

Joint Committee on
the Health Care Complaints Commission



PARLIAMENT OF
NEW SOUTH WALES

Review of the Health Care Complaints Commission's 2023-24 annual report



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The motto of the coat of arms for the state of New South Wales is "Orta recens quam pura nites". It is written in Latin and means "newly risen, how brightly you shine".

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Chair's foreword

I am pleased to present the Committee's review of the Health Care Complaints Commission's annual report for 2023-24. Examination of the Commission's annual reports forms a key part of the Committee's important oversight role under the *Health Care Complaints Act 1993*. This is the Committee's second review of the 58th Parliament.

Although the relevant annual report looks at the period before Mr John Tansey PSM was appointed as Commissioner in July 2024, the Committee's review nevertheless provided an opportunity to ask the Commissioner about the progress and direction of the Commission against its objectives.

Our review found that the Commission is working within an increasingly complex legislative environment, with new responsibilities for the agency, a slight increase in overall complaints, and a notable increase in complaints about public hospitals. Despite this, the Commission has improved the timeliness of its assessments, which is a welcome step towards meeting its statutory obligations.

We were also pleased to hear that the Commission's new case management system was implemented in March 2025. However, this was several months after the anticipated 'go-live' date and, therefore, the full benefits of the new system have not yet been realised. We make a number of recommendations in relation to the new case management system, including an evaluation of its anticipated benefits and consideration of how the new system may be used to generate correspondence more efficiently. We also recommend that the Commission collects data on complaints related to birth trauma, with a view to making this data publicly available, in order to improve the understanding of this category of complaints. Additionally, we expect the Commission to take all steps necessary to ensure that its case management system can be used to interrogate and extract data in relation to current and emerging issues in the health care system more broadly.

As with previous years, support for complainants was a key focus of this review. We heard that in 2024 there was a significant increase in the support provided by the Commission's Enquiry Service to assist complainants with making complaints in writing. However, this service was not previously promoted on the Commission's website. We are pleased to see that, since the public hearing, the Commission's public website has been updated to promote this support mechanism for complainants.

As part of our review, we also asked the Commissioner about the Commission's work with First Nations communities. While there have been positive steps forward, such as the launch of the Commission's Reconciliation Action Plan, we are disappointed by the slow rate of progress in this area, particularly in relation to the number of Aboriginal-identified staff working in the agency. Given the health inequalities experienced by people from First Nations communities, increasing the proportion of Aboriginal-identified staff should be a clear priority for the Commission. We also found that engagement with people from culturally and linguistically diverse (CALD) communities remains a challenge for the agency, and recommend that the Commission leverage its existing relationships with other organisations to engage more effectively with CALD communities.

The Committee is also acutely aware of the impact that complaints have on health care practitioners, and this remains an area of interest. We asked the Commissioner about the agency's work in this area, and were pleased to hear about the Commission's plan to hold a practitioner roundtable. Working with practitioners to share support and resources, and developing key performance indicators around the frequency of communication, should be areas of focus for the Commission going forward.

Finally, our review looked at the Commission's work in relation to its current strategic plan, which ends this year. We acknowledge that, although progress has been made in some areas, most focus areas have not been 'completed' and will continue as part of the next strategic plan. We encourage the Commission to consider the Committee's recommendations as priorities going forward, and look forward to more comprehensive reporting on the forthcoming strategic plan in the next annual report. We also look forward to seeing whether the Commission's work to improve its organisational culture is reflected in the results of the next People Matter Employee Survey.

I would like to thank Commission staff for their work during this period of change for the agency, and to the Commissioner for positively engaging with the Committee since his appointment. I also thank my fellow Committee members for their support and engagement with the review, and Committee staff for their work.

Dr Joe McGirr
Chair

Findings and recommendations

Finding 1 _____ 2

Although the overall number of complaints received by the Health Care Complaints Commission increased by only 3.3 per cent, there was a significant increase (13.2 per cent) in the number of complaints received about public hospitals in 2023-24.

Recommendation 1 _____ 2

That the Health Care Complaints Commission report to the Committee within six months on the work that it has done with specific Local Health Districts to address the reasons for the increased number of complaints in public hospitals, particularly where there are clusters of complaints, or where those complaints relate to delays in diagnosis and treatment.

Finding 2 _____ 4

There was a significant improvement in the timeliness of assessments by the Health Care Complaints Commission in 2023-24, with 86.2 per cent of complaints being assessed within the 60-day statutory timeframe.

Finding 3 _____ 4

The Health Care Complaints Commission's new case management system was implemented on 31 March 2025, several months after the anticipated 'go-live' date.

Recommendation 2 _____ 4

That the Health Care Complaints Commission evaluate its new case management system within the first 6 months of implementation, as previously recommended by this Committee, and report back by the end of 2025 on whether the new system is achieving its anticipated benefits, including any reportable improvements in functionality.

Recommendation 3 _____ 6

That the Health Care Complaints Commission consider how its new case management system can be used to generate correspondence more efficiently, to help keep complainants and health practitioners informed, and report back to the Committee on the feasibility of this within six months.

Finding 4 _____ 7

The Health Care Complaints Commission does not currently collect data or publicly report on the volume of complaints related to 'birth trauma', which limits the Commission's and the public's understanding of these complaints.

Recommendation 4 _____ 7

That the Health Care Complaints Commission investigate ways to flag and collect retrospective data on complaints related to birth trauma for the 2024-25 period. The Commission should report back to the Committee in early 2026 on the progress it has made against this recommendation and the feasibility of reporting on birth trauma complaints going forward.

Recommendation 5 _____ 8

That the Health Care Complaints Commission provide an update in its 2024-25 annual report on the numbers of complaints received in relation to emerging complaint types, including those relating to voluntary assisted dying and conversion practices.

Recommendation 6 _____ 8

That the Health Care Complaints Commission take all steps necessary to ensure that its case management system can be used to interrogate and extract data in relation to current and emerging issues in the health care system.

Finding 5 _____ 11

The internal realignment of the Health Care Complaints Commission's Enquiry Service in 2024 has assisted approximately 75 members of the public to make complaints in writing, which represents an increase in Commission-assisted complaints of more than 800 per cent.

Finding 6 _____ 11

The Health Care Complaints Commission's public website did not previously promote the capacity of the Commission's Enquiry Service to support people to submit complaints in writing, but was updated following the Committee's public hearing.

Finding 7 _____ 12

The Health Care Complaints Commission's Reconciliation Action Plan was launched in 2025, however, it is at an initial stage of the reconciliation pathway and is not as mature as other public sector agencies' plans.

Finding 8 _____ 13

Of the 140 FTE staff of the Health Care Complaints Commission, only one staff member identifies as Aboriginal.

Recommendation 7 _____ 13

That the Health Care Complaints Commission report back to the Committee by the end of 2025 on actions it is taking to increase the number of Aboriginal-identified staff working in the Commission to meet the NSW Government's benchmark of at least 3 per cent. This should include consideration of targeted recruitment for roles that involve work with First Nations communities. Progress in recruiting to this target should also be reported on in the 2024-25 annual report.

Finding 9 _____ 15

Because culturally and linguistically diverse (CALD) communities are not homogenous and have diverse needs and experiences, engagement with CALD communities remains a challenge for the Health Care Complaints Commission.

Recommendation 8 _____ 15

That the Health Care Complaints Commission leverage its relationship with Multicultural NSW and other key stakeholders to build trust and engage more effectively with culturally and linguistically diverse communities.

Recommendation 9 _____ 18

That the Health Care Complaints Commission report back to the Committee by the end of 2025 on the outcomes of its practitioner roundtable. This should also be included in the Commission's 2025-26 annual report.

Recommendation 10 _____ 18

That the Health Care Complaints Commission seek health practitioner input on the specific support and resources that could be made available to practitioners that are subject to complaint and investigation.

Recommendation 11 _____ 19

That the Health Care Complaints Commission develop key performance indicators (KPIs) and prescribed processes that set out the nature and intended frequency of its communication with health practitioners who are subject to complaint and investigation. These KPIs should be informed by input from health practitioners, and be published in the Commission's future annual reports.

Finding 10 _____ 21

The Health Care Complaints Commission's current strategic plan ends in 2025. While progress has been made in some areas, most focus areas have not been 'completed' and will continue as part of the next strategic plan.

Finding 11 _____ 22

The 2024 People Matter Employee Survey (PMES) results were the first results to show a more detailed breakdown by work group within the Health Care Complaints Commission, and showed consistently less positive experiences among the following groups:

- the Assessments team
- administrative support staff
- people who speak English as a second language
- people who have been with the organisation between 2-5 years.

Chapter One – Complaints management

Complaints profile

The overall complaints profile for 2023-24 remained broadly the same as the previous year

- 1.1 The Health Care Complaints Commission (the Commission) received 9,460 complaints during the 2023-24 reporting period, which reflected a slight increase of 3.3 per cent on the previous year. The Commission's annual report described the number of complaints as a 'return to trend' of slight year-on-year increases, following the end of a significant spike in the number of complaints during the COVID-19 pandemic.¹
- 1.2 The overall profile of complaints in 2023-24 remained broadly the same as in the previous year. Over half of the complaints related to registered health practitioners (56.4 per cent), while 40.9 per cent related to health organisations and 2 per cent related to non-registered health practitioners.²
- 1.3 However, other trends in the Commission's annual report saw more significant changes compared to 2022-23, particularly in relation to non-registered cosmetic therapists and complaints about public hospitals, as discussed below.

The proportion of non-registered cosmetic therapist complaints rose in this reporting period

- 1.4 The Committee's previous reports identified a low volume of complaints about cosmetic services, and raised concerns that this reflected a lack of awareness of available complaint mechanisms.³ An independent review of cosmetic surgery regulation also recommended significant reforms, including new national safeguards and improved practice guidelines, which were introduced on 1 July 2023.⁴
- 1.5 Although cosmetic services complaint numbers remained small in 2023-24, we note that there was a small increase from 148 to 164 complaints. There was also a notable increase in the proportion of complaints about non-registered cosmetic therapists, which rose from 5.4 per cent to 11.1 per cent.⁵ Additionally, in this period, one of the four public warnings issued under section 94A of the *Health Care Complaints Act 1993* related to cosmetic injecting.⁶
- 1.6 During the public hearing for this review, Mr John Tansey PSM, Commissioner of the Health Care Complaints Commission, described cosmetic services as 'the poster child for bad conduct by some unregistered practitioners', and told us that cosmetic services has been a 'major focus' of the Commission in the last year. He

¹ Health Care Complaints Commission, [Annual Report 2023-24](#), pp 3, 24.

² [Annual Report 2023-24](#), p 24.

³ Committee on the Health Care Complaints Commission, [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), report 1/58, Parliament of NSW, December 2024, p 1.

⁴ [Annual Report 2023-24](#), p 10

⁵ [Annual Report 2023-24](#), pp 26, 120.

⁶ [Annual Report 2023-24](#), p 44.

explained that the Commission has been executing search warrants in facilities and leveraging media interest to raise public awareness of the Commission's work in dealing with cosmetic services complaints.⁷

- 1.7 The Commissioner also noted that there has been an 'all-time high level of activity' beyond the 2023-24 reporting period, and that this will bear out in future annual reports.⁸ The Committee welcomes the Commission's ongoing vigilance regarding cosmetic services and looks forward to seeing how this is reflected in the Commission's 2024-25 annual report.

Public hospital complaints rose significantly in 2023-24

Finding 1

Although the overall number of complaints received by the Health Care Complaints Commission increased by only 3.3 per cent, there was a significant increase (13.2 per cent) in the number of complaints received about public hospitals in 2023-24.

Recommendation 1

That the Health Care Complaints Commission report to the Committee within six months on the work that it has done with specific Local Health Districts to address the reasons for the increased number of complaints in public hospitals, particularly where there are clusters of complaints, or where those complaints relate to delays in diagnosis and treatment.

- 1.8 The Commission's 2023-24 annual report shows a significant increase in complaints about public hospitals, many of which related to delays in diagnosis/treatment.⁹ We recommend that the Commission report back to the Committee on the work that it has done with specific Local Health Districts (LHDs) to address the reasons for the increased number of complaints in public hospitals.
- 1.9 In 2023-24, the Commission received 1,918 complaints about public hospitals. This represented a 13.2 per cent increase on the previous year (1,694) and was slightly above the Commission's COVID-19-related spike in complaints (1,807). The Commission's 2023-24 annual report notes that treatment was the primary issue category raised in 64 per cent of public hospital complaints, with issues related to inadequate care, treatment and delays in treatment.¹⁰
- 1.10 During the public hearing, we asked the Commissioner about the reasons for this increase. The Commissioner suggested that a volume increase in public hospital

⁷ Mr John Tansey PSM, Commissioner, Health Care Complaints Commission, [Transcript of evidence](#), 23 June 2025, p 10.

⁸ Mr Tansey, [Evidence](#), p 10.

⁹ [Annual Report 2023-24](#), pp 26, 27, 30; [Answers to questions on notice and supplementary questions](#), Health Care Complaints Commission, 9 July 2025, p 12.

¹⁰ [Annual Report 2023-24](#), p 26, 30.

presentations, due to cost-of-living pressures, was the likely cause of the increase in public hospital complaints.¹¹

- 1.11 Following the hearing, the Commission confirmed a substantial rise in complaints about emergency medicine in public hospitals over the past five years, including a 13.9 per cent increase on the previous year. While complaints relating to general medicine have also risen, this has not been as pronounced as that seen in emergency medicine.¹²
- 1.12 When asked what the Commission is doing to address the increase in public hospital complaints, the Commissioner told us that it provides senior health colleagues with feedback and insights about the performance of public hospitals, based on its quarterly performance reports.¹³
- 1.13 Where there are clusters of complaints within a public hospital, we heard that the Commission works directly with LHDs and their subgroups. The Commissioner specifically highlighted a recent workshop with LHD staff about complaints and patient safety, which was expanded to almost 100 attendees. He also noted proactive engagement with LHD Chief Executives as part of a recent NSW Health Senior Executive Forum, which suggested a 'high level of receptivity for engaging and drawing on those lessons'.¹⁴
- 1.14 The Committee welcomes the Commission's engagement with LHDs and suggests that this work should be a focus of the Commission going forward, given the continued increase in volume of public hospital complaints. On this basis, we recommend that the Commission report back to the Committee within six months on the work it has done with LHDs to identify and address the reasons for the increased number of complaints, particularly where there are clusters of complaints, or where they relate to delays in diagnosis and treatment.

Timeliness of assessments and investigations

What are the Commission's performance indicators?

Assessment: The Commission must carry out its assessment of a complaint **within 60 days** of receiving that complaint. If the Commission has requested more information about a complaint, it must complete its assessment within 60 days of the information being received. The statutory timeframe is set out in section 22 of the *Health Care Complaints Act 1993*.¹⁵

Investigations: The Commission aims to complete investigations **within 12 months**. While this benchmark is not mandated by legislation, the *Health Care Complaints Act 1993* states that investigations must be conducted 'as expeditiously as the proper investigation of the complaint permits'.¹⁶

¹¹ Mr Tansey, [Evidence](#), p 9.

¹² [Answers to questions on notice and supplementary questions](#), p 1.

¹³ Mr Tansey, [Evidence](#), p 9.

¹⁴ Mr Tansey, [Evidence](#), pp 9-10.

¹⁵ *Health Care Complaints Act 1993*, s 22.

¹⁶ *Health Care Complaints Act 1993*, s 29A.

Finding 2

There was a significant improvement in the timeliness of assessments by the Health Care Complaints Commission in 2023-24, with 86.2 per cent of complaints being assessed within the 60-day statutory timeframe.

- 1.15 The Committee's previous report raised concerns about the falling proportion of complaints being assessed within the 60-day statutory timeframe, which had fallen from 79 per cent in 2021-22 to 68.9 per cent in 2022-23.¹⁷
- 1.16 In 2023-24, the Commission assessed 86.2 per cent of complaints within 60 days, which was a significant improvement in its timeliness.¹⁸ The Committee welcomes the Commission's improvement against this metric.
- 1.17 The time taken to complete investigations improved slightly in 2023-24, with 76.5 per cent of investigations being finalised within 12 months (compared to 74.8 per cent in 2022-23). However, this still represents a notable decline from 2021-22, when 85.2 per cent of investigations were completed within 12 months.¹⁹
- 1.18 The Commission's annual report also notes a reduction in the number of investigations finalised in 2023-24 compared to the previous five years. It notes that this timeliness can be impacted 'by workload and workforce issues which are continually managed through organisational development and business improvement strategies'.²⁰
- 1.19 The Committee will continue to monitor these metrics in its future inquiries into the Commission's annual reports. We recognise the significant impact that investigation times can have on health care practitioners, and the need to balance this with ensuring that complaints are thoroughly investigated. Chapter Three of this report makes recommendations to support health care practitioners, which is particularly critical during lengthy investigations.

Functionality of the new case management system

Finding 3

The Health Care Complaints Commission's new case management system was implemented on 31 March 2025, several months after the anticipated 'go-live' date.

Recommendation 2

That the Health Care Complaints Commission evaluate its new case management system within the first 6 months of implementation, as previously recommended by this Committee, and report back by the end of 2025 on whether the new system is achieving its anticipated benefits, including any reportable improvements in functionality.

¹⁷ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, p 3.

¹⁸ [Annual Report 2023-24](#), p 138.

¹⁹ [Annual Report 2023-24](#), pp 3, 20; Health Care Complaints Commission, [Annual Report 2021-22](#), p 5.

²⁰ [Annual Report 2023-24](#), p 42.

- 1.20 The development and implementation of a new case management system has been a key focus of the Commission for a number of years.²¹ Although the system became operational on 31 March 2025, our review found that there were several delays in its implementation.
- 1.21 In the Commission's 2023-24 annual report, the Commissioner's foreword noted that the implementation of the new system 'required adjustments to ensure smooth integration with our records management systems' and therefore was not completed during the reporting year. The report noted that the project was expected to be completed by late 2024.²²
- 1.22 At the public hearing for this review, we asked the Commissioner whether the case management system had been implemented by late 2024, as planned. The Commissioner told us that while the Commission had attempted to move to the new case management system in December 2024, 'some of the data hadn't landed in the new system', and the agency decided to roll back its implementation to March 2025 as a consequence:
- One of our major concerns was that, if we were operating suboptimally for too long, it would impair our delivery of services. It ran the risk of leading to backlogs in complaints and, as I'm sure you appreciate, for a little while, while you're introducing a new service, some of the other features are turned off. So we decided that it was better to admit that it hadn't worked perfectly, roll back and re-plot our go-live.²³
- 1.23 The Committee appreciates that this decision was made in view of a potential impact on service delivery, and is pleased to hear that the Commission is seeking feedback from staff on how it managed that change. We are also pleased to hear that the system has been functioning since it went live on 31 March 2025.²⁴
- 1.24 As outlined in the Committee's previous report, the Commission's new case management system is expected to provide the agency with a range of operational benefits.²⁵ When we asked the Commissioner about these benefits during the public hearing, he told us that there were no 'reportable improvements in functionality yet, but they're absolutely there built into the system'.²⁶ For example, the Commissioner noted that the new system is integrated with its email and records management systems, and that it can create structured workflows within the system and better connect relevant information.²⁷
- 1.25 We note that our previous report recommended an evaluation of the Commission's new case management system within the first six months of implementation to determine whether the system is achieving its anticipated benefits (Recommendation 1).²⁸ The NSW Government response supported this

²¹ [Annual Report 2023-24](#), p 3.

²² [Annual Report 2023-24](#), pp 3, 19.

²³ Mr Tansey, [Evidence](#), p 19.

²⁴ Mr Tansey, [Evidence](#), p 19.

²⁵ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, pp 3-5.

²⁶ Mr Tansey, [Evidence](#), p 19.

²⁷ Mr Tansey, [Evidence](#), p 19.

²⁸ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, p 3.

recommendation in principle, noting that evaluation will begin immediately after implementation, with benefits expected to be more notable after the first 12 months.²⁹

- 1.26 Given the importance of this system, we reiterate our previous recommendation that the Commission evaluate its case management system within the first six months of implementation (i.e. by October 2025) to determine whether the system is achieving its intended aims, including any reportable improvements in functionality. The Commission should also continue to monitor staff confidence in using the new system and identify lessons for future change management, based on the results of its staff survey. The Commission should report back to the Committee on the results of this interim six-month evaluation by the end of 2025.

Recommendation 3

That the Health Care Complaints Commission consider how its new case management system can be used to generate correspondence more efficiently, to help keep complainants and health practitioners informed, and report back to the Committee on the feasibility of this within six months.

- 1.27 During the public hearing, we heard that the Commission's old case management system was not integrated with other services, and operated separately to the Commission's email and record management systems. By contrast, the new case management system, the Complaints Handling and Management Program (CHAMP), is integrated with these systems and allows the Commission to operate in a 'single environment'.³⁰
- 1.28 The Commissioner also told us that the organisation has cautiously adopted some artificial intelligence inside the new system to create greater efficiencies. This includes generating simple summaries of complaints for staff.³¹
- 1.29 The Committee notes that this functionality could potentially be used in the future to streamline the generation of regular correspondence, which staff would then review. We highlighted the importance of regular and timely communication with both complainants and health practitioners in our previous report, and discuss this further in Chapter Three of this report.
- 1.30 The new case management system provides the Commission with an opportunity to explore how the system can be used to create efficiencies within the organisation. As part of this, we recommend that the Commission specifically consider how the new system could be used to generate correspondence more efficiently to keep both complainants and health practitioners informed about the progress of complaints. The Committee would welcome an update from the Commission within the next six months on whether this is feasible, and how the

²⁹ NSW Government, [NSW Government response: Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports](#), 16 June 2025, p 3.

³⁰ Mr Tansey, [Evidence](#), p 19.

³¹ Mr Tansey, [Evidence](#), p 20.

new system's functionality could be used to improve the timeliness of communication with stakeholders.

Reporting on birth trauma complaints

Finding 4

The Health Care Complaints Commission does not currently collect data or publicly report on the volume of complaints related to 'birth trauma', which limits the Commission's and the public's understanding of these complaints.

Recommendation 4

That the Health Care Complaints Commission investigate ways to flag and collect retrospective data on complaints related to birth trauma for the 2024-25 period. The Commission should report back to the Committee in early 2026 on the progress it has made against this recommendation and the feasibility of reporting on birth trauma complaints going forward.

- 1.31 Birth trauma complaints have been a key focus of the 58th Parliament, both for this Committee and the Legislative Council's Select Committee on Birth Trauma.³² The Committee considers that collecting data on the number and substance of complaints received about birth trauma is important to better understand the issue, however, it is not currently reported on as a standalone metric. The Commission should investigate ways to better monitor and report on birth trauma complaints, including through its new case management system.
- 1.32 Complaints data relating to birth trauma can cut across several different complaints categories. The Commission's annual reports provide data on several service areas that may relate to birth trauma, including obstetrics, midwifery and gynaecology. However, not all complaints in these areas will relate to birth trauma specifically.³³
- 1.33 In its 2024 report, the Select Committee on Birth Trauma recommended the public reporting of complaints data related to maternity care and birth trauma. In December 2024, this Committee additionally recommended that the Commission provide an update on its work in this area in early 2025.³⁴
- 1.34 The Commission's update noted that 'further consideration and analysis are required' to look into the feasibility of reporting on birth trauma as a specific subject of complaints, as birth trauma often involves many different practitioners, clinical settings, and services over the course of a birthing experience.³⁵

³² Select Committee on Birth Trauma, [Birth Trauma](#), report 1/58, Parliament of New South Wales, May 2024; [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024.

³³ Mr John Tansey, [Letter from the HCCC providing an update against birth trauma recommendations](#), 10 March 2025, p 5; Mr Tansey, [Evidence](#), p 8.

³⁴ [Birth Trauma](#), May 2024, p 124; [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, p 15.

³⁵ [Letter from the HCCC providing an update against birth trauma recommendations](#), 10 March 2025, p 5.

- 1.35 The inherent challenges of collecting and reporting on this information was further acknowledged by the Commissioner during the public hearing:
- We don't report, at the moment, on how people might title their experience of health; it is by facility and practitioner. So it remains fairly challenging for us to think about how you would extract the elements of what we might call birth trauma and report on that as distinct from reporting on the settings or the areas of practice.³⁶
- 1.36 The Committee notes that the Commission's new case management system may be able to assist the Commission in collecting data and reporting on specific complaints types like birth trauma by allowing staff to 'tag' complaints. We also understand that the new case management system uses artificial intelligence to provide complaint summaries, which may support this process.³⁷
- 1.37 Notwithstanding the new case management system, we acknowledge that the process may initially be a manual one, as the Commission needs to develop a shared definition of 'birth trauma' and the relevant subcategories that make up these complaints in order to 'tag' them in the system. However, we remain of the view that working towards a better understanding of the volume and substance of birth trauma complaints should be a priority for the Commission.
- 1.38 We recommend that the Commission collect retrospective data on birth trauma complaints for 2024-25. This may include, but is not limited to, utilising the new case management system and/or artificial intelligence to develop a shared definition of 'birth trauma' for this purpose. The Commission should report back to the Committee in early 2026 on the progress it has made against this recommendation and the feasibility of reporting on birth trauma as a category of complaints going forward.

Reporting on emerging complaint types

Recommendation 5

That the Health Care Complaints Commission provide an update in its 2024-25 annual report on the numbers of complaints received in relation to emerging complaint types, including those relating to voluntary assisted dying and conversion practices.

Recommendation 6

That the Health Care Complaints Commission take all steps necessary to ensure that its case management system can be used to interrogate and extract data in relation to current and emerging issues in the health care system.

- 1.39 During the reporting period, there were several legislative changes that impacted on the work of the agency. This included the introduction of legislation relating to voluntary assisted dying and LGBTQ+ conversion practices. The Committee recognises that this may impact the Commission's workload and therefore recommends that future annual reports include data and information about

³⁶ Mr Tansey, [Evidence](#), p 8.

³⁷ Mr Tansey, [Evidence](#), pp 8, 20-21.

these emerging complaint types. This will enable the Committee to understand the impact of the legislation and the Commission's response to it.

- 1.40 The Commission's annual report references several legislative and regulatory changes,³⁸ including the following:
- The ***Voluntary Assisted Dying Act 2022*** came into effect on 28 November 2023 and establishes obligations and rights for health care professionals involved in a patient's decision to access voluntary assisted dying. The Act states that the Commission can receive complaints arising out of conduct under this Act.³⁹
 - The ***Conversion Practices Ban Act 2024*** was assented to on 4 April 2024 and came into effect on 5 April 2025. The object of the Act is to 'ban practices directed to changing or suppressing the sexual orientation or gender identity of individuals, including by creating offences and a civil complaints scheme in relation to the practices'.⁴⁰
- 1.41 Given that this legislation was enacted during the reporting period, we asked the Commissioner about the number of complaints received in relation to voluntary assisted dying and the training staff had received to respond to the legislation. The Commissioner was not aware of specific complaints made in relation to voluntary assisted dying at the time of the public hearing, but agreed to look into the issue. The Commission subsequently clarified that there have been three complaints on this issue since November 2023, one of which is ongoing.⁴¹
- 1.42 The Commission's response indicated that the following actions had been taken to train staff in this area:
- Detailed guidance and training was provided to key leaders in May 2023 on the complexities and issues that may be faced by complainants seeking to complain about voluntary assisted dying.
 - The Commission's legal division ran an all-staff training session in June 2023 in the lead up to the commencement of the Voluntary Assisted Dying Act. The training covered general principles and the Commission's role in the Voluntary Assisted Dying scheme.
 - Key staff were provided with further guidance in 2025.⁴²
- 1.43 In relation to the *Conversion Practices Ban Act 2024*, the Commission told us that staff have received training on how to manage these complaints appropriately, including directing any relevant complaints to Anti-Discrimination NSW, as the primary body that manages complaints and reports under the legislation.⁴³

³⁸ [Annual Report 2023-24](#), p 11.

³⁹ [Annual Report 2023-24](#), p 11.

⁴⁰ [Conversion Practices Ban Act 2024](#).

⁴¹ Mr Tansey, [Evidence](#), p 13; [Answers to questions on notice and supplementary questions](#), p 2.

⁴² [Answers to questions on notice and supplementary questions](#), p 2.

⁴³ [Answers to questions on notice and supplementary questions](#), pp 10-11.

- 1.44 We welcome the Commission's efforts to provide training and guidance to staff in relation to new legislation that may impact the Commission's workload. To enhance parliamentary and public transparency on the impact of this legislation, and to identify and report on emerging trends, we recommend that the Commission provide an update in its annual reports on the numbers of complaints received in relation to emerging complaint types.

Chapter Two – Support for complainants

Making complaints in writing

Finding 5

The internal realignment of the Health Care Complaints Commission's Enquiry Service in 2024 has assisted approximately 75 members of the public to make complaints in writing, which represents an increase in Commission-assisted complaints of more than 800 per cent.

Finding 6

The Health Care Complaints Commission's public website did not previously promote the capacity of the Commission's Enquiry Service to support people to submit complaints in writing, but was updated following the Committee's public hearing.

- 2.1 Supporting complainants to make a complaint in writing is vitally important for the Commission to be accessible, particularly for those who may have experienced trauma. While the Commission reports an increase in the number of people it supported to make a complaint in writing, the availability of increased support was not previously clear on the Commission's public website. The Committee is pleased to note that, following the Committee's public hearing and discussions with the Commissioner, this has been updated.
- 2.2 The *Health Care Complaints Act 1993* states that 'a complaint is made by lodging the complaint in writing with the Commission'.⁴⁴ During the Committee's previous review of the Commission's annual reports, health sector stakeholders told us that this requirement was a barrier to accessibility. This was particularly the case for vulnerable groups, including people with experiences of trauma, communication needs or low literacy levels, First Nations communities, culturally and linguistically diverse communities and people in correctional centres.⁴⁵
- 2.3 During that review, the Commissioner told us that the Commission's Enquiry Service provided some support for potential complainants by acting as a 'telephone front door' and assisting people to lodge complaints, where they may be limited in their capacity to make a written complaint. However, during the 2021-22 and 2022-23 reporting periods, only 0.1 per cent of enquiries resulted in an Enquiry Officer drafting the complaint (a total of 9 complaints each year).⁴⁶
- 2.4 On this basis, our previous report recommended that the Commission implement accessible, trauma-informed options to support complainants who may not have the capacity to provide complaints in writing (Recommendation 3).⁴⁷ The

⁴⁴ [Health Care Complaints Act 1993](#), s 9.

⁴⁵ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, pp 11-12.

⁴⁶ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, p 12.

⁴⁷ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, p 10.

Committee is pleased to note that the Government supported this recommendation and there has been progress in this area.⁴⁸

- 2.5 For example, in the context of providing trauma-informed support for birth trauma complainants, the Commission reported that it relocated the Enquiry Service to its Assessment Division in April 2024. In the ten months since the transition, 75 members of the public had been supported to make a complaint in writing, which represented an increase in Commission-assisted complaints of more than 800 per cent.⁴⁹ The Committee is pleased to see that additional support is being provided for complainants and considers that it is important for this support to continue.
- 2.6 During the public hearing, the Committee asked the Commissioner about the Commission's work to signpost this support for complainants on its website. At that time, the Commission's website did not specify that it could support complainants to make complaints in writing. This was particularly significant when considering that there are around 270,000 website engagements each year.⁵⁰
- 2.7 The Committee is pleased to note that, following our queries at the public hearing, the Commission has updated its website in a number of places to better promote its Enquiry Service. As of 1 July 2025, the Commission updated four webpages to make it clearer that it can assist members of the public with writing a complaint, when it is appropriate to do so. Additionally, the Commission advised that more content enhancements are planned over the next 12 months.⁵¹ The Committee welcomes the website updates and hopes that they will result in enhanced services to complainants.

Engagement with First Nations communities

The Commission's Reconciliation Action Plan seeks to provide a framework for First Nations engagement

Finding 7

The Health Care Complaints Commission's Reconciliation Action Plan was launched in 2025, however, it is at an initial stage of the reconciliation pathway and is not as mature as other public sector agencies' plans.

- 2.8 The annual report notes the development of the Commission's Reconciliation Action Plan, which it says will help provide a 'culturally safe workplace' for First Nations staff and 'provide a framework for ongoing engagement and support' for First Nations communities.⁵² During the public hearing, we heard that the

⁴⁸ [NSW Government response: Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports](#), 16 June 2025, p 4.

⁴⁹ [Letter from the HCCC providing an update against birth trauma recommendations](#), 10 March 2025, p 2.

⁵⁰ Mr Tansey, [Evidence](#), p 7.

⁵¹ [Answers to questions on notice and supplementary questions](#), p 8.

⁵² [Annual Report 2023-24](#), pp 3 and 19.

Commission launched its Reconciliation Action Plan on 3 June 2025, as part of Reconciliation Week.⁵³

- 2.9 The Commissioner told us that the Plan is currently at the 'reflect' stage, which is the first stage of the reconciliation pathway. He noted that a lot of the initial work will centre on the Commission's understanding and capability across the agency so that staff are 'properly skilled and capable' to engage with First Nations communities. Although the Plan has been a work-in-progress for almost five years, the Commissioner acknowledged that the plan represents a 'starting line', not a finish line.⁵⁴
- 2.10 The Committee notes that the Commission's engagement with First Nations communities has been a concern for some time and it is disappointing that progress has been slow. We recognise that the launch of the Plan is an important step in the reconciliation process, and we welcome the Commission's work getting to this stage. However, we note that the Commission is well behind other public sector agencies in terms of engaging with First Nations Communities and progressing a mature Reconciliation Action Plan. The implications of this can be seen in the recruitment and retention of Aboriginal staff, which is examined in the following paragraphs.

The proportion of Aboriginal-identified staff does not align with community expectations of the government workforce

Finding 8

Of the 140 FTE staff of the Health Care Complaints Commission, only one staff member identifies as Aboriginal.

Recommendation 7

That the Health Care Complaints Commission report back to the Committee by the end of 2025 on actions it is taking to increase the number of Aboriginal-identified staff working in the Commission to meet the NSW Government's benchmark of at least 3 per cent. This should include consideration of targeted recruitment for roles that involve work with First Nations communities. Progress in recruiting to this target should also be reported on in the 2024-25 annual report.

- 2.11 During our review, we found that only one current Commission staff member identified as Aboriginal. Across the NSW public sector, there is a currently a benchmark of at least 3 per cent of Aboriginal representation at all non-executive levels.⁵⁵ The Committee would like to see the Commission working to address this, and recommends that the Commission report back to the Committee on the actions it is taking to increase the number of Aboriginal-identified people on its staff.

⁵³ Mr Tansey, [Evidence](#), p 4.

⁵⁴ Mr Tansey, [Evidence](#), p 4.

⁵⁵ NSW Government, [Aboriginal Employment Strategy 2019-2025](#), p 7.

- 2.12 The Commissioner's foreword to the annual report noted a number of work streams related to First Nations communities, as well as a 'commitment to working with First Nations communities, [and] ensuring that [its] operations and workplace environments are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander peoples.'⁵⁶
- 2.13 Additionally, a number of activities in relation to First Nations communities were noted in the body of the annual report. For example, during the reporting period the Commission:
- Dealt with complaints from services provided in connection with First Nations health practices and medical radiation practices
 - Developed a new complaint form with input from people from First Nations backgrounds
 - Enhanced the accessibility of its resources and its engagement with community groups, including with First Nations communities
 - Conducted training for all staff on First Nations cultures and perspectives
 - Offered an Assisted Resolution Service, including for First Nations people
 - Developed a Reconciliation Action Plan (noted above).⁵⁷
- 2.14 Despite this, the annual report noted that only 0.8 per cent of staff identified as Aboriginal and Torres Strait Islander, as at 30 June 2024. The Commissioner confirmed this during the public hearing, noting that only one of the organisation's 140 FTE staff identified as Aboriginal.⁵⁸
- 2.15 The Committee is concerned that the current proportion of Aboriginal-identified staff is not consistent with government and community expectations in relation to First Nations representation in the government workforce.
- 2.16 The Commissioner explained that while recruiting and retaining First Nations staff can be 'mathematically challenging' for a small organisation, enhancing the Commission's capacity to attract and keep First Nations people on its staff is one potential positive outcome of the Reconciliation Action Plan.⁵⁹
- 2.17 During the hearing, we also asked the Commissioner about the extent to which he thought the agency is a culturally safe entity for people from First Nations communities to deal with. The Commissioner indicated that he had not received any feedback that the agency is not accessible or culturally safe, and that it prides itself on the positive and constructive work it does with First Nations communities, particularly those in rural or regional communities.⁶⁰

⁵⁶ [Annual Report 2023-24](#), p 3.

⁵⁷ [Annual Report 2023-24](#), pp 5, 17, 18, 19.

⁵⁸ [Annual Report 2023-24](#), p 57; Mr Tansey, [Evidence](#), p 4.

⁵⁹ Mr Tansey, [Evidence](#), p 4.

⁶⁰ Mr Tansey, [Evidence](#), p 5.

- 2.18 We welcome the work that the organisation does with First Nations communities, but consider that more work needs to be done by the Commission to recruit First Nations staff, particularly for roles where there is regular engagement with First Nations communities. We therefore recommend that the Commission report back to the Committee by the end of 2025 on actions it is taking to increase the number of Aboriginal-identified people on its staff to meet the NSW Government's benchmark of at least 3 per cent. This should include consideration of targeted recruitment for roles that regularly work with First Nations communities.
- 2.19 The Commission should also further consider the recommendation made in our previous report (Recommendation 4) to establish a dedicated First Nations liaison/navigator position to provide a culturally safe and accessible service for Aboriginal people. We note that the recommendation was supported in principle by the NSW Government and that the Government considers requests for additional funding through the annual budget process.⁶¹ Consequently, we encourage the Commission to prioritise the establishment of a First Nations liaison/navigator position and other identified First Nations positions, and to seek the necessary funding for these positions through the budget process.

Engagement with culturally and linguistically diverse communities

Finding 9

Because culturally and linguistically diverse (CALD) communities are not homogenous and have diverse needs and experiences, engagement with CALD communities remains a challenge for the Health Care Complaints Commission.

Recommendation 8

That the Health Care Complaints Commission leverage its relationship with Multicultural NSW and other key stakeholders to build trust and engage more effectively with culturally and linguistically diverse communities.

- 2.20 The Committee heard that more effective engagement with multicultural and diverse communities will be a 'key focus' for the Commission in 2025-26.⁶² However, we also heard that engagement remains challenging and that resources are limited. We recommend that the Commission leverage its relationships with agencies like Multicultural NSW to better engage with culturally and linguistically diverse (CALD) communities.
- 2.21 Our previous review found that Commission did not have an appropriately resourced standalone engagement and outreach function with respect to CALD communities, which limited its capacity to effectively engage with these communities. To address this, we recommended that the NSW Government consider providing additional funding to the Commission for standalone

⁶¹ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, p 10; [NSW Government response: Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports](#), 16 June 2025, pp 4-5.

⁶² Mr Tansey, [Evidence](#), p 3.

engagement and outreach activities with CALD communities (Recommendation 11).⁶³

- 2.22 The NSW Government response noted this recommendation and said that it considers requests for additional funding through the annual budget process. It also noted that the Commission is developing a new external engagement plan from 2025 onwards.⁶⁴
- 2.23 During the public hearing we asked the Commissioner about the progress that the Commission has made in engaging with CALD communities. The Commissioner indicated that engaging with multicultural communities continues to represent a greater challenge for the Commission due to the larger populations that these diverse communities represent, when compared with First Nations communities. However, he also emphasised that the organisation is 'committed and focused' to this engagement.⁶⁵
- 2.24 We note that a number of the Commission's activities in relation to CALD communities are ongoing, including:
- Engaging representatives from CALD communities to conduct user testing of the Commission's Easy Read fact sheets
 - Engagement with staff from CALD community groups and the provision of information to the Ethnic Communities Council of NSW, the Multicultural Council of Illawarra, Hunter Multicultural Council, Multicultural Health Communication Service, NSW Refugee Health Service, and the Multicultural Council of Wagga Wagga
 - Translation of Commission material into community languages
 - Making interpreters available to clients whose first language is not English.⁶⁶
- 2.25 In relation to resourcing for these activities, the Commissioner told us that the Commission has two full-time officers as part of its communications engagement team. The role of engaging CALD communities also sits across different teams and functions within the organisation, including the team that undertakes resolutions within the community. However, the Commissioner advised that the funding and resourcing for these activities will remain largely the same as they currently are in the immediate future.⁶⁷
- 2.26 Given these funding constraints, we asked the Commissioner about whether the Commission has done any work with Multicultural NSW or other groups that have existing relationships with CALD communities. The Commissioner told us:

⁶³ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, p 29.

⁶⁴ [NSW Government response: Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports](#), 16 June 2025, p 9.

⁶⁵ Mr Tansey, [Evidence](#), p 14.

⁶⁶ [Annual Report 2023-24](#), pp 19, 7.

⁶⁷ Mr Tansey, [Evidence](#), pp 14-15.

We've been talking with some other, smaller independent bodies and some of the other integrity bodies about how we can join forces and engage with community, not only because that potentially might be more efficient for us to leverage but also because we think that it might actually be more beneficial to communities if they are able to engage with more parts of the public service at one time.⁶⁸

- 2.27 The Committee welcomes this collaborative approach to engagement and encourages the Commission to continue to work with Multicultural NSW to build trust and leverage existing relationships with CALD communities. We look forward to an update from the Commission on these collaborations in future annual reports.

⁶⁸ Mr Tansey, [Evidence](#), p 14.

Chapter Three – Support for health practitioners

Support and resources for health practitioners

Recommendation 9

That the Health Care Complaints Commission report back to the Committee by the end of 2025 on the outcomes of its practitioner roundtable. This should also be included in the Commission's 2025-26 annual report.

Recommendation 10

That the Health Care Complaints Commission seek health practitioner input on the specific support and resources that could be made available to practitioners that are subject to complaint and investigation.

- 3.1 The impact of complaints on health practitioners can be significant. The Commissioner told us that the Commission is planning to convene a roundtable with practitioners representative groups to discuss how the Commission can better support practitioners that are subject to complaint or investigation. We recommend that the Commission report back to the Committee on the outcomes of the roundtable. The Commission should also seek health practitioner input on specific support and resources that could be made available to practitioners.
- 3.2 In our previous report, we recommended that the Commission develop a program to support health practitioners that are subject to complaint and investigation, including monitoring and reporting on practitioner health and wellbeing (Recommendation 8).⁶⁹
- 3.3 The NSW Government response supported the recommendation in principle, but noted that a more formal scheme of monitoring and reporting on practitioner well-being would have resource implications, and could potentially have significant privacy and liability consequences. However, the response acknowledged the Commission's 'critical role' in ensuring that practitioners subject to complaint are continuously informed, sensitively supported throughout the process, and have information and access to professional supports. It also stated that the Commission is continuing to focus on its work to support health practitioners and address the issue of practitioner distress.⁷⁰
- 3.4 During the public hearing, we asked the Commissioner about the progress that is being made in this area, particularly where complaints are found to be vexatious. He told us that, as part of its forward activity, the Commission is convening a roundtable in the second half of 2025 to gather input from practitioners' representative groups and other industry stakeholders on its work and strategies

⁶⁹ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, p 22.

⁷⁰ [NSW Government response: Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports](#), 16 June 2025, p 7.

to improve the experiences of practitioners that are subject to complaint and investigation.⁷¹

- 3.5 The Commissioner also referred to a number of resources and support services that the agency directs health practitioners to, including 24/7-accessible counselling and support lines such as Lifeline and ReachOut. He emphasised that the Commission provides information about different modes and types of services, not just those that are industry or practitioner-specific.⁷²
- 3.6 The Committee is pleased to hear about the health practitioner roundtable and we look forward to the Commission's report of the outcomes of the roundtable by the end of 2025. We also encourage the Commission to build upon the work it is doing in this area and to seek health practitioner input on the specific support and resources that could be made available to practitioners, with a view to improving the support already provided.

Communication with health practitioners

Recommendation 11

That the Health Care Complaints Commission develop key performance indicators (KPIs) and prescribed processes that set out the nature and intended frequency of its communication with health practitioners who are subject to complaint and investigation. These KPIs should be informed by input from health practitioners, and be published in the Commission's future annual reports.

- 3.7 The Committee's previous report found that infrequent communication between the Commission and health practitioners is a cause of significant distress for health practitioners that are subject to complaint and investigation. Health sector stakeholders also told us that clear and regular communication from the Commission would significantly reduce this distress.⁷³ On this basis, we recommended that the Commission develop key performance indicators (KPIs) regarding the frequency of communication with both complainants and practitioners (Recommendations 2 and 6).⁷⁴
- 3.8 In its response, the NSW Government indicated that it supported the recommendations in principle. The response noted that it would not be feasible to include these metrics in the next annual report (for 2024-25), but that they would be considered for inclusion in future annual reports. It should also be noted that in the response the Government stated that it was unlikely that introducing and reporting on numerical KPIs of frequency would provide a meaningful indicator of the quality of communication and interactions.⁷⁵

⁷¹ Mr Tansey, [Evidence](#), p 16.

⁷² Mr Tansey, [Evidence](#), p 17.

⁷³ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, pp 18 and 20.

⁷⁴ [Review of the HCCC's 2021-22 and 2022-23 annual reports](#), December 2024, pp 7 and 18.

⁷⁵ [NSW Government response: Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports](#), 16 June 2025, pp 3-4.

- 3.9 During the public hearing, we asked the Commissioner for an update about potential KPIs regarding the timeliness of communication with health practitioners. The Commissioner told us that communication with practitioners needed to be customised and that 'simply communicating at regular cadences to hit a KPI' might be more stressful for practitioners if there is no substantive update:
- Our preference would be having very clear expectations and communications with people, so that they know what kinds of steps or stages in a complaint will necessitate communicating with them, and being very clear with them that they know they can communicate with us at any time if they're feeling anxious and want an update. We endeavour to set that up as well and as clearly as possible from the get-go, with the intention of trying to reduce the stress of dealing with us.⁷⁶
- 3.10 The Committee acknowledges that overly frequent contact (for example, every few weeks) may cause anxiety for some practitioners. However, we consider that communication after prolonged periods of non-contact may also be distressing, and we remain of the view that regular communication is more beneficial than not in circumstances where health practitioners are subject to complaint and investigation.
- 3.11 We understand that more frequent correspondence may create additional work for the Commission. However, as we noted in Chapter One, the Commission's new case management system may be able to generate correspondence more efficiently to keep both complainants and practitioners informed about complaints. We encourage the Commission to explore this functionality and report back to the Committee on the feasibility of this within six months, as per Recommendation 3 of this report.
- 3.12 Additionally, we recommend that the Commission develop KPIs and prescribed processes that set out the nature and frequency of its intended communication with health practitioners that are subject to complaint and investigation. These indicators and processes should be informed by health practitioner input to determine what would be most beneficial for them. We note that the upcoming health practitioner roundtable may provide opportunities for the Commission to seek this input, and look forward to an update in the Commission's 2025-26 annual report.

⁷⁶ Mr Tansey, [Evidence](#), p 16.

Chapter Four – Strategic planning and organisational culture

Strategic planning

Finding 10

The Health Care Complaints Commission's current strategic plan ends in 2025. While progress has been made in some areas, most focus areas have not been 'completed' and will continue as part of the next strategic plan.

- 4.1 The Commission's strategic plan is in its final year, and work has commenced on the next strategic plan, which is set to cover the period 2026-28 inclusive.⁷⁷ The Committee would like to see the Commission's next strategic plan focus on staff wellbeing, engagement with underrepresented communities, and communication with complainants and health practitioners.
- 4.2 During the public hearing, we asked the Commissioner for his views on the effectiveness of the current strategic plan and the development of the upcoming one. The Commissioner told us that several focus areas that are part of the 2022-25 strategic plan will likely carry through to the next plan, as 'a lot of those focuses are necessary and will be enduring.' Mr Tansey said that while work on most of the priority areas had commenced, they had not been completed during the life of the plan.⁷⁸
- 4.3 The current strategic plan for 2022-25 focuses on the following focus areas:
- **Customers:** Customers of the Commission receive fair, timely, tailored and appropriate services, while it maintains its independence and impartiality.
 - **One Commission and our People:** The Commission is driven by a culture of excellence that is achieved by its people collaborating on work that is meaningful and purpose-based.
 - **Business and Systems Transformation:** The Commission is future-focused with an emphasis on best practice complaints management, enabled by great people, technology and processes.
 - **Shared accountability with health service providers:** The Commission fosters system-wide accountability for patient-centric care and practice improvements, and builds partnerships that help deliver timely and effective complaints handling at all levels.⁷⁹
- 4.4 Based on the strategic focus areas above, the Committee agrees with the Commissioner's assessment that more progress is needed in some key areas. For

⁷⁷ Mr Tansey, [Evidence](#), p 2.

⁷⁸ Mr Tansey, [Evidence](#), p 3.

⁷⁹ [Annual Report 2023-24](#), p 16.

example, the Commission's case management system is a system transformation that was only recently completed in 2025, but will require additional work to ensure it is operating effectively and delivering its anticipated efficiencies. Our report also highlights other key areas where work has commenced but has not been completed, including in relation to communication with health practitioners and stakeholder engagement, as noted in earlier chapters.

- 4.5 The Commissioner told us that work on the next strategic plan has commenced, with a number of planned and completed activities to be noted in it, including:
- development of the Commission's External Communications and Engagement Strategy and improvements to its 'Customer Voice' survey for complainants and practitioners
 - workshops with the executive leadership and a survey covering the plan's proposed focus areas
 - workshops with internal stakeholders, including an all-staff group
 - workshops with similar regulators in other Australian jurisdictions and NSW Health agencies with regulatory roles that are complementary or supplementary to the Commission's.⁸⁰
- 4.6 The Committee looks forward to more comprehensive reporting on the forthcoming strategic plan in the Commission's 2024-25 annual report.

Staff engagement and wellbeing

The 2024 People Matter Employee Survey (PMES) results provide more detail than previous years

Finding 11

The 2024 People Matter Employee Survey (PMES) results were the first results to show a more detailed breakdown by work group within the Health Care Complaints Commission, and showed consistently less positive experiences among the following groups:

- the Assessments team
- administrative support staff
- people who speak English as a second language
- people who have been with the organisation between 2-5 years.

- 4.7 As part of our review of the Commission's 2023-24 annual report, we looked at the Commission's 2024 People Matter Employee Survey (PMES) results for evidence on organisational culture within the agency during the reporting period. The 2024 results provided more granular information than previous years by including a more detailed breakdown by work group. As the Commissioner told

⁸⁰ Mr Tansey, [Evidence](#), pp 2-3; [Answers to questions on notice and supplementary questions](#), p 13.

us, this change would provide the Commission with greater insights into its workforce and help with future planning in response to the PMES results.⁸¹

- 4.8 The PMES is an annual NSW public sector survey that asks employees about their experiences and perceptions of their workplace, including management and leadership, employee engagement, and workplace support. Response data is collected across public sector agencies, and allows for a state-wide public sector average, or benchmark, to be calculated. This enables agencies to better understand the areas in which they are performing well, and where there are areas for improvement.⁸²
- 4.9 In 2024, 134 Commission staff participated in the survey, which was a 100 per cent response rate. This was a significant improvement from the 70 per cent response rate in 2023.⁸³
- 4.10 The Commission received a score of 56 per cent for employee engagement (a global measure of employee experience), which was a slight decrease from 2023.⁸⁴ Notably, employee engagement was lower for:
- the Assessments unit (45 per cent)
 - people who had been at the organisation between 2-5 years (48 per cent)
 - Administrative support staff (49 per cent)
 - people who speak English as a second language (51 per cent).⁸⁵
- 4.11 The Committee was pleased to see that the Commission received particularly positive responses from staff in the following areas:
- Understanding what ethical behaviour means within their workplace (91 per cent)
 - Awareness of obligations under the Code of Ethics and Conduct in their organisation (91 per cent)
 - Support for flexible working (91 per cent)
 - Ability to adapt when change occurs (88 per cent)
 - Respectful treatment within work groups (87 per cent).⁸⁶

⁸¹ Mr Tansey, [Evidence](#), p 17.

⁸² NSW Government, [NSW People Matter Employee Survey](#), viewed 22 September 2025.

⁸³ NSW Government, [People Matter: NSW Public Sector Employee Survey 2024, Health Care Complaints Commission](#), p 1; [PMES 2023: 2023 reports - Independent and other agencies – Health Care Complaints Commission](#), p 1.

⁸⁴ [People Matter: NSW Public Sector Employee Survey 2024, Health Care Complaints Commission](#), p 4.

⁸⁵ [People Matter: NSW Public Sector Employee Survey 2024, Health Care Complaints Commission](#), pp 40-43.

⁸⁶ [People Matter: NSW Public Sector Employee Survey 2024, Health Care Complaints Commission](#), p 5.

- 4.12 However, the results also indicated notably lower scores in relation to the following areas:
- Change management (20 per cent)
 - Senior executive support for career advancement (30 per cent)
 - Senior executives provide clear direction for the future of the organisation (32 per cent)
 - Satisfaction with the opportunities available for professional development (33 per cent)
 - Burnout (disagree) (34 per cent).⁸⁷
- 4.13 The Committee is particularly concerned in relation to the staff wellbeing and health and safety aspects of the Commission's 2024 PMES results. Staff confidence that work health and safety issues will be addressed promptly by the organisation was one of the least favourable metrics, with only 42 per cent agreeing with this statement, a fall of 23 percentage points since 2023.⁸⁸ Additionally, only 40 per cent agreed that there are effective resources in the organisation to support employee wellbeing, a decrease of 17 percentage points since 2023.⁸⁹
- 4.14 The Committee acknowledges that the 2024 PMES survey took place when the current Commissioner was new to the role, and therefore that the results provide a snapshot of a period of significant organisational change within the agency. However, we also note the need to address staff feedback and welcome the Commission's efforts to address the issues raised, as discussed below.

The Commission is taking action to improve its organisational culture

- 4.15 At our public hearing, we asked the Commissioner about how things had progressed in relation to organisational culture within the agency. The Commissioner said that, although the results were 'tending to be as bad as we might have thought', the organisation 'fully embraced the necessary challenge of coming to grips with the feedback we were getting from the team on culture.'⁹⁰
- 4.16 As part of this, the Commissioner reflected that the provision of results at a more granular level has meant the agency can compare the experiences of staff in different teams, which he said 'helps us understand particular hotspots where we need to work on engagement.'⁹¹
- 4.17 The Commissioner also told the Committee about certain engagement activities for staff that the agency conducted in late 2024. These provided people with 'safe

⁸⁷ [People Matter: NSW Public Sector Employee Survey 2024, Health Care Complaints Commission](#), p 5.

⁸⁸ [People Matter: NSW Public Sector Employee Survey 2024, Health Care Complaints Commission](#), p 6.

⁸⁹ [People Matter: NSW Public Sector Employee Survey 2024, Health Care Complaints Commission](#), p 6.

⁹⁰ Mr Tansey, [Evidence](#), p 17.

⁹¹ Mr Tansey, [Evidence](#), p 17.

opportunities to unpack' the PMES results and informed the development of a clear PMES Action Plan, which commenced in 2025.⁹²

4.18 During the hearing, the Commissioner explained that the focus areas of the PMES Action Plan included:

- staff recognition
- communication
- welfare and wellbeing
- recruitment
- change management
- learning and development.⁹³

4.19 The Commission confidentially shared its PMES Action Plan with the Committee, which details the actions that it intends to take across each of these focus areas.

4.20 Additionally, the Commissioner explained that the agency conducted its own pulse survey in March 2025, six months after the 2024 PMES results were published, to obtain additional feedback from staff on the PMES domains, as well as the Commission's PMES Action Plan. The Commissioner reported that, across all of the domains, the Commission has seen 'a really positive shift' and 'significantly improved experience'.⁹⁴

4.21 We are encouraged by the work in this area and look forward to examining the 2025 PMES results to get a fuller understanding of whether the Commission's work in this area is reflected in better staff feedback and a more positive overall work experience for Commission staff.

⁹² Mr Tansey, [Evidence](#), p 17.

⁹³ Mr Tansey, [Evidence](#), p 18.

⁹⁴ Mr Tansey, [Evidence](#), p 18.

Appendix One – Committee's functions

Under the *Health Care Complaints Act 1993*, the Committee is to examine each annual and other report made by the Health Care Complaints Commission and presented to Parliament, under this or any other Act and to report to both Houses of Parliament on any matter appearing in, or arising out of, any such report.

The broader functions of the Committee, set out in section 65 of the Act, are as follows:

(a) to monitor and to review the exercise by the Commission of the Commission's functions under this or any other Act,

(a1) without limiting paragraph (a), to monitor and review the exercise of functions by the Health Conciliation Registry,

(b) to report to both Houses of Parliament, with such comments as it thinks fit, on any matter appertaining to the Commission or connected with the exercise of the Commission's functions to which, in the opinion of the Joint Committee, the attention of Parliament should be directed,

(c) to examine each annual and other report made by the Commission, and presented to Parliament, under this or any other Act and to report to both Houses of Parliament on any matter appearing in, or arising out of, any such report,

(d) to report to both Houses of Parliament any change that the Joint Committee considers desirable to the functions, structures and procedures of the Commission,

(e) to inquire into any question in connection with the Joint Committee's functions which is referred to it by both Houses of Parliament, and to report to both Houses on that question.

(2) Nothing in this Part authorises the Joint Committee:

(a) to re-investigate a particular complaint, or

(b) to reconsider a decision to investigate, not to investigate or to discontinue investigation of a particular complaint, or

(c) to reconsider the findings, recommendations, determinations or other decisions of the Commission, or of any other person, in relation to a particular investigation or complaint.

(3) The functions of the Joint Committee may be exercised in respect of matters occurring before or after the commencement of this section.

Appendix Two – Witnesses

23 June 2025
Parliament House, Macquarie Room, Sydney, NSW

Witness	Position and Organisation
Mr John Tansey PSM	Commissioner, Health Care Complaints Commission

Appendix Three – Extracts from minutes

MINUTES OF MEETING No.14

10:03am, 14 February 2025

Room 1136 and via videoconference

Members present

In person: Dr McGirr (Chair), Mrs Macdonald

Webex: Mr Crakanthorp, Dr Cohn, Mr Donnelly, Mr Kemp.

Apologies

Dr Saliba

Officers present

Rohan Tyler, Carly McKenna, Oliver Sinclair, Rhea Maggs

1. Confirmation of minutes

Resolved, on the motion of Mr Donnelly; That the minutes of the meeting of 11 December 2024 be confirmed.

2. ***

3. Reports from the Health Care Complaints Commission

3.1 Health Care Complaints Commission's 2023-24 Annual Report

The Committee noted that the HCCC tabled its 2023-24 annual report in Parliament on 21 November 2024 and that the report was circulated to Committee members on 15 January 2025.

3.2 Quarterly performance reports

The committee noted receipt of the HCCC's Q1-Q2 2024-25 Performance Report, received 7 February 2025.

4. Adoption of inquiry to review the 2023-2024 Annual Report

The Committee noted that, under section 65 of the *Health Care Complaints Act 1993*, the committee is to examine each annual report of the HCCC and 'report to Parliament on any matter appearing in, or arising out of, any such report'.

Discussion ensued.

Resolved, on the motion of Mr Crakanthorp that:

- The committee conduct an inquiry to review the Health Care Complaints Commission's 2023-24 Annual Report.
- The review be reported to Parliament and published on the Committee's webpage.

- The committee hold a public hearing or hearings for the review in 2025, on a date or dates to be determined, and invites the Commissioner and senior staff of the Health Care Complaints Commission to appear to give evidence.

The Committee agreed that it would consider writing to stakeholders in 2026 to inform the Committee's review of the Commission's 2024-25 annual report, rather than repeating this process in 2025.

5. General business

The Committee noted that Dr Cohn had moved a motion for the Legislative council to take note of the Committee's report on the HCCC's 2023-24 annual report. The Chair advised that the take note debate in the Legislative Assembly would likely not take place until March 2025.

6. Next meeting

The meeting adjourned at 10:15am until a time and date to be determined.

MINUTES OF MEETING No.15

10:00am, 30 May 2025

Room 1043 and via videoconference

Members present

In person: Mrs MacDonald

Webex: Dr McGirr (Chair), Mr Crakanthorp (Deputy Chair), Dr Cohn, Dr Saliba

Apologies

Mr Donnelly, Mr Kemp

Officers present

Rohan Tyler, Carly McKenna, Charis Fisher, Rhea Maggs

1. Confirmation of minutes

Resolved, on the motion of Mr Crakanthorp: That the minutes of the meeting of 14 February 2025 be confirmed.

2. ***

3. Health Care Complaints Commission's Q3 2024-25 Performance Report

The Committee noted the receipt of the HCCC's Q3 2024-25 Performance Report, received 14 May 2025.

4. Update on birth trauma recommendations

The Committee noted the correspondence from the HCCC, received 10 March 2025, providing an update on the actions that the Commission intends to take to address Recommendations 40 and 43 of the Birth Trauma inquiry. The Committee also noted that the complete NSW Government response to its previous report is due on 16 June 2025.

Discussion ensued.

Resolved, on the motion of Dr Cohn: That the Chair forward the correspondence to the Hon. Emma Hurst MLC, former Chair of the Select Committee on Birth Trauma, for information.

5. Review of the Health Care Complaints Commission's 2023-24 Annual Report

The Committee discussed its forward work plan, including the timing of the public hearing

6. Next meeting

The meeting adjourned at 10:16am until a date and time to be determined.

MINUTES OF MEETING No.16

09:02am, 23 June 2025

Macquarie Room and via videoconference

Members present

In person: Dr McGirr (Chair), Mr Crakanthorp (Deputy Chair), Dr Cohn, Mr Kemp, Mrs MacDonald

Webex: Dr Saliba

Officers present

Rohan Tyler, Carly McKenna, Charis Fisher, Rhea Maggs

1. Confirmation of minutes

Resolved, on the motion of Mr Crakanthorp: That the minutes of the meeting of 30 May 2025 be confirmed.

2. ***

3. NSW Government response – Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports

The Committee noted the NSW Government response to the Committee's report of its review of the Health Care Complaints Commission's 2021-2022 and 2022-23 annual reports, which was circulated to the Committee on Tuesday 17 June 2025.

4. Review of the Health Care Complaints Commission's 2023 -24 annual report

4.1 Media orders for public hearing

Resolved, on the motion of Mr Donnelly: That the Committee authorises the audio-visual recording, photography and broadcasting of the public hearing on 23 June 2025, in accordance with the Legislative Assembly's resolution of 9 May 2023, and the Assembly's guidelines for coverage of proceedings for parliamentary committees administered by the Legislative Assembly.

4.2 Questions on notice and supplementary questions

Resolved, on the motion of Mr Donnelly: That the Committee adopt the following process in relation to supplementary questions and answers to questions taken on notice:

- Members to email any proposed supplementary questions for the witness to the secretariat by 4pm, Monday 23 June 2025.
- Secretariat to then circulate all proposed supplementary questions to the Committee, with members to lodge any objections to the questions by 4pm, Tuesday 24 June 2025.
- The witness be requested to return answers to questions taken on notice and any supplementary questions within 14 days of the date on which questions are forwarded to them.

The Chair adjourned the meeting at 9:13am.

4.3 Public hearing

The witness and the public were admitted. The Chair opened the public hearing at 9:30am and made a short opening statement.

Mr John Tansey, Commissioner, Health Care Complaints Commission, was affirmed and examined. The Committee questioned the witness.

The Chair adjourned the hearing at 10:20am.

The Chair resumed the hearing at 10:35am.

The Committee continued examining the witness.

Evidence concluded and the witness withdrew. The Chair closed the hearing at 12:01pm.

Post-hearing deliberative meeting

The Chair resumed the meeting at 12:02 pm.

4.4 Publication orders

Resolved, on the motion of Mr Crakanthorp: That the corrected transcript of public evidence given today be authorised for publication and uploaded to the Committee's webpage.

4.5 Acceptance and publication of tendered documents

Resolved, on the motion of Dr Cohn: That the Committee accept and publish the following document:

- Correspondence from the Commissioner of the Health Care Complaints Commission, dated 19 March 2025, providing an update on the actions that

the Commission intends to take in relation to the Birth Trauma inquiry, tendered by Dr Cohn.

4.6 Questions taken on notice and supplementary questions

Resolved, on the motion of Mrs MacDonald: That the Committee amend its previous resolution regarding the process in relation to supplementary questions and answers to questions taken on notice, under agenda item 4.2, and adopt the following process instead:

- Members to email any proposed supplementary questions for the witness to the secretariat within 24 hours after the transcript circulated to them.
- Secretariat to then circulate all proposed supplementary questions to the Committee, with members to lodge any objections to the questions within the following 24 hours.
- The witness be requested to return answers to questions taken on notice and any supplementary questions within 14 days of the date on which questions are forwarded to them.

5. Next meeting

The meeting adjourned at 12:05pm until a time and date to be determined.

UNCONFIRMED EXTRACTS OF MINUTES - Meeting no.17

11:07am, 24 September 2025

Meeting Room 1043 and via videoconference

Members present

Via videoconference: Dr McGirr (Chair), Mr Crakanthorp (Deputy Chair), Dr Cohn and Mr Kemp.

Apologies

Mr Donnelly, Mrs MacDonald and Dr Saliba.

Officers present

Rohan Tyler, Carly McKenna, Charis Fisher and Art Bae.

1. Confirmation of minutes

Resolved, on the motion of Mr Kemp: That the minutes of the meeting of 23 June 2025 be confirmed.

2. ***

3. Review of the Health Care Complaints Commission's 2023-24 annual report

3.1 Answers to questions on notice and supplementary questions

Resolved, on the motion of Mr Crakanthorp:

- That the Committee accept and publish the Health Care Complaints Commission's answers to questions on notice and supplementary questions, received on 9 July 2025.
- That the following attachments to the responses be kept confidential to the Committee:
 - HCCC PMES Action Plan (response to question on notice #4)
 - Review of Stakeholder Engagement and Communications Function (response to supplementary question #29).

3.1 Consideration of the Chair's draft report

By concurrence, the Committee considered the Chair's draft report chapter by chapter.

Discussion ensued.

Resolved, on the motion of Mr Kemp: That a new recommendation be inserted after Recommendation 5 to read:

"That the Health Care Complaints Commission take all steps necessary to ensure that its case management system can be used to interrogate and extract data in relation to current and emerging issues in the health care system."

The Committee agreed that Chapter 1, as amended, stand as part of the report.

The Committee agreed that Chapter 2 stand as part of the report.

The Committee agreed that Chapter 3 stand as part of the report.

The Committee agreed that Chapter 4 stand as part of the report.

Resolved, on the motion of Mr Crakanthorp:

- That the draft report as amended be the report of the Committee and that it be signed by the Chair and presented to the House.
- That the Chair and Committee staff be permitted to correct stylistic, typographical and grammatical errors.
- That, once tabled, the report be posted on the Committee's webpage.

4. ***

5. Next meeting

The meeting adjourned at 11.43am until a time and date to be determined.