Health and Community Services
COMPLAINTS COMMISSION

Annual Report 2017/18

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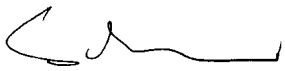
Twentieth Annual Report (2017/18)

The Honourable Natasha Fyles MLA
Minister for Health
Parliament House
DARWIN NT 0800

Dear Minister

In accordance with the requirements of section 19(1) of the *Health and Community Services Complaints Act*, I am pleased to present the Annual Report of the Health and Community Services Complaints Commission for the year ending 30 June 2018.

Yours sincerely



Stephen Dunham
Commissioner

21 January 2019

Glossary of Terms

AHPRA	Australian Health Practitioner Regulation Agency
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ASCC	Alice Springs Correctional Centre
ATSI	Aboriginal and Torres Strait Islander
CAHS	Central Australian Health Service
CALD	Culturally and Linguistically Diverse
COAG	Council of Australian Governments
Commission	Health and Community Services Complaints Commission
Complaints	Unless otherwise specified, complaints include matters received by the HCSCC on which a formal decision was made and Notifications to AHPRA in which formal decisions were made at consultation
CVP	Community Visitor Program
DAGJ	Department of the Attorney General and Justice
DCLS	Darwin Community Legal Service
DoH	Department of Health
ED	Emergency Department
GP	General Practitioner / General Practice
HCE	Health Complaints Entity
Holtze	Darwin Correctional Centre
IdA	Integrated Disability Action
ISP	Individual Support Plan
NAAJA	North Australian Aboriginal Justice Agency
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Service
NTCAT	Northern Territory Civil and Administrative Tribunal
NTMHS	Northern Territory Mental Health Service
NTCS	Northern Territory Correctional Services
OoD	Office of Disability
OPG	Office of the Public Guardian
PPHCS	Prison Primary Health Care Service
RDH	Royal Darwin Hospital
SIO/CO	Senior Investigation and Conciliation Officer
TEHS	Top End Health Service
TEMHS	Top End Mental Health Service

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Case Studies

Case studies are used in this Annual Report as examples to illustrate the Commission's work during 2017/18. Please note that they have been de-identified; location, gender, names and in some cases outcomes are altered to protect the confidentiality of people who have entrusted the Commission with their complaint.

Figures

Tables

Commissioner's Report

In the three years since my appointment many changes have been instituted. This is not intended as a comparison with the three people who have held this appointment since the Commission's commencement in 1998, as all have instituted continuous change to provide for the most effective discharge of obligations under the *Health and Community Services Complaints Act*, and ensure value for the taxpayers' dollars.

Like most enterprises, external pressures have been major motivators in seeking better ways of conducting the Commission's business, but overwhelmingly, static factors have been the biggest drivers of change and predominant among these are:

- The *Health and Community Services Complaints Act* and the Regulations and Code thereunder which are largely unchanged since their introduction in 1998
- Staffing has also remained at the same level over the last decade; three exceptions being:
  - the employment of Lisa Tiernan part time, originally using funding from the Disability Employment program;
  - the fully funded secondment of Robynne Lower from the Department of Health; and
  - the contract time limited engagement of Dr Christine Fejo King to assist with the quality and safety requirements of the NDIS.
- Funding, while also a factor in the previous point has remained at about the same level and has markedly reduced in real terms.

Very little opportunity exists for the Commission to influence these three factors and they are accepted as enduring facts of life. Each is expanded later in this report.

This Report, while not late in terms of the Act's requirement that it be done *"...as soon as practicable after the end of each financial year"*, is later than I would have preferred. The date of this report is a direct result of workload and the assessed priorities of the Commission.

Staffing of the Commission

Again I must emphasise my view that the biggest risk to the Commission's independence is a lack of staff and facilities to properly perform my statutory functions. The *Health and Community Services Complaints Act* ('the Act') provides some legislative security against inadequate resourcing at s14.

14 Staff and facilities for Commissioner

1) The Chief Executive Officer of the Agency administering this Act must provide the Commissioner with staff and facilities to enable the Commissioner to properly perform the Commissioner's functions.

2) To assist in the performance of the Commissioner's functions, the Commissioner may do either or both of the following:

a) arrange with the Chief Executive Officer of any other Agency to use the staff or facilities of that Agency;

b) engage consultants and make arrangements for the provision of advice and services to the Commissioner.

The assessment of "proper performance" is a difficult science but this report provides some basis for measuring this. I am confident that the Commission has properly performed its functions but note that some of the target times (including those set out in the Act) are extending. Both the Deputy Commissioner and I monitor this trend regularly and some causal factors are evident and described later in this report.

Disability services and the NDIS

Particular emphasis has been placed on community engagement with the disability sector in the NT as it is obvious that people with disabilities are underrepresented in the Commission's complaint workload. This is concerning given the NT has unique circumstances including widespread ignorance of rights, meagre services and in some circumstances, an ethos of acceptance of poor service provision.

The rollout of the NDIS in the Northern Territory covered all but the largest region during the year with the Darwin Urban and Central Australian (including Alice Springs) due to start on 1 July 2018. 6,500 Territorians are expected to be eligible to participate in the scheme by June 2020. The Commonwealth's Quality and Safeguards Commission was formally instituted during the year. It is operational in NSW and SA with all other states (with the exception of WA) due to come under its jurisdiction by 1 July 2019. The Quality and Safeguards Commissioner, Mr Graham Head, attended the Disability Commissioners' Conference in Melbourne 9th May 2018 and I met separately with him at that time.

I will liaise with the Quality and Safeguards Commission over the next year to clarify a number of critical issues and to plan for an orderly transition. This is particularly important given the constraint of the Quality and Safeguards Commission's role to only those people who are NDIS participants, that is, 6,500 people from a total population of over 20,000 people with disabilities in the NT (and 460,000 from 4.8m nationally). It appears that the protections it offers are constrained to only those people with disabilities who are participants in the NDIA, and may be further constrained if an occasion of abuse occurred outside of the activities directly funded by the NDIA.

Talk Up!

The Commission was successful in accessing funds from the Commonwealth's NT NDIS Quality and Safeguarding Framework Capacity Building Projects. $200,000 was obtained for a Sector Development Project to promote the rights of people with disability. Its ambition is to use this knowledge to enhance safeguards.

Early drafts of materials developed from the project have been shown to Australian health and disability complaints entities and some interest was shown in adapting the material for use interstate. It is proposed that the Minister publicly launch this material as soon as it is finalised and that it is made widely available to any party who wishes to use it.

Conciliations with the Department of Health involving money

I mentioned this matter in last year's annual report and expressed optimism that it would be satisfactorily resolved in the short term. Regrettably, this matter still remains unresolved and the Department of Health continues with the policy of disallowing discussion of matters relating to financial remedies in conciliations under the *Health and Community Services Complaints Act*.

By letter of 1 June 2018 the Chief Executive Officer of the Department of Health proposed a policy to accord with the Department's view of a way forward. The policy was not operationalised as it is unacceptable to the principles of conciliation, in my view.

I am inclined to the view expressed in the second reading speech by the original legislators when the *Health and Community Services Complaints Act* commenced in 1998.

Part 6 deals with voluntary, confidential conciliation of complaints which is emphasised as the focus of the bill for the purposes of resolving a matter. To encourage use of this process, and to avoid adversarial alternatives,

all information produced in the conciliation stage will not be admissible in any other proceeding. Conciliation will be given a prime focus in the legislation.

I will continue to pursue this matter as it holds great benefit for all parties in the resolution of complaints. It is evident that the option of pursuing a financial settlement using the formal legal system is not available to many complainants. I also am of the opinion that the Department's expenditure of several million dollars on legal costs could be substantially reduced by using conciliation as an informal, effective, non-litigious means of settling matters in accord with its status as a model litigant. Such potential savings should be incentive enough for a rethink of the policy.

'Push back' of complaints

The Act is unequivocal about the focus of complaint resolution occurring between the provider and the user of a service. The Commission has instituted a number of measures to ensure that this route is embedded in our practice and the potential for user/provider resolution is tested as an essential prerequisite prior to the Commission becoming involved. While the *Health and Community Services Complaints Act* allows for complaints to be received in circumstances where steps to resolve the complaint have not occurred at user/provider level, it is rare that I have used this power.

This strict adherence to the requirements of the *Health and Community Services Complaints Act* has been effective and is now discernible in our data. It is also a factor in the Commission's ability to handle the substantial increases in workload over recent years. The Commission's data shows that while gross contacts, (both enquiries and complaints) continue to grow, there is a move away from complaints handling to greater numbers of matters settled informally at the enquiry stage. The data at Figure 1 graphically demonstrates this.

National code of conduct for unregistered health practitioners

Several states have instituted codes for "unregistered health practitioners", which is the term for health care workers who do not fall under the 14 (soon to be 16) professions which are regulated by National Boards under the Australian Health Practitioner Regulation Agency.

On 17 April 2015, the Australian Health Workforce Ministerial Council, among other things, agreed on the terms of the National Code and that jurisdictions should examine the implementation of the code regulation regime.

The resource ramifications of this policy are critical to its implementation in the NT. Additional, new and different skills are required and the Commission now has a good understanding of the ramifications interstate where the code is in place. The code will not be able to be put into operation in the Northern Territory with the existing staff resources.

Community engagement

All Commissioners have struggled with their statutory obligation to promote the rights of users of health services and community services and to encourage an awareness of those rights while at the same time reacting to the increasing numbers of complaints and enquiries. I have referenced this in my previous reports.

The Commission's staff all carry the duty to engage productively with the public about the work of the Commission. All carry this in addition to the other formal statutory work and all are adept at speaking to diverse audiences. The schedule at Appendix 2 gives some idea of the Commission's reach with this initiative.

All staff were involved in the Talk Up! initiative and benefited doubly; first by travelling with the Consultant in remote areas and experiencing the circumstances of people with disabilities living there; and secondly, by promulgating the simple message in the Talk Up! material.

Collaboration with AHPRA

The Commission and AHPRA continue what is arguably national best practice with our weekly collaborative meetings to satisfy the requirements of s68 of the *Health and Community Services Complaints Act* and section 150 of the National Law. With some minor modifications the protocol has been in place for the last two years and has been reported on in previous annual reports.

The protocol is highly dependent on goodwill between the agencies, proficiency and experience in the officers delegated and clear and robust delegations. All boards with the exception of the Psychology Board of Australia have clear and binding delegations to local AHPRA officers and Judy Clisby, the Deputy Commissioner who attends for the Commission carries the full powers of the Commissioner.

Two new Boards will be established in the near future. Midwives will have a separate status (the current Board encompasses Nurses and Midwives) and paramedics will also become part of the National Law. Early discussions prior to formal incorporation with the nominated intended members have promoted the efficiency of the process and I am confident that delegations to local staff will ensue.

Expectations for the forthcoming year

The 2018-19 year brings some big challenges for the Commission which can be reasonably anticipated at this early time. My intention in flagging these is to provide those with an interest in the Commission's work with an understanding about the impacts of future pressures.

- Current fiscal conditions
- Increase in disability complaints
- Unregistered providers
- Aged Care Quality and Safety Commission. Increase awareness and lack of full coverage
- NDIS Quality and Safety Commission. Increase awareness and lack of full coverage
- Complexity

As with previous reports I am obliged to use this opportunity to acknowledge the staff of the Commission for their efforts in producing the remarkable results this year.

- Judy Clisby, the Deputy Commissioner, continues to drive efficiencies through the optimisation of the Commission's practices and has provided potent leadership and mentoring to staff. The priority and constancy of complaint resolution makes it difficult to focus on "deferrable" tasks such as training, policy formulation, monitoring prescribed providers and trends, and assisting organisations to improve their complaints handling which would normally fall within the Deputy's role. It is to Judy's credit that advances continue to be made in all of these areas.
- The Senior Investigation and Conciliation Officers, Hiltrud Kivelitz, Leigh Kinsela, Elizabeth Keith, Ruth Bresland, and Robynne Lower have successfully managed caseloads at record highs. The client focus that each brings to our work is a factor in satisfactorily resolving complaints and is reinforced in our feedback. Table 6 is salient.
- Kiarna Murray the Admin/Resolution Officer has been pivotal in improving the outcomes for prisoners and has brought improvements in the Commission's practices.
- Brendan Schultz the Business Manager is a shared resource between two busy Commissions and has assisted the Commission with his superior information technology skills particularly with the modifications to the Commission's computer systems.
- Lisa Tiernan, the Administration Support Officer continues to grow in her role and brings important insights for all staff in our engagement with people with disabilities.

Stephen Dunham
Commissioner

2017/18 at a Glance

Table 1: Key deliverables 2016/17 - 2017/18

Key deliverables	2016/17	2017/18
Enquiries and complaints received	823	824
Enquiries and complaints closed	795	843
% Complaints closed within 180 days	87%	76%
% Complaints and enquiries closed/complaints and enquiries received	96.6%	102.3%

Enquiries

- Record number of enquiries received in 2017/18 (629 in 2017/18 compared with 570 in 2016/17).
- Greater proportion of total complaints and enquiries handled at enquiry level (76% in 2017/18 compared with 69% in 2016/17).
- 626 enquiries were closed. This is the highest number of enquiries ever closed and is an increase of 9% on the previous maximum of 574 in 2016/17.
- Despite this the average number of days taken to finalise enquiries remained relatively steady at 8.65 days compared with 7.7 days in 2016/17.

Complaints

- 195 complaints were received compared with 253 in 2016/17. However, complaints were more complex in that 602 complaint issues were dealt with in 2017/18 compared with 491 in 2016/17. While there was a decrease in the number of complaints, there was an increase in the complaint workload.
- 217 complaints were closed, slightly fewer than the 221 closed in 2016/17.
- 76% of complaints were closed within 180 days. The bench mark for closure of complaints within 180 days is 80%.
- Of matters formally assessed in 2017/18 the KPI of 80% was not met. Only 36% were assessed within 60 days.

Community engagement

- Staff engaged in 93 separate community visits / community events in 2017/18. This does not include all visits by the Consultant for the 'Talk Up!' project, Dr Christine Fejo-King. In addition, the Commission was represented on the Zero Tolerance Reference Group and attended various events including the Somerville Christmas Carols event at Parliament House, the No More Violence Breakfast and the National Code of Conduct Working Group.
- While complaints about disability and mental health services decreased slightly, enquiries about disability services almost quadrupled from 11 in 2016/17 to 40 in 2017/18 and enquiries about mental health services doubled from 31 in 2016/17 to 60 in 2017/18. This may be attributable to the community engagement efforts of Commission staff throughout the year.

Chapter 1: The Commission

OUR VISION

High quality, responsive, person-centred health, disability and aged care services throughout the Territory.

OUR MISSION

Independent, just, fair and accessible complaints systems which promote the rights of service users and contribute to safety and quality improvement in health, disability and aged care services in the NT.

OUR VALUES

The Commission is guided by the following values:

- Accessibility
- Accountability
- Fairness
- Innovation
- Person-centredness
- Professionalism

OUR HISTORY

The Health and Community Services Complaints Commission (Commission) was established in 1998 with the passage of the *Health and Community Services Complaints Act*. It sat with the Ombudsman's Office until 2010 when the Commission became a stand-alone entity with an independent Commissioner.

The Commission was set up to provide an independent, just, fair and accessible mechanism for the resolution of complaints between users and providers of health, disability and aged services. The focus of the Act is on the resolution of complaints, the improvement of services and the promotion of the rights and responsibilities of both service users and providers.

OUR FUNCTIONS

The Commissioner's powers and functions as set out in s3 of the Act include:

- Providing an independent, just, fair and accessible mechanism for resolving complaints between users and providers of health and community services
- Encouraging and assisting users and providers to resolve complaints directly with each other
- Leading to improved services and promoting rights and responsibilities
- Providing information, advice and reports to Boards, service users, the Minister and the Legislative Assembly
- Consulting with providers, organisations and users of health and community services and
- Enabling users and providers to contribute to the review and improvement of health services and community services.

OUR STRATEGIC OBJECTIVES

1. Provide a quality accessible and transparent complaints assessment, resolution and investigation service.
2. Promote the capacity of the health, disability and aged services sectors to resolve complaints directly with service users.
3. Analyse complaints to identify causes, detect trends and contribute to systemic improvement.
4. Provide independent advice to government on matters affecting health, disability and aged care services in the Territory.
5. Operate the office in accordance with good governance and resource management practices.

OUR TEAM

The Commission receives support from the Department of Attorney-General and Justice in areas such as human resources, finance, procurement, record management, and office accommodation and information technology. The Commission is co-located with the Office of the Children's Commissioner and shares one staff member, the Business Manager.

The organisational structure of the Commission is as follows:

Commissioner
Stephen Dunham

Deputy Commissioner
Judy Clisby

SIO/CO
Hiltrud Kivelitz

SIO/CO
Leigh Kinsela

SIO/CO
Elizabeth Keith

TEHS Secondment
Robynne Lower

Business Manager
Brendan Schultz

Table 2: Staffing profile as at 30 June 2018

Position Level	Male	Female	TOTAL
Commissioner (ECO2)	1	0	1
Deputy Commissioner (ECO1)	0	1	1
Administrative Officer 7 (AO7)	0	3	3
Secondment TEHS N5	0	1	1
Administrative Officer 6 (AO6)	0.5	0	0.5
Administrative Officer 4 (AO4)	0	1	1
Administration Support Officer 1 (AO1)		0.31	0.31
Total	**1.5**	**6.31**	**7.81**

Admin/ Resolution Officer
Kiarna Murray

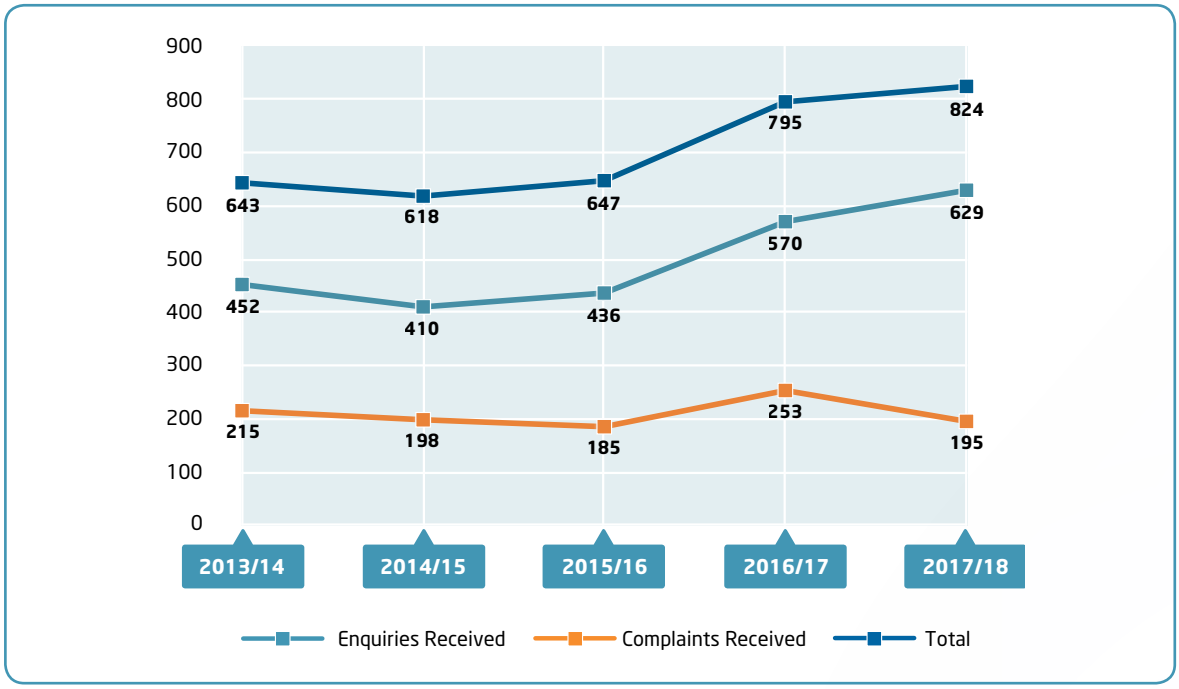
Admin Support Officer
Lisa Tiernan

Chapter 2: Quality Complaints Management

ACHIEVEMENTS 2017/18

Enquiries

Figure 1: Number of complaints and enquiries received 2013/14 - 2017/18



Greater proportion of complaints handled as enquiries

The increasing area between complaints closed and enquiries received in ***Figure 1*** demonstrates the increasing proportion of matters being managed informally as enquiries. In 2017/18, 76% of the 824 matters received were managed as an enquiry.

Highest number of enquiries received and closed

In 2017/18, 629 enquiries were received, 10% more than the previous highest ever received in 2016/17. Our aim is to close enquiries within 14 days and in 82% of matters, this goal was achieved.

Figure 2 depicts the increasing number of complaints and enquiries closed from 2013/14 until 2017/18. Given that the total number of complaints and enquiries handled by the Commission continues to increase year on year, the ability to close so many matters demonstrates the effectiveness of workload management measures introduced by the Commission as well as the benefit derived from the position seconded from TEHS.

Figure 2: Number of complaints and enquiries closed 2013/14 - 2017/18

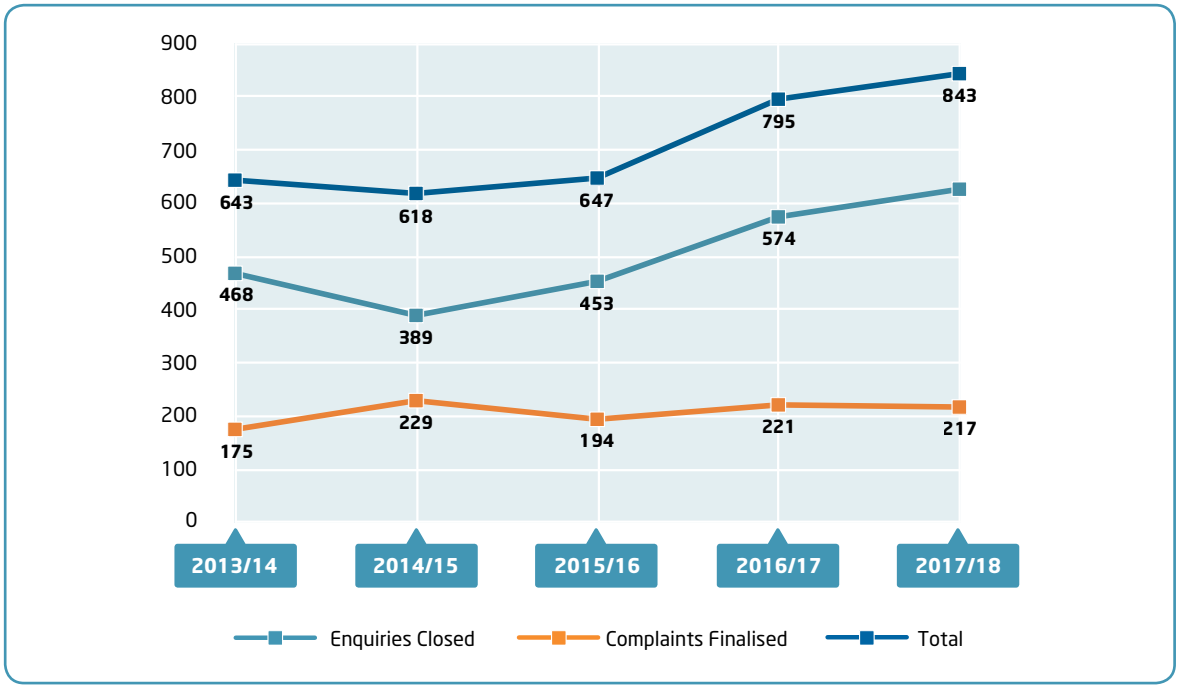


Figure 3: Average time to finalise enquiries (days) 2013/14 - 2017/18

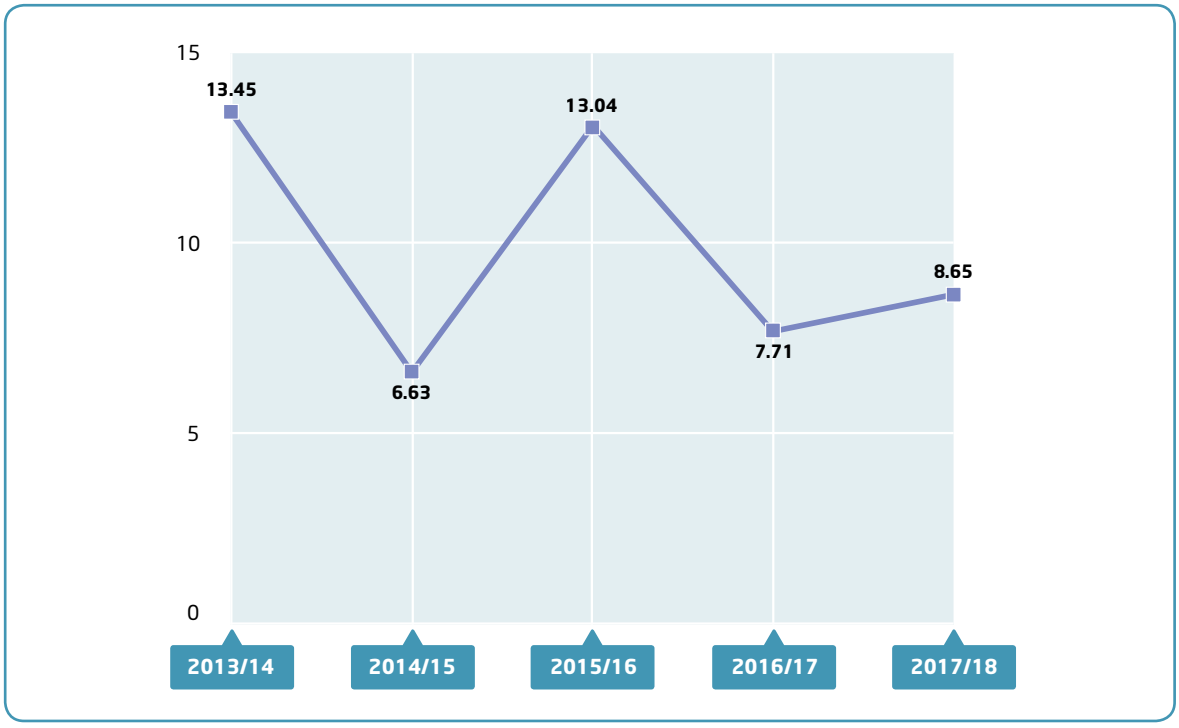


Figure 3 depicts the average time taken to close enquiries for the past five years. This increased by 12% from 7.71 days in 2016/17 to 8.65 days in 2017/18.

The average time taken is skewed by lengthy enquiries, and in 2017/18 six enquiries remained open for longer than 60 days, with the enquiry described in the first case example below being open for 136 days.

Case Example 1

Needing orthotic footwear – 136 days to resolve

Maria had been in prison for several years. She has a severe foot condition and requires special orthotic shoes to enable her to walk. Her shoes were worn out, and she had met with the Podiatrist more than three months earlier but still did not have her shoes. Maria spoke to the Prison Primary Health Care Service (PPHCS) and contacted the Commission because she felt that nothing was happening.

While working with this enquiry, the Commission contacted the PPHCS eight times over a period of 19 weeks requesting progress reports on the purchase of shoes. It was apparent from the responses received that there is a requirement for NT Correctional Services (NTCS) to approve the shoes and that there was a delay firstly with PPHCS forwarding the request to NTCS and then approval being given. Once this was achieved, there were delays sourcing the shoes.

The enquiry resolved and closed once Maria received her shoes.

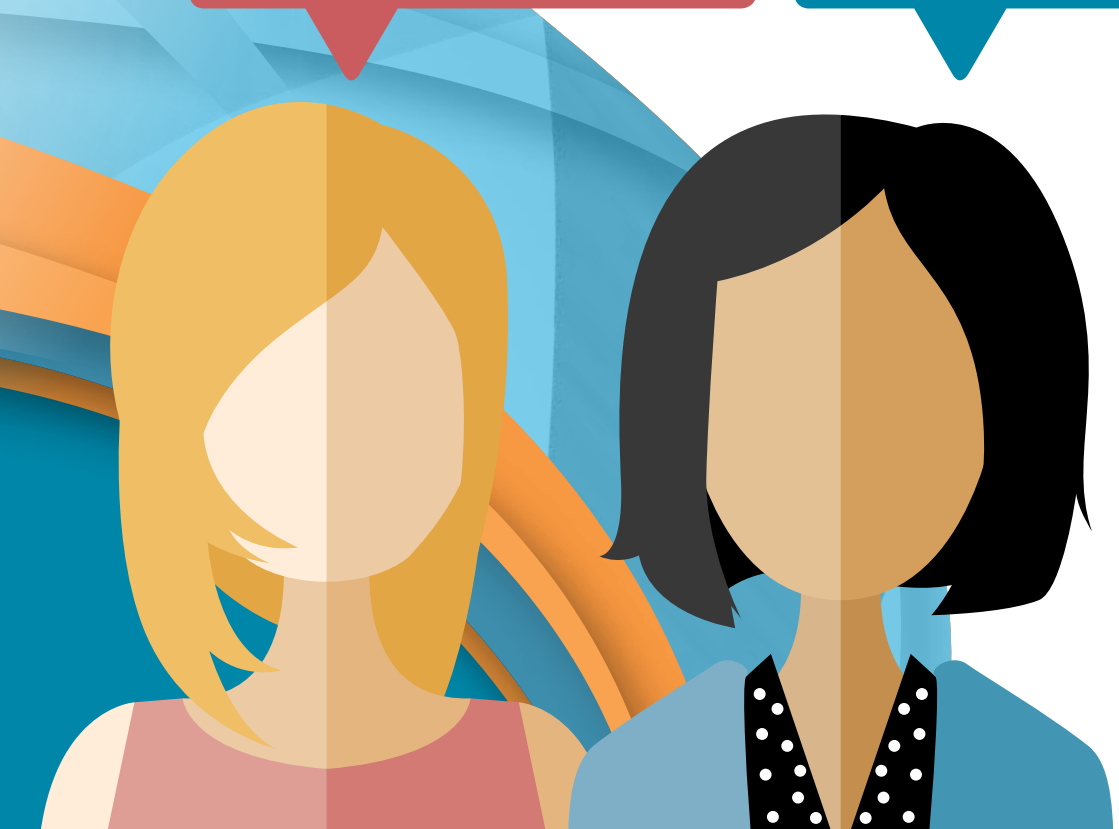
Case Example 2

Support for vulnerable people on discharge from hospital

Kerryn fell at home and was admitted to hospital for surgery. She told the Commission that someone visited her during her stay in hospital and spoke to her about what support services might be available to her when she was discharged.

Kerryn rang the Commission after she was discharged from hospital without any in-home support services organised. She needed help with showering and other household tasks, but none of the organisations she spoke to had staff that could help. An aged care organisation had agreed to send someone to her home, but Kerryn was not sure when they would be coming or for how long. Commission staff talked with Kerryn about her situation, and provided her with the name of the Patient Advocate at the hospital so that she could speak to her about discharge planning and resolve her concerns.

The Commission contacted Kerryn again in a fortnight's time to ensure her complaint was resolved. At that time, Kerryn had actively sought and obtained the support she needed and was feeling much better.



Case Example 1 underlines the complexities of providing a health service in the prison which involves liaising with service providers such as podiatry as well as needing to work within the rules and security protocols of NTCS. It also underlines the length of time it can take to resolve enquiries. In future, matters which require multiple contacts over more than 14 days will be recorded as complaints, but still handled informally.

Person-centred approach to enquiries

The commitment to a person-centred approach can result in enquiries remaining open to ensure there is resolution where possible. ***Case Example 2*** for example could have been closed on the day it was received on the basis that it was referred back for direct resolution. Instead it was open for 24 days to ensure that it was resolved.

856 Enquiry issues closed

When assessing enquiries, Commission staff may handle several separate issues in the one file. For example, a prisoner might complain about delays seeing the doctor, insufficient pain medication and failure to respond to a complaint. Rather than open three separate enquiries, the Commission will handle these three issues in the one file.

Increasingly Commission staff are referring enquiries back for direct resolution. When doing so, staff will provide advice as to how to go about making a complaint, who to speak to and how to frame it. If the caller appears vulnerable in any way, staff may keep the enquiry open (as in case studies 1 and 2) until the issue is resolved. In five percent of enquiries in 2017/18, the outcome of the enquiry was described as "other". One reason for this may be that Commission staff were unable to provide any assistance. An example of this is set out in ***Case Example 3***.

Case Example 4 is an example of the variety of enquiries received by Commission staff and the way they go about responding to these enquiries.

Table 3: Categories and percentage enquiry outcomes all issues 2017/18

	2016/17		2017/18	
Enquiry Outcomes	**No**	**%**	**No**	**%**
Enquiry - information provided	133	20%	111	13%
Enquiry - referred back	135	21%	233	27%
Enquiry - resolved	184	28%	185	22%
Enquiry - other	36	5%	43	5%
Enquiry - referred elsewhere	71	11%	148	17%
Enquiry - referred to Commission complaints process	97	14%	136	16%
Total	**656**	**100%**	**856**	**100%**

Case Example 3

The cost of living in remote NT

Bruce and his partner Jane are pensioners who have lived in the Territory all their lives. They live just under 100 kms from their nearest hospital which they travel to at least monthly to see specialists to manage chronic health issues. The constant travel is proving to be a financial burden and Jack contacted the Commission to find out whether what assistance might be available.

In the past, Bruce and Jane received assistance from PATS to travel to Darwin, but now that specialists attend their local Hospital, they are expected to attend there. They are no longer eligible for financial help because PATS guidelines state that a financial subsidy is only available for people living more than 200 kms away.

Commission staff were unable to provide any help other than acknowledge their situation.

Case Example 4

Variety of ways to resolve issues

Trevor has a serious health condition, and is unfortunately amongst a small group of people who are intolerant of the treatment for this condition. His GP had told him about a clinical trial for an alternative treatment but had not followed up. Trevor raised it with his GP several times but by the time the GP looked into it, he was no longer eligible for the trial. Trevor asked the Commission whether it could assist him to access the medication being used in the trial.

The Commission officer who took the phone call informed Trevor that this is not the Commission's role. Nonetheless, she researched existing trials in Australia and found the trial Trevor was referring to. The on-line address was provided to Trevor so that he could contact the trial recruiting officer himself for suggestions for a person in his situation.

Complaints

If a concern cannot be resolved at enquiry level, it is dealt with as a complaint. This is a more formal process in which information is gathered with a view to deciding whether further action is necessary. With every complaint, staff of the Commission will consider how it might best be resolved, keeping in mind the goal of resolving all complaints as informally and quickly as possible.

Complaints numbers each year comprise complaints received by the Commission and notifications received by AHPRA. In 2017/18, the Commission closed 217 complaints (126 received by the Commission and 91 received by AHPRA). Every complaint contains at least one complaint issue, with some large and complex complaints containing many more. Thus the number of complaint issues will always be greater than the number of complaints. In 2017/18 outcomes were recorded for 602 issues in the 217 matters finalised.

In 2017/18, the Commissioner decided to take no further action with 69% of complaint issues[1], comparable with the 71% recorded in 2016/17. One reason for taking no further action is that issues are resolved. The Commissioner consistently decides to take no further action with approximately 60% of complaint issues.

Table 5 demonstrates that while the number of complaint issues resolved in 2017/18 was consistent with the previous year, the proportion of issues resolved in relation to all issues closed decreased.

Table 4: Reasons for closure: issues closed 2016/17 and 2017/18

Reason for closure	2016/17	2017/18
Conciliation complete	29	44
Dealt with by Board	189	189
Investigation complete	13	31
No further action	258	333
Referred to other entity	2	5
Total	**491**	**602**

1 Calculated after removing 117 issues from AHPRA Notifications dealt with by the relevant Board and not assessed by Commission.

Table 5: Reason for no further action- issues closed 2016/17 and 2017/18

Reason for no further action	2016/17	2017/18
No basis for complaint /Out of Jurisdiction	4	20
Complaint over 2 years old		2
Failure to reasonably resolve with provider	12	1
Further investigation unnecessary and/or unjustified	90	164
Complaint lacks substance	1	
Frivolous/vexatious		
Complaint is resolved	92	97
Complaint determined by a court, tribunal or board	9	4
Civil proceedings commenced	1	
Required information not received	14	14
Complaint has been withdrawn	35	31
Total	**258**	**333**

Case examples – complaint outcomes

The following case examples depict the types of complaints received by the Commission, and the actions taken in response to them.

Case Example 5

Complaint referred back for direct resolution

Marta asked for pain relief when giving birth in her local hospital and was surprised to be told by midwives that the hospital was short on equipment, but that it would be provided when no longer needed by another patient. Marta's baby arrived before the pain relief became available. In her complaint, Marta said that the midwives were amazing, but that there was something wrong with a system that resulted in commonly used pain relief not being available. Marta contacted the hospital with her feedback, and then made a complaint to the Commission when she did not receive a response.

The complaint was referred back so it could be resolved directly between Marta and the hospital. The hospital apologised for the lack of pain relief and the delay in responding to Marta's complaint. They also explained that the combination of events which led to this situation had never occurred before and explained how they would make sure it never happened to anyone again.

The Commission closed the complaint after Marta and the hospital confirmed that it was resolved.

Case Example 6

Treatment for PTSD. Complaint resolved in assessment

A complaint was received from Rosie, a prisoner who reported that she was suffering PTSD following several traumatic incidents in the prison, compounded by significant losses in her personal life. After the first significant incident in the prison, Rosie had one session with a psychologist. She was seeking psychological counselling because she was having trouble sleeping and becoming more and more anxious.

In response to the complaint, the health service acknowledged there were limitations on psychological support for prisoners, and stated that ongoing psychological support could now be offered through a mental health nurse. This commenced while the complaint was still being assessed, and Rosie informed the Commission she was finding it helpful and that the complaint was resolved.

Case Example 7

Informed consent – referred to Medical Board

A GP noticed a lesion on Herb's nose and suggested it needed urgent attention. He took four photographs to confirm the nature of the lesion. Herb wanted to consult with his skin specialist interstate before agreeing to surgery, and asked that the photos be sent to the specialist. The GP refused, maintaining that the photos were his own personal property.

The Commission attempted to manage this matter informally as an enquiry. However, when the GP refused to work with the Commission to resolve it, the Commissioner decided it should be managed as a complaint. As a result, the Commission consulted with AHPRA to see which agency was best suited to manage the complaint, and it was decided that the Commission was more likely to be able to resolve it.

When formally responding to the complaint, the GP advised the Commission that Herb had benefited from his considerable expertise in skin care. He also advised that Herb had threatened him when he told the GP he would be taking his complaint to the Commission. He reiterated that the photos were his property and would not be provided to Herb.

The assessing officer told the GP that because the complaint concerned issues of informed consent and privacy, the Commission would be obliged to consult further with AHPRA. This occurred, and the complaint was referred to the Medical Board. The GP said that this would provide welcome clarification on the issue.

Case Example 6 is a matter which the Commission attempted to manage as an enquiry, and which was escalated to a complaint when it remained unresolved.

Resolving a complaint requires goodwill on the part of the complainant and service provider. When this is absent as in ***Case Example 7***, despite efforts by Commission staff the complaint could not be resolved.

Case Example 8

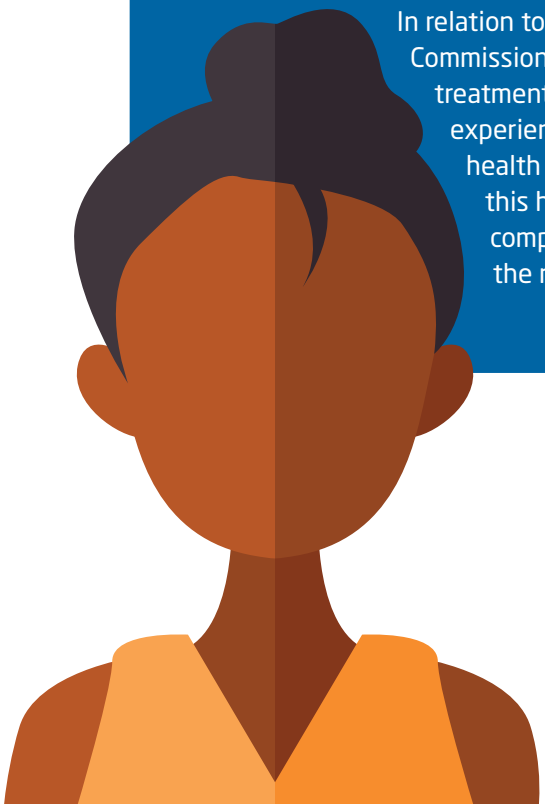
Sectioned while in hospital for medical treatment

Jan was admitted to hospital for treatment. She became distressed when her symptoms could not be effectively treated and frustrated at what she believed to be a lack of care. In her complaint Jan said that she told staff that she would "rather be dead than deal with the mental torture" caused by her symptoms, but that she did not mean this literally. When Jan decided to leave the hospital, she was sectioned under section 42 of the *Mental Health and Related Services Act* (MHRSA) and physically restrained by security guards when she tried to leave.

Jan complained that she was not informed that she had been sectioned and paperwork was not given to her; that her physical symptoms were not treated; that staff had been rude; and that excessive force was used by a security guard.

A decision was made to take no further action with each issue in this complaint. In relation to the section under the MHRSA, while making a decision to take no further action, the Commissioner noted that Section 16 of the MHRSA strongly implies that the purpose of s42 is to detain a person with mental disturbance to enable the person to receive *psychiatric* treatment and care in order to lessen that mental disturbance. In this case, while the mental health service was of the view that at the time Jan met the criteria for sectioning under the MHRSA, it appeared to be used to ensure Jan remained in hospital for *medical* rather than *psychiatric* care. The mental health service was informed that this issue would be placed on the Commission's systemic issues register and referred to investigation should another, similar complaint be received. Further, Jan gave permission for her experience to be used as a case study for any submission the Commission might make when the MHRSA is reviewed.

In relation to the remaining issues, information provided to the Commission showed that hospital staff did attempt to provide treatment. The response to the complaint included an apology for Jan's experience with staff and also noted that on one occasion a mental health nurse had spent considerable time talking with Jan and that this had been helpful. Finally, no conclusion could be drawn on the complaint about the use of excessive force as CCTV footage of the restraint was inconclusive.



Consult weekly with AHPRA

Section 68 of the Act states that if the Commission receives a complaint about someone classified as one of the health professions which comprise registered providers, the Commissioner must notify the relevant Board as soon as practicable after the complaint is received. Similarly, section 150(1) of the *Health Practitioner Regulation National Law Act 2009* (National Law) provides that if the subject matter of a notification received by AHPRA falls within the jurisdiction of the local health complaints entity, the National Board must notify the health complaints entity accordingly.

The requirements of these two pieces of legislation are met through weekly consultation meetings between the Deputy Commissioner of the Commission and the Director of Notifications at AHPRA. At these meetings, a joint decision is made regarding the agency best suited to manage complaints and notifications about registered providers.

As a result of these consultations, in 2017/18, the Commission referred complaints about registered providers to the relevant Board for assessment of 72 issues raised in 21 complaints. Increasingly, notifications received by AHPRA are referred to the Commission for management. In 2017/18 this occurred on 8 occasions when the complaint was about low risk behaviour and the outcomes being sought could be better achieved in the Commission's jurisdiction.

Case Example 9

AHPRA notifications referred to the Commission

AHPRA received notification about two registered providers employed by a health clinic in the NT. The notifier alleged that insufficient information was provided to ancillary staff to enable them to carry out their duties safely.

As the issues in the notification related to systems rather than individual providers, it was decided at consultation that these notifications would be handled by the Commission. It was a better outcome for all, as it resulted in a systemic improvement whereby the clinic updated its manual for ancillary staff. There was also far less stress for the registered providers involved who did not have to respond to the complaint after the notifier agreed that it was not really about individuals. The notifier was satisfied that his complaint had led to service improvement and resolution of his issues.

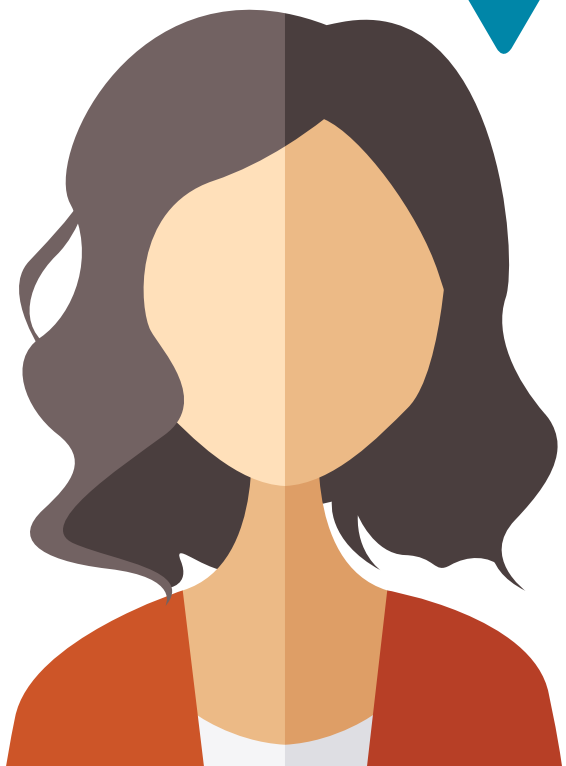
Case Example 10

Treatment in ED resolved at concilliation

Marie, who is a GP, attended the Emergency Department (ED) of her local hospital with her partner James who had a medical condition which caused significant pain and which required early attention. On arrival, Marie informed the triage nurse of the diagnosis and what actions were required immediately; these being analgesia, IV access and nasogastric suction. Marie asked to be given the opportunity to hand over to the doctor who would be treating James in ED.

Marie complained that she was not provided with the opportunity to give a clinical handover and that James was not assessed for some time as a result of which he remained in pain. IV access and nasogastric drainage were also delayed, as a result of which James's condition deteriorated. Marie complained directly to the hospital, and contacted the Commission when her complaint was not resolved.

The complaint was referred to conciliation, during which all issues were discussed. It resolved with an acknowledgement of Marie and James's experience and an apology for failings in treatment and care. The hospital was able to demonstrate that the complaint had already led to system improvements and there was agreement between the parties as to further quality improvements which would occur after the conciliation conference.



Conciliations

One option available to the Commission to assist parties resolve complaints is conciliation. Conciliation is a form of alternate dispute resolution in which parties come together to discuss the issues of complaint in a confidential environment with the aim of settling the dispute. It is a voluntary, flexible process. It can be used as an alternative to medico-legal processes, often resulting in explanations being provided to parties, along with apologies where appropriate. In many cases agreements reached through conciliation can lead to improvements in services, even resolving issues that are assessed as potentially affecting public safety and avoiding a time consuming and costly investigation.

In 2017/18, 18 conciliations were closed. Six were closed after formal conciliation processes were undertaken, with five reaching resolution. A further seven conciliations were finalised for various reasons including the complaint being withdrawn.

Conciliation and compensation

In 2017/18, five files were closed when the Top End Health Service (TEHS) advised that it was not prepared to discuss compensation during a conciliation conference (including a discussion of reasons for not being prepared to pay compensation). A typical response was received from TEHS on 2 February 2018 when it advised that it did not believe it was appropriate to discuss compensation during the conciliation process and that its view was that any claim for compensation should be pursued "via a formal claim under the relevant legislation".

In its 2016/17 Annual Report, the Commission reported that it would continue to work with the Department of Health (DoH) to reach a reasonable way forward resolving complaints where some form of compensation (including reimbursement) is sought.

Referring a complaint to conciliation when compensation is sought by a complainant does not constitute a finding that there is merit in a compensation claim, and the need for the Department of Health to apply rigour in its decisions about whether compensation

is warranted in accordance with current NT legislation is appropriate. The Commission considers that the question of financial remedy is a matter for discussion between the parties, a discussion which can take place while a matter is in conciliation.

With this in mind, and understanding complaints will only be referred to conciliation if there is a possibility of resolution, a proposal was put to the CEO of DoH on 9 November 2017. The proposal set out how complaints might be conciliated depending on the amount of compensation being sought. A response was received on 1 June 2018 with the new DoH policy attached. The CEO advised that the policy provides that claims for compensation could only be actioned in accordance with the requirements of the *Personal Injuries (Liabilities and Damages) Act* (PILDA) or the *Compensation (Fatal Injuries) Act* (CFIA) and that this must be settled by a legal process. The CEO advised that matters that fall outside of PILDA or CFIA might be settled by reimbursement to a maximum $5,000 where evidence of financial loss could be provided, but could be approved only by the CEO.

Conciliation is a voluntary process, and both parties must agree to attend with a goal of resolving complaints. With this in mind, conciliators contacted complainants or their representatives:

a whose complaints had been referred to conciliation; and

b who were seeking compensation as an outcome of their complaint; and

c where there was some doubt as to whether they would wish to pursue their complaint knowing that compensation would not be discussed at conciliation

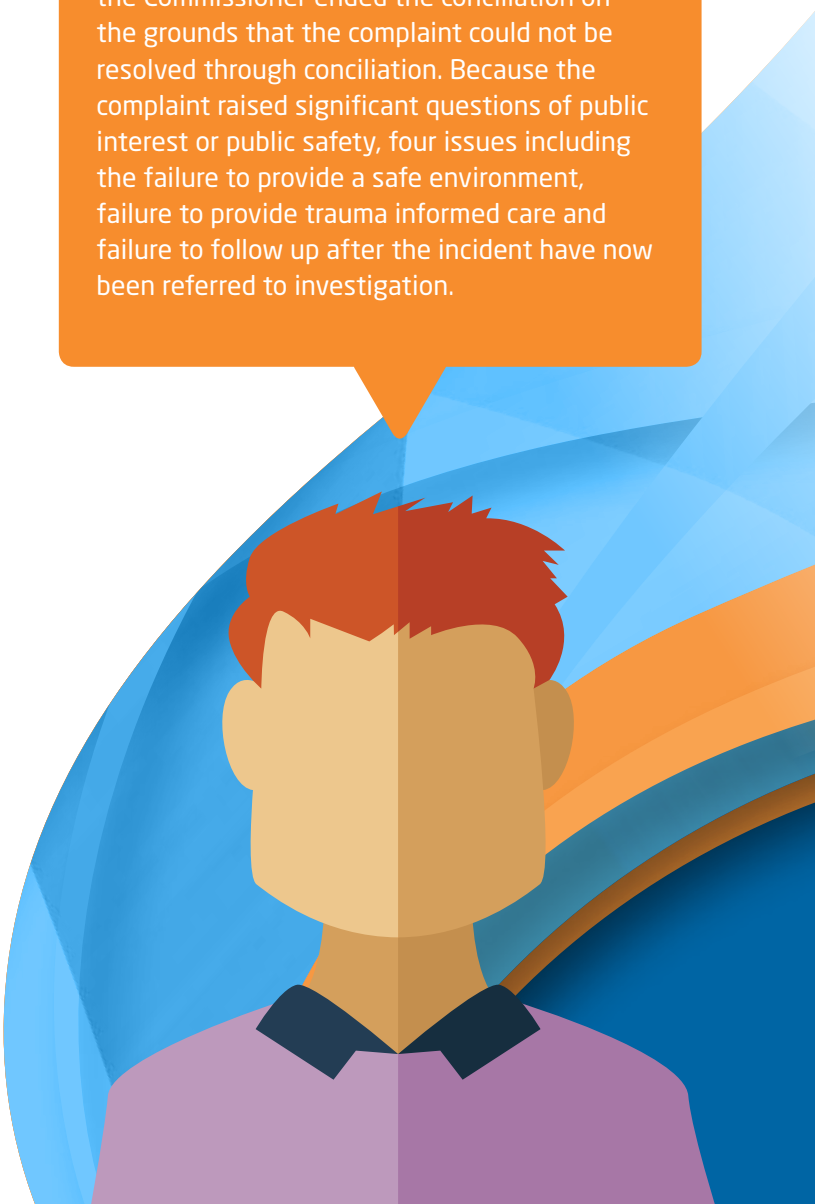
to determine whether they wished to continue their complaint knowing that the question of financial remedy would not be discussed at conciliation. Three conciliations were closed when the conciliator was advised that the complainant would pursue legal means. Two other conciliations involving complainants well advanced in putting together a medico-legal claim were also closed.

Case Example 11

Conciliation terminated and referred to investigation

Section 39 of the Act provides for action to be taken when an issue arising from a complaint referred to conciliation raises concerns about a significant issue of public health or safety or a significant question as to the practice and procedures of the provider. If any such issue is identified, parties to the complaint must be informed. The idea is that if these issues are not resolved at conciliation, the Commissioner may decide to investigate them.

The Commission referred a complaint that a vulnerable person had been sexually assaulted in an inpatient unit to conciliation. As the departmental policy was that compensation could not be discussed in a conciliation and that it must be pursued through legal means, the Commissioner ended the conciliation on the grounds that the complaint could not be resolved through conciliation. Because the complaint raised significant questions of public interest or public safety, four issues including the failure to provide a safe environment, failure to provide trauma informed care and failure to follow up after the incident have now been referred to investigation.



Investigations

Six investigations completed in 2017/18

The Commissioner may decide to investigate a complaint, or series of complaints which raise significant issues of public health or safety, or public interest. Investigation is a formal process during which the Commissioner may interview people involved and seize documents.

One of the main aims of an investigation is to look into systemic issues and identify areas for service improvement. At the conclusion of an investigation the Commissioner will make findings and may make recommendations for action or change. Where a recommendation is made, the party concerned will be advised of the recommendations and reasons for the decision. The provider is then required to advise the Commissioner of action to be taken to comply with the recommendation and the Commission monitors implementation of the recommendations to ensure that undertakings are met and improvements made.

Case Example 12

Investigation of remote aged care organisation

A complaint alleged that the Manager of a Residential Aged Care Service had acted improperly by being verbally and physically abusive to clients of the facility and stealing medication. Further, it was alleged that the Manager had a prior criminal history which should have precluded employment with the service. The Commission investigated treatment of residents in the facility and management issues including oversight of the facility, recruitment of staff, management of resident finances and management of medication.

While the investigation was underway, the organisation recruited a new Manager and undertook accreditation. Issues identified by the accreditation assessors were quickly addressed by the organisation which had already commenced quality improvement activities. The investigation report noted that improvements which had occurred during the time the investigation was underway included review of medication policy and practice, ceasing restrictive practices such as locking the gate to prevent visitors after hours and recruitment of staff to ensure a person-centred, culturally safe and flexible approach. Staff are no longer involved in residents' finances.

The Commissioner recommended that the organisation develop policies to address issues identified in the investigation of the complaint. This included a policy regarding situations in which residents decline care, an incident management policy, policy and practice to ensure that a documented risk assessment is undertaken in the event that an employee has a relevant criminal history and finally, a policy which would detail the organisation's expectations regarding staff access to residents' money.

The final investigation report was emailed to the service provider on 23 May 2018. By 27 June 2018, the organisation had prepared quality, comprehensive documentation which resulted in all recommendations being closed. When writing to the CEO of the organisation advising that all recommendations would be closed, the Commission thanked the Manager and CEO for their engagement in the investigation, and congratulated them on their commitment to service improvement.

An investigation is a major body of work; difficult for Investigation/Conciliation Officers to complete when there are competing priorities such as responding to enquiries and complaints. The completion of six investigations in 2017/18 is a notable achievement, made possible by quarantining staff time to enable a focus on investigations. The Commission was also lateral in the way investigations were managed, for example in one case involving a complaint about a remote dental practice, an expert was appointed to conduct an audit. The investigator was able to make suggestions for improvement and was so skilled in his approach that the service provider informed the Commission that it found the process helpful and especially empowering for its staff.

In addition to the investigations completed in 2017/18, Commission staff member Leigh Kinsela was well advanced in completing the first draft of an investigation into the practices and procedures of a disability services provider in remote NT at 30 June 2018. This is a major piece of work which examines not only the organisation itself, but also the impact of the NDIS on its operations and interactions with the Office of Disability (OoD), guardians and local health care providers.

Code of conduct for unregistered health practitioners

On 15 April 2015, Australian Health Ministers issued a Communique announcing their intention to give effect to a code regulation regime for all health care workers not registered under the National Registration and Accreditation Scheme for health practitioners. The National Code of Conduct sets standards for expected conduct and practice for unregistered health workers, and will be implemented consistently in each State and Territory. It will apply to practitioners such as massage therapists, social workers, counsellors, naturopaths and hypnotherapists amongst many others. A Code regime has been implemented in Queensland, New South Wales, Victoria and South Australia.

On 30 July 2015, the Health Workforce Principal Committee agreed for Victoria to take the lead in coordinating the implementation of those aspects of the National Code regime which require coordinated national action. These include:

- A common web portal for the National Register of prohibition orders
- Nationally consistent explanatory materials
- A common framework for data collection and reporting
- Annual performance reporting to Ministers; and
- Policy resource to assist jurisdictions implementing a code regime for the first time.

Over the last three years the Commission has engaged with interstate health complaint entities to further this work, and during the 2017-18 year the common framework for data collection and reporting was implemented on the Commission's Resolve complaints database. During the year, staff from the Commission accompanied the policy officers from the Department of Health on its consultation rounds throughout the NT.

Person-centred complaints management in practice

When closing a complaint, the Commission surveys all parties (with the exception of DoH, TEHS and CAHS) to the complaint by post or email. In 2017/18, responses were received from 27 complainants and 13 service providers. The average response to each question is set out in the table below. "Strongly Agree" with the statement scores 5 and "Strongly Disagree" scores 1, so that the closer the score is to '5', the higher the level of satisfaction.

Table 6: Survey responses 2017/18

Survey statements	Complainant	Provider
Commission staff were polite	4.88	4.64
Commission staff listened to what I had to say	4.83	4.45
Commission staff understood what I had to say	4.38	4.45
Commission staff kept me informed of the progress of the complaint	4.67	4.18
Commission staff responded promptly to my enquiries	4.42	4.09
I had a clear understanding of what I could reasonably expect from making my complaint	4.42	N/A
The Commission officer explained the complaint process so I understood the next steps	4.63	N/A
I could understand letters and emails sent by the Commission	4.50	4.36
I could understand information given over the phone	4.54	4.55
My views were taken seriously	4.33	4.00
I understand the reasons for the decision	3.96	4.09
The decisions took all available information into account	3.79	4.00
The decisions took all points of view into account	4.04	4.00
The length of time to finalise the complaint was reasonable	4.13	3.55
I am satisfied with the way the complaint was handled	4.04	3.91
I am satisfied with the outcome of the complaint	3.46	4.00
I would use the Commission's services again	4.21	4.00

Survey outcomes consistently demonstrate a high level complainant and provider satisfaction with their interactions with Commission staff irrespective of satisfaction with the outcome of the complaint.

As stated in previous Annual Reports, while a reasonable response rate is received to the survey, it is apparent that participants are most likely to be those people who are either very satisfied with the Commission complaints process or very dissatisfied, and this reaction to the complaint process and outcome is reflected in the cross-section of feedback from complainants and providers included below. Irrespective of their satisfaction with complaint outcome, those responding to the survey rate their interactions with staff as 'good' to 'very good'.

Comments received from complainants and service providers throughout the year include:

- *I'm really grateful for what you (Robynne) and Hiltrud's effort for helping me solve the complaint.*
- *I feel if ever I was in the same situation again in Northern Territory I would receive the help I needed. Thanking you.*

- *My contact officer was Elizabeth Keith. She was excellent in her dealings with me and should be commended. She was polite, diligent, professional, friendly and kept me informed of the process each step of the way.*
- *Job well done! … my thanks & appreciation (Kiarna).*
- *It is also good to know that your department exists and is so supportive, not an easy task I imagine at times but thank you for the help you gave to me.*
- *I would also like to thank you again for all your assistance, patience, support and effort and the thoughtful and professional manner in which you have handled my complaint to date.*
- *This process is completely weighted in favour of the complainant, there is no natural justice for those that have had a complaint made against them. Complainants can make completely false and vexatious claims with no consequences.*
- *Improving the timeliness of the process would be a great help. … If a new issues becomes evident during the process there does not seem to be any way of accommodating this.*
- *More discussion opportunities with providers as a whole about the process and role of providers and regulators.*
- *Address systemic issues rather than simply complaints about a particular service. Do more to compel providers to provide quality services.*
- *It is important to understand that organisations have to make decisions that clients do not like and that the complaint process is often abused. In this case it would have been important to look at the number of complaints and their validity lodged by this particular client.*
- *I found your organisation to be very professional and supportive, offering sound advice on alternative approaches whilst maintaining an overseeing role in support. Thank you for your assistance.*
- *I am appalled with this outcome.*
- *The HCSCC appears to me to lack the expertise to deeply investigate anything. It is a toothless tiger that is not prepared to raise matters that could embarrass the medical profession.... I think that complainants need to feel assured that every stone will be upturned in investigating claims. The complainants do not approach the HCSCC for no reason at all, but they are treated as if these are minor matters. The process is far too hard...*
- *It is key to have good officers who are detailed and thorough during these investigations. Liz Keith (Senior Conciliator and Investigation Officer) was very professional throughout the case, especially taking over from her predecessor. Well managed and very detailed and thorough with the case handling.*

Complaint from provider about Commission process

A provider contacted the Commission with concerns about process in a particular complaint assessed by the Commission (original complaint). The provider's complaint was important and serious, canvassing the length of time taken to assess and close the complaint as well as concerns about possible conflict of interest of the SIO assessing the complaint.

The impact of extended time taken to assess the original complaint was acknowledged and a formal apology provided. The provider was informed that the original complaint was one of the most detailed and complex ever received, with multiple issues involving numerous individual and organisational providers, handled on one Resolve file. To improve the Commission's file management,

future complaints with multiple providers will be handled on more than one file, separated according to organisational provider. Further, complaints about individual providers will be prioritised to reduce the impact of the complaint process, and the Policy and Procedures Manual will be updated accordingly.

Concerns about possible conflict of interest with the assessing officer were acknowledged, as was the fact that a conflict of interest includes perception of conflict. A detailed response was provided with an apology. Commission policies were reviewed, and the Commission undertook to update the Policy and Procedures Manual to ensure that it will properly address conflict of interest and procedural fairness questions. The Commission also undertook to discuss the complaint at its monthly meeting with complaints management staff.

THE YEAR AHEAD: 2018/19

The team meets annually to decide on priorities for the forthcoming year. Priorities are based on the core business of the Commission and informed by outcomes of the Commission's performance indicators, feedback from parties to complaints managed by the Commission and the policy environment in which the Commission operates.

Improve complaints handling practice

Priorities identified for 2018/19 include improving consistency of complaints handling practice between Commission staff, primarily using meetings, case examples and developing resources as mechanisms to achieve this goal. Workload is a key reason for an increase in times taken to assess complaints. To address this, timeframes will be closely monitored by instituting weekly reports and increasing scrutiny during fortnightly file meetings.

To assist the Commission complete its investigations, care will be taken to ensure that investigations do not comprise multiple, complex issues, but rather will be split into separate, single issue investigations wherever possible. Commission staff will all attend investigations training, and the Commission will source external expertise where necessary. The investigations section in the Policy and Procedures Manual will be updated in 2018/19, and a section on procedural fairness added.

In 2018/19, the Commission will continue to try to work with DoH so that matters involving money can be referred to conciliation. Failing the ability to discuss these matters in conciliation, the opportunity will be given to parties to meet while matters are still in assessment with to provide parties with the opportunity to have a face-to-face discussion about the complaint. Information about conciliation provided to parties to a complaint will be reviewed in 2018/19, as will the conciliation section in the Policy and Procedures Manual.

Service users understand HCSCC decisions

Results of the survey sent to parties to complaints indicate that complainants and providers are often not satisfied with the outcome of their complaints. This may be the case for a number of reasons, including expectations about the outcomes of complaints as well as not really understanding the reasons behind the Commissioner's decisions. Information about how decisions are made is on the Commission's website, however this will be updated during 2018/19. In addition, information sheets will be prepared and outcome letters reviewed to ensure that reasons for decisions can be better understood.

Policy environment

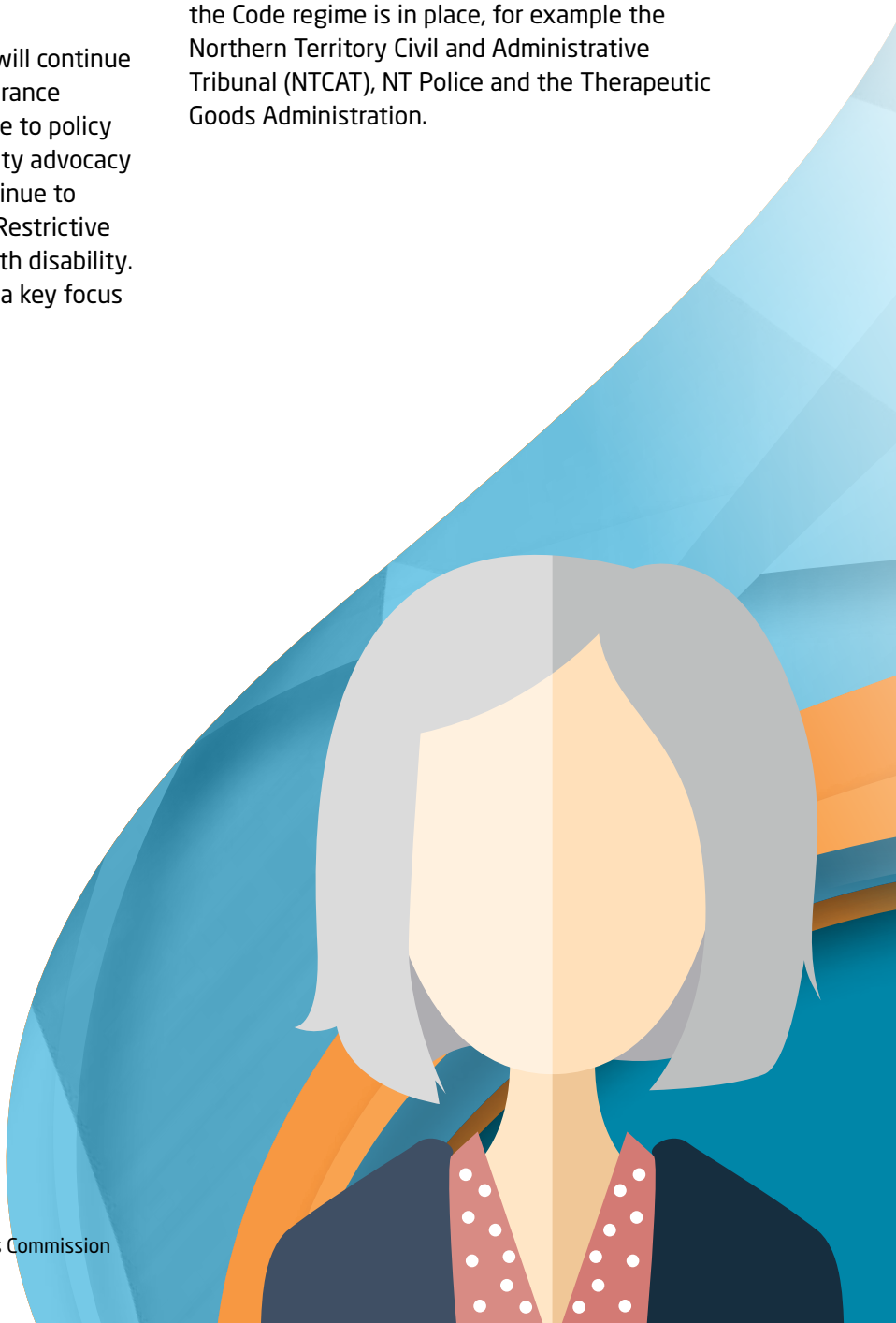
Safeguards for people with disability

As stated in the Commissioner's foreword, all complaints about NDIS funded services will be managed by the new Commonwealth Quality and Safeguards Commission from 1 July 2019. It is imperative that the transfer of complaints handling does not place an additional burden on people with disability who live in the Territory and the Commissioner will be liaising closely with the Commonwealth to ensure effective transition.

In the meantime, the Commission will continue to be represented on the Zero Tolerance Reference Group and will contribute to policy regarding the institution of disability advocacy services. The Commission will continue to contribute to policy, including the Restrictive Practices Framework for people with disability. The 'Talk Up!' message will remain a key focus for the Commission in 2018/19.

Code of conduct for unregistered health practitioners

This is ongoing work for the Commission during 2018/19. Staff will continue to liaise with Department of Health staff who are drafting instructions to amend the Act to implement the Code of Conduct regime. Considerable work will need to be undertaken by the Commission to prepare for the new regime, including developing new policy and procedures, training staff and negotiating agreements with key organisations which will be involved once the Code regime is in place, for example the Northern Territory Civil and Administrative Tribunal (NTCAT), NT Police and the Therapeutic Goods Administration.



Chapter 3: Promote Capacity & Improve Systems

ACHIEVEMENTS 2017/18

Disability focus

In 2017/18, the Commission's focus has been capacity building for people with disability and their families. It has worked with the Office of Disability, the Public Guardian and National Disability Services (NDS) to increase its presence at events which promote safeguards for people with disability receiving services in the Territory.

Staff from the Commission have attended the 'Zero Tolerance to Abuse and Neglect' workshops hosted by NDS in conjunction with VALID Victoria; forums hosted by the OoD when introducing the NT Critical Incident Framework and pre-planning forums for participants hosted by the National Disability Insurance Agency (NDIA).

Talk Up! materials

The funding granted by the Office of Disability was used to contract Dr Christine Fejo-King, an Aboriginal consultant with long term Territory connections. In 2017/18, Dr Fejo-King travelled the Territory consulting with people with disability and key community members to increase their understanding of rights and develop links to services. She also spent considerable time discussing the NDIS, what it means for people with disability and their families and communities.

After this initial consultation, Dr Fejo-King developed 'Talk Up!' Materials – a poster, bookmark and brochure which advises people on how to 'Talk Up!' if not happy with the service they are getting. She also developed a presentation/booklet for people with disability, their family and service providers on the NDIS and how to complain and a pre-planning booklet titled 'My Story'. Dr Fejo-King then conducted a second round of visits, at times accompanied by a staff member from the Commission to test and then distribute the materials she developed from the first round of consultations.

Talk Up! poster

Front cover and inside cover My Story Pre-planning for NDIS

Talk up video

In addition to the 'Talk Up!' printed material, Commission staff worked with iTalk Studios to develop a video, set to catchy rap music which gives examples of the types of situations which might lead to a complaint. The video is available in English and Kriol, with a spoken section available in English, Kriol, Murrinh Patha, Pitjantjatjara, Warlpiri and Yolngu Matha. Videos can be found on the Commission's website at *https://www.hcscc.nt.gov.au/about/talk-up/*.

Thumbnail from the Talk Up! video

Accessibility to the Commission

Table 7 below details the number of complaints received about disability services, mental health services and aged care services over the past three years. Contacts about aged services are consistently low because the Aged Care Complaints Commissioner is responsible for almost all complaints about aged care services.

The Commission anticipated that all the community engagement work undertaken from 2016/17 would result in increased complaints from people with disability. The outcome was disappointing until the number of enquiries received was reviewed. These show a significant increase in enquiries about disability, mental health and aged care services, indicating the effectiveness of the Commission's community engagement strategy.

Table 7: Aged and disability services complaints 2015/16 - 2017/18

Provider type	2015/16	2016/17	2017/18
Disability services	4	8	4
Mental health services	3	15	16
Aged services	3	6	2
Total	**10**	**29**	**22**

Table 8: Aged and disability services enquiries 2015/16 - 2017/18

Provider type	2015/16	2016/17	2017/18
Disability services	11	11	40
Mental health services	12	31	60
Aged services	10	7	19
Total	**33**	**49**	**119**

Prison Primary Health Care Service (PPHCS)

Prisoners at Darwin Correctional Centre (Holtze) and Alice Springs Correctional Centre (ASCC) are able to contact the Commission to raise concerns about the health services they receive via a dedicated, secure phone line. In 2017/18, a total 186 enquiries (including 28 enquiries about the health care service at ASCC) were received, raising 268 separate issues. 87 issues were referred back to the PPHCS for direct resolution.

Table 9: Number and proportion enquiries about PPHCS 2013/14 - 2017/18

Year	Number[2]	Proportion of all enquiries
2013/14	146	32%
2014/15	154	38%
2015/16	149	34%
2016/17	205	36%
2017/18	**137**	**22%**

Table 9 above details the number of contacts from prisoners. With the return enquiries removed (see note 2) prisoner enquiries have diminished, in numerical terms and as a proportion of all enquiries.

Prescribed provider reports

Providers prescribed in Schedule 7 of the *Health and Community Services Complaints Regulations* (the Regulations) are required by section 99 of the Act to provide details of complaints received during the financial year. Prescribed providers for this purpose as set out in Schedule 7 of the Regulations are:

- Anyinginyi Congress Aboriginal Corporation
- Central Australian Aboriginal Congress Incorporated
- Danila Dilba Biluru Butji Binnilutlum Medical Service Aboriginal Corporation
- Miwatj Health Aboriginal Corporation
- Northern Territory Health Services
- Wurli Wurlinjang Aboriginal Health Service
- Darwin Private Hospital Pty. Ltd.

Important organisations missing from this list include the Katherine West Health Board and Sunrise Health Service. The names of organisations included in the list of prescribed providers also need updating. Northern Territory Health Services, for example, should be included as three separate entities: the Department of Health, Top End Health Service and Central Australian Health Service.

Returns for all prescribed providers were sought and received for the 2017/18 financial year. It is difficult to collate what the complaints were about as prescribed providers have different systems for categorising data. It is therefore possible only to report on complaints received.

2 Refers to net enquiries received from PPHCS. In 2017/18, 186 enquiries were received. Of these, 49 were referred back to the PPHCS for direct resolution and subsequently contacted the HCSCC regarding the same issue. Number of PPHCS enquiries is 137 (186 - 49).

Table 10: Complaints received by prescribed providers 2017/18

Provider type	2017/18
Anyinginyi Health Aboriginal Corporation	3
Central Australian Aboriginal Congress	49
Central Australian Health Service	275
Danila Dilba Health Service	20
Darwin Private Hospital	129
Department of Health	24
Miwatj	5
Top End Health Service	572
Wurli Wurlinjang Aboriginal Health Service	4

THE YEAR AHEAD: 2018/19

Maintain work with disability sector

In the coming year, the Commission will retain its focus on trying to increase participation from the disability sector in complaints processes, either by direct resolution or by access to the Commission. The Commission will also be attempting to work with the Quality and Safeguards Commission to ensure that its complaint function is transferred in a way that ensures that complaint services are maintained for people with disability receiving services funded through the NDIS.

Parties to complaints have access to resources

Resolving complaints requires some skill and willingness by all parties, service providers and service users. Commission staff, when referring a complainant back to resolve their complaint at point of service, will wherever possible provide coaching to assist this process. Coaching addresses the best person to contact with their issue and how to prepare for this contact (for example being clear about the complaint and what they hope to achieve from it). Similarly, service providers can contact the Commission for advice on how to manage existing or potential complaints.

There is already helpful information on the Commission's website to assist parties when they are making a complaint or responding to complaints. This information will be reviewed and updated in 2018/19 as the website is being updated. Letters to parties will also be reviewed so that the Commission is better able to communicate the Commissioner's decisions.

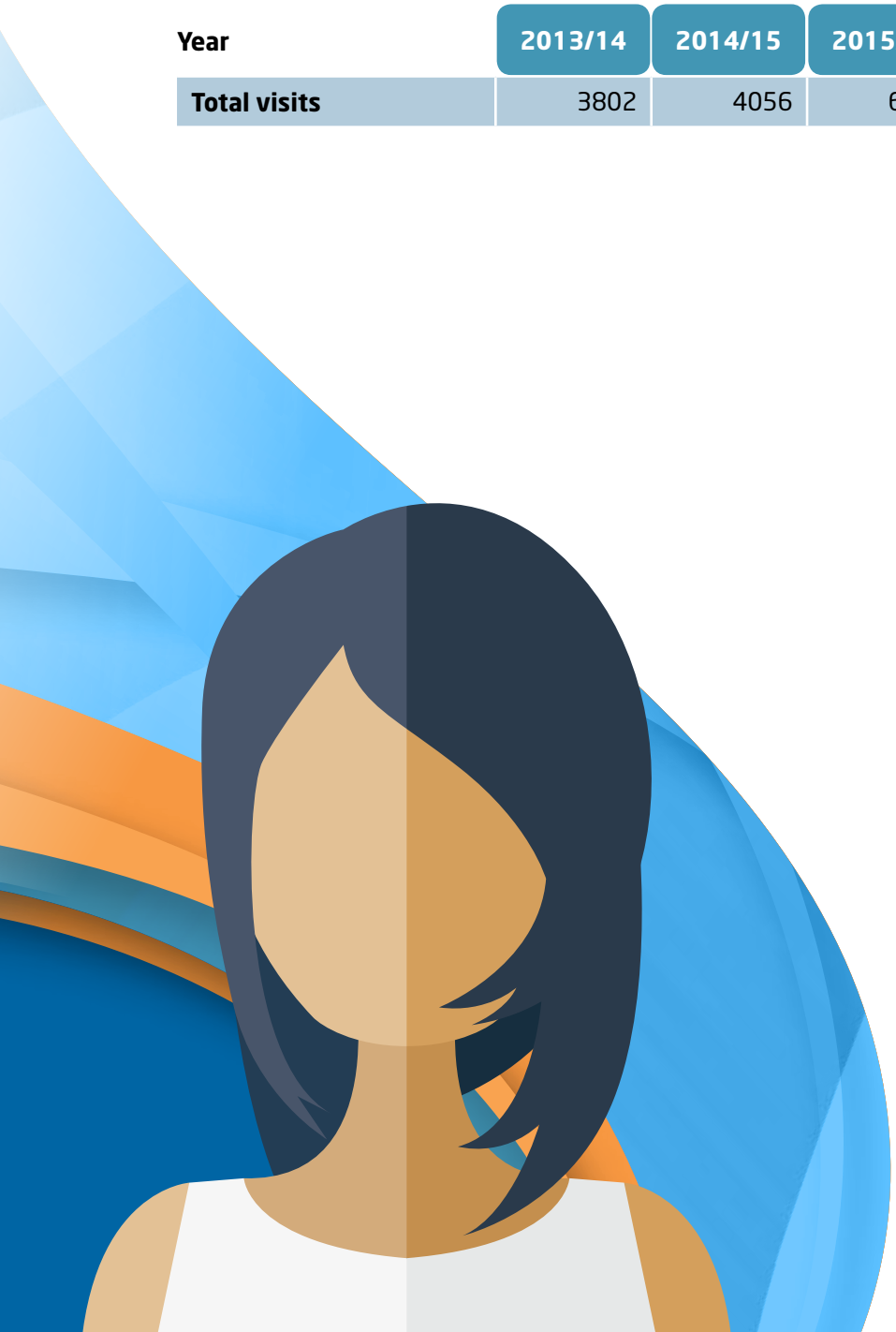
Improve Commission website

Anyone can access the Commission through its website at *www.hcscc.nt.gov.au*. The website has links to our on-line complaint form, information which includes the latest Annual Report and brochures, complaints handling training, the Guide to Complaints Resolution and our legislation.

In 2017/18, 42% of complaints (excluding AHPRA notifications) were received via the Commission's website, demonstrating that it is being accessed to use our on-line complaints system. It is of concern then that the number of visits to the website decreased significantly from the previous two years. The website will be further revamped and information on the site revisited in 2018/19.

Table 11: Website access 2013/14 - 2017/18

Year	2013/14	2014/15	2015/16	2016/17	2017/18
Total visits	3802	4056	6185	6853	**5072**



Chapter 4: Governance & Resource Management

Health and Community Services Complaints Review Committee

Sections 78 – 84 of the Act set out the establishment, role and functions of the HCSCC Review Committee. Section 79 sets out its powers and functions as follows: to review the conduct of a complaint to determine whether procedures were followed and to make recommendations to the Commissioner; to monitor the operation of the Act and make recommendations to the Commissioner; and to advise the Commissioner and Minister on the operation of the Act and Regulations.

When a complaint is closed, all parties to a complaint (with the exception of DoH entities) are informed in writing of the right to have the conduct of the complaint reviewed. Very few chose to do so. However, the HCSCC Review Committee still met to consider some Applications for Review made under Section 80(2) of the Act.

The HCSCC Review Committee remains comprised of:

Mr Andrew George
Chairperson

Dr Joanne Seiler
Provider Representative

Ms Karyn Cook
Provider Representative

Ms Kiah Hanson
User Representative

Mr Robert Kendrick
User Representative

The HCSCC Review Committee is continuing to refine its practices and procedures so as to perform its full Section 79 functions as efficiently as possible.

L-R: Joanne Seiler, Andrew George, Karyn Cook, Robert Kendrick, Kiah Hanson

ACHIEVEMENTS 2017/18

Strategic plan reviewed

A three year Strategic Plan was developed shortly after the appointment of the current Health and Community Services Complaints Commissioner in June 2015. On review, the Commission decided to extend the lifetime of the plan to coincide with the Commissioner's current term. Minor modifications only were made, and the strategic plan continues to provide a useful framework for annual business planning and for Annual Reports on the Commission's business.

The Commission completes its business planning process by July each year, including developing a risk register. Once the business plan is in place, staff performance reviews are conducted and expectations set out in the business plan are incorporated into individual work plans. As the Commission places high value on being a learning organisation, at this time staff development needs are assessed, personal development plans put in place and reviewed regularly. In 2018/19 all Senior Investigation Officers will complete the Certificate IV Investigations training to prepare for the Code of Conduct.

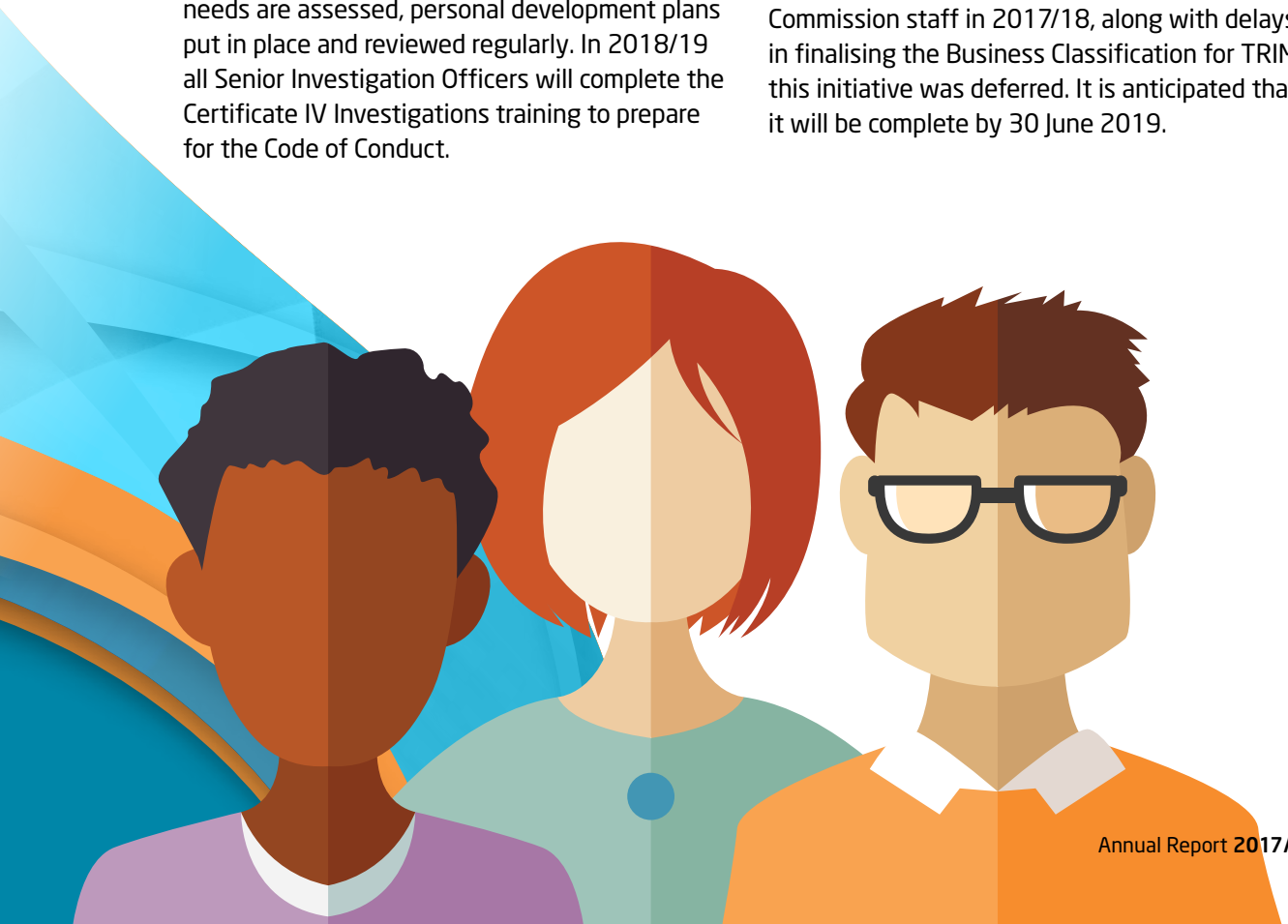
THE YEAR AHEAD: 2018/19

Evaluate the clinical position

An officer from TEHS was seconded to the Commission from February 2017 in what was planned to be an annual secondment, with the officer returning to TEHS so that expertise gained through working in the Commission could be brought back to TEHS. Ms Robynne Lower was selected as the first person seconded, however no opportunities arose for her to return to TEHS in February 2018 as originally planned. She remained with the Commission, adding valuable clinical expertise to the complaints handling team. The effectiveness of the position will be evaluated in 2018/19 to inform planning for the future of this initiative.

Work towards a paper free office

The Commission had planned to be entirely paper free from 1 July 2018. Given the workload of Commission staff in 2017/18, along with delays in finalising the Business Classification for TRIM, this initiative was deferred. It is anticipated that it will be complete by 30 June 2019.

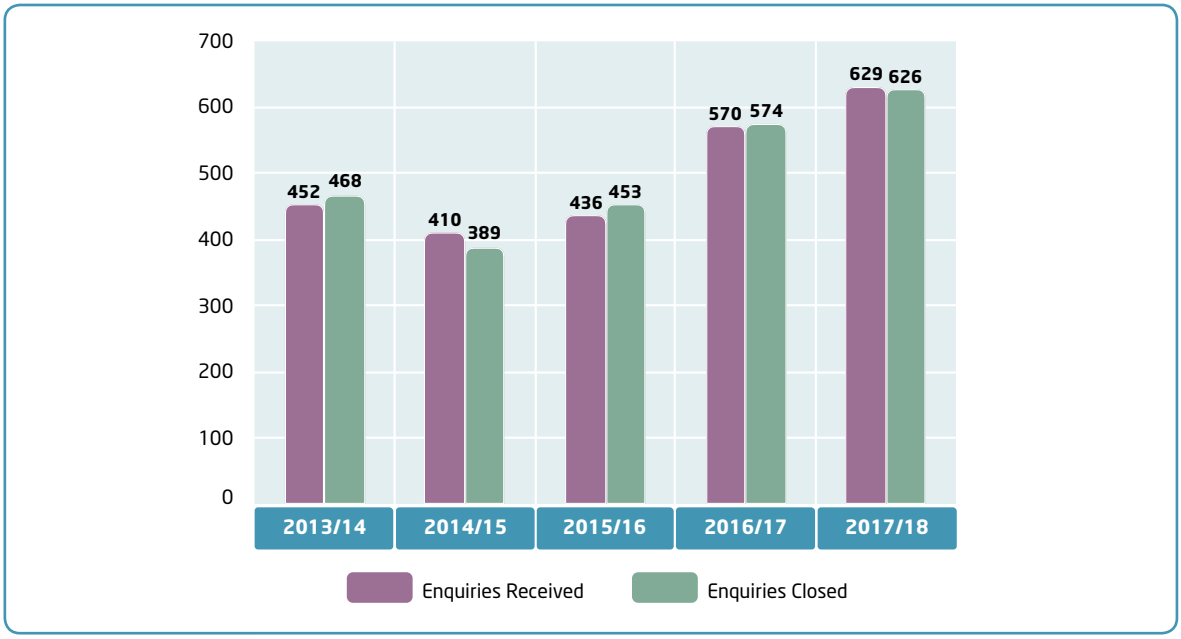


Appendix 1: Performance

Enquiries / informal complaints

In 2017/18, the Commission received 629 enquiries and closed 626. This is the highest number of enquiries received and closed in the Commission's history.

Figure 4: Enquiries received and closed 2013/14 - 2017/18



Although the majority of enquiries do not become formal complaints, they represent a substantial proportion of the Commission's workload.

Public providers accounted for 73% of the providers about whom enquiries were received in 2017/18, roughly equivalent to the proportion in previous years.

Table 12: Providers subject of enquiries 2013/14 - 2017/18

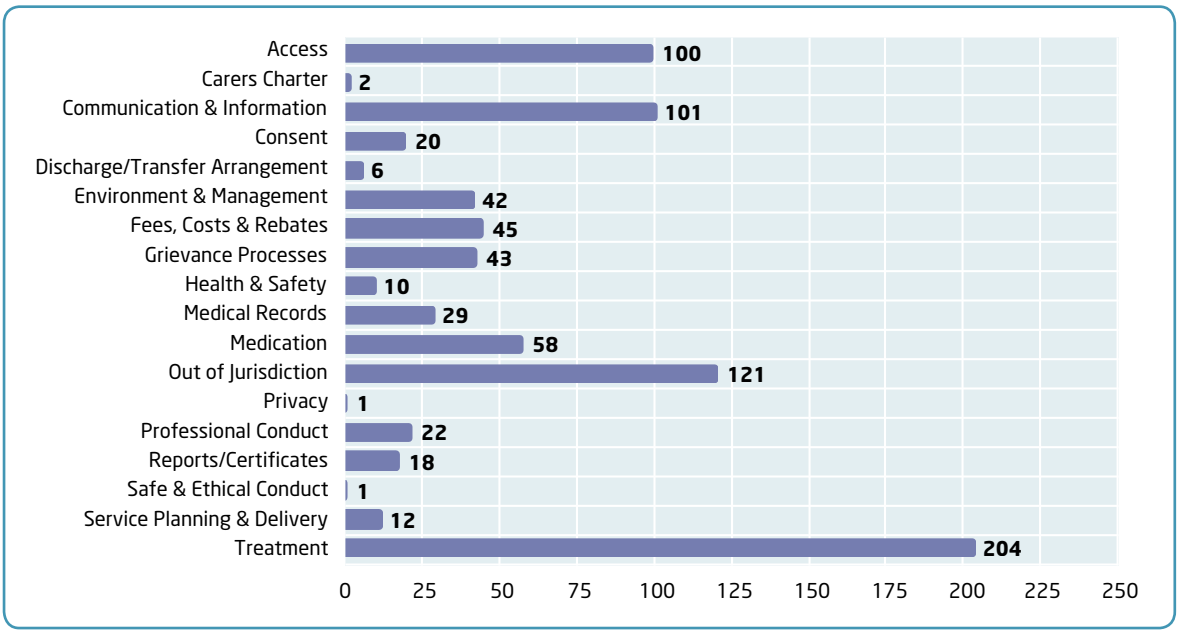
Providers	2013/14	2014/15	2015/16	2016/17	2017/18
Private	163	95	75	131	184
Public	289	315	381	464	495
Total	**452**	**410**	**456**	**595**	**679**

Issues raised in enquiries

Often more than one issue is raised per enquiry. All issues were counted in 2017/18 as the Commission was able to ensure consistent recording practice. 835 issues were dealt with when assisting with the 629 enquiries received. As with previous years, the most common issues raised and dealt through our enquiry process were standard of treatment, access to services, and communication. One hundred and twenty one (121) issues were considered and found to be out of jurisdiction. Out of jurisdiction enquiries include contacts from prisoners where it is assessed that

primary responsibility lies with NTCS rather than health (in which case the enquirer is referred to the Ombudsman), enquiries about environmental health issues and people seeking general information. The Commission has a 'no wrong door' policy, and ensures that every enquiry receives some consideration, ensuring that the caller is provided with the information needed.

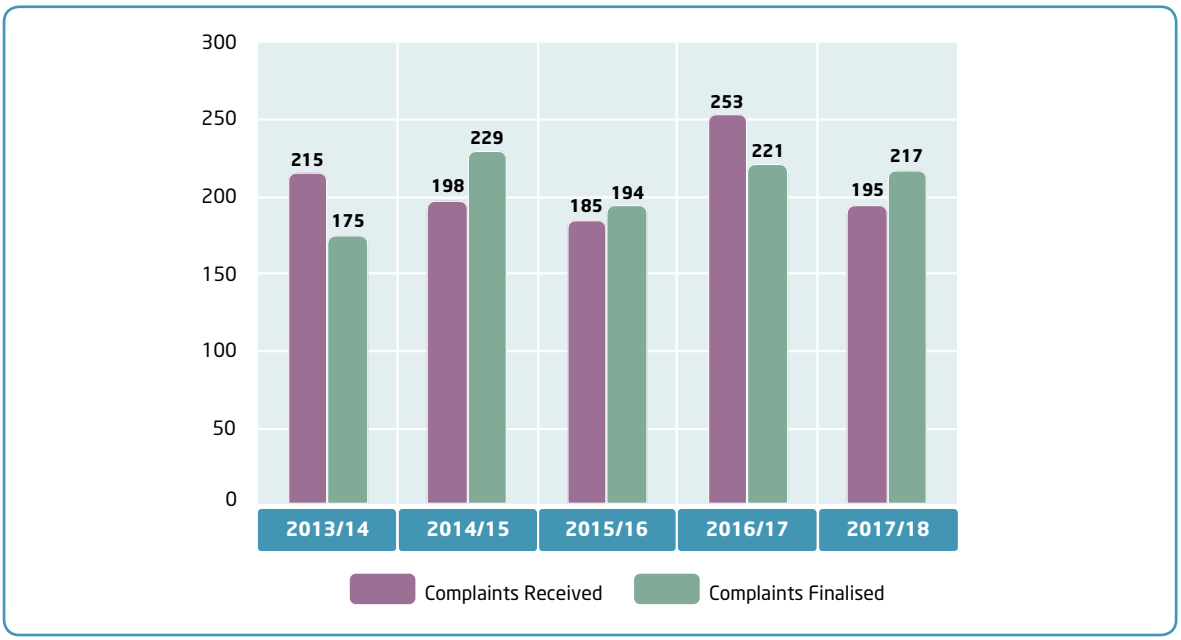
Figure 5: Issues raised in enquiries closed 2017/18



Complaints

One hundred and ninety five (195) new complaints were received in 2017/18, representing a 23% decrease on the number received in the previous year. More complaints were finalised (217) than were received.

Figure 6: Complaints received and closed 2013/14 - 2017/18



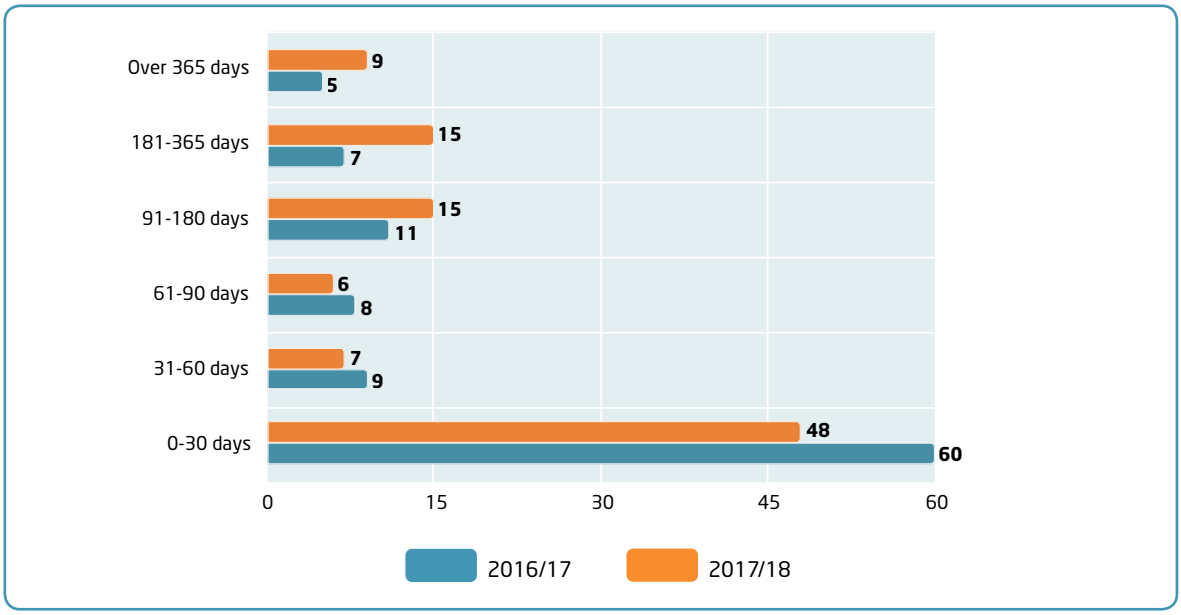
Time taken to finalise complaints

The average time taken to finalise complaints[3] (where complaints include complaints received by the Commission and notifications received by AHPRA subject to consultation with Commission) decreased from 150 days in 2016/17 to 131 days in 2017/18.

Figure 7: Time taken to finalise complaints 2013/14 - 2017/18 (average days)

The proportion of complaints[4] closed within 30 days in 2017/18 was lower than in 2016/17 (48% in 2017/18 compared with 60% in 2016/17). 55% of complaints were closed within 60 days in 2017/18 compared with 69% in 2016/17.

Figure 8: Percentage complaints closed and time frames 2016/17 and 2017/18



3 Time taken to finalise complaints is measured from the date it is entered on resolve to the date it is closed, and may include additional actions including investigations and conciliations.

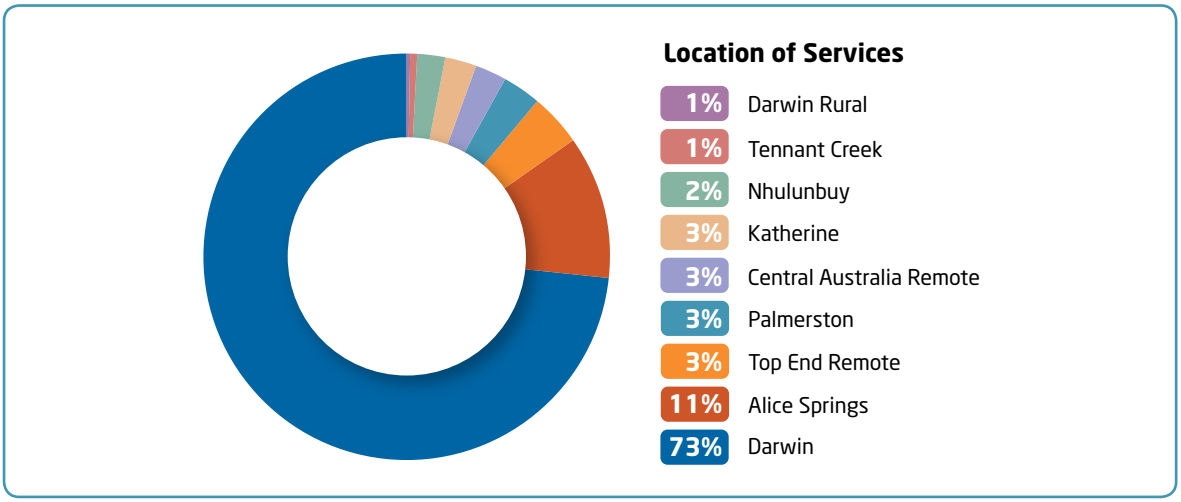
4 Previous annual reports have reported on complaints without AHPRA Notifications included. When AHPRA notifications are excluded, 14% of complaints were closed within 30 days and 26% were closed within 60 days.

In 2017/18, 76% of complaints were closed within 180 days, fewer than the 88% closed within 180 days in 2016/17. The benchmark for closure within 180 days is 80%.

Location of services complained about

As expected, the majority of services subject to a complaint are located in Darwin (73%). There is a slight increase in complaints received about services in Alice Springs in 2017/18, however overall the number complaints received from remote NT remains relatively constant.

Figure 9: Location of services 2017/18



How are complaints received?

Where the complaint is made by phone the complainant is asked to confirm it in writing. Where a complainant is unable to confirm a complaint in writing, the Commission will reduce it to writing and provide a copy to the complainant as required under the Act.

In 2017/18, of the 106 complaints made directly to the Commission, 78% of complainants approached the Commission by electronic means (36% by email and 42% by the Commission website), 14% complaints were received by mail and 4% in person. The remaining complaints were taken by phone (4%).

What services are complained about?

For the purpose of this report, organisational and individual providers are counted only once in each complaint even though there may be multiple issues against each; however the same provider may be involved in several complaints and in this sense is counted several times. For example, David lodges a complaint about organisational provider Busy Hospital Inc. In this complaint, David alleges that:

1. He waited too long in ED;
2. When he was admitted to the hospital he was placed in an inappropriate ward; and
3. Interpreters were not used to gain consent to treatment.

This comprises three complaint issues, however Busy Hospital Inc is counted once for this complaint. On another occasion, a second person, Matt, also makes a complaint about Busy Hospital Inc. A second complaint file is opened, and Busy Hospital Inc is counted again.

In 2017/18, there were a total 247 providers involved in the 195 complaints received by the Commission. Of these, 138 (56%) were public providers and 109 (44%) private.

Figure 9 gives a breakdown of public sector complaints organised into two sections; organisational provider types and individual provider types. Thirty three percent (33%) of all public sector complaints were about hospitals, with nurses and midwives receiving the highest number of complaints about individual practitioners (25% of all public sector complaints) followed by medical practitioners (19%).

Figure 10: Public providers 2017/18

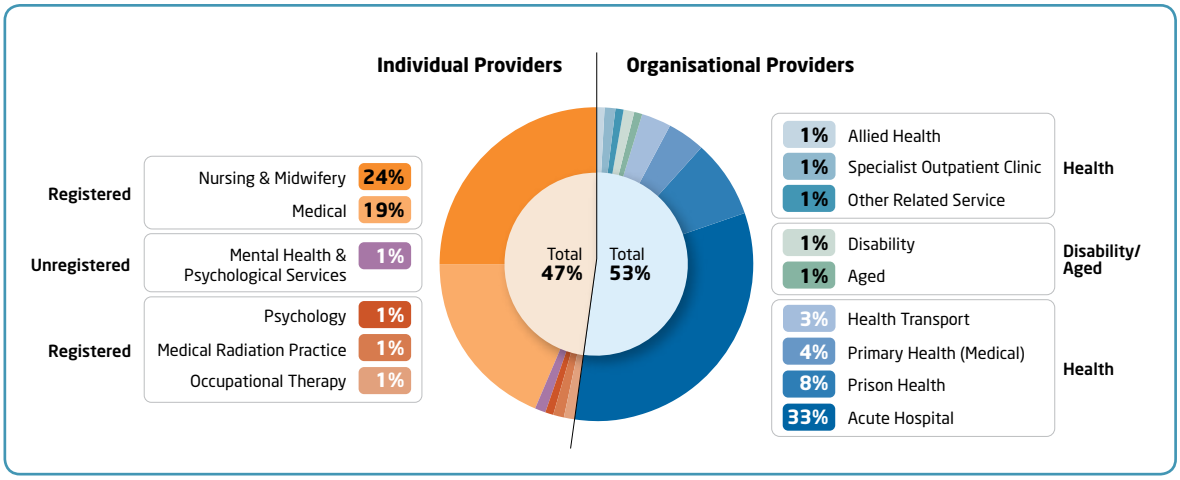
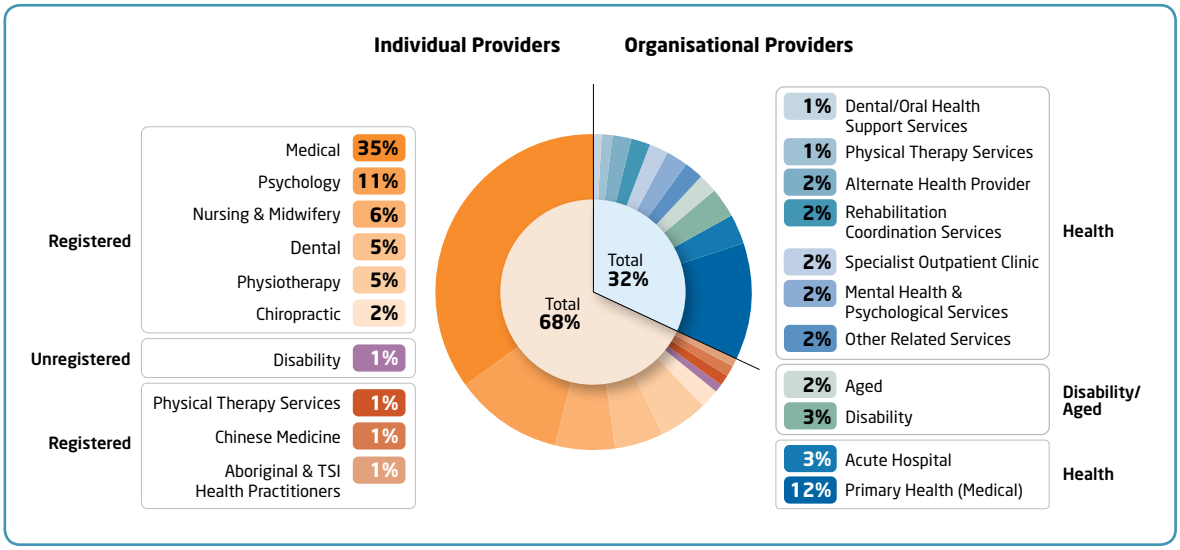


Figure 10 above shows that in the private sector, the highest number of complaints about organisations were about services offered by GP Clinics (13% of all private sector complaints). Medical practitioners were subject to the greatest number of private sector complaints about individual practitioners (36%), followed by psychologists (11%) and nurses and midwives (6%).

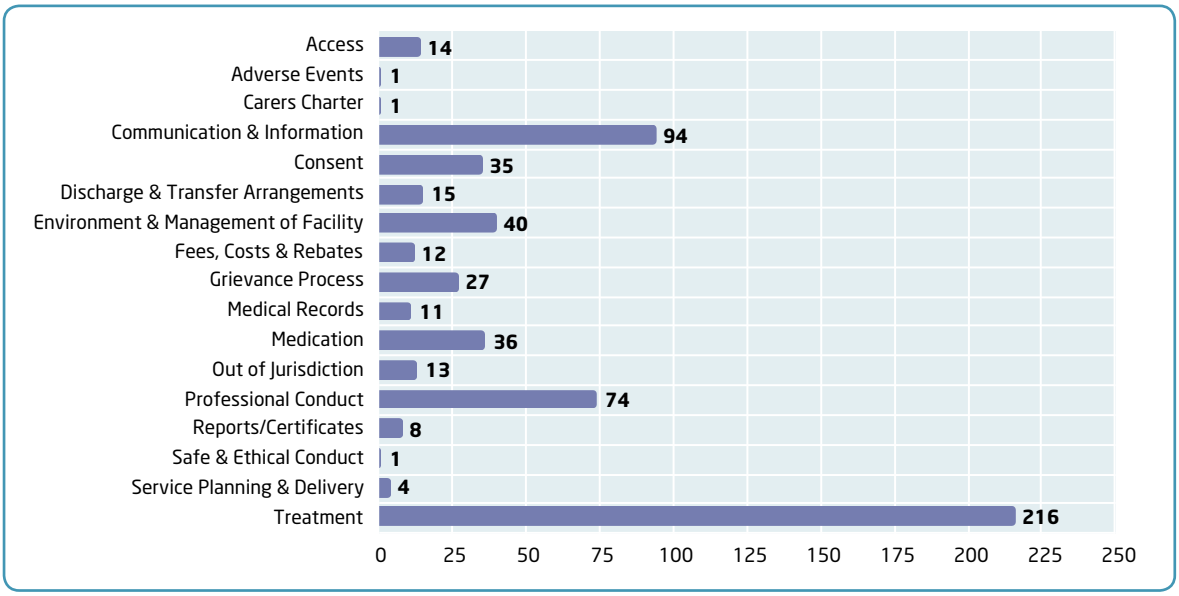
Figure 11: Private providers 2017/18



What issues are complained about?

Each issue described in each complaint received by the Commission is recorded for reporting purposes, with some complaints raising more than one issue. Issue categories are used relatively consistently across Australia to allow for comparison. In 2017/18 additional issues were included in the Commission's issues list so that complaints about disability services could be more accurately described, and to prepare for the national categorisation of issues for complaints received about the Code of Conduct for Unregistered Health Professionals. In 2017/18, a total of 602 issues were assessed.

Figure 12: Issues raised in complaints closed 2017/18



Issues are recorded against all complaints received by Commission, including AHPRA notifications. This method of reporting allows for a more complete picture of the types of issues complained about in the Northern Territory, and is consistent with practice in most other Australian jurisdictions.

While the top three issues: treatment, communication and conduct remain consistent year on year, most conduct matters are dealt with by the National Health Practitioner Boards.

A further breakdown of each of the categories of complaint issue and a comparison with previous years can be found below. The breakdown does not include the 13 issues assessed as out of jurisdiction.

Table 13: Complaints about access 2013/14 - 2017/18

ACCESS	2013/14	2014/15	2015/16	2016/17	2017/18
Access to facility	0	3	0	0	2
Access to subsidies	0	2	0	3	2
Refusal to admit or treat	8	7	4	4	3
Service availability	12	9	5	8	6
Waiting list	5	2	1	1	1
Total	**25**	**23**	**10**	**16**	**14**

Issues relating to access made up 2% of all issues raised in complaints in 2017/18. Concerns about access to services, however, comprised 13% of all enquiry issues, largely due to the high proportion of contacts from prisoners.

Table 14: Complaints about carers charter 2017/18 (new issue category)

CARERS CHARTER	2017/18
Obligations to carers not met	1
Total	**1**

This is a new issue category, included because s23(1)(k) of the Act specifically refers to service provider obligations to meet the expectations of the Northern Territory Carers Charter as set out in the Regulations to the *Carers Recognition Act*.

Table 15: Complaints about communication & information 2013/14 - 2017/18

COMMUNICATION & INFORMATION	2013/14	2014/15	2015/16	2016/17	2017/18
Attitude and manner	38	42	41	44	46
Inadequate information provided	16	37	31	31	29
Incorrect/misleading information provided	4	12	4	11	15
Special needs not accommodated	3	6	5	9	4
Total	**61**	**97**	**81**	**95**	**94**

Issues relating to communication and information made up 16% of all issues complained about. This appears to be consistent year on year.

Table 16: Complaints about consent 2013/14 - 2017/18

CONSENT	2013/14	2014/15	2015/16	2016/17	2017/18
Consent not obtained or inadequate	9	17	21	16	19
Involuntary admission or treatment	2	1	3	4	12
Uninformed consent	1	1	4	4	4
Total	**12**	**19**	**28**	**24**	**35**

Issues relating to consent constituted 6% of all issues complained about in 2017/18. This is also relatively consistent.

Table 17: Complaints about discharge and transfers 2013/14 - 2017/18

DISCHARGE & TRANSFERS	2013/14	2014/15	2015/16	2016/17	2017/18
Delay	1	0	0	1	2
Inadequate discharge	3	17	9	9	11
Mode of transport	0	1	1	2	2
Patient not reviewed	1	0	0	0	0
Total	**5**	**18**	**10**	**12**	**15**

Two per cent of issues raised in 2017/18 related to discharge and transfer arrangements.

Table 18: Complaints about environment & management of facility 2013/14 - 2017/18

ENVIRONMENT & MANAGEMENT	2013/14	2014/15	2015/16	2016/17	2017/18
Administrative processes	3	16	10	19	15
Cleanliness/hygiene of facility	0	10	5	3	6
Physical environment of facility	2	7	3	5	6
Staffing and rostering	6	3	1	6	5
Statutory obligations/ accreditation standards not met	3	6	11	9	8
Total	**14**	**42**	**30**	**42**	**40**

Complaints in this category relate to administration rather than the care/treatment component of the service. These issues made up 7% of all issues raised in complaints, slightly less than the 9% in 2016/17.

Table 19: Complaints about fees, costs & rebates 2013/14 - 2017/18

FEES, COSTS & REBATES	2013/14	2014/15	2015/16	2016/17	2017/18
Billing practices	7	9	11	6	6
Cost of treatment	0	0	0	1	2
Financial consent	0	1	0	1	4
Total	**7**	**10**	**11**	**8**	**12**

Issues relating to cost of service constituted 2% of issues in complaints finalised.

Table 20: Complaints about grievance procedures 2013/14 - 2017/18

GREIVANCE	2013/14	2014/15	2015/16	2016/17	2017/18
Inadequate/no response to complaint	5	19	16	10	22
Information about complaint procedure not provided	0	2	1	2	2
Reprisal/retaliation as a result of complaint lodged	0	2	6	2	3
Total	**5**	**23**	**23**	**14**	**27**

Issues related to grievance procedures and complaint handling made up 4% of all issues complained about, slightly higher than in 2016/17. As this is an area being targeted by the Commission for training for service providers, it will be monitored for trends in the future.

Table 21: Complaints about medical records 2013/14 - 2017/18

MEDICAL RECORDS	2013/14	2014/15	2015/16	2016/17	2017/18
Access to/transfer of records	2	7	3	5	3
Record keeping	5	7	10	7	2
Record management	1	5	1	3	6
Total	**8**	**19**	**14**	**15**	**11**

The medical record category includes complaints about errors and inadequacies in medical records. They accounted for 2% of all issues complained about in 2017/18. The Commission is likely to refer complaints that are only about records to the relevant Information specialist: the Office of the Information Commissioner in the NT for public records, and the Australian Office of the Information Commissioner for private records (such as those held by GPs).

Table 22: Complaints about medication 2013/14 - 2017/18

MEDICATION	2013/14	2014/15	2015/16	2016/17	2017/18
Administering medication	7	7	8	6	6
Dispensing medication	3	3	11	3	5
Prescribing medication	6	9	10	11	22
Supply/security/storage of medication	3	7	4	1	3
Total	**19**	**26**	**33**	**21**	**36**

Medication related concerns made up 6% of all issues in 2017/18, an increase of 2% on the previous year. In addition the Commission handled 58 complaints (7% of all enquiries) about medication at enquiry level. This reflects two events: firstly a change in policy Australia wide which required a doctor's prescription for all products containing codeine and which had previously been available in pharmacies and supermarkets; and secondly a number of Darwin residents with pain management issues were affected when their GP ceased prescribing opiates.

Table 23: Complaints about professional conduct 2013/14 - 2017/18

PROFESSIONAL CONDUCT	2013/14	2014/15	2015/16	2016/17	2017/18
Assault	12	6	2	5	4
Boundary violation	5	4	4	7	1
Breach of condition	2	2	1	4	3
Breach of guideline/law[5]	*	*	*	*	12
Competence	60	53	42	42	26
Discriminatory conduct	5	2	5	2	3
Emergency treatment not provided	0	0	1	3	3
Financial fraud	1	1	3	1	4
Illegal practice	14	6	8	6	5
Impairment	1	3	1	0	0
Inappropriate disclosure of information	12	14	10	5	8
Misrepresentation of qualifications	4	0	2	2	5
Sexual misconduct	1	1	2	2	0
Total	**117**	**92**	**81**	**79**	**74**

Issues relating to professional conduct made up 12% of all issues complained about. The majority of these matters were dealt with by the relevant Board after consultation had occurred as required by the National Law.

Table 24: Complaints about reports/certificates 2013/14 - 2017/18

REPORTS/CERTIFICATES	2013/14	2014/15	2015/16	2016/17	2017/18
Accuracy of report/certificate	3	7	6	5	6
Costs of reports/certificates	0	1	0	0	0
Inadequate/no consultation	1	1	0	0	0
Refusal to provide reports/ certificates	0	0	1	1	1
Report written with inadequate or no consultation	0	0	1	2	1
Timeliness of report/certificate	0	0	1	1	0
Total	**4**	**9**	**9**	**9**	**8**

Complaints about reports and certificates made up 1% of issues in complaints closed in 2017/18. The Commission has no jurisdiction over the process of writing, or the content of, a health status report, and these would have been referred to the relevant Board at consultation.

5 New category 2017/18

Table 25: Complaints about service planning and delivery 2017/18 (new issue category)

SERVICE PLANNING & DELIVERY	2017/18
Decision making and choice	3
Person centred planning	1
Total	**4**

While only four issues were assessed in 2017/18, complaints about service planning and delivery are likely to increase as the people becomes increasingly aware of their rights in relation to decisions about their treatment and planning.

Table 26: Complaints about treatment 2013/14 - 2017/18

TREATMENT	2013/14	2014/15	2015/16	2016/17	2017/18
Attendance	1	1	1	0	1
Coordination of treatment	11	18	5	20	25
Delay in treatment	9	11	7	16	20
Diagnosis	12	13	19	12	24
Excessive treatment	0	3	1	1	0
Experimental treatment[6]	*	*	*	*	2
Inadequate care[7]	*	*	*	*	17
Inadequate consultation	4	5	10	3	8
Inadequate prosthetic device[8]	*	*	*	*	1
Inadequate treatment	17	39	54	58	50
Infection control	2	5	4	1	2
No/inappropriate referral	0	9	7	4	10
Public/Private election	0	0	3	1	3
Rough & painful treatment	1	4	4	3	5
Unexpected treatment outcome/ complications	4	13	10	9	27
Withdrawal of treatment	1	4	1	2	4
Wrong/inappropriate treatment	9	13	8	17	17
Total	**71**	**138**	**134**	**147**	**216**

Issues relating to treatment constituted 36% of all issues in complaints closed in 2017/18. Inadequate treatment is identified as the primary concern within this category.

6 New category 2017/18

7 Ibid

8 Ibid

Table 27: National Code of Conduct complaints 2017/18 (new issue category)

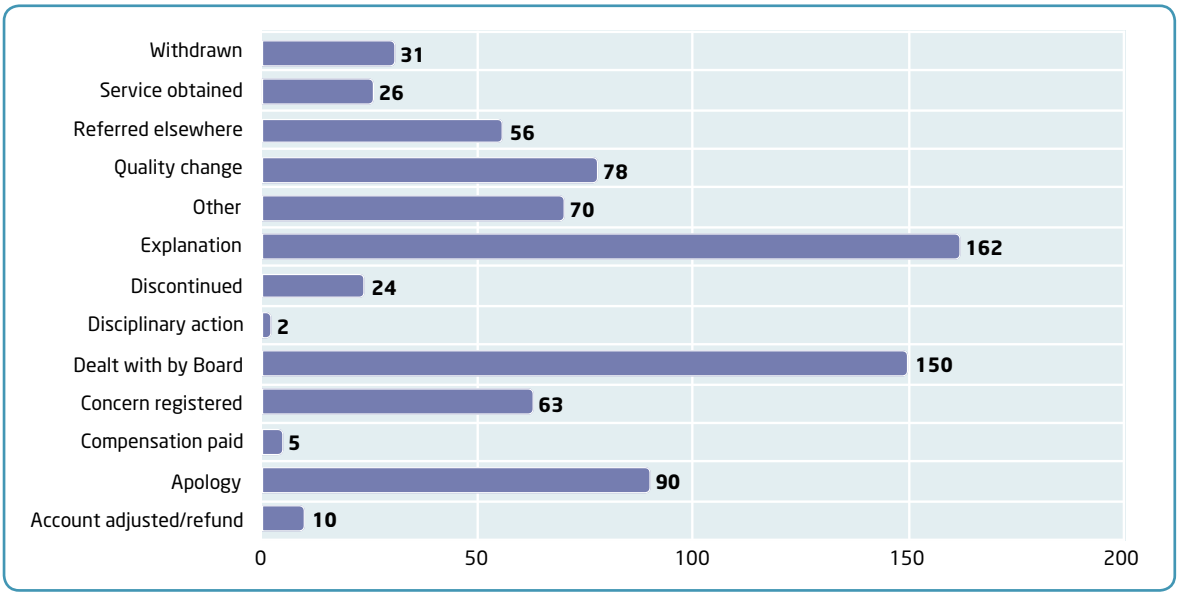
NATIONAL CODE OF CONDUCT	2017/18
Clause 1 Safe and ethical conduct/Treatment/Appliances	1
Clause 5 Adverse events Prevent adverse events	1
Total	**2**

In 2017/18 the Commission introduced issues related to the National Code of Conduct into its issues list; firstly to trial how they would be incorporated into the Commission's reporting, and secondly so that the Commission could track the types of complaints that might be handled under provisions of the Code of Conduct. As can be seen above, in 2017/18 only two issues were classified as Code of Conduct issues. This does not represent the number of issues which might have been handled as Code complaints had the regime been in place. It will be difficult to classify issues as Code issues until the scope of the regime is clear. The Commission will continue to develop its reporting framework through 2018/19.

Outcomes of issues complained about

When complaints are finalised the outcome of each issue identified in the complaint is recorded. The outcome of notifications received by AHPRA and managed within that jurisdiction are not included in the outcomes below.

Figure 13: Outcomes of issues raised in complaints closed 2017/18



The most common outcome from issues closed by the Commission was an explanation (27%). Thirteen percent of matters resulted in a quality improvement (decreased from 26 % the previous year) and 9% were referred elsewhere. An apology was an outcome of 15% of issues.

Appendix 2: Community Engagement Activities 2017/18

2017 Activities

	Date	Organisation	Activity
July 2017	3 July 2017	NDS	Meeting
	12 July 2017	Darwin Community Legal Service	Presentation to staff about HCSCC role and functions
	17 July 2017	Department of Health	Meet with CEO
	24 July 2017	Mental Health and AOD Directorates	CPD Workshop
	26 July 2017	Office of disability	Discuss critical incident guide
Aug 2017	4 August 2017	Northern Territory General Practitioner Education	Presentation to CEO- general information about HCSCC
	11 August 2107	NSW Complaints Commission	Discuss Medical input into complaint assessment
	16 August 2017	TEHS	Workshop on Commission processes
	24 August 2017	Legislative Assembly	Workshop for electoral officers
	29 August 2017	Discussions with senior CAHS staff	Discussion about general complaints management and progress on various investigations/complaints
	30 August 2017	Discussion with CAHS COO	Discussion about general complaints management and progress on various investigations/complaints
	29 August 2017	NDS, various service providers	Zero Tolerance Forum in Alice Springs- merchandise/ brochures offered to attendees
	31 August 2017	NDS, Barkly Council and Julilakari support workers, NDIS staff from Tennant Creek	Zero Tolerance Forum in Tennant Creek
Sept 2017	1 September 2017	Visit to Julilakari Aged Care Respite Centre, Tennant Creek	Met with Manager and two coordination staff, discussed role of HCSCC and provided merchandise/brochures
	1 September 2017	Visit to Disability Accommodation Service Tennant Creek	Met with Manager to discuss HCSCC, visit to shared accommodation
	31 August 2017	Meeting with NDIA Tennant Creek Staff	Discussed role of HCSCC viewed NDIA office
	7 September 2017	Meeting with CEO Sunrise Health Service Aboriginal Corporation	Discussed role of HCSCC, CEO spoke about services provided by Sunrise in the remote community
	8 September 2017	Meeting with Executive Officer, Katherine Region, TEHS	EO spoke about improvements to Katherine Hospital's complaints management system, and provided tour of hospital
	8 September 2017	Meeting with AARCS, Service Manager Rocky Ridge Aged Care Facility	Given tour of facility
	8 September 2017	Meeting with Co-ordinators - Somerville	Met at a house with 3 Co-ordinators & 6 clients & discussed role of HCSCC

6 September 2017	National Disability Service, disability service consumers and sector representatives – Darwin area	'Zero Tolerance' forum, Darwin. Merchandise and brochures offered to attendees
9 September 2017	HPA	2017 Steps Towards Capability event
11-12 September 2017	ADMA Conference (Australian Disease Management Association)	Attendance at national conference; most attendees clinicians from around Australia; focus on chronic disease
18 September 2017	AHPRA senior staff	Meeting
18 September 2017	Office of Disability	Discuss Critical Incident Review
29 September 2017	Physiotherapy Board of Australia	Meeting
Oct 2017 18 October 2017	Darwin Aged and Disability Services (DADs) Network	Presentation to aged and disability services interagency meeting about role of HCSCC
24 October 2017	U3A (University of the 3rd Age)	Presentation to weekly seminar group held at Casuarina Library meeting room about role of HCSCC
27 October 2017	Carpentaria Disability Services	Silent Morning Tea event
31 October 2017	Parliament	Swearing in of Administrator
Nov 2017 6 November 2017	NT Police	Discuss joint issues
7 November 2017	Attorney General and Minister for Health	Regular update
15 November 2017	Disability Complaints Commissioners' conference Sydney	Conference
16-17 November 2017	Health Complaints Commissioners' Conference	Conference
17 November 2017	Office of Disability Critical Incident Reporting information session, Darwin	Presentation to disability providers re relationship between critical incident reporting and complaints management
21 November 2017	Office of Disability Critical Incident Reporting information session, Alice Springs	Presentation to disability providers re relationship between critical incident reporting and complaints management
22 November 2017	Office of Disability Critical Incident Reporting information session, Tennant Creek	Presentation to disability providers re relationship between critical incident reporting and complaints management
23 November 2017	Office of Disability, Alice Springs	Discussion with OoD Disability Coordinators about HCSCC role, incident reporting and complaints management
24 November 2017	Heart Foundation Training	Presentation to nurses and other health professionals on HCSCC
28 November 2017	Chief Ministers Office	Christmas function
Dec 2017 4 December 2017	Commissioner for Public Employment	Inclusion and Diversity disability workshop and presentation
5 December 2017	DoH	Code of Conduct Consultation Katherine
6 December 2017	Katherine Hospital	Regular meeting with general manager
7 December 2017	DoH	Code of Conduct Consultation
11 December 2017	DoH	Code of Conduct Consultation Alice Springs
13 December 2017	DoH Teleconference	Code of Conduct Consultation
20 December 2017	NDIA	Regular meeting with local representatives

2018 Activities

Jan 2018	8 January 2018	RDH	Regular meeting
	15 January 2018	Office of the Public Guardian	Regular meeting
Feb 2018	1 February 2018	Aust Human Rights Commission	Consult regarding quality and safety measures for people with disability
	9 February 2018	TEHS and CAHS	Health Advisory Committee Planning Day Agenda
	12 February 2018	AHPRA. Meet medical Board	Regular consultation
	14 February 2018	Casuarina Community Health Care	Presentation to Nurses about HCSCC complaints handling processes
	21 February 2018	DADS meeting at Carers NT	Attendance and service update
	27 February 2018	NDS NT official opening	Attendance
	19 February 2018	DoH Ntaria Health Clinic	Meeting with staff to share 'TALK UP' resources and NDIS/disability complaints information
	19 February 2018	Intensive Family Support Services, Ntaria	Meeting with staff to share 'TALK UP' resources and NDIS/disability complaints information
	19 February 2018	Territory Families, Alice Springs	Meeting Transition from Care Coordinator to share 'TALK UP' resources and NDIS/disability complaints information
	20 February 2018	NAAJA, Alice Springs (Simon Caldwell)	Meeting with Family/Children's lawyer – discuss and share 'TALK UP' materials
	20 February 2018	Elder in Residence, Desert Knowledges Precinct (Alice Springs)	Meeting - discuss and share 'TALK UP' materials
	20 February 2018	Office of the Public Guardian, Alice Springs	Presentation to staff – sharing 'TALK UP' resources and NDIS/disability complaints information
	21 February 2018	DoH Ali Curung Health Clinic	Presentation to Clinic Manager - sharing 'TALK UP' resources and NDIS/disability complaints information
	22 February 2018	DoH Elliot Health Clinic	Presentation to staff - sharing 'TALK UP' resources and NDIS/disability complaints information
	23 February 2018	Member for Braitling, Electorate Office	Shared 'TALK UP' resources and NDIS/disability complaints information
	23 February 2018	Disability Advocacy Service, Alice Springs	Meeting with Manager - sharing 'TALK UP' resources and NDIS/disability complaints information
	26 February 2018	Life Without Barriers Anglicare Office of the Public Guardian	Meeting – shared 'TALK UP' resources and NDIS/disability complaints information with services providers
	26 February 2018	Life Without Barriers	Meeting with Program Manager, Disability Services - shared 'TALK UP' resources and NDIS/disability complaints information
	26 February 2018	Minister for Families, Alice Springs	Meeting with Minister - shared 'TALK UP' resources and NDIS/disability complaints information
	27 February 2018	ITEC Health Safe Pathways, Alice Springs	Meeting with Central Australia Services Manager - shared 'TALK UP' resources and NDIS/disability complaints information

March 2018	1 March 2018	Zero Tolerance catch up, NDS	Meeting with key stakeholders - shared 'TALK UP' resources and NDIS/disability complaints information
	2 March 2018	NDIA	NDIS Provider Forum, presentations, panel discussions (attendance only)
	8 March 2018	Laynhapuy Homelands Aboriginal Corporation	Meeting with Laynhapuy Health Administration Manager - shared 'TALK UP' resources and NDIS/disability complaints information
	7 March 2018	Participants Home visit with Laynhapuy Homelands Aboriginal Corporation	Meeting with NDIS participants at their home
	8 March 2018	International Women's Day – Yirrkala, Nhulunbuy	Community event - Shared 'TALK UP' resources and NDIS/disability complaints information
	9 March 2018	Anglicare East Arnhem	Meeting with Program Manager- shared 'TALK UP' resources and NDIS/disability complaints information
	9 March 2018	East Arnhem Regional Council	Meeting Regional Manager – Aged Care and Disability Services - shared 'TALK UP' resources and NDIS/disability complaints information
	13 March 2018	Top End Mental Health Service (forum at Darwin Convention Centre)	Top End Mental Health Integration Forum – bringing together key stakeholders in mental health service delivery to inform future planning of mental health service integration with primary health care in Top End region.
	21 March 2018	World Down Syndrome Day event, Project 21, Darwin	Celebration of World Down Syndrome Day; bringing together families and services/ stakeholders.
	22 March 2018	PossABILITIES Expo	Henbury School
April 2018	4 April 2018	Henbury School NDIS	NDIS Pre-Planning Forum Share 'TALK UP' resources
	5 April 2018	TEHS Complaints team	Meeting with HCSCC staff
	10 April 2018	HPA	NDIS Forum for participants
	10 April 2018	Belyuen – Health Clinic, General Store and Local Council	Shared 'TALK UP' resources and NDIS/disability complaints information
	12 April 2018	IdA	NDIS Forum for participants Share 'TALK UP' resources
	18 April 2018	DADS Network Meeting	Darwin Aged and Disability Services network interagency meeting – share information.
	27 April 2018	DEAF NT	NDIS Pre-Planning Forum Share 'TALK UP' resources
May 2018	4 May 2018	OPG and Youthworx NT	Resource and information sharing, networking
	15 May 2018	DAS Alice Springs	NDIS Pre-Planning Forum. Share 'TALK UP resources'
	15 May 2018	DAS Alice Springs	NDIS Pre-Planning Forum Evening session. Share 'TALK UP' resources
	17 May 2018	Central Australia Disability Services (CADS) visit, Tennant Creek	Introduced CADS (new provider) to HCSCC, provided with information etc
	25 May 2018	Carpentaria Disability Services	Information sharing
	31 May 2018	NT PHN	NT Health Pathways Launch
June 2018	1 June 2018	Seniors Expo	Stall (shared with ADC and Ombudsman)
	30 June 2018	CAHS staff	Complaints Handling training provided by HCSCC

Health and Community Services
COMPLAINTS COMMISSION

For more information about the HCSCC, including more information about how to resolve complaints, how to make a complaint or how to respond to a complaint, please contact the HCSCC or visit our website.

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