

ANNUAL  
REPORT  
**2022–23**

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Protecting public  
health and safety



HEALTH CARE  
COMPLAINTS  
COMMISSION

## Concerned about your health care?

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We encourage all complaints to be lodged electronically to expedite the process and assist you to track your complaint. Please visit:

**[ecomplaints.hccc.nsw.gov.au](http://ecomplaints.hccc.nsw.gov.au)**

## Contact the Commission

### Email and website

Email: [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au)

Website: [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au)

### Track your complaint

[ecomplaints.hccc.nsw.gov.au/myMatters](http://ecomplaints.hccc.nsw.gov.au/myMatters)

### Office address

Level 12  
323 Castlereagh Street  
Sydney NSW 2000

### Business hours

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9.00am – 5.00pm

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Telephone: (02) 9219 7444

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Fax: (02) 9281 4585

TTY: (02) 9219 7555

### Disclaimer – Rounding of statistical figures

As percentages have been rounded, there may be discrepancies between the totals and the sums of the component items.

## Acknowledgement

The Health Care Complaints Commission acknowledges the traditional custodians of the lands on which we work and gather, and their continuing connection to land and waters. We pay respect to Elders and leaders past, present and emerging.



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# Letter of submission



The Hon Ryan Park MP  
Minister for Health  
52 Martin Place  
SYDNEY NSW 2000

26 October 2023

Dear Minister

**Report of activities for the year ended 30 June 2023**

I am pleased to provide the Annual Report and financial statements of the Health Care Complaints Commission for the financial year ended 30 June 2023 for presentation to the NSW Parliament.

The report has been prepared and produced in accordance with the provisions of the *Government Sector Finance Act 2018* and the *Health Care Complaints Act 1993*.

It also provides information that is required under the *Government Information (Public Access) Act 2009*, the *Public Interest Disclosures Act 1994*, the *Carers (Recognition) Act 2010* and the *Disability Inclusion Act 2014*.

Yours sincerely



Sue Dawson  
Commissioner



# A message from the Commissioner



This year, the Commission experienced a return to levels and types of complaints that were more in line with historical patterns. Whereas COVID-19 related complaints made up well over 20% of the complaints received in 2021-22 and drove complaint numbers to unprecedented levels (up to 10,108 complaints), in 2022-23 the Commission received 9,159 complaints (of which COVID-19 complaints made up only 2.5%). The proportion of complaints about health organisations relative to individual practitioners normalised as the COVID-19 connected surge in complaints about health organisations such as medical centres, pathology facilities, vaccination and testing centres abated.

The health regulation landscape has also seen some significant and very important shifts over the last year. These are welcomed as a very positive response to concerns that had been apparent in complaints for some time.

One of the most significant developments is the national reforms relating to the cosmetic industry. In relation to cosmetic surgery, new national safeguards have been introduced and at the heart of these is the principle that all patients choosing cosmetic surgery deserve safe care. The reforms include strengthened practice standards for medical practitioners who perform cosmetic surgery and procedures; higher standards for cosmetic surgery premises; and, improved consent requirements (including patient assessment by practitioners before surgery). They also include measures to ensure that consumers have better information about who is trained and qualified to perform cosmetic surgery safely. A crackdown on advertising is also a feature of the national reform package, so that doctors cannot make dubious and misleading claims about the benefits of cosmetic surgery, or downplay its risks. The new advertising guidelines came into effect on 1 July 2023.

The Commission has also welcomed the new national guidelines for telehealth consultations with patients. Technology-based virtual consultations are here to stay. They now play an important role in healthcare in Australia and have opened great opportunities to improve access to and delivery of care. It is important that the standard of care in a telehealth consultation is safe and as far as possible, meets the standard that would be expected from a face-to-face consultation. The national guidelines are directed to achieving those objectives. They make it clear, for instance, that prescribing medication without a real time direct consultation and without access to medical records for the patient is generally unacceptable practice.

In NSW, the new *Code of Conduct for Health Organisations* was introduced. This sets out the minimum practice and ethical standards that a relevant private health organisation and its employees must comply with and informs consumers about what they can expect from that health service. The Commission can prohibit an organisation from providing services or place conditions on the service to protect the public if an unlicensed private health organisation breaches the Code.

Our emphasis on ensuring that we tackle the most serious complaints in an effective manner continues.

This year we finalised 427 investigations, leading to: 160 complaints being referred to the Director of Proceedings for consideration of prosecution, 148 complaints referred to a relevant professional council for further action to address performance or health concerns about registered practitioners, Prohibition Orders for 22 non-registered practitioners, and 30 formal recommendations to health organisations for improvements to systems and procedures. We exercised our power to issue a public warning about providers who posed a significant risk to public health and safety twice.

We continue to take steps to ensure that complaints help drive system wide practices and improvements that focus on patient centism and safety. The Commission maintains a program of engagement at operational and executive levels across the entire health system, offering training and development to support best practice complaints handling and local level. Our outreach program also connects us with communities, to build awareness of the Commission and explain our complaints processes to consumers and providers alike, in support of the NSW Government response to the recommendation of the Parliamentary Inquiry into Outcomes and access to health and hospital services in rural, regional and remote NSW.

Within the Commission, a key priority is progressing the replacement of our case management system and associated business process transformation, to improve our complaints handling efficiency and the experience of the parties to a complaint. This project is well progressed and due for completion in June 2024.

Whilst the return to more regular working patterns and lifestyles has been most welcomed, complaints handling continues to be inherently challenging for Commission staff who are dealing daily with traumatising experiences and sensitive matters. They do this with dedication, care and professionalism, for which I have the utmost respect and gratitude. I share the pride that they have in their work and the privilege of undertaking this critical and purposeful work in protecting the public health and safety of our fellow NSW community members.

**Sue Dawson**  
Commissioner

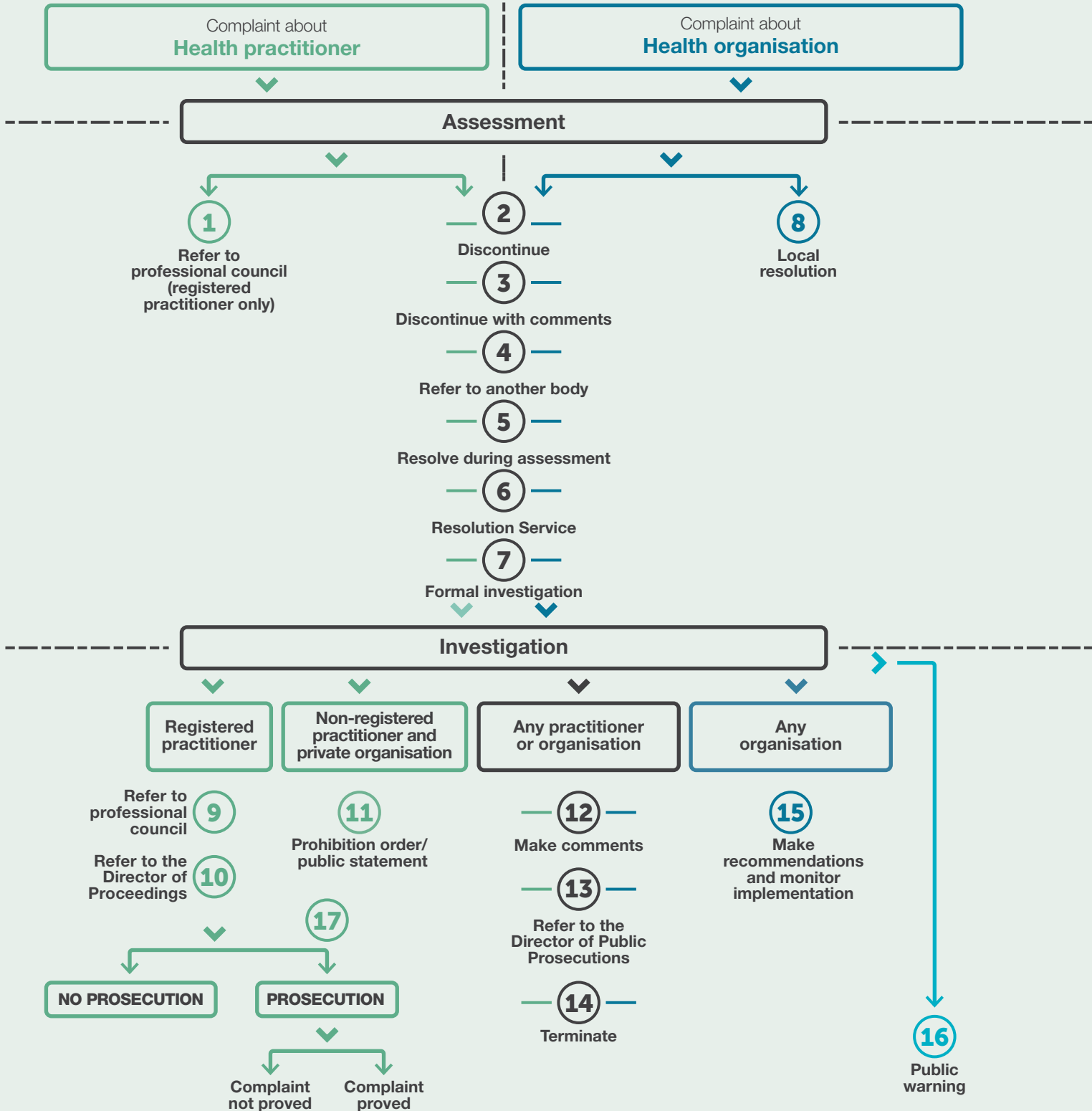


# Complaints management framework

The Commission deals with complaints about both individual health practitioners and health organisations.

Complaints relating to individual practitioners can be about registered practitioners (such as medical practitioners, nurses and dental practitioners) or non-registered health practitioners (such as counsellors, naturopaths, cosmetic therapists, massage therapists or other alternative health service providers).

Where the complaint is about a registered practitioner, the Commission must consult with the relevant professional council about the most appropriate outcome. If a matter progresses to investigation, the possible outcomes vary depending on whether the complaint is about a registered or non-registered practitioner or an organisation.



**POSSIBLE OUTCOMES OF ASSESSMENT ARE:**

- 1 Refer a complaint to the relevant professional **council** to consider action to address poor performance or conduct, or an impairment of a registered practitioner.
- 2 **Discontinue the complaint** – for example, if records or responses gathered do not support the allegations or the complainant does not wish to provide details that are needed to proceed.
- 3 **Discontinue with comments** if the issues raised are minor but corrections to practices or procedures are required.
- 4 Refer the **complaint to another body** that is more suitable to deal with the issues of concern. For example, a complaint about conditions in a nursing home can be referred to the Aged Care Quality and Safety Commission.
- 5 Complaints may be **resolved during assessment**, if the complainant is satisfied that the health service provider has addressed their concerns.
- 6 Referral to the Commission's **Resolution Service** provides an option of independent facilitation to help bring the provider and complainant to a better understanding and agreement on action.
- 7 **Investigation** of complaints that raise a significant risk to public health or safety or, if substantiated, would provide grounds for disciplinary action.
- 8 **Refer for local resolution** where a public or private health provider is able and willing to work directly with the complainant to address concerns.

**WHERE THE COMMISSION INVESTIGATES A COMPLAINT, IT MAY:**

- 9 In the case of a registered practitioner, **refer the complaint to a professional council** to address poor performance, conduct or health problems.
- 10 In the case of a registered practitioner, refer the complaint to the independent **Director of Proceedings**, who determines whether a registered health practitioner should be prosecuted before a disciplinary body having regard to the protection of the health and safety of the public, the seriousness of the allegation, the prospects of a successful prosecution and any submissions made by the practitioner.
- 11 In the case of an non-registered practitioner or private health organisation, **impose a Prohibition Order** to ban or limit the health practitioner or organisation from providing health services and **issue a public statement** about the order.

- 12 **Make comments to practitioners** where there has been poor care or treatment, but not to an extent that would justify prosecution and where there is no risk to public health or safety.

**Make comments to a health organisation** where the health care was inadequate, but the organisation has already taken measures to address any future risks.

- 13 Refer the complaint to the **Director of Public Prosecutions** to consider criminal charges.

- 14 **Terminate** the complaint and take no further action where the investigation has not found sufficient evidence of inappropriate conduct, care or treatment, or where the risk has already been removed.

- 15 In the case of a health organisation, **make recommendations** where there has been poor health service delivery and systemic improvements are required. Recommendations are communicated to the Secretary of the Ministry of Health and the Clinical Excellence Commission. Implementation is monitored. If the Commission is not satisfied with implementation, it may make a special report to Parliament.

- 16 In the case of a particular treatment, or health service or provider, issue a **public warning** during or at the end of the investigation to address any immediate risk to public health and safety.

**WHERE A REGISTERED HEALTH PRACTITIONER IS PROSECUTED:**

- 17 Prosecution will be before either a Professional Standards Committee or the New South Wales Civil and Administrative Tribunal (NCAT). Both forums may reprimand, fine and/or impose conditions on the practitioner if a complaint is proven. Only NCAT can suspend or cancel the registration of a practitioner.

A practitioner who has had their registration cancelled or disqualified may apply to NCAT for re-registration after any non-review period has expired. The Commission appears in re-registration applications (except for medical practitioners) and may oppose, support, or take a neutral stance in these proceedings.

The Health Care Complaints Commission acts to protect public health and safety by assessing, resolving, investigating and prosecuting complaints about health services. It is an independent body set up under the *Health Care Complaints Act 1993* to deal with complaints about all health service providers in NSW, including:

- Registered practitioners (individuals registered by one of the 15 National Boards including medical practitioners, nurses and dentists).
- Non-registered practitioners (individuals outside of the registered professions such as assistants-in-nursing, massage therapists and counsellors).
- Health organisations (including public and private hospitals, medical centres and cosmetic clinics).

A health service under section 4 of the *Health Care Complaints Act 1993* includes the following services, whether provided as public or private services:

- a) medical, hospital, nursing and midwifery services
- b) dental services
- c) mental health services
- d) pharmaceutical services
- e) ambulance services
- f) community health services
- g) health education services,
- h) welfare services necessary to implement any services referred to in paragraphs (a)–(g)
- i) services provided in connection with Aboriginal and Torres Strait Islander health practices and medical radiation practices
- j1) Chinese medicine, chiropractic, occupational therapy, optometry, osteopathy, physiotherapy, podiatry and psychology services,
- j2) Optical dispensing, dietitian, massage therapy, naturopathy, acupuncture, speech therapy, audiology and audiometry services
- k) services provided in other alternative health care fields
- k1) forensic pathology services
- l) a service prescribed by the regulations as a health service for the purposes of this Act.

A complaint must be made in writing and the Commission is able to help a person make a complaint if they require assistance to do so.

Complaints may be made by any person including (but not limited to) a health consumer, a relative, carer, legal representative or a health service provider about any aspect of a health service. The Commission also deals

with complaints referred from other organisations (such as the police or health regulators including mandatory and self-notifications from the Australian Health Practitioner Regulation Agency) about the conduct, health or performance of registered practitioners. In circumstances where there is a matter that raises a significant issue concerning public health or safety, the Commissioner may also make a complaint (typically referred to as an own-motion complaint).

## Aims and objectives

The Commission has a unique and central part to play in maintaining the integrity of the NSW health system, with the overarching consideration of protecting the health and safety of the community.

### OUR STRATEGY IS TO DO THIS THROUGH:

- Informing the public about options for raising concerns about their experiences in the health system and implementing processes to respond to the needs of people making complaints.
- Seeking feedback from our consumers to inform processes and service provision – through the Commission’s Enquiry Service, online materials, stakeholder engagement and outreach programs, and our consumer feedback processes.
- Receiving, assessing and resolving complaints about health service providers.
- Working with the health professional councils to ensure that registered practitioners maintain high professional standards. Practitioners who are below the required professional standards are directed into programs designed to ensure they meet those standards and that the public is not at risk from any impairments or skill gaps they may have.
- Providing a resolution service when there is a need for independent and skilled support to bring parties to a complaint together to better understand and resolve the issues.
- Investigating and prosecuting serious complaints that raise significant issues of public health and safety.
- Making recommendations to public and private health services where investigations show that there are procedures or practices that need to improve and monitoring/auditing implementation.
- Analysing complaints data to identify complaint patterns or system-wide issues.
- Contributing to the development of health regulation, policies and practices nationwide.



## Accessing our services

The Commission aims to be accessible to all members of the public. Complaints can be received through the Commission's online portal, by email or post.

For consumers who have difficulty writing, the Commission's Enquiry service can assist in drafting a complaint. The Commission uses interpreting services to assist consumers whose first language is not English. The Commission's website is translatable and complaint forms are available in 20 languages.

### THE COMMISSION'S ENQUIRY SERVICE

The Commission recognises that navigating the health sector can be a challenging experience for many people. The Commission delivers an Enquiry Service for those seeking information on their rights and responsibilities, who have questions and concerns about health care services provided in NSW but are not sure who to go to, or who are wanting to make a complaint. Through this contact there is an opportunity to connect consumers with the most direct and appropriate source of assistance, provide advice on actions that may be taken to address a concern without the need for a formal complaint, or to assist in preparing a complaint.

The Enquiry Service also receives enquiries from health providers and services who may have been the subject of a complaint, to inform them about the processes and to connect them with officers who can assist them throughout the process.

## Assessing complaints

The protection of public health and safety is the Commission's paramount consideration when dealing with complaints. All complaints that are confirmed to be within jurisdiction must be assessed. Every complaint received by the Commission is triaged according to risk, to inform and structure the assessment process. The purpose of the assessment process is to decide whether a complaint should be investigated, conciliated or resolved, referred to the relevant professional council or other body, or no further action is required.

If the complaint contains sufficient information, the Commission may make its assessment without further enquiries, but this is rare. It is more common that further information is required, and the Commission will typically:

- Seek further information from the complainant, as necessary.
- Seek a response from the health service provider or any other person who may have knowledge of the matter. If a person (including a provider) does not respond in a timely way, the Commission is able to issue a notice compelling the provision of a response and relevant information.

- Gather medical records.
- Access any relevant reports that may have been undertaken by other bodies.
- Obtain additional advice from the Commission's Principal Medical Advisor and/or independent experts in a relevant specialty area for matters involving clinical care and treatment.

In assessing all complaints, the Commission will consider the seriousness of the complaint and the impact, the vulnerability of persons impacted, the health service provider's regulatory history, practice context and any risk controls in place.

In complaints relating to **registered health practitioners**, the assessment will consider care, treatment and professional conduct, having regard to the standards, guidelines and codes of conduct that apply to each profession. The Commission must consult with the relevant Health Professional Council on all complaints about registered practitioners.

For **non-registered health practitioners**, the standard of clinical care, treatment and professional conduct is assessed with regard to the Code of Conduct for Non-registered Health Practitioners set out in schedule 3 of the Public Health Regulation 2022. The assessment considers whether any breaches of this Code have occurred and if so, the severity of the breaches and the action to be taken.

For **health organisations**, the assessment process considers the organisation's adequacy of and adherence to policies and systems that are expected to be in place to ensure the safety and quality of health service delivery. From September 2022, assessments relating to health organisations (excluding public health organisations, public hospitals and private licensed facilities) also considered compliance against the Code of Conduct for Health Organisations set out in schedule 4 of the Public Health Regulation 2022.

The Commission aims to complete each assessment within the statutory time frame of 60 days. As the assessment typically relies on the receipt and analysis of records, policies and provider responses, this may take longer if the complaint is complex or there are delays in receiving necessary information. The process aims to be efficient, flexible and tailored to each individual complaint. If a complaint names multiple health service providers (such as a hospital or medical centre and an individual health practitioner), the complaints about both the health organisation and the individual practitioner will be individually assessed. Similarly, a complaint concerning both a registered practitioner and a non-registered practitioner will be individually assessed.

There are a number of possible outcomes from an assessment process. Complaints are **referred for investigation** where the information gathered during the assessment raises a potentially significant issue of public health or safety; significant departures from clinical treatment and professional conduct standards; and/or where there may be grounds for disciplinary action.

In complaints involving registered practitioners, there may be evidence of a less significant departure from clinical standards and/or that a practitioner is impaired or lacking in relevant professional knowledge. In these cases, the complaint would generally be **referred to the relevant Professional Council**. The Council would be able to undertake assessments of the practitioner, and, if appropriate place them in a health or performance program. If new information is presented during the council's management of the practitioner that suggests that there is a significant risk to public health and safety, the Council may refer the practitioner back to the Commission for investigation.

**Referral to the Commission's Resolution Service** will apply in cases where there may have been complex clinical issues or poor patient outcomes, but not significant departures in care and treatment that would warrant further investigation. Often these cases involve a loss of rapport or trust between the health service provider and the complainant. The Resolution Service offers the parties to a complaint the support of dedicated and trained facilitators to focus on identifying and discussing outstanding issues and assisting parties to reach an understanding and/or agree on action. The process is voluntary and tailored to meet the needs of the parties involved. This outcome can be of particular benefit in communities where health services are limited, and patients may need to return to the same practitioner or facility, such that restoration of trust and confidence in the health service is very important.

The Commission may also determine that a health organisation or facility is in the best position to work more directly and quickly with the complainant or the subject of a complaint to address concerns that have been identified. In these cases, the complaint can be **referred for local resolution**. This outcome is available for all public health organisations and licensed private facilities.

During the assessment process, it may be possible to **resolve** the issues in the complaint by speaking with both the complainant and the provider about the concerns. In some cases, this communication can help to bring the matter to a satisfactory conclusion for all parties where there are no identified issues that pose a risk to public health and safety.

For a proportion of complaints, the issues raised will be more appropriately within the jurisdiction of other bodies.

Where that is the case, the complaint is **referred to another body**. For instance, a complaint may raise a concern about access to, or the content of, a health record and in these cases the Commission may refer the complaint to the NSW Information and Privacy Commission. Similarly, if a complaint raises a concern about systems at an aged care facility, a referral to the Aged Care Quality and Safety Commission would be most appropriate.

A complaint may raise lower-level issues (such as practitioner rudeness, poor information or long waiting times at medical centres). These issues are of understandable concern to health consumers, but do not typically raise clinical concerns or issues that pose a risk to public health and safety. In these cases, determining to **discontinue with comments** is a valuable avenue for providing feedback and advice to health service providers to propose improvements in foundational areas such as communication or record keeping.

A complaint will be **discontinued** where:

- The assessment uncovers information that corrects misapprehensions in a complaint and indicates that there has not been substandard care or treatment, nor unsatisfactory conduct.
- A clinical expert examines all relevant records and responses and does not find that there were any departures in the care and treatment provided.
- The complaint is found to be made in bad faith or is vexatious or frivolous.
- The complaint is already the subject of legal proceedings or investigation by another person or body.
- The complaint is withdrawn by the complainant (and the complaint did not raise a serious risk to public health and safety or professional misconduct).

## Investigating complaints

The Commission must investigate a complaint where:

- It raises a significant issue of public health or safety.
- It raises a significant question as to the appropriate care or treatment of a patient by a health service provider.
- It involves gross negligence on the part of a registered health practitioner or would be grounds for disciplinary action if the complaint is substantiated.
- The relevant professional council is of the opinion that the complaint should be investigated.

The purpose of an investigation is to obtain relevant information and to determine what action, if any, should be taken. An investigation is to be conducted as expeditiously as possible and the Commission aims to complete all investigations within 12 months.

During an investigation, the Commission obtains information from the health practitioner or organisation, the complainant, other investigative agencies and witnesses. This would include accessing medical records, other records such as prescribing, employment or billing information, taking statements and obtaining other investigation or incident reports. The Commission may also conduct interviews or enter business premises in order to conduct a search, and seize equipment or documents relevant to the investigation.

When investigating certain complaints, and in all matters involving clinical care and treatment, the Commission will engage an independent expert health practitioner who is sufficiently qualified and experienced to provide an opinion on the conduct or standard of care. These opinions are instrumental in determining whether there have been any departures from accepted professional and clinical standards and the seriousness of any identified departures.

On completion of an investigation, a report is prepared that summarises the allegations, outlines the evidence gathered and presents the Commission's findings. If regulatory action is recommended at the end of an investigation, the Commission seeks submissions on the proposed outcome from the health practitioner or organisation and considers these before making a final determination.

There are several possible outcomes from an investigation process, depending on the type of practitioner or organisation under investigation.

An investigation into a **registered health practitioner** may result in:

- The matter being referred to the Commission's Director of Proceedings to determine whether to prosecute the practitioner before a disciplinary body such as the NSW Civil and Administrative Tribunal or Professional Standards Committee.
- Referring the practitioner to the relevant Professional Council where the care, treatment or conduct does not meet the threshold for consideration of disciplinary action, but there is still sufficient concern to warrant further action to address health, performance or conduct issues.
- Comments made to the practitioner to improve future practice or treatment.
- A referral to the Director of Public Prosecutions where there is evidence of possible criminal conduct.
- No further action being taken.

Complaints may also be re-assessed and referred to the relevant Professional Council (or another organisation) during an investigation under section 20A of the *Health Care Complaints Act 1993*. This outcome ensures that matters most appropriate for management by the

Professional Council are referred in an efficient and timely manner and are consistent with the Commission's legislative obligation to keep the assessment of a complaint under review, including during an investigation.

In some instances (e.g., where the registered practitioner has retired or removed themselves from the register) the relevant National Board is informed, so that the information obtained during the investigation can be taken into consideration by the National Board if the practitioner applies for re-registration or seeks to change their registration status.

An investigation into a **non-registered health practitioner** may result in the Commission:

- Issuing a prohibition order, where findings show the practitioner has breached the Code of Conduct for Non-Registered Health Practitioners and poses a risk to the health or safety of the public. Prohibition orders may prevent a practitioner from providing any or specified health services for a period of time or permanently.
- Issuing a public statement identifying and giving warnings or information about a practitioner and/or the health service provided.
- Making comments to the practitioner to improve future practice or treatment.
- Taking no further action.

When investigating **non-registered health practitioners**, the Commission may issue an interim prohibition order excluding a practitioner from providing any health service or specified health services if it is necessary to protect members of the public while the investigation is ongoing. The interim prohibition order remains in force for a period of eight weeks, at which time the order may be renewed for further periods of eight weeks.

When investigating a **health organisation**, the focus for the Commission is on examining the systems and procedures that are in place and if appropriate, identifying improvements that will improve patient safety. An investigation into a health organisation may result in:

- Making recommendations where systems or policies can be improved to strengthen current practices or to overcome and rectify identified flaws in the delivery of patient care. The Commission monitors the implementation of all recommendations and an organisation is obliged to provide documentary evidence that it has successfully implemented all the Commission's recommendations to an appropriate standard.
- Comments being made where the care has been inadequate but measures have already been implemented or planned to address the issues, or where minor additional improvements or actions may be beneficial.

- Issuing a prohibition order where findings show the organisation has breached the code of conduct for health organisations and poses a risk to the health or safety of the public. Prohibition orders may prevent an organisation from providing any or specified health services for a period of time or permanently. This outcome is not available in relation to complaints about public health organisations, public hospitals or private licensed facilities.
- No further action being taken.

During and following an investigation (be it of an individual practitioner, an organisation or a type of treatment), if the Commission is of the view that a public statement is necessary to protect public health or safety, it may **issue a public warning** under section 94A of the Act identifying risks and providing advice on avoiding the risk. All public warnings are available on the Commission’s website. More information about public warnings issued can be found in Chapter 3.

## Prosecuting complaints

The Director of Proceedings makes independent decisions (determinations) about whether to prosecute a complaint about a registered practitioner before a disciplinary body and these decisions are not subject to direction from the Health Care Complaints Commissioner.

Prosecution decisions must be based on considerations that are set down in section 90C of the *Health Care Complaints Act 1993*:

- a) the protection of the health and safety of the public
- b) the seriousness of the alleged conduct the subject of the complaint,
- c) the likelihood of proving the alleged conduct,
- d) any submissions made under section 40 of the *Health Care Complaints Act 1993* by the health practitioner concerned.

A complaint can be prosecuted before the NSW Civil and Administrative Tribunal (NCAT) or alternatively in the case of nurses/midwives and medical practitioners before a Professional Standards Committee (PSC).

Once a prosecution decision is made, the complaint is filed with NCAT or a PSC, setting out the details of the allegations and the Commission’s legal team conducts the prosecution. It is the role of NCAT or the PSC to determine whether the complaint is proved and if so, whether any orders (such as cancellation or suspension of a health practitioner’s registration) are necessary to protect the public

## The Commission’s Resolution Service

The Commission’s Resolution Service plays a vital role in addressing the most sensitive complaints, often for more vulnerable complainants in the community. Its primary emphasis is on facilitating processes to bring consumers and health service providers together to restore trust and share patient experiences. In addition to achieving improved understanding and closure for patients and their families, resolutions seek to identify improvement to services to strengthen patient safety and experience.

This approach is valuable across the system but is a particular focus for complaints in rural and remote locations and in First Peoples’ communities, where the issues can be complex and have an impact beyond the individual.

Resolution officers also routinely connect with local health providers and community stakeholders in regional and remote settings. This includes offering training and development in complaints management whilst seeking to understand the unique pressures being experienced by local services and offering solutions to common problems.

## Regulatory policy and legislative change

The Commission is actively involved in the design and implementation of regulatory reforms, as part of national and state-based policy and legislative development processes. In 2022-23, the following legislative amendments and policy changes had an impact on the Commission’s activities:

- On 1 September 2022, the *Public Health Regulation 2022* was amended to introduce a [Code of Conduct for Health Organisations](#). The code of conduct sets out the minimum practice and ethical standards that a relevant health organisation (which includes all health organisations except public hospitals, public health organisations and licensed private facilities) and its employees must comply with. The code of conduct also informs consumers what they can expect from relevant health organisations and their employees. This allowed the Commission to commence making prohibition orders against relevant health organisations during or at the end of an investigation under Division 7A of the *Health Care Complaints Act 1993*. These powers are in addition to the powers of the Commission to issue a prohibition order against a non-registered health practitioner.
- The *Health Practitioner Regulation (Adoption of National Law) Regulation 2022* (NSW) commenced in October 2022 and May 2023 with further changes to commence. These changes primarily affect Ahpra

as they relate to registration matters and national offences such as advertising. Some key changes already introduced include greater notification requirements for health practitioners to National Boards; increased penalties for advertising breaches; allowing health practitioners to give undertakings at registration and renewal of registration; and, allowing National Boards to withdraw registration if later discovered to have been obtained invalidly.

This regulation also inserted a new objective and guiding principle to the National Law, that acknowledges the National Scheme's role in ensuring the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples and their health and that contributes to the elimination of racism in the provision of health services.

- The *Health Legislation (Miscellaneous) Amendment Act (No 2) 2022* received assent on 4 October 2022 and introduced important changes for the Commission's work. The Act amended the National Law to permit disciplinary bodies to receive evidence from search warrant material obtained by other agencies, for example from criminal investigations by NSW Police involving health care. The Commission's existing ability to present evidence obtained using its own search warrant powers is unaffected.
- From 1 July 2023 Ahpra and the Medical Board of Australia introduced national safeguards to act on recommendations made by the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*. These include:
  - Improved practice guidelines for medical practitioners who perform cosmetic surgery and procedures, which require higher standards for cosmetic surgery premises and improved patient assessment by practitioners before surgery
  - New guidelines for medical practitioners advertising cosmetic surgery (including social media)
  - Establishing an endorsement for cosmetic surgery which will help consumers know who is trained and qualified to perform cosmetic surgery safely, and make it clear on the public register if a medical practitioner has met cosmetic surgery standards.

Further regulation may be introduced in NSW to protect the title 'surgeon' similar to the amendment to the Health Practitioner Regulation National Law in Queensland restricting the use of surgeon to specialist surgeons.

- On 31 May 2023 the Medical Board of Australia issued revised telehealth guidelines that took effect on 1 September 2023. The revised guidance clarifies what is good telehealth practice, in particular setting out that prescribing and care without 'real-time' direct

consultation (whether in person or using telehealth) is not good practice.

- The *Medicines, Poisons and Therapeutic Goods Act 2022* (NSW) received assent on 28 November 2022. The Commission made submissions on the Bill, which regulates activities involving scheduled substances and other prescribed therapeutic goods.
- The *Voluntary Assisted Dying Act 2022* (NSW) will come into effect from 28 November 2023 and establishes obligations and rights for health care professionals and health organisations involved in a patient's decision to access voluntary assisted dying. The Commission is a body which the Act recognises can receive complaints arising out of conduct under this Act. The Commission has been involved in consultation discussions on how the Act will impact on our management of such complaints.

## Operational Partnerships

Complaints are increasingly multi-faceted and many are a reflection of national and international trends in health service delivery. Effective management of them relies on having strong operational and strategic partnerships and efficient information sharing arrangements with other regulators and government agencies. The Commission works to extend our collaboration with other regulators, to learn from them, and to coordinate actions in areas of shared responsibility.

When dealing with complaints about NSW health services, the Commission routinely liaises and consults with the various professional councils, the NSW Ministry of Health and the Local Health Districts and other regulatory bodies. Consultation with the professional councils in relation to the outcome of all complaints relating to registered practitioners is regarded as a core strength of the NSW co-regulatory complaints management system. It ensures that there is clear identification of departures from treatment, conduct, standards or problems of impairment, and expert driven decisions about the action that should be taken.

Operational alignment and collaboration occurs through the regular exchange of data and information with other regulatory bodies including NSW Police, the NSW Ombudsman, the NSW Coroner, the Pharmaceutical Regulatory Unit and NSW Fair Trading. This ensures that there is effective and coordinated action where a matter involves many different agencies.

The NSW Regulators Forum meets quarterly and is chaired by the NSW Ministry of Health. Membership includes: the Commission; the Pharmaceutical Regulatory Unit, Public Health Units and Health Protection, and the Regulation and Compliance personnel within NSW Health; the Health Professional Councils Authority (HPCA);

and the Medical, Nursing and Dental Councils of NSW. Its focus is on strengthening policy and operational linkages between the various elements of health regulation and policy. The Forum takes a data and evidence driven approach to identifying emerging risks to public health and safety. It ensures strategic consideration of the respective roles, responsibilities and powers, as a framework for operational collaboration.

Where issues relating to specific professions arise, there is the ability for relevant stakeholders from the profession, the Ministry of Health, HPCA, and the Commission to come together to consider sector-specific practices and initiatives.

Additionally, the Commission participates in profession specific stakeholder forums such as the quarterly dental and pharmacy stakeholder forums with members from the professional councils, HPCA, professional associations and educators. These forums operate as a platform to discuss and monitor topical regulatory issues and encourage a collaborative approach to improve professional standards.

Increasingly, complaints and emerging issues require joint or parallel regulation with other specialist regulators or investigative bodies in jurisdictions across Australia. This includes specialist regulators, standard setting and accreditation entities, and advocacy bodies at National and State levels (including with the NDIS Quality and Safeguards Commission, the Aged Care Quality and Safety Commission, Sport Integrity Commission, the NSW Ageing and Disability Commissioner, the Mental Health Commission of NSW, the Office of the Information and Privacy Commissioner). Collaboration ensures that there is clarity of roles and responsibilities and smooth transfer of information between the entities.

## Organisation Structure

The Commission's structure is set out in **Diagram 1**. The core functional areas are:

The **Complaints Operations Division**: This Division integrates all complaints assessment and investigation functions. This integration fosters improved sharing of capability and expertise throughout all steps in managing complaints. Where a matter is serious, it is imperative that the assessment process is focused and disciplined, and that any subsequent referral for investigation can progress in a timely and effective way. The functions are arranged to:

- respond to the need for effective triaging of complaints;
- have a strong focus on early resolution of complaints;
- have appropriate access to internal clinical advice;
- ensure routine monitoring of complaints performance; and,
- maintain effective investigation capability.

The **Resolution and Customer Engagement Division**:

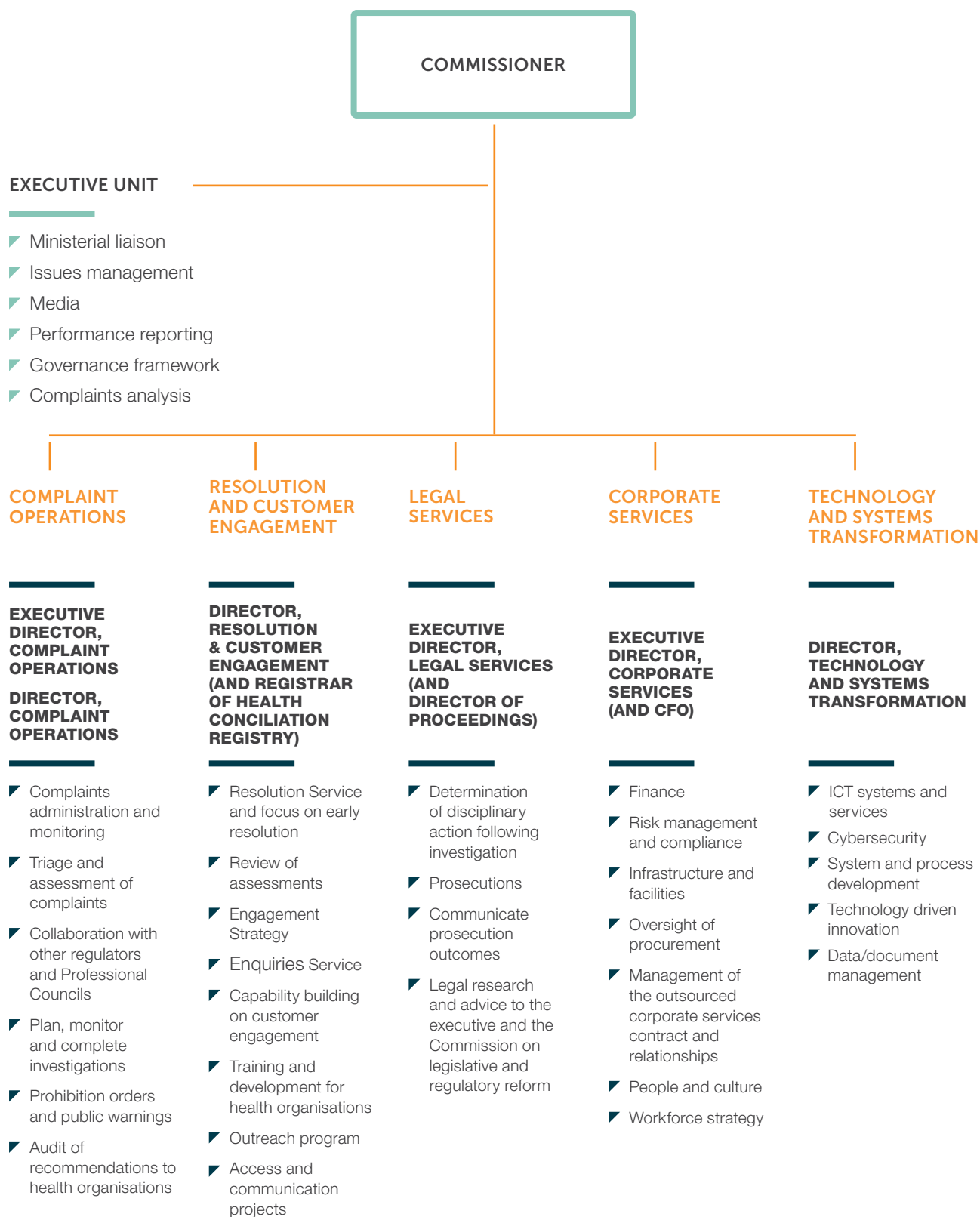
This Division ensures that customer responsiveness and access is a guiding consideration for everything that the Commission does and maintains expertise and commitment to complaints resolution. It also conducts reviews of assessment decisions.

The **Legal Services Division**: This Division provides legal and procedural advice, with prosecution decisions made by the independent Director of Proceedings. This ensures that the Commission is taking appropriate disciplinary action where required and using the experiences from individual cases to inform legal policy decision making and regulatory reform.

The **Corporate Services Division**: This Division is responsible for the prudent financial management of the organisation, and that risks are well managed and all resources and equipment are used in an efficient and effective way. It also delivers people and culture functions, ensuring that staff resourcing, wellbeing and development are at the centre of our organisation's priorities. Capability and culture building, and leading effective and holistic change management are also core functions of the Division.

The **Technology and Systems Transformation Division**: This division delivers and maintains the Commission's day-to-day ICT services and operations as well as a focus on technology and systems transformation and cybersecurity required to improve the efficiency, effectiveness and agility of our work.

The **Executive Unit** supports strong accountability and governance arrangements and focuses on performance reporting, data analysis and strategic advice.



**DIAGRAM 1:** | Health Care Complaints Commission Organisation Structure



## Strategy

### Our mission

Protecting the health and safety of the NSW community through independent, accessible, and effective management of health care complaints and regulatory action.

### Our vision

The community is safe and confident in the standard and quality of health services in NSW.

### Our values

In all interactions with the public, health care providers and within the Commission we strive for excellence and apply our core values and supporting behaviours:

- **Act with Integrity:** We operate in an objective and independent way and are accountable and professional at all times.
- **Be Courageous:** We tackle the real challenges in the performance of the health system and reflect openly on our own performance, with a commitment to continuous improvement.
- **Value Collaboration:** We share information, are an active and constructive contributor in efforts to improve the health system, are open to diverse views and respectfully seek out the expertise of others within and beyond the Commission.
- **Create Empowerment:** We value and learn from the voices of health consumers, providers and colleagues, and focus on the development and wellbeing of all Commission staff.

### Our strategic context

The Commission is operating in a complex and rapidly changing environment. There are new types of health services, diverse risks, heightened public expectations and increasing demand for objective reviews of health services through the complaints system.

Our customers expect high quality and timely services that address their individual needs. We must also offer a contemporary, easy to access and comprehensive complaints system.

Our focus on protection of public health and safety now requires us to be at the cutting edge of technology driven solutions and challenging our old ways of working. Our systems, processes and resources are being updated to provide increased efficiency and flexibility across all Commission functions.

Our role includes adapting our regulatory focus and approach to address known and emerging risks to wellbeing and safety within the health system. We do this through effective partnerships with other regulators, standard setters, and representative bodies at state and national levels.

From an organisational perspective we know that great people working together is what drives seamless service delivery for our customers. Our employees rightly expect excellence in their work environment with flexibility, autonomy, and a healthy culture – all of which is critical to staff retention. In a cycle of increased competition for skilled workers, we are investing in our workforce to attract and retain professional, values driven staff.

### Planning process

Each year the Commission undertakes a strategic planning and budget process, with a number of actions and processes assigned for each quarter:

- Quarter 1 – Align Actions with Funding and Priorities
- Quarter 2 – Consolidate and Cascade
- Quarter 3 – Look Back, Look Forward
- Quarter 4 – Prioritise and Budget.

Details for each of these quarters is outlined in Diagram 2 below.



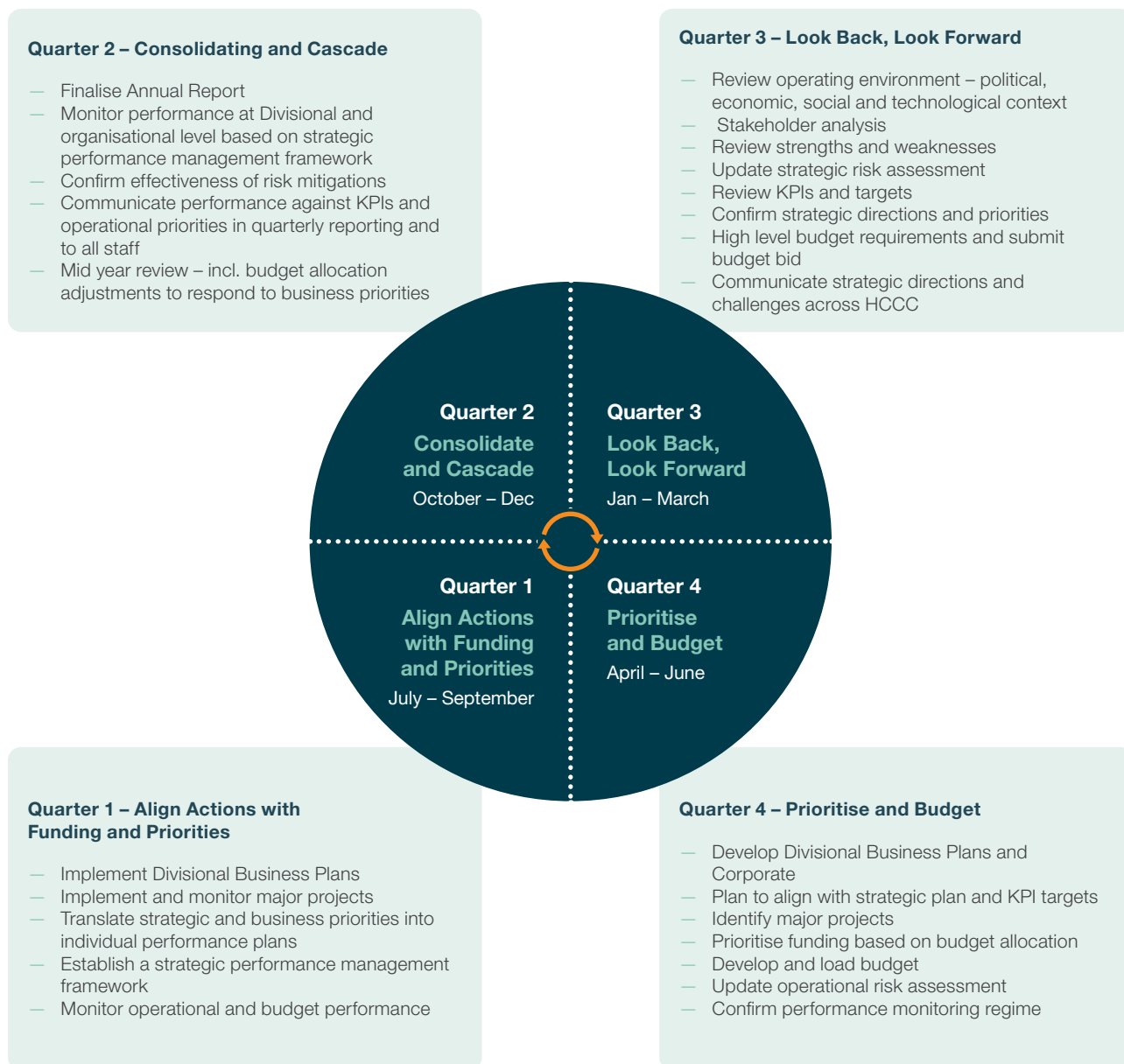


DIAGRAM 2: | Strategic Planning and Budget Cycle

## Strategic plan 2022-25

In 2022 the Commission undertook a full review of its existing Strategic Plan, to ensure it best reflected the strategic context and operating environment. The 2022-23 Strategic Plan is presented in Diagram 3 below.

The Strategic Plan for 2022-25 identifies four key focus areas for the Commission:

- **Customers** – Customers of the Commission receive fair, timely, tailored and appropriate services while we maintain our independence and impartiality.
- **One Commission and our People** – The

Commission is driven by a culture of excellence that is achieved by our 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.

**Vision**  
 The community is safe and confident in the standard and quality of health services in NSW.

**Mission**  
 Protecting the health and safety of the NSW community through independent, accessible, and effective management of health care complaints and regulatory action.

- Values**  
 In all interactions with the public, health care providers and within the Commission we strive for excellence and apply our core values and supporting behaviours:
- Act with Integrity:**  
 We operate in an objective and independent way and are accountable and professional at all times.
  - Be Courageous:**  
 We tackle the real challenges in the performance of the health system and reflect openly on our own performance, with a commitment to continuous improvement.
  - Value Collaboration:**  
 We share information, are an active and constructive contributor in efforts to improve the health system, are open to diverse views and respectfully seek out the expertise of others within and beyond the Commission.
  - Create Empowerment:**  
 We value and learn from the voices of health consumers, providers, and colleagues, and focus on the development and wellbeing of all Commission staff.

**Our Strategic Context**

The Commission is operating in a complex and rapidly changing environment. There are new types of health services, diverse risks, heightened public expectations and increasing demand for an objective review of health services through the complaints system.

Our customers expect high quality and timely services that address their individual needs. We must also offer a contemporary, easy to access and comprehensive complaints system.

While the COVID pandemic has accelerated changes in health service delivery and how we work, we were already on a path of transformation.

Our focus on protection of public health and safety now requires us to be at the cutting edge of technology driven solutions and challenging our old ways of working. Our systems, processes and resources are being updated to provide increased efficiency and flexibility across all Commission functions.

Our role includes adapting our regulatory focus and approach to address known and emerging risks to wellbeing and safety within the health system. We do this through effective partnerships with other regulators, standard setters, and representative bodies at state and national levels.

From an organisational perspective we know that great people working together is what drives seamless service delivery for our customers. Our employees rightly expect excellence in their work environment with flexibility, autonomy, and a healthy culture – all of which is critical to staff retention. In a cycle of increased competition for skilled workers, we are investing in our workforce to attract and retain professional, and values driven staff.

**Our focus will be...**

<p><b>Customers</b>                  Customers of the Commission receive fair, timely, tailored, and appropriate services while we maintain our independence and impartiality.</p>	<p><b>One Commission and our People</b>                  The Commission is driven by a culture of excellence that is achieved by our people collaborating on work that is meaningful, and purpose based.</p>	<p><b>Business and Systems Transformation</b>                  The Commission is future focused, with an emphasis on best practice complaints management, enabled by great people, technology, and processes.</p>	<p><b>Shared accountability with health service providers</b>                  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.</p>
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**We will deliver our priorities by...**

- |   |  |   |   |
|---|--|---|---|
| <ol style="list-style-type: none"> <li>Improving the customer experience throughout the life of a complaint – including consistently providing personalised, clear, and timely communication at all stages.</li> <li>Embedding a customer focus across all our work.</li> <li>Using our understanding of consumer and practitioner experiences of the complaints handling process to refine and improve our complaints handling processes and the broader regulatory framework.</li> <li>Ensuring that there is wide and strong community awareness of the role and functions of the Commission.</li> </ol> | <ol style="list-style-type: none"> <li>Developing a 3-year strategic workforce plan incorporating recruitment, retention, mobility, training, reward, and recognition.</li> <li>Developing a 'One Commission' communications plan.</li> <li>Building and resourcing capability to address emerging priorities such as project management, and customer focus.</li> </ol> | <ol style="list-style-type: none"> <li>Transforming our business by replacing our case management system.</li> <li>Leveraging technology to deliver short to medium term process improvements.</li> <li>Improving data quality and reporting to identify opportunities to strengthen health regulation and the delivery of health services.</li> <li>Securing business information and ensuring stable and reliable technology services.</li> </ol> | <ol style="list-style-type: none"> <li>Identifying and implementing actions to advance accountability and capability in patient centric care within all public and private health services – including informing national standards and accreditation complaints management requirements and open disclosure policies/procedures; effective use of local resolution; and, delivering training.</li> <li>Improving awareness, understanding and utilisation of the Resolution Service and communicating improvements arising from successful resolutions.</li> <li>Engaging with LHDs to understand their patient safety innovations and promulgate these to other providers through comments and recommendations.</li> <li>Collaborating with education and professional membership bodies to proactively identify risks and opportunities to improve standards and quality and optimise self-regulation.</li> <li>Identifying and promoting strategies to strengthen the efficiency, responsiveness, and effectiveness of the NSW co-regulatory system.</li> </ol> |
|---|--|---|---|

DIAGRAM 3: | 2022-23 Strategic Plan

## Major projects to implement the strategy

The 2022-25 Strategic Plan identifies a suite of priorities to deliver the plan and these are advanced through our major projects.

### CASE MANAGEMENT SYSTEM REPLACEMENT

The replacement of the Commission's ageing case management system ('Project Phoenix') is by far the most important major project being undertaken by the Commission. It will enable the Commission to receive, manage, monitor and report on our complaints in a much more effective and efficient way. It will improve the experiences of complainants, health providers and our own staff through all the steps of managing a complaint. It will allow us to extract and provide more useful and detailed information on the complaints received, the manner in which they were managed and the outcome of them. The inherent security features of the system will be an essential feature of our information and data security program. The project is supported by a designated capital budget and runs over two years. It is expected to be completed by June 2024.

In 2022-23, the Commission completed the competitive procurement process to identify and engage a supplier to partner with, to design and deliver the case management solution on a Microsoft Dynamics platform.

The work formally commenced in March 2023. Since then, the discovery phase has documented current and optimised business processes and specified the business and technology requirements in detail, having regard to customer expectations and business objectives. The building phase is now underway and is complemented by an extensive program of data migration planning and refinement of core business structures and processes.

Strategic workforce planning is also underway to ensure that workforce capability, structures and accountability settings are part of the transformation.

### RE-ENGINEERING UPFRONT COMPLAINTS PROCESSES

Integrally connected with the Case Management System Replacement project is significant reform of the Complaint Operations structures and processes. The reform project is focused on the intake, enquiries, triaging and assessments functions of the Commission and the objective is to redesign these functions so that they are more customer-centric, efficient and underpinned by consistent and transparent risk-based decision-making.

This work ensures that the new case management system will jettison outdated and manual business processes and embed streamlined and automated complaints handling processes, linked to accessible and comprehensive business tools and resources. The key items of work produced and progressed during 2022-23 and ongoing are:

#### — Risk assessment & guidelines

The Commission is developing a bespoke risk assessment tool that will support consistency in the assessment of risk throughout the life of a complaint. The tool will record risk assessments in real time and provide a map of the risk profile in a complaint over time.

The tool will take into account the potential source of harm raised in each complaint, as well as internal and external risk influences that may increase or decrease the harm rating. The tool also aims to take into consideration containment of risk and provides each complaint with an urgency rating. The combination of this information will then culminate in the final risk and urgency classification.

The tool will be underpinned by clear decision-making guidelines, which outline the thresholds for various decisions and actions in the intake and assessment processes. This support will help drive quality assurance, and enable more effective case monitoring, reporting and auditing within caseloads and across all complaints, as well as selected categories of complaints. The most serious complaints will be quickly identified and risk managed from the outset.

#### — New complaint form

This part of the project is to facilitate the earliest possible commencement of a complaint based on accurate and relevant information, including required consents.

The redesigned complaint form will assist complainants, by posing clear questions and providing drop down menus which will elicit important information at the time of lodging and loading the complaint.

The updated form includes a clearer privacy notice and information about how the Commission will use the information collected.

The aim is to ensure that complainants are aware of the Commission’s obligations in sharing information with parties to complaints and to assist in transparent and effective management of anonymous or de-identified complaints.

Given the rise in the provision of health services over the phone and internet, the complaint form also collects information about the manner in which the service was delivered. This will enable the Commission to present data about how people are accessing health services, particularly in regional and remote areas.

– **Specialised teams**

To support increased functionality and effectiveness, the assessment teams will be transitioned to a structure based on areas of specialisation.

The specialised team structure aims to create smaller working groups within the assessments division. The working groups would receive complaints about a defined category of health service provided and/or the type of complaint. It will build deeper expertise within categories of complaints, noting in particular that a complaint assessment approach or outcome is typically different depending on whether the provider is registered, non-registered or a health organisation.

The structure will also take into consideration the Commission’s co-regulatory activities and role with the Health Professional Councils of NSW.

**REGULATORY REFORM**

The Commission has established a structured internal process and a designated resource to identify and develop proposals for legislative or policy reform in health regulation, based on issues and opportunities identified in our day-to-day regulatory work. Such proposals are typically presented initially to one or more of the regulatory reform or stakeholder collaboration forums of which we are a member, and then presented to the NSW Ministry of Health for consideration, noting that the Ministry is responsible for the Health Care Complaints Act and all related National Law and public health policy and legislation.

**CYBER SECURITY UPLIFT**

The Commission lodged a successful bid to the NSW Digital Restart Fund to support a comprehensive program of work to deliver an appropriate standard of cyber security. This work is being planned and implementation will occur throughout 2023-24 utilising the funding received.

The Commission’s cyber security program has four main streams of uplift work and purposes:

- **Enhancing Security and Privacy:** The first stream focuses on improving the security and privacy of sensitive information of complainants and practitioners. The purpose is to protect this information from cyber threats and breaches, ensuring privacy and compliance with cybersecurity standards.
- **Improving Cybersecurity Coordination:** The second stream involves centralising security efforts and real-time monitoring. This helps the Commission detect and respond to cyber threats more effectively. The goal is to enhance the organisation’s ability to address internal and external threats promptly.
- **Strengthening Infrastructure:** The third stream is about assessing and improving the security of the organisation’s internal network and systems infrastructure. The aim is to create a robust internal environment that can withstand cyberattacks and maintain the availability of critical data and systems.
- **Compliance and Governance:** The fourth stream includes implementing policies, governance measures, and a compliance management system. This ensures that the Commission adheres to cybersecurity standards and can adapt to changing cybersecurity threats. It also helps build trust with customers and stakeholders by demonstrating a commitment to data protection and security.

Overall, the program seeks to reduce cybersecurity risks, leverage cloud technology for reliable services, establish a secure network, and enhance cybersecurity maturity. These efforts are essential for safeguarding sensitive health information and improving the effectiveness of the Commission operations in protecting public health and safety.

**STAKEHOLDER ENGAGEMENT ACTION PLAN**

In 2022-23 the Commission finalised a review of its actions under its Customer Engagement Framework, to ensure that its evolving stakeholder engagement is targeted and focused. Priority attention and resources have been directed to outreach and education across the health system and directly with local communities. Strengthening engagement with First Nations People and delivering services in a culturally safe way will continue to be a feature of this work.

In 2022-23 the Commission prioritised raising awareness of our organisation and its services to build relationships among culturally and linguistically diverse (CALD) communities and people from refugee and refugee-like backgrounds. There has been active collaboration with CALD organisations such as the Ethnic Communities Council of NSW, Multicultural Council of Illawarra, Hunter Multicultural Council, Multicultural Health Communication Service, NSW Refugee Health Service, Multicultural NSW, and Multicultural Council of Wagga Wagga. The Commission has also contributed information about the Commission to peak CALD organisations' newsletters and social media platforms (which reached more than 5000 subscribers) and to other smaller, individual CALD organisations in NSW.

Acting on the recommendations of the Parliamentary Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales the Commission increased its awareness raising and collaboration activities in all areas of NSW in 2022-23:

- Executive level discussions on complaint trends and issues and opportunities for improvement were conducted with each of the executive leaders in every Local Health District (LHD) and Network in NSW over the past 12 months.
- 32 outreach presentations and workshops delivered by Commission staff to LHD clinical governance teams, Nurse Unit Managers and other clinical staff to Sydney, Southern NSW, Far West NSW, South Eastern Sydney, Mid-North Coast, Northern NSW, Illawarra Shoalhaven and Western NSW LHDs.
- Resolution Officers continued their engagement with community services and health consumers while travelling to rural and regional areas across the state, visiting Legal Aid offices, police stations and community centres to explain our service and provide information for distribution via these important community hubs. Visits have included Broken Hill, Lightning Ridge, Bourke, Griffith and Maitland.
- Engaging with organisations such as the NSW Rural Doctors Network to identify additional ways to deliver outreach in rural and regional areas and expand our reach to increase awareness of our services and support improvements that reduce health care inequalities.
- Participation in state-wide presentations and sector-specific training sessions such as those provided to Mental Health Accredited Persons Training delivered by HETI, nursing students at Western Sydney University, University of Sydney and Torrens University Naturopathy & Western Herbal Medicine, and medical defence lawyers.
- Focussed presentations to medical practitioners including GP groups, and Grand Rounds at a number of hospitals in relation to safe practice and complaint handling. These presentations are led by the Commission's Clinical Advisor. Further presentations are planned to a number of Specialist Medical Colleges in 2023-24.

## FIRST NATIONS ENGAGEMENT AND CONNECTION STRATEGY

With the guidance of our First Nations Engagement Advisor, we continue to make progress towards achieving an 'Innovate' level of maturity in our Reconciliation Action Planning.

### IMPROVING INTERNAL PRACTICES

To enhance our capacity to manage complaints in a sensitive and appropriate manner:

- All new staff undertake cultural safety training with 12 weeks of commencing with the Commission.
- Streamlined triage processes to ensure early identification and culturally appropriate management of complaints made by First Peoples.
- Customised resolution processes to achieve improved cultural safety and empower complainants to share their experiences to improve health service delivery.
- We prioritise increasing our understanding of the nature and scale of complaints made by Aboriginal people, about Aboriginal Health providers, and/or relate to Aboriginal cultural safety concerns.
- Utilising the NSW Health Aboriginal Cultural Engagement tool to inform our processes and practices.

### PARTNERSHIPS

We connect and engage with relevant organisations and health care leaders, with the shared goal of identifying and fortifying safe practices in health care delivery and regulation.

The Commission has contributed to and endorsed the cultural safety strategies released by our regulatory partners, Ahpra and the Health Professional Councils Authority. Ahpra's strategy, *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* has three objectives:

- **Increased participation** – increased Aboriginal and Torres Strait Islander participation in the registered health workforce and across all levels of the national scheme.
- **Greater access** – greater access for Aboriginal and Torres Strait Islander Peoples to culturally safe services of health professions regulated under NRAS.
- **Influence** – using its leadership and influence to achieve reciprocal goals (e.g. thought leadership on nationally agreed approaches to measuring 'merit' and 'excellence', definition of cultural safety, alignment with standards in education and health services).

The joint HPCA-NSW Health Professional Councils' Aboriginal Cultural Safety Strategy 2023-24 has three similarly aligned objectives:

- Cultural safety – Building an environment where Council and hearing members (decision makers), and HPCA staff are equipped with the cultural capabilities to create safe, welcoming, and respectful environments for Aboriginal people engaging with the NSW regulatory system.

- Participation – Increasing the participation of Aboriginal people on Councils, in the HPCA workforce, and in the NSW regulatory system.
- Collaboration – Working with its stakeholders to promote best practice in cultural safety, led by the expertise and experiences of Aboriginal people.

The Commission is continuing to identify initiatives we can jointly work on that support our shared objectives.

Other notable partnerships in 2022-23 include:

- NSW Ministry of Health’s Centre for Aboriginal Health: The Aboriginal Workforce Unit has been an invaluable support in enabling our staff to access Respecting the Difference Training. Our participation in meetings with the Centre for Aboriginal Health and the Aboriginal Strategic Leadership Group has strengthened our engagement.
- Aboriginal Women’s Consultation Network (via the Women’s Legal Service of NSW): Valuable feedback has highlighted the importance of expanding awareness of the Commission, and we are diligently exploring suitable avenues to connect individuals with culturally safe support during the complaint process.

### **MAKING STRONG OPERATIONAL LINKAGES**

Our commitment extends to fostering practical, action-oriented connections at local levels. Specifically:

- Local Health Districts: We are actively seeking to strengthen connections with frontline staff, including Aboriginal Liaison Officers. Through our visits to various regions, we aim to establish and/or utilise appropriate forums for expanding this engagement.
- Aboriginal Community Controlled Health Organisations: To connect on a local level, we proactively take opportunities to engage with these organisations during visits to rural and regional areas. Visits have included Broken Hill, Lightning Ridge, Bourke & Maitland.

### **RAISING AWARENESS AND ACCESSIBILITY**

To heighten awareness of Commission functions, we are developing resources and expanding outreach and engagement efforts. Key initiatives include:

- Mapping the complaint process in clear and accessible language. The Commission’s complaints brochure and material have been translated into Easy read to be designed for our First Peoples community. This work was informed by feedback from a community gathering held in Western Sydney.

03

# Operations and Performance

## 2022-23 at a glance

### Complaints received



**9,159**  
complaints received



**101.1%**  
increase over the  
past decade



**9.4%**  
decrease from 2021-22  
due to a decrease in  
COVID-19 related complaints

### Assessing complaints



**9,526**  
complaints assessed



**68.9%**  
of complaints assessed  
within the 60 day timeframe



**48 days**  
Average time taken to  
assess a complaint

### Investigating complaints



**427**  
investigations finalised



**22** investigations resulted in  
prohibition orders being made  
about 19 non-registered practitioners



**74.8%**  
of investigations  
finalised within 12 months



**16** public warnings in place including  
2 made against individual health  
practitioners in 2022-23



### Resolving complaints



**444**  
resolutions finalised  
in 2022-23



**61.0%**  
of resolutions in rural  
and regional locations



**30.6%**  
increase on 2021-22



**91.9%**  
of referrals that proceeded to  
a resolution were resolved or  
partially resolved

### Prosecuting complaints



**160**  
complaints referred to the  
Director of Proceedings for  
consideration of prosecution.



**106**  
**legal matters finalised.**  
Compared to 97 matters  
finalised in 2021-22.  
(9.3% increase)



**84.5%**  
of legal determinations were  
made within 3 months

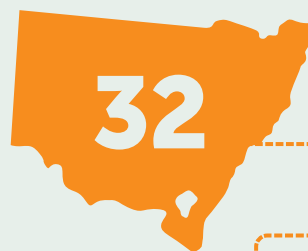


**97.7%**  
success rate in prosecutions

### Customer engagement



**10,403**  
enquiries received



presentations and  
workshops delivered  
across NSW



to health consumers, the  
education sector, health care  
providers, communities and  
targeted health consumer groups

## Enquiry Service Performance

As outlined in **Chart 1**, enquiries received by the Commission’s Enquiry Service in 2022-23 returned to expected levels after a substantial upsurge in the previous two years as a result of COVID-19 related enquiries. To further enhance our commitment to delivering exceptional service, the Commission launched a new call centre solution in March 2023, which delivered an elevated level of support for all our callers. Enquiry staff continue to receive high-level training on customer service and dispute resolution, as well as any new developments in health services.

**Chart 2** sets out the outcome of enquiries received in 2022-23 compared to the previous four years. In 2022-23, the majority of enquiries (65.6%; 2021-22: 62.5%) continued to result in information being provided to the enquirer. This includes advice and information tailored to specific needs, questions, and concerns and may be an explanation of the Commission, its role, functions, and complaints processes, but may also be much broader covering information about the health system in general.

In 2022-23, there was a reduction in enquiries referred to another body (20.3%) compared with 2021-22 (25.9%). This captures enquiries where the issues raised are within the jurisdiction of another body such as NSW Fair Trading, the NSW Information and Privacy Commission, the NSW Ageing and Disability Commissioner, the NDIS Quality and Safeguards Commission, the Aged Care Quality and Safety Commission, or Medicare, with that body better placed to assist the caller with their concerns. This decrease is a return to expected levels, noting that a very high proportion of COVID-19 related enquiries during 2020-21 and 2021-22 were outside of the Commission’s jurisdiction and more appropriately handled by other agencies.

6.4% of enquiries required more intensive complaint support, typically including actions such as:

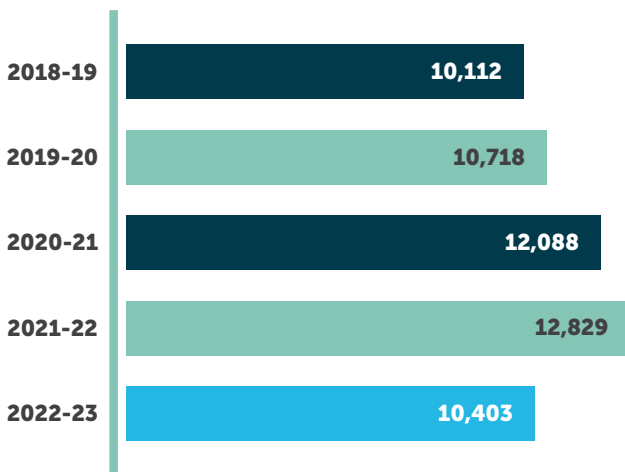
- Discussing strategies for resolution with the caller, so that they may be able to address their concerns with their healthcare provider directly and avoid the need for a formal complaint.
- The enquiry officer making direct contact with a provider to resolve straightforward concerns directly on behalf of the caller.
- Contacting frontline complaints management staff within public health organisations and directly referring the caller to them so that prompt action may be taken.

In some cases, a caller will wish to be provided with a complaint form if a matter is serious or the information and support provided by the Enquiry Officer has not been able to resolve their concerns. The Commission can send hardcopy complaint forms where the caller is unable to access the internet to complete the form online. In 2022-23, 6.4% of enquiries resulted in complaint forms sent to the enquirer. The low number of complaint forms sent is generally attributable to increased digital access.

The Enquiry Service assisted in drafting nine complaints, where the complainant was unable to do so due to access problems or other impediments.

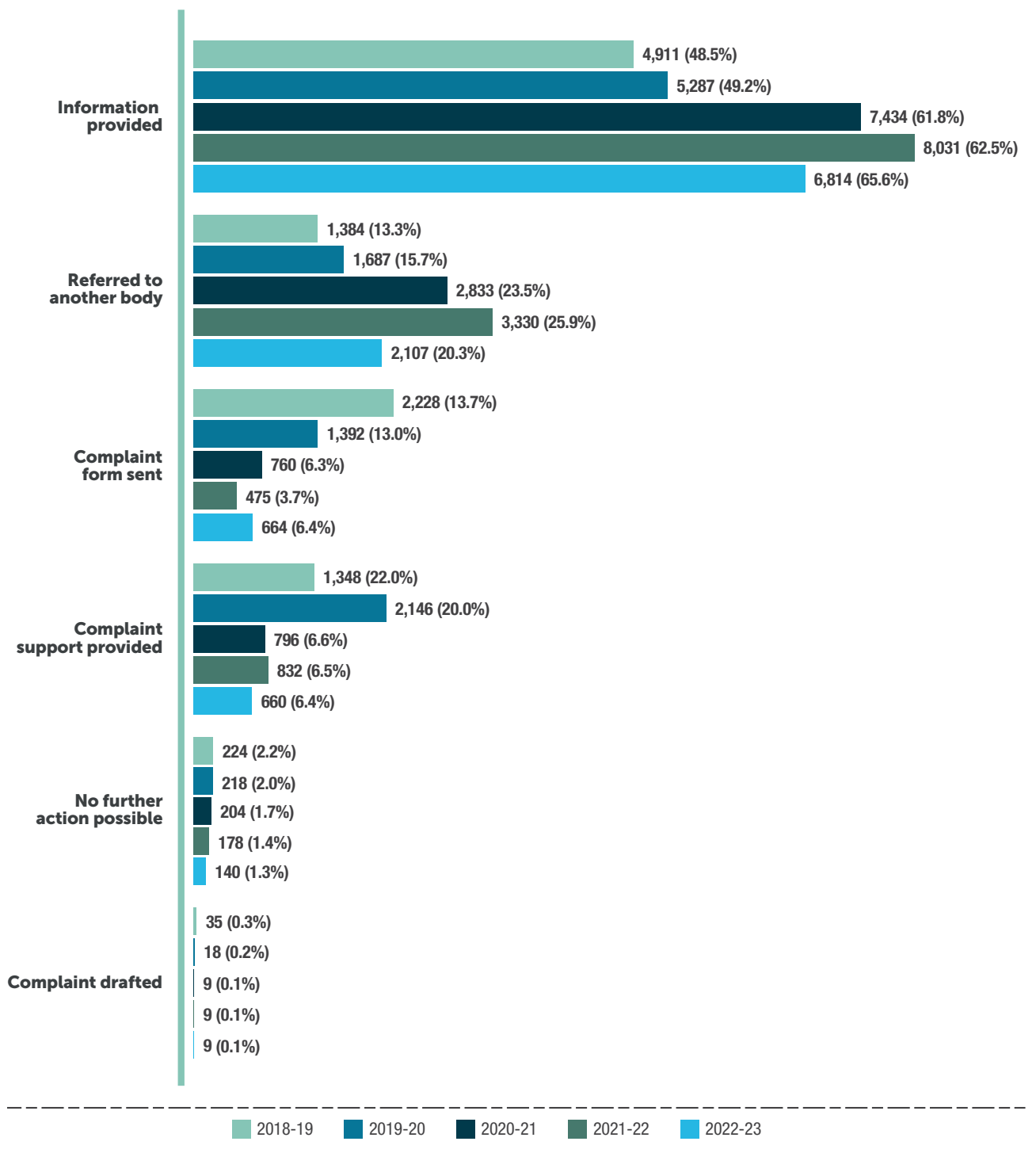
As is the case every year, a small number of enquiries are recorded as no further action (1.3%; 2021-22: 1.4%). These are generally written or online enquiries where no contact information is provided, and the enquiry officer is not able to make contact to assist with resolution of the query.

**CHART 1** | Enquiries received 2018-19 to 2022-23



*Counted by provider<sup>1</sup>*

**CHART 2** | Outcome of enquiries 2018-19 to 2022-23



Counted by provider

<sup>1</sup> Many complaints involve a number of practitioners or organisations and most raise a number of issues within a single complaint. The relevant counting method is indicated underneath the graphs throughout this report, with “counted by provider” indicating that each complaint about a unique health service provider has been counted, and “counted by issue” indicating that each individual issue raised in a complaint has been considered.

## Profile of Complaints

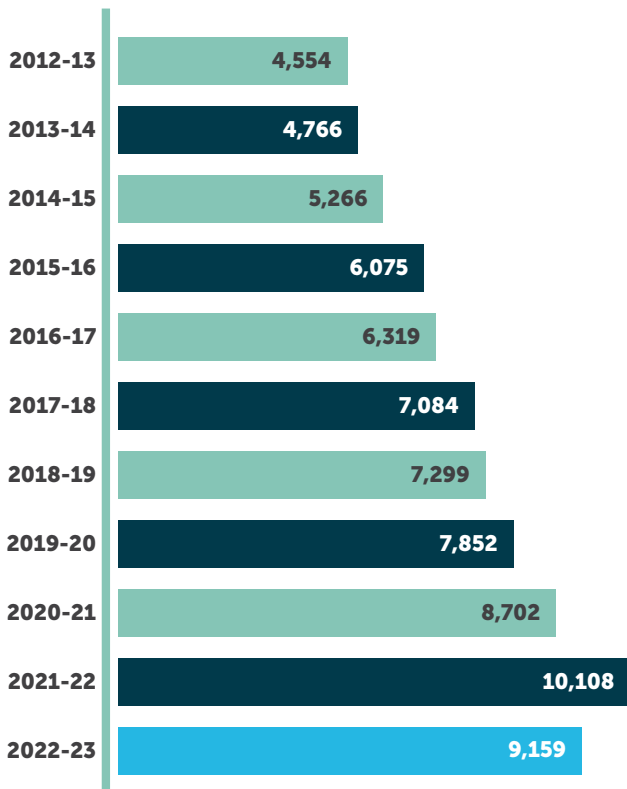
### VOLUME OF COMPLAINTS RECEIVED

**Chart 3** shows that the Commission received 9,159 complaints in 2022-23. This is an expected correction back to the normal complaints growth pattern following the significant spike in complaints during the COVID-19 pandemic (2020-21: 8,702; 2021-22: 10,108). In 2022-23, COVID-19 complaints made up 2.5% of all complaints, which is a significant decrease when compared to 2021-22 (21.4%) and 2020-21 (7.8%).

The growth in the number of complaints over the last decade is 101.1%. This is consistent with the national and international picture, and research indicates that the driving factors are:

- Population growth and ageing.
- New and emerging health concerns.
- Expansion on the types of health services and alternative therapies.
- Greater consumer expectations and access to medical information through the internet and social media.
- Awareness of complaints bodies.

**CHART 3** | Number of complaints received from 2012-13 to 2022-23



Counted by provider

### WHO WAS COMPLAINED ABOUT

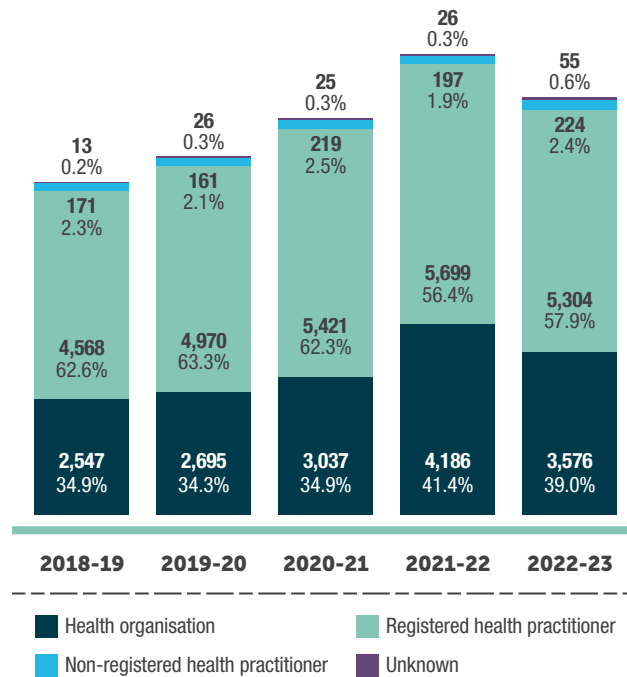
**Chart 4** shows the number of complaints received, broken down by health service provider category over a five year period. The majority of complaints received in 2022-23 continue to relate to registered health practitioners (57.9%; 2021-22: 56.4%) although this proportion remains slightly lower than the longer-term trend of around 62.0%.

There has been a small decrease in the proportion of complaints received about health organisations this year (39.0%; 2021-22: 41.4%), most notably in the proportion of complaints about medical centres and pathology facilities now that COVID-19 issues have eased.

There has been an increase in the proportion of complaints about non-registered health practitioners compared to the previous year (2.4%; 2021-22: 1.9%), and the number of complaints in this category requires ongoing monitoring as these represent some of the most complex and often serious complaints that the Commission receives.

In relation to complaints where the provider classification was other/unknown (0.6%; 2021-22: 0.3%), the proportion remains small. This classification applies where an individual health practitioner is not identifiable from the complaint, and the Commission does not have access to any further information to be able to accurately classify the practitioner type as registered or non-registered.

**CHART 4** | Number of complaints received by health service 2022-23



Counted by provider

### INDIVIDUAL HEALTH PRACTITIONERS

In 2022-23, the Commission received 5,583 complaints about individual health practitioners. This was a 5.7% decrease on the previous year (5,922), largely attributable to the overall decrease in the total number of complaints, and also related to the slightly higher proportion of complaints relating to health organisations rather than individuals compared to the long term trend.

**Chart 5** breaks down the professions of individual health practitioners that have received the most complaints and compares these over a five-year period. Medical practitioners, nurses and/or midwives, psychologists, dental practitioners, and pharmacists continue to be the practitioners most complained about. These five professions account for 88.6% (2021-22: 88.4%) of all complaints about individual health practitioners.

The other types of health practitioners complained about are diverse and cover the wide range of health services accessed by consumers. They include other registered health practitioners (such as paramedics, physiotherapists, occupational therapists, and chiropractors) and non-registered health practitioners (such as counsellors, massage therapists, social workers, and psychotherapists).

For a more detailed breakdown by profession, refer to Table A.4 in Appendix A. (For the registered professions, Table A.4 shows the number of NSW registered practitioners in that profession as context).

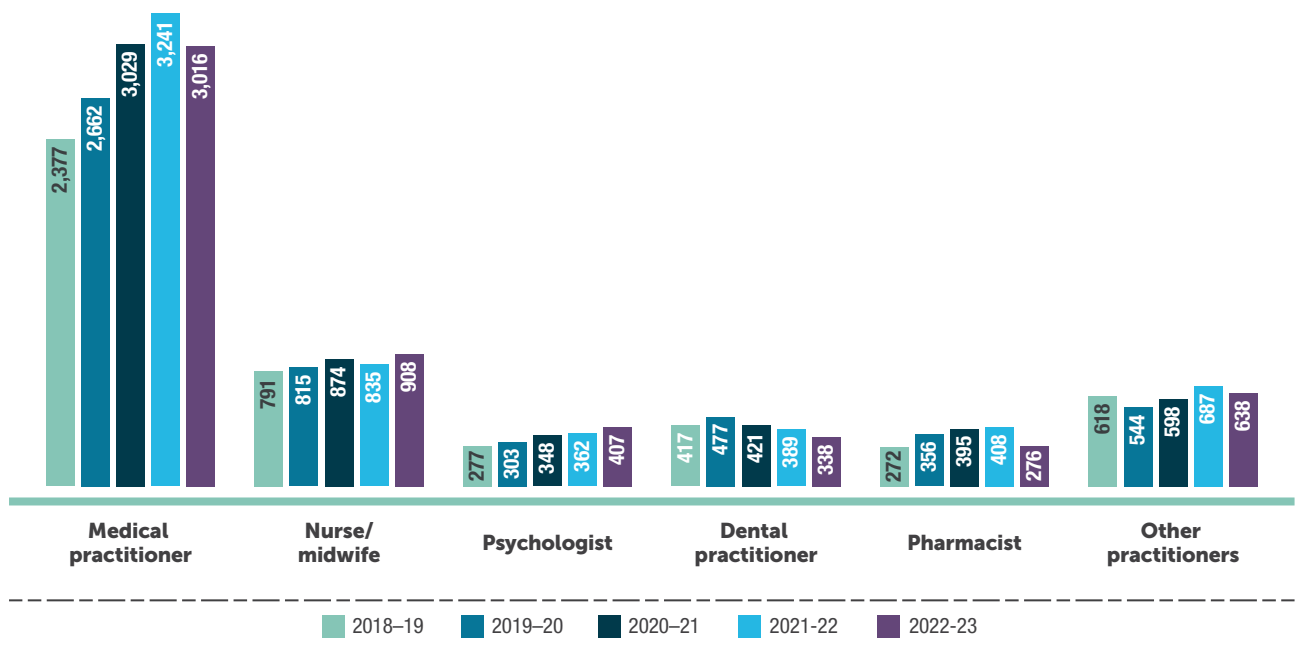
### REGISTERED HEALTH PRACTITIONERS

Complaints about **medical practitioners** remain the most common and made up 54.0% (2021-22: 54.7%) of all complaints about individual health practitioners in 2022-23. The 3,016 complaints received was a 6.9% decrease on the 3,241 received in the previous year, and shows a correction back to the expected level following the significant COVID-19 related spike in medical practitioner complaints.

Breaking down medical practitioner complaints received in 2022-23 by service area, the majority continued to relate to the service area of general practice (47.4%; 2021-22: 51.1%) but this proportion reduced as the distorting effects of COVID-19 complaints abated. The complaints primarily relate to primary care services (predominantly medical centres) that provide unreferral access to whole person medical care for individuals, families, and communities. This proportion of complaints should be seen in the context of the number of patient-practitioner interactions with Medicare Australia reporting nearly 55 million GP attendances in NSW in 2022-23.

General medicine complaints were the second highest service area in 2022-23 (8.6%; 2021-22: 5.4%), which was an increase from the previous year. Other common service areas in medical practitioner complaints were surgery (7.5%; 2021-22: 7.4%), psychiatry (5.3%; 2021-22: 4.4%) and emergency medicine (3.3%; 2021-22: 2.6%). The remaining 27.9% of complaints were across a wide range of service and specialty areas such as mental health, cosmetic services, cardiology, and obstetrics. A more detailed breakdown of complaints received about medical practitioners by service area over the past five years is included in Table A.5 in Appendix A.

**CHART 5** | Complaints received about health practitioners 2018-19 to 2022-23



Counted by provider

In 2022-23, the Commission received 908 complaints about **nurses and/or midwives**. These complaints made up 16.3% of all complaints received about individual health practitioners, which represented an increase from the previous year (2021-22:14.1%).

There was also an increase in the proportion of registered practitioner complaints received about **psychologists** in 2022-23 (7.3%; 2021-22: 6.1%), while the proportion of complaints received about pharmacists decreased (4.9%; 2021-22: 6.9%). This is a shift from the previous year, where the pharmacists were in the top three practitioners complained about (primarily due to COVID-19 related complaints). Complaints about dental practitioners remained comparatively stable (6.1%; 2021-22: 6.6%).

More detailed data about the complaints by registered profession is provided in Table A.4 in Appendix A.

**NON-REGISTERED HEALTH PRACTITIONERS**

There were 224 complaints received about non-registered health practitioners in 2022-23, which constitutes 4.0% of all complaints about individual health practitioners (2021-22: 3.3%).

Complaints about counsellors/therapists continue to be the largest proportion of non-registered practitioner complaints received, with a further increase in 2022-23 (25.9%; 2021-22: 21.3%). There was also a notable increase in the proportion of complaints received about massage therapists (14.3%; 2021-22: 9.6%) and non-registered cosmetic therapists (5.4%; 2021-22: 2.0%).

There was a decrease in the proportion of complaints received about social workers, following a significant spike in 2021-22 (2022-23: 9.4%; 2021-22: 16.8%; 2020-21: 9.6%). The proportion of complaints received about assistants-in-nursing also continued to decline to 5.4% (2021-22: 6.6%; 2020-21: 15.5%).

More detailed data about complaints by non-registered provider category is provided in Table A.4 in Appendix A.

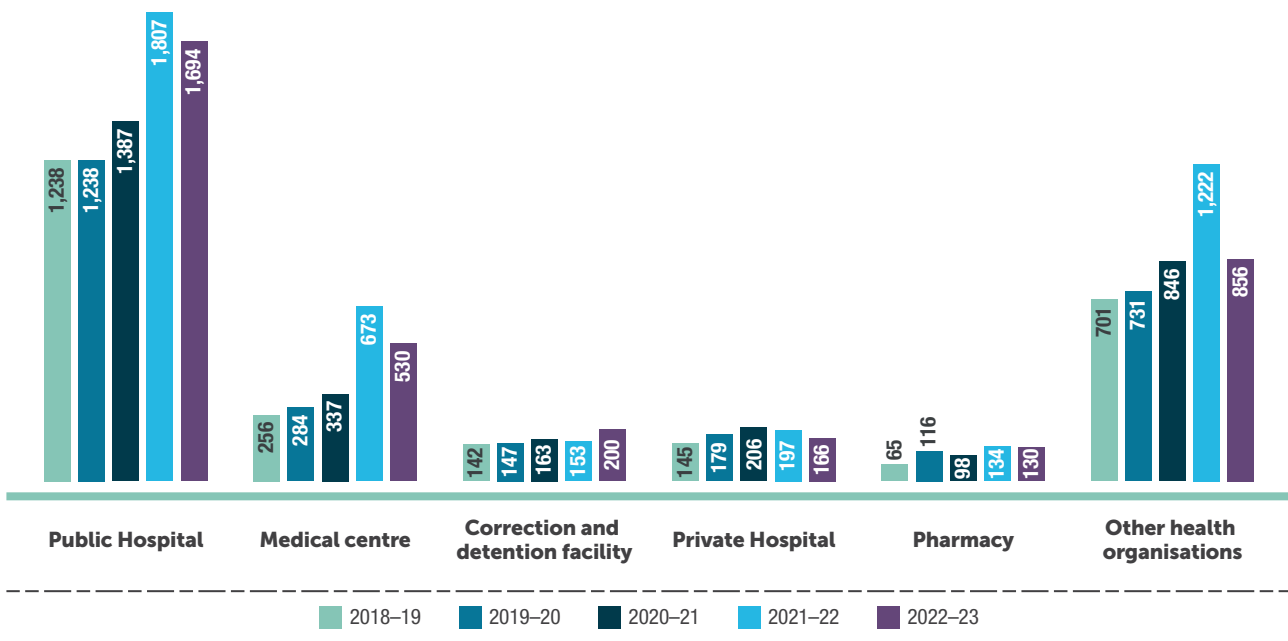
**COMPLAINTS ABOUT HEALTH ORGANISATIONS**

In 2022-23, the Commission received 3,576 complaints about health organisations, a 14.6% decrease on the previous year (2021-22: 4,186) due primarily to a decrease in the volume of COVID-19 related complaints. However, the proportion of complaints relating to health organisations in 2022-23 (39.0%) still remains higher than the longer-term trend of around 35.0%.

**Chart 6** breaks down the types of health organisations that have received the most complaints in 2022-23 and compares these over a five-year period.

The profile of health organisation complaints typically features public hospitals and medical centres as the top two health organisations, and this remained the case in 2022-23. Another frequently complained about organisation type is private hospital which is again in the top five. There is regular variation in the remaining organisations in the top five. This year corrections and/or detention facilities and pharmacies appear in the top five. Complaints about these top five organisation types accounted for 76.0% of all health organisation complaints.

**CHART 6** | Complaints received about health organisations 2018-19 to 2022-23



Counted by provider

### COMPLAINTS ABOUT PUBLIC HOSPITALS

The Commission received 1,694 complaints relating to public hospitals in 2022-23, which is a 6.3% decrease on the previous year (2021-22: 1,807). Complaints about public hospitals made up 18.4% of total complaints and 47.4% (2021-22: 43.2%) of all health organisation complaints.

The number of complaints about public hospitals should be seen in the context of the number of services provided in NSW. In 2022-23 there were:

- 3,076,447 emergency department attendances in NSW public hospitals
- 1,877,211 discharges from hospital; and
- 13,757,357 outpatient services provided

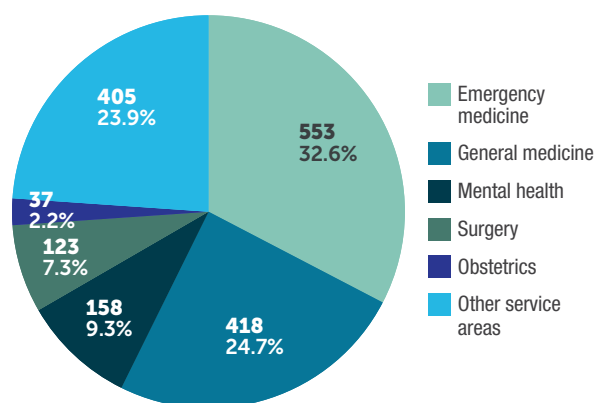
A detailed breakdown of complaints about public hospitals by local health district and compared to services delivered can be found in Table A.9.

**Chart 7** shows the public hospital service areas subject to the most complaints in 2022-23. Overall, the service area categories were comparable to 2021-22, but there were notable increases in mental health and emergency medicine complaints:

- Emergency medicine (32.6%; 2021-22: 30.1%)
- General medicine (24.7%; 2021-22: 24.5%)
- Mental health care (9.3%; 2021-22: 6.9%)
- Surgery (7.3%; 2021-22: 6.9%)
- Obstetrics (2.2%; 2021-22: 3.4%)

A more detailed breakdown of complaints about public hospitals by service area over the past five years can be found in Table A.8 in Appendix A.

**CHART 7** | Most complained about service areas in public hospitals 2022-23



Counted by provider

### COMPLAINTS ABOUT OTHER HEALTH ORGANISATIONS

The proportion of health organisation complaints relating to medical centres received in 2022-23 decreased to 14.8% (2021-22: 16.1%) and complaints about pathology centres/labs decreased to 1.5% (2021-22: 4.4%). This is expected now that the impact of COVID-19 related complaints has abated. Public and private correction and detention facilities have returned to the top five organisation types complained about, with an increase in these complaints to 5.6% (2021-22: 3.7%, 2020-21: 5.4%) and pharmacies have also returned to the top five as the proportion of those complaints rose slightly (3.6%; 2021-22: 3.2%).

Other types of health organisations complained about included community health services, dental facilities, specialist medical practices, aged care facilities, as well as cosmetic and alternative health facilities. A detailed breakdown of the complaints by organisation type can be found in Table A.7 of Appendix A.

### Issues raised in complaints

**Chart 8** outlines the issues raised in all complaints over a five-year period. In 2022-23, the 9,159 complaints received raised 16,941 issues – an average of 1.8 issues per complaint (2021-22: 1.7; 2020-21: 1.6).

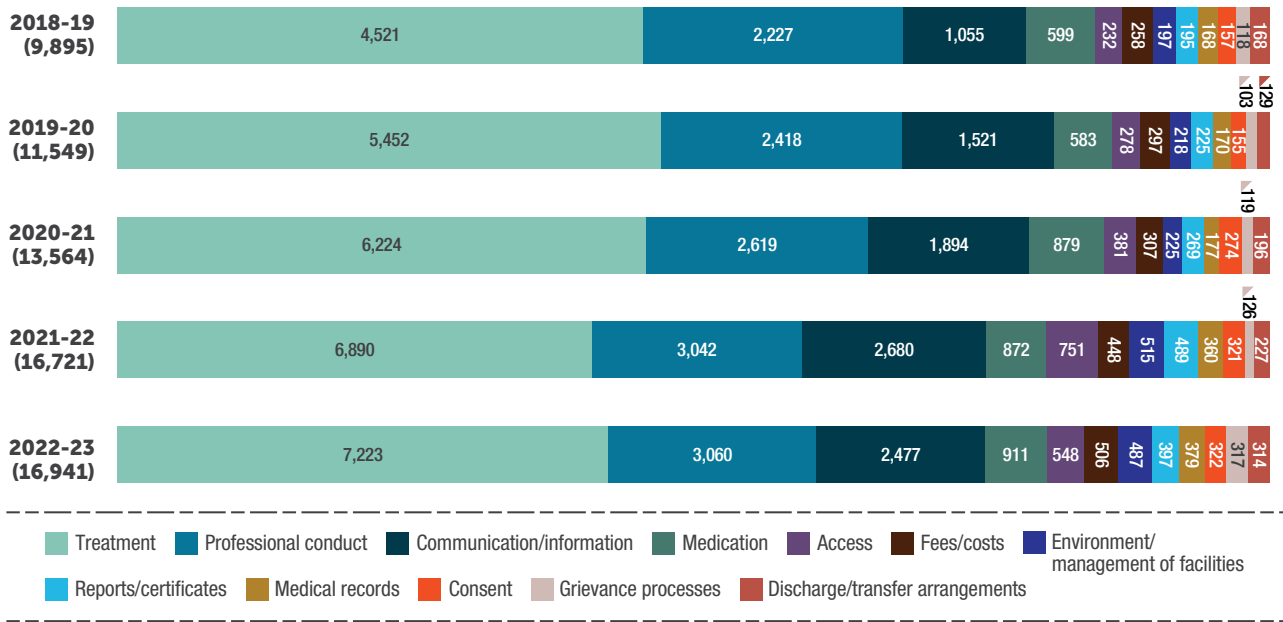
Consistent with previous years, the most common issue categories across all complaints received were treatment (42.6%; 2021-22: 41.2%), the professional conduct of an individual health practitioner (18.1%; 2021-22: 18.2%) and communication/information (14.6%; 2021-22: 16.0%).

The treatment issue category captures a wide range of issues pertaining to clinical care. The most common treatment issues in 2022-23 were inadequate care (28.9%; 2021-22: 30.0%), inadequate treatment (20.1%; 2021-22: 16.7%) and diagnosis (9.9%; 2021-22: 8.7%). Other treatment issues included unexpected treatment outcomes/complications, inadequate/inappropriate consultation, delay in treatment, wrong/inappropriate treatment, and rough and painful treatment.

Complaints about professional conduct encompass a range of issues. They may include:

- Serious matters, such as allegations of fraud, assault, or sexual misconduct.
- Administrative, such as advertising or failing to complete annual declarations.
- Performance related, including concerns regarding impairment or incompetence.

**CHART 8** | Issues raised in all complaints received 2018-19 to 2022-23



Counted by provider

Where the complaint related to professional conduct, the most frequently raised issue was a breach of guideline/law by an individual health practitioner (25.4%; 2021-22: 33.1%; 2020-21: 13.7%). As expected, the proportion of complaints with this issue decreased in 2022-23, noting that breaches of COVID-19 public health orders and other concerns relating to vaccine exemptions elevated this issue category significantly in 2021-22. Other common professional conduct issues included lack of competence (11.0%; 2021-22: 8.0%), impairment of an individual practitioner (10.1%; 2021-22: 9.9%), and illegal practice (9.7%; 2021-22: 11.7%). Issues such as inappropriate disclosure of information, sexual misconduct, misrepresentation of qualifications, assault, and boundary violations accounted for the remaining 43.8% of professional conduct issues raised in complaints.

The most common communication/information related issues in 2022-23 were attitude and manner of an individual health practitioner (57.7%; 2021-22: 57.1%), the provision of inadequate information (24.3%; 2021-22: 22.6%) and the provision of incorrect/misleading information (16.3%; 2021-22: 17.4%). There was a decrease in the complaints relating to failing to accommodate the special needs of a patient following a COVID-19 related increase the previous year (1.7%; 2021-22: 2.9%).

The proportion of complaints received relating to medication issues was comparable to last year (5.4%; 2021-22: 5.2%), while issues relating to access decreased to 3.2% (2021-22: 4.5%). A detailed breakdown of all issues in complaints received in 2021-22 can be found in Tables A.2 and A.3 in Appendix A.

### ISSUES RAISED IN COMPLAINTS ABOUT REGISTERED HEALTH PRACTITIONERS

The top five issue categories in complaints about medical practitioners were consistent with the previous year. Treatment continues to be the primary concern about **medical practitioners**, accounting for 45.7% (2021-22: 44.5%) of all issues raised in 2022-23. The most common treatment related issue was inadequate treatment, followed by inadequate care, inadequate/inappropriate consultation, diagnosis, and unexpected treatment outcome/complication.

Communication/information was the second most common issue in complaints about medical practitioners in 2022-23, accounting for 16.3% (2021-22: 17.7%) of issues raised. Most communication-related complaints raised the attitude and manner of a medical practitioner, accounting for 64.2% (2021-22: 65.3%) of all communication issues raised. Other issues included providing inadequate information, incorrect or misleading information, and lack of accommodation for special needs.

Professional conduct was the third most common issue in complaints about medical practitioners in 2022-23, accounting for 16.0% (2021-22: 16.5%) of issues raised. The majority of complaints related to the professional conduct of a medical practitioner raised concerns relating to breaches of guideline law, the practitioner’s competence, sexual misconduct, illegal practice, and impairment. Together, these five categories accounted for 64.8% of all issues raised in the professional conduct category.

A further 6.7% (2021-22: 6.8%) of complaints about medical practitioners raised medication issues, and 3.9% (2021-22: 4.2%) of complaints raised reports/certificates.



In 2022-23, the most common issue raised in complaints about **nurses and/or midwives** continued to be professional conduct (59.7%; 2021-22: 62.7%). The most common professional conduct issues were breach of guideline/law, impairment, and competence. The second most common issue raised continued to be treatment, with an increase this year (20.0%; 2021-22:16.1%). The most common treatment issue was inadequate care, accounting for 46.3% of the total number of treatment issues.

The most common issue category for **psychologists** continued to be professional conduct (37.6%; 2021-22: 37.8%). Within this category, the main issues were breach of guideline/law, boundary violation, impairment, inappropriate disclosure of information, or illegal practice. During 2022-23, 29.8% (2021-22: 30.1%) of complaints about psychologists related to treatment issues, with the majority regarding inadequate care, inadequate treatment, and inadequate/inappropriate consultation.

The majority of complaints relating to **dental practitioners** continued to be about treatment, accounting for 56.7% (2021-22: 55.6%) of all issues raised. The most common issues within this category were inadequate treatment, unexpected treatment outcomes/complications, and inadequate care. These three issue categories accounted for 62.6% of all treatment related issues.

Although there was a decrease this year, the second most common issue raised about dental practitioners continued to be professional conduct (13.5%; 2021-22: 16.0%), with most common issues raised within this

category being breach of guideline/law, competence, impairment, and advertising.

In complaints relating to **pharmacists**, the most commonly raised issue related to medication, accounting for 37.3% of all issues raised. Within this category, dispensing of medication was the most common issue raised in 2022-23, at 29.7% (2021-22: 32.0%). This continues to reflect the specific duties carried out by pharmacists and the understandable concern about risk when there is a potential error.

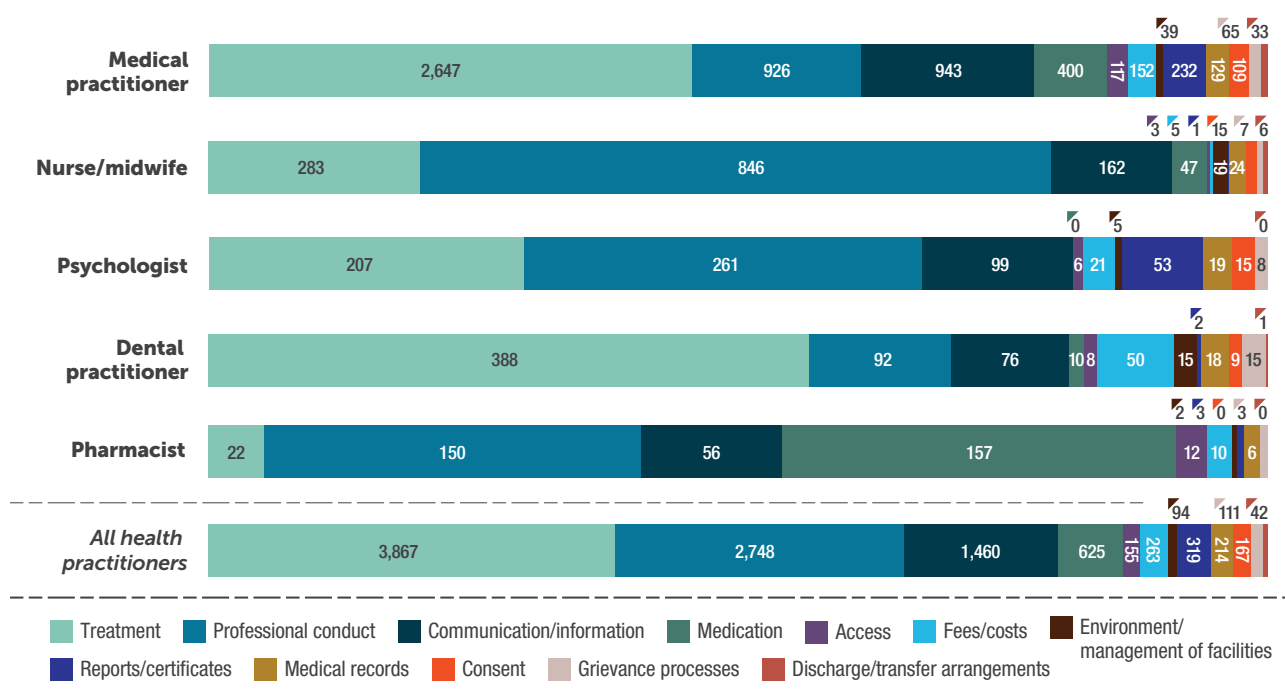
Following medication concerns, the second most common issue category in relation to pharmacists was regarding professional conduct, accounting for 35.6% (2021-22: 35.3%) of all issues raised. Within the category of professional conduct, half of the issues raised related to breaches of professional guideline/law in 2022-23 and were most commonly regarding an alleged breach of the *Poisons and Therapeutic Goods Act 1966*.

A breakdown of issues raised for all registered practitioners is provided in **Chart 9**, and Table A.6 in Appendix A.

**ISSUES RAISED IN COMPLAINTS ABOUT NON-REGISTERED HEALTH PRACTITIONERS**

In 2022-23, non-registered health practitioners continued to be most likely the subject of a complaint raising professional conduct issues, with a slight reduction on the previous year (42.3%; 2021-22: 46.5%). Treatment issues remained relatively consistent and remained the second most common issue raised at 28.2% (2021-22: 27.3%).

**CHART 9** | Issues raised in complaints received about health practitioners 2022-23



Counted by provider

Following a significant increase in complaints relating to communication issues in 2021-22, there was a decrease in 2022-23, to 12.7% (2021-22: 18.2%; 2020-21: 9.3%).

These three issue categories accounted for 89.2% of all issues raised in complaints about non-registered practitioners. Other issues raised related to environment/management of facilities, consent, reports/certificates, grievance processes, and fees/costs.

A breakdown of issues raised for non-registered practitioners is provided in Table A.6 in Appendix A.

**ISSUES RAISED IN COMPLAINTS ABOUT HEALTH ORGANISATIONS**

Treatment remained the primary issue category raised in complaints about **public hospitals**, accounting for 59.5% of all issues raised, a slight increase on last year (2021-22: 58.0%; 2020-21: 64.5%). The most common treatment issues continued to be related to inadequate care, inadequate treatment, and delay in treatment. There was a slight decrease in complaints raising issues of communication when compared to the previous year (15.0%; 2021-22: 16.5%).

In complaints about **medical centres**, treatment continued to be the most common issue (23.9%; 2021-22: 24.1%). Complaints about communication/information were the second most common issue raised regarding medical centres this year (17.3%; 2021-22: 17.8%), with a significant decrease in complaints regarding access (12.0%; 2021-22: 23.7%). This is expected due to the decrease in complaints regarding COVID-19,

where access issues such as telehealth versus face to face consultations and the impact of mask wearing requirements in medical centres were common.

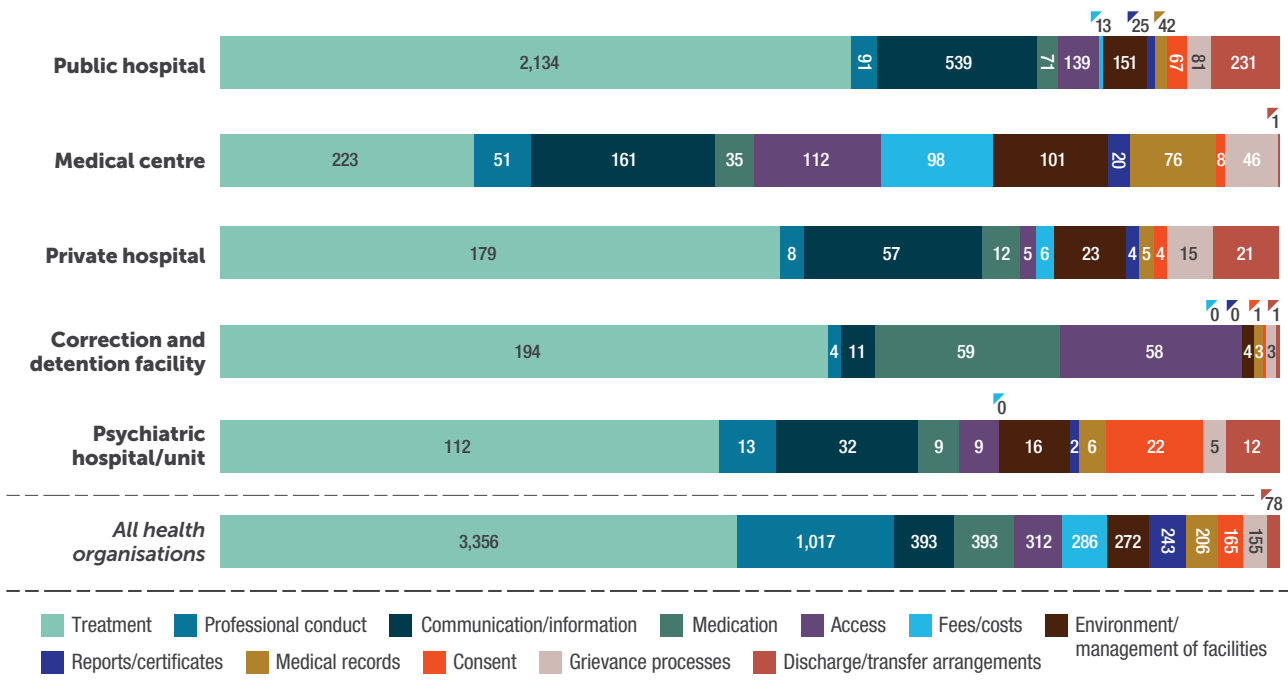
Treatment remained the main issue raised in complaints regarding **private hospitals**, accounting for 52.8% this year (2021-22: 56.0%). The most common treatment issues were inadequate care, inadequate treatment, and unexpected treatment outcomes/complications. Communication/information issues continued to be the second most common issue raised about private hospitals, accounting for 16.8% of all issues (2021-22: 15.7%).

The most common issue category for **correction and detention facilities** was treatment at 57.4%, which was an increase on the previous year (2021-22: 47.6%). The most common treatment issues were related to delays in treatment, inadequate care, and inadequate treatment. Other issues raised in correction and detention facilities included medication, access, and professional conduct concerns.

Issues in complaints relating to **psychiatric hospitals/units** in 2022-23 primarily related to treatment (47.1%; 2021-22: 47.0%), followed by communication/information, with a slight decrease on last year to 13.4% (2021-22: 15.2%). Consent issues continued to be the third most common issue category relating to psychiatric hospitals/units but at a reduced proportion (9.2%; 2021-22: 12.7%).

A breakdown of issues raised for health organisations is provided in **Chart 10**, and Table A.10 in Appendix A.

**CHART 10** | Issues raised in complaints received about health organisations 2022-23



Counted by provider

### SOURCES OF COMPLAINTS

In a small number of complaints, there may be more than one person who makes a complaint, such as a complaint lodged by multiple people within a family group. Therefore, the number of complainants is slightly higher than the number of complaints received.

Complaints continue to be most commonly made by the consumers of the health service. In 2022-23, 56.3% of complaints were made directly by consumers. Complaints made by family members or friends accounted for 23.1% of complaints, a slight increase on the previous year (2021-22: 21.9%). There was also a slight increase in complaints being made by other health care providers (4.7%; 2021-22: 3.7%), and a comparable proportion of complaints were made by consumer organisations, advocates, or employers (4.6%; 2021-22: 4.7%). A small proportion of complaints were made by a Professional Council and/or another regulatory authority (3.2%; 2021-22: 4.3%). A detailed breakdown of the source of complaints is in Table A.13 in Appendix A.

### COMPLAINTS BY LOCATION

Locational analysis of a complaint may be done in relation to the location of the complainant or the location of the health service provider, and these will show different information. For example, where a patient travels from regional NSW to visit a Sydney-based hospital, the complainant location data will show this as a non-metropolitan complaint but the provider location data will show this as a metropolitan complaint. Also, the complainant's location is not always provided if a complaint is submitted online or via email with an email address as the only contact information. In 2022-23, 76.1% of complainants (7,020) provided their residential location (2021-22: 75.0%).

Our current data categorises a complainant's location based on the postcode provided. The method for calculating location continues to be under review, as part of the project for setting geographic coding rules in our current case management replacement project. Our objective is to align geographic location with the definition of rural and regional services applied by the Ministry of Health.

### LOCATION OF COMPLAINANTS

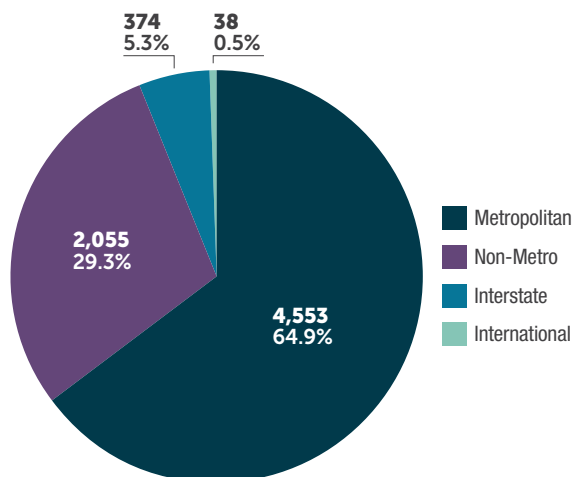
**Chart 11** shows the breakdown of complaint location. For the 7,020 complainants whose address was provided, 64.9% (2021-22: 66.5%) indicated that they were located in Metropolitan NSW, and 29.3% (2021-22: 28.2%) indicated that they were located in a non-metropolitan area. Complainants from interstate accounted for 5.3% (2021-22: 4.8%), and 0.5% of complainants indicated they resided overseas (2021-22: 0.5%).

For a more detailed breakdown of the location of complaints over a five-year period, please refer to Table A.14 in Appendix A of this report.

### LOCATION OF PROVIDERS

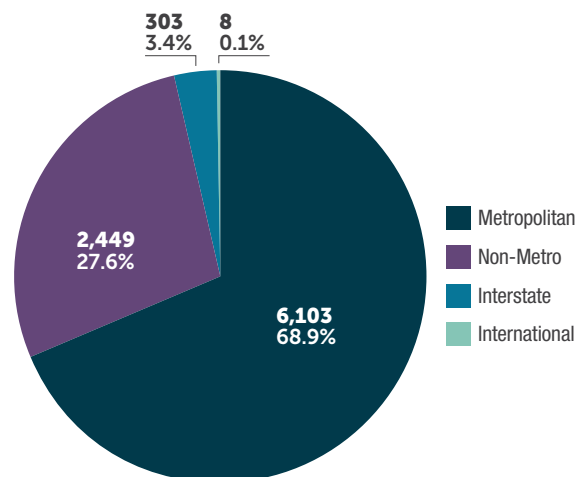
**Chart 12** shows the breakdown of health service provider location in cases where this information is known. Location of providers is determined according to the location of the health organisation or non-registered practitioner's practice, and for registered practitioners, the location is determined according to the practitioner's principal place of practice, which may not be the exact location where the health service was delivered. In 2022-23, the Commission was able to identify the location of providers in 96.8% of complaints (8,863).

**CHART 11** | Location of complainants 2022-23



Counted by provider

**CHART 12** | Location of providers 2022-23



Counted by provider

Within the 8,863 complaints where the provider’s location was able to be identified, 68.9% (2021-22: 71.3%) provided services in metropolitan NSW and 27.6% (2021-22: 26.0%) provided services in non-metropolitan NSW.

There was a slight increase in the still small proportion of complaints related to interstate providers (3.4%; 2021-22: 2.6%). The proportion of complaints related to providers overseas was consistent with the long-term trend (0.1%; 2021-22: 0.1%).

For a more detailed breakdown of the location of providers, please refer to Table A.15 in Appendix A of this report.

### ISSUES RAISED IN COMPLAINTS FROM METROPOLITAN AND NON-METROPOLITAN COMPLAINANTS

Chart 13 shows the issues raised by individual complainants located in metropolitan and non-metropolitan NSW. There were five issues where there was a noteworthy difference between metropolitan and non-metropolitan complaints. These were treatment, medication, access, fees/costs and professional conduct.

Treatment was the most common issue category in complaints by both metropolitan and non-metropolitan complainants, but a higher proportion of these being seen in non-metropolitan complaints (47.8% compared to 42.9% for metropolitan complaints). This is consistent with previous years.

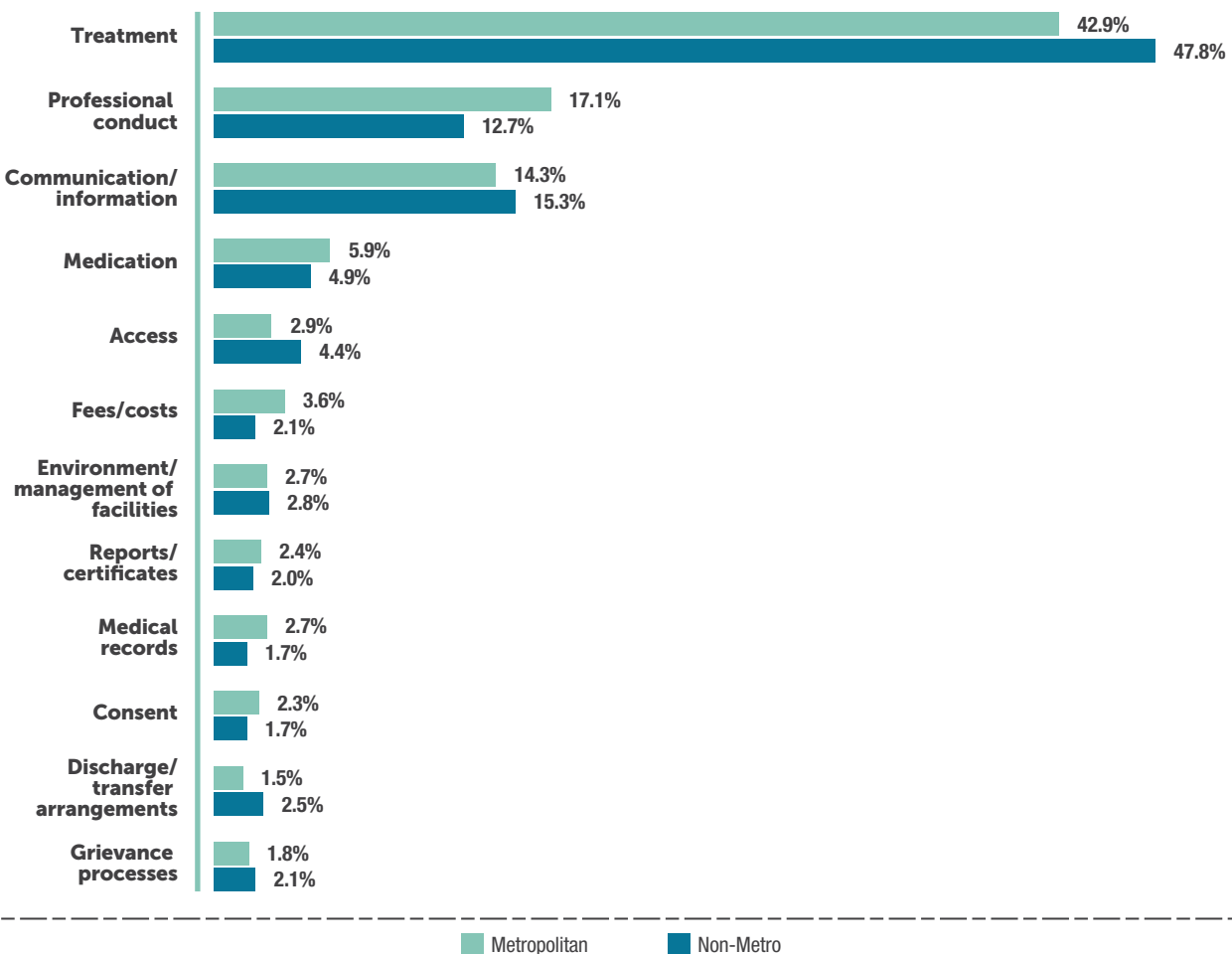
The other issues that were more commonly raised by non-metropolitan complainants were:

- Access (4.4% compared to 2.9% for metropolitan complainants)
- Discharge/transfer arrangements (2.5% compared to 1.5% for metropolitan complainants)
- Communication and information (15.3% compared to 14.3% for metropolitan complainants)

Professional conduct issues were more common in complaints by metropolitan complainants (17.1% of all issues and the second highest category) compared to the third most common issue category in complaints by non-metropolitan complainants (12.7% of all issues).

Medication was more commonly raised as an issue in complaints by metropolitan complainants (5.9% compared to 4.9% of non-metropolitan complainants).

CHART 13 | Issues raised by metropolitan and regional complainants 2022-23



Counted by provider



## Case study – Working with other regulatory agencies towards service improvement

The Commission received a complaint from a member of the community who was concerned about the staffing levels at the aged care facility where their partner was residing at the time of the complaint. The complainant explained that there had been several changes in relation to the senior level nursing staff, causing potential disruption to residents at the facility. They were also concerned that the senior nursing staff were being stretched too thin across more than one facility, as well as recent changes to the facility’s fees. The complainant did not raise any specific clinical concerns in relation to the treatment their partner, or other residents, had received. Rather, their complaint was related to the management of the facility overall and the impact that this was having on residents and families. Because of this, the Commission considered that the most appropriate course of action was to refer the matter to the Aged Care Quality and Safety Commission under section 26 of the Health Care Complaints Act 1993, as they were considered the appropriate body to manage these concerns.

Metropolitan complainants raised issues regarding fees/cost, medical records, reports/certificates, and consent concerns more commonly than non-metropolitan complainants.

The proportion of complaints relating to the issue of environment/management of facilities was comparable between both cohorts of complainants

## Assessing and resolving complaints

### ASSESSMENTS AND TIMELINESS

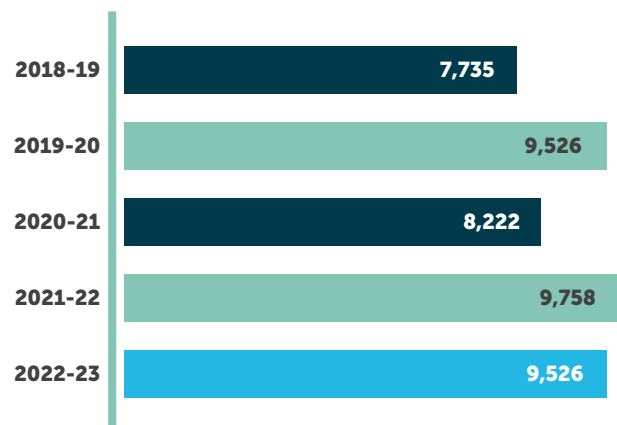
**Chart 14** shows that in 2022-23 the Commission assessed 9,526 complaints. While this is a 2.4% decrease on the previous year, this is due to the drop in the total number of incoming complaints (2021-22: 9,758) and the performance reflects strong productivity, with 367 more complaints assessed than were received. This ensured that the gap that had emerged in 2021-22 (due to the unprecedented COVID-19 related spike in the number of complaints) was closed and there was no backlog of open complaints.

During 2022-23, the proportion of complaints assessed within 60 days was 68.9% (2021-22: 79.0%), and the proportion of letters notifying parties of the assessment decision sent within the 14-day statutory timeframe was 66.8% (2021-22: 71.7%). While the average days to assess

a complaint was 48 days (2021-22: 45 days) and within the 60-day statutory timeframe, the decline in timeliness due to workload pressures and workforce disruption is noted and requires active correction. Resourcing enhancements for front line assessment functions and business process improvements are being implemented to address this.

Further detail on the time taken to assess complaints over a five-year period can be found at Table A.21 in Appendix A.

**CHART 14** | Complaints assessed 2018-19 to 2022-23



*Counted by provider*

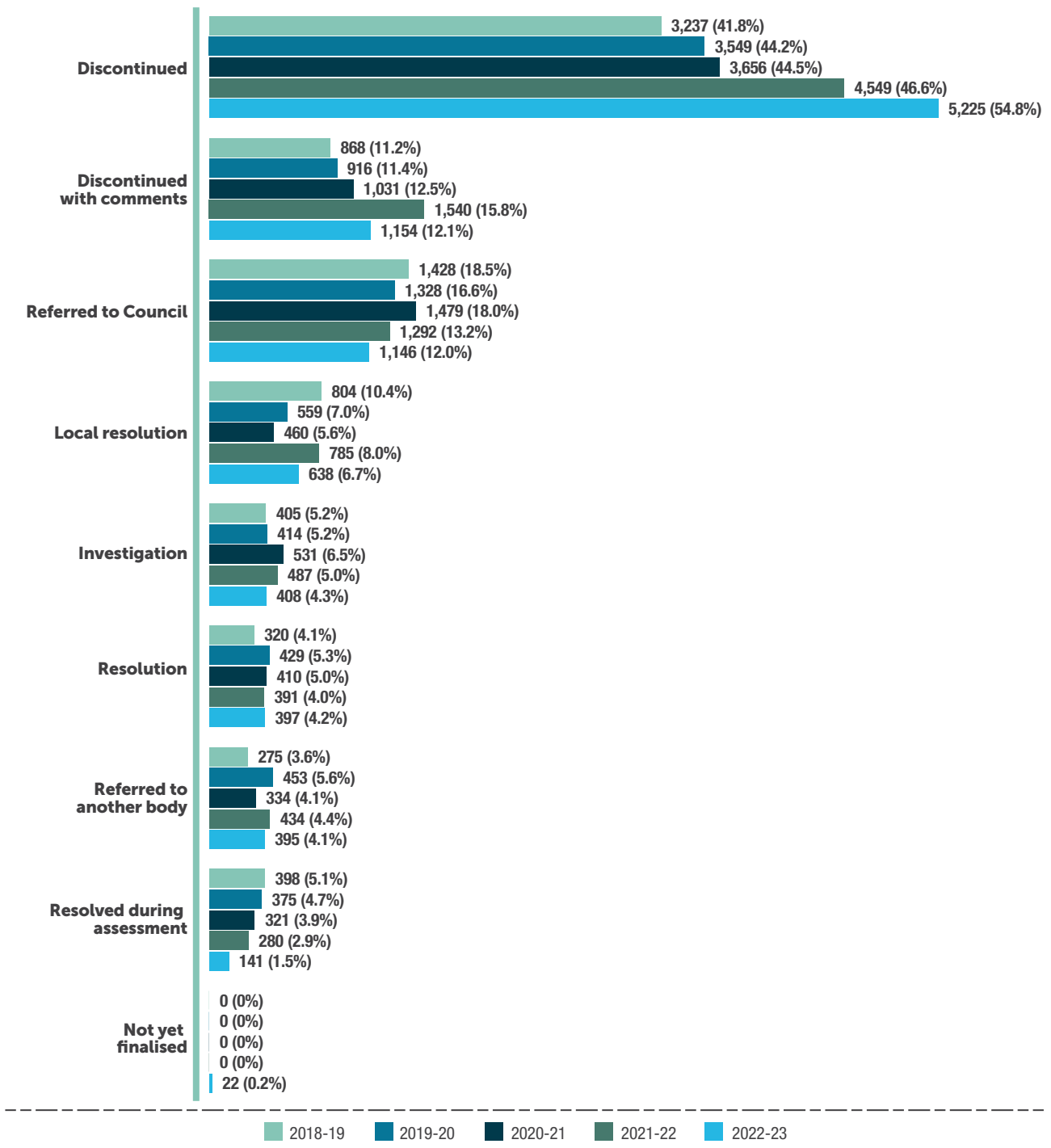
**ASSESSMENT OUTCOMES**

**Chart 15** shows the assessment outcomes for complaints for 2022-23, compared to the previous four years. It shows that:

- There was a decrease in the number of complaints referred for investigation in 2022-23, with 408 referrals compared to 487 in 2021-22. The proportion of complaints referred to investigation was 4.3%, which is slightly below the proportion in 2021-22 and the long-term trend of 5.0%.

- There was also a decrease in the number and proportion of complaints referred to the relevant professional council, when compared to the previous year (12.0%; 2021-22: 13.2%).
- The proportion of complaints referred to the Commission’s Resolution Service in 2022-23 increased slightly (4.2%; 2021-22: 4.0%) and there was a decrease in the proportion of complaints referred for local resolution (6.7%; 2021-22: 8.0%).

**CHART 15** | Outcome of complaints assessed 2018-19 to 2022-23



Counted by provider

- The proportion of complaints discontinued or withdrawn increased significantly in 2022-23 (54.8%; 2021-22: 46.6%).
- There was a reduction in the number of complaints resolved during assessment, at 1.5% (2021-22: 2.9%).
- Complaints referred to another body were comparable with the previous year (4.1%; 2021-22: 4.4%).
- A small proportion (0.2%) of matters were categorised as “not yet finalised”. This outcome applies where an assessment recommendation is made, but consultation with the relevant professional council has not yet occurred and the final determination has not yet been entered.

Further detail on the outcomes of the assessment of complaints can be found in Tables A.17 to A.19 in Appendix A.

### ASSESSMENT DECISIONS BY PRACTITIONER TYPE

**Chart 16** sets out how the Commission dealt with complaints in 2022-23 by the type of health practitioner involved. The chart compares the assessment decisions for each of the top five most complained about health practitioners with the assessment decisions for all complaints assessed about individual health practitioners (registered and non-registered).

For more detailed information about assessment decisions by the type of health practitioner complained about, please refer to Table A.20 in Appendix A.

### OUTCOMES FOR REGISTERED HEALTH PRACTITIONERS

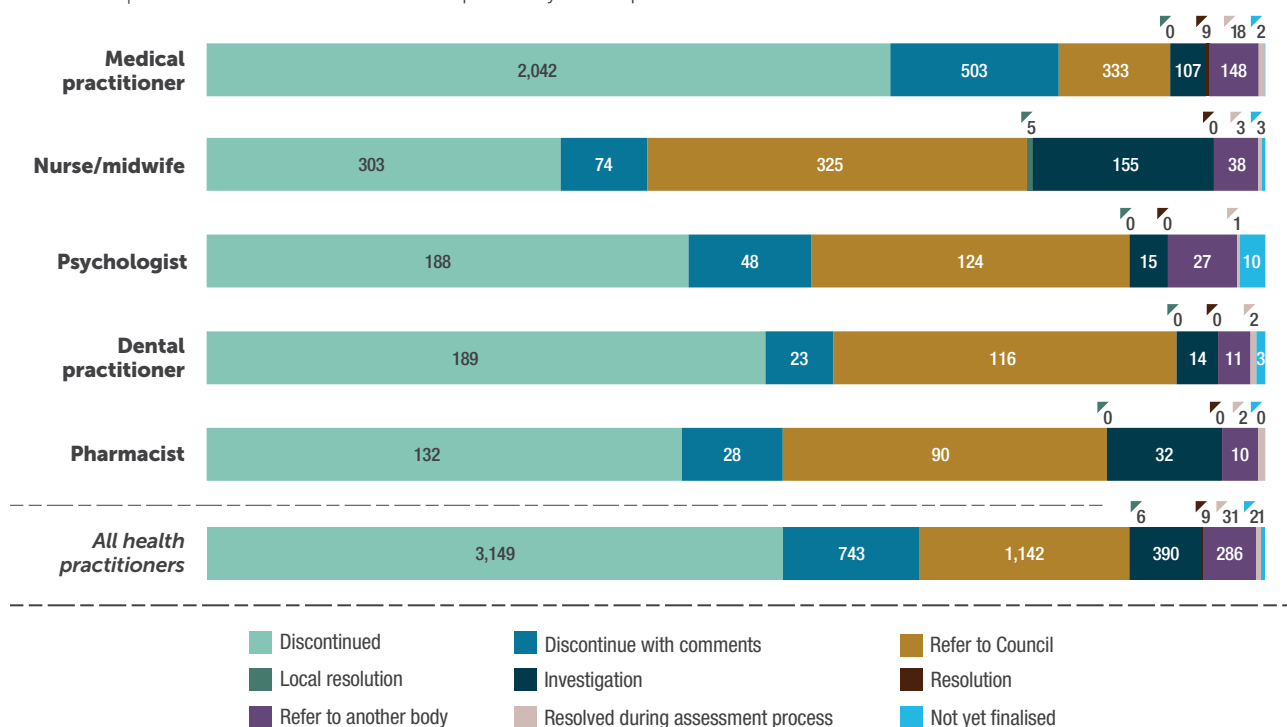
For **medical practitioners**, the most common outcome of an assessment was to discontinue the complaint and this was the outcome for 64.5% of complaints (2021-22: 53.4%). A further 15.9% were discontinued with comments (2021-22: 22.5%). Together these categories made up 80.4% of outcomes, which was higher than the proportion of complaints about all health practitioners with an outcome of discontinue or discontinue with comments (67.4%).

There was a slight decrease in the proportion of medical practitioner complaints referred to the Medical Council of NSW (10.5%; 2021-22: 13.0%). This is consistent with the reduction in the proportion of all health practitioner complaints referred to a Professional Council in 2022-23 (19.8%; 2021-22: 22.0%)

The 107 complaints about medical practitioners that were referred for investigation constituted 3.4% of complaints about medical practitioners, lower than the proportion in the previous year (2021-22: 4.9%) and lower than the proportion for all health practitioners (6.8%; 2021-22: 8.1%).

The proportion of complaints about medical practitioners resolved during assessment was 0.6% (2021-22: 1.7%), in line with the proportion for all complaints about health practitioners (0.5%). There was an increase in complaints referred to another body in 2022-23 (4.7%; 2021-22: 4.0%), which was comparable with all health practitioners (5.0%).

**CHART 16** | Outcome of assessment of complaints by health practitioner 2022-23



Counted by provider

For **nurses and/or midwives** the most common outcome continued to be a referral to the Nursing and Midwifery Council of NSW (35.9%). This is a decrease on the previous year (2021-22: 40.2%), while still significantly higher than the proportion of all health practitioners (19.8%). The proportion of complaints about nurses and/or midwives that was discontinued (33.4%) was slightly higher than the previous year (2021-22: 32.1%) but substantially lower than across all health practitioners (54.5%).

The proportion of complaints about nurses and/or midwives that had investigation as an outcome continued to increase (17.1%; 2021-22: 15.1%; 2020-21: 12.8%) as there was a continued increase in the number of nursing and/or midwifery complaints involving professional conduct issues such as a breach of a guideline or law, illegal practice or impairment.

For **psychologists**, the proportion of complaints that were referred to the Psychology Council of NSW in 2022-23 increased slightly to 30.0% (2021-22: 27.2%) and remained higher than the proportion of all complaints about health practitioners (19.8%). The proportion of complaints about psychologists referred for investigation decreased from the previous year (3.6%; 2021-22: 5.5%). The proportion of complaints discontinued was comparable to the previous year (45.5%; 2021-22: 47.4%) and there was a slight increase in the proportion of complaints that were referred to another body (6.5%; 2021-22: 4.3%).

In 2022-23, the majority of complaints about **dental practitioners** were discontinued (52.7%; 2021-22: 46.7%). This was an increase on the previous year but in line with the proportion of complaints discontinued about all health practitioners (54.5%). The number of complaints referred to the Dental Council of NSW was comparable to the previous year (32.4%; 2021-22: 31.8%), while significantly higher than all complaints about health practitioners (19.8%). The proportion of complaints about

dental practitioners investigated decreased slightly to 3.9% (2021-22: 4.5%). There was a decrease in the proportion of complaints referred to another body (3.1%; 2021-22: 5.2%).

The proportion of complaints about **pharmacists** that were referred to the Pharmacy Council of NSW in 2022-23 decreased to 30.6% (2021-22: 36.0%), but remained higher than the proportion of all health practitioners (19.8%). The proportion referred to investigation decreased slightly to 10.9% in 2022-23, following a significant decrease the previous year (2021-22: 11.8%; 2020-21: 26.1%), although this outcome remains higher than the proportion for all health practitioner complaints (6.8%). 54.4% of complaints regarding pharmacists were either discontinued or comments were provided. This was an increase on the previous year (2021-22: 46.1%), but it remains lower than the proportion of all health practitioners where the complaint was discontinued or comments provided (67.4%).

**OUTCOMES FOR NON-REGISTERED PRACTITIONERS**

The proportion of complaints referred for investigation about non-registered health practitioners was 15.5%. This is a very significant proportion and higher than the previous year (2021-22: 12.7%), and also higher than for all health practitioners (6.8%). A higher proportion of complaints about non-registered practitioners were discontinued in 2022-23 (61.1%; 2021-22: 54.5%) compared to the previous year and also compared to complaints about all health practitioners (54.5%). There was a decrease in the proportion of complaints where the Commission provided comments to the practitioner in 2022-23 (15.2%; 2021-22: 24.1%). The proportion of complaints referred to another body in 2022-23 was comparable to the previous year, at 7.8% (2021-22: 7.7%) and continued to be slightly higher than all health practitioners (5.0%). Within these referrals, complaints concerning non-registered health practitioners were appropriately referred to Ahpra if there were concerns relating to misrepresentation of qualifications.



**Case study – Resolving complaints quickly**

The Commission received a complaint from a member of the community stating that following an appointment with a specialist medical practitioner, they had not been provided with a tax invoice. The complainant was concerned that this meant they were unable to claim their rebate from Medicare.

During the assessment process, the Commission contacted the practitioner and outlined the complainant’s concerns. Following this interaction, the Commission was able to facilitate the provision of the tax invoice from the practitioner to the complainant. As a result, the complainant was satisfied that their concerns had been resolved with the Commission’s assistance.



### ASSESSMENT DECISIONS BY HEALTH ORGANISATION CATEGORY

**Chart 17** compares the assessment decisions for each of the top five most complained about health organisations with all complaints about health organisations. In 2022-23, complaints about correction or detention facilities and pharmacies returned to the top five health organisations assessed, replacing pathology centres/labs and psychiatric hospitals/units.

For **public hospitals**, the most common outcome in 2022-23 continued to be discontinued (44.9%; 2021-22: 34.2%). This number is significantly higher than the previous year but still lower than the proportion of matters discontinued across all health organisations (55.4%). There was a decrease in the number of complaints referred for local resolution this year (22.2%), which was a return to the usual trend following a significant increase the previous year (2021-22: 31.6%). The proportion of complaints about public hospitals that were referred to the Commission’s Resolution Service was comparable to the previous year (2022-23: 18.0%; 2021-22: 18.4%).

In 2022-23, the majority of complaints about **medical centres** were discontinued or discontinued with comments (93.4%; 2021-22: 88.8%). These complaints frequently involve disputes about fees or costs, access to medical records, types of consultations or waiting times. In 2022-23, there was a decrease in the number of complaints that were resolved during the assessment process when compared with the previous year

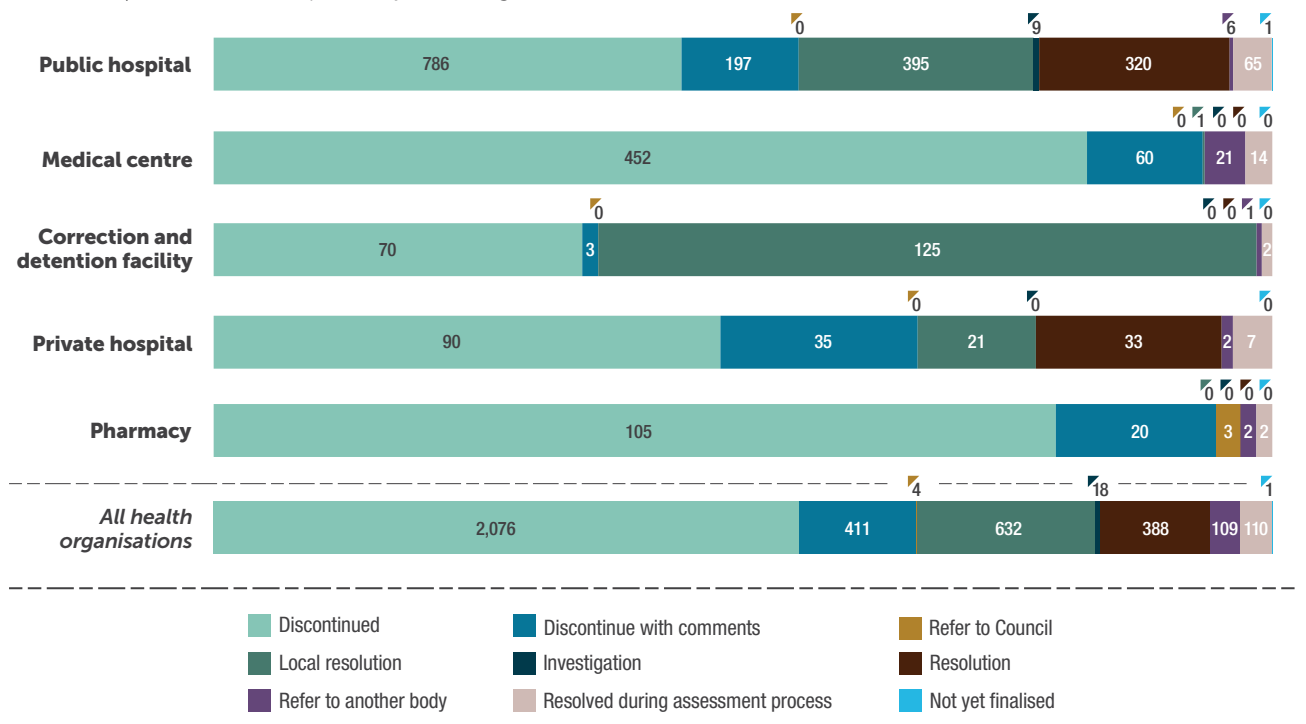
(2.6%; 2021-22: 4.6%), however, this number was in line with the proportion of all health organisation complaints that were resolved during the assessment process (2.9%).

There was a significant increase in the proportion of complaints about **correction and detention facilities** that were referred for local resolution in 2022-23 (62.2%; 2021-22: 47.9%). Local resolution is an effective outcome in the correctional setting as it provides immediate visibility of the problem for the clinical service providers, particularly with low level issues that are best communicated, explained and addressed promptly and directly by the service provider. There was a corresponding decrease in the proportion of complaints that were discontinued about correction and detention facilities in 2022-23 (34.8%; 2021-22: 45.2%).

There was a decrease in the proportion of complaints about **private hospitals** that were discontinued in 2022-23 but this remained the most likely outcome for complaints about private hospitals (47.9%; 2021-22: 55.7%). The proportion of complaints referred to the Commission’s Resolution Service was comparable to the previous year (17.6%; 2021-22: 18.4%), as was the proportion of complaints about private hospitals that were referred for local resolution (11.2%; 2021-22: 11.4%).

In 2022-23, the majority of complaints about **pharmacies** were discontinued (79.5%) which was a significant increase from the previous year (2021-22: 56.6%). Comments were provided to pharmacies in 15.2% of complaints received this year (2021-22: 18.6%).

**CHART 17** | Outcome of complaints by health organisation 2022-23



Counted by provider

A small proportion (2.3%) of complaints were referred to the Pharmacy Council of NSW, which manages concerns about pharmacy businesses in NSW.

**REVIEW OF ASSESSMENT DECISIONS**

Under section 28(9) of the *Health Care Complaints Act 1993*, complainants are provided with the opportunity to request a review of the Commission’s assessment decision.

In 2022-23, the Commission received 534 requests for a review of an assessment decision, compared with 470 review requests in 2021-22. This represents 5.6% of review requests lodged for all assessments completed (2021-22: 4.8%). Further information about requests for review of assessment decisions over the previous five years is outlined in Table A.22 in Appendix A.

A review of an assessment decision typically involves:

- An objective reconsideration of the material and evidence originally provided and obtained during the assessment of the complaint.
- Consideration of any new information provided by the complainant not originally available to the Commission at the assessment stage.

- Where appropriate, obtaining further clinical expert opinion to assist in settling any outstanding clinical questions.
- Consultation with the relevant professional Council as required.

In 2022-23, there was a significant increase in the number of reviews finalised (556; 2021-22: 425). Of the number of reviews finalised, 60.4% were completed within 60 days, compared with 76.2% the previous year. This reduction in timeliness arose from the combined impacts of increased review requests and staffing pressures. Of the 556 completed reviews, 85.3% confirmed the original assessment decision (2021-22: 86.6%). In the 82 reviews where the assessment decision changed:

- 40 required corrective comments to the practitioner where the review did not find significant departures from professional standards but did identify areas where the provider would benefit from specific advice and guidance.
- 21 matters were referred to another more appropriate body for action.
- 16 matters were referred to the Commission’s Resolution Service.



**Case study – Resolution to improve systems and communication in a hospital**

A complaint regarding a surgical procedure carried out on the complainant’s wife, which resulted in the need for a second procedure and an extended hospital stay was received. The complaint was assessed for referral to the Commission’s Resolution Service due to concerns about gaps in service and communication. The complaint centred around the discovery during the surgery that not all of the required hardware and prosthesis components had been received from the supplier and were therefore unavailable for use in the operating theatre.

A facilitated resolution meeting was held, where the subject of the complaint had the opportunity to provide valuable feedback on the emotional and physical impact of the incident. The hospital acknowledged deficiencies in both areas and identified areas for improvement in communication during open disclosure and complaints handling.

Significantly, the meeting shed light on the factors that contributed to the error and corrected several misconceptions held by the complainant and the subject. It was revealed that there were shortcomings in how the prosthetic supplier provided the components, as well as in the checks conducted between the supplier and the hospital to prevent such incidents. Both the supplier and the hospital have since implemented proactive measures to enhance their processes and mitigate the chances of a similar incident occurring in the future.

The complainant and subject expressed satisfaction that their concerns were acknowledged and validated, and that they received an additional apology. Furthermore, both the complainant and the subject offered insightful feedback on the open disclosure discussions that took place at the time of the incident, as well as the handling of the local complaint process.

- Two matters were referred for investigation by the Commission.
- Two matters were referred to the appropriate Professional Council for management/action under health, conduct or performance programs.
- One matter was referred to the health organisation for resolution at a local level.

## RESOLUTION SERVICE

The number of matters received by the Resolution Service in 2022-23 was 413, a small 2.0% increase on the previous year (2021-22: 405). The five-year trend in resolutions received is set out in Table A.25 in Appendix A.

A total of 444 resolution matters were finalised in 2022-23 (2021-22: 340), with 312 of these proceeding through the full resolution process (2021-22: 251). It is

usual for a proportion of complaints to be referred to the Commission's Resolution Service but not to proceed fully, as the assisted resolution process is voluntary and the personal circumstances of the persons involved in the resolution may change or other events such as legal processes may arise.

In 2022-23, 61.0% of resolutions finalised were conducted in non-metropolitan settings (2021-22: 52.0%). The resolution team held meetings throughout NSW including: Lightning Ridge, Walgett, Brewarrina, Taree, Queanbeyan, Coffs Harbour, Katoomba, Maitland, Dubbo, Orange, Mudgee, Goulburn, Kempsey, Shoalhaven, Inverell, Tamworth, Moruya, Nowra, Armidale, Lismore, Tweed Heads, Ballina, Albury, Central Coast, Parkes, Forbes, Bathurst, Batemans Bay, Bega, Cootamundra, Griffith, Wagga Wagga and Glen Innes. This is set out in **Table 1**.

**TABLE 1** | Assisted resolutions that proceeded in rural and regional NSW (by Local Health District) 2022-23

Local Health District (LHD)	2022-23
Hunter New England	68
Central Coast	23
Illawarra Shoalhaven	16
Nepean Blue Mountains	15
Murrumbidgee	6
Western NSW	26
Northern NSW	11
Mid North Coast	11
Southern NSW	9
Albury Wodonga Health (network with Victoria)	3
Far West	1
<b>Total Resolutions in Regional, Rural and Remote Areas</b>	<b>189</b>
<b>Rural and regional resolutions as a proportion of total**</b>	<b>61%</b>

\* Includes public and private health care providers, based on physical location by LHD.

\*\* Proportions based on resolutions completed. In 2022-23, this was 312.

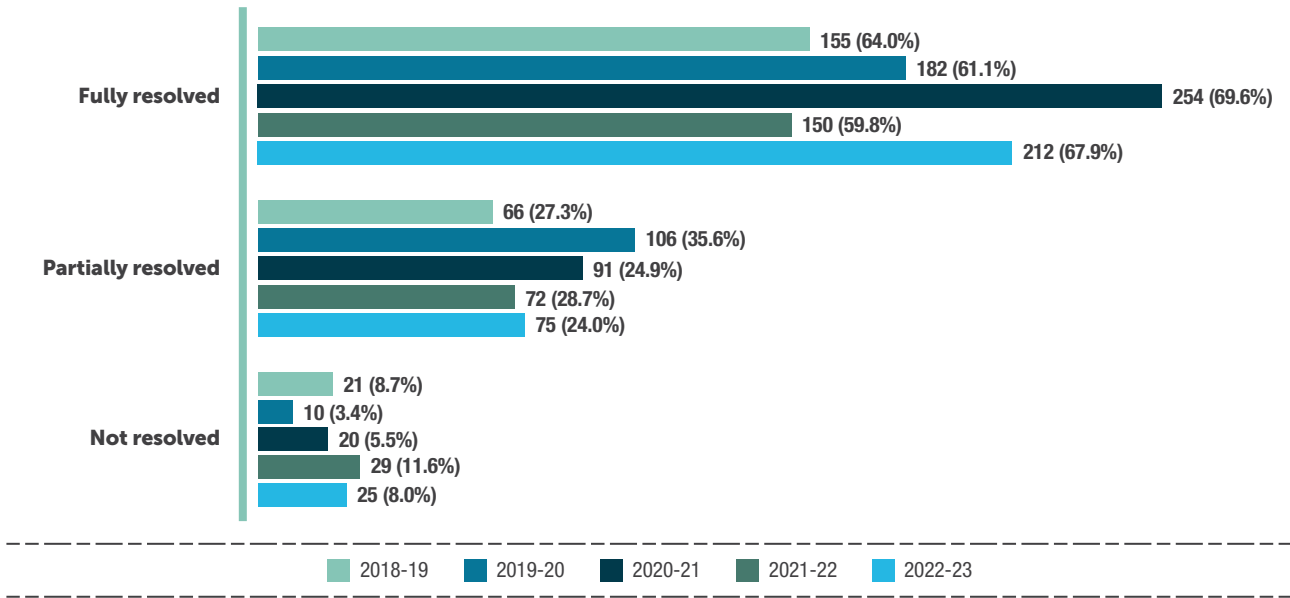


### Case study – Referrals to drive conduct improvement

The Commission received a complaint from a member of the community who, during an admission to a health facility, shared information with members of their treating team. The complainant was concerned that the practitioner inappropriately disclosed this information to the complainant's family.

The Commission determined that there were no ongoing risks to public health or safety or issues with the clinical care, and that a referral to the Nursing and Midwifery Council of NSW was appropriate to provide further education in relation to the privacy concerns. The Council counselled the practitioner about the behaviour and the nurse was provided with further education in management and protection of private health information.

**CHART 18** | Outcome of resolution processes that proceeded, 2018-19 to 2022-23



Counted by provider

Resolution outcomes continued to be very positive, delivering systemic improvements, along with opportunities for supported reflective practice, through the sharing of the patient and family experience. 91.9% of the matters that proceeded through the full resolution process were resolved or partially resolved. This is an increase on the previous year (2021-22: 88.4%) and is due, in part, to the ability to return to face to face interactions following the COVID-19 pandemic.

**Chart 18** shows the number and outcomes of resolution processes that proceeded over the past five years. Further detail of resolution outcomes can be found in Table A.26 in Appendix A.

In 2022-23, 130 (41.7%) resolutions were completed within four months and 200 (64.1%) were completed within six months. Timeframes are expected to improve going forward as COVID-19 related constraints fall away. Further detail on the timeliness of resolutions can be found in Table A.28 in Appendix A.

## Investigation of serious complaints

### INVESTIGATIONS RECEIVED

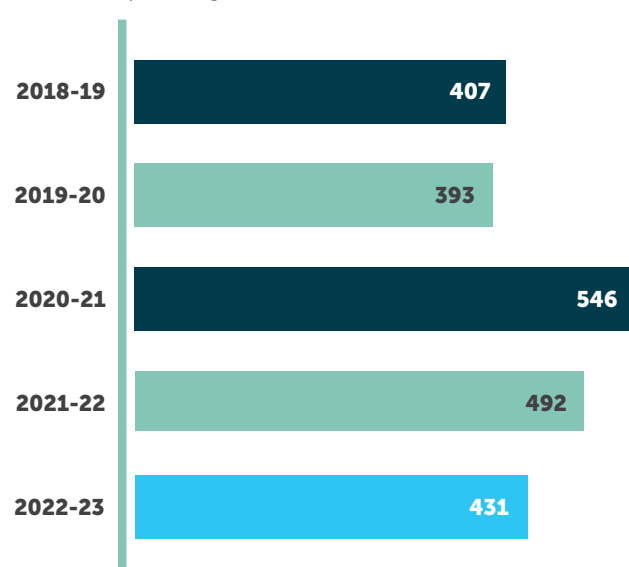
As shown in **Chart 19**, in 2022-23 the Commission referred 431 complaints for investigation, which is 12.4% fewer than the 492 referred in 2021-22. The percentage of total complaints referred to investigation for 2022-23 was 4.3% (2021-2022: 5.0%), which was slightly lower than the long-term trend of investigation referral of around 5.0%. This is primarily due to shifts in the volume and nature of the complaints received and a decrease in the number of health practitioners who generated multiple complaints. It also reflects a return to the usual pattern

of complaint volumes following the spike in COVID-19 related complaints over the previous two years. Of the 431 investigations in 2022-23, none related to COVID-19. This is significant difference to 2021-22, when 113 (23.0%) investigations related to COVID-19 (2020-21: 7).

**Chart 20** shows that in line with the expected and usual pattern, most of the Commission’s investigations were about registered practitioners, making up 84.9% of all investigations (2021-22: 91.7%).

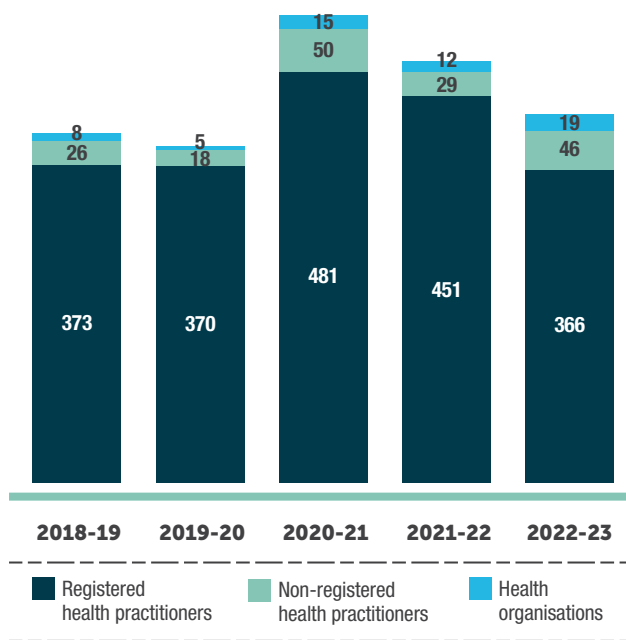
Registered practitioners also continued to generate multiple investigations, which is one of several factors that can impact on the complexity of investigations. The 366 complaints referred for investigations related

**CHART 19** | Investigations received 2018-19 to 2022-23



Counted by provider

**CHART 20** | Investigations received by provider type 2018-19 to 2022-23



Counted by provider

to 187 individual practitioners, with 114 (61.0%) of these individuals generating two or more investigations and one individual practitioner alone generating eight investigations.

In 2022-23, the most investigated **registered practitioners** were nurses and/or midwives, followed by medical practitioners and pharmacists.

The proportion of investigations about **non-registered health practitioners** remained small (10.7%). However, this represented a significant increase when compared

to last year (2021-22: 5.9%) and as these investigations are inherently more complex and often more serious, the increase potentially impacts on workloads and timeliness. The most common non-registered health practitioners investigated continued to be massage therapists, counsellors, and assistants in nursing.

The Commission received 19 new investigations relating to **health organisations** in 2022-23. This was an increase compared to the number of health organisation investigations received in 2021-22 (12). These investigations related to nine public hospitals, four ambulance services, four cosmetic health facilities, one private hospital and one drug and alcohol service. A further breakdown of complaints referred for investigation is outlined in Table A.29 in Appendix A.

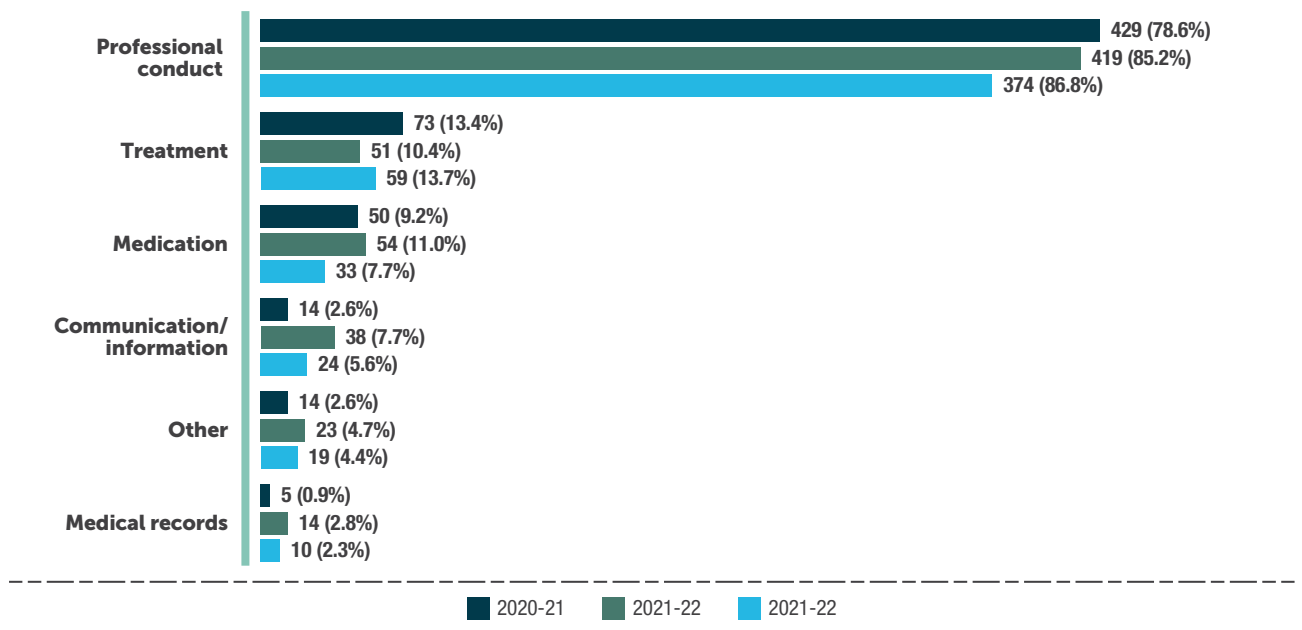
**ISSUES RAISED IN INVESTIGATION**

**Chart 21** outlines the issues raised in all investigations received, noting that more than one issue will generally be raised in an investigation.

The most common issue categories for complaints referred for investigation in 2022-23 were professional conduct, treatment, and medication concerns.

86.8% of investigations in 2022-23 raised professional conduct as an issue, which was comparable to 85.2% the previous year. Professional conduct issues commonly under investigation include allegations of fraud, sexual misconduct, criminal conduct as well as impairment or competence. The continued high proportion of complaints investigated relating to professional conduct issues reflects the fact that these present the most serious risks to public health and safety.

**CHART 21** | Issue category raised in investigations received 2020-21 to 2022-23



Counted by provider

Issues about treatment were raised in 13.7% (2021-22: 10.4%) of investigations. Investigations regarding treatment typically involve serious and/or complex clinical issues (noting that in investigations concerning registered health practitioners, matters of a more straightforward clinical nature are typically managed by the relevant Professional Council).

Medication concerns were raised in 7.7% (2021-22: 11.0%) of investigations and these complaints most commonly related to inappropriate prescribing, dispensing or storage of schedule 8 medications.

In 2022-23, there was a slight decrease in the proportion of the complaints that raised communication issues compared to the previous year, which is expected given that many COVID-19 related investigations raised concerns about communication (5.6%; 2021-22: 7.7%).

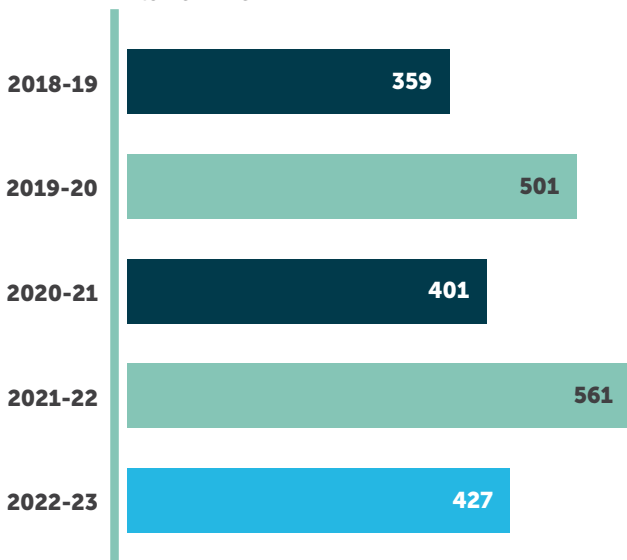
Other issues such as medical records, environment/management of facilities, consent and fees/costs were also raised. These issues tend to be secondary or additional features of many investigations, but still may be of significant concern. For example, an investigation into the care and treatment of a patient may also raise issues of unsatisfactory record keeping or inappropriate communication.

Table A.30 in Appendix A outlines in further detail the issues raised in the investigations received.

**INVESTIGATIONS FINALISED AND TIMELINESS**

As shown in **Chart 22**, 427 investigations were finalised in 2022-23. This was a decrease on the 561 investigations finalised in 2021-22 and a return to an expected level of investigation completions, (noting that the high number finalised in 2021-22 was skewed by the ability to integrate

**CHART 22** | Number of investigations finalised from 2018-19 to 2022-23



Counted by provider

and finalise several COVID-19 related investigations where a single practitioner was subject to a large number of complaints and the increased capacity to finalise existing investigations once the impact of the 2020-21 spike in new investigations abated).

Of the 427 investigations finalised in 2022-23, 188 were completed within six months. The proportion of investigations finalised within 12 months was 74.8% (2021-22: 85.3%) and the average time taken to complete an investigation was 258 days (2021-22: 230 days). In calculating this, the Commission does not include the time an investigation is suspended while awaiting the outcome of related criminal proceedings. Further details of timeframes for investigations finalised are outlined in Table A.37 in Appendix A.

This reduction in timeliness was primarily related to workload and workforce issues which are being addressed as a priority through organisational development and business improvement strategies.

**INVESTIGATION OUTCOMES**

The five-year breakdown of investigations finalised by provider category presented in Table A.31 and Table A.32 of Appendix A provides an understanding of the specific provider types investigated within each of the three categories of registered health practitioners, non-registered health practitioners and health organisations, and the outcomes within and between the categories over time.

**OUTCOME OF INVESTIGATIONS INTO REGISTERED HEALTH PRACTITIONERS**

Of the 427 investigations finalised in 2022-23, 379 (88.8%) related to registered health practitioners. **Chart 23** shows the outcomes of investigations into registered health practitioners compared to the previous four years. In 2022-23, 160 (42.2%) of these investigations resulted in a referral to the Director of Proceedings for consideration of disciplinary action, which was a sign of a possible turn towards the more usual pattern of close to 50% of investigations referred (2021-22: 39.4%).

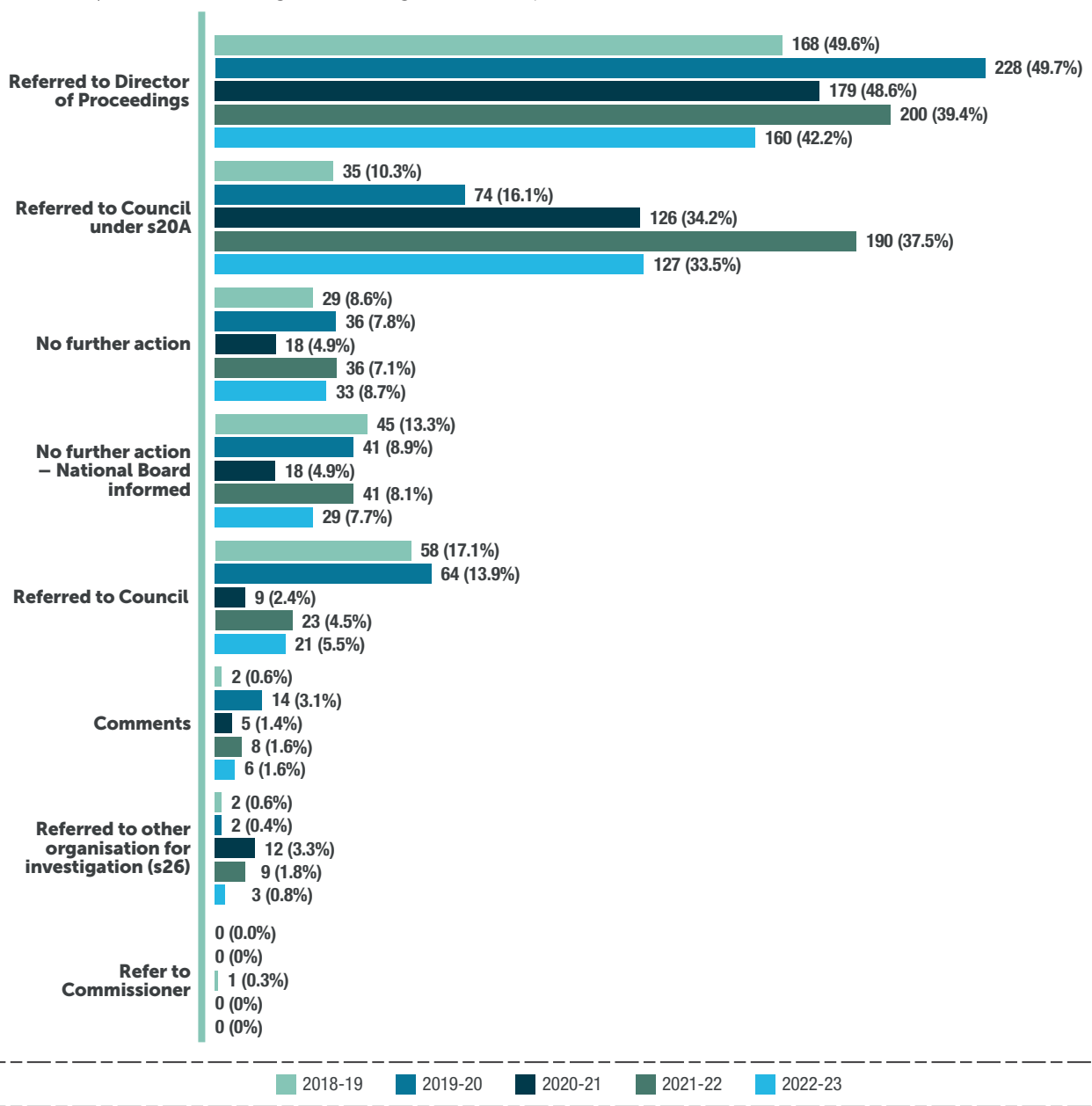
The proportion of investigation matters referred to Professional Councils in 2022-23 either during or at the end of an investigation also returned to the expected pattern, noting that the COVID-19 related investigations included a larger number of lower-level matters for which action by a Professional Council was more appropriate than consideration of prosecution. A total of 148 investigations (39.0%) relating to registered practitioners were referred to a Professional Council in 2022-23 (2021-22: 42.0%). Referral to Professional Councils continues to be the best outcome for managing practitioner conduct, performance or health issues where disciplinary action is not warranted but there are areas that require intervention to deliver improvement or increased protection for the public.

In 2022-23, the proportion of investigations where no further action was taken but the relevant National Board was informed was comparable to last year (7.7%; 2021-22: 8.1%). This outcome occurs when a practitioner removes themselves from the register of their National Board at the commencement of, or during, an investigation. In such a case, the risk to public health and safety has been eliminated by the practitioner no longer practicing in the profession. Notification to the relevant National Board enables the Board to consider any material obtained in the investigation if the practitioner later tries to apply for reinstatement of their registration. If re-registration is sought, the Board may also consider

making a new complaint which would have the effect of reopening the investigation. It should be noted that an investigation can still be referred to the Director of Proceedings and progressed to prosecution, even if the practitioner has removed themselves from the register, when it is determined that this is in the public interest.

There was a decrease in the proportion of complaints re-assessed and referred to another organisation in 2022-23 (0.8%; 2021-22: 1.8%) which was a return to the long-term trend of the proportion investigations being referred to another organisation being under 1.0% prior to the COVID-19 pandemic (2020-21: 3.3%; 2019-20: 0.4%).

**CHART 23** | Outcome of investigations into registered health practitioners 2018-19 to 2022-23



Counted by provider

### OUTCOMES OF INVESTIGATIONS INTO NON-REGISTERED HEALTH PRACTITIONERS

The Commission finalised 34 investigations into non-registered health practitioners in 2022-23 (2021-22: 43). Of the investigations finalised:

- 22 investigations led to prohibition orders being issued about 19 individual practitioners on the basis that the practitioner had breached the Code of Conduct for Non-Registered Health Practitioners and posed an ongoing risk to public health and safety. 12 of these investigations resulted in the Commission issuing a public statement.
- Written comments and guidance were provided in nine investigations where the confirmed departures in practice were not sufficiently serious to require a prohibition order.
- There were three investigations where no further action was taken as the Commission could not substantiate the allegations.

In 2022-23 the Commission made new **interim prohibition orders** against 24 non-registered practitioners (2021-22: 14) during an investigation, in addition to renewing interim prohibition orders already in place. All prohibition orders are posted on the Commission's website.

### OUTCOMES OF INVESTIGATIONS INTO HEALTH ORGANISATIONS

In 2022-23 14 investigations into 12 health organisations were finalised. Of the investigations finalised:

- Eight investigations about four public hospitals, two public health organisations, one private hospital and one correction and detention facility resulted in 30 formal recommendations made for system corrections or improvements.
- Corrective comments were made in three investigations regarding two massage clinics and one cosmetic health facility following submissions.
- No further action was taken on three investigations against one cosmetic health facility because the service was no longer in operation.

Further detail on the outcome of investigations finalised by health service provider type is outlined in Table A.33 of Appendix A.

### PUBLIC WARNINGS

In 2022-23, the Commission made two public warnings under section 94A of the Health Care Complaints Act 1993 relating to Mr Andreas Pantziaros and Mr George Pegios. The Commission has now made 16 public warnings in total including:

- **Paramedic/Ambulance services provided by Mr Andreas Pantziaros through Medic Corp Ambulance** – responding to complaints about Mr Pantziaros creating the misleading impression that he is a NSW Ambulance Officer/Paramedic and that Medi Corp is affiliated with emergency services.
- **Mr George Pegios** – responding to complaints about dental services provided by Mr Pegios, who has not been a registered dentist since 18 June 2010. He has no legitimate recent dental practice.
- **Mr Edward Alonso Valencia Ospina** – responding to complaints about dental services provided by Mr Ospina in residential premises in Sydney.
- **Mr Julian Osorio Munoz** – responding to complaints about dental services provided by Mr Munoz in residential premises in Sydney.
- **Mr Robert John Cook** – responding to complaints about paramedic/ambulance services provided by Mr Cook in the Queanbeyan – Palerang area.
- **Dental Services to Child Care Facilities provided by Sydney Dental Services** – responding to complaints that raised serious concerns in regard to inappropriate and excessive treatment on young children; lack of informed consent for extensive treatment on young children; lack of parent/carer attendance at appointments where extensive treatment was being undertaken, and inadequate record keeping practices.
- **Detoxologie and Ms Fay Fain** – responding to complaints about various health services provided by the facility and Ms Fay Fain in regard to inappropriate and unlawful prescribing and administering of Schedule 4 medications which had not been approved by the Therapeutic Goods Administration; Ms Fain holding out as a registered nurse and poor infection control practices and hygiene.
- **Ultrasound services provided by Medsound and Ms Li Shen** – responding to complaints relating to information that Ms Shen, owner and operator of Medsound, had been performing ultrasound examinations as well as writing and issuing reports of the ultrasound findings without any recognised ultrasound or medical qualifications or registration in Australia.
- **Concerning levels of heavy metals in Ayurvedic medication** – responding to complaints relating to the prescription of “Manasamithra Vatika,” (Manasamitram Pills), an Ayurvedic medication which was found to contain concerning levels of lead and other heavy metals.





## Case study – Complex investigation leading to successful prosecutions and prohibition order

The Commission conducted investigations into three registered pharmacists and a non-registered health provider who was the owner of Good Life Food Store, Ms Thanh Trinh. Complaints were received regarding a 'delivery arrangement' between Maks Chemist ('the pharmacy') and the Store regarding the supply of Schedule 2, 3, 4 and 4D medications, over the period 2015 to 2019. The Store was not a registered pharmacy and no registered pharmacist worked there.

Mr Jason Vuong was the proprietor of the pharmacy at the time and his brother, Mr David Vuong, worked as a locum pharmacist. Mr Phuoc Loc Le, Ms Trinh's cousin, was also a pharmacist involved in this delivery arrangement.

The investigations were complex as they involved both registered and non-registered health professions; multiple practitioners with different roles; multiple patients; and a range of issues in the acquiring, administration and dispensing scheduled medications; and conduct issues. A lack of full openness and transparency by some of the practitioners posed further challenges.

The investigation found that Ms Trinh was involved in the dispensing of restricted medications as an intermediary between patients and the registered pharmacists. Under the delivery arrangement, Ms Trinh would receive a cash payment from the pharmacy for each item delivered. The investigation also found that Ms Trinh obtained and stored large quantities of restricted medications, beyond the level required to be dispensed to any patient.

Based on the evidence, the Commission considered that Ms Trinh breached clause 3(1) of the Code of Conduct set out in Schedule 3 of the Public Health Regulation 2012 (as published at the time of the alleged conduct and up to 31 August 2022) by providing services that she is not qualified to provide (cl 3(2)(c)). The Commission imposed a prohibition order that:

Ms Thanh Trinh must not possess, supply, store, manufacture or dispense any scheduled substance listed to the Poisons and Therapeutic Goods Regulation 2008 (NSW) including acting as an agent or using premises as a depot.

In addition to their involvement in the inappropriate arrangement with the Good Life Food Store, evidence was also found that:

- Mr Jason Vuong inappropriately dispensed various drugs of addiction drugs to multiple patients and failed to check their dispensing history and supplied multiple repeats of a drug at the same time without any inquiry.
- Mr David Vuong inappropriately dispensed scheduled 4 drugs to four patients.
- Mr Le Facilitated the unlawful supply of drugs by using the pharmacy's wholesale portal to order large quantities of medications; opened pharmaceutical wholesale accounts in the pharmacy's name without the required authority; and provided false and/or misleading evidence to regulatory authorities.

Each pharmacist was prosecuted before the NSW Civil and Administrative Tribunal.

On 29 July 2023 the Tribunal found all three pharmacists guilty of unsatisfactory professional conduct and professional misconduct. The Tribunal cancelled their registrations and set non review periods of two years for Mr Jason Vuong and Mr Le, and 12 months for Mr David Vuong.

- **Misleading and unsafe practices by anti-vaccination campaigners** – responding to complaints relating to the spreading of false and misleading information seeking to minimise or discredit the benefits of vaccines, noting the potential risks this poses to public health and safety.
- **Unsafe practices involving subdermal implants inserted for “extreme” body modification purposes** – responding to complaints about nonregistered health practitioners carrying out surgical procedures to “alter” the appearance of consumers without appropriate training or qualifications, and/or are failing to do so in a safe and ethical manner.
- **Unsafe and illegal practices at beauty and cosmetic clinics** – responding to complaints relating to the use of non-registered, untested, and inferior quality products as well as the prescribing and administration of Schedule 4 medications by non-registered and unqualified persons.
- **Non-evidence-based weight loss programs** – addressing prescription medication regimes claiming to correct hormone imbalances without adequate clinical basis.
- **Cosmetic surgical and medical procedures performed illegally by non-registered health practitioners** – responding to the surge in complaints relating to such procedures in residential premises and hotel rooms without infection control measures.
- **The Australian Vaccination-skeptics Network, Inc. (‘AVN’), formerly known as the Australian Vaccination Network Inc.** – responding to complaints about misleading, misrepresented and incorrect information about vaccination.
- **Dental services and aged care facilities provided by Elderlink Consolidated Services** – responding to a situation where dental services were provided to aged care residents without informed consent, without consultation with the resident’s next of kin or an authorised representative, and without the knowledge of facility management staff.

Public warnings are translated into other languages where appropriate and made publicly available on the Commission’s website.

## Prosecutions and Legal

### REFERRALS TO DIRECTOR OF PROCEEDINGS

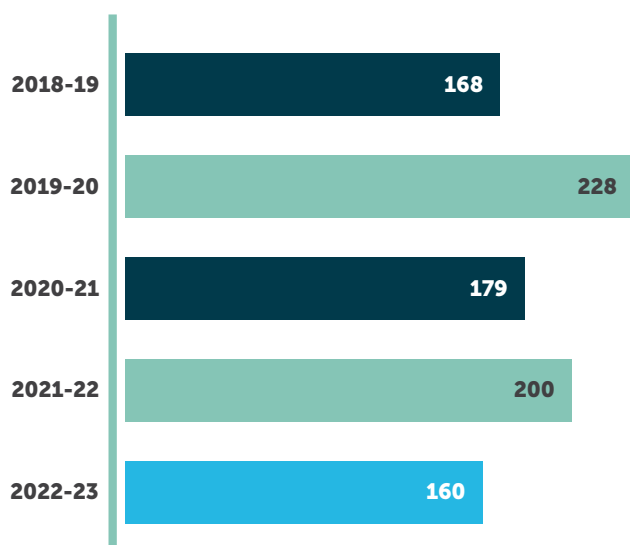
As shown in **Chart 24**, in 2022-23, 160 investigations into registered health practitioners resulted in referral to the independent Director of Proceedings for consideration of prosecution. As noted above the volume of referrals can fluctuate depending on the nature and seriousness of issues raised in investigations.

If a practitioner is already being prosecuted or being considered for prosecution, and a subsequent matter is referred to the Director of Proceedings, the complaints are typically joined together to be progressed as a single prosecution. A prosecution before NCAT or a PSC may therefore capture multiple complainants and issues relating to the same practitioner or event.

Processes implemented in 2022-23 have resulted in significant improvements in the timeliness of matters before the Director of Proceedings. In 2022-23 the Director of Proceedings determined 84.5% of matters within three months of referral, an increase from 57.7% in 2021-22.

In 2022-23, there were 93 determinations on whether or not to prosecute a health practitioner, which was significantly higher than the 67 determinations made in 2021-22. Of the matters referred to a disciplinary body, 87 were referred to NCAT and four to a PSC. In two complaints, the Director of Proceedings determined not to prosecute the health practitioner, following consideration of criteria set out at section 90C of the *Health Care Complaints Act 1993*.

**CHART 24** | Investigations referred to Director of Proceedings 2018-19 to 2022-23



Counted by provider



## Public Warning under s94A of the *Health Care Complaints Act 1993* – Dental services provided by Mr George Pegios – 11 May 2023

The NSW Health Care Complaints Commission (the Commission) issued a warning to the public about dental services provided by Mr George Pegios.

Mr Pegios is a former dentist whose registration was cancelled for a period of five years on 18 June 2010 after the NSW Dental Tribunal found him guilty of professional misconduct in respect of four patients, including one patient that died, and unsatisfactory professional conduct in relation to a further three patients.

Mr Pegios has not been a registered dentist since 18 June 2010. He has no legitimate recent dental practice and would not have the required recency of practice. He would also not have professional indemnity insurance or recent professional development in relation to dentistry.

The Commission received information that Mr Pegios performed root canal therapy on Patient A on 20 September 2019 and again on 30 September 2019 at a dental practice in Double Bay. The investigation found that Mr Pegios did provide root canal therapy to Patient A, and referred patients to Dr X (a registered dentist) on several occasions, often discussing treatment options with them.

The investigation also found that Mr Pegios still has various online profiles in which he is referred to as a dentist and/or offers advice about dental implants or other treatment.

The Commission has imposed a Prohibition Order on Mr Pegios and made a Public Statement. The public warning was also to ensure that the public is aware that under no circumstances should Mr Pegios be performing any dental work, advising any treating practitioner about treatment options, or providing input to patient assessment reports.

The warning advised the public that Mr Pegios is not a registered dentist and cannot provide dental treatment, and that the Commission has issued a prohibition order confirming that he is unable to provide dental or any other health services.

It further explained that dental practitioners are registered health professionals. Individuals can check to see if a practitioner is registered in Australia through the Australian Health Practitioner Regulation Agency (Ahpra) website at [www.ahpra.gov.au](http://www.ahpra.gov.au).

The warning advised that any person who becomes aware that Mr Pegios is offering dental services, undertaking dental treatments or providing advice in relation to dental treatments, should notify the Commission of the details by emailing [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au).

The percentage of legal matters lodged with NCAT or a PSC within 30 days of consultation with the relevant Professional Council was 75.6%, compared to 55.6% in 2021-22.

**LEGAL MATTERS FINALISED**

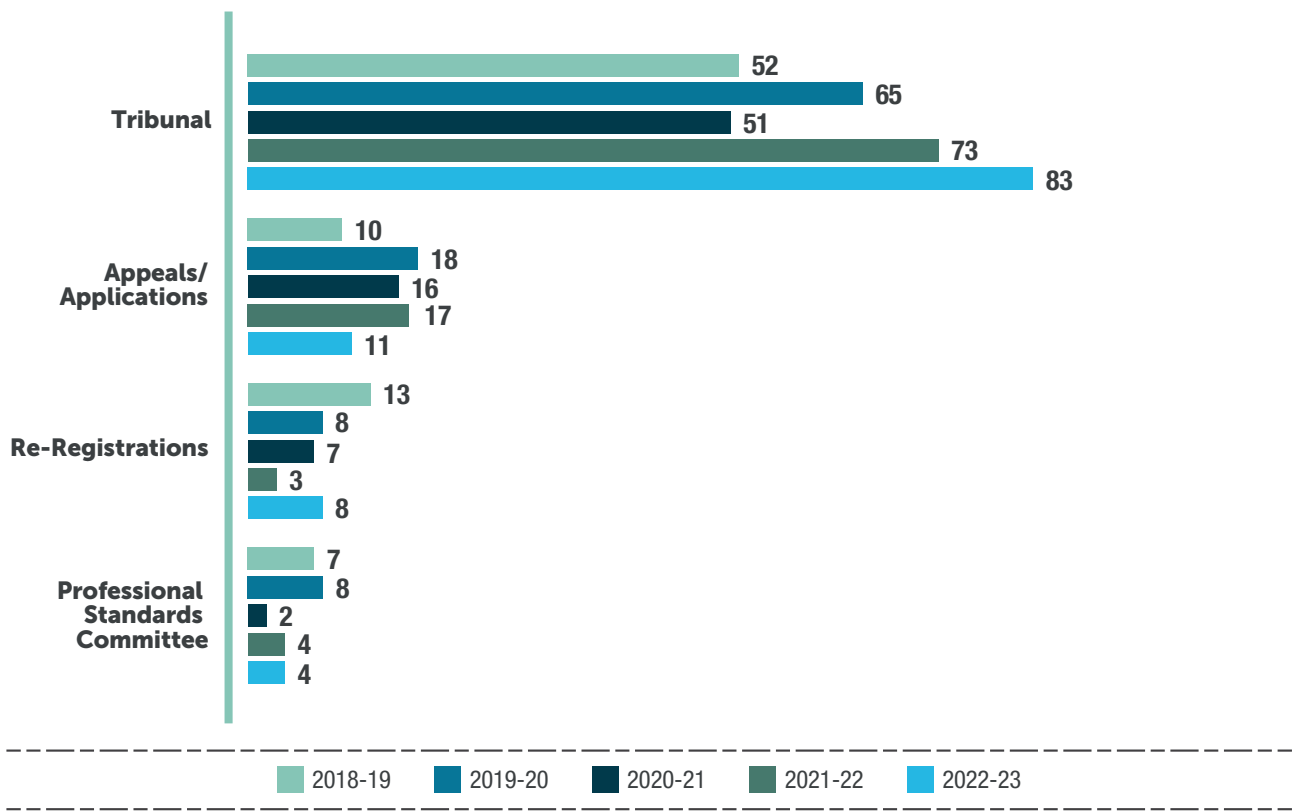
There were 106 legal matters finalised in 2022-23, which is 9.3% higher compared to the previous year (97). As shown in **Chart 25**, this included 83 matters before NCAT, four matters before a PSC, 11 appeals and other applications, and eight re-registration matters.

Of all matters heard and finalised before NCAT or a PSC, 97.7% were successful (2021-22: 98.9%).

In terms of re-registration hearings, in addition to the Commission appearing as respondent in eight re-registration application hearings, the Medical Council of NSW was assisted in preparing for its appearances for medical practitioners seeking reinstatement.

As presented in Table 2, for the 11 appeals or applications made in 2022-23 by a health practitioner, eight were dismissed or discontinued, one was upheld and two appeals were allowed with the decision varied.

**CHART 25** | Legal matters finalised 2018-19 to 2022-23



Counted by provider

**TABLE 2** | Outcome of disciplinary matters finalised in 2022-23

Forum Name	Orders	No.
<b>Professional Standards Committee</b>		
	Caution	1
<b>Medical Professional Standards Committee</b>	Reprimand and Conditions	1
	Reprimand	1
<b>Nursing Professional Standards Committee</b>	Reprimand and Conditions	1
<b>Total Professional Standards Committee</b>		<b>4</b>
<b>Tribunal</b>		
<b>NCAT – Administrative &amp; Equal Opportunity Division</b>	Suspension	1
<b>NCAT – Chiropractic</b>	Cancellation	1
<b>NCAT – Dental</b>	Cancellation	2
	Cancellation	12
	Cancellation; Disqualified	1
	Caution	1
	Conditions	1
	Disqualified	3
<b>NCAT – Medical</b>	Reprimand and Conditions	3
	Reprimand	1
	Reprimand; Suspension and Conditions	1
	Suspension and Conditions	5
	Suspension	3
	Tribunal Terminated	2
	Cancellation	15
	Cancellation; Disqualified	1
	Caution and Conditions	1
	Caution	1
<b>NCAT – Nursing and Midwifery</b>	Caution; Suspension	1
	Disqualified	3
	Reprimand and Conditions	2
	Reprimand and Conditions; Suspension	1
	Reprimand	2
	Suspension	2
<b>NCAT – Occupational Therapy</b>	Disqualified	1
<b>NCAT – Paramedicine</b>	Cancellation	1
	Suspension and Conditions	1
<b>NCAT – Pharmacy</b>	Cancellation	10
	Conditions	1
<b>NCAT – Physiotherapy</b>	Suspension and Conditions	1
<b>NCAT – Psychology</b>	Cancellation	2
<b>Tribunal Total</b>		<b>83</b>

Forum Name	Orders	No.
<b>Appeals/Applications</b>		
<b>Court of Appeal</b>	Appeal by respondent – Appeal allowed. Decision varied	1
	Appeal by Commission – Appeal allowed. Decision varied	1
	Appeal by respondent – Appeal dismissed	1
	Appeal by respondent – Appeal withdrawn/discontinued	2
	Application by respondent – Application dismissed	1
<b>Local District Court</b>	Application by Commission – Application upheld	1
<b>NCAT – Administrative &amp; Equal Opportunity Division</b>	Application by respondent – Application dismissed	3
<b>NCAT – Medical</b>	Application by respondent – Application dismissed	1
<b>Appeals/Applications Total</b>		<b>11</b>
<b>Re-Registrations</b>		
<b>NCAT – Nursing and Midwifery</b>	Dismissed	2
	Reinstatement order with conditions	2
	Reinstatement order	1
	Withdrawn	3
<b>Re-Registrations Total</b>		<b>8</b>
<b>Grand Total</b>		<b>106</b>

Counted by matter.



### Case study – Prosecution of Ms Sally-Ann John – Paramedic

The Health Care Complaints Commission prosecuted a complaint against paramedic Sally-Ann John before the NSW Civil and Administrative Tribunal ('the Tribunal').

The complaint alleged that on 24 July 2021, Ms John:

- Attended an unauthorised COVID-19 anti-lockdown protest in contravention of Public Health Orders and in particular a self-isolation order as a result of close contact with a positive COVID-19 case.
- Broadcasted a live stream of her attendance at the protest on her social media account, which included derogatory statements about police and towards members of the public.

It was also alleged that in April 2021, Ms John made anti-vaccination posts on her social media accounts, where she could be identified as a paramedic.

In its decision of 13 April 2023, the Tribunal found the complaint proven and found Ms John guilty of unsatisfactory professional conduct and professional misconduct. The Tribunal suspended Ms John's registration for three months and imposed conditions, including conditions concerning the removal of content from social media. This is the first time in a prosecution brought by the Commission that the Tribunal has imposed orders regarding social media.



## Case study – Ms Karen Prowse – Psychologist

The Health Care Complaints Commission prosecuted a complaint against psychologist Karen Lynne Prowse before the NSW Civil and Administrative Tribunal ('the Tribunal').

It was alleged that between 1997 – 2020, Ms Prowse:

- Breached professional boundaries with Client A in the course of the therapeutic relationship, including disclosing personal information about herself that she had fabricated.
- Entered into a close personal relationship, and then a sexual relationship, with Client A.
- Engaged in repeated deceptive conduct towards Client A and her family, including using a picture of another former client to falsely claim that he was her ex-husband.

It was also alleged that in or around early 2018, Ms Prowse breached professional boundaries with Client B by entering into an inappropriate personal relationship, constituting a “multiple relationship”, in breach of the Code of Ethics for Psychologists. At no time did Ms Prowse obtain professional supervision for that relationship.

It was also alleged that Ms Prowse suffers from an impairment and that she was not competent to practise the profession of psychology, based on the conduct in relation to Client A and because of her impairment.

In its decision of 12 May 2023, the Tribunal found the complaint proven. The Tribunal found that Ms Prowse was guilty of unsatisfactory professional conduct and professional misconduct, was impaired, and was not competent to practise.

The Tribunal cancelled Ms Prowse's registration as a psychologist with a non-review period of 5 years.

## 04 Management and Accountability

### Oversight and collaboration

The Commission is accountable for its priorities and performance to the NSW Parliament and Joint Parliamentary Committee on the Health Care Complaints Commission. The delivery of high-quality performance reports and responses to inquiries conducted by the Committee are essential to maintaining transparency and accountability on the Commission's operations and activities.

The Commission can identify complaint trends and opportunities through its complaint management functions. This information can inform policy deliberations on aspects of complaint handling and areas for improvement in health service delivery.

There are a number of ways that the Commission shares complaints information, collaborates with other health regulators and seeks to influence NSW service system improvements:

- Quarterly performance reports are provided to the Minister, the Joint Parliamentary Committee and other key stakeholders.
- Quarterly meetings are held between the Commissioner and the Secretary of Health to discuss complaints trends and performance and areas of shared interest.
- The Commission meets quarterly with the national regulator, the Australian Health Practitioner Regulation Agency, to discuss initiatives of common interest in relation to health complaints processes and practices, to drive consistency in the management of complaints across jurisdictions, and to share complaints information and complaints handling tools.
- In November 2022 and May 2023, the Commissioner attended the National Health Commissioners' conference in Melbourne and Brisbane respectively. This is an important forum for: considering complaint trends nationally; identifying strategies for improved complaints management; and, discussing management of matters that cross jurisdictional boundaries.
- The Commission meets on a bi-monthly basis with the Medical Council of NSW and on an ad hoc basis with the other NSW Professional Councils. The purpose of these meetings is to discuss trends in complaints, the efficiency and effectiveness of complaints handling processes, and opportunities for improvement.
- Partnerships with the Clinical Excellence Commission and the Patient Safety First Division of the Ministry of

Health focus on identifying and progressing system wide improvement opportunities and strategies arising from complaints and incidents.

- After an investigation, where the Commission has made recommendations to a health organisation to improve systems, it also provides a copy of these to the Clinical Excellence Commission to support its work on systemic improvements to the health system.
- Ongoing engagement with the NSW Mental Health Commission in relation to the safe management of mental health related complaints and identification of issues arising for those with lived experience.

### The Commissioner and Executive Leadership Group

The Commissioner, Ms Sue Dawson, commenced a five-year term in December 2015. In October 2020, Ms Dawson was reappointed to the role of Commissioner for a further five-year term.

As at 30 June the Commission had an Executive Leadership Group of seven members with one fixed term appointment, four ongoing and two contract roles.

- **Commissioner, Senior Executive Band 3** – Sue Dawson, Bachelor of Laws (Hons 1), Master of Urban Planning, Bachelor of Social Work (Hons 1), Executive Fellow, Australia New Zealand School of Government.
- **Executive Director, Complaints Operations, Senior Executive Band 2** – Tony Kofkin, Bachelor of Arts, former Detective Chief Inspector at Kent Police (UK).
- **Executive Director, Legal Services and Director of Proceedings, Senior Executive Band 2** – Nicole Lawless, Bachelor of Arts (Psychology & History), Postgraduate Diploma of Psychology (Forensic), Bachelor of Laws (Graduate), Master of Law (Human Rights).
- **Director, Resolutions & Customer Engagement, Senior Executive Band 1** – Jane Probert, Bachelor of Arts /Bachelor of Laws.
- **Director, Technology and Systems Transformation, Senior Executive Band 1** – Alex Nicholson (from June 2023), Doctor of Philosophy (PhD), Master of Business Administration, Bachelor of Engineering with 1st Class Honours, Bachelor of Mathematics.
- **Interim Director, Corporate Operations & Chief Financial Officer (CFO), Senior Executive Band 1**. Margaret Palmer (from April 2023), Master of



Business Administration (MBA), Masters of Accounting and Finance, Certificate in Corporate Governance GIA, Graduate Diploma in Applied Governance, Australian Institute of Complaint Directors Company Directors Course.

- **Interim Director, People and Culture, Senior Executive Band 1** – Gail Symons (from March 2023, Masters of Organisation Development (Valedictorian), Bachelor, Psychology and Sociology, accredited in use of Saville suite of psychometric testing, Accredited in Human Centred Design.

Going forward into 2023-24, it is proposed that the two interim Director positions will be replaced by an Executive Director, Corporate Services and CFO.

The Executive Leadership Group and the organisation are supported by two additional SES level positions:

- **Director, Complaints Operations, Senior Executive Band 1** – Prue Coroneos (from February 2023), Bachelor of Arts in Communications with Honours.
- **Principal Medical Adviser, Senior Executive Band 1** – Mark Whitty (from February 2023) – Masters of Medicine (Clinical Epidemiology), Bachelor of Medicine / Bachelor of Surgery, Bachelor of Science (Majors: Mathematics and Physics, Minor: Operations Research and Statistics) backfilling Maria Li while on maternity leave, Bachelor of Medicine / Bachelor of Surgery, Fellowship of the Royal Australian College of General Practitioners, The Royal Australian College of General Practitioners.

## Decision-making and communication forums

**Executive Management Group** meetings take place monthly to set corporate direction and priorities, identify and manage risks, monitor financial and operational performance and strategic People & Culture matters, and oversee major projects. Additionally, this forum considers corporate level ICT strategies to: plan and implement contemporary ICT hardware and software enhancements; review current and future technologies to identify options for increased efficiency and effectiveness; and monitors ICT project implementation against the ICT transformation roadmap.

**Quarterly operational performance monitoring and reporting meetings** are held. This provides Managers with a forum to present themes, trends and issues that arise from an analysis of the performance data to the Executive. It also provides an opportunity to discuss and address resourcing, workforce or workload issues; propose policy or risk settings and business improvement processes. This ensures that our operations remain aligned with our strategic priorities of strong risk management practices, a focus on customer centricity and the journey of a complaint, and taking opportunities to influence health service providers in NSW.

**Divisional and All Staff meetings** are held monthly. All Staff meetings communicate and discuss organisation wide matters of interest and corporate priorities, and to provide staff opportunities to learn about the work of others and celebrate achievements. These meetings also considers feedback and actions from the annual People Matter Employee Survey.

There are regular Commission wide updates on recruitment, staff changes and upcoming training and development from the People & Culture team.

## Commission staff

The Commission employed a total of 143 full and part time staff as of 30 June 2023.

**TABLE 3** | Staff numbers by employment category 2018-19 to 2022-23 (as at 30 June of each year)

Employment basis	2018-19	2019-20	2020-21	2021-22	2022-23
<b>Total</b>	<b>119</b>	<b>121</b>	<b>125</b>	<b>116</b>	<b>143</b>
<b>Sub totals</b>					
Permanent	95	99	99	99	<b>119</b>
Temporary	15	19	23	15	<b>22</b>
Contract	4	1	2	-	-
Casual & Contingent	5	2	1	2	<b>2</b>

**TABLE 4** | Average full-time equivalent staffing for years 2018-19 to 2022-23

2018-19	2019-20	2020-21	2021-22	2022-23
97.6	106.3	108.4	109.7	128.6

### PUBLIC SERVICE SENIOR EXECUTIVES

As of 30 June 2023, the Commission had a total of nine Public Service Senior Executive roles, with five ongoing and four contract roles. 11.9% of the Commission’s employee related expenditure was related to senior executives, compared with 11.9% in 2021-22.

### STAFF CHANGES

In 2022-23, 50 employees took long leave, mobility opportunities or resigned as follows: eight employees went on parental leave; two employees went on extended leave; seven employees permanently transferred to another agency; two ended their fixed term contract secondment and 31 employees resigned.

### CONDITIONS OF EMPLOYMENT AND MOVEMENT IN SALARIES AND ALLOWANCES

Employees of the Commission, including Senior Executives are appointed under the *Government Sector Employment Act 2013*.

Conditions of employment are principally set by the *Government Sector Employment Act 2013* and, for the majority of employees, by the Crown Employees (Public Service Conditions of Employment) Award. Employees’ conditions and entitlements are managed in accordance with the guidelines, policies and directions set by the Public Service Commission of NSW and

the Commission’s own workplace agreement and internal policies.

Employees under the Crown Employee (Public Service Conditions of Employment) Award and the Crown Employees – Legal Officers Award received a 2.5% increase in salary and related allowances from the first full pay period in July 2022.

The Statutory and Other Officers Remuneration Tribunal (SOORT) determined an increase of 2.0% for all Public Service Senior Executives in July 2022, which was applied from 1 July 2022. The SOORT also made a special determination regarding the remuneration of the Commissioner, which was effective from 28 November 2022.

The Commission has appropriate policies and procedures regarding conditions of employment, work health and safety, equity, security and other operational requirements, complying with the policies sector wide and reflecting the corporate values.

### CONSULTANTS

In 2022-23 the Commission engaged consultants to primarily provide strategic management services (total of \$427,728). All engagements were less than \$50,000 with the exception of a review by EY to assist with internal audit action items (\$187,000).

**TABLE 5** | Senior Executive as at 30 June 2023

Band	2022		2023	
	Female	Male	Female	Male
Band 3 (Commissioner)	1	–	1	–
Band 2 (Executive Director)	1	1	1	1
Band 1	3	1	4	2
<b>Totals</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>3</b>
	<b>7</b>		<b>9</b>	

**TABLE 6** | Remuneration of Senior Executives as at 30 June 2023

Band	Range \$	Average remuneration	
		2022	2023
Band 3 (Commissioner)	354,201 – 499,250	\$407,307	\$415,453
Band 2 (Executive Director)	281,551 – 354,200	\$302,307	\$313,353
Band 1	197,400 – 281,550	\$263,385	\$263,877

## ICT Functions and Operations

In 2022-23 technology and systems transformation continued to be a major priority for the Commission. The ICT transformation roadmap was initially set in February 2020 covering six strategic themes:

1. Modernise all foundational technology – laptops, related desk equipment, information storage arrangements, virtual collaboration platforms and information storage, security and retrieval.
2. Risk & information security – strengthen our approach to technology risk and information security to respond to the changing threat landscape.
3. Systems which promote collaboration and flexible working – improved ability to collaborate and share information internally and externally, improve the user experience of those working remotely.
4. Business intelligence and data analytics – increase investment in driving data quality, access, analysis, and reporting, as well as knowledge capture.
5. Digital transformation of business – focus on the needs and expectations of our customers and drive changes to our structures, processes, systems, capability, and technology to deliver more effective, customer-centric practices throughout the life of all complaints.
6. ICT team capabilities & maturity – implement new ICT structures and accountabilities to support the ICT transformation, facilitate optimal use of new technology, and deliver user centric day to day ICT support.

This year focused again on key transformation projects and activities as well as enhancement of the remote working experience of our staff in accordance with the ICT roadmap. Key achievements and highlights include:

- Progressing the replacement of our case management system and continuing to work closely with our other health regulatory partners at state and national levels who are also progressing systems replacement projects, to strive for optimal harmonisation and integration.
- Replacing our Enquiry Service telephony system with a modern cloud solution, to deliver a better customer experience for complainants.
- Developing a cloud adoption strategy to transition from our current hybrid on-premises IT infrastructure and to drive cost optimisation alongside scalability and flexibility.
- Focusing on uplifting the IT security posture through a ‘cloud first’ strategy, to enable a further refined workforce solution. Using a Zero Trust framework,

all users, whether in or outside the organisation’s network, must be authenticated, authorised, and continuously validated for security configuration and posture before being granted or keeping access to applications and data.

- Developing a strategy to identify, remediate and modernise outdated technology components.
- Focusing on business intelligence driven by improvements in data quality, capture and extraction.

Collaboration and co-design are the foundation principles underpinning our transformation work. We work with our customers, our employees, and our professional partners to fully understand their experiences and deliver solutions that address these.

### SYSTEM AND INFORMATION SECURITY

The Commission regularly assesses the threat to our information technology infrastructure and systems through our cyber security protection and monitoring procedures and processes. The Commission has a 24x7 Security Operation centre that immediately detects and takes steps to resolve any identified security events or incidents. In situations such as global cyber security attacks we would have early notifications of potential breaches or attempts to gain access to the system. In 2022-23 the Commission’s systems were not specifically targeted nor penetrated from any cyber-attacks.

The Commission initiated regular ‘cyber awareness’ emails to uplift staff security knowledge and proactive reporting of security incidents.

In 2022-23, the Commission engaged an external partner to develop a comprehensive cyber security review to inform a business case for a program of work to remediate gaps in the environment and continuously improve the maturity of cyber security utilising a well-structured and governed approach. This work supported a successful funding application to the NSW Digital Restart Fund. The work supported by the funding will be undertaken over two years commencing in 2023.



**Cyber Security Annual Attestation Statement for the 2022-23 Financial Year for the  
NSW Health Care Complaints Commission**

I, Sue Dawson, am of the opinion that the NSW Health Care Complaints Commission continues to manage cyber security risks in a manner consistent with the mandatory requirements set out in the NSW Government Cyber Security Policy.

Governance remains in place to manage the cybersecurity maturity and initiatives of the NSW Health Care Complaints Commission.

Risks to the information and systems of NSW Health Care Complaints Commission have been assessed and are managed.

The NSW Health Care Complaints Commission recognises the critical importance of having an incident response plan that seamlessly integrates with the business continuity plan. There is a functional disaster recovery plan in place, which underwent a successful test during the 2022-23 reporting period.

The NSW Health Care Complaints Commission carried out an independent assessment of our Cyber Security Management Framework. It identified strengths and areas of improvement within our cybersecurity measures, and will form the basis of a comprehensive program of work to deliver an appropriate standard of cyber security utilising funding from a successful bid to the Digital Restart Fund.

The NSW Health Care Complaints Commission remains committed to continuously improve the management of cyber security governance and resilience, including:

- Timely implementation of security updates from Microsoft and other vendors to enhance our technical security controls.
- Regular reviews of cyber security risks and controls to proactively mitigate information protection risks.
- Ongoing collaboration with experts from Cyber NSW and NSW Health to stay ahead of emerging cyber threats.
- Fostering an information protection culture among Commission staff through cyber security training and consistent communication.
- Investment in additional resources and tools to further bolster our technical security controls.
- Active participation in NSW Government cyber security forums and relevant conferences, enabling us to gain valuable insights and best practices in managing information security effectively.

A handwritten signature in blue ink, appearing to read 'Sue Dawson', is positioned above the printed name and title.

**Sue Dawson  
Commissioner  
NSW Health Care Complaints Commission**

18 September 2023

## Compliance

### RISK MANAGEMENT AND INSURANCE ACTIVITIES

The **Audit and Risk Committee** comprises three independent members as outlined in the Internal Audit and Risk Management Attestation Statement. The Committee meets quarterly to review the Commission's risk management framework, financial performance and internal controls, and provide assurance to the Commissioner on compliance with relevant Treasury and statutory policies and directives.

The Commission has continued to work towards uplifting its risk maturity by implementing measures that facilitate risk control at the operational and strategic level. A Risk Management Framework is guiding the staged implementation of risk-uplifting actions over the next 12-24 months. Actions to date include:

- Strengthened processes for ongoing review and reporting of the Commission's risk registers at the Executive level.
- Development of a project risk register and staged policy reviews.
- Records management review, wherein over 27,000 records have been digitised to ensure compliance with the *State Records Act 1998* and the Commission's internal retention authority.
- Thorough review and assessment of the Business Continuity Plan to ensure that it is current and fit-for-purpose, noting lessons learned from the COVID-19 pandemic.

The NSW Treasury Managed Fund provides the Commission with insurance cover for workers compensation, motor vehicles, public liability, property and other items.

Workers' compensation premiums totalled \$463,176, an increase of \$8,677 (1.9%) from the previous year, due to an increase in estimated claims. The premiums on the remaining insurance categories totalled \$28,480, an increase of \$1,421 (5.25%) due to a slight increase in property insurance.

### COMPLIANCE WITH THE NSW CARERS (RECOGNITION) ACT 2010

The *NSW Carers (Recognition) Act 2010* (the Act) was introduced to formally recognise the significant contribution carers make to the people they care for and the community, by enacting the NSW Carers Charter and establishing the Carers Advisory Council.

The Act requires public sector agencies to:

- Take reasonable steps to ensure that staff are aware of and understand the NSW Carers Charter.
- Consult with carers or organisations that represent carers when developing policies that impact on carers.
- Have regard to the Carers Charter when developing their human resource policies.

The Act also places additional obligations on human service agencies, of which the Commission is deemed to be one. In addition to their obligations as public sector agencies, human service agencies must ensure that the principles of the Carers Charter are reflected in their core work and are required to report annually on their compliance with the Act.

The Commission has adopted the following systems to ensure compliance with the Act:

- Education strategies: Staff at the Commission are expected to comply with the Commission's Code of Conduct, which is covered in staff induction training. The Commission's Code reflects the core principles and values outlined in the Carers Charter around integrity, diversity and service. In addition, promotional material is posted around the Commission office as appropriate.
- Consultation and liaison with carers: Policies that were reviewed and updated in 2022-23 were internally focused and did not directly affect carers.
- Staff carer support: As outlined earlier, Commission staff have access to flexible working arrangements and these can be utilised by staff who are carers, particularly for children and elderly parents. The Commission's Employee Assistance Provider provides confidential advice and support to staff and members of their family.

All systems were in place and effective throughout the year.

### PUBLIC INTEREST DISCLOSURES

The *Public Interest Disclosures Act 1994* requires the Commission to report public interest disclosures made to it. The Commission has a public interest disclosure policy that encourages and guides staff to report potential wrongdoing.

The Commission reports that in 2022-23:

- No public officials made public interest disclosures in performing their day to day functions.
- No public interest disclosures were made that are not covered by the above that were made under a statutory or other legal obligation.
- No other public interest disclosures were made.

**INTERNAL AUDIT AND RISK MANAGEMENT STATEMENT ATTESTATION STATEMENT FOR THE 2022-23 FINANCIAL YEAR FOR THE HEALTH CARE COMPLAINTS COMMISSION**

I, Sue Dawson, Commissioner of the Health Care Complaints Commission (HCCC), am of the opinion that the HCCC has internal audit and risk management processes in place that are compliant with the seven (7) core requirements set out in the *Internal Audit and Risk Management Policy for the General Government Sector*, specifically:

Core Requirements		Compliance Status
<b>Risk Management Framework</b>		
1.1	The Accountable Authority shall accept ultimate responsibility and accountability for risk management in the agency	compliant
1.2	The Accountable Authority shall establish and maintain a risk management framework that is appropriate for the agency. The Accountable Authority shall ensure the framework is consistent with AS ISO 31000:2018.	compliant
<b>Internal Audit Function</b>		
2.1	The Accountable Authority shall establish and maintain an internal audit function that is appropriate for the agency and fit for purpose.	compliant
2.2	The Accountable Authority shall ensure the internal audit function operates consistent with the International Standards for Professional Practice for Internal Auditing.	compliant
2.3	The Accountable Authority shall ensure the agency has an Internal Audit Charter that is consistent with the content of the 'model charter'	compliant
<b>Audit and Risk Committee</b>		
3.1	The Accountable Authority shall establish and maintain efficient and effective arrangements for independent Audit and Risk Committee oversight to provide advice and guidance to the Accountable Authority on the agency's governance processes, risk management and control frameworks, and its external accountability obligations.	compliant
3.2	The Accountable Authority shall ensure the Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'	compliant

**MEMBERSHIP**

The chair and members of the Audit and Risk Committee are:

- Independent Chair— Mr John Gordon - 1 June 2020 to 1 June 2025.
- Independent Member – Ms Jan McClelland AM appointed from 1 July 2020 to 30 June 2025
- Independent Member – Mr Norman Smith appointed from 18 May 2016 to 16 May 2024

Sue Dawson  
 Commissioner  
 Health Care Complaints Commission

18 September 2023

Agency Contact Officer: Saragina Khochaba, Governance and Risk Lead Email: [skhochaba@hccc.nsw.gov.au](mailto:skhochaba@hccc.nsw.gov.au)

## PRIVACY

The Commission has a privacy management plan developed in accordance with the *Privacy and Personal Information Protection Act 1988*.

In 2022-23, there was one internal privacy review request received under this Act. The review determined there was no breach of privacy in response to the concerns raised in the request.

## DISCLOSURE OF INFORMATION

The Commission has open access information on its website that people may easily read and/or download, consistent with the requirements of Part 3 of the *Government Information (Public Access) Act 2010* ('the GIPA Act').

In relation to its complaint handling functions, information obtained by the Commission in exercising these functions is deemed to be "excluded information" under the GIPA Act.

During the year, the Commission received 20 applications for the release of documents under this Act. The tables in Appendix B summarise the applications received in 2022-23 as required under the GIPA Act.

## COMPLAINTS ABOUT STAFF

In 2022-23, eight complaints were received about Commission staff from people who had made a complaint and raised concerns about their communication and attitude in the management of their complaints, timeliness of the process and/or the complaints process itself. Following a review of the conduct complained about:

- In five matters, staff were counselled about appropriate and respectful communication and the Commission's values and obligations in this regard.
- In one matter, written correspondence was provided thanking the complainant for their recommendations on the complaints process which would be subject to further consideration.
- Two required no further action.

## COMPLAINTS TO THE NSW OMBUDSMAN

If a complainant is dissatisfied with the Commission's processes and procedures at any point in handling the complaint, the complainant is able to make a complaint to the NSW Ombudsman.

The NSW Ombudsman has advised that in 2022-23, it received 105 actionable complaints about the Commission. The most frequently raised issues in actionable complaints related to the complaint outcome; the complaint handling process; objection to merits of a decision; and customer service.

The NSW Ombudsman has advised that it finalised 99 actionable complaints about the Commission during 2022-23, including some complaints received in earlier years:

- 96 actionable complaints were finalised after initial assessment. Initial assessment may include finalising the complaint by providing advice or by referring the complainant to the Commission.
- In relation to three actionable complaints, it made preliminary inquiries under section 13AA of the Ombudsman Act to the Commission or to the complainant.

There were no formal investigations of the Commission by the Ombudsman.

## Modern Slavery

The Commission was not the subject of any issue raised by the Anti-slavery Commissioner during 2022-23 concerning the operations of the agency.

Following the upcoming release of the NSW Anti-slavery Commissioner's Guidance on Reasonable Steps", the Commission will develop its compliance response to ensure that goods and services procured by and for the organisation meet the requirements of the *Modern Slavery Act 2018*

## 05 Sustainability

### Diversity and Inclusion

The Commission upholds the NSW Government's principles of Diversity & Inclusion in the workplace in accordance with our Code of Conduct policy and the *Government Sector Employment Act 2013* (GSE Act 2013) as it relates to improving inclusion in the workplace, to ensure our organisation reflects the diversity of the wider community.

The Commission has consolidated the following policies and plans into an integrated Workforce Diversity and Inclusion Plan: Employment of People with Disabilities Policy; Equal Employment Opportunity (EEO); and Discrimination Prevention Policy. The Diversity and Inclusion Plan aims to guide the Commission to meet the NSW government's workplace diversity benchmarks.

To increase awareness and engagement with our First Nations Peoples and also with our community engagement work with our First Nations stakeholders, all employees undertake mandatory induction through our 'Respecting Differences' program.

Additionally, Diversity and Inclusion initiatives have been carried out, tied to various community normed events such as NAIDOC week, Pride Month, Reconciliation Week, RU OK Day and Mental health week. As well, culturally diverse and significant dates such as Eid al-Fitr were marked. During these periods, learning and development activities were undertaken to increase awareness, engagement, and celebration of the community of NSW and the workforce of the Commission.

The Commission's recruitment hiring process has been reviewed and refreshed and the tools and training now in place are directed to prevent unconscious bias during hiring.

### WORKFORCE DIVERSITY – OUTCOMES

The following table shows trends in representation and distribution of diverse employee groups as at 30 June 2023. The collection of diversity data relies on employees self-reporting their diversity characteristics to their employing agency and the below statistics (with the exception of women) represents a response rate of less than 20%. In 2016, the Commission changed to a new payroll provider and implemented a HR Information System (HRIS), which inadvertently resulted in the loss of diversity data available in the previous HRIS and minimal staff since then who have self-reported their diversity characteristics. The Commission's diversity and inclusion strategies for 2023-24 will include promotion of the benefits of recording diversity characteristics to assist in organisational planning and responsiveness to improving the systems used by our shared services provider (GovConnect) to facilitate more effective reporting of this data.

### DISABILITY

The Commission is committed to maintaining an accessible workplace for people living with disabilities and to eliminate discriminatory practices. The Commission's induction program includes education on the Commission's policies and practices about disability and equal access. Other actions undertaken to meet the Disability outcomes from the Workforce Diversity and Inclusion Plan objectives include:

- Workplace assessments to identify potential issues for employees with disabilities.
- Workplace adjustments to support employees with disabilities.
- An external provider to prepare and coordinate return to work plans for employees with work related injuries and/or temporary disabilities.

**TABLE 7** | Trends in the Representation of Workforce Diversity Groups, as at 30 June 2023

Workforce Diversity Group	Benchmark	2021	2022	2023
Women	50%	72.7%	71.3%	70.6%
Aboriginal and Torres Strait Islander	3.3%	0.8%	0.0%	0.7%
People whose First Language Spoken as a child was not English	23.2%	6.6%	7.8%	6.6%
People with a Disability	5.6%	3.3%	2.6%	2.2%
People with a Disability Requiring Adjustment at Work	N/A	1.7%	1.7%	1.5%



- Providing ergonomic equipment for workplace adjustments for employees.
- Accessible parking space at the Commission's office for visitors.
- Providing flexible work options and reasonable adjustments in the workplace for staff and for potential candidates with a disability.

## Work, Health & Safety (WHS)

The Commission's Work Health and Safety (WHS) Plan ensures a safe and secure environment for employees and clients. Strategies include:

- An accredited rehabilitation provider to assess individual workplaces and ensure appropriate equipment and adjustments are provided for employees' specific needs and ensure their wellbeing at work.
- Ergonomic assessments of workstations for new employees and providing assessments for any employee requests. Workstations for new employees are reviewed in the first three months or earlier of their commencement. A significant number of standup desks have been purchased for health and wellbeing reasons.
- An accredited rehabilitation provider conducts working from home assessments as required.

The Commission also:

- Conducts quarterly workplace inspections to identify and assess potential and/or actual hazards.
- Provides online work health and safety training for new employees.
- There are four accredited and trained First Aiders, six Fire Wardens and two Mental Health First Aiders in the Commission.
- A dedicated wellbeing room has been set up for the use of employees in recognition of the type of work the Commission undertakes as well as for prayer and meditation to reflect the diversity of our workforce.
- Offers free influenza vaccinations in the workplace to all employees. The take up rate this year was 50%, consistent with the prior year.

The WHS Committee meets quarterly to review WHS policies and practices, and to report hazards and resolve safety issues.

There were three notifications of injury in 2022-23 at the Commission, which remained as notifications only and did not result in a new claim. The injuries occurred due to a fall on the way to work, an external party verbally abusing the Receptionist and another hazard notification of an incident that occurred and was witnessed by a Legal Officer in Court.

**TABLE 8** | Work health and safety incidents, injuries and claims 2020-21 to 2022-23

	2020-21	2021-22	2022-23
Number of new claims	1	1	2
Number of workers compensation claims accepted	2	0	0
Fall trip slip outside workplace	0	0	1
Work practice / set up related	0	0	0
<b>Total injuries</b>	<b>3</b>	<b>1</b>	<b>3</b>

## Performance, Learning and Development

Our Strategic Plan and our Culture Plan continue to prioritise learning and development. Our Learning and Development Framework guides best practice for staff, development and growth, builds our learning culture and ensures good governance.

In implementing the framework, the Commission seeks to achieve the following specific goals.

- Ensure our staff have the skills and knowledge to meet current and emerging challenges to deliver best outcomes.
- Support employees in working effectively with and between difficult complainants and providers, as well as building personal resilience.
- Strengthen management capability across the Commission.
- Adopt best practice in complaints management.
- Improve skills in utilising the case management system.

Under the Commission’s performance management framework, employees have a Performance and Development Plan that aligns with our overall strategic direction and recognises that effective, objective and fair performance management and development of our people is fundamental to achieving our corporate goals and strategies.

The Commission has delivered training in core and role specific areas to address the above goals, and individual training and development needs are documented in Performance and Development Plans (PDPs). We offer a regular and structured program of training options which are delivered in varying face to face, virtual and online modes to fit learning needs. A frequently delivered resilience training for all staff remains central to our program.

In 2022-23, we expanded our learning and development activity to ensure new starters had a structured set of training and activity as part of their induction and onboarding (including Code of Conduct awareness, ICAC training, resilience training, and a briefing on the PDP process). As noted earlier, another pillar of learning and development activity included continuing the “Respecting Differences” tailored face-to-face training sessions that supported our staff to deliver a culturally safe, accessible and responsive service to our First Nations community members. A strong focus has been on guiding staff to access the many learning and development resources to be found online via myCareer and via LinkedIn learning options.

To complement core learning and development that relates to all roles, role specific training and support is provided to new staff at the time of commencement.

# LEARNING AND DEVELOPMENT FRAMEWORK

**PURPOSE**

To guide best practice for managing learning and development, build a learning culture and ensure good governance

**PRINCIPLES**

**APPROACH TAILORED TO ROLE**

**ANNUAL PLAN AND PRIORITIES**

**FOCUS**  
**Our Commission and Our People**  
 The Commission is driven by a culture of excellence that is achieved by our people collaborating on work that is meaningful and purpose based.

- Align learning with the business
  - Provide appropriate learning options
  - Support application of skills in the workplace
  - Create a positive culture
  - Manage learning effectively
- Learning is aligned to strategic priorities
  - Learning is aligned to current and future roles
  - Learning is mapped to capabilities
  - Content based on learning needs
  - Timely relevant interventions
  - 70:20:10 (on the job, through others and formal learning)
  - Opportunities to apply new skills
  - Staff share knowledge
  - Our learning culture drives positive workplace culture
  - Embedded learning into performance and development plans, regular feedback
  - Value for investment
  - Monitoring, reporting and evaluation
  - Managing stakeholder expectations

## HCCC LEARNING JOURNEY



## Culture and Wellbeing

The Commission continued implementation of its holistic Wellbeing Framework which aims to provide a safe and healthy workplace where our employees can make a difference. The framework identifies four areas with associated goals and specific actions that contribute to wellbeing and help employees maintain their mental, physical and psychosocial health.

To continue to strengthen employee engagement, the Commission also has a Culture Plan that sits alongside our Strategic Plan and our Learning and Development Program, informed by our wellbeing framework.

The Culture Plan is developed in collaboration with staff. The Plan's four focus areas and some key initiatives in 2022-23 are outlined below:

### 1. Career and development opportunities:

- Intensive focus on expressions of interest and recruitment for Complaints Operations, IT and Legal – including additional roles in assessments.
- New roles created extra progression steps within the Commission including Director, Complaint Operations, and Senior Regulatory Coordinator roles.
- External secondments approved for staff.
- Increased opportunities for staff involvement in stakeholder engagement and outreach activities.

### 2. Communication and change

- Monthly All Staff meetings continued in person and via live Teams format – diversity of topics and more staff presentations.
- IT Transformation reset to accelerate Casemate replacement; improve performance data accessibility and quality; and, enhance cybersecurity
- Enhanced day to day IT help service and tools
- Accessible training on high value operational functions for new starter induction – to assist with job readiness and confidence.

### 3. Improving collaboration

- Co-design methods in play:
  - Case Management System Replacement project – employees across all Divisions participating in workshops documenting our business processes and identifying requirements for the new system.
  - Redesign and restructure of the 'front end' of the business – enquiries, intake, triaging and assessments.
- Knowledge sharing sessions from subject matter experts eg. Legal seminars.

### 4. Wellbeing and workload

- Flexible working embedded in return to office arrangements.
- Supplementary resources to assessments functions to respond to surge in new complaints.
- Staff access to the Fitness Passport Scheme.
- Staff access to the Headspace application continued to provide flexible, diverse and on-demand wellbeing resources.
- Recognising and celebrating community and related events eg. NAIDOC week, IDAHOBIT Day, RU OK Day.

The Culture Plan is refreshed each year to respond to issues raised in the People Matter Employee Survey (PMES) and to new challenges and pressures.

In August-September 2022, 91 Commission staff participated in PMES which was an 80% response rate. Importantly, there was a further increase in overall employee engagement to 66% – comparing well with sector wider engagement of 64%. The Commission recorded improvement in 10 of the 24 headline measures, with an additional seven measures being new or recording no change. The top four areas of improvement were in: job satisfaction; risk and innovation; job purpose and enrichment; and feedback and performance management.

The Commission's scores equalled or exceeded sector wide scores in all areas except learning and development.

The Commission continued to engage Benestar to provide free confidential and professional counselling in relation to any work-related or personal concerns of an employee or their immediate family members.

## HCCC WELLBEING FRAMEWORK

Providing a safe and healthy workplace where employees can make a difference.

We want to be successful across the four areas that contribute to wellbeing.

Planning of or implementation of specific initiatives under these four focus areas in 2021-22 have included:

Supporting individual workers and building health work habits and behaviours through awareness raising, education, supportive environments and policy.

- ✔ Employee assistance program (Benestar).
- ✔ Fitness Passport Scheme is available to all employees and their immediate family members.
- ✔ All employees have access to the Headspace application which provides flexible, diverse and on-demand wellbeing resources.
- ✔ Annual Flu vaccinations
- ✔ Yoga classes
- ✔ Resilience training for all new staff as part of onboarding and planned for all staff as a regular offering.

### INDIVIDUAL

Improving organisational culture, job satisfaction and productivity by changing and/or supporting the way the organisation is organised, management practices and attitudes and perceptions.

- ✔ Access to flexible working practices including remote working of up to two days per week.
- ✔ Continued divisional team meetings and events to build team culture.
- ✔ Business improvement project underway to reorganize and restructure the intake and triage functions.
- ✔ Monthly Commission wide People and Culture newsletter to drive connection, participation and belonging.

### TEAM

### COMMUNITY

A social commitment – contribute to the community, participate in philanthropic causes, and provide positive social value.

- ✔ Community Giving quarterly initiatives eg. a winter drive for Wayside Chapel.
- ✔ IDAHOBIT day celebration to raise awareness and discuss ways we can create a safe culture for everyone, especially LGBTQIA+ people.
- ✔ NAIDOC week and Reconciliation Week.
- ✔ RUOK day initiatives.
- ✔ Our People' Committee of staff representatives that coordinate social and other related events.

### ORGANISATION

Focus on Work, Health, and Safety (WHS). Preventing and reducing work-related injury, illness and disability by addressing environmental issues in the workplace.

- ✔ Creation of a wellbeing room, for personal use of a quiet space.
- ✔ Warden Emergency management training (face-to-face).
- ✔ Actions communicated to staff responding to PMES and other feedback.
- ✔ Developing the Commission's response to SafeWork NSW's Managing Psychosocial Hazards at Work Code of Practice.



## Financial Performance

### Financial summary

The Commission received an initial recurrent grant of \$22.5m for 2022-23 and a further \$65,000 capital funding. This was a 8.3% recurrent funding uplift compared to 2021-22.

The Commission's financial performance during the financial year ending 30 June 2023 (FY23) saw a \$947,000 surplus. This was higher than the budgeted surplus of \$306,000 by \$641,000 and is predominately due to the \$950,000 higher than budgeted revenue for legal cost recovery.

### PAYMENT PERFORMANCE INDICATORS

*Accounts Payable invoices processed for each quarter 2022-23*

Quarter	Current (i.e.) within due date \$'000	Less than 30 days overdue \$'000	Between 30 and 60 days overdue \$'000	Between 60 and 90 days overdue \$'000	More than 90 days overdue \$'000
<b>All suppliers*</b>					
September	1,669	444	67	0.20	0.90
December	848	233	1	0.47	9.17
March	980	437	32	28	3
June	1,483	312	10	1	-
<b>Small business suppliers</b>					
September	181	177	22	-	-
December	23	217	-	-	-
March	94	167	28	24	2
June	105	119	4	-	-

<b>Accounts due or paid within each quarter</b>				
<b>All suppliers</b>				
<b>Measure</b>	<b>September</b>	<b>December</b>	<b>March</b>	<b>June</b>
Number of accounts due for payment	397	299	391	413
Number of accounts paid on time	279	241	258	324
Actual percentage of accounts due for payment	70.28%	80.60%	65.98%	78.45%
Dollar amount of accounts due for payment *	2,211,249	1,091,400	1,480,189	1,805,259
Dollar amount of accounts paid on time	1,699,712	847,532	980,365	1,482,511
Actual percentage of accounts paid on time (based on \$)	76.87%	77.66%	66.23%	82.12%
Number of payments for interest on overdue accounts	–	–	–	–
Interest paid on overdue accounts	–	–	–	–
<b>Small business suppliers</b>				
<b>Measure</b>	<b>September</b>	<b>December</b>	<b>March</b>	<b>June</b>
Number of accounts due for payment	79	51	98	62
Number of accounts paid on time	24	12	17	20
Actual percentage of accounts due for payment	30.38%	23.53%	17.34%	32.26%
Dollar amount of accounts due for payment *	379,332	240,023	314,198	227,834
Dollar amount of accounts paid on time	180,722	22,836	94,079	105,094
Actual percentage of accounts paid on time (based on \$)	47.64%	9.51%	29.94%	46.13%
Number of payments for interest on overdue accounts	–	–	–	–
Interest paid on overdue accounts	–	–	–	–

\* Noting the difference relates to intercompany vendors and credit notes

The Commission did not make any interest payments for late payment of accounts. Delays in the payment of accounts can be attributed to inaccuracies/incompleteness of the original invoices and/or minor discrepancies requiring the adjustment of invoice details prior to eventual payment.

In relation to delays in processing invoices for payment, the Commission is completing a review of its processes to drive actions to improve the timeliness of payment of invoices.



## INDEPENDENT AUDITOR'S REPORT

### Health Care Complaints Commission

To Members of the New South Wales Parliament

#### Opinion

I have audited the accompanying financial statements of Health Care Complaints Commission (the Commission), which comprises the Statement by the Accountable Authority, the Statement of Comprehensive Income for the year ended 30 June 2023, the Statement of Financial Position as at 30 June 2023, the Statement of Changes in Equity and the Statement of Cash Flows, for the year then ended, notes comprising a Statement of Significant Accounting Policies, and other explanatory information.

In my opinion, the financial statements:

- have been prepared in accordance with Australian Accounting Standards and the applicable financial reporting requirements of the *Government Sector Finance Act 2018* (GSF Act), the *Government Sector Finance Regulation 2018* (GSF Regulation) and the Treasurer's Directions
- presents fairly the Commission's financial position, financial performance and cash flows.

My opinion should be read in conjunction with the rest of this report.

#### Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the Commission in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (including Independence Standards)' (APES 110).

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I have fulfilled my other ethical responsibilities in accordance with APES 110.

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



## The Commissioner's Responsibilities for the Financial Statements

The Commissioner is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the GSF Act, GSF Regulation and Treasurer's Directions. The Commissioner's responsibility also includes such internal control as the Commissioner determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Commissioner is responsible for assessing the Commission's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

## Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

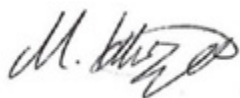
- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: [www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). The description forms part of my auditor's report.

The scope of my audit does not include, nor provide assurance:

- that the Commission carried out its activities effectively, efficiently and economically
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.



Michael Kharzoo  
Director, Financial Audit

Delegate of the Auditor-General for New South Wales

20 October 2023  
SYDNEY

**Health Care Complaints Commission  
Consolidated Financial Statements  
for the year ended 30 June 2023**

**Health Care Complaints Commission  
Consolidated Financial Statements  
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**Health Care Complaints Commission**

**Statement by Commissioner**

In accordance with Section 7.6 (4) of the *Government Sector Finance Act 2018* ("GSF Act"), I state that:

- (a) the accompanying financial statements in respect of the year ended 30 June 2023 have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the Government Sector Finance Act 2018 (GSF Act), Government Sector Finance Regulation 2018, and the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer under section 3.1 of the GSF Act 2018.
- (b) the financial statements present fairly the Health Care Complaints Commission's financial position, financial performance and cash flows.



Sue Dawson  
Commissioner  
18 October 2023

Health Care Complaints Commission  
Statement of Comprehensive Income  
for the year ended 30 June 2023

	Notes	Consolidated			Parent	
		Budget	Actual	Actual	Actual	Actual
		2023	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000	\$'000
<b>Expenses excluding losses</b>						
<b>Operating expenses</b>						
Employee related	2(a)	18,680	18,142	15,374	-	-
Personnel services	2(a)	-	-	-	17,624	15,638
Other operating expenses	2(b)	4,842	5,127	4,662	5,127	4,652
Depreciation and amortisation	2(c)	379	475	1,246	475	1,246
Finance costs	2(d)	-	13	85	13	85
<b>Total expenses excluding losses</b>		<b>23,901</b>	<b>23,757</b>	<b>21,367</b>	<b>23,239</b>	<b>21,631</b>
<b>Revenue</b>						
Grants and contributions	3(a)	23,257	22,586	23,280	22,586	23,280
Acceptance by the Crown Entity of employee benefits and other liabilities	3(b)	300	518	(264)	-	-
Other income	3(c)	650	1,600	828	1,600	828
<b>Total revenue</b>		<b>24,207</b>	<b>24,704</b>	<b>23,844</b>	<b>24,186</b>	<b>24,108</b>
<b>Operating result</b>		<b>306</b>	<b>947</b>	<b>2,477</b>	<b>947</b>	<b>2,477</b>
Other gain / (loss)	4	-	-	(42)	-	(42)
Gain/loss from derecognition of lease arrangements with PNSW	4	-	-	(41)	-	(41)
<b>Net result</b>		<b>306</b>	<b>947</b>	<b>2,394</b>	<b>947</b>	<b>2,394</b>
Other comprehensive income		-	-	-	-	-
<b>Total other comprehensive income</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>306</b>	<b>947</b>	<b>2,394</b>	<b>947</b>	<b>2,394</b>

The accompanying notes form part of these financial statements.

Health Care Complaints Commission  
Statement of Financial Position  
as at 30 June 2023

	Notes	Consolidated			Parent	
		Budget	Actual	Actual	Actual	Actual
		2023	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000	\$'000
<b>ASSETS</b>						
<b>Current assets</b>						
Cash and cash equivalents	6	1,320	6,449	5,193	6,143	4,954
Receivables	7	525	649	531	819	631
<b>Total current assets</b>		<b>1,845</b>	<b>7,098</b>	<b>5,724</b>	<b>6,962</b>	<b>5,585</b>
<b>Non-current assets</b>						
Receivables	7	442	132	142	132	142
Property, plant and equipment						
Land and buildings		805	965	1,094	965	1,094
Plant and equipment		159	19	31	19	31
<b>Total property, plant and equipment</b>	8	<b>964</b>	<b>984</b>	<b>1,125</b>	<b>984</b>	<b>1,125</b>
Right-of-use assets	9	-	-	-	-	-
Intangible assets	10	3,024	567	54	567	54
<b>Total non-current assets</b>		<b>4,430</b>	<b>1,683</b>	<b>1,321</b>	<b>1,683</b>	<b>1,321</b>
<b>Total assets</b>		<b>6,275</b>	<b>8,781</b>	<b>7,045</b>	<b>8,645</b>	<b>6,906</b>
<b>LIABILITIES</b>						
<b>Current liabilities</b>						
Payables	11	289	1,511	1,295	1,508	1,305
Provisions	12	1,633	2,206	1,836	2,073	1,687
<b>Total current liabilities</b>		<b>1,922</b>	<b>3,717</b>	<b>3,131</b>	<b>3,581</b>	<b>2,992</b>
<b>Non-current liabilities</b>						
Provisions	12	420	628	425	628	425
<b>Total non-current liabilities</b>		<b>420</b>	<b>628</b>	<b>425</b>	<b>628</b>	<b>425</b>
<b>Total liabilities</b>		<b>2,342</b>	<b>4,345</b>	<b>3,556</b>	<b>4,209</b>	<b>3,417</b>
<b>Net assets/(liabilities)</b>		<b>3,933</b>	<b>4,436</b>	<b>3,489</b>	<b>4,436</b>	<b>3,489</b>
<b>EQUITY</b>						
Accumulated funds/(deficit)		3,933	4,436	3,489	4,436	3,489
<b>Total equity</b>		<b>3,933</b>	<b>4,436</b>	<b>3,489</b>	<b>4,436</b>	<b>3,489</b>

The accompanying notes form part of these financial statements.

## Health Care Complaints Commission

## Statement of Changes in Equity

for the year ended 30 June 2023

	Consolidated		Parent	
	Accumulated Funds	Total	Accumulated Funds	Total
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2022	3,489	3,489	3,489	3,489
Net result for the year	947	947	947	947
Other comprehensive income	-	-	-	-
Total other comprehensive income	-	-	-	-
Total comprehensive income for the year	947	947	947	947
Balance at 30 June 2023	4,436	4,436	4,436	4,436
Balance at 1 July 2021	1,095	1,095	1,095	1,095
Net result for the year	2,394	2,394	2,394	2,394
Other comprehensive income	-	-	-	-
Total other comprehensive income	-	-	-	-
Total comprehensive income for the year	2,394	2,394	2,394	2,394
Balance at 30 June 2022	3,489	3,489	3,489	3,489

The accompanying notes form part of these financial statements.

Health Care Complaints Commission  
Statement of Cash Flows  
for the year ended 30 June 2023

	Notes	Consolidated			Parent	
		Budget	Actual	Actual	Actual	Actual
		2023	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000	\$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
<b>Payments</b>						
Employee related		(18,380)	(17,152)	(15,356)	-	-
Personnel services			-	-	(17,080)	(15,513)
Other expenses		(4,842)	(5,362)	(4,871)	(5,383)	(4,873)
Finance costs		-	-	(85)	-	(85)
<b>Total payments</b>		<b>(23,222)</b>	<b>(22,514)</b>	<b>(20,312)</b>	<b>(22,463)</b>	<b>(20,471)</b>
<b>Receipts</b>						
Grants and contributions		22,607	22,587	23,280	22,587	23,280
Other		650	2,029	1,249	1,911	1,290
<b>Total receipts</b>		<b>23,257</b>	<b>24,616</b>	<b>24,529</b>	<b>24,498</b>	<b>24,570</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	18	<b>35</b>	<b>2,102</b>	<b>4,217</b>	<b>2,035</b>	<b>4,099</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>						
Purchases of property, plant and equipment		(65)	(299)	(35)	(299)	(35)
Purchases of intangible assets		(3,000)	(547)	(25)	(547)	(25)
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(3,065)</b>	<b>(846)</b>	<b>(60)</b>	<b>(846)</b>	<b>(60)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>						
Payment of principal portion of lease liabilities		-	-	(934)	-	(934)
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>		<b>-</b>	<b>-</b>	<b>(934)</b>	<b>-</b>	<b>(934)</b>
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>		<b>(3,030)</b>	<b>1,256</b>	<b>3,223</b>	<b>1,189</b>	<b>3,105</b>
Opening cash and cash equivalents		4,350	5,193	1,970	4,954	1,849
Cash transferred in / (out) as a result of administrative restructuring		-	-	-	-	-
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	6	<b>1,320</b>	<b>6,449</b>	<b>5,193</b>	<b>6,143</b>	<b>4,954</b>

The accompanying notes form part of these financial statements.



**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2023**

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**1. Summary of significant accounting policies**

**(a) Reporting entity**

The Health Care Complaints Commission (HCCC) is a NSW Government statutory body and is controlled by the State of New South Wales, which is the ultimate parent. The HCCC is responsible for protecting the health and safety of the public by dealing with complaints about health service providers which affects, or is likely to affect, the clinical management or care of an individual client.

The HCCC is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units. The reporting entity is consolidated as part of NSW Total State Sector Accounts.

The HCCC, as a reporting entity, comprises all the entities under its control, namely the Health Care Complaints Commission and the Health Care Complaints Commission Staff Agency.

In the process of preparing the consolidated financial statements for the economic entity, consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated and like transactions and other events are accounted for using uniform accounting policies.

The HCCC was established as a body corporate under Section 75 of the *Health Care Complaints Act 1993* and is a separate reporting entity under Section 2.4 of the *Government Sector Finance Act 2018*, outside the control of the NSW Ministry of Health.

These consolidated financial statements for the year ended 30 June 2023 have been authorised for issue by the Commissioner on 18 October 2023.

**(b) Basis of preparation**

The HCCC's financial statements are general purpose financial statements which have been prepared on an accrual basis and in accordance with:

- applicable Australian Accounting Standards (which include Australian Accounting Interpretations)
- the requirements of the *Government Sector Finance Act 2018 (GSF Act)*, and
- Treasurer's Directions issued under the *GSF Act*.

Property, plant and equipment assets are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

Judgement, key assumptions and estimations that management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency, which is the entity's presentation and functional currency.

**(c) Statement of compliance**

The financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

**(d) Accounting for the Goods and Services Tax (GST)**

Income, expenses and assets are recognised net of the amount of GST, except that:

- the amount of GST incurred by the HCCC as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense, and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the statement of cash flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

**(e) Comparative information**

Except where an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements.

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2023

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1. Summary of significant accounting policies (cont'd)

(f) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in Financial Year (FY) 2022-2023

The accounting policies applied in FY 2022-2023 are consistent with those of the previous financial year.

Several amendments and interpretations apply for the first time in 2022-23. The consolidated entity has assessed the new and amended standards and interpretations that are effective for the first time and have determined they are unlikely to have a material impact on the financial statements of the consolidated entity.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless Treasury determines otherwise.

The HCCC has analysed these standards and consider that their adoption would not materially impact these Financial Statements.

(g) Impact of Covid-19 on Financial Reporting for FY 2022-2023

The impact of Covid 19 on the HCCC operations has significantly reduced during the 2022 -2023 year.

At the onset of the pandemic, the HCCC was able to quickly adjust its operating environment to ensure that complaints performance was not affected. This performance has continued throughout 2022-23. The HCCC has been able to undertake all complaints handling functions, with staff continuing to work in flexible, COVID-19 compliant environments.

This year, the Commission experienced a return to levels and types of complaints that were more in line with historical patterns. Whereas COVID-19 related complaints made up well over 20% of the complaints received in 2021-22, and drove complaint numbers to unprecedented levels (up to 10,108 complaints), in 2022-23 the Commission received 9,159 complaints and the proportion of complaints about health organisations relative to individual practitioners normalised as the COVID-19 connected surge in complaints about health organisations such as medical centres, pathology facilities, vaccination and testing centres) abated.

The HCCC has adapted to the post Covid-19 environment and is carrying out its responsibilities in an efficient and timely manner.

(h) The impact of climate-risks for FY 2022-2023

The impact of climate-risks is immaterial in respect of the HCCC operations.

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2023

2. Expenses Excluding Losses

(a) Employee related expenses

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Salaries and wages*	14,927	13,403	-	-
Redundancy	18	59	-	-
Superannuation - defined benefits plans	52	38	-	-
Superannuation - defined contributions plans	1,270	1,097	-	-
Long service leave	518	(359)	-	-
Workers' compensation insurance	452	454	-	-
Payroll tax and fringe benefits tax	905	682	-	-
Personnel services	-	-	17,624	15,638
	<b>18,142</b>	<b>15,374</b>	<b>17,624</b>	<b>15,638</b>

\* Salaries and wages are inclusive of annual and paid parental leave and oncost adjustments.

Refer to Note 12 for further details on recognition and measurement of employee related expenses.

(b) Other operating expenses include the following:

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Auditors remuneration - audit of the financial statements	43	36	43	36
Contractors	479	280	479	280
Consultants	462	381	462	381
Govconnect Support	388	414	388	414
Office Equipment	6	3	6	3
Postage and telephone	7	31	7	31
Printing	75	46	75	46
Variable lease payments, not included in lease liabilities*	1,158	119	1,158	119
Training	220	185	220	185
Travel Costs	61	21	61	21
Witness Fees	67	47	67	47
Legal - external fees	918	824	918	824
Legal - adverse costs*	(200)	544	(200)	544
Fees for services rendered	311	316	311	316
Peer review reports	132	172	132	172
ICT Expenses	838	912	838	912
Other operating expenses	162	331	162	331
<b>Total other operating expenses</b>	<b>5,127</b>	<b>4,662</b>	<b>5,127</b>	<b>4,662</b>

\* Lease payments have substantially increased in the year to June 2023, reflecting the change in the premises lease and the 30 June 2022 derecognition of the Right of Use Asset and liabilities (refer Note 9 Leases). The lease payments are now recognised as an expense for the period.

\* Legal adverse costs have substantially decreased in the year to June 2023. Legal adverse costs arise when the HCCC are liable to pay respondent legal expenses. In 2023 the HCCC appealed a decision against a respondent, which resulted in the reversal of legal expenses previously recognised of \$200,000.

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2023

2. Expenses Excluding Losses (Cont'd)

(b) Other operating expenses (cont'd)

Recognition and measurement

Maintenance expense

Day-to-day servicing costs or maintenance costs are charged as expenses as incurred, except where they relate to the replacement or an enhancement of a part or component of an asset, in which case, the costs are capitalised and depreciated.

Insurance

The entity's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self-insurance for Government entities. The expense (premium) is determined by the Fund Manager based on past claims experience.

Lease expense

The HCCC recognises lease payments associated with the following types of leases as an expense on a straight-line basis:

- Short term leases i.e., where the lease term at commencement of the lease is 12 months or less. This excludes leases with a purchase option.
- Leases of assets that are valued at \$10,000 or under when new.

Variable lease payments not included in the calculation of a lease liability (i.e., variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date), are recognised in the period in which the event or condition that triggers those payments occurs.

(c) Depreciation and amortisation expense

Depreciation

Land and buildings\*

Plant and equipment

Computer equipment

Buildings - Right-of-Use\*

Total depreciation

Amortisation

Software

Total depreciation and amortisation

Consolidated		Parent	
2023	2022	2023	2022
\$'000	\$'000	\$'000	\$'000
429	392	429	392
7	6	7	6
5	32	5	32
-	784	-	784
441	1,214	441	1,214
34	32	34	32
475	1,246	475	1,246

\* The Land and Buildings depreciation expense relates to leasehold improvements carried out at the HCCC office facilities.

\* Refer to note 8, (VI) Right-of-Use Assets acquired by lessees.

Refer to Note 8 Property, plant and equipment, Note 9 Leases and Note 10 Intangible assets for recognition and measurement policies in relation to depreciation and amortisation.

(d) Finance costs

Interest expense from lease liabilities

Unwinding of discount and effect of changes in discount rate on provisions

Consolidated		Parent	
2023	2022	2023	2022
\$'000	\$'000	\$'000	\$'000
-	85	-	85
13	-	13	-
13	85	13	85

Recognition and measurement

Finance costs consist of interest and other costs incurred in connection with borrowings (lease borrowings - finance lease liabilities determined in accordance with AASB16). Borrowing costs are recognised as expenses in the period in which they are incurred, in accordance with Treasury's Mandate to not-for-profit NSW General Government Sector (GGS) entities.

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2023

### 3. Revenue

#### Summary of compliance

The Appropriation Act 2022 (Appropriations Act) appropriates the sum of \$18.22 billions to the Minister for Health out of the Consolidated Fund for the services of the Ministry of Health for the year 2022 - 2023. The spending authority of the Minister from the Appropriations Act has been delegated or subdelegated to officers of the Ministry of Health and entities that it is administratively responsible for, including the HCCC.

The Treasury and Energy Legislation Amendment Act 2022 made some amendments to sections 4.7 and 4.9 of the Government Sector Finance Act 2018 (the GSF Act). These amendments commenced on 14 November 2022 and are applied retrospectively. As a result, the lead Minister for the HCCC, being the Minister for Health, is taken to have been given an appropriation out of the Consolidated Fund under the authority section 4.7 of the GSF Act, at the time the HCCC receives or recovers any deemed appropriation money, for an amount equivalent to the money that is received or recovered by the HCCC. These deemed appropriations are taken to have been given for the services of the Ministry of Health.

In addition, government money that the HCCC receives or recovers, from another GSF agency, of a kind prescribed by the GSF regulations that forms part of the Consolidated Fund, is now capable of giving rise to deemed appropriations where the receiving agency has a different lead Minister to the agency making the payment, or one or both of the agencies is a special office (as defined in section 4.7(8)).

On 16 June 2023, the GSF Amendment (Deemed Appropriations) Regulation 2023 was approved to bring the GSF regulations in line with the above deemed appropriation amendments to the GSF Act.

A summary of compliance is disclosed in the financial statements of the Annual Report of NSW Health. It has been prepared on the basis of aggregating the spending authorities of both the Minister for Health for the services of the Ministry of Health and the lead Ministers for the services of the entities the principal department is administratively responsible for that receives or recovers deemed appropriation money. It reflects the status at the point in time this disclosure statement is being made. The HCCC's spending authority and expenditure is included in the summary of compliance.

The delegations and sub-delegations for FY22/23 and FY21/22, authorising officers of the HCCC to spend Consolidated Fund money, impose limits to the amounts of individual transactions, but not the overall expenditure of the HCCC. However, as it relates to expenditure in reliance on a sum appropriated through an annual Appropriations Act, the delegation/sub-delegations are referable to the overall authority to spend set out in the relevant Appropriations Act. The individual transaction limits have been properly observed. The information in relation to the limit from the Appropriations Act is disclosed in the summary of compliance table included in the financial statements of the Annual Report of NSW Health.

The State Budget and related Appropriation Bill for year commencing 1 July 2023 has been delayed and is anticipated to be tabled in September 2023. Pursuant to section 4.10 of the GSF Act, the Treasurer has authorised the payment of specified sums out of the Consolidated Fund to meet the requirements of this period. The authorisation is current from 1 July 2023 until the earlier of 30 September 2023 or enactment of the 2022-23 annual Appropriation Act.

#### Recognition and measurement

Income is recognised in accordance with the requirements of AASB 15 Revenue from Contracts with Customers and/or AASB 1058 Income of Not-for-Profit Entities.

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
(a) Grants and contributions				
Recurrent - (NSW Ministry of Health)	22,521	20,172	22,521	20,172
Capital - (NSW Ministry of Health)	65	3,108	65	3,108
	<b>22,586</b>	<b>23,280</b>	<b>22,586</b>	<b>23,280</b>

#### Recognition and measurement

Income is recognised in accordance with the requirements of AASB 1058 Income of Not-for-Profit Entities. Income from grants without sufficiently specific performance obligations is recognised when the HCCC obtains control over the granted assets (e.g. cash).

An additional \$3m capital grant was received in FY 2021-2022 to fund the replacement of the HCCC case management system.

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2023

3. Revenue (Cont'd)

(b) Acceptance by the Crown Entity of employee benefits and other liabilities

The following liabilities and/or expenses have been assumed by the Crown Entity:

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Long service leave	464	(304)	-	-
Superannuation - defined benefit plans	52	38	-	-
Payroll tax	2	2	-	-
	<b>518</b>	<b>(264)</b>	<b>-</b>	<b>-</b>

(c) Other Income

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Legal cost recoveries	1,600	828	1,600	828
Total other income	<b>1,600</b>	<b>828</b>	<b>1,600</b>	<b>828</b>

Recognition and measurement

Legal costs awarded in favour of the HCCC arising from the prosecution of health practitioners, are recognised as revenue when agreement is reached with the respondent on settlement of the amount of legal costs to be recovered.

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2023

4. Other Gains / (Losses)

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Derecognition of right-of-use assets and lease liabilities with Property NSW*	-	(41)	-	(41)
Expected credit loss	-	(42)	-	(42)
	-	(83)	-	(83)

\*The net loss is recognised from the derecognition of the right-of-use asset and lease liability with Property NSW as at 30 June 2022. Please refer to Note 9 for further details.

The net loss from the derecognition of right-of-use asset and lease liability is calculated as below:

	Consolidated and Parents	
	2023 \$'000	2022 \$'000
<b>Right-of-use asset</b>		
Gross carrying value	-	6,424
Less: accumulated depreciation and accumulated impairment provision	-	(2,537)
Net book value	-	3,887
<b>Amortised balance of incentives received</b>		
<b>Lease liability</b>	-	(3,946)
<b>Net Gains/(Losses)</b>	-	(41)

Recognition and Measurement

Impairment losses may arise on non-financial assets held by the entity from time to time. Accounting for impairment losses is dependent upon the individual asset (or group of assets) subject to impairment. Accounting Policies and events giving rise to impairment losses are disclosed in the following notes:

- Trade receivables and contract assets – Note 7
- Property, plant and equipment – Note 8
- Leases – Note 9
- Intangible assets – Note 10

**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2023**

**5. Program Group of The Health Care Complaints Commission**

**Complaints handling**

The HCCC has one program group - complaints handling. This program group covers processing, assessing and the resolving of health care complaints through assisted resolution, facilitated conciliation or referral for investigation.

The HCCC also investigates and prosecutes any serious cases of inappropriate health care and makes recommendations to health organisations to address any systemic health care issues.

**6. Current Assets - Cash And Cash Equivalents**

Consolidated		Parent		
2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000	
Cash at bank and on hand	6,449	5,193	6,143	4,954

For the purpose of the statement of cash flows, cash and cash equivalents include cash at bank and cash on hand.

Cash and cash equivalent assets recognised in the statement of financial position are reconciled at the end of the financial year to the statement of cash flows as follows:

Cash and cash equivalents (per statement of financial position)	6,449	5,193	6,143	4,954
Closing cash and cash equivalents (per statement of cash flows)	6,449	5,193	6,143	4,954

Refer Note 19 for details regarding credit risk and market risk arising from financial instruments.

**7. Current/Non-Current Assets - Receivables**

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
<b>Current assets</b>				
Receivables	284	221	266	85
GST receivables	74	90	74	90
Other receivables*	240	94	240	94
Interagency receivable	-	-	188	236
Prepayment	51	126	51	126
	<b>649</b>	<b>531</b>	<b>819</b>	<b>631</b>
<b>Non-current assets</b>				
Legal cost recoveries	388	398	388	398
Less allowance for expected credit loss*	(256)	(256)	(256)	(256)
	<b>132</b>	<b>142</b>	<b>132</b>	<b>142</b>
<b>Total current/non-current assets - receivables</b>	<b>781</b>	<b>673</b>	<b>951</b>	<b>773</b>

\* Other receivables include sundry debtors and GST on accruals.

\*The expected credit loss was reviewed in line with current accounting standards. In 2022, \$256,000 in allowance for expected credit losses was reclassified from current receivables to non-current receivables.



Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2023

7. Current/Non-Current Assets - Receivables (Cont'd)

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
<b>Movement in the allowance for expected credit losses</b>				
Balance at the beginning of the year	(256)	(214)	(256)	(214)
Expected credit loss	-	(42)	-	(42)
(Increase)/decrease in allowance recognised in net results	-	(42)	-	(42)
<b>Balance at the end of the year</b>	<b>(256)</b>	<b>(256)</b>	<b>(256)</b>	<b>(256)</b>

**Recognition and Measurement**

HCCC recognises a financial asset or a financial liability when, and only when, it becomes a party to the contractual provisions of the instrument. To determine when the agency becomes a party to the contractual provisions of the instrument, HCCC considers:

- Whether HCCC has a legal right to receive cash (financial asset) or a legal obligation to pay cash (financial liability); or
- Whether at least one of the parties has performed under the agreement.

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Receivables that do not contain a significant financing component are measured at the transaction price.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

**Impairment**

The entity recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the entity expects to receive, discounted at the original effective interest rate.

The entity applies a simplified approach in calculating expected credit losses (ECLs). The entity recognises a loss allowance based on lifetime ECLs at each reporting date. The entity has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward-looking factors specific to the receivable.

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2023

8. Non-Current Assets - Property, Plant And Equipment

	Consolidated and Parent			
	Leasehold Improvements *	Computer equipment	Plant and equipment	Total
	\$'000	\$'000	\$'000	\$'000
<b>At 1 July 2021 - fair value</b>				
Gross carrying amount	3,479	648	176	4,303
Accumulated depreciation and impairment	(2,007)	(609)	(167)	(2,783)
<b>Net carrying amount</b>	<b>1,472</b>	<b>39</b>	<b>9</b>	<b>1,520</b>
<b>Year ended 30 June 2022</b>				
Net carrying amount at start of year	1,472	39	9	1,520
Purchases of assets - leasehold improvements	14	-	21	35
Disposals	-	-	-	-
Transfers to/(from) other asset classes	-	-	-	-
Depreciation expense	(392)	(32)	(6)	(430)
<b>Net carrying amount at end of year</b>	<b>1,094</b>	<b>7</b>	<b>24</b>	<b>1,125</b>
<b>At 1 July 2022 - fair value</b>				
Gross carrying amount	3,493	648	197	4,338
Accumulated depreciation and impairment	(2,399)	(641)	(173)	(3,213)
<b>Net carrying amount</b>	<b>1,094</b>	<b>7</b>	<b>24</b>	<b>1,125</b>
<b>Year ended 30 June 2023</b>				
Net carrying amount at start of year	1,094	7	24	1,125
Purchases of assets - leasehold improvements	300	-	-	300
Disposals	-	-	-	-
Transfers to/(from) other asset classes	-	-	-	-
Depreciation expense - leasehold improvements	(429)	(5)	(7)	(441)
<b>Net carrying amount at end of year</b>	<b>965</b>	<b>2</b>	<b>17</b>	<b>984</b>
<b>At 30 June 2023 - fair value</b>				
Gross carrying amount	3,792	647	197	4,636
Accumulated depreciation and impairment	(2,827)	(645)	(180)	(3,652)
<b>Net carrying amount</b>	<b>965</b>	<b>2</b>	<b>17</b>	<b>984</b>

\* Land and Buildings consist of leasehold improvements only as the HCCC does not own either land or buildings.

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8. Non-Current Assets - Plant And Equipment (Cont'd)

Recognition and Measurement

(i) Acquisition cost

Property, plant and equipment acquired are initially recognised at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Cost is the amount of cash or cash equivalents paid or the fair value of other consideration given to acquire the asset at the time of its acquisition or construction, in accordance with the requirements of Australian Accounting Standards.

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

(ii) Capitalisation thresholds

Property, plant and equipment and intangible assets costing \$5,000 and above individually (or forming part of a network costing more than \$5,000) are capitalised.

(iii) Restoration cost

The present value of the expected cost for the restoration or cost of dismantling of an asset after its use is included in the cost of the respective asset if the recognition criteria for a provision is met.

(iv) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

(v) Depreciation of property, plant and equipment

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the HCCC.

All material identifiable components of assets are depreciated separately over their useful lives.

The useful life of the various categories of non-current assets is as follows:

Asset category	Gross value measurement bases	Depreciation method	Depreciable life in years FY 2022-2023	Depreciable life in years FY 2021-2022
Leasehold improvement*	Purchase price	Straight line	Period of lease	Period of lease
Computer equipment	Purchase price	Straight line	4	4
Plant and equipment	Purchase price	Straight line	5	5

\* Leasehold improvement assets are depreciated on a straight line basis over the lease term.

(vi) Right-of-Use Assets acquired by lessees

AASB 16 Leases (AASB 16) requires a lessee to recognise a right-of-use asset for most leases. The entity has elected to present right-of-use assets separately in the Statement of Financial Position.

In Dec 2021, the HCCC opted into the revised arrangements with PNSW, as a result of the revised arrangements the following accounts under AASB16 Right of Use Asset (ROUA), Accumulated Depreciation of ROUA and Lease Liability as of 30 June 2022 have been derecognised.

(vii) Service concession assets

The HCCC does not hold any assets under this category, Consequently, AASB1059 is not applicable to its assets.

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8. Non-Current Assets - Plant And Equipment (Cont'd)

(viii) Revaluation of property, plant and equipment

Physical non-current assets are valued in accordance with the 'Valuation of Physical Non-Current Assets at Fair Value' Policy and Guidelines Paper (TPP21-09) and Treasurer's Direction Valuation of Physical Non-Current Assets at Fair Value (TD21-05). TD21-05 and TPP21-09 adopt fair value in accordance with AASB 13 Fair Value Measurement, AASB 116 Property, Plant and Equipment and AASB 140 Investment Property.

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and takes into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Non-specialised assets with short useful lives are measured at depreciated historical cost as an approximation of fair value. The entity has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

(ix) Impairment of property, plant and equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 Impairment of Assets is unlikely to arise. As property, plant and equipment is carried at fair value, impairment can only arise in the rare circumstances where the costs of disposal are material. Specifically, impairment is unlikely for not-for-profit entities given that AASB 136 modifies the recoverable amount test for non-cash generating assets of not-for-profit entities to the higher of fair value less costs of disposal and depreciated replacement cost, where depreciated replacement cost is also fair value.

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9. Leases

Land and Buildings

	Consolidated and Parent	
	2023 \$'000	2022 \$'000
Balance at 1 July	-	4,528
Additions	-	143
Depreciation expense	-	-
Other movements (Impairment review)	-	(784)
Derecognition of right-of-use-asset	-	(3,887)
<b>Balance at 30 June</b>	<b>-</b>	<b>-</b>

Lease liabilities

The following table presents liabilities under leases, including leases in respect of investment properties.

	Consolidated and Parent	
	2023 \$'000	2022 \$'000
Balance at 1 July	-	4,637
Additions	-	143
Interest expenses	-	85
Payments	-	(1,019)
Derecognition of lease liabilities	-	(3,846)
<b>Balance at 30 June</b>	<b>-</b>	<b>-</b>

The following amounts were recognised in the statement of comprehensive income for the year ended 30 June 2023 in respective leases where the entity is the lessee:

	Consolidated and Parent	
	2023 \$'000	2022 \$'000
Depreciation expense of right-of-use assets	-	784
Other movements (Impairment Loss)	-	-
Interest expense on lease liabilities*	13	85
Variable lease payments, not included in the measurement of lease liabilities	1,158	119
Gains or losses arising from derecognising the right-of-use assets and lease liabilities with Property NSW	-	41
<b>Total amount recognised in the statement of comprehensive income</b>	<b>1,171</b>	<b>1,029</b>

\* Interest expense on lease liabilities also include unwinding of the discounts on provisions.

Recognition and measurement

The HCCC assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The HCCC recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets, except for short-term leases and leases of low-value assets.

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**10. Intangible Assets - Computer Software**

A reconciliation of carrying amount of intangible at the beginning and end of the current reporting year is set out below:

	Consolidated and Parent
	Software \$'000
<b>At 1 July 2021</b>	
Cost (gross carrying amount)	1,236
Accumulated amortisation and impairment	(1,175)
<b>Net carrying amount</b>	<b>61</b>
<b>Year ended 30 June 2022</b>	
Net carrying amount at start of year	61
Additions	25
Amortisation (recognised in 'depreciation and amortisation')	(32)
<b>Net carrying amount at end of year</b>	<b>54</b>
<b>At 1 July 2022</b>	
Cost (gross carrying amount)	1,261
Accumulated amortisation and impairment	(1,207)
<b>Net carrying amount</b>	<b>54</b>
<b>Year ended 30 June 2023</b>	
Net carrying amount at start of year	54
Additions	547
Amortisation (recognised in 'depreciation and amortisation')	(34)
<b>Net carrying amount at end of year</b>	<b>567</b>
<b>At 30 June 2023</b>	
Cost (gross carrying amount)	1,807
Accumulated amortisation and impairment	(1,240)
<b>Net carrying amount</b>	<b>567</b>

**Recognition and measurement**

The HCCC recognises intangible assets only if it is probable that future economic benefits will flow to the HCCC and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. Following initial recognition, intangible assets are subsequently measured at fair value only if there is an active market. If there is no active market for the entity's intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

The useful lives of intangible assets are assessed to be finite.

Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the HCCC's intangible assets, the assets are carried at cost less any accumulated amortisation. The HCCC's intangible assets, consist of computer software, which is amortised using the straight-line method over a period of four years.

Intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity with no cash generating units, the HCCC is effectively exempted from impairment testing (refer to paragraph (g)(iv)).

The useful life of the HCCC's intangible assets is as follows:

<b>Asset category</b>	<b>Gross value measurement bases</b>	<b>Amortisation method</b>	<b>Amortisation life in years FY 2022-2023</b>	<b>Amortisation life in years FY 2021-2022</b>
Software	Purchase price	Straight line	4	4

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11. Current Liabilities - Payables

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
<b>Payables</b>				
Accrued salaries, wages and on costs	313	218	-	-
Payable for personnel services	-	-	334	231
Creditors	155	63	131	60
Accrued expenses	1,043	1,014	1,043	1,014
	<b>1,511</b>	<b>1,295</b>	<b>1,508</b>	<b>1,305</b>

Recognition and measurement

Payables represent liabilities for goods and services provided to the HCCC and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 19.

12. Current/Non-Current Liabilities - Provisions

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
<b>Employee benefits and related on-costs - current</b>				
Annual leave*	1,660	1,369	-	-
Payroll tax	323	306	-	-
Fringe benefits tax	8	(3)	-	-
Long service leave	215	164	-	-
Provision for personnel services	-	-	2,073	1,687
<b>Total current employee provisions</b>	<b>2,206</b>	<b>1,836</b>	<b>2,073</b>	<b>1,687</b>
<b>Other provisions - non-current</b>				
Lease make good provision	596	400	596	400
Long service leave	32	25	-	-
Provision for personnel services	-	-	32	25
<b>Total other non-current provisions</b>	<b>628</b>	<b>425</b>	<b>628</b>	<b>425</b>
<b>Aggregate employee benefits and related on costs</b>				
Provisions - current	2,206	1,836	-	-
Provisions - non-current	32	25	-	-
Provision for personnel services - current	-	-	2,073	1,687
Provision for personnel services - non-current	-	-	32	25
Accrued salaries, wages and on-costs (Note 11)	313	218	-	-
Payable for personnel services	-	-	334	231
	<b>2,551</b>	<b>2,079</b>	<b>2,439</b>	<b>1,943</b>

\* Annual leave is inclusive of annual, paid parental leave and oncost adjustment

Movements in provisions (other than employee benefits)

	Consolidated	Parent
	Other Non-Current \$'000	Other Non-Current \$'000
Carrying amount at 1 July 2022	400	400
Additional provisions recognised	183	183
Amounts used	-	-
Unused amounts reversed	-	-
Unwinding / change in the discount rate	13	13
<b>Carrying amount at 30 June 2023</b>	<b>596</b>	<b>596</b>

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12. Current/Non-Current Liabilities - Provisions (Cont'd)

Recognition and measurement  
(i) Employee benefits and other provisions

(a) Salaries and wages, annual leave, sick leave and on-costs

Salaries and wages (including non-monetary benefits), and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts based on the amounts of the benefits.

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted).

Actuarial advice obtained by Treasury has confirmed that the use of a nominal approach using nominal annual leave plus annual leave on the nominal liability (using 8.4% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability.

The HCCC has assessed the actuarial advice based on the entity's circumstances and has determined that the effect of discounting is immaterial to annual leave.

All annual leave is classified as a current liability even where the entity does not expect to settle the liability within 12 months as the entity does not have an unconditional right to defer settlement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

(b) Long service leave and superannuation

The HCCC's liabilities for long service leave and defined benefit superannuation are assumed by the Crown Entity. The HCCC accounts for the liability as having been extinguished, resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of employee benefits and other liabilities'.

Long service leave is measured at present value in accordance with AASB 119 Employee Benefits. This is based on the application of certain factors (specified in NSWTC 21-03) to employees with five or more years of service using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

The superannuation expense for the financial year is determined by using the formula specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e., Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e., State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

(c) Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax.

13. Equity

(i) Accumulated funds

The category 'Accumulated funds' includes all current and prior period retained funds.

14. Commitments

(a) Capital Expenditure Commitments

Aggregate capital expenditure commitment for the development of case management system, contracted for at balance date and not provided for as at 30 June 2023.

Not later than one year	2,487	-	2,487	-
Later than one year and not later than five years	-	-	-	-
Later than five years	-	-	-	-
Total (including GST)	2,487	-	2,487	-

Consolidated		Parent	
2023	2022	2023	2022
\$'000	\$'000	\$'000	\$'000
2,487	-	2,487	-
-	-	-	-
-	-	-	-
2,487	-	2,487	-

15. Contingent Assets

There are legal costs awarded in favour of the HCCC arising from prosecution of serious cases of complaints of health care providers where the respondents have been found to be guilty of unsatisfactory professional conduct and/or professional misconduct. The amounts are subject to negotiation and determination and total \$ 2,237,210 (FY 2021-2022: \$1,364,093).

16. Contingent Liabilities

The HCCC has no contingent liabilities as at 30 June 2023 (FY 2021-2022: Nil).



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### 17. Budget Review

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period. Subsequent amendments to the original budget are not reflected in the budgeted amounts. Major variances between the original budgeted amounts and the actual amounts disclosed in the financial statements are explained below:

#### Net Result

At 30 June 2023, the Net Result is \$641,000 favourable to budget. This variance reflects the following items.

#### (a) Expenses

The HCCC's total expenditure was lower than budget by \$144,000.

The favourable variance was attributed to Employee Related costs being \$538,000 lower than budget, reflecting increased staff turnover and recruitment challenges in the tight labour market.

This variance was partially offset by increased Other Operating Costs relating to Contractors employed to backfill vacancies, higher depreciation of land and buildings. (\$394,000)

#### (b) Revenue

The HCCC's total revenue was greater than budget by \$497,000.

Other revenue improved on budget by \$950,000. This revenue is unpredictable and fluctuates significantly within and across years as it is derived from Cost Recoveries on successful legal proceedings, where the Commission may be awarded costs by a Tribunal. The improvement reflects a combination of very high success rates on matters that were the subject of lengthy hearings along with improvements in legal cost recovery administrative processes.

#### Assets and liabilities

##### (a) Assets

Total assets were \$2,506,000 above budget.

The variance was driven by the higher Cash balance (\$5,129,000) as this included the funding for the Case Management Replacement project which was provided in 2021-22 for a project running across 2022-23 and 2023-24. This balance will reduce during the year to June 2024, as the project is completed.

Offsetting the higher cash position was a lower than budgeted Intangible Assets (\$2,457,000) reflecting the timing of commencement of the Case Management Replacement project.

##### (b) Liabilities

Total liabilities were \$2,003,000 above budget.

Payables led this variance at \$1,222,000 higher than budget, although comparable to the prior year. The balance reflected the receipt of invoices post year end.

#### Cashflows

The HCCC's closing cash balance was higher than budget primarily due to the funding held for the replacement of the case management system and the higher than budgeted payables budget.

### 18. Reconciliation Of Cash Flows From Operating Activities To Net Result

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Net cash used on operating activities	2,102	4,217	2,035	4,099
Depreciation and amortisation	(475)	(1,246)	(475)	(1,246)
Credit Loss Allowance	-	(42)	-	(42)
Gain/loss from derecognition of lease arrangements with PNSW	-	(41)	-	(41)
Decrease/(increase) in provisions	(472)	(282)	(496)	(199)
Increase/(decrease) in receivables and other assets	108	134	178	167
Decrease/(increase) in creditors	(316)	(346)	(295)	(344)
<b>Net result</b>	<b>947</b>	<b>2,394</b>	<b>947</b>	<b>2,394</b>

The HCCC had no investing and financing transactions which did not result in cash flows.

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19. Financial Instruments

The HCCC's principal financial instruments are outlined below. These financial instruments arise directly from the HCCC's operations or are required to finance the HCCC's operations. The HCCC does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The HCCC's main risks arising from financial instruments are outlined below, together with the HCCC's objectives, policies and processes for measuring and managing risks. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Commissioner has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the HCCC, to set risk limits and controls and to monitor risks.

Compliance with policies is reviewed by the entity on a continuous basis.

(a) Financial instrument categories

i. As at 30 June 2023

	Note	Category	Consolidated		Parent	
			2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
			Carrying Amount		Carrying Amount	
<b>Financial assets</b>						
<b>Class:</b>						
Cash and cash equivalents	6	Amortised cost	6,449	5,193	6,143	4,954
Receivables <sup>1</sup>	7	Amortised cost	416	363	398	227
<b>Financial liabilities</b>						
<b>Class:</b>						
Payables <sup>2</sup>	11	Financial liabilities measured at amortised cost	1,511	1,295	1,508	1,305

Notes

1. Excludes statutory receivables and prepayments (not within scope of AASB 7).
2. Excludes statutory payables and unearned revenue (not within scope of AASB 7).

The HCCC determines the classification of its financial assets and liabilities after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

(b) Derecognition of financial assets and financial liabilities

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a 'pass-through' arrangement; and either:

- the entity has transferred substantially all the risks and rewards of the asset; or
- the entity has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control.

#### 19. Financial Instruments (Cont'd)

When the HCCC has transferred its rights to receive cash flows from an asset or has entered into a pass-through arrangement, it specifies if, and to what extent, it has retained the risks and rewards of ownership. Where the HCCC has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the HCCC's continuing involvement in the asset. In that case, the HCCC also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the entity could be required to repay.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the net result.

##### (c) Offsetting financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the Statement of Financial Position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

##### (d) Financial risks

###### i. Credit risk

Credit risk arises when there is the possibility of the HCCC's debtors defaulting on their contractual obligations, resulting in a financial loss to the HCCC. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the HCCC, including cash and receivables. No collateral is held by the HCCC.

The HCCC has not granted any financial guarantees.

###### Cash and cash equivalent

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System.

###### Receivables - trade receivables

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. To measure the expected credit losses, trade receivables have been grouped based on shared credit risk characteristics and the days past due. The expected loss rates are based on historical observed loss rates. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables.

Trade receivables are written off when there is no reasonable expectation of recovery.

The HCCC is not exposed to concentrations of credit risk to trade debtors.

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19. Financial Instruments (Cont'd)

	Consolidated			Parent		
	Expected Credit Loss Rate	Estimated Gross Carrying Amount	Expected Credit Loss	Expected Credit Loss Rate	Estimated Gross Carrying Amount	Expected Credit Loss
	%	\$'000	\$'000	%	\$'000	\$'000
<b>2023</b>						
Current	-	136	-	-	128	-
< 3 months	-	25	-	-	15	-
3 – 6 months	-	31	-	-	31	-
> 6 months	53.3	480	256	53.3	480	256
<b>Total</b>	<b>38.1</b>	<b>672</b>	<b>256</b>	<b>39.1</b>	<b>654</b>	<b>256</b>
<b>2022</b>						
Current	-	31	-	-	31	-
< 3 months	-	17	-	-	-	-
3 – 6 months	-	21	-	-	16	-
> 6 months	46.5	550	256	58.7	436	256
<b>Total</b>	<b>41.4</b>	<b>619</b>	<b>256</b>	<b>53.0</b>	<b>483</b>	<b>256</b>

Notes

- Each column in the table reports 'gross receivables'.
- The aging analysis excludes statutory receivables, as these are not within the scope of AASB7 (if applicable). Therefore, the 'total' may not reconcile to the receivables total recognised in the statement of financial position.

ii. Liquidity risk

Liquidity risk is the risk that the HCCC will be unable to meet its payment obligations when they fall due. The HCCC continuously manages risk through monitoring future cash flows to ensure adequate holding of liquid assets. During the current and prior years, there were no defaults on any loans payable. No assets have been pledged as collateral. The HCCC's exposure to liquidity risk is deemed insignificant based on prior periods' data and other current assessments of risk.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in TC11/12. For small business suppliers, where terms are not specified, payment is made not later than 5 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically, unless an existing contract specifies otherwise.

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19. Financial Instruments (Cont'd)

The table below summarises the maturity profile of the HCCC's financial liabilities, together with the interest rate exposure.

Financial Liabilities	Interest Rate Exposure \$'000		Maturity dates \$'000		
	Nominal Amount	Non-interest bearing	< 1 year	1-5 years	>5 years
<b>2023</b>					
<b>Payables</b>					
Accrued salaries, wages and on costs	313	313	313	-	-
Creditors	1,198	874	1,198	-	-
	<b>1,511</b>	<b>1,187</b>	<b>1,511</b>	-	-
<b>2022</b>					
<b>Payables</b>					
Accrued salaries, wages and on costs	218	218	218	-	-
Creditors	1,077	1,077	1,077	-	-
	<b>1,295</b>	<b>1,295</b>	<b>1,295</b>	-	-

Notes:

- The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest which the HCCC can be required to pay.
- Excludes statutory payables and unearned revenue (i.e., not within scope of AASB7 Financial Instruments: Disclosures).

iii. Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The HCCC has no exposure to market risk as it does not have borrowings (except lease liabilities) or investments. The HCCC has no exposure to foreign currency risk and does not enter into commodity contracts.

iv. Interest rate risk

Exposure to interest rate risk arises primarily through the HCCC's interest bearing liabilities. The HCCC does not have any interest bearing

v. Fair value hierarchy

As disclosed in Note 8(viii), the HCCC holds non-specialised assets with short useful lives and these are measured at depreciated historical cost as a surrogate for fair value. Consequently there are no further disclosures made in relation to the AASB 13 fair value hierarchy.

(e) Fair value measurement

Financial instruments are generally recognised at cost. The amortised cost of financial instruments recognised in the statement of financial position approximates the fair value, because of the short term nature of many of the financial instruments.

**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2023**

**20. Related Party Disclosures**

The entity's Key Management Personnel compensation was paid by the Health Care Complaints Commission Staff Agency and details for the year ended 30 June 2023 are as follows:

Short term employee benefits:

	2023	2022
	\$'000	\$'000
Salaries	1,751	1,624
Other monetary allowances	11	-
Non-monetary benefits	19	11
Other long-term employee benefits	55	59
Post-employment benefits	-	-
Termination benefits	17	-
<b>Total remuneration</b>	<b>1,863</b>	<b>1,694</b>

During the year, the Health Care Complaints Commission did not enter into any other transactions with Key Management Personnel, their close family members and controlled or jointly controlled entities thereof.

In addition, the Health Care Complaints Commission entered into transactions on arm's length terms and conditions with other entities controlled by NSW Government. These transactions include:

- Payments into the iCare TMF Scheme
- Long Service Leave and Defined Benefit Superannuation assumed by the Crown
- Payments for Payroll Tax
- Allocations from NSW Ministry of Health
- Payment for the audit of our financial statements
- Grants and contributions related to funding specific programs and projects
- Government Property NSW lease payments
- DCS/GovConnect

**21. Events After The Reporting Period**

There were no after reporting period events.

End of audited financial statements.

## A Complaints statistics

**TABLE A.1** | Complaints received by health service provider type and service area 2022-23

	Registered Health Practitioner	Non-registered Health Practitioner	Health Organisation	Total
<b>Service area</b>				
General practice	1,469	14	511	1,994
General medicine	543	8	649	1,200
Emergency medicine	133	1	568	702
Mental health	142	27	397	566
Other	436	19	37	492
Dentistry	320	2	99	421
Surgery	237	2	169	408
Psychology	366	11	30	407
Pharmacy/Pharmacology	265	1	131	397
Psychiatry	165	1	29	195
Aged care	91	8	76	175
Cosmetic services	90	12	46	148
Administration/Non-health related	54	11	70	135
Ambulance service	72	3	43	118
Obstetrics	58		45	103
Cardiology	55		35	90
Radiology	29	7	54	90
Midwifery	48	4	37	89
Early childhood/Paediatric medicine	46		38	84
Physiotherapy	55	2	11	68
Pathology	5	3	58	66
Counselling	7	50	6	63
Geriatrics/Gerontology	20		43	63
Drug and alcohol	22	1	37	60
Medico-Legal	55		1	56
Dermatology	36	2	10	48
Anaesthesia	35		11	46
Neurology	28		18	46
Gastroenterology	23		22	45
Gynaecology	24	1	20	45
Chiropractice	41		2	43
Unknown	18	13	12	43
Massage therapy		31	10	41
Oncology	15		25	40
Rehabilitation medicine	10	1	28	39
Intensive care	14	1	23	38
Ophthalmology	26		11	37
Optometry	25		11	36
Alternative health	12	8	14	34
Podiatry	30		1	31
Pain management	15		15	30

TABLE A.1 | Continued

	Registered Health Practitioner	Non-registered Health Practitioner	Health Organisation	Total
Occupational therapy	30			30
Vaccination	19		9	28
Palliative care	9		15	24
Community care	6	3	13	22
Respiratory/Thoracic medicine	9		12	21
Reproductive medicine	10	1	10	21
Personal care	6	4	9	19
Renal medicine	1		12	13
Endocrinology	9		3	12
Psychotherapy	4	8		12
Occupational health	10		2	12
Osteopathy	6		5	11
Developmental disability	6	2	3	11
Immunology	5		5	10
Haematology	2		7	9
Nephrology	7		2	9
Rheumatology	7			7
Speech therapy		5	1	6
Sport medicine	3	2	1	6
Family planning	2		3	5
Health education/information	3		2	5
Infectious diseases	2		3	5
Educational facility	4			4
Sleep medicine	2		2	4
Acupuncture	3	1		4
Natural therapy		4		4
Traditional Chinese medicine	3			3
Sexual assault service	1	1		2
Nutrition and dietetics		2		2
Prosthetics and orthotics		1	1	2
Medical radiation practice			1	1
Hypnotherapy		1		1
Forensic pathology			1	1
Nuclear medicine			1	1
<b>Total</b>	<b>5,304</b>	<b>279</b>	<b>3,576</b>	<b>9,159</b>

Counted by provider identified in complaint.



**TABLE A.2** | Complaints received by issue category 2018-19 to 2022-23

Issue Category	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.t	% of Total
Treatment	4,521	45.7%	5,452	47.2%	6,224	45.9%	6,890	41.2%	7,223	42.6%
Professional conduct	2,227	22.5%	2,418	20.9%	2,619	19.3%	3,042	18.2%	3,060	18.1%
Communication/information	1,055	10.7%	1,521	13.2%	1,894	14.0%	2,680	16.0%	2,477	14.6%
Medication	599	6.1%	583	5.0%	879	6.5%	872	5.2%	911	5.4%
Access	232	2.3%	278	2.4%	381	2.8%	751	4.5%	548	3.2%
Fees/costs	258	2.6%	297	2.6%	307	2.3%	448	2.7%	506	3.0%
Environment/ management of facilities	197	2.0%	218	1.9%	225	1.7%	515	3.1%	487	2.9%
Reports/certificates	195	2.0%	225	1.9%	269	2.0%	489	2.9%	397	2.3%
Medical records	168	1.7%	170	1.5%	177	1.3%	360	2.2%	379	2.2%
Consent	157	1.6%	155	1.3%	274	2.0%	321	1.9%	322	1.9%
Grievance processes	118	1.2%	103	0.9%	119	0.9%	126	0.8%	317	1.9%
Discharge/ transfer arrangements	168	1.7%	129	1.1%	196	1.4%	227	1.4%	314	1.9%
<b>Total</b>	<b>9,895</b>	<b>100.0%</b>	<b>11,549</b>	<b>100.0%</b>	<b>13,564</b>	<b>100.0%</b>	<b>16,721</b>	<b>100.0%</b>	<b>16,941</b>	<b>100.0%</b>

*Counted by provider identified in complaint.*

**TABLE A.3** | Breakdown of complaints received within each issue category 2022-23

Issue category and name	No	% of Issue category	% of Total
<b>Treatment</b>			
Inadequate care	2,087	28.9%	12.3%
Inadequate treatment	1,449	20.1%	8.6%
Diagnosis	712	9.9%	4.2%
Unexpected treatment outcome/complications	637	8.8%	3.8%
Inadequate/inappropriate consultation	570	7.9%	3.4%
Delay in treatment	563	7.8%	3.3%
Wrong/inappropriate treatment	366	5.1%	2.2%
Rough and painful treatment	206	2.9%	1.2%
Coordination of treatment/results follow-up	175	2.4%	1.0%
No/inappropriate referral	141	2.0%	0.8%
Infection control	106	1.5%	0.6%
Withdrawal of treatment	83	1.1%	0.5%
Excessive treatment	53	0.7%	0.3%
Inadequate prosthetic equipment	35	0.5%	0.2%
Attendance	32	0.4%	0.2%
Public/private election	5	0.1%	0.0%
Experimental treatment	3	0.0%	0.0%
<b>Total</b>	<b>7,223</b>	<b>100.0%</b>	<b>42.6%</b>
<b>Professional Conduct</b>			
Breach of guideline/law	776	25.4%	4.6%
Competence	337	11.0%	2.0%
Impairment	308	10.1%	1.8%
Illegal practice	296	9.7%	1.7%
Inappropriate disclosure of information	212	6.9%	1.3%
Sexual misconduct	204	6.7%	1.2%
Misrepresentation of qualifications	176	5.8%	1.0%
Assault	173	5.7%	1.0%
Boundary violation	149	4.9%	0.9%
Discriminatory conduct	146	4.8%	0.9%
Advertising	71	2.3%	0.4%
Financial fraud	67	2.2%	0.4%
Breach of condition	58	1.9%	0.3%
Emergency treatment not provided	33	1.1%	0.2%
Child sexual abuse	32	1.0%	0.2%
Annual declaration not lodged/incomplete/wrong or misleading	22	0.7%	0.1%
<b>Total</b>	<b>3,060</b>	<b>100.0%</b>	<b>18.1%</b>
<b>Communication/information</b>			
Attitude/manner	1,428	57.7%	8.4%
Inadequate information provided	602	24.3%	3.6%
Incorrect/misleading information provided	404	16.3%	2.4%
Special needs not accommodated	43	1.7%	0.3%
<b>Total</b>	<b>2,477</b>	<b>100.0%</b>	<b>14.6%</b>

TABLE A.3 | Continued

Issue category and name	No	% of Issue category	% of Total
<b>Medication</b>			
Prescribing medication	488	53.6%	2.9%
Dispensing medication	217	23.8%	1.3%
Administering medication	146	16.0%	0.9%
Supply/security/storage of medication	60	6.6%	0.4%
<b>Total</b>	<b>911</b>	<b>100.0%</b>	<b>5.4%</b>
<b>Access</b>			
Refusal to admit or treat	327	59.7%	1.9%
Service availability	134	24.5%	0.8%
Waiting lists	58	10.6%	0.3%
Access to facility	26	4.7%	0.2%
Remoteness of service	3	0.5%	0.0%
<b>Total</b>	<b>548</b>	<b>100.0%</b>	<b>3.2%</b>
<b>Fees/costs</b>			
Billing practices	366	72.3%	2.2%
Financial consent	82	16.2%	0.5%
Cost of treatment	58	11.5%	0.3%
<b>Total</b>	<b>506</b>	<b>100.0%</b>	<b>3.0%</b>
<b>Environment/management of facilities</b>			
Administrative processes	284	58.3%	1.7%
Physical environment of facility	89	18.3%	0.5%
Staffing and rostering	54	11.1%	0.3%
Cleanliness/hygiene of facility	51	10.5%	0.3%
Statutory obligations/accreditation standards not met	9	1.8%	0.1%
<b>Total</b>	<b>487</b>	<b>100.0%</b>	<b>2.9%</b>
<b>Reports/certificates</b>			
Accuracy of report/certificate	233	58.7%	1.4%
Timeliness of report/certificate	62	15.6%	0.4%
Refusal to provide report/certificate	53	13.4%	0.3%
Report written with inadequate or no consultation	45	11.3%	0.3%
Cost of report/certificate	4	1.0%	0.0%
<b>Total</b>	<b>397</b>	<b>100.0%</b>	<b>2.3%</b>
<b>Medical Records</b>			
Access to/transfer of records	182	48.0%	1.1%
Record keeping	168	44.3%	1.0%
Records management	29	7.7%	0.2%
<b>Total</b>	<b>379</b>	<b>100.0%</b>	<b>2.2%</b>

TABLE A.3 | Continued

Issue category and name	No	% of Issue category	% of Total
<b>Consent</b>			
Consent not obtained or inadequate	180	55.9%	1.1%
Involuntary admission or treatment	104	32.3%	0.6%
Uninformed consent	38	11.8%	0.2%
<b>Total</b>	<b>322</b>	<b>100.0%</b>	<b>1.9%</b>
<b>Grievance processes</b>			
Inadequate/no response to complaint	281	88.6%	1.7%
Reprisal/retaliation as result of complaint lodged	27	8.5%	0.2%
Information about complaints procedures not provided	9	2.8%	0.1%
<b>Total</b>	<b>317</b>	<b>100.0%</b>	<b>1.9%</b>
<b>Discharge/transfer arrangements</b>			
Inadequate discharge	262	83.4%	1.5%
Patient not reviewed	24	7.6%	0.1%
Delay	22	7.0%	0.1%
Mode of transport	6	1.9%	0.0%
<b>Total</b>	<b>314</b>	<b>100.0%</b>	<b>1.9%</b>
<b>Grand Total</b>	<b>16,941</b>	<b>100.0%</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.4** | Complaints received about health practitioners 2018-19 to 2022-23

Health practitioner	2018-19		2019-20		2020-21		2021-22		2022-23		No. of practitioners with NSW as principal place of practice as at 30 June 2023*
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	
<b>Registered Health Practitioner</b>											
Medical practitioner	2,377	50.0%	2,662	51.6%	3,029	53.5%	3,241	54.7%	3,016	54.0%	40,356
Nurse/midwife	791	16.6%	815	15.8%	874	15.4%	835	14.1%	908	16.3%	126,998
Psychologist	277	5.8%	303	5.9%	348	6.1%	362	6.1%	407	7.3%	14,867
Dental practitioner	417	8.8%	477	9.2%	421	7.4%	389	6.6%	338	6.1%	7,818
Pharmacist	272	5.7%	356	6.9%	395	7.0%	408	6.9%	276	4.9%	10,613
Paramedic	88	1.9%	68	1.3%	72	1.3%	132	2.2%	87	1.6%	6,171
Physiotherapist	59	1.2%	67	1.3%	80	1.4%	62	1.0%	62	1.1%	12,046
Occupational therapist	38	0.8%	27	0.5%	44	0.8%	50	0.8%	48	0.9%	7,978
Chiropractor	57	1.2%	51	1.0%	55	1.0%	57	1.0%	45	0.8%	2,092
Podiatrist	47	1.0%	39	0.8%	24	0.4%	31	0.5%	32	0.6%	1,716
Optometrist	27	0.6%	14	0.3%	9	0.2%	23	0.4%	26	0.5%	2,152
Chinese medicine practitioner	57	1.2%	33	0.6%	18	0.3%	28	0.5%	16	0.3%	1,920
Medical radiation practitioner	20	0.4%	15	0.3%	10	0.2%	26	0.4%	13	0.2%	6,279
Student nurse	17	0.4%	17	0.3%	19	0.3%	20	0.3%	10	0.2%	
Osteopath	12	0.3%	15	0.3%	10	0.2%	18	0.3%	7	0.1%	659
Student paramedic							2	0.0%	3	0.1%	
Aboriginal and Torres Strait Islander HP	1	0.0%	1	0.0%	2	0.0%	1	0.0%	3	0.1%	227
Student pharmacist			1	0.0%	2	0.0%	4	0.1%	3	0.1%	
Student medical practitioner	5	0.1%	3	0.1%	9	0.2%	9	0.2%	2	0.0%	
Student dentist	1	0.0%	1	0.0%					1	0.0%	
Student physiotherapist							1	0.0%	1	0.0%	
Student occupational therapist			4	0.1%							
Student Chinese medicine practitioner	3	0.1%									
Student medical radiation practitioner	2	0.0%	1	0.0%							
<b>Total</b>	<b>4,568</b>	<b>96.1%</b>	<b>4,970</b>	<b>96.4%</b>	<b>5,421</b>	<b>95.7%</b>	<b>5,699</b>	<b>96.2%</b>	<b>5,304</b>	<b>95.0%</b>	<b>241,892</b>

\* All student practitioners are registered and are now reported under registered health practitioner except with psychology students who are not registered.

TABLE A.4 | Continued

Health practitioner	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Non-registered Health Practitioner</b>										
Counsellor/therapist	39	0.8%	38	0.7%	45	0.8%	42	0.7%	58	1.0%
Massage therapist	7	0.1%	8	0.2%	24	0.4%	19	0.3%	32	0.6%
Social worker	14	0.3%	11	0.2%	21	0.4%	33	0.6%	21	0.4%
Administration/clerical staff	8	0.2%	12	0.2%	13	0.2%	7	0.1%	15	0.3%
Psychotherapist			5	0.1%	4	0.1%	8	0.1%	13	0.2%
Assistant in nursing	19	0.4%	17	0.3%	34	0.6%	13	0.2%	12	0.2%
Cosmetic therapist	15	0.3%	11	0.2%	10	0.2%	4	0.1%	12	0.2%
Other	14	0.3%	10	0.2%	14	0.2%	23	0.4%	12	0.2%
Naturopath	14	0.3%	8	0.2%	12	0.2%	7	0.1%	7	0.1%
Sonographer			8	0.2%	6	0.1%	7	0.1%	7	0.1%
Speech pathologist	1	0.0%	3	0.1%	2	0.0%			5	0.1%
Alternative health provider	7	0.1%	5	0.1%	7	0.1%	5	0.1%	5	0.1%
Doula			2	0.0%	1	0.0%			5	0.1%
Ambulance personnel			2	0.0%	3	0.1%	1	0.0%	3	0.1%
Personal care assistant	8	0.2%	1	0.0%	8	0.1%	7	0.1%	3	0.1%
Natural therapist	1	0.0%	2	0.0%	1	0.0%	2	0.0%	3	0.1%
Dietitian/nutritionist	2	0.0%	5	0.1%	3	0.1%	2	0.0%	2	0.0%
Audiologist	2	0.0%	1	0.0%	2	0.0%	1	0.0%	2	0.0%
Student psychologist	7	0.1%	1	0.0%			2	0.0%	2	0.0%
Hypnotherapist			1	0.0%	1	0.0%	3	0.1%	1	0.0%
Disability support worker							1	0.0%	1	0.0%
Venopuncturist			1	0.0%					1	0.0%
Dental technician	8	0.2%	6	0.1%	2	0.0%			1	0.0%
Acupuncture therapist	2	0.0%			4	0.1%	1	0.0%	1	0.0%
Student ambulance personnel	1	0.0%			2	0.0%				
Residential care worker	2	0.0%	3	0.1%			8	0.1%		
Optical dispenser							1	0.0%		
<b>Total</b>	<b>171</b>	<b>3.6%</b>	<b>161</b>	<b>3.1%</b>	<b>219</b>	<b>3.9%</b>	<b>197</b>	<b>3.3%</b>	<b>224</b>	<b>4.0%</b>
Unknown	13	0.3%	26	0.5%	25	0.4%	26	0.4%	55	1.0%
<b>Grand total</b>	<b>4,752</b>	<b>100.0%</b>	<b>5,157</b>	<b>100.0%</b>	<b>5,665</b>	<b>100.0%</b>	<b>5,922</b>	<b>100.0%</b>	<b>5,583</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.5** | Complaints received about medical practitioners by service area 2018-19 to 2022-23

Service area	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>General practice</b>					1,289	42.6%	1,657	51.1%	1,431	47.4%
<b>General medicine</b>	1,121	47.2%	1,171	44.0%	210	6.9%	175	5.4%	260	8.6%
<b>Surgery</b>	246	10.3%	234	8.8%	240	7.9%	241	7.4%	226	7.5%
<b>Psychiatry</b>	79	3.3%	105	3.9%	105	3.5%	142	4.4%	161	5.3%
<b>Other</b>	122	5.1%	210	7.9%	233	7.7%	96	3.0%	126	4.2%
<b>Emergency medicine</b>	48	2.0%	61	2.3%	79	2.6%	85	2.6%	99	3.3%
<b>Mental health</b>	124	5.2%	121	4.5%	125	4.1%	99	3.1%	82	2.7%
<b>Cosmetic services</b>	55	2.3%	64	2.4%	51	1.7%	51	1.6%	51	1.7%
<b>Cardiology</b>	32	1.3%	47	1.8%	26	0.9%	39	1.2%	49	1.6%
<b>Obstetrics</b>	48	2.0%	53	2.0%	60	2.0%	48	1.5%	48	1.6%
<b>Early childhood/ Paediatric medicine</b>	39	1.6%	43	1.6%	33	1.1%	36	1.1%	43	1.4%
<b>Medico-Legal</b>	27	1.1%	51	1.9%	62	2.0%	37	1.1%	43	1.4%
<b>Dermatology</b>	39	1.6%	32	1.2%	43	1.4%	47	1.5%	35	1.2%
<b>Anaesthesia</b>	20	0.8%	25	0.9%	30	1.0%	40	1.2%	34	1.1%
<b>Neurology</b>	15	0.6%	19	0.7%	28	0.9%	21	0.6%	27	0.9%
<b>Administration/ Non-health related</b>	36	1.5%	26	1.0%	20	0.7%	18	0.6%	26	0.9%
<b>Ophthalmology</b>	33	1.4%	30	1.1%	22	0.7%	32	1.0%	26	0.9%
<b>Gynaecology</b>	50	2.1%	26	1.0%	32	1.1%	43	1.3%	24	0.8%
<b>Gastroenterology</b>	10	0.4%	18	0.7%	20	0.7%	17	0.5%	21	0.7%
<b>Radiology</b>	23	1.0%	26	1.0%	50	1.7%	34	1.0%	20	0.7%
<b>Geriatrics/ Gerontology</b>	32	1.3%	49	1.8%	35	1.2%	20	0.6%	17	0.6%
<b>Drug and alcohol</b>	9	0.4%	16	0.6%	12	0.4%	11	0.3%	15	0.5%
<b>Oncology</b>	7	0.3%	10	0.4%	17	0.6%	13	0.4%	15	0.5%
<b>Pain management</b>	9	0.4%	21	0.8%	44	1.5%	27	0.8%	14	0.5%
<b>Aged care</b>	19	0.8%	25	0.9%	14	0.5%	23	0.7%	11	0.4%
<b>Respiratory/ Thoracic medicine</b>	3	0.1%	9	0.3%	1	0.0%	7	0.2%	9	0.3%
<b>Reproductive medicine</b>	18	0.8%	11	0.4%	21	0.7%	11	0.3%	9	0.3%
<b>Vaccination</b>							2	0.1%	9	0.3%
<b>Endocrinology</b>	9	0.4%	9	0.3%	9	0.3%	7	0.2%	9	0.3%
<b>Rheumatology</b>	8	0.3%	7	0.3%	7	0.2%	5	0.2%	7	0.2%
<b>Nephrology</b>	2	0.1%	5	0.2%	3	0.1%	6	0.2%	7	0.2%
<b>Unknown</b>	9	0.4%	57	2.1%	25	0.8%	9	0.3%	6	0.2%
<b>Intensive care</b>	3	0.1%			2	0.1%	5	0.2%	6	0.2%
<b>Psychology</b>	3	0.1%	2	0.1%	4	0.1%	1	0.0%	6	0.2%
<b>Rehabilitation medicine</b>	4	0.2%	2	0.1%	6	0.2%	8	0.2%	6	0.2%
<b>Palliative care</b>	8	0.3%	6	0.2%	2	0.1%	1	0.0%	5	0.2%

TABLE A.5 | Continued

Service area	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Alternative health			2	0.1%	2	0.1%			4	0.1%
Immunology	14	0.6%	19	0.7%	15	0.5%	80	2.5%	3	0.1%
Psychotherapy	1	0.0%	2	0.1%	4	0.1%			3	0.1%
Pathology	4	0.2%	7	0.3%	5	0.2%	5	0.2%	3	0.1%
Family planning	1	0.0%	1	0.0%	4	0.1%	2	0.1%	2	0.1%
Sleep medicine	6	0.3%	1	0.0%	3	0.1%	5	0.2%	2	0.1%
Dentistry	3	0.1%	2	0.1%	3	0.1%	2	0.1%	2	0.1%
Pharmacy/ Pharmacology	16	0.7%	13	0.5%	4	0.1%	2	0.1%	2	0.1%
Sport medicine			1	0.0%	1	0.0%	2	0.1%	2	0.1%
Haematology	3	0.1%	4	0.2%	1	0.0%	6	0.2%	2	0.1%
Counselling	1	0.0%			2	0.1%			2	0.1%
Podiatry					1	0.0%			1	0.0%
Developmental disability	1	0.0%			1	0.0%	1	0.0%	1	0.0%
Health education/ information									1	0.0%
Midwifery	4	0.2%	7	0.3%	12	0.4%	3	0.1%	1	0.0%
Sexual assault service	3	0.1%					1	0.0%	1	0.0%
Personal care	1	0.0%							1	0.0%
Optometry	1	0.0%			1	0.0%				
Acupuncture	1	0.0%								
Ambulance service			1	0.0%						
Autopsy							1	0.0%		
Forensic pathology			2	0.1%						
Occupational health							1	0.0%		
Infectious diseases	1	0.0%			1	0.0%	9	0.3%		
Occupational therapy	1	0.0%	1	0.0%	1	0.0%				
Nuclear medicine							1	0.0%		
Nutrition and dietetics			3	0.1%						
Renal medicine	5	0.2%	3	0.1%	5	0.2%	2	0.1%		
Community care					1	0.0%				
Psychogeriatrics							1	0.0%		
Medical radiation practice			1	0.0%			1	0.0%		
Educational facility							1	0.0%		
Osteopathy			1	0.0%	2	0.1%	1	0.0%		
<b>Total</b>	<b>2,377</b>	<b>100.0%</b>	<b>2,662</b>	<b>100.0%</b>	<b>3,029</b>	<b>100.0%</b>	<b>3,241</b>	<b>100.0%</b>	<b>3,016</b>	<b>100.0%</b>

Counted by provider identified in complaint.





**TABLE A.6** | Complaints received about health practitioners by issue category 2022-23

	Issue Category											
	Treatment		Professional conduct		Communication / information		Medication		Reports/certificates		Fees/costs	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered Health Practitioner</b>												
Medical practitioner	2,647	71.0%	926	36.4%	943	67.2%	400	64.3%	232	74.6%	152	59.6%
Nurse/midwife	283	7.6%	846	33.2%	162	11.5%	47	7.6%	1	0.3%	5	2.0%
Psychologist	207	5.6%	261	10.2%	99	7.1%			53	17.0%	21	8.2%
Dental practitioner	388	10.4%	92	3.6%	76	5.4%	10	1.6%	2	0.6%	50	19.6%
Pharmacist	22	0.6%	150	5.9%	56	4.0%	157	25.2%	3	1.0%	10	3.9%
Paramedic	34	0.9%	82	3.2%	17	1.2%	6	1.0%				
Physiotherapist	33	0.9%	55	2.2%	10	0.7%			3	1.0%	3	1.2%
Chiropractor	31	0.8%	31	1.2%	6	0.4%	1	0.2%			1	0.4%
Occupational therapist	24	0.6%	17	0.7%	9	0.6%			15	4.8%	3	1.2%
Podiatrist	22	0.6%	16	0.6%	10	0.7%					6	2.4%
Optometrist	24	0.6%	7	0.3%	9	0.6%			2	0.6%	3	1.2%
Chinese medicine practitioner	8	0.2%	14	0.5%	2	0.1%	1	0.2%				
Medical radiation practitioner	2	0.1%	13	0.5%	2	0.1%						
Student nurse	1	0.0%	13	0.5%								
Osteopath	3	0.1%	9	0.4%							1	0.4%
Student pharmacist			4	0.2%	2	0.1%						
Student paramedic			4	0.2%								
Student medical practitioner			3	0.1%								
Aboriginal and Torres Strait Islander HP			2	0.1%	1	0.1%						
Student dentist			1	0.0%								
Student physiotherapist			1	0.0%								
<b>Total</b>	<b>3,729</b>	<b>100.0%</b>	<b>2,547</b>	<b>100.0%</b>	<b>1,404</b>	<b>100.0%</b>	<b>622</b>	<b>100.0%</b>	<b>311</b>	<b>100.0%</b>	<b>255</b>	<b>100.0%</b>

	Issue Category													
	Medical records		Consent		Access		Grievance processes		Environment/management of facilities		Discharge/transfer arrangements		Total	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
	129	62.0%	109	69.0%	117	79.1%	65	63.1%	39	46.4%	33	80.5%	5,792	60.3%
	24	11.5%	15	9.5%	3	2.0%	7	6.8%	19	22.6%	6	14.6%	1,418	14.8%
	19	9.1%	15	9.5%	6	4.1%	8	7.8%	5	6.0%			694	7.2%
	18	8.7%	9	5.7%	8	5.4%	15	14.6%	15	17.9%	1	2.4%	684	7.1%
	6	2.9%			12	8.1%	3	2.9%	2	2.4%			421	4.4%
	3	1.4%	2	1.3%							1	2.4%	145	1.5%
	2	1.0%	1	0.6%			3	2.9%	1	1.2%			111	1.2%
	1	0.5%	5	3.2%									76	0.8%
	1	0.5%	2	1.3%					3	3.6%			74	0.8%
	2	1.0%			2	1.4%	1	1.0%					59	0.6%
	3	1.4%					1	1.0%					49	0.5%
													25	0.3%
													17	0.2%
													14	0.1%
													13	0.1%
													6	0.1%
													4	0.0%
													3	0.0%
													3	0.0%
													1	0.0%
													1	0.0%
	<b>208</b>	<b>100.0%</b>	<b>158</b>	<b>100.0%</b>	<b>148</b>	<b>100.0%</b>	<b>103</b>	<b>100.0%</b>	<b>84</b>	<b>100.0%</b>	<b>41</b>	<b>100.0%</b>	<b>9,610</b>	<b>100.0%</b>

TABLE A.6 | Continued

	Issue Category											
	Treatment		Professional conduct		Communication / information		Medication		Reports/ certificates		Fees/costs	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Non-registered health practitioner</b>												
Counsellor/ therapist	28	26.2%	56	30.6%	13	27.1%	1	50.0%	4	57.1%	1	20.0%
Massage therapist	9	8.4%	29	15.8%	2	4.2%						
Social worker	5	4.7%	15	8.2%	15	31.3%			1	14.3%		
Cosmetic therapist	17	15.9%	9	4.9%	1	2.1%					1	20.0%
Administration/ clerical staff	1	0.9%	17	9.3%	5	10.4%						
Psychotherapist	7	6.5%	7	3.8%	1	2.1%	1	50.0%				
Assistant in nursing	4	3.7%	11	6.0%	2	4.2%						
Other	4	3.7%	12	6.6%					1	14.3%		
Naturopath	1	0.9%	5	2.7%	2	4.2%					1	20.0%
Sonographer	4	3.7%	5	2.7%	1	2.1%			1	14.3%		
Doula	7	6.5%	3	1.6%								
Speech pathologist	5	4.7%	3	1.6%							1	20.0%
Natural therapist	5	4.7%	1	0.5%	1	2.1%					1	20.0%
Alternative health provider	3	2.8%	1	0.5%	2	4.2%						
Audiologist	3	2.8%			1	2.1%						
Personal care assistant	1	0.9%	2	1.1%	1	2.1%						
Ambulance personnel			3	1.6%								
Student psychologist			1	0.5%								
Hypnotherapist	1	0.9%			1	2.1%						
Dietitian/nutritionist			2	1.1%								
Disability support worker												
Venopuncturist	1	0.9%										
Dental technician			1	0.5%								
Acupuncture therapist	1	0.9%										
<b>Total</b>	<b>107</b>	<b>100.0%</b>	<b>183</b>	<b>100.0%</b>	<b>48</b>	<b>100.0%</b>	<b>2</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>	<b>5</b>	<b>100.0%</b>
<b>Unknown</b>	<b>31</b>	<b>100.0%</b>	<b>18</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>	<b>3</b>	<b>100.0%</b>
<b>Grand total</b>	<b>3,867</b>	<b>100.0%</b>	<b>2,748</b>	<b>100.0%</b>	<b>1,460</b>	<b>100.0%</b>	<b>625</b>	<b>100.0%</b>	<b>319</b>	<b>100.0%</b>	<b>263</b>	<b>100.0%</b>

Counted by provider identified in complaint.

Issue Category													
Medical records		Consent		Access		Grievance processes		Environment/ management of facilities		Discharge/ transfer arrangements		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
	1 50.0%	1 14.3%				3 50.0%						108	28.5%
		1 14.3%										41	10.8%
	1 50.0%	2 28.6%				1 16.7%		1 11.1%				41	10.8%
		1 14.3%				1 16.7%		1 11.1%				31	8.2%
				2 100.0%				1 11.1%				26	6.9%
						1 16.7%				1 100.0%		18	4.7%
		1 14.3%										18	4.7%
		1 14.3%										18	4.7%
								2 22.2%				11	2.9%
												11	2.9%
												10	2.6%
								1 11.1%				10	2.6%
												8	2.1%
												6	1.6%
												4	1.1%
												4	1.1%
												3	0.8%
								2 22.2%				3	0.8%
												2	0.5%
												2	0.5%
								1 11.1%				1	0.3%
												1	0.3%
												1	0.3%
												1	0.3%
	2 100.0%	7 100.0%	2 100.0%			6 100.0%		9 100.0%		1 100.0%		379	100.0%
	4 100.0%	2 100.0%	5 100.0%			2 100.0%		1 100.0%				76	100.0%
	214 100.0%	167 100.0%	155 100.0%			111 100.0%		94 100.0%		42 100.0%		10,065	100.0%

**TABLE A.7** | Complaints received about health organisations 2018-19 to 2022-23

Health organisation	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Public hospital</b>	1,238	48.6%	1,238	45.9%	1,387	45.7%	1,807	43.2%	1,694	47.4%
<b>Medical centre</b>	256	10.1%	284	10.5%	337	11.1%	673	16.1%	530	14.8%
<b>Correction and detention facility</b>	142	5.6%	147	5.5%	163	5.4%	153	3.7%	200	5.6%
<b>Private hospital</b>	145	5.7%	179	6.6%	206	6.8%	197	4.7%	166	4.6%
<b>Pharmacy</b>	65	2.6%	116	4.3%	98	3.2%	134	3.2%	130	3.6%
<b>Psychiatric hospital/unit</b>	154	6.0%	126	4.7%	160	5.3%	185	4.4%	126	3.5%
<b>Community health service</b>	94	3.7%	75	2.8%	88	2.9%	109	2.6%	102	2.9%
<b>Dental facility</b>	86	3.4%	76	2.8%	69	2.3%	74	1.8%	88	2.5%
<b>Specialist medical practice</b>	33	1.3%	53	2.0%	49	1.6%	82	2.0%	67	1.9%
<b>Pathology centres/labs</b>	32	1.3%	44	1.6%	63	2.1%	184	4.4%	53	1.5%
<b>Aged care facility</b>	65	2.6%	59	2.2%	49	1.6%	58	1.4%	53	1.5%
<b>Radiology facility</b>	36	1.4%	41	1.5%	50	1.6%	70	1.7%	50	1.4%
<b>Cosmetic health facility</b>	24	0.9%	42	1.6%	21	0.7%	22	0.5%	45	1.3%
<b>Ambulance service</b>	46	1.8%	37	1.4%	42	1.4%	72	1.7%	43	1.2%
<b>Psychology facility</b>	16	0.6%	5	0.2%	14	0.5%	30	0.7%	40	1.1%
<b>Alternative health facility</b>	32	1.3%	40	1.5%	30	1.0%	27	0.6%	34	1.0%
<b>Local Health District</b>	12	0.5%	18	0.7%	11	0.4%	12	0.3%	24	0.7%
<b>Other</b>	7	0.3%	11	0.4%	20	0.7%	24	0.6%	21	0.6%
<b>Government department</b>	16	0.6%	31	1.2%	92	3.0%	91	2.2%	18	0.5%
<b>Aboriginal health centre</b>	2	0.1%	9	0.3%	9	0.3%	17	0.4%	18	0.5%
<b>Multi purpose service</b>	1	0.0%	2	0.1%	4	0.1%	7	0.2%	12	0.3%
<b>Drug and alcohol service</b>	6	0.2%	8	0.3%	11	0.4%	6	0.1%	11	0.3%
<b>Optometrist facility</b>	8	0.3%	11	0.4%	18	0.6%	16	0.4%	11	0.3%
<b>Physiotherapy facility</b>	4	0.2%	4	0.1%	4	0.1%	8	0.2%	8	0.2%
<b>Rehabilitation facility</b>	4	0.2%	8	0.3%	5	0.2%	11	0.3%	7	0.2%

TABLE A.7 | Continued

Health organisation	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Day procedure centre	5	0.2%	7	0.3%	7	0.2%	4	0.1%	5	0.1%
Nursing agency	2	0.1%	4	0.1%	3	0.1%	8	0.2%	4	0.1%
Educational facility			2	0.1%	1	0.0%	1	0.0%	3	0.1%
Chiropractic facility	4	0.2%	4	0.1%			3	0.1%	3	0.1%
Health fund	2	0.1%			5	0.2%	8	0.2%	2	0.1%
Osteopathy facility			1	0.0%					2	0.1%
NSW Department of Health	3	0.1%	2	0.1%	1	0.0%	4	0.1%	2	0.1%
Regulatory authority			2	0.1%	1	0.0%			1	0.0%
Supported accommodation services (not aged care)	4	0.2%	2	0.1%	3	0.1%	3	0.1%	1	0.0%
Respite service					1	0.0%			1	0.0%
Unknown	1	0.0%	4	0.1%	4	0.1%	1	0.0%	1	0.0%
Boarding house							1	0.0%		
Podiatry practice	2	0.1%	2	0.1%	11	0.4%	2	0.0%		
Blood bank			1	0.0%			1	0.0%		
Sexual assault service							1	0.0%		
Domestic residence							1	0.0%		
Vaccination centre							79	1.9%		
<b>Total</b>	<b>2,547</b>	<b>100.0%</b>	<b>2,695</b>	<b>100.0%</b>	<b>3,037</b>	<b>100.0%</b>	<b>4,186</b>	<b>100.0%</b>	<b>3,576</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.8** | Complaints received about public and private hospitals by service areas 2018-19 to 2022-23

Service area	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Public hospital</b>										
Emergency medicine	316	25.5%	336	27.1%	454	32.7%	544	30.1%	553	32.6%
General medicine	321	25.9%	293	23.7%	229	16.5%	443	24.5%	418	24.7%
Mental health	78	6.3%	78	6.3%	119	8.6%	120	6.6%	158	9.3%
Surgery	113	9.1%	109	8.8%	120	8.7%	124	6.9%	123	7.3%
Obstetrics	56	4.5%	42	3.4%	43	3.1%	61	3.4%	37	2.2%
Geriatrics/Gerontology	70	5.7%	54	4.4%	54	3.9%	30	1.7%	34	2.0%
Midwifery	33	2.7%	42	3.4%	50	3.6%	53	2.9%	31	1.8%
Early childhood/ Paediatric medicine	30	2.4%	32	2.6%	30	2.2%	39	2.2%	33	1.9%
Cardiology	19	1.5%	18	1.5%	21	1.5%	23	1.3%	28	1.7%
Administration/ Non-health related	25	2.0%	29	2.3%	27	1.9%	25	1.4%	24	1.4%
Aged care	8	0.6%	18	1.5%	12	0.9%	31	1.7%	19	1.1%
Rehabilitation medicine	6	0.5%	15	1.2%	10	0.7%	7	0.4%	8	0.5%
Intensive care	11	0.9%	16	1.3%	20	1.4%	27	1.5%	20	1.2%
Other	4	0.3%	12	1.0%	16	1.2%	6	0.3%	18	1.1%
Gastroenterology	3	0.2%	5	0.4%	12	0.9%	17	0.9%	17	1.0%
Gynaecology	14	1.1%	13	1.1%	13	0.9%	19	1.1%	16	0.9%
Oncology	10	0.8%	7	0.6%	16	1.2%	12	0.7%	14	0.8%
Neurology	18	1.5%	11	0.9%	8	0.6%	13	0.7%	16	0.9%
General practice							11	0.6%	8	0.5%
Palliative care	15	1.2%	6	0.5%	12	0.9%	19	1.1%	11	0.6%
Respiratory/ Thoracic medicine	6	0.5%	7	0.6%	5	0.4%	6	0.3%	11	0.6%
Unknown	4	0.3%	5	0.4%	3	0.2%	2	0.1%	9	0.5%
Pain management	6	0.5%	6	0.5%	17	1.2%	16	0.9%	10	0.6%
Anaesthesia	1	0.1%	4	0.3%	7	0.5%	6	0.3%	7	0.4%
Ophthalmology	2	0.2%	10	0.8%	5	0.4%	10	0.6%	8	0.5%
Psychiatry	6	0.5%	3	0.2%	5	0.4%	10	0.6%	7	0.4%
Drug and alcohol	6	0.5%	3	0.2%	3	0.2%	11	0.6%	7	0.4%
Renal medicine	6	0.5%	5	0.4%	5	0.4%	8	0.4%	7	0.4%
Radiology	16	1.3%	7	0.6%	13	0.9%	9	0.5%	5	0.3%
Personal care	3	0.2%			2	0.1%	3	0.2%	6	0.4%
Haematology	2	0.2%	5	0.4%	4	0.3%	1	0.1%	6	0.4%
Reproductive medicine	1	0.1%	1	0.1%	4	0.3%	3	0.2%	3	0.2%
Immunology	1	0.1%	6	0.5%	14	1.0%	22	1.2%	2	0.1%
Osteopathy					1	0.1%	1	0.1%	2	0.1%
Physiotherapy	3	0.2%	1	0.1%			3	0.2%	2	0.1%
Infectious diseases	1	0.1%	8	0.6%	5	0.4%	17	0.9%	2	0.1%
Endocrinology	3	0.2%	7	0.6%	3	0.2%	4	0.2%	2	0.1%
Pharmacy/Pharmacology			1	0.1%			2	0.1%	1	0.1%



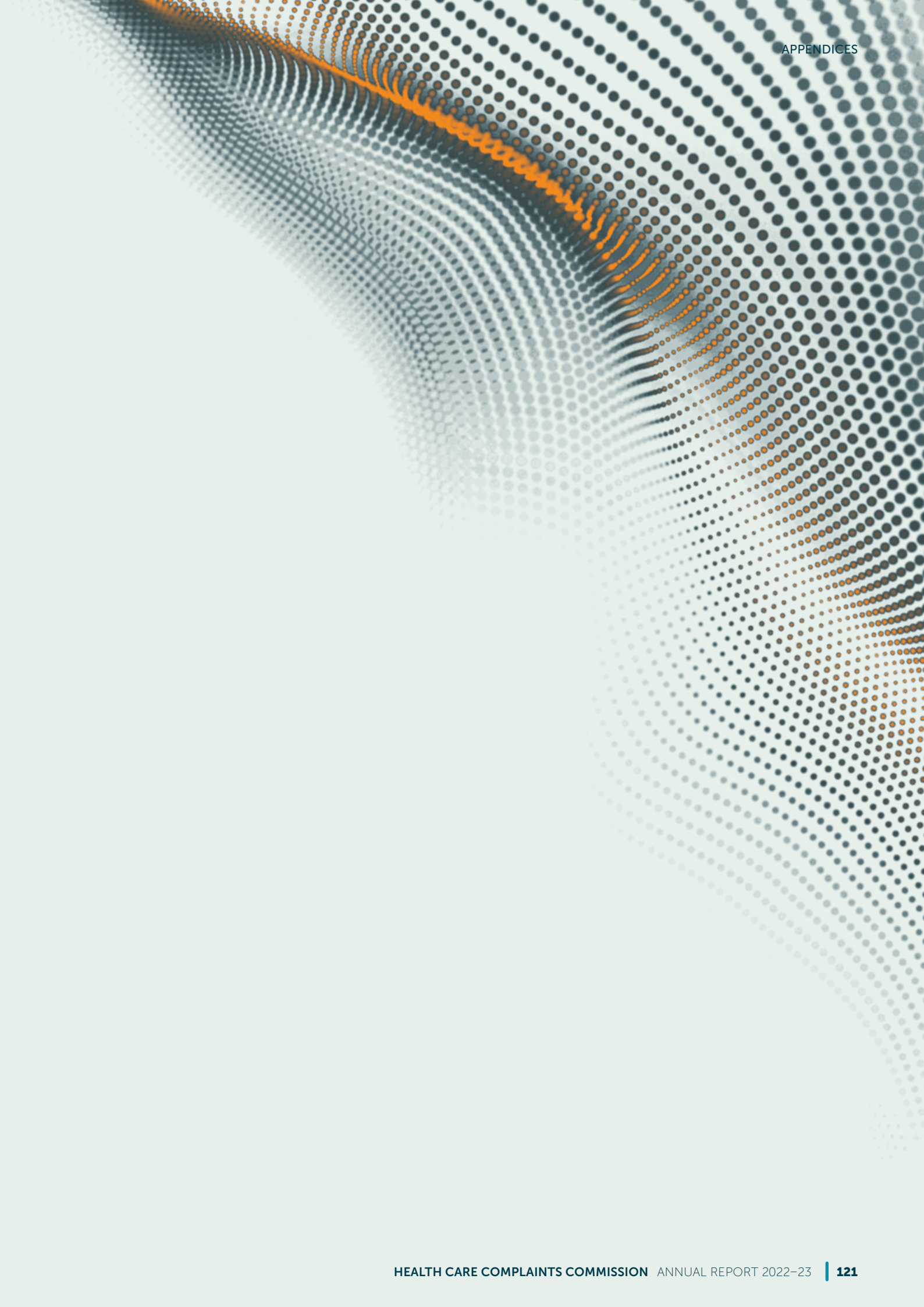
TABLE A.8 | Continued

Service area	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Prosthetics and orthotics	1	0.1%							1	0.1%
Health education/information	1	0.1%	1	0.1%					1	0.1%
Medico-Legal			1	0.1%	2	0.1%			1	0.1%
Psychology									1	0.1%
Family planning									1	0.1%
Community care	2	0.2%	1	0.1%	4	0.3%	2	0.1%	1	0.1%
Pathology	3	0.2%	2	0.2%	3	0.2%	15	0.8%	1	0.1%
Nephrology	2	0.2%	5	0.4%	5	0.4%	7	0.4%	1	0.1%
Medical radiation practice					1	0.1%			1	0.1%
Vaccination									1	0.1%
Ambulance service									1	0.1%
Developmental disability	4	0.3%			1	0.1%	2	0.1%		
Occupational therapy							1	0.1%		
Podiatry							1	0.1%		
Internal medicine	1	0.1%			2	0.1%				
Rheumatology	2	0.2%					3	0.2%		
Nuclear medicine			3	0.2%	1	0.1%	3	0.2%		
Dermatology			1	0.1%	2	0.1%	2	0.1%		
Alternative health			1	0.1%						
Dentistry	2	0.2%	4	0.3%	2	0.1%	8	0.4%		
Nutrition and dietetics			1	0.1%			1	0.1%		
Sleep medicine	1	0.1%			1	0.1%	3	0.2%		
Counselling			3	0.2%			1	0.1%		
Sexual assault service	2	0.2%			1	0.1%				
<b>Total</b>	<b>1,238</b>	<b>100.0%</b>	<b>1,238</b>	<b>100.0%</b>	<b>1,387</b>	<b>100.0%</b>	<b>1,807</b>	<b>100.0%</b>	<b>1,694</b>	<b>100.0%</b>
<b>Private hospital</b>										
General medicine	46	31.7%	49	27.4%	41	19.9%	39	19.8%	42	25.3%
Surgery	35	24.1%	39	21.8%	50	24.3%	45	22.8%	33	19.9%
Rehabilitation medicine	7	4.8%	9	5.0%	17	8.3%	22	11.2%	14	8.4%
Mental health	10	6.9%	12	6.7%	13	6.3%	10	5.1%	13	7.8%
Emergency medicine	6	4.1%	14	7.8%	21	10.2%	18	9.1%	8	4.8%
Obstetrics	6	4.1%	3	1.7%	10	4.9%	1	0.5%	7	4.2%
Geriatrics/Gerontology	3	2.1%	6	3.4%	5	2.4%	8	4.1%	7	4.2%
Administration/Non-health related	7	4.8%	5	2.8%	6	2.9%	1	0.5%	5	3.0%
General practice							2	1.0%	5	3.0%
Midwifery	3	2.1%	7	3.9%	4	1.9%	4	2.0%	4	2.4%
Aged care	2	1.4%	3	1.7%	2	1.0%	3	1.5%	4	2.4%
Cardiology	1	0.7%	4	2.2%	6	2.9%	3	1.5%	3	1.8%
Oncology	1	0.7%	5	2.8%	2	1.0%	8	4.1%	3	1.8%

TABLE A.8 | Continued

Service area	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Anaesthesia			1	0.6%	2	1.0%	1	0.5%	3	1.8%
Intensive care	2	1.4%	2	1.1%	1	0.5%	3	1.5%	2	1.2%
Other			4	2.2%	2	1.0%	2	1.0%	2	1.2%
Gastroenterology	1	0.7%	1	0.6%	2	1.0%	1	0.5%	2	1.2%
Gynaecology	1	0.7%					2	1.0%	2	1.2%
Palliative care	1	0.7%	3	1.7%	1	0.5%	4	2.0%	2	1.2%
Unknown			1	0.6%	1	0.5%			2	1.2%
Radiology	2	1.4%	1	0.6%	1	0.5%	2	1.0%	1	0.6%
Immunology	1	0.7%							1	0.6%
Developmental disability							1	0.5%	1	0.6%
Early childhood/ Paediatric medicine			2	1.1%			1	0.5%		
Neurology			2	1.1%	1	0.5%	2	1.0%		
Respiratory/ Thoracic medicine							3	1.5%		
Pain management					3	1.5%				
Ophthalmology			1	0.6%	2	1.0%	1	0.5%		
Psychiatry	2	1.4%			4	1.9%	3	1.5%		
Drug and alcohol	1	0.7%					3	1.5%		
Renal medicine							1	0.5%		
Personal care	1	0.7%					1	0.5%		
Haematology	1	0.7%								
Reproductive medicine	1	0.7%			1	0.5%				
Osteopathy							1	0.5%		
Physiotherapy	1	0.7%								
Pharmacy/Pharmacology	1	0.7%			1	0.5%				
Community Care					1	0.5%				
Pathology			1	0.6%			1	0.5%		
Nephrology			1	0.6%	1	0.5%				
Cosmetic services	1	0.7%	1	0.6%	1	0.5%				
Occupational health					1	0.5%				
Dentistry			1	0.6%	1	0.5%				
Sleep medicine	1	0.7%								
Psychotherapy			1	0.6%	1	0.5%				
Counselling					1	0.5%				
<b>Total</b>	<b>145</b>	<b>100.0%</b>	<b>179</b>	<b>100.0%</b>	<b>206</b>	<b>100.0%</b>	<b>197</b>	<b>100.0%</b>	<b>166</b>	<b>100.0%</b>
<b>Grand total</b>	<b>1,383</b>	<b>100.0%</b>	<b>1,417</b>	<b>100.0%</b>	<b>1,593</b>	<b>100.0%</b>	<b>2,004</b>	<b>100.0%</b>	<b>1,860</b>	<b>100.0%</b>

Counted by provider identified in complaint.



**TABLE A.9** | Complaints received about public hospitals by Local Health District in 2018-19 to 2022-23

Local Health District*	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Hunter New England	158	12.8%	173	14.0%	192	13.8%	339	18.8%	309	18.2%
Western Sydney	132	10.7%	138	11.1%	150	10.8%	185	10.2%	176	10.4%
South Western Sydney	141	11.4%	144	11.6%	147	10.6%	200	11.1%	158	9.3%
South Eastern Sydney	95	7.7%	96	7.8%	104	7.5%	122	6.8%	122	7.2%
Illawarra Shoalhaven	87	7.0%	81	6.5%	68	4.9%	102	5.6%	116	6.8%
Sydney	75	6.1%	80	6.5%	115	8.3%	143	7.9%	110	6.5%
Northern NSW	76	6.1%	66	5.3%	70	5.0%	77	4.3%	94	5.5%
Western NSW	60	4.8%	70	5.7%	102	7.4%	95	5.3%	90	5.3%
Nepean Blue Mountains	56	4.5%	65	5.3%	82	5.9%	85	4.7%	90	5.3%
Northern Sydney	95	7.7%	50	4.0%	73	5.3%	76	4.2%	83	4.9%
Central Coast	80	6.5%	63	5.1%	79	5.7%	105	5.8%	80	4.7%
Murrumbidgee**	30	2.4%	42	3.4%	42	3.0%	54	3.0%	69	4.1%
Southern NSW	42	3.4%	54	4.4%	37	2.7%	50	2.8%	58	3.4%
Mid North Coast	41	3.3%	41	3.3%	45	3.2%	64	3.5%	49	2.9%
St Vincent's Health Network	25	2.0%	33	2.7%	15	1.1%	32	1.8%	27	1.6%
Sydney Children's Hospital Network	17	1.4%	20	1.6%	32	2.3%	41	2.3%	26	1.5%
Albury Wodonga Health (network with Victoria)***	11	0.9%	10	0.8%	18	1.3%	20	1.1%	20	1.2%
Far West	14	1.1%	10	0.8%	11	0.8%	10	0.6%	10	0.6%
Unknown LHD	3	0.2%	2	0.2%	5	0.4%	7	0.4%	7	0.4%
<b>Total</b>	<b>1,238</b>	<b>100.0%</b>	<b>1,238</b>	<b>100.0%</b>	<b>1,387</b>	<b>100.0%</b>	<b>1,807</b>	<b>100.0%</b>	<b>1,694</b>	<b>100.0%</b>

Counted by provider identified in complaint.

\* Excludes psychiatric hospitals/units.

\*\* Previously complaints about facilities in Albury were processed in the Murrumbidgee LHD. These complaints are now processed by Albury Wodonga Health.

\*\*\* Albury/Wodonga LHD is unique in that it spans NSW and Victoria. The statistics represent complaints for facilities in NSW only.

	Number of emergency department attendances	Number of discharges from hospital	Number of outpatient services	Total services
	446,917	216,374	2,164,925	<b>2,828,216</b>
	208,205	172,013	1,397,097	<b>1,777,315</b>
	305,975	238,230	1,159,208	<b>1,703,413</b>
	236,296	182,952	1,232,511	<b>1,651,759</b>
	167,012	94,634	695,669	<b>957,315</b>
	175,932	161,765	1,432,018	<b>1,769,715</b>
	219,081	95,202	531,547	<b>845,830</b>
	202,283	85,596	683,372	<b>971,251</b>
	139,042	86,531	681,292	<b>906,865</b>
	229,235	142,573	971,564	<b>1,343,372</b>
	151,482	96,445	659,457	<b>907,384</b>
	153,469	68,755	420,557	<b>642,781</b>
	120,423	49,305	336,257	<b>505,985</b>
	141,233	76,538	538,451	<b>756,222</b>
	50,990	43,349	344,759	<b>439,098</b>
	105,650	58,299	409,677	<b>573,626</b>
	-	-	-	-
	23,222	8,650	94,996	<b>126,868</b>
	-	-	-	-
	<b>3,076,447</b>	<b>1,877,211</b>	<b>13,753,357</b>	<b>18,707,015</b>

**TABLE A.10** | Issues raised in all complaints received about health organisation by organisation type in 2022-23

Organisation type	Issue Category									
	Treatment		Communication / information		Access		Environment/ management of facilities		Professional conduct	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
Public hospital	2,134	63.6%	539	53.0%	139	35.4%	151	38.4%	91	29.2%
Medical centre	223	6.6%	161	15.8%	112	28.5%	101	25.7%	51	16.3%
Private hospital	179	5.3%	57	5.6%	5	1.3%	23	5.9%	8	2.6%
Correction and detention facility	194	5.8%	11	1.1%	58	14.8%	4	1.0%	4	1.3%
Psychiatric hospital/unit	112	3.3%	32	3.1%	9	2.3%	16	4.1%	13	4.2%
Pharmacy	21	0.6%	26	2.6%	7	1.8%	4	1.0%	22	7.1%
Dental facility	77	2.3%	31	3.0%	13	3.3%	12	3.1%	7	2.2%
Community health service	55	1.6%	21	2.1%	7	1.8%	4	1.0%	9	2.9%
Specialist medical practice	34	1.0%	27	2.7%	7	1.8%	14	3.6%	9	2.9%
Aged care facility	53	1.6%	8	0.8%	1	0.3%	19	4.8%	9	2.9%
Cosmetic health facility	45	1.3%	13	1.3%					23	7.4%
Pathology centres/labs	29	0.9%	15	1.5%	1	0.3%	3	0.8%	5	1.6%
Radiology facility	24	0.7%	17	1.7%	5	1.3%	8	2.0%	8	2.6%
Ambulance service	52	1.5%	11	1.1%	4	1.0%	1	0.3%	7	2.2%
Alternative health facility	14	0.4%	4	0.4%	3	0.8%	6	1.5%	15	4.8%
Psychology facility	18	0.5%	8	0.8%			5	1.3%	6	1.9%
Other	9	0.3%	6	0.6%	2	0.5%	6	1.5%	5	1.6%
Local Health District	13	0.4%	3	0.3%	5	1.3%	1	0.3%		
Aboriginal health centre	15	0.4%	7	0.7%	7	1.8%	4	1.0%	2	0.6%
Multi purpose service	11	0.3%	3	0.3%	1	0.3%	3	0.8%	2	0.6%
Government department	8	0.2%	3	0.3%	3	0.8%	1	0.3%	3	1.0%
Optometrist facility	6	0.2%	2	0.2%			2	0.5%		
Drug and alcohol service	4	0.1%	2	0.2%	3	0.8%	1	0.3%	2	0.6%
Physiotherapy facility	5	0.1%	2	0.2%					2	0.6%
Rehabilitation facility	5	0.1%	1	0.1%			1	0.3%		
Day procedure centre	5	0.1%	2	0.2%	1	0.3%	1	0.3%		
Osteopathy facility	4	0.1%	2	0.2%						
Nursing agency	2	0.1%							2	0.6%
Educational facility	1	0.0%							3	1.0%
NSW Department of Health	1	0.0%	2	0.2%					1	0.3%
Chiropractic facility							2	0.5%	2	0.6%
Health fund										
Unknown	1	0.0%	1	0.1%						
Regulatory authority									1	0.3%
Supported accommodation services (not aged care)	1	0.0%								
Respite service	1	0.0%								
<b>Total</b>	<b>3,356</b>	<b>100.0%</b>	<b>1,017</b>	<b>100.0%</b>	<b>393</b>	<b>100.0%</b>	<b>393</b>	<b>100.0%</b>	<b>312</b>	<b>100.0%</b>

Counted by issues raised in complaint.

Medication		Issue Category													
		Discharge/ transfer arrangements		Fees/costs		Grievance processes		Medical records		Consent		Reports/ certificates		Total	
		No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
71	24.8%	231	84.9%	13	5.3%	81	39.3%	42	25.5%	67	43.2%	25	32.1%	3,584	52.1%
35	12.2%	1	0.4%	98	40.3%	46	22.3%	76	46.1%	8	5.2%	20	25.6%	932	13.6%
12	4.2%	21	7.7%	6	2.5%	15	7.3%	5	3.0%	4	2.6%	4	5.1%	339	4.9%
59	20.6%	1	0.4%			3	1.5%	3	1.8%	1	0.6%			338	4.9%
9	3.1%	12	4.4%			5	2.4%	6	3.6%	22	14.2%	2	2.6%	238	3.5%
74	25.9%			24	9.9%	1	0.5%	5	3.0%			1	1.3%	185	2.7%
2	0.7%	1	0.4%	18	7.4%	6	2.9%	2	1.2%	2	1.3%			171	2.5%
4	1.4%	1	0.4%	1	0.4%			4	2.4%	31	20.0%	1	1.3%	138	2.0%
4	1.4%			8	3.3%	8	3.9%	6	3.6%	1	0.6%	2	2.6%	120	1.7%
1	0.3%					4	1.9%	2	1.2%	2	1.3%	1	1.3%	100	1.5%
2	0.7%			5	2.1%	6	2.9%	1	0.6%	3	1.9%			98	1.4%
				19	7.8%	9	4.4%			1	0.6%	8	10.3%	90	1.3%
1	0.3%			15	6.2%	5	2.4%	2	1.2%	1	0.6%	2	2.6%	88	1.3%
2	0.7%			1	0.4%	1	0.5%	1	0.6%					80	1.2%
5	1.7%	1	0.4%	6	2.5%	4	1.9%	1	0.6%	1	0.6%			60	0.9%
				9	3.7%	5	2.4%	2	1.2%	1	0.6%	5	6.4%	59	0.9%
1	0.3%			2	0.8%	1	0.5%	1	0.6%	1	0.6%	2	2.6%	36	0.5%
2	0.7%	2	0.7%	1	0.4%	1	0.5%	4	2.4%	4	2.6%			36	0.5%
		1	0.4%											36	0.5%
				1	0.4%	1	0.5%			1	0.6%	2	2.6%	25	0.4%
				1	0.4%			1	0.6%	1	0.6%			21	0.3%
1	0.3%			6	2.5%	1	0.5%					1	1.3%	19	0.3%
1	0.3%			4	1.6%					1	0.6%			18	0.3%
				2	0.8%			1	0.6%					12	0.2%
				1	0.4%	1	0.5%					2	2.6%	11	0.2%
						1	0.5%			1	0.6%			11	0.2%
										1	0.6%			7	0.1%
						1	0.5%							5	0.1%
														4	0.1%
														4	0.1%
														4	0.1%
				2	0.8%									2	0.0%
														2	0.0%
														1	0.0%
														1	0.0%
														1	0.0%
286	100.0%	272	100.0%	243	100.0%	206	100.0%	165	100.0%	155	100.0%	78	100.0%	6,876	100.0%

**TABLE A.11** | Issues raised in all complaints received by service area 2022-23

Service area	Issue Category											
	Treatment		Professional conduct		Communication / information		Medication		Access		Fees/costs	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
General practice	1,578	21.8%	433	14.2%	675	27.3%	268	29.4%	177	32.3%	172	34.0%
General medicine	993	13.7%	400	13.1%	313	12.6%	121	13.3%	91	16.6%	10	2.0%
Emergency medicine	997	13.8%	71	2.3%	240	9.7%	29	3.2%	35	6.4%	6	1.2%
Mental health	393	5.4%	105	3.4%	156	6.3%	45	4.9%	36	6.6%	7	1.4%
Surgery	518	7.2%	75	2.5%	115	4.6%	14	1.5%	36	6.6%	26	5.1%
Dentistry	465	6.4%	87	2.8%	109	4.4%	8	0.9%	24	4.4%	67	13.2%
Other	49	0.7%	560	18.3%	46	1.9%	22	2.4%	1	0.2%	6	1.2%
Psychology	216	3.0%	232	7.6%	104	4.2%	1	0.1%	6	1.1%	29	5.7%
Pharmacy/Pharmacology	43	0.6%	158	5.2%	84	3.4%	233	25.6%	18	3.3%	34	6.7%
Psychiatry	152	2.1%	41	1.3%	35	1.4%	43	4.7%	9	1.6%	15	3.0%
Cosmetic services	143	2.0%	101	3.3%	25	1.0%	9	1.0%			8	1.6%
Aged care	118	1.6%	102	3.3%	16	0.6%	17	1.9%	3	0.5%		
Obstetrics	125	1.7%	23	0.8%	46	1.9%	3	0.3%	3	0.5%	2	0.4%
Ambulance service	85	1.2%	73	2.4%	25	1.0%	6	0.7%	4	0.7%	1	0.2%
Midwifery	88	1.2%	35	1.1%	38	1.5%	4	0.4%	2	0.4%	3	0.6%
Administration/ Non-health related	9	0.1%	72	2.4%	36	1.5%			12	2.2%	10	2.0%
Early childhood/ Paediatric medicine	82	1.1%	21	0.7%	31	1.3%	9	1.0%	7	1.3%	2	0.4%
Cardiology	96	1.3%	6	0.2%	21	0.8%	10	1.1%	9	1.6%	2	0.4%
Radiology	47	0.7%	29	0.9%	19	0.8%	1	0.1%	6	1.1%	16	3.2%
Geriatrics/Gerontology	78	1.1%	3	0.1%	20	0.8%	6	0.7%	2	0.4%	1	0.2%
Physiotherapy	36	0.5%	54	1.8%	11	0.4%					6	1.2%
Counselling	33	0.5%	54	1.8%	14	0.6%	1	0.1%			1	0.2%
Pathology	32	0.4%	13	0.4%	18	0.7%			2	0.4%	23	4.5%
Gynaecology	66	0.9%	7	0.2%	16	0.6%	1	0.1%	2	0.4%	1	0.2%
Neurology	44	0.6%	11	0.4%	16	0.6%	1	0.1%	4	0.7%	1	0.2%
Medico-Legal	10	0.1%	16	0.5%	14	0.6%						
Dermatology	47	0.7%	13	0.4%	15	0.6%	4	0.4%			4	0.8%
Oncology	52	0.7%	4	0.1%	15	0.6%			3	0.5%	2	0.4%
Gastroenterology	51	0.7%	6	0.2%	13	0.5%			1	0.2%	1	0.2%
Drug and alcohol	26	0.4%	11	0.4%	8	0.3%	12	1.3%	19	3.5%	4	0.8%
Anaesthesia	42	0.6%	9	0.3%	16	0.6%	2	0.2%	1	0.2%	7	1.4%
Ophthalmology	42	0.6%	5	0.2%	10	0.4%	1	0.1%	5	0.9%	2	0.4%
Chiropractice	31	0.4%	28	0.9%	6	0.2%	1	0.1%			1	0.2%
Rehabilitation medicine	32	0.4%	4	0.1%	13	0.5%	2	0.2%	1	0.2%	1	0.2%
Unknown	28	0.4%	19	0.6%	6	0.2%	3	0.3%	2	0.4%	1	0.2%
Intensive care	39	0.5%	7	0.2%	9	0.4%						
Optometry	28	0.4%	6	0.2%	11	0.4%	1	0.1%			8	1.6%
Massage therapy	15	0.2%	32	1.0%	3	0.1%					4	0.8%
Alternative health	14	0.2%	19	0.6%	7	0.3%	6	0.7%	1	0.2%	3	0.6%
Podiatry	22	0.3%	13	0.4%	11	0.4%			3	0.5%	7	1.4%



	Issue Category													Total No
	Environment / management of facilities		Reports/ certificates		Medical records		Consent		Grievance processes		Discharge/ transfer arrangements			
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total		
<b>108</b>	22.2%	135	34.0%	150	39.6%	57	17.7%	66	20.8%	4	1.3%	3,823	<b>22.6%</b>	
<b>72</b>	14.8%	16	4.0%	36	9.5%	22	6.8%	33	10.4%	67	21.3%	2,174	<b>12.8%</b>	
<b>36</b>	7.4%	4	1.0%	11	2.9%	15	4.7%	21	6.6%	110	35.0%	1,575	<b>9.3%</b>	
<b>30</b>	6.2%	15	3.8%	22	5.8%	97	30.1%	22	6.9%	45	14.3%	973	<b>5.7%</b>	
<b>25</b>	5.1%	7	1.8%	13	3.4%	13	4.0%	20	6.3%	23	7.3%	885	<b>5.2%</b>	
27	5.5%	1	0.3%	18	4.7%	11	3.4%	20	6.3%	2	0.6%	839	<b>5.0%</b>	
<b>11</b>	2.3%	5	1.3%	10	2.6%	2	0.6%	5	1.6%	3	1.0%	720	<b>4.3%</b>	
<b>11</b>	2.3%	54	13.6%	19	5.0%	15	4.7%	12	3.8%			699	<b>4.1%</b>	
<b>6</b>	1.2%	3	0.8%	12	3.2%			4	1.3%			595	<b>3.5%</b>	
<b>4</b>	0.8%	16	4.0%	12	3.2%	5	1.6%	5	1.6%	1	0.3%	338	<b>2.0%</b>	
<b>2</b>	0.4%	2	0.5%	4	1.1%	11	3.4%	12	3.8%	1	0.3%	318	<b>1.9%</b>	
<b>19</b>	3.9%	2	0.5%	7	1.8%	5	1.6%	5	1.6%	4	1.3%	298	<b>1.8%</b>	
<b>2</b>	0.4%	2	0.5%	4	1.1%	8	2.5%	4	1.3%	4	1.3%	226	<b>1.3%</b>	
2	0.4%			4	1.1%	2	0.6%	1	0.3%	1	0.3%	204	<b>1.2%</b>	
<b>4</b>	0.8%	2	0.5%	5	1.3%	3	0.9%	5	1.6%	2	0.6%	191	<b>1.1%</b>	
<b>36</b>	7.4%			3	0.8%	1	0.3%	4	1.3%	4	1.3%	187	<b>1.1%</b>	
<b>7</b>	1.4%	6	1.5%	5	1.3%	3	0.9%	4	1.3%	3	1.0%	180	<b>1.1%</b>	
1	0.2%	6	1.5%	3	0.8%	2	0.6%	4	1.3%	7	2.2%	167	<b>1.0%</b>	
9	1.8%	7	1.8%	3	0.8%	2	0.6%	6	1.9%			145	<b>0.9%</b>	
		1	0.3%	1	0.3%	1	0.3%	4	1.3%	5	1.6%	122	<b>0.7%</b>	
<b>2</b>	0.4%	2	0.5%	3	0.8%	1	0.3%	2	0.6%			117	<b>0.7%</b>	
		5	1.3%	3	0.8%			2	0.6%			113	<b>0.7%</b>	
4	0.8%	10	2.5%			1	0.3%	10	3.2%			113	<b>0.7%</b>	
		2	0.5%	1	0.3%	3	0.9%	1	0.3%	3	1.0%	103	<b>0.6%</b>	
<b>4</b>	0.8%	5	1.3%	1	0.3%	3	0.9%	1	0.3%	2	0.6%	93	<b>0.5%</b>	
<b>2</b>	0.4%	47	11.8%	1	0.3%	1	0.3%	1	0.3%			92	<b>0.5%</b>	
1	0.2%					3	0.9%	5	1.6%			92	<b>0.5%</b>	
<b>4</b>	0.8%	1	0.3%	1	0.3%	3	0.9%	2	0.6%	2	0.6%	89	<b>0.5%</b>	
<b>3</b>	0.6%	4	1.0%	1	0.3%	3	0.9%	3	0.9%			86	<b>0.5%</b>	
<b>1</b>	0.2%			1	0.3%	2	0.6%	2	0.6%			86	<b>0.5%</b>	
						2	0.6%	2	0.6%	1	0.3%	82	<b>0.5%</b>	
7	1.4%	1	0.3%	5	1.3%	1	0.3%	1	0.3%	1	0.3%	81	<b>0.5%</b>	
				1	0.3%	5	1.6%					73	<b>0.4%</b>	
<b>3</b>	0.6%	4	1.0%	1	0.3%			4	1.3%	6	1.9%	71	<b>0.4%</b>	
<b>2</b>	0.4%					1	0.3%	2	0.6%	2	0.6%	66	<b>0.4%</b>	
<b>4</b>	0.8%	1	0.3%			3	0.9%	1	0.3%	1	0.3%	65	<b>0.4%</b>	
<b>2</b>	0.4%	3	0.8%	3	0.8%			2	0.6%			64	<b>0.4%</b>	
<b>4</b>	0.8%					1	0.3%	1	0.3%			60	<b>0.4%</b>	
4	0.8%			1	0.3%			4	1.3%	1	0.3%	60	<b>0.4%</b>	
<b>1</b>	0.2%			2	0.5%			1	0.3%			60	<b>0.4%</b>	

TABLE A.11 | Continued

Service area	Issue Category											
	Treatment		Professional conduct		Communication / information		Medication		Access		Fees/costs	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
Occupational therapy	17	0.2%	9	0.3%	7	0.3%					2	0.4%
Palliative care	26	0.4%	3	0.1%	6	0.2%	5	0.5%	1	0.2%		
Vaccination	14	0.2%	12	0.4%	9	0.4%	5	0.5%	2	0.4%	1	0.2%
Pain management	26	0.4%	3	0.1%	5	0.2%	3	0.3%	3	0.5%		
Reproductive medicine	19	0.3%	3	0.1%	8	0.3%	2	0.2%	1	0.2%	1	0.2%
Respiratory/Thoracic medicine	20	0.3%			8	0.3%	2	0.2%	2	0.4%	1	0.2%
Community care	10	0.1%	8	0.3%	7	0.3%	1	0.1%	2	0.4%		
Personal care	16	0.2%	7	0.2%	4	0.2%			1	0.2%		
Renal medicine	13	0.2%	1	0.0%	6	0.2%	1	0.1%	7	1.3%		
Endocrinology	9	0.1%	4	0.1%	3	0.1%	5	0.5%				
Osteopathy	11	0.2%	7	0.2%	4	0.2%					1	0.2%
Psychotherapy	10	0.1%	3	0.1%	2	0.1%	2	0.2%				
Immunology	6	0.1%	4	0.1%	3	0.1%			1	0.2%		
Haematology	10	0.1%	1	0.0%								
Occupational health	4	0.1%	5	0.2%							1	0.2%
Developmental disability	8	0.1%	3	0.1%	1	0.0%						
Nephrology	8	0.1%			3	0.1%			2	0.4%		
Speech therapy	6	0.1%	4	0.1%							1	0.2%
Rheumatology	5	0.1%	1	0.0%	1	0.0%					1	0.2%
Sleep medicine	1	0.0%	1	0.0%	2	0.1%					3	0.6%
Family planning	2	0.0%			3	0.1%						
Infectious diseases	3	0.0%			1	0.0%						
Sport medicine	3	0.0%	1	0.0%	3	0.1%						
Acupuncture	3	0.0%	3	0.1%								
Health education/information	2	0.0%	4	0.1%								
Educational facility			5	0.2%	1	0.0%						
Natural therapy	1	0.0%	4	0.1%								
Traditional Chinese medicine	1	0.0%	2	0.1%	1	0.0%	1	0.1%				
Prosthetics and orthotics	2	0.0%			2	0.1%						
Sexual assault service			2	0.1%								
Nutrition and dietetics			2	0.1%								
Hypnotherapy	1	0.0%			1	0.0%						
Nuclear medicine												
Medical radiation practice									1	0.2%		
Forensic pathology	1	0.0%										
<b>Total</b>	<b>7,223</b>	<b>100.0%</b>	<b>3,060</b>	<b>100.0%</b>	<b>2,477</b>	<b>100.0%</b>	<b>911</b>	<b>100.0%</b>	<b>548</b>	<b>100.0%</b>	<b>506</b>	<b>100.0%</b>

Counted by issues raised in complaint.

	Issue Category												Total No	
	Environment / management of facilities		Reports/ certificates		Medical records		Consent		Grievance processes		Discharge/ transfer arrangements			
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total		
1	0.2%	12	3.0%	1	0.3%	2	0.6%					51	0.3%	
3	0.6%		2	0.5%			2	0.6%	2	0.6%	2	0.6%	50	0.3%
3	0.6%	1	0.3%				1	0.3%					48	0.3%
2	0.4%	2	0.5%				1	0.3%					45	0.3%
1	0.2%	1	0.3%			3	0.9%	2	0.6%				41	0.2%
1	0.2%	2	0.5%	1	0.3%					3	1.0%		40	0.2%
6	1.2%		3	0.8%	2	0.6%							39	0.2%
3	0.6%						1	0.3%					32	0.2%
1	0.2%						1	0.3%	1	0.3%	1	0.3%	31	0.2%
			2	0.5%	1	0.3%	1	0.3%					25	0.1%
					1	0.3%							24	0.1%
							1	0.3%	1	0.3%	1	0.3%	19	0.1%
		1	0.3%			1	0.3%	1	0.3%				17	0.1%
2	0.4%	2	0.5%										15	0.1%
1	0.2%	4	1.0%										15	0.1%
			1	0.3%						2	0.6%		15	0.1%
		1	0.3%										14	0.1%
1	0.2%												12	0.1%
		1	0.3%	2	0.5%								11	0.1%
		1	0.3%					1	0.3%				9	0.1%
1	0.2%				1	0.3%	1	0.3%					8	0.0%
					3	0.9%							7	0.0%
													7	0.0%
													6	0.0%
													6	0.0%
													6	0.0%
													5	0.0%
													5	0.0%
													4	0.0%
													2	0.0%
													2	0.0%
													2	0.0%
1	0.2%												1	0.0%
													1	0.0%
													1	0.0%
<b>487</b>	<b>100.0%</b>	<b>397</b>	<b>100.0%</b>	<b>379</b>	<b>100.0%</b>	<b>322</b>	<b>100.0%</b>	<b>317</b>	<b>100.0%</b>	<b>314</b>	<b>100.0%</b>	<b>16,941</b>	<b>100.0%</b>	

**TABLE A.12** | Complaints received by service area 2018-19 to 2022-23

Service area	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>General practice</b>					1,641	18.9%	2,327	23.0%	1,994	21.8%
<b>General medicine</b>	2,119	29.0%	2,133	27.2%	783	9.0%	968	9.6%	1,200	13.1%
<b>Emergency medicine</b>	392	5.4%	423	5.4%	591	6.8%	683	6.8%	702	7.7%
<b>Mental health</b>	520	7.1%	472	6.0%	562	6.5%	564	5.6%	566	6.2%
<b>Other</b>	524	7.2%	758	9.7%	804	9.2%	413	4.1%	492	5.4%
<b>Dentistry</b>	483	6.6%	507	6.5%	477	5.5%	462	4.6%	421	4.6%
<b>Surgery</b>	408	5.6%	401	5.1%	426	4.9%	436	4.3%	408	4.5%
<b>Psychology</b>	251	3.4%	258	3.3%	318	3.7%	345	3.4%	407	4.4%
<b>Pharmacy/Pharmacology</b>	337	4.6%	436	5.6%	486	5.6%	529	5.2%	397	4.3%
<b>Psychiatry</b>	98	1.3%	122	1.6%	139	1.6%	205	2.0%	195	2.1%
<b>Aged care</b>	144	2.0%	150	1.9%	185	2.1%	197	1.9%	175	1.9%
<b>Cosmetic services</b>	117	1.6%	152	1.9%	104	1.2%	110	1.1%	148	1.6%
<b>Administration/ Non-health related</b>	205	2.8%	158	2.0%	132	1.5%	140	1.4%	135	1.5%
<b>Ambulance service</b>	63	0.9%	75	1.0%	100	1.1%	177	1.8%	118	1.3%
<b>Obstetrics</b>	122	1.7%	110	1.4%	124	1.4%	121	1.2%	103	1.1%
<b>Radiology</b>	98	1.3%	93	1.2%	127	1.5%	127	1.3%	90	1.0%
<b>Cardiology</b>	55	0.8%	74	0.9%	58	0.7%	73	0.7%	90	1.0%
<b>Midwifery</b>	71	1.0%	98	1.2%	106	1.2%	116	1.1%	89	1.0%
<b>Early childhood/ Paediatric medicine</b>	87	1.2%	83	1.1%	80	0.9%	93	0.9%	84	0.9%
<b>Physiotherapy</b>	61	0.8%	51	0.6%	66	0.8%	63	0.6%	68	0.7%
<b>Pathology</b>	47	0.6%	71	0.9%	81	0.9%	199	2.0%	66	0.7%
<b>Geriatrics/Gerontology</b>	148	2.0%	151	1.9%	119	1.4%	80	0.8%	63	0.7%
<b>Counselling</b>	41	0.6%	43	0.5%	46	0.5%	57	0.6%	63	0.7%
<b>Drug and alcohol</b>	37	0.5%	47	0.6%	35	0.4%	48	0.5%	60	0.7%
<b>Medico-Legal</b>	31	0.4%	56	0.7%	74	0.9%	43	0.4%	56	0.6%
<b>Dermatology</b>	41	0.6%	43	0.5%	49	0.6%	60	0.6%	48	0.5%
<b>Neurology</b>	33	0.5%	33	0.4%	39	0.4%	38	0.4%	46	0.5%
<b>Anaesthesia</b>	22	0.3%	30	0.4%	40	0.5%	49	0.5%	46	0.5%
<b>Gynaecology</b>	69	0.9%	41	0.5%	48	0.6%	68	0.7%	45	0.5%
<b>Gastroenterology</b>	16	0.2%	32	0.4%	39	0.4%	38	0.4%	45	0.5%
<b>Unknown</b>	32	0.4%	99	1.3%	54	0.6%	46	0.5%	43	0.5%
<b>Chiropractice</b>	43	0.6%	49	0.6%	49	0.6%	58	0.6%	43	0.5%
<b>Massage therapy</b>	14	0.2%	18	0.2%	44	0.5%	32	0.3%	41	0.4%
<b>Oncology</b>	21	0.3%	25	0.3%	45	0.5%	40	0.4%	40	0.4%
<b>Rehabilitation medicine</b>	27	0.4%	39	0.5%	49	0.6%	53	0.5%	39	0.4%
<b>Intensive care</b>	18	0.2%	22	0.3%	29	0.3%	37	0.4%	38	0.4%
<b>Ophthalmology</b>	41	0.6%	45	0.6%	31	0.4%	48	0.5%	37	0.4%
<b>Optometry</b>	37	0.5%	23	0.3%	28	0.3%	37	0.4%	36	0.4%
<b>Alternative health</b>	24	0.3%	24	0.3%	24	0.3%	16	0.2%	34	0.4%
<b>Podiatry</b>	46	0.6%	34	0.4%	28	0.3%	30	0.3%	31	0.3%
<b>Occupational therapy</b>	17	0.2%	16	0.2%	20	0.2%	37	0.4%	30	0.3%
<b>Pain management</b>	23	0.3%	41	0.5%	83	1.0%	54	0.5%	30	0.3%
<b>Vaccination</b>							74	0.7%	28	0.3%
<b>Palliative care</b>	35	0.5%	28	0.4%	21	0.2%	34	0.3%	24	0.3%
<b>Community care</b>	18	0.2%	13	0.2%	21	0.2%	28	0.3%	22	0.2%

TABLE A.12 | Continued

Service area	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Respiratory/ Thoracic medicine	9	0.1%	19	0.2%	15	0.2%	19	0.2%	21	0.2%
Reproductive medicine	23	0.3%	19	0.2%	31	0.4%	21	0.2%	21	0.2%
Personal care	12	0.2%	3	0.0%	4	0.0%	16	0.2%	19	0.2%
Renal medicine	12	0.2%	8	0.1%	12	0.1%	11	0.1%	13	0.1%
Occupational health	13	0.2%	6	0.1%	15	0.2%	14	0.1%	12	0.1%
Psychotherapy	3	0.0%	11	0.1%	8	0.1%	7	0.1%	12	0.1%
Endocrinology	13	0.2%	16	0.2%	13	0.1%	14	0.1%	12	0.1%
Osteopathy	11	0.2%	13	0.2%	12	0.1%	15	0.1%	11	0.1%
Developmental disability	13	0.2%	3	0.0%	5	0.1%	19	0.2%	11	0.1%
Immunology	38	0.5%	68	0.9%	97	1.1%	357	3.5%	10	0.1%
Haematology	6	0.1%	10	0.1%	5	0.1%	10	0.1%	9	0.1%
Nephrology	4	0.1%	11	0.1%	9	0.1%	13	0.1%	9	0.1%
Rheumatology	10	0.1%	7	0.1%	7	0.1%	9	0.1%	7	0.1%
Sport medicine			1	0.0%	1	0.0%	2	0.0%	6	0.1%
Speech therapy			3	0.0%	3	0.0%	2	0.0%	6	0.1%
Family planning	2	0.0%	1	0.0%	5	0.1%	3	0.0%	5	0.1%
Health education/ information	1	0.0%	2	0.0%	3	0.0%	5	0.0%	5	0.1%
Infectious diseases	3	0.0%	13	0.2%	9	0.1%	47	0.5%	5	0.1%
Natural therapy	13	0.2%	9	0.1%	13	0.1%	6	0.1%	4	0.0%
Acupuncture	9	0.1%	13	0.2%	3	0.0%	6	0.1%	4	0.0%
Educational facility					3	0.0%	4	0.0%	4	0.0%
Sleep medicine	13	0.2%	5	0.1%	5	0.1%	11	0.1%	4	0.0%
Traditional Chinese medicine	42	0.6%	17	0.2%	7	0.1%	17	0.2%	3	0.0%
Prosthetics and orthotics	2	0.0%					1	0.0%	2	0.0%
Nutrition and dietetics	2	0.0%	8	0.1%	3	0.0%	5	0.0%	2	0.0%
Sexual assault service	6	0.1%			1	0.0%	2	0.0%	2	0.0%
Medical radiation practice	1	0.0%	2	0.0%	3	0.0%	6	0.1%	1	0.0%
Nuclear medicine			3	0.0%	2	0.0%	8	0.1%	1	0.0%
Hypnotherapy			1	0.0%	1	0.0%	2	0.0%	1	0.0%
Forensic pathology			3	0.0%					1	0.0%
Autopsy							1	0.0%		
Internal medicine	1	0.0%			2	0.0%				
Psychogeriatrics							1	0.0%		
Hydrotherapy	1	0.0%								
Regulatory authority							1	0.0%		
<b>Total</b>	<b>7,299</b>	<b>100.0%</b>	<b>7,852</b>	<b>100.0%</b>	<b>8,702</b>	<b>100.0%</b>	<b>10,108</b>	<b>100.0%</b>	<b>9,159</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.13** | Source of complaints 2018-19 to 2022-23

Source	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Consumer	3,852	52.2%	4,070	51.3%	4,772	54.4%	5,868	57.7%	5,196	56.3%
Family or friend	1,573	21.3%	1,758	22.2%	1,863	21.2%	2,226	21.9%	2,133	23.1%
Unknown/other source (including members of the public)	573	7.8%	595	7.5%	552	6.3%	652	6.4%	596	6.5%
Health care provider	220	3.0%	337	4.2%	383	4.4%	376	3.7%	432	4.7%
Consumer organisation/advocate/carer/employer	560	7.6%	558	7.0%	607	6.9%	483	4.7%	425	4.6%
Professional council/association and regulatory authority	466	6.3%	471	5.9%	470	5.4%	433	4.3%	291	3.2%
Department of Health (State and Commonwealth)	65	0.9%	57	0.7%	65	0.7%	50	0.5%	72	0.8%
Government department	43	0.6%	47	0.6%	27	0.3%	52	0.5%	38	0.4%
Legal representative	23	0.3%	21	0.3%	26	0.3%	20	0.2%	20	0.2%
College	7	0.1%	8	0.1%	3	0.0%	8	0.1%	11	0.1%
No relationship									6	0.1%
Court	2	0.0%	9	0.1%	4	0.0%	1	0.0%	2	0.0%
Member of Parliament	2	0.0%	1	0.0%	2	0.0%				
<b>Total</b>	<b>7,386</b>	<b>100.0%</b>	<b>7,932</b>	<b>100.0%</b>	<b>8,774</b>	<b>100.0%</b>	<b>10,169</b>	<b>100.0%</b>	<b>9,222</b>	<b>100.0%</b>

Counted by complainant and this takes into consideration multiple complainants.

**TABLE A.14** | Location of complainants 2018-19 to 2022-23

Location	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Metropolitan	3,722	66.8%	3,836	66.5%	4,377	66.4%	5,066	66.5%	4,553	64.9%
Non-Metro	1,524	27.4%	1,612	27.9%	1,820	27.6%	2,150	28.2%	2,055	29.3%
Interstate	302	5.4%	299	5.2%	338	5.1%	369	4.8%	374	5.3%
International	22	0.4%	24	0.4%	57	0.9%	37	0.5%	38	0.5%
<b>Total where location known</b>	<b>5,570</b>	<b>100.0%</b>	<b>5,771</b>	<b>100.0%</b>	<b>6,592</b>	<b>100.0%</b>	<b>7,622</b>	<b>100.0%</b>	<b>7,020</b>	<b>100.0%</b>
<b>Location not identifiable</b>	<b>1,816</b>	<b>100.0%</b>	<b>2,162</b>	<b>100.0%</b>	<b>2,182</b>	<b>100.0%</b>	<b>2,547</b>	<b>100.0%</b>	<b>2,202</b>	<b>100.0%</b>

Counted by complainant.

**TABLE A.15** | Location of health service provider 2018-19 to 2022-23

Location	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Metropolitan	5,078	71.7%	5,342	70.4%	5,896	71.0%	6,986	71.3%	6,103	68.9%
Non-Metro	1,811	25.6%	1,925	25.4%	2,163	26.0%	2,549	26.0%	2,449	27.6%
Interstate	189	2.7%	294	3.9%	243	2.9%	254	2.6%	303	3.4%
International	6	0.1%	26	0.3%	8	0.1%	8	0.1%	8	0.1%
<b>Total where location known</b>	<b>7,084</b>	<b>100.0%</b>	<b>7,587</b>	<b>100.0%</b>	<b>8,310</b>	<b>100.0%</b>	<b>9,797</b>	<b>100.0%</b>	<b>8,863</b>	<b>100.0%</b>
<b>Location not identifiable</b>	<b>215</b>	<b>100.0%</b>	<b>265</b>	<b>100.0%</b>	<b>392</b>	<b>100.0%</b>	<b>311</b>	<b>100.0%</b>	<b>296</b>	<b>100.0%</b>

Counted by provider.

**TABLE A.16** | Issues raised in all complaints received by complainant location 2022-23

Issue category	Metropolitan		Non-Metro		Interstate		International		Location not identifiable	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Treatment</b>	3,688	42.9%	1,900	47.8%	222	34.0%	26	41.3%	1,466	38.7%
<b>Professional conduct</b>	1,468	17.1%	504	12.7%	171	26.2%	13	20.6%	912	24.1%
<b>Communication/information</b>	1,229	14.3%	608	15.3%	80	12.3%	12	19.0%	569	15.0%
<b>Medication</b>	506	5.9%	196	4.9%	27	4.1%	2	3.2%	183	4.8%
<b>Access</b>	246	2.9%	176	4.4%	12	1.8%	3	4.8%	114	3.0%
<b>Fees/costs</b>	310	3.6%	82	2.1%	16	2.5%			98	2.6%
<b>Environment/management of facilities</b>	229	2.7%	111	2.8%	23	3.5%	2	3.2%	124	3.3%
<b>Reports/certificates</b>	205	2.4%	81	2.0%	38	5.8%			73	1.9%
<b>Medical records</b>	233	2.7%	68	1.7%	27	4.1%			56	1.5%
<b>Consent</b>	195	2.3%	66	1.7%	11	1.7%	1	1.6%	50	1.3%
<b>Discharge/transfer arrangements</b>	126	1.5%	99	2.5%	9	1.4%	2	3.2%	84	2.2%
<b>Grievance processes</b>	157	1.8%	82	2.1%	16	2.5%	2	3.2%	62	1.6%
<b>Grand Total</b>	<b>8,592</b>	<b>100.0%</b>	<b>3,973</b>	<b>100.0%</b>	<b>652</b>	<b>100.0%</b>	<b>63</b>	<b>100.0%</b>	<b>3,791</b>	<b>100.0%</b>

Counted by issue raised in complaint.

**TABLE A.17** | Outcome of assessment of complaints 2018-19 to 2022-23

Outcomes	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Discontinue</b>	3,237	41.8%	3,549	44.2%	3,656	44.5%	4,549	46.6%	5,225	54.8%
<b>Discontinue with comments</b>	868	11.2%	916	11.4%	1,031	12.5%	1,540	15.8%	1,154	12.1%
<b>Refer to Council</b>	1,428	18.5%	1,328	16.6%	1,479	18.0%	1,292	13.2%	1,146	12.0%
<b>Local resolution</b>	804	10.4%	559	7.0%	460	5.6%	785	8.0%	638	6.7%
<b>Investigation</b>	405	5.2%	414	5.2%	531	6.5%	487	5.0%	408	4.3%
<b>Resolution</b>	320	4.1%	429	5.3%	410	5.0%	391	4.0%	397	4.2%
<b>Refer to another body</b>	275	3.6%	453	5.6%	334	4.1%	434	4.4%	395	4.1%
<b>Resolved during assessment process</b>	398	5.1%	375	4.7%	321	3.9%	280	2.9%	141	1.5%
<b>Not yet finalised</b>									22	0.2%
<b>Total</b>	<b>7,735</b>	<b>100.0%</b>	<b>8,023</b>	<b>100.0%</b>	<b>8,222</b>	<b>100.0%</b>	<b>9,758</b>	<b>100.0%</b>	<b>9,526</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.18** | Outcome of assessment of complaints by issues identified in complaint 2022-23

Issue category and name	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Treatment</b>								
Inadequate care	961	11.7%	216	10.8%	77	4.8%	194	19.8%
Inadequate treatment	703	8.5%	213	10.7%	113	7.1%	68	7.0%
Diagnosis	409	5.0%	98	4.9%	39	2.4%	24	2.5%
Unexpected treatment outcome/complications	283	3.4%	86	4.3%	69	4.3%	9	0.9%
Delay in treatment	216	2.6%	63	3.2%	6	0.4%	152	15.5%
Inadequate/inappropriate consultation	307	3.7%	85	4.3%	41	2.6%	7	0.7%
Wrong/inappropriate treatment	145	1.8%	58	2.9%	32	2.0%	4	0.4%
Rough and painful treatment	90	1.1%	29	1.5%	23	1.4%	4	0.4%
Coordination of treatment/results follow-up	87	1.1%	28	1.4%	6	0.4%	11	1.1%
No/inappropriate referral	93	1.1%	22	1.1%	7	0.4%	4	0.4%
Infection control	46	0.6%	10	0.5%	9	0.6%	9	0.9%
Withdrawal of treatment	52	0.6%	4	0.2%	7	0.4%	5	0.5%
Excessive treatment	28	0.3%	6	0.3%	5	0.3%		
Inadequate prosthetic equipment	18	0.2%	2	0.1%	4	0.3%		
Attendance	18	0.2%	6	0.3%	1	0.1%		
Public/private election	2	0.0%	2	0.1%				
Experimental treatment	1	0.0%					1	0.1%
<b>Total</b>	<b>3,459</b>	<b>42.0%</b>	<b>928</b>	<b>46.5%</b>	<b>439</b>	<b>27.4%</b>	<b>492</b>	<b>50.3%</b>
<b>Professional conduct</b>								
Breach of guideline/law	250	3.0%	56	2.8%	220	13.8%	2	0.2%
Competence	110	1.3%	27	1.4%	125	7.8%	1	0.1%
Impairment	49	0.6%	9	0.5%	187	11.7%		
Illegal practice	93	1.1%	10	0.5%	72	4.5%		
Inappropriate disclosure of information	124	1.5%	32	1.6%	16	1.0%	6	0.6%
Sexual misconduct	51	0.6%	22	1.1%	31	1.9%		
Misrepresentation of qualifications	59	0.7%	13	0.7%	14	0.9%		
Assault	74	0.9%	7	0.4%	39	2.4%	2	0.2%
Discriminatory conduct	79	1.0%	23	1.2%	5	0.3%	10	1.0%
Boundary violation	46	0.6%	16	0.8%	36	2.3%		
Advertising	23	0.3%	1	0.1%	6	0.4%		
Financial fraud	32	0.4%	4	0.2%	5	0.3%		
Breach of condition	11	0.1%	2	0.1%	10	0.6%		
Emergency treatment not provided	19	0.2%	7	0.4%	1	0.1%	4	0.4%
Child sexual abuse	3	0.0%	1	0.1%				
Annual declaration not lodged/ incomplete/wrong or misleading	9	0.1%	1	0.1%	8	0.5%		
<b>Total</b>	<b>1,032</b>	<b>12.5%</b>	<b>231</b>	<b>11.6%</b>	<b>775</b>	<b>48.4%</b>	<b>25</b>	<b>2.6%</b>



Outcome												
Resolution		Investigation		Refer to another body		Resolved during assessment process		Not yet finalised		Total		
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	
162	21.3%	16	2.6%	52	9.2%	30	14.5%	2	5.4%	1,710	11.4%	
110	14.5%	22	3.6%	27	4.8%	18	8.7%	4	10.8%	1,278	8.5%	
53	7.0%	2	0.3%	10	1.8%	11	5.3%			646	4.3%	
54	7.1%	23	3.8%	14	2.5%	7	3.4%			545	3.6%	
40	5.3%	5	0.8%	5	0.9%	14	6.8%			501	3.3%	
3	0.4%	9	1.5%	19	3.3%	4	1.9%	2	5.4%	477	3.2%	
29	3.8%	4	0.7%	11	1.9%	3	1.4%			286	1.9%	
14	1.8%	5	0.8%	8	1.4%	2	1.0%			175	1.2%	
7	0.9%			3	0.5%	9	4.3%			151	1.0%	
3	0.4%	1	0.2%			2	1.0%			132	0.9%	
6	0.8%	2	0.3%	8	1.4%					90	0.6%	
4	0.5%			2	0.4%					74	0.5%	
3	0.4%			1	0.2%					43	0.3%	
		1	0.2%	2	0.4%	2	1.0%	2	5.4%	31	0.2%	
				1	0.2%	3	1.4%			29	0.2%	
										4	0.0%	
										2	0.0%	
<b>488</b>	<b>64.2%</b>	<b>90</b>	<b>14.7%</b>	<b>163</b>	<b>28.7%</b>	<b>105</b>	<b>50.7%</b>	<b>10</b>	<b>27.0%</b>	<b>6,174</b>	<b>41.2%</b>	
1	0.1%	105	17.2%	64	11.3%	2	1.0%	2	5.4%	702	4.7%	
1	0.1%	34	5.6%	8	1.4%			1	2.7%	307	2.0%	
		31	5.1%	6	1.1%			2	5.4%	284	1.9%	
2	0.3%	68	11.1%	24	4.2%					269	1.8%	
2	0.3%	1	0.2%	14	2.5%			2	5.4%	197	1.3%	
		79	12.9%	3	0.5%					186	1.2%	
		21	3.4%	41	7.2%	1	0.5%	3	8.1%	152	1.0%	
2	0.3%	24	3.9%	4	0.7%					152	1.0%	
3	0.4%			4	0.7%	1	0.5%	1	2.7%	126	0.8%	
		26	4.3%	2	0.4%					126	0.8%	
		1	0.2%	35	6.2%					66	0.4%	
		10	1.6%	11	1.9%					62	0.4%	
		26	4.3%	4	0.7%					53	0.4%	
1	0.1%									32	0.2%	
		23	3.8%	2	0.4%					29	0.2%	
				2	0.4%					20	0.1%	
<b>12</b>	<b>1.6%</b>	<b>449</b>	<b>73.5%</b>	<b>224</b>	<b>39.4%</b>	<b>4</b>	<b>1.9%</b>	<b>11</b>	<b>29.7%</b>	<b>2,763</b>	<b>18.4%</b>	

TABLE A.18 | Continued

Issue category and name	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Communication/information</b>								
Attitude/manner	820	10.0%	209	10.5%	79	4.9%	78	8.0%
Inadequate information provided	291	3.5%	104	5.2%	28	1.8%	45	4.6%
Incorrect/misleading information provided	227	2.8%	61	3.1%	18	1.1%	22	2.2%
Special needs not accommodated	15	0.2%	3	0.2%			8	0.8%
<b>Total</b>	<b>1,353</b>	<b>16.4%</b>	<b>377</b>	<b>18.9%</b>	<b>125</b>	<b>7.8%</b>	<b>153</b>	<b>15.6%</b>
<b>Medication</b>								
Prescribing medication	252	3.1%	64	3.2%	60	3.8%	27	2.8%
Dispensing medication	93	1.1%	29	1.5%	48	3.0%	4	0.4%
Administering medication	65	0.8%	22	1.1%	15	0.9%	16	1.6%
Supply/security/storage of medication	27	0.3%	7	0.4%	15	0.9%	3	0.3%
<b>Total</b>	<b>437</b>	<b>5.3%</b>	<b>122</b>	<b>6.1%</b>	<b>138</b>	<b>8.6%</b>	<b>50</b>	<b>5.1%</b>
<b>Access</b>								
Refusal to admit or treat	229	2.8%	28	1.4%	1	0.1%	15	1.5%
Service availability	68	0.8%	11	0.6%			48	4.9%
Waiting lists	22	0.3%	3	0.2%			25	2.6%
Access to facility	21	0.3%	3	0.2%				
Remoteness of service	1	0.0%					2	0.2%
<b>Total</b>	<b>341</b>	<b>4.1%</b>	<b>45</b>	<b>2.3%</b>	<b>1</b>	<b>0.1%</b>	<b>90</b>	<b>9.2%</b>
<b>Environment/management of facilities</b>								
Administrative processes	203	2.5%	21	1.1%	2	0.1%	34	3.5%
Physical environment of facility	50	0.6%	11	0.6%			16	1.6%
Staffing and rostering	25	0.3%	5	0.3%	2	0.1%	13	1.3%
Cleanliness/hygiene of facility	26	0.3%	3	0.2%			6	0.6%
Statutory obligations/ accreditation standards not met	4	0.0%			2	0.1%		
<b>Total</b>	<b>308</b>	<b>3.7%</b>	<b>40</b>	<b>2.0%</b>	<b>6</b>	<b>0.4%</b>	<b>69</b>	<b>7.1%</b>
<b>Fees/costs</b>								
Billing practices	253	3.1%	30	1.5%	19	1.2%	4	0.4%
Financial consent	45	0.5%	20	1.0%	8	0.5%	2	0.2%
Cost of treatment	39	0.5%	8	0.4%	1	0.1%	2	0.2%
<b>Total</b>	<b>337</b>	<b>4.1%</b>	<b>58</b>	<b>2.9%</b>	<b>28</b>	<b>1.8%</b>	<b>8</b>	<b>0.8%</b>

Outcome											
Resolution		Investigation		Refer to another body		Resolved during assessment process		Not yet finalised		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
48	6.3%	10	1.6%	28	4.9%	14	6.8%	2	5.4%	1,288	8.6%
48	6.3%	3	0.5%	7	1.2%	13	6.3%	1	2.7%	540	3.6%
12	1.6%	5	0.8%	12	2.1%	3	1.4%	1	2.7%	361	2.4%
5	0.7%	1	0.2%			2	1.0%			34	0.2%
<b>113</b>	<b>14.9%</b>	<b>19</b>	<b>3.1%</b>	<b>47</b>	<b>8.3%</b>	<b>32</b>	<b>15.5%</b>	<b>4</b>	<b>10.8%</b>	<b>2,223</b>	<b>14.8%</b>
3	0.4%	11	1.8%	12	2.1%	1	0.5%			430	2.9%
1	0.1%	14	2.3%	2	0.4%	2	1.0%			193	1.3%
6	0.8%	3	0.5%	3	0.5%	2	1.0%			132	0.9%
		1	0.2%	3	0.5%	1	0.5%			57	0.4%
<b>10</b>	<b>1.3%</b>	<b>29</b>	<b>4.7%</b>	<b>20</b>	<b>3.5%</b>	<b>6</b>	<b>2.9%</b>			<b>812</b>	<b>5.4%</b>
8	1.1%	1	0.2%	3	0.5%	3	1.4%	2	5.4%	290	1.9%
2	0.3%			1	0.2%	2	1.0%			132	0.9%
2	0.3%					1	0.5%			53	0.4%
1	0.1%									25	0.2%
										3	0.0%
<b>13</b>	<b>1.7%</b>	<b>1</b>	<b>0.2%</b>	<b>4</b>	<b>0.7%</b>	<b>6</b>	<b>2.9%</b>	<b>2</b>	<b>5.4%</b>	<b>503</b>	<b>3.4%</b>
6	0.8%			8	1.4%	8	3.9%			282	1.9%
7	0.9%			4	0.7%					88	0.6%
				5	0.9%	2	1.0%			52	0.3%
3	0.4%	2	0.3%	2	0.4%					42	0.3%
1	0.1%	2	0.3%							9	0.1%
<b>17</b>	<b>2.2%</b>	<b>4</b>	<b>0.7%</b>	<b>19</b>	<b>3.3%</b>	<b>10</b>	<b>4.8%</b>			<b>473</b>	<b>3.2%</b>
1	0.1%			16	2.8%	7	3.4%	4	10.8%	334	2.2%
		2	0.3%	2	0.4%	2	1.0%			81	0.5%
				4	0.7%			1	2.7%	55	0.4%
<b>1</b>	<b>0.1%</b>	<b>2</b>	<b>0.3%</b>	<b>22</b>	<b>3.9%</b>	<b>9</b>	<b>4.3%</b>	<b>5</b>	<b>13.5%</b>	<b>470</b>	<b>3.1%</b>

TABLE A.18 | Continued

Issue category and name	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Reports/certificates</b>								
Accuracy of report/certificate	156	1.9%	20	1.0%	13	0.8%	3	0.3%
Timeliness of report/certificate	36	0.4%	6	0.3%	3	0.2%	1	0.1%
Refusal to provide report/certificate	38	0.5%	2	0.1%	1	0.1%		
Report written with inadequate or no consultation	30	0.4%	4	0.2%	2	0.1%		
Cost of report/certificate					2	0.1%		
<b>Total</b>	<b>260</b>	<b>3.2%</b>	<b>32</b>	<b>1.6%</b>	<b>21</b>	<b>1.3%</b>	<b>4</b>	<b>0.4%</b>
<b>Medical records</b>								
Access to/transfer of records	116	1.4%	9	0.5%	12	0.8%	4	0.4%
Record keeping	86	1.0%	23	1.2%	30	1.9%	3	0.3%
Records management	16	0.2%	3	0.2%	2	0.1%		
<b>Total</b>	<b>218</b>	<b>2.6%</b>	<b>35</b>	<b>1.8%</b>	<b>44</b>	<b>2.8%</b>	<b>7</b>	<b>0.7%</b>
<b>Consent</b>								
Consent not obtained or inadequate	93	1.1%	27	1.4%	13	0.8%	8	0.8%
Involuntary admission or treatment	71	0.9%	1	0.1%			21	2.1%
Uninformed consent	21	0.3%	10	0.5%	2	0.1%	2	0.2%
<b>Total</b>	<b>185</b>	<b>2.2%</b>	<b>38</b>	<b>1.9%</b>	<b>15</b>	<b>0.9%</b>	<b>31</b>	<b>3.2%</b>
<b>Grievance processes</b>								
Inadequate/no response to complaint	162	2.0%	35	1.8%	7	0.4%	14	1.4%
Reprisal/retaliation as result of complaint lodged	24	0.3%	1	0.1%			1	0.1%
Information about complaints procedures not provided	4	0.0%	2	0.1%				
<b>Total</b>	<b>190</b>	<b>2.3%</b>	<b>38</b>	<b>1.9%</b>	<b>7</b>	<b>0.4%</b>	<b>15</b>	<b>1.5%</b>
<b>Discharge/transfer arrangements</b>								
Inadequate discharge	105	1.3%	46	2.3%	1	0.1%	23	2.4%
Patient not reviewed	7	0.1%	3	0.2%			3	0.3%
Delay	3	0.0%	1	0.1%			5	0.5%
Mode of transport	3	0.0%	1	0.1%			3	0.3%
<b>Total</b>	<b>118</b>	<b>1.4%</b>	<b>51</b>	<b>2.6%</b>	<b>1</b>	<b>0.1%</b>	<b>34</b>	<b>3.5%</b>
<b>Grand Total</b>	<b>8,238</b>	<b>100.0%</b>	<b>1,995</b>	<b>100.0%</b>	<b>1,600</b>	<b>100.0%</b>	<b>978</b>	<b>100.0%</b>

Counted by issues raised in complaint.

Outcome											
Resolution		Investigation		Refer to another body		Resolved during assessment process		Not yet finalised		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
5	0.7%	1	0.2%	12	2.1%	1	0.5%			211	1.4%
2	0.3%			1	0.2%	8	3.9%			57	0.4%
2	0.3%			2	0.4%	5	2.4%	1	2.7%	51	0.3%
				7	1.2%					43	0.3%
										2	0.0%
<b>9</b>	<b>1.2%</b>	<b>1</b>	<b>0.2%</b>	<b>22</b>	<b>3.9%</b>	<b>14</b>	<b>6.8%</b>	<b>1</b>	<b>2.7%</b>	<b>364</b>	<b>2.4%</b>
2	0.3%			25	4.4%	4	1.9%	1	2.7%	173	1.2%
5	0.7%	6	1.0%	5	0.9%	2	1.0%			160	1.1%
		1	0.2%	3	0.5%	1	0.5%			26	0.2%
<b>7</b>	<b>0.9%</b>	<b>7</b>	<b>1.1%</b>	<b>33</b>	<b>5.8%</b>	<b>7</b>	<b>3.4%</b>	<b>1</b>	<b>2.7%</b>	<b>359</b>	<b>2.4%</b>
3	0.4%	5	0.8%	7	1.2%			3	8.1%	159	1.1%
6	0.8%			1	0.2%					100	0.7%
2	0.3%			1	0.2%					38	0.3%
<b>11</b>	<b>1.4%</b>	<b>5</b>	<b>0.8%</b>	<b>9</b>	<b>1.6%</b>			<b>3</b>	<b>8.1%</b>	<b>297</b>	<b>2.0%</b>
20	2.6%	2	0.3%	2	0.4%	4	1.9%			246	1.6%
				1	0.2%					27	0.2%
1	0.1%					1	0.5%			8	0.1%
<b>21</b>	<b>2.8%</b>	<b>2</b>	<b>0.3%</b>	<b>3</b>	<b>0.5%</b>	<b>5</b>	<b>2.4%</b>			<b>281</b>	<b>1.9%</b>
47	6.2%	1	0.2%	2	0.4%	7	3.4%			232	1.5%
5	0.7%					2	1.0%			20	0.1%
6	0.8%	1	0.2%							16	0.1%
										7	0.0%
<b>58</b>	<b>7.6%</b>	<b>2</b>	<b>0.3%</b>	<b>2</b>	<b>0.4%</b>	<b>9</b>	<b>4.3%</b>			<b>275</b>	<b>1.8%</b>
<b>760</b>	<b>100.0%</b>	<b>611</b>	<b>100.0%</b>	<b>568</b>	<b>100.0%</b>	<b>207</b>	<b>100.0%</b>	<b>37</b>	<b>100.0%</b>	<b>14,994</b>	<b>100.0%</b>

**TABLE A.19** | Outcome of assessment of complaints by most common service area 2022-23

Service area	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
General practice	1,469	28.1%	334	28.9%	141	12.3%	12	1.9%
General medicine	561	10.7%	126	10.9%	138	12.0%	188	29.5%
Emergency medicine	365	7.0%	107	9.3%	17	1.5%	139	21.8%
Mental health	352	6.7%	34	2.9%	13	1.1%	96	15.0%
Other	140	2.7%	16	1.4%	239	20.9%	6	0.9%
Dentistry	247	4.7%	34	2.9%	107	9.3%	19	3.0%
Surgery	221	4.2%	57	4.9%	25	2.2%	32	5.0%
Pharmacy/Pharmacology	234	4.5%	49	4.2%	83	7.2%		
Psychology	200	3.8%	48	4.2%	106	9.2%		
Psychiatry	146	2.8%	14	1.2%	15	1.3%	3	0.5%
Aged care	67	1.3%	25	2.2%	36	3.1%	4	0.6%
Cosmetic services	87	1.7%	11	1.0%	7	0.6%		
Ambulance service	53	1.0%	15	1.3%	29	2.5%	6	0.9%
Radiology	63	1.2%	20	1.7%	10	0.9%	6	0.9%
Obstetrics	43	0.8%	17	1.5%	8	0.7%	7	1.1%
Paediatric medicine	49	0.9%	15	1.3%	3	0.3%	10	1.6%
Cardiology	61	1.2%	6	0.5%	7	0.6%	6	0.9%
Administration	56	1.1%	6	0.5%			12	1.9%
Physiotherapy	24	0.5%	6	0.5%	27	2.4%		
Pathology	49	0.9%	12	1.0%	2	0.2%	1	0.2%
Midwifery	18	0.3%	11	1.0%	15	1.3%	4	0.6%
Non-health related	27	0.5%	4	0.3%	18	1.6%	3	0.5%
Geriatrics/Gerontology	32	0.6%	12	1.0%	2	0.2%	2	0.3%
Counselling	33	0.6%	14	1.2%	1	0.1%		
Dermatology	31	0.6%	12	1.0%	6	0.5%	1	0.2%
Medico-Legal	40	0.8%	7	0.6%	1	0.1%		
Drug and alcohol	23	0.4%	6	0.5%	3	0.3%	17	2.7%
Neurology	32	0.6%	3	0.3%	1	0.1%	5	0.8%
Gynaecology	32	0.6%	10	0.9%	1	0.1%	2	0.3%
Massage therapy	15	0.3%	13	1.1%				
Ophthalmology	24	0.5%	10	0.9%	1	0.1%	5	0.8%
Unknown	27	0.5%	2	0.2%	6	0.5%	1	0.2%
Anaesthesia	26	0.5%	9	0.8%	3	0.3%	1	0.2%
Rehabilitation medicine	23	0.4%	8	0.7%			6	0.9%
Intensive care	17	0.3%	6	0.5%			2	0.3%
Gastroenterology	25	0.5%	1	0.1%	2	0.2%	6	0.9%
Pain management	24	0.5%	1	0.1%	1	0.1%	8	1.3%
Optometry	24	0.5%	2	0.2%	5	0.4%		
Chiropractice	6	0.1%	3	0.3%	15	1.3%		
Oncology	19	0.4%	3	0.3%	1	0.1%	5	0.8%
Occupational therapy	12	0.2%	3	0.3%	13	1.1%		

Outcome												
Investigation		Resolution		Refer to another body		Resolved during assessment process		Not yet finalised		Total		
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	
38	9.3%	5	1.3%	78	19.7%	28	19.9%	1	4.5%	2,106	22.1%	
60	14.7%	100	25.2%	28	7.1%	17	12.1%			1,218	12.8%	
8	2.0%	100	25.2%	8	2.0%	28	19.9%			772	8.1%	
12	2.9%	30	7.6%	15	3.8%	8	5.7%	1	4.5%	561	5.9%	
78	19.1%	2	0.5%	29	7.3%	4	2.8%			514	5.4%	
12	2.9%	3	0.8%	18	4.6%	3	2.1%	3	13.6%	446	4.7%	
14	3.4%	36	9.1%	18	4.6%	12	8.5%			415	4.4%	
30	7.4%			13	3.3%	4	2.8%			413	4.3%	
8	2.0%			35	8.9%	1	0.7%	9	40.9%	407	4.3%	
5	1.2%	2	0.5%	13	3.3%					198	2.1%	
25	6.1%	11	2.8%	25	6.3%	3	2.1%			196	2.1%	
14	3.4%			17	4.3%			1	4.5%	137	1.4%	
16	3.9%	3	0.8%	2	0.5%	2	1.4%			126	1.3%	
				4	1.0%					103	1.1%	
4	1.0%	10	2.5%	1	0.3%	3	2.1%			93	1.0%	
4	1.0%	8	2.0%	2	0.5%	2	1.4%	1	4.5%	94	1.0%	
		10	2.5%	2	0.5%					92	1.0%	
1	0.2%	1	0.3%	4	1.0%	1	0.7%			81	0.9%	
5	1.2%			12	3.0%					74	0.8%	
1	0.2%			3	0.8%	2	1.4%			70	0.7%	
11	2.7%	7	1.8%					2	9.1%	68	0.7%	
7	1.7%			3	0.8%					62	0.7%	
		11	2.8%	1	0.3%	2	1.4%			62	0.7%	
9	2.2%			4	1.0%					61	0.6%	
2	0.5%			6	1.5%					58	0.6%	
				8	2.0%			1	4.5%	57	0.6%	
2	0.5%			1	0.3%	1	0.7%			53	0.6%	
		3	0.8%	6	1.5%	1	0.7%			51	0.5%	
		1	0.3%	1	0.3%	1	0.7%			48	0.5%	
18	4.4%			1	0.3%					47	0.5%	
2	0.5%	2	0.5%	1	0.3%					45	0.5%	
5	1.2%	1	0.3%	2	0.5%	1	0.7%			45	0.5%	
		3	0.8%	1	0.3%					43	0.5%	
		7	1.8%							44	0.5%	
3	0.7%	12	3.0%							40	0.4%	
		2	0.5%			3	2.1%			39	0.4%	
		2	0.5%	1	0.3%	2	1.4%			39	0.4%	
				1	0.3%	4	2.8%	1	4.5%	37	0.4%	
5	1.2%			7	1.8%	2	1.4%			38	0.4%	
		5	1.3%	1	0.3%	1	0.7%			35	0.4%	
				3	0.8%	1	0.7%	1	4.5%	33	0.3%	

TABLE A.19 | Continued

Service area	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
Podiatry	11	0.2%	7	0.6%	6	0.5%		
Vaccination	19	0.4%	4	0.3%	2	0.2%	1	0.2%
Alternative health	15	0.3%	5	0.4%	1	0.1%		
Community care	19	0.4%	1	0.1%			2	0.3%
Reproductive medicine	15	0.3%	6	0.5%	1	0.1%	2	0.3%
Services	8	0.2%	5	0.4%			6	0.9%
Palliative care	11	0.2%	5	0.4%	2	0.2%		
Respiratory/Thoracic medicine	13	0.2%	2	0.2%			3	0.5%
Personal care	11	0.2%	1	0.1%				
Endocrinology	13	0.2%	2	0.2%				
Osteopathy	4	0.1%	3	0.3%	7	0.6%		
Immunology	10	0.2%			2	0.2%	1	0.2%
Infectious diseases	10	0.2%	1	0.1%				
Renal medicine	5	0.1%	4	0.3%			4	0.6%
Psychotherapy	6	0.1%	4	0.3%	1	0.1%		
Occupational health	7	0.1%			4	0.3%		
Haematology	9	0.2%					2	0.3%
Developmental disability	5	0.1%	1	0.1%				
Nephrology	5	0.1%	2	0.2%			1	0.2%
Sport medicine	6	0.1%	1	0.1%				
Rheumatology	6	0.1%	1	0.1%				
Speech therapy	4	0.1%	1	0.1%				
Educational facility	2	0.0%	1	0.1%	1	0.1%		
Traditional Chinese medicine					3	0.3%		
Natural therapy	2	0.0%	1	0.1%				
Family planning	3	0.1%	1	0.1%				
Health education/information	1	0.0%	1	0.1%	1	0.1%		
Sleep medicine	3	0.1%	1	0.1%				
Medical radiation practice	1	0.0%			2	0.2%		
Acupuncture					3	0.3%		
Sexual assault service	1	0.0%			2	0.2%		
Prosthetics and orthotics	1	0.0%					1	0.2%
Hypnotherapy	1	0.0%						
Nuclear medicine			1	0.1%				
Nutrition and dietetics	1	0.0%						
<b>Grand Total</b>	<b>5,225</b>	<b>100.0%</b>	<b>1,154</b>	<b>100.0%</b>	<b>1,146</b>	<b>100.0%</b>	<b>638</b>	<b>100.0%</b>

Counted by provider identified in complaint.



Outcome											
Investigation		Resolution		Refer to another body		Resolved during assessment process		Not yet finalised		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
				7	1.8%	1	0.7%			32	0.3%
				1	0.3%					27	0.3%
2	0.5%			3	0.8%			1	4.5%	27	0.3%
2	0.5%			1	0.3%					25	0.3%
						1	0.7%			25	0.3%
		6	1.5%							25	0.3%
		5	1.3%			1	0.7%			24	0.3%
		4	1.0%							22	0.2%
3	0.7%	2	0.5%	1	0.3%					18	0.2%
						1	0.7%			16	0.2%
										14	0.1%
1	0.2%									14	0.1%
		2	0.5%							13	0.1%
										13	0.1%
				1	0.3%					12	0.1%
										11	0.1%
										11	0.1%
1	0.2%	1	0.3%	2	0.5%					10	0.1%
										8	0.1%
										7	0.1%
										7	0.1%
										5	0.1%
				1	0.3%					5	0.1%
				1	0.3%					4	0.0%
				1	0.3%					4	0.0%
										4	0.0%
				1	0.3%					4	0.0%
										4	0.0%
										3	0.0%
										3	0.0%
										3	0.0%
										2	0.0%
										1	0.0%
										1	0.0%
										1	0.0%
408	100.0%	397	100.0%	395	100.0%	141	100.0%	22	100.0%	9,526	100.0%

**TABLE A.20** | Outcome of assessment of complaints by type of health service provider 2022-23

Health service provider	Outcome			
	Discontinue	Discontinue with comments	Refer to Council	Local resolution
	No	No	No	No
<b>Registered Health Practitioner</b>				
Medical practitioner	2,042	503	333	
Nurse/midwife	303	74	325	5
Psychologist	188	48	124	
Dental practitioner	189	23	116	
Pharmacist	132	28	90	
Paramedic	33	3	41	
Physiotherapist	18	3	33	
Occupational therapist	25	3	17	
Chiropractor	7	4	17	
Podiatrist	12	7	7	
Optometrist	15	2	5	
Medical radiation practitioner	3		11	
Chinese medicine practitioner	2		8	
Osteopath		2	8	
Student nurse	3		4	
Student medical practitioner	1		2	
Aboriginal and Torres Strait Islander HP	1		1	
Student pharmacist	2			
<b>Total</b>	<b>2,976</b>	<b>700</b>	<b>1,142</b>	<b>5</b>
<b>Non-registered Health Practitioner</b>				
Unknown	54			
Counsellor/therapist	26	14		
Massage therapist	6	12		
Social worker	22			1
Administration/clerical staff	12			
Other	7	4		
Psychotherapist	6	6		
Assistant in nursing	8			
Cosmetic therapist	6			
Sonographer	4	2		
Alternative health provider	3			
Doula	1			
Speech pathologist	4	1		
Natural therapist	2	1		
Naturopath	2	1		
Personal care assistant	2			
Ambulance personnel				

Outcome							
	Investigation	Resolution	Refer to another body	Resolved during assessment process	Not yet finalised	Total	
	No	No	No	No	No	No	% of Total
	107	9	148	18	2	3,162	57.6%
	155		38	3	3	906	16.5%
	15		27	1	10	413	7.5%
	14		11	2	3	358	6.5%
	32		10	2		294	5.4%
	10					87	1.6%
	5		8			67	1.2%
			3	1	1	50	0.9%
	5		6	2		41	0.7%
	1		6			33	0.6%
			1	2	1	26	0.5%
			2			16	0.3%
			1		1	12	0.2%
						10	0.2%
	1		2			10	0.2%
						3	0.1%
	1					3	0.1%
			1			3	0.1%
	<b>346</b>	<b>9</b>	<b>264</b>	<b>31</b>	<b>21</b>	<b>5,494</b>	<b>100.0%</b>
			3			57	20.1%
	9		6			55	19.4%
	17					35	12.4%
	1					24	8.5%
	1		5			18	6.4%
			3			14	4.9%
						12	4.2%
	3					11	3.9%
	3		1			10	3.5%
						6	2.1%
	1		1			5	1.8%
	4					5	1.8%
						5	1.8%
	1					4	1.4%
			1			4	1.4%
	1					3	1.1%
	1		2			3	1.1%

TABLE A.20 | Continued

	Outcome			
	Discontinue	Discontinue with comments	Refer to Council	Local resolution
	No	No	No	No
<b>Health service provider</b>				
Audiologist	2			
Dental technician	1	1		
Hypnotherapist	1			
Student psychologist	2			
Disability support worker	1			
Acupuncture therapist				
Dietitian/nutritionist	1			
Venopuncturist		1		
<b>Total</b>	<b>173</b>	<b>43</b>		<b>1</b>
<b>Health organisation</b>				
Public hospital	786	197		395
Medical centre	452	60		1
Correction and detention facility	70	3		125
Private hospital	90	35		21
Pharmacy	105	20	3	
Psychiatric hospital/unit	67	8		27
Community health service	72	3		28
Dental facility	60	8	1	13
Specialist medical practice	54	8		1
Aged care facility	24	8		
Radiology facility	47	11		2
Ambulance service	28	11		7
Pathology centres/labs	37	14		
Cosmetic health facility	31	2		
Psychology facility	27	2		
Alternative health facility	19	8		
Local Health District	15			6
Aboriginal health centre	17	3		
Other	11	1		
Government department	14			
Optometrist facility	10	1		
Multi purpose service	4	3		1
Drug and alcohol service	7	1		1
Physiotherapy facility	6	2		
Rehabilitation facility	4			3
Day procedure centre	4	1		

Outcome							
	Investigation	Resolution	Refer to another body	Resolved during assessment process	Not yet finalised	Total	
	No	No	No	No	No	No	% of Total
						2	0.7%
						2	0.7%
	1					2	0.7%
						2	0.7%
						1	0.4%
	1					1	0.4%
						1	0.4%
						1	0.4%
	<b>44</b>		<b>22</b>			<b>283</b>	<b>100.0%</b>
	9	320	6	65	1	1,779	47.5%
			21	14		548	14.6%
			1	2		201	5.4%
		33	2	7		188	5.0%
			2	2		132	3.5%
		13	1	4		120	3.2%
		5	1	1		110	2.9%
		3	7			92	2.5%
			2	1		66	1.8%
		4	24	2		62	1.7%
						60	1.6%
	4	4		3		57	1.5%
			2	4		57	1.5%
	4		8			45	1.2%
			10	1		40	1.1%
		1	7			35	0.9%
		1				22	0.6%
		1		1		22	0.6%
			4			16	0.4%
			2			16	0.4%
				2		13	0.3%
		2	3			13	0.3%
	1		1			11	0.3%
			2			10	0.3%
						7	0.2%
						5	0.1%

TABLE A.20 | Continued

	Outcome			
	Discontinue	Discontinue with comments	Refer to Council	Local resolution
	No	No	No	No
<b>Health service provider</b>				
Health fund	3			
Nursing agency	2			
Educational facility	3			
Chiropractic facility	1			
Osteopathy facility	1	1		
Supported accommodation services (not aged care)	1			
NSW Department of Health	1			1
Unknown	1			
Respite service				
Boarding house	1			
Regulatory authority	1			
<b>Total</b>	<b>2,076</b>	<b>411</b>	<b>4</b>	<b>632</b>
<b>Grand total</b>	<b>5,225</b>	<b>1,154</b>	<b>1,146</b>	<b>638</b>

Counted by provider identified in complaint.

Outcome							
	Investigation	Resolution	Refer to another body	Resolved during assessment process	Not yet finalised	Total	
	No	No	No	No	No	No	% of Total
						3	0.1%
		1				3	0.1%
						3	0.1%
			2			3	0.1%
						2	0.1%
				1		2	0.1%
						2	0.1%
						1	0.0%
			1			1	0.0%
						1	0.0%
						1	0.0%
	18	388	109	110	1	3,749	100.0%
	408	397	395	141	22	9,526	100.0%

**TABLE A.21** | Time taken to assess complaints 2018-19 to 2022-23

	2018-19	2019-20	2020-21	2021-22	2022-23
Percentage of complaints assessed within 60 days	79.0%	89.0%	86.6%	79.0%	68.9%
Average days to assess complaints	48	39	40	45	48

Counted by provider identified in complaint.

**TABLE A.22** | Requests for review of assessment decision 2018-19 to 2022-23

	2018-19	2019-20	2020-21	2021-22	2022-23
Requests for review of assessment decision	526	564	531	470	534
Percentage of complaints assessed	6.8%	7.0%	6.5%	4.8%	5.6%

Counted by provider identified in complaint.

**TABLE A.23** | Outcome of reviews of assessment decision 2018-19 to 2022-23

Review Result	2018-19		2019-20		2020-21		2021-22		2022-23	
	No	% of total	No	% of total	No	% of total	No	% of total	No	% of total
Original assessment confirmed	439	85.7%	443	86.9%	528	89.6%	368	86.6%	474	85.3%
Assessment decision varied	73	14.3%	67	13.1%	61	10.4%	57	13.4%	82	14.7%
<b>Total</b>	<b>512</b>	<b>100.0%</b>	<b>510</b>	<b>100.0%</b>	<b>589</b>	<b>100.0%</b>	<b>425</b>	<b>100.0%</b>	<b>556</b>	<b>100.0%</b>

Counted by provider identified in complaint, excludes withdrawn.

**TABLE A.24** | Time taken to complete reviews of assessment decisions 2018-19 to 2022-23

Duration	2018-19		2019-20		2020-21		2021-22		2022-23	
	No	No	No	No	No	No	No	No	No	
0-30 Days	100	57	146	142	67					
31-60 Days	206	175	194	175	269					
61-90 Days	104	161	130	87	138					
91-120 Days	38	74	78	16	56					
121-150 Days	28	32	28	5	17					
151-180 Days	20	6	11		4					
181-210 Days	10	3			4					
211-240 Days		2	2		1					
241-270 Days	5									
301-330 Days	1									
<b>Grand Total</b>	<b>512</b>	<b>510</b>	<b>589</b>	<b>425</b>	<b>556</b>					

Counted by provider; excludes withdrawn.

**TABLE A.25** | Resolutions received 2018-19 to 2022-23

	2018-19	2019-20	2020-21	2021-22	2022-23
Resolutions received	366	464	416	405	413

Counted by provider identified in complaint.



**TABLE A.26** | Outcome of complaints finalised by the Commission's Resolution Service, 2018-19 to 2022-23

Outcome	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Resolution did proceed</b>										
Resolved	155	64.0%	182	61.1%	254	69.6%	150	59.8%	212	67.9%
Partially Resolved	66	27.3%	106	35.6%	91	24.9%	72	28.7%	75	24.0%
Not Resolved	21	8.7%	10	3.4%	20	5.5%	29	11.6%	25	8.0%
<b>Total</b>	<b>242</b>	<b>100.0%</b>	<b>298</b>	<b>100.0%</b>	<b>365</b>	<b>100.0%</b>	<b>251</b>	<b>100.0%</b>	<b>312</b>	<b>100.0%</b>
<b>Resolution did not proceed total</b>										
	<b>105</b>	<b>30.3%</b>	<b>114</b>	<b>27.7%</b>	<b>96</b>	<b>20.8%</b>	<b>89</b>	<b>26.2%</b>	<b>132</b>	<b>29.7%</b>
<b>Grand total</b>	<b>347</b>	<b>100.0%</b>	<b>412</b>	<b>100.0%</b>	<b>461</b>	<b>100.0%</b>	<b>340</b>	<b>100.0%</b>	<b>444</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.27** | Outcome of conciliations initiated by the Commission's Resolution Service 2018-19 to 2022-23

Outcome	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Conciliation process did proceed</b>										
<b>Resolved</b>										
Agreement Reached	1	100.0%								
<b>Not Resolved</b>										
No Agreement Reached										
Partially Resolved	1	100.0%								
<b>Total</b>	<b>2</b>	<b>100.0%</b>								
<b>Conciliation process did not proceed total</b>										
<b>Grand total</b>	<b>2</b>	<b>100.0%</b>								

Counted by provider identified in complaint.

**TABLE A.28** | Time taken to complete resolutions that proceeded 2018-19 to 2022-23

Time taken to complete	2018-19	2019-20	2020-21	2021-22	2022-23
	No	No	No	No	No
0-1 months	16	20	11	11	11
1-2 months	21	65	59	41	29
2-3 months	41	54	64	29	49
3-4 months	36	56	68	40	41
4-5 months	28	41	36	17	38
5-6 months	34	19	30	29	32
6-7 months	20	8	30	18	31
7-8 months	5	5	20	19	21
8-9 months	8	13	24	4	6
9-10 months	10	7	13	9	13
10-11 months	10	4	8	9	3
11-12 months	4	2	1	14	7
>12 months	9	7	4	11	31
<b>Total</b>	<b>242</b>	<b>301</b>	<b>368</b>	<b>251</b>	<b>312</b>

Counted by provider identified in complaint.

**TABLE A.29** | Investigations received by health service provider 2018-19 to 2022-23

Health Service Provider	2018-19		2019-20		2020-21		2021-22		2022-23	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered Health Practitioner</b>										
Nurse/midwife	64	15.7%	86	21.9%	116	21.2%	129	26.2%	165	38.3%
Medical practitioner	178	43.7%	119	30.3%	156	28.6%	150	30.5%	112	26.0%
Pharmacist	66	16.2%	71	18.1%	126	23.1%	50	10.2%	33	7.7%
Psychologist	10	2.5%	10	2.5%	11	2.0%	19	3.9%	16	3.7%
Paramedic			4	1.0%	12	2.2%	40	8.1%	13	3.0%
Dental practitioner	14	3.4%	48	12.2%	24	4.4%	24	4.9%	13	3.0%
Chiropractor	4	1.0%	2	0.5%	8	1.5%	7	1.4%	5	1.2%
Physiotherapist	10	2.5%	8	2.0%	7	1.3%	4	0.8%	4	0.9%
Medical radiation practitioner	2	0.5%					2	0.4%	2	0.5%
Student nurse							4	0.8%	1	0.2%
Aboriginal and Torres Strait Islander HP	2	0.5%			3	0.5%			1	0.2%
Podiatrist	2	0.5%	2	0.5%					1	0.2%
Chinese medicine practitioner	15	3.7%	8	2.2%	10	1.8%	8	1.6%		
Optometrist	1	0.2%								
Osteopath	3	0.7%	6	1.5%			1	0.2%		
Student medical practitioner			3	0.8%	2	0.4%	2	0.4%		
Student pharmacist					1	0.2%				
Student paramedic							2	0.4%		
Occupational therapist			3	0.8%	5	0.9%	9	1.8%		
Student Chinese medicine practitioner	2	0.5%								
<b>Total</b>	<b>373</b>	<b>91.6%</b>	<b>370</b>	<b>94.1%</b>	<b>481</b>	<b>88.1%</b>	<b>451</b>	<b>91.7%</b>	<b>366</b>	<b>84.9%</b>
<b>Non-registered Health Practitioner</b>										
Massage therapist	3	0.7%	3	0.8%	8	1.5%	5	1.0%	18	4.2%
Counsellor/therapist	4	1.0%			9	1.6%	7	1.4%	9	2.1%
Doula									4	0.9%
Cosmetic therapist	2	0.5%			3	0.5%	2	0.4%	3	0.7%
Assistant in nursing	5	1.2%	3	0.8%	11	2.0%	5	1.0%	3	0.7%
Psychotherapist									1	0.2%
Administration/clerical staff							1	0.2%	1	0.2%
Social worker			2	0.5%	3	0.5%			1	0.2%
Natural therapist									1	0.2%
Ambulance personnel					1	0.2%			1	0.2%
Alternative health provider	1	0.2%							1	0.2%
Acupuncture therapist			1	0.3%	2	0.4%			1	0.2%
Hypnotherapist			1	0.3%					1	0.2%
Personal care assistant	1	0.2%			2	0.4%	1	0.2%	1	0.2%
Sonographer					4	0.7%				
Residential care worker	1	0.2%			1	0.2%	1	0.2%		
Dental technician			4	1.0%			2	0.4%		
Disability support worker							1	0.2%		
Naturopath	9	2.2%			4	0.7%				
Other			4	1.0%	2	0.4%	4	0.8%		
<b>Total</b>	<b>26</b>	<b>6.4%</b>	<b>18</b>	<b>4.6%</b>	<b>50</b>	<b>9.2%</b>	<b>29</b>	<b>5.9%</b>	<b>46</b>	<b>10.7%</b>

TABLE A.29 | Continued

Health Service Provider	2018-19		2019-20		2020-21		2021-22		2022-23	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Health Organisation</b>										
Public hospital			2	0.5%	4	0.7%	2	0.4%	9	2.1%
Ambulance service					1	0.2%			4	0.9%
Cosmetic health facility			1	0.3%	1	0.2%	1	0.2%	4	0.9%
Private hospital			1	0.3%	1	0.2%			1	0.2%
Drug and alcohol service									1	0.2%
Dental facility			1	0.3%						
Pathology centres/labs					1	0.2%				
Local Health District	1	0.2%								
Correction and detention facility							1	0.2%		
Alternative health facility	5	1.2%			5	0.9%	3	0.6%		
Aged care facility					1	0.2%				
Medical centre	2	0.5%			1	0.2%	5	1.0%		
<b>Total</b>	<b>8</b>	<b>2.0%</b>	<b>5</b>	<b>1.3%</b>	<b>15</b>	<b>2.7%</b>	<b>12</b>	<b>2.4%</b>	<b>19</b>	<b>4.4%</b>
<b>Grand total</b>	<b>407</b>	<b>100.0%</b>	<b>393</b>	<b>100.0%</b>	<b>546</b>	<b>100.0%</b>	<b>492</b>	<b>100.0%</b>	<b>431</b>	<b>100.0%</b>

Counter by provider.

TABLE A.30 | Investigations received by issue category 2018-19 to 2022-23

Issue Category	2018-19		2019-20		2020-21		2021-22		2022-23	
	No	% of Invest. Received	No	% of Invest. Received	No	% of Invest. Received	No	% of Invest. Received	No	% of Invest. Received
Professional conduct	293	72.0%	327	83.2%	429	78.6%	419	85.2%	374	86.8%
Treatment	76	18.7%	53	13.5%	73	13.4%	51	10.4%	59	13.7%
Medication	59	14.5%	23	5.9%	50	9.2%	54	11.0%	33	7.7%
Communication/information	12	2.9%	11	2.8%	14	2.6%	38	7.7%	24	5.6%
Medical records	9	2.2%	3	0.8%	5	0.9%	14	2.8%	10	2.3%
Consent	1	0.2%	1	0.3%	5	0.9%	5	1.0%	6	1.4%
Environment/ management of facilities	2	0.5%			4	0.7%	1	0.2%	4	0.9%
Fees/costs	6	1.5%	5	1.3%	3	0.5%	11	2.2%	3	0.7%
Discharge/ transfer arrangements									3	0.7%
Access							1	0.2%	1	0.2%
Grievance processes	1	0.2%			2	0.4%			1	0.2%
Reports/certificates	1	0.2%	1	0.3%			5	1.0%	1	0.2%
<b>Grand Total</b>	<b>460</b>	<b>113.0%</b>	<b>424</b>	<b>107.9%</b>	<b>585</b>	<b>107.1%</b>	<b>599</b>	<b>121.7%</b>	<b>519</b>	<b>120.4%</b>

Counted by issue raised in complaint. As one complaint may raise several issues, the proportions exceed 100%.

**TABLE A.31** | Investigations finalised by health service provider 2018-19 to 2022-23

Health Service Provider	2018-19		2019-20		2020-21		2021-22		2022-23	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered Health Practitioner</b>										
Nurse/midwife	72	20.1%	105	21.0%	58	14.5%	127	22.6%	149	34.9%
Medical practitioner	179	49.9%	206	41.1%	128	31.9%	192	34.2%	103	24.1%
Pharmacist	31	8.6%	78	15.6%	114	28.4%	85	15.2%	34	8.0%
Psychologist	4	1.1%	10	2.0%	18	4.5%	14	2.5%	22	5.2%
Dental practitioner	32	8.9%	24	4.8%	32	8.0%	15	2.7%	21	4.9%
Paramedic					1	0.2%	39	7.0%	17	4.0%
Chiropractor	5	1.4%			1	0.2%	7	1.2%	10	2.3%
Chinese medicine practitioner	6	1.7%	8	1.6%	9	2.2%	7	1.2%	8	1.9%
Occupational therapist	5	1.4%					6	1.1%	5	1.2%
Physiotherapist	4	1.1%	10	2.0%	1	0.2%	8	1.4%	4	0.9%
Student medical practitioner					4	1.0%	1	0.2%	2	0.5%
Student paramedic									2	0.5%
Student nurse							2	0.4%	1	0.2%
Aboriginal and Torres Strait Islander HP					2	0.5%	1	0.2%	1	0.2%
Student Chinese medicine practitioner			2	0.4%						
Student pharmacist							1	0.2%		
Student chiropractor			2	0.4%						
Medical radiation practitioner	1	0.3%	1	0.2%			1	0.2%		
Podiatrist			4	0.8%						
Optometrist			1	0.2%						
Osteopath			8	1.6%			1	0.2%		
<b>Total</b>	<b>339</b>	<b>94.4%</b>	<b>459</b>	<b>91.6%</b>	<b>368</b>	<b>91.8%</b>	<b>507</b>	<b>90.4%</b>	<b>379</b>	<b>88.8%</b>
<b>Non-registered Health Practitioner</b>										
Massage therapist	4	1.1%	5	1.0%	5	1.2%	1	0.2%	9	2.1%
Assistant in nursing	2	0.6%	5	1.0%	8	2.0%	5	0.9%	5	1.2%
Counsellor/therapist	1	0.3%	3	0.6%	1	0.2%	11	2.0%	4	0.9%
Other	1	0.3%	3	0.6%	3	0.7%	1	0.2%	4	0.9%
Personal care assistant			1	0.2%					2	0.5%
Sonographer					2	0.5%			2	0.5%
Residential care worker			1	0.2%	1	0.2%			1	0.2%
Cosmetic therapist					2	0.5%	8	1.4%	1	0.2%
Acupuncture therapist			1	0.2%			2	0.4%	1	0.2%
Psychotherapist									1	0.2%
Alternative health provider									1	0.2%
Hypnotherapist					1	0.2%			1	0.2%
Dental technician	1	0.3%	4	0.8%			2	0.4%	1	0.2%
Natural therapist									1	0.2%
Ambulance personnel	2	0.6%					1	0.2%		
Disability support worker							2	0.4%		
Social worker					2	0.5%	3	0.5%		
Naturopath	3	0.8%	9	1.8%			7	1.2%		
Alternative health practitioner			2	0.4%						

TABLE A.31 | Continued

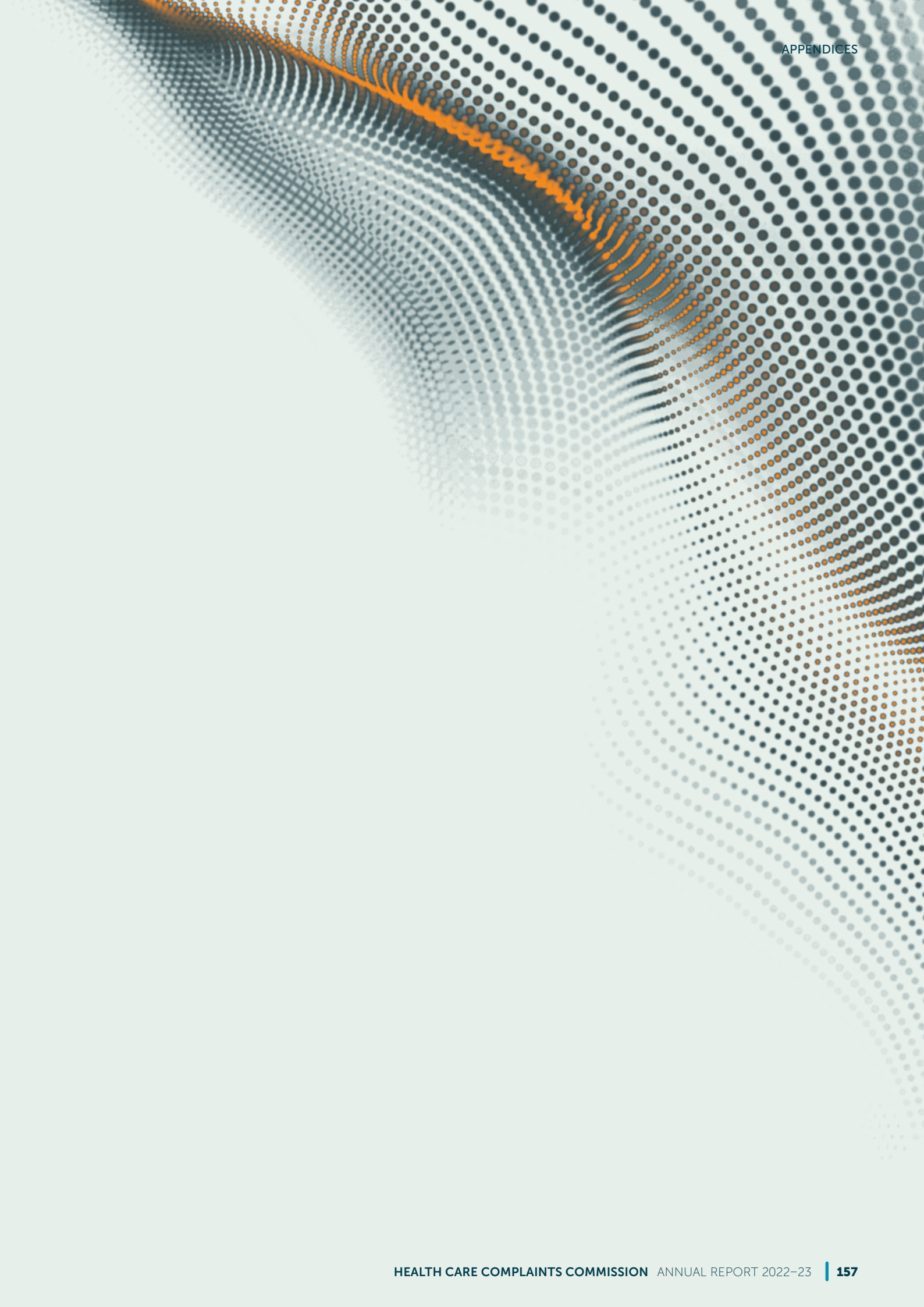
Health Service Provider	2018-19		2019-20		2020-21		2021-22		2022-23	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Total</b>	<b>14</b>	<b>3.9%</b>	<b>34</b>	<b>6.8%</b>	<b>25</b>	<b>6.2%</b>	<b>43</b>	<b>7.7%</b>	<b>34</b>	<b>8.0%</b>
<b>Health Organisation</b>										
Public hospital	4	1.1%			4	1.0%	2	0.4%	4	0.9%
Cosmetic health facility			1	0.2%	1	0.2%			4	0.9%
Ambulance service									2	0.5%
Alternative health facility	2	0.6%	3	0.6%			3	0.5%	2	0.5%
Correction and detention facility									1	0.2%
Private hospital			1	0.2%					1	0.2%
Medical centre			2	0.4%			6	1.1%		
Pathology centres/labs					1	0.2%				
Local Health District			1	0.2%						
Dental facility					1	0.2%				
Aged care facility					1	0.2%				
<b>Total</b>	<b>6</b>	<b>1.7%</b>	<b>8</b>	<b>1.6%</b>	<b>8</b>	<b>2.0%</b>	<b>11</b>	<b>2.0%</b>	<b>14</b>	<b>3.3%</b>
<b>Grand total</b>	<b>359</b>	<b>100.0%</b>	<b>501</b>	<b>100.0%</b>	<b>401</b>	<b>100.0%</b>	<b>561</b>	<b>100.0%</b>	<b>427</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.32** | Outcome of investigations 2018-19 to 2022-23

Investigation outcome	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Registered health practitioner</b>										
Refer to Commissioner					1	0.3%				
Referred to Director of Proceedings	168	49.6%	228	49.7%	179	48.6%	200	39.4%	160	42.2%
Referred to Council under s20A	35	10.3%	74	16.1%	126	34.2%	190	37.5%	127	33.5%
No further action	29	8.6%	36	7.8%	18	4.9%	36	7.1%	33	8.7%
No further action – National Board informed	45	13.3%	41	8.9%	18	4.9%	41	8.1%	29	7.7%
Referred to Council	58	17.1%	64	13.9%	9	2.4%	23	4.5%	21	5.5%
Comments	2	0.6%	14	3.1%	5	1.4%	8	1.6%	6	1.6%
Referred to other organisation for investigation	2	0.6%	2	0.4%	12	3.3%	9	1.8%	3	0.8%
<b>Total</b>	<b>339</b>	<b>100.0%</b>	<b>459</b>	<b>100.0%</b>	<b>368</b>	<b>100.0%</b>	<b>507</b>	<b>100.0%</b>	<b>379</b>	<b>100.0%</b>
<b>Non-registered Health Practitioner</b>										
Prohibition Order	5	35.7%	27	79.4%	19	76.0%	27	62.8%	22	64.7%
Comments	7	50.0%	3	8.8%	5	20.0%	4	9.3%	9	26.5%
No further action	2	14.3%	4	11.8%			9	20.9%	3	8.8%
Public Warning under s94							2	4.7%		
Referred to Director of Public Prosecution							1	2.3%		
Referred to other organisation for investigation					1	4.0%				
<b>Total</b>	<b>14</b>	<b>100.0%</b>	<b>34</b>	<b>100.0%</b>	<b>25</b>	<b>100.0%</b>	<b>43</b>	<b>100.0%</b>	<b>34</b>	<b>100.0%</b>
<b>Health organisation</b>										
Recommendations	4	66.7%	6	75.0%	5	62.5%	2	18.2%	8	57.1%
Comments					2	25.0%	7	63.6%	3	21.4%
No further action			2	25.0%			1	9.1%	3	21.4%
Public Warning under s94	2	33.3%			1	12.5%	1	9.1%		
<b>Total</b>	<b>6</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>	<b>11</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>
<b>Grand Total</b>	<b>359</b>	<b>100.0%</b>	<b>501</b>	<b>100.0%</b>	<b>401</b>	<b>100.0%</b>	<b>561</b>	<b>100.0%</b>	<b>427</b>	<b>100.0%</b>

Counted by provider.



**TABLE A.33** | Outcome of investigations finalised by health service provider 2022-23

Health service provider	Referred to Director of Proceedings		Referred to Council under s20A		No further action		No further action – National Board informed	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered health practitioner</b>								
Nurse/midwife	56	35.0%	44	34.6%	14	42.4%	20	69.0%
Medical practitioner	47	29.4%	35	27.6%	11	33.3%	7	24.1%
Pharmacist	16	10.0%	8	6.3%	3	9.1%		
Psychologist	4	2.5%	16	12.6%	1	3.0%	1	3.4%
Dental practitioner	11	6.9%	6	4.7%				
Paramedic	6	3.8%	8	6.3%	2	6.1%	1	3.4%
Chiropractor	7	4.4%	3	2.4%				
Chinese medicine practitioner	6	3.8%	2	1.6%				
Occupational therapist	3	1.9%	2	1.6%				
Physiotherapist	2	1.3%			1	3.0%		
Student medical practitioner			2	1.6%				
Student paramedic	2	1.3%						
Student nurse			1	0.8%				
Aboriginal and Torres Strait Islander HP					1	3.0%		
<b>Total</b>	<b>160</b>	<b>100.0%</b>	<b>127</b>	<b>100.0%</b>	<b>33</b>	<b>100.0%</b>	<b>29</b>	<b>100.0%</b>
<b>Non-registered Health Practitioner</b>								
Massage therapist								
Assistant in nursing					1	33.3%		
Counsellor/therapist								
Other								
Personal care assistant					1	33.3%		
Sonographer								
Residential care worker								
Cosmetic therapist								
Acupuncture therapist								
Psychotherapist								
Alternative health provider								
Hypnotherapist								
Dental technician								
Natural therapist					1	33.3%		
<b>Total</b>					<b>3</b>	<b>100.0%</b>		
<b>Health organisation</b>								
Public hospital								
Cosmetic health facility					3	100.0%		
Ambulance service								
Alternative health facility								
Correction and detention facility								
Private hospital								
<b>Total</b>					<b>3</b>	<b>100.0%</b>		
<b>Grand total</b>	<b>160</b>	<b>100.0%</b>	<b>127</b>	<b>100.0%</b>	<b>39</b>	<b>100.0%</b>	<b>29</b>	<b>100.0%</b>

Counted by provider identified in complaint.



	Referred to Council		Comments		Referred to other organisation for investigation		Prohibition Order		Recommendations		Total	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
	11	52.4%	1	16.7%	3	100.0%					149	39.3%
	2	9.5%	1	16.7%							103	27.2%
	7	33.3%									34	9.0%
											22	5.8%
			4	66.7%							21	5.5%
											17	4.5%
											10	2.6%
											8	2.1%
											5	1.3%
	1	4.8%									4	1.1%
											2	0.5%
											2	0.5%
											1	0.3%
											1	0.3%
	<b>21</b>	<b>100.0%</b>	<b>6</b>	<b>100.0%</b>	<b>3</b>	<b>100.0%</b>					<b>379</b>	<b>100.0%</b>
			2	22.2%			7	31.8%			9	26.5%
							4	18.2%			5	14.7%
			2	22.2%			2	9.1%			4	11.8%
							4	18.2%			4	11.8%
							1	4.5%			2	5.9%
			1	11.1%			1	4.5%			2	5.9%
			1	11.1%							1	2.9%
							1	4.5%			1	2.9%
			1	11.1%							1	2.9%
			1	11.1%							1	2.9%
							1	4.5%			1	2.9%
			1	11.1%							1	2.9%
							1	4.5%			1	2.9%
											1	2.9%
			<b>9</b>	<b>100.0%</b>			<b>22</b>	<b>100.0%</b>			<b>34</b>	<b>100.0%</b>
									4	50.0%	4	28.6%
			1	33.3%							4	28.6%
									2	25.0%	2	14.3%
			2	66.7%							2	14.3%
									1	12.5%	1	7.1%
									1	12.5%	1	7.1%
			<b>3</b>	<b>100.0%</b>					<b>8</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>
	<b>21</b>	<b>100.0%</b>	<b>18</b>	<b>100.0%</b>	<b>3</b>	<b>100.0%</b>	<b>22</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>	<b>427</b>	<b>100.0%</b>

**TABLE A.34** | Request for review of investigation decision 2018-19 to 2022-23

	2018-19	2019-20	2020-21	2021-22	2022-23
Request for review of investigation decision	0	1	0	1	2
Percentage of all investigations finalised	0.0%	0.2%	0.0%	0.2%	0.5%

Counted by provider identified in complaint.

**TABLE A.35** | Outcome of reviews of investigation decision 2018-19 to 2022-23

Outcome	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Decision varied			1	100.0%						
Original investigation decision confirmed							1	100.0%	2	100.0%
<b>Grand Total</b>			<b>1</b>	<b>100.0%</b>			<b>1</b>	<b>100.0%</b>	<b>2</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.36** | Time taken to complete reviews of investigation decisions 2018-19 to 2022-23

Duration	2018-19	2019-20	2020-21	2021-22	2022-23
0-30 Days					1
61-90 Days				1	
91-120 Days		1			
121-150 Days					1
<b>Total</b>		<b>1</b>		<b>1</b>	<b>2</b>

Counted by provider identified in complaint.

**TABLE A.37** | Time taken to complete investigations 2018-19 to 2022-23

Time taken	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
0-1 Months	8	2.2%	10	2.0%	23	5.7%	24	4.3%	8	1.9%
1-2 Months	11	3.1%	19	3.8%	26	6.5%	32	5.7%	43	10.1%
2-3 Months	21	5.9%	36	7.2%	31	7.7%	57	10.2%	45	10.5%
3-4 Months	12	3.4%	35	7.0%	52	13.0%	43	7.7%	28	6.6%
4-5 Months	43	12.0%	35	7.0%	28	7.0%	31	5.5%	30	7.0%
5-6 Months	12	3.4%	34	6.8%	38	9.5%	42	7.5%	34	8.0%
6-7 Months	22	6.1%	36	7.2%	29	7.2%	70	12.5%	38	8.9%
7-8 Months	22	6.1%	31	6.2%	17	4.2%	36	6.4%	24	5.6%
8-9 Months	14	3.9%	26	5.2%	38	9.5%	39	7.0%	20	4.7%
9-10 Months	9	2.5%	37	7.4%	21	5.2%	27	4.8%	22	5.2%
10-11 Months	12	3.4%	19	3.8%	11	2.7%	39	7.0%	12	2.8%
11-12 months	25	7.0%	23	4.6%	8	2.0%	38	6.8%	15	3.5%
12-18 months	91	25.4%	69	13.8%	47	11.7%	57	10.2%	66	15.5%
18-24 months	43	12.0%	67	13.4%	18	4.5%	22	3.9%	32	7.5%
24-30 months	12	3.4%	23	4.6%	8	2.0%	4	0.7%	10	2.3%
30-36 months	0	0.0%	1	0.2%	6	1.5%	0	0.0%	0	0.0%
36+ months	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>358</b>	<b>100.0%</b>	<b>501</b>	<b>100.0%</b>	<b>401</b>	<b>100.0%</b>	<b>561</b>	<b>100.0%</b>	<b>427</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.38** | Legal matters finalised 2018-19 to 2022-23

Forum	2018-19	2019-20	2020-21	2021-22	2022-23
	No.	No.	No.	No.	No.
<b>1. Appeals/Applications</b>	<b>10</b>	<b>18</b>	<b>16</b>	<b>15</b>	<b>11</b>
<b>2. Professional Standards Committee</b>					
Proven	6	8	2	4	4
Not Proven	1	0	0	0	0
<b>Total</b>	<b>7</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>4</b>
<b>3. Tribunal</b>					
Proven	51	60	50	71	81
Not Proven	0	1	1	1	2
Withdrawn	1	4	0	1	0
<b>Total</b>	<b>52</b>	<b>65</b>	<b>51</b>	<b>73</b>	<b>83</b>
<b>4. Re-registrations</b>	<b>13</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>8</b>
<b>Grand total</b>	<b>82</b>	<b>99</b>	<b>76</b>	<b>95</b>	<b>106</b>

Counted by matter.

**TABLE A.39** | Open complaints as at 30 June 2023

Open Process	2018-19		2019-20		2020-21		2021-22		2022-23	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Assessment Process	1,249	57.7%	1,108	54.5%	1,736	63.8%	1,954	67.4%	1,781	65.4%
Investigation Process	489	22.6%	384	18.9%	527	19.4%	462	15.9%	475	17.5%
Legal	151	7.0%	234	11.5%	286	10.5%	199	6.9%	252	9.3%
Resolution Process	121	5.6%	162	8.0%	121	4.4%	195	6.7%	152	5.6%
Review of Decision-S28	79	3.6%	114	5.6%	46	1.7%	79	2.7%	48	1.8%
Brief Preparation	76	3.5%	30	1.5%	5	0.2%	8	0.3%	14	0.5%
<b>Grand Total</b>	<b>2,165</b>	<b>100.0%</b>	<b>2,032</b>	<b>100.0%</b>	<b>2,721</b>	<b>100.0%</b>	<b>2,897</b>	<b>100.0%</b>	<b>2,722</b>	<b>100.0%</b>

Counted by provider identified in complaint.

## B Access applications received under the Government Information (Public Access) Act

**TABLE B.1** | Number of applications by type of applicant and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media	-	-	-	-	-	-	-	-
Members of Parliament	-	-	-	-	-	-	-	-
Private sector business	-	-	-	-	-	-	-	-
Not for profit organisations or community groups	-	-	-	-	-	-	-	-
Members of the public (application by legal representative)	-	-	-	1	-	-	-	-
Members of the public (other)	1	-	-	-	-	-	-	-

**TABLE B.2** | Number of applications by type of application and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications	-	-	-	-	-	-	-	-
Access applications (other than personal information applications)	1	-	-	-	-	-	-	-
Access applications that are partly personal information applications and partly other	-	-	-	-	-	-	-	-

**TABLE B.3** | Invalid applications

<b>Reason for invalidity</b>	<b>No of applications</b>
Application does not comply with formal requirements (section 41 of the Act)	–
Application is for excluded information of the agency (section 43 of the Act)	18
Application contravenes restraint order (section 110 of the Act)	–
Total number of invalid applications received	18
Invalid applications that subsequently became valid applications	–

**TABLE B.4** | Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to Act

<b>Number of times consideration used</b>	
Overriding secrecy laws	–
Cabinet information	–
Executive Council information	–
Contempt	–
Legal professional privilege	–
Excluded information	18
Documents affecting law enforcement and public safety	–
Transport safety	–
Adoption	–
Care and protection of children	–
Ministerial code of conduct	–
Aboriginal and environmental heritage	–

**TABLE B.5** | Other public interest considerations against disclosure: matters listed in table to section 14 of Act

<b>Number of occasions when application not successful</b>	
Responsible and effective government	–
Law enforcement and security	–
Individual rights, judicial processes and natural justice	–
Business interests of agencies and other persons	–
Environment, culture, economy and general matters	–
Secrecy provisions	–
Exempt documents under interstate Freedom of Information legislation	–

**TABLE B.6** | Timeliness

	<b>Number of applications</b>
Decided within the statutory timeframe (20 days plus any extensions)	1
Decided after 35 days (by agreement with applicant)	–
Not decided within time (deemed refusal)	1
<b>Total</b>	<b>2</b>

**TABLE B.7** | Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	<b>Decision varied</b>	<b>Decision upheld</b>	<b>Total</b>
Internal review	–	1	1
Review by Information Commissioner*	–	2	2
Internal review following recommendation under section 93 of Act	–	–	–
Review by Administrative Decision Tribunal	–	–	–
<b>Total</b>	<b>–</b>	<b>3</b>	<b>3</b>

\* The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

**TABLE B.8** | Applications for review under Part 5 of the Act (by type of applicant)

	<b>Number of applications or review</b>
Applications by access applicants	3
Applications by persons to whom information the subject of access application relates	–

## C Index of legislative compliance

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<b>Government Sector Finance Act 2018, Government Sector Regulation 2018 and NSW Treasury Policy and Guidelines – Annual Reporting Requirements (TPG23-10)</b>	
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Management and activities	04-12, 17-19, 22-53
Research and development	The Commission did not undertake any external research projects in 2022-23
Human resources	55-56, 64-67
Consultants	56
Workforce Diversity	62
Land Disposal	The Commission does not own any land
Promotion	No overseas visits by employees in 2022-23
Risk management and insurance activities	59
Internal Audit and Risk Management Policy Attestation Statement	60
Work Health and Safety (WHS)	63
Financial Statements	72-100
Events arising after the end of the annual reporting period	100
Annual report external production costs	\$21,500 (ex GST)
Annual report availability	Electronic copies of this report are available on the Commission's website.
Investment performance	The Commission does not have surplus funds to invest
Liability management performance	The Commission does not have debts greater than \$20m
Numbers and remuneration of senior executives	54-56
Annual report availability	Electronic copies of this report are available on the Commission's website: <a href="http://www.hccc.nsw.gov.au">www.hccc.nsw.gov.au</a>
Investment performance	The Commission does not have surplus funds to invest
Liability management performance	The Commission does not have debts greater than \$20m
Exemptions from Reporting Provisions	The Commission reports on a triannual basis about Workforce Diversity, Work Health and Safety, and Disability Plans, with reports included in this 2022-23 Annual Report.

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Carers' support	59
<b>Disability Inclusion Act 2014</b>	
Workforce Diversity and Inclusion Plan	62-63
<b>Government Information (Public Access) Act (GIPA)</b>	
Annual report of GIPA operations	61, Appendix B
<b>Health Care Complaints Act 1993</b>	
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The sources of those complaints	33
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The number and type of complaints referred for conciliation during the year	153
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The number and type of complaints investigated by the Commission during the year	42-44
The results of investigations	44-46
Summary of the results of prosecutions completed during the year arising from complaints	50-52
The number and details of complaints not finally dealt with at the end of the year	164
The time intervals involved in the complaints process	35, 42, 44, 48
The number and type of complaints referred to the Secretary during the year	There were no complaints referred under section 25
Any report made to the Minister under section 44 (2)	No report was made to the Minister under section 44(2)
Any notification and request made to the Secretary under section 60	There were no notifications or requests made to the Secretary under section 60
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