

NSW HEALTH CARE COMPLAINTS COMMISSION

2020
– 21

Annual Report

Protecting
public health
and safety



HEALTH CARE
COMPLAINTS
COMMISSION

Concerned about your health care?

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

Contact the Commission

Email and website

Email: hccc@hccc.nsw.gov.au

Website: www.hccc.nsw.gov.au

Track your complaint

ecomplaints.hccc.nsw.gov.au/myMatters

Office address

Level 12
323 Castlereagh Street
Sydney NSW 2000

Business hours

Monday – Friday
9.00am – 5.00pm

Postal address

Locked Mail Bag 18
Strawberry Hills NSW 2012

Document exchange service

DX 11617 Sydney Downtown

Telephone and fax

Telephone: (02) 9219 7444

Freecall: 1800 043 159

Fax: (02) 9281 4585

TTY: (02) 9219 7555

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 past, present and emerging.

We pay tribute to the diversity of Aboriginal and Torres Strait Islander peoples, their ongoing culture, and to our Aboriginal and Torres Strait Islander colleagues.

Disclaimer – Rounding of statistical figures

As percentages have been rounded, there may be discrepancies between the totals and the sums of the component items. Published percentages are calculated prior to rounding, and therefore there may be some discrepancy between these percentages and those that are calculated from rounded figures.

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Letter of submission



The Hon Brad Hazzard MP
Minister for Health and Medical Research
52 Martin Place
SYDNEY NSW 2000

Dear Minister

Report of activities for the year ended 30 June 2021

I am pleased to provide the Annual Report and financial statements of the Health Care Complaints Commission for the financial year ended 30 June 2021 for presentation to the NSW Parliament.

The report has been prepared and produced in accordance with the provisions of the *Annual Reports (Statutory Bodies) Act 1984*, 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 faithfully

Sue Dawson
Commissioner



01 Commission at a glance

Our 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.

The Commission was established by the *Health Care Complaints Act 1993* as an independent body to deal with complaints about all health service providers in NSW, including:

- registered health practitioners, such as medical practitioners, nurses, dentists and pharmacists
- unregistered health practitioners, such as naturopaths, massage therapists, counsellors and alternative health care providers
- health organisations, such as public and private hospitals, pharmacies and medical centres.

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 Inquiry Service, online materials, stakeholder engagement and outreach programs, and our consumer feedback survey processes.
- Receiving, assessing and resolving complaints about health service providers.
- Working with the health professional councils to ensure that 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 where there is a need for a supported process 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.

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.

Stakeholders

The Commission’s diverse stakeholders comprise:

- Health consumers, including:
 - patients, their families and carers
 - health consumer bodies
 - the diverse communities of NSW.
- Health service providers, including:
 - registered and unregistered health practitioners
 - health organisations, such as hospitals and clinics
 - health professional councils and registration bodies
 - colleges and associations
 - universities and other health education providers.
- NSW government stakeholders, including:
 - Parliament and the Joint Parliamentary Committee on the Health Care Complaints Commission
 - Minister for Health
 - Ministry of Health and Local Health Districts
 - Clinical Excellence Commission.
- State and national regulatory and enforcement agencies including:
 - New South Wales Police
 - New South Wales Coroner’s Court
 - Australian Health Practitioner Regulation Agency
 - NSW Fair Trading
 - NSW Ageing and Disability Commission
 - Aged Care Quality and Safety Commission
 - NDIS Quality and Safeguards Commission
 - Therapeutic Goods Administration.



In 2020-21, the impacts of unpredictable and changing COVID-19 demands on health services reverberated through the complaints handling domain. New and emerging issues arose for health consumers and practitioners alike, and at the same time core complaints handling functions needed to be maintained, uninterrupted. Our complaints increased, as they do year on year, and we were well placed to transition in and out of fully remote complaints handling as required, to maintain performance across our inquiry, assessment, resolution, investigation and prosecution functions.

As we know from the performance information released by the NSW Bureau of Health Information, at the early part of the pandemic and leading into July 2020, emergency department (ED) attendances, ambulance call outs, hospital admissions and elective surgery decreased. There were also reductions in broader private health services as public orders were introduced to safeguard the health of the community. While there had been an increase in complaints during 2019-20, the growth rate of 7.6 % was much lower than the usual pattern of annual double-digit growth, as would be expected from this lower level of health service activity.

A year on, the picture is very different. Having gradually returned to levels similar to those seen before the pandemic throughout the year, by June 2021 health service demand had increased dramatically across all of the public health areas of ED attendances, ambulance responses, admissions to hospital and elective surgery. Additional COVID-19 related health services to deliver testing and vaccinations were stood up in rapid time. Private hospitals and allied health services had returned to delivering the full range of services and areas such as pathology and testing facilities were experiencing unprecedented demand. Broader health related services were adjusting to operating in accordance with public health orders and aspects such as telehealth became routine.

This changing face of health service delivery naturally altered the consumer health experience and this was reflected in the work of the Commission during this period. The growth in the volume of complaints returned to double digits. The 8,702 complaints received represented a 10.8% increase compared to 2019-20.

COVID-19 issues added to the complexity and diversity of complaints. As will be seen in the body of this report, the issues raised in these complaints differ markedly from the issues raised in the total pool of complaints, with many of them raising issues that were not within the jurisdiction of the Commission. The challenge for the Commission was to establish a designated triaging process, to ensure that matters not within our purview were directed to the appropriate place in a timely way and to differentiate quickly and effectively those COVID-19 related complaints that did raise serious issue of public health and safety within the Commission's jurisdiction. Recognising the many demands on service providers across the entire health service system, our complaints handling practices needed to be flexible and responsive.

Alongside the COVID-19 related impacts other demand drivers were occurring. The increase in complaints relating to unregistered practitioners continued. This is noteworthy as a higher proportion of these complaints raise issues about professional conduct and potential criminality, requiring formal investigation and intensive operational collaboration with other regulatory and enforcement bodies.

Primacy was given to avoiding disruption to our core complaints handling functions, maintaining appropriate levels of performance and where possible improved performance across the full spectrum of functions, notwithstanding the unusual circumstances. This required a disciplined focus on business process improvement and capability building in all areas. The operational results presented in the report indicate that a high level of performance was achieved, albeit with some signs of building operational pressures.

- We managed over 12,000 inquiries – 12.8% more than the previous year.
- We assessed 8,222 complaints – 2.5% more than the previous year. Timeliness was maintained with 86.6% of these assessed within 60 days and an average assessment time of 40 days.
- We commenced 410 new resolutions and completed 461 resolutions, despite limitations on the ability to conduct face to face meetings for most of the year.
- We commenced 546 new investigations and completed 401 investigations, with 80.3 % of the completed investigations being finalised in less than 12 months and an average investigation time of 239 days.
- We progressed prosecutions as far as possible in a climate of COVID-19 related limitations on Tribunal and court hearings and completed 76 legal matters.

As a result of legislative changes, the majority of which commenced in October 2020, the Commission acquired additional powers, primarily in relation to public warnings, prohibition orders, investigation powers and referral to other bodies. The Commission has taken the opportunity to utilise these powers to improve the effectiveness and impact of our regulatory responses.

Success this year has required intensive work with our partners, to ensure that pathways for referral across Commonwealth and state agencies were optimised and the roles and responsibilities of different agencies were well understood, so that there was a consistent and coherent approach to complaints. I acknowledge and appreciate the connections with our regulatory partners within NSW and nationally and the tangible benefits of the constructive and open rapport we have with the professions and health service providers through the Australian Medical Association, the professional insurers, other membership and training bodies.

The COVID-19 situation has also highlighted the importance of the information technology transformation that we had commenced early in 2020. In addition to ensuring that the fundamentals of system stability and security are diligently attended to, our continuing priority is to build a new case management system (subject to resourcing). This will assist us to be fit for a future of increasing complaints complexity and volume and to achieve more seamless co-regulation with the NSW professional councils and the Australian Health Practitioner Regulation Agency. Also central to this transformation is a focus on rebuilding data extraction, storage and reporting systems and capability, so that we can improve our efficiency, effectiveness and impact.

At the centre of everything the Commission does are the people who have the courage to speak up about their experiences and the openness of health providers to respond when things go wrong. We are indebted to them, as it is through an individual complaint that there is the potential for healing and knowledge that will help to drive improvement in care and treatment.

Community-wide we are ever more conscious of valuing and nurturing individual wellbeing and the Commission maintains an unwavering focus on staff wellbeing. We have embedded COVID-19 safe practices across our workplace and introduced a wide range of initiatives to support the physical and mental wellbeing of staff. I am immensely proud of the work of the Commission and its achievements would not be possible without the enduring flexibility, resilience and professionalism of the staff. I thank them.

I am privileged to lead the Health Care Complaints Commission and I remain steadfastly committed to contributing to safe and high quality health service delivery in NSW.



Sue Dawson
Commissioner

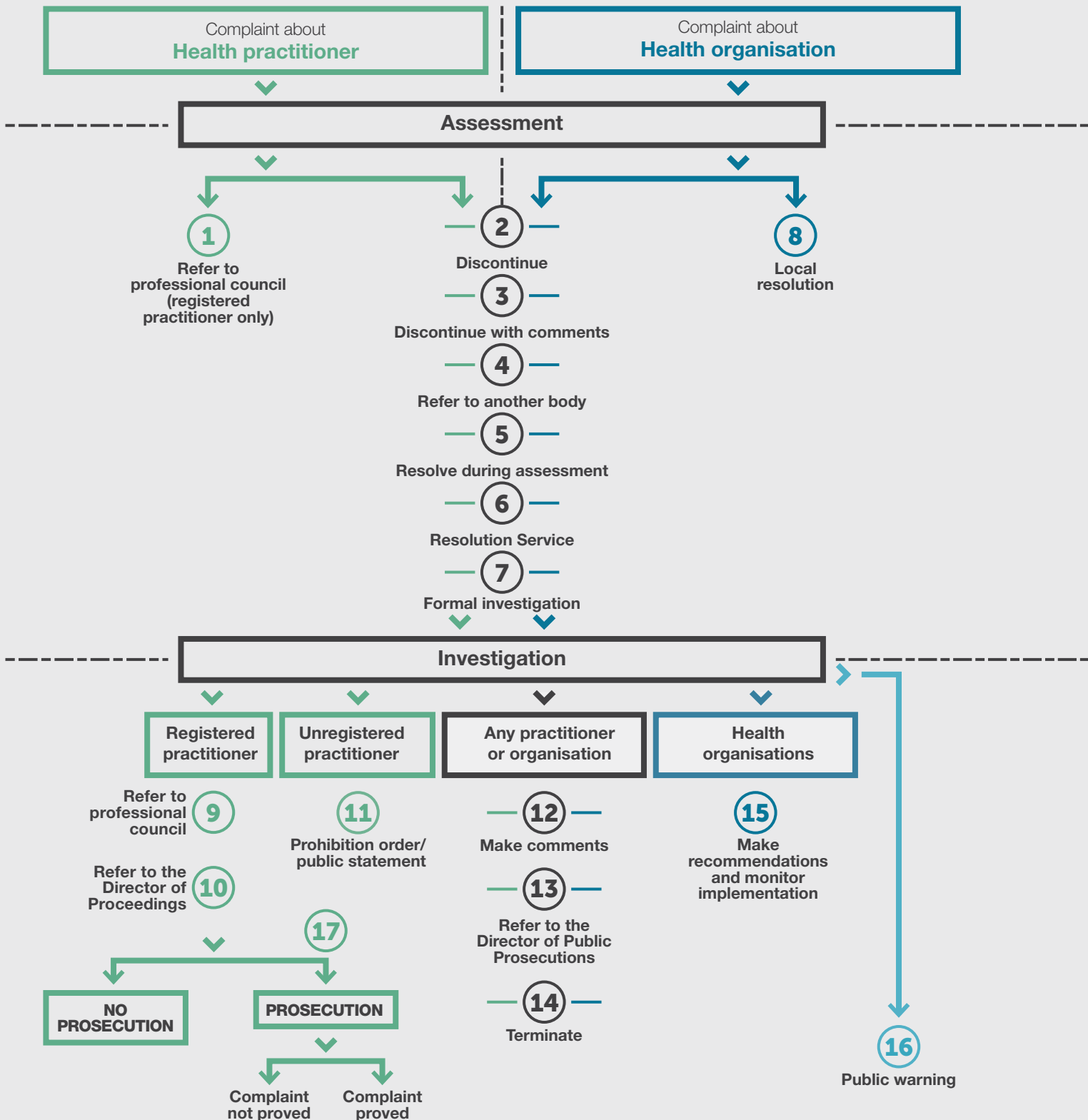
03

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 unregistered 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 unregistered 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 unregistered practitioner, **impose a Prohibition Order** to ban or limit the health practitioner 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.

04 Performance summary

Assessing and resolving complaints



2.5%
increase

in complaints assessed

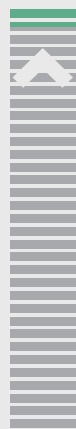


Average time taken to assess a complaint is 40 days compared to 39 days in 2019-20

2020-21

86.6%

of complaints assessed within the 60 day timeframe



2020-21

22.5%

increase in resolutions completed compared to 2019-20

365

94.5%

of referrals fully or partially resolved by the Resolution Service



Investigating complaints

546

INVESTIGATIONS COMMENCED



401

investigations

FINALISED

compared to 501 finalised in 2019-20



80.3%

of investigations finalised within



Up from **68.1%** in 2019-20

Unregistered practitioners

25 investigations finalised into unregistered health practitioners



17

Prohibition Orders

issued against unregistered health practitioners



Prosecuting complaints

Complaints referred for consideration of disciplinary action

179



94.8%

of determinations by Director of Proceedings within three months



98.1%

success rate in prosecutions



76

legal matters finalised

compared to 99 matters finalised in 2019-20



Access and outreach

12.8%
more inquiries

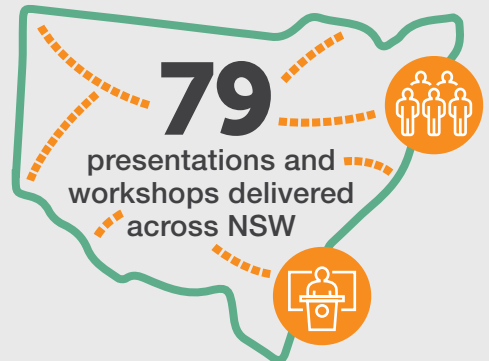
2020-21

12,088

2019-20

10,718

INQUIRIES RECEIVED



65%

reported favourable complainant experience



11

public warnings currently in place

including three about individual health providers and organisations in 2020-21



05

Executive summary

The pattern of year-on-year growth in complaints is now well established. For 2020-21, 8,702 complaints were received by the Commission, which is 10.8% more than last year. Operational performance remained strong across all the Commission’s functions, however, the increasing complaints volume and complexity and the unpredictable impacts of the ongoing COVID-19 pandemic are presenting operational challenges.

Complaints received

The 8,702 complaints received in 2020-21 contributed to a 112.0% increase over the last decade, as shown in Chart 1.

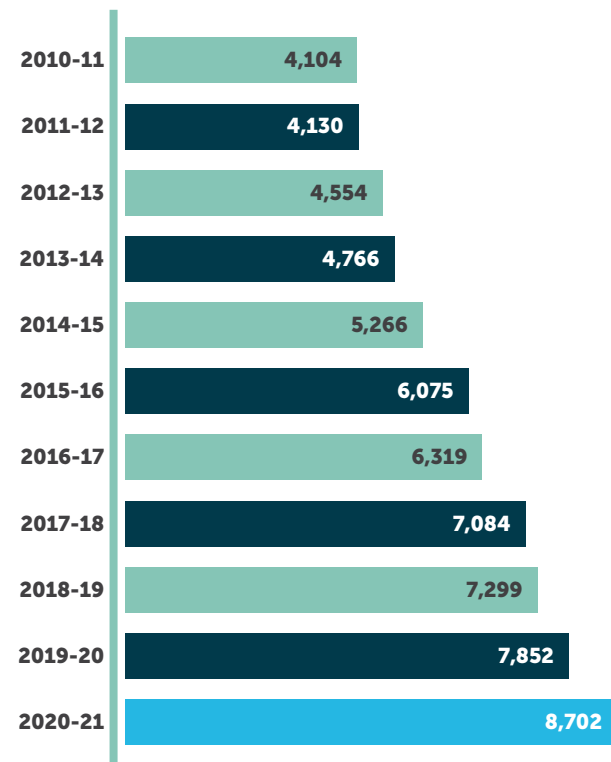
More information on the nature of these complaints, including what types of health providers and services are the subject of complaints and the issues raised in them can be found in the chapter, Profile of complaints.

The consistent growth in complaints over the last decade is not unique to NSW. It reflects the experience of health complaint handling bodies across Australia and globally. As outlined in previous Annual Reports, the complaints growth is attributed to a broad range of factors including:

- population growth and an ageing population, whose members are more likely to have interactions with the health system;
- advances in medical research and technology combine to offer newer and experimental health services and treatments;
- expanding types of health services and alternative therapies;
- greater consumer expectations of the health system and access to medical information through the internet and social media;
- greater awareness of complaint management pathways and bodies;
- mandatory reporting requirements; and,
- new and emerging health concerns, such as the current COVID-19 pandemic.

The impact of COVID-19 on 2020-21 complaints numbers is examined in detail in the Profile of complaints chapter of this report.

CHART 1 | Number of complaints received from 2010-11 to 2020-21



Counted by provider identified in complaint

Increased complexity and diversity across complaints continues. As previously noted this may arise in a number of ways:

- **The situation may be complex** e.g. a complaint about a single patient who has been treated by multiple individual providers or a complaint where a single provider is alleged to have departed from standards of care in relation to multiple patients, over a long period and over multiple locations.
- **There may be complexity in progressing the complaints process** e.g. the subject or complainant could possibly be physically or mentally unwell while the complaints process is in progress, or those where there may be disagreement about core issues such as guardianship, powers of attorney, and consent to access records.

- **There may be a jurisdictional question** as to whether the matter complained of relates to the delivery of a health service (e.g. medico legal reports and cosmetic procedures such as laser treatments) or matters may be more within the regulatory responsibility of another body (such as the NDIS Quality and Safeguards Commission, Aged Care Quality and Safety Commission or the Australian Health Practitioner Regulation Agency).
- **There may be other parallel actions** and processes of other entities (e.g. NSW Police, the Coroner's Court, workplace investigations) with a need for operational collaboration and multiple sources of information required to finalise a matter.

Responding to the increased volume and complexity in an agile and flexible way is central to maintaining the effectiveness and relevance of our complaints handling system. This year the Commission has continued initiatives to strengthen its responses through: new structures to support risk-based triaging in its assessment of complaints; continued focus on concerns about unregistered practitioners; applying new legislative powers; consolidating operational partnerships with other regulation and enforcement bodies; and, additional case review measures to drive completion of investigations of the most serious matters.

Assessing complaints

The Commission assessed a total of 8,222 complaints in 2020-21, compared to the 8,023 complaints assessed in 2019-20. This 2.5% increase is a positive result in the context of the increasing volume of complaints and contributes to the 36.5% increase in complaints assessed since 2016-17.

As is explained in more detail in the Assessing and resolving complaints chapter of this report, COVID-19 did not interfere with the ability to undertake the core complaints handling functions of the Commission. However, the number of complaints assessed was unable to keep pace with the growth in new complaints for the first time in several years. The consequent gap between complaints received and complaints assessed indicates an emerging backlog, which will require active management.

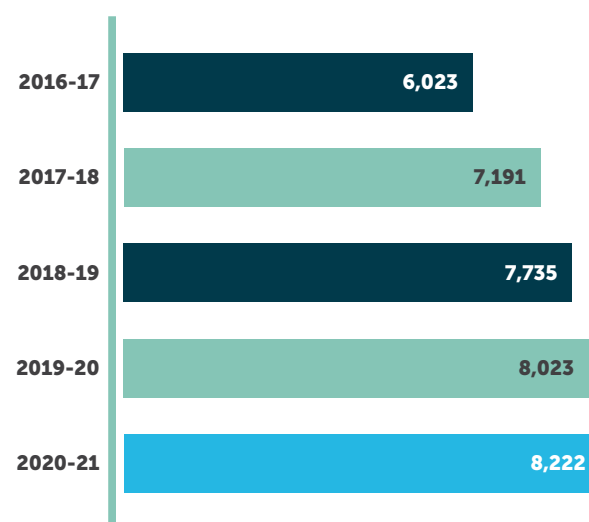
The proportion of complaints assessed within the 60 days timeframe was largely maintained. In 2020-21, 86.6% of complaints were assessed within 60 days, compared to 89.0% in 2019-20. On average, new complaints were assessed in 40 days, compared to 39 days in 2019-20 and 48 days in 2018-19.

This sustained assessment performance has been made possible because of the continued attention to streamlining and adjustment to processes and systems and improved case management functions and tools.

Assessment performance continued to be assisted by the Commission's eComplaints portal, which allows complainants to lodge and track the progress of their complaints online. In addition, it has removed time consuming manual steps in setting up a complaint after it is lodged. There has been continual growth in this pathway and nearly half of all complaints (46.6%) are now submitted via eComplaints.

More information on the outcomes of complaints assessed and assessment performance can be found in the chapter, Assessing and resolving complaints.

CHART 2 | Complaints assessed from 2016-17 to 2020-21



Counted by provider identified in complaint

Resolving complaints

A complaint can be resolved through one of three pathways:

- **Resolution during the assessment process:** With appropriate early, targeted support or informal intervention, assessment officers have the opportunity to resolve concerns regarding issues such as waiting times, administrative processes, staff attitudes or difficulty accessing reports or medical records.
- **Referral for local resolution by a public or private health organisation:** This assists to establish a more constructive direct interaction with the health service provider where a problem has arisen.

- **Referral to the Commission’s Resolution Service:** Provides trained facilitators to bring the parties together to identify areas of concerns, improve understanding and help drive improvements in care.

The resolution of complaints during the assessment process is an important outcome in terms of the experience of the complainant and the provider. In 2020-21, 321 complaints were resolved during assessment, which is slightly fewer than the 375 in 2019-20.

Local resolution continues to offer the opportunity for less serious complaints to be addressed quickly and directly by the service provider. COVID-19 did however have a continued impact on the ability of health facilities to manage referrals and the reduced use of this local resolution pathway (5.6% of all complaints assessed in 2020-21 compared to 7.0% in 2019-20) reflected this.

The Commission’s Resolution Service received 410 new referrals in 2020-21, being slightly fewer than the 429 referred in 2019-20 and again due to the impact of COVID-19 on the ability of both complainants and health facilities to participate in resolution meetings.

Notwithstanding this COVID-19 impact, the Commission’s Resolution Service continued to grow in significance. There were 365 resolutions completed in 2020-21 compared to 298 in 2019-20 and 242 in 2018-19, representing a 50.8% increase in assisted resolutions over the past two years.

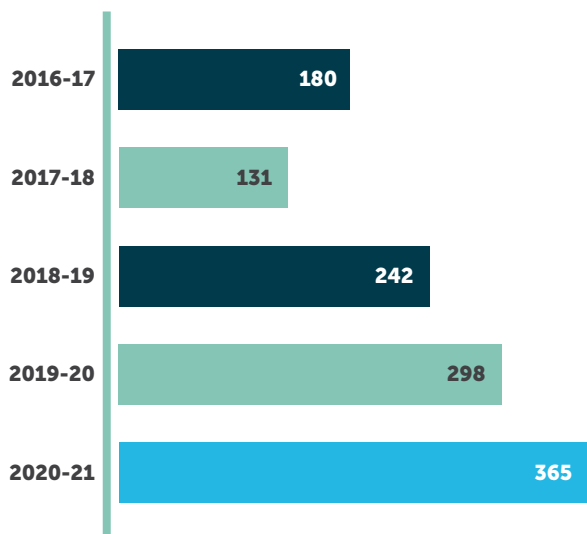
More information on the resolution functions can be found in the chapter, Assessing and resolving complaints.

Investigating complaints

There has been a substantial 38.9% increase in the number of investigations received in 2020-21 (546 compared to 393 in 2019-20). The outcome of referral for investigation has risen to 6.2% of all complaints assessed, compared to the typical result of around 5%. Some of the notable trends in complaints referred for investigation are:

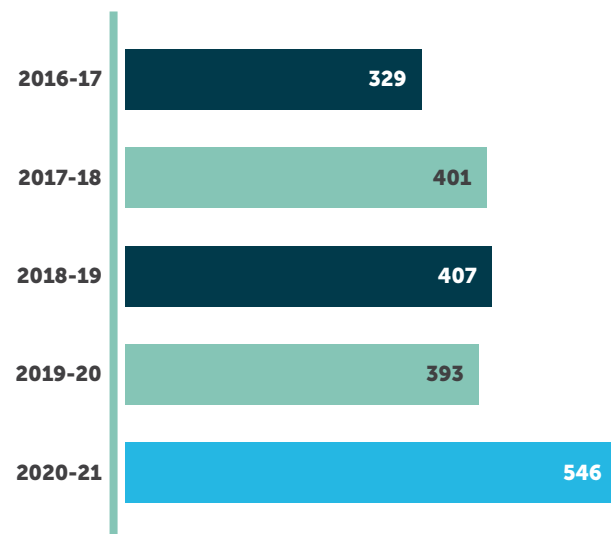
- a significant increase in the number of complaints referred by the Pharmacy Council of NSW and the Nursing and Midwifery Council of NSW following immediate action determinations under section 150D of the *Health Practitioner Regulation National Law (NSW)*.
- continuation of the trend of many individual practitioners being the subject of multiple investigations, with one practitioner alone generating six investigations; and,
- for unregistered practitioners, an increase in the number of investigations from 18 to 50, taking unregistered practitioner investigations as a proportion of all investigations received from 4.6% to 9.2%.

CHART 3 | Resolutions completed by the Commission’s Resolution Service 2016-17 to 2020-21



Counted by provider identified in complaint

CHART 4 | Investigations received from 2016-17 to 2020-21



Counted by provider identified in complaint

This substantial increase in the number of new investigations received has directly impacted upon the number of investigations finalised. There was a decrease from 501 in 2019-20 to 401 in 2020-21. The overall trend over recent years of more investigations finalised remains, noting the figures of 359 in 2018-19 and 282 in 2017-18.

Notwithstanding the significant increase in the volume of new matters, investigation timeframes have improved. For 2020-21 investigations took an average of 239 days to complete, compared to 313 days in 2019-20. More than three quarters (80.3%) of investigations were completed within 12 months, compared to 68.1% for 2019-20. Almost 50% of investigations were completed within six months, which is a significant further improvement in investigation performance.

Improvements in timeliness for investigations are attributable to refined investigation triaging and planning processes, early involvement of legal advisors, and review of cases at more regular intervals.

More information on the nature and outcomes of investigations can be found in the chapter, Investigating complaints.

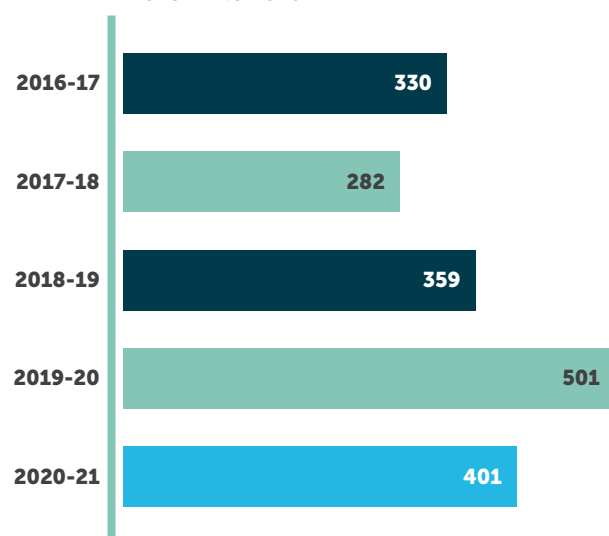
Prosecuting complaints

The Commission referred 179 investigations to the Director of Proceedings in 2020-21, which is 20.0% fewer than the number referred in 2019-20 (228). Noting that broadly the same proportion of completed investigations have been referred to the Director of Proceedings in 2020-21 as previous years, the decrease is a direct result of the fewer investigations finalised for the same period.

The Director of Proceedings made 86 determinations whether or not to prosecute a complaint during the year. It should be noted that where a number of investigations relate to the same practitioner, this becomes one prosecution (or matter) to determine.

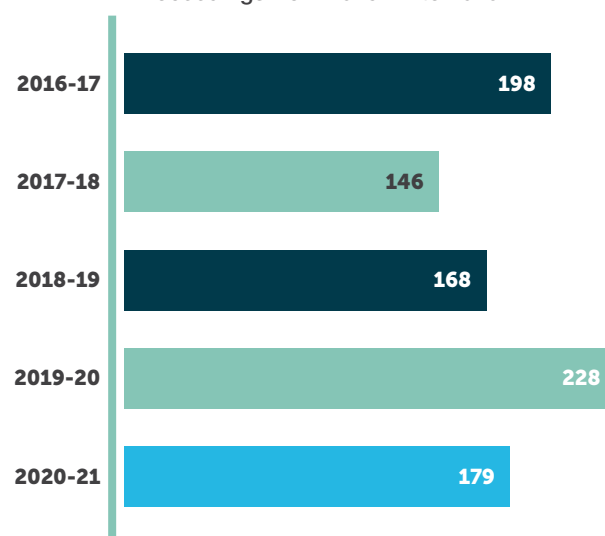
Of the 86 determinations, 79 were to prosecute a complaint before the NSW Civil and Administrative Tribunal (NCAT) and two before a Professional Standards Committee (PSC). The Director of Proceedings determined not to prosecute six complaints.

CHART 5 | Number of investigations finalised from 2016-17 to 2020-21



Counted by provider identified in complaint

CHART 6 | Investigations referred to Director of Proceedings from 2016-17 to 2020-21

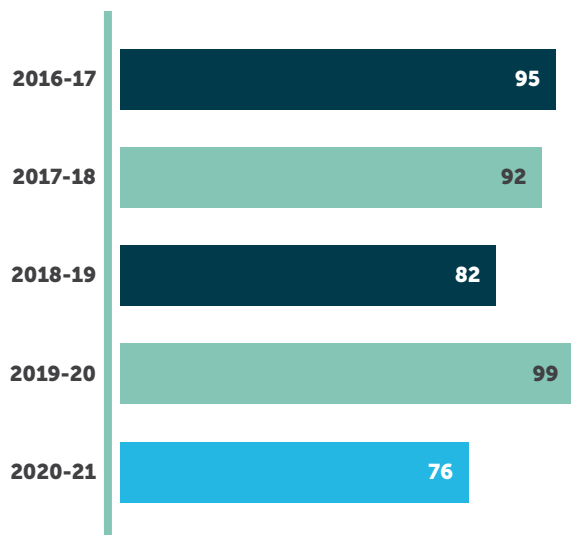


Counted by provider identified in complaint

As shown in Chart 7, the Commission finalised 76 legal matters in 2020-21, which is 23.2% fewer compared to the previous year. This is attributable largely to the COVID-19 impact of delayed hearings for significant matters, but also the increasing preference of the NSW Civil and Administrative Tribunal to split processes into two stages, with Stage 1 making findings and a separate Stage 2 process to determine protective orders based on those findings.

Of the legal matters finalised, 53 were prosecutions of registered practitioners before NCAT or a PSC. There were 7 re-registration appearances and 16 appeals and applications.

CHART 7 | Number of legal matters finalised from 2016-17 to 2020-21



Counted by matter and excludes matters not prosecuted

The overall success rate of the Commission’s prosecutions before NCAT or a PSC remains extremely high, at 98.1%. In terms of outcomes, only one matter was dismissed, with the registration of 35 practitioners cancelled or disqualified. All remaining practitioners were either suspended, reprimanded, cautioned or had conditions imposed on their registration, or a combination of these orders.

More information can be found in the chapter, Prosecuting complaints and legal services.

Financial summary

The Commission received a small budget increase in 2020-21. Total grant funding from the Ministry of Health increased to \$19.5m for the year, which was a 4% increase compared to the 2019-20 year. The grant revenue comprised recurrent funding of \$19.5m and \$0.02m for capital. The increase primarily funded the increase in insurance premiums and some investment in upgrading IT equipment and systems.

The 2020-21 total expenditure was \$20.4m, an increase of 0.01% on 2019-20. The additional expenditure was funded by the increased grant from the Ministry of Health and revenue from Legal Cost Recoveries (\$0.8m).

Employee related costs were \$15.5m and continue to be the greatest proportion of our expenditure, at 76% (4% increase over 2019-20).

Other Operating Expenses and Depreciation decreased by 10%, noting the reduced expenses in areas such as travel and training due to COVID-19 impacts and also that higher costs in previous years related to the time limited refurbishment project and the need to transition quickly to remote working at the onset of the COVID-19 pandemic.

The full financial statements for the Commission are included in the Finance chapter.

Strategic priorities

The Commission’s performance, measured against its corporate goals for 2020-21, is summarised in Appendix B and throughout this report:

- Excellent complaints management – pages 32-53
- Protecting the public – pages 54-74
- Influencing and leading – pages 75-90
- Our people and capability – pages 91-100
- Organisational systems, technology and governance – pages 91-107

06 Profile of complaints

This chapter outlines the characteristics of complaints received by the Commission in 2020-21, with comparisons over a five-year period. It covers the volume of complaints received, analysis of who was complained about and the service areas involved, as well as the issues raised in complaints. Analysis of complaints by location is also provided.

It is important to note that the Commission’s data is not a comprehensive indicator of the overall standard of health care delivery in NSW. The number of complaints received by the Commission is relatively small considering the volume of health services provided across the state. Often complaints are addressed by the relevant health service provider directly, without the Commission being involved. This is increasingly the case as the Australian National Safety and Quality Health Service Standards require health service organisations to have an incident management system; a complaints management system that includes partnerships with patients and carers; and, an open disclosure process.

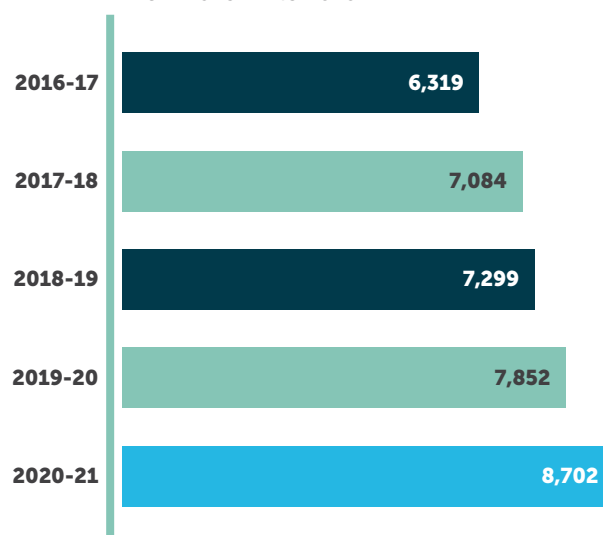
It is also important to note that the Commission receives complaints about both individual health practitioners and health organisations. Many complaints involve a number of practitioners and organisations and most raise a number of issues in a single complaint. The relevant counting method is indicated 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.

Volume of complaints received

There has been year on year growth in the total number of complaints received by the Commission, with 112.0% growth over the last decade and 37.7% in the last four years. Double digit growth can now be expected in most years.

Chart 8 shows that the Commission received 8,702 complaints in 2020-21 – a 10.8% increase compared to the previous year. This increase is higher than the 7.6% increase observed in 2019-20, and closer to the 12.1% increase recorded in 2017-18.

CHART 8 | Number of complaints received from 2016-17 to 2020-21



Counted by provider



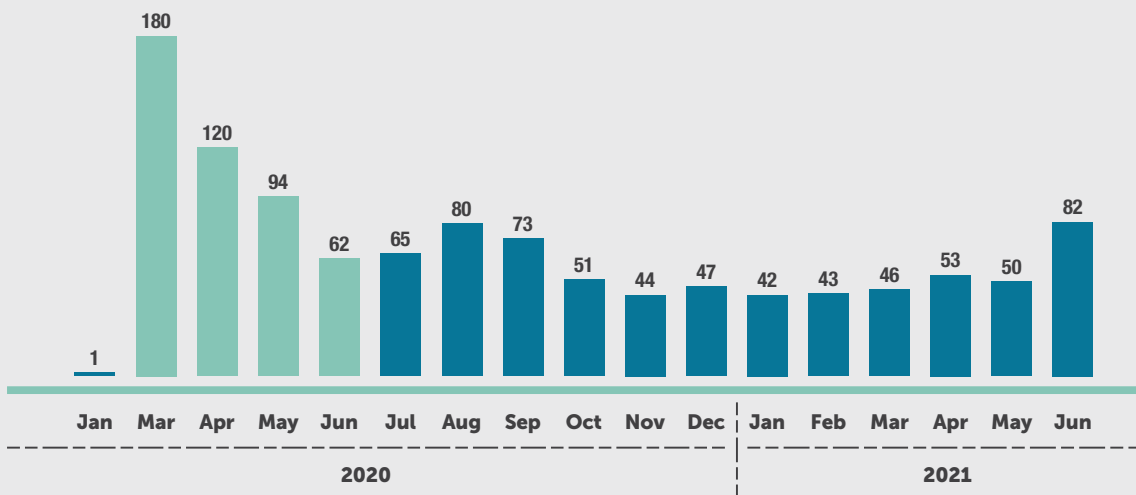
IMPACT OF COVID-19 ON COMPLAINT NUMBERS

As outlined in COVID-19 Chart 1, the first COVID-19 related complaints were received by the Commission in January 2020 and the volume has fluctuated since that time, depending on the evolving issues and concerns for health consumers.

In 2020-21 there were 676 complaints received in relation to COVID-19. This contributed to the total of 1,133 COVID-19 specific complaints received since January 2020. COVID-19 related complaints accounted for 7.8% of all complaints received in 2020-21, compared to 5.8% in 2019-20.

There were significant spikes in complaints early in the pandemic and at points where infections escalated, and health responses were introduced and intensified. The significant increase in COVID-19 related complaints in June 2021 coincided with the impact of the “delta strain” and the rate of receipt of these complaints has further intensified since that time.

COVID-19 CHART 1 | Complaints received regarding COVID-19, from January 2020 to June 2021



Issues raised in complaints

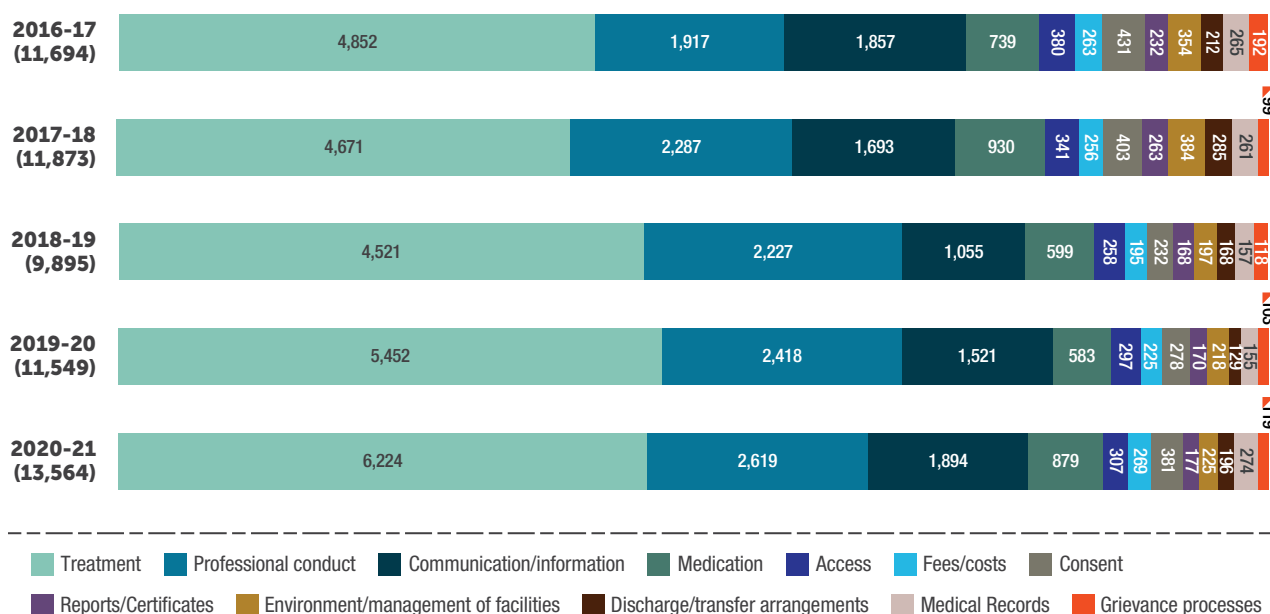
A single complaint will often raise a number of issues. Chart 9 shows the issues raised in complaints over the last five years. In 2020-21, the 8,702 complaints received raised 13,564 issues – an average of 1.6 issues per complaint (2019-20: 1.5).

Consistent with previous years, the most common issue category in 2020-21 was treatment (45.9%; 2019-20: 47.2%), followed by issues concerning the professional conduct of the health service provider (19.3%; 2019-20: 20.9%).

Other common issues included communication on the part of the health service provider (14.0%; 2019-20: 13.2%) and medication. In 2020-21 there was an increase in the number of complaints that raised medication as an issue compared to the previous year (6.5%; 2019-20: 5.0%)

A detailed breakdown of all issues in complaints received in 2020-21 can be found in Table A.1 and Table A.2 in Appendix A.

CHART 9 | Issues raised in all complaints received 2016-17 to 2020-21



Counted by issue

COMPLAINTS ABOUT TREATMENT

As shown in Chart 10, the most common treatment issues raised in complaints continued to be inadequate care (37.0%; 2019-20: 35.5%), inadequate treatment (16.7%; 2019-20: 19.5%), and unexpected treatment outcome/ complication (12.0%; 2019-20: 9.7%). Other common treatment-related issues included inadequate/inappropriate consultation (8.1%; 2019-20: 8.1%) and diagnosis (7.9%; 2019-20: 8.8%).

Other treatment issues include delay in treatment, rough and painful treatment, no/ inappropriate referral, infection control and withdrawal of treatment and accounted for 18.2% of treatment issues (2019-20: 13.4%).

As in the previous three years, treatment issues were most prominent in complaints about dental practitioners (56.4%; 2019-20: 54.5%) and medical practitioners (48.6%; 2019-20: 51.2%). The proportion of treatment related complaints about nurses and midwives continued to increase this year (22.7%; 2019-20: 19.9%) but remains low compared to other professions.

COMPLAINTS ABOUT PROFESSIONAL CONDUCT

Complaints about professional conduct encompass a range of issues. These may be:

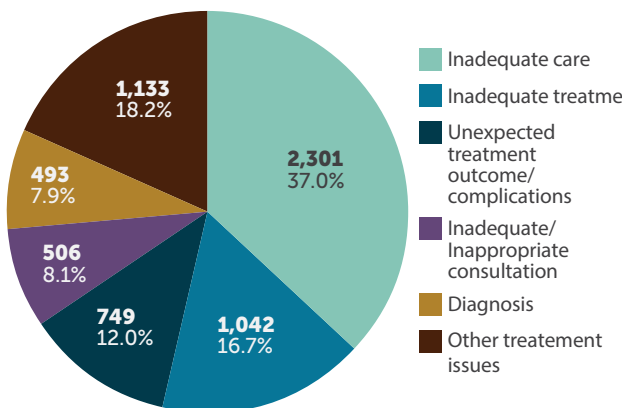
- performance related, including concerns regarding impairment or competence;
- administrative, such as advertising or failing to complete annual declarations; or
- more serious, such as allegations of fraud, assault or sexual misconduct.

As shown in Chart 11, where the complaint related to professional conduct, the most frequently raised issues were illegal practice on the part of the health practitioner (16.1%; 2019-20: 14.2%), the practitioner’s competence (13.9%; 2019-20: 12.2%), and breach of a guideline/ law (13.7%; 2019-20: 16.5%).

The proportion of professional conduct complaints raising concerns relating to impairment reduced (13.4%: 2019-20: 16.5%). In relation to impairment, it is noted that changes to mandatory reporting obligations in the Health Practitioner Regulation National Law came into effect on 1 March 2020. The threshold for registered health practitioners who treat other health practitioners as patients to report a concern about impairment, intoxication and practice outside of professional standards was changed. The reporting obligation is now limited to circumstances where there is “substantial risk of harm to the public”. All sexual misconduct must continue to be reported. There is no change to the requirement to make a mandatory report for non-treating practitioners, employers or education providers (i.e. it must be made on “reasonable belief”).

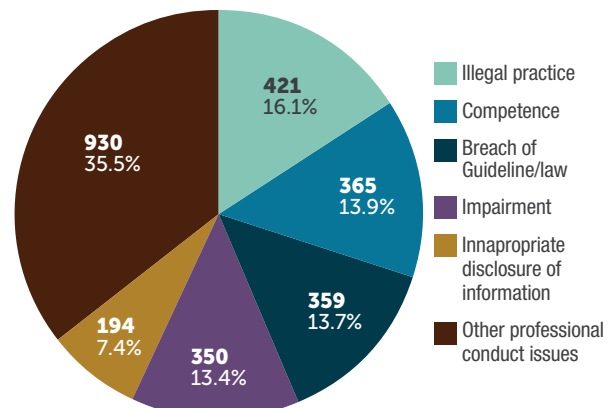
In 2020-21, there was a slight increase in the proportion of complaints that raised concerns about inappropriate disclosure of information when compared to the previous year (7.4%; 2019-20: 5.5%). Issues such as sexual misconduct, misrepresentation of qualifications, boundary violations, assault and financial fraud accounted for the remaining 35.5% of professional conduct issues raised in complaints (2019-20: 27.8%).

CHART 10 | Most common treatment issues raised in complaints received 2020-21



Counted by issue raised in complaint

CHART 11 | Most common professional conduct issues raised in complaints received 2020-21



Counted by issue raised in complaint

Consistent with last year, professional conduct issues were most prominent in complaints about nurses (56.2%; 2019-20: 62.0%) and pharmacists (42.1%; 2019-20: 49.0%).

COMPLAINTS ABOUT COMMUNICATION

As shown in Chart 12, the most common communication and information related issues concerned the attitude and manner of the health practitioner, but was slightly lower than the proportion in the previous year (61.0%; 2019-20: 68.6%). Other common issues included the provision of inadequate information (23.1%; 2019-20: 17.5%) and incorrect/ misleading information (14.0%; 2019-20: 12.8%) from the health service provider, both of which were slightly higher proportions of communication complaints than the previous year. A small but higher proportion of complaints (1.9%; 2019-20: 1.1%) involved the failure to accommodate the special needs of a patient.

Similar to the previous year, in 2020-21 approximately one third of complaints raising communication or information issues related to health organisations, with the remaining two thirds relating to individual health practitioners. Of the complaints relating to individual practitioners, 64.2% of communication or information issues concerned medical practitioners. Nurses/midwives, psychologists, dental practitioners and pharmacists made up a further 29.1% of communication/ information issues in individual health practitioner complaints.

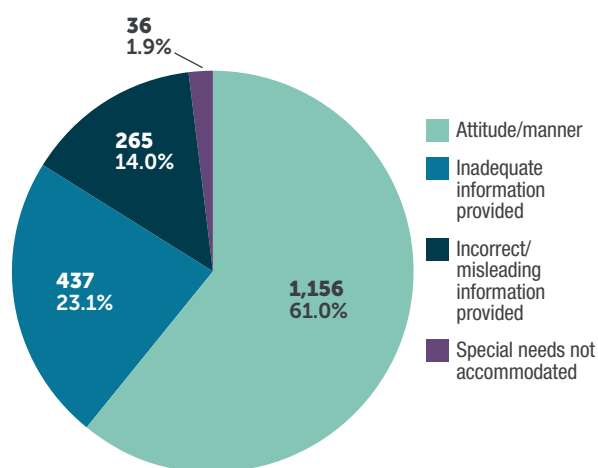
Complaints received by type of health service provider

Chart 13 shows the number of complaints received by the Commission over the five-year period from 2016-17 to 2020-21, broken down by the type of health service provider complained about.

The proportions of complaints for each category of health service provider have remained consistent during the five-year period. In 2020-21, 62.3% of complaints received were about registered health practitioners (2019-20: 63.3%); 34.9% were about health organisations (2019-20: 34.3%); and 2.5% were about unregistered health practitioners (2019-20: 2.1%).

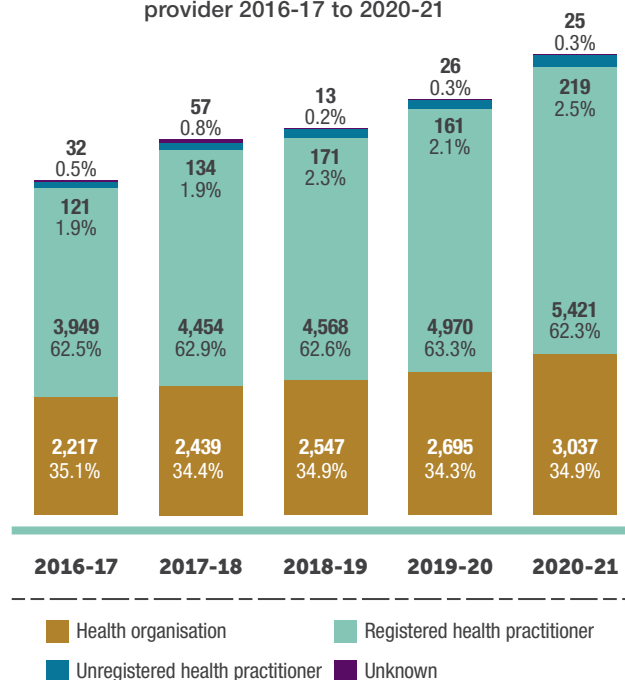
In a very small proportion (0.3%; 2019-20: 0.3%) the provider classification was other/unknown. This classification may be applied where the complaint: is not clear about the provider's details; does not relate to a health worker; is withdrawn immediately; or is otherwise not in jurisdiction and therefore further details were not required to determine the matter.

CHART 12 | Most common communication/information issues raised in complaints received 2020-21



Counted by issue

CHART 13 | Complaints received by health service provider 2016-17 to 2020-21



Counted by provider



ISSUES RAISED IN COVID-19 RELATED COMPLAINTS

The issues raised in COVID-19 related complaints differed markedly from general complaint trends.

On the one hand some issues were less prominent in COVID-19 related complaints. Treatment issues made up 40.3% of the issues compared to complaints overall (45.9%). Professional conduct was also a lower proportion of issues, being raised in 8.6% of COVID-19 related complaints, compared to 19.3% of complaints overall.

On the other hand, some issues were raised more frequently in COVID-19 related complaints:

- Communication/information was raised in 24.4% of COVID-19 related complaints but only 14.0% of complaints overall.
- Access, raised in 9.9% of COVID-19 related complaints, but only 2.8% of complaints overall.
- Environment/management of facilities, raised in 4.5% of COVID-19 complaints, but only 1.7% of complaints overall. These include concerns regarding the cleanliness of facilities, access availability of face masks and sanitiser for patients, and, the use of personal protective equipment by clinicians were commonly raised.

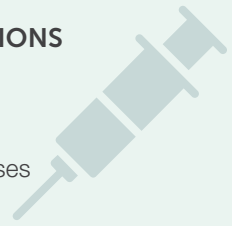
These differences (particularly in regard to information, communication, access and environmental factors) are reflective of the issues of broad community concern as the pandemic and the public health response evolved and changed at key points.

The recurring themes in COVID-19 complaints were vaccination, testing, impacts of public health rules and practitioner conduct, with clusters of issues within these themes.



THEME 1 – VACCINATIONS

- Choice of vaccine
- Unavailability of vaccine
- Vaccination consent processes
- Vaccine booking difficulties
- Vaccine certification delays
- Minor impacts/Harm from vaccination

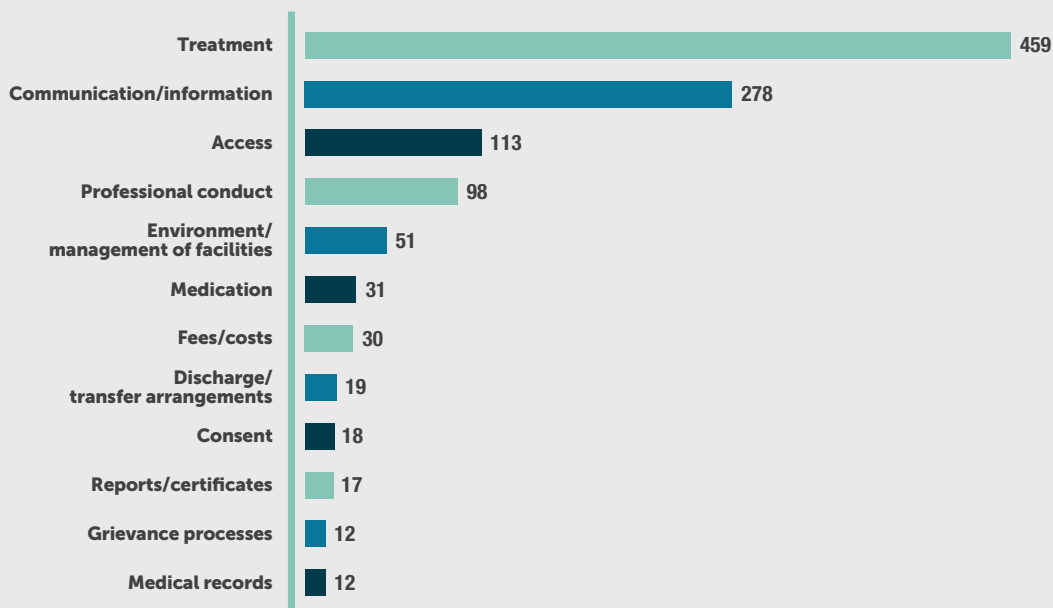


THEME 2 – COVID-19 TESTING

- Waiting times at testing stations
- Painful swabbing practices
- Delays in results
- Location of testing stations



COVID-19 CHART 2 | Issues raised in COVID-19 related complaints



Counted by issues raised in complaint



THEME 3 – COVID-19 RULES AND IMPACTS

- Objections to quarantine and quality of quarantine hotels
- Objections to lockdown rules
- Telehealth: requiring face to face consultation rather than telehealth; insisting on telehealth instead of face to face; charges for telehealth
- Impact on service access, surgery or treatment
- Restrictions on support persons at births
- Limits on visitors in hospitals and aged care facilities – preventing special needs patients from getting necessary support



Generally, the Commission's focus was on those complaints where there was a question about the standard of health care received and an associated harm or risk of harm to the community and/or specific patients.

As will be noted from this thematic breakdown, a significant proportion of the COVID-19 related complaints were not within the Commission jurisdiction, as they related to broader policy or operational response decisions of governments (including issues such as quarantine requirements and facilities, vaccination supply and communication of vaccine eligibility). The triaging of complaints to quickly identify and redirect those that were beyond jurisdiction was therefore an operational priority.

From continuous monitoring and analysis of the COVID-19 complaints received, the Commission was able to identify classes of complaints that could be avoided through improved communication about the complaints that the Commission does have the power to address and those that are beyond jurisdiction. This information was posted prominently on the website.

This monitoring also assisted to strengthen the approach to COVID-19 requests received by the Commission's Inquiry Service. Inquiries staff were equipped to provide immediate advice on the appropriate channels to raise issues that were beyond jurisdiction. In matters that were within jurisdiction but able to be addressed in an immediate and practical way, the caller was assisted to resolve the matter without having to lodge a complaint.



THEME 4 – PRACTITIONER CONDUCT

- Working with COVID-19 symptoms and without testing for COVID-19
- Infection control practices
- Anti-vaccination social media commentary and protesting
- Charging for vaccinations/consultations
- Diverting vaccinations to family members
- AINs working at multiple aged care sites when potentially COVID-19 positive
- Refusal to issue an exemption from the requirement to wear a face mask
- Requiring a COVID-19 test prior to treating



COVID-19 Case Study – Managing COVID-19 complaints that were outside of our jurisdiction

The Commission received a large number of complaints from people who were unhappy that their doctor would not vaccinate them with their preferred vaccine, due to age or other factors.

In responding to these complaints the Commission noted that policies and eligibility for vaccines was a matter for the Australian Government and advised that

the Commission did not have jurisdiction to review vaccine eligibility policies or direct a practitioner to accommodate a particular vaccine preference. The complainants were also provided with a link to the authorised information on COVID-19 vaccinations.

The Commonwealth Department of Health was notified of these complaints.

COMPLAINTS ABOUT HEALTH PRACTITIONERS

In 2020-21 the Commission received a total of 5,665 complaints about individual health practitioners, a 9.9% increase on the previous year.

Chart 14 shows the number of complaints received about the key categories of individual health practitioners for the period covering 2016-17 to 2020-21.

Registered medical practitioners, nurses and midwives, dental practitioners, pharmacists and psychologists continue to be the individual health practitioners most commonly complained about. Complaints about individuals registered in one of these five professions accounted for 89.4% of all complaints about individual practitioners in 2020-21.

The other types of health practitioners complained about are diverse and cover the wide range of health services accessed by consumers. They include complaints about

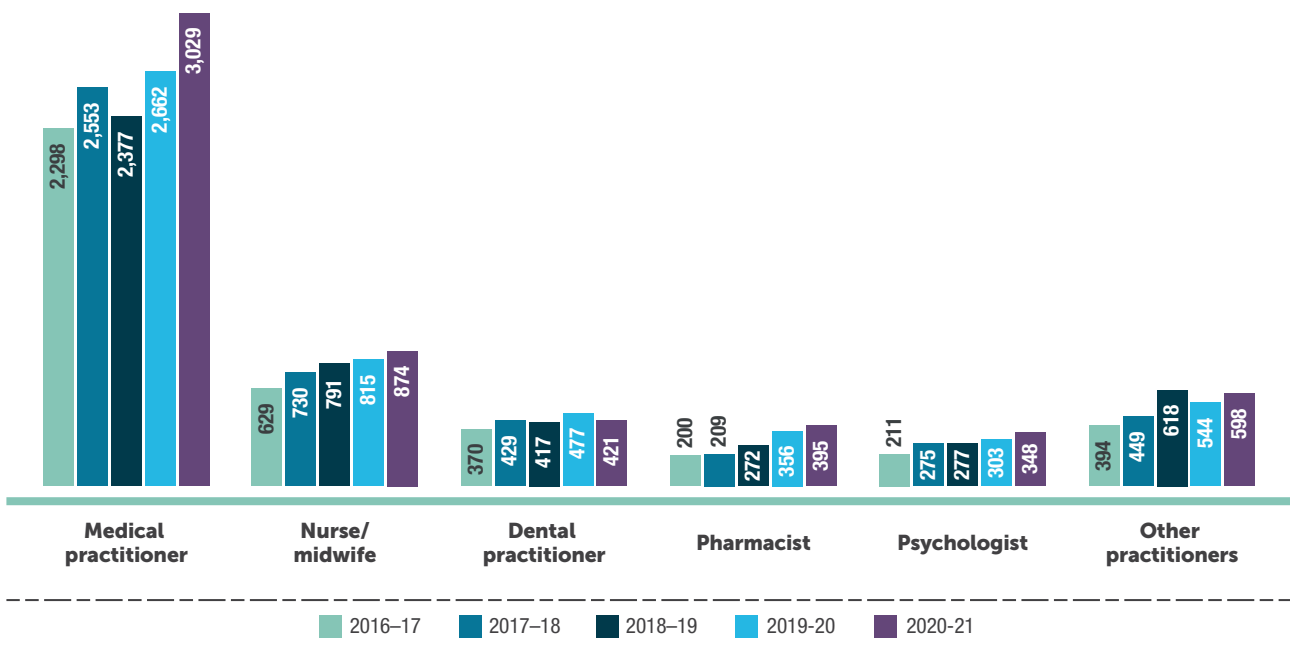
other registered health practitioners (such as paramedics, physiotherapists, podiatrists and occupational therapists) as well as unregistered health practitioners (such as sonographers, cosmetic therapists, massage therapists and social workers).

For a more detailed breakdown by profession, refer to Table A.3 in Appendix A. (For the registered professions, Table A.3 shows the total number of NSW registered practitioners in that profession as context.)

Chart 16 sets out the types of issues raised in complaints about medical practitioners, nurses and midwives, dental practitioners, pharmacists and psychologists, compared to all practitioners for 2020-21, which are discussed further below.

A detailed breakdown of issues for individual health practitioner complaints (by practitioner type) is included in Table A.5 in Appendix A.

CHART 14 | Complaints received about health practitioners 2016-17 to 2020-21



Counted by provider

COMPLAINTS ABOUT MEDICAL PRACTITIONERS

Complaints about medical practitioners remain the most common and made up 53.5% of all complaints about individual health practitioners in 2020-21. The 3,029 complaints received was a 13.8% increase on the 2,662 received in the previous year.

Breaking this down by **service area** in 2020-21, 1,289 complaints (42.6%) about medical practitioners related to the service area of general practice. This service area was added in 2020-21 to assist in differentiating complaints relating to patient-practitioner interactions in the primary health care sector to those relating to general medicine.

General practice specifically refers to the provision of treatment and care to patients in community settings (in a medical centre, or by a GP at a residential care facility, or via telehealth or home visits). It is now distinguished in the reporting from the general medicine category which is treatment and (non-surgical) management of complex, chronic and multisystem disorders within hospital settings.

The high proportion of complaints relating to general practice should be seen in the context of the number of patient-practitioner interactions with Medicare Australia reporting 33.7 million GP attendances in NSW in 2020-21.

As a result of the introduction of the general practice service area these complaints are no longer counted in the general medicine category and the proportion of complaints raised in the service area of general medicine therefore declined in 2020-21, from 44.0% to 6.9%. Other common service areas for complaints about medical practitioners were surgery (7.9%; 2019-20: 8.8%), and mental health (4.1%; 2019-20: 4.5%). The remaining 38.4% of complaints were across a wide range of service and specialty areas such as psychiatry, emergency medicine, oncology, obstetrics, anaesthesia, aged care, cardiology and paediatric medicine.

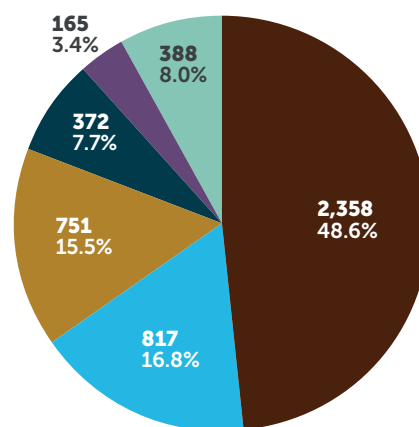
A more detailed breakdown of complaints received about medical practitioners by service area over the past five years is included in Table A.4 in Appendix A of this report.

Chart 15 breaks down the **issues raised** in complaints about medical practitioners in 2020-21.

Treatment continues to be the primary issue raised in complaints about medical practitioners, accounting for 48.6% of all issues raised in 2020-21 (2019-20: 51.2%). The most common treatment related issue was inadequate care, followed by inadequate treatment,

unexpected treatment outcome/ complication and inadequate/ inappropriate consultation. Together these accounted for nearly three quarters of all treatment related issues.

CHART 15 | Most common issues raised in complaints about medical practitioners 2020-21



Treatment
 Professional conduct
 Communication

Medication
 Reports/certificates
 All other issues

Counted by issue

A further 16.8% of issues raised in complaints about medical practitioners related to the professional conduct of the practitioner (2019-20: 17.1%), with the most common concerns relating to the practitioner’s competence, illegal practice, breach of a guideline/ law and impairment. Together these accounted for 51.4% of all issues raised in the professional conduct category.

Communication remains the third most commonly raised issue in complaints about medical practitioners, accounting for 15.5% of all issues raised, slightly higher than the proportion last year (13.7%). The majority of communication related complaints raised concerns about the attitude/ manner of the medical practitioner, with this issue alone accounting for 69.4% of all communication issues raised (2019-20: 78.0%).

7.7% of complaints about medical practitioners raised medication as an issue, which was higher than in 2019-20 (6.0%) and 3.4% of complaints raised the issue of reports/ certificates (2019-20: 3.4%) which was consistent with the previous year.

COMPLAINTS ABOUT OTHER HEALTH PRACTITIONERS

In 2020-21, the Commission received 874 complaints about **nurses and midwives**. This represented a 7.2% increase from the previous year, and like the overall rate of complaint growth, continues the trend of sustained, year-on-year increases observed for this profession.

Whilst professional conduct continues to be the most common issue raised in complaints about nurses/ midwives (accounting for 56.2% of all issues raised in 2020-21) this is a decrease from previous years (2019-20: 62.0%; 2018-19: 66.4%). The proportion of these professional conduct issues that related to impairment or competence was 44.1% in 2020-21, a significant increase from 2019-20 (29.2%) and higher also than previous years (2018-19: 36.8%; 2017-18 36.0%).

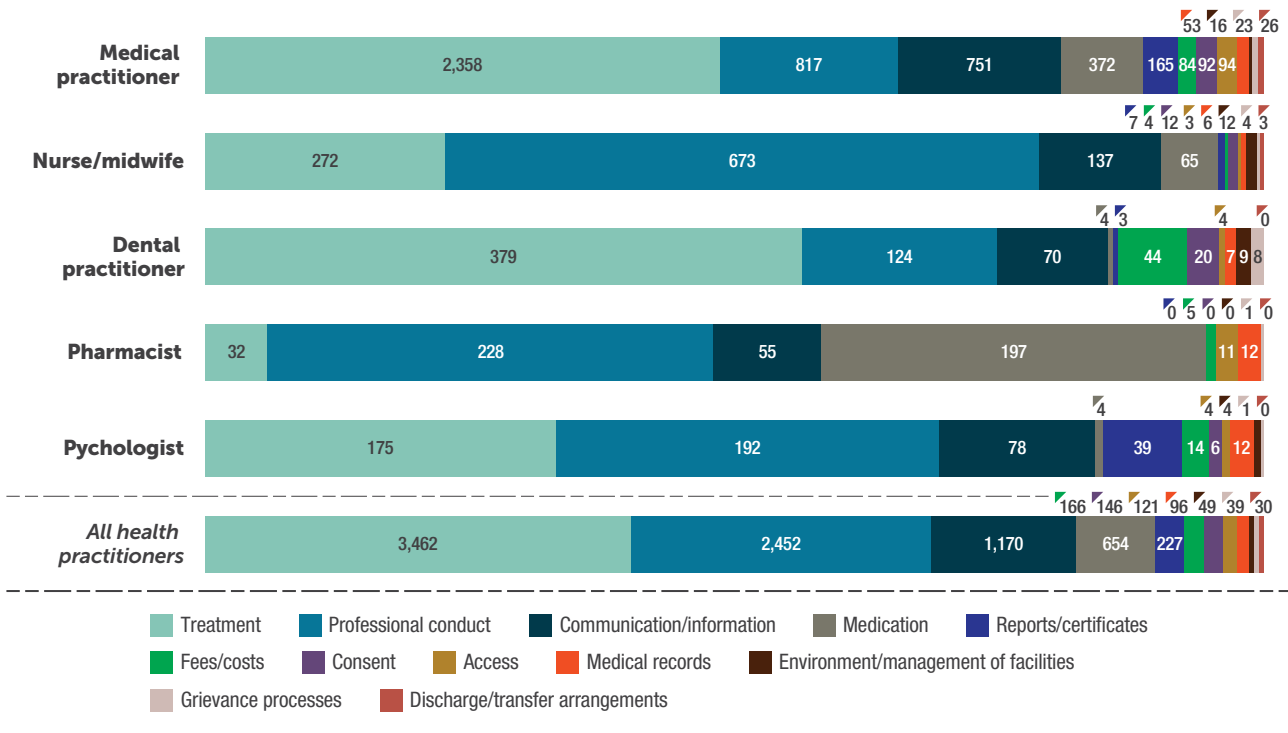
Other common issues raised in complaints about nurses and midwives included inadequate care, illegal practice, attitude/ manner of the practitioner and breach of a guideline/ law.

The Commission received 421 complaints about **dental practitioners** during 2020-21, an 11.7% decrease on the 477 received in 2019-20, most likely due to the limitations on dental services at various times during the COVID-19 pandemic.

Treatment continues to be the primary issue raised in complaints about dental practitioners, accounting for 56.4% of all issues raised (2019-20: 54.5%). The most common issues within the treatment category were inadequate care, inadequate treatment and unexpected treatment outcome/ complications. Together these accounted for 73.1% of all treatment related issues.

18.5% of issues raised in complaints about dental practitioners related to the professional conduct of the practitioner (2019-20: 22.3%), most commonly concerning a breach of a guideline/ law, competence and illegal practice.

CHART 16 | Issues raised in complaints received about health practitioners 2020-21



Counted by issue

The Commission received 395 complaints about **pharmacists** in 2020-21. This is an increase of 11.0% compared to the 356 complaints received in 2019-20. The Commission has undertaken deeper research into pharmacy complaints and has initiated discussions with co-regulatory bodies such as the Pharmacy Council of NSW and the Pharmaceutical Regulatory Unit (PRU) to consider broader strategies that will lift standards across the pharmacy sector and address public health risks in a more proactive and preventive way.

Medication and professional conduct continue to be the most commonly raised issue categories in complaints about pharmacists, accounting for 78.6% of all issues raised.

Dispensing of medication was the single most common issue raised in the complaints about pharmacists, accounting for 28.7% of all issues raised. This reflects the specific duties carried out by pharmacists and the understandable concern about risk when there is a potential error.

Of the issues raised about pharmacists that fall under professional conduct, around half related to illegal practice and a further quarter related to a breach of a guideline/ law.

The proportion of complaints raising the attitude/ manner of a pharmacist decreased this year to 7.4% of all issues raised (2019-20: 12.2).

There were 348 complaints received about **psychologists** during 2020-21, a significant 14.9% increase from the previous year. The most common issue category for complaints about psychologists continues to be professional conduct (36.3%) related to inappropriate disclosure of information, breach of a guideline/ law, and impairment.

One third (33.1%) of all issues in complaints about psychologists in 2020-21 related to treatment, predominantly raising concerns around inadequate care, inadequate/ inappropriate consultation and inadequate treatment.

COMPLAINTS ABOUT UNREGISTERED HEALTH PRACTITIONERS

The number of complaints about unregistered practitioners in 2020-21 remains a reasonably small but growing proportion of total complaints received (2.5%; 2019-20: 2.1%; 2018-19: 2.3%). The 219 complaints received was a significant 36% increase on the previous year (2019-20: 161). Noting that the management of these complaints is typically more resource intensive and requires different approaches, a key priority for the Commission is to continue to build strong risk based business processes for this category of complaints.

Complaints about counsellors/ therapists continued to be the largest proportion of complaints received about unregistered practitioners (20.5%), which was a minor decrease from the previous year (2019-20: 23.6%). There was a notable increase in the proportion of complaints about assistants in nursing (15.5%; 2019-20: 10.6%) likely reflecting the higher visibility of the profession through the activities of the Royal Commission into Aged Care Quality and Safety. Massage therapists (11.0%; 2019-20: 5.0%) and social workers (9.6%; 2019-20: 6.8%) were also subject to significantly more complaints.

The proportion of complaints about cosmetic therapists continued to decline to 4.6% (2019-20: 6.8%) and this may suggest a positive impact of more intensive consumer health regulation in this domain over recent years.

The primary issues raised in complaints about unregistered health practitioners tend to follow a different pattern to those raised in complaints about registered health practitioners. In 2020-21, unregistered health practitioners continued to be far more likely to be the subject of a complaint raising professional conduct issues (48.4%; 2019-20: 46.0%).

Treatment issues were the second most common area complained about, remaining broadly consistent with previous years at 31.4% (2019-20: 28.8%; 2018-19: 30.0%).

The proportion of communication complaints received about unregistered health practitioners decreased significantly in 2020-21 to 9.3% (2019-20: 16.4%). These three issue categories were the most commonly raised accounting for 89.1% for all issues raised in complaints about unregistered practitioners.

A breakdown of issues raised for unregistered practitioners is provided in Table A.5 in Appendix A.

COMPLAINTS ABOUT HEALTH ORGANISATIONS

In 2020-21, the Commission received 3,037 complaints about health organisations, a 12.7% increase on the previous year and slightly higher than the 10.8% growth across all complaints.

Chart 17 shows the number of complaints received by type of health organisations in the period 2016-17 to 2020-21.

Public hospitals, medical centres, private hospitals, correction and detention facilities, and psychiatric hospitals/ units were the health organisations most types commonly complained about. Complaints about these top five organisation types accounted for 74.2% of all complaints about health organisations in 2020-21 (2019-20: 73.2%).

The other types of health organisations complained about include pharmacies, community health services, dental facilities, aged care facilities, radiology and pathology centres as well as cosmetic and alternative health facilities.

A detailed breakdown of complaints about health organisations by facility type can be found in Table A.6 in Appendix A.

COMPLAINTS ABOUT PUBLIC HOSPITALS

The Commission received 1,387 complaints about public hospitals in 2020-21, which is a 12.0% increase on the number received in the previous year (2019-20: 1,238). These complaints accounted for 45.7% of all complaints against health organisations, which is consistent with the proportion observed in 2019-20 (45.9%).

The number of complaints about public hospitals should be seen in the context of the number of services provided in NSW. In 2020-21 there were:

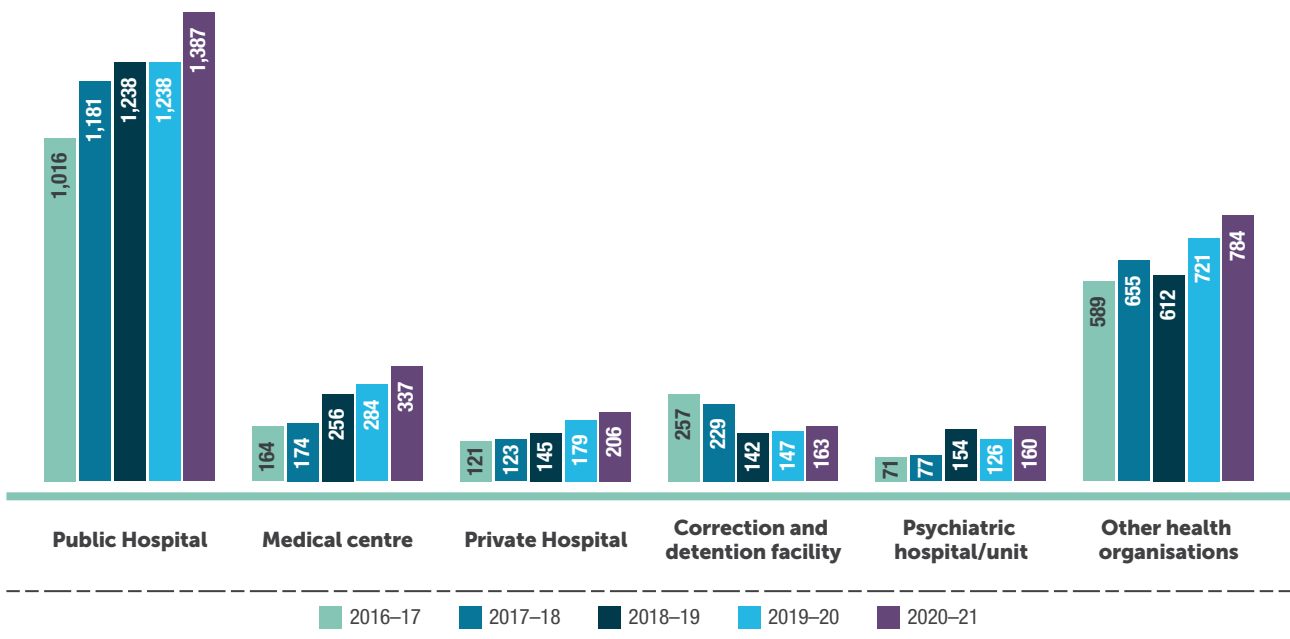
- 3,068,887 emergency department attendances in NSW public hospitals;
- 1,899,766 discharges from hospital; and
- 18,129,892 outpatient services provided.

Chart 18 shows the public hospital service areas subject to the most complaints in 2020-21 with some notable (likely COVID-19 related) shift between the service area categories:

- emergency medicine (32.7%; 2019-20: 27.1%)
- general medicine (16.5%; 2019-20: 23.7%)
- surgery (8.7%; 2019-20: 8.8%)
- mental health care (8.6%; 2019-20: 6.3%)
- geriatrics/ gerontology (3.9%; 2019-20: 4.4%)

A more detailed breakdown of complaints about public hospitals by service area over the past five years can be found in Table A.7 in Appendix A.

CHART 17 | Complaints received about health organisations 2016-17 to 2020-21



COMPLAINTS ABOUT OTHER HEALTH ORGANISATIONS

Complaints about health organisations other than public hospitals accounted for a similar proportion of all complaints about health organisations in 2020-21 compared to the previous year (54.3%; 2019-20: 54.1%).

There was an increase in the proportion of complaints about medical centres (11.1%; 2019-20: 10.5%), psychiatric hospitals/ units (5.3%; 2019-20: 4.7%) and pathology centres (2.1%; 2019-20: 1.6%). In each case, this is generally attributable to COVID-19 issues and impacts. Complaints about private hospitals and correction and detention facilities remained relatively stable compared to last year.

In 2020-21 the number of complaints about government departments was much higher compared with the previous year (3.0%; 2019-20: 1.2%) and it is noted that COVID-19 related complaints (concerning issues such as vaccination eligibility and supply, COVID-19 testing, hotel quarantine and public health orders) were the driver of this result.

A smaller proportion of complaints was received about pharmacies (3.2%; 2019-20: 4.3%) and aged care facilities (1.6%; 2019-20: 2.2%) when compared to the previous year.

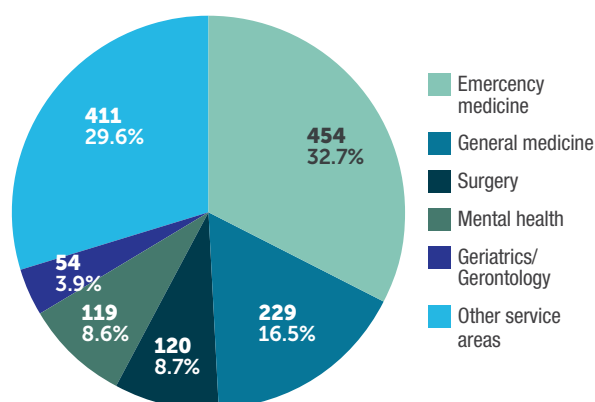
ISSUES RAISED IN COMPLAINTS ABOUT HEALTH ORGANISATIONS

Chart 19 shows a breakdown of the issues raised in complaints about public and private hospitals and other specific health organisations compared to all health organisations in 2020-21.

Treatment remains the primary issue raised in complaints about all health organisations. Complaints about treatment accounted for 64.5% of all complaints about public hospitals (2019-20: 66.6%) and 58.2% of all complaints about private hospitals (2019-20: 59.6%). A decrease in treatment issues was observed in complaints about medical centres this year (34.1%; 2019-20: 43.0%). Smaller decreases were observed in the proportion of treatment related issues in both correction and detention facilities (66.3%; 2019-20: 68.3%) and psychiatric hospitals/ units (55.1%; 2019-20: 56.2%).

Communication and information-related issues were the second most common issues in public and private hospitals, medical centres and psychiatric hospitals/ units. These issues accounted for 14.9% (2019-20: 12.5%) of complaints about public hospitals and 14.1% (2019-20: 15.5%) of complaints about private hospitals. There was a small increase in the proportion of communication issues in complaints about medical centres (19.6%; 2019-20: 17.9%) and psychiatric hospitals/ units (13.2%; 2019-20: 11.9%). Communication issues were only raised in 4.0% of complaints about correction and detention facilities, which is similar to the proportion in 2019-20 (4.1%).

CHART 18 | Most complained about service area in public hospitals 2020-21



Counted by provider identified in complaint

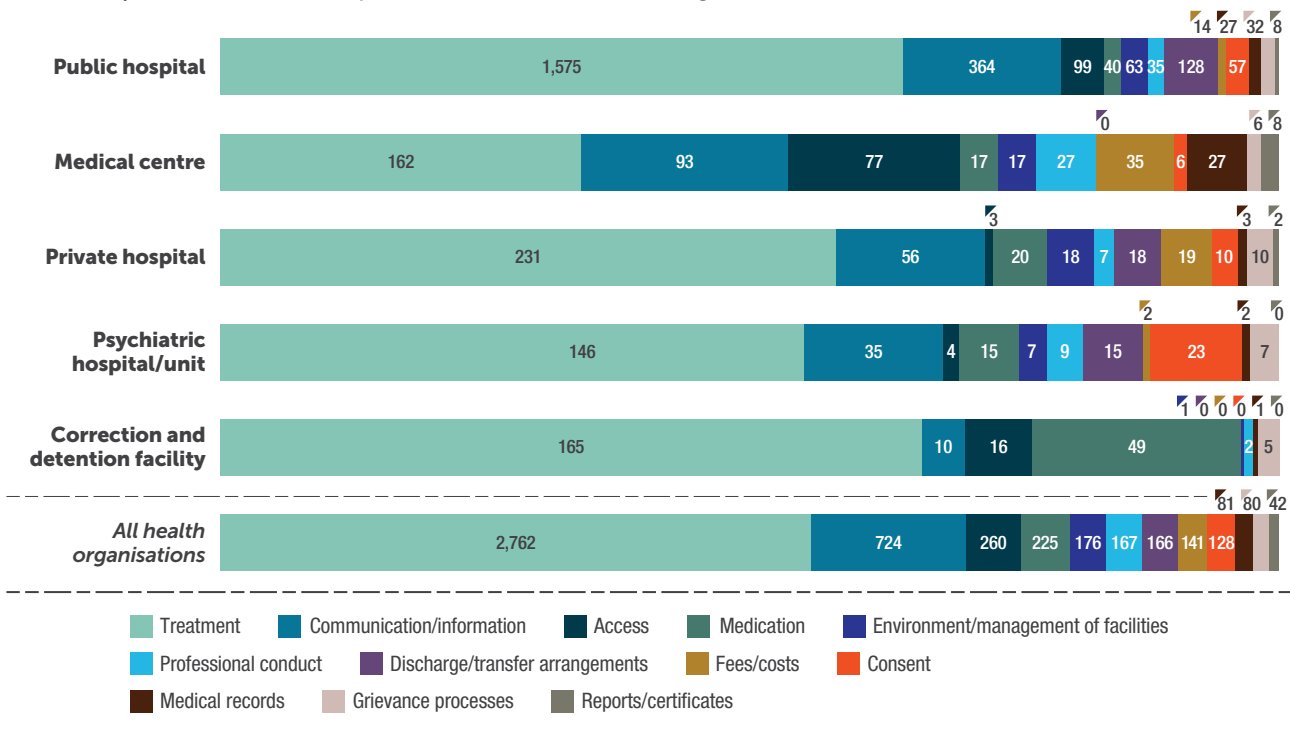
Medication issues were the second most common issue raised in complaints about correction or detention facilities, and this increased slightly in 2020-21 (19.7%; 2019-20: 17.9%). There was also a slight increase in medication issues raised in complaints about psychiatric hospitals/ units when compared to the previous year (5.7%; 2019-20: 4.3%).

Access remained the third most common issue raised in complaints about medical centres (16.2%; 2019-20: 11.2%) and this increased from 2019-20 due to an increase in the number of access issues related to the COVID-19 pandemic. The proportion of complaints about access in correction and detention facilities continued to decline to 6.4% (2019-20: 6.9%; 2018-19: 8.6%; 2017-18: 21.7%).

The most common issue raised in complaints about pharmacies in 2020-21 continued to be related to medication which accounted for 45.2% of all issues raised, an increase from the previous year (2019-20: 34.6%). However, there was a notable decrease in the proportion of complaints raising communication/ information issues in 2020-21 (14.1%; 2019-20: 21.6%).

A breakdown of the issues raised in all complaints received about health organisations can be found in Table A.9 in Appendix A of this report.

CHART 19 | Issues raised in complaints received about health organisations 2020-21



Counted by issue raised in complaint



WHO HAS BEEN COMPLAINED ABOUT IN COVID-19 COMPLAINTS?

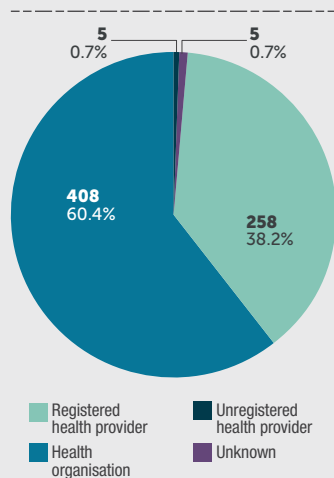
In terms of the type of health service providers complained about, COVID-19 Chart 3 shows that the profile of providers complained about in COVID-19 related complaints differs from the profile of all complaints.

- Fewer are about individual registered practitioners (38.2% compared to 63.3%), predominantly medical practitioners (61.6%), followed by nurses/midwives (13.6%), dental practitioners (6.6%) and pharmacists (3.9%).
- More are related to health organisations (60.4% compared to 34.3%).
- The proportion relating to unregistered health practitioners at 0.7% is less than the overall rate (2.5%).

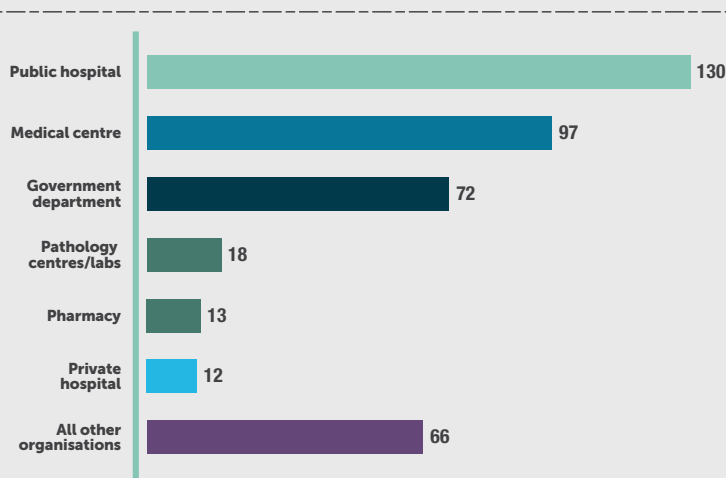
Looking more specifically at the top five health organisations complained about, COVID-19 Chart 4 shows that:

- The range of types of organisations complained about was much more diverse than the overall body of complaints (and included facilities such as pop-up testing sites, pathology laboratories and vaccination facilities).
- Nearly one third were about public hospitals (31.9%) which is a much lower proportion than the 54.3% for all health organisation complaints.
- Nearly one quarter (23.8%) were about medical centres.
- Nearly one in five (17.6%) were about a government department and these related to issues such as quarantine requirements, vaccination supply and policy, and public health orders.

COVID-19 CHART 3 | Types of health providers complained about, COVID-19 complaints



COVID-19 CHART 4 | COVID-19 complaints about health organisations by organisation type, 2020-21



Counted by provider

Complaints by location

Care needs to be taken in analysing and explaining data based on location for a number of reasons.

Location information is not always provided in a complaint. For example, a complaint may be made online or via email with only an email address as contact information. Furthermore, locational analysis of a complaint can be done in relation to the location of the complainant or the location of the service provider. A patient may travel, for example, from regional NSW to visit a Sydney-based specialist.

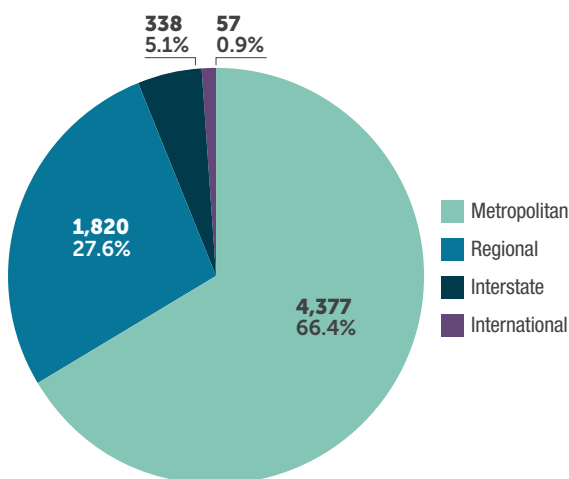
In relation to analysis of complaints by Local Health District (LHD) data, the significant differences in the volume and types of services provided across districts must also be recognised.

LOCATION OF COMPLAINANTS

Chart 20 shows breakdown of complaints received by the location of complainants. In 2020-21 location details were not provided by 2,182 complainants and were provided for 6,592 complainants.

The Commission received 4,377 complaints from complainants who indicated that they were located in metropolitan NSW. This represents 66.4% (2019-20: 66.4%) of all complaints where the complainant location was known. 1,820 complaints were received from complainants located in regional NSW, accounting for 27.6% (2019-20: 28.0%) of all complaints with location details. 338 complaints were received from interstate complainants (5.1%; 2019-20: 5.2%) and 57 from international complainants (0.9%; 2019-20: 0.4%).

CHART 20 | Location of complainants



Counted by complainant

For a more detailed breakdown of the location of complainants over a five-year period, please refer to Table A.13 in Appendix A of this report.

LOCATION OF PROVIDERS

Chart 21 shows the breakdown of complaints received by the location of health service providers. In 2020-21 location details were not able to be identified for 392 providers.

In 2020-21, the Commission received 5,896 complaints about health service providers in metropolitan NSW, which was 71.0% of all complaints with a known provider location. This proportion is consistent with previous years (2019-20: 70.4%; 2018-20: 71.7%).

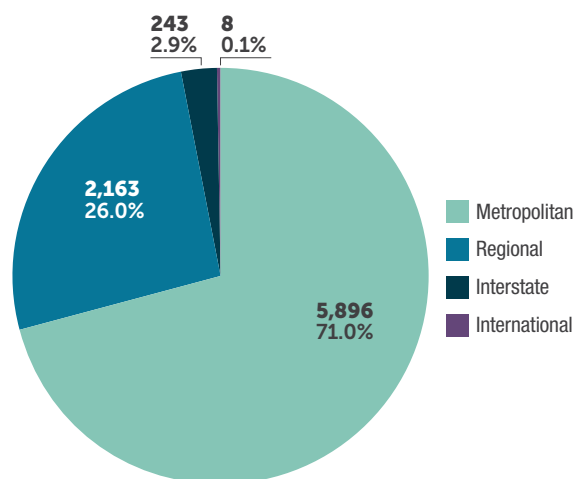
2,163 complaints (or 26.0%) were about health service providers in regional areas, which is also consistent with the previous year's figure of 25.4%. A small number of providers were from interstate (243, or 2.9%) and 8 were international (0.1%), both slightly lower than the previous year's figures of 3.9% and 0.3% respectively.

For a more detailed breakdown of the location of providers, please refer to Table A.14 in Appendix A of this report.

COMPLAINTS BY DISTRICT

Complaints information across each LHD can be found at Table A.8 in Appendix A. It shows that complaint numbers are small when compared to the number of services provided and also that the percentage of complaints for each LHD is generally proportionate to their share of the total services provided across the state.

CHART 21 | Location of providers



Counted by complainant

ISSUES RAISED IN COMPLAINTS FROM METROPOLITAN AND REGIONAL COMPLAINANTS

Chart 22 shows the issues raised by individual complainants located in metropolitan and regional NSW.

Treatment issues were the most common issues in both complaints by metropolitan complainants and regional complainants (although slightly more likely to be raised by metropolitan complainants (46.3% compared to 40.3% for regional complainants).

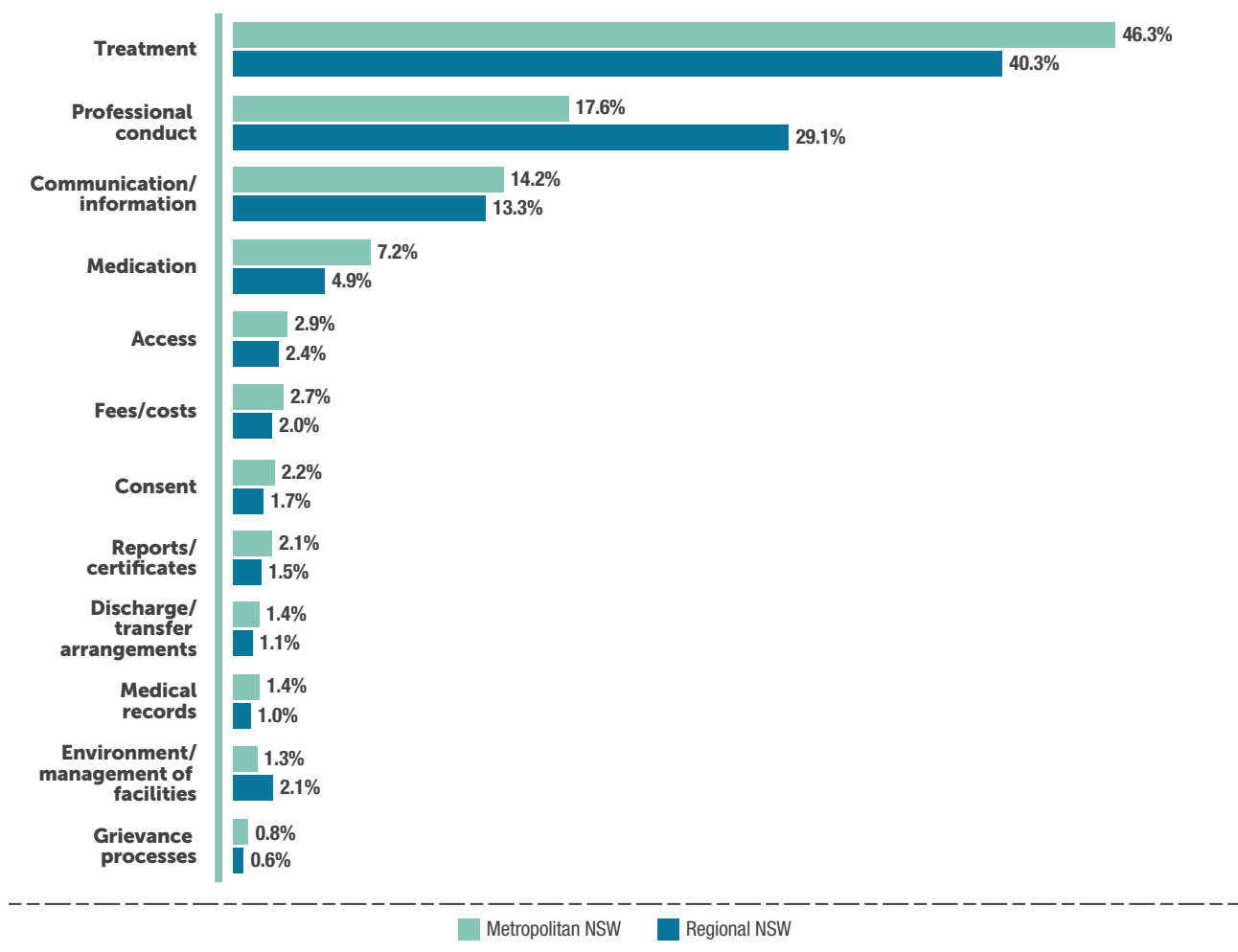
In both metropolitan and regional areas, treatment issues significantly decreased as a proportion of issues raised compared to 2019-20, while professional conduct rose substantially compared to the previous year.

Professional conduct issues were the second most common issue in both complaints by metropolitan and regional complainants, but nearly twice as likely to be raised by regional complainants (29.0% compared to 17.6% of metropolitan complainants).

Communication/ information was the third most common issue in both complaints by metropolitan (14.2%) and regional complainants (13.3%) and were of a similar proportion. Medication issues were slightly more likely to be raised by metropolitan complainants (7.2%) than regional complainants (4.9%).

Issues such as access, fees/ costs, consent and reports/ certificates were comparable between metropolitan and regional complainants.

CHART 22 | Issues raised by metropolitan and regional complainants



Counted by issue raised in complaint

07

Assessing and resolving complaints

The nature and purpose of the assessment process

A complaint may be made by any person, including (but not limited to) a patient, relative, carer or patient representative, and/or a health service provider.

Complaints may relate to the delivery of a health service by:

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

A health service is defined under section 4 of the *Health Care Complaints Act 1993* (the Act), as follows:

Health service 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,*
- (j) *Chinese medicine, chiropractic, occupational therapy, optometry, osteopathy, physiotherapy, podiatry and psychology services,*
- (j1) *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.*

The Commissioner is also able to make a complaint (typically referred to as an own-motion complaint) if:

- it appears to the Commissioner that the matter raises a significant issue of public health or safety,
- it raises a significant question about a health service that affects, or is likely to affect, the clinical management or care of a patient, or
- there would be grounds for disciplinary action against a health practitioner if substantiated.

All complaints about a health service provider must be in writing. Once a complaint is received, it must be assessed by the Commission.

If a complaint names a health organisation (such as a hospital) and also raises concerns about the care and treatment provided by individual practitioners within the organisation, both the organisation and the individual practitioners will be assessed.

The assessment process involves obtaining relevant information and conducting a risk assessment to determine what actions, if any, are required to manage the complaint and protect the health and safety of the public. If the complaint contains sufficient information, the Commission may make its assessment without further inquiries. However, 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 relevant 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 relevant medical records.
- Access any relevant reports that may have been undertaken by other bodies.
- For clinical matters, advice will usually be obtained from the Commission's clinical advisors and/or independent experts in a relevant speciality area.

For **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 and their legal obligations. In all cases relating to registered health practitioners, following its assessment of a complaint, the Commission must consult with the relevant professional council to determine the final assessment outcome.

For **unregistered health practitioners**, the standard of clinical care, treatment and professional conduct is assessed with regard to the *Code of Conduct for Unregistered Health Practitioners* (the Code) and their legal obligations. The Code is a legislative instrument set out in Schedule 3 of the Public Health Regulation 2012. The assessment considers whether any breaches of the Code have occurred and if so, the severity of the departures and the action to be taken.

For **health organisations**, the assessment process considers the organisation's legal obligations as well as the 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.

As has been outlined in the overview of the Complaints Management Framework, there are a number of possible outcomes from an assessment process. The determination of an outcome is based on the nature and seriousness of the issues raised and the risk to public health and safety. In summary, there are eight possible outcomes of a complaint which are as follows:

- Referred for investigation.
- Referred to the relevant professional council.
- Referred to the Commission's Resolution Service.
- Referred for local resolution.
- Resolved during assessment.
- Referred to another body or person.
- Discontinued with comments to the practitioner or health service.
- Discontinued (which also includes complaints that are withdrawn by the complainant).

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 complaint 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 those cases where there have been complex clinical issues and poor patient outcomes, but not significant departures in care and treatment that warrant formal investigation. Often these cases involve a loss of rapport or trust between the health service provider and the complainant. The Resolution Service offers complainants and health service providers the support of dedicated and trained facilitators to focus on identifying and discussing the outstanding issues and assisting parties reach an understanding and to agree on action. The process is voluntary and tailored to meet the needs of the parties involved.

The Resolution Service is provided in metropolitan, rural and regional locations depending on the source of the complaint and the location of the parties. This is done on a flexible, as needs basis.

The Commission may also determine that the health organisation or facility is in the best position to work directly with the complainant to address concerns that have been identified. In these cases, the complaint can be **referred for local resolution** by the Commission. Until October 2020 this outcome was only available for complaints about public health facilities but it is now available for all types of facilities and services.

Quick resolution of a complaint that is satisfactory to all parties continues to be the most desirable outcome wherever it can be achieved. The Commission continues to focus on identifying those complaints that can be **resolved during the assessment process** more quickly and informally.

For a proportion of complaints, the issues raised will be more within the jurisdiction of other bodies. Where that is the case, the complaint is **referred to another body** by the Commission. For instance, a complaint may raise a concern about access to, or the content of, a health record and in these cases the complaint may be referred to the Information and Privacy Commission NSW. 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 raise significant issues of 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 in matters where there are no identified clinical concerns or impacts but potential for improvement 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, 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 subject of the complaint did not raise a serious risk to public health and safety or potentially gross negligence or professional misconduct).



COVID-19 Case study – Providing corrective information to a health organisation

The Commission received a complaint from a complainant raising concerns that when he attended his local medical practice to receive his COVID-19 vaccination in his eligible stage, he was refused the vaccination because he did not have a Medicare card. The complainant stated that he contacted the National Coronavirus Health Information Line, which confirmed that he was able to receive a vaccination.

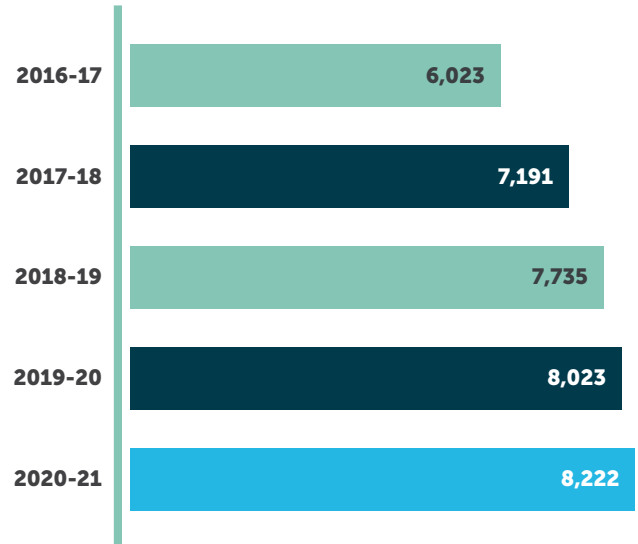
The Commission confirmed that patients without a Medicare card are still entitled to receive their COVID-19 vaccination. The Commission discontinued the complaint with comments to the practice, advising of this policy to ensure that similar mistakes were avoided in the future.

Complaints assessed

In 2020-21 there were 8,222 complaints assessed by the Commission, which is a 2.5% increase on last year (2019-20: 8,023). This positive result maintains the productive level of assessment performance that has been achieved in recent years and indicates that assessment performance has not been materially affected by the changes to business processes that were required to operate in a fully remote mode.

However, there are emerging signs of pressure on the ability to complete assessments at a rate that matches the increased number of incoming complaints. The significant growth in complaints in 2020-21 has driven the emergence of a gap between the number of complaints received and the number assessed for the first time in a number of years. This year the Commission received 480 more complaints than it assessed. In a climate of ongoing increases in new complaints, close monitoring and management of this gap will be an operational priority. The objective will be to optimise both assessment completions and assessment timeframes as far as resources permit.

CHART 23 | Complaints assessed from 2016-17 to 2020-21



Counted by provider identified in complaint



Case study – Refer to the Medical Council of NSW

The Commission received a complaint from a complainant who suffered a rash, itch and allergic reaction after being given a penicillin antibiotic by an anaesthetist following dental surgery. The complainant had a known penicillin allergy and had multiple documents alerting the practitioner to the allergy prior to the surgery.

The practitioner provided the Commission with a formal response acknowledging and apologising for the error, stating he had relied upon a document provided to him prior to the surgery which stated the complainant had no known

allergies. The Commission consulted with the Medical Council of NSW and determined to refer the complaint to the Council for management of the practitioner's performance. The Council subsequently provided advice to the practitioner reminding the practitioner of the importance of appropriate prescribing, advising him of the need to consider dealing with issues as an independent medical professional instead of taking instructions from others and to ensure that all workplaces were acting in compliance with the professional medical standards.



COMPLAINTS HANDLING DURING COVID-19 PANDEMIC

During 2020-21, the Commission continued to receive fluctuating volumes of complaints related to COVID-19 on a very diverse array of issues. The customised triaging assessment processes implemented in 2019-20 continued to operate, so that we could:

- Monitor and report on the nature and volume of these complaints, to identify early trends in the issues being raised and create appropriate process pathways so they could be quickly responded to.
- Ensure that particular cohorts of complaint types were managed consistently.
- Maintain a timely and efficient referral to relevant bodies where the subject matter was outside the Commission's jurisdiction.
- Ensure that information and evidence gathering processes were effective but not disruptive to front line health service delivery.

As time went on, the Commission's COVID-19 triage processes were refined to enable many complaints outside the jurisdiction of the Commission (such as issues related to the standard of hotel quarantine or choice of vaccine) to be logged as notifications, which enabled the immediate transfer of such matters to the

appropriate body rather than proceed through the full Commission assessment process.

All COVID-19 complaints that proceeded to assessment continued to be triaged by a dedicated Senior Assessment Officer, with direct executive level oversight. Weekly reports on COVID-19 related complaints were produced for executive review and analysis.

Through these processes the Commission maintained a comprehensive real time understanding of the COVID-19 related issues arising for health consumers. This assisted in the immediacy of responding to clear risks to public health and safety and identifying and managing the impact of COVID-19 complaints on business processes and resourcing.

During 2020-21, the Commission continued to complete all its complaints handling functions with minimal disruption. The timeliness and volume of completed assessments was largely maintained and staff continued to work remotely with the continued use of teleconference and videoconference capabilities for consultations with the relevant professional councils, and internal and external meetings.

COVID-19 Case study – Resolved during Assessment

A complainant raised concerns about their experience at a local medical practice. The complainant said that after receiving a negative COVID-19 test, she needed to consult a GP for a bad cough and possible chest infection. Despite displaying her negative test, she was concerned that she was made to sit in a separate waiting room, which was under construction and unclean.

The Commission called the medical practice to discuss the concerns. They advised that they had consulted the NSW Public Health Unit about using this area as a temporary isolation unit and explained that there was still a need to separate symptomatic patients even if they have a negative test. The practice apologised for the distress to the complainant, who considered that the explanation had resolved her concerns.

Assessments finalised

The Commission also records the number of complaints finalised, which is the means of monitoring the completion of all necessary administrative steps to achieve file closure following the assessment of a complaint. Once a matter is assessed the remaining steps are to consult with the relevant professional council (for complaints relating to a registered health practitioner), prepare decision letters and communicate the outcome to relevant parties, audit and close the case file.

In 2020-21, 8,077 complaints were finalised, which is marginally lower than the number of complaints assessed (8,222). Noting that many of these matters would be awaiting consultation with the relevant professional council, this indicates continued timely completion of all relevant case closure tasks (a number of which have been automated in recent years).

Assessment timeliness

With the significant increase in complaint volume in 2020-21, there has been a concern about the impact on timeliness. While some impact is starting to show, it has been minimised by improved complaints triaging practices, flexible resourcing for the frontline assessment function, the continued use of the Commission's online portal for complaint submission, and increased automation of processes.

In 2020-21 86.6% of assessment decisions were made within the 60-day timeframe, compared to 89.0% in 2019-20.

The average time taken to assess a complaint in 2020-21 is 40 days, which is broadly comparable to last year (2019-20: 39 days), but still an improvement on previous years (2018-19: 48 days; 2017-18: 72 days; 2016-17: 60 days).



Case study – Refer to the Dental Council of NSW

A complainant raised concerns about a tooth extraction undertaken by their dental practitioner after presenting with pain. The practitioner extracted the tooth, however, the complainant continued to have ongoing pain and sought the opinion of a different practitioner who took a radiograph of the teeth (OPG). This determined that the tooth had been broken and a third of the tooth still remained in the complainant's gums.

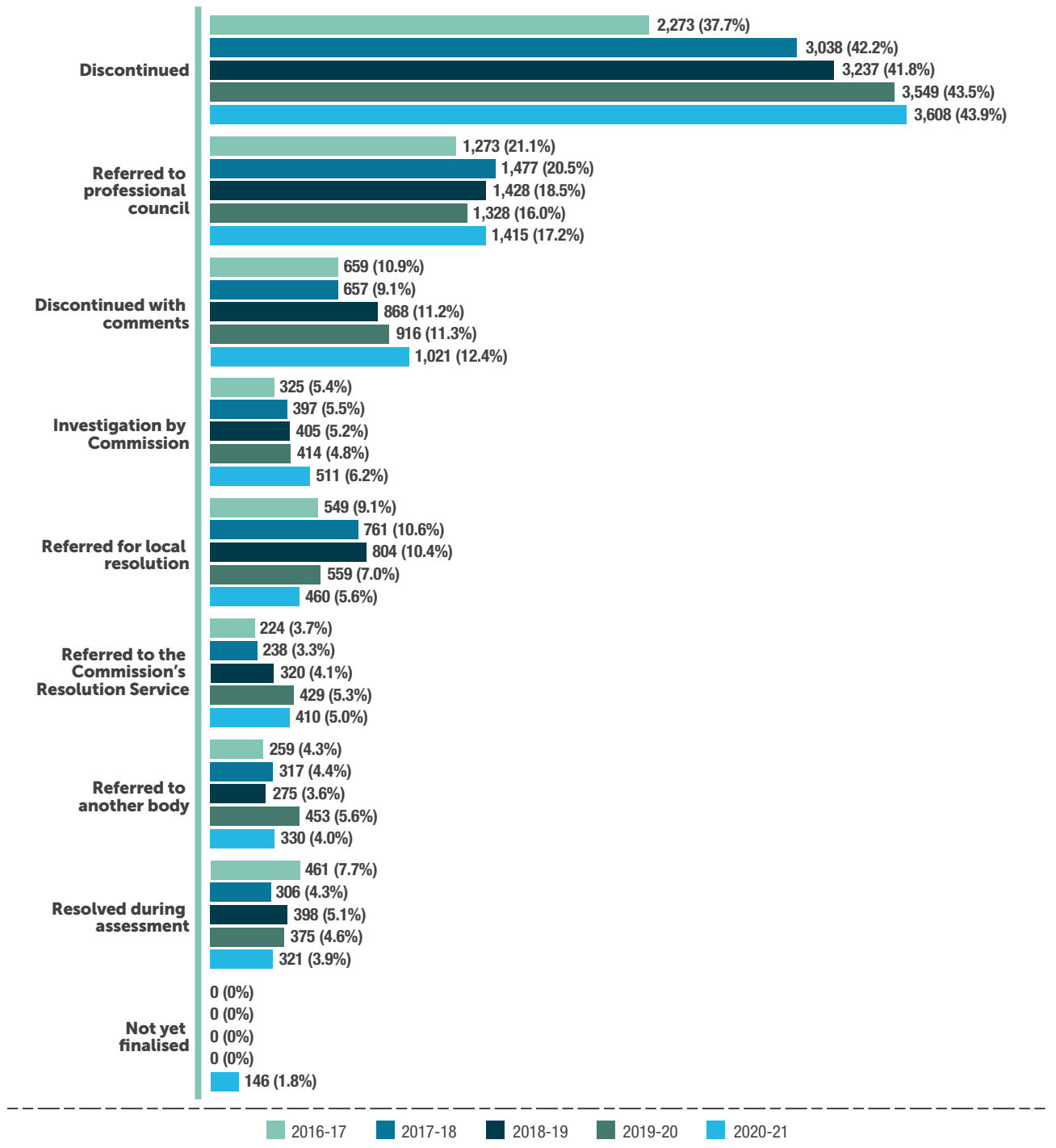
The Commission obtained a copy of the complainant's clinical records and OPG. The Commission considered that the failure to diagnose the retained tooth or conduct a post-operative OPG was concerning and that a referral to the Dental Council of NSW was appropriate. The Dental Council has powers to take action to address issues with shortcomings in the skills and performance of a practitioner, to avoid future risks to patients.

Assessment outcomes

Chart 24 shows the assessment outcomes for complaints for 2020-21 compared to the previous four years. It shows that:

- There was a material increase in the complaints referred for investigation in 2020-21, with 511 referrals compared to 414 in 2019-20. As a result, the proportion of total complaints referred for investigation has risen above the long-term trend of around 5.0% (6.2%, 2019-20: 4.8%). This is largely due to the growth in the number of complaints referred by the Pharmacy Council of NSW and the Nursing and Midwifery Council of NSW under section 150D of the Health Practitioner Regulation National Law (NSW) (National Law) combined with the increase in complaints relating to unregistered practitioners (which have a higher propensity to require investigation).
- Around one in six complaints (17.2%) were referred to the relevant professional council. While this represents a slight increase from 2019-20 (16.0%) it remains lower than the previous years (2018-19: 18.5%; 2017-18: 20.5%; 2016-17: 21.1%).
- The proportion of complaints referred to the Commission's Resolution Service in 2020-21 (5.0%) is comparable with last year (5.3%) and maintains the increase from previous years (2018-19: 4.1%; 2017-18: 3.3%; 2016-17: 3.7%). This is a positive reflection of the continued integration of assessment and resolution processes. In particular, refined triaging practices that identify early those complaints that involve complex and sensitive matters that would benefit from independent, objective and skilled facilitation to support complainants and providers to resolve concerns.
- 5.6% of complaints were referred for local resolution. This is a notable decrease from the previous year (7.0%). It is due to a decrease in the number of complaints received about public correctional facilities which often result in an outcome of local resolution and a smaller proportion of complaints suitable for local resolution in a COVID-19 context.
- The proportion of complaints referred to another body (4.0%) was lower than last year (5.6%) and a return to the proportion seen in previous years (2018-19: 3.6%; 2017-18: 4.4%; 2016-17: 4.3%). While the factors driving this outcome are not entirely clear, it is noted that there is increased awareness of other newly established specialised complaints entities (including the Aged Care Quality and Safety Commission, The NDIS Quality and Safeguards Commission and the NSW Aging and Disability Commissioner). The likelihood is that complaints that were once sent to the Commission are going directly to those entities. Also there are fewer complaints relating to cosmetic services (many of which would have been referred to the Department of Fair Trading).
- The Commission continues a focus on identifying matters that can be resolved early, directly, and informally between the parties during the triaging process. In 2020-21, the proportion of complaints resolved during assessment was 3.9%, lower than the previous three years (2019-20: 4.6%; 2018-19: 5.1%; 2017-18: 4.3%) mostly due to the difficulty in connecting with services and providers during COVID-19 in the more immediate way that is required to achieve this outcome.
- The proportion of complaints that were discontinued with comments increased marginally in 2020-21 (12.4%; 2019-20: 11.3%) with the proportion of complaints discontinued in 2020-21 remaining stable (43.9%; 2019-20: 43.5%).
- 1.8% 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.

CHART 24 | Outcome of complaints assessed 2016-17 to 2020-21



Counted by provider



ASSESSMENT OUTCOMES FOR COVID-19 COMPLAINTS

In 2020-21, the Commission assessed 653 complaints regarding COVID-19. COVID-19 Table 1 outlines the outcomes of these complaints.

COVID-19 TABLE 1 | Assessment outcomes of COVID-19 complaints

IMPACT	No.	%
Investigation	7	1.1%
Resolution Service	22	3.4%
Local Resolution	31	4.7%
Resolved during Assessment process	33	5.1%
Refer to Professional Council	52	8.0%
Refer to Another Body	71	10.9%
Discontinue with comments	174	26.6%
Discontinue	260	39.8%
Not Yet Finalised	3	0.5%
Grand Total	653	100.0%

As these figures show, very few of these COVID-19 related complaints raised serious risks to public health and safety.

Only 7 complaints (1.1%) were referred for investigation and 8.0% were referred to a relevant professional council. These outcomes are notably lower than the proportional outcomes for all complaints received in 2020-21 that were referred to investigations (6.2%) or referred to a professional council (17.2%).

Of the complaints referred to the professional councils, a significant proportion arose from breaches of social media protocols by practitioners.

While there were significantly fewer COVID-19 complaints referred to another body this year (10.9%) compared with 2019-20 (29.3%), this is nevertheless a much higher proportion than the outcome for all complaints (4.0%), generally reflecting a high degree of confusion in the rapidly changing situation and uncertainty about where to raise concerns. The Commission has taken the step of providing additional messaging on its website and through its Inquiry Service to ensure the public is aware of the relevant bodies to contact for certain COVID-19 queries and concerns that are not within the Commissions jurisdiction (including hotel quarantine, vaccination supply, vaccination booking and public health orders).

Fewer complaints regarding COVID-19 were discontinued (39.8%) when compared to all complaints (43.9%). Offsetting this, slightly more COVID-19 complaints were resolved (5.1%) and there were significantly more complaints discontinued with comments (26.6%) compared to the proportion of all complaints (12.4%). Comments typically provided formal advice to practitioners about interpreting and applying current public health orders, balancing duties to patients with risks to themselves, and highlighting the importance of their communication and manner in this time of heightened anxiety and uncertainty.

COVID-19 Case study – Refer to Another Body

The Commission received a complaint from a person who had been in mandatory hotel quarantine following their return from overseas. The complainant raised concerns about the conditions and maintenance of the facility as well as the quality of the food.

As the complaint did not raise any issues regarding clinical care and treatment, the Commission referred the complaint to the NSW Ombudsman as the appropriate body to manage these concerns.

Assessment decisions by type of health practitioner

Chart 25 sets out how the Commission dealt with complaints in 2020-21 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 5,406 complaints assessed about individual health practitioners (registered and unregistered).

OUTCOMES FOR MEDICAL PRACTITIONERS

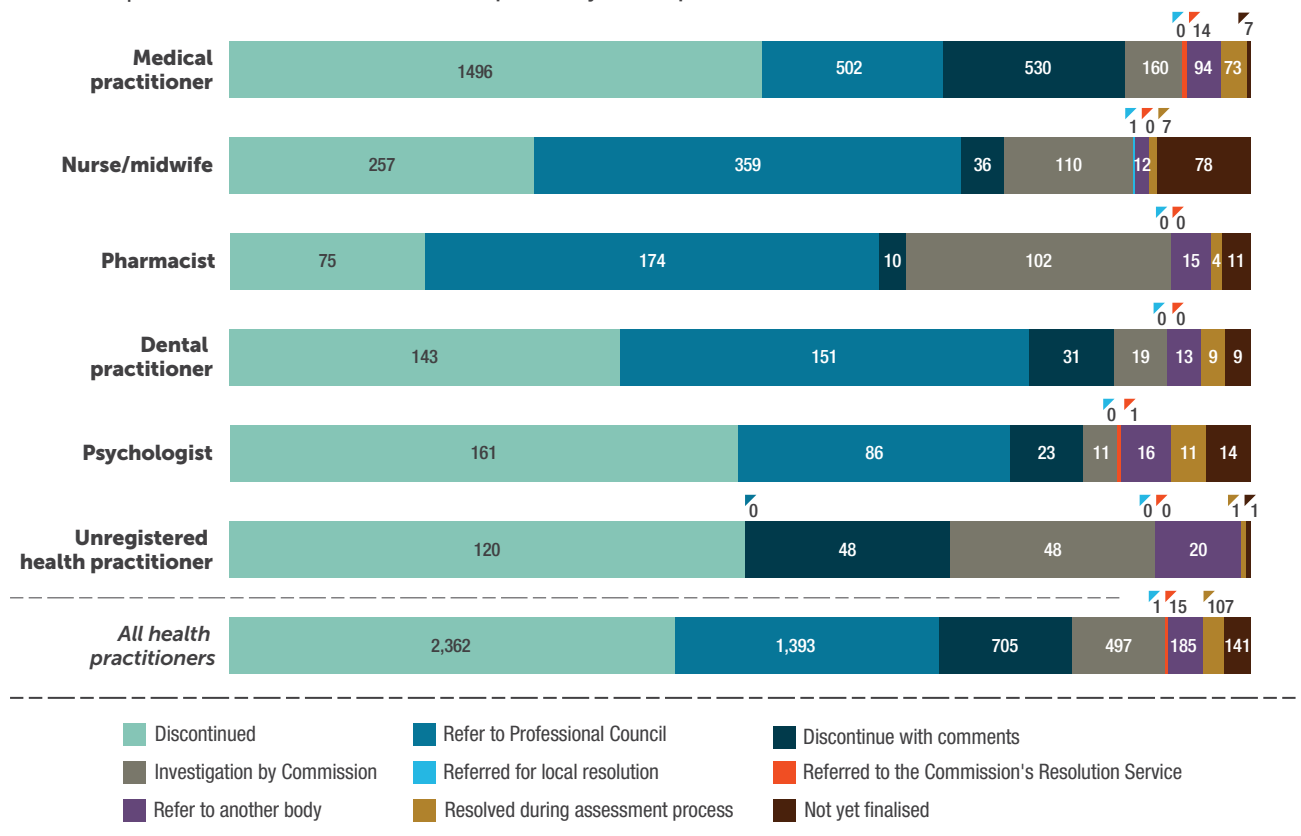
For medical practitioners, the proportion of complaints that were discontinued in 2020-21 (52.0%) was comparable with the previous year (53.8%) but higher than the proportion of all complaints about health practitioners (43.7%). The proportion of complaints that were discontinued with comments was also stable at 18.4% (2019-20: 19.2%) and remains the highest proportion across all health practitioners.

There was an increase in the proportion of complaints referred to the Medical Council of NSW (17.5%; 2019-20:13.1%), noting however that this is lower than the proportion of all practitioners referred to a relevant professional council (25.8%) and much lower than the proportion of dental practitioners, pharmacists, and nurses referred to their respective councils .

The 160 of complaints about medical practitioners that were referred for investigation was 5.6% of the total number of complaints about medical practitioners, and higher than the proportion in the previous year (4.8%). Over half (81) of these investigation referrals arose from an immediate action hearing held by the Medical Council under section 150 of the National Law for practitioners where the practitioners were considered by the Council to pose a current risk to public health and safety.

The proportion of complaints resolved during assessment decreased to 2.5% (2019-20: 3.6%) but was in line with the overall result for all health practitioners (2.0%). 3.3% of complaints were referred to another body (2019-20: 4.9%), which was also comparable with all health practitioners (3.4%).

CHART 25 | Outcomes of assessment of complaints by health practitioner 2020-21



Counted by provider identified in complaint

OUTCOMES FOR OTHER REGISTERED PRACTITIONERS

The most likely outcome for complaints about nurses, dental practitioners and pharmacists was referral to the relevant professional council, which remains consistent with previous years. This is because many complaints received by the Commission raise issues regarding a practitioner's health, performance or professional conduct that do not reach the threshold for further investigation but require remediation or intervention by the relevant professional council in order to improve standards in a practitioner's practice.

For **nurses and midwives** the proportion of complaints referred to the professional council was marginally lower in 2020-21 (41.7%) when compared to previous years (2019-20: 48.2%; 2018-19: 50.3%), although still significantly higher than the proportion for all health practitioners (25.8%). The proportion of complaints discontinued (29.9%) was comparable to previous years (2019-20: 27.6%; 2018-19: 30.8%), although this remains the second lowest proportion across all health practitioners (after pharmacists). The proportion of complaints about nurses and midwives that had investigation as an outcome has continued to grow year on year. In 2020-21 this outcome increased to 12.8% compared to 9.3% last year, which is consistent with the higher incidence of professional conduct issues in complaints about nurses and the increase in complaints referred by the Nursing and Midwifery Council of NSW under section 150D of the National Law.

Complaints about **pharmacists** continue to be most likely to be referred to the relevant council, with 44.5% referred in 2020-21 (2019-20: 35.3%; 2018-19: 49.8%). The proportion of complaints about pharmacists referred for investigation has increased significantly to 26.1%, up from 20.2% in 2019-20. This proportion continues to be the highest across all health practitioners and is nearly five times higher than medical practitioners (5.6%). Pharmacists have the lowest proportion of complaints discontinued across the health professions (19.2%), which is less than half the proportion all health practitioners (43.7%).

It is noted in this regard that the practice of pharmacy operates under an extensive regulatory framework, including the *Poisons and Therapeutic Goods Act 1966*, the associated 2008 Regulation, and supporting protocols and guidelines (e.g. Pharmacy Board of Australia Guidelines for Dispensing and the NSW Opioid Treatment Program Community Pharmacist Dosing Protocol). The outcomes for pharmacists reflect increasing regulatory activity by the NSW Ministry of Health's Pharmaceutical Regulatory Unit and a corresponding increase in notifications concerning non-compliance with legislation and guidelines, illegal practice and potential diversion of medications. The Commission is continuing discussions with the Pharmacy Council of NSW and the Pharmaceutical Regulatory Unit to implement strategies aimed at lifting standards across the pharmacy sector and addressing public health risks in a more proactive and preventive way.

The proportion of complaints about **psychologists** that were referred to the Psychology Council of NSW was marginally higher in 2020-21 at 26.6% (2019-20: 24.4%) but consistent with the proportion for all health practitioners (25.8%). The proportion of complaints referred for investigation (3.4%; 2019-20: 3.1%) remained stable and is considerably lower than the proportion of all health practitioners (9.2%). The number of complaints discontinued was stable (49.8%; 2019-20: 51.9%) and there was a decrease in the proportion of complaints discontinued with comments (7.1%; 2019-20: 11.3%). 5.0% of complaints concerning psychologists were referred to another body, most commonly the Australian Health Practitioner Regulation Agency (Ahpra) for issues concerning the misrepresentation of qualifications or advertising.

The proportion of complaints about **dentists** referred to the Dental Council of NSW was significantly higher than last year (40.3%; 2019-20: 35.3%). This was offset by a decrease in the proportion of complaints referred for investigation (5.1%; 2019-20: 8.2%). The proportion of complaints about dentists that was discontinued increased from 33.3% to 38.1%. The significant decrease in the number of complaints referred to another body (3.5%; 2019-20: 16.7%), appears to reflect significantly fewer complaints concerning fees and billing which would normally be referred to the NSW Department of Fair Trading, most likely because of reduced services in a COVID-19 context.

Complaints about **unregistered practitioners** are most likely to be discontinued (50.4%), which is slightly lower than the previous year (2019-20: 56.7%) but higher than all health practitioners (43.7%). 20.2% of complaints were referred for investigation in 2020-21, nearly double the proportion in 2019-20 (10.3%) and significantly higher than all health practitioners (9.2%), reflecting that complaints about this cohort tend to raise more serious concerns. The proportion of complaints discontinued with comments were comparable to the previous year (20.2%; 2019-20: 20.1%). Complaints referred to another body in 2020-21 (8.4%) were higher than all health practitioners (3.4%) and this was due to a number of complaints regarding unregistered practitioners being referred to Ahpra with concerns related to advertising and misrepresentation of qualifications.

For more detailed information about assessment decisions by the type of health practitioner complained about, please refer to Table A.19 in Appendix A of this report.

Assessment decisions by type of health organisation

Chart 26 sets out the assessment decisions in 2020-21 by the type of health organisation. The chart compares the assessment decisions for each of the top five most complained about health organisations with all complaints about health organisations.

OUTCOMES FOR HOSPITALS

For **public hospitals**, there were slightly fewer complaints referred to local resolution (24.3%) compared to last year (28.1%), which continues to reflect the more limited suitability of this outcome to complaints during the COVID-19 pandemic. There was an increase in the proportion of complaints resolved during assessment (7.8%; 2019-20: 6.6%) consistent with the outcomes for assessments of all health organisations (7.6%). 24.1% of complaints were referred to the Commission's Resolution Service, which is comparable to the previous year (25.0%) and this is more than 10 percentage points higher than all health organisation complaints (14.0%).

This continues to reflect the focus on working with the public health providers to identify those sensitive or more complex complaints that have a higher likelihood of a successful outcome if the complainant and provider are supported by a skilled Resolution Officer. 34.8% of complaints were discontinued which is comparable to the previous year (34.2%).

The most likely outcome for complaints about **private hospitals** is discontinued (47.4%; 2019-20: 45.1%; 2018-19: 53.2%). The proportion of complaints referred to the Commission's Resolution Service (22.4%) was slightly lower than last year (25.3%), however, there was a corresponding increase in complaints resolved during assessment from 6.6% in 2019-20 to 10.9% this year. This reflects the focus on working more closely with private hospitals and on supporting complainants and providers to resolve concerns wherever possible. The proportion of complaints where comments were made to the private hospital decreased slightly from last year (15.6%; 2019-20: 20.9%) but remains higher than the proportion for all health organisations (11.3%) and reflects the active strategy of working more closely with the private hospital sector to influence system improvements.

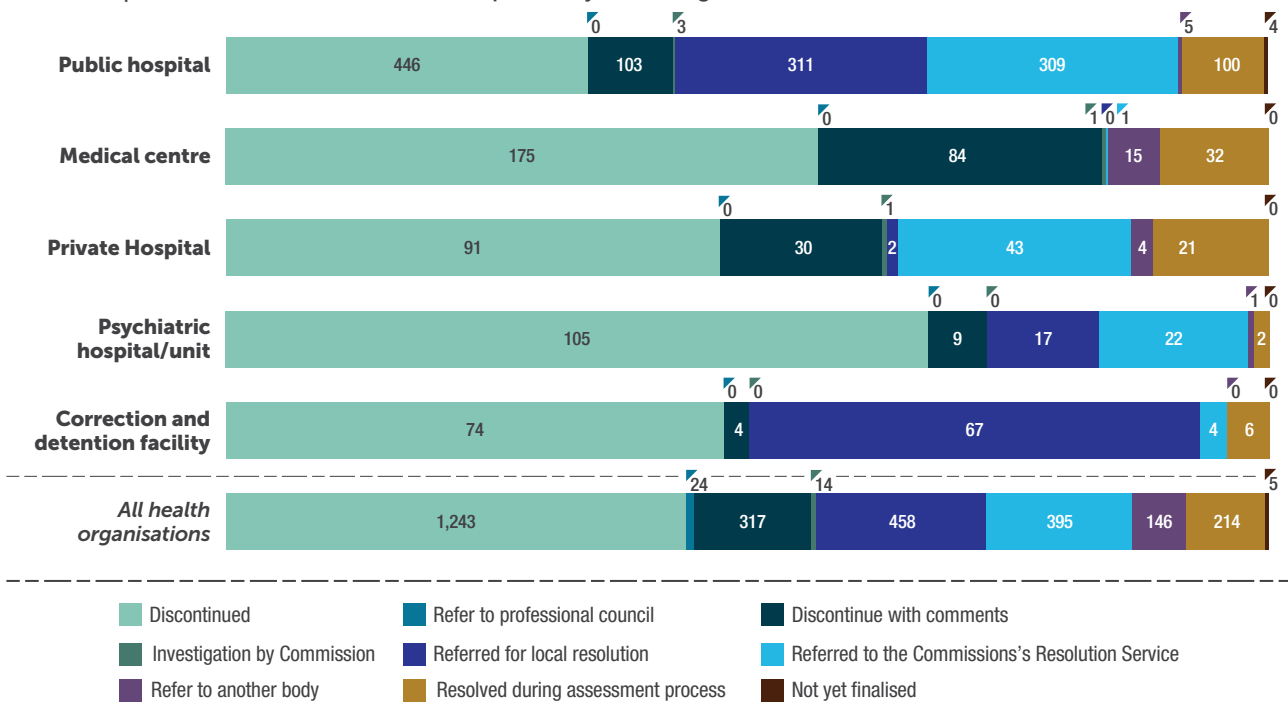
In 2020-21, there was a significant decrease in the number of complaints about **correction and detention facilities** that were referred for local resolution (43.2%; 2019-20: 61.9%). This is primarily due to a decrease in the number of complaints concerning public correctional facilities. Local resolution 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. This outcome is expected to rise in 2021-22, as the Commission has acquired new powers to refer complaints concerning private detention facilities for local resolution. In 2020-21 more complaints were discontinued (47.7%), which represents a significant increase when compared to last year (30.6%).

For complaints about **medical centres**, the complaints frequently involve disputes about fees and costs, access to medical records, types of consultations, particular treatments and services, or waiting times. Such complaints may often be successfully resolved with prompt contact by an Assessment Officer to discuss complainant rights and service responsibilities with the service provider early in the complaints process. With this early resolution focus, a significant proportion (10.4%) of complaints about medical centres were resolved during assessment in 2020-21. The complaints that cannot be resolved are generally discontinued or discontinued with comments unless significant clinical issues are identified. A high proportion of these complaints were therefore discontinued (56.8%) or discontinued with comments (27.3%).

For complaints about **psychiatric hospitals/units**, there is a strong focus on resolution pathways, recognising the sensitivity of many of these matters and benefit of independent support in understanding and resolving issues that have arisen. The proportion of complaints referred to the Commission’s Resolution Service was slightly lower than the previous year (14.1%; 2019-20: 16.3%) but in line with all health organisation complaints. 10.9% of complaints were referred for local resolution which is significantly lower than the previous year (31.0%) due to the limited ability to conduct local resolution meetings in the context of COVID-19 pressures. There was a corresponding increase in the number of complaints discontinued (67.3%; 2019-20: 45.0%).

For more information about assessment decisions by type of health organisation complained about, please refer to Table A.19 in Appendix A of this report.

CHART 26 | Outcomes of assessment of complaints by health organisation 2020-21



Counted by provider identified in complaint

Assessment decisions by service area

Chart 27 looks at the assessment decisions for complaints in 2020-21 by the type of health service that was provided. The chart compares the assessment decisions for each of the top five most complained about service areas to the assessment decisions for all service areas. In 2020-21 a new service area of general practice was added to differentiate complaints relating to patient – practitioner interactions in the primary health care sector to general medicine, as outlined earlier in the Profile of complaints chapter.

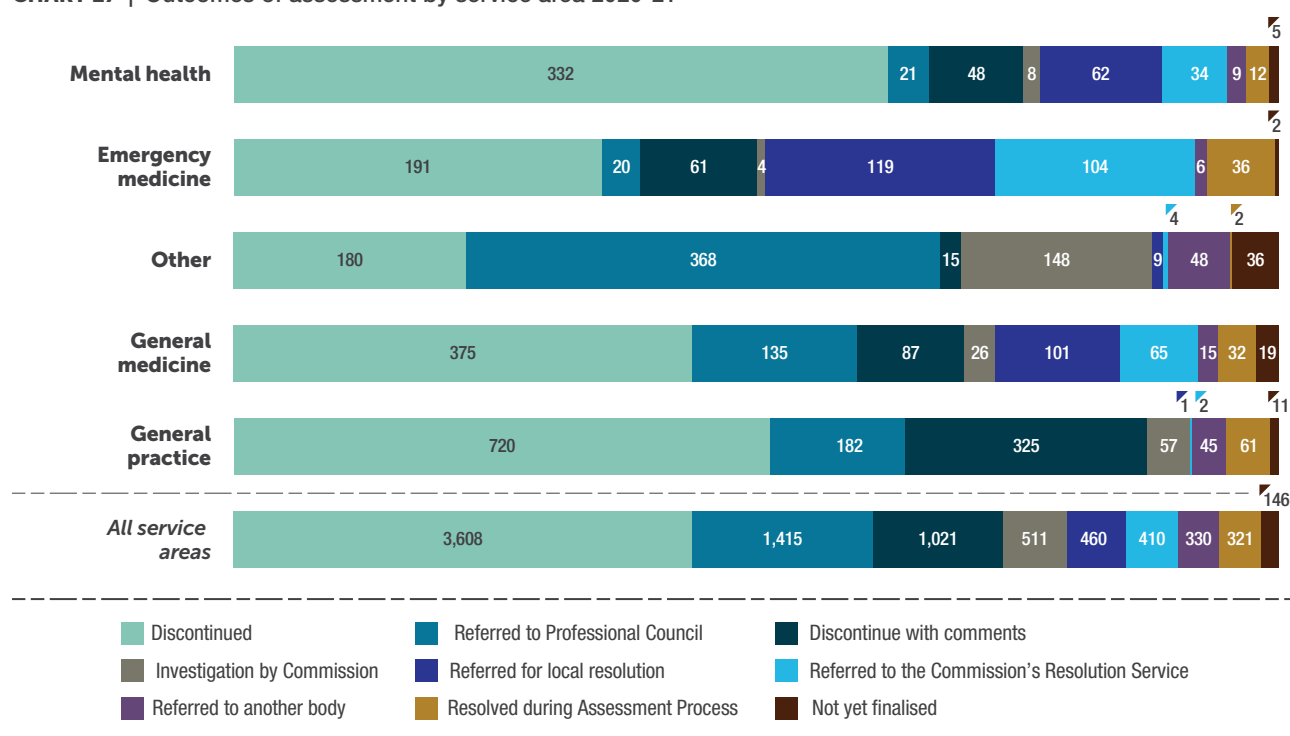
In 2020-21 the most common outcomes for complaints relating to **general practice** was discontinue (51.3%) and discontinue with comments (23.1%), both of which are higher than the outcomes for all service areas. This is due to a large number of complaints relating to broader non-clinical issues (such as waiting times, rudeness or unresponsiveness of reception staff, or appointment availability). While understandably frustrating to the consumer these types of issues do not raise significant issues of clinical care or risks to public health and safety. 13.0% of matters were referred to the relevant professional council and 4.3% were resolved during assessment.

Complaints in the service area of **general medicine** were most often discontinued (43.9%). 15.8% of matters were referred to the relevant professional council, and 10.2% discontinued with comments. 11.8% of complaints were referred for local resolution, which is considerably higher than all service areas (5.6%).

For the **mental health service** area, there was a decrease in the proportion of complaints referred for local resolution (11.7%; 2019-20: 16.3%) although this is higher than the proportion of all complaints. There was also a slight decrease in the number of complaints referred to the Commission's Resolution Service from last year (6.4%; 2019-20: 10.0%) and a corresponding increase in matters discontinued (62.5%; 2019-20: 55.3%).

Around one in three (35.2%) complaints about **emergency medicine** were discontinued, which is consistent with recent years and lower than the proportion of all service areas (43.9%). The proportion of complaints in emergency medicine referred to investigation is significantly lower than all service areas (0.7% compared to 6.2%). Analysis of the data suggest that these types of complaints frequently relate to broader issues such as poor communication, lack of access to the treating practitioners or prolonged

CHART 27 | Outcomes of assessment by service area 2020-21



Counted by provider identified in complaint

wait times due to the busy and immediate nature of emergency health care delivery. These issues are often best addressed by facilitating dialogue between the complainant and the health service provider. Accordingly, 21.9% of complaints about emergency medicine were referred for local resolution this year (2019-20: 29.7%) compared to 5.6% across all service areas. In addition, 19.2% of complaints of this type were referred to the Commission's resolution service (2019-20: 18.3%).

In 2020-21, the category of 'Other' is in the top five service areas. This category predominantly relates to mandatory and self-notifications required under the National Law, which typically concern professional conduct and health impairment issues. Often there is no information about the service area in the complaint because by definition it is about conduct and not the standard of treatment. For instance, the conduct may have occurred in a private setting or capacity and the service area may be irrelevant or unknown. The proportion of these complaints referred for

investigation in 2020-21 was 18.3%, much higher than that observed in general. This is due to the fact that many mandatory notifications involve more serious conduct such as criminal offences. The highest proportion of complaints in this category have an outcome of being referred to the relevant professional council (45.4%). This is consistent with the fact that many of the impairment related mandatory reports are most appropriately managed under the health program of the relevant professional council. Only 22.2% of these complaints are discontinued.

For more information about the assessment decisions by the type of service area, please refer to Table A.18 in Appendix A.



Case study – Refer to the Pharmacy Council of NSW

A complaint was received that alleged a pharmacist had lost the complainant's prescription documents and had overcharged him for medication. They also raised concerns that the pharmacist was rude, and his behaviour and conduct towards them was unprofessional.

The Commission obtained a formal response from the pharmacist, who accepted that there had been some prescription and communication difficulties with the complainant. He acknowledged there had been business pressures in providing the same levels of service as the pre COVID-19 pandemic period, as the pharmacy's trade had almost doubled due to its location being outside a shopping centre precinct which people may have been avoiding.

The Commission and the Pharmacy Council of NSW determined that the practitioner was experiencing challenges that were adversely affecting his ability to practice in a professional manner. It was determined to refer the matter to the Pharmacy Council for further management, to ensure the pharmacist received appropriate assistance and counselling.

Assessment decisions by type of issue raised

Chart 28 compares the assessment decisions made by the Commission in 2020-21 by the type of issue raised in the complaint. By comparing the assessment decisions for all complaints against the assessment decisions for the different types of issues raised, the analysis can indicate whether particular types of issues or issue categories are more likely to result in a particular assessment decision.

The data shows that there are some types of issues that are more likely to be referred for investigation. The most notable is professional conduct, generally because if substantiated, there would be a more serious risk to public health and safety. Conversely, there are some types of complaints that are more likely to be discontinued or discontinued with comments, as there is inherent difficulty in substantiating the complaint, no power to deliver the outcome sought by the complainant, or less of a risk if the complaint is substantiated. The outcomes for access, communication and minor fee related complaints are often illustrative of this.

Complaints concerning the **treatment** provided to a patient were discontinued in 48.6% of matters which is comparable to the previous year (48.1%). This is a higher rate of discontinuation than across all issues in complaints (43.7%). There was a small increase in the proportion discontinued with comments in 2020-21 (15.3%; 2019-20: 13.2%). Complaints concerning treatment were less likely to be referred to the professional council (10.2%; 2019-20: 9.8%) or to be referred for investigation (1.5%; 2019-20: 1.3%). Treatment complaints were more likely to be referred to the Commission's resolution service (10.1%; 2019-20: 10.7%) than all other issues (6.4%).

The proportion of complaints relating to **professional conduct** that were referred for investigation increased from 14.8% in 2019-20 to 19.4% in 2020-21. Complaints raising professional conduct concerns more often include an element of intent or willfulness and as such pose a higher risk. Reflecting this seriousness, these complaints are nearly four times more likely to be referred for investigation than all issues in complaints (5.4%), twice as likely to be referred to a professional council (36.6% in 2020-21 compared to 16.0% for all issues) and far less likely to be discontinued (25.7% compared to 43.7% for all issues).



Case study – Refer to the Medical Council of NSW

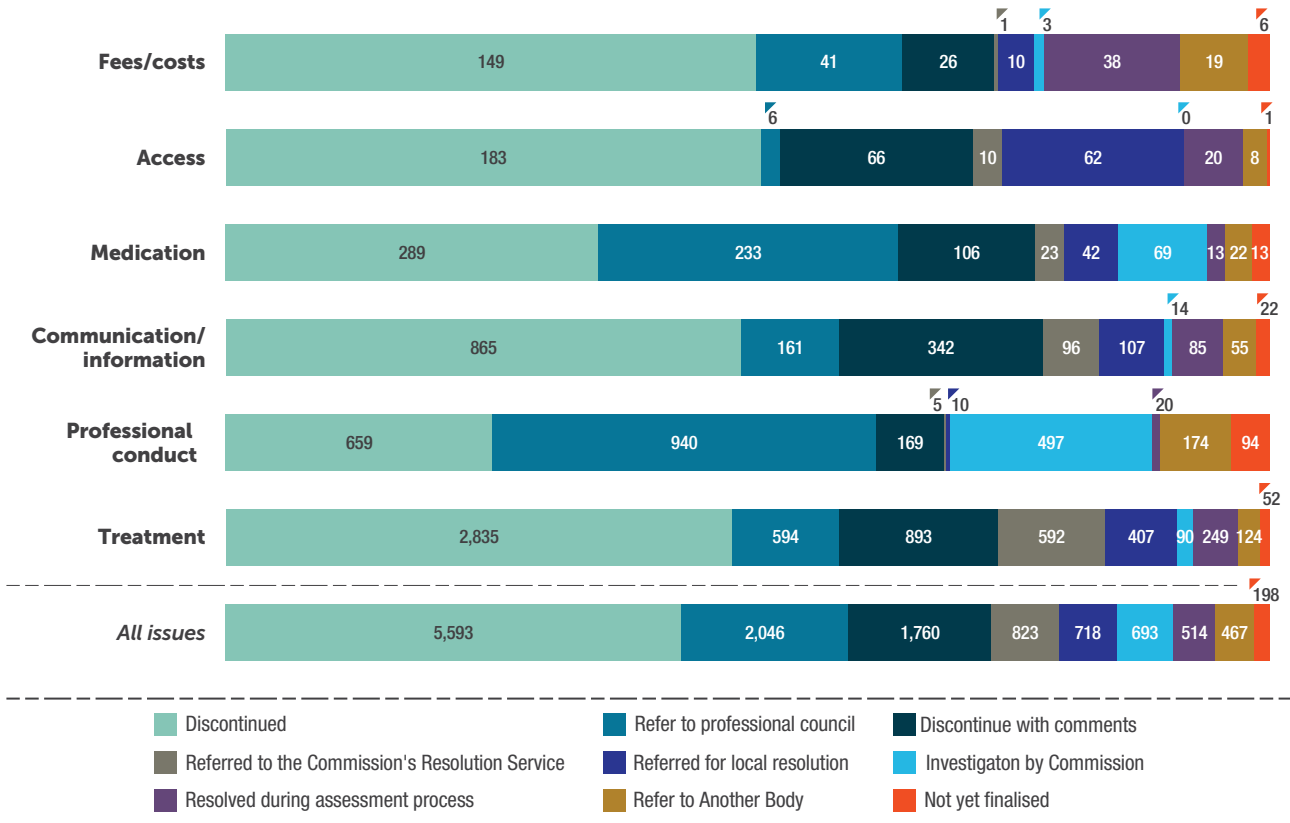
The Commission received a complaint raising concerns about treatment for facial skin lesions provided to three patients by a general practitioner. The complaint alleged that the practitioner had performed unnecessary and inappropriate surgery and/or therapy on the patients, which resulted in poor aesthetic outcomes.

The Commission requested a formal response, a copy of the patients' medical records from the practitioner and sought an independent opinion on the care and treatment provided to the patients from an independent medical specialist.

The independent medical specialist was critical of the decision of the practitioner to perform surgery on two patients, which caused unnecessary scarring and was of the opinion that a more conservative approach would have been the choice of most medical practitioners. The independent medical specialist was not critical of the care provided to the third patient.

On the basis of this advice, the Commission consulted with the Medical Council of NSW and decided to refer the practitioner to the Council for further management of the performance concerns. The Council also imposed protective conditions on the practitioner's registration.

CHART 28 | Outcomes of assessment by issues raised 2020-21



Counted by all issues identified in the complaint



Case study – Refer to Another Body – Pharmaceutical Regulatory Unit and Medicare

The Commission received a complaint with information that two registered pharmacists may have been involved in misconduct or fraud by:

- Offering cash or products in exchange for consumers’ prescriptions in order to claim PBS subsidies;
- Dispensing medication without customer consent or without a valid prescription; and
- Providing consumers with free medications in exchange for their prescriptions.

After obtaining further information and evidence from the complainant, the Commission determined to refer the complaint to the Ministry of Health’s Pharmaceutical Regulatory Unit (PRU) which investigates regulatory compliance with the Poisons and Therapeutic Goods legislation. The Commission also referred the complaint to the Commonwealth Department of Health’s Provider Benefits Integrity Division which protects Australia’s health payments system through the prevention, identification and treatment of incorrect claiming, inappropriate practice and fraud by health care providers and suppliers.

Complaints about **communication** typically result from a lack of understanding or a misunderstanding on the part of the patient or their family about the health service they received. The outcomes of complaints relating to communication were broadly consistent with those observed in the previous year, with a slight increase in the number of matters discontinued with comments (19.6%; 2019-20: 15.6%). The prompt facilitation of correct and fuller information and provision of scope for an apology by direct interaction with the service provider is the preferred outcome. Complaints raising communication as an issue were more likely to be successfully resolved during the assessment process (4.9%) or referred to local resolution (6.1%) than all issues (4.0% and 5.6% respectively). The proportion of communication complaints that were discontinued (49.5%; 2019-20: 49.8%) and referred to the Commission's Resolution Service (5.5%; 2019-20: 6.3%) remained relatively stable with the previous year. Complaints about communication were less likely to be referred to investigation (0.8%) and to the relevant professional council (9.2%).

The most likely outcome of complaints about **access** is discontinued (51.4%; 2019-20: 51.9%), which is slightly higher than all issues (43.7%). The proportion of complaints discontinued with comments when compared to the previous year increased considerably (18.5%; 2019-20: 7.7%) and the corresponding decrease in the complaints referred for to local resolution (17.4%; 2019-20: 24.4%) is indicative of the active approach that the Commission has taken to informing services about the consistent interpretation of various COVID-19 policies and guidelines. This is in cases where consumers raised legitimate service access concerns, in circumstances

where there were practical limitations on the ability of providers to progress local resolutions. Both of these outcomes nevertheless remained well above the proportion for all issues (13.7% and 5.6% respectively). The proportion of access complaints resolved during assessment (5.6%) was also higher than all issues overall (4.0%).

Complaints about **medication** were more likely to be referred to a professional council (28.8%) than all issues (16.0%), while the proportion of these types of complaints referred for investigation (8.5%) was also higher than all issues (5.4%). Fewer medication complaints were discontinued in 2020-21 than all issues (35.7% compared to 43.7%). This is to be expected, given the risks associated with over-medication or wrong medication.

The most likely outcome for complaints about **fees or costs** is for the complaint to be discontinued (50.9%; 2019-20: 50.3%). 14.0% of complaints were referred to the relevant professional council which is slightly higher than the previous year (10.0%) and demonstrates that complaints with more serious issues often contain secondary issues such as fees or costs. A significant number of complaints about fees or costs are resolved during assessment (13.0%; 2019-20: 14.3%) which is higher than for all issues (4.0%). These complaints are also less likely to be investigated (1.0%; 2019-20: 1.3%).

For more information about the assessment decisions by the type of issue raised, please refer to Table A.17 in Appendix A of this report.



Case study – Refer to Another Body – NDISQSC

A complainant was concerned about the level of care provided to her mother at a rehabilitation group home. She believed that the carers were not qualified to deal with her mother's spinal cord injury.

The Commission obtained a response to the complaint from the rehabilitation provider and determined that the care was provided to the complainant's mother under the National Disability Insurance Scheme (NDIS). The Commission referred the complaint to the NDIS Quality and Safeguards Commission as it is the appropriate body to ensure that the service meets the necessary accreditation and performance requirements of an NDIS service.

Resolution service

The Commission's Resolution Service continues to play a vital role in addressing the most sensitive complaints, often for more vulnerable complainants in the community.

The Resolution Service is particularly significant in facilitating restoration of relationships between complainants and healthcare providers in regional, rural or remote communities when there is a breakdown in trust and the therapeutic relationship.

A complaint in rural and remote locations, particularly in First Peoples' communities, will generally have potential impact beyond the individual. In these cases the resolution process will have a broader scope. Routinely the resolution officer will take the opportunity in a regional and remote setting to connect with local service providers, offering training and development in complaints management and understanding pressures on local services and possible solutions to common problems.

The number of complaints referred to the Commission's Resolution Service reduced marginally in 2020-21 to 410, primarily due to the limitations on assisted resolution during the COVID-19 period (2019-20: 429). This represents 5.0% of all complaints assessed in 2020-21, consistent with the previous year (5.3%).

Chart 29 shows the number and outcomes of resolution processes over the past five years. In 2020-21, the number of resolutions completed rose by 22.5%, to 365 (2019-20: 298). These gains were largely due to the Resolution Service adapting its practices and transitioning to virtual meetings where appropriate, while still participating in face to face meetings when COVID-19 restrictions eased. Other factors contributing to this improvement include:

- Bringing forward consideration of the suitability of a matter for assisted resolution during triage and fostering earlier engagement with complainants.
- Improved case management and review practices to: ensure matters are progressed without delay; facilitate clear scoping of the issues to be addressed in the resolution process; apply the most appropriate resolution technique; and focus on achievable outcomes.



Case Study – Improving skills in a local regional hospital

The Commission received a complaint from the father of a young child requiring regular plaster casting to correct talipes in her foot. The father took his child to their local regional hospital's Emergency Department to have the cast removed at short notice due to concerns regarding circulation to the child's toes. During the removal of the cast the child sustained a cut to the leg. Given this was a traumatic experience for the child and, particularly given that she may need to attend the local ED in the future due to her condition, restoring trust was an important objective. The matter was therefore referred to the Commission's Resolution Service.

The resolution process enabled the father to convey the experience of the family and the distress that this had caused.

Through the resolution the hospital had the opportunity to apologise directly to the family for this incident and to identify more clearly what had gone wrong. The discussions revealed that the local ED clinicians did not always have the specific skills to remove plaster casts and that one option would be to increase access to physiotherapy expertise in this regard.

The hospital therefore undertook to recruit a full-time senior physiotherapist to work in the ED and to work closely with community physiotherapists to educate and up-skill ED staff in the removal of children's casts. The hospital also made a commitment to consider how physiotherapy services might be delivered outside of traditional working hours, including access during evenings and weekends.

- Further investment in skills development for the resolution team.
- Increased access to clinical advice to explain and resolve clinical issues in terms that complainants understand.
- Timely follow-up with health providers on agreed actions at all stages in the process.

Outcomes continue to be very positive. It is noted that assisted resolution is a voluntary process and may not proceed where one or both parties withdraws their consent to participate in the process. For example, the complainant determines the outcome they are seeking cannot be delivered through the process; they may have a change in their personal circumstances; they may prefer another avenue for restitution; or health and wellbeing issues preclude them from participating. Since 2018-19 there has been a ten-percentage point increase in the proportion of resolutions proceeding in 2021 (up from 69.2% to 79.2%).

Of the 365 resolutions that proceeded, 94.5% were either resolved or partially resolved compared to 96.6% in 2019-20 and 91.3% in 2018-19.

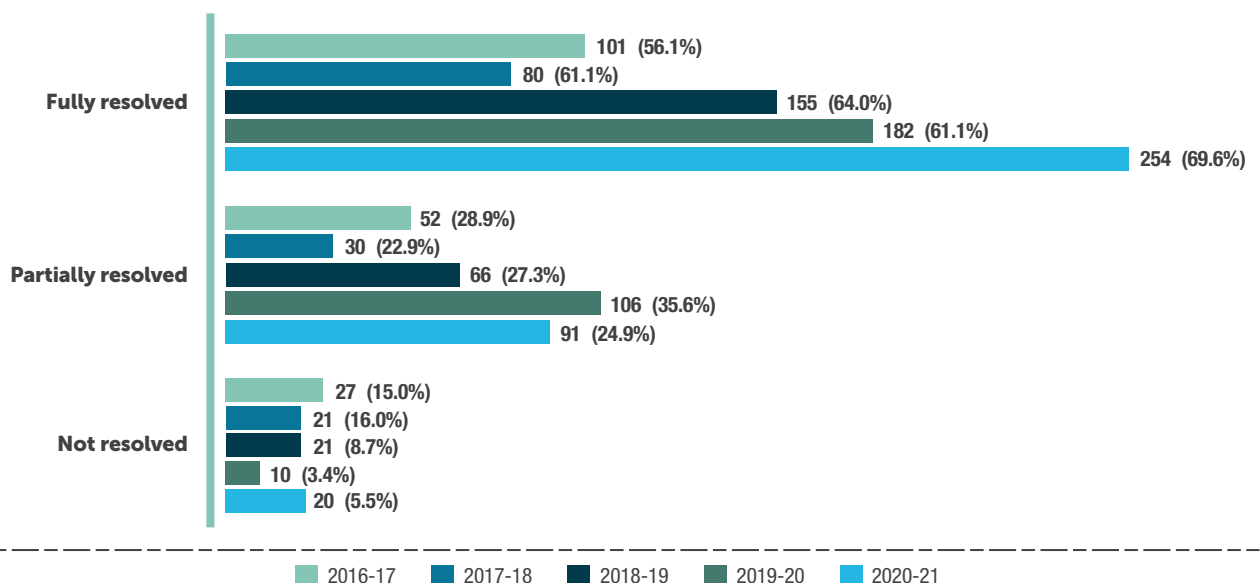
The outcomes of resolution processes can be found in Tables A.23 and A.24 in the Appendix of this report.

In 2020-21, more than half of resolutions finalised were conducted across non-metropolitan settings including Albury, Bega, Broken Hill, Bourke, Byron Bay, Cooma, Corowa, Griffith, Lightning Ridge, Lismore, Moruya, Murwillumbah, Orange, Port Macquarie, Queanbeyan, Tamworth, Tweed, Ulladulla, Wagga Wagga, and Young.

Resolution timeliness is not at the level we aim for, with 59.5% of matters resolved within four months and 76.2% within six months. This is directly attributable to the impacts of COVID-19 causing delays in parties being able to come together, particularly in face-to-face forums.

A review of the KPI for resolution timeliness has occurred. For future reports, timeliness will be measured using resolutions proceeded only as this will provide a more accurate picture of how long the process takes if a resolution proceeds. Timeliness using this measure for 2020-21 is provided in Table A.25.

CHART 29 | Outcome of resolution processes completed 2016-17 to 2020-21



Counted by provider



Case Study – Resolution to identify service and respond to service needs

A complaint was received from an individual concerned that his mental health needs were not being adequately managed by his local health service and that he was being ignored when voicing concerns. Given the vulnerability of the complainant and the need to take steps to understand and respond to his current and future health needs, the complaint was referred to the Commission's Resolution Service.

The resolution commenced with detailed discussions with the complainant to better understand his needs and the outcomes that he sought. A key concern for him was that he wanted to be more actively included in decisions about his treatment and care.

A face to face meeting was arranged and facilitated by the resolution officer with the

complainant's mental health case worker also invited to provide support. The Head of Psychiatry from the health service participated in the meeting.

This gave the complainant a supported forum to describe his experience to date and desire to be involved in decisions about his care going forward. The complainant also asked for help to access to his medical records.

In relation to future care, the Head of Psychiatry offered for the complainant to attend an appointment with him, which the complainant accepted.

The resolution officer was also able to assist the complainant with the administrative steps required to access the medical records.

Reviews

REVIEW PERFORMANCE & TIMELINESS

Under section 28(9) of the Act, complainants are provided with the opportunity to request a review of the Commission's assessment decision.

In 2020-21, the Commission received 531 requests for a review of an assessment decision, compared with 564 review requests in 2019-20. This represents 6.5% of review requests lodged for all assessments completed, which is a decrease on the 7.0% recorded in 2019-20.

In 2020-21, 584 reviews were completed, which is a notable 14.5% uplift when compared to the 510 completed in 2019-20. Timeliness also improved

significantly in 2020-21 with 22.6% of reviews completed within four weeks and 37.7% completed within six weeks (compared with 9.2% and 20.8% respectively in 2019-20).

Although timeliness has improved, there is still room for improvement. Following review of the processes during 2020-21, it is clear that effective review practice requires a thorough reconsideration of all material and evidence obtained when assessing the original complaint and the opportunity for deeper consideration of complex clinical issues where required. This may necessitate:

- A complainant to submit additional records or information they feel should have been considered as part of the complaint but were not provided to the Commission as part of the original assessment.

- Consideration of new information that was not available at the time of the assessment.
- Identification and correction of any errors in interpreting the information during the assessment.
- A further clinical expert opinion to determine if uncertainty or a difference of perspective remains on central clinical aspects.
- For registered practitioners, a repeat of all consultation with the relevant professional council is required under the Act if the review identifies a need to change the original decision.

As a result of this review, and with the objectives of further improving quality and timeliness, there are the following actions:

- A KPI of 60 days for completion of a review has been adopted. This will align the review KPI with the assessment KPI, reducing confusion and allowing appropriate time for appropriate thoroughness and objectivity during the review process.
- Increased resourcing and a new team structure. The Reviews team will now comprise a Case Review Lead, a Senior Review Officer, and a Review Officer.
- Business process improvements will embed the strategic, risk based triaging techniques that apply to other complaints handling functions in the Commission and to establish review methods and tools that can drive consistency and efficiency.

REVIEW OUTCOMES

In 2020-21, a review confirmed the original assessment decision or resolved the matter in 89.6% of matters (2019-20: 86.7%).

Of the 61 reviews where the assessment decision was changed:

- 20 matters (32.8%) were referred to the appropriate professional council for management/action under health, conduct or performance pathways.
- 20 matters (32.8%) led to corrective comments to the practitioner where the review did not find significant departures from professional standards, but the Commission identified areas where the provider would benefit from specific advice and guidance.
- Seven matters were referred to another more appropriate body when the review determined that the complainant's outstanding concerns could be addressed by another entity.
- Six matters were referred to the Commission's Resolution Service.
- Five matters were referred for investigation by the Commission.
- Two matters were referred to the health organisation for resolution at the local level.
- One matter was discontinued.

08

Investigating complaints

The nature and purpose of investigations

The Commission must refer a complaint for investigation 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 Commission investigates complaints concerning individual health practitioners, both registered and unregistered. Investigations may also be about health organisations, including public and private hospitals and clinics, as well as other health care facilities such as cosmetic health clinics.

The purpose of the investigation process is to determine if there have been significant departures from clinical treatment or professional conduct standards that pose a significant risk to public health or safety, and whether there are grounds for further action.

During an investigation the Commission obtains evidence from complainants and witnesses. It seeks responses from the provider identified in the complaint. Statements, medical records and other relevant material or information may be obtained, as well as evidence from other related parties such as the police, coroner and other health regulators.

When investigating certain complaints, and in all clinical matters, the Commission engages an independent expert who is sufficiently qualified or experienced to provide advice on the specific matters of concern in the complaint. The expert is provided with the relevant investigation documents and prepares a formal report, with an opinion on the standard of care or treatment delivered or the professional conduct of the practitioner. Independent expert opinions are instrumental in determining whether there have been any departures from accepted professional and clinical standards and the seriousness of identified departures.

On completion of an investigation, a report is prepared summarising the allegations, detailing the evidence gathered and setting out the Commission's findings.

If the Commission proposes to take further action at the end of an investigation, the provider will be informed in writing of the nature of, and justification for, the proposed action and has the opportunity to make a submission in response.

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

For **registered health practitioners**, an investigation may result in:

- Referral to the Director of Proceedings.
- Referral to the appropriate professional council, either during or at the end of an investigation.
- Comments made to the practitioner.
- No further action by the Commission but may be referred to another organisation or the relevant National Board informed.
- No further action if the allegations are not substantiated.
- Referral to the Director of Public Prosecutions for consideration of criminal proceedings.
- A public warning.

For registered practitioners, the most frequent outcome of an investigation is for the complaint to be **referred to the Director of Proceedings**. In these circumstances, evidence has been obtained indicating that a registered practitioner has significantly departed from the expected standard of clinical care and treatment, or in their professional conduct. The Director of Proceedings then determines whether the complaint should be prosecuted before a disciplinary body.

A complaint concerning a registered practitioner may also be **referred to the relevant professional council**. This occurs when the available evidence shows that the alleged care and treatment or conduct did not meet the threshold for the consideration of disciplinary action, but there is still sufficient concern to warrant further action to address health, performance or conduct issues. Complaints may also be re-assessed and referred to the relevant professional council under section 20A of the *Health Care Complaints Act 1993* (the Act) during an

investigation. This outcome ensures that matters most appropriate for management by the professional council are referred in an efficient and timely fashion. It is also in accordance 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.

In some cases, the investigation may be referred to a more appropriate organisation for investigation and/or the **Director of Public Prosecutions**, if identified concerns extend beyond the Commission's jurisdiction and the conduct warrants further consideration by these bodies.

For **unregistered health practitioners**, an investigation may result in:

- A prohibition order and/or a public statement.
- Comments made to the practitioner.
- No further action by the Commission but may be referred to another organisation.
- No further action if the allegations are not substantiated.
- Referral to the Director of Public Prosecutions for consideration of criminal proceedings.
- A public warning.

A **prohibition order** may be made during and/or after an investigation where the Commission finds that the health practitioner has breached the *Code of Conduct for Unregistered Health Practitioners* (set out in Schedule 3 of the Public Health Regulation 2012) and poses a risk to the health or safety of the public. Prohibition orders may prevent the unregistered health practitioner from providing any health services or specified health services for a period of time or permanently. The Commission may also place conditions on the practitioner's practice that it considers appropriate. Action can be taken for breach of a prohibition order and penalties have recently been significantly increased given the inherent seriousness of any such breach.

The Commission may also issue a **public statement** identifying and giving **warnings** or information about a health practitioner and health services provided by the health practitioner.

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

- Recommendations or comments.
- No further action.
- Referral to the Director of Public Prosecutions.
- A public warning.

Recommendations and comments to a health organisation may cover a multitude of clinical scenarios. Some are of an educative nature, such as a requirement for a hospital to embark on activity aimed at increasing practitioner awareness in relation to a specific policy or treatment pathway. The Commission may also recommend that a hospital formulate new policies designed to strengthen current practices or to overcome and rectify identified flaws in the delivery of patient care.

Recommendations formally set out the expected remediation and specific actions required. An organisation is obliged to provide documentary evidence that it has successfully implemented all the Commission's recommendations to an appropriate standard.

The Commission monitors the implementation of all recommendations made and any delays in implementation or a failure to comply are reported to the Secretary of the Ministry of Health for action. In addition to making recommendations, the Commission may audit organisations to ensure continued compliance with recommendations previously made.

As a result of amendments to the Act, in the future there will be the ability to impose a **prohibition order** on a health organisation if there is a breach of the proposed code of conduct for health organisations. That code is not yet completed, but once in place substantial penalties will apply in the event of a breach.

For **all health service providers**, if the Commission's investigation finds that there are no significant issues of risk to public health and safety, but there are still issues of understandable concern, then the Commission may **make comments** to the practitioner or organisation about necessary improvements in practice.

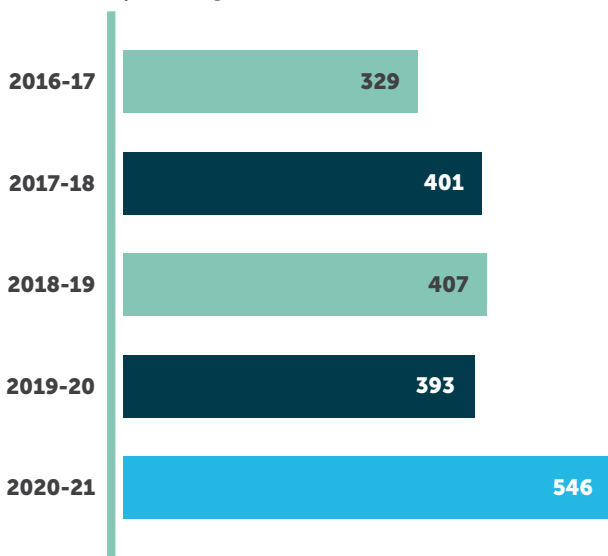
Legislative amendments in 2020 also mean that **public warnings** (which were previously limited to a type of treatment or health service) can now be issued during or after an investigation for all categories of health service providers (including individual registered and unregistered providers and health organisations), in circumstances where the provider poses or may pose a risk to public health or safety.

Where an investigation does not find sufficient evidence to pursue the complaint further, then no further action will be taken.

Investigations received

In 2020-21, there were 546 complaints received for investigation. As shown in Chart 30, this represents a significant 38.9% increase compared to the previous year (2019-20: 393). As a result, 6.2% of all complaints in 2020-21 were assessed for investigation, which is considerably higher than the long-term trend of around 5%.

CHART 30 | Investigations received 2016-17 to 2020-21



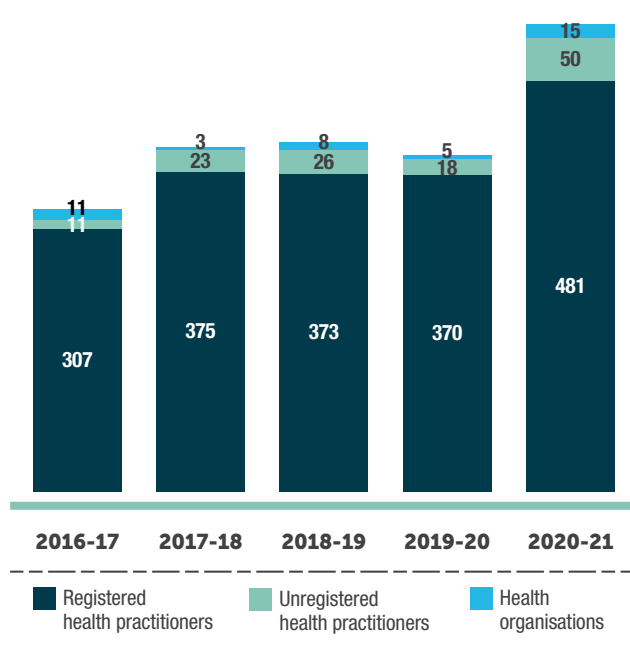
Counted by provider

Chart 31 shows that there can be fluctuations over time in the number and proportions of practitioners and organisations which form the basis of investigations. Generally, individual registered practitioners remain the most frequent focus of investigations, making up 88.1% (2019-20: 94.1%) of all investigations received. However, both unregistered practitioner and health organisation categories have grown as a portion of all investigations in 2020-21.

In relation to the increase in investigations referrals for **registered practitioners** (to 481 in 2020-21), this reflects the overall growth in total complaints received by the Commission combined with the percentage increase in referrals to investigation. Within this growth, and as identified in the Profile of complaints chapter, most noteworthy is the increase in the number of complaints referred by the Pharmacy Council of NSW and the Nursing and Midwifery Council of NSW under section 150D of the *Health Practitioner Regulation National Law* (NSW) (the National Law).

There also continues to be a trend of individual practitioners who generate multiple investigations, which is but one measure of the increasing complexity of complaints. Of the 283 individual health practitioners referred for investigation in 2020-21, 173 (61.1%) generated two or more investigations. One individual practitioner alone generated six investigations.

CHART 31 | Investigations received by provider type 2016-17 to 2020-21



Counted by provider

The number of investigations about **unregistered practitioners** remains proportionally small. However, in 2020-21, there was a significant increase in both the number (50; 2019-20: 18) and the proportion of unregistered practitioners investigated (9.2%; 2019-20: 4.6%), driven largely by an increase in complaints relating to the professional conduct of massage therapists, assistants in nursing and counsellors when compared to previous years. This spike in the number of these complaints being referred for investigation is significant, as these investigations typically raise more serious public health and safety risks and generate more intensive and complex investigations.

There were 15 investigations into **health organisations** in 2020-21, which is also higher than previous years. In 2020-21 these investigations made up 2.7% of all investigations compared to 1.3% in 2019-20. Of these investigations 10 related to private health facilities including cosmetic and alternative medicine facilities, reflecting the proliferation of these types of health services and related concerns about accountability for ensuring expected standards of care.

Investigation finalisation and timeliness

As shown in Chart 32, 401 investigations were finalised in 2020-21. This is 20.0% fewer than the 501 investigations finalised for 2019-20, but nevertheless maintains the general trend of increased investigations finalised over recent years (noting that it is an 11.7% increase on the 359 undertaken in 2018-19).

The lower level of completed investigations shows the combined effect of the increased number of matters referred for investigation and the operational impacts of COVID-19.

In terms of the volume of matters coming forward, the need to establish and commence a substantially higher number of new investigations within existing resources ultimately impacted the ability to complete evidence gathering and expert processes for existing investigations.

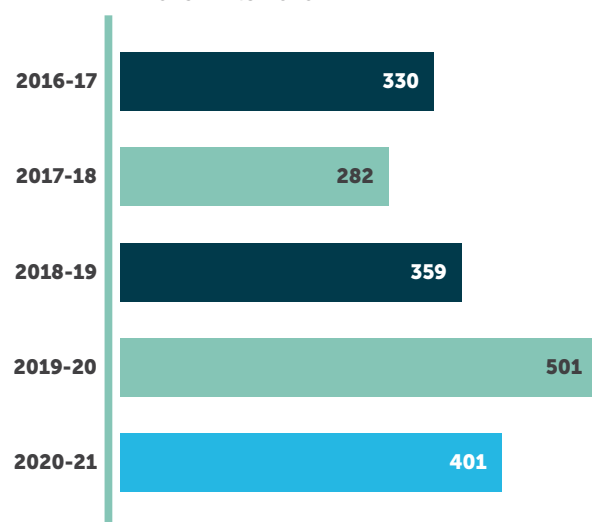
In relation to the impacts of COVID-19, there were two elements. An increasing number of investigations were unable to be completed as they were dependent on the outcome of criminal proceedings that had been delayed or extended due to COVID-19. Further, COVID-19 had an impact on the timeframes for receiving expert reports.

In the context of the high volume of new investigations, continued improvement in the timeliness of investigations has been more important than ever. The average time taken to complete an investigation reduced to 239 days in 2020-21, compared to 2019-20 (313 days) and 2018-19 (335 days). This excludes the time a Commission investigation may be suspended while the complaint is being investigated or where there are related criminal proceedings.

Of the 401 investigations finalised, 198 (49.4%) were completed within six months, compared to 169 (33.7%) in 2019-20. The proportion of investigations finalised within 12 months increased by over 10 percentage points to 80.3% (2019-20: 68.1%). This is a positive picture and is attributable to refined investigation triaging and planning processes, early involvement of legal advisors, and review of matters at more regular intervals.

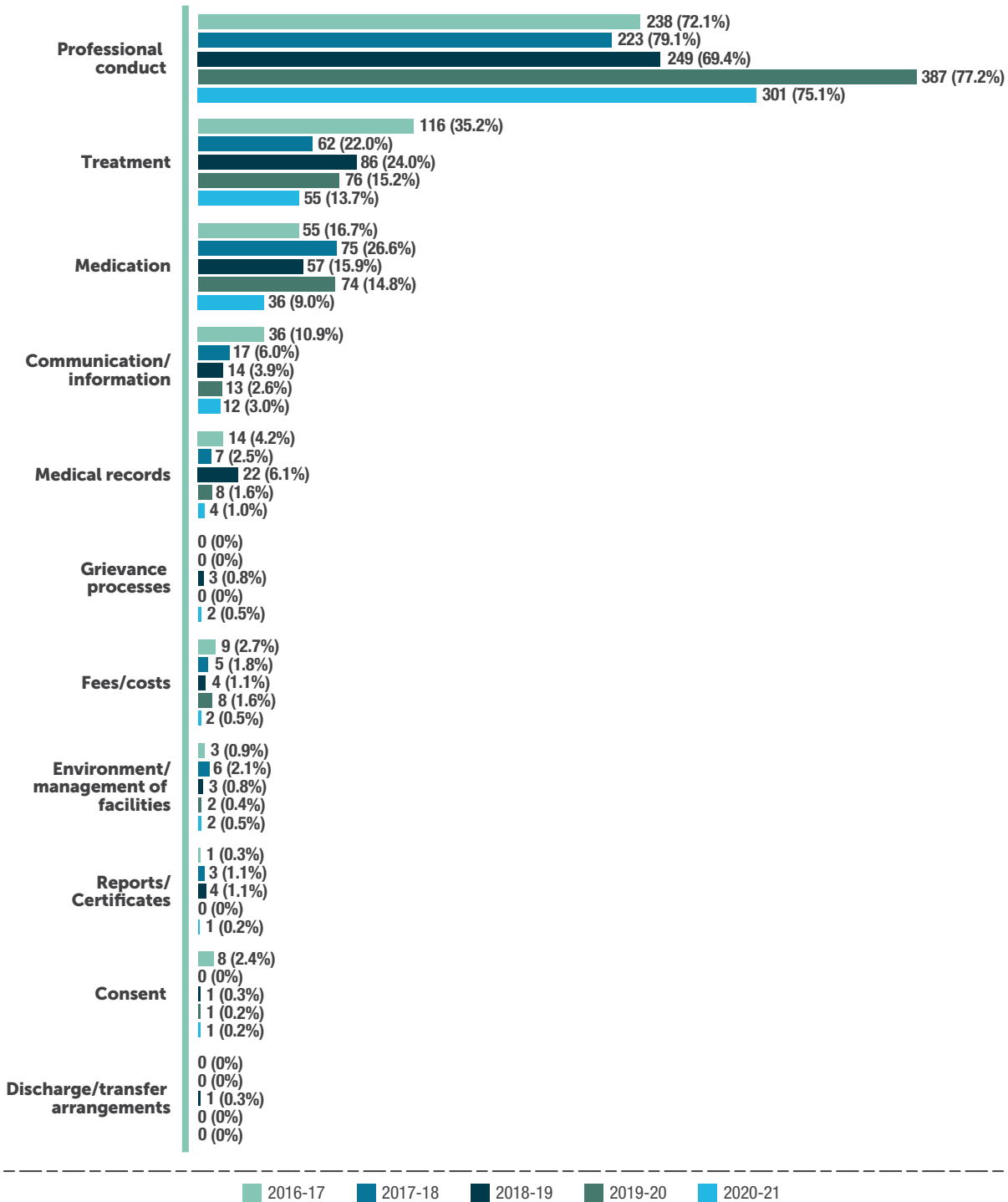
The details of timeframes for investigations finalised are outlined in Table A.32 in Appendix A of this report.

CHART 32 | Number of investigations finalised from 2016-17 to 2020-21



Counted by provider identified in complaint

CHART 33 | Issue category raised in investigations finalised 2016-17 to 2020-21



Counted by issue category (where an issue category is counted only once if it is raised multiple times).

Issues raised in investigations

Chart 33 outlines the issue categories raised in all investigations finalised over the five-year period 2016-17 to 2020-21, noting that more than one issue will generally be raised in an investigation.

Consistent with previous years professional conduct, treatment and medication remain the three top issues triggering investigation. This reflects the fact that these issues, if substantiated, present the most serious risks to public health and safety.

75.1% of investigations in 2020-21 raised professional conduct as an issue, which is marginally lower than 2019-20 (77.2%) but in line with the long-term trend that complaints relating to professional conduct are most likely to be investigated.

Treatment was raised in 13.7% of investigations in 2020-21, which is slightly lower than the proportion in 2019-20 (15.2%). Investigations regarding treatment issues are by definition serious and complex, noting that matters of a more straightforward clinical nature are typically managed by the relevant professional council.

Concerns regarding medication featured in 9.0% of investigations in 2020-21, a decrease from the 14.8% observed in 2019-20.

Other issues such as communication (3.0%; 2019-20: 2.6%), medical records (1.0%; 2019-20: 1.6%), and fees/costs (0.5%; 2019-20: 1.6%) 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.



Case study - Ms Tovale Kalati – Unregistered practitioner – Assault in Aged Care Facility

The Commission investigated the conduct of Ms Tovale Kalati, an unregistered health practitioner who provided services as a care service employee / assistant in nursing at Presbyterian Aged Care in Ashfield.

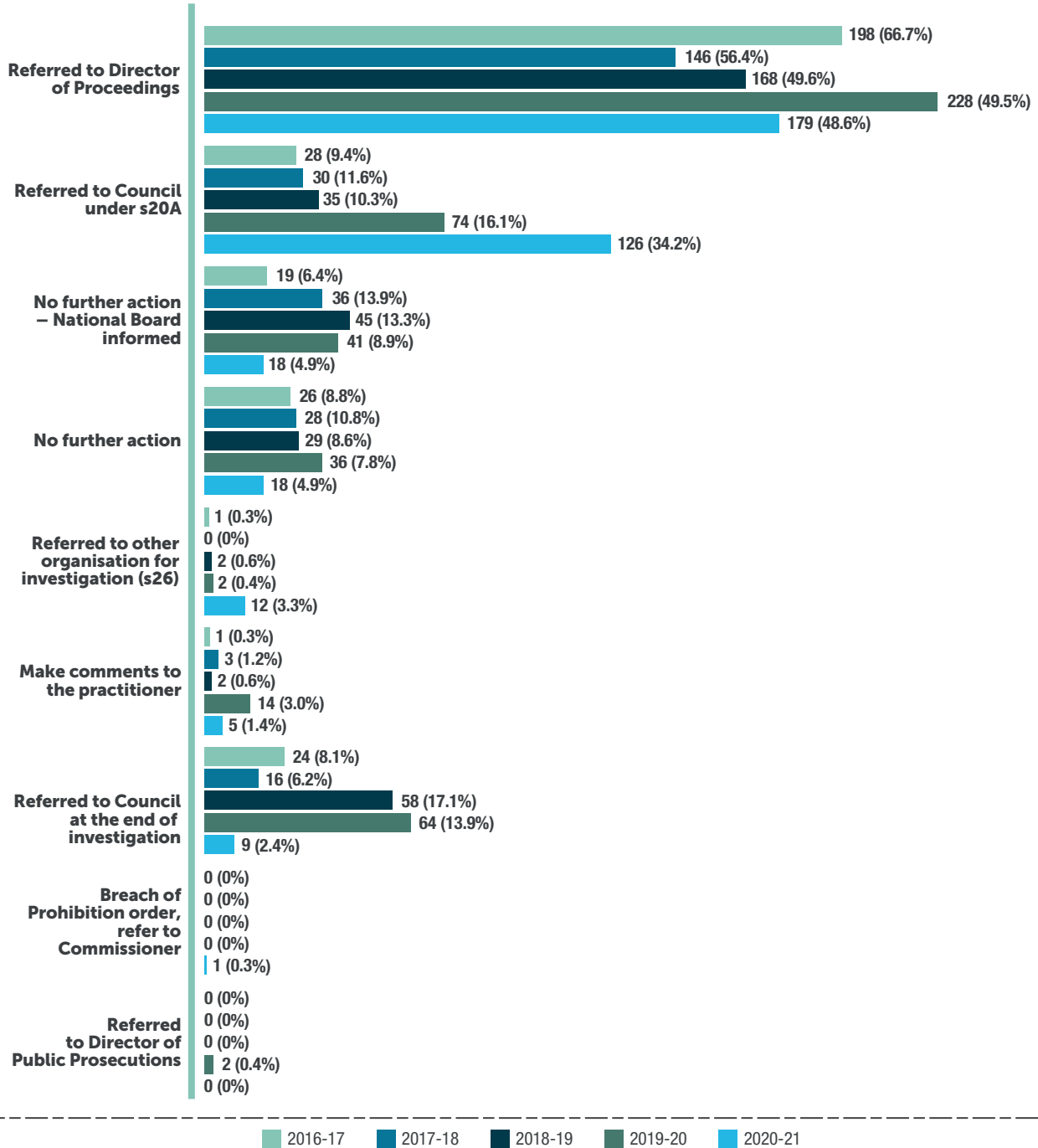
Ms Kalati was charged with seven counts of common assault for allegedly assaulting seven residents of the Aged Care facility between February and October 2019. Ms Kalati was convicted of the seven charges and sentenced to an intensive correction order for seven months.

The Commission obtained evidence from NSW Police and Burwood Local Court as well as information from Ms Kalati's employer. The Commission determined that Ms Kalati had

breached the Code of Conduct for unregistered health practitioners set out in schedule 3 of the Public Health Regulation 2012, in that she failed to provide care in a safe and ethical manner to seven residents under her care.

The Commission's investigation found that Ms Kalati's conduct was deliberate and involved acts of violence and/or humiliation towards vulnerable residents under her care and Ms Kalati posed a risk to the health and safety of members of the public. Accordingly, the Commission made a Prohibition Order pursuant to section 41A of the *Health Care Complaints Act 1993* (Act) permanently prohibiting Ms Kalati from providing any health services in any capacity, either paid or voluntary.

CHART 34 | Outcomes of investigations into registered health practitioners 2016-17 to 2020-21



Counted by provider

Investigation outcomes

A five-year breakdown of investigation outcomes by provider category is presented in Table A.26 of Appendix A and Table A.27 provides a picture of the practitioner or organisation types within each category.

It is important to note that not all investigations reveal serious issues. In 2020-21, 4.5% (2019-20: 8.4%) of all investigations finalised led to no further action being taken, as the investigation did not find sufficient evidence to substantiate the allegations.

OUTCOME OF INVESTIGATIONS INTO REGISTERED HEALTH PRACTITIONERS

Of the 401 investigations finalised by the Commission in 2020-21, 368 (91.8%) related to registered health practitioners, consistent with the previous year (2019-20: 91.6%).

Chart 34 shows the outcomes of investigations into registered health practitioners in 2020-21 compared to the previous four years.

Of these investigations, 179 (48.6%) resulted in a referral to the Director of Proceedings for consideration of disciplinary action. This proportion is comparable to that observed in 2019-20 (49.5%).

A total of 135 finalised investigations about registered practitioners (36.6%) were referred to the relevant professional council in 2020-21. This outcome has continued to increase in recent years (2019-20: 30.0%; 2018-19: 27.4%) which reflects the ongoing importance of managing practitioner impairment through council programs and strengthening the measures that professional councils can take to remediate practitioner performance or conduct where it is not so deficient as to warrant disciplinary action, but should be improved to avoid a risk to public health and safety.

Of the complaints referred to the relevant professional council, the proportion that were reassessed and referred during an investigation (under section 20A of the Act) increased significantly to 34.2% (2019-20: 16.1%), while the proportion of matters referred at the conclusion of an investigation (under section 39(1)(c) of the Act) reduced to 2.4% (2019-20: 13.9%). This shift reflects improvements in risk assessment and case management

techniques during an investigation, so that complaints requiring performance or health intervention are presented to the council at the earliest opportunity.

Of the investigations referred to a professional council under section 20A of the Act, 50.0% concerned registered pharmacists. This is due to the nature of the issues in pharmacy complaints (such as non-compliance with obligations under the *Poisons and Therapeutic Goods Act 1966* and *Poisons and Therapeutic Goods Regulation 2008* and other technical performance deficiencies), and the recognition that the most direct and immediate corrective action is likely to flow from early referral to the Council.

In 18 investigations into registered practitioners (4.9%), the Commission did not take any further action. This is lower than the previous five years (2019-20: 7.8%; 2018-19: 8.6%; 2017-18: 10.8%; 2016-17: 8.8%).

The proportion of complaints where the National Board was informed was lower in 2020-21 (4.9%) than that observed last year (8.9%). This outcome most often occurs if practitioners remove themselves from the register at the commencement of, or during, an investigation. In such a case the National Board is notified because it is able to take into account the material raised in the investigation in the event that the practitioner attempts to apply for re-registration. If re-registration is sought, the Board may also consider triggering a new complaint which would have the effect of reopening the investigation.

It should be noted that a complaint can be (and often is) 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 slight increase in the proportion of complaints referred to another organisation in 2020-21 (3.3%; 2019-20: 0.4%). This increase was primarily due to multiple investigations concerning the professional conduct of a dental practitioner in delivering educational seminars considered to be outside the scope of dentistry. These matters were most appropriately dealt with by referral to the Australian Health Practitioner Regulation Agency (Ahpra). Other investigations concerning the professional conduct of practitioners were referred to NSW Police for consideration of criminal action.

OUTCOME OF INVESTIGATIONS INTO UNREGISTERED HEALTH PRACTITIONERS

During an investigation, the Commission is able to make interim prohibition orders against an unregistered practitioner, 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 a further period of eight weeks. In 2020-21, the Commission made new interim prohibition orders against 22 unregistered practitioners, in addition to continuing interim prohibition orders already in place pending finalisation of the associated investigation.

The Commission finalised 25 investigations into unregistered health practitioners in 2020-21. While this is a decrease from 34 in 2019-20 (and may be somewhat unexpected in the context of a much higher number of incoming investigations for this provider category), the primary driver for this result is the increase in the number of investigations that were paused due to associated criminal proceedings, many of which were postponed or delayed during COVID-19.

Of the 25 unregistered practitioner investigations finalised in 2020-21:

- 19 matters led to a permanent prohibition order and public statement being issued on the basis that the practitioner had breached the Code and posed an ongoing risk to public health and safety.
- Written comments and guidance were provided to the practitioner in five investigations where the confirmed departures in practice were not sufficiently serious to require prohibition.
- One investigation was referred to a more appropriate organisation.

OUTCOME OF INVESTIGATIONS INTO HEALTH ORGANISATIONS

Eight investigations into health organisations were finalised in 2020-21, in line with the number finalised last year (2019-20: 8). In five of these investigations, a total of 27 recommendations were made to the organisations for system corrections or improvements. Two investigations resulted in comments provided to the organisation. The Commission issued a public warning in one investigation where the owner and director of the organisation was also the subject of a permanent prohibition order.



Case study – Addressing risks posed by an unregistered practitioner

The Commission conducted an investigation into Ms Li Shen, an unregistered health practitioner and director of Medsound Pty Ltd (Medsound), a diagnostic ultrasound practice located in Hornsby.

The Commission’s investigation found that between March 2017 and November 2020, Ms Shen performed ultrasound examinations at Medsound without holding any recognised qualifications or accreditation in sonography. Additionally, while some of the ultrasound examinations at Medsound had been reviewed and reported by a qualified and registered specialist radiologist, the Commission’s investigation found that Ms Shen had authored the majority of the ultrasound reports without being a registered medical practitioner in Australia and without any specialist training in radiology.

As a result of the investigation the Commission determined that Ms Shen had breached the Code of Conduct for unregistered health practitioners set out in Schedule 3 of the Public Health Regulation 2012 and posed a significant risk to public health and safety, having wilfully disregarded the health and wellbeing of her patients for her own financial gain.

Using new powers to issue a public warning about individual providers, the Commission issued a public warning about Ms Shen (pursuant to section 94A of the *Health Care Complaints Act 1993*), as well as using longstanding powers to prohibit Ms Shen from providing any health services in any capacity (either paid or voluntary), through a section 41A Prohibition Order.



Case Study – Complex investigation leads to successful prosecution

The Commission conducted an investigation into Dr Leslie Blackstock, a registered medical practitioner. Dr Blackstock performed cosmetic surgery at a clinic in western Sydney, and around 30 complaints were received which raised serious concerns, about both the clinical care and treatment and his professional conduct. Some specific aspects of the complaints included that Dr Blackstock:

- Failed to conduct appropriate pre-operative assessments of patients and to obtain proper informed consent from them.
- Inappropriately sat sedated patients up during surgery, asking them consent to a breast implant or to comment on their satisfaction with an implant that was in progress.
- Invited others to come into the operating room to obtain their opinion about a patient's breast implants.
- Failed to provide adequate post-operative care for patients.
- Did not keep adequate records.
- Knowingly carried out surgeries in an unlicensed private health facility.

This was a complex investigation. It involved multiple patients, different types of surgery across these patients and a wide range of both clinical and conduct issues. It also involved connection and information sharing with the private health regulator, as conducting or authorising surgery in an unlicensed facility raised the question of contravention of the *Private Health Facilities Act 2007*.

Through its investigation, the Commission obtained extensive medical records of patients, witness statements as well as expert opinion from an appropriately qualified cosmetic surgeon on the care and treatment provided by Dr Blackstock. The expert's report indicated that the care and treatment provided by Dr Blackstock was significantly below the standard expected of a practitioner of his knowledge, training and experience.

In parallel with the investigation Dr Blackstock was convicted of criminal offences under section 33 and 62 of the *Private Health Facilities Act 2007* (NSW) for conducting a private health facility without a licence in circumstances where, as a director, he knowingly authorised or permitted the contravention.

The evidence gathered presented strong grounds for disciplinary action against Dr Blackstock. It was decided to refer the investigation for the consideration of prosecution by the independent Director of Proceedings. Based on this evidence the Director of Proceedings determined to prosecute a complaint before the NSW Civil and Administrative Tribunal.

On 30 September 2020 the Tribunal found Dr Blackstock was guilty of unsatisfactory professional conduct and professional misconduct. His registration was cancelled and the Tribunal further ordered that he is not able to seek a reinstatement order for seven years.



Case study – Addressing risks posed by a health organisation

The Health Care Complaints Commission conducted an investigation into Sydney Dental Services (SDS). This was a private organisation delivering mobile dental services to children aged between 3 and 7 at a number of child care facilities and schools in Western and South Western Sydney. SDS utilised the available dental benefits under the Child Dental Benefits Schedule (CDBS) dental scheme (provided by the Department of Human Services) for eligible children.

The Dental Council of NSW conducted an inspection of SDS in October 2019 and advised of concerns in relation to issues such as:

- 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.

These were considered to be serious concerns which, if substantiated, posed a significant risk to public health and safety and the matter was therefore immediately referred for investigation. The investigation examined all aspects of the structure and operations of SDS as a health organisation, at the same time as considering the individual practitioners providing dental services for SDS.

Evidence of significant departures from acceptable practice was gathered and this informed findings that :

1. SDS and its management deliberately and recklessly employed inexperienced clinical staff, not providing them with the necessary training, support and supervision.
2. SDS processes involved standard template treatment plans that were not revised or adapted to address the actual condition or dental needs of the patient.

3. Parents or guardians were more often than not absent and unable to give informed consent, and the initial general consent provided by them was totally inadequate.
4. SDS and its sole director took advantage of the inexperience of staff to assert a degree of influence and coercion to create a culture of the provision of unnecessary and excessive treatment to vulnerable patients. The sole aim of SDS was to generate increased billing to the CDBS scheme. It was not possible for parents to provide financial consent to such levels of over servicing.
5. SDS implemented a system of “remote” supervision by a registered dentist over clinical staff who provided treatment at offsite locations. This system is not fit for purpose, particularly considering the lack of experience of the staff, and resulted in inadequate care and treatment and inadequate record keeping, posing a risk to the health and safety of the vulnerable patients.
6. SDS improperly and unethically made claims for excessive treatment through the CDBS scheme provided by the Department of Human Services. This is an improper use of public funds.

At the conclusion of the investigation, it was decided that a public warning naming the organisation was necessary to protect public health and safety and to avoid inappropriate servicing to vulnerable patients. The Commission also determined to make a series of recommendations to SDS in regard to a range of operational and clinical procedures including: consent procedures, training and supervision of staff; record keeping and processes for claiming of CDBS and/or Medicare. These recommendations are subject to monitoring and compliance action by the Commission.

In addition, the available evidence was referred to the relevant Commonwealth regulator for appropriate action in relation to misuse of the CDBS scheme.

The Commission also took separate regulatory action in relation to the individual practitioners.



Prosecuting complaints and legal services

The nature and purpose of prosecutions

If an investigation of a complaint about an individual registered health practitioner has gathered evidence that substantiates allegations that may form grounds for disciplinary action, the complaint is referred to the Director of Proceedings.

A complaint referred for prosecution may include allegations of unsatisfactory professional conduct and/or professional misconduct, including that a practitioner suffers from an impairment, lacks competence, has been the subject of a criminal finding or conviction, and/or is not a suitable person for registration in the profession.

The Director of Proceedings makes a determination under the *Health Care Complaints Act 1993* ('the Act') as to whether disciplinary proceedings should be commenced against individual registered practitioners.

The Director of Proceedings is independent and not subject to the direction and control of the Commissioner when making such a determination. The legislation requires that the Director of Proceedings consider the following factors when making such determinations:

- The protection of the health and safety of the public.
- The seriousness of the alleged conduct the subject of the complaint.
- The likelihood of proving the alleged conduct.
- Any submissions made under section 40 of the Act by the health practitioner concerned.

Proceedings can be initiated even if the practitioner is no longer registered at the time that the prosecution is brought.

If the Director of Proceedings decides not to prosecute a complaint, it can be referred back to the Commissioner to consider other appropriate action or it can be discontinued.

If the complaint is to be prosecuted, the Director of Proceedings also determines the most suitable and appropriate forum for the prosecution. The prosecution forums available are the NSW Civil and Administrative Tribunal (NCAT), a Medical Professional Standards Committee, or a Nursing and Midwifery Professional Standards Committee.

Complaints about the professional misconduct of any registered health practitioner which are serious enough to justify suspension or cancellation of the practitioner's registration will be prosecuted before NCAT. Complaints about unsatisfactory professional conduct of nurses, midwives or medical practitioners can be prosecuted before a Professional Standards Committee (PSC).

NCAT can cancel or suspend the registration of a practitioner and may also make a prohibition order that bans or limits the practitioner from practicing in another area of health service. For example, a psychiatrist whose registration is cancelled may also be banned from working as a counsellor by a prohibition order.

If a person is no longer registered, NCAT may decide that, if the person was still registered, the Tribunal would have suspended or cancelled their registration and the Tribunal may also require the relevant National Board to record the fact that the Tribunal would have suspended or cancelled the person's registration. NCAT may also decide that the person is disqualified from being registered in the health profession for a specified period or until specified conditions are complied with.

Either NCAT or a PSC can place conditions on a practitioner's registration. For example, a practitioner may be required to engage in mentoring or complete further education or training. Either may also formally reprimand or caution the practitioner.

After a prosecution

A practitioner who has had their registration cancelled, or who has been disqualified, may make an application to NCAT for a review of the order and seek a reinstatement order after any non-review period has expired.

The purpose of this is for NCAT to conduct an inquiry to determine whether, at the time of the review, the cancellation or disqualification order remains appropriate or necessary.

The onus lies on the practitioner to demonstrate that he or she can be trusted to practice in a way that conforms to the professional standards expected of a health practitioner, and in particular in a manner that presents no risk to the health and safety of the public and does not erode confidence in the profession.

NCAT must have regard to the objectives and guiding principles of the National Law, which include protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.

The Commission may oppose, support, or take a neutral stance in proceedings where a cancelled or disqualified practitioner seeks reinstatement.

Once it has conducted such an inquiry, NCAT may, among other things:

- Make a reinstatement order, with or without imposing conditions on the practitioner's registration.
- Dismiss the application (and may give guidance to the practitioner on the principles that they should address in any future application).

In the event that NCAT makes a reinstatement order, the practitioner must then apply for registration with the Australian Health Practitioner Regulation Agency (Ahpra). The practitioner must meet any criteria required by Ahpra, including but not limited to recency of practice requirements, before they can be registered.

Appeals of disciplinary decisions

There are a number of types of appeals that arise in the context of the work done by the Commission.

A practitioner who was the subject of disciplinary proceedings before NCAT may appeal a decision to the Supreme Court. A practitioner may also appeal a decision of NCAT to refuse a reinstatement application to the Supreme Court.

A practitioner who was prosecuted before a PSC may appeal to NCAT in relation to the findings of the Committee with respect of a point of law, and appeal regarding some other matters.

The Commission may appeal the orders imposed by the Tribunal or a PSC.

For matters involving unregistered practitioners, the Commission is the decision maker about whether orders will be imposed, and if so, the terms and duration of such orders. Where the Commission has made an interim or final prohibition order, the practitioner may appeal that order to the Administrative and Equal Opportunity Division of NCAT. In considering the appeal NCAT will review the merits of the decision, and may affirm, alter or remove an order made by the Commission.

Legal action regarding management of a complaint

The Commission may also be involved in legal action related to questions about the integrity and transparency of the complaints management regime, including:

- As an applicant in prosecuting alleged offences under the *Health Care Complaints Act 1993* - such as failure to comply with notices to produce, intimidation or bribery of complainants and/or furnishing false or misleading information to the Commission
- As a respondent in administrative law matters raised by complainants or other parties, such as: judicial reviews of management of complaints; alleged breaches of privacy law; and, access to information determinations under information disclosure laws.

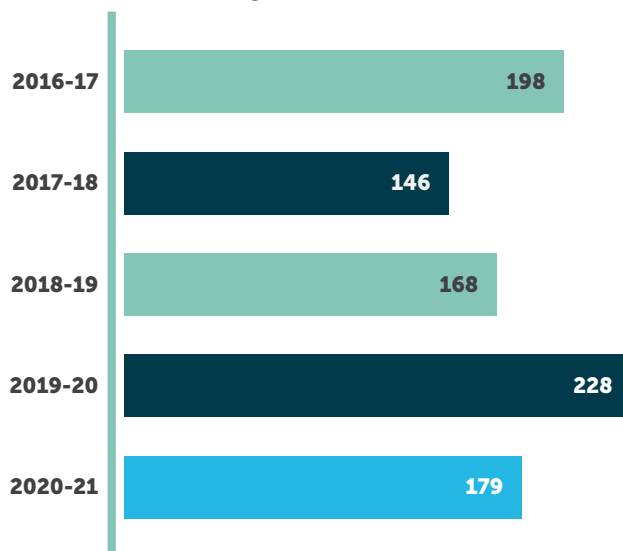
Legislative reform

Policy oversight and legislative changes relating to the *Health Care Complaints Act 1993* and the *Health Practitioner Regulation National Law (NSW)* are the responsibility of NSW Health. The Commission’s role is to identify areas where legislative reform would improve the efficiency and effectiveness of the NSW complaints handling regime and participate in developing the detail of legislative changes that are proposed by NSW Health or by other stakeholders.

Referrals to the Director of Proceedings

In 2020-21, 179 investigations into registered health practitioners resulted in referral to the Director of Proceedings for consideration of prosecution. Chart 35 shows that this is 21.5% less than in 2019-20. It is noted that broadly the same proportion of completed investigations have been referred to the Director of Proceedings in 2020-21 as in previous years (48.6%), so this decrease in the number of referrals to the Director of Proceedings is a direct result of the fewer investigations finalised for the year.

CHART 35 | Investigations referred to Director of Proceedings 2016-17 to 2020-21



Counted by provider identified in complaint

If an investigation referral and determination relates to a practitioner who is already being prosecuted or being considered for prosecution, the multiple investigations become one legal matter. In this sense a prosecution before NCAT or a PSC may capture multiple complainants and issues relating to the same practitioner or event.

During the year, the Director of Proceedings made 86 determinations on whether to prosecute a health practitioner before a disciplinary body, which is lower than the 117 determinations made in 2019-20. Of the matters referred to a disciplinary body, 79 were referred to NCAT and two to a PSC. In five complaints, the Director of Proceedings determined not to prosecute the health practitioner. The reasons for this included that: the practitioner had previously been prosecuted; there was no reasonable prospect of a successful prosecution; and/or, that any risk to public health and safety had already been addressed.

The Director of Proceedings considered 94.8% of complaints within three months of referral to determine whether or not to prosecute the complaint before a disciplinary body, which is an increase compared to 92.5% in 2019-20.

The percentage of legal matters lodged with NCAT or a PSC within 30 days of consultation with the relevant professional council was 79.9%, compared to 83.8% in 2019-20. The marginally lower rate was attributable to the fact that a number of these matters brought together five multiple investigations, and the drafting of the complaint was therefore a more complex exercise.



COVID-19 IMPACT ON PROSECUTIONS

The impact of COVID-19 on the legal functions of the Commission has been more acute in 2020-21.

In relation to NCAT prosecutions, during the initial phase of COVID-19, wherever possible and appropriate, cases were progressed via audiovisual link. However, some prosecutions required face to face hearings and this was particularly for more complex matters requiring extensive expert and witness evidence to be heard. This required relisting of hearings to a later date. In some cases, delayed hearings have been further disrupted, depending on the public health orders at the time.

This disruption is reflected in the lower number of legal matters finalised in 2020-21 (76 compared to 99). The impact of this will continue to be felt

going forward. In addition to listings deferred from 2020-21, the stricter lockdown that began in June 2021 will compound the situation throughout 2021-22. The general picture will most likely be an increasing number of legal matters open and longer timeframes for finalisation.

The positive outcome has been significantly improved capacity and capability to participate in teleconference and video conference hearings, both through the newly established designated video-conferencing rooms at the Commission and via Microsoft Teams functionality in a remote working environment.

There has also been the ability to explore and test arrangements for electronic lodgment of complaints with the Tribunal.



Case study – RN Ann Flanagan

The Health Care Complaints Commission prosecuted a complaint against a registered nurse, Ann Flanagan before a Nursing and Midwifery Professional Standards Committee (‘the Committee). It was alleged that in June 2018, while working in a hospital setting, Ms Flanagan:

- Typed a detailed progress note purporting to report on a telephone call to a patient’s son and to record the clinical status of the patient, when in fact she had not made that call.
- Recorded time spent planning, report writing, education and administration in relation to the patient, when in fact she had not performed those functions.
- Later realised that her conduct had been detected and typed a short comment implying she had telephoned the wrong client.

The Committee found that making a medical record which is not based on real events is improper and unethical conduct. The Committee was also critical of her entering inaccurate time entries as this information is used to assess the nursing attention received by patients. In relation to her actions once detected, the Committee found her action was limited, unhelpful, misleading and incorrect and was critical that the practitioner did not report the issue to the nurse in charge.

On 22 April 2021, the Committee found Ms Flanagan guilty of unsatisfactory professional conduct in relation to making false documentation.

The Committee reprimanded the practitioner and ordered her to practice under supervision and complete further education about professional responsibilities.

Legal matters finalised

There were 76 legal matters finalised in 2020-21, which is 23.2% fewer compared to the previous year. This is attributable to a combination of factors:

- Disciplinary matters continue to increase in complexity. This has an impact on prosecution processes and timeframes. For example, it is now more common for an individual practitioner to be the subject of multiple investigations. Any subsequent prosecution may involve multiple issues and/ or multiple complainants, with extensive associated evidence (including detailed expert reports). Once such a matter is commenced, there will typically be a need for a longer hearing and the necessary days or weeks may not be available for some time. In addition, more time may be required after the hearing for the decision maker to consider and write the decision.
- The impact of COVID-19 on the operations of NCAT and Professional Standards Committees has been a confounding factor. Hearings that could not be heard via videoconference were significantly delayed.

- There is increasing use of a Stage 1 and Stage 2 hearing method. In these cases there is an initial Stage 1 hearing to determine whether there has been a finding of unsatisfactory professional conduct and/or professional misconduct; criminal conviction or finding; lack of competence; impairment; and/or suitability to hold registration. If this is proven, there is a second separate hearing to determine appropriate protective orders. The matter is only considered finalised once both stages have been determined.
- A number of matters have been fully heard through either one or two stages, but decisions remain reserved.

The Commission will continue to maintain internal practices to support the objective of efficient and timely prosecutions. However, ultimately the manner and timing of hearings are determined by the relevant prosecuting forum (NCAT and PSCs) and as these are not within the direct control of the Commission delays will be difficult to avoid.

CHART 36 | Legal matters finalised 2016-17 to 2020-21

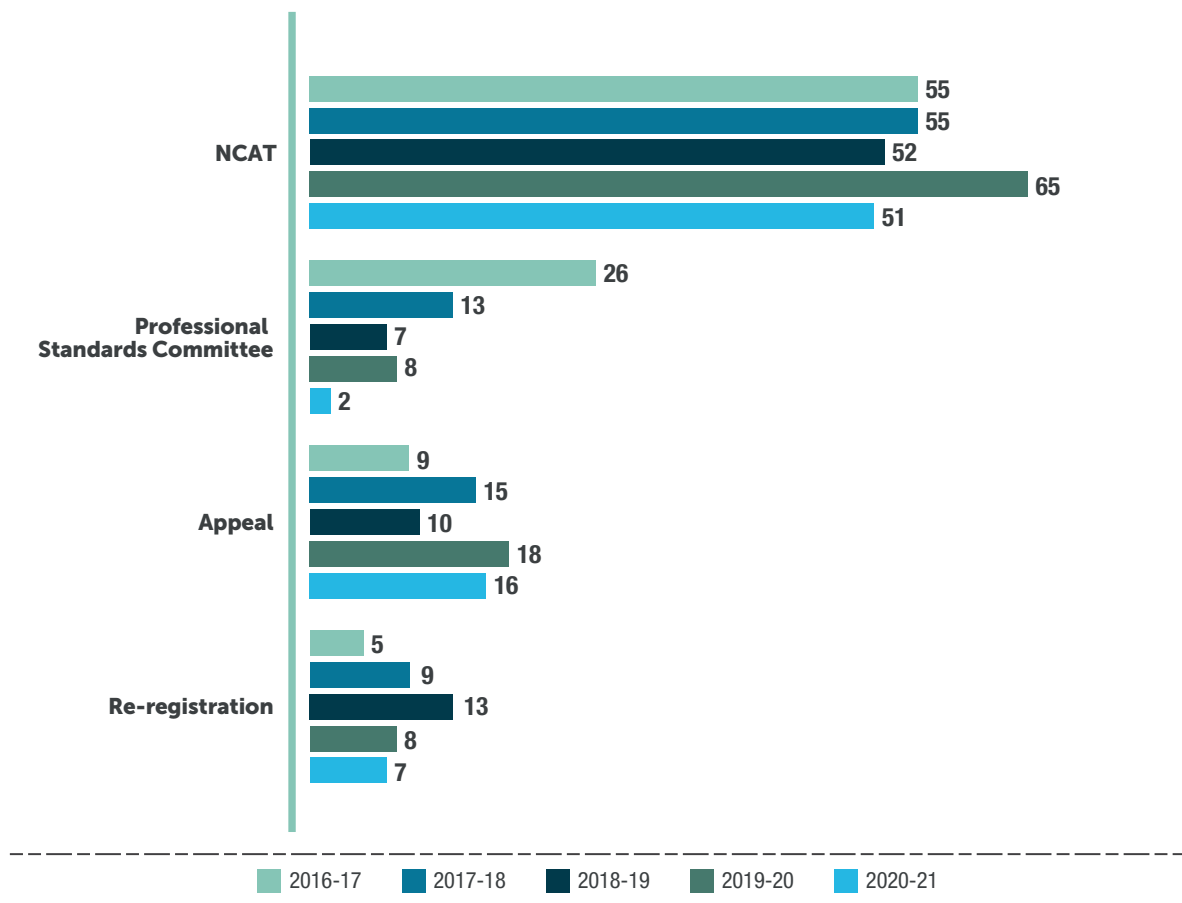


TABLE 1 | Outcome of disciplinary matters finalised in 2020-21

Forum Name	Orders	No.
1. Professional Standards Committee		
Medical Professional Standards Committee	Reprimand and Conditions	1
Nursing Professional Standards Committee	Caution, Reprimand and Conditions	1
Total Professional Standards Committee:		2
2. Tribunal		
NCAT – Administrative & Equal Opportunity Division	Reprimand and conditions	2
NCAT – Dental	Cancellation	3
	Not Proved	1
NCAT – Medical	Cancellation	5
	Caution	1
	Conditions	1
	Disqualified	3
	Reprimand; Suspension and Conditions	1
	Reprimand; Suspension	1
	Suspension and Conditions	4
NCAT – Nursing and Midwifery	Cancellation	10
	Disqualified	5
	Reprimand and Conditions	1
	Reprimand	3
	Reprimand; Suspension	1
NCAT – Pharmacy	Cancellation	6
	Disqualified	3
Total Tribunal		51
3. Appeals/Applications		
Court of Appeal	Appeal by respondent – Appeal dismissed	2
	Application by complainant – Application dismissed	1
	Appeal by respondent – Appeal allowed. Decision varied	2
	Application by respondent – Application upheld	1
Local Court	Application by the Commission – Practitioner convicted	1
NCAT – Administrative & Equal Opportunity Division	Application by respondent – Application dismissed	1
NCAT – Dental	Stay Application by respondent – Application dismissed	1
NCAT – Medical	Application by respondent – Application dismissed	3
New South Wales Civil & Administrative Tribunal Appeal Panel	Application by respondent – Application dismissed	1

TABLE 1 | Continued

Forum Name	Orders	No.
Supreme Court	Application by respondent – Application dismissed	1
	Appeal by respondent – Partially upheld	1
Total Appeals/Applications		16
4. Re-Registrations		
NCAT – Chiropractic	Dismissed	1
NCAT – Dental	Dismissed	2
NCAT – Nursing and Midwifery	Reinstatement order with conditions	1
NCAT – Pharmacy	Withdrawn	1
	Dismissed	1
NCAT – Psychology	Dismissed	1
Total Re-Registrations:		7
Total Legal matters finalised		76

Counted by matter.

Prosecution outcomes and timeframes

As shown in Chart 36 and Table 1, the 76 legal matters finalised included 51 matters before NCAT, two matters before a PSC, 16 appeals and other applications, and seven re-registration matters. The outcomes of these matters are detailed in Table 1.

Importantly, in terms of prosecutions of individual registered practitioners before NCAT or a PSC, the success rate for prosecutions remains extremely high. Of all matters heard and finalised before NCAT or a PSC, 98.1% were successful (2019-20: 98.6%).

Re-registration actions

As noted earlier, a practitioner who has had their registration cancelled or disqualified may apply to NCAT for re-registration after any non-review period has expired.

In addition to assisting the Medical Council of NSW in its appearances for medical practitioners seeking re-registration, the Commission appeared as respondents in seven re-registration application hearings. The outcomes of these matters are detailed in Table 1.

Appeals and applications

The Commission or the practitioner may appeal a decision of NCAT or a PSC in disciplinary proceedings. If an appeal is dismissed, the original decision stands.

As presented in Table 1, there were four appeals or applications made to NCAT by the practitioner and all were dismissed.

A further two applications were made to the Administrative and Equal Opportunity Division of NCAT for review of prohibition orders imposed by the Commission. Both of these applications were dismissed.

Appeals to superior courts may also occur in the context of disciplinary proceedings. In 2020-21, there were eight appeals to either the Supreme Court or Court of Appeal, and one to the NCAT Appeal Panel.

In terms of legal actions related to maintaining the integrity of the complaints process, in 2020-21 the Commission pursued local court proceedings against a former registered pharmacist when he allegedly intimidated a complainant, which is an offence under the *Health Care Complaints Act 1993*. The practitioner was convicted of this offence, ordered to pay a fine and sentenced to a term of imprisonment, to be served by way of an Intensive Corrections Order.

Regulatory Policy and Legislative Change

The nature of health services and the business models for delivering those services are ever changing. There is an ongoing need to adapt the health regulation framework, to ensure that the regulatory reach and powers of the Commission and other health regulators is effective and responsive.

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.

CHANGES TO STATE LAWS

On 21 October 2020, the Parliament of NSW passed the *Health Legislation (Miscellaneous Amendments) Bill 2020*, which largely commenced on the date of assent on 27 October 2020. Amendments relevant to the work of the Commission are outlined below.

POWERS TO ISSUE PUBLIC WARNINGS

The Commission is now able to issue a public warning in relation to a named health service provider (individual or organisation). This is a very important amendment to strengthen the protective power of the Commission. We can be more specific about the person or persons involved in delivering a health service that poses a clear public risk. The power has already been used on multiple occasions:

- Detoxologie and Ms Fay Fain
- Sydney Dental Services
- Ms Li Shen and Medsound Diagnostic Imaging
- Heavy metal contamination Ayurvedic Medication

ADDITIONAL REFERRAL POWERS

The Commission now has the power to refer complaints for local resolution to a private health facility if it appears that the complaint may be capable of resolution at a local level (if they consent). This new power means that local resolution practices which have been in place in relation to public health organisations are now available across all parts of the health system so that there is an expectation across all parts of the health system that lower level concerns and problems experienced by health consumers be addressed more directly by the service provider.



Case study – Mr Nicholas Bakarich – Pharmacist – Prosecution under section 98(1)(a) Health Care Complaints Act 1993

The Commission received a complaint in July 2020, concerning the conduct of Mr Nicholas Bakarich when he was a registered pharmacist. Mr Bakarich was notified of a complaint in August 2020. Following this notification he allegedly intimidated the complainant over a four day period. Mr Bakarich first attempted to contact the complainant through calls and messages on social media requesting that she discontinue the complaint, before making numerous calls to her employer and finally attending her workplace.

The Commission commenced local court proceedings against Mr Bakarich under section 98(1)(a) of the *Health Care Complaints Act 1993*. This section makes it an offence for a person to

persuade or attempt to persuade a complainant not to make a complaint or to discontinue a complaint made to the Commission, either by threat, intimidation, or inducement. The maximum penalty is a fine of 200 penalty units (\$22,000) or imprisonment for 12 months.

In June 2021 Mr Bakarich was convicted of intimidating the complainant. He was fined \$900 and sentenced to a term of imprisonment of six months, to be served by way of Intensive Corrections Order ('ICO'). The terms of the ICO include that Mr Bakarich be subject to supervision by Community Corrections, be of good behaviour and complete 70 hours community service.

In addition, the Commission now has the power to refer complaints to a broader range of bodies if it appears that the person or body is able to take appropriate action regarding the complaint. Previously the power was limited to referring a complaint to another body with the power to investigate it. This limited the ability to refer complaints to bodies that may have the ability to take other necessary action such as education, practice improvement or community awareness. This power will assist in referral to key organisations such as the Mental Health Commission of NSW for the purposes of assisting in system wide improvements and more effective risk management.

ORDERS RELATING TO HEALTH ORGANISATIONS

To strengthen our powers relating to substantiated complaints about relevant health organisations the amendments provide that during or after an investigation, the Commission will be able to issue:

- Interim prohibition orders.
- Prohibition orders.
- Public statements.

Due process and natural justice principles will apply in the same way as they do to individual practitioners (i.e. opportunity to make submissions, requirement to make reasons for the decision clear, and written statement of decision and right of appeal).

The orders will relate to breaches of a code of conduct for health organisations and the content of that code is still subject to consultation led by the Ministry of Health. This power has yet to commence and will do so following completion of the code of conduct for health organisations.

ADDITIONAL INVESTIGATION POWERS

Amendments to search warrant powers now enable warrantless entry, search, and seizure for non-residential premises. For a part of premises used solely for residential purposes, consent or a warrant is still required.

INCREASES TO MAXIMUM PENALTIES AND SANCTIONS FOR OFFENCES

Amendments to various Acts introduce more stringent penalties and sanctions for failures to comply with regulatory requirements.

- Ten-fold increases in the maximum penalty for failing to comply with notices issued under the *Health Care Complaints Act* to provide information during assessments or investigations from 20 penalty units (\$2,200) to 200 penalty units (\$22,000).
- In addition, contravention of a notice can ground an allegation of unsatisfactory professional conduct under section 139B(1) of the National Law.
- Increase in the maximum penalty (under the *Health Care Complaints Act*) for the offence of intimidation or bribery of complainants from 50 penalty units (\$5,500) to 200 penalty units (\$22,000), in addition to the existing sanction of 12 months imprisonment.
- Increase in the maximum penalty (under the *Public Health Act 2010*) for the contravention of a prohibition order for an individual from 200 penalty units and/ or 12 months imprisonment, to 550 penalty units (\$55,000) and/or three years imprisonment.
- Following on from the new powers to make prohibition orders against health organisations, the penalty for the contravention of such a prohibition order is 1,100 penalty units (\$110,000).
- Contravention of a prohibition order is now an indictable offence and can therefore be prosecuted either summarily or on indictment. There is no statute of limitations [no time limit] for commencing such a prosecution.

DISCLOSURE OF INFORMATION

To enable appropriate sharing of sensitive and privileged evidence shared between the Commission and the professional councils in the context of co-regulation of complaints, a new privilege was inserted for professional councils, such that the council cannot be compelled to give evidence about or produce documents containing information exchanged between the council and the Commission under the Act or the National Law, except in particular circumstances outlined in section 99A of the *Health Care Complaints Act 1993*.



Case study – Dr Anastasia Ruff – Medical practitioner

The Commission prosecuted a complaint against Dr Ruff, general practitioner before the NSW Civil and Administrative Tribunal. From 2004 until October 2015, Dr Ruff practised at a small medical practice in south western Sydney. The complaint alleged that from 2004 to 2015 Dr Ruff inappropriately prescribed addictive drugs to five patients from the same family and ought to have known that many of the drugs were being diverted to Patient A in that family.

The complaint also alleged that from April 2007 to July 2016 Dr Ruff inappropriately prescribed a weight loss drug to another patient for management of mental health issues, in

circumstances where that patient had a history of anorexia and she did not properly manage the patient’s mental health issues. The complaint also alleged that Dr Ruff’s prescribing practice in relation to other medications was inappropriate and her record keeping for all six patients was of a poor standard.

The Tribunal found the complaints against Dr Ruff proved and that her conduct amounted to professional misconduct. It cancelled Dr Ruff’s registration as a medical practitioner and prevented her from seeking a review of that order for a period of two years.

10

Access, outreach and partnerships

The Commission is committed to engaging with health consumers and health providers to ensure that our role as an independent regulator is understood, that our services are accessible and that we are supporting effective complaints management and patient-centred care.

We also appreciate that we work within a large, complex and ever evolving health system and in a wider regulatory environment. Collaboration with others is essential to having the impact and influence that we wish to have.

Focusing on our customers

Our approach to engagement activity is set out in the Commission's Customer Engagement Framework, which identifies how we go about our work with health consumers, health service providers, other regulators and policy and oversight bodies, using the spectrum of techniques for informing, consulting and participating in a collaborative way to achieve common objectives.

In this Framework we are clear about our objectives in relation to engagement, including:

- Purposefully extending the channels and reach of our communications about the Commission's role, how to make a complaint, and important public health issues.
- Enhancing our role in educating existing and future health service providers about best practice complaints management and highest standards of service delivery.
- Sharing and using information.
- Working closely with professional councils and associations.
- Deepening relationships with health consumer groups and providing additional avenues for receiving feedback so that we can increase awareness and responsiveness of our services.
- Extending our collaboration with other regulators, to learn from them, and to co-ordinate actions in areas of shared responsibility.

The services and projects to meet these objectives are described in more detail in this chapter.

HOW DOES THE COMMISSION ENSURE THAT IT IS ACCESSIBLE AND SUPPORTIVE?

We do this by:

- Providing a full time Inquiry Service staffed by people with customer service expertise, to deliver information and complaint support specific to an individual's needs and requirements.
- Providing complaint forms in several community languages.
- Including a section on all complaint forms for complainants to identify any disability related support requirements.
- Providing interpreters to assist in discussions with the Commission.
- Translating written correspondence to complainants into their preferred language if necessary.
- When dealing with inquiries and complaints, bilingual Commission staff can assist clients in their native language.
- Using telephone, oral and written interpreter services in a broad range of languages.
- People with a hearing impairment can contact the Commission using the TTY number (02) 9219 7555 or through the National Relay Service on 133 677.
- Working with Local Health Districts to monitor local resolution complaint outcomes for vulnerable complainants (especially with regards to mental health complaints).
- Referring the most complex mental health complaints to the Chief Psychiatrist.
- Providing assisted resolution services across NSW.
- Working on a strengthened approach to cultural safety to help address any barriers that may prevent Aboriginal and Torres Strait Islander people from making complaints and to ensure that the complaints we do receive are handled in culturally appropriate ways.
- Delivering targeted and customised outreach programs for health care providers, community organisations and services that support vulnerable groups.

CUSTOMER ENGAGEMENT FRAMEWORK

WHO WE WORK WITH

The NSW health system is very large and complex. To maximise our contribution to driving improvements in the care and treatment provided, the Commission works closely with a wide range of organisations, groups and individuals.



HEALTH CONSUMERS

People are at the centre of each and every point of health care treatment. A complaint is an opportunity to take the lessons from day to day experiences to drive improvements. It is important that the Commission's services are readily accessible and responsive. We engage with consumers to ensure that our role is clear; their complaints are understood; that our processes are open, transparent and effective and that we welcome and action feedback that helps us to do our work better.

- patients, their families and carers
- the diverse NSW community
- health consumer bodies
- Consumer Consultative Forum

HEALTH SERVICE PROVIDERS

By working together with individual practitioners, health organisations and educators we can help improve overall service provision and empower providers to better address and resolve complaints. It is also important that we receive feedback from providers on the way we undertake the complaint handling process.

- all public and private health organisations
- registered and unregistered health practitioners
- Local Health Districts
- colleges, professional associations and membership organisations
- universities and other health education providers
- medical insurance sector

OTHER REGULATORS

Complaints are increasingly multi-faceted. Effective management of them relies on having strong operational and strategic partnerships, and efficient information sharing arrangements with other regulators. They may be able to address different aspects of the complaint themselves or assist the Commission to manage its assessments, investigations and prosecutions.

- Health Professional Councils
- NSW Ministry of Health
- Australian Health Practitioner Regulation Agency
- Office of Fair Trading
- Office of the Information and Privacy Commissioner
- NSW Police
- Aged Care Quality and Safety Commission
- NDIS Quality and Safeguards Commission
- Therapeutic Goods Administration
- Australian Commission on Quality and Safety in Health Care
- health care complaints entities in other states and territories

POLICY AND OVERSIGHT BODIES

The legislative and policy framework for complaints management is set by the NSW Government. The Commission has the opportunity to identify trends and possibilities through its complaint management functions. This information can inform policy deliberations on aspects of complaint handling and areas for improvement in health service delivery. The Commission, is accountable for its priorities and performance to the NSW Parliament and Joint Parliamentary Committee on the Health Care Complaints Commission, and to the NSW Ombudsman. The delivery of high quality performance reports and responses to issues raised in inquiries conducted by the Committee and the Ombudsman are essential to maintaining transparency and ensuring that complaints handling is efficient and effective.

- NSW Parliament and the Joint Parliamentary Committee on the Health Care Complaints Commission
- NSW Ombudsman
- NSW Minister for Health
- NSW Ministry of Health
- Clinical Excellence Commission
- Mental Health Commission of NSW
- media

CUSTOMER ENGAGEMENT FRAMEWORK

HOW WE ENGAGE

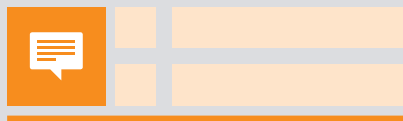
The *Commission's Engagement Strategies* guide the implementation of this framework. They outline in detail how we will work to improve communication and to strengthen relationships with our partners.



INFORM

Clear communication:

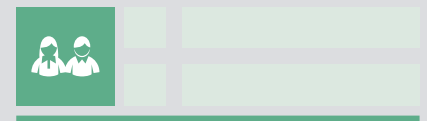
- making information available and accessible across a number of channels
- information is relevant and reaches target groups
- all stakeholders are aware of our presence, activities and processes
- important public health warnings receive maximum exposure



CONSULT

Two-way communication:

- using feedback to identify issues of public health and safety
- seeking feedback to improve and strengthen our processes
- learning from stakeholder experiences of our process
- accepting learnings and recommendations from complaints made about us



PARTICIPATE

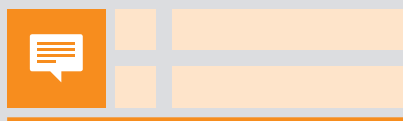
An ongoing two-way process:

- working together to identify issues, trends and views
- enhancing information-sharing
- receiving, delivering and co-facilitating training
- being part of research that supports improvements in health service delivery



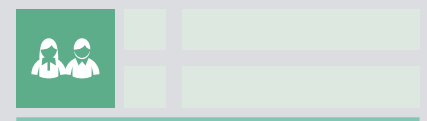
THINGS WE DO TO INFORM

- fact sheets/brochures
- website
- front counter inquires
- inquiry line
- eComplaints portal
- annual report
- public statements and warnings
- attendance at education programs and open days



THINGS WE DO TO CONSULT

- consumer consultation network
- complainant and provider feedback surveys
- feedback meetings with health organisations



THINGS WE DO TO PARTICIPATE

- involvement in working groups and forums with partners
- practitioner education
- presentations and workshops
- involvement in health sector research

AWARENESS OF THE COMMISSION AND ITS PROCESSES

In 2020-21, a focus of our engagement has been to significantly expand connection with health consumers, actively seeking opportunities to raise public awareness of our role, build understanding and confidence in how complaints are managed and receive feedback about how we can improve our services and processes. At the broadest level, this occurs through continuous updating and improvement in our website content and reach, and through improvements in printed information. Increasingly we are seeking to augment this general pathway of informing and supporting with customised community connections, particularly with more potentially vulnerable health consumers.

WEBSITE

The Commission's website is one of its primary points of access for complainants, health providers, and members of the public.

In 2019-20, the Commission undertook a complete overhaul of the website. We consulted with our stakeholders to develop a website that is more accessible and easier to navigate. The new website was launched in July 2020, and it has been successful in directing customers to important information more efficiently. A key feature is that it has a quick and easy connection to the e-complaints portal (directly from every page and via the search engine) to assist people to make a complaint online. With this feature there has been a significant increase in lodgement of complaints via the portal this year.

During 2020-21, we have carefully refined and added new content to the website. This has included updating the Understanding Complaints section and using the home page banner to communicate important updates (in particular, COVID-19 information).

The Commission will continue to update and refine the website based on feedback and emerging trends, and initiatives are underway to adding audio-visual information and training material.

BROCHURE DISTRIBUTION

In 2020-21 the Commission revised our information material. Our brochure has been simplified and clarified with key information about who we are, what we do, what to expect and how to contact us. We continue to distribute these brochures across medical centres and health facilities in NSW, as well as using them at events and providing them to community services that people visit for advice and information.

The Commission is currently developing further materials that are more accessible to First Peoples.

COMMUNITY CONNECTION AND OUTREACH

It is critical that people can access the Commission and understand who we are, how to make a complaint, and what to expect. This is not a one-way process. The Commission also sees this community connection as a source of information and advice from the community about the issues and barriers that may make it difficult for people to make complaints or the experiences of the complaints process.

New health consumer-driven information content about resolving health care concerns has been developed to support outreach presentations to community groups.

In 2019-20, the Commission delivered six presentations to health consumer groups, building to 16 presentations in 2020-21. Much of this work has been supported by the development of partnerships, such as participating in joint outreach events with other community services via the Joint Outreach Initiatives Network (JOIN) and engaging with community workers and Legal Aid staff in regional areas via the Co-operative Legal Services Delivery (CLSD) program. Some community oriented engagements included:

- Participating in Seniors Week activities in Fairfield, Tumbarumba, Gundagai and Albury.
- Participating in Community Advice Days in Tweed Heads, Murwillumbah and Casino.
- Presenting to members of the Co-operative Legal Services Delivery programs in Albury and Wagga.

DEVELOPING OUR FIRST PEOPLES ENGAGEMENT AND CONNECTION STRATEGY

A focus for 2020-21 was to apply the customer engagement framework to inform a more cohesive and effective strategy for our work with First Peoples.

We know that health disparities exist and yet the Commission receives relatively low numbers of complaints from people who identify as Aboriginal or Torres Strait Islander. This could be due to many factors, but it is apparent that the responsibility rests with the Commission to ensure that any barriers to making a complaint are understood and addressed and that complaints handling processes are culturally appropriate and safe.

The starting point was to establish additional connections with Aboriginal health organisations and communities to better understand the health issues faced by Aboriginal people when accessing care. This initial connection has highlighted the need to raise awareness across Indigenous health consumers and support services about the Commission's independent and impartial role in managing health care complaints. Building cultural awareness and capability within the Commission to ensure that our complaints management practices are culturally safe and appropriate is also imperative.

Our strategies are as follows:

Partnerships with Aboriginal health organisations and service leaders. The Commission is currently engaging with:

- Aboriginal Health & Medical Research Council (AHMRC) – The Commission and the AHMRC are developing an MOU to support structured collaboration with the Aboriginal Community Controlled Health Service network throughout NSW. We aim to build practitioner awareness of the role and function of the Commission and the manner in which it can assist services and consumers alike.
- NSW Ministry of Health's Centre for Aboriginal Health (CAH) – The Commission is establishing a formal connection with the Centre for Aboriginal Health, working alongside their Health Improvement and Support team to identify opportunities for system wide improvement.
- Aboriginal Women's Consultation Network (via the Women's Legal Service of NSW) – This engagement has been disrupted through COVID-19 during 2020-21, but will resume in the future.

Making strong operational linkages – With practical action-oriented connection at local levels, with Local Health Districts, individual Aboriginal Controlled Health Services and other Aboriginal groups.

- This includes links with Aboriginal Liaison Officers (to explore direct opportunities for service improvement) and Aboriginal Health Co-ordinators (to assist us to link into community based dialogues and forums).
- Visits have been made to a number of regional and remote locations including Wagga Wagga, Albany, Lismore, Tweed and Bourke.

Raising awareness and accessibility – The Commission has commenced the process of developing more culturally accessible material such as brochures and postcards and other literature in consultation with key stakeholders. These resources, together with expanding outreach and engagement, will increase the understanding and awareness of the Commission.

Improving Internal Practices – To build increased cultural awareness and improve service delivery to our First Peoples, the Commission is:

- Implementing mandatory cultural safety training across the Commission.
- Improving triage processes to assist in the early identification of complaints made by First Peoples to ensure that these complaints are managed in a culturally appropriate way.
- Developing customised, culturally appropriate resolution processes.
- Using available research on Aboriginal people's experiences of hospital care, to identify opportunities for improvement in health service delivery.
- Sharing appropriate de-identified information about complaint themes and trends with partners to inform improvements to health service delivery.
- Exploring options to connect people to culturally safe support during a complaint process.

The Commission's Resolution Team is also committed to maximising day to day connections by ensuring that visits to rural and regional areas for assisted resolution meetings also include broader engagement with community groups and other health providers. This approach has resulted in opportunities to engage with Primary Health Networks, Aboriginal Health Services and community hubs in locations such as Bourke and Bega in 2020-21.

Support to health consumers and providers

Our values and priorities lead to a focus on ensuring the accessibility of the Commission, particularly with vulnerable consumer groups. Even where a health consumer is aware of the role of the Commission, there may be barriers to making a complaint or uncertainties about the complaints process.

The legislation requires complaints to be made in writing and it is essential that this not be a barrier for consumers. The Commission therefore provides a number of different options for making complaints and assistance to those who may have difficulties navigating the process:

- The Commission's e-Complaints portal allows for complaints to be lodged online quickly and easily and prompts users to enter all of the relevant information needed for assessment of a complaint. The portal also allows users to track the progress of a complaint, to contact their case officer and to add additional information after initial lodgement.
- In addition to the portal, the Commission provides complaint forms that can be completed and submitted electronically or posted back to us. These forms are available in a variety of community languages.
- People can also email the Commission or send us a letter about their concerns.
- Our Inquiry Service team is able to provide support to those who require help to prepare or lodge a written complaint.



Case study – Resolving matters without the need for a formal complaint

Our Inquiry Service is an early opportunity to sort out straightforward issues quickly and informally.

A caller advised that a relative was currently an inpatient at a hospital, after being taken there by ambulance from an aged care facility where she had developed several infections. The concern was that the patient may be discharged back to the aged care facility prematurely, in the context of concerns about the facility's ability to care for her in this condition.

The inquiry officer phoned the patient liaison officer at the hospital and advised of the family's concerns surrounding the discharge. The patient liaison officer agreed to contact the family to discuss their concerns. As a result the family and the hospital agreed on a plan for ensuring appropriate assessment prior to discharge and appropriate arrangements are in place when the patient is ready for discharge.

Support in managing a possible complaint

THE ROLE AND OPERATION OF THE INQUIRY SERVICE

The Commission recognises that navigating the health sector can be a challenging experience for many people. Many people are also unaware of their rights, resources available, or what action can be taken when things go wrong.

The Commission provides an Inquiry 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 direct consumers to 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.

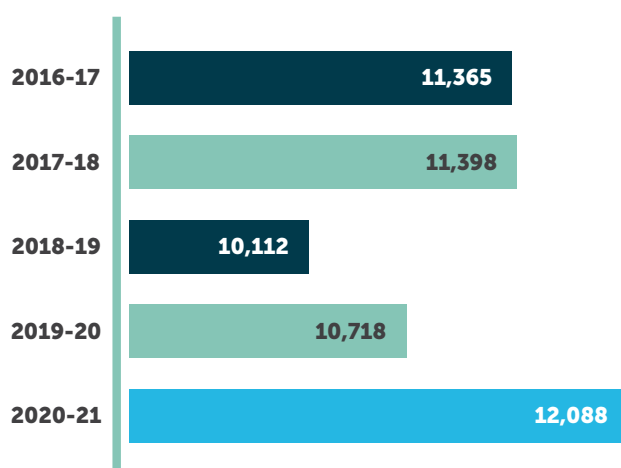
The Inquiry Service also receives inquiries from health providers and services who may have been the subject of a complaint, to inform them about the processes and to connect them with officers who can assist them throughout the process.

As seen in Chart 37, the number of inquiries received by the Inquiry Service increased by 12.8% in 2020-21, to 12,088 inquiries. This growth is primarily attributable to COVID-19 related questions and uncertainty for both members of the public and health providers in the evolving pandemic situation.

The Inquiry Service continued to function both by telephone and online during the pandemic. It has been able to provide:

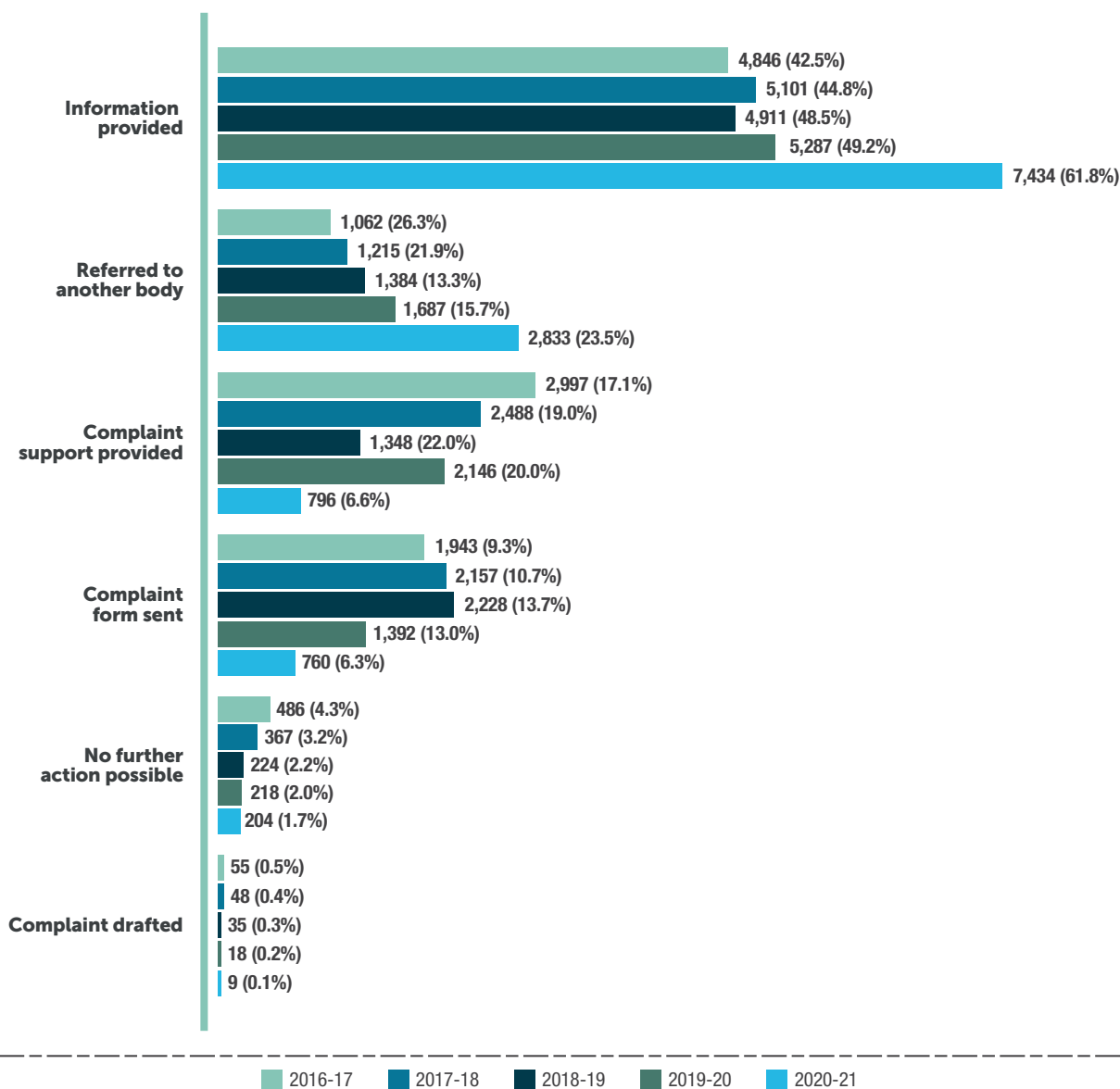
- Clarification of what types of concerns could be managed by the Commission (and where else an issue could be raised if it was not within the Commission's jurisdiction).
- Advice on the most appropriate approach to managing concerns about health service providers, including complaints with COVID-19 related requirements.
- Guidance on sources of advice for health professionals about their obligations and responsibilities in a COVID-19 context.
- Guidance as to where to find reliable, authoritative information about COVID-19 issues, including orders and rules as well as vaccination and testing services.
- Direction about where to raise concerns about hotel and home quarantine.

CHART 37 | Number of inquiries received from 2016-17 to 2020-21



Counted by inquiry

CHART 38 | Outcome of inquiries 2016-17 to 2020-21



Counted by inquiry

INQUIRY OUTCOMES

Chart 38 sets out the outcome of inquiries received in 2020-21 compared to previous years.

Information provided relates to situations where the caller received advice and information tailored to their specific needs, questions and concerns. This may include 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, specific health services that are of concern for the caller, or rights and responsibilities as a healthcare consumer. Approximately 62% of all inquiries were in this category, an increase from 49.2% the previous year, directly attributable to COVID-19 related inquiries.

In 2020-21, 6.6% of inquiries required more intensive **complaint support**, which would typically include 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 Inquiry 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.



COVID-19 Case Study – Assistance with vaccination records

A caller phoned the Inquiry Service concerned about her parents' vaccination records. Both parents had received their first COVID-19 vaccination at their aged care facility but had since moved to a new facility where they were to get their second vaccination. To get the second vaccination they needed confirmation of the first. However, one parent's records had been updated to show the first vaccination but not the other, despite receiving them at the same time.

The inquiry officer phoned the original facility and established that due to an error, the records had not been updated. The facility updated the vaccination records and confirmed this with the caller via email, including copies of the medical records. The new facility was then able to provide the vaccine.

Referral to Another Body captures inquiries where the issues raised are within the jurisdiction of another body – such as NSW Fair Trading, the 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. In such cases, the Inquiry Officer will explain the role of the relevant organisation or government body and why it may be able to assist, as well as providing the caller with the appropriate contact details. In 2020-21, 23.5% of inquiries were referred in this way (2019-20: 15.7%).

There was a 67.9% increase in this outcome, up from 1,687 in 2019-20 to 2,833 in 2020-21. The increase in this category is largely attributed to COVID-19-related inquiries outside the Commission's jurisdiction e.g. aged care facility visitation, airport arrival processes, sanctions for absence of face masks, location and operation of testing sites, vaccination arrangements.

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 Inquiry Officer has not been able to resolve their concerns. The Commission is able to send complaint forms where the caller is unable to access the internet to complete the form online. In 2020-21, 6.3% of inquiries resulted in a **complaint form sent**. This is a lower proportion than in 2019-20 (13.0%) and generally attributable to increased uptake of online communication in a COVID-19 environment.

As is the case every year, a small number of inquiries are recorded as **no further action** (1.7%; 2019-20: 2.0%). These are generally written or online inquiries where no contact information is provided, and the Inquiry Officer is not able to make contact to assist with resolution of the query.



Case study – Helping to prepare a complaint

A caller phoned the inquiry line with some concerns about the treatment received by a dentist. Due to a disability, the caller was unable to put his complaint in writing. The inquiry officer assisted the caller by drafting the complaint on his behalf and forwarding the matter to assessment, where the complaint resulted in a change of policy at the clinic.

Learning from feedback

The Commission seeks feedback and listens to the concerns of the health consumers and health providers that engage with our service. Feedback is sought and received in a number of ways including:

- Feedback surveys sent to complainants and providers at the conclusion of a complaint.
- Focus groups of consumers including complainants, health providers, consumer groups and other stakeholders in relation to specific projects.
- Issues raised by the NSW Ombudsman about Commission processes.

The Commission uses this feedback to inform staff of both positive and negative feedback, to improve the delivery of its services and to inform new initiatives.

CUSTOMER SURVEYS

The Commission sends surveys to both complainants and providers involved in a complaint, asking for feedback about their experience with the Commission's services. The information provided assists the Commission to understand the experience of the parties in an assessment process, so that we can identify what works well and where there is scope for improvement.

A strategic priority for the Commission has been to implement a new survey process and instruments, to improve their value and influence in driving service improvements. This has included:

- Design and implementation of new survey questions from July 2020, to encourage more feedback and help to better focus improvement initiatives.
- Development of a new online survey platform to make it easier for customers to submit their feedback (as the old survey forms were in a non-interactive PDF format). A printed form continues to be available for those unable to complete it electronically.
- Establishing the ability to benchmark customer experiences with the Australian Health Practitioner Regulation Agency (Ahpra).
- Development of a better reporting tool so that survey information can be more readily analysed and shared with Commission staff to drive greater responsiveness and improvement in identified areas.

The feedback received from the new surveys is significantly different to that received on the old surveys. The responses to the new questions provide a more realistic picture of the concerns that parties may have about the complaints process. This information is already being used to guide work being undertaken to improve written communication.

Feedback from providers: In 2020-21, 86% of providers sending feedback strongly agreed or agreed that overall, they were satisfied with how the complaint was managed by the Commission. Some key themes from the comments indicate that it would be helpful for the Commission to acknowledge that complaints can be stressful and to point providers towards support. A review is being undertaken of the correspondence sent to providers at the first point of contact in a complaint process to respond to this important feedback.

Feedback from complainants: Around 60 - 65% of complainant respondents either strongly agree or agree that:

- It is easy to find information about how to make a complaint.
- It is a simple process to make a complaint.
- They were treated with respect.

However, opportunities for improvement were identified regarding: the frequency of updates about the progress of a complaint; perceptions that the Commission didn't understand the complaint issues; and, overall satisfaction with the complaints handling process. The Commission is currently updating the information that is provided to complainants when a complaint is first lodged to provide greater clarity about the complaints process, timeframes and potential outcomes to help people better understand what to expect.



Your feedback

"I was having difficulty submitting my complaint online and your Inquiry Officer was able to work out the problem and get it rectified so that I was able to submit my complaint. She was extremely patient and empathetic and a credit to the Commission."

– **complainant feedback.**

"I felt the time for the response took a bit long, nearly 8 weeks. The Assessment Officer was in touch with me for any updates or concerns." – **complainant feedback**

"I'm a well-informed member of the public but I had never heard of you. I passed a copy of my complaint on to my local MP and she forwarded pamphlets of your service to me. I would not have known to do so otherwise." – **complainant feedback**

"Considering the impact of COVID-19 having delayed our issues being addressed the process was completed in a satisfactory timeframe. Our Resolution Officer was thorough, thoughtful of our feelings and very understanding. Professional in all dealings."

– **complainant feedback**

"I recently contacted your department as unfortunately my family had a death under tragic circumstances. No one wanted to help or listen until I contacted your department. Your staff are very knowledgeable and compassionate, and I thank you immensely for the support in advising me what to do, we finally got the information we needed and will be able to pursue this. Your department has been supportive and very caring, and I thank you for that." – **complainant feedback**

"I have never had a complaint about my practice before and so it came as shock. The Inquiry Officer was kind and caring and explained the process of what happens when a complaint is made about a medical worker. What happens, the right of reply. The whole process. She managed to calm me down, for this I am really grateful." – **provider feedback**

"Finally resolved the matter – I don't think you appreciate the emotional impact of these complaints and the need for prompter resolution of matters." – **provider feedback**

"We were under a lot of time pressure with regular clinics, flu clinics, COVID-19 vaccination clinics. I feel that more time to go through my records and send my response would have helped a lot." – **provider feedback**

"The case/complaint was handled in a professional and timely manner. All the facts and details were explained clearly to me by HCCC. I could not have expected any better from the Commission. Thank you." – **provider feedback**

"The process was well explained. There had clearly been a lot of work with the complainant to clarify what they sought from the meeting, and I really appreciated this. It meant we could start from a more helpful place. The facilitator was respectful and maintained a quality of neutrality and respect that helped the conversation progress." – **provider feedback**

COMPLAINTS ABOUT COMMISSION STAFF

In 2020-21, seven complaints were received about its staff.

In five matters, the complaints concerned staff contact with people who had made a complaint and raised concerns about their communication and attitude in the management of their complaints. Following reviews of the conduct, these staff were counselled about appropriate and respectful communication and the Commission's values and obligations in this regard.

In the other two matters, review of the complaint and the history indicates that the complainant's concerns relate to the complaint process more generally and/or the outcome of the complaint, and not individual professional conduct of staff. Information was provided to the complainant on the option of a formal review of the outcome of their complaint as afforded under section 28 of the *Health Care Complaints Act 1993* and/or referral to the NSW Ombudsman's Office as the appropriate oversight agency.

COMPLAINTS TO THE OMBUDSMAN

If a complainant remains 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 2020-21, it received 94 actionable complaints about the Commission. These complaints were mostly related to concerns about: customer service; complaint handling and decision making processes; and, objections regarding assessment outcomes and the merits of those decisions.

The NSW Ombudsman has advised that it finalised 94 actionable complaints about the HCCC during 2020-21, including some complaints received in earlier years:

- 11 actionable complaints were declined after preliminary inquiries by the NSW Ombudsman found no evidence of wrong conduct found under section 13AA of the *Ombudsman Act*.
- 83 actionable complaints were finalised after initial assessment. Initial assessment may include declining the complaint for a number of reasons which include: that the complaint was premature; the Commission had no jurisdiction; there were concurrent complaints afoot; there was no evidence of wrong conduct; or, by the provision of appropriate advice or referral of the complainant back to the Commission.

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

Education and training

The Commission continues its longstanding commitment to delivering training and guidance to health service providers, for the purposes of fostering a clear understanding of the role of the Commission and building complaints handling expertise across the service system. The delivery of this function has necessarily been more through online than face to face techniques since the onset of the COVID-19 pandemic.

Building on the 2019-20 program of refreshing our training content and approach and establishing a structured booking system, the volume and breadth of training has grown. In 2020-21, 33 presentations and workshops have been delivered in Local Health Districts and to other education providers, including:

- Presentations across LHDs to clinical governance teams, NUMs and other clinical staff. There has been particular emphasis on regional and rural LHDs. These have included engagement meetings with staff in facilities in the LHDs of Southern NSW, Far West, Murrumbidgee, Northern NSW and Western NSW.
- Presentations to Allied Health and Community Health staff in several LHDs, to support their understanding of the role of the Commission and how people can make complaints.
- Presentations as part of the Mental Health Accredited Persons Training delivered by HETI.
- Workshops in private imaging clinics.
- Education session for Nursing students at Western Sydney University.
- Delivery of a co-designed webinar to TAFE teaching staff in relation to the Code of Conduct for Unregistered Health Practitioners and regulation of unregistered health practitioners in NSW.

During 2020-21 the Commission has also engaged with more than 30 different private facilities in metropolitan Sydney and across regional areas of NSW when delivering resolution services, to explain the role of the Commission and to build a shared understanding of complaints processes and techniques.

The Commission commenced planning further education and training for private health facilities including to explain the new powers to refer matters to private health facilities for local resolution as a result of recent legislative change. While COVID-19 disruption has affected rollout of this training, it is planned to occur during 2021-22. Additionally, the Commission expects further opportunities to engage with the private health sector as it strengthens its relationship with the Health Services Association of New South Wales, which is a collaborative forum for non-government public health service providers such as HammondCare, Karitane, Tresillian, St Vincent's Health Network, Royal Rehab, Calvary Health Care, Chris O'Brien Lifehouse and the War Memorial Hospital.

Working in partnership

Our Engagement Framework emphasises the importance of working in partnership to deliver excellence in complaints management and to build knowledge, influence and impact.

NSW REGULATORY LINKAGES

When dealing with complaints, the Commission regularly liaises and consults with the various professional councils, Ahpra, the NSW Ministry of Health and the Local Health Districts (LHDs) 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.

Regular exchange of data and information with other regulatory bodies including NSW Police, the NSW Coroner, the Pharmaceutical Regulatory Unit and NSW Fair Trading ensures that there is effective and coordinated action where a matter involves many different agencies.

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 improvement.

The NSW Regulators Forum was established in early 2017. It 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; 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. An example is the current Dental Stakeholders Forum, which brings together the membership and insurance bodies, the Dental Council of NSW and the regulators to address emerging regulatory challenges in the area of dentistry.

STRATEGIC CONNECTIONS

Quarterly meetings are held between the Commission and the Secretary of Health to discuss complaints trends and performance and any areas of shared interest.

The Commission also 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.

Connections also continue to be in place with relevant government and non-government entities across NSW, including:

- Continued to build partnerships with the Clinical Excellence Commission and the Patient Safety First Division of the Ministry of Health, with a focus on identifying and progressing system wide improvement opportunities and strategies arising from complaints and incidents.
- Collaborating with the NSW Mental Health Commission to develop resources for staff in the safe management of mental health related complaints and to identify issues arising for those with lived experience mental health.

- Regular liaison meetings involving the AMA, medical insurers, Ahpra, the NSW medical regulators to discuss complaints issues from a medical provider perspective.
- Continued engagement with the Carers Rights and Complaints Network has enabled co-design of webinars with Carers NSW to inform their members about options for managing health care concerns.
- Continued regular meetings with Health Consumers NSW to learn more about the issues their members are experiencing and to develop communication pathways for their constituents.

The Commission is also active in a range of cross-jurisdictional processes and structures to establish and maintain appropriate operational partnerships and information sharing arrangements, so that we learn from and influence complaints handling at a national level.

- In June 2021 the Commissioner hosted the National Health Commissioners' conference, following participation in the November 2020 conference. This is an important biannual forum for: considering complaint trends nationally; identifying strategies for improved complaints management; and, discussing management of matters that cross jurisdictional boundaries.
- Established in April 2017, the Consumer Health Regulators Group consists of regulators with an interest in consumer health. Currently chaired by the Australian Competition and Consumer Commission (ACCC), other members include the Ahpra (who work in partnership with 15 National Boards in the National Registration and Accreditation Scheme), the Private Health Insurance Ombudsman and the Therapeutic Goods Administration. Group members come together to exchange information, including about emerging issues of interest or concern, and to ensure responsibilities and functions of each regulator within the consumer health industry are understood and consistently applied. The Group meets quarterly, or otherwise as needed.
- Importantly, the Commission also has partnerships with the specialist regulators and advocacy bodies at National and State levels (including with the NDIS Quality and Safeguards Commission, the Aged Care Quality and Safety Commission, the NSW Ageing and Disability Commissioner, the Mental Health Commission of NSW, the Office of the Information and Privacy Commissioner) so that there is clarity of roles and responsibilities and smooth transfer of information between the entities.

Information for the community

MEDIA

The Commission responds to media inquiries and provides information on its functions, noting that s99A of the *Health Care Complaints Act 1993* heavily restricts the disclosure of information relating to complaints. In 2020-21, media inquiries predominantly related to health professionals that the Commission had prosecuted before the NSW Civil and Administrative Tribunal and complaints under investigation.

The Commission also published 80 media releases which related to decisions of disciplinary bodies, public warnings, and prohibition orders made about unregistered practitioners. These releases are published prominently on the Commission's website home page and subscribers to its media release mailing list are automatically notified of each new media release.

PUBLIC STATEMENTS AND PUBLIC WARNINGS

Under section 41A of the *Health Care Complaints Act 1993*, the Commission may make a Public Statement about an unregistered health practitioner where serious concerns about their suitability to provide health services have been confirmed. Public Statements identify the practitioner and the nature of the risks posed by them and also include information about actions that have been taken to protect the public from those risks, with a point of contact information for consumers who have queries about the content or nature of the statement. 16 Public Statements were made in 2020-21.

Public Statements about unregistered health practitioners are distinguished from public warnings. The Commission is able to make such warnings at the end of an investigation or during an investigation, in cases where there is a risk to public health or safety. In November 2020, legislation was passed which clarified and enhanced the powers of the Commission so that it is clear that a public warning under section 94A of the Act can now be made in relation to a named health service provider or organisation to strengthen public visibility of risks for all classes of providers.

In 2020-21 the Commission had 11 public warnings in place (including three which were issued utilising the new power) across a broad range of areas of concern including:

- **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.
- **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 unregistered 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 unregistered, 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 to 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.

Public Warning under s94a of the *Health Care Complaints Act 1993*: Concerning levels of heavy metals in Ayurvedic Medication.

The NSW Health Care Complaints Commission is concerned about a complaint received regarding the prescription of “Manasamithra Vatika,” (Manasamitram Pills) an Ayurvedic medication.

The complaint related to prescription of this medication to a child for treatment of autism.

This medication was found to contain concerning levels of lead and other heavy metals.

Clients who are considered to have been placed at risk have now been contacted by NSW Health public health personnel.

If you think you may have consumed this medication please contact your local Public Health Unit on 1300 066 055.

There is also close liaison with NSW Health, the Therapeutic Goods Administration (TGA) and the Australian Health Practitioner Regulation Agency (Ahpra) who also have regulatory responsibilities relating to this matter.

WHAT SHOULD CONSUMERS DO TO PROTECT THEMSELVES?

The Commission strongly urges those individuals seeking alternative therapies to be vigilant in their research prior to proceeding with any natural therapy medications or medicines and to discuss any such proposed therapies with their treating registered health practitioner.

Individuals can check to see if a practitioner is registered in Australia through the Ahpra website at www.ahpra.gov.au

Individuals can also check the website at <https://www.tga.gov.au/> to see whether medications or medicines have been approved by the TGA.



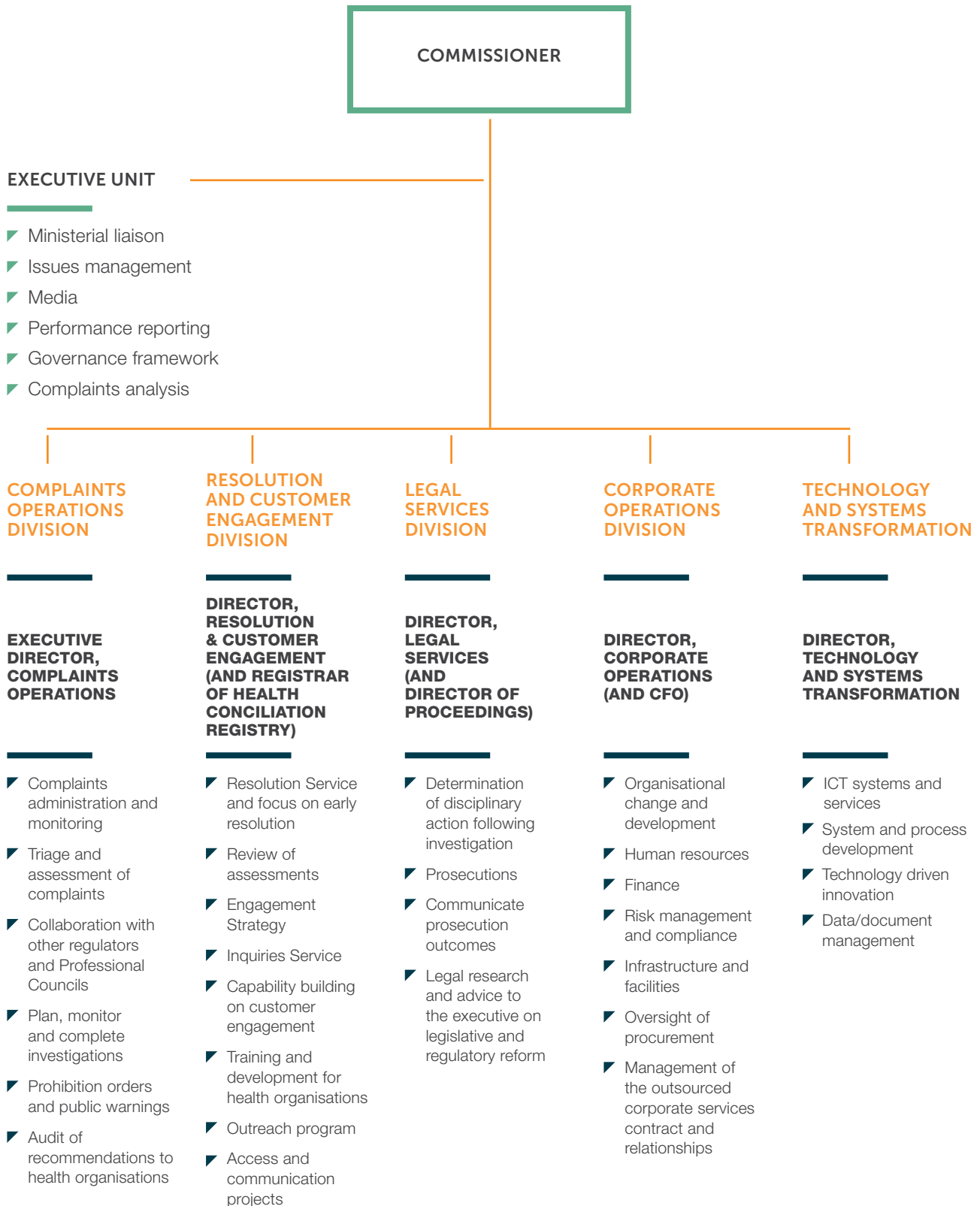
Organisation and governance

Corporate structure

The Commission's structure is set out in Chart 39. 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 reflects the strategic and operational emphasis on the needs and experiences of customers. It 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 undertaken 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 Operations Division**. This Division ensures that all resources and equipment are used in an efficient and effective way. Capability building, risk management and financial diligence are core functions of the Division.
- The **Technology and Systems Transformation Division**. This division was formed in 2019-20 following a review of the Commission's Information, Communications and Technology (ICT) services. This review indicated the need for an interim adjustment to the leadership structure to focus on technology and systems transformation 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.

CHART 39 | Organisation Structure



Commission staff

The Commission employed a total of 125 full and part time staff as at 30 June 2021.

TABLE 2 | Staff numbers by employment category 2016-17 to 2020-21 (as at 30 June)

Employment basis	2016-17	2017-18	2018-19	2019-20	2020-21
Total	95	103	119	121	125
Sub totals					
Permanent	66	76	95	99	99
Temporary	16	12	15	19	23
Contract	8	5	4	1	2
Casual & Contingent	5	10	5	2	1

TABLE 3 | Average full-time equivalent staffing 2016-17 to 2020-21

	2016-17	2017-18	2018-19	2019-20	2020-21
	77.0	84.8	97.6	106.3	108.4

PUBLIC SERVICE SENIOR EXECUTIVES

Public Service Senior Executives are employed under the *Government Sector Employment Act 2013*.

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.

In 2020-21, the Commission had a total of six Public Service Senior Executive roles, with four ongoing and two contract roles.

The Senior Executive as at 30 June 2021:

- **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).
- **Director, Corporate Operations & Chief Financial Officer (CFO), Senior Executive Band 1** – Peter Eaton, Bachelor of Commerce, Member of CPA Australia.

- **Director, Legal Services and Director of Proceedings, Senior Executive Band 1** – Larisa Michalko, Bachelor of Arts (History)/ Bachelor of Laws (Hons Class 1), Graduate Diploma in Legal Practice (With Merit), Master of Laws (With Merit).
- **Director, Resolutions & Customer Engagement, Senior Executive Band 1** – Jane Probert, Bachelor of Arts /Bachelor of Laws.
- **Director, Technology and Systems Transformation, (Interim Position) Senior Executive Band 1** – Royce Lee, Bachelor of Built Environment (Architectural Studies), Master of Business and Technology.

In 2020-21, 11.8% of the Commission's employee related expenditure was related to senior executives, compared with 12.7% in 2019-20.

TABLE 4 | Senior Executives as at 30 June 2021

Band	2019		2020	
	Female	Male	Female	Male
Band 3 (Commissioner)	1	–	1	–
Band 2 (Executive Director)	–	1	–	1
Band 1 (Directors)	2	2	2	2
Totals	3	3	3	3
	6		6	

TABLE 5 | Remuneration of Senior Executives as at 30 June 2021

Band	Range \$	Average remuneration	
		2020	2021
Band 3 (Commissioner)	\$345,551 – 487 050	\$397,373	\$397,373
Band 2 (Executive Director)	\$274,701 – 345,550	\$302,062	\$302,062
Band 1 (Directors)	\$192,600 – 274,700	\$239,404	\$242,091

STAFF CHANGES

In 2020-21, 39 employees took long leave, extended mobility opportunities or resigned as follows: four employees went on maternity leave for up to 12 months; one employee was on extended leave for 10 months; five employees were seconded to other agencies; eleven employees permanently transferred to another agency; seven ended fixed term contracts, three took voluntary redundancy, one retired; and seven 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. Employee 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 (Administrative and Clerical Officers Salaries) Award and the Crown Employees – Legal Officers Award received a 0.3%

increase in salary and related allowances from the first full pay period in July 2020.

The Commission employed medical advisers who are employed under the Crown Employees (Medical Officers) Award. Employees under this award received a 1.4752% increase in salary and related allowances from the first full pay period in July 2020.

The Statutory and Other Officers Remuneration Tribunal (SOORT) determined that no pay increase would be applied for all Public Service Senior Executives in 2020-21.

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

A review and consolidation of the personnel policies in the Compliance Monitoring Register continued during the year. In 2020-21, the Commission completed the review and refresh of the Code of Conduct and updated the Confidentiality, Privacy and Conflict of Interest policy to a refreshed Conflict of Interest and Privacy policy. Work was also substantially progressed in reviewing flexible working policies to align with evolving remote working practices. The Commission will continue this project in 2021-22 to deliver further policy consolidation and clarity.



IMPACT OF COVID-19 AT THE COMMISSION

REMOTE WORKING

The Commission continued to support all staff working from home during 2020-21.

The equipment and tools rolled out in March and April 2020 continued to enable officers to conduct their own work from home efficiently and securely and also in ways that would maintain communication and engagement with colleagues and managers on a day-to-day basis.

Additional improvements and refinements occurred during 2020-21 to improve the remote working experience and this included:

- Completing replacement of all thin-client desktop computers with a centrally-managed fleet of laptop computers.
- Augmenting home computer setups for staff whose roles involve high volume, complex document management and exchange.
- Implementing a new IT service desk capability to make it easier for staff to request support and improve the quality and access to support for remote workers.
- Accelerated deployment of Microsoft Teams to enable team collaboration
- Completion of the installation of dedicated video conferencing rooms which enabled the Commission to participate effectively in Audio Visual Tribunal Hearings, conduct its own hearing virtually, contribute effectively to stakeholder forums, deliver effective “town hall” staff meetings, and to connect in-office and remote workers in an effective way.
- Transitioning to virtual delivery of some training programs and internal knowledge sharing sessions.

The vast majority of staff have reported that the transition from working in the office to working from home was smooth. Overall, they reported a positive experience working from home as they felt they were productive but also achieving a good work-life balance and this was reflected in the very high satisfaction rates in the flexible working satisfaction result in the November 2020 People Matter Employee Survey (PMES).

The Commission has committed to taking forward the positive experiences and lessons of remote working into its ongoing flexible work policy, which will be refreshed during 2021-22.

WORK HEALTH AND SAFETY PLAN

Due to the ongoing COVID-19 pandemic, the Commission has ensured that all staff working from home complete a WHS self-assessment, with manager sign off to ensure home workstations are ergonomically set up. Staff were also provided with additional equipment, such as computer monitors, keyboard or mouse to provide additional ergonomic and functional support as required

During the periods where there were gradual returns to the office in late 2020 and early 2021, safety measures taken included social distancing, additional hygiene measures put in place, flexible start and finish times to avoid travelling on public transport during peak hours and the COVID-19 Safety Plan was updated as required. The Commission continues to be registered with Safe Work NSW as a COVID-safe organisation.

WELLBEING PROGRAM

The Commission created a Working from Home edition of its Wellbeing Program, which was sent to all staff at the start of the pandemic and included initiatives such as free weekly yoga and personal training classes, online resilience refresher training, and tips on how to stay connected with the team, organisation and their community.

Staff were encouraged to access Special Pandemic Leave in circumstances where it would enable them to address the unexpected disruptions of COVID-19.

Commission employees also participated in the Long Walk Home fundraiser to support the local community whilst bringing staff together to raise money and to connect with colleagues again by walking together.

COMMUNICATION AND CONSULTATION

Our monthly All Staff meetings continued to be held via the live event functionality within the MS Teams video conferencing platform.

COMMUNITY AND CONSUMER SUPPORT

In 2020-21 our Inquiry Service has been fully maintained. It has been able to support the public to find appropriate information about COVID-19 and direct them to the relevant information sources such as the National Coronavirus Helpline and to the NSW Ministry of Health website (where facts sheets are available in a variety of languages). The Commission utilised interpreting and translation services when required to ensure accessibility for non-English speakers or those whose preference is to communicate in another language.

PERFORMANCE, LEARNING AND DEVELOPMENT

Our Strategic Plan and our Culture Action Plan continue to prioritise learning and development. The Learning and Development Framework arising from these plans guides best practice for managing learning and development, builds our learning culture, and ensures good governance.

The Commission continued its commitment to regular delivery of training to support staff to working safely and sustainably in the challenging complaints management environment and to work in a customer centric fashion. The target of an average of at least two days formal training per employee was exceeded.

The Learning and Development framework underpins all development opportunities in the Commission and we remain focused on ensuring staff have the skills, knowledge, wellbeing and culture to meet current and emerging challenges.

Content is based on learning needs and mapped to key capabilities. We have incorporated the 70:20:10 model (learning on the job: through others: formal learning) into our performance management tool. This tool is instrumental in keeping performance and development conversations regular and relevant.

We have refined our induction program to ensure all new employees are supported to quickly understand our strategy and direction, the work we do, and how their roles contributes.

In addition to introducing staff to all aspects of the opportunities, benefits and accountabilities as a Commission staff member, there has been a major organisation wide project, led by the Learning & Development Advisor, to develop role specific introductory training on the complaints management process and system. This program supports new starters to be confident and equipped to perform the core elements of their job from the outset.

Under the Commission's performance management framework, all employees have a Performance and Development Plan that aligns with the overall strategic direction.

In 2020-21, a new Performance and Development tool, myPerformance, was launched. This establishes a modern and more efficient tool for setting and reviewing performance goals.

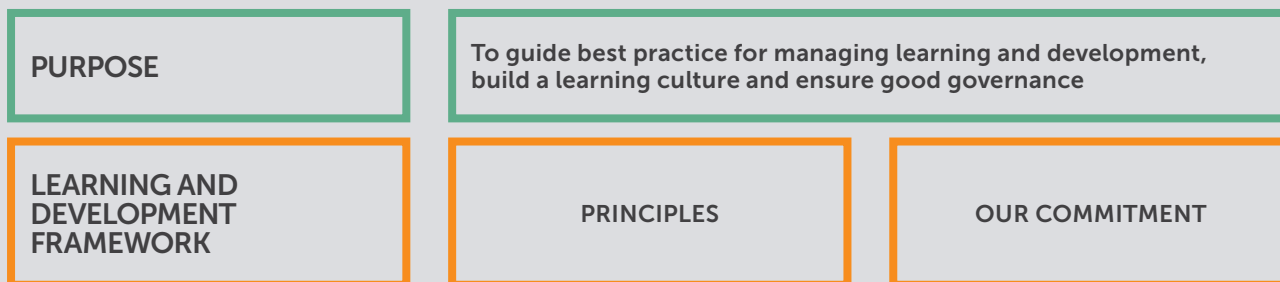
During the Commission's annual review process, employees and managers work collaboratively to focus and align effort on corporate and divisional priorities and behavioral expectations. High performance is recognised and any barriers to achievement of work goals or development plans are also identified and addressed. Each employee who receives a performance rating that identifies a need for improvement, is provided with the necessary support and tools to assist in improving performance.

In this past year we have trained all new staff in the principles of self-care, tailored resilience training to our legal division and worked with the NSW Ombudsman to deliver Managing Unreasonable Conduct by a Complainant training with a focus of wellbeing and resilience building.

Staff feedback is that the resilience related training is valuable, and the interactive exercises give them an opportunity to hone their skills in handling the more emotionally demanding side of our work.

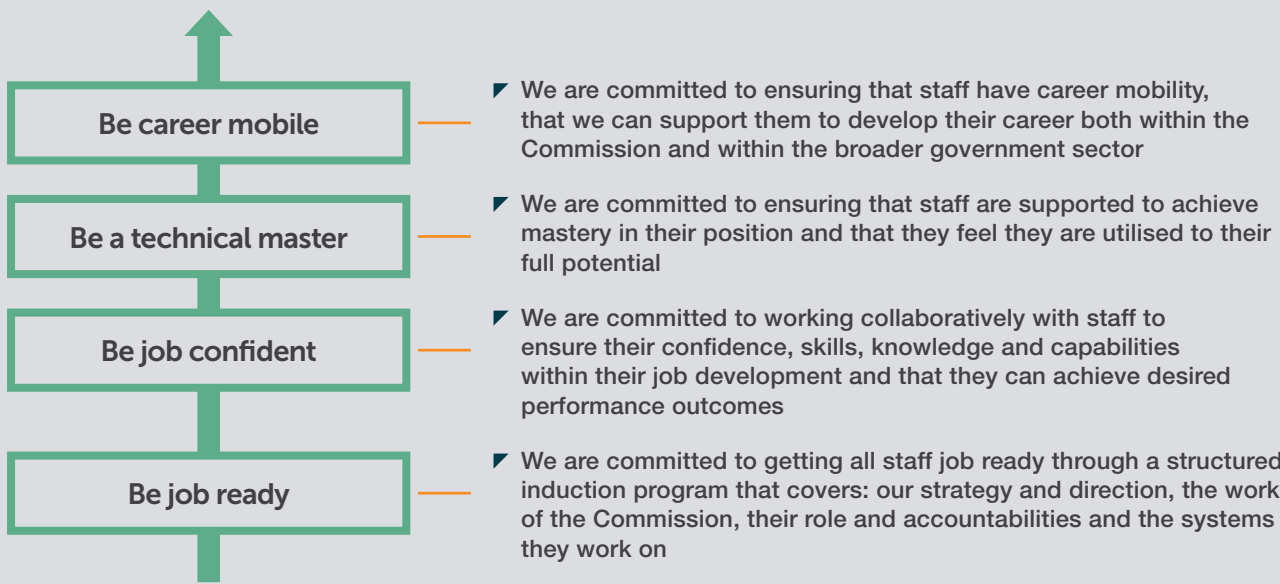
The Commission has delivered formal role specific training programs, including: technical training to investigators on investigative interviewing; managing unreasonable conduct by a complainant and assessment decision specific letter writing sessions for Assessment staff; advocacy and specific legislative training for Legal Officers and mediation skills training to Resolution Officers.

LEARNING AND DEVELOPMENT FRAMEWORK



<p>STRATEGY E4 Our People and Capability</p> <p>We ensure that we have the skills, knowledge and culture to meet current and emerging challenges and that we maintain a focus on the wellbeing of staff</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> ➤ Align learning with the business ➤ Provide appropriate learning options ➤ Support application of skills in the workplace ➤ Create a positive culture ➤ Manage learning effectively </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> ➤ 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 </td> </tr> </table>	<ul style="list-style-type: none"> ➤ Align learning with the business ➤ Provide appropriate learning options ➤ Support application of skills in the workplace ➤ Create a positive culture ➤ Manage learning effectively 	<ul style="list-style-type: none"> ➤ 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
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HCCC LEARNING JOURNEY ➤



In addition to face-to-face training programs and eLearning courses, the Commission offered a range of other opportunities for the learning and development of employees – these include performing higher duties, leadership of or participation in projects, a buddy program, mentoring and coaching. Our divisions have been actively sharing knowledge and teaching across divisions, and this develops subject matter expertise, enhances corporate knowledge and drives a positive workplace culture.

TABLE 6 | Formal training offered and attendees

Course name	Number of attendees
Internal knowledge sharing sessions	135
Fraud and corruption prevention training (all staff)	93
Performance and development planning	91
Performance and development annual reviews	80
Resilience training	31
Managing unreasonable conduct by a complainant	34
MS Teams Rooms	34
Discontinue with comments workshop	29
About Commission induction	29
People & Culture induction	24
ICT induction	24
Investigative interviewing workshop	21
Responding to complaints about child sexual abuse	19
Resolution and mediation skills	19
Buddy preparation session	17
Fraud and corruption prevention workshop (Managers and Executive)	17
Other training	41

Culture and wellbeing

CULTURE PLAN AND ACTIONS

Our Culture Plan continues to provide a strong platform to continue to build a positive, values driven organization and it is refreshed each year to respond to issues raised in the PMES and to new challenges and pressures.

To continue to strengthen employee engagement and to deliver improvements in all elements that build engagement, the Commission has a culture plan that sits alongside our Strategic Plan.

The Culture Plan has been developed in collaboration with staff and has four key action areas:

1. Reduce stress and workload
2. Ensure mutual respect and integrity
3. Build leadership/manager capability
4. Communication and transparency

In November 2020, 94 HCCC staff participated in the PMES, which was a response rate of 85%.

The Commission recorded improvement in 18 of the 19 headline measures and there was an 8 percentage point increase in overall employee engagement.

The top five areas of improvement were in recruitment; decision making and accountability; wellbeing, health and safety; autonomy and employee voice; and feedback and performance management.

The Commission’s scores exceeded sector wide scores in eight key areas – senior managers; communication and change management; flexible working satisfaction; feedback and performance management; recruitment; teamwork and collaboration; decision making and accountability; and action on results.

Based on the PMES results from 2020, the Culture Plan has been updated with emphasis this year on:

- Learning and development
- Wellbeing and flexible working
- Communication and leadership
- ICT and process transformation

CULTURE BUILDING ACTIONS 2020-21

SPECIFIC ACTIONS



MUTUAL RESPECT AND INTEGRITY

- Cross divisional involvement in projects
- All staff involvement in Commission and Divisional strategic planning
- Updated values in the Commission's Strategic Plan
- Strengthening linkages with external partners at all levels of the organisation
- Empowered participation in Divisional, team and Commission-wide meetings
- Open reporting and information sharing with stakeholders



LEADERSHIP/MANAGEMENT CAPABILITY

- Management Development Program
- Introduced support mechanisms to support staff with management of complaints e.g. Investigation Clinics, consolidated onboarding training
- Seven strategic projects with executive sponsorship and managerial involvement



STRESS AND WORKLOAD

- Resilience training
- Delivery of structured capability L&D Framework
- Additional resourcing to manage backlog of work
- Additional WFH support
- COVID-19 wellbeing strategies and tools under our Wellbeing Framework
- Finalised refurbishment to create an improved and more functional physical environment



COMMUNICATION/TRANSPARENCY

- Recruitment and onboarding policy and processes
- Knowledge sharing sessions across Divisions
- Regular HR updates
- Monthly all staff meetings
- Implementation of MS Teams to enable video conferencing capability whilst WFH
- Introduction of MS video conferencing rooms

EMPLOYEE ASSISTANCE PROGRAM

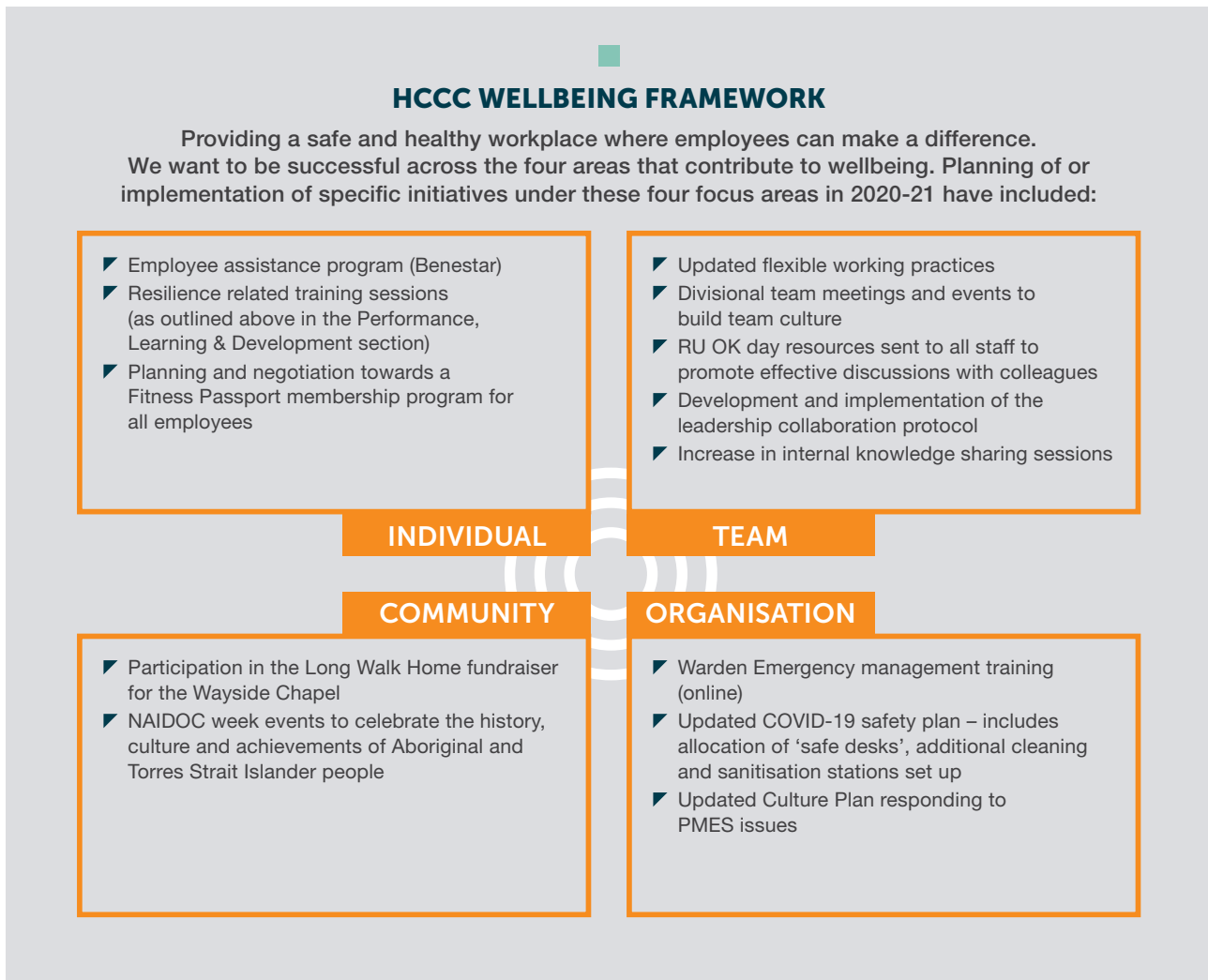
The Commission continued to engage Benestar to provide free confidential and professional counselling in relation to any work-related or personal concerns of an employee or their immediate family members.

WELLBEING PROGRAM

The Commission continued implementation of the holistic Wellbeing Program which was developed in 2019-20 with the aim to provide a safe and healthy workplace where our employees can make a difference. The wellbeing framework aims to provide a safe and healthy workplace where our employees can make a difference. It identifies four areas that contribute to wellbeing: Individual, Team, Organisation and Community. Initiatives are outlined under each area to help employees maintain their mental, physical and psychosocial health.

The aims are:

- **Individual wellbeing:** Supporting individual workers and building healthy work habits and behaviours through awareness raising, education, supportive environments and policy.
- **Team wellbeing:** Improving organisational culture, job satisfaction and productivity by changing and/or supporting the way the organisation is organised, management practices and attitudes and perceptions.
- **Organisational wellbeing:** Focus on Work, Health and Safety (WHS). Preventing and reducing work-related injury, illness and disability by addressing environmental issues in the workplace.
- **Community wellbeing:** A social commitment – contribute to the community, participate in philanthropic causes, and provide positive social value.



Governance

GOVERNANCE STRUCTURES

Executive Management Group meetings take place monthly to set corporate direction and priorities, identify and manage risks, monitor financial and operational performance and strategic HR 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.

For each operational area there is a monthly performance monitoring and reporting forum, led by the relevant Executive lead, with membership comprising the relevant line managers as well as managers from linked operational areas, and involvement of the Commissioner and Executive Unit.

The **Assessments Reporting Group** (ARG) examines the performance of the Assessment Division and focus on operational strategy and practices to deliver efficiency and effectiveness across all complaints assessment functions.

The **Resolution and Customer Engagement Reporting Group** reviews the performance of the Division and focus on operational strategy and points of synergy with other Divisions in relation to resolution and customer engagement. It also considers and plans stakeholder engagement priorities.

The Review File clinic discusses complex review requests, plans for those reviews, and determines outcomes on major reviews.

The **Investigations Reporting Group** (IRG) closely monitors and supports the progress of investigations, with particular focus on those matters carrying significant risk to public health and safety or involving unexpected and catastrophic health outcomes for complainants, as well as investigations that are approaching the 12 month timeframe. All investigations into unregistered practitioners are reviewed in this forum.

The **Legal Reporting Group** (LRG) comprises the Commissioner, Executive Director, Complaint Operations, Director of Legal Services and the two Legal Managers, and meets monthly. Its purpose is to monitor the volume and type of determinations that are before the Director of Proceedings to ensure appropriate resourcing is in place, as well as monitoring progress of current prosecutions.

Cross divisional advisory groups are formed for major projects and priorities that are established through its strategic planning process.

The Commission has an internal audit function overseen by the Director, Corporate Operations & CFO with internal audit engagements performed by an outsourced service provider.

The current Internal Audit contract was commenced in July 2020 after an assessment of market responses and the contract extends to June 2023.

The internal audit program is set in consultation with the Audit and Risk Committee. In 2020-21, the internal auditors conducted a review of the Commission's clinical advice model. Internal audit considered the requirements of the Commission, the nature of the advice required and the outlook for the Commission. The audit made several recommendations relating to structure and deliverables. The Commission has implemented these recommendations, with a restructure of the functions conducted in June 2021.

A comprehensive three-year Internal Audit Plan that covers the period to June 2023 has been developed and is being actively implemented.

The **Audit and Risk 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 Audit and Risk Committee comprises three independent members, as set out in the Internal Audit and Risk Management Attestation Statement.

The Commission received the formal Independent Auditors report on the financial statements for the year ended 30 June 2021 from the NSW Auditor General on 13 October 2021.

COMMUNICATION AND CONSULTATION

There is a Commission wide All Staff meeting held every month to communicate and discuss organisation wide matters of interest and corporate priorities. This meeting also considers feedback and actions from the annual People Matter Employment Survey.

Each Division conducted monthly (or more frequent) employee meetings to identify development and change opportunities, review operational performance and to continue a focus on building culture and engagement.

INDUSTRIAL RELATIONS AND THE JOINT CONSULTATIVE COMMITTEE

The Director, Corporate Operations & CFO, other Executive members, nominated staff and the Public Service Association of NSW meet quarterly as members of the Joint Consultative Committee to discuss issues relating to the conditions of employment and entitlements of staff, including recruitment, training, work health and safety (WHS) matters, and any new policies.

The Commission has a workplace agreement that provides for flexible working hours and conditions and sets out dispute settlement procedures and avenues for consultation if issues arise.

There were no industrial disputes involving the Commission in 2020-21.

RISK MANAGEMENT AND INSURANCE ACTIVITIES

The Commission reviewed its business risks as part of the annual strategic planning process. The Commission's Risk Register and Risk Policy were subsequently amended to reflect revised assessment, evaluation and treatment of risks.

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 \$529,047, an increase of \$424,122 (404.2%) from the previous year. The significant premium increase was the result of a revised premium calculation methodology implemented by iCare. The premiums on the remaining insurance categories totalled \$23,094 an increase of \$17,590 (319.6%) due to an increase in liability insurance.

PUBLIC INTEREST DISCLOSURES

The *Public Interest Disclosures Act 1994* requires the Commission to report public interest disclosures made to it. The Commission reports that in 2020-21:

- 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.
- The Commission has a public interest disclosure policy that encourages and guides staff to report potential wrongdoing.

PRIVACY

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

In 2020-21, there were no internal privacy review requests received under this Act.

GOVERNMENT INFORMATION

The Commission has a range of information on its website that people can openly access. During the year, the Commission reviewed and updated its publicly available information as part of its website refresh project.

In relation to its complaint handling functions, information obtained by the Commission in exercising these functions is deemed to be "excluded information" under the *Government Information (Public Access) Act 2010* ('the GIPA Act').

During the year, the Commission received six applications for the release of documents under this Act. All were applications for documents that related to the Commission's complaint handling functions and were therefore invalid applications. The tables in Appendix F summarise the applications received in 2020-21 as required under the GIPA Act.

INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION STATEMENT FOR THE 2020-21 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 operation 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	Status
Risk Management Framework	
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
Internal Audit Function	
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
Audit and Risk Committee	
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, 1 July 2020 to 30 June 2025
- Independent Member – Mr Norman Smith appointed, 18 May 2016 to 17 May 2022

Former:

- Independent Member – Mr Ray Petty appointed, 1 September 2012 to 22 July 2020



Sue Dawson
Commissioner
Health Care Complaints Commission

14 October 2021

Agency Contact: Peter Eaton, Director, Corporate Operations & CFO E: peaton@hccc.nsw.gov.au

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 2020-21 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.

Information and communications technology

Technology and systems transformation remains a top line priority for the Commission for a number of strategic and operational reasons.

- We need to be able to respond to ongoing growth and complexity of complaints through more efficient and automated processes and systems.
- Complainants and respondents need fast, reliable and secure pathways to communicate with the Commission.
- We need to be effective and trusted managers of cyber security risks.
- There is a need for improved ability to extract and analyse complaints data to enable us to monitor and report on performance and on complaints issues and trends.
- Our systems must be suited to remote working and virtual collaboration.

The establishment of the interim Director, Technology and Systems Transformation role in 2019 was a key step towards accelerating this transformation. A first milestone in that work was development of the Commission's ICT Transformation Roadmap.

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.

A significant operational impact of COVID-19 was the need to set aside actions on the major transformation elements, to focus on setting in place full functionality for remote working as described in our COVID-19 response strategy. Some, but not all, projects envisaged in the roadmap were able to be progressed in parallel:

- Replacing our customer survey technology with a modern, user-friendly application to drive a higher survey response rate and to improve our ability to analyse results.
- Successfully recruiting to priority roles in Business Intelligence and ICT Service Delivery Management as part of the ICT team capability uplift.
- Devoting increased resources and expertise to data extraction, analysis, reporting, and knowledge capture to help identify actions that could be taken by the Commission, health providers, or other bodies that would improve standards and prevent complaints.
- Modernising systems and processes to improve the quality and maintain timeliness of performance reporting to the Minister and Joint Parliamentary Committee, and to the public.
- Using complaints performance, trend data, and disciplinary decisions to identify areas for legislative and administrative reform, strengthening the effectiveness of the Commission.
- Building customer journey maps for complainants and providers and commencing the identification of opportunities and pain-points that will guide the transformation of our capabilities, processes, and technology.
- Improvements to the resilience and recoverability of the Commission's data and systems were made through the implementation of a new offsite disaster recovery capability.
- Confirming the decision to replace the Case Management System.

Building on this progress, the major upcoming priorities in the transformation journey are:

- Further modernisation of core systems, including completing the migration to Microsoft Office 365 so that we are utilising all of its relevant functionality and training people to make best use of that functionality.
- Considering new software solutions to improve the efficiency and effectiveness of investigation and prosecution functions.
- Identifying and implementing the technology part of the solutions that are required to improve the experiences of our customers.
- Progressing first steps in replacement of the Commission's case management systems and technology, by detailing more clearly our system specification requirements and looking at opportunities to work with other regulatory partners who are also progressing systems replacement projects to strive for harmonised solutions.
- Accelerating development of data classification, storage, extraction and reporting arrangements that deliver in real time performance information and ensure that we use our data as a strategic asset.
- Developing and operationalising the Commission's new file sharing and collaboration platform, leading to the modernisation of the Commission's intranet platform and content.
- Focussing on disaster recovery capability and commencing the transition from on-premises to cloud-based ICT infrastructure to reduce ICT risks.
- Continuing implementation of new ICT structures and accountabilities to support successful delivery of all aspects of the ICT roadmap.
- Operationalising the improved offsite disaster recovery capability and improvements to the business continuity plan.

All work in this transformation space will be done through a collaboration and co-design model so that 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

In response to the evolving nature of the cyber security threat landscape, the Commission improved its cyber security posture and management of associated risks. Actions taken during the year include:

- The implementation of advanced device management tools and improved security patching of operating systems.
- The phased introduction of multi-factor authentication across core systems.
- Improvements to the Commission's information access controls and the implementation of systems to prevent data loss. These are currently being piloted and will be implemented during 2021.

The Commission also participated in the delivery of several NSW government-wide cyber security-related initiatives including the implementation of:

- multi-factor authentication for access to government shared-service platforms for finance and HR; and
- Domain Keys Identified Mail (DKIM) email authentication to help protect the Commission's email users from risks related to email spam, spoofing, and phishing.

The Commission's Information Security Management System (ISMS) was audited against the ISO27001 standard, with the auditor concluding that the Commission's ISMS 'has the ability to ensure the organisation meets its identified applicable statutory, regulatory and contractual requirements relevant to the scope of certification'.



30 July 2021

Cyber Security Annual Attestation Statement for the 2020-21 Financial Year for the Health Care Complaints Commission

I, Sue Dawson, am of the opinion that the 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 Health Care Complaints Commission.

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

There exists a draft cyber incident response plan for the Health Care Complaints Commission which will be operationalised and tested during the next reporting period.

The Health Care Complaints Commission has an Information Security Management System (ISMS) in place, and successfully passed an ISO 27001 surveillance audit during the 2020/21 reporting period.

The Health Care Complaints Commission is doing the following to continuously improve the management of cyber security governance and resilience:

- Regular patching and hardening activities of critical components of the IT systems infrastructure.
- Rapid response to alerts issued on cyber security vulnerabilities.
- Assessing information protection capabilities of the third parties providing IT services to the Commission.
- Regular review of ISMS profile and risk treatment.
- Clearly delineating roles and responsibilities within the Commission related to managing information protection and cyber security risks.
- Strengthening relationships with the relevant Information Security teams in NSW Government, including Cyber Security NSW and NSW Health cluster.

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

Sue Dawson
Commissioner
Health Care Complaints Commission



Finance

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Preamble

The actual net result of \$1,179,000 surplus was higher than the allowable budget surplus of \$980,000 by \$199,000, predominantly due to higher other income.

PAYMENT PERFORMANCE INDICATORS

Accounts Payable invoices processed for each quarter 2020-21

	Current (i.e.) within due date	Less than 30 days overdue	Between 30 and 60 days overdue	Between 60 and 90 days overdue	More than 90 days overdue
Quarter	\$'000	\$'000	\$'000	\$'000	\$'000
All suppliers					
September	693	426	10	1	66
December	487	160	72	24	1
March	400	571	22	16	45
June	944	141	6	2	22
Small business suppliers					
September	9	–	–	–	–
December	5	–	–	–	–
March	7	–	–	–	–
June	6	–	–	–	–

Accounts due or paid within each quarter

All suppliers					
Measure	September	December	March	June	
Number of accounts due for payment	362	289	285	390	
Number of accounts paid on time	265	213	162	275	
Actual percentage of accounts due for payment	73.20%	73.70%	56.84%	70.51%	
Dollar amount of accounts due for payment	1,472,843	744,583	1,315,133	1,207,050	
Dollar amount of accounts paid on time	962,650	483,648	494,935	832,966	
Actual percentage of accounts paid on time (based on \$)	65.36%	64.96%	37.63%	69.01%	
Number of payments for interest on overdue accounts	–	–	–	–	
Interest paid on overdue accounts	–	–	–	–	

Accounts due or paid within each quarter				
Small business suppliers				
Measure	September	December	March	June
Number of accounts due for payment	16	20	20	22
Number of accounts paid on time	1	2	1	4
Actual percentage of accounts due for payment	6.25%	10%	5%	18.18%
Dollar amount of accounts due for payment	89,759	54,627	40,394	68,080
Dollar amount of accounts paid on time	287	1,038	335	2,081
Actual percentage of accounts paid on time (based on \$)	0.32%	1.9%	0.83%	3.06%
Number of payments for interest on overdue accounts	–	–	–	–
Interest paid on overdue accounts	–	–	–	–

The Commission did not make any interest payments for late payment of accounts. Where there were delays in the payment of accounts, the reasons can be attributed to inaccuracies/incompleteness of the original invoices and/or minor disputes requiring the adjustment of invoice details prior to eventual payment.

In relation to delays in processing invoices for payment, the Commission is undertaking a review of business processes with a view to improving timeliness.



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 comprise the Statement by Commissioner, the Statement of Comprehensive Income for the year ended 30 June 2021, the Statement of Financial Position as at 30 June 2021, 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 of the Commission and the consolidated entity. The consolidated entity comprises the Commission and the entity it controlled at the year's end or from time to time during the financial year.

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 financial position, financial performance and cash flows of the Commission and the consolidated entity.

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 and the consolidated entity 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).

I have fulfilled my other ethical responsibilities in accordance with 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 believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Other Information

The Commission's annual report for the year ended 30 June 2021 includes other information in addition to the financial statements and my Independent Auditor's Report thereon. The Commissioner is responsible for the other information. At the date of this Independent Auditor's Report, the other information I have received comprise the Statement by Commissioner.

My opinion on the financial statements does not cover the other information. Accordingly, I do not express any form of assurance conclusion on the other information.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude there is a material misstatement of the other information, I must report that fact.

I have nothing to report in this regard.

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 and the GSF Act, GSF Regulations 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 ability of the Commission and the consolidated entity 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/ar3.pdf [OR] www.auasb.gov.au/auditors_responsibilities/ar5.pdf. The description forms part of my auditor's report.

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

- that the Commission or the consolidated entity carried out their 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

13 October 2021
SYDNEY

**Health Care Complaints Commission
Consolidated Financial Statements
for the year ended 30 June 2021**

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 2021 have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the Government Sector Finance Act 2018 (GSF Act), Public Finance and Audit Regulation 2015, 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 GSF Act 2018
- (b) the financial statements exhibit a true and fair view of the financial position and financial performance of the Health Care Complaints Commission
- (c) there are no circumstances that would render any particulars included in the financial statements to be misleading or inaccurate.



Sue Dawson
Commissioner
11 October 2021

Health Care Complaints Commission
Statement of Comprehensive Income
for the year ended 30 June 2021

	Notes	Consolidated			Parent	
		Budget *	Actual	Actual	Actual	Actual
		2021	2021	2020	2021	2020
		\$'000	\$'000	\$'000	\$'000	\$'000
Expenses excluding losses						
Operating expenses						
Employee related	2(a)	15,715	15,465	14,896	-	-
Personnel services	2(a)	-	-	-	14,940	14,252
Other operating expenses	2(b)	3,234	3,545	4,001	3,545	4,001
Depreciation and amortisation	2(c)	1,214	1,287	1,378	1,287	1,378
Finance costs	2(d)	101	102	122	102	122
Total expenses excluding losses		20,264	20,399	20,397	19,874	19,753
Revenue						
Grants and contributions	3(b)	19,527	19,527	18,787	19,527	18,787
Acceptance by the Crown Entity of employee benefits and other liabilities	3(c)	290	525	644	-	-
Other income	3(d)	650	825	1,472	825	1,472
Total revenue		20,467	20,877	20,903	20,352	20,259
Operating result		203	478	506	478	506
Other gain / (loss)	4	777	701	(1,046)	701	(1,046)
Net result		980	1,179	(540)	1,179	(540)
Other comprehensive income		-	-	-	-	-
Total other comprehensive income		-	-	-	-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		980	1,179	(540)	1,179	(540)

The accompanying notes form part of these financial statements.

*Unaudited budget, refer note 18

Health Care Complaints Commission
Statement of Financial Position
as at 30 June 2021

	Notes	Consolidated			Parent	
		Budget *	Actual	Actual	Actual	Actual
		2021	2021	2020	2021	2020
		\$'000	\$'000	\$'000	\$'000	\$'000
ASSETS						
Current assets						
Cash and cash equivalents	6	1,338	1,970	686	1,849	550
Receivables	7	295	206	295	273	375
Total current assets		1,633	2,176	981	2,122	925
Non-current assets						
Receivables	7	472	375	472	375	472
Property, plant and equipment						
Land and buildings		1,501	1,472	1,842	1,472	1,842
Plant and equipment		74	48	95	48	95
Total property, plant and equipment	8	1,575	1,520	1,937	1,520	1,937
Right-of-use assets	9	4,720	4,528	4,566	4,528	4,566
Intangible assets	10	84	61	94	61	94
Total non-current assets		6,851	6,484	7,069	6,484	7,069
Total assets		8,484	8,660	8,050	8,606	7,994
LIABILITIES						
Current liabilities						
Payables	11	628	918	537	927	543
Borrowings	12	855	902	904	902	904
Provisions	13	1,712	1,593	1,634	1,530	1,572
Total current liabilities		3,195	3,413	3,075	3,359	3,019
Non-current liabilities						
Borrowings	12	3,973	3,735	4,639	3,735	4,639
Provisions	13	420	417	420	417	420
Total non-current liabilities		4,393	4,152	5,059	4,152	5,059
Total liabilities		7,588	7,565	8,134	7,511	8,078
Net assets/(liabilities)		896	1,095	(84)	1,095	(84)
EQUITY						
Accumulated funds/(deficit)		896	1,095	(84)	1,095	(84)
Total equity		896	1,095	(84)	1,095	(84)

The accompanying notes form part of these financial statements.

*Unaudited budget, refer note 18

Health Care Complaints Commission
Statement of Changes in Equity
for the year ended 30 June 2021

	Consolidated		Parent	
	Accumulated Funds	Total	Accumulated Funds	Total
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2020	(84)	(84)	(84)	(84)
Net result for the year	1,179	1,179	1,179	1,179
Other comprehensive income	-	-	-	-
Total other comprehensive income	-	-	-	-
Total comprehensive income for the year	1,179	1,179	1,179	1,179
Balance at 30 June 2021	1,095	1,095	1,095	1,095
Balance at 1 July 2019	456	456	456	456
Net result for the year	(540)	(540)	(540)	(540)
Other comprehensive income	-	-	-	-
Total other comprehensive income	-	-	-	-
Total comprehensive income for the year	(540)	(540)	(540)	(540)
Balance at 30 June 2020	(84)	(84)	(84)	(84)

The accompanying notes form part of these financial statements.

Health Care Complaints Commission
Statement of Cash Flows
for the year ended 30 June 2021

	Notes	Consolidated			Parent	
		Budget *	Actual	Actual	Actual	Actual
		2021	2021	2020	2021	2020
		\$'000	\$'000	\$'000	\$'000	\$'000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee related		(15,558)	(14,936)	(13,928)	-	-
Personnel services		-	-	-	(14,936)	(14,015)
Other expenses		(2,932)	(3,688)	(4,535)	(3,687)	(4,527)
Finance costs		(101)	(102)	(122)	(102)	(122)
Total payments		(18,591)	(18,726)	(18,585)	(18,725)	(18,664)
Receipts						
Grants and contributions		19,527	19,527	18,787	19,527	18,787
Other		650	1,411	1,989	1,425	2,021
Total receipts		20,177	20,938	20,776	20,952	20,808
NET CASH FLOWS FROM OPERATING ACTIVITIES	18	1,586	2,212	2,191	2,227	2,144
CASH FLOWS FROM INVESTING ACTIVITIES						
Purchases of property, plant and equipment		(22)	(22)	(1,053)	(22)	(1,053)
Purchases of intangible assets		-	-	-	-	-
NET CASH FLOWS FROM INVESTING ACTIVITIES		(22)	(22)	(1,053)	(22)	(1,053)
CASH FLOWS FROM FINANCING ACTIVITIES						
Payment of principal portion of lease liabilities		(912)	(906)	(869)	(906)	(869)
NET CASH FLOWS FROM FINANCING ACTIVITIES		(912)	(906)	(869)	(906)	(869)
NET INCREASE IN CASH AND CASH EQUIVALENTS		652	1,284	269	1,299	222
Opening cash and cash equivalents		686	686	417	550	328
Cash transferred in / (out) as a result of administrative restructuring		-	-	-	-	-
CLOSING CASH AND CASH EQUIVALENTS	6	1,338	1,970	686	1,849	550

The accompanying notes form part of these financial statements.

*Unaudited budget, refer note 18

Health Care Complaints Commission
Notes to and forming part of the financial statements
for the year ended 30 June 2021

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* 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 2021 have been authorised for issue by the Commissioner on 11 October 2021.

(b) Basis of preparation

The HCCC's financial statements are general purpose financial statements which have been prepared on an accruals 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 2021

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 FY 2020-21

The accounting policies applied in 2020-21 are consistent with those of the previous financial year except for the following list of new/revised Accounting Standards applicable for the first time in year ending 30 June 2021.

• **AASB 1059 Service Concession Arrangements: Grantors**

AASB 1059 is effective for the entity from 1 July 2020. At the same time NSW Treasury Policy and Guideline Paper TPP 06-8: Accounting for Privately Financed Projects (TPP 06-8) was withdrawn effective from 1 July 2020.

Service Concession Arrangements are contracts between an operator and a grantor, where the operator provides public services related to a service concession asset on behalf of the grantor for a specified period of time and manages at least some of those services. Where AASB 1059 applies, the grantor recognises the service concession asset when the grantor obtains control of the assets and measures the service concession asset at current replacement cost. At the same time the grantor recognises a corresponding financial liability or unearned revenue liability or a combination of both.

The standard is not applicable as the HCCC does not hold the type of contracts or service concession assets that fall under the purview of the standard.

(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 following new Australian Accounting Standards represent some of the new standards not yet applied and hence not yet effective:

- AASB 17 Insurance Contracts
- AASB 2014-10 Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture

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 2020-21

The COVID-19 pandemic impacted the operations of the HCCC in the latter stages of 2019-20 and these impacts continued throughout the 2020-21 period.

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 2020-21. The HCCC has been able to undertake all complaints handling functions, with staff continuing to work in flexible, COVID-19 compliant environments.

- The Inquiries Service has been fully operational.
- All complaints received have been assessed in the usual way, and the timeliness and volume of completed assessments has been maintained.
- Matters have been referred for resolution.
- Review requests have been processed and acted on.
- Investigations have been progressed and finalised as normal.
- Proceedings have continued, with some delays experienced on complex matters.

The HCCC has seen an increase in overall activity, including a number of COVID-19 related inquiries and complaints. Many of these relating to COVID-19 have been outside of the HCCC's jurisdiction.

In preparing these financial statements, management has taken the COVID-19 situation into account, when making judgements or estimates. Such judgments include the impairment review of assets including Receivables and Right-of-Use Assets. Assistance has been obtained from Property NSW in valuing the assets and liabilities arising from the adoption of AASB 16 Leases and NSW Treasury with regards to employee benefits.

Health Care Complaints Commission
Notes to and forming part of the financial statements
for the year ended 30 June 2021

2. Expenses Excluding Losses (Cont'd)

(b) Other operating expenses (cont'd)

Recognition and measurement

Maintenance expense

Day-to-day servicing costs or maintenance 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 the lease payments associated with the following types of leases as an expense on a straight-line basis:

- Leases that meet the definition of short-term 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 measurement of the 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). These payments are recognised in the period in which the event or condition that triggers those payments occurs.

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
(c) Depreciation and amortisation expense				
Depreciation				
Land and buildings*	392	351	392	351
Plant and equipment	6	12	6	12
Computer equipment	41	45	41	45
Buildings - Right-of-Use	815	938	815	938
Total depreciation	1,254	1,346	1,254	1,346
Amortisation				
Software	33	32	33	32
Total depreciation and amortisation	1,287	1,378	1,287	1,378

* The Land and Buildings Depreciation expense relates to leasehold improvements carried out in the HCCC office.

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

(d) Finance costs

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Interest expense from lease liabilities	100	118	100	118
Unwinding of discount and effect of changes in discount rate on provisions	2	4	2	4
	102	122	102	122

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 GGS entities.

Health Care Complaints Commission
Notes to and forming part of the financial statements
for the year ended 30 June 2021

3. Revenue

Recognition and measurement

Income is recognised in accordance with the requirements of AASB 15 Revenue from Contracts with Customers or AASB 1058 Income of Not-for-Profit Entities, dependent on whether there is a contract with a customer defined by AASB 15 Revenue from Contracts with Customers. Comments regarding the accounting policies for the recognition of income are discussed below. Additional comments regarding the accounting policies for the recognition of income are discussed below:

(a) Appropriations and transfers to the Crown Entity

Movement of Section 4.7 GSF Act - deemed appropriations

Opening balance
 Add: additions of deemed appropriations
 Less: expenditure charged against deemed appropriations
 Closing balance

Consolidated		Parent	
2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
686	417	550	328
20,938	20,776	20,952	20,808
(19,654)	(20,507)	(19,653)	(20,586)
1,970	686	1,849	550

Recognition and measurement

Parliamentary appropriations other than deemed appropriations

Income from appropriations, other than deemed appropriations (of which the accounting treatment is based on the underlying transaction), does not contain enforceable and sufficiently specific performance obligations as defined by AASB 15. Therefore, except as specified below, appropriations (other than deemed appropriations) are recognised as income when the entity obtains control over the assets comprising the appropriations. Control over appropriations is normally obtained upon the receipt of cash.

(b) Grants and contributions

Recurrent - (NSW Ministry of Health)
 Capital - (NSW Ministry of Health)

Consolidated		Parent	
2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
19,505	18,462	19,505	18,462
22	325	22	325
19,527	18,787	19,527	18,787

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). The adoption of AASB 1058 does not have an impact on financial statements of the HCCC.

Health Care Complaints Commission
Notes to and forming part of the financial statements
for the year ended 30 June 2021

3. Revenue (Cont'd)

(c) 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	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Long service leave	467	599	-	-
Superannuation - defined benefit plans	55	43	-	-
Payroll tax	3	2	-	-
	525	644	-	-

(d) Other Income

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Legal cost recoveries	825	1,472	825	1,472
Total other income	825	1,472	825	1,472

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 recovered.

4. Other Gains / (Losses)

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Impairment review - Right-of-use assets	777	(908)	777	(908)
Expected credit loss	(76)	(138)	(76)	(138)
	701	(1,046)	701	(1,046)

Recognition and Measurement

Impairment losses on non-financial assets 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 2021

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 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		
2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000	
Cash at bank and on hand	1,970	686	1,849	550

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)	1,970	686	1,849	550
Closing cash and cash equivalents (per statement of cash flows)	1,970	686	1,849	550

Refer Note 20 for details regarding credit risk and market risk arising from financial instruments.

7. Current/Non-Current Assets - Receivables

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Current assets				
Legal cost recoveries	262	282	167	201
Less allowance for expected credit losses	(214)	(138)	(214)	(138)
	48	144	(47)	63
GST receivables	33	55	33	55
Other	24	21	24	21
Interagency receivable	-	-	162	161
Prepayment	101	75	101	75
	206	295	273	375
Non-current assets				
Legal cost recoveries	375	472	375	472
Total current/non-current assets - receivables	581	767	648	847

Health Care Complaints Commission
Notes to and forming part of the financial statements
for the year ended 30 June 2021

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

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
*Movement in the allowance for expected credit losses				
Balance at the beginning of the year	(138)	-	(138)	-
Expected credit loss	(76)	(138)	(76)	(138)
(Increase)/decrease in allowance recognised in net results	(76)	(138)	(76)	(138)
Balance at the end of the year	(214)	(138)	(214)	(138)

Recognition and Measurement

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.

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8. Non-Current Assets - Plant And Equipment

	Consolidated and Parent				Total
	Land and buildings *	Computer equipment	Plant and equipment	Work in progress	
	\$'000	\$'000	\$'000	\$'000	\$'000
At 1 July 2019 - fair value					
Gross carrying amount	2,021	635	176	396	3,228
Accumulated depreciation and impairment	(1,264)	(523)	(149)	-	(1,936)
Net carrying amount	757	112	27	396	1,292
Year ended 30 June 2020					
Net carrying amount at start of year	757	112	27	396	1,292
Net adjustment on initial application of AASB 1059	-	-	-	-	-
Derecognition of finance lease assets on initial application of AASB 16	-	-	-	-	-
Adjusted net carrying amount at beginning of year	757	112	27	396	1,292
Purchases of assets - leasehold improvements	1,040	13	-	-	1,053
Disposals	-	-	-	-	-
Transfers to/(from) other asset classes	396	-	-	(396)	-
Depreciation expense	(351)	(45)	(12)	-	(408)
Net carrying amount at end of year	1,842	80	15	-	1,937
At 1 July 2020 - fair value					
Gross carrying amount	3,457	648	176	-	4,281
Accumulated depreciation and impairment	(1,615)	(568)	(161)	-	(2,344)
Net carrying amount	1,842	80	15	-	1,937
Year ended 30 June 2021					
Net carrying amount at start of year	1,842	80	15	-	1,937
Purchases of assets - leasehold improvements	22	-	-	-	22
Disposals	-	-	-	-	-
Transfers to/(from) other asset classes	-	-	-	-	-
Depreciation expense - leasehold improvements	(392)	(41)	(6)	-	(439)
Net carrying amount at end of year	1,472	39	9	-	1,520
At 30 June 2021 - fair value					
Gross carrying amount	3,479	648	176	-	4,303
Accumulated depreciation and impairment	(2,007)	(609)	(167)	-	(2,783)
Net carrying amount	1,472	39	9	-	1,520

* Land and Buildings consist of leasehold improvements only and 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 the other consideration given to acquire the asset at the time of its acquisition or construction or, recognised where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other 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.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, that is the deferred payment amount, is effectively discounted over the period of credit.

(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 are 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	Depreciation method	Depreciable life in years 2020-21	Depreciable life in years 2019-20
Leasehold improvement*	Purchase	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

From 1 July 2019, 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.

(vii) Service concession assets

HCCC does not hold any assets under this category, Consequently, AASB1059 is not applicable to it's 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 (TPP 14-1). This policy adopts 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 take 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.

9. Leases

The entity leases one property. Lease contracts are typically made for fixed periods of 3 to 5 years, but may have extension options. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants, but leased assets may not be used as security for borrowing purposes. The entity does not provide residual value guarantees in relation to leases.

Extension and termination options are included in property leases. These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by the entity and not by the respective lessor. In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated). The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

AASB 16 Leases (AASB 16) requires a lessee to recognise a right-of-use asset and a corresponding lease liability for most leases.

The entity has elected to recognise payments for short-term leases and low value leases as expenses on a straight-line basis, instead of recognising a right-of-use asset and lease liability. Short-term leases are leases with a lease term of 12 months or less. Low value assets are assets with a fair value of \$10,000 or less when new

Right-of-use assets under leases

The following table presents right-of-use assets that do not meet the definition of investment property.

	Consolidated and Parent	
	Land and Buildings	
	\$'000	
Balance at 1 July 2020	4,566	
Additions	-	
Depreciation expense	(815)	
Other movements (Impairment review)	777	
Balance at 30 June 2021	4,528	
Balance at 1 July 2019	6,412	
Additions	-	
Depreciation expense	(938)	
Other movements (Impairment review)	(908)	
Balance at 30 June 2020	4,566	

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9. Leases (cont'd)

Lease liabilities

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

	Consolidated and Parent	
	2021 \$'000	2020 \$'000
Balance at 1 July	5,543	6,412
Additions	-	-
Interest expenses	100	118
Payments	(1,006)	(987)
Balance at 30 June	4,637	5,543

The following amounts were recognised in the statement of comprehensive income for the year ended 30 June 2021 in respective leases where the entity is the lessee:

	Consolidated and Parent	
	2021 \$'000	2020 \$'000
Depreciation expense of right-of-use assets	815	938
Other movements (Impairment Loss)	777	908
Interest expense on lease liabilities	100	118
Variable lease payments, not included in the measurement of lease liabilities	148	154
Total amount recognised in the statement of comprehensive income	1,840	2,118

The HCCC had total cash outflows for leases of \$1,006K in FY 2020-21 (\$987k for FY 2019-2020)

Recognition and measurement

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.

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.

i. Right-of-use assets

The entity recognises right-of-use assets at the commencement date of the lease (i.e. the date the underlying asset is available for use). Right-of-use assets are initially measured at the amount of initial measurement of the lease liability (refer ii below), adjusted by any lease payments made at or before the commencement date and lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site. Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets.

If ownership of the leased asset transfers to the entity at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

The right-of-use assets are also subject to impairment. The entity assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the entity estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount. After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. Such reversal is recognised in the net result.

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9. Leases (cont'd)

The useful life of the HCCC's right-of-use assets is as follows:

Asset category	Depreciation method	Depreciable life in years 2020-21	Depreciable life in years 2019-20
Land and Buildings - Right-of-use	Straight line	Period of lease	-

ii. Lease liabilities

At the commencement date of the lease, the entity recognises lease liabilities measured at the present value of lease payments to be made over the lease term. Lease payments include:

- fixed payments (including in substance fixed payments) less any lease incentives receivable;
- variable lease payments that depend on an index or a rate;
- amounts expected to be paid under residual value guarantees;
- exercise price of a purchase options reasonably certain to be exercised by the entity; and
- payments of penalties for terminating the lease, if the lease term reflects the entity exercising the option to terminate.

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the lessee's incremental borrowing rate is used.

The net present value of the remaining lease payments is often an appropriate proxy for the fair value of relevant right-of-use assets at the time of initial recognition except for the leases that have significantly below-market terms and conditions.

Right-of-Use Asset Impairment:

The entity undertook an impairment assessment in FY2020 following the COVID-19 outbreak. The assessment determined that the carrying amount of the asset exceeded the recoverable amount. The entity recognised an impairment loss of \$908,000. The calculation was based on market factors and prepared by Property NSW.

The entity again reviewed the carrying value of the asset in FY2021 as a market review of the lease value fell due in May 2021. The market review limited to a capped value per square metre per the lease documentation. The review, undertaken by Property NSW, determined that the lease rate per square metre could be increased to the maximum allowed in the lease documentation. This occurred as the review determined that the current lease rate per square metre and the maximum allowable rate per square metre were below the current market rates. The impact of this review was an impairment reversal of \$776,506.

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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
At 1 July 2019	
Cost (gross carrying amount)	1,236
Accumulated amortisation and impairment	(1,110)
Net carrying amount	126
Year ended 30 June 2020	
Net carrying amount at start of year	126
Net adjustment on initial application of AASB 1059	-
Adjusted net carrying amount at beginning of year	126
Additions	-
amortisation (recognised in 'depreciation and amortisation')	(32)
Net carrying amount at end of year	94
At 1 July 2020	
Cost (gross carrying amount)	1,236
Accumulated amortisation and impairment	(1,142)
Net carrying amount	94
Year ended 30 June 2021	
Net carrying amount at start of year	94
Additions	-
amortisation (recognised in 'depreciation and amortisation')	(33)
Net carrying amount at end of year	61
At 30 June 2021	
Cost (gross carrying amount)	1,235
Accumulated amortisation and impairment	(1,174)
Net carrying amount	61

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, computer software, are 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:

Asset category	Gross value measurement	Amortisation method	Amortisation life in years 2020-21	Amortisation life in years 2019-20
Software	Purchase price	Straight line	4	4

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11. Current Liabilities - Payables

Payables

Accrued salaries, wages and on costs
Payable for personnel services
Creditors
Accrued expenses

Consolidated		Parent	
2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
172	133	-	-
-	-	182	141
85	171	84	169
661	233	661	233
918	537	927	543

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 20.

12. Current/Non-Current Liabilities - Borrowings

Lease liability - current (see Note 9)
Lease liability - non-current (see Note 9)

Consolidated		Parent	
2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
902	904	902	904
3,735	4,639	3,735	4,639
4,637	5,543	4,637	5,543

Changes in liabilities arising from financing activities

1 July 2019

Recognised on adoption of AASB 16
Recognised on adoption of AASB 1059
Recognised on repeal of TTP 06-08

Adjusted 1 July 2019

Cash flows
New leases
New service concession arrangements
Foreign exchange adjustments
Other*

30 June 2020

Recognised on adoption of AASB 1059

1 July 2020

Cash flows
New leases
New service concession arrangements
Foreign exchange adjustments
Other*

30 June 2021

Consolidated and Parent

**Leases
\$'000**

6,412

-

-

6,412

(869)

-

-

-

-

5,543

-

5,543

(906)

-

-

-

-

4,637

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

Recognition and measurement

Borrowings

Lease liabilities are determined in accordance with AASB 16 and disclosed as borrowings.

13. Current/Non-Current Liabilities - Provisions

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Employee benefits and related on-costs - current				
Annual leave	1,153	1,216	-	-
Payroll tax	224	224	-	-
Fringe benefits tax	2	4	-	-
Long service leave	214	190	-	-
Provision for personnel services	-	-	1,530	1,572
Total current employee provisions	1,593	1,634	1,530	1,572
Other provisions - non-current				
Lease make good provision	385	394	385	394
Long service leave	32	26	-	-
Provision for personnel services	-	-	32	26
Total other non-current provisions	417	420	417	420
Aggregate employee benefits and related on costs				
Provisions - current	1,593	1,634	-	-
Provisions - non-current	32	26	-	-
Provision for personnel services - current	-	-	1,530	1,572
Provision for personnel services - non-current	-	-	32	26
Accrued salaries, wages and on-costs (Note 11)	172	133	-	-
Payable for personnel services	-	-	182	141
	1,797	1,793	1,744	1,739

Movements in provisions (other than employee benefits)

	Consolidated	Parent
	Other Non-Current \$'000	Other Non-Current \$'000
Carrying amount at 1 July 2020	394	394
Additional provisions recognised	-	-
Amounts used	-	-
Unused amounts reversed	-	-
Unwinding / change in the discount rate	(9)	(9)
Carrying amount at 30 June 2021	385	385

Health Care Complaints Commission
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13. 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 formulae 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.

(ii) Other provisions

The HCCC has a present legal obligation which amortises costs to the expiration date of the lease term on the 30 June 2021.

As the effect of the time value of money is material, provision was discounted at 0.04% which is a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability.

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14. Equity

(i) Accumulated funds

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

15. Commitments

(a) Capital Expenditure Commitments

Aggregate capital expenditure commitment for the refurbishment of its premises at Level 12 and 13, Castlereagh Street, Sydney as at 30 June 2021.

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Not later than one year	-	19	-	19
Later than one year and not later than five years	-	-	-	-
Later than five years	-	-	-	-
Total (including GST)	-	19	-	19

16. Contingent Assets

There are legal costs awarded in favour of the HCCC arising from prosecution of serious cases of complaints of health care 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 \$867,748 (2019-20: \$760,890).

17. Contingent Liabilities

The HCCC has contingent liabilities estimated at \$102,800 representing potential legal expenses for which the Crown Solicitor is acting on behalf of the HCCC as at 30 June 2021 (2019-20: \$105,800).

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18. 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 (e.g. adjustment for transfer of functions between entities as a result of Administrative Arrangements Orders) 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

The actual net result of \$1,179,000 surplus was higher than the budgeted surplus of \$980,000 by \$199,000, predominately due to higher other income.

(a) Expenses

The HCCC's total expenditure was higher than budget by \$135,000. Employee expenses were \$250,000 lower than budget as FTE ran at reduced levels throughout the year. Employee related expenditure was below the labour expense cap.

Operating expenses were \$310,000 higher than budget. Legal expenditure was the primary reason for the higher than budget expenditure. Legal – external fees were higher than budget due to the volume of proceedings. Legal – adverse costs were higher than budget as in some matters costs were awarded against the HCCC.

Depreciation was \$74,000 higher than budget.

(b) Revenue

The HCCC's total revenue was higher than budget by \$409,000. The HCCC's other income was \$175,000 higher than budget and Acceptance by the Crown Entity of employee benefits and other liabilities was \$235,000 higher than budget.

Assets and liabilities

Total assets were higher than budget by \$176,000 due to higher cash and cash equivalents.

Total liabilities were lower than budget by \$23,000 due to provisions – relating to employee benefits and related on costs.

Cash Flows

The HCCC's closing cash balance was higher than budget due to the timing of payments being due. The closing cash balance was higher than the limit set by Treasury.

19. Reconciliation Of Cash Flows From Operating Activities To Net Result

	Consolidated		Parent	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Net cash used on operating activities	2,212	2,191	2,227	2,144
Depreciation and amortisation	(1,287)	(1,378)	(1,287)	(1,378)
Allowance for impairment - ROU assets	777	(908)	777	(908)
Credit Loss Allowance	(76)	(138)	(76)	(138)
Decrease/(increase) in provisions	(4)	(324)	(5)	(322)
Increase/(decrease) in receivables and other assets	(110)	103	(123)	156
Decrease/(increase) in creditors	(333)	(86)	(334)	(94)
Net result	1,179	(540)	1,179	(540)

The HCCC had no investing and financing transactions which did not result in cash flows.

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20. 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 2021

	Note	Category	Consolidated		Parent	
			2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
			Carrying Amount		Carrying Amount	
Financial assets						
Class:						
Cash and cash equivalents	6	Amortised cost	1,970	686	1,849	550
Receivables ¹	7	Amortised cost	423	616	328	535
Financial liabilities						
Class:						
Payables ²	11	at amortised cost	918	537	927	543
Borrowings	12	amortised cost	4,637	5,543	4,637	5,543

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.

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for the year ended 30 June 2021

20. Financial Instruments (Cont'd)

When the HCCC has transferred its rights to receive cash flows from an asset or has entered into a passthrough arrangement, it evaluates 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. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors. Sales are made on 30 day terms or as agreed with the debtor.

The HCCC is not exposed to concentrations of credit risk to trade debtors as they are mainly other government departments.

Health Care Complaints Commission
Notes to and forming part of the financial statements
for the year ended 30 June 2021

20. Financial Instruments (Cont'd)

	Expected Credit Loss Rate %	Consolidated Estimated Gross Carrying Amount \$'000	Expected Credit Loss \$'000	Expected Credit Loss Rate %	Parent Estimated Gross Carrying Amount \$'000	Expected Credit Loss \$'000
2021						
Current	-	35	-	-	23	-
< 3 months	-	28	-	-	28	-
3 – 6 months	-	6	-	-	5	-
> 6 months	37.7	568	214	44.0	486	214
Total	33.6	637	214	39.5	542	214
2020						
Current	-	78	-	-	75	-
< 3 months	-	15	-	-	-	-
3 – 6 months	-	158	-	-	147	-
> 6 months	27.4	503	138	30.6	451	138
Total	18.3	754	138	20.5	673	138

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 assessment 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. For payments to other suppliers, the Director Corporate Operations and CFO may authorise the automatic payment of simple interest to the supplier.

Health Care Complaints Commission
Notes to and forming part of the financial statements
for the year ended 30 June 2021

20. 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	< 1year	1-5 years	>5 years
2021					
Payables					
Accrued salaries, wages and on costs	172	-	172	-	-
Creditors	746	-	746	-	-
Borrowings					
Lease liabilities	4,637	-	981	3,656	-
	5,555	-	1,899	3,656	-
2020					
Payables					
Accrued salaries, wages and on costs	133	-	133	-	-
Creditors	404	-	404	-	-
Borrowings					
Lease liabilities	5,867	-	986	4,881	-
	6,404	-	1,523	4,881	-

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 liabilities.

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
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21. 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 2021 are as follows:

Short term employee benefits:

	2021	2020
	\$'000	\$'000
Salaries	1,560	1,640
Other monetary allowances	4	4
Non-monetary benefits	15	17
Other long-term employee benefits	117	133
Post-employment benefits	-	-
Termination benefits	-	-
Total remuneration	1,696	1,794

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
- Payment 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

22. Events After The Reporting Period

There were no after reporting period events.

End of audited financial statements.

13 Appendices

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A Complaints statistics

TABLE A.1 | Complaints received by issue category 2016-17 to 2020-21

Issue Category	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.t	% of Total
Treatment	4,852	41.5%	4,671	39.3%	4,521	45.7%	5,452	47.2%	6,224	45.9%
Professional conduct	1,917	16.4%	2,287	19.3%	2,227	22.5%	2,418	20.9%	2,619	19.3%
Communication/ information	1,857	15.9%	1,693	14.3%	1,055	10.7%	1,521	13.2%	1,894	14.0%
Medication	739	6.3%	930	7.8%	599	6.1%	583	5.0%	879	6.5%
Access	431	3.7%	403	3.4%	232	2.3%	278	2.4%	381	2.8%
Fees/costs	380	3.2%	341	2.9%	258	2.6%	297	2.6%	307	2.3%
Consent	265	2.3%	261	2.2%	157	1.6%	155	1.3%	274	2.0%
Reports/certificates	263	2.2%	256	2.2%	195	2.0%	225	1.9%	269	2.0%
Environment/ management of facilities	354	3.0%	384	3.2%	197	2.0%	218	1.9%	225	1.7%
Discharge/transfer arrangements	212	1.8%	285	2.4%	168	1.7%	129	1.1%	196	1.4%
Medical records	232	2.0%	263	2.2%	168	1.7%	170	1.5%	177	1.3%
Grievance processes	192	1.6%	99	0.8%	118	1.2%	103	0.9%	119	0.9%
Total	11,694	100.0%	11,873	100.0%	9,895	100.0%	11,549	100.0%	13,564	100.0%

Counted by issue raised in complaint.

TABLE A.2 | Breakdown of complaints received within each issue category 2020-21

Issue category and name	No.	% of Issue category	% of Total
Treatment			
Inadequate care	2,301	37.0%	17.0%
Inadequate treatment	1,042	16.7%	7.7%
Unexpected treatment outcome/complications	749	12.0%	5.5%
Inadequate/inappropriate consultation	506	8.1%	3.7%
Diagnosis	493	7.9%	3.6%
Delay in treatment	345	5.5%	2.5%
Wrong/inappropriate treatment	192	3.1%	1.4%
Rough and painful treatment	132	2.1%	1.0%
Withdrawal of treatment	107	1.7%	0.8%
Infection control	98	1.6%	0.7%
No/inappropriate referral	92	1.5%	0.7%
Coordination of treatment/results follow-up	81	1.3%	0.6%
Excessive treatment	34	0.5%	0.3%
Inadequate prosthetic equipment	28	0.4%	0.2%
Experimental treatment	15	0.2%	0.1%
Public/private election	5	0.1%	0.0%
Attendance	4	0.1%	0.0%
Treatment total	6,224	100.0%	45.9%
Professional Conduct			
Illegal practice	421	16.1%	3.1%
Competence	365	13.9%	2.7%
Breach of guideline/law	359	13.7%	2.6%
Impairment	350	13.4%	2.6%
Inappropriate disclosure of information	194	7.4%	1.4%
Sexual misconduct	192	7.3%	1.4%
Boundary violation	132	5.0%	1.0%
Misrepresentation of qualifications	124	4.7%	0.9%
Assault	110	4.2%	0.8%
Advertising	108	4.1%	0.8%
Discriminatory conduct	90	3.4%	0.7%
Financial fraud	62	2.4%	0.5%
Breach of condition	58	2.2%	0.4%
Child sexual abuse	26	1.0%	0.2%
Annual declaration not lodged/incomplete/wrong or misleading	22	0.8%	0.2%
Scientific fraud	3	0.1%	0.0%
Emergency treatment not provided	3	0.1%	0.0%
Professional conduct total	2,619	100.0%	19.3%

TABLE A.2 | Continued

Issue category and name	No.	% of Issue category	% of Total
Communication/information			
Attitude/manner	1,156	61.0%	8.5%
Inadequate information provided	437	23.1%	3.2%
Incorrect/misleading information provided	265	14.0%	2.0%
Special needs not accommodated	36	1.9%	0.3%
Communication/information total	1,894	100.0%	14.0%
Medication			
Prescribing medication	456	51.9%	3.4%
Dispensing medication	238	27.1%	1.8%
Administering medication	119	13.5%	0.9%
Supply/security/storage of medication	66	7.5%	0.5%
Medication total	879	100.0%	6.5%
Access			
Refusal to admit or treat	256	67.2%	1.9%
Service availability	63	16.5%	0.5%
Waiting lists	51	13.4%	0.4%
Access to facility	10	2.6%	0.1%
Access to subsidies	1	0.3%	0.0%
Access total	381	100.0%	2.8%
Fees/costs			
Billing practices	241	78.5%	1.8%
Cost of treatment	38	12.4%	0.3%
Financial consent	28	9.1%	0.2%
Fees/costs total	307	100.0%	2.3%
Consent			
Consent not obtained or inadequate	139	50.7%	1.0%
Involuntary admission or treatment	90	32.8%	0.7%
Uninformed consent	45	16.4%	0.3%
Consent total	274	100.0%	2.0%

TABLE A.2 | Continued

Issue category and name	No.	% of Issue category	% of Total
Reports/certificates			
Accuracy of report/certificate	190	70.6%	1.4%
Refusal to provide report/certificate	52	19.3%	0.4%
Report written with inadequate or no consultation	13	4.8%	0.1%
Timeliness of report/certificate	13	4.8%	0.1%
Cost of report/certificate	1	0.4%	0.0%
Reports/certificates total	269	100.0%	2.0%
Environment/management of facilities			
Administrative processes	118	52.4%	0.9%
Cleanliness/hygiene of facility	52	23.1%	0.4%
Physical environment of facility	41	18.2%	0.3%
Staffing and rostering	13	5.8%	0.1%
Statutory obligations/accreditation standards not met	1	0.4%	0.0%
Environment/management of facilities total	225	100.0%	1.7%
Discharge/transfer arrangements			
Inadequate discharge	167	85.2%	1.2%
Delay	10	5.1%	0.1%
Patient not reviewed	10	5.1%	0.1%
Mode of transport	9	4.6%	0.1%
Consent total	196	100.0%	1.4%
Medical Records			
Access to/transfer of records	96	54.2%	0.7%
Record keeping	70	39.5%	0.5%
Records management	11	6.2%	0.1%
Medical records total	177	100.0%	1.3%
Grievance processes			
Inadequate/no response to complaint	109	91.6%	0.8%
Reprisal/retaliation as result of complaint lodged	8	6.7%	0.1%
Information about complaints procedures not provided	2	1.7%	0.0%
Grievance processes total	119	100.0%	0.9%
Grand total	13,564	100.0%	100.0%

Counted by issue raised in complaint.

TABLE A.3 | Complaints received about health practitioners 2016-17 to 2020-21

Health practitioner	2016-17		2017-18		2018-19		2019-20		2020-21		No. of practitioners with NSW as principal place of practice as at 30 June 2021**
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	
Registered health practitioner											
Medical practitioner	2,298	56.0%	2,553	55.0%	2,377	50.0%	2,662	51.6%	3,029	53.5%	38,874
Nurse/midwife	629	15.3%	730	15.7%	791	16.6%	815	15.8%	874	15.4%	125,153
Dental practitioner	370	9.0%	429	9.2%	417	8.8%	477	9.2%	421	7.4%	7,420
Pharmacist	200	4.9%	209	4.5%	272	5.7%	356	6.9%	395	7.0%	10,509
Psychologist	211	5.1%	275	5.9%	277	5.8%	303	5.9%	348	6.1%	13,541
Physiotherapist	38	0.9%	53	1.1%	59	1.2%	67	1.3%	80	1.4%	11,009
Paramedic	–	0.0%	–	0.0%	88	1.9%	68	1.3%	72	1.3%	5,525
Chiropractor	65	1.6%	46	1.0%	57	1.2%	51	1.0%	55	1.0%	1,945
Occupational therapist	14	0.3%	27	0.6%	38	0.8%	27	0.5%	44	0.8%	7,015
Podiatrist	18	0.4%	27	0.6%	47	1.0%	39	0.8%	24	0.4%	1,631
Student Nurse*	15	0.4%	10	0.2%	17	0.4%	17	0.3%	19	0.3%	–
Chinese medicine practitioner	23	0.6%	29	0.6%	57	1.2%	33	0.6%	18	0.3%	1,959
Medical radiation practitioner	26	0.6%	7	0.2%	20	0.4%	15	0.3%	10	0.2%	5,931
Osteopath	9	0.2%	15	0.3%	12	0.3%	15	0.3%	10	0.2%	632
Optometrist	24	0.6%	27	0.6%	27	0.6%	14	0.3%	9	0.2%	2,064
Student medical practitioner*	6	0.1%	10	0.2%	5	0.1%	3	0.1%	9	0.2%	–
Aboriginal and Torres Strait Islander practitioner	–	0.0%	1	0.0%	1	0.0%	1	0.0%	2	0.0%	179
Student pharmacist*	–	0.0%	3	0.1%	–	0.0%	1	0.0%	2	0.0%	–
Student Chinese medicine practitioner	–	0.0%	–	0.0%	3	0.1%	–	0.0%	–	0.0%	–
Student chiropractor*	2	0.0%	1	0.0%	–	0.0%	–	0.0%	–	0.0%	–
Student dentist*	–	0.0%	–	0.0%	1	0.0%	1	0.0%	–	0.0%	–
Student medical radiation practitioner*	–	0.0%	1	0.0%	2	0.0%	1	0.0%	–	0.0%	–
Student occupational therapist	–	0.0%	–	0.0%	–	0.0%	4	0.1%	–	0.0%	–
Student osteopath*	1	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–
Student podiatrist*	–	0.0%	1	0.0%	–	0.0%	–	0.0%	–	0.0%	–
Registered health practitioner total	3,949	96.3%	4,454	95.9%	4,568	96.1%	4,970	96.4%	5,421	95.7%	233,387
Unregistered health practitioner											
Counsellor/therapist	19	0.5%	15	0.3%	39	0.8%	38	0.7%	45	0.8%	
Assistant in nursing	13	0.3%	8	0.2%	19	0.4%	17	0.3%	34	0.6%	
Massage therapist	8	0.2%	16	0.3%	7	0.1%	8	0.2%	24	0.4%	
Social worker	16	0.4%	12	0.3%	14	0.3%	11	0.2%	21	0.4%	

TABLE A.3 | Continued

Health practitioner	2016-17		2017-18		2018-19		2019-20		2020-21		No. of practitioners with NSW as principal place of practice as at 30 June 2021**
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	
Other	14	0.3%	19	0.4%	14	0.3%	10	0.2%	14	0.2%	
Administration/ clerical staff	9	0.2%	9	0.2%	8	0.2%	12	0.2%	13	0.2%	
Naturopath	1	0.0%	2	0.0%	14	0.3%	8	0.2%	12	0.2%	
Cosmetic therapist	9	0.2%	17	0.4%	15	0.3%	11	0.2%	10	0.2%	
Personal care assistant	1	0.0%	–	0.0%	8	0.2%	1	0.0%	8	0.1%	
Alternative health provider	12	0.3%	8	0.2%	7	0.1%	5	0.1%	7	0.1%	
Sonographer	–	0.0%	–	0.0%	–	0.0%	8	0.2%	6	0.1%	
Acupuncture therapist	–	0.0%	–	0.0%	2	0.0%	–	0.0%	4	0.1%	
Psychotherapist	1	0.0%	7	0.2%	–	0.0%	5	0.1%	4	0.1%	
Ambulance personnel	3	0.1%	4	0.1%	–	0.0%	2	0.0%	3	0.1%	
Dietitian/nutritionist	5	0.1%	3	0.1%	2	0.0%	5	0.1%	3	0.1%	
Audiologist	1	0.0%	3	0.1%	2	0.0%	1	0.0%	2	0.0%	
Dental technician	3	0.1%	3	0.1%	8	0.2%	6	0.0%	2	0.0%	
Speech pathologist	1	0.0%	1	0.0%	1	0.0%	3	0.1%	2	0.0%	
Student ambulance personnel	–	0.0%	–	0.0%	1	0.0%	–	0.0%	2	0.0%	
Doula	–	0.0%	–	0.0%	–	0.0%	2	0.0%	1	0.0%	
Hypnotherapist	1	0.0%	1	0.0%	–	0.0%	1	0.0%	1	0.0%	
Natural therapist	2	0.0%	–	0.0%	1	0.0%	2	0.0%	1	0.0%	
Herbalist	–	0.0%	1	0.0%	–	0.0%	–	0.0%	–	0.0%	
Homeopath	2	0.0%	1	0.0%	–	0.0%	–	0.0%	–	0.0%	
Residential care worker	–	0.0%	4	0.1%	2	0.0%	3	0.1%	–	0.0%	
Student psychologist	–	0.0%	–	0.0%	7	0.1%	1	0.0%	–	0.0%	
Venopuncturist	–	0.0%	–	0.0%	–	0.0%	1	0.0%	–	0.0%	
Unregistered health practitioner	121	2.9%	134	2.9%	171	3.6%	161	3.1%	219	3.9%	
Unknown	32	0.8%	57	1.2%	13	0.3%	26	0.5%	25	0.4%	
Health practitioner total	4,102	100.0%	4,645	100.0%	4,752	100.0%	5,157	100.0%	5,665	100.0%	

Counted by provider identified in complaint.

* All student practitioners are registered and are now reported under registered health practitioner except with psychology students who are not registered.

** The 2020-21 data on number of registered practitioners in NSW includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic.

TABLE A.4 | Complaints received about medical practitioners by service area 2016-17 to 2020-21

Service area	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
General practice	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1,289	42.6%
Surgery	233	10.1%	248	9.7%	246	10.3%	234	8.8%	240	7.9%
Other	19	0.8%	149	5.8%	122	5.1%	210	7.9%	233	7.7%
General medicine	1,047	45.6%	1,156	45.3%	1,121	47.2%	1,171	44.0%	210	6.9%
Mental health	92	4.0%	77	3.0%	124	5.2%	121	4.5%	125	4.1%
Psychiatry	123	5.4%	124	4.9%	79	3.3%	105	3.9%	105	3.5%
Emergency medicine	63	2.7%	79	3.1%	48	2.0%	61	2.3%	79	2.6%
Medico-Legal	34	1.5%	53	2.1%	27	1.1%	51	1.9%	62	2.0%
Obstetrics	38	1.7%	49	1.9%	48	2.0%	53	2.0%	60	2.0%
Cosmetic services	31	1.3%	69	2.7%	55	2.3%	64	2.4%	51	1.7%
Radiology	26	1.1%	34	1.3%	23	1.0%	26	1.0%	50	1.7%
Pain management	11	0.5%	17	0.7%	9	0.4%	21	0.8%	44	1.5%
Dermatology	37	1.6%	32	1.3%	39	1.6%	32	1.2%	43	1.4%
Geriatrics/ Gerontology	20	0.9%	21	0.8%	32	1.3%	49	1.8%	35	1.2%
Early childhood/ Paediatric medicine	50	2.2%	64	2.5%	39	1.6%	43	1.6%	33	1.1%
Gynaecology	37	1.6%	46	1.8%	50	2.1%	26	1.0%	32	1.1%
Anaesthesia	47	2.0%	44	1.7%	20	0.8%	25	0.9%	30	1.0%
Neurology	24	1.0%	24	0.9%	15	0.6%	19	0.7%	28	0.9%
Cardiology	31	1.3%	19	0.7%	32	1.3%	47	1.8%	26	0.9%
Unknown	12	0.5%	8	0.3%	9	0.4%	57	2.1%	25	0.8%
Ophthalmology	40	1.7%	42	1.6%	33	1.4%	30	1.1%	22	0.7%
Reproductive medicine	4	0.2%	3	0.1%	18	0.8%	11	0.4%	21	0.7%
Administration/ Non-health related	28	1.2%	17	0.7%	10	0.4%	18	0.7%	20	0.7%
Gastroenterology	55	2.4%	39	1.5%	36	1.5%	26	1.0%	20	0.7%
Oncology	54	2.3%	34	1.3%	7	0.3%	10	0.4%	17	0.6%
Immunology	7	0.3%	6	0.2%	14	0.6%	19	0.7%	15	0.5%
Aged Care	17	0.7%	13	0.5%	19	0.8%	25	0.9%	14	0.5%
Drug and alcohol	16	0.7%	8	0.3%	9	0.4%	16	0.6%	12	0.4%
Midwifery		0.0%	2	0.1%	4	0.2%	7	0.3%	12	0.4%
Endocrinology	9	0.4%	13	0.5%	9	0.4%	9	0.3%	9	0.3%
Rheumatology	8	0.3%	7	0.3%	8	0.3%	7	0.3%	7	0.2%
Rehabilitation medicine	13	0.0%	4	0.0%	4	0.0%	2	0.0%	6	0.0%
Other service areas	72	3.1%	52	2.0%	68	2.9%	67	2.5%	54	1.8%
Total	2,298	100.0%	2,553	100.0%	2,377	100.0%	2,662	100.0%	3,029	100.0%

Counted by provider identified in complaint.

TABLE A.5 | Complaints received about health practitioners by issue category 2020-21

	Issue Category												Total No. % of Total	
	Treatment	Professional conduct	Communication/ information	Medication	Reports/ certificates	Fees/costs	Consent	Access	Medical records	Environment/ management of facilities	Grievance processes	Discharge/ transfer arrangements		
Health practitioner	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	Total No.	% of Total
Registered health practitioner														
Medical practitioner	2,358	817	751	372	165	84	92	94	53	16	23	26	4,851	58.7%
Nurse/midwife	272	673	137	65	7	4	12	3	6	12	4	3	1,198	14.5%
Dental practitioner	379	124	70	4	3	44	20	4	7	9	8	–	672	8.1%
Pharmacist	32	228	55	197	–	5	–	11	12	–	1	–	541	6.5%
Psychologist	175	192	78	4	39	14	6	4	12	4	1	–	529	6.4%
Physiotherapist	37	54	10	–	–	1	1	2	2	1	–	–	108	1.3%
Paramedic	19	49	12	–	–	–	2	–	–	1	–	–	83	1.0%
Chiropractor	25	37	8	–	–	2	2	–	2	1	1	–	78	0.9%
Occupational therapist	19	30	4	–	3	3	–	–	1	1	–	1	62	0.7%
Podiatrist	15	14	1	–	–	2	1	–	–	–	–	–	33	0.4%
Chinese Medicine Practitioner	2	20	2	–	–	2	1	–	–	–	–	–	27	0.3%
Student Nurse	–	21	5	–	–	–	–	–	–	–	–	–	26	0.3%
Optometrist	9	5	2	1	–	–	–	2	–	–	–	–	19	0.2%
Osteopath	4	7	3	–	–	1	–	–	–	–	–	–	15	0.2%
Medical Radiation Practitioner	6	6	1	–	1	1	–	–	–	–	–	–	15	0.2%
Student Medical practitioner	–	10	–	–	–	–	–	–	–	–	–	–	10	0.1%
Student Pharmacist	–	2	–	–	–	–	–	–	–	–	–	–	2	0.0%
Aboriginal and Torres Strait Islander HP	–	2	–	–	–	–	–	–	–	–	–	–	2	0.0%
Registered health practitioner total	3,352	2,291	1,139	643	218	163	137	120	95	45	38	30	8,271	100.0%

TABLE A.5 | Continued

Issue Category														
	Treatment	Professional conduct	Communication/ information	Medication	Reports/ certificates	Fees/costs	Consent	Access	Medical Records	Environment/ management of facilities	Grievance processes	Discharge/ transfer arrangements	Total	
Health practitioner	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	Total No.	% of Total
Unregistered health practitioner														
Counsellor/therapist	18	34	6	–	3	–	2	–	–	–	–	–	63	20.2%
Assistant in nursing	15	23	5	2	–	–	1	–	–	1	–	–	47	15.1%
Massage therapist	13	18	–	–	–	–	1	–	–	–	–	–	32	10.3%
Social worker	6	10	3	–	5	–	4	–	–	–	–	–	28	9.0%
Other	4	9	4	4	–	–	–	–	–	–	–	–	21	6.7%
Cosmetic therapist	9	8	–	–	–	–	–	–	–	1	1	–	19	6.1%
Naturopath	7	7	1	1	–	–	–	–	–	–	–	–	16	5.1%
Administration/clerical staff	3	8	1	–	–	–	–	–	–	1	–	–	13	4.2%
Personal care assistant	2	9	1	–	–	–	–	–	–	–	–	–	12	3.8%
Alternative health provider	3	3	1	1	–	1	1	–	–	1	–	–	11	3.5%
Sonographer	3	4	1	–	1	–	–	–	–	–	–	–	9	2.9%
Acupuncture therapist	2	4	–	–	–	–	–	–	–	–	–	–	6	1.9%
Psychotherapist	2	3	1	–	–	–	–	–	–	–	–	–	6	1.9%
Audiologist	3	–	1	–	–	–	–	1	–	–	–	–	5	1.6%
Dental technician	1	2	1	–	–	1	–	–	–	–	–	–	5	1.6%
Dietitian/nutritionist	4	–	–	–	–	–	–	–	–	–	–	–	4	1.3%
Ambulance personnel	–	3	–	–	–	–	–	–	–	–	–	–	3	1.0%
Doula	2	–	1	–	–	–	–	–	–	–	–	–	3	1.0%
Natural therapist	1	2	–	–	–	–	–	–	–	–	–	–	3	1.0%
Student ambulance personnel	–	1	1	–	–	–	–	–	–	–	–	–	2	0.6%
Speech pathologist	–	2	–	–	–	–	–	–	–	–	–	–	2	0.6%
Hypnotherapist	–	1	1	–	–	–	–	–	–	–	–	–	2	0.6%
Unregistered health practitioner total	98	151	29	8	9	2	9	1	0	4	1	0	312	100.0%
Unknown health practitioner	12	10	2	3	–	1	–	–	1	–	–	–	29	9.3%
Health practitioner total	3,462	2,452	1,170	654	227	166	146	121	96	49	39	30	8,612	100.0%

Counted by provider identified in complaint.

TABLE A.6 | Complaints received about health organisations 2016-17 to 2020-21

Health organisation	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Public hospital	1,016	45.8%	1,181	48.4%	1,238	48.6%	1,238	45.9%	1,387	45.7%
Medical centre	164	7.4%	174	7.1%	256	10.1%	284	10.5%	337	11.1%
Private hospital	121	5.5%	123	5.0%	145	5.7%	179	6.6%	206	6.8%
Correction and detention facility	257	11.6%	229	9.4%	142	5.6%	147	5.5%	163	5.4%
Psychiatric hospital/unit	71	3.2%	77	3.2%	154	6.0%	126	4.7%	160	5.3%
Pharmacy	90	4.1%	121	5.0%	65	2.6%	116	4.3%	98	3.2%
Government department	6	0.3%	4	0.2%	16	0.6%	31	1.2%	92	3.0%
Community health service	64	2.9%	74	3.0%	94	3.7%	75	2.8%	88	2.9%
Dental facility	75	3.4%	74	3.0%	86	3.4%	76	2.8%	69	2.3%
Pathology centres/labs	29	1.3%	23	0.9%	32	1.3%	44	1.6%	63	2.1%
Radiology facility	30	1.4%	37	1.5%	36	1.4%	41	1.5%	50	1.6%
Aged care facility	61	2.8%	59	2.4%	65	2.6%	59	2.2%	49	1.6%
Specialist medical practice	26	1.2%	46	1.9%	33	1.3%	53	2.0%	49	1.6%
Ambulance service	61	2.8%	54	2.2%	46	1.8%	37	1.4%	42	1.4%
Alternative health facility	31	1.4%	10	0.4%	32	1.3%	40	1.5%	30	1.0%
Cosmetic health facility	21	0.9%	24	1.0%	24	0.9%	42	1.6%	21	0.7%
Other	3	0.1%	20	0.8%	7	0.3%	11	0.4%	20	0.7%
Optometrist facility	9	0.4%	5	0.2%	8	0.3%	11	0.4%	18	0.6%
Psychology facility	–	0.0%	4	0.2%	16	0.6%	5	0.2%	14	0.5%
Drug and alcohol service	14	0.6%	14	0.6%	6	0.2%	8	0.3%	11	0.4%
Local Health District	–	0.0%	–	0.0%	–	0.0%	18	0.7%	11	0.4%
Podiatry practice	–	0.0%	–	0.0%	2	0.1%	2	0.1%	11	0.4%
Aboriginal health centre	4	0.2%	5	0.2%	2	0.1%	9	0.3%	9	0.3%
Day procedure centre	15	0.7%	13	0.5%	5	0.2%	7	0.3%	7	0.2%
Health fund	2	0.1%	1	0.0%	2	0.1%	–	0.0%	5	0.2%
Rehabilitation facility	3	0.1%	4	0.2%	4	0.2%	8	0.3%	5	0.2%
Multi purpose service	3	0.1%	1	0.0%	1	0.0%	2	0.1%	4	0.1%

TABLE A.6 | Continued

Health organisation	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Physiotherapy facility	2	0.1%	3	0.1%	4	0.2%	4	0.1%	4	0.1%
Unknown	–	0.0%	–	0.0%	1	0.0%	4	0.1%	4	0.1%
Nursing agency	4	0.2%	3	0.1%	2	0.1%	4	0.1%	3	0.1%
Supported accommodation services (not aged care)	–	0.0%	1	0.0%	4	0.2%	2	0.1%	3	0.1%
Educational facility	1	0.0%	1	0.0%	–	0.0%	2	0.1%	1	0.0%
NSW Department of Health	–	0.0%	1	0.0%	3	0.1%	2	0.1%	1	0.0%
Regulatory authority	–	0.0%	–	0.0%	–	0.0%	2	0.1%	1	0.0%
Respite service	1	0.0%	–	0.0%	–	0.0%	–	0.0%	1	0.0%
Blood bank	–	0.0%	–	0.0%	–	0.0%	1	0.0%	–	0.0%
Chiropractic facility	6	0.3%	–	0.0%	4	0.2%	4	0.1%	–	0.0%
Local Health District/Speciality network	27	1.2%	52	2.1%	12	0.5%	–	0.0%	–	0.0%
Osteopathy facility	–	0.0%	1	0.0%	–	0.0%	1	0.0%	–	0.0%
Sexual assault service	1	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Health organisation total	2,218	100.0%	2,439	100.0%	2,547	100.0%	2,695	100.0%	3,037	100.0%

Counted by provider identified in complaint.

TABLE A.7 | Complaints received about public and private hospitals by service areas 2016-17 to 2020-21

Service area	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Public hospital										
Emergency medicine	292	28.7%	286	24.2%	316	25.5%	336	27.1%	454	32.7%
General medicine	53	5.2%	277	23.5%	321	25.9%	293	23.7%	229	16.5%
Surgery	138	13.6%	113	9.6%	113	9.1%	109	8.8%	120	8.7%
Mental health	129	12.7%	128	10.8%	78	6.3%	78	6.3%	119	8.6%
Geriatrics/ Gerontology	35	3.4%	33	2.8%	70	5.7%	54	4.4%	54	3.9%
Midwifery	9	0.9%	15	1.3%	33	2.7%	30	2.4%	50	3.6%
Obstetrics	71	7.0%	64	5.4%	56	4.5%	42	3.4%	43	3.1%
Early childhood/ Paediatric Medicine	36	3.5%	29	2.5%	30	2.4%	32	2.6%	30	2.2%
Administration/ Non-health related	40	3.9%	43	3.6%	25	2.0%	29	2.3%	27	1.9%
Cardiology	17	1.7%	9	0.8%	19	1.5%	18	1.5%	21	1.5%
Intensive care	11	1.1%	20	1.7%	11	0.9%	16	1.3%	20	1.4%
Pain management	5	0.5%	9	0.8%	6	0.5%	6	0.5%	17	1.2%
Oncology	26	2.6%	21	1.8%	10	0.8%	7	0.6%	16	1.2%
Other	2	0.2%	3	0.3%	4	0.3%	12	1.0%	16	1.2%
Immunology	2	0.2%	3	0.3%	1	0.1%	6	0.5%	14	1.0%
Gynaecology	11	1.1%	13	1.1%	14	1.1%	13	1.1%	13	0.9%
Radiology	16	1.6%	3	0.3%	16	1.3%	7	0.6%	13	0.9%
Aged care	1	0.1%	3	0.3%	8	0.6%	18	1.5%	12	0.9%
Gastroenterology	16	1.6%	4	0.3%	3	0.2%	5	0.4%	12	0.9%
Palliative care	23	2.3%	26	2.2%	15	1.2%	6	0.5%	12	0.9%
Rehabilitation medicine	13	1.3%	5	0.4%	6	0.5%	15	1.2%	10	0.7%
Neurology	12	1.2%	6	0.5%	18	1.5%	11	0.9%	8	0.6%
Anaesthesia	1	0.1%	1	0.1%	1	0.1%	4	0.3%	7	0.5%
Other service areas	57	5.6%	67	5.7%	64	5.2%	91	7.4%	70	5.0%
Public hospital total	1,016	100.0%	1,181	100.0%	1,238	100.0%	1,238	100.0%	1,387	100.0%

TABLE A.7 | Continued

Service area	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Private hospital										
Surgery	38	31.4%	38	30.9%	35	24.1%	39	21.8%	50	24.3%
General medicine	8	6.6%	24	19.5%	46	31.7%	49	27.4%	41	19.9%
Emergency medicine	8	6.6%	4	3.3%	6	4.1%	14	7.8%	21	10.2%
Rehabilitation medicine	12	9.9%	11	8.9%	7	4.8%	9	5.0%	17	8.3%
Mental health	15	12.4%	13	10.6%	10	6.9%	12	6.7%	13	6.3%
Obstetrics	3	2.5%	3	2.4%	6	4.1%	3	1.7%	10	4.9%
Administration/ Non-health related	10	8.3%	8	6.5%	7	4.8%	5	2.8%	6	2.9%
Cardiology	4	3.3%	–	0.0%	1	0.7%	4	2.2%	6	2.9%
Geriatrics/ Gerontology	4	3.3%	2	1.6%	3	2.1%	6	3.4%	5	2.4%
Midwifery	–	0.0%	1	0.8%	3	2.1%	7	3.9%	4	1.9%
Psychiatry	1	0.8%	–	0.0%	2	1.4%	–	0.0%	4	1.9%
Pain management	–	0.0%	–	0.0%	–	0.0%	–	0.0%	3	1.5%
Aged care	–	0.0%	4	3.3%	2	1.4%	3	1.7%	2	1.0%
Anaesthesia	1	0.8%	–	0.0%	–	0.0%	1	0.6%	2	1.0%
Gastroenterology	1	0.8%	–	0.0%	1	0.7%	1	0.6%	2	1.0%
Oncology	1	0.8%	6	4.9%	1	0.7%	5	2.8%	2	1.0%
Ophthalmology	–	0.0%	–	0.0%	–	0.0%	1	0.6%	2	1.0%
Other	–	0.0%	–	0.0%	–	0.0%	4	2.2%	2	1.0%
Community care	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1	0.5%
Cosmetic services	–	0.0%	–	0.0%	1	0.7%	1	0.6%	1	0.5%
Counselling	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1	0.5%
Dentistry	2	1.7%	–	0.0%	–	0.0%	1	0.6%	1	0.5%
Intensive care	2	1.7%	1	0.8%	2	1.4%	2	1.1%	1	0.5%
Nephrology	2	1.7%	–	0.0%	–	0.0%	1	0.6%	1	0.5%
Neurology	–	0.0%	1	0.8%	–	0.0%	2	1.1%	1	0.5%
Occupational health	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1	0.5%
Palliative care	1	0.8%	1	0.8%	1	0.7%	3	1.7%	1	0.5%
Pharmacy/ Pharmacology	–	0.0%	–	0.0%	1	0.7%	–	0.0%	1	0.5%
Psychotherapy	–	0.0%	–	0.0%	–	0.0%	1	0.6%	1	0.5%
Radiology	–	0.0%	1	0.8%	2	1.4%	1	0.6%	1	0.5%
Reproductive medicine	–	0.0%	–	0.0%	1	0.7%	–	0.0%	1	0.5%
Unknown	–	0.0%	–	0.0%	–	0.0%	1	0.6%	1	0.5%
Other service areas	8	6.6%	5	4.1%	7	4.8%	3	1.7%	–	0.0%
Private hospital total	121	100.0%	123	100.0%	145	100.0%	179	100.0%	206	100.0%
Grand Total	1,137	100.0%	1,304	100.0%	1,383	100.0%	1,417	100.0%	1,593	100.0%

Counted by provider identified in complaint.

TABLE A.8 | Complaints received about public hospitals by Local Health District in 2016-17 to 2020-21

Local Health District*	2016-17		2017-18		2018-19		2019-20	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Hunter New England	126	12.4%	144	12.2%	158	12.8%	173	14.0%
Western Sydney	91	9.0%	114	9.7%	132	10.7%	138	11.1%
South Western Sydney	122	12.0%	145	12.3%	141	11.4%	144	11.6%
Sydney	83	8.2%	100	8.5%	75	6.1%	80	6.5%
South Eastern Sydney	93	9.2%	123	10.4%	95	7.7%	96	7.8%
Western NSW	63	6.2%	63	5.3%	60	4.8%	70	5.7%
Nepean Blue Mountains	55	5.4%	61	5.2%	56	4.5%	65	5.3%
Central Coast	51	5.0%	66	5.6%	80	6.5%	63	5.1%
Northern Sydney	61	6.0%	70	5.9%	95	7.7%	50	4.0%
Northern NSW	57	5.6%	58	4.9%	76	6.1%	66	5.3%
Illawarra Shoalhaven	64	6.3%	75	6.4%	87	7.0%	81	6.5%
Mid North Coast	34	3.3%	47	4.0%	41	3.3%	41	3.3%
Murrumbidgee **	26	2.6%	37	3.1%	30	2.4%	42	3.4%
Southern NSW	33	3.2%	28	2.4%	42	3.4%	54	4.4%
Sydney Children's Hospital Network	13	1.3%	15	1.3%	17	1.4%	20	1.6%
Albury Wodonga Health (network with Victoria)***	9	0.9%	10	0.8%	11	0.9%	10	0.8%
St Vincent's Health Network	29	2.9%	17	1.4%	25	2.0%	33	2.7%
Far West	4	0.4%	7	0.6%	14	1.1%	10	0.8%
Other/Unknown public hospital	2	0.2%	1	0.1%	3	0.2%	2	0.2%
Total	1,016	100.0%	1,181	100.0%	1,238	100.0%	1,238	100.0%

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.

2020-21		Number of emergency department attendances	Number of discharges from hospital	Number of outpatient services
No.	% of Total			
192	13.8%	450,113	225,875	2,523,517
150	10.8%	199,231	183,358	1,598,472
147	10.6%	288,600	244,083	1,475,156
115	8.3%	164,184	166,554	3,109,988
104	7.5%	227,130	196,523	1,569,482
102	7.4%	237,777	87,038	735,194
82	5.9%	132,101	85,830	849,188
79	5.7%	153,163	92,529	764,506
73	5.3%	278,106	117,880	1,302,031
70	5.0%	210,291	101,505	711,573
68	4.9%	168,371	93,720	880,608
45	3.2%	140,095	78,732	586,571
42	3.0%	139,262	66,859	503,489
37	2.7%	114,529	49,883	417,646
32	2.3%	97,698	56,132	592,989
18	1.3%	-	-	-
15	1.1%	45,497	44,552	389,138
11	0.8%	22,739	8,653	120,344
5	0.4%	-	-	-
1,387	100.0%	3,068,887	1,899,706	18,129,892

TABLE A.9 | Issues raised in all complaints received about health organisations by organisation type 2020-21

Organisation type	Issue Category												Total	% of Total
	Treatment	Communication/information	Access	Medication	Environment/management of facilities	Professional conduct	Discharge/transfer arrangements	Fees/costs	Consent	Medical records	Grievance processes	Reports/certificates		
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Public hospital	1,575	364	99	40	63	35	128	14	57	27	32	8	2,442	49.3%
Medical centre	162	93	77	17	17	27	–	35	6	27	6	8	475	9.6%
Private hospital	231	56	3	20	18	7	18	19	10	3	10	2	397	8.0%
Psychiatric hospital/unit	146	35	4	15	7	9	15	2	23	2	7	–	265	5.4%
Correction and detention facility	165	10	16	49	1	2	–	–	–	1	5	–	249	5.0%
Pharmacy	19	19	3	61	5	10	–	15	1	1	1	–	135	2.7%
Community health service	80	13	4	8	2	6	2	–	11	1	1	–	128	2.6%
Government department	32	31	9	1	29	6	–	3	–	4	3	4	122	2.5%
Pathology centres/labs	33	23	4	–	2	6	–	17	3	2	4	6	100	2.0%
Dental facility	45	11	17	1	2	3	–	4	2	4	3	–	92	1.9%
Specialist medical practice	36	13	2	2	6	4	–	9	1	2	2	1	78	1.6%
Radiology facility	39	11	3	1	3	3	–	1	3	1	1	8	74	1.5%
Aged care facility	46	6	–	2	4	3	–	2	–	–	1	–	64	1.3%
Ambulance service	31	8	5	1	1	2	–	4	5	–	1	1	59	1.2%
Alternative health facility	19	3	–	1	4	13	–	2	2	–	1	–	45	0.9%
Cosmetic health facility	24	1	–	–	1	2	–	1	1	–	–	–	30	0.6%
Optometrist facility	16	2	2	–	1	3	–	2	–	1	1	1	29	0.6%
Other	11	5	2	–	2	3	–	–	1	2	–	–	26	0.5%
Psychology facility	6	7	2	–	1	3	–	4	–	1	–	–	24	0.5%

TABLE A.9 | Continued

Organisation type	Issue Category												Total	% of Total
	Treatment	Communication/information	Access	Medication	Environment/management of facilities	Professional conduct	Discharge/transfer arrangements	Fees/costs	Consent	Medical records	Grievance processes	Reports/certificates		
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Local Health District	5	2	2	3	1	1	3	–	1	2	–	1	21	0.4%
Drug and alcohol service	10	–	–	1	–	4	–	1	–	–	–	–	16	0.3%
Aboriginal health centre	6	1	2	1	–	1	–	–	–	–	–	1	12	0.2%
Day procedure centre	5	3	2	1	–	1	–	–	–	–	–	–	12	0.2%
Podiatry practice	2	1	–	–	–	8	–	1	–	–	–	–	12	0.2%
Rehabilitation facility	5	2	–	–	–	–	–	2	–	–	–	–	9	0.2%
Physiotherapy facility	3	1	–	–	–	2	–	–	–	–	–	–	6	0.1%
Multi purpose service	3	–	1	–	1	1	–	–	–	–	–	–	6	0.1%
Health fund	–	–	–	–	1	–	–	3	1	–	1	–	6	0.1%
Supported accommodation services (not aged care)	3	–	–	–	2	–	–	–	–	–	–	–	5	0.1%
Nursing agency	2	1	–	–	1	–	–	–	–	–	–	–	4	0.1%
Unknown	1	–	1	–	1	–	–	–	–	–	–	1	4	0.1%
Regulatory authority	–	1	–	–	–	1	–	–	–	–	–	–	2	0.0%
Respite service	–	–	–	–	–	1	–	–	–	–	–	–	1	0.0%
Educational facility	–	1	–	–	–	–	–	–	–	–	–	–	1	0.0%
NSW Department of Health	1	–	–	–	–	–	–	–	–	–	–	–	1	0.0%
Grand Total	2,762	724	260	225	176	167	166	141	128	81	80	42	4,952	100.0%

Counted by issues raised in complaint.

TABLE A.10 | Issues raised in all complaints received by service area 2020-21

Service area	Issue Category												Total	% of Total
	Treatment	Professional conduct	Communication/information	Medication	Access	Fees/costs	Consent	Reports/certificates	Environment/management of facilities	Discharge/transfer arrangements	Medical records	Grievance processes		
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
General practice	1,159	305	430	240	138	62	29	93	26	–	56	20	2,558	18.9%
General medicine	636	191	133	97	29	4	17	3	21	33	11	10	1,185	8.7%
Emergency medicine	718	31	173	23	23	8	12	6	15	54	7	14	1,084	8.0%
Other	71	812	107	20	8	16	5	3	20	–	1	2	1,065	7.9%
Mental health	466	80	104	58	30	5	73	15	15	26	14	15	901	6.6%
Dentistry	432	102	75	5	22	48	22	3	11	–	10	11	741	5.5%
Surgery	483	41	92	10	22	19	25	2	13	23	4	7	741	5.5%
Pharmacy/Pharmacology	52	221	75	267	14	19	1	–	5	–	13	2	669	4.9%
Psychology	173	151	79	8	6	16	5	33	5	–	13	1	490	3.6%
Aged care	115	79	26	14	1	1	4	2	8	1	1	2	254	1.9%
Obstetrics	142	17	31	2	3	2	7	2	2	1	3	–	212	1.6%
Geriatrics/Gerontology	131	17	31	13	1	–	–	3	2	12	1	–	211	1.6%
Psychiatry	112	21	27	19	1	4	8	7	–	5	4	1	209	1.5%
Radiology	94	45	30	2	4	1	3	18	5	–	2	2	206	1.5%
Administration/Non-health related	30	41	39	2	10	15	2	6	25	3	10	3	186	1.4%
Midwifery	107	19	32	3	1	–	4	–	5	10	1	1	183	1.3%
Cosmetic services	102	35	18	–	1	7	7	–	3	–	1	3	177	1.3%
Early childhood/Paediatric medicine	82	11	28	9	1	2	2	1	3	3	1	2	145	1.1%
Pain management	88	3	20	16	8	1	1	1	–	2	2	–	142	1.0%
Immunology	48	3	38	12	9	2	1	2	13	1	5	2	136	1.0%
Ambulance Service	50	36	16	1	6	4	7	1	2	–	–	1	124	0.9%
Pathology	43	11	26	–	5	17	3	7	3	–	2	3	120	0.9%
Medico-Legal	47	–	23	–	1	–	–	44	–	–	–	1	116	0.9%
Cardiology	59	3	21	4	2	8	–	–	2	3	–	2	104	0.8%
Dermatology	51	16	16	5	1	2	3	1	–	–	–	–	95	0.7%
Oncology	60	5	21	1	1	1	–	–	–	3	–	3	95	0.7%
Physiotherapy	34	40	10	–	2	1	2	–	2	–	2	–	93	0.7%
Gynaecology	58	6	12	1	4	1	7	–	–	2	–	–	91	0.7%
Unknown	10	56	10	7	1	2	1	–	2	–	2	–	91	0.7%
Rehabilitation medicine	43	9	12	3	–	2	–	–	1	–	2	–	72	0.5%
Gastroenterology	42	3	12	1	3	1	2	–	1	2	1	2	70	0.5%
Chiropractice	25	29	7	–	–	2	2	–	1	–	2	1	69	0.5%
Counselling	18	28	8	–	–	2	2	5	1	–	–	–	64	0.5%
Neurology	41	2	10	4	–	1	2	1	1	1	–	1	64	0.5%
Massage therapy	22	33	2	–	–	1	3	–	–	–	–	1	62	0.5%
Anaesthesia	33	9	7	1	–	1	1	–	1	–	–	1	54	0.4%
Intensive care	28	3	13	–	1	–	3	–	2	3	–	–	53	0.4%
Drug and alcohol	23	5	3	11	5	1	–	–	–	3	–	–	51	0.4%

TABLE A.10 | Continued

Service area	Issue Category													Total	% of Total
	Treatment	Professional conduct	Communication/information	Medication	Access	Fees/costs	Consent	Reports/certificates	Environment/management of facilities	Discharge/transfer arrangements	Medical records	Grievance processes			
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.			
Ophthalmology	35	–	10	–	3	2	1	–	–	–	–	–	51	0.4%	
Reproductive medicine	36	–	6	6	–	3	–	–	–	–	–	–	51	0.4%	
Optometry	26	8	4	1	4	2	–	1	1	–	1	1	49	0.4%	
Palliative care	22	3	7	4	1	–	–	1	1	–	–	–	39	0.3%	
Podiatry	17	13	2	–	1	4	1	–	–	–	–	–	38	0.3%	
Community care	19	5	7	–	1	–	1	–	1	1	–	–	35	0.3%	
Alternative health	13	14	–	3	–	2	–	–	2	–	–	–	34	0.3%	
Occupational therapy	14	7	2	–	–	3	–	2	–	1	1	–	30	0.2%	
Respiratory/Thoracic medicine	13	–	2	–	3	1	–	–	1	2	–	–	22	0.2%	
Endocrinology	11	–	6	–	1	–	–	–	–	–	–	1	19	0.1%	
Occupational health	7	7	2	–	–	–	1	1	1	–	–	–	19	0.1%	
Osteopathy	4	8	4	–	–	1	–	–	–	–	–	–	17	0.1%	
Natural therapy	7	6	1	1	–	1	–	–	–	–	–	–	16	0.1%	
Renal medicine	11	1	2	1	–	1	–	–	–	–	–	–	16	0.1%	
Nephrology	10	–	2	–	–	1	1	–	–	–	–	–	14	0.1%	
Psychotherapy	6	2	2	2	–	1	–	–	–	–	1	–	14	0.1%	
Traditional Chinese medicine	2	7	2	–	–	2	–	–	–	–	–	–	13	0.1%	
Infectious diseases	8	1	2	–	–	–	–	1	–	–	–	–	12	0.1%	
Rheumatology	6	–	4	–	1	1	–	–	–	–	–	–	12	0.1%	
Family planning	3	3	1	–	–	1	2	–	–	–	–	–	10	0.1%	
Haematology	4	1	1	–	–	–	–	–	–	–	1	1	8	0.1%	
Sleep medicine	–	1	–	1	2	–	–	3	–	–	1	–	8	0.1%	
Health education/information	1	–	2	–	–	1	–	–	1	–	1	1	7	0.1%	
Personal care	3	1	–	–	–	–	–	–	1	1	–	–	6	0.0%	
Acupuncture	1	3	–	–	–	–	1	–	–	–	–	–	5	0.0%	
Developmental disability	5	–	–	–	–	–	–	–	–	–	–	–	5	0.0%	
Internal medicine	2	–	2	–	–	–	–	–	–	–	–	1	5	0.0%	
Medical radiation practice	3	–	–	–	–	1	–	1	–	–	–	–	5	0.0%	
Speech therapy	1	3	1	–	–	–	–	–	–	–	–	–	5	0.0%	
Nutrition and dietetics	2	1	1	–	–	–	–	–	–	–	–	–	4	0.0%	
Educational facility	–	2	1	–	–	–	–	–	–	–	–	–	3	0.0%	
Nuclear medicine	3	–	–	–	–	–	–	–	–	–	–	–	3	0.0%	
Sport medicine	–	2	–	1	–	–	–	–	–	–	–	–	3	0.0%	
Hypnotherapy	–	1	1	–	–	–	–	–	–	–	–	–	2	0.0%	
Sexual assault service	1	–	–	–	–	–	–	–	–	–	–	–	1	0.0%	
Grand Total	6,224	2,619	1,894	879	381	307	274	269	225	196	177	119	13,564	100.0%	

Counted by issues raised in complaint.

TABLE A.11 | Complaints received by service area 2016-17 to 2020-21

Service area	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
General practice	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1,641	18.9%
Other	67	1.1%	532	7.5%	524	7.2%	758	9.7%	804	9.2%
General medicine	1,600	25.3%	1,953	27.6%	2,119	29.0%	2,133	27.2%	783	9.0%
Emergency medicine	405	6.4%	396	5.6%	392	5.4%	423	5.4%	591	6.8%
Mental health	467	7.4%	456	6.4%	520	7.1%	472	6.0%	562	6.5%
Pharmacy/ Pharmacology	294	4.7%	322	4.5%	337	4.6%	436	5.6%	486	5.6%
Dentistry	469	7.4%	508	7.2%	483	6.6%	507	6.5%	477	5.5%
Surgery	446	7.1%	426	6.0%	408	5.6%	401	5.1%	426	4.9%
Psychology	204	3.2%	252	3.6%	251	3.4%	258	3.3%	318	3.7%
Aged care	182	2.9%	174	2.5%	144	2.0%	150	1.9%	185	2.1%
Psychiatry	139	2.2%	133	1.9%	98	1.3%	122	1.6%	139	1.6%
Administration/ Non-health related	186	2.9%	174	2.5%	205	2.8%	158	2.0%	132	1.5%
Radiology	92	1.5%	83	1.2%	98	1.3%	93	1.2%	127	1.5%
Obstetrics	125	2.0%	135	1.9%	122	1.7%	110	1.4%	124	1.4%
Geriatrics/ Gerontology	62	1.0%	63	0.9%	148	2.0%	151	1.9%	119	1.4%
Midwifery	37	0.6%	40	0.6%	71	1.0%	98	1.2%	106	1.2%
Cosmetic services	94	1.5%	148	2.1%	117	1.6%	152	1.9%	104	1.2%
Ambulance Service	61	1.0%	56	0.8%	63	0.9%	75	1.0%	100	1.1%
Immunology	13	0.2%	13	0.2%	38	0.5%	68	0.9%	97	1.1%
Pain management	30	0.5%	39	0.6%	23	0.3%	41	0.5%	83	1.0%
Pathology	39	0.6%	30	0.4%	47	0.6%	71	0.9%	81	0.9%
Early childhood/ Paediatric medicine	103	1.6%	120	1.7%	87	1.2%	83	1.1%	80	0.9%
Medico-Legal	39	0.6%	63	0.9%	31	0.4%	56	0.7%	74	0.9%
Other service areas	95	1.5%	87	1.2%	124	1.7%	93	1.2%	71	0.8%
Physiotherapy	43	0.7%	53	0.7%	61	0.8%	51	0.6%	66	0.8%
Cardiology	56	0.9%	37	0.5%	55	0.8%	74	0.9%	58	0.7%
Unknown	79	1.3%	19	0.3%	32	0.4%	99	1.3%	54	0.6%
Chiropractice	73	1.2%	47	0.7%	43	0.6%	49	0.6%	49	0.6%
Dermatology	42	0.7%	38	0.5%	41	0.6%	43	0.5%	49	0.6%
Rehabilitation medicine	50	0.8%	31	0.4%	27	0.4%	39	0.5%	49	0.6%
Gynaecology	53	0.8%	62	0.9%	69	0.9%	41	0.5%	48	0.6%
Counselling	25	0.4%	19	0.3%	41	0.6%	43	0.5%	46	0.5%
Oncology	89	1.4%	72	1.0%	21	0.3%	25	0.3%	45	0.5%
Massage therapy	14	0.2%	20	0.3%	14	0.2%	18	0.2%	44	0.5%

TABLE A.11 | Continued

Service area	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Anaesthesia	51	0.8%	51	0.7%	22	0.3%	30	0.4%	40	0.5%
Gastroenterology	53	0.8%	23	0.3%	16	0.2%	32	0.4%	39	0.4%
Neurology	36	0.6%	33	0.5%	33	0.5%	33	0.4%	39	0.4%
Drug and alcohol	100	1.6%	55	0.8%	37	0.5%	47	0.6%	35	0.4%
Ophthalmology	49	0.8%	66	0.9%	41	0.6%	45	0.6%	31	0.4%
Reproductive medicine	9	0.1%	7	0.1%	23	0.3%	19	0.2%	31	0.4%
Intensive care	27	0.4%	33	0.5%	18	0.2%	22	0.3%	29	0.3%
Optometry	33	0.5%	26	0.4%	37	0.5%	23	0.3%	28	0.3%
Podiatry	17	0.3%	25	0.4%	46	0.6%	34	0.4%	28	0.3%
Alternative health	26	0.4%	23	0.3%	24	0.3%	24	0.3%	24	0.3%
Community care	3	0.0%	9	0.1%	18	0.2%	13	0.2%	21	0.2%
Palliative care	44	0.7%	43	0.6%	35	0.5%	28	0.4%	21	0.2%
Occupational therapy	9	0.1%	24	0.3%	17	0.2%	16	0.2%	20	0.2%
Occupational health	10	0.2%	4	0.1%	13	0.2%	6	0.1%	15	0.2%
Respiratory/ Thoracic medicine	16	0.3%	10	0.1%	9	0.1%	19	0.2%	15	0.2%
Endocrinology	16	0.3%	15	0.2%	13	0.2%	16	0.2%	13	0.1%
Natural therapy	6	0.1%	2	0.0%	13	0.2%	9	0.1%	13	0.1%
Osteopathy	11	0.2%	16	0.2%	11	0.2%	13	0.2%	12	0.1%
Renal medicine	8	0.1%	8	0.1%	12	0.2%	8	0.1%	12	0.1%
Infectious diseases	8	0.1%	5	0.1%	3	0.0%	13	0.2%	9	0.1%
Nephrology	14	0.2%	5	0.1%	4	0.1%	11	0.1%	9	0.1%
Total	6,319	100.0%	7,084	100.0%	7,299	100.0%	7,852	100.0%	8,702	100.0%

Counted by provider identified in complaint.

TABLE A.12 | Source of complaints 2016-17 to 2020-21

Source	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Consumer	3,310	51.8%	3,694	51.4%	3,852	52.2%	4,070	51.3%	4,772	55.2%
Family or friend	1,599	25.0%	1,718	23.9%	1,574	21.3%	1,758	22.2%	1,762	20.4%
Consumer organisation/ advocate/carer/employer	184	2.9%	227	3.2%	560	7.6%	558	7.0%	607	7.0%
Unknown/other source (including members of the public)	538	8.4%	754	10.5%	573	7.8%	595	7.5%	552	6.4%
Professional council/ association and regulatory authority	288	4.5%	353	4.9%	465	6.3%	471	5.9%	470	5.4%
Health care provider	349	5.5%	264	3.7%	220	3.0%	337	4.2%	383	4.4%
Department of Health (State and Commonwealth)	58	0.9%	109	1.5%	65	0.9%	57	0.7%	33	0.4%
Government department	45	0.7%	41	0.6%	43	0.6%	47	0.6%	27	0.3%
Legal representative	17	0.3%	7	0.1%	23	0.3%	21	0.3%	26	0.3%
Court	2	0.0%	13	0.2%	2	0.0%	9	0.1%	4	0.0%
College	4	0.1%	5	0.1%	7	0.1%	8	0.1%	3	0.0%
Member of Parliament/ Minister	–	0.0%	5	0.1%	2	0.0%	1	0.0%	2	0.0%
Total	6,394	100.0%	7,190	100.0%	7,386	100.0%	7,932	100.0%	8,641	100.0%

Counted by Complainant and this takes into consideration multiple complainants.

TABLE A.13 | Location of complainants 2016-17 to 2020-21

METRO	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Metropolitan	3,346	52.3%	3,701	51.5%	3,722	50.4%	3,836	48.4%	4,377	49.9%
Non-Metro	1,535	24.0%	1,594	22.2%	1,524	20.6%	1,612	20.3%	1,820	20.7%
Interstate	245	3.8%	252	3.5%	302	4.1%	299	3.8%	338	3.9%
International	12	0.2%	11	0.2%	22	0.3%	24	0.3%	57	0.6%
Address Not Coded	1,256	19.6%	1,632	22.7%	1,816	24.6%	2,162	27.3%	2,182	24.9%
Total	6,394	100.0%	7,190	100.0%	7,386	100.0%	7,933	100.0%	8,774	100.0%

Counted by complainant.

TABLE A.14 | Location of health service provider 2016-17 to 2020-21

METRO	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Metropolitan	4,358	69.0%	4,891	69.0%	5,078	69.6%	5,342	68.0%	5,896	67.8%
Non-Metro	1,614	25.5%	1,747	24.7%	1,811	24.8%	1,925	24.5%	2,163	24.9%
Interstate	176	2.8%	203	2.9%	189	2.6%	294	3.7%	243	2.8%
International	7	0.1%	13	0.2%	6	0.1%	26	0.3%	8	0.1%
Address Not Coded	164	2.6%	230	3.2%	215	2.9%	265	3.4%	392	4.5%
Total	6,319	100.0%	7,084	100.0%	7,299	100.0%	7,852	100.0%	8,702	100.0%

Counted by provider.

TABLE A.15 | Issues raised in all complaints received by complainant location 2020-21

Issue category	Metropolitan NSW		Regional NSW		Address Not Coded		Interstate		International		Total	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Treatment	3,165	46.3%	1,304	40.3%	1,586	52.7%	205	38.8%	43	53.1%	6,303	46.0%
Professional conduct	1,201	17.6%	943	29.1%	349	11.6%	124	23.4%	16	19.8%	2,633	19.2%
Communication/information	969	14.2%	431	13.3%	439	14.6%	67	12.7%	9	11.1%	1,915	14.0%
Medication	491	7.2%	158	4.9%	183	6.1%	44	8.3%	4	4.9%	880	6.4%
Access	201	2.9%	78	2.4%	97	3.2%	9	1.7%	1	1.2%	386	2.8%
Fees/costs	182	2.7%	66	2.0%	43	1.4%	14	2.6%	2	2.5%	307	2.2%
Consent	149	2.2%	54	1.7%	61	2.0%	10	1.9%	2	2.5%	276	2.0%
Reports/certificates	143	2.1%	48	1.5%	61	2.0%	17	3.2%	3	3.7%	272	2.0%
Environment/management of facilities	90	1.3%	67	2.1%	56	1.9%	13	2.5%	1	1.2%	227	1.7%
Discharge/transfer arrangements	98	1.4%	35	1.1%	56	1.9%	9	1.7%	–	0.0%	198	1.4%
Medical records	95	1.4%	32	1.0%	37	1.2%	13	2.5%	–	0.0%	177	1.3%
Grievance processes	56	0.8%	21	0.6%	39	1.3%	4	0.8%	–	0.0%	120	0.9%
Grand Total	6,840	100.0%	3,237	100.0%	3,007	100.0%	529	100.0%	81	100.0%	13,694	100.0%

Counted by issue raised in complaint.

TABLE A.16 | Outcome of assessment of complaints 2016-17 to 2020-21

Assessment decision	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Discontinued*	2,273	37.7%	3,038	42.2%	3,237	41.8%	3,549	44.2%	3,608	43.9%
Referred to professional council	1,273	21.1%	1,477	20.5%	1,428	18.5%	1,328	16.6%	1,415	17.2%
Discontinued with comments	659	10.9%	657	9.1%	868	11.2%	916	11.4%	1,021	12.4%
Investigation by Commission	325	5.4%	397	5.5%	405	5.2%	414	5.2%	511	6.2%
Referred for local resolution	549	9.1%	761	10.6%	804	10.4%	559	7.0%	460	5.6%
Referred to the Commission's Resolution Service	224	3.7%	238	3.3%	320	4.1%	429	5.3%	410	5.0%
Referred to Another Body	259	4.3%	317	4.4%	275	3.6%	453	5.6%	330	4.0%
Resolved during assessment	461	7.7%	306	4.3%	398	5.1%	375	4.7%	321	3.9%
Not yet finalised	–	0.0%	–	0.0%	–	0.0%	–	0.0%	146	1.8%
Total	6,023	100.0%	7,191	100.0%	7,735	100.0%	8,023	100.0%	8,222	100.0%

Counted by provider identified in complaint.

* Includes withdrawn complaints.

TABLE A.17 | Outcome of assessment of complaints by issues identified in complaint 2020-21

Issue category and name	Outcome									Total	% of Total
	Discontinued	Referred to professional council	Discontinue with comments	Referred to the Commission's Resolution Service	Referred for local resolution	Investigation by Commission	Not yet finalised	Resolved during assessment process	Refer to Another Body		
	No.	No.	No.	No.	No.	No.	No.	No.	No.		
Treatment											
Inadequate care	1,095	168	266	206	191	34	105	58	24	2,147	16.8%
Inadequate treatment	446	131	143	136	65	10	34	19	7	991	7.7%
Unexpected treatment outcome/complications	310	114	86	107	16	16	14	11	5	679	5.3%
Diagnosis	265	35	72	60	17	2	14	10	1	476	3.7%
Inadequate/inappropriate consultation	236	49	127	8	11	12	18	5	7	473	3.7%
Delay in treatment	136	7	45	35	70	2	23	5	1	324	2.5%
Wrong/inappropriate treatment	81	33	32	13	8	2	4	2	3	178	1.4%
Rough and painful treatment	68	11	21	11	3	3	7	2	2	128	1.0%
Withdrawal of treatment	59	2	19	2	10	–	7	2	–	101	0.8%
Infection control	31	15	29	4	3	5	8	6	–	101	0.8%
No/inappropriate referral	48	4	25	1	6	–	2	–	–	86	0.7%
Coordination of treatment/results follow-up	30	4	18	7	3	1	9	2	1	75	0.6%
Excessive treatment	12	9	6	2	–	1	1	1	–	32	0.2%
Inadequate prosthetic equipment	11	8	–	–	–	–	2	–	1	22	0.2%
Experimental treatment	6	4	3	–	–	2	–	–	–	15	0.1%
Public/private election	–	–	1	–	4	–	–	–	–	5	0.0%
Attendance	1	–	–	–	–	–	1	1	–	3	0.0%
Treatment Total	2,835	594	893	592	407	90	249	124	52	5,836	45.6%

TABLE A.17 | Continued

Issue category and name	Outcome									Total	% of Total
	Discontinued	Referred to professional council	Discontinue with comments	Referred to the Commission's Resolution Service	Referred for local resolution	Investigation by Commission	Not yet finalised	Resolved during assessment process	Refer to Another Body		
	No.	No.	No.	No.	No.	No.	No.	No.	No.		
Professional conduct											
Illegal practice	113	153	13	–	–	116	–	23	17	435	3.4%
Impairment	40	251	5	–	–	31	–	14	12	353	2.8%
Breach of guideline/law	91	129	25	–	–	70	–	18	14	347	2.7%
Competence	71	166	16	–	1	46	–	13	18	331	2.6%
Sexual misconduct	39	32	11	–	1	96	–	12	4	195	1.5%
Inappropriate disclosure of information	99	28	30	2	4	5	9	14	2	193	1.5%
Misrepresentation of qualifications	53	17	14	–	–	9	4	24	2	123	1.0%
Boundary violation	37	26	9	–	–	34	–	4	7	117	0.9%
Assault	19	26	12	1	–	37	–	8	10	113	0.9%
Advertising	34	12	18	–	–	5	2	26	3	100	0.8%
Discriminatory conduct	19	54	5	2	3	–	3	2	–	88	0.7%
Financial fraud	27	15	4	–	–	10	1	5	–	62	0.5%
Breach of condition	8	16	2	–	1	28	–	3	1	59	0.5%
Annual declaration not lodged/incomplete/wrong or misleading	3	15	3	–	–	–	–	3	–	24	0.2%
Child sexual abuse	2	–	1	–	–	9	–	5	3	20	0.2%
Emergency treatment not provided	1	–	1	–	–	–	1	–	1	4	0.0%
Scientific fraud	3	–	–	–	–	1	–	–	–	4	0.0%
Professional conduct Total	659	940	169	5	10	497	20	174	94	2,568	20.0%
Communication/information											
Attitude/manner	567	103	226	34	61	13	35	26	13	1,078	8.4%
Inadequate information provided	177	21	55	48	32	1	36	20	1	391	3.1%
Incorrect/misleading information provided	111	37	55	9	9	–	10	7	8	246	1.9%
Special needs not accommodated	10	–	6	5	5	–	4	2	–	32	0.2%
Communication/information Total	865	161	342	96	107	14	85	55	22	1,747	13.6%

TABLE A.17 | Continued

Issue category and name	Outcome									Total	% of Total
	Discontinued	Referred to professional council	Discontinue with comments	Referred to the Commission's Resolution Service	Referred for local resolution	Investigation by Commission	Not yet finalised	Resolved during assessment process	Refer to Another Body		
	No.	No.	No.	No.	No.	No.	No.	No.	No.		
Medication											
Prescribing Medication	189	73	70	9	20	29	4	14	–	408	3.2%
Dispensing medication	58	108	12	2	4	21	7	5	6	223	1.7%
Administering medication	27	31	20	12	13	4	1	2	3	113	0.9%
Supply/security/storage of medication	15	21	4	–	5	15	1	1	4	66	0.5%
Medication Total	289	233	106	23	42	69	13	22	13	810	6.3%
Access											
Refusal to admit or treat	139	6	54	4	21	–	9	4	–	237	1.8%
Service availability	27	–	8	4	14	–	4	4	1	62	0.5%
Waiting lists	14	–	2	2	24	–	6	–	–	48	0.4%
Access to facility	3	–	2	–	3	–	–	–	–	8	0.1%
Access to subsidies	–	–	–	–	–	–	1	–	–	1	0.0%
Access Total	183	6	66	10	62	–	20	8	1	356	2.8%
Fees/costs											
Billing practices	117	31	18	1	9	3	28	18	5	230	1.8%
Cost of treatment	18	9	4	–	–	–	4	1	–	36	0.3%
Financial consent	14	1	4	–	1	–	6	–	1	27	0.2%
Fees/costs Total	149	41	26	1	10	3	38	19	6	293	2.3%
Reports/certificates											
Accuracy of report/certificate	137	5	31	1	4	–	3	6	2	189	1.5%
Refusal to provide report/certificate	26	1	10	1	–	–	8	2	–	48	0.4%
Timeliness of report/certificate	7	–	5	1	–	–	3	–	–	16	0.1%
Report written with inadequate or no consultation	6	3	2	–	1	–	–	–	–	12	0.1%
Cost of report/certificate	1	–	–	–	–	–	–	–	–	1	0.0%
Reports/certificates Total	177	9	48	3	5	–	14	8	2	266	2.1%
Consent											
Consent not obtained or inadequate	52	22	30	12	3	3	3	3	2	130	1.0%
Involuntary admission or treatment	64	–	3	8	13	–	1	–	–	89	0.7%
Uninformed consent	21	3	7	2	–	2	–	–	–	35	0.3%
Consent Total	137	25	40	22	16	5	4	3	2	254	2.0%

TABLE A.17 | Continued

Issue category and name	Outcome									Total	% of Total
	Discontinued	Referred to professional council	Discontinue with comments	Referred to the Commission's Resolution Service	Referred for local resolution	Investigation by Commission	Not yet finalised	Resolved during assessment process	Refer to Another Body		
	No.	No.	No.	No.	No.	No.	No.	No.	No.		
Environment/management of facilities											
Administrative processes	66	6	6	1	11	1	8	16	–	115	0.9%
Cleanliness/hygiene of facility	18	3	9	3	7	3	2	8	1	54	0.4%
Physical environment of facility	20	1	3	3	6	–	3	6	–	42	0.3%
Staffing and rostering	6	–	–	2	2	–	–	–	2	12	0.1%
Statutory obligations/ accreditation standards not met	1	–	–	–	–	–	–	–	–	1	0.0%
Environment/management of facilities Total	111	10	18	9	26	4	13	30	3	224	1.7%
Discharge/transfer arrangements											
Inadequate discharge	65	4	15	34	15	–	20	2	1	156	1.2%
Patient not reviewed	3	–	2	3	–	–	2	–	–	10	0.1%
Mode of transport	5	–	2	1	–	–	–	–	–	8	0.1%
Delay	2	–	2	–	2	–	–	–	–	6	0.0%
Discharge/transfer arrangements Total	75	4	21	38	17	–	22	2	1	180	1.4%
Medical records											
Access to/transfer of records	40	4	9	–	3	–	26	12	–	94	0.7%
Record keeping	17	12	6	5	3	8	2	3	1	57	0.4%
Records management	5	–	2	–	–	1	1	1	–	10	0.1%
Medical records Total	62	16	17	5	6	9	29	16	1	161	1.3%
Grievance processes											
Inadequate/no response to complaint	46	6	14	19	10	2	6	6	1	110	0.9%
Reprisal/retaliation as result of complaint lodged	5	1	–	–	–	–	1	–	–	7	0.1%
Grievance processes Total	51	7	14	19	10	2	7	6	1	117	0.9%
Grand Total	5,593	2,046	1,760	823	718	693	514	467	198	12,812	100.0%

Counted by issues raised in complaint.

TABLE A.18 | Outcome of assessment of complaints by most common service area 2020-21

Service area	Outcome									Total	
	Discontinued	Referred to professional council	Discontinued with comments	Investigation by Commission	Referred for local resolution	Referred to the Commission's Resolution Service	Referred to another body	Resolved during assessment	Not yet finalised		
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	% of Total
Health practitioner											
General practice	720	182	325	57	1	2	45	61	11	1,404	17.1%
General medicine	375	135	87	26	101	65	15	32	19	855	10.4%
Other	180	368	15	148	9	4	48	2	36	810	9.9%
Emergency medicine	191	20	61	4	119	104	6	36	2	543	6.6%
Mental health	332	21	48	8	62	34	9	12	5	531	6.5%
Pharmacy/Pharmacology	115	189	27	96	–	–	18	9	15	469	5.7%
Dentistry	179	148	35	13	15	2	16	15	8	431	5.2%
Surgery	199	37	43	3	24	49	10	20	1	386	4.7%
Psychology	154	60	24	10	–	2	18	12	12	292	3.6%
Aged care	54	32	28	28	2	6	19	3	5	177	2.2%
Psychiatry	89	6	23	4	3	3	2	3	2	135	1.6%
Obstetrics	50	18	17	3	7	24	–	6	1	126	1.5%
Radiology	70	10	11	9	4	7	5	8	–	124	1.5%
Geriatrics/Gerontology	48	8	18	2	3	24	5	8	2	118	1.4%
Administration	46	4	8	1	14	–	24	13	–	110	1.3%
Midwifery	41	15	12	5	8	18	–	9	1	109	1.3%
Cosmetic services	66	7	12	9	–	–	9	3	–	106	1.3%
Ambulance Service	26	24	9	12	16	2	2	1	5	97	1.2%
Pathology	34	–	34	1	3	1	5	8	–	86	1.0%
Pain management	49	4	6	–	14	2	–	3	–	78	0.9%
Immunology	23	6	20	1	1	–	20	2	2	75	0.9%
Paediatric medicine	26	11	10	2	9	9	2	4	–	73	0.9%
Medico-Legal	52	2	10	–	–	1	4	1	–	70	0.9%
Physiotherapy	25	11	8	4	–	–	6	–	5	59	0.7%
Cardiology	24	4	3	–	8	7	1	7	–	54	0.7%
Chiropractice	17	16	4	10	–	–	2	–	1	50	0.6%
Unknown	21	9	3	4	4	–	7	–	2	50	0.6%
Counselling	25	–	8	6	–	–	4	1	2	46	0.6%
Gynaecology	24	6	8	–	2	2	1	3	–	46	0.6%
Dermatology	27	6	8	–	–	–	1	3	–	45	0.5%
Rehabilitation medicine	25	–	5	2	–	5	2	4	–	43	0.5%
Massage therapy	17	–	10	12	–	–	1	–	–	40	0.5%
Anaesthesia	13	10	3	6	1	3	1	2	–	39	0.5%
Gastroenterology	22	4	5	1	3	–	2	2	–	39	0.5%
Oncology	17	4	6	1	3	6	1	–	–	38	0.5%
Neurology	21	1	7	1	–	3	–	2	–	35	0.4%
Drug and alcohol	20	2	3	1	4	2	–	1	1	34	0.4%

TABLE A.18 | Continued

Service area	Outcome									Total	
	Discontinued	Referred to professional council	Discontinued with comments	Investigation by Commission	Referred for local resolution	Referred to the Commission's Resolution Service	Referred to another body	Resolved during assessment	Not yet finalised		
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	% of Total
Optometry	16	4	4	–	–	–	–	5	–	29	0.4%
Reproductive medicine	17	1	6	–	2	1	–	2	–	29	0.4%
Ophthalmology	12	–	6	1	4	–	–	4	–	27	0.3%
Intensive care	14	2	1	–	1	7	–	1	–	26	0.3%
Podiatry	16	6	2	–	–	–	–	1	1	26	0.3%
Alternative health	7	2	2	7	–	–	3	–	–	21	0.3%
Occupational therapy	10	2	5	–	–	–	1	1	2	21	0.3%
Palliative care	6	1	2	2	2	4	–	3	1	21	0.3%
Community care	9	–	3	1	4	1	1	1	–	20	0.2%
Non-health related	8	4	–	1	–	–	4	–	1	18	0.2%
Occupational health	10	1	2	1	–	–	1	–	–	15	0.2%
Endocrinology	9	–	2	–	2	–	–	1	–	14	0.2%
Osteopathy	4	6	–	2	–	1	–	–	1	14	0.2%
Respiratory/Thoracic medicine	5	–	4	–	2	3	–	–	–	14	0.2%
Natural therapy	5	–	1	1	–	–	5	–	1	13	0.2%
Infectious diseases	6	–	4	–	–	–	–	–	–	10	0.1%
Renal medicine	6	–	1	1	–	–	–	1	–	9	0.1%
Nephrology	3	1	2	–	–	1	–	1	–	8	0.1%
Psychotherapy	5	–	1	–	–	1	–	–	–	7	0.1%
Rheumatology	3	–	2	–	–	–	1	1	–	7	0.1%
Traditional Chinese medicine	–	4	1	1	–	–	–	–	–	6	0.1%
Sleep medicine	2	–	1	–	1	–	–	1	–	5	0.1%
Family planning	4	–	–	–	–	–	–	–	–	4	0.0%
Haematology	2	–	–	–	–	1	–	1	–	4	0.0%
Personal care	1	–	1	–	1	1	–	–	–	4	0.0%
Acupuncture	1	–	–	2	–	–	–	–	–	3	0.0%
Developmental disability	2	–	–	–	–	1	–	–	–	3	0.0%
Early childhood	1	–	1	–	–	–	1	–	–	3	0.0%
Educational facility	1	1	–	–	–	–	–	–	1	3	0.0%
Health education/information	1	–	–	–	–	–	2	–	–	3	0.0%
Medical radiation practice	3	–	–	–	–	–	–	–	–	3	0.0%
Nutrition and dietetics	1	–	2	–	–	–	–	–	–	3	0.0%
Internal medicine	–	–	–	–	1	1	–	–	–	2	0.0%
Hypnotherapy	–	–	1	–	–	–	–	–	–	1	0.0%
Nuclear medicine	–	–	–	–	–	–	–	1	–	1	0.0%
Sexual assault service	1	–	–	–	–	–	–	–	–	1	0.0%
Sport medicine	–	–	–	1	–	–	–	–	–	1	0.0%
Total	3,608	1,415	1,021	511	460	410	330	321	146	8,222	100.0%

Counted by provider identified in complaint.

TABLE A.19 | Outcome of assessment of complaints by type of health service provider 2020-21

Health service provider	Outcome									Total	
	Discontinued	Referred to professional council	Discontinued with comments	Investigation by Commission	Referred for local resolution	Referred to the Commission's Resolution Service	Referred to another body	Resolved during assessment	Not yet finalised	No.	% of Total
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	% of Total
Health practitioner											
Registered health provider											
Medical practitioner	1,496	502	530	160	–	14	94	73	7	2,876	53.2%
Nurse/midwife	257	359	36	110	1	–	12	7	78	860	15.9%
Pharmacist	75	174	10	102	–	–	15	4	11	391	7.2%
Dental practitioner	143	151	31	19	–	–	13	9	9	375	6.9%
Psychologist	161	86	23	11	–	1	16	11	14	323	6.0%
Paramedic	15	36	2	14	–	–	1	–	7	75	1.4%
Physiotherapist	27	20	9	4	–	–	5	–	5	70	1.3%
Chiropractor	18	17	4	11	–	–	4	–	2	56	1.0%
Occupational therapist	18	8	5	5	–	–	–	1	4	41	0.8%
Podiatrist	9	10	2	–	–	–	–	–	1	22	0.4%
Student nurse	11	4	–	–	–	–	2	–	1	18	0.3%
Chinese medicine practitioner	2	6	1	7	–	–	–	–	–	16	0.3%
Osteopath	3	7	–	–	–	–	–	–	1	11	0.2%
Optometrist	4	4	2	–	–	–	–	–	–	10	0.2%
Student medical practitioner	–	5	–	2	–	–	2	–	–	9	0.2%
Medical radiation practitioner	3	2	–	1	–	–	–	1	–	7	0.1%
Aboriginal and Torres Strait Islander HP	–	–	–	2	–	–	–	–	–	2	0.0%
Student ambulance personnel	–	1	1	–	–	–	–	–	–	2	0.0%
Student occupational therapist	–	–	1	–	–	–	1	–	–	2	0.0%
Student pharmacist	–	1	–	1	–	–	–	–	–	2	0.0%
Unregistered health provider											
Counsellor/therapist	21	–	7	9	–	–	7	1	–	45	0.8%
Assistant in nursing	6	–	17	11	–	–	1	–	–	35	0.6%
Unknown	21	–	1	–	–	–	3	–	1	26	0.5%
Massage therapist	10	–	5	8	–	–	–	–	–	23	0.4%
Social worker	14	–	2	2	–	–	2	–	–	20	0.4%
Other	7	–	3	2	–	–	1	–	–	13	0.2%
Administration/clerical staff	10	–	1	–	–	–	1	–	–	12	0.2%
Naturopath	3	–	2	4	–	–	2	–	–	11	0.2%
Cosmetic therapist	7	–	–	3	–	–	–	–	–	10	0.2%
Personal care assistant	2	–	4	2	–	–	–	–	–	8	0.1%
Sonographer	4	–	–	4	–	–	–	–	–	8	0.1%
Alternative health provider	4	–	1	–	–	–	2	–	–	7	0.1%

TABLE A.19 | Continued

Health service provider	Outcome									Total	
	Discontinued	Referred to professional council	Discontinued with comments	Investigation by Commission	Referred for local resolution	Referred to the Commission's Resolution Service	Referred to another body	Resolved during assessment	Not yet finalised		
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	% of Total
Acupuncture therapist	2	–	–	2	–	–	–	–	–	4	0.1%
Ambulance personnel	2	–	–	1	–	–	–	–	–	3	0.1%
Dental technician	1	–	2	–	–	–	–	–	–	3	0.1%
Psychotherapist	2	–	–	–	–	–	1	–	–	3	0.1%
Audiologist	2	–	–	–	–	–	–	–	–	2	0.0%
Dietitian/nutritionist	1	–	1	–	–	–	–	–	–	2	0.0%
Doula	–	–	1	–	–	–	–	–	–	1	0.0%
Hypnotherapist	–	–	1	–	–	–	–	–	–	1	0.0%
Natural therapist	1	–	–	–	–	–	–	–	–	1	0.0%
Health practitioner total	2,362	1,393	705	497	1	15	185	107	141	5,406	100.0%
Health organisation											
Public hospital	446	–	103	3	311	309	5	100	4	1,281	45.5%
Medical centre	175	–	84	1	–	1	15	32	–	308	10.9%
Private hospital	91	–	30	1	2	43	4	21	–	192	6.8%
Psychiatric hospital	105	–	9	–	17	22	1	2	–	156	5.5%
Correction and detention facility	74	–	4	–	67	4	–	6	–	155	5.5%
Pharmacy	40	24	17	–	–	–	3	5	–	89	3.2%
Government department	26	–	–	–	–	1	55	5	–	87	3.1%
Community health service	38	–	6	–	26	2	3	4	–	79	2.8%
Dental facility	37	–	2	–	13	2	4	7	–	65	2.3%
Pathology centres/labs	23	–	24	1	–	–	3	6	1	58	2.1%
Radiology facility	32	–	5	–	–	1	3	9	–	50	1.8%
Aged care facility	18	–	2	1	1	4	21	2	–	49	1.7%
Specialist medical practice	28	–	5	–	1	2	2	3	–	41	1.5%
Ambulance service	13	–	6	1	16	2	1	1	–	40	1.4%
Alternative health service	9	–	6	5	–	–	8	–	–	28	1.0%
Cosmetic health facility	12	–	2	1	–	–	5	–	–	20	0.7%
Optometrist facility	10	–	2	–	–	–	1	5	–	18	0.6%
Other	10	–	–	–	–	–	4	–	–	14	0.5%
Psychology facility	9	–	1	–	–	–	1	2	–	13	0.5%
Podiatry practice	10	–	–	–	–	–	–	1	–	11	0.4%
Area Health Service/Local Health District	8	–	1	–	1	–	–	1	–	11	0.4%
Drug and alcohol service	6	–	1	–	1	1	–	–	–	9	0.3%
Day procedure centre	3	–	3	–	–	–	–	1	–	7	0.2%
Aboriginal health centre	4	–	1	–	–	1	1	–	–	7	0.2%

TABLE A.19 | Continued

Health service provider	Outcome									Total	
	Discontinued	Referred to professional council	Discontinued with comments	Investigation by Commission	Referred for local resolution	Referred to the Commission's Resolution Service	Referred to another body	Resolved during assessment	Not yet finalised		
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	% of Total
Health fund	3	–	–	–	–	–	1	1	–	5	0.2%
Physiotherapy facility	–	–	2	–	–	–	2	–	–	4	0.1%
Unknown	4	–	–	–	–	–	–	–	–	4	0.1%
Supported accommodation services (not aged care)	2	–	–	–	–	–	1	–	–	3	0.1%
Rehabilitation facility	3	–	–	–	–	–	–	–	–	3	0.1%
Multi purpose service	1	–	–	–	2	–	–	–	–	3	0.1%
Nursing agency	1	–	1	–	–	–	1	–	–	3	0.1%
Regulatory authority	1	–	–	–	–	–	–	–	–	1	0.0%
Respite service	–	–	–	–	–	–	1	–	–	1	0.0%
Educational facility	1	–	–	–	–	–	–	–	–	1	0.0%
Health organisation total	1,243	24	317	14	458	395	146	214	5	2,816	100.0%
Health service provider total	3,605	1,417	1,022	511	459	410	331	321	146	8,222	100.0%

Counted by provider identified in complaint.

TABLE A.20 | Time taken to assess complaints 2016-17 to 2020-21

	2016-17	2017-18	2018-19	2019-20	2020-21
Percentage of complaints assessed within 60 days	64.5%	54.7%	79.0%	89.0%	86.6%
Average days to assess complaints	60	72	48	39	40

Counted by provider identified in complaint.

TABLE A.21 | Requests for review of assessment decision 2016-17 to 2020-21

	2016-17	2017-18	2018-19	2019-20	2020-21
	No.	No.	No.	No.	No.
Requests for review of assessment decision	238	326	526	564	531
Percentage of all Assessments finalised	4.4%	5.0%	6.1%	7.0%	6.5%

Counted by provider identified in complaint excluding withdrawn.

TABLE A.22 | Outcome of reviews of assessment decision 2016-17 to 2020-21

Review result	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Original assessment decision confirmed	167	89.3%	257	85.7%	439	85.7%	443	86.7%	523	89.6%
Assessment decision varied	20	10.7%	43	14.3%	73	14.3%	67	13.3%	61	10.4%
Total	187	100.0%	300	100.0%	512	100.0%	510	100.0%	584	100.0%

Counted by provider identified in complaint.

35 reviews were withdrawn.

55 reviews were withdrawn.

11 reviews were withdrawn.
8 reviews resolved upfront (incl. in decision confirmed).

19 reviews were withdrawn.
8 reviews resolved upfront (incl. in decision confirmed).

11 reviews were withdrawn.
5 reviews resolved upfront (incl. in decision confirmed).

TABLE A.23 | Outcome of complaints referred to the Commission's Resolution Service 2016-17 to 2020-21

Outcome	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Resolution did proceed										
Resolved	101	56.1%	80	61.1%	155	64.0%	182	61.1%	254	69.6%
Partially resolved	52	28.9%	30	22.9%	66	27.3%	106	35.6%	91	24.9%
Not resolved	27	15.0%	21	16.0%	21	8.7%	10	3.4%	20	5.5%
Resolution did proceed total	180	100.0%	131	100.0%	242	100.0%	298	100.0%	365	100.0%
Resolution did not proceed total (proportion of all finalised)	76	29.7%	54	29.2%	105	30.3%	114	27.7%	96	20.8%
Resolution finalised total	256	-	185	-	347	-	412	-	461	-

Counted by provider identified in complaint.

TABLE A.24 | Outcome of conciliations initiated by the Commission's Resolution Service 2016-17 to 2020-21

Outcome	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Conciliation process did proceed										
Resolved										
Agreement reached	2	100.0%	–	0.0%	2	100.0%	–	0.0%	–	0.0%
Not resolved	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Consent withdrawn	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
The conciliation was helpful in clarifying concerns	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
No agreement reached	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Conciliation process did proceed total	2	100.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Conciliation process did not proceed total	–	0.0%	1	0.0%	–	0.0%	–	0.0%	–	0.0%
Grand total	2	100.0%	1	0.0%	2	100.0%	0	100.0%	0	100.0%

Counted by provider identified in complaint.

TABLE A.25 | Time taken to complete complaints referred to the Commission's Resolution Service 2016-17 to 2020-21

Time taken to complete	2016-17		2017-18		2018-19		2019-20		2020-21		2020-21*	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
0-1 month	36	14.0%	21	10.9%	46	12.8%	65	15.2%	21	4.6%	11	3.0%
1-2 months	53	20.5%	38	19.7%	51	14.2%	101	23.7%	86	18.7%	57	15.6%
2-3 months	41	15.9%	35	18.1%	60	16.7%	78	18.3%	84	18.2%	64	17.5%
3-4 months	53	20.5%	43	22.3%	51	14.2%	63	14.8%	83	18.0%	67	18.4%
4-5 months	33	12.8%	16	8.3%	33	9.2%	46	10.8%	44	9.5%	36	9.9%
5-6 months	13	5.0%	13	6.7%	37	10.3%	24	5.6%	33	7.2%	30	8.2%
6-7 months	8	3.1%	9	4.7%	28	7.8%	10	2.3%	32	6.9%	30	8.2%
7-8 months	2	0.8%	6	3.1%	7	1.9%	7	1.6%	25	5.4%	20	5.5%
8-9 months	7	2.7%	2	1.0%	10	2.8%	13	3.0%	26	5.6%	24	6.6%
9-10 months	4	1.6%	6	3.1%	12	3.3%	7	1.6%	13	2.8%	13	3.6%
10-11 months	2	0.8%	1	0.5%	10	2.8%	4	0.9%	8	1.7%	8	2.2%
11-12 months	6	2.3%	–	0.0%	5	1.4%	2	0.5%	1	0.0%	1	0.3%
>12 months	–	0.0%	3	1.6%	10	2.8%	7	1.6%	5	1.1%	4	1.1%
Total	258	100.0%	193	100.0%	360	100.0%	427	100.0%	461	100.0%	365	100.0%

Counted by provider identified in complaint.

* Excludes resolutions that did not proceed

TABLE A.26 | Outcome of investigations 2016-17 to 2020-21

Investigation outcome	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Registered health practitioner										
Referred to Director of Proceedings	198	66.7%	146	55.9%	168	49.6%	228	49.7%	179	48.6%
Referred to Council under s20A	28	9.4%	30	11.5%	35	10.3%	74	16.1%	126	34.2%
No further action	26	8.8%	28	10.7%	29	8.6%	36	7.8%	18	4.9%
No further action – National Board informed	19	6.4%	36	13.8%	45	13.3%	41	8.9%	18	4.9%
Referred to other organisation for investigation (s26)	1	0.3%	–	0.0%	2	0.6%	2	0.4%	12	3.3%
Referred to Council	24	8.1%	16	6.1%	58	17.1%	64	13.9%	9	2.4%
Make comments to the practitioner	1	0.3%	3	1.1%	2	0.6%	14	3.1%	5	1.4%
Breach of Prohibition order, refer to Commissioner	1	0.3%	–	0.0%	–	0.0%	–	0.0%	1	0.3%
Referred to Director of Public Prosecutions	–	0.0%	2	0.8%	–	0.0%	–	0.0%	–	0.0%
Registered health practitioner total	297	100.0%	261	100.0%	339	100.0%	459	100.0%	368	100.0%
Unregistered health practitioner										
Public Statement / Prohibition Order	15	68.2%	5	38.5%	5	35.7%	27	79.4%	19	76.0%
Make comments to the practitioner	1	4.5%	4	30.8%	7	50.0%	3	8.8%	5	20.0%
Referred to other organisation for investigation (s26)	–	0.0%	1	7.7%	–	0.0%	–	0.0%	1	4.0%
No further action	5	22.7%	3	23.1%	2	14.3%	4	11.8%	–	0.0%
Unregistered health practitioner total	22	100.0%	13	100.0%	14	50.0%	34	100.0%	25	100.0%
Health practitioner total	319	100.0%	274	100.0%	353	100.0%	493	100.0%	393	100.0%
Health organisation										
Make comment or recommendation	9	81.8%	6	75.0%	4	66.7%	6	75.0%	7	87.5%
No further action	1	9.1%	2	25.0%	–	0.0%	2	25.0%	–	0.0%
Public Warning under s94	1	9.1%	–	0.0%	2	33.3%	–	0.0%	1	12.5%
Health organisation total	11	100.0%	8	100.0%	6	100.0%	8	100.0%	8	100.0%
Grand Total	330	100.0%	282	100.0%	359	100.0%	501	100.0%	401	100.0%

Counted by provider identified in complaint.

TABLE A.27 | Investigations into health organisations and health practitioners finalised 2016-17 to 2020-21

Health service provider	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Registered health practitioner										
Medical practitioner	174	54.5%	149	54.4%	179	50.7%	206	41.8%	128	32.6%
Pharmacist	23	7.2%	29	10.6%	31	8.8%	78	15.8%	114	29.0%
Nurse/midwife	44	13.8%	45	16.4%	72	20.4%	105	21.3%	58	14.8%
Dental practitioner	–	0.0%	–	0.0%	–	0.0%	–	0.0%	32	8.1%
Psychologist	19	6.0%	13	4.7%	4	1.1%	10	2.0%	18	4.6%
Chinese medicine Practitioner	3	0.9%	–	0.0%	6	1.7%	8	1.6%	9	2.3%
Student medical practitioner	2	0.6%	–	0.0%	–	0.0%	–	0.0%	4	1.0%
Aboriginal and Torres Strait Islander HP	–	0.0%	–	0.0%	–	0.0%	–	0.0%	2	0.5%
Chiropractor	12	3.8%	3	1.1%	5	1.4%	–	0.0%	1	0.3%
Paramedic	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1	0.3%
Physiotherapist	4	1.3%	1	0.4%	4	1.1%	10	2.0%	1	0.3%
Dental practitioner	12	3.8%	15	5.5%	32	9.1%	24	4.9%	–	0.0%
Medical radiation practitioner	1	0.3%	2	0.7%	1	0.3%	1	0.2%	–	0.0%
Occupational therapist	–	0.0%	–	0.0%	5	1.4%	–	0.0%	–	0.0%
Optometrist	–	0.0%	–	0.0%	–	0.0%	1	0.2%	–	0.0%
Osteopath	1	0.3%	1	0.4%	–	0.0%	8	1.6%	–	0.0%
Podiatrist	2	0.6%	3	1.1%	–	0.0%	4	0.8%	–	0.0%
Student Chinese medicine practitioner	–	0.0%	–	0.0%	–	0.0%	2	0.4%	–	0.0%
Student chiropractor	–	0.0%	–	0.0%	–	0.0%	2	0.4%	–	0.0%
Registered health practitioner total	297	93.1%	261	95.3%	339	96.0%	459	93.1%	368	93.6%
Unregistered health practitioner										
Assistant in nursing	2	0.6%	5	1.8%	2	0.6%	5	1.0%	8	2.0%
Massage therapist	2	0.6%	5	1.8%	4	1.3%	5	1.0%	5	1.3%
Other	1	0.3%	1	0.4%	1	0.3%	3	0.6%	3	0.8%
Social worker	–	0.0%	–	0.0%	–	0.0%	–	0.0%	2	0.5%
Sonographer	–	0.0%	–	0.0%	–	0.0%	–	0.0%	2	0.5%
Cosmetic therapist	3	0.9%	–	0.0%	–	0.0%	–	0.0%	2	0.5%
Hypnotherapist	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1	0.3%
Residential care worker	–	0.0%	–	0.0%	–	0.0%	1	0.2%	1	0.3%
Counsellor/therapist	2	0.6%	1	0.4%	1	0.3%	3	0.6%	1	0.3%
Alternative health practitioner	4	1.3%	–	0.0%	–	0.0%	2	0.4%	–	0.0%

TABLE A.27 | Continued

Health service provider	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Dietitian/nutritionist	8	2.5%	1	0.4%	–	0.0%	–	0.0%	–	0.0%
Ambulance personnel	–	0.0%	–	0.0%	2	0.6%	–	0.0%	–	0.0%
Acupuncture therapist	–	0.0%	–	0.0%	–	0.0%	1	0.2%	–	0.0%
Dental technician	–	0.0%	–	0.0%	1	0.3%	4	0.8%	–	0.0%
Personal care assistant	–	0.0%	–	0.0%	–	0.0%	1	0.2%	–	0.0%
Naturopath	–	0.0%	–	0.0%	3	0.9%	9	1.8%	–	0.0%
Non-registered health practitioner total	22	6.9%	13	4.7%	14	4.4%	34	6.9%	25	6.4%
Health practitioner total	319	100.0%	274	100.0%	353	100.4%	493	100.0%	393	100.0%
Health organisations										
Public hospital	5	45.5%	4	50.0%	4	66.7%	–	0.0%	4	50.0%
Aged care facility	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1	12.5%
Pathology centres/labs	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1	12.5%
Cosmetic health facility	3	27.3%	2	25.0%	–	0.0%	1	12.5%	1	12.5%
Dental facility	–	0.0%	–	0.0%	–	0.0%	–	0.0%	1	12.5%
Psychiatric hospital/unit	1	9.1%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Private hospital	–	0.0%	1	12.5%	–	0.0%	1	12.5%	–	0.0%
Alternative health facility	1	9.1%	1	12.5%	2	33.3%	3	37.5%	–	0.0%
Radiology facility	1	9.1%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Local Health District	–	0.0%	–	0.0%	–	0.0%	1	12.5%	–	0.0%
Medical centre	–	0.0%	–	0.0%	–	0.0%	2	25.0%	–	0.0%
Health organisations total	11	100.0%	8	100.0%	6	100.0%	8	100.0%	8	100.0%
Grand total	330	100.0%	282	100.0%	359	100.0%	501	100.0%	401	100.0%

Counted by provider identified in complaint.

TABLE A.28 | Investigations finalised by issue category 2016-17 to 2020-21

Issue category	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Professional conduct	322	49.2%	289	57.9%	308	52.2%	468	68.0%	371	70.5%
Treatment	197	30.1%	92	18.4%	153	25.9%	103	15.0%	82	15.6%
Medication	63	9.6%	78	15.6%	72	12.2%	83	12.1%	48	9.1%
Communication/ information	36	5.5%	17	3.4%	19	3.2%	13	1.9%	13	2.5%
Medical records	14	2.1%	7	1.4%	22	3.7%	9	1.3%	4	0.8%
Environment/ management of facilities	4	0.6%	7	1.4%	3	0.5%	3	0.4%	2	0.4%
Fees/costs	9	1.4%	5	1.0%	4	0.7%	8	1.2%	2	0.4%
Grievance processes	–	0.0%	–	0.0%	3	0.5%	–	0.0%	2	0.4%
Consent	9	1.4%	–	0.0%	1	0.2%	1	0.1%	1	0.2%
Reports/certificates	1	0.2%	4	0.8%	4	0.7%	–	0.0%	1	0.2%
Discharge/transfer arrangements	–	0.0%	–	0.0%	1	0.2%	–	0.0%	–	0.0%
Access	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Total	655	100.0%	499	100.0%	590	100.0%	688	100.0%	526	100.0%

Counted by issues raised in complaint.

TABLE A.29 | Outcome of investigations finalised by profession and organisation type 2020-21

	Outcome											Total	
	Referred to Director Proceedings	Referred to council under s20A	Prohibition order	No further action	No further action – National Board informed	Referred to other organisation for investigation (s26)	Comments	Referred to council	Recommendations	Breach of Prohibition order, refer to Commissioner	Public Warning under s94		
Health service provider	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	% of Total
Health practitioner													
Registered health practitioner													
Medical practitioner	73	35	–	8	3	2	4	3	–	–	–	128	34.8%
Pharmacist	43	63	–	6	–	–	1	–	–	1	–	114	31.0%
Nurse/midwife	37	11	–	–	10	–	–	–	–	–	–	58	15.8%
Dental practitioner	8	8	–	1	3	7	–	5	–	–	–	32	8.7%
Psychologist	14	4	–	–	–	–	–	–	–	–	–	18	4.9%
Chinese Medicine Practitioner	3	3	–	1	2	–	–	–	–	–	–	9	2.4%
Student Medical practitioner	1	–	–	–	–	3	–	–	–	–	–	4	1.1%
Aboriginal and Torres Strait Islander HP	–	2	–	–	–	–	–	–	–	–	–	2	0.5%
Chiropractor	–	–	–	–	–	–	–	1	–	–	–	1	0.3%
Physiotherapist	–	–	–	1	–	–	–	–	–	–	–	1	0.3%
Paramedic	–	–	–	1	–	–	–	–	–	–	–	1	0.3%
Registered health practitioner total	179	126	0	18	18	12	5	9	0	1	0	368	100.0%
Unregistered health practitioner													
Assistant in nursing	–	–	3	–	–	–	5	–	–	–	–	8	32.0%
Massage therapist	–	–	4	–	–	1	–	–	–	–	–	5	20.0%
Other	–	–	3	–	–	–	–	–	–	–	–	3	12.0%
Social worker	–	–	2	–	–	–	–	–	–	–	–	2	8.0%
Sonographer	–	–	2	–	–	–	–	–	–	–	–	2	8.0%
Cosmetic therapist	–	–	2	–	–	–	–	–	–	–	–	2	8.0%
Residential care worker	–	–	1	–	–	–	–	–	–	–	–	1	4.0%
Hypnotherapist	–	–	1	–	–	–	–	–	–	–	–	1	4.0%
Counsellor/therapist	–	–	1	–	–	–	–	–	–	–	–	1	4.0%
Unregistered health practitioner total	0	0	19	0	0	1	5	0	0	0	0	25	100.0%

TABLE A.29 | Continued

Health service provider	Outcome											Total	
	Referred to Director Proceedings	Referred to council under s20A	Prohibition order	No further action	No further action – National Board informed	Referred to other organisation for investigation (s26)	Comments	Referred to council	Recommendations	Breach of Prohibition order, refer to Commissioner	Public Warning under s94	No.	% of Total
Public Hospital	–	–	–	–	–	–	–	–	4	–	–	4	50.0%
Aged care facility	–	–	–	–	–	–	1	–	–	–	–	1	12.5%
Pathology centres/ labs	–	–	–	–	–	–	–	–	–	–	1	1	12.5%
Cosmetic health facility	–	–	–	–	–	–	1	–	–	–	–	1	12.5%
Dental Facility	–	–	–	–	–	–	–	–	1	–	–	1	12.5%
Health organisation total	0	0	0	0	0	0	2	0	5	0	1	8	100.0%
Health service provider total	179	126	19	18	18	13	12	9	5	1	1	401	100.0%

Counted by provider identified in complaint.

TABLE A.30 | Request for review of investigation decision 2016-17 to 2020-21

	2016–17	2017–18	2018–19	2019–20	2020–21
	No.	No.	No.	No.	No.
Request for review of investigation decision	1	1	0	1	0
Percentage of all investigations finalised	0.3%	0.4%	0.0%	0.2%	0.0%

Counted by provider identified in complaint.

TABLE A.31 | Outcome of reviews of investigation decision 2016-17 to 2020-21

Outcome	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Original investigation decision confirmed	2	100.0%	1	100.0%	–	0.0%	–	0.0%	–	0.0%
Decision varied	–	0.0%	–	0.0%	–	0.0%	1	100.0%	–	0.0%
Re-opened for investigation	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Total	2	100.0%	1	100.0%	0	0.0%	1	100.0%	0	0.0%

Counted by provider identified in complaint.

TABLE A.32 | Time taken to complete investigations 2016-17 to 2020-21

Time taken*	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
0-1 months	10	3.0%	9	3.2%	8	2.2%	10	2.0%	23	5.7%
1-2 months	11	3.3%	11	3.9%	11	3.1%	19	3.8%	26	6.5%
2-3 months	27	8.2%	22	7.8%	21	5.8%	36	7.2%	31	7.7%
3-4 months	18	5.5%	21	7.4%	12	3.3%	35	7.0%	52	13.0%
4-5 months	19	5.8%	17	6.0%	43	12.0%	35	7.0%	28	7.0%
5-6 months	22	6.7%	8	2.8%	12	3.3%	34	6.8%	38	9.5%
6-7 months	23	7.0%	22	7.8%	22	6.1%	36	7.2%	29	7.2%
7-8 months	17	5.2%	12	4.3%	22	6.1%	31	6.2%	17	4.2%
8-9 months	12	3.6%	27	9.6%	14	3.9%	26	5.2%	38	9.5%
9-10 months	31	9.4%	16	5.7%	9	2.5%	37	7.4%	21	5.2%
10-11 months	29	8.8%	10	3.5%	12	3.3%	19	3.8%	11	2.7%
11-12 months	20	6.1%	10	3.5%	25	7.0%	23	4.6%	8	2.0%
12-18 months	76	23.0%	62	22.0%	91	25.3%	69	13.8%	47	11.7%
18-24 months	15	4.5%	27	9.6%	44	12.3%	67	13.4%	18	4.5%
24-30 months	–	0.0%	7	2.5%	12	3.3%	23	4.6%	8	2.0%
30-36 months	–	0.0%	1	0.4%	–	0.0%	1	0.2%	6	1.5%
>36 months	–	0.0%	–	0.0%	1	0.3%	–	0.0%	–	0.0%
Total	330	100.0%	282	100.0%	359	100.0%	501	100.0%	401	100.0%
Average days	273		304		335		313		239	

Counted by provider identified in complaint.

* Excludes time when investigation was paused.

TABLE A.33 | Legal matters finalised 2016-17 to 2020-21

	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
NSW Civil Administrative Tribunal										
Proved	54	56.8%	51	55.4%	51	62.2%	60	60.6%	50	65.8%
Withdrawn	1	1.1%	2	2.2%	1	1.2%	4	4.0%	–	0.0%
Not proved	–	0.0%	2	2.2%	–	0.0%	1	1.0%	1	1.3%
Dismissed	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
NSW Civil Administrative Tribunal total	55	57.9%	55	59.8%	52	63.4%	65	65.7%	51	67.1%
Professional Standards Committee										
Proved	22	23.2%	10	10.9%	6	7.3%	8	8.1%	2	2.6%
Not proved	3	3.2%	2	2.2%	1	1.2%	–	0.0%	–	0.0%
Withdrawn	1	1.1%	1	1.1%	–	0.0%	–	0.0%	–	0.0%
Terminated and referred to Tribunal	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Professional Standards Committee total	26	27.4%	13	14.1%	7	8.5%	8	8.1%	2	2.6%
Appeal total	9	9.5%	15	16.3%	10	12.2%	18	18.2%	16	21.1%
Re-registration total	5	5.3%	9	9.8%	13	15.9%	8	8.1%	7	9.2%
Grand total	95	100.0%	92	100.0%	82	100.0%	99	100.0%	76	100.0%

Counted by matter.

TABLE A.34 | Open complaints as at 30 June 2021

Open Process	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Assessment	2,005	73.0%	2,379	73.0%	1,249	57.7%	1,108	54.5%	1,736	63.8%
Legal processes	256	9.3%	196	6.0%	151	7.0%	234	11.5%	286	10.5%
Investigation process	322	11.7%	445	13.6%	489	22.6%	384	18.9%	527	19.4%
Resolution process	62	2.3%	118	3.6%	121	5.6%	162	8.0%	121	4.4%
Review of assessment	59	2.1%	78	2.4%	79	3.6%	114	5.6%	46	1.7%
Brief preparation	42	1.5%	43	1.3%	76	3.5%	30	1.5%	5	0.2%
Conciliation	–	0.0%	2	0.1%	–	0.0%	–	0.0%	–	0.0%
Review of investigation	–	0.0%	–	0.0%	–	0.0%	–	0.0%	–	0.0%
Total	2,746	100.0%	3,261	100.0%	2,165	100.0%	2,032	100.0%	2,721	100.0%

Counted by provider identified in complaint.

TABLE A.35 | Number of complaints finalised by process from 2016-17 to 2020-21

Complaints finalised	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Assessment Process	4,921	87.6%	5,915	90.9%	7,917	90.2%	8,054	88.1%	7,129	87.1%
Resolution Process	247	4.4%	185	2.8%	347	4.0%	412	4.5%	461	5.6%
Conciliation Process	2	0.0%	1	0.0%	2	0.0%	–	0.0%	–	0.0%
Investigation Process	330	5.9%	282	4.3%	359	4.1%	501	5.5%	401	4.9%
Legal Process	119	2.1%	124	1.9%	153	1.7%	170	1.9%	196	2.4%
Total	5,619	100.0%	6,507	100.0%	8,778	100.0%	9,137	100.0%	8,187	100.0%

Counted by provider identified in complaint.

Complaints Finalised tracks a complaint until the end of the sequence of processes.

TABLE A.36 | Complaints finalised, 2016-17 to 2020-21

Assessment decision	2016-17		2017-18		2018-19		2019-20		2020-21	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Discontinued*	2,008	36.8%	2,600	39.8%	3,775	43.6%	3,577	44.4%	3,558	44.5%
Referred to professional council	1,157	21.2%	1,377	21.1%	1,569	18.1%	1,350	16.8%	1,465	18.3%
Discontinued with comments	613	11.2%	563	8.6%	968	11.2%	928	11.5%	986	12.3%
Referred for local resolution	507	9.3%	754	11.5%	851	9.8%	564	7.0%	454	5.7%
Resolved during assessment	425	7.8%	308	4.7%	435	5.0%	370	4.6%	331	4.1%
Investigation by Commission	319	5.8%	401	6.1%	402	4.6%	390	4.8%	401	5.0%
Referred to the Commission's Resolution Service	217	4.0%	221	3.4%	332	3.8%	437	5.4%	461	5.8%
Referred to another body or person	211	3.9%	313	4.8%	319	3.7%	438	5.4%	335	4.2%
Total	5,457	100.0%	6,537	100.0%	8,651	100.0%	8,054	100.0%	7,991	100.0%

Counted by provider identified in complaint.

* Includes withdrawn complaints.

B Performance in 2020-21 against key indicators

STRATEGIC PRIORITY 1 – EXCELLENT COMPLAINTS MANAGEMENT	
OBJECTIVE	We deliver complaints management processes that are accessible, responsive, impartial, effective and adaptable.
2.5% MORE COMPLAINTS ASSESSED	The Commission assessed 8,222 complaints in 2020-21, which was an increase on the 8,023 complaints assessed in 2019-20.
86.6% OF COMPLAINTS ASSESSED WITHIN 60 DAYS (STATUTORY TIMEFRAME – TARGET 100%)	During the year the Commission assessed 86.6% of complaints within the statutory 60 day timeframe, compared to 89.0% in 2019-20. On average complaints were assessed within 40 days (2019-20: 39 days).
3.9% OF COMPLAINTS SUCCESSFULLY RESOLVED DURING ASSESSMENT OF THE COMPLAINT	3.9% of complaints were successfully resolved during the assessment process which is a minor decrease from 4.6% in 2019-20, mostly due to the difficulty in connecting with services and providers during COVID-19 in the more immediate way that is required to achieve this outcome.
6.5% OF ASSESSMENTS FINALISED WERE SUBJECT TO A REQUEST FOR A REVIEW (TARGET <10%)	In 2020-21 the Commission received 531 requests for a review of an assessment decision. This represents 6.5% of all assessments finalised which is slightly lower than the 7.0% in 2019-20. Of the complaints reviewed, in 89.6% of cases the decision remained unchanged, highlighting the high quality work produced by the Commission's assessment service.
37.7% OF REVIEWS COMPLETED WITHIN 6 WEEKS (TARGET 90%)	The timeliness in the completion of reviews continues to be below expectation with 37.7% being completed within six weeks, albeit an increase from 20.8% in 2019-20.
84.3% OF DECISION LETTERS SENT WITHIN 14 DAYS (STATUTORY TIMEFRAME – TARGET 100%)	When assessment of a complaint has been finalised the Commission is required to inform all parties of the assessment decision. During the year 84.3% of decision letters were sent within 14 days of the decision being made (2019-20: 88.1%).
COMPLAINTS ACKNOWLEDGED WITHIN SEVEN DAYS OF RECEIPT	All complaints received by the Commission were acknowledged in writing (including letters sent by post or email and automatic acknowledgements for complaints lodged via the eComplaints portal).
59.3% OF RESOLUTIONS COMPLETED WITHIN FOUR MONTHS (TARGET 70%)	The Resolution Service closed 59.3% of matters within four months, compared to 71.9% in 2019-20. This decrease is a reflection of the COVID-19 challenges in being able to conduct face-to-face meetings which are the optimal for a for what are often the most complex and sensitive complaints.
94.5% OF COMPLAINTS THAT PROCEEDED TO RESOLUTION WERE RESOLVED OR PARTIALLY RESOLVED (TARGET 80%)	Resolution processes delivered full or partial resolution for the complainant in 94.5% of cases which exceeded the target of 80%, and is consistent with the 2019-20 result where full or partial resolution was obtained in 96.6% of cases.
STRATEGIC PRIORITY 2 – PROTECTING THE PUBLIC	
OBJECTIVE	We investigate and prosecute serious complaints to protect public health and safety
80.3% OF INVESTIGATIONS FINALISED WITHIN 12 MONTHS (TARGET 90%)	The Commission finalised 80.3% of investigations within 12 months in 2020-21, an increase of 12.2 percentage points from 68.1% in 2019-20. Investigations took an average of 239 days to complete (2019-20: 313). The decrease in time taken to conduct investigations reflects the successful implementation of improved investigation processes as outlined in the Investigating complaints chapter.
NO REQUESTS FOR REVIEW OF INVESTIGATION OUTCOME (TARGET <5%)	The Commission received no requests for review of an investigation outcome. This is testimony to the quality of the Commission's investigations and the commitment to ensuring careful and sensitive communication with complainants about the investigation process, findings and outcomes. (2019-20: 1 request)

94.0% OF COMPLAINTS CONSIDERED BY THE DIRECTOR OF PROCEEDINGS ON TIME (TARGET 80%)	The Director of Proceedings considered 94.0% of complaints within three months of referral to determine whether or not to prosecute the complaint before a disciplinary body, consistent with the result of 92.5% in 2019-20.
79.9% OF MATTERS REFERRED WITHIN 30 DAYS (TARGET 80%)	The Director of Proceedings referred 79.9% (2019-20: 83.8%) of matters to be prosecuted within 30 days of consulting with the relevant professional council.
68.4% COMPLIANCE WITH DEADLINES (TARGET 80%)	The Commission complied with timeframes imposed by Professional Standards Committees, NCAT and courts in 68.4% of cases. This compares to 77.3% in the previous year.
STRATEGIC PRIORITY 3 – INFLUENCING AND LEADING	
OBJECTIVE	We play a key role in maintaining the integrity of the NSW health system.
INCREASED EDUCATION ON EFFECTIVE COMPLAINTS MANAGEMENT AND THE ROLE OF THE COMMISSION	The Commission's staff gave 79 presentations and workshops to community and health professional groups across NSW, almost double the 40 presentations in 2019-20. The focus this year was broadening and diversifying engagement activities within the Aboriginal health sector and local communities.
INCREASED ACCESSIBILITY VIA THE WEBSITE	In 2020-21, the Commission received 623,733 visitors to the website, with over 3.2 million individual page views.
100% COMPLIANT WITH REQUIREMENT TO PUBLISH DISCIPLINARY DECISIONS	The Commission was fully compliant in relation to publication of decisions about the outcomes of disciplinary proceedings – 80 media releases relating to decisions of disciplinary bodies were posted.
STRATEGIC PRIORITY 4 – OUR PEOPLE AND CAPABILITY	
OBJECTIVE	We ensure that we have the skills, knowledge and culture to meet current and emerging challenges.
PROVIDE STAFF TRAINING (TARGET: MORE THAN 2 DAYS PER STAFF MEMBER)	In 2020-21, on average, each full time equivalent staff member attended more than 2 days of training.
100% OF PERFORMANCE AGREEMENTS DEVELOPED AND REVIEWED FOR STAFF (TARGET 100%)	All employees that are employed for greater than three months have performance agreements and performance reviews.
MONTHLY GENERAL STAFF BRIEFINGS ON EVENTS, OUTCOMES, ACTIVITIES, CHANGES, SIGNIFICANT ORGANISATIONAL CHANGES	All staff meetings are held on a monthly basis. The Commissioner and Divisional directors inform employees about corporate strategy and planning, upcoming events and changes which are occurring. These staff meetings are in addition to Divisional, Team and project based collaboration.
PERCENTAGE OF KEY CORPORATE DOCUMENTS DISTRIBUTED TO ALL STAFF AND/OR INCLUDED ON THE INTRANET	All relevant corporate documents were distributed to staff and or were uploaded to the Commission's intranet site for all employees and managers to access.
HIGH PMES PARTICIPATION AND ENGAGEMENT SCORES	In the 2020 People Matter Employee Survey there was an 85% participation rate by staff and a score of 63% on employee engagement (an increase of eight percentage points from the 2019 result).

STRATEGIC PRIORITY 5 – ORGANISATIONAL SYSTEM AND GOVERNANCE

OBJECTIVE	We have the tools, technology and processes required to be efficient, effective and accountable.
COMPLIANCE WITH INFORMATION SECURITY STANDARD ISO 27001 – 2013	Independent audits have been conducted by accredited ICT auditors and the Commission has continued to maintain compliance certification to the updated ISO 27001 Standard requirements.
GOVERNANCE AND ACCOUNTABILITY STRUCTURES AND PROCESSES IN OPERATION	<p>The Commission’s governance and accountability structures and processes are:</p> <ul style="list-style-type: none"> – Executive Management Group – monthly monitoring of financial position, HR and operational performance and oversight of major projects – Annual Strategic Planning and Divisional Business Planning – Assessment Reporting Group – monthly review of complaint assessment data and performance – Investigations Review Group – monthly monitoring and strategy for investigation cases – Resolutions and Stakeholder Engagement Group – monthly monitoring and strategy for resolution matters and stakeholder engagement projects – Legal Reporting Group – Reviews Reporting Group – ICT Steering Committee – Audit and Risk Committee – Workplace Health and Safety Committee – Joint Consultative Committee – Divisional meetings – Team and project level meetings
AUDITED FINANCIAL STATEMENTS	Unqualified audit certificates for the financial statements of the Health Care Complaints Commission were received on 13 October 2021.
COMPLETE PLANNING PROCESSES FOR CORPORATE AND DIVISIONAL LEVELS ACCORDING TO THE COMMISSION’S CORPORATE GOVERNANCE FRAMEWORK DOCUMENT	The Commission holds annual strategic planning meetings and workshops with the Executive Management Group. The strategies and goals set are in the Commission wide Strategic Plan then implemented via Divisional plans. Key priorities are considered when setting and managing the Commission’s budget and corporate functions.
MONTHLY FINANCIAL MANAGEMENT AND STAFFING REPORTS SHOWING PERFORMANCE AGAINST BUDGET.	Monthly Financial and Human Resources performance reports are tabled and reviewed at the monthly Executive Management Group meetings and any necessary corrective actions are agreed, actioned and monitored.
RESPONSIVE QUARTERLY REPORTING ON PERFORMANCE	The Commission provided quarterly reports on its complaint-handling performance to the Minister for Health and the Joint Parliamentary Committee on the Health Care Complaints Commission in July 2020, October 2020, January 2021 and April 2021.

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E Access applications received under the Government Information (Public Access) Act

TABLE A.37 | 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)	-	-	-	-	-	-	-	-
Members of the public (other)	-	-	-	-	-	-	-	-

TABLE A.38 | 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)	-	-	-	-	-	-	-	-
Access applications that are partly personal information applications and partly other	-	-	-	-	-	-	-	-

TABLE A.39 | Invalid applications

Reason for invalidity	No of applications
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)	6
Application contravenes restraint order (section 110 of the Act)	–
Total number of invalid applications received	6
Invalid applications that subsequently became valid applications	–

TABLE A.40 | Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to Act

Number of times consideration used	
Overriding secrecy laws	–
Cabinet information	–
Executive Council information	–
Contempt	–
Legal professional privilege	–
Excluded information	6
Documents affecting law enforcement and public safety	–
Transport safety	–
Adoption	–
Care and protection of children	–
Ministerial code of conduct	–
Aboriginal and environmental heritage	–

TABLE A.41 | Other public interest considerations against disclosure: matters listed in table to section 14 of Act

Number of occasions when application not successful	
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 A.42 | Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	6
Decided after 35 days (by agreement with applicant)	–
Not decided within time (deemed refusal)	–
Total	–

TABLE A.43 | Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	Decision varied	Decision upheld	Total
Internal review	–	–	–
Review by Information Commissioner*	–	–	–
Internal review following recommendation under section 93 of Act	–	–	–
Review by Administrative Decision Tribunal	–	–	–
Total	–	–	–

* 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 A.44 | Applications for review under Part 5 of the Act (by type of applicant)

	Number of applications or review
Applications by access applicants	–
Applications by persons to whom information the subject of access application relates	–

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Annual Reports (Statutory Bodies) Act 1984 and Annual Reports (Statutory Bodies) Regulation 2010	
Letter of Submission	02
Charter	03
Aims and objectives	03
Access	Inside front cover
Management and structure	91-107
Summary review of operations	10-14
Funds granted to non-government community organisations	The Commission does not allocate funds
Legal change	72-73
Factors affecting achievement of operational objectives	30-90
Management and activities	06-07, 101, 192-194
Research and development	The Commission did not undertake any external research projects in 2020-21
Human resources	91-100
Consultants	In 2020-21 the Commission engaged consultants to primarily provide IT and strategic management services. The total cost for all engagements was \$167,379 with all engagements less than \$50,000 except for Microsoft 365 implementation by IQ3 (\$103,600).
Workforce Diversity	The Commission reports triannually with the next report due 2022-23
Land Disposal	The Commission does not own any land
Promotion	No overseas visits by employees in 2020-21
Consumer response	84-86
Payment of accounts	109-110
Time for payment of accounts	109-110
Risk management and insurance activities	101-102
Internal audit and risk management policy attestation	103
Multicultural Policies and Services Program	The Commission reports triannually with the next report due 2022-23
Agreements with Multicultural NSW	The Commission does not have any agreement with Multicultural NSW
Work Health and Safety (WHS)	The Commission reports triannually with the next report due 2022-23
Budgets	117-120
Financial Statements	114-144
After balance date events having a significant effect in succeeding year	144
Annual report external production costs	\$16,500

	Page number
Annual report availability	Electronic copies of this report are available on the Commission's website www.hccc.nsw.gov.au
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, Multicultural Policies and Services Program, and Disability Plans, with reports next due in 2022-23.
Numbers and remuneration of senior executives	93-94
<i>Carers (Recognition) Act 2010</i>	
Carers' support	104
<i>Disability Inclusion Act 2014</i>	
Disability Inclusion Action Plans	The Commission reports triannually with the next report due 2022-23
<i>Government Information (Public Access) Act (GIPA)</i>	
Annual report of GIPA operations	102, Appendix E
<i>Health Care Complaints Act 1993</i>	
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The number and types of complaints assessed by the Commission during the year	08, 11, 35-49
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The results of conciliations	182
The number and type of complaints investigated by the Commission during the year	56-59
The results of investigations	60-62
Summary of the results of prosecutions completed during the year arising from complaints	69-71
The number and details of complaints not finally dealt with at the end of the year	190
The time intervals involved in the complaints process	37, 51-52, 57, 71, 181-182, 189, 192-194
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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<i>Privacy and Personal Information Protection Act 1998</i>	
Privacy	102
<i>Public Interest Disclosure Act 1994 and Public Interest Disclosure Regulation 2011</i>	
Public interest disclosures	102
Other requirements	
Cyber Security Annual Attestation Statement	107
Credit card certification	In accordance with Treasurer's Direction 205.01, it is certified that the credit card usage by officers of the Commission has complied with Government requirements
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