Health and Community Services
COMPLAINTS COMMISSION

Annual Report 2019/20

Health and Community Services
COMPLAINTS COMMISSION

Twenty-Second Annual Report (2019/20)

The Honourable Selena Uibo MLA

Attorney General and Minister for Justice

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 2020.

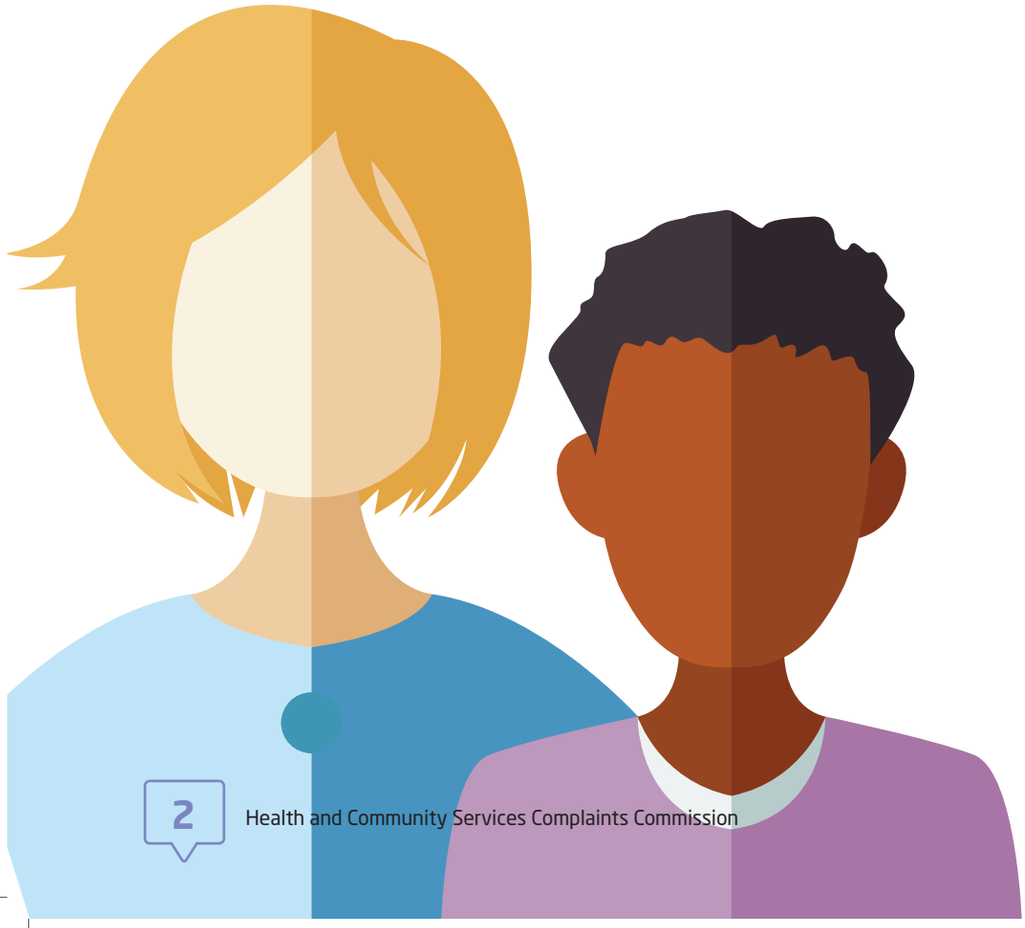
Yours sincerely

Stephen Dunham
Commissioner

5 March 2021

Glossary of Terms

AGD	Department of Attorney General and Justice
Ahpra	Australian Health Practitioner Regulation Agency
ASCC	Alice Springs Correctional Centre
CAHS	Central Australia Health Service
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
DoH	Department of Health
GP	General Practitioner / General Practice
Holtze	Darwin Correctional Centre
NDIS	National Disability Insurance Scheme
NTCS	Northern Territory Correctional Services
PPHCS	Prison Primary Health Care Service
RACGP	Royal Australian College of General Practitioners
RDH	Royal Darwin Hospital
SIO/CO	Senior Investigation and Conciliation Officer
TEHS	Top End Health Service



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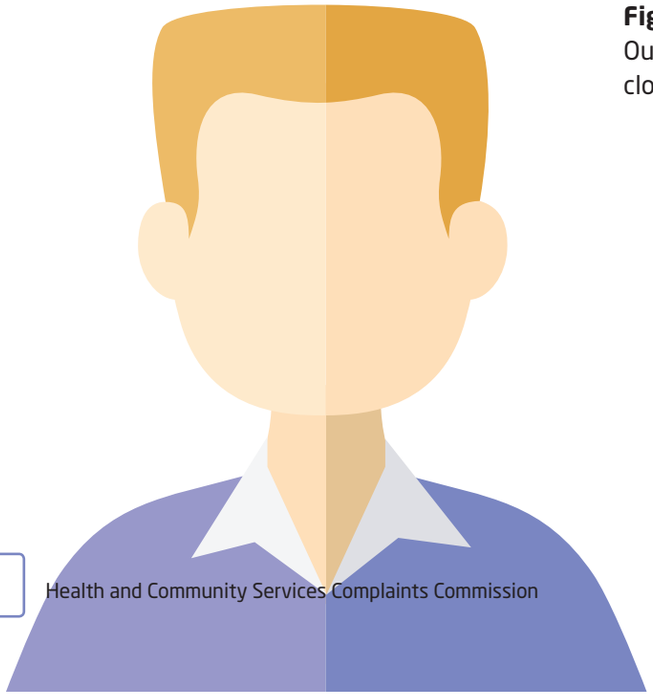

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Commissioner's Report

On 7 May 2020 Her Honour the Administrator reappointed me as Commissioner for a further period of five years, to 11 June 2025. I am grateful for this extension of my tenure and I am enthused by the challenges and prospects the Commission will face in the near future.

In common with the rest of the world, the year in review 2019/20 has been difficult and tumultuous for the Commission. I have deliberately reduced the size and focus of this report from previous years for two reasons.

Firstly, and as a direct consequence of Covid19 and staff changes, this report provides the basic data to satisfy the Act by reporting on the exercise of my powers and the performance of my functions during the year. In the main this is a statistical report covering the salient detail of previous reports. Consistency in this data allows for valid analysis and comparison across previous years.

Secondly, it is my intention to review the directions and priorities of the Commission during 2020-21. There is no doubt that the financial circumstances facing the Territory will require such reviews from all public agencies. The Commission has reduced its outlays while simultaneously experiencing increasing workload over the last several years and this has been quantified annually and reported in annual reports. Reduction to the Commission's appropriation over the last 5 years is currently estimated to be 14%. The next tranches of saving initiatives will necessitate curtailment of activities. I am hopeful that this review can coincide with the statutory review of the *Health and Community Services Complaints Act* as required by s106 of the Act.

The statistical data shows a marked reduction in contacts (complaints and enquiries) from 67 per month in the first three quarters to 55 in the last, an 18% drop. This reduction approximated the start of public awareness of the scale and early ramifications of the Covid19 pandemic and allowed an opportunity to focus on finalising matters. The matters complained about also changed to be more specific to Covid19. My interstate colleagues also noted similar trends. The Commission kept data on the matters specific to the pandemic and noted a trend to a lessening followed by a rapid decrease in contacts as public systems, notably within the Department of Health responded to the confusion and anxiety with promulgation of specific policies, public bulletins and media comment. The Department is to be commended for its actions at this time.

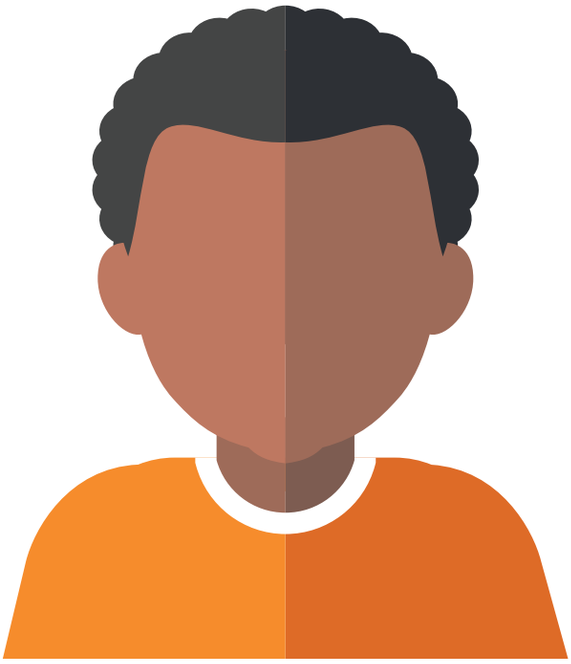
Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability commenced during the year and has undertaken a number of public hearings, called for submissions and issued notices to produce. The Commission was served a notice to produce on 1 June 2020 for a range of documents relating to one person. Initial assessments indicated that this would be a significant time imposition on the Commission and could consume several weeks to fully

respond. I had already sought advice from the Northern Territory's Solicitor General about the confidentiality requirements under the *Health and Community Services Complaints Act* including the capacity to provide documents subject to continuing preservation of confidentiality. I am grateful for the speedy and comprehensive advice provided by Ms Sonia Brownhill (Solicitor General for the Northern Territory) regarding the several matters on which I sought clarification.

In the Solicitor General's opinion, ss17(4) and 97 of the *Health and Community Services Complaints Act* preclude compliance, and an argument can be made for the Commission to not provide the documents sought by the notice to produce. This position was conveyed to the Royal Commission and had not been responded to at the year's end. Nevertheless, the Commission's strong adherence to the statutory requirement for confidentiality has been reinforced by this opinion.

In addition to Ms Brownhill, I wish to acknowledge the assistance, training and preparatory work to anticipate the Royal Commission's requests provided to the Commission's staff and myself by Craig Smyth (Acting Deputy Chief Executive Officer AGD), Jodi Mather (Principal Legal Officer, NT Government Response to Royal Commissions) and Lisa Harrop (Senior Lawyer AGD).



Covid19

The Commission was able to handle the work associated with complaints relating to Covid19 due to a reduction in general complaints and the early action by the Department of Health to centralise Covid19 specific complaint and enquiry handling.

The support from the Department of Attorney General and Justice was suboptimal however, particularly regarding IT support to allow working from home. Largely due to our in house IT capability and the modifications to and deployment of personal computers, the Commission was fully operational within a short time. I would like to express my gratitude to staff, particularly Brendan Schultz (HCSCC Business Manager), for the work to render the Commission capable and able to respond to complaints and enquiries remotely with no down time.

The semi-annual meeting of Australian and the New Zealand Commissioners has now morphed into a more frequent national computer hook up with good results. The Territory has the advantage of good relations with other jurisdictions and I thank them for the generosity in providing advice and assistance for numerous matters. The progress towards instituting a code of conduct for health workers in particular has been aided immensely by the experience of the jurisdictions with legislated schemes. I will expand on this further in this report.

The Commission recruited two people in the period prior to the restrictions on interstate travel, Mr Adam Dunkel from NSW and Ms June Johnson from New Zealand. While Mr Dunkel arrived with days to spare, Ms Johnson remains confined in New Zealand and unable to physically take up her position. The work from home capability has allowed her to be a productive member of the team. Her relocation to the NT has not been resolved at the year's end but progress towards freer cross border travel appears imminent.

Code of Conduct for Health Care Workers

The Code of Conduct for Health Care Workers is also colloquially referred to as the Code for Unregistered Providers and has been reported on previously. At the COAG Health Council meeting of 17 April 2015, Health Ministers released a communique and agreed that jurisdictions should examine the implementation of the code regulation regime, how it should apply and implications for each jurisdiction.

Essentially, this code would apply to the health practitioners (such as masseurs, doulas and hypnotists) who are not registered by one of the 15 National Boards which comprise Ahpra, (for instance nurses, medical practitioners and dentists). In essence it is a 'reverse registration' scheme which would identify on a national register, providers who have had prohibitions or restrictions imposed on their practice. The Department of Health is currently preparing a draft Bill which would establish a code regulation scheme in the NT, with the model largely based on that which currently operates in South Australia. Most jurisdictions are active participants in the national code with the NT, WA and Tasmania yet to join.

The work associated with this policy is significant and the NT will be unable to effectively participate in the absence of additional resources.

Staffing and the Deputy Commissioner position

The Commission experienced significant turnover in staffing during 2019-20, including the Deputy Commissioner position which had 4 appointees all of whom brought new insights to the position and the Commission. The current incumbent is Adam Dunkel who joined the Commission as a Senior Investigation and Conciliation Officer a few months before his promotion. I am grateful to Adam for his willingness to take on this role and his enthusiastic approach to the work of the Commission. The position will be advertised by expressions of interest early in the next year.

As an indicator of turnover, 13 people were employed in the Commission's 6.5 positions during the year. It has been my custom to use this report to name and personally thank them for their unfailingly enthusiastic contributions.

- Judy Clisby, Laura Dewson, Liz Keith and Adam Dunkel all supported me as Deputy Commissioners;
- Hiltrud Kivelitz, Kiarna Murray, Nadia Rimmer, June Johnson and Kayla Irwin as Senior Investigation and Conciliation Officers;
- Brendan Schultz and Kayla Irwin as Business Managers;
- Bintang Daly as Resolution Officer; and
- Lisa Tiernan as Administration Officer.

Several of those who made their farewells were long time employees and have made a strong positive mark and contributed to our statutory duty to improve health services and services for aged persons and people with disabilities.

A general election is due in August 2020 and the Commission will again extend an invitation to the newly elected members to be briefed on the Commission.

2018/19 at a Glance

Key deliverables

Table 1: Key deliverables 2017/18 - 2019/20

Key deliverables	2017/18	2018/19	2019/20
Enquiries and complaints received	824	929	**772**
Enquiries and complaints closed	843	909	**797**
% Complaints closed within 180 days	76%	86%	**83%**
% Complaints and enquiries closed/ complaints and enquiries received	102.3%	97.8%	**103.23%**

Enquiries

- Reduced number of enquiries received in 2019/20 (604 in 2019/20 compared with 711 in 2018/19, 629 in 2017/18 and 570 in 2016/17).
- Maintained high proportion of total complaints and enquiries handled at enquiry level (78% in 2019/20 compared with 77% in 2018/19, 76% in 2017/18 and 69% in 2016/17).
- 614 enquiries were closed, being a significant drop from 702 in 2018/19 but only slightly fewer than the 626 enquiries closed in 2017/18.
- The average number of days taken to finalise enquiries increased slightly and came to 9.55 days, compared with 8.98 days in 2018/19, 8.65 days in 2017/18 and 7.7 days in 2016/17.

Complaints

- 168 complaints were received, a significant decrease on the 218 complaints received in 2018/19.
- 183 complaints were closed, slightly fewer than the 207 closed in 2018/19.
- 83% of complaints were closed within 180 days, slightly down on 86% in 2018/19. The benchmark for closure of complaints within 180 days is 80%.
- Of matters formally assessed in 2019/20, the KPI of 80% assessed within 60 days was not met despite this being a focus in 2019/20. The 66% assessed within 60 days is however a slight improvement on 64% in 2018/19 and a significant improvement on the 2017/18 figure of 36%.

Community engagement

- Community engagement was severely curtailed due to the impact of Covid19.

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-centred
- 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* (the 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 section 3 of the Act include:

- 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, 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 and staffing of the Commission as at 30 June 2020 is as follows:

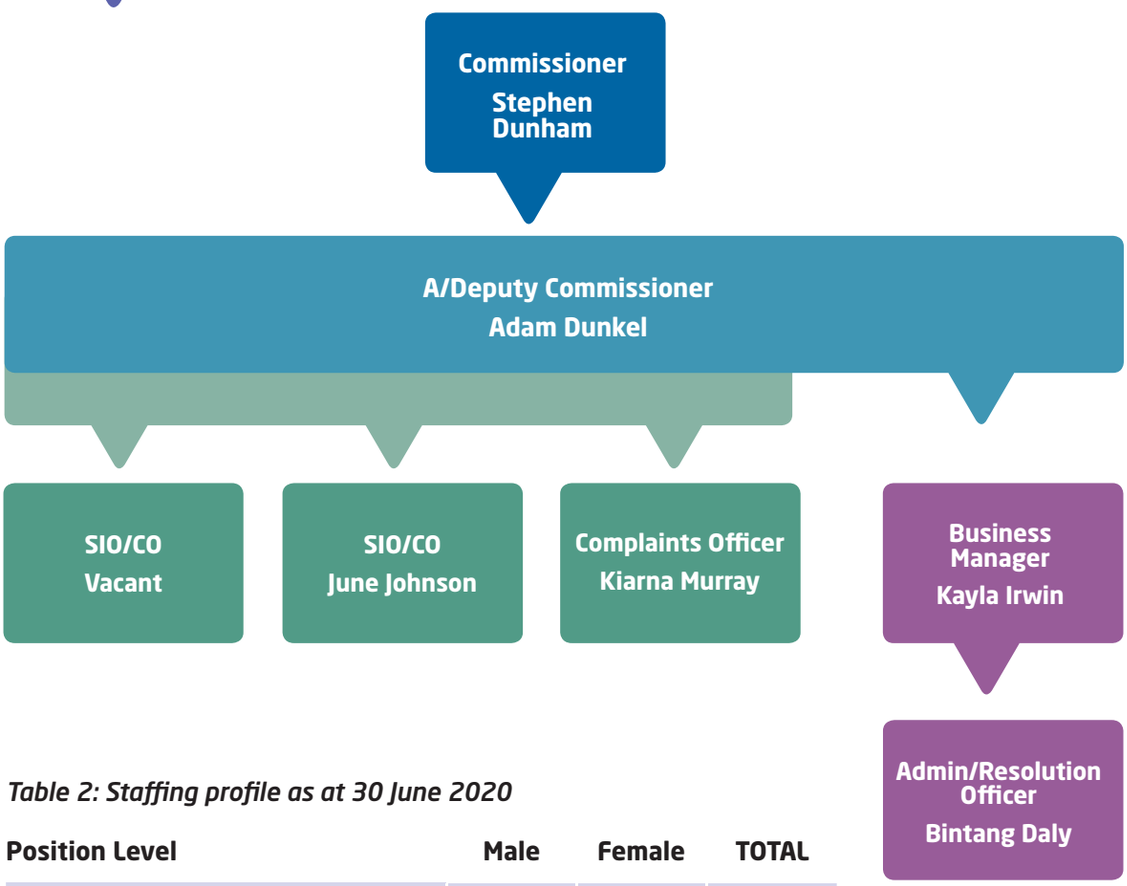


Table 2: Staffing profile as at 30 June 2020

Position Level	Male	Female	TOTAL
Commissioner (ECO2)	1	0	1
Deputy Commissioner (SAO2)	1	0	1
Administrative Officer 7 (AO7)	0	1	1
Administrative Officer 6 (AO6)	0	1.5	1.5
Administrative Officer 4 (AO4)	1	0	1
Total	**3**	**2.5**	**5.5**

Chapter 2: Quality Complaints Management

ACHIEVEMENTS 2019/20

Monitoring quality improvement

The Commission has three primary functions; the promotion of service quality, the promotion of the rights and responsibilities of service users and service providers, and the resolution of complaints.

Two separate mechanisms are employed to promote quality improvement. The first is to encourage service providers to reflect on the issues which led to a complaint or enquiry, and to improve service quality to reduce the likelihood of other, similar complaints. These outcomes are recorded on Resolve, the Commission's complaint management system. The Commissioner making suggestions for quality improvement when closing a complaint achieves the second mechanism. To determine the effectiveness of its focus on quality, the Commission decided to monitor quality improvements made through complaints in 2019/20.

Quality Improvement outcomes recorded

In 2019/20, the Commission recorded 28 separate quality improvement outcomes from complaints across health, disability and aged care services. Examples of these quality improvements include:

- New guidelines, policies and the development of online training for staff;
- The provision of written treatment plans;
- Improved recording systems;
- Improvements to discharge processes;
- The development of an information brochure for service users; and
- The development of a guide setting out standards, roles and expectations regarding communication of information to service users.

The Commission is unable to provide further details without divulging the identity of the service providers.

In 2019/20 the Prison Health Darwin Correctional Centre (and the watch houses) achieved RACGP accreditation against adapted prison health services used nationally.[1] The service also received a commendation for its patient feedback process. Dr Christine Connors (General Manager Primary Health Care) has thanked the Commission for collaboration and support provided by the HCSCC which has assisted the service to improve its processes.

1 General practice accreditation is independent recognition that practices meet the requirements for the governing national industry standards set by the Australian College of General Practitioners (RACGP)

Commissioner Suggestions

A second mechanism for promoting service improvement is the use of Commissioner's suggestions made under section 12(1)(e) of the Act. This states that the Commissioner is "to suggest ways of improving health services and community services and promoting community and health rights and responsibilities". There has been increased focus on this role in 2019/20 with 13 suggestions made to service providers including:

- Considering ways to improve information given to patients with cognitive impairment prior to undergoing imaging;
- Increasing the use of family conferences;
- Improving processes for assessment of the capacity of service users to undertake activities of daily living (ADLs);
- Provision of complaints handling training to staff; and
- Considering whether a waiting room could be made more child-friendly.

As with quality improvements, it is difficult to provide specific information about suggestions made without divulging the identity of the service provider.

Enquiries

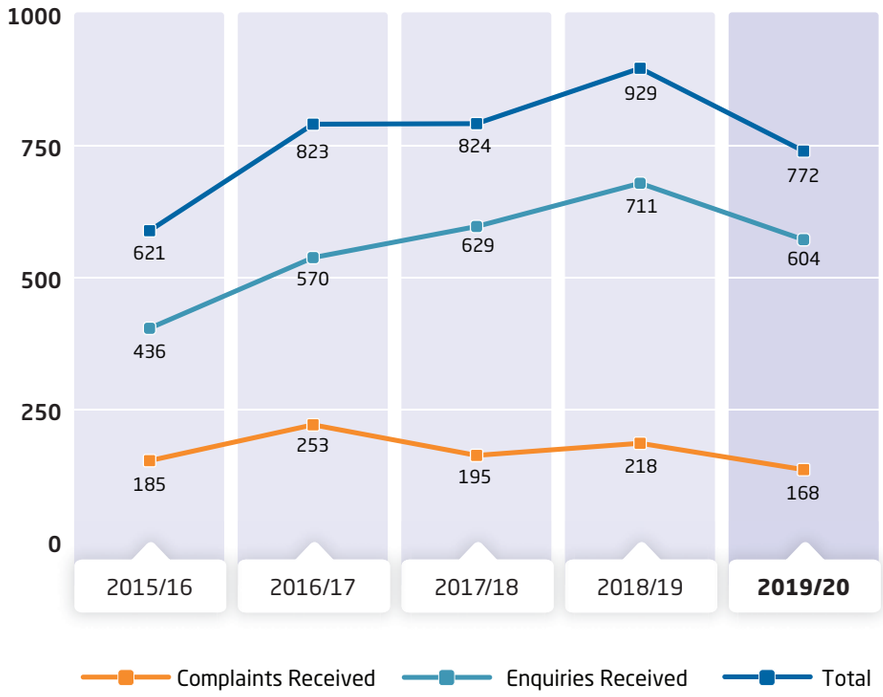
Increasing proportion of complaints handled as enquiries

The Commission has continued its focus on resolving matters at the lowest level possible by managing the majority of matters referred to it as an enquiry. The increasing area between complaints closed and enquiries received in the graph below demonstrates the increasing proportion of matters being managed informally as enquiries. In 2019/20, 78% (compared with 77% in 2018/19) of the 772 matters received were managed as enquiries.

Serious matters can be handled informally, and some are handled this way when a fast outcome is desirable. Factors which are considered when deciding whether to handle a matter informally include whether the issue is current, complexity and the maintenance of relationships. Irrespective of the above, high risk matters are always handled formally as a complaint.

Decrease in enquiries received and closed

Figure 1: Number of complaints and enquiries received 2015/16 - 2019/20



In 2019/20, 604 enquiries were received, a decrease of 18% on the previous high received in 2018/19. Our aim is to close enquiries within 14 days. In 2019/20, this goal was achieved in 86% of matters (a small increase from the 79% recorded in 2018/19).

Figure 2: Number of complaints and enquiries closed 2015/16 - 2019/20

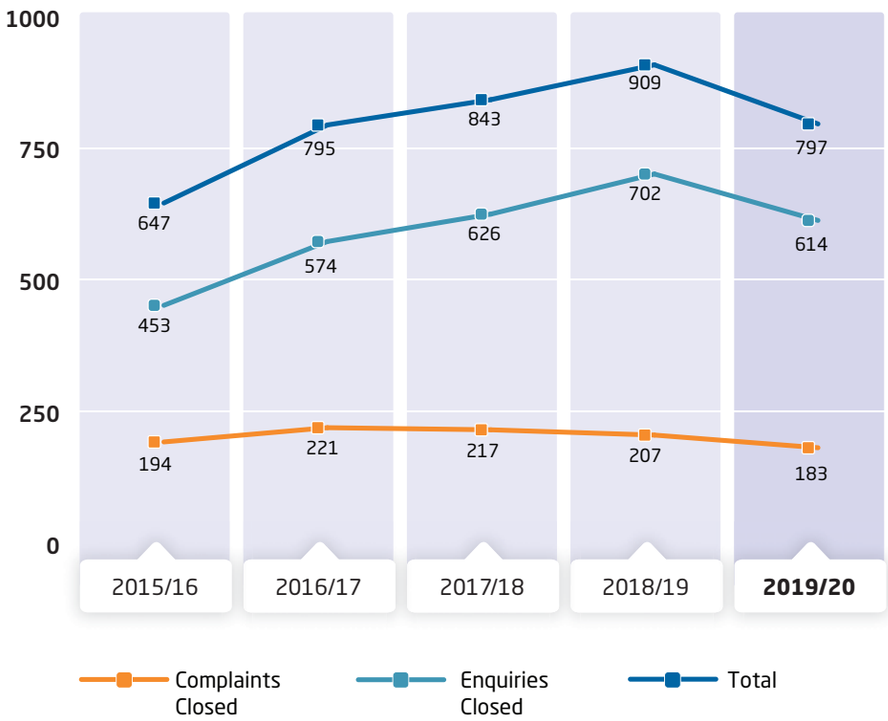


Figure 2 depicts the number of complaints and enquiries closed from 2015/16 until 2019/20. The numbers of complaints rose between 2015/16 and 2018/19 and fell for the period 2019/20. This is likely to be a result of Covid19, which also reduced the Commission's capacity to carry out community engagement.

When assessing enquiries, Commission staff may handle several separate issues in the one file. For example, a service user might complain about the billing practice of their GP. If they complain to the Practice Manager about these billing practices and are unhappy with the response and the way it was delivered, they might also complain about the way her complaint was handled. Thus, there would be one enquiry, but two issues.

Table 3: Categories and percentage enquiry outcomes all issues 2019/20

	2017/18		2018/19		2019/20	
Enquiry Outcomes	**No**	**%**	**No**	**%**	**No**	**%**
Enquiry – information provided	111	13	234	24	154	19
Enquiry – referred back	233	27	231	24	282	34
Enquiry – resolved	185	22	190	20	72	9
Enquiry – other	43	5	56	6	57	7
Enquiry – referred elsewhere	148	17	145	15	164	20
Enquiry – referred to Commission complaints process	136	16	103	11	94	11
Total	**856**	**100**	**959**	**100**	**823**	**100**

Figure 3: Average time to finalise enquiries (days) 2015/16 – 2019/20

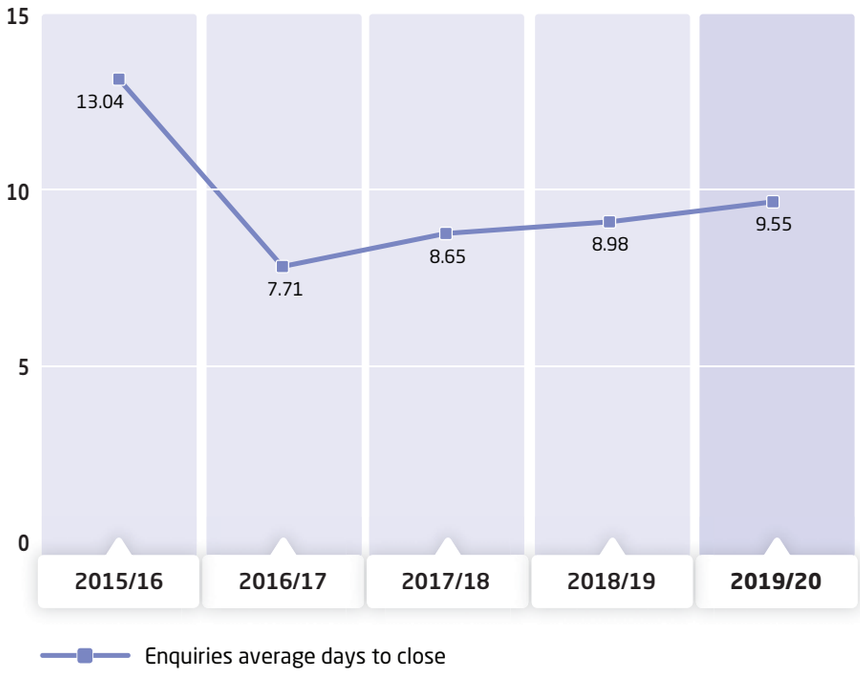


Figure 3 depicts the average time taken to close enquiries for the past five years. This increased slightly to 9.55 days in 2019/20 compared with 8.98 days in 2018/19.

Person-centred approach to enquiries

A person-centred approach requires that Commission staff are sensitive to the impact of a situation on all parties to a complaint.

Referring back

The HCSCC is increasingly referring complaints back for direct resolution. Where a complainant has not attempted to resolve a complaint directly with a service provider Commission staff will forward the complaint to the provider for a direct response and close the file. Complainants are invited to recontact the Commission if the response they receive does not resolve their complaint. Where a complaint is more serious, the Commission may also request that a copy of the response be provided to the Commission.

Complaints

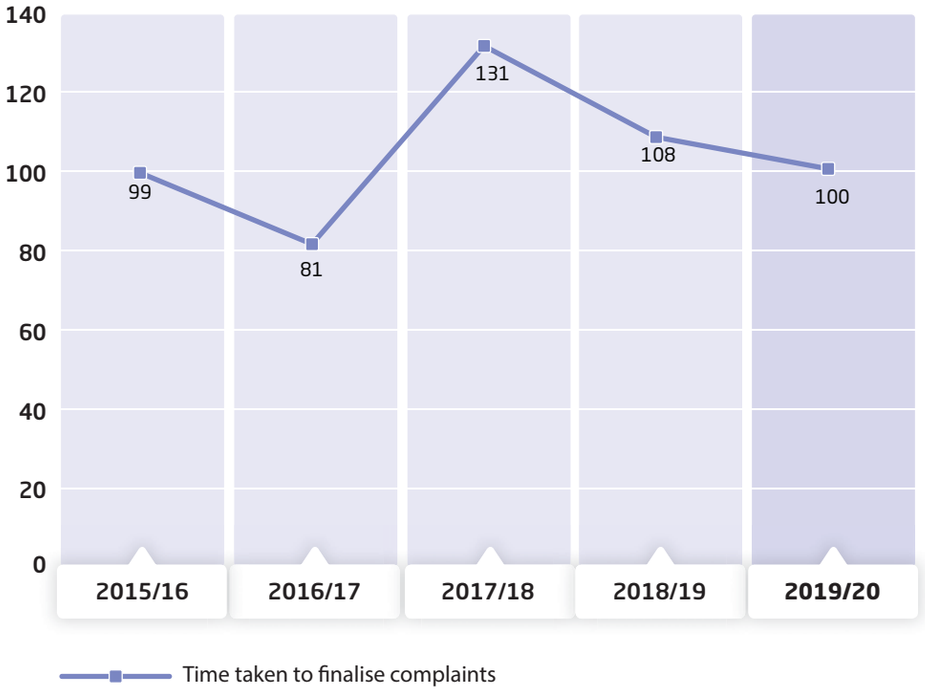
If a concern cannot be resolved at enquiry level, it is dealt with as a complaint. Commission processes for assessing and resolving complaints have gradually changed over time so that while a formal structure is retained, staff are able to work with parties to a complaint, sometimes informally, to bring about resolution. 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 2019/20, the Commission closed 183 complaints (85 received by the Commission and 98 received by Ahpra). Every complaint contains at least one complaint issue, with some large and complex complaints containing many more. The number of complaint issues will therefore always be greater than the number of complaints. In 2019/20, outcomes were recorded for 370 issues in the 183 matters finalised. This is considerably less than the 404 issues assessed in 2018/19. This may reflect a focus on reducing the number of issues assessed to ensure that the primary concerns of the complainant are given sufficient weight in the complaints process.

Timelines

2019/20 was a challenging year for the Commission due to significant staffing changes and one staff member being unable to relocate to Darwin from New Zealand due to Covid19. Despite this 82% of complaints were closed within 180 days, exceeding its KPI of 80% complaints closed in this period.

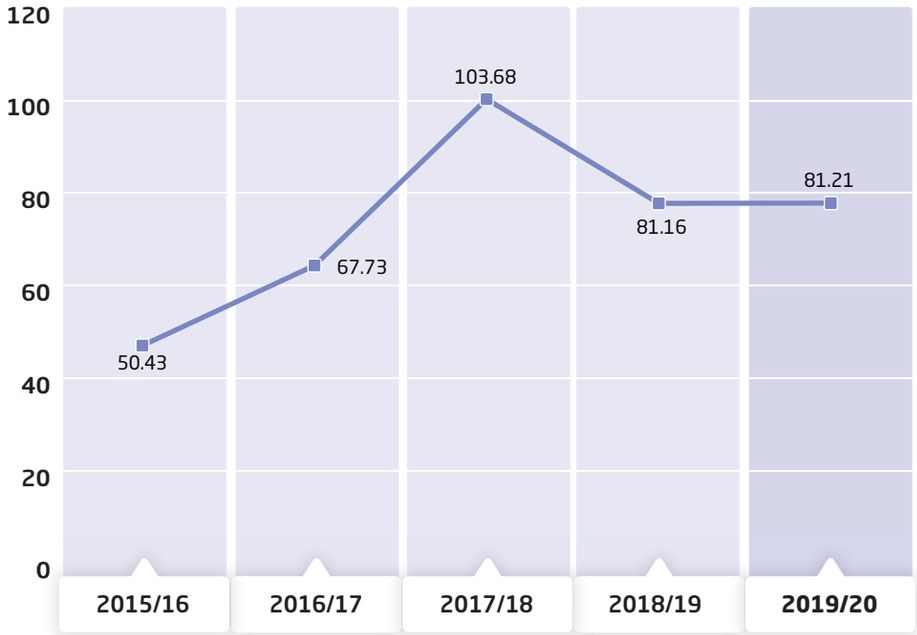
Figure 4: Time taken to finalise complaints (average days) 2015/16 - 2019/20[2]



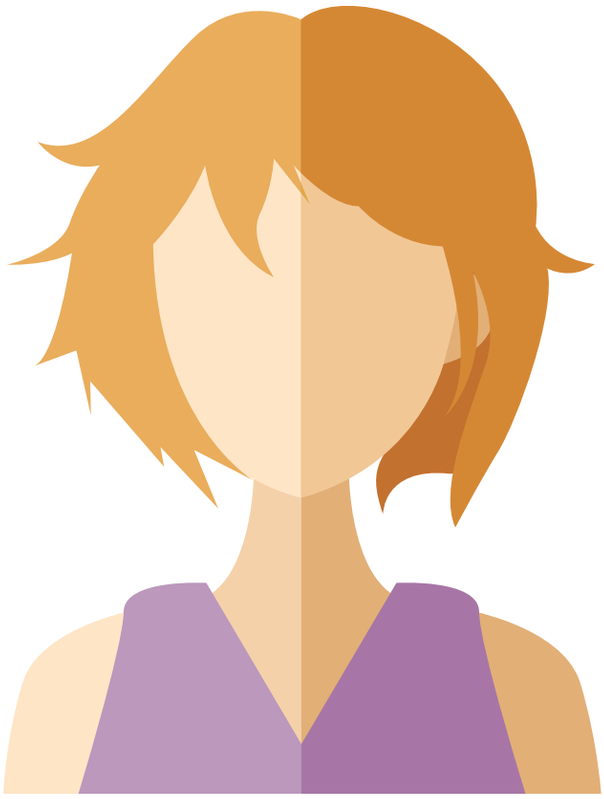
In 2019/20 60% complaints were assessed within 60 days as required by section 27(1) of the Act. This fell well below the Commission's KPI of 80% and slightly less than the 64% achieved in 2018/19.

2 2016/17 was reported incorrectly in 2016/17 and 2017/18 as 99 days (Ahpra data was excluded). Timeframes for closing complaints refers to complaints received by HCSCC and notifications in HCSCC jurisdiction received by Ahpra.

Figure 5: Time taken to assess complaints (average days) 2015/16 - 2019/20



A number of factors can impinge on timeliness. They include complexities in the complaint itself and complexities which arise during the assessment of a complaint. One such example is where concerns about the standard of practice of a registered provider becomes apparent during assessment requiring Ahpra consultation. There are often delays over Christmas when organisations (including the Commission) are short staffed. Aboriginal Legal Aid organisations prefer to speak to their clients face to face, and it is not unusual to wait for months for a response from the complainant as many communities are only visited every three months. As long as the Commission is informed, there is no issue with providing an extension for this purpose.



Commissioner's decision

Section 27 of the *Health and Community Services Complaints Act*, requires the Commissioner to make one of four decisions after assessing a complaint. The Commissioner can refer a matter to conciliation, refer a registered provider to a National Registration Board, take no further action under section 30 of the Act or investigate the complaint. If a matter is not suitable for conciliation and if there is no registered provider (or if a complaint about a registered provider was referred to Ahpra for assessment during weekly consultation), the Commissioner is left with two options; refer the matter to investigation or take no further action. A matter is referred to investigation only if it meets requirements set out in section 48 of the Act; that is if there appears to be a significant issue of public health or safety or public interest; or a significant question as to the practices and procedures of a service provider. Investigations are resource intensive, and for this reason, a very small proportion of matters are managed this way.

The Commissioner consistently decides to take no further action with approximately 60% of complaint issues. In 2019/20, the Commissioner decided to take no further action with 69% of complaint issues, compared with the 77% recorded in 2018/19. One reason for this is that fewer matters (and hence fewer issues) are referred to conciliation primarily due to the Department of Health's policy of not conciliating matters involving financial compensation. When this is no longer an option, the Commissioner's decision-making is limited which results in a greater proportion of no further action decisions. In 2019/20, 18% of matters closed with no further action because they were resolved, compared with 36% in 2018/19.

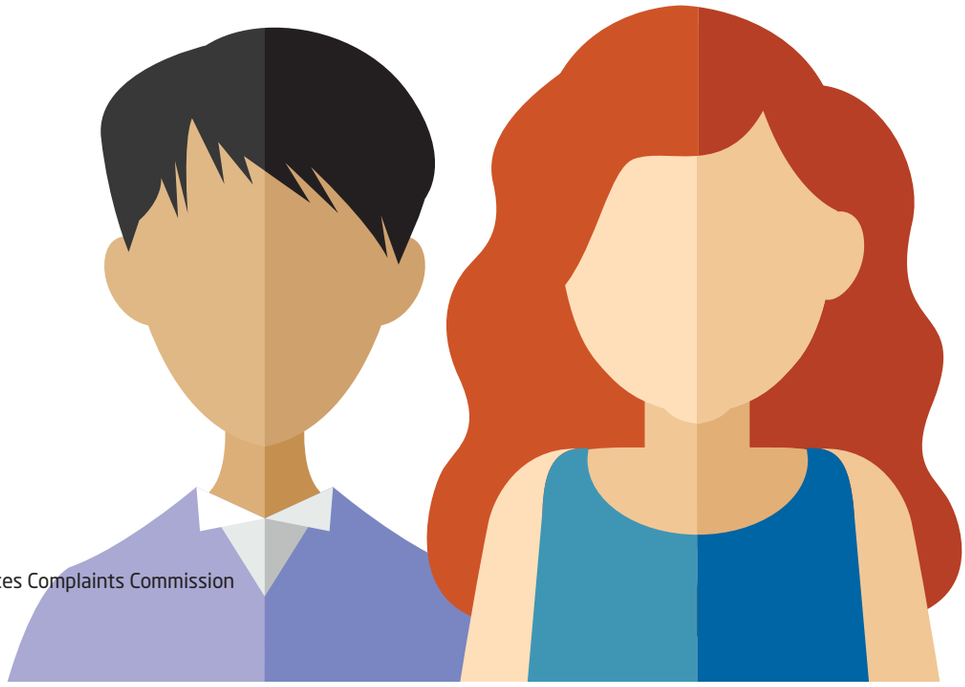
Table 4: Reasons for closure - Issues closed 2017/18 - 2019/20

Reason for closure	2017/18	2018/19	2019/20
Conciliation complete	44	20	29
Dealt with by Board	117	118	105
Investigation complete	31	16	19
Referred to Board	72	25	35
No further action	333	220	190
Referred to other entity	5	5	2
Total	**602**	**404**	**380**

Table 5 below demonstrates that the primary reason for no further action was that further investigation was unnecessary and/or unjustified. The proportion of issues closed due to failure to reasonably resolve with the provider, the complaint was withdrawn and required information was not received all increased. The reasons for this are unclear.

Table 5: Reason for no further action - Issues closed 2017/18 - 2019/20

Reason for no further action	2017/18	2018/19	2019/20
No basis for complaint /Out of Jurisdiction	20	15	5
Complaint over 2 years old	2	1	8
Failure to reasonably resolve with provider	1	2	12
Further investigation unnecessary and/or unjustified	164	77	89
Complaint lacks substance		3	1
Frivolous/vexatious			0
Complaint is resolved	97	80	36
Complaint determined by a court, tribunal or board	4	3	1
Civil proceedings commenced			0
Required information not received	14	17	19
Complaint has been withdrawn	31	22	19
Total	**333**	**220**	**190**



Consultations 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, the Commission referred 12 complaints about registered providers to the relevant Board for assessment in 2019/20.

Notifications received by Ahpra may be also be referred to the Commission for management. In 2019/20, this occurred on 10 occasions when the complaint was about low risk behaviour and the outcomes sought could be better achieved in the Commission's jurisdiction.

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. Its purpose is to act as an alternative to medico-legal processes, often resulting in explanations 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 2019/20, 13 conciliations were closed, seven of which were resolved during conciliation. The number of matters being resolved via conciliation is likely to remain static as the Department of Health is not willing to discuss compensation at conciliation and will only manage matters where compensation is sought as an outcome through legal processes. Accordingly, the Commission refers any complainant who is seeking compensation as an outcome of their complaint for legal advice from the outset.

Investigations

Eight investigations completed in 2019/20

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. 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. In 2019/20, the Commission finalised eight investigations.

Policy role

National 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 to 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 the aspects of the National Code regime, which require coordinated national action. These include:

- a common web portal for the National Register of prohibition orders (now to be managed by Ahpra);
- nationally consistent explanatory materials;
- a common framework for data collection and reporting;
- annual performance reporting to Ministers; and
- policy resources to assist jurisdictions implementing a code regime for the first time.

Over the last four years, the Commission has engaged with interstate health complaint entities to further this work with decisions made as to a common framework for data collection and reporting. Consultation is complete.

THE YEAR AHEAD: 2020/21

The team meets annually to decide on priorities for the upcoming year within the constraints of the Strategic Plan. Factors which determine priorities for the coming year include the core business of the Commission, outcomes of the Commission's performance indicators, and the policy environment in which the Commission operates.

Finalising investigations

In 2019/20, the Commission focussed on finalising investigations. Eight investigations were finalised, double the four investigations completed during 2018/19. The Commission will maintain its focus on finalising investigations and tracking the progress of implementation of recommendations coming out of investigations in 2020/21.

Updating policy

The Commission planned to update the investigations section in the Policy and Procedures Manual. This was not completed due to significant turnover in the Deputy Commissioner position; however, it remains a focus for 2020/21. One staff member completed a Certificate IV in Investigations in 2019/20, and will use the skills gained through that course to help update Commission policies.

Improving efficiency of complaint handling

There will be a continued focus on reducing the time taken to finalise complaints in 2020/21 including ensuring parties respond to the Commission in a timely fashion. Delays in completing assessments and sending correspondence will be monitored in fortnightly file meetings and in quality assurance audits when files are closed.

Improving accessibility

The Commission also intends to undertake consultation and develop a strategy to raise awareness of the Commission's role and improve accessibility amongst Indigenous service users. At present Indigenous Territorians form a disproportionately small number of complainants. This is particularly marked in the enquiries and complaints received from the prison environment where Indigenous Australians significantly outnumber non-Indigenous prisoners.

National Code of conduct for unregistered health practitioners

The National Code of conduct is operational in Queensland, New South Wales, Victoria and South Australia. Legislation has passed in the Australian Capital Territory and Tasmania. Legislative change to enable implementation of the regime has not yet been passed in Western Australia or the Northern Territory.

The Commission has worked with the Department of Health to plan how the new Code regime will be implemented via its legislation and this work is ongoing.

Chapter 3: Promote Capacity and Improve Systems

ACHIEVEMENTS 2019/20

Coaching

When approached with a complaint, the Commissioner will always determine whether the service user has made a reasonable attempt to resolve that complaint first. If not, they will be asked to try to resolve their complaint directly with the service provider. The Commission's experience is that people who contact the Commission with a complaint are often quite happy to try to resolve their complaint this way, but do not do so because they don't quite know how to go about it. Commission staff will coach service users in how to go about making a complaint.

Coaching is also provided to service providers at enquiry stage to assist with direct resolution of matters and when a complaint is being assessed with a view to skills learned being adaptable to future complaints.

In 2015 the Commission collaborated with an external provider to develop a complaints handling training program. In 2019/20 two training sessions with a total of 28 participants completed the training which was presented by the external provider. This was less than previous years due to the impact of Covid19.

Accessibility to the Commission

Table 6 below details the number of complaints received about disability services, mental health services and aged care services over the past five years. Contacts about aged services are consistently low because the Aged Care Complaints Commissioner is responsible for almost all complaints about aged care services. In 2019/20 the Commission did not receive any complaints about Disability Services. The NDIS Quality and Safeguards Commission is responsible for managing complaints from participants who receive services from NDIS funded service providers. The Commission is also able to receive complaints about services for people with a disability irrespective of funding source. In practice the Commission refers complaints about NDIS funded services to the NDIS Quality and Safeguards Commission.

Table 6: Aged and disability services complaints 2015/16 - 2019/20

Provider type	2015/16	2016/17	2017/18	2018/19	2019/20
Disability services	4	8	4	8	0
Mental health services	3	15	16	16	24
Aged services	3	6	2	0	2
Total	**10**	**29**	**22**	**24**	**26**

The data in ***Table 7*** below demonstrates that the number of enquiries about disability services dropped considerably. This is because the NDIS Quality and Safeguards Commission is responsible for managing complaints from participants who received services from NDIS funded service providers.

Table 7: Aged and disability services enquiries 2015/16 - 2019/20

Provider type	2015/16	2016/17	2017/18	2018/19	2019/20
Disability services	11	11	40	37	18
Mental health services	12	31	60	44	42
Aged services	10	7	19	9	17
Total	**33**	**49**	**119**	**90**	**77**

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 2019/20, 171 enquiries (including 21 enquiries about the health care service at ASCC) were received, raising 195 separate issues. This appears to be a testament to the work being done by PPHCS at ASCC to resolve concerns at the point of service.

Table 8 below details the number of contacts from prisoners. TEHS has now instituted a number of mechanisms to improve its complaint handling, including a nurse managing feedback from prisoners and talking to them about their concerns. This has resulted in a significant drop in the proportion of enquiries received from prisoners from 44% in 2015/16 to 28% in 2019/20.

Table 8: Number and proportion of enquiries about PPHCS 2015/16 - 2019/20

Year	Number	Proportion of all enquiries
2015/16	149	34%
2016/17	205	36%
2017/18	137	22%
2018/19	156	22%
2019/20	**171**	**28%**

Prescribed provider reports

Providers prescribed in Schedule 7 of the *Health and Community Services Complaints Regulations* (the Regulations), in accordance with section 99 of the Act, are required 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
- Wurli Wurlinjang Aboriginal Health Service
- Darwin Private Hospital Pty. Ltd.
- Northern Territory Health Services (now Department of Health)

Important organisations missing from this list include the Katherine West Health Board, Sunrise Health Service and a number of large disability organisations. The names of organisations included in the list of prescribed providers needs to be updated. 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 received for the 2019/20 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. Of note however, of the 16 complaints received by Department of Health, 14 were lodged by one client and their guardian.

Table 9: Complaints received by prescribed providers 2019/20

Provider type	Number of complaints received 2019/20
Anyinginyi Health Aboriginal Corporation	**1**
Central Australian Aboriginal Congress	**54**
Central Australia Health Service	**183**
Danila Dilba Health Service	**31**
Darwin Private Hospital	**74**
Department of Health	**16**
Miwatj	**1**
Top End Health Service	**718**
Wurli Wurlinjang Aboriginal Health Service	**6**

THE YEAR AHEAD 2019/20

Maintain work with disability sector

In the coming year, the Commission will continue to work with the NDIS Quality and Safeguards Commission to increase participation from the disability sector in complaints processes, ensuring that that there will be 'no wrong door' and that any person contacting either Commission will be referred to the agency best able to manage the complaint.

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 that includes the latest Annual Report and brochures, complaints handling training, the Guide to Complaints Resolution and our legislation. Website access fell slightly in 2019/20 when compared with the year 2018/19, which is likely related to Covid19.

Updating the Commission's website

Updating the Commission's website will be a focus over the next financial year. Firstly, it requires a full review of all information and secondly, it does not meet NT Government website requirements. This situation must be urgently addressed.

Updating information and handouts

The HCSCC intended to update information regarding the reasons for the Commissioner's decisions in 2019/20. This was not achieved and remains on the Business Plan for 2020/21. In addition, the Commission plans to update information about all the Commission's functions, including conciliation handouts to ensure they are accurate and user friendly. Information sheets will be prepared and outcome letters reviewed to ensure that reasons for decisions can be easily understood.

Ongoing coaching of complainants and service providers

Resolving complaints requires some skill and willingness by all parties, service providers and service users. As stated earlier in this report, Commission staff, when referring a complainant back to resolve their complaint at point of service, will when 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. The Commission plans to review and update this information in 2020/21 as the website is updated.

Table 10: Website access 2014/15 - 2019/20

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Total visits	4056	6185	6853	5072	6155	**6066**

Chapter 4: Governance and 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 by the HCSCC Review Committee established under Section 78 of the Act.

At 30 June 2020, the HCSCC Review Committee comprised:

Mr Andrew George
Chairperson

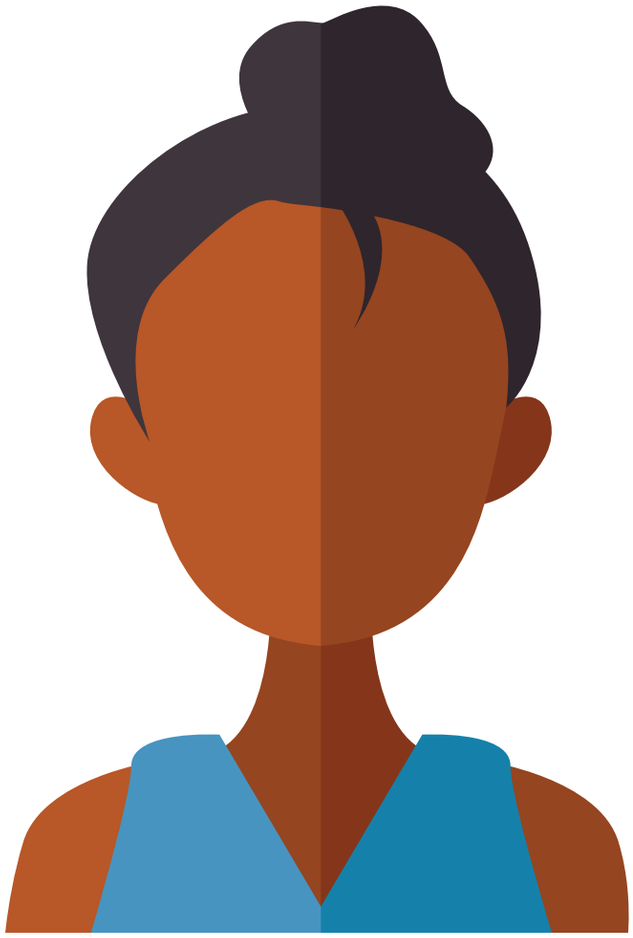
Dr Joanne Seiler
Provider Representative

Ms Susan Burns
Provider Representative

Mr Robert Kendrick
User Representative

Mr Mark Coffey
User Representative.

There were three requests for a review in 2019/20.



ACHIEVEMENTS 2019/20

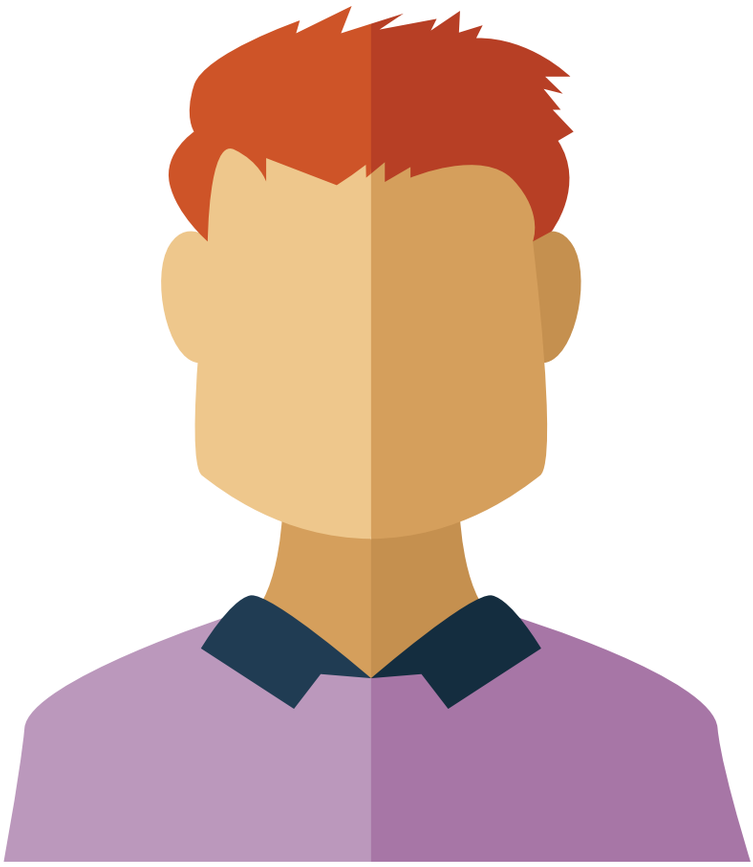
The year 2019/20 has been an extremely challenging one for the Commission due to very high staff turnover particularly in the Deputy Commissioner position and a large proportion of staff in short term contract or acting positions. Arrangements were made for staff to work from home due to Covid19, and a new staff member spent six months working from home in New Zealand, unable to relocate to Australia due to Covid19. Although a number of projects planned for 2019/20 were not able to be achieved due to this, the Commission continued to work effectively with service users and providers in conducting its core business.

THE YEAR AHEAD 2020/21

The Commission remains a learning organisation

The Commission offers a quality service by ensuring that staff are properly trained, that they provide a consistent service that is courteous and empathetic to all parties.

In 2019/20 it was planned for all staff to undergo a performance evaluation review to set work goals and identify development needs and the training to be provided. Due to significant turnover of staffing in 2019/20 this did not occur and will be completed in 2020/21. Monthly staff meetings are held which includes inviting speakers to the Commission for mutual professional development opportunities.

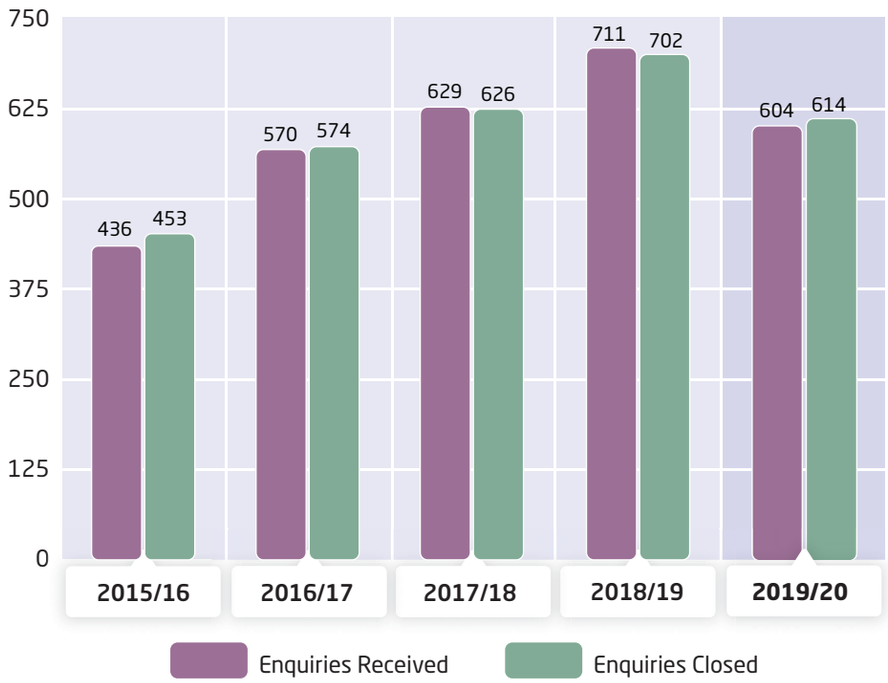


Appendix 1: Performance

Enquiries / informal complaints

In 2019/20, the Commission received 604 enquiries and closed 614. This is substantially lower than the number received and closed in 2018/19 and only slightly fewer than the number in 2017/18.

Figure 6: Enquiries received and closed 2015/16 - 2019/20



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

Public providers accounted for 72% of the providers about whom enquiries were received in 2019/20, roughly equivalent to the proportion in previous years.

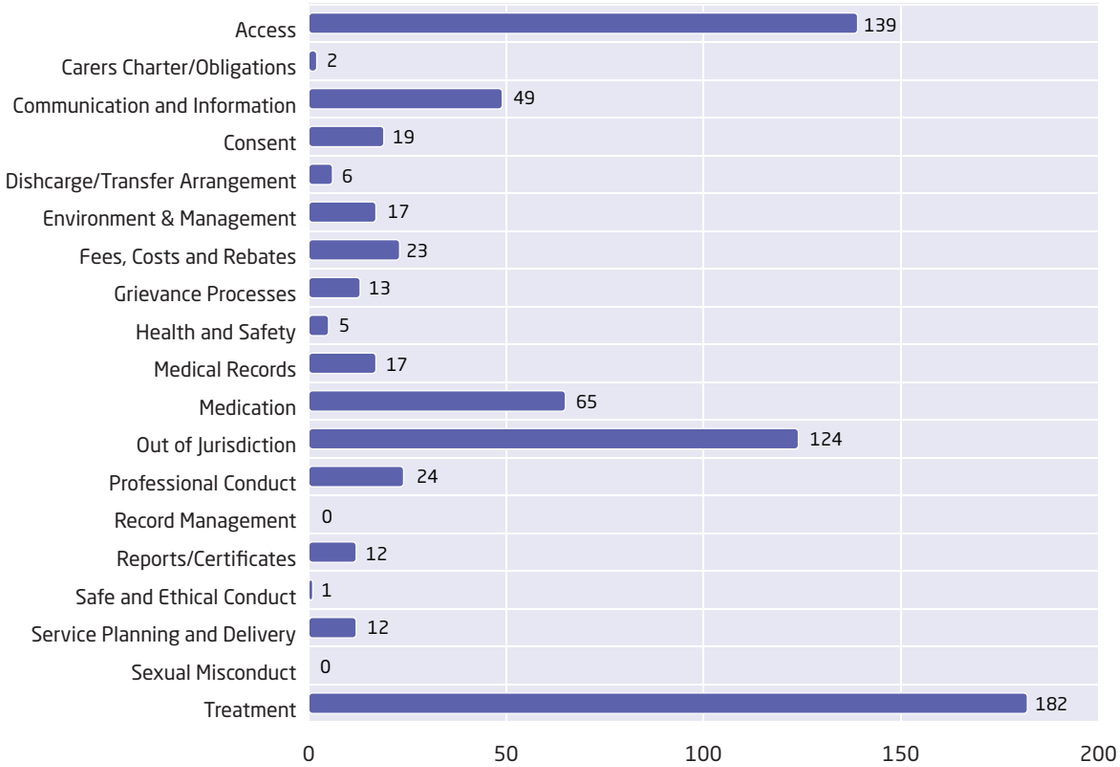
Table 11: Providers subject of enquiries 2015/16 - 2019/20

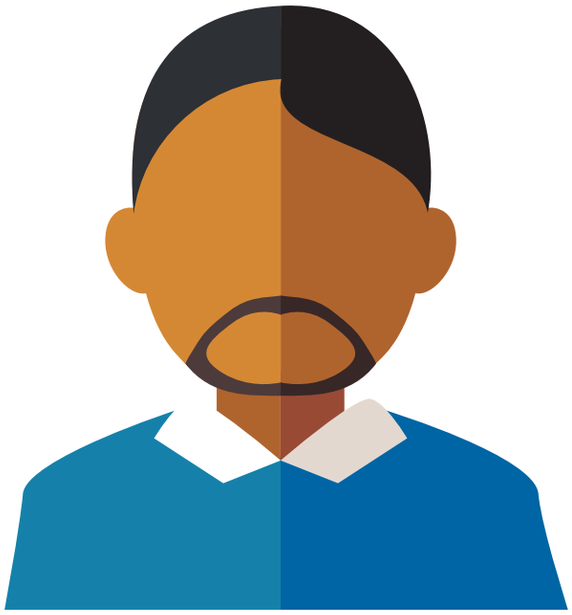
Providers	2015/16	2016/17	2017/18	2018/19	2019/20
Private	75	131	184	207	180
Public	381	464	495	559	468
Total	**456**	**595**	**679**	**766**	**648**

Issues raised in enquiries

Often more than one issue is raised per enquiry, 710 issues were dealt with when assisting with the 604 enquiries received. As with previous years, the most common issues raised and dealt with through our enquiry process were standard of treatment, access to services, and communication, with the addition of medication in 2019/20. One hundred and twenty four (124) issues were 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 7: Issues raised in enquiries closed 2019/20

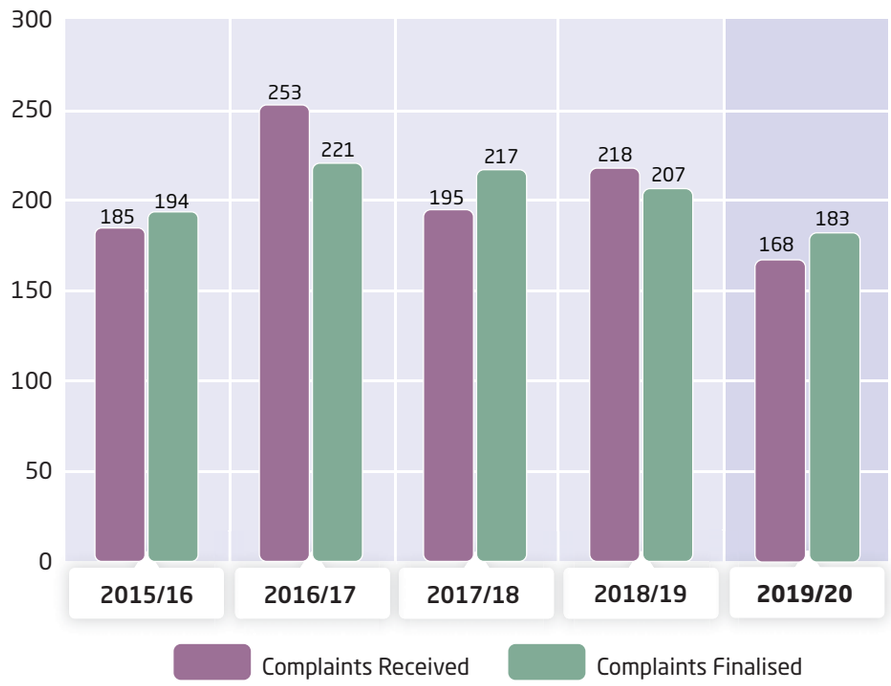




Complaints

One hundred and sixty eight (168) new complaints were received in 2019/20, representing a 29% decrease on the number received in the previous year. The drop is believed to be Covid19 related.

Figure 8: Complaints received and closed 2015/16 - 2019/20

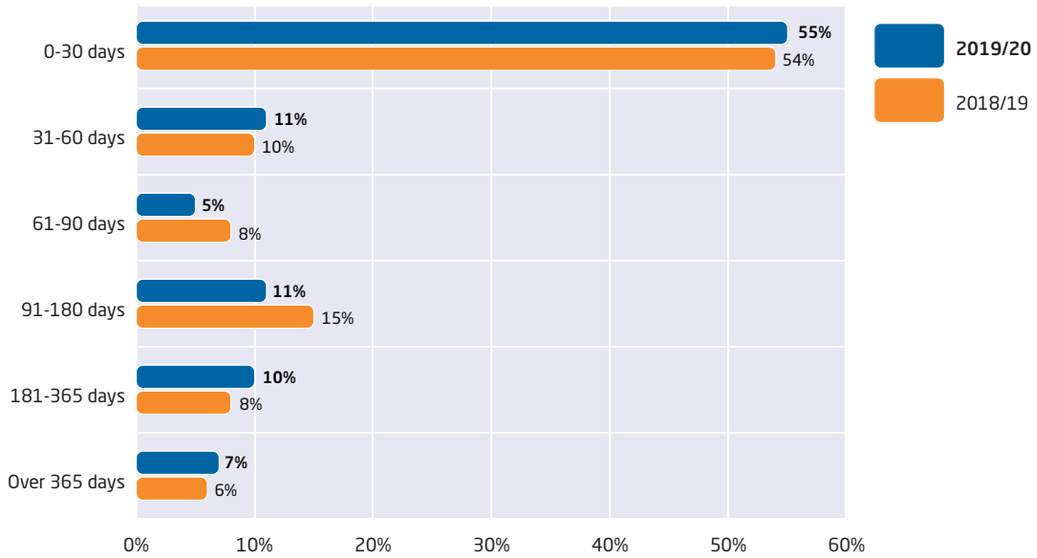


Time taken to finalise complaints

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 an average 108 days in 2018/19 to 100 days in 2019/20. This decrease may be due to fewer long-standing matters such as investigations being completed, and so may not be significant.

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.

Figure 9: Percentage complaints closed and timeframes 2018/19 and 2019/20

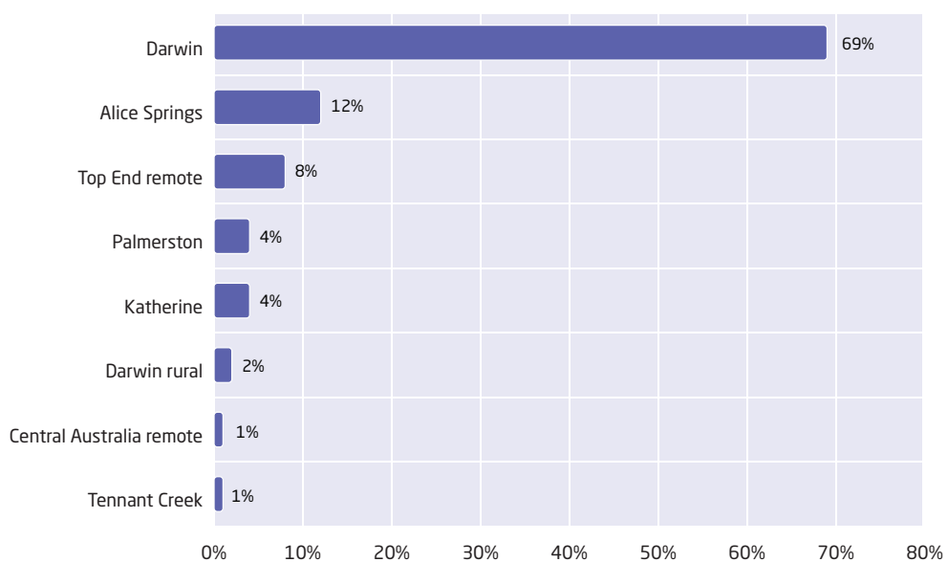


In 2019/20, 83% of complaints were closed within 180 days. The benchmark for closure within 180 days is 80%.

Location of services complained about

As expected, the majority of services subject to a complaint are located in Darwin (69%), a slight increase from 2018/19. There is a slight decrease in complaints received about services in Alice Springs in 2019/20; however overall the number of complaints received from remote NT remains relatively constant.

Figure 10: Location of services 2019/20



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 2019/20, of the 75 complaints made directly to the Commission, 76% of complainants approached the Commission by electronic means (30% by email and 45% by the Commission website), 3% by phone and 15% were received by mail. The remaining complaints were taken in person (7%).

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.

In 2019/20, there were a total of 202 providers involved in the 168 complaints received by the Commission. Of these, 152 (75%) were public providers and 50 (25%) private.

Twenty four percent (24%) of all public sector complaints were about hospitals, with doctors receiving the highest number of complaints about individual practitioners (26% of all public sector complaints) followed by nurses and midwives (12%).

In the private sector, the highest number of complaints about organisations were about services offered by an alternate health provider (6%). Medical practitioners were subject to the greatest number of private sector complaints about individual practitioners (46%), followed by psychology (12%), and nurses and midwives (10%).

What issues are complained about?

Each issue described in individual complaints 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 2019/20, a total 370 issues were assessed.

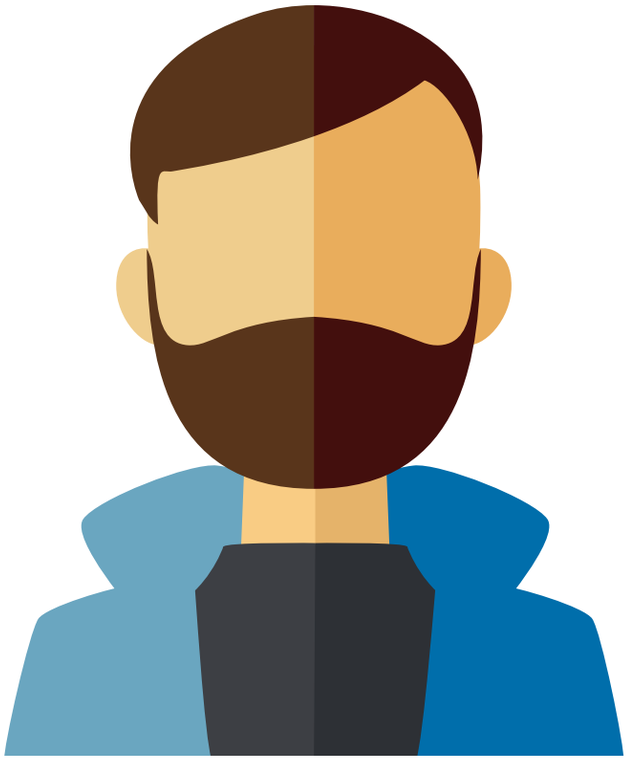
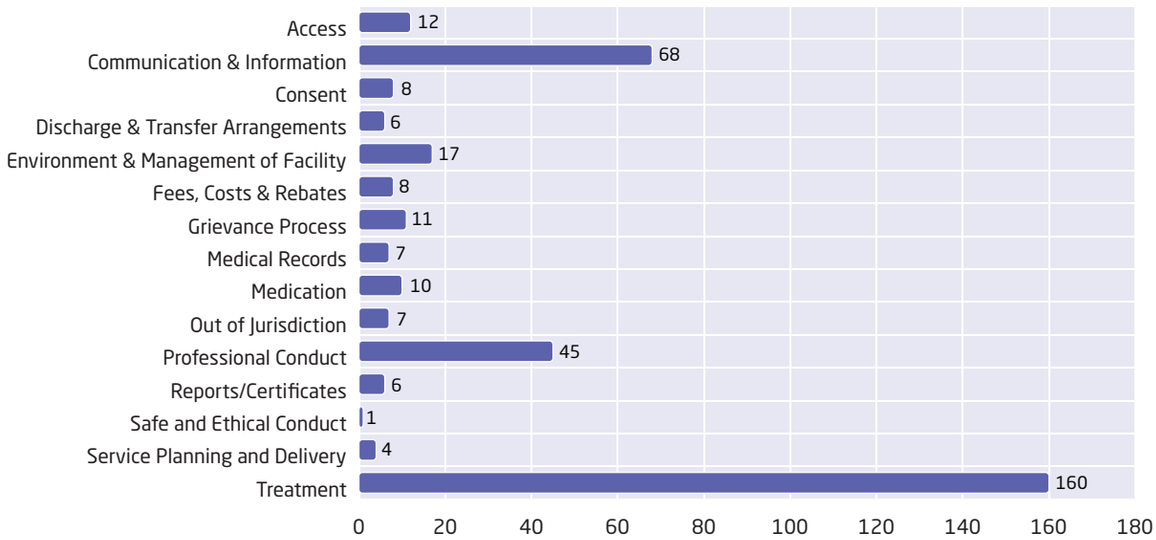


Figure 11: Issues raised in complaints closed 2019/20



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 seven issues assessed as out of jurisdiction.

Table 12: Complaints about access 2015/16 - 2019/20

Access	2015/16	2016/17	2017/18	2018/19	2019/20
Access to facility	0	0	2	1	0
Access to subsidies	0	3	2	3	2
Refusal to admit or treat	4	4	3	5	3
Service availability	5	8	6	5	7
Waiting list	1	1	1	1	0
Total	**10**	**16**	**14**	**15**	**12**

Issues relating to access made up 3% of all issues raised in complaints in 2019/20. Concerns about access to services, however, comprised 20% of all enquiry issues, largely due to the high proportion of contacts from prisoner and waiting lists for outpatient appointments.

Table 13: Complaints about carers charter 2017/18 - 2019/20 (new issue category)

Carers Charter	2017/18	2018/19	2019/20
Obligations to carers not met	1	0	0
Total	**1**	**0**	**0**

This issue is included because section 23(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 14: Complaints about communication & information 2015/16 - 2019/20

Communication and Information	2015/16	2016/17	2017/18	2018/19	2019/20
Attitude and manner	41	44	46	24	36
Inadequate information provided	31	31	29	17	23
Incorrect/misleading information provided	4	11	15	5	4
Special needs not accommodated	5	9	4	4	5
Total	**81**	**95**	**94**	**50**	**68**

Issues relating to communication and information made up 18% of all issues complained about. This is an increase on 12% in 2018/19.

Table 15: Complaints about consent 2015/16 - 2019/20

Consent	2015/16	2016/17	2017/18	2018/19	2019/20
Consent not obtained or inadequate	21	16	19	7	4
Involuntary admission or treatment	3	4	12	0	3
Uninformed consent	4	4	4	3	1
Total	**28**	**24**	**35**	**10**	**8**

Issues relating to consent constituted 2% of all issues complained about in 2019/20, remaining the same as the previous financial year.

Table 16: Complaints about discharge and transfers 2015/16 - 2019/20

Discharge and Transfers	2015/16	2016/17	2017/18	2018/19	2019/20
Delay	0	1	2	1	0
Inadequate discharge	9	9	11	9	5
Mode of transport	1	2	2	1	1
Patient not reviewed	0	0	0	1	0
Total	**10**	**12**	**15**	**12**	**6**

Two per cent of issues raised in 2019/20 related to discharge and transfer arrangements.

Table 17: Complaints about environment & management of facility 2015/16 - 2019/20

Environment and Management	2015/16	2016/17	2017/18	2018/19	2019/20
Administrative processes	10	19	15	6	2
Cleanliness/hygiene of facility	5	3	6	2	1
Physical environment of facility	3	5	6	4	4
Staffing and rostering	1	6	5	0	1
Statutory obligations/ accreditation standards not met	11	9	8	4	6
Workforce issues/staff related issues	0	0	0	5	3
Total	**30**	**42**	**40**	**21**	**17**

Complaints in this category relate to administration rather than the care/treatment component of the service. These issues made up 5% of all issues raised in complaints, remaining the same as in 2018/19.

Table 18: Complaints about fees, costs & rebates 2015/16 - 2019/20

Fees, Costs and Rebates	2015/16	2016/17	2017/18	2018/19	2019/20
Billing practices	11	6	6	7	5
Cost of treatment	0	1	2	0	2
Financial consent	0	1	4	1	1
Total	**11**	**8**	**12**	**8**	**8**

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

Table 19: Complaints about grievance procedures 2015/16 - 2019/20

Greivance	2015/16	2016/17	2017/18	2018/19	2019/20
Inadequate/no response to complaint	16	10	22	15	11
Information about complaint procedure not provided	1	2	2	1	0
Reprisal/retaliation as a result of complaint lodged	6	2	3	1	0
Total	**23**	**14**	**27**	**17**	**11**

Issues related to grievance procedures and complaint handling made up 3% of all issues complained about, slightly less than in 2018/19.

Table 20: Complaints about medical records 2015/16 - 2019/20

Medical Records	2015/16	2016/17	2017/18	2018/19	2019/20
Access to/transfer of records	3	5	3	4	2
Record keeping	10	7	2	8	4
Record management	1	3	6	0	1
Total	**14**	**15**	**11**	**12**	**7**

The medical record category includes complaints about errors and inadequacies in medical records. They accounted for 2% of all issues complained about in 2019/20. The Commission may 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 21: Complaints about medication 2015/16 - 2019/20

Medication	2015/16	2016/17	2017/18	2018/19	2019/20
Administering medication	8	6	6	7	1
Dispensing medication	11	3	5	8	1
Prescribing medication	10	11	22	11	5
Supply/security/storage of medication	4	1	3	2	3
Total	**33**	**21**	**36**	**28**	**10**

Medication related concerns made up 3% of all issues in 2019/20. In addition, the Commission handled 78 complaints (9% of all enquiries) about medication at enquiry level. Many of these complaints were about access to prescription opiate medication. This reflects 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.

Table 22: Complaints about professional conduct 2015/16 - 2019/19

Professional Conduct	2015/16	2016/17	2017/18	2018/19	2019/20
Annual declaration not complete	0	0	0	1	0
Assault	2	5	4	5	3
Boundary violation	4	7	1	4	5
Breach of condition	1	4	3	2	2
Breach of guideline/law[4]	*	*	12	20	2
Competence	42	42	26	13	16
Discriminatory conduct	5	2	3	2	0
Emergency treatment not provided	1	3	3	2	0
Financial fraud	3	1	4	0	0
Illegal practice	8	6	5	1	2
Impairment	1	0	0	0	2
Inappropriate disclosure of information	10	5	8	7	8
Misrepresentation of qualifications	2	2	5	1	0
Sexual misconduct	2	2	0	0	5
Total	**81**	**79**	**74**	**48**	**45**

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

Table 23: Complaints about reports/certificates 2015/16 - 2019/20

Reports/Certificates	2015/16	2016/17	2017/18	2018/19	2019/20
Accuracy of report/certificate	6	5	6	2	5
Costs of reports/certificates	0	0	0	0	0
Inadequate/no consultation	0	0	0	0	0
Refusal to provide reports/ certificates	1	1	1	1	0
Report written with inadequate or no consultation	1	2	1	1	1
Timeliness of report/certificate	1	1	0	0	0
Total	**9**	**9**	**8**	**4**	**6**

Complaints about reports and certificates made up 2% of issues in complaints closed in 2019/20. 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.

4 New category 2017/18

Table 24: Complaints about service planning and delivery 2017/18 - 2019/20 (new issue category)

Service Planning and Delivery	2017/18	2018/19	2019/20
Decision making and choice	3	2	1
Person centred planning	1	5	2
Privacy and dignity of service user	*	*	1
Total	**4**	**7**	**4**

Four issues related to service planning and delivery were assessed in 2019/20. This complaints category is most likely to describe complaints about disability services. Now that the NDIS Quality and Safeguards Commission has commenced operations, it is possible that this category will be less relevant to the Commission's operations.

Table 25: Complaints about treatment 2015/16 - 2019/20

Treatment	2015/16	2016/17	2017/18	2018/19	2019/20
Attendance	1	0	1	0	1
Coordination of treatment	5	20	25	16	9
Delay in treatment	7	16	20	12	15
Diagnosis	19	12	24	23	17
Excessive treatment	1	1	0	1	1
Experimental treatment[5]	*	*	2	0	1
Inadequate care[6]	*	*	17	16	11
Inadequate consultation	10	3	8	11	4
Inadequate prosthetic device[7]	*	*	1	0	0
Inadequate treatment	54	58	50	39	64
Infection control	4	1	2	2	3
No/inappropriate referral	7	4	10	4	5
Public/Private election	3	1	3	1	0
Rough and painful treatment	4	3	5	1	3
Unexpected treatment outcome/ complications	10	9	27	15	14
Withdrawal of treatment	1	2	4	0	0
Wrong/inappropriate treatment	8	17	17	7	9
Total	**134**	**147**	**216**	**148**	**157**

Issues relating to treatment constituted 43% of all issues in complaints closed in 2019/20, an increase from 36% in 2018/19. Inadequate treatment is identified as the primary concern within this category.

5 New category 2017/18

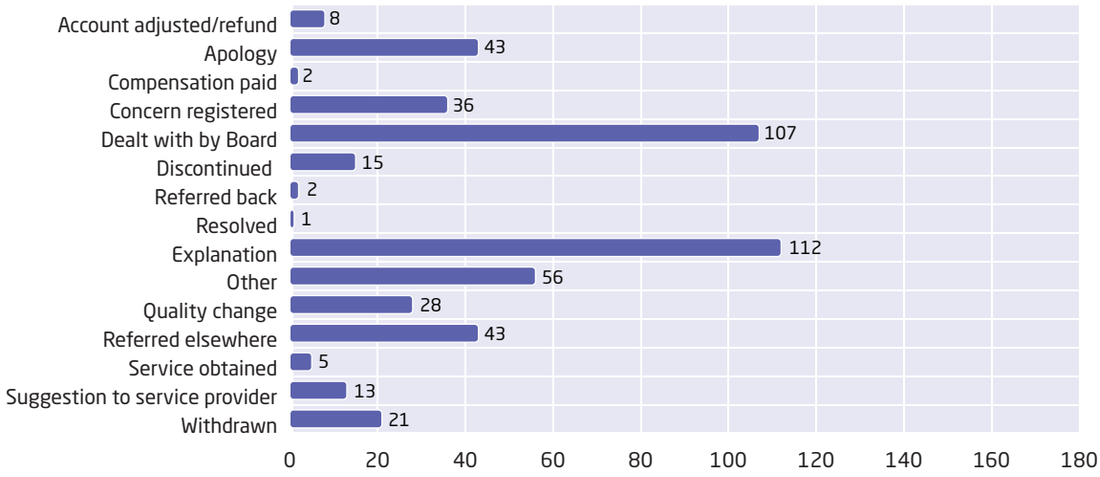
6 Ibid

7 Ibid

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 12: Outcomes of issues raised in complaints closed 2019/20



The most common outcome from issues closed by the Commission was an explanation (23%), followed closely by being dealt with by the relevant Board (22%). Six per cent of matters resulted in a quality improvement and 9% were referred elsewhere. The Commissioner made suggestions for quality improvements under section 12(1)(e) of the Act on 18 occasions. An apology was an outcome of 9% of issues.

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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