



Health and Community Services
Complaints Commission

Annual Report 2024/25

Twenty-Seventh Annual Report (2024/25)

The Honourable Marie-Claire Boothby MLA
Attorney-General
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 2025.

Yours sincerely



Ruth Brisbane
Acting Commissioner
8 January 2026

Glossary of Terms

Act	<i>Health and Community Services Complaints Act 1998 (NT)</i>
AGD	Attorney-General's Department
Ahpra	Australian Health Practitioner Regulation Agency
ASCC	Alice Springs Correctional Centre
CARHS	Central Australia Regional Health Service
COAG	Council of Australian Governments
Commission	Health and Community Services Complaints Commission
Complaint	Unless otherwise specified, complaints include matters received by the HCSCC which were managed via its formal processes and notifications to Ahpra which were consulted on. The term complaint may also be used more broadly to include enquiries.
CVP	Community Visitor Program
DCC	Darwin Correctional Centre
DoC	Department of Corrections formerly Northern Territory Correctional Services (NTCS)
Enquiry	A grievance managed via the HCSCC's informal complaints process. An enquiry may progress to a complaint or be resolved informally and expeditiously pursuant to s86 of the Act.
GP	General Practitioner / General Practice.
HCSCC	Health and Community Services Complaints Commission
ICT	Information and Communications Technology
National Law	The Act, adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories.
NDIS	National Disability Insurance Scheme
NFP	Not-for-profit
Notification	A report of concern about the health, conduct or performance of a registered health practitioner
NRAS	National Registration and Accreditation Scheme
NT Government	Northern Territory Government
NT Health	Northern Territory Department of Health
PPHCS	Prison Primary Health Care Service
PRH	Palmerston Regional Hospital
RACGP	Royal Australian College of General Practitioners
RDH	Royal Darwin Hospital
Review Committee	The Health and Community Services Complaints Review Committee established pursuant to Part 9 of the Act
TERHS	Top End Regional Health Service
TRM	Territory Records Manager/Content Manager

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Acting Commissioner's Report

I am pleased to present the Northern Territory Health and Community Services Complaints Commission (the Commission) Annual Report for 2024/25.

It has been a busy year for the Commission, which received 787 enquiries and complaints and 12,202 website views during 2024/25. In each case complaints were resolved as informally and as expeditiously as possible as prescribed by section 86 of the *Health and Community Services Complaints Act* (the Act). There was a continued focus on community engagement, including attendance at regular meetings with stakeholders and at aged care and disability expos. A poster was developed, and an easy read brochure was produced in collaboration with Scope Australia and Down Syndrome Association of the Northern Territory.

Farewell to Commissioner

Stephen Dunham's term as Commissioner covers almost the entirety of the year in review, with his retirement occurring approximately three weeks before the end of the financial year. Stephen led the Commission for ten years, being most of the 15 years since its establishment as a stand-alone entity in 2010. He brought significant knowledge and a wealth of experience in health and community services, having served as Ministerial Advisor to six Health Ministers and as member for Drysdale and Minister for Health between 1997 and 2005. He built strong relationships with stakeholders and was a supportive leader. I have been privileged to serve as his deputy for the past five years.



Ruth Brisbane
Acting Commissioner

Health and Community Services Complaints Review Committee

Part nine of the *Health and Community Services Complaints Act* establishes and describes the work of the Health and Community Services Complaints Review Committee (the Committee). The Committee can '...review the conduct of a complaint' but it does not allow it to '...review a finding, recommendation or other decision of the Commissioner'. The term of the previous Committee expired on 30 October 2024, and a new Committee has not been appointed.

National Code of Conduct for Health Care Workers

In 2015, the then Council of Australian Governments agreed to implement a National Code of Conduct for Health Care Workers to be administered by the health complaints bodies in each state and territory. The National Code sets out the minimum practice and ethical standards that unregistered health service providers must comply with and informs consumers what they can expect from practitioners. Once implemented, this code would apply to 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 the Australian Health Practitioner Agency (Ahpra), (for instance nurses, medical practitioners and dentists). The various occupations covered by this code are also 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 practising in a way which is unsafe, limit scope of practice or prohibit practice altogether. A Code regime has been implemented in all states and territories except the Northern Territory and Tasmania. Legislation to give effect to Code has been proclaimed in Tasmania, but not yet commenced. It is anticipated that the Northern Territory will soon be the only jurisdiction without this protection and there is a risk it may attract practitioners who have been prohibited from practising in other jurisdictions.

Access to records

NT Health has historically provided the Commission with copies of medical records relevant to complaints and enquiries with provision of signed patient consent where they are required to assist assessment. However, in June 2025 it advised that medical records would no-longer be provided unless a complaint was

referred to investigation on the basis the *Health and Community Services Complaints Act* (the Act) does not compel this. Section 28 of the Act provides that the Commissioner may require a provider to provide a written response to issues raised in a complaint but does not compel the provision of other documents or records. I am disappointed by this decision, which undermines the role and function of the Commission. Section 55 of the Act compels provision of medical records in relation to investigations; however, investigations require a large volume of work and are intended to be reserved for complaints involving serious systemic issues. The Commission will need to consider a submission for legislative amendment. Medical records continue to be provided legally with patient consent by private, not-for-profit and Aboriginal Controlled Health Organisations.

Ahpra

The Commission has a highly collaborative relationship with Ahpra, and consults on each complaint received in relation to a registered provider as required by the *Health and Community Services Complaints Act*.

In April 2024 former NSW Health Care Complaints Commissioner Sue Dawson was appointed to conduct an independent review of complexity in the National Registration and Accreditation Scheme (NRAS) to identify complex or unnecessary processes and improve regulatory outcomes. One of a number of proposals made in the consultation paper is that each State and Territory Health Complaints Entity become the single point of entry for complaints. The final report is expected to be delivered to Health Ministers in July 2025.

I sincerely thank the Commission's staff for their hard work, commitment, integrity and the sensitivity they showed to the experiences of both complainants and providers during 2024/25. I also recognise that complaints are not easy to make or be the subject of and I thank those complainants and providers who engaged with cooperation and openness.

2024/25 at a Glance

Key deliverables

Table 1: Key deliverables 2022/23 – 2024/25

Key deliverables	2022/23	2023/24	2024/25
Enquiries and Complaints Received	698	759	787
Enquiries and Complaints Closed	702	756	771
Percentage of complaints Resolved within 180 days (includes Ahpra notifications)	87%	95%	93%
Percentage of Enquiries and Complaints closed / Enquiries and Complaints Received	101%	100%	98%

Enquiries

- An increased number of enquiries were received in 2024/25 (658 in 2024/25 compared with 649 in 2023/24, 648 in 2022/23, and 640 in 2021/22).
- A decreased proportion of total complaints and enquiries were handled at enquiry level (84% in 2024/25, compared with 86% in 2023/24, 93% in 2022/23, and 87% in 2021/22).
- A slightly decreased number of enquiries were closed in 2024/25 (640 in 2024/25 compared with 647 in 2023/24, 649 in 2022/23, and 645 in 2021/22).
- The average number of days taken to finalise enquiries increased to 10.6 days, compared with 8.9 in 2023/24, 7.9 days in 2022/23, and 8.89 days in 2021/22.

Complaints

- 129 complaints were received, an increase on the 110 complaints in 2023/24 and 50 complaints in 2022/23. This is substantially due to an increasing number of notifications consulted on with Ahpra, noting that the complaints category also includes Ahpra notifications.

- 131 complaints were closed, an increase on the 109 closed in 2023/24 and 53 closed in 2022/23.
- 93% of complaints were closed within 180 days, which was a slight decrease from 95% in 2023/24 and an increase from 87% in 2022/23. The benchmark for closure of complaints within 180 days is 80%.
- Of the complaints and Ahpra notifications which proceeded to formal assessment by the Commission in 2024/25, the KPI of 80% assessed within 60 days was not met. Thirty-three per cent (33%) of complaints were assessed within 60 days, which is an increase on 25% in 2023/24 and a decrease on 50% in 2022/23. The KPI of assessment within 60 days derives from s27 of the Act and has never been a realistic target. Engagement with complainants and clarification of complaint issues takes time, and NT Health requires a minimum of four weeks to provide a written response to a complaint. Complainants also require time to review responses and may have further queries, which makes it difficult to meet the 60-day KPI.

Community engagement

The Commission hosted stalls at Seniors Expos in Darwin, Katherine and Alice Springs, the All Abilities Expos in Darwin and Katherine, and the Welcome to the Top End Defence Expo.

It also attended meetings with Ahpra, the Executive Director Top End Region NT Health and Correctional Services. The Commission briefed incoming Ministers the Hon Marie-Clare Boothby and Hon Steven Edgington and provided information sessions to staff at the Ombudsman NT and Consumer Affairs. It also presented the Commission's new easy read brochure to students at Project21.

Visits were conducted to Royal Darwin Hospital, Wurli-Wurlinjang Health Service, Venndale Alcohol & Other Drugs Rehab and Rocky Ridge Nursing Home. The Commission also attended Health Commissioners' Conferences in Tasmania and Western Australia.

Whilst most complainants contact the Commission either by phone or via its website, some people either prefer to visit the office in person or need to do so due to special needs. Complainants are welcome to visit the Commission in person and there is a wheelchair accessible front counter.



ABOVE: Acting Commissioner, Ruth Brisbane, Ombudsman Tasmania and Health Complaints Commissioner, Richard Connock, Health and Disability Services Complaints Office Director WA, Sarah Cowie, Health Complaints Commissioner SA, Grant Davies, Health Ombudsman QLD, Dr Lynne Barr OAM, Discrimination, Health Services, Disability & Community Services Commissioner ACT, Karen Toohey, Health Complaints Commissioner VIC, Bernice Redley, Health Care Complaints Commissioner NSW, John Tansey, attending the Health Complaints Commissioner's National Conference May 2025.



ABOVE: Project21 education session quiz winners Chiara Gagliard, Molly Kroes, Lauren Hunter, Rebecca Dixon, Rebecca Mackrow, Jonathan Tan, Peral Malapitan, and Judy Len, celebrating the completion of the easy read brochure project collaboration and the new Project21 CDU classroom, March 2024.



ABOVE: The HCSCC stall at the Integrated Disability Action (IDA) Expo, Katherine, September 2024.

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 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.



**Health and Community Services
Complaints Commission**

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 Team

The Commission receives support from the Attorney-General's Department 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.

Table 2: Organisational structure and staffing as at 30 June 2025

A/Commissioner	Ruth Brisbane
Deputy Commissioner	vacant
Senior Investigation/Conciliation Officer	Kathryn McAuliffe
Senior Investigation/Conciliation Officer	vacant
Investigation/Conciliation Officer	Kiarna Murray
Office Manager (0.5 EFT)	Rebecca Byers
Administration/Resolution Officer	vacant

Chapter 2:

Quality Complaints Management

ACHIEVEMENTS 2024/25

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 monitored quality improvements made through complaints in 2024/25.

Quality Improvement outcomes recorded

In 2024/25, the Commission recorded the following 12 quality improvement outcomes from complaints and enquiries:

- › Expansion of an electronic medical record database to include obstetric care plans with mandatory fields to ensure crucial information is always documented and readily available to clinicians
- › Provision of additional clinical skills training to a Nurse to address identified deficits
- › Updating of business continuity plans to assist clinical leaders with capacity management
- › Updating of clinical guidelines relating to provision of analgesia in labour
- › Provision of education to administrative staff regarding the circumstances where patient requests should be referred to clinical staff
- › Provision of training in relation to maintenance of patient privacy and dignity
- › Professional qualifications and expectations are now cross checked against relevant association requirements
- › Issues that pose a potential risk to clients are added to a monthly team meeting agenda for discussion and highlighted as concerns
- › Monitoring to ensure Prosthetics and Podiatry staff meet professional development expectations

- › Review of caseloads to ensure sufficient time during appointments is allotted to provide a thorough service to clients
- › Additional training provided regarding the importance of communicating intended actions prior to procedures
- › Provision of further training in relation to infection control and reissuing of copies of relevant policies and procedures

Production of an easy read brochure and poster

A complaints poster was developed and distributed to numerous providers for display.

An easy read brochure was created to make the complaints process accessible to a wider audience. It uses simple language and clear images and is particularly useful for people with an intellectual disability, low literacy or English as a second language. The easy read brochure was produced in collaboration with Scope Australia and Down Syndrome Association of the Northern Territory's Project21 program.

Enquiries

Proportion of complaints handled as enquiries

The Commission has continued its focus on resolving matters at the lowest level possible by managing matters referred to it as an enquiry wherever possible, as prescribed by section 86 of the Act. The term 'enquiries' is used to refer to matters dealt with informally. In 2024/25, 84% (compared with 86% in 2023/24) of the 787 matters received were managed as an enquiry.

Some serious matters can be handled informally, and some are handled this way when a prompt 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.

Increase in enquiries received and closed

Figure 1: Number of complaints and enquiries received 2020/21 – 2024/25

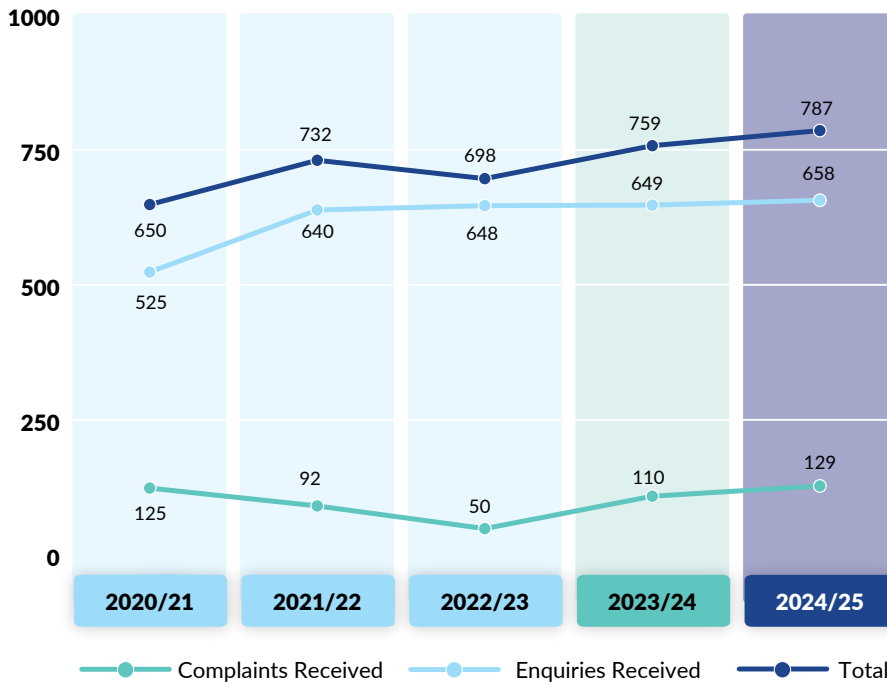


Figure 1 depicts in 2024/25, 658 enquiries were received, an increase of 1% on the 649 received in 2023/24. Our aim is to close enquiries within 14 days. In 2024/25, this goal was achieved in 79% of matters (a decrease from the 80% recorded in 2023/24).

Figure 2: Number of complaints and enquiries closed 2020/21 – 2024/25

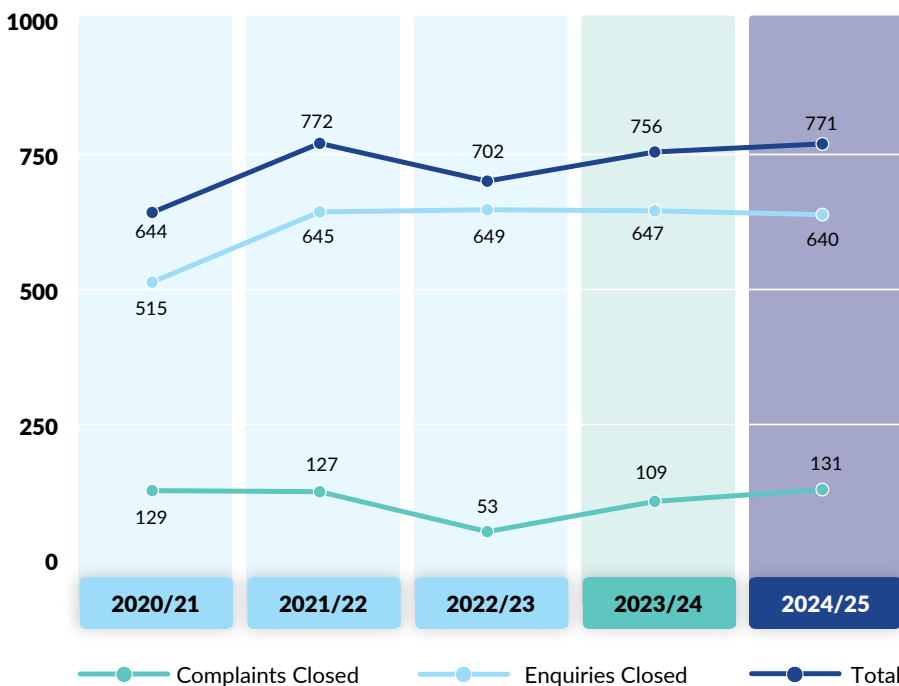


Figure 2 depicts the number of complaints and enquiries closed from 2020/21 until 2024/25. The number of enquiries closed has remained reasonably constant between 2021/22 and 2024/25, increasing following the period of 2020/21. The earlier drop is believed to have been a result of COVID-19.

When assessing enquiries, Commission staff may handle several separate issues in the one file. Thus, there may be one enquiry, but two or more issues.

Table 3: Categories and percentage enquiry outcomes all issues 2022/23 – 2024/25

Enquiry Outcomes	2022/23		2023/24		2024/25	
	No	%	No	%	No	%
Enquiry – information provided	279	24%	192	20%	260	23%
Enquiry – referred back	441	38%	399	41%	328	29%
Enquiry – resolved	85	7%	75	8%	119	10%
Enquiry – other	151	13%	94	10%	204	18%
Enquiry – referred elsewhere	137	12%	119	12%	165	14%
Enquiry – referred to HCSCC complaints process	68	6%	90	9%	67	6%
Enquiry – quality change	10	1%	6	1%	4	0%
Total	1171	100%	975	100%	1147	100%

Figure 3: Average time to finalise enquiries (days) 2020/21 – 2024/25

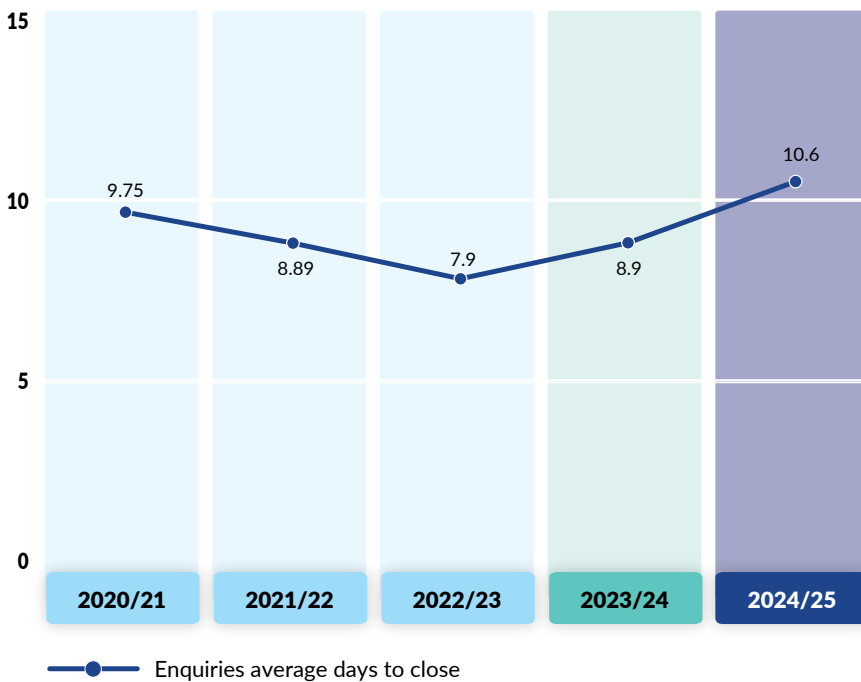


Figure 3 depicts the average time taken to close enquiries for the past five years. This increased to 10.6 days in 2024/25 compared with 8.9 days in 2023/24 and 7.9 days in 2022/23. Variation in time taken to close enquiries can be influenced by external factors, most notably the timeframe in which services provide an informal response to a concern.

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 has continued referring complaints back for direct resolution. Where a complainant has not attempted to resolve a complaint directly with a service provider, Commission staff will generally 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. 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, there is also the flexibility to adapt processes to fit the needs of individual parties and circumstances. 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 2024/25, the Commission closed 131 complaints (23 received by the Commission and 108 received by Ahpra), an increase compared to 109 complaints (40 received by the Commission and 69 received by Ahpra), in 2023/24. 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 2024/25, outcomes were recorded for 272 issues in the 131 matters finalised. This is significantly greater than the 213 issues assessed in 2023/24.

Timelines

In 2024/25, 93% of complaints were closed within 180 days, which exceeds the KPI of 80% complaints closed in this period compared with 95% in 2023/24 and 87% in 2022/23.

Figure 4: Time taken to finalise complaints (average days) 2020/21 - 2024/25

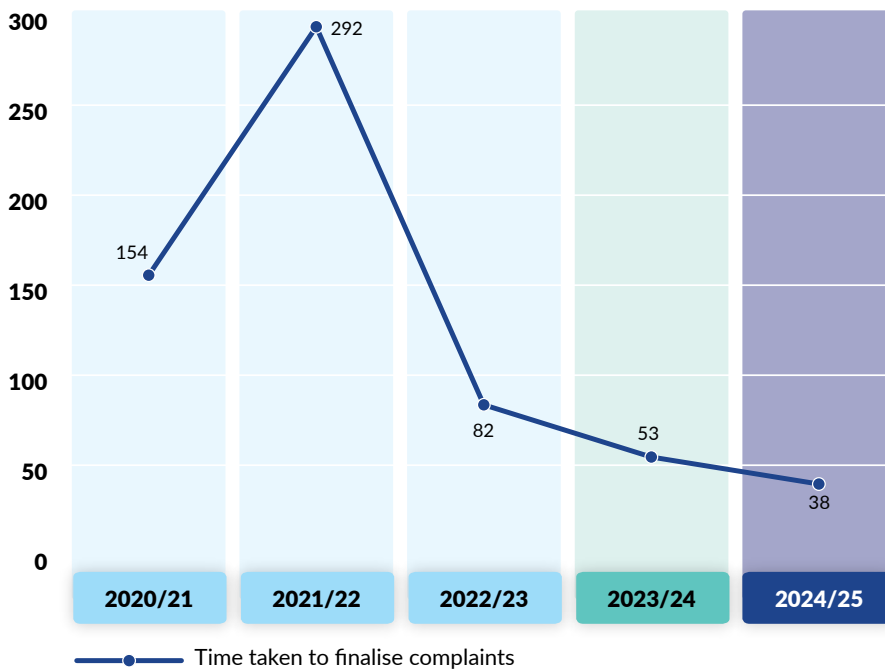


Figure 4 depicts the average number of days taken to finalise complaints. This decreased for the third year in a row from 53 days in 2023/24 down to 38 days in 2024/25. This can be attributed to an increase in the number of consultations between Ahpra and the Commission where the outcome is for the complaint or notification to be managed by Ahpra. At the point of consultation, if the issue is retained by Ahpra, the Commission’s file is closed. The way in which this data is captured would benefit from review; however, this is currently beyond the Commission’s capacity. Such a project would require changes to data storage on both the complaints management database Resolve and the NT Government’s records management system TRM.

In 2024/25, 33% of complaints (which also includes Ahpra notifications) 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 is a slight increase compared with 24% achieved in 2023/24. This KPI has never been a realistic target and should be reviewed when review of the Act occurs.

Figure 5: Time taken to assess complaints (average days) 2020/21 – 2024/25¹

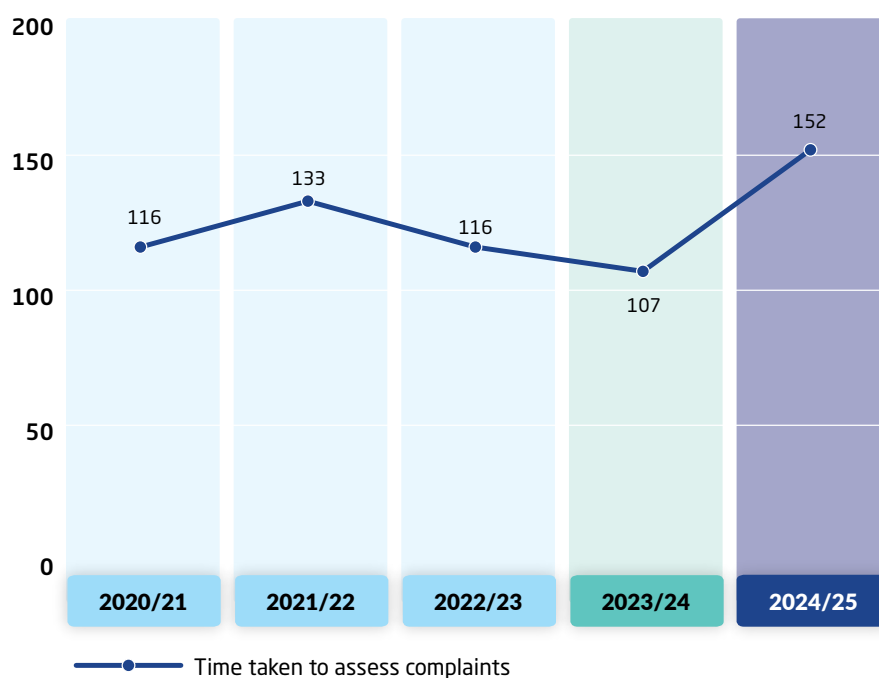


Figure 5 depicts the average time taken to assess complaints for the past five years. The number of days increased to 152 in 2024/25 compared with 107 in 2023/24 and 116 days in 2022/23.

A number of factors can impinge on timeliness. They include complexities in the complaint itself, complexities which arise during the assessment of a complaint and the time lapse between the occasion of care and the lodgement of the complaint. Cases where a complainant is suffering from physical or mental illness which delays or complicates communication, or a provider requires significant additional time to provide a response due to staffing issues are also factors. There are also often delays over Christmas when organisations (including the Commission) are short staffed.

¹ Figure 5 excludes notifications which were retained by Ahpra at consultation and therefore did not proceed to assessment by the Commission. This explains why average days to assess (figure 5) is greater than time to finalise (figure 4).

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. 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, historically 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 2024/25, the Commissioner decided to take no further action with 40% of complaint issues, being a decrease on the 58% recorded in 2023/24.

Table 4: Reasons for closure - Issues closed 2022/23 - 2024/25

Reason for Closure	2022/23	2023/24	2024/25
Conciliation complete	1	0	0
Dealt with by Board	25	75	151
Investigation Complete	1	2	0
Referred to Board	3	9	10
No further action	70	124	109
Referred to other entity	8	3	2
Total	108	213	272

Table 5 below demonstrates that the primary reason for no further action was that further investigation was unnecessary and/or unjustified.

Table 5: Reason for no further action - Issues closed 2022/23 – 2024/25

Reason for No Further Action	2022/23	2023/24	2024/25
No basis for complaint /Out of Jurisdiction	2	2	0
Complaint over 2 years old	7	0	0
Failure to reasonably resolve with provider	1	20	2
Further investigation unnecessary and/or unjustified	42	66	85
Complaint lacks substance	0	2	1
Complaint is resolved	5	27	8
Complaint determined by a court, tribunal or board	0	0	0
Civil proceedings commenced	0	0	0
Required information not received	5	3	12
Complaint has been withdrawn	8	4	1
Total	70	124	109

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 consultation between the Commission and Ahpra. Through these consultations, 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 10 complaints about registered providers to the relevant Board for assessment in 2024/25.

Notifications received by Ahpra may also be referred to the Commission for management. In 2024/25, this occurred on 10 occasions when the complaint was generally about lower 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. Complaints are not referred to conciliation unless the Commission is confident parties will behave in an appropriate manner and conciliation offers the prospect of resolution. The planning and holding of a conciliation requires the allocation of significant staff resources by the Commission and the provider. In 2024/25, there were no matters referred to conciliation. This was due to staffing limitations and NT Health's policy of being unwilling to consider requests for compensation as part of the conciliation process. While this decision is legal insofar as the Act is concerned, the Commission has some concerns about it conforming with the NT Government's Model Litigant obligations.

Investigations

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 Commission may interview people involved and obtain 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 2024/25, the Commission left one Investigator/Conciliator position vacant due to inability to fund it following budget cuts. The threshold for referral to investigation has been raised as a result, as staff struggle to carry investigations in addition to large numbers of incoming complaints. In 2024/25 one investigation was commenced and there were two others in progress.

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.

Once implemented, 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 also 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 practising in a way which is unsafe, limit scope of practice or prohibit practice altogether.

A Code regime has been implemented in all states and territories except the Northern Territory and Tasmania.

THE YEAR AHEAD: 2025/26

Each year priorities are determined 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

There are three investigations in progress, and it is planned for all of these to be completed during 2025/26. The Commission has substantially raised its threshold for referral to investigation due to budget cuts which have reduced current Conciliators/Investigators from three to two.

Records archiving project

In the coming year it is anticipated the Commission will complete audit and archiving of its aged hard copy files.

Creation of a brochure and poster for prisoners

The Commission intended to develop a brochure and poster for prisoners during 2024/25, however this did not occur due to competing priorities. It is planned for this to be completed in 2025/26. A significant proportion of complainants are prisoners, and processes for lodging a complaint differ in the prison environment as compared to the community. The brochure will utilise simple language to maximise accessibility.

Exchange of letters with Aged Care Quality and Safety Commission (ACQSC)

An 'exchange of letters' which will formalise information sharing arrangements between the Commission and the ACQSC is in progress and is expected to be finalised during 2025/26.

Chapter 3: Promote Capacity and Improve Systems

ACHIEVEMENTS 2024/25

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 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.

Management by the most appropriate complaints body

Table 6 below details the number of complaints about disability services, mental health services and aged care services over the past four years. Contacts about aged services are consistently low because almost all aged care complaints are managed by the Aged Care Quality and Safety Commission. In 2024/25, the Commission managed one complaint about a disability service through its 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 can 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, disability and mental health services complaints 2021/22 – 2024/25

Provider Type	2021/22	2022/23	2023/24	2024/25
Disability Services	1	1	3	1
Mental Health Services	7	7	21	24
Aged Services	2	0	0	0
Total	10	8	24	25

The data in **Table 7** below demonstrates that low numbers of enquiries were received about disability and aged care services. This is because the NDIS Quality and Safeguards Commission is responsible for managing complaints from participants who receive services from NDIS funded service providers and the Commonwealth Aged Care Quality and Safety Commission manages most complaints about aged care services. The Commission dealt with 24 complaints and 85 enquiries about mental health services in 2024/25, an increase from the 21 complaints and decreased from the 93 enquiries in 2023/24. Many people with grievances about mental health services choose to lodge their complaint with the Community Visitor Program (CVP).

Table 7: Aged, disability and mental health service enquiries 2021/22 – 2024/25

Provider Type	2021/22	2022/23	2023/24	2024/25
Disability Services	15	17	17	10
Mental Health Services	55	74	93	85
Aged Services	11	13	13	8
Total	81	104	123	103

Complainants identifying as Aboriginal and Torres Strait Islander peoples

Figure 6: Aboriginal and Torres Strait Islander peoples complaints and enquiries received 2024/25

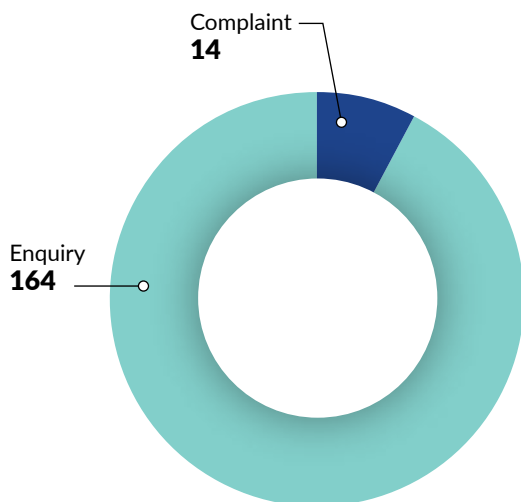


Figure 6 depicts 178 complainants identified as Aboriginal and Torres Strait Islander peoples of the 787 complainants and enquires received in 2024/25. Proportionally representing 25% of total enquiries, 11% of total complaints, and 23% of the total complainants and enquires received in 2024/25.

Enquiries from prisoners

Prisoners can contact the Commission to raise concerns about the health services they receive via an unmonitored phone line. In 2024/25, 253 enquiries were received from prisoners.

Table 8: Number and proportion of enquiries from Prisoners 2020/21 – 2024/25

Year	Number	Proportion of all enquiries
2020/21	171	33%
2021/22	183	29%
2022/23	172	27%
2023/24	218	34%
2024/25	253	38%

Table 8 above details the number of contacts from prisoners. NT Health has processes enabling prisoners to lodge complaints about the prison health clinics directly with the service. Prisoners complete a feedback form available on the prison sector and are provided with a response. In most cases where a prisoner contacts the Commission without first completing a feedback form, they are directed to complete a feedback form first and recontact the Commission if no response is received, or the response does not resolve the concern. Commission staff utilise their discretion in this regard depending on factors such as the prisoner’s capacity, seriousness and history of the concern and complexity. This process of direct resolution initially resulted in a drop in the proportion of enquiries received from prisoners. However, the proportion rose from 27% in 2022/23, 34% in 2023/24 and was 38% in 2024/25. This increase has occurred in the context of significant increases in the prison population.

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 Health Aboriginal Corporation
- > Central Australian Aboriginal Congress Incorporated
- > Danila Dilba Health Services
- > Darwin Private Hospital Pty Ltd
- > Miwatj Health Aboriginal Corporation
- > Northern Territory Health Services (now NT Health)
- > Wurli-Wurlinjang Health Service

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 all disability organisations.

In 2024/25 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 and does not wish to add to this unnecessarily.

Records archiving project

In 2024/25 the Commission undertook an audit of its aged hard copy case files against retention schedules to sort these and enable destruction and storage as applicable. The bulk of paper records have now been audited. The Commission has been largely paper-free since the introduction of its current complaints database Resolve in 2015.

Access to the Commission website

Anyone can access the Commission through its website at 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, a Guide to Complaints Resolution and a link to our legislation. Table 9 details that website access increased 44% in 2024/25 when compared with the year 2023/24.

THE YEAR AHEAD: 2025/26

IT projects

The Commission has utilised a very basic version of the Resolve Software Group Case Management platform since 2015, and consideration needs to be given to significant upgrades to utilise increased functionality and improve reporting accuracy. This would be a large project with multiple improvements including but not limited to the ability to send and receive emails and documents directly to and from the case management platform, auto loading of online complaints and an updated workflow.

The Commission also undertook a project in 2024/25 to create an 'Information only' category on the Resolve Case Management platform. This project has not yet been completed as it requires additional work for interface with the NT Government's records management system TRM.

Once completed, documents detailing prohibition orders issued against unregistered providers in other jurisdictions will be filed on the Resolve Case Management platform and more easily come to the attention of Commission staff in the event a prohibited practitioner relocates to the NT. Whilst prohibition orders made in other jurisdictions are already noted on the case management system, associated documents need to be stored outside the case management system. Interstate prohibition orders cannot be enforced in the NT at this time, however, access to this information will assist assessment of complaints. It is planned for this project to be completed in 2025/26.

Table 9: Website access 2020/21 – 2024/25

	2020/21	2021/22	2022/23	2023/24	2024/25
Total visits	6277	6651	7019	8475	12,202

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. The term of the HCSCC Review Committee expired on 31 October 2024 and a new committee has not been appointed.

ACHIEVEMENTS 2024/25

The year 2024/25 has been a challenging but rewarding one for the Commission. The HCSCC is the only independent Commission without a full-time Office Manager, and whilst the part-time (0.5EFT) nature of this position suits the current incumbent, the workload requires a full-time position. Office Manager Mrs Rebecca Byers provides invaluable support to the office, often working extended hours.

The Commission's Resolution/Administration Officer Ms Tatyana Slavova accepted a six-month secondment for higher duties with Department of Education in June 2025. Investigation and Conciliation Officer Ms Kiarna Murray is completing essential administrative tasks while continuing to manage a caseload of complaints pending recruitment to the Resolution/Administration Officer position. This has also required Senior Investigation and Conciliation Officer Ms Kathryn McAuliffe to carry an increased caseload. I wish to thank all these staff for their hard work and willingness to take on additional duties as required.

THE YEAR AHEAD: 2025/26

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.

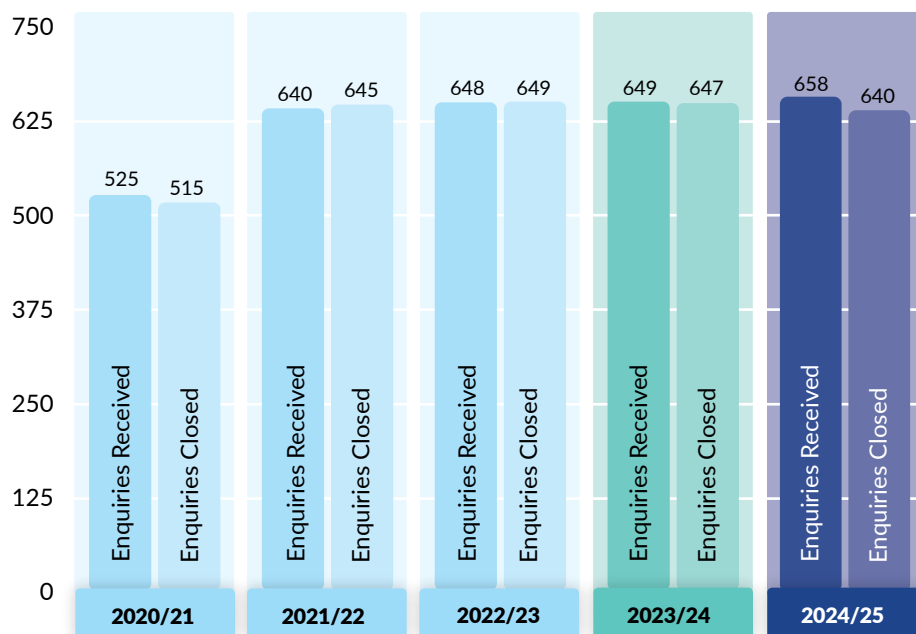
In 2024/25, staff undertook performance evaluation reviews to set work goals and identify development needs and training required. Monthly staff meetings are held at which updates can be provided in relation to the Commission's activities and discussion occurs regarding themes and emerging issues in the health, disability and aged care sectors.

Appendix

Enquiries / informal complaints

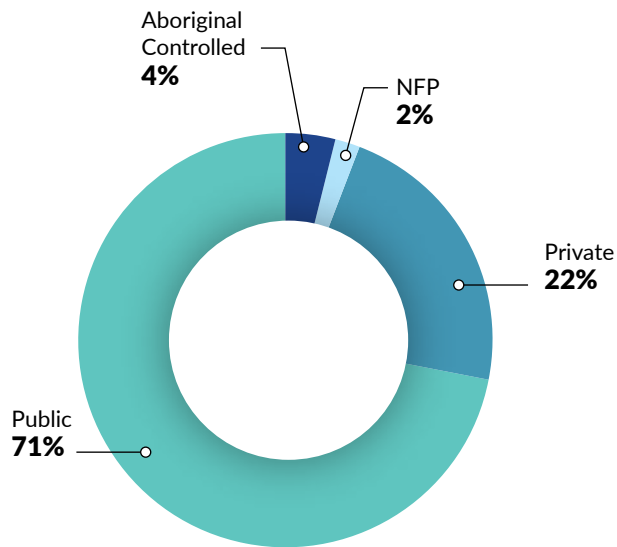
In 2024/25, the Commission received 658 enquiries and closed 640. This is consistent with enquiries received and closed in 2023/24, 2022/23, and 2021/22.

Figure 7: Enquiries received and closed 2021/22 - 2024/25



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

Figure 8: Providers subject to enquiries 2024/25²



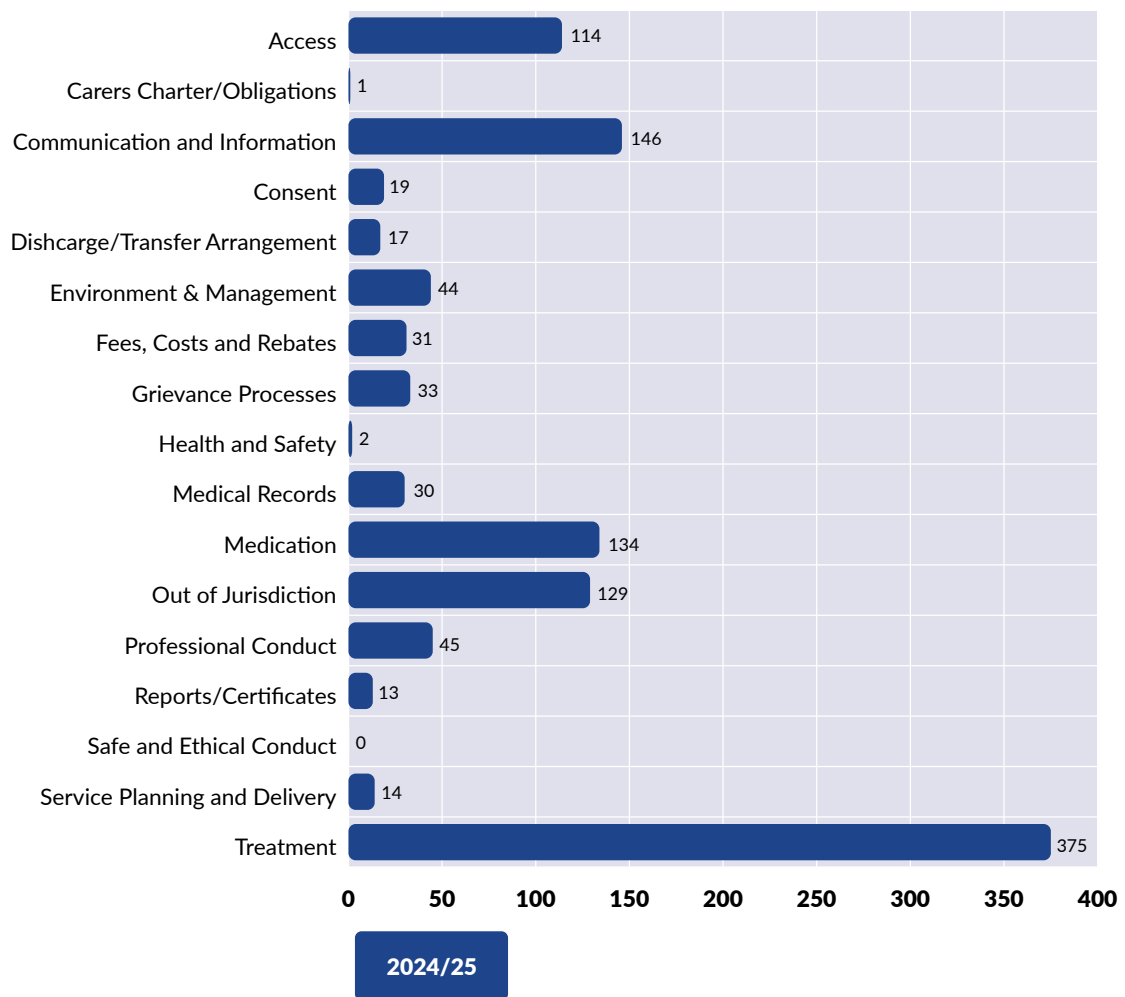
Public providers accounted for 71% (547) of the providers about whom enquiries were received, private providers accounted for 22% (169), Aboriginal controlled were 4% (33), and not-for-profit providers were 2% (18) in 2024/25.

² Figure 8 includes all providers within each case and multiple service providers can be included within the one enquiry. This explains why the number of service providers is greater than the number enquires received.

Issues raised in enquiries

Often more than one issue is raised per enquiry, 1147 issues were dealt with when assisting with the 658 enquiries received. The most common issues raised and dealt with through our enquiry process were standard of treatment, communication and information, medication and access to services. One hundred and twenty-nine (129) issues were out of jurisdiction. Out of jurisdiction enquiries include contacts from prisoners where it is assessed that the issue relates to correctional rather than health issues, enquiries about environmental health issues and people seeking general information. The Commission has a ‘no wrong door’ policy and ensures that every enquiry receives consideration, ensuring that the caller is provided with the information needed.

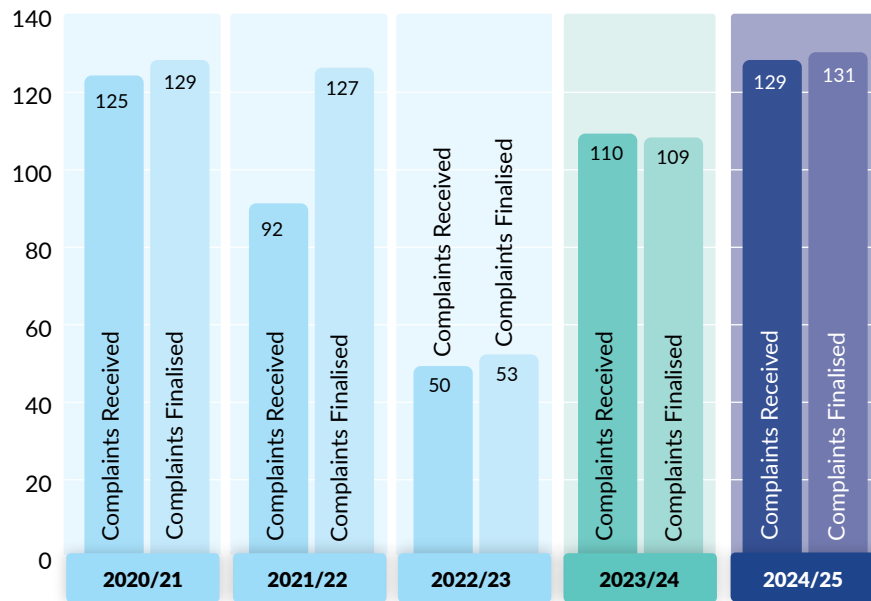
Figure 9: Issues raised in enquiries closed 2024/25



Complaints

One hundred and twenty-nine (129) new complaints were received in 2024/25, representing a 17% increase on the number received in the previous year. The primary reason for this significant increase is that notifications received by Ahpra and which are subject to consultation with the Commission increased dramatically from 71 in 2023/24 to 109 in 2024/25. As is demonstrated below in figure 10, complaint numbers in 2022/23 also appear to be an anomaly, being significantly lower than previous years.

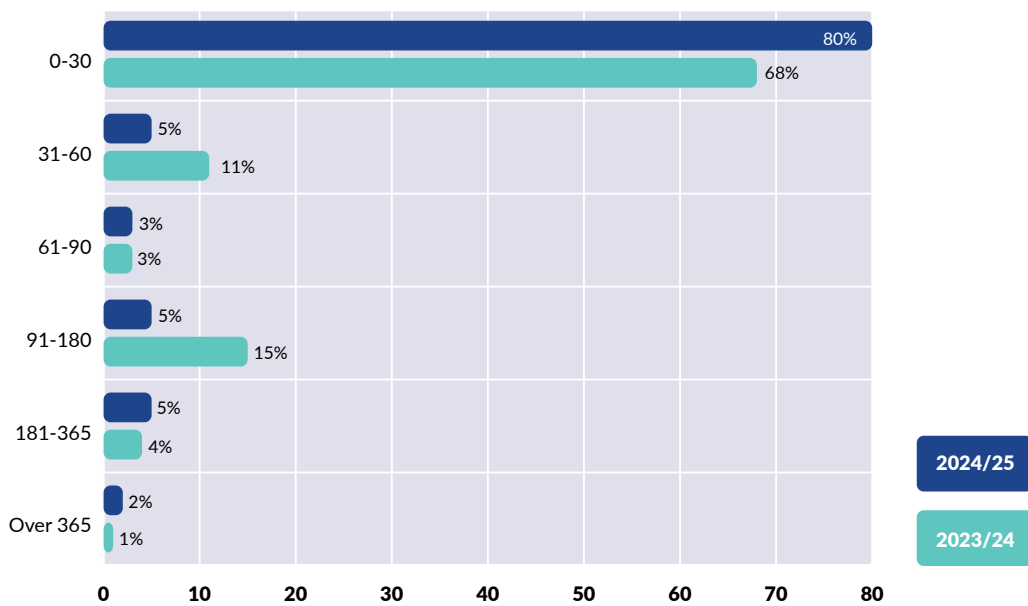
Figure 10: Complaints received and closed 2020/21 - 2024/25



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) decreased from an average 53 days in 2023/24 to 38 days in 2024/25. This is a result of complaints data including an increased volume of Ahpra notifications consulted on. Where at consultation the outcome is for a complaint or notification to be managed by Ahpra, the Commission’s file is closed.

Figure 11: Percentage complaints closed and timeframes 2023/24 and 2024/25



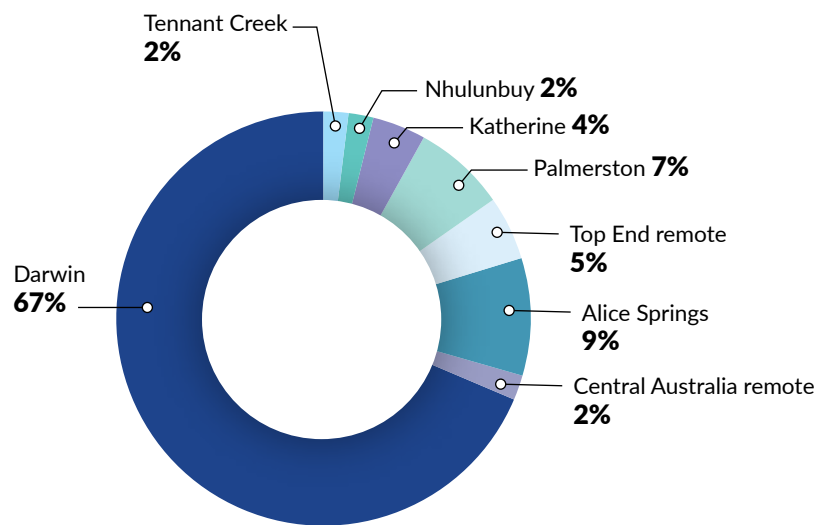
In 2024/25, 93% of complaints were closed within 180 days, a slight decrease on 95% in 2023/24. The benchmark for closure within 180 days is 80%.

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.

Location of services complained about

As expected, most services subject of a complaint were in Darwin (67%), a slight decrease from 69% 2023/24. The percentage of complaints received about services in Alice Springs decreased to 9% and Palmerston increased to 7% in 2024/25 when compared with 15% and 3% respectively in 2023/24. Tennant Creek complaints remained equal at 2% in 2024/25, while Katherine and Nhulunbuy complaints both decreased to 4% and 2% in 2024/25 respectively from 5% in 2023/24.

Figure 12: Location of services 2024/25



How are complaints received?

Where the complaint is made by phone, the complainant may be asked to confirm it in writing. Where a complainant is unable to confirm a complaint in writing, the Commission may assist them to render it into writing.

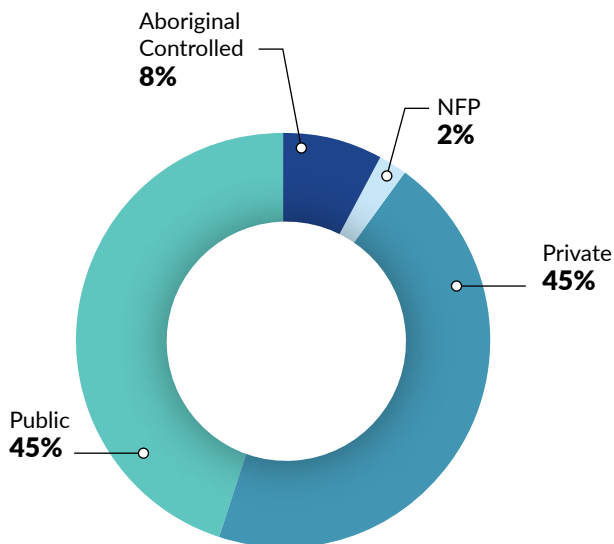
In 2024/25, of the 20 complaints (that is complaints received and subsequently managed formally) made directly to the Commission, 55% of complainants approached the Commission by electronic means (30% by email and 25% via the Commission website), 35% by phone and 10% were received by mail. For the 658 complaints handled informally as enquiries 22% of complainants approached the Commission by electronic means (12% by email and 10% via the Commission website), 75% by phone, 3% were received by mail and 1% in person.

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 2024/25, there were a total of 154 providers subject of the 129 complaints⁴ received by the Commission. Of these, 69 (45%) were public providers, 70 (45%) were private, 12 (8%) were Aboriginal controlled and 3 (2%) were not-for-profit.

Figure 13: Providers subject to complaints 2024/25

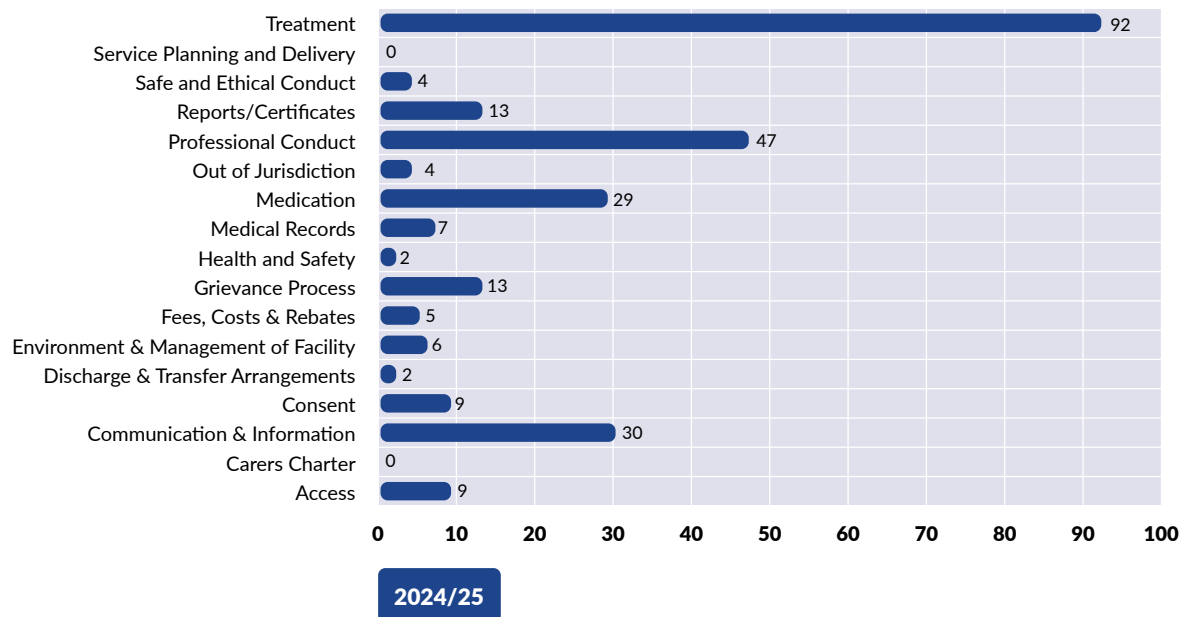


4 Comprising complaints received by the Commission managed formally and notifications received by Ahpra.

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. In 2024/25, a total of 272 issues were assessed.

Figure 14: Issues raised in complaints closed 2024/25



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.

The top three issues of treatment, communication and professional 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 nine issues assessed as out of jurisdiction.

Table 10: Complaints about access 2020/21 – 2024/25

ACCESS	2020/21	2021/22	2022/23	2023/24	2024/25
Access to facility	7	1	1	0	0
Access to subsidies	2	1	0	1	0
Refusal to admit or treat	3	5	1	1	5
Service availability	4	2	0	1	0
Waiting list	1	5	0	0	4
Total	17	14	2	3	9

Issues relating to access made up 3% of all issues raised in complaints in 2024/25. Concerns about access to services, however, comprised 10% of all enquiry issues, largely due to the high proportion of contacts from prisoners. Issues relating to access to health services by prisoners often relate to the capacity of Correctional Officers to escort prisoners to the health centres within the prisons or to transport them to external appointments.

Table 11: Complaints about carers charter 2020/21 – 2024/25

CARERS CHARTER	2020/21	2021/22	2022/23	2023/24	2024/25
Obligations to carers not met	1	0	0	1	0
Total	1	0	0	1	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 NT Carers Charter as set out in the Regulations to the *Carers Recognition Act*.

Table 12: Complaints about communication & information 2020/21 – 2024/25

COMMUNICATION & INFORMATION	2020/21	2021/22	2022/23	2023/24	2024/25
Attitude and manner	26	22	12	21	18
Inadequate information provided	19	17	5	4	5
Incorrect/misleading information provided	9	6	0	4	6
Special needs not accommodated	3	1	0	3	1
Total	57	46	17	32	30

Issues relating to communication and information made up 12% of all issues complained about. This is a slight decrease on 15% in 2023/24.

Table 13: Complaints about consent 2020/21 – 2024/25

CONSENT	2020/21	2021/22	2022/23	2023/24	2024/25
Consent not obtained or inadequate	4	22	4	5	3
Involuntary admission or treatment	3	2	2	4	4
Uninformed consent	1	1	0	0	2
Total	8	25	6	9	9

Issues relating to consent constituted 3% of all issues complained about in 2024/25. This is a decrease when compared with 4% in 2023/24 and 6% in 2022/23.

Table 14: Complaints about discharge and transfers 2020/21 – 2024/25

DISCHARGE & TRANSFERS	2020/21	2021/22	2022/23	2023/24	2024/25
Delay	0	1	0	0	0
Inadequate discharge	4	4	4	1	2
Mode of transport	3	1	0	0	0
Patient not reviewed	2	0	0	0	0
Total	9	6	4	1	2

Two issues were raised in relation to discharge and transfer arrangements, an increase when compared to one issue raised in 2023/24 and a decrease on the six in 2022/23.

Table 15: Complaints about environment & management of facility 2020/21 – 2024/25

ENVIRONMENT & MANAGEMENT	2020/21	2021/22	2022/23	2023/24	2024/25
Administrative processes	3	2	1	1	1
Cleanliness/hygiene of facility	4	1	0	0	1
Physical environment of facility	1	0	0	0	0
Staffing and rostering	0	1	0	0	2
Statutory obligations/ accreditation standards not met	2	4	1	1	1
Resources	1	2	0	1	0
Workforce issues/Staff related issues	2	0	0	0	1
Total	13	10	2	3	6

Complaints in this category relate to management of the service rather than the care/treatment component of the service. These issues made up 2% of all issues raised in complaints in 2024/25, a slight increase on 1% in 2023/24.

Table 16: Complaints about fees, costs & rebates 2020/21 – 2024/25

FEES, COSTS & REBATES	2020/21	2021/22	2022/23	2023/24	2024/25
Billing practices	3	0	2	2	2
Cost of treatment	4	1	0	1	1
Financial consent	0	0	0	0	2
Total	7	1	2	3	5

Issues relating to cost of service constituted 2% of issues in complaints in 2024/25.

Table 17: Complaints about grievance procedures 2020/21 – 2024/25

GRIEVANCE	2020/21	2021/22	2022/23	2023/24	2024/25
Inadequate/no response to complaint	16	17	9	11	13
Information about complaint procedure not provided	0	0	0	0	0
Reprisal/retaliation as a result of complaint lodged	0	1	2	0	0
Total	16	18	11	11	13

Issues related to grievance procedures and complaint handling made up 4% of all issues complained about in 2024/25.

Table 18: Complaints about medical records 2020/21 – 2024/25

MEDICAL RECORDS	2020/21	2021/22	2022/23	2023/24	2024/25
Access to/transfer of records	2	3	0	2	2
Record keeping	11	1	0	9	5
Record management	0	0	0	0	0
Total	13	4	0	11	7

The medical records category includes complaints about errors and inadequacies in medical records. There were seven issues about medical records complained about in 2024/25, which were managed formally as complaints, a decrease when compared to 11 complaint issues about medical records in 2023/24. The Commission is more likely to manage such complaints informally and 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 19: Complaints about medication 2020/21 – 2024/25

MEDICATION	2020/21	2021/22	2022/23	2023/24	2024/25
Administering medication	15	4	4	8	3
Dispensing medication	6	3	4	1	14
Prescribing medication	9	6	1	8	11
Supply/security/storage of medication	2	1	2	2	1
Total	32	14	11	19	29

Medication related concerns made up 12% of complaint issues in 2024/25, an increase compared to 9% of all issues in 2023/24. In addition, the Commission handled 115 complaints (12% of all enquiries) about medication at enquiry level in 2024/25, compared to 82 complaints (9% of all enquiries) in 2023/24.

Table 20: Complaints about professional conduct 2020/21 – 2024/25

PROFESSIONAL CONDUCT	2020/21	2021/22	2022/23	2023/24	2024/25
Annual declaration not complete	1	2	0	2	0
Assault	3	2	4	4	2
Boundary violation	2	1	0	1	4
Breach of condition	5	1	3	3	1
Breach of guideline/law	5	4	4	9	3
Competence	1	1	2	5	9
Discriminatory conduct	1	0	2	0	6
Emergency treatment not provided	0	0	0	6	0
Financial fraud	0	0	0	2	6
Illegal practice	1	1	6	1	2
Impairment	1	1	6	4	1
Inappropriate disclosure of information	0	0	1	2	4
Misrepresentation of qualifications	7	0	2	7	2
Sexual misconduct	6	7	0	2	7
Total	56	27	13	30	47

Issues relating to professional conduct made up 18% 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 21: Complaints about reports/certificates 2020/21 – 2024/25

REPORTS/CERTIFICATES	2020/21	2021/22	2022/23	2023/24	2024/25
Accuracy of report/certificate	1	1	3	4	9
Costs of reports/certificates	0	0	0	0	0
Inadequate/no consultation	0	0	0	0	0
Refusal to provide reports/certificates	0	1	0	4	0
Report written with inadequate or no consultation	0	0	0	0	3
Timeliness of report/certificate	0	0	0	1	1
Total	1	2	3	9	13

Complaints about reports and certificates made up 4% of issues in complaints in 2024/25. The Commission has no jurisdiction in relation to the process of writing, or the content of, a health status report as per Schedule 2, Part 2 of the *Health and Community Services Complaints Regulations*.

Table 22: Complaints about service planning and delivery 2020/21 – 2024/25

SERVICE PLANNING AND DELIVERY	2020/21	2021/22	2022/23	2023/24	2024/25
Decision making/choice	3	0	0	0	0
Individual needs/person centred planning	3	4	2	3	2
Privacy and dignity of service user	4	2	1	4	2
Total	10	6	3	7	4

One per cent (1%) of issues assessed in 2024/25 related to service planning and delivery.

Table 23: Complaints about treatment 2020/21 – 2024/25

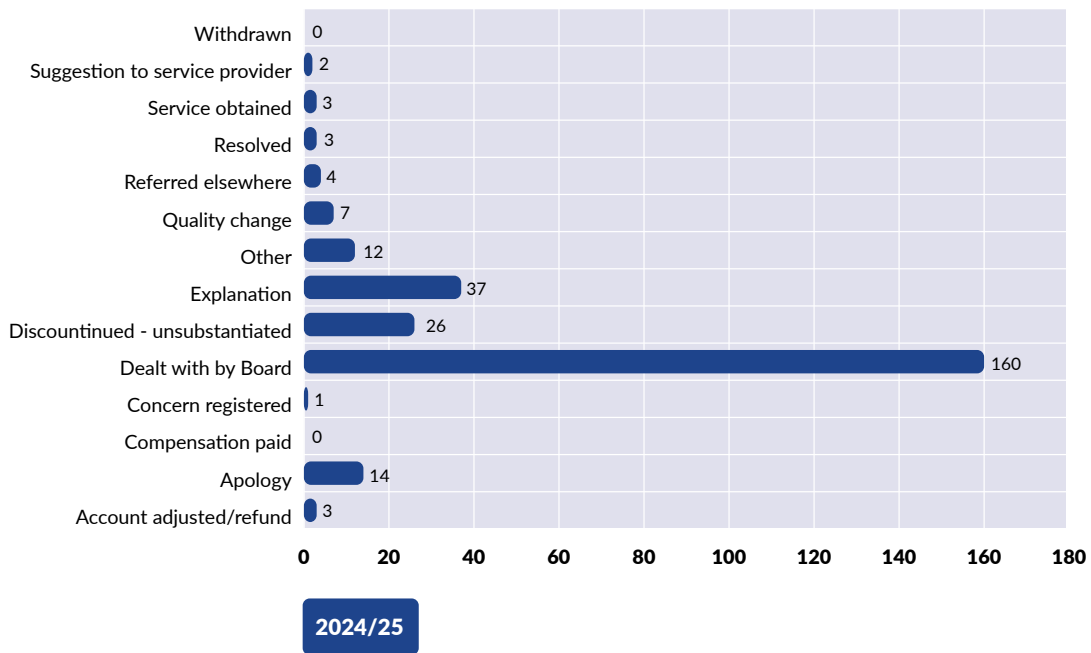
TREATMENT	2020/21	2021/22	2022/23	2023/24	2024/25
Attendance	0	0	0	1	1
Coordination of treatment	15	12	0	6	9
Delay in treatment	9	8	2	3	4
Diagnosis	16	11	2	2	19
Excessive treatment	2	0	0	1	1
Experimental treatment	3	0	0	0	1
Inadequate care	18	5	5	9	22
Inadequate consultation	0	4	2	2	1
Inadequate prosthetic device	0	0	0	0	0
Inadequate treatment	25	31	6	20	14
Infection control	2	1	1	1	4
No/inadequate referral	9	6	1	2	3
Public/Private election	0	1	0	0	0
Rough & painful treatment	5	3	3	0	4
Unexpected treatment outcome/complications	20	7	6	3	3
Withdrawal of treatment	1	1	1	0	0
Wrong/inappropriate treatment	13	10	1	12	6
Total	138	100	30	62	92

Issues relating to treatment constituted 33% of all issues in complaints closed in 2024/25, an increase from 29% in 2023/24. Inadequate care and diagnosis are identified as the most prevalent concerns within this category.

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, apart from recording that the issue was dealt with by the Board.

Figure 15: Outcomes of issues raised in complaints closed 2024/25



The most common outcome from issues closed by the Commission was an explanation (14%) and dealt with by the relevant Board (59%). Three percent (3%) of issues resulted in one or more quality improvements and 1% were referred elsewhere. An apology was an outcome of 5% 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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