

Annual Report
2020/21







Twenty-Third Annual Report (2020/21)

The Honourable Selena Uiibo 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 2021.

Yours sincerely

A handwritten signature in black ink, appearing to read "Stephen Dunham".

Stephen Dunham
Commissioner

3 February 2022

Glossary of Terms

AGD	Department of Attorney General and Justice
Ahpra	Australian Health Practitioner Regulation Agency
ASCC	Alice Springs Correctional Centre
DCC	Darwin Correctional Centre
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
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
TEHS	Top End Health Service
CAHS	Central Australia Health Service



Table of Contents

Glossary of Terms	2	Policy role	24
Commissioner’s Report	6	National Code of Conduct for unregistered health practitioners.....	24
2020/21 at a Glance	11	THE YEAR AHEAD: 2021/22	25
Key deliverables	11	Finalising investigations	25
Enquiries	11	Updating policy	25
Complaints	11	Improving efficiency of complaint handling	25
Community engagement.....	11	Improving accessibility.....	25
Chapter 1: The Commission	12	National Code of conduct for unregistered health practitioners.....	25
Our Vision.....	12	Chapter 3: Promote Capacity and Improve Systems	26
Our Mission	12	ACHIEVEMENTS 2020/21	26
Our Values.....	12	Coaching	26
Our History.....	12	Accessibility to the Commission	26
Our Functions	12	Prison Primary Health Care Service (PPHCS)	27
Our Strategic Objectives.....	12	Prescribed provider reports.....	28
Our Team	13	THE YEAR AHEAD 2021/22	29
Chapter 2: Quality Complaints Management	14	Maintain work with disability sector	29
Achievements 2020/21	14	Commission website	29
Monitoring quality improvement.....	14	Updating the Commission’s website	29
Quality Improvement outcomes recorded ...	14	Updating information and handouts	29
Enquiries	15	Ongoing coaching of complainants and service providers	29
Increasing proportion of complaints handled as enquiries.....	15		
Decrease in enquiries received and closed.	16		
Person-centred approach to enquiries	18		
Referring back	18		
Complaints	18		
Timelines	19		
Commissioner’s decision	21		
Consultations with Ahpra	23		
Conciliations	23		
Investigations	24		
Nine investigations completed in 2020/21	24		

Chapter 4: Governance and Resource Management 30

Health and Community Services

Complaints Review Committee 30

ACHIEVEMENTS 2020/21 31

THE YEAR AHEAD 2021/22..... 31

The Commission remains a learning organisation..... 31

Appendix 1: Performance 32

Enquiries / informal complaints 32

Issues raised in enquiries..... 33

Complaints 34

Time taken to finalise complaints 34

Location of services complained about 35

How are complaints received? 36

What services are complained about? 36

What issues are complained about? 36

Outcomes of issues complained about..... 43

Figures

Figure 1: 16
Number of complaints and enquiries received 2016/17 - 2020/21

Figure 2: 16
Number of complaints and enquiries closed 2016/17 - 2020/21

Figure 3: 17
Average time to finalise enquiries (days) 2016/17 - 2020/21

Figure 4: 19
Time taken to finalise complaints (average days) 2016/17 - 2020/21

Figure 5: 20
Time taken to assess complaints (average days) 2016/17 - 2020/21

Figure 6: 32
Enquiries received and closed 2016/17 - 2020/21

Figure 7: 33
Issues raised in enquiries closed 2020/21

Figure 8: 34
Complaints received and closed 2016/17 - 2020/21

Figure 9: 35
Percentage complaints closed and timeframes 2019/20 and 2020/21

Figure 10: 35
Location of services 2020/21

Figure 11: 37
Issues raised in complaints closed 2020/21

Figure 12: 43
Outcomes of issues raised in complaints closed 2020/21

Tables

Table 1: 11	Table 15: 39
Key deliverables 2018/19 - 2020/21	Complaints about discharge and transfers 2016/17 - 2020/21
Table 2: 13	Table 16: 39
Staffing profile as at 30 June 2021	Complaints about environment & management of facility 2016/17 - 2020/21
Table 3: 17	Table 17: 39
Categories and percentage enquiry outcomes all issues 2018/19 - 2020/21	Complaints about fees, costs & rebates 2016/17 - 2020/21
Table 4: 21	Table 18: 40
Reasons for closure - Issues closed 2018/19 - 2020/21	Complaints about grievance procedures 2016/17 - 2020/21
Table 5: 22	Table 19: 40
Reason for no further action - Issues closed 2018/19 - 2020/21	Complaints about medical records 2016/17 - 2020/21
Table 6: 26	Table 20: 40
Aged and disability services complaints 2016/17 - 2020/21	Complaints about medication 2016/17 - 2020/21
Table 7: 27	Table 21: 41
Aged and disability services enquiries 2016/17 - 2020/21	Complaints about professional conduct 2016/17 - 2020/21
Table 8: 27	Table 22: 41
Number and proportion of enquiries about PPHCS 2016/17 - 2020/21	Complaints about reports/certificates 2016/17 - 2020/21
Table 9: 29	Table 23: 42
Website access 2015/16 - 2020/21	Complaints about service planning and delivery 2017/18 - 2020/21 (new issue category)
Table 10: 32	Table 24: 42
Providers subject of enquiries 2016/17 - 2020/21	Complaints about treatment 2016/17 - 2020/21
Table 11: 37	
Complaints about access 2016/17 - 2020/21	
Table 12: 38	
Complaints about carers charter 2017/18 - 2020/21 (new issue category)	
Table 13: 38	
Complaints about communication & information 2016/17 - 2020/21	
Table 14: 38	
Complaints about consent 2016/17 - 2020/21	

Commissioner's Report



The *Health and Community Services Complaints Act* requires at section 19:

As soon as practicable after the end of each financial year, the Commissioner must report in writing to the Minister on the exercise of his or her powers and the performance of his or her functions during the financial year.

Two points are evident in the preparation of this report.

While most Annual Reports are fulsome in descriptions of the entire range of matters that departments have been involved in and associated with, this report is singularly focussed on the exercise of my powers and the performance of my functions by way of statistical data and explanatory notes and does not provide further embellishment beyond that. It is largely rendered in electronic form and has only two printed copies.

Secondly, while this report significantly lags behind other government units, it is neither tardy nor outside statutory deadlines as the other work of the Commission has afforded this task a lesser priority and it is thus provided 'as soon as practicable'.

Both of these points are linked and derive from the workload and financial strictures affecting the Commission in the year reported on. I will expand on this further in this report.

COVID-19

It has been difficult to quantify and analyse but it appears that the COVID 19 epidemic has been a significant influence on workload with a possible 30% reduction due to this one factor. Interstate Commissions have reported a similar experience. A number of reasons may explain this, but each of these can only be mooted as hypothetical in the absence of more definitive analysis. This lull in workload is anomalous with the expectation that workload will return to growth trend in the coming year.

Opportunistically, the Commission has used this reduction in workload and the almost total curtailment of community engagement to address the substantial backlog of work, particularly investigations, some of which had been some years in finalising. Nine major reports were finalised in this year, predominantly by Ms Brisbane, the Deputy.

Going forward, I have adopted a high threshold for matters to be referred to investigation. A formidable list of system improvements have been instituted directly following the recommendations of Investigations and I have made this decision reluctantly and as a direct result of cuts to resources.

The opportunity was also taken to commence a number of deferred projects such as the review of the website, which was classified as non-conforming after several years of operation. The Commission relies on its website as an electronic 'front door' and it is the route by which the majority of our complaints and enquiries are received. Importantly it also provides information about the scope of the Commission and other agencies to assist in resolving grievances. This work required the significant contribution of the Office manager. This resource is discussed later.

Other projects which had long been held in abeyance were also embarked on to take

advantage of the temporary workload reduction. These included business planning, updating of templates and procedure manuals, redesigning the Business Manager/Office Manager and Complaints Officer roles and staff training.

Numerous COVID19 related complaints concerning the Government's handling, regulation and interactions with people were received, but the vast bulk of these were handled directly within the Department of Health (DoH) and the Commission adopted a policy of direct referral to the dedicated unit.

The DoH provided significant resources to complaint resolution in relation to COVID-19 matters and interacted with people who had numerous and diverse issues compounded by significant confusion about process, protocols and ambiguous, (and occasionally, quickly changing) advice. Understandably, some complainants were aggrieved about matters outside the ability of the Department to resolve, such as the implementation of Government policy.

The Department and its staff should be commended for their approach to COVID-19 complaint resolution over this difficult period.

Resourcing of the Commission

First the good news.

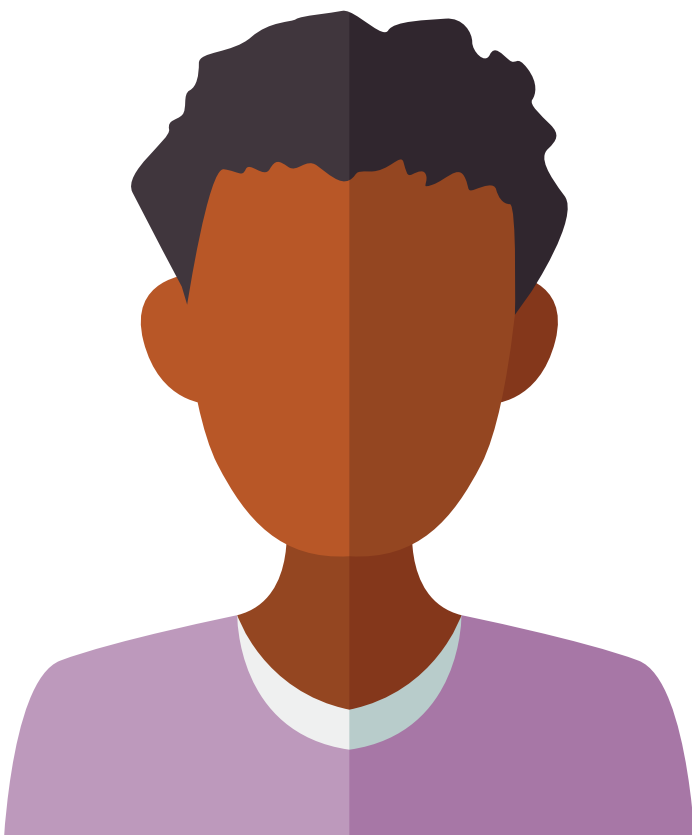
The previous arrangement of the Commission sharing the Business Manager 50/50 with the Children's Commission has long been an unsatisfactory arrangement for both agencies. I commend Brendan Schultz and Kayla Irwin for their time undertaking this job in these trying circumstances.

Approval was granted for the position to be upgraded to full time for a 12 month period, and Ashlee Edwards, a former employee of the Commission was recruited on a time limited basis.

The capacity to undertake the full array of deferred projects and the alleviation of many of the administrative tasks which fell to the Commissioner and Deputy Commissioner is able to be clearly and empirically demonstrated.

I have previously reported that the restrictions on the Commission's resources are the biggest threat to its independence.

The Commission has experienced reductions in the order of 24% over my time as Commissioner. There can be no doubt that resource restrictions fetter the Commission's capability to fulsomely investigate complaints and enquiries. Likewise, the Act's mandate to promote the rights of users and encourage an awareness of those rights has a direct nexus with people using the Commission to pursue their rights. Community engagement has been severely restricted, partly due to COVID-19, but also as a cost containment measure.



Emerging additional tasks

There are a number of matters which will increase workload and it is important that I make my view about this clear in this report.

Responding to requests for information

Royal Commissions can intrude on the work of all agencies in two ways. They seek submissions, usually on a voluntary basis, and they demand certain material held by organisations. This latter task can be onerous and resource intensive, particularly given the timeframes and extensive data holdings in some cases. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability for instance sought extensive detail relating to a person who was a party in one of the Commission's investigations.

The Solicitor for the Northern Territory provided advice that the Commission is exempt from providing such data due to the strong confidentiality provisions of the Act. In her opinion:

Sections 17(4) and 97 of the H&CSC Act would preclude disclosure of the information to a court, and so also preclude compliance with a request from the Royal Commission for the production of documents and/or the provision of information held by the H&CSC Commission.

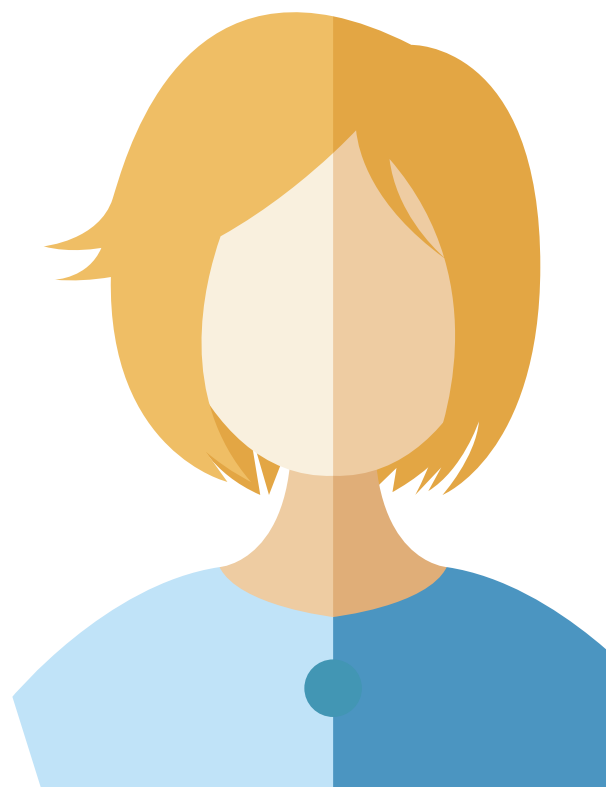
Even if the complainant authorises the disclosure of confidential information relating to them to the Royal Commission, s97(2) of the H&CSC Act would preclude disclosure of the information to a court, and so also preclude compliance with a request from the Royal Commission for production of documents and/or provision of information.

Although the Commission provided a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, it did not provide any of the data held by the Commission on the basis of the Solicitor General's advice. Had the data been provided, this would have consumed the entire staff of the Commission to the exclusion of all other work for a period of weeks.

Recommendations from Royal Commissions

Numerous recommendations arise from the investigations of Royal Commissions, most of which will be accepted by Australian, State and Territory Governments, with some finding their way into the responsibilities of regulatory bodies such as the Commission. While they are all genuine attempts to find solutions to the obvious shortcomings identified by the Royal Commissions, none can be meaningfully accepted in the absence of additional resourcing to implement strategies.

The common response of tacking additional work onto agencies such as the Commission is predicated on a belief that some capacity must be available. Such a belief is erroneous to the extent that additional work will come at the expense of other tasks which will be curtailed or ceased.



New functions arising from the Review of the Act

The *Health and Community Services Complaints Act* passed in 1998 and included at section 106 a requirement for it to be periodically reviewed.

106 Review of operation of the Health and Community Services Complaints Act

- (1) *Minister must cause a review and report to be made on the operation of this Act as soon as practicable after the expiration of 2 years after the commencement of this Act and then at intervals not longer than 5 years.*
- (2) *The report must contain recommendations as to whether amendments to this Act or the Regulations are necessary or desirable.*
- (3) *The Minister must cause a copy of the report to be tabled in the Legislative Assembly as soon as practicable after it is received.*

I have reported on this non-conformance in previous Annual reports. Five reviews have been required since the commencement of the Act and none have been completed. It should be noted that a report was commissioned by the then Minister in 2002 and, following a 15 month consultation period, resulted in a 172 page report containing 78 recommendations in April 2004.

For reasons unknown, this report was never tabled nor made public, and its status possibly remains embargoed and confidential.

The current Health and Community Services Complaints (HCSCC) Review Committee has shown an interest in this matter and unlike its predecessors chosen to seek guidance from the Minister about the government's intentions regarding the anticipated new tasks of the Commission, particularly the Code of conduct for health care workers, and the now long overdue statutory review of the Act. While this request is allowed under the Act at s79(1)(c), it is the first occasion that the Committee has used this power.

79 Powers and functions of Committee

- (1) *The functions of the Committee are as follows:*
 - (a) *to review the conduct of a complaint to determine whether the procedures and processes for responding to the complaint were followed and, as it thinks fit, to make recommendations to the Commissioner in respect of the conduct of the complaint;*
 - (b) *to monitor the operation of this Act and make recommendations to the Commissioner in respect of any aspect of the procedures and processes for responding to complaints;*
 - (c) *to advise the Commissioner and the Minister, as appropriate, on the operation of this Act and the Regulations.*

At the time of reporting, the Minister had yet to make her views known.

The Code of conduct for Health Care workers

In the last annual report I stated:

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 (now 16) 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.

With the exception of continuing engagement with other jurisdictions, little progress has been made with this project. Indubitably however, the adoption of this national code will require substantial additional workload.

I expect that I will have some capacity to identify workload ramifications associated with any emerging new tasks, and it is imperative that consultation between the Department and myself occurs ahead of any budget changes affecting the Commission. The Commission does not have capacity to take on this new function without additional (and different) resources and I am obliged to advise by way of this report that I have put an embargo on accepting any new work with resource ramifications.

Staffing

I thank the following staff of the Commission for their contributions.

- > Ruth Brisbane
- > Kayla Irwin
- > Elizabeth Keith
- > Lisa Tiernan
- > Kiarna Murray
- > Bintang Daly
- > June Johnson
- > Adam Dunkel
- > Joshua Meissner
- > Ashlee Edwards
- > Elizabeth Ktenidis (Lisa)

2020/21 at a Glance

Key deliverables

Table 1: Key deliverables 2018/19 - 2020/21

Key deliverables	2018/19	2019/20	2020/21
Enquiries and complaints received	929	772	650
Enquiries and complaints closed	909	797	644
% Complaints closed within 180 days	86%	83%	80%
% Complaints and enquiries closed/ complaints and enquiries received	97.8%	103.23%	99.07%

Enquiries

- Reduced number of enquiries received in 2020/21 (525 in 2020/21 compared with 604 in 2019/20, 711 in 2018/19 and 629 in 2017/18).
- Increased proportion of total complaints and enquiries handled at enquiry level (81% in 2020/21 compared with 78% in 2019/20, 77% in 2018/19 and 76% in 2017/18).
- 515 enquiries were closed, being a significant drop from 614 in 2019/20 and 702 enquiries closed in 2018/19. This is due to the drop in enquiries received.
- The average number of days taken to finalise enquiries increased slightly and came to 9.75 days, compared with 9.55 days in 2019/20, 8.98 days in 2018/19 and 8.65 days in 2017/18.

Complaints

- 125 complaints were received, a significant decrease on the 168 complaints received in 2019/20.
- 128 complaints were closed, a significant decrease on the 183 closed in 2019/20.
- 80% of complaints were closed within 180 days, slightly down on 83% in 2019/20. The benchmark for closure of complaints within 180 days is 80%.
- Of matters formally assessed in 2020/21, the KPI of 80% assessed within 60 days was not met. 39% of complaints were assessed within 60 days is a significant drop on 66% in 2019/20 and 64% in 2018/19.

Community engagement

Community engagement was severely curtailed due to the impact of COVID-19 and significant staffing instability and vacancy in the Commission's Senior Investigation and Conciliation Officer positions. This meant that already stretched resources needed to be redirected to orientating and upskilling several new staff.

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
- › Fairness
- › Person-centred
- › Accountability
- › Innovation
- › 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.

The organisational structure and staffing of the Commission as at 30 June 2020 is as follows:

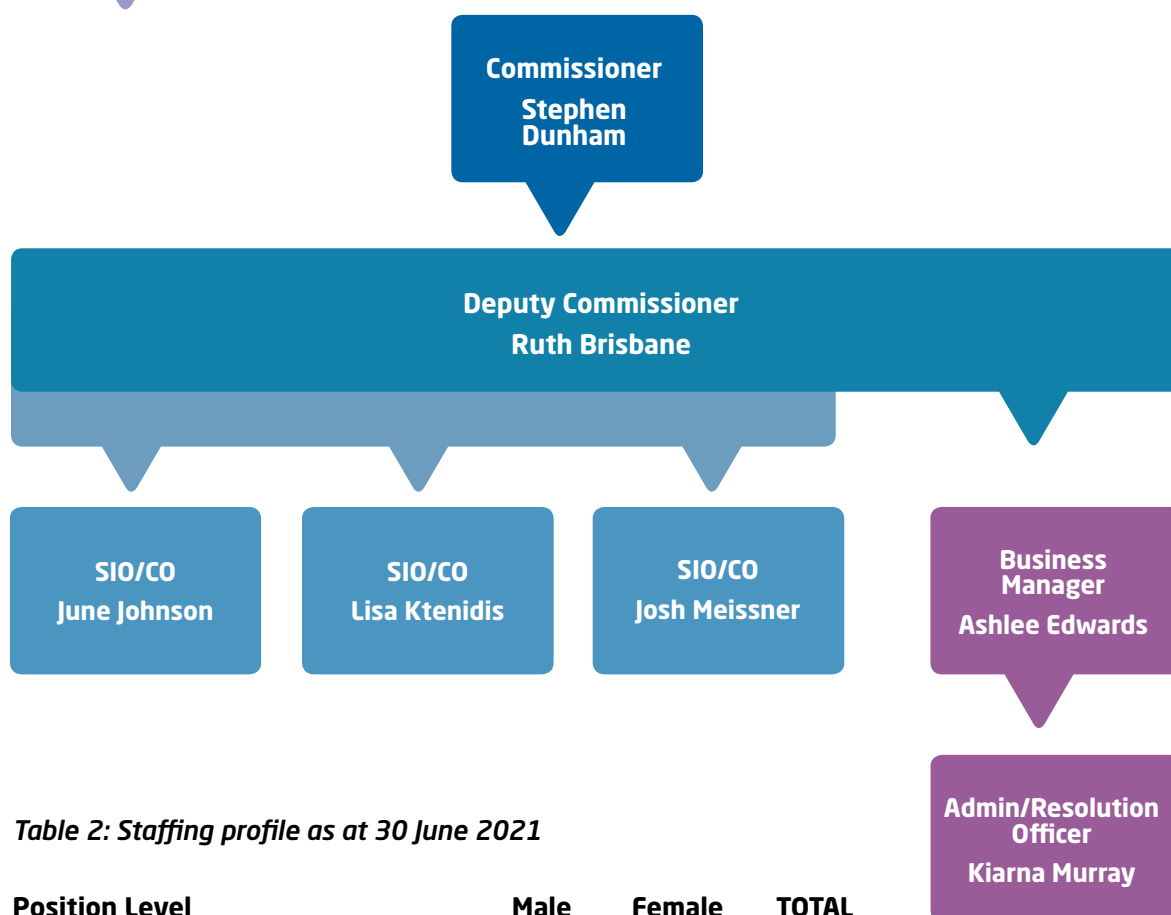


Table 2: Staffing profile as at 30 June 2021

Position Level	Male	Female	TOTAL
Commissioner (ECO2)	1	0	1
Deputy Commissioner (SA02)	0	1	1
Administrative Officer 7 (A07)	1	2	3
Administrative Officer 6 (A06)	0	1	1
Administrative Officer 4 (A04)	0	1	1
Total	2	5	7

Chapter 2: Quality Complaints Management

ACHIEVEMENTS 2020/21

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 2020/21.

Quality Improvement outcomes recorded

In 2020/21, the Commission recorded 25 separate quality improvement outcomes from complaints across health, disability and aged care services. Examples of these quality improvements include:

- › Improved communication between Darwin and remote area offices;
- › Provision of additional training to staff to enable them to provide clinical treatment to adults which will provide greater coverage in emergencies;
- › Use of locum assistants ;
- › Provision of coverage for planned recreational leave absences of permanent staff;
- › Community access to facilitate pain relief coverage while waiting for treatment;
- › Implementation of a shared electronic system to ensure annual routine maintenance of sterilisers.

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

Enquiries

Increasing proportion of complaints handled as enquiries

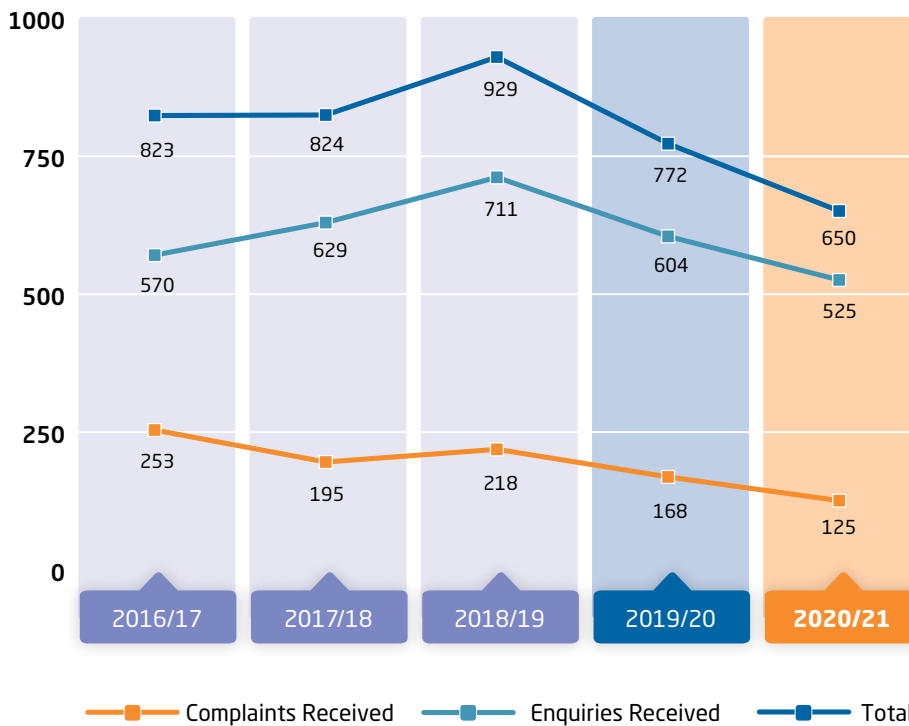
The Commission has continued its focus on resolving matters at the lowest level possible by managing an increasing proportion of matters referred to it as an enquiry. The term 'enquiries' is used to refer to matters dealt with informally. In 2020/21, 81% (compared with 78% in 2019/20) of the 650 matters received were managed as an enquiry.

Some serious matters can be handled informally, and some are handled this way when a fast outcome is desirable. Factors that are considered when deciding whether to handle a matter informally include whether the issue is current, complexity, risk and the maintenance of relationships.



Decrease in enquiries received and closed

Figure 1: Number of complaints and enquiries received 2016/17 - 2020/21



In 2020/21, 525 enquiries were received, a decrease of 14% on the 604 received in 2019/20. Our aim is to close enquiries within 14 days. In 2020/21, this goal was achieved in 79% of matters (a decrease from the 86% recorded in 2019/20). Factors such as the increasing complexity of matters being managed as enquiries and instability of staffing at the Commission led to this increase in time taken to close enquiries.

Figure 2: Number of complaints and enquiries closed 2016/17 - 2020/21

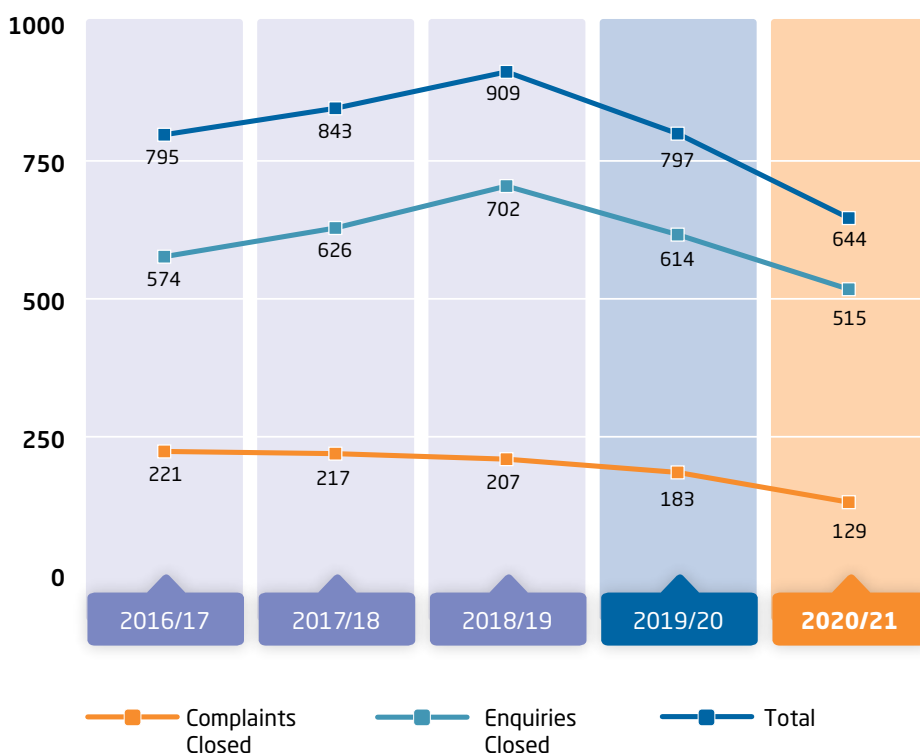


Figure 2 depicts the number of complaints and enquiries closed from 2016/17 until 2020/21. The numbers of complaints rose between 2016/17 and 2018/19 and fell for the period 2019/20 and again for 2020/21. This is likely to be a result of COVID-19, which also reduced the Commission's capacity to carry out community engagement. Part of the purpose of Community Engagement is to ensure service users are aware of their right to make a complaint and how to do so. It follows that a lower number of complaints will be made in an environment where community engagement has been severely restricted.

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 their complaint was handled. Thus, there would be one enquiry, but two issues.

Table 3: Categories and percentage enquiry outcomes all issues 2018/19 - 2020/21

Enquiry Outcomes	2018/19		2019/20		2020/21	
	No	%	No	%	No	%
Enquiry - information provided	234	24	154	19	184	24
Enquiry - referred back	231	24	282	34	285	37
Enquiry - resolved	190	20	72	9	65	8
Enquiry - other	56	6	57	7	27	3
Enquiry - referred elsewhere	145	15	164	20	142	18
Enquiry - referred to Commission complaints process	103	11	94	11	72	9
Total	959	100	823	100	775	100

Figure 3: Average time to finalise enquiries (days) 2016/17 - 2020/21

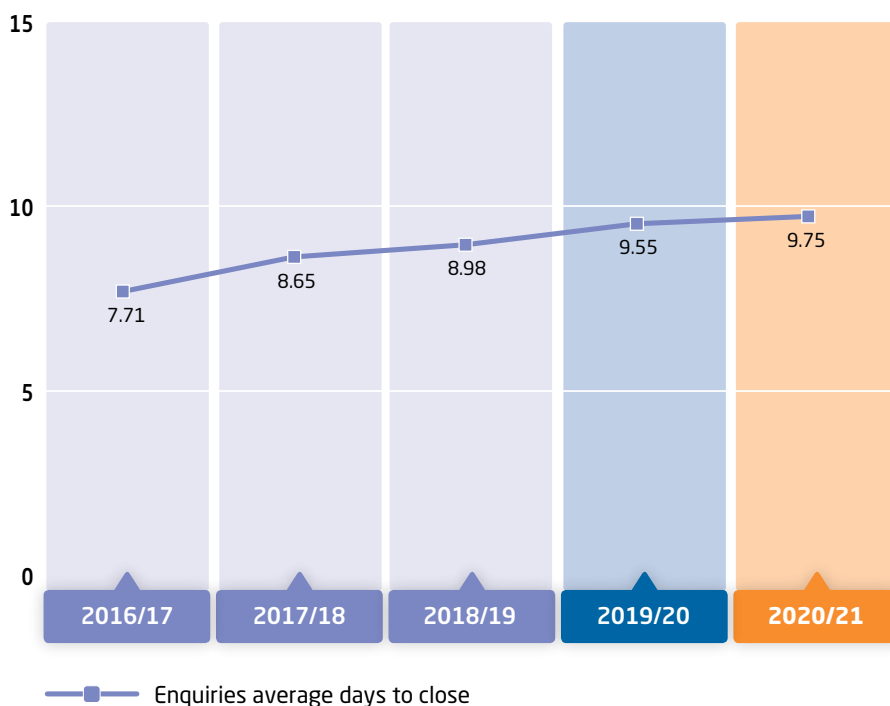


Figure 3 depicts the average time taken to close enquiries for the past five years. This increased slightly to 9.75 days in 2020/21 compared with 9.55 days in 2019/20.

Person-centred approach to enquiries

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

Referring back

The Commission 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 or is not suitable to 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.

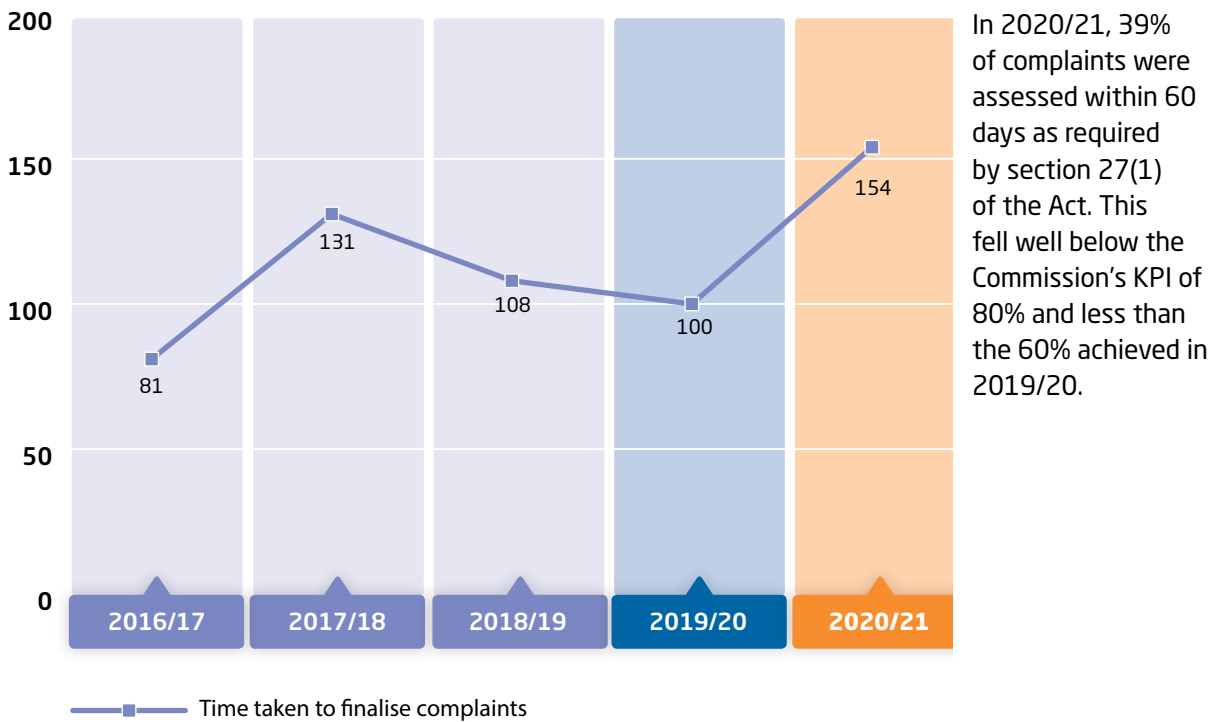
Complaint numbers each year comprise complaints received by the Commission and notifications received by Ahpra. In 2020/21, the Commission closed 129 complaints (82 received by the Commission and 47 received by Ahpra). Every complaint contains at least one complaint issue, with some large and complex complaints containing many more. The number of complaint issues will therefore always be greater than the number of complaints. In 2020/21, outcomes were recorded for 347 issues in the 129 matters finalised. This is less than the 370 issues assessed in 2019/20. This may reflect an ongoing 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

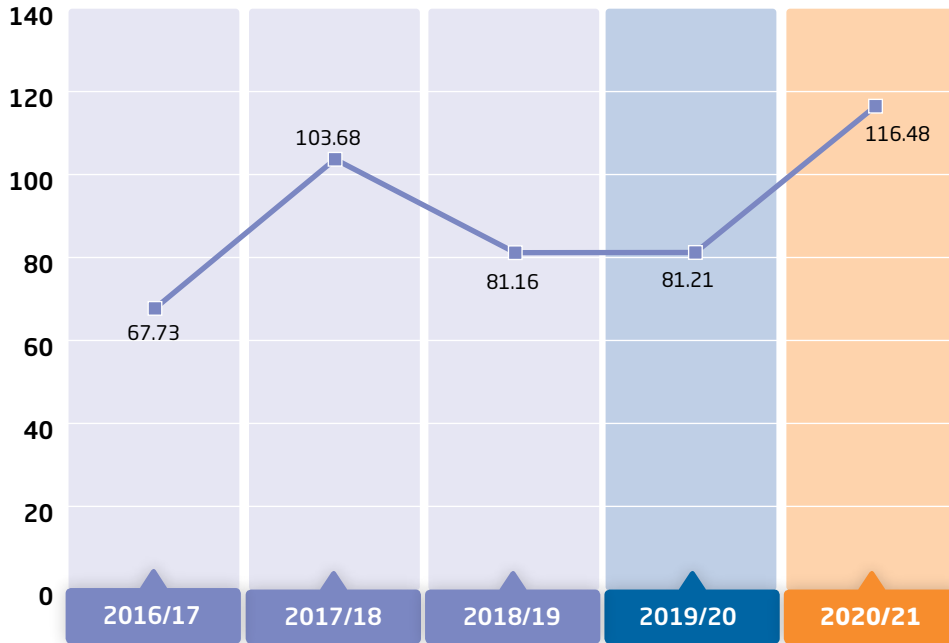
In 2020/21, 74% of complaints were closed within 180 days, which is under the KPI of 80% complaints closed in this period. This is attributable to significant staffing changes at the Senior Investigator and Conciliator level. New staff require additional orientation and support, and initially are not able to progress complaints as quickly as staff who have been in the position for longer.

Figure 4: Time taken to finalise complaints (average days) 2016/17 - 2020/21¹

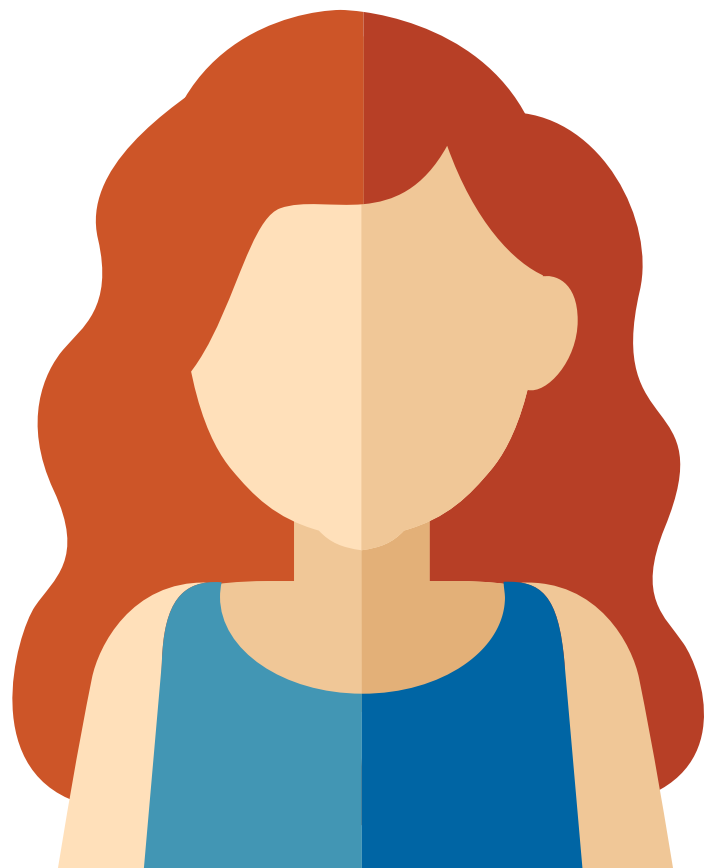


1 2016/17 was reported incorrectly in 2016/17 and 2017/18 as 99 days (Ahpra data was excluded). Timeframes for closing complaints refers to complaints received by HCSCC and notifications in HCSCC jurisdiction received by Ahpra.

Figure 5: Time taken to assess complaints (average days) 2016/17 - 2020/21



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. In addition to these factors, significant staffing changes partly due to staff secondment led to increased time taken to manage complaints. New staff are initially not able to progress complaints as quickly as staff who have been with the Commission for a longer period of time.



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 a significant proportion of complaint issues. In 2020/21, the Commissioner decided to take no further action with 50% of complaint issues, being an identical proportion to the 50% recorded in 2019/20.² One reason for this is that fewer matters (and hence fewer issues) are referred to conciliation primarily due to the DoH’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 2020/21, 26% of matters closed with no further action because they were resolved, compared with 18% in 2019/20 being a significant increase.

Table 4: Reasons for closure - Issues closed 2018/19 - 2020/21

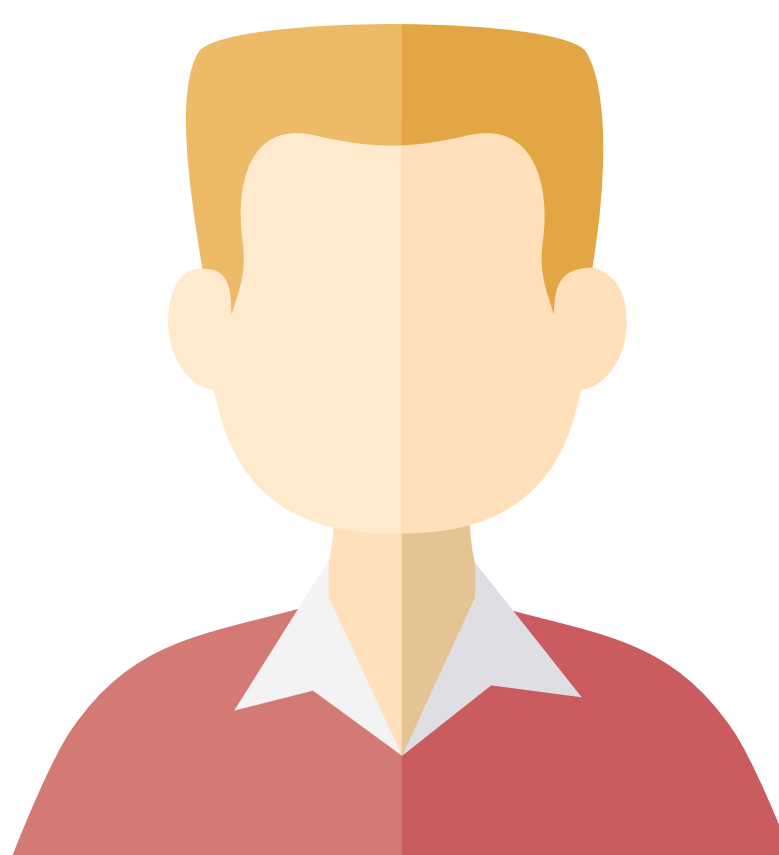
Reason for closure	2018/19	2019/20	2020/21
Conciliation complete	20	29	2
Dealt with by Board	118	105	90
Investigation complete	16	19	9
Referred to Board	25	35	8
No further action	220	190	121
Referred to other entity	5	2	20
Total	404	380	250

² 2019/20 data was reported incorrectly in 2019/20 as no further action taken in relation to 69% of complaint issues.

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, complaint withdrawn and required information was not received all decreased. The reasons for this are unclear.

Table 5: Reason for no further action - Issues closed 2018/19 - 2020/21

Reason for no further action	2018/19	2019/20	2020/21
No basis for complaint /Out of Jurisdiction	15	5	2
Complaint over 2 years old	1	8	0
Failure to reasonably resolve with provider	2	12	5
Further investigation unnecessary and/or unjustified	77	89	68
Complaint lacks substance	3	1	0
Frivolous/vexatious		0	0
Complaint is resolved	80	36	26
Complaint determined by a court, tribunal or board	3	1	3
Civil proceedings commenced		0	1
Required information not received	17	19	8
Complaint has been withdrawn	22	19	8
Total	220	190	121



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 Operations Manager, Notifications (Investigations) 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 26 complaints about registered providers to the relevant Board for assessment in 2020/21.

Notifications received by Ahpra may be also be referred to the Commission for management. In 2020/21, this occurred on 16 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 to 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 2020/21, two conciliations were closed. The number of matters being resolved via conciliation is likely to remain static as the DoH 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 from DoH as an outcome of their complaint for legal advice from the outset.

Investigations

Nine investigations completed in 2020/21

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 and is difficult for Investigation/Conciliation Officers to complete when there are competing priorities such as responding to enquiries and complaints. In 2020/21, the Commission finalised nine investigations.

Policy role

National Code of Conduct for unregistered health practitioners

In 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.

Essentially, this code would apply to the health practitioners (such as masseurs, personal care attendants, social workers and some therapists) who are not registered by one of the 15 National Boards which comprise Ahpra, (for instance nurses, medical practitioners and dentists). The various occupations covered by this code are commonly those which provide services to people with disabilities.

Once introduced, the Commission is expected to have authority to issue orders prohibiting unregistered health and community service providers from practicing in a way which is unsafe, limit scope of practice or prohibit practice altogether. This will strengthen the capacity of the Commission to ensure the safety of service users.

DoH 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.

The Deputy Commissioner attends regular national online meeting with other Health Complaints Entities, which offers the opportunity to share information and strategies regarding implementation of the National Code of Conduct. This has served as a useful opportunity to gain knowledge and benefit from the experience of Victoria, New South Wales, Queensland and South Australia, which have already implemented this legislation. The NT Commission also established and facilitates a separate working group for jurisdictions which have yet to implement the code, being Northern Territory, Tasmania, the Australian Capital Territory and Western Australia.

THE YEAR AHEAD: 2021/22

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 2020/21, the Commission focussed on finalising investigations. Nine investigations were finalised, and the Commission will maintain its focus on finalising investigations and tracking the progress of the implementation of recommendations coming out of investigations in 2021/22.

Updating policy

The Commission planned to update the investigations section in the Policy and Procedures Manual. This was not completed due to significant staff turnover in the Senior Investigator and Conciliator positions, which required a redirection of focus by the Deputy Commissioner to orientating and upskilling new staff. This remains a focus for 2021/22.

The Business Manager and Resolution Officer commenced the process of developing a procedure manual for the numerous tasks which make up their roles. This is expected to be finalised in the 2021/22 financial year.

Improving efficiency of complaint handling

There will be a focus on reducing the time taken to finalise complaints in 2021/22 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

In 2020/21 the Commission intended 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. Development of consultation and strategy to more effectively engage with Indigenous service users was not achieved in 2020/21 due to COVID-19 and staffing changes, and remains a focus for 2021/22.

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, and a bill to implement the National Code was introduced to the Western Australian parliament in November 2021. Legislative change to enable implementation of the regime has not yet been passed in the Northern Territory.

The Commission has worked with the DoH 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 2020/21

Coaching

When approached with a complaint, the Commission will always determine whether the service user has made a reasonable attempt to resolve the complaint first. If not, the complainant will generally 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.

Accessibility to the Commission

Table 6 below details the number of complaints about disability services, mental health services and aged care services over the past five years, which were managed formally. Contacts about aged services are consistently low because the Aged Care Complaints Commissioner is responsible for almost all complaints about aged care services. In 2020/21, the Commission did not manage any complaints about Disability Services through our formal complaints process. 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 2016/17 - 2020/21

Provider type	2016/17	2017/18	2018/19	2019/20	2020/21
Disability services	8	4	8	0	0
Mental health services	15	16	16	24	14
Aged services	6	2	0	2	1
Total	29	22	24	26	15

The data in **Table 7** below demonstrates that low numbers of enquiries were received about disability, aged and mental health services. This is because the NDIS Quality and Safeguards Commission is responsible for managing complaints from participants who received services from NDIS funded service providers and the Commonwealth Aged Care Complaints

Commission manages most complaints about Aged Care Services. Whilst the Commission dealt with 24 complaints about mental health services, many people with grievances about mental health services choose to lodge their complaint with the Community Visitor Program.

Table 7: Aged and disability services enquiries 2016/17 - 2020/21

Provider type	2016/17	2017/18	2018/19	2019/20	2020/21
Disability services	11	40	37	18	11
Mental health services	31	60	44	42	23
Aged services	7	19	9	17	8
Total	49	119	90	77	42

Prison Primary Health Care Service (PPHCS)

Prisoners at Darwin Correctional Centre (DCC) 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 2020/21, 161 enquiries (including 36 enquiries about the health care service at ASCC) were received, raising 198 separate issues.

Table 8 below details the number of contacts from prisoners. TEHS and CAHS have processes enabling prisoners to lodge complaints about the prison health clinics directly with the service. Prisoners complete a feedback form available on the prison block and are provided with a response. If no response is received or the response does not resolve the concern, the prisoner may lodge a complaint by phone with the Commission. This process of direct resolution has resulted in a continuing drop in the proportion of enquiries received from prisoners from 45% in 2016/17 to 27% in 2020/21.

Table 8: Number and proportion of enquiries about PPHCS 2016/17 - 2020/21

Year	Number	Proportion of all enquiries
2016/17	205	36%
2017/18	137	22%
2018/19	156	22%
2019/20	171	28%
2020/21	161	27%

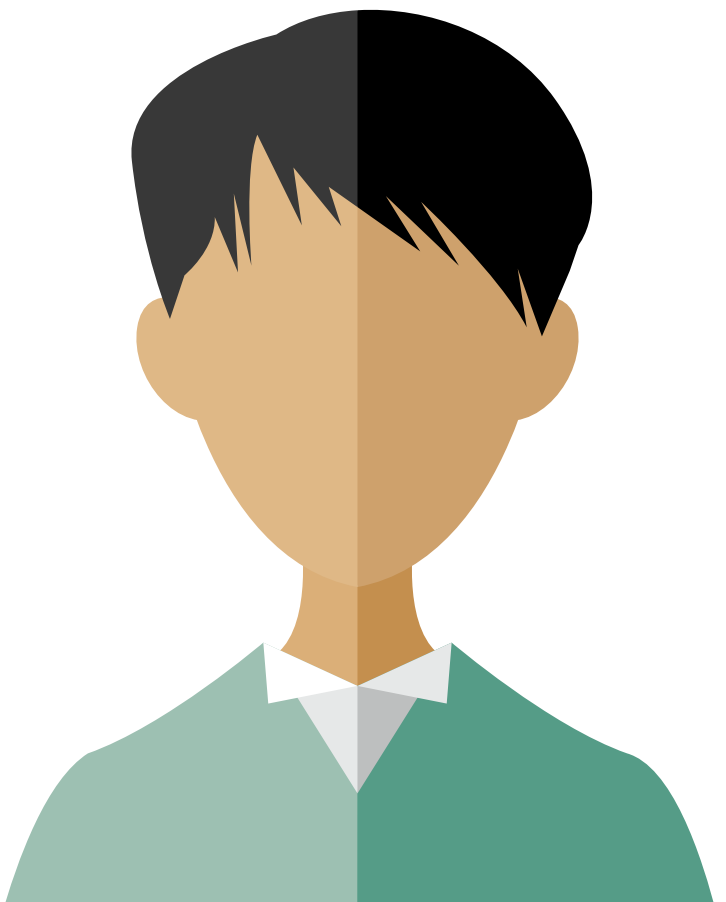
Prescribed provider reports

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 by a date determined by the Commissioner. 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 Wurlijang Aboriginal Health Service
- 🗨 Darwin Private Hospital Pty. Ltd.
- 🗨 Northern Territory Health Services (now DoH)

The organisations required to lodge provider returns under the Act made up the largest provider organisations when the Act was passed in 1998. Neither the prescribed provider list, nor any other aspect of the Act has been updated since its introduction. As a result, important organisations are missing from this list. They include the Katherine West Health Board, Sunrise Health Service and a number of large disability organisations.

In the 2020/21 details of complaints received by prescribed provider organisations were not requested by the Commissioner. The rationale for this was that the prescribed provider list is no-longer representative of large providers in the Territory, which restricts the usefulness of the data. The Commission is also conscious of the pressures faced by health and community services providers, particularly during the COVID-19 pandemic and did not wish to add to this unnecessarily. The Act is currently under review and it is expected that deficits in this section of the Act will be addressed when the Act is amended.



THE YEAR AHEAD 2021/22

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 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.

Commission website

Anyone can access the Commission through its website at www.hcsc.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 increased slightly in 2020/21 when compared with the year 2019/20.

Updating the Commission's website

Updating the Commission's website was commenced during the 2020/21 financial year and work is continuing. The website needs to be replaced as it does not meet NT Government website requirements and requires updating. This very large task is being coordinated and managed by the Business Manager and Deputy Commissioner.

Updating information and handouts

A review of all Commission templates and handouts commenced in 2020/21 and is ongoing. This process includes updating information about all the Commission's functions, including conciliation handouts to ensure they are accurate and user friendly. Information sheets and outcome letters are being 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 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. This information is being reviewed as part of the website update.

Table 9: Website access 2015/16 - 2020/21

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Total visits	6185	6853	5072	6155	6066	6277

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:

M 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 two requests for a review in 2020/21.



ACHIEVEMENTS 2020/21

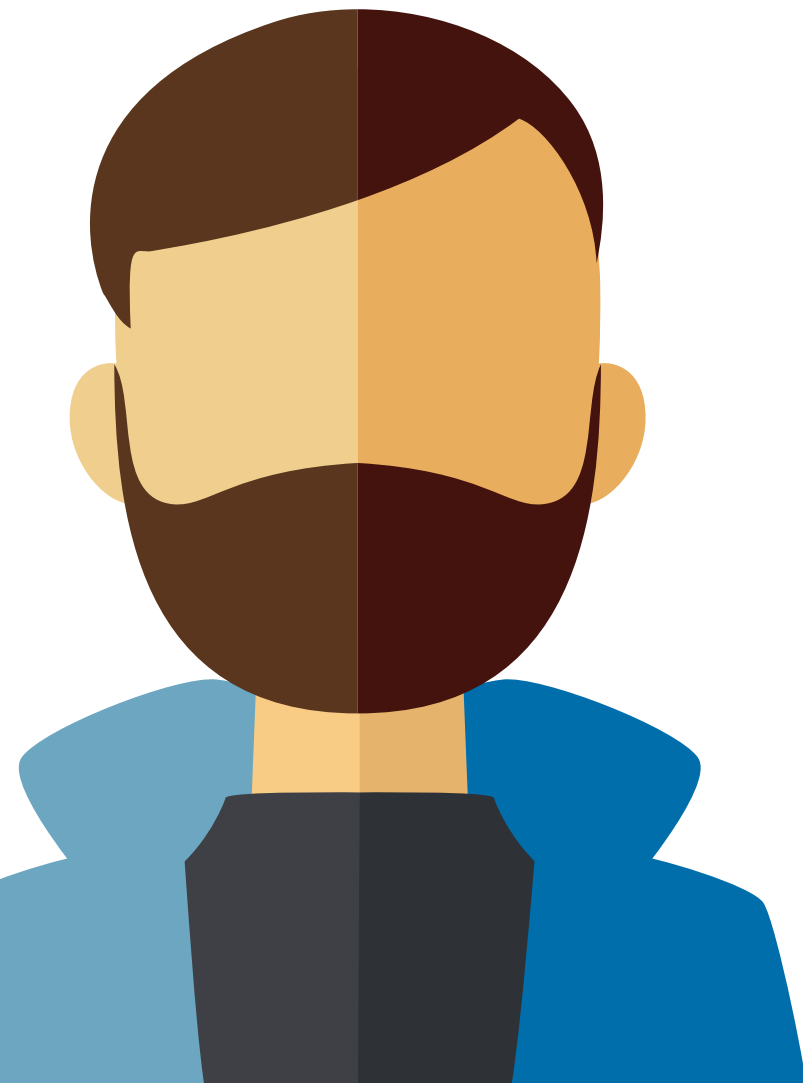
The year 2020/21 has been an extremely challenging for the Commission due to very high staff turnover, particularly in the three Senior Investigation and Conciliation Officer positions, and a period of vacancy in one of these positions due to secondment to another office. Although staffing issues and the impact of COVID-19 meant that a number of projects planned for 2020/21 were not able to be achieved, the Commission continued to work effectively with service users and providers in conducting its core business.

THE YEAR AHEAD 2021/22

The Commission remains a learning organisation

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

In 2020/21, staff undertook performance evaluation reviews to set work goals and identify development needs and training required. Monthly staff meetings are held which often includes inviting speakers to the Commission for mutual professional development opportunities.

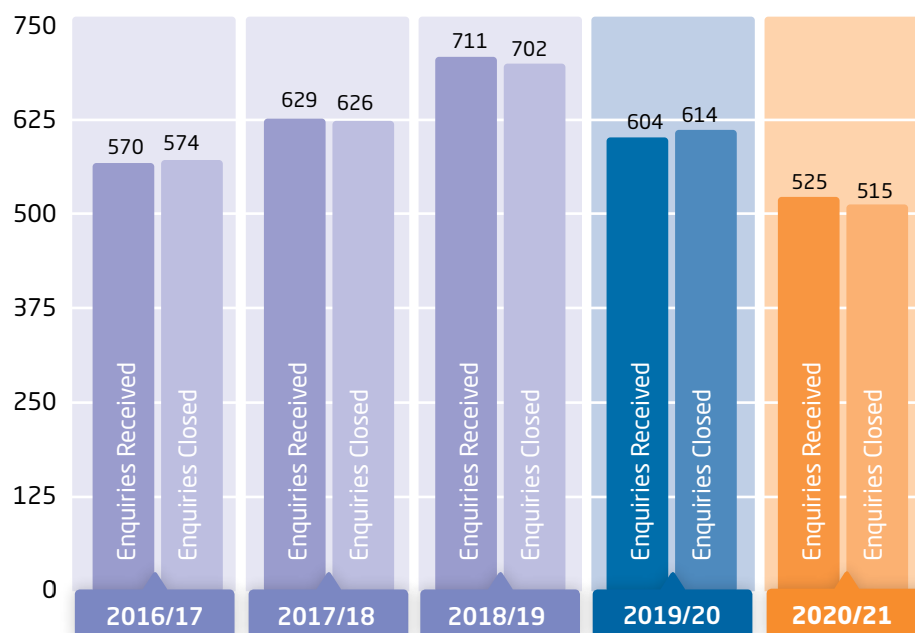


Appendix 1: Performance

Enquiries / informal complaints

In 2020/21, the Commission received 525 enquiries and closed 515. This is lower than the number received and closed in both 2019/20 and 2018/19.

Figure 6: Enquiries received and closed 2016/17 - 2020/21



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

Public providers accounted for 68% of the providers about whom enquiries were received in 2020/21, which is the same proportion as received in 2019/20.

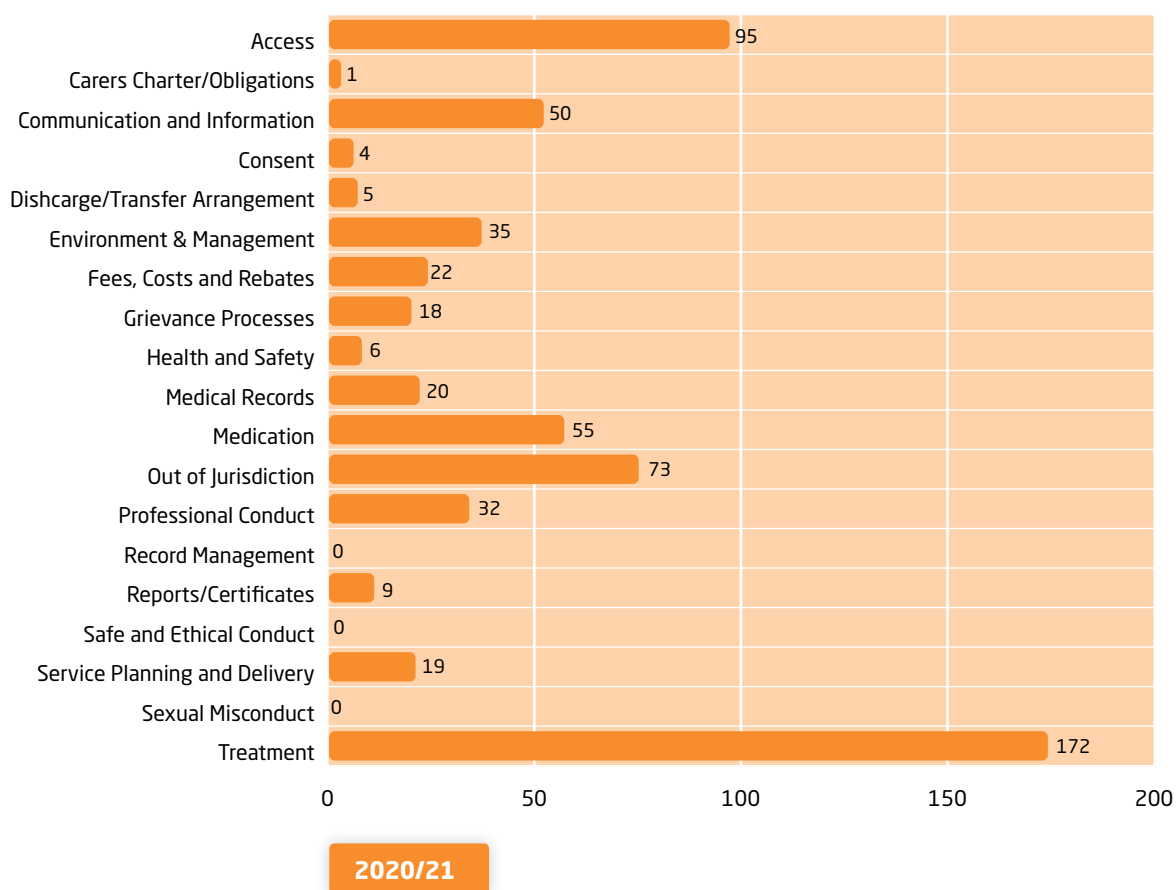
Table 10: Providers subject of enquiries 2016/17 - 2020/21

Providers	2016/17	2017/18	2018/19	2019/20	2020/21
Private	131	184	207	180	183
Public	464	495	559	468	392
Total	595	679	766	648	575

Issues raised in enquiries

Often more than one issue is raised per enquiry, 616 issues were dealt with when assisting with the 525 enquiries received. The most common issues raised and dealt with through our enquiry process were standard of treatment, access to services, medication and communication and information. Seventy-Three 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.

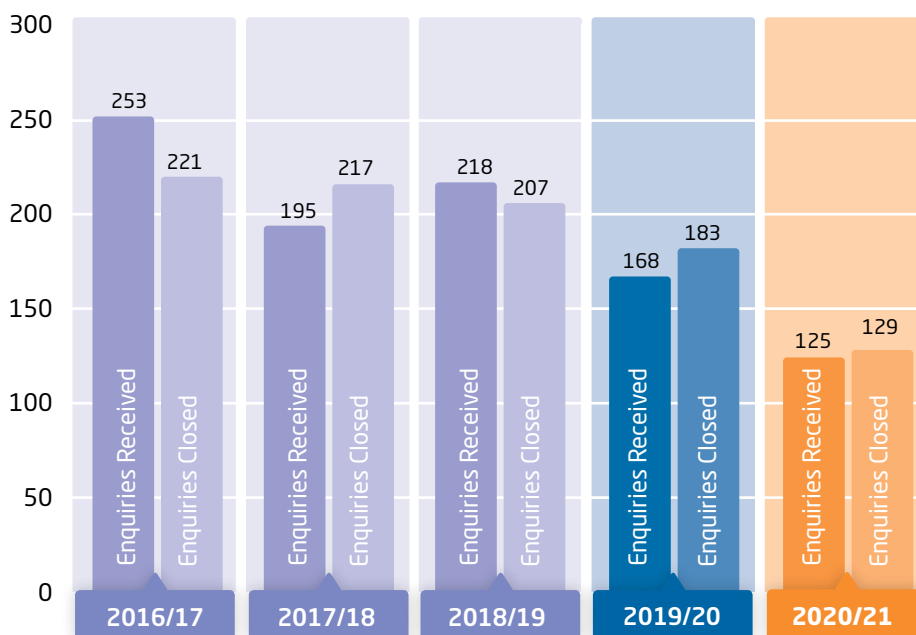
Figure 7: Issues raised in enquiries closed 2020/21



Complaints

One hundred and twenty five (125) new complaints were received in 2020/21, representing a 26% decrease on the number received in the previous year. The drop is believed to be COVID-19 related.

Figure 8: Complaints received and closed 2016/17 - 2020/21

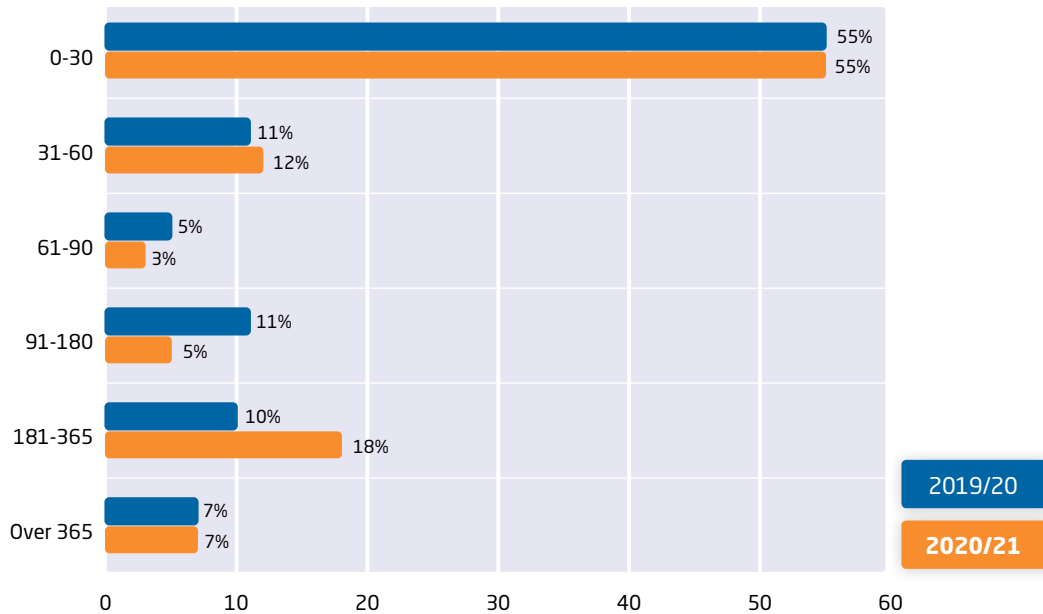


Time taken to finalise complaints

The average time taken to finalise complaints³ (where complaints include complaints received by the Commission and notifications received by Ahpra subject to consultation with Commission) increased from an average 100 days in 2019/20 to 127 days in 2020/21. This increase is due to vacancy in one of the Senior Investigation and Conciliation positions due to inability to backfill a staff member on secondment, and reduction in efficiency as a result of significant staffing changes during the financial year.

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 2019/20 and 2020/21

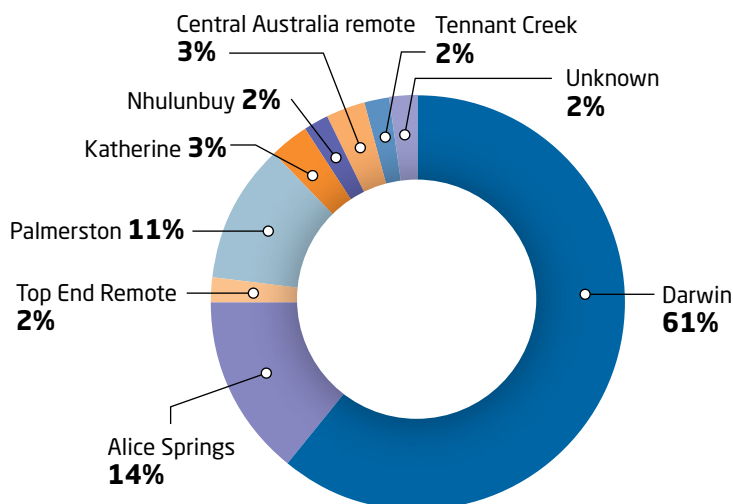


In 2020/21, 76% of complaints were closed within 180 days. The benchmark for closure within 180 days is 80%.

Location of services complained about

As expected, the majority of services subject to a complaint were located in Darwin (76%), a slight increase from 2019/20. There was a slight decrease in complaints received about services in Alice Springs in 2020/21, however overall the number of complaints received from remote NT remains relatively constant.

Figure 10: Location of services 2020/21



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 2020/21, of the 73 complaints made directly to the Commission, 76% of complainants approached the Commission by electronic means (21% by email and 55% by the Commission website), 5% by phone and 15% were received by mail. The remaining complaints were taken in person (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.

In 2020/21, there were a total of 143 providers involved in the 125 complaints received by the Commission. Of these, 74 (52%) were public providers and 69 (48%) private.

38% of all public sector complaints were about hospitals, with doctors receiving the highest number of complaints about individual named practitioners (15% of all public sector complaints) followed by nurses and midwives (1%).

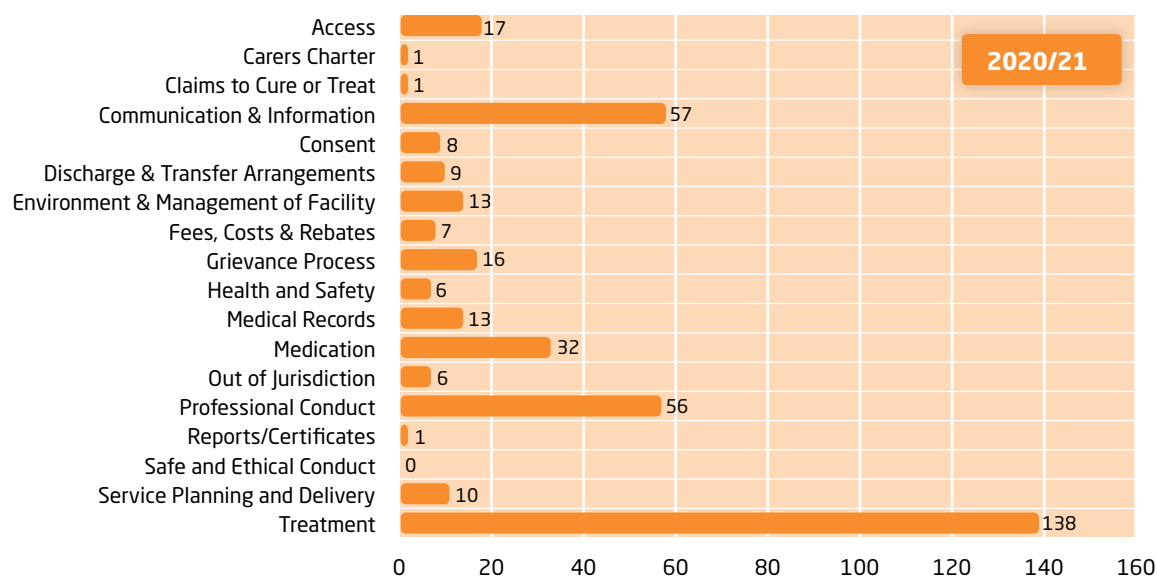
In the private sector, the highest number of complaints about organisations were about services offered by Primary Health (Medical) (16%). Medical practitioners were subject to the greatest number of private sector complaints about individual practitioners (33%), followed by psychology (12%), and dental (12%).

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 2020/21, a total 391 issues were assessed.



Figure 11: Issues raised in complaints closed 2020/21



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

The top three issues, treatment, communication and conduct, remain consistent year on year. Serious conduct matters are generally 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 six issues assessed as out of jurisdiction.

Table 11: Complaints about access 2016/17 - 2020/21

Access	2016/17	2017/18	2018/19	2019/20	2020/21
Access to facility	0	2	1	0	7
Access to subsidies	3	2	3	2	2
Refusal to admit or treat	4	3	5	3	3
Service availability	8	6	5	7	4
Waiting list	1	1	1	0	1
Total	16	14	15	12	17

Issues relating to access made up 4% of all issues raised in complaints in 2020/21. Concerns about access to services, however, comprised 15% of all enquiry issues, largely due to the high proportion of contacts from prisoner and waiting lists for outpatient appointments.

Table 12: Complaints about carers charter 2017/18 - 2020/21 (new issue category)

Carers Charter	2017/18	2018/19	2019/20	2020/21
Obligations to carers not met	1	0	0	1
Total	1	0	0	1

This issue is included because section 23(1)(k) of the Act specifically refers to service provider obligations to meet the expectations of the NT Carers Charter as set out in the Regulations to the *Carers Recognition Act*.

Table 13: Complaints about communication & information 2016/17 - 2020/21

Communication and Information	2016/17	2017/18	2018/19	2019/20	2020/21
Attitude and manner	44	46	24	36	26
Inadequate information provided	31	29	17	23	19
Incorrect/misleading information provided	11	15	5	4	9
Special needs not accommodated	9	4	4	5	3
Total	95	94	50	68	57

Issues relating to communication and information made up 15% of all issues complained about. This is a decrease on 18% in 2019/20.

Table 14: Complaints about consent 2016/17 - 2020/21

Consent	2016/17	2017/18	2018/19	2019/20	2020/21
Consent not obtained or inadequate	16	19	7	4	4
Involuntary admission or treatment	4	12	0	3	3
Uninformed consent	4	4	3	1	1
Total	24	35	10	8	8

Issues relating to consent constituted 2% of all issues complained about in 2020/21, remaining the same as the previous financial year.

Table 15: Complaints about discharge and transfers 2016/17 - 2020/21

Discharge and Transfers	2016/17	2017/18	2018/19	2019/20	2020/21
Delay	1	2	1	0	0
Inadequate discharge	9	11	9	5	4
Mode of transport	2	2	1	1	3
Patient not reviewed	0	0	1	0	2
Total	12	15	12	6	9

2% of issues raised in 2020/21 related to discharge and transfer arrangements.

Table 16: Complaints about environment & management of facility 2016/17 - 2020/21

Environment and Management	2016/17	2017/18	2018/19	2019/20	2020/21
Administrative processes	19	15	6	2	3
Cleanliness/hygiene of facility	3	6	2	1	4
Physical environment of facility	5	6	4	4	1
Staffing and rostering	6	5	0	1	0
Statutory obligations/ accreditation standards not met	9	8	4	6	2
Workforce issues/staff related issues	0	0	5	3	2
Total	42	40	21	17	13

Complaints in this category relate to administration rather than the care/treatment component of the service. These issues made up 3% of all issues raised in complaints, which is a decrease from 2019/20.

Table 17: Complaints about fees, costs & rebates 2016/17 - 2020/21

Fees, Costs and Rebates	2016/17	2017/18	2018/19	2019/20	2020/21
Billing practices	6	6	7	5	3
Cost of treatment	1	2	0	2	4
Financial consent	1	4	1	1	0
Total	8	12	8	8	7

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

Table 18: Complaints about grievance procedures 2016/17 - 2020/21

Grievance	2016/17	2017/18	2018/19	2019/20	2020/21
Inadequate/no response to complaint	10	22	15	11	16
Information about complaint procedure not provided	2	2	1	0	0
Reprisal/retaliation as a result of complaint lodged	2	3	1	0	0
Total	14	27	17	11	16

Issues related to grievance procedures and complaint handling made up 4% of all issues complained about, an increase from 2019/20.

Table 19: Complaints about medical records 2016/17 - 2020/21

Medical Records	2016/17	2017/18	2018/19	2019/20	2020/21
Access to/transfer of records	5	3	4	2	2
Record keeping	7	2	8	4	11
Record management	3	6	0	1	0
Total	15	11	12	7	13

The medical record category includes complaints about errors and inadequacies in medical records. They accounted for 3% of all issues complained about in 2020/21. 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, or the Australian Office of the Information Commissioner for private records (such as those held by GPs).

Table 20: Complaints about medication 2016/17 - 2020/21

Medication	2016/17	2017/18	2018/19	2019/20	2020/21
Administering medication	6	6	7	1	15
Dispensing medication	3	5	8	1	6
Prescribing medication	11	22	11	5	9
Supply/security/storage of medication	1	3	2	3	2
Total	21	36	28	10	32

Medication related concerns made up 8% of all issues in 2020/21. In addition, the Commission handled 55 complaints (9% of all enquiries) about medication at enquiry level. Many of these complaints were about access to opiate replacement therapy by prisoners prior to release.

Table 21: Complaints about professional conduct 2016/17 - 2020/21

Professional Conduct	2016/17	2017/18	2018/19	2019/20	2020/21
Annual declaration not complete	0	0	1	0	0
Assault	5	4	5	3	2
Boundary violation	7	1	4	5	2
Breach of condition	4	3	2	2	0
Breach of guideline/law ⁴	*	12	20	2	4
Competence	42	26	13	16	20
Discriminatory conduct	2	3	2	0	2
Emergency treatment not provided	3	3	2	0	0
Financial fraud	1	4	0	0	0
Illegal practice	6	5	1	2	4
Impairment	0	0	0	2	2
Inappropriate disclosure of information	5	8	7	8	12
Misrepresentation of qualifications	2	5	1	0	2
Sexual misconduct	2	0	0	5	6
Total	79	74	48	45	56

Issues relating to professional conduct consistently made up around 14% of all issues complained about. Many of these matters are dealt with by the relevant Board after consultation has occurred as required by the *Health Practitioner Regulation National Law Act* and the *Health and Community Services Complaints Act*.

Table 22: Complaints about reports/certificates 2016/17 - 2020/21

Reports/Certificates	2016/17	2017/18	2018/19	2019/20	2020/21
Accuracy of report/certificate	5	6	2	5	1
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	0	0
Report written with inadequate or no consultation	2	1	1	1	0
Timeliness of report/certificate	1	0	0	0	0
Total	9	8	4	6	0

Complaints about reports and certificates made up 0% of issues in complaints in 2020/21. This is because all of the complaints received about reports related to the process of writing, or the content of a health status report, over which the Commission has no jurisdiction as per Schedule 2, Part 2 of the *Health and Community Services Complaints Regulations*.

4 New category 2017/18

Table 23: Complaints about service planning and delivery 2017/18 - 2020/21 (new issue category)

Service Planning and Delivery	2017/18	2018/19	2019/20	2020/21
Decision making and choice	3	2	1	3
Person centred planning	1	5	2	3
Privacy and dignity of service user	*	*	1	4
Total	4	7	4	10

Ten issues related to service planning and delivery were assessed in 2020/21, a significant increase from 2019/20.

Table 24: Complaints about treatment 2016/17 - 2020/21

Treatment	2016/17	2017/18	2018/19	2019/20	2020/21
Attendance	0	1	0	1	0
Coordination of treatment	20	25	16	9	15
Delay in treatment	16	20	12	15	19
Diagnosis	12	24	23	17	16
Excessive treatment	1	0	1	1	2
Experimental treatment ⁵	*	2	0	1	3
Inadequate care ⁶	*	17	16	11	18
Inadequate consultation	3	8	11	4	0
Inadequate prosthetic device ⁷	*	1	0	0	0
Inadequate treatment	58	50	39	64	25
Infection control	1	2	2	3	2
No/inappropriate referral	4	10	4	5	9
Public/Private election	1	3	1	0	0
Rough and painful treatment	3	5	1	3	5
Unexpected treatment outcome/ complications	9	27	15	14	20
Withdrawal of treatment	2	4	0	0	1
Wrong/inappropriate treatment	17	17	7	9	13
Total	147	216	148	157	138

Issues relating to treatment constituted 35% of all issues in complaints closed in 2020/21, a decrease from 43% in 2019/20. Inadequate treatment is identified as the primary concern within this category.

⁵ New category 2017/18

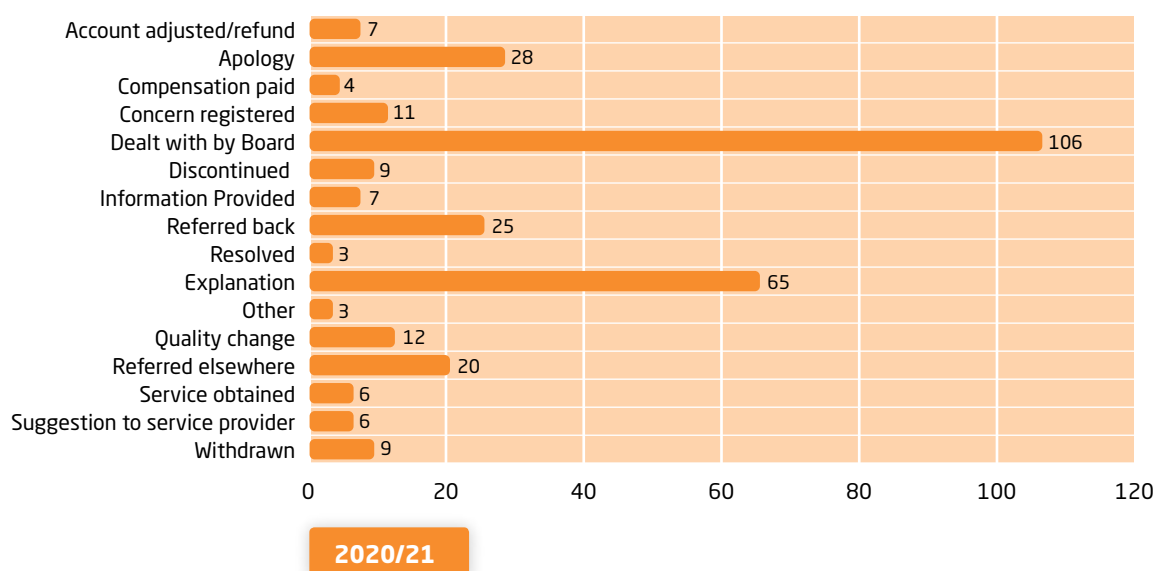
⁶ Ibid

⁷ Ibid

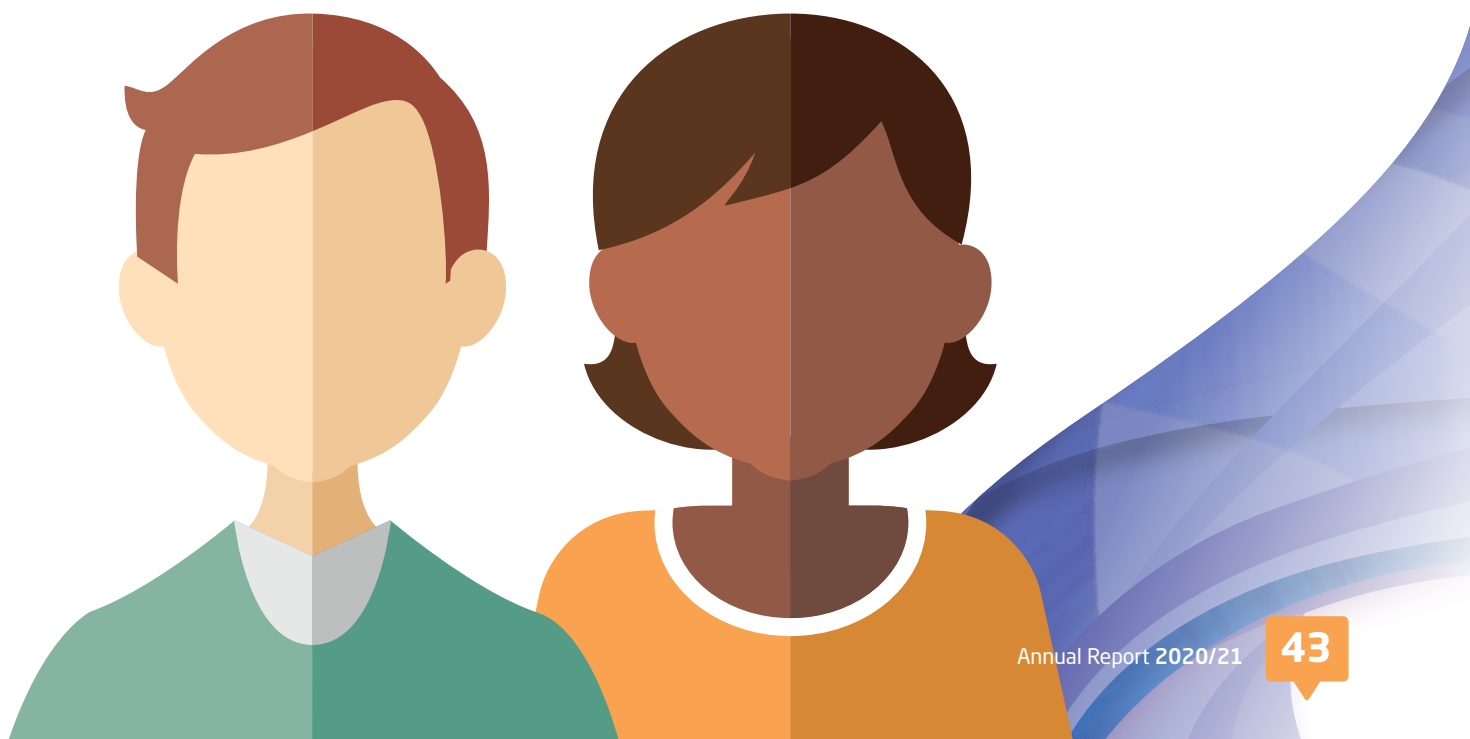
Outcomes of issues complained about

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 2020/21



The most common outcome from issues closed by the Commission was by being dealt with by the relevant Board (33%) followed closely by an explanation (20%). Four per cent (4%) of matters resulted in a quality improvement and 6% were referred elsewhere. The Commissioner made suggestions for quality improvements under section 12(1)(e) of the Act on eight 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.

GPO Box 4409
Darwin NT 0801

Level 5, NT House
22 Mitchell St, Darwin NT 0800

Phone: 08 8999 1969

Freecall: 1800 004 474

Email: hscsc@nt.gov.au

TTY: 133 677 or 1800 555 677

**Translating and
Interpreting Service (TIS):**
131 450

www.hscsc.nt.gov.au

