

2. Office Performance



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2. Office Performance

In this section we report on the outcomes achieved under our two strategic focus areas of:

- **Complaints**, aligned to HaDSCO's Service One: Assessment, negotiated settlement, conciliation and investigation of complaints.
- **Educate and train**, aligned to HaDSCO's Service Two: Education and training in the prevention and resolution of complaints.

Complaints

The following provides an overview of our complaints management process, a breakdown of complaints received and closed, details of the outcomes achieved for individuals who made complaints and the service improvements arising from complaints.

2.1 Complaints data

We report on two sets of complaints data:

- **HaDSCO's complaints data.** This relates to the complaints data received directly by HaDSCO about health, disability and mental health service providers.
- **External complaints data.** This relates to the complaints data collected annually by HaDSCO from prescribed service providers as part of data collection programs.

Our case studies

Case studies have been included to illustrate the nature of the complaints we receive, the outcomes achieved for individuals, and the process improvements for future service delivery. Case studies have been included in this report with the permission of the person who made the complaint and the service provider involved.

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2.1.1 Key Highlights – HaDSCO complaints data

Key highlights for 2018-19 for HaDSCO's complaints data are set out below:

- The number of in jurisdiction complaints received by HaDSCO in 2018-19 was 2,349. This is the highest volume the Office has received in the previous five years and represents a 13% increase from 2014-15.
- The Office exceeded and met the forecasted targets for preliminary assessment of complaints within 28 and 56 days respectively. However, HaDSCO did not achieve the forecasted target for notification of complaints to providers (by 1%).
- The majority of the complaints received by HaDSCO related to health services (73%), followed by mental health services (14%), and disability services (4%). There was a 60% increase in disability services complaints received in comparison to 2017-18.
- Health complaints typically concerned treatment; communication and information; fees and costs; and service access. These issues have been relatively consistent over the previous three financial years.
- Health services that received the highest proportion of complaints were prison health services; general practices and practitioners; dental health services; and emergency/A&E. The proportion of complaints concerning emergency/A&E services has gradually increased over the past three years.
- Disability complaints were likely to be about issues relating to service delivery; service management; and/or service costs and financial assistance. In the past three years, complaints regarding service delivery have shown an increasing trend.
- Disability services that received the highest proportion of complaints in 2018-19 were in-home support, accommodation, therapy, and grants (funds). Over the previous three years, the proportion of complaints that related to grants (funds) has decreased.
- Complaints regarding mental health services in 2018-19 were most likely to be about the quality of clinical care; communication; and/or rights, respect and dignity. Complaints regarding decision making have steadily decreased over the previous three financial years.
- The mental health service types that received the highest proportion of complaints were psychiatrists/psychiatry; community mental health services; and prison mental health services.
- As a result of HaDSCO's complaints management process, 188 actions were taken by service providers to facilitate redress for individuals making a complaint.
- 34 service improvements were managed as a result of HaDSCO's involvement.

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2.1.2 Key Highlights – External complaints data

Key highlights for 2018-19 for external complaints data are set out below:

- 7,604 complaints were received by 25 prescribed health providers covering complaints about health and mental health services, representing a 9% increase compared to 2017-18.
- 509 complaints were received from 20 prescribed disability service providers, representing a 13% increase compared to 2017-18.
- In 2018-19, all provider types resolved at least 70% of the complaints they received within 30 days. Health and mental health service providers resolved 90% of complaints within 60 days, while disability service providers resolved 82% of complaints within 60 days.
- The issues raised in the complaints received by prescribed providers differ depending on whether the complaint concerned a health, disability, or mental health service:
 - In 2018-19, health complaints typically concerned the quality of clinical care; communication; access; and rights, respect and dignity. The complaint issues have remained stable over the past three years.
 - In 2018-19, disability complaints typically concerned staff related issues; service delivery, management and quality; and communication/relationships. Over the previous three years, complaints citing service delivery, management, and quality have displayed a decreasing trend.
 - In 2018-19, mental health complaints typically concerned the quality of clinical care; communication; and rights, respect and dignity. Over the previous three years, complaints citing communication have displayed a decreasing trend.
- The complaint outcomes commonly achieved were consistent across all service provider types over the past three years. The most common outcomes were acknowledgement of the individual's views or issues; an explanation or information about the services provided; or an apology from the provider.

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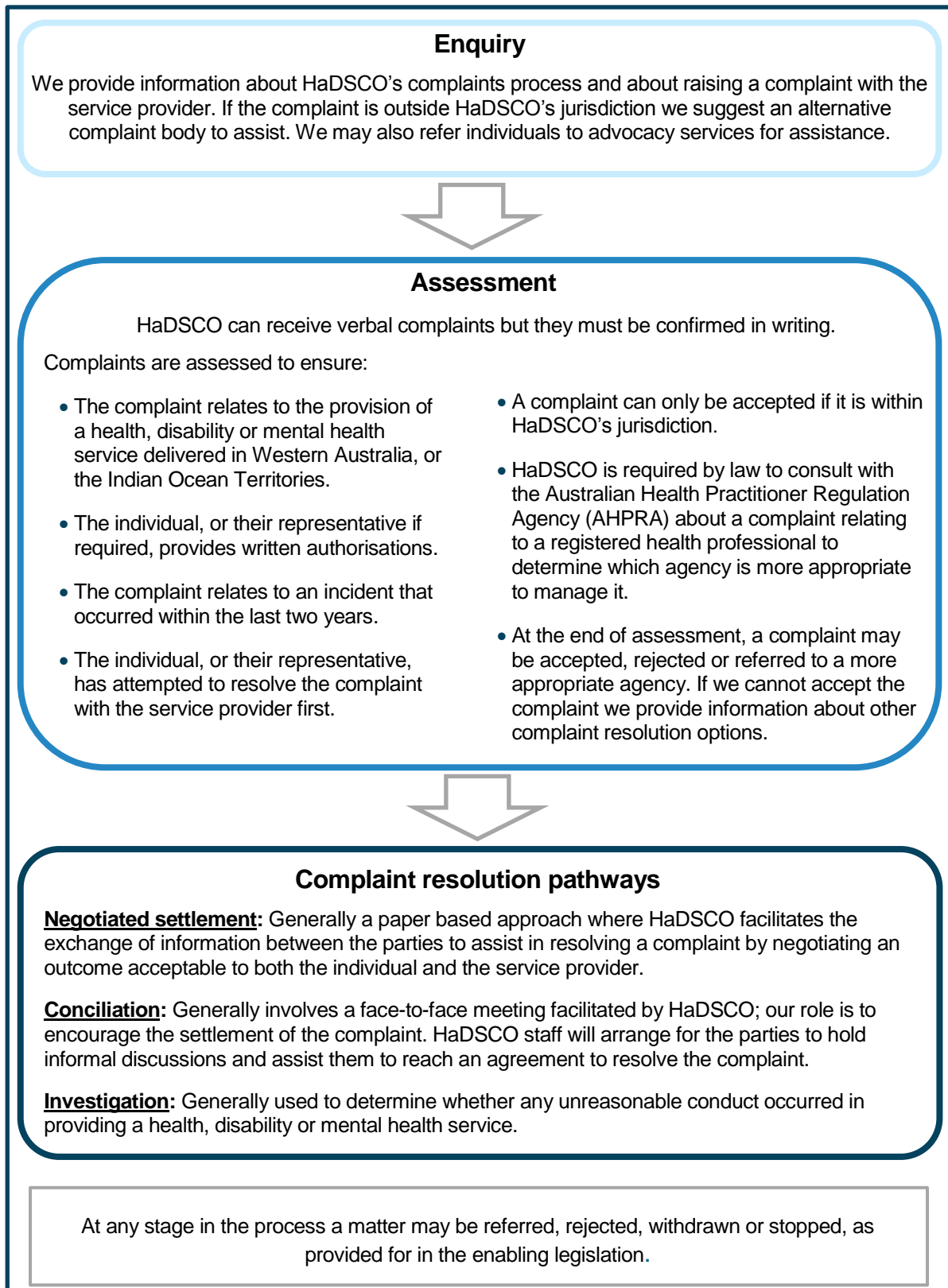
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2.2 Our complaints management process

HaDSCO takes a resolution based approach to managing complaints. The focus is to resolve complaints as informally as possible and in the most timely and efficient manner. There are three main stages in the complaints management process: enquiry; assessment; and complaint resolution including negotiated settlement, conciliation or investigation, as represented below.



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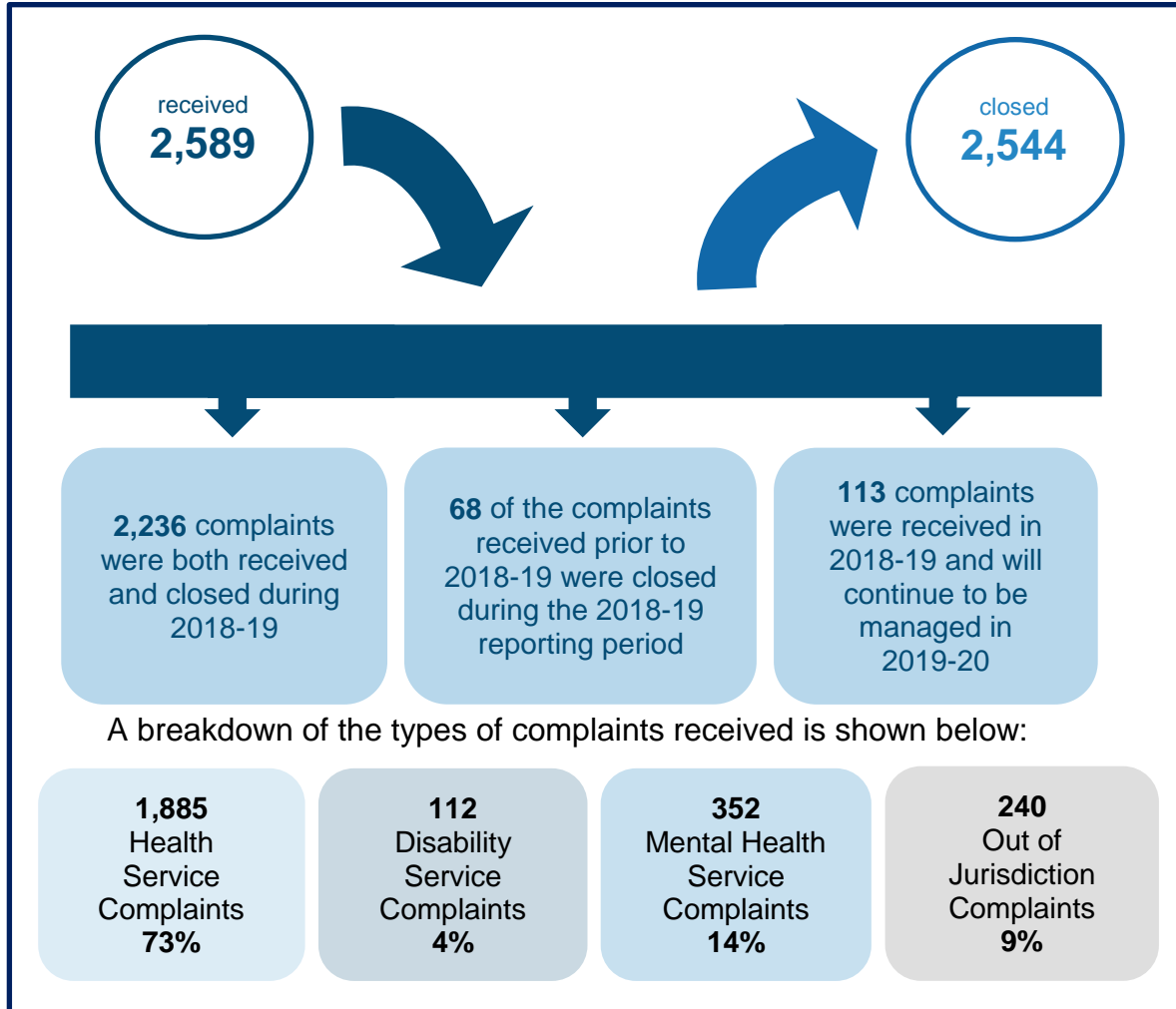
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2.3 Overview of complaints

In 2018-19, HaDSCO received **2,589** complaints and closed **2,544** complaints. The following diagram shows the breakdown of complaints received and closed.



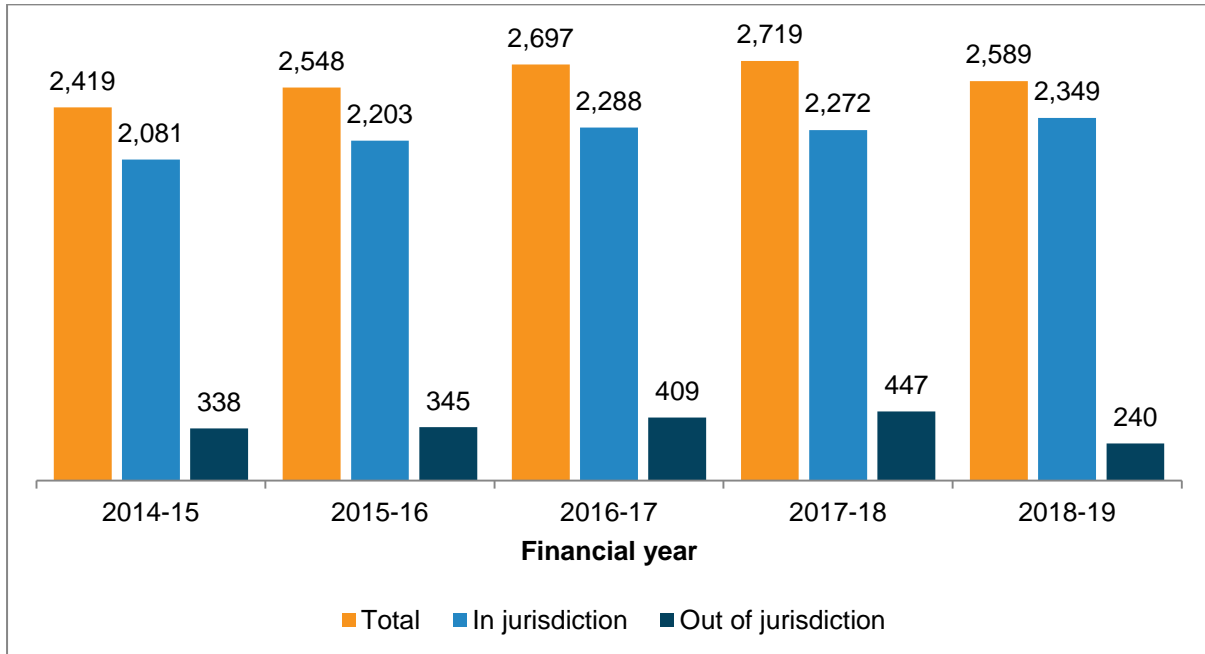
In 2018-19, the majority of the complaints received by HaDSCO concerned health services (73% of complaints received). The Office received comparatively fewer complaints about disability and mental health services (4% and 14% of complaints received respectively).

HaDSCO also receives complaints that are out of jurisdiction; these are complaints that do not relate to the provision of health, disability or mental health services in Western Australia or the Indian Ocean Territories. In these circumstances, HaDSCO staff provide information regarding an alternative agency that may assist the individual with their concerns. If required, we also provide information about the support available to assist the individual, such as advocacy or legal services.



The total number of complaints received in 2018-19 was 2,589 which represents a 7% increase relative to 2014-15, as displayed in Figure 1.

Figure 1: Complaints received between 2014-15 and 2018-19



The number of in jurisdiction complaints received in 2018-19 was 2,349. This is the highest volume the Office has received in the previous five years and represents a 13% increase from 2014-15.

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2.3.1 Awareness of HaDSCO

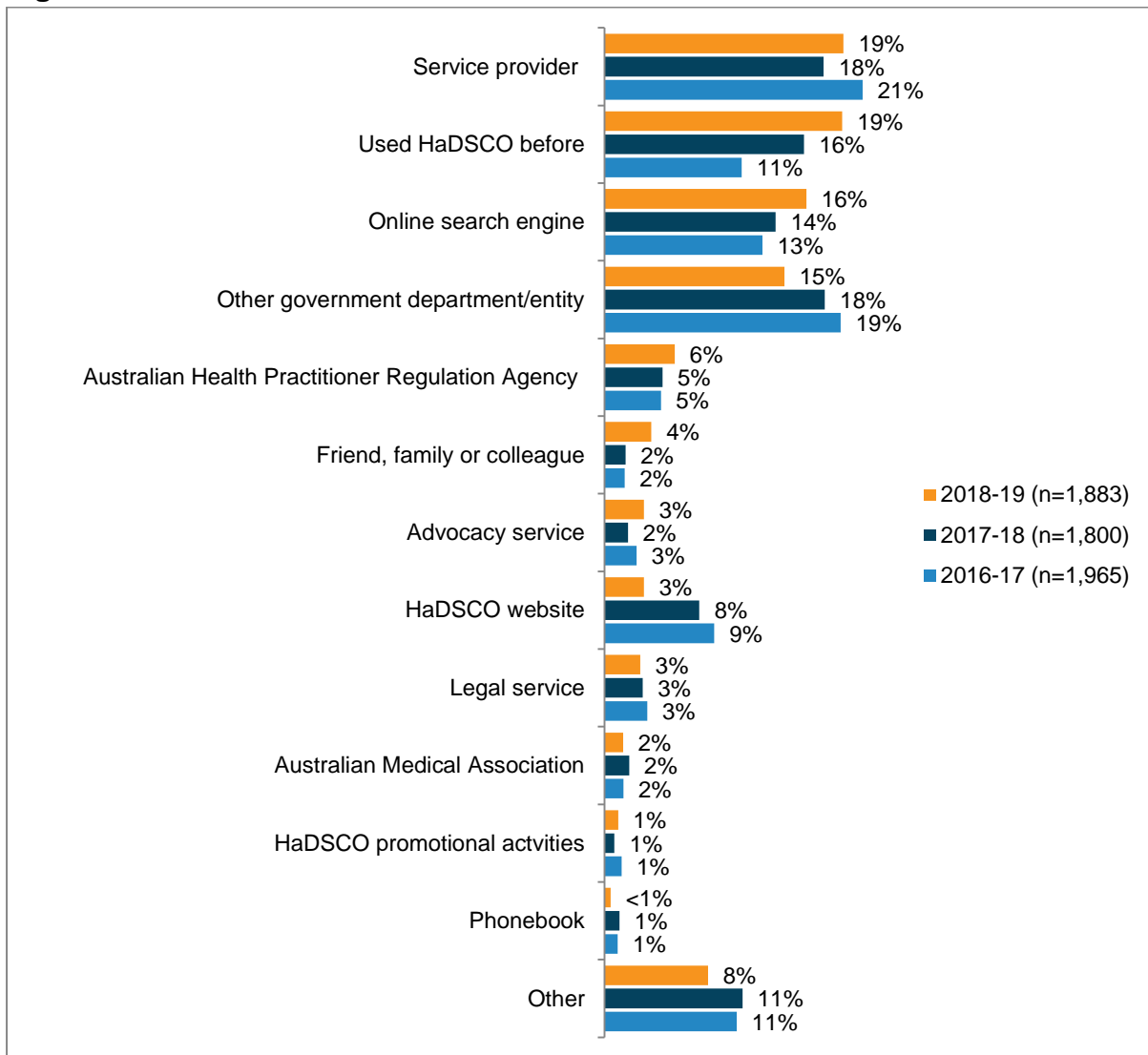
There are a number of ways that people become aware of HaDSCO, as detailed in Figure 2.

People typically become aware of HaDSCO in one of two ways:

- They are referred by a service provider, government agency, or have used our services before.
- They use an online search engine or visit our website.

Few trends are observed across the different ways individuals become aware of our Office. The largest year over year change was seen for the number of people who were familiar with our Office through using HaDSCO's services before, which increased from 11% in 2016-17 to 19% in 2018-19.

Figure 2: Awareness of HaDSCO



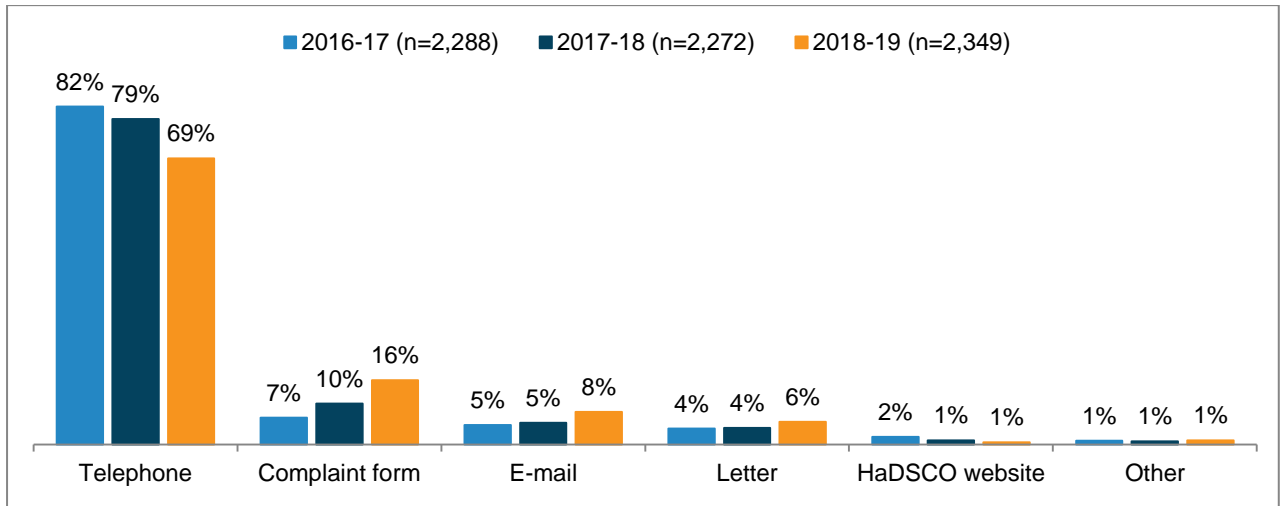


2.3.2 Contacting HaDSCO

Individuals can contact the Office in a variety of ways. Initial contact is typically either by telephone, a complaint form, email or a letter.

As shown in Figure 3, in 2018-19, most complaints were received by telephone, accounting for 69% of complaints received. Over the past three years this has been a decreasing trend, offset by a gradual increase in the proportion of complaints received via a written complaint form or email.

Figure 3: Method of contact



Totals may not sum to 100% due to rounding.

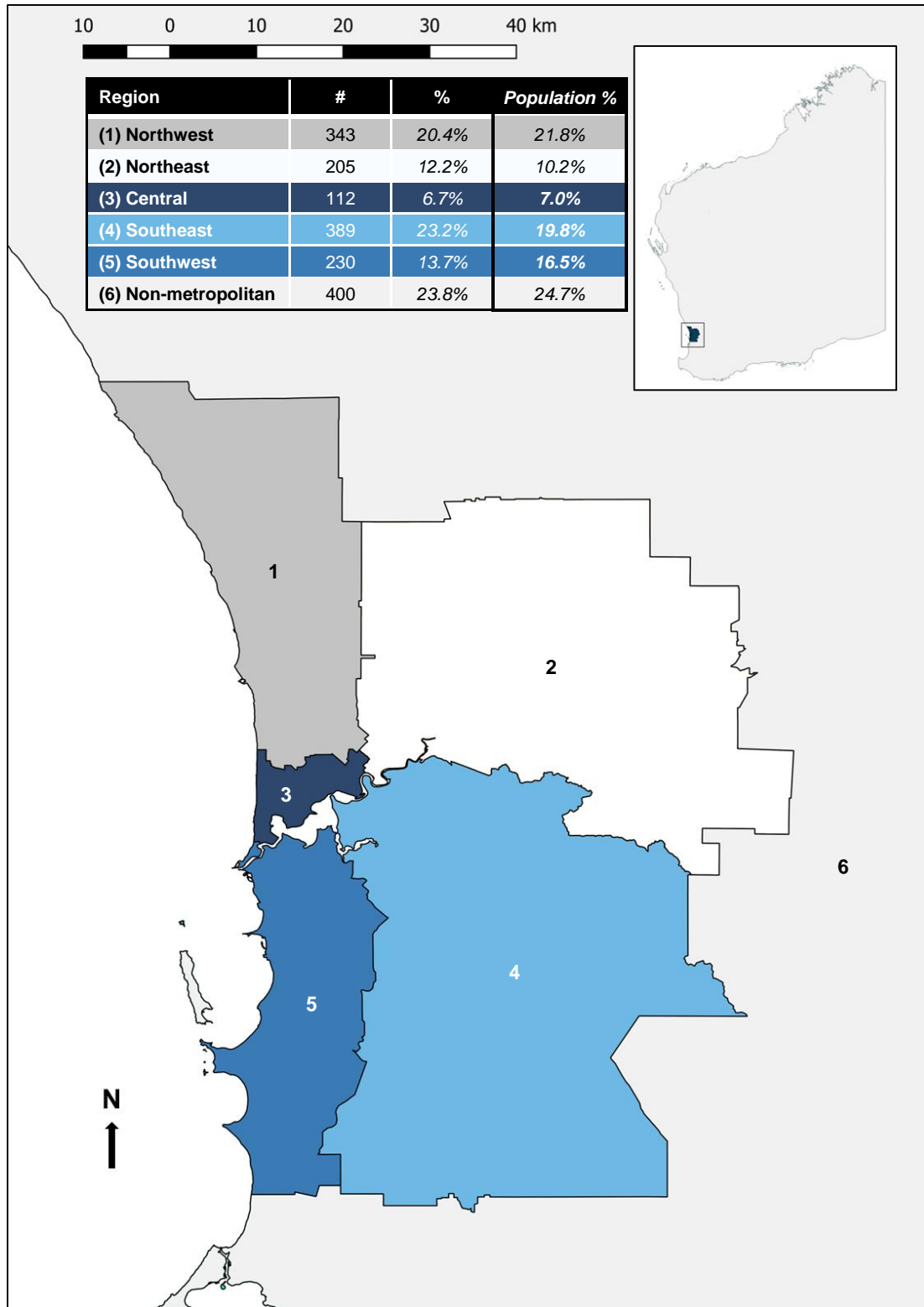
As shown in Figure 4, in 2018-19, the majority of complaints (76%) received concerned individuals living in the Perth metropolitan area, as defined by Local Government Areas, while 24% of complaints concerned individuals living in non-metropolitan areas.

Comparing the proportion of complaints received by the Office in 2018-19 to the population distribution across Western Australia¹, indicates that the various metropolitan areas and the non-metropolitan area all account for a proportion of complaints generally consistent with their proportion of the population. The only exceptions are the Southeast metro region, where complaints are marginally under-represented, and the Southwest metro region, where complaints are marginally over-represented.

¹ As per 2017 estimated residential population (ERP) data published by the Australian Bureau of Statistics (ABS).



Figure 4: Geographic distribution of individuals receiving a service (2018-19)



In some instances, location information was not collected (n=445). Individuals in a prison or an immigration detention centre are excluded from the analysis (n=315). The metropolitan and non-metropolitan regions adapted from schedule 3 of the *Planning and Development Act 2005* and ABS Statistical Areas Level 2. Population data derived from the 2017 estimated residential population (ERP) data published by the ABS.

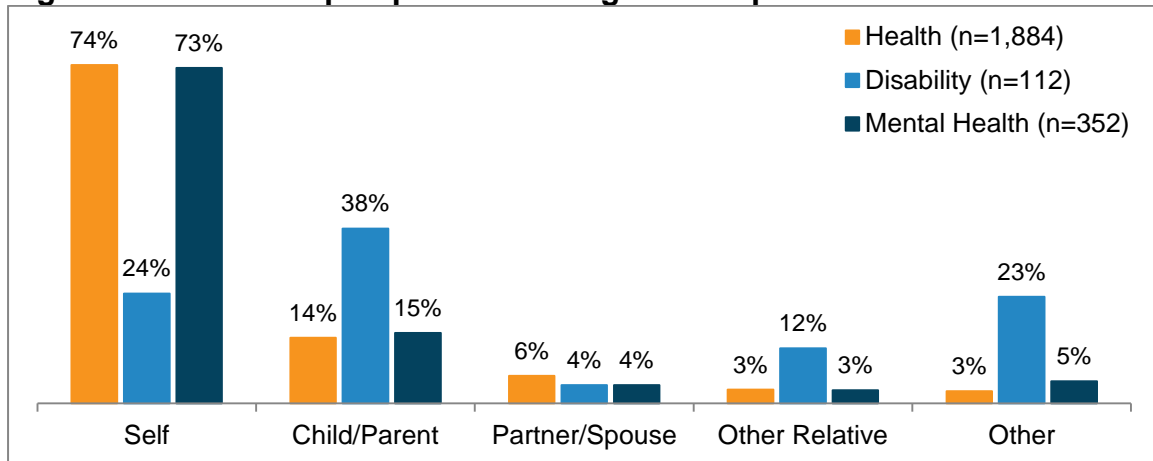




2.3.3 Individual making the complaint

The majority of complaints about a health or mental health service were made by the individual who received the service. The remaining complaints were made by a representative on behalf of the individual, which was typically a family member (as shown in Figure 5). For complaints about a disability service, the opposite is true as the majority were made by a representative on behalf of the individual, including family members and advocates.

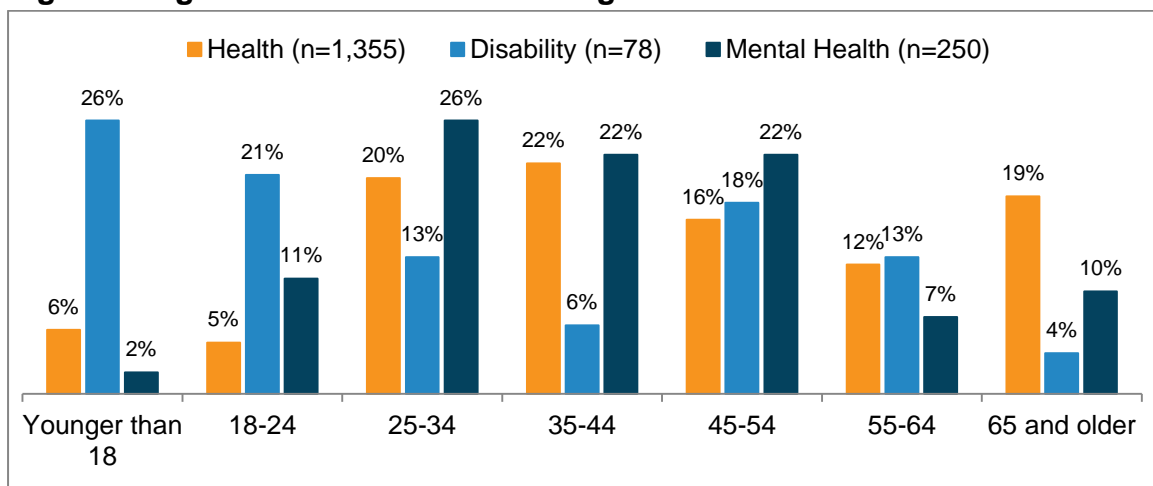
Figure 5: Relationship to person making the complaint



Complaints regarding a health service were most likely to concern services provided to individuals aged between 25 and 44, or aged 65 and older, accounting for a combined 61% of complaints (as shown in Figure 6). Complaints regarding mental health services exhibited a higher concentration in the 25 to 34 age range, with over a quarter (26%) of complaints concentrated in this age range. Both health (7%) and mental health (2%) complaints were less likely to concern services provided to children under the age of 18 years.

In contrast, complaints regarding disability services were most likely to concern services provided to an individual who is under 18 years of age (26%), or a young adult between 18 and 24 (21%).

Figure 6: Age of the individual receiving a service

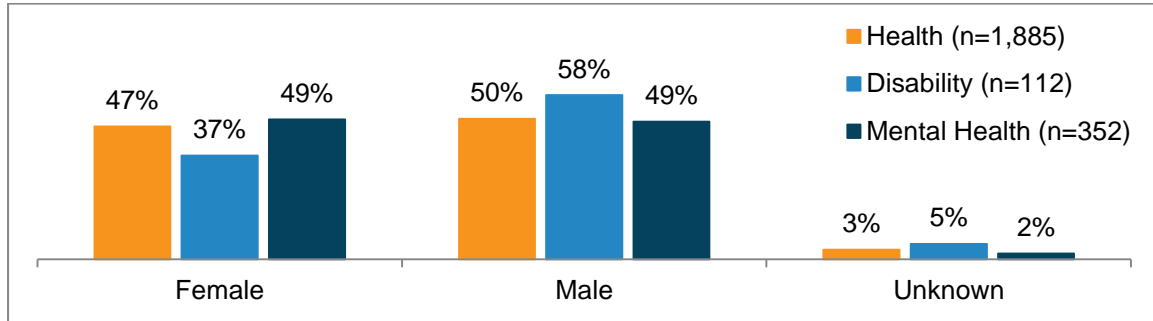


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Figure 7 details the gender breakdown of consumers across health, disability and mental health services. Complaints regarding health and mental health services were distributed relatively evenly between females and males, while complaints about disability services were slightly more likely to concern males.

Figure 7: Gender of the individual receiving a service (2018-19)



2.3.4 Time taken to resolve complaints

HaDSCO works to statutory timeframes for the management of complaints set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation. The operational target for each legislated timeframe, and the result achieved in 2018-19, can be found in section 4.4.2 of this report.

In 2018-19, HaDSCO exceeded and met the forecasted targets for preliminary assessment of complaints within 28 and 56 days respectively. However, HaDSCO did not achieve the forecasted target for notification of complaints to providers by one per cent. Closer monitoring of the notification process will occur to ensure stronger performance against this indicator.



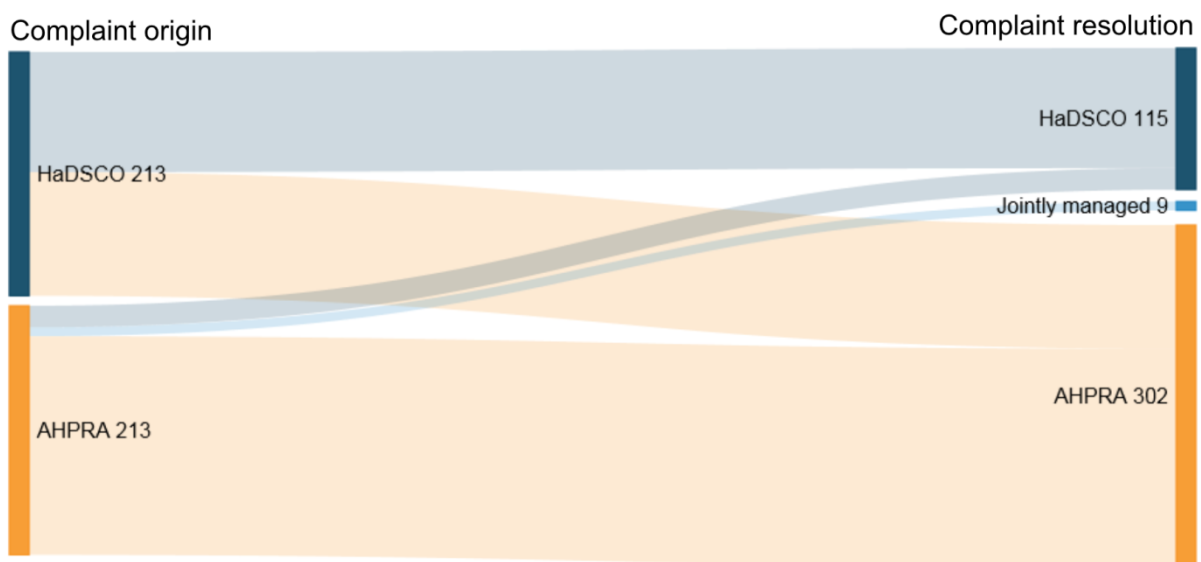


2.3.5 Consultation with AHPRA about complaints

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO, as Western Australia's Health Complaints Entity, is required to consult with the Australian Health Practitioner Regulation Agency (AHPRA) about complaints that relate to registered health professionals to determine which agency is more appropriate to manage the complaint. The AHPRA register of national boards and professionals can be found at Appendix 5.1.

In 2018-19, HaDSCO brought forward 213 complaints to discuss with AHPRA staff, while AHPRA also brought forward 213 complaints to discuss with HaDSCO staff. After reviewing the complaints, a decision was reached as to which agency would retain the complaint and seek resolution, or agreement was reached to split a complaint and have both HaDSCO and AHPRA resolve different aspects, or issues, of the complaint. Following consultation, HaDSCO passed 120 matters on to AHPRA, while AHPRA passed 22 along to HaDSCO, with a further nine complaints brought forward by AHPRA jointly managed. The result of complaints resolved by each agency is detailed in Figure 8.

Figure 8: Agency responsible for complaint resolution



2.3.6 Complaints lodged from the Indian Ocean Territories

Our services are provided to the Indian Ocean Territories (IOT) through a Service Delivery Arrangement with the Australian Government. HaDSCO received and closed three complaints in the 2018-19 financial year as part of this Arrangement. This was the same as the number of complaints closed in the 2017-18 financial year.



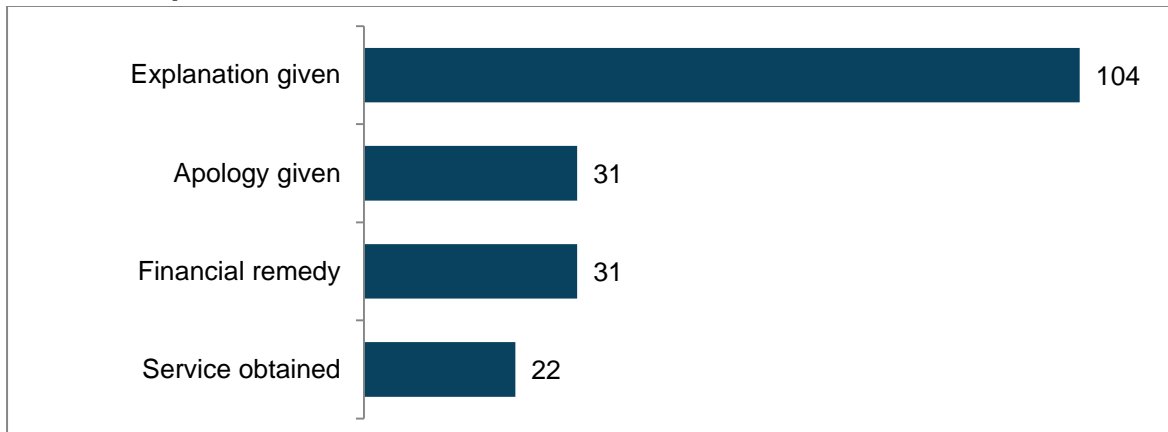
2.3.7 Outcomes achieved

HaDSCO achieves a range of outcomes for both the person who made the complaint and for improved service delivery in the health, disability and mental health sectors.

HaDSCO's complaint resolution process produced a redress outcome in 71% of the complaints closed by negotiated settlement, conciliation or investigation in 2018-19. This resulted in a total of 188 outcomes for individuals, as shown in Figure 9. This compares to a total of 163 redress outcomes in 2017-18.

The redress outcomes were: the service provider offering an explanation to the individual making the complaint; an apology given by the service provider; the service provider offering a financial remedy (i.e. refunding or waiving costs; or a goodwill payment); and a service obtained for an individual.

Figure 9: Redress outcomes resulting from complaints managed through a resolution process





2.3.8 Service improvements

Responding to, and learning from, complaints can assist to identify service improvements in the health, disability and mental health sectors. This can improve experiences for the individual; ensure safe and high quality services; create and support workforce culture; and drive clinical performance.

HaDSCO is well positioned through its complaints resolution process to identify and manage service improvements. In the current financial year, 34 service improvement outcomes were implemented by service providers as a result of HaDSCO's process. These included facilitating improved processes for access to services; staff training and education; changes to policies and procedures; and improvements in communication with families in relation to treatment.

The following complaints made to HaDSCO, demonstrate implemented service improvements achieved through HaDSCO's involvement.

Case Study

Improvements in person-centred services by revising medication related discharge process

An individual who underwent an emergency heart procedure was prescribed the same post-operative medication they were on prior to surgery, but at a lower dosage amount and higher frequency. On discharge, they continued to take their original medication at the new frequency, which resulted in them presenting to emergency again with blood tests showing toxic levels of the medication.

The individual contacted HaDSCO, referencing failure by the hospital to explain dosage changes on discharge, and failure to identify and discard the existing medication.

As a result of HaDSCO's conciliation process, the hospital apologised for

the distress caused as a result of the drug toxicity, specifically with regards to the breakdown in communication about the altered dosage strength of the drugs.

The hospital reviewed and made changes to the discharge process, and now offers any inpatient whose medications are altered, the option to have their current supply of medications discarded before the newly prescribed medications are dispensed. Where a patient declines this option, the hospital staff clearly document this in the patient notes, and the patient is informed of the risks of accidental intake of medications that are no longer required.

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Case Study

Hospital issues apology and implements staff training and education to improve communication and the patient experience

An individual, who had presented to a hospital emergency department for persistent leg pain, contacted HaDSCO regarding the length of time between admission to the Acute Medical Unit and diagnostic testing taking place. They also raised concerns about the lack of communication and explanation about the delay and their treatment plan. The individual additionally complained about perceived excessive security force present on attempting to voluntarily leave the hospital.

As a result of HaDSCO's conciliation process, the hospital provided a detailed explanation to the individual of the reasons behind the delay in assessment, and issued an apology acknowledging that the assessment should have taken place sooner. The hospital also apologised for the unnecessary measure involving security. The case (de-identified) was utilised in training and education for hospital staff, to highlight how the situation could have been better managed.

Case Study

Hospital implements service improvement relating to fee advice

The family of an overseas visitor who presented to the emergency department of a hospital contacted HaDSCO stating that there had not been clear or sufficient communication regarding the hospital's fees. They also stated that they had requested self-discharge during the stay, to avoid fees should the individual's insurer not cover the stay, and that this option was denied to them by hospital staff.

As a result of HaDSCO's negotiated settlement process, the hospital developed an information brochure specifically for overseas visitors and patients, to be provided on admission. The brochure details what patients are to expect and what they are eligible and liable for in relation to fee payment. The brochure has been adopted across other hospitals in the region.

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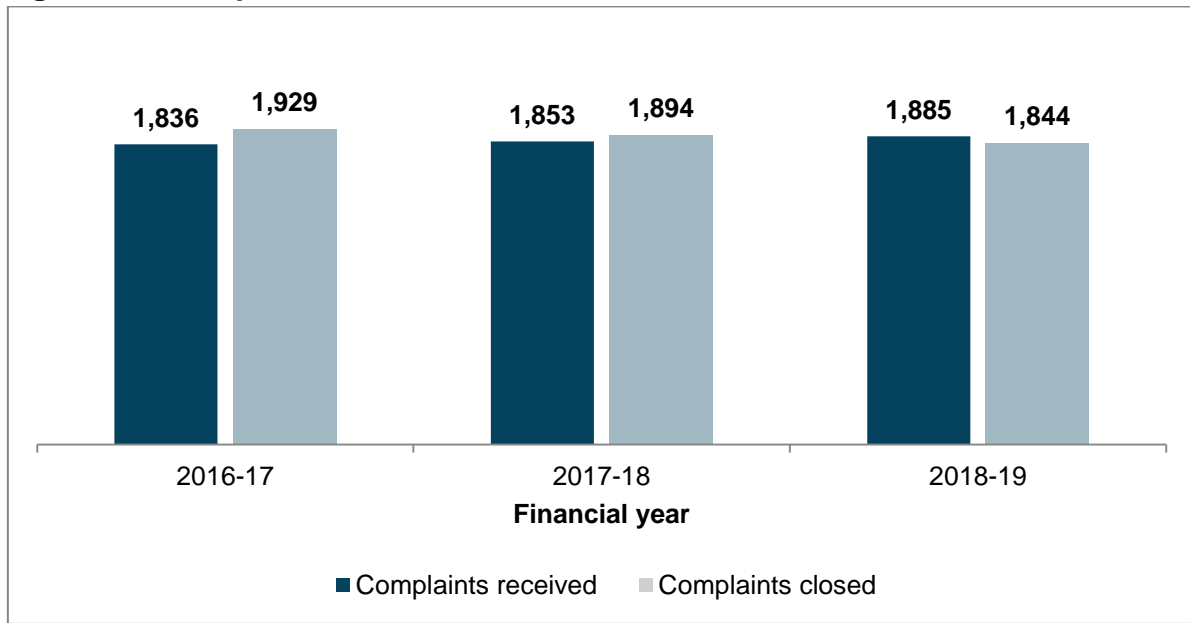


2.4 Complaints about Health Services

2.4.1 HaDSCO complaints data – Health Services

HaDSCO received 1,885 complaints about health services in the 2018-19 financial year, and closed 1,844 complaints. Figure 10 details the number of complaints about health services received and closed by HaDSCO over the past three years.

Figure 10: Complaints about health services



Case Study

General Practice issues apology and introduces procedures to safeguard patient privacy

An individual lodged a complaint with HaDSCO regarding a breach of privacy. This was as a result of their medical records being mistakenly sent by their general practitioner's receptionist to another patient of the practice.

Through HaDSCO's negotiated settlement process, the service provider gave an explanation as to why the error had occurred and issued an apology to the patient for the breach and associated

distress they experienced. The service provider also reviewed its procedures in relation to privacy, and put in place additional measures to safeguard patient information, including ceasing the recording of patient email addresses in the practice's email address book; increased use of a secured messaging service; and reviewing the disclosure message regarding receiving emails in error.

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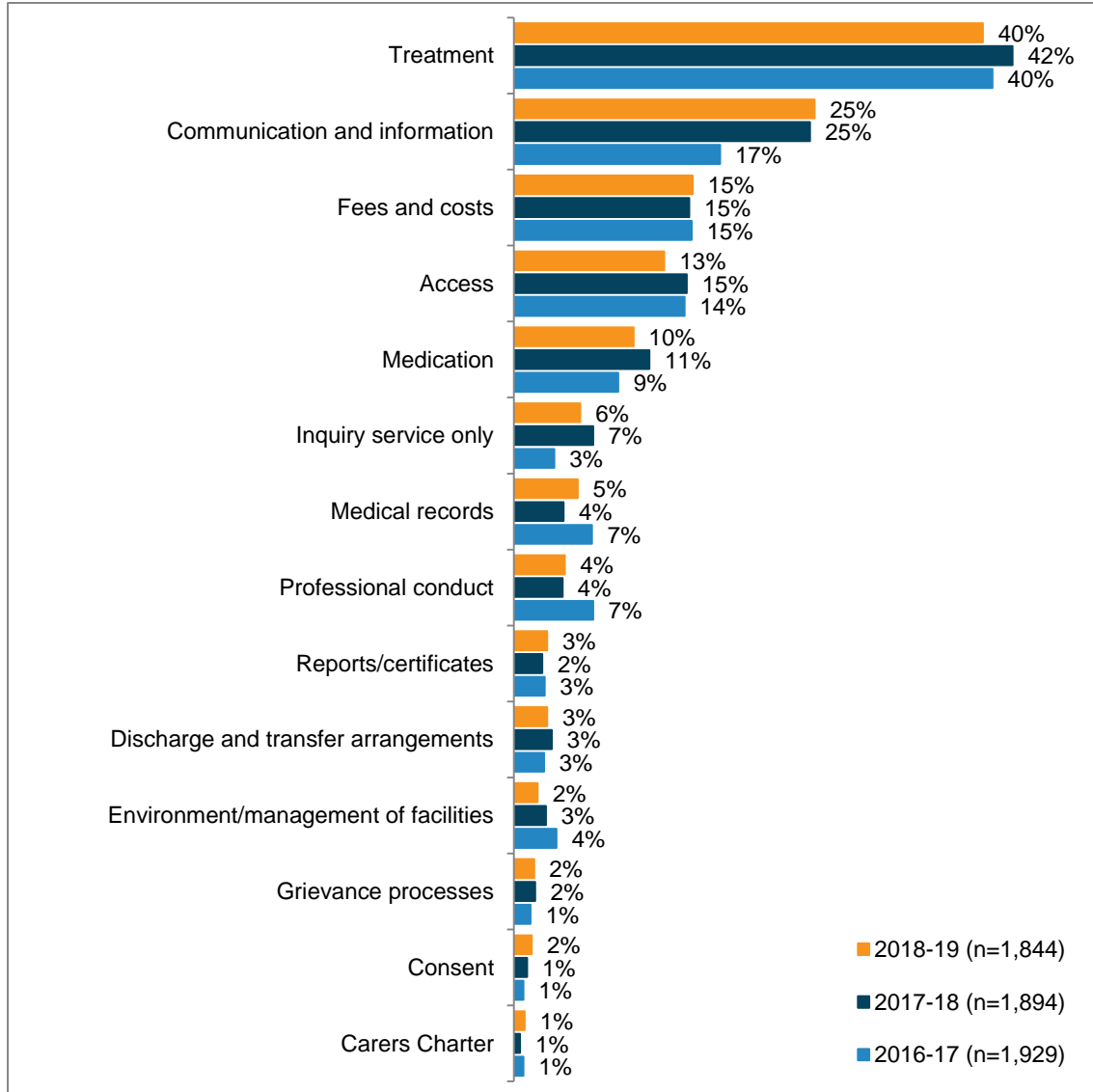
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The complaint issue categories identified in the complaints about health services closed by HaDSCO over the last three years, are shown in Figure 11. Within each complaint category, a variety of issues may be identified by the individual making the complaint.

Figure 11: Complaint categories



Percentage of all health complaints closed in the financial year. Because multiple issues can be identified per complaint, percentages will not sum 100%.

In 2018-19, the majority of complaints concerned treatment; communication and information; fees and costs; and access. Specific trends observed over the past three years were:

- Treatment continues to be the most commonly raised concern, with 40% of complaints managed by the Office in 2018-19 dealing with at least one treatment issue.
- The proportion of complaints that identified a concern with communication and information has remained consistent in 2018-19, following the increase seen in 2017-18.





- The proportion of complaints concerning fees and costs has remained consistent over the past three years at 15%.
- The proportion of complaints concerning medication has remained stable in 2018-19 at 10%.

The proportion of health complaints identifying the remaining complaint categories was generally consistent over the past three years.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 11, please refer to Appendix 5.2.

Case Study

Hospital implements service improvement regarding fee information on admission to hospital

The representative of an overseas visitor who presented to a hospital emergency department for treatment of a hand injury contacted HaDSCO stating that they had not been advised of radiology fees on admission.

As a result of HaDSCO's negotiated settlement process, the provider identified a service improvement to

prevent re-occurrence of any confusion relating to non-Medicare eligible fees. The hospital implemented a process, whereby, a signature was obtained from a patient, or their representative, on receiving the relevant information brochure, including for overseas visitors and students, which lists fees and charges.

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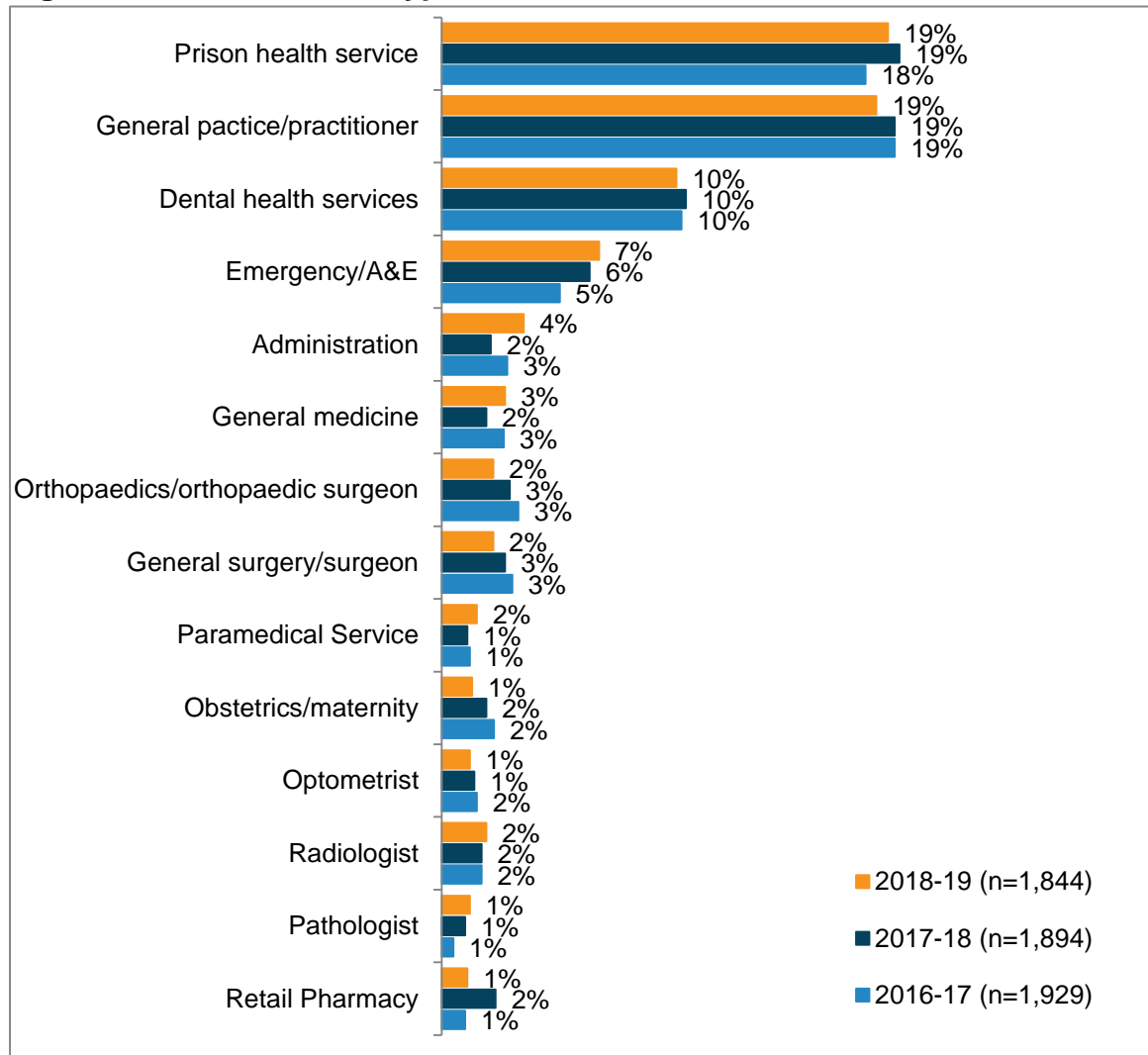


2.4.1.1 Health service types

The specific health service types identified in complaints closed by the Office are shown in Figure 12. Due to the large number of service types identified, only the most common service types are reported.

The service types that were most frequently the subject of complaints in 2018-19 were prison health services (19%), general practices and practitioners (19%), and dental health services (10%).

Figure 12: Health service types



*The data in Figure 12 will not sum to 100% as only health service types that account for more than 1% of complaints are included.

There has been minimal change in the service types identified in health complaints over the past three years, with the exception of a gradual increase in the proportion of complaints concerning emergency/A&E.

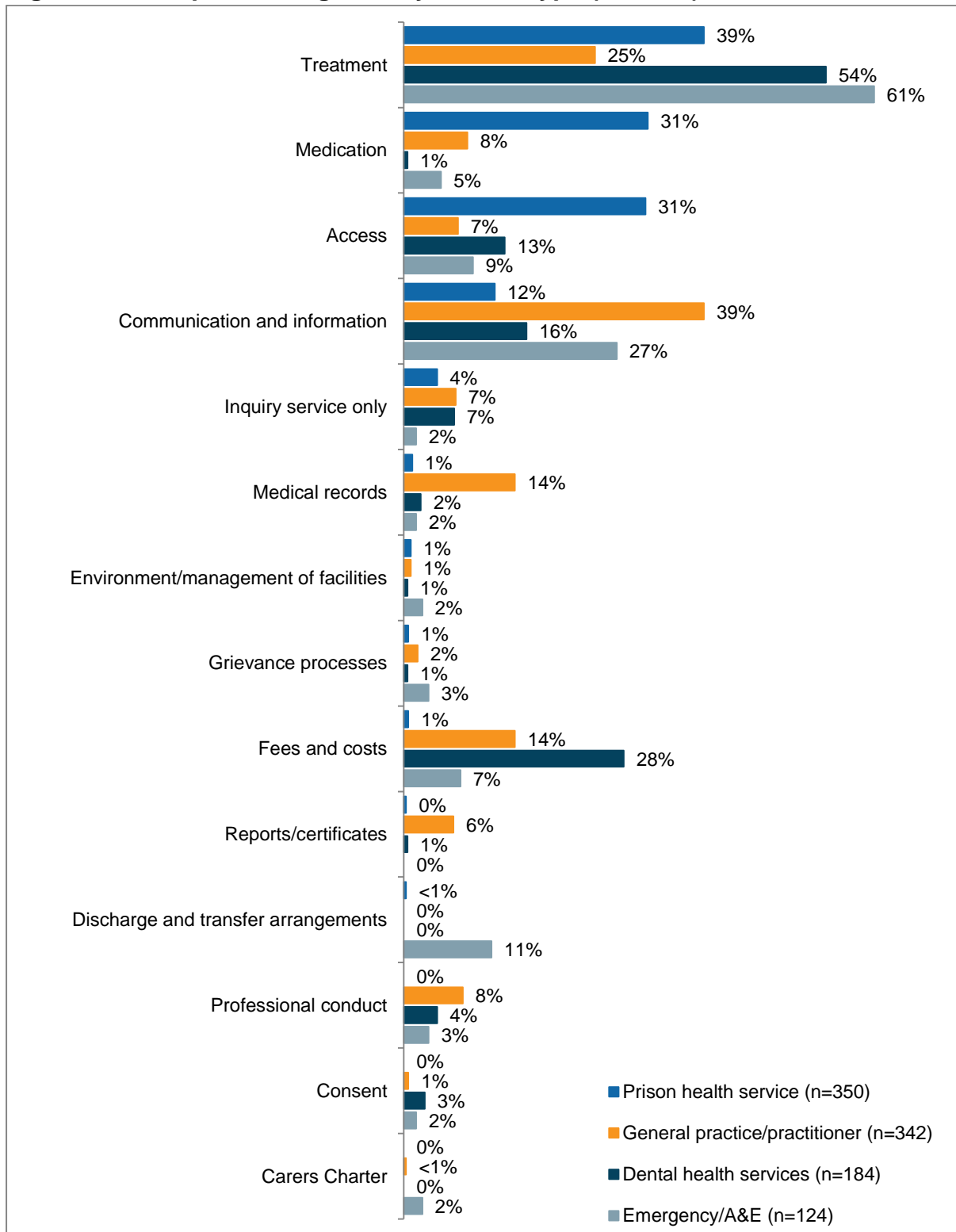
The complaint issue categories identified in health complaints vary by the service type in question. The issue categories associated with the most common health





service types (prison health service, general practice/practitioner, dental health services, and emergency/A&E) are shown in Figure 13.

Figure 13: Complaint categories by service type (2018-19)



Because multiple issues can be identified per complaint, percentages will not sum 100%.





The differences observed in the issue categories for complaints about prison health services, general practices, dentist health services, and emergency/A&E were as follows:

- Complaints about prison health services were far more likely to concern access to services; and medication.
- Complaints about general practices were far more likely to concern communication and information; and medical records.
- Complaints about dental health services were far more likely to concern treatment; and fees and costs.
- Complaints about emergency/A&E were most likely to be about treatment and were also more likely than the other service types mentioned to concern discharge and transfer arrangements.

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2.4.2 External complaints data – Health Services

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO receives complaints data from prescribed government, non-government and not-for-profit health service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the health sector, and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected from the 25 prescribed service providers. A list of the providers can be found in Appendix 5.3. The information collected includes:

- Number of complaints.
- Demographics of consumers.
- Complaint issues.
- Complaint outcomes.
- Timeliness of complaint resolution.

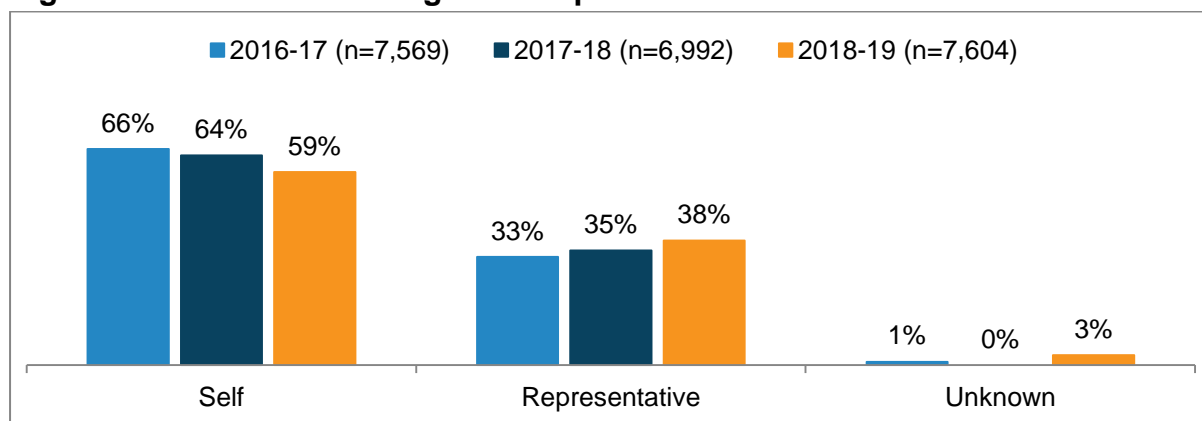
The aggregate data received by HaDSCO includes all complaints received by prescribed providers in the current financial year (2018-19). A preliminary analysis of this data is provided below.

In 2018-19, details of 7,604 complaints concerning 12,309 issues were submitted to HaDSCO by service providers. This represents a 9% increase from 2017-18 in the number of complaints received (6,992 complaints) and a 6% increase in the number of issues identified (11,667 issues in 2017-18).

2.4.2.1 Individual making the complaint

In 2018-19, the majority of complaints (59%) received directly by service providers were made by the individual who received the service (as shown in Figure 14). The proportion of complaints made by the individual who received the service has displayed a decreasing trend over the past three years.

Figure 14: Individual making the complaint

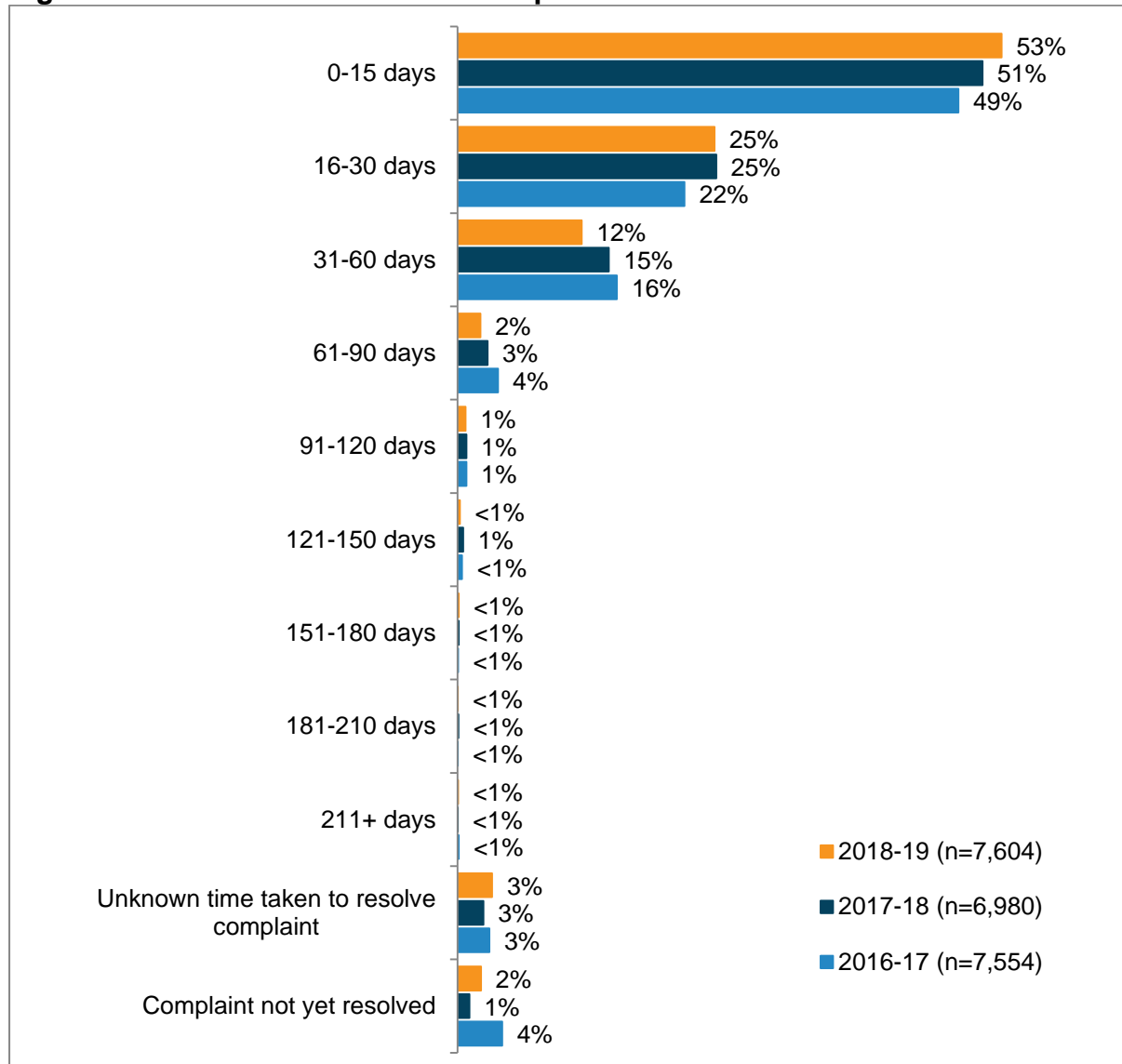




2.4.2.2 Time taken to resolve complaints

The time taken for service providers to resolve complaints over the past three years is shown in Figure 15. In 2018-19, the majority of complaints (78%) were resolved in less than 30 days.

Figure 15: Time taken to resolve complaints



Totals may not sum to 100% due to rounding. In some instances data was not recorded by health service providers.

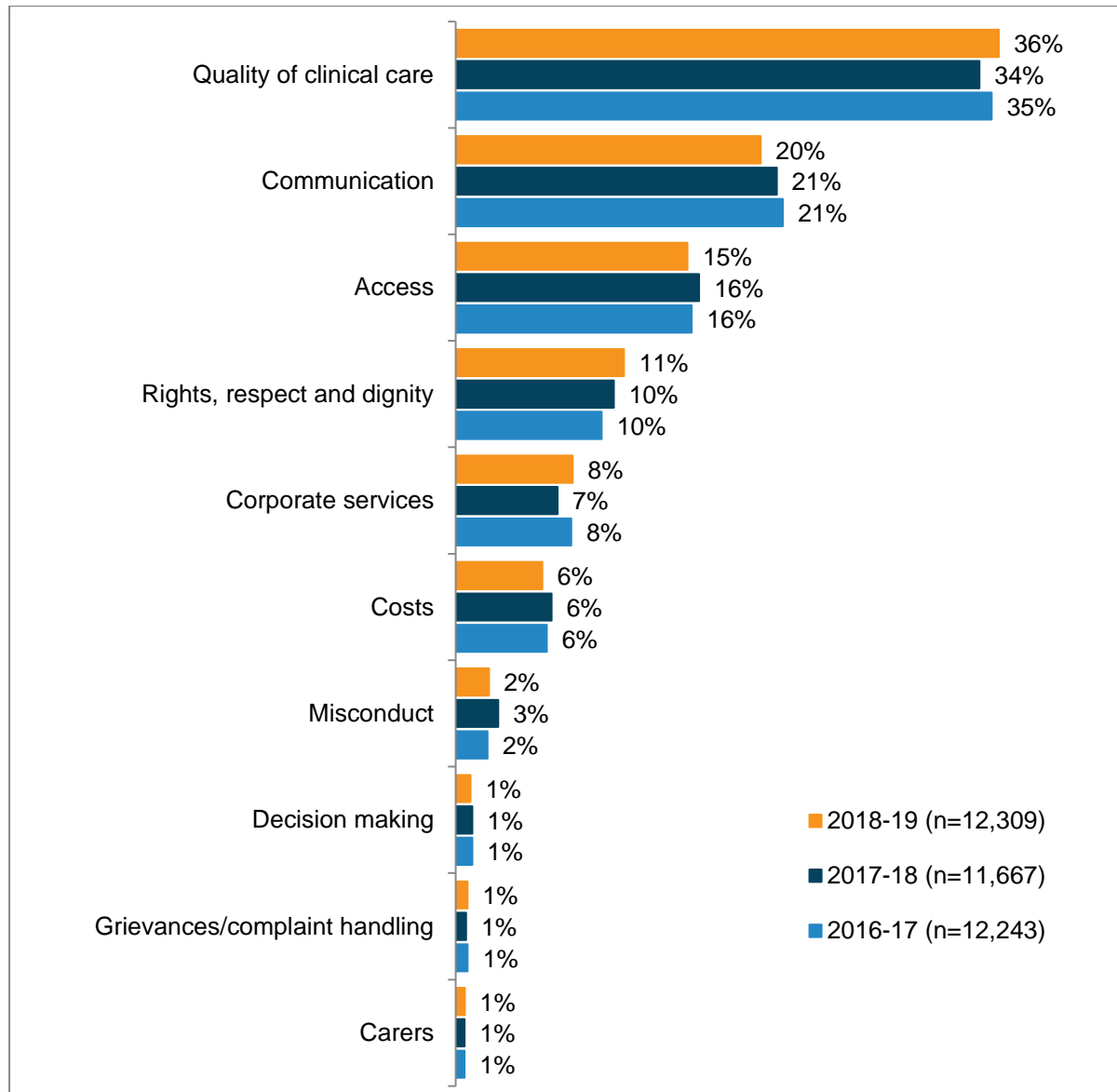




2.4.2.3 Issues identified

The issues identified in complaints received by service providers over the last three years are shown in Figure 16. In 2018-19, quality of clinical care (36%), communication (20%), and access to service (15%) remained the issues most commonly identified. There has been minimal change in the types of issues identified over the last three years.

Figure 16: Issues identified in complaints



Totals may not sum to 100% due to rounding.





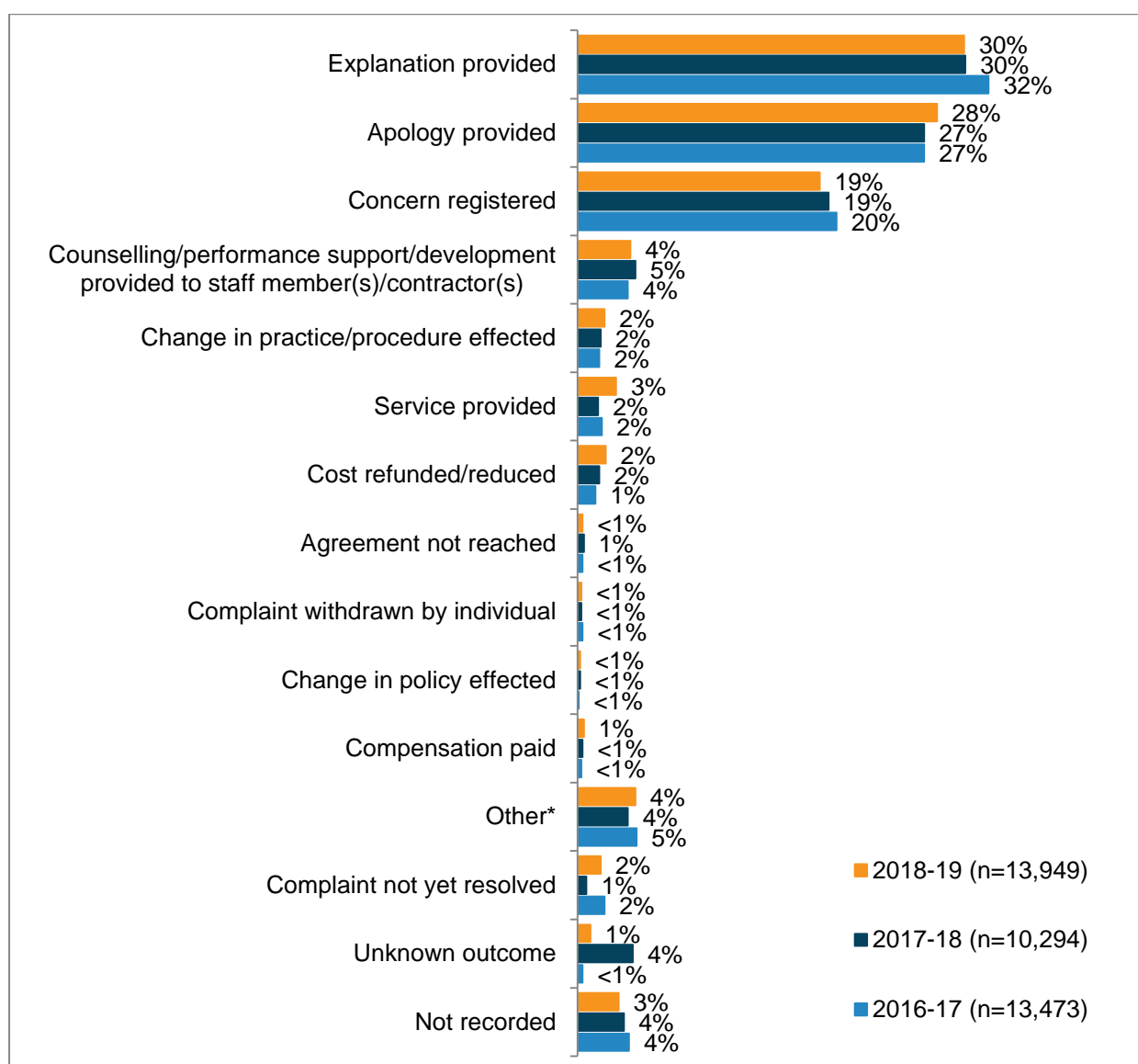
2.4.2.4 Outcomes achieved

A range of outcomes were achieved from the complaints managed by service providers. In 2018-19, the most common outcomes were providing an explanation (30%), providing an apology (28%), or concern registered (19%).

In 2018-19, there was a 36% increase in the number of outcomes achieved from 2017-18. This brought the total number of outcomes to 13,949, which is comparable to 2016-17.

The outcomes achieved in complaints received by service providers over the last three years are shown in Figure 17.

Figure 17: Outcomes achieved



*Other outcomes include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action.





2.4.2.5 Health complaints received by sector

Prescribed health service providers are classified as public, private or not-for-profit depending on the service(s) that the provider manages. The following section provides a comparison of the complaints received in the 2018-19 year by public, private and not-for-profit providers.

In 2018-19, the majority (76%) of complaints data was submitted by public providers. A summary of the number of complaints received, issues identified and the time taken to resolve complaints for each sector is shown in Table 1.

Table 1: Summary of health complaints received by sector

Public	Private	Not-for-profit
5,782 complaints	587 complaints	1,235 complaints
9,092 issues	1,126 issues	2,091 issues
Average 1.6 issues per complaint	Average 1.9 issues per complaint	Average 1.7 issues per complaint
83% of complaints resolved within 30 days*	96% of complaints resolved within 30 days*	62% of complaints resolved within 30 days*

**Statistics on complaint resolution time excludes those complaints received in 2018-19 that are yet to be resolved.*

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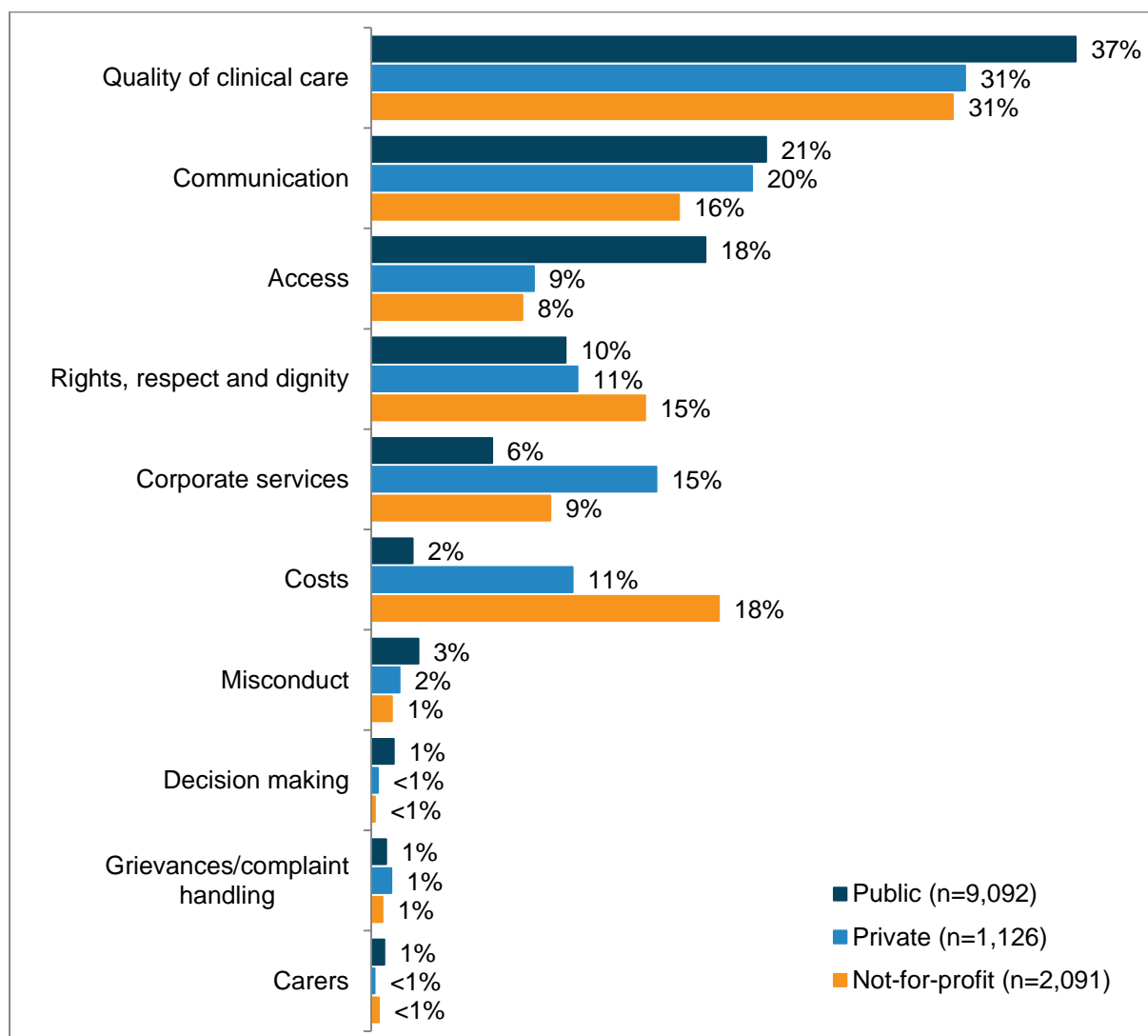


2.4.2.6 Complaint issues by sector

Quality of clinical care was the most common issue across all sectors. For both the public and private sectors, communication was the second most common complaint issue; while in the not-for-profit sector, costs was the second most common issue. The third most common issue differed across the sectors; access (18%) in the public sector; corporate services (15%) in the private sector; and communication (16%) in the not-for-profit sector.

The issues identified in complaints received by service providers in 2018-19 split by sector are shown in Figure 18.

Figure 18: Complaint issues by sector (2018-19)



Totals may not sum to 100% due to rounding.

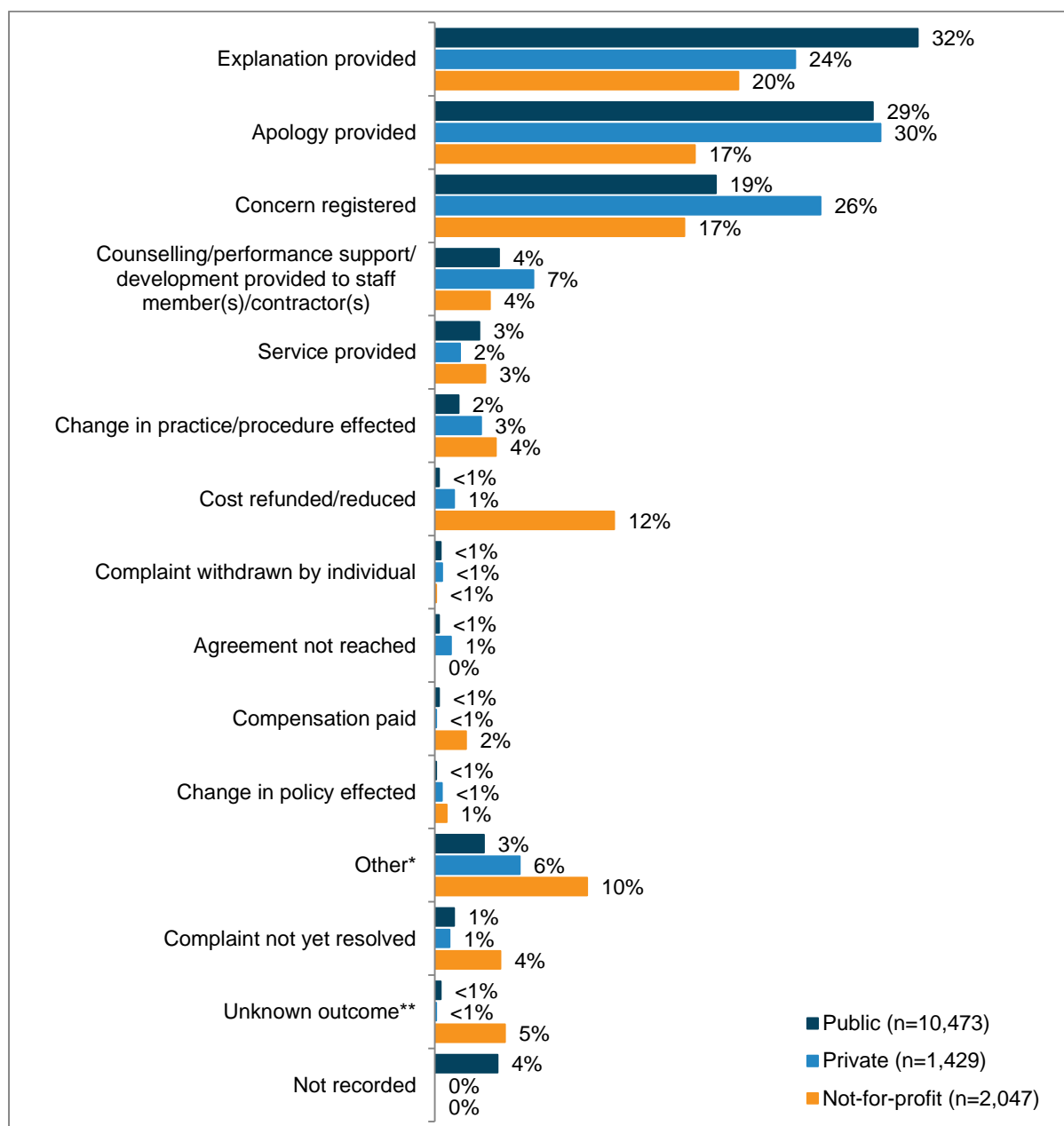




2.4.2.7 Outcomes achieved by sector

The most commonly identified outcomes across all sectors were providing an explanation; providing an apology; or concern registered. The most common outcomes for each sector were the same, however the proportion of complaints achieving a specific outcome differed across the sectors, as shown in Figure 19. The most common outcome for the public and not-for-profit sectors was explanation provided, while apology provided was the most common outcome for the private sector.

Figure 19: Outcomes achieved by sector (2018-19)



*Other outcomes include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action.

**The significant increase in unknown outcomes is attributed to a few service providers who were unable to provide outcome data for the current year.



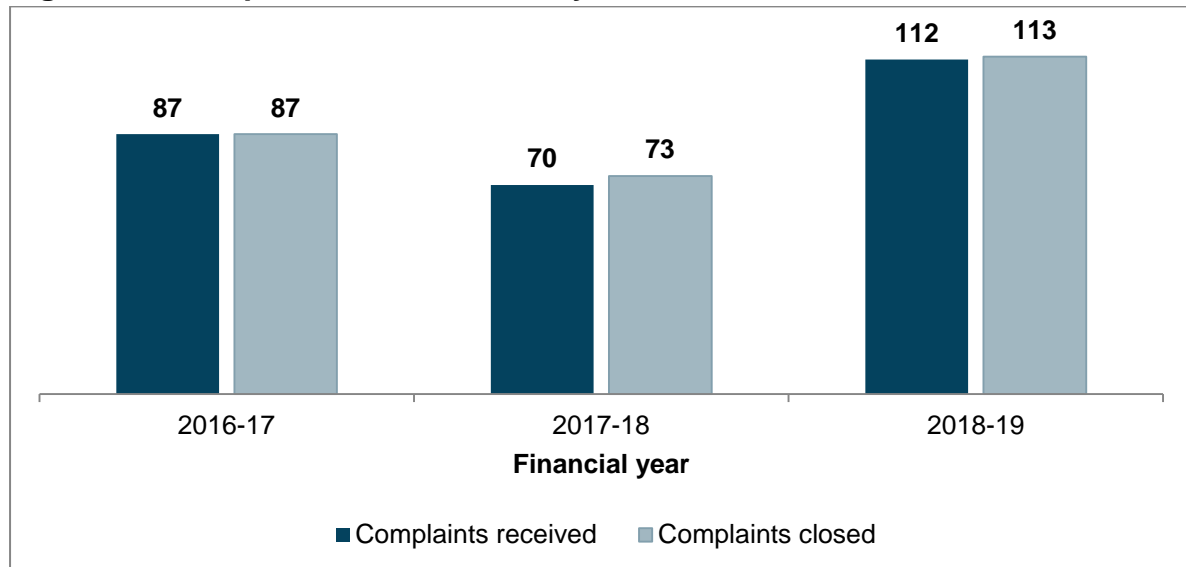


2.5 Complaints about Disability Services

2.5.1 HaDSCO complaints data – Disability Services

Figure 20 details the number of complaints about disability services received and closed by HaDSCO over the past three years. HaDSCO received 112 complaints in the 2018-19 financial year. This represents a 60% increase in complaints from 2017-18. HaDSCO closed 113 complaints in 2018-19.

Figure 20: Complaints about disability services



Case Study

Disability service provider improves fee transparency, and makes complaint process more accessible.

The carer of a person, receiving a counselling service as part of their disability plan, contacted HaDSCO about the lack of transparency in the way the fees of the service provider were structured. They also expressed concern in relation to the qualifications of counselling staff at the service, which they believed were not relevant to the service being provided.

The complaint was placed into HaDSCO's negotiated settlement process which resulted in the service

provider's 'Service Agreements' being modified to clearly explain the service model and associated fees and charges. The service provider also updated its website to make its complaints process more accessible to clients. An explanation was also provided by the service provider about the professional qualifications of its staff, which included that they met industry guidelines and were aligned with federal safeguarding requirements.

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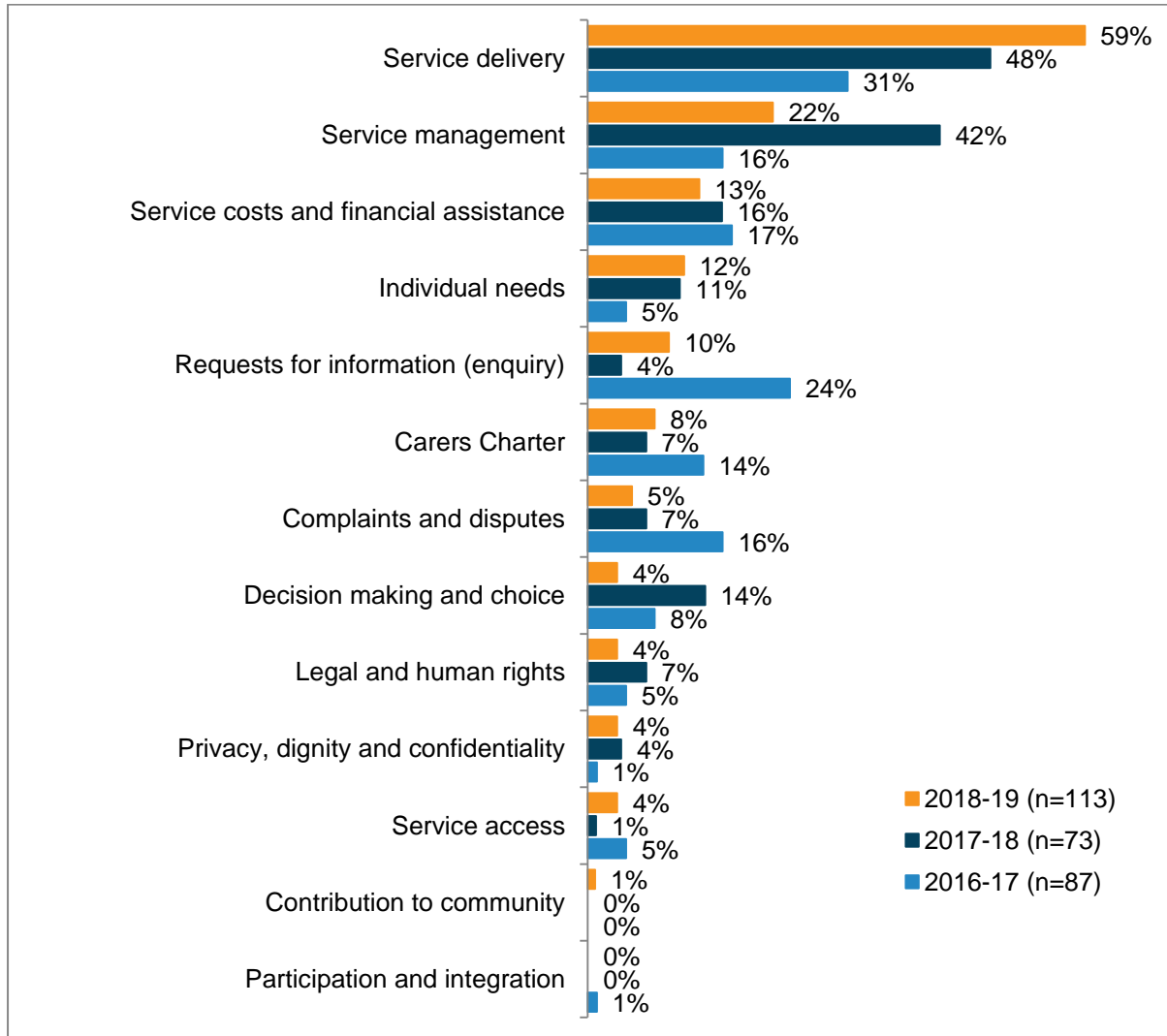
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The complaint issue categories identified in the complaints closed by HaDSCO over the last three years are shown in Figure 21. Within each complaint category, a variety of issues may be identified by the individual making the complaint.

Figure 21: Complaint issues identified



Percentage of all disability complaints closed in each financial year. Because multiple issues can be identified per complaint, percentages may not sum to 100%.

In 2018-19, the majority of complaints concerned service delivery; service management; and service costs and financial assistance. In comparison to previous years there have been a few notable changes in the issues identified:

- The proportion of complaints identifying issues with service delivery has increased from 31% in 2016-17; to 48% in 2017-18; and now 59% in 2018-19.
- The proportion of complaints identifying service management issues has decreased from 42% in 2017-18 to 22% in 2018-19.
- Complaints regarding decision making and choice have decreased from the fourth most common in 2017-18 (14%) to the eighth most common in 2018-19 (4%).
- The proportion of complaints about service costs and financial assistance has declined over each of the past three years.





For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 21, please refer to Appendix 5.4.

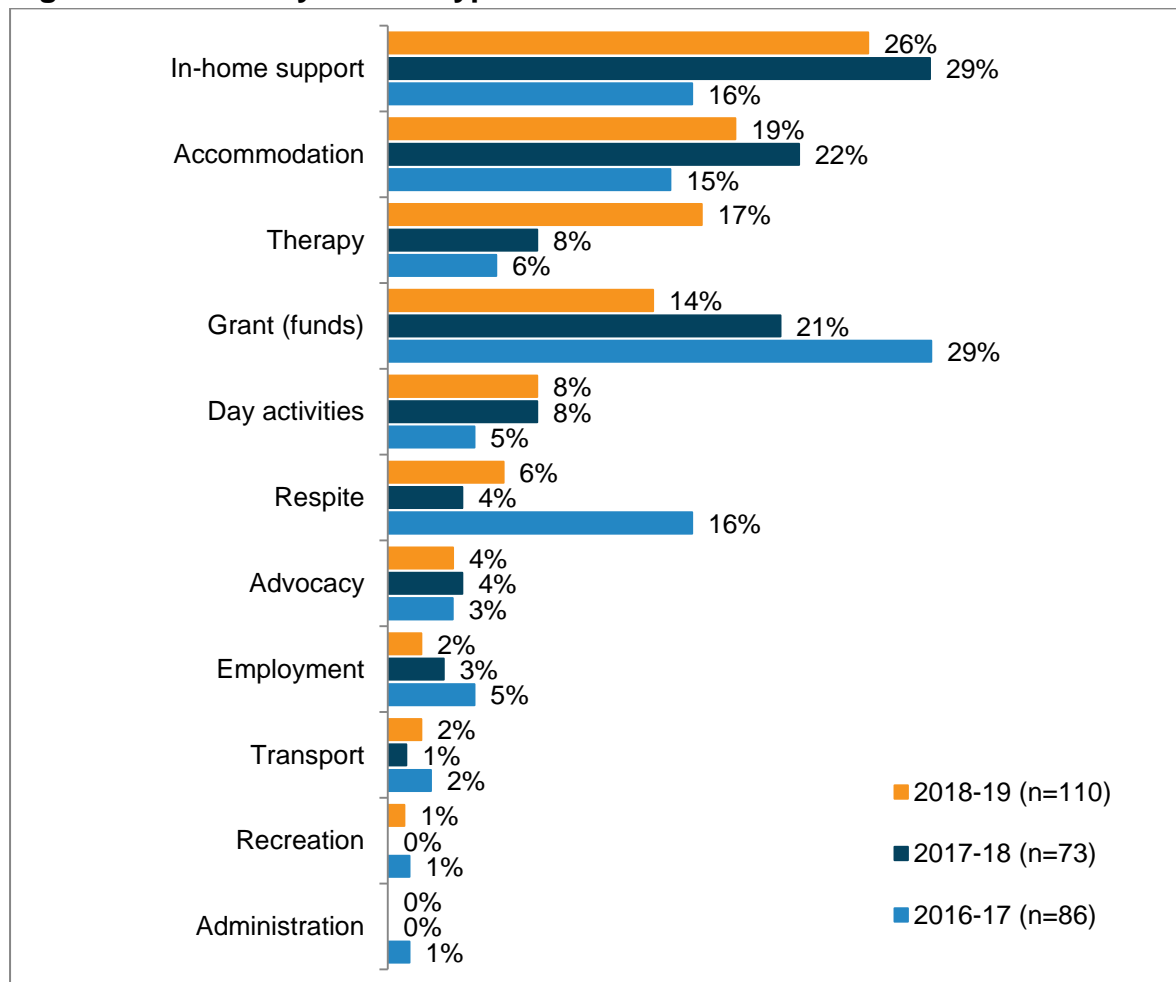
2.5.1.1 Disability service types

The specific disability service types identified in complaints closed in the last three years are shown in Figure 22.

The service types that were most frequently the subject of complaints in 2018-19 were in-home support (26%), accommodation (19%), and therapy (17%).

The proportion of complaints concerning grants or funding and employment have decreased each year since 2016-17. There has also been a notable increase in the proportion of complaints about therapy, from 8% in 2017-18 to 17% in 2018-19.

Figure 22: Disability service types



Totals may not sum to 100% due to rounding. Service type was not recorded for one complaint in 2016-17 and three complaints in 2018-19.





2.5.2 External complaints data – Disability Services

Under Section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, each year HaDSCO receives complaints data from prescribed government and non-government disability service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the disability sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

De-identified data is collected from 20 prescribed service providers. A list of the prescribed disability service providers can be found in Appendix 5.5. The information collected includes:

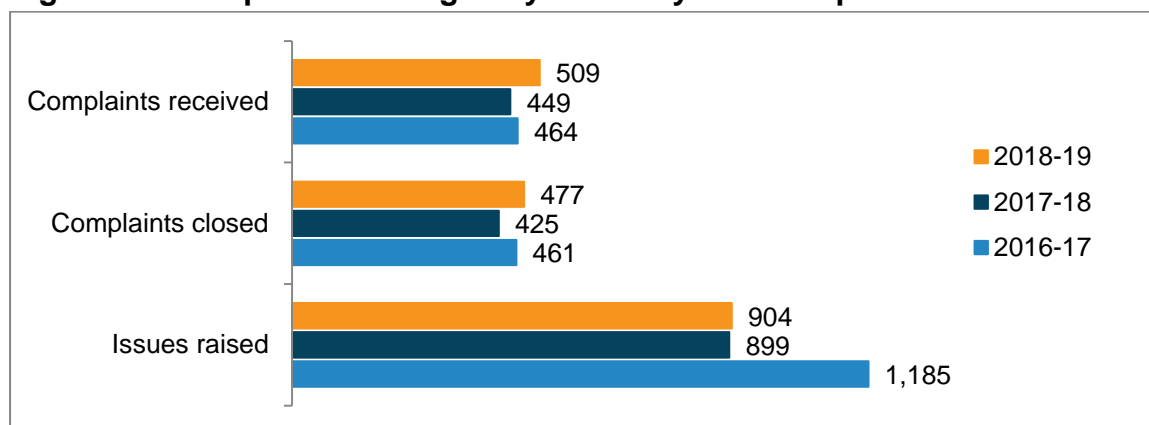
- Number of complaints.
- Demographics of consumers.
- Complaint issues.
- Complaint outcomes.
- Timeliness of complaint resolution.

Unless otherwise stated, all of the data presented in this section is based on the complaints closed by disability service providers over the past three financial years.

2.5.2.1 Complaints managed by disability service providers

In 2018-19, there were 509 complaints received from prescribed disability service providers representing a 13% increase compared to 2017-18. There was also an increase (12%) in the number of complaints closed. The total number of issues increased by less than 1% (5 issues), which resulted in the average number of issues per complaint continuing its decreasing trend (1.9 issues per complaint closed in 2018-19, compared to 2.1 issues per complaint in 2017-18, and 2.6 issues per complaint in 2016-17). The number of complaints received and closed by disability service providers can be seen in Figure 26.

Figure 26: Complaints managed by disability services providers



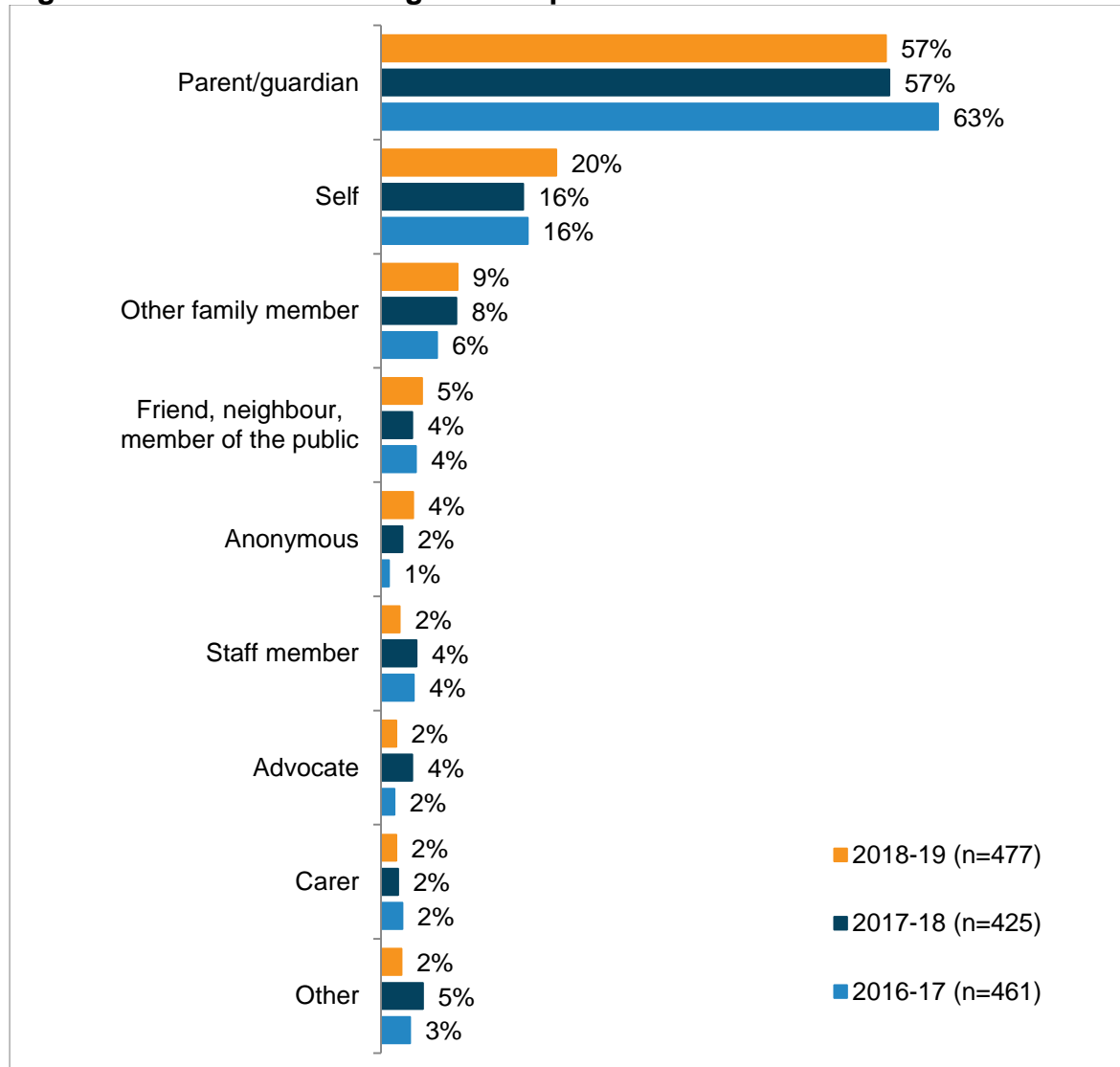


2.5.2.2 Individual making the complaint

In 2018-19, the majority of complaints (80%) received by disability service providers were made by someone acting on behalf of the individual who received the service, typically a family member or guardian, as shown in Figure 27.

There was an increase observed in the proportion of complaints made by the person receiving the service in 2018-19 (from 16% in 2017-18 to 20% in 2018-19). The proportion of complaints made by a service user's parent/guardian remained at 57%.

Figure 27: Individual making the complaint



Totals may not sum to 100%; a complaint may be made by multiple individuals.

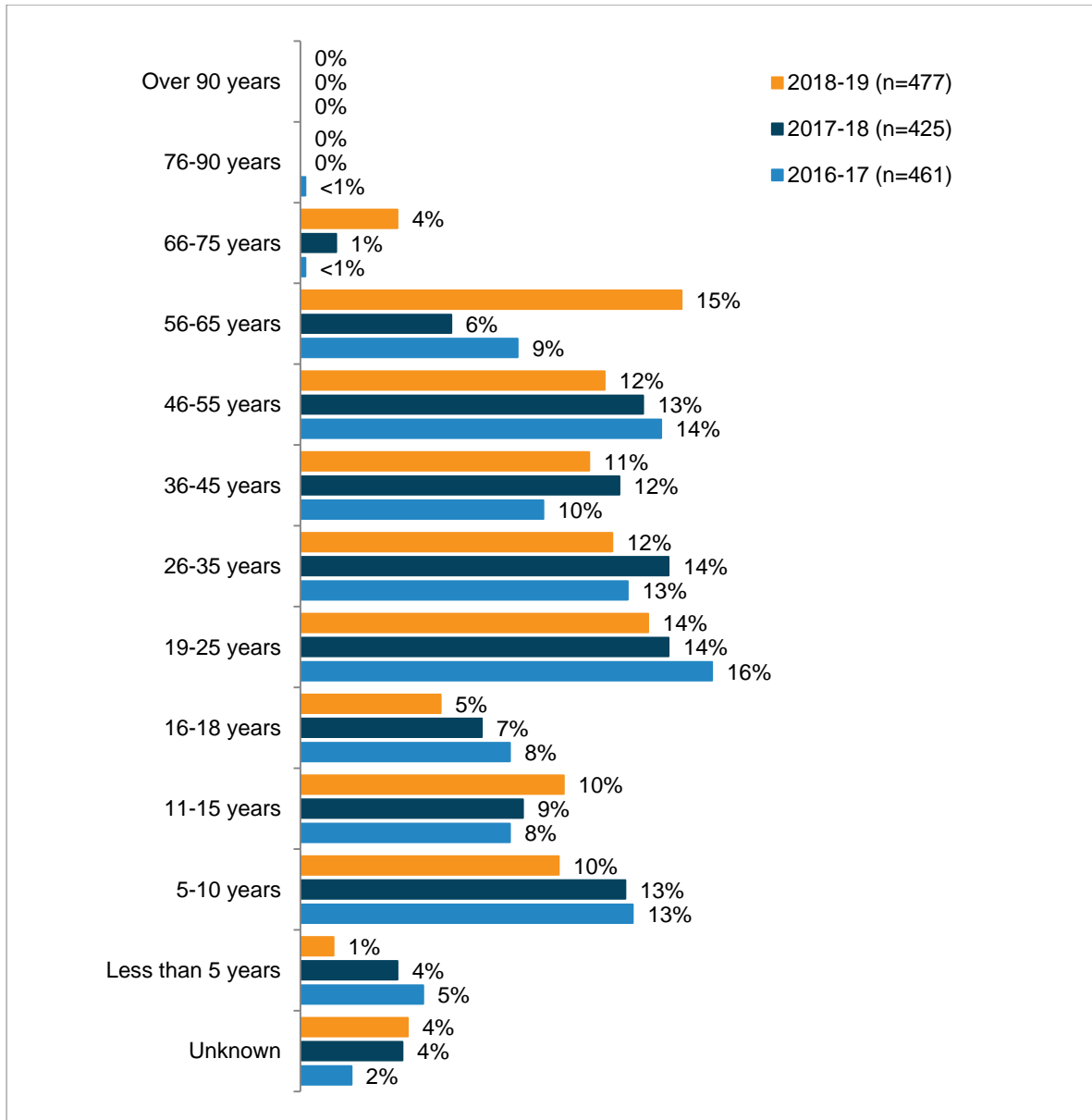




2.5.2.3 Demographics of the individual receiving the service

Complaints about disability services were most likely to concern individuals between the ages of 5 and 65, as seen in Figure 28. In 2018-19, there was a notable increase in complaints made for disability service users in the 56-65 age range (15%, an increase from 6% in 2017-18).

Figure 28: Age of the individual receiving the service



Totals may not sum to 100%; a complaint may be made by multiple individuals or anonymous data may record no age.

The characteristics of individuals who received a disability service are shown in Figure 29.

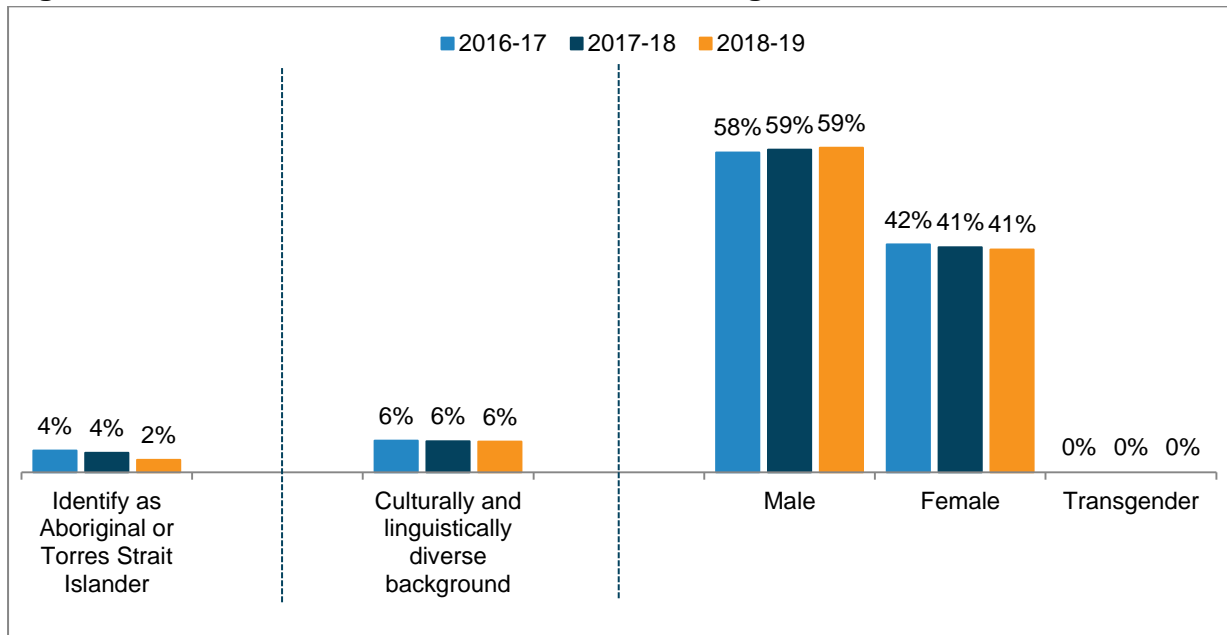
In 2018-19, the proportion of individuals who identified as Aboriginal and Torres Strait Islander decreased from 2017-18 (from 4% to 2%), while complaints regarding individuals coming from a culturally and linguistically diverse background remained





consistent. As seen in prior years, males continue to be identified more frequently in complaints than females in 2018-19.

Figure 29: Characteristics of individuals receiving a service*



Sample sizes: identify as Aboriginal or Torres Strait Islander (2016-17 n=422, 2017-18 n=364, 2018-19 n=383); culturally and linguistically diverse background (2016-17 n=360, 2017-18 n=366, 2018-19 n=373); gender (2016-17 n=440, 2017-18 n=397, 2018-19 n=450).

* Complaints that provided an 'unsure' response or did not contain demographic data have been excluded from the analysis shown in Figure 29.

2.5.2.4 Disabilities identified

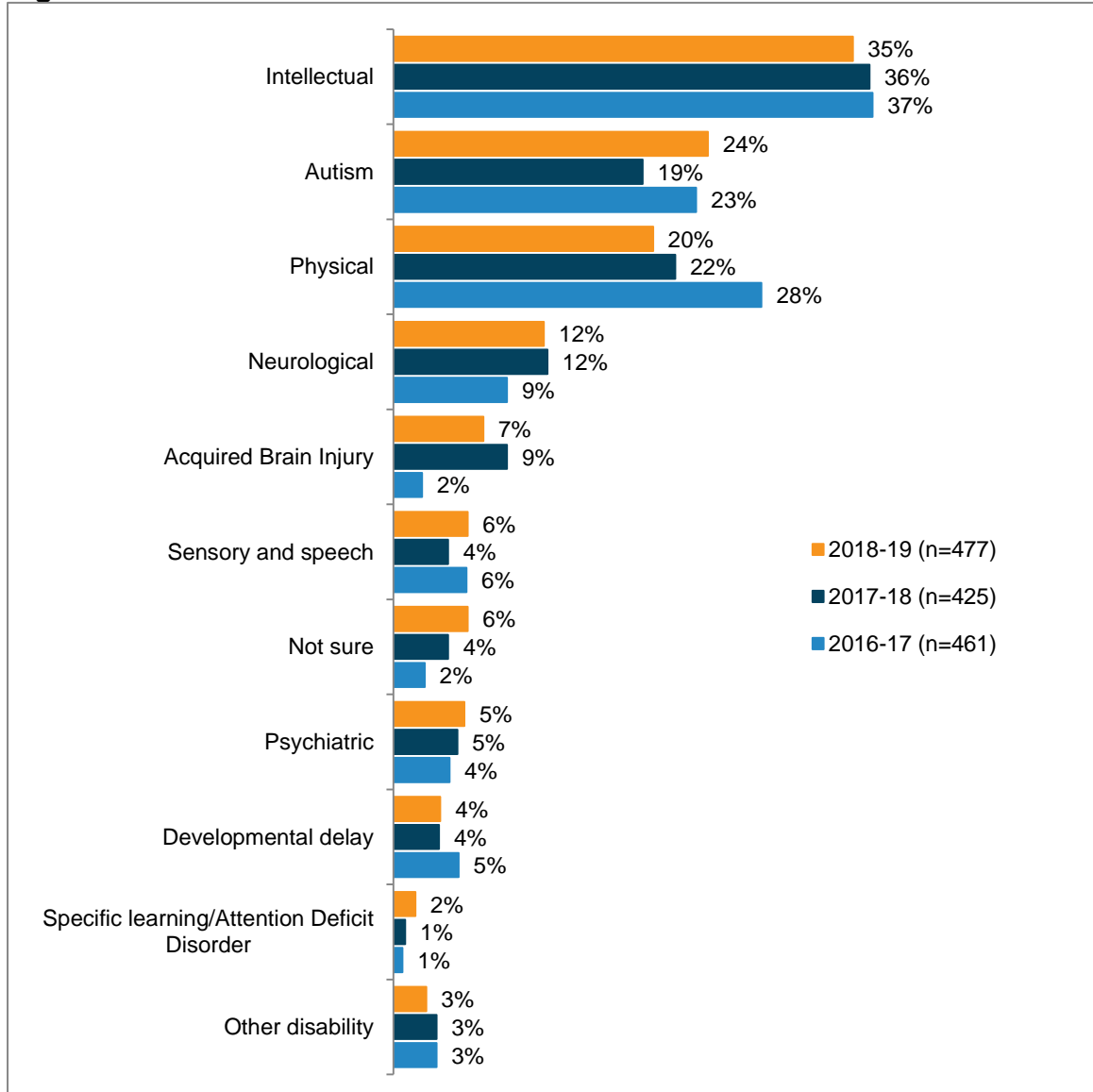
In 2018-19, the majority of complaints closed concerned individuals who had intellectual disabilities (35%), Autism spectrum disorders (24%), and/or physical disabilities (20%). The disabilities of individuals are identified are shown in Figure 30.

Over the past three years, the proportion of complaints concerning individuals with physical disabilities has shown a declining trend. The proportion of complaints concerning individuals with Autism spectrum disorders increased from 19% in 2017-18 to 24% in 2018-19.





Figure 30: Disabilities identified



Totals may not sum to 100%; a consumer may have multiple disabilities.

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2.5.2.5 National Standards cited in complaints

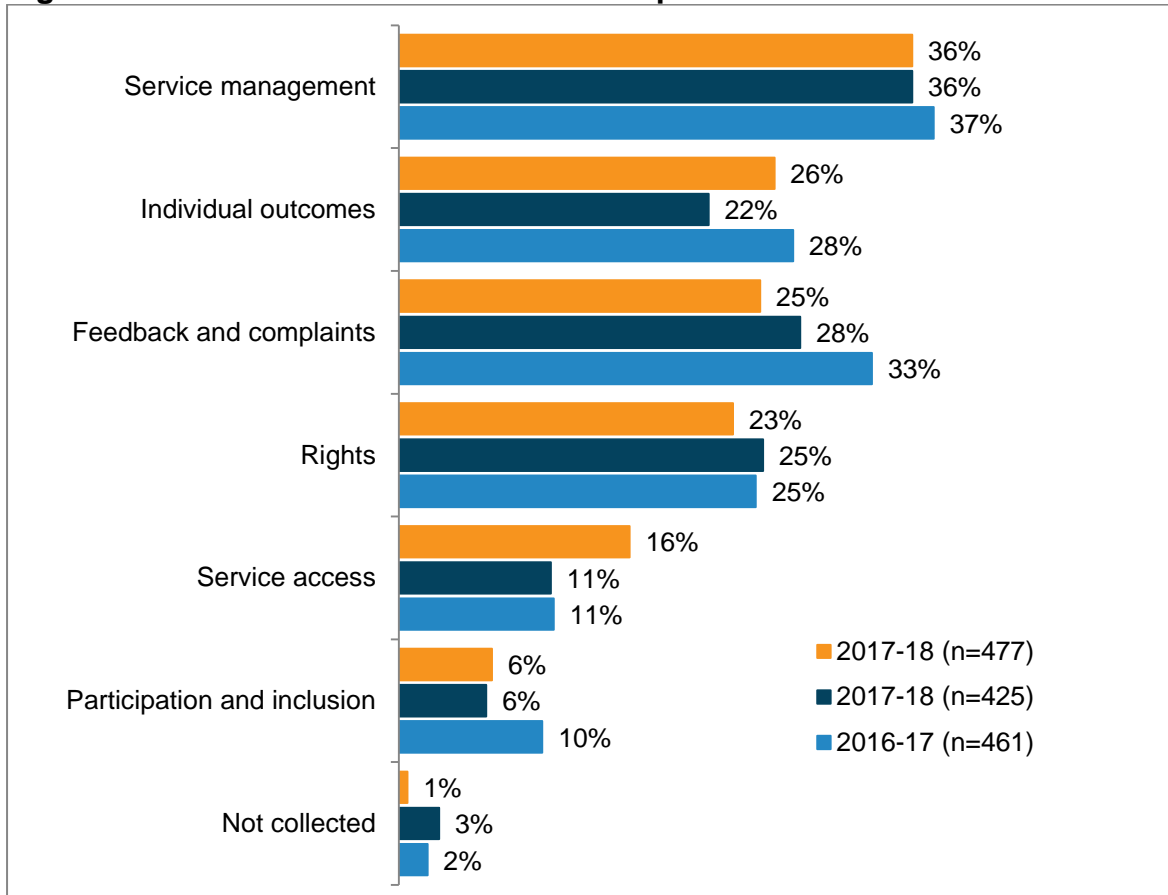
The National Standards for Disability Services (National Standards) aim to promote and drive a nationally consistent approach to improving the quality of services. The National Standards focus on rights and outcomes for people with disability.

The Australian Government revised and tested the National Standards in 2012, before they were endorsed on 18 December 2013 by the Standing Council on Disability Reform ministers from all jurisdictions. People with disability, family, friends and carers, service providers, advocacy organisations and quality bodies informed the development of the revised National Standards. There are six National Standards that apply to disability service providers: rights; participation and inclusion; individual outcomes; feedback and complaints; service access; and service management.



For complaints closed by disability service providers in 2018-19, service management (36%), individual outcomes (26%), and feedback and complaints (25%) were the National Standards most commonly cited in complaints (see Figure 31). Compared to 2017-18, the proportion of complaints citing individual outcomes and service access have increased, while the proportion of complaints regarding feedback and complaints has decreased each year since 2016-17.

Figure 31: National Standards cited in complaints



Totals may not sum to 100%; a complaint may cite multiple National Disability Standards.





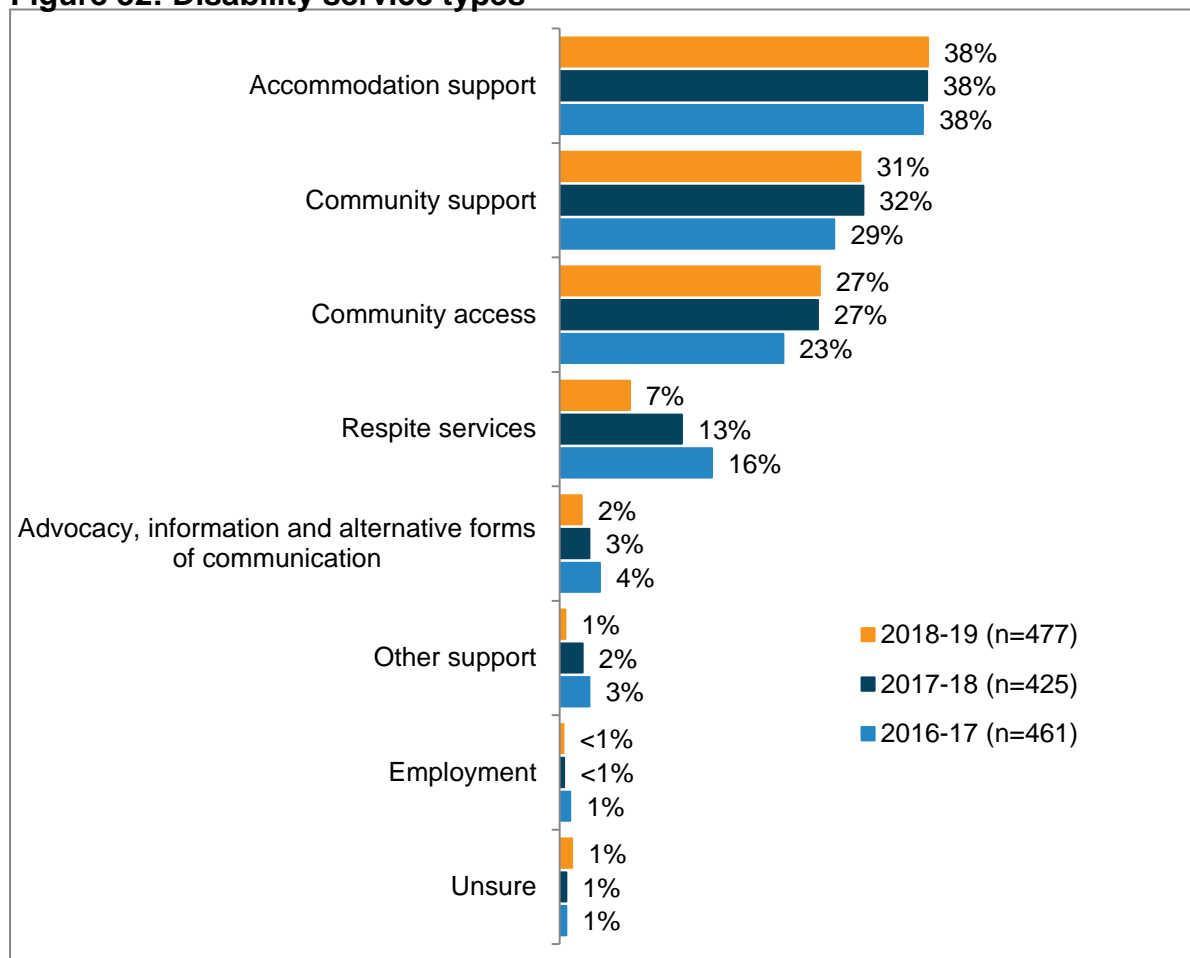
2.5.2.6 Disability service types

The specific disability service types identified in closed complaints in the past three years are shown in Figure 32.

In 2018-19, the majority of complaints concerned accommodation support (38%), community support (31%), and/or community access (27%), which remains generally consistent with prior years.

Over the past three years, a decreasing trend is seen for the number of complaints concerning respite; advocacy, information and alternative forms of communication; and other support.

Figure 32: Disability service types



Totals may not sum to 100%; a complaint may identify multiple services.



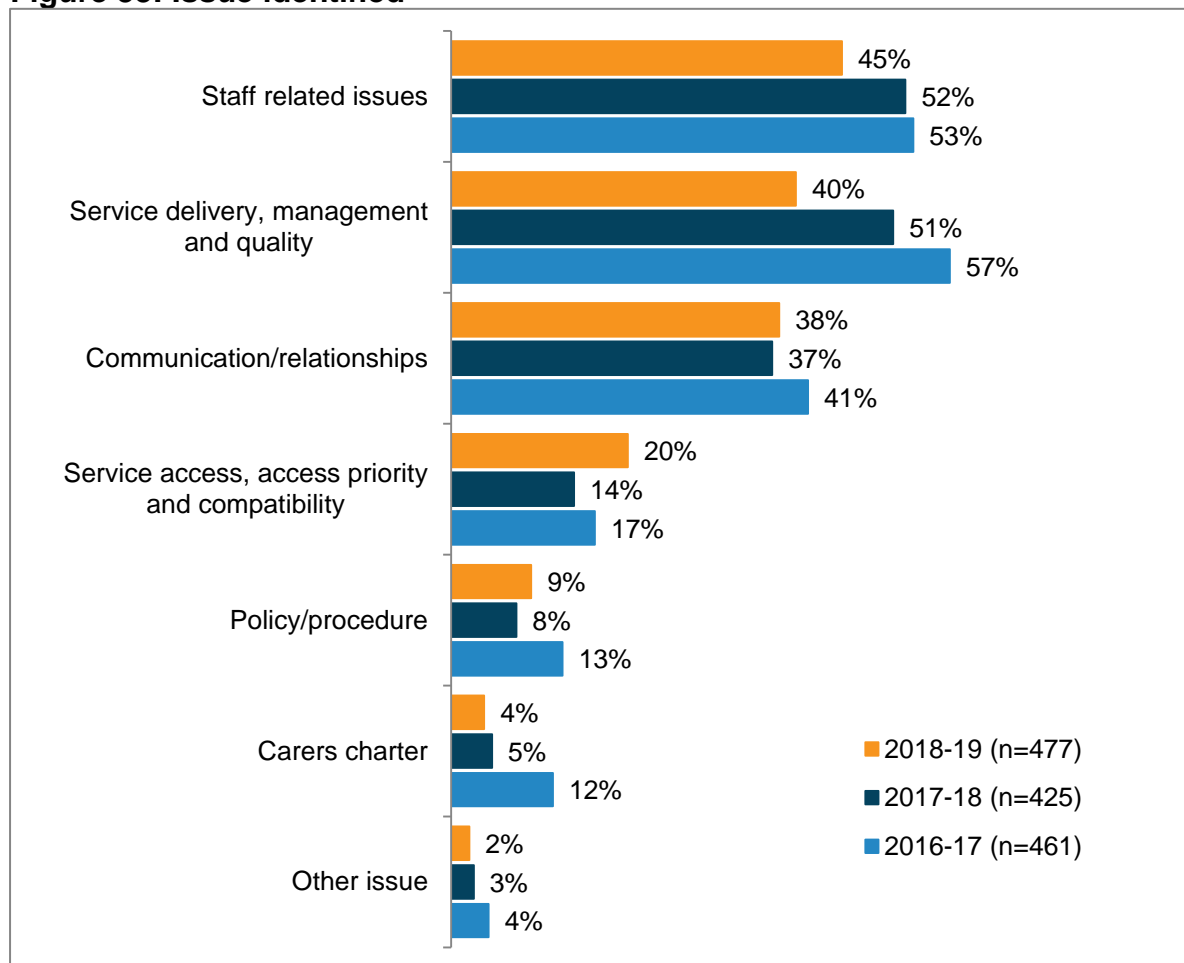


2.5.2.7 Issues identified

In 2018-19, the most common issue types identified in complaints were staff related issues (45%), service delivery (40%), and communication/relationships (38%). While the comparative proportions changed over the past three years, the most common issue types remained consistent (as shown in Figure 33).

Of particular note, the proportion of complaints citing service delivery, management and quality has shown a decreasing trend over the previous three years (from 57% in 2016-17, to 40% in 2018-19).

Figure 33: Issue identified



Totals may not sum to 100%; a complaint may identify multiple issues.



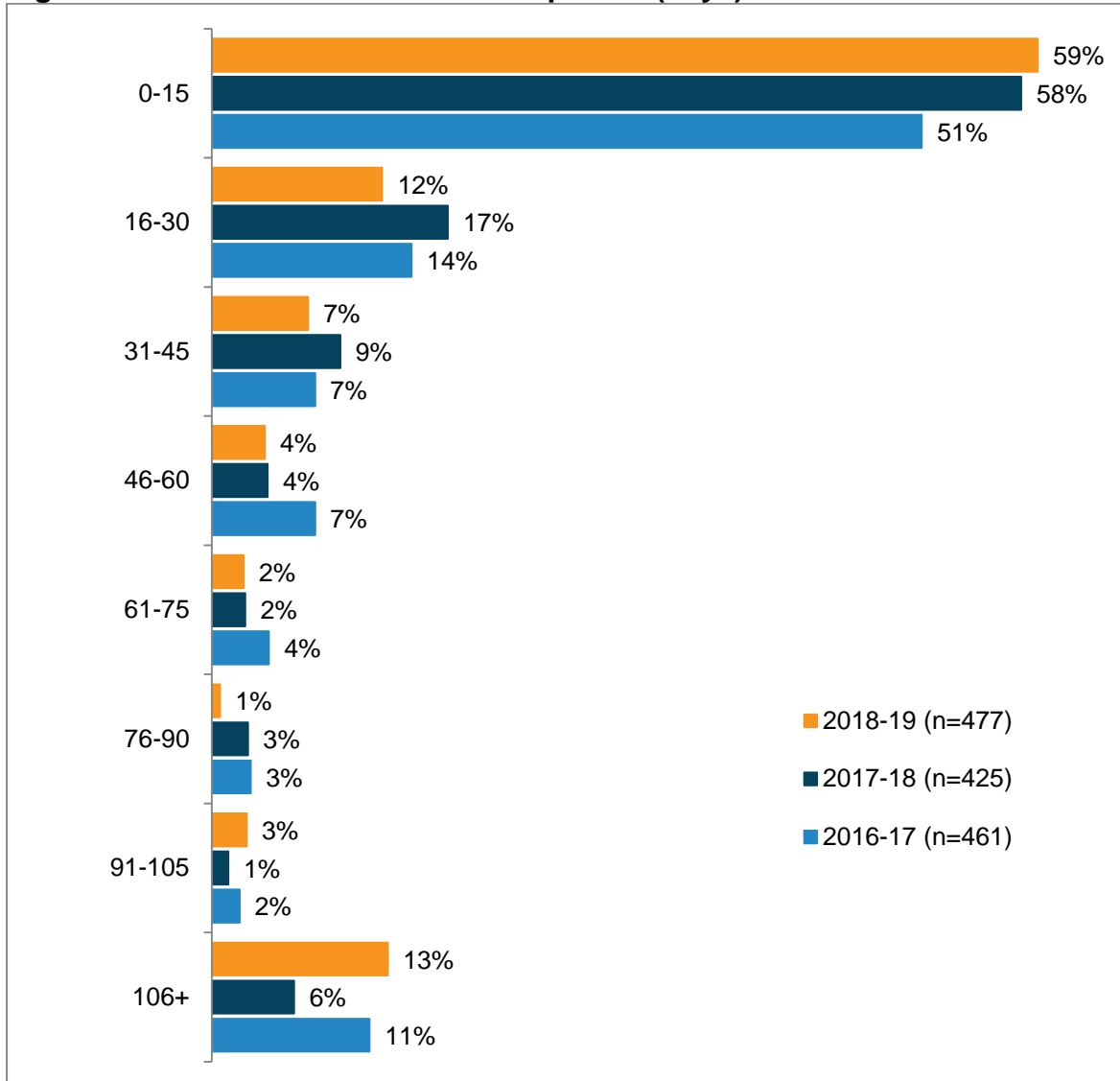


2.5.2.8 Time taken to resolve complaints

A breakdown of the time taken to resolve complaints is shown in Figure 34.

In 2018-19, the majority of complaints (71%) were resolved in 30 days.

Figure 34: Time taken to resolve complaints (days)



Totals may not sum to 100% due to rounding.





2.5.2.9 Outcomes achieved

A range of outcomes were achieved from the complaints managed by disability service providers, including multiple outcomes for some complaints. In 2018-19, 1,262 outcomes were identified from the 477 complaints resolved. These outcomes were for the individual who accessed the service, for the person that made the complaint, or both.

The most common outcomes were acknowledgement of a person's views or issues (72%), an explanation or information about services provided (57%) or an apology from the service provider (39%). These outcomes were also the most common outcomes achieved in prior years, however in 2018-19 individuals were more likely to get an explanation as opposed to an apology than in 2017-18.

Table 3: Outcomes achieved

Outcome	2016-17 (n=461)	2017-18 (n=425)	2018-19 (n=477)
Acknowledgement of person's views or issues	78%	78%	72%
Explanation or information about services provided	56%	48%	57%
Apology from the service	47%	48%	39%
Change or improvement to communication	24%	27%	23%
Change or appointment of worker / case manager / coordinator	21%	22%	19%
Performance management, disciplinary action, feedback or training for workers	13%	18%	11%
Access to an appropriate service	6%	8%	8%
Change existing support arrangements	11%	9%	7%
Review/improve/implement person's plan	7%	7%	5%
Relocation/transfer to another internal or external service	5%	6%	5%
More choices/options provided to person	5%	4%	4%
A change in policies or procedures	4%	4%	4%
Re-imburement / reduction of fees / waiver / compensation	2%	2%	3%
Change or review of decision	2%	2%	1%
The person who made a complaint was offered avenues of external appeal or review	1%	1%	0%
Other outcome	7%	8%	6%
No outcome (yet)	1%	<1%	1%

Totals may not sum to 100%; a complaint may result in multiple outcomes.



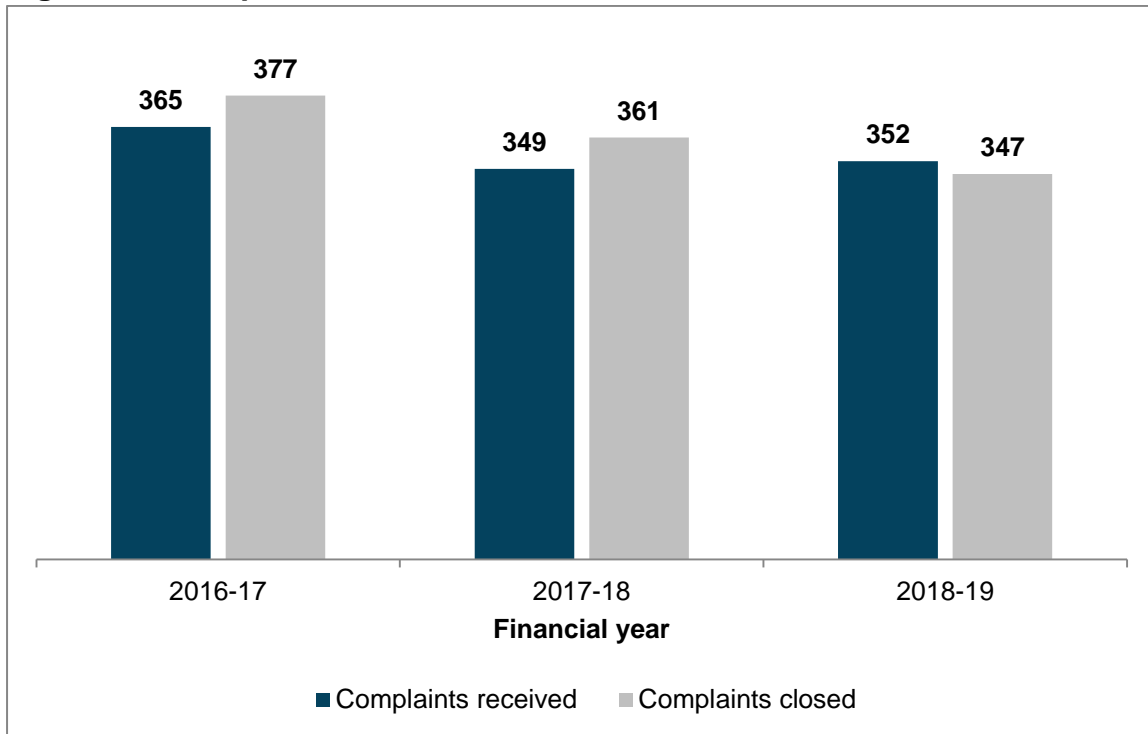


2.6 Complaints about Mental Health Services

2.6.1 HaDSCO complaints data – Mental Health Services

Figure 32 details the number of complaints about mental health services received and closed by HaDSCO over the past three years. HaDSCO received 352 complaints in the 2018-19 financial year. This is reasonably consistent with 2017-18. HaDSCO closed 347 complaints in 2018-19.

Figure 32: Complaints about mental health services



Case Study

Access to subsidised medication

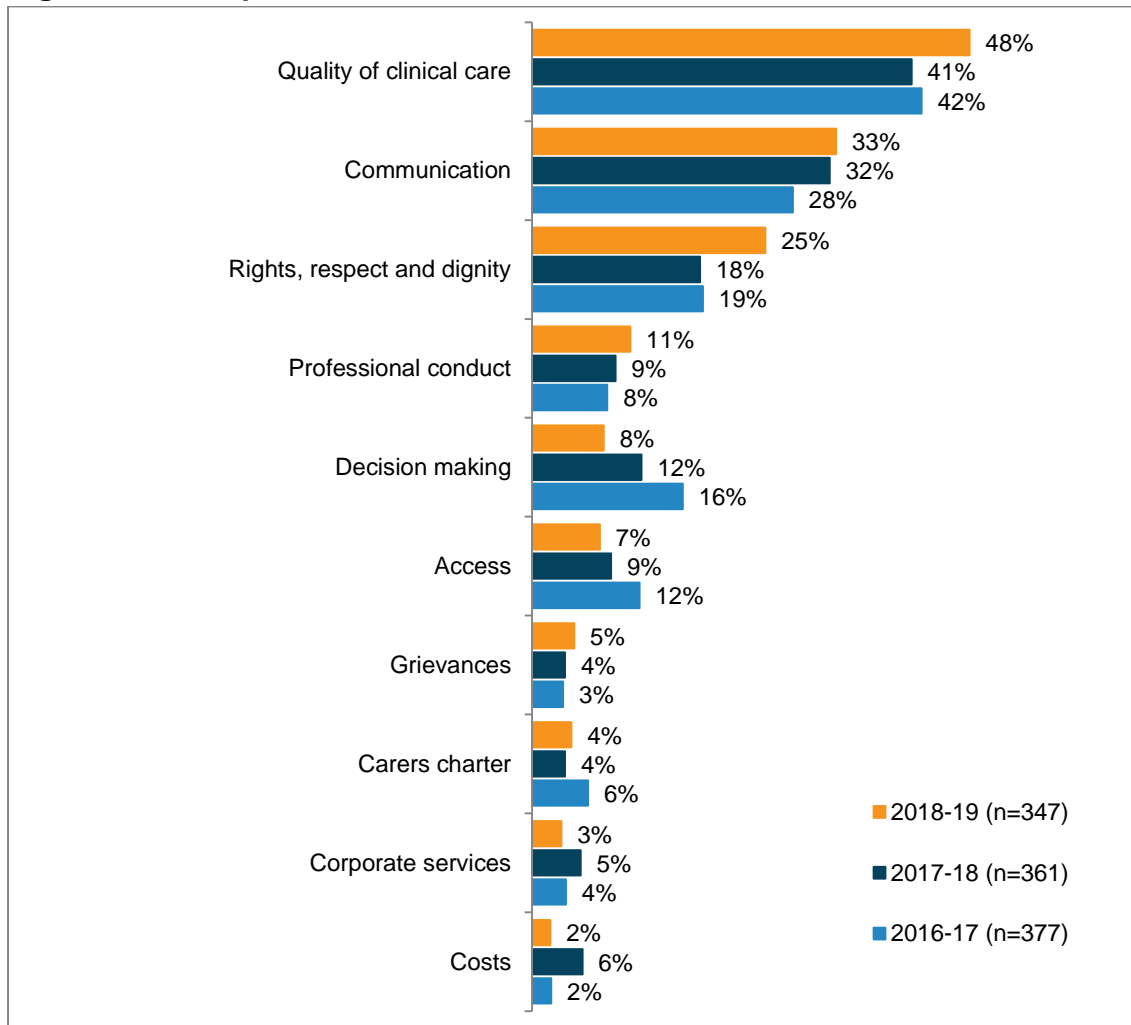
An individual contacted HaDSCO about the cessation of their access to fully subsidised medication. They advised that they had presented to their psychiatry service and were verbally informed on the day that they could no longer access their exemption voucher that enabled access to the subsidised medication. The individual wanted to know why the change had occurred and what rules had changed to prevent access to the exemption voucher.

As a result of HaDSCO's negotiated settlement process, the service provider gave an explanation about why the

cessation of the access to subsidy had occurred, and the associated changes in eligibility criteria. A service improvement was also implemented, whereby, in addition to their current practice of advising patients verbally, the service provider now sends written confirmation to patients confirming the decision in relation to their eligibility for exemption, the reasons for the decision, and what a patient should do if they are unhappy with the decision. A policy update to reflect changes in eligibility criteria was also agreed to.



Figure 33: Complaint issues identified



Percentage of all mental health complaints closed in the financial year. Because multiple issues can be identified per complaint, percentages may not sum to 100%.

In 2018-19, the majority of complaints concerned quality of clinical care; communication; and rights, respect and dignity. Specific trends observed over the past three years were:

- The proportion of complaints citing quality of clinical care increased in comparison to the previous financial year, from 41% to 48%.
- The proportion of complaints citing rights, respect and dignity increased in comparison to the previous financial year, from 18% to 25%.
- The proportion of complaints regarding decision making has decreased each of the past three years, from 16% in 2016-17 to 8% in 2018-19.

For a detailed breakdown of the specific complaint issues identified within each complaint category in Figure 33, please refer to Appendix 5.6.

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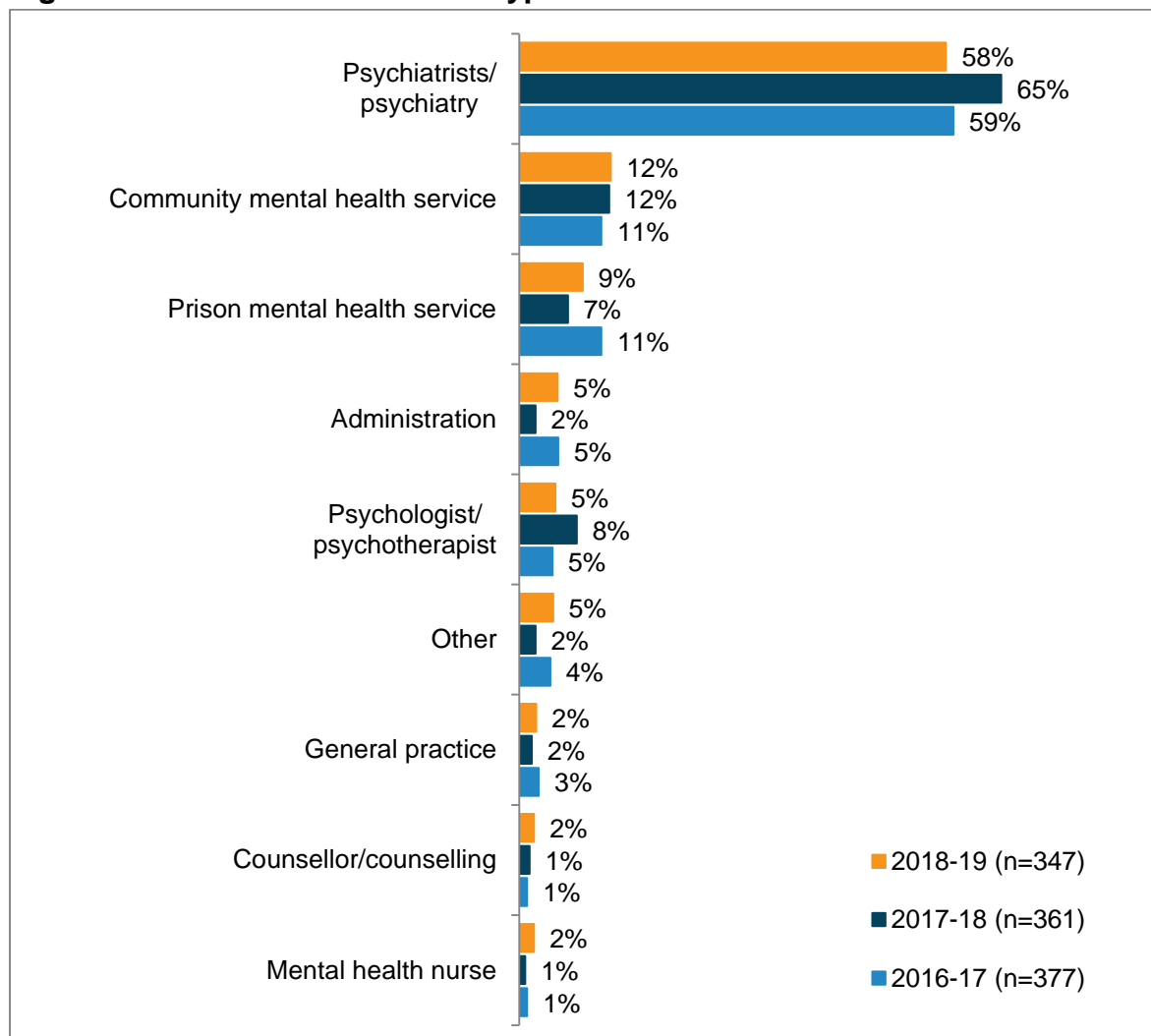
2.6.1.1 Mental health service types

The specific mental health service types identified in complaints closed by the Office over the past three years are shown in Figure 34.

The service types that were most frequently the subject of complaints in 2018-19 were psychiatrists/psychiatry (58%), community mental health services (12%), and prison mental health services (8%).

The proportion of complaints concerning psychiatrists/psychiatry has decreased in 2018-19 to 58%, which is comparable to 2016-17 following a high of 65% in 2017-18. The proportion of complaints regarding the other mental health service types remained relatively consistent.

Figure 34: Mental health service types



Totals may not sum to 100% due to rounding.





2.6.2 External complaints data – Mental Health Services

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO receives complaints data from prescribed government, non-government and not-for-profit health service providers in Western Australia. Having commenced in the 2015-16 financial year, HaDSCO receives data from a selection of public Health Service Providers² about the mental health complaints received by the providers.

The information collected by HaDSCO is used to identify systemic issues and trends across the mental health sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected. The information collected includes:

- Number of complaints.
- Demographics of consumers.
- Complaint issues.
- Complaint outcomes.
- Timeliness of complaint resolution.

The aggregate data received by HaDSCO includes all mental health complaints received by the public health service providers in 2018-19. The following preliminary analysis is based on the number of complaints received over the past three financial years.

In 2018-19, details of 516 complaints concerning 807 issues were submitted to HaDSCO. This represents a 20% increase from 2017-18 in the number of complaints received (429 complaints) and a 17% increase in the number of issues identified (690 issues).

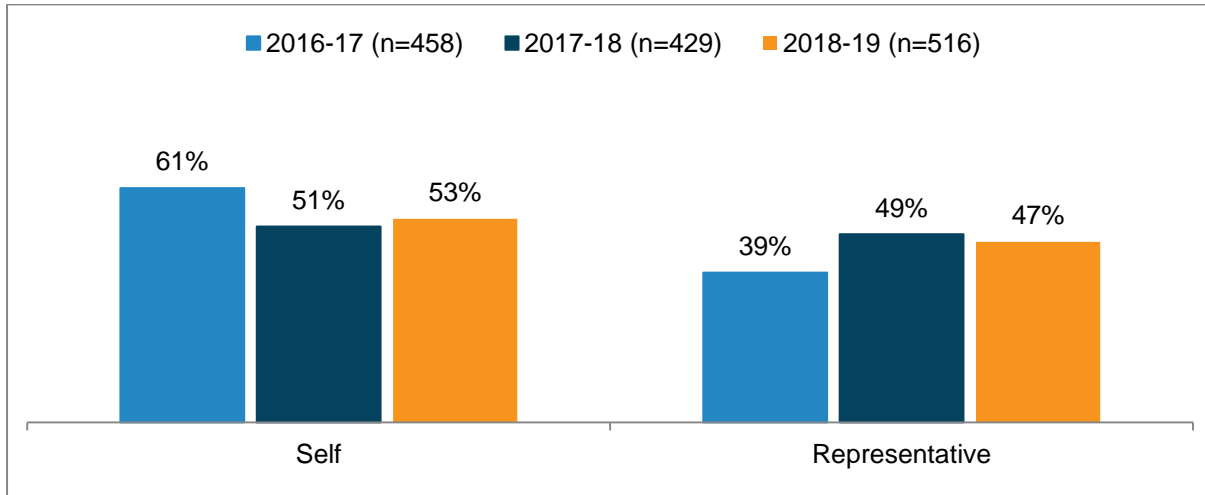
2.6.2.1 Individual making the complaint

The proportion of complaints made by the person receiving the service in 2018-19 is consistent with 2017-18; complaints received directly by public Health Service Providers were equally likely to be made by the individual who received the service or their representative (see Figure 42).

² The public Health Service Providers are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and Western Australian Country Health Service.



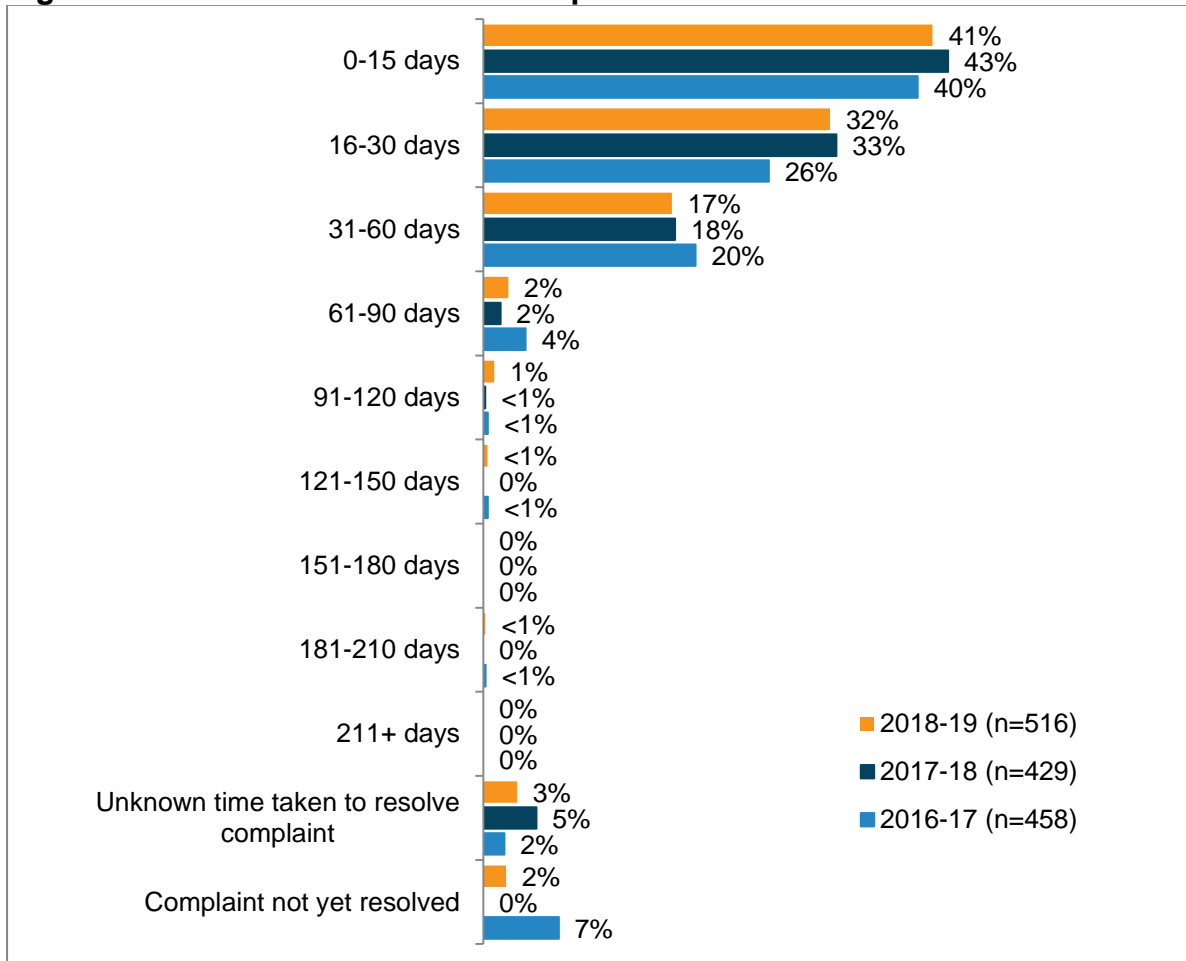
Figure 42: Individual making the complaint



2.6.2.2 Time taken to resolve complaints

The time taken for public Health Service Providers to resolve mental health complaints over the past three years is shown in Figure 43. In 2018-19, the majority of complaints (73%) received directly by public Health Service Providers were resolved in 30 days or less.

Figure 43: Time taken to resolve complaints



Totals may not sum to 100% due to rounding.



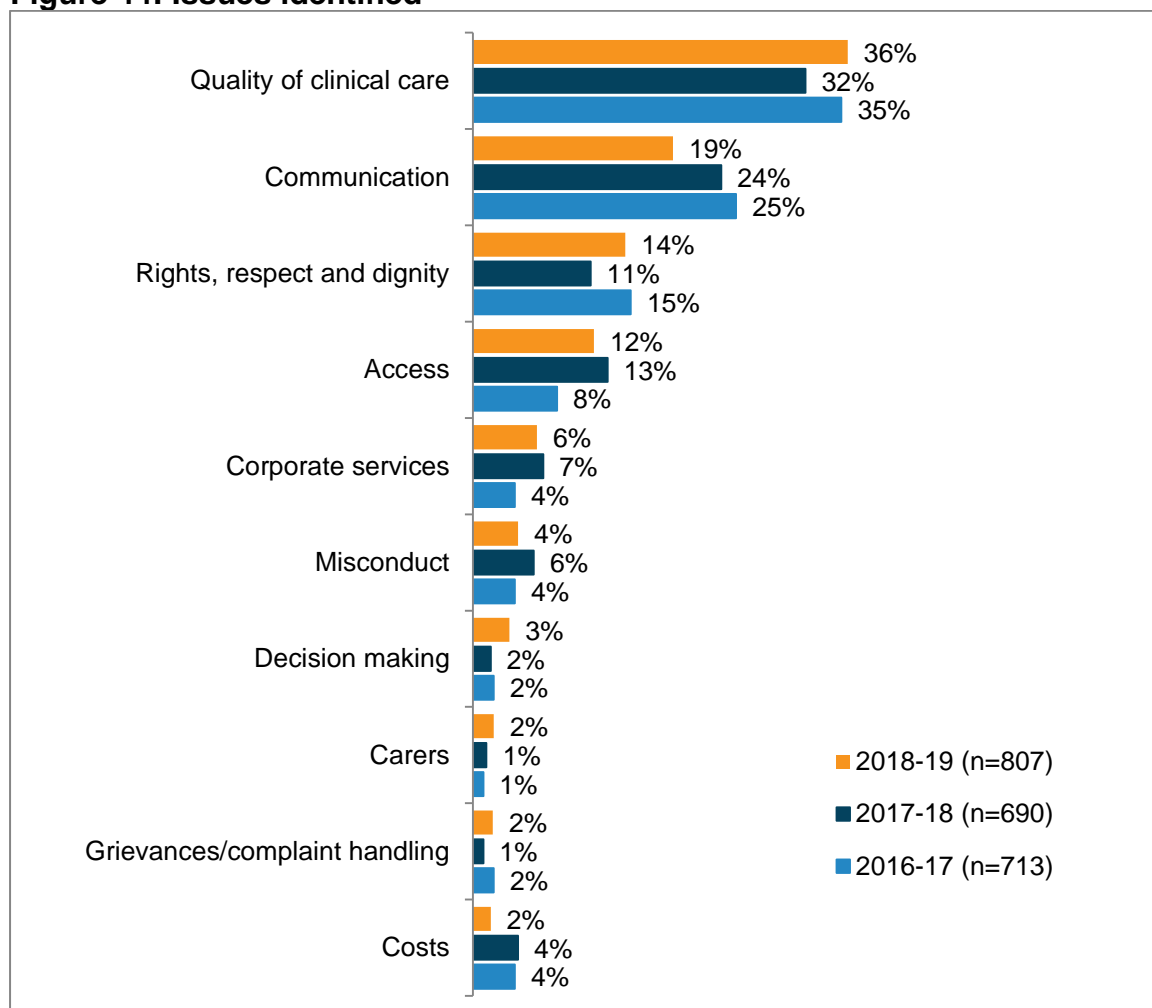


2.6.2.3 Issues identified

In 2018-19, quality of clinical care (36%), communication with patients and their representatives (19%), rights, respect and dignity (14%) and access to services (12%) were the issues most commonly identified in mental health complaints. The proportion of complaints concerning communication shows a declining trend over the past three years.

The issues identified in mental health complaints received by public Health Service Providers over the past three years are shown in Figure 44.

Figure 44: Issues identified



Totals may not sum to 100% due to rounding.



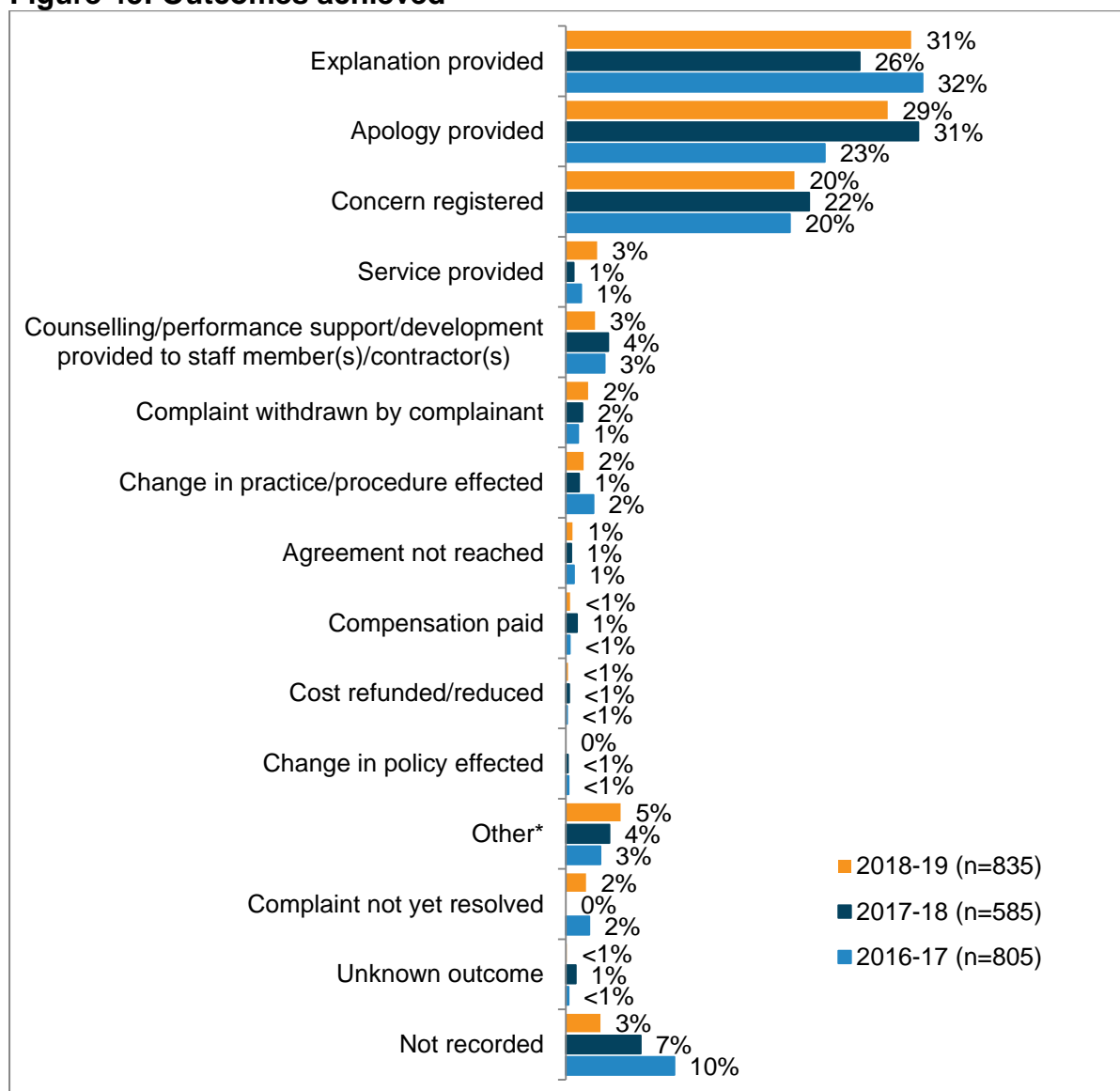


2.6.2.4 Outcomes achieved

A range of outcomes were achieved from the mental health complaints managed by public Health Service Providers. Over the past three years the three most common outcomes have remained consistent: providing an apology; providing an explanation; or concern registered (acknowledging the concerns that resulted in a complaint being made). While these remained the most common outcomes, 2018-19 saw an increase in the proportion of complaints resulting in an explanation compared to 2017-18, and a slight decrease in the proportion of complaints resulting in an apology or concern being registered.

The outcomes achieved in complaints received by mental health service providers over the past three years are shown in Figure 45.

Figure 45: Outcomes achieved



*Other outcomes include referral to another organisation. Totals may not sum to 100% due to rounding.





Educate and Train

In this section we report on the outcomes achieved under the strategic priority of educate and train, aligned to HaDSCO's Service Two: Education and training in the prevention and resolution of complaints.

We provide information about initiatives undertaken to enable the sharing of expertise, to provide awareness of, and access to, our services, and through the sharing of information with service providers and the community to ensure they are well informed.

2.7 Key Highlights

Key highlights for 2018-19 included:

- Implemented the Stakeholder Engagement Strategy January 2019 – June 2020 for the delivery of targeted stakeholder engagement programs and outreach activities to better inform, educate and empower the community and service providers.
- Delivered 201 outreach activities with key stakeholders including the delivery of 6 presentations, 45 awareness raising activities, 124 consultations and 26 networking opportunities.
- Planned and delivered metropolitan outreach, including participating in the Graylands Festival and Homeless Connect; participated in a regional outreach program to the Great Southern and Peel regions; and visited the Indian Ocean Territories of Cocos Keeling Islands and Christmas Island.
- Developed additional resources for use in HaDSCO's publications suite, including information for young people who are taking responsibility for their health and well-being for the first time and brochures and information sheets to provide practical information on the range of matters the Office can receive complaints about in the areas of health, disability, and mental health services.
- Continued to collaborate and engage with stakeholders at a National and State level to share complaints handling expertise.
- Developed and distributed resources for service providers and stakeholders including *Guidelines for handling complaints about mental health services*; Complaints Report Cards; and external data collection reports.

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2.8 Stakeholder Engagement Strategy

Each year HaDSCO undertakes a range of ongoing and tailored engagement activities with a variety of stakeholders across Western Australia. The aim is to raise awareness of HaDSCO and ensure the Office's services are accessible to all.

The Stakeholder Engagement Strategy January 2019 – June 2020 supports the delivery of both services one and two by providing a program of engagement for staff involvement, contributing directly to the Office's Key Performance Indicators. The six engagement programs identified as a focus are:

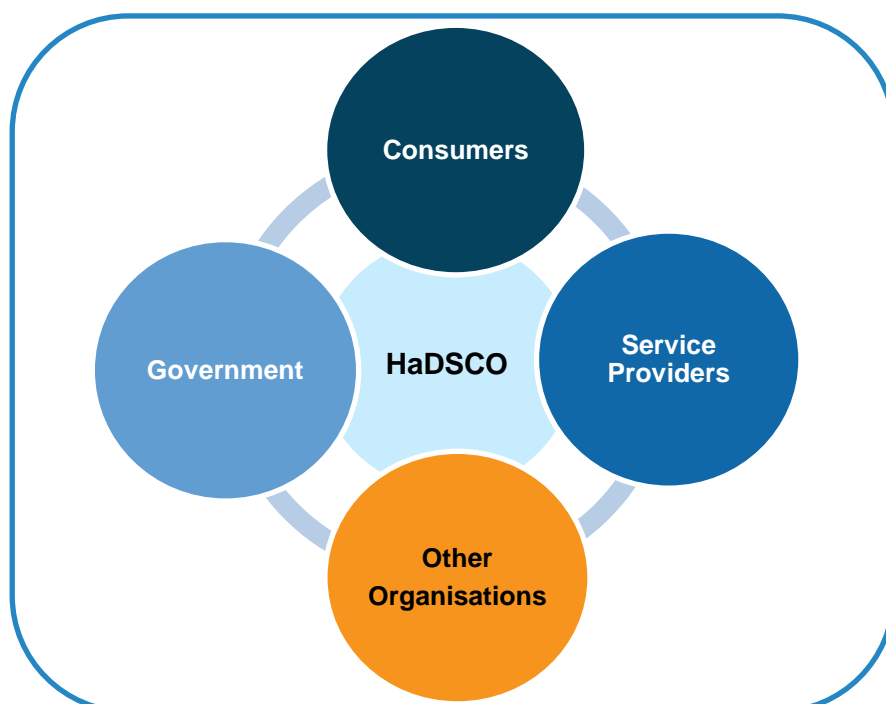
1. Communications program
2. Regional, remote and diverse communities
3. Health sector engagement
4. Disability sector engagement
5. Mental health sector engagement
6. Community engagement

Additionally, through the Service Delivery Agreement with the Australian Government, outreach with the Indian Ocean Territories remains a key focus during this period. The Australian Government, through the Department of Infrastructure, Regional Development and Cities', Territories Division, provides funding to HaDSCO to provide services to the Indian Ocean Territories.

Details of the outcomes achieved under the SES are provided below.

2.9 Working collaboratively and sharing expertise

We interact with a broad range of stakeholders, to improve the delivery of health, disability and mental health services within Western Australia and the Indian Ocean Territories. We group our stakeholders into the key categories below:





2.9.1 Consumers

Informing, educating and empowering consumers plays an important role in service improvement in the health, disability and mental health sectors. During 2018-19 HaDSCO:

- In collaboration with the North Metropolitan Health Service (Mental Health division) and the Health Consumers' Council, in October 2018 attended the Graylands Festival as part of Mental Health Week. Through this event the Office was able to directly share information about its services with consumers, their families and carers.
- Participated in Perth's Homeless Connect event in November 2018 providing an opportunity for individuals to discuss issues and lodge a complaint in person. It provided a forum to engage with otherwise hard-to-reach community members, increasing awareness and accessibility.
- Contributed, in June 2019, to a feature in The West Australian newspaper supplement *Supporting People with Disability in Western Australia*. This offered the opportunity to reach, and provide tailored information to, an audience of 350,000 readers across metropolitan and regional Western Australia, including Western Australians living with a disability.
- Undertook complaint clinics which provided individuals in regional Western Australia, including Aboriginal communities, with the opportunity to attend and discuss their complaints with staff.
- Invited people each month who accessed the Office's services to complete an online survey about their experience. Service delivery was reviewed based on the feedback and improvements implemented where necessary.

2.9.2 Service Providers

Working with service providers is critical in enabling them to prevent complaints and improve services. During 2018-19 HaDSCO:

- Provided the five public health service providers in WA Health, two private health service providers and the Department of Justice (Corrective Services) with individual Complaints Report Cards in November 2018. The information was provided to assist these providers to gain an appreciation of the complaints managed by HaDSCO that related to their services.
- Received annual complaint returns from both the 25 prescribed public, private and not-for-profit providers under section 75 of the *Health and Disability Services (Complaints) Act 1995* and the 20 government and non-government disability service providers prescribed under section 48A of the *Disability Services Act 1993*. In March 2019, these providers respectively were provided with an in-depth analysis of the complaint trends observed across the three financial years from 2015-16 to 2017-18, in the reports titled *Health Complaints Trends Report 2015-18* and *Disability Services Data Collection Report 2015-18*.
- Attended the WA Aboriginal Community Controlled Health Sector Conference in March 2019, hosted by the Aboriginal Health Council of Western Australia, on behalf of its 23 Aboriginal Community Controlled Health Services. The event provided the opportunity for HaDSCO to raise awareness of its functions and services. Attendance also ensured an increased knowledge by HaDSCO about the successes and challenges taking place in the sector.

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- Visited one metropolitan and two regional prisons operated by public and private service providers, to hold discussions with staff about complaint matters; and meet with peer support prisoners and clinical nurse managers to discuss issues relating to the provision of health services in prisons.
- Collected feedback, via a survey of organisations who interacted with the Office to resolve a complaint during the 2017-18 financial year, to help identify improvements to service delivery in the 2018-19 period. The survey was conducted in the second half of 2018, and sought feedback on the complaint resolution process.

2.9.3 Government

HaDSCO continued its engagement with both state and national government agencies through its -

- Collaboration to further initiatives to support improvements to health, disability and mental health services with the:

	<ul style="list-style-type: none"> ○ Department of Communities (Disability Services) ○ Department of Health ○ Department of Justice (Corrective Services) ○ Department of Local Government, Sport and Cultural Industries ○ Department of Mines, Industry Regulation and Safety (Consumer Protection) ○ Department of Primary Industries and Regional Development ○ Department of the Premier and Cabinet ○ Mental Health Advocacy Service ○ Mental Health Commission ○ Mental Health Tribunal ○ Murdoch University ○ Office of the Auditor General ○ Office of the Chief Psychiatrist ○ Office of the Commissioner for Children and Young People ○ Office of the Inspector of Custodial Services ○ Office of the Public Advocate ○ Ombudsman Western Australia
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	<ul style="list-style-type: none"> ○ Australian Commission on Safety and Quality in Healthcare ○ Commonwealth Ombudsman ○ Department of Infrastructure, Regional Development and Cities (Commonwealth) ○ National Disability Insurance Agency ○ National Health Complaints Commissions and Entities ○ National Disability Insurance Scheme Quality and Safeguards Commission ○ Productivity Commission
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- Participation in Working Groups and Steering Committees, including the:
 - Independent Oversight Working Group of the Royal Commission into Institutional Responses to Child Sexual Abuse
 - National Code Working Group





- National Disability Insurance Scheme Interface Steering Committee
- National Disability Insurance Scheme Interface Steering Committee – Senior Officers Group
- Australian Health Practitioner Regulation Agency and National Health Complaints Entities Joint Single Website Working Group
- Provided invited submissions and feedback on state and national reforms including:
 - Commissioner for Children and Young People’s survey on the extent to which agencies’ complaints systems are accessible and responsive to children and young people accessing services or adults acting on their behalf
 - Department of the Premier and Cabinet’s discussion paper titled An office for advocacy and accountability in Aboriginal affairs in Western Australia
 - Mental Health Clinical Governance Review Panel’s Review of the Clinical Governance of Public Mental Health Services
 - Australian Commission on Safety and Quality in Healthcare’s review of the Australian Charter of Healthcare Rights
 - Australian Health Practitioner Regulation Agency’s consultation paper on the definition of ‘cultural safety’
 - Commonwealth Ombudsman’s Implementation of the Operational Protocol to the Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT)
 - Productivity Commission’s review of the National Disability Agreement
- Partnerships with National Health and Disability Complaints Commissions and Entities on national and local policy and practice matters that impact on service delivery for complaints management. This includes attendance at meetings held twice a year. The first of these meetings for the 2018-19 year was held in South Australia in November 2018. In May of this year, HaDSCO hosted these meetings. Informative sessions were provided by presenters from the health, disability and mental health sectors which included public and private service providers, advocacy organisations, and state and national government agencies. The meetings provided the opportunity for attendees to engage in considered discussion and to share and exchange information on complaint trends and issues. The sessions were well received by the Commissioners.

2.9.4 Other Organisations

HaDSCO continues to meet with key groups to strengthen, and build upon, relationships to promote effective and efficient complaints resolution. During 2018-19 HaDSCO continued to engage with the following organisations to share and exchange information about key initiatives and areas of focus:

- Australian Association of Social Workers (WA)
- Australian Health Practitioner Regulation Agency
- Australian Medical Association (WA)
- Health Consumers Council
- Carers WA
- Linkwest
- People with Disabilities WA

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2.10 Awareness and accessibility

In 2018-19, HaDSCO continued to utilise a range of strategies to raise awareness of, and provide accessibility to, the Office by:

- Promoting the use of HaDSCO's toll free number for country callers.
- Providing access to interpreter services via the Translating and Interpreting Service.
- Promoting the use of translated brochures explaining the role of the Office in eight different language variations available via our website.
- Updating and creating new resources to assist members of the community and service providers to access HaDSCO's services.
- Updating the HaDSCO complaint form, including on the website, as a means of assisting individuals to make a complaint to the Office.
- Implementing ongoing updates to HaDSCO's website as a means of keeping stakeholders well informed.
- Providing access to the Office through email and online services including an online complaints form.
- Updating the website to include information about the National Code of Conduct for health care workers; the National Disability Insurance Scheme (NDIS); and complaints about disability services during the transition to the NDIS Quality and Safeguards Commission.

Consistent with previous years, the Office also undertook a range of outreach activities in metropolitan and regional Western Australia. This included a program of presentations, consultations, complaint clinics and meetings with key groups and individuals to meet with stakeholders in person, educate communities about the role of the Office and provide access to its services. Details are set out below.

2.10.1 Outreach

- In November 2018 and May 2019, HaDSCO participated in Regional Awareness and Accessibility Programs at the invitation of the Ombudsman Western Australian. The Programs took place in the great southern region (Albany and Katanning) and the Peel region (Mandurah and Boddington). Staff of the Energy and Water Ombudsman's office also participated in the visits. HaDSCO undertook various activities in partnership with the Ombudsman agencies including an Aboriginal Liaison session with Aboriginal services and community members and five joint agency complaint clinics.
- HaDSCO was invited by the Ombudsman Western Australian to provide a presentation as part of two Independent Agency Information Sessions for Aboriginal service providers, community groups and community members, held in May 2019. Attending the sessions provided the opportunity to partner with other independent agencies and continue to build relationships with these stakeholders to raise awareness of HaDSCO's services and functions.
- During 2018-19, HaDSCO delivered tailored presentations about how to improve the patient experience to university students in the allied health field; the role and functions of HaDSCO to both the Aboriginal Community and the Department of Mines, Industry Regulation and Safety (Consumer Protection); and information about the National Code of Conduct for health care workers in Western Australia to the Australian Association of Social Workers (WA).

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2.10.2 Indian Ocean Territories outreach

As part of a Service Delivery Arrangement with the Australian Government, HaDSCO provides a complaints management service to residents of the Indian Ocean Territories (IOT). The Australian Government, through the Department of Infrastructure, Regional Development and Cities', Territories Division, provides funding to HaDSCO to provide services to the Indian Ocean Territories.

To compliment the delivery of complaint management services, a biennial visit is undertaken to provide information on HaDSCO's complaints resolution process and raise awareness of support services provided.



Joint agency visit to the Indian Ocean Territories



The Office visited Cocos Keeling Islands from 9-12 April 2019 and Christmas Island from 12-16 April 2019 in collaboration with the Department of Mines, Industry Regulation and Safety (Consumer Protection division) and the Department of Local Government, Sport and Cultural Industries.

Undertaking a visit in a co-ordinated approach to delivering services and outreach enabled attendance to be more manageable for community members and was well received.

The purpose of the visit was to provide community members on both islands with the opportunity to meet with HaDSCO representatives in person to discuss potential issues and complaints, provide access to HaDSCO's services and raise awareness of the Office in general.

Key messages promoted by HaDSCO included:

- Raising awareness that HaDSCO's services are available to community members for complaints about health, disability and mental health services provided in Western Australia and the IOT.
- Providing explanations of complaint outcomes and systemic improvements that HaDSCO can achieve.
- Promoting HaDSCO's website and postal contact information.
- Informing of complaint lodgement requirements and that support services are available.
- Informing community members of HaDSCO's contact details whilst in the IOT and in Western Australia, and identification of key staff.
- Ensuring community members were aware that HaDSCO representatives were able to assist with completion of complaint forms, as necessary, as part of the visit.

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2.11 Publications

During 2018-19, we developed and distributed a range of resources for service providers and the community including:

2.11.1 Guidelines for handling complaints about mental health services

Managing complaints and feedback effectively in a transparent and accessible manner is essential for all health, disability and mental health service providers. Mental health service providers are required under the *Mental Health Act 2014* to implement their own complaints process for investigating any complaint made about the provision of a mental health service.

In April 2019, HaDSCO published its *Guidelines for handling complaints about mental health services* to assist service providers to develop their own complaint handling systems or enhance existing processes.

The guidelines were developed in accordance with the Australia and New Zealand Standard *AS/NZS 10002:2014 Australian/New Zealand Standard – Guidelines for complaint management in organizations*. HaDSCO sought assistance and feedback from 20 agencies and organisations in Australia and New Zealand for the development of the guidelines.

2.11.2 Information Sheets, pamphlets and brochures

The Office continued to release new, and update existing resources to assist consumers and service providers.

New resources which were developed include:

- Three updated brochures – Health, Disability and Mental Health Service Complaints; Making a complaint as a Carer; and a brochure for Aboriginal communities about making a complaint.
- Updated Information Sheets including Helpful hints for making a complaint; The complaint resolution process; Conciliation; and Negotiated settlement.
- An Information Sheet for the *Guidelines for handling complaints about mental health services*.
- A webpage, Information Sheet and poster for young people who are taking responsibility for their health and well-being for the first time which provide tips and advice for young people making complaints relating to health, disability and mental health services.
- An easy English pamphlet about HaDSCO's services.

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- New pamphlets about HaDSCO's services for the Indian Ocean Territories, translated into Chinese Simplified, Bahasa Malay and Cocos Malay.
- An updated Fact Sheet, HaDSCO at a glance.

HaDSCO distributed 1,215 brochures from a suite of publications to a range of services and organisations to ensure the community was well informed about its services.

The resources have received positive feedback. They can be accessed from our website.

2.12 Ministerial support

HaDSCO has an important role providing advice and information to the State Government through close liaison with the office of the Deputy Premier; Minister for Health; Mental Health, given our statutory reporting function.

As part of this reporting function, we responded to a range of parliamentary questions on a variety of issues and prepared briefing notes and draft replies to correspondence for specific issues as needed.

In addition, HaDSCO liaises and provides information to the Minister for Environment; Disability Services; Electoral Affairs on issues related to the disability sector where they arise.

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