

Committee on the Health Care Complaints Commission

Questions on Notice

JPC Question on Notice #1

Q: Can I also put a question on notice to you about the increase in public hospital activity that you've attributed, in your report again today, to increases in emergency department activity? I'm not actually sure your data bears that out. It seems to me that the increase in the public hospital activity doesn't just relate to emergency medicine. It may just relate to a greater level of activity in the public hospital system overall, but it would be good to check that, if I could.

I just put that to you on notice to go back and interrogate that a bit further. It's very easy to blame anything in the public hospital system to an increase in people going to the emergency department. I've been hearing that excuse for 30 years. Sometimes that's true, but your data suggests that there are complaints within the hospital system as well, not just in emergency medicine.

A: Over the past five years, the Commission has seen a substantial rise in complaints about emergency medicine in public hospitals, rising from 337 in 2019–20 to 629 in 2023–24, and representing an 87% increase. This upward trend includes an increase of 13.9% in 2023–24 from the previous year which is similar to the 13.2% increase in public hospital complaints in that same year.

Complaints relating to general medicine have also risen over the same period, increasing 50% from 293 to 440 between 2019–20 and 2023–24, though the growth has not been as pronounced as that seen in emergency medicine.

JPC Question on Notice #2

Q: Commissioner, I note in your report that mental-health-related complaints are increasing. I just wondered if there had been any themes that have emerged in these mental health-related complaints, and are there specific system failures that are being addressed?

A: The 2023-24 Annual Report contains a number of data points in relation to mental health complaints. This includes tables A.5, A.8, and A.12. The data is categorised by service area, public and private hospitals, and medical practitioners.

The complaints data for the period of 2019-20 and 2023-24 does not demonstrate an increase in mental health complaints. By way of example, mental health complaints received by service area remained consistent over the period at 6% in 2019-20 and 2023-24.

There are currently no specific themes emerging from these complaints.

JPC Question on Notice #3

Q: Voluntary assisted dying is now within the remit of the Commission. How many complaints have arisen in this area since the Act came into force? What training have the commission staff received in handling these cases sensitively?

A: Since the Act commenced on 28 November 2023, the Commission has received three complaints on this issue. One of these was resolved during assessment, another was discontinued, and one is ongoing.

Detailed guidance and training was provided to key leaders in May 2023 which ran through the complexities and issues that may be faced by complainants seeking to complain about Voluntary Assisted Dying. Key staff have been provided with further guidance in 2025.

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 2022's commencement of operation. The training covered general principles and the Commission's specific role in the Voluntary Assisted Dying scheme.

The Commission is monitoring the complaints profile and will provide more directed training sessions to staff as needed.

JPC Question on Notice #4

Q: Are you able to outline the six activities or six areas of the [PMES action plan] activities that you've been working on?

A: Please see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey related to this topic – page 18.

The six focus areas are as follows:

1. Staff Recognition, Teamwork and Events, and Communication
2. Flexible Work, Welfare, and Wellbeing
3. Recruitment
4. Change Management
5. Learning and Development
6. Workloads

Please find attached a copy of the PMES Action Plan-on-a-page.

JPC Question on Notice #5

Q: I want to go back to before we got into the AI side of that. Commissioner, based on your earlier answer around reporting mechanisms from the new software management, I'd like to ask a question on notice and for you to advise us in the future, if possible. It's easy to use the birth trauma question that came up earlier.

Can you please identify a method that's within the system to extrapolate data out in relation to specific types of complaints? With the technology that's around these days, whether that's AI or something else, I think it's really important that we are streamlining and improving our processes as we go forward, using data at all times. I would just ask that in the future, you could identify to us a method of collecting the data as a management tool.

A: The Commission's new case management system enables the tagging and tracking of complaints, including identifying high-risk issues.

The Commission will provide further information to the Committee in the future on the improved application of the new case management system to provide data on specific complaint types.

Committee on the Health Care Complaints Commission

Supplementary Questions

JPC Supplementary Question #1

Q: Could you reflect on what you consider to be the most significant internal or systemic challenge facing the Commission today — and how your approach differs from your predecessors in addressing it?

A: The most significant systemic issue for the Commission is constantly working towards our vision (*‘The community is safe and confident in the standard and quality of health services in NSW’*) operationalised through our mission (*‘Protecting the health and safety of the NSW community through independent, accessible, and effective management of health care complaints and regulatory action’*) and always mindful of the statutory requirement that “... the protection of the health and safety of the public must be the paramount consideration”.

The continuous challenge is:

- to plan and execute our priorities and activities ensuring our work is relevant and effective;
- making sure our work is well-targeted given the finite resources of the Commission relative to the scale, complexity, and diversity of health services, practitioners, providers and settings; and
- in the context of continuous changes in health services.

My approach is to embrace this challenge and to work openly with all my colleagues at the Commission, and partners and stakeholders, to identify the priorities and risks and opportunities and ensure we are clear and focused on the specific responsibilities and contribution of the Commission to maximise our positive impact.

I am unable to offer an opinion on how my approach compares to the approach of my predecessors as I have not worked with them and cannot speak for them regarding what they might have seen as the most significant challenge.

JPC Supplementary Question #2-5

Q: You’ve acknowledged the PMES survey results indicated disengagement and morale concerns. What specific culture improvement initiatives have been implemented since your appointment, and how could their success be measured?

Q: The 2022–23 Review found significant cultural challenges, with low PMES results and staff disengagement.

- In your tenure so far, have there been measurable changes in morale or internal cohesion, and will the 2024 PMES results be shared publicly in full?
- Will the Commission commit to publicly reporting PMES results in future Annual Reports for transparency?

Q: What structural or leadership changes are being made to address systemic cultural challenges identified through the PMES?

Q: Beyond PMES metrics, what qualitative shifts have you seen in staff cohesion, trust in leadership, or internal culture since your appointment?

A: The Commission has provided a copy of the 2024-25 PMES Action Plan-on-a-page in response to the Committee's Questions on Notice.

The PMES Action sets out the 43 Actions taken across 9 Focus areas that are the targeted response to issues arising from the 2024 PMES results related to workplace engagement and culture, and the current delivery status of each action.

The annual PMES Survey is administered by the Premier's Department, not the Commission. The results of the survey for all clusters and independent agencies, including the Commission, are publicly released by the Premiers Department each year.

The Commission conducted an internally developed and administered 'Pulse' survey in March 2025 to gauge staff experience and assessment of the progress of Plan implementation, and up-to-date assessment of key dimensions of welfare, well-being, change management, strategic direction, communication, recruitment and development, and workload. There was a clear shift to improved positive experiences and responses from staff across those domains.

The Commission, as part of the action plan and more broadly, is creating an open and transparent environment and culture for all team members in the Commission so that matters of interest and concern that may impact on staff engagement can be raised and addressed at all times.

Please also see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey related to this topic – pages 2 to 3 and 16 to 18.

JPC Supplementary Question #6-8

Q: Has a First Nations advisory group been established to complement the Reconciliation Action Plan, as recommended in the final report of the 2021-22 and 2022-23 hearing, and what role will it play in ongoing reform?

Q: Can you report on progress toward employing a First Nations liaison officer as part of a culturally safe complaint resolution process? – The establishment of a First Nations liaison was recommended in the final report of the Review of the HCCC's 2021-22 and 2022-23 annual reports.

Q: When will the Commission's Reconciliation Action Plan be finalised, and how will success be measured in improving Aboriginal complainant access?

A: *Please see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey related to this topic – pages 3 to 6 and 12.*

Please see also the NSW Government Response to Committee's Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports, tabled on 16 June 2025.

That response noted that the Commission is developing a new external engagement plan for 2025 onwards. A major focus of this plan will be lifting and sustaining engagement with Aboriginal communities, Aboriginal health organisations and Aboriginal partners.

This action also aligns with commitments in the Commission's 'Reflect' Reconciliation Action Plan and specifically the Plan's Objective 2 that commits *"to building strong, meaningful relationships with Aboriginal and Torres Strait Islander communities. Through these relationships, we will gain insights to better understand and address the health and safety needs of these communities."*

The preferred approach of the Commission with the resources available is to action these commitments through active outreach and engagement on the ground by the Commission to build connection, trust and recognition, rather than 'in-sourcing' expertise via advisory forums.

The response noted that a key focus of the Commission's Reconciliation Action Plan is the importance of upskilling the Commission's staff, empowering them to become champions of reconciliation, and drive meaningful change throughout the organisation.

The response further noted that Commission will further consider the practicability of using designated staff/positions to assist First Nations clients to better access Commission services.

The Commission's Reconciliation Action Plan was formally released on 3 June 2025 as part of Reconciliation Week.

IPC Supplementary Question #9

Q: Has the Commission undertaken any specific outreach or partnership work with Aboriginal Community Controlled Health Services?

A: Commission staff engage with Aboriginal Community Controlled Health Services regularly. Outreach and engagement vary from location to location from an informal visit, to providing a presentation to staff, to setting up a drop-in clinic for the purposes of education and taking complaints.

Specific Aboriginal Community Controlled Health Services engaged include:

- Walgett Aboriginal Medical Service
- Bourke Aboriginal Corporation Health Service (BACHS)
- Coomealla Aboriginal Health Corporation
- Coonamble Aboriginal Health Service

- Tobwabba Aboriginal Corporation Medical Service (Foster)

The Commission also engaged with a number of other Aboriginal health and community organisations including:

- Aboriginal Medical Health Service Bourke
- Maari-Ma Broken Hill
- Maari-Ma Aboriginal Corporation Balranald
- Goodooga Health Service & Goodooga School
- Maranguka Community Hub Bourke
- Aboriginal Land Council, Lightning Ridge
- Gilgandra Local Aboriginal Medical Service
- Bawrunga Aboriginal Medical Centre
- Yerin Eleanor Duncan Aboriginal Health Services, Wyong
- Wandiyali Elernmore Vale Newcastle area
- Mindaribba Local Aboriginal Land Council Metford Maitland area
- Barkuma Neighbourhood Centre Kurri Kurri
- Resilient Lismore

JPC Supplementary Question #10

Q: Are there cultural safety benchmarks being developed for how complaints involving Aboriginal people are triaged and investigated?

A: All complaint handling and investigations staff have received training from specialist First Nations educators in cultural competency, to improve their capability in managing complaints in a culturally sensitive manner. There are no cultural safety benchmarks for this work.

JPC Supplementary Question #11

Q: What steps will the Commission take to increase the percentage of First Nations people in the Commission's workforce?

A: The Commission's Reconciliation Action Plan includes a commitment to *'improve employment outcomes by increasing Aboriginal and Torres Strait Islander recruitment, retention and professional development'*.

The Commission will consider a range of actions to achieve this commitment including revised approaches to all recruitment to maximise the opportunity to attract and recruit Aboriginal and Torres Strait Islander candidates, and whether the Commission should identify specific roles for targeted recruitment.

JPC Supplementary Question #12

Q: What actions on communications, engagement and outreach with CALD communities are planned for the coming year?

A: Engaging more effectively with multicultural and diverse communities is a key focus for the Commission in 2025/26. These communities are an important part of the population we serve, and we are committed to strengthening how we communicate and engage with them in a way that is authentic, respectful, and informed.

In addition to our existing community outreach work, we are beginning to establish renewed relationships with Multicultural NSW and the Ethnic Communities' Council (ECC) of NSW.

With the ECC, we are exploring research approaches to better understand the needs and experiences of culturally and linguistically diverse communities. This research will shape how we raise awareness of the Commission's role and support people to speak up about poor healthcare.

JPC Supplementary Question #13

Q: What is the timeline for the planned refresh of the website and in particular when will the information in relation to assistance in making a written complaint be updated on the website?

A: With more than 200,000 unique users visiting the Commission's website each year, it remains a critical platform for receiving healthcare complaints and providing accessible information to the public. Ongoing investment and development are essential to ensure the site remains user-friendly, accessible, and fit for purpose.

The website redevelopment will be delivered in phases. Phase 1 focuses on reviewing user experience (UX), data analytics, site navigation, and opportunities to improve accessibility. The review activity is due for completion in coming months, with implementation of recommended improvements to commence immediately after the review. Further phases will then be scoped and planned.

As of 1 July, the Commission also updated several key web pages to make it clearer that, where appropriate, we can assist members of the public with writing a complaint.

- [Who can make a complaint?](#)
- [Make a complaint online](#)
- [How to make an enquiry](#)
- [E-Complaints portal homepage](#)

Additional content enhancements are planned over the next 12 months to further improve clarity, usability, and access to key information.

JPC Supplementary Question #14

Q: While complaint assessment times have improved this year, what safeguards are being put in place to ensure continued performance after the new case management system goes live?

A: The Commission continuously manages and monitors performance against key performance metrics, including but not limited to statutory KPIs for complaint assessment.

This performance is being closely monitored in light of the implementation of the new case management system [CHAMP] on 31 March 2025 to assess any initial impact on performance while the new system is being implemented and staff are adjusting to the new system, and to see whether the system drives intended improvements over time.

JPC Supplementary Question #15

Q: How is the Commission identifying and responding to vexatious or unfounded complaints early in the process to reduce the burden on practitioners?

A: Please see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey related to this topic – page 15.

Please see also the NSW Government Response to Committee's Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports, tabled on 16 June 2025.

That response noted that the Commission has existing practice and procedures for dealing with complaints as expeditiously as possible, including in circumstances where a complaint is 'unfounded' and/or 'vexatious'.

These processes are consistent with Section 27 of the *Health Care Complaints Act 1993*, which provides broad power and discretion for the Commission to expedite these matters.

The earliest stages of complaint assessment provide an opportunity for practitioners to provide input regarding the matters alleged in a complaint, which provides an opportunity to provide their perspective on the matters and refute or rebut claims made in complaints, including where the practitioner may consider them to be 'vexatious'.

As the 2023-24 Annual Report records, two-thirds (66.3%) of complaints were discontinued in that year. Significant detail is provided in the annual reports (see for example Table A.18) about the outcome of complaint assessment - including discontinuances - by every category of issue identified by complainants.

JPC Supplementary Question #16

Q: Have the May 2024 legislative changes to the Health Care Complaints Act improved your ability to manage prosecutions and engage internationally, and if so, how is that being operationalised?

A: Section 90B(1)(a1) of the Act was amended to make it clear that the Director of Proceedings' prosecution function concerning a determination includes the ability to vary a decision to prosecute as well as to withdraw a complaint being prosecuted, based on new information.

While this power was understood to be available given the provisions of the NSW National Law and Civil and Administrative Tribunal Act, it was important that the Director's functions expressly provided for this flexibility in decision making to respond to new information. Therefore, the need to operationalise the change was limited, but has been operationalised by express reference in the Commission's internal procedures and, where necessary, external correspondence.

The Commission's power to obtain expert assistance in section 91A of the Act was introduced in its current form to make it clear that the Director of Proceedings could obtain expert assistance (the amendment has wider application). The Commission understood that the provisions of the NSW National Law and Civil and Administrative Tribunal Act permitted the Director to obtain expert assistance during certain litigation, but it was important that the Director's functions expressly provided for this power, including while a determination is being considered.

This flexibility means that a complaint does not always need to be referred back to the Commission by the Director simply to obtain supplementary expert evidence, for example. This power has been used to good effect and has been operationalised by express reference, in the Commission's internal procedures and, where necessary, external correspondence.

Section 99B was amended to permit the disclosure of certain information to health regulators outside Australia. At the time of the amendment, it was made known to the Commission more widely, and specifically to staff dealing with disclosures. This power has been used once since its commencement and has been operationalised by express reference, in the Commission's internal procedures and, where necessary, external correspondence.

JPC Supplementary Question #17

Q: The report notes the banning of LGBT+ conversion therapy practices coming into effect in New South Wales. How is the Commission training staff to respond to this new legislation?

A: Leading up to the commencement of the *Conversion Practices Ban Act 2024* in April 2025, Commission staff were provided with detailed guidance materials about the operation of the legislation to ensure they would be able to manage any complaints appropriately. This included directing any appropriate complaint to Anti-

Discrimination NSW as the primary body under the legislation to manage complaints and reports.

JPC Supplementary Question #18

Q: How are you incorporating the findings of this Committee's 2022–23 Review — particularly those concerning outreach capacity and trauma-informed processes?

A: *In relation to outreach capacity, please see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey – page 14.*

In relation to trauma-informed processes, please see:

- *the NSW Government Response to Committee's Review of the Health Care Complaints Commission's 2021-22 and 2022-23 annual reports (tabled on 16 June 2025) and*
- *the detailed response in writing provided by the Health Care Complaints Commissioner to the Committee dated 10 March 2025 and which is now available on the [Committee website](#) .*

JPC Supplementary Question #19-20

Q: How is the Commission embedding trauma-informed practices into frontline complaints handling, particularly for women who have experienced birth trauma?

Q: Can you commit to reporting on maternity service complaint trends in future annual reports to ensure public transparency and accountability?

A: *Please see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey related to this topic – pages 6 to 8.*

Please see also the detailed response in writing provided by the Health Care Complaints Commissioner to the Committee on these topics dated 10 March 2025 and which is now available on the [Committee website](#) .

JPC Supplementary Question #21

Q: What is the Commission's view on whether private hospitals are adequately accountable when serious incidents occur in obstetric care?

A: The Commission holds all facilities and practitioners accountable to the same standards when managing complaints, including those related to obstetric care in private hospitals.

To date, the experience is that there can be more effort required by the Commission in managing complaints related to private hospitals (when compared to managing complaints related to public hospitals) if private hospitals are less familiar with the Commission and its role and/or have less well-developed capacity in complaint handling.

JPC Supplementary Question #22-24

Q: What insights has the Commission drawn from complaints about delayed diagnosis or treatment in emergency departments or public hospitals?

Q: Has the Commission provided feedback to NSW Health on strategies to reduce avoidable deterioration due to waitlist delays?

Q: Is the Commission seeing an increase in complaints where diagnosis or treatment is provided too late for effective care — particularly in cancer, cardiac, or surgical areas?

A: Commission complaint data records ‘delay’ as an element of ‘treatment’ across service areas. If ‘delay’ is identified as a significant feature of a complaint it can form part of the assessment, investigation or assisted resolution of the matter.

Treatment was identified as an issue in 2,484 complaints about public hospitals in 2023-24. This equates to 63.1% of all public hospital complaints (noting that complaints can have more than one issue). Of the 2484 complaints, 47.8% related to delayed diagnosis/treatment in public hospitals.

Please see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey related to how the Commission uses information from complaints data to provide feedback to NSW Health – pages 9 and 10.

JPC Supplementary Question #25

Q: Could you please advise on the timing of the proposed practitioner round table, the organisations invited to that roundtable, and the specific areas the roundtable will address?

A: The Roundtable is still in development and the invitees and roundtable agenda are yet to be finalised. The Roundtable is planned to be held in the second half of 2025.

The Commission will provide an update when details are settled.

JPC Supplementary Question #26

Q: Using your current system information, would you be able to ratify out the false advertising complaints?

A: *Please see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey related to the topic of false advertising – pages 10 and 11.*

The Commission's new case management system enables the tagging and tracking of complaints, including identifying high-risk issues.

The Commission will provide further information to the Committee in the future on the improved application of the new case management system to provide data on specific complaint types.

JPC Supplementary Question #27

Q: How important are non-statutory indicators for the HCCC in assessing the performance of the organisation?

- **Has the Commission's position changed in relation to reporting on KPIs?**
- **Can you please elaborate on how consumer experience and satisfaction is being considered as part of the broader engagement strategy of the Commission?**

A: The Commission continuously manages and monitors performance against key performance metrics, including but not limited to statutory KPIs for complaint assessment.

The Commission has no current plans to include broader reporting on non-statutory KPIs, along the lines included in annual reports prior to 2019-20.

The Commission is developing an External Communications and Engagement Strategy for 2025-28 to align with the new strategic plan. The plan includes a project to review and improve the 'Customer Voice' survey for complainants and practitioners, to ensure it remains relevant and meaningful and provides more accurate insights and improves our understanding of user experiences.

JPC Supplementary Question #28

Q: Given that the annual report discusses the need for vigilance in relation to cosmetic services and notes public warnings made by the Commission in this area, what are the HCCC's ongoing actions to increase public awareness of issues in this sector?

A: Please see the transcript of the Committee Hearing held on 23 June 2025 for evidence provided by Commissioner Tansey related to this topic – pages 10 to 11.

The Commission will continue to use its statutory powers to issue public warnings related to unsafe treatments, health services or health service providers where it is necessary to protect public health or safety.

The Commission will also continue to work with stakeholders to disseminate information to increase public awareness, and with media organisations regarding issues of public interest and/or concern in this sector.

JPC Supplementary Question #29

Q: The annual report notes that there was an external review of stakeholder engagement and communications functions. We understand that the report is not

publicly available, but could the key findings and recommendations be shared, confidentially, with the Committee?

A: Yes, a copy will be provided for the confidential information of the Committee.

JPC Supplementary Question #30

Q: What changes can we expect to see in the next (2024-25) Annual Report?

A: The Commission has commenced planning for the Annual Report for the year 2024-2025 and the format for the report is still being finalised.

Planned changes being considered include:

- increasing the reporting on outreach and engagement activities of the Commission;
- reporting on collaboration with co-regulators in priority areas (for example cosmetic services); and
- recognising the contribution of Commission staff to the activities and achievements of the Commission.