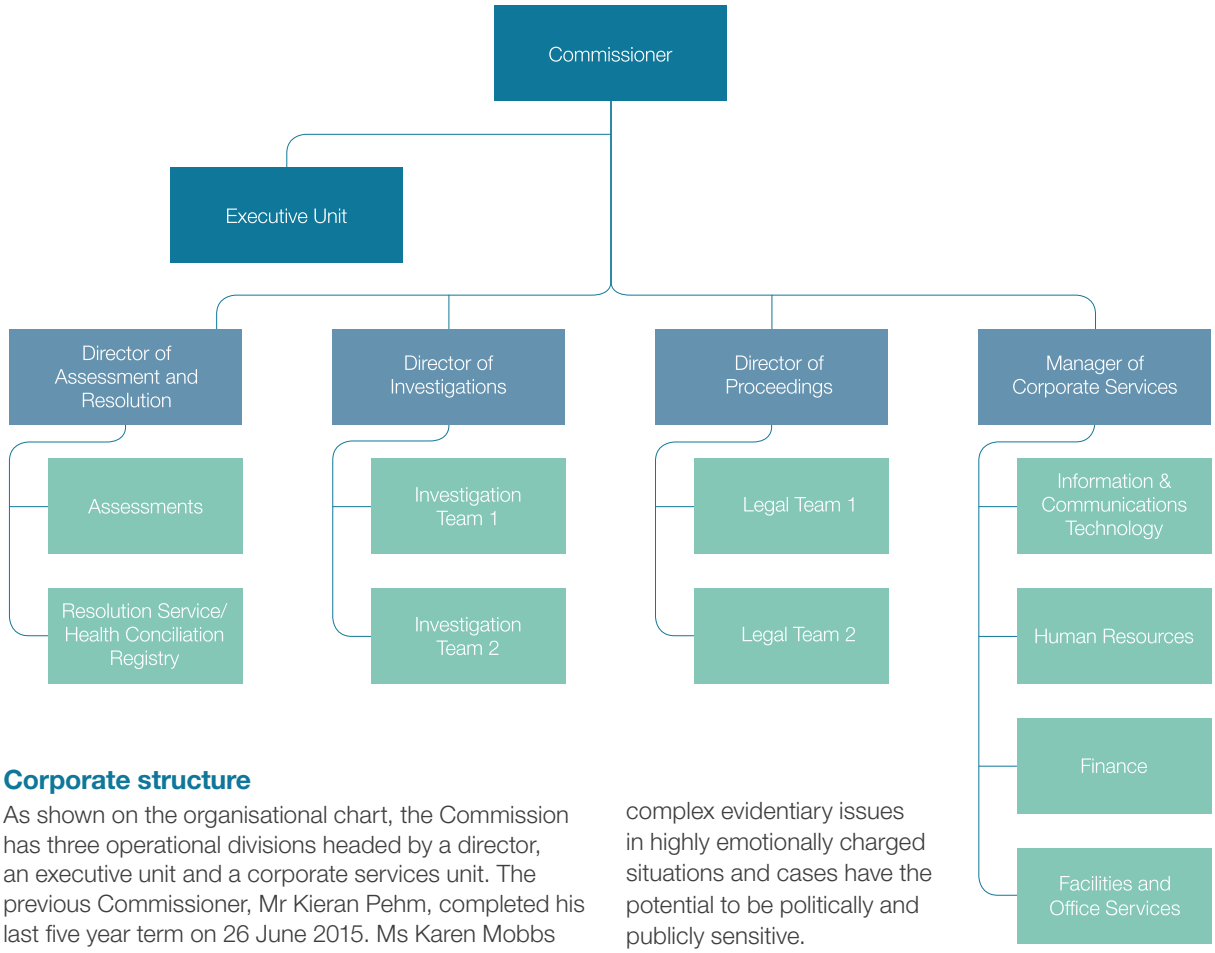
Staff performance reviewed

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

90.0% of staff rated competent

90.0% of staff were considered competent or better at their last annual performance review (target 95%).

Chart 14.1 – 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 previous Commissioner, Mr Kieran Pehm, completed his last five year term on 26 June 2015. Ms Karen Mobbs was appointed the Acting Commissioner from 27 June 2015. Ms Mobbs' usual role as Director of Proceeding has been filled on an Acting basis by senior staff from the Legal Division.

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.

Public Service Senior Executives

Public Service Senior Executives are employed under the *Government Sector Employment Act* as a focused and capable senior executive to lead the public service.

The *Government Sector Employment Act* provides the foundation for a single, leaner, flatter, and more mobile executive structure for the Public Service which will be known as the Public Service Senior Executive. The Chief Executive Service, Senior Executive Service and award-based Senior Executives were replaced by a single executive structure with one set of employment arrangements for all, including a model written employment contract.

The Health Care Complaints Commission prepared a Senior Executive Implementation Plan for the Public Service Commission. It was proposed that the Senior Executive Structure at the Health Care Complaints Commission remain the same. The reason for this is that complaint management in this area involves complex evidentiary issues in highly emotionally charged situations and cases have the potential to be politically and publicly sensitive.

The Commission has three unique operational areas each of which require specialist skills and Senior Executive Level management to ensure high levels of analysis and effective resolution, investigation and prosecution of complaints. Close supervision by senior staff is essential.

The Senior Executive Implementation Plan was implemented on 30 June 2015 and senior executive employment arrangements transitioned to the new arrangements, in accordance with clause 7A of Schedule 4 to the *Government Sector Employment Act* on 30 June 2015.

In 2014-15, the Commission had four Public Service Senior Executive roles:

- 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 14.1 - Senior Executive Service as at 30 June

Band	2014		2015	
	Female	Male	Female	Male
Band 3 (Commissioner)	0	1	1	0
Band 1 (Directors)	1	2	0	3
Totals	1	3	1	3
	4		4	

Table 14.2 - Remuneration of Senior Executive as at 30 June

Band	Range $	Average remuneration	
		2014	2015
Band 3 (Commissioner)	$305,401-$305,401	$299,751	$305,401
Band 1 (Directors)	$199,301-$213,750	$205,067	$208,933

7.03% of the Commission's employee related expenditure in 2014-15 was related to senior executives, compared with 10.6% in 2013-14.

Commission staff

The Commission employed a total of 81 staff as at 30 June 2015. This included 62 ongoing staff, 15 temporary staff, and four staff in Public Service Senior Executive positions. The majority of Commission employees (66) are working full-time, with 15 employed part-time.

Table 14.3 - Staff numbers by employment category 2011-12 to 2014-15 (as at 30 June)

Employment basis	2011-12	2012-13	2013-14	2014-15
Permanent full-time	48	50	54	52
Permanent part-time	9	7	8	7
Temporary full-time	15	14	8	10
Temporary part-time	8	8	5	4
Contract - SES	4	4	4	4
Contract - non SES	–	–	–	–
Training positions	–	–	–	–
Retained staff	–	–	–	–
Casual	–	3	4	4
Total	**84**	**86**	**83**	**81**
Subtotals				
Permanent	57	57	62	62
Temporary	23	22	13	15
Contract	4	4	4	4
Full-time	67	64	62	66
Part-time	17	15	13	15

During the year, one of the Commission's staff members was on secondment to the NSW Electoral Commission.

Table 14.4 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 2014-15 was 72.6 a decrease of 1.7 FTE from the previous year, which was mainly the result of efficiency savings.

Table 14.4 - Average full-time equivalent staffing 2011-12 to 2014-15

2011-12	2012-13	2013-14	2014-15
70.8	76.2	74.3	72.6

Staff attrition

In 2014-15, six staff members resigned, one staff member was seconded to another agency, one staff member retired, one staff member accepted a voluntary redundancy and four 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*.

Staff employed under the *Crown Employees (Public Service Conditions of Employment) Award* received a 2.5% increase in salary and related allowances on 1 July 2014.

The Commission employs medical and nursing advisers under the *Crown Employees (Health Care Complaints Commission, Medical Advisers) Award*. From 1 October 2014, these employees received a 2.5% annual increase under the current award.

The Commissioner and directors are members of the Public Service Senior Executive. The Statutory and Other Offices Remuneration Tribunal determined a performance-based increase of 2.5% annually for these officers starting on 1 October 2014.

Personnel policies and practices

Conditions of employment are principally set by the *Government Sector Employment Act* and, for the majority of staff, by the *Crown Employees (Public Service Conditions of Employment) Award*. 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 policies on equal employment opportunity, work health and safety, security issues, and other operational requirements. In 2014-15, seven human resources related policies were reviewed and updated. These included the Commission's Recruitment and Selection policy; Flexible Work Arrangements Policy; Job Evaluation Policy; Performing Higher Duties Policy and the Gift and Benefits 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 in line with the Public Service Commission Behaving Ethically guide.

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 2014-15, staff attended a total of 158 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 2.15 days of training during the period.

The Commission also offers study and examination leave to staff to encourage them to enhance their skills. In 2014-15, one staff member had access to study leave.

Performance management

Staff members have 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 2014-15, 90.0% of staff were rated fully competent or better.

Governance

People matter survey results

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 Commission scored highest in the following areas with almost 100% of those surveyed agreeing that:

- They believe they have the skills to work in another agency within the NSW Public Sector
- They understand what is expected of them to do well in their roles
- They feel they make a contribution to achieving the organisation's objectives
- The Health Care Complaints Commission provides high quality services
- Sexual orientation is not a barrier to success in the organisation

The Commission scored lowest in the following areas with almost 40% of those surveyed agreeing that:

- They do not have confidence in the ways the organisation resolves grievances
- They do not feel that the NSW Public Sector is innovative
- They are not satisfied with the opportunities available for career development in the organisation
- Learning and development activities they have completed in the past 12 months have not helped to improve their performance
- Managers do not appropriately deal with employees who perform poorly

The Commission addressed the above by reminding staff of the policies and procedures in place to address grievances and wrong doing. Individual learning and development needs are being addressed. The NSW Public Sector Capability Framework allows for more mobility between divisions and allows for further opportunities for career development in the Commission.

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. Four staff members sought counselling in 2014-15.

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 2014-15, 17 staff had flexible work arrangements, including part-time work, parental leave without pay and working from home.

Staying healthy

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, 30 in 2013-14 and 35 in 2014-15. Staff also participated in on-site pilates classes at their own expense.

Charitable work

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 as members of 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 2014-15.

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 as well as through the NSW Multicultural Health Communication Service.

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

The Commission also has four staff members who have passed the Community Language Allowance Scheme (CLAS) exams and can provide interpreting services.

In the past three 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 including presentations to the Refugee Network and the Australian Chinese Community Association.

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 Consumer Consultative Committee. For more information about the Committee, please refer to Chapter 5 – Outreach and accountability

Workplace diversity program

The Commission's Workforce Diversity 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 outlines the Commission responsibility under Section 63 of the *Government Sector Employment Management Act* and reflects the Commission's commitment to workplace diversity and to achieving the three key outcomes under Part 9A of the *Anti-Discrimination Act 1977*.

- 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 14.5 and 14.6 show trends in the representation and distribution of relevant staff groups from 2012-13 to 2014-15.

Table 14.5 - Trends in work diversity representation 2012-13 to 2014-15

	Benchmark or target	% of Total Staff 2013	2014	2015
Women	60%	76.4	77.8	75.3
Aboriginal people & Torres Strait Islanders	2.6%	1.1	1.3	3.5
People whose first language was not English	19%	9.3	11.4	16.5
People with a disability	N/A	5.7	6.3	7.1
People with a disability requiring work–related adjustment	1.5%	2.3	2.5	3.5

Table 14.6 - Trends in workforce diversity distribution 2012-13 to 2014-15

	Benchmark or target	Distribution Index* 2013	2014	2015
Women	100	92	n/a**	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 2014-15

The Commission continues to employ a significant proportion of female staff. In 2014-15, 75.3% of its staff were women, which significantly exceeded the Government target of 60%.

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. The Commission applied for a grant under the Elsa Dixon Aboriginal Employment Program to be able to offer a paid internship. The successful applicant began working with the Commission in February 2015. The intern spent time working in the Assessment, Resolution, Investigations and Legal Division. The placement was extended by a further period to allow the intern to gain more experience in the Legal Division. The internship will be offered again in 2015-16.

In 2014-15 the Commission has undertaken a number of strategies, including:

- providing merit selection training for staff participating in recruitment panels in line with *Government Sector Employment Act* requirements
- 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 2014-15 the Commission hosted a table and sent 10 attendees.

The year ahead:

The Health Care Complaints Commission will continue its strategies to continue 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 four individual workplaces in response to requests for sit-to-stand desks. This resulted in four officers receiving such desks.
- an accredited rehabilitation provider conducting two home ergonomic assessments for two officers who requested working from home for a period of time.

The Commission also:

- conducted quarterly workplace inspections to identify and assess potential and/or actual hazards
- continued online Work Health and Safety training for new staff
- recruited two new Work Health and Safety Officers
- provided first aid recertification courses for two first aid officers.

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, 30 in 2013-14 and 35 in 2014-15.

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 14.7 - Work health and safety incidents, injuries and claims 2012-13 and 2014-15

	2012-13	2013-14	2014-15
Number of new claims	8	1	1
Number of workers compensation claims accepted	1	1	1
Fall, trip, slip outside workplace	1	1	0
Work practice / set up related	0	0	0
Total injuries	8	1	1

Legislative change

In December 2014 the *National Law* was amended to give NCAT the power to impose a prohibition order in circumstances where the practitioner the subject of a disciplinary complaint is no longer registered at the time NCAT is dealing with the complaint. If the practitioner is no longer registered, NCAT is empowered to make a disqualification order, preventing the former practitioner from seeking registration for a set period. A prohibition order is an order which prohibits a former registered practitioner from providing other health services. Previously, NCAT could only make a prohibition order in conjunction with a cancellation or suspension order. Since the introduction of this amendment to the National Law, NCAT has imposed a permanent prohibition order and a disqualification order with respect to a former psychologist and a former osteopath.

As noted in Chapter 13 – Prosecuting complaints, the National Law was also amended to make it clear that disqualified practitioners are required to make an application for review in order to become registered again.

As noted in Chapter 4 – Executive Summary, the Commission contributed to the national consultation to develop a national Code of Conduct for unregistered health practitioners and also assisted the Joint Parliamentary Committee's Inquiry into the Promotion of False or Misleading Health-Related Information or Practices.

Minor amendments were made to the *Health Care Complaints Act*. Most of the amendments related to the employment conditions and role of the Commissioner as a result of amendments to the *Government Sector Employment Act*.

Information and Communications Technology (ICT)

The Information and Communications Technology (ICT) Strategic Plan 2014–17 outlined relevant emerging technologies that offered the potential to improve the Commission's operational efficiency.

Actions taken under this plan in 2014-15 are detailed below.

ICT infrastructure upgrade project

The Commission followed its planned roadmap to adopt emerging technologies and improve operational systems efficiency. Following the business case funding approval cycle, commencing in 2012-13, the Commission successfully implemented a number of planned initiatives. Throughout 2014-15 the infrastructure upgrade project continued with the implementation of a new virtual server infrastructure and related software, improved backup systems and procedures and the implementation of new networking equipment. During this period the rollout of a new virtualised desktop infrastructure also commenced, with completion planned during 2015-16.

Implementation of a Digital Information Security Policy

The Commission completed the implementation of the Digital Information Security Policy (DISP) to meet the NSW Government's digital information security requirements for the public sector. Throughout the year staff awareness and training programs were undertaken as required to ensure the new security classifications were being used correctly.

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:

- addressing and implementing external auditor recommendations
- improved system functionality reflecting divisional requirements
- improved reporting functionality
- improved system stability and performance.

Records management

In 2014-15, the Commission undertook a number of records-related projects, including:

- the ongoing identification and preparation of records for future transfer to the State Archives
- digitising approximately 2,000 paper-based case files, which significantly reduced offsite storage costs of paper files
- streamlining the mail process and 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. This included ensuring compliance with the WCAG 2.0 AA accessibility Standard by 31 December 2014 and beyond, as required by the Premiers Circular C2012-08.

Intranet website enhancements

The Commission commenced a comprehensive review and update of its intranet site, in consultation with a reference group consisting of nominated staff throughout the Commission. The project however was paused due to staff movements within the Commission. It is planned that this project will be implemented during 2015-16.

Digital Information Security Annual Attestation Statement for the 2014/2015 Financial Year for the Health Care Complaints Commission

I, Karen Mobbs, Acting 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.

Karen Mobbs
Acting Commissioner
Health Care Complaints Commission

ISO27001 Standard for Information Security

The Commission has actively operated and maintained its Information Security Management System (ISMS) since achieving accreditation to the ISO27001:2005 Standard for Information Security. It has subsequently continued to take steps to maintain its accreditation, by regularly reviewing and updating relevant policies and procedures, ensuring a program of continual improvement for information security, and conducting regular internal and independent external audits. The last independent annual external audit was successfully completed in October 2014. During this period, the Commission also commenced activities to meet the requirements of the new ISO 27001:2013 Standard. To maintain its accreditation, the Commission needs to implement the new Standard and successfully pass a surveillance audit by October 2015.

The year ahead

Following the implementation of the virtualised desktop infrastructure, the remainder of the year will focus on consolidation and stabilisation of the current system. Ongoing enhancements to the case management and document management systems, Intranet and the Internet websites will continue, as will the continual improvement of processes and procedures to maintain ISO 27001:2013 accreditation.

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 ICT and Management Disaster Recovery Plan and Crisis Management Plan. Desktop testing was conducted to address potential issues. Furthermore, an independent audit of the Commission's Business Continuity Planning was undertaken by the Commission's internal auditors. The audit made an important recommendation that was accepted by management and will be implemented during the coming year.

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 $13,917 from the previous year and the remaining insurance categories also decreased by $2,387.

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 Commission appointed new internal auditors as the previous auditors were ineligible to be engaged for another term.

The internal auditors conducted a review of the expert advisor panel processes to identify key controls to manage risks and opportunities and also perform a follow up of the agreed management actions arising out of the previous audit report from December 2009. There were some minor recommendations to which management agreed. The auditors also conducted a review into business continuity and information technology disaster recovery. The primary objective of the review was to consider whether the governance structures, policy and framework supporting business continuity and IT DR are in place and properly co-ordinated. The auditors made an important recommendation, which was accepted, to refresh the Commission's business continuity management governance, risk and impact processes, plans and testing.

Consultants

In 2014-15, the Commission engaged health practitioners to provide clinical advice on health care complaints on 221 occasions at a total cost of $198,884.

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 2014-2015 Financial Year for the Health Care Complaints Commission

I, Karen Mobbs, Acting Commissioner of the Health Care Complaints Commission (HCCC), am of the opinion that the HCCC has internal audit and risk management processes in operation 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, Karen Mobbs, 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 Ray Petty appointed from 1 September 2012 to 31 August 2015, reappointed to 31 August 2016.
- Independent Member – Ms Claudia Bels appointed from 1 February 2013 to 31 January 2016
- Non Independent Member- Mr Tony Kofkin, Director Investigations

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

As required by the policy, I have submitted an Attestation Statement outlining compliance with the policy to Treasury on behalf of the Treasurer.

Karen Mobbs
Acting Commissioner
Health Care Complaints Commission
7/9/2015

15 FINANCE

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Preamble

The Commission's Net Result was a deficit of $111,000 which was $84,000 lower than budgeted. The result was primarily due to higher than budget legal cost recoveries.

PAYMENT PERFORMANCE INDICATORS

Aged analysis at end of each quarter 2014-15

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	1,193	20	–	–	–
December	1,352	11	–	–	–
March	1,156	36	–	–	–
June	1,278	29	–	–	–
Small business suppliers					
September	72	–	–	–	–
December	14	–	–	–	–
March	93	–	–	–	–
June	40	–	–	–	–

Table 15.2 - Accounts due or paid within each quarter 2014-15

Measure	September	December	March	June
All suppliers				
Number of accounts due for payment	682	655	625	698
Number of accounts paid on time	660	632	602	663
Actual percentage of accounts due for payment	96.77%	96.49%	96.32%	94.99%
Dollar amount of accounts due for payment	1,212,361	1,363,580	1,191,866	1,307,496
Dollar amount of accounts paid on time	1,192,670	1,352,418	1,155,924	1,278,302
Actual percentage of accounts paid on time (based on $)	98.38%	99.18%	96.98%	97.77%
Number of payments for interest on overdue accounts	–	–	–	–
Interest paid on overdue accounts	–	–	–	–
Small business suppliers				
Number of accounts due for payment	18	16	18	32
Number of accounts paid on time	18	16	18	32
Actual percentage of accounts due for payment	100%	100%	100%	100%
Dollar amount of accounts due for payment	72,139	13,841	93,115	39,717
Dollar amount of accounts paid on time	72,139	13,841	93,115	39,717
Actual percentage of accounts paid on time (based on $)	100%	100%	100%	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 current 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 2015, 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 2015, 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* (PF&A Act) and the Public Finance and Audit Regulation 2015.

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 preparing financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A, 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 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 an 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 management, as well as evaluating the overall presentation of the financial statements.

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

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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 the 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.

Chris Clayton
Director, Financial Audit Services

21 September 2015
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 2015 have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Act, Regulation 2015, Treasurer's Directions 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)(n) 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) I am not aware of any circumstances that would render any particulars included in the financial statements to be misleading or inaccurate.

Karen Mobbs
Acting Commissioner

Start of audited financial statement

Statement of comprehensive income for the year ended 30 June 2015

		Parent		Consolidated		
	Notes	Actual 2015 $'000	Actual 2014 $'000	Actual 2015 $'000	Budget 2015 $'000	Actual 2014 $'000
Expenses excluding losses						
Operating expenses						
Employee related	2(a)	–	–	8,915	8,637	8,665
Personnel services	2(a)	8,915	8,665	–	–	–
Other operating expenses	2(b)	3,305	3,282	3,305	3,409	3,282
Depreciation and amortisation	2(c)	267	229	267	271	229
Total expenses excluding losses		**12,487**	**12,176**	**12,487**	**12,317**	**12,176**
Revenue						
Investment revenue	3(a)	26	28	26	30	28
Grants and contributions	3(b)	11,472	11,427	11,472	11,472	11,427
Acceptance by the Crown Entity of employee benefits and other liabilities	3(c)	246	197	246	260	197
Other revenue	3(d)	632	508	632	360	508
Total revenue		**12,376**	**12,160**	**12,376**	**12,122**	**12,160**
Net result		**(111)**	**(16)**	**(111)**	**(195)**	**(16)**
Other comprehensive income		**–**	**–**	**–**	**–**	**–**
Total other comprehensive income		**–**	**–**	**–**	**–**	**–**
TOTAL COMPREHENSIVE INCOME		**(111)**	**(16)**	**(111)**	**(195)**	**(16)**

The accompanying notes form part of these financial statements.

Statement of financial position as at 30 June 2015

		Parent		Consolidated		
	Notes	Actual 2015 $'000	Actual 2014 $'000	Actual 2015 $'000	Budget 2015 $'000	Actual 2014 $'000
ASSETS						
Current assets						
Cash and cash equivalents	5	448	725	448	610	725
Receivables	6	456	422	456	397	422
Total current assets		**904**	**1,147**	**904**	**1,007**	**1,147**
Non-current assets						
Property, plant and equipment	7					
Leasehold improvements		51	88	51	13	88
Plant and equipment		310	468	310	387	468
Total property, plant and equipment		**361**	**556**	**361**	**400**	**556**
Intangible assets	8	129	85	129	33	85
Total non-current assets		**490**	**641**	**490**	**433**	**641**
Total assets		**1,394**	**1,788**	**1,394**	**1,440**	**1,788**
LIABILITIES						
Current liabilities						
Payables	9	419	279	419	283	279
Provisions	10	890	848	890	721	848
Total current liabilities		**1,309**	**1,127**	**1,309**	**1,004**	**1,127**
Non-current liabilities						
Provisions	10	333	274	333	261	274
Total non-current liabilities		**333**	**274**	**333**	**261**	**274**
Total liabilities		**1,642**	**1,401**	**1,642**	**1,265**	**1,401**
Net assets/(liabilities)		**(248)**	**387**	**(248)**	**175**	**387**
EQUITY						
Accumulated funds		(248)	387	(248)	175	387
Total equity		**(248)**	**387**	**(248)**	**175**	**387**

The accompanying notes form part of these financial statements.

Statement of changes in equity for the year ended 30 June 2015

		Parent		Consolidated	
	Notes	Accumulated Funds $'000	Total $'000	Accumulated Funds $'000	Total $'000
Balance at 1 July 2014		**387**	**387**	**387**	**387**
Net result for the year		(111)	(111)	(111)	(111)
Other comprehensive income		–	–	–	–
Total other comprehensive income		–	–	–	–
Total comprehensive income for the year		(111)	(111)	(111)	(111)
Transactions with owners in their capacity as owners					
'Decrease in net assets from equity transfers'		(524)	(524)	(524)	(524)
Balance at 30 June 2015		**(248)**	**(248)**	**(248)**	**(248)**
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**

The accompanying notes form part of these statements.

Statement of cash flows for the year ended 30 June 2015

	Notes	Parent Actual 2015 $'000	Parent Actual 2014 $'000	Consolidated Actual 2015 $'000	Consolidated Budget 2015 $'000	Consolidated Actual 2014 $'000
Cash flows from operating activities						
Payments						
Employee related		–	–	(8,565)	(8,391)	(8,348)
Personnel services		(8,565)	(8,348)	–	–	–
Other		(3,435)	(3,651)	(3,435)	(3,717)	(3,651)
Total payments		**(12,000)**	**(11,999)**	**(12,000)**	**(12,108)**	**(11,999)**
Receipts						
Interest received		27	36	27	31	36
Grants and contributions	3(c)	11,472	11,427	11,472	11,472	11,427
Other		864	805	864	649	805
Total receipts		**12,363**	**12,268**	**12,363**	**12,152**	**12,268**
Net cash flows from operating activities		**363**	**269**	**363**	**44**	**269**
Cash flows from investing activities						
Purchases of plant and equipment		(364)	(271)	(364)	(65)	(271)
Other		(10)	(4)	(10)	–	(4)
Net cash flows from investing activities		**(374)**	**(275)**	**(374)**	**(65)**	**(275)**
Net increase/(decrease) in cash		**(11)**	**(6)**	**(11)**	**(21)**	**(6)**
Opening cash and cash equivalents		725	731	725	631	731
Cash transferred to Crown entity		(524)	–	(524)	–	–
Closing cash and cash equivalents	**5**	**190**	**725**	**190**	**610**	**725**

The accompanying notes form part of these financial statements.

Notes to and forming part of the financial statements for the year ended 30 June 2015

1. Summary of significant accounting policies

(a) Reporting entity

The Health Care Complaints Commission (HCCC) is a NSW Government statutory body, responsible for protecting the health and safety of the public by dealing with complaints about health service providers 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 and like transactions and other events are accounted for using uniform accounting policies.

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* 1983, outside the control of the NSW Ministry of Health.

These consolidated financial statements for the year ended 30 June 2015 have been authorised for issue by the Acting Commissioner on 21 September 2015.

(b) Basis of preparation

(i) 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 assets 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.

(ii) Going Concern

The Commission's net liability position is as a result of the repatriation of $524,000 cash to the Crown as part of the recently introduced Cash Management Reforms. As a government agency, the Commission has ready access to required financial resources under the new cash reforms and we believe the going concern is appropriate based on the following:

- As presented in the NSW Government's 2015-16 Budget Paper 3, NSW Treasury through the NSW Ministry of Health, provides grant funding to the Commission to meet its legislative responsibilities each year including meeting its liabilities inclusive of its financial liquidity and balance sheet provisions.
- Allocated funds, combined with other revenues earned (legal cost recoveries), are applied to pay debts as and when they become due and payable.
  The Commission has the capacity to review timing of grant payments from the NSW Ministry of Health to ensure that debts can be paid when they become due and payable.

(c) Statement of compliance

The financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

(d) 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.

Notes to and forming part of the financial statements for the year ended 30 June 2015

1. Summary of significant accounting policies (continued)

(e) 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.

(f) 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 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.

(iii) 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.

(g) 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 recognised 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 over the period of credit.

(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.

Non-specialised assets with short useful lives are measured at depreciated historical cost as an approximation of fair value. The entity has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

Notes to and forming part of the financial statements for the year ended 30 June 2015

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 2014-15	Depreciation life in years 2013-14
Computer equipment	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 recognised as an expense on a straight line basis over the lease term.

(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 (g)(iv)).

The useful life of the Commission's Intangible assets is as follows:

Asset category	Gross value measurement basis	Amortisation method	Amortisation life in years 2014-15	Amortisation life in years 2013-14
Intangible - Computer software	Purchase price	Straight line	4	4

Notes to and forming part of the financial statements for the year ended 30 June 2015

1. Summary of significant accounting policies (continued)

(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.

(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.

(h) 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 1.079% 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.

Notes to and forming part of the financial statements for the year ended 30 June 2015

1. Summary of significant accounting policies (continued)

(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'.

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 15-09) 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 following execution of the new three-year lease agreement commencing on the 1 May 2015.

As the effect of the time value of money is material, provisions are discounted at 3.01%, (2014: 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.

(i) 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(g)(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.

(j) Equity and reserves

Accumulated funds

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

(k) 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* 1983 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 2015

1. Summary of significant accounting policies (continued)

(l) 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.

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

(i) Effective for the first time in 2014-15

The accounting policies applied in 2014-15 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 2014-15.

(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 represent some of the new standards not yet applied and hence not yet effective.

AASB 9 and AASB 2010-7. Financial instruments have mandatory application from 1 July 2018 and comprise changes to improve and simplify the approach for classification and measurement of financial assets.

AASB 15 and AASB 2014-5 regarding revenue from contracts with customers.

AASB 2014-4 regarding acceptable methods of depreciation and amortisation.

AASB 2015-1 regarding annual improvements to Australian Accounting Standards 2012-2014 cycle.

AASB 2015-2 regarding amendments to AASB 101 disclosure initiatives.

AASB 2015-3 regarding materiality.

The possible impact of these standards in the period of initial application is considered to be immaterial.

Notes to and forming part of the financial statements for the year ended 30 June 2015

2. Expenses excluding losses

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
(a) Employee related expenses				
Salaries and wages (including annual leave)	–	–	7,606	7,363
Superannuation - defined benefits plans	–	–	86	82
Superannuation - defined contributions plans	–	–	579	566
Long service leave	–	–	155	111
Workers' compensation insurance	–	–	41	96
Payroll tax and fringe benefits tax	–	–	448	447
Personnel services	8,915	8,665	–	–
	8,915	**8,665**	**8,915**	**8,665**
(b) Other operating expenses include the following:				
Auditors remuneration - audit of the financial statements	23	18	23	18
Consultancy	–	15	–	15
Equipment and plant	14	46	14	46
Fees for services rendered	444	453	444	453
Fees - legal witness	88	73	88	73
Fees - peer review reports	199	159	199	159
Fees - translators	25	21	25	21
Insurance	18	20	18	20
Legal fees and adverse costs	798	840	798	840
Operating lease rental expense - minimum lease payments	970	942	970	942
Printing	38	16	38	16
Stores	154	177	154	177
Telephone, postal and internet	140	142	140	142
Training	66	39	66	39
Travelling	55	63	55	63
Other operating expenses	273	258	273	258
	3,305	**3,282**	**3,305**	**3,282**

Notes to and forming part of the financial statements for the year ended 30 June 2015

2. Expenses excluding losses (continued)

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
(c) Depreciation and amortisation expense				
Depreciation				
Leasehold improvements	91	104	91	104
Computer equipment	88	51	88	51
Plant equipment	23	26	23	26
Total depreciation	**202**	**181**	**202**	**181**
Amortisation - Intangible assets	65	48	65	48
Total depreciation and amortisation	**267**	**229**	**267**	**229**

3. Revenue

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
(a) Investment revenue	**26**	**28**	**26**	**28**
(b) Grants and contributions				
Recurrent - (NSW Ministry of Health)	11,407	11,149	11,407	11,149
Capital - (NSW Ministry of Health)	65	278	65	278
	11,472	**11,427**	**11,472**	**11,427**
(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	86	82	86	82
Long service leave	155	111	155	111
Payroll tax assumed by the Crown	5	4	5	4
	246	**197**	**246**	**197**
(d) Other revenue				
Legal cost recoveries	625	492	625	492
Other	6	16	6	16
	632	**508**	**632**	**508**

Notes to and forming part of the financial statements for the year ended 30 June 2015

4. Service group of the Health Care Complaints Commission

Complaints handling

The HCCC has one service group - complaints handling. This service group covers processing, assessing and resolving of health care complaints through assisted resolution, facilitated conciliation or referral for investigation. The Commission also investigates and prosecutes any serious cases of inappropriate health care and makes recommendations to health organisations to address any systemic health care issues.

5. Current assets - cash and cash equivalents

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Cash at bank and on hand	**448**	**725**	**448**	**725**
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)	448	725	448	725
Closing cash and cash equivalents (per statement of cash flows)	**448**	**725**	**448**	**725**

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	310	240	310	240
Prepayment	71	72	71	72
GST Receivables	46	87	46	87
Other	29	26	29	26
Less allowance for impairment	–	(3)	–	(3)
	456	**422**	**456**	**422**
Movement in the allowance for impairment				
Balance at 1 July 2014	3	–	3	–
Amounts written off during the year	(3)	–	(3)	–
Amounts recovered during the year	–	–	–	–
Increase/(decrease) in allowance recognised in profit or loss	–	3	–	3
Balance at 30 June 2015	**–**	**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 2015

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 1 July 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**
At 30 June 2015 – fair value					
Gross carrying amount	1,039	654	238	35	1,966
Accumulated depreciation and impairment	(988)	(441)	(176)	-	(1,605)
Net carrying amount	**51**	**213**	**62**	**35**	**361**

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 2015					
Net carrying amount at start of year	87	159	82	227	556
Additions	55	14	3	35	107
Disposals	–	–	–	–	–
Transfers (to)/from other asset classes	–	128	–	(227)	(99)
Depreciation expense	(91)	(88)	(23)		(202)
Net carrying amount at end of year	**51**	**213**	**62**	**35**	**361**
At 1 July 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	(875)	(353)	(153)	–	(1,381)
Net carrying amount	**88**	**159**	**82**	**227**	**556**

Notes to and forming part of the financial statements for the year ended 30 June 2015

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 2014					
Net carrying amount at start of year	110	171	109	75	465
Additions	81	39	–	227	347
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**

8. Intangible assets - computer software

	Consolidated and parent
	Software $'000
At 1 July 2014	
Cost (gross carrying amount)	966
Accumulated amortisation and impairment	(880)
Net carrying amount	**86**
At 30 June 2015	
Cost (gross carrying amount)	1,075
Accumulated amortisation and impairment	(946)
Net carrying amount	**129**
Year ended 30 June 2015	
Net carrying amount at start of year	86
Additions	108
Amortisation (recognised in 'depreciation and amortisation')	(65)
Net carrying amount at end of year	**129**
At 1 July 2013	
Cost (gross carrying amount)	965
Accumulated amortisation and impairment	(836)
Net carrying amount	**129**

Notes to and forming part of the financial statements for the year ended 30 June 2015

8. Intangible assets - computer software (continued)

	Consolidated and parent
	Software $'000
At 30 June 2014	
Cost (gross carrying amount)	967
Accumulated amortisation and impairment	(881)
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**

9. Current liabilities - payables

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Accrued salaries, wages and on costs	–	–	251	209
Payable for personnel services	251	209	–	–
Creditors	5	20	5	20
GST payable	–	–	–	–
Accrued expenses	163	50	163	50
	419	**279**	**419**	**279**

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

10. Current/non-current liabilities - provisions

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Employee benefits and related on-costs - current				
Annual leave expected to be settled in the next 12 months is $542,068				
Annual leave	–	–	598	573
Payroll tax on annual leave	–	–	28	27
Payroll tax on long service leave	–	–	89	84
Long service leave on–costs	–	–	149	130
Annual leave on–costs	–	–	26	34
Provision for personnel services	890	848	-	-
Total current provisions	**890**	**848**	**890**	**848**

Notes to and forming part of the financial statements for the year ended 30 June 2015

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

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Other provisions – non–current				
Payroll tax on long service leave	–	–	21	11
Provision for personnel services	21	11	–	–
Lease – make good provision	312	263	312	263
Total non–current provisions	**333**	**274**	**333**	**274**
Aggregate employee benefits and related on costs				
Provisions - current	–	–	890	859
Provision for personnel services - current	890	859	–	–
Payroll tax on long service leave	–	–	21	11
Provision for personnel services	21	11	–	–
Accrued salaries, wages and on-costs (Note 9)	–	–	251	209
Payable for personnel services	251	209	–	–
	1,162	**1,079**	**1,162**	**1,079**

Movements in provisions (other than employee benefits)

Movements in the "make good" provision during the financial year, are set out below:

	'Make good' provision $'000	Total $'000
2015		
Carrying amount at the beginning of the financial year	258	258
Additional provisions recognised	54	54
Amounts used / written back	–	–
Carrying amount at the end of the financial year	**312**	**312**

11. Commitments for expenditure

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
(b) Operating Lease Commitments				
Future non–cancellable operating lease rentals not provided for and payable:				
Not later than one year	1,098	925	1,098	925
Later than one year and not later than five years	2,075	15	2,075	15
Later than five years	–	–	–	–
Total (including GST)	**3,173**	**940**	**3,173**	**940**

Total commitments above included input tax credits of $288,465 (2013-14: $85,442) that are expected to be recovered from the Australian Taxation Office. Total commitments include the HCCC's lease on it's premises at Levels 12 and 13, 323 Castlereagh Street, Sydney. A new lease with a three year term commencing on 1 May 2015 has been signed by NSW Government Property on behalf of HCCC.

Notes to and forming part of the financial statements for the year ended 30 June 2015

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 $1,609,966 (2013-14: $1,316,006).

13. Contingent liabilities

Adverse costs awarded against the HCCC, across a range of cases are estimated to be $7,197 at 30 June 2015 (2013-14: $nil).

The HCCC has contingent liabilities estimated at $193,200 representing potential legal expenses for which the Crown Solicitor is acting on behalf of the HCCC as at 30 June 2015 (2014: $213,200). Approximately $153,000 will be reimbursed by the Treasury Managed Fund if the liabilities are realised.

14. Budget review

Net result

The HCCC's net result deficit of $111,000 is lower than the budgeted deficit of $195,000. This is due to higher than budgeted legal cost recoveries receipts.

Assets and Liabilities

The make good provision and corresponding asset was adjusted to recognise the extension of the Commission's premises lease without the need to make good the premises in 2014-15.

Cash was decreased by $524,000 due to the new cash management policy instituted by the Treasury requiring the return of surplus cash to the Crown before the 30 June 2015.

Cash flows

Closing cash balance is at the buffer level only (approximately $448,000) as required by the new Treasury cash management policy.

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

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Net cash used on operating activities	363	269	363	269
Depreciation	(267)	(229)	(267)	(229)
Decrease/(increase) in provisions	(101)	(93)	(101)	(93)
Increase/(decrease) in receivables and other assets	34	34	34	34
Decrease/(increase) in creditors	(140)	3	(140)	3
Net result	**(111)**	**(16)**	**(111)**	**(16)**

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 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.

Notes to and forming part of the financial statements for the year ended 30 June 2015

16. Financial instruments (continued)

(a) Financial instrument categories

			Parent		Consolidated	
	Note	Category	2015 $'000 Carrying Amount	2014 $'000 Carrying Amount	2015 $'000 Carrying Amount	2014 $'000 Carrying Amount
Financial assets						
Class:						
Cash and cash equivalents	5	N/A	448	725	448	725
Receivables[1]	6	Receivables at amortised cost	310	265	310	265
Financial liabilities						
Class:						
Payables[2]	9	Financial liabilities measured at amortised cost	165	81	165	81

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 2.28% The average rate for the year ended 2013-14 was 2.44%.

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 (2015: $nil; 2014:$nil) and not less than 12 months past due 2015: $nil; (2014: $nil) are not considered impaired.

Receivables - other debtors

Debtors (legal cost recoveries) which are currently past due (2015: $291,248; 2014: $124,756) represent 100% of the total debtors overdue. These debtors comprise debts arising from tribunal ordered costs against health care practitioners. The majority of the debts reported in the financial statements are being settled by agreed regular instalments and are not considered to be impaired in a material way.

Notes to and forming part of the financial statements for the year ended 30 June 2015

16. Financial instruments (continued)

	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
2015				
< 3 months overdue	9	–	9	–
3 months – 6 months overdue	–	–	–	–
> 6 months overdue	257	–	257	–
2014				
< 3 months overdue	5	–	5	–
3 months – 6 months overdue	–	–	–	–
> 6 months overdue	120	–	120	–

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. Equity transfer - cash management

	Parent		Consolidated	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Transfer of equity to Crown Finance entity	524	–	524	–

As part of the cash management policy reforms, the Commission was required to return excess cash to the Crown Finance Entity via an equity transfer before 30 June 2015 the sum of $524,000.
The transfer appears in the Statement of changes in Equity.

18. 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 Staff Agency), which comprise the statement of financial position as at 30 June 2015, 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 Staff Agency as at 30 June 2015, 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* (PF&A Act) and the Public Finance and Audit Regulation 2015.

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 preparing 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 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 an 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 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 management, as well as evaluating the overall presentation of the financial statements.

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

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

My opinion does *not* provide assurance:

- about the future viability of the Staff Agency
- that it carried out its activities effectively, efficiently and economically
- about the effectiveness of the 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.

Chris Clayton
Director, Financial Audit Services

21 September 2015
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 2015 have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Act, Regulation 2010, and the Treasurer's Directions 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)(n) 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 Staff Agency

(c) I am not aware of any circumstances that would render any particulars included in the financial statements to be misleading or inaccurate.

Karen Mobbs
Acting Commissioner

Start of audited financial statement

Statement of comprehensive income for the year ended 30 June 2015

	Notes	Actual 2015 $'000	Actual 2014 $'000
Expenses excluding losses			
Operating expenses			
Employee related	2	8,915	8,665
Total expenses excluding losses		**8,915**	**8,665**
Revenue			
Personnel services	3	8,915	8,665
Total revenue		**8,915**	**8,665**
Net result		**–**	**–**
Other comprehensive income		**–**	**–**
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**–**	**–**

The accompanying notes form part of these financial statements.

FINANCE – HEALTH CARE COMPLAINTS COMMISSION STAFF AGENCY

Statement of financial position as at 30 June 2015

	Notes	Actual 2015 $'000	Actual 2014 $'000
ASSETS			
Current assets			
Receivables	4	1,141	1,068
Total current assets		**1,141**	**1,068**
Non-current assets		**21**	**11**
Total non-current assets		**21**	**11**
Total assets		**1,162**	**1,079**
LIABILITIES			
Current liabilities			
Payables	5	251	209
Provisions	6	890	859
Total current liabilities		**1,141**	**1,068**
Non-current liabilities		**21**	**11**
Total non-current liabilities		**21**	**11**
Total liabilities		**1,162**	**1,079**
Net assets		**–**	**–**
EQUITY			
Accumulated funds		–	–
Total equity		**–**	**–**

The accompanying notes form part of these financial statements.

Statement of cash flows for the year ended 30 June 2015

	Notes	Actual 2015 $'000	Actual 2014 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee related		–	–
Personnel services		–	–
Other		–	–
Total payments		**–**	**–**
Receipts			
Sale of goods and services		–	–
GST		–	–
Grants and contributions		–	–
Legal cost recoveries		–	–
Other		–	–
Total receipts		**–**	**–**
NET CASH FLOWS FROM OPERATING ACTIVITIES		**–**	**–**
CASH FLOWS FROM INVESTING ACTIVITIES			
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 2015

	Parent	
	Accumulated funds $'000	Total $'000
Balance at 1 July 2014	**–**	**–**
Net result for the year	–	–
Other comprehensive income	–	–
Total comprehensive income for the year	**–**	**–**
Balance at 30 June 2015	**–**	**–**
Balance at 1 July 2013	**–**	**–**
Net result for the year	–	–
Other comprehensive income	–	–
Total comprehensive income for the year	**–**	**–**
Balance at 30 June 2014	**–**	**–**

Notes to and forming part of the financial statements for the year ended 30 June 2015

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 2015 are consolidated into the Health Care Complaints Commission's financial statements and have been authorised for issue by the Commissioner on 21 September 2015.

(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 1.079% 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 2015

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 2014-15

The accounting policies applied in 2014-15 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 2014-15.

(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 represent some of the new standards not yet applied and hence not yet effective.

AASB 9 and AASB 2010-7, Financial instruments have mandatory application from 1 July 2018 and comprise changes to improve and simplify the approach for classification and measurement of financial assets.

AASB 15 and AASB 2014-5 regarding revenue from contracts with customers.

AASB 2014-4 regarding acceptable methods of depreciation and amortisation.

AASB 2015-1 regarding annual improvements to Australian Accounting Standards 2012-2014 cycle.

AASB 2015-2 regarding amendments to AASB 101 disclosure initiatives.

AASB 2015-3 regarding materiality.

The possible impact of these standards in the period of initial application is considered to be immaterial.

Notes to and forming part of the financial statements for the year ended 30 June 2015

2. Expenses excluding losses

	2015 $'000	2014 $'000
Employee related expenses		
Salaries and wages (including recreation leave)	7,606	7,363
Superannuation - defined benefits plans	86	82
Superannuation - defined contributions plans	579	566
Long service leave	155	111
Workers' compensation Insurance	41	96
Payroll tax and fringe benefits tax	448	447
	8,915	**8,665**

3. Revenue

	2015 $'000	2014 $'000
Rendering of personnel services	**8,915**	**8,665**

4. Current/non-current assets - receivables

	2015 $'000	2014 $'000
Personnel services - current	1,141	1,068
Personnel services - non-current	21	11
	1,162	**1,079**

5. Current liabilities - payables

	2015 $'000	2014 $'000
Accrued salaries, wages and on costs	**251**	**209**

6. Current/non-current liabilities - provisions

	2015 $'000	2014 $'000
CURRENT		
Employee benefit and related on-costs		
Annual leave	598	573
Payroll tax on annual leave	28	27
Payroll tax on long service leave	89	84
Long service leave on-costs	149	130
Annual leave on-costs	26	34
Total current provisions	**890**	**848**
NON-CURRENT		
Payroll tax on long service leave	21	11
Total non-current provisions	**21**	**11**
Aggregate employee benefits and related on costs		
Provisions - current	890	859
Payroll tax on long service leave	21	11
Accrued salaries, wages and on-costs	251	209
Total	**1,162**	**1,079**

Notes to and forming part of the financial statements for the year ended 30 June 2015

7. Contingent liabilities and contingent assets

The Agency has no contingent liabilities or contingent assets as at 30 June 2015 (2014 - $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	2015 $'000 Carrying amount	2014 $'000 Carrying amount
Financial assets				
Receivables[1]	4	Receivables (at amortised cost)	1,162	1,079
Financial liabilities				
Payables[2]	5	Financial liabilities measured at amortised cost	251	209

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 (2015: $1,162,000; 2014: $1,079,000) and not less than 12 months past due (2015: $nil; 2014: $nil) are not considered impaired.

Notes to and forming part of the financial statements for the year ended 30 June 2015

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 2015 (2014: $nil).

10. Events after the reporting period

There were no events after the reporting period.

End of audited financial statements.

16 APPENDICES

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Appendix A - Complaint statistics

Table 16.1 - Complaints received by issue category 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Issue category	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Treatment	4,048	48.8%	3,350	46.2%	3,340	40.0%	3,241	40.2%	**3,519**	**39.4%**
Communication/information	1,048	12.6%	1,096	15.1%	1,731	20.7%	1,328	16.5%	**1,471**	**16.5%**
Professional conduct	928	11.2%	795	11.0%	1,000	12.0%	1,150	14.3%	**1,272**	**14.2%**
Medication	389	4.7%	482	6.6%	647	7.8%	520	6.5%	**577**	**6.5%**
Environment/management of facilities	327	3.9%	304	4.2%	250	3.0%	374	4.6%	**413**	**4.6%**
Fees/costs	318	3.8%	300	4.1%	301	3.6%	282	3.5%	**317**	**3.5%**
Access	332	4.0%	194	2.7%	269	3.2%	317	3.9%	**282**	**3.2%**
Reports/certificates	139	1.7%	132	1.8%	207	2.5%	203	2.5%	**255**	**2.9%**
Consent	123	1.5%	133	1.8%	181	2.2%	134	1.7%	**246**	**2.8%**
Medical records	139	1.7%	130	1.8%	178	2.1%	163	2.0%	**242**	**2.7%**
Grievance processes	351	4.2%	221	3.0%	121	1.4%	202	2.5%	**207**	**2.3%**
Discharge/transfer arrangements	146	1.8%	116	1.6%	120	1.4%	147	1.8%	**139**	**1.6%**
Total	**8,288**	**100.0%**	**7,253**	**100.0%**	**8,345**	**100.0%**	**8,061**	**100.0%**	**8,940**	**100.0%**

Counted by issues raised in complaint

Table 16.2 - Breakdown of complaints received 2014-15

Issue category	Issue name	No.	%
Treatment	Inadequate treatment	1,194	13.4%
	Diagnosis	418	4.7%
	Unexpected treatment outcome/complications	414	4.6%
	Inadequate care	336	3.8%
	Delay in treatment	245	2.7%
	Wrong/inappropriate treatment	228	2.6%
	Inadequate/inappropriate consultation	201	2.2%
	Rough and painful treatment	114	1.3%
	Coordination of treatment/results follow-up	104	1.2%
	No/inappropriate referral	64	0.7%
	Infection control	64	0.7%
	Withdrawal of treatment	47	0.5%
	Inadequate prosthetic equipment	37	0.4%
	Excessive treatment	34	0.4%
	Public/private election	10	0.1%
	Experimental treatment	8	0.1%
	Attendance	1	0.0%
Treatment Total		**3,519**	**39.4%**
Communication/information	Attitude/manner	782	8.7%
	Inadequate information provided	472	5.3%
	Incorrect/misleading information provided	195	2.2%
	Special needs not accommodated	22	0.2%
Communication/information Total		**1,471**	**16.5%**
Professional conduct	Illegal practice	271	3.0%
	Impairment	257	2.9%
	Competence	203	2.3%
	Sexual misconduct	110	1.2%
	Breach of guideline/law	107	1.2%
	Inappropriate disclosure of information	78	0.9%
	Boundary violation	55	0.6%
	Misrepresentation of qualifications	44	0.5%
	Discriminatory conduct	35	0.4%
	Assault	35	0.4%
	Breach of condition	28	0.3%
	Annual declaration not lodged/incomplete/wrong or misleading	25	0.3%
	Financial fraud	18	0.2%
	Emergency treatment not provided	4	0.0%
	Scientific fraud	2	0.0%
Professional conduct Total		**1,272**	**14.2%**

Table 16.2 - Breakdown of complaints received 2014-15 (continued)

Issue category	Issue name	No.	%
Medication	Prescribing medication	317	3.5%
	Dispensing medication	138	1.5%
	Administering medication	104	1.2%
	Supply/security/storage of medication	18	0.2%
Medication Total		**577**	**6.5%**
Environment/management of facilities	Administrative processes	255	2.9%
	Physical environment of facility	80	0.9%
	Cleanliness/hygiene of facility	54	0.6%
	Staffing and rostering	24	0.3%
Environment/management of facilities Total		**413**	**4.6%**
Fees/costs	Billing practices	269	3.0%
	Financial consent	25	0.3%
	Cost of treatment	23	0.3%
Fees/costs Total		**317**	**3.5%**
Access	Refusal to admit or treat	168	1.9%
	Service availability	54	0.6%
	Waiting lists	54	0.6%
	Access to facility	4	0.0%
	Access to subsidies	1	0.0%
	Remoteness of service	1	0.0%
Access Total		**282**	**3.2%**
Reports/certificates	Accuracy of report/certificate	207	2.3%
	Refusal to provide report/certificate	33	0.4%
	Timeliness of report/certificate	10	0.1%
	Report written with inadequate or no consultation	4	0.0%
	Cost of report/certificate	1	0.0%
Reports/certificates Total		**255**	**2.9%**
Consent	Consent not obtained or inadequate	128	1.4%
	Involuntary admission or treatment	75	0.8%
	Uninformed consent	43	0.5%
Consent Total		**246**	**2.8%**
Medical records	Record keeping	151	1.7%
	Access to/transfer of records	84	0.9%
	Records management	7	0.1%
Medical records Total		**242**	**2.7%**
Grievance processes	Inadequate/no response to complaint	201	2.2%
	Reprisal/retaliation as result of complaint lodged	5	0.1%
	Information about complaints procedures not provided	1	0.0%
Grievance processes Total		**207**	**2.3%**
Discharge/transfer arrangements	Inadequate discharge	126	1.4%
	Delay	7	0.1%
	Mode of transport	4	0.0%
	Patient not reviewed	2	0.0%
Discharge/transfer arrangements Total		**139**	**1.6%**
Grand Total		**8,940**	**100.0%**

Counted by issues raised in complaint

Table 16.3 – Complaints received about health practitioners 2010–11 to 2014–15

		2010–11		2011–12		2012–13		2013–14		**2014–15**	
	Health practitioner	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Registered health practitioner	Medical practitioner	1,337	52.0%	1,488	57.0%	1,614	54.8%	1,664	53.7%	**1,924**	**55.8%**
	Nurse/midwife	227	8.8%	226	8.7%	374	12.7%	476	15.4%	**500**	**14.5%**
	Dental practitioner	590	23.0%	482	18.5%	432	14.7%	361	11.7%	**345**	**10.0%**
	Pharmacist	100	3.9%	103	3.9%	145	4.9%	167	5.4%	**211**	**6.1%**
	Psychologist	113	4.4%	97	3.7%	134	4.5%	148	4.8%	**149**	**4.3%**
	Chiropractor	26	1.0%	27	1.0%	20	0.7%	26	0.8%	**33**	**1.0%**
	Physiotherapist	20	0.8%	19	0.7%	22	0.7%	26	0.8%	**33**	**1.0%**
	Optometrist	21	0.8%	27	1.0%	12	0.4%	24	0.8%	**28**	**0.8%**
	Podiatrist	10	0.4%	16	0.6%	12	0.4%	12	0.4%	**16**	**0.5%**
	Student Nurse	–	0.0%	2	0.1%	1	0.0%	12	0.4%	**16**	**0.5%**
	Chinese medicine practitioner***	–	0.0%	6	0.2%	15	0.5%	5	0.2%	**12**	**0.3%**
	"Occupational therapist*	3	0.1%	4	0.2%	7	0.2%	10	0.3%	**12**	**0.3%**
	Medical radiation practitioner**	2	0.1%	2	0.1%	4	0.1%	14	0.5%	**9**	**0.3%**
	Osteopath	5	0.2%	8	0.3%	6	0.2%	4	0.1%	**8**	**0.2%**
	Student Medical Practitioner	–	0.0%	–	0.0%	2	0.1%	4	0.1%	**3**	**0.1%**
	Student Pharmacist	–	0.0%	1	0.0%	1	0.0%	–	0.0%	**2**	**0.1%**
	Student Physiotherapist	–	0.0%	–	0.0%	–	0.0%	1	0.0%	**–**	**0.0%**
	Student Ostephath	–	0.0%	–	0.0%	–	0.0%	1	0.0%	**–**	**0.0%**
Total registered health practitioners		**2,454**	**95.5%**	**2,508**	**96.1%**	**2,801**	**95.0%**	**2,955**	**95.4%**	**3,301**	**95.8%**
Unregistered health practitioner	Administration/ clerical staff	13	0.5%	12	0.5%	24	0.8%	10	0.3%	**15**	**0.4%**
	Medical practitioner	6	0.2%	8	0.3%	8	0.3%	9	0.3%	**15**	**0.4%**
	Assistant in nursing	14	0.5%	9	0.3%	21	0.7%	23	0.7%	**10**	**0.3%**
	Counsellor/ therapist	8	0.3%	10	0.4%	9	0.3%	14	0.5%	**10**	**0.3%**
	Alternative health provider	19	0.7%	12	0.5%	19	0.6%	11	0.4%	**9**	**0.3%**
	Massage therapist	6	0.2%	3	0.1%	6	0.2%	10	0.3%	**8**	**0.2%**
	Nurse/midwife	–	0.0%	–	0.0%	3	0.1%	4	0.1%	**6**	**0.2%**
	Dentist practitioner	–	0.0%	–	0.0%	3	0.1%	2	0.1%	**4**	**0.1%**
	Chiropractor	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**3**	**0.1%**
	Dietitian/ nutritionist	–	0.0%	1	0.0%	1	0.0%	3	0.1%	**2**	**0.1%**
	Hypnotherapist	3	0.1%	–	0.0%	2	0.1%	–	0.0%	**2**	**0.1%**
	Naturopath	1	0.0%	1	0.0%	6	0.2%	4	0.1%	**2**	**0.1%**
	Osteopath	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**2**	**0.1%**
	Social worker	12	0.5%	11	0.4%	9	0.3%	11	0.4%	**2**	**0.1%**
	Audiologist	1	0.0%	1	0.0%	–	0.0%	–	0.0%	**1**	**0.0%**

Table 16.3 – Complaints received about health practitioners 2010–11 to 2014–15 (continued)

		2010–11		2011–12		2012–13		2013–14		**2014–15**	
	Health practitioner	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
	Chinese medicine practitioner***	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**0.0%**
	Cosmetic therapist	1	0.0%	4	0.2%	3	0.1%	4	0.1%	**1**	**0.0%**
	Dental technician	8	0.3%	1	0.0%	4	0.1%	4	0.1%	**1**	**0.0%**
	Doula	–	0.0%	1	0.0%	–	0.0%	1	0.0%	**1**	**0.0%**
	Homeopath	–	0.0%	–	0.0%	1	0.0%	–	0.0%	**1**	**0.0%**
	Medical Radiation Practitioner	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**0.0%**
	Physiotherapist	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**0.0%**
	Podiatrist	1	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**0.0%**
	Psychotherapist	4	0.2%	2	0.1%	3	0.1%	3	0.1%	**1**	**0.0%**
	Speech therapist	–	0.0%	2	0.1%	2	0.1%	2	0.1%	**1**	**0.0%**
	Student psychologist	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**0.0%**
	Ambulance personnel	1	0.0%	–	0.0%	1	0.0%	1	0.0%	**–**	**0.0%**
	Herbalist	2	0.1%	–	0.0%	–	0.0%	–	0.0%	**–**	**0.0%**
	Kinesiologist	–	0.0%	–	0.0%	–	0.0%	2	0.1%	**–**	**0.0%**
	Natural therapist	1	0.0%	–	0.0%	–	0.0%	2	0.1%	**–**	**0.0%**
	Optical dispenser	–	0.0%	–	0.0%	1	0.0%	–	0.0%	**–**	**0.0%**
	Pharmacist	–	0.0%	–	0.0%	3	0.1%	–	0.0%	**–**	**0.0%**
	Psychologist	–	0.0%	–	0.0%	3	0.1%	1	0.0%	**–**	**0.0%**
	Residential care worker	5	0.2%	6	0.2%	2	0.1%	2	0.1%	**–**	**0.0%**
Total unregistered health practitioners		**106**	**4.1%**	**84**	**3.2%**	**134**	**4.5%**	**123**	**4.0%**	**102**	**3.0%**
Other/Unknown health practitioner		10	0.4%	17	0.7%	12	0.4%	18	0.6%	**42**	**1.2%**
Grand total		**2,570**	**100.0%**	**2,609**	**100.0%**	**2,947**	**100.0%**	**3,096**	**100.0%**	**3,445**	**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
**** All student practitioners are registered and are now reported under registered health practitioner except psychology students who are not registered

Table 16.4 - Complaints received about medical practitioners by service area 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Service Area	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
General medicine	662	49.5%	622	41.8%	706	43.7%	621	37.3%	**699**	**36.3%**
Surgery	163	12.2%	217	14.6%	213	13.2%	192	11.5%	**272**	**14.1%**
Other service areas	59	4.4%	55	3.7%	68	4.2%	103	6.2%	**106**	**5.5%**
Psychiatry	57	4.3%	85	5.7%	65	4.0%	104	6.3%	**100**	**5.2%**
Mental health	18	1.3%	42	2.8%	73	4.5%	67	4.0%	**71**	**3.7%**
Medico-legal	59	4.4%	74	5.0%	81	5.0%	71	4.3%	**70**	**3.6%**
Emergency medicine	51	3.8%	56	3.8%	38	2.4%	71	4.3%	**57**	**3.0%**
Obstetrics	27	2.0%	36	2.4%	35	2.2%	33	2.0%	**52**	**2.7%**
Paediatric medicine	25	1.9%	22	1.5%	33	2.0%	36	2.2%	**50**	**2.6%**
Ophthalmology	24	1.8%	28	1.9%	26	1.6%	32	1.9%	**47**	**2.4%**
Gynaecology	28	2.1%	29	1.9%	35	2.2%	28	1.7%	**42**	**2.2%**
Cardiology	12	0.9%	18	1.2%	18	1.1%	27	1.6%	**41**	**2.1%**
Administration/Non-health related	5	0.4%	12	0.8%	22	1.4%	44	2.6%	**40**	**2.1%**
Dermatology	20	1.5%	28	1.9%	23	1.4%	41	2.5%	**39**	**2.0%**
Anaesthesia	20	1.5%	23	1.5%	32	2.0%	30	1.8%	**35**	**1.8%**
Neurology	9	0.7%	17	1.1%	18	1.1%	27	1.6%	**29**	**1.5%**
Gastroenterology	21	1.6%	25	1.7%	22	1.4%	21	1.3%	**27**	**1.4%**
Geriatrics/gerontology	15	1.1%	7	0.5%	4	0.2%	15	0.9%	**25**	**1.3%**
Radiology	16	1.2%	15	1.0%	11	0.7%	23	1.4%	**24**	**1.2%**
Aged care	17	1.3%	14	0.9%	29	1.8%	18	1.1%	**24**	**1.2%**
Cosmetic services	17	1.3%	43	2.9%	19	1.2%	22	1.3%	**21**	**1.1%**
Drug and alcohol	7	0.5%	8	0.5%	21	1.3%	19	1.1%	**17**	**0.9%**
Oncology	5	0.4%	12	0.8%	22	1.4%	19	1.1%	**13**	**0.7%**
Pain Management	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**12**	**0.6%**
Edocrinology	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**11**	**0.6%**
Total	**1,337**	**100%**	**1,488**	**100%**	**1,614**	**100%**	**1,664**	**100%**	**1,924**	**100%**

Counted by provider identified in complaint

Table 16.5 - Complaints received about registered and previously registered health practitioners by issue category 2014-15

	Registered health practitioner														Total	
Issue category	Medical practitioner	Nurse \midwife	Dental practitioner	Pharmacist	Psychologist	Chiropractor	Physiotherapist	Optometrist	Podiatrist	Chinese Medicine Practitioner	Occupational therapist	Osteopath	Medical Radiation Practitioner	Aboriginal/Torres Strait Islander health practitioner	Total	%
Treatment	1,516	168	278	6	31	14	21	12	13	7	6	2	2	–	**2,076**	**38.0%**
Professional conduct	382	358	106	67	86	20	16	9	5	7	4	8	6	–	**1,074**	**19.6%**
Communication/information	624	97	38	32	30	12	9	8	1	1	4	1	1	–	**858**	**15.7%**
Medication	217	58	3	131	–	1	–	1	–	1	–	–	–	–	**412**	**7.5%**
Reports/certificates	153	7	1	1	32	–	–	1	–	–	–	–	–	–	**195**	**3.6%**
Fees/costs	114	–	50	5	7	4	2	2	3	1	2	–	–	–	**190**	**3.5%**
Medical records	92	33	17	3	9	5	3	2	1	2	–	1	–	–	**168**	**3.1%**
Environment/management of facilities	63	27	31	15	12	2	2	5	3	1	2	–	1	–	**164**	**3.0%**
Consent	107	7	18	4	4	1	1	–	–	1	–	1	–	–	**144**	**2.6%**
Access	77	3	3	14	2	–	–	1	–	–	1	–	–	–	**101**	**1.8%**
Grievance processes	46	3	7	1	1	1	1	–	–	–	–	–	–	–	**60**	**1.1%**
Discharge/transfer arrangements	23	3	–	–	1	–	–	–	–	–	1	–	–	–	**28**	**0.5%**
Total	**3,414**	**764**	**552**	**279**	**215**	**60**	**55**	**41**	**26**	**21**	**20**	**13**	**10**	**0**	**5,470**	**100.0%**
No. of practitioners with NSW as principal place of practice as at 30.6.2015*	32,183	101,308	6,449	8,969	10,840	1,681	7,943	1,663	1,167	1,820	4,846	558	4,957	54		

Counted by issues raised in complaint
*Data provided by Australian Health Practitioner Registration Agency

Table 16.5a - Complaints received about registered and unregistered student health practitioners by issue category 2014-15

	Registered and unregistered health practitioner															Total	
Issue category	Student Medical practitioner	Student Nurse/ midwife	Student Dental practitioner	Student Pharmacist	Student Psychologist	Student Chiropractor	Student Physiotherapist	Student Optometrist	Student Podiatrist Student Chinese Medicine Practitioner	Student Occupational therapist	Student Osteopath	Studet Medical Radiation Practitioner	Student Aboriginal and Torres Strait Islander Health Practitioner			Total.	%
Professional conduct	3	16	–	2	1	–	–	–	–	–	–	–	–			22	88.0%
Communication/information	–	1	–	–	–	–	–	–	–	–	–	–	–			1	4.0%
Consent	–	1	–	–	–	–	–	–	–	–	–	–	–			1	4.0%
Access	–	–	–	–	–	–	–	–	–	–	–	–	–			–	0.0%
Discharge/transfer arrangements	–	–	–	–	–	–	–	–	–	–	–	–	–			–	0.0%
Environment/management of facilities	–	–	–	–	–	–	–	–	–	–	–	–	–			–	0.0%
Fees/costs	–	–	–	–	–	–	–	–	–	–	–	–	–			–	0.0%
Grievance processes	–	–		–	–	–	–	–	–	–	–	–	–			–	0.0%
Medical records	–	–	–	–	–	–	–	–	–	–	–	–	–			–	0.0%
Medication	–	–	–	–	–	–	–	–	–	–	–	–	–			–	0.0%
Reports/certificates	–	–	–	–	1	–	–	–	–	–	–	–	–			1	4.0%
Treatment	–	–	–	–	–	–	–	–	–	–	–	–	–			–	0.0%
Total	**3**	**18**	**–**	**2**	**2**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**			**25**	**100.0%**
No. of practitioners with NSW as principal place of practice as at 30.6.2015*	5,280	18,296	1,587	2,143	N/A**	637	2,657	439	626	371	2,114	95	1,574	0			

Counted by issues raised in complaint
*Data provided by Australian Health Practitioner Registration Agency
** Student Psychologists are not registered in NSW.

Table 16.6 - Complaints received about unregistered and unknown health practitioners by issue category 2014-15

	Unregistered and unknown health practitioner																																		
Issue category	Other/unknown	Medical practitioner	Administration/ clerical staff	Counsellor/therapist	Massage therapist	Alternative health provider	Assistant in nursing	Naturopath	Nurse\midwife	Dental practitioner	Hypnotherapist	Chinese Medicine Practitioner	Doula	Chiropractor	Dietitian/nutritionist	Psychotherapist	Speech pathologist	Dental technician	Osteopath	Physiotherapist	Social worker	Audiologist	Cosmetic therapist	Homeopath	Medical Radiation Practitioner	Podiatrist	Total	%
Professional conduct	22	9	7	5	8	6	7	–	7	1	4	1	2	3	2	1	–	–	2	2	–	–	–	–	1	1	**91**	**43.5%**
Treatment	13	7	3	4	4	2	3	2	–	5	–	1	1	–	–	1	2	2	–	–	–	–	–	–	–	–	**50**	**23.9%**
Communication/information	13	2	2	3	–	3	1	1	–	–	1	1	1	–	–	–	–	–	–	–	2	–	–	1	–	–	**31**	**14.8%**
Reports/certificates	3	2	–	2	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	**9**	**4.3%**
Environment/management of facilities	3	–	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	**7**	**3.3%**
Medication	1	–	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	**5**	**2.4%**
Fees/costs	–	–	–	1	–	1	–	1	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	**5**	**2.4%**
Access	3	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	**4**	**1.9%**
Consent	1	–	1	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	**4**	**1.9%**
Medical records	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	**3**	**1.4%**
Total	**59**	**21**	**19**	**15**	**13**	**12**	**11**	**7**	**7**	**6**	**6**	**4**	**4**	**3**	**3**	**3**	**3**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**1**	**1**	**209**	**100.0%**

Counted by issues raised in complaint
Note: Unregistered practitioners includes previously registered and expired registration for professions requiring registration

Table 16.7 - Complaints received about health organisations 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Health organisation	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Public hospital	763	49.7%	698	45.9%	763	47.5%	761	45.6%	**868**	**47.7%**
Correction and detention facility	136	8.9%	171	11.2%	187	11.6%	249	14.9%	**192**	**10.5%**
Private hospital	71	4.6%	82	5.4%	81	5.0%	82	4.9%	**100**	**5.5%**
Medical centre	69	4.5%	97	6.4%	99	6.2%	96	5.7%	**98**	**5.4%**
Medical practice	29	1.9%	31	2.0%	53	3.3%	49	2.9%	**83**	**4.6%**
Aged care facility	38	2.5%	49	3.2%	47	2.9%	70	4.2%	**75**	**4.1%**
Community health service	47	3.1%	60	3.9%	53	3.3%	54	3.2%	**64**	**3.5%**
Ambulance service	36	2.3%	21	1.4%	28	1.7%	27	1.6%	**43**	**2.4%**
Psychiatric hospital/unit	17	1.1%	32	2.1%	32	2.0%	31	1.9%	**41**	**2.3%**
Pharmacy	62	4.0%	60	3.9%	61	3.8%	28	1.7%	**40**	**2.2%**
Dental facility	55	3.6%	51	3.4%	62	3.9%	61	3.7%	**33**	**1.8%**
Radiology facility	21	1.4%	28	1.8%	37	2.3%	31	1.9%	**33**	**1.8%**
Alternative health facility	22	1.4%	9	0.6%	15	0.9%	26	1.6%	**31**	**1.7%**
Pathology centre/lab	22	1.4%	17	1.1%	20	1.2%	18	1.1%	**28**	**1.5%**
Local Health District/Speciality Network	30	2.0%	23	1.5%	18	1.1%	20	1.2%	**18**	**1.0%**
Other/unknown health organisation	26	1.7%	21	1.4%	9	0.6%	5	0.3%	**14**	**0.8%**
Aboriginal health centre	2	0.1%	9	0.6%	7	0.4%	1	0.1%	**9**	**0.5%**
Day procedure centre	9	0.6%	6	0.4%	8	0.5%	15	0.9%	**9**	**0.5%**
Drug and alcohol service	10	0.7%	5	0.3%	6	0.4%	6	0.4%	**9**	**0.5%**
Government department	23	1.5%	23	1.5%	5	0.3%	5	0.3%	**7**	**0.4%**
Multi-purpose service	1	0.1%	1	0.1%	4	0.2%	4	0.2%	**6**	**0.3%**
Optometrist facility	6	0.4%	5	0.3%	–	0.0%	4	0.2%	**5**	**0.3%**
Chiropractic facility	7	0.5%	–	0.0%	2	0.1%	1	0.1%	**4**	**0.2%**
Physiotherapy facility	5	0.3%	1	0.1%	1	0.1%	6	0.4%	**3**	**0.2%**
Nursing agency	–	0.0%	2	0.1%	–	0.0%	–	0.0%	**2**	**0.1%**
Rehabilitation facility	2	0.1%	2	0.1%	2	0.1%	2	0.1%	**2**	**0.1%**
Respite service	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**2**	**0.1%**
Optical Laboratory	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**0.1%**
Supported accommodation services	7	0.5%	3	0.2%	2	0.1%	6	0.4%	**1**	**0.1%**
Blood bank	2	0.1%	1	0.1%	1	0.1%	–	0.0%	**–**	**0.0%**
Boarding house	–	0.0%	–	0.0%	1	0.1%	–	0.0%	**–**	**0.0%**
Health fund	14	0.9%	8	0.5%	–	0.0%	–	0.0%	**–**	**0.0%**
Osteopathy facility	–	0.0%	–	0.0%	–	0.0%	3	0.2%	**–**	**0.0%**
Podiatry practice	–	0.0%	3	0.2%	1	0.1%	2	0.1%	**–**	**0.0%**
Psychology facility	2	0.1%	2	0.1%	1	0.1%	6	0.4%	**–**	**0.0%**
Sexual assault service	–	0.0%	–	0.0%	1	0.1%	1	0.1%	**–**	**0.0%**
Total	**1,534**	**100.0%**	**1,521**	**100.0%**	**1,607**	**100.0%**	**1,670**	**100.0%**	**1,821**	**100.0%**

Counted by provider identified in complaint

Table 16.8 - Complaints received about public hospitals by service area 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Service area	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Emergency medicine	206	27.0%	174	24.9%	207	27.1%	200	26.3%	**177**	**20.4%**
Surgery	92	12.1%	134	19.2%	122	16.0%	92	12.1%	**132**	**15.2%**
Mental health	84	11.0%	66	9.5%	111	14.5%	77	10.1%	**89**	**10.3%**
General medicine	87	11.4%	57	8.2%	49	6.4%	71	9.3%	**85**	**9.8%**
Obstetrics	64	8.4%	33	4.7%	52	6.8%	52	6.8%	**61**	**7.0%**
Geriatrics/Gerontology	16	2.1%	9	1.3%	4	0.5%	31	4.1%	**43**	**5.0%**
Paediatric medicine/Early childhood	32	4.2%	15	2.1%	15	2.0%	25	3.3%	**42**	**4.8%**
Cardiology	17	2.2%	17	2.4%	13	1.7%	18	2.4%	**33**	**3.8%**
Psychiatry	9	1.2%	5	0.7%	4	0.5%	29	3.8%	**22**	**2.5%**
Gastroenterology	11	1.4%	12	1.7%	10	1.3%	10	1.3%	**17**	**2.0%**
Administration/Non-health related	20	2.6%	28	4.0%	21	2.7%	27	3.5%	**15**	**1.7%**
Midwifery	7	0.9%	14	2.0%	10	1.3%	13	1.7%	**14**	**1.6%**
Rehabilitation medicine	13	1.7%	6	0.9%	4	0.5%	8	1.1%	**14**	**1.6%**
Palliative care	14	1.8%	20	2.9%	9	1.2%	16	2.1%	**13**	**1.5%**
Gynaecology	9	1.2%	13	1.9%	15	2.0%	8	1.1%	**10**	**1.2%**
Oncology	14	1.8%	11	1.6%	19	2.5%	14	1.8%	**10**	**1.2%**
Neurology	8	1.0%	9	1.3%	14	1.8%	10	1.3%	**9**	**1.0%**
Other service area	64	8.4%	81	11.6%	88	11.5%	60	7.9%	**82**	**9.4%**
Total	**763**	**100%**	**698**	**100%**	**763**	**100%**	**761**	**100%**	**868**	**100%**

Counted by provider identified in complaint

Table 16.9 - Complaints received about public hospitals by Local Health District in 2012-13 to 2014-15

	2012-13		2013-14		2014-15				
Local Health District	No.	%	No.	%	No.	%	Number of emergency department attendances	Number of discharges from hospital	Number of outpatient services
Hunter New England	110	14.4%	105	13.8%	111	12.8%	394,330	218,431	2,973,866
South Western Sydney	84	11.0%	76	10.0%	97	11.2%	257,862	221,502	2,315,570
Western Sydney	77	10.1%	85	11.2%	84	9.7%	169,878	173,523	1,813,103
South Eastern Sydney	64	8.4%	57	7.5%	80	9.2%	216,206	173,143	2,906,659
Sydney	48	6.3%	58	7.6%	78	9.0%	161,644	159,973	1,934,841
Northern Sydney	55	7.2%	63	8.3%	68	7.8%	198,878	142,577	1,110,813
Illawarra Shoalhaven	41	5.4%	51	6.7%	58	6.7%	147,066	94,906	1,103,092
Central Coast	41	5.4%	49	6.4%	50	5.8%	120,536	85,122	1,517,659
Northern NSW	36	4.7%	34	4.5%	46	5.3%	190,183	106,989	539,156
Western NSW	38	5.0%	33	4.3%	46	5.3%	202,900	78,050	1,032,876
Nepean Blue Mountains	38	5.0%	37	4.9%	39	4.5%	118,465	84,324	766,435
Mid North Coast	34	4.5%	18	2.4%	24	2.8%	112,276	72,883	484,648
Southern NSW	34	4.5%	18	2.4%	20	2.3%	100,672	51,721	478,210
Murrumbidgee	27	3.5%	29	3.8%	17	2.0%	134,734	71,868	888,676
St Vincent's Health Network	19	2.5%	23	3.0%	16	1.8%	47,260	46,319	471,924
Sydney Children's Hospital Network	11	1.4%	14	1.8%	14	1.6%	93,571	50,383	915,493
Far West	3	0.4%	6	0.8%	12	1.4%	26,377	8,265	148,696
Albury Wodonga Health	–	0.0%	–	0.0%	6	0.7%	n/a	n/a	n/a
Unknown public hospital	–	0.0%	5	0.7%	2	0.2%	n/a	n/a	n/a
Outside of NSW	3	0.4%	–	0.0%	–	0.0%	n/a	n/a	n/a
Total	**763**	**100.0%**	**761**	**100.0%**	**868**	**100.0%**	**2,692,838**	**1,839,979**	**21,401,717**

Counted by provider identified in complaint
* Excludes psychiatric hospitals/units
** Albury/Wodonga LHD is unique in that it spans NSW and Victoria. The statistics represent complaints for facilities in NSW only.
***Previously complaints about facilities in Albury were processed in the Murrumbidgee LHD. These complaints are now processed by Albury Wodonga Health

Table 16.10 - Issues raised in all complaints received about health organisations by organisation type 2014-15

		Issue category												Total	
	Organisation type	Treatment	Communication/ information	Environment/management of facilities	Access	Medication	Grievance processes	Fees/costs	Discharge/transfer arrangements	Consent	Professional conduct	Medical records	Reports/certificates	Grand Total	%
Public	Hospital	884	354	92	60	60	78	15	90	62	25	27	19	**1,766**	**54.6%**
	Correction and detention facility	127	12	10	51	37	3	–	1	3	2	3	4	**253**	**7.8%**
	Community health service	33	26	12	7	6	2	1	4	10	3	1	4	**109**	**3.4%**
	Psychiatric hospital/unit	29	11	12	3	9	2	–	1	8	2	–	1	**78**	**2.4%**
	Ambulance service	28	11	2	3	–	2	9	2	–	–	–	–	**57**	**1.8%**
	Local Health District	5	5	6	1	1	3	–	–	3	1	1	1	**27**	**0.8%**
	Drug and alcohol service	4	3	5	1	–	3	–	–	–	–	–	–	**16**	**0.5%**
	Dental facility	4	7	–	3	–	–	–	–	–	–	–	–	**14**	**0.4%**
	Other/Unknown	3	3	–	–	–	–	–	–	1	–	1	–	**8**	**0.2%**
	Aged care facility	5	2	–	–	–	1	–	–	–	–	–	1	**9**	**0.3%**
	Medical practice	1	1	2	1	–	1	–	–	–	–	–	2	**8**	**0.2%**
	Government Department	1	2	2	1	–	1	–	–	–	–	–	–	**7**	**0.2%**
	Aboriginal health centre	3	1	1	1	–	1	–	–	–	–	–	–	**7**	**0.2%**
	Rehabilitation facility	4	1	1	–	–	–	–	–	–	–	–	–	**6**	**0.2%**
	Multi purpose service	3	1	–	–	–	–	–	–	–	–	–	–	**4**	**0.1%**
	Medical centre	1	–	–	1	–	–	–	–	–	–	1	–	**3**	**0.1%**
	Radiology facility	1	–	–	–	–	–	1	–	–	–	–	–	**2**	**0.1%**
	Supported accommodation services (not aged care)	–	–	–	–	–	1	–	–	–	–	–	–	**1**	**0.0%**
	Pathology centres/labs	–	–	1	–	–	–	–	–	–	–	–	–	**1**	**0.0%**
Public health organisation total		**1,136**	**440**	**146**	**133**	**113**	**98**	**26**	**98**	**87**	**33**	**34**	**32**	2,376	**73.4%**
Private	Hospital	79	28	14	3	12	11	15	10	2	2	4	2	**182**	**5.6%**
	Medical centre	30	19	19	17	4	9	12	–	2	6	14	2	**134**	**4.1%**
	Aged care facility	56	17	24	–	8	5	2	1	2	2	4	1	**122**	**3.8%**
	Medical practice	18	16	17	9	1	10	12	1	–	16	12	2	**114**	**3.5%**
	Pharmacy	2	13	3	2	16	1	11	–	–	6	1	–	**55**	**1.7%**
	Radiology facility	16	12	2	1	–	3	7	–	–	4	1	7	**53**	**1.6%**
	Alternative health facility	10	14	3	–	1	1	5	–	–	8	–	1	**43**	**1.3%**
	Pathology centres/labs	6	7	3	–	1	2	16	–	1	–	–	2	**38**	**1.2%**
	Dental facility	9	4	3	–	–	3	6	–	2	4	–	–	**31**	**1.0%**
	Correction and detention facility	10	–	–	7	–	–	1	–	–	–	–	–	**18**	**0.6%**
	Other/Unknown	4	2	1	–	1	1	3	–	–	1	–	1	**14**	**0.4%**
	Day procedure centre	3	2	2	1	–	1	3	–	–	–	–	–	**12**	**0.4%**
	Aboriginal health centre	2	1	2	3	1	–	–	–	–	–	–	–	**9**	**0.3%**
	Optometrist facility	5	1	–	–	–	–	1	–	1	–	–	–	**8**	**0.2%**
	Drug and alcohol service	1	1	2	1	1	–	–	–	–	–	–	–	**6**	**0.2%**
	Multi purpose service	3	1	1	–	–	–	–	1	–	–	–	–	**6**	**0.2%**
	Physiotherapy facility	2	–	–	–	–	1	2	–	–	–	–	–	**5**	**0.2%**
	Chiropractic facility	–	2	–	–	–	–	–	–	–	2	–	–	**4**	**0.1%**
	Respite Service	–	1	–	–	1	–	–	–	–	1	–	–	**3**	**0.1%**
	Nursing agency	1	–	–	–	–	1	–	–	–	–	–	–	**2**	**0.1%**
	Optical Laboratory	–	–	–	–	–	–	–	–	–	–	1	–	**1**	**0.0%**
Private health organisation total		**257**	**141**	**96**	**44**	**47**	**49**	**96**	**13**	**10**	**52**	**37**	**18**	860	**26.6%**
Grand Total		**1,393**	**581**	**242**	**177**	**160**	**147**	**122**	**111**	**97**	**85**	**71**	**50**	3,236	**100.0%**

Counted by issues raised in complaint

Table 16.11 - Issues raised in all complaints received by service area 2014-15

	Issue category												Total	
Service area	Treatment	Communication/ information	Professional conduct	Medication	Environment/management of facilities	Fees/costs	Access	Reports/certificates	Consent	Medical records	Grievance processes	Discharge/transfer arrangements	Grand Total	%
General medicine	730	306	277	169	82	55	90	47	12	70	47	18	**1,903**	**21.3%**
Surgery	471	169	72	10	15	36	31	6	39	16	30	22	**917**	**10.3%**
Dentistry	304	46	108	3	36	54	13	1	18	17	11	–	**611**	**6.8%**
Mental health	192	101	76	42	21	1	18	12	55	18	13	19	**568**	**6.4%**
Emergency medicine	295	90	24	21	16	5	20	3	7	6	9	31	**527**	**5.9%**
Aged Care	110	44	75	42	35	3	1	7	5	16	7	1	**346**	**3.9%**
Pharmacy/Pharmacology	7	44	77	145	19	15	14	1	4	4	1	–	**331**	**3.7%**
Psychiatry	80	41	23	30	19	7	2	25	26	9	5	3	**270**	**3.0%**
Obstetrics	170	57	10	7	5	3	–	1	2	3	5	5	**268**	**3.0%**
Paediatric Medicine/Early Childhood	122	44	24	5	6	2	7	11	6	4	9	5	**245**	**2.7%**
Psychology	28	28	81	–	6	7	3	27	4	9	1	1	**195**	**2.2%**
Cardiology	89	34	10	11	4	4	5	1	2	2	5	8	**175**	**2.0%**
Geriatrics/Gerontology	77	36	8	13	3	1	1	5	11	–	5	7	**167**	**1.9%**
Administration/Non-health related	3	29	41	–	45	10	4	2	1	20	9	–	**164**	**1.8%**
Drug and alcohol	36	14	28	25	15	–	25	2	1	1	4	1	**152**	**1.7%**
Medico-Legal	28	30	10	–	7	1	–	46	3	4	–	–	**129**	**1.4%**
Radiology	45	21	15	–	5	8	2	23	3	1	5	–	**128**	**1.4%**
Other/Unknown	16	14	67	2	10	2	3	4	1	1	1	–	**121**	**1.4%**
Midwifery	56	22	18	3	6	–	1	1	–	2	3	1	**113**	**1.3%**
Gastroenterology	62	23	4	1	2	4	4	1	1	2	3	2	**109**	**1.2%**
Ophthalmology	60	8	4	1	3	8	4	1	5	5	1	–	**100**	**1.1%**
Gynaecology	51	21	6	–	–	6	2	–	8	2	–	1	**97**	**1.1%**
Dermatology	40	24	5	1	–	8	2	–	4	1	1	–	**86**	**1.0%**
Neurology	38	14	9	3	2	–	3	3	1	2	–	–	**75**	**0.8%**
Cosmetic Services	18	14	23	4	2	4	1	–	6	–	2	–	**74**	**0.8%**
Rehabilitation medicine	30	16	4	3	8	1	3	2	–	2	3	2	**74**	**0.8%**
Alternative health	17	16	23	2	3	4	–	–	3	3	–	–	**71**	**0.8%**
Physiotherapy	24	9	20	1	2	5	1	–	1	3	3	–	**69**	**0.8%**
Anaesthesia	26	10	13	5	–	8	–	–	2	–	2	–	**66**	**0.7%**
Chiropractice	15	13	23	1	2	4	–	–	1	5	1	–	**65**	**0.7%**
Oncology	36	10	1	2	2	1	1	2	2	1	2	3	**63**	**0.7%**
Ambulance Service	29	10	1	–	3	9	2	–	1	1	3	2	**60**	**0.7%**
Palliative care	22	17	4	1	2	–	1	2	3	2	2	–	**56**	**0.6%**
Optometry	19	10	10	1	5	2	3	1	1	3	–	–	**55**	**0.6%**
Pain Management	22	6	1	7	3	–	7	1	–	1	–	–	**48**	**0.5%**
Pathology	13	7	1	–	4	16	–	3	1	–	2	–	**47**	**0.5%**
Endocrinology	17	5	–	3	1	–	2	1	–	–	3	–	**32**	**0.4%**

Table continued on next page

Table 16.11 - Issues raised in all complaints received by service area 2014-15 (continued)

	Issue category												Total	
Service area	Treatment	Communication/ information	Professional conduct	Medication	Environment/ management of facilities	Fees/costs	Access	Reports/certificates	Consent	Medical records	Grievance processes	Discharge/transfer arrangements	Grand Total	%
Intensive care	14	5	6	2	-	-	-	-	-	-	2	-	**29**	**0.3%**
Reproductive medicine	7	8	4	-	1	5	-	-	3	1	-	-	**29**	**0.3%**
Podiatry	13	1	6	-	3	3	-	-	-	1	-	-	**27**	**0.3%**
Respiratory/Thoraric medicine	9	2	2	3	-	1	-	1	2	-	1	3	**24**	**0.3%**
Immunology	10	7	2	1	1	1	1	-	-	-	-	-	**23**	**0.3%**
Occupational therapy	6	6	3	-	2	2	2	-	-	-	1	1	**23**	**0.3%**
Counselling	5	3	7	-	-	2	-	3	-	1	-	-	**21**	**0.2%**
Infectious diseases	8	5	-	3	1	1	1	-	-	-	1	1	**21**	**0.2%**
Renal medicine	8	5	4	-	-	-	1	-	-	1	1	-	**20**	**0.2%**
Massage therapy	1	-	8	-	2	3	-	-	-	-	-	-	**14**	**0.2%**
Acupuncture	4	2	5	-	-	1	-	-	-	1	-	-	**13**	**0.1%**
Osteopathy	2	1	9	-	-	-	-	-	1	-	-	-	**13**	**0.1%**
Nuclear medicine	-	2	5	-	-	1	-	2	-	-	-	-	**10**	**0.1%**
Sexual assault service	3	5	1	-	-	-	-	-	-	1	-	-	**10**	**0.1%**
Sleep medicine	6	3	-	-	-	-	-	1	-	-	-	-	**10**	**0.1%**
Occupational health	2	1	2	-	1	-	1	2	-	-	-	-	**9**	**0.1%**
Nutrition and dietetics	3	1	3	-	-	1	-	-	-	-	-	-	**8**	**0.1%**
Haematology	1	2	1	-	1	-	-	1	-	-	1	-	**7**	**0.1%**
Health education/information	-	3	3	-	1	-	-	-	-	-	-	-	**7**	**0.1%**
Family planning	1	1	-	-	1	1	-	-	-	-	1	-	**5**	**0.1%**
Internal medicine	3	1	-	-	-	-	-	-	-	-	-	1	**5**	**0.1%**
Natural therapy	2	-	-	2	-	1	-	-	-	-	-	-	**5**	**0.1%**
Radiography	1	1	2	-	-	-	-	1	-	-	-	-	**5**	**0.1%**
Sport medicine	3	-	1	-	-	-	-	-	-	-	1	-	**5**	**0.1%**
Rheumatology	4	-	-	-	-	–	-	-	-	-	-	-	**4**	**0.0%**
Nephrology	1	1	-	-	-	-	-	-	-	-	-	1	**3**	**0.0%**
Personal care	-	1	-	1	-	-	-	1	-	-	-	-	**3**	**0.0%**
Speech therapy	2	-	-	-	-	-	-	-	-	1	-	-	**3**	**0.0%**
Hypnotherapy	-	1	1	-	-	-	-	-	-	-	-	-	**2**	**0.0%**
Traditional Chinese medicine	-	-	1	1	-	-	-	-	-	-	-	-	**2**	**0.0%**
Autopsy	1	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
Developmental disability	1	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.0%**
Forensic pathology	-	-	-	-	-	-	-	1	-	-	-	-	**1**	**0.0%**
Grand Total	**3,519**	**1,471**	**1,272**	**577**	**413**	**317**	**282**	**255**	**246**	**242**	**207**	**139**	**8,940**	**100.0%**

Counted by issues raised in complaint

Table 16.12 - Source of complaints 2010-11 to 2014-15

	2010-11		2011-12		2012-13 *		2013-14*		**2014-15***	
Source	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Consumer	1,863	52.7%	1,999	56.2%	2,403	67.6%	2289	57.1%	**2,374**	**49.9%**
Family or friend	722	20.4%	737	20.7%	800	22.5%	969	24.2%	**1,049**	**22.0%**
Unknown/other source (including members of the public)	21	0.6%	14	0.4%	22	0.6%	143	3.6%	**451**	**9.5%**
Health care provider	74	2.1%	55	1.5%	194	5.5%	301	7.5%	**400**	**8.4%**
Professional council	711	20.1%	646	18.2%	112	3.2%	127	3.2%	**188**	**3.9%**
Government department	43	1.2%	23	0.6%	49	1.4%	66	1.6%	**139**	**2.9%**
Department of Health (State and Commonwealth)	25	0.7%	20	0.6%	135	3.8%	56	1.4%	**82**	**1.7%**
Consumer organisation/advocate/carer	8	0.2%	21	0.6%	18	0.5%	32	0.8%	**48**	**1.0%**
Member of Parliament/Minister	19	0.5%	14	0.4%	6	0.2%	2	0.0%	**11**	**0.2%**
Court	5	0.1%	8	0.2%	12	0.3%	6	0.1%	**7**	**0.1%**
Legal representative	30	0.8%	16	0.5%	27	0.8%	8	0.2%	**7**	**0.1%**
College	10	0.3%	2	0.1%	4	0.1%	9	0.2%	**3**	**0.1%**
Professional association	4	0.1%	–	0.0%	6	0.2%	-	0.0%	**1**	**0.0%**
Total	**3,031**	**100.0%**	**3,535**	**100.0%**	**3,555**	**100.0%**	**4,008**	**100.0%**	**4,760**	**100.0%**

Counted by complainant and this takes into consideration multiple subjects

* 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 16.13 - Outcome of assessment of complaints 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Assessment decision	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Discontinued	1,978	48.6%	2,017	49.2%	2,148	47.3%	2,483	52.4%	**2,334**	**46.7%**
Referred to professional council	790	19.4%	753	18.4%	887	19.5%	842	17.8%	**942**	**18.8%**
Resolved during assessment	166	4.1%	180	4.4%	240	5.3%	260	5.5%	**662**	**13.2%**
Referred to the Commission's Resolution Service	686	16.8%	615	15.0%	714	15.7%	442	9.3%	**409**	**8.2%**
Referred for local resolution	206	5.1%	239	5.8%	252	5.5%	384	8.1%	**262**	**5.2%**
Investigation by Commission	184	4.5%	194	4.7%	209	4.6%	206	4.3%	**250**	**5.0%**
Referred to another body or person	63	1.5%	105	2.6%	94	2.1%	125	2.6%	**143**	**2.9%**
Total	**4,073**	**100.0%**	**4,103**	**100.0%**	**4,544**	**90.8%**	**4,742**	**94.8%**	**5,002**	**100.0%**

Counted by provider identified in complaint

Table 16.14 – Outcome of assessment of complaints by issues identified in complaint 2014–15

		Outcome							Total	
Issue category	Issue name	Discontinued	Referred to professional council	Resolved during assessment	Referred to the Commission's Resolution Service	Investigation by Commission	Referred for local resolution	Referred to another body/person	Grand Total	%
Treatment	Inadequate treatment	548	161	85	207	43	58	15	**1,117**	**13.1%**
	Diagnosis	234	58	25	69	15	9	1	**411**	**4.8%**
	Unexpected treatment outcome/complications	187	52	20	75	28	3	4	**369**	**4.3%**
	Inadequate care	120	20	38	73	10	22	15	**298**	**3.5%**
	Delay in treatment	90	11	57	35	5	58	–	**256**	**3.0%**
	Wrong/inappropriate treatment	116	38	18	30	6	5	1	**214**	**2.5%**
	Inadequate/inappropriate consultation	129	21	17	2	2	3	–	**174**	**2.0%**
	Rough and painful treatment	79	12	11	13	3	1	1	**120**	**1.4%**
	Coordination of treatment/results follow–up	46	22	8	27	2	7	–	**112**	**1.3%**
	No/inappropriate referral	40	11	5	2	3	2	–	**63**	**0.7%**
	Withdrawal of treatment	30	3	8	5	2	11	–	**59**	**0.7%**
	Infection control	17	14	11	1	9	2	1	**55**	**0.6%**
	Inadequate prosthetic equipment	18	12	9	–	–	2	–	**41**	**0.5%**
	Excessive treatment	27	5	2	3	2	–	1	**40**	**0.5%**
	Experimental treatment	5	1	–	1	3	–	–	**10**	**0.1%**
	Public/private election	4	1	2	1	–	–	–	**8**	**0.1%**
	Attendance	1	–	–	–	–	–	–	**1**	**0.0%**
Treatment total		**1,691**	**442**	**316**	**544**	**133**	**183**	**39**	3,348	39.2%
Communication/ information	Attitude/manner	439	80	137	54	2	35	7	**754**	**8.8%**
	Inadequate information provided	215	41	62	96	8	17	2	**441**	**5.2%**
	Incorrect/misleading information provided	112	11	38	14	1	7	6	**189**	**2.2%**
	Special needs not accommodated	7	–	4	3	–	3	1	**18**	**0.2%**
Communication/information total		**773**	**132**	**241**	**167**	**11**	**62**	**16**	1,402	16.4%
Professional conduct	Illegal practice	93	87	4	–	35	1	54	**274**	**3.2%**
	Impairment	22	194	–	–	28	–	6	**250**	**2.9%**
	Competence	35	96	2	2	35	–	1	**171**	**2.0%**
	Sexual misconduct	39	24	2	2	38	–	1	**106**	**1.2%**
	Breach of guideline/law	22	43	3	–	26	–	9	**103**	**1.2%**
	Inappropriate disclosure of information	52	9	13	5	4	–	–	**83**	**1.0%**
	Boundary violation	24	22	1	–	12	–	–	**59**	**0.7%**
	Misrepresentation of qualifications	10	7	5	–	2	–	12	**36**	**0.4%**
	Assault	16	9	–	3	5	1	–	**34**	**0.4%**
	Discriminatory conduct	15	3	8	–	–	1	–	**27**	**0.3%**
	Breach of condition	6	4	1	–	13	–	–	**24**	**0.3%**
	Financial fraud	9	4	–	–	1	–	1	**15**	**0.2%**
	Annual declaration not lodged/incomplete/wrong or misleading	–	12	–	–	–	–	–	**12**	**0.1%**
	Emergency treatment not provided	2	1	1	–	–	–	–	**4**	**0.0%**
	Scientific fraud	1	–	–	–	–	–	–	**1**	**0.0%**
Professional conduct total		**346**	**515**	**40**	**12**	**199**	**3**	**84**	1,199	14.0%

Table 16.14 - Outcome of assessment of complaints by issues identified in complaint 2014-15 (continued)

		Outcome							Total	
Issue category	Issue name	Discontinued	Referred to professional council	Resolved during assessment	Referred to the Commission's Resolution Service	Investigation by Commission	Referred for local resolution	Referred to another body/person	Grand Total	%
Medication	Prescribing medication	159	51	16	28	25	18	6	**303**	**3.5%**
	Dispensing medication	16	108	3	2	14	1	–	**144**	**1.7%**
	Administering medication	28	38	3	21	4	8	4	**106**	**1.2%**
	Supply/security/storage of medication	4	7	1	–	1	1	–	**14**	**0.2%**
Medication total		**207**	**204**	**23**	**51**	**44**	**28**	**10**	**567**	**6.6%**
Environment/ management of facilities	Administrative processes	143	21	57	11	–	19	14	**265**	**3.1%**
	Physical environment of facility	31	2	17	14	1	11	5	**81**	**0.9%**
	Cleanliness/hygiene of facility	16	20	7	3	3	2	1	**52**	**0.6%**
	Staffing and rostering	7	2	5	–	1	2	4	**21**	**0.2%**
Environment/management of facilities total		**197**	**45**	**86**	**28**	**5**	**34**	**24**	**419**	**4.9%**
Fees/costs	Billing practices	116	20	96	–	5	4	5	**246**	**2.9%**
	Financial consent	6	6	18	–	–	–	–	**30**	**0.4%**
	Cost of treatment	15	1	7	1	–	1	–	**25**	**0.3%**
Fees/costs total		**137**	**27**	**121**	**1**	**5**	**5**	**5**	**301**	**3.5%**
Access	Refusal to admit or treat	110	11	33	8	–	16	–	**178**	**2.1%**
	Service availability	16	–	7	4	–	20	–	**47**	**0.5%**
	Waiting lists	7	–	21	3	–	14	–	**45**	**0.5%**
	Access to facility	1	–	–	–	–	2	–	**3**	**0.0%**
	Access to subsidies	–	–	–	–	–	1	–	**1**	**0.0%**
Access total		**134**	**11**	**61**	**15**	**–**	**53**	**–**	**274**	**3.2%**
Medical records	Record keeping	53	43	11	11	20	1	1	**140**	**1.6%**
	Access to/transfer of records	44	4	32	1	–	1	–	**82**	**1.0%**
	Records management	–	3	1	–	1	1	1	**7**	**0.1%**
Medical records total		**97**	**50**	**44**	**12**	**21**	**3**	**2**	**229**	**2.7%**
Consent	Consent not obtained or inadequate	57	23	11	13	3	1	1	**109**	**1.3%**
	Involuntary admission or treatment	64	1	3	4	–	5	–	**77**	**0.9%**
	Uninformed consent	22	3	1	6	2	–	–	**34**	**0.4%**
Consent Total		**143**	**27**	**15**	**23**	**5**	**6**	**1**	**220**	**2.6%**

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Table 16.14 - Outcome of assessment of complaints by issues identified in complaint 2014-15 (continued)

		Outcome							Total	
Issue category	Issue name	Discontinued	Referred to professional council	Resolved during assessment	Referred to the Commission's Resolution Service	Investigation by Commission	Referred for local resolution	Referred to another body/person	Grand Total	%
Reports/certificates	Accuracy of report/certificate	131	18	13	9	–	1	–	**172**	**2.0%**
	Refusal to provide report/certificate	16	–	13	–	–	2	–	**31**	**0.4%**
	Timeliness of report/certificate	3	2	6	–	–	–	1	**12**	**0.1%**
	Report written with inadequate or no consultation	2	–	–	–	–	–	–	**2**	**0.0%**
	Cost of report/certificate	–	–	1	–	–	–	–	**1**	**0.0%**
Reports/certificates total		**152**	**20**	**33**	**9**	**–**	**3**	**1**	218	2.5%
Grievance processes	Inadequate/no response to complaint	113	8	38	41	1	5	4	**210**	**2.5%**
	Reprisal/retaliation as result of complaint lodged	3	1	–	–	–	1	–	**5**	**0.1%**
Grievance processes total		**116**	**9**	**38**	**41**	**1**	**6**	**4**	215	2.5%
Discharge/transfer arrangements	Inadequate discharge	50	7	15	54	3	13	1	**143**	**1.7%**
	Delay	3	–	1	3	–	1	–	**8**	**0.1%**
	Mode of transport	1	–	–	2	–	1	–	4	**0.0%**
	Patient not reviewed	2	–	–	1	–	–	–	**3**	**0.0%**
Discharge/transfer arrangements total		**56**	**7**	**16**	**60**	**3**	**15**	**1**	158	1.8%
Grand total		4,049	1,489	1,034	963	427	401	187	8,550	100.0%

Counted by issues raised in complaint

Table 16.15 - Outcome of assessment of complaints by most common service area 2014-15

	Outcome							Total	
Service area	Discontinued	Referred to professional council	Resolved during assessment	Referred to the Commission's Resolution Service	Referred for local resolution	Investigation by Commission	Referred to another body/person	Total	%
General medicine	523	181	164	31	80	71	16	**1,066**	**21.3%**
Surgery	222	41	65	61	19	16	15	**439**	**8.8%**
Dentistry	171	107	49	–	6	17	35	**385**	**7.7%**
Mental health	188	46	27	33	26	15	3	**338**	**6.8%**
Emergency medicine	103	30	51	63	28	3	–	**278**	**5.6%**
Pharmacy/Pharmacology	52	156	20	1	–	21	1	**251**	**5.0%**
Aged Care	86	43	8	7	2	19	41	**206**	**4.1%**
Psychiatry	107	10	8	10	7	7	1	**150**	**3.0%**
Psychology	54	59	11	2	–	11	–	**137**	**2.7%**
Administration/Non–health related	74	20	29	–	6	2	1	**132**	**2.6%**
Obstetrics	40	16	11	38	3	7	–	**115**	**2.3%**
Paediatric Medicine/Early childhood	47	18	18	26	5	1	–	**115**	**2.3%**
Drug and alcohol	33	16	4	1	34	5	–	**93**	**1.9%**
Cardiology	37	8	9	30	1	3	–	**88**	**1.8%**
Geriatrics/Gerontology	36	8	9	25	–	–	–	**78**	**1.6%**
Radiology	36	11	17	2	2	–	2	**70**	**1.4%**
Other/Unknown	30	19	4	–	3	5	3	**64**	**1.3%**
Medico–Legal	54	5	4	–	–	–	–	**63**	**1.3%**
Gynaecology	25	4	7	5	2	6	–	**49**	**1.0%**
Midwifery	19	15	5	4	1	5	–	**49**	**1.0%**
Dermatology	28	7	7	1	–	4	1	**48**	**1.0%**
Gastroenterology	20	6	10	6	2	1	2	**47**	**0.9%**
Neurology	27	7	2	5	2	4	–	**47**	**0.9%**
Ophthalmology	29	3	8	2	1	4	–	**47**	**0.9%**
Alternative health	28	3	3	–	–	8	4	**46**	**0.9%**
Ambulance Service	15	1	15	5	9	–	–	**45**	**0.9%**
Rehabilitation medicine	17	5	7	10	3	–	1	**43**	**0.9%**
Cosmetic Services	22	4	6	1	–	2	7	**42**	**0.8%**
Physiotherapy	18	10	3	3	2	2	1	**39**	**0.8%**
Optometry	15	9	8	–	3	–	–	**35**	**0.7%**
Chiropractice	3	18	3	–	–	4	3	**31**	**0.6%**
Oncology	11	2	7	10	1	–	–	**31**	**0.6%**
Anaesthesia	8	10	11	1	–	–	–	**30**	**0.6%**
Pain Management	17	–	5	1	7	–	–	**30**	**0.6%**
Pathology	8	–	17	1	–	1	–	**27**	**0.5%**

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Table 16.15 - Outcome of assessment of complaints by most common service area 2014-15 (continued)

	Outcome							Total	
Service area	Discontinued	Referred to professional council	Resolved during assessment	Referred to the Commission's Resolution Service	Referred for local resolution	Investigation by Commission	Referred to another body/person	Total	%
Palliative care	10	4	1	7	2	–	–	**24**	**0.5%**
Immunology	14	2	3	–	1	1	–	**21**	**0.4%**
Endocrinology	12	–	1	4	–	–	–	**17**	**0.3%**
Counselling	12	2	1	–	–	–	1	**16**	**0.3%**
Intensive care	5	4	1	4	–	–	–	**14**	**0.3%**
Reproductive medicine	8	1	4	1	–	–	–	**14**	**0.3%**
Respiratory/Thoraric medicine	10	1	1	1	1	–	–	**14**	**0.3%**
Podiatry	5	5	3	–	–	–	–	**13**	**0.3%**
Renal medicine	3	3	3	2	2	–	–	**13**	**0.3%**
Occupational therapy	5	4	2	1	–	–	–	**12**	**0.2%**
Osteopathy	–	7	1	–	–	2	–	**10**	**0.2%**
Health education/information	4	4	–	–	–	1	–	**9**	**0.2%**
Acupuncture	5	2	–	–	–	–	1	**8**	**0.2%**
Infectious diseases	7	1	–	–	–	–	–	**8**	**0.2%**
Massage therapy	6	–	–	–	–	2	–	**8**	**0.2%**
Sleep medicine	4	–	2	–	–	–	–	**6**	**0.1%**
Haematology	2	–	2	1	–	–	–	**5**	**0.1%**
Nutrition and dietetics	4	–	1	–	–	–	–	**5**	**0.1%**
Occupational health	1	1	1	–	–	–	2	**5**	**0.1%**
Personal care	3	–	1	–	–	–	–	**4**	**0.1%**
Nuclear medicine	–	2	–	–	–	–	1	**3**	**0.1%**
Radiography	1	1	–	–	–	–	1	**3**	**0.1%**
Family planning	1	–	1	–	–	–	–	**2**	**0.0%**
Nephrology	1	–	–	1	–	–	–	**2**	**0.0%**
Rheumatology	2	–	–	–	–	–	–	**2**	**0.0%**
Sexual assault service	1	–	–	–	1	–	–	**2**	**0.0%**
Speech therapy	1	–	1	–	–	–	–	**2**	**0.0%**
Autopsy	–	–	–	1	–	–	–	**1**	**0.0%**
Forensic pathology	1	–	–	–	–	–	–	**1**	**0.0%**
Internal medicine	–	–	–	1	–	–	–	**1**	**0.0%**
Natural therapy	1	–	–	–	–	–	–	**1**	**0.0%**
Sport medicine	1	–	–	–	–	–	–	**1**	**0.0%**
Traditional Chinese medicine	1	–	–	–	–	–	–	**1**	**0.0%**
Total	**2,334**	**942**	**662**	**409**	**262**	**250**	**143**	**5,002**	**100.0%**

Counted by provider identified in complaint

Table 16.16 - Outcome of assessment of complaints by type of health service provider 2014-15

	Outcome							Total	
Health service provider type	Discontinue	Refer to professional council	Resolved during Assessment	Resolution	Local Resolution	Investigation by Commission	Refer to another body/ person	Grand Total	%
Public Hospital	299	–	156	265	110	4	2	836	16.7%
Correction and detention facility	60	–	12	1	118	1	–	192	3.8%
Private Hospital	46	–	31	20	–	–	–	97	1.9%
Medical centre	53	–	40	2	–	–	–	95	1.9%
Medical practice	37	–	32	1	–	1	13	84	1.7%
Aged care facility	22	–	4	5	–	–	35	66	1.3%
Community health service	34	–	15	6	8	–	–	63	1.3%
Ambulance service	13	–	13	5	11	–	–	42	0.8%
Pharmacy	15	10	12	–	–	–	–	37	0.7%
Psychiatric hospital/unit	16	–	4	7	10	–	–	37	0.7%
Alternative health facility	28	–	2	–	–	–	2	32	0.6%
Dental facility	19	–	8	–	4	–	–	31	0.6%
Radiology facility	17	–	11	2	–	–	–	30	0.6%
Pathology centres/labs	7	–	16	1	–	–	–	24	0.5%
Local Health District	14	–	5	1	1	–	–	21	0.4%
Day procedure centre	5	–	5	–	–	–	1	11	0.2%
Aboriginal health centre	6	–	1	2	–	–	–	9	0.2%
Drug and alcohol service	7	–	1	–	–	–	–	8	0.2%
Other/Unknown	6	–	1	–	–	–	1	8	0.2%
Government Department	2	–	4	–	–	–	–	6	0.1%
Multi purpose service	1	–	2	2	–	–	–	5	0.1%
Optometrist facility	5	–	–	–	–	–	–	5	0.1%
Chiropractic facility	–	–	2	–	–	–	2	4	0.1%
Physiotherapy facility	1	–	1	–	–	–	–	2	0.0%
Respite Service	1	–	–	–	–	–	1	2	0.0%
Supported accommodation services (not aged care)	2	–	–	–	–	–	–	2	0.0%
Educational facility	1	–	–	–	–	–	–	1	0.0%
Nursing agency	1	–	–	–	–	–	–	1	0.0%
Optical Laboratory	–	–	1	–	–	–	–	1	0.0%
Psychology facility	1	–	–	–	–	–	–	1	0.0%
Rehabilitation facility	–	–	–	1	–	–	–	1	0.0%
Health organisation total	**719**	**10**	**379**	**321**	**262**	**6**	**57**	**1,754**	**35.1%**

Health organisation

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Table 16.16 - Outcome of assessment of complaints by type of health service provider 2014-15 (continued)

				Outcome				Total	
Health service provider type	Discontinue	Refer to professional council	Resolved during Assessment	Resolution	Local Resolution	Investigation by Commission	Refer to another body/ person	Grand Total	%
Medical practitioner	1,101	267	197	81	–	119	24	1,789	35.8%
Nurse/midwife	147	269	14	2	–	54	9	495	9.9%
Dental practitioner	147	109	32	–	–	17	36	341	6.8%
Pharmacist	38	145	10	–	–	21	1	215	4.3%
Psychologist	59	62	11	2	–	11	1	146	2.9%
Other/unknown	29	–	3	–	–	1	3	36	0.7%
Physiotherapist	14	9	1	2	–	2	1	29	0.6%
Chiropractor	3	18	1	–	–	4	2	28	0.6%
Optometrist	10	10	7	–	–	–	–	27	0.5%
Student Nurse	2	12	–	–	–	1	–	15	0.3%
Administration/clerical staff	11	–	–	–	–	–	2	13	0.3%
Podiatrist	5	5	3	–	–	–	–	13	0.3%
Chinese Medicine Practitioner	6	3	–	–	–	1	1	11	0.2%
Counsellor/therapist	10	–	–	–	–	–	1	11	0.2%
Occupational therapist	4	5	–	1	–	–	1	11	0.2%
Medical Radiation Practitioner	3	4	–	–	–	1	2	10	0.2%
Osteopath	–	6	1	–	–	3	–	10	0.2%
Alternative health provider	5	–	–	–	–	3	1	9	0.2%
Assistant in nursing	4	–	1	–	–	2	–	7	0.1%
Massage therapist	4	–	–	–	–	3	–	7	0.1%
Student Medical practitioner	–	4	–	–	–	–	–	4	0.1%
Social worker	3	–	–	–	–	–	–	3	0.1%
Dental technician	1	–	1	–	–	–	–	2	0.0%
Dietitian/nutritionist	2	–	–	–	–	–	–	2	0.0%
Speech pathologist	1	–	1	–	–	–	–	2	0.0%
Student Pharmacist	–	2	–	–	–	–	–	2	0.0%
Audiologist	1	–	–	–	–	–	–	1	0.0%
Cosmetic therapist	–	–	–	–	–	–	1	1	0.0%
Doula	–	–	–	–	–	1	–	1	0.0%
Homeopath	1	–	–	–	–	–	–	1	0.0%
Hypnotherapist	1	–	–	–	–	–	–	1	0.0%
Natural therapist	1	–	–	–	–	–	–	1	0.0%
Naturopath	1	–	–	–	–	–	–	1	0.0%
Psychotherapist	1	–	–	–	–	–	–	1	0.0%
Student Osteopath	–	1	–	–	–	–	–	1	0.0%
Student Psychologist	–	1	–	–	–	–	–	1	0.0%
Health Practitioner Total	**1,615**	**932**	**283**	**88**	**–**	**244**	**86**	**3,248**	**64.9%**
Grand total	**2,334**	**942**	**662**	**409**	**262**	**250**	**143**	**5,002**	**100.0%**

Health practitioner

Counted by provider identified in complaint

Table 16.17 - Time taken to assess complaints 2010-11 to 2014-15

	2010-11	2011-12	2012-13	2013-14	**2014-15**
Percentage of complaints assessed within 60 days	84.6%	88.1%	94.5%	94.2%	**92.7%**
Average days to assess complaints	43	43	40	38	**40**

Counted by provider identified in complaint

Table 16.18 - Requests for review of assessment decision 2010-11 to 2014-15

	2010-11	2011-12	2012-13	2013-14	**2014-15**
	No.	No.	No.	No.	**No.**
Requests for review of assessment decision	305	292	389	320	**274**
Percentage of all assessments finalised	7.5%	7.1%	8.6%	6.7%	**5.5%**

Counted by provider identified in complaint

Table 16.19 - Outcome of reviews of assessment decision 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Review result	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Original assessment decision confirmed	281	93.7%	267	88.7%	344	93.2%	279	91.5%	**255**	**92.4%**
Assessment decision varied	19	6.3%	34	11.3%	25	6.8%	26	8.5%	**21**	**7.6%**
Total	**300**	**100.0%**	**301**	**100.0%**	**369**	**100.0%**	**305**	**100.0%**	**276**	**100.0%**

Counted by provider identified in complaint

Table 16.20 - Outcome of assisted resolutions 2010-11 to 2014-15

			2010-11		2011-12		2012-13		2013-14		**2014-15**	
Outcome			No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Resolution did proceed	Resolved	Resolved	262	40.4%	239	36.6%	283	44.5%	223	36.7%	**127**	**31.3%**
		Partially resolved	143	22.0%	152	23.3%	123	19.3%	127	20.9%	**90**	**22.2%**
	Not resolved	Not resolved	88	13.6%	54	8.3%	59	9.3%	94	15.5%	**56**	**13.8%**
Resolution did proceed total			**493**	**76.0%**	**445**	**68.1%**	**465**	**73.1%**	**444**	**73.0%**	**273**	**67.2%**
Resolution did not proceed total			**156**	**24.0%**	**208**	**31.9%**	**171**	**26.9%**	**164**	**27.0%**	**133**	**32.8%**
Grand total			**649**	**100.0%**	**653**	**100.0%**	**636**	**100.0%**	**608**	**100.0%**	**406**	**100.0%**

Counted by provider identified in complaint

Table 16.21 - Outcome of conciliations 2010-11 to 2014-15

			2010-11		2011-12		2012-13		2013-14		**2014-15**	
Outcome		Reason	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Conciliation process did proceed	Resolved	Agreement reached	21	47.7%	18	81.8%	14	77.8%	7	63.6%	**13**	**100.0%**
		Complaint resolved with the assistance of the Registry	1	2.3%	–	0.0%	–	0.0%	–	0.0%	**–**	**0.0%**
	Not resolved	Consent withdrawn	4	9.1%	2	9.1%	4	22.2%	–	0.0%	**–**	**0.0%**
		The conciliation was helpful in clarifying concerns	10	22.7%	–	0.0%	–	0.0%	1	9.1%	**–**	**0.0%**
		No agreement reached	–	0.0%	2	9.1%	–	0.0%	2	18.2%	**–**	**0.0%**
Total conciliation process did proceed			**36**	**81.8%**	**22**	**100.0%**	**18**	**100.0%**	**10**	**90.9%**	**13**	**100.0%**
Conciliation process did not proceed total			**8**	**18.2%**	**–**	**0.0%**	**–**	**0.0%**	**1**	**9.1%**	**–**	**0.0%**
Grand total			**44**	**100.0%**	**22**	**100.0%**	**18**	**100.0%**	**11**	**100.0%**	**13**	**100.0%**

Counted by provider identified in complaint

Table 16.22 - Time taken to complete resolution processes 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Time taken to complete	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
0-1 month	143	20.6%	143	21.2%	116	17.7%	83	13.4%	**69**	**16.5%**
1-2 months	149	21.5%	123	18.2%	133	20.3%	87	14.1%	**85**	**20.3%**
2-3 months	103	14.9%	122	18.1%	96	14.7%	74	12.0%	**72**	**17.2%**
3-4 months	66	9.5%	83	12.3%	77	11.8%	78	12.6%	**82**	**19.6%**
4-5 months	59	8.5%	52	7.7%	62	9.5%	45	7.3%	**38**	**9.1%**
5-6 months	41	5.9%	50	7.4%	48	7.3%	52	8.4%	**20**	**4.8%**
6-7 months	32	4.6%	28	4.1%	34	5.2%	41	6.6%	**15**	**3.6%**
7-8 months	36	5.2%	21	3.1%	25	3.8%	34	5.5%	**16**	**3.8%**
8-9 months	19	2.7%	21	3.1%	18	2.8%	31	5.0%	**6**	**1.4%**
9-10 months	9	1.3%	7	1.0%	12	1.8%	27	4.4%	**6**	**1.4%**
10-11 months	6	0.9%	11	1.6%	10	1.5%	21	3.4%	**4**	**1.0%**
11-12 months	7	1.0%	4	0.6%	6	0.9%	18	2.9%	**0**	**0.0%**
>12 months	23	3.3%	10	1.5%	17	2.6%	28	4.5%	**6**	**1.4%**
Total	**693**	**100.0%**	**675**	**100.0%**	**654**	**100.0%**	**619**	**100.0%**	**419**	**100.0%**

Counted by provider identified in complaint

Table 16.23 - Outcome of investigations 2010-11 to 2014-15

		2010-11		2011-12		2012-13		2013-14		**2014-15**	
Investigation outcome		No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Registered health practitioner	Referred to Director Proceedings	106	67.1%	131	66.8%	85	51.2%	110	57.9%	**93**	**53.4%**
	Referred to Council	36	22.8%	36	18.4%	45	27.1%	32	16.8%	**38**	**21.8%**
	Referred to Council under s20A	-	0.0%	5	2.6%	13	7.8%	20	10.5%	**19**	**10.9%**
	No further action	13	8.2%	24	12.2%	22	13.3%	27	14.2%	**16**	**9.2%**
	No further action - National Board informed	-	0.0%	-	0.0%	-	0.0%	-	0.0%	**7**	**4.0%**
	Make comments to the practitioner	3	1.9%	-	0.0%	1	0.6%	1	0.5%	**1**	**0.6%**
Registered health practitioner total		**158**	**100.0%**	**196**	**100.0%**	**166**	**100.0%**	**190**	**100.0%**	**174**	**100.0%**
Unregistered health practitioner	Public Statement / Prohibition Order	6	28.6%	7	46.7%	8	50.0%	10	45.5%	**6**	**54.5%**
	No further action	8	38.1%	6	40.0%	5	31.3%	4	18.2%	**3**	**27.3%**
	Make comments to the practitioner	3	14.3%	2	13.3%	2	12.5%	6	27.3%	**2**	**18.2%**
	Breach of Prohibition order, refer to Commissioner	-	0.0%	-	0.0%	-	0.0%	1	4.5%	**-**	**0.0%**
	Referred to Council	1	4.8%	-	0.0%	-	0.0%	1	4.5%	**-**	**0.0%**
	Referred to Council under s20A	-	0.0%	-	0.0%	1	6.3%	-	0.0%	**-**	**0.0%**
	Referred to Director of Proceedings	3	14.3%	-	0.0%	-	0.0%	-	0.0%	**-**	**0.0%**
Unregistered health practitioner total		**21**	**100.0%**	**15**	**100.0%**	**16**	**100.0%**	**22**	**100.0%**	**11**	**100.0%**
Health organisation	Make comment or recommendation	22	91.7%	9	81.8%	16	84.2%	14	100.0%	**9**	**100.0%**
	No further action	2	8.3%	2	18.2%	3	15.8%	-	0.0%	**-**	**0.0%**
Health organisation total		**24**	**100.0%**	**11**	**100.0%**	**19**	**100.0%**	**14**	**100.0%**	**9**	**100.0%**
Grand total		**203**	**100.0%**	**222**	**100.0%**	**201**	**100.0%**	**226**	**100.0%**	**194**	**100.0%**

Counted by provider identified in complaint

Table 16.24 - Investigations into health organisations and health practitioners finalised 2010-11 to 2014-15

		2010-11		2011-12		2012-13		2013-14		**2014-15**	
	Health service provider	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Registered health practitioner	Medical practitioner	93	52.0%	123	58.3%	91	50.0%	112	52.8%	**70**	**37.8%**
	Nurse/midwife	37	20.7%	47	22.3%	30	16.5%	50	23.6%	**52**	**28.1%**
	Pharmacist	5	2.8%	9	4.3%	8	4.4%	4	1.9%	**21**	**11.4%**
	Dental practitioner	4	2.2%	6	2.8%	21	11.5%	8	3.8%	**15**	**8.1%**
	Psychologist	7	3.9%	5	2.4%	3	1.6%	6	2.8%	**9**	**4.9%**
	Chiropractor	7	3.9%	3	1.4%	2	1.1%	3	1.4%	**4**	**2.2%**
	Osteopath	–	0.0%	1	0.5%	7	3.8%	5	2.4%	**3**	**1.6%**
	Chinese Medicine Practitioner	1	0.6%	1	0.5%	1	0.5%	1	0.5%	**–**	**0.0%**
	Physiotherapist	3	1.7%	–	0.0%	–	0.0%	1	0.5%	**–**	**0.0%**
	Podiatrist	2	1.1%	1	0.5%	3	1.6%	-	0.0%	**–**	**0.0%**
Registered health practitioner total		**159**	**88.8%**	**196**	**92.9%**	**166**	**91.2%**	**190**	**89.6%**	**174**	**94.1%**
Unregistered heath practitioner	Assistant in nursing	2	1.1%	3	1.4%	6	3.3%	6	2.8%	**3**	**1.6%**
	Alternative health provider	2	1.1%	2	0.9%	2	1.1%	-	0.0%	**1**	**0.5%**
	Counsellor/therapist	–	0.0%	–	0.0%	–	0.0%	-	0.0%	**1**	**0.5%**
	Massage therapist	2	1.1%	1	0.5%	4	2.2%	5	2.4%	**1**	**0.5%**
	Medical practitioner	7	3.9%	1	0.5%	–	0.0%	-	0.0%	**1**	**0.5%**
	Natural therapist	–	0.0%	–	0.0%	–	0.0%	-	0.0%	**1**	**0.5%**
	Naturopath	1	0.6%	2	0.9%	–	0.0%	2	0.9%	**1**	**0.5%**
	Nurse/midwife	–	0.0%	–	0.0%	1	0.5%	5	2.4%	**1**	**0.5%**
	Social worker	–	0.0%	–	0.0%	–	0.0%	-	0.0%	**1**	**0.5%**
	Administration/clerical staff	2	1.1%	3	1.4%	–	0.0%	-	0.0%	**–**	**0.0%**
	Dental technician	1	0.6%	1	0.5%	1	0.5%	-	0.0%	**–**	**0.0%**
	Hypnotherapist	–	0.0%	1	0.5%	–	0.0%	-	0.0%	**–**	**0.0%**
	Optometrist	1	0.6%	–	0.0%	–	0.0%	-	0.0%	**–**	**0.0%**
	Other/unknown	–	0.0%	–	0.0%	–	0.0%	2	0.9%	**–**	**0.0%**
	Pharmacist	–	0.0%	–	0.0%	–	0.0%	-	0.0%	**–**	**0.0%**
	Psychotherapist	1	0.6%	–	0.0%	–	0.0%	2	0.9%	**–**	**0.0%**
	Residential care worker	1	0.6%	1	0.5%	2	1.1%	-	0.0%	**–**	**0.0%**
Unregistered heath practitioner		**20**	**11.2%**	**15**	**7.1%**	**16**	**8.8%**	**22**	**10.4%**	**11**	**5.9%**
Health practitioner total		**179**	**100.0%**	**211**	**100.0%**	**182**	**100.0%**	**212**	**100.0%**	**185**	**100.0%**

Table continued on next page

Table 16.24 - Investigations into health organisations and health practitioners finalised 2010-11 to 2014-15 (continued)

		2010-11		2011-12		2012-13		2013-14		**2014-15**	
	Health service provider	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Health organisation	Aged care facility	–	0.0%	–	0.0%	–	0.0%	6	42.9%	**1**	**11.1%**
	Public hospital	20	83.3%	8	72.7%	11	57.9%	4	28.6%	**6**	**66.7%**
	Ambulance Service	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**11.1%**
	Multi purpose service	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**11.1%**
	Alternative health facility	–	0.0%	–	0.0%	–	0.0%	3	21.4%	**–**	**0.0%**
	College/association	2	8.3%	–	0.0%	–	0.0%	–	0.0%	**–**	**0.0%**
	Dental facility	–	0.0%	–	0.0%	4	21.1%	–	0.0%	**–**	**0.0%**
	Drug and alcohol service	1	4.2%	–	0.0%	2	10.5%	–	0.0%	**–**	**0.0%**
	Local Health District	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**–**	**0.0%**
	Medical centre	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**–**	**0.0%**
	Medical practice	1	4.2%	–	0.0%	–	0.0%	–	0.0%	**–**	**0.0%**
	Other health organisation	–	0.0%	2	18.2%	–	0.0%	1	7.1%	**–**	**0.0%**
	Private hospital	–	0.0%	1	9.1%	2	10.5%	–	0.0%	**–**	**0.0%**
Health organisation total		**24**	**100.0%**	**11**	**100.0%**	**19**	**100.0%**	**14**	**100.0%**	**9**	**100.0%**
Grand total		**203**	**100.0%**	**222**	**100.0%**	**201**	**100.0%**	**226**	**100.0%**	**194**	**100.0%**

Counted by provider identified in complaint

Table 16.25 - Investigations finalised by issue category 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Professional conduct	159	43.4%	208	56.8%	138	39.3%	193	50.1%	**154**	**48.1%**
Treatment	131	35.8%	106	29.0%	136	38.7%	91	23.6%	**88**	**27.5%**
Medication	32	8.7%	26	7.1%	24	6.8%	50	13.0%	**41**	**12.8%**
Medical records	10	2.7%	5	1.4%	10	2.8%	15	3.9%	**17**	**5.3%**
Communication/information	15	4.1%	7	1.9%	13	3.7%	22	5.7%	**7**	**2.2%**
Fees/costs	4	1.1%	4	1.1%	1	0.3%	1	0.3%	**4**	**1.3%**
Environment/management of facilities	5	1.4%	3	0.8%	5	1.4%	3	0.8%	**3**	**0.9%**
Grievance processes	–	0.0%	–	0.0%	2	0.6%	1	0.3%	**3**	**0.9%**
Consent	3	0.8%	1	0.3%	19	5.4%	8	2.1%	**2**	**0.6%**
Discharge/transfer arrangements	4	1.1%	4	1.1%	2	0.6%	1	0.3%	**1**	**0.3%**
Access	–	0.0%	1	0.3%	1	0.3%	–	0.0%	**–**	**0.0%**
Reports/certificates	3	0.8%	1	0.3%	–	0.0%	–	0.0%	**–**	**0.0%**
Total	**366**	**100.0%**	**366**	**100.0%**	**351**	**100.0%**	**385**	**100.0%**	**320**	**100.0%**

Counted by issues raised in complaint

Table 16.26 - Outcome of investigations finalised by profession and organisation type 2014-15

	Registered health practitioner														Total	
Outcome	Medical practitioner	Nurse/midwife	Pharmacist	Dental practitioner	Psychologist	Chiropractor	Osteopath	Assistant in nursing	Naturopath	Natural Therapist	Counsellor/therapist Alternative health provider	Massage therapist	Social worker		Total	%
Referred to Director Proceedings	42	24	8	6	7	4	2	–	–	–	–	–	–	–	93	53.4%
Referred to Council	12	11	9	5	1	–	–	–	–	–	–	–	–	–	38	21.8%
Referred to Council under s20A	7	8	1	2	1	–	–	–	–	–	–	–	–	–	19	10.9%
No further action	5	6	2	2	–	–	1	–	–	–	–	–	–	–	16	9.2%
No further action - National Board informed	3	3	1	–	–	–	–	–	–	–	–	–	–	–	7	4.0%
Comments	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	0.6%
Total registered health practitioner	**70**	**52**	**21**	**15**	**9**	**4**	**3**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	174	100.0%

	Unregistered health practitioner															
Outcome	Assistant in nursing	Alternative health provider	Counsellor/ therapist	Massage therapist	Medical practitioner	Naturopath	Natural Therapist	Nurse/Midwife	Social worker						Total	%
Prohibition Order	–	–	1	–	1	1	1	1	1	–	–	–	–	–	6	54.5%
No further action	3	–	–	–	–	–	–	–	–	–	–	–	–	–	3	27.3%
Comments	–	1	–	1	–	–	–	–	–	–	–	–	–	–	2	18.2%
Total unregistered health practitioner	**3**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**–**	**–**	**–**	**–**	**–**	11	100.0%

	Health organisation															
Outcome	Public hospital	Aged care facility	Ambulance service Multi purpose service												Total	%
Recommendations	4	–	1	1	–	–	–	–	–	–	–	–	–	–	6	66.7%
Comments	2	1	–	–	–	–	–	–	–	–	–	–	–	–	3	33.3%
Total health organisation	**6**	**1**	**1**	**1**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	9	100.0%

Counted by provider identified in complaint

Table 16.27 - Request for review of investigation decision 2010-11 to 2014-15

	2010-11	2011-12	2012-13	2013-14	**2014-15**
Request for review of investigation decision	3	4	5	5	**2**
Percentage of all investigations finalised	1.5%	1.8%	2.5%	2.2%	**1.0%**

Counted by provider identified in complaint

Table 16.28 - Outcome of reviews of investigation decision 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Outcome	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Original investigation decision confirmed	3	75.0%	2	66.7%	6	100.0%	5	100.0%	**1**	**100.0%**
Re-opened for investigation	1	25.0%	1	33.3%	–	0.0%	–	0.0%	**–**	**0.0%**
Total	**4**	**100.0%**	**3**	**100.0%**	**6**	**100.0%**	**5**	**100.0%**	**1**	**100.0%**

Counted by provider identified in complaint

Table 16.29 - Time taken to complete investigations 2010-11 to 2014-15

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Time taken	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
0-1 months	–	0.0%	2	0.9%	2	1.0%	6	2.7%	**1**	**0.5%**
1-2 months	3	1.5%	6	2.7%	11	5.5%	5	2.2%	**7**	**3.6%**
4-5 months	7	3.4%	20	9.0%	8	4.0%	16	7.1%	**6**	**3.1%**
3-4 months	6	3.0%	22	9.9%	10	5.0%	27	11.9%	**12**	**6.2%**
4-5 months	6	3.0%	17	7.7%	19	9.5%	22	9.7%	**17**	**8.8%**
5-6 months	23	11.3%	23	10.4%	13	6.5%	26	11.5%	**18**	**9.3%**
6-7 months	24	11.8%	19	8.6%	16	8.0%	18	8.0%	**20**	**10.3%**
7-8 months	24	11.8%	32	14.4%	24	11.9%	22	9.7%	**22**	**11.3%**
8-9 months	20	9.9%	22	9.9%	21	10.4%	24	10.6%	**34**	**17.5%**
9-10 months	30	14.8%	11	5.0%	22	10.9%	14	6.2%	**20**	**10.3%**
10-11 months	19	9.4%	12	5.4%	19	9.5%	17	7.5%	**11**	**5.7%**
11-12 months	21	10.3%	16	7.2%	15	7.5%	18	8.0%	**19**	**9.8%**
12-18 months	16	7.9%	19	8.6%	14	7.0%	10	4.4%	**7**	**3.6%**
18-24 months	4	2.0%	1	0.5%	7	3.5%	1	0.4%	**–**	**0.0%**
24-30 months	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**–**	**0.0%**
Total	**203**	**100.0%**	**222**	**100.0%**	**201**	**100.0%**	**226**	**100.0%**	**194**	**100.0%**
Average days	**260**		**222**		**244**		**209**		**230**	

Counted by provider identified in complaint
* Excludes time when investigation was paused

Table 16.30 - Legal matters finalised 2010-11 to 2014-15

		2010-11		2011-12		2012-13		2013-14		**2014-15**	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
NSW Civil and Administrative Tribunal	Proved	50	46.7%	39	41.5%	53	60.2%	34	47.9%	**34**	**41.5%**
	Withdrawn	–	0.0%	4	4.3%	2	2.3%	4	5.6%	**6**	**7.3%**
	Not proved	7	6.5%	1	1.1%	–	0.0%	1	1.4%	**–**	**0.0%**
	Dismissed	–	0.0%	–	0.0%	–	0.0%	–	0.0%	**1**	**1.2%**
	Total	**57**	**53.3%**	**44**	**46.8%**	**55**	**62.5%**	**39**	**54.9%**	**41**	**50.0%**
Professional Standards Committee	Proved	21	19.6%	25	26.6%	13	14.8%	16	22.5%	**20**	**24.4%**
	Not proved	6	5.6%	3	3.2%	3	3.4%	2	2.8%	**1**	**1.2%**
	Withdrawn	–	0.0%	–	0.0%	2	2.3%	–	0.0%	**2**	**2.4%**
	Terminated and referred to Tribunal	–	0.0%	2	2.1%	–	0.0%	–	0.0%	**1**	**1.2%**
	Total	**27**	**25.2%**	**30**	**31.9%**	**18**	**20.5%**	**18**	**25.4%**	**24**	**29.3%**
Appeal		**14**	**13.1%**	**13**	**13.8%**	**10**	**11.4%**	**10**	**14.1%**	**7**	**8.5%**
Re-registration		**9**	**8.4%**	**7**	**7.4%**	**5**	**5.7%**	**4**	**5.6%**	**10**	**12.2%**
Grand Total		**107**	**100%**	**94**	**100%**	**88**	**100%**	**71**	**100%**	**82**	**100.0%**

Counted by matter

Table 16.31 - Open complaints as at 30 June

	2010-11		2011-12		2012-13		2013-14		**2014-15**	
Open process	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Assessment	611	48.5%	609	49.5%	667	51.4%	685	58.7%	**895**	**65.3%**
Investigation process	170	13.5%	148	12.0%	161	12.4%	149	12.8%	**217**	**15.8%**
Legal processes	227	18.0%	257	20.9%	160	12.3%	169	14.5%	**105**	**7.7%**
Resolution process	202	16.0%	172	14.0%	250	19.3%	96	8.2%	**92**	**6.7%**
Review of assessment	36	2.9%	25	2.0%	37	2.9%	50	4.3%	**45**	**3.3%**
Conciliation	4	0.3%	4	0.3%	5	0.4%	5	0.4%	**11**	**0.8%**
Brief preparation	11	0.9%	14	1.1%	17	1.3%	13	1.1%	**5**	**0.4%**
Review of investigation	–	0.0%	1	0.1%	–	0.0%	–	0.0%	**1**	**0.1%**
Total	**1,261**	**100.0%**	**1,230**	**100.0%**	**1,297**	**100.0%**	**1,167**	**100.0%**	**1,371**	**100.0%**

Counted by provider identified in complaint

APPENDIX B

Summary of results in relation to key performance indicators

Number	Description	Target	Result 2014-15	Status
GOAL 1.	**COMPREHENSIVE AND RESPONSIVE COMPLAINT HANDLING**			
1.1.1.1	Percentage of complaints assessed within 60 days	100	92.7	NOT-MET
1.1.1.2	Percentage of complaints not assessed within 60 days where an extension approved	100	95.9	NOT-MET
1.1.1.3	Request for reviews of assessment decision as a percentage of assessments finalised	<= 10	5.5	MET
1.1.1.4	Percentage of reviews completed within six weeks	>= 90	65.6	NOT-MET
1.1.1.5	Percentage of 'Reason for Decision Letters' completed within 14 days.	100	97.7	NOT-MET
1.1.2.1	Percentage of complaints acknowledged within 7 days of receipt	>= 90	94.0	MET
1.1.2.2	Percentage of satisfactory audits of the overall management of the assessment files	>= 90	90.8	MET
1.1.3.1	Percentage of resolution processes where the Resolution Officer has contacted the parties within 14 days of them being advised that the complaint was referred to resolution	>= 90	96.0	MET
1.1.3.2	Percentage of resolutions/conciliations completed within 4 months	>= 70	73.7	MET
1.1.3.3	Percentage of matters that proceeded to resolution/conciliation that were resolved or partially resolved	>= 80	80.4	MET
1.1.3.4	Percentage of complaint resolution/conciliation clients satisfied with service	>= 80	91.7	MET
GOAL 2.	**INVESTIGATE SERIOUS COMPLAINTS**			
2.1.1.1	Percentage of investigations finalised within twelve months	>= 90	96.4	MET
2.1.1.2	Percentage of investigations with investigation plans in place within 14 days	100	100.0	MET
2.1.2.1	Percentage of monthly file reviews completed on time	>= 90	86.9	NOT-MET
2.1.2.2	Percentage of satisfactory reviews during the investigations process	>= 90	96.6	MET
2.1.2.3	Percentage of investigations with a request for review	<= 5	1.0	MET
2.1.3.1	Percentage of Investigations that the Director of Proceedings did not refer back for further information	>= 90	93.5	MET

APPENDIX B

Summary of results in relation to key performance indicators (continued)

Number	Description	Target	Result 2014-15	Status
2.1.3.2	Investigation matters closed and Brief to Legal Division due (within 28 Days) within reporting period that were sent on time	>= 80	76.3	NOT-MET
2.2.1.1	Percentage of recommendations made during the previous reporting year that are implemented during period	>= 90	41.7	NOT-MET
GOAL 3.	**PROSECUTE SERIOUS COMPLAINTS**			
3.1.1.1	Percentage of complaints considered by Director of Proceedings within three months of referral	>= 80	90.5	MET
3.1.1.2	Percentage of Matters referred for prosecution within 30 days of consultation with professional council	>= 80	84.7	MET
3.2.2.1	Success rate of disciplinary matters heard and finalised before NCAT and Professional Standards Committees	>= 90	98.2	MET
3.2.2.2	Percentage of compliance with timeframes imposed by Professional Standards Committees, NCAT and Courts	>= 80	96.2	MET
3.2.3.1	Percentage of bill of costs prepared or sent to cost consultants for assessment within 120 days	>= 75	76.5	MET
3.2.3.2	Quarterly reporting on recovery of legal costs to Executive	100	100.0	MET
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	81.8	NOT-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	5,000	4,385	NOT-MET

APPENDIX B

Summary of results in relation to key performance indicators (continued)

Number	Description	Target	Result 2014-15	Status
4.3.1.2	Number of Website Visitors	>= 250,000	374,552	MET
4.3.1.3	Number of Website Hits	>= 7,000,000	12,709,890	MET
4.3.1.4.	Number of presentations	>= 60	69	MET
4.3.1.5	Number of media releases about publicly available decisions compliant with our obligations.	100	100	MET
GOAL 5.	**OUR ORGANISATION**			
5.1.1.1	Average number of training/ staff development engagements 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	100.0	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	90.0	NOT-MET

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 clarify clinical issues during the assessment of the complaint.

Dr Richard John Abbott
Dr Ion Steffn Alexander
Dr Roger Maxwell Allan
Dr Bruce Albert Allen
Dr Stephen Hember Allnutt
Mr Mark Apolinario
Ms Deborah Armitage
Dr Mark Arnold
Dr Bruce Graham Ashford
Mr John Graham Baker
Dr Michael Ambrose Rushmere Baldwin
Dr Jonathan Robert Ball
Mrs Susan Banks
Dr Simon William Banting
Prof David John Barnes
Mrs Jeanne Barr
Ms Robyn Barrett-Roydhouse
Dr Warwick John Benson
Dr Hani Bittar
Mr Michael Leonard Blair
Dr Peter Robert Bland
Dr Elie Leslie Bokey
Mr Sam Borenstein
Dr David Michael Bowers
Dr David Hugh Brazier
Prof Bruce James Brew
Dr Geoffrey Sinclair Brodie
Dr Andrew James Brooks
Dr Andrew James Byrne
Mrs Janice Evelyn Caldwell
Dr Eric Frances Carter
Prof John Carter
Prof Jonathan Robert Carter
Dr Daniel Eugene Challis
Prof Richard Barry Chard
Miss Kate Chellew
Dr Andrew Graham Child
Prof Peter Choong
Dr Louis Edgar Christie
Mr Edward Clark
Mr Peter Andrew Macleod Cleasby
Prof Geoffrey Cleghorn
Ms Vanessa Jane Clements
Prof Paul Bernard Colditz
Mr Albert Coleiro
Dr Peter Edward Coles
Mrs Christine Helen Coombs
Dr Rosalba Carolina Courtney
Ms Nerida Croker
Dr Gregory Brian Crosland
Dr John Anthony Crozier
Ms Allison Cummins
Dr John Henry Curotta
Dr Paul Wyn Curtis
Dr Paul Steven D'Urso
Mr Mark Dalton
Mr Eric Norman Daniels
Prof David John Davies
A/Prof Llewelyn Davies
Dr Robert John Day
Dr Gary Frederick Deed
Mr Christopher Derkenne
Prof Hugh Grant Dickson
Dr Glenys Marie Dore
Dr Geraldine Frances Duncan
Dr Iain Stirling Dunlop
Ms Maureen Edgtton-Winn
Dr Frederick Ehrlich
Dr David Robert Eisinger
Dr Jeannie Terese Ellis
Dr John Dacre Fountayne England
Prof Nicholas John Evans
Dr Gregory Leighton Falk
Dr David Charles Farlow
Dr Diana Farlow
Prof Glen Betts Farrow
Prof Jennifer Helen Fenwick
Mr John Maxwell Ferguson
Dr Dean Fisher
Prof John Perry Fletcher
Dr Andrew John Foote
Ms Elaine Susan Ford
Dr Robert Martyn Ford
Dr Abra Tholsi Fransch
Dr Anthony Philip Freeman
Ms Julianne Irene Friendship
Dr Peter Frost
Prof Gordian Ward Oskar Fulde
Dr Richard Max Gallagher
Dr Jonathan Stephen Gani
Prof Paul Allan Gatenby
Dr Paul Lyttleton Gaudry
Dr Margaret Gibbons
Dr Michael Eric Giblin
Prof Lyn Gilbert
Dr Jonathan Gillis
Mrs Greta Goldberg
Dr Michael Harvey James Golding
A/Prof Peter Neil Gonski

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Mrs Sue Margaret Greig
Ms Kathrine Maree Grover
Dr Graham Gumley
Dr Mina Moheb Dawoud Gurgius
Dr Seyed Ardavan Hamidi
Dr John Latham Harkness
Ms Rachel Elizabeth Harris
Mr Steven James Harris
Ms Bethne Hart
Dr Keith George Hartman
Dr Raymond Hayek
Mr Antony Paul Michael Heath
Dr Paul Nicholas Hendel
Dr Illana Hepner
Dr Ralph Allan Paul Higgins
Dr Gary Hoffman
A/Prof Anna Mary Holdgate
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Dr George Hopkins
Dr Craig Thomas Hore
Dr Stephen Creswell Howle
A/Prof Francis Michael Digby Hoyal
Mr Allan Hudson
Dr Carole Hungerford
Mrs Sarah Jane Hunstead
Ms Lee-Ann Jackson
Dr Walid Jammal
Dr Peter Raymond Johnson
Ms Andrea Kaye Jordan
Mrs Tracey Marie Jubb
Dr Stephen Jurd
Mrs Blanche Adelle Maree Kairies
Dr Jeffrey Gordon Keir
Dr Adrian Karl Keller
Mrs Jacqueline Jane Kelly
Dr Bernard Raymond Kelly, AM
Dr Dan Kennedy
Prof Dianna Kenny
Dr Timothy Keogh
Dr Emery John Kertesz
Dr Suresh Amratlal Khatri
Mr Raymond Khoury
Mr David John Kitching
Prof Leon Paul Kleinman
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Dr Edward Loughman
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APPENDIX C
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Dr Christopher Pearson
Prof Roger Pepperell
Dr Neil John Peppitt
Dr John Philip Percy
Dr Lian Pfitzner
Dr Jeffrey John Post
Ms Tracey Powell
Dr Kinga Price
Prof Joseph Proietto
Dr Jennifer Lorraine Prowse
Prof Carolyn Quadrio
Dr John Michael Quinn
Dr Geoffrey Anthony Ramin
Dr Dennis Robert Isaac Raymond
Mr Scott Anthony Read
Dr Ian Raymond Norman Relf
Ms Patricia Reynolds
Dr Adam Rish
Dr Wendy Anne Roberts
Dr Patricia (Patsy) Robertson
Dr Tuly Rosenfeld
Mrs Kim Irene Rosevear
Ms Nadime Roumieh
Dr Michael Allan Rowland
Ms Robyn Rudner
Prof Richard Ruffin
Dr Anthony Hobart Samuels
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Mr Stephen Seymour
Dr Gabriel John Shannon
Dr Nadine Sharples
Mrs Jennifer Shaw
Ms Nerralie Ruth Shaw
Mr Warren Shaw
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Dr Alexander David Wodak
Dr Melanie Woollam
Dr John Murray Wright
Dr Deborah Helwen Yates
Dr Simon John Whitfield Young
Dr Rasiah Yuvarajan
Prof Chris Zaslawski
Mr Shijing Zhang
Dr Zhen Zheng

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