Preliminaries

Statement of compliance

Government of Western Australia
Health and Disability Services Complaints Office

HON DR KIM HAMES MLA
MINISTER FOR HEALTH

In accordance with section 63 of the Financial Management Act 2006, I hereby submit for your information and presentation to Parliament, the Annual Report of the Health and Disability Services Complaints Office (HaDSCO) for the financial year ended 30 June 2012.

This report has been prepared in accordance with the following provisions:

Auditor General Act 2006
Carers Recognition Act 2004
Contaminated Sites Act 2003
Disability Services Act 1993
Electoral Act 1907
Equal Opportunity Act 1984
Financial Management Act 2006
Freedom of Information Act 1992
Health and Disability Services (Complaints) Act 1995
Industrial Relations Act 1979
Minimum Conditions of Employment Act 1993
Occupational Safety and Health Act 1984
Public Sector Management Act 1994
Salaries and Allowances Act 1975
State Records Act 2000
State Supply Commission Act 1991
Government and Ministerial Annual Reporting Policies

Linley Anne Donaldson
DIRECTOR

31 August 2012
About this report

The principle function of this report is to provide an outline of HaDSCO’s activities and financial performance during 2011-12 to Parliament, the Minister for Health and the public. The report provides a detailed and factual representation of HaDSCO’s performance for the year ended 30 June 2012.

This report is prepared in accordance with the Public Sector Commission’s Western Australian Public Sector Annual Reporting Framework as well as HaDSCO’s Disability Access and Inclusion Plan (DAIP) and Communication Style Guidelines.

This report is available in printable and electronic viewing formats to optimise accessibility and ease of navigation. Documents are available to download from the HaDSCO website www.hadsco.wa.gov.au. On request, this report can be made available in alternative formats to meet the needs of people with visual impairment. Such requests should be directed to mail@hadsco.wa.gov.au.

This report was written, designed and converted for electronic viewing using in-house staff resources.

Copying of this document, in whole or in part, is not permitted without HaDSCO’s written consent. When reproduced, content must not be altered in any way and HaDSCO should be acknowledged appropriately.

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Section 1

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1.1 Executive summary

It has been a challenging and rewarding year for my Office.

Each year at HaDSCO, we are presented with a range of new and interesting challenges. Our capacity to improve the effectiveness and efficiency in providing quality services to stakeholders is paramount.

This year, there has been strong achievement in the face of resourcing challenges and an ever changing operating environment. We have capitalised on opportunities to innovate and improve the way we engage with stakeholders to deliver services.

At the beginning of the financial year, we set ourselves a number of targets in terms of our output and efficiency of service delivery. I am pleased to report that we achieved the majority of our goals as outlined further in this report.

HaDSCO’s functions are diverse. We review and report on the causes of complaints, recommend service improvements, undertake investigations and provide a complaint resolution service for users and providers of health and disability services. We continue to make an important contribution to the improvement of health and disability services through recommendations made during the complaints process.

During the year, we closed a record number of cases representing a 10.3 per cent increase in comparison to complaints closed in 2010-11. This growing trend supports the importance of the agency’s functions in providing a free and impartial complaints service to the community within Western Australia. To effectively manage this trend, we are moving to introduce an early resolution process which will involve an active role in supporting consumers and providers, where appropriate, to resolve the issue.

In addition, we completed an investigation initiated by the Minister for Health under section 45 of our legislation. This is the first time HaDSCO has undertaken this type of investigation and the final report is available on our website.

HaDSCO is also responsible for educating consumers and providers in the resolution of complaints. Building partnerships and engaging with stakeholders has been a core element in service delivery as outlined in the body of this report.

During the year, we sought opportunities to build partnerships with key stakeholders to educate communities in the access to our services. An example was the Christmas Island project to trial a community outreach venture in partnership with District High School. This project demonstrated the potential for a successful method of regional community engagement.
A most visible change for HaDSCO was the relocation to Albert Facey House in the vibrant city centre. The new location has provided us with access to state-of-the-art technology that will enable us to effectively deliver services to local and regional communities. Staff feedback has been positive and we have enjoyed creating a working environment that supports information sharing amongst teams.

As an independent statutory authority providing an impartial resolution service for complaints, there is an increased focus on the agency to maintain high standards of integrity. This year, the Public Sector Commission conducted an integrity audit of HaDSCO’s processes. I am pleased to report that the first component of the audit met all the requirements and the findings reflect the agency’s values of fairness and integrity.

During the year, I dedicated time to undertake consultation with a number of key stakeholders and staff to gather information to develop the new 2012-15 Strategic Plan. The information provided significant direction in shaping the agency’s service delivery for the next three years and has been invaluable in developing the themes for HaDSCO’s strategic goals.

The Office of the Auditor General did not produce any significant findings as a result of the end of financial year audit. This is a reflection of the agency’s improvement orientated culture in reviewing processes and seeking to achieve best practice in financial management.

I acknowledge the work of my dedicated and skilled staff, and the managers who lead them. Individual staff members’ commitment to achieving the agency’s vision and passion for their work is greatly valued and appreciated. I recognise the relationship with the Minister for Health and the support provided to my Office in serving the community.

Anne Donaldson
DIRECTOR
1.2 HaDSCO at a glance

Our role
HaDSCO is an independent statutory authority offering an impartial resolution service for complaints relating to health or disability services in Western Australia (WA). This service is free and available to all users and providers of these services.

Acting impartially and in confidence, HaDSCO reviews and reports on the causes of complaints, undertakes investigations, suggests service improvements and advises service providers about effective complaint resolution.

HaDSCO operates within two key service areas:

- **Service one**: Assessment, conciliation and investigation of complaints.
- **Service two**: Education and training in the prevention and resolution of complaints.

These services enable HaDSCO to identify needs for service improvement, make recommendations, and encourage the continual enhancement of health and disability services provided in WA.

Our vision
Empowering users and providers to collaboratively improve health and disability services.

Our values
HaDSCO’s decisions and actions are guided by six core values:

- **Integrity**: acting impartially and with independence
- **Accessibility**: ensuring services are accessible to all
- **Responsiveness**: responding to the needs of stakeholders
- **Confidentiality**: maintaining confidentiality
- **Empowerment**: building capacity in complaints prevention and resolution
- **Improvement**: influencing the quality and effectiveness of services.
1.3 Organisational structure

Director

Corporate Services Unit
- Manager Corporate Services
  - Communications Officer
  - Research and Policy Officer
  - Administrative Coordinator
  - Administrative Assistant
  - Trainee Communications Assistant

Complaints Operations
- Senior Legal Officer
- Manager Complaints Operations
  - Team Leader Complaints Management
    - Assessment Team
      - Team Leader Assessment
      - Assessment Officer x 2
  - Team Leader Complaints Management
    - Complaints Management Team
      - Senior Case Manager x 3
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1.4 Operational structure

1.4.1 Overview

The Office operates with three key business units:

- Operational Management Group
- Complaints Operations Unit
- Corporate Services Unit

These units are supported by a Senior Legal Officer (SLO) who provides legal advice, and ensures that legislative requirements are adhered to and enabling legislation is current. The SLO works with the State Solicitor’s Office when appropriate.

Each business unit plays a specific role in the delivery of services and achievement of key performance indicators (KPIs). The teams work collaboratively and rely on one another for support.

The responsible Minister is The Hon. Dr Kim Desmond Hames MLA MBBS, JP, Deputy Premier; Minister for Health; Tourism.

Service Level Agreements

As a small agency, HaDSCO is supported by Service Level Agreements with the Health Corporate Network (HCN) of the Department of Health (DOH). DOH provides support in the areas of human resources, procurement, business system services, and information and communication technology.

Medical Panel

A large proportion of complaints made to the Office concern the adequacy of clinical care patients receive. To assist with such complaints, HaDSCO engages a Medical Panel from Edith Cowan University via a service contract. The panel provides expert advice to HaDSCO staff about the complex medical issues that can surround complaints and also assists with improving internal complaints management procedures.

Functions of the Director

The functions of the Director as set out in the Health and Disability Services (Complaints) Act 1995 are as follows:

- to deal with complaints
- in collaboration with groups of providers or groups of users or both, to review and identify the causes of complaints and to suggest ways of removing and minimising those causes and bringing them to the notice of the public
- to take steps to bring to the notice of users and providers details of complaints procedures
- to assist providers in developing and improving complaints procedures and training of staff in handling complaints
Section ONE: Overview of the agency

- with the approval of the Minister, to inquire into broader issues of health care arising from complaints received
- to publish work of the Office from time to time
- to provide advice generally on any matter relating to complaints
- to provide advice to users on the making of complaints to registration boards and other avenues available for dealing with complaints
- any other function conferred on the Director by the Act or another written law.

Under this legislation the Director may do all things that are necessary, or convenient to be done, in order to perform the Director’s functions.

1.4.2 Operational Management Group

The Operational Management Group oversees the strategic direction and operations of the Office. The group includes representation from each team and consists of the Director, Manager Complaints Operations, Manager Corporate Services and Complaints Management Team Leaders.

1.4.3 Complaints Operations Unit

The Complaints Operations Unit undertakes complaints management and resolution. It is divided into two service areas: Assessment and Complaints Management.

During 2011-12, the Complaints Operations Unit:

- closed 2776 complaints, an increase of 10.3 per cent from 2010-11
- closed 86 cases managed through negotiated settlement
- closed 57 cases managed through conciliation
- closed 2 investigations
- facilitated complaint resolution processes that resulted in 64 service improvements being agreed upon by providers
- undertook 184 education and outreach initiatives in the community.

Assessment Team

This team provides the first step in HaDSCO’s complaint resolution service and is the first point of contact for individuals wishing to lodge a complaint. The team clarifies how HaDSCO can provide assistance and offers relevant information and tools to help individuals begin to resolve their concerns.

The Assessment Team gathers relevant information, explains the resolution process and, in cases where HaDSCO is unable to provide assistance, provides information regarding the alternative services available.

The team works towards the resolution of relatively straightforward complaints via negotiated settlement. The more complex cases are passed on to the Complaints Management Team for resolution via conciliation.
Complaints Management Team
This team is responsible for managing and resolving the more complex complaints using negotiation and conciliation. The team also makes service improvement recommendations and undertakes investigations.

The Complaints Management Team liaises with all parties involved in a complaint to work towards a mutually agreeable outcome. Each member of the team is highly skilled and has LEADR (Association of Dispute Resolvers) mediation training.

1.4.4 Corporate Services Unit

The Corporate Services Unit provides corporate governance and business services within the agency including administration, human resources, records management, finance, statistical analysis, research, marketing and communications.

The unit plays a leading role in strengthening HaDSCO's capacity to effectively engage with health and disability service providers and consumers.

During 2011-12, the Corporate Services Unit:

- relocated the agency to Albert Facey House
- managed an integrity audit conducted by the Public Sector Commission
- collected and analysed complaint management data from prescribed providers, under section 75 of the Health and Disability Services (Complaints) Act 1995
- produced, implemented and evaluated Stakeholder Engagement Strategies, with a focus on carers, prisoners, mental health services, disability services and health services
- provided budget submissions to the Department of Treasury and successfully managed the allocation of resources within budget.
1.5 Activities

1.5.1 Complaint resolution

HaDSCO’s complaint resolution process is governed by the *Health and Disability Services (Complaints) Act 1995*. The service is free, impartial and confidential, and encourages all parties involved to discuss complaints and work towards mutually agreeable outcomes.

An important aspect of complaint resolution is communication between the parties involved. HaDSCO supports early resolution by encouraging service users and providers to discuss the complaint between themselves in the first instance.

HaDSCO empowers the parties involved by providing information and educational resources. For example, online and printed information sheets offer helpful tips on how to raise and resolve complaints effectively. It is planned that further educational tools will be developed in 2012-13.

If this early resolution process does not resolve the complaint, service users may lodge a complaint with HaDSCO. The agency will facilitate an independent and impartial complaint resolution process, where appropriate.

To facilitate effective resolution, the Office utilises two processes: negotiated settlement and conciliation.

Negotiated settlement involves an exchange of information between parties via a Case Manager or Assessment Officer. This may be conducted over the telephone, by email or in writing and generally does not involve a face-to-face meeting. During negotiated settlement, it is HaDSCO’s role to assist in the exchange of information and promote resolution of the complaint.

Conciliation is facilitated by a HaDSCO Case Manager. It generally involves all parties engaging voluntarily in a face-to-face meeting to discuss the complaint and offers the opportunity for open discussion.

From these two processes, HaDSCO makes relevant service improvement recommendations. Refer to Section 4.2 ‘Key performance indicators’ for further information regarding the recommendations made.

When complaints relate to a registered health professional, HaDSCO is required by law to consult with the Australian Health Practitioner Regulation Agency (AHPRA) and determine which agency is the most appropriate to deal with the complaint. This liaison takes place during a formal monthly meeting and electronic information exchange. The process is addressed in more detail under Section 2.2.2 ‘AHPRA liaison process’.
1.5.2 Investigations

HaDSCO is one of the key independent statutory authorities able to undertake investigations into broad systemic issues related to the provision of health or disability services in WA and make service improvement recommendations based on the findings.

The investigation process is governed by the *Health and Disability Services (Complaints) Act 1995* and the *Disability Services Act 1993*. This legislation provides guidelines which must be adhered to for HaDSCO investigations, outlining the powers of the Director and how investigations must be managed.

The legislation states the Director may undertake an investigation in the following circumstances:

- when the Minister is of the opinion that it is in the interest of the public or a matter of general importance relating to health
- at the direction of the Minister for Health or Minister for Disability Services
- if a complaint cannot be resolved through conciliation and warrants investigation.

During the investigation process, HaDSCO remains impartial and works collaboratively with relevant individuals or organisations to gather information. For example, the investigator may conduct interviews and view documents. Information gathered assists the investigator to identify systemic issues and make relevant service improvement recommendations.

At the end of an investigation, each party is provided with the opportunity to respond to the findings of the investigation and make representation to the Director. If any findings of unreasonable conduct have been made, the provider must advise the Office of the measures that have been undertaken to comply with the recommendations made by HaDSCO.

Any recommendations made as a result of an investigation are followed up by HaDSCO.

The investigation process is confidential. Information may only be shared in the course of duty or as allowed by the *Health and Disability Services (Complaints) Act 1995* or the *Disability Services Act 1993*.

Refer to Section 1.6.3 ‘Investigative powers’ for details regarding the Director’s powers in relation to investigations.
1.5.3 Education and training

A key service for HaDSCO is providing education and training in the prevention and resolution of complaints. Establishing partnerships in the delivery of education and training has been paramount to the success of engaging the community into understanding the functions of the agency.

The following activities were undertaken during 2011-12:

- Christmas Island project to trial a community outreach venture in partnership with District High School, which demonstrated the potential for a successful method of regional community engagement
- sponsorship and participation in key conferences including the Asia-Pacific Conference on Mental Health and WA Carers Conference
- participation in Regional Access and Awareness Program (RAAP) initiatives
- direct mail campaigns to health, mental health, disability and Aboriginal health services across WA
- development of the Disability Access and Inclusion Plan (DAIP)
- quarterly review and update of the HaDSCO website
- production of informative publications in print and electronic formats
- presentations and information sessions with consumers and providers
- contribution to a range of external publications including the Medical Forum, Kite and Carers Quarterly
- hosted the annual National Complaints Managers Meeting which enabled the sharing of expert knowledge and information based on key issues, achievements and activities from the previous year.
1.6 Enabling legislation and powers

1.6.1 Enabling legislation

As an independent statutory authority, HaDSCO operates under a number of legislative frameworks outlined below:

- **Health and Disability Services (Complaints) Act 1995**
  This Act is the primary legislation governing the operations of HaDSCO. It sets out the legislative framework for HaDSCO's functions, operations and powers with respect to health services.

- **Part VI of the Disability Services Act 1993**
  This Act deals with the provision of disability services generally. Part VI deals with complaints about disability services, providing a framework for the management of disability service complaints.

1.6.2 Other impacting legislation

- **Carers Recognition Act 2004**
  This Act aims to change the culture of service providers so that the impact on carers is considered when services are assessed, planned, delivered and reviewed. A key part of the Act requires service providers to comply with the WA Carers Charter. HaDSCO may take a complaint regarding a health or disability service provider who fails to comply with the Charter.

- **Health Practitioner Regulation National Law (WA) 2010**
  This law governs the registration of health practitioners throughout Australia. Under this legislation, HaDSCO and AHPRA are required to notify and consult each other about complaints relating to registered health professionals. The notification and consultation process is addressed in more detail under Section 2.2.2 ‘AHPRA liaison process’.

1.6.3 Investigative powers

Under the Director’s formal powers of investigation, HaDSCO can issue a notice for information to be produced and it can also require the attendance of a person to answer questions under oath or affirmation.

HaDSCO investigations are impartial. HaDSCO prefers to work collaboratively with relevant individuals or organisations in order to gather information. During the investigation process the investigator may, for example, conduct interviews and view documents.
In general, all parties involved cooperate with HaDSCO investigations. However, the *Health and Disability Services (Complaints) Act 1995* provides the Director with extensive powers, when warranted, to:

- summon individuals or documents
- apply for a warrant to enter premises
- enter and inspect premises and take copies of any necessary documents.

The Director has the power to make recommendations following an investigation and follow up on the action taken by the health or disability service provider. The Director does not have the power to enforce the recommendations.

The Director can also report to Parliament on any matter arising from a complaint or on any of the functions of the Director.

Part VI of the *Disability Services Act 1993* contains similar provisions for the investigation of disability services complaints.
1.7 Performance management framework

HaDSCO works in partnership with both public and private health services, disability services and other key stakeholders across WA to deliver outcomes aligned to government goals, as shown in Figure 1.

**Government goal**
Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians.

**Agency desired outcome**
Improved delivery of health and disability services.

**HaDSCO Service Area One**
Assessment, conciliation and investigation of complaints.

**HaDSCO Service Area Two**
Education and training in the prevention and resolution of complaints.

**HaDSCO Strategy 2012-15**

- **System improvement**
  Service improvement by analysing data to identify systemic issues.

- **Empowerment and education**
  Empowering consumers and providers to effectively resolve complaints and working collaboratively with stakeholders to develop accessible resources.

- **Quality complaints management**
  Providing a quality complaints management service that meets best practice standards and is responsive to the environment.

- **Building staff capacity**
  Strengthening service delivery by building staff skills and developing a performance oriented culture with an ongoing commitment to the agency’s values.

- **Effective resource management**
  Efficient and accountable resource management, cost effective service delivery and effective resource planning for key priorities.

Figure 1
Outcome based management framework aligned with government priorities
Agency performance

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2.1 Key achievements

2.1.1 Mapping future direction

HaDSCO Strategic Plan 2012-15
Between October 2011 and July 2012, the agency commenced planning and developing the HaDSCO Strategic Plan 2012-15. The document is currently being finalised.

The Strategic Plan clearly explains the agency’s future direction and goals to be achieved by 2015, and guides the direction of the agency towards five key themes:

- system improvement
- empowerment and education
- quality complaints management
- building staff capacity
- effective resource management.

The overall vision of the Strategic Plan is: ‘Empowering users and providers to collaboratively improve health and disability services’. The subsequent strategies support this vision and will guide the agency during the development of other planning documents, including the HaDSCO Operational Plan 2012-13 and Stakeholder Engagement Strategy 2012-13.

The Strategic Plan was developed following a comprehensive consultation process with staff and external stakeholders. This process gave HaDSCO an insight into how stakeholders view the HaDSCO service, its strengths and areas for expansion. It highlighted the willingness of health and disability organisations to offer feedback and enthusiasm to develop strong and effective working partnerships.

This process enabled HaDSCO to identify opportunities to expand its services by:

- collating complaint management best practice standards, establishing frameworks and making them available to the sector
- utilising internal complaints data to identify themes and bring them to the attention of stakeholders
- identifying opportunities to work with providers to develop meaningful educational packages in complaints management
- advising consumers on how to effectively raise complaints and methods for resolution, informing them of additional support and providing referrals where appropriate
- undertaking community outreach initiatives and offering tailored community education packages
- promoting internal policies and procedures that are in place to support employees in undertaking their roles, interacting with colleagues and enjoying employment at HaDSCO
- efficient and accountable resource management to deliver a cost effective service and effective resource planning for key priorities.
2.1.2 National health complaint entities

HaDSCO hosted the annual National Complaints Managers Meeting in 2012. Complaint Managers from each state’s health complaint entity represented their agency and met to discuss key topics impacting on complaints management throughout Australia.

Each state provided an overview of key issues, achievements and activities undertaken over the previous year. Key initiatives were showcased and valuable discussions held relating to significant areas of interest and impact.

This forum provided an excellent opportunity for HaDSCO, as proud hosts, to promote its many achievements. The meeting was given a WA theme, which added a local flavour and contributed to its success.

2.1.3 Involvement in legislative changes

**Mental Health Bill**

The Mental Health Bill is currently being developed by the Mental Health Commission. HaDSCO has been closely involved in the drafting of relevant provisions within the Bill.

The Bill will contain a Part dedicated to complaints about mental health services. As with the *Disability Services Act 1993*, this Part will be managed by HaDSCO. As a result, HaDSCO and the Mental Health Commission have met on numerous occasions to discuss the policy and legal requirements of the new legislation.

The impact of this Bill on HaDSCO is addressed under Section 3.1 ‘Legislative amendments’.

**Disability Services Act**

The *Disability Services Act 1993* is currently being amended, including Part VI which governs the HaDSCO complaint resolution process for disability service complaints. The Disability Services Commission is leading these amendments; however, HaDSCO has been directly involved in the process. Agency representatives have made numerous recommendations in order to ensure greater consistency with the *Health and Disability Services (Complaints) Act 1995* and the relevant Part of the new Mental Health Bill.

The impact of these amendments on HaDSCO is addressed under Section 3.1 ‘Legislative amendments’.
2.1.4 Service improvements

Improvements led by the Assessment Team

**AHPRA liaison process**

With the increasing number of complaints received by HaDSCO, the notification process between the agency and AHPRA required review. This was to ensure that liaison between the two agencies was streamlined and the exchange of information was swift and effective.

A review of the process indicated that a number of administrative tasks were duplicated. Information related to the process was recorded in multiple locations for unrelated purposes and follow up tasks were not efficiently distributed amongst staff. The review also identified opportunities, such as technological advancements, that could streamline the process. As a result, a system was developed whereby technology replaced manual administrative tasks and allowed HaDSCO to transfer relevant information to AHPRA electronically.

To ensure consistency and improve communication with consumers and providers, HaDSCO reviewed its template letters used during the AHPRA liaison process. As a result, a checklist was developed to explain new letters and their appropriate usage in the process.

HaDSCO has continued to enhance its relationship with AHPRA to ensure the interaction is one of cooperation and timeliness. In March 2012, the agency addressed an AHPRA workshop of local and national managers and explained the role of HaDSCO and its liaison with AHPRA. During 2012-13, a key focus for HaDSCO will be to continue this educative role by addressing a number of the Boards and Committees that are governed by AHPRA.

**Practice standards**

HaDSCO engaged a Health Science/Law student from the University of WA to collate medical practice standards and guidelines for HaDSCO to utilise in daily operations.

The documents enable agency staff to access best practice medical-related policies and guidelines from reputable sources. During 2012-13, these resources will be entered into EndNote, enabling staff to reference the documents in future reports and research projects. This resource will improve the timeliness and quality of information collection and complaints assessment.

Improvements led by the Complaints Management Team

**Financial settlement service**

HaDSCO formalised a process for dealing with complaints that include a potential financial settlement component. This augmented HaDSCO’s existing process of negotiated settlement which covers claims for full or partial refunds, waiver of fees or further treatment.
With this improvement, HaDSCO is able to deal with specific and general claims that involve a greater range of damages which may arise following adverse outcomes from treatment. The service is provided by an experienced Senior Case Manager at no cost to participants. It is the role of the Case Manager to discuss the complaint with all parties and assist them to reach an agreed resolution.

A variety of outcomes can be achieved through the complaint resolution process. These may include improved communication, an explanation or apology, changes to procedures and, in some cases, a financial settlement.

The process is voluntary. It relies on the participation of all parties and encourages a cooperative approach to settling the complaint. HaDSCO cannot compel the provider or their insurer to participate in, or make, a financial settlement.

A model for dealing with financial claims was developed in consultation with a number of health service providers and their insurers from both the public and private sector. This consultation enabled HaDSCO to develop frameworks and processes to suit the pre-existing processes within the sectors. Robust and cooperative discussions have offered HaDSCO the opportunity to gain feedback on the publications prepared to support consumers and providers during the process.

**Cosmetic treatment complaints**

Frequently, HaDSCO receives enquiries from consumers with complaints about cosmetic treatment or surgery.

In certain circumstances, HaDSCO can process a complaint on cosmetic treatment or surgery depending on whether the service received is defined as a ‘health service’ under the *Health and Disability Services (Complaints) Act 1995*. In order to help individuals understand this, HaDSCO produced a policy to outline the cosmetic treatment complaints that the agency can accept.

The policy states that to constitute a ‘health service’, the cosmetic treatment must be a service provided as the diagnosis or treatment of a physical or mental disorder or suspected disorder. Therefore, a complaint may fall within HaDSCO’s jurisdiction if the cosmetic treatment or surgery was undertaken for a medical reason.

The policy states that HaDSCO may not process a complaint if the treatment:

- was obtained predominantly for the improvement of the user’s appearance
- did not affect the functioning of the body
- did not correct a bodily dysfunction.

If a cosmetic treatment does not constitute a ‘health service’, it falls outside of HaDSCO’s jurisdiction. In such cases HaDSCO tries to assist consumers and, in some instances, will refer the complainant to AHPRA or the Department of Commerce’s Consumer Protection Division.
Improvements led by the Corporate Services Team

**Agency relocation**
In March 2012, HaDSCO relocated to Albert Facey House, 469 Wellington Street, Perth. This large scale project required a high level of planning, negotiation and coordination to ensure suitable accommodation to meet the agency’s future needs.

The move, which was part of the Government’s Accommodation Master Planning initiative, has provided HaDSCO with state-of-the-art technology which enhances the accessibility of HaDSCO’s services to local and regional communities.

In managing the project, the Corporate Services Team worked alongside the Building Management and Works division of the Department of Finance to coordinate the floor plan layouts, security arrangements, furniture requirements and access to shared facilities. The Health Information Network of DOH provided expert advice on information and communication technology requirements and facilitated the agency’s access to the Global Building Network Campus (GBNC). The GBNC has provided HaDSCO with access to a range of contemporary technology solutions.

The Corporate Services Team managed several other factors including parking, logistics for the move, communication with employees, records management, storage requirements, and business continuity planning.

As a result of the move to Albert Facey House, HaDSCO staff and stakeholders are benefiting from a wide range of improved facilities, some of which are as follows:

- excellent facilities within a building which is highly accessible for staff and visitors, including people with disabilities
- access to state-of-the-art technology, including computerised training facilities and video conferencing
- call centre software that provides a streamlined service to stakeholders when contacting the agency
- an office environment which is configured to meet a high standard of green star sustainability outcomes
- increased number of meeting rooms and function areas, including breakout areas that can be utilised during conciliation meetings.

**Integrity audit**
HaDSCO was selected to participate in a review to identify how the agency promotes integrity to staff. The review was conducted by the Public Sector Commission (PSC) for the purpose of reporting to Parliament. The audit consisted of two components: a focus group with staff across the agency and an audit of the agency’s corporate policy suite.
The PSC facilitated an interactive and engaging focus group with six members of staff, including three members of the Corporate Services Team and three from the Complaints Team. The focus group enabled HaDSCO to demonstrate the actions taken to promote integrity throughout the agency on a consistent and frequent basis.

HaDSCO is proud to have received positive feedback from the PSC following the focus group and will continue to proactively promote integrity as a key HaDSCO internal value.

The agency is awaiting the results of the second component of the audit which will be tabled in Parliament in due course.

**Website expansion**
Since its launch in June 2011, the HaDSCO website (hadsco.wa.gov.au) has expanded to include additional information, publications for download, educational materials and interactive surveys.

The expansion provides visitors to the website with further information regarding HaDSCO’s community outreach activities. The website also includes dedicated sections to complaint case studies and helpful tips for effective complaint resolution.

The website is reviewed and updated every three months to ensure the information remains current. In addition, between December 2011 and June 2012, stakeholders and online visitors were given the opportunity to provide feedback on the website via an online survey. The results will assist HaDSCO to make further improvements to the website in 2012-13.

**Continuous improvement of data capture and reporting**
The agency’s internal Complaints Record Electronic Database (CRED) provides HaDSCO with information regarding systemic issues, complaint trends and the agency’s performance against KPIs.

To improve the quality of information extracted from the database, HaDSCO implemented several policies and manuals as outlined below.

**Internal audit processes**
The formal process for auditing information entered into the CRED database was updated. New tools enable HaDSCO to screen data and identify errors for staff to rectify, resulting in the continuous improvement of the quality and integrity of the complaints database.

**Capture of negotiated settlement timeframes**
Under the *Health and Disability Services (Complaints) Act 1995*, complaints managed through the negotiated settlement process must be completed within 56 days. In certain cases an extension may be granted, allowing a total of 112 days for the case to be managed and closed.
Previously, the CRED database was unable to identify the proportion of complaints that met these timeframes. A new data entry process has been implemented to enable HaDSCO to monitor organisational performance against negotiated settlement timeframes.

**Creation and capture of conciliation timeframes**
Although there is no legislative requirement for HaDSCO to finalise a complaint in conciliation within a given timeframe, HaDSCO developed internal KPIs and timeframes for cases to be closed in conciliation. HaDSCO will continue to monitor compliance with these indicators and use the results to continually improve organisational performance.

**Reporting tools**
Senior management review the internal monthly complaint figures and achievement of KPIs through three important monthly reports: the Assessment Team Monthly Report; Case Management Team Monthly Report; and KPI Monthly Report.

The format of these three reports was amended to provide management with a greater outline of the number of complaints received, accepted, referred and closed; the process undertaken for resolution; and the number of service improvement recommendations that were made and adopted. These reports provide a snapshot of complaint trends over the past month, year, and previous financial year.

The reports provide management with useful information about staff and organisational performance in a more user-friendly format. For example, staff workloads can be tracked and comparisons made about performance over previous years.

**2.1.5 Process improvements**

Procedures relating to complaints management, communications, statistics, auditing and the Total Records and Information Management (TRIM) system have been extensively detailed in various procedural manuals.

The Assessment Team, Complaints Management Team and Corporate Services Team have developed a number of documents that provide step by step guidelines to ensure a consistent approach to operations, and promote integrity and accountability.

**Case management procedures manual**
This manual provides clear instructions about the day to day management of complaints. The Complaints Management Team use the document regularly to ensure legislation is adhered to and case management processes are streamlined. The document offers staff practical advice and guidance. It provides hyperlinks to other manuals and useful documents, such as the HaDSCO internal complaints database, and provides many sample letters and templates.
Team Leader procedures manual
This document provides easy to follow procedures for the Team Leaders, ensuring that they are clearly following legislation when managing staff and their workload. This document also ensures that management practices are consistent and that staff understand how their work will be assessed.

Communications governance procedures
This document outlines how communication activities are managed. It explains the way strategies and materials are developed, approved and implemented into the agency. It includes information regarding the preparation of the Communication Strategy, communication policy documents, project support, the HaDSCO Connect quarterly enewsletter, brochures and information sheets, CRED template letters and media liaison.

Methods to calculate negotiated settlement timeframes
This document outlines the processes required to extract, analyse and present the proportion of HaDSCO cases that meet negotiated settlement legislative timeframes. The document explains how to calculate KPI compliance for the month, current financial year and previous financial year.

Searching medical advice in the TRIM system
This document explains the methods that can be used to search for medical advice in TRIM. It also details how medical advice is saved and provides examples of common searches that staff may need to perform. It was developed to complement existing TRIM training manuals.

2.1.6 Stakeholder engagement

Health and disability services
The Health and Disability Services Stakeholder Engagement Strategy is diverse and aims to raise awareness of HaDSCO’s services and promote best practice in complaints management.

Engagement activities have included offering educational information in a variety of formats:

- online and printed brochures and fact sheets
- face to face presentations and information sessions
- print and electronic updates via publications including the Medical Forum Magazine, the HaDSCO Connect quarterly enewsletter and WA Health’s weekly Health Happenings ebulletin.
Mental health services
In line with HaDSCO’s increased focus on mental health, the agency began preparations for the development of a Mental Health Stakeholder Engagement Strategy that will be implemented during 2012-13. This strategy will look into appropriate methods for communicating with people living with mental health difficulties, including their families and carers.

In addition, HaDSCO supported a number of key national mental health events and initiatives including the 2012 Asia-Pacific Conference on Mental Health and the 2011 Mental Health Week.

Carers
The number of complaints received by HaDSCO about breaches of the Carers Charter has increased over the last two years. This increase could partly be attributed to HaDSCO’s implementation of the Carer Stakeholder Engagement Strategy in April 2011. However, the actual number of carer complaints is still relatively small in proportion to the total number of complaints received by HaDSCO.

The Engagement Strategy objectives are twofold: to raise awareness of HaDSCO’s complaints management process and to empower carers to raise complaints with health and disability service providers.

A number of activities took place to support these objectives, including:

- over 6900 leaflets distributed to carers, carer organisations and groups
- presentations and information sessions with carers and key organisations
- dedicated carers section on the HaDSCO website
- events to support the 2011 Carers Week.

During 2012-13, HaDSCO will further develop partnerships with Carers WA and carer organisations. HaDSCO believes that such collaborative relationships will offer many opportunities to share information and partner on initiatives to raise awareness of services.

Regional Access and Awareness Program
(Christmas Island)
HaDSCO visited Christmas Island to trial a community outreach project in partnership with the Island Administrator, Brian Lacey, and the Christmas Island District High School.

During the four days on the island, HaDSCO representatives worked with Year Six and Year Seven pupils to produce educational leaflets that explain how complaints can be made about health and disability services. Students worked individually and in groups to create artwork and wording to feature in HaDSCO publications.
In addition, the agency met with a variety of community groups to discuss and answer questions on HaDSCO’s complaint resolution service and the health and disability services available to them on the island. Staff also met with the island’s health service and gained an insight into the changes that were taking place.

This project gave HaDSCO the valuable opportunity to trial the project, provide the community with meaningful publications and brochures, and raise awareness of the agency’s services within the community and health service.

**Indigenous outreach**

In line with HaDSCO’s Indigenous Outreach Stakeholder Engagement Strategy, HaDSCO has commenced working on a focused approach to communicate with Aboriginal communities. The key objectives have been to overcome communication barriers, develop a network with Aboriginal communities and health care workers, and raise awareness of HaDSCO’s services.

HaDSCO is continuing its efforts to partner with relevant stakeholders to provide information directly into Aboriginal communities in an appropriate and culturally sensitive manner.

HaDSCO is also looking into opportunities to undertake a collaborative outreach project with its national counterparts. Such an undertaking would enable the sharing of ideas, information, expert knowledge and costs; with the added benefit of a nationwide approach to Aboriginal outreach.

**2.1.7 Staff development**

The agency is committed to the professional development of staff and invests in training that supports the enhancement of skills across all areas of work. During the year the agency offered whole of office, group and individual professional development training opportunities.

**Whole of agency training**

**Dealing with difficult behaviour**

With the nature of HaDSCO’s role in complaint resolution, it is important that staff are well equipped to handle difficult behaviour effectively. All staff attended a one-day training session covering the theories related to difficult behaviour. Staff were provided with theoretical understanding of the model and tools to use when dealing with difficult conversations in the workplace. Staff commented on the usefulness of the training to sensitively and empathically deal with difficult behaviour with clients and work colleagues, and in their personal lives.

HaDSCO strives to create a learning environment whereby information is shared across the agency. Several systems were utilised throughout the year which supported staff in finding and sharing information. A range of training initiatives that were introduced enhanced innovation in staff members’ approach to their work.
Lean Management
HaDSCO staff underwent a Lean Management mapping session. As a result, a number of processes have been streamlined, including the assessment process. HaDSCO is dedicated to continuous improvement by applying the Lean principles across the Office during 2012-13.

Endnote
EndNote is a referencing software which enables users to save references into a virtual library. HaDSCO staff commenced EndNote training in 2011-12. Staff have been saving work-related articles, books and research into EndNote to facilitate information and knowledge sharing across the Office.

Records Management
Staff were provided with records management training as part of the induction program. The Department of Health continued to provide support and training for HaDSCO staff in the application of the TRIM software.

Group training

Corporate Governance training
Members of the Executive Team attended several human resources, finance and policy forums to maintain knowledge of changes to government policy affecting the Office.

Strategic Planning workshop
The Operational Management Group (OMG) underwent strategic planning sessions to develop the new Strategic Plan 2012-15. During the planning sessions, the OMG reviewed the external values and the agency’s vision, and developed five key themes and supporting initiatives to guide the agency moving forward. The Strategic Plan will be provided to all staff for feedback and, once approved, will be implemented in the next financial year.

Individual training
In addition to the above, individual staff members attended training sessions including Freedom of Information, administrative enquiries training, emotional intelligence, business continuity management, and leading and managing teams.


2.2 Report on operations

The report on operations provides an overview of HaDSCO’s operational performance in 2011-12. It provides a summary of:

- HaDSCO’s complaints resolution service
- Australian Health Practitioner Regulation Agency (AHPRA) liaison process
- investigations undertaken by HaDSCO
- service provider complaint trends
- section 75 data collection.

Key highlights

- HaDSCO received 2716 complaints in 2011-12 which supports the trend of an increasing number of complaints being made to the agency each year.

- Two investigations were finalised in 2011-12 from which 23 service improvement recommendations were made.

- Most complaints were received about public hospitals, medical practices, medical practitioners, prison health services and private dental services.

- HaDSCO and AHPRA have been working together to effectively resolve complaints involving registered practitioners.

Note:
The percentages presented in graphs and tables may not equal 100 per cent because the percentages have been rounded.
2.2.1 HaDSCO’s complaints resolution service

One of HaDSCO’s primary functions is to provide an impartial resolution service for complaints relating to health or disability services in WA. There are three main stages to HaDSCO’s complaints resolution process:

- Enquiry
- Assessment
- Complaint management

Stage 1: Enquiry
HaDSCO receives enquiries from consumers seeking information and advice about:

- the services that HaDSCO can provide
- how to resolve an issue with a service provider
- how to make a complaint about a service provider.

HaDSCO may also receive complaint enquiries from organisations wanting to refer a consumer to HaDSCO.

HaDSCO staff respond to enquiries by informing consumers about the agency’s complaints resolution process and the different options available to them. This enables the consumer to make an informed decision about the complaint.
If a consumer wants to progress the complaint through HaDSCO, the complaint is first assessed against the following criteria described in the Health and Disability Services (Complaints) Act 1995 or the Disability Services Act 1993:

- The complaint involves a health or disability service provider.
- The consumer has attempted to resolve the complaint with the service provider.
- The complaint is about an incident that occurred no longer than 24 months before the date of enquiry.
- The complaint is in written form and includes essential information needed to assess the case, e.g. consumer’s name, provider’s name and date of the incident.

There are exceptional circumstances where complaints will be accepted into the Assessment stage even if the above criteria cannot be met.

If HaDSCO is unable to manage the complaint because the issues raised do not meet the above criteria, staff aim to refer the consumer to an appropriate organisation better suited to resolve the consumer’s concerns.

Enquiry complaint trends
During 2011-12 HaDSCO received 2716 complaint enquiries, an increase of 8.3 per cent from 2010-11. Figure 3 provides a comparison of the complaints received and closed between the financial years 2008-09 and 2011-12. As shown, HaDSCO received and closed a record number of complaints in 2011-12.
Out-of-jurisdiction complaint enquiries
Every year HaDSCO receives out-of-jurisdiction complaint enquiries, i.e. unrelated to health or disability service providers, which are immediately referred to another appropriate complaint agency where possible. The proportion of out-of-jurisdiction enquiries received has remained consistent over the last two reporting periods.

During 2011-12, HaDSCO referred most out-of-jurisdiction enquiries to the State or Commonwealth Ombudsman, the Environment Health Officer of the relevant local authority, or the Department of Commerce (DOC). Since the last reporting period, HaDSCO noted:

- a significant rise in complaints referred to the Environmental Health Officer of the local authority
- a reduction in complaints referred to the DOC and the State or Commonwealth Ombudsman.

How consumers made their first contact with HaDSCO
HaDSCO generally receives preliminary enquiries through telephone, email, post or the website.

Of the 2183 in-jurisdiction complaints received in 2011-12, majority of consumers chose to contact HaDSCO via telephone when contacting the agency for the first time. This trend was also observed for complaints received in 2010-11.

Figure 4 provides a breakdown of the common methods used to make initial contact with HaDSCO, and the proportion of consumers who chose to use each contact method. The ‘other’ category includes ad-hoc methods of contact not specified in the figure, e.g. consumers who visited the Office to lodge their complaint.

HaDSCO is constantly looking into ways to improve the accessibility of the agency. For example, clearer instructions were added to the online complaint form to make it more user-friendly; and more information about the different methods to contact the agency has been included on the website and printed publications.
**CASE STUDY: Enquiry**

Mrs E had received notice from a radiology practice about an outstanding payment, threatening legal action if the account was not settled. Mrs E had not paid the account on the grounds that the practice had doubled their scheduled fee and had given her no option regarding the service as she was in the Operating Theatre of a private hospital at the time.

The Assessment Officer discussed the details to establish whether Mrs E had signed forms upon admission consenting to such extra charges. Mrs E recalled that the bill from the radiology practice stated that she had not provided consent for the service, due to being in the Operating Theatre.

The Assessment Officer advised Mrs E to contact the Collections Manager directly, requesting that legal action be put on hold as she wished to dispute the amount. The Officer also sent relevant information and a complaint form to Mrs E should she wish to pursue the matter further.

As advised, Mrs E contacted the Collections Manager and explained her reasons for not settling the account. Following the discussion, it was agreed that Mrs E would only have to pay half the amount. Mrs E was very pleased with the positive outcome. This case demonstrates the benefits of early resolution of complaints, without third party involvement.
Stage 2: Assessment
During this stage, the Assessment Team staff work with the consumer, provider and third parties to gather the information required to adequately assess a complaint. This may include obtaining medical records or seeking legal advice about the complaint.

Once the complaint has been assessed, the Assessment Team staff apply HaDSCO's legislation to make a recommendation as to whether the complaint should be accepted into HaDSCO’s complaints resolution process, rejected, or referred to another agency.

Complaints can also be closed in the Assessment stage, e.g. if the consumer withdraws the complaint or if the Assessment Officer is able to speak to the consumer and provider and assist both parties to resolve the case.

Assessment complaint trends
HaDSCO closed 214 complaints during the Assessment stage in 2011-12. Figure 5 provides a breakdown of the common reasons for case closure at this stage. The 'other' category shows combined data for other closure categories not specified in the figure. Multiple outcomes can be achieved for any given case.

Figure 5
Common reasons for closing complaints in the Assessment stage
As shown in Figure 5, 42 per cent of complaints were closed in the Assessment stage because the complaint did not warrant any further action. This closure category is typically used when the complaint complies with the Health and Disability Services (Complaints) Act 1995 or Disability Services Act 1993, but HaDSCO is unable to achieve the outcomes sought by the consumer, e.g. if the consumer wants to publicly reprimand the service provider.

It is also common for complaints to be closed in the Assessment stage because the consumer was referred back to the provider to resolve the issue.

HaDSCO always aims to assist consumers to resolve issues early in the complaints management process. Referring consumers back to the provider is an effective way to achieve this outcome because it creates an opportunity for the provider to address the consumer’s concerns without third party involvement.

### CASE STUDY: Assessment

Mrs A had been going to the same medical practice since it started operating and had always been bulk billed. On one occasion, her regular doctor was not available and she was booked to see another doctor. At the end of the appointment, she was charged a full fee of $65.

Mrs A stated that she would not have accepted the appointment had she known about the fees. She also felt threatened that the provider told her she would not be allowed to use their services again if she refused to pay the fee. She had written a letter to the practice but had not received a response.

Following HaDSCO’s discussion with the provider, the medical practice acknowledged the situation and has implemented a change in their practice to prevent this happening again. They now advise consumers about their bulk billing practices when making the appointment.

### Stage 3: Complaint management

During 2011-12, 143 complaints were closed following participation in a complaints resolution process, i.e. through negotiated settlement or conciliation.

**Negotiated settlement:**
- is an impartial and confidential process involving an exchange of information between both parties via a case manager
- may be conducted over the telephone, email or in writing, and generally does not involve a face to face meeting
- is typically used for complaints that can be resolved through an exchange of factual information or a financial settlement.
Conciliation:
- is a confidential, structured process in which an appointed independent person assists the consumer and provider to discuss matters, and identify and assess options to resolve a dispute
- usually takes place through face to face meetings, but can also be conducted by correspondence where appropriate
- typically involves complex complaints, with multiple issues, that take more time to resolve.

The sections below explain the outcomes achieved as a result of the negotiated settlement and conciliation pathways of HaDSCO’s complaints management process.

Complaint management pathway: negotiated settlement
Negotiated settlement was introduced to HaDSCO’s complaints resolution process in November 2010, following legislative amendments to both the Health and Disability Services (Complaints) Act 1995 and Disability Services Act 1993.

Since its introduction, negotiated settlement has become the most common pathway for complaints resolution. In 2010-11, 34 complaints were closed through this process. In 2011-12, the first full financial year since its introduction, 86 complaints were closed in negotiated settlement.

In 2011-12 the average time taken to finalise a complaint through negotiated settlement was 50 days. Of the 86 complaints closed through negotiated settlement, 57 per cent were resolved or partially resolved between the consumer and provider.

Figure 6 provides a breakdown of the common outcomes achieved following the negotiated settlement process. The ‘other’ category shows combined data for all closure outcomes not specified in the figure, e.g. ‘compensation received’ and ‘goodwill payment given’.

Multiple outcomes can be achieved for any given case; however, the outcomes that HaDSCO aims to achieve will depend on the outcomes sought by the consumer. For example, if the consumer is seeking an explanation from the provider about the treatment or service received, HaDSCO will aim to achieve this outcome for the consumer. Different outcomes will therefore be sought for each case managed through negotiated settlement.
As shown in Figure 6, the most common outcome achieved from negotiated settlement in 2011-12 was that the consumer’s concerns were registered by HaDSCO. This outcome is typically used when an issue raised by the consumer was unable to be resolved through the complaints resolution process. This may occur because:

- the consumer raised the issue in their initial complaint to the agency, but decided not to present it to the service provider during negotiated settlement
- the service provider and consumer were unable to reach an agreement during negotiated settlement, but HaDSCO recorded the consumer’s concerns in the complaints database.

In these circumstances, HaDSCO records the issue outcome as ‘concern registered’ and uses this information in conjunction with other complaints data to identify potential systemic issues.

Approximately one in five cases closed in negotiated settlement resulted in the service provider giving the consumer an explanation about the service or treatment received. Facilitating discussions between both parties often helps to resolve communication issues and enables the consumer to understand the reasons why the treatment or service was delivered in a certain manner.

Figure 6 also shows that no agreement was reached between the service provider and consumer in a relatively large number of cases closed in negotiated settlement.
Whilst HaDSCO always aims to assist both parties to come to a mutual agreement, this is not always possible. The agency does not have the legislative power to force service providers to implement changes or resolve a complaint. Likewise, the agency is not always able to change a consumer’s expectation regarding the outcomes they hope to achieve from the complaint resolution process.

**Service improvements through negotiated settlement**

During negotiated settlement, the service provider may agree to an action which could result in an improvement to future service delivery. In 2011-12, negotiated settlement resulted in seven actions being agreed upon which could result in service improvements, all of which were implemented by providers.

Examples of the types of recommendations implemented include the following:

- Changes were made to improve the effectiveness of patient triage processes.
- New information was given to patients about risks involved with a medical procedure.
- Procedural changes were put in place to make patients aware of possible gap payments prior to proceeding with treatment.

**CASE STUDY: Negotiated settlement**

Mrs N was not happy with a pair of glasses she had ordered from a provider. She believed the lens prescription was incorrect and she could not see through them. She had raised this issue with the provider several times, but the provider insisted that the prescription was correct and was not willing to provide a refund.

Mrs N wanted a refund so that she could obtain a correct prescription from another provider. Following HaDSCO’s negotiated settlement process, the provider agreed to give Mrs N a refund to resolve the complaint.

**Complaint management pathway: conciliation**

During 2011-12, HaDSCO closed 57 complaints in conciliation. This figure has decreased since 2010-11, largely due to the introduction of negotiated settlement as an alternative pathway to complaints resolution.

Conciliation is more time consuming than negotiated settlement and is more suitable for complex cases that may be difficult to resolve. This difference in complexity is reflected in the average time taken to resolve complaints, e.g. 148 days via conciliation and 50 days via negotiated settlement.

Figure 7 shows the common outcomes achieved through conciliation. The ‘other’ category shows the percentage of case outcomes not specified in the figure.
Multiple outcomes can be achieved for any given case; however, the outcomes that HaDSCO aims to achieve will depend on the outcomes sought by the consumer. For example, if the consumer is seeking an explanation from the provider about the treatment or service received, HaDSCO will aim to achieve this outcome. Different outcomes will therefore be sought for each case managed through conciliation.

![Diagram showing outcomes of cases closed in conciliation]

**Figure 7** Outcomes of cases closed in conciliation

Apart from the ‘other’ category, the most common defined outcomes achieved through conciliation were that the service provider gave the consumer either an explanation or an apology in relation to the complaint. Approximately 15 per cent of cases closed in conciliation resulted in a service improvement being made by the provider to improve procedures, practices or policies, as described below.

**Service improvements through conciliation**

During 2011-12, 33 service improvements were agreed to during conciliation processes. More than one service improvement can be agreed upon per case. In 2011-12, 32 of the 33 agreed actions were implemented. The one outstanding action will be followed up with the service provider in 2012-13.

Examples of the types of recommendations implemented include the following:

- Staff were trained to use equipment correctly.
- Communication procedures were reviewed to improve information sharing between staff and the patient and carer.
- Communication procedures were updated to improve treatment continuity for patients when moved between health care sites.
Comparison of outcomes achieved through negotiated settlement and conciliation

Figure 8 compares the common positive outcomes achieved through negotiated settlement and conciliation. Positive outcomes include any outcome which contributed to resolution of the complaint or that will prevent the same issue from affecting another consumer who accesses the service.

Figure 8
Comparison of outcomes achieved from negotiated settlement and conciliation

The outcomes that HaDSCO aims to achieve will depend on the outcomes sought by the consumer making the complaint. As shown in Figure 8, complaints resolved through negotiated settlement were more likely to achieve a positive financial outcome for the consumer. Cases resolved through conciliation were more likely to result in an apology or explanation given to the consumer. Conciliations were also more likely to result in an agreement to change procedures, practices or policies to prevent another consumer from encountering a similar issue in the future.

The outcomes achieved reflect the complexity of the cases and the outcomes sought by the consumer. For example, consumers seeking a refund typically present HaDSCO with a relatively straightforward complaint which can be resolved most effectively by negotiated settlement. Alternatively, complaints about communication issues may result in consumers seeking an apology or explanation from the service provider. Such cases may be better managed through conciliation.
CASE STUDY: Conciliation

The complainants’ adult son with a history of mental illness was admitted to a hospital’s Emergency Department when he experienced psychotic episodes. The complainants felt they had not been given assurance, support or information on the services available to them as carers. They requested specific outcomes to address the issues encountered.

Following HaDSCO’s conciliation meeting with the complainants and the hospital, all outcomes requested by the complainants were met as outlined below:

- Carer posters are now displayed in waiting areas and ‘Prepare to Care’ information packs are available and accessible to patients and carers.
- Education and training programs on the role of carers, the Carers Recognition Act 2004 and Carers Charter have been introduced and attended by all Emergency Department staff.
- Psychiatric nurses and social workers within the Emergency Department provide support to patients and carers, and supply information for community services.
- Carers’ details are now recorded in patient records, enabling them to be identified.
2.2.2 Australian Health Practitioner Regulation Agency (AHPRA) liaison process

The *Health Practitioner Regulation National Law (WA) 2010* came into effect in WA on 30 October 2010. This enabled a national health professional regulation system to be created, including uniform standards that apply to each registered health professional. AHPRA is the agency responsible for administering this law and regulating registered health practitioners.

The *Health Practitioner Regulation National Law (WA) 2010* has a direct impact on the HaDSCO complaints resolution process. Notably, HaDSCO is required by law to notify AHPRA of any complaint that involves a named registered health practitioner. AHPRA has the power to investigate complaints about registered health practitioners and take disciplinary action, where appropriate.

Complaints about registered health practitioners can also be made directly to AHPRA. AHPRA must notify HaDSCO of such complaints if the issues raised fall within HaDSCO’s jurisdiction. For example, HaDSCO’s legislation enables investigation of systemic issues that extend beyond the named registered health practitioner in the complaint. The aim of this referral process is to ensure that complaints involving registered health practitioners are managed by the most appropriate agency.

HaDSCO notified AHPRA of 155 complaints related to registered health practitioners during 2011-12. Figure 9 shows the outcomes of HaDSCO’s notifications to AHPRA. As shown, HaDSCO retained responsibility for managing approximately 49 per cent of complaints and 21.9 per cent were referred to AHPRA. A small number of complaints were co-managed concurrently or sequentially by HaDSCO and AHPRA. See Table 1 for definitions of referral outcomes.

Figure 9 also shows a large number of cases closed with an outcome of ‘other’. Cases closed under this category could not be managed by either HaDSCO or AHPRA. For example, the outcomes sought by the consumer could not be achieved by HaDSCO because evidence indicated that the registered practitioner acted reasonably, requiring no need for AHPRA to investigate further.
## Section TWO: Agency performance

### Figure 9
Outcomes of notifications from HaDSCO to AHPRA

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>HaDSCO</td>
<td>It is more appropriate for HaDSCO to manage the complaint.</td>
</tr>
<tr>
<td>AHPRA</td>
<td>It is more appropriate for AHPRA to manage the complaint.</td>
</tr>
<tr>
<td>Split – concurrent</td>
<td>Some issues raised in the complaint can be addressed by AHPRA and others can be addressed by HaDSCO. AHPRA and HaDSCO will manage issues raised in the complaint that are relevant to their respective legislation.</td>
</tr>
<tr>
<td>Split – sequential</td>
<td>Some issues raised in the complaint will be addressed by AHPRA and others by HaDSCO. One agency must manage the issues relevant to their legislation before the outstanding issues in the complaint can be managed by the other agency.</td>
</tr>
<tr>
<td>Other</td>
<td>Complaint is not suitable to be managed by AHPRA or HaDSCO. Complaint may be closed or referred to another agency.</td>
</tr>
</tbody>
</table>
AHPRA notified HaDSCO of 42 complaints related to registered health practitioners during 2011-12. Figure 10 shows the outcomes of these notifications. Of the 42 registered health practitioners that were complained about, 45 per cent were referred to HaDSCO and 21 per cent were split between AHPRA and HaDSCO. See Table 1 for definitions of referral outcomes.
2.2.3 Investigations undertaken by HaDSCO

The Health and Disability Services (Complaints) Act 1995 and Part VI of the Disability Services Act 1993 authorise HaDSCO to undertake investigations of complaints. Investigations are conducted through a formal process during which HaDSCO can determine if any unreasonable conduct has occurred or if any systemic issues need to be addressed.

A complaint can be resolved through investigation if:

- the complaint is not suitable to be managed by negotiated settlement or conciliation
- no resolution was reached through negotiated settlement or conciliation and the Director is of the opinion that investigation is necessary.

HaDSCO always considers the likely costs and benefits of this process before deciding that an investigation is warranted.

The Health and Disability Services (Complaints) Act 1995 and Part VI of the Disability Services Act 1993 also state that the Director must undertake an investigation when the Minister of Health or Minister of Disability Services is of the opinion that:

- the health or welfare of any person is, or may be, at risk and the circumstances relate to HaDSCO’s legislation
- investigating the matter is in the interest of the public and of general importance.

The investigative process is similar to the complaints resolution process, i.e. HaDSCO acts as an independent and impartial body. However, a number of important differences distinguish investigations from complaints resolution, as shown in Table 2.

HaDSCO aims to conduct all investigations as efficiently as possible and is subject to natural justice requirements. This enables HaDSCO to collect information relevant to the investigation from a range of formal and informal sources, and ensures that HaDSCO considers feedback from relevant parties before the investigation report is finalised or published. HaDSCO is unable to use information from any negotiated settlement or conciliation processes undertaken by the Office prior to the investigation due to confidentiality requirements. This also assists the investigator to maintain independence during the investigation.

HaDSCO finalised two investigations during 2011-12. One investigation was initiated following a request from the Minister for Health and the final report has been made available on the HaDSCO website. Input was sought from the relevant parties prior to making this report publicly available.

The second investigation was initiated following an unresolved conciliation. Detailed information about the investigation is not presented in this report to prevent disclosing the identity of the parties involved. Legislative requirements prohibit parties involved in all of HaDSCO’s processes, and HaDSCO itself, from disclosing any information that may compromise an individual’s or organisation’s confidentiality.
As a result of the two investigations finalised in 2011-12, 23 service improvement recommendations were made of which 13 have been implemented. The remaining 10 are pending implementation and will be followed up by HaDSCO during 2012-13. The recommendations instruct service providers to review internal policies, procedures and practices which are likely to have broader implications for other service providers in WA.

Table 2: Comparison of complaints resolution and investigation processes

<table>
<thead>
<tr>
<th>Complaints resolution process</th>
<th>Investigation process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims to assist parties to resolve a complaint.</td>
<td>Aims to determine whether there has been any unreasonable conduct or to explore broad systemic issues which impact on service delivery.</td>
</tr>
<tr>
<td>Process is less formal and usually less time consuming.</td>
<td>Process is more formal and comprehensive.</td>
</tr>
<tr>
<td>Service provider can agree to implement actions that result in service improvements.</td>
<td>HaDSCO can make recommendations for remedial action and improvements to service delivery.</td>
</tr>
<tr>
<td>Process is initiated by a consumer or referral agency.</td>
<td>Process is initiated by a consumer, referral agency, third party or the Minister for Health or Minister for Disability Services.</td>
</tr>
<tr>
<td>Service provider can choose whether to participate in the complaints resolution process.</td>
<td>Service provider must participate in the investigation by answering questions or providing documents. HaDSCO has the power to summon individuals or providers to cooperate.</td>
</tr>
</tbody>
</table>
2.2.4 Service provider complaint trends

This section provides details about the complaints received in 2011-12 that were within HaDSCO’s jurisdiction. This section of the report will:

- compare complaints about health and disability service providers
- present details about the service sectors that HaDSCO received complaints about and the outcomes achieved as a result of these complaints.

**Key highlights**

- Complaints about health service providers and disability service providers increased between 2010-11 and 2011-12.
- The service sectors that HaDSCO received most complaints about in 2011-12 were public hospitals, medical practices, medical practitioners, prison health services and private dental care.

**Comparison of complaints about health and disability service providers**

![Chart showing complaints received and closed from 2008-09 to 2011-12]

In 2011-12 HaDSCO received 2142 complaints and closed 2196 complaints about health service providers. Figure 11 compares the number of complaints about health service providers received and closed between 2008-09 and 2011-12.
The number of complaints received about health service providers has increased by approximately seven per cent since 2010-11.

![Figure 12](image)

**Figure 12**
Disability service provider complaints received and closed from 2008-09 to 2011-12

In 2011-12 HaDSCO received 41 complaints and closed 47 complaints about disability service providers. The number of complaints received about disability service providers has increased by approximately 17 per cent and the number closed rose by approximately 47 per cent since 2010-11, as shown in Figure 12.

Despite the rise in the number of complaint enquiries about disability service providers, these complaints only account for approximately two per cent of the total complaints received by HaDSCO. The proportion of complaints about disability service providers compared to total complaints received has remained relatively stable since the 2008-09 reporting period.
Service provider sectors often identified in complaints to HaDSCO

Figure 13 shows the five service provider sectors that HaDSCO received most complaints about in 2011-12. It also compares the number of complaints received in 2010-11 to 2011-12.

Figure 13 shows that consumers who contacted HaDSCO complained about public hospitals, medical practitioners, medical practices, prison health services and private dental services more frequently than other service providers. This may be attributed to the large number of consumers accessing these services.

Figure 13 Provider types that were often identified in complaints from 2010-11 to 2011-12

Public hospitals

The number of complaints received about public hospitals increased from 460 in 2010-11 to 535 in 2011-12. The proportion of complaints about public hospitals in relation to the total complaints received also increased slightly from 23 per cent in 2010-11 to 25 per cent in 2011-12.

Reasons consumers contacted HaDSCO

Figure 14 shows the main reasons that consumers contacted HaDSCO to make a complaint about public hospitals. Most issues were related to problems with treatment, e.g. unexpected treatment outcomes, inadequate treatment or inappropriate treatment. Many consumers also raised concerns about communication and information, notably about the attitude or manner of staff.
Treatment and communication issues accounted for approximately 67 per cent of all issues raised about public hospitals in 2011-12. The ‘other’ category shown in Figure 14 includes all issues raised that are not presented in the figure, e.g. issues about ‘consent’ and ‘discharge and transfer arrangements’.

Figure 14
Common issues that consumers raised about public hospitals in 2011-12

Outcomes achieved for consumers
HaDSCO closed 545 complaints about public hospitals in 2011-12. Of these, 39 complaints progressed through a complaints resolution process or investigation. Complaints that were resolved during the assessment or enquiry stage would not progress through a complaints resolution process or investigation.

Common outcomes achieved for complaints that were resolved through a complaints resolution process or investigation were as follows:

- The consumer was provided with an explanation about the service or treatment received.
- The consumer was provided with an apology for the service or treatment received.
- The public hospital agreed to implement a change to an existing procedure or practice to prevent a similar complaint from arising in the future.
Service improvements
Public hospital providers agreed to 25 service improvement actions as a result of complaints that HaDSCO closed in 2011-12. Of these, 15 service improvements have been implemented. The 10 which are pending implementation will be followed up by HaDSCO in 2012-13.

Examples of the service improvements that public hospitals have implemented include the following:

- A staff emergency training manual was reviewed and updated.
- A communication procedure was updated to improve treatment continuity for patients when moved between health care sites.
- New equipment was purchased and is now used to prevent the risk of patient injury during a medical procedure.

CASE STUDY: Public hospital

Mr H went to a hospital’s Emergency Department with a severe headache, nausea and vomiting which had continued for more than 24 hours. He was discharged with a suspected migraine, but his symptoms persisted. Three days later his local GP sent him for a CT scan which showed he had suffered two bleeds; one of which possibly occurred the day he had gone to the hospital.

Mr H wanted an apology and an acknowledgement from the hospital for not testing him appropriately at the time. The conciliation meeting organised by HaDSCO resulted in the following outcomes:

- Mr H was able to discuss his complaint with the provider. The provider was able to help Mr H understand the reason for the treatment he had received; the difference between migraine and subarachnoid headaches; and the difficulty in diagnosing them.
- The provider produced an information sheet for patients requesting them to return to hospital if their symptoms persisted.

Medical practices and practitioners
During 2011-12, HaDSCO received 249 complaints about medical practices and 382 complaints about medical practitioners. These complaints accounted for approximately 30 per cent of complaints received in 2010-11 and 2011-12.

Reasons consumers contacted HaDSCO
Figure 15 shows the top five issues raised by consumers about medical practices and practitioners in 2011-12. The ‘other’ category represents the proportion of complaints made about issues not presented in the figure, e.g. issues about ‘medication’ and ‘professional conduct’.
Approximately 36 per cent of issues identified related to treatment issues, namely inadequate treatment and unexpected treatment outcomes. Consumers also raised a significant number of issues about communication and information, as well as fees and costs. In total, these three issue categories accounted for approximately 69 per cent of complaints about medical practices and medical practitioners.

**Outcomes achieved for consumers**

HaDSCO closed 642 complaints about medical practices and practitioners in 2011-12. Of these, 26 were managed through a complaints resolution process. Complaints that were resolved during the assessment or enquiry stage would not progress through a complaints resolution process or investigation.

Common outcomes were that the medical practice or practitioner:

- provided the consumer with an explanation about the service or treatment received
- provided the consumer with an apology for the service or treatment received
- could not reach an agreement with the consumer about the complaint issues.

**Service improvements**

Five service improvements were agreed to by medical practices and practitioners as a result of the complaints closed in 2011-12. Four of these have been implemented by service providers. One service improvement is pending implementation and will be followed up by HaDSCO in 2012-13.
Examples of service improvements that medical practices and practitioners have implemented include:

- updated patient triage procedure to improve the effectiveness of the triage process
- improved communication materials to better inform patients of the risks associated with a medical procedure
- updated patient forms to increase awareness of possible gap payments if the patient chose to proceed with surgery.

**CASE STUDY: Medical practice and practitioner**

Mr M contacted HaDSCO to make a complaint about an out-of-pocket expense he had incurred from a health service provider. Mr M alleged he had not been made aware that there would be an out-of-pocket expense; he had assumed his private health insurance would cover any gap payments.

The provider’s response was that Mr M had been informed that there would be an out of pocket expense. However, the provider had not been able to give Mr M a detailed quote with the exact amount – this was because each health fund pays different rebates depending on the patient’s level of cover.

HaDSCO’s discussion with the provider made it evident that the current procedure could be subject to misinterpretation by patients. The provider agreed to make it clearer in their documentation that patients need to consult their private health fund for information about rebates and gap payments.

The outcome was twofold: appropriate wording has been included in the provider’s quotes to patients; and the above procedural change has been adopted by all 26 specialists operating within that same practice.

**Prison health services**

Approximately 14 per cent of the complaints received by HaDSCO in 2011-12 related to health care provided within the state’s prison service. The number of such complaints received by HaDSCO is very high in proportion to the number of prisoners in WA. However, HaDSCO has observed a decline in the number of such complaints since 2009-10. This trend continued in 2011-12, with a five per cent decrease in the number of complaints since 2010-11.

HaDSCO has built a positive working relationship with the Department of Corrective Services (DCS) and the Administration of Complaints Compliments and Suggestions (ACCESS) department within DCS. Developing a relationship of cooperation and understanding has resulted in improvements in the timely resolution of complaints, largely because each agency has a better understanding of the other’s processes. HaDSCO Medical Officers and complaints staff have also visited prisons to gain a better understanding of the context in which prison health practitioners practise.
Reasons consumers contacted HaDSCO
Figure 16 shows the main issues that consumers raised about prison health services. Approximately 75 per cent of issues related to treatment problems, namely inadequate treatment, delays in treatment received and inadequate consultation about treatment options.

Other common issues related to the accessibility of services, e.g. refusal to admit or treat the prisoner. The ‘other’ category represents the proportion of issues complained about that are not specified in the figure, e.g. issues about the management of facilities.

![Figure 16](image)

**Figure 16**
Common issues that consumers raised about prison health services in 2011-12

Outcomes achieved for consumers
HaDSCO closed 284 complaints about prison health services in 2011-12. Of these, eleven were progressed through a complaints resolution process. Complaints that were resolved during the assessment or enquiry stage would not progress through a complaints resolution process or investigation.

Common outcomes achieved for complaints that were managed using a complaints resolution process include the following:

- The consumer’s concerns were registered by both HaDSCO and the prison health service.
- The prison health service provided the consumer with an explanation about the service or treatment received.
- The prison health service enabled the prisoner to access the required health or disability service.
Service improvements
In March 2012 HaDSCO implemented an automated call centre system which enables prison calls to be prioritised in the HaDSCO complaint call queue. Prisoners have restrictions on the duration and number of calls they can make. This change in practice has enabled HaDSCO to provide a more efficient service to prisoners who contact the agency to make a complaint.

CASE STUDY: Prison health services
The complainant had lumps in several parts of his body and was also suffering short term memory loss. He believed his condition to be serious. He was visited by a doctor who told him there was nothing to be concerned about. The complainant had also been waiting for five months to have an x-ray that had been originally requested.

HaDSCO staff advised the complainant to contact the Administration of Complaints Compliments and Suggestions (ACCESS) division within the Department of Corrective Services regarding his concerns. The outcome was that the complainant received a confirmed appointment for a CT scan.

Private dental services
HaDSCO received 154 complaints about private dental services in 2011-12, a 4.1 per cent increase from 2010-11. Complaints in 2011-12 involved Dental Practices, Dentists, Endodontists and Prosthodontists.

Reasons consumers contacted HaDSCO
Figure 17 shows the common issues that consumers raised about private dental services. The ‘other’ category shows the proportion of issues not presented in the figure, e.g. issues about access to services.

Approximately 55 per cent of issues were related to problems with treatment, such as inadequate treatment, unexpected treatment outcomes, and wrong or inappropriate treatment. HaDSCO also recorded a large number of issues about the fees and costs associated with private dental care, including complaints about billing practices and the cost of treatment. Fees and costs accounted for 27 per cent of issues recorded about private dental care in 2011-12.
Outcomes achieved for consumers
HaDSCO closed 163 complaints about private dental services in 2011-12 and 15 of these complaints were progressed through a complaints resolution process. Complaints that were resolved during the assessment or enquiry stage would not progress through a complaints resolution process or investigation.

Common outcomes achieved for complaints managed through a complaints resolution process in 2011-12 included the following:

- The private dental service provider waived fees or reimbursed the consumer for the service received.
- The private dental service provider provided the consumer with an explanation about the service or treatment received.
- The consumer’s concerns were registered by both HaDSCO and the private dental service.
- The private dental service and consumer were unable to reach an agreement about the issues in the complaint.
CASE STUDY: Private dental services

The complainants attended a dental clinic to have a free scale and clean, as per the annual provision from their private health fund. At the end of the appointment, they were charged extra fees for the x-rays and fluoride they were given. However, they had not consented to these additional procedures and had not been made aware of the costs.

Following HaDSCO’s complaint resolution process, the dental practice agreed to provide a refund of the fees to the complainants.
2.2.5 Section 75 data collection

Introduction
A key component of HaDSCO’s role is to review and identify the causes of complaints, suggest ways of removing and minimising those causes, and provide the public with notice about the types of complaints received.

To assist in performing this function, HaDSCO collects complaints information from certain health service providers in WA, prescribed under section 75 of the Health and Disability Services (Complaints) Act 1995. These providers are specified in the Health and Disability Services (Complaints) Regulations 2010 and are listed below:

- Department of Health Western Australia (including hospitals managed by WA Country Health Service, Child and Adolescent Health Service, North Metropolitan Area Health Service and South Metropolitan Area Health Service)
- Abbotsford Private Hospital
- Albany Community Hospice
- Attadale Private Hospital
- Bethesda Hospital
- Busselton Hospice Care Incorporated
- Glengarry Private Hospital
- Hollywood Private Hospital
- Joondalup Health Campus
- The Marian Centre
- Mercy Hospital
- Mount Hospital
- Mount Lawley Private Hospital
- Ngala Family Services
- Peel Health Campus
- Perth Clinic
- South Perth Hospital
- St John of God Hospital, Bunbury
- St John of God Hospital, Geraldton
- St John of God Hospital, Murdoch
- St John of God Hospital, Subiaco
- Subiaco Private Hospital Pty Limited
- Waikiki Private Hospital
- Department of Corrective Services
- St John Ambulance Australia (Western Australia) Inc
- Royal Flying Doctors Service of Australia (Western Operations)
- Silver Chain Nursing Association Incorporated

The complaints information collected from prescribed providers allows HaDSCO to identify the common causes of complaints. The data also provides information about the timeliness of providers’ internal complaint resolution processes and the outcomes achieved as a result of complaints made directly to providers.
HaDSCO aims to continue working with providers to improve complaints data collection and reporting. In particular, HaDSCO aims to improve the section 75 complaints data collection process to ensure that better quality data is collected. This would enable systemic issues and trends to be identified. HaDSCO also aims to revise the current list of prescribed providers in 2012-13 and to recruit more providers to this list, if appropriate.

**Data collection**

**Overview**

HaDSCO began collecting complaints data from prescribed providers in 2009-10. Each financial year, these providers supply the following information to HaDSCO:

- number of complaints received
- issues that consumers raised in their complaints
- outcomes as a result of the complaints received
- time taken to resolve complaints
- de-identified demographics information about consumers who made a complaint.

As the complaint databases used by prescribed providers vary considerably, providers do not necessarily collect the same information about complaints. For example, some providers do not collect demographics information about complaints received. This creates gaps in the information that HaDSCO is able to collect.

HaDSCO aims to work with providers to improve their complaints data collection processes and will continue to revise the section 75 complaints data collection process to ensure timely and accurate recording of complaints data.

**Complaints received**

Prescribed providers received 6,520 complaints about 8,961 issues in 2011-12. A single complaint may contain a number of separate issues. De-identified demographics information about consumers who made complaints is not presented in this report. There were significant gaps in the demographics data submitted, meaning that the data is not representative and cannot be used to accurately identify complaint trends.

**Complaint issues**

Figure 18 shows the number of complaint issues identified, by issue category, in 2011-12. The ‘other’ category presents combined data for complaint issues that did not fit under any of the other specified issue categories.

The top three issues identified in complaints about prescribed providers were:

- quality of clinical care, e.g. inadequate assessment, or inadequate treatment or therapy
- communication, e.g. failure to communicate properly with the consumer or failure to listen to the patient or carer
- access, e.g. delays in admission or treatment, or waiting list delays.
‘Quality of clinical care’ and ‘communication’ were also identified as two of the top three complaint issues in 2009-10 and 2010-11.

Figure 18
Number of issues identified in complaints received in 2011-12, by issue category

Complaint outcomes
Figure 19 shows the outcomes achieved as a result of complaints made to prescribed providers in 2011-12. Complaint outcomes data was available for 6,214 complaints received by prescribed providers. Of the complaints for which data was available, the most common outcomes achieved were ‘explanation provided’ (38.9%), ‘concern registered’ (21%) and ‘apology provided’ (20.7%). These were also recorded as the top three complaint outcomes in 2009-10 and 2010-11.

‘Concern registered’ is recorded as a complaint outcome when the provider registers an understanding of the issues identified in the consumer’s complaint. This outcome would typically be used in situations where the provider understands the consumer’s concerns but is unable to resolve the issue(s) identified.

A smaller number of complaints also resulted in changes to procedures or practices to prevent similar issues from arising in the future. This shows that prescribed providers are using complaints data to prevent future complaints and improve service delivery.

The ‘other’ category presents combined data for closure categories not specified in the figure. A single complaint can result in more than one outcome.
Complaint resolution timeframe
Complaint trends show that providers are resolving most complaints in a timely manner. Of the 3,864 complaints for which data about the timeliness of complaint resolution was available, 78 per cent were resolved within 30 days. A small number of complaints were reported in the ‘not yet resolved’ category. These include complaints that were received near the end of the financial year and those complaints that take a relatively long period of time to resolve.
Section 3

Significant issues impacting the agency

3.1 Legislative amendments
3.2 Emerging technology
3.3 Diverse demographics of WA
3.4 Employee attraction and retention
3.1 Legislative amendments

**Mental Health Bill**
The new Mental Health Bill, which is being developed by the Mental Health Commission, will contain a Part dedicated to complaints about mental health services. This Part of the legislation dealing with complaints will be managed by HaDSCO.

HaDSCO has been handling complaints about the provision of mental health services under the existing *Health and Disability Services (Complaints) Act 1995*. However, the new Mental Health Bill will expand HaDSCO’s jurisdiction with respect to mental health complaints, which will potentially increase the number of complaints received by HaDSCO.

The complaints mechanism under the Mental Health Bill will address important issues such as information sharing. In addition, it will assist HaDSCO to further develop its relationship with the Mental Health Commission, Chief Psychiatrist and mental health advocacy service.

As with the *Health and Disability Services (Complaints) Act 1995*, the Mental Health Bill will authorise the Director to address systemic issues associated with mental health. This is an important objective for HaDSCO and assists the agency to continually support the improvement of mental health services.

As a result of these changes, considerable work is being carried out internally to prepare the agency. HaDSCO will closely monitor complaint trends relating to mental health in order to understand the future resource impact on the agency.

**Disability Services Act**
The Disability Services Commission is the responsible agency leading the amendments to the *Disability Services Act 1993*. However, HaDSCO has been actively involved in relation to Part VI, which deals with complaints about disability services.

HaDSCO’s recommended amendments to Part VI intend to ensure greater consistency with the *Health and Disability Services (Complaints) Act 1995* and the relevant Part of the new Mental Health Bill.

Feedback from HaDSCO’s consumer and other stakeholder groups has strongly emphasised the need for people making complaints about health, disability and mental health services to have equal rights and access to HaDSCO’s complaint management services. The amendments to Part VI of the *Disability Services Act 1993* will facilitate this outcome.
These amendments will have a positive impact on the agency’s complaint resolution service, as greater consistency between the two Acts will lead to greater efficiency and effectiveness. HaDSCO will no longer require different complaint management processes and procedures for health and disability complaints.

In addition, a new provision will authorise HaDSCO to collect complaint management data from prescribed disability services, as it does under section 75 of the *Health and Disability Services (Complaints) Act 1995*. This will assist HaDSCO’s broader functions in analysing and reporting on the causes of complaints, and identifying systemic issues.

### 3.2 Emerging technology

HaDSCO continues to take advantage of current technology and is actively seeking to take advantage of new opportunities and advancements.

For example, HaDSCO has continued to expand its use of software including TRIM and EndNote. These two programs allow the agency to store, search and utilise a vast amount of relevant information including advice from the HaDSCO Medical Panel and Senior Legal Officer, journal articles, policies and research documents.

While the use of these pre-existing technologies will continue, HaDSCO is continually seeking further opportunities to improve accessibility, facilitate feedback from clients and contribute to an active online community.

HaDSCO plans to trial the use of electronic feedback forms and anticipates this will facilitate a responsive approach to receiving opinions about HaDSCO’s services. HaDSCO will also continue to review the appropriateness of online opportunities through social media.

In addition, the agency plans to review the internal Complaints Record Electronic Database (CRED) as part of the HaDSCO 2012-15 Strategic Plan. HaDSCO will work to ensure that the database aligns with Department of Health policies and data management principles while taking advantage of contemporary database systems.
3.3 Diverse demographics of WA

The services provided by HaDSCO are free to all users and providers of health or disability services in WA. As a small agency offering a service to the whole of WA, HaDSCO is conscious of ensuring all members of the community have access to information regarding the agency and the services available.

In order to achieve this, HaDSCO is continuously seeking and taking advantage of new ways to reach all sectors of communities in WA. A few examples are outlined below.

**Locality**
Opportunities to reduce the physical distance between HaDSCO and regional communities are continually being identified. HaDSCO is continuing its efforts to partner with relevant stakeholders to provide tailored information to rural and remote communities.

**Cultural diversity**
Considerable work was carried out to develop information that is culturally suitable. Educational activities and communication outreach activities were developed with local communities to ensure the content was relevant and meaningful. This project will be expanded upon during 2012-13 and trialled with other community groups. For more information regarding this project, please refer to ‘Regional Access and Awareness Program (Christmas Island)’ under Section 2.1.6 of this report.

**Accessibility**
Publications were specifically developed for a variety of community groups and translated into a number of languages and formats. This information was also sent to all Local Area Coordinators across 46 regional and country towns.

3.4 Employee attraction and retention

Attracting and retaining skilled professionals continues to be an ongoing challenge for the agency.

As part of the Strategic Plan 2012-15, HaDSCO has committed to building staff capacity through the development of existing employees’ skills and knowledge, and establishing a leadership program to create a consistent leadership practice across the agency.
Disclosures and legal compliance

4.1 Financial statements
   4.1.1 Independent Auditor’s Report
   4.1.2 Certification of financial statements
   4.1.3 Statement of comprehensive income
   4.1.4 Statement of financial position
   4.1.5 Statement of changes in equity
   4.1.6 Statement of cash flows
   4.1.7 Notes to the financial statements
   4.1.8 Estimates of expenditure for 2012-13

4.2 Key performance indicators

4.3 Ministerial directives

4.4 Other financial disclosures

4.5 Governance disclosures

4.6 Other legal requirements
   4.6.1 Advertising
   4.6.2 Disability Access and Inclusion Plan (DAIP)
   4.6.3 Compliance with Public Sector Standards and Ethical Codes
   4.6.4 Recordkeeping Plan

4.7 Government policy requirements
   4.7.1 Substantive Equality
   4.7.2 Occupational Safety, Health and Injury Management
4.1 Financial statements

4.1.1 Independent Auditor’s Report

Auditor General

INDEPENDENT AUDITOR’S REPORT

To the Parliament of Western Australia

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

Report on the Financial Statements
I have audited the accounts and financial statements of the Health and Disability Services Complaints Office.

The financial statements comprise the Statement of Financial Position as at 30 June 2012, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

Director’s Responsibility for the Financial Statements
The Director is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the Treasurer’s Instructions, and for such internal control as the Director determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements based on my audit. The audit was conducted in accordance with Australian Auditing Standards. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Office’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Director, as well as evaluating the overall presentation of the financial statements.

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

Opinion
In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Health and Disability Services Complaints Office at 30 June 2012 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer’s Instructions.
Report on Controls
I have audited the controls exercised by the Health and Disability Services Complaints Office during the year ended 30 June 2012.

Controls exercised by the Health and Disability Services Complaints Office are those policies and procedures established by the Director to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions.

Director's Responsibility for Controls
The Director is responsible for maintaining an adequate system of internal control to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of public and other property, and the incurring of liabilities are in accordance with the Financial Management Act 2006 and the Treasurer's instructions, and other relevant written law.

Auditor's Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the controls exercised by the Health and Disability Services Complaints Office based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the adequacy of controls to ensure that the Office complies with the legislative provisions. The procedures selected depend on the auditor's judgement and include an evaluation of the design and implementation of relevant controls.

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

Opinion
In my opinion, the controls exercised by the Health and Disability Services Complaints Office are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2012.

Report on the Key Performance Indicators
I have audited the key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2012.

The key performance indicators are the key effectiveness indicators and the key efficiency indicators that provide information on outcome achievement and service provision.

Director's Responsibility for the Key Performance Indicators
The Director is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions and for such controls as the Director determines necessary to ensure that the key performance indicators fairly represent indicated performance.

Auditor's Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the key performance indicators based on my audit conducted in accordance with Australian Auditing and Assurance Standards.
An audit involves performing procedures to obtain audit evidence about the key performance indicators. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments, the auditor considers internal control relevant to the Director’s preparation and fair presentation of the key performance indicators in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the relevance and appropriateness of the key performance indicators for measuring the extent of outcome achievement and service provision.

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

Opinion
In my opinion, the key performance indicators of the Health and Disability Services Complaints Office are relevant and appropriate to assist users to assess the Office’s performance and fairly represent indicated performance for the year ended 30 June 2012.

Independence
In conducting this audit, I have complied with the independence requirements of the Auditor General Act 2006 and the Australian Auditing and Assurance Standards, and other relevant ethical requirements.

Matters Relating to the Electronic Publication of the Audited Financial Statements and Key Performance Indicators
This auditor’s report relates to the financial statements and key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2012 included on the Office’s website. The Office’s management are responsible for the integrity of the Office’s website. I have not been engaged to report on the integrity of the Office’s website. The auditor’s report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial statements and key performance indicators to confirm the information contained in this website version of the financial statements and key performance indicators.

GENE CLARKE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
17 August 2012
4.1.2 Certification of financial statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

CERTIFICATION OF FINANCIAL STATEMENTS

I hereby certify that the financial statements of the Health and Disability Services Complaints Office have been prepared in compliance with the provisions of the Financial Management Act 2006 from proper amounts and records to present fairly the financial transactions for the financial year ending 30 June 2012 and financial position as at 30 June 2012.

At the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.

Edward Lee CPA
CHIEF FINANCE OFFICER

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 14 August 2012  Date: 14 August 2012
4.1.3 Statement of comprehensive income

Health and Disability Services Complaints Office

Statement of Comprehensive Income
For the year ended 30th June 2012

<table>
<thead>
<tr>
<th>Note</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**COST OF SERVICES**

**Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits expense</td>
<td>1,711,688</td>
<td>1,600,211</td>
</tr>
<tr>
<td>External services</td>
<td>9,386</td>
<td>9,465</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>3,284</td>
<td>1,054</td>
</tr>
<tr>
<td>Loss on disposal of non-current assets</td>
<td>3,303</td>
<td>-</td>
</tr>
<tr>
<td>Repairs, maintenance and consumable equipment</td>
<td>12,623</td>
<td>9,545</td>
</tr>
<tr>
<td>Other expenses</td>
<td>545,874</td>
<td>472,901</td>
</tr>
</tbody>
</table>

**Total cost of services**

| Total cost of services                       | 2,286,158  | 2,093,176  |

**INCOME**

**Revenue**

| Commonwealth grants and contributions       | 25,646     | 18,143     |

**Total revenue**

| Total revenue                               | 25,646     | 18,143     |

**Total income other than income from State Government**

| Total income other than income from State Government | 25,646     | 18,143     |

**NET COST OF SERVICES**

| NET COST OF SERVICES                         | 2,260,512  | 2,075,033  |

**INCOME FROM STATE GOVERNMENT**

| Service appropriations                       | 2,121,000  | 1,983,000  |
| Resources received free of charge            | 78,707     | 12,346     |

**Total income from State Government**

| Total income from State Government           | 2,199,707  | 1,995,346  |

**DEFICIT FOR THE PERIOD**

| DEFICIT FOR THE PERIOD                       | (60,805)   | (79,687)   |

**OTHER COMPREHENSIVE INCOME**

| OTHER COMPREHENSIVE INCOME                   | -          | -          |

**COMPREHENSIVE LOSS FOR THE PERIOD**

| COMPREHENSIVE LOSS FOR THE PERIOD            | (60,805)   | (79,687)   |

*The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.*
# 4.1.4 Statement of financial position

<table>
<thead>
<tr>
<th>Note</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>572,569</td>
<td>553,177</td>
</tr>
<tr>
<td>Receivables</td>
<td>4,563</td>
<td>18,143</td>
</tr>
<tr>
<td>Other current assets</td>
<td>5,197</td>
<td>15,293</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>582,329</td>
<td>586,613</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>12,432</td>
<td>15,540</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>12,432</td>
<td>19,019</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>12,432</td>
<td>19,019</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>594,761</td>
<td>605,632</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>77,559</td>
<td>108,643</td>
</tr>
<tr>
<td>Provisions</td>
<td>366,051</td>
<td>306,223</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>443,610</td>
<td>414,866</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>75,868</td>
<td>54,678</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td>75,868</td>
<td>54,678</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>519,478</td>
<td>469,544</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>75,283</td>
<td>136,088</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surplus</td>
<td>75,283</td>
<td>136,088</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>75,283</td>
<td>136,088</td>
</tr>
</tbody>
</table>

The Statement of Financial Position should be read in conjunction with the accompanying notes.
### Health and Disability Services Complaints Office

#### Statement of Changes in Equity

For the year ended 30th June 2012

<table>
<thead>
<tr>
<th>Note</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance of equity at start of period</td>
<td>136,088</td>
<td>215,775</td>
</tr>
<tr>
<td>ACCUMULATED SURPLUS</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Balance at start of period</td>
<td>136,088</td>
<td>215,775</td>
</tr>
<tr>
<td>Surplus for the period</td>
<td>(60,805)</td>
<td>(79,687)</td>
</tr>
<tr>
<td>Balance at end of period</td>
<td>75,283</td>
<td>136,088</td>
</tr>
</tbody>
</table>

The Statement of Changes in Equity should be read in conjunction with the accompanying notes.
### Health and Disability Services Complaints Office

**Statement of Cash Flows**

For the year ended 30th June 2012

<table>
<thead>
<tr>
<th>Note</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inflows (Outflows)</td>
<td>Inflows (Outflows)</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**CASH FLOWS FROM STATE GOVERNMENT**

<table>
<thead>
<tr>
<th>Service appropriations</th>
<th>13</th>
<th>2,121,000</th>
<th>1,983,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net cash provided by State Government</strong></td>
<td></td>
<td>2,121,000</td>
<td>1,983,000</td>
</tr>
</tbody>
</table>

**Utilised as follows:**

**CASH FLOWS FROM OPERATING ACTIVITIES**

<table>
<thead>
<tr>
<th>Payments</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits</td>
<td>(1,639,313)</td>
<td>(1,559,184)</td>
</tr>
<tr>
<td>Supplies and services</td>
<td>(501,521)</td>
<td>(459,289)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receipts</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recoveries and other receipts</td>
<td>39,226</td>
<td>25,672</td>
</tr>
</tbody>
</table>

**Net cash provided by / (used in) operating activities | 23 | (2,101,608) | (1,992,801) |

**CASH FLOWS FROM INVESTING ACTIVITIES**

| Payments for purchase of non-current physical assets | - | (15,540) |
| Net cash provided by / (used in) investing activities | - | (15,540) |

**Net increase / (decrease) in cash and cash equivalents | 23 | 19,392 | (25,341) |

**Cash and cash equivalents at the beginning of the period | 553,177 | 578,518 |

**CASH AND CASH EQUIVALENTS AT THE END OF PERIOD | 23 | 572,569 | 553,177 |

*The Statement of Cash Flows should be read in conjunction with the accompanying notes.*
4.1.7 Notes to the financial statements

Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

Note 1 Australian Accounting Standards

General
The Authority's financial statements for the year ended 30 June 2012 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes Standards and Interpretations issued by the Australian Accounting Standards Board (AASB).

The Authority has adopted any applicable new and revised Australian Accounting Standards from their operative dates.

Early adoption of standards
The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. There has been no early adoption of Australian Accounting Standards that have been issued or amended (but not operative) by the Authority for the annual reporting period ended 30 Jun 2012.

Note 2 Summary of significant accounting policies

(a) General Statement
The Authority is a not-for-profit reporting entity that prepares general purpose financial statements in accordance with Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

The Financial Management Act and the Treasurer's instructions are legislative provisions governing the preparation of financial statements and take precedence over the Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board.

Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

Basis of Preparation
The financial statements have been prepared on the accrual basis of accounting using the historical cost convention.

The accounting policies adopted in the preparation of the financial statements have been consistently applied throughout all periods presented unless otherwise stated.

The financial statements are presented in Australian dollars and all values are rounded to the nearest dollar ($). 

Note 3 'Judgements made by management in applying accounting policies' discloses judgements that have been made in the process of applying the Authority's accounting policies resulting in the most significant effect on amounts recognised in the financial statements.

(b) Key sources of estimation uncertainty

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention.

The accounting policies adopted in the preparation of the financial statements have been consistently applied throughout all periods presented unless otherwise stated.

The financial statements are presented in Australian dollars and all values are rounded to the nearest dollar ($).

Note 3 'Judgements made by management in applying accounting policies' discloses judgements that have been made in the process of applying the Authority's accounting policies resulting in the most significant effect on amounts recognised in the financial statements.

Note 4 'Key sources of estimation uncertainty' discloses key assumptions made concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(c) Reporting Entity

The reporting entity comprises the Authority only.

(d) Income

Revenue recognition
Revenue is recognised and measured at the fair value of consideration received or receivable. Specific recognition criteria must be met before revenue is recognised as follows:

Service Appropriations
Service Appropriations are recognised as revenues at fair value in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited to the bank account.

See also note 13 'Service appropriations' for further information.

Grants, donations, gifts and other non-reciprocal contributions
Revenue is recognised at fair value when the Authority obtains control over the assets comprising the contributions, usually when cash is received.

Other non-reciprocal contributions that are not contributions by owners are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

(d) Income (continued)

Gains
Realised and unrealised gains are usually recognised on a net basis. These include gains arising on the disposal of non-current assets.

(e) Plant and Equipment

Capitalisation/Expensing of assets
Items of plant and equipment costing $5,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of plant and equipment costing less than $5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Initial recognition and measurement
Plant and equipment are initially recognised at cost.
For items of plant and equipment acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

Subsequent measurement
All items of plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Depreciation
All non-current assets having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits.
In order to apply this policy, the diminishing value with a straight line switch method is utilised for plant and equipment. Under this depreciation method, the cost amounts of the assets are allocated on average on a diminishing value basis over the first half of their useful lives and a straight line basis for the second half of their useful lives.
The assets' useful lives are reviewed annually. Expected useful lives for each class of depreciable asset are:
- Office equipment: 10 years

(f) Intangible Assets

Capitalisation/Expensing of assets
Acquisitions of intangible assets costing $5,000 or more and internally generated intangible assets costing $5,000 or more are capitalised. The cost of utilising the assets is expensed (amortised) over their useful life. Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.
Intangible assets are initially recognised at cost. For assets acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.
The cost model is applied for subsequent measurement requiring the asset to be carried at cost less any accumulated amortisation and accumulated impairment losses.
Amortisation for intangible assets with finite useful lives is calculated for the period of the expected benefit (estimated useful life) on the straight line basis. All intangible assets controlled by the Authority has a finite useful life and zero residual value.
The assets' useful lives are reviewed annually. Expected useful lives for each class of intangible asset are:
- Computer Software: 5 years
Computer software that is an integral part of the related hardware is treated as properly, plant and equipment. Computer software that is not an integral part of the related hardware is treated as an intangible asset. Software costing less than $5,000 is expensed in the year of acquisition.

(g) Impairment of Assets

Plant and equipment and intangible assets are tested for any indication of impairment at the end of each reporting period. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. As the Authority is a not-for-profit entity, unless an asset has been identified as a surplus asset, the recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost.
The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of asset's future economic benefits and to evaluate any impairment risk from falling replacement costs.
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

(g) Impairment of Assets (continued)

The recoverable amount of assets identified as surplus assets is the higher of fair value less costs to sell and the present value of future cash flows expected to be derived from the asset. Surplus assets carried at fair value have no risk of material impairment where fair value is determined by reference to market-based evidence. Where fair value is determined by reference to depreciated replacement cost, surplus assets are at risk of impairment and the recoverable amount is measured.

Surplus assets at cost are tested for indications of impairment at the end of each reporting period.

See also note 19 ‘Impairment of assets’ for the outcome of impairment reviews and testing. Refer also to note 20 ‘Receivables’ and note 15 ‘Receivables’ for impairment of receivables.

(b) Leases

Leases of property, plant and equipment, where the Authority has substantially all of the risks and rewards of ownership, are classified as finance leases. The Authority does not have any finance leases.

Leases in which the lessor retains significantly all of the risks and rewards of ownership are classified as operating leases. Operating lease payments are expensed on a straight-line basis over the lease term as this represents the pattern of benefits derived from the leased items.

Financial Instruments

In addition to cash, the Authority has two categories of financial instrument:
- Loans and receivables; and
- Financial liabilities measured at amortised cost.

Financial instruments have been disaggregated into the following classes:

Financial assets
- Cash and cash equivalents
- Receivables

Financial liabilities
- Payables

Initial recognition and measurement of financial instruments is at fair value which normally equates to the transaction cost or the face value. Subsequent measurement is at amortised cost using the effective interest method.

The fair value of short-term receivables and payables is the transaction cost or the face value because there is no interest rate applicable and subsequent measurement is not required as the effect of discounting is not material.

Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, cash and cash equivalent assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

Accrued Salaries

Accrued salaries (see note 20 ‘Payables’) represent the amount due to employees but unpaid at the end of the financial year. As the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its net fair value.

Receivables

Receivables are recognised at original invoice amount less an allowance for any uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written-off against the allowance account. The allowance for uncollectible amounts (doubtful debts) is raised when there is objective evidence that the Authority will not be able to collect the debts. The carrying amount is equivalent to fair value as it is due for settlement within 30 days.

See also note 20 ‘Financial Instruments’ and note 15 ‘Receivables’.

Change to accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the Australian Taxation Office and responsibilities to make payment for GST have been assigned to the ‘Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals’ (Metropolitan Health Services). This change in accounting procedure was a result of application of the grouping provisions of “A New Tax System (Goods and Service Tax) Act 1999” whereby the Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals became the representative member for Health entities as part of governments’ shared services initiative. The Health entities include the Department of Health, Mental Health Commission, Metropolitan Health Services, Peel Health Service, WA Country Health Service, WA Alcohol and Drug Authority, QE II Medical Centre Trust, and Health and Disability Services Complaints Office.
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

(m) Payables

Payables are recognised when the Authority becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as they are generally settled within 30 days.

See also note 2(i) ‘Financial instruments’ and note 20 ‘Payables’.

(n) Provisions

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of the obligation. Provisions are reviewed at the end of each reporting period.

See also note 21 ‘Provisions’.

Provisions - employee benefits

All annual leave and long service leave provisions are in respect of employees' services up to the end of the reporting period.

Annual Leave

The liability for annual leave that is expected to be settled within 12 months after the end of the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liability is settled.

Annual leave not expected to be settled within 12 months after the end of the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

The provision for annual leave is classified as a current liability as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Long Service Leave

The liability for long service leave that is expected to be settled within 12 months after the end of the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liability is settled.

Long service leave not expected to be settled within 12 months after the end of the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Unconditional long service leave provisions are classified as current liabilities as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period. Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Authority has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Sick Leave

Liabilities for sick leave are recognised when it is probable that sick leave paid in the future will be greater than the entitlement that will accrue in the future.

Past history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive income for this leave as it is taken.

Superannuation

The Government Employees Superannuation Board (GESB) administers public sector superannuation arrangements in Western Australia in accordance with legislative requirements.

Eligible employees contribute to the Pension Scheme, a defined benefit pension scheme closed to new members since 1987, or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme closed to new members since 1995.

The GSS is a defined benefit scheme for the purposes of employees and whole-of-government reporting. However, it is a defined contribution plan for agency purposes because the concurrent contributions (defined contributions) made by the Authority to GESS extinguishes the Authority's obligations to the related superannuation liability.
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

(n) Provisions (continued)

The Authority has no liabilities under the Pension Scheme or the GSS. The liabilities for the unfunded Pension Scheme and the unfunded GSS transfer benefits attributed to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS obligations are funded by concurrent contributions made by the Authority to the GESB.

Employees commencing employment prior to 15 April 2007 who were not members of either the Pension Scheme or the GSS became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 15 April 2007 became members of the GESB Super Scheme (GESBS). From 30 March 2012, existing members of the WSS or GESSS and new employees became able to choose their preferred superannuation fund. The Authority makes concurrent contributions to GESB or other funds on behalf of employees in compliance with the Commonwealth Government’s Superannuation Guarantee (Administration) Act 1992. Contributions to these accumulation schemes extinguish the Authority’s liability for superannuation charges in respect of employees who are not members of the Pension Scheme or GSS.

The GESB makes all benefit payments in respect of the Pension Scheme and GSS transfer benefits, and recoups the employer’s share from the Treasurer.

See also note 2(o) ‘Superannuation Expense’.

Employment on-costs

Employment on-costs, including workers’ compensation insurance, are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of ‘Other expenses’ and are not included as part of the Authority’s ‘Employee benefits expense’. Any related liability is included in ‘Employment on-costs provision’.

See also note 11 ‘Other expenses’ and note 21 ‘Provisions’.

(o) Superannuation Expense

The superannuation expense in the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the West State Superannuation Scheme (WSS), the GESB Super Scheme (GESBS), and other superannuation fund.

(p) Resources Received Free of Charge or for Nominal Cost

Resources received free of charge or for nominal cost that can be reliably measured are recognised as income at fair value. Where the resource received represents a service that the Authority would otherwise pay for, a corresponding expense is recognised. Receipts of assets are recognised in the Statement of Financial Position.

Assets or services received from other State Government agencies are separately disclosed under Income from State Government in the Statement of Comprehensive Income.

(q) Comparative Figures

Comparative figures are, where appropriate, reclassified to be comparable with the figures presented in the current financial year.

Note 3 Judgements made by management in applying accounting policies

The preparation of financial statements requires management to make judgements about the application of accounting policies that have a significant effect on the amounts recognised in the financial statements. The Authority evaluates these judgements regularly.

The judgements that have been made in the process of applying accounting policies that have the most significant effect on the amounts recognised in the financial statements include:

Employee benefits provision

An average turnover rate for employees has been used to calculate the non-current long service leave provision. This turnover rate is representative of the Health public authorities in general.

Note 4 Key sources of estimation uncertainty

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year:

Employee benefits provision

In estimating the non-current long service leave liabilities, employees are assumed to leave the Authority each year on account of resignation or retirement at 10.8%. This assumption was based on an analysis of the turnover rates exhibited by employees over a five years period. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Other estimations and assumptions used in calculating the Authority’s long service leave provision include expected future salary rates, discount rates, employee retention rates and expected future payments. Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards effective for annual reporting periods beginning on or after 1 July 2011 that impacted on the Authority.

**AASB 1054 Australian Additional Disclosures**

This Standard, in conjunction with AASB 2011-1 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project, removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards. There is no financial impact.

**AASB 2009-12 Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 & 1031 and Int 2, 4, 16, 1039 & 1052]**

This Standard makes editorial amendments to a range of Australian Accounting Standards and Interpretations. There is no financial impact.

**AASB 2010-4 Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1, 7, 101 & 134 and Int 13]**

The amendments to AASB 7 clarify financial instrument disclosures in relation to credit risk. The carrying amount of financial assets that would otherwise be past due or impaired whose terms have been renegotiated is no longer required to be disclosed. There is no financial impact.

The amendments to AASB 101 clarify the presentation of the statement of changes in equity. The disaggregation of other comprehensive income reconciling the carrying amount at the beginning and the end of the period for each component of equity is no longer required. There is no financial impact.

**AASB 2010-5 Amendments to Australian Accounting Standards [AASB 1, 3, 4, 5, 101, 107, 112, 118, 121, 132, 133, 134, 137, 138, 140, 1023 & 1038 and Int 112, 115, 127, 132 & 1042]**

This Standard makes editorial amendments to a range of Australian Accounting Standards and Interpretations. There is no financial impact.

**AASB 2010-6 Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets [AASB 1 & 7]**

This Standard introduces additional disclosure relating to transfers of financial assets in AASB 7. An entity shall disclose all transferred financial assets that are not derecognised and any continuing involvement in a transferred asset, existing at the reporting date, irrespective of when the related transfer transaction occurred. There is no financial impact.

**AASB 2011-1 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project [AASB 1, 5, 101, 107, 108, 121, 129, 132 & 134 and Int 2, 112 & 113]**

This Standard, in conjunction with AASB 1054, removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards. There is no financial impact.

**AASB 2011-5 Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation [AASB 127, 128 & 131]**

This Standard extends the relief from consolidation, the equity method and proportionate consolidation by removing the requirement for the consolidated financial statements prepared by the ultimate or any intermediate parent entity to be IFRS compliant, provided that the parent entity, investor or venturer and the ultimate or intermediate parent entity are not-for-profit non-reporting entities that comply with Australian Accounting Standards. There is no financial impact.

Future impact of Australian Accounting Standards not yet operative

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. Consequently, the Authority has not applied early any of the following Australian Accounting Standards that have been issued that may impact the Authority. Where applicable, the Authority plans to apply these Australian Accounting Standards from their application date.

<table>
<thead>
<tr>
<th>Title</th>
<th>Operative for reporting periods beginning on/after</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 9 Financial Instruments</td>
<td>1 Jan 2013</td>
</tr>
</tbody>
</table>

This Standard supersedes AASB 130 'Financial Instruments: Recognition and Measurement', introducing a number of changes to accounting treatments.

The Standard was reissued in December 2010. The Authority has not yet determined the application or the potential impact of the Standard.
Future impact of Australian Accounting Standards not yet operative (continued)

<table>
<thead>
<tr>
<th>Title</th>
<th>Operative for reporting periods beginning on/later</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidated Financial Statements</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard supersedes requirements under AASB 127 'Consolidated and Separate Financial Statements' and Int 112 'Consolidation - Special Purpose Entities', introducing a number of changes to accounting treatments.</td>
<td></td>
</tr>
<tr>
<td>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
<tr>
<td>Joint Arrangements</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard supersedes AASB 131 'Interests in Joint Ventures', introducing a number of changes to accounting treatments.</td>
<td></td>
</tr>
<tr>
<td>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
<tr>
<td>Disclosure of Interests in Other Entities</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard supersedes disclosure requirements under AASB 127 'Consolidated and Separate Financial Statements' and AASB 131 'Interests in Joint Ventures'.</td>
<td></td>
</tr>
<tr>
<td>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
<tr>
<td>Fair Value Measurement</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard defines fair value, sets out a framework for measuring fair value and requires disclosures about fair value measurements. There is no financial impact.</td>
<td></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard supersedes AASB 119 'Employee Benefits', introducing a number of changes to accounting treatments.</td>
<td></td>
</tr>
<tr>
<td>The Standard was issued in September 2011. The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
<tr>
<td>Separate Financial Statements</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard supersedes requirements under AASB 127 'Consolidated and Separate Financial Statements', introducing a number of changes to accounting treatments.</td>
<td></td>
</tr>
<tr>
<td>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
<tr>
<td>Investments in Associates and Joint Ventures</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard supersedes AASB 128 'Investments in Associates', introducing a number of changes to accounting treatments.</td>
<td></td>
</tr>
<tr>
<td>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
<tr>
<td>Application of Tiers of Australian Accounting Standards</td>
<td>1 Jul 2013</td>
</tr>
<tr>
<td>This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.</td>
<td></td>
</tr>
<tr>
<td>There is no financial impact.</td>
<td></td>
</tr>
</tbody>
</table>
## Health and Disability Services Complaints Office

### Notes to the Financial Statements

For the year ended 30th June 2012

<table>
<thead>
<tr>
<th>Title</th>
<th>Operative for reporting periods beginning on/after</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Standard makes amendments to Australian Accounting Standards and Interpretations to introduce reduced disclosure requirements for certain types of entities. There is no financial impact.</td>
<td></td>
</tr>
<tr>
<td>AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 &amp; 1038 and Int 2, 5, 10, 12, 19 &amp; 127]</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010. The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
<tr>
<td>AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 &amp; 1054]</td>
<td>1 Jul 2013</td>
</tr>
<tr>
<td>This Standard removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards for reduced disclosure reporting. There is no financial impact.</td>
<td></td>
</tr>
<tr>
<td>AASB 2011-6 Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements [AASB 127, 128 &amp; 131]</td>
<td>1 Jul 2013</td>
</tr>
<tr>
<td>This Standard extends the relief from consolidation, the equity method and proportionate consolidation by removing the requirement for the consolidated financial statements prepared by the ultimate or any intermediate parent entity to be IFRS compliant, provided that the parent entity, investor or venturer and the ultimate or intermediate parent entity comply with Australian Accounting Standards or Australian Accounting Standards – Reduced Disclosure Requirements. There is no financial impact.</td>
<td></td>
</tr>
<tr>
<td>AASB 2011-7 Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards [AASB 1, 2, 3, 7, 9, 2009-11, 101, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 &amp; 1038 and Int 5, 9, 16 &amp; 17]</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>This Standard gives effect to consequential changes arising from the issuance of AASB 10, AASB 11, AASB 127 ‘Separate Financial Statements’ and AASB 128 ‘Investments in Associates and Joint Ventures’. The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
<tr>
<td>This Standard replaces the existing definition and fair value guidance in other Australian Accounting Standards and Interpretations as the result of issuing AASB 13 in September 2011. There is no financial impact.</td>
<td></td>
</tr>
<tr>
<td>This Standard requires to group items presented in other comprehensive income on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). The Authority has not yet determined the application or the potential impact of the Standard.</td>
<td></td>
</tr>
</tbody>
</table>
Future impact of Australian Accounting Standards not yet operative (continued)

<table>
<thead>
<tr>
<th>Title</th>
<th>Operative for reporting periods beginning on/after</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 2011-10 Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, 5, 101, 124, 134, 100-4 &amp; 2011-8 and Int 14]</td>
<td>1 Jan 2013</td>
</tr>
<tr>
<td>AASB 2011-11 Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements</td>
<td>1 Jul 2013</td>
</tr>
<tr>
<td>AASB 2012-1 Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements [AASB 3, 7, 13, 140 &amp; 141]</td>
<td>1 Jul 2013</td>
</tr>
</tbody>
</table>

Note 6 Employee benefits expense

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages (a) (b)</td>
<td>1,554,868</td>
<td>1,488,082</td>
</tr>
<tr>
<td>Superannuation - defined contribution plans (c)</td>
<td>156,820</td>
<td>132,129</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,711,688</strong></td>
<td><strong>1,600,211</strong></td>
</tr>
</tbody>
</table>

(a) Includes the value of the fringe benefits to employees plus the fringe benefits tax component and the value of the superannuation contribution component of leave entitlements.

(b) $20,215 has been incurred in this financial year (2011: $10,328) for services provided for the Christmas & Cocos Islands (see note 31).

(c) Defined contribution plans include West State, Gold State and GESB Super Schemes (contributions paid).

Employment on-costs expenses, such as workers' compensation insurance, are included at Note 11 'Other Expenses'. Employment on-costs liability is included at note 21 'Provisions'.

Note 7 External services

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuel, light and power</td>
<td>6,422</td>
<td>4,874</td>
</tr>
<tr>
<td>Food supplies</td>
<td>921</td>
<td>1,212</td>
</tr>
<tr>
<td>Other</td>
<td>2,043</td>
<td>3,278</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,386</strong></td>
<td><strong>9,465</strong></td>
</tr>
</tbody>
</table>

Note 8 Depreciation and amortisation expense

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office equipment</td>
<td>178</td>
<td>1,054</td>
</tr>
<tr>
<td>Amortisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer software</td>
<td>3,108</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,284</strong></td>
<td><strong>1,054</strong></td>
</tr>
</tbody>
</table>

Note 9 Loss on disposal of non-current assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of disposal of non-current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>3,303</td>
<td>-</td>
</tr>
<tr>
<td>Proceeds from disposal of non-current assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net loss</strong></td>
<td><strong>3,303</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

See note 17 'Plant and equipment'.
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

Note 10 Repairs, maintenance and consumable equipment

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repairs and maintenance</td>
<td>218</td>
<td>82</td>
</tr>
<tr>
<td>Consumable equipment</td>
<td>12,405</td>
<td>9,463</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12,623</td>
<td>9,545</td>
</tr>
</tbody>
</table>

Note 11 Other expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications</td>
<td>40,214</td>
<td>42,700</td>
</tr>
<tr>
<td>Computer services</td>
<td>1,082</td>
<td>8,987</td>
</tr>
<tr>
<td>Employment on-costs (a)</td>
<td>6,414</td>
<td>4,117</td>
</tr>
<tr>
<td>Staff development and transport costs</td>
<td>22,957</td>
<td>22,602</td>
</tr>
<tr>
<td>Insurance</td>
<td>6,483</td>
<td>4,514</td>
</tr>
<tr>
<td>Legal expenses</td>
<td>23,474</td>
<td>12,346</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>2,971</td>
<td>2,971</td>
</tr>
<tr>
<td>Operating lease expenses</td>
<td>297,308</td>
<td>228,406</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>27,804</td>
<td>32,509</td>
</tr>
<tr>
<td>Purchase of external services</td>
<td>82,086</td>
<td>72,302</td>
</tr>
<tr>
<td>Audit fees</td>
<td>20,160</td>
<td>19,300</td>
</tr>
<tr>
<td>Staff development and transport costs</td>
<td>22,602</td>
<td>22,602</td>
</tr>
<tr>
<td>Insurance</td>
<td>6,483</td>
<td>4,514</td>
</tr>
<tr>
<td>Legal expenses</td>
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<td>12,346</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>2,971</td>
<td>2,971</td>
</tr>
<tr>
<td>Operating lease expenses</td>
<td>297,308</td>
<td>228,406</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>27,804</td>
<td>32,509</td>
</tr>
<tr>
<td>Purchase of external services</td>
<td>82,086</td>
<td>72,302</td>
</tr>
<tr>
<td>Audit fees</td>
<td>20,160</td>
<td>19,300</td>
</tr>
<tr>
<td>Other</td>
<td>8,919</td>
<td>14,332</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>545,874</td>
<td>472,901</td>
</tr>
</tbody>
</table>

(a) Includes workers’ compensation insurance. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 21 ‘Provisions’. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs. 

(b) $5,102 has been incurred this financial year (2011: $7,815) for services provided for the Christmas & Cocos Islands (see note 31).

Note 12 Commonwealth grants and contributions

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recoup for services provided to Christmas &amp; Cocos Islands (a)</td>
<td>25,646</td>
<td>18,143</td>
</tr>
</tbody>
</table>

(a) See note 31 for the Statement of receipts and payments.

Note 13 Service appropriations

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service appropriations</td>
<td>2,121,000</td>
<td>1,983,000</td>
</tr>
</tbody>
</table>

See note 2(d) ‘Income’.

Note 14 Resources received free of charge

Resources received free of charge have been determined on the basis of the following estimates provided by agencies.

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Solicitor’s Office - legal service</td>
<td>23,474</td>
<td>12,346</td>
</tr>
<tr>
<td>Department of Finance - office accommodation fit-out</td>
<td>55,233</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>78,707</td>
<td>12,346</td>
</tr>
</tbody>
</table>

Assets or services received free of charge or for nominal cost are recognised as revenue at fair value of the assets and/or the services that can be reliably measured and which would have been purchased if they were not donated. Contribution of assets or services in the nature of contributions by owners, are recognised direct to equity.
## Notes to the Financial Statements
For the year ended 30th June 2012

### Note 15 Receivables

<table>
<thead>
<tr>
<th>Current</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recoup due from Commonwealth Government (see notes 12 &amp; 31)</td>
<td>-</td>
<td>18,143</td>
</tr>
<tr>
<td>Reimbursement due from an employee for salary overpayment</td>
<td>4,563</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,563</strong></td>
<td><strong>18,143</strong></td>
</tr>
</tbody>
</table>

The Authority does not hold any collateral as security or other credit enhancements relating to receivables.

See also note 2(l) 'Receivables' and note 33 'Financial instruments'.

### Note 16 Other current assets

<table>
<thead>
<tr>
<th>Prepayments</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,197</strong></td>
<td><strong>15,293</strong></td>
</tr>
</tbody>
</table>

### Note 17 Plant and equipment

**Office equipment**

<table>
<thead>
<tr>
<th>At cost</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>25,766</strong></td>
<td><strong>26,766</strong></td>
</tr>
</tbody>
</table>

**Accumulated depreciation**

<table>
<thead>
<tr>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,479</strong></td>
</tr>
</tbody>
</table>

Reconciliations of the carrying amounts of plant and equipment at the beginning and end of the current financial year are set out below.

**Office equipment**

<table>
<thead>
<tr>
<th>Carrying amount at start of period</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,479</strong></td>
<td><strong>4,533</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposals</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>(3,303)</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depreciation</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>(176)</strong></td>
<td><strong>(1,054)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carrying amount at end of period</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,479</strong></td>
<td><strong>3,479</strong></td>
</tr>
</tbody>
</table>

### Note 18 Intangible assets

**Computer software**

<table>
<thead>
<tr>
<th>At cost</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,540</strong></td>
<td><strong>15,540</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accumulated amortisation</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>(3,108)</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reconciliation</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,432</strong></td>
<td><strong>15,540</strong></td>
</tr>
</tbody>
</table>

Reconciliation of the carrying amount of intangible assets at the beginning and end of the current financial year is set out below.

**Computer software**

<table>
<thead>
<tr>
<th>Carrying amount at start of period</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,540</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additions</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>-</strong></td>
<td><strong>15,540</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amortisation expense</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>(3,108)</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carrying amount at end of period</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,432</strong></td>
<td><strong>15,540</strong></td>
</tr>
</tbody>
</table>
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

Note 19 Impairment of Assets

There were no indications of impairment to plant and equipment or intangible assets at 30 June 2012.
The Authority held no goodwill or intangible assets with indefinite useful life during the reporting period. At the end of the reporting period there were no intangible assets not yet available for use.

Note 20 Payables

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>7,157</td>
<td>32,912</td>
</tr>
<tr>
<td>Other creditors</td>
<td>2,794</td>
<td>-</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>16,063</td>
<td>16,143</td>
</tr>
<tr>
<td>Accrued salaries</td>
<td>50,645</td>
<td>59,588</td>
</tr>
<tr>
<td></td>
<td>77,559</td>
<td>108,643</td>
</tr>
</tbody>
</table>

See also note 2(m) ‘Payables’ and note 33 ‘Financial instruments’.

Note 21 Provisions

Current

Employee benefits provision

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual leave (a)</td>
<td>109,802</td>
<td>127,688</td>
</tr>
<tr>
<td>Long service leave (b)</td>
<td>195,249</td>
<td>178,535</td>
</tr>
<tr>
<td></td>
<td>305,051</td>
<td>306,223</td>
</tr>
</tbody>
</table>

(a) Annual leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period | 119,484 | 90,878
More than 12 months after the end of the reporting period | 50,318 | 38,810

(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period | 49,245 | 44,977
More than 12 months after the end of the reporting period | 222,872 | 186,236

|                       | 472,117     | 233,213     |
## Notes to the Financial Statements

### For the year ended 30th June 2012

#### Note 22: Accumulated surplus

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at start of period</td>
<td>$136,088</td>
<td>$215,775</td>
</tr>
<tr>
<td>Result for the period</td>
<td>$(60,805)</td>
<td>$(79,687)</td>
</tr>
<tr>
<td>Balance at end of period</td>
<td>$75,283</td>
<td>$136,088</td>
</tr>
</tbody>
</table>

#### Note 23: Notes to the Statement of Cash Flows

**Reconciliation of cash**

Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

| Cash and cash equivalents          | $572,569 | $553,177 |

**Reconciliation of net cost of services to net cash flows used in operating activities**

<table>
<thead>
<tr>
<th>Net cash used in operating activities (Statement of Cash Flows)</th>
<th>$(2,101,608)</th>
<th>$(1,992,801)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase/(decrease) in assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current receivables</td>
<td>$(13,580)</td>
<td>$(7,529)</td>
</tr>
<tr>
<td>Prepayments</td>
<td>$(10,096)</td>
<td>$15,244</td>
</tr>
<tr>
<td><strong>Decrease/(increase) in liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>$31,084</td>
<td>$(13,019)</td>
</tr>
<tr>
<td>Current provisions</td>
<td>$(69,828)</td>
<td>$(48,997)</td>
</tr>
<tr>
<td>Non-current provisions</td>
<td>$(21,190)</td>
<td>$(14,531)</td>
</tr>
<tr>
<td><strong>Non-cash items:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation expense (note 8)</td>
<td>$(3,284)</td>
<td>$(1,054)</td>
</tr>
<tr>
<td>Loss from disposal of non-current assets (note 9)</td>
<td>$(3,303)</td>
<td>-</td>
</tr>
<tr>
<td>Resources received free of charge (note 14)</td>
<td>$(78,707)</td>
<td>$(12,346)</td>
</tr>
<tr>
<td><strong>Net cost of services (Statement of Comprehensive Income)</strong></td>
<td>$(2,260,512)</td>
<td>$(2,075,033)</td>
</tr>
</tbody>
</table>

At the end of the reporting period, the Authority had fully drawn on all financing facilities, details of which are disclosed in the financial statements.

#### Note 24: Remuneration of members of the Accountable Authority and senior officers

**Remuneration of members of the Accountable Authority**

The number of members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year fall within the following bands are:

<table>
<thead>
<tr>
<th>Band</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>$240,001 - $250,000</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>$270,001 - $280,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The total remuneration of members of the Accountable Authority is:

| Total remuneration of members of the Accountable Authority | $270,011 | $249,364 |

The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the Accountable Authority.

#### Note 25: Remuneration of auditor

Remuneration payable to the Auditor General in respect to the audit for the current financial year is as follows:

Auditing the accounts, financial statements and performance indicators:

| Total remuneration of auditor | $20,200 | $20,160 |

---

**Section FOUR: Disclosures and legal compliance**

**Health and Disability Services Complaints Office**

**Notes to the Financial Statements**

For the year ended 30th June 2012

### Note 22: Accumulated surplus

<table>
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<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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</tr>
<tr>
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<td>$(10,096)</td>
<td>$15,244</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>$31,084</td>
<td>$(13,019)</td>
</tr>
<tr>
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<td>$(48,997)</td>
</tr>
<tr>
<td>Non-current provisions</td>
<td>$(21,190)</td>
<td>$(14,531)</td>
</tr>
<tr>
<td><strong>Non-cash items:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation expense (note 8)</td>
<td>$(3,284)</td>
<td>$(1,054)</td>
</tr>
<tr>
<td>Loss from disposal of non-current assets (note 9)</td>
<td>$(3,303)</td>
<td>-</td>
</tr>
<tr>
<td>Resources received free of charge (note 14)</td>
<td>$(78,707)</td>
<td>$(12,346)</td>
</tr>
<tr>
<td><strong>Net cost of services (Statement of Comprehensive Income)</strong></td>
<td>$(2,260,512)</td>
<td>$(2,075,033)</td>
</tr>
</tbody>
</table>

At the end of the reporting period, the Authority had fully drawn on all financing facilities, details of which are disclosed in the financial statements.

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The number of members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year fall within the following bands are:

<table>
<thead>
<tr>
<th>Band</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>$240,001 - $250,000</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>$270,001 - $280,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The total remuneration of members of the Accountable Authority is:

| Total remuneration of members of the Accountable Authority | $270,011 | $249,364 |

The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the Accountable Authority.

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| Total remuneration of auditor | $20,200 | $20,160 |
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

<table>
<thead>
<tr>
<th>Note</th>
<th>26 Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
</tr>
<tr>
<td><strong>Operating lease commitments:</strong></td>
<td></td>
</tr>
<tr>
<td>Commitments in relation to non-cancellable leases contracted for at the end of the reporting period but not recognised as liabilities, are payable as follows:</td>
<td></td>
</tr>
<tr>
<td>Within 1 year</td>
<td>270,318</td>
</tr>
<tr>
<td>Later than 1 year, and not later than 5 years</td>
<td>556,405</td>
</tr>
<tr>
<td><strong>Total Operating lease commitments</strong></td>
<td>826,723</td>
</tr>
</tbody>
</table>

Operating lease commitments consist of a contractual agreement for office accommodation. The basis of which contingent operating leases payments are determined is the value for lease agreement under the contract terms and conditions at current values.

The operating lease commitments are inclusive of GST.

**Other expenditure commitments:**
There were no other expenditure commitments as at 30 June 2012.

<table>
<thead>
<tr>
<th>Note</th>
<th>27 Contingent liabilities and contingent assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At the reporting date, the Authority was not aware of any contingent liabilities or contingent assets.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
<th>28 Events occurring after the end of the reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No matter or circumstance has arisen since the end of the reporting period, that has significant effects on these financial statements.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
<th>29 Related bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A related body is a body which receives more than half its funding and resources from the Authority and is subject to operational control by the Authority.</td>
</tr>
<tr>
<td></td>
<td>The Authority had no related bodies during the financial year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
<th>30 Affiliated bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An affiliated body is a body which receives more than half its funding and resources from the Authority and is not subject to operational control by the Authority.</td>
</tr>
<tr>
<td></td>
<td>The Authority had no affiliated bodies during the financial year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
<th>31 Other statement of receipts and payments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
</tr>
<tr>
<td><strong>Commonwealth Grant - Christmas and Cocos Islands</strong></td>
<td></td>
</tr>
<tr>
<td>Balance at the start of period</td>
<td>(18,143)</td>
</tr>
<tr>
<td>Add Receipts</td>
<td></td>
</tr>
<tr>
<td>Commonwealth grant</td>
<td>43,789</td>
</tr>
<tr>
<td><strong>Less Payments</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>(20,215)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(5,102)</td>
</tr>
<tr>
<td><strong>Total Less Payments</strong></td>
<td>(25,317)</td>
</tr>
<tr>
<td><strong>Balance at the end of period</strong></td>
<td>329</td>
</tr>
</tbody>
</table>
Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

Note 32 Explanatory Statement

Significant variances between actual results for 2011 and 2012

Significant variations between actual results with the corresponding items of the preceding reporting period are detailed below. Significant variations are those greater than 10% or that are 4% or more of the current year’s Total Cost of Services.

<table>
<thead>
<tr>
<th>Note</th>
<th>2012 Actual $</th>
<th>2011 Actual $</th>
<th>Variance $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(a) 1,711,688</td>
<td>1,600,211</td>
<td>111,477</td>
</tr>
<tr>
<td>External services</td>
<td>6,386</td>
<td>9,465</td>
<td>(779)</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>(b) 3,284</td>
<td>1,054</td>
<td>2,230</td>
</tr>
<tr>
<td>Loss on disposal of non-current assets</td>
<td>(c) 3,303</td>
<td>-</td>
<td>3,303</td>
</tr>
<tr>
<td>Repairs, maintenance and consumable equipment</td>
<td>(d) 12,623</td>
<td>9,545</td>
<td>3,078</td>
</tr>
<tr>
<td>Other expenses</td>
<td>545,874</td>
<td>472,801</td>
<td>72,973</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commonwealth grants and contributions</td>
<td>(e) 25,646</td>
<td>18,143</td>
<td>7,503</td>
</tr>
<tr>
<td>Service appropriations</td>
<td>(f) 2,121,000</td>
<td>1,983,000</td>
<td>138,000</td>
</tr>
<tr>
<td>Resources received free of charge</td>
<td>(g) 78,707</td>
<td>12,346</td>
<td>66,361</td>
</tr>
<tr>
<td>(a) Employee benefits expense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits expense has increased from the prior period due to the increase in expenditure relating to staff on paid maternity leave and backfill of these positions. In addition, there have been an increase in the annual leave provision and implementation of annual pay increments under the Public Service Government Officers General Agreement 2011.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Depreciation and amortisation expense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The increase in depreciation during the 2011-12 financial year is attributable to the recognition of a full year of depreciation for the software bundle purchased in June 2011.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Loss on disposal of non-current assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Authority disposed of obsolete office equipment upon relocation to Albert Facey House.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Repairs, maintenance and consumable equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The increase in expenditure is due to purchasing of additional office furniture and equipment for the relocation to Albert Facey House.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Commonwealth grants and contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Authority has received increased Commonwealth funding to undertake a school based education program on Christmas Island during the current financial year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Service appropriations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An increase in service appropriations during the current financial year is related to the increase in funding for the Medical Practitioner Panel Service Contract to provide expert medical opinion to the Authority and for position reclassifications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Resources received free of charge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the 2011-12 period, the Authority was provided services relating to government accommodation for a notional value of $55,233 from the Department of Finance through Building Management and Works. In addition, the Authority sought increased advice from the State Solicitors’ Office on a range of operational and legislative issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significant variances between estimates and actual results for 2012

Significant variations between the estimates and actual results for 2012 are detailed below. Significant variations are considered to be those greater than 10% of the budget estimates.

<table>
<thead>
<tr>
<th>Note</th>
<th>2012 Actual $</th>
<th>2012 Estimates $</th>
<th>Variance $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(a) 1,711,688</td>
<td>1,650,000</td>
<td>61,688</td>
</tr>
<tr>
<td>Other goods and services</td>
<td>574,470</td>
<td>477,000</td>
<td>97,470</td>
</tr>
<tr>
<td>Total expenses</td>
<td>2,286,158</td>
<td>2,127,000</td>
<td>159,158</td>
</tr>
<tr>
<td>Less: Revenues</td>
<td>(25,646)</td>
<td>(25,646)</td>
<td>-</td>
</tr>
<tr>
<td>Net cost of services</td>
<td>2,260,512</td>
<td>2,101,354</td>
<td>159,158</td>
</tr>
<tr>
<td>(a) Other goods and services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The variance in other goods and services is due to the provisions of services relating to government accommodation for a notional value of $55,233 from the Department of Finance through Building Management and Works.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section FOUR: Disclosures and legal compliance

Health and Disability Services Complaints Office

Notes to the Financial Statements
For the year ended 30th June 2012

Note 33 Financial instruments

a) Financial risk management objectives and policies

Financial instruments held by the Authority are cash and cash equivalents, receivables and payables. The Authority has limited exposure to financial risks. The Authority’s overall risk management program focuses on managing the risks identified below.

Credit risk

Credit risk arises when there is the possibility of the Authority’s receivables defaulting on their contractual obligations resulting in financial loss to the Authority.

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment as shown in the table at Note 33(c) ‘Financial Instrument disclosures’.

Credit risk associated with the Authority’s financial assets is minimal because the debtors are predominately government bodies.

Liquidity risk

Liquidity risk arises when the Authority is unable to meet its financial obligations as they fall due. The Authority is exposed to liquidity risk through its trading in the normal course of business.

The Authority has appropriate procedures to manage cash flows including cashflows by monitoring forecast cashflows to ensure that sufficient funds are available to meet its commitments.

Market risk

Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the Authority’s income or the value of its holdings of financial instruments. The Authority does not trade in foreign currency and is not materially exposed to other price risks.

b) Categories of financial instruments

In addition to cash, the carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

Financial Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$572,569</td>
<td>$553,177</td>
</tr>
<tr>
<td>Receivables</td>
<td>$4,563</td>
<td>$10,143</td>
</tr>
</tbody>
</table>

Financial Liabilities

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial liabilities measured at amortised cost</td>
<td>$77,659</td>
<td>$106,643</td>
</tr>
</tbody>
</table>

2012

<table>
<thead>
<tr>
<th>Category</th>
<th>2011</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$553,177</td>
<td>$571,320</td>
</tr>
<tr>
<td>Receivables</td>
<td>$10,143</td>
<td>$18,143</td>
</tr>
</tbody>
</table>

2011

<table>
<thead>
<tr>
<th>Category</th>
<th>2011</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$563,177</td>
<td>$571,320</td>
</tr>
<tr>
<td>Receivables</td>
<td>$18,143</td>
<td>$18,143</td>
</tr>
</tbody>
</table>

C) Financial Instrument disclosures

Credit risk

The following table discloses the Authority’s maximum exposure to credit risk and the ageing analysis of financial assets. The Authority’s maximum exposure to credit risk at the end of the reporting period is the carrying amount of financial assets as shown below. The table discloses the ageing of financial assets that are past due but not impaired and impaired financial assets. The table is based on information provided to senior management of the Authority.

The Authority does not hold any collateral as security or other credit enhancements relating to the financial assets it holds.

Aged analysis of financial assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$572,569</td>
<td>$571,320</td>
</tr>
<tr>
<td>Receivables</td>
<td>$4,563</td>
<td>$18,143</td>
</tr>
</tbody>
</table>

Impaired Financial Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Receivables</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Impaired Financial Assets</td>
<td>$677,132</td>
<td>$571,320</td>
</tr>
</tbody>
</table>

2012

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$572,569</td>
<td>$563,177</td>
</tr>
<tr>
<td>Receivables</td>
<td>$4,563</td>
<td>$18,143</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>$577,132</td>
<td>$581,720</td>
</tr>
</tbody>
</table>

2011

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Receivables</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Impaired Financial Assets</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Financial Instrument disclosures (continued)

Liquidity risk and interest rate exposure

The following table details the Authority’s interest rate exposure and contractual maturity analysis for financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

Interest rate exposures and maturity analysis of financial assets and financial liabilities

<table>
<thead>
<tr>
<th>Weighted average effective interest rate</th>
<th>Interest rate exposure</th>
<th>Maturity dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount</td>
<td>Variable Interest rate</td>
<td>Non-interest bearing</td>
</tr>
<tr>
<td>%</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

| 2012 | Financial Assets | | |
|------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|      | Cash and cash equivalents | 572,569 | 572,569 | 572,569 | |
|      | Receivables | 4,663 | 4,663 | 4,663 | 4,663 |
|      | | 577,132 | 577,132 | 577,132 | 577,132 |
|      | Financial Liabilities | | | | | |
|      | Payables | 77,559 | 77,559 | 77,559 | 77,559 |
| 2011 | Financial Assets | | | | | |
|      | Cash and cash equivalents | 553,177 | 553,177 | 553,177 | |
|      | Receivables | 18,143 | 18,143 | 18,143 | 18,143 |
|      | | 571,320 | 571,320 | 571,320 | 571,320 |
|      | Financial Liabilities | | | | | |

Fair values

All financial assets and liabilities recognised in the Statement of Financial Position, whether they are carried at cost or fair value, are recognised at amounts that represent a reasonable approximation of fair value unless otherwise stated in the applicable notes.
4.1.8 Estimates of expenditure for 2012-13

The following estimates of expenditure for the year 2012-13 are prepared on an accrual accounting basis.

The estimates are required under section 40 of the Financial Management Act 2006 and by instruction from the Department of Treasury.

The following estimates of expenditure for the 2012-13 year do not form part of the preceding audited financial statements.

Revenue 2012-13
Revenues from Government: $2,426,000
4.2 Key performance indicators

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

CERTIFICATION OF KEY PERFORMANCE INDICATORS

I hereby certify that the performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Health and Disability Services Complaints Office performance and fairly represent the performance of the office for the financial year ending 30 June 2012.

Linley Anne Donaldson
DIRECTOR
ACCOUNTABLE AUTHORITY

Date: 14 August 2012
The desired outcome for HaDSCO as directed by Government is the improvement to the delivery of health and disability services. The key performance indicators (KPIs) focus on HaDSCO’s two key service areas:

Service one: Assessment, conciliation and investigation of complaints.
Service two: Education and training in the prevention and resolution of complaints.

Key effectiveness indicator: HaDSCO recommendations

Key to achieving HaDSCO’s objective of supporting improvement is the delivery of service improvement recommendations following complaint resolution and investigation. HaDSCO’s key effectiveness indicator relates to the number of recommendations made and adopted by service providers.

Examples of service improvements implemented during 2011-12:

- Service provider updated documentation provided to patients to raise awareness about the possibility of needing to pay a gap fee for treatment.
- Service provider changed processes and now provides patients with an information sheet which details the potential risks involved with a medical procedure.
- Service provider updated communication procedures to improve treatment continuity for patients when they are moved between health care sites.
- Service provider purchased new equipment which is used to prevent the risk of patient injury during a medical procedure.
- Service provider updated patient triage procedure to improve the effectiveness of the patient triage process.

During 2011-12, outcomes from complaints resolved through the HaDSCO conciliation and investigation processes resulted in 64 service improvement recommendations. Fifty one of these recommendations have been implemented by providers; 13 remain outstanding, which will be followed up in 2012-13.

In 2010-11, five recommendations were outstanding and carried forward to 2011-12. All five recommendations were implemented during the 2011-12 financial year. Taking these five recommendations into account means HaDSCO dealt with 69 recommendations during 2011-12. Out of this total, 56 recommendations were agreed to and implemented by providers.

The proportion of HaDSCO recommendations, resulting in improvements in practices and agreed actions for implementation by providers, is shown below.

<table>
<thead>
<tr>
<th>Proportion of recommendations resulting in implementation by providers</th>
<th>2010-11</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of recommendations resulting in implementation by providers</td>
<td>63/70</td>
<td>56/69</td>
</tr>
</tbody>
</table>
Key efficiency indicators

Service one: Assessment, conciliation and investigation of complaints

HaDSCO provides an impartial resolution service for complaints relating to health or disability services provided in WA. This service is free and available to all users and providers of health or disability services.

Acting impartially and in confidence, HaDSCO reviews and reports on the causes of complaints, undertakes investigations, suggests service improvements and advises service providers about effectively resolving complaints.

HaDSCO’s key efficiency indicator, relating to the provision of this service, focuses on the cost per finalised complaint and percentage of complaints closed within legislative timeframes.

Average cost per finalised complaint

During 2011-12, HaDSCO closed a total of 2776 complaints; an increase of 10.3 per cent from 2010-11(1). The agency produced a reduced cost per complaint in comparison to the 2010-11 year as demonstrated in the table below.

<table>
<thead>
<tr>
<th></th>
<th>2010-11 Actual ($)</th>
<th>2010-11 Target ($)</th>
<th>2011-12 Actual ($)</th>
<th>2011-12 Target ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>669.31</td>
<td>658</td>
<td>665.91</td>
<td>650</td>
</tr>
</tbody>
</table>

Percentage of complaints finalised within timeframes

HaDSCO works to strict timeframes set out within the Health and Disability Services (Complaints) Act 1995.

The HaDSCO complaint assessment process relies on the provision of information from external sources. Whilst the Office highlights the importance of meeting timeframes, on occasion, delays outside HaDSCO’s control occur.

Timeframes may be extended, but HaDSCO will generally only do so when it is in the best interests of the parties involved. For example, in the more complex complaints, timeframes may be delayed to facilitate a successful resolution for parties.

---

(1) The HaDSCO database contains real time data about all complaints received by the agency. As at 30 June 2011, the database showed that HaDSCO had closed 2543 cases in the 2010-11 financial year, which was the figure that was reported in the 2010-11 Annual Report. However, throughout 2011-12 a number of the cases that were closed in 2010-11 were re-opened in an attempt to resolve the complaint between the consumer and provider. The number of complaints recorded as being closed in 2010-11 decreases every time a case is re-opened. When including figures in the 2011-12 annual report, HaDSCO has used the real time data to prevent cases being double counted (i.e. we want to prevent cases from being counted as being closed in both 2010-11 and 2011-12). Using this methodology better represents the work that HaDSCO achieves. HaDSCO has also improved its data auditing processes in 2011-12 which would have impacted on the accuracy of the information recorded in the database.
The percentage of complaints finalised within timeframes is demonstrated in the table below.

<table>
<thead>
<tr>
<th>Legislative requirement</th>
<th>Legislative timeframe (days)</th>
<th>2010-11 Actual (%)</th>
<th>2010-11 Target (%)</th>
<th>2011-12 Actual (%)</th>
<th>2011-12 Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary assessment by Director s.34 (1)</td>
<td>28</td>
<td>86</td>
<td>90</td>
<td>83</td>
<td>90</td>
</tr>
<tr>
<td>Preliminary assessment by Director s.34 (1) (c)</td>
<td>56</td>
<td>74</td>
<td>80</td>
<td>73</td>
<td>80</td>
</tr>
<tr>
<td>Notice to provider and others s.35</td>
<td>14</td>
<td>95</td>
<td>85</td>
<td>90</td>
<td>90</td>
</tr>
</tbody>
</table>

**Service two: Education and training in the prevention and resolution of complaints**

**Group one: The total cost for the development, production and distribution of information**

The total cost for the development, production and distribution of information is provided in the table below.

<table>
<thead>
<tr>
<th></th>
<th>2010-11 Actual ($)</th>
<th>2010-11 Target ($)</th>
<th>2011-12 Actual ($)</th>
<th>2011-12 Target ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11 Actual ($)</td>
<td>141,893</td>
<td>143,716</td>
<td>166,093</td>
<td>162,460</td>
</tr>
</tbody>
</table>

HaDSCO aims to both raise awareness of the agency’s services and promote best practice complaints management. Engagement activities have included offering educational information in the form of online and printed brochures and fact sheets, face to face presentations and information sessions, and updates via print and electronic publications including the Medical Forum Magazine, HaDSCO Connect quarterly enewsletter, and WA Health’s weekly ebulletin, Health Happenings.

The following activities took place during 2011-12:

- development of Stakeholder Engagement Strategies (Consumer, Carer, Aboriginal, Prison, Service provider and Internal)
- website was reviewed and updated every three months
- production of professional event displays and merchandise including uniforms
- utilisation of electronic media including HaDSCO Connect, Health Happenings, Disability Matters and Caring Matters
Section FOUR: Disclosures and legal compliance

- completion of the financial settlement project and production of informative publication materials
- contribution to a broad range of publications including the Medical Forum, Kite and Carers Quarterly
- development of an Aboriginal outreach project.

Group two: The total cost of presentations, consultations and networking sessions

The total cost of presentations, consultations and networking sessions is provided in the table below.

<table>
<thead>
<tr>
<th></th>
<th>2010-11 Actual ($)</th>
<th>2010-11 Target ($)</th>
<th>2011-12 Actual ($)</th>
<th>2011-12 Target ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010-11</td>
<td>268,125</td>
<td>255,185</td>
<td>245,843</td>
<td>232,903</td>
</tr>
</tbody>
</table>

The following awareness raising activities took place during 2011-12:

- sponsorship of key conferences including the WA Carers Conference and Asia-Pacific Conference on Mental Health
- presentations and information sessions with consumers and providers
- direct mail campaigns to all health, mental health, disability and Aboriginal health services across WA
- tailored community education project for the Indian Ocean Territories
- regional access and awareness initiatives
- consultation activities including the development of the HaDSCO Strategic Plan and Disability Access and Inclusion Plan
- two HaDSCO morning tea networking events.

In total, HaDSCO delivered 55 awareness raising or presentation activities tailored to the requirements of specific community groups. These presentations aimed to raise awareness of the Office and its services to both consumers and providers.

In order to undertake these presentations HaDSCO staff engaged in 88 consultations and 41 networking sessions with various stakeholders.

The average cost per awareness raising activity is displayed in the table below. The agency experienced a reduction in cost in the 2011-12 financial year which reflects a reduction in activities from the previous year.

<table>
<thead>
<tr>
<th></th>
<th>2010-11 Actual ($)</th>
<th>2010-11 Target ($)</th>
<th>2011-12 Actual ($)</th>
<th>2011-12 Target ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,347</td>
<td>1,450</td>
<td>1,336</td>
<td>1,370</td>
</tr>
</tbody>
</table>
4.3 Ministerial directives

HaDSCO was directed by the Minister for Health to conduct an investigation under section 45 of the Health and Disability Services (Complaints) Act. This investigation is now finalised.

4.4 Other financial disclosures

Pricing policies of services provided
HaDSCO does not charge for any of the services provided.

Capital works
No capital works were undertaken during 2011-12.

Employment, industrial relations and workers’ compensation
As at 30 June 2012, HaDSCO had 18 employees, 7 of whom were part-time staff. With the exception of the Director, all HaDSCO employees were public servants. Employee categories and numbers of staff as at 30 June 2012 are shown below.

<table>
<thead>
<tr>
<th>Employee category</th>
<th>Number of staff 2011-12</th>
<th>Number of staff 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time permanent</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Full-time contract</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Part-time permanent</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Part-time contract</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
4.5 Governance disclosures

| Shares in a statutory authority | No senior officer holds shares in a statutory authority. |
| Shares in subsidiary bodies    | HaDSCO does not have any subsidiary bodies.          |
| Interests in contracts by senior officers | At the date of reporting, no senior officer had any interests in existing or proposed contracts with HaDSCO. |
| Benefits to senior officers through contracts | No senior officers received any benefits in the 2011-12 financial year. |
| Insurance premiums to indemnify Directors | This is not applicable. HaDSCO does not have any Directors as defined in Part III of the Statutory Corporations (Liability of Directors) Act 1996. |

4.6 Other legal requirements

4.6.1 Advertising

Expenditure on advertising, market research, polling and direct mail
In accordance with s175ZE of the Electoral Act 1907, HaDSCO is required to report on expenditure incurred during the financial year in relation to advertising, market research, polling, direct mail and media advertising. During the reporting period HaDSCO has not incurred expenditure of this nature, as shown below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>Nil</td>
</tr>
<tr>
<td>Market research</td>
<td>Nil</td>
</tr>
<tr>
<td>Polling</td>
<td>Nil</td>
</tr>
<tr>
<td>Direct mail</td>
<td>Nil</td>
</tr>
<tr>
<td>Media advertising</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Section FOUR: Disclosures and legal compliance

4.6.2 Disability Access and Inclusion Plan (DAIP)

The Disability Services Act 1993 (WA) requires all State and Local Government authorities to develop and implement a DAIP to ensure that people with disabilities have the same opportunities as other people in the community to access services, facilities and information.

HaDSCO has developed a DAIP in recognition that people with disabilities, their families and carers have the same rights to access HaDSCO’s services as any other member of the community. The DAIP identifies means to improve accessibility of both service delivery and employment opportunities.

The issues and strategies included in the DAIP were developed following extensive research regarding contemporary trends and best practice initiatives that promote access and inclusion for people living with a disability.

HaDSCO is committed to:

- ensuring that people with disabilities, their families and carers are able to fully access HaDSCO services and facilities, and are provided with the same opportunities, rights and responsibilities enjoyed by all other people in the community
- consulting with people with disabilities, their families and carers and, where required, disability organisations to ensure that barriers to access and inclusion are addressed appropriately
- ensuring that HaDSCO staff and contractors work towards the desired access and inclusion outcomes in the DAIP
- achieving the six desired outcomes of the DAIP.

HaDSCO is committed to achieving the six outcomes of the DAIP as prescribed by the Disability Services Commission:

1. People with disabilities have the same opportunities as other people to access the services of and events organised by HaDSCO.
2. People with disabilities have the same opportunities as other people to access the buildings and facilities at HaDSCO.
3. People with disabilities receive information from HaDSCO in a format that will enable them to access the information as readily as other people are able to access it.
4. People with disabilities receive the same level and quality of service from HaDSCO staff as other people in the community.
5. People with disabilities have the same opportunities as other people to make complaints to HaDSCO.
6. People with disabilities have the same opportunities as other people to participate in any public consultation by HaDSCO.
In addition, HaDSCO has added another outcome:

7. People with disabilities have the same opportunities as other people to seek employment, professional development and work experience at HaDSCO.

The following strategies were progressed by HaDSCO during 2011-12:

- The DAIP objectives were incorporated into strategic business planning, budgeting processes, procedures and policies.
- Feedback from consultation with external stakeholders by the HaDSCO internal reference group was incorporated into the DAIP.
- The DAIP was published on the HaDSCO website and HaDSCO Connect enewsletter.
- It was ensured that new signage at Albert Facey House was clear, easy to read and accessible, and that it met the legislative and access standards for accessibility.
- Employee awareness of the DAIP was improved by promoting through the induction process and publishing the plan on the intranet.
- Alternative formats for information were provided on the agency’s website.

4.6.3 Compliance with Public Sector Standards and Ethical Codes

HaDSCO has complied with the Public Sector Standards in Human Resource Management, the Western Australian Public Sector Code of Ethics and the agency’s Code of Conduct. During the year, procedures were reviewed and updated to ensure such compliance and the agency also conducted appropriate internal assessments.

The applications made for breach of standards review and the corresponding outcomes for the reporting period are as follows:

<table>
<thead>
<tr>
<th>Breach of standards</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breaches lodged</td>
<td>1</td>
</tr>
<tr>
<td>Breaches found, including details of multiple breaches per application</td>
<td>Nil</td>
</tr>
<tr>
<td>Breaches still under review</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Good governance principles
HaDSCO is committed to good governance and adheres to the Public Sector Commission’s Good Governance Guide which provides nine key governance principles. The mechanisms that the agency has in place to address these nine principles are outlined below.

1. Government and public sector relationship
Processes exist to ensure clear communication and interaction between HaDSCO, the Public Sector and Parliament.

Additional information outlined in this report:

- HaDSCO’s role (Section 1.2)
- Functions of the Director (Section 1.4.1)
- Enabling legislation (Section 1.6.1)

2. Management and oversight
HaDSCO underwent significant consultation with stakeholders during the reporting period to obtain input for the development of the agency’s 2012-15 Strategic Plan. The Strategic Map which is available on the agency’s website clearly defines HaDSCO’s vision and the five key goals that support this vision.

Additional information outlined in this report:

- Mapping future direction (Section 2.1.1)

3. Organisational structure
The agency consists of three dynamic teams with clearly defined roles that have sufficient flexibility to support the Office in responding to structural changes.

Additional information outlined in this report:

- Organisational structure (Section 1.3)
- Operational structure (Section 1.4)

4. Operations
The 2011-12 Operational Plan provides staff with information relating to specific activities and enables progress towards achieving organisational goals. The Operational Management Group meets quarterly to review and report on the outcomes achieved in order to maintain direction and momentum across operations.

Additional information outlined in this report:

- Report on operations (Section 2.2)
5. Ethics and integrity
As an independent statutory authority providing an impartial resolution service, upholding high standards of ethics and integrity is imperative to HaDSCO’s role. During the year, HaDSCO formed an internal working party to review and update the HaDSCO Code of Conduct and Corporate Policy suite.

Additional information outlined in this report:
- **Integrity audit** (Section 2.1.4)

6. People
HaDSCO reviewed strategies for retention and attraction during the year seeking contemporary recruitment advice from the Public Sector Commission. The development of staff skills and capacity continued to be a focus with the intent to build leadership capabilities to ensure professional growth and building of skills to benefit the agency.

Additional information outlined in this report:
- **Staff development** (Section 2.1.7)

7. Finance
HaDSCO values accountability and efficiency and ensures financial processes are consistent with applicable accounting standards. Formal structures are in place to monitor financial performance, including monthly and quarterly reporting to the Director and the Chief Financial Officer.

The agency met all requirements of the Office of the Auditor General’s financial audit which did not result in a management letter. This positive outcome reflects HaDSCO’s commitment to continuously improving financial processes to ensure accountable and transparent management of resources.

Additional information outlined in this report:
- **Financial statements** (Section 4.1)
- **Key performance indicators** (Section 4.2)

8. Communication
Internal policies exist to provide direction on communication processes to ensure information is disseminated efficiently and effectively. Clear guidelines are maintained in relation to external communication, particularly relating to the tabling of investigations.

9. Risk management
HaDSCO has undertaken a review of the Risk Management Policy during the reporting year and continues to monitor and assess risk using Riskcover’s Riskbase program. Risk management is included in the induction process of all new staff and reinforced to all staff in the planning for new projects.
4.6.4 Recordkeeping Plan

HaDSCO is committed to continuously improving record keeping practices and dedicated a project to implement and administer the requirements of the State Records Act 2000.

During 2011-12, HaDSCO:

- fulfilled its requirements under section 28 of the State Records Act 2000 by reviewing its Recordkeeping Plan
- put all new permanent employees through an online records awareness training program
- staff continued implementation of the Recordkeeping Plan through training and induction
- provided staff with training on how to use and access TRIM.

The State Records Commission's minimum compliance requirements were met by HaDSCO in the four areas outlined below.

The efficiency and effectiveness of HaDSCO’s record keeping systems are evaluated not less than once every five years.

Compliance audits have been undertaken across HaDSCO to improve record keeping practices. With the implementation of TRIM, HaDSCO’s Recordkeeping Plan and Retention and Disposal Schedule are currently under review and will be provided to the State Records Office of WA in 2012-13 for endorsement.

HaDSCO conducts a record keeping training program.

All HaDSCO staff are required to undergo record keeping training as part of the induction program. The Corporate Services Team also conducts monthly audits of case files to ensure consistency with record keeping responsibilities.

The efficiency and effectiveness of the record keeping training program is reviewed periodically.

Periodical review has revealed that employees see online training as their preferred way of learning, citing records awareness training as motivating and informative.

The organisation’s induction program addresses employee roles and responsibilities in regard to their compliance with the HaDSCO Recordkeeping Plan.

A short records training course is provided by the Corporate Services Team to new employees as part of the induction program. This course outlines individual obligations arising from HaDSCO's Recordkeeping Plan. Additional online records awareness training was completed by all staff in 2011-12.
4.7 Government policy requirements

4.7.1 Substantive Equality

As HaDSCO is not a member of the Strategic Management Council, there are no reporting requirements under the Strategic Equality Framework. However the agency is committed to the objectives of the policy, particularly in relation to promoting sensitivity to the different needs of key stakeholders.

HaDSCO understands the importance of delivering accessible services to a broad range of people from culturally and linguistically diverse backgrounds. Information on how to make a complaint to the agency is available in eight languages and this is featured on the homepage of the agency’s website. All HaDSCO publications are available in alternative formats and can be translated on request. TTY phone access is available to people with a hearing impairment.

4.7.2 Occupational Safety, Health and Injury Management

HaDSCO engages in best practice Occupational Safety and Health (OSH) management practices including reporting, training, discussion and accountability in order to control workplace injuries and maintain a healthy workplace for employees, contractors and visitors.

HaDSCO takes a proactive approach to injury management and has developed workers’ compensation, injury management and return to work policies and procedures in accordance with the Workers’ Compensation and Injury Management Act 1981. The Office also encourages employees to identify potential risks by reporting directly to the OSH representative or at staff meetings.

The table below indicates the Office’s performance in relation to OSH and Injury management during the year.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatalities</td>
<td>Nil</td>
</tr>
<tr>
<td>Lost time injury/disease incidence rate</td>
<td>Nil</td>
</tr>
<tr>
<td>Lost time injury severity rate</td>
<td>Nil</td>
</tr>
<tr>
<td>Percentage of injured workers returned to work within 28 weeks</td>
<td>NA</td>
</tr>
<tr>
<td>Percentage of managers trained in OSH and Injury management responsibilities</td>
<td>25</td>
</tr>
</tbody>
</table>
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## Appendix 2: Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
</tr>
<tr>
<td>CRED</td>
<td>Complaints Record Electronic Database</td>
</tr>
<tr>
<td>DAIP</td>
<td>Disability Access and Inclusion Plan</td>
</tr>
<tr>
<td>DCS</td>
<td>Department of Corrective Services</td>
</tr>
<tr>
<td>DOC</td>
<td>Department of Commerce</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DSC</td>
<td>Disability Services Commission</td>
</tr>
<tr>
<td>HaDSCO</td>
<td>Health and Disability Services Complaints Office</td>
</tr>
<tr>
<td>HCN</td>
<td>Health Corporate Network</td>
</tr>
<tr>
<td>IOT</td>
<td>Indian Ocean Territories</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>OAG</td>
<td>Office of the Auditor General</td>
</tr>
<tr>
<td>OSH</td>
<td>Occupational Safety and Health</td>
</tr>
<tr>
<td>PSC</td>
<td>Public Service Commission</td>
</tr>
<tr>
<td>RAAP</td>
<td>Regional Access and Awareness Program</td>
</tr>
<tr>
<td>TRIM</td>
<td>Total Records Information Management</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
</tbody>
</table>
Health and Disability Services Complaints Office

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TTY: (08) 6551 7640 (for people with voice or hearing impairment)

Facsimile
(08) 6551 7630

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mail@hadsco.wa.gov.au

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